**Name of Provider or Supplier**

BRADLEY HEALTH CARE & REHAB

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

2910 PEERLESS RD
CLEVELAND, TN 37312

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### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Tag</th>
<th>Description</th>
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<tr>
<td>F 000</td>
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<td>INITIAL COMMENTS</td>
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</table>

During complaint investigation # 24756 no deficiencies were cited at Bradley Health Care & Rehab from 42 CFR Part 483 Requirements for Nursing Homes.

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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.*