



December 4, 2024

Sara Walker, MD  
Interim-Superintendent  
Oregon State Hospital  
2600 Center Street NE ,  
Salem, OR 97301-2682

Joint Commission ID: 3104  
Program: Behavioral Health Care and Human Services  
Accreditation Activity: 60-day Evidence of Standards  
Compliance  
Accreditation Activity Completed: 11/25/2024

Dear Dr. Walker:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual noted below:

**Comprehensive Accreditation Manual for Behavioral Health Care and Human Services**

This accreditation cycle is effective beginning September 25, 2024 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on the Find Accredited Organizations page of our website.

Congratulations on your achievement.

Sincerely,

A handwritten signature in black ink, appearing to read "Ken Grubbs".

Ken Grubbs, DNP, MBA, RN  
Executive Vice President and Chief Nursing Officer  
Division of Accreditation and Certification Operations



December 4, 2024

Sara Walker, MD  
Interim-Superintendent  
Oregon State Hospital  
2600 Center Street NE ,  
Salem, OR 97301-2682

Joint Commission ID: 3104  
Program: Hospital Accreditation  
Accreditation Activity: 60-day Evidence of Standards  
Compliance  
Accreditation Activity Completed: 11/25/2024

Dear Dr. Walker:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual noted below:

**Comprehensive Accreditation Manual for Hospitals**

This accreditation cycle is effective beginning September 28, 2024 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

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Executive Vice President and Chief Nursing Officer  
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**Final Accreditation Report**

**Oregon State Hospital  
2600 Center Street NE  
Salem, OR 97301-2682**

**Organization Identification Number: 3104  
60-day Evidence of Standards Compliance Submitted: 11/25/2024**

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

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## The Joint Commission Executive Summary

<b>Program</b>	<b>Submit Date</b>	<b>Event Outcome</b>	<b>Follow-up Activity</b>	<b>Follow-up Time Frame or Submission Due Date</b>
<b>Hospital</b>	11/25/2024	No Requirements for Improvement	None	None
<b>Behavioral Health Care and Human Services</b>	11/25/2024	No Requirements for Improvement	None	None

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## The Centers for Medicaid and Medicare Services (CMS) Summary

**Program: Hospital**

CoP(s)	Tag	CoP Score
§482.15	E-0001	Compliant
§482.15(e)(2)	E-0041	Compliant
§482.22	A-0338	Compliant
§482.22(c)(5)(i)	A-0358	Compliant
§482.41	A-0700	Compliant
§482.41(a)	A-0701	Compliant
§482.41(b)(1)(i)	A-0710	Compliant
§482.41(d)(2)	A-0724	Compliant
§482.41(d)(4)	A-0726	Compliant
§482.42	A-0747	Compliant
§482.42(a)(3)	A-0750	Compliant
§482.42(a)(4)	A-0751	Compliant
§482.61	A-1620	Compliant
§482.61(a)(5)	A-1626	Compliant
§482.61(b)(3)	A-1633	Compliant
§482.61(b)(6)	A-1636	Compliant
§482.61(c)(1)(iii)	A-1643	Compliant

## The Joint Commission Requirements for Improvement Summary

Program: Hospital

Standard	Level of Compliance
<a href="#">EC.02.02.01</a>	Compliant
<a href="#">EC.02.03.05</a>	Compliant
<a href="#">EC.02.04.03</a>	Compliant
<a href="#">EC.02.05.01</a>	Compliant
<a href="#">EC.02.05.07</a>	Compliant
<a href="#">EC.02.06.01</a>	Compliant
<a href="#">IC.04.01.01</a>	Compliant
<a href="#">IC.06.01.01</a>	Compliant
<a href="#">LS.02.01.10</a>	Compliant
<a href="#">LS.02.01.20</a>	Compliant
<a href="#">LS.02.01.35</a>	Compliant
<a href="#">LS.02.01.50</a>	Compliant
<a href="#">LS.02.01.70</a>	Compliant
<a href="#">PC.01.02.03</a>	Compliant
<a href="#">PC.01.02.13</a>	Compliant
<a href="#">PC.01.03.01</a>	Compliant
<a href="#">PC.02.01.11</a>	Compliant
<a href="#">PC.02.02.03</a>	Compliant
<a href="#">RC.02.03.07</a>	Compliant
<a href="#">WT.04.01.01</a>	Compliant

# The Joint Commission Requirements for Improvement Summary

Program: Behavioral Health Care and Human Services

Standard	Level of Compliance
<a href="#">LD.04.01.07</a>	Compliant
<a href="#">NPSG.15.01.01</a>	Compliant



# The Joint Commission

## Appendix

### Standard and EP Text

#### Program: Hospital

Standard	EP	Standard Text	EP & Addendum Text
EC.02.02.01	5	The hospital manages risks related to hazardous materials and waste.	The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.
EC.02.03.05	1	The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.	The hospital tests supervisory signal devices on the inventory in accordance with the following time frames: - Quarterly for pressure supervisory indicating devices (including both high and low-air pressure switches), water level supervisory indicating devices, water temperature supervisory indicating devices, room temperature supervisory indicating devices, and other suppression system supervisory initiating devices - Semiannually for valve supervisory switches - Annually for other supervisory initiating devices The results and completion dates are documented. Note 1: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5. Note 2: Water storage tanks and associated water storage equipment do not require testing.
EC.02.03.05	2	The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.	Every 6 months, the hospital tests vane-type and pressure-type water flow devices and valve tamper switches on the inventory. The results and completion dates are documented. Note 1: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5. Note 2: Mechanical water flow devices (including, but not limited to, water motor gongs) should be tested quarterly. The results and completion dates are documented. (For full text, refer to NFPA 25-2011: Table 5.1.1.2)
EC.02.04.03	3	The hospital inspects, tests, and maintains medical equipment.	The hospital inspects, tests, and maintains non-high-risk equipment identified on the medical equipment inventory. These activities are documented.
EC.02.05.01	16	The hospital manages risks associated with its utility systems.	In non-critical care areas, the ventilation system provides required pressure relationships, temperature, and humidity. Note: Examples of non-critical care areas are general care nursing units; clean and soiled utility rooms in acute care areas; laboratories, pharmacies, diagnostic and treatment areas, food preparation areas, and other support departments.

## The Joint Commission

Standard	EP	Standard Text	EP & Addendum Text
EC.02.05.01	23	The hospital manages risks associated with its utility systems.	<p>Power strips in a patient care vicinity are only used for components of movable electrical equipment assemblies used for patient care. These power strips meet UL 1363A or UL 60601-1. Power strips used outside of a patient care vicinity, but within the patient care room, meet UL 1363. In non-patient care rooms, power strips meet other UL standards. (For full text, refer to NFPA 99-2012: 10.2.3.6; 10.2.4; NFPA 70-2011: 400-8; 590.3 (D); Tentative Interim Amendment [TIA] 12-5)</p> <p>Note 1: The mounting of power strips to medical equipment assemblies or the reconfiguration of equipment powered by power strips in a medical equipment assembly must be performed by personnel who are qualified to make certain that this is done in accordance with NFPA 99-2012: 10.2.3.6.</p> <p>Note 2: Per NFPA 99-2012: 3.3.138, patient care room is defined as any room of a health care facility wherein patients are intended to be examined or treated. Per NFPA 99-2012: 3.3.139, patient care vicinity is defined as a space, within a location intended for the examination and treatment of patients, extending 1.8 meters (6 feet) beyond the normal location of the bed, chair, table, treadmill, or other device that supports the patient during examination and treatment and extending vertically to 2.3 meters (7 feet, 6 inches) above the floor.</p> <p>Note 3: In new facilities, the number of receptacles shall be in accordance with NFPA 99-2012: 6.3.2.2.6.2. If patient bed locations in existing health care facilities undergo renovation or a change in occupancy, the number of receptacles must be increased to meet the requirements of NFPA 99-2012: 6.3.2.2.6.2 to eliminate the need for power strips.</p>
EC.02.05.01	24	The hospital manages risks associated with its utility systems.	<p>Extension cords are not used as a substitute for fixed wiring in a building. Extension cords used temporarily are removed immediately upon completion of the intended purpose. (For full text, refer to NFPA 99-2012: 10.2.3.6; 10.2.4; NFPA 70-2011: 400-8; 590.3(D); Tentative Interim Amendment [TIA] 12-5)</p>
EC.02.05.07	4	<p>The hospital inspects, tests, and maintains emergency power systems.</p> <p>Note: This standard does not require hospitals to have the types of emergency power equipment discussed below. However, if these types of equipment exist within the building, then the following maintenance, testing, and inspection requirements apply.</p>	<p>Every week, the hospital inspects the emergency power supply system (EPSS), including all associated components and batteries. The results and completion dates of the inspections are documented. (For full text, refer to NFPA 110-2010: 8.3.1; 8.3.3; 8.3.4; 8.3.7; 8.4.1)</p>
EC.02.05.07	7	<p>The hospital inspects, tests, and maintains emergency power systems.</p> <p>Note: This standard does not require hospitals to have the types of emergency power equipment discussed below. However, if these types of equipment exist within the building, then the following maintenance, testing, and inspection requirements apply.</p>	<p>At least monthly, the hospital tests all automatic and manual transfer switches on the inventory. The test results and completion dates are documented. (For full text, refer to NFPA 99-2012: 6.4.4.1)</p>
EC.02.06.01	26	<p>The hospital establishes and maintains a safe, functional environment.</p> <p>Note: The environment is constructed, arranged, and maintained to foster</p>	<p>The hospital keeps furnishings and equipment safe and in good repair.</p>

## The Joint Commission

Standard	EP	Standard Text	EP & Addendum Text
		patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.	
IC.04.01.01	5	The hospital has a hospitalwide infection prevention and control program for the surveillance, prevention, and control of health care–associated infections (HAIs) and other infectious diseases.	The infection prevention and control program reflects the scope and complexity of the hospital services provided by addressing all locations, patient populations, and staff. (See also LD.01.03.01, EP 27)
IC.06.01.01	3	The hospital implements its infection prevention and control program through surveillance, prevention, and control activities.	The hospital implements activities for the surveillance, prevention, and control of health care–associated infections and other infectious diseases, including maintaining a clean and sanitary environment to avoid sources and transmission of infection, and addresses any infection control issues identified by public health authorities that could impact the hospital. (See also NPSG.07.01.01, EP 1)
LS.02.01.10	14	Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.	The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fire-rated material. Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text, refer to NFPA 101-2012: 8.3.5)
LS.02.01.20	13	The hospital maintains the integrity of the means of egress.	An exit enclosure is not used for any purpose that has the potential to interfere with its use as an exit and, if so designated, as an area of refuge. Open space within the exit enclosure is not used for any purpose that has the potential to interfere with egress. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 7.1.3.2.3; 7.2.2.5.3.1)
LS.02.01.35	4	The hospital provides and maintains systems for extinguishing fires.	Piping for approved automatic sprinkler systems is not used to support any other item. (For full text, refer to NFPA 25-2011: 5.2.2.2)
LS.02.01.35	5	The hospital provides and maintains systems for extinguishing fires.	Sprinklers are not damaged. They are also free from corrosion, foreign materials, and paint and have necessary escutcheon plates installed. (For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.5; NFPA 25-2011: 5.2.1.1.1; 5.2.1.1.2; NFPA 13-2010: 6.2.6.2.2; 6.2.7.1)
LS.02.01.35	14	The hospital provides and maintains systems for extinguishing fires.	The hospital meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012: 18/19.3.5.
LS.02.01.50	1	The hospital provides and maintains building services to protect individuals from the hazards of fire and smoke.	Equipment using gas or gas piping complies with NFPA 54-2012, National Fuel Gas Code; electrical wiring and equipment complies with NFPA 70-2012, National Electric Code. Existing installations can continue in service provided there are no life-threatening hazards. (For full text, refer to NFPA 101-2012: 18/19.5.1.1; 9.1.1; 9.1.2)
LS.02.01.70	6	The hospital provides and maintains operating features that conform to fire and smoke prevention requirements.	Soiled linen and trash receptacles larger than 32 gallons are stored in a room protected as a hazardous area. (For full text, refer to NFPA 101-2012: 18/19.7.5.7) Note: Containers that are 96 gallons or less and are labeled and listed as meeting the requirements of FM Approval Standard 6921 (or equivalent)

## The Joint Commission

Standard	EP	Standard Text	EP & Addendum Text
			and are used solely for recycling clean waste (including patient records awaiting destruction) are permitted in an unprotected area. Those containers that are greater than 96 gallons are stored in a hazardous storage area.
PC.01.02.03	4	The hospital assesses and reassesses the patient and the patient's condition according to defined time frames.	<p>The patient receives a medical history and physical examination no more than 30 days prior to, or within 24 hours after, registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services.</p> <p>Note 1: For hospitals that use Joint Commission accreditation for deemed status purposes: Medical histories and physical examinations are performed as required in this element of performance, except any specific outpatient surgical or procedural services for which an assessment is performed instead.</p> <p>Note 2: For law and regulation guidance pertaining to the medical history and physical examination, refer to 42 CFR 482.22(c)(5)(iii) and 482.51(b)(1)(iii). Refer to "Appendix A: Medicare Requirements for Hospitals" (AXA) for full text. (See also MS.01.01.01, EP 38; MS.03.01.01, EPs 6, 19; RC.02.01.03, EP 3)</p>
PC.01.02.13	2	The hospital assesses the needs of patients who receive treatment for emotional and behavioral disorders.	<p>Patients who receive treatment for emotional and behavioral disorders receive an assessment that includes the following:</p> <ul style="list-style-type: none"> <li>- Current mental, emotional, and behavioral functioning</li> <li>- Maladaptive or other behaviors that create a risk to the patient or others</li> <li>- Mental status examination</li> <li>- For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Reason for admission as stated by the patient and/or others significantly involved in the patient's care</li> <li>- For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Onset of the patient's illness and circumstances leading to admission</li> <li>- For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Inventory of the patient's strengths and disabilities (such as psychiatric, biopsychosocial problems requiring treatment/intervention) written in a descriptive manner on which to base a treatment plan</li> </ul>
PC.01.02.13	6	The hospital assesses the needs of patients who receive treatment for emotional and behavioral disorders.	<p>Based on the patient's age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following:</p> <ul style="list-style-type: none"> <li>- A psychiatric evaluation</li> <li>- Psychological assessments, including intellectual, projective, neuropsychological, and personality testing</li> <li>- For psychiatric hospitals that use Joint Commission accreditation for</li> </ul>

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Standard	EP	Standard Text	EP & Addendum Text
			deemed status purposes: Complete neurological examination at the time of the admission physical examination, when indicated (For more information on physical examination, see PC.01.02.03, EP 4)
PC.01.03.01	6	The hospital plans the patient's care.	For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The written plan of care includes the following: - A substantiated diagnosis (The substantiated diagnosis is the diagnosis identified by the treatment team to be the primary focus upon which treatment planning will be based. It evolves from the synthesis of data from various disciplines. The substantiated diagnosis may be the same as the initial diagnosis or it may differ, based on new information and assessment.) - Documentation to justify the diagnosis and the treatment and rehabilitation activities carried out - Documentation that demonstrates all active therapeutic efforts are included - The specific treatment modalities used to treat the patient
PC.02.01.11	2	Resuscitative services are available throughout the hospital.	Resuscitation equipment is available for use based on the needs of the population served. Note: For example, if the hospital has a pediatric population, pediatric resuscitation equipment should be available.
PC.02.02.03	11	The hospital makes food and nutrition products available to its patients.	The hospital stores food and nutrition products, including those brought in by patients or their families, using proper sanitation, temperature, light, moisture, ventilation, and security.
RC.02.03.07	4	Qualified staff receive and record verbal orders.	Verbal orders are authenticated within the time frame specified by law and regulation.
WT.04.01.01	2	The hospital performs quality control checks for waived testing on each procedure. Note: Internal quality controls may include electronic, liquid, or control zone. External quality controls may include electronic or liquid.	The documented quality control rationale for waived testing is based on the following: - How the test is used - Reagent stability - Manufacturers' recommendations - The hospital's experience with the test - Currently accepted guidelines

### Program: Behavioral Health Care and Human Services

Standard	EP	Standard Text	EP & Addendum Text
LD.04.01.07	1	The organization has policies and procedures that guide and support care, treatment, or services.	Leaders review, approve, and manage the implementation of policies and procedures that guide and support care, treatment, or services.

## The Joint Commission

Standard	EP	Standard Text	EP & Addendum Text
NPSG.15.01.01	5	Reduce the risk for suicide.	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: <ul style="list-style-type: none"> <li>- Training and competence assessment of staff who care for individuals served at risk for suicide</li> <li>- Guidelines for reassessment</li> <li>- Monitoring individuals served who are at high risk for suicide</li> </ul>

# The Joint Commission

## Appendix

### Report Section Information

#### **CMS Summary Description**

For organizations that utilize The Joint Commission for deeming purposes, observations noted within the Requirements for Improvement (RFI) section that are crosswalked to a CMS Condition of Participation (CoP)/Condition for Coverage (CfC) are highlighted in this section. The table included within this section incorporates, from a Centers for Medicare and Medicaid Services (CMS) perspective, the CoPs/CfCs that were noted as noncompliant during the survey, the Joint Commission standard and element of performance the CoP/CfC is associated with, the CMS score (either Standard or Condition Level), and if the standard and EP will be included in an upcoming Medicare Deficiency Survey (MEDDEF) if applicable.