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**HEALTH COMMISSION
CITY AND COUNTY OF SAN
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**MINUTES
JOINT CONFERENCE COMMITTEE MEETING FOR
LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER
August 11, 2025, 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: Commissioner Tessie Guillermo, Chair
Commissioner Edward A. Chow, M.D., Member
Commissioner Laurie Green, M.D., Member

Staff: Daniel Tsai, Roland Pickens, Jennifer Carton-Wade, Lily Conover, Carmen Trinh,
Naveena Bobba MD, Erka Thorson, Albert Lam, MD, Todd Barrett, MD, Anne Romero,
Sharon Christen, Mark Primeau, Dzovag Minassian, MD, Diltar Sidhu

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

2. APPROVAL OF MINUTES FOR MEETING OF JULY 14, 2025

Public Comment:

Patrick Monette-Shaw made comments and submitted the following summary:

The 7/14/2025 minutes contains an error. They report Commission Chow said on July 14 "... the number of incidents [cited By Director Tsai and used in the July 14 "Comparative Analysis"], most of which were unsubstantiated, is due to the large size of LHH." I don't recall hearing Chow say that on the meeting's audiotape. Also, neither these meeting minutes, Diltar Sidhu's July 14 memo to LHH staff, or the so-called "Statistical Analysis" of LHH's history of incidents bothered to mention that because LHH is, in fact, a much larger facility than other nursing facilities, it also has a much larger staff, including 768 Nursing staff, who should have been able to prevent the larger number of facility-reported incidents and anonymous complaints. Surely LHH and this Health Commission must know that CMS and CDPH are well aware of LHH's much larger Nursing Staff. This is nothing more than gaslighting.

Commissioner Comments:

There were no Commissioner comments on this item.

Action Taken: The LHH JCC unanimously approved the July 14, 2025 meeting minutes.

3. GENERAL PUBLIC COMMENT:

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

Commissioner Chow's gaslighting on 7/14/2025 lamely implied LHH was fortunate to be recertified at all. He actually stated San Francisco should be pleased LHH is even able to have 500-plus beds. His meandering reply LHH would even have 500 beds doesn't inspire confidence about future pursuing submitting another waiver request to save LHH's 120 beds, as if Chow couldn't calculate LHH losing 120 of its beds leaves 649 — not 500! Chow's comments San Franciscans should accept having even "500-plus" beds at LHH, is deeply offensive, because there are patients who need SNF care in-county now, but aren't able to get it, as Chow himself should know as a Health Commissioner. San Francisco now only has just 2,156 SNF beds in-county, after losing 1,173 such beds since 2009. The City Attorney should pursue litigation now to save LHH's 120 beds, which are largely Medicaid beds serving vulnerable elderly!

4. EXECUTIVE TEAM REPORT

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

Public Comment:

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

Today's "Executive Team" presentation illustrates LHH's Admitting Department has serious math skill deficiencies — again. Take the last slide, the "State of the Hospital" update. The last column for July 2025 data reports LHH's end-of-month census at 542, up 10 on the census over the June 2025 report. That column states there were 9 Planned Discharges, 2 more AWOL's/AMA's (unplanned discharges), and 11 residents who died. That totals 22 fewer residents, plus the 27 admissions, for a net change of 5 patients. So, how does the net End-of-Month census increase by 10, when the other four rows show a net change of 5 residents? Doesn't five NOT equal 10? I'm an "old math" kid of guy, an old foggy. Please explain the Admission Department's "new math" calculations.

Commissioner Comments:

President Green asked for clarification regarding the COVID-19 protocol used at LHH. Dr. Albert Lam stated that CDPH and CDC recommend 10 days of isolation. LHH maintains a list of residents and staff who may have come in contact with the person diagnosed with COVID-19 so testing can be offered.

Commissioner Chow requested that the LHH JCC continue to receive information on the number of COVID-19 cases at LHH. Dr. Lam stated that at the time of the meeting, LHH had one resident with COVID-19.

Commissioner Chow asked for more information regarding the new laundry contract. Mr. Pickens noted that the new contract is for LHH residents' personal laundry. In the past, home health aides did the laundry for LHH residents. The use of a professional contractor is in alignment with CMS standards.

Vice President Guillermo noted that summer seems to be a slower time of year for admissions and asked if other seasons impact admissions. Mr. Sidhu stated that summers are usually slower for skilled nursing home and hospital admissions.

5. SENIOR AFFORDABLE HOUSING AT LAGUNA HONDA HOSPITAL CAMPUS

Doug Shoemaker, Health Management Associates, presented the item. Mr. Pickens stated that after LHH achieved recertification, it was felt that LHH and DPH could engage regularly on the planning of this project.

His hope is that the presentation from Health Management Associates can help respond to questions and concerns from the Commissioners and the public.

Public Comment:

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

This “governing body” should not forget the “Term Sheet” you approved previously allows you to terminate the Mercy Housing project at any time. You should do so now, based on today’s Senior Housing presentation. The “LHH Needs of LHH Seniors Awaiting Discharge” slideshows just 9 of the LHH’s discharge-ready patients are in Tiers 1 and 2; the other 14 don’t appear to be able to live independently, or in a non-RCFE facility. Today’s presentation recommending replacing an ADHC in LHH’s housing project with either “a Senior Center” or a “Social Day Program,” is irresponsible. Voters also didn’t want a so-called “Social Day Program” that focuses on socialization, recreation, or merely meals at noontime. This is plainly just wrong, when not ludicrous! The “Term Sheet” you approved previously allows you to terminate the Mercy Housing project at any time. You should do so now and cancel developing any MOU!

Commissioner Comments:

Commissioner Chow stated that the presentation gave helpful information and noted that the DPH has to decide whether it will move forward with a socialization model or the Adult Day Health Center (ADHC) model. He suggests that LHH check on the specifics of the bond about these options. Mr. Pickens stated that the experience of Mercy Housing is that residents of their senior affordable living projects prefer to use IHSS and day health services instead of an ADHC model. He added that HMA would consult with Mercy Housing and MOHCD on this issue. Commissioner Chow stated that when the Commission is brought the MOU for this project, these details should be spelled out and defined clearly.

Commissioner Chow noted concern that there be no opportunity for co-mingling of the Mercy housing building residents and LHH residents in terms of substance use and/or sales.

President Green stated that when this information is presented to the full Commission, she suggests that information regarding any eligibility criteria for housing be included. She asked what percentage of Mercy Housing residents would fit into the different tiers. Mr. Shoemaker stated LHH seniors will likely need help with their activities of daily living and so utilizing a IHSS contract model for the building may be most appropriate. He noted there is an opportunity for setting up medical management in the building.

President Green stated that individuals in the Mercy Housing building on the LHH campus may eventually need LHH and asked if there is planning for this possibility. Mr. Shoemaker stated that this type of continuum could be considered when looking at the service and financial models.

President Green asked what the threats of funding changes for IHSS and Medicaid funding in this current environment are. Mr. Shoemaker stated that he is unsure of a Medicaid funding stream changing on the IHSS or ADHC models. President Green noted that any Medicaid threats would impact affordability of this housing project. Mr. Shoemaker stated that the recent bill did not address this specific population. He noted that based on the current City budget issues, it is unclear if there can be a 15-year commitment to funding for a carve out for beds dedicated to LHH residents being discharged.

Vice President Guillermo thanked her Commission colleagues for delving into the details of this project and keeping in the forefront the responsibilities of the Commission to LHH residents and San Francisco residents. She thanked Mercy Housing and MOHCD staff for their patience in regard to the Commissioners’ need to fully understand the scope and extent of this project.

6. HIRING AND VACANCY REPORT

Erika Thorson, Director of Hiring & Selection, HR Leadership, DPH Human

Resources, presented the item.

Public Comment:

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

Today's "Vacancy Report by FTE" shows LHH has 768 budgeted Nursing positions for RN's, LVN's, CNA's, Patient Care Assistants, Nurse Managers, and Nursing Supervisors. The total number of Nursing staff equals the number of LHH's 769 SNF beds. Losing 120 of LHH's 769 beds represents a 15.6% decline in patient capacity. Throughout LHH's 26-month decertification, the public were told LHH hadn't laid off any Nursing staff. Since LHH has no hope of getting a waiver approved to re-open those 120 beds during the three-and-a-half-years of the Trump Administration, LHH should cut 15.6% of its Nursing staff, since LHH will not be earning at least \$114.1 million in lost Medicare/Medi-Cal revenue to pay for that Nursing staff. This Commission has a fiduciary duty as LHH's "governing body" to reduce the excessive 768 nursing staff now, to save money. A 15.6% cut to LHH's Nursing staff ironically equals cutting 120 positions!

Commissioner Comments:

Vice President Guillermo thanked Ms. Thorson for the report.

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:

Vice President Guillermo thanked Ms. Zahir for the report.

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:

Regarding policy A 2.0 "Nursing Services: Organization, Authority/Responsibilities and Operations," Commissioner Chow noted that the policy should state that the Directors of Nursing should report to the LHH CEO and LHH Nursing Home Administrator. He also requested clarification of the LHH Chief Nursing Officer's duties. Ms. Zahir stated that the LHH Chief Nursing Officer oversees the LHH acute unit. She noted that LHH will make revisions to the policy clarifying these issues.

Action Taken: The LHH JCC voted unanimously to recommend that the full Health Commission approve the following policies pending additional edits requested by the Commissioners.

<u>Item</u>	<u>Scope</u>	<u>Policy No.</u>	<u>Policy Title</u>
1	Facility-wide	01-08	Media Relations
2	Facility-wide	24-13	Falls
3	Rehab	20-01	Responsibility and Accountability of Rehabilitation Services
4	Rehab	30-01	Scope of Services to be provided
5	Rehab	70-02	OT Staff
6	Rehab	80-02	Physical Therapy Staff
7	Rehab	90-02	Speech Language Pathology Staff

8	Rehab	30-05	Behavioral Health Services
9	Rehab	30-06	Social Work Services
10	Rehab	30-07	Activity Therapy Services
11	NSPP	A 2.0	Nursing Services: Organization, Authority/Responsibility and Operations
12	NSPP	E 2.0	Assisting Residents During Mealtime
13	NSPP	I 3.0	Tracheostomy Care
14	NSPP	I 6.0	non-Invasive Ventilation Support (CPAP/BiPAP)
15	NSPP	J 9.0	Insulin Subcutaneous Infusion Therapy for Patient Managed Insulin Pump

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 on this item.

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

The LHH JCC unanimously voted 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).)
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 INFORMATION**

Action Taken: In closed session, the LHH JCC approved the LHH Medical Staff
__ Credentialing Report and PIPS Minutes Report.

11. ADJOURNMENT

The meeting was adjourned at 6:08pm