

Division of Health Care Facilities *TO Bm 7-23-18 U*

RECEIVED
JUL 2 2018
BY: *Co*

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: <i>BY: Co</i>	(X3) DATE SURVEY COMPLETED R 07/03/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD GREATER MEMPHIS	STREET ADDRESS, CITY, STATE, ZIP CODE 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}	<p>1200-8-10-.08 (1) Building Standards</p> <p>(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.</p> <p>This Rule is not met as evidenced by: National Fire Protection Association (NFPA) 101, 21.5.1.1 (2012 Ed.) Utilities shall comply with the provisions of Section 9.1.</p> <p>NFPA 101, 9.1.2 (2012 Ed.) Electrical Systems. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless such installations are approved existing installations, which shall be permitted to be continued in service.</p> <p>NFPA 70, 406.6 (2011 Ed.) Receptacle Faceplates (Cover Plates). Receptacle faceplates shall be installed so as to completely cover the opening and seat against the mounting surface.</p> <p>NFPA 99, 6.3.3.2.1 (2012 Ed.) The physical integrity of each receptacle shall be confirmed by visual inspection.</p> <p>NFPA 101, 21.2.1 (2012 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.</p>	{A 801}	<p><i>Accepted</i> <i>7-30-18</i> <i>(PW)</i></p>	
---------	--	---------	---	--

Division of Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE CFO	(X6) DATE 7/18/18
--	---------------------	-----------------------------

Division of Health Care Facilities

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 R 07/03/2018
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD GREATER MEMPHIS	STREET ADDRESS, CITY, STATE, ZIP CODE 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}	<p>Continued From page 1</p> <p>NFPA 101, 7.1.10.1* (2012 Ed.) Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.</p> <p>NFPA 101, 8.3.5.1*(2012 Ed.) Firestop Systems and Devices Required. Penetrations for cables, cable trays, conduits, pipes, tubes, combustion vents and exhaust vents, wires, and similar items to accommodate electrical, mechanical, plumbing, and communications systems that pass through a wall, floor, or floor/ceiling assembly constructed as a fire barrier shall be protected by a firestop system or device. The firestop system or device shall be tested in accordance with ASTM E 814, Standard Test Method for Fire Tests of Through Penetration Fire Stops, or ANSI/UL 1479, Standard for Fire Tests of Through- Penetration Firestops, at a minimum positive pressure differential of 0.01 in. water column (2.5 N/m2) between the exposed and the unexposed surface of the test assembly.</p> <p>Based on observations, the facility failed to maintain the physical plant.</p> <p>The findings included:</p> <p>1. Observation during the follow-up survey on 7/3/18 at 1:15 PM, revealed a damaged receptacle cover beside the crash-cart (former area of oxygen cylinders).</p>	{A 801}	<p>ALL DEFICIENCIES WILL BE ADDED TO PPGMR'S MONTHLY FACILITY'S MAINTENANCE CHECKLIST MONITORED BY ACCOUNTING MANAGER.</p> <p>REPLACE DAMAGED RECEPTACLE COVER.</p>	8/1/18
---------	--	---------	---	--------

Division of Health Care Facilities

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 R 07/03/2018	
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD GREATER MEMPHIS		STREET ADDRESS, CITY, STATE, ZIP CODE 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}	<p>Continued From page 2</p> <p>NFPA 101, 21.5.1.1 (2012 Ed.) NFPA 101, 9.1.2 (2012 Ed.) NFPA 70, 406.6 (2011 Ed.) NFPA 99, 6.3.3.2.1 (2012 Ed.)</p> <p>2. Observation during the follow-up survey on 7/3/18 at 1:30 PM, revealed 3 cases of water in the path of egress at the bottom of the rear exit stairs, and a 12 pack of bottled beer on the stairs. NFPA 101, 21.2.1 (2012 Ed.) NFPA 101, 7.1.10.1* (2012 Ed.)</p> <p>3. Observation during the follow-up survey on 7/3/18 at 1:35 PM, revealed the following penetrations in the 1 hour fire rated drywall were not repaired per an approved ul system:</p> <p>a. bundle of cables outside the entry door on the south wall of room [REDACTED]</p> <p>b. 2 - 3 inch polyvinyl chloride sleeves (CPVC) above both sides of the door.</p> <p>c. 2 - 1 1/2 inch metal sleeves in the wall between [REDACTED] and [REDACTED] NFPA 101, 8.3.5.1*(2012 Ed.)</p> <p>An office employee was present when the deficiencies were identified on 7/2/18.</p>	{A 801}	<p>REMOVED AND PLACED 7/5/18 IN SPECIFIED STORAGE.</p> <p>3a, b, c - APPROPRIATE 8/17/18 CONTRACTOR HAS BEEN SCHEDULED WEEK OF 8/13/18.</p>	