## Statement of Deficiencies and Plan of Correction

**Name of Provider or Supplier:**

**Signature Healthcare at Saint Francis**

**Street Address, City, State, Zip Code:**

6007 Park Ave
Memphis, TN 38119

### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F9999</td>
<td>F9999</td>
<td></td>
<td>Intakes: TN00029351, TN00029552</td>
</tr>
</tbody>
</table>

A complaint investigation was completed at this facility. The facility was found to be in compliance with state and federal regulations.

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.