

Division of Health Care Facilities

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL53547	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MEMPHIS REGIONAL PLANNED PARENTHOOD B. WING: _____	(X3) DATE SURVEY COMPLETED 03/28/2016
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD GREATER MEMPHIS	STREET ADDRESS, CITY, STATE, ZIP CODE 2430 POPLAR AVE 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 901	<p>1200-8-10-.09 (1) Life Safety</p> <p>(1) Any ambulatory surgical treatment center which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations.</p> <p>This Rule is not met as evidenced by: Based on observations, the facility failed to comply with the required building and fire safety regulations.</p> <p>The findings included:</p> <p>Observation on 3/28/16 at 9:30 AM, revealed penetrations in the fire barriers in the following locations:</p> <p>a. 4 penetrations in the ceiling of generator room. b. 8 penetrations in the ceiling of 2nd floor mechanical room.</p> <p>National Fire Protection Association (NFPA 101, 8.3.5 2012 Edition)</p> <p>These findings were acknowledged by the administrator during the tour on 3/28/16.</p>	A 901	<p><i>Accepted 3/28/16</i></p> <p>ATTACHED PLEASE FIND QUOTE FOR ALL REPAIRS RECEIVED 4/20/16. VP OF FINANCE AUTHORIZED. WILL BE CHECKED QUARTERLY BY FACILITY MANAGER/VP OF FINANCE</p>	4/29/16

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: **CEO** (X5) DATE: **4/21/16**

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