UNIT: 100

OOR	3:1

E-MAU EL AUG 1 4 2023

DATE:	8/12	27

SHIFT: 8/12/27 AM	Fax to: 714-970-5133
ST. FRANCIS RE	ALIFORNIA/ UNION OF HEALTH CARE PROFESSIONALS GISTERED NURSES ASSOCIATION
STAFF STAFF	ING OBJECTIONS
Almor Monoz. James name	Nurse/s Employed at: Saint Francis Medical Control
And offernely	hereby protest my assignment as: Primary Nurse Charge Nurse LVN Coverage RN
assignment is unsafe and places my patients at risk. As a result, the to carry out the assignment to the best of my ability.	facility is responsible for any adverse effects on patient care. I will under protest, attempt Part II
I am objecting to the above assignment on the grounds that: I was not trained or experienced in area assigned.	LVN coverage causing OOR. Functioning in multiple-assignments/areas (i.e., Charge and Monitor Tech.; Charge and Break relief)
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	Breaker flexed prior to providing beak and meal relief to all staff No breaker 3 P Vs +0 3:
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I was involuntarily forced to work beyond my scheduled hours.	other (please specific) equinvent not functioning the sustain down since 5/24/20
Inadequate support staff to allow safe quality care.	Part III
#Beds/Pt's: Census of Unit 20	Aculty: High
Shift Regular/Float Casual RN 17 LVN Aide	No Charge Nurse
Registry ACTION:	Part V - 9/12/23
Notified supervisor/other VI NAME/TILB Supervisor response	OATE/TIME

comments / Additional Information:___

201 3:1 VEW

UNIT:	3100	
SHIFT:	pm	SHAT



DATE: No 9/1 2023

Fax to: 714-970-5133

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

E-MAILED AUG 1 4 2023

STAFFING OBJECTIONS

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ments / Additional Information:		

UNIT:

SHIFT:

OOR 3:1



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 1 6 2023

The Red OD D	Partl
AL COSP	Nation / Semployed at Saint Francis Medical Center
Buthalla, Kgo	hereby protest my assignment as: Primery Nurse Charge Nurse LVN Coverege R
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TREATY / Additional information	Part VI
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JNIT: 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

STAFFING OBJECTIONS

E-MAILED AUG 1 6 2023

As a patient advocate, in accordance with the California Nurse profess fact his to the confirm that notified you that, in my professional judgment today's assignment is unsafe and places my patients at risk. As a resoft, the facility is responsible for any adverse affects on patient care. I will under protest, accompt on carry out the staignment to the best of my ability. was not trained or experienced in area sarigned. Part II was not given adequate staff for acuity (short staffed). The unit was staffed with excessive registry. Bresider flowed prior to providing best and used relief to all staff was given an assignment which possed a potential threat to this health and safety of my patients. Work patients were transferred or admitted to unit without adjustment to assignment. I was given an assignment which possed a potential threat to this health and safety of my patients. Mich with other assignment (Trauma / Break relief) I was given an assignment which possed a potential threat to this health and safety of my patients. I make given an assignment which possed a potential threat to this health and safety of my patients. I was given an assignment which possed a potential threat to this health and safety of my patients. I was given an assignment which possed a potential threat to this health and safety of my patients. I was given an assignment which possed a potential threat to this health and safety of my patients. I was given an assignment which of the ransignment (Trauma / Break relief) I was given an assignment which of the patients of the patients which of the ransignment (Trauma / Break relief) I was given an assignment which possed a potential threat to this health and safety of my patients. I was given an assignment which possed a potential threat to this health and safety of my patients. I was given an assignment which possed a potential threat to this health and safety of my patients. I was given an assignment which possed a potential	1 1	PATEI - PATEI
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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 1 6 2023

	Part I
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1964 Sigay hersel	y protest my assignment as: Primary Nurse Charge Nurse Clave Coverage B
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	Part II
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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

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). X 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.



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BOARD OF SUPERVISORS

Hilda L. Solis First District

Holly J. Mitchell Second District

Lindsey P. Horvath Third District

Janice Hahn Fourth District

Kathryn Barger



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.

X 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

Maiages 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. 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 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

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, Naiiades Paule, Health Facilities Evaluator Supervisor, at (626) 312-1187.

Sincerely,

Suzette Leverett-Clark, RN, MSN

Acting Chief Health Facilities Inspection Division

Maiados Paule, MSN, MPH, CNS, Supervisor, HFEN

Acute & Ancillary Unit

3400 Aerojet Avenue, #323

El Monte, California 91731

NP:tm



BOARD OF SUPERVISORS

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Lindsey P. Horvath Third District

Janice Hahn Fourth District

Kathryn Barger Fifth District



Complaint Against a Health Care Facility/Provider

FR: MICH retro troy to Ato. MICH To a Admit

4th, 5th, 25th -Rohd -exussu WN Cauron **Facility Name**

ST. FRANCIS MEDICAL CENTER

Q

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

ST. FRANCIS MEDICAL

Name:

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)

V

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?	*0	Yes	® I	No
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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



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

Complaint

Date of Alleged Event: 06-28-2023 Time of Alleged Event: 7:00 PM 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".

Print Submit