OOR/TUS MUNITURS FER

i			
UNIT: 1900 - 0730		DATE: Fax t	0: 714-970-5133
UNITED NURSES ASSOCIATION OF C	ALIFORNIA/ UNION		RE PROFESSIONALS
STAFF	ING OBJEC	<b>TIONS</b>	,
	— Part I		E-MAILED DEC 2 0 2022
Alfredo "Silva LVN	Nurse/s Employed at:	PINKACY RI ent as: Aprimary Num hat I notified you that,	resal Charge Nurse DLVN Coverage RN in my professional judgment, today's attent 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.  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.	Puncti (Pech.; Dreake No bre	Charge and Break reite er flexed prior to provid taker tof pts per nurse)	nments/areas (i.e., Cherge and Monitor ef)  ding beak and meal relief to all szeff  Creuma / Break relief)
I was involuntarily forced to work beyond my scheduled hours.  Increase aculty patients without adjustment to assignment.  I inadequate support staff to allow safe quality care.		please specify)  by en k  11770	
	— Part III		
#Beds/Pt's: Census of Unit	Acutry: [	High Average	Low Clerk: Was The
Regular/Float Casual RN LVN Aide Registry		Staffing No Charge Nume	Tele Admits in TC 3 montes
CTION: Orified supervisor/other	— Part V		DATE/97:11 <b>B</b>
apervisor response	- Part VI		

FE: 90 12/06/2022 12/06/2022 07:09

## HILD OOR CERTICAL MENTO.

UNIT:			DATE:	2/5/202	2
SHIFT: NIGHT		n).	ax to: 7	714-970-5133	
UNITED NURSES ASSOCIATION OF C	California/ E <b>gistered</b> n	union of heal iu <b>rses associ</b> a	TH CARE F	PROFESSIONALS	
STAFE		JECTIONS		-MAILED DEC 2	0 2022
Donna Ensiane	Nurse/s Employe	tat: Saint F	rancis	Medical Cen	ter CA-PA-TI
As a patient advocate, in accordance with the California Nurse Pra- essignment is unsefe and places my patients at risk. As a result, the to carry out the assignment to the best of my ability.	hereby protest my	assignment as: Pri	mary Nurse	Charge Nurse LVN Co	verage RN davis
I am objecting to the above assignment on the grounds that:  I was not trained or experienced in area assigned.	Part II	AOMITS  LVN coverage causin	, ,	TEAM CANS	-
I was not given adequate staff for aculty (short staffed).	1	Punctioning in multi Tech.; Charge and B	iple assignmen reak relief)	nts/arces (i.e., Charge and i	Mon!tor
The unit was staffed with excessive registry.  New Patients were transferred or admitted to unit without adequate staff.	, 4	No breaker	d	beak and meal relief to all s	tefi
I was given an assignment which posed a potential threat to the health and safety of my parients.		OOR (#of pts per nul MICN with other Ass	ignment (Trav	uma / Break relief)	
I was involuntarily forced to work beyond my schedulad hours.  Increase sculty patients without adjustment to assignment		Jother (please specify		BREALER NOT CET 1	SAFAILS
Inadequate support staff to allow safe quality care.  NO MICN NO COOF AVA:	( <i>F</i>	NO GREET	e, O.	Joy A THIN	LES NINGE
#Beds/Pt's: Census of Unit	A	culty: High   Av	rerage 🗌 Lov	v Clerkı ∏Yes ∏N	0
Shift  Regular/Float Casual  RN LVN Alde Registry	Part IV	Staffing  No Charge N	furs (	Tell Ac n Team S Mchubory	lmits zu-5
Iction: Eu ZASETA ARTICULA SEPTIMENTES SEPTIMENTES	FartV—	12/5	-/202	12 1915 under	
numents / Additional Information:	— Part VI —				
ix to Sandi Marques @714-970-5133 or submit to a 5FR	NA Officer or Re	presentative			THE TANKS TO SEE

UNIT: | ER





DATE: 12/5/22

Fax to: 714-970-5133

UNITED NURSES ASSOCIATION OF CALIFORNIA/ UNION OF HEALTH CARE PROFESSIONALS DEC 2 0 2022 ST. FRANCIS REGISTERED NURSES ASSOCIATION E-MAILED DEC 2 0 2022

#### STAFFING OBJECTIONS

. 7	Part I	
Nichole Cabrera	urse/s Employed at: Saint Fr	ancis Medical Center
EIG EIG	•	RN Nurse Charge Nurse LVN Coverage RN
a patient advocate, in accordance with the California Nurse Pra signment is unsafe and places my patients at risk. As a result, th carry out the assignment to the best of my ability.	scility is responsible for any adverse effect	ts on patient care. I will under protest, ettempt
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m objecting to the above assignment on the grounds that:	<b>—</b> •••••	OOR
I was not trained or experienced in area assigned.	LVN coverage causing	•
Twas not given adequate staff for aculty (short staffed).	☐ Functioning in multiple  Tech.; Charge and Brea	e assignments/ateas (i.e., Charge and Monitor ik reitef)
The unit was staffed with excessive registry.	☐ Breaker flexed prior to	providing beak and meal relief to all staff
New Patients were transferred or admitted to unit without	No breaker	11 1 70
adequate staff.	OOR (#of pts per nurse	4:1 with / IC
i was given an assignment which posed a potential threat to the health and safety of my patients.		ment (Trzuma / Break relief)
was involuntarily forced to work beyond my scheduled hours.	Other (please specify)	
ncrease sculty patients without adjustment to assignment		
nadequate support staff to allow safe quality care.		
	- Partili	,
ls/Pt's: Census of Unit	Acuity: High Avera	ige Low Clerk: No
	— Part IV	,
Shift	Staffing	
Regular/Float Casual	☐ No Charge Nuts	e ·
LVN		
Aide Registry		
Active Teachers (1997)		
ON:	Part V	
DN: ed supervisor/other		PATO/T:::8
visor response		KA19/1P
	- Part VI	

12/08/2022 nonlers for tel

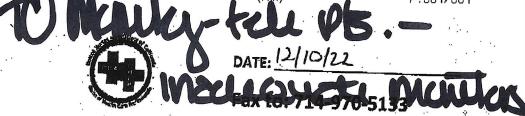
UNITED NURSES ASSOCIATION OF CALIFORNIA/ UNION OF HEALTH CARE PROFESSIONALS ST. FRANCIS REGISTERED NURSES ASSOCIATION

#### STAFFING ORIFCTIONS

122

	E-MAILED DEC 20 20
HADELYN JEUNEN	Part I
As a patient advocate, in accordance with the California Nurse Prassignment is unsafe and places my patients at risk. As a result, if to carry out the assignment to the best of my ability.	hereby protest my assignment as: Primary Nurse Vi Charge Nurse DLVN Coverage Riscice 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
I am objecting to the above assignment on the grounds that:	Part II
I was not trained or experienced in area assigned.	LVN coverage causing OOR.
was not given adequate staff for acuity (short staffed).	Functioning in multiple applianments (
The unit was stuffed with excessive registry.	, D 2. SAIL I SHALY
New Patients were transferred or admitted to unit without adequate staff.	Decaker flexed prior to providing beak and meal relief to all staff No breaker
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Increase aculty patients without adjustment to assignment.	> Multiple True normy Wo ADEQUATE Blowning le many & Jak
inadequate support staff to allow safe quality care.	The state of the s
	Part III —
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Shift	Part IV ———————————————————————————————————
Regular/Float Carrel	Staffing
LVN	No Charge Nurse
Aide Registry	
· · · · · · · · · · · · · · · · · · ·	
CTION: othed supervisor/other	Part V
pervisor response HAMPITILE	DATE/Title
	— Part VI
roments / Additional Information:	
x to Sandi Managan Office	

UNIT: ED VIGIT





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

### STAFFING OBJECTIONS

	Parti
HAZZEL MUTIRON	
muan "Veuyen	Nurse/s Employed at: Saint Francis Medical Center
R UTDA PINKEY	
As a patient advocate, in accordance with the California Nurse Preassignment is unsafe and places my patients at risk. As a result, the carry out the assignment to the best of my ability.	hereby protest my assignment as: Primary Nurse Charge Nurse LVN Coverage Factice Act, this is to confirm that I notified you that, in my professional judgment, today's se 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:	ADILA
I was not trained or experienced in area assigned.	LVN coverage causing OOR.
I was not given adequate staff for aculty (short staffed).	Functioning in multiple assignments/areas (i.e., Charge and Monitor Tech.; Charge and Break relief)
The unit was staffed with excessive registry.	Breaker flexed prior to providing beak and thesi relief to all staff
<ul> <li>New Patients were transferred or admitted to unit without adequate steff.</li> </ul>	No breaker
I was given an assignment which posed a potential threat to	OOR (#of pts per nurse)
	☐ MICN with other Assignment (Trauma / Break relief)
I was involuntarily forced to work beyond my scheduled hours.	CHAL CHARGE SPECIFY
Increase acuity patients without adjustment to assignment.	> I TELL ATOMYTO
Inadequate support staff to allow safe quality care.	
	Part III
#Beds/Pt/s: Census of Unit	Acuity: High Average Low Clerk: Yes No
	Part IV
Shift Regular/Float Casual	Staffing
RN LVN Alda	☐ No Charge Nurse
Registry	
	— Part V
CTION: Odfied supervisor/other	
pervisor response	OV.16/J.1.18
	— Part VI
mments / Additional information:	

## Kohi / MICO/10- Monika

UNIT: / EN
SHIFT: NIGHT



DATE: 12/10/2022

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 2 0 2022

Air CN MUNOZ	Nurse/s Employed at: Saint Francis Medical Center
SHARAN MUNIZ	NICHOLE CABRELLA PATRICIA C
MADERY NGUYEN	hereby protost my essignment as: Afrimary Nurse Conerge Nurse LVN Coverage RN
patient advocate, in accordence with the California Nurse Pract nment is unsafe and places my patients at risk. As a result, the rry out the assignment to the best of my ability.	lice Act, this is to condim that I notified you that, in my professional judgment, today's facility is responsible for any adverse effects on patient care. I will under protest, attempt
objecting to the above assignment on the grounds that:	Part II THINGS NUMBE DYLAN NGUYEN  **ELVN coverage causing OOR. NO GREET NUMBER  **ELVN COVERAGE CAUSING OOR.
vas not trained or experienced in area assigned.	LVN coverage causing OOR. NO CAEST NULL C
as not given adequate staff for eculty (short staffed).	Functioning in multiple assignments/areas (i.e., Charge and Monitor Tech.; Charge and Break reilef)
o unit was staffed with excessive registry.	্ৰা Breaker flexed prior to providing beak and meal relief to all ১ফৰ্নি
w Patiants were transferred or admitted to unit without equate staff.	🔀 No breaker
	BOOR (#Ofpes per nurse) 4.1 E ICW PASTERS
es given an assignment which posed a potential threat to health and safety of my patients.	MICN with other Assignment (Trauma / Break relief)
s involuntarily forced to work beyond my scheduled hours.	
ease aculty patients without adjustment to assignment.	Other (please specify) M OLERICS PANOS
equate support staff to allow safe quality care.	ASD MICH / TRANSA NINGE
	CN (a) RATIO
MARY LOV WANTER TO KEST PORTOR PLANTED TO KEST PORTOR	- Part III
Census of Unit	Acutty: Offigh Average Low Clerk: Yes Niv
	Transfer Danie Citation Dies Divi
61.76	- Part IV
Shift Regular/Ploat Casual	Staffing
	☐ No Charge Nurse
N. Le	
distry	
pervisor/other Eurosmy Anno	Not 12/10/2022 1900
response	D//TE/TC/E
	181 - 181
	Part VI

# MIDD/102 MANU

UNIT: 1 Emergena

SHIFT: \_ 1900



DATE: 12/11/22 - 12/12/22

Fax to: 714-970-5133



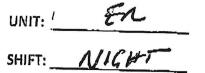
UNITED NURSES ASSOCIATION OF CALIFORNIA/ UNION OF HEALTH CARE PROFESSIONALS ST. FRANCIS REGISTERED NURSES ASSOCIATION

#### STAFFING OBJECTIONS

E-MAILED DEC 2 0 2022

Haze	el Monray	Nurse/s Employed at: Saint Francis Medical Center
stepl	nank Mughes	Angel Morales LUN
Dyla	n "Dayen	AN
s a padent advoce; signment is unsafe carry out the assig	e, in accordance with the Celifornia Nurse F a and places my patients at risk. As a result, gament to the bast of my ability.	hereby protest my assignment as: Primary Nursa Charge Nurse LVN Coverage RN  Practice Act, this is to confirm that I notified you that, in my professional judgment, today's  the facility is responsible for any advarse affects on patient care. I will under protest, ettempt
		Part II
m objecting to the	e above assignment on the grounds that:	ts
I was not trained	or experienced in area assigned.	☐ LVN coverage causing OOR.
l was not given ad	equate staff for aculty (short staffed).	<ul> <li>Princtioning in multiple assignments/areas (i.e., Charge and Monito:</li> <li>Tech.; Charge and Break reilef)</li> </ul>
The unit was staffe	ed with excessive registry.	Breaker floxed prior to providing beak and meal relief to all staff
	transferred or admitted to unit without	No breaker
was given an assis	gnment which posed a potential threat to	OOR (#of pts par nurse)
he health and safet	h, ot mi, haganze	MICN with other Assignment (Trauma / Break relief)
was involuntarily (	forced to work beyond my scheduled hours	
	ents without adjustment to essignment	Other (please specify) Multiple admi)) im S  [Comcave inth inadequal state
<i>y</i>	staff to allow safe quality care.	lack of solding no breaker.
	A . A BOTTO A MAILTY CALG.	
		Part III 8 admissions + High Acity 1
s/Pt's:	Consus of Unit	
	-	Aculty: Aligh Average Low Clerk: Yes No
		Part IV
	Shift	Staffing
RN ·	Regular/Float Casual	☐ No Charge Nurse
LVN		
Alde Registry	-	-
	Carrie of the same	
		Pare V ———
i: supervisor/othor,		
ог геѕролѕс	KARBATITLE	PATE/TOTA
or response		
		Part VI

(GD)/M(D)





DATE: 12/11/2022

Fax to: 714-970-5133

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

#### STAFFING ODIECTIONS

F-MAI IN DEC 90 2022

	LIMA OPECTIONS
As a patient advocate, in accordance with the California Nurse Prassignment is unsafe and places my patients at risk. As a result, the carry out the assignment to the best of my ability.  I am objecting to the above assignment on the grounds that:  I was not given adequate staff for ecuity (short staffed).	Nurse/s Employed at: Saint Francis Medical Center  Part II  Nurse/s Employed at: Saint Francis Medical Center  Nou you  Not protect my assignment as: September Nurse Scharge Nurse Sinn Coverage RN  actice Act, this is to confirm that I notified you that, in my professional Judgment, today's the facility is responsible for any adverse effects on patient care. I will under protest, attempt  Dylw NGUY DN (Trunce Nouse)  Part II  NO GREET NURSE  Part II  AND GREET NURSE  Part II  Part III  Part III
The unit was staffed with excessive registry.  Now Patients were transferred or admitted to unit without adequate stell.  I was given an assignment which posed a potential threat to the health and safety of my patients.	Breaker flexed prior to providing beak and meal relief to all staff  No breaker  BOOR (#of pts per nurse)  MICN with other Assignment (Trauma / Break relief)
I was involuntarily forced to work beyond my scheduled hours. Increase aculty patients without adjustment to assignment. Inadequate support staff to allow safe quality cate.  Census of Unit	Part III  Acuity: Aligh Average Low Clerk: Yes No
Shift  Regular/Float Casual  RN LVN Aide Registry	Staffing    No Charge Nurse
ON: ed supervisor/other EURAGESH PAMENO MACERIFIA  risor response  ents / Additional Information:	Part VI

UNIT: Emergency Superforent.

SHIFT: Norman



DATE: 12/12/2022

Fax to: 714-970-5133

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

### STAFFING OBJECTIONS

	Part I	Saint Francis Medical Comptens
read legez	Nurse/s Employed at:	Saintriance
120	wurse/s Employed at.	
RN	1	EN Primary Nurse Charge Nurse LVN Coverage Ri
	hereby protest my assig	mment as: Aprimary number
52	marady processing	and the district of the state o
patient advocate, in accordance with the California Nurse Prag gnment is unsafe and places my patients at risk. As a result, the arry out the assignment to the best of my ability.	ctice Act, this is to confir e facility is responsible f	gnment as: La France, in my professional judgment, today's im that I notified you that, in my professional judgment, today's for any adverse effects on patient care. I will under profest, attempt for any adverse effects on patient care. I
	—— Part II——	
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n objecting to the above assignment on the grounds that		W coverage causing OOR
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I was not given adequate staff for acuity (short staffed).		Functioning in multiple and Break relief) Fech.: Charge and Break relief)
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The unit was staffed with excessive registry.		
New Patients were transferred or admitted to unit without		No breaker
adequate staff.		OOR (#of pts per nurse)
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the health and safety of my patients.		
I was involuntarily forced to work bayond my scheduled hou	nrs.	Other (please specify)
I was involuntarily interest assignment.		pod practice (1997) i de la companya
Increase acuity parients withour adjustment to assignment.	<u> </u>	And the second s
Inadequate support staff to allow safe quality care.		
	Part III	
	0.0	cuity: Aligh Average Low Clerk: Yes No
#Beds/Pt's: GR 5-8 & Frauma Lensus of Unit	A	mith. Mundin Handrage Orom Greek Ores Ores
#Betts/Ptst Set 3 10	Part IV	
		Staffing
Shift		orannig
Regular/Float Casual		☐ No Charge Nurse
LVN		
Aide		
Registry	Part V	<u> </u>
		The state of the s
ACTION		
ACTION: Notified supervisor/other		DATE/STYLE
	Part VI	- 10 M -
Supervisor response		MANUAL
Comments / Additional Information: We had A	I Travma c	m MICN RN.
information: We		
Comments / Additional lines.		
Fax to Sandi Marques @714-970-5133 or submit to	- CFRNA Officer or	Representative



iments / Additional Information:





		The state of the s	NO PLETON	Fax to: 73	14-970-5133	
U	NITED NURSES ASSOCIATION OF	CALIFORNU	A/UNION OF HEA	LTH CARE PR	OFESSIONALS	
T	ST. FRANCIS F	EGISTERE	NURSES ASSOCI	ATION		
Luna	V Maji				E-MAILED DE	EC 2 2 2022
Cuis	Munit	ring U.	BJECTIONS	) ONIEGN		2002
, Chan	non Miniz (CL)	BATMIC	IN CAPAT			term, R
HAZE	There (Mico	Nurse/s Emplo	yeda: Saintl	fancis N	Medical Cente	I Nacy
JAN	EE MUBIO (RN)	1166	SS D- DAV	L	RX Targe Nurse   LVN Coverage	- 12
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assignment is unset to carry out the assi	te, in accordance with the California Nurse Pra fe and places my patients at risk. As a result th gament to the best of my ability.	ctice Act, this is to facility is respo	o confirm that I notified nsible for any adverse of	you that, in my pro facts on patient car	)fessional judgment, today's re. I will under protest, etter	npt
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am objecting to th	ne above assignment on the grounds that:					
	or experienced in area assigned.		LVN coverage causi	ng OOR.		
	dequate staff for aculty (short staffed).		Princtioning in multi-	iple essignments/a reak reilef)	ereas (i.e., Charge and Monto	o:
The unit was staff	fed with excessive registry.		Breaker flexed prior		and meal relief to all staff	
] New Patients were adequate staff.	e transferred or admitted to unit without	2	Two breaker			454
Twas given an assi the health and safe	ignment which posed a potential threat to		OOR (#of pts per nur		/greet (1)	VU4G ]
	forced to work seyond my scheduled hours.		MICN with other Ass			
		1	Other (please specify	)		-
ALEXANDER OF THE PARTY OF THE P	lents without adjustment to assignment					
Inadequate support	t staff to allow safe quality care.					
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- I- W/I		Part III				-
ads/l <sup>3</sup> t's:	Consus of Unit	A	culty: High Ave	rage Low	Clerk: Yes No	
		— Part IV —				
	Shift	— rartiv—	Staffing		1	-
	Regular/Float Casual	7	Statutig			
RN		-	No Charge Nu	rse		
LVN		1	_			
Aide		]				
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ON: led supervisor/other	E. CATHLAN,	الري الديا	10	=/12/21 =	-ک	
visor response	NAME/TIPLE			DAT8/TI::1	1	
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