

Division of Health Care Facilities

To Room 5-3-19 13

5-30

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 04/16/2019
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF TENNESSEE ANI		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: 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 4/16/2019. 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 plant. The findings included: 1. Observation on 4/16/19 at 3:22 PM, revealed the following penetrations in the fire rated assemblies: Elevator room - 1 hour fire rated drywall. a. a 1/2 inch metallic flexible conduit.	A 801		

Accepted
5-10-19
(Signature)

(SEE NEXT PAGE)

Division of Health Care Facilities

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

Ashley [Signature]

TITLE

CEO

(X6) DATE

5/3/19

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A 801	Continued From page 1 Boiler room - 1 hour fire rated drywall. b. 1 inch PVC pipe. c. a 3 inch PVC pipe recessed in fire rated drywall not sealed per an approved UL fire stop system. d. a 1/2 inch PVC pipe. e. a 1/4 inch metallic flexible conduit. f. unapproved patches around duct work. Third floor shell area - concrete floor. g. 2 3 inch metal sleeves. National Fire Protection Association (NFPA) 101, 21.1.6.3 (2012 Ed.) NFPA 101, 8.3.5 (2012 Ed.) NFPA 101, 8.3.5.1 (2012 Ed.) 2. Observation on 4/16/19 at 3:25 PM, revealed a receptacle cover missing in Room [REDACTED] NFPA 101, 21.5.1.1 (2012 Ed.) NFPA 101, 9.1 (2012 Ed.) NFPA 101, 9.1.2 (2012 Ed.) NFPA 70, 110.3 (B) (2011 Ed.) These findings were verified and acknowledged by the facility administrator during the survey on 4/16/19.	A 801	1a-g CFO will include on monthly facility inspection checklist, as well as after any maintenance occurs in referenced areas. In process of getting quotes for both fire stop and patch repairs. CFO will monitor monthly or after maintenance occurs.	5/30/19 4/19/19
A 818	1200-8-10-.08 (18) Building Standards (18) It shall be demonstrated through the submission of plans and specifications that in each ASTC a negative air pressure shall be maintained in the soiled utility area, toilet room,	A 818	(See next page)	

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A 818	Continued From page 2 janitor ' s closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain negative pressure areas. The findings included: Observation on 4/16/19 at 3:40 PM, revealed the exhaust was not functioning in the soiled utility room. These findings were verified and acknowledged by the facility manager during the survey on 4/16/19.	A 818	No deficiency per service 5/1/19 call. Air pressure requirements are being met. CFO will inspect monthly.	