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

**June 11, 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 Laurie Green, M.D., Member

Excused: Commissioner Edward A. Chow, M.D., Member

Staff: Roland Pickens, Sandra Simon, Jennifer Carton-Wade, Lily Conover, Lisa Hoo MD, Daniela Kim MD, Nawzaneen Zahir, Carmen Trinh, Naveena Bobba MD, Grant Colfax, MD, Priyar Nayar, Diltar Sidhu, Albert Lam, MD

Commissioner Chow called the meeting to order at 4:02pm.

**2. APPROVAL OF MINUTES FOR MEETING OF MAY 14, 2024**

Public Comment:

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

These 5/14/2024 minutes report Commissioners Green and Chow concerned about the “Consistent Care at the Bedside Initiative” (CCBI) continuation. Baljeet Sangha sidestepped responding meaningfully about the CCBI to both Commissioners. The HSAG-authored presentation at the CMS Quality Conference 4/10/2024 with Troy Williams indicated on slide #23 the second item in LHH’s nine-step sustainability plan stated “Continue CCBM Program on all nursing units.” HSAG recommended focusing on the basics, like stronger middle-manager’s support, including Nurse Managers. Sangha’s and Sandra Simon’s assertion to this LHH-JCC the CCBI would be handled through PIPS Committee audits is a ridiculous substitute for monitoring bedside intervention. Mere audits aren’t sufficient, or encouraging. Green asked for information regarding lessons learned from the CCBI and whether HSAG left a written report on the CCBM initiative. Chow asked how the CCBI will continue without HSAG’s support. Sangha “hoped” HSAG would provide a summary of the initiative. Where’s HSAG’s summary?

Action Taken: The LHH JCC unanimously approved the May 14, 2024 meeting minutes.

### **3. GENERAL PUBLIC COMMENT:**

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

It's extremely concerning both Commissioners Green and Chow very concerned about continuation of the "Consistent Care at the Bedside Initiative" (CCBI) and Chow asked how the CCBI will continue without HSAG's support, given HSAG's May departure. Troy Williams and HSAG's Barb Everyt and Keith Chartier asserted during CMS' 4/10/2024 Quality Conference continuation of the "CCBI" program would be a key part of LHH's nine-step "sustainability plan" to ensure continuing substantial compliance with CMS regulations. Without HSAG now there, what will happen to the CCBI program SEIU Nurses complained bitterly about during contract renewal negotiations? Since Williams told the CMS Conference the CCBI program will continue as part of LHH's sustainability plan, will the CCBI program continue or will it be ended as Baljeet Sangha indicated? HSAG's contract required it develop a written "Transition Plan" describing hand-off tasks from HSAG to LHH staff to assure sustainability post re-certification. Where's that report?

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

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

#### Public Comment:

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

My handout today shows noticeable math discrepancies on Pickens' fourth slide, reporting LHH discharged 30 residents no longer needing SNF level-of-care, but still has 34 such residents essentially receiving board-and-care services, for a total of 64 such patients. My chart shows Pickens 3/12/2024 presentation reported 66 total non-SNF patients and shows 8 patients reportedly discharged, but shows a balance of 10 fewer residents. Why is there a discrepancy of two non-SNF patients across recent reports? Is this "new math? At the 5/21/2024 Health Commission, Pickens stated "*In April [of 2023] we had almost 90 residents at LHH ...*" who didn't have SNF level-of-care needs. What happened to 24 patients between 90 he claimed 5/21/2024 and 64 patients reported on Slide #4? What other incorrect statements has Pickens presented to you? Slide #2 says LHH is still waiting for CMS recertification. Is that because the anonymous complaint backlog is delaying recertification?

#### Commissioner Comments:

Commissioner Green asked if there are any unknowns that could impact the CMS decision to recertify LHH such as future survey findings. Mr. Pickens stated that he does not see anything in the path to thwart the progress ahead. LHH is waiting for the state and federal bureaucracies to make the decision. The indication from CMS is that the notification of recertification is imminent.

Commissioner Guillermo congratulated Ms. Carton Wade and staff on all the work with bringing back robust resident activities.

Commissioner Guillermo asked if there are specific activities that are most popular. Mr. Pickens stated that during the pandemic half of the activity therapists positions were vacant so the existing staff had heavy workloads. There are now activity therapists in each neighborhood. Ms. Carton Wade stated that bingo is the most popular activity. She added the residents also enjoy outings such as museums and restaurants. LHH staff listen to resident suggestions when making plans for outings. She added that animal socialization is also very meaningful to residents.

Commissioner Guillermo asked for more information regarding the 34 residents who no longer meet the skilled nursing level of care. She asked if they are housed together or dispersed throughout LHH. Diltar Sidhu, LHH Assistant Nursing Home Administrator, stated that the 34 residents are housed throughout the facility. LHH continues to work on safe discharge plans while providing appropriate care.

## **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:

As I testified last month, LHH's Facilities Maintenance Department was thrown into turmoil after LHH's ANHA for Support Services, Diltar Sidhu, was hired and began interfering in the Facilities Department. Today's "LHH Vacancy Report by FTE," shows a job class #7203, "Building and Grounds Maintenance Supervisor," and a job classification #7205, "Chief Stationary Engineer" position, both vacant. There are two vacancies in job code #8211, "Supervising Building and Grounds Patrol Officer," and 5.5 vacancies in job classification #7524, "Institution Utility Worker," along with one vacancy in job classification #7335, "Senior Stationary Engineer." Disturbingly, the May "Vacancy Report by FTE" with an April 27 run date, reported LHH had 21 Budgeted job classification #7334 FTE's and 5 vacancies. Today's report shows budgeted #7334 positions dropped by two, to just 19 FTE's. In 2023, LHH was given an additional six #7334 budgeted FTE's after receiving "Immediate Jeopardy" citations. Why were they cut?

### Commissioner Comments:

Commissioner Green asked for more information regarding staffing strategies as LHH plans for admissions after recertification. Mr. Pickens stated that Dr. Lam and Ms. Simon are leading the team working on Admissions staffing strategies. More information on this topic will be shared in upcoming meetings. He added that LHH never stopped hiring staff during the recertification process. LHH has more staff now than when it was decertified.

Commissioner Guillermo is looking forward to the sustainability presentation and any issues related to staffing.

Commissioner Guillermo noted that LHH is less reliant on temporary nurses and asked if vacancies are occurring on specific shifts. Mr. Pickens noted that LHH leadership reviews a nurse staffing report on every shift and LHH has been meeting or exceeding staffing ratios on every shift.

## **6. REGULATORY AFFAIRS REPORT**

Nawz Zahir, MPH, CPHQ, QCP, Chief Quality Officer, presented the item.

### Public Comment:

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

During May's LHH-JCC meeting, Commissioner Green noted CDPH hadn't investigated all facility reported incidents (FRI's) that occurred before September 2023. Mr. Sangha stated once CDPH confirms all the incidents have been investigated and closed out, LHH will update these graphs. It's unclear from today's "Regulatory Affairs Report" whether all pre-2023 FRI's have been fully adjudicated and closed out. Worse, this June "Regulatory" slide #7, "Anonymous Complaints 2019 to Present," reports anonymous complaints in 2022 increased by six complaints over the May "Regulatory Affairs" report. And the number of anonymous complaints in 2024 decreased by seven such complaints to 20, after having been reported as 27 in the May report. Is this more creative math? How can confirmed anonymous complaints previously reported decrease **AND** increase for these two calendar years within just 30 days? Commissioner Green has been concerned about the uninvestigated FRI's before 2023. What about potentially uninvestigated "Anonymous Complaints"?

Commissioner Comments:

Commissioner Green appreciates the graphs, which give some clarification on the 2023 incidents. She asked if LHH has any information on these incidents before CDPH investigates. Ms. Zahir stated that the 2023 incidents will stay on the graphs until CDPH confirms it has closed those investigations. She added that it is only when CDPH comes to LHH to investigate that LHH is notified of the anonymous complaints.

Commissioner Guillermo expressed gratitude for the graphs.

**7. LAGUNA HONDA HOSPITAL POLICIES**

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

Commissioner Comments:

Commissioner Green noted that the policy EVS -VIII Safety seems to indicate that doors do not need to be locked until 7am. She requested that LHH staff further review this draft.

Regarding Medical D 16 policy, Commissioner Green noted that policy refers on pages 24-28 to another policy and suggested that the D16 policy should include relevant passages of the policy referred to in order to ensure clarity. She also noted that the processes to determine if a resident continues to meet LHH criteria due to behavioral health issues needs clarification.

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.

**June 2024**

<u>Item</u>	<u>Scope</u>	<u>Policy No.</u>	<u>Policy Title</u>
1	Facility-wide	25-08	Management of Parenteral Nutrition
2	Facility-wide	60-10	Environment of Care Program
3	Facility-wide	60-11	Environment of Care Committee
4	Biomedical Engineering	CPP-004	Defective Equipment and Device Reporting, Tagging, and Removal From Service
5	Biomedical Engineering	CPP-011	Planned Maintenance and On-Time Completion
6	EVS	VII	Safety
7	EVS	IX	Waste Management Policy
8	EVS	X	Equipment, Supplies, and Chemicals
9	EVS	XI	Standard Cleaning Procedure
10	EVS	XIII	Transmission-Based Precautions Cleaning Policy
11	EVS	XVI	Ice Machine Cleaning
12	EVS	XVII	Transport and Delivery Biohazard, Trash, and Linen Staffing
13	EVS	XXI	Rejected Linen Procedures
14	Medical	D16	Clinical Services for Residents and Patients with Substance Use Disorders
15	Nursing	C 1.0	Resident Admission and Readmission
16	Nursing	C 1.2	Relocation Between Laguna Honda Neighborhoods
17	Nursing	D1 2.0	Resident Activities of Daily Living
18	Nursing	D6 2.0	Transfer Techniques
19	Nursing	D 8.0	Post Mortem Care
20	Nursing	F 1.0	Assistance with Elimination
21	Nursing	F 3.0	Assessment and Management of Bowel Function

22	Nursing	G 7.0	Obtaining, Recording and Evaluating Resident's Weight
23	Nursing	K 4.0	Applications: heat or Cold Therapy
24	Palliative Care		Palliative Medicine Privileges

## **8. 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 QUALITY IMPROVEMENT**

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

### **CONSIDERATION OF PERFORMANCE IMPROVEMENT AND PATIENT SAFETY EPORTS 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**

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

## **10. ADJOURNMENT**

The meeting was adjourned at 5:17pm.