Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 01L018	**(X3) Date Survey Completed** 05/21/2026
Name of Provider or Supplier Sequel Tsi Of Alabama, Llc	**Street Address, City, State** 135 Mildred Street, 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 Brighter Path of Montgomery from 5/19 /2026 to 5/21/2026. Standard level deficiences were written and will require an acceptable Plan of Correction.