050570	A. BUILDING B. WING	DATE SURVEY CONFESTED
NAME OF PROVIDER OR SUPPLIER	TREET ADDRESS, CITY, STATE, ZIP CODE 100 Euclid St, Fountain Valley, Ca 92708-4004 ORANGE COUNTY	06/11/2009
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY F TAG REGULATORY OR LSC IDENTIFYING INFORMATION		
The following reflects the findings of the Dep of Public Health during an inspection visit: Complaint Intake Number: CA00186021 - Substantiated Representing the Department of Public Health Surveyor ID # 20059, HFEN The inspection was limited to the specific fact event investigated and does not represent the findings of a full inspection of the facility. Health and Safety Code Section 1280 purposes of this section "immediate means a situation in which the noncompliance with one or more required licensure has caused, or is likely to cause injury or death to the patient. DEFICIENCY CONSTITUTING IN JEOPARDY	The plan of correction is prepared in compliance with federal regulations and is intended as Fountain Valley Regional Hosp and Medical Center's (the "hospital") credievidence of compliance. The submission of 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 be retained at the facility for agency review and verification if required. Exhibits: All exhibits including revisions to Medical step Bylaws, reviewed/revised or promulgated por and procedures, documentation of staff and most staff training/education are retained at the face the staff tra	ible the ne peing taff licies nedical cility nest.
T22 DIV5 CH1 ART3-70214 Nursin Development. (a) There shall be a written, organized education program for all patient care including temporary staff as dessubsection 70217(m). The program shout shall not be limited to, orientation process of competency validation as disubsection 70213(c). (2) All patient care personnel, including staff as described in subsection 70217(m), so	The Director of Surgical Services reviewed Administration Policy and Procedure –P-4.0 Provision of Care and no changes were required. The Director of Surgical Services reviewed Provision of Care and no changes were required. The Director of Surgical Services reviewed Policy and Procedure PTSD- 18.0 Documen of Physician Orders and noted no changes were required. The Director of Education reviewed the initiannual competencies for the care of bariatric	PTSD tation were 6/11/2009
Event ID:FC6Q11	3/14/2012 10:38:23AM	0

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program Meen 60 4/3/12 55 participation.

State-2567

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLII IDENTIFICATION NU. 050570			(X2) MUL A. BUILDI B. WING	TIPLE CONSTRUCTION NG	(X3) DATE SURV COMPLETED 6\17	109	
NAME OF PROVIDER OR SUPPLIER FOUNTAIN VALLEY REGIONAL HOS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 17100 Euclid St, Fountain Valley, Ca 92708-4004 ORANGE COUNTY						
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subject to the procest their assigned patient completion of validateds for a parassignments shall restrictions: (A) Assignments shall restrictions: (A) Assignments shand responsibilities for validated. T22 DIV5 CH1 AF Implementing Patient (a) A registered nurse (2) The planning, sevaluation of the inpatient. The implement delegated by the restrictions of their validated competency (c) The nursing pland discussed with and coordination with representatives and involved in the care of the above regulation by: Based on record revisions of the patient to implement licensed vocational	ss of competency care unit or units idation of the atient care unit, be subject to the subject t	Prior to the competency patient care the following those duties acy has been the following and those duties acy has been the following and the care may be sponsible for staff, or may bject to any ion, level of the care shall be a result of or other or disciplines as evidenced to the following th		The Director of Surgical Services practice of allowing outside regist care for bariatric patients. This prehanged, the Hospital no longer a registry nursing staff to care for both This change was made as a result and was completed in August 200 and the Training: No additional training was completed in August 200 and training was completed in August 200 and training: The Director of Surgical Services staffing reports to assure that outs nursing staff did not care for barian and training was completed. Responsible Person(s): The Director of Surgical Services all corrective actions noted in this correction were completed. Disciplinary Action: The outside registry nurse that was incident was designated as "do not action was taken in August 2008. Non-compliance with corrective staff will result in immediate rem appropriate disciplinary action in the hospital's Human Resources in procedures. Medical Staff members demonstre compliance with corrective action for peer review in accordance with corrective action for peer revi	ary nursing staff ractice was allows outside ariatric patients. of this incident is. eted. monitored the side registry atric patients. will assure that a plan of this of return. This action by hospital ediation and accordance with policies and the will be referred the Medical Staff.	6/17/09 6/14/2009	
failed to ensure LVN 1				bylaws, as appropriate.	Cw		
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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPL IDENTIFICATION N 050570			(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION	_ COMPLET	7/09 17/09	
	ROVIDER OR SUPPLIER N VALLEY REGIONAL HO	SPITAL & MED	STREET ADDRESS, 17100 Euclid St,		P CODE ley, Ca 92708-4004 ORANG		
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	a bariatric (obese) demonstrated compressive failed to ensure coor the physician to get gastrostomy tube. GT (gastrostomy tube. GT the second continued medication least one year after sufficient and the second continued medication least one year after sufficient and gastric bypass. The stomach smaller of the small intesting through the abdomin GT is inserted after decompressing the removal of Patient anticipated discharged another major surgements anothe	patient for which etency. The regidination of Patient to an order for reconstruction of Patient to an order for reconstruction of Patient to an order for reconstruction of Patient LVN on the polymer of the surgery of the surgery. Patient of the surgery of the surgery. In plaint was received to a gray of the surgery of the surgery of the care received stay of the surgery of the	stered nurse 1's care with moval of the 1 removed a sician's order econd surgery and prolonging d deep vein left lower leg at 1 required cood clots at ved by the by Patient 1 08. The ly tube) was ff on 08, or the revision ly tube passing stomach. The ly surgery for experimental property ly prior to his line need for anesthesia on or the second lots in his left	35		3 RM 9 34	2010
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	RY DIRECTOR'S OR PROVID	DER/SUPPLIER REPRES			TITLE		(X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPL IDENTIFICATION N 050570			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		COMPLETED 06/11/2009				
NAME OF PROVIDER OR SUPPLIER FOUNTAIN VALLEY REGIONAL HOSPITAL & MED CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 17100 Euclid St, Fountain Valley, Ca 92708-4004 ORANGE COUNTY						
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	competency evaluation wounds and drains competent to discuss physician orders phospital was unable a competency evaluation patient who had unassigned to care for Post Post Post Post Post Post Post Post	hospital's investige 108, showed the asked to work for contract with a structure strict which a structure was assigned to care attents were to be peted the bariatric hospital's Nursign/Supplemental nit orientation ons, included care LVN 1 was chest the methodology orior to implement to provide evident unation for care dergone surgery attent #1. Leview for Patient is progress note and anesthesia or exploration of included reinsertice by the surgeone day three, she go for Patient 1, as surgeon was continued to work and the surgeone was continued to work and t	and temporary or one shift in affing agency) for bariatric e assigned to c competency and Services orientation forms, and re of surgical ecked off as y for verifying entation. The ce LVN 1 had of a bariatric prior to being an exploratory (incision into the abdomen). On of the GT. In documented was informed that a nurse incerned about of pain. The			2012 APR 3 AM 9 35			
Event ID	surgeon performed a s	secona surgery to e	3/14/2012	10:38:2	23AM				
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	there was no infection abdomen due to possible there was no infection. There was no infection. An interview with medical/surgical unsupervisor stated the on a weekend and Lagency contracted with stated licensed nurgistries have a constaffing office. The conformal composition of the conformal composition of the conformal conf	on and/or contained at that time. In the supervious was consisted was consisted was from the supervisor stated etency evaluation care for Pat VN 1 was worked to care for Pat VN 1 was worked was reported on the stated she is a LVN 1 could go patient censure from VN 1 still at worked was reporting to out of Patient was no order and added, "Nobothe surgeon stated of the surgeon for argeon stated of the surgeon stated of the sur	risor of the inducted. The tient 1 occurred a nurse staffing. The supervisor porary staffing list kept in the impleted by the LVN 1 did not in prior to her tient #1. The ting under the inducted be sent home in the sent had reassigned be sent home in the sent home in the charge lunch she was reason. The charge for LVN 1 to ody on the floor. Patient 1 was on 8 she			2012 APR 3 AM 9 35	
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	ORY DIRECTOR'S OR PROVID	ER/SUPPLIER REPR	ESENTATIVE'S SIGNA	TURE	TITLE	(X6) DATE

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participation.

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	OVIDER OR SUPPLIER N VALLEY REGIONAL HO	SPITAL & MED	STREET ADDRESS, 17100 Euclid St,		P CODE ley, Ca 92708-4004 ORANG	SE COUNTY	
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	the gastrostomy tuber there was no order to she stated the Gapproximately three stated a second sureplace the GT as infection for Patient was pulled complete remember if there was got. An interview was 6/17/09 at 1630 how meeting that took physician's assistant the third day after his the PA told him ewould make preparate the stated the PA "plugged" and the discontinued. The PA stated LVN 1 entered the IV, the urinary on the GT. Patient 1 not think removal of just had a meeting the nurse to check returned and attempt told the nurse returned and attempt told the nurse to check returned and attempt told the nurse returned and	or emove the gast or emove the gast of the weeks post-ope regery had to be a preventative of the surgeon so the surgeon of the surgeon or end of the surgeon or end of the surgeon of the	left in for ratively. She performed to measure for stated the GT on could not in place, but scontinue the Patient 1 on described a nself and the stated it was 1). He stated good and he ng Patient 1. To would be m. Patient 1 discontinued eded to "pull" nurse he did an as he had stated he told he room and the GT. He nurse left the ey told me to to take the the comment,			CUIZ APR 3 AM 9 35	
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(X6) DATE

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	this and could not buntil 08.	to surgery the sale sequent to the sequent to the sequent to the sectots in his legs at this (approximate of Patient 1's legs. He received the discharged from the sequent to the sequent to the sequent to the sequent this (approximate sequent 1's legs. He received the discharged from the surgery, to coordinate with the 1's care, are defeated by the sequent that the sequent the meaning on 1280.1(c). The prevent the deficience of the sequent the deficience of the patient, and the patient the sequent to the patient, and the patient the patient to the p	ame day and nother week. cond surgery and was now ely one year ealed a deep eft leg was treatment for the hospital early to cause and therefore within the			COL THE 3 AM 9 35	2012 000
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