### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:** 445241

**Multiple Construction A. Building:**

**B. Wing:**

**Date Survey Completed:** 04/06/2009

**Name of Provider or Supplier:** Signature Healthcare of Memphis

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

1150 Dovecrest Rd
Mempis, TN 38134

**Summary Statement of Deficiencies**

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Summary Statement of Deficiencies</th>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Provider's Plan of Correction (Each Corrective Action Should Be Cross-Referenced to the Appropriate Deficiency)</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>F9999</td>
<td></td>
<td></td>
<td>Final Observations</td>
<td>F9999</td>
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<td></td>
<td>Complaint investigations # TN00022413 and TN00022499 were conducted on 4/06/09, and this facility was found to be in compliance with state and federal regulations.</td>
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</tbody>
</table>

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.