California Department of Public Health Orange District Office Received 7/21/22

	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	151 151	LE CONSTRUCTION		SURVEY PLETED
	*	CA060000011	B. WING	·	i i	C 01/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
FOUNTA	AIN VALLEY REGIONA	I HOSPITAL & M	CLID STREIN VALLEY, O			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETE DATE
E 000	Initial Comments		E 000			Commission of the Commission o
120		ts the findings of the California lic Health during the MPLAINT Number:	40			
		ed to the specific complaint I not represent the findings of he facility.				
		alifornia Department of Public 7722, HFEN and 29798,		B		Total Community of the
	SUBSTANTIATE TH	THE DEFICIENCIES				
	GLOSSARY OF AB DEFINITIONS:	BREVIATIONS AND BRIEF				erinanten (manakan)
	signals from one pla	ration Unit cedure				
E 306	T22 DIV5 CH1 ARTS Service Staff	3-70217(a)(9) Nursing	E 306			
of the section of the	step-down unit shall Commencing Janua nurse-to-patient ratio 1:3 or fewer at all tim defined as a unit whi	se-to-patient ratio in a be 1:4 or fewer at all times. ry 1, 2008, the licensed o in a step-down unit shall be nes. A "step down unit" is ich is organized, operated,				al a
censing and BORATORY	Certification Division DIRFCTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIVE'S SIGNA	ATURE	TITLE	on a read the country country (18 00 00 00 00 00 00 00 00 00 00 00 00 00	(X6) DATE
1	11/10/1			<i>p</i> 3	0.1	11/22

111 CEO 77272 Accepted by 37722 on 7/27/22

California Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
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		CA060000011		B. WING			1/2022
NAME OF I	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
FOUNTA	IN VALLEY REGIONA	L HOSPITAL & M		CLID STREE N VALLEY, (
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	S FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
E 306	Continued From pa	ge 1		E 306			
	care of patients with severe physiologic is support but not nec Step-down patients require less care that than that which is at care. "Artificial life is system that uses musupport, or replace that has been serior support" is defined and/or personnel primonitoring, telemet	provide for the moniton moderate or potent instability requiring te essarily artificial life is are those patients wan intensive care, bu vailable from medical support" is defined as edical technology to a vital function of the usly damaged. "Tech as specialized equiproviding for invasive ry, or mechanical vermelioration or remediated.	ially chnical support. ho t more l/surgical a aid, body nical ment				
		met as evidenced by on was NOT MET as	:				
20	hospital failed to en	o in the step-down u					
	Findings:						
	Provision of Patient 7/23/21, showed the to ensuring adequate of patients and their performed using stafform historical data information, and act staffing are adjusted	ital's P&P titled Plan it Care and Services of enursing division is of te staffing to meet the families. Staffing is affing guidelines estal that includes acuity tivity logs. The daily d based on assessment taffing guidelines and	lated committed e needs blished and shift ent of				

Licensing and Certification Division

California Department of Public Health DPH Orange District Office Received 7/21/22

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A, BUILDING:		COMPLETED		
	CA060000011		B: WING		C 07/04/2022		
	Control of the later of the lat				07/01/2022		
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
FOUNTA	IN VALLEY REGIONA	I HUGDITAL S M	CLID STREE N VALLEY, (3		
(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 APPRO DEFICIENCY)	D BE COMPLETE		
E 306	Continued From pa	ge 2	E 306	**	Allowers day of the state of the		
		omply with the State of nurse-to-patient ratios.					
	On 6/29/22, review assignment report v was identified:	of the DOU staffing vas initiated. The following		¥			
	- On 6/3/22, the night licensed nurse-to-pa	ht shift, four RNs had a 1:4 atient ratio.					
	- On 6/19/22, the da licensed nurse-to-pa	ay shift, two RN had a 1:4 atient ratio.	elitera de la constitución de la				
	- On 6/19/22, the nicensed nurse-to-pa	ght shift, one RN had a 1:4 atient ratio.					
		ay shift, two RNs had 1:4 atient ratio for six hours or 2 hours shift.					
e e	conducted with the Director verified the	hours, an interview was DOU Director. The DOU step-down unit or DOU atio on 6/3, 6/19, and 6/21/22.					
	conducted with the	hours, an interview was CNO. The CNO verified the ut of ratio due to the staff sick		· E	the extensions and account of the same of		
E 307	T22 DIV5 CH1 ART Service Staff	3-70217(a)(10) Nursing	E 307		The second makes as a second		
	telemetry unit shall I Commencing Janua nurse-to-patient ration 1:4 or fewer at all tir	urse-to-patient ratio in a be 1:5 or fewer at all times. ary 1, 2008, the licensed o in a telemetry unit shall be mes. "Telemetry unit" is ganized, operated, and					

D9Q411

California Department of Public Health

NAME OF PROVIDER OR SUPPLIER FOUNTAIN VALLEY REGIONAL HOSPITAL & M (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) E 307 Continued From page 3 maintained to provide care for and continuous cardiac condition, having or suspected of having a cardiac condition or a disease requiring the electronic monitoring, recording, retrieval, and display of cardiac electrical signals. "Telemetry unit" as defined in these regulations does not include fetal monitoring mor fetal surveillance. E 307 B. WING		NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1.41	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER FOUNTAIN VALLEY REGIONAL HOSPITAL & M IT100 EUCLID STREET FOUNTAIN VALLEY, CA 92708 [X4] ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG OCONFILE REGULATORY OR LSC IDENTIFYING INFORMATION) E 307 Continued From page 3 maintained to provide care for and continuous cardiac monitoring of patients in a stable condition, having or suspected of having a cardiac condition or a disease requiring the electronic monitoring, retorical, and display of cardiac electrical signals. "Telemetry unit" as defined in these regulations does not include fetal monitoring nor fetal surveillance. This Statute is not met as evidenced by: The above regulation was NOT MET as evidenced by: Based on interview and record review, the hospital failed to ensure the licensed nurse-to-patient ratio in the medical/surgical/telemetry unit was maintained as required.			A. BUILDING:		c		
FOUNTAIN VALLEY REGIONAL HOSPITAL & M 17100 EUCLID STREET FOUNTAIN VALLEY, CA 92708 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) REGULATORY OR LSC IDENTIFYING INFORMATION) E 307 Continued From page 3 maintained to provide care for and continuous cardiac monitoring of patients in a stable condition, having or suspected of having a cardiac condition or a disease requiring the electronic monitoring, recording, retrieval, and display of cardiac electrical signals. "Telemetry unit" as defined in these regulations does not include fetal monitoring nor fetal surveillance. This Statute is not met as evidenced by: The above regulation was NOT MET as evidenced by: Based on interview and record review, the hospital failed to ensure the licensed nurse-to-patient ratio in the medical/surgical/telemetry unit was maintained as required.			CA060000011	B. WING		07/0	1/2022
FOUNTAIN VALLEY REGIONAL HOSPITAL & M FOUNTAIN VALLEY, CA 92708 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) E 307 Continued From page 3 (Condition or a disease requiring the electronic monitoring, recording, retrieval, and display of cardiac electrical signals. "Telemetry unit" as defined in these regulations does not include fetal monitoring nor fetal surveillance. This Statute is not met as evidenced by: The above regulation was NOT MET as evidenced by: Based on interview and record review, the hospital failed to ensure the licensed nurse-to-patient ratio in the medical/surgical/telemetry unit was maintained as required.	NAME OF	PROVIDER OR SUPPLIER			€(
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) E 307 Continued From page 3 maintained to provide care for and continuous cardiac monitoring of patients in a stable condition, having or suspected of having a cardiac condition or a disease requiring the electronic monitoring, retrieval, and display of cardiac electrical signals. "Telemetry unit" as defined in these regulations does not include fetal monitoring nor fetal surveillance. This Statute is not met as evidenced by: The above regulation was NOT MET as evidenced by: Based on interview and record review, the hospital failed to ensure the licensed nurse-to-patient ratio in the medical/surgical/telemetry unit was maintained as required.	FOLINTAIN VALLEY REGIONAL HOSPITAL & M						
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Review of the hospital's P&P titled Plan for the Provision of Patient Care and Services dated 7/23/21, showed the nursing division is committed to ensuring adequate staffing to meet the needs of patients and their families. Staffing is performed using staffing guidelines established from historical data that includes acuity information, and activity logs. The daily and shift staffing are adjusted based on assessment of patient acuity and staffing guidelines; and staffing will at minimum comply with the State of California mandated nurse:patient ratios. Review of the medical/surgical/telemetry 4 unit staff assignments dated 6/18/22 night shift, and 6/19/22 day shift, showed on both days, two staff were assigned five patients each during these shifts instead of 1:4 licensed nurse-to-patient	E 307	maintained to provicardiac monitoring condition, having or cardiac condition or electronic monitorin display of cardiac e unit" as defined in tinclude fetal monitor. This Statute is not The above regulation evidenced by: Based on interview hospital failed to enpatient ratio in their was maintained as. Findings: Review of the hosp Provision of Patient 7/23/21, showed the to ensuring adequation of patients and their performed using stafform historical data information, and ac staffing are adjuste patient acuity and swill at minimum cor California mandate. Review of the medistaff assignments of 6/19/22 day shift, staff assigned five	de care for and continuous of patients in a stable suspected of having a radisease requiring the ng, recording, retrieval, and lectrical signals. "Telemetry hese regulations does not bring nor fetal surveillance. met as evidenced by: on was NOT MET as and record review, the surre the licensed nurse-to-medical/surgical/telemetry unit required. ital's P&P titled Plan for the care and Services dated enursing division is committed the staffing to meet the needs ramilies. Staffing is affing guidelines established that includes acuity tivity logs. The daily and shift dibased on assessment of staffing guidelines; and staffing mply with the State of dinurse:patient ratios. cal/surgical/telemetry 4 unit lated 6/18/22 night shift, and howed on both days, two staff patients each during these	E 307			

Licensing and Certification Division

D9Q411

PRINTED: 07/12/2022 FORM APPROVED

California Department of Public Health DPH Orange District Office Received 7/21/22

I AND PLAN OF CORRECTION I IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
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72007 PARENTED	17100 FIICUD STREET						
FOUNTA	IN VALLEY REGIONA	I HUSPIIAI & WI		CA 92708			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION (X5)		
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE DPRIATE DATE		
E 307	Continued From pa	ge 4	E 307	DEFICIENCY)			
	ratio.		* 7		1000000		
	On 7/1/22 at 1100 h	ours, an interview with the Tower was conducted. The					
	Director of East Tow						
	medical/surgical/tele	emetry 4 Unit was out of ratio			0.00		
	on 6/18/22 night shi	ft and 6/19/22 day shift.		•			
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CDPH Orange District Office Received 7/21/2:



Event: CA00791092

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

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Policies & Procedures:

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

Completion Date: 07/13/2022

Other Corrective Actions:

The Director of DOU 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

> Bonuses offered for critically short days if normal balancing and asking for additional shifts is not effective.

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Continue arrangements with Traveler Agencies for 13 week travelers and 4 week Rapid deployment Traveler Nurses

Pulling staff from other departments and redirecting staff from non-clinical activities to direct patient care needs: The coefficients and the means 152

CDPH Orange District Office Received 7/21/22



Consider acceptance of patient volume via direct admissions by the CNO/AOC.

Operationalizing Surge Plan and possibly closing transfer center.

Completion Date: 07/15/2022

Education & Training:

The Director of 4 East Telemetry/Oncology 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 4E as well as ensuring nurse patient ratio is maintained during staff break coverage per Title 22 with the department manager during their huddle.

Completion Date: 07/19/2022

Monitoring:

The Director of 4 East Telemetry/Oncology 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:

Director of 4 East Telemetry/Oncology

Disciplinary Action:

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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.

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general in income caractica.

CDPH Orange District Office Received 7/21/22 And the Second



➤ Redirected visitor entrance COVID screening personnel.

> Floating resource Nurses from other units/departments to act as resources to department facing staffing challenges- Team Nursing Placed a FT lift employee in CCU to assist with turning, etc. –

> Redirected the transport RNS to CCU and DOU to act as resource Nurses between transport calls- Team Nursing

Recruitment and Retention Efforts

- > Increasing pool of applicant RNs by allowing Associate in Science in Nursing (ASN) Nurses to be hired
- > Sign on bonuses increased
- > Referral bonuses 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: 07/15/2022

Education & Training:

The Director of DOU 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 with the Department Manager during their huddle.

Completion Date: 07/19/2022

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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. stilling at 3 a

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Director of DOU

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.

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Tag E307

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Policies & Procedures:

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

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

Completion Date: 07/13/2022

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