

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>TNPL53547</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MEMPHIS REGIONAL PLANNED PARENTHOOD B. WING _____	(X3) DATE SURVEY COMPLETED  <b>RECEIVED 10/27/2016</b>
--	--	--	--

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

(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: National Fire Protection Association (NFPA) 10, 6.1.3.3.1 (2010 Ed.) Fire extinguishers shall not be obstructed or obscured from view. NFPA 101, 21.2.1 (2010 Ed.) Every aisle, passageway, corridor, exit discharge, exit location, and access shall be in accordance with Chapter 7, unless otherwise modified by 21.2.2 through 21.2.11. NFPA 101, 7.5.1.1 (2010 Ed.) Exits shall be located, and exit access shall be arranged, so that exits are readily accessible at all times.</p> <p>Based on the observations, the facility failed to comply with the required life safety and building code regulations.</p> <p>The findings included:</p> <p>1. Observation on 09/27/16 at 2:35 PM, revealed a fire extinguisher outside the lobby waiting room was obstructed by an advertisement signage. NFPA 10, 6.1.3.3.1 (2010 Ed.)</p> <p>2. Observation on 09/27/16 at 2:50 PM, revealed storage of signage in the stairway. NFPA 21.2.1 (2010 Ed.) Every aisle, passageway, corridor, exit discharge, exit location, and access</p>	A 901	<p>DEFICIENCIES 1) &amp; 2) WERE BOTH CORRECTED AT THE TIME OF THE SITE VISIT. APPROPRIATE STORAGE FOR #2 WAS IDENTIFIED AND COMMUNICATED TO STAFF. APPROPRIATE DISPLAY FOR #1 WAS IDENTIFIED AND COMMUNICATED TO STAFF. BOTH CFO AND VP OF PATIENT SERVICES WILL MONITOR ON A DAILY BASIS TO ENSURE THE DEFICIENCY DOES NOT RECUR.</p> <p><i>Accepted 10/25/16</i></p>	9/27/16
-------	--	-------	---	---------

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

*Ashley Offord* TITLE **CEO** (X9) DATE **10/25/16**

STATE FORM LY5R21 If continuation sheet 1 of 2

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>TNPL53547</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - MEMPHIS REGIONAL PLANNED PARENTHOOD</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/27/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>PLANNED PARENTHOOD GREATER MEMPHIS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2430 POPLAR AVE MEMPHIS, TN 38104</b>		
(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	Continued From page 1  shall be in accordance with Chapter 7, unless otherwise modified by 21.2.2 through 21.2.11. NFPA 101, 7.5.1.1 (2010 Ed.) Exits shall be located, and exit access shall be arranged, so that exits are readily accessible at all times.  The findings were verified during the survey by the business manager on 09/27/16.	A 901		

**RECEIVED**

**OCT 27 2016**