| **Statement of Deficiencies** | **(X1) Provider/Supplier/CLIA Identification Number** | **(X3) Date Survey Completed** |
|---|---|---|
| | 01L013 | 06/12/2026 |
| **Name of Provider or Supplier** | **Street Address, City, State** | |
| Safetynet Youth Systems, Llc | 5888 Cherry Hill Road, Montgomery, 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**<br>(Each deficiency should be preceded by full regulatory or LSC identifying information) |
|---|---|
| **E0031** | Emergency Officials Contact Information<br>CFR(s): 441.184(c)(2)<br><br>403.748(c)(2), 416.54(c)(2), 418.113(c)(2), 441.184(c)(2), 460.84(c)(2), 482.15(c)(2), 483.73(c)(2), 483.475(c)(2), 484.102(c)(2), 485.68(c)(2), 485.542(c)(2), 485.625(c)(2), 485.727(c)(2), 485.920(c)(2), 486.360(c)(2), 491.12(c)(2), 494.62(c)(2). [(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years [annually for LTC facilities]. The communication plan must include all of the following: (2) Contact information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) Other sources of assistance. *[For LTC Facilities at 483.73(c):] (2) Contact information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) The State Licensing and Certification Agency. (iii) The Office of the State Long-Term Care Ombudsman. (iv) Other sources of assistance. *[For ICF/IIDs at 483.475(c):] (2) Contact information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) Other sources of assistance. (iii) The State Licensing and Certification Agency. (iv) The State Protection and Advocacy Agency.<br><br>This STANDARD is not met as evidenced by:<br>Based on review of the facility's Emergency Preparedness (EP) Plan, and interview with staff, it was determined the facility failed to include contact information for emergency personnel available for use in an emergency in the facility's EP plan.<br><br>This deficient practice had the potential to affect all staff, residents, and visitors served by this facility.<br><br>Findings include: |

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| | A review of the facility's EP plan revealed no contact information for local emergency officials.<br><br>An interview was conducted on 6/11/26 at 9:00 AM with Employee Identifier # 4, Program Director, who confirmed the facility failed to include contact information listed for emergency personnel available for use in an emergency. |