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January 24, 2025

The Honorable Daniel Lurie
Mayor
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 200
San Francisco, CA 94102

Subject: Background Information for Formal Policy Discussions, January 28, 2025 — Skilled Nursing Home Needs and Senior Services in the Richmond

Dear Mayor Lurie,

It's encouraging seeing that District 1 Supervisor Connie Chan submitted a request for a formal policy discussion during "Question Time" at the Board of Supervisors on January 28 regarding Skilled Nursing Facility (SNF) needs and Senior Services in the Richmond.

In order to assist you with preparation for that meeting, I'm pleased to offer you some brief information that you may not know about, or recall, including an updated inventory of skilled nursing beds [available](#) in San Francisco as of today's date.

While I admittedly don't know about what specific problems the Richmond District may be experiencing with skilled nursing facility access, unfortunately the problem isn't just limited to the Richmond.

During the past dozen years since 2013 the gap (*delta*) between the current supply of skilled nursing beds in San Francisco against projected demand has widened, from the loss of an additional 327 freestanding and hospital-based SNF beds to a shocking 2,072 SNF-bed looming shortage, or worse.

San Francisco Department of Public Health 2016 Analysis

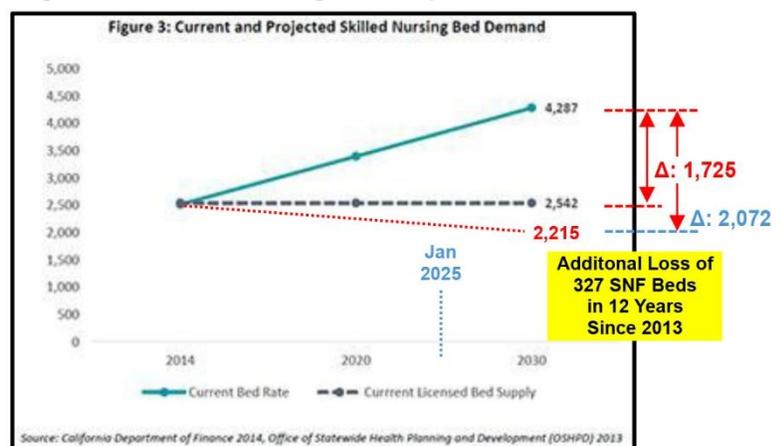
In February 2016, the San Francisco Department of Public Health presented a [report](#) titled "Framing San Francisco's Post-Acute Care Challenge" to San Francisco's Health Commission, which among other things noted on page 14 of the report that San Francisco was facing a gap of 1,725 SNF beds by 2030, now five short years away. SFDPH's chart in 2016 was based on three-year-old data OSHPD collected in 2013, then already sadly out of date.

But as shown in Figure 1 created today overlaying updated data confirmed today from the California Department of Public Health's (CDPH) "CAL Health Find" web page, that gap has increased over the past dozen years by another 327 beds, to a gap of 2,072 licensed SNF beds. The gap between projected demand and current supply as of January 14, 2025 (including the loss of 46 skilled nursing home beds at St. Anne's when it closes on April 9) is alarming, because it will likely worsen due to market forces, further shrinking in-county resource capacity.

Unfortunately, Roland Pickens — LHH's then "Executive Sponsor" and Interim CEO of Laguna Honda Hospital during its attempts for recertification — falsely stated during multiple successive Board of Supervisors "Committee of the Whole Hearings" during LHH's 26-month scandalous decertification, that San Francisco was facing a gap of *only* 700 SNF beds. Apparently, Pickens couldn't remember SFDPH's own 2016 "Framing the Challenge" report. Pickens was wildly off by 1,000 — because the gap between supply and demand has worsened from a 1,726-bed shortage in 2016 to a shortage of 2,072.

"The gap between the current supply of skilled nursing beds against projected demand has widened, from the loss of an additional 327 freestanding and hospital-based SNF beds, to a shocking 2,072 SNF-bed looming shortage, or worse."

Figure 1: Skilled Nursing Bed Gap Worsens



Source: SFDPH figure in 2016 report (page 14); overlaid with updated data from California Department of Public Health verified on January 24, 2025.

On page 28 of the “Framing the Challenge” report, SFDPH reported in Figure 22 that San Francisco had 1,374 “freestanding” SNF beds 23 years ago in 2002. It now appears the City may only have 1,054 “freestanding” beds (excluding LHH, SFGH, and Jewish Home, considered to be “hospital-based” SNF beds). That’s a loss of 320 “freestanding” beds due to market pressures.

“ The gap of 2,072 licensed SNF beds shown in Figure 1 above may worsen if CMS does not approve restoring LHH’s 120 SNF beds forced to close in 2022. ”

Again unfortunately, the gap of 2,072 licensed SNF beds shown in Figure 1 above may worsen if CMS does not approve restoring LHH’s 120 SNF beds forced to close in 2022 during LHH’s decertification. If CMS doesn’t approve restoring those 120 beds to LHH’s Medicare licensure, then the 2,072 SNF bed gap will worsen to a 2,192 bed shortage.

SFDPH’s 2016 “Framing the Challenge” report had also claimed on page 22 that hospital-based facilities (including LHH and the Jewish Home) had lost only 323 “Distinct-Part” SNF beds affiliated with a hospital between 2013 and 2015. But it was under-reported by 64 beds (it was actually 387 lost beds) that are nowhere to be found (Chinese Hospital’s 23 beds and over-reporting for the Jewish Home). Figure 2 shows:

Figure 2: Inflated Hospital-Based SNF Beds

Figure 13: Licensed SNF Beds in San Francisco Acute Care Hospitals: Years 2013-2015 & 2020 Projection

Hospital	2013 DP/SNF Beds	2014 DP/SNF Beds	2015 DP/SNF Beds	2020 Projected	Change from 2013-2020
ACUTE CARE					
Chinese Hospital	0	0	0	23	+23
CMPC - California Campus	101	0	0	0	-101
CPMC Davies Campus	38	38	38	38	0
CPMC St. Luke’s Campus	79 (40 subacute)	79 (40 subacute)	79 (40 subacute)	0	-79
Kaiser	0	0	0	0	0
Zuckerberg San Francisco General Hospital	89	30	30	30	-59
St. Francis Memorial Hospital	0	0	0	0	0
St. Mary’s Medical Center	32	32	0	0	-32
University of California, San Francisco	0	0	0	0	0
Subtotal	339	179	147	91	(-248)
PRIMARILY SKILLED NURSING					
Jewish Home	478	478	403	403	-75
Laguna Honda Hospital	769	769	769	769	0
Subtotal	1,247	1,247	1,172	1,172	(-75)
TOTAL	1,586	1,426	1,319	1,263	-323

Source: California Office of Statewide Health Planning and Development, 2013-2014; San Francisco Department of Public Health Policy and Planning

Source: SFDPH figure #13 on page 22 in 2016 “Framing the Challenge” report.

- The 23 SNF beds at Chinese Hospital still has not obtained CMS approval for licensure as of December 2024. Although Chinese Hospital received a state license from CDPH last fall, until CMS approves it Chinese Hospital cannot bill for Medicare or Medi-Cal federal reimbursement. San Francisco has awarded \$26 million in contracts to Chinese Hospital, which is currently charging acute-hospital bed fees (at \$1,350 per day) until CMS recognizes Chinese Hospital’s state license, at which point the fees will drop to the SNF-bed rate (\$500 per day). The City appears to be over-paying \$850 per day on the contract for those acute-rate beds.

It is not clear whether Chinese Hospital obtained explicit CDPH approval to “flex” acute-licensed beds for use as SNF-level-of-care beds until CMS approves Chinese Hospital’s SNF bed license to allow Medicare billing.

- SFDPH over-reported that the Jewish Home had 403 SNF beds. It only has 362 licensed SNF beds, 41 fewer.
- The 38 SNF beds at Davies Hospital are closed to new admissions, and have only been available to CPMC-affiliated hospital patients since 2017, or earlier. It is thought approximately eight sub-acute patients remain at Davies after CPMC transferred them to Davies when it closed St. Luke’s SNF and sub-acute SNF units. Davies doesn’t accept referrals from non-CPMC facilities. No replacement “sub-acute” facility has opened in San Francisco since CPMC pulled the plug on operating the City’s only sub-acute SNF in 2018.
- SFDPH’s chart asserted there was a total loss of 323 hospital-based SNF beds. It was actually 387 lost, because the 23 Chinese Hospital beds are not fully certified yet and SFDPH over-reported 41 beds at the Jewish Home.

The “Distinct Part” beds lost between 2013 and the 2020 “projection” was actually 387 beds, not 323, lost primarily to private-sector and distinct-part SNF affiliated hospitals rushing to shed expenses of operating SNF beds, to increase their corporate profit margins. Indeed, four of the nine acute-care hospitals shown in Figure 2 shed 271 SNF beds in their race exiting the SNF-care marketplace.

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Report Recommendations Ignored

San Francisco’s Health Commission recommended that the “*Framing San Francisco’s Post-Acute Care Challenge*” project and eventual report presented in 2016 be undertaken. The report was largely written by SFDPH, although the “*Post-Acute Care Advisory Committee Members*” included David Serrano Sewell, Regional Vice President, Hospital Council of Northern and Central California; Pat Blaisdell, Vice President, Continuum of Care, the California Hospital Association; and Mivic Hirose, the then-Executive Administrator of Laguna Honda Hospital and Rehabilitation Center, among others.

Notably, Hirose did not possess a California Nursing Home Administrator license and due to her failures to ensure a culture of patient safety at LHH and her mismanagement of the facility, the 2019 patient sexual abuse scandal erupted under her watch. Hirose was eventually forced out. She was replaced by Michael Phillips, who also didn’t possess a Nursing Home Administrator license. Phillips lasted for just two years until LHH’s two near-fatal drug overdoses in the fall of 2021 sacked him, too. Their mismanagement led in large measure to LHH’s decertification by CMS in April 2022.

Phillips was ousted in June 2022, and replaced by Roland Pickens as LHH’s acting CEO. Pickens didn’t hold a Nursing Home Administrator license, either. Subsequently Sandra Simon, who held a Nursing Home Administrator license, was hired in June 2023 but she resigned — apparently fed up — after just 13 months on the job in August 2024. She was LHH’s first CEO in 20 years to hold a Nursing Home Administrator license.

“ The ‘*Framing the Challenge*’ final report was written in large part by two hospital trade groups and lobbyist organizations anxious to get out of the business of providing skilled nursing to patients. ”

The principal leaders, partners, and presenters of the “*Framing the Challenge*” final report by the Post-Acute Care Collaborative project team were the San Francisco Department of Public Health, Hospital Council of Northern and Central California, and the California Hospital Association. The “*Framing the Challenge*” final report was written in large part by two hospital trade groups and lobbyist organizations anxious to get out of the business of providing skilled nursing to patients.

The purpose of the Post-Acute Care Project was to respond to the decrease in hospital-based skilled nursing facility beds in San Francisco and to assess and respond to the overall need, supply, and gap in post-acute care services and supports in the City. The project goal was to prepare a report for the San Francisco Health Commission summarizing relevant post-acute care data (e.g., current need, current utilization, and future demand). Unfortunately the “*purpose*” didn’t address the decrease in freestanding-based skilled nursing facilities — such as the closure of St. Anne’s in April 2025.

The report only scratched the surface about the problem of massive out-of-county patient discharges (which disenfranchises San Franciscans). Lamely the report asserted out-of-county placements are increasingly necessary to place long-term care Medi-Cal patients and patients with certain characteristics. The report stated:

“For now, out-of-county SNF placement is and will continue to be a reality for San Francisco residents due to limited bed availability, community-living alternatives, and higher care costs in San Francisco.”

The “*Framing the Challenge*” report eventually issued in February 2016 primarily recommended exploring new incentives and funding options to address current gaps in institutional care and bring new SNF, Residential Care Facilities for the Elderly (RCFE’s), Board-and-Care facilities, and subacute providers into the market.

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The report also recommended the City and SFDPH include advocating for revised land use policies for providers; promote provider incentives in the Health Care Services Master Plan; encourage health plans to fund new SNF partnerships; explore priority processing for post-acute providers; and encourage the transfer of SNF beds to new providers in the event of provider turnover.

Importantly, the report noted on page 37:

“Create new SNF unit(s) — 1) encourage acute care hospitals to work with a SNF provider to open a SNF unit funded by all city hospitals, each hospital would have certain number of beds; 2) ask the city of San Francisco to provide financial incentives to SNF providers to build new or upgrade existing facilities, with a percentage of beds reserved for difficult-to-place populations.”

Now nine years after the report was issued in 2016, no follow-up appears to have happened. There’s been not one peep out of the *Post-Acute Care Collaborative* about having held any meetings since 2015, and there’s been complete silence from San Francisco’s Health Commission and San Francisco’s Department of Public Health about this crisis — which continues to worsen — too. Indeed, market pressure on “mom-and-pop” Board-and-Care facilities has worsened, and we haven’t heard anything about how many of those facilities have also gone out of business, worsening the problem.

It’s as if the Health Commission — and by extension — the Board of Supervisors, and Mayor Lee and Mayor Breed all turned a blind eye to the problem, ignoring the crisis of skilled nursing needs and senior services not only in the Richmond, but citywide, too.

It’s thought the Health Commission didn’t forward the “*Framing the Challenge*” report to, or request, the Board of Supervisors hold a policy discussion hearing. The report went missing in a trash can.

Nobody has taken any action to explore bringing new facilities to market, or creating new SNF unit capacity in county — while during the intervening nine years the City has continued to lose more freestanding SNF beds. Both factors continue to exacerbate out-of-county patient discharges.

“OK Corral” Gunfight at the Board of Supervisors

In its December 2017 issue, the *Westside Observer* newspaper published an [article](#) “*Temporary Reprieve From Exile*,” reporting that a tug-of-war had erupted between members of the Board of Supervisors over the severe shortage of skilled nursing facilities (SNF) throughout San Francisco, resulting in part from CPMC’s ongoing elimination of SNF beds from its San Francisco hospital chain, and its decision to close San Francisco’s single sub-acute unit at St. Luke’s Hospital.

The tug-of-war involved, on the one hand, then-Supervisors Ahsha Safai and Hillary Ronen who wanted to focus on the massive shortage of hospital-based and private-sector “*freestanding*” SNF and sub-acute facilities. [That shortage has worsened across the past nine years.] On the other hand, then-Supervisor Norman Yee wanted to focus primarily only on Residential Care Facilities for the Elderly (RCFE’s) and assisted living facilities.

On September 12, 2017 the matter was called from the Public Safety and Neighborhood Services Committee for a hearing before the full Board of Supervisors sitting as a “*Committee of the Whole*.” That hearing focused only on the closure of the St. Luke’s sub-acute SNF. Although the “*Framing the Challenge*” report was published in February 2016, it wasn’t discussed during the September hearing.

During the September 12 hearing Safai noted the lack of SNF and sub-acute care beds had been a “*crisis in the making over the past decade ... as we’ve seen a major, major decrease in the number of skilled nursing beds over the last ten to 15 years.*” For his part, then-Supervisor Jeff Sheehy noted that during the rebuild of Laguna Honda Hospital [during 2007 to 2010] “*we knew then that [the City] was projecting a shortage [of] skilled nursing beds, and the reality is that instead of building [additional] capacity, we’ve been shrinking capacity.*”

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“We knew then [in 2010] that [the City] was projecting a shortage [of] skilled nursing beds, and the reality is that instead of building [additional] capacity, we’ve been shrinking capacity’.”

— Supervisor Jeff Sheehy
September 12, 2017

Supervisors Safai and Ronen were concerned about the City’s crisis of skilled nursing beds shortage, and post-acute and sub-acute care, wanting to explore “*in-county, in-hospital solutions for San Francisco.*” They were referring to the “*Framing the Challenge*” report. Although Ronen and Safai appeared interested in expanding *in-county* capacity, capacity continued shrinking.

Yee threw a wrench into the proceedings, claiming he asked “*for a hearing on these issues*” last June, ostensibly referring to SNF and sub-acute level of care facilities. He had not.

In June 2017 Yee had actually called for a hearing to “*understand the efforts of City departments regarding institutional housing, particularly assisted living, residential care facilities, and small beds for seniors in San Francisco.*” Those were separate, important problems from the issues of sub-acute and SNF level of care, which Yee should have known aren’t synonymous, although are obviously interrelated.

It’s not known why Yee was reluctant to collect out-of-county discharge data when asked to in 2018. He obstructed introducing such legislation while he was Board President.

As Dr. Teresa Palmer, a geriatrician who worked at LHH for over 20 years, noted at the time:

“If we don’t know how many folks have been forced to leave the county for long-term care, how can we plan for what San Franciscans need if we don’t collect the relevant data?”

Supervisor Yee should have used his bully pulpit as Board president to grow the funding pie and fund a range of facilities, including SNF’s, RCFE’s, ADHC’s, and independent residential senior housing, and not pit them one against each other — since all are critically-needed, urgent priorities the City should fund — to stop the plague of out-of-county discharges and patient dumping.

Yee didn’t, and the crisis now eight years later has worsened. Ronen essentially lost interest in pursuing regular SNF bed capacity improvements and advocacy, and Safai continued to focus only on sub-acute care SNF’s, hoping the City would obtain 70 to 90 sub-acute SNF beds. Yee, Safai, and Ronen are all termed out, leaving nobody on the Board of Supervisors to care. Until recently, when now Supervisor Chan, who appears to care about only the Richmond, raised the issue for the Mayor’s “*Question Time.*”

Former Director of Public Health Barbara Garcia tried valiantly to jump start acquisition of sub-acute SNF beds after CMPC shut down St. Luke’s sub-acute SNF in 2017, but her successor, Dr. Grant Colfax, did nothing to advance sub-acute SNF capacity, and the San Francisco Health Commission — under Commissioner Dr. Edward Chow’s “*leadership*” — has essentially lost interest, hoping Chinese Hospital will eventually come to the rescue.

That hasn’t happened. There is still no sub-acute SNF beds unit in San Francisco — in part because Chinese Hospital keeps dragging its feet interminably. And San Francisco’s Department of Public Health hasn’t secured alternative options.

Out-of-County Discharges

In its July 10, 2024 issue, the *Westside Observer* newspaper published another [article](#), “*Missing Report Concealed Shameless Patient Dumping,*” that noted that although requests had been submitted to then-Board of Supervisors President Norman Yee in 2017 and earlier to introduce legislation requiring private-sector and public-sector hospitals in the City, and also Residential Care Facilities for the Elderly (RCFEs), to submit out-of-county discharge information, including a limited amount of demographic data, to DPH annually going forward, Yee went missing in action.

Further, it was recommended that such legislation require all hospitals to report annually their out-of-county discharges to

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the various types of long-term care facilities (including RCFEs and SNFs) listed in a table in a Health Management Associates report, and additionally require them to report the number of out-of-county discharges to other acute-care hospitals and to sub-acute care facilities.

Yee never sponsored such legislation.

It took another four long years before then-District 4 Supervisor Gordon Mar successfully introduced and passed [Ordinance #77-22](#) in 2022, requiring all San Francisco private-sector and public-sector hospitals report annually their out-of-county discharges to just sub-acute SNF's and regular SNF's to the San Francisco Department of Public Health's deputy director for Policy and Planning. Mar wasn't allowed to require RCFE's licensed in San Francisco to submit annual reports.

Now after three years of annual reports of out-of-county discharge data for calendar years 2021, 2022, and 2023 submitted to the Department of Public Health and eventually made public during the San Francisco Health Commission's July 2, 2024 meeting, we belatedly learned five months after the data for 2023 was submitted to SFDPH on January 31, 2024 that somewhere between 2,518 and 9,153 San Franciscans were discharged across calendar years 2021, 2022, and 2023 to out-of-county facilities for routine Skilled Nursing Facility (SNF) level of care shown in Figure 3 (excluding to sub-acute SNF's). Data on out-of-county discharges in 2024 won't be made public for several more months.

The three-year total is more probably around at least 6,000 San Franciscans dumped out-of-county, because CPMC still wrongly claims its electronic health records system — Epic — is unable to track in-county vs. out-of-county discharge destination locations. That's complete rubbish, because other hospitals using Epic (including UCSF and SFGH) stratify discharges by county.

SFDPH staff were unable on July 2, 2024 to answer — and didn't have in its hip pocket — data on the number of SNF beds remaining in San Francisco in response to Health Commissioner Laurie Green's astute, but long-overdue, oversight question: How many SNF beds did San Francisco have as of July 2024?

That was nonsense. Surely SFDPH has accurate information on the current supply of SNF beds in the City. If I can access it on CDPH's web site, SFDPH's massive number of employees should be able to track that down, too!

Amnesia apparently befell both SFDPH's staff and Commissioner Green. The most recent data SFDPH had presented in September 2017 to the Health Commission had reported there was a total of 2,439 SNF beds in San Francisco, down from the 2,542 SNF beds in the 2016 "Framing the Challenge" report. But that was likely disinformation both times, because it relied on probably outdated data from 2013.

The lack of in-county SNF beds obviously impacts the total number of out-of-county discharges for patients requiring SNF level-of-care.

We're now seeing just the tip of a very, very large *out-of-county discharge iceberg* submerged below the surface of the water that is poised to drown the canaries in the coal mine. The actual number is certainly likely far, far higher than just the probable 6,000 in 2021, 2022, and 2023. The data for calendar year 2024 is due to be submitted to SFDPH just three days from now, on January 31, 2025.

“ Somewhere between 2,518 and 9,153 San Franciscans were discharged to out-of-county facilities for routine Skilled Nursing Facility level of care in calendar years 2021, 2022, and 2023. Data for 2024 isn't available yet.”

Figure 3: Massive Out-of-County Discharges

SFDPH Skilled Nursing Facilities Discharge and Transfer Reporting
Required Under San Francisco Health Code Ordinance #77-22
Calendar Years 2021, 2022, and 2023

(Subset of San Francisco Residents Only)

Transferred to an Out-of-County Health Facility to Receive Standard SNF Care					
Foot- notes	SF Residents 2021	SF Residents 2022	SF Residents 2023	3-Year Total	SF % of TOTAL
1 Chinese Hospital	>10	>10	47	47 + >20	38.8%
2 Kaiser Foundation Hospital	435	304	354	1,093	78.7%
3 Dignity Hospitals (St. Francis & St. Mary's)	74	104	12	190	68.1%
4 UCSF	316	298	316	930	31.5%
5 SFGH	137	126	115	378	68.1%
6 Laguna Honda Hospital	0	39	0	39	100.0%
7 Kentfield Hospital	15	12	14	41	29.7%
8 Jewish Home and Rehab Center	0	0	<10	<10	
Subtotal Less CPMC Standard SNF Care:	977	883	858	2,718	49.6%
	+ >10	+ >10	+ <10	+ >20	+ <10
9 CPMC for Standard SNF Care ¹	1,945	2,112	2,378	6,435	86.0%
All 9 Hospitals Total for Standard SNF Care:	2,922	2,995	3,236	9,153	70.6%
	+ >10	+ >10	+ <10	+ >20	+ <10

Footnotes
¹ CPMC asserted for its for the 2021 and 2022 data that its electronic medical record database does not track address of facilities patients are transferred to, so CPMC's data includes both in-county and out-of-county discharge data.

Source: SFDPH reports "SNF Transfer Reporting Requirements and CY2021 and CY2022" created 6/2023 and presented 4/4/2023; and "SNF Transfer Reporting Requirements CY2023" dated 6/28/2024 and presented 7/4/2024. The two 31-page reports total 62 pages.
As of: 6/28/2024

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It should not take SFDPH until July 2025 to present data to the Health Commission on the out-of-county discharges that occurred in calendar year 2024. And when the Health Commission receives the 2024 out-of-county discharge data, then the Mayor and Board of Supervisors should **require** SFDPH and the Health Commission present the data for a full policy discussion before the Board of Supervisors sitting as “*Committee of the Whole*.” This farce cannot be allowed to continue.

Without adequate reporting and repercussions, and without a serious effort by San Francisco to build out additional SNF capacity in San Francisco County, patient dumping of San Franciscans out-of-county following hospitalization is certain to keep increasing.

We must not lose sight of just how severe the out-of-county discharge epidemic has grown — which is clearly a public health crisis in its own right. If San Francisco’s Board of Supervisors and the Health Commission do not exert leadership soon to add additional in-county SNF-bed capacity quickly as San Francisco’s aging population increases, there will be many, many more people simply evicted, exiled, and dumped out of county.

“ We must not lose sight of just how severe the out-of-county discharge epidemic has grown — which is clearly a public health crisis in its own right. ”

Unfortunately, Mar’s Ordinance #77-22 doesn’t require the Health Commission to forward the consolidated annual report data to the Board of Supervisors, or require the Board of Supervisors to hold a public hearing on the growing number of San Franciscans disenfranchised by being exiled to out-of-county facilities for SNF and sub-acute SNF care.

That needs to change. As part of your policy discussion with Supervisor Chan on January 28, you Mayor Lurie and Supervisor Chan should seek an amendment to Ordinance 77-22 requiring annual hearings by the Board of Supervisors Public Safety and Neighborhood Services Committee about the out-of-county discharges.

Slow Pace of Repopulating Laguna Honda Hospital

Adding insult to injury from the massive out-of-county patient discharges, is the excruciatingly slow pace of repopulating Laguna Honda Hospital to its former capacity of 710 patients on October 14, 2021 shortly before LHH was decertified in April 2022. As of January 22, 2025 a public records request revealed LHH had a census of just 426 patients, representing 284 empty beds than the 710 patients LHH had in October 2021 — assuming LHH’s 120 beds temporarily closed during decertification receive CMS permission to reactivate those beds in response to LHH’s recent waiver request.

Alternatively, if all of LHH’s 769 SNF beds were fully occupied, LHH’s January 22, 2025 census of just 426 patients suggests it potentially has 339 empty SNF beds. Those empty beds continue to exacerbate more out-of-county patient discharges, obviously affecting Supervisor Chan’s Richmond constituents facing challenges to access to skilled nursing facilities.

As it is, after LHH gained Medicare recertification on June 20, 2024 it took until the end of July before it began admitting new patients. LHH’s census on July 22 was 410 patients, so the January 22 census of 426 patients means LHH census has increased by only 16 patients during the past six months.

“ LHH’s census on July 22 was 410 patients, so the January 22 census of 426 patients means LHH census increased by only 16 patients over the past six months. ”

On January 13, LHH presented data to San Francisco’s Health Commission claiming it has admitted 53 patients to LHH since July 31. But a different chart presented on January 13 showed that LHH had lost 30 patients between planned discharges and patient deaths. Apparently, the 53 admissions have been offset by even more deaths and discharges, since the net change in LHH’s census since July 31 has increased by just 16 patients. Indeed, on November 22 LHH’s total census was 425, so in the past 60 days, it’s census has increased by just one additional patient.

This suggests the Board of Supervisors should hold a hearing to explain the excruciatingly show pace of admissions to LHH, since the Health Commission has been unable to get LHH to speed up the rate of repopulating LHH!

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Outdated Healthcare Services Master Plan

Dr. Palmer and former Supervisor Gordon Mar were on to something, and were right. Now that we are finally collecting the relevant data and *do* know how many folks have been forced to leave the county for long-term care, the Board of Supervisors and Mayor must better plan for what San Franciscans need in the way of Skilled Nursing Facility and senior services. Not just in the Richmond, but citywide. This is long overdue and should inform the City's "Healthcare Services Master Plan" (HCSMP).

The HCSMP — which seems to have been last updated six years ago in 2019 — identifies current and projected needs for health care services in San Francisco, with a focus on vulnerable populations. The HCSMP is used by the Health Commission, Planning Commission, and the Board of Supervisors to guide health care and land use policy decisions.

Planning Code Section 342 (Ordinance No. 300- 10) adopted in December 2013 stipulates the HCSMP is supposed to be updated every three years.

The master plan ostensibly provides the most current and available local and state data describing health care services, capacity, utilization, as well as the distribution of health care services in San Francisco. The HCSMP is supposed to provide a capacity assessment, quantifying the current and projected capacities of existing medical facilities in San Francisco, including public and private for- and non-profit facilities, and the number of beds and services that require specialized facility accommodations, hospital-based and free-standing rehabilitation, long term care, and home health services.

The HCSMP was supposed to have been updated in 2020, but isn't available on the Internet yet — apparently at least five years overdue. **The pretext the HCSMP has been delayed due to COVID-19 — or LHH's 26-month decertification — must end!** Now.

As part of today's policy discussion with Supervisor Chan, updating the HCSMP should be a top priority, ordering the Health Commission and Planning Commission into action!

The Health Commission needs to get busy, and do its jobs, since the 2019 HCSMP is six years out of date!

I hope the formal policy discussion during "Question Time" at the Board of Supervisors on January 28 regarding Skilled Nursing Facilities addresses problems that are facing both the Richmond District, and San Franciscans all over the City! Bold actions need to flow from these formal policy discussions, and jump-start meaningful and timely solutions.

" Bold actions need to flow from these formal policy discussions during 'Question Time,' and jump-start meaningful and timely solutions. "

Respectfully submitted,

Patrick Monette-Shaw

cc: The Honorable Connie Chan, District 1 Supervisor
Staci Slaughter, Chief of Staff to Mayor Lurie
Matthew Goudeau, Deputy Chief of Staff to Mayor Lurie
Kunal Modi, Chief of Health, Homelessness, and Family Services to Mayor Lurie
The Honorable Raphael Mandelman, President of the Board of Supervisors
Angela Calvillo, Clerk of the Board of Supervisors