Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 04L103	**(X3) Date Survey Completed** 06/04/2019
Name of Provider or Supplier Habilitation Center, Llc	**Street Address, City, State** 1810 Industrial Drive, Fordyce, AR	

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 Validation and complaint survey was conducted from 5/23/19 to 5/24/19. Complaint AR00022948 was substantiated, all or in part, with deficiencies cited at N128 and N196 The facility was not in compliance with §483, Subpart G - Conditions of Participation for Psychiatric Residential Treatment Center