

From: [Donna DEufemia](#)
To: [Perkinson, Jessica \(BOS\)](#)
Subject: My comment For meeting 7/21/22 regarding Laguna Honda Hospital
Date: Wednesday, July 20, 2022 8:05:37 PM

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I understand the Board of Supervisors are meeting to get an update from the SFDH about : The City's plan to address "hand hygiene, documentation, contraband and infection prevention and control" deficiencies identified by the Centers for Medicare and Medicaid Services (CMS) resulting in the loss of Laguna Honda Hospital's accreditation and CMS Medicare/Medicaid program funding and to present a clear plan for reinstatement of these critical programs by the federal deadline; and requesting the Department of Public Health to report.:

I would like to submit a comment about this. I would like the CMS to back off of a heavy handed sentence for Laguna Honda and employ all means necessary to help the hospital come into compliance. Employ the means to get the above hand hygiene, etc., to help them get back into compliance and not penalize the hospital and therefore the patients. Help them deal with the populations that are causing infractions and violations, to be able to create a humane environment to serve the medically needy population they have. Laguna Honda is too important to be caught in a no-win situation. The community needs and demands their important presence and role in the lives of many. Please look at the bigger picture and create a win-win. Especially stop the negative effects on the patients by decertifying the hospital. Thank you.

~Donna D'Eufemia~
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July 21, 2022

Government Audit and Oversight Committee, Board of Supervisors

The Honorable Dean Preston, Chairperson

The Honorable Connie Chan, Member

The Honorable Rafael Mandelman, Member

1 Dr. Carlton B. Goodlett Place

San Francisco, CA 94102

Re: **GAO File # 220526 Hearing — LHH Accreditation Update**

Dear Chair Preston and Members of the GAO Committee,

Thank you for holding today's hearing on LHH instead of waiting to hold a second *Committee of the Whole* hearing on September 13.

The Department of Public Health has been downplaying the severe crisis San Francisco faces with LHH's probable closure, given CMS' de-certification and termination of LHH's provider participation agreement in CMS' reimbursement program affecting so many San Franciscans depending on Medi-Cal.

During the eight months since LHH flunked its CMS/CDPH its October 14, 2021 abbreviated standard inspection, the full Health Commission and its LHH-Joint Conference Subcommittee (LHH-JCC) have abused "*closed sessions*" to hide the severity of problems from members of the public — and from the Board of Supervisors — for far too long.

It was shocking hearing Health Commissioner Dr. Chow downplay during the LHH-JCC meeting on July 12 that "*the elimination of 120 beds at LHH [won't be so bad] because it won't displace current residents.*" Chow's hubris was alarming! He didn't seem to understand that eliminating those 120 beds will affect thousands of San Franciscans far into the future denied admission to LHH and dumped out-of-county.

LHH's on-line Closure Dashboard shows between May 16, 2022 and Sunday July 17, 2022 LHH made 40 planned discharges to SNF's (1 to a San Francisco SNF; the other 39 to out-of-county SNF's), plus 16 planned discharges to community-based facilities (12 in San Francisco and 4 out-of-county), for a total census reduction of 56 since May.

Not shown on the Dashboard is that LHH's actual daily and weekly discharge reports to CMS/CDPH includes 13 unplanned AWOL's/AMA's, bringing the total census reduction to 69 since May 16. The census two days ago on Sunday July 17, 2022 is now 613 residents, which suggests the total census reduction since May 16 was 73, not 69. However, on October 14, 2014 LHH had a census of 710 residents, so the 613 census as of July 17, 2022 indicates the census has shrunk by 97 residents since October 14, 2014, not 73.

Of the 40 people discharged to SNF's, at least two died post-discharge before Sunday, July 17; that's a 5% death rate potentially due to transfer trauma. SFDPH told the Health Commission yesterday (July 19) that a third patient had died in a SNF after being transferred. The Dashboard must start reporting post-discharge expirations and AWOL's/AMA's, data that should be obtained from the city's Public Conservator and San Francisco's Long-Term Ombudsman.

Data posted on LHH's Closure Dashboard should be expanded to include post-transfer and post-discharge patient outcomes (including post-discharge deaths due to transfer trauma), and demographics of the residents discharged, including gender, race/ethnicity, and age ranges — and most importantly, how many of the discharges involved "behavioral health" patients, vs. long-term care SNF patients.

Additionally, the weekly Dashboard lumps into a single category "Board & Care, Residential Care Facility (RCF), and Residential Care Facilities for the Elderly (RCFE)." I believe and recommend that the Board of Supervisors should direct LHH to break out number of the discharges to each of the three types of facilities, not aggregating them into a single number. That would provide more context to members of the public, and shouldn't be burdensome to LHH's staff.

It's useful to visualize the CDPH deficiencies and violations that led to CMS yanking LHH's Medicare funding. Table 1 below summarizes the Federal Regulatory Groups that apply to Skilled Nursing Long-Term Care facilities, and the 16 F-Tag's violated that led to LHH receiving a total of 22 F-Tag deficiencies during the eight CDPH survey inspections conducted at LHH between October 14, 2021 and April 14, 2022.

Visualizing Violations That Led to LHH’s Decertification

Table 1: Summary of Eight CDPH Inspection Findings

California DPH (CDPH) Laguna Honda Hospital On-Site Survey Inspections 10/14/2021 — 4/13/2022

# of Groups	Federal Regulatory Groups for Long-Term Care Facilities	# of Tags	F-Tag #	Description	# of F-Tags
1	Resident Rights	1	550	Resident Rights/Exercise of Rights	1
		2	554	Resident Self-Admin Meds-Clinically Appropriate	1
2	Freedom from Abuse, Neglect, and Exploitation	3	609	Reporting of Alleged Violations (by Facility)	1
3	Resident Assessments	4	641	Accuracy of Assessments	1
		5	645	PASARR Screening for MD & ID (Mental Disorder/Intellectual Ability)	1
4	Comprehensive Resident-Centered Care Plan	6	656	Develop/Implement Comprehensive Care Plan	2
		7	657	Care Plan Timing and Revision	1
		8	658	Services Provided Meet Professional Standards	2
5	Quality of Care	9	688	Increase/Prevent Decrease in ROM/Mobility	1
		10	689	Free of Accident Hazards/Supervision/Devices	5
		11	695	Respiratory/Tracheostomy care and Suctioning	1
		12	697	Pain Management	1
6	Nursing Services	13	726	Competent Nursing Staff	1
7	Pharmacy Services	14	761	Label/Store Drugs & Biologicals	1
8	Administration	15	838	Facility Assessment	1
9	Infection Control	16	880	Infection Prevention & Control	1
9		16			22

Note: Red text involve “Substandard Quality of Care” deficiencies with Scope-and-Severity levels of F, H, I, J, K, or L.

Source: Eight (8) CDPH Inspection Survey Reports (10/14/2021 through 4/13/2022)

The chart below depicts the 22 “Severity-and-Scope” ratings LHH received. It’s a different way of visualizing the table above. SFDPH and LHH have downplayed to this Board and members of the public the severity of the 22 “S/S” citations, which weren’t “Kafkaesque.”

Laguna Honda Hospital 2021 — 2022 CDPH Survey Inspections Scandal

Level	Description	SCOPE			Total
		Isolated	Pattern	Widespread	
4	Immediate Jeopardy To Resident Health Or Safety	J	K ✓	L	1
3	Actual Harm That Is Not Immediate Jeopardy	☒ =2	✓		3
		G	H	I	
2	No Actual Harm, With Potential For More Than Minimal Harm That Is Not Immediate Jeopardy	✓	✓	✓✓	18
		☒ =3	☒ =1	☒ =1	
		☒ =7	☒ =2		
		D	E	F	
1	No Actual Harm, With Potential for Minimal Harm	A	B	C	
					22

White Checkmarks: CA DPH Initial Survey 10/14/21; Black Box with X: CADPH Five Interim Surveys Between 10/15/21 – 3/27/22

Black Checkmarks: CA DPH Re-Survey 3/28/22; White Box with X: CADPH Post-Survey 4/13/22.

Source: Centers for Medicare and Medicaid Services (CMS) Scope and Severity (s/s) Scale.

SFDPH and LHH have diminished and downplayed to the Board of Supervisors and members of the public the severity of the 22 “S/S” citations, which weren’t “*Kafkaesque*.”

By way of comparing and contrasting the chart above, other data shows that as a result of the patient sex abuse scandal at LHH in 2019, LHH received only 10 “*Severity-and-Scope*” citations during CMS/CDPH inspection surveys, less than half that of the 22 citations shown in the chart above.

Actions the Board of Supervisors Should Consider Taking

Please consider taking these actions as quickly as possible:

1. **SFDPH Must Be Ordered to Be More Transparent About LHH Closure Dashboard** During the Board of Supervisors June 14, 2006 *Committee of the Whole* hearing on the LHH closure plan, interim LHH CEO Roland Pickens stated at 4:39:28: “*So, again, our goal is to be transparent. We have nothing to hide.*”

In contemporaneous reporting from SFDPH’s July 17 remote “*Laguna Honda Stakeholder Meeting*,” the City’s Public Guardian announced two conserved patients who had been discharged during LHH’s closure plan to out-of-county SNF’s died within days following their discharges. DPH must be ordered to work closely with the Public Guardian’s Office and San Francisco’s SNF Ombudsman to obtain and report post-discharge patient deaths publicly on SFDPH’s on-line LHH closure statistics Dashboard to be as transparent as possible about patient outcomes post-discharge.

Additionally, although SFDPH’s Dashboard for July 11 shows 48 patients have already been discharged, another 10 patients have died at LHH and two residents fled AWOL or against medical advice, for a total census reduction of 60 residents. Although SFDPH has been reporting the in-house patients deaths and AMA/AWOL data in a different daily/weekly report to CDPH, LHH has so far failed to include that data on its weekly Dashboard updates. SFDPH must be required to report that data, and also report the post-transfer discharge outcome data of deaths on the Dashboard.

2. **The Board of Supervisors Should Request CMS Place LHH Into Receivership** Since receivership is an option under CMS’ authority over SNF’s, the Board of Supervisors should formally request that U.S. Health and Human Services Director Xavier Becerra, Governor Gavin Newsom, and San Francisco’s Congressional delegation rapidly request CMS impose Federal authority place LHH under CMS Receivership and oversight, and take LHH out of the hands of the San Francisco Department of Public Health and the Health Commission who have both failed to provide adequate oversight of LHH for years and years. Doing so might help re-open admission to LHH to patients of private-sector City acute-care hospitals who have been forced to discharge their patients needing skilled nursing level of care to out-of-county facilities for years, and might re-open admission of patients from home who have been denied admission to LHH and who languish on a admission waiting list because SFDPH has restricted admission to LHH to only SFGH “Flow Project” patients, also for years and years.
3. **The Board of Supervisors Must Halt Any Plans to Split LHH Into Two Types of Patient Populations** Given the discussion raised by LHH Acting CEO Roland Pickens during the June 14, 2022 *Committee of the Whole* hearing on LHH’s closure plan, this Board needs to stop SFDPH’s plan to “*cohort*” the two patient populations into each of LHH’s two Patient Towers dead in its tracks. If that “*plot*” continues to advance, the already critical shortage of SNF beds in the City will only worsen for generations of San Franciscans to come far into the future. That plan must be permanently taken off the table as an option, now!
4. **Halt Hiring Additional Senior Nursing Management at LHH** LHH’s interim CEO, Roland Pickens, announced during the July 12 LHH-JCC meeting that after he released his pilot LHH restructuring organizational chart on June 30 showing the hiring of 10 senior new Nursing management positions — including 1 Chief Nursing Officer (CNO), 1 Nursing Home Administrator (NHA), 1 Assistant Nursing Home Administrator (ANHA), 3 Directors of Nursing (DON), and 4 Assistant Directors of Nursing (ADON) — LHH has just hired an additional “*Nurse Executive*,” separate from the June 30 pilot org chart. Why are 11 new senior Nursing management positions, rather than Nursing line staff, necessary? SFDPH must be ordered — along with its two new consultants at a cost of \$5.5 million — to

stop hiring any more senior Nursing management staff!

- 5. Direct Expansion of LHH’s Restorative Care/Functional Maintenance Program and Hire More Restorative Care Therapy Aides** As you may know, the Health Management Associates consultants June 13 *Preliminary Assessment Report* noted CMS is concerned about LHH’s restorative care program to prevent decline in patients functional abilities. That is of concern for CMS recertification of LHH, too, and had been of concern to the U.S. Department of Justice who had found in 1998 (and written a letter to then-Mayor Willie Brown) that LHH patients’ civil rights were being abused because of decline in their functional abilities.

Before my job classification code was eliminated in an SFDPH-wide budget cutting move in late 2010, I supported a team of senior Rehabilitation Services clinicians in LHH’s Rehab Services Department for a decade. In August 2009 those clinicians created a two-prong “*Restorative Care Program*” (RCP), initially called the “*Functional Maintenance Program*” (FMP); they created LHH’s restorative care program to address the Justice Department’s concerns. The two prongs involved a centralized Level 1 restorative component in the Rehab Services Department located adjacent to the new aquatic therapy swimming pool in the replacement hospital that was stocked with costly specialized gym equipment. They hired four restorative care Therapy Aides having specialized training in rehab and restorative therapy techniques, and were supervised by senior Physical Therapists and Occupational Therapists.

The second prong was a separate Level 2 ward-based Nursing restorative care program component, including evening hours programming on each ward. Unfortunately, the ward-based Level 2 Nursing restorative care component was never really created or implemented.

Following the opening of LHH’s replacement hospital in 2010, a few years later the Nursing Department staged a coup and took over the Level 1 restorative care component, taking it from a centralized program to a ward-based program placed under Nursing Department supervision. It’s thought Nursing supervisors do not have formal graduate school education and training in physical therapy and occupational therapy techniques in such areas as range-of-motion exercises, gait exercise training, upper-extremity exercise, or activities of daily living training skills.

It’s reported that the Level 1 restorative care program has essentially ended. That program should be restored to its former purpose, quickly, in order to assist in regaining CMS recertification.

As well, SFDPH just responded to a recent public records request the *Westside Observer* placed seeking aggregate de-identified patient data from SFDPH’s “Epic” Electronic Healthcare Records (EHR) database for the number of physician referrals for Physical Therapy and Occupational Therapy restorative care treatment requests placed in the two years since the Epic database went live in 2019. Sadly, SFDPH responded once again that it had “no responsive records.” Epic can’t track either the number of out-of-county discharges, or the number of restorative care referrals, and the HMA consultants were having trouble even accessing the Epic database to check on other types of patient care plans that are supposed to exist in the Epic database. That’s not going to help LHH regain CMS certification, either.

- 6. Appoint New Health Commissioners** Mayor Breed needs to be asked to replace several Health Commissioners, including Dr. Edward Chow who has served on the Commission for 30 years preventing “*fresh blood*” on the Commission — and who serves on the LHH-JCC and has known about the systemic failures of LHH’s management team for years — must be removed for having contributed to the CMS closure mess at LHH. Like former CEO Michael Phillips, Chow needs to be held to account, too, along with other LHH-JCC Commissioners.
- 7. Terminate LHH Housing Project Contract** The Board of Supervisors should immediately direct MOHCD to cancel and terminate Mercy Housing’s contract to build up to 269 independent housing and assisted living units on LHH’s campus — including market-rate units — and direct MOHCD to re-allocate that grant award to another housing developer for other senior housing projects. After all, three years after Mercy Housing was awarded the contract in 2019, Mercy is no closer to beginning construction, first purportedly due to delays from the COVID pandemic, and now due to the LHH’s CMS closure fiasco.

The crisis with LHH obtaining CMS recertification should not further delay construction of senior housing that could be built faster in other areas of the City.

There’s a lot the Board of Supervisors should do *before* they go into recess for all of August in a full-month absence.

Otherwise, they should take up these recommendations on the first day they are back to duty in early September before several hundreds of San Franciscans are permanently banished out-of-county with no pathway for return to the City.

Profile of Type of Patients and Care They Receive at LHH, and Census as of July 17, 2022

Below is an extract of data SFDPH and LHH reports daily and weekly to CMS and CDPH showing the remaining patient census by types of patients assigned to each of LHH’s 13 neighborhoods” (wards/specialties). Note that there is no single “behavioral health” neighborhood specialty unit.

Table1: LHH Patient Census Reduction Between May 16, 2022 and July 17, 2022 — By Ward Patient Type

SNF Unit Focus Level of Care	Description of Types of Patients Served	Closure Plan Census	Census	Census	Change (Since 5/6)
		5/6/22	Week 1 5/16/22 – 5/22/22	Week 9 7/11/22 – 7/17/22	
Locked/Secured Memory Care (North Mezzanine)	Residents with the primary diagnosis of dementia with elopement/wandering risk. Residents with serious cognitive impairment with the inability to make medical decisions for themselves; residents who require a conservator or SDM to agree with placement of the resident in a secured setting.	41	40	39	(2)
Integrated Support (North 1)	Residents with behavioral impairments due to mental health disorders, behaviors seen in association with brain disease (e.g., stroke, multiple sclerosis, dementia, and neuro-oncological conditions), transient as well as permanent brain impairments (e.g., metabolic and toxic encephalopathies), and/or injury (e.g., trauma, hypoxia, and/or ischemia).	55	56	54	(1)
Memory Care (North 2, North 3, North 6)	Residents with moderate to advanced cognitive impairment meeting the minimum requirement for skilled nursing needs.	167	168	147	(20)
Language Focused (North 4, North 5)	Residents who meet the minimum requirement for skilled nursing needs who are predominantly monolingual; neighborhoods are committed to providing culturally sensitive and language appropriate care to all patients.	112	112	102	(10)
SNF Rehab (Pavilion Mezzanine)	Presence of one or more major physical impairments which interfere with the ability to function. Must require the supervision of nursing 24 hours daily in one or more of the following: <ul style="list-style-type: none"> • Training in B/B management • Training in self care • Training or instruction in safety precautions • Cognitive functioning training • Behavioral modification and management Must be capable of fully participating with rehabilitation program and must demonstrate the ability to progress towards measurable functional goals.	43	43	35	(8)

SNF Unit Focus Level of Care	Description of Types of Patients Served	Closure Plan Census	Census	Census	Change (Since 5/6)
		5/6/22	Week 1 5/16/22 – 5/22/22	Week 9 7/11/22 – 7/17/22	
Acute Rehab (Pavilion Mezzanine)	Patients must have significant functional deficits, as well as documented medical and nursing needs, regardless of diagnosis, that require:• 24-hour availability of nurses skilled in rehabilitation• Active and ongoing intensive rehabilitation therapy program by multiple other licensed rehabilitation professionals in a time-intensive and medically-coordinated program. Patients must be capable of fully participating in an intensive level of rehabilitation (generally defined as 3 hours of therapy per day, 5 days per week). And must demonstrate the ability to progress towards objective and measurable functional goals.	0	0	0	0
Medical Acute (Pavilion Mezzanine)	Only acutely ill residents for whom appropriate medical care is available are admitted. Residents requiring surgical procedures, critical care, telemetry or hemodynamic monitoring cannot be accommodated on the Acute Medical Unit.	5	3	5	0
Positive Care (South 2)	Residents who have HIV/AIDS and require SNF level of care. The unit meets the needs of residents with HIV related dementia and provides 24-hour support for a diverse community of people living with HIV/AIDS.	53	52	45	(8)
Palliative Care (South 3)	Residents who meet the minimum requirement of SNF level of care who have a terminal disease or chronic and progressive illnesses who would benefit from palliative care services.	50	48	39	(11)
Complex Care With Total Support (South 4, South 5, South 6)	Residents with medical conditions requiring a high level of support, including but not limited to tracheostomy care, enteral tube nutrition, respiratory support, and increased nursing care.	160	159	147	(13)
Total:		686	681	613	(73)
Census on October 14, 2021:		710		613	(97)

Respectfully submitted,

Patrick Monette-Shaw

Columnist, Westside Observer Newspaper

- cc: The Honorable Catherine Stefani, Supervisor, District 2
- The Honorable Aaron Peskin, Supervisor, District 3
- The Honorable Gordon Mar, District 4
- The Honorable Matt Dorsey, Supervisor, District 6
- The Honorable Myrna Melgar, District 7
- The Honorable Hillary Ronen, Supervisor, District 9
- The Honorable Shamann Walton, Supervisor, District 10
- The Honorable Ahsha Safai, Supervisor, District 11
- Angela Calvillo, Clerk of the Board
- Jessica Perkinson, Clerk of the GAO Committee

From: [Carol Bettencourt](#)
To: [Perkinson, Jessica \(BOS\)](#)
Subject: Laguna Honda Hospital, July 21, 2022 Hearing, File number 220526
Date: Wednesday, July 20, 2022 9:55:00 AM

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Thank you to the Government Accountability and Oversight Committee for holding this hearing.

As a long time San Francisco Resident, I find it distressing that there hasn't been more attention paid to the possible closure of Laguna Honda Hospital. San Francisco's Department of Public Health should have to answer for this mess.

It would be a tragedy if Laguna Honda Hospital closed. For years it has been an invaluable resource for some of the neediest residents of San Francisco.

The Board of Supervisors should do anything they can to keep this from happening, including at least short term funding to keep the hospital open if Medicare and Medi-Cal funding ends even temporarily.

I find it alarming that in the midst of trying to regain certification the Hospital staff has also been required to do discharge planning for the residents. The uncertainty and the stress of the discharge planning process is putting needless pressure on residents and their families and diverting time and attention from attending to the residents' needs and the effort to regain certification.

I am especially saddened by the fact that 2 patients have already died within days of being transferred from Laguna Honda Hospital to other facilities.

If residents are transferred to other facilities and the hospital regains certification, those residents should be offered the right to return to Laguna Honda Hospital.

Furthermore, the City needs to put more resources into housing and community alternatives for residents of Laguna Honda Hospital who might be able to return to live in the community with sufficient supports.

Sincerely,

Carol Bettencourt
1137 Hyde Street, Apt G
San Francisco, CA 94109

From: [VIVIAN IMPERIALE](#)
To: [Perkinson, Jessica \(BOS\)](#)
Subject: Written testimony for GAO 7/21 Item #4 Laguna Honda
Date: Monday, July 18, 2022 5:38:26 PM

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

Hello:

Please share my written testimony below with the committee members and include it in the meeting records:

I worked at Laguna Honda Hospital for ten years, ending in 2013.

There is a reason that people living at Laguna Honda are called "residents", rather than "patients." Laguna Honda is their home. The staff and fellow residents become their extended family. They get individualized medical care and counseling and meals and activities. There is a little farm and gardens and a library and computers.

What is about to happen makes no sense. LHH is being told to remove all the residents so the hospital possibly can be re-certified. Think about it. The county removes the people it serves so that it can serve people. There is no logic in this.

Advocate for the removal of deficiencies while keeping the hospital open and not disrupting the lives of 600+ residents.

Vivian Imperiale, MA

From: [Teresa Palmer](#)
To: [Perkinson, Jessica \(BOS\)](#)
Cc: [Major, Erica \(BOS\)](#)
Subject: Laguna Honda Call to Action: for File# number 220526/GAO Committee hearing July 21
Date: Sunday, July 17, 2022 7:54:59 PM

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

Information for File# number [220526](#)
Please file prior to GAO Committee hearing July 21
Thank you, Teresa Palmer MD
teresapalmer2014@gmail.com

----- Forwarded message -----
From: **graypanther-sf** <graypanther-sf@sonic.net>
Date: Sun, Jul 17, 2022 at 5:51 PM



Laguna Honda Hospital Call to Action, July 17, 2022

Every San Franciscan is in danger of losing the public nursing home they paid for and may someday need for themselves. Current Residents at Laguna Honda Hospital are in danger from the plan to immediately transfer all patients out of the nursing home. Please refer to "Give Public Comment at Meetings and Other Things to Do" and "Talking Points" below, to take action.

Background

Laguna Honda Hospital and Rehabilitation Center, the largest nursing home in San Francisco, which is owned and run by San Francisco, has lost its certification to operate. Federal government (CMS) payment for Medicare and Medi-Cal patients will be cut off, and new admissions have been prohibited. As part of recertification, SF DPH intends to discharge all patients, many out-of-county or even out-of-state.

When Nursing Home patients are forced to change location, the death rate from "transfer trauma" is high. We know that Laguna Honda cares for

especially fragile people.

Great efforts are now being made to correct the deficiencies found by CMS at Laguna Honda. With an honest and well-managed effort to fix deficiencies, we have every reason to believe that Laguna Honda will be recertified and open for admissions by January of 2023.

Current Status

- There are now about 600 residents at LHH who continue to require nursing home care.

In addition, there have been about 63 who no longer require nursing facility care, and 2 who require locked psychiatric wards, although Laguna Honda is not a psychiatric hospital and does not have a locked facility.

- 120 of these 600 residents are managed by the Public Guardian, which means they have no families to advocate for them.
- 48 residents have been discharged, some of them to homeless shelters which have no trained medical staff to care for them, as of last Monday July 11, 2022,
- 2 have died within days of transfer to an out-of-county nursing home.
- CMS (the federal government) is saying 3-person suites with a shared bathroom must become double, which would cut 120 beds. As the facility was built less than 15 years ago and each individual room is large and private this does not seem reasonable. There is no evidence that SFDPH has appealed.
- There have been major problems of truth and transparency from the managers of Laguna Honda and the larger San Francisco health department (see below).

Give Public Comment at Meetings and Other Things to Do

- **SF Health Commission Meeting, Tuesday, July 19, 4 PM**, in-person (101 Grove, Rm. 300) or [remote](#). Laguna Honda is item 7 for discussion on the [Agenda](#), Call in your comment at 415-655-0003, ID

2458 939 4169, # #, when Laguna Honda, Item 7, is reached, press *3 and wait for "Your line has been unmuted," and start talking right away. You should have 3 minutes. Email comments up to 150 words to mark.morewitz@sfdph.org.

- **SF Supervisors Government & Audit Committee hearing on Laguna Honda, Thursday, July 21, 10 AM.** In-person (Rm. 250) and remote. Laguna Honda is item 4 on the [Agenda](#), described [here](#). Call in your comment at 415-655-0001, ID 2493 392 7760 # #, when you want to speak, press *3 and wait for "Your line has been unmuted," and start talking right away. Email your comments by clicking [here](#). Watch [here](#).

- Email, call, or write to Xavier Becerra-Secretary of the Department of Health and Human Services, including CMS. Email xavier.becerra@hhs.gov, or call 1-877-696-6775, or write Xavier Becerra at 200 Independence Avenue, S.W. Washington, D.C. 20201. See Talking Point #1, below, for information pertinent to Sec. Becerra.

- Email Nancy Pelosi, Speaker of the House and Representative for San Francisco, [here](#). (You will need to enter your 5 +4 zipcode.) See especially Talking Points #1 and #5 below, when communicating with Rep. Pelosi.

Talking Points

After a meeting with extensive discussion on July 12, 2022 hosted by the San Francisco Gray Panthers, here are a set of demands and talking points which we feel is in the best interest of all San Franciscans:

(1) Laguna Honda Hospital must stay open for San Franciscans in need:

- No further discharges of residents ineligible for Nursing-Facility care until safe arrangements are made for them.
- Stop ALL discharges of residents eligible for Nursing Facility care.
- No forced closure of Laguna Honda by September 15.
- CMS must pay for existing LHH residents through the end of December, the likely date for recertification. (City, State and Federal officials must obtain this commitment from Becerra and CMS.)

- The City must assume payments for Laguna Honda patients if CMS stops paying.
- The City must apply for a waiver from CMS's 3-bed requirement. (No 120-bed reduction at LHH on top of San Francisco's shortage of Medi-Cal SNF beds in San Francisco.)

(2) The discharge and appeal rights of all current residents at Laguna Honda must be scrupulously honored.

- Laguna Honda must Inform residents they can file objections, and how.
- The Laguna Honda care team must support the well-being of the individual over pressure from city administrators.
- CMS is not demanding a "quota" of discharges, nor is it demanding that the facility be emptied of residents. CMS is certainly not demanding that residents' rights and safety be trampled upon.

(3) Residents eligible for Nursing Facility care should NEVER be transferred unless:

- All Nursing Facility transfers are within County unless the resident or a representative family FREELY chooses otherwise.
 - All Nursing Facility transfers are to high quality licensed facilities.
- (No transfers to Brius or Rockport, or similar low quality "for-profit" chains.)

(4) Future Admission Policies and Practices:

- The "flow" project must stop. This "project" has prioritized hard-to-place patients from San Francisco General Hospital, some of whom are unsafe to themselves or others at Laguna Honda,
- Laguna Honda Medical and Nursing Staff must be free of pressure from SFDPH/SFGH. They must screen all potential admissions and freely reject persons the facility cannot safely care for.
- Laguna Honda admissions should be open to any SF resident in

need of a Nursing Facility bed. Laguna Honda administration must be transparent about the waiting list.

- SFDPH and related agencies must offer sufficient residential mental health and substance use services with beds for persons with disabilities. This will provide an alternative to inappropriate placement at Laguna Honda.

(5) Truth and Transparency. SFDPH and Laguna Honda must stop their lies:

- The discharges are NOT voluntary.

Patients are being illegally threatened that if they win their appeal, they may have to pay for their care.

- The discharges are NOT safe.

Some of the 48 patients transferred so far, were sent to homeless shelters.

Two patients died within days of their discharge.

- Laguna Honda can NOT discharge all its patients safely.

There are 600 more Nursing Facility patients to transfer. Many will have to be long-distance transfers, with a high risk of transfer trauma.

There are many openings at this time in Nursing Facilities in San Francisco, but these facilities don't like to take new Medi-Cal residents because they pay less. This must change.

- Patients DO have appeal rights.

All patients can file a 30-day appeal for a hearing, during which care must be paid.

It is illegal for the City to tell them otherwise.

Conclusion

San Franciscans need Laguna Honda. But there is frequently a long

wait for those who need a nursing home bed at Laguna Honda. There is a severe shortage of nursing homes in San Francisco who, like Laguna Honda, are willing to take Medi-Cal, the government payment for long term residency at a nursing home. Since a nursing home costs between 10,000 and 18,000 dollars a month, only the very rich can avoid "spending down" to Medi-cal once they need to live in a nursing home.

Resources

[List :Legal Rights of LHH Residents and Families, plus resources \(from 7/13 CANHR town hall\)](#)

[Change.org Petition to Becerra on Forced Transfers from Laguna Honda](#)

[Dr. Derek Kerr's Westside Observer article "Karma or Persecution: Laguna Honda's Ordeal" and his additional current and past articles on LHH](#)

SF Gray Panther Meeting "Saving Laguna Honda, Part 2, (81 minutes)

(Copy https://www.youtube.com/watch?v=uHDqwt5cE_Y into your browser)

This Laguna Honda Hospital call to action may be found online at bit.ly/LHH-ACTION

From: [Teresa Palmer](#)
To: [Perkinson, Jessica \(BOS\)](#)
Cc: [Major, Erica \(BOS\)](#)
Subject: Fwd: Request for advice on Laguna Honda Hospital to help the families and patients
Date: Wednesday, June 29, 2022 12:55:14 PM
Attachments: [Supervisor Melgar - Laguna Honda - XBecerra 4.16.2022.pdf](#)

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Ms; Perkinson: I am told Government Audit and Oversight committee is to have a hearing on Laguna Honda Hospital, which has not been scheduled yet. COuld you add this to the correspondence file?

Also can you notify me what the file # is and when the hearing will be scheduled?
Thankyou,

Teresa Palmer M.D.
Family Medicine/Geriatrics
1845 Hayes St.
San Francisco, California 94117
Phone:415-260-8446
Fax: 415-292-7738

Email: Teresapalmer2014@gmail.com

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From: **Teresa Palmer** <teresapalmer2014@gmail.com>
Date: Wed, Jun 29, 2022 at 11:33 AM
Subject: Fwd: Request for advice on Laguna Honda Hospital to help the families and patients
To: Myrna Melgar <MelgarStaff@sfgov.org>, Jennifer (BOS) <jennifer.fieber@sfgov.org>

Myrna and Jennifer:

I thought I would take a shot at getting Wendell Primus attention (Nancy Pelosi's chief health policy person); I have spoken to him personally recently about another issue I am working on (HR 3733/Essential Caregivers in nursing homes during lockdowns), and he is curious and very concerned about Laguna Honda.

I absolutely agree that the discharges of SNF eligible people from Laguna Honda should stop, and I thank you for your care and concern. I hope this helps.

Patrick Monette-Shaw tells me that GAO Committee at Board of Supes, per Peskin request (Mandelman/Preston/Chan) are to have a hearing on this, which is not yet scheduled. **I am Preston's constituent so I am ccing this to his staff.**

I agree that the question must be strongly asked: WHY ISN'T LAGUNA HONDA NEGOTIATING WITH CMS TO HOLD THE DISCHARGES WHILE THEY ARE WORKING ON RECERTIFYING? This SFBOS/GAO hearing should be scheduled soon, as time is of the essence.

I am leading another zoom discussion on July 12 at 6 pm (San Francisco Gray Panthers) -we are finalizing the zoom links etc today and tomorrow:

SAVING LAGUNA HONDA: PART 2
How Do We Demand Honest Problem Solving

Instead of Political Posturing?

-July 12st 6-7:30 PM Pacific Time-

we will leave much time for questions and discussion

Teresa Palmer M.D.
Family Medicine/Geriatrics
1845 Hayes St.
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Phone:415-260-8446
Fax: 415-292-7738

Email: Teresapalmer2014@gmail.com

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

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

Date: Wed, Jun 29, 2022 at 10:51 AM

Subject: Request for advice on Laguna Honda Hospital to help the families and patients

To: Primus, Wendell <wendell.primus@mail.house.gov>

Cc: Myrna Melgar <MelgarStaff@sfgov.org>, Jennifer (BOS) <jennifer.fieber@sfgov.org>

Dr. Primus:

Attached is a letter from Supervisor Melgar, Laguna Honda is in her district in San Francisco to Mr. Becerra.

I do absolutely agree with her that the rush to discharge patients who truly need skilled nursing home care is WRONG AND ALL PARTIES INVOLVED NEED TO NEGOTIATE A HALT.

While I feel that Laguna Honda management and the San Francisco Department of Public Health has publically minimized the very good reasons for CMS to be concerned about Laguna Honda, and is being less than transparent about what is really going on, the burden of this process should not fall on the most vulnerable at this time.

As long as Laguna Honda management is making a good faith effort to meet the requirements for recertification, it makes no sense to me that the most vulnerable people and their families should suffer like this.

Can you assist Supervisor Melgar and her staff in getting a response from Mr. Becerra? Thank you so much for any advice you can give Supervisor Melgar to get the ear of Mr. Becerra.

Teresa Palmer M.D.
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1845 Hayes St.
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Phone:415-260-8446
Fax: 415-292-7738

Email: Teresapalmer2014@gmail.com



MYRNA MELGAR

June 16, 2022

The Honorable Xavier Becerra
Secretary of Health and Human Services
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Becerra,

I am writing to ask for your assistance to save Laguna Honda Hospital, a critical institution in San Francisco's District 7, which I represent on the City and County Board of Supervisors. As you may be aware, findings stemming from a compliance process led to CMS's decision to terminate the hospital's ability to participate in Medicare and Medicaid Reimbursement Programs. San Francisco's Department of Public Health has been working closely with CMS to go through the recertification process, which I am confident will be successful. I am asking for your help to reverse or postpone the concurrent requirement that we relocate the nearly 800 residents of Laguna Honda by September 15, 2022—a very difficult requirement given the dire shortage of Medicare/Medicaid-eligible skilled nursing beds in California. Most importantly, this requirement puts the health and safety of these very vulnerable and fragile residents, my constituents, at great risk.

For over 150 years, Laguna Honda Hospital has been a refuge for people of all walks of life to receive life-saving health care, particularly for those with extraordinary circumstances and complicated health issues. Laguna Honda Hospital and Rehabilitation Center is a 62-acre campus located in the district I represent. The prized institution serves all of San Francisco and is the largest skilled nursing facilities in the country. It is also the only publicly owned facility in California. Laguna Honda provides 34% of all the skilled nursing beds in San Francisco.

While the hospital is taking CMS's findings very seriously and has urgent efforts afoot to honor the recertification requirement to relocate its 800 residents, anyone familiar with the medical system knows how difficult it is to place patients in facilities that accept Medicare or Medicaid. CMS has made a near impossible demand to find nearby beds that accept these programs, so patients will likely be relocated far away from their families and friends in San Francisco. Twenty percent of the hospital's residents have mental

health issues along with other disabilities. This disruption will be traumatizing and perhaps catastrophic for some residents who have grown comfortable with their surroundings and skilled and dedicated nursing team that has helped stabilize them over the years.

As the Board of Supervisors representative of the district, I am thankful to have this compassionate institution that offers life-saving care for my constituents by skilled doctors, nurses, and other healthcare professionals, whose jobs will also be affected by closure. As the only Latina on the Board of Supervisors, and the only one elected in San Francisco in 25 years, I am especially proud that Laguna Honda offers unique linguistic and culturally appropriate services: a Spanish ward, and a Cantonese ward, where monolingual residents get services and care in their own language.

I would very much like to meet with you to further discuss this important institution and remedies to this situation.

Sincerely,

A handwritten signature in blue ink, appearing to read 'M. Melgar', written in a cursive style.

Myrna Melgar
Supervisor, District 7
San Francisco Board of Supervisors

From: [pmonette-shaw](#)
To: [Preston, Dean \(BOS\)](#); [Chan, Connie \(BOS\)](#); [Mandelman, Rafael \(BOS\)](#)
Cc: [Stefani, Catherine \(BOS\)](#); [Peskin, Aaron \(BOS\)](#); [Mar, Gordon \(BOS\)](#); [Dorsey, Matt \(BOS\)](#); [Melgar, Myrna \(BOS\)](#); [Ronen, Hillary](#); [Walton, Shamann \(BOS\)](#); [Safai, Ahsha \(BOS\)](#); [Calvillo, Angela \(BOS\)](#); [Somera, Alisa \(BOS\)](#); [Perkinson, Jessica \(BOS\)](#); [Yu, Angelina \(BOS\)](#); [Parsons, Winston \(BOS\)](#); [Hsieh, Frances \(BOS\)](#); [Groth, Kelly \(BOS\)](#); [Donovan, Dominica \(BOS\)](#); [Abraham, Emily \(BOS\)](#); [Mullan, Andrew \(BOS\)](#); [Falzon, Frankie \(BOS\)](#); [Angulo, Sunny \(BOS\)](#); [Yan, Calvin \(BOS\)](#); [Souza, Sarah \(BOS\)](#); [Wong, Alan \(BOS\)](#); [Wright, Edward \(BOS\)](#); [Lovett, Li \(BOS\)](#); [Snyder, Jen \(BOS\)](#); [Smeallie, Kyle \(BOS\)](#); [Kilgore, Preston \(BOS\)](#); [Yu, Avery \(BOS\)](#); [Chuck.Obermeyer@sfgov.org](#); [Madison.Tam@sfgov.org](#); [Low, Jen \(BOS\)](#); [Fieber, Jennifer \(BOS\)](#); [Imperial, Megan \(BOS\)](#); [Carrillo, Lila \(BOS\)](#); [Bintliff, Jacob \(BOS\)](#); [Thornhill, Jackie \(BOS\)](#); [Prager, Jackie \(BOS\)](#); [Green, Ross \(BOS\)](#); [Lerma, Santiago \(BOS\)](#); [Saini, Nikita \(BOS\)](#); [Herrera, Ana \(BOS\)](#); [Ferrigno, Jennifer \(BOS\)](#); [Burch, Percy \(BOS\)](#); [Gallardo, Tracy \(BOS\)](#); [Gee, Natalie \(BOS\)](#); [Evans, Abe \(BOS\)](#); [Chung, Lauren \(BOS\)](#); [Barnes, Bill \(BOS\)](#); [Jones, Ernest \(BOS\)](#); [Berenson, Samuel \(BOS\)](#)
Subject: GAO Chair Preston: LHH Is Not a Supervisorial "Territorial and Jurisdictional" Facility; It's a Citywide Facility — Schedule a GOA Hearing Rapidly!
Date: Wednesday, June 29, 2022 5:40:47 PM
Attachments: [Testimony to GAO Committee File 220526 22-06-29.pdf](#)

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Patrick Monette-Shaw

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

Rafael Mandelman, Member

1 Dr. Carlton B. Goodlett Place

San Francisco, CA 94102
Accreditation Update

Re: **GAO File # 220526 Hearing — LHH**

Dear Chair Preston and Members of the GAO Committee,

I believe the GOA Committee should rapidly schedule a hearing requested by Supervisor Aaron Peskin before the end of July on the situation at Laguna Honda Hospital. After Peskin submitted his hearing request (file # 220526) on May 3, it was then assigned to the GAO Committee. On June 13, the hearing request was then referred to SFDPH the day before the June 14 *Committee of the Whole* hearing. Any 30-day waiting period prior to holding a GAO hearing is now over.

It is important to note that LHH is a citywide hospital that theoretically accepts patients from each of San Francisco's 11 supervisorial Districts. It is not a facility that is the province of a single District — District 7 — and that District should not be allowed to treat LHH as it's own "territorial" turf, nor should D-7 be allowed to thwart a holding a second hearing about LHH's fate before the GAO Committee.

Although DPH's weekly [Dashboard](#) update as of Monday, June 27 has now begun reporting that 25 patients have been discharged (combining community discharges and discharges to

facilities) and shows how many of those discharges were to San Francisco and out-of-county discharges, the Dashboard provides no information what types of locations 9 of the 25 were discharged to what types of “community” settings the 9 were discharged to. Were they to shelters, navigation centers, or another community location? Indeed, the Dashboard reports the types of locations for just 5 of the 9 patients presumably discharged to community locations (as opposed to a type of facilities).

The Dashboard numbers don’t add up, and clearly don’t reflect what happened to all of the 67 patients reduced from the hospital’s census at the time CDPH performed its initial survey of LHH on October 14, 2021. DPH is not being as transparent with the public as it could be, even after DPH claims it “*has nothing to hide.*”

Rather than waiting until September 13 for another CoW hearing on LHH, potential topics for the focus of a GAO hearing before the end of July might include:

1. The full Board of Supers authoring a letter to CMS specifically seeking a variance to the relocation plan in order to stop discharge and relocation of LHH’s residents during the pendency of completing CMS recertification. Such a letter should not be done simply by individual members of the Board of Supervisors. It should include a letter on behalf of the full Board.
2. Urging Mayor Breed to separately author and submit a request to both CMS and the U.S. DHHS seeking a variance to halt discharge of patients until LHH obtains re-certification.
3. Expanding reporting on the Dashboard to report patient demographics, including data on the gender, race/ethnicity, and age ranges of patients being discharged, and most importantly how many of the discharges are so-called “behavioral health patients, vs. long-term care SNF patients.

I urge the GAO Committee to rapidly schedule a hearing rapidly before the end of July to address these issues and not wait another 10 weeks for a second *Committee of the Whole* hearing.

Respectfully submitted,

Patrick Monette-Shaw

Columnist

Westside Observer Newspaper

cc: The Honorable Catherine Stefani, Supervisor, District 2
The Honorable Aaron Peskin, Supervisor, District 3
The Honorable Gordon Mar, District 4
The Honorable Matt Dorsey, Supervisor, District 6
The Honorable Myrna Melgar, District 7
The Honorable Hillary Ronen, Supervisor, District 9
The Honorable Shamann Walton, Supervisor, District 10
The Honorable Ahsha Safai, Supervisor, District 11
Angela Calvillo, Clerk of the Board
Jessica Perkinson, Clerk of the GAO Committee