

To Bm 5-21-18

PRINTED: 04/27/2018  
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>TNPL53547</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING - <b>MEMPHIS REGIONAL PLANNED PARENTHOOD</b> B. WING	(X3) DATE SURVEY COMPLETED  <b>04/24/2018</b>
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RECEIVED  
MAY 11 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	<p>1200-8-10-.08 (1) Building Standards</p> <p>(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.</p> <p>This Rule is not met as evidenced by: National Fire Protection Association (NFPA) 55, 7.1.8.4 (2010 Ed.) Securing Compressed Gas Containers, Cylinders, and Tanks Compressed gas containers, cylinders, and tanks in use or in storage shall be secured to prevent them from falling or being knocked over by corraling them and securing them to a cart, framework, or fixed object by use of a restraint, unless otherwise permitted by 7.1.8.4.1 and 7.1.8.4.2.</p> <p>NFPA 55, 6.11.1 (2010 Ed.) Location. Hazard identification signs shall be placed at all entrances to locations where compressed gases are produced, stored, used, or handled in accordance with NFPA704, Standard System for the Identification of the Hazards of Materials for Emergency Response.</p> <p>NFPA 72, 14.2.1.2.2 (2010 Ed.) System defects and malfunctions shall be corrected.</p> <p>NFPA 10, 7.2.4.4 (2010 Ed.) Where manual inspections are conducted, records for manual inspections shall be kept on a tag or label attached to the fire extinguisher, on an inspection checklist maintained on file, or by an electronic method.</p> <p>NFPA 101, 8.3.5.1*(2012 Ed.) Firestop Systems</p>	A 801		

Accepted  
6-17-18  
AM

Division of Health Care Facilities

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

TITLE

(X6) DATE

*[Signature]*

CFO

5/4/18

STATE FORM

6899

DQ4R21

If continuation sheet 1 of 4

If continuation sheet 2 of 4

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>TNPL53547</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - MEMPHIS REGIONAL PLANNED PARENTHOOD</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/24/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD GREATER MEMPHIS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2430 POPLAR AVE MEMPHIS, TN 38104</b>		
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A 801	Continued From page 2  4. Observation on 4/24/18 at 10:20 AM, revealed the fire extinguishers thru out the building were not being signed on service tags for monthly inspections. NFPA 10, 7.2.4.4 (2010 Ed.)  5. Observations on 4/24/18 between 10:36 AM and 10:54 AM, revealed the following penetrations in the 1 hour fire rated walls listed below.  a. boiler room on 1st floor (1) 1 1/2 inch copper pipe on south wall (1) flex conduit over door on west wall (1) 1 1/2 inch PVC hot water pipe on south wall  b. mechanical room [redacted] on 2nd floor (2) PVC pipes marked S & R over entry door on south wall (2) flex conduit outside of mechanical room entry door  c. room [redacted] 2nd floor (1) bundle of cables outside of entry door on south wall  d. room [redacted] 2nd floor (2) white cables inside entry door on the right side NFPA 101, 8.3.5.1*(2012 Ed.)  6. Observation on 4/24/18 at 10:54 AM, revealed foam filled penetrations in the following locations:  a. mechanical room [redacted] on 2nd floor (1) wall damper on the northwest wall	A 801	NFPA 10, 7.2.4.4 APPROVES USE OF AN INSPECTION CHECK LIST MAINTAINED ON FILE WHICH WAS PRESENTED TO TN DPH INSPECTORS. CFO 5/1/18 WOULD REQUEST CLARIFICATION ON NFPA 10. HEALTH CENTER MANAGER/ACCOUNTING ASSISTANT WILL SIGN SERVICE TAGS WHEN INSPECTED MONTHLY.  5a,b,c,d WILL BE FIRE CAULKED TO SEAL ALL PENETRATIONS. CFO AND 6/30/18 ACCOUNTING MANAGER WILL INSPECT MONTHLY  SEE NEXT PAGE	

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NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD GREATER MEMPHIS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2430 POPLAR AVE MEMPHIS, TN 38104</b>		
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A 801	Continued From page 3  (1) air duct on outside wall (2) ceiling penetrations outside room [REDACTED] (2) 3 inch PVC pipes outside room [REDACTED] (2) 1 1/2 inch metal sleeves outside room [REDACTED] NFPA 101, 8.3.5.1*(2012 Ed.)  An office employee was present when the deficiencies were identified. The CFO acknowledged the deficiencies in the exit conference on 4/24/18.	A 801	6A. ALL FOAM FIRED PENETRATIONS WILL BE REPLACED WITH FIRE CAULK SEALANT.	6/30/18