STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TNPL53515	A. BUILDING: 02 - STATE BUILDING B. WING	06/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF TENNESSEE ANI	412 D. B. TODD BOULEVARD NASHVILLE, TN 37203

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A 001	1200-8-10 Initial 6/24/19 accepted plan Clemons email pc This Rule is not met as evidenced by: A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 06/03/2019. 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). * All penetrations requiring Fire Stop shall be repaired in accordance with a tested and approved Fire Stop System meeting the requirements of ASTM E 814, Standard Test Method for Fire Tests of Through Penetration Fire Stops, or ANSI/UL 1479, Standard for Fire Tests of Through-Penetration Firestops. The system used shall be recorded and documentation shall be maintained for the life of the installation. Fire Stop Systems should be on site and available for surveyors on the follow-up visit. Any Engineering Judgements requires state approval.	A 001	Abbreviations used: CCO=Chief of Clinical Operations, HCM=Health Center Manager In addition to the individual responses to the deficiencies contained herein, the CCO and HCM have developed an extensive checklist that is all-inclusive of due dates for both required inspections and drills to monitor that the deficient practice does not recur and ensure proper/timely monitoring. Fire Stop vendor scheduled and work was completed on 6/19/19. HCM and CCO to perform quarterly inspections, as well as after any work is done in any affected areas.	6/20/19 6/19/19
A 801	1200-8-10-.08 (1) Building Standards (1) The Ambulatory Surgical Treatment Center must be constructed, arranged, and maintained to ensure the safety of the patient. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the overall environment.	A 801		

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A 801	Continued From page 1 The findings included: 1. Document review on 06/03/2019 between 2:15 PM - 3:00 PM, revealed the facility failed to provide documentation of a 1st quarter sprinkler inspection for 2018 and 2019. NFPA 101,	A 801	Quarterly sprinkler inspection performed. Deficiencies noted: 4 sidewall sprinkler heads will be replaced by COB 6/24/19.	6/14/19 6/24/19
	2. Document review on 06/03/2019 between 2:15 PM - 3:00 PM, revealed the facility failed to provide documentation of the annual fire alarm inspection for 2019. (The last date was March 2018)		Annual fire inspection performed and passed.	6/14/19
	3. Document review on 06/03/2019 between 2:15 PM - 3:00 PM, revealed the facility failed to provide documentation of the annual backflow preventer inspection for 2018. (The last inspection date was August 2017.)		Inspection performed in 2018 but documentation could not be located until after exit conference. Properly filed.	10/25/18
	4. Observations on 06/03/2019 at 3:00 PM, revealed the rated fire/smoke barrier (above the ceiling) in the mechanical room had multiple improperly sealed (sheetrock mud) or unsealed penetrations across the wall. NFPA 101, 8.3.5.1 (2012 Edition)		Fire Stop vendor scheduled and work was completed pn 6/19/19. CCO and HCM to perform quartely inspections, as well as after any work is performed in affected areas.	6/19/19
	The office manager was present when these deficiencies were identified, and were later acknowledged during the exit conference on 06/03/2019.			
A 803	1200-8-10-.08(3) BUILDING STANDARDS (3) No ambulatory surgical treatment center shall hereafter be constructed, nor shall major alterations be made to existing ambulatory surgical treatment centers, or change in an ambulatory surgical treatment center type be	A 803		

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A 803	Continued From page 2 made without the prior written approval of the department, and unless in accordance with plans and specifications approved in advance by the department. Before any new ambulatory surgical treatment center is licensed or before any alteration or expansion of a licensed ambulatory surgical treatment center can be approved, the applicant must furnish two (2) complete sets of plans and specifications to the department, together with fees and other information as required. Plans and specifications for new construction and major renovations, other than minor alterations not affecting fire and life safety or functional issues, shall be prepared by or under the direction of a licensed architect and/or a qualified licensed engineer. This Rule is not met as evidenced by: Based on observations, the facility failed obtain written approval for alterations. The finding included: Observations on 06/03/2019 between 2:15 PM - 3:30 PM, revealed the facility had installed access control badge scanners at the stairwells and doors throughout the facility without approval from the Tennessee Department of Health. The office manager was present when this deficiency was identified on 06/03/2019. Attempt was made to contact the office manager on 06/06/2019 without success.	A 803	A punch code access system was replaced with a badge swipe access system. PPTNM did not consider the replacement system as a major alteration and there was no intent of circumventing the proper approval process. PPTNM was standardizing the Nashville ASTC facility with the same badge access system that is currently utilized at the Memphis ASTC facility. The badge swipe system improves staff and patient safety in the event of an emergency by decreasing the time it takes to exit. PPTNM sincerely apologizes and regrets the error. CCO will request guidance from TN Dept. of Health for any future projects.	6/11/19
A1403	1200-8-10-.14 (1)(c) Disaster Preparedness (1) The administration of every facility shall have in effect and available for all supervisory	A1403		

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A1403	Continued From page 3 personnel and staff, written copies of the following required disaster plans for the protection of all persons in the event of fire and other emergencies for evacuation to areas of refuge and/or evacuation from the building. A detailed log with staff signatures of training received shall be maintained. All employees shall be trained annually as required in the following plans and shall be kept informed with respect to their duties under the plans. A copy of the plans and the specific emergency numbers related to that type of disaster shall be readily available at all times. Each of the following plans shall be exercised annually: (c) Flood Procedure Plan, if applicable: 1. Staff duties; 2. Evacuation procedures; 3. Safety procedures following the flood. This Rule is not met as evidenced by: Based on document review, the facility failed to perform disaster drills. The finding included: Document review on 06/03/2019 between 2:15 PM - 3:00 PM, revealed the facility failed to provide documentation of the annual flood drill and training for 2018. The office manager was present when this deficiency was identified, and was later acknowledged during the exit conference on 06/06/2019.	A1403	HCM has documented PPTNM's Flood Procedure Plan and the required drill was performed. CCO and HCM will ensure all drills are performed and properly documented in the future.	6/14/19

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A1404	Continued From page 4	A1404		
A1404	1200-8-10-.14 (1)(d) Disaster Preparedness (1) The administration of every facility shall have in effect and available for all supervisory personnel and staff, written copies of the following required disaster plans for the protection of all persons in the event of fire and other emergencies for evacuation to areas of refuge and/or evacuation from the building. A detailed log with staff signatures of training received shall be maintained. All employees shall be trained annually as required in the following plans and shall be kept informed with respect to their duties under the plans. A copy of the plans and the specific emergency numbers related to that type of disaster shall be readily available at all times. Each of the following plans shall be exercised annually: (d) Earthquake Disaster Procedures Plan: 1. Staff duties; 2. Evacuation procedures; 3. Safety procedures; 4. Emergency services. This Rule is not met as evidenced by: Based on document review, the facility failed to perform disaster drills. The finding included: Document review on 06/03/2019 between 2:15 PM - 3:00 PM, revealed the facility failed to provide documentation of the annual earthquake	A1404	HCM has documented the Earthquake Disaster Procedures Plan and the required drill was performed. CCO and HCM will ensure all drills are performed and properly documented in the future.	6/14/19

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A1404	Continued From page 5 drill and training for 2018. The office manager was present when this deficiency was identified, and was later acknowledged during the exit conference on 06/06/2019.	A1404-		