UNIT: TR
SHIFT: 7a

DATE: 6/19/2023

Fax to: 714-970-5133

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

STAFF	ING OBJECTIONS	E-MAILED JUN 26 2023
John Britiney Po	Luis Munoz KN 1811 et eby protest my assignmentous: Primary ellis Sa Dawy	
	Patent	
I am objecting to the above assignment on the grounds that I was not trained or experienced to area assigned. I was not given adequate staff for equity (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 schedular hours. Increase aculty patients without adjustment to assignment. Inadequate support staff to allow sefe quality care.	Tech.; Charge and Break re Breaker flexad prior to pro	signments/areas (i.e., Charge and Monitoreiles) oviding book and meal relief to all staff (I Assignment & almissions. Int (Trauma / Break relief) comboiled & Coeffining must
	- Part IV-	
Shift Regular/Float Casual RN LVN Alda Regulary	Staffing ☐ No Charge Nurse	
	- Part V	
CTION: otified supervisor/other		
ipervisor response		BATE/T."B
omments / Additional Information:	Part VI	

06/18/2023 19:03 UNIT: NCU SHIFT: 19-7	DATE: LOLG ROLL ROLL
(A)	CALIFORNIA/ UNION OF HEALTH CARE PROFESSIONALS REGISTERED NURSES ASSOCIATION FING OBJECTIONS E=MAILED JUN 2 6 2023
M. ChoiRN C. Gordon Chenyl Gordon RN DHodson RN V. Kim RN	Nurse/s Employed at: Saint Francis Medical Center RN RN hereby protest my assignment as: Primary Nurse Charge Nurse LVN Coverage RN
to carry out the assignment to the best of my ability.	actice Act, this is to confirm that I notified you that, in my professional judgment, today's ne 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 given adequate staff for acuity (short staffed).	LVN coverage causing OOR. Functioning in multiple assignments/areas (i.e., Charge and Monitor Tech.; Charge and Break relief)
The unit was staffed with excessive registry. New Patients were transferred or admitted to unit without adequate staff.	Breaker flexed prior to providing beak and meal relief to all staff No breaker
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	OOR (#of pts per nurse) MICN with other Assignment (Trauma / Break relief) Other (please specify)
Increase acuity patients without adjustment to assignment	Other (please specify)

Inadequate support staff to allow safe quality care. No lode tran Tadmits Acuity: High | Average | Low #Beds/Pt's: Clerk: Yes No Part IV-Shift Staffing Regular/Float Casual ☐ No Charge Nurse RN LVN Aide Registry E. Castillo RN ACTION: Notified supervisor/other Supervisor response Part VI Comments / Additional Information: Oll

STATS	1900	2100	2300	0100	0300	0500
CHARGE NURSE	Sharon					>
DATE/TIME	6/16/23		>	6/17/23		>
TOTAL PATIENTS	49	52	63	58	53	50
ADMISSIONS	9	7	8	10	10	14
icu		0	1	1	0	0
TELĖ	2	3	١	2		2
MED SURG	3	1	3	1	1	4
PSYCH	3	3	3	6	8	8
NICŪ					-	
L&D						-
AMBULANCE HOLDS	2	3	3	3	4	5
LONGEST WAIT TIME	0:46	0:47	2:28	2:42	434	6:32
ED MAIN STAFF						
TC TOTAL PTS	33	35	40	36	31	25
TC ADMITS	2	2	3	y	5	3
WAITING TO BE SEEN	15	16	15	12	13	14
WAIT TIME	3:46	2:02	3:43	3:04	345	4:27
TC STAFF						
CEDOCS	156	187	200	193	172	182
NOTES: Transfers Po	yda "	13-157	-r clos	ed C 03	15	
#29 #34 #35					·	New T

				1		
STATS	1900	2100	2300	0100	0300	0500
CHARGE NURSE	Show					→
DATE/TIME	6/18/23		>	6/19/23	-	
TOTAL PATIENTS	82	75	56	39	29	22
ADMISSIONS	7	4	11	7.	Ų	6
ICU	0		1	1	\	
TELE	2	3	4	5	4	4
MED SURG	3	3	4		6	1
PSYCH	l	Ø	Ф	d	Ø.	0
NICU						
L&D						
AMBULANCE HOLDS	1	\	2	١	١	0
LONGEST WAIT TIME	2:19	0:15	0:15	1:00	00:15	
ED MAIN STAFF	·					
TC TOTAL PTS	65	60	41	26	14	12
TC ADMITS		0	2	Φ	Ø	0
WAITING TO BE SEEN	28	286	10	8	4	5
WAIT TIME 8	572:58	10:54/4:53	2:30	02.30	04.24	0:32
TC STAFF	1				A V	
CEDOCS	188	193	136	95	73	T/6
NOTES:						
					,	*

STATS	1900	2100	2300	0100	0300	0500
CHARGE NURSE	Azhlez		>	Shawn		
DATE/TIME	4/23/23-		->	6/24/23.		>
TOTAL PATIENTS	56	42	5-1	46	53	44
ADMISSIONS	6	07		14	13	12-
ICU	1.	ф	Þ	(3	2
TELE	4	4		q	8	9
MED SURG	/	1	3	3		0
PSYCH	Ø	p	1		1	1
NICU	à	0	\$			
L&D	Φ	9	9			N
AMBULANCE HOLDS	6	47	4	4	5	6
LONGEST WAIT TIME	1:00	3:00	5:00	3:48	2:16	3-25
ED MAIN STAFF						(1)
TC TOTAL PTS	34	44	36	27	74	18
TC ADMITS				Ч	9	Ч
WAITING TO BE SEEN	17	13	13	10	9	9
WAIT TIME	3:00	5:00	3:00	4:46	300	2:38
TC STAFF	3	3	2			
CEDOČS	124	124	117	102	122	103
NOTES:						

STATS	1900	2100	2300	0100	0300	0500
CHARGE NURSE	Shanon					>
DATE/TIME	6/24/23		~	6/25/23		
TOTAL PATIENTS	yo	37	42	48	42	38
ADMISSIONS	7	5	5	7	8	7
ICU	Ø	Ø	Ø	Ø	t	t
TELE	2	l	1	1	1	ø
MED SURG	3	2	2	3	2	2
PSYCH	2	2	2	3	Ч	4
NICU						
L&D						
AMBULANCE HOLDS	2	Ø	1	3.	5	7
LÖNGEST WAIT TIME	6:50		0:01	1:41	2133	476
ED MAIN STAFF	,					V
TC TOTAL PTS	28	26	31	33	24	22
TC ADMITS	Ч	2	l	1	1	3
WAITING TO BE SEEN	9	8	10	13	5	<u>م</u>
WAIT TIME	1:47	6:41	0:56	2:15	0:40	1:34
TC STAFF					<u> </u>	
CEDOCS	98	92	107	127	106	95
NOTES:						

	4 0 0 0		2200	á é à a	ÖÖÖÖ	0.500
STATS	1900	2100	2300	0100	0300	0500
CHARGE NURSE	Sharon					>
DATE/TIME	6/25 -		>	6/26 -		
TOTAL PATIENTS	143	45	62	42	37	28
ADMISSIONS	9	10	9	13	13	9
ICU	2	l	4	3	2	Ø
TELE	2	0	Ø	2	2	2
MED SURG	r (3	Ø	3	Ч	2
PSÝCH	4	5	5	5	5	5
NICU				 _		
L&D						
AMBULANCE HOLDS	4	2	10	3	0	-0-
LONGEST WAIT TIME	3:30	2:07	4:17	4:03		
eď main Staff	25					
TC TOTAL PTS	<i>9</i> 1	26	33	21	19	12
TC ADMITS		2	Ø	3	2	0
WAITING TO BE SEEN	8	9	13		l	4
WAIT TIME	1:13	1:11	2:01	6-07	0:08	
TC STAFF						
CEDOCS	128	1286	183	123	118	85
NOTES:		- Control of the Cont				

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CDPH complaint filled 3/19/23 (contains)

-5th fleek (19 shout) - Level exceve astortini drycticin included è acomplaint

Complaint # C400 832039

Eliolis (Document total alistas)

- complaint substanhold

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- tablet plan of correction Documents

- #2542 plan of correction Documents

- could for copy

Ki. 5th Floor VY Shunt



-SIP VP Shount & traunings

8/10- Called Fer

2547 Plan of Conrection BIM.



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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

June 13, 2023 - Kecurch 8/10/23

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

Dear Sandra Marques:

FACILITY: Saint Francis Medical Center COMPLAINT NUMBER: CA00832039

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 and Resident Safety at Saint Francis Medical Center. L&C made an unannounced visit to the facility on April 4, 2023 and investigated circumstances surrounding your complaint through direct observation, interviews, and/or review of documents. The outcome of this investigation is as follows:

 X 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:

X 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,
inter	views, and/or review of documents. In addition, no other unrelated violations of
regu	lations were observed.

The 2567 has been sent to the provider for documenting their plan/s of correction. If you would like a copy of this document, please call the District Office at (800) 228-1019 and request a copy.

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, 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:jc