State Form: Revisit Report

(Y1) Provider / Supplier / CLIA Identification Number
TN7925

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
7/2/2013

Name of Facility
SIGNATURE HEALTHCARE AT SAINT FRANCIS

Street Address, City, State, Zip Code
6007 PARK AVE
MEMPHIS, TN 38119

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

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<th>(Y4) Item</th>
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Reviewed By
State Agency
Reviewed By
CMS RO

Followup to Survey Completed on:
6/11/2013

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2587) Sent to the Facility? YES NO

Reviewed By
State Agency
 Reviewed By
CMS RO

Signature of Surveyor: [Signature]
Date: 7/2/2013

Signature of Surveyor: [Signature]
Date: 7/2/2013

STATE FORM: REVISIT REPORT (5/99) Page 1 of 1 Event ID: 9DQ812