CDPH Orange District Office Received 10/17/22

PRINTED: 10/07/2022 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION 6:	(X3) DATE SURVEY COMPLETED	
	The physical articles to the second and the second	CA060000011	8. WING		09	23/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DORESS, CITY,	STATE, ZIP CODE		
FOUNTA	AIN VALLEY REGIONA	L HOSPITAL & M	ICLID STRE N VALLEY,			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
E 000	Initial Comments		E 000			
	The following reflect Department of Publi Investigation of CON CA00797380.					
		ed to the specific complaint not represent the findings of ne facility.	and secularies for the control of th			The Market of the Control of the Con
	Representing the Ca Health: Surveyor 37	alifornia Department of Public 722, HFEN.				e contains approprie
	SUBSTANTIATE TH	INDINGS WERE CITED AT		· ·		
The second secon	GLOSSARY OF ABE DEFINITIONS:	REVIATIONS AND	æ. _{E.}			
	ICU: Intensive care u P&P: policy and proc RN: Registered Nurs Telemetry unit: a unit	edures e organized, operated, and e care for and continuous				
	T22 DtV5 CH1 ART3 Service Staff	-70217(a)(9) Nursing	E 306			
	Commencing January nurse-to-patient ratio 1:3 or fewer at all time defined as a unit which and maintained to pro-	e-to-patient ratio in a pe 1:4 or fewer at all times, y 1, 2008, the licensed in a step-down unit shall be es. A "step down unit" is this organized, operated, by the for the monitoring and moderate or potentially	The control of the co			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

TYPE

STATE FORM

Show

ECZX11

If continuation sheet 1 of

Accepted POC; 11/8/22; 29558

California Department of Public Health

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMF	SURVEY
		CA060000044	B. WING			C
		CA060000011			09/2	23/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
FOUNTA	IN VALLEY REGIONA	AL HOSPITAL & M	CLID STRE			
***************************************	OLIMANA DV. OTA		N VALLEY,		OTION	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
E 306	Continued From pa	ige 1	E 306			
	severe physiologic support but not necessive support but not necessive support but not necessive support less care that that which is a care. "Artificial life support, or replace that has been serio support" is defined and/or personnel purponitoring, telemet	instability requiring technical ressarily artificial life support. Fare those patients who an intensive care, but more vailable from medical/surgical support" is defined as a redical technology to aid, a vital function of the body usly damaged. "Technical as specialized equipment roviding for invasive ry, or mechanical ventilation, melioration or remediation of				
	The above regulation evidenced by:	met as evidenced by: on was NOT MET as and record review, the				
	hospital failed to en nurse-to-patient rati DOU was maintaine	o in the step-down unit or				
	Findings:					
	Provision of Patient 7/23/21, showed the to ensuring adequal of patients and their performed using staffrom historical data information and actistaffing are adjusted patient acuity and swill at a minimum control.	ital's P&P titled Plan for the Care and Services dated enursing division is committed te staffing to meet the needs affing guidelines established that includes acuity in the divity logs. The daily and shift divity logs assessment of taffing guidelines; and staffing omply with the State of dinurse-to-patient ratios.				

Licensing and Certification Division

California Department of Public Health

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	LE CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	: <u></u>	COMPLETED	
			B WING			3
		CA060000011	B. WING		09/2	3/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
FOUNTA	IN VALLEY REGIONA	L HOSPITAL & M	CLID STREE			
		FOUNTAL	N VALLEY, (CA 92708		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
E 306	Continued From pa	ge 2	E 306			
	On 8/18/22, review assignment reports was identified:	of the DOU staffing was initiated. The following				*
	hours), one RN had	nift (or from 0700 to 1900 I a 1:4 nurse-to-patient ratio g their 12 hours shift.				
		nift, two RNs had 1:4 licensed to for the 12-hour shift.				
		ft, all the RN staff had 1:4 atient ratio for the 12-hour				
		nift, three RNs had 1:4 atient ratio for two hours shift.				
		nift, four RNs had 1:4 licensed to for four to 10 hours during		,		
	nurse-to-patient rati	ift, one RN had a 1:5 licensed o, including patients with are for the entire 12-hour shift.				-
	conducted with the Director of ICU/DOU was out of ratio on 7	hours, an interview was Director of ICU/DOU. The J verified the DOU staffing 7/20, 7/31, 8/7, 8/15, 8/24, and iple sick calls on the same				
E 307	T22 DIV5 CH1 ART Service Staff	3-70217(a)(10) Nursing	E 307	ω ₀		
	(10) The licensed no	urse-to-patient ratio in a				

(X3) DATE SURVEY

California Department of Public Health

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

AND I LAN OF	- CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED
		CA060000011	B. WING		C 09/23/2022
	OVIDER OR SUPPLIER VALLEY REGIONA	L HOSPITAL & M 17100 EU	DRESS, CITY, CLID STREE N VALLEY, (
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF	D BE COMPLETE
te C n 1 d m ca ca ca el di uu	commencing Janua nurse-to-patient rations:4 or fewer at all tire lefined as a unit orgonal naintained to provide ardiac monitoring of condition, having or ardiac condition or electronic monitoring isplay of cardiac elinit" as defined in the	ge 3 De 1:5 or fewer at all times. Bry 1, 2008, the licensed or in a telemetry unit shall be mes. "Telemetry unit" is ganized, operated, and de care for and continuous of patients in a stable suspected of having a a disease requiring the g, recording, retrieval, and ectrical signals. "Telemetry nese regulations does not ring nor fetal surveillance.	E 307		
Bind particular for the particul	the above regulation videnced by: leased on interview a cospital failed to ensistent ratio in the mit(s) were maintain indings: leview of the hospital rovision of Patient /23/21, showed the community and equating the patients and their erformed using state of mistorical data to formation, and activating are adjusted attent acuity and strill at minimum community.	met as evidenced by: n was NOT MET as and record review, the sure the licensed nurse-to- nedical/surgical/telemetry ned as required. al's P&P titled Plan for the Care and Services dated nursing division is committed e staffing to meet the needs families. Staffing is ffing guidelines established that includes acuity ivity logs. The daily and shift based on assessment of affing guidelines; and staffing uply with the State of nurse-to-patient ratios.			

(X2) MULTIPLE CONSTRUCTION

California Department of Public Health

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I company and a second second	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING			
		CA060000011	B. WING		09/2	3/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
FOUNTA	IN VALLEY REGIONA	I HOSPITAL & M	CLID STREE N VALLEY, (
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULL CROSS-REFERENCED TO THE APPROFIDERICIENCY)	D BE	(X5) COMPLETE DATE
E 307	Continued From pa	ge 4	E 307			
	* Review of the med East staff assignment showed all RN staff	dical/surgical/telemetry unit 3 ents dated 7/5/22 night shift, were assigned five patients ift instead of a 1:4 licensed				
	staff assignments d showed two RN sta	dical/surgical/telemetry unit 4 lated 7/20/22 day shift, iff were assigned five patients ft instead of a 1:4 licensed io.				
	staff assignments d two RN staff were a	dical/surgical/telemetry unit lated 8/3/22 day shift, showed assigned five patients each lead of a 1:4 licensed io.				
	staff assignments, of showed several RN patients each during	dical/surgical/telemetry unit 4 dated 8/15/22 day shift, staff were assigned five g the shift instead of the 1:4 atient ratio due to a sick call as going home sick.			e .	
	Quality Manager wa Manager verified the staffing was out of r	hours, an interview with the as conducted. The Quality e medical/surgical/telemetry atio during the various dates ck calls, no shows, and RN ue to illness.	,			
E 308	T22 DIV5 CH1 ART Service Staff	3-70217(a)(11) Nursing	E 308			
	medical/surgical car at all times. Comme	urse-to-patient ratio in re units shall be 1:6 or fewer encing January 1, 2005, the atient ratio in medical/surgical				

California Department of Public Health

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMP	SURVEY
			A. BUILDING	:	,	2
		CA060000011	B. WING		1	23/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
FOUNTA	IN VALLEY REGIONA	I HOSPITAL & M	CLID STREE N VALLEY, (
OVA) ID	STIMMADV STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECT		(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
E 308	Continued From pa	ge 5	E 308			
	care units shall be	1:5 or fewer at all times. A				
		it is a unit with beds classified				
	as medical/surgical	in which patients, who require				
		which is available in intensive				
		vn units, or specialty care ur inpatient general medical				
		ical services, or both general				
	medical and post-surgical services. These units					
		patient populations of diverse	who require			
		rse age groups who require a medical/surgical unit.				
	care appropriate to	a medical/surgical unit.				
		met as evidenced by: on was NOT MET as				
	evidenced by:	on was NOT WILL as				
		4				
		and record review, the				
	hospital failed to en	sure the licensed to in the medical/surgical unit				
	was maintained as					
	wao mamamoa ao	roquirou.				
	Findings:					
	Review of the hospi	tal's P&P titled Plan for the				
	20 B.H. 10 10 10 H.H. 10 H.H. 10 H.H. 11 H.H. 11 H.H. 11 H.H.	Care and Services dated				
		e nursing division is committed				
		te staffing to meet the needs				
		families. Staffing is affing guidelines established				
	from historical data					
		tivity logs. The daily and shift				
	staffing are adjusted	d based on assessment of				
		taffing guidelines; and staffing				
		nply with the State of drawn and a nurse-to-patient ratios.				
	Camornia manualec	i nui se-to-patient ratios.				
		w of the medical/surgical report was initiated. The				

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	CA060000011	B. WING	C 09/23/2022
NAME OF BROWERS OF SURPLIES	OTDEETA	DDDEGG GITV GTATE TID GODE	

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

X4) ID REFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETI DATE
E 308	Continued From page 6	E 308		
	following was identified:			
	- On 8/22/22 night shift, six RNs had a 1:6 licensed nurse-to-patient ratio for eight hours of the 12 hour shift.			
	On 8/31/22 at 1100 hours, an interview was conducted with the Quality Manager. The Quality Manager verified the Medical Surgical Unit staffing was out of ratio on 8/22/22 for eight hours due to multiple sick calls.			
	add to malapie sick sails.			
		-		
	-	.1		



Event: CA00797380

The plan of correction is prepared in compliance with state regulations and is intended as Fountain Valley Regional Hospital and Medical Center's evidence of compliance. The submission of the plan of correction is not an admission by the facility that it agrees that the citations are correct or that it violated the law.

Organization Minutes:

The confidential and privileged minutes are being retained at the facility for agency review and verification upon request.

Exhibits:

All exhibits including revisions to Medical Staff Bylaws, reviewed/revised or promulgated policies and procedures, documentation of staff and medical staff training/education are retained at the facility for agency review and verification upon request.

Plan of Correction:

Tag E306

Policies & Procedures:

The Chief Nursing Officer and the Nursing Directors reviewed policy and procedures titled Plan for the Provision of Patient Care and Services and Nurse Staffing Plan with no changes.

The Directors of Nursing reviewed Title 22 California Code of Regulations in regards to staffing requirements with unit managers.

Completion Date: 10/12/2022

Other Corrective Actions:

The Chief Nursing Officer and the Nursing Directors reviewed Title 22 California Code of Regulations in regard to staffing requirements with unit managers.

- Proactive review and management of nursing schedules to maximize staffing:
 - > Chief Nursing Officer, Directors, and Staffing Manager complete a twice weekly look ahead of staffing needs based on current census/acuity for all Nursing units.
 - Directors/Managers balance schedules, managing sick calls, ensuring appropriate leave of absence follow-up, managers in care when possible and after exhausting all efforts to obtain safe staffing.
 - > Calls are made in advance of shifts and throughout the day/night.
 - Mass notifications to all RNs through our messaging center- Everbridge with shifts available
 - > Bonuses are offered as needed for critically short shifts if normal balancing and asking staff to work additional shifts is not effective
- Continue arrangements with Traveler Agencies for 13-week traveler Nurses
- Pulling staff from other departments and redirecting staff from non-clinical activities to direct patient care needs:



- Floating resource Nurses from other units/departments to act as resources to department facing staffing challenges
- Redirected the transport RNS to CCU and DOU to act as resource Nurses between transport calls
- Recruitment and Retention Efforts
 - Increasing pool of applicant RNs by allowing Associate in Science in Nursing (ASN) Nurses to be hired
 - Sign on bonuses was increased
 - Referral bonuses was increased
 - Increased number of recruitment events and advertising
 - Continued recruitment of key leadership
- Review elective procedure admissions by CNO and COO
- Consider acceptance of patient volume via direct admissions by the CNO/AOC
- Operationalizing Surge Plan and possibly closing transfer center

Completion Date: 10/14/2022

Education & Training:

The Chief Nursing Officer and the Nursing Directors reviewed Title 22 California Code of Regulations and the Plan for the Provision of Patient Care and Services with the management staff, with emphasis on maintaining the patient ratio for DOU as well as ensuring nurse patient ratio is maintained during staff break coverage per Title 22. (Staff Huddles)

Completion Date: 10/14/2022

Monitoring:

The Nursing Directors or their designee will monitor nurse patient ratio and break coverage every shift to ensure ratio is complaint with Title 22 California Code of Regulations with 100% compliance, if unable, all efforts/attempts to maintain ratio will be documented. Any areas of concern/shortages are immediately reported up to Nursing Leadership for review and action as required.

The results of the audits will be reported to Nursing Leadership, Quality Patient Care Committee and Medical Executive Committee at least quarterly as part of the performance improvement plan.

Responsible Personnel:

Chief Nursing Officer

Tag E307

Policies & Procedures:

requirements with unit managers.

The Chief Nursing Officer and the Nursing Directors reviewed policy and procedures titled Plan for the Provision of Patient Care and Services and Nurse Staffing Plan with no changes.

The Directors of Nursing reviewed Title 22 California Code of Regulations in regards to staffing



Completion Date: 10/12/2022

Other Corrective Actions:

The Chief Nursing Officer and the Nursing Directors reviewed Title 22 California Code of Regulations in regard to staffing requirements with unit managers.

- Proactive review and management of nursing schedules to maximize staffing:
 - ➤ Chief Nursing Officer, Directors, and Staffing Manager complete a twice weekly look ahead of staffing needs based on current census/acuity for all Nursing units.
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- Pulling staff from other departments and redirecting staff from non-clinical activities to direct patient care needs:
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 - Continued recruitment of key leadership
- Review elective procedure admissions by CNO and COO
- Consider acceptance of patient volume via direct admissions by the CNO/AOC
- Operationalizing Surge Plan and possibly closing transfer center

Completion Date: 10/14/2022

Education & Training:

The Chief Nursing Officer and the Nursing Directors reviewed Title 22 California Code of Regulations and the Plan for the Provision of Patient Care and Services with the management staff, with emphasis on maintaining the patient ratio for Medical/Surgical/Telemetry Unit as well as ensuring nurse patient ratio is maintained during staff break coverage per Title 22. (Staff Huddles)



Completion Date: 10/14/2022

Monitoring:

The Nursing Directors or their designee will monitor nurse patient ratio and break coverage every shift to ensure ratio is complaint with Title 22 California Code of Regulations with 100% compliance, if unable, all efforts/attempts to maintain ratio will be documented. Any areas of concern/shortages are immediately reported up to Nursing Leadership for review and action as required.

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Responsible Personnel:

Chief Nursing Officer

Tag E308

Policies & Procedures:

The Chief Nursing Officer and the Nursing Directors reviewed policy and procedures titled Plan for the Provision of Patient Care and Services and Nurse Staffing Plan with no changes. The Directors of Nursing reviewed Title 22 California Code of Regulations in regards to staffing requirements with unit managers.

Completion Date: 10/12/2022

Other Corrective Actions:

The Chief Nursing Officer and the Nursing Directors reviewed Title 22 California Code of Regulations in regard to staffing requirements with unit managers.

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Completion Date: 10/14/2022

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The results of the audits will be reported to Nursing Leadership, Quality Patient Care Committee and Medical Executive Committee at least quarterly as part of the performance improvement plan.

Responsible Personnel:

Chief Nursing Officer

Disciplinary Action:

Noncompliance with corrective action by hospital staff will result in immediate remediation and the proper disciplinary action in accordance with the hospital's Human Resources Policies and Procedures.