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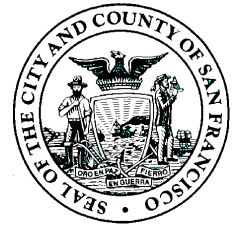
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**MINUTES  
JOINT CONFERENCE COMMITTEE MEETING FOR  
LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER  
September 10, 2024, 4:00 p.m.  
101 Grove Street, Room 300  
San Francisco, CA 94102 & via Webex**

**Please note that the meeting was adjourned early due to technical difficulties. Items 1-5 were presented before the meeting ended.**

**1. CALL TO ORDER**

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

Excused: Commissioner Tessie Guillermo, Chair

Staff: Roland Pickens, Diltar Sidhu, 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 Green chaired the meeting. The meeting was called to order at 4:01pm.

**2. APPROVAL OF MINUTES FOR MEETING OF AUGUST 13, 2024**

Action Taken: The LHH JCC unanimously approved the August 13, 2024 meeting minutes.

**3. GENERAL PUBLIC COMMENT:**

Jim MacAfee stated that residents did not participate in the recertification process, only staff did. CMS only reviewed employee-related surveys.

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

During a 9/26/2023 hearing, Supervisor Mandelman asked if the Workgroup Pickens stated was formed was ongoing, whether the Board of Supervisors would see a proposal, and where it was at. Mandelman

was referring to HSAG's recommendation LHH consider "cohorting" patients with disparate healthcare issues in separate areas. Responding to Supervisor Safai questions, Pickens said "So, it sets itself up for being able to have one set of programming in one Tower and another set in another Tower." On 10/10/2023, Dr. Ratanawongsa, presented to this LHH-JCC LHH was still facing challenges in identifying a LHH location for behavioral health units, and the Workgroup was still conducting literature reviews of models of focused units for behavioral health patients. On 10/17/2023 Commissioner Guillermo indicated the Behavioral Health Workgroup was still working with the HSAG to "explore models" of focused units for behavioral health patients. Why hasn't that Workgroup report been presented publicly yet?

#### **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 pathetically brags LHH is welcoming back former LHH residents. It's shocking since LHH regained Medicare certification 6/20/2024, only eight residents have been admitted through Thursday September 5th, when this "Executive Team" report was generated. That it took 78 days — 2.5 months — to admit 8 patients, portends it will take a long time to restore LHH's census to the 710 residents it had 10/14/2021. At this rate, that could take 7.7 years at only 8 admissions every 78 days! LHH must ramp up the speed of admissions. Eight admissions over 78 days, averages one admission every ten days. That's pathetically slow, not what San Franciscans deserve! Slide 10 showing LHH held a staff recertification recognition event, between the August and September LHH-JCC meetings is shocking. Shocking, because it suggests admissions have been slowed to accommodate holding so-called "recognition events" outside the main entrance to the old hospital.

##### Commissioner Comments:

Commissioner Green asked about whether the RSV vaccine will be offered at LHH, noting the CDC recommended it for people over the age of 65. Mr. Sidhu stated that LHH staff with that subject matter expertise are not currently in the meeting and will respond through Mr. Morewitz at a later time.

Commissioner Green stated that it was her understanding that LHH would provide a graph at the JCC meetings which show information on those LHH residents who no longer meet skilled nursing care criteria and their discharge status. She noted that this information gives the Commission and public a better understanding of the number of individuals who have improved and no longer need skilled nursing care and any discharge issues, such as a dearth of available community beds. Seeing trends on this data is important. Mr. Morewitz noted that Commissioner Guillermo, who is chair of the LHH JCC, recently gave permission to LHH to stop including this information in the standard monthly data; the creation of the data had been in response to a CMS mandate during the recertification process that LHH discharge all individuals who no longer meeting skilled nursing level criteria.

Commissioner Green asked if admission requests are tracked, to better understand the demand for LHH beds. Zoe Brucella, Chief Documentation Integrity Officer, stated that currently there are 30 applications for various types of care at LHH. Commissioner Chow requested that admission requests be put into a graph and presented at the LHH JCC meetings.

Commissioner Chow asked if there is a COVID-19 vaccination goal for LHH residents. Mr. Sidhu stated that the goal is 100% of LHH residents who are willing to get vaccinated who is willing to get vaccinated for COVID-19.

## **5. HIRING AND VACANCY REPORT**

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

### Public Comment:

Patrick Monette-Shaw submitted the following written comments:

Today's "Vacancy Report" report indicates the number of vacancies for "Patient Care Assistants" have gone up by three to 36 over the past month. The report also shows that there are still two "Registered Nurse" vacancies. There are also three to four vacancies for Nurse Managers, with an overall vacancy rate of 13% for Nurse Managers. Between PCA's, LVN's, RN's, Nurse Managers, and Nursing Supervisors, LHH has 754 filled Nursing staff positions to care for LHH's 412 patients census as of August 22. Surely 754 Nursing staff should be able to handle 412 patients, and simultaneously be able to admit more than eight new admissions every 78 days! Finally, the "Report with Notes" shows LHH's CEO position has a requisition pending approval. That requisition should be expedited because Diltar Sidhu isn't qualified to be LHH's permanent CEO. After all, CMS looks very unfavorably on high rates of senior management turnover.

## **6. REGULATORY AFFAIRS REPORT**

This item was not discussed because the meeting ended before the item could be presented.

### Public Comment:

Patrick Monette-Shaw submitted the following written comments:

Today's Regulatory Affairs report is shocking, reporting two more anonymous complaints filed during August. That brings Anonymous Complaints filed during the eight months of 2024 to 31, two fewer Anonymous Complaints than the 33 filed in all of 2012, and six fewer than filed in all of 2023. This portends the number of Anonymous Complaints in 2024 could easily exceed 2022 and 2023 totals. Far worse, for the first time there were two Facility Reported Incidents (FRI's) involving "Power Outages." Will this result in yet another CDPH/CMS citation and fines against LHH? How could it be that 14 years after LHH's replacement hospital opened in 2010 that the emergency power systems long neglected and unfixed are now leading to "power outages" After all, in September 2023 San Francisco's Board of Supervisors approved spending \$8.2 million for "Emergency Power Replacement" and other repairs at LHH. What happened to that money?

## **7. LAGUNA HONDA HOSPITAL POLICIES**

This item was not discussed because the meeting ended before the item could be presented.

### Public Comment:

Patrick Monette submitted the following written comments:

This LHH-JCC should remove elimination of Policy #07-06, "Custom Wheelchairs," and Policy #70-07 "Wheelchair Repair Clinic" from consideration today, which were initially approved in 1999 by LHH's Chief of Rehabilitation Services, LHH's P&P Committee, LHH's Executive Administrator, and San Francisco's Director of Public Health. Have LHH's patients using wheelchairs been consulted about removing their on-site wheelchair repair clinic to mitigate lengthy delays in getting wheelchairs repaired? Will elimination of this clinic lead to further anonymous complaints of substandard care at LHH? LHH's weekly "Wheelchair Repair Clinic" was created in August 1999 in response to U.S. DOJ's investigations of LHH's patient neglect, including patients whose medical conditions and physical decline necessitate custom wheelchairs for proper positioning to prevent aspiration! It's the responsibility of skilled nursing facilities to provide and maintain DME, such as standard, electric, and custom wheelchairs. Who, or which specific LHH/SFHN department, requested the "Wheelchair Clinic" policy be removed?

## September 2024

<u>Item</u>	<u>Scope</u>	<u>Policy No.</u>	<u>Policy Title</u>
1	Facility-wide	20-12	Discharge Cleaning
2	Facility-wide	22-16	Effective Communications – Resident Who is Deaf
3	Facility-wide	24-11	Notification of Family / Surrogate Decision-Makers (SDMs) and/or Conservators of Change in Condition and/or Death
4	Facility-wide	29-05	Interpreter Services and Language Assistance
5	FNS	1.1	Food from Home or Outside Sources Served Directly to Residents
6	HIS	13.06	Patient Access to Health Records
7	Medicine	A00	E-Referral Consultation Procedure for Outpatient Clinic
8	Medicine	A01	Unsigned Electronic Health Record Notes
9	Medicine	CO1-01	Patient Expiration
10	Medicine	D10-02	Central Line Insertion
11	OPC	A1	Outpatient Clinic Services
12	Rehab	10-04	Patient Vs Resident Terminology
13	Rehab	10-05	Written Policies and Procedures for Rehabilitation Services
14	Rehab	20-01	Responsibility and Accountability of Rehabilitation Services
15	Rehab	20-02	Rehabilitation Center Staff
16	Rehab	20-05	Staff Orientation, In-service training, and continuing education
17	Rehab	30-05	Behavioral Health Services
18	Rehab	30-06	Social Work Services
19	Rehab	30-07	Activity Therapy Services
20	Rehab	30-08	Vocational Rehabilitation Services
21	Rehab	40-01	Rehabilitation Services for Rehabilitation Unit (Acute Rehab & SNF Rehab)
22	Rehab	40-02	Rehabilitation Services for Long Term Care SNF Unit Patients
23	Rehab	40-03	Rehabilitation Center – Goals and Objectives
24	Rehab	40-04	Rehabilitation Services and Medical Record
25	Rehab	40-05	Rehabilitation Case Conference
26	Rehab	40-06	Evaluation of Services
27	Rehab	40-07	Utilization Management
28	Rehab	40-08	Rehabilitation Assessment and Interdisciplinary Care Planning
29	Rehab	40-09	Treatment Authorization Request
30	Rehab	50-01	Admission and Eligibility Criteria for Acute Rehabilitation Services
31	Rehab	50-02	Admission and Eligibility Criteria for SNF-level Rehabilitation Services
32	Rehab	50-03	Sources and Forms Used for Referral of Patients
33	Rehab	60-01	Outpatient Rehabilitation Services
34	Rehab	60-02	Procedure for Outpatient Referral, and Treatment
35	Rehab	70-01	OT Services
36	Rehab	70-02	OT Staff
37	Rehab	70-04	Scope of Occupational Therapy Services
38	Rehab	70-05	Establishment of Treatment Programs and Documentation
39	Rehab	70-09	Occupational Therapy Service Equipment and Supplies
40	Rehab	80-01	Physical Therapy Service Definition
41	Rehab	80-02	Physical Therapy Staff
42	Rehab	80-03	Clinical Training for Physical Therapy Students or Interns
43	Rehab	80-04	Scope of Services
44	Rehab	80-07	Physical Therapy Service Equipment and Supplies
45	Rehab	80-08	Orthotics Clinic
46	Rehab	90-01	Speech Language Pathology Service Definition

47	Rehab	90-02	Speech Language Pathology Staff
48	Rehab	90-03	Speech Pathology Scope of Services
49	Rehab	90-04	Establishment of Treatment Programs and Documentation SLP
50	Rehab	90-05	Establishment of Treatment Programs and Documentation Dysphagia
51	Rehab	90-07	Establishment of Treatment Programs and Documentation – Audiology
52	Rehab	90-08	Hearing Aid Evaluation and Dispensing
53	Rehab	90-09	Speech Pathology Service Equipment and Supplies
54	Rehab	90-10	Audiology Service Definition
55	Rehab	90-11	Audiology Staff
56	Rehab	90-12	Audiology Scope of Services
57	Rehab	90-16	Audiology Service Equipment and Supplies
58	Rehab	100-01	Electrodiagnostic Studies
59	Rehab	100-02	Discharge planning and Durable Equipment
60	Rehab	100-03	Discharge planning and Emergency Preparedness
61	Rehab	100-04	Rehab_Community Eval
62	Rehab	100-05	Rehab_HomeEval
63	Rehab	110-02	Rehabilitation Center Equipment and Supplies
64	Rehab	110-03	Rehabilitation Center Equipment
65	Rehab	App. B	Appendix B: JD-Neuropsychologist, Rehabilitation Services
66	Rehab	App. B	Appendix B: JD-Staff Physiatrist, Rehabilitation Services
67	Rehab	70-06	Custom Wheelchairs
68	Rehab	70-07	Wheelchair Clinic
69	Rehab	70-08	Connectivity Clinic
70	Rehab	80-06	Equipment Maintenance
71	Rehab	90-06	Hearing Screening revised

## 8. **CLOSED SESSION**

This item was not discussed because the meeting ended before the item could be presented.

- 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 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**

This item was not discussed because the meeting ended before the item could be presented.

### **10. ADJOURNMENT**

The meeting was adjourned at 4:37pm.