Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 77 - MEMPHIS CENTER FOR REPRODUCTIVE HEALTH

(X3) DATE SURVEY COMPLETED

12/30/2019

TNPL53544

NAME OF PROVIDER OR SUPPLIER

MEMPHIS CENTER FOR REPRODUCTIVE HEA

STREET ADDRESS, CITY, STATE, ZIP CODE

1726 POPLAR AVENUE MEMPHIS, TN 38104

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION)

PREFIX TAG

{A 001}

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

(X4) ID

TAG

This Rule is not met as evidenced by: A follow up survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 12/30/2019 for deficiencies that were cited on 11/20/2019. During this follow up Life Safety Survey, Memphis Center Reproductive Health was found not in substantial compliance with the requirements of the Rules of Tennessee Department of Health Board for Licensing Health Care FacilitiesChapter 1200-08-10 Standards for Ambulatory Surgical Treatment Centers and the National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition).

(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 and the overall physical environment of the ambulatory surgical center.

The findings included:

Observation during the follow up survey on 12/30/2019 at 9:30 AM, revealed two 1/4 inch metallic flex conduits through the 1 hour fire rated ceiling in the phone/electrical closet not sealed

{A 801}

After the inspection on 12/30/2019, Clinic Manager contacted Rhodes Electric on 12/31/2019 re; revealed two 1/4 inch metallic flex conduits through the 1 hour fire rated celling in the phone/electrical closet not sealed with approved firestop systems.

1/6/2020

Con't on page 2

Division of Health Care Facilities

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

(X6) DATE

If continuation sheet 1 of 2

STATE FORM &

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

> R 12/30/2019

TNPL53544

B. WING

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 801}	Continued From page 1 with approved firestop systems. NFPA 101, 8.3.5 (2012 Ed.), NFPA 101, 8.3.5.1 (2012 Ed.) This finding was verified and acknowledged by the administrator during the exit conference on 12/30/2019.	{A 801}	Rhodes Electric scheduled to be onsite Monday, 1/6/2020 to repair and seal metallic flex conduit. Fire stopping system documentation provided by Rhodes Electric. NFPA 101, 8.3.5. (2012 Ed.), NFPA 101, 8.3.5.1 (2012 Ed.) Clinic Manager will create a monthly check-list 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.)	1/6/2020
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