

Dan Bernal
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Commissioner
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Commissioner
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Commissioner
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Commissioner

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

London N. Breed, Mayor
Department of Public Health



Grant Colfax, M.D.
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
August 9, 2022, 4:00 p.m.
Remote Meeting via Webex Event**

1. CALL TO ORDER

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

Staff: Grant Colfax MD, Roland Pickens, Zoe Harris, Arnulfo, Betsy Gran, Chauncey Jackson, Claire Horton MD, Jennifer Carton-Wade, Keith Chartier, Lily Conover, Lisa Hoo MD, Maggie Rykowski, Nawzaneen Talai, Terry Dentoni, Wilmie Hathaway DO

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

2. APPROVAL OF MINUTES FOR MEETING OF JULY 12, 2022

Public Comment:

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

It's too bad the minutes of the July 12 LHH-JCC meeting don't include former District 1 Supervisor Sandra Lee Fewer's comments in the Richmond Review, in which she wrote:

"[The problems of substandard care at LHH] clearly could have been prevented and could have been remedied. This is huge. Either people made mistakes, didn't care enough to be diligent, or lacked leadership and follow through. Regardless, [San Francisco's] Department of Public and CMS need to own this ..." Fewer is absolutely correct, just as she so often was when she served on the Board of Supervisors: SFDPH and the Health Commission downplayed all along the severity of patient care violations that occurred at LHH between October 14, 2021 and March 28, 2022. SFDPH hasn't acknowledged ownership that it is *itself* responsible for the violations and potential closure of LHH! It's time this LHH-JCC take ownership of its mistakes.

Commissioner Comments:

Commissioner Chow requested the following statement under "Executive Report, be amended to the underlined text below.

~~Commissioner Chow suggested that LHH staff note the constraints of not making a good faith effort to discharge patients when presenting an update at the next full Health Commission meeting.~~

Dr. Chow asked for a presentation at the full commission to note that we must make a good faith effort as required by CMS to place residents.

Action Taken: The Committee unanimously approved the July 12, 2022 minutes with the amendment noted above.

3. GENERAL PUBLIC COMMENT:

Public Comment:

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

It is long past time that the Health Commission climb back into the driver's seat regarding the potential closure of LHH and reducing the number of beds and patients at LHH. The Health Commission should demand LHH's management team halt all major decisions involving LHH, wait until the conclusion of City Attorney Chiu's and Ms. Renne's two lawsuits, and wait for the outcome of Chiu's three appeals pending before the U.S. DHHS Administrative Law Judge. Because if CMS' decertification of LHH is overturned, that should negate having to cut 120 beds, keep LHH from having to discharge all of its current residents, and prevent LHH from having to apply for recertification. This LHH-JCC and the Health Commission must ensure LHH's Medical staff are free to independently screen and reject patients from SFGH who are unsuitable or unsafe at LHH! Don't continue repeating past mistakes from the failed 18-year "Flow Project."

Steve Seltzer, United Front Committee Labor Party, stated that criminal charges should be brought up against LHH and DPH administrators for the 11 LHH resident deaths. He wants the District Attorney to investigate and people to be held accountable. He noted that his group is holding a rally on September 13 at 11am to help in the fight to keep LHH open. He added that it was the LHH management, DPH leadership, and politicians, not the LHH workers who are to blame.

4. EXECUTIVE TEAM REPORT

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

Public Comment:

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

It's very concerning LHH plans to apply for a new license in early September to remove 120 SNF beds from its license. This is completely premature, and may well undercut the third appeal City Attorney David Chiu filed with the U.S. DHHS Administrative Law Judge on May 28. Chiu's appeal challenged CMS' termination notice and seeks to reverse CDPH's deficiencies; if Chiu prevails, the requirement to eliminate 120 beds will go away. Even if the 120 bed reduction is 66% complete and will be completed by August 19, 2022, this LHH-JCC should direct LHH on behalf of the full Health Commission to halt any further work on completing the reduction and applying for a reduced license in early September. The decision to apply for a new license should be made by roll-call vote of the full Commission, not by three Commissioners on this subcommittee. Don't undercut Chiu's appeals and lawsuit!

A caller asked if LHH and DPH really think CMS will recertify LHH when patients with mental health and substance use issues are placed there. He added that the DPH/LHH needs to provide funds to provide separate services to these populations. The DPH made deep cuts in services, including scaling back the MERF, resulting in people with substance use and psychiatric issues being placed at LHH.

Dr. Teresa Palmer stated that LHH is so neglected that staff have to be retrained in current skilled nursing practices. CMS is threatening to defund, not close, LHH. The City needs to pay for patients if it takes longer to be recertified. Why should patients suffer for poor management? Why do you have to reduce licensed beds? You should wait until there is no choice to do so. San Francisco needs assurance that LHH medical and nursing staff will be free to reject admission candidates and San Francisco needs to provide mental health and substance use services for patients in need of those services.

Art Perosky, Grey Panthers, is concerned that LHH be reserved for all San Franciscans in need. He is against forced LHH patient discharges. DPH should stop the Flow project and return decision making regarding admissions to LHH clinical staff. No loss of beds. Funding for existing residents must continue until recertification. Funding for those in need of substance use and mental health services must be made available immediately. Add more staff is good, but why such low-level staff? DPH should not proceed with reducing LHH bed count by 120. LHH medical and nursing staff must be given decision-making authority over admissions.

Joseph Urban, son-in-law of a LHH patient and author of the petition with 16,000 signatures, stated that he is unsure if the Commissioners or politicians understand the problem. CMS has been uncooperative at every level. The challenge is to consider if CMS is interested in bigger topics than LHH operations. Are mental health and substance patients at LHH stretching LHH compliance? Is CMS playing hardball in an effort to return LHH back to a skilled nursing facility for the most vulnerable.

Steve Seltzer, United Front Committee Labor Party, stated that there is a state and national crisis in nursing homes. LHH was able to protect patients from COVID-19 due to labor unions and good protocols. The LHH management is incompetent; they were sending patients to their deaths. The LHH administrators and the Mayor knew that there is nowhere else to send LHH patients to and this is why patients died when transferred to shelters. We have to end privatization of health systems. LHH patients were abused when Director Colfax arrived at the DPH; have those staff been punished?

Commissioner Comments:

Commissioner Chow asked if it is premature to reduce the licensed beds at LHH with the City's pending lawsuit against CMS. Mr. Pickens stated that prior to the City's lawsuit filed against CMS, CMS clearly communicated that LHH could only house two patients per room. He noted that he would take Commissioner Chow's comments back to the City Attorney for consideration.

Commissioner Chow requested a updated LHH organization chart reflecting recent changes made. He also requested a follow-up at a future LHH JCC meeting on nurse education.

Commissioner Green stated that it is interesting that CEPs were not prioritized in previous regulatory inspections. She is happy to hear that the nurses will be assigned to one unit instead of floating. She noted that having a home base and colleagues working together will hopefully assist LHH in reaching its goals.

Commissioner Green asked for a verbal review of LHH discharge processes, including any changes made since CMS decertified LHH. Mr. Pickens stated that as part of the required CMS closure plan, multiple assessments by nurses, physicians, dietitians, and pharmacy staff were conducted. Dr. Hathaway stated that CMS required in-depth pre-discharge assessment process in addition to the discharge assessments. She added that LHH is currently reviewing all of its discharge assessment processes, including addressing transfer trauma. Commissioner Green noted that LHH went well beyond the standard of care in terms of the assessment processes.

Commissioner Guillermo noted that through the recertification efforts, there is possibility of bringing LHH staff together in greater unity and making positive culture change. However, the stress associated with the

recertification efforts along with the long-term strain of managing COVID-19 precautions could bring added stress that could negate some of the positive growth. She asked how the stress of so much change is being monitored so staff are supported during this time. Mr. Pickens stated that LHH has implemented a Care Experience component to the recertification effort that addresses staff concerns, feelings, and experiences. Jen Carton Wade, LHH Administration, stated that they started with Executive rounding and listening to staff. There is a Care Experience team within the Incident Command System to plan events and staff recognitions. There are Department of Human Resource staff sitting at the cafeteria for listening sessions and Employee Assistance Program staff are brought to LHH as needed. Commissioner Guillermo thanked all LHH staff for this multi-level work. She noted that different type of support are necessary to meet the cultural and linguistic needs of such a diverse workforce.

Commissioner Chow noted that CDPH seems to be investigating the backlog of LHH-related complaints. He is hoping that these investigations will be helpful to LHH in learning issues it needs to improve upon. He noted that the staff separation trends increased in June and wants to be sure that LHH is able to hire necessary clinical and non-clinical staff. Ms. Dentoni noted that there are about 140 LHH and ZSFG staff on various types of leaves. In addition, there are 45 staff out with COVID-related issues. She noted that DPH Human Resources is partnering with LHH to fill vacancies.

Director Colfax noted that he had an opportunity to walk around LHH with Ms. Carton-Wade and observed that the energy of the recertification efforts is palpable. He added that messaging to staff regarding the recertification effort will take into consideration the emotional work involved in the changes being made. With the CMS-mandated discharge process paused, LHH is working together with patients, families, and staff.

5. REGULATORY AFFAIRS REPORT

Nawzaneen Talai, Chief Quality Officer, presented the item.

Public Comment:

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

Sadly, today's LHH-JCC Regulatory Affairs Report for July 2022 notes LHH racked up another 23 Facility Reported Incidents (FRI's) in July alone, just when CMS is breathing down LHH's management and nursing leadership's necks while LHH is still fighting to regain CMS re-certification. That includes another 8 resident-to-resident FRI's, 7 staff-to-resident incidents, and another 7 anonymous complaints — when LHH had only 2 anonymous complaints in March, no anonymous complaints in either April or May, and 3 anonymous complaints in June 2022. Why was there such a sudden surge in anonymous complaints in July? Across those five months there were a total of 43 resident-to-resident incidents and 21 staff-to-resident incidents. In the four months between March and June a total of 75 FRI's reported were during LHH-JCC meetings. The additional 23 FRI's in July pushes the total FRI's to 98 across five months. Why are FRI's going up, and not down?

Steve Seltzer, United Front Committee Labor Party, stated that the issue of management bullying staff should be discussed before going into closed session. The bullying is not being addressed. DPH is a bully management.

Dr. Teresa Palmer stated that patients, families, and people living in San Francisco who may one day need a bed at LHH are all stakeholders. She is fearful that LHH is being closed so land can be used to build housing.

Commissioner Comments:

Commissioner Chow noted that CDPH is beginning to investigate its backlog of LHH complaints and cases, adding that these investigations may result in important information on necessary LHH improvements.

6. CLOSED SESSION

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

Public Comment:

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

As I have repeatedly testified, this Health Commission must stop hiding behind Closed Session secrecy. To the extent we are to believe LHH's Acting CEO, Director of Public Health Grant Colfax, and Mayor London Breed, if you "have nothing to hide" and you really believe in being fully transparent, this JCC must vote to disclose when you return to Open Session what secrets you are still trying to hide behind the veil of a "Closed Session," and tell LHH's patients, their families, the Board of Supervisors, and all San Franciscans what you know now about progress on LHH's CMS recertification and the hospital's Closure Plan. It's part and parcel of former Supervisor Sandra Lee Fewer's call that the Health Commission and the Department of Public Health take ownership of the problems that have been deliberately covered up about the situation at LHH. Vote to, and disclose the closed session discussion.

- 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

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).

7. POSSIBLE DISCLOSURE OF CLOSED SESSION INFORMATION

Action Taken: The committee voted unanimously to not disclose discussions held in closed session.

8. ADJOURNMENT

The meeting was adjourned at 7:01pm.