

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 R 01/29/2020
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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
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{A 001}	1200-8-10 Initial This Rule is met as evidenced by: A Life Safety revisit survey was conducted on 01/29/2020 for all previous deficiencies cited on 12/30/2019. All deficiencies have been corrected, and no new non compliance was found. The facility is in compliance with all regulations surveyed.	{A 001}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____