



## Final Accreditation Report

**Jones Wellness Center, PLLC  
15995 N Barkers Landing Rd, Ste 370  
Houston, TX 77079**

**Organization Identification Number: 688744  
60-day Evidence of Standards Compliance Submitted: 12/1/2023**

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

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### Executive Summary

Program	Submit Date	Event Outcome	Follow-up Activity	Follow-up Time Frame or Submission Due Date
Behavioral Health Care and Human Services	12/1/2023	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
<a href="#">CTS.02.03.09</a>	Compliant
<a href="#">CTS.03.01.01</a>	Compliant
<a href="#">CTS.03.01.03</a>	Compliant
<a href="#">CTS.03.01.09</a>	Compliant
<a href="#">CTS.04.01.01</a>	Compliant
<a href="#">CTS.04.02.17</a>	Compliant
<a href="#">CTS.04.02.29</a>	Compliant
<a href="#">EM.01.01.01</a>	Compliant
<a href="#">EM.03.01.03</a>	Compliant
<a href="#">HRM.01.02.01</a>	Compliant
<a href="#">HRM.01.03.01</a>	Compliant
<a href="#">HRM.01.06.01</a>	Compliant
<a href="#">IC.01.03.01</a>	Compliant
<a href="#">IC.02.04.01</a>	Compliant
<a href="#">LD.03.01.01</a>	Compliant
<a href="#">LD.04.01.07</a>	Compliant
<a href="#">LD.04.02.03</a>	Compliant
<a href="#">NPSG.15.01.01</a>	Compliant
<a href="#">PI.01.01.01</a>	Compliant

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**Appendix**  
**Standard and EP Text**

**Program: Behavioral Health Care and Human Services**

<b>Standard</b>	<b>EP</b>	<b>Standard Text</b>	<b>EP &amp; Addendum Text</b>
CTS.02.03.09	2	<p>For organizations providing care, treatment, or services to individuals with eating disorders: The organization assesses the individual's food-related behaviors. (For more information, refer to Standard CTS.04.02.17)</p> <p>Note: This standard applies to all individuals with eating disorders regardless of setting.</p>	For organizations providing care, treatment, or services to individuals with eating disorders: The organization includes family observations regarding the individual's food-related behavior in the assessment, when available.
CTS.03.01.01	4	<p>The organization bases the planned care, treatment, or services on the needs, strengths, preferences, and goals of the individual served.</p> <p>Note: For opioid treatment programs: Methadone has well-documented effects on several systems, including the respiratory, nervous, and cardiac systems, and the liver. In addition, many medications including methadone can act to increase the QT interval on an electrocardiogram and potentially lead to torsades de pointes, a potentially life-threatening cardiac arrhythmia. Therefore, it is important for the program physician to consider all of the medications the patient is currently taking (including actual versus prescribed doses, illicit drugs, medically active adulterants potentially present in illicit substances, and medically active over-the-counter or natural remedies). Given consideration of this information, the program physician can determine whether the treatment drug will be methadone, buprenorphine, or another medication and whether the treatment indicated for the patient is induction, detoxification, or maintenance.</p>	Planning for care, treatment, or services includes interventions and services necessary to meet the identified goals.
CTS.03.01.03	2	<p>The organization has a plan for care, treatment, or services that reflects the assessed needs, strengths, preferences, and goals of the individual served.</p>	<p>The plan for care, treatment, or services includes the following:</p> <ul style="list-style-type: none"> <li>- Goals that are expressed in a manner that captures the individual's words or ideas</li> <li>- Goals that build on the individual's strengths</li> <li>- Factors that support the transition to community integration when identified as a need during assessment</li> <li>- The criteria and process for the individual's expected successful transfer and/or discharge/termination of services, which the organization discusses with the individual (For more information, refer to Standard CTS.06.02.01)</li> </ul> <p>Note 1: Barriers that might need to be considered include co-occurring illnesses, cognitive and communicative disorders, developmental disabilities, vision or hearing disabilities, physical disabilities, and social and environmental factors.</p> <p>Note 2: For opioid treatment programs: For patients receiving interim</p>

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Standard	EP	Standard Text	EP & Addendum Text
			maintenance treatment, neither an initial treatment plan nor a periodic treatment plan evaluation is required.
CTS.03.01.03	3	The organization has a plan for care, treatment, or services that reflects the assessed needs, strengths, preferences, and goals of the individual served.	<p>The objectives of the plan for care, treatment, or services meet the following criteria:</p> <ul style="list-style-type: none"> <li>- They are based on identified goals</li> <li>- They include identified steps to achieve the goal(s)</li> <li>- They are sufficiently specific to assess the progress of the individual served</li> <li>- They are expressed in terms that provide indices of progress</li> </ul>
CTS.03.01.09	1	The organization assesses the outcomes of care, treatment, or services provided to the individual served.	<p>The organization uses a standardized tool or instrument to monitor the individual's progress in achieving the individual's care, treatment, or service goals.</p> <p>Note: Ideally, the tool or instrument monitors progress from the individual's perspective. The tool or instrument may be focused on a population or diagnostic category (such as depression or anxiety), or the tool or instrument may have a more global focus such as general distress, functional status, quality of life (especially in regard to intellectual/developmental disabilities and other physical and/or sensory disabilities), well-being, or permanency (especially in regard to foster care or other out-of-home care for children and youth).</p>
CTS.04.01.01	7	The organization coordinates the care, treatment, or services provided to an individual served as part of the plan for care, treatment, or services and in a manner consistent with the organization's scope of care, treatment, or services. (For more information, refer to Standard CTS.03.01.07.)	For organizations that provide eating disorders care, treatment, or services: If during the course of care, treatment, or services the individual served is transferred to a hospital, the organization provides the hospital with a clinical contact person who can provide information relevant to the individual's eating disorder in support of the individual's care, treatment, or services.
CTS.04.02.17	2	For organizations providing care, treatment, or services to individuals with eating disorders: The organization monitors the individual's weight and food-related behaviors. (Refer to CTS.02.03.09 for more information) Note: This standard applies to all individuals with eating disorders regardless of setting.	For organizations providing care, treatment, or services to individuals with eating disorders: The organization monitors the individual's food-related behaviors.
CTS.04.02.29	1	For organizations that provide eating disorders care, treatment, or services: The multidisciplinary care, treatment, or services team supports the continuity and provision of care, treatment, or services.	<p>For organizations that provide eating disorders care, treatment, or services: The organization has a multidisciplinary care, treatment, or services team that consists of at least the following:</p> <ul style="list-style-type: none"> <li>- A licensed clinician with experience and/or training in treating eating disorders</li> <li>- A doctor of medicine or osteopathy with experience and/or training in treating eating disorders, either on staff or available to the team during regular hours of operation. If individuals served are under the age of 13, the MD or DO is a pediatrician. If the MD or DO is not on staff, an advanced practice nurse with experience and/or training in treating eating</li> </ul>

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Standard	EP	Standard Text	EP & Addendum Text
			<p>disorders and licensed to prescribe medications is on staff.</p> <ul style="list-style-type: none"> <li>- A psychiatrist or clinical psychologist with experience and/or training in treating eating disorders, either on staff or available to the team 24 hours a day, 7 days a week</li> <li>- A registered dietitian</li> <li>- A registered nurse, unless there is an advanced practice nurse on staff</li> </ul> <p>Note: The MD or DO who is part of the team does not need to be employed by the organization or on the organization's staff, but the organization does need to have an established relationship with an MD or DO who has experience or training in treating eating disorders to whom the organization can refer individuals when needed. The MD or DO could be the individual's primary care physician, if the MD or DO has experience or training in treating eating disorders.</p>
EM.01.01.01	2	The organization engages in planning activities prior to developing its Emergency Management Plan.	<p>The organization identifies potential emergencies that could affect demand for its services or its ability to provide those services.</p> <p>Note: Some organizations refer to this process of identifying potential emergencies as a hazard vulnerability analysis (HVA). Organizations have flexibility in creating either a single HVA that accurately reflects all locations where individuals are served by the organization, or multiple HVAs for the different locations where individuals are served. Some remote sites may be significantly different from the main site (for example, in terms of hazards and population served); in such situations, a separate HVA is appropriate. (See also IC.01.06.01, EP 4)</p>
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"> <li>- A full-scale, community-based exercise.</li> <li>- When a community-based exercise is not possible, a facility-based, functional exercise.</li> <li>- 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.</li> </ul> <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"> <li>- A second full-scale, community-based exercise</li> <li>- A second facility-based, functional exercise</li> <li>- Mock disaster drill</li> <li>- Tabletop exercise or workshop that is led by a facilitator and includes a</li> </ul>

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Standard	EP	Standard Text	EP & Addendum Text
			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 Note: See the Glossary for the definitions of community-based exercise, full-scale exercise, and functional exercise.
HRM.01.02.01	7	The organization verifies and evaluates staff qualifications.	The organization queries the National Practitioner Data Bank (NPDB) for information on physicians and dentists at the time of hire, and at least every three years thereafter or within the period required by law and regulation if shorter.
HRM.01.03.01	3	The organization provides orientation to staff.	The organization orients staff on the following: - Policies and procedures related to job duties and responsibilities. - Their specific job duties and responsibilities. - Sensitivity to cultural diversity based on their job duties and responsibilities. Note: Sensitivity to cultural diversity means being aware of and respecting cultural differences. This does not mean that staff have to be conversant with every culture that they may encounter in the organization. - The rights of individuals served, including the ethical aspects of care, treatment, or services. Completion of this orientation is documented. (See also IC.02.01.01, EP 7; RI.01.07.03, EP 5)
HRM.01.06.01	1	Staff are competent to perform their job duties and responsibilities.	For each of its programs or services, the organization defines the competencies it requires of staff members who provide care, treatment, or services. Note: Competencies may be based on the programs or services provided and the populations served. (See also NPSG.03.06.01, EP 3)
IC.01.03.01	1	The organization identifies risks for acquiring and spreading infections.	The organization identifies infection risks based on the following: - Its setting and population served - The care, treatment, or services it provides - For 24-hour care settings: Its monitoring of infection prevention and control activities and/or tracking and analyzing the occurrence of infections Note 1: The infections that should be tracked are those that are most relevant to the organization's setting, services, and population(s). The organization may contact its local health department for statistics and other information on some infections, and track other infections internally. For example, an organization may decide to track conjunctivitis itself but rely on health department statistics related to tuberculosis. Note 2: The risk of infection will vary across behavioral health care or human services settings. For example, infection risks in group homes, day treatment programs, foster care homes, and couples counseling will vary by hours of contact, number of individuals served, and location and type of

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			service.
IC.02.04.01	4	The organization facilitates staff receiving the influenza vaccination. Note: This standard is not applicable to staff providing care, treatment, or services off site through telephone consultation or technology-based services.	The organization includes in its infection control plan the goal of improving influenza vaccination rates. (For more information, refer to Standard IC.01.04.01.)
LD.03.01.01	1	Leaders create and maintain a culture of safety and quality throughout the organization.	Leaders regularly evaluate the culture of safety and quality.
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.
LD.04.02.03	8	Ethical principles guide the organization's business practices.	For organizations that provide eating disorders care, treatment, or services: The organization's program materials indicate the following: <ul style="list-style-type: none"> <li>- The program's setting(s), scope of services, and population(s) served</li> <li>- Availability of and/or the process for transfer to other settings of care, if necessary, such as acute hospital, psychiatric facility, or other setting</li> <li>- Pertinent information regarding availability of care, treatment, or services based on particular population characteristics (for example, only one half of available beds are open to adolescents; only females are served by the program; individuals must treat chemical dependency issues prior to entering program)</li> <li>- Description of the members of the multidisciplinary team providing care, treatment, or services</li> </ul>
NPSG.15.01.01	4	Reduce the risk for suicide.	Document individuals' overall level of risk for suicide and the plan to mitigate the risk for suicide.
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>
PI.01.01.01	14	The organization collects data to monitor its performance.	The organization collects data on the following: <ul style="list-style-type: none"> <li>- Whether the individual served was asked about treatment goals and needs</li> <li>- Whether the individual served was asked if their treatment goals and needs were met</li> <li>- The view of the individual served regarding how the organization can improve the safety of the care, treatment, or services provided</li> </ul> Note: Collecting data from the individual served supports the concepts of being focused on trauma-informed care, recovery, and resilience and is a significant data source for organization performance improvement. (See

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Standard	EP	Standard Text	EP & Addendum Text
			also RI.01.01.01, EP 17)