

1st POC

45th Day
6/3/16

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL53526	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN B. WING _____	(X3) DATE SURVEY COMPLETED 04/19/2016
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NAME OF PROVIDER OR SUPPLIER: KNOXVILLE CENTER FOR REPRODUCTIVE HI
STREET ADDRESS, CITY, STATE, ZIP CODE: 1547 WEST CLINCH AVENUE KNOXVILLE, TN 37916

(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 805	<p>1200-8-10-.08 (5) Building Standards</p> <p>(5) No new ASTC shall be constructed, nor shall major alterations be made to an existing ASTC without prior written approval of the department, and unless in accordance with plans and specifications approved in advance by the department. Before any new ASTC is licensed or before any alteration or expansion of a licensed ASTC can be approved, the applicant must furnish two (2) complete sets of plans and specifications to the department, together with fees and other information as required. Plans and specifications for new construction and major renovations, other than minor alterations not affecting fire and life safety or functional issues, shall be prepared by or under the direction of a licensed architect and/or a licensed engineer and in accordance with the rules of the Board of Architectural and Engineering Examiners.</p> <p>This Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure alterations to the facility were made without prior approval from the Department of Health. The findings include: 1. Observation on 4/19/2016 at 1:15 PM confirmed a fire alarm company was modifying the Fire Alarm Control Panel (FACP). 2. Interview with the Safety Officer and fire alarm service company on 4/19/2016 at 1:50 PM confirmed the facility was having the FACP communicating transmitter interface modified from phone service to cellular service. No other devices were being affected. The facility failed to submit any documentation for this modification. 3. Interview with the Administrator and Safety</p>	A 805	<p>The following individuals have been contacted and are working together to determine if having the FACP communicating transmitter interface modified from phone to cellular service requires prior written approval by the department:</p> <p>Admin. Assistant Plans Review / Fire Safety Section Fire Safety Supervisor Health Care Facilities City of Knoxville, Fire Inspections State of TN Fire Safety Supervisor Fire Marshalls Office Service Manager Simplex Guinnell</p> <p>We have been working to resolve this issue from the date of the survey. Once we have been notified by the proper authorities if corrective action is necessary we will do so.</p>	6/2/16

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Kim Dawson

Administrator 5/5/16

Division of Health Care Facilities

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A 805	Continued From page 1 Officer on 4/19/2016 at 2:25 PM revealed they were not aware that submittal, review and approval were required for this change. These findings were verified by the Facility Safety Officer and acknowledged by the Administrator during the exit conference on 4/19/2016.	A 805		