Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 01L013	**(X3) Date Survey Completed** 06/12/2026
Name of Provider or Supplier Safetynet Youth Systems, Llc	**Street Address, City, State** 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** (Each deficiency should be preceded by full regulatory or LSC identifying information)
N0000	A recertification survey was conducted at Safetynet Crossings from 6/9/26 to 6/12/26. The facility was found to be not in compliance with the Conditions of Participation for Psychiatric Residential Treatment Facility and related standards at 42 CFR 433.354 Use of Restraint and Seclusion, 42 CFR 483.358 Orders for Use of Restraint or Seclusion, and 42 CFR 483.362(a) Monitoring During and After Restraint.