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)
N0218	EDUCATION AND TRAINING CFR(s): 483.376(b) Certification in the use of cardiopulmonary resuscitation, including periodic recertification, is required. This ELEMENT is not met as evidenced by: Based on review of Employee Files (EF) and interviews with staff, it was determined the facility failed to ensure all employees with direct patient care were certified in Cardiopulmonary Resuscitation (CPR). This deficient practice had the potential to affect all residents, visitors, and staff served by this facility. Four of eight EF's reviewed, including Employee Identifier (EI) # 3. EI # 4, EI # 5, and EI # 6 for employees with direct patient care and revealed no current CPR certification. An interview was conducted on 5/21/26 at 1:03 PM with EI # 2, Business Office Manager who confirmed all employees with direct patient care were not CPR certified.