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**MINUTES
JOINT CONFERENCE COMMITTEE MEETING FOR
LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER
JULY 11, 2023, 4:00 p.m.
101 Grove Street, Room 300
San Francisco, CA 94102 & via Webex**

1. CALL TO ORDER

Present: Commissioner Tessie M. Guillermo, Chair
Commissioner Edward A. Chow, MD, Member
Commissioner Laurie Green, Member

Staff Present: Roland Pickens, Sandra Simon, Lucia angel, Chuck lamb, Diltar Sidhu, Geraldine Mariano, Jennifer Carton-Wade, Lisa Hoo MD, Naveena Bobba MD, Nawzaneen Talai, Neda Ratanwonga MD, Priya Nayar, Sherri Soto, Terry Dentoni, Troy Williams

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

2. APPROVAL OF MINUTES FOR MEETING OF JUNE 13, 2023

Public Comment:

Patrick Monette Shaw made verbal comments and submitted the following summary:

I appreciate public comments in the LHH-JCC 6/13/2023 meeting minutes; they demonstrate San Franciscans' broad community concerns about the on-going delay obtaining LHH's recertification and resumption of admissions to Laguna Honda. Testimony by Michael Lyon and Terry Palmer of the Gray Panthers are always insightful articulating the community's concerns. Art Persyko, of the Gray Panthers, testified "Mr. Pickens' report says that LHH will be able to apply for recertification." Persyko asked "How soon [will LHH apply]?" Persyko then asked, "Will newly hired LHH leaders have the skills and resources to provide good quality services?" Persyko also asked "What are the CMS ratings for nursing homes at which Sandra Simon [had] been the administrator? And if they are low, why?" I urge Ms. Simon and Diltar Sidhu, LHH's second licensed ANHA, to print and read the LHH-JCC meeting minutes since April 2022 as education about the community's concerns.

Action Taken: The LHH JCC unanimously approved the June 13, 2023 meeting minutes.

3. GENERAL PUBLIC COMMENT:

Patrick Monette Shaw made verbal comments and submitted the following summary:

I'm speaking about an issue not on today's agenda; don't cut me off. The Health Commission is the "governing body" for SFDPH, this LHH-JCC, and other various Commission sub-committees. The LHH-JCC has a poor track record of following up on issues and questions raised by the three Commissioners assigned to the LHH-JCC. For instance — I repeat that's not on today's agenda— one item I am addressing is comments made by Commissioners Chow and Guillermo during the Commission's "Finance and Planning Committee" meeting on 4/4/2023, in which both Commissioners asked that an update be presented to the LHH-JCC about a contract amendment for multiple SFDPH divisions, including Laguna Honda. I'm referring to the "Hoshin Karni" contract awarded to Moss Adams, pushing that contract to just \$12,707 shy of \$10 million for a three-year, three-week term. Why hasn't a contract update been presented to this LHH-JCC in the three months since 4/4/2023?

4. EXECUTIVE TEAM REPORT

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

Public Comment:

Dr. Teresa Palmer, made comments and submitted the following summary:

We are grateful for progress toward certification. Will evictions be prevented on Sept 19? San Franciscans need LHH to resume admissions soon, with all 780 beds intact. Unlike "for profit" nursing homes, San Franciscans expect, as it has been historically, the best care at LHH. The huge shortage of Medi-Cal nursing home/SNF beds in SF makes all LHH beds indispensable. Per June 9 CMS survey, LHH has not yet achieved the intensive staffing, communication & supervision needed for state of the art care. SFDPH: stop trying to "DO IT ALL" at LHH with residents that need other settings. LHH can't safely serve people with primary unstable mental illness and unstable/untreated addiction or drug seeking behavior. Put an end to LHH's recurrent jeopardy by funding, not only Laguna Honda, but the other settings needed to care for those who cannot be safely cared for in a nursing home.

Patrick Monette Shaw made verbal comments and submitted the following summary:

I offer again my congratulations to Sandra Simon starting employment as LHH's CEO and Nursing Home Administrator. Simon needs to tread water around LHH's legacy managers employed who were directly responsible for LHH's decertification 15 months ago. She'll need to keep a close eye on Jennifer Carton-Wade, who many former LHH employees didn't think highly of. Indeed, according to CDPH's Licensing and Certification on-line credential applet, Carton-Wade doesn't possess a NHA license in California; it's unclear how far along Carton-Wade may potentially be in CDPH's Administrator-in-Training program. After a nationwide search to fill LHH's two ANHA positions, LHH residents deserve to have had someone chosen with years of licensed NHA experience under their belt, not Carton-Wade. LHH's restraint reduction initiative started decades ago while I was an employee. Why does it remain problematic? How many patients need "equivalent beds" exchanged? Does it involve just "mobility devices," or entirely new beds?

Vivian Imperiale submitted the following written public comment:

Laguna Honda is home to over 500 residents who need attention to their physical needs. The idea of closure does not take into account that there are very few places for people to relocate. The idea of bed reduction ignores the fact that there are more people wanting to be placed there than there are beds. Ideally, San Franciscans would be served in San Francisco. Out-of-county placements are disruptive and isolating. My friend was sent to a residential facility in another county. He is too far away to expect visitors. I haven't seen him since his placement over two years ago. San Francisco staff rarely

check on him. A 93-year-old woman was sent many counties away. Her family and friends could not make the trip there. She died far away and alone. These two examples are not quirks in the system; they represent the norm. Keep Laguna Honda open with no bed reduction.

Carol Bettencourt submitted the following written public comment:

I am heartened by the progress that has been made towards recertification, but I am still concerned by the ongoing risk of closure, by the damage that has already been done, and by the threat of further involuntary discharges. As a long time San Francisco resident, I understand the importance of Laguna Honda Hospital, especially given the shortage of beds in San Francisco and the Bay Area. As an attorney in legal services, I hear from patients and their families concerned about where they will go and from people who should be admitted currently to Laguna Honda, who have nowhere else to go in San Francisco. It is vital that Laguna Honda be kept open, that admissions resume, and that the full 780 beds be maintained!

Commissioner Comments:

Commissioner Guillermo welcomed Ms. Simon and stated that the Commission is excited to have her leadership at LHH.

Commissioner Green stated that she is delighted that Ms. Simon has begun her work at LHH. Commissioner Green asked if Ms. Simon has any first impressions of LHH and its staff. Ms. Simon stated that she has observed LHH staff as dedicated to LHH residents and a smart, amazing team. She is very excited to be at LHH.

Commissioner Chow welcomed Ms. Simon and noted her position is key in the LHH leadership as it moves towards recertification.

Commissioner Chow thanked LHH staff for the revised LHH organization chart; he noted that the chart is helpful in understanding where vacancies are. Regarding the new action plan, he asked how many of the findings from the most recent survey were similar to recent survey findings. Mr. Pickens stated that Ms. Talai would be including this information during the PIPS Minutes report in closed session.

Commissioner Chow asked there have been any changes to the recertification application timeline. Mr. Pickens stated that LHH has received 2567 document from the recent survey since the last time he presented to the Commission. LHH is now awaiting approval by CMS and CDPH of the action plan to address findings from this 2567. He added that LHH leaders would prefer to apply after CMS gives feedback and approval of the action plan.

Commissioner Green asked Mr. Pickens to elaborate on issues related to the recertification timeline. She noted concern about the impact of summer vacation schedules on the CMS approval of the most recent draft action plan. Mr. Pickens stated that LHH has spoken to CMS leadership to request a quick turnaround for the approval of the action plan, so LHH has time to implement appropriate corrections before applying for recertification.

Commissioner Green asked whether new findings related to previous survey findings may impact the timing of CMS approval of the newest draft action plan. Mr. Pickens stated that all past milestones and corrective actions are cumulative, building on work LHH has already implemented. He noted that some of the recent findings, which relate to previous findings, occurred because LHH had not had time to fully implement corrections since the last action plan was approved.

Commissioner Green asked for an update on the LHH residents who no longer meet skilled nursing requirements. Mr. Pickens stated that nine individuals who no longer needed skilled nursing care have

been discharged; there are still 38 individuals at LHH who no longer need skilled nursing care.

Commissioner Guillermo asked for confirmation that Mr. Pickens will continue to present LHH updates to the Health Commission, eventually with Ms. Simon, until recertification is achieved. Mr. Pickens stated that he is committed to staying deeply involved on a daily basis at LHH through recertification.

5. HIRING AND VACANCY REPORT

Sherri Suto, Principal HR Analyst, DPH Human Resources, presented the item.

Public Comment:

Dr. Teresa Palmer, made comments and submitted the following summary:

To be the best it can be, Laguna Honda needs sufficient licensed staff -(especially RNs with excellent training and experience in nursing home care) plus good support by knowledgeable management. This is indispensable to supervise the unlicensed aides now charged with doing all of the personal care. Despite avoiding immediate jeopardy, the June 9 CMS deficiency report reveals a real lack of communication and training to/for direct care staff—especially for residents that are medically or behaviorally complicated. We worry that ongoing lack of skilled licensed staff who are engaged and present on every ward will jeopardize good care at LHH. There is no substitute for an R.N. who knows their patients.

Patrick Monette Shaw made verbal comments and submitted the following summary:

Comparing the “Run data” as of 6/1 through 6/31 in the July “Vacancy Report” to the “Run Data” in the April 2023 “Vacancy Report,” it shows that there has been a net increase of 24.6 additional budgeted FTE positions at LHH. Because the Board of Supervisors has not yet finalized and adopted the new two-year budget that may not yet include the additional 14 new positions being added to LHH’s staff shown in LHH’s two-year “Program Change Request” budget proposal for FY 23–24 and FY 24–25, it’s not yet clear what LHH’s total budgeted staff FTE will actually be. None of the 14 positions in the “Program Change Request” add any additional direct patient care Nursing staff. The “Vacancy Report” does not appear to include the six new Stationary Engineers positions in Job Class 7334. How many new staff are actually being hired to ensure LHH’s recertification application?

Commissioner Comments

Commissioner Green asked whether LHH is maintaining appropriate levels of staffing in preparation for a full roster in the future. Mr. Pickens stated that LHH has continued to maintain staffing levels, through permanent staff and registries, and have maintained a budget to hire for a full patient census.

Commissioner Chow asked how the San Francisco Health Network (SFHN) Director of Rehabilitation position integrate with LHH services. Mr. Pickens noted that when the San Francisco Health Network was set up in 2013, one of the first actions was to consolidate rehabilitation services across the DPH to maximize efficiencies. For many years, LHH only provided rehabilitation services to LHH residents. Now LHH also provides outpatient rehabilitation to San Francisco Health Network patients. He added that the SFHN Director of Rehabilitation will oversee all rehabilitation services within the SFHN.

Commissioner Chow noted that the PCA positions show the largest number of vacancies. He asked if LHH uses registry to temporarily fill these positions until permanent staff can be hired. Terry Dentoni, LHH Acting Chief Nursing Officer, stated that LHH uses registry when needed to fill vacant personal care attendant (PCA) and home health aide positions. She noted that it is difficult to hire all kinds of health care jobs in the Bay Area right now. She added that LHH monitors staffing levels daily; LHH continues to exceed the required staff-to-patient ratios.

6. REGULATORY AFFAIRS REPORT

Geraldine Mariano, Director of Regulatory Affairs, presented the item.

Public Comment:

Dr. Teresa Palmer, made comments and submitted the following summary:

Laguna Honda, as the public nursing home for San Francisco, must lead the way, as it has historically, with the best standards of care. Still, after all this time, the June 9 CMS report gives multiple examples of RNs, activity therapists, and social workers who are not knowledgeable and probably insufficient in number to oversee the residents' needs and care planning. In addition, getting appropriate food from the kitchen remains a disaster. And 1:1 "Coaches" for resident safety do not seem to be available (even for behavioral problems that are absolutely usual to nursing homes). We hope SFDPH management and consultants are not taking cues from corporate chain for profit nursing homes (which give terrible care to eke out a profit by systematically understaffing and underskilling). I look forward to continuing improvements at LHH.

Patrick Monette Shaw made verbal comments and submitted the following summary:

Page 1 of this "Regulatory Affairs" report claims there were 26 Facility Reported Incident (FRI) cases reported to CDPH in June. The first "Discussion" bullet point says there were 23 allegations of abuse, but the sub-bullets only add up to 22 incidents. Additionally, the three main bullet points add up to 27 incidents, not the 26 FRI's reported. The math simply doesn't add up. As well, the first paragraph says that the FRI's reported in June included "adverse events." Did an "adverse event(s)" actually occur? The "Regulatory Affairs" report also says LHH received two verbal deficiencies. This doesn't bode well for LHH's plans to submit an application for CMS recertification and resuming admissions to LHH. Also, the bar graph on page 3 showed 218 FRI's were submitted in calendar year 2022, plus 67 in the first six months of 2023, for a total of 285 in the past 18 months.

Commissioner Comments

Commissioner Green noted that the number of anonymous complaints seems to have decreased. She asked if there are concerns that there will be a significant number of anonymous complaints submitted in the future. Ms. Mariano stated that there were a large number of anonymous complaints at the beginning of 2023. She noted that LHH only gets notified of a anonymous complaint once CDPH arrives to investigate. Nawaneen Talai, LHH Chief Quality Officer, stated that CDPH usually investigates anonymous complaints immediately. She noted since there have been no unannounced recent surveys, she thinks there have not been any recent anonymous complaints.

Commissioner Guillermo stated that she remains concerned that CDPH has not investigated a large number of complaints that go back 2.5 years. She noted that when CDPH does investigate, they may find the complaint no longer has relevance in terms of corrective action because changes may have already been implemented that would address issues of the complaint. Ms. Talai stated that she and Mr. Pickens spoke to CDPH leadership last week regarding uninvestigated facility reported incidents that go back to 2020. CDPH has indicated that it will be prioritizing these cases due to the recertification process. LHH is waiting to hear from CDPH on its plan to begin these investigations.

Commissioner Chow noted an increase in staff-to-resident incidents. He asked if there is any known reason for this increase during the last month. Mr. Pickens stated that CDPH provided restraint expertise and abuse reporting training which emphasized that LHH staff are obligated to report incidents. Ms. Talai stated that there has also been an increase in resident check-ins during the month, which may be responsible for some of the increase. There has also been an increase in the use of registry staff; residents prefer permanent staff that they know. When registry staff are used, the rate of complaints sometimes increases.

7. LAGUNA HONDA HOSPITAL POLICIES

Carmen Trinh, Data Analytics Manager, presented the item.

Public Comment:

Patrick Monette Shaw made verbal comments and submitted the following summary:

LHH Policies being presented to you today once again involve Nursing Policy D 1.0, Nursing Restorative Care. I seem to recall this is the third time this year this Policy has been presented for LHH-JCC approval. Why does this policy keep requiring additional revisions? Back in 2014 the Rehab Service's Department's Acting Director, Jennifer Carton Wade, made the unfortunate decision to transfer the Rehab Therapy Aides' from the Rehab Department to the Nursing Department. It's among many reasons Ms. Carton-Wade shouldn't become LHH's "Assistant NHA – Care Experience." The Nursing Restorative Care program hasn't functioned properly since it was rolled out when I worked in the Rehab Department for a decade. And it continues to flounder, despite the interventions LHH's "Quality Improvement Expert" and LHH's two Co-Incident Commander's during the past year. Sandra Simon, LHH's new NHA, should investigate this program and the "Restorative Care Level I" program in Rehab Services.

Commissioner Comments:

Regarding draft policy 20-01, Commissioner Green noted that the draft seems to imply that a San Francisco resident that was hospitalized would not have priority over someone who is not a resident who is admitted as an inpatient at Zuckerberg San Francisco General Hospital. Lisa Hoo, LHH Chief of Medical Staff, stated that the LHH Care Coordination group needs to do further work on this policy in order to address the question.

Commissioner Chow noted that he agrees with Commissioner Green about the need to refine the Admission policy to clarify the third priority.

Regarding, hand offs, Commissioner Green noted that that the policy needs to specify all the critical information necessary to be shared by the referring source.

Commissioner Guillermo noted that monitoring of hand offs is very important. Ms. Dentoni stated that one LHH milestone is to monitor and audit all residents participating in the restorative nursing program.

Commissioner Green requested more clarification of the restorative nursing program. Ms. Dentoni stated that the program is in transition. Currently, LHH is hiring staff to support restorative nursing, noting that by October the program should be fully operational. She noted that once LHH residents are referred, activity aides, PCAs, and licensed nurses work with patients to continue work begun in the rehabilitation department. Mr. Pickens added that LHH restorative nursing staff work with patients participating in rehabilitation services, to continue long term rehabilitation goals.

Commissioner Chow noted that the restorative nursing policy needs further refinement because the phrasing is not always clear. He noted that the basic premise of the policy is acceptable.

Regarding the "PHI Security and Data Sanitation" policy, Commissioner Chow noted language in the policy should be revised to indicate that LHH will not submit equipment with accessible PHI. He noted the words "make reasonable efforts to" should be taken out of the following sentence, "However, LHH Clinical Engineering Services or service designee must make reasonable efforts to remove or otherwise make PHI unattainable.

Action Taken: The LHH JCC recommended that the full Health Commission approve the following, with the understanding that LHH JCC members' questions will be addressed prior to the full Health Commission approval.

<u>Item</u>	<u>Scope</u>	<u>Policy No.</u>	<u>Policy Title</u>
1	Facility-wide	20-01	Admission to Laguna Honda Acute and SNF Services and Relocation between Laguna Honda SNF Units
2	Facility-wide	22-01	Abuse and Neglect Prevention, Identification, Investigation Protection, Reporting and Response
3	Facility-wide	73-03	Hazard Communication Program
4	Facility-wide	73-15	Ergonomics Program
5	Facility-wide	73-17	Hazardous Energy Control Procedure (Lock-out/Tag out)
6	Bio-med Engineering	N/A	Acceptance Testing of Devices and Computer Maintenance Management system Equipment Inventory Additions
7	Bio-med Engineering	N/A	Alternative Resources for Medical Equipment
8	Bio-med Engineering	N/A	Annual Evaluation of the Effectiveness of the Medical Equipment Management Program
9	Bio-med Engineering	N/A	Defective Equipment and Device Reporting, Tagging and Removal from Service
10	Bio-med Engineering	N/A	Hazard Alerts and Recall Notices
11	Bio-med Engineering	N/A	Medical Equipment Failures, Emergency Repair Services and Emergency Preparedness Management Plan
12	Bio-med Engineering	N/A	Medical Equipment Management Plan (MEMP)
13	Bio-med Engineering	N/A	Outside Vendor Assistance
14	Bio-med Engineering	N/A	Patient Care Areas Definitions
15	Bio-med Engineering	N/A	PHI Security and Data Sanitation
16	Bio-med Engineering	N/A	Planned Maintenance and On-Time Completion
17	Bio-med Engineering	N/A	Safe Medical Device Act
18	Nursing	D1.0	Restorative Nursing Care

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 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).)
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 unanimously voted to not disclose discussions held in closed session.

10. ADJOURNMENT

The meeting was adjourned at 7:18pm.