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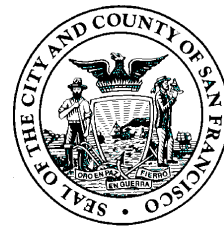
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**MINUTES  
JOINT CONFERENCE COMMITTEE MEETING FOR  
LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER  
August 13, 2024, 4:00 p.m.  
101 Grove Street, Room 300  
San Francisco, CA 94102 & via Webex**

**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, Diltar Sidhu, Jennifer Carton-Wade, Lily Conover, Lisa Hoo MD, Daniela Kim MD, Nawzaneen Zahir, Carmen Trinh, Naveena Bobba MD, Grant Colfax, MD, Priyar Nayar, Albert Lam, MD, Neda Ratanawongsa

Commissioner Guillermo called the meeting to order at 4:01pm.

**2. APPROVAL OF MINUTES FOR MEETING OF JULY 9, 2024**

Mr. Morewitz noted that Commissioner Chow requested that the minutes be corrected to reflect that Commissioner Guillermo chaired the July 9, 2024 meeting. He also requested that the word "Nursing" to be added to the following sentence under item 5, "Hiring and Vacancy Report." "Director Colfax noted that the DPH nursing vacancy rate went from 12% to 0%." Mr. Morewitz also noted that Commissioner Green requested that the word "Rated" be replaced with "Reported" in the following sentence, under item 6, "Regulatory Affairs Report." "Commissioner Green noted that CDPH has not cleared out all past facility reported incidents. Ms. Zahir stated that LHH spoke to CDPH before the JCC meeting; CDPH asked LHH to send its list so the lists can be reconciled. Ms. Zahir hopes by August the lists can be reconciled."

**Public Comment:**

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

These minutes of the 7/9/2024 LHH-JCC meeting are deficient, because in the "LHH Executive Team Report" agenda item 4, all the minutes say is that Sandra Simon "delivered the item." That's too sparse for

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any meaningful summary of Simon’s actual presentation of the “Executive Team Report,” including about sustainability plans for the future or about on-going admissions. Although the minutes report Commissioner Green asked how long it will take to reassess former LHH patients who want to return to LHH, there was no specific answer by Dr. Yu of how long it might take for those admissions to resume. The minutes omitted Commissioner Guillermo had stated said she supports the “slow and steady” re-start of admissions. The minutes don’t include Commissioner Green’s precise observation and statement during the “Regulatory Affairs” report, agenda item number 6, that 50% of LHH’s facility reported incidents for 2023 FRI’s had not been closed out.

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

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

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

The “Tommy Thompson versus City and County of SF” lawsuit was awarded class certification 7/26/2024 by San Francisco Superior Court Judge Andrew Cheng, handing City Attorney David Chiu a loss in Court. Notably, Cheng’s Order noted “the evidence appears to be consistent” with Plaintiff’s allegations of “systemic governance failures that was ongoing in 2020,” and contributed to LHH’s decertification in April 2022. It’s clear to me that this Health Commission completely abrogated its responsibilities to LHH’s patients. This Commission deliberately — or inadvertently — let LHH’s problems fester! The Health Commission’s “governance failures” — as Christopher Cherney had alleged in his Declaration — essentially contributed to, and exacerbated, Mivic Hirose’s “Culture of Silence” in 2019, which then led to a “Culture of Neglect” in 2020 and afterward, ... and ultimately led to LHH’s decertification in 2022. Commissioner Green should take note of this Commission’s “governing body” culpability. It’s not the end of LHH’s troubles!

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

Diltar Sidhu, Interim Chief Executive Officer and Nursing Home Administrator, presented the item.

#### Public Comment:

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

Today’s “Executive Team” report states LHH’s first admission occurred on 7/31/2024, 41 days after receiving Medicare recertification 6/20/24. Wow! Forty-one days for one admission? The report boasts by 8/9/2024 LHH had admitted three patients. Really? Three admissions took 50 days? At this snails pace, it’ll take approximately 123 seven-day periods at three admissions per seven-day period to return LHH’s current 400-patient census to its 769 SNF-bed capacity — fully 2.36 years! Meanwhile, San Franciscans needing in-county SNF care will keep being “granny dumped” out-of-county. This slow pace isn’t acceptable! Sandra Simon’s premature departure as LHH CEO is shocking and sad after just one year of employment. Worse, Diltar Sidhu becoming LHH’s “Interim CEO” portends disaster. Sidhu was the NHA at the Fircrest skilled nursing facility with 35 patients in Sebastopol in 2018 when CMS decertified Fircrest and it was forced to close. Sidhu isn’t qualified to be LHH’s 769-bed SNF CEO!

#### Commissioner Comments:

Commissioner Guillermo congratulated LHH for the high vaccine rate for its residents. She asked for more information regarding how the involvement or lack of involvement of the LHH residents who no longer meet skilled nursing care criteria may impact their discharge and transfer processes. Ms. Sidhu stated that the lack of availability of beds in community facilities is the major issue. He added that sometimes a resident does not wish to participate in the process and is not willing to sign the application for the facility in which they may be transferred. Many facilities will not review an application if the patient is not willing to sign paperwork and/or be interviewed. Mr. Sidhu also stated that LHH staff encourages residents to participate in the process, including assisting them with reviewing paperwork and taking them on a tour of the facility to which they may

be transferred to ease their anxiety.

Commissioner Guillermo asked for more information regarding the plan for LHH to apply for a waiver to enable it to keep the 120 beds, which continue to be on its license but are not in use. Mr. Pickens stated that the overriding concern from CMS and CDPH is that LHH exhibits sustained regulatory compliance. LHH leaders anticipate that it will be at least another few months before they consider applying for the waiver.

Commissioner Chow thanked all LHH staff and leaders for their hard work and dedication. He asked for clarification on priorities 2, 4, and 5. He asked if “Not in Medical Setting,” includes individuals who are in custodial settings. Ms. Sidhu stated that a residential care facility is not a medical facility so individuals in these settings would fall under Admissions priority 2. Mr. Pickens stated that priority 4 includes an individual currently living in another skilled nursing facility or an acute rehab, who wishes to transfer to LHH. He added that Priority 5 would be individuals in non-DPH hospitals.

Commissioner Green asked if a San Francisco Health Network patient was currently at a non-DPH hospital, would that person still be under priority 3. Mr. Pickens stated that a person in this situation would be considered priority 5, because the person is safe and in care.

Commissioner Green asked how often LHH residents are screened to ensure they continue to meet skilled nursing care criteria. Mr. Sidhu stated that LHH residents are reassessed at least quarterly. He noted that an individual’s health status is dynamic and can change.

## **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:

It’s surprising seeing in today’s “Vacancy Report by FTE,” LHH’s vacancies increased from 5.4% in July to 7.2% in August! As shown in my chart, it’s shocking seeing LHH’s total budgeted FTE positions was cut by 50 positions between the July “Vacancy Report by FTE,” compared to the August report. Worse, between July and August, the number of filled (or “utilized”) FTE positions dropped by almost 74 positions. Of concern, almost half of the loss of 50 budgeted positions occurred among Nursing staff job classifications providing direct patient care, and over half of the drop in filled positions were also Nursing positions. Today’s report does NOT show a vacancy in LHH’s only 0943 job classification position as LHH’s CEO and Nursing Home Administrator. How soon will LHH start another nationwide search for a qualified CEO with experience running a large SNF like LHH? Diltar Sidhu doesn’t have that level of experience.

### **Commissioner Comments:**

Commissioner Green asked what the 900 job category is. Ms. Nayar stated that these are manager positions. Commissioner Chow asked if the positions noted in the report are specific to LHH. Ms. Nayar stated that the information in the report is for LHH positions.

## **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:

Today’s “Regulatory Affairs Report” is troubling, even if the number of new Facility Reported Incidents (FRI’s) dropped to just 5 that occurred during July. The backlog of outstanding FRI’s without a document request, call, or visit plummeted from 359 outstanding FRI’s reported in July, to just 96 outstanding FRI’s as of today’s report. This suggests there are 263 fewer unresolved FRI’s. But how did they all clear up so

suddenly? Were they just swept under the rug? While the July “Regulatory Affairs Report” presented charts and tables documenting the number of FRI’s for the six Fiscal Years between 2019 and 2024, in today’s report all of the charts and tables suddenly eliminated data for 2019 through 2022. Worse, deficiencies received from all FRI’s reported as having been 38 in 2023 on the July report suddenly dropped to just 12 deficiencies in today’s report, a vanishing act of 26 FRI deficiencies.

Commissioner Comments:

Commissioner Chow noted that he is glad to hear that CDPH closed out its investigations of past facility reported incidents (FRIs). Commissioner Guillermo added that Ms. Zahir stated at a previous LHH JCC meeting that LHH would keep the past FRIs on the report until CPDH cleared the investigations.

Commissioner Green asked if LHH has observed any trend in the efficiency in which CDPH is investigating and resolving cases at LHH. Ms. Zahir stated that she and the LHH leadership hope CDPH remains efficient in their investigation processes. She reminded the Commissioners that LHH is only notified about anonymous complaints when CDPH comes to LHH to investigate them.

**7. LAGUNA HONDA HOSPITAL POLICIES**

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

Commissioner Comments:

Commissioner Green asked if the process to determine if individuals in Priority 4, “San Franciscans receiving SNF and/rehabilitation services in other facilities,” are appropriate for LHH is a lengthy one. Dr. Neda Ratanawongsa, Interim Chief Medical Officer, San Francisco Health Network, stated that it takes more time to evaluate individuals at home.

Commissioner Chow asked if a LHH resident is discharged to an acute hospital, may they still come back to LHH. Dr. Ratanawongsa, stated that when a LHH needs acute care that cannot be delivered at the LHH clinic, the resident is transferred to an acute hospital, but not discharged from LHH. Therefore, the individual can return to LHH after their hospital stay.

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.

**August 2024**

<u>Item</u>	<u>Scope</u>	<u>Policy No.</u>	<u>Policy Title</u>
1	Facility-wide	01-14	Compliance Program Discipline
2	N/A	N/A	Laguna Honda Hospital Adult Intravenous Vancomycin Per-Pharmacy Dosing Protocol
3	Medicine	001-02	Night and Weekend Physician Services
4	Medicine	003-04	Billing for Physician Services: Acute
5	Medicine	003-05	Billing for Physician Services: SNF
6	Medicine	003-06	Billing for Physician Services: Consultation
7	Social Services	7.5	Discharges to the Acute Care Unit (PMA)
8	Social Services	7.6	Documentation of Care Plans
9	Social Services	7.7	Discharge Planning and Implementation
10	Social Services	7.9	Readmission Assessments
11	Nursing	C 1.3	Discharge Procedure to Acute
12	Nursing	L 1.0	Emergency Intervention for Choking
13	Nursing	A 10.0	Utilization and Monitoring of P103 and Per Diem

14	Nursing	A 11.0	Utilization of OT Staff
15	Nursing	Standard Procedure	Advance Practice Nursing (NP/CNS) Preamble

## 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 Taken: The LHH JCC voted unanimously 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

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

## 10. ADJOURNMENT

The meeting was adjourned at 5:37pm.