



**Missouri Department of Health and Senior Services**

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010  
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Randall W. Williams, MD, FACOG  
Director



Eric R. Greitens  
Governor

August 11, 2017

Amanda Addison ( [Amanda.addison@ppgreatplains.org](mailto:Amanda.addison@ppgreatplains.org) )  
Comprehensive Health of Planned Parenthood Great Plains  
1001 Emanuel Cleaver II  
Kansas City, MO 64110

Re: Comprehensive Health of Planned Parenthood Great Plains – Kansas City survey

Dear Ms. Addison:

The Department received the application for licensure of the Kansas City Planned Parenthood location (Brous Center) as an abortion facility. Department staff conducted an onsite survey of the facility on October 19, 2016 to determine compliance with the terms of the 2010 settlement agreement and applicable statutes and regulations. In a letter to the facility dated November 2, 2016, the Department identified the items that were not in compliance.

After the facility submitted a complete response and documentation regarding correction of the items that were not in compliance, the Department performed an onsite revisit of the facility on July 27, 2017. At the time of the revisit, the Department determined that the facility is in compliance with current legal requirements for licensure.

The abortion facility license is attached, effective date August 11, 2017.

If you have further questions, you may contact our office at 573-751-6083 or via email at the address noted below.

Sincerely,

John Langston, Administrator  
[John.Langston@health.mo.gov](mailto:John.Langston@health.mo.gov)  
Bureau of Ambulatory Care  
Missouri Department of Health & Senior Services

[www.health.mo.gov](http://www.health.mo.gov)

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  A005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 07/27/2017
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NAME OF PROVIDER OR SUPPLIER  COMPREHENSIVE HEALTH OF PLANNED PAF	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 EMANUEL CLEAVER II BLVD KANSAS CITY, MO 64110
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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{L 000}	<p>Initial Comments</p> <p>On onsite, unannounced revisit survey was conducted on 07/27/2017 to follow up on items originally cited during the 10/19/16 inspection. The revisit was delayed due to ongoing legal action following the 10/19/16 inspection. Results of the 07/27/17 revisit indicate that the facility is now in compliance with applicable sections of 19 CSR 30-050 and 30.060 as well as the terms of the 2010 settlement agreement and applicable statutes.</p>	{L 000}		
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Missouri Department of Health and Senior Services  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_