

12-2-19

PRINTED: 11/21/2019
FORM APPROVED

Division of Health Care Facilities *To Bm 12/10/19*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL53544	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 77 - MEMPHIS CENTER FOR REPRODUCTIVE HEALTH B. WING _____	(X3) DATE SURVEY COMPLETED 11/20/2019
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BY: *[Signature]*

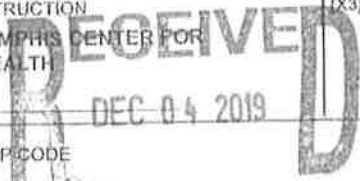
NAME OF PROVIDER OR SUPPLIER MEMPHIS CENTER FOR REPRODUCTIVE HEA	STREET ADDRESS, CITY, STATE, ZIP CODE 1726 POPLAR AVENUE MEMPHIS, TN 38104
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR 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 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 11/20/19. During this Life Safety Survey, Memphis Center for Reproductive Health 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 <i>12-13-19</i> <i>accepted</i> <i>(AP)</i>		
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 observation, the facility failed to maintain the physical plant. The findings include: 1. Observation on 11/20/19 at 10:50 AM, revealed an extension cord plugged into a powerstrip behind the desk in the clinical area. National Fire Protection Association (NFPA) 70, 590.3 (2011 Ed.)	A 801	1. After the inspection on 11/20/2019. Clinic Manager, disabled extension cord from behind desk in the clinical area, and replaced with a surge protector on 11/20/2019 Clinic Manager will create a monthly checklist to monitor the area to prevent any unusual recurring in the future. (NFPA) 70, 590.3 (2011 Ed.)	11/20/2019

Division of Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Exec. Director</i>	(X6) DATE <i>12-2-19</i>
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Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL53544	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 77 - MEMPHIS CENTER FOR REPRODUCTIVE HEALTH B. WING	(X3) DATE SURVEY COMPLETED 11/20/2019
NAME OF PROVIDER OR SUPPLIER MEMPHIS CENTER FOR REPRODUCTIVE HEA		STREET ADDRESS, CITY, STATE, ZIP CODE 1726 POPLAR AVENUE MEMPHIS, TN 38104		
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A 801	Continued From page 1 2. Observation on 11/20/19 at 11:10 AM, revealed two 1/4 inch metallic flex conduits through the 1 hour fire rated ceiling in the phone/electrical closet not sealed with approved firestop systems. NFPA 101, 8.3.5 (2012 Ed.), NFPA 101, 8.3.5.1 (2012 Ed.) The findings were verified and acknowledged by the administrator during the exit conference on 11/20/19.	A 801	2. After the inspection 11/20/2019. Clinic Manager contacted Rhodes Electric on 11/20/2019 re: revealed two 1/4 inch metallic flex conduits through the 1 hour fire rated ceiling in the phone/electrical closet not sealed with approved firestop systems. Rhodes Electric scheduled to be onsite Monday, 12/2/2019 to repair and seal metallic flex conduit. NFPA 101, 8.3.5 (2012 Ed.), NFPA 101, 8.3.5.1 (2012 Ed.) Clinic Manager will create a monthly checklist to monitor the phone/electrical room for any unusual findings to prevent recurring in the future. NFPA 101, 8.3.5 (2012 Ed.), NFPA 101, 8.3.5.1 (2012 Ed.)	12/2/2019



Division of Health Care Facilities

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A 001	1200-8-10 Initial This Rule is met as evidenced by: A semi-annual licensure survey conducted on 11/20/19 with no deficiencies cited. This facility meets the standards for Ambulatory Surgical Treatment Centers.	A 001		

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____