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**MINUTES
JOINT CONFERENCE COMMITTEE MEETING FOR
LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER**

**April 9, 2024, 4:00 p.m.
101 Grove Street, Room 300
San Francisco, CA 94102 & via Webex**

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, Sandra Simon, Jennifer Carton-Wade, Lily Conover, Lisa Hoo MD, Daniela Kim MD, Nawzaneen Talai, Terry Dentoni, Geraldine Mariano, Carmen Trinh, Naveena Bobba MD, Grant Colfax, MD

Commissioner Guillermo called the meeting to order at 4:03pm.

2. APPROVAL OF MINUTES FOR MEETING OF MARCH 12, 2024

Public Comment:

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

These minutes accurately reflect my testimony that the 3/12/2024 Executive Team report wrongly stated recent survey results “showed improvement from prior CMS monitoring surveys with overall less findings and findings of lower scope-and-severity.” That’s bonkers. Data being released today shows citations against LHH yielded at least 9 deficiencies since decertification for F-Tag 656, “Development of Patient Care Plans,” at least 4 deficiencies since decertification for F-Tag 684 involving “Quality of Care,” and at least 19 deficiencies since decertification for F-Tag 689, involving Accidents and Hazard Prevention — if not more for each of those three F-Tag’s. Those three F-Tags were just cited as violations in the “G, Actual Harm” severity-and-scope level for the two falls uncovered during site visits on 1/28/2024, 2/8/2024, and 2/28/2024 in which one of the two patients who fell from a low-bed died within two hours due to NOT utilizing two-person assist during patient care, as ordered.

Action Taken: The LHH JCC unanimously approved the March 12, 2024 meeting minutes.

3. GENERAL PUBLIC COMMENT:

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

On 3/19/2024 the Health Commission announced an LHH “Team,” including Jennifer Carton-Wade and Troy Williams, will receive a “Good Government Award” 4/25/24. Their selection cheapens any value of that award. The award citation asserts Jennifer and Troy were instrumental in saving LHH. That’s nonsense; LHH hasn’t been saved, despite 1,000 corrective action “milestones.” The pair HAVEN’T secured \$200 million in annual federal funding. It’s all make-believe! Following LHH’s August 2019 patient sex abuse scandal, a so-called “LHH 60-Day Reform Plan” written and co-developed by SFHN’S Chief Quality Officer Troy Williams, and Director of Public Health Grant Colfax, was a disaster. Jennifer’s Linked-In profile states she was an LHHs “C-Suite” “Assistant Hospital Administrator” in 2019. Troy’s and Jennifer’s failed 2019 “leadership” and the flawed Troy and Colfax “60-Day Reform Plan” led directly to LHH’s decertification in April 2022! They shouldn’t receive a “Managerial Excellence” award now after “managing” LHH into decertification!

4. EXECUTIVE TEAM REPORT

Roland Pickens, Director and CEO, SF Health Network & Executive Sponsor LHH Recertification Incident Command, presented the item.

Public Comment:

Dr. Teresa Palmer provided comment and submitted the following written summary:

Why has CMS NOT recertified for Medicare? Why are over 40 “ready for discharge” people not able to safely leave Laguna Honda? Are ongoing problems with Laguna Honda management and SFDPH insistence on “flow” of inappropriate patients delaying recertification? If LHH nursing staff CANNOT plan care and supervise staff to prevent predictable falls, how will medically and/or behaviorally complex people get the care they need? Why is the success of the Laguna Honda “fix” being PREMATURELY celebrated when San Franciscans must still go out of county due to 2 years of no admissions? Why is the required yearly report on out of county nursing home placement being delayed for months? Do current LHH managers have the skills and support from Mayor/SFDPH to fix LHH and resume admissions (and safe discharges)? Do drastic measures like receivership need to be considered?

Norman Degelman provided comment and submitted the following written summary:

Since the last hearing on Sept 26, 2023, Laguna Honda is still shut down to new admissions. It is unclear if this can be fixed with the consultants and managers who are no in place. Hard questions need to be asked about the reasons for this. Does the governance of Laguna Honda needs to be taken out of current hands and restructured? New citations for problems with care have come to light in February 2024 and appear to be contributing to a continuing delay in recertification. After all will LHH be closed & these most vulnerable San Franciscans evicted to points unknown.

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

In the “Executive Team Report,” the last slide titled “State of the Hospital” shows a net reduction of 7 residents during March 2024. But a public records request showed that between 2/22/2024 and 3/22/2024, LHH’s population dropped by 14, to a total census of 431 residents. That leaves a discrepancy gap of 7 residents between the “State of the Hospital” graph and the census reduction of 14. Does that gap mean seven LHH residents were transferred to external acute-care hospitals and aren’t expected to return to LHH? Why isn’t there a trend line on this chart showing the number of patients transferred to acute-care hospitals as an additional data point labeled “unplanned “ACUTE discharges” separate and

distinct from unplanned AWOL's? As for "Next Steps" gaining Medicare recertification, after CMS accepts the Plans of Correction how long is the process for CMS to "validate successful compliance" with the Plans of Correction?

Commissioner Comments:

Commissioner Chow asked Mr. Pickens to clarify the Plan of Correction process and timeline. His understanding is that there two Plans of Correction. One is from the most recent survey and the other is from the December 2023 recertification survey. Mr. Pickens stated that the two sets of Plans of Correction are in respond to the December recertification survey and the most recent survey. Plans of Correction are submitted to CDPH by LHH; CDPH then accepts the Plans and/or there is a back-and-forth in which CDPH makes requests for revisions or additional information. Mr. Pickens stated that CDPH and CMS approved the Plans of Correction from the most recent surveys with no addition information requested. For these recent surveys, this is now a time of validation of the remedies contained in the Plans of Correction. Regarding the recertification survey which took plan in December of 2023, LHH submitted its Plan of Correction to CDPH on time. CDPH reviewed the Plans and passed them along to CMS, which has not responded or given any notification to LHH as of the date of this meeting.

Commissioner Green asked if Mr. Pickens feels any of the issues found during the recent surveys or the December recertification survey could rise to the level of issues that resulted in the decertification of LHH from Medicare. Mr. Pickens stated that he is only aware of Facility Reported Incidents (FRI), and none of the issues in these complaints would rise to the level of concern regarding recertification. However, LHH is unaware of the issues reported in anonymous complaints that may have been investigated.

Commissioner Green asked if any recent anonymous complaints have risen to a concerning level. Nawzaneen Talai, LHH Chief Quality Officer, stated that she is unaware of any anonymous complaints that would impact recertification; she added that many anonymous complaints align with FRIs on the same topic/incident.

Commissioner Guillermo noted that the timing of the CDPH and CMS processes are not in the control of LHH. On behalf of the residents of San Francisco, she urged that LHH do everything within its control to expedite preparations and responses to surveys.

5. HIRING AND VACANCY REPORT

Priya Nayar, LHH HR Operations Director, DPH Human Resources, presented the item.

Public Comment:

There was no public comment for this item.

Commissioner Comments:

Commissioner Green asked for an update on the hiring process for nurse managers. Ms. Nayar stated that interviews are underway and she expects new hires to start in approximately one month.

Commissioner Green asked if any nurse managers will be hired from within LHH; for those hired from outside LHH, she asked how training will be provided to ensure these leaders understand the relevant cultural and system issues. Terry Dentoni, Chief Nursing Officer for the San Francisco Health Network, stated LHH is reviewing how best to onboard new Nurse Managers to ensure they receive extensive trainings to understand floor nurse duties and management responsibilities.

Commissioner Green asked how Nurse Practitioners are used at LHH. Ms. Dentoni that Nurse Practitioners have previously been used for wound care and are currently working in the LHH Occupational Clinic.

Commissioner Chow noted that the previous month of hiring has been one of the most productive in recent

years.

6. REGULATORY AFFAIRS REPORT

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

Public Comment:

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

Since LHH was decertified two years ago on 4/14/2024, there's been a total of 415 "Facility Reported Incidents" (FRI's) reported on monthly "Regulatory Affairs Reports" presented to this LHH-JCC and submitted to CDPH. Of those 415 FRI's AFTER decertification, 129 (one-third) involved more serious FRI categories — including 53 MAJOR incidents between 26 "Adverse Events," 16 "Disease Outbreaks," and 11 major injuries, which ALL increased despite implementing 1,000 corrective actions milestone since consultants were hired 5/9/2022 to fix LHH, costing \$40 million. Slide #7 in today's "Regulatory Affairs Report" about "Anonymous Complaints" not investigated by CDPH is concerning, because it shows 70 to 95 "Anonymous Complaints" dating back to 2021 uninvestigated to grant LHH a "clean slate" to qualify for recertification and patient admissions resumption. The 3/16/2024 site visit "preliminary findings" of "No Deficiencies" may change, given the patient death in 2022 investigated may receive a citation following field office review.

Commissioner Comments:

Commissioners Chow and Green requested a chart indicating regulatory findings since 2019 with the severity listed for tracking and monitoring purposes.

7. LAGUNA HONDA HOSPITAL POLICIES

Carmen Trinh, Acting Director of Performance Improvement, LHH, presented the item.

Public Comment:

Dr. Teresa Palmer provided comment and submitted the following written summary:

Facility-wide 20-11 LHH Response to ZSFG Surge Condition...

ZSFG's Chief Executive Officer (CEO) or designee shall notify LHH's CEO or designee when conditions exist that require expeditious transfer of patients from ZSFG to LHH." the flow project: LHH leaders have little control over who is sent from ZSFGH. LHH is used for hard to place ZSFGH patients while so many in SF wait for a nursing home bed. Don't continue these mistakes! LHH must be run by leaders with great skill in nursing homes and understand who a nursing home can reasonably care for. Mr. Pickens has stated that LHH got shut down by CMS because it was run "like an acute care hospital". Forcing LHH admissions teams to obediently take "overflow" from ZSFGH means Laguna Honda is the obedient subject--NOT the independent state of the art skilled nursing facility that Dr. Colfax says he wants.

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

Proposed revisions to -LHH Policy #20-11 remain concerning, indicating the extremely flawed "flow project" of SFGH patients to LHH is alive and well, and being beefed up to provide a fourth justification for declaring "Red" alerts at SFGH via a new clause adding " ... or the AOD/HS determines that SFGH has marginal capacity to accept incoming patients." Someone declaring "marginal capacity" — is a vague, subjective term. It's a fourth route to trigger cramming SFGH patients into LHH to accommodate SFDPH's insistence on "flow" of inappropriate patients into LHH, which may further delay LHH's recertification! LHH leaders have little control over who is dumped from SFGH into LHH via the "flow project," designed to move hard-to-place SFGH patients into LHH while elderly San Franciscans waiting for a nursing home bed end up dumped out-of-county for SNF care! LHH's Medical Director must have final say over LHH admissions, not SFGH CEO's!

Commissioner Comments:

Commissioner Chow thanked staff for written responses to questions but noted there has not been sufficient time to review the changes made in response to Commissioners' questions about several policies.

Commissioner Green requested more clarification of Policy 20-11 "LHH Response to ZSFG Surge Condition." She is concerned that the policy clearly states that any LHH admission would only occur if the individual meets skilled nursing criteria. Mr. Pickens stated that this policy was developed in response to the Asiana Airlines crash in 2013. The only patients transferred to LHH were those who met skilled nursing criteria. The intention of the policy is to ensure that in a true emergency, those patients at ZSFG who meet skilled nursing criteria could be transferred to LHH. LHH Administration would still have full control over who is admitted to LHH, even in an emergency.

Action Taken: The LHH JCC recommended that the full Health Commission approve the following, with the understanding that LHH JCC members' questions and comments will be addressed prior to the full Health Commission approval. The JCC members made an exception of Policy 20-11 "LHH Response to ZSFG Surge Condition," which they requested additional review and development by LHH staff before further consideration of approval.

April 2024

<u>Item</u>	<u>Scope</u>	<u>Policy No.</u>	<u>Policy Title</u>
1	Facility-wide	24-17	Comfort Care
2	Facility-wide	20-11	LHH Response to ZSFG Surge Condition
3	Facility-wide	21-04	HIPAA Compliance
4	Facility-wide	22-04	Resident Sexual Rights and Responsibilities
5	Facility-wide	24-13	Falls
6	Facility-wide	24-14	Opioid Overdose Prevention
7	Facility-wide	24-18	Resident Locator System
8	Facility-wide	24-28	Behavioral Health
9	Facility-wide	29-01	Provision for Acute Care Services Not Available at Laguna Honda Hospital
10	Facility-wide	29-02	Resident As Photography or Interview
11	Facility-wide	29-08	Proposed Non-Emergent Medical Intervention that Requires Informed Consent
12	Facility-wide	35-04	Inventory and Disposal of Hospital Property
13	Facility-wide	50-11	Procurement Card
14	Facility-wide	65-02	Monitoring of Third Party Agreements and Appendix
15	Facility-wide	70-01 C11	Laguna Honda Hospital MDF/IDF Support - Facilities
16	Facility-wide	80-03	Student Volunteer and Consultant Orientation
17	Facility-wide	80-05	Staff Education Program
18	Facility-wide	24-16	Code Blue Appendix 13
19	Clinical Nutrition	N/A	Diet Manual LHH 2023
20	Nursing	C 3.0	Documentation of Resident Status/Care by the Licensed Nurse - SNF
21	Nursing	K 4.0	Applications: Heat or Cold Therapy
22	Nursing	L 1.0	Emergency Intervention for Choking
23	Nursing	H 2.0	Collection of Stool Specimens
24	Nursing	H 3.0	Sputum Specimens
25	Nursing	H 4.0	Gastric Specimens
26	Nursing	I 7.0	Incentive Spirometry
27	Nursing	M 1.0 and	Orthostatic Hypotension Protocol Attachment 1
28	Nursing	M 11.0	Blanket Warmer Protocol
29	Nursing	M 15.0	Installation and Checking of Portable Bed Exit Alarm
30	Pharmacy	11. USP 797	Sterile Compounding Policy and Attachments

8. CLOSED SESSION

- A) Public comments on all matters pertaining to the Closed Session. (San Francisco Administrative Code Section 67.15).

There was no public comment.

- B) Vote on whether to hold a Closed Session.

Action Taken: The LHH JCC unanimously voted to hold a closed session.

- 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 QUALITY IMPROVEMENT

CONSIDERATION OF MEDICAL STAFF CREDENTIALING MATTERS

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).)
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).

9. POSSIBLE DISCLOSURE OF CLOSED SESSION INFORMATION

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

10. ADJOURNMENT

The meeting was adjourned at 6:16pm.