## Statement of Deficiencies and Plan of Correction

**Highlands of Memphis Health & Rehab**

**Street Address, City, State, Zip Code:**
3549 Norriswood
Memphis, TN 38111

### Summary Statement of Deficiencies

**ID Prefix Tag:** F9999

#### Final Observations

Intakes: TN00029882, TN00030141

Complaints TN00030141 and TN00029882 were investigated on 9/11/12. The facility was found to be in compliance with state and federal regulations.

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**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.**

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**Laboratory Director’s or Provider/Supplier Representative’s Signature:**

**Title:**

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**Event ID:** SNVO11

**Facility ID:** TN7932

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