Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	04D0467303	07/31/2026
Name of Provider or Supplier	**Street Address, City, State**	
Autumn Road Family Practice, Pa	904 Autumn Road, Suite 200, Little Rock, AR	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	Summary Statement of Deficiencies
No Tags	No deficiency details available.