Division of Health Care Facilities (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 - MEMPHIS REGIONAL PLANNED **PARENTHOOD** B. WING TNPL53547 10/05/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2430 POPLAR AVE PLANNED PARENTHOOD GREATER MEMPHIS MEMPHIS, TN 38104 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE IEACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) CORRECTIVE ACCTION FOR A 801 A 801 1200-8-10-,08 (1) Building Standards PREVENTION AND MONITORING: (1) An ASTC shall construct, arrange, and maintain the condition of the physical plant and PPGMR's VP of Finance is responsible the overall ASTC environment in such a manner for monitoring and compliance with that the safety and well-being of the patients are survey items. Item one will be assured. monitored daily. Items 2 and 6 will require no further action. Items 3,4, and 5 have been added to PPGMR's This Rule is not met as evidenced by: Based on observation, the facility failed to quarterly maintenance checklist to maintain the condition of the surgery center in a ensure that the deficient practices are manner that the safety and well-being of the monitored/timely corrected and do patients were assured. not recur. The findings included: Observation of the surgery center on 10/5/15 revealed the following: Storage room doors, and doors in the paths of Wedges removed and supervisors 10 10/5/15 egress were obstructed with rubber wedges. monitor daily for compliance National Fire Protection Association (NFPA) 101, 21.2.2.3, (2000 edition). An automatic hand sanitizer had been installed 11/21/15 2. Contractor hired to reinstall sanitizer over the light switch in the employee break room. Code of Federal Regulations (CFR) §416.44 (f). 3. Observation of the elevator equipment room 3. Contractor hired to seal penetrations 11/21/15 revealed multiple penetrations in 3 of 4 walls. National Fire Protection Association (NFPA) 101, 39.3.2 (2000 edition). A. Observation of the corridor electrical 11/5/15 4. Replaced damaged cover receptacles revealed a damaged cover located by the elevator room door. National Fire Protection Association (NFPA) 70 B, 16-6.2 (1998 edition). Observation of the facilities ceiling light 5. Contractor hired to install bulb 11/21/15 fixtures in the following areas did not have bulb protection protection: the elevator room, the housekeeping Division of Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE

EN0321

If continuation sheet 1 of 2

RECEIVED

FORM APPROVED Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER; COMPLETED A, BUILDING: 01 - MEMPHIS REGIONAL PLANNED **PARENTHOOD** TNPL53547 10/05/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2430 POPLAR AVE PLANNED PARENTHOOD GREATER MEMPHIS MEMPHIS, TN 38104 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A 801 A 801 Continued From page 1 rooms on the 1st and 2nd floor, and the computer control room on the 2nd floor. National Fire Protection Association (NFPA) 70 E, 3, 1,2,3,6 (2000 edition). 6. Observation of the soiled storage room 6. Contractor stated the observation is a 10/26/15 revealed the exhaust fan was not functioning. return unit (not an exhaust fan) and is National Fire Protection Association NFPA 90 A functioning properly (1999 Edition). paocessing and Based on record review, the facility failed to provide documentation of a 4 year fire damper inspection. The findings included: 11/12/15 Contractor performed damper During the document review, the facility failed to provide documentation that fusible link fire inspection and provided dampers had been inspected. documentation (attached), Next National Fire Protection Association NFPA 90 A inspection due 11/1/2019 (1999 Edition). These findings were verified and acknowledged

Division of Health Care Facilities

by the surgery center representative during the

tour and exit conference on 10/5/15.

STATE FORM

6899

EN0321

If continuation sheet 2 of 2

RECEIVED