


Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL53515	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 - STATE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2018
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF MIDDLE AND EA	STREET ADDRESS, CITY, STATE, ZIP CODE 412 D. B. TODD BOULEVARD NASHVILLE, TN 37203
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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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A 001	1200-8-10 Initial This Rule is not met as evidenced by: Stories: 2 Construction type: III protected No plans available Constructed: Sprinklered: Yes Census: A Life Safety Code Survey follow up was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 10/16/2018. During this Life Safety Survey, Planned Parenthood was found not in substantial compliance with the requirements of the Rules of Tennessee Department of Health Board for Licensing Health Care Facilities Chapter 1200-08-10 Standards for Ambulatory Surgical Treatment Centers and the National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition).	A 001	 <i>11/6/18 accepted per email CAenson / PR</i>	
A 801	1200-8-10-.08 (1) Building Standards (1) An ASTC shall construct, arrange, and maintain the condition of the physical plant and the overall ASTC environment in such a manner that the safety and well-being of the patients are assured. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the overall environment. The findings included:	A 801		

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Masha Jelenc

TITLE

Chief Clinical Officer

(X6) DATE

11/1/18

E-MAILED
to CH 11/5/18

Division of Health Care Facilities

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A 801	<p>Continued From page 1</p> <p>Observation on 10/16/2018 at 9:45 AM, revealed the 1st floor and 2nd floor stairwell doors were not latching within the frame. NFPA 101, 8.3.3.1 (2012 Edition), NFPA 80, 6.1.4.2 (2010 Edition)</p> <p>The manager was present when this deficiency was identified, and was later acknowledged in the exit conference on 10/16/2018.</p>	A 801	<p><i>Repairs were made to the both doors connected to the stairwell latch within the frame. PPTNM will add checking doors to our routine assessment checks. This will be monitored and/or reviewed annually by the CQRM committee.</i></p> <p>RECEIVED NOV 05 2018 BY: _____</p>	10/17/18
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