Meeting Minutes

City and County of San Francisco
Daniel Lurie, Mayor

San Francisco Department of Public Health
San Francisco Health Commission
Daniel Tsai, Director of Health

President

Laurie Green, MD

Commissioners

- Edward A. Chow, MD
- Susan Belinda Christian, J.D.
- Suzanne Giraudo, ED.D, Vice President
- Tessie Guillermo
- Judy Guggenhime
- Karim Salgado

DPH Director of Health

Daniel Tsai

Health Commission Secretary

Mark Morewitz, MSW

Minutes for Joint Conference Committee for Laguna Honda Hospital and Rehabilitation Center

Date and Time

July 13, 2026 4pm

1. Call to Order

2. Call to Order

Present: Vice President Tessie Guillermo, Chair
President Laurie Green, M.D., Member
Commissioner Edward A. Chow, M.D., Member

Staff: Roland Pickens, Jennifer Carton-Wade, Nawzaneen Zahir, Naveena Bobba MD, Albert Lam, MD, Todd Barrett, MD, Helen Chen, MD, Tangerine Brigham, Jennifer Magnusson, Eugenio Ocampo

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

3. Approval of the June 8, 2026 LHH JCC Meeting Minutes

Mr. Morewitz noted that he misspelled President Green's name 3 times in the minutes and that he had corrected these mistakes already in the version posted online.

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 June 8, 2026 meeting Minutes with the corrections noted above.

4. General Public Comment

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

I submitted a records request to SFDPH's Public Records staff under Ordinance #77-22 requesting each of San Francisco's nine hospital's out-of-county discharges data submissions for calendar year 2025. Initially SFDPH staff invoked a 10-day delay. But when I pressed SFDPH staff they should immediately release the records on a "rolling basis" as required by the Sunshine Ordinance, SFDPH creatively changed its story claiming, falsely, "The documents you are requesting have not yet been created, therefore we have no records to provide at this time." They brazenly told me to place a

new records request at some point in August. That's obviously a lie. The records I requested were created and submitted by 1/31/2026. I filed a Sunshine Ordinance complaint, but am amending it to add \Director Tsai is responsible for his staff's obvious lie, which amounts to "willful failure" to comply with the Sunshine Ordinance and involves official misconduct.

5. Executive Team Report

Jennifer Carton-Wade, Assistant Nursing Home Administrator, and Dr. Albert Lam, Chief Medical Officer, presented the item.

Public Comment:
Dr. Teresa Palmer raised concerns regarding possible premature discharge practices at certain hospitals and asked how Laguna Honda interprets "too medically complex." She noted that the facility does not accept residents on ventilators and requested clarification regarding how medical readiness for discharge is determined between referring facilities and Laguna Honda. She also asked for an explanation of the "other" category used in referral classifications.

Commissioner Comments:
Commissioner Chow noted that as the committee reviews admission data, it may also be useful to include discharge information in future executive reports. He stated that examining where residents go after discharge, along with related patterns. would improve understanding of overall resident flow. He added that staff had previously indicated they were working on such reporting and said he looked forward to seeing this included in the future presentations.

6. Hiring and Vacancy Report

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

Public Comment:
There was no public comment on this item.

Commissioner Comments:
Commissioner Chow asked about the meaning of the reported 10% attrition rate and whether this level was typical or concerning for staff stability. He emphasized the importance of understanding how staff availability is affected by extended leaves or absences, noting that staffing levels alone may not reflect true capacity. He suggested obtaining data from the Leaves Management Team and nursing leadership to better interpret workforce impacts. He also highlighted the potential value of reviewing new systems designed to track staff absences once available in early fall. Ms. Magnusson explained that the LHH attrition levels are considered in the normal range but offered to consult the budget team for additional detail. She confirmed that staff leave data originates from the Leaves Management Team and nursing leadership rather than the Hiring and Selection team.

President Green asked about delays in initiating the staff bid process, noting the bid system had been under discussion for a long time. She sought clarity on what caused the slowdown and how disagreements over the bid's implementation and budget items may have contributed to the delay. She also emphasized the need for an update at the next meeting describing any issues that emerged, along with staff placements and general outcomes associated with the bid. Ms. Magnusson stated that the staff bid process was delayed due to necessary agreement on implementation details and city budget factors, with seniority lists now under union review and expected to move forward in early August.

President Green expressed interest in seeing how seniority lists were prepared, vetted, and finalized. Ms. Magnusson explained that seniority lists are now under union review and expected to move forward in early August.

7. Regulatory Affairs Report

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

Public Comment:

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

> It's very disturbing seeing today's "Regulatory Affairs Report" for the June 2026 time frame reported another three low-level "Level 1" and "Level 2" citations in a one-month period. As a reminder, prior to LHH's decertification in April 2022, LHH had racked up only 52 Level 2 citations between July 2019 and October 2021. During the 24-month decertification of LHH, it received a staggering 123 Level 2 citations. Since LHH's recertification in 2024 LHH received at least 17 Level 2 citations. It's troubling LHH continues to receive so many Level 2 citations. And the notation in the Regulatory Affairs Report that the DEA is investigating unlocked doors in the Pharmacy area is very troubling. These citations are not going to help LHH raise it's Five-Star rating, and suggests that Facilities Maintenance managers are not doing their jobs to prevent more citations in the K-Tag inspections for the facility as a whole.

Commissioner Comments:

President Green asked for a more detailed explanation of the two fire/life-safety deficiencies that were triggered by anonymous complaints. She wanted to understand why deficiencies were issued even though staff had already identified issues and scheduled repairs, and she requested a step-by-step explanation of how CDPH evaluates and cites such issues. Her comments centered on the sequence of events, the timing of repairs, and the concern that anonymous complaints were occurring rather than internal detections being clearly documented. Ms. Zahir explained that the fire-life-safety deficiencies were the result of CDPH arriving between the time staff identified issues such as malfunctioning fire dampers and the time repairs were scheduled. She noted that even when work orders or purchase orders are already in progress, CDPH still issues a deficiency if the repair is not completed at the exact moment of inspection. She clarified that this dynamic often leads to citations despite staff having already taken action. Additionally, she acknowledged that some anonymous complaints likely originate from staff members who observe these issues in the short window before repairs occur

Commissioner Guillermo expressed concern about the recurring fire and life-safety deficiencies described in the regulatory report, noting that the pattern of anonymous complaints suggests deeper operational challenges. She asked for clarification on whether delays in completing repairs might be contributing to continued citations. She requested more information on how long typical repairs take and what types of facility issues tend to experience slower turnaround times. Ms. Zahir acknowledged that delays in completing repairs can stem from city contracting processes, vendor scheduling, and fiscal-year timing, all of which can slow the turnaround on fire and life-safety corrections. She emphasized that while staff regularly identify and initiate repairs promptly, the structural steps required to finalize contracts or schedule vendors can extend completion times. She also noted that these timing gaps sometimes lead staff to file anonymous complaints even when repairs are already planned. Ms. Zahir agreed to provide more information on repair timelines and contracting barriers to help the committee fully understand the systemic challenges contributing to repeated deficiencies

8. 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:
Commissioner Chow noted that while reviewing the policies, he found Policy 2422 on lice difficult to evaluate because the version he received was redlined. He expressed confusion about whether he was supposed to review a new version or whether a replacement policy was missing. Ms. Zahir clarified that Policy 2422 was being recommended for deletion entirely, and the fully struck-through version reflected its removal from the policy manual. She explained that no replacement policy was being introduced, which is why no new text accompanied the deletion request.

President Green expressed concern that some policies lacked adequate clarity and operational detail, particularly those related to stat medications. She noted that emergency medication administration requires precise procedural guidance because delays can have severe clinical consequences, especially for infections or sepsis. She suggested the policy should specify how communication occurs when stat medications cannot be delivered within the expected time frame and recommended adding clearer distinctions between medication categories based on urgency. She also recommended adding explicit timing details to Policy 2301 regarding when the effectiveness of resident care plans is evaluated. Eugenio Ocampo, Director of LHH Pharmacy, explained that the stat medication clock begins when the order enters the electronic system, with pharmacists immediately initiating preparation. He emphasized that pharmacists notify providers whenever delays occur or alternative options are needed. Ms. Zahir noted that while policies must meet regulatory requirements, additional operational detail can be strengthened during future updates. She agreed to incorporate clearer timelines for care plan evaluation and to revisit the stat medication policy for added specificity.

Commissioner Chow expressed concern that the Code Green policy combined both on-campus emergencies and off-campus elopements within a single protocol, making the policy confusing to read and apply. He recommended separating the two processes, noting that each involves different resources, response strategies, and safety considerations. He emphasized that clarity is crucial for staff who must act quickly during emergencies, and that distinct policies would reduce ambiguity. He stated that although the core procedures seemed sound, the structure of the document required refinement for practical use. Ms. Zahir thanked him for the feedback and acknowledged that combining on-campus and off-campus procedures can create complexity. She explained that the current structure was designed to align with regulatory expectations but agreed that separating the policies could improve readability and operational clarity. Staff stated they would take his suggestion under advisement for future policy updates.

The committee members agreed the policies could move forward to the full Health Commission with specified corrections. These included grammatical adjustments to policy 2515, addition of care-plan review timing in policy 2301 item eight, and request for later elaboration on stat-medication procedures. They requested that the Code Green policy be revised and brought back to the committee for review.

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

July 2026

Item	Scope	Policy No.	Policy Title
1	Facility-wide	28-06	Behavioral Response Team (BRT)/ Therapeutic Care Team (TCT)
2	Facility-Wide	24-12	Laguna Premier Club: A Neurobehavioral Day Program
3	Clinical Nutrition	Diet Manual	Diet Manual LHH 2026
4	Clinical Nutrition	1.12	Registration of Dietitians
5	Clinical Nutrition	1.15	Diet Manual Approved by Medical Staff
6	Clinical Nutrition	1.16	Nutrition Screening and Documentation Process
7	Clinical Nutrition	1.19	Acute Medical/ Rehab Admissions/Transfers
8	Clinical Nutrition	1.20	Nutrition Screening and Assessment Documentation for Acute Hospital Admissions
9	Clinical Nutrition	1.22	Enteral Formulary Availability
10	Clinical Nutrition	1.23	Discharge Diet Education
11	Clinical Nutrition	1.25	NPO or Clear Liquid Diet Orders
12	FNS	1.92	Standardized Recipes
13	FNS	1.94	Safety Standard
14	FNS	1.95	Use of Eggs
15	Medical Staff		LHH Credentialing Policy and Procedures Manual
16	Medical Staff	G 1.0	Vital Signs

9. 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 for this item.

B) Vote on whether to hold a Closed Session. (Action Item)

Action Taken: The LHH JCC 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.

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).) (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 DISCUSSION

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

11. Adjournment

The meeting was adjourned at 5:31pm.