STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

A. BUILDING PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445150

B. WING MULTIPLE CONSTRUCTION

C. DATE SURVEY COMPLETED 07/16/2009

NAME OF PROVIDER OR SUPPLIER

POPLAR POINT HEALTH & REHABILITATION

STREET ADDRESS, CITY, STATE, ZIP CODE
131 N TUCKER
MEMPHIS, TN 38104

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG

F9999 FINAL OBSERVATIONS

No regulatory violation was found as a result of this survey #TN00022703, TN0002318, TN00023124 and TN00023172.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.