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Vice President

Edward A. Chow, M.D.
Commissioner

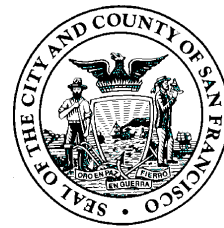
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Department of Public Health**



Grant Colfax, MD
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

TEL (415) 554-2666

FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

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

**May 14, 2024, 4:00 p.m.
101 Grove Street, Room 300
San Francisco, CA 94102 & via Webex**

1. CALL TO ORDER

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

Excused: Commissioner Tessie Guillermo, Chair

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

Commissioner Chow called the meeting to order at 4:04pm.

2. APPROVAL OF MINUTES FOR MEETING OF APRIL 9, 2024

Public Comment:

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

These 4/9/2024 minutes reported my concerns about the "Regulatory Affairs Report" when I testified "Facility Reported Incidents" (FRI's) had involved 53 major incidents between "Adverse Events," "Disease Outbreaks," and "Major Injuries." New data being presented today raises that to 58 major incidents in those three categories. I also commented in the 4/9/2024 minutes that Slide #7 in the "Regulatory Affairs Report" showed 70 to 93 "Anonymous Complaints" dating back to 2021. But updated data being presented today shows 25 "Anonymous Complaints" were added between 2022 and 2024 just uncovered. There may have been 118 "Anonymous Complaints" since 2021 and as many as 154 "Anonymous Complaints" dating back to 2019, when LHH's patient sexual abuse scandal surfaced, and LHH began flunking CMS inspections that led to LHH's decertification in 2022. After all, are additional deficiencies

being uncovered via these expanding “Anonymous Complaints” slowing down LHH’s recertification? San Franciscans demand greater oversight!

Action Taken: The LHH JCC unanimously approved the April 9, 2024 meeting minutes.

3. GENERAL PUBLIC COMMENT:

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

I can’t imagine you Commissioners being unconcerned whether LHH’s medical doctors, psychiatrists, or registered nurses are hired without their respective professional licenses issued by the California’s Department of Public Health. Similarly, I know both CMS and CDPH monitor the current licensure status of medical and nursing, physical therapy, and dietitian staff in skilled nursing facilities. There likely are licensure requirements for facilities maintenance staff to ensure employees maintaining building facility energy systems are properly licensed. I naively assumed JCC Commissioners knew of the required minimum qualifications included in the SFGOV Careers job posting for LHH’s Assistant Nursing Home Administrators, which stipulated a valid California NHA license at time of hire, or eligibility to sit for and pass the Nursing Home Administrator State and National Examinations within twelve months of hire, was required. CDPH has no record Jennifer Carton-Wade holds a NHA license or is enrolled in CDPH’s NHA Administrator-in-Training program.

4. EXECUTIVE TEAM REPORT

Baljeet Sangha, LHH CMS Co-Incident Commander and SFHN COO, presented the item.

Public Comment:

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

Shouldn’t LHH CEO and Nursing Home Administrator Sandra Simon hired 6/30/2023 start presenting these updates? Given HSAG’s LHH exit, it’s time SFHN’s Roland Pickens’ and Baljeet Sangha as “Hospital Incident Command Executive Sponsors” pretense step aside, allowing Simon to take over. Slide #4 stated HSAG consultants are exiting LHH. Why is HSAG leaving before its contract term ends 8/31/2024? Was HSAG’s contract prematurely curtailed because SEIU Local 1021 nurses threatened to strike, claiming in local media LHH’s consultants created a “hostile work environment” and worsened patient’s conditions? Is Moss Admas’ contract through 12/31/2024 also being curtailed? One disturbing question is whether this time around, members of the public will go along with the potential ruse about whether HSAG is “exiting” from LHH under its own volition, or was chased out by SEIU Local 1021 Nurses threatening to strike. Slides 2 –3 report two more Anonymous Complaints deficiencies, slowing LHH’s recertification.

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

Simply put, CCSF/SFDPH is not able to convince regulators that LHH is ready for Medicare recertification - a prerequisite for resuming admissions. We are past the two year mark. Does every citation (“2567”) that is found by the state (CDPH) delay recertification? Given the huge backlog of complaints are we to expect indefinite delays in recertification as one citation after another is found? Please address this: San Franciscans waiting for a bed deserve a full explanation. Consultants suddenly leaving LHH in May--in the absence of Medicare recertification, and with no date to resume admission---seems really odd. What is the definitive explanation (as opposed to the bromides stated in the Executive Team Report.) Will there be a receivership or closure after all? It certainly appears that more work at Laguna Honda plus some problem solving between government agencies on all levels is indicated, and is NOT occurring.

Norman Degelman submitted the following written public comment:

Simply put, CCSF/SFDPH is not able to convince regulators that LHH is ready for Medicare recertification - a prerequisite for resuming admissions. We are past the two year mark. Does every citation (“2567”) that is found by the state (CDPH) delay recertification? Given the huge backlog of complaints are we to expect

indefinite delays in recertification as one citation after another is found? Please address this: San Franciscans waiting for a bed deserve a full explanation. Consultants suddenly leaving LHH in May--in the absence of Medicare recertification, and with no date to resume admission---seems really odd. What is the definitive explanation (as opposed to the bromides stated in the Executive Team Report.) Will there be a receivership or closure after all? It certainly appears that more work at Laguna Honda plus some problem solving between government agencies on all levels is indicated, and is NOT occurring.

Carol Bettencourt submitted the following written public comment:

I, like many others, continue to be concerned by the lack of Medicare certification for Laguna Honda and the lack of clear information about what must be done to achieve certification and resume admissions! It is distressing that we are told that the consultant HSAG will “exit” Laguna Honda in May, but we are not given any real information about why that is happening now or what it will mean. To see that the average daily census in April was 422 is disheartening! This all raises the question – Will there be a receivership or closure after all? San Franciscans deserve more transparency, a resumption of admissions, and return to the full 780 beds!

Commissioner Comments:

Commissioner Green thanked LHH leadership for celebrating LHH nurses because they are incredible and serve such an important role in patient care. She asked for more information regarding lessons learned from the Consistent Care at the Bedside. Mr. Baljeet stated that the effort revealed that LHH has a strong partnership with its staff, who want to provide compassionate and empathetic care. Ms. Simon added that having the LHH Directors of Nursing assist bedside nurses has been very helpful for the nurses to fully inhabit their clinical roles.

Commissioner Green asked if the consultants left a written report on the initiative. Mr. Sangha stated that the summary is through metrics reported through the PIPS committee. The relationship with HSAG, the consultants, will continue through another month. He hopes HSAG can provide a summary of the initiative. He added that he is unsure which consultant group may be hired to continue working with LHH as an external reviewer of quality initiatives and data.

Commissioner Green asked if there are elements of the initiative that LHH will continue to implement. Ms. Sangha stated that care plan adherence is a clear item that LHH will continue its focus.

Commissioner Green noted that CDPH has not investigated all the facility reported incidents (FRI) that occurred before September of 2023. Mr. Sangha stated that once CDPH confirms all the incidents they have investigated and cleared, LHH will update its graph.

Commissioner Chow asked how the Consistent Care by Beside model will continue without the support of HSAG. Ms. Simon stated that an important component of the model is implementation of daily and weekly audits through the LHH QUAPI program, and reporting through the PIPS Committee to ensure this work is being done.

5. HIRING AND VACANCY REPORT

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

Public Comment:

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

Troubling reports recently surfaced LHH’s Facilities Maintenance Department is completely destroyed again, reportedly caused by LHH Assistant NHA for Support Services Diltar Sidhu’s interference, including Sidhu pushing out Greg Chase, placing LHH at risk for more “Immediate Jeopardy” citations. When LHH was slapped with an “Immediate Jeopardy” for Fire Alarms not deploying during LHH’s first 90-Day Monitoring

Survey in December 2022, Pickens deployed SFGH's Fire Life Safety expert Greg Chase to LHH to fix LHH's inadequate Fire Life Safety. LHH's 2/14/2023 organization chart listed Chase as LHH's Acting "Director of Facilities Services." On 7/11/23, Pickens informed this LHH-JCC of Diltar Sidhu's hiring as an Assistant NHA and Greg Chase's appointment as LHH's "Executive Director of Facilities, Engineering, Fire Life Safety and Capital Projects." Unfortunately, the LHH Leadership Organizational Chart updated two months ago on 3/14/2024 shows both LHH's "Executive Director of Facilities" and "Director of Facilities Services" as vacant positions.

Commissioner Comments:

Commissioner Green asked if there are internal candidates for the Nurse Manager positions that have experience with the Consistent Care By the Bedside initiative. Ms. Nayar stated that LHH always encourages internal candidates to apply for open positions; she noted that several qualified internal candidates applied. Commissioner Chow is glad that LHH is able to hire new staff and have a low level of separations through the recertification process. He noted that the graphs seem confusing in regard to data showing a separation occurring in June but it seems to have occurred in May. Ms. Priyar stated that the team will work on improving the graphs.

6. REGULATORY AFFAIRS REPORT

Geraldine Mariano, Director of Regulatory Affairs, presented the item. She noted that the total cases on the report should be 35 and the number of anonymous complaints should be 35.

Public Comment:

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

As I just testified earlier about the 4/9/2024 meeting minutes, a bar chart on Slide #7 in the "Regulatory Affairs Report" presented in April showed 93 "Anonymous Complaints" dating back to 2021. But updated data being presented today shows 25 "Anonymous Complaints" were added between 2022 and 2024 just uncovered. There may have been 118 "Anonymous Complaints" since 2021 and as many as 154 "Anonymous Complaints" dating back to 2019. Unfortunately LHH's Quality Management Department didn't present an update to this bar chart in it's "Regulatory Affairs Report" to you today. Because the "Executive Team" report today suggested that deficiencies being uncovered during review of the backlog of "anonymous complaints" may threaten LHH's recertification, it should be incumbent on you as LHH-JCC Commissioners to direct LHH's Q.M. Department present you with updates to this bar chart every month and more clearly show the total number of investigations still not started.

Dr. Teresa Palmer reiterated her concern that CDPH has not cleared old FRIs and anonymous complaints in regard to potential added time to the Medicare recertification process.

Commissioner Comments:

Commissioner Green noted that during the pandemic there was very little CDPH investigative activity on past FRIs and anonymous complaints. Ms. Zahir stated that CDPH may still investigate any past complaints that have not yet been closed out. CDPH gives no notice ahead of arriving for their investigations. LHH uses an internal tracker to help staff understand the FRIs and anonymous complaints that are known to have been filed.

7. LAGUNA HONDA HOSPITAL POLICIES

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

Public Comment:

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

Why is today's last policy, "Restorative Nursing Policy," un-numbered and not LHH's typical policy format? Previously, this was Nursing Policy #D-1.0 Health Commission last reviewed 7/18/2023. Why's it being

revised, again so soon? Policy 20-11, “LHH’s Response to SFGH Surge Conditions” postponed for consideration on 4/9/2024 suddenly is being deleted, with only minor parts being transferred into restorative Policy #70-01-C4, the “Medical Surge Plan” chapter of LHH’s more extensive Policy #70-01 “Emergency Preparedness and Response Manual.” During the 4/9/2024 LHH-JCC meeting Commissioner Green requested clarification of Policy 20-11, concerned the policy should clearly state LHH admissions from SFGH should only occur if individuals meet skilled nursing criteria. Pickens stated 4/9/2024 Policy 20-11 was developed in response to the Asiana Airlines crash in 2013 and only patients meeting skilled nursing criteria were retransferred to LHH. Unfortunately, the portion of Policy #20-11 being migrated to Policy #70-01-C4 doesn’t address Commissioner Green’s concerns.

Dr. Teresa Palmer stated that she continues to be concerned that LHH will continue to be set up to take ZSFG patients that are not appropriate for skilled nursing care.

Commissioner Comments:

Regarding policy 70-01, “Medical Surge Plan,” Commissioner Green noted concern that the policy be explicit as possible so there is no misunderstanding that the policy outlines a “Flow Project.” She noted that staff responses to questions about this policy indicate that only individuals who meet skilled nursing facility-level need for care will be admitted to LHH regardless of the emergency leading to the need to implement a surge plan. Ms. Zahir stated that the new title, “LHH Medical Surge Plan for Nursing Home Incident Command System Activation Due to Public Health Emergency/Mass Casualty Event,” along with other revisions in the policy should clarify its purpose as an emergency preparedness policy, not a ZSFG “Flow” policy.

Commissioner Green noted concern regarding the Family Council policy as it relates to the relationship of a LHH resident with their family; if a resident has a falling out or if a trusted family member dies and there is no one else close to the resident, does the LHH resident have a choice about what family member may participate in the Family Council. Ms. Simon stated that the Family Council is required by law for skilled nursing facilities. The Council is a venue for families to speak for residents who cannot speak for themselves and share concerns with staff and the administration. It is a type of grievance process by the residents’ decision-makers. The law requires that skilled nursing facilities post notices about the availability of a Family Council and provide space without staff present for the families to meet. Commissioner Green suggested that the policy begin with the legal requirements to set expectations early in the policy.

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.

May 2024

<u>Item</u>	<u>Scope</u>	<u>Policy No.</u>	<u>Policy Title</u>
1	Facility-wide	70-01 C4	Medical Surge Plan
2	Facility-wide	20-11	Laguna Honda Hospital's Response to ZSFG Surge
3	Facility-wide	22-19	Family Council
4	Facility-wide	24-10	Coach Use for Close Observation
5	Facility-wide	24-28	Behavioral Health
6	Facility-wide	60-01	Quality Assurance Performance Improvement Program
7	Facility-wide	60-03	Incidents Reportable to the State of CA
8	Facility-wide	60-04	Unusual Occurrences
9	Facility-wide	60-05	Review of Serious Adverse Events
10	Facility-wide	60-07	Licensing and Certification Visits
11	Facility-wide	60-08	Risk Management Program
12	Facility-wide	60-09	Availability of Hospital Reps for Employees Dealing with Regulatory

			Agencies
13	Facility-wide	60-10	Environment of Care Program
14	Facility-wide	60-12	Review of Sentinel Events
15	Facility-wide	60-13	Patient Safety Committees and Plans
16	Nursing	A 1.0	Nursing Policies and Procedures
17	Nursing	E 1.0	Oral Management of Nutritional Needs
18	Nursing	D9 9.0	Maintaining Temperatures via Temptrak
19	Nursing	RNP	Restorative Nursing Policy

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 on this item.

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

Action Taken: The LHH JCC 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).) (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).

9. POSSIBLE DISCLOSURE OF CLOSED SESSION INFORMATION

Discussion and vote in open session 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)); and possible disclosure.

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

10. ADJOURNMENT

The meeting was adjourned at 6:33pm.