

## Online Complaint Summary

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Board: **California Board of Registered Nursing - BRN**  
License Type: **Registered Nurse - RN**  
Complaint Number: **4002026**  
Incident Date: **2025**

Description:

**Nature of Complaint: Gross Negligence, Patient Abandonment, Incompetence, and Inappropriate Delegation of Care (Abuse of Emergency Services).**

I presented to Jasmin Garcia, FNP for a physical and to establish primary care for medical management of a chemical dependency (Suboxone and Clonazepam). During this visit, FNP Garcia exhibited a severe and dangerous extreme departure from the standard of care:

**Failure to Treat a Life-Threatening Condition (Gross Negligence):** In her own clinical notes, FNP Garcia documented my history and explicitly wrote: "Reports seizing without any clonazepam." Despite documenting an active, life-threatening seizure risk from benzodiazepine withdrawal, she provided absolutely no medical management, no tapering protocol, and no emergency medication. She dismissively concluded the notes with "No further complaints at this time," completely ignoring the fatal risk she had just documented.

**Patient Abandonment & Unsafe Delay of Care:** Rather than consulting her supervising physician or initiating a safe bridge, she refused to provide care and instructed me to wait 26 days (until [REDACTED]/2025) for a brief phone consultation with an MD, leaving a high-risk patient entirely unmanaged.

**Inappropriate Delegation / Abuse of Emergency Services:** FNP Garcia explicitly instructed me to continue utilizing the local hospital Emergency Room to obtain my prescription refills for Suboxone for the next month. My managed care plan (L.A. Care) formally documented this instruction in a grievance resolution letter. Instructing an established patient to abuse acute Emergency Department resources for routine addiction maintenance—because the FNP refuses to provide standard primary care—is a gross violation of clinical protocols and state healthcare guidelines.

I request the Board of Registered Nursing investigate FNP Garcia for gross negligence, failure to consult a supervising physician regarding a severe seizure risk, and her unsafe instruction to utilize emergency rooms for standard prescription maintenance.

**Incident Address 1**

Business Name/Facility Name:	<b>Bartz-Altadonna Community Health Center</b>
Address Line 1:	<b>38660 Medical Center Dr.</b>
Address Line 2:	<b>Unit A200</b>
City:	<b>Palmdale</b>
State:	<b>California</b>
Zip:	<b>93551</b>
Hospital:	<b>No</b>
Home:	<b>No</b>
Other:	<b>Yes</b>
If you responded 'Yes' to the previous question, please provide a description of the location of the incident.	<b>Community Health Center</b>

**Additional Complaint Information 1**

Have you filed a complaint with any other government agency regarding this incident?	<b>No</b>
Does this complaint concern a child custody issue?	<b>No</b>
Was the person named in this complaint appointed by the court to prepare a custody recommendation to the court?	<b>No</b>
If children are involved in this case, do you have joint legal custody of the child/children involved in this case?	<b>No</b>
Have you tried to resolve or mediate this complaint?	<b>No</b>
Reason for treatment:	<b>Medication Management</b>
Patient Name:	██████████
Date of Birth:	██████████ (mm/dd/yyyy)
Relationship to the patient:	<b>Self</b>
Substandard Care (e.g. misdiagnosis, negligent treatment, delay in treatment, etc.)	<b>Yes</b>
Prescribing Issues (e.g. excessive/under prescribing, Internet)	<b>No</b>
Unlicensed Provider or Aiding/Abetting unlicensed practice	<b>No</b>
Sexual Misconduct	<b>No</b>
Provider (e.g. Physician, Psychologist, Psychotherapist etc.) Impairment (e.g. drug, alcohol, mental physical)	<b>No</b>

Unprofessional Conduct (e.g. breach of confidence, record alteration, fraud, misleading advertising, arrest or conviction)

**No**

Office Practice (e.g. failure to provide patient/medical records to patient, failure to sign death certificate, patient abandonment):

**Yes**

Other:

**No**

If the complaint is medical/psychological/psychotherapy treatment related, please indicate the patient has been examined/treated by another provider/professional for this same condition?:

**Yes**

If you responded 'Yes' to the previous question, please include provider name, address, and treatment dates.

[REDACTED]

Have you initiated or filed legal action regarding this incident?

**No**

### **Respondent**

License Type:

**Registered Nurse - RN**

First Name:

**Jasmin**

Last Name:

**Garcia**

Gender:

**Female**

Address:

**38660 Medical Center Dr.**

**Unit A200**

**Palmdale, CA**

**93551**

**US**

Phone Number:

**(661) 874-4050**

### **Complainant**

First Name:

[REDACTED]

Last Name:

[REDACTED]

Gender:

**Male**

Address:

[REDACTED]

**LOS ANGELES**

**[REDACTED], CA**

[REDACTED]

**US**

Phone Number:

[REDACTED]

E-mail Address:



**Attachments**

LA CARE FAILURE.pdf

**L.A. Care Grievance - Proof of instruction to use ER for maintenance**

