

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE COGNITIVE CONNECTION-BURKE	STREET ADDRESS, CITY, STATE, ZIP CODE 301 EAST MEETING STREET, SUITE 102 MORGANTON, NC 28655
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and complaint survey was completed on September 9, 2019. The complaint was unsubstantiated (Intake #NC00153959). A deficiency was cited. This facility is licensed for the following service categories: 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program.	V 000	<p>DHSR-Mental Health</p> <p>OCT 04 2019</p> <p>Lic. & Cert. Section</p>	
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.	V 536	<p>NCI National Crisis Intervention Plus training has been completed for clinical staff on 09/10/2019 including staff identified in survey. Certificates have been obtained and placed in clinical credentialing file. Curriculum of NCI + is found on www.nciplus.com Certified Instructor Jonathan Scronce.</p> <p>(CWA) Clay, Wilson & Associates Inc. dba: The Cognitive Connection partnership with local area training NCI + facilitator has developed an agreement to keep open ended trainings monthly available to new hires and address current clinical staff needs no less than annually.</p> <p>Agreement with training source, has been signed and put place as of October 1st 2019 to continue access to training for new hire CWA staff to attend NCI + training during orientation week and prior to conducting services.</p> <p>CWA updated Staff training policy to include new staff wil present proof of current NCI + completion or obtain NCI + through orientation week prior to service provided. TrainingPolicy also updated to include in annual training.</p> <p>Moniotoring of training will be conducted at hire through HR and Credentialing Department and Annual training will be monitored by Clinical Supervisor and reviewed by Quality Improvement team annually.</p> <p>CWA client rights policy states: Staff at facilities will use no restrictive interventions. Should a client become unmanagable Law enforcement will be called to remove them from premisis.</p>	

Division of Health Service Regulation
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Audra Lynette Taylor
 TITLE
QI Director
 (X6) DATE
10/01/2019

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/09/2019
NAME OF PROVIDER OR SUPPLIER THE COGNITIVE CONNECTION-BURKE		STREET ADDRESS, CITY, STATE, ZIP CODE 301 EAST MEETING STREET, SUITE 102 MORGANTON, NC 28655		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 536	<p>Continued From page 1</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <ol style="list-style-type: none"> (1) Documentation shall include: <ol style="list-style-type: none"> (A) who participated in the training and the outcomes (pass/fail); 	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE COGNITIVE CONNECTION-BURKE	STREET ADDRESS, CITY, STATE, ZIP CODE 301 EAST MEETING STREET, SUITE 102 MORGANTON, NC 28655
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 536	<p>Continued From page 2</p> <p>(B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE COGNITIVE CONNECTION-BURKE	STREET ADDRESS, CITY, STATE, ZIP CODE 301 EAST MEETING STREET, SUITE 102 MORGANTON, NC 28655
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

V 536	<p>Continued From page 3</p> <p>annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure training on alternative to restrictive interventions was received annually for 4 of 4 audited staff (Site Supervisor, Clinical Director, Counselor #1, Counselor #2). The findings are:</p> <p> </p> <p>Review on 9/9/19 of the personnel record for the Site Supervisor revealed:</p>	V 536		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2019
NAME OF PROVIDER OR SUPPLIER THE COGNITIVE CONNECTION-BURKE		STREET ADDRESS, CITY, STATE, ZIP CODE 301 EAST MEETING STREET, SUITE 102 MORGANTON, NC 28655		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 536	Continued From page 4 -Hire date was 4/23/18. -NCI (North Carolina Interventions) training was on 4/22/17 with expiration date of 4/30/18. No current documentation of training. Review on 9/9/19 of the personnel record for the Clinical Director revealed: -Hire date was 7/30/18. -NCI (North Carolina Interventions) training was on 4/22/17 with expiration date of 4/30/18. No current documentation of training. Review on 9/9/19 of the personnel record for Counselor #1 revealed: -Hire date was 12/12/17. -No documentation of training in alternatives to restrictive interventions. Review on 9/9/19 of the personnel record for Counselor #2 revealed: -Hire date was 5/20/19. -No documentation of training in alternatives to restrictive interventions. Interview on 9/9/19 with the Chief Executive Officer revealed: -They had an established NCI trainer for 18 years. The change was made to another local mental health provider for training. There was a back log of trainings which resulted in a lapse of training for their staff. -Training for all staff was scheduled for 9/10/19.	V 536		