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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**

March 9, 2026, 4:00 p.m.

**1 Dr. Carlton B. Goodlett Place, City Hall, Room 408
San Francisco, CA 94102 & via Webex**

1. CALL TO ORDER

Present: Vice President Tessie Guillermo, Chair
President Laurie Green, M.D., Member
Commissioner Suzanne Giraud, ED.D

Excused: Commissioner Edward A. Chow, M.D., Member

Staff: Roland Pickens, Jennifer Carton-Wade, Lily Conover, Nawzaneen Zahir,
Naveena Bobba MD, Albert Lam, MD, Todd Barrett, MD, Dzovag Minassian, MD,
Helen Chen, MD, Tangerine Brigham, Maria Antoc, Graham Dobson, Liz Winograd

The meeting was called to order at 4:04pm. Mr. Morewitz noted that item 6, "Senior Affordable Housing on LHH Campus," would be discussed after the approval of the minutes and general public comment so that Commissioner Giraud could participate in the discussion.

2. APPROVAL OF MINUTES FOR MEETING OF FEBRUARY 9, 2026

Public Comment:

There was no public comment on this item.

Commissioner Comments:

There were no Commissioner comments on this item.

Action Taken: The LHH JCC unanimously approved the February 9, 2026 meeting minutes.

3. GENERAL PUBLIC COMMENT:

There was no general public comment.

4. EXECUTIVE TEAM REPORT

Diltar Sidhu, Chief Executive officer and Nursing Home Administrator, presented the item.

Public Comment:

Jessica Pesco sought clarity on RN vacancy figures, urging attention to nurse staffing given past compliance issues and patient safety incidents.

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

The “State of the Hospital” slide on page 5 of the “Executive Team Report” is a long-overdue, but welcome, change to the data presented on this report by including data on bed holds. It’s disturbing to see that there has been a net gain of just 9 additional residents to LHH shown on the last line, titled “Ending Census,” between the end of January and the end of February, given that the report asserts there was 27 admissions in February.

Commissioner Comments:

President Green requested follow-up data on groups listed as on leave, modified duty, and no work activity, distinguishing direct patient care roles from other divisions and offering timelines to resolve status and stabilize staffing. Mr. Sidhu agreed to provide a breakdown and target dates, noting HR coordination to open requisitions and support return-to-work or accommodations.

Regarding reducing one-to-one coaches and escorts, President Green asked about metrics to ensure right-sizing without compromising safety. Mr. Sidhu explained coaches are now reserved for truly necessary cases (e.g., high-risk SI or severe behavioral safety needs), with alternative interventions (silent bed alarms, unit processes) used for falls. Ms. Antoc, Interim Director of Nursing, added that the Falls Committee and Coach Committee now meet jointly to reassess coach assignments weekly.

5. CULTURAL CHANGE AND CHANGE MANAGEMENT

Amie Fishman, Interim Chief Experience Officer Director, Department of Equity and Culture, presented the item.

Public Comment:

There was no public comment on this item.

Commissioner Comments:

President Green asked how the team will measure progress beyond surveys and leverage HSAG baseline recommendations, balancing engagement with execution to avoid “reinventing the wheel.” Ms. Fishman said outcomes will include resident/family experience gains, retention trends, call-out/leave/attrition reductions, and rising participation rates in culture-of-safety surveys and advisory groups.

President Green asked when the model neighborhood (North 3) can be showcased and how staffing stability will enable scaling to other units. Ms. Fishman noted near-term standard work (e.g., huddle board/Kaizen tools) can be spread quickly through the facility. Ms. Antoc added unit stabilization will follow the upcoming staffing bid (target late March) with updates provided in April.

Vice President Guillermo asked about preparing other neighborhoods for scaling-up when the final set of changes is still evolving. Ms. Fishman responded that education, co-design, and staged adoption will prepare units; lessons from recertification inform a less reactive, more participatory scale-up with DPH/KPO support.

6. SENIOR AFFORDABLE HOUSING AT LAGUNA HONDA HOSPITAL CAMPUS

Anne Romero, Senior Project Manager, MOHCD, and Sharon Christen, Senior Project Manager, Real Estate Development, Mercy Housing California, presented the item. Commissioner Suzanne Giraudo participated in the discussion of this item.

Public Comment:

Walter Kaplan, Forest Knolls Neighborhood Organization, supported the Mercy Housing proposal and co-located childcare, citing years of community engagement and benefits to LHH staff and neighbors.

John Tan spoke to personal need for affordable senior housing and encouraged timely progress.

Self Help for the Elderly (representative) urged expedited action given the citywide shortage for tens of thousands of seniors seeking housing, emphasizing the multi-year timeline since 2019 and the urgency of delivery.

Jessica Pesco supported childcare but raised concerns about teacher wages and current quality ratings at LHH, suggesting a phased strategy to ensure hospital staffing and quality stabilize before adding childcare operations.

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

I have followed the Health Commission's discussion about the LHH Senior Housing project since Mercy obtained the contract in 2020. This Commission hasn't been presented any information, or discussed, the severe shortage of Adult Day Health Care facilities in San Francisco and Greater Bay Area, in stark contrast to the deluge of information presented about the shortage of childcare facilities, skewing the debate. San Francisco is aging rapidly, with the 80-plus population expected to increase from 5.6% in 2020 to 16% by 2060, putting extreme pressure on existing ADHC facilities. Without sufficient ADHC services, many seniors are forced into higher-cost, more restrictive settings, such as nursing homes, sooner than necessary. The Health Commission has an ethical responsibility to hear a report from SFPD's Office of Policy and Planning on the shortage of ADHC programming, before entering into an MOU for childcare facilities in the LHH senior housing project.

Commissioner Comments:

Commissioner Giraudo asked to confirm the age range served and whether contract language could allow short extensions for children not ready for TK after the Sept. 1 cutoff. Graham Dobson, Department of Early Childhood (DEC) responded the focus is 0–3 years and up to around 4 years of age. DEC will work with the operator and SFUSD TK options nearby; he noted a deeper data review on preschool capacity and mindful transition planning can be built into operations.

Commissioner Giraudo requested clear intergenerational program health guidelines, especially for seniors assisting in the center who may be immunocompromised. Mr. Dobson agreed that strong operator guidelines are expected for both children and seniors and emphasized DEC will highlight this in interviews and selection documentation with Mercy and MOHCD.

Regarding employee priority and affordability, Commissioner Giraudo asked how LHH staff qualify. Mr. Dobson explained the mixed-income model supports both subsidized and market-rate seats, with local tuition credits up to 200% AMI (e.g., \$312,000 for a family of four; varies by family size), and operators experienced with both subsidized and fee-paying families are preferred.

President Green asked about interview criteria beyond the RFP to address staffing realities such as staffing ratios for infants/toddlers, infectious disease controls, and room density standards. Liz Winograd, Low Income

Investment Fund (LIIF) said the selection panel will emphasize intergenerational experience, workforce supports (city/state/federal subsidies), and startup funding (up to 3 months); she welcomed Commissioner Giraudo's review of proposals and targeted questions.

President Green requested formal involvement of subject-matter expertise from DEC and the Commission in the provider interviews. Ms. Winograd confirmed openness to Commissioner Giraudo reviewing proposals and/or submitting questions, with logistics coordinated to integrate her input before final selection.

President Green asked whether safeguards exist if the jurisdictional transfer is needed for financing, but the project fails to proceed. Mr. Morewitz stated the MOU agreement will include clear reversion safeguards returning jurisdiction to DPH should the project not advance, and readouts on selection criteria and transportation will come back to the JCC prior to full Commission consideration.

Vice President Guillermo emphasized readiness assessments for scaling intergenerational programming and asked for structured interviews addressing infectious disease risks including asymptomatic viral spread. Ms. Christen noted guidelines will be operator-led with DPH input, and DEC/LIIF will probe providers' specific protocols in interviews.

Commissioner Giraudo confirmed willingness to review RFP responses and focus on outcomes (e.g., TK transitions, nearby preschool capacity, equity for families), while noting limited time to sit in interviews.

President Green summarized consensus to proceed thoughtfully, document the health/safety guidelines, incorporate transportation analyses, and align the selection panel with expert input.

7. HIRING AND VACANCY REPORT

Jennifer Magnusson, HR Hiring and Selection Manager Directo of Hiring, presented the item.

Public Comment:

There was no public comment on this item.

Commissioner Comments:

There were no Commissioner comments on this item.

8. REGULATORY AFFAIRS REPORT

Nawzaneen Zahir, Chief Quality Officer, LHH, presented the item.

Public Comment:

There was no public comment on this item.

Commissioner Comments:

There were no Commissioner comments on this item.

9. LAGUNA HONDA HOSPITAL POLICIES

Nawzaneen Zahir, Chief Quality Officer, LHH, presented the item.

Public Comment:

There was no public comment on this item.

Commissioner Comments:

There were no Commissioner comments on this item.

Action Taken: The LHH JCC unanimously voted to recommend that the Health Commission approve the following policies:

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<u>Item</u>	<u>Scope</u>	<u>Policy No.</u>	<u>Policy Title</u>
1	Facility-wide	26-02	Management of Dysphagia and Aspiration Risk
2	HIM	1.02	Protected Health Information Documentation
3	FNS	1.1	Food from Home or Outside Sources Served Directly to Residents

10. 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 on this item.

- B) Vote on whether to hold a Closed Session.

Action Taken: The Committee voted unanimously to go into 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.

Hearing

Subject Matter: Testimony Concerning Report of Quality Assurance Committee: Laguna Honda Organizational Assessment and Survey Readiness

CONSIDERATION OF MEDICAL QUALITY IMPROVEMENT

CONSIDERATION OF MEDICAL STAFF CREDENTIALING MATTERS

CONSIDERATION OF PERFORMANCE IMPROVEMENT AND PATIENT SAFETY REPORTS AND PEER REVIEWS

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).

11. POSSIBLE DISCLOSURE OF CLOSED SESSION INFORMATION

Action Taken: The Committee approved the LHH Credentials Report and PIPS Minutes Report in closed session and voted to not disclose discussions held in closed session.

12. ADJOURNMENT

The meeting was adjourned at 5:56pm.