

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA /
Identification Number
445139

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
11/20/2014

Name of Facility

SIGNATURE HEALTHCARE AT ST PETER VILLA

Street Address, City, State, Zip Code

141 N MCLEAN
MEMPHIS, TN 38104

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction 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 CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0224	09/25/2014	ID Prefix F0225	09/25/2014	ID Prefix F0226	09/25/2014
Reg. # 483.13(c) LSC		Reg. # 483.13(c)(1)(ii)-(iii), (c)(2) - LSC		Reg. # 483.13(c) LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0281	09/25/2014	ID Prefix F0282	09/25/2014	ID Prefix F0309	09/25/2014
Reg. # 483.20(k)(3)(i) LSC		Reg. # 483.20(k)(3)(ii) LSC		Reg. # 483.25 LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0365	09/25/2014	ID Prefix F0490	09/25/2014	ID Prefix F0520	09/25/2014
Reg. # 483.35(d)(3) LSC		Reg. # 483.75 LSC		Reg. # 483.75(o)(1) LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. # LSC		Reg. # LSC		Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. # LSC		Reg. # LSC		Reg. # LSC	

Reviewed By ☒ Reviewed By
State Agency
Reviewed By
CMS RO

Date:
11/20/14
Date:

Signature of Surveyor:
Corey Mitchell RN, PANCE
Signature of Surveyor:

Date:
11/20/14
Date:

Followup to Survey Completed on:
8/27/2014

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO