

Laurie Green, M.D.
President
Tessie M. Guillermo
Vice President
Edward A. Chow, M.D.
Commissioner
Susan Belinda Christian, J.D.
Commissioner
Cecilia Chung
Commissioner
Suzanne Giraud ED.D
Commissioner

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO**

**London N. Breed Mayor
Department of Public Health**



Grant Colfax, MD
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 09, 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, Sandra Simon, Lucia Angel, Chuck Lamb, Jennifer Carton-Wade, Lily Conover, Lisa Hoo MD, Daniela Kim MD, Nawzaneen Talai, Terry Dentoni, Geraldine Mariano, Carmen Trinh, Naveena Bobba MD

The meeting was called to order at 4:05pm.

2. APPROVAL OF MINUTES FOR MEETING OF November 14, 2023

Public Comment:

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

The minutes include my testimony about the "Regulatory Affairs Reports" through October. As you can see from my revised chart, the data has changed through end of the year data through December. There were 69 fewer "abuse" FRI's for the full year, perhaps because of no admissions. But offsetting those 69 incidents, there was a massive increase of 41 "more serious" FRI's — doubling from 42 to 83, including 8 "staff-to-resident neglect" (a new category of FRI's), 8 more "injuries of unknown source," 7 more "disease outbreaks," and 11 more "adverse events" (tripling to 16 incidents), and 3 "potential privacy breaches" (which may be under-reported since another three medical record breaches in December may not have been self-reported). The 10 "disease outbreaks" in 2023 are particularly concerning, suggesting LHH staff may still not be following adequate infection prevention and control practices. Was LHH's Infection Preventionist unable to get this under control?

Action Taken: The LHH JCC unanimously approved the November 14, 2023 meeting minutes.

3. GENERAL PUBLIC COMMENT:

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

As for items NOT on today's meeting agenda, why is there no "LHH Vacancy Report by FTE Status" on today's agenda? Have vacancies of direct patient care staff worsened? Why wasn't this included as a published agenda item for discussion and/or action?

4. EXECUTIVE TEAM REPORT

Roland Pickens, Director and CEO, SF Health Network & Executive Sponsor LHH Recertification Incident Command, presented the item.

Public Comment:

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

CMS' published process for obtaining Medicare recertification as a participating provider requires all SNF's nationwide undergo TWO full recertification inspection survey's, separated by a mandatory 90-day "reasonable assurance" waiting period between the two inspections. We've heard LHH's Medi-Cal inspection — that should have happened AFTER LHH applied for Medi-Cal recertification on 8/11/2023, but was technically a mandatory "90-Day Monitoring Survey" required by the "LHH Settlement Agreement" that occurred last June BEFORE submitting its Medi-Cal application — will be considered to have been the first of the two Medicare surveys. Since when do contractually required "90-Day Monitoring Surveys" under decertification "Settlement Agreements" count toward full recertification inspections? Has CMS approved this creative misinterpretation of its usual-and-customary standard rules applicable to all SNF's nationwide? CMS' customary regulations appear to be circumvented. There should be two TWO full recertification inspection survey's AFTER 8/11/2023, and a mandatory 90-day "reasonable assurance" waiting period between the two inspections.

Teresa Palmer MD, provided comment and submitted the following written summary:

Has the report of deficiencies (2567) from Dec 7 CMS survey been received at LHH (given due date of December 17)? If not why? How will the public know the contents of the "2567" & the subsequent "plan of correction"? All 780 LHH beds are needed. People who need these beds are suffering and being sent out of county. Please restate your commitment to those 120 beds that will require a waiver and to resume admissions & return the evicted! How will SFDPH management decrease the immense pressure to send SFGH patients to LHH who are a danger to themselves or others in a nursing home setting? What is the plan? Will admitting staff, including Dr. Lam, new Medical Director at LHH, be supported in refusing inappropriate admissions? How many of the 75 residents (as of Oct 23) waiting for safe discharge have left LHH?

Carol Bettencourt, Staff Attorney, Legal Assistance to the Elderly, submitted the following written public comment:

Here is my statement for Agenda Item 4 for the Health Commission/Laguna Honda Hospital JCC Meeting of January 9, 2024. Please include this in the minutes and bring it to the attention of the Health Commissioners. Thank you. I remain concerned about the expected report of deficiencies from the December 7th CMS survey. How will the public learn the contents of that report and the proposed plan of correction? San Francisco residents need admissions to Laguna Honda Hospital to resume and we need a commitment to seek a waiver to restore the 120 beds that have been called into question. We also need reassurance that SFDPH will decrease the pressure to send SFGH patients to LHH who are a danger to themselves or others in a nursing home setting. Finally, we need more information about the 75 residents who were reported to have been approved for discharge as no longer needing a skilled nursing level of care. How many have been discharged and where were they sent?

Commissioner Comments:

Commissioner Chow asked for confirmation that the sustainability plan will be brought to the Commission before admissions begin. Mr. Pickens stated that LHH will bring the sustainability plan to the Commission after recertification is achieved, with more information regarding the process and timeline.

Commissioner Chow asked for clarification that the recent Medicare recertification survey represents the second survey. Mr. Pickens stated that CMS has confirmed that the Medicare recertification survey represented the 2nd qualifying survey.

Commissioner Chow asked for an update on the LHH residents who no longer meet skilled nursing care criteria. Mr. Pickens stated that there are 48 LHH residents that no longer meet skilled nursing care criteria; 19 of these individuals have been discharged and LHH continues to work on appropriate discharge plans for the others.

Commissioner Green asked if Mr. Pickens has any idea on timeline of when LHH may hear back after submitting the plans of correction. Regarding the sustainability plan, she asked if it is known how LHH will take on the work of consultants who assisted during the recertification process. Mr. Pickens stated that after the plans of correction are submitted, CDPH will likely respond with questions or requested changes; this can take up to 6-8 weeks. After validating that the plans of correction have been appropriately implemented, CDPH will then make a recommendation to CMS that the plans of correction have been validated. CMS will then make a determination regarding LHH Medicare recertification.

Commissioner Guillermo asked for more information regarding the admissions team responsible to developing processes to being admissions after recertification is achieved. Mr. Pickens stated that Ms. Simon and staff have been working since November on these processes and procedures. They will develop a timeline of tiered admissions to ensure the LHH can safely take care of new residents. He added that the priority for admissions is for former LHH residents who were discharged as part of the CMS mandate during the recertification process.

Commissioner Guillermo stated that the committee and full Health Commission looks forward to hearing about a timeline to apply to CMS for the waiver to keep the 120 beds.

Commissioner Guillermo asked how the DPH budget cuts may impact LHH sustainability plans. Mr. Pickens stated that LHH has a budget cut target, as does all DPH sections, as part of the Mayor's budget instructions. Ms. Simon and budget staff are putting together scenarios for how LHH can meet the target. Mr. Morewitz stated that the full Commission will review the DPH budget proposal at its January 16th and February 6th meetings.

Commissioner Chow thanked all the LHH staff for their hard work toward recertification.

5. 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:

These reports indicate five F-Tag violations during the November and December Medicare survey inspections required "Plans of Correction," including: F-550, "Resident Rights/Exercise of Rights"; F-609, "Reporting of Alleged Violations"; and F-689, "Free of Accident Hazards/Supervision/Devices," — all of which involve sub-standard care. Additionally, there was an F-657, "Care Plan Timing and Revision" violation, suggesting LHH staff continue having problems with Care Plans development and adherence. LHH was previously cited prior to decertification violating all four F-Tags. Another violation involved F-624, "Preparation of Safe/Orderly Transfer/Discharge," which LHH hadn't violated previously — although unsafe discharge evictions of residents in June 2022 led to 12 patient deaths involved fines. Neither report indicated "Scope-and-Severity" of the five citations, but should have! Form 2567's include "Scope-and-Severity" ratings. Is LHH hiding "Immediate

Jeopardies”? Additionally, POC’s were submitted for three Section “A 170 1280.15(a) of California Health and Safety Code 1280” violations over potential patient medical records disclosure.

Commissioner Comments:

Regarding the November report, Commissioner Green asked for clarification on the Staff to Resident “1 pending outcome; 3 pending outcome.” She asked if the “1 pending outcome” should have stated “Investigation Not Started.” Ms. Mariano stated that CPDH reviewed many FRIs in their November survey; she will check her records.

Commissioner Green noted that it may be helpful if corrective actions on this report could be linked to the time of incidents to give helpful context to readers.

Commissioner Chow asked if all facility reported complaints have been investigated and cleared by CDPH. Ms. Talai stated that she contacted CDPD to find out about remaining cases and is still waiting to hear from them.

6. LAGUNA HONDA HOSPITAL POLICIES

Carmen Trinh, Data Analytics Manager, presented the item.

Commissioner Comments:

Commissioner Green noted that she submitted some spelling and formatting issues along with some questions.

Regarding the TB policy, Commissioner Chow stated that the policy currently states, “Employees who have received BCG vaccine shall be included in the TST screening program.” He stated that this could be misinterpreted to mean a TST test. However, CDC recommends use of IGRA (not TST) in those who have received a BCG. It would seem clearer if the policy stated the use of IGRA in such circumstances to avoid misunderstanding. Ms. Talai stated that they would review Commissioner Chow’s comments and the CDC recommendation and make relevant revisions.

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.

January 2024

<u>Item</u>	<u>Scope</u>	<u>Policy No.</u>	<u>Policy Title</u>
1	Facility-wide	22-05	Handling Resident’s Property and Prevention of Theft and Loss
2	Facility-wide	22-13	Bed Rail Use
3	Facility-wide	24-04	Trauma Informed Care
4	Facility-wide	24-07	Resident Visitation
5	Facility-wide	72-01 A01	Authority of Infection Control Committee
6	Facility-wide	72-01 A02	Infection Prevention and Control Program
7	Facility-wide	72-01 A03	Infection Preventionist
8	Facility-wide	72-01 A04	Infection Reporting Policy
9	Facility-wide	72-01 A05	Infection Control Surveillance Program
10	Facility-wide	72-01 A07	Reportable Communicable Diseases
11	Facility-wide	72-01 A08	Outbreak/Epidemic Investigation Protocol
12	Facility-wide	72-01 A09	Contact/Exposure Investigation
13	Facility-wide	72-01 A11	Water Management
14	Facility-wide	72-01 B01	Standard Precautions
15	Facility-wide	72-01 B02	Hand Hygiene
16	Facility-wide	72-01 B03	Antimicrobial Use Guideline

17	Facility-wide	72-01 B09	Infection Control Post-Mortem Care Guidelines
18	Facility-Wide	72-01 B14	Visitors Guidelines For Infection Prevention
19	Facility-Wide	72-01 B14 Att.	Visitors Guidelines For Infection Prevention
20	Facility-Wide	72-01 B24	Respiratory Hygiene/Cough Etiquette
21	Facility-Wide	72-01 B25	Isolation Cart Use
22	Facility-Wide	72-01 C17	Pediculosis (Lice) Management
23	Facility-Wide	72-01 C23	Pneumococcal Immunization
24	Facility-Wide	72-01 C24	Employee Influenza Vaccination
25	Facility-Wide	72-01 C26	Guidelines for Prevention and Control of Tuberculosis
26	Facility-Wide	72-01 C27	Care of the Persistently Non-adherent Tuberculosis Patient Placed on Civil Detention
27	Facility-Wide	72-01 C28	COVID-19 Immunization
28	Facility-Wide	72-01 D01	Pre-employment and Annual Screening of Employees
29	Facility-Wide	72-01 D04	Evaluation of Communicable Illness in Health Care Workers
30	Facility-Wide	72-01 E14	Rehabilitation Services
31	Facility-Wide	72-01 E22	Department-Specific Infection Control Procedures
32	Facility-Wide	72-01 F01	Renovation/Construction Infection Control Guidelines
33	Facility-Wide	72-01 F02	Isolation Room Disinfection
34	Facility-Wide	72-01 F03	Handling Resident's Personal Clothing
35	Facility-Wide	72-01 F04	Linen Handling
36	Facility-Wide	72-01 F10	Blood Spill Clean Up
37	Facility-Wide	72-01 F11	Classification of Reusable Medical Devices and Processing Requirements
38	Facility-Wide	72-01 F13	Cleaning and Disinfecting Non-Critical Resident Care Equipment
39	Facility-Wide	72-01 F14	Instrument Recall Policy
40	Facility-Wide	72-01 F15	Storage of Supplies (Clean/Sterile)
41	Facility-Wide	73-16	Confined Space Program
42	Facility-Wide	75-07	Theft and Lost Property
43	Clinical Nutrition	1.16	Nutrition Screening and Documentation Process
44	Clinical Nutrition	1.19	Acute Medical/Rehab Admissions & Transfers
45	Clinical Nutrition	1.20	Nutrition screening and Assessment Documentation for Acute Admissions in the HER
46	Clinical Nutrition	1.23	Discharge Diet Instruction
47	Clinical Nutrition	1.25	NPO or Clear Liquid diets greater than 3 days
48	Clinical Nutrition	1.11	Nutritionally adequate meals
49	Clinical Nutrition	1.8	Menu Program
50	Nursing	K 01.0	Pressure Ulcer
51	Nursing	K 2.0	Wound Assessment & Management
52	Nursing	NPP I 5.0	Oxygen Administration
53	OP Clinic	C4	High-Level Chemical Disinfection
54	OP Clinic	C5	Flexible Nasopharyngeal Laryngoscope
55	OP Clinic	C6	Steam Sterilization

7. CLOSED SESSION

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

There was no public comment.

- 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).

8. POSSIBLE DISCLOSURE OF CLOSED SESSION INFORMATION

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

9. ADJOURNMENT

The meeting was adjourned at 5:47pm.