STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL018-056	A. BUILDING: _____ B. WING _____	C 05/16/2024

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CLAY,WILSON&ASSOC INC DBA THE COGNITIVE CO	929 15TH STREET, NE, SUITES 100, 310, 320, & 330 HICKORY, NC 28601

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V 000	INITIAL COMMENTS A complaint survey was completed on May 16, 2024. The complaint was unsubstantiated (intake #NC00216723). 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. This facility has a current census of 62. The .4400 Substance Abuse Intensive Outpatient Program (SAIOP) has a current census of 55 and the .4500 Substance Abuse Comprehensive Outpatient Treatment Program (SACOT) has a current census of 7. The survey sample consisted of audits of 1 current SAIOP client.	V 000		
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	V 536		

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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.
(e) Formal refresher training must be completed by each service provider periodically (minimum annually).
(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.
(g) Staff shall demonstrate competence in the following core areas:
(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

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behaviors which are unsafe).
(h) Service providers shall maintain documentation of initial and refresher training for at least three years.
(1) Documentation shall include:
(A) who participated in the training and the outcomes (pass/fail);
(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

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V 536	Continued From page 3 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 annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by:	V 536		

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Based on record reviews and interview, the facility failed to ensure 1 of 3 audited staff (Clinician #2) received initial training on alternatives to restrictive interventions prior to providing services and 2 of 3 audited staff (Clinician #1, Staff #3) received refresher training on alternatives to restrictive interventions annually. The findings are:

Review on 5/15/24 and 5/16/24 of Clinician #2's record revealed:
-Date of Hire: 12/4/23.
-No documentation of initial training in alternatives to restrictive interventions.

Review on 5/15/24 and 5/16/24 of Clinician #1's record revealed:
-Date of Hire: 10/16/17.
-Training in National Crisis Intervention Plus (NCI +) Prevention was completed on 5/9/23 with an expiration date of 5/8/24.
-No documentation of annual refresher training in alternatives to restrictive interventions.

Review on 5/15/24 and 5/16/24 of Staff #3's record revealed:
-Date of Hire: 11/1/21.
-Training in NCI + Prevention was completed on 5/9/23 with an expiration date of 5/8/24.
-No documentation of annual refresher training in alternatives to restrictive interventions.

Interview on 5/16/24 with the Chief Operating Officer and Chief Executive Officer revealed:
-The facility did not utilize physical restrictive interventions.
-Staff would call mobile crisis to facilitate a response if necessary.
-Facility staff were trained in alternatives to restrictive interventions by an organization in the

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V 536	Continued From page 5 local area. -The training was offered by the organization twice each year. -Would implement a plan to have more training sessions available and/or have facility staff certified as instructors.	V 536		