



# Arkansas Department of Health

Health Facility Services  
5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204-1704 • Telephone (501) 661-2201  
**Governor Mike Beebe**  
**Paul K. Halverson, DrPH, FACHE, Director and State Health Officer**

July 27, 2012

Lori Williams, Administrator  
Little Rock Family Planning Services, PA  
#4 Office Park Drive  
Little Rock, AR 72211

RE: Abortion Clinic Complaint Investigation  
Conducted 07-05-12

Dear Ms. Williams:

The following deficiencies were identified by the survey team of the Arkansas Department of Health during their visit on 06-01-12. The Clinic Administrator was present during the review of the medical records. On 06-25-12 and 07-05-12 additional information was requested and was supplied by the facility.

## **GENERAL ADMINISTRATION SECTION 6.L**

Based on policy review and clinical record review it could not be determined all medications were prescribed by the physician. Failure of the medications to be prescribed by the physician had the potential for all patients admitted to the facility to receive the wrong dose or the wrong medication. The findings follow:

Record #1

Day 2 page 7A-Y- [REDACTED]

Medications Given Cytotec 200 mcg was changed to 400 mcg. There was no evidence who gave the order to change the medication dosage. (Facility Policy page 51 of 102 Recovery Room Drug Policies #2 d. Unless contraindicated, Cytotec 200mcg po (by mouth) will be given to all patients whose gestation is dated at 14 weeks and greater on Day 2 prior to the procedure.)

Record #4

Day 2 AB2 Page 7A-Y- [REDACTED]

Medications Given Cytotec 200mcg had a line drawn thru the 200 mcg and 400 mcg had been written above. There was no evidence who changed the order from 200mcg to 400mcg.  
Anesthesia and IV Access 3.5 mg Versed had a line drawn thru the 3.5mg and 1.0mg was written above. There was no evidence who changed the order from 3.5mg to 1.0mg. 100mg

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Services, PA  
Page 2**

Dexamethasone had a line drawn thru Dexamethasone and 100 mcg Fentanyl was written above. There was no evidence who changed the order from Dexamethasone to Fentanyl.

Record #6

AB2 page 7A-Y- [REDACTED]

**Anesthesia and IV Access**

Review of standing order for THE ABORTION PROCEDURE revealed Anesthesia Sedation

Analgesia: Initial IV dose: Dexamethasone 4 mg. It was documented under Anesthesia and IV access 8mg of Dexamethasone given IV at [REDACTED] There was no documentation of an order to change the Initial IV dosage of Dexamethasone from 4mg to 8 mg.

Record #7

AB2 page 7A-Y- [REDACTED]

Review of standing order for THE ABORTION PROCEDURE revealed Anesthesia Sedation

Analgesia: Initial IV dose: Dexamethasone 4 mg, Fentanyl 100 mcg, Versed 3.5 mg and an additional dose of 1mg of Versed given by the operating surgeon as long as guidelines for conscious sedation are met. There was no documentation of an order to change the dosage of Dexamethasone from 4mg to 8 mg and to administer 10 units of Pitocin.

Record #8

AB2 page 7A-Y- [REDACTED]

Review of standing order for THE ABORTION PROCEDURE revealed Anesthesia Sedation

Analgesia: Initial IV dose Dexamethasone 4 mg, 100 Fentanyl and 3.5 mg of Versed  
Additional doses in increments of 50mcg or 1mg Versed can be given by the operating surgeon as long as guidelines for conscious sedation are met. There was no documentation of an order to change 4mg of Dexamethasone to 8mg, and 50 mcg of Fentanyl to 150mcg.

Record #9

AB2 Page 7A-Y- [REDACTED]

**Pre Procedure**

Medications given-Dimenhydrinate 50mg PO at [REDACTED] was given by the nurse. There was no evidence of an order for the medication.

**Anesthesia and IV Access**

1 mg Versed given IV at [REDACTED] 150 mcg Fentanyl given at [REDACTED] and 1mg Versed given at [REDACTED]. The column was signed by a nurse. There was no documentation of an order to change 3.5 mg of Versed to 1mg Versed, 50mcg of Fentanyl to 150mcg and 1.0mg Versed to 3.5mg.

**Recovery Record**

Time admitted [REDACTED]

Methergine 0.2mg PO was circled instead of IM administered at [REDACTED], Toradol 60mg was circled instead of 30mg was administered at [REDACTED] Narcan 0.1mg was administered at [REDACTED] and

**Little Rock Family Planning  
Services, PA  
Page 3**

Romazicon 0.1mg was administered at [REDACTED]. There was no documentation of an order for the medications, dose or route.

Record #10

Day 2 Page 7A-Y [REDACTED]

Pre Procedure

Medications given-Dimenhydrinate 50mg PO at [REDACTED] was given by the nurse. There was no evidence of an order for the medication.

Day 2 Page 7B-Y [REDACTED]

Recovery Record-Medications Administered Methergine 0.2mg PO was circled instead of IM administered at [REDACTED]. There was no documentation of an order for the route of medication.

**HEALTH INFORMATION SERVICES  
SECTION 9**

Based on review of ten medical records, of patients that were transferred to a hospital, it was determined the medical record did not contain accurate information regarding the disposition of the patient. Failure to accurately record the patient's disposition had the potential to affect all patients admitted to the facility.

The findings follow:

Record #2

On page 4F-G-dated [REDACTED] it was documented abortion not completed and was signed by the physician. Patient Progress Notes dated [REDACTED] revealed "decision made to transport patient to Named Hospital". The Progress Notes were signed by the physician. However on Page 4B-G-dated [REDACTED] the Discharge Assessment revealed the Registered Nurse had checked the patient was ambulatory and signed the Discharge Assessment.

On Page 4B-G under Patient Discharged in Care of "Cab-Named". The patient was not discharged ambulatory nor were they in the care of Cab-Named, the patient was transported by ambulance to Named Hospital.

Record #3

Patient Progress Notes dated [REDACTED] revealed "Procedure was stopped, ambul (ambulance) called...arrangements made for transport to (Named Hospital)..." The Patient Progress Notes were signed by the physician. However on Page 4-B-G it was documented under Assessment At Discharge-Pt (Patient) condition at discharged ambulatory was checked and signed by a Registered Nurse. The patient was not discharged the patient was transferred by ambulance to Named Hospital.

Record #7

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Services, PA  
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Patient Progress Notes dated [REDACTED] revealed "...transport here within 10 min of call and pt (patient) transported to (Named Hospital)..." Patient Progress Notes were signed by the physician. However on Page 7B-Y Assessment at Discharge Patient condition on discharge was checked ambulatory and was signed by a Registered Nurse.

**Record #8**

Patient Progress Notes dated [REDACTED] revealed "...Procedure terminated and transport called and patient transfer to UAMS..." Patient Progress Notes were signed by the physician. However on page 7B-Y under Assessment at Discharge-Pt (Patient) condition at discharge ambulatory was checked and signed by a Registered Nurse. The patient was not discharged the patient was transferred.

**SECTION 9.A.9**

Based on review of ten medical records it was determined errors were not corrected by drawing a single line through the incorrect data, labeling it as "error", initialing, and dating the entry. Failure to correct errors

The findings follow:

Record #1 Day 1 page 6A-Y-[REDACTED] REGISTRATION FORM-First part of the patient name crossed out and age blacked out. No evidence of labeling as "error", initialing and dating the entry.

Record #2 page 1, 4F-G, 4B-G, 5 and page 8. A line was drawn thru the name and the correct name printed above. No evidence of labeling as "error", initialing and dating the entry.

Record #4 Day 2 AB2 Page 7A-y Anesthesia and IV Access- A line was drawn thru Dexamethasone and mcg Fentanyl was written above. There was no evidence of labeling as "error" initialing and dating the entry.

**SECTION 9.A.18**

Based on review of ten medical records it was determined each entry into the medical record was not authenticated by the individual who was the source of the information. Findings follow:

**Record #1**

Day 1 page 6 A-Y dated [REDACTED]  
Medications Given: Dimenhydrinate-50mg-PO @ [REDACTED] There was no signature of who administered the medication.

**Record #2**

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Services, PA  
Page 5**

Day 1 page 6 A-Y dated [REDACTED]  
Medications Given: Dimemhydrinate 50mg po @ [REDACTED] Cytotec 400mcg buccal [REDACTED] Loperamide 2mg @ [REDACTED] There was no signature of who administered the medications.

**Record #3**

AB1 Page 4F-G dated [REDACTED]  
Medications Given: Dimehydrinate 50mg @ [REDACTED] There was no signature of who administered the medication.  
Abortion Procedure Page 4F-G dated [REDACTED] There was no evidence of a physician signature for the procedure.

**Record #4**

DAY 1 AB2 Page 6A-Y dated [REDACTED]  
Medications Given 50mg PO @ [REDACTED] There was no signature of who administered the medication.

**Record #5**

AB1 page 4F-G dated [REDACTED]  
Medications Given: Dimenhydrinate 50 mg PO @ [REDACTED] There was no signature of who administered the medication.

**Record #7**

AB2 page 7A-Y dated [REDACTED]  
Abortion Procedure: There was no evidence of a physician signature for the procedure.

**Record #8**

Day 1 Page 6A-Y dated [REDACTED]  
Insertion of Laminaria-20cc of 1% Lidocaine, 4 Units of Vasopressin, 1000 mcg Digoxin inserted using ultrasound guidance was written. There was no signature of who administered the medication.

**Day 2 Page 7A-Y Anesthesia and IV Access**

1.0 mg of Versed was given, 8mg Dexamethasone given, 150 mcg Fentanyl given and 3.5 mg Versed given. There was no signature of who administered the above medications.

The above deficiencies shall be corrected at the earliest possible date in order to provide maximum care and/or safety to the patients in your facility. Your response on the above should be forwarded to this office within the next 10 days. The response should include any corrective action, taken or proposed, the person responsible for correction and the date of correction.

If you have any questions, please call (501) 661-2201.

**Little Rock Family Planning  
Services, PA  
Page 6**

Sincerely,

A handwritten signature in cursive script that reads "Doug Gordon".

Doug Gordon, Program Manager  
Health Facility Services  
Arkansas Department of Health

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## COMPLAINT INVESTIGATION

**DATE:** June 11, 2012

**RE:** ABOR00001  
Little Rock Family Planning Services, PA  
#4 Office Park Drive  
Little Rock, AR 72211  
Administrator: Lori Williams  
Telephone #: 501 225 3836

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**SUBJECT:** State Agency Control # 12-207

An entrance conference was conducted with a Facility Representative at 0830 on June 4, 2012. Additional information was requested and received on June 25, 2012. The Facility Representative was informed the purpose of the visit was to conduct a complaint investigation. The Complainant stated the following:

1. A live birth of a child [REDACTED] from (Named).
2. Allowing a patient to leave the facility in the middle of her abortion procedure without the supervision of a licensed RN (Registered Nurse).
3. On [REDACTED] the Little Rock Family Planning Clinic deviated from their standard of care, injuring a patient. The facility had to call 911 and ask for emergency transfer of patient to UAMS Hospital.
4. On [REDACTED] the Little Rock Family Planning Clinic deviated from their standard of care, injuring a patient. The facility had to call 911 and ask for emergency transfer of patient to UAMS Hospital.
5. On February 19<sup>th</sup>, 2010, the Little Rock Family Planning Clinic deviated from their standard of care, injuring a patient. The facility had to call 911 and ask for emergency transfer of patient to UAMS Hospital.
6. On [REDACTED] the Little Rock Family Planning Clinic deviated from their standard of care, injuring a patient. The facility had to call 911 and ask for emergency transfer of patient to UAMS Hospital.
7. On [REDACTED] the Little Rock Family Planning Clinic deviated from their standard of care, injuring a patient. The facility had to call 911 and ask for emergency transfer of patient to UAMS Hospital.
8. On [REDACTED] the Little Rock Family Planning Clinic deviated from their standard of care, injuring a patient. The facility had to call 911 and ask for emergency transfer of patient to UAMS Hospital.
9. On [REDACTED] the Little Rock Family Planning Clinic deviated from their standard of care, injuring a patient. The facility had to call 911 and ask for emergency transfer of patient to UAMS Hospital.
10. Who signed off on the ultrasounds.
11. Who administered the medications.
12. There is a discrepancy about when the Cytotec was given they say according to

policy it is given on day 2 but that is not the case.

13. Who administered the Cytotec.

14. Record of live birth [REDACTED] of (Named) patient

The following Section was reviewed:

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#### Section 7: Patient Care Services

The Section was considered met. Deficiencies were cited.

The following were reviewed:

Policies/Procedures;

Facility Staff Job Descriptions;

Nurse Call Schedule;

Licensed Staff Verification;

Quality Indicators;

2012 Clinical Policy Guidelines;

24-Hour Call Procedures;

QA Plan;

Governing Body Meeting Minutes;

Counseling and Consent Guidelines;

Job Descriptions; and

Counseling and Training Material.

The findings follow:

Interview with the Clinic Director at 0835 on 06/01/12 revealed the facility ad a log of adverse consequences. Quarterly reporting was conducted with the National Abortion Federation. At the end of the year the facility would get results on how they stood for the National average which was a part of the Quality Assurance Plan. The facility is using the National Abortion Federation Quality Indicators.

1. **A live birth of a child [REDACTED] from (Named).** The patient named in the complaint could not be found.

2. **Allowing a patient to leave the facility in the middle of her abortion procedure without the supervision of a licensed RN (Registered Nurse).** Review of Second Trimester Procedure revealed " Laminaria will usually be inserted the day prior to the procedure..." Review of the Laminaria Consent Agreement revealed " ...I will not leave the Little Rock area or care of Little Rock Family Planning until I am discharged by the medical staff ... ". Review of Laminaria Instructions revealed a list of instructions to include the telephone number answered 24 hours a day and a second telephone number of the answering service directly. Review of the Nurse Call Schedule revealed a Registered Nurse (RN) on call every day of the month. Interview with the Clinical Director at 0915 on June 1, 2012 stated, " The answering service pages the RN on call.



If the RN does not call back in 10 minutes the answering service will call the Clinical Director which is an Advanced Practice Nurse (APN). " The Clinical Director also stated all calls were recorded.

3-9. On [REDACTED]

[REDACTED] the Little Rock Family

**Planning Clinic had to call 911 and ask for emergency transfer of a patient to UAMS Hospital.** Review of the Abortion Complication Log revealed the facility did call 911 and asked for emergency transfer of a patient to UAMS Hospital.

**10. Who signed off on the ultrasounds?** Three people have been granted the following privileges by the Medical Director:

First -trimester ultrasound  
Performance of ultrasound  
Interpretation of ultrasound for gestational age  
Second-trimester ultrasound  
Performance of ultrasound  
Interpretation of ultrasound for gestational age

**11. Who administered the medications.**

**Record #1**

Day 1 page 6 A-Y- [REDACTED]

**REGISTRATION FORM** First part of patient name crossed out and age blacked out. No evidence of labeling as " error " , initialing and dating the entry. (Section 9 A9)

**Medications Given** Dimenhydrinate-50mg-PO [REDACTED] no signature of who administered the medication.

Day 2 page 7A-Y- [REDACTED]

**Medications Given** Cytotec 200 mcg was changed to 400 mcg. There was no evidence who gave the order to change the medication dosage. (Facility Policy page 51 of 102 Recovery Room Drug Policies #2 d. Unless contraindicated, Cytotec 200mcg po (by mouth) will be given to all patients whose gestation is dated at 14 weeks and greater on Day 2 prior to the procedure.)

**Record #2**

Patient name was in error on page 1, 4F-G, 4B-G, 5 and page 8. A line was drawn thru the name and the correct name printed above. No evidence of labeling as " error " , initialing and dating the entry. (Section 9 A9)

Day 1 page 6 A-Y [REDACTED]

**Medications Given** Dimemhydrinate 50mg po @ [REDACTED], Cytotec 400mcg buccal [REDACTED]  
Loperamide 2mg @ [REDACTED] There was no evidence who administered the medications.

Recovery Record page 4B-G

**Medications Administered** Methergine 0.2mg PO (circled) and signed by nurse.

**Discharge Rx** Methergine 0.2 1 PO q 8 #3 (given was checked) Vicodin 1/2-1 tab q 4 prn #8 (Rx given was checked) Doxycycline 100mgPO BID #14 (given was checked)

**Assessment at Discharge** ambulatory was checked and signed by a nurse.

**Patient Discharged in Care of** Cab-(Named)

Page 4B-G was signed at the bottom by a nurse

(Patient was not discharged but transferred to Named hospital)

**Patient Progress Notes** page 8 Date of Procedure: [REDACTED] "...decision made to transport pt (patient) to (Named) were made and report given to Dr (Named) ob/gyn and ED (Emergency Department) physician. "

### Record #3

AB1 Page 4F-G

**Medications Given** Dimehydrinate 50mg @ [REDACTED] There was no evidence who administered the medications.

**Abortion Procedure** There was no evidence of a physician signature for the procedure.

Page 4B-G

**Assessment at Discharge** ambulatory was checked and signed by a nurse.

**Patient Discharged in Care of** was signed (Named).

**PATIENT PROGRESS NOTES** dated [REDACTED] "...Procedure was stopped ambu called large bore IV started arrangements made for transport to (Named) ob/gyn per ER (Emergency Room) by ambulance." There was no evidence of a time when the progress note was written by the physician.

### Record #4

DAY 1 AB2 Page 6A-Y [REDACTED]

**Medications Given** 50mg PO @ [REDACTED] There was no evidence who administered the medications.

**Anesthesia and IV Access** No evidence of where the 22 Jelco was placed and no evidence of when it was placed. 0.1 mg Romazicon given IV at [REDACTED] was given. There was no evidence of an order for the Romazicon.

Day 2 AB2 Page 7A-y

**Medications Given** Cytotec 200mcg had a line drawn thru the 200mcg and 400mcg had been written above. There was no evidence who changed the order from 200mcg to 400mcg.

**Anesthesia and IV Access** 3.5 mg Versed had a line drawn thru the 3.5mg and 1.0mg was written above. There was no evidence who changed the order from 3.5mg to 1.0mg. 100mg Dexamethasone had a line drawn thru Dexamethasone and mcg Fentanyl was written above. There was no evidence who changed the order from Dexamethasone to Fentanyl. No evidence of labeling as "error", initialing and dating the entry. (Section 9 A9)

**Assessment at Discharge** Pt condition on discharge was checked ambulatory and signed by a nurse.

**RN Discharge Assessment** was blank but was signed by a nurse.

**Patient Discharged in Care of** (Named).

**PATIENT PROGRESS NOTES** dated [REDACTED] "...decision made to transport pt to (Named) for further eval/tx ..." There was no evidence of a time when the progress note was written by the physician.

#### Record #5

AB1 page 4F-G

**Medications Given** Dimenhydrinate 50 mg po @ [REDACTED] There was no evidence who administered the medication.

**Discharge Rx** Ultram 50 mg #8 Rx given was checked and Doxycycline 100mg PO BID was checked as given.

**Patient Discharged in Care of** (Named)

(Patient was not discharged but transferred to Named hospital)

#### Record #6

AB2 page 7A-Y [REDACTED]

##### **Anesthesia and IV Access**

Review of standing order for THE ABORTION PROCEDURE revealed Anesthesia Sedation Analgesia: Initial IV dose: Dexamethasone 4 mg. It was documented under Anesthesia and IV access 8mg of Dexamethasone given IV at [REDACTED] There was no documentation of an order to change the Initial IV dosage of Dexamethasone from 4mg to 8 mg.

#### Record #7

AB2 page 7A-Y [REDACTED]

Review of standing order for THE ABORTION PROCEDURE revealed Anesthesia Sedation Analgesia: Initial IV dose: Dexamethasone 4 mg, Fentanyl 100 mcg, Versed 3.5 mg and an additional dose of 1mg of Versed given by the operating surgeon as long as guidelines for

conscious sedation are met. There was no documentation of an order to change the dosage of Dexamethasone from 4mg to 8 mg and to administer 10 units of Pitocin.

**Abortion Procedure:**

Was not signed by the physician.

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Day 2 page 7B-Y

**Assessment at Discharge**

Ambulatory was checked and was signed by a nurse.  
RN Discharge Assessment was blank but was signed by a nurse.  
(The patient was transferred not discharged)

**Record #8**

Day 1 Page 6A-Y

**Insertion of Laminaria-**

10cc of 1% Lidocaine, 4 Units of Vasopressin, 1000 mcg Digoxin inserted using ultrasound guidance was written. There was no physician signature or time recorded.

Day 2 page 7A-Y

**Abortion Procedure**

AB2 page 7A-Y [REDACTED]

Review of standing order for THE ABORTION PROCEDURE revealed Anesthesia Sedation Analgesia: Initial IV dose Dexamethasone 4 mg, 100 Fentanyl and 3.5 mg of Versed  
Additional doses in increments of 50mcg or 1mg Versed can be given by the operating surgeon as long as guidelines for conscious sedation are met. There was no documentation of an order to change 4mg of Dexamethasone to 8mg, and 50 mcg of Fentanyl to 150mcg.

Day 2 Page 7B-Y

**Assessment at Discharge**

Ambulatory was checked and was signed by a nurse.  
RN Discharge Assessment was blank but was signed by a nurse.  
(The patient was transferred not discharged)

**Record #9**

AB2 Page 7A-Y [REDACTED]

Pre Procedure

Medications given-Dimenhydrinate 50mg PO at [REDACTED] was given by the nurse. There was no evidence of an order for the medication.

#### Anesthesia and IV Access

1 mg Versed given IV at [REDACTED], 150 mcg Fentanyl given at [REDACTED] and 1mg Versed given at [REDACTED]. The column was signed by a nurse. There was no documentation of an order to change 3.5 mg of Versed to 1mg Versed, 50mcg of Fentanyl to 150mcg and 1.0mg Versed to 3.5mg.

#### Recovery Record

Time admitted [REDACTED]

Methergine 0.2mg PO was circled instead of IM administered at [REDACTED]. Toradol 60mg was circled instead of 30mg was administered at [REDACTED]. Narcan 0.1mg was administered at [REDACTED] and Romazicon 0.1mg was administered at [REDACTED]. There was no documentation of an order for the medications, dose or route.

#### Record #10

Day 2 Page 7A-Y [REDACTED]

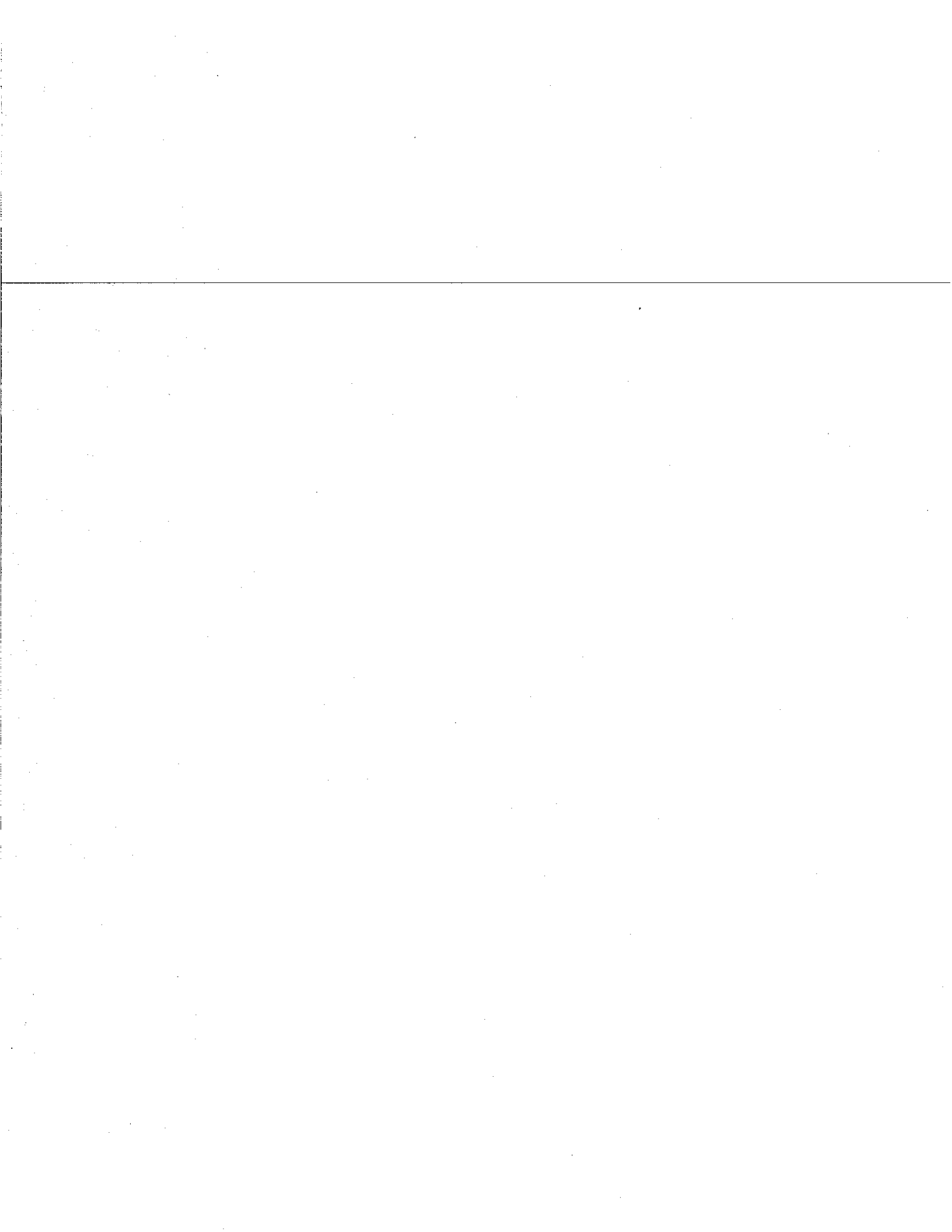
#### Pre Procedure

Medications given-Dimenhydrinate 50mg PO at [REDACTED] was given by the nurse. There was no evidence of an order for the medication.

Day 2 Page 7B-Y [REDACTED]

Recovery Record-Medications Administered Methergine 0.2mg PO was circled instead of IM administered at [REDACTED]. There was no documentation of an order for the route of medication.

An exit conference was conducted with the Clinic Director at 0400 on June 1, 2012. The Clinic Director was informed deficiencies would be cited. Additional information was requested on June 25, 2012 and July 5, 2012. The additional information was received.



# Little Rock Family Planning Services PLLC

*Received  
6-4-12*

Tom Tvedten MD  
Medical Director

Lori Williams MSN/APN  
Clinic Director

## Privileges to Perform Ultrasound

Name of person requesting privileges: \_\_\_\_\_

Training Skills	Demonstrates Competency	Needs More Practice	Comments
<b>Clinical Skills</b>	✓		
Prepares vaginal probe properly for use	✓		
Identifies uterus and endometrial stripe	✓		
Brings and keeps uterus in center of screen	✓		
Identifies position of uterus	✓		
Identifies cervix	✓		
Identifies double decidual ring	✓		
Measures gestational sac in two planes	✓		
Finds and identifies yolk sac	✓		
Identifies fetal pole	✓		
Identifies fetal cardiac activity	✓		
Finds CRL and measures in longest view	✓		
Finds BPD and measures accurately with appropriate markers	✓		
Finds FL and measures FL accurately	✓		
Assures location of pregnancy is intrauterine	✓		
Uses Keyboard and screen functions properly	✓		
Identifies multiple gestation	✓		
Perform post medical abortion sonogram to properly establish no evidence of IUP	✓		
<b>Knowledge base</b>	✓		
Knows when to use CRL measurement	✓		
Knows when to use BPD measurement	✓		
Calculates accurately GA when only sac seen	✓		
Identifies at what stage yolk sac should be seen	✓		
Calculates GA by appropriate measurement	✓		
<b>Interpersonal Skills and other requirements</b>	✓		
Introduces self to patient	✓		
Explains sonogram procedure	✓		
Pays attention to patient comfort	✓		
Solicits and answers patient questions	✓		
Uses appropriate language to discuss sono findings in presence of patient	✓		
Recognize when findings require immediate evaluation by physician or NP	✓		
Properly cleans and maintains equipment	✓		

Signature of \_\_\_\_\_

Date 6/1/12


*(trained 2/8/12)*

# Little Rock Family Planning Services PLLC

*Received  
6-4-12*

Tom Tvedten MD  
Medical Director

Lori Williams MSN/APN  
Clinic Director

The following staff person,  has completed over 100 observations by the Medical Director or their designee, and has proven proficiency in the above activities, and is granted privileges as below:

- First-trimester ultrasound (targeted for surgical abortion services)
  - Performance of ultrasound
  - Interpretation of ultrasound for gestational age
- Second trimester ultrasound (targeted for surgical abortion services)
  - Performance of ultrasound
  - Interpretation of ultrasound for gestational age
- Intra-operative ultrasound

  
Signature: Medical Director or designee

6/1/12  
Date

Medical Director  
Title



# Little Rock Family Planning Services PLLC

*Received  
6-4-12*

Tom Tvedten MD  
Medical Director

Lori Williams MSN/APN  
Clinic Director

## Privileges to Perform Ultrasound

Name of person requesting privileges: [REDACTED]

Training Skills	Demonstrates Competency	Needs More Practice	Comments
<b>Clinical Skills</b>	✓		
Prepares vaginal probe properly for use	✓		
Identifies uterus and endometrial stripe	✓		
Brings and keeps uterus in center of screen	✓		
Identifies position of uterus	✓		
Identifies cervix	✓		
Identifies double decidual ring	✓		
Measures gestational sac in two planes	✓		
Finds and identifies yolk sac	✓		
Identifies fetal pole	✓		
Identifies fetal cardiac activity	✓		
Finds CRL and measures in longest view	✓		
Finds BPD and measures accurately with appropriate markers	✓		
Finds FL and measures FL accurately	✓		
Assures location of pregnancy is intrauterine	✓		
Uses Keyboard and screen functions properly	✓		
Identifies multiple gestation	✓		
Perform post medical abortion sonogram to properly establish no evidence of IUP	✓		
<b>Knowledge base</b>	✓		
Knows when to use CRL measurement	✓		
Knows when to use BPD measurement	✓		
Calculates accurately GA when only sac seen	✓		
Identifies at what stage yolk sac should be seen	✓		
Calculates GA by appropriate measurement	✓		
<b>Interpersonal Skills and other requirements</b>	✓		
Introduces self to patient	✓		
Explains sonogram procedure	✓		
Pays attention to patient comfort	✓		
Solicits and answers patient questions	✓		
Uses appropriate language to discuss sono findings in presence of patient	✓		
Recognize when findings require immediate evaluation by physician or NP	✓		
Properly cleans and maintains equipment	✓		

Signature of Evaluator

Date

*(Trained in Jan 2005)*

*6/1/12*

# Little Rock Family Planning Services PLLC

*Received  
6-4-12*

Tom Tvedten MD  
Medical Director

Lori Williams MSN/APN  
Clinic Director

The following staff person, [REDACTED], has completed over 100 observations by the Medical Director or their designee, and has proven proficiency in the above activities, and is granted privileges as below:

- First-trimester ultrasound (targeted for surgical abortion services)
  - Performance of ultrasound
  - Interpretation of ultrasound for gestational age
- Second trimester ultrasound (targeted for surgical abortion services)
  - Performance of ultrasound
  - Interpretation of ultrasound for gestational age
- Intra-operative ultrasound

[REDACTED]  
Signature: Medical Director or designee

6/1/12  
Date

Medical Director  
Title

# Little Rock Family Planning Services PLLC

*Received  
6-4-12*

Tom Tvedten MD  
Medical Director

Lori Williams MSN/APN  
Clinic Director

## Privileges to Perform Ultrasound

Name of person requesting privileges: \_\_\_\_\_



Training Skills	Demonstrates Competency	Needs More Practice	Comments
<b>Clinical Skills</b>	✓		
Prepares vaginal probe properly for use	✓		
Identifies uterus and endometrial stripe	✓		
Brings and keeps uterus in center of screen	✓		
Identifies position of uterus	✓		
Identifies cervix	✓		
Identifies double decidual ring	✓		
Measures gestational sac in two planes	✓		
Finds and identifies yolk sac	✓		
Identifies fetal pole	✓		
Identifies fetal cardiac activity	✓		
Finds CRL and measures in longest view	✓		
Finds BPD and measures accurately with appropriate markers	✓		
Finds FL and measures FL accurately	✓		
Assures location of pregnancy is intrauterine	✓		
Uses Keyboard and screen functions properly	✓		
Identifies multiple gestation	✓		
Perform post medical abortion sonogram to properly establish no evidence of IUP	✓		
<b>Knowledge base</b>	✓		
Knows when to use CRL measurement	✓		
Knows when to use BPD measurement	✓		
Calculates accurately GA when only sac seen	✓		
Identifies at what stage yolk sac should be seen	✓		
Calculates GA by appropriate measurement	✓		
<b>Interpersonal Skills and other requirements</b>	✓		
Introduces self to patient	✓		
Explains sonogram procedure	✓		
Pays attention to patient comfort	✓		
Solicits and answers patient questions	✓		
Uses appropriate language to discuss sono findings in presence of patient	✓		
Recognize when findings require immediate evaluation by physician or NP	✓		
Properly cleans and maintains equipment	✓		

\_\_\_\_\_  
Signature of Evaluator



6/1/12  
Date

*(Re evaluated 2/2004)  
(Retrained)*

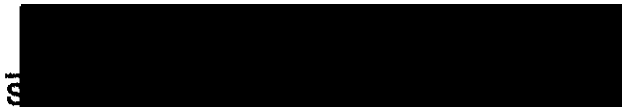
# Little Rock Family Planning Services PLLC

Tom Tvedten MD  
Medical Director

Lori Williams MSN/APN  
Clinic Director

The following staff person, , has completed over 100 observations by the Medical  proven proficiency in the above activities, and is granted privileges as below:

- First-trimester ultrasound (targeted for surgical abortion services)
  - Performance of ultrasound
  - Interpretation of ultrasound for gestational age
- Second trimester ultrasound (targeted for surgical abortion services)
  - Performance of ultrasound
  - Interpretation of ultrasound for gestational age
- Intra-operative ultrasound



6/1/12  
Date

Medical Director  
Title

# Little Rock Family Planning Services

4 Office Park Drive • Little Rock, Arkansas 72211-3896  
(501) 225-3836 • 1-800-272-2183 • Fax (501) 225-8705  
www.lrfps.com • e-mail: choice@doctor.com

JERRY EDWARDS, M.D.  
Medical Director

ANN F. OSBORNE, PA-C  
Clinical Director

## EMPLOYEE NOTICE OF JOB PERFORMANCE

EMPLOYEE NAME \_\_\_\_\_

TITLE Counselor

DATE 9/10/04

MERIT \_\_\_\_\_

PROBATION ACTION \_\_\_\_\_

INCIDENT OR OCCURRENCE:

[REDACTED] has not requested to be an approved counselor. She has worked here for over 5 years, has participated in supervised trainings with IRT materials, and observed counseling patients by [REDACTED]

EMPLOYEE COMMENTS:


RECOMMENDATIONS:


EMPLOYEE SIGNATURE \_\_\_\_\_

CLINIC DIRECTOR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

CC: To Employee File.

[REDACTED]  
CLINIC ASSOC. DIRECTOR SIGNATURE

9/10/04  
DATE

# Little Rock Family Planning Services

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JERRY EDWARDS, M.D.  
Medical Director

ANN F. OSBORNE, PA-C  
Clinical Director

## EMPLOYEE NOTICE OF JOB PERFORMANCE

EMPLOYEE NAME \_\_\_\_\_

TITLE \_\_\_\_\_

DATE 8/20/09

MERIT \_\_\_\_\_

PROBATION ACTION \_\_\_\_\_

INCIDENT OR OCCURRENCE:

*[Redacted]* has been approved as a counselor. She has worked for LRFPS + University clinic since 2000. Took leave from *[Redacted]*. Has received NAF material + policy + procedure related to counseling. Direct observation of counseling conducted

RECOMMENDATIONS:

EMPLOYEE SIGNATURE \_\_\_\_\_

*[Redacted Signature]*  
CLINIC DIRECTOR SIGNATURE

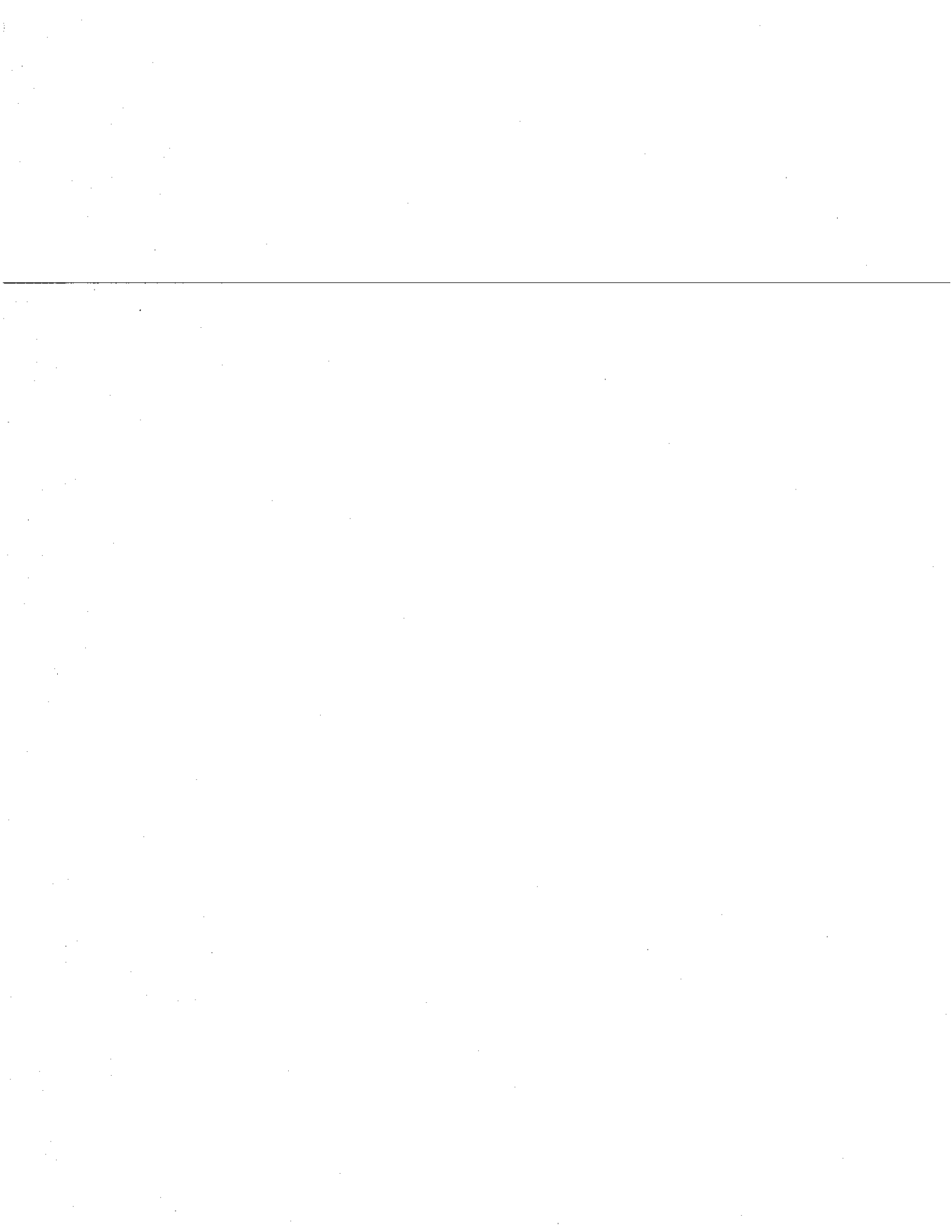
DATE \_\_\_\_\_

8/20/09  
DATE

CC: To Employee File.

CLINIC ASSOC. DIRECTOR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



# Little Rock Family Planning Services PLLC

Tom Tvedten MD  
MSN/APN  
Medical Director

Lori Williams  
Clinic Director

## PATIENT EDUCATION AND COUNSELING

NAME \_\_\_\_\_

### ASSESSMENT OF COMPETENCY

KNOWLEDGE OR SKILL	INSTRUCTION/TRAINING COMPLETED	OBSERVED CRITERIA MET
1. Professionalism	✓	✓
1.1 Scope of Practice	✓	✓
1.2 Ethics	✓	✓
1.3 Legality	✓	✓
1.4 Confidentiality	✓	✓
1.5 Values	✓	✓
1.6 Communication Skills	✓	✓
1.7 Roles	✓	✓
1.8 Lines of Authority	✓	✓
2. Counseling and Informed Consent	✓	✓
2.1 Subjective	✓	✓
2.2 Options	✓	✓
2.3 needs Assessment	✓	✓
2.4 Informed Consent	✓	✓
2.5 Post Abortion Needs	✓	✓
	✓	✓

Comments

\_\_\_\_\_ was trained as a counselor in 2000. She was retrained in 2004. Brenda had a leave of about \_\_\_\_\_ from the clinic and was retrained upon her return on \_\_\_\_\_.

\_\_\_\_\_

6/2/12

Signature of Trainer

Date

Clinic Director



# Little Rock Family Planning Services PLLC

Tom Tvedten MD  
MSN/APN  
Medical Director

Lori Williams  
Clinic Director

## EVALUATION AND COUNSELING

NAME \_\_\_\_\_

### ASSESSMENT OF COMPETENCY

KNOWLEDGE OR SKILL	INSTRUCTION/TRAINING COMPLETED	OBSERVED CRITERIA MET
1. Professionalism	✓	✓
1.1 Scope of Practice	✓	✓
1.2 Ethics	✓	✓
1.3 Legality	✓	✓
1.4 Confidentiality	✓	✓
1.5 Values	✓	✓
1.6 Communication Skills	✓	✓
1.7 Roles	✓	✓
1.8 Lines of Authority	✓	✓
2. Counseling and Informed Consent	✓	✓
2.1 Subjective	✓	✓
2.2 Options	✓	✓
2.3 needs Assessment	✓	✓
2.4 Informed Consent	✓	✓
2.5 Post Abortion Needs	✓	✓

Comments

\_\_\_\_\_ training was originally complete in 8/2009  
 She participated in various trainings and workshops conducted  
 by myself as \_\_\_\_\_

\_\_\_\_\_

6/12/12

Signature of Trainer

*Clinic Director*

Date

# Little Rock Family Planning Services PLLC

Tom Tvedten MD  
MSN/APN  
Medical Director

Lori Williams  
Clinic Director

## PATIENT EDUCATION AND COUNSELING

NAME \_\_\_\_\_

### ASSESSMENT OF COMPETENCY

KNOWLEDGE OR SKILL	INSTRUCTION/TRAINING COMPLETED	OBSERVED CRITERIA MET
1. Professionalism	✓	✓
1.1 Scope of Practice	✓	✓
1.2 Ethics	✓	✓
1.3 Legality	✓	✓
1.4 Confidentiality	✓	✓
1.5 Values	✓	✓
1.6 Communication Skills	✓	✓
1.7 Roles	✓	✓
1.8 Lines of Authority	✓	✓
2. Counseling and Informed Consent	✓	✓
2.1 Subjective	✓	✓
2.2 Options	✓	✓
2.3 needs Assessment	✓	✓
2.4 Informed Consent	✓	✓
2.5 Post Abortion Needs	✓	✓

Comments: \_\_\_\_\_  
 \_\_\_\_\_ was originally trained for counseling  
 June of 2002. She had repeat training in Feb  
 of 2004. She has attended numerous continuing  
 education provided by NAF \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

6/2/12

Signature of Trainer

Date

Clinic Director

# Little Rock Family Planning Services PLLC

Tom Tvedten MD  
MSN/APN  
Medical Director

Lori Williams  
Clinic Director

## PATIENT EDUCATION AND COUNSELING

NAME [REDACTED]

### ASSESSMENT OF COMPETENCY

KNOWLEDGE OR SKILL	INSTRUCTION/TRAINING COMPLETED	OBSERVED CRITERIA MET
1. Professionalism	✓	✓
1.1 Scope of Practice	✓	✓
1.2 Ethics	✓	✓
1.3 Legality	✓	✓
1.4 Confidentiality	✓	✓
1.5 Values	✓	✓
1.6 Communicaiton Skills	✓	✓
1.7 Roles	✓	✓
1.8 Lines of Authority	✓	✓
2. Counseling and Informed Consent	✓	✓
2.1 Subjective	✓	✓
2.2 Options	✓	✓
2.3 needs Assesment	✓	✓
2.4 Informed Consent	✓	✓
2.5 Post Abortion Needs	✓	✓

Comments [REDACTED] is very experienced in abortion care. She makes an excellent counselor and demonstrates superior skill. She is qualified as a counselor/trainer. [REDACTED]

[REDACTED]

6/2/12

Signature of Trainer  
*Clinic Director*

Date

Training completed in Feb 2005

# Little Rock Family Planning Services PLLC

Tom Tvedten MD  
MSN/APN  
Medical Director

Lori Williams  
Clinic Director

## PATIENT EDUCATION AND COUNSELING

NAME \_\_\_\_\_

### ASSESSMENT OF COMPETENCY

KNOWLEDGE OR SKILL	INSTRUCTION/TRAINING COMPLETED	OBSERVED CRITERIA MET
1. Professionalism	✓	✓
1.1 Scope of Practice	✓	✓
1.2 Ethics	✓	✓
1.3 Legality	✓	✓
1.4 Confidentiality	✓	✓
1.5 Values	✓	✓
1.6 Communication Skills	✓	✓
1.7 Roles	✓	✓
1.8 Lines of Authority	✓	✓
2. Counseling and Informed Consent	✓	✓
2.1 Subjective	✓	✓
2.2 Options	✓	✓
2.3 needs Assessment	✓	✓
2.4 Informed Consent	✓	✓
2.5 Post Abortion Needs	✓	✓

Comments =

Original training completed in 2000. Repeated in 2004. [redacted] has attended extensive continuing education through various NAE conferences. [redacted] qualified as a counselor trainer. [redacted]

[redacted signature]

6/2/12

Signature of Trainer

Date


Clinic Director

# Little Rock Family Planning Services PLLC

Tom Tvedten MD  
MSN/APN  
Medical Director

Lori Williams  
Clinic Director

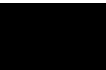
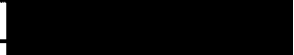
## PATIENT EDUCATION AND COUNSELING

NAME 

### ASSESSMENT OF COMPETENCY

KNOWLEDGE OR SKILL	INSTRUCTION/TRAINING COMPLETED	OBSERVED CRITERIA MET
1. Professionalism	✓	✓
1.1 Scope of Practice	✓	✓
1.2 Ethics	✓	✓
1.3 Legality	✓	✓
1.4 Confidentiality	✓	✓
1.5 Values	✓	✓
1.6 Communicaiton Skills	✓	✓
1.7 Roles	✓	✓
1.8 Lines of Authority	✓	✓
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2.1 Subjective	✓	✓
2.2 Options	✓	✓
2.3 needs Assesment	✓	✓
2.4 Informed Consent	✓	✓
2.5 Post Abortion Needs	✓	✓

Comments

 demonstrates excellent knowledge. She was skilled counselor with great empathy. 

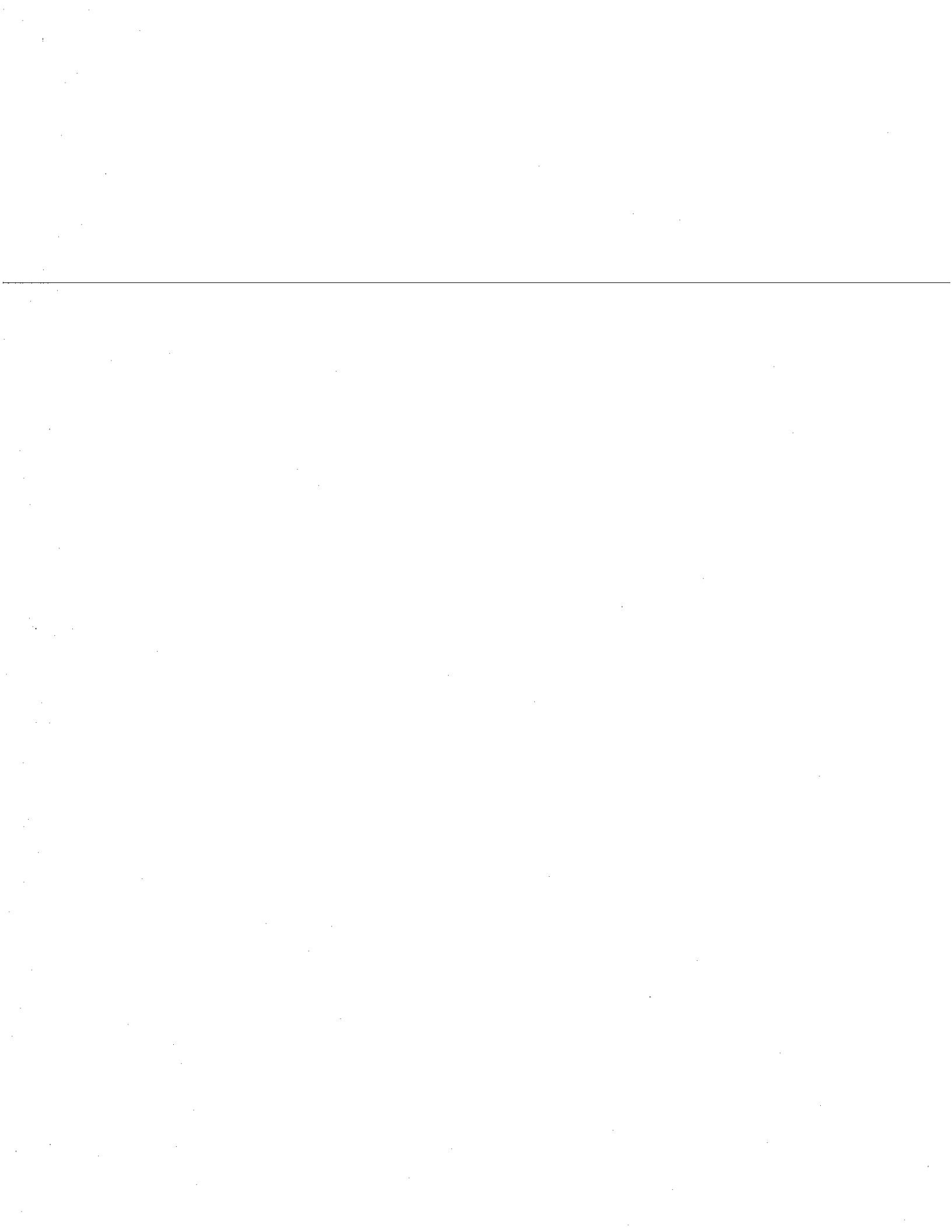
Signature of Trainer

*Clinic Director*

Date

6/2/12

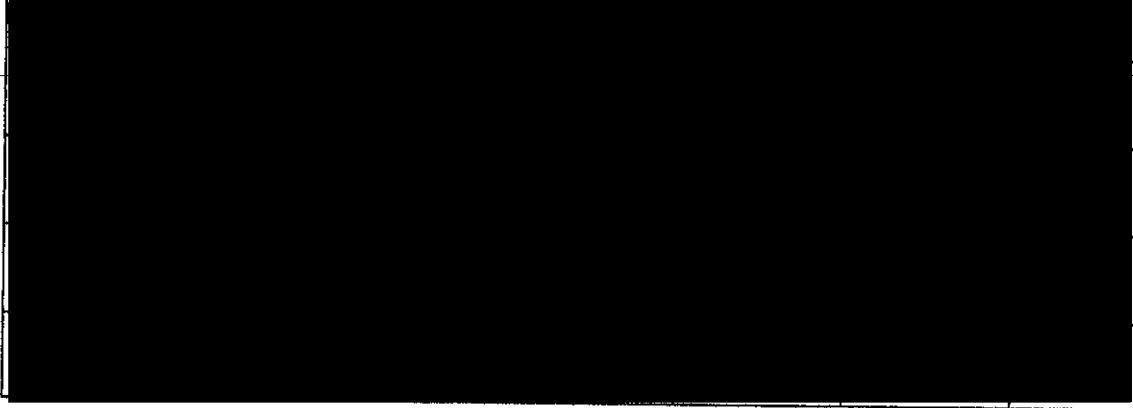
*Training completed in February 2008*



Little Rock Family Planning  
Nurse Call Schedule

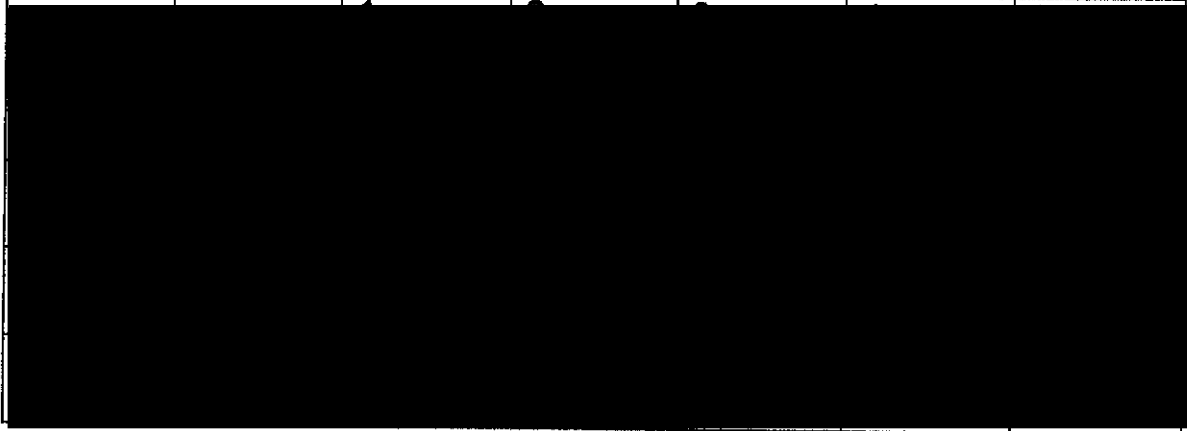
April

2012

Sun	Mon	Tue	Wed	Thur	Fri	Sat
1	2	3	4	5	6	7
						

May

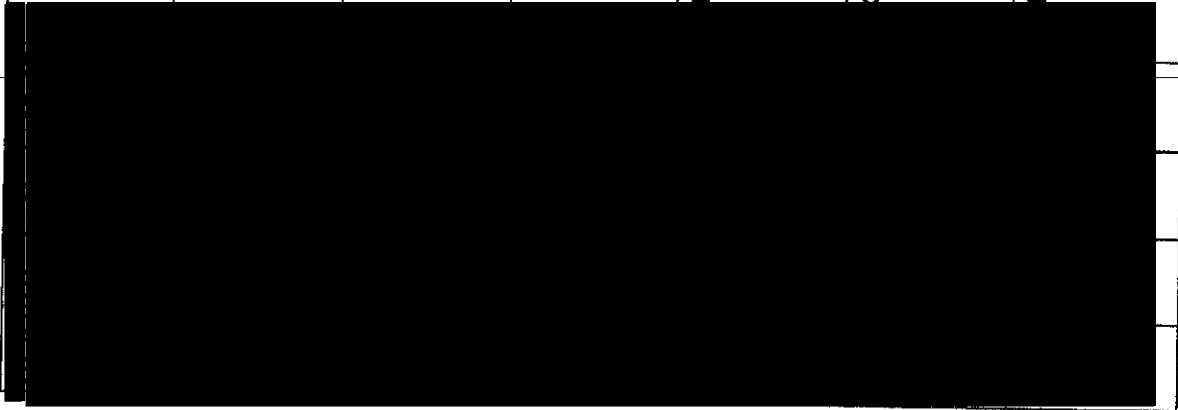
2012

Sun	Mon	Tue	Wed	Thur	Fri	Sat
						

Little Rock Family Planning  
Nurse Call Schedule

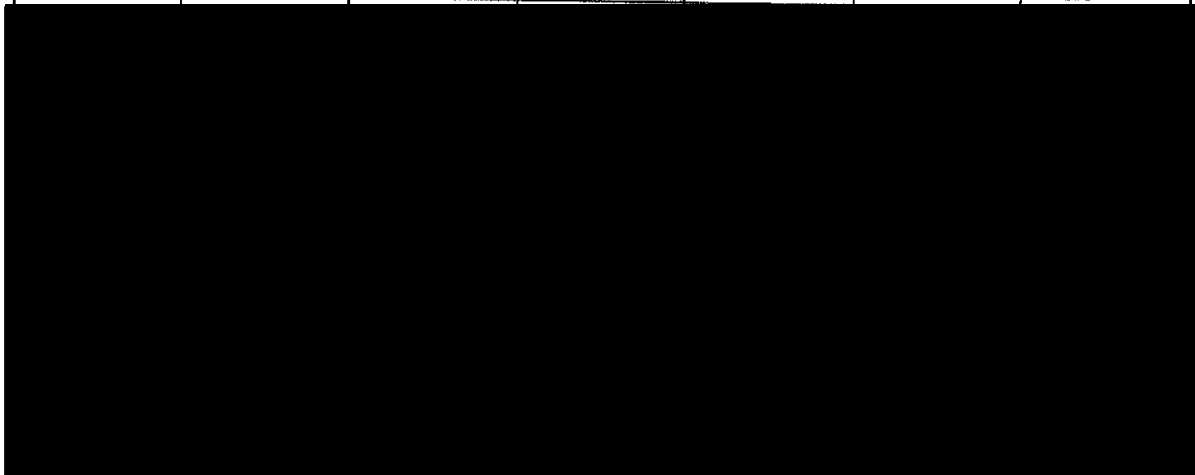
February

2012

Sun	Mon	Tue	Wed	Thur	Fri	Sat
			1	2	3	4
						

March

2012

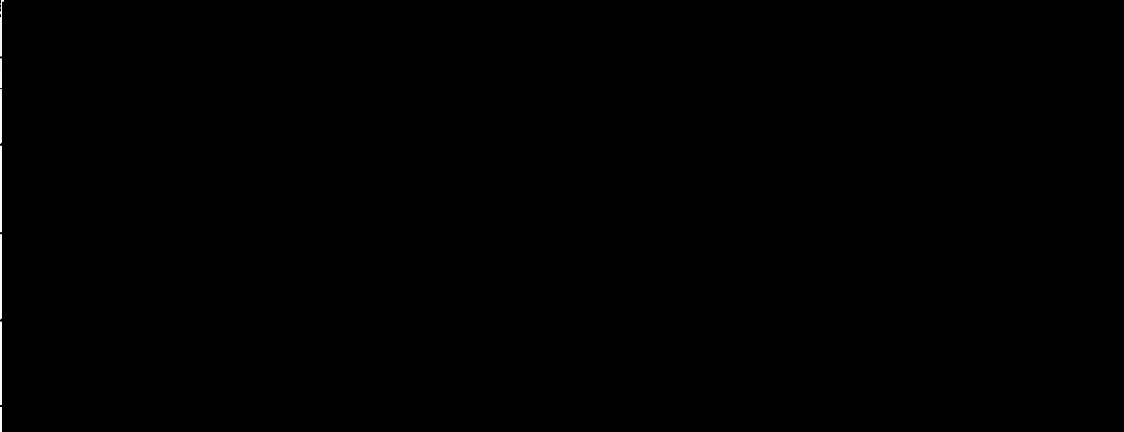
Sun	Mon	Tue	Wed	Thur	Fri	Sat
						

July Aug Sep



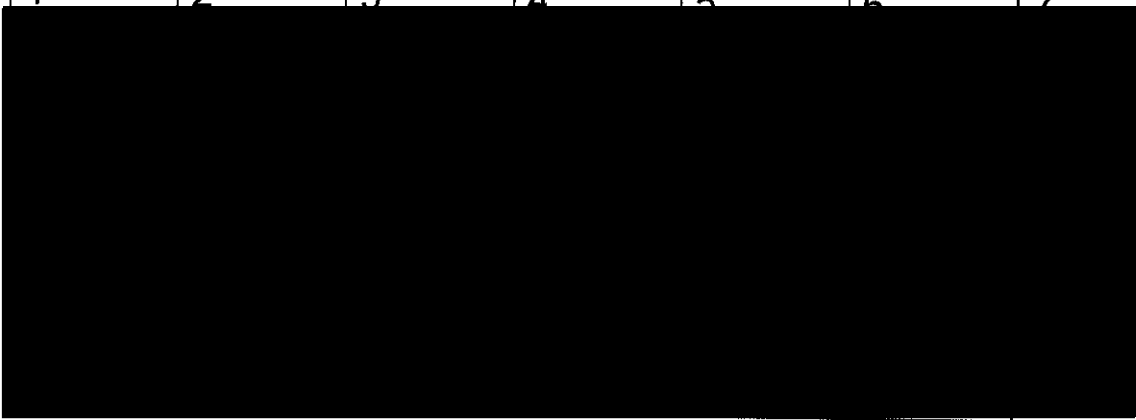
Little Rock Family Planning  
Nurse Call Schedule

December 2011

Sun	Mon	Tue	Wed	Thur	Fri	Sat
						

January

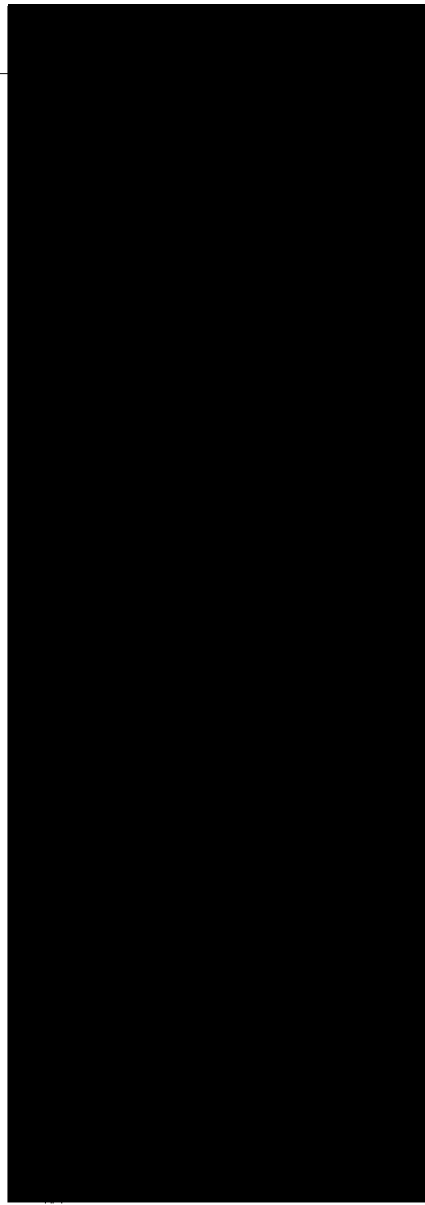
2012

Sun	Mon	Tue	Wed	Thur	Fri	Sat
1	2	3	4	5	6	7
						

2011

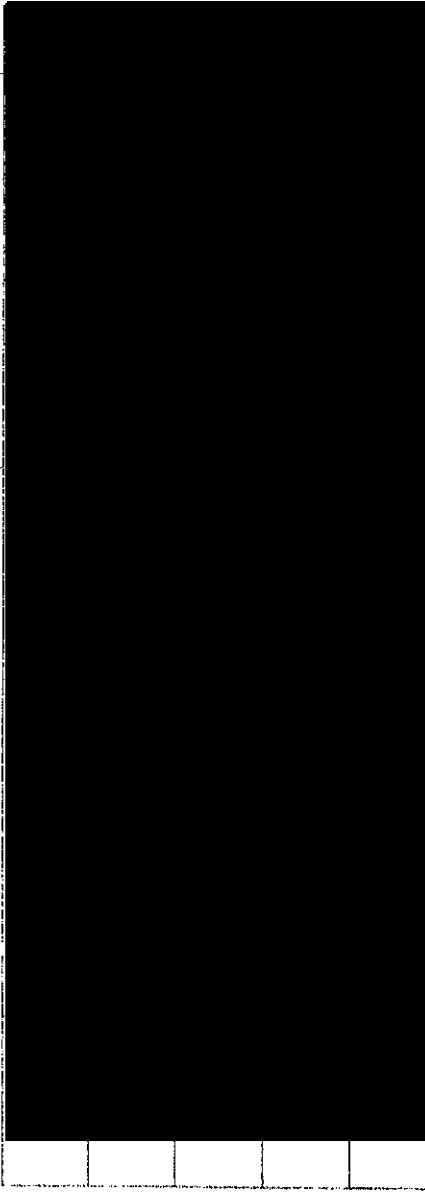
October

Sun	Mon	Tue	Wed	Thur	Fri	Sat
9	2	4	5	6	7	8



November

Sun	Mon	Tue	Wed	Thur	Fri	Sat
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June

Sun	Mon	Tue	Wed	Thur	Fri	Sat

July

Sun	Mon	Tue	Wed	Thur	Fri	Sat
					1	2

August

Sun	Mon	Tue	Wed	Thur	Fri	Sat

September

Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1	2	3

**LITTLE ROCK FAMILY PLANNING SERVICES, P.A.**  
4 OFFICE PARK DRIVE • LITTLE ROCK, AR 72211-3896

**Laminaria Consent Agreement**

**Additional Consent for Pregnancies Beyond 13 weeks or for 2-day Procedures**

Date \_\_\_\_\_

**Laminaria Consent**

It has been explained to me that a local anesthetic may be administered, and that one or more laminaria (which has been shown to me) may be inserted into the cervix in order to open it gently and slowly. I understand that once the laminaria are inserted, the abortion procedure has begun and therefore I **MAY NOT CHANGE MY MIND**. I will not leave the Little Rock area or care of Little Rock Family Planning until I am discharged by the medical staff. The laminaria absorb moisture and enlarge the opening of the cervix, and this may cause cramping, bleeding, or infection. The benefits of laminaria is to make the abortion easier and reduce the possibility of other complications.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Staff Witness

**D & E Complications**

An abortion at later stages of pregnancy (over 13 weeks LMP) carries greater risks of complications than at earlier stages of pregnancy. These risks include perforation of the uterus requiring surgery, hysterectomy, loss of fertility, injury to bladder or intestines, infection, allergic reaction, paralysis, brain damage, cardiac arrest, and death. I understand and accept these risks, and request that an abortion be performed on me.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Staff Witness

**Digoxin Consent**

In our experience, the abortion procedure is made easier and safer by injecting the fetus with a medication called digoxin. The purpose of this injection is to cause fetal death and to help prepare the woman's body for the abortion process. This medicine is injected by inserting a needle directly into the fetus through the vagina. We have used this procedure for many years without serious complications and feel the process is safe. However, possible complications include, but are not limited to, infection, shock, allergic reaction, and even death. After the injection of digoxin, the procedure to terminate the pregnancy and remove the pregnancy has begun. I understand that this procedure will cause the fetal heart to stop and **I MAY NOT CHANGE MY MIND**. I will not leave the Little Rock area or the care of Little Rock Family Planning Services until I am discharged by the medical staff.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Staff Witness

\_\_\_\_\_  
Reschedule Date

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Witness

**LITTLE ROCK FAMILY PLANNING SERVICES, P.A.  
4 OFFICE PARK DRIVE - LITTLE ROCK, AR 72211-3896**

**Laminaria Consent Agreement**

**Additional Consent for Pregnancies Beyond 13 weeks or for 2-day Procedures**

Date \_\_\_\_\_

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\_\_\_\_\_  
Patient

\_\_\_\_\_  
Staff Witness

**D & E Complications**

An abortion at later stages of pregnancy (over 13 weeks LMP) carries greater risks of complications than at earlier stages of pregnancy. These risks include perforation of the uterus requiring surgery, hysterectomy, loss of fertility, injury to bladder or intestines, infection, allergic reaction, paralysis, brain damage, cardiac arrest, and death. I understand and accept these risks, and request that an abortion be performed on me.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Staff Witness

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\_\_\_\_\_  
Patient

\_\_\_\_\_  
Staff Witness

\_\_\_\_\_  
Reschedule Date

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Witness

# FOR TONIGHT

LITTLE ROCK FAMILY PLANNING SERVICES, P.A.

4 Office Park Drive

Little Rock, Arkansas 72211-3896

(501) 225-3836 1-800-272-2183 Fax (501) 225-8705

Tom Tvedten, M.D.  
Medical Director

Lori Williams, MSN, APN  
Clinical Director

## LAMINARIA INSTRUCTIONS:

The Laminaria has been inserted into your cervix to help dilate or open the cervical opening overnight. With the Laminaria in place, there are some important things to remember:

- 1) Limit your physical activity. No lifting or running. Do not sit in a bath tub, jacuzzi, or swimming pool. However, you may take a shower.
- 2) Do not put anything into your vagina. Do not have vaginal intercourse.
- 3) You must not eat or drink after midnight, except to take your medications. You will be able to eat after leaving the clinic tomorrow.
- 4) You may have some menstrual-like cramping. If so, you can take Ibuprofen (Motrin, Advil) 800 mg every 4 hours. If 2 hours after taking Ibuprofen, your cramps have not been relieved, take ½ to 1 tablet of Vicodin. If 2 hours after taking Vicodin, cramping continues (which has been 4 hours since taking Ibuprofen) you may start again with Ibuprofen. Repeating the same medication schedule.

Ibuprofen (Motrin)	Vicodin

Rotate  
FOR  
Pain

\*5)

Take 1 Doxycycline 100mg (antibiotic) tablet now after eating, then take 1 before bedtime.

\*6)

DO NOT TAKE THE METHERGINE TODAY.

(FOR Bleeding)

- 7) Occasionally, your body will expel the laminaria. If this happens do not try to re-insert it.
- 8) If you experience severe cramping, fever or excessive bleeding, telephone the clinic immediately.
- 9) If you have any other problems you are not sure about or any questions please call the clinic. **The nurse is on call 24 hours a day.**

10)

**TELEPHONE NUMBER: (501) 225-3836 ANSWERED 24 HOURS**

On rare occasions a problem could occur where the phones which are forwarded encounter technical difficulty. If no answer after 10 rings please call our answering service directly at (501) 373-8648

Your appointment date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

**Remember the importance of returning to the clinic for your scheduled appointment. The Laminaria must be removed as your abortion procedure has begun and is in progress.**

**ABORTION CONSENT AGREEMENT**

I HEREBY GIVE MY CONSENT FOR THE ADMINISTRATION OF CYTOTEC, IF IN THE OPINION OF THE PHYSICIAN IS WARRANTED. I UNDERSTAND ONCE IT IS GIVEN THAT THE ABORTION PROCESS HAS BEEN STARTED AND I WILL NOT CHANGE MY MIND. IT HAS BEEN EXPLAINED TO ME THAT CYTOTEC IN THIS PREGNANCY CAUSES UTERINE CONTRACTIONS, BIRTH DEFECTS, MISCARRIAGES, AND CAN CAUSE THE UTERUS TO RUPTURE, ESPECIALLY WHEN THERE HAS BEEN A C-SECTION.

I HEREBY GIVE MY CONSENT AND AUTHORIZATION FOR AN ABORTION TO BE PERFORMED ON ME BY JEFF EDWARDS, M.D., TOM TVEDTEN, M.D., RUSSELL HORTON, M.D., OR ASSOCIATES. IN THE EVENT OF COMPLICATIONS DURING OR AFTER THE PROCEDURE, HE HAS MY PERMISSION TO PERFORM ANY MEDICAL OR SURGICAL TREATMENT HE DEEMS NECESSARY FOR MY WELL-BEING.

I HAVE BEEN INFORMED THAT THE PRACTICE OF MEDICINE IS NOT AN EXACT SCIENCE AND THAT NO PHYSICIAN CAN GUARANTEE RESULTS. I ACKNOWLEDGE THAT NO GUARANTEE OR ASSURANCE OF RESULTS OR SUCCESSFUL OUTCOME OF PROCEDURE HAS BEEN MADE TO ME.

I HAVE BEEN INFORMED AN ABORTION CARRIES RISKS. THE POSSIBLE COMPLICATIONS ASSOCIATED WITH AN ABORTION INCLUDE ALLERGIC REACTION TO MEDICATIONS, POSSIBLE EMOTIONAL PROBLEMS, RETAINED TISSUE, INFECTION, PERFORATION OF THE UTERUS WITH INJURY TO BLADDER OR INTESTINES, REQUIRING SURGERY, LOSS OF FERTILITY, HYSTERECTOMY, HEMMORRHAGE, BLOOD TRANSFUSION, PARALYSIS, EMBOLISM, BRAIN DAMAGE, OR EVEN CARDIAC ARREST AND DEATH, THESE RISKS INCREASE WITH GESTATIONAL AGE. I UNDERSTAND AND ACCEPT THESE RISKS, AND REQUEST THAT AN ABORTION BE PERFORMED ON ME.

I HAVE BEEN INFORMED THAT THE RATE OF THESE COMPLICATIONS INCREASES IN THE PRESENCE OF PRE-EXISTING DISEASE, PREVIOUS C-SECTION, OBESITY, OR PREGNANCY ADVANCED BEYOND TWELVE WEEKS.

I HAVE BEEN INFORMED THAT IF IV SEDATION IS ADMINISTERED TO ME, THE RATE OF COMPLICATIONS INCREASES. I WILL HAVE A DRIVER OR TAXI TO TAKE ME HOME UPON DISCHARGE. ALSO, I UNDERSTAND THAT DUE TO POSSIBLE TRANSIENT MENTAL IMPAIRMENT FOLLOWING THE USE OF ANESTHESIA, I SHOULD NOT DRIVE OR MAKE ANY DECISIONS REQUIRING JUDGEMENT FOR 24 HOURS FOLLOWING THE PROCEDURE. IN SOME CASES IV SEDATION MAY CAUSE EXCESSIVE SEDATION, RESPIRATORY DEPRESSION OR ARREST.

I UNDERSTAND THAT IT IS IMPORTANT FOR ME TO FOLLOW ALL AFTER-CARE INSTRUCTIONS AND THAT A FOUR-WEEK OVER THE COUNTER URINE PREGNANCY TEST MUST BE TAKEN AND CONFIRMED NEGATIVE. IT IS IMPORTANT FOR DETECTION OF A CONTINUING PREGNANCY AND COMPLICATIONS. I AM AWARE THAT IT IS RECOMMENDED I RETURN IN 4 WEEKS FOR A FREE FOLLOW UP EXAM.

I UNDERSTAND THAT, IN THE EVENT OF COMPLICATIONS THAT CANNOT BE MANAGED IN THE CLINIC, I WILL BE RESPONSIBLE FOR ALL CHARGES SUCH AS DOCTORS FEES, HOSPITALIZATION, DRUGS, BLOOD TRANSFUSION, TRANSPORTATION/AMBULANCE FEES.

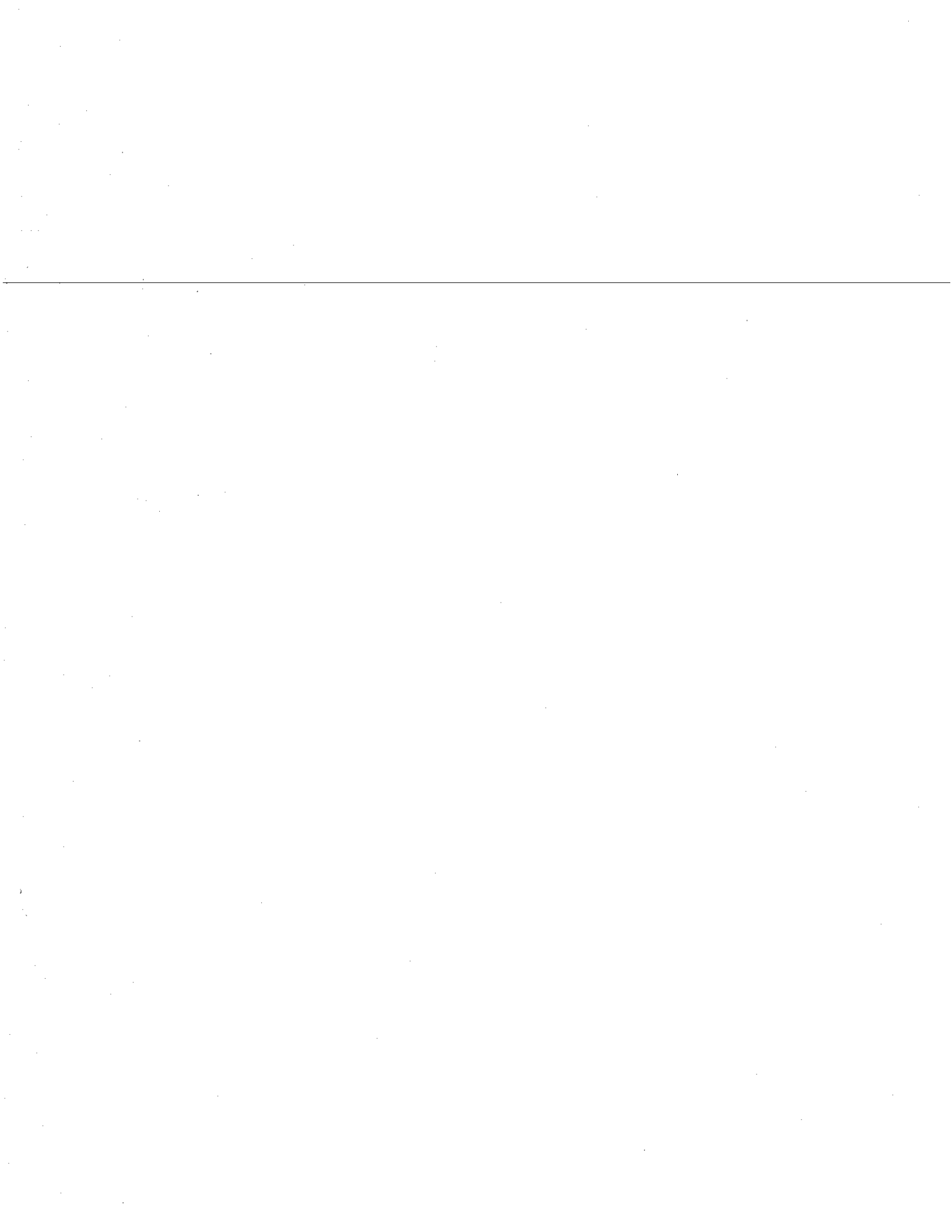
I HAVE READ THIS CONSENT AGREEMENT AND UNDERSTAND ITS CONTENTS AND MEANING. I HAVE BEEN GIVEN THE OPPORTUNITY TO ASK ANY QUESTIONS I MIGHT HAVE. ANY PART OF THIS AGREEMENT NOT CLEAR TO ME HAS BEEN EXPLAINED TO MY SATISFACTION. I HAVE PLACED MY INITIALS IN EACH BOX TO THE LEFT OF EACH STATEMENT INDICATING MY UNDERSTANDING OF THAT STATEMENT. I HAVE MADE THIS DECISION TO HAVE AN ABORTION OF MY OWN FREE WILL, TAKING INTO CONSIDERATION MY OWN PERSONAL SET OF CIRCUMSTANCES. I FEEL THAT OF THE THREE OPTIONS AVAILABLE WITH PREGNANCY (ABORTION, ADOPTION, OR PARENTING) THE ABORTION IS MY CHOICE.

DATE: \_\_\_\_\_ PATIENT: \_\_\_\_\_

I HAVE PERSONALLY DISCUSSED WITH (Patient Name) \_\_\_\_\_ THIS CONSENT AGREEMENT AND TO THE BEST OF MY KNOWLEDGE SHE IS FULLY INFORMED OF ITS CONTENTS AND MEANING.

DATE: \_\_\_\_\_ WITNESS: \_\_\_\_\_

RESCHEDULE DATE: \_\_\_\_\_ PATIENT: \_\_\_\_\_





Abortion Complication Log

Date	Patient #	Gestation	Provider	Comp	Comments
				a	
				c	
				ci	
				ei	
				c	
				c	
				fi	
				c	
				fi	

Comps

- a) failed procedure – ongoing pregnancy
- b) unrecognized ectopic
- c) reaspirations for retained poc, hematometra or incomplete AB
- d) infection requiring IV antibiotics
- e) Hemorrhage >500cc blood loss
- f) Cervical or uterine injury
- g) Embolism
- h) Anesthesia related respiratory compromise assisted ventilation or emergency transport
- i) Hospital Treatment
- j) Other surgical intervention after MAB at patient request, ruptured ectopic despite treatment or referral, any other sentinel event, adverse event or serious complication not listed above.

Abortion Complication Log

Date	Patient #	Gestation	Provider	Comp	Comments
[Redacted]				a	[Redacted]
				c	
				c	
				c	
				c	
				c	
				c	
				c	
				c	
				c	
				c	
				c	
				c	

- Compos
- a) failed procedure -- ongoing pregnancy
  - b) unrecognized ectopic
  - c) reaspirations for retained poc, hematometra or incomplete AB
  - d) infection requiring IV antibiotics
  - e) Hemorrhage > 500cc blood loss
  - f) Cervical or uterine injury
  - g) Embolism
  - h) Anesthesia related respiratory compromise assisted ventilation or emergency transport
  - i) Hospital Treatment
  - j) Other surgical intervention after MAB at patient request, ruptured ectopic despite treatment or referral, any other sentinel event, adverse event or serious complication not listed above.

Abortion Complication Log

	Comp	Comments
<ul style="list-style-type: none"> <li>a) failed procedure – ongoing pregnancy</li> <li>b) unrecognized ectopic</li> <li>c) reaspirations for retained poc, hematometra or incomplete AB</li> <li>d) infection requiring IV antibiotics</li> <li>e) Hemorrhage &gt;500cc blood loss</li> <li>f) Cervical or uterine injury</li> <li>g) Embolism</li> <li>h) Anesthesia related respiratory compromise assisted ventilation or emergency transport</li> <li>i) Hospital Treatment</li> <li>j) Other surgical intervention after MAB at patient request, ruptured ectopic despite treatment or referral, any other sentinel event, adverse event or serious complication not listed above.</li> </ul>	a	
	a	
	a	
	c	
	c	
	c	
	c	
	c	
	c	
	c	
	c	
	a	

Abortion Complication Log

Date	Patient #	Case #	Comp	Comments
			f.	
			e.	
			d.	
			c.	
			b.	
			a.	

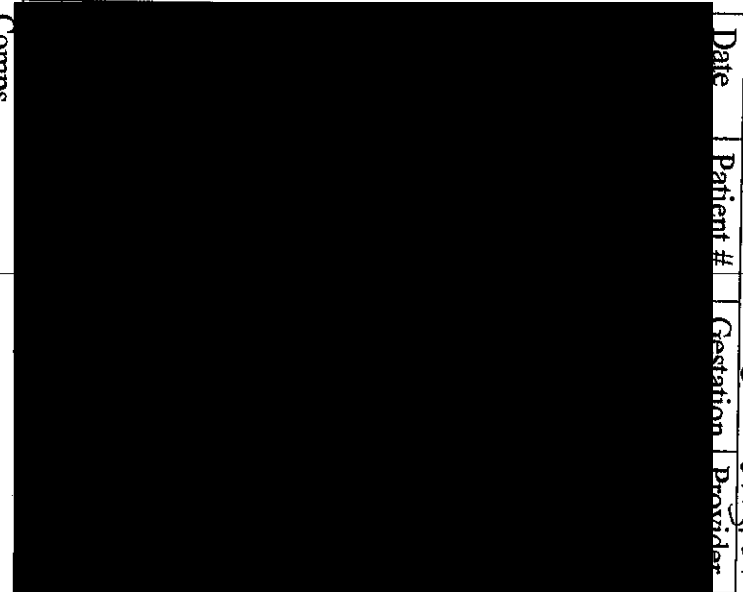
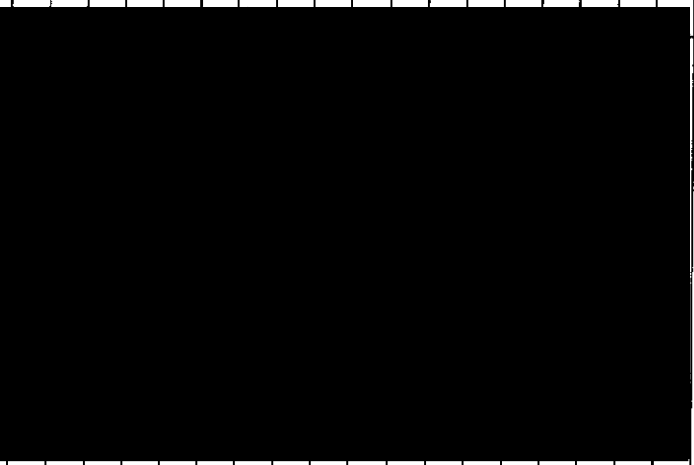

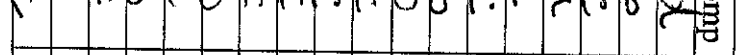
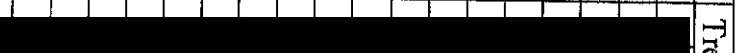
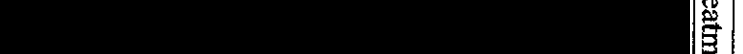
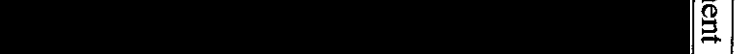
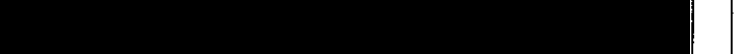
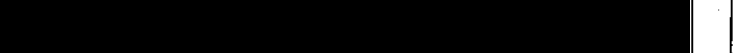
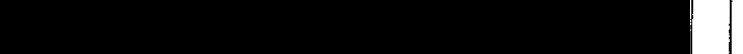
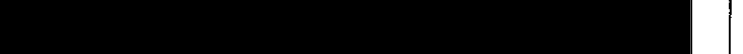
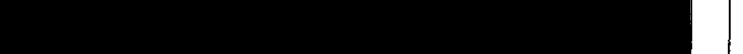

- a) failed procedure -- ongoing pregnancy
- b) unrecognized ectopic
- c) reaspirations for retained pec. hematometra or incomplete AB
- d) infection requiring IV antibiotics
- e) Hemorrhage >500cc blood loss
- f) Cervical or uterine injury
- g) Limbolicism
- h) Anesthesia related respiratory compromise assisted ventilation or emergency transport
- i) Hospital Treatment
- j) Other surgical intervention after MAB at patient request, ruptured ectopic despite treatment or referral, any other sentinel event, adverse event or serious complication not listed above.

Abortion Complication Log

Date	Patient #	Gestation	Provider	Comp	Comments
[Redacted]				c	[Redacted]
				c	
				B	
				c	
				h	
				a	
Comps					

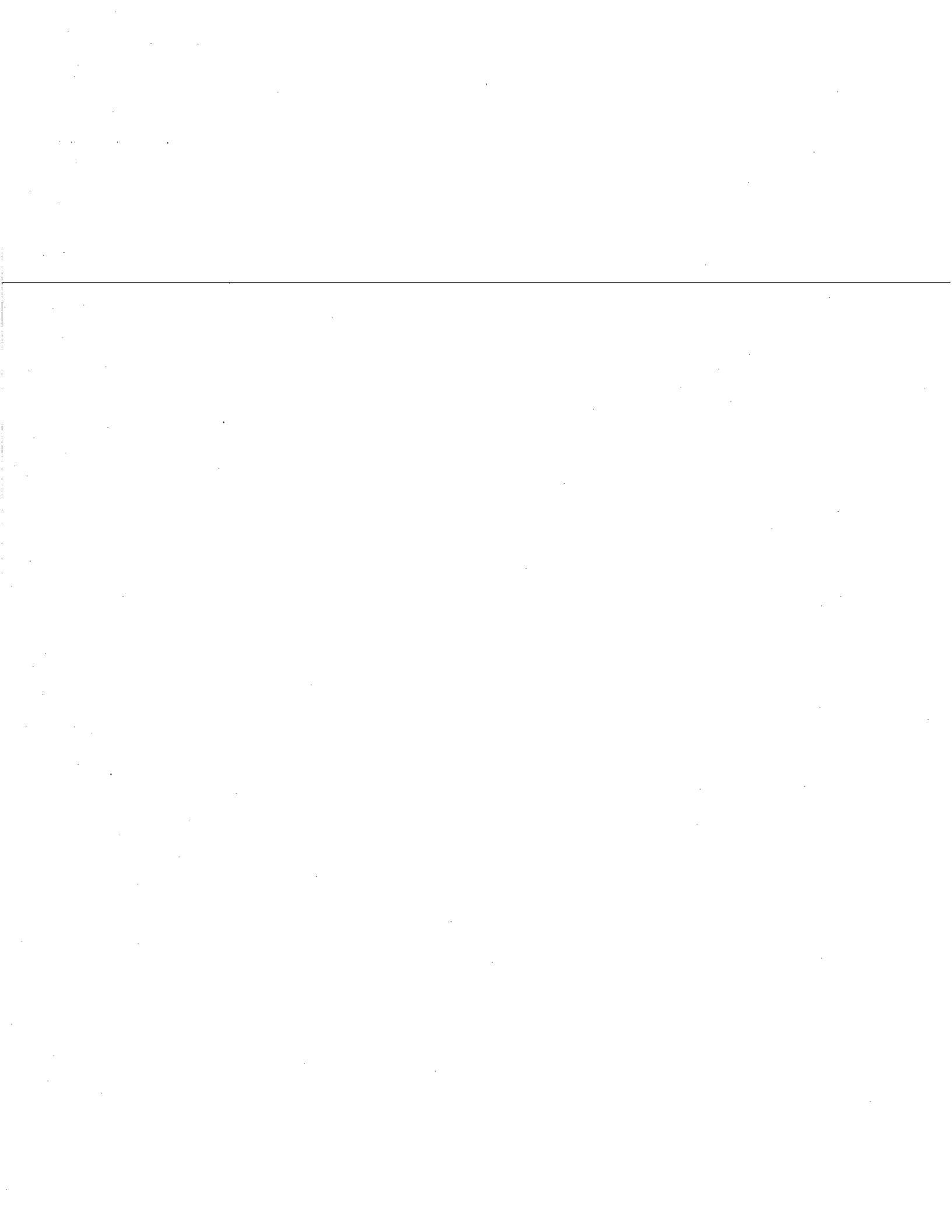
- a) failed procedure – ongoing pregnancy
  - b) reaspirations for Hematometria
  - c) reaspirations for retained poc
  - d) uterine perforation or uterine injury
  - e) infection requiring hospitalization
  - f) hemorrhage requiring hospitalization
  - g) unrecognized ectopic pregnancy
  - h) cervical laceration requiring repair
  - i) Respiratory event/ Desat < 70%
- j) hospital Tx or admission

Abortion Complication Log *Original*

Date	Patient #	Gestation	Provider	Comp	Treatment
				d	
				b	
				c	
				a	
				c	
				a	
				c	
				a	
				c	
				a	
				c	
				a	

- Comps
- a) failed procedure – ongoing pregnancy
  - b) reaspirations for hematometria
  - c) reaspirations for retained poc
  - d) uterine perforation *or uterine injuries*
  - e) infection requiring hospitalization
  - f) hemorrhage requiring hospitalization
  - g) unrecognized ectopic pregnancy
  - h) cervical laceration requiring repair

~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~



## Contact Report Health Facility Services

Contact	Date	Copies Routed To
Organization	Phone	<input type="checkbox"/> Phone <input type="checkbox"/> Personal
<i>Little Rock Family Planning</i>		

*License and CPR Certification*



Actions Required

*None*

Prepared By	Phone No.	Organization	Follow-up Date





PATIENT IDENTIFIER LIST

Facility *Little Rock Family Planning*

Provider Number \_\_\_\_\_

25	49	73
26	50	74
27	51	75
28	52	76
29	53	77
30	54	78
31	55	79
32	56	80
33	57	81
34	58	82
35	59	83
36	60	84
37	61	85
38	62	86
39	63	87
40	64	88
41	65	89
42	66	90
43	67	91
44	68	92
45	69	93
46	70	94
47	71	95
48	72	96

## STATE WORKLOAD REPORT

Provider/Supplier Number: AB0100001      Provider/Supplier Name: Little Rock Family Planning, PA

Type of Survey (select all that apply)

--	--	--	--	--

- |                           |                         |                     |
|---------------------------|-------------------------|---------------------|
| A Complaint Investigation | E Initial Certification | I Recertification   |
| B Dumping Investigation   | F Inspection of Care    | J Sanctions/Hearing |
| C Federal Monitoring      | G Validation            | K State License     |
| D Follow-up Visit         | H Life Safety Code      | L CHOW              |
| M Other                   |                         |                     |

Extent of Survey (select all that apply)

--	--	--	--	--

- A Routine/Standard Survey (all providers/suppliers)  
 B Extended Survey (HHA or Long Term Care Facility)  
 C Partial Extended Survey (HHA)  
 D Other Survey

### SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor Use the surveyor's identification number

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
1. <u>05742</u>	<u>06-01-12</u>	<u>06-01-12</u>	<u>1</u>		<u>5</u>		<u>.25</u>	<u>16.00</u>
2. <u>27453</u>	<u>06-01-12</u>	<u>06-01-12</u>	<u>1</u>		<u>5</u>		<u>.25</u>	<u>1.00</u>
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours.... 1.75

Total SA Clerical/Data Entry Hours.... .75

Was Statement of Deficiencies given to the provider on-site at completion of the survey?....

Connie Melton

12-207

From: [REDACTED]  
Sent: Friday, April 27, 2012 10:08 AM  
To: Connie Melton  
Cc: Doug Gordon; me  
Subject: Possible LIVE BIRTH AT LITTLE ROCK FAMILY PLANNING

Dear Ms. Melton,

This is a response to your email below

I understand these are SERIOUS allegations and expect them to be treated as such!

I have given you information about how late term abortions are carried out illegally at the Little Rock Family Planning Clinic, allowing a patient to leave the facility in the middle of her abortion procedure without the supervision of a licensed RN. Your department did not see fit to cite any deficiencies for that during the recent investigation there last month. I am now able to provide you with the attached document which involves the LIVE birth of a child at this facility. Please check the Little Rock Family Planning records of [REDACTED] from [REDACTED] believe that the medical records of [REDACTED] which are in the possession of [REDACTED] will prove that the Little Rock Family Planning clinic is not only breaking the law regarding how they do / or perform late term abortions but also are committing felony abortions on the pre-born much further than 20-21 weeks gestation, which is the legal limit for abortion in Arkansas. [REDACTED] who was a patient at Little Rock Family planning and has a [REDACTED] had a late term abortion (approx. 27-28 weeks) at the Little Rock Family planning clinic in [REDACTED]. Her mother [REDACTED] paid for the abortion and also forced [REDACTED] to do this against her will. She was [REDACTED] years old her child was born alive at the clinic on on route to the clinic from the hotel. Records obtained from 911 do not show that the facility called 911 to help the child that was born alive. What happened to the child?

*different date from previous complaint  
This is a new complaint*

Here is a link to court documents :

[REDACTED]

*Printed attached*

It is now evident that the clinic Administrator; [REDACTED] who was questioned about births and complications lied to your surveyors on March 2nd, 2012. At this point she has proved herself to be a liar. I am requesting that evidence be handed over to the County Prosecutor for charges against the clinic, doctor and staff of Little Rock Family Planning Services relating to this incident.

I am also requesting that a new survey team go out to the facility and do a FULL LICENSURE SURVEY and an investigation on a Saturday as was previously requested since this is the 2nd day of the late term procedure a day where the complications typically occur of births prior to the abortion procedure. Please be sure to send an unbiased team not any of the previous surveyors who have already been out there and check patient records not only for [REDACTED] but also for the following dates that I have verified ambulances were dispatched to the facility and patients were transferred to UAMS Hospital for emergency care. I asked you previously if your state surveyors check patient records of patients who may have had complications. Since these complications span the time period of 2009 -2012 I am guessing that either the clinic Administrator [REDACTED] has hidden these files from your staff or the State Surveyors are looking the other way. I do know that it does unfortunately happen .....I have had a great amount of experience in dealing with other state inspectors .

Here is a list of dates for your department to check:

On [REDACTED] the Little Rock Family Planning Clinic deviated from their standard of care, injuring a patient. The facility had to call 911 and ask for emergency transfer of patient to UAMS Hospital.

**Please note State Surveyors did a licensure inspection on [REDACTED] [REDACTED] after this complication and NO DEFICIENCIES were cited!**

On [REDACTED] the Little Rock Family Planning Clinic once again deviated from the standard of care injuring a patient. The facility called 911 and asked for emergency transfer of the patient to UAMS Hospital.

On [REDACTED] the Little Rock Family Planning Clinic deviated from the standard of care thereby injuring a patient. The facility called 911 and an ambulance was dispatched and transferred the patient to UAMS Hospital.

**Please note State Surveyors did a licensure inspection [REDACTED] all that was documented in the deficiency report was hand washing soap dispensers that were missing!**

On [REDACTED] the Little Rock Family Planning Clinic deviated again from the standard of care injuring a patient. The facility called 911 and an ambulance was dispatched and transferred the patient to UAMS Hospital.

On [REDACTED] the Little Rock Family Planning Clinic deviated again from the standard of care injuring a patient. The facility called 911 and an ambulance was dispatched and transferred the patient to UAMS Hospital.

On [REDACTED] the Little Rock Family Planning Clinic deviated again from the standard of care injuring a patient. The facility called 911 and an ambulance was dispatched and transferred the patient to UAMS Hospital.

**Please note State Surveyors did a licensure inspection on [REDACTED] and all that was documented was a lack of CPR and ACCS certificate training and medications that were improperly locked up. Is it possible that clinic staff was not trained in how to resuscitate the patients who had complications on [REDACTED]**

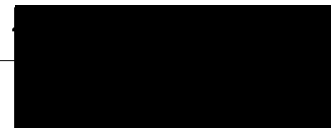
**Most recently on [REDACTED] the Little Rock Family Planning Clinic deviated again from the standard of care injuring a patient. The facility called 911 and an ambulance was dispatched and transferred the patient to UAMS Hospital. I sincerely hope that the Arkansas department of Health Care facilities check not just with UAMS for additional "walkin's" who were patients at Little Rock Family Planning experiencing complications but at other hospitals located around the State of Arkansas. These women deserve better, as it has become apparent that the staff at Little Rock Family planning not only lie to cover up their mistakes and illegal activity but also serve as a DANGEROUS threat to the public health of women coming there for health care services. How many more women are going to be injured and traumatized in the meantime?**

**If your department is not able to issue fines for Deficiencies, I expect that the license for Little Rock Family Planning be revoked or suspended.**

Thank you for your commitment to the health and safety of those coming to Arkansas for Health care services.

Sincerely,

Michelle Wolven/ EagleWatch



---

**From:** "Connie Melton" <Connie.Melton@arkansas.gov>  
**To:** [Redacted]  
**Sent:** Thursday, April 12, 2012 5:49:28 PM  
**Subject:** RE: FOIA documents 2012 LRFPS findings

Greetings,

The Arkansas Dept Health is in receipt of your email dated April 10, 2012.

Thank you for the email. Your perspectives have been reviewed and considered.

Should you wish to provide more specific information for the complaint submitted on Jan 26 2012 you may provide it now. Thank you again for your email and your perspectives.

Respectfully,

Connie Melton MBA, FACHE  
Section Chief, Health Facility Services  
Arkansas Dept Health  
5800 West 10th Suite 400  
Little Rock, AR 72204  
[connie.melton@arkansas.gov](mailto:connie.melton@arkansas.gov)

501-661-2201 (v)

501-661-2165 (f)

501-920-5688 (m)

The information contained in this e-mail message and any attachment is the property of the State of Arkansas and may be protected by state and federal laws governing disclosure of private information. It may contain information that is privileged, confidential, or otherwise protected from disclosure. It is intended solely for the use of the addressee. If you are not the intended recipient, you are hereby notified that reading, copying or distributing this e-mail or the information herein by anyone other than the intended recipient is STRICTLY PROHIBITED. The sender has not waived any applicable privilege by sending the accompanying transmission. If you have received this transmission in error, please notify the sender by reply e-mail immediately, and delete this message and attachments from your computer

---

**From:** [REDACTED]  
**Sent:** Tuesday, April 10, 2012 8:43 PM  
**To:** Connie Melton  
**Cc:** me; Doug Gordon  
**Subject:** Fwd: FOIA documents 2012 LRFPS findings

Dear Ms. Melton,

I read over the report a few times. I see the surveyors went out to the facility on March the 2nd which was a Friday, not a Saturday as was suggested so the surveyors could access the patients returning for the 2 day procedures. I understand that patient files were reviewed, but it was not documented who signed off on the ultrasounds in the charts and who administered the meds. Also, there is a discrepancy about when the Cytotec was given they say according to policy it is given on day 2, but that was not the case and further did patient files indicate who administrated the Cytotec? I am guessing that is not in the charts or it would have been mentioned. Is this not appropriate to validate who is giving medication how much and when?

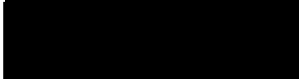
I am quoting you in one of your previous emails to me : " **A licensed abortion facility is required by the Rules and Regulations for Abortion facilities in Arkansas, to provide 24 hour telephone consultation with either a Registered Nurse or physician associated with the facility and to provide this number within the written instructions for post-abortion care.** " and yet your surveyors documented that this is NOT the case at the Little Rock Clinic. After 8pm the answering service is turned on. **WHY WERE THEY NOT CITED FOR THIS?**



COPY

February 16, 2012

Richard C. Hagen



RE: FOIA Request

Mr. Hagen,

Enclosed are the documents you requested under the FOIA. These documents represent MEMS response to 4 Office Park Drive, Little Rock, AR 72211, between the dates of 01 February 2008 through 01 February 2012.

Documents include:

- Computer Aided Dispatch (CAD) Summary of responses (1 sheet)
- Individual CAD copies for each response (7 sheets)

The following information was removed:

- Patient's name
- Patient's Social Security Number
- MEMS Crew Member Names
- MEMS Ambulance number
- MEMS Dispatch Signal
- Comments regarding the patient's specific medical condition
- Medical Facility Caller's name

If you have questions regarding this information or need additional information, please call me at 501.301.1463.\

Sincerely,

Mack Hutchison, MEMS  
Quality Manager

02 February, 2012

Mack Hutchison  
MEMS  
1101 West 8<sup>th</sup> Street  
Little Rock, AR 72201

---

Dear Sir,

The purpose of this letter is an FOI request. Please send Transcripts and Recordings of all 911 calls from 4 Office Park Drive, Little Rock, AR 72211 between the dates of 01 February 2008 through 01 February 2012. I am looking for how many times MEMS ambulance has been called to 4 Office Park Drive, Little Rock during the past 4 years, the recordings and transcripts, if available.

My address is [REDACTED] and phone number is [REDACTED]. I can also be reached at email address: [REDACTED] if that is a suitable way for delivery.

Thank you for your attention to this matter,

  
Richard C. Hagen

**Mack Hutchison / QA Coordinator**



P.O Box 2452  
 Little Rock, AR. 72203  
 Phone: 301-1463 / 301-1413  
 Fax: 301-1492

# Fax

## From the Office of Quality Assurance

**To:** Greg Brown-Section Chief Ark Div of EMS

**Fax:** 1.501.280.4901

**Pages:** 11 including cover

**Phone:**

**Date:** May 3, 2012

**Re:** Requested Documents

**CC:**

**Urgent**

**For Review**

**Please Comment**

**Please Reply**

Let me know if you need further.

Mack Hutchison, MEMS

QA Manager

501.301.1463

This message is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from the disclosure under applicable law. If the reader of this message is not the intended recipient or employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via United States Postal Service. Thank you.

I have a hard time wrapping my mind around the problem I have with allowing a patient to leave in the middle of her procedure when I know it is a requirement that a RN stay with a patient from admission to the facility through her discharge. I am assuming that when they let them leave in the middle of the procedure they are " not officially being discharged". So how is it legal to let them leave unmonitored without an RN on duty to observe and monitor the patient for complications which are part of the abortion procedure?

---

**I think this is an important breach in the Regulations of the State of Arkansas and deserves to be addressed, it clearly was not in the investigation that took place.**

I see the clinic manager was asked about deliveries or complications of overnight patients and she conveniently answers that the only cases she knew of occurred at other facilities, but for some reason she went to assist those patients? This sounds a little odd to me. This does not address the issue of the facility breaking the State Regulations dealing with Staffing issues and Nursing which require that a patient is monitored and supervised from her admission through the end of her discharge. I would think that the State of AK. could be liable for any injuries occurring while the patient has been allowed to leave the facility in the middle of her procedure.

I really think this DESERVES more attention than it was given.

Looking forward to your response.

Respectfully,

Michelle Wolven

[REDACTED]

---

**From:** "Jane Gaskill" <[Jane.Gaskill@arkansas.gov](mailto:Jane.Gaskill@arkansas.gov)>  
**To:** [REDACTED]  
**Cc:** "Connie Melton" <[Connie.Melton@arkansas.gov](mailto:Connie.Melton@arkansas.gov)>  
**Sent:** Monday, April 9, 2012 5:16:46 PM  
**Subject:** FOIA documents 2012 LRFPS findings

Dear Ms. Wolven:

Attached please find the documents you requested Thursday night. Patient identifying information and non-public personal information has been redacted; however, should you find any remaining, please redact it and treat the information as confidential.

Sincerely,

---

Jane Gaskill, Section Counsel  
Arkansas Department of Health  
Health Facility Services Section  
5800 W. 10th St., Suite 400  
Little Rock, AR 72204  
(501) 661-2201  
[jane.gaskill@arkansas.gov](mailto:jane.gaskill@arkansas.gov)

---

**From:** [REDACTED]  
**Sent:** Thursday, April 05, 2012 9:39 PM  
**To:** Connie Melton  
**Cc:** me  
**Subject:** Re: Arkansas Dept Health, status of complaint against Little Rock Family Planning

Okay so can I get a copy of the findings?

Thank you,  
Michelle Wolven

---

**From:** "Connie Melton" <[Connie.Melton@arkansas.gov](mailto:Connie.Melton@arkansas.gov)>  
**To:** [REDACTED]  
**Sent:** Thursday, April 5, 2012 5:03:43 PM  
**Subject:** RE: Arkansas Dept Health, status of complaint against Little Rock Family Planning

Greetings,

The complaint has been completed.

Connie Melton MBA, FACHE

Section Chief, Health Facility Services

---

Arkansas Dept Health

5800 West 10th Suite 400

Little Rock, AR 72204

[connie.melton@arkansas.gov](mailto:connie.melton@arkansas.gov)

[501-661-2201](tel:501-661-2201) (v)

[501-661-2165](tel:501-661-2165) ( f)

[501-920-5688](tel:501-920-5688) (m)

---

**From:** [REDACTED]  
**Sent:** Thursday, April 05, 2012 1:31 PM  
**To:** Connie Melton  
**Cc:** Doug Gordon; me  
**Subject:** Re: Arkansas Dept Health, status of complaint against Little Rock Family Planning

Dear Ms. Melton,

Can you tell me if the complaint investigation is completed?

Thank you,

Michelle Wolven

---

**From:** "Connie Melton" <Connie.Melton@arkansas.gov>  
**To:** [REDACTED]  
**Cc:** "Doug Gordon" <Clarence.Gordon@arkansas.gov>  
**Sent:** Monday, January 30, 2012 11:48:39 AM  
**Subject:** RE: Arkansas Dept Health

Greetings,

---

Thank you again for contacting the Arkansas Dept of Health.

You inquired regarding deficiency related fines for hospitals and ambulatory surgery centers. Deficiency related fines are not issued. You also provided additional perspectives regarding the survey and investigation process. Thank you for sharing your perspectives with us. We appreciate the input provided.

Again we wish to confirm we are in receipt of your complaint. We placed a confirmation letter in the mail, which you should receive in the near future. Thank you again for providing the complaint and for sharing your perspectives with the Arkansas Dept of Health.

Regards,

Connie Melton MBA, FACHE

Section Chief, Health Facility Services

Arkansas Dept Health

5800 West 10th Suite 400

Little Rock, AR 72204

[connie.melton@arkansas.gov](mailto:connie.melton@arkansas.gov)

[501-661-2201](tel:501-661-2201) (v)

[501-661-2165](tel:501-661-2165) ( f)

[501-920-5688](tel:501-920-5688) (m)

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**From:** [REDACTED]  
**Sent:** Thursday, January 26, 2012 9:49 PM  
**To:** Connie Melton

**Cc:** Doug Gordon; me  
**Subject:** Re: Arkansas Dept Health

Hello Ms Melton,

Thank you for answering my questions so quickly. I am somewhat stunned that there are no fines associated with deficiencies but I guess that lies with whoever wrote the rules. Can you tell me if this is the case with Hospitals and Ambulatory Surgical Centers not getting fined for repeat deficiencies?

I think that it is especially important to send surveyors out to the facility on a Saturday so you can observe and document possible complications of the 2 day procedure resulting from letting the patients leave in the middle of their surgical procedure and stay an hour away. ( and really how do they know how far you are really staying ) I looked back at the calendar and found that the last survey that was done on Sept. 27th was a Tuesday. This is a day they don't even do procedures. I think in fact all the past surveys going back to 2008 were done on non surgery days. Is this standard? Also does the clinic know ahead of time that you are coming out to visit them?

Regarding complaints, how is it determined whether or not complaints are investigated and who is in charge of that? I think it is a little odd that there are no complaints in the recent records even though the patients are not notified that they have a right to file a complaint with your Department and are not given the number . Keep in mind that most of these patients are scared to death that their secret will become known and most will never try to file a complaint, as they are traumatized and many need counseling.

Regarding followup visits after deficiencies being cited, I would think that having a repeat violation of having strong drugs used for anesthesia unlocked would be considered severe especially in light of the emotional aspects of the jobs the people are doing that work in this facility, making it way too easy to become a victim of substance abuse, and especially since it was the 2nd time in 3 years.

**Regarding patient files how is that staff from the State could have missed the important fact that patients are being released from having medical care and supervision of a RN at all times to go an hour away possibly resulting in early labor and premature deliveries? This to me seems like a very big and important oversight. I hope you agree Ms. Melton.**



I hope you will be able to get to the bottom of how this could have gone un-noticed for all this time.

Thank you again for your quick reply and for your commitment to ensure the safety of all patients coming to Arkansas for health care services.

Sincerely,

Michelle Wolven

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**From:** "Connie Melton" <Connie.Melton@arkansas.gov>  
**To:** [REDACTED]  
**Cc:** "Doug Gordon" <Clarence.Gordon@arkansas.gov>  
**Sent:** Thursday, January 26, 2012 3:25:27 PM  
**Subject:** Arkansas Dept Health

Greetings Ms. Wolven,

The Arkansas Dept of Health is in receipt of the 3 emails dated January 26, 2012, including the email directed to Doug Gordon. Thank you for contacting the Arkansas Dept of Health. We are in receipt of your complaint provided verbally via phone and in writing via email (1 of 3 emails received Jan.26, 2012). The complaint is in processing. A letter has been posted to you, indicating we are in receipt of your complaint.

You provided recommendations for the survey process and we appreciate your input. Thank you. You inquired about medical record review during survey. Medical records are reviewed during survey. You inquired if the license number is required on discharge papers. The license number is not required on discharge papers. You inquired about patient notification of facility phone number. A licensed abortion facility is required by the Rules and Regulations for Abortion facilities in Arkansas, to provide 24 hour telephone consultation with either a Registered Nurse or physician associated with the facility and to provide this number within the written instructions for post-abortion care. You inquired about fines. Deficiency related fines are not issued.

You inquired about follow up surveys. Follow up work may occur depending upon severity and circumstances.

Thank you again for contacting the Arkansas Department of Health.

Connie Melton MBA, FACHE  
Section Chief, Health Facility Services  
Arkansas Dept Health  
5800 West 10th Suite 400

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Little Rock, AR 72204

[connie.melton@arkansas.gov](mailto:connie.melton@arkansas.gov)

[501-661-2201](tel:501-661-2201) (v)

[501-661-2165](tel:501-661-2165) (f)

[501-920-5688](tel:501-920-5688) (m)

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**From:** [REDACTED]  
**To:** "Doug gordon" <[Doug.gordon@arkansas.gov](mailto:Doug.gordon@arkansas.gov)>  
**Cc:** "connie johnson" <[connie.johnson@arkansas.gov](mailto:connie.johnson@arkansas.gov)>, "reva ferguson" <[reva.ferguson@arkansas.gov](mailto:reva.ferguson@arkansas.gov)>, "me" <[REDACTED]>  
**Sent:** Thursday, January 26, 2012 1:42:34 PM  
**Subject:** Little Rock Family Planning Question about yearly surveys and deficiencies

Dear Mr. Gordon,

I have a question about deficiencies at the Little Rock Family Planning facility. I noticed that at least twice in the last 3-4 inspections they were cited for the improper storage of medications/ drugs.

Also, I noticed that it did not appear that actual patient files were being reviewed. Do State surveyors look at patient files or at least complication files at all?

Aren't repeat deficiencies supposed to result in fines? And are followup visits made to ensure that the plan of correction is actually in place and enforced?

Thank you,

Michelle Wolven

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Richard C. Hagen

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"i love because He first loved me, i live because He lives." (Hymn by Horatius Bonar)

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# Arkansas Department of Health

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Health Facility Services  
5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204-1704 • Telephone (501) 661-2201  
Governor Mike Beebe  
Paul K. Halverson, DrPH, FACHE, Director and State Health Officer

May 4, 2012

Michelle Wolven  


Dear Ms. Wolven:

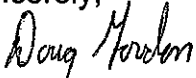
The Health Facility Services has received your concerns. We appreciate the interest you have shown in bringing this matter to our attention. The complaint will be investigated by a team from Health Facility Services of the Arkansas Department of Health.

The Arkansas State Medical Board is the authority over physicians, and concerns regarding physicians may be directed to their attention. Arkansas State Medical Board 2100 Riverfront Drive Little Rock, AR 72202 Phone: (501) 296-1802 FAX (501) 296-1805 Web URL: <http://www.armedicalboard.org/support/contact.aspx>.

The Arkansas Foundation for Medical Care also receives quality of care concerns specific to individuals with Medicare benefits. Arkansas Foundation for Medical Care Attention: Beneficiary Relations PO Box 180001 Fort Smith, AR 72918-0001 Phone 1-888-354-9100 FAX 479-649-0004. They also have a website, here is the URL: [http://www.afmc.org/HTML/consumer/medicare/file\\_complaint.aspx](http://www.afmc.org/HTML/consumer/medicare/file_complaint.aspx).

Thank you for taking the time to inform us of this situation.

Sincerely,



Doug Gordon, Program Manager  
Health Facility Services  
Arkansas Department of Health

/sm

Printed: 05/04/2012  
Due Date: 06/18/2012  
Priority: Non-IJ Medium

# INTAKE INFORMATION

Intake Number: AR00014210  
Facility ID: ABOR00001  
Provider Number:

## PROVIDER INFORMATION:

Name: LITTLE ROCK FAMILY PLANNING SERVICES, PA  
Address: #4 OFFICE PARK DRIVE  
City/State/Zip/County: LITTLE ROCK, AR, 72211, PULASKI  
Telephone: (501) 225-3836

License #:  
Type: AB  
Medicaid #:  
Administrator:

## INTAKE INFORMATION:

Intake Number: AR00014210  
Taken by - Staff: MARTIN, SHARON  
Location Received: HFS HOSPITAL COMPLAINT TEAM  
Intake Type: Complaint  
Intake Subtype: State-only, licensure  
SA Contact: MARTIN, SHARON  
RO Contact:  
Responsible Team: HFS HOSPITAL COMPLAINT TEAM  
Source: Other

Received Start: 05/04/2012 At 12:54  
Received End: 05/04/2012 At 12:54  
Received by:  
State Complaint ID: 12-207  
CIS Number:  
External Control #:

## COMPLAINANTS:

Name	Address	Work Phone	Home Phone	Cell Phone
MICHELLE WOLVEN (Primary)				

Confidentiality Requested : Y      Link ID: 12OSHX

## INTAKE DETAIL:

Date of Alleged Event:      Time:      Shift:  
Standard Notes: See attached  
Extended RO Notes:  
Extended CO Notes:

## ALLEGATIONS:

Category:  
Sub-category:  
Category:      Transplant Program Type:  
Sub-category:  
Seriousness:  
Details:

END OF INTAKE INFORMATION