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# HEALTH COMMISSION CITY AND COUNTY OF SAN FRANCISCO

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

September 12, 2023, 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, Sandra Simon, Lucia Angel, Chuck Lamb, Jennifer Carton-Wade, Lily

Conover, Lisa Hoo MD, Nawzaneen Talai, Neda Ratanawongsa MD, Sherri Soto, Terry

Dentoni, Naveena Bobba MD, Daniela Kim MD

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

#### 2. APPROVAL OF MINUTES FOR MEETING OF AUGUST 8, 2023 LHH JCC

#### **Public Comment:**

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

It's disturbing reading in these minutes about Commissioner Laurie Green, MD: "Commissioner Green noted "some populations have been excluded from the current draft of the Admissions policy, such as those whose PRIMARY diagnosis is a psychiatric related issue." As far back as 1999, LHH's admission policy has always excluded patients having primary psychiatric-related medical/behavioral health diagnoses. It's almost as if Green has no clue of LHH's past 24-year history. That exclusion is for good reasons: First, LHH isn't licensed as a psychiatric facility. Second, LHH does not have, and never has had, a full contingent of psychiatric clinical staff, and even now is having difficulty recruiting psych social workers, psych MD's, and other psych clinical staff. Third, LHH doesn't provide the scope of services to adequately care for people with PRIMARY psych diagnoses, and they would not receive the appropriate level of care they deserve if wrongly dumped into LHH.

Action Taken: The LHH JCC unanimously approved the August 8, 2023 LHH JCC minutes.

#### 3. GENERAL PUBLIC COMMENT:

There was no general public comment.

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

Roland Pickens, Director and CEO, SF Health Network & Executive Sponsor LHH Recertification Incident Command, presented the item. Mr. Pickens added that admissions will resume after the Medicare recertification process and when LHH is prepared to increase the number of residents. This will involve ensuring the facility is fully staffed and meeting all regulatory compliance. He added that currently there are a somewhat large number of vacancies in activity therapy and food service. Regarding the timing of applying for a waiver to regain the 120 beds, he noted that LHH kept the beds on its license and the changes made to ensure only two rooms share a bathroom can all be quickly changed if and when a waiver is granted. He also stated that CMS has made it clear that LHH should achieve Medicaid and Medicare recertification prior to LHH considering a waiver application. He reiterated that LHH understands the importance of making all attempts to regain use of these 120 beds and apply for a waiver after Medicare recertification is achieved.

#### Public Comment:

A member of the public stated that they are encouraged by the report. It is good to get a sense of the timing for restarting admissions and they are glad to hear the plan is to apply for a waive to retain the beds. They noted that the Gray Panthers are watching this situation carefully.

Dr. Teresa Palmer said it is disturbing that LHH staff are so profoundly untrained. The use of so many home health care aides and patient care assistants may add to the situation. Either patients that were admitted have behavioral issues or there are staffing issues; either way, it's a dangerous situation. She wants to make sure this never happens again. Why is there no priority to return evicted patients who have survived?

Patrick Monette-Shaw provided verbal comment and submitted the following written summary: I'm submitting today results of 1,627 signatures initially collected during a Change.org on-line petition drive addressed to Board of Supervisors President Aaron Peskin and Health Commission president Daniel Bernal, The signatures collected include 410 (25%) from San Franciscans and our neighbors in the Greater Bay Area. 570 (35%) came from all California jurisdictions, demonstrating broad community support to permanently save LHH's desperately-needed 120 beds. The remaining signatures came from allies across the U.S. and foreign countries. The document I'm submitting includes compelling on-line comments posted on Change.org. I also submitted these signatures to the Board of Supervisors at 3:00 p.m. today. The petition remains open on Change.org for those who still may want to sign it. LHH acting CEO Roland Pickens told San Francisco's Board of Supervisors on May 9 there's a waiver process, and CMS/CDPH expressed it's open to the waiver. Pickens is confident LHH meets the waiver requirements.

Carol Bettencourt, Legal Assistance to the Elderly, submitted the following written public comment: While I am heartened that Laguna Honda received recertification from Medi-Cal, I remain concerned and many questions remain unanswered, including: When will admissions resume? When will Medicare recertification be achieved? Will the 120 bed cuts be reversed? Will the surviving evicted residents be allowed to return to Laguna Honda? What is going to happen about the "flow" of patients from SF General and how will this impact residents at Laguna Honda and the continued efforts for recertification? I am also concerned because I have heard that many more residents have received notices saying they should be discharged because they no longer need skilled nursing care.

Normal Degelman, Gray Panthers, submitted the following written public comment:

1. When will new admissions resume? 2. When might Medicare certification be obtained (& is this needed for new admissions to resume)? 3. Will the evicted patients (from 2022-the ones who survived) be readmitted? (Nothing in writing yet). 4. Shouldn't any nursing home eligible San Francisco resident who has had to leave the county for care have priority for care in their own community? Why can't they get priority at LHH? 5. Will admission of acutely behaviorally unstable residents from ZSFG resume? This puts the "flow" at San Francisco General Hospital over the well being of everyone else including ZSFG patients who are inappropriately placed in this nursing home-and will jeopardize LHH; WHY TAKE A CHANCE OF GETTING DECERTIFIED AGAIN? 6. The 120 bed cut is still on the table. What is the plan for waiver application?

#### Commissioner Comments:

Commissioner Green asked for more information regarding how milestones interface with the issues surveyors may be reviewing. She also asked for more information on the current LHH staffing issues. Mr. Pickens stated that surveyors review the most recent facility data self-reported incidents, other facility reported incidents, and most recent surveys, to find trends. He noted that the LHH milestones were reviewed as part of the facility's response to recent survey findings. He noted that the pausing of milestone work will not impact survey-readiness because the issues found in surveys were known by LHH, especially the issues related to care plans and use of restraints. He added that LHH has been conducting focused quality improvement work throughout the recertification process. He added that currently LHH staff need to focus on Medicare recertification and will continue conducting improvement work without the added burden of milestone documentation. Regarding staffing issues, he noted that while there are fewer LHH residents, there has been staff attrition and it will be necessary to be fully staffed before adding to the census.

Commissioner Green asked how staff recruitment in key areas is going. Mr. Pickens stated that LHH has a new Human Resources Director and LHH has participated in several large recruitment events. He noted that LHH is working closely with ZSFG so all necessary occupational medical exams for new staff can be conducted onsite to streamline the process. He added that it is a challenge to fill all patient care assistant positions in this competitive job market.

Commissioner Chow asked the status of resuming the CMS mandatory discharges and transfers on September 19<sup>th</sup>. Mr. Pickens stated that LHH does not anticipate being mandated to restart transfers or discharges.

Commissioner Chow asked if former LHH residents, covered by Medicaid, who were previously transferred due to CMS mandate, could be readmitted to LHH. Mr. Pickens stated that anyone who was transferred or discharged through the CMS mandated process has first priority to be readmitted when admission at LHH begin again. He stated that many LHH residents are covered by Medicare and Medicaid; the first 100 days of a skilled nursing facility stay are paid for by Medicare, then Medicaid reimbursement covers the remaining stay. This is why it is so important to achieve Medicare recertification.

Mr. Morewitz noted that the LHH Admissions policy, recently approved by the Health Commission states the following as its first priority:

"Residents who were involuntarily transferred and meet the criteria for care at LHH will be considered new admissions and given first priority when we begin to evaluate new admission requests based on LHH's admission criteria."

Commissioner Chow asked for more information regarding the estimated length LHH will utilize the LHH Joint Conference Committee

CCBM program. Mr. Pickens stated that the program will definitely continue through the calendar year; at that time LHH will reassess it needs. The goal is to set up LHH for long-term success.

Commissioner Guillermo appreciates the CCBM initiative and noted it speaks to the need for culture change at LHH and ensuring its sustainability.

Commissioner Guillermo asked if it is known whether CMS or CDPH, or a combination of both, will be comprising the Medicare recertification survey team. Mr. Pickens stated that CMS and CDPH will not respond to requests regarding this information. LHH leaders anticipate that it will be mostly a CDPH team based on past experience.

Commissioner Guillermo asked if LHH is doing all it can to prepare to start admissions after achieving Medicare recertification. Mr. Pickens stated that the Admissions Committee will be reinstated and noted again all efforts are underway to recruit necessary staff at LHH.

Commissioner Guillermo noted that there are new key leaders who have been recently hired; the success of LHH depends partly on the leadership team working effectively together. Mr. Pickens stated that there is an orientation and training process to ensure new leaders are well equipped for success.

#### 1. HIRING AND VACANCY REPORT

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

#### Public Comment:

Patrick Monette-Shaw provided verbal comment and submitted the following written summary:
Recent "Hiring and Vacancy" reports haven't provided any status updates on hiring LHH's Job Class #1165 Medical Director. According to public records, LHH paid two invoices to Berkeley Search Consultants, one for the "Due on Completion of Recruitment Brochure and Job Posting" phase and one for the "Due on Closing Date and Presentation of Candidate Slate Presented" phase, at \$23,017 each, for a total of \$46,035. The invoices provided don't include the third phase ("Due on Submittal of Recommendations of Most Qualified Candidates") or fourth phase ("Due of Acceptance of Job Offer"). There was some sort of hiccup over whether applicants could have outside employment, or outside volunteer work, which is provided for in the City's employment rules. Since CMS and CDPH were quite concerned about LHH hiring and onboarding a qualified Medical Director, what's the status of recruiting for this critical position at LHH? Surely, there are viable candidates.

#### **Commissioner Comments:**

Commissioner Chow asked for an update on the Chief Medical Officer hiring process. Mr. Pickens stated that there are candidates in the selection process, which includes vetting of any outside employment.

#### 2. REGULATORY AFFAIRS REPORT

Nawzaneen Talai, Chief Quality Officers, presented the item.

#### **Public Comment:**

Patrick Monette-Shaw provided verbal comment and submitted the following written summary: It's a mistake that LHH and its "Quality Improvement Expert" (HSAG) mutually agreed to pause "Action Plan" milestone reviews until after the next CMS Medicare recertification on-site survey. LHH should continue review of milestones to ensure passing that inspection survey, in part because of the continuing problem of so many "Facility Reported Incidents" month in and month out. After all, the August 2023 "Regulatory Affairs Report" presented today documents that LHH submitted a total of 27 "Facility Reported Incidents" (FRI's) to the California

Department of Public Health (CDPH) in August involving: 19 abuse allegations — including 7 resident-to-resident incidents, 4 staff-to-resident incidents, 1 "other"-to-resident incident, 2 injuries of unknown source, and 5 incidents of staff-to-resident neglect — plus 4 incidents of misappropriations of resident's property/theft and 4 other "adverse events" ... for a total of 27 FRI's. "Action Plan" milestone reviews shouldn't be paused until after CMS's next Medicare recertification on-site survey!

#### **Commissioner Comments:**

Commissioner Chow noted that CDPH seemed to have been attempting to close out past facility reported incidents but has slowed down. Ms. Talai stated that her understanding is that CDPH would be closing out all LHH cases. She reached out to the district office to ensure the LHH list of these incidents is accurate, but has not heard back from the state.

#### 3. LAGUNA HONDA HOSPITAL POLICIES

Carmen Trinh, Data Analytics Manager, LHH, presented the item.

#### **Commissioner Comments:**

Commissioner Green noted that the Code Silver guide seems dense and suggested that bullet points be developed to help summary the guide. Ms. Talai stated that it is always a challenge for LHH to review all policy revisions at this time of year, noting that all skilled nursing facilities are required to review all policies each year. Any policy changes are communicated through all-staff communications. Any policies with significant changes will also have in-person communication or training. Mr. Pickens stated that staff are also directed to the online policy manual. For emergency preparedness, there is a short-cut version with a bullet filled flip chart. He noted that for key policies, LHH could develop a summary system.

Commissioner Chow noted that the requested policy revisions are necessary for survey readiness. Commissioner Green noted that commissioners did not have time to review all the recent staff responses to their questions.

Commissioner Guillermo suggested that Mr. Morewitz work with LHH leaders to continue to refine the policy approval process so that all policies are not reviewed in the last quarter of the year. She thanked Commissioners Green and Chow for the level of detail they bring to their policy reviews.

Action Taken: The LHH JCC unanimously 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.

#### September 2023

Item	Scope	Policy No.	Policy Title
1	Facility-wide	N/A	Acute Patient Classification System (PCS) and Staffing Requirements
2	Facility-wide	20-06	Out on Pass
3	Facility-wide	20-14	Leave of Absence and bed Hold
4	Facility-wide	22-07-A01	Restraint Free Environment
5	Facility-wide	23-01	Resident Care Plan, Resident Care Team, and Resident Care
			Conference
6	Facility-wide	22-19	Family Council
7	Facility-wide	22-03	Resident/Patient Rights
8	Facility-wide	22-03_Appx A	List of Resident/Patient Rights
9	Facility-wide	23-03	Screening and Response to Suicidal Ideation
10	Facility-wide	70-01 C2	Spill Response Plan

11	Facility-wide	70-01 C5	Emergency Responder Antibiotic Dispensing Plan
12	Facility-wide	70-01 C7	Power Outage Response Plan
13	Facility-wide	70-01 C10	Code-Silver-Active Shooter
14	Facility-wide	73-01	Injury and Illness Prevention Program
15	Facility-wide	73-02	Asbestos and Lead Management Plan
16	Facility-wide	73-05	Workplace Violence Prevention Program
17	Facility-wide	73-06	Bloodborne Pathogen Expos
18	Facility-wide	73-10	Handling and Storage of Medical Gases
19	Facility-wide	73-11	Medical Waste Management Program
20	Facility-wide	73-12	Safe Resident Handling
21	Facility-wide	73-13	Employee Annual Health Examination
22	Facility-wide	73-14	Personal Protective Equipment (PPE) Policy
23	Facility-wide	73-17	Hazardous Energy Control Procedure (Lock Out/Tag Out)
24	EVS	XI	Environmental Services Policy & Procedures
25	Nursing	D1 2.0	Residents Activities of Daily Living
26	Nursing	D2 3.0 Att. 1a	Tub Bath and Showers
27	Nursing	D5 4.0	Arm Sling
28	Nursing	D6 1.1	Battery Operated Lift Transfer
29	Nursing	D6 2.0	Transfer Techniques
30	Nursing	D6 5.0	Ambulation
31	Nursing	D9 2.0	Bed Making
32	Nursing	D9 6.0	Water pitchers
33	Nursing	F1.0	Assistance with elimination
34	Nursing	G 4.0	Measuring Height and Weight
35	Nursing	G5.0	Blood Glucose Monitoring
36	Nursing	K 9.0	Management of Residents on Hemodialysis
37	Nursing	D2 2.0	Bathing Alternatives
38	Nursing	M 15.0	Remove Portable Bed Alarm Skills Checklist

#### 4. **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 EDICAL 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**

i. 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)

ii. 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).

#### 5. POSSIBLE DISCLOSURE OF CLOSED SESSION INFORMATION

Action taken: The LHH JCC voted to not discuss discussions held in closed session.

### 6. <u>ADJOURNMENT</u>

The meeting was adjourned at 6:43pm.