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** (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: Based on Medical Record (MR) review and staff interview, it was determined the facility failed to ensure: a. All orders for restraints were given by a physician or other licensed practitioner permitted by the State and the facility to order restraints. b. All staff clinically trained in the use of emergency safety interventions continually assessed and monitored the residents during the use of a physical restraint. This deficient practice affected MR # 5, MR # 6, MR # 1, MR # 8, and MR # 7, and had the potential to negatively affect all residents restrained at this facility. Findings include: Refer to N 0140 and N 0165.