Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TNPL53547	A. BUILDING: 01 - MEMPHIS REGIONAL PLANNED PARENTHOOD B. WING _____	R 11/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD GREATER MEMPHIS	2430 POPLAR AVE MEMPHIS, TN 38104

(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}	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 condition of the surgery center in a manner that the safety and well-being of the patients were assured. The findings included: Observation of the surgery center during the follow up survey on 11/24/15 revealed the following: 1. Observation of the elevator equipment room revealed multiple penetrations in 3 of 4 walls. National Fire Protection Association (NFPA) 101, 39.3.2 (2000 edition). 2. Observation of the soiled storage room revealed no exhaust fan had been provided for negative air pressure. National Fire Protection Association NFPA 90 A (1999 Edition). These findings were verified and acknowledged by the surgery center representative during the tour and exit conference on 11/24/15.	{A 801}	accepted 12/14/15 RJ Please see attached response from our architecture firm. Service call placed for repair/ replacement	1/8/16 1/8/16

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Holly Affleck — TITLE: CEO — (X6) DATE: 12/8/15