

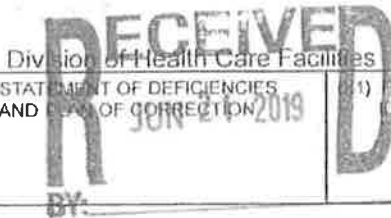
To Bm 6/24/19

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  R 06/04/2019
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NAME OF PROVIDER OR SUPPLIER  PLANNED PARENTHOOD OF TENNESSEE ANI	STREET ADDRESS, CITY, STATE, ZIP CODE 2430 POPLAR AVE MEMPHIS, TN 38104
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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
{A 001}	1200-8-10 Initial  This Rule is not met as evidenced by: A follow up 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 06/04/2019. During this follow up 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). The facility failed to implement their corrective action plan for A-801.	{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 plant.  The findings included:  1. Observation on 6/4/19 at 10:00 AM, revealed an unapproved patch around the duct in the boiler room on the 1 hour fire rated drywall. National Fire Protection Association (NFPA) 101, 21.1.6.3 (2012 Ed.) NFPA 101, 8.3.5 (2012 Ed.)	{A 801}	Vendor corrected patch. CFO will monitor on monthly inspection.	6/17/19

Division of Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  	TITLE  CEO	(X6) DATE  6/18/19
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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>R 06/04/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD OF TENNESSEE ANI</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2430 POPLAR AVE MEMPHIS, TN 38104</b>		
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{A 801}	Continued From page 1  NFPA 101, 8.3.5.1 (2012 Ed.)  These findings were verified and acknowledged by the business office manager during the survey on 6/4/19.	{A 801}			