

Division of Health Care Facilities

| | | | | |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL53547 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 10/15/2018 |
| NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD GREATER MEMPHIS | | STREET ADDRESS, CITY, STATE, ZIP CODE 2430 POPLAR AVE MEMPHIS, TN 38104 | | |
| (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 |
| A 002 | 1200-8-10 No Deficiencies This Rule is met as evidenced by: This facility meets all requirements reviewed pertaining to ASTC regulations. No deficiencies were cited as a result of this licensure survey. | A 002 | | |

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Care Facilities

| | | | | |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL53547 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MEMPHIS REGIONAL PLANNED PARENTHOOD B. WING: _____ | (X3) DATE SURVEY COMPLETED 10/15/2018 |
| NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD GREATER MEMPHIS | | STREET ADDRESS, CITY, STATE, ZIP CODE 2430 POPLAR AVE MEMPHIS, TN 38104 | | |
| (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 |
| A 001 | 1200-8-10 Initial This Rule is not met as evidenced by: Stories: 3 Construction Type: II (111) No plans available on site Constructed: 2010 Sprinkled: No 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 10/15/2018. During this Life Safety Survey, Planned Parenthood of Greater Memphis 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 | | |
| 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 physical environment. | A 801 | | |

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Care Facilities

| | | | | |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL53547 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MEMPHIS REGIONAL PLANNED PARENTHOOD B. WING _____ | (X3) DATE SURVEY COMPLETED 10/15/2018 |
| NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD GREATER MEMPHIS | | STREET ADDRESS, CITY, STATE, ZIP CODE 2430 POPLAR AVE MEMPHIS, TN 38104 | | |
| (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 |
| A 801 | Continued From page 1 The findings included: Observation on 10/15/18 at 12:10 PM, revealed there was not a sign identifying the storage of compressed medical gas cylinders in the medical supply room. NFPA 99, 11.3.4.1 (2012 Ed.), NFPA 99, 11.3.4.2 (2012 Ed.) NFPA 55, 4.10.2.3 (2010 Ed.) NFPA 55, 4.10.3 (2010 Ed.) The business office representative was present when the deficiency was identified and acknowledged the deficiency during the exit conference on 10/15/18. | A 801 | | |