



Final Accreditation Report

**Oaklawn Psychiatric Center, Inc.
330 Lakeview Drive
Goshen, IN 46528**

**Organization Identification Number: 3507
60-day Evidence of Standards Compliance Submitted: 2/14/2023**

**ESC Programs Reviewed
Behavioral Health Care and Human Services**

The Joint Commission

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The Joint Commission Executive Summary

Program	Submit Date	Event Outcome	Follow-up Activity	Follow-up Time Frame or Submission Due Date
Behavioral Health Care and Human Services	2/14/2023	No Requirements for Improvement	None	None

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Requirements for Improvement Summary

Program: Behavioral Health Care and Human Services

Standard	Level of Compliance
CTS.02.01.03	Compliant
CTS.02.01.11	Compliant
CTS.02.02.05	Compliant
CTS.03.01.03	Compliant
CTS.03.01.09	Compliant
EC.02.04.03	Compliant
EC.02.05.01	Compliant
EC.02.06.01	Compliant
EM.03.01.03	Compliant
HRM.01.06.01	Compliant
HRM.01.07.01	Compliant
LS.02.01.35	Compliant
NPSG.15.01.01	Compliant
RC.01.02.01	Compliant
RC.02.03.07	Compliant

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Appendix

Standard and EP Text

Program: Behavioral Health Care and Human Services

Standard	EP	Standard Text	EP & Addendum Text
CTS.02.01.03	1	The organization performs screenings and assessments as defined by the organization's policy.	The organization assesses each individual served in accordance with organization policy.
CTS.02.01.11	1	The organization screens all individuals served for their nutritional status.	The organization screens all individuals served to identify those for whom a nutritional assessment is indicated. At a minimum, the screening includes questions about the following: <ul style="list-style-type: none"> - Food allergies - Weight loss or gain of 10 pounds or more in the last 3 months - Decrease in food intake and/or appetite - Dental problems - Eating habits or behaviors that may be indicators of an eating disorder, such as bingeing or inducing vomiting
CTS.02.02.05	2	The organization identifies individuals who may have experienced trauma, abuse, neglect, or exploitation.	The organization identifies individuals who may have experienced trauma, abuse, neglect, or exploitation during initial screening and assessment and on an ongoing basis. Note: For child welfare: The agency also identifies family members, including from the family of origin and/or resource family, who may have experienced trauma, abuse, neglect, or exploitation. The agency defines which family members to include in this process.
CTS.03.01.03	1	The organization has a plan for care, treatment, or services that reflects the assessed needs, strengths, preferences, and goals of the individual served.	The organization develops a plan for care, treatment, or services that reflects the assessed needs, strengths, preferences, and goals of the individual served.
CTS.03.01.09	2	The organization assesses the outcomes of care, treatment, or services provided to the individual served.	The organization gathers and analyzes the data generated through standardized monitoring, and the results are used to inform the goals and objectives of the individual's plan for care, treatment, or services as needed.
EC.02.04.03	3	The organization inspects, tests, and maintains medical equipment.	The organization has a process for inspecting, testing as needed, and maintaining all medical equipment that it owns and operates, which is based on manufacturers' recommendations, risk levels, or current organization experience. These activities are documented. Note: This process does not encompass medical equipment owned by individuals served or other organizations.
EC.02.05.01	9	The organization manages risks associated with its utility systems.	The organization labels utility system controls to facilitate partial or complete emergency shutdowns.

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Standard	EP	Standard Text	EP & Addendum Text
			<p>Note 1: Examples of utility system controls that should be labeled are utility source valves, utility system main switches and valves, and individual circuits in an electrical distribution panel.</p> <p>Note 2: For example, the fire alarm system's circuit is clearly labeled as Fire Alarm Circuit; the disconnect method (that is, the circuit breaker) is marked in red; and access is restricted to authorized personnel.</p> <p>Information regarding the dedicated branch circuit for the fire alarm panel is located in the control unit. For additional guidance, see NFPA 101-2012: 18/19.3.4.1; 9.6.1.3; NFPA 72-2010: 10.5.5.2.</p>
EC.02.06.01	26	The organization establishes and maintains a safe, functional environment.	The organization keeps furnishings and equipment safe and in good repair.
EM.03.01.03	3	The organization evaluates the effectiveness of its Emergency Management Plan.	<p>The organization conducts an exercise to test the emergency plan at least annually.</p> <p>Every other year, the organization's annual exercise is selected from one of the following:</p> <ul style="list-style-type: none"> - A full-scale, community-based exercise. - When a community-based exercise is not possible, a facility-based, functional exercise. - If the organization experiences an actual emergency (natural or man-made) that requires activation of the emergency plan, the organization is exempt from engaging in its next required full-scale, community-based exercise or facility-based, functional exercise following the onset of the emergency event. <p>In the opposite year, the organization's annual exercise includes, but is not limited to, one of the following:</p> <ul style="list-style-type: none"> - A second full-scale, community-based exercise - A second facility-based, functional exercise - Mock disaster drill - Tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan <p>Note: See the Glossary for the definitions of community-based exercise, full-scale exercise, and functional exercise.</p>
HRM.01.06.01	3	Staff are competent to perform their job duties and responsibilities.	The organization conducts an initial assessment of staff competence. This assessment is documented.
HRM.01.07.01	2	The organization evaluates staff performance.	The organization evaluates staff performance in accordance with law and regulation and organization policy, but at least once every three years. This evaluation is documented.
LS.02.01.35	14	The organization provides and maintains systems for extinguishing fires.	The organization meets all other Life Safety Code automatic extinguishing

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Standard	EP	Standard Text	EP & Addendum Text
		Note: This standard applies to behavioral health care settings that provide sleeping arrangements as a required part of their care, treatment, or services and that lock doors to prohibit individuals served from leaving the building or space.	requirements related to NFPA 101-2012: 18/19.3.5.
NPSG.15.01.01	1	Reduce the risk for suicide.	<p>The organization conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide and takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging).</p> <p>Note: Noninpatient behavioral health care and human services settings and unlocked inpatient units do not need to be ligature resistant. The expectation for these settings is to conduct a risk assessment to identify potential environmental hazards to individuals served, identify individuals who are at high risk for suicide, and take action to safeguard these individuals from the environmental risks (for example, continuous monitoring in a safe location while awaiting transfer to higher level of care and removing objects from the room that can be used for self-harm).</p>
NPSG.15.01.01	3	Reduce the risk for suicide.	<p>Use an evidence-based process to conduct a suicide assessment of individuals served who have screened positive for suicidal ideation. The assessment directly asks about suicidal ideation, plan, intent, suicidal or self-harm behaviors, risk factors, and protective factors.</p> <p>Note: EPs 2 and 3 can be satisfied through the use of a single process or instrument that simultaneously screens individuals served for suicidal ideation and assesses the severity of suicidal ideation.</p>
NPSG.15.01.01	5	Reduce the risk for suicide.	<p>Follow written policies and procedures addressing the care of individuals served identified as at risk for suicide. At a minimum, these should include the following:</p> <ul style="list-style-type: none"> - Training and competence assessment of staff who care for individuals served at risk for suicide - Guidelines for reassessment - Monitoring individuals served who are at high risk for suicide
RC.01.02.01	4	Entries in the clinical/case record are authenticated.	<p>Entries in the clinical/case record are authenticated by the author. Information introduced into the clinical/case record through transcription or dictation is authenticated by the author.</p> <p>Note 1: Authentication can be verified through electronic signatures, written signatures or initials, rubber-stamp signatures, or computer key.</p> <p>Note 2: For paper-based records, signatures entered for purposes of authentication after transcription or for verbal orders are dated when required by law or regulation or organization policy. For electronic records, electronic signatures will be date-stamped.</p>
RC.02.03.07	4	Qualified staff receive and record verbal orders.	Verbal orders are authenticated within the time frame specified by law and

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Standard	EP	Standard Text	EP & Addendum Text
		Note: Verbal orders may include medication, laboratory tests, dietary, or restraint and seclusion.	regulation.