**Name of Provider or Supplier:**
BRIDGE AT ROCKWOOD, THE

**Street Address, City, State, Zip Code:**
5580 ROANE STATE HWY
ROCKWOOD, TN 37854

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**Summary Statement of Deficiencies:**
During the complaint investigation of TN00032496, conducted on December 17, 2013, no deficiencies were cited in relation to the complaint under 42, CFR Part 483, Requirements for Long Term Care.

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

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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.