

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/21/2025
NAME OF PROVIDER OR SUPPLIER  Signature Healthcare of Memphis		STREET ADDRESS, CITY, STATE, ZIP CODE  1150 Dovecrest Rd Memphis, TN 38134	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.  (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on facility policy review, medical record review, and interview, the facility failed to report an injury of unknown origin for 1 of 2 (Resident #2) sampled residents reviewed for abuse. The findings include: 1. Review of facility policy titled, Abuse, Neglect, and Misappropriation., dated 9/15/2023, revealed .It is the organization's intention to prevent the occurrence of.injuries of unknown origin.and to assure that all alleged violations of federal and State laws which involve.injuries of unknown origin.are investigated and reported immediately to agencies in accordance with Federal and State law.Injury of Unknown Source.This means an injury that meets both of the following conditions.the source of the injury was not observed by any person, or the source of the injury could not be explained by the resident; and.the injury is suspicious because the extent of the injury; or the location of the injury (for instance, the injury in an area not generally vulnerable to trauma. Reporting.Every Stakeholder shall immediately report any injury of unknown origin.to the Facility Administrator. 2. Review of the medical record revealed Resident #2 was admitted to the facility on [DATE], with diagnoses including Subdural Hematoma (bleeding on the brain), Dysphagia, Metabolic Encephalopathy, and Down's Syndrome. Review of quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident #1 scored a 1 on the Brief Interview for Mental Status (BIMS) assessment, which indicated severe cognitive impairment. Resident #1 required maximum assistance of staff to perform Activities of Daily Living. Review of Nurse's Note dated 1/3/2024, revealed, This nurse was called to the room via [by] the CNA [Certified Nursing Assistant] at approximately 7:45 AM. This nurse entered the room the resident was noted sitting in his wheelchair with the bedside table positioned in front of the resident. The resident's forehead noted lying on the bedside table with a pillow positioned under forehead. This nurse raised the resident's head off the bedside table the resident's forehead left and right side was noted with scratch marks and the resident's left eye lid and under eye was noted with some purplish discoloration along with a small scratch under left eye. The resident's inner eye also noted with some redness.The resident was unable to explain what happened. This nurse asked the CNA what happened the CNA states that when she entered the room the resident was sitting on the side of the bed with his head bent forward and when she assisted him back to bed to provide incontinent care she noticed the scratch marks and discoloration to the left eye. Review of the Event Report dated 1/3/2024, revealed .Description: Discoloration to left eye, scratch marks to forehead.Location of Bruise: left eye.Color of bruise: Purplish-black.Assessment of resident unable to verbalize pain.Facial expression: Sad, frightened, frown.Body Language: Tense, distressed, fidgeting. Resident unable to verbalize pain score.2 mild pain. Review of the Nure Practitioner Note dated 1/3/2024, revealed .Evaluation of patient for redness to left eye .Nurse reported that patient had redness to left eye. Patient is non-verbal and is currently leaning forward in the bed .Patient has discoloration and swelling noted beneath left eye. Discoloration and scratches noted to left side of forehead .We will obtain labs and imaging to rule out any active disease process . During a telephone interview on 10/7/2025 at 12:04 PM, the former Director of Nursing (DON) was asked if she recalled Resident #2's injury from 1/2/2024. The former DON stated she recalled completing an investigation related to the resident's injury stated that the injury was initially an injury of unknown origin until the conclusion of the investigation. During a telephone interview on 10/7/2025 at 3:10 PM, CNA B stated, I took care of [Resident #2] the previous day [1/2/2024] from 7:00 AM until 11:00 PM and the resident did not have any bruising or scratches on that shift. CNA B stated she initially noticed the resident's injury when she rolled him over to perform personal care on 1/3/2024. CNA B stated, [Resident #2] had scratches, a black eye with swelling to side of face and eye. During an interview on 10/7/2025 at 4:54 PM, the Administrator stated, Injuries of unknown origin should be reported to state and local agencies. The facility failed to report an injury of unknown origin for Resident #2.</p>		