

CDPH Complaint
Filed 6/26/23

ER: Ratio
MICN
trial & Assignment
to & Adults

NIU - code 1020

complaint # CA00847488



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

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Holly J. Mitchell
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Lindsey P. Horvath
Third District

Janice Hahn
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Kathryn Barger
Fifth District

June 27, 2023

Sandy Marques
sandi.marques@unacuhcp.org

Dear Sandy Marques:

Facility Name: Saint Francis Medical Center,
Complaint Number: CA00847488

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

NP:tm





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Acting Chief Health Facilities Inspection Division

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

NP:tm

Health Facilities Inspection Division, ACUTES & ANCILLARY UNIT District
Office,

3400 AEROJET AVE, SUITE 323, EL MONTE, CA 91731

Telephone: (800) 228-1019 / Fax: (626) 927-9293

Internet Address: www.cdph.ca.gov



Complaint Against a Health Care Facility/Provider

- filed 1/24/23

- ER & MICU (no code team)



Ratio
MICU

transfer Assignment

TC

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: *

The ER is consistently OOR with critical patients, the triage nurse is also assigned to manage the team care patients, the MICN is assigned to trauma and charge, the team care area has admits requiring monitor without the equipment or the appropriate staff. Recent specific days:
6/25- with 1-4 admits in the team care area with aproximatley 25-42 patients
6/24- with 1-4 admits in the team care area with aproximatley 25-35 patients
6/19 and 6/23 for the ER. The NICU is not staffing for a code team to respond to codes. Most recent

Add an Attachment:

No file chosen

ER and NICU issues.pdf (Size: 6.2Mb)

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".

Complaint Details



Patient/Resident Information

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

Complaint

Date of Alleged Event: *

06-19-2023



Time of Alleged Event:

7:02 AM



Describe the Event: *

The ER is consistently OOR with critical patients, the triage nurse is also assigned to manage the team care patients, the MICN is assigned to trauma and charge, the team care area has admits requiring monitor without the equipment or the appropriate staff. Recent specific days:

6/25- with 1-4 admits in the team care area with aproximatley 25-42 patients

6/24- with 1-4 admits in the team care area with aproximatley 25-35 patients

6/19 and 6/23

Add an Attachment:

Choose File No file chosen

Remove ER and NICU issues.pdf (Size: 6.2Mb)

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

Mailing Address:

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

Email:

sandi.marques@unacuhcp.org

Phone:

(562) 544-4961

Roho / tray to assignment / MICN
TO AGENCIES FROM NCA

UNIT: ER
SHIFT: 7pm



DATE: 6/25/2023

Fax to: 714-970-5133

(A)

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

STAFFING OBJECTIONS

E-MAILED JUN 26 2023

Part I

Sharon Muniz RN
Luis Minor RN
Jada Pittney RN
Michele Cabrera RN

Nurse/s Employed at: Saint Francis Medical Center
Hazel Murray RN Dylan Nguyen 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) 4:1 ratio with ICU patients
- MICN with other Assignment (Trauma / Break relief)
- Other (please specify) Combined greet/triage nurse

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 _____

Supervisor response _____

Part VI

Comments / Additional Information: _____

hold/ triage assignment / mca (FAX) P. 001/002

UNIT: ER
SHIFT: 7pm

DATE: 6/24/2023



Fax to: 714-970-5133

Accounts in TO from 6:00

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

(A)

STAFFING OBJECTIONS

E-MAILED JUN 26 2023

Part I

Sharon Muniz RN
Donna Enriquez RN
Jada Pinkney RN
Nicole Cabrera RN

Nurse/s Employed at: Saint Francis Medical Center
WIS Munoz RN Hazel Monroy RN

hereby protest my assignment as: Primary Nurse Charge Nurse LVN Coverage RN
Dylan Nguyen 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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- 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) 4:1 ratio w/ ICU admissions
- MIGN with other Assignment (Trauma / Break relief)
- Other (please specify) Completed Great/Triage nurse high acuity in department

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 _____
Supervisor response _____

Part VI

Comments / Additional Information: _____

Much Ratio/Time to Assignment / (MCA)

UNIT: ER

SHIFT: NOC

DATE: 6/23/23



Fax to: 714-970-5133

TC to Admins - 4 from 0100

UNITED NURSES ASSOCIATION OF CALIFORNIA / UNION OF HEALTH CARE PROFESSIONALS

ST. FRANCIS REGISTERED NURSES ASSOCIATION

E-MAILED JUN 26 2023

(3)

STAFFING OBJECTIONS

Part I

Ashley Pineda RN
Sharon Murray RN
Jose Rubio RN

Nurse/s Employed at: Saint Francis Medical Center
Cindy Meyer RN, Nichole Cabrend RN, Maddelyn Nguyen RN
Dylan Lopez RN
herby 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) 4 to 1 w/ ICU/critical pts
- MICN with other Assignment (Trauma / Break relief)
- Other (please specify) Combined greet/ triage on

Part III

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

Part IV

	Skill	
	Regular	Float Casual
RN		
LVN		
Aide		
Registry		

Staffing

No Charge Nurse

Part V

ACTION: Notified supervisor/other _____

Supervisor response _____

Part VI

Comments / Additional Information: _____