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February 2, 2023

San Francisco Board of Supervisors

The Honorable Aaron Peskin, Board President
The Honorable Connie Chan, Supervisor, District 1
The Honorable Catherine Stefani, Supervisor, District 2
The Honorable Joel Engardio, Supervisor, District 4
The Honorable Dean Preston, Supervisor, District 5
The Honorable Matt Dorsey, Supervisor, District 6
The Honorable Myrna Melgar, Supervisor, District 7
The Honorable Rafael Mandelman, Supervisor, District 8
The Honorable Hillary Ronen, Supervisor, District 9
The Honorable , Supervisor Shamann Walton, District 10
The Honorable Ahsha Safai, Supervisor, District 11
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

“ The Board of Supervisors failed to ask an important question on January 31.

So, CMS preemptively asked the most important question for you the following day, and essentially answered it for the Board: CMS all but ordered LHH on February 1 to conduct a nationwide search and expedite immediately hiring a licensed Nursing Home Administrator (NHA) at LHH.”

Agenda Item #36, Board File 230035: **Committee of the Whole Hearing on Laguna Honda Hospital CMS Orders LHH Expedite Hiring a Licensed Nursing Home Administrator and Other Follow-Up Questions**

Dear Board President Peskin, and Members of the Board of Supervisors,

It was good hearing Supervisor Melgar ask during today’s *Committee of the Whole* hearing “What are you going to do about it, and hold SFDPH accountable?”

Fortunately, among many the questions the Board of Supervisors should have addressed on January 31, CMS has preemptively asked the most important question for you the following day: CMS all but ordered LHH on February 1 to conduct a nationwide search and expedite immediately hiring a licensed Nursing Home Administrator (NHA) at LHH.

CMS directed LHH to provide a more detailed timeline before February 15 about Laguna Honda’s plan to hire and on-board Licensed NHA’s (plural) and to speed up job postings for those two positions that were delayed to April 30.

Since LHH last had a licensed NHA 18 years ago in 2004 — Larry Funk — hiring a NHA is long, long overdue!

The Board of Supervisors should have mandated LHH expedite hiring of NHA’s without CMS ordering that for you!

Here’s additional questions the Board of Supervisors should ask by moving your planned May 9 follow-up Committee of the Whole hearing up to an earlier date:

1. Even though CMS has essentially ordered LHH rapidly hire and on board licensed NHA’s, will the Board direct SFDPH to immediately conduct a nationwide search to rapidly hire a licensed Nursing Home Administrator? It’s clear CMS is losing its patience on this issue.
2. Will the Board pass a new Resolution requiring LHH’s contractor, Health Services Advisory (HSAG) group to quickly evaluate the pilot organizational structure LHH CEO Pickens introduced last June 30 to evaluate effectiveness of the organizational structure as Health Commissioner Guillermo requested on August 2?

“ CMS is concerned LHH is dragging its feet installing permanent senior manager leadership at LHH who have appropriate nursing home experience — that Roland Pickens, Baljeet Sangha, and other LHH senior managers (including Chief Nursing Officer Terri Dentoni) do not possess.”

Again, CMS expressed on February 1 its concern that LHH is dragging its feet in installing permanent leadership at senior managers LHH who have appropriate nursing home experience — that Roland Pickens, Baljeet Sangha, and other LHH senior managers (including Chief Nursing Officer Terri Dentoni) do not possess nursing home experience.

3. On January 6 LHH acting CEO Roland Pickens withheld key information from the Board of Supervisors. His PowerPoint presentation rightly asserted LHH's *Revised Closure Plan* required by the *Settlement Agreement* was submitted to CMS on December 21, but he only told you CMS had not yet accepted and approved the *Revised Closure Plan*.

Pickens wrongly withheld telling you truthfully that CMS' February 1 letter announcing the extension to the pause on mandatory discharges and transfers had clearly noted that CMS had suggested edits and changes to LHH's *Revised Closure Plan* on January 13 and again on January 18. Then, CMS complained on February 1 — the day after your first *Committee of the Whole* hearing — “we have not yet received a revised version [of the proposed *Revised Closure Plan*] in response [to its January 13 and January 18 suggestions for changes].”

The Board of Supervisors should ask Pickens why he didn't tell you that CMS requested changes to the *Revised Closure Plan*. You should also ask him why LHH did not incorporate CMS's requested changes into the *Revised Closure Plan* and resubmit it in the 19 days between January 13 and your hearing on January 31.

4. Will you direct LHH to find out why its *Plan of Correction* (PoC) over the 12 patient death citations it received in December 20 has not yet been approved yet by CDPH? Was there something wrong with that PoC?
5. Since CMS approved LHH's initial “*Root Cause Analysis*” report on December 12, will you pass a Motion directing SFDPH to release that document to you and to members of the public immediately, since additional deficiencies requiring smaller potentially subsequent “*Root Cause Analysis*” reports are separate and distinct from the initial *RCA* CMS approved on December 12?
6. Will the Board pass a new Resolution requesting that CMS, CDPH, and DHHS approve a written waiver request to prevent LHH from having to permanently eliminate 120 beds from LHH?
7. Will the Board pass a new Resolution supporting stalled legislation in the U.S. Congress “*grandfathering*” allowing skilled nursing facilities can continue to have double- and triple-occupancy rooms sharing a single bathroom?
8. Will you direct LHH halt working on the Capital Project to remodel LHH's three-person rooms to two-person rooms until we obtain a permanent waiver for triple-occupancy room for LHH, or until Federal legislation grandfathering in triple-occupancy rooms is signed into law?
9. Will you pass a new Resolution urging CMS and CDPH to resume new admissions to LHH pending re-certification since LHH is down to a patient census of only 545 residents as of January 22 (not 567 residents that Roland Pickens wrongly stated during your January 31 hearing)?
10. Will you direct SFDPH to rapidly report the lost Medi-Cal revenue through the end of the Second Quarter of the current fiscal year to see how much more it has grown since the \$29.7 million is lost revenue through the end of the First Quarter on September 30, 2022
11. Will you pass a Resolution to DHHS and CMS halting any further discharges from LHH pending re-certification of the facility in November, beyond the now temporary May 19 potential resumption of discharges?

“Mr. Pickens only told you on January 31 CMS had not yet accepted and approved the *Revised Closure Plan*.

He wrongly withheld telling you truthfully CMS had suggested edits and changes to LHH's *Revised Closure Plan* on January 13 and again on January 18. Then CMS complained on February 1 it had not yet received a revised version in response to their January 13 and 18 suggestions.

You should also ask Pickens why LHH did not incorporate CMS's requested changes and resubmit the *Closure Plan* in the 19 days between January 13 and your hearing on January 31.”

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CMS Orders LHH Expedite Hiring a Licensed Nursing Home Administrator and Other Follow-Up Questions

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12. Will this Board pass legislation requiring that SFDPH immediately create a repatriation program to return LHH patients who were involuntarily discharged last June and July to out-of-county facilities back to LHH?
 13. Will this Board introduce and a pass a Motion directing SFDPH to permanently halt the disastrous 18-year “*flow project*” completely?
 14. Will you pass a new Resolution to reinstate former Supervisor Sean Elsbernd’s Resolution 200-05 requiring LHH resume quarterly reporting of admission data to LHH to resume monitoring of the “*flow project*” of dumping SFGH behavioral health patients into LHH?
 15. What actions will this Board of Supervisors take to set up independent oversight over LHH, since the Health Commissions so-called oversight has been totally inadequate?
 16. Will this Board direct SFDPH and the Health Commission to explore funding sources to add new capacity of skilled nursing facilities, sub-acute care units, and facilities for people with behavioral health problems in separate new or rehabilitated facilities since the City only has 2,161 skilled nursing beds following the loss of 1,500 beds since 1992?
 17. Since Mr. Pickens and the team of SFGH managers have so badly mismanaged LHH by following acute-care hospital regulations rather than Federal Nursing Home regulations, will you advocate for removing Pickens and his team, and bring in managers who have deep experience running skilled nursing facilities?
- “ Since Mr. Pickens and the team of SFGH managers have so badly mismanaged LHH by following acute-care regulations, will the Board of Supervisors quickly advocate for removing Pickens and his team, and bring in managers with deep experience running skilled nursing facilities? ”**

Respectfully submitted,

Patrick Monette-Shaw

Columnist,

Westside Observer Newspaper

cc: Angela Calvillo, Clerk of the Board

Alisa Somera, Legislative Deputy Director to the Clerk of the Board

Patrick Monette-Shaw

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January 31, 2023

San Francisco Board of Supervisors

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The Honorable , Supervisor Shamann Walton, District 10
The Honorable Ahsha Safai, Supervisor, District 11
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

Agenda Item #36, Board File 230035: **Committee of the Whole Hearing on Laguna Honda Hospital LHH Is Lying the “Root Cause Analysis” Report Isn’t Done**

Dear Board President Peskin, and Members of the Board of Supervisors,

Laguna Honda Hospital and the Department of Public Health appear to be potentially lying to the Board of Supervisors.

LHH and SFDPH are deliberately and wrongly claiming to this Board that the initial “*Root Cause Analysis*” (RCA) report isn’t ready to share with you yet, and may need another Board of Supervisors *Committee of the Whole* hearing. That’s bullshit.

The initial RCA was due to CMS on December 1, 2022 and the City Attorney’s January 13 letter to DHHS requesting the pause on transfers and discharges from LHH be extended beyond February 2, 2023 specifically stated that the initial RCA had been approved by CMS on December 12, 2022. SFDPH and LHH are just stalling you and refusing to release the RCA publicly.

There’s no reason SFDPH, LHH, and LHH’s acting CEO, Roland Pickens, can’t share the initial RCA document that was then to be used as the basis for developing the “*Action Plan*” with the Board of Supervisors on January 31.

What LHH appears to be trying to do is pile on additional *Root Cause Analyses* that may become necessary later onto the initial RCA in order to slow down making that document public. But they are clearly separate, sequential documents. The LHH *Settlement Agreement* was pretty clear that any additional RCA’s to address new problems as they arise were supposed to be a separate, distinct submission to CMS from the initial RCA.

So, the initial RCA CMS approved nearly two months ago on December 12 should be presented to the Board **now**.

The LHH *Settlement Agreement* requires LHH to fully implement the “*Action Plan*” by May 13. That’s now just 3.5 months from today. By report, CMS hasn’t approved the *Action Plan* LHH was required to submit by January 6, 2023. That’s one sign of just how far behind schedule LHH may be.

That CDPH hasn’t approved the separate *Plans of Corrections* LHH was required to submit in response to the December 20 citations for the 12 patient deaths is another sign LHH is behind schedule. By report, CDPH hasn’t approved those Plans of Correction since LHH reportedly submitted them on January 2. It’s worrisome those PoC’s haven’t been approved either.

The Board of Supervisors should require that the lead consultants from Health Services Advisors Group (HSAG) and Health Management Associates (HMA) appear before the Board of Supervisors to explain why they can’t release the initial *Root Cause Analysis* report CMS approved almost two months ago to you immediately in your role of providing oversight of Laguna Honda Hospital.

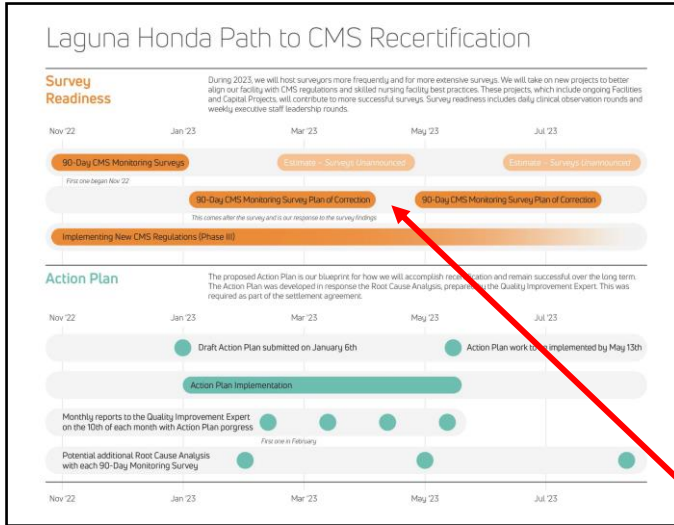
After all, there’s a major difference (an omission) between the Gantt chart LHH is presenting to the Board of Supervisors in a PPT presentation today, and the same Gantt chart that was presented to the full Health Commission 14 days ago on January 17.

January 31, 2023

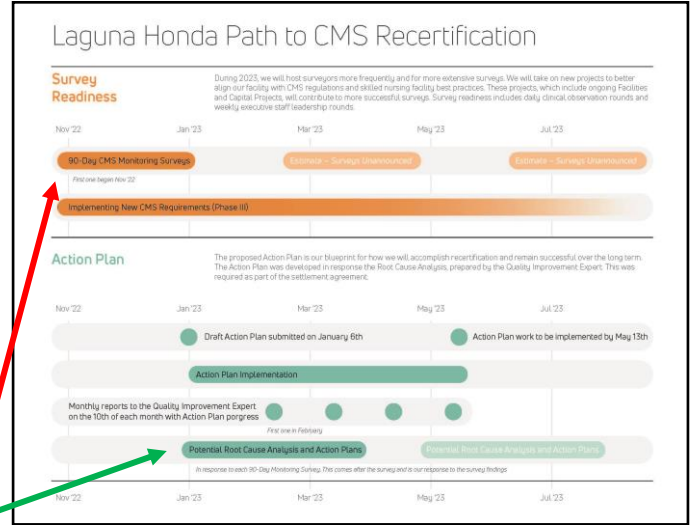
LHH Is Lying the “Root Cause Analysis” Report Isn’t Done

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Gantt Chart Presented to Health Commission January 17



Gantt Chart Presented to Board of Supervisors January 31



As you can see, during the 14-day period between this Gantt chart being presented to the Health Commission, and when it was edited and presented to the Board of Supervisors, LHH and its two consultants creatively removed the smaller orange “90-Monitoring Survey Plan of Correction” periods from the upper portion of the charts, and added longer green bars labeled “Potential Root Cause Analysis and Action Plans” to the chart on the bottom, rather than just using round green circles to represent essentially the same activities.

Those separate follow-up smaller RCA's were stipulated in the *LHH Settlement Agreement*. Since they were removed from the Gantt chart, does that mean that the smaller RCA's and “Plan of Corrections” to respond to each 90-day *Monitoring Survey* stipulated in the *Settlement Agreement* were removed? If so, then that adds credence to my assertion the initial RCA CMS approved on December 12 should be provided to the Board of Supervisors immediately.

As well, are the smaller RCA's no longer required in the monthly reports due to CMS on the 10th day of each month to report *Action Plan* progress to CMS?

What else may LHH be lying to the Board of Supervisors about?

Respectfully submitted,

Patrick Monette-Shaw
Columnist,
Westside Observer Newspaper

cc: Angela Calvillo, Clerk of the Board
Alisa Somera, Legislative Deputy Director to the Clerk of the Board

From: [Teresa Palmer](#)
To: [Preston, Dean \(BOS\)](#); [PrestonStaff \(BOS\)](#); [Chan, Connie \(BOS\)](#); [Fieber, Jennifer \(BOS\)](#); [Low, Jen \(BOS\)](#); [Mandelman, Rafael \(BOS\)](#); [Mar, Gordon \(BOS\)](#); [Myrna Melgar](#); [Melgar, Myrna \(BOS\)](#); [Farrah, Michael \(BOS\)](#); [ChanStaff \(BOS\)](#); [MandelmanStaff, \[BOS\]](#); [Walton, Shamann \(BOS\)](#); [Stefani, Catherine \(BOS\)](#); [Ronen, Hillary](#); [Safai, Ahsha \(BOS\)](#); [Thornhill, Jackie \(BOS\)](#); [Hsieh, Frances \(BOS\)](#); [Groth, Kelly \(BOS\)](#); [Yu, Angelina \(BOS\)](#); [DorseyStaff \(BOS\)](#); [Angulo, Sunny \(BOS\)](#); [Yan, Calvin \(BOS\)](#); [Souza, Sarah \(BOS\)](#); [Lerma, Santiago \(BOS\)](#); [Saini, Nikita \(BOS\)](#); [Herrera, Ana \(BOS\)](#); [Ferrigno, Jennifer \(BOS\)](#); [Barnes, Bill \(BOS\)](#); [Berenson, Samuel \(POL\)](#); [Donovan, Dominica \(BOS\)](#); [Feinberg, Giles \(BOS\)](#); [Burch, Percy \(BOS\)](#); [Gallardo, Tracy \(BOS\)](#); [Gee, Natalie \(BOS\)](#); [Evans, Abe \(BOS\)](#); [RonenStaff \(BOS\)](#); [EngardioStaff \(BOS\)](#)
Cc: [Calvillo, Angela \(BOS\)](#); [Somera, Alisa \(BOS\)](#)
Subject: Laguna Honda: prioritizing the most vulnerable: agenda item #36, File #230035 Jan 31 Full Board Meeting
Date: Friday, January 27, 2023 1:23:13 PM

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To:
Board of Supervisors

Cc: Clerk of the Board:
Re: Laguna Honda Hospital Jan 31 Full Board Meeting, Agenda Item #36/file # **230035**
Please put in Correspondence File.

It is clear from recent information coming out of Laguna Honda state and federal inspections that an ongoing effort will be needed by SFDPH/LHH and consultants to create systems of management that will keep Laguna Honda in the good graces of CMS.

In this regard, there is plenty of blame to go around. We cannot exonerate CCSF/SFDPH and the administration of Laguna Honda: there was a lack of oversight over many years.

However the fact remains that Laguna Honda has always accepted patients that other nursing homes would not take, due to Medi-Cal discrimination and due to medical and behavioral complexity.

My experience has been, and I believe this is ongoing, that at Laguna Honda hospital, with all of its problems, persons with severe and complex problems live longer and do better than in any other nursing home.

Therefore, the focus of this meeting needs to be primarily on **how the Board of Supervisors can be a force for protecting the most vulnerable: those who are now residents at Laguna Honda and those of us could need a bed there at any time.**

Administration at Laguna Honda and consultants obviously need more time to “turn the ship around.” In order to prevent death and harm to current and future residents, this time needs to be made available by CMS.

If CMS is obstinate in this regard, no matter what, deadly evictions and closure procedures should NOT resume. A way must be found! What can we do to get State and Federal Government to work together to help?

CMS giving Laguna Honda more time to fix itself is a necessary and practical act to protect the most vulnerable.

In the same vein: a CMS waiver to avoid the 120 bed cut, given the shortage of decent and safe Medi-Cal nursing home beds, is also necessary and practical.

And you, the Board of Supervisors must put oversight in place so this safety net institution is never allowed again to fall into managerial neglect. Let us learn by our mistakes!

Teresa Palmer MD

Family Medicine/Geriatrics

Former Laguna Honda physician

Board Member SF Gray Panthers

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January 31, 2023

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The Honorable Ahsha Safai, Supervisor, District 11

1 Dr. Carlton B. Goodlett Place

San Francisco, CA 94102

Agenda Item #36, Board File 230035: **Committee of the Whole Hearing on Laguna Honda Hospital Four Additional Issues: *LHH Organizational Structure Nursing Home Administrator, Plan of Correction for Patient Deaths, Lost Medi-Cal Revenue, and Resumption of LHH Admissions***

Please also address the following four additional issues related to the recertification of Laguna Honda Hospital during your *Committee of the Whole* hearing on January 31, 2003: LHH Organization Structure Efficacy Including Nursing Home Administrator, Plan of Correction for 12 Patient Deaths, Lost Medi-Cal Revenue, and Expediting Resumption of New Admissions to LHH.

1. Evaluation of LHH's New Organization Structure and Failure Hiring a Nursing Home Administrator

On June 30, LHH's acting CEO, Roland Pickens, announced that LHH had created a new organizational structure as part of LHH's attempts to apply for re-certification after CMS decertified the hospital on April 14. The organization chart Pickens released on June 30 showed prominently that LHH would be hiring a licensed Nursing Home Administrator (NHA), and a licensed Assistant Nursing Home Administrator (ANHA).

As Board President Aaron Peskin may recall, the last licensed Nursing Home Administrator LHH had was 19 years ago when LHH's then-CEO, Larry Funk, was a NHA and who ran LHH exceptionally well. As an aside, LHH was not decertified by CMS during Funk's tenure.

The minutes of the Health Commission's August 2 Finance and Planning Committee report that Baljeet Sangha, a San Francisco Health Network (SFHN) mid-level manager with a background in facility operations who was appointed to be a Co-Incident Commander for LHH's recertification efforts but no experience managing skilled nursing facilities, noted the recertification goal was to add sustainable City positions to take over work of consultants and consultant nurse administrators. By the same token, Pickens has no experience managing skilled nursing facilities, either.

Sangha said by the end of 2022 the pilot of the Pickens' new leadership structure would be evaluated to determine if the leadership model is effective. The meeting minutes show Health Commissioner Guillermo assumed the pilot leadership might warrant continuation, but she asked for evaluation data of the leadership model and timeline for recruiting LHH positions. Sangha claimed job postings might be posted by the end of year 2022.

Responding to my January 1, 2023 records request, SFDPH staff asserted DPH had "*no responsive records*" for either the evaluation data Guillermo had requested, or the evaluation analysis report Sangha had told Commissioner Chow would be conducted by the end of the year to determine if the leadership model is effective.

The Board of Supervisors should look into why this data collection and organizational structure analysis was not completed. How does this Board know if the leadership model will actually fix the mismanagement of LHH that has been going on for years in the absence of having a licensed Nursing Home Administrator?

The Board of Supervisors should look into why in the past seven months a licensed NHA hasn't already been hired, and what the delay may be in posting a job vacancy announcement.

As well, since Sangah had claimed the goal was to add sustainable City positions to take over work of consultants and consultant nurse administrators, a related issue is whether the City is paying its contractor, Health Services Advisory Group (hsag) hourly consulting fees to help mentor as a proctor one of LHH's ladder-climbing employees who may have her wanna-be sights set on becoming a licensed NHA by being proctored through a 1,000 hour Administrator-in-Training program to obtain licensure.

As a reminder, HSAG has now been awarded contracts totalling \$17.3 million to assist LHH in obtaining re-certification (between HSAG's first contract, first amendment to its first contract, its second contract, and its separate gig as LHH's Quality Improvement Expert — QIE contract.)

HSAG's second \$7.7 million contract included a price increase totaling \$1 million in hourly billing rates up to 23% higher than rates HSAG had for its first contract last June, with some of the fees reaching \$485 per hour.

None of the three contract's *Scope of Work* show including mentoring or proctoring a current LHH for the 1,000 hour Administrator-in-Training program to obtain NHA licensure. If HSAG is acting as a proctor at \$485 per hour, could that proctorship be earning HSAG \$485,000 in consulting fees?

Wouldn't it be better, and more expedient, to rapidly conduct a nationwide search to hire a NHA who has extensive and proven on-the-job experience as an already-licensed NHA?

2. Plan of Correction for 12 Patient Deaths Not Yet Approved by CDPH

After LHH received 12 citations on December 20 and fines of \$3,000 each for the deaths of 12 of LHH's residents following their forced discharges in June and July, for a total of \$36,000 in fines, LHH was required to submit *Plans of Correction* (PoC) for each of the 12 new citations. Although LHH claims it is appealing the citations, no appeals had been filed by January 18.

As well, Pickens told the Health Commission on January 17 that LHH had submitted the PoC's for the 12 patient death citations. In response to a public records request, it is thought LHH may have submitted the *Plans of Correction* to CDPH on January 2, 2023 on the same date shown in the properties metadata showing when the 12 PoC's were created.

SFDPH indicated that as of January 27 CDPH has not approved the 12 POC's yet.

It's worrisome CDPH hasn't approved the POC's. Did the POC's propose insufficient remedies to prevent additional deaths of LHH's patients post-discharge? Otherwise, why hasn't CDPH approved the POC's?

The Board of Supervisors should ask LHH on January 31 why the PoC's haven't been approved.

3. Lost Medi-Cal Revenue

On January 17, the full Health Commission was finally presented with SFDPH's *First Quarter Revenue and Expenditure* report ending on 9/30/22, after presentation of the report was delayed for a month and a half.

The report documented LHH's \$27.5 million budget deficit for the First Quarter of the current fiscal year, caused mostly by the loss of \$23.9 million in Medi-Cal revenue due to the *Denial of Payment for New Admissions* (DPNA) when CMS halted new admissions to LHH on January 14, 2022. The *First Quarter Revenue* report had been presented and postponed twice by the Health Commission's Finance and Planning Committee, and shouldn't have been postponed from the full Commission's January 3, 2023 meeting.

Another public records request revealed an additional \$2.2 million in unbudgeted expenses incurred for recertification efforts was lost in Q4 FY 2021–22 ending 6/30/22. That totals \$29.7 million in lost revenue and unbudgeted expenses

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Four More Additional Issues — Committee of the Whole Hearing Laguna Honda Hospital

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that will have to be made up somehow from the City's overall budgets — in addition to the \$27.3 million in consultant costs and other known LHH expenses related to recertification — although that excludes the costs of City Attorney time and expenses involved to date which the CAO won't release yet. We're already up to \$57 million in costs associated with LHH's decertification, excluding the planned Capital Project improvement costs, and costs continuing to climb.

Where's the *Second Quarter Revenue and Expenditure* report that ended on 12/31/22? When will it be presented and discussed at a full Health Commission meeting? How much additional Medi-Cal revenue has LHH lost during the *Second Quarter* due to DPNA and additional unbudgeted recertification expenses?

The Board of Supervisors should require SFDPH rapidly provide to you the total amount of LHH's lost Medi-Cal revenue through the end of the Second Quarter and additional unbudgeted expenses related to LHH's recertification, which ended on December 31, 2022 fully a month ago.

4. Expediting Resumption of New Admissions to LHH and CMS Re-Certification

As of January 22, LHH's patient census has shrunk from 710 in October 2022 to just 545 residents. By April 22, LHH will be down to just 501 residents due to additional expected in-house patient expirations and transfers of patients to acute-care hospitals who don't return to LHH. The 501 resident census projection assumes mandatory involuntary discharges don't resume on February 2, as scheduled, and other potential voluntary discharges at patients' request don't occur.

As the Board knows, new admissions to LHH were stopped on January 14, 2022. We're now a full year into the halt of new admissions to LHH, and SFDPH and LHH are projecting new admissions may not resume until August or September. That means San Franciscans needing admission to LHH are continuing to face being dumped into out-of-county facilities, far away from their friends, families, and healthcare networks, which is unconscionable.

The Board of Supervisors needs to exert influence on LHH and LHH's external consultants to expedite LHH becoming re-certified, if only in part, to speed up resuming new admissions to LHH.

Please also address rapidly the additional issues raised in this testimony.

Respectfully submitted,

Patrick Monette-Shaw

Columnist,

Westside Observer Newspaper

cc: Angela Calvillo, Clerk of the Board

Alisa Somera, Legislative Deputy Director to the Clerk of the Board

Somera, Alisa (BOS)

From: VIVIAN IMPERIALE <zizivaga@comcast.net>
Sent: Saturday, January 28, 2023 7:07 PM
Subject: testimony on Laguna Honda Hospital for 1/31 BOS mtg item #36 File#230035

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From: VIVIAN IMPERIALE <zizivaga@comcast.net>
To: "Calvillo, Angela" <angela.calvillo@sfgov.org>, "Chan, Connie" <ChanStaff@sfgov.org>, "Dorsey, Matt" <DorseyStaff@sfgov.org>, "Engardio, Joel" <EngardioStaff@sfgov.org>, "Mandelman, Rafael" <MandelmanStaff@sfgov.org>, "Melgar, Myrna" <MelgarStaff@sfgov.org>, "Peskin, Aaron" <Aaron.Peskin@sfgov.org>, "Preston, Dean" <Dean.Preston@sfgov.org>, "Ronen, Hillary" <Hillary.Ronen@sfgov.org>, "Safai, Ahsha" <Ahsha.Safai@sfgov.org>, "Stefani, Catherine" <Catherine.Stefani@sfgov.org>, "Walton, Shamann" <Shamann.Walton@sfgov.org>
Date: 01/28/2023 6:29 PM
Subject: testimony on Laguna Honda Hospital for 1/31 BOS mtg item #36 File#230035

Please include this written testimony in the public comment file.

Honorable Supervisors:

CMS has ordered the removal of LHH residents while the hospital comes into compliance. We have already seen a 21% death rate of the initial group of residents who were uprooted from their LHH home and transferred to unfamiliar surroundings with caregivers who are strangers -- a frightening experience. Meanwhile you and the public are not being given a document trail and explanation of where the LHH accreditation process stands.

Do not believe there are appropriate alternatives nearby. Last year a close friend of mine needed a residential rehab facility. As a long-time San Francisco resident, he wanted to go to LHH in his own city where people could visit him. Instead he was shipped off down the Peninsula. He is essentially abandoned by the San Francisco services, such as conservator and social worker, who were supposed to keep him as their client. Out of sight, out of mind. This is what will happen to hundreds of LHH residents if you and others don't advocate on behalf of keeping the hospital open.

There are few enough beds anywhere so the CMS plan to remove 120 LHH beds also must be reversed.

I worked there for 10 years and know how important LHH is to its residents. Please hold a hearing about the LHH situation and advocate to fix it but not close it.

Sincerely,

Somera, Alisa (BOS)

From: Karin D <k.suecia@gmail.com>
Sent: Saturday, January 28, 2023 12:59 PM
To: Somera, Alisa (BOS)
Subject: please add to correspondance file for hearing on jan 31 re: Laguna Honda Hospital

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As a general internist physician in San Francisco for 27 years, I urge you to do everything in your power to stop evictions from Laguna Honda Hospital (LHH), allow residents to return who have been evicted, make the planning changes to LHH transparent, prevent unsafe admissions by restoring decision making to LHH staff, stop the "flow" project from ZSFGH which is contributing to inappropriate admissions, and provide sufficient mental health and addiction services to our local community.

We desperately need LHH beds to stay available for our community. My own family member died in the dementia unit on hospice at LHH and she would never have been able to afford an equivalent level of care in a private facility. LHH was a godsend to us.

San Francisco desperately needs this facility to operate in it full capacity.

Thank you, Karin Dydell MD

Somera, Alisa (BOS)

From: Pamela K Peirce <p.k.peirce@att.net>
Sent: Monday, January 30, 2023 1:35 PM
To: Peskin, Aaron (BOS)
Cc: Somera, Alisa (BOS)
Subject: Laguna Honda Hospital: January 31 Full Board Meeting Agenda Item #36 file #230035

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Please put in Correspondence File.

Date: Jan 31, 2023

It is clear from recent information coming out of Laguna Honda state and federal inspections that an ongoing effort will be needed by SFDPH/LHH and consultants to create systems of management that will keep Laguna Honda in the good graces of CMS.

We cannot exonerate CCSF/SFDPH and the administration of Laguna Honda: there was a lack of oversight over many years.

However the fact remains that Laguna Honda has always accepted patients that other nursing homes would not take, due to Medi-Cal discrimination and due to medical and behavioral complexity.

I believe that the focus of this meeting needs to be primarily on **how the Board of Supervisors can be a force for protecting the most vulnerable: those who are now residents at Laguna Honda and those of us could need a bed there at any time.**

Please act to prevent death and harm to current and future residents by allowing Laguna Honda Hospital more time to meet operating requirements. Please do not allow evictions and closure to resume as scheduled. Please appeal to the State and Federal Government for help solving this problem.

Please put oversight in place so this safety net institution is never allowed again to fall into managerial neglect. Let us learn by our mistakes!

**Pamela K Peirce
San Francisco Voter**

Somera, Alisa (BOS)

From: E Mc <ecmc54@gmail.com>
Sent: Monday, January 30, 2023 1:28 PM
To: Chan, Connie (BOS); Stefani, Catherine (BOS); Peskin, Aaron (BOS); Engardio, Joel (BOS); Preston, Dean (BOS); Dorsey, Matt (BOS); Melgar, Myrna (BOS); Mandelman, Rafael (BOS); Ronen, Hillary; Walton, Shamann (BOS); Safai, Ahsha (BOS); ChanStaff (BOS); MelgarStaff (BOS); DorseyStaff (BOS); Calvillo, Angela (BOS); Somera, Alisa (BOS)
Subject: Testimony on behalf of Laguna Honda Hospital

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Dear Members of San Francisco Board of Supervisors:

I urge you to unanimously pass another Board Resolution demanding that state and federal agencies impose a permanent and immediate halt to ordered discharges from Laguna Honda Hospital (LHH). As you may know, LHH once cared for 1200 patients in its vintage structure. Then in 2010, the new hospital opened. It took about a decade to plan and build the state of the art, LEED Silver Certified building that would then proudly serve 780 San Franciscans.

As a former state surveyor and subsequent employee of LHH, I believe LHH has been treated somewhat harshly by overzealous CDPH Licensing and Certification personnel who are eager to find deficiencies that may or may not be substantiated by their district officers. This process has caused serious undue harm to a facility that once stood head and shoulders above the rest, nationwide. CDPH (Licensing and Certification division of Centers for Healthcare Quality) has a rapid turnover of surveyors; hence, their workforce is hungry to find excessive faults with the particular venue they are surveying that week. I once overheard a CDPH Licensing and Certification surveyor (Health Facilities Evaluator Nurse) announce that LHH was their “training ground”. SFBOS must demand of CMS and CDPH to assign only their most experienced and judicious personnel to oversee the fate of LHH, a virtual Hope Diamond of San Francisco.

In 2010, I was hired as the sole Nurse Infection Preventionist by the then Quality Manager, Regina Gomez, RN. I was a former Health Facilities Evaluator Nurse with 5 years’ experience in the Chico and Sacramento District Offices, and was eager to assist LHH in its Quality Improvement and Assurance mission. I performed daily infection control surveillance and weekly Environment of Care rounds on all areas of the hospital and would report my findings to the Quality Manager, who would in turn, report to the CEO and respective Managers. I became Board Certified in Infection Control within two years. I assisted Ms. Gomez and the QM Department to achieve a 5-star CMS rating in 2012. It was the first and only time LHH achieved a 5-star rating.

I certainly got to know the staff and the patient population very well and was proud to be a part of the spirit of cooperation and values mission we shared on behalf of San Franciscans in need.

Unfortunately, Dr. Mitch Katz tainted that mission by mandating an inappropriate cohort to the patient milieu. Then he left for New York after the damage had been done. I won't recount what a cascade of sad and preventable scandals ensued as a result of incompetent leadership and quid pro quo culture. I resigned in August of 2014 after I realized I would not be promoted for doing an excellent and ethical job despite scoring in the top three of a civil service examination. All promotions were reserved and awarded to employees who acquiesced to and fawned over incompetent leadership who would eventually be terminated after scandalous activities were discovered in 2019 that occurred between 2016-2019.

Nevertheless, I believe that everything in your collective power should be done to preserve LHH for San Franciscans, and that it's therapeutic, rehabilitative and homelike environment ought to be restored, that it should be led and administered by truly competent and appropriately educated and certified personnel who **will not** continue to earn their six figure salaries whether or not they are successful, which is the case now. Personnel with institutional longevity who have merely served as "Yes Men" have been inappropriately promoted-**Peter's Corollary**.

My brother-in-law recently had a serious stroke. He was at RK Davies for acute neurosurgery and I inquired of the case managers there if he could possibly go to LHH for rehabilitative care. I was told the waiting list for LHH is over a year long. This fact in itself, proves that reducing the number of beds at LHH for San Franciscans would be extremely unwise and a non-forward thinking strategy given the loom of baby boomers at the horizon.

Finally, I urge The SFBOS to stand up for the rights of San Franciscans to have LHH bed numbers **restored**, not reduced, and to urge the inappropriate overreach by CMS and CDPH cease, once and for all. Additionally, single occupancy rooms as some remote entities have suggested, are neither cost-effective nor safe.

Sincerely, Eileen C. McSorley, RN PHN

Somera, Alisa (BOS)

From: Charles Minster <friscoworker@att.net>
Sent: Monday, January 30, 2023 1:59 PM
Cc: Chan, Connie (BOS); Stefani, Catherine (BOS); Peskin, Aaron (BOS); Engardio, Joel (BOS); Preston, Dean (BOS); Dorsey, Matt (BOS); Melgar, Myrna (BOS); Mandelman, Rafael (BOS); Ronen, Hillary; Walton, Shamann (BOS); Safai, Ahsha (BOS); ChanStaff (BOS); MelgarStaff (BOS); DorseyStaff (BOS); Calvillo, Angela (BOS); Somera, Alisa (BOS)
Subject: Keep Laguna Honda Open - No More Discharges

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Charles M. Minster
318 21st Ave.
San Francisco, CA 94121
30 January 2023

San Francisco Board of Supervisors

I am contacting you because of my great concern over the attempts to discharge ill, disabled and helpless patients from Laguna Honda Hospital. As you are aware dozens of former patients at the hospital were illegally discharged, last year, and of them nine of these patient's died soon after dismissal!

The orders to toss ill, disabled and helpless patients came directly from Biden's Cabinet in Washington, D.C... The reason for this is evident in that the billionaires that run this country (and world) want to reduce taxes and promote private medical care. In San Francisco all long-term acute care at private hospitals was eliminated because the private hospitals couldn't get enough blood (i.e., \$dollars) out of the ill and dying patients. That left Laguana Honda as the only facility in the city of San Francisco that cares for desperately ill, critically injured and dying human beings. Well, that doesn't sit well with the \$billionaires and they demanded action from *their* politicians in Washington, Sacramento and San Francisco. Kick them out and shut it down! We (i.e.. the \$billionaires) could run the facility as a private enterprise and swindle the government out of more Medicare and Medicaid funds. After all this is a country that protects and fights for the privatization of medical services and it shouldn't be in the hands of people without our "values" (i.e..profits, profits, profits).

Now the institution of Laguna Honda is lengthy and has been a convalescent hospital for over 150 years caring for the injured, infirmed and dying. Similar hospitals exist in Europe and have since the Crusades. My mother passed in a similar facility in Baltimore that was erected after the Civil War to care for the injured and maimed. The fact that San Francisco remains one of the few places in America to care for critically injured and dying patients is more a testimony about the conscience of this country, government and officials than the supposed compassion of San Francisco.

In Laguna Honda Hospital we have a treasure that was recently rebuilt at a cost of 1/2 \$billion by the taxpayers of San Francisco. Any attempt to close this facility down or throw patients out is an attack and theft of the taxpayers of this city. We know that the real estate interests would love to get ahold of the hospital and grounds and convert it, like they did at The Presidio with the privatization of the

Public Health Hospital and eventually conversion into a high-end apartment house. Keep those \$'s pouring in.

Allowing this venal and ruthless attempt by the moneyed classes to destroy and exploit a NEEDED facility like Laguna Honda Hospital is a reflection of all the Board of Supervisors and how easily they lay at the feet of these moneyed classes.

Most sincerely,

s/Charles M. Minster

Honorably Discharged Regular Army Veteran
Vietnam Service as a U.S. Merchant seafarer
Retired after 42 years work in Union jobs!

Somera, Alisa (BOS)

From: Judith Beck <judy.beck@juno.com>
Sent: Tuesday, January 31, 2023 12:56 AM
To: Peskin, Aaron (BOS); Melgar, Myrna (BOS); Engardio, Joel (BOS); Dorsey, Matt (BOS); Preston, Dean (BOS); Chan, Connie (BOS); Mandelman, Rafael (BOS); Walton, Shamann (BOS); Ronen, Hillary; Stefani, Catherine (BOS); Safai, Ahsha (BOS)
Cc: Somera, Alisa (BOS)
Subject: Laguna Honda Hospital Jan 31 Full Board Meeting, Agenda Item #36/file # 230035. Please put in Correspondence File.

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Dear Supervisors:

This letter in regard to assigned file number 230035.

A few weeks ago, my dear friend died in a private nursing home in Oakland. I am convinced that the death was caused at least partly because of the severe neglect my friend experienced there. The facility prevented her timely medical care (it needed a sign-off by their doctor, who is almost never on the premises, to transferring her to a provider who would treat her for the fluid on her lungs that was gravely hampering her breathing). The facility's communication failures left her sitting upright in a chair for at least 2 hours more than the physical therapist ordered before he left the premises, exhausting her to a point of no return to a healing, vs. a dying, state.

Laguna Honda is far, far more effective in caring for convalescent patients, yet it is being existentially threatened with closure and its current patients are being uprooted and relocated at risk to their health and lives. If my friend had been in San Francisco, she would probably have lived to recover. She could have been placed in Laguna Honda, with on-site doctors and nurse practitioners and a generally caring staff. LHH has a culture of genuine healing, not profiteering and skimping. It is the convalescent, substance abuse, and end-of-life facility for hundreds of Medi-Cal patients like my friend. Pending the repair of the problems that brought it into non-compliance with CMS, there should be no patients removed. There should be no eliminations of beds. Our great, successful, big-tent hospital must be allowed the time it takes to make the required corrections to its practices so that its patients do not sicken further or die prematurely from being moved around. I wish that CMS would look into the practices of skilled nursing facilities which, with far fewer patients, have far more egregious, but unpunished, priorities and violations.

I ask the clerk of the Board to include my message in the correspondence file.

Sincerely,

Judith Beck - District 5 resident

Somera, Alisa (BOS)

From: linda ray <dadaray2002@yahoo.com>
Sent: Monday, January 30, 2023 8:20 PM
To: Peskin, Aaron (BOS); Melgar, Myrna (BOS); Engardio, Joel (BOS); Chan, Connie (BOS); Mandelman, Rafael (BOS); Walton, Shamann (BOS); Safai, Ahsha (BOS); Ronen, Hillary; Stefani, Catherine (BOS)
Cc: Somera, Alisa (BOS)
Subject: Laguna Honda

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Board of Supervisors Meeting 1/31/2023 Agenda item 36 file#230035 Please place in correspondence file

Dear Supervisors: I worked as a Registered Nurse for the SF Health Department from 1981 to 2012 and referred patients to Laguna Honda when they could no longer live safely in a community setting. For years patients were located in large open wards. Since I also live in San Francisco I voted for a bond to rebuild part of the hospital to meet requirements of patient privacy. The rebuild was relatively recent so I was shocked that officials are saying that if the hospital stays open the number of beds must be decreased due to patient to bathroom ratios. The City must ask for a waiver so that all the beds are available.

Just like San Francisco General, Laguna Honda provides services to patients with very complex needs and provides excellent care. Unfortunately in recent years decisions were made to change admission policy and the mission of the hospital which led to the current crisis. It is not the fault of the mostly poor, elderly and disabled patients who rely on this facility that poor administrative choices were made and they should therefore not be forced to be traumatically transferred elsewhere.

I don't want to repeat all the excellent points made by other concerned people who are advocating for the patients. I wanted to add my voice and urge the Board of Supervisors to keep Laguna Honda open to the residents of San Francisco and providing the care so urgently needed.

Sincerely,

Linda Ray
San Francisco 94110
dadaray2002@yahoo.com

Somera, Alisa (BOS)

From: Diana Scott <dmscott01@yahoo.com>
Sent: Tuesday, January 31, 2023 12:59 PM
To: Peskin, Aaron (BOS); Melgar, Myrna (BOS); Engardio, Joel (BOS); Dorsey, Matt (BOS); Preston, Dean (BOS); Chan, Connie (BOS); Mandelman, Rafael (BOS); Walton, Shamann (BOS); Ronen, Hillary; Stefani, Catherine (BOS); Safai, Ahsha (BOS); PrestonStaff (BOS); Fieber, Jennifer (BOS); Low, Jen (BOS); PrestonStaff (BOS); Farrah, Michael (BOS); ChanStaff (BOS); MandelmanStaff, [BOS]; Thornhill, Jackie (BOS); Hsieh, Frances (BOS); Groth, Kelly (BOS); Yu, Angelina (BOS); DorseyStaff (BOS); Angulo, Sunny (BOS); Yan, Calvin (BOS); Souza, Sarah (BOS); Lerma, Santiago (BOS); Saini, Nikita (BOS); Herrera, Ana (BOS); Ferrigno, Jennifer (BOS); Barnes, Bill (BOS); Berenson, Samuel (POL); Donovan, Dominica (BOS); Feinberg, Giles (BOS); Burch, Percy (BOS); Gallardo, Tracy (BOS); Gee, Natalie (BOS); Evans, Abe (BOS); RonenStaff (BOS); EngardioStaff (BOS)
Cc: Somera, Alisa (BOS); Board of Supervisors (BOS)
Subject: Item 36 #230035 - [Hearing - Committee of the Whole - Laguna Honda Hospital's Strategy for Recertification and the Submission of a Closure and Patient Transfer and Relocation Plan - January 31, 2023, 3:00 pm]

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[TO CLERK OF THE BOARD - PLEASE INCLUDE IN HEARING CORRESPONDENCE FILE]

Dear Chair Peskin and Members of the SF Board of Supervisors:

I am writing to urge you prevent closure of Laguna Honda Hospital, and insure that it remains open to all residents who need nursing home care rather than transformed into an overflow facility for mental health patients transferred from Zuckerberg San Francisco General Hospital.

Whether or not the Center for Medicare and Medicaid Services grants a timely reprieve for closure this week, LHH can and must remain open to care for San Francisco's most vulnerable residents, using local funding. Reversing pro-posed General Fund reductions in the next two years needs to be reconsidered by you, members of the Board of Supervisors, and/or budget funding redirected to keep the hospital open and safely operating.

I urge you to continue funding for existing residents until LHH is re-certified, and not force evictions - discharges of "Skilled Nursing Facility-eligible residents – under any circumstances. Previous ill-considered "transfers" that were actually conducted according to "discharge guidelines" for those requiring less skilled care caused twelve residents known to be extremely vulnerable to "transfer trauma" to die within days of being forced to leave the hospital.

No one wants to see this mistake repeated.

It occurred in part because deadlines for transferring patients were unrealistically short, so became death sentences to over 20% of those evicted long-time patients. Surviving residents discharged by force – evicted -- should be allowed to return as soon as possible.

Sufficient time is also required to make safe, LOCAL arrangements for those considered less vulnerable, and not in need of skilled nursing care, to allow them to remain in the community, where they have personal ties and support, not isolated in facilities distant from those close to them.

My understanding is that much of the rushed displacement that was so traumatic to patients occurred in the absence of experienced and credentialed nursing home managers, a situation which needs to be addressed and remedied by the Department of Public Health.

After extensive recent renovations, LHH needs to remain a skilled nursing facility available to all, and retain the number of available beds, not reduce them. This is the minimum of what a city as wealthy as San Francisco can do for residents most in need of care.

Adequately addressing other healthcare needs can enable the Hospital to retain its primary mission, without evictions, by expanding separate residential care options:

- for affordable and supportive housing;
- for mental health and substance abuse care;
- and for providing support and services to enable seniors and those with disabilities to stay in their own homes.

These intersecting health and housing needs can and must be addressed, and not become the rationale for justifying displacement of residents from Laguna Honda Hospital who most need affordable, skilled nursing care.

I urge you, too, to take steps that insure transparency to planning changes of Laguna Honda policies and operations, and to return admission decisions to dedicated Laguna Honda staff who understand how a well-run nursing home operates.

Sincerely,

Diana Scott, Outer Sunset resident

January 10, 2023

An “Immediate Jeopardy” Violation Risked LHH’s Recertification Troubling Laguna Honda Hospital Developments

Playing With Fire Thankfully Avoided by the Skin of Our Teeth

by Patrick Monette-Shaw

LHH was hit in December with an “*Immediate Jeopardy*” violation related to a fire response eight months after the scandal surfaced at Laguna Honda Hospital (LHH) resulting in it losing its Federal certification last April, which then triggered the potential closure of our beloved skilled nursing facility and halted all new admissions fully a year ago on January 14, 2022.

The new patient safety violation came dangerously close to scuttling efforts the expensive consultants hired to help LHH regain its certification have made, risking undoing progress since May when the consultants were brought in to fix decades of mismanagement of LHH.

Key Documents Ongoing Secrecy

As the *Westside Observer* has previously reported extensively, the ongoing secrecy about LHH by San Francisco’s Department of Public Health (SFPDH) and our Health Commission remains a major problem. The *LHH Settlement Agreement* mentioned over a dozen times a *Revised Closure Plan*, which remains secret and shrouded in mystery because it has not been made public, despite repeated public records requests submitted to obtain it.

Just as SFPDH initially delayed release of the *LHH Settlement Agreement* and kept it hidden from public review, SFPDH continues to delay release of LHH’s *Revised Closure Plan*. The contract with Health Services Advisory Group (HSAG) to perform duties as LHH’s CMS-required *Quality Improvement Expert* (QIE) has also still not been released to the public. (CMS stands for the Centers for Medicare and Medicaid Services, which regulates all nursing homes nationwide and administers federal reimbursement to skilled nursing facilities.)

The *LHH Settlement Agreement* provides that LHH’s “*Revised Closure Plan*” involving mandatory forced discharges and transfers of LHH’s residents that were temporarily paused may begin again on February 2.

The QIE contract began on November 1, but the contract wasn’t reviewed and approved by the Health Commission until January 3, 2023. It may still take weeks before the actual QIE contract becomes a public document, although a *Contract Request Form* that contains a bare-bones description of the purpose of the contract was presented to the Health Commission on January 3 for approval.

In addition, LHH’s “*Root Cause Analysis*” (RCA) that was due to CMS by December 1, 2022 remains shrouded in secrecy because SFPDH has refused to release it, too, also despite multiple repeated public records requests submitted to obtain it. SFPDH claims LHH’s QIE contractor, HSAG, had not provided a copy of the RCA to LHH or to SFPDH.

The RCA’s purpose was to determine factors precluding LHH from achieving and maintaining substantial compliance with Federal reimbursement participation requirements and to ensure long-term substantial compliance in the future. The RCA



Fires and Floods: LHH was cited for its *Fire Life Safety* response on December 6. The hospital has been walking a taut tightrope over a flood of obstacles impeding its efforts to regain Federal certification to resume patient admissions.

“ LHH was hit in December with an ‘Immediate Jeopardy’ violation related to a fire response. The new patient safety violation came dangerously close to scuttling efforts consultants hired to help LHH regain its certification have made.”

“ LHH’s ‘Revised Closure Plan’ involving mandatory forced discharges of LHH’s residents that were temporarily paused may begin again on February 2.”

“ LHH’s ‘Root Cause Analysis’ (RCA) that was due to CMS by December 1, 2022 remains shrouded in secrecy because SFPDH has refused to release it.”

was to examine every one of the 26 deficiencies identified in CMS and California Department of Public Health (CDPH) inspection surveys between October 14, 2021 and April 14, 2022.

Remarkably, a monthly [Executive Team Report](#) that LHH's acting CEO, Roland Pickens, presented on January 10 to the Health Commission's LHH-JCC (a Joint Conference Committee consisting of three Health Commissioners and LHH's top managers) reported:

*"The theme throughout the RCA is that over time, Laguna Honda has become out of sync with high performing skilled nursing (SNF) homes **and often operated more like an acute care hospital.**"*

"... 'Laguna Honda has become out of sync with high performing skilled nursing (SNF) homes and often operated more like an acute care hospital'."

The January 10 *Executive Team Report* claims the RCA describes in detail the reasons behind LHH's decertification and highlights key areas that need to be addressed. It's too bad the RCA is being kept so secret.

The *Westside Observer* had [reported](#) last September that LHH's acting CEO, Roland Pickens, admitted to the Health Commission last August that LHH had been following the wrong regulatory guidelines by using California's Title 22 "*Acute Care Hospital Guidelines*," not using CMS' "*Skilled Nursing Facility Regulatory Guidelines*," thereby causing substantial noncompliance which led to LHH being decertified by CMS.

"LHH's acting CEO, Roland Pickens, admitted to the Health Commission last August that LHH had been following the wrong regulatory guidelines."

If we ever get to see the full RCA report, we'll see if Pickens' admission last August was included in the RCA report. If it wasn't included then HSAG did a terrible job writing the RCA, because following the wrong regulations was a substantial contributing factor of CMS decertifying LHH. LHH had clearly been acting like an acute care hospital, not like a skilled nursing facility.

As well, the RCA was supposed to be a roadmap to develop recommendations and corrective actions for an "*Action Plan*" required by the *LHH Settlement Agreement* that was due to CMS on January 6, 2023. The January *Executive Team Report* also clearly stated:

*"The Action Plan is our new blueprint for how we will accomplish CMS recertification and remain compliant and successful for the long term. The Action Plan includes **hundreds** of improvements — many of which are already underway and many more we will do over the coming weeks and months as we work toward recertification."*

That *hundreds* of improvements may have been identified and described in the *Action Plan* as being necessary suggests just how far LHH had strayed from being in sync with nursing home standards of care regulations. It also suggests how badly LHH mismanagement had become.

Trouble is, SFDPH is now also keeping the *Action Plan* secret. In response to a public records request SFDPH has invoked a 14-day delay until January 20, saying "*DPH staff will need to consult with another City office regarding your request*" before it can produce and release the *Action Plan*, assuming another City office approves releasing it. It's also too bad the *Action Plan* is being kept so secret, like everything else.

"... the 'Action Plan' includes *hundreds* of improvements.' That hundreds of improvements may be needed suggests just how far LHH had strayed from being in sync with nursing home standards of care."

Trouble is, SFDPH is now also keeping the *Action Plan* secret."

LHH may also be keeping secret a California Department of Public Health (CDPH) Form 2567 inspection report regarding a fire response "*Immediate Jeopardy*" violation LHH received in December.

Troubling Development Threatened Recertification

On December 9, Health Commission secretary Mark Morewitz initially e-mailed a notice cancelling the LHH-JCC's December 13 meeting, saying "*LHH staff and leaders are needed at this time to complete the current CMS survey taking place at the hospital.*" Rarely are the LHH-JCC's once-monthly meetings cancelled.

Morewitz was referring to the first 90-day *Monitoring Survey* of LHH following LHH's decertification on April 14. The 90-day surveys are required by the *LHH Settlement Agreement*. State inspection surveyors had descended on LHH on November 28 for the unannounced survey. The *LHH Settlement Agreement* reached on October 12 stipulated in paragraph 14 that at any time after October 10, LHH would be subject to unannounced on-site, federal surveys at least once every 90 days to assess LHH's progress towards compliance with the *Settlement Agreement*, and progress towards achieving *substantial* compliance with Federal nursing home regulations issued by CMS.

" State inspection surveyors descended on LHH on November 28 for the first unannounced 90-day Monitoring Survey."

Something drastic must have happened at LHH, because by 4:35 p.m. on December 9 Morewitz sent another e-mail resurrecting the JCC's Tuesday, January 13 meeting. Besides a mandatory *Public Comment* agenda item, the only other item on the January 13 agenda turned out to be yet another *Closed Door* meeting of the JCC.

We have now learned what drastic issue may have revived holding the December 13 meeting for closed session deliberation. A [Regulatory Affairs report](#) presented to the LHH-JCC meeting on January 10 reported that the initial exit interview and debriefing following the 90-day survey should have been held on December 2.

Unfortunately, because the December *Monitoring Survey* had identified an *Immediate Jeopardy* (I.J.) citation related to LHH's response to a fire, the I.J. triggered an *Extended Survey*, as well as a *Fire Life Survey*. Initially the I.J. may have triggered cancelling the JCC's December 13 meeting, but they may have decided it needed urgent attention from the Commissioners in a closed session discussion.

" The December Monitoring Survey had identified an 'Immediate Jeopardy' (I.J.) citation related to LHH's response to a fire, the I.J. triggered an Extended Survey, as well as a Fire Life Survey."

I.J.'s suggest a facility is not in substantial compliance with CMS' regulations. That appears to be why the JCC meeting went from cancelled back to being held on short notice.

Details of what transpired will eventually become a public document on a CDPH Form 2567 inspection report regarding the fire response "*Immediate Jeopardy*" violation. Until that document is made public, we won't know if the violation represented an isolated, pattern, or widespread severity of an event. More than likely, LHH-JCC Commissioners and LHH's top managers were informed of, and already know, the severity of the event.

" Details of what transpired will eventually become a public document regarding the fire response 'Immediate Jeopardy' violation."

In addition to the I.J., the *Regulatory Affairs* report presented on January 10 indicated LHH had to submit three *Plans of Correction* on November 28 involving a *Patient Care Policies and Procedures* violation (Title 22 §72523), a *Patients' Rights* violation (Title 22 §72527-a-10), and a *Nursing Services* violation involving implementing patient care plans (Title 22 §72311-a-2).

" LHH had to submit three Plans of Correction (PoC) on November 28. All three of those violations occurred during State inspection surveys during 2021, which should have had PoC's for the three violations submitted within 10 days. Why the PoC's were presented on November 28, 2022 (a full year after the violations occurred in 2021) wasn't explained."

We learned during the LHH-JCC meeting on January 10 that all three of those violations occurred during State inspection surveys during 2021, which should have had Plans of Corrections for the three violations submitted within 10 days. Why the December *Regulatory Affairs* report indicated the Plans of Correction were presented on November 28, 2022 (a full year after the violations occurred in 2021) wasn't explained, nor was there any

indication whether the initial Plans of Corrections may have been rejected, requiring revised Plans of Correction had to be submitted belatedly in November.

An I.J. is the highest severity (at Level 4) in CMS' Severity and Scope matrix classifying regulatory violations. If an I.J. is not fixed immediately CMS can terminate the facility's CMS funding, which is what had happened to LHH in April 2022.

An I.J. is defined as a crisis situation in which the provider's noncompliance with one or more requirements of participation in the CMS' Medicare reimbursement provider program that has caused, or may be likely to cause, serious injury, harm, impairment, or death to a nursing home resident.

The *Settlement Agreement* provides that Immediate Jeopardy deficiencies can trigger termination of the *Agreement* itself, and again terminate LHH's participation in Medicare's reimbursement funding program.

The *Regulatory Affairs Report* news that LHH had been cited with an I.J. violation suggests that LHH had to have its external QIE develop a new *Root Cause Analysis* to identify why the fire response incident was cited. And the QIE may have had to develop an updated *Action Plan* or Plan of Correction to address the I.J. citation.

LHH is figuratively playing with fire — no pun intended — when it comes to achieving its recertification.

“ LHH is figuratively playing with fire — no pun intended — when it comes to achieving its recertification. ”

The *LHH Settlement Agreement* provides that CMS would consider whether an *Immediate Jeopardy* finding has been promptly remedied and removed. Luckily, we learned during the LHH-JCC meeting on January 10 that LHH promptly submitted an action plan in response to the I.J. citation, and CMS apparently accepted it, resolving the fire incident violation.

It bears repeating the violation came dangerously close to scuttling the entire *LHH Settlement Agreement*.

An Overdue LHH Recertification Strategy?

It has taken nine months since LHH was decertified in April 2022, and eight months since two of LHH's consultants — Health Management Associates (HMA) and Health Services Advisory Group (HSAG) — began their contracts to guide LHH toward obtaining recertification. The initial plan developed by the two consultants had said for a long time that LHH was preparing to re-apply to CMS for recertification in August or September, with the goal of actually becoming recertified by the end of December 2022.

“ The initial plan developed by the two consultants had said for a long time that LHH was preparing to re-apply to CMS for recertification in August. As far as is now known, LHH hasn't submitted application forms to CMS to obtain recertification. ”

As far as is now known, LHH hasn't submitted application forms to CMS to obtain recertification. And it's not known how soon LHH will submit the required forms. What's taking these consultants so long? Haven't they been paid enough money across the \$26.7 million in contracts that have been awarded to consultants to date?

What's taking these consultants so long? ”

Suddenly — and either comically, or tragically, depending on your point of view — along came San Francisco's Director of Public Health, Grant Colfax, MD, who presented an “[LHH Recertification Strategy Update](#)” to the full Health Commission on January 3, 2023. [Note: Colfax's chart has been embellished for this article with the names of the incumbent managers and their respective salaries.]

Wait. What? Shouldn't the *Recertification Strategy* have been developed back in May at the outset of the now \$26.7 million in external consultant contracts that have been awarded to HMA, HSAG, and Tryfacta? As in, putting the horse before the cart. Why is Colfax's new strategy being rolled out eight months *after* efforts to obtain recertification began?

“ Shouldn't the *Recertification Strategy* have been developed back in May at the outset of the now \$26.7 million in external consultant contracts that have been awarded to HMA, HSAG, and Tryfacta? ”

Noticeably missing from a new strategy to obtain CMS recertification is any mention of rapidly hiring a Nursing Home Administrator (NHA) and an Assistant Nursing Home Administrator (ANHA) at LHH.

Colfax's *Strategy Update* in an org chart format contains a number of troubling issues.

First, of five teams Colfax has belatedly assembled to focus his strategy for LHH's recertification, six of the eight managers are serving in acting capacities, and only one of them is an LHH employee. The rest are managers from SFDPH and the San Francisco Health Network (SFHN) who don't have experience running skilled nursing facilities. That's exactly the type of managers who wrongly took the path of operating and mismanaging LHH as an acute care hospital.

No wonder the *Action Plan* identified hundreds of necessary improvements that need to be implemented. And no wonder these managers led LHH into **not** being a high performing skilled nursing facility.

Second, the "*Facilities, Operations, and Capital Projects*" team includes a focus on capital projects. What capital projects are involved in obtaining CMS recertification?

Are the *Capital Projects* related to placing one cohort of elderly and disabled patients needing skilled nursing care in one of LHH's two patient towers, and the other cohort of patients with behavioral and mental health problems placed in the second patient tower? Or alternatively, is the long-stalled housing project planned for LHH's campus pushed by former District 7 Supervisor Norman Yee and now by his replacement, Myrna Melgar, now part and parcel of the recertification efforts? How does housing intersect with recertification?

There *is* a pending Capital Project to replace LHH's kitchen floor, as the *Westside Observer* previously [reported](#) in October 2022. SFDPH responded to a public records request saying the kitchen floor is a \$4.4 million capital project, and indicated there's no contract for it yet and no timeline scheduled.

It's thought LHH's recertification is not contingent on the kitchen floor project being completed and is not a major concern of CMS, unless CMS has changed its mind. Since there is no timeline scheduled for the kitchen floor project, why does Colfax's *Strategy Update* team have a focus on capital projects?

Notably, the "*Facilities, Operations, and Capital Projects*" team is being led by a Director of Operations and DPH's Chief Operating Officer — Prasanthi Patel and Greg Wagner, respectively. Ms. Patel holds a relatively low-level job classification as a 2593, Health Program Coordinator III. She earned just \$126,618 in total pay in the fiscal year that ended on June 30, 2022.

For her part, Patel has been the director of SFDPH's Children's Oral Health Program for 6 years and 10 months, and has been LHH's acting Deputy Director of Operations for just 9 months. Deputy Directors typically do not have a 2593 job classification code. What experience as a children's oral health program director qualifies Patel to be managing operations for a skilled nursing facility as a Deputy Director, even if only in an "acting" capacity?

Third, Colfax's "*Revised Closure Plan*" team is led by two employees: Terry Dentoni as the acting-Chief Nursing Officer, and Claire Horton as the acting-Chief Medical Officer. That team will focus on the *Revised Closure Plan* SFDPH has kept hidden from the public since the *LHH Settlement Agreement* was announced on October 12 — which *Settlement Agreement* had mentioned the *Revised Closure Plan* 18 times.

Horton has been the Chief Medical Officer of the San Francisco Health Network for 2 years and 7 months, was previously SFGH's Chief of Staff for 2 years and 1 month, and had been Medical Director of SFGH's Richard Fine Health Clinic for 8 years. Neither Horton or Dentoni have on-the-job experience in a skilled nursing facility, or experience in gerontology.

It is troubling Colfax's *Recertification Strategy Update* includes Dentoni and Horton managing the potential resumption of the *Closure Plan* involving mandatory forced discharges and relocation of LHH's medically fragile residents who are at risk of transfer trauma.

"The '*Facilities, Operations, and Capital Projects*' team includes a focus on capital projects. What capital projects are involved in obtaining CMS recertification?"

"It's thought LHH's recertification is not contingent on the kitchen floor project being completed and isn't a major concern of CMS, unless CMS has changed its mind."

Also during the January 10 LHH-JCC meeting, LHH's acting CEO Roland Pickens informed the three Health Commissioners that LHH may appeal the 12 "Class B" citations CDPH issued against LHH on December 20.

The citations involve LHH's role in what are believed to have been 12 patient deaths among the 57 patients discharged and transferred from LHH to out of county facilities and to a medical respite homeless shelter, before LHH's cruel closure plan was paused following their deaths. The 12 deaths represent 21% of the first 57 mandatory discharges.

CDPH's 12 citations confirmed 11 of the patients had died, including one who died in a medical respite homeless shelter. It is thought the twelfth patient also passed away even though CDPH didn't report it on the citation.

"Class B" citations that are sustained can carry fines of up to \$3,000 each. CDPH levied the maximum fines and LHH was assessed a total of \$36,000 in fines.

Pickens assertion to the Commissioners LHH would appeal appears to be incorrect. The appeal process spelled out in California Health and Safety Code 1428 stipulates LHH had just 15 working days after service of the citations to appeal. As of January 11, CDPH's web site showed no appeals had been filed within the 15-day window.

The *Westside Observer* will have a more detailed article about the 12 citations, and LHH's chaotic and negligent discharge processes last summer in our next issue.

The *Settlement Agreement* stipulates LHH's responsibilities pursuant to the *Revised Closure Plan* to transfer and discharge LHH residents will be resumed on February 2, 2023 unless CMS provides notice in writing providing that LHH resident transfer and discharges may be postponed to a later date. SFDPH and LHH have not indicated publicly whether CMS has provided a written notice that the *Closure Plan* will be delayed past February 2.

In fact, SFDPH responded on January 10 to a records request seeking written communication from CMS extending the pause on discharges. SFDPH confirmed it does not have a written notice from CMS postponing mandatory patient discharges from LHH beyond February 2 to a later date, as stipulated in the *LHH Settlement Agreement*. DPH said it found no records responsive to a public records request for any such CMS notice received.

That may be because Pickens admitted during the LHH-JCC meeting on January 10 that San Francisco's City Attorney was still working on drafting and submitting a letter to CDPH requesting that the pause on discharges and transfers be extended.

By the time you read this article, we may be just 14 working days before forced discharges from LHH resume.

Given the possibility the *Revised Closure Plan* may go into effect just three weeks from now on February 2, it's incumbent on the LHH-JCC and full Commission to release the *Revised Closure Plan* to members of the public and LHH's captive audience residents immediately. Continuing to refuse releasing the *Closure Plan* is simply inhumane, when not entirely unethical.

Fourth, the two "LHH Co-incident Commanders" on Colfax's *Strategy Update* organization chart leading the *Root Cause Analysis* and *Acion Plan* efforts, and LHH's so-called "top-to-bottom assessment," are Troy Williams, a Nursing Supervisor who serves as SFGH's Chief Quality [Management] Officer, and Baljeet Sangha, the Chief Operating Officer of the San Francisco Health Network within the San Francisco Department of Public Health. Sangha had worked in various roles in operations and materials management for 8 year at SFGH, left for a 3 year and 8 month stint in operations at the Alameda Health System, and returned to the San Francisco Health Network 1 year and 11 months ago to serve as DPH's COVID Task Force Lead and is now SFHN's Chief Operating Officer.

" LHH's acting CEO Roland Pickens informed the Health Commissioners LHH may appeal the 12 'Class B' citations CDPH issued against LHH on December 20. "

" As of January 11, CDPH's web site showed no appeals had been filed within the 15-day window. "

" SFDPH confirmed it does not have a written notice from CMS postponing mandatory patient discharges from LHH beyond February 2 to a later date. "

It's incumbent on the LHH-JCC and full Commission to release the *Revised Closure Plan* to members of the public. "

Like others on Colfax's *Recertification Strategy* team, neither Williams nor Sangha have on-the-job experience in a skilled nursing facility.

Colfax's team of eight managers staffing his *Recertification Strategy* gambit earned a total of \$2.3 million in total pay in the Fiscal Year that ended on June 30, 2022. It's not clear that this *\$2.3 Million Club* is worth it.

Hiring a licensed Nursing Home Administrator (NHA) and a licensed Assistant Nursing Home Administrator (ANHA) — both with extensive on-the-job experience running a skilled nursing facility and knowledgeable about nursing home regulations — at LHH would be a much smarter "*Recertification Strategy*", and would likely cost far less than \$2.3 million!

"Hiring a licensed Nursing Home Administrator at LHH would be a much smarter 'Recertification Strategy', and would likely cost far less than \$2.3 million!"

LHH's Rushed Policies and Procedures Update

As LHH lurches toward applying for recertification, the hospital is in a mad-dash rush to update its policies and procedures to obtain compliance with CMS' new Phase 3 requirements that LHH should have known went into effect in November 2019. The LHH-JCC's three Commissioners were asked to review each of 123 policies and procedures presented to it for consideration during its January 10, 2023 meeting. The 123 policies showing revision marks posted on the Health Commission's web page engulf 619 pages. That's a prohibitive amount of reading for Health Commissioners.

During the LHH-JCC's January 10 meeting, Roland Pickens wildly claimed that "*timing was not in [LHH's] favor*" to make sure LHH's policies and procedures were in compliance with CMS' "*new*" Phase 3 regulations.

"This is another symptom of just how derelict LHH's management team has mismanaged LHH's policies and procedures because of using SFDPH managers brought in to run a skilled nursing facility they know next to nothing about."

That was pure nonsense, because the Phase 3 guidelines governing all skilled nursing facilities are not "*new*." The Phase 3 guidelines went into effect in November 2019, so LHH had at least three years in which to review all of its policies and procedures to ensure they were in compliance with Phase 3 requirements.

As it is, this is another symptom — when not a damning admission by Pickens — of just how derelict LHH's management team has mismanaged LHH's policies and procedures because of using SFDPH managers brought in to run a skilled nursing facility they know next to nothing about. Of note, the LHH-JCC had been informed as early as October 11, 2022 by LHH's Chief Quality Officer, Nawzaneen Tali, that "*the Phase 3 regulations are simply a revision to previous [CMS] regulations.*"

It's inconceivable the three JCC Commissioners — or the full seven-member Health Commission — will be able to review, comprehend, and approve that volume of material. But as LHH's governing body, it's their ministerial duty to do so, especially since recertification is at stake!

The LHH-JCC should have scheduled a special meeting as a two-or-three day retreat to review all of the policies. The Commissioners should not have to be rushed during its January meeting, since LHH should have been working on updating the 123 policies during the past three years.

The LHH-JCC only considered on January 10 making a single recommendation to the Health Commission for all 123 LHH policies listed, including new policies, changes to policies, and removal of policies. The JCC was only required to recommend the policies for approval on the Health Commission *Consent Agenda*, portending individual policies won't be discussed before adoption.

On January 10, the LHH-JCC punted on voting whether to make a formal recommendation about the policies and procedures to the full Health Commission, saying the three JCC Commissioners would take the next week in which to buy more time so they can make a recommendation one way or the other when the Health Commission meets on January 17.

Notably missing from the policies under review was Nursing Policy D.1.0, the *Restorative [Care] Nursing Program* that is of keen interest to CMS and the U.S. Department of Justice. Why wasn't D.1.0 included?

Board of Supervisors Should Intervene

Given the new *Immediate Jeopardy* violation at LHH in December, the Board of Supervisors should intervene and hold a hearing to obtain a status update on LHH's progress towards obtaining its recertification. The Board of Supervisors could go a long way toward forcing release of LHH's *Quality Improvement Expert* consultant contract, LHH's *Root Cause Analysis* report, LHH's *Revised Closure Plan*, and the now stalled *Action Plan* SFDPH has refused to make available to members of the public.

There are many unanswered questions, including whether LHH is going to lose 120 of its beds or whether those beds will be saved, whether the disastrous "flow project" of admitting behaviorally disturbed patients from SFGH into LHH that contributed to LHH's problems will be curtailed, whether mandatory forced discharges of LHH's residents will resume on February 2, and why Dr. Colfax's "*Recertification Strategy*" will include an emphasis on capital projects at LHH, among other urgent questions needing immediate attention.

After all, CMS may next require that all skilled nursing facilities can only have one-person rooms, rather than two-person rooms. If CMS takes that next step, it could lead to the loss of an additional 120 beds at LHH, for a total loss of 240 of LHH's 769 beds. If that happens it would represent a 31.2.% change reduction in LHH's current bed capacity, and would severely worsen the crisis of an already critically insufficient number of skilled nursing beds in San Francisco. That would obviously cause even more San Franciscans who need skilled nursing level of care into out-of-county facilities.

“ There are many unanswered questions, including whether LHH is going to lose 120 of its beds or whether those beds will be saved, whether the disastrous ‘flow project’ of admitting behaviorally disturbed patients from SFGH into LHH that contributed to LHH’s problems will be curtailed, whether mandatory forced discharges of LHH’s residents will resume on February 2, and why Dr. Colfax’s ‘Recertification Strategy’ will include an emphasis on capital projects at LHH. ”

The full Board of Supervisors held a *Committee of the Whole* hearing on the crisis at LHH on June 14, and there were a few follow-up hearings at the Board's Government and Oversight (GAO) Committee in July.

But it's now been six months since the mess at Laguna Honda Hospital has received any attention from the Board of Supervisors. The Board owes it to San Franciscans to step in and intervene by scheduling a follow-up hearing quickly.

Monette-Shaw is a columnist for San Francisco's Westside Observer newspaper, and a member of the California First Amendment Coalition (FAC) and the ACLU. He operates stopLHHdownsize.com. Contact him at monette-shaw@westsideobserver.com.

Somera, Alisa (BOS)

From: mlyon01 <mlyon01@comcast.net>
Sent: Tuesday, January 31, 2023 2:53 PM
To: Somera, Alisa (BOS)
Subject: Public Comment: File 230035

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Public Comment: File 230035, Laguna Honda Hospital
Please include in correspondence

To San Francisco Supervisors about Laguna Honda Hospital

To satisfy demands of low taxes for corporations and the rich, ALL of SF public services have been hollowed out and patched together, so each of them is a house of cards, making their collapse inevitable, and leading to catastrophes beyond our worst imaginations. For poor seniors and people with disabilities, it's been the deadly discharges from Laguna Honda. For the mentally ill and substance users, it's been the long wait times and the fentanyl death epidemic. For the unhoused, it's been unaffordable rents and the homeless sweeps by police. Each of these crises and catastrophes is made worse by the other. Each of these crises is partly caused by the other. But what they all have in common is they're caused by the hollowing out and patching together of public services, driven by the demands of low taxes by corporations and the rich. And it's going to get worse, Breed's already calling for 5% cuts next year and 8% the following year.

On one hand, declining capitalism and its ever-increasing neglect of the working class makes these crises inevitable. On the other hand, we are telling you, that if you let the Laguna Honda deadly discharges resume the day after tomorrow, knowing that scores will die, there will be hell to pay.

Michael Lyon
mlyon01@comcast.net
415-215-7575

Board, Gray Panthers of San Francisco

Somera, Alisa (BOS)

From: dorothy silver <derjsilver@att.net>
Sent: Tuesday, January 31, 2023 2:58 PM
Subject: Fw: Item No. 36; File No.230035

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From: dorothy silver <derjsilver@att.net>
To: Board.of.Supervisors@sfgov.org <board.of.supervisors@sfgov.org>; alissa.somera@sfgov.org <alissa.somera@sfgov.org>; teresapalmer2014@gmail.com <teresapalmer2014@gmail.com>
Sent: Tuesday, January 31, 2023 at 02:52:14 PM PST
Subject: Item No. 36; File No.230035

Dear Board of Supervisors:

Regarding the above-referenced subject, I write as a San Francisco resident who believes in Laguna Honda Hospital. It has shown its ability to care for patients and the elderly during the pandemic, even before we had a vaccine to address it. The elderly and long term patients there are a testimony to the importance of having basic needs, like housing, met because many of them died soon after discharge. It is true that there should be other facilities to house over-flow General Hospital.

Hospitals in general are exceeding their capacity to provide the volume of medical care it is needed. Laguna Honda is a historical institution; so many San Franciscans have live and died there for over 100 years. Let's show the elderly the respect they deserve. Discharging such patients without any follow-up care is incorrigible and inhumane. I am not the only one who feels this way, and until there is a good plan for patients being discharged it does not matter what the reasons for their discharge. It's just as bad to discharge these people as whatever problems they seek to reform.

Thank you for listening.

Dorothy Silver, SEIU1021- Retiree Chapter

Somera, Alisa (BOS)

From: mrrouppet@icloud.com
Sent: Tuesday, January 31, 2023 5:47 PM
To: MelgarStaff (BOS); Ronen, Hillary; Peskin, Aaron (BOS); MandelmanStaff, [BOS]; ChanStaff (BOS); DorseyStaff (BOS); Preston, Dean (BOS); Walton, Shamann (BOS); Safai, Ahsha (BOS); Stefani, Catherine (BOS); EngardioStaff (BOS)
Cc: Somera, Alisa (BOS)
Subject: Assigned File Number 230035 - Re: Hearing on Laguna Honda Hospital's Strategy for Recertification and the Submission of a Closure and Patient Transfer and Relocation Plan - Oppose closure.

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Tuesday, January 31, 2023

Dear Supervisors,

My name is Michael Rouppet and I am a District 9 resident and long-term survivor living with HIV who co-authored *The San Francisco Principles 2020*. I am writing to to ask you to do everything in your ability to prevent the closure of Laguna Honda Hospital. The closure of Laguna Honda will lead to irreparable harm on a vital part of San Francisco's patient care in the battle against HIV and AIDS. This would also shut the Positive Care program - the only dedicated skilled nursing facility for HIV/AIDS in the San Francisco Bay Area that provides 24-hour support for a diverse community of people living with HIV and AIDS.

I am extremely concerned that Laguna Honda's closure would be a devastating loss of our City's only public nursing home which serves a vital role in HIV/AIDS treatment - to serving San Franciscans with Alzheimer's and other dementias, to providing group living for people with developmental disabilities, treatment for multiple sclerosis, Parkinson's and other degenerative diseases. Laguna Honda's has served San Franciscans since 1866 and it has been valuable in providing care to San Franciscans now, including former Supervisor Harry Britt.

Today I am writing to urge you to prioritize and focus attention to those experiencing challenges with their mental health and substance use, and to provide access to treatment that allows them to heal and age with dignity. We must ensure staff at Laguna Honda are working with residents through this transition and appropriately trained; that there are adequate facilities available for recovery services with opportunities for positive outcomes, including supervised consumption sites - real ones.

In submitting this letter, I am asking for it to be included in the correspondence file.

Thank you very much for your consideration and time.

Sincerely,

Michael Rouppet

Patrick Monette-Shaw

975 Sutter Street, Apt. 6
San Francisco, CA 94109
Phone: (415) 292-6969 • e-mail: pmonette-shaw@earthlink.net

February 2, 2023

San Francisco Board of Supervisors

The Honorable Aaron Peskin, Board President
The Honorable Connie Chan, Supervisor, District 1
The Honorable Catherine Stefani, Supervisor, District 2
The Honorable Joel Engardio, Supervisor, District 4
The Honorable Dean Preston, Supervisor, District 5
The Honorable Matt Dorsey, Supervisor, District 6
The Honorable Myrna Melgar, Supervisor, District 7
The Honorable Rafael Mandelman, Supervisor, District 8
The Honorable Hillary Ronen, Supervisor, District 9
The Honorable , Supervisor Shamann Walton, District 10
The Honorable Ahsha Safai, Supervisor, District 11
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

“ The Board of Supervisors failed to ask an important question on January 31.

So, CMS preemptively asked the most important question for you the following day, and essentially answered it for the Board: CMS all but ordered LHH on February 1 to conduct a nationwide search and expedite immediately hiring a licensed Nursing Home Administrator (NHA) at LHH.”

Agenda Item #36, Board File 230035: **Committee of the Whole Hearing on Laguna Honda Hospital CMS Orders LHH Expedite Hiring a Licensed Nursing Home Administrator and Other Follow-Up Questions**

Dear Board President Peskin, and Members of the Board of Supervisors,

It was good hearing Supervisor Melgar ask during today’s *Committee of the Whole* hearing “What are you going to do about it, and hold SFDPH accountable?”

Fortunately, among many the questions the Board of Supervisors should have addressed on January 31, CMS has preemptively asked the most important question for you the following day: CMS all but ordered LHH on February 1 to conduct a nationwide search and expedite immediately hiring a licensed Nursing Home Administrator (NHA) at LHH.

CMS directed LHH to provide a more detailed timeline before February 15 about Laguna Honda’s plan to hire and on-board Licensed NHA’s (plural) and to speed up job postings for those two positions that were delayed to April 30.

Since LHH last had a licensed NHA 18 years ago in 2004 — Larry Funk — hiring a NHA is long, long overdue!

The Board of Supervisors should have mandated LHH expedite hiring of NHA’s without CMS ordering that for you!

Here’s additional questions the Board of Supervisors should ask by moving your planned May 9 follow-up Committee of the Whole hearing up to an earlier date:

1. Even though CMS has essentially ordered LHH rapidly hire and on board licensed NHA’s, will the Board direct SFDPH to immediately conduct a nationwide search to rapidly hire a licensed Nursing Home Administrator? It’s clear CMS is losing its patience on this issue.
2. Will the Board pass a new Resolution requiring LHH’s contractor, Health Services Advisory (HSAG) group to quickly evaluate the pilot organizational structure LHH CEO Pickens introduced last June 30 to evaluate effectiveness of the organizational structure as Health Commissioner Guillermo requested on August 2?

“ CMS is concerned LHH is dragging its feet installing permanent senior manager leadership at LHH who have appropriate nursing home experience — that Roland Pickens, Baljeet Sangha, and other LHH senior managers (including Chief Nursing Officer Terri Dentoni) do not possess.”

Again, CMS expressed on February 1 its concern that LHH is dragging its feet in installing permanent leadership at senior managers LHH who have appropriate nursing home experience — that Roland Pickens, Baljeet Sangha, and other LHH senior managers (including Chief Nursing Officer Terri Dentoni) do not possess nursing home experience.

3. On January 6 LHH acting CEO Roland Pickens withheld key information from the Board of Supervisors. His PowerPoint presentation rightly asserted LHH's *Revised Closure Plan* required by the *Settlement Agreement* was submitted to CMS on December 21, but he only told you CMS had not yet accepted and approved the *Revised Closure Plan*.

Pickens wrongly withheld telling you truthfully that CMS' February 1 letter announcing the extension to the pause on mandatory discharges and transfers had clearly noted that CMS had suggested edits and changes to LHH's *Revised Closure Plan* on January 13 and again on January 18. Then, CMS complained on February 1 — the day after your first *Committee of the Whole* hearing — “we have not yet received a revised version [of the proposed *Revised Closure Plan*] in response [to its January 13 and January 18 suggestions for changes].”

The Board of Supervisors should ask Pickens why he didn't tell you that CMS requested changes to the *Revised Closure Plan*. You should also ask him why LHH did not incorporate CMS's requested changes into the *Revised Closure Plan* and resubmit it in the 19 days between January 13 and your hearing on January 31.

4. Will you direct LHH to find out why its *Plan of Correction* (PoC) over the 12 patient death citations it received in December 20 has not yet been approved yet by CDPH? Was there something wrong with that PoC?
5. Since CMS approved LHH's initial “*Root Cause Analysis*” report on December 12, will you pass a Motion directing SFDPH to release that document to you and to members of the public immediately, since additional deficiencies requiring smaller potentially subsequent “*Root Cause Analysis*” reports are separate and distinct from the initial *RCA* CMS approved on December 12?
6. Will the Board pass a new Resolution requesting that CMS, CDPH, and DHHS approve a written waiver request to prevent LHH from having to permanently eliminate 120 beds from LHH?
7. Will the Board pass a new Resolution supporting stalled legislation in the U.S. Congress “*grandfathering*” allowing skilled nursing facilities can continue to have double- and triple-occupancy rooms sharing a single bathroom?
8. Will you direct LHH halt working on the Capital Project to remodel LHH's three-person rooms to two-person rooms until we obtain a permanent waiver for triple-occupancy room for LHH, or until Federal legislation grandfathering in triple-occupancy rooms is signed into law?
9. Will you pass a new Resolution urging CMS and CDPH to resume new admissions to LHH pending re-certification since LHH is down to a patient census of only 545 residents as of January 22 (not 567 residents that Roland Pickens wrongly stated during your January 31 hearing)?
10. Will you direct SFDPH to rapidly report the lost Medi-Cal revenue through the end of the Second Quarter of the current fiscal year to see how much more it has grown since the \$29.7 million is lost revenue through the end of the First Quarter on September 30, 2022
11. Will you pass a Resolution to DHHS and CMS halting any further discharges from LHH pending re-certification of the facility in November, beyond the now temporary May 19 potential resumption of discharges?

“Mr. Pickens only told you on January 31 CMS had not yet accepted and approved the *Revised Closure Plan*.

He wrongly withheld telling you truthfully CMS had suggested edits and changes to LHH's *Revised Closure Plan* on January 13 and again on January 18. Then CMS complained on February 1 it had not yet received a revised version in response to their January 13 and 18 suggestions.

You should also ask Pickens why LHH did not incorporate CMS's requested changes and resubmit the *Closure Plan* in the 19 days between January 13 and your hearing on January 31.”

February 2, 2023

CMS Orders LHH Expedite Hiring a Licensed Nursing Home Administrator and Other Follow-Up Questions

Page 3

12. Will this Board pass legislation requiring that SFDPH immediately create a repatriation program to return LHH patients who were involuntarily discharged last June and July to out-of-county facilities back to LHH?
13. Will this Board introduce and a pass a Motion directing SFDPH to permanently halt the disastrous 18-year “*flow project*” completely?
14. Will you pass a new Resolution to reinstate former Supervisor Sean Elsbernd’s Resolution 200-05 requiring LHH resume quarterly reporting of admission data to LHH to resume monitoring of the “*flow project*” of dumping SFGH behavioral health patients into LHH?
15. What actions will this Board of Supervisors take to set up independent oversight over LHH, since the Health Commissions so-called oversight has been totally inadequate?
16. Will this Board direct SFDPH and the Health Commission to explore funding sources to add new capacity of skilled nursing facilities, sub-acute care units, and facilities for people with behavioral health problems in separate new or rehabilitated facilities since the City only has 2,161 skilled nursing beds following the loss of 1,500 beds since 1992?
17. Since Mr. Pickens and the team of SFGH managers have so badly mismanaged LHH by following acute-care hospital regulations rather than Federal Nursing Home regulations, will you advocate for removing Pickens and his team, and bring in managers who have deep experience running skilled nursing facilities?

“ Since Mr. Pickens and the team of SFGH managers have so badly mismanaged LHH by following acute-care regulations, will the Board of Supervisors quickly advocate for removing Pickens and his team, and bring in managers with deep experience running skilled nursing facilities? ”

Respectfully submitted,

Patrick Monette-Shaw

Columnist,

Westside Observer Newspaper

cc: Angela Calvillo, Clerk of the Board

Alisa Somera, Legislative Deputy Director to the Clerk of the Board