

oor 3:1

E-MAILED AUG 14 2023

UNIT: 10U

SHIFT: 8/12/23 AM



DATE: 8/12/23

Fax to: 714-970-5133

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

STAFFING OBJECTIONS

Part I

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
- MICN with other Assignment (Trauma / Break relief)
- Other (please specify) equipment not functioning tube system down since 8/24/23

3 RNs to 3:1 ICU pts

Part III

#Beds/Pt's: _____ Census of Unit: 29 Acuity: High Average Low Clerk: Yes No

Part IV

Shift	
	Regular/Float Casual
RN	14
LVN	
Aide	
Registry	

Staffing

No Charge Nurse

Part V

ACTION: Notified supervisor/other: VT 8/12/23

Supervisor response: _____

Part VI

Comments / Additional Information: _____

oor 3:1 ^(FAX) *kw*

UNIT: 3100
SHIFT: PM Shift



DATE: Aug 9th 2023

Fax to: 714-970-5133

①

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

E-MAILED AUG 14 2023

STAFFING OBJECTIONS

Part I

R. M. Smith
RN

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

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

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- 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
- MICN with other Assignment (Trauma / Break relief)
- Other (please specify) _____

Part III

#Beds/Pt's: _____ Census of Unit 30+ Acuity: High Average Low Clerk: Yes No

Part IV

Shift	
	Regular/Float/Casual
RN	<u>8</u>
LVN	
Aide	
Registry	

Staffing

No Charge Nurse

Part V

Notification: JUDY MURPHY SUPER AUG 9th
Supervisor response: TWOED TO FIX ASSIGNMENT - TOOK PT'S

Part VI

Comments / Additional information: _____

OODR 3:1

UNIT: 3300
SHIFT: 7Am



DATE: 8/1/23

Fax to: 714-970-5133

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

4

STAFFING OBJECTIONS

E-MAILED AUG 16 2023

Part I

[Signature]
[Signature]
[Signature]

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.

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- 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) 1:3
- MICN with other Assignment (Trauma / Break relief)
- Other (please specify) _____

Part III

#Beds/Pt's: 12 Census of Unit: 10 Acuity: High Average Low Clerk: Yes No

Part IV

	Shift	
	Regular/Flat	Casual
RN	<u>4</u>	
LVN		
Aide		
Registry		

Staffing

No Charge Nurse

Part V

NOTATION: notified supervisor/other _____
Supervisor response _____ NAME/TITLE _____ DATE/TIME _____

Part VI

Comments / Additional Information: _____

OK 3:1

UNIT: 3200
SHIFT: 7am



DATE: 8/1/23

Fax to: 714-970-5133

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

(4)

STAFFING OBJECTIONS

E-MAILED AUG 1 6 2023

Part I
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.

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- 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) 1:2
- MICN with other Assignment (Trauma / Break relief)
- Other (please specify) _____

Part III
#Beds/Pt's: 12 Census of Unit 11 Acuity: High Average Low Clerk: Yes No

Shift	
	Regular/Float/Casual
RN	<u>5</u>
LVN	
Aide	
Registry	

Staffing
 No Charge Nurse

Part V
ACTION:
Notified supervisor/other _____
Supervisor response _____

Part VI
Comments / Additional information: _____

oor 3:1

UNIT: 3100
SHIFT: 7 AM



DATE: 8/1/23

Fax to: 714-970-5133

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

STAFFING OBJECTIONS , E-MAILED AUG 16 2023

W

Part I

Tashe Cross
Kathryn Monzo
Sarah Bryan

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.

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- 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) 13
- MICN with other Assignment (Trauma / Break relief)
- Other (please specify) _____

Part III

#Beds/Pt's: 12 Censur of Unit 10 Acuity: High Average Low Clerk: Yes No

Part IV

	Shift	
	Regular	Float Casual
RN	<u>4</u>	
LVN		
Aide		
Registry		

Staffing

No Charge Nurse

Part V

Notification: _____
Supervisor response: _____ NAME/TITLE: _____ DATE/TIME: _____

Part VI

Comments / Additional information: _____

CD PH Complaint

filed 7/2/23

ER: MICN
ratio
tray & Ass
MICN
training
TC & Admits

- edit 7/23
- no sub identified

4th, 5th & 8th

- ratio

- excessive LVN

coverage

Complaint # CA00848508



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

7/2/23 complaint
ER: MICU
Retro
train
training
TC & Admins

4th, 5th, & 8th

- retro
- excessive LVN



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Janice Hahn
Fourth District

Kathryn Barger
Fifth District

coverage

August 17, 2023

Sandra Marques
5815 E La Palma Ave #167
Anaheim Hills, CA 92807

Dear Sandra Marques:

FACILITY: Saint Francis Medical Center
COMPLAINT NUMBER: CA00848508

The Licensing & Certification Program (L&C) within the California Department of Public Health has completed an investigation of your complaint concerning Quality of Care/Treatment at Saint Francis Medical Center. L&C made an unannounced visit to the facility on July 11, 2023 and investigated circumstances surrounding your complaint through direct observation, interviews, and/or review of documents. Through this process, we:

- have substantiated your complaint.
- substantiated other, unrelated violation(s) not specific to your complaint allegation(s).
- were not able to substantiate your complaint.

The basis for this finding is as follows:

- L&C validated the complaint allegation during the onsite visit.
- L&C was not able to validate the complaint allegation, but did identify other unrelated



violations during the onsite visit.

L&C validated the complaint allegation, but determined through direct observation, interviews, and/or review of documents that the facility did not violate any State and/or Federal laws or regulations.

L&C was not able to validate the complaint allegation through direct observation, interviews, and/or review of documents. In addition, no other unrelated violations of regulations were observed.

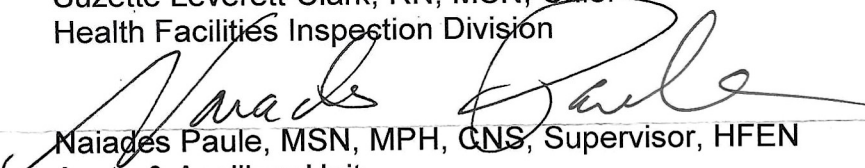
Current law authorizes L&C to make a final determination when investigating complaint allegations in hospitals. Our final decision is based on onsite investigation including direct observations, interviews, and review of documents.

Thank you for sharing your concerns, we will continue our efforts to ensure that patients receive care, services and reside in an environment in accordance with their needs and preference.

Should 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



BARBARA FERRER, Ph.D., M.P.H., M.Ed.
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County Health Officer

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Acting 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

BOARD OF SUPERVISORS

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First District

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Second District

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Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

July 3, 2023

Sandra Marques
5815 E La Palma Ave #167
Anaheim Hills, CA 92807

Dear Sandra Marques:

Facility Name: Saint Francis Medical Center,
Complaint Number: CA00848508

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. 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
Acting Chief Health Facilities Inspection Division

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

NP:tm



Complaint Against a Health Care Facility/Provider

7/2/23

ER: MUCD

reko

tracy @ Ass.

MUCD

traunij

TC @ Admins

4th, 5th, & 8th

- Reko

- excessive WNC coverage

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

L&C District Office Information

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

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

Mailing Address:

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

Email:

sandi.marques@unacuhcp.org

Phone:

(562) 544-4961

Complaint Details



Patient/Resident Information

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

Complaint

Date of Alleged Event: *

Time of Alleged Event:

Describe the Event: *

On 6/17, 6/27, 6/28 on the 4th, 5th and 8th floors (medical surgical and trauma units), they were out of ratio and had excessive LVN coverage. They are not doing team care but are assigned to full ratio and out of ratio and covering for 3 LVN patients. The LVNs are in ratio and do not assist the RNs. On 6/28, 6/30, 7/1, and 7/2 the ER MICN and triage nurses had other assignments impacting their ability to respond to triage or the raido, team care had 17-30 patients with admits (2-3) with the triage nurse functioning in the team care and triage area, they were out of ratio with ICU

Add an Attachment:

Choose File	No file chosen
Remove	4th, 5th, and 8th staffing objections with ratio and excessive LVN coverage.pdf (Size: 7.8Mb)
Remove	ER staffing objections with training issues, MICN, triage with assignment, team care with admits and ratio issues.pdf (Size: 4.6Mb)

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".

<input type="button" value="Print"/>	<input type="button" value="Submit"/>
--------------------------------------	---------------------------------------