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www.publichealth.lacounty.gov

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March 20, 2023

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

Dear Sandra Marques:

Facility Name: Saint Francis Medical Center,
Complaint Number: CA00832039

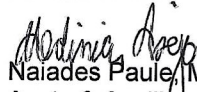
The purpose of this letter is to inform you that this office is in receipt of your complaint regarding the above named facility.

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 occurred. L&C must verify the violation through direct observation, interviews, or review of documents. You will be contacted by telephone prior to the investigation.

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,

Nichole Quick, M.D., M.P.H., Director
Health Facilities Inspection Division

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

NP:ds

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



Complaint Against a Health Care Facility/Provider

- complaint filed 3/19/23 @ 1952 (online)

/

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:

smarques410@gmail.com

Phone:

(562) 544-4961



Patient/Resident Information

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

Complaint

Date of Alleged Event: *

03-11-2023

Time of Alleged Event:

7:30 AM

Describe the Event: *

Patient in room 5329 on 3/11 and 3/12/23. The 5th floor is a medical-surgical unit. Pt. admitted post VP shunt with drainage tubes, requiring measuremnts. The 5th floor RNs were never trained to care for this type of patient, no competencies were obtained prior to the care of this patient, there was not a hospital policy for the care of a patient with this type of acuity on the 5th floor. The nurses and the director questioned the admit and the safety of the admit. The ICU RN or the MCC were assigned to round on the patient every 4 hours but there was no resources for the nurses and

Add an Attachment:

Choose File No file chosen
Remove 5th floor med-surg with training and level of care issues.pdf (Size: 1.5Mb)

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”.

Training / ? level of care

UNIT: 5th FL

SHIFT: Sunday March 12, 2023
0700-1930



DATE: 3/12/23

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

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

STAFFING OBJECTIONS

E-MAILED MAR 19 2023

Michelle Driver

Part I

RN

RN

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)

Other (please specify) - I was assigned to room 5329
It was a external vs shorts tubing that
requires clamp, measure met, pt head
of bed 30°, need drainage every 4 hrs
measurement level in drainage bilateral
drainage when changing pt at low diff
ICU RN is the only one who can change up
drainage

#Beds/Pt's: 5 pt plus 1 LVN cover
Census of Unit

Part III

Part IV

Shift	
	Regular / Float Casual
RN	
LVN	
Aide	
Registry	

Staffing

No Charge Nurse

ACTION: Notified supervisor/other _____

Supervisor response _____
NAME/TITLE _____ DATE/TIME _____

Comments / Additional Information: _____

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

UNIT: 5th floor Med Surg
 SHIFT: Night 1900-0700

Trauma! ? Level care
 DATE: 3/12/23
 Fax to: 714-970-5133



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

STAFFING OBJECTIONS

E-MAILED MAR 10 2023

Sofia Terrones Adv Guisno
 RN

Part I

Nurse/s Employed at: Saint Francis Medical Center

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.

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

Part II

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

- I was not trained or experienced in patient 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) I was assigned to room 5329. Pt has two external VP short tubing that requires clamping measurement, pt's HOB 30°, head drainage every 4 hour measurement, by trauma bilateral clamping when changing pt has call ICU RN is the only one who can change VP drainage bag.

#Beds/Pt's: 35 Census of Unit: 26

Part III

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

NAME/TITLE

DATE/TIME

Part VI

Comments / Additional Information:

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

Training? level of care

UNIT: 5th Floor Med Surg
SHIFT: Night shift
1900 - 0700



DATE: 3/11/23

Fax to: 714-970-5133

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

STAFFING OBJECTIONS

E-MAILED MAR 19 2023

Sofia Terrones, RN

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.

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) I was assigned to room 5329. pt has two external VP shunt tubing that causes clamping, measurement, pt's head 30° head drainage every 4 hours; measurement level by tragus; bilateral clamping when changing pt, pt has CDIFF; FCU RN is the only one who can change VP drainage bag. Acuity: High Average Low Clerk: Yes No

#Beds/Pt's: 35 Census of Unit: 30

Part III

Part IV

Shift	
	Regular/Float Casual
RN	
LVN	
Aide	
Registry	

Staffing

No Charge Nurse

ACTION: Notified supervisor/other

Part V

Supervisor response

NAME/TITLE

DATE/TIME

Comments / Additional Information:

Part VI

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

training / ? level of care

UNIT: 5th floor Med Surg
SHIFT: _____



DATE: 3/11/23

Fax to: 714-970-5133

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

STAFFING OBJECTIONS

E-MAILED MAR 19 2023

Sofia Terrones
RN

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 patient areas 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) I was assigned to room 5329 (pt has VP shunt)

#Beds/Pt's: 35 Census of Unit: 30

Part III

Acuity: High Average Low Clerk: Yes No

Part IV

	Shift
RN	Regular / Float Casual
LVN	
Aide	
Registry	

Staffing

No Charge Nurse

ACTION: Notified supervisor/other _____

Part V

Supervisor response _____
NAME/TITLE _____ DATE/TIME _____

Part VI

Comments / Additional Information: _____

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