Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	04D0703618	01/08/2018
Name of Provider or Supplier	**Street Address, City, State**	
Little Rock Pediatric Clinic	500 South University, Suite 615, 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.