Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 01L008	**(X3) Date Survey Completed** 08/01/2025
Name of Provider or Supplier Alabama Clinical Schools, Inc.	**Street Address, City, State** 1221 Alton Drive, Birmingham, AL	

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

(X4) ID Prefix Tag	**Summary Statement of Deficiencies** (Each deficiency should be preceded by full regulatory or LSC identifying information)
N0100	USE OF RESTRAINT AND SECLUSION CFR(s): 483.354 Subpart G: Condition of Participation for the Use of Restraint and Seclusion in Psychiatric Residential Treatment Facilities Providing Inpatient Psychiatric Services for Individuals Under Age Twenty One. This CONDITION is not met as evidenced by: A recertification survey was conducted on 7/29/25 to 8/1/25 at Alabama Clinical Schools. Based on review of medical records (MR), observations, facility policy and procedure, and review of facility video recordings, it was determined the facility failed to properly execute restraints/holds to prevent harm to residents. This affected two of six MR's reviewed with restraint use, including Patient Identifier (PI) # 9 and PI # 10, and had the potential to affect all residents requiring restraints. Refer to tags: N 128, N 197, and N 207.