

**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

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### **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](#)

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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](mailto: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](http://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://chn.org/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)

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

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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!

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**“ LHH is still expected to accomplish — and is moving closer to — full closure. ”**

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

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**“ 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! ”**

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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**

**Laguna Honda Hospital Resident Census at Time of CMS "Closure Plans "**

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

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.

**“ 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.”**

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 ‘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 SFPDPH 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.

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**“ 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.”**

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**“ 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.’ ”**

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- 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.

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**“ 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.”**

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- 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.

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**“ 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.”**

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## 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!

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**“ 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.”**

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**“ 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.”**

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*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).*

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

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

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

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

## 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					
		No Actual Harm			No Actual Harm, Potential for More than Minimal Harm			Actual Harm That Is Not Immediate Jeopardy			Immediate Jeopardy to Resident Health and Safety					
		Isolated Pattern Widespread			Isolated Pattern Widespread			Isolated Pattern Widespread			Isolated Pattern Widespread					
		A	B	C	D	E	F	G	H	I	J	K	L	Total		
<b>Patient Care "F-Tags"</b>																
Event	Date															
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%	
<b>Sub-Total Patient "S/S" Rated Findings:</b>					45	39	15	8			2	4			5	118
<b>Facility's Physical Plant "K-Tags"</b>																
90-Day Monitoring Survey **	11/28/2022				9	8	3							20	7.7%	
<b>Patient Care + Facility's Physical Plant Total "S/S" Rated Findings:</b>															138	
First Mock Survey	6/22/2022	22	6	5	9	18	16	1	2	4	2	3	8	96	36.8%	
<b>Total (Actual Plus Mock Surveys)</b>		22	6	5	63	65	34	9	4	4	2	7	13	234		
															27	10.3%
															261	100.0%

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

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

"Unrated" Scope of Mock Survey Findings on LHH Medical Acute and Acute Physical Rehab Units:

**Sources:**

- LHH "Sexual Abuse" Surveys: CDPH Form 2567 Initial Inspection Report dated 7/12/2019, and Re-Survey Report dated 9/3/2019.
- LHH Facility Survey: CDPH Form 2567 Initial Inspection Report dated 11/19/2019.
- 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.
- 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."

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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. Ghaly 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

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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)

**(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:** 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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----- 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  
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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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-----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

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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