

File No. 230035

Committee Item No. _____

Board Item No. 21

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: _____

Date: September 26, 2023

Board of Supervisors Meeting

Date: September 26, 2023

Cmte Board

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| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
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| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
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OTHER

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| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>FYI Hearing Referral - 1/26/23</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Department of Public Health Presentation - 1/31/23</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Department of Public Health Presentation - 5/9/23</u> |
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Prepared by: Lisa Lew

Date: September 22, 2023

Prepared by: _____

Date: _____

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102-4689
Tel. No. (415) 554-5184
Fax No. (415) 554-5163
TDD/TTY No. (415) 554-5227

MEMORANDUM

TO: Dr. Grant Colfax, Director, Department of Public Health

FROM: Lisa Lew, Legislative Clerk
Board of Supervisors

DATE: January 26, 2023

SUBJECT: REGULAR BOARD MEETING - JANUARY 24, 2023 - COMMITTEE OF
THE WHOLE HEARING

The Board of Supervisors has received the following hearing request, introduced on January 24, 2023:

File No. 230035

Hearing of the Board of Supervisors sitting as a Committee of the Whole on Tuesday, January 31, 2023, at 3:00 p.m., to hold a public hearing on Laguna Honda Hospital's Strategy for Recertification and the Submission of a Closure and Patient Transfer and Relocation Plan; and requesting the Department of Public Health to present; scheduled pursuant to Motion No. M23-010 (File No. 230034), approved on January 24, 2023.

If you have any comments or reports to be included with the file, please forward them to me at the Board of Supervisors, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102 or by email at: bos.legislation@sfgov.org.

c: Greg Wagner, Department of Public Health
Dr. Naveena Bobba, Department of Public Health
Sneha Patil, Department of Public Health
Ana Validzic, Department of Public Health



San Francisco Health Network
Laguna Honda Hospital
and Rehabilitation Center

Laguna Honda Hospital CMS Recertification Update

January 31, 2023



About Laguna Honda

The Largest Publicly-Run Skilled Nursing Facility in the Country

- For more than 150 years, Laguna Honda has been a pillar of San Francisco's healthcare system, providing healthcare services to approximately 700 residents.
- The hospital cares for people coping with the effects of complex or chronic conditions such as stroke, traumatic brain injury or degenerative diseases such as multiple sclerosis.
- Rehabilitative services include physical therapy, occupational therapy, speech therapy and audiology.
- Specialized care includes monolingual care in Spanish and Chinese, palliative care, positive care (AIDS/HIV) and memory care.



Status Update



Decertification with CMS in April 2022

- Laguna Honda has an obligation to report many types of incidents with the goal of improving care. In 2021, Laguna Honda self-reported two non-fatal overdoses, which resulted in several surveys.
- The Centers for Medicare and Medicaid Services (CMS), as a result of those surveys, found the hospital out of substantial compliance.
- In April 2022, CMS terminated Laguna Honda's participation in the Medicare and Medicaid Provider Participation Programs.
- CMS Reimbursements fund the majority of resident care, accounting for approximately \$550k a day or more than \$200 million annually.
- **Laguna Honda remains open and licensed during the recertification process. We continue to provide quality healthcare to our residents as we work toward successful recertification.**



Status Update



The Path to CMS Recertification

- Laguna Honda continues to work hard to meet all regulatory requirements and make rapid improvements to prepare for recertification.
- This includes long-term operational, institutional, and cultural changes needed to achieve recertification and to ensure the long-term success of the hospital.
- Certification experts conducted a comprehensive organizational assessment and made recommendations on gaps and improvements, and Laguna Honda is implementing those improvements and tracking to ensure sustainability.
- Between the Laguna Honda staff and our expert consultants, we are confident we have the team in place for a successful recertification.



Status Update



Settlement Agreement with CDPH and CMS – Extended Payments and Closure Plan Pause

- On November 10, 2022, the City and County of San Francisco signed the Settlement and Systems Improvement Agreement with CMS and CDPH.
- Under the agreement, CMS will continue paying for care at Laguna Honda until November 13, 2023.
- CMS also agreed to continue the pause on involuntary discharges and transfers of residents until February 2, 2023. CMS has discretion to further extend that date.



Path to Recertification



Root Cause Analysis and Quality Improvement Expert

- As part of the settlement agreement with CMS, Laguna Honda was required to engage a Quality Improvement Expert (QIE) to assess our progress on recertification.
- Health Services Advisory Group (HSAG) is serving as our QIE. As the QIE, HSAG was instructed to develop a Root Cause Analysis (RCA) that reviewed many past LHH surveys, including the mock survey.
- The RCA describes in detail the reasons behind our decertification and highlights key areas that need to be addressed.
- The theme throughout the RCA is that over time, Laguna Honda policies and practices have become out of sync with high performing skilled nursing homes, and we often operated more like an acute care hospital.



Path to Recertification



Action Plan and Updated Path to Recertification

- In response to the RCA, Laguna Honda and the QIE collaborated on a proposed Action Plan that details the steps for us to be ready to apply for recertification.
- The proposed Action Plan was submitted to CMS on Friday, January 6th, and is still in the process of being finalized and approved by CMS.
- 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.
- Laguna Honda will update the Action Plan as required after each Monitoring Survey.
- Using the Action Plan as our guide, we will get to a place of being ready for successful CMS recertification.



Path to Recertification



Proposed Action Plan Sections

1. Quality Assurance and Performance Improvement (QAPI)
2. Infection Prevention and Control
3. Behavioral Health and Substance Use
4. Medication Management and Administration
5. Resident Rights and Freedom From Harm
6. Comprehensive Care Plans and Quality of Care
7. Competent Staff, Training, and Quality of Care
8. Emergency Preparedness Program (EPP)



Path to Recertification



First CMS Monitoring Survey

- Per the Settlement and Systems Improvement Agreement, CMS will conduct monitoring surveys every 90 days. These are unannounced, extensive, full recertification surveys.
- The first of these monitoring surveys began on November 28th, with over 20 surveyors engaging with the organization, and concluded on December 16th.
- Laguna Honda staff worked collaboratively with the survey teams to ensure they had everything they need. Items noted through the survey process were addressed in real time. Teams then came together for Plan of Correction Summits.
- Laguna Honda received the findings on January 9th and is in the process of making updates to the Action Plan as required.



Laguna Honda Path to CMS Recertification

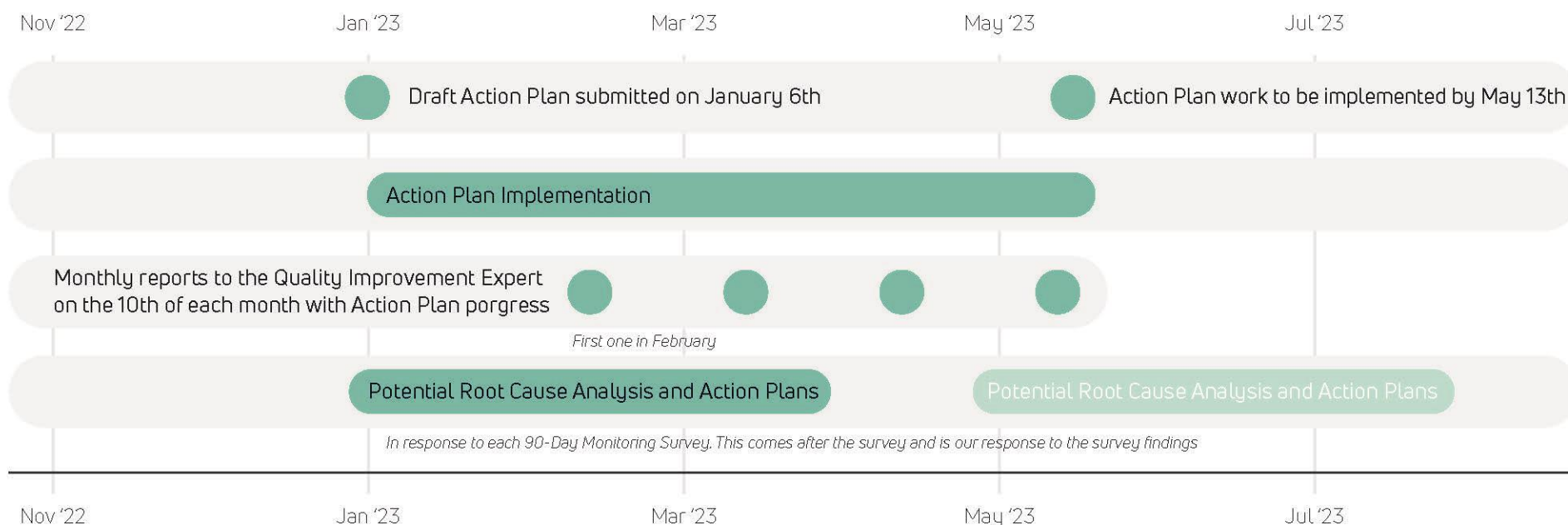
Survey Readiness

During 2023, we will host surveyors more frequently and for more extensive surveys. We will take on new projects to better align our facility with CMS regulations and skilled nursing facility best practices. These projects, which include ongoing Facilities and Capital Projects, will contribute to more successful surveys. Survey readiness includes daily clinical observation rounds and weekly executive staff leadership rounds.



Action Plan

The proposed Action Plan is our blueprint for how we will accomplish recertification and remain successful over the long term. The Action Plan was developed in response the Root Cause Analysis, prepared by the Quality Improvement Expert. This was required as part of the settlement agreement.



Transfer Report



Citations for Transfers

- CDPH issued 12 citations to Laguna Honda. The citations were all “Class B” citations, the lowest level of state citation. CDPH did not find that Laguna Honda caused serious harm or was the direct, proximate cause of any resident’s death.
- The citations concern 11 former residents who were transferred to other skilled nursing facilities and one former resident who was discharged to medical respite who subsequently died. They remained in the care of those facilities for weeks or months prior to their deaths.
- We take these citations seriously and submitted plans of correction.
- We do not agree with all the allegations and have started the appeal process while we further evaluate these cases.
- We were saddened to learn of the deaths of former residents after they had left our care and we extend our condolences to their families and loved ones.



Closure Plan Update



Draft Revised Closure Plan Submitted

- As required by the settlement agreement, we submitted a draft revised closure plan to CMS on December 21st. CMS has not yet accepted the revised closure plan.
- This revised closure plan, once accepted by CMS, will replace the plan that was suspended a few months ago.
- The settlement agreement gives CMS the option to continue to pause transfers beyond February 2, 2023.
- We have had discussions with CMS and CDPH about extending the transfer pause. Based on the progress we have made so far, the City Attorney recently sent a letter to CMS requesting an extension until at least May 30, 2023.
- We await a response from CMS and are hopeful that we will never have to implement a closure plan.
- This allows us to put all our focus and efforts on CMS recertification without having to transfer residents.





San Francisco Health Network Laguna Honda Hospital and Rehabilitation Center



PHOTO CREDIT: HEIDI ALLEZHAUSER
PHOTOGRAPHY



San Francisco Health Network
Laguna Honda Hospital
and Rehabilitation Center

Laguna Honda Hospital CMS Recertification Update

May 9, 2023



About Laguna Honda



The Largest Publicly-Run Skilled Nursing Facility in the Country

- For more than 150 years, Laguna Honda has been a pillar of San Francisco's healthcare system, providing healthcare services to approximately 700 residents.
- The hospital cares for people coping with the effects of complex or chronic conditions such as stroke, traumatic brain injury or degenerative diseases such as multiple sclerosis.
- Rehabilitative services include physical therapy, occupational therapy, speech therapy, and audiology.
- Specialized care includes monolingual care in Spanish and Chinese, palliative care, positive care (AIDS/HIV) and memory care.



Status Update



Decertification with CMS in April 2022

- In April 2022, the Centers for Medicare and Medicaid Services (CMS), terminated Laguna Honda's participation in the Medicare and Medicaid Provider Participation Programs.
- CMS reimbursements fund the majority of resident care, accounting for approximately \$550k a day or more than \$200 million annually.
- Laguna Honda is dedicated to successful recertification in Medicare and Medicaid to continue providing care to our residents and bring long-term stability to our community.
- **Laguna Honda remains open and licensed during the recertification process. We continue to provide quality healthcare to our residents as we work toward successful recertification.**



Status Update



Settlement Agreement with CDPH and CMS – Extended Payments and Closure Plan Pause

- On November 10, 2022, the City and County of San Francisco signed the Settlement and Systems Improvement Agreement with CMS and the California Department of Public Health (CDPH).
- Under the agreement, CMS pays for care at Laguna Honda until November 13, 2023 and agreed to pause involuntary discharges and transfers.
- **On February 1, 2023, CMS agreed to the City's request to continue the pause until at least May 19, 2023.**
- **Based on our progress, and the negative impact to residents if transfers resume, we requested that CMS continue the pause beyond May 19th. This will allow us the time we need to recertify without having to transfer anyone.**



Closure Plan Update



Revised Closure Plan

- Even though involuntary discharges and transfers are currently paused until at least May 19, 2023, CMS still requires an approved revised closure plan.
- **We are hopeful that we will never put this plan into action because of our continued improvements and future recertification with CMS.**
- All Laguna Honda residents have been updated on the status of the closure plan.



Closure Plan Update



Resident Rights and Safety and the Appeal Process

- We are doing everything possible to make sure the revised closure plan is never put into action and that we can continue to care for Laguna Honda residents.
- If, however, CMS requires Laguna Honda to restart involuntary transfers, all residents have the right to appeal a transfer or discharge.
- We continue to advise our residents of their rights and work closely with our Ombudsman as required by CMS and CDPH.
- Laguna Honda does not adjudicate the appeals, which are instead overseen by the California Department of Health Care Services and/or a resident's health plan.



Path to Recertification



Hosting U.S. Department of Health and Human Services Secretary Xavier Becerra

- On February 24, SFDPH leadership and Mayor London Breed hosted the U.S. Department of Health and Human Services Secretary Xavier Becerra for a tour of Laguna Honda.
- During the tour, the Secretary had the opportunity to meet residents, staff, union leadership, and family members.
- We feel optimistic that Secretary Becerra and our federal partners left the visit with a deeper understanding of our commitment to improvement, our dedication to our residents, and the indispensable role we play in San Francisco.
- Since the visit, we meet more frequently with our federal partners and continue to collaborate to support Laguna Honda residents.



Path to Recertification



Showing Improvement and Meeting Regulatory Requirements

- As part of the settlement agreement, Laguna Honda is required to meet all regulatory requirements and demonstrate improvements. We are successfully showing progress in key ways:
- **Root Cause Analysis and Action Plan**
- Laguna Honda engaged a Quality Improvement Expert (QIE) develop a Root Cause Analysis (RCA) that describes the reasons for decertification.
- In response to the RCA, Laguna Honda and the QIE collaborated on an Action Plan that details the steps to be ready to apply for recertification.
- **Monitoring Surveys Every 90 Days**
- These are unannounced, extensive surveys.



Path to Recertification



The Action Plan – Blueprint for CMS Recertification

- **We have been successful every month in completing Action Plan items – 126 January actions, 133 February actions, 77 March actions, and 116 April actions with the remaining 6 April actions submitted and pending QIE review – and are on track for May.**
- The Quality Improvement Expert reports our progress to CMS monthly.
- The original Action Plan must be implemented by May 13, 2023.



Path to Recertification



CMS Monitoring Surveys

- CMS is conducting monitoring surveys every 90 days. These are unannounced, extensive surveys.
- **Laguna Honda has now hosted two CMS 90-Day Monitoring Surveys and the second survey showed much progress.**
- Laguna Honda staff work collaboratively with the survey teams and items noted during the survey process are addressed in real time.
- We anticipate another monitoring survey in May/June after the Action Plan is complete.



Path to Recertification



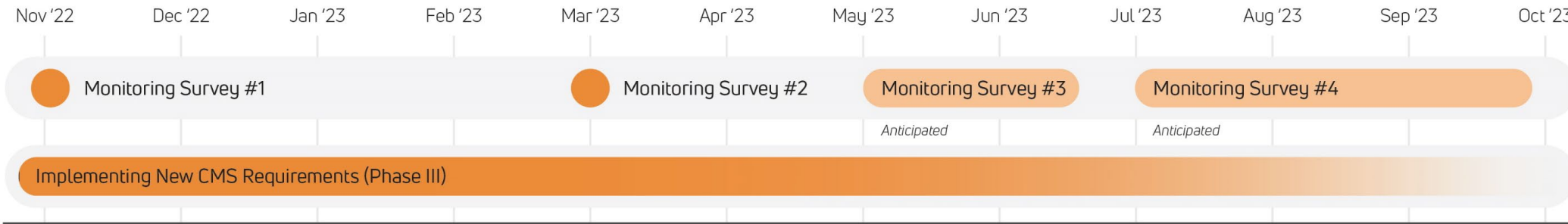
Active Recruitment for Key Leadership Positions

- These leadership positions will align Laguna Honda with top performing skilled nursing facilities. These include:
 - Nursing Home Administrator (most senior position)
 - Director of Nursing Services
 - Medical Director
 - Two Assistant Nursing Home Administrator
 - Administrator, Facilities and Capital Projects
 - Director of Emergency Management and Disaster Preparedness
- For the role of Nursing Home Administrator, we completed the second round of interviews and expect to make an offer soon.
- For the role of the Director of Nursing Services, we are in the second round of interviews.



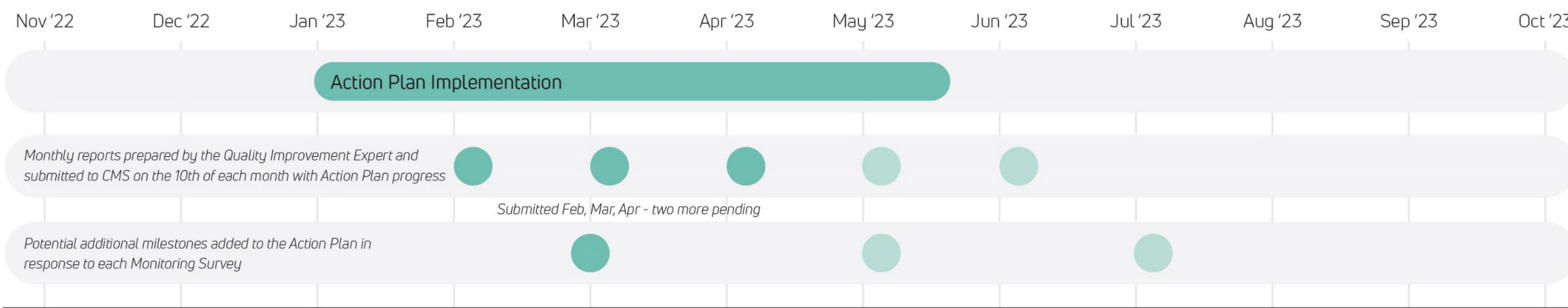
Survey Readiness

During 2023, we will host more extensive surveys and we will host surveys more frequently. We will take on new projects to better align our facility with CMS regulations and skilled nursing facility best practices. These projects, which include ongoing Facilities and Capital Projects, will contribute to more successful surveys. Survey readiness includes daily clinical observation rounds and weekly executive staff leadership rounds.



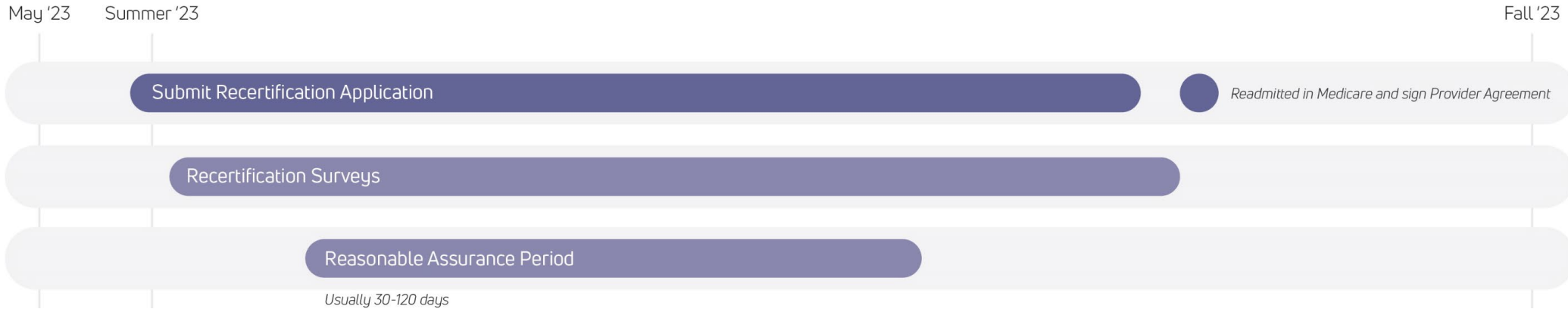
Action Plan

The Action Plan is our blueprint for how we will accomplish recertification and remain successful over the long term. The Action Plan was developed in response to the Root Cause Analysis, prepared by the Quality Improvement Expert. This was required as part of the settlement agreement.



Recertification Process

Once we are successful in completing our Action Plan, and have a strong performance in our third Monitoring Survey, we will be in a position to apply for recertification.



Path to Recertification

Once we are successful in completing our Action Plan, and have a strong performance in our third Monitoring Survey, we will be in a position to apply for recertification.





San Francisco Health Network Laguna Honda Hospital and Rehabilitation Center



From: [Board of Supervisors \(BOS\)](#)
To: [BOS-Supervisors](#); [BOS-Legislative Aides](#)
Cc: [Calvillo, Angela \(BOS\)](#); [Somera, Alisa \(BOS\)](#); [Ng, Wilson \(BOS\)](#); [De Asis, Edward \(BOS\)](#); [Mchugh, Eileen \(BOS\)](#); [BOS-Operations](#); [BOS Legislation, \(BOS\)](#)
Subject: FW: Laguna Honda must not be jeopardized again-File No. 230035 - Hearing - Committee of the Whole -
Date: Thursday, September 21, 2023 9:34:58 AM

Hello,

Please see below for communication from Teresa Palmer regarding File No. 230035.

File No. 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 - September 26, 2023, at 3:00 p.m.

Sincerely,

Joe Adkins
Office of the Clerk of the Board
San Francisco Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102
Phone: (415) 554-5184 | Fax: (415) 554-5163
board.of.supervisors@sfgov.org | www.sfbos.org

From: Teresa Palmer <teresapalmer2014@gmail.com>
Sent: Wednesday, September 20, 2023 8:45 PM
To: Chan, Connie (BOS) <connie.chan@sfgov.org>; Stefani, Catherine (BOS) <catherine.stefani@sfgov.org>; Peskin, Aaron (BOS) <aaron.peskin@sfgov.org>; Engardio, Joel (BOS) <joel.engardio@sfgov.org>; Preston, Dean (BOS) <dean.preston@sfgov.org>; Dorsey, Matt (BOS) <matt.dorsey@sfgov.org>; Melgar, Myrna (BOS) <myrna.melgar@sfgov.org>; Mandelman, Rafael (BOS) <rafael.mandelman@sfgov.org>; Ronen, Hillary <hillary.ronen@sfgov.org>; Walton, Shamann (BOS) <shamann.walton@sfgov.org>; Safai, Ahsha (BOS) <ahsha.safai@sfgov.org>
Cc: Board of Supervisors (BOS) <board.of.supervisors@sfgov.org>
Subject: Laguna Honda must not be jeopardized again-File No. 230035 - Hearing - Committee of the Whole -

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Our Public Nursing Home Must Not Be Jeopardized Again

To: Board of Supervisors

Copy to: Clerk of the Board-please place in meeting file: Board.of.Supervisors@sfgov.org

[File No. 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 - September 26, 2023, at 3:00 p.m.

Given the dire shortage of nursing home beds in San Francisco, the people of our city must be certain that all beds at Laguna Honda will be there for their use.

Given the sickness and death, and the horrible stress and expense that the situation at LHH has engendered since 2021 and even before, we ask the Board of Supervisors these questions:

1. How to create a system of oversight for LHH so that repeated profound mismanagement does not persist or recur? The Health Commission was not up to this. We would like to hear a plan. There will be ongoing budgetary incentives to cut corners.
2. Shouldn't any nursing home eligible San Francisco resident who has had to leave the county for care have priority for care in SF? Why can't they get priority at LHH?
3. Will admission of acutely behaviorally unstable residents to LHH from ZSFG resume? ("The flow project.") **The only reason to jeopardize LHH's continued existence with these inappropriate admissions is to jettison hard to place people from our county hospital.** This is inhumane to all involved. Better services must be developed, and not at the expense of LHH or of these most vulnerable persons that need treatment and shelter.
4. Has CDPH/State of California clarified how ongoing failure to keep up with LHH problems will be rectified? State of California/CDPH's inability to offer timely feedback about problems at LHH contributed to this mess!
5. Can the Board of Supervisors closely monitor the submission of a waiver to prevent the 120 bed loss; San Franciscans cannot afford to lose these beds!

Thankyou.

Teresa Palmer M.D. - Former Laguna Honda Physician
Family Medicine/Geriatrics
1845 Hayes St.
San Francisco, California 94117

From: [Board of Supervisors \(BOS\)](#)
To: [BOS-Supervisors](#); [BOS-Legislative Aides](#)
Cc: [Calvillo, Angela \(BOS\)](#); [Somera, Alisa \(BOS\)](#); [Ng, Wilson \(BOS\)](#); [De Asis, Edward \(BOS\)](#); [Mchugh, Eileen \(BOS\)](#); [BOS Legislation, \(BOS\)](#)
Subject: FW: Laguna Honda Evictions
Date: Thursday, May 18, 2023 2:03:52 PM

Hello,

Please see below for communication from Steve Ward regarding File No. 230035.

File No. 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 - September 26, 2023, at 3:00 p.m.

Sincerely,

Joe Adkins
Office of the Clerk of the Board
San Francisco Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102
Phone: (415) 554-5184 | Fax: (415) 554-5163
board.of.supervisors@sfgov.org | www.sfbos.org

From: Steve Ward <seaward94133@yahoo.com>
Sent: Monday, May 15, 2023 6:27 PM
To: Board of Supervisors (BOS) <board.of.supervisors@sfgov.org>; Melgar, Myrna (BOS) <myrna.melgar@sfgov.org>
Subject: Laguna Honda Evictions

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

We demand no bed cuts, no closure and no evictions, reopen admissions, and provide, in safe and appropriate locations, mental health and substance use treatment and supports and home care services to all San Franciscans who need it.

Steve Ward
La Playa Village Council
Outer Sunset

To: San Francisco Supervisors
From: Michael Lyon, San Francisco Gray Panthers
Date: May 10, 2023
Regarding: Laguna Honda Hospital

Supervisors:

You must do everything in your power to

1. Prevent deadly evictions May 19 or any other time
2. Prevent the loss of 120 beds
3. Re-open admissions,
4. Provide mental health and substance use for all who want and need it, and
5. Provide long-term services and supports so more elders and disabled people can stay at home.

Thank you for your interest in Laguna Honda Hospital.

You Supervisors are the ones who are charged with maintaining CMS standards, not only at Laguna Honda, but for ALL Medicare and Medicaid healthcare in the County.

But I have to say that you have been turning over too much of your mandated authority to the Health Commission, and to the Department of Public Health. Four examples

The years-long mismanagement of Laguna Honda, and its being used as an overflow area for San Francisco General, all happened under the Health Commission, an unelected body appointed by, and heavily influenced by mayors.

By law, the Supervisors are supposed to conduct the state-mandated hearings that must be held when health services were cut back. During the years of horrible San Francisco Health budget cuts, all of these hearings were done by the Health Commission, in violation of State law.

, and the Health Commission routinely passed the Mayor's cuts. I sued the City over this violation; it was settled with a City promise to never do it again, yet it has gone on. What will happen about health budget cuts next fiscal year?

There's a cancer epidemic going on in Bayview Hunters Point, one of the most deadly polluted areas in the country, yet the Health Department stopped collecting cancer statistics in that area years ago, and the Health Commission let them get away with it. The racism here is so thick you can cut it with a knife.

And if that weren't enough, the Health Department has a staff person who's actually paid to assure prospective buyers that the new homes in the radioactive areas of the old shipyard are safe. And the Health Commission lets them do that.

You, the Supervisors are responsible for maintaining standards for federally-subsidized healthcare in San Francisco. You must not off-load that responsibility onto a Health Commission that's not answerable to San Francisco's population. The current mess at Laguna Honda is an example of the consequences.

From: [Art Persyko](#)
To: [Chan, Connie \(BOS\)](#); [ChanStaff \(BOS\)](#); [Dorsey, Matt \(BOS\)](#); [DorseyStaff \(BOS\)](#); [Engardio, Joel \(BOS\)](#); [EngardioStaff \(BOS\)](#); [Mandelman, Rafael \(BOS\)](#); [MandelmanStaff, \[BOS\]](#); [Melgar, Myrna \(BOS\)](#); [Peskin, Aaron \(BOS\)](#); [Preston, Dean \(BOS\)](#); [PrestonStaff \(BOS\)](#); [Ronen, Hillary](#); [RonenStaff \(BOS\)](#); [Safai, Ahsha \(BOS\)](#); [SafaiStaff \(BOS\)](#); [Stefani, Catherine \(BOS\)](#); [Walton, Shamann \(BOS\)](#)
Cc: [Somera, Alisa \(BOS\)](#); [Calvillo, Angela \(BOS\)](#); [Board of Supervisors \(BOS\)](#)
Subject: Laguna Honda Hospital: Letter to SF Board of Supervisors for May 9, 2023 Committee of the Whole about Laguna Honda Hospital from Art Persyko for correspondence file # 230035
Date: Tuesday, May 9, 2023 1:57:38 PM

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

Clerk of the Board:

Please put this email in the correspondence file for the May 9, 2023 Committee of the Whole, SFBOS hearing on Laguna Honda Hospital, File # 230035.

From Arthur Persyko, 2190 Washington Street, SF/CA/94109

May 9, 2023

Dear SF Board of Supervisors:

Laguna Honda Hospital is San Francisco's public long term care facility, so it is an essential public asset that should be protected for the common good, and operated in a way that maintains a high standard of care that will allow San Franciscans to benefit from it now and into the future. The continued availability of a public long term care facility like Laguna Honda without interruption means that its residents can rest assured they won't be forced to leave for an uncertain future or risk transfer trauma injury, illness or death; it also means that fewer San Franciscans will be at the mercy of the for-profit nursing home industry which proved by its overall poor performance during the pandemic to be operating under structural incentives which make it less likely they will adequately protect the health and lives of their residents.

However, to retain a consistently reliable SF public long term care facility like Laguna Honda Hospital in the future, San Francisco must avoid the circumstances which led to forced transfers of residents under duress as occurred in the recent past with tragic results: Transfer trauma deaths, and for those who survived it, transfers to distant locations; some as far away as the Central Valley and Southern California (far from their families and friends as their support systems) only to be consigned to low quality, chain, poorly performing, for-profit nursing homes. That should not have happened; and we in San Francisco must see to it that it never happens again.

SF Board of Supervisors: Immediately, or as soon as possible after this hearing, please communicate with HHS (the US Department of Health and Human Services) and their CMS (Centers for Medicare and Medicaid Services) which oversees our nation's nursing homes to let them know what we San Franciscans want for Laguna Honda Hospital; and tell them that we will cooperate with them and any or all of the other relevant local, state and federal entities, to see to it that at Laguna Honda Hospital:

- 1). There is no closure, no evictions of residents nor any bed cuts;
- 2). Re-admissions of residents will restart as soon as possible and be open to any San Franciscan who is eligible for nursing home care; and
- 3). Safe and local care and housing must be found first for anyone who is able to leave Laguna Honda.

Please tell CMS that Laguna Honda must be saved intact; and that to do otherwise would compound the dire shortage of skilled nursing home beds locally, regionally and statewide- especially for those on Medi-Cal; and would lead to a catastrophe for present and future residents. And we should resolve to make Laguna Honda even better in the future.

Laguna Honda Hospital is a reflection of what we like to think of as San Francisco values. So we need to live up to them! It's about all of us in SF taking care of each other with the same high standards of care for all, that each of us would want and expect for ourselves, our family and our friends. That standard of care should apply to all San Franciscans, including those who are underserved, unhoused, and disabled, and who, like every one of us, deserve kindness in the form of proper treatment, care and housing in the community.

SF Board of Supervisors: You are the elected stewards of our city and county's government. You are responsible and accountable for our public health services, including Laguna Honda Hospital. Please do everything in your power to make sure that Laguna Honda is saved intact and performing up to the highest standards possible. To perpetuate that performance level into the future, please propose that both the SF and California Departments of Health cooperate to build more effective and more timely corrective feedback loops into the oversight of Laguna Honda Hospital so that its standards of care will likely never again diminish. New administrators of Laguna Honda must be hired who are highly qualified and adhere to best practices for long term care, with frequent accountability measures that will ensure that there will be pro-active or corrective action taken to prevent lowering its performance below high standards; to ensure a level of public long term care of which we in SF will be proud, into the future.

Thank you for reading and/or listening to me and my public comment today.

Sincerely, Art Persyko, San Francisco Gray Panthers board member

From: [Claire Zvanski](#)
To: [Board of Supervisors \(BOS\)](#); [Breed, Mayor London \(MYR\)](#)
Subject: Fwd: My April article ("Laguna Honda Hospital's Revised Closure Plan Just Released — San Franciscans Need to Raise Their Objections – Now") is available on-line
Date: Saturday, May 6, 2023 11:24:52 PM
Attachments: [LHH's Revised Closure Plan Released to Public 23-04-22.pdf](#)

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

Dear elected representatives:

Consider the mental & emotional cruelty of not knowing what your future residence will be by the end of the month or week. Is this acceptable to you?

This contributes to the emotional instability of our LHH residents. No wonder they prefer to die rather than live with such emotional cruelty and instability.

Many of us grew up here knowing LHH would be here to care for us in our advanced years, especially those of us without family. Now we are unsure of our options and we see that our elected representatives don't seem to care enough about us. We supported San Francisco for our adult lives, many of us actually working FOR the City. Now, we are being ignored and disrespected.

Can we expect support from our Supervisors to secure the future of the Laguna Honda facility? It IS a City and County facility with CCSF employees. Can we expect our Mayor to be the primary advocate for the ongoing and sustaining support of LHH?

What can retired City employees expect if and when they NEED the services of LHH? We served the City. Is the City going to help serve us??

All seniors of SF are or should be entitled to quality health care in SF. LHH is a significant part of that care. We expect our current City leadership to continue to support the essential health services in SF. Just think a bit about WHO our City was named for to understand the philosophy of the San Francisco founding fathers and mothers.

Please consider the impact this ongoing drama is having on our senior population. Cruel and unusual emotional instability should be illegal. It contributes to the increased deaths of the seniors in LHH who don't know if they will be evicted from their care facility without notice or decent options. Would you find that acceptable for your parents? For yourself? None of us can be certain we would ever need those services.

Please take the lead so that we can know what you are doing to preserve and sustain LHH. This ongoing drama is not acceptable. We know how these agencies work!! We also know we can't sustain the emotional cruelty and pressure caused by this problem. Who will be responsible for the ongoing deaths caused by this unresolved problem? Or, is the message included in the death rate? Aging becomes an encouraging option under these circumstances! SERIOUSLY???

Read the attached expose written by Patrick Monette-Shaw. He is a retired City employee and essential investigative reporter. His articles are exceptional and thorough.

We are looking to you as our elected leaders to protect and support us as we age in our City. We expect you to sustain the services needed as we age, too. Step up and save LHH. Let's end this drama! Let's provide the emotional security needed to sustain quality of life as we age. We continue to contribute to our community and can only do that with the facilities available to us. LHH is a significant part of those facilities. (Oh, we still vote, also!!)

Thanking you in anticipation of your (increased) involvement and leadership in supporting essential senior services in San Francisco, SPECIFICALLY regarding LHH.

Claire Zvanski
Retired City employee
Past president, Retired Employees of the City and County of SF (for identification purposes only)
Native San Franciscan

----- Forwarded message -----

From: **pmonette-shaw** <pmonette-shaw@earthlink.net>

Date: Sat, May 6, 2023, 9:57 PM

Subject: My April article ("Laguna Honda Hospital's Revised Closure Plan Just Released — San Franciscans Need to Raise Their Objections – Now") is available on-line

To:

My bad. Forgot to change the subject line of this e-mail ...

My April article ("***Laguna Honda Hospital's Revised Closure Plan Just Released*** — *San Franciscans Need to Raise Their Objections – Now*") is available on my web site at www.stopLHHdownsize.com. It was also published in the *Westside Observer*. A printer friendly PDF file is attached.

April Cover ☐

Illustration

**We Need to Demand: No Complete Closure of Laguna Honda,
No Bed Cuts, and Admissions Must Resume**

**We Also Need to Hold City Managers and Employees Responsible
for LHH's Mess Accountable, Up to and Including Termination**

When I first published this article a little over a week ago, LHH's census stood at 537 as of April 14. Eight days later it dropped to 530 residents, probably due to patients who requested being discharged home or to another facility, transferred to an acute care hospital, went AWOL (eloped), no longer needed skilled nursing level of care, or may have expired at LHH.

A table in this new article shows the change in types of patients being cared for at LHH between the time it was decertified in April 2022 to the remaining resident census when the "*Revised LHH Closure Plan*" was released to the public on Friday April 21.

Between October 14, 2021 and April 14, 2023 LHH's patient census has dropped by 157, from 710 residents to now just 537.

The *Revised LHH Closure Plan* shows that of LHH's 537 current remaining residents, 34 patients have advanced dementia and are at high risk of wandering and elopement who are on a locked/secured memory unit; 142 are in need of memory care for moderate- to advanced-cognitive deficits; 85 are monolingual patients needing SNF level of care; 34 patients are in need of shorter-term skilled nursing rehabilitation; 44 are HIV/AIDS patients; 43 are receiving palliative care or hospice care; and 105 residents have complex medical problems needing total care and high levels of support. All of them are at high risk of eviction.

Obviously the 105 patients (19.6%) who have multiple medical problems and the 176 residents (32.8%) having advanced dementia's or moderate-to-advanced dementia's should not be discharged from LHH.

Additionally, 82 residents (15.3%) either lack decision-making capacity and have no decision-maker, or have — or are pending — a public conservator, and another 301 residents (56.1% of the 537 residents) have a surrogate decision-maker for them, incapable of making their own informed healthcare decisions. There's clearly overlap between the conserved patients and those with specific medical conditions.

Unfortunately, as this article shows, the *Revised LHH Closure Plan* is worrisome, precisely because CMS and CDPH expect LHH may need to resume evicting LHH's residents as early as May 20 — just 14 days from now — if CMS doesn't extend the pause on discharges and transfers set to expire on May 19. It's cruel that CMS hasn't yet granted an extension to resumption of the discharges and transfers — and may not do so until the night before, perhaps on May 18. Everyone's holding their breath to see if a last-minute reprieve arrives to extend that pause beyond May 19.

The article also describes the dearth of various types of beds currently available in different types of facilities in San Francisco.

And sadly, the *Revised LHH Closure Plan* barely acknowledges that the 99% of LHH's residents who rely on Medi-Cal have nowhere to go in San Francisco, because few San Francisco facilities even accept Medi-Cal patients.

Signing on to a Change.org petition at <https://chnge.it/wzzKhRKHxy> could be the most important thing you and your friends and family could do today!

As well, San Francisco's Gray Panthers organization has stated we must continue the community outcry to *every agency involved*. Follow the Gray Panther's "Call to Action" [here](#) to obtain advice on talking points and providing testimony to the Board of Supervisors on May 9.

Patrick Monette-Shaw

Columnist

Westside Observer Newspaper

[Read more](#) (in the printer-friendly PDF file)

Please feel free to widely share the printer-friendly version of this article available on my web site, or a link to my web site.

This article is also posted on the *Westside Observer's* website.

To unsubscribe, send me an e-mail

April 22, 2023

San Franciscans Need to Raise Their Objections — Now

Laguna Honda Hospital's Revised Closure Plan Just Released

We Need to Demand: No Complete Closure of Laguna Honda, No Bed Cuts, and Admissions Must Resume

We Also Need to Hold City Managers and Employees Responsible for LHH's Mess Accountable, Up to and Including Termination

by Patrick Monette-Shaw

On Friday, April 21, news reared it's ugly head that Laguna Honda Hospital (LHH) is still expected to accomplish — and is moving closer toward — full closure.

April 14, 2023 was the one-year anniversary of LHH's decertification and the halt of any new admissions. San Francisco residents seeking SNF level of care at LHH have been dumped out-of-county ever since.

That's because the "LHH Revised Closure Plan" obtained last Friday through a public records request placed by the *Westside Observer* states the Centers for Medicare and Medicaid Services (CMS) and the California Department of Public Health (CDPH) expect LHH must discharge its remaining 537 residents as of April 14 before November 13, the same date all federal Medicare reimbursement to the hospital is scheduled to cease.

The closure plan states LHH's full "Anticipated Closure Date" is November 13, 2023. No if's, and's, or but's.

The "Revised Closure" plan is available [on-line](#). The meat of the 56-page plan is between pages 1 and 27, with most of the key information on pages 1 through 4.

The Backstory

If CMS and CDPH force LHH to close completely, we'll lose seven times *more* desperately needed skilled nursing beds than the 120 beds a recent *Change.org* petition had initially set out to save. **We're back to needing to save all 769 beds at LHH!**

LHH mostly serves low-income, medically indigent patients, who will likely face discharges, exile, and displacement to out-of-county facilities. away from their families, friends, and support networks. LHH is currently licensed for 769 patient beds, which will vanish if the facility is forced to close completely.

Last November, CMS required LHH to submit a revised "Closure and Patient Transfer and Relocation Plan," because LHH's initial Closure Plan in May 2022 had been a poorly thought-out disaster, and 12 of 56 patients discharged from LHH last summer died within two months of their mandatory transfers. We can't let that happen again!

LHH submitted its *Revised Closure* plan last December 21, and it has taken four months of back-and-forth negotiation and more required changes to the closure plan, before CMD/CDPH approved it on April 18. The *Westside Observer* finally obtained it under a public records request last Friday.



Laguna Honda Hospital's Risk of full closure has been aggravated by the slow progress the Hospital is making towards obtaining re-certification, and problems passing survey's to demonstrate substantial compliance with CMS' regulations. We can't lose 120 — or **all 769** — of LHH's beds!

"LHH is still expected to accomplish — and is moving closer to — full closure."

"The 'LHH Revised Closure Plan' released last Friday states CMS and CDPH expect LHH must discharge its remaining 537 residents before November 13, 2023."

"We'll lose seven times more greatly needed skilled nursing beds than the 120 beds a recent *Change.org* petition had initially set out to save. We're back to needing to save all 769 beds at LHH!"

Discharges of all patients were supposed to have been completed by September 13, 2022, but were paused on July 22 due to 12 patient deaths post-discharge. Further transfers were extended only until February 2, and extended again to May 19. The discharges have been expected to resume as early as May 20, 2023 if CMS/CDPH don't extend the pause of mandatory discharges even further.

Unfortunately, that doesn't appear to be under active consideration. Hopefully, the pause might be extended again, but it's extremely doubtful.

As one observer, a former geriatrician MD at LHH, notes: *"The evidence of what a disaster this will be for hundreds of residents and their families is within the [revised closure] plan itself."*

"It has taken four months of back-and-forth negotiation and more required changes to the closure plan, before CMD/CDPH approved it on April 18."

"Discharges have been expected to resume as early as May 20, 2023 if CMS/CDPH don't extend the pause of mandatory discharges even further."

Table 1: Decline in LHH's Census by Type of Resident Care Needs, May 2022 to April 2023

Type of Care "Unit"		LHH Patient/Resident Census		
		Initial Plan 5/13/2022	Revised Plan 4/14/2023	Loss Thru Attrition
Locked / Secured Memory Care	Patients with advanced dementia and at high risk of wandering and elopement	40	34	(6)
Integrated Support	Patients with behavioral impairments due to stroke, MS, dementia, brain injuries, etc.	56	46	(10)
Memory Care	Patients in need of memory care for moderate to advanced cognitive deficits	168	142	(26)
Language Focused	Monolingual patients needing SNF level of care	112	85	(27)
SNF Rehab	Physical medicine rehabilitation patients, short-stay	43	34	(9)
Acute Rehab	Intensive medium length of stay physical rehab patients	0	0	0
Medical Acute	6-Bed in-house acute unit	3	4	1
Positive Care	HIV/AIDS-positive patients needing skilled nursing care	52	44	(8)
Palliative Care	Patients with terminal diseases needing palliative care	48	43	(5)
Complex Care with Total Support	Patients with medical conditions needing a high level of nursing care	159	105	(54)
Patient Census Total:		681	537	(144)

Source: California Department of Public Health and LHH data, as of April 14, 2023.

Between October 14, 2021 and April 14, 2023 LHH's patient census has dropped by 157, from 710 residents to now just 537. The revised closure plan shows that of LHH's 537 current remaining residents, 34 patients have advanced dementia and are at high risk of wandering and elopement who are on a locked/secured memory unit; 142 are in need of memory care for moderate- to advanced-cognitive deficits; 85 are monolingual patients needing SNF level of care; 34 patients are in need of shorter-term skilled nursing rehabilitation; 44 are HIV/AIDS patients; 43 are receiving palliative care or hospice care; and 105 residents have complex medical problems needing total care and high levels of support. All of them are at high risk of eviction.

For those interested the table above showing the net attrition by types of patient care in the one-year period between the initial closure plan in May 2022 and the new revised closure plan is available on line, [here](#).

The "Revised Closure Plan" reports that as of December 21, 2022 there were only 1,228 skilled nursing beds in San Francisco (which has worsened with the closure of "The Marina on the Green" SNF, losing 32 beds two weeks ago). Of those 1,228 SNF beds, only one — yes, 1 — bed is available for LHH patients. San Francisco only

"The net attrition by patient care types in the one-year period between the initial closure plan in May 2022 and the new revised closure plan is shown above."

"The 'Closure Plan' reports that as of December 21, 2022 there were only 1,228 skilled nursing beds in San Francisco (which has worsened). Of those 1,228 SNF beds, only one — yes, 1 — bed is available for LHH patients. Other types of facilities in San Francisco also have a dearth of beds."

has 15 beds available in Residential Care Facilities for the Elderly; 30 beds available in Residential Supportive Housing; 9 beds available in Residential Substance Abuse Treatment facilities; zero available beds in SNF's that provide mental health services; and 28 available beds in board-and-care homes, respite facilities, and shelters (which are — obviously — unsafe for patients needing medical care).

There's a total of approximately 98 beds available in various types of facilities in San Francisco — including the single skilled nursing facility bed available. Unfortunately, the "*Closure Plan*" doesn't wade into describing whether any of the 98 beds in San Francisco facilities accept patients with Medi-Cal as their insurance payor source. 99.1% (532) of LHH's residents are on Medi-Cal.

Just one current resident is in a Medicare managed Care HMO plan. By contrast, there were 127 Medicare patients (out the then-686 patient census) as of May 6, 2022 at the time, representing 18.5% of all LHH residents. That may be a result of admissions to LHH having been halted in April 2022.

There's virtually no places in-county for LHH's current 537 residents. They'll likely wind up in out-of-county facilities.

As one person who left a comment on this Change.org petition noted, "***Current and potential residents shouldn't be penalized due to the incompetence of overcompensated bureaucrats and/or their hired guns.***" She was referring to LHH managers brought in from San Francisco General Hospital and SFPD who had no experience with skilled nursing facilities and were running LHH as if it were an acute-care hospital, which by LHH's own admission led to LHH's decertification one year ago on April 14, 2022.

Key Highlights in Revised Closure Plan

Some key take-aways in the "*LHH Revised Closure Plan*" LHH has been "negotiating" with CMS/CDPH for the past four months include:

- There is no mention of whether CMS and CDPH have decided yet whether to further extend the pause on transfers scheduled to end on May 19 and perhaps resume on May 20. We won't know until we're told, but it's something we San Franciscans should continue to advocate against with D-7 Supervisor Myrna Melgar and the full Board of Supervisors during their May 9 *Committee of the Whole* Hearing at the full Board, that will probably be scheduled at 3:00 p.m. and may take public comment both in-person and remotely over the phone.

- Footnote #6 on page 3 seems to suggest that if LHH gains its re-certification and admissions of new patients might resume, patients previously discharged to other skilled nursing facilities (mostly out-of-county) since last summer "***could expect to return,***" and perhaps be re-admitted from out-of-county facilities. That "*could*" remains a big "***if.***"

We'll see if re-admit candidates get moved to the top of any waiting lists for new admissions or empty beds. That's why LHH's planned and potentially required 120-bed cut issue being solved concurrently is a big deal!

- Page 4 states "*Laguna Honda may, in its discretion, discharge patients who no longer meet the requirements for SNF level of care, as well as patients who present a danger to other residents and the institution, are unable to have their needs met at LHH, and require placement in a different setting outside of Laguna Honda.*"

This appears to be a CDPH clarification finally adding some clarity about so-called CMS Phase 3 regulations around behavioral health patients being potentially inappropriately placed at LHH where they don't receive the most appropriate level of care and treatment services they deserve to receive, and retention of long term of patients once they no longer have skilled nursing level-of-care needs at LHH.

“ There’s a total of approximately 98 beds available in various types of facilities in San Francisco — including the single skilled nursing bed available. Unfortunately, the ‘Closure Plan’ doesn’t mention whether any of the 98 beds accept Medi-Cal patients.”

“ If LHH gains its re-certification and admissions of new patients might resume, patients previously discharged to other skilled nursing facilities ‘could expect to return [to LHH].’ That ‘could’ remains a big ‘if.’ ”

- Page 5 of the *Revised Closure Plan* specifically states: “As the *Closure Plan* is implemented, Laguna Honda, in conjunction with DHCS, **will provide a daily update to CMS and CDPH on the progress in transferring patients, including where they are being transferred until all patients are transferred.**”

Since the *Plan* doesn’t specifically state this, if the *Closure Plan* does go into effect on May 19, the pause on transfers is **not** extended, and mandatory discharges resume on May 20, we will need to advocate **strongly** with Supervisor Melgar and the Board of Supervisors to **require** that SFDPH and LHH resume posting weekly progress reports in the same format they had used last summer on a public website, at minimum, so we don’t have to place public records requests each week to track the progress of discharges.

“ We will need to advocate *strongly* with Supervisor Melgar and the Board of Supervisors to *require* that SFDPH and LHH resume posting weekly progress reports to track progress of discharges. ”

- There may be a potential glimmer of hope that the current pause on discharges and transfers might be extended beyond May 19. Pages 32–33 states: “*Laguna Honda plans to transfer or discharge all patients by the new anticipated closure date of November 13, 2023 (unless CMS agrees to pause transfers and involuntary discharges initiated pursuant to the revised Closure Plan or Laguna Honda if is recertified in either the Medicare or Medicaid programs).*”

That may be another big “*if*,” since LHH is way behind even beginning to apply for re-certification, and is still struggling to demonstrate to CMS and CDPH that LHH is making significant progress in returning to being in substantial compliance with CMS’ regulations for skilled nursing facilities to remain operating.

“ LHH is way behind even beginning to apply for re-certification, and is still struggling to demonstrate to CMS / CDPH that LHH is making significant progress in returning to being in substantial compliance with CMS’ regulations. ”

How You Can Help

First, signing on to a Change.org petition would help immensely to help document to the Board of Supervisors, San Francisco’s Health Commission, LHH, and CMS and CDPH that there is strong community resolve to preserve our beloved skilled nursing facility and rehabilitation center. Please share the petition widely with your friends, families, co-workers, and social media contacts to help garner more signatures in a public display of unity. The Change.org petition is available at <https://chnng.it/wzzKhRKHxv>.

Signing on could be the most important thing you could do today!

As well, San Francisco’s Gray Panthers organization has stated we must continue the community outcry to ***every agency involved***. San Franciscans, present and future, must not suffer and die due to lack of services at Laguna Honda.

Local, State, and Federal government officials **all** need to hear from San Franciscans that Laguna Honda must be saved with ***all*** beds intact, and we need admissions to restart. You can follow the Gray Panther’s “*Call to Action*” [here](#) to obtain advice on talking points and providing testimony to the Board of Supervisors.

We must all help to protect the City’s most vulnerable residents at Laguna Honda!

“ Signing on to a Change.org petition would help immensely to help document there is strong community resolve to preserve our beloved skilled nursing facility and rehabilitation center. ”

“ Local, State officials and Federal government officials all need to hear from San Franciscans that Laguna Honda must be saved with all beds intact, and we need admissions to restart. ”

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.

December 2019



Patient Safety Endangered by a Cultural Wall of Silence **LHH Leadership Fingered in Patient Sexual Abuse Scandal**

by Patrick Monette-Shaw



Illustration: Patrick Monette-Shaw

What Was Hirose Thinking? On June 19, 2019 Mivic opened her mouth and inserted her foot in front of a City Attorney, admitting to a State patient safety inspection team that under her watch as LHH's CEO she'd forgotten to institute a **culture of safety**, despite having celebrated *Patient Safety Awareness Week* in March 2018 !

- **\$27.4 million in Consultant and other Decertification Costs**
- **\$2.? million patient sexual abuse fines and settlements**
- **\$3.? million Public Guardian elder & sexual abuse settlement**
- **\$23.5 million lost Medi-Cal revenue through 12/31/2022**
- **\$55.9 million and counting due to **Gross Mismanagement** of Laguna Honda Hospital and Rehabilitation Center**

Terminate All Managers Responsible for the Mismanagement !

Patrick Monette-Shaw

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

May 9, 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
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

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

- No more discharges !
- No bed cuts !
- No complete closure !
- Resume admissions !
- End the "flow project" !

Agenda Item 36, File 230035: *Committee of the Whole Hearing on Laguna Honda Hospital Closure and Patient Transfer and Relocation Plan*

As I indicated last January, it was a huge mistake for the Board of Supervisors to delay holding this second *Committee of the Whole* hearing on Laguna Honda Hospital for five months, before holding today's follow-up hearing.

The reason San Francisco will soon pay over \$3 million to settle a first lawsuit filed by the Public Guardian and Public Conservator alleging *elder abuse of patients* at Laguna Honda Hospital involving patient sexual abuse in 2019 is because inept City managers were running LHH as an acute care hospital instead of as a skilled nursing facility. *Not* because the U.S. DHHS and CMS are "punishing" and holding LHH "hostage," as misguided Supervisor **Hillary Ronen** wrongly asserted in the media was Xavier Becerra's fault.

Laguna Honda Hospital's problems were entirely the fault of the incompetent managers brought in from SFGH, SFDPH, and the San Francisco Health Network (SFHN) to run LHH — none of whom had any experience running a skilled nursing facility. Those inept managers knew nothing about the 211-plus "*F-Tags*" requirements developed by the Centers for Medicare and Medicaid (CMS) over a 40-year period to ensure nursing home patients and residents receive the quality of care and safety they deserve.

Those managers' incompetence resulted in LHH receiving 138 citations for survey inspections deficiencies since the 2019 sex abuse scandal, plus 123 deficiencies during "*mock surveys*," for a total of 261 deficient patient care violations shown in the table below.

LHH Inspection Surveys by California Department of Public Health (CDPH) and Consultant to LHH (Health Management Associates)

CMS Severity and Scope (S/S =) Ratings

		Level 1			Level 2			Level 3			Level 4							
Severity		No Actual Harm			No Actual Harm, Potential for More than Minimal Harm			Actual Harm That Is Not Im mediate Jeopardy			Im mediate Jeopardy to Resident Health and Safety							
Patient Care "F-Tags"		Scope			Isolated Pattern Widespread			Isolated Pattern Widespread			Isolated Pattern Widespread			Isolated Pattern Widespread				
Event	Date	A	B	C	D	E	F	G	H	I	J	K	L	Total				
Sex Abuse Scandal	7/12/2019				3	2		1			3			1	10	3.8%		
Facility Survey	11/19/2019				5	9	2	1							17	6.5%		
Facility Survey	4/19/2021				7	4	2								13	5.0%		
CDPH Eight Surveys *	10/14/2021				12	4	2	2			1				22	8.4%		
90-Day Monitoring Survey **	11/28/2022				18	20	9	5						4	56	21.5%		
Sub-Total Patient "S/S" Rated Findings:					45	39	15	8			2			4	5	118		
Facility's Physical Plant "K-Tags"																		
90-Day Monitoring Survey **		11/28/2022			9	8	3								20	7.7%		
Patient Care + Facility's Physical Plant Total "S/S" Rated Findings:															138			
First Mock Survey		6/22/2022			22	6	5	9	18	16	1	2	4	2	3	8	96	36.8%
Total (Actual Plus Mock Surveys)					22	6	5	63	65	34	9	4	4	2	7	13	234	
"Unrated" Scope of Mock Survey Findings on LHH Medical Acute and Acute Physical Rehab Units:															27	10.3%		
* Root Cause Analysis Report 1, dated December 1, 2022.																		
** Root Cause Analysis Report 2, dated Januarv 31, 2023.																		
Total Actual Citations and Mock Survey Findings:															261	100.0%		

* Root Cause Analysis Report 1, dated December 1, 2022.

** Root Cause Analysis Report 2, dated January 31, 2023.

Sources:

1. LHH "Sexual Abuse" Surveys: CDPH Form 2567 Initial Inspection Report dated 7/12/2019, and Re-Survey Report dated 9/3/2019.
2. LHH Facility Survey: CDPH Form 2567 Initial Inspection Report dated 11/19/2019.
3. LHH "Root Cause Analysis Report #1" Prepared by HSAG, dated 12/1/2022: Eight CDPH Form 2567 Inspection Reports (Only) dated 10/14/2021 through 4/13/2022.
4. LHH "Root Cause Analysis Report #2" Prepared by HSAG, dated 1/31/2023: "90-Day monitoring Survey" started on 11/28/2022, triggering an "Extended Survey" and "Fire Life Safety Survey," due to fire alarm fiasco that went off during "90-Day Monitoring Survey."

May 9, 2023

Laguna Honda Hospital Closure and Patient Transfer and Relocation Plan

Page 2

The table above shows LHH had received only 10 citations in the July 2019 inspection survey of LHH's sexual abuse scandal, including four separate "*Immediate Jeopardy*" citations. By the time of the first *90-Day Monitoring Survey* three years later in November 2022, that skyrocketed to LHH receiving 76 citations. During those three years, LHH received a total of 19 Level 3 ("*Actual Harm*") and Level 4 ("*Immediate Jeopardy*") citations — among a total of 138 citations.

Supervisor Ronen's Misplaced Blame Game

Supervisor Hillary Ronen seems oblivious to the scope and severity of LHH's violations in the table above. Her public comments have been very worrisome, casting blame and aspersions on U.S. Department of Health and Human Services (DHHS) Secretary Becerra, rather than finding fault with the very managers transplanted from SFGH and SFHN who brought LHH's decertification on, themselves.

Ronen was misdirecting blame, because LHH's 138 citations during official inspections surveys across those three years were caused by LHH's mismanagement, not by Becerra. Ronen claimed alternatively in the media that Becerra:

- Played a role in the deaths of 12 LHH patients transferred from LHH and was preventing new admissions of only patients at SFGH (ignoring San Franciscans all over the City need admission to LHH, not just SFGH patients).
- Was "*threatening and punishing*" Laguna Honda.
- Was "*gumming*" up the system, and holding LHH "*hostage*."

Ronen essentially ignored Becerra is right that DHHS and CMS ***by law, are required to make sure that LHH's patients are cared for safely and with the care that they're supposed to have.*** ... *He had no choice by law but to say that the safety of patients must come first.*

She ignored that Becerra can't simply order CMS to stop trying to get LHH back into substantial compliance. That's what CMS is supposed to do.

Had Ronen read the 454 corrective action milestones listed in LHH's 49-page "*Action Plan*," she might have understood just how far out of compliance LHH had become, rather than wrongly going after Becerra.

Hopefully, by the time of today's Board of Supervisor's *Committee of the Whole* hearing about LHH, Ronen may have come to realize it's not Becerra who is at fault, it's LHH's own managers who caused LHH's decertification that are at fault.

LHH's Real "Original Sins"

On April 15, *San Francisco Chronicle* reporter Nanette Asimov published an article describing 26 "***original sins***" that brought Laguna Honda to the "*brink of closure*." While Asimov was on the right track describing how 26 deficiencies resulted in CMS decertifying LHH, Asimov didn't actually, or clearly, report that it was LHH's own managers who had brought LHH's serious problem upon themselves.

Instead, Asimov characterized LHH's most serious "*original sin*" as having been the two near-fatal patient deaths in the summer of 2021 due to fentanyl overdoses that required sending the two patients to external acute care hospitals to revive them. Asimov was wrong. The *Original Sins* had begun much earlier than 2021.

The Second "Original Sin"

Asimov hadn't looked back far enough. It actually was the patient sexual abuse scandal that surfaced in June 2019 under former LHH's CEO Mivic Hirose that turned out to be LHH's **second** *original sin*.

That scandal is what brought on the second of two Superior Court lawsuits filed by the Public Guardian and Public Conservator (CGC-21-592296), involving the pending \$3 million-plus settlement Ronen will soon have to vote on, along with the rest of the Board of Supervisors to approve settling. The second lawsuit named as defendants the City and County, the Department of Public Health, Laguna Honda Hospital, and 25 other unnamed "*Does*" — possibly including senior LHH managers.

The case was set to go to a trial by jury on May 30, but the Health Commission discussed the probable \$3 million-plus settlement

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agreement in closed session on May 2. The settlement appears to have been reached at the last minute to avoid a trial by jury where the names and identities of the 25 “Doe” defendants may have been released publicly in court.

The first elder abuse lawsuit (CPF-20-517064) *Johnson et al. v. CCSF* is still winding its way through the San Francisco Superior Court, and may involve approximately the same size dollar amount to eventually settle. The first case named as defendants the City and County, the Department of Public Health, Laguna Honda Hospital, 20 other unnamed “Does,” and specifically named Mivic Hirose as a **named** defendant. The lawsuit states LHH had created a “*culture of abuse*.”

It's not known yet whether either of the two lawsuits were able to identify during the discovery processes the names of the 20-, to 25-, or more un-named “Doe” defendants who contributed to LHH’s elder abuse and sexual abuse scandals.

Notably, the \$3 million-plus settlement is in **addition to** at least \$1.9 million is costs associated with the 2019 sexual abuse scandal that we already knew about, with other sex abuse scandal costs waiting in the wing in addition to the first Superior Court lawsuit alleging elder abuse by LHH employees. The \$1.9 million already known costs involve CMS and CDPH fines and penalties, and settlement of the first individual patient’s lawsuit case filed on behalf of Omar Abdullah through his Conservator, which settlement the Board of Supervisors already had to approve.

That brings total costs of the sexual abuse scandal to at least \$4.9 million to date, which will continue to climb.

Given this first known \$5 million in costs, it’s not known whether any of LHH’s managers were held accountable to taxpayers, and terminated (as they deserve to be).

Unfortunately, although Hirose was removed as LHH’s CEO, she wasn’t terminated (having some personal political power in the City). Her golden parachute found a cushy landing, transferred within SFDPH to a job where she earned \$248,600 in the fiscal year ending June 30, 2022, excluding fringe benefits. She now earns more than when she was LHH’s CEO. Why hasn’t she been terminated following the \$5 million the sexual abuse scandal has cost the City so far, which costs are still climbing?

The First “Original Sin”

In actuality, the first “*original sin*” began nearly 20 years ago in 2004, when the then-Director of Public Health, Mitch Katz, decided he was going to turn LHH into a “*mental health rehabilitation center for the urban poor*,” as he had been quoted as saying at the time that he wanted the newly rebuilt LHH to do short-term “*social rehabilitation for the urban poor*.”

Katz was determined to re-orient LHH as being able to care for people with mental health issues. He said at the time, “*although it is not feasible today to move all people who need long-term care from the MHRF to LHH, the future larger LHH will offer ... the same kind of services as offered at the MHRF*.” He wouldn’t have needed LHH to do that had he **not** converted the Mental Health Rehabilitation Center (MHRF) from the MHRF’s original purpose.

That led LHH down the 20-year rabbit hole trail of the “*flow project*” of SFGH patients needing mental health care that LHH could not adequately and safely provide by mixing different patient populations in a single facility at LHH. Ultimately, that was the original, “*original sin*” that befell LHH. Over the next 20 years, LHH kept racking up more and more sub-standard care violations of CMS regulations. Like night follows the day.

Failed “60-Day LHH Reform Plan”: Another “Sin”

Had LHH corrected its “*culture of silence*” — which LHH’s current consultants themselves admitted they uncovered in late 2022 had actually occurred — back in 2019 when LHH had claimed it would develop a “*culture of [patient] safety*” with a “*60-Day Reform Plan*,” LHH’s decertification in 2022 may have been avoided. For her part, Hirose had bemoaned in 2019 her own failure to create a “*culture of patient safety*.” Ya’ think, Mivic?

Following the 2019 sex abuse scandal, SFDPH released a “[*60-day Laguna Honda Reform Plan*](#),” claiming to CMS and CDPH that as part of its *Plan of Correction*, it would appoint a permanent CEO to replace the disgraced Mivic Hirose.

The *60-Day Reform Plan* written in August 2019 by the San Francisco Health Network’s (SFHN) Chief of Quality Officer, Troy Williams, asserted SFDPH was re-organizing LHH’s Quality Management Department, and would appoint a permanent Quality Management Director to ensure resident safety at LHH. Dr. Grant Colfax, Director of Public Health in San Francisco’s Department of Public Health, helped develop LHH’s “*Reform Plan*.”

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Had Colfax and Troy Williams actually reformed LHH, it might have prevented LHH from advancing to the two fentanyl patient overdoses that subsequently led to LHH's decertification.

Unfortunately, the *60-Day Reform Plan* obviously failed to work as planned, since Colfax kept bringing in more and more unqualified managers from SFGH and SFHN to run LHH (like an acute care hospital) — managers who had no experience running any skilled nursing facility. Colfax allowed the “*flow project*” to keep flowing a river of mistakes.

Ronen, Louise Renne, and Others Minimized Scope and Severity of LHH's Problems

Of interest, the minimizers — including former City Attorney Louise Renne — have completely avoided addressing at least five salient issues that they **must** surely be aware of:

1. If LHH's problems were “*minimal*” and not severe, why is it costing \$27.4 *million* or more in consultant expenses to rectify the problems and get LHH back into being a best-in-class skilled nursing facility? Consultant costs may increase in June.
2. If LHH's problems weren't so bad, why has it taken a full year **without** recertification having happened yet — which is far behind schedule and may take until next September or later or more to accomplish?
3. If the problems weren't so severe, why has the ban on new admissions to LHH not been lifted yet, allowing San Franciscans who need skilled nursing level of care, and death with dignity hospice and palliative care, to receive it in the City, instead of being dumped into out-of-county facilities?
4. If the problems weren't so bad, why has it cost at least \$1.9 million so far (and counting) to settle LHH's patient sexual abuse scandal, with those costs likely to increase given other patient-initiated pending lawsuits waiting in the wings to settle?
5. If LHH's problems were “*minimal*,” why have the City's own Public Guardian and Public Conservator programs sued another City department — Laguna Honda Hospital — over elder abuse of LHH's patients, which lawsuits may reach \$6 million or more to settle?

For those who have continued to minimize LHH's problems, deception has been the point all along: Theatrical propaganda put out by an unreliable narrators bearing false witness.

“*Revised Closure Plan*”: Closing LHH Completely

Following four months of negotiations between LHH, CMS, and CDPH, LHH's “*Revised LHH Closure Plan*” was released to the public on Friday April 21. The plan had to be revised due to 12 patient deaths following mandatory evictions in June and July 2022 because of insufficient care planning requirements in the initial *Closure Plan* enacted in May 2022.

Between October 14, 2021 and April 14, 2023 LHH's patient census has dropped by 157, from 710 residents to now just 537. **As of April 14, fully 532 of LHH's 537 remaining residents (99.x%) are Medi-Cal recipients.**

The *Revised LHH Closure Plan* shows that of LHH's 537 current remaining residents, 34 patients have advanced dementia and are at high risk of wandering and elopement who are on a locked/secured memory unit; 142 are in need of memory care for moderate- to advanced-cognitive deficits; 85 are monolingual patients needing SNF level of care; 34 patients are in need of shorter-term skilled nursing rehabilitation; 44 are HIV/AIDS patients; 43 are receiving palliative care or hospice care; and 105 residents have complex medical problems needing total care and high levels of support. All of them are at high risk of eviction.

Obviously the 105 patients (19.6%) who have multiple medical problems and the 176 residents (32.8%) having advanced dementia's or moderate-to-advanced dementia's should not be discharged from LHH.

Additionally, 82 residents (15.3%) either lack decision-making capacity and have no decision-maker, or have — or are pending — a public conservator, and another 301 residents (56.1% of the 537 residents) have a surrogate decision-maker for them, incapable of making their own informed healthcare decisions. There's clearly overlap between the conserved patients and those with specific medical conditions.

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Unfortunately, as this testimony illustrates, the *Revised LHH Closure Plan* is worrisome precisely because CMS and CDPH expect LHH may need to resume evicting LHH's residents as early as May 20 — **just 11 days from today's hearing** — if CMS doesn't extend the pause on discharges and transfers set to expire on May 19. It's cruel that CMS hasn't yet granted an extension to resumption of the discharges and transfers — and may not do so until the night before, perhaps on May 18. Everyone's holding their breath to see if a last-minute reprieve arrives to extend that pause beyond May 19.

San Francisco's Health Commission was told on Tuesday May 2 Laguna Honda Hospital received advice from the San Francisco City Attorney's office that LHH can't apply for a waiver to save its 120 beds until *after* LHH is awarded recertification by CMS and CDPH — which may not happen until September, or even later.

This is both ridiculous, and unacceptable.

Recommended Actions for This Board of Supervisors

There are a number of things this Board can do and should take action on:

1. Request a Permanent Halt on Patient Discharges During Pendency of LHH's Recertification

On July 26, 2022, the Board of Supervisors passed [Resolution #365-22](#) addressed to Governor Gavin Newsom, Dr. Tomás Aragón, and Dr. Mark Ghaly, requesting they use their authority to intervene in the mandatory discharges of LHH's residents pending LHH gaining re-certification. You should write and pass another Resolution asking the Governor to ensure a permanent halt on any further patient discharges while LHH is seeking its re-certification. You should ask him again to declare a *State of Emergency in San Francisco* regarding LHH's critically needed SNF beds.

2. Request That Dr. Aragón Help Secure a Waiver to Save 120 Beds at LHH

Second, LHH has asserted it may have been told verbally — but perhaps not officially in writing — to eliminate 120 of its patient beds to comply with CMS rules adopted in 2016 restricting room occupancy to two people per room.

The Governor, Dr. Ghaley, and Dr. Aragón must know that 42 CFR §483.90(e)(3)(ii) as of March 3, 2023 expressly provides that survey agencies (in this case, Dr. Aragón's shop, CDPH) may permit and grant a variation to CMS' patients-per-room rule when facilities request in writing an exemption request that the variation to 42 CFR §483.90(e)(1)(i) "*will not adversely affect residents' health and safety.*" It is clearly under Dr. Aragón's authority as the Director of CDPH to approve such a waiver request.

3. Request That The Governor, Dr. Ghaley, and Dr. Aragón Help Designate and Enroll LHH in CMS' "Special Focus Facility" Program

The Governor, Dr. Ghaley, and Dr. Aragón Third, should be asked to help get LHH enrolled in CMS' "*Special Focus Facility*" (SFF) program. Drs. Ghaley and Aragón can use their discretionary authority to help prioritize and enroll SNF's in the *SFF* program. The *SFF* program provides crucial resources and support to troubled nursing homes by extending CMS' monitoring time period, so nursing homes gain additional time to continue demonstrating progress in quality-of-care improvements, which LHH appears to be on track to accomplish. We need to buy more time for LHH to fix its remaining problems.

I ask this Board to take meaningful actions — today!

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: [Somera, Alisa \(BOS\)](#)
To: [BOS Legislation, \(BOS\)](#)
Subject: FW: Support for Laguna Honda
Date: Monday, May 8, 2023 3:40:46 PM

230035

Alisa Somera

Legislative Deputy Director
San Francisco Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102
415.554.7711 direct | 415.554.5163 fax
alisa.somera@sfgov.org

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**From:** Renee Curran <[sfmeancat@yahoo.com](mailto:sfmeancat@yahoo.com)>  
**Sent:** Monday, May 8, 2023 2:18 PM  
**To:** Somera, Alisa (BOS) <[alisa.somera@sfgov.org](mailto:alisa.somera@sfgov.org)>; Calvillo, Angela (BOS) <[angela.calvillo@sfgov.org](mailto:angela.calvillo@sfgov.org)>  
**Subject:** Fw: Support for Laguna Honda

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Please file in #230035

----- Forwarded Message -----

**From:** Renee Curran <[sfmeancat@yahoo.com](mailto:sfmeancat@yahoo.com)>

**To:** [myrna.melgar@sfgov.org](mailto:myrna.melgar@sfgov.org) <[myrna.melgar@sfgov.org](mailto:myrna.melgar@sfgov.org)>

**Sent:** Monday, May 8, 2023 at 12:17:44 PM PDT

**Subject:** Support for Laguna Honda

Dear Supervisor Melgar,

I know that you are well aware of the disastrous plan to close Laguna Honda Hospital. As a resident of District 7, I am asking you to do anything in your power to make sure this does not happen. Laguna Honda Hospital provides a vital service for people who have nowhere else to go. We already know what happened for some when that was taken away last year. Please ensure continued funding for existing residents and the restoration of admissions to the hospital rather than the eviction of these residents and the reduction in the beds threatened by SFDPH and CMS.

In short, please adopt the proposals put forth by the SF Gray Panthers.

Sincerely,

Renee Curran  
SF, 94122

**From:** [Somera, Alisa \(BOS\)](#)  
**To:** [BOS Legislation, \(BOS\)](#)  
**Subject:** FW: File number 230035 Laguna Honda Honda May 9, 2023 Health Committee  
**Date:** Monday, May 8, 2023 10:59:44 AM

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230035

Alisa Somera  
Legislative Deputy Director  
San Francisco Board of Supervisors  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco, CA 94102  
415.554.7711 direct | 415.554.5163 fax  
[alisa.somera@sfgov.org](mailto:alisa.somera@sfgov.org)

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-----Original Message-----

From: regina sneed <reginasneed@yahoo.com>
Sent: Monday, May 8, 2023 8:00 AM
To: Stefani, Catherine (BOS) <catherine.stefani@sfgov.org>; Somera, Alisa (BOS) <alisa.somera@sfgov.org>; Calvillo, Angela (BOS) <angela.calvillo@sfgov.org>
Subject: File number 230035 Laguna Honda Honda May 9, 2023 Health Committee

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

Dear Supervisors:

I am a resident of a continuing care community in San Francisco that includes a skilled nursing facility. I am fortunate to have that care option available to me, although there is no guarantee that that care will survive the economic pressures on the industry.

That's why I want to speak out for my less fortunate elders who need a strong Laguna Honda. I support the following demands to save this critical care facility:

No transfer of residents who are eligible for skilled nursing care.

No discharges of the non skilled nursing residents unless there is a local place for them where they can be safe and receive in home care. They are San Franciscans and need to be here close to the San Francisco Department of Public Health support systems for home care.

We need to maintain the 120 beds because there are not enough nursing home beds as it is in San Francisco. Please ensure that our City Attorney has done everything to get a waiver to maintain these beds.

We need to resume admitting residents as we push for recertification. We can't ignore those in need.

Please continue to make this a priority to keep Laguna Honda open and fully able to serve those in need.

Thank you.

Regina Sneed
District 2 resident

Sent from my iPad

From: [Somera, Alisa \(BOS\)](#)
To: [BOS Legislation, \(BOS\)](#)
Subject: FW: Save Laguna Honda Intact and resume admissions ASAP
Date: Thursday, May 4, 2023 1:22:10 PM

For file

Alisa Somera

Legislative Deputy Director
San Francisco Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102
415.554.7711 direct | 415.554.5163 fax
alisa.somera@sfgov.org

(VIRTUAL APPOINTMENTS) To schedule a “virtual” meeting with me (on Microsoft Teams), please ask and I can answer your questions in real time.

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**From:** Teresa Palmer <teresapalmer2014@gmail.com>

**Sent:** Wednesday, May 3, 2023 10:55 PM

**To:** Chan, Connie (BOS) <connie.chan@sfgov.org>; ChanStaff (BOS) <chanstaff@sfgov.org>; Dorsey, Matt (BOS) <matt.dorsey@sfgov.org>; DorseyStaff (BOS) <DorseyStaff@sfgov.org>; Engardio, Joel (BOS) <joel.engardio@sfgov.org>; EngardioStaff (BOS) <EngardioStaff@sfgov.org>; Mandelman, Rafael (BOS) <rafael.mandelman@sfgov.org>; MandelmanStaff, [BOS] <mandelmanstaff@sfgov.org>; Melgar, Myrna (BOS) <myrna.melgar@sfgov.org>; Peskin, Aaron (BOS) <aaron.peskin@sfgov.org>; Preston, Dean (BOS) <dean.preston@sfgov.org>; PrestonStaff (BOS) <prestonstaff@sfgov.org>; Ronen, Hillary <hillary.ronen@sfgov.org>; RonenStaff (BOS) <ronenstaff@sfgov.org>; Safai, Ahsha (BOS) <ahsha.safai@sfgov.org>; SafaiStaff (BOS) <safaistaff@sfgov.org>; Stefani, Catherine (BOS) <catherine.stefani@sfgov.org>; Walton, Shamann (BOS) <shamann.walton@sfgov.org>

**Cc:** Somera, Alisa (BOS) <alisa.somera@sfgov.org>; Calvillo, Angela (BOS)

<angela.calvillo@sfgov.org>

**Subject:** Save Laguna Honda Intact and resume admissions ASAP

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**Clerk of the Board:** Please file this in the correspondence file for the May 9 Committee of the Whole SFBOS hearing on Laguna Honda Hospital; File number is # 230035

From: Teresa Palmer MD/1845 Hayes St./San Francisco 94117

Family Medicine and Geriatrics; LaAguna Honda Physician x 15 years; Board Member SF Gray Panthers.

Date: May 3, 2023

Dear Supervisors

I urge the SF BOS to go forward with the May 9, 2023 hearing about Laguna Honda even if the state (CDPH) and federal government (CMS) agree to a reprieve from closure and evictions (now set to begin May 19).

There should NEVER be closure, any evictions or ANY bed cuts. Re-admissions must restart as soon as possible and should be open to any San Franciscan who is eligible for nursing home care.

Safe and Local care and housing must be found for those who are able to leave Laguna Honda.

The dire shortage of skilled nursing home beds locally, regionally and statewide-especially for those on Medi-Cal will lead to a catastrophe for present and future residents if Laguna Honda is not saved intact.

All but the fabulously rich will "spend down" to Medi-Cal if they must reside in a nursing home. So Laguna Honda is about all of us, growing older.

San Franciscans needing nursing home beds now are being transferred as far away as the Central Valley and Southern California-to low quality, chain, for profit nursing homes.

Underserved, houseless, and disabled people must get proper treatment and housing in the community to prevent premature nursing home admissions from years of insufficient care.

Please do everything you can to make sure that Laguna Honda is saved intact and has sufficient oversight from the City and County so this terrible episode is never repeated.

Specifically, an independent, Certified Nursing Home Administrator must be found who has not

been a party to the neglect visited upon Laguna Honda by City and County officials who had no clue how to run a nursing home, or what a key part of our safety net this nursing home is for all of us.

Thank you,  
Teresa Palmer M.D.



## Patrick Monette-Shaw

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

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.

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**“ 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.”**

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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?

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**“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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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? ”**

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

January 31, 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

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.

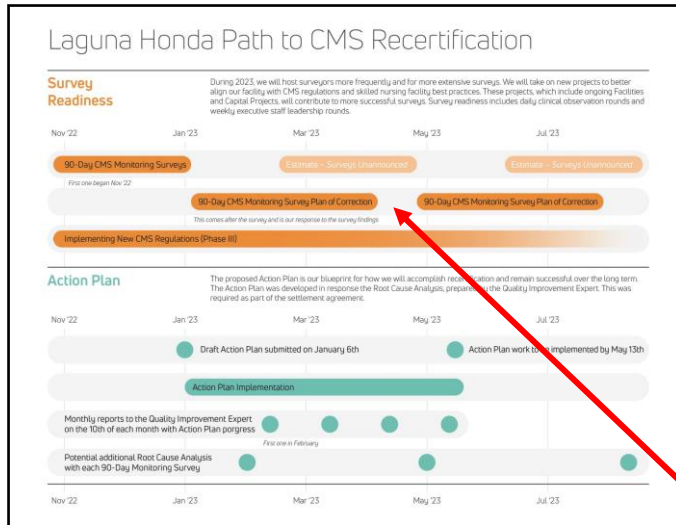
After all, there’s a major difference (an omission) between the Gantt chart LHH is presenting to the Board of Supervisors in a PPT presentation today, and the same Gantt chart that was presented to the full Health Commission 14 days ago on January 17.

January 31, 2023

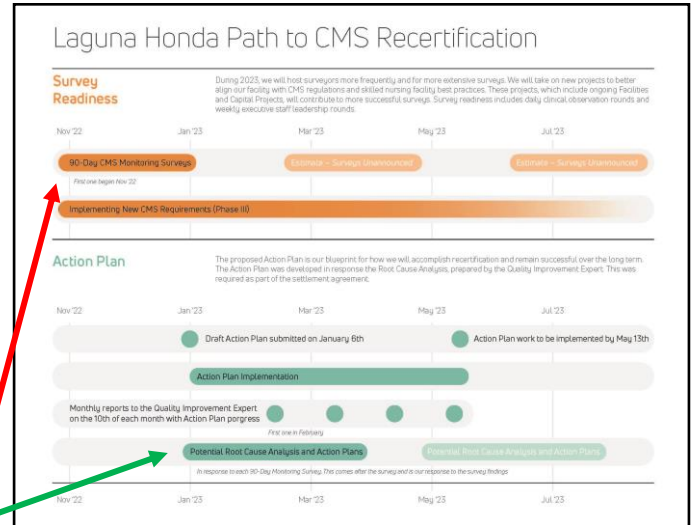
## **LHH Is Lying the “Root Cause Analysis” Report Isn’t Done**

Page 2

**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 10<sup>th</sup> 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

1845 Hayes St. SF California 94117

[teresapalmer2014@gmail.com](mailto:teresapalmer2014@gmail.com)

**415-260-8446**



## Patrick Monette-Shaw

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January 31, 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

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

January 31, 2023

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

Page 3

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

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

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

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

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

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

**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

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

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)

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**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

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

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)

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**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.

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

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)

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**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

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

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)

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**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 ]

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

[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.

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**“ 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.”**

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

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**“ 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.”**

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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.**"*

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

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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.

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

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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.

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**"... 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."**

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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.

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

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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.

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

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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.

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**" 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."**

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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.

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

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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).

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**" 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."**

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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.

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

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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.

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**“ 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. ”**

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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?

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**What's taking these consultants so long? ”**

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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?

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**“ 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? ”**

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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.

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

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**"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."**

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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.

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**" 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. "**

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

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

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

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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!

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**"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!"**

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## 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.

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**"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."**

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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 had 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.

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**“ 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. ”**

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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](http://stopLHHdownsize.com). Contact him at [monette-shaw@westsideobserver.com](mailto:monette-shaw@westsideobserver.com).*

## Somera, Alisa (BOS)

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

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

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)

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

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

**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)

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**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](mailto: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

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**“ 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.”**

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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?

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**“ 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.”**

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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?

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**“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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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 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?

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**“ 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? ”**

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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

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

## **January 31 Board Meeting: Committee of the Whole Hearing on Laguna Honda Hospital Two Additional Issues: LHH 120 Bed Loss Confirmed**

Please address the following two issues related to the recertification of Laguna Honda Hospital.

### **1. Permanent Loss of 120 Beds Laguna Honda Hospital**

City Attorney David Chiu had initially filed three Appeals to the U.S. DHHS and a Federal lawsuit over CMS' decertification of LHH in April 2022. Had Chiu prevailed and won the Appeals and the lawsuit, the decertification would have been overturned, and CMS would not have been allowed to force LHH to permanently eliminate 120 of LHH's skilled nursing facility beds.

The last we have been told by San Francisco's health Commission and LHH's acting-CEO, Roland Pickens, was that LHH was trying to convince CMS not to require permanently closing those 120 beds by converting three-person patient rooms to two-person patient rooms.

The permanent loss of those 120 beds seems to be all but guaranteed, because LHH produced on January 25 a list of Capital Projects it claims must be done to facilitate LHH obtaining its recertification from CMS. Among the four capital projects is a project titled "*Conversion of Triples to Doubles*," referring to the physical remodeling of patients rooms to eliminate 120 beds.

In truth, CMS and the Biden Administration prefer that all skilled nursing facilities move to a model of only having private patient rooms, for one-person occupancy. If CMS prevails requiring the two-person rooms standard and elimination of 120 of LHH's bed, it may not be long before LHH is forced to convert an additional 120 beds (for a total of 240 beds) to switch to the preferred model of single rooms, reducing LHH from a 769-bed facility to having just 529 beds — less than half of the 1,200 beds LHH formerly had before the replacement hospital opened in 2010. If that happens it would represent a 31.2.% change reduction in LHH's current bed capacity

The loss of 120 beds at LHH will be disastrous for San Francisco's dwindling stock of skilled nursing facilities in-county. In the 30 years between 1992 and 2022, San Francisco lost a total of 1,381 skilled nursing facility (SNF) beds — between the closure of hospital-based SNF units and attrition of free-standing SNF's — leaving the City with just 2,281 SNF beds in-county.

If LHH loses 120 of its beds due to CMS' capricious mandate, it will leave our county with just 2,161 SNF beds, forcing more elderly and disabled San Franciscans into out-of-county facilities. (See the table at the end of this testimony.)

The Board of Supervisors must do whatever it takes to prevent the elimination of LHH's 120 beds, and halt any Capital Projects currently underway or planned to convert those 120 three-bedroom suites into two-person rooms. ***You must fight like hell, or you won't have a country anymore*** comes to mind!

### **2. External Oversight, and Board Internal Oversight of Laguna Honda Hospital**

Since LHH was decertified, there has been insufficient Board of Supervisors oversight of getting our beloved LHH recertified.

January 31, 2023

**Two Additional Issues: LHH 120 Bed Loss Confirmed — Committee of the Whole Hearing Laguna Honda Hospital**

Page 2

Thankfully, Supervisor Melgar was able in July 2022 to hold GAO hearings that led to a temporary pause on the mandatory discharges of LHH residents, after public reports surfaced about the first four patient deaths following forced discharges.

But since then, SFDPH, LHH, and the Health Commission (as LHH's governing body) have all chosen to conceal information on the progress of getting LHH recertified with CMS behind closed-door Closed Sessions. They have collectively refused to produce a wide variety of what should be public records. By Roland Pickens' own admission to the Health Commission, at some point LHH began following the wrong regulatory guidelines by solely using regulations applicable to acute care hospitals, not regulations applicable to nursing homes.

SFDPH essentially abandoned its administrative duty to ensure LHH adhered to Federal nursing home regulations. SFDPH's errors overseeing LHH was *not* an accident.

Their obfuscation clearly points to the need of greater oversight of Lagunas Honda Hospital. Many believe that there needs to be independent oversight of LHH by an external agency to monitor LHH's compliance with CMS' regulations applicable to skilled nursing facilities, which I fully support. I urge the Board of Supervisors to collaborate with the San Francisco Grey Panthers to facilitate bringing independent oversight of LHH to fruition.

But in addition, the Board of Supervisors has a role in oversight of LHH, too.

Back in 2005, then-Supervisor Sean Elsbernd introduced Resolution 200-05 (Board file #050396) co-sponsored by then Supervisors Aaron Peskin, Ross Mirkarimi, and Fiona Ma, which the Board passed unanimously on first reading on March 15, 2005 and on second reading on March 25, 2005.

The resolution involved the SFDPH "*flow project*" of patients from SFGH to LHH, and required LHH to submit quarterly reports on admissions to LHH (by age, ethnicity, and the sources of new admissions to LHH). The Resolution urged the then Executive Administrator of Laguna Honda Hospital and Rehabilitation Center (then Mivic Hirose) to provide **on a quarterly basis** admissions statistics for Laguna Honda Hospital detailing age, ethnicity, and referring facility information.

The Resolution had read, in part:

WHEREAS, This change in policy caused a demographic change in the Laguna Honda Hospital population that caused great concern among patients, staff, nearby residents, and other members of the community; and

WHEREAS, On February 17, 2005, the Department of Public Health reversed its March 2004 decision, and returned the admission policy at LHH to the pre-March 2004 policy; and, WHEREAS, Historical statistical information on admissions will help policy makers and the public determine if the reversal in the admission policy is being fully implemented.

LHH submitted the quarterly reports for a dozen years. But for some unknown reason, LHH stopped submitting the quarterly reports during former Supervisor Norman Yee's second term representing District 7. The last quarterly report LHH submitted to the Board of Supervisors was dated October 13, 2017 before Yee became Board president in January 2019. There was no follow up Board of Supervisors legislation that stopped the requirement LHH submit the quarterly reports. It is thought the reports stopped being submitted via a cloakroom deal between Supervisor Yee and LHH's then-CEO Mivic Hirose (who was subsequently removed as LHH's CEO in 2019 following the 2019 sexual abuse of patients scandal under her watch).

I believe stopping the submission of the quarterly reports was a grave mistake, and they should be resumed.

As you know, there is great community concern that SFDPH's "*flow project*" project of patients from SFGH to LHH is essentially still in effect and has been for the past 18 years, with disastrous results.

In addition to potentially requiring independent oversight of LHH by an external agency to monitor LHH's compliance with CMS' regulations applicable to skilled nursing facilities, the Board of Supervisors should resume its oversight role of LHH, by resurrecting Resolution 200-05 and requiring LHH to resume submission of quarterly reports of admissions data to the Board of Supervisors in order to continue monitoring of the flow project. This oversight should be resumed by the Board's Public Safety and Neighborhood Services (PSNS) committee on a recurring basis.

January 31, 2023

**Two Additional Issues: LHH 120 Bed Loss Confirmed — Committee of the Whole Hearing Laguna Honda Hospital**

Page 3

Please address rapidly both 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

**Skilled Nursing Facility Beds in San Francisco**

1992 to 2023

| <b>Year</b>                   | <b># of<br/>SNF Beds</b> | <b>Source</b>                                                                                                                                              |
|-------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1992                          | 3,662                    |                                                                                                                                                            |
| May 1997                      | 3,505                    | "San Francisco Nursing Facility Bed Study," San Francisco Section of the West Bay Hospital Conference, Hospital Council of Northern and Central California |
| January 2008                  | 3,321                    | Benson Nadell, San Francisco Long-Term Care Ombudsman                                                                                                      |
| November 1999                 |                          | Bond Passed to Rebuild LHH with 1,200 Beds                                                                                                                 |
| April 2009                    | 2,731                    | California Advocates for Nursing Home Reform (CANHR) web site                                                                                              |
| September 2021                | 2,375                    | Public Records                                                                                                                                             |
| August 2022                   | 2,281                    | Public Records                                                                                                                                             |
| <b>Lost Capacity Subtotal</b> | <b>1,381</b>             | <b>SNF BedS Lost 1992 to 2022</b>                                                                                                                          |
| LHH Beds                      | (120)                    | CMS (Centers for Medicare and Medicaid Services) Required Punishment                                                                                       |
| <b>Lost Capacity Total</b>    | <b>1,501</b>             |                                                                                                                                                            |
| <b>Remaining SNF Beds</b>     | <b>2,161</b>             |                                                                                                                                                            |



## Introduction Form

(by a Member of the Board of Supervisors or the Mayor)

I hereby submit the following item for introduction (select only one):

- ☐ 1. For reference to Committee (Ordinance, Resolution, Motion or Charter Amendment)
- ☐ 2. Request for next printed agenda (For Adoption Without Committee Reference)  
(Routine, non-controversial and/or commendatory matters only)
- ☐ 3. Request for Hearing on a subject matter at Committee
- ☐ 4. Request for Letter beginning with "Supervisor  inquiries..."
- ☐ 5. City Attorney Request
- ☐ 6. Call File No.  from Committee.
- ☐ 7. Budget and Legislative Analyst Request (attached written Motion)
- ☐ 8. Substitute Legislation File No.
- ☐ 9. Reactivate File No.
- ☐ 10. Topic submitted for Mayoral Appearance before the Board on

The proposed legislation should be forwarded to the following (please check all appropriate boxes):

- ☐ Small Business Commission      ☐ Youth Commission      ☐ Ethics Commission
- ☐ Planning Commission      ☐ Building Inspection Commission      ☐ Human Resources Department

General Plan Referral sent to the Planning Department (proposed legislation subject to Charter 4.105 & Admin 2A.53):

- ☐ Yes      ☐ No

(Note: For Imperative Agenda items (a Resolution not on the printed agenda), use the Imperative Agenda Form.)

Sponsor(s):

Subject:

Long Title or text listed:

Signature of Sponsoring Supervisor: