### Statement of Deficiencies and Plan of Correction

#### NAME OF PROVIDER OR SUPPLIER
**ASHTON PLACE HEALTH & REHAB CENTER**

#### STREET ADDRESS, CITY, STATE, ZIP CODE
**3030 WALNUT GROVE RD
MEMPHIS, TN  38111**

#### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID</th>
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<td>No Deficiencies</td>
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This Rule is not met as evidenced by:
Intakes: TN00028245

DURING THE INVESTIGATION SURVEY CONDUCTED ON 6/29/11, THIS FACILITY WAS FOUND TO BE IN COMPLIANCE WITH THE REQUIREMENTS OF THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 101, CHAPTER 19, EXISTING HEALTHCARE FACILITIES.

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**Division of Health Care Facilities**

**Laboratory Director's or Provider/Supplier Representative's Signature**

STATE FORM 5899

**If continuation sheet 1 of 1**