Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	01L018	05/21/2026
Name of Provider or Supplier	**Street Address, City, State**	
Sequel Tsi Of Alabama, Llc	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)
N0115	INDIVIDUAL PLAN OF CARE CFR(s): 441.155(c) The plan must be reviewed every 30 days by the team specified in 441.156 to- (1) Determine the services being provided are or were required on an inpatient basis, and (2) Recommend changes in the plan as indicated by the beneficiary's overall adjustment as an inpatient. (d) The development and review of the plan of care as specified in this section satisfies the utilization control requirements for - [paragraph and subparagraphs (1) and (2) relevant for utilization control hospitals only] This ELEMENT is not met as evidenced by: Based on review of Medical Records (MR) and interviews with staff, it was determined the staff failed to ensure the Treatment Plans were developed, reviewed, and updated every 30 days. This deficient practice affected two out of four MR's reviewed and had the potential to negatively affect all residents served at this facility. Findings include: 1. MR # 1 was admitted on 11/24/25 with diagnoses including Disruptive Mood Dysregulation Disorder. Review of MR # 1 revealed the Treatment Plan (TP) was completed on 12/5/25. The TP was updated 2/5/26, and 5/21/26. This was greater than 30 days. 2. MR # 4 was admitted on 11/3/25 with diagnoses including Child Neglect. Review of MR # 4 revealed the TP was completed on 11/4/25 . No documentation of

	an updated TP was found for 12/2025. This was greater than 30 days. An interview was conducted on 5/21/26 at 12:45 PM with Employee Indentifer # 3, Assistant Licensed Counselor who confirmed the facility staff failed to ensure the Treatment Plans were reviewed and updated every 30 days.