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**MINUTES  
JOINT CONFERENCE COMMITTEE MEETING  
FOR LAGUNA HONDA HOSPITAL AND  
REHABILITATION CENTER  
November 8, 2022, 4:00 p.m.  
Remote Meeting via Webex Event**

**1. CALL TO ORDER**

Present: Commissioner Tessie Guillermo, Chair  
Commissioner Edward A. Chow, M.D., Member  
Commissioner Laurie Green, M.D., Member

Staff: Roland Pickens, Baljeet Sangha, , Claire Horton MD, Julie Cline, Karrie Johnson, Lily Conover, Lisa Hoo MD, Lucia Angel, Nawzaneen Talai, Prasanthi Patel, Terry Dentoni, Arnulfo Medina, Zoe Harris, Terry Dentoni, Jennifer carton wade, Lily Conover, Chuck Lamb, Geraldine Mariano

The meeting was called to order at 4:02pm.

**2. APPROVAL OF MINUTES FOR MEETING OF OCTOBER 11, 2022**

Action Taken: The Committee unanimously approved the October 11, 2022 minutes.

**3. GENERAL PUBLIC COMMENT:**

Patrick Monette-Shaw provided verbal comment and submitted the following written summary:

This testimony addresses other LHH issues as First Amendment free speech that shouldn't be censored or abridged, not the *LHH Closure and Recertification Plan*. Dr. Derek Kerr's November 2022 *Westside Observer* article — "*Laguna Honda's Settlement Agreement*" at <https://westsideobserver.com/news/watchdog.html#nov22-Laguna-Honda-Settlement-Agreement>) — notes that 18 years ago in 2004, San Francisco's Long-Term Care Ombudsman, Benson Nadell, testified to the Health Commission that "*LHH is a regulatory silo*" when the Commission was trying to break down various silo's within the Health Department to facilitate the SFGH "*flow project*" into LHH. Nadell did so knowing LHH is **required** to comply with CMS' SNF regulations — a regulatory silo. You wrongfully ignored Nadell's warning and failed to follow CMS' F-Tag regulations, leading to LHH's CMS de-certification, which is this Commission's own fault. Commissioners should read my October 25 article "*LHH Settlement Agreement Requires Re-Certification*" (<https://westsideobserver.com/news/patrick.html#aug22>), and my September

13 article "*Rising Costs to Rescue Laguna Honda Hospital*"

(<https://westsideobserver.com/news/patrick.html#sep22-Rising-Costs-to-Rescue-Laguna-Honda-Hospital>).

#### **4. EXECUTIVE TEAM REPORT**

Roland Pickens, Interim Chief Executive Officer, presented the item.

##### Public Comment:

Dr. Derek Kerr provided verbal comment and submitted the following written summary:

The Executive Report euphemistically mentions 2 "non-fatal" drug overdoses. It implies that overdoses are either fatal or non-fatal. Actually, some overdoses are "near-fatal" with severe complications. According to the 10/14/21 State Survey, both patients were transferred to Acute Hospitals. One with respiratory failure required mechanical ventilation. The other suffered drug-induced seizures and neurological impairment. Both could have died without intensive care. These were near-fatal overdoses. Reporting that 11 patients died from COVID undercounts fatalities. That's because critically-ill patients are transferred to Acute Care hospitals. If they die there, they're not counted at LHH. To reliably assess COVID prevention at LHH, check how many COVID patients were discharged for Acute Care - and how many died elsewhere. Note the 90% decline in "unplanned discharges" (from 2/month to 0.16/month) following mid-Aprils' admissions blockade. Likely, recently-admitted, restless patients from SFGH drove unplanned discharges. The Flow Project generates AWOL liabilities for LHH.

Patrick Monette-Shaw provided verbal comment and submitted the following written summary:

City Attorney David Chiu's *Laguna Honda Settlement Agreement* the Health Commission approved secretly in closed session before members of the public were allowed to see it absolutely stinks. The "*Revised LHH Closure Plan*" Chiu negotiated in total secrecy has also not been released publicly for members of the public to see. Slide 10 of the Executive Team's report notes only 10 of LHH's 13 patient units — just 80% of units — were in compliance as of October 21 with *Infection Prevention and Control* measures since tracking of this measure began on August 6. What's taking so long for all 13 units to attain infection control compliance? Slide 12 of the report notes six LHH staff joined the California Association of Healthcare Facilities (CAHF) "*Leadership Academy*" to strengthen LHH's SNF knowledge and leadership. The LHH-JCC should prioritize requiring LHH hire its own authorized Nursing Home Administrator and Assistant Nursing Home Administrator ASAP.

A member of the public whose brother is a patient at LHH stated that they have visited him regularly and see that things are getting better and better. The way that CMS is interacting with LHH is terrifying and nerve-racking. They asked what happens in February 2023 if LHH does not pass the survey? The situation is terrible and exhausting for family members. They are hoping that there can be a bigger change in ways that SNFs are run. It is outrageous to think of LHH closing.

Dr. Teresa Palmer, geriatrician and former LHH physician, stated that she appreciates Mr. Pickens presentation but some of the issues such as handwashing and call light responses are basic function of a facility. The lack of management who are trained in nursing care facilities and Medi-Cal procedures is highly problematic. The people of San Francisco cannot afford to lose 120 skilled nursing beds. She is concerned about the requirement of discharges starting in 3 months. She urged LHH to disavow the "Flow Project," which violates state and federal admission policies. She added that patients cannot be searched or tell them where to be or what to do in a way that someone actively using substances needs.

Michael Lyons, Gray Panther member, stated that there is a disconnect about the detail and lack of information about life and death matters. What is being done about the closure of the 120 beds? Do you still consider discharges and transfers if CMS requires this action in February? People will die if this happens. What is satisfactory progress in terms of CMS? How high are the hopes going to be in order to not resume deadly discharges? How will we know what the "Flow Project" is not being reinstated? It is incredible that the

Commission and Board of Supervisors approved the settlement with CMS in closed session. We need to know what is going on.

Commissioner Comments:

Commissioner Chow asked how the changes in Executive Staff strength recertification efforts. Mr. Pickens stated that LHH is currently using consultants for nursing home administrator functions, working side-by-side with DPH staff. This includes piloting the Nursing Home Administrator role. Jennifer Carton-Wade is being taught by the consultants for this role. LHH will be backfilling Chancey Jackson's position, because he accepted a ZSFG position.

Commissioner Chow asked if there is a director of nurses for each LHH tower. Terry Dentoni stated that there is a Director of Nursing on the North Tower and a Director of Nursing on the South Tower.

Commissioner Chow asked for more information regarding the validation process. Mr. Pickens stated that the validation stage occurs after there has been 2 weeks of monitoring of a policy/procedure. A team of 3, including LHH staff and consultants, reviews the monitoring data to independently validate that monitoring was conducted and corrections have remained in place. This process is followed for each of the plans of correction and then referred to the PIPS Committee for further monitoring.

Commissioner Green noted that it seems that LHH has the on-the-ground expertise it needs. Consultants understand all the regulatory issues and there is ample LHH staff to implement necessary changes through policy and procedure. She noted that senior leadership is necessary to sustain these changes.

Commissioner Green asked for current priorities within the recertification efforts. Mr. Pickens stated that the most urgent work is participating in the Root Cause Analysis (RCA) process, which will be written by consultants and submitted to CMS. After CMS approves the RCA, an action plan to address issues identified in the RCA will be submitted to CMS.

Commissioner Guillermo noted that the LHH membership in California Association for Healthcare Facilities which will provide a tremendous amount of information related to LHH recertification efforts and future strategies for LHH's infrastructure. She looks forward to hearing what LHH is able to learn through connection to peers. Mr. Pickens stated that the group has already been consulting with LHH and offering guidance.

**5. HIRING AND VACANCY REPORT**

Karrie Johnson, Departmental Personnel Officer, DPH Human Resources, presented the item.

Commissioner Comments:

Commissioner Chow requested future written material outlining the city's efforts to increase efficiency and decrease timeline of hiring processes. He also requested a Human Resources report about hiring progress and timelines compared to pre-COVID. He noted that during the pandemic, hiring processes shortened considerably. Mr. Johnson stated that the Civil Service Commission met yesterday to discuss rule changes that impact reducing hiring times. At the DPH, Human Resource staff continue to work with managers to speed up selection processes. The processes are again dependent on eligibility lists instead of direct hiring.

Commissioner Guillermo stated that the length of hiring times is an urgent issue and all the Commissioners support efforts to quicken hiring times.

## **6. BUDGET REPORT**

Lily Conover, Chief Financial Officer, presented the item.

### Commissioner Comments:

Commissioner Guillermo thanked Ms. Conover for the report.

## **7. REGULATORY AFFAIRS REPORT**

Geraldine Mariano, Director of Regulatory Affairs, presented the item.

### Commissioner Comments:

Commissioner Guillermo thanked Ms. Mariano for the report.

## **8. PRESENTATION: PERFORMANCE IMPROVEMENT PATIENT SAFETY COMMITTEE (PIPS) ANNUAL REVIEW**

Nawzaneen Talai, Chief Quality Officer, presented the item.

### Commissioner Comments:

Commissioner Chow asked if the “Zero Expired Meds” item is no longer tracked since it not continuing to be monitored by the PIPS Committee. Ms. Talai stated that this item derived from an earlier survey; the issues has been monitored for 14 months. The review and monitoring of this issue shifted at the beginning of the fiscal year, when the goals were achieved. She noted that the data is still monitored through EPIC reports.

## **9. CLOSED SESSION**

- A) Public comments on all matters pertaining to the Closed Session. (San Francisco Administrative Code Section 67.15).
- B) Vote on whether to hold a Closed Session. (Action Item)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5, 1157.6, and 1157.7; Health and Safety Code Section 1461; San Francisco Administrative Code Sections 67.5, 67.8, 67.8-1, and 67.10; and California Constitution, Article I, Section 1.

### **CONSIDERATION OF MEDICAL STAFF CREDENTIALING MATTERS**

### **CONSIDERATION OF MEDICAL QUALITY IMPROVEMENT**

### **CONSIDERATION OF PERFORMANCE IMPROVEMENT AND PATIENT SAFETY REPORTS AND PEER REVIEWS**

### **QUALITY IMPROVEMENT MEDICARE RECERTIFICATION UPDATE AND QUALITY IMPROVEMENT CLOSURE PLAN UPDATE**

### **RECONVENE IN OPEN SESSION**

- 1. Discussion and Vote to elect whether to disclose any portion of the closed session discussion that is not confidential under Federal or State law, The Charter, or Non-Waivable Privilege (San Francisco Administrative Code Section 67.12(a).) (Action

item)

2. Possible report on action taken in closed session (Government Code Sections 54957.1(a) and 54957.7(b) and San Francisco Administrative Code Section 67.12(b).

**10. POSSIBLE DISCLOSURE OF CLOSED SESSION INFORMATION**

Action Taken: The Committee unanimously voted to not disclose discussions held in closed session.

**11. ADJOURNMENT**

The meeting was adjourned at 6:51pm.