Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

NAME OF PROVIDER OR SUPPLIER CLAY,WILSONAASSOC INC DBA THE COGNITIVE CO STREET ADDRESS, DITY, STATE, JP CODE 929 15TH STREET, NE, SUITES 190, 310, 320, & 330 MICKORY, NC 28601 PROVIDER OR ACH PERFORMANCE WASTE REPORTED DAY PILL PROVIDER OR ACH PERFORMANCE PROVIDER OR ACH PERFORMANCE WASTE REPORTED DAY PILL PROVIDER OR ACH PERFORMANCE PROVIDER OR ACH PERFORMANCE A complaint survey was completed on May 16, 2024. The complaint was unsubstandated (Intake #MCOOZ 16723), A deficiency was cited. A complaint survey was completed on May 16, 2024. The complaint was unsubstandated (Intake #MCOOZ 16723), 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. AND CAC 27G. 4500 Substance Abuse Comprehensive Outpatient Treatment Program. AUGUSTAN OF COMPRENSIVE OUTPACH OF THE PROVIDE OF T	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-056		(X2) MULTIPI			
CLAY, WILSONAASSOC INC DBA THE COGNITIVE CO O(4) ID SUMMARY STATEMENT OF DEFICIENCIES PRODUCTION OF DEFICIENCIES PRODUCTION OF DEFICIENCY AND THE PROCESSION OF THE PRODUCTION OF DEFICIENCY AND THE PROCESSION OF THE PROCESSION OF THE PRODUCTION OF DEFICIENCY AND THE PROCESSION OF T			B. WING			
PRETIX TAG VO00 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: 10 A NCAC 276 400 Substance Abuse Intensive Outpatient Program and 10 A NCAC 276 400 Substance Abuse Comprehensive Outpatient Program and 10 A Program (SAICP) has a current census of 62. The4400 Substance Abuse Comprehensive Outpatient Program (SAICP) has a current census of 65 and the .4500 Substance Abuse Comprehensive Outpatient Program (SAICP) has a current census of 65 and the .4500 Substance Abuse Comprehensive Outpatient Program (SAICP) has a current census of 65 and the .4500 Substance Abuse Comprehensive Outpatient Program (SAICP) has a current census of 65 and the .4500 Substance Abuse Comprehensive Outpatient Treatment Program (SAICP) has a current census of 65 and the .4500 Substance Abuse Comprehensive Outpatient Treatment Program (SAICP) has a current census of 65 and the .4500 Substance Abuse Comprehensive Outpatient Program (SAICP) has a current census of 65 and the .4500 Substance Abuse Comprehensive Outpatient Program (SAICP) has a current census of 7. The survey sample consisted of audits of 1 current SAICP client. 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 epople 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 immirent danger of abuse or injuy to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competences, monitor for internal			THE COGNITIVE CO 929 15TH	STREET, NE,		
A complaint survey was completed on May 16, 2024. The complaint was unsubstantiated (intake #NCO0216723). 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 Program. This facility has a current census of 52. The .4400 Substance Abuse Comprehensive Outpatient Program (SAIOP) has a current census of 55 and the .4500 Substance Abuse Comprehensive Outpatient Treatment Program (SAIOP) has a current census of 5.5 and the .4500 Substance Abuse Comprehensive Outpatient Treatment Program (SAIOP) has a current census of 7. The survey sample consisted of audits of 1 current SAIOP client. 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 providers, employees, students or voluntiers, 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	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE COMPLETE
Julie C. Walker CEO 5/31/24	V 536	A complaint survey wa 2024. The complaint of #NC00216723). A def This facility is licensed categories: 10A NCAC Abuse Intensive Outp NCAC 27G .4500 Sub Comprehensive Outpation This facility has a currous .4400 Substance Abuse Program (SAIOP) has the .4500 Substance Abuse Intensity of a substance and demonstrate competer completing training in content of the likelihood of or injury to a person with property damage is present the service Regulation of the Service Regulation in the Service Re	as completed on May 16, was unsubstantiated (intake ficiency was cited. If for the following service C 27G .4400 Substance atient Program and 10A ostance Abuse atient Treatment Program. If the following service C 27G .4400 Substance atient Program and 10A ostance Abuse atient Treatment Program. If the following service C 27G .4400 Substance Abuse atient Treatment Program. If the following service Abuse Comprehensive Program (SACOT) has a he survey sample consisted SAIOP client. If the following service Program (SACOT) has a he survey sample consisted SAIOP client. If the following service Program (SACOT) has a he survey sample consisted SAIOP client. If the following service Program and to Rest. If the following service Program and the following service and the services and size the use of alternatives for services to people with ling service providers, for volunteers, shall ince by successfully communication skills and setting an environment in imminent danger of abuse ith disabilities or others or evented. If the following service is a following service		within 27E .0107 Client Rights - Trai Alt to Rest. Int. Our COO is working with the organization that provides our NCI+ training, Catal Valley Healthcare, in getting 2 staff trained. This will allow our organization new employees when hired an also allow us to provide the refreshed when needed. We currently have a training schedul month with Catawba Valley Healthch provide the refresher training for the members that were reviewed during survey. The COO has worked with the HR Mand the organization has added NCI-New Hire Packet. This will information reviewed with the new hire and the Manager will schedule the training be the new hire provides services. The HR Manager has also added NCI-Annual Evaluation Forms. The emplosupervisor along with the COO will rethe Annual Evaluation and will sched NCI+ refresher training when needed. The COO along with the Workforce Development committee will monitonew hire/annual trainings on a mont basis to ensure that all staff are in compliance. RECEIVEL	zation awba members tion to d it will er training led this are to e staff g this anager to the on will be HR efore + to the yees eview ule the d. The hly
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l '		A. BUILDING:		COMPLETED	
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	MHL018-056	B. WING		05/16/2024	
NAME OF PROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, ST	ATE, ZIP CODE		
CLAY,WILSON&ASSOC INC DBA THE	E COGNITIVE CO 929 15TH S' HICKORY, N		SUITES 100, 310, 320, & 330		
PREFIX (EACH DEFICIENCY MU	EMENT OF DEFICIENCIES IUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
behavior) on those object methods to determine parcourse. (e) Formal refresher training provider annually). (f) Content of the training provider wishes to emploit the Division of MH/DD/S/Paragraph (g) of this Rule (g) Staff shall demonstrate following core areas: (1) knowledge and people being served; (2) recognizing and behavior; (3) recognizing the external stressors that madisabilities; (4) strategies for but relationships with persons (5) recognizing cult organizational factors that disabilities; (6) recognizing the assisting in the person's indecisions about their life; (7) skills in assessing escalating behavior; (8) communication and de-escalating potentiand	rining objectives, ten and by observation of ctives and measurable assing or failing the ining must be completed reperiodically (minimum of that the service or must be approved by AS pursuant to let at competence in the distribution of the distri	V 536			

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. BUILDING	A. BUILDING:			
MHL018-056		B. WING	B. WING		C 05/16/2024	
NAME OF F	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	TATE, ZIP CODE		
CLAY,WIL	SON&ASSOC INC DBA 1	HE COGNITIVE CO	STREET, NE, NC 28601	SUITES 100, 310, 320, & 330		
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	behaviors which are u (h) Service providers documentation of initia at least three years. (1) Documentati (A) who participa outcomes (pass/fail); (B) when and w (C) instructor's r (2) The Division review/request this doc (i) Instructor Qualificat Requirements: (1) Trainers sha by scoring 100% on te aimed at preventing, re need for restrictive inte (2) Trainers shal by scoring a passing g instructor training prog (3) The training s competency-based, inc objectives, measurable observation of behavio measurable methods to failing the course. (4) The content of service provider plans a approved by the Division to Subparagraph (i)(5) (5) Acceptable in shall include but are not (A) understanding (B) methods for the course; (C) methods for operformance; and (D) documentatio	shall maintain al and refresher training for son shall include: ated in the training and the shere they attended; and name; of MH/DD/SAS may cumentation at any time. It demonstrate competence sting in a training program aducing and eliminating the erventions. Il demonstrate competence rade on testing in an	V 536			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			COMPLETED			
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		MHL018-056		B. WING			05/	16/2024
	ROVIDER OR SUPPLIER SON&ASSOC INC DBA 1	THE COGNITIVE CO			ATE, ZIP CODE SUITES 100, 310, 320, & 330			
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V 536	teaching a training pro- reducing and elimination interventions at least of review by the coach. (7) Trainers shall aimed at preventing, repeated for restrictive interventions and the coach. (8) Trainers shall instructor training at legislation of inition training for at least three (1) Docume (A) who participal outcomes (pass/fail); (B) When and Who instructor's request and review the course and review the course which is becompetence by complitation-the-trainer instructors.	ogram aimed at preventing the need for restrictive one time, with positive all teach a training prograteducing and eliminating erventions at least once all complete a refresher east every two years. Shall maintain all and refresher instructore years. Intation shall include: ated in the training and the here attended; and hame. In of MH/DD/SAS may be documentation any time ocaches: all meet all preparation in the program of the control of the control ocached. The control ocached in the documentation of coaching or co	re am the or ne mes	V 536				
	This Rule is not met a	as evidenced by:						

NAME OF PROVIDER OR SUPPLIER CLAY, WILLSON&ASSOC INC DBA THE COGNITIVE CO SITERET ADDRESS. CITY. STATE. ZP CODE 29.15TH STREET I. NE. SUITES 100, 310, 320, & 330 MICKORY, NC 28801 PREPAR REACHED-PICENICY MUST BE PRECEDED BY MULL PREPAR REACHED-PICENICY MUST BE PREPARED BY MULL PREPARED REACHED-PICENICY MUST BE PREPARED BY MULL PREPARED REACHED-PICENICY MUST BE PREPARED BY MULL PREPARED REACHED-PICENICY MUST BE	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED			
NAME OF PROVIDER OR SUPPLIER CLAY,WILSON&ASSOC INC DBA THE COGNITIVE CO SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY PILL. PREPRIX TAG TAG V. 49 ID PREPRIX TAG SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY PILL. TAG V. 536 Continued From page 4 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 #2) received initial 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: 10/16/17. -Training in National Crisis Intervention Plus (NCI +) Prevention was completed on 5/9/23 with an expiration date of 5/9/24. -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 5/9/24. -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 5/9/24. -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							С		
CLAY,WILSONAASSOC INC DBA THE COGNITIVE CO MICHORY, MC 28601			MHL018-056		B. WING			05/16/2024	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 536 Continued From page 4 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 #1.5 taff #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 Grisis 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 5/15/24 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			THE COGNITIVE CO	929 15TH S	STREET, NE, S				
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Cities into a sufficient to an expension in the	V 536	Based on record reviet facility failed to ensure (Clinician #2) received alternatives to restriction providing services and (Clinician #1, Staff #3) on alternatives to restrannually. The findings Review on 5/15/24 and record revealed: -Date of Hire: 12/4/23. -No documentation of alternatives to restriction Review on 5/15/24 and record revealed: -Date of Hire: 10/16/11 -Training in National Coordination of the prevention was correspiration date of 5/8/2. -No documentation of alternatives to restriction Review on 5/15/24 and record revealed: -Date of Hire: 11/1/21. -Training in NCI + Pre 5/9/23 with an expiration of alternatives to restriction alternatives to restriction of alternatives of the province of the restriction of alternatives of the province and the restriction of alternatives of the province and the province an	ews and interview, the extra 1 of 3 audited staff dinitial training on ever interventions prior to display 2 of 3 audited staff or received refresher training in ever interventions. display 5/16/24 of Clinician #2 display 1 of 1 o	's 'S NCI n g in	V 536				

Division of Health Service Regulation

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ C 05/16/2024 B. WING_ MHL018-056 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 929 15TH STREET, NE, SUITES 100, 310, 320, & 330 CLAY, WILSON&ASSOC INC DBA THE COGNITIVE CO HICKORY, NC 28601 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 536 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.

Division of Health Service Regulation STATE FORM

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