Division of Health Care Facilities

STATEMENT	OF	DEF	CIEN	ICIES
AND PLAN O	F C	ORRI	ECTI	ON

NAME OF PROVIDER OR SUPPLIER

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULT

A BUILDING 1 - MEMPHIS REGIONAL FLANNED

(X3) DATE SURVEY COMPLETED

04/24/2018

TNPL53547

STREET ADDRESS, CITY STATE, ZIP CODE

PARENTI DOD B. WING

## PLANNED PARENTHOOD GREATER MEMPHIS

2430 POPLAR AVE MEMPHIS TN 38104

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	1200-8-1008 (1) Building Standards	A 801	<b>F</b> <sub>7</sub>					
	(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.	Award 6 7218	=					
	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 corralling 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.	(A)						
	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.							
	NFPA 72, 14.2.1.2.2 (2010 Ed.) System defects and malfunctions shall be corrected.							
	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.							
	NFPA 101, 8.3.5.1*(2012 Ed.) Firestop Systems							

Division of Health Care Facilities

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

TITLE

(X6) DATE

STATE FORM

DQ4R21

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: 01 - MEMPHIS REGIONAL PLANNED PARENTHOOD B. WING TNPL53547 04/24/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2430 POPLAR AVE PLANNED PARENTHOOD GREATER MEMPHIS MEMPHIS, TN 38104 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A 801 | Continued From page 1 A 801 and Devices Required. Penetrations for cables, cable trays, conduits, pipes, tubes, combustion vents and exhaust vents, wires, and similar items to accommodate electrical, mechanical, plumbing, and communications systems that pass through a wall, floor, or floor/ceiling assembly constructed as a fire barrier shall be protected by a firestop system or device. The firestop system or device shall be tested in accordance with 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, at a minimum positive pressure differential of 0.01 in. water column (2.5 N/m2) between the exposed and the unexposed surface of the test assembly. Based on observations, the facility failed to maintain the physical plant. The findings included: 1. Observation on 4/24/18 at 10:28 AM, revealed SECURED STORAGE CARTS (3) unsecured oxygen cylinders in the surgery WILL BE ORDERED AND HEADTH suite. CENTER MANAGER WILL WAYNTAW ADHERENCE. NFPA 55, 7.1.8.4 (2010 Ed.) PROPER SIGNAGE HAS BEEN 6/1/18 ORDERED AND HEALTH CEDTER MANAGER WILL MAINTAIN 2. Observation on 4/24/18 at 10:28 AM, revealed required signage missing for oxygen tanks being stored and used in the surgery suite and room NFPA 55, 6.11.1 (2010 Ed.) 3. Observation on 4/24/18 at 10:42 AM, revealed blue painters tape over the smoke detector in the biohazard room on the 1st floor. NFPA 72, 14.2.1.2.2 (2010 Ed.) MODITOR MOD

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 - MEMPHIS REGIONAL PLANNED **PARENTHOOD** B. WING. TNPL53547 04/24/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2430 POPLAR AVE PLANNED PARENTHOOD GREATER MEMPHIS MEMPHIS, TN 38104 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) NFPA 10, 7.2.4.4 APPROVES A 801 A 801 | Continued From page 2 USE OF AN INSPECTIO UST MAINTAINED OF 4. Observation on 4/24/18 at 10:20 AM, revealed WHICH WAS PRESENTED TO the fire extinguishers thru out the building were TH DOM INSPENTINE not being signed on service tags for monthly WOULD REQUEST CL inspections. NFPA 10, 7.2.4.4 (2010 Ed.) CATION ON A FPA, 10. CENTER MANAGERIACO Observations on 4/24/18 between 10:36 AM ASSISTANT WILL and 10:54 AM, revealed the following TARES WHEN INSPECTED MONTHLY. 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 on 2nd floor 180 (2) PVC pipes marked S & R over entry door on south wall (2) flex conduit outside of mechanical room entry door c. room 2nd floor (1) bundle of cables outside of entry door on south wall d. room 2nd floor (2) white cables inside entry door on the right 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: SEE NEXT PAGE a. mechanical room on 2nd floor (1) wall damper on the northwest wall

Division of Health Care Facilities (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIFLE AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING M - MEMPHIS REGIONAL PLANNED PARENTHOOD MAY B, WING TNPL53547 04/24/2018 STREET ADORESS, CITE STATE ZIP CODE NAME OF PROVIDER OR SUPPLIER 2430 POPLAR AVE PLANNED PARENTHOOD GREATER MEMPHIS MEMPHIS, TN 38104 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) PENETRATIONS WILLBE REPLACED WITH FIRE CAULK SEALANT. A 801 | Continued From page 3 A 801 (1) air duct on outside wall (2) ceiling penetrations outside room (2) 3 inch PVC pipes outside room (2) 1 1/2 inch metal sleeves outside room NFPA 101, 8.3.5.1\*(2012 Ed.) An office employee was present when the deficiences were identified. The CFO acknowledged the deficiences in the exit conference on 4/24/18.

DQ4R21