

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL53547	(X2) MULTIPLE CONSTRUCTION A BUILDING: 02 - MEMPHIS REGIONAL PLANNED PARENTHOOD B WING _____	(X3) DATE SURVEY COMPLETED 11/19/2019
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 002	1200-8-10 No Deficiencies This Rule is met as evidenced by: During the annual survey on 11/19/19, this facility was found to be in compliance with the Life Safety Code requirements of the Tennessee Department of Health, Board for Licensing Health Care Facilities, Chapter 1200 -8-10, Standards for Ambulatory Surgical Treatment Centers.	A 002		

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

TITLE

(X6) DATE