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)
N0197	MEDICAL TREATMENT FOR INJURIES CFR(s): 483.372(b) The psychiatric residential treatment facility must have affiliations or written transfer agreements in effect with one or more hospitals approved for participation under the Medicaid program that reasonably ensure that- This ELEMENT is not met as evidenced by: Based on review of facility agreements and interviews with staff, it was determined the facility failed to ensure a written transfer agreement was in effect with a hospital approved for participation in the Medicaid program. This deficient practice had the potential to affect all residents served by this facility. A copy of the facilities agreement with a Medicaid participating hospital was requested on 5/19/2026. There was no documentation of a current agreement provided. An interview was conducted on 5/21/2026 at 2:00 PM with Employee Identifier # 1, Executive Director, who confirmed the facility failed to have an agreement with a Medicaid participating hospital for resident emergencies.