

Dan Bernal
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Commissioner

HEALTH COMMISSION CITY AND COUNTY OF SAN FRANCISCO

London N. Breed, Mayor
Department of Public Health



Grant Colfax, M.D.
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 January 10, 2023, 4:00 p.m. Remote Meeting via Webex Event

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, Grant Colfax, MD, Naveena Bobba, MD, Nawzaneen Talai, Lucia Angel,
Claire Horton, MD, Jennifer Carton Wade, Julie Cline, Karrie Johnson, Lily Conover, Lisa Hoo, MD,
Terry Dentoni, Zoe Harris, Daniela Kim MD, Julie Cline

The meeting was called to order at 4:04pm.

2. APPROVAL OF MINUTES FOR MEETING OF DECEMBER 13, 2022

Public Comment:

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

These 12/13/22 minutes are deficient, not mentioning Mr. Morewitz stated: "... there was a comment made about the RCA [the Root Cause Analysis report]. So, I want to let you all know that the Consultant created that document [and] turned it in to CMS. ... I want to make sure that it's clear to you ... when that [the document] is all finalized, the document will come to you and will be available to the public at that time." The RCA was to outline the deficiencies that caused CMS to decertify LHH on 4/14/22, and the RCA was to be the basis for the "Action Plan submitted to CMS on January 6. Release the RCA now! The minutes don't disclose that during Closed Session 12/13/22 the JCC was probably told of the Immediate Jeopardy fire response violation LHH received during the 90-day Monitoring Survey that became an Extended Survey.

Action Taken: The Committee unanimously approved the December 13, 2022 minutes.

3. GENERAL PUBLIC COMMENT:

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

Suddenly — tragically or comically, depending on your point of view — along came San Francisco’s Director of Public Health, Grant Colfax, who presented an “LHH Recertification Strategy Update” to the full Health Commission 1/3/23. Wait. What? Shouldn’t the Recertification Strategy have been developed in May at the outset of the now \$23.2 million in external consultant contracts awarded HMA and HSAG? As in, putting the horse before the cart. Colfax’s “Facilities, Operations, and Capital Projects” team focuses on capital projects. What capital projects help obtain CMS recertification? LHH’s planned housing project? What experience as a children’s oral health program director qualifies Prasanthi Patel to be managing operations for a SNF? Colfax’s “Revised Closure Plan” team is led by Terry Dentoni as acting-Chief Nursing Officer, and Claire Horton as acting-Chief Medical Officer. Neither have SNF or gerontology on-the-job experience. Forced discharges from LHH may resume 2/3/23. Release the Revised Closure Plan now.

Claude Joseph, SEIU 1021 Supervisor, stated he has been working closely with LHH administration, making progress on many issues. LHH management has been transparent, and they have done due diligence. We worked to enable folks who were discharged to be able to come back. He added that he thinks it is the Commission’s responsibility, not LHH administration, to authorize the hiring of necessary staff needed. The current situation has created two types of standard work: daily work and recertification-related work. Staff have noted that the current workload is heavy. Staffing issues are the center of many of Laguna Honda Hospital’s problems.

Michael Lyons, Gray Panthers, is glad to hear there is transparency with SEIU 1021, but there has been no transparency with the public in terms of the action plan, root cause analysis, and revised closure plan; everything has been done in closed session. He has no faith that the administration is planning to do anything but dither around and not attack the main problems of the flow project, planned closures, and bed reductions. He asked why CMS has not given a written extension to the pause on mandatory patient discharges.

Norman Dagelman, Gray Panthers, urged the Commission to support services for houseless seniors and those who are disabled; support treatment-on-demand for substance use and mental health treatment; and to prevent a revolving door of hospitalizations that lead to illness and death.

Art Persyko stated that the Gray Panthers call for a permanent stop to any more forced discharges for any patient eligible for skilled nursing services; enable those LHH patients who were forced out of LHH during the last round of mandatory discharges to be allowed to return to LHH; no loss of patient beds; and no forced discharges of patients who do not meet skilled nursing level of care until appropriate discharge placements can be found. LHH should take steps to stop inappropriate admissions; stop the flow project. Hire staff that understand how a skilled nursing facility should operate. He added that the DPH must fund appropriate services for those with substance use issues and mental health issues.

Vivian Imperiale submitted the following written public comment:

LHH residents faced the trauma of first developing serious physical problems through illness or accident and then being moved to LHH and becoming dependent on others. Yet they adjusted and were thankful for the quality of life, support, and camaraderie they gained by becoming part of the LHH community. And now, there is the trauma of government bureaucracy wanting the residents uprooted from all that they know. This is inappropriate and frightening. The removals have failed; people have died. Bring back the residents who were sent away and assure the current residents they will not be uprooted. Funding must continue uninterrupted. Residents should stay in their LHH home with what has become their LHH family. Beds should not be eliminated and admission

should be open to all appropriate SF residents, not just those coming from General Hospital. We are not working with data; we are working with people.

Carol Bettencourt, a long-time resident in her sixties, submitted the following written public comment:

I am very concerned about the impending possibility that forced discharges will resume in February. Laguna Honda Hospital must be kept open and residents already discharged by force must be allowed to return; funding for existing residents must continue until recertification; we should fight to have no loss of beds in this nearly new facility and no forced discharges of Skilled-Nursing-Facility-eligible residents under any circumstances and no discharge for non-SNF-eligible residents until safe and local arrangements are made. There should also be more transparency in planning changes of Laguna Honda policies. The public and Laguna Honda residents have the right to know what is going on and what is contained in all aspects of the settlement. Furthermore, SFDPH must stop the "flow" project of ZSFGH patients and return admission decisions to dedicated LHH Staff who understand how a nursing home operates.

4. EXECUTIVE TEAM REPORT

Roland Pickens, Interim Chief Executive Officer, presented the item.

Public Comment:

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

It's ironic this Report finally acknowledges a point I've raised extensively: "The theme throughout the RCA is that over time, Laguna Honda has become out of sync with high performing skilled nursing (SNF) homes and often operated more like an acute care hospital." As I testified during the Commission's 1/3/23 Finance and Planning Committee meeting, LHH's acting-CEO, Roland Pickens, admitted to the Health Commission last August that LHH had been following the wrong regulatory guidelines by using California's Title 22 "Acute Care Hospital Guidelines," not CMS' "Skilled Nursing Facility Regulatory Guidelines," thereby causing substantial noncompliance that eventually led to CMS decertifying LHH. It's gratifying to learn the Root Cause Analysis (RCA) presented to CMS admits the main reason causing LHH's decertification was because LHH fell out-of-sync with high-performing SNF's. The question becomes: Have all managers been held accountable for their mismanagement at LHH? Hire a licensed Nursing Home Administrator now!

Michael Lyons is interested to learn that one of the eight area of concern noted in the Root Cause Analysis is with residents' rights and another is skilled nursing excellence. He noted that LHH patients with substance use and psychiatric issues need very close supervision, which is contrary to the skilled nursing home resident rights. The nursing home must have the ability to regulate who should be admitted to the hospital; the flow project should stop. He agrees that the City Attorney should have finished the appeal regarding the pause in forced patient discharges. He feels the statement made during the Executive Staff report that the rights of LHH residents forced to discharge is not accurate; residents were not informed of their rights; one of the people who challenged these discharges was arrested. He also objected to the statement that those LHH residents forced to discharge were sent to good places.

Dr. Teresa Palmer finds the situation with the policies and procedures and inspections discouraging. Things that need to be done now should have been done routinely for many years. For example, wound care policies should have been developed along with other routine and important skilled nursing care policies. She hopes there is a way to extend the pause on the discharges because residents will be sent to less good institutions outside of the county. She encouraged the Health Commissioners and DPH administration to throw yourself on the mercy of anyone with authority in this situation.

Commissioner Comments:

Commissioner Chow asked for confirmation that immediate jeopardy was removed from the last CMS survey. He noted that the Root Cause Analysis (RCA) speaks to very important topics. As the action plan is developed, he hopes quality of care items will be prioritized. He looks forward to hearing the decision from CMS

regarding the request to extend the mandatory discharge pause. He wishes that CMS better understood the complexities of the situation and that the skilled nursing facilities that accepted the LHH patients were better prepared to care for those individuals. Mr. Pickens noted that similar to the mock survey results, the root cause analysis results will be prioritized based on a severity index and tracking will be shared with the Commission. He confirmed that the immediate jeopardy was resolved during the survey.

Commissioner Chow asked if there has been a strong effort for LHH staff to have access to the bivalent booster ; he is concerned at the percentage of staff who have chosen to receive the newest vaccine. Lisa Hoo, MD, Chief of Medical Staff, stated that 89% of the LHH residents have received the bivalent booster; the percentage for staff is in the mid-forties. She noted that the primary vaccine series was mandated. Since that time, it has been left to staff to decide to receive the newer vaccines. She added that LHH has implemented efforts to offer the vaccine at staff work places. The LHH clinic also offers drop-in hours from 9am to 5pm for vaccine distribution and also offered incentives and raffles.

Commissioner Green stated that we have the infrastructure to deal with anything coming our way, including the RCA, action plan, and 2567 citations from regulatory surveys. She is concerned about the stress on staff with so much change and required learning. She also is concerned about the ability to hire staff in this time of a national medical labor shortage. She added that documentation issues are key to improving the situation: 1) Corroborate that we have the structure in place to deal with any issue that arises; 2) Use EPIC optimally to minimize staff work and increase morale. She is happy to hear that unions are working with LHH leadership. She asked if there is a place on the DPH intranet where staff can look up policies. Mr. Pickens stated that the policies to be considered on this meeting agenda are the best attempt to meet CMS requirements, and meeting Title 22 acute care hospital requirements. He added that Eric Raffin, DPH Chief Information Officer, is leading the effort to understand how to optimize EPIC in order to provide functionality that a high performing skill nursing facility requires. Terry Dentoni, Action LHH CNO, stated that nurses are using Cardex for plans of care; staff also use EPIC.

Commissioner Green asked for an update on creative solutions to workforce issues. Ms. Dentoni stated that that they are reviewing who has been recruited, hired, and onboarded to better understand the issues. She has been meeting with deans and placement coordinators of local nursing programs to develop LHH nurse training programs; she is working with ZSFG to coordinate overlap of trainings. All this work is to enhance patient care. Ms. Carton-Wade stated that the change management work at LHH is difficult, especially with the short time frame. LHH is working closely with DHR so it can approach changes in a supportive manner for staff. Attempts are being made to ensure staff are being heard and seen through this process.

Commissioner Guillermo is hopeful that CMS will approve the action plan without insisting on additional transfers or discharges. She noted that the bulk of the work is already in place. LHH is not waiting for CMS approval to continue its quality improvement work. Mr. Pickens stated that work has been ongoing since the decertification; he acknowledged the huge effort expended by everyone. He added that

5. HIRING AND VACANCY REPORT

Karrie Johnson, Departmental Personnel Officer, DPH Human Resources, presented the item.

Public Comment:

Dr. Palmer stated that it seems that replacing an experienced RN with a new graduate would be a problem, in terms of quality of care.

Commissioner Comments:

Commissioner Green asked LHH has programs to replace nurse managers if they retire or go out on extended leave. Ms. Dentoni stated that LHH is building its bench of nurse managers who have worked in long term care. She noted that the census is lower. She is looking at functions so charge nurses and nurse leaders will

update care plans while bedside nurse will focus on bedside patient care. She added that 22 nursing staff have left and 6 new hires are in the human resource hiring process. There are additional staff on leaves and daily sick calls. There are currently 23 traveling nurses working at LHH.

Commissioner Chow asked for clarification of the number of staff out versus number of vacancies. Ms. Johnson stated that the number of staff out includes various kinds of staff leave.

Commissioner Chow asked for clarification regarding “pending announcements,” for hiring nurses; he noted that this makes the situation seem not so urgent. Mr. Johnson stated that hiring nurses is a priority. LHH uses continuous posting; a posting will be adopted on a current eligibility list. Then, there is a wait of few weeks for a new list to be adopted. The DPH Merit Team is working on a 3-4 week cycle of these postings.

6. FINANCE UPDATE

Lily Conover, Chief Financial Officer, presented the item.

Public Comment:

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

This update presents the First Quarter Revenue and Expenditure report for the period ending on 9/30/22, documenting LHH’s \$27.5 million budget deficit caused mostly by the loss of \$23.9 million in Medi-Cal revenue — likely due to the Denial of Payment for New Admissions (DPNA) when CMS halted new admissions to LHH on 1/14/22. The First Quarter Revenue report has been presented twice to the Health Commission’s Finance and Planning Committee (first presented on 12/6/22) but discussion has been postponed twice, and further postponed from the full Commission’s 1/3/23 meeting agenda. This update is essentially old news. Where is the finance update for the Second Quarter Revenue and Expenditure report that ended on 12/31/22 and when will it be presented and discussed at a full meeting of the Health Commission? How much additional Medi-Cal revenue has LHH potentially lost during the Second Quarter due to the DPNA?

Commissioner Comments:

Commissioner Green asked where in the budget are the LHH consultant costs listed. Ms. Conover stated that the consultant costs are located within the LHH budget.

Commissioner Green asked if the action plan implementation is limited by budget constraints. Ms. Conover stated that the recertification process is budgetary priority for LHH and the DPH.

7. REGULATORY AFFAIRS REPORT

Nawzaneen Talai, Chief Quality Officer, presented the item.

Public Comment:

Dr. Teresa Palmer stated that it must be confusing for CDPH to be working on its backlog of regulatory investigations at the same time that LHH is attempting to get up to speed .

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

It’s worrisome the December Regulatory Report revealed CDPH and CMS’ surveyor Healthcare Management Solutions arrived on 11/28 at LHH to conduct LHH’s first 90-day Monitoring Survey. The initial planned exit date from LHH was to be 12/2/22. However, the Monitoring Survey identified an “Immediate Jeopardy” (I.J.) citation related to LHH’s fire response, triggering an Extended Survey as well as a Fire Life Safety Survey. It was good hearing the I.J. was immediately corrected. When will the I.J. Plan of Correction be released to members of the public? The Regulatory Affairs report indicated LHH submitted three Plans of Correction on 12/28/22 involving a Patient Care Policies and Procedures violation (Title 22 §72523), a Patients' Rights violation (Title

22 §72527-a-10), and a Nursing Services violation involving implementing patient care plans (Title 22 §72311-a-2). The three deficiencies reportedly occurred in 2021. Why did their Plans of Correction take 12 months to submit?

Commissioner Comments:

Commissioner Chow asked if the CDPH surveys and investigations are uncovering unknown issues. Ms. Talai stated that the old cases have not uncovered any new issues. She noted that some of the findings do overlap with issues identified in the RCA, which are addressed in the draft action plan.

Commissioner Guillermo stated that it is frustrating that CDPH is 2 years behind in their investigations.

8. LAGUNA HONDA HOSPITAL POLICIES

Nawzaneen Talai, Chief Quality Officer, presented the item.

December 2022

<u>Item</u>	<u>Scope</u>	<u>Policy No.</u>	<u>Policy Title</u>
1	Facility-wide	01-06	Administrator on Duty
2	Facility-wide	20-06	Leave of Absence (LOA), Out on Pass (OOP) and Bed Hold
3	Facility-wide	22-07_A01	Physical Restraints
4	Facility-wide	22-07_A02	Physical Restraints - Acute Units
5	Facility-wide	22-09	Psychiatric Emergencies
6	Facility-wide	22-12	Clinical Search Protocol
7	Facility-wide	22-13	Bed Rail Use
8	Facility-wide	22-14	Resident Activities
9	Facility-wide	22-15	Communications Within and External to the Facility
10	Facility-wide	22-16	Effective Communication - Resident Who is Deaf
11	Facility-wide	22-17	Resident Email and Video Communications
12	Facility-wide	22-18	Resident Right to Privacy in Communication
13	Facility-wide	23-02	Completion of Resident Assessment Instrument Minimum Data Set
14	Facility-wide	24-01	Culturally Competent Care Policy
15	Facility-wide	24-02	Promoting Maintaining Resident Dignity Policy
16	Facility-wide	24-04	Trauma Informed Care
17	Facility-wide	24-06	Resident/Patient and Visitor Complaints/Grievances
18	Facility-wide	24-07	Resident Visitation
19	Facility-wide	24-10	Close Observation
20	Facility-wide	24-14	Opioid Overdose Prevention
21	Facility-wide	24-16	Code Blue
22	Facility-wide	24-16	Code Blue Appendix 8 - Crash Cart Injection Reference
23	Facility-wide	24-16	Code Blue Appendix 11 - Emergency Box Contents
24	Facility-wide	24-16	Code Blue Appendix 12 - Crash Cart Medication Drawer
25	Facility-wide	24-25	Harm Reduction
26	Facility-wide	24-28	Behavioral Health
27	Facility-wide	25-06	Pain Recognition Assessment and Management
28	Facility-wide	25-07	Antimicrobial Stewardship Program
29	Facility-wide	25-13	Herbal Supplement
30	Facility-wide	25-14	Unnecessary Drugs Without Adequate Indication for Use Policy
31	Facility-wide	55-04	Triple Check Process
32	Facility-wide	60-04	Unusual Occurrences

33	Facility-wide	70-01 B3	Resident Evacuation Plan
34	Facility-wide	71-12	Fire Drill
35	Facility-wide	72-01 A02	Infection Prevention and Control Program
36	Facility-wide	72-01 A03	Infection Preventionist
37	Facility-wide	72-01 A04	Infection Reporting Policy
38	Facility-wide	72-01 A05	Infection Control Surveillance Program
39	Facility-wide	72-01 A10	Infection Outbreak Investigation and SURGE Response
40	Facility-wide	72-01 A11	Water Management
41	Facility-wide	72-01 B14	Visitors Guidelines for Infection Prevention
42	Facility-wide	72-01 B5	Transmission-Based Precautions
43	Facility-wide	75-05	Illicit or Diverted Drugs and Paraphernalia
44	Facility-wide	76-02	Smoke and Tobacco Free Environment
45	Facility-wide	80-03	Student, Volunteer and Consultant Orientation
46	Facility-wide	80-05	Staff Education Program
47	Pharmacy	01.03.00	Personal Medication
48	Pharmacy	02.01.03	Bedside Storage of Medications
49	Pharmacy	02.01.04	Pass Medication
50	Pharmacy	02.01.05	Pharmacy Computer Down Time
51	Pharmacy	02.01.09	Repacking Medication
52	Pharmacy	02.01.10	Operations When Pharmacist is not Present
53	Pharmacy	02.02.02	Fentanyl Transdermal Patches
54	Pharmacy	02.03.00	Emergency and Supplemental Medication Supplies
55	Pharmacy	02.05.00	Investigational Drugs
56	Pharmacy	03.01.00	Quality Assessment and Improvement Plan
57	Pharmacy	03.01.02	Medication Pass Observation
58	Pharmacy	03.03.00	Infection Control
59	Pharmacy	04.01.00	Safety and Emergency Preparedness
60	Pharmacy	04.01.01	Duties and Responsibilities During Disasters and Disaster Drill
61	Pharmacy	06.03.00	Discharge Counseling
62	Pharmacy	07.01.00	Sterile Product Preparation, Handling and Disposal
63	Pharmacy	07.02.00	Hazardous Drug Preparation, Handling and Disposal
64	Pharmacy	09.01.00	Automated Dispensing Cabinets
65	Pharmacy	09.02.00	ADC Report Review
66	Pharmacy	09.03.00	Periodic Check of Registry
67	Pharmacy	09.04.00	Medication Unit Dose Packager (Parata ATP)
68	EVS	VIII	Safety
69	Facility	LS-1	Fire Safety
70	Facility	LS-12	Fire Watch
71	Nursing	A 02.0	Nursing Services
72	Nursing	A 4.0	Nursing Clinical Competency Program
73	Nursing	A 5.0	Nursing Clinical Affiliations (Student Placements)
74	Nursing	A 6.0	Orientation of Nursing Personnel
75	Nursing	A 8.0	Decentralized Staffing
76	Nursing	B 5.0	Resident Identification and Color Codes
77	Nursing	B 9.0	Documenting and Reporting Resident Allergies
78	Nursing	C 3.0	Documentation of Resident Care/Status by the Licensed Nurse - SNF
79	Nursing	C 9.0	Transcription and Processing of Orders
80	Nursing	D5 1.0	Foot Care
81	Nursing	D6 3.0	Range of Motion Exercise
82	Nursing	I 5.0	Oxygen Administration

83	Nursing	J 1.0	Medication Administration
84	Nursing	XX	Nursing Staff Education
85	FNS	1.12	Isolation Trays
86	FNS	1.74	Safety Inspection
87	FNS	1.93	Food Preparation Standards
88	FNS	1.94	Safety Standards

(Continued next page)

January 2023

<u>Item</u>	<u>Scope</u>	<u>Policy No.</u>	<u>Policy Title</u>
1	Facility-wide	20-12	Discharge Cleaning
2	Facility-wide	24-18	Resident Locator
3	Facility-wide	25-01	High Risk - High Alert Medications
4	Facility-wide	25-02	Safe Medication Orders
5	Facility-wide	26-02	Management of Dysphagia and Aspiration Risk
6	Facility-wide	26-03	Enteral Tube Nutrition
7	Facility-wide	26-04	Resident Dining Services
8	Facility-wide	26-06	Meal Tray Service Galley Sanitation
9	Facility-wide	72-01 A1	Authority of Infection Control Committee
10	Facility-wide	72-01 B2	Hand Hygiene
11	Facility-wide	72-01 B3	Antibiotic Stewardship and Infection Control
12	Facility-wide	72-01 B9	Infection Control Post-Mortem Care Guidelines
13	Facility-wide	72-01 B24	Respiratory Hygiene/Cough Etiquette
14	Facility-wide	72-01 B25	Isolation Carts
15	Facility-wide	72-01 C16	Scabies Management
16	Facility-wide	72-01 C17	Pediculosis (Lice) Management
17	Facility-wide	72-01 C18	Clostridioides Difficile Guidelines
18	Facility-wide	72-01 C22	Influenza Immunization
19	Facility-wide	72-01 C24	Employee Influenza Vaccination
20	Facility-wide	72-01 C26	Guidelines for Prevention and Control of Tuberculosis
21	Facility-wide	72-01 C27	Care of Tuberculosis Patient Placed on Civil Detention
22	Facility-wide	72-01 E14	Infection Control for Rehabilitation Services
23	Facility-wide	72-01 F1	Renovation/Construction Infection Control Guidelines
24	Facility-wide	72-01 F4	Management of Hospital- Provided Linen
25	Facility-wide	72-01 F10	Blood/Body Fluid Clean-Up
26	Facility-wide	72-01 F15	Storage of Sterile Medical Supplies
27	Facility-wide	80-01	Key Personnel Whereabouts
28	Facility-wide	80-02	Employee and Volunteer Identification
29	Facility-wide	80-04	Employee Regulations
30	Facility-wide	80-06	Staff Alcoholic Consumption
31	Facility-wide	80-09	Prohibition Against Political Activity
32	Facility-wide	80-10	Prohibition of Harassment and Bullying
33	Facility-wide	80-11	Payroll Time Reporting and Controls
34	Facility-wide	80-12	Lactation Accommodation for Employees at the Workplace
35	Nursing	M 5.0	Protocol for Using Psychotropic Medications for Emergency Behavioral Situations

Public Comment:

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

Notably missing from these policies is Nursing Policy D.1.0, the *Restorative [Care] Nursing Program* that is

of keen interest to CMS and the U.S. Department of Justice. Why isn't D.1.0 included? It's inconceivable the LHH-JCC's three Commissioners will review each of the 123 policies and procedures presented today. The 123 policies showing revision marks on the Health Commission's web page engulf 619 pages. That's a prohibitive amount of reading for Health Commissioners. The LHH-JCC should schedule a special meeting two-or-three day retreat to review each policy. As LHH's governing body that's the Health Commissions duty, especially since re-certification is at stake! The LHH-JCC will only consider today making a recommendation to the Health Commission for LHH policies listed, including new policies, changes to policies, and removal of policies. These policies will be recommended for approval on the Health Commission's *Consent Agenda*, portending individual policies won't be discussed before adoption.

Commissioner Comments:

Commissioner Guillermo noted that in order for the LHH JCC to fulfill its role in this matter, members need adequate time to review the large amount of material. She indicated that there will be no action taken on this item; the matter will be placed on the January 17, 2023 full Health Commission agenda for consideration of approval.

Commissioner Chow asked how LHH is handling substance use and mental health issues. According to his review of the policies, individuals with acute mental health issues and substance use may not be admitted, but there are several policies that seem to contradict each other. He asked what is done when staff find out that a patient has these issue. He added that it is important to clarify admission policies and policies that relate to those patients already admitted. He also asked how law enforcement fits into the policies related to substance use. Ms. Talai stated that the policies are not mutually exclusive. Policies around harm reduction relate to the environment LHH strives to provide. If a person meets admission criteria, even if they use substances, they can be admitted. If an admitted patient creates an environment that is unsafe for themselves or others, there are regulations that enable LHH to discharge or transfer the individual. Phase 3 regulations stated that patients must consent to searches. The goal of LHH is to provide a home-like environment for all residents. Dr. Hoo stated that the most important admission criteria relates to the skilled nursing needs of a patient. LHH attempts to address other issues that are part of their patient population. Patients who meet skilled nursing-level need are not excluded from admission simply on the basis of their substance use. The LHH Behavioral Health staff have a spectrum of services to offer, in regard to mental health and substance use issues. Ms. Talai stated that, according to CMS policy, patients cannot be denied admission solely on their substance use.

Commissioner Chow asked for clarification regarding the handling of a situation in which staff find illicit substances. Ms. Talai stated that if a patient is suspected of possessing illicit substances or equipment, the care team should come together to address the concern with the patient. If a piece of illicit substance equipment is in plain view, staff may confiscate. LHH staff partners will security teams to provide a safe environment of patients and staff. Mr. Pickens stated that Phase 3 regulations pose a challenge. They require that services must be provided to individuals with behavioral health or substance use disorders; and admission cannot be denied only due to substance use or mental health issues. Care planning is the key. The regulations state that the institution must take appropriate action if someone is suspected of possessing illicit drugs or equipment. The City Attorney has reviewed and approved of the policies that are being submitted. The LHH admission policy states that individuals in active substance use or behavioral health crises are not appropriate for LHH admission.

Commissioner Green asked if there are primary diagnoses that are prioritized for LHH admission. Mr. Pickens stated that a patient's primary diagnosis has to meet criteria for skilled nursing care.

Commissioner Green asked where the LHH policies are located for staff to access. Ms. Talai stated that all LHH policies are posted on the intranet with a searchable database.

9. CLOSED SESSION

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

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

This Closed Session is to consider a Quality Improvement Medicare Recertification Update and a Quality Improvement Closure Plan Update. There's a possibility the Revised Closure Plan re-instating mandatory forced discharges may go into effect just three weeks from now on February 2. The LHH Settlement Agreement had stipulated LHH's mandatory discharges that had been temporarily paused will be resumed on February 2, 2023 unless CMS provides notice in writing providing that LHH resident transfer and discharges may be postponed to a later date and the discharges will remain paused. It's incumbent on the LHH-JCC and full Commission to release both any written documentation from CMS authorizing an extension of the pause on transfers beyond February 2, and also the Revised Closure Plan to members of the public and LHH's captive audience residents immediately. Continuing to refuse releasing the Closure Plan is simply inhumane, when not entirely unethical.

Dr. Teresa Palmer stated that the public does not have access to the action plan, RCA, or closure plan. It does not seem ethical that these are being discussed in closed session.

- 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 STAFF CREDENTIALING MATTERS

CONSIDERATION OF MEDICAL QUALITY IMPROVEMENT

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).

10. POSSIBLE DISCLOSURE OF CLOSED SESSION INFORMATION

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

11. ADJOURNMENT

The meeting was adjourned at 7:44pm.