

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

August 10, 2026 4pm

Agenda items

1. Call to Order

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

Staff: Jennifer Carton-Wade, Nawzaneen Zahir, Naveena Bobba MD, Helen Chen, MD,
Jennifer Magnusson, Eugenio Ocampo

The meeting was called to order at 4:03pm.

2. Approval of July 13, 2026, LHH JCC Meeting Minutes

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 July 13, 2026 meeting Minutes with the corrections noted above.

3. General Public Comment

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

The red "Abuse Warning Hand" icon remains on CMS's Nursing Home Compare Web site, signaling LHH's long, long history of abuse. Worse, although LHH returned to a five-star rating for "Staffing," it sadly lost a star on "Quality Measures," which dropped to two stars. LHH's "Health Inspections" rating remains at a paltry two stars. CMS's "Staffing" section reports zero Senior Administrator turnovers at LHH, despite Sandra Simon's short 14-month tenure as CEO, and the two Directors of Nursing who stayed just 4 and 24 months, respectively. That's compounded by news LHH eliminated its second Assistant Nursing Home Administrator as a "budget savings" measure in July 2026. All this points to very serious problems with LHH's management and senior management team, and the interference by entrenched acute-hospital-

centric SFHN management. As LHH's "governing body" this Commission is directly responsible for CMS's low star ratings and failure to retain senior administrators. Shame, shame!

4. Executive Team Report

Diltar Sidhu, Nursing Home Administrator and CEO, presented the item.

Public Comment:

Dr. Teresa Palmer commented that she was concerned no announcement had been made regarding the departure of two senior leaders. She asked whether Laguna Honda leadership had contacted Blue Shield regarding coverage for Laguna Honda admissions under the Blue Shield Medicare PPO, noting she had previously provided contact information. She also raised concerns about Kaiser sending San Francisco residents out of county and suggested Laguna Honda develop a process allowing appropriate Kaiser patients to be admitted locally.

Commissioner Comments:

Commissioner Chow asked for more information regarding the nursing bid process. He noted that the draft schedule appeared unclear and asked whether staff could describe definitive deadlines and the expected timeline for concluding the bidding. He requested clarification on whether the committee could anticipate hearing meaningful progress by the next meeting. Ms. Antoc responded that bid timing remained subject to union negotiations. She explained that seniority list verification would conclude shortly, after which staff appointments would be scheduled. She stated that once bidding begins, it typically requires one to two weeks, with final assignments implemented by the next pay period.

Commissioner Guillermo asked how often full bids occur and whether the frequency could be reduced. She expressed concern that repeated bidding processes create instability and asked whether predictable staffing patterns might eliminate the need for twice-yearly bids. She also asked whether future bids could be streamlined once census stabilizes. Mr. Sidhu explained that this was the first full bid in several years and that prior practice of twice-annual bids was no longer desirable. He stated that full bids should not be frequent and that future staffing changes would be handled through reassignment rather than full rebidding unless jointly required by union and management.

President Green asked whether additional verification steps for seniority lists could be improved. She questioned why the seniority review process took an extended period and asked if future verification would be faster or more automated. She also asked whether assignments were based solely on seniority and what caused delays in confirming accurate information. Ms. Magnusson explained that verification required multiple rounds of review across classifications, cross-checking appointment dates, eligibility lists, and tie-breaker rules. She stated the process was lengthy because accuracy for every staff member was critical. She noted that once finalized, the seniority list would serve as a stable reference for future staffing actions.

Commissioner Guillermo recognized significant survey improvements and congratulated staff. She commented that reduced deficiency counts and lower severity levels demonstrated major progress. She emphasized that sustained compliance indicated strong institutionalization of quality practices.

5. Senior Affordable Housing At Laguna Honda Hospital Campus

Sharon Christen, Senior Project Manager, Real Estate Development, Mercy Housing California, and Mark Primeau, DPH Capital Projects, presented the item.

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Public Comment:

Dr. Teresa Palmer asked for clarification of the term “auto-reversion” used in the jurisdictional transfer discussion. She expressed interest in how such a clause would ensure the land would return to DPH if the project does not move forward. She also expressed concern that so many units were converted to studio size.

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

When Mercy Housing bid on the LHH Senior Housing contract in 2020, it proposed potentially building 375 housing units, snagging the contract. In 2025 Mercy downsized to just 158 one-bedroom units, 217 fewer. Sadly, Mercy announced today it slashed-and-burned 34 of the one-bedrooms into being studio’s, 104 square feet of space cut from each of the 34 studios, attributed to a “loss of capital” resources for construction funding. Mercy claims “shrinking” the building saves \$1.2 million out of \$126 million total — less than 1% (0.96%) of costs. Commissioner Green is concerned about quality of life for senior tenants crammed into dorm room-sized units, and no space for their momentos. She’s worried about transportation to grocery stores. Commissioner Chow noted the City should find the mere \$1.2 million needed for one-bedroom units. Mercy asserts there’s also a funding shortage to complete the ground floor “Senior Center.” Abandon this project now!

Commissioner Comments:

Commissioner Chow asked about the decision to convert several one-bedroom units into studios. He expressed concern that the reduction in square footage appeared to save a relatively small amount of money compared to the total project cost. He questioned why unit reductions were necessary and whether the funding gap justified decreasing livable space for seniors. Ms. Christen stated that total development cost was approximately \$128 million and that the city could not allocate additional capital beyond \$66.5 million. She explained that value-engineering options were limited because most of the building consists of housing units. Reducing unit size was the only available way to lower costs without reducing overall unit count.

President Green asked about quality-of-life implications of smaller units. She emphasized the importance of personal belongings, communal interaction, and adequate space for seniors. She asked how the senior center would operate, whether communal meals would be offered, and how social isolation concerns would be addressed. She also asked for examples of similar successful projects. Ms. Christen explained that units were fully functional studios, and most resident engagement occurs in community spaces. She described planned services including case management, wellness nursing, recreational activities, and daily social programming. She noted that senior centers historically function well when co-located with housing and would include meals, activities, and intergenerational elements.

Commissioner Green and Commissioner Chow expressed concerns regarding transportation, grocery access, and whether intergenerational interaction with childcare populations would be meaningful or practical. They asked whether senior programming would realistically support senior social needs. They also questioned whether the senior center would have adequate space for both residents and neighbors. Ms. Christen stated that transportation planning would resume after DPH staff relocate to LHH campus buildings later in the year. She agreed senior center program quality would be more critical than intergenerational components. She supported DPH involvement in selecting the senior center operator and stated that additional details could be provided at future meetings. Commissioner Guillermo requested that Mr. Morewitz be included in the review of senior center operators.

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:

There were no Commissioner comments on this item.

7. 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.

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:

President Green asked how staff operationalize complex policies during emergencies. She explained that lengthy procedures may be difficult for frontline staff to follow quickly and asked whether short-form guides exist. She expressed concern about consistency and staff training when rapid action is required. Ms. Zahir reported that quick-reference emergency guides are available on all units and badge cards contain essential instructions. She explained that a trained incident-command group supports staff during major emergencies and that DPH partners with the hospital as needed.

President Green asked further about new policy language requiring consent before room searches for contraband. She asked how staff respond when a resident refuses consent, particularly when safety risks exist. She inquired whether past issues with contraband have decreased. Ms. Zahir stated that consent is required under federal regulations and residents may refuse searches. In cases of significant risk, security or sheriff personnel assist. She reported that contraband concerns have decreased due to improved screening, stronger therapeutic support, and more coordinated safety procedures.

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

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<u>Item</u>	<u>Scope</u>	<u>Policy No.</u>	<u>Policy Title</u>
1	Facility-Wide	TBD	Airborne Transmissible Disease Control Plan
2	Facility-Wide	01-01	Approval and Format of Hospital-wide and Departmental Policies and Procedures
3	Facility-Wide	01-10	Departmental Responsibility and Accountability
4	Facility-Wide	01-11	Standard Formatting Template for Policies and Procedures
5	Facility-Wide	20-06	Out on Pass
6	Facility-Wide	70-01 A1	Emergency Preparedness Committee
7	Facility-Wide	70-01 A2	Emergency Preparedness
8	Facility-Wide	70-01 A3	Emergency Resources and Maps
9	Facility-Wide	70-01 B1	Emergency Response Plan
10	Facility-Wide	70-01 B2	Continuity of Operations Plan
11	Facility-Wide	70-01 B3	Resident Evacuation Plan
12	Facility-Wide	70-01 B4	Requesting to Operate Under a CMS 1135 Waiver
13	Facility-Wide	70-01 C1	Fire Response Plan
14	Facility-Wide	70-01 C2	Spill Response Plan
15	Facility-Wide	70-01 C3	Earthquake Response Plan
16	Facility-Wide	70-01 C4	Laguna Honda Hospital Medical Surge Plan for Nursing Home Incident Command Activation Due to Public Health Emergency/ Mass Casualty Event Vital Signs
17	Facility-Wide	70-01 C5	Emergency Responder Antibiotic Dispensing Plan
18	Facility-Wide	70-01 C6	Pandemic Respiratory illness Plan
19	Facility-Wide	70-01 C7	Power Outage Response Plan
20	Facility-Wide	70-01 C8	Water Disruption Plan
21	Facility-Wide	70-01 C9	Heat Emergency Plan
22	Facility-Wide	70-01 C10	Code Silver- Active Shooter
23	Facility-Wide	70-01 C11	Laguna Honda Hospital MDF/IDF Support
24	Nursing	C3.0	Documentation of Resident Care by LN
25	Nursing	C3.2	Documentation of Resident Care by NA
26	Nursing	D3 1.0	Oral Hygiene
27	Nursing	D6 1.1	Battery Operated Lift Transfer C-625 EZ Way
28	Nursing	D6-01.1	Sling Application
		Appendix 2	
29	Nursing	F 2.0	Assessment and Management of Urinary Incontinence
30	Nursing	F 02.0	Continence Assessment Cactus Sheet Bladder Diary
		Appendix 1	
31	Nursing	F3.0	Assessment and Management of Bowel Function
32	Nursing	F7.0	Replacement and Care Management of an Existing Suprapubic
33	Nursing	J 1.1	Obtain Handle Store Meds
34	Nursing	J 6.0	IV Therapy Maintenance
35	Nursing	J 7.0	CVAD Management
36	Nursing	J 7.1	PICC Management
37	Nursing	K 10.0	Prevention and Management of Skin Tears

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 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 6:38pm.