STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445241	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Memphis	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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, observation, and interview, the facility failed to ensure the environment was free from accident hazards when portable oxygen cylinders were unsecured in 2 of 107 (Residents #7 and #99) sampled residents' rooms. The findings include: 1. Review of the facility policy titled, Oxygen Storage, dated 1/31/2025, revealed .The facility acknowledges the special hazards associated with storage and use of compressed oxygen cylinders.has established procedures for the safe storage, use and transfer of oxygen in the facility.E-tanks [Emergency tanks] will be stored in an approved O2 [Oxygen] tank holding device or in an approved storage rack at all times. 2. Review of the medical record revealed Resident #7 was admitted to the facility on [DATE], with diagnoses including Seizures, Gastrostomy, Dysphagia, and Schizophrenia. Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #7 scored a 9 on the Brief Interview for Mental Status (BIMS) assessment, which indicated he was moderately cognitively impaired. Resident #7 received oxygen therapy. ˆ Review of Physician's Order dated 4/15/2026, revealed Oxygen Therapy.2 Liters BNC [Binasal Canula] Each Shift. Review of the Care Plan dated 4/16/2026, revealed .Resident requires use of oxygen . Observations in the Resident's room on 5/11/2026 at 9:52 AM, 11:58 AM, and at 3:11 PM, revealed a portable compressed oxygen cylinder free standing and unsecured between the resident's headboard and the bedside dresser. During an observation and interview in Resident #7's room on 5/11/2026 at 3:16 PM, Licensed Practical Nurse (LPN) A was asked if the portable oxygen cylinder should be stored unsecure in the resident's room. LPN A stated, No, it should not be stored unsecure in the resident's room. 3. Review of the medical record revealed Resident #99 was admitted to the facility on [DATE], with diagnoses including Chronic Respiratory Failure, Pneumonia, Anxiety, and Schizophrenia.ˆ Review of the quarterly MDS assessment dated [DATE], revealed Resident #99 scored a 13 on the BIMS assessment, which indicated she was cognitively intact. Resident #99 received oxygen therapy. ˆ Review of the Care Plan dated 3/31/2026, revealed . Resident requires use of oxygen related chronic resp [respiratory] failure .Oxygen as ordered . ˆ Review of Physician's Order dated 4/6/2026, revealed Oxygen Therapy.via [by way of] NC [nasal canula] @ [at] 2 Liters per minutes. Observations in the Resident's room on 5/11/2026 at 9:56 AM and at 2:53 PM, revealed a portable oxygen cylinder free standing unsecured between the resident's headboard and the bedside dresser. During an observation and interview in Resident #99's room on 5/11/2026 at 3:17 PM, Licensed Practical Nurse (LPN) A was asked if the portable oxygen cylinder should be unsecured in the resident's room. LPN A stated, No, it should not be unsecure in the resident's room. During an interview on 5/13/2026 at 2:41 PM, the Director of Nursing (DON) was asked how portable oxygen cylinders should be stored. The DON stated, They should be stored in a rolling carrier or secured in a carrier on the back of a resident's wheelchair. The DON was asked if they should be free standing in a resident's room. The DON stated, No, they should not be free standing in resident rooms.

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