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)
N0222	EDUCATION AND TRAINING CFR(s): 483.376(f) Staff must demonstrate their competencies as specified in paragraph (a) of this section on a semiannual basis and their competencies as specified in paragraph (b) of this section on an annual basis. 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 staff were recertified in Cardiopulmonary Resuscitation (CPR) on an annual basis. This deficient practice had the potential to affect all residents served by this facility. Three of ten EF's reviewed, including Employee Identifier (EI) # 9. EI # 10, and EI # 11 revealed no documentation of annual CPR training. An interview was conducted on 5/21/26 at 1:03 PM with EI # 2, Business Office Manager who confirmed the facility failed to ensure all staff were recertified in CPR annually.