

CDPH Complaint

fluid 8/22/23

① NCU - no code team

② LTD Actual labor pts. OOB 3:1  
• TRICK 3 staff

## Complaint Against a Health Care Facility/Provider

- fund on 8/22/23
- NCU - no code team
- LTD - Actual laboer pts OOR  
Trip 5 Oct

# Complaint Details



## Patient/Resident Information

Does your complaint involve a specific patient or resident? \*  Yes  No

## Complaint

Date of Alleged Event: \*

08-13-2023



Time of Alleged Event:

7:36 AM



Describe the Event: \*

Labor and Delivery is dangerously short staffed often the RN is out of ratio with active laboring patients (3:1), the triage area is frequently staffed with only 1 RN with up to 5 patients some in active labor and without relief for break and meal periods and high acuity patients. Enclosed are staffing documentation for 8/17, 8/15, and 8/11. The names of the staff are on the documents. In NICU, also dangerously short staffed there is often no available staff for emergent or high risk deliveries or a code team (an example on 8/13/23 is provided).

### Add an Attachment:

Choose File No file chosen

Remove

Labor and Delivery staffing objections showing short staffing with active labor patients and NICU without code team.pdf (Size: 5.4Mb)

Allowed file formats include .DOC, .DOCX, .RTF, .TXT, .PDF, .PPT, .JPEG and .PNG. Maximum file size allowed is 20 MB.

To keep a record of this complaint, please click on the "print" button prior to clicking "submit".

Print

Submit

**Facility Name** ST. FRANCIS MEDICAL CENTER



To file a complaint against a health care facility or provider, please fill out this form and click "submit" at the bottom of the page. Provide as much detail as possible. Your complaint will be routed to the appropriate Licensing and Certification (L&C) District Office for investigation. If you prefer to file your complaint in person or by mail, please use the L&C District Office information directly below.

### Facility Information

**Facility/Provider Name:** ST. FRANCIS MEDICAL CENTER  
**Street Address:** 3630 E Imperial Hwy  
**City/State/ZIP Code:** Lynwood, CA 90262

### L&C District Office Information

L.A. Acute/Ancillary Unit  
3400 Aerojet Ave., Suite 323  
El Monte, CA 91731  
Phone Number: (626) 312-1135

### Complainant Information (Optional)

If you prefer to remain anonymous, please proceed to the Patient/Resident Information section. Otherwise, provide your contact information directly below.

Do you prefer to remain anonymous? \*  Yes  No

**Name:**  
sandra Marques

**Email:**  
sandi.marques@unacuhcp.org

**Phone:**  
(562) 544-4961

**Mailing Address:**  
5815 east la palma avenue #167  
anaheim hills, CA 92807



UNIT: NICU

SHIFT: 7a-7p



DATE: 8/13/23

UNITED NURSES ASSOCIATION OF CALIFORNIA/ UNION OF HEALTH CARE PROFESSIONALS  
ST. FRANCIS REGISTERED NURSES ASSOCIATION

E-MAILED AUG 14 2023

**STAFFING OBJECTIONS**

①

Part I

C. Gordon RN

Nurse/s Employed at: **Saint Francis Medical Center**

RN

RN

RN

RN

hereby protest my assignment as:  Primary Nurse  Charge Nurse  LVN Coverage RN

As a patient advocate, in accordance with the California Nurse Practice Act, this is to confirm that I notified you that, in my professional judgment, today's assignment is unsafe and places my patients at risk. As a result, the facility is responsible for any adverse effects on patient care. I will under protest, attempt to carry out the assignment to the best of my ability.

Part II

I am objecting to the above assignment on the grounds that:

- I was not trained or experienced in area assigned.
- I was not given adequate staff for acuity (short staffed).
- The unit was staffed with excessive registry.
- New Patients were transferred or admitted to unit without adequate staff.
- I was given an assignment which posed a potential threat to the health and safety of my patients.
- I was involuntarily forced to work beyond my scheduled hours.
- Increase acuity patients without adjustment to assignment.
- Inadequate support staff to allow safe quality care.

- LVN coverage causing OOR.
- Functioning in multiple assignments/areas (i.e., Charge and Monitor Tech; Charge and Break relief)
- Breaker flexed prior to providing break and meal relief to all staff
- No breaker
- OOR (#of pts per nurse) \_\_\_\_\_
- MICN with other Assignment (Trauma / Break relief)
- Other (please specify) No available staff for emergent/high risk deliveries or new admissions.

Part III

#Beds/Pt's: \_\_\_\_\_ Census of Unit 12

Acuity:  High  Average  Low Clerk:  Yes  No

Part IV

Shift

Staffing

	Regular/Float Casual
RN	
LVN	
Aide	
Registry	

No Charge Nurse

Part V

ACTION:

Notified supervisor/other \_\_\_\_\_ NAME/TITLE DATE/TIME

Supervisor response \_\_\_\_\_

Part VI

Comments / Additional Information: transfer baby from PP @ 0730



POSTPARTUM

OOR 3:1 Active labor

UNIT: L + D

DATE: 8/11/23

SHIFT: NIGHT

Fax to: 714-970-5133



UNITED NURSES ASSOCIATION OF CALIFORNIA / UNION OF HEALTH CARE PROFESSIONALS  
ST. FRANCIS REGISTERED NURSES ASSOCIATION

E-MAILED AUG 14 2023

①

### STAFFING OBJECTIONS

#### Part I

Deziree Jackson Nurse/s Employed at: Saint Francis Medical Center

hereby protest my assignment as:  Primary Nurse  Charge Nurse  LVN Coverage RN

As a patient advocate, in accordance with the California Nurse Practice Act, this is to confirm that I notified you that, in my professional judgment, today's assignment is unsafe and places my patients at risk. As a result, the facility is responsible for any adverse effects on patient care. I will under protest, attempt to carry out the assignment to the best of my ability.

#### Part II

I am objecting to the above assignment on the grounds that:

- I was not trained or experienced in area assigned.
- I was not given adequate staff for acuity (short staffed).
- The unit was staffed with excessive registry.
- New Patients were transferred or admitted to unit without adequate staff.
- I was given an assignment which posed a potential threat to the health and safety of my patients.
- I was involuntarily forced to work beyond my scheduled hours.
- Increase acuity patients without adjustment to assignment.
- Inadequate support staff to allow safe quality care.

- LVN coverage causing OOR.
- Functioning in multiple assignments/areas (i.e., Charge and Monitor Tech., Charge and Break relief)
- Breaker flexed prior to providing break and meal relief to all staff
- No breaker
- OOR (#of pts per nurse) 3:1, active labor <sup>all were</sup>
- MICN with other Assignment (Trauma / Break relief)
- Other (please specify) \_\_\_\_\_

#### Part III

#Beds/Pt's: 12 Census of Unit 12 Acuity:  High  Average  Low Clerk:  Yes  No

#### Part IV

	Shift	
	Regular	Float Casual
RN	3	
LVN	0	
Aide	0	
Registry	2	

#### Staffing

No Charge Nurse

#### Part V

ACTION: Notified supervisor/other @winette cowan Director 8/11/22 @ 2300  
Supervisor response "on my goodness" DATE/TIME

#### Part VI

Comments / Additional Information: charge nurse on pt care: Took pt to c-section

Fax to Sandi Marques @714-970-5133 or submit to a SFRNA Officer or Representative





UNIT: LHO

DATE: 8/15/23

SHIFT: 7A-7P

Fax to: **714-970-5133**

UNITED NURSES ASSOCIATION OF CALIFORNIA/ UNION OF HEALTH CARE PROFESSIONALS  
ST. FRANCIS REGISTERED NURSES ASSOCIATION

(B)

**STAFFING OBJECTIONS**

E-MAILED AUG 22 2023

Part I

E. Sequeira  
K. Whitman  
I. Velasquez  
RN

Nurse/s Employed at: **Saint Francis Medical Center**

hereby protest my assignment as:  Primary Nurse  Charge Nurse  LVN Coverage RN

As a patient advocate, in accordance with the California Nurse Practice Act, this is to confirm that I notified you that, in my professional judgment, today's assignment is unsafe and places my patients at risk. As a result, the facility is responsible for any adverse effects on patient care. I will under protest, attempt to carry out the assignment to the best of my ability.

Part II

I am objecting to the above assignment on the grounds that:

- I was not trained or experienced in area assigned.
- I was not given adequate staff for acuity (short staffed).
- The unit was staffed with excessive registry.
- New Patients were transferred or admitted to unit without adequate staff.
- I was given an assignment which posed a potential threat to the health and safety of my patients.
- I was involuntarily forced to work beyond my scheduled hours.
- Increase acuity patients without adjustment to assignment.
- Inadequate support staff to allow safe quality care.
- LVN coverage causing OOR.
- Functioning in multiple assignments/areas (i.e., Charge and Monitor Tech.; Charge and Break relief)
- Breaker flexed prior to providing break and meal relief to all staff
- No breaker
- OOR (#of pts per nurse) \_\_\_\_\_
- MICN with other Assignment (Trauma / Break relief <sup>unit</sup>)
- Other (please specify) Charge nurse? Supervisor called for relief staff in triage for lunch break, refused to go and relief from nurses for breaks.

Part III

#Beds/Pt's: \_\_\_\_\_ Census of Unit \_\_\_\_\_ Acuity:  High  Average  Low Clerk:  Yes  No

Part IV

Shift	
	Regular/Float Casual
RN	
LVN	
Aide	
Registry	

Staffing  
 No Charge Nurse

Part V

ACTION: Notified supervisor/other A. Puzantian sup. 8/15/23 @ 1200

Supervisor response Unable to relief nurses in triage.

Part VI

Comments / Additional Information: \_\_\_\_\_

*wh / tray*

UNIT: Labor Delivery

SHIFT: 7A



DATE: 8/17/2023

Fax to: 714-970-5133

UNITED NURSES ASSOCIATION OF CALIFORNIA/ UNION OF HEALTH CARE PROFESSIONALS  
ST. FRANCIS REGISTERED NURSES ASSOCIATION

A

STAFFING OBJECTIONS

E-MAILED AUG 22 2023

Part I

BCisneros  
Y. Graves RN  
T. Daquiel RN

Nurse/s Employed at: Saint Francis Medical Center

K. Edwards  
RN

hereby protest my assignment as:  Primary Nurse  Charge Nurse  LVN Coverage RN

As a patient advocate, in accordance with the California Nurse Practice Act, this is to confirm that I notified you that, in my professional judgment, today's assignment is unsafe and places my patients at risk. As a result, the facility is responsible for any adverse effects on patient care. I will under protest, attempt to carry out the assignment to the best of my ability.

Part II

I am objecting to the above assignment on the grounds that:

- I was not trained or experienced in area assigned.
- I was not given adequate staff for acuity (short staffed).
- The unit was staffed with excessive registry.
- New Patients were transferred or admitted to unit without adequate staff.
- I was given an assignment which posed a potential threat to the health and safety of my patients.
- I was involuntarily forced to work beyond my scheduled hours.
- Increase acuity patients without adjustment to assignment.
- Inadequate support staff to allow safe quality care.

- LVN coverage causing OOR.
- Functioning in multiple assignments/areas (i.e., Charge and Monitor Tech.; Charge and Break relief)
- Breaker flexed prior to providing break and meal relief to all staff
- No breaker
- OOR (#of pts per nurse) 5
- MICN with other Assignment (Trauma / Break relief)

*Other (please specify) Only one triage nurse whole shift, only one nurse to circulate and recover, nurses nurse floated from pp unit, pt in triage*

Part III

#Beds/Pt's: \_\_\_\_\_ Census of Unit \_\_\_\_\_

*had allergic reaction to Fran infusion, only one nurse, no assistance. Charge*  
Acuity:  High  Average  Low Clerk:  Yes  No

Part IV

*nurse had her own patients*

Shift

	Regular/Float Casual
RN	
LVN	
Aide	
Registry	

Staffing

No Charge Nurse

Part V

ACTION: Notified supervisor/other: G. Cowan Director Flc no response

Supervisor response: \_\_\_\_\_

Part VI

Comments / Additional Information: \_\_\_\_\_



CDPH Complaint

Filed 8/15/23

LU: COR 3:1

Equipment Issues

Complaint # CA00856157



icu ok 3:1  
equipment in icu



**BARBARA FERRER, Ph.D., M.P.H., M.Ed.**  
Director

**MUNTU DAVIS, M.D., M.P.H.**  
County Health Officer

**MEGAN McCLAIRE, M.S.P.H.**  
Chief Deputy Director

**NICHOLE QUICK, M.D., M.P.H.**  
Deputy Director for Health Protection

**SUZETTE LEVERETT-CLARK, RN, MSN**  
Chief, Health Facilities Inspection Division  
12440 Imperial Highway, 5th Floor, Suite 522  
Norwalk, CA 90650  
Tel: (562) 345-6884  
Fax: (562) 409-5096

[www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov)

**BOARD OF SUPERVISORS**

**Hilda L. Solis**  
First District

**Holly J. Mitchell**  
Second District

**Lindsey P. Horvath**  
Third District

**Janice Hahn**  
Fourth District

**Kathryn Barger**  
Fifth District

August 16, 2023

Sandra Marques  
5815 East La Palma Avenue  
#167  
Anaheim Hills, CA 92807

Dear Sandra Marques:

Facility Name: Saint Francis Medical Center,  
Complaint Number: CA00856157

The purpose of this letter is to inform you that this office is in receipt of your complaint regarding the above named facility.

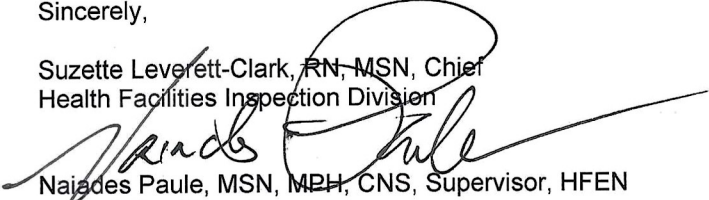
The Licensing and Certification Program (L&C) is responsible for the licensing and certification of health facilities and the investigation of complaints. Before L&C can cite a facility for a violation of a state or federal regulation, there must be sufficient factual evidence that a violation did, in fact, occur. L&C must verify the violation through direct observation, interviews, or review of documents. You will be contacted by telephone prior to the investigation.

Joahna Rivera has been assigned to this complaint. Once the investigation is complete, you will be notified of the findings.

If you have additional information that might affect the outcome of this investigation, or if you have any questions, please contact, Naiades Paule, Health Facilities Evaluator Supervisor, at (626) 312-1187.

Sincerely,

Suzette Leverett-Clark, RN, MSN, Chief  
Health Facilities Inspection Division

  
Naiades Paule, MSN, MPH, CNS, Supervisor, HFEN  
Acute & Ancillary Unit  
3400 Aerojet Avenue, #323  
El Monte, California 91731  
NP: jy

Health Facilities Inspection Division, Acute & Ancillary District Office  
3400 Aerojet Ave., #323, El Monte, CA 91731  
Telephone: (800) 228-1019 / Fax: (626) 927-9293  
Internet Address: [www.cdph.ca.gov](http://www.cdph.ca.gov)



# Complaint Against a Health Care Facility/Provider

- filed 8/15/23
- win 3:1



**Facility Name**

ST. FRANCIS MEDICAL CENTER



To file a complaint against a health care facility or provider, please fill out this form and click "submit" at the bottom of the page. Provide as much detail as possible. Your complaint will be routed to the appropriate Licensing and Certification (L&C) District Office for investigation. If you prefer to file your complaint in person or by mail, please use the L&C District Office information directly below.

## Facility Information

**Facility/Provider Name:** ST. FRANCIS MEDICAL CENTER  
**Street Address:** 3630 E Imperial Hwy  
**City/State/ZIP Code:** Lynwood, CA 90262

## L&C District Office Information

L.A. Acute/Ancillary Unit  
3400 Aerojet Ave., Suite 323  
El Monte, CA 91731  
Phone Number: (626) 312-1135

## Complainant Information (Optional)

If you prefer to remain anonymous, please proceed to the Patient/Resident Information section. Otherwise, provide your contact information directly below.

Do you prefer to remain anonymous? \*  Yes  No

**Name:**

sandra Marques

**Email:**

sandi.marques@unacuhcp.org

**Phone:**

(562) 544-4961

**Mailing Address:**

5815 east la palma avenue #167  
anaheim hills, CA 92807

# Complaint Details



## Patient/Resident Information

Does your complaint involve a specific patient or resident? \*  Yes  No

## Complaint

Date of Alleged Event: \*

08-01-2023



Time of Alleged Event:

7:30 PM



Describe the Event: \*

On 8/1/23 all RNs in all three ICU (3100, 3200, and 3300, were assigned 3 high acuity ICU patients (3:1). on 8/9 an RN was assigned out of ratio with 3:1 high acuity patients; on 8/12 three RNs assigned OOR 3:1 high acuity patients. Also basic equipment to monitor patients not available.  
The frequency of ICU RNs being assigned OOR is chronic and endangers safe patient care

Add an Attachment:

Choose File No file chosen

Remove SFMC ICU with 3 to 1 high acuity patients.pdf (Size: 5.7Mb)

Allowed file formats include .DOC, .DOCX, .RTF, .TXT, .PDF, .PPT, .JPEG and .PNG. Maximum file size allowed is 20 MB.

To keep a record of this complaint, please click on the "print" button prior to clicking "submit".

Print

Submit