Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 01L023	**(X3) Date Survey Completed** 07/30/2026
Name of Provider or Supplier Southeastern Psychiatric Management, Inc.	**Street Address, City, State** 3001 Scenic Highway, Gadsden, 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 Mountain View Hospital Summit Crest Lodge from 7/28/2026 to 7/30/2026. Standard level deficiencies were cited and will require an acceptable Plan of Correction.