

CDPH Complaint

Filed 2/10/23 - ER

Added to same complaint #

• 2/3/23 ICU COR 4:1 & 3:1 &
training

2/3/23 LTD COR tray, Active
labri pts. in tray

Complaint # CA00824587

5/1 Substantiated & Validated
& Violation State (Federal)

Re: ER Issues: COR, COR team
(ONE, MICN) fast track,
NO monitors



BOARD OF SUPERVISORS

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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

May 1, 2023

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

Dear Sandra Marques:

FACILITY: Saint Francis Medical Center
COMPLAINT NUMBER: CA00824587

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 February 8, 2023 and investigated circumstances surrounding your complaint through direct observation, interviews, and/or review of documents. The outcome of this investigation is as followed:

- 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:

- 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.

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



Sandra Marques

Page 2

May 1, 2023

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 hospital. 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) 927-9293.

Sincerely,

Nichole Quick, M.D., M.P.H., Deputy Director
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:ds



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Kathryn Barger
Fifth District

February 2, 2023

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

Dear Sandra Marques:

Facility Name: Saint Francis Medical Center,
Complaint Number: CA00824587

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

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

FM

NP:jc

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 # CA00324987

Facility Name	ST. FRANCIS MEDICAL CENTER
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ER on 2/1/23

ICU on 2/3/23

LTD on 2/3/23



} Added to same complaint #

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

Filed 02/01/23 @ 2143

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:*

01-01-2023

Time of Alleged Event:

7:28 PM

Describe the Event:*

ER Department on 12/03/22, 12/04, 12/09, 12/07, 12/10, 12/11, 12/12, 12/13, 12/17, 12/18, 12/21, 12/22, 12/26, 12/27, 12/28, 12/30, 12/31 and 1/1/23
The patient assignments were out of Title 22 ratios with ICU patients in the ER main, our of safe patient care with greater than 30 patients in the team care/fast track area with admissions waiting for a bed; no monitors for patients who had tele admission orders in the tea care/fast track area; not enough staff to assign someone to MICN or the MICN was given additional assignments with

Add an Attachment:

Choose File No file chosen

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

MICU/OOR

UNIT: ER
SHIFT: 7P-7A



DATE: 12/03/2022
Fax to: 714-970-5133

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

STAFFING OBJECTIONS

E-MAILED DEC 20 2022

(u)

Part I

Hazel Ruiz, ROSALIE V. ORTEGA Employed at: Saint Francis Medical Center
DONNA EWING MICU Jonathan Fuentes RN
Jessica Rosas RN
MELISSA ER
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 pm + 2 pm
- MGN with other Assignment (Trauma / Break relief)
- Other (please specify) _____

Part III

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

Part IV

	Shift
	Regular/Float Casual
RN	
LVN	
Aide	
Registry	

Staffing

No Charge Nurse

Part V

ACTION: Notified supervisor/other: Elizabeth Carlson DATE/TIME: 12/03/2022
Supervisor response: _____ DATE/TIME: _____

Part VI

Comments / Additional information: _____

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

OOK

UNIT: ER
SHIFT: 1900 - 0730



DATE: Dec 03, 2022

Fax to: 714-970-5133

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

STAFFING OBJECTIONS

E-MAILED DEC 20 2022



Part I

Melissa Joy David, 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 OOK.
- 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) working in two roles
gait / triage
short staffed

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: Elizabeth Catalan Dec 04, 2022

Supervisor response _____

Part VI

Comments / Additional Information: _____

MICN/OOR

UNIT: ER
SHIFT: 1P-7A



DATE: 12/4/2022

Fax to: 714-970-5133

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

STAFFING OBJECTIONS

E-MAILED DEC 20 2022

Michelle Chibrea (N) Part I SHARON KIM
Danna Emig
Doreen Puentes RN
ROSALIE V. ORTEGA
Nurse/s Employed at: Saint Francis Medical Center
NEUSSA DAVID
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) ten + 3 pt
- MICN with other Assignment (Trauma / Break relief)
- Other (please specify) _____

Part III

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

Part IV

	Shift	
	Regular	Float Casual
RN		
LVN		
AJde		
Registry		

Staffing

No Charge Nurse

ACTION: E. Catalan Part V 12/04/2022
Notified supervisor/other: _____ DATE/TITLE: _____
Supervisor response: _____ DATE/TITLE: _____

Part VI

Comments / Additional information: _____

Training Triage



UNIT: ER

SHIFT: Days

DATE: 12/04/22

Fax to: 714-970-5133

2

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

STAFFING OBJECTIONS

E-MAILED DEC 20 2022

Part I

Venessa Burciggis
MARCO POLO

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. (Triage)
- 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) Co-charge & Break
- 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) _____

Part III

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

Part IV

	Shift
	Regular/Float Casual
RN	<u>Regular</u>
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