LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER NOTIFICATION OF CLOSURE AND PATIENT TRANSFER AND RELOCATION PLAN

INTRODUCTION - NOTICE OF INTENT TO CLOSE & RELOCATION PLAN

This Notification of Closure and Patient Transfer and Relocation Plan (Closure Plan) is being submitted by Laguna Honda Hospital and Rehabilitation Center (Laguna Honda) to the U.S. Department of Health and Human Services (DHHS), Centers for Medicare and Medicaid Services (CMS), and the California Department of Public Health (CDPH) following the termination of Laguna Honda's CMS certification in the Medicare/Medicaid Program effective as of April 14, 2022.

Facility Name: Laguna Honda Hospital and Rehabilitation Center Facility

License #: 220000040

Facility Address: 375 Laguna Honda Boulevard San Francisco, California 94116

Anticipated Closure Date: September 13, 2022

Patient Census (as of May 6, 2022): 686

Patient Demographics:

Payor Source	Patient Census
Healthy Workers/Kids	1
Medi-Cal	540
Medi-Cal Managed Care	7
Medi-Cal Pending	1
Medicare	126
Medicare Managed Care HMO	1
Self-Pay	2
SFHP SFHN Managed Medi-Cal	7
Worker's Comp	1
Total	686

Patients who lack Capacity	Patient Census
Lack Capacity w/ No Decisionmaker	2
Conserved, Public Conservator	101
Pending Public Conservator	8
With Surrogate Decisionmaker	378

This Closure Plan was submitted to CMS and CDPH on May 13, 2022 ("Submission Date"). New admissions were paused on April 14, 2022, and no new patients will be admitted on or after this date.

The intent of this Closure Plan is to ensure the safe, orderly, and clinically appropriate transfer or

discharge of each patient with a minimum amount of stress for patients, families, guardians, and legal representatives (collectively, Representatives). All Medicare and Medicaid beneficiary patients will be discharged or transferred to the most appropriate setting possible in terms of quality, services, and location, as available and determined appropriate by the resident care team after taking into consideration the patient's individual needs, choices, and interests. (Note that this Closure Plan only relates to Medicare and Medicaid beneficiary patients.) This objective shall be accomplished in as expeditious manner as possible under the circumstances, as set forth herein. Laguna Honda shall use reasonable best efforts to achieve the time frames set forth herein.

Nationwide, and specifically with respect to the San Francisco Bay Area, there is a recognized shortage of Medi-Cal beds in Skilled Nursing Facilities (SNFs). Not counting Laguna Honda, in 2020, there were only about 340 Medi-Cal certified hospital-based SNF beds in San Francisco. In addition, only 368 out of approximately 845 total free-standing SNF beds were Medi-Cal certified in 2020. San Francisco only had approximately 16 SNF beds per 1,000 adults aged 65 and older in 2020.[1] According to a report compiled by the San Francisco Department of Public Health (SFDPH), Office of Policy and Planning, on SNF bed shortages in San Francisco and the Bay Area, San Francisco has the largest number of SNF beds in the Bay Area, however, between 2013 and 2020, there was a 23.4% decrease in hospital-based and 10.6% decrease in free-standing SNF beds in San Francisco and a 2% decrease across the Bay Area.[2] Given the size of Laguna Honda, the limited availability of SNF beds and beds in other appropriate placements in the San Francisco Bay Area and California, the processes required for notice and discharge, and the complexity of Laguna Honda's patient population, many of whom have a combination of behavioral health needs, substance use disorders, and other complicated social and medical factors, the process to transfer and discharge patients will need to occur over a period of time. Per CMS, ***Laguna Honda is required to transfer or discharge all of its current patients within four months from the approval of the Closure Plan (approval of which is anticipated on May 13, 2022, with four months from that date being September 13, 2022), with a possible 2-month extension based on extenuating circumstances as approved by CDPH and CMS***. As outlined in this Closure Plan, Laguna Honda has continued discharging patients pursuant to the applicable requirements and has begun assessing all patients to begin preparing for the transfer or discharge pursuant to the state and federal closure requirements and will continue to do so in an orderly, systematic manner while it also reapplies for participation in the Medicare and Medicaid programs. We will do our very best to relocate these patients within the CMS timeline as prescribed in this plan. If it appears that alternate placements are not available and a good faith effort to relocate has occurred, there is a shared commitment by all parties, including San Francisco Department of Public Health, CMS, and CDPH to work together to identify resources and solutions on how to best serve remaining patients.

Laguna Honda will provide preparation and orientation to all patients to ensure and accomplish as safe and orderly of a closure as possible upon approval of this Closure Plan. Laguna Honda will not take any action to decrease staffing levels or any of the care and services provided, and patients will continue to receive appropriate skilled nursing care during the closure process.

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1 SFDPH, Office of Policy and Planning, Skilled Nursing Facility Data Brief, April 2020 at p. 2.

2 *Id.* at p. 2-4.

Laguna Honda designated a coordinator for the closure who will also serve as the primary contact between Laguna Honda, CMS, CDPH, and other state agencies as appropriate.
Laguna Honda recognizes that it remains responsible for care and services during the implementation of the Closure Plan. The Medical Director and senior management are aware of the closure and participated in the development of this Closure Plan.

Facility Closure Administrator:	Michael Phillips, Chief Executive Officer
Facility Closure Coordinator:	Irin Blanco, Director of Care Coordination
Telephone Number:	415-759-2363
Email Address:	LagunaHonda@sfdph.org

Laguna Honda paused new patient admissions beginning on April 14, 2022, and no new patients will be admitted on or after this date. As the Closure Plan is implemented, Laguna Honda will provide a daily update on our progress in transferring patients, including where they are being transferred, to CDPH until all patients are transferred.

This Closure Plan is organized into the following eight areas of activity for relocating or discharging patients in anticipation of Laguna Honda's closure*:

1. Notification Requirements
2. Patient Assessments
3. Patient and Family Meetings
4. Identification of Beds and Match with Patients
5. Discharge/Transfer Appeal Hearings
6. Admissions Freeze
7. Patient Transfer and Discharge
8. Implementation and Coordination
9. Administrator and Facility Closure Team: Roles and Responsibilities

* These activities may be conducted at the same time as patients proceed through assessments and transfer.

PART 1 - NOTIFICATION REQUIREMENTS

Centers for Medicare and Medicaid Services. Laguna Honda will submit this Closure Plan to CMS for review and approval and to begin implementation and coordination on May 9, 2022.

California Department of Public Health. Laguna Honda will submit this Closure Plan to CDPH for review, approval of the relocation and transfer plan, and to begin implementation and coordination on May 9, 2022.

Employees. Laguna Honda will notify all staff of the impending closure and of the procedure and time frames contained in the Closure Plan after it is approved by CMS and CDPH.

Patients.
Patients will get two notices related to this Closure Plan, as follows.

Notice of Closure Plan (per 42 CFR §483.70(l))
Each patient or designated Representative will be notified verbally and in writing by Laguna Honda upon approval of the Closure Plan by CMS and CDPH. Each patient or designated Representative will receive a hard copy of the Notice Letter and the Executive Summary of the Closure Plan by Monday, May 16, 2022 in their preferred language and in a manner that they can understand. The Notice Letter will include information on how they can obtain an accessible copy of this Closure Plan in their preferred language. (**See Attachment 1, Sample Notice Letter to Patient/Family Member/Legal Representative and Attachment 2, Executive Summary of Closure Plan**).

Notice to Individual Patient of Proposed Transfer/Discharge (per Health & Safety Code § 1336.2(a)(3))
These notices will be sent out on a patient-by-patient basis based on the individualized needs of each patient after the assessment is done to minimize the possibility of what is called transfer trauma, or the stress that a person may experience when changing living environments. Patients will be assessed starting on all units, and if an appropriate transfer is found for any patient, it will be offered to that patient regardless of assessment Group. Each individual patient transfer notice will be sent as soon as the patient assessment is complete and a placement is located and available. (**See Attachment 4, Notice of Proposed Transfer/Discharge and Right to Appeal**)

Laguna Honda will provide each patient a Notice of Proposed Transfer/Discharge specific to the patient at least 60 days in advance of any transfer or discharge consistent with California Health and Safety Code Section 1336.2, except in situations where the presence of the patient endangers the health or safety of the patient or other individuals in Laguna Honda, in which case the notice of transfer/discharge may be given with less than 60 days advance notice after discussion and approval by CDPH. The notice will state the recommended transfer or discharge and the reasons for the move in a language and manner the patient and patient's representative understand. The notice will include information about the nature of the proposed transfer/discharge based on the assessment described in Part 2, below, and it will also include all information required by law (for example, the information listed in 42 C.F.R. § 483.15(c)(5) and California Health and Safety Code § 1336.2).

Each patient and/or family or representative has the right to appeal a discharge/transfer under Federal law and to have a hearing according to the DHCS Office of Administrative Hearings and Appeals requirements/order. However, in the context of a transfer/discharge with notice of planned facility closure, patients will be informed that the appeal process will not result in restoration of benefits or coverage during their stay at Laguna Honda through the closure process and involves an assessment of whether, after refusing an available and acceptable transfer or discharge option, the patient has other means available to pay for the cost of services at Laguna Honda during the closure process through the Anticipated Closure Date. (**See Attachment 4, Notice of Right to Appeal**). Should a patient wish to be relocated sooner than the 60 days required for notice to take advantage of an available bed in another facility, all appropriate steps will be taken by Laguna Honda to prioritize and complete as appropriate any patient's requested

transfer prior to the 60-day timeline. In addition, the local Ombudsperson's office will be provided copies of the discharge notices provided to the patients and/or Representatives.

Local and State Long Term Care (LTC) Ombudsperson. Laguna Honda will notify the Ombudsperson immediately upon approval of this Closure Plan to provide transfer assistance to patients and Representatives and to assist with any patient/Representative concerns about the relocation requirements and process.

Department of Health Care Services (DHCS). Laguna Honda will provide a written notification to the DHCS Office of Administrative Hearings and Appeals immediately upon approval of this Closure Plan in anticipation of discharges or transfers and related appeals that might be filed by patients residing at Laguna Honda.

Physicians and Other Healthcare Providers. Patient care teams play a role in drafting the placement plan for the patient and Laguna Honda will notify them in writing of the impending closure after CMS and CDPH approves the Closure Plan. (**See Attachment 3, Sample Notice Letter to Facility Staff**). Once a placement is located for each patient, all involved caregivers will be notified of the anticipated transfer/discharge date and proposed location of the patient.

Transport and Vendor/Contractor Services. Laguna Honda's transport service and vendor providers will also be notified and informed of their respective roles in the closure after CMS and CDPH approve the Closure Plan.

PART 2 - PATIENT ASSESSMENTS

The patient population at Laguna Honda is large and complex. Many patients have complicated chronic medical needs along with behavioral health components (such as diagnosed mental illnesses and/or substance use disorders) and other social or behavior issues. This makes placement difficult in many situations, as some facilities do not have the capability or capacity to serve patients with certain medical and/or behavioral needs. Given the size and needs of the current patient population, it will take a significant amount of time for staff to complete adequate, comprehensive assessments of all patients as outlined in this Part 2.

State and federal standards require SNFs to complete comprehensive assessments of every patient prior to any transfer to another facility or discharge to the community during a facility closure. These assessments are key to identifying appropriate facilities that can meet the specific needs and preferences of each patient.

Phase 1 (preliminary review): Laguna Honda began a preliminary patient chart review process on April 15, 2022 . During the chart review, Laguna Honda identified patients who could potentially be discharged to lower levels of care. The preliminary reviews of charts will be complete by May 12, 2022.

Phase 2 (multidisciplinary team review): This next phase will begin immediately upon approval

of the Closure Plan. This phase involves an interdisciplinary team which will include at a minimum physicians, nursing, and social services, and when indicated substance use, mental health, and rehabilitation, as well as patient Representatives when appropriate. Each discipline will assess each patient and review each patient's medical records based on their scope of practice, meet to discuss each patient as part of the Resident Care Team, and provide comprehensive documentation at each step. Each individual assessment is estimated to take approximately one hour to complete, but depending on the patient's needs, may take an additional one to two hours.

Concurrent Assessments. Each of the 13 units at Laguna Honda will begin conducting the patient assessments listed below concurrently on a rolling basis immediately upon approval of this Closure Plan, with the goal to always have multiple patients ready to place associated with each Group listed below in order to utilize placements at every level as they may become available. As soon as each individual patient assessment is done, that patient will be moved to the next stage in order to identify a placement as quickly as possible.

This phase will include the individual assessments listed below, and Laguna Honda aims to complete 6 patient assessments per unit each week (or 78 per week total based on 13 units at Laguna Honda). Once this process begins, if Laguna Honda realizes that this process can be completed much quicker, or is slower, than this initial estimate, Laguna Honda will immediately inform CDPH and CMS, including the reasons for the updated timeline.

The following assessments will be completed for all current Laguna Honda patients as part of the comprehensive assessment prior to receiving a notice of discharge/transfer and provided as part of the information packages that will be sent to the receiving facilities:

Medical and Nursing Assessment. Each patient will continue to be assessed by the assigned physician and licensed nurses from the facility to determine the patient's medical and nursing care needs. The assessment will include a description of any medical/nursing needs or associated behaviors or challenges that may complicate placement. Where appropriate, the medical assessment will include consultations with specialized care providers, such as substance use treatment, mental health, and rehabilitation. In addition, the medical assessment will include screening patients for risks of transfer trauma and referrals to our mental health team throughout the discharge process when appropriate.

Social Assessment. Each patient will also be assessed by social workers from the facility to identify specific social needs such as family and social services supports or other program requirements, including preferred activities inside and out of the facility, interests, and other preferences, which will play a role in finding an appropriate placement. In addition to the medical assessment for transfer trauma, the social workers will also assess for potential risks and provide psychosocial support when appropriate. For clarity, potential receiving facilities that are able to care for patients will be included in the list of facilities considered for patients unless there is serious contra-indication.

Minimum Data Set (MDS) Assessment. The facility will continue MDS assessments of each patient to capture the patient's functional capabilities and health needs. This assessment captures the patient's comorbidities, physical, psychological, and psychosocial functioning in addition to any treatments (*e.g.*, end of life care, oxygen therapy, dialysis) or therapies (*e.g.*, physical, occupational, speech, restorative nursing) needed.

Laguna Honda will consider each of the assessments listed above during the process of creating the discharge/transfer recommendations for each patient as outlined below. If the patient or patient's Representative choose to make a transfer prior to completion of the assessments, Laguna Honda shall inform the patient or patient's representative, in writing, of the importance of obtaining the assessments and follow up consultation.

Because of likely placement delays, these assessments will be conducted every 3 months (quarterly) from the initial assessment date (each a re-assessment). These re-assessments will take in consideration any changes in condition or clinical/nursing care needs that may affect a patient's level of care. The 3-month cadence of re-assessments will continue until the patient is transferred or discharged from Laguna Honda.

Discharge/Placement Categorization. Based on the assessment process, patients will be assigned to one of the following appropriate discharge or placement categories, and all categories will be considered for placement concurrently. The assigned group may change as the facility completes the comprehensive assessments and re-assessments:

Group 1 (people who do not require significant residential/inpatient healthcare or SNF level of care): discharge with no significant facility care needs, including discharge to home or other housing or placement with significant community supports as necessary;

Group 2 (people who require a lower level of care in a residential placement but not SNF level of care): discharge to a lower level of care, such as board and care or residential supportive housing;

Group 3 (people with SNF level of care needs): transfer to a skilled nursing facility; and

Group 4 (people who need care above the SNF level of acuity): transfer to a higher level of care, such as psychiatric health facilities.

As applicable, Laguna Honda will note a modifier indicating whether the facility expects placement to be challenging based on specific factors, which may vary by patient, such as the presence of complex medical needs (*e.g.*, a tracheostomy tube or percutaneous endoscopic gastrostomy feeding tube (PEG tube) or mental health, substance use, or other social/behavioral needs). Laguna Honda will work to start the processes early for patients who may have placement challenges in order to maximize placement options.

PART 3 – INITIAL AND FOLLOW-UP PATIENT AND FAMILY MEETINGS

Laguna Honda will conduct an initial meeting with each patient and, where applicable, the patient's Representative, with the option for the Ombudsperson to be present at the request of the patient or Representative. These meetings will begin upon completion of the individual patient's comprehensive assessments described above or will happen concurrently to the assessment process in cases where doing so is appropriate or would be most beneficial for the patient, after this Closure Plan is approved and the patient or the patient's Representative receives notification of this Closure Plan. The initial meetings will continue until Laguna Honda meets with every patient (and Representative, as appropriate) at Laguna Honda. Where appropriate, follow-up meetings will be scheduled to ensure that each patient and the patient's Representative understand the termination and transfer/discharge process, including the option for the Ombudsperson to be present at the request of the patient or Representative. Placements may be prioritized based on the outcome of these meetings. Given the complex needs of the facility's patient population and level of preparation and coordination required with each patient, the patient's Representative and the patient's care team, Laguna Honda anticipates conducting about sixty meetings each week. Every attempt will be made to have these meetings occur as part of the assessment process or shortly thereafter (*e.g.*, within 2 weeks). The goal is to have these completed by the end of July 2022.

The purpose of the initial meeting is to give the patient and/or Representative information about the closure process and to gather input related to each patient in relation to the transfer/discharge decision. Each patient and/or family/responsible party will be notified verbally and in writing on an individual basis of the meeting. Additionally, a telephone or video meeting will be made available for those interested in participating remotely.
During the meeting or otherwise, the patient and/or the patient's Representative, where applicable, will be interviewed to determine each patient's goals, preferences, and needs in planning for the services, location, and setting to which they will be moved.

The facility will: discuss discharge and transfer options, including setting or type of facility and geographic location; provide information or access to information related to quality of the providers and/or services the patient is considering; psychological or counseling services available to each patient as necessary; and make reasonable effort to obtain each patient's goals, preferences and needs regarding receipt of services, location and setting. Subsequent phone conferences or virtual meetings will be scheduled at times to accommodate the availability of family members. The involvement of family and guardians is essential to assuring successful placements for patients and to assure patients' rights are protected in accordance with 42 C.F.R. section 483.10.

To achieve the overall goal of helping patients move to a new location, the facility will maintain a patient-focused discharge process. The facility will provide services such as social services and psychiatric support to minimize stress to patient and/or Representative. The goal for these support services is to remain focused on the best and positive outcomes for patients throughout the process. Laguna Honda staff, including the social worker and physician, as necessary, will meet with patients and their family/legal representative initially and routinely to address concerns and/or clarify information regarding the closure process.

Laguna Honda will utilize the model shown in Figure 1 below in relation to the entire process of meeting with patients and Representatives, including during information gathering and through the issuance of a placement decision as described in Part 5, below. In addition, Laguna Honda will utilize the assessment process outlined in this Closure Plan to minimize the potential for transfer trauma to each patient, and those patients identified as at higher risk of such trauma will be provided with additional mental health support to minimize the risk.

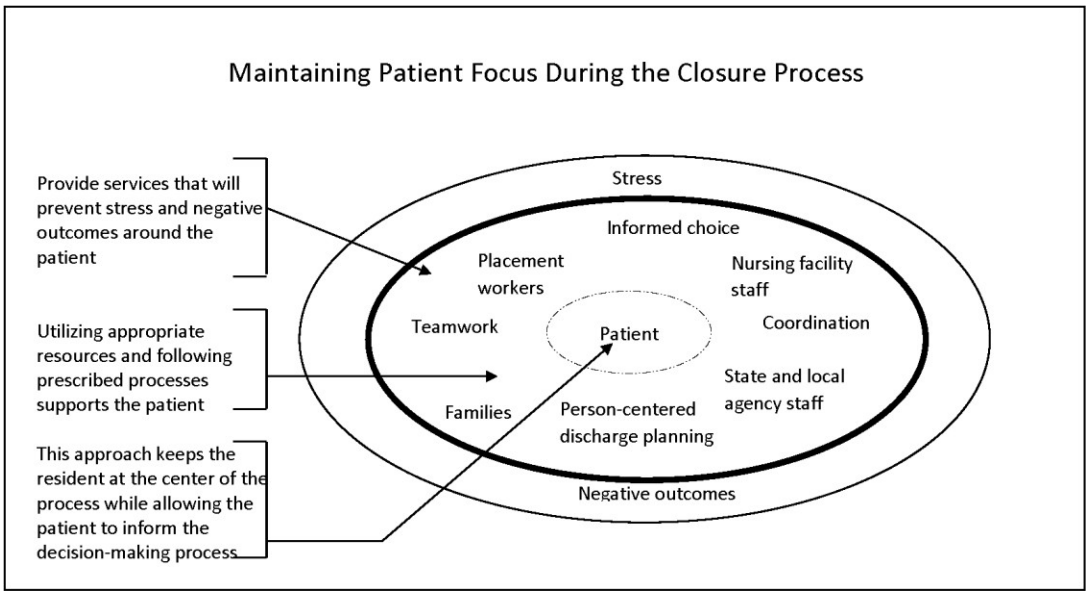


Fig. 1. Laguna Honda Patient-Focused Closure Process.

PART 4 - IDENTIFICATION OF BEDS AND MATCH WITH PATIENTS

Based on Laguna Honda's preliminary review of patient charts and discussions with unit charge nurses, about 20% of current patients meet SNF custodial level of care criteria, but could be discharged to home, a lower level of care, or other placement with adequate community support services, which may include some nursing level supports.

Laguna Honda will actively work with DHCS, CDPH, and Medical and Health Operational Area Coordinator to identify available Medi-Cal certified beds across the state. Laguna Honda will also contact each SNF on an individual basis to identify the beds that are currently available. During the development of this Closure Plan Laguna Honda conducted a preliminary survey to assess the availability of various types of beds in San Francisco and the immediate surrounding Bay Area. As part of this survey, Laguna Honda staff contacted approximately 60 SNFs. (See Figure 2 below) Laguna Honda staff identified and contacted a total of 16 SNFs in San Francisco with a total of 1,228 beds. Of these 16 SNF facilities, approximately 16 beds were available. Part of the facility assessment is to identify the total number of available Medi-Cal certified beds because this is the payor source for over 90% (658) of Laguna Honda patients.

So far Laguna Honda staff has contacted 40 SNFs in the surrounding counties to help identify

facilities within their counties that may be able to accept patients from Laguna Honda, and as of May 2, 2022, the Laguna Honda staff identified a total of 32 available beds. Of these 32 beds, Laguna Honda patients would only meet the criteria for placement in 3 to 6 of those beds because only three are regular SNF beds and 29 are locked psychiatric SNFs, for which only two or three of our patients may qualify.

During this process Laguna Honda staff have encountered several obstacles in obtaining this data, including the following: 1) facility staff do not readily share the number of beds available or the breakdown of the types of beds, 2) facility staff are not responding or returning our calls and messages, and 3) the number of Medi-Cal certified beds is low or unknown.

Laguna Honda staff identified a total of 132 SNF facilities in the San Francisco Bay Area through the CMS and California Health and Human Services (CHHS) websites for a total of 11,248 beds. Laguna Honda staff will be calling these facilities over the next couple of months and throughout the closure process to identify the total number of Medi-Cal certified beds that are available to accept Laguna Honda patient transfers. Laguna Honda will also request CDPH, DHCS, and any other relevant state or federal agency assistance in searching for appropriate discharge destination for the patients Laguna Honda staff will initiate and maintain communication with these, and all of the appropriate facilities throughout the times identified in this Closure Plan. For patients who have Representatives outside of the San Francisco Bay Area, Laguna Honda staff will search for acceptable facilities in that area. Laguna Honda will expand the identification of appropriate placements as the facility meets with patients and learn about their preferences.

In addition, Laguna Honda staff identified non-skilled nursing facilities for patients that could transition to lower levels of care with adequate community or nursing level supports. Within San Francisco, Laguna Honda has identified about 240 beds; however, due to the complexity of nursing care needs and dual diagnoses of patients at Laguna Honda, it is anticipated that the majority of Laguna Honda patients do not meet the criteria for these beds. For example, from the initial review that the facility completed through April 27, 2022, 42 patients could be discharged home or to lower levels of care, but would require significant levels of community and nursing support services. The needs of these patients cannot be maintained with the services available at places like board and care, or residential hotels. These patients will require extensive assistance from care-giver professionals for 8 hours a day or more.

This information will be updated after Laguna Honda conducts a more in-depth assessment based on the needs of the specific patient population and will be continuously revised during the closure process to assist with discharge and placement. The facility will notify long-term care facilities, treatment programs and service agencies of the impending closure and need for beds, placement, and services beginning May 18, 2022.

Based on the information collected in Parts 2 and 3 above, the facility will review and assess each patient's current level of care, needs, and preferences to identify potential discharge and transfer option(s). For community discharges or transfers, Laguna Honda will partner with community services and programs provided by the City and County of San Francisco and community partners to better support the patient's transition and care needs. Laguna Honda will

also refer patients meeting specific criteria to treatment programs settings and services (*e.g.*, residential substance use treatment facilities). To the extent that a patient has a special need to be met, there are other family considerations, or there are no beds within a 15-mile radius, Laguna Honda staff will search in other counties.

Given the large number of patients at Laguna Honda many of whom have complex needs, Laguna Honda anticipates that placements will be necessary outside of the San Francisco Bay Area, including Northern California, the Central Valley, Southern California, and possibly to other states. Transfers to other states will require additional time because each patient's Medicare and Medicaid benefits will have to be transferred to the receiving state.

There are currently about 4,000 long-term care facilities, including SNFs, in California. Laguna Honda plans to call approximately 80 facilities each day over the next 50 days to obtain a baseline on the number of total and current available Medi-Cal certified beds for each level of care. And as noted above, Laguna Honda will actively work with DHCS, CDPH, and Medical and Health Operational Area Coordinator to identify available Medi-Cal certified beds across the state.

Bed-Type	**Available in San Francisco****	**Available in Surrounding SF Bay Area (San Mateo, Santa Clara, Alameda, Contra Costa, Marin, and Solano counties)**
SNF	Total: 1228 Available: 16	Total: in process* Available: 3 (Alameda)
RCFE	Total: in process Available: 45	Total: 545 Available: 0
Residential Supportive Housing	Total: 126 Available: 13	Total: in process* Available: 0
Residential Substance Use Treatment	Total: 277 Available: 81	Total: in process* Available: in process*
SNF with mental health services	Total: 23 Available: 0	Total: 162 Available: 29 (Santa Clara and Solano)
Community: Respite, Shelter, Board & Care	Total: 119 Available: 11 behavioral health respite, 4 medical respite, 4 shelter	Total: in process* Available: in process*

Fig. 2. Breakdown of available beds by type of facility through May 6, 2022.
*****Still gathering total list of facilities meeting this category.
** This data was obtained through internal SFDPH databases and calls to different programs.

Upon finding available beds, Laguna Honda staff will match available beds with patients to arrange for the best accommodation in terms of location, services, and psychosocial needs. Patients or the patient's Representatives will be given an opportunity to participate in this

process and to visit a suggested facility to determine whether it is acceptable. Given the large number of patients at Laguna Honda and the wide range of location, it will not be possible in every situation to facilitate an in-person visit to the proposed location. Laguna Honda will attempt to arrange virtual tours when the proposed location is amenable to this option.

Laguna Honda will identify and contact appropriate transportation services that the facility will use to transfer patients and will establish whether the services have the capacity to handle the projected volume and timetable for transfer/discharge. Laguna Honda will provide appropriate transportation arrangements for each patient.

Once a placement is identified, the patient and Representative will be notified in writing by Laguna Honda of the proposed discharge or transfer and of the patient's right to appeal such proposed transfer/discharge. (**See Attachment 4, Notice of Right to Appeal**). The notice will include all information required by 42 C.F.R. Section 483.15(c)(5) and California Health and Safety Code Section 1336.2. Each patient will be provided a Notice of Proposed Transfer/Discharge after the patient assessment is completed confirming the proposed date of transfer, which in every instance will be at least 60 days from the initial notice of facility closure, except in situations where the presence of the patient endangers the health or safety of the patient or other individuals in Laguna Honda, in which case notice of transfer/discharge may be given with less than 60 days advance notice, but only after discussion and approval with CDPH. A copy of the proposed discharge or transfer notice will also be provided to the local Ombudsperson's office.

PART 5 – DISCHARGE/TRANSFER APPEAL HEARING

Laguna Honda will notify and partner with the DHCS of the impending Closure Plan. Laguna Honda will inform DHCS that each patient will be discharged or transferred to the community with services or to another skilled nursing facility to continue skilled nursing care. Laguna Honda will also request DHCS assistance in searching for appropriate discharge destination for the patients. Each patient has the right to appeal the transfer or discharge and Laguna Honda will comply with the Discharge Hearing process and requirements for each appeal. Patient notices will convey that an appeal will not result in restoration of benefits or coverage for their stay.

When a patient chooses to appeal the discharge from Laguna Honda, Laguna Honda may not discharge the patient while the appeal is pending, unless the failure to discharge or transfer would endanger the health or safety of the patients or other individuals. Laguna Honda will provide medical records to DHCS and patient and/or Representative. Laguna Honda receives notice of the hearing date typically about 14 days after the patient appeals. The patient may choose to be voluntarily discharged and can request assistance with discharge planning arrangements from Laguna Honda. If the patient is voluntarily discharged from Laguna Honda, Laguna Honda is responsible for notifying the CDPH Office of Regulations and Hearings and the local Licensing and Certification Office.

The State of California issues a Decision and Order approximately 14 days after the hearing and Laguna Honda shall proceed with the issued directions contained in the order. Each individual

appeal takes approximately 30 days to complete, and based on the fact that Laguna Honda will have to find placements outside of the San Francisco Bay Area, the facility anticipates that some patients will appeal their transfer placement.

PART 6 - ADMISSION FREEZE

Laguna Honda suspended all new admissions on April 14, 2022. This admission freeze will not apply to facility patients who are hospitalized at an acute care facility and wish to return to Laguna Honda and are expected to be able to safely return to Laguna Honda prior to the anticipated closure date. If a patient is hospitalized and able to be returned to Laguna Honda, Laguna Honda will continue to plan for and coordinate the discharge of the patient to a suitable location.

Laguna Honda has attached the current patient census as of May 6, 2022 as part of this Closure Plan. (**See Attachment 5, Patient Census**). The census includes a breakdown of patients hospitalized but expected to return to Laguna Honda prior to the Closure Date.

Due to HIPAA and other State medical privacy laws and regulations, a patient roster will be shared separately, directly with CMS and CDPH.

PART 7 - PATIENT TRANSFER AND DISCHARGE

Laguna Honda plans to discharge or transfer all patients by the anticipated closure date. Laguna Honda will provide daily updates to CDPH of the total number of discharges and the remaining patient census. Each patient or Representative will be provided a notice with their anticipated discharge date, which will be at least 60 days after the initial notice of facility closure is provided to patients. Patients and/or Representatives who appeal the discharge or transfer will require an approval from DHCS Office of Administrative Hearing and Appeals before they can be discharged or transferred.

Patients will be transferred to receiving facilities or discharged back to the community in an orderly fashion. For community discharge, Laguna Honda will provide the patient and/or Representative discharge education and/or training (*e.g.*, use of equipment and medication treatment, arrange follow up primary care provider and services appointments, and provide discharge medications and necessary equipment and supplies good for 30 days).

As necessary, Laguna Honda will provide appropriate psychological preparation and counseling for each patient to minimize the impact and trauma of the closure on patients and facilitate the patients' adjustment to their new environment.

In relation to patient transfers to another facility, the following steps will be taken for each patient:

Medical Records. At a minimum, Laguna Honda will complete a patient discharge summary. Laguna Honda's Medical Information Systems Department will create an electronic file of medical records to provide to the new facility. Additional legal documents such as guardianship, Power of Attorney (if applicable), and advanced directives (if executed) will be included. The last three months of each patient's medical records will be transferred to the new facility initially, with a more complete record to follow within a reasonable amount of time. In addition, Laguna Honda will complete and successfully transmit MDS documents for all patients including final discharge assessments prior to the transfer. MDS records, including archived files, will be transferred with each patient to their new placements.

Medications. When a patient is discharged to a community setting (*i.e.* home or board and care), the patient will be discharged with up to 30 days' supply of medications, if clinically appropriate. For discharges or transfers to SNFs or other facility placements, Laguna Honda will provide up to 14 days' supply of medication to the new facility. Any medications not transferred with the patients will be destroyed in accordance with all applicable laws and regulations and appropriate records maintained of such destruction. Such records will be reviewed by CMS and/or CDPH on its closure visit to Laguna Honda. If a closure visit is not conducted, Laguna Honda will provide a written account to CMS and/or CDPH of medications transferred and destroyed and shall account for all medications previously maintained by the Laguna Honda.

Patient Belongings. Laguna Honda will itemize all patient personal belongings prior to the transfer to a new facility. The patient's personal belongings (*i.e.* clothing, furnishings, etc.) will be packed and transferred with the patient by Laguna Honda. The patient's personal belongings may be transferred by family members if the patient and the family so desire.

Patient Funds. Laguna Honda will arrange the patient's funds to be transferred to the new facility or ensure continuity and an accounting of a patient's funds as appropriate.

Social Security Information. Laguna Honda will complete and mail, on behalf of each patient transferred, a Social Security change of address based on the federal Social Security Administration requirements.

Transportation. Laguna Honda will work with patients and Representatives to determine the most appropriate transportation method for each patient to safely reach their transfer destination. These modes will include, but not be limited to, the following: ambulance; transport vans; commercial services; other contracted transportation services; and family or other Representative transportation.

PART 8 - IMPLEMENTATION & COORDINATION:

Patient Level of Care Review. Laguna Honda conducted a preliminary review of all current patients to estimate their current level of care needs on April 27, 2022. Based on the current census, 20% meet SNF custodial care criteria but could be discharged to lower level of care facilities if a placement is identified that can meet the patient's other needs (such as wheelchair access or other access requirements) that can accommodate appropriate community or nursing

level services.

Transfer and Discharge Process. Laguna Honda plans to discharge or transfer all patients by the anticipated closure date of September 13, 2022, working with DHCS for Medi-Cal patients requiring covered healthcare, local agencies for step down facilities, and the ombudsperson and any other available resources. Laguna Honda will provide daily updates to CDPH of the total number of discharges and the remaining patient census. (**See Attachment 6, LHH Timeline of Facility Closure**).

Matching Patients with Available Beds. As noted above, the steps listed in this Closure Plan will occur concurrently, and so patients will begin being matched with placements as soon as their individual assessments are completed. Once Laguna Honda identifies discharge locations with available beds or placement, Laguna Honda will assess and match the patients concurrently for all Groups listed in the Patient Assessment section above in order to take advantage of beds as they become available.

Transfer locations for the Groups identified during the assessment include:

- Group 1 Transfer Locations:
  - 1a: Independent Living/Residential/Cooperative Living
  - 1b: Respite (Medical or Behavioral Health)
  - 1c: Hotel without significant support services
  - 1d: Other placements with appropriate services
- Group 2 Transfer Locations:
  - 2a: Hotel or Housing with support services
  - 2b: Board and Care (Residential Care Facility for Elderly and Adult Residential Facility)
  - 2c: Board and Care with delayed egress
  - 2d: Residential Treatment facilities (with behavioral health and substance use disorder treatment programs)
- Group 3 Transfer Locations:
  - 3a: Skilled Nursing Facility
  - 3b: Hospice Facility
- Group 4 Transfer Locations:
  - 4a: Locked Subacute Treatment (LSAT)
  - 4b: Psychiatric Skilled Nursing Facilities
  - 4c: State Psychiatric Hospital

Laguna Honda will notify CMS and CDPH, in writing, of proposed changes in the Closure Plan and obtain approval of such changes prior to effectuating.

Records Storage. With respect to records not transferred with patients or closed/archived records, Laguna Honda has provided for the storage of such records for a period of 10 years from the date of closure as follows:

Records Storage Site: Electronic Health Records system (EHR), EPIC.
Paper records are stored on-site at Laguna Honda or archived at multiple external, HIPAA-compliant facilities approved by the Department of Health Services, Licensing and Certification Division.
Street Address: 375 Laguna Honda Blvd
San Francisco, CA 94116

Records may be accessed by contacting the person below:
Person to Contact: Diane Premeau, Director of Health Information Services
Address: 1001 Potrero Avenue
San Francisco, CA 94110
Telephone Number: (628) 206-6274

Facility Reports to the CMS and CDPH. Laguna Honda will keep CMS and CDPH informed of the progress of the closure on a daily basis. As a part of keeping both regulatory bodies informed, Laguna Honda will submit reports every week, beginning immediately after the approval of this Closure Plan by CMS, detailing the status of each patient's discharge or transfer. The weekly report will also include information about staffing levels (including patient care, dietary, and janitorial staff) and about the availability of supplies and resources. (**See Attachment 5, Patient Census**).

Monitoring and Closure Visits. Laguna Honda acknowledges that CMS and CDPH may conduct monitoring visits and a final closure visit at the discretion of the CMS and/or CDPH and agrees to cooperate fully.

Final Closure Visit. Laguna Honda will submit a final closure report and final patient roster detailing where all patients were transferred at the time the last patient is transferred or discharged. In order to prepare for the final closure visit, Laguna Honda will make available: (1) a list of all the patients transferred, the facilities to which they were transferred, and the medication which accompanied them, if applicable; (2) medication disposal records, if applicable; (3) patient funds accounting records, if applicable; (4) verification of the successful transmission of the MDS documents; (4) the location where records will be stored with the name, address and telephone number of the individual responsible for the safekeeping of such records.

PART 9 - ADMINISTRATOR AND FACILITY CLOSURE TEAM: ROLES AND RESPONSIBILITIES

Administrator: Roles and Responsibilities.
Facility Closure Administrator – Responsible for the operation of the facility, and the governing body remains responsible for the oversight of the facility operation.
According to state and federal regulations, the administrator is responsible in submitting written notification of the closure and transition plan to CDPH, State LTC Ombudsperson, patients of the facility, and the Representatives of such patients. In addition, the administrator will ensure that the facility does not admit any new patients on or after April 14, 2022 and all patients will be discharged or transferred to settings based on quality, services, and location, taking in

consideration the needs, choice and best interests of each patient. (**See Attachment 7, LHH Facility Closure Policy**).

Facility Closure Coordinator – Provides oversight of the eight areas of activities in the Closure Plan. In addition, the coordinator will ensure that the steps and actions indicated are implemented and operationalized. The coordinator will report to the Facility Closure Administrator regarding the status and progress of the Closure Plan.

Facility Closure Team: Roles and Responsibilities.
Facility Administration Team – Will serve as the lead and staff member responsible for operation, implementation, and monitoring of designated tasks and completion timelines and deadlines; including Medical Services, Nursing Services, Quality Management, and Support Services Operation. Will provide guidance and coaching to Facility Closure Team around communication strategies with patients and families.

Facility Closure Team – The Resident Care Team will have a role in the transfer/discharge process to assure a safe and orderly transfer for all patients.

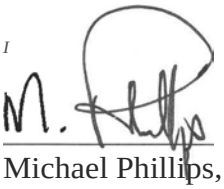
Disciplines	Credentials	Responsible For:
Medical Services Leads: Wilmie Hathaway, Chief Medical Officer Lisa Hoo, Chief of Staff Monica Banchero, Chief of Medicine	DO or MD	Conduct medical assessments
Nursing Services Lead: Terry Dentoni, Acting Chief Nursing Officer Support Team: Nursing Directors Nurse Managers Charge Nurses	RN and LVN	Implement the general scope of nursing practice, including promotion of health, prevention of illness, and care of physically ill. Supervises other health care auxiliaries. Ensures that each patient's care plan is in place and continues throughout the closure process.

Social Services Lead: Janet Gillen, Director of Social Services	LCSW and MSW	Conduct and provide social and psychosocial assessments and support to all patients. Coordinate and conduct patient and/or representative meetings regarding the Closure Plan. Identify discharge options and services needed. Refer and coordinate referrals of patients to other facilities. Coordinate transition of patients, such as transportation, to other facilities. Collect date related to discharge options, services and discharge data.
Utilization Management Patient Flow Lead: Maria Chavez-Lagasca, Nurse Manager	RN and LVN	Conducts record reviews for level of care, regulatory requirements and support Social Services in the identification of potential facilities for bed availabilities. Coordinate regulatory requirements for discharge hearings. Ensure that there are no new admissions beginning 4/14/22. Assist in collecting data related to discharge progress.
Behavioral Health Services Lead: Yifang Qian, Chief of Psychiatry	CADC II, MSW, LCSW, PsyD, PhD, MD	As appropriate, provide trauma support to patients and/or provide emotional support resource information to families/representatives regarding the transition plan.
Activity Therapy Lead: Jennifer Carton-Wade, Assistant Hospital Administrator		Assist in scheduling meetings with families and/or representatives. Assist in identifying patient preferences. Provide transportation to patients to their discharge or transfer destination as appropriate. Schedule and facilitate community meetings of

		patients discussing the closure plan.
Admissions and Eligibility Lead: George Villavicencio, Patient Access Admission and Eligibility Manager		Assist in referring patient's entitlement to governing bodies, such as SSA. Provide financial or entitlement education to patients and/or representatives.
Environmental Services Lead: Chauncey Jackson, Director of Environmental and Fleet Services		Assist in coordinating or provide transportation for patients being discharged or transferred to a new facility. Ensure that patient belongings are transported from one facility to another.

Fig. 3. Laguna Honda Facility Closure Team.

Date Closure Plan Submitted: May 13, 2022 Signature:



Michael Phillips, MHA, FACHE
Chief Executive Officer, Laguna Honda Hospital & Rehabilitation Center

Attachments:

1. Sample Letter - Notice to Patient/Family Member/ Legal Representative
2. Executive Summary of Closure Plan
3. Sample Letter to Staff
4. Notice of Right to Appeal
5. Patient Census
6. Facility Closure Timeline
7. LHH Facility Closure Policy

CDPH AND CMS REVIEW AND APPROVAL/DENIAL

Date Plan Received by CDPH:_____

Evaluated By: _____ Date: ___/___/___

Approved:____ Denied:____. Comments: _____

Reviewed By: _____ Date: ___/___/___

Approved:____ Denied:____. Comments: _____

Date Plan Received by CMS:_____

Evaluated By: _____ Date: ___/___/___

Approved:____ Denied:____. Comments: _____

Reviewed By: _____ Date: ___/___/___

Approved:____ Denied:____. Comments: _____

ATTACHMENT 1

Sample Letter – Notice to Patient / Family Member / Legal Representative

Dear Laguna Honda Patients and Families,

Our goal at Laguna Honda Hospital remains patient safety and providing excellent care in a welcoming, healing and safe environment. It is an honor to serve Laguna Honda patients and the larger San Francisco community.

As you know, despite significant improvements to comply with regulators and support patient safety, the Centers for Medicare and Medicaid Services (CMS) recently terminated Laguna Honda's participation in the Medicare and Medicaid programs, which funds the majority of Laguna Honda patient care. Laguna Honda is required by CMS to provide this notice and the Patient Transfer and Relocation Plan (the Plan) to Medicare and Medicaid beneficiaries. The Plan addresses steps that Laguna Honda must take to continue to meet your medical needs, including to begin the process of conducting patient assessments, conducting meetings with patients/representatives, and safely transferring patients to other facilities.

As required by the Plan, Laguna Honda staff will begin assessing each patient's care needs to help with a safe and orderly transfer to an appropriate placement at another facility. We will take into account your preferences with respect to available facilities and location whenever possible and your specific specialized healthcare and mental health or treatment needs. We will also get input from patient family members.

Our staff will work together to create as little stress as possible to accomplish this process in a manner which will minimize, if not altogether prevent, the incidence of "transfer trauma." Transfer trauma is the traumatic consequence experienced as the result of the abrupt and involuntary transfer of a patient from one residential facility to another. We believe that transfer trauma can be reduced for each patient if we, the patient, and his or her family and/or responsible representative work together to provide a transfer that is organized and adheres to the regulations provided for facility closure. No amount of preparation will completely remove all the trauma of relocation either to you, or the family. We will work with you and keep you informed every step of the way to minimize these effects.

In this regard, the remainder of this letter will provide you with a better understanding of the process which will occur in the coming months prior to the transfer of each patient.

An Executive Summary of this plan is attached to this letter, and the complete plan is available for your review by requesting a copy from any Nursing Station at Laguna Honda, or by calling 415-759-2300. And if you have questions about the plan, call 415-759-2300.

Laguna Honda Hospital leadership is fully committed to patient safety and will continue to communicate with you and your families during this transition period.

1. **General Advice and Information**: We will provide trained staff to assist you in all decisions about the move. We will conduct periodic meetings throughout this process to update our

progress and answer all your concerns. We will also be available daily to address immediate questions and concerns.

2. **Patient Assessments Needs and Services**: A qualified employee will create a needs and services plan that will include recommendations, including counseling and follow up visits, for preventing or reducing as much as possible the effects of transfer trauma. Our staff will assess the social and physical functioning of each Patient. This assessment will include recommendations for preventing or lessening potential adverse health consequences of transfer, as well as the type of facility which will best suit each Patient.

Some Patients and/or their representatives may choose to move before the completion of the Patient assessments. The importance of these Patient assessments cannot be overstated in their importance in understanding and minimizing the potential for transfer trauma. We strongly encourage all Patients and their representatives to allow the completion of the Patient assessment prior to the transfer.

3. **Patient Relocation Needs**: We will evaluate the relocation needs of each Patient and the Patient's family and determine the most appropriate and available type of future care and services for each Patient. We will discuss the needs and services plan with each Patient and his or her family and/or responsible party. The needs and services plan will become a part of each Patient's record.

4. **Future Medical Care and Services**: We will arrange relocation with the Patient and responsible party, including identifying a transfer location and helping facilitate the transfer for patients with special transportation needs. The Patient or Patient's family members or representative may make other arrangements independently if they so desire. While we will make the necessary arrangements for this care, Laguna Honda will not pay for such future care or services.

5. We have attached a listing of all the SNF facilities within the City and County of San Francisco, as well as some facilities in surrounding areas, and will discuss with you the most appropriate facilities that may apply for you. The list is as comprehensive to give you many options. Some placement options will be outside San Francisco. This list is intended to give you and your family a sense of what options may be available, but the options that work for you may be different based on the assessment and your personal needs. And the facilities on this list may not have a bed available.

6. This letter will serve as the formal notice that the relocation process of the patients of Laguna Honda will begin immediately and, consistent with the requirements of Section 1336.2 of the California Health & Safety Code, no patient will be required to transfer sooner than **sixty (60) days (no sooner than July 15, 2022)**. Patients can volunteer to transfer sooner than July 15, 2022. Through discussion with the clinical team, earlier placement will be encouraged, but not required, based on bed availability in a preferred location with an emphasis on the most appropriate placement for the patient. As we place each of the patients in new facilities, availability will decrease and the proximity of the available facilities to each patient's family or preferred location will likely grow further away. Please choose wisely and as soon as possible in

order to accomplish a placement as near as possible to your loved ones or preferred location. We have included a list of facilities in the City and County of San Francisco and surrounding areas and we may also provide you a list of facilities in any area that you may desire to relocate. We will meet with each Patient and responsible party to discuss appropriate placement at a facility located as close as possible to your desired location to accommodate your needs.

7. Your needs and services plan/relocation evaluation will be updated throughout the rest of your stay to provide the most current information available at the time of transfer.

8. A list of community support and service agencies that are available in addition to the support and services that Laguna Honda will continue to provide be and government agencies is attached.

9. We will assist in meeting all your needs as best we can. We will make the Patient assessments available to you as soon as possible. No Patient will be required to transfer until after the Patient assessments are completed and you have received our relocation recommendations. Once the relocation recommendations are provided to you, each Patient has the option to transfer from the Facility earlier in order to secure placement at any recommended facility. The transfer plan is available to each Patient or Patient's representative free of charge upon request. You have the right to discuss the relocation evaluation at any time and you and/or your legal representative have the right to meet to discuss this evaluation.

10. We paused accepting new patients as of April 14, 2022.

11. We have provided the local Ombudsperson a copy of this plan and we will notify them as soon as a recommendation is made for your placement. We will also inform them of your new location based on information provided by you or your legal representative.

The long-term care Ombudsperson program serves as an advocate for all skilled nursing facility residents. Ombudsperson services are free and confidential. If you would like to speak or consult with the local long-term care Ombudsperson program for the City and County of San Francisco about this notice and the Plan, or in relation to any placement decision, their contact information is:

San Francisco LTC Ombudsperson Program
c/o Felton Institute
6221 Geary Boulevard, 3rd Floor
San Francisco, CA 94121
ombudsman@felton.org
415/751-9788
felton.org/social-services/seniors/sf-ltc-ombudsman-program/

12. **Appeals**: You will have the legal right to appeal any transfer and/or discharge. The Department of Health Care Services (DHCS) has an Office of Administrative Hearings and Appeals (OAHA) to hear these appeals. OAHA has a website to get more information: https://www.dhcs.ca.gov/formsandpubs/laws/Pages/Transfer-Discharge-and-Refusal-to-Readmit-

Unit.aspx. Your notice of transfer and/or discharge will also include this information. The contact information for requesting an appeal or learning more about this right is:

Office of Administrative Hearings and Appeals
Department of Health Care Services
Telephone: (916) 445-9775
(916) 440-5105, or
Email at OAHAefax@dhcs.ca.gov.

Note that an appeal will not result in restoration of financial benefits or coverage for your stay at Laguna Honda.

As stated above, our primary goal is to minimize the effects of transfer trauma to any Patient. Some Patients may voluntarily transfer before completion of the Patient assessments referenced above. Once again, we encourage each Patient to participate in the follow-up consultations that will be offered to each Patient regardless of the circumstances of the transfer. Your participation in the transfer process is encouraged and your questions are welcomed. We strive to continue to provide the best possible care throughout this process. Your assistance in this effort will help to reduce the effects to each Patient to the greatest extent possible.

Sincerely,

ATTACHMENT 2

Executive Summary of Closure Plan

LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER EXECUTIVE SUMMARY OF CLOSURE AND PATIENT TRANSFER AND RELOCATION PLAN

Laguna Honda Hospital and Rehabilitation Center (Laguna Honda) submitted a Notification of Closure and Patient Transfer and Relocation Plan (Closure Plan) to the Centers for Medicare and Medicaid Services (CMS), and the California Department of Public Health (CDPH) on May 9, 2022, following the termination of Laguna Honda's CMS certification in the Medicare/Medicaid Program effective April 14, 2022. This Executive Summary of the Closure Plan summarizes the steps Laguna Honda will take to close by September 13, 2022.

The Closure Plan is intended to ensure the safe, orderly, and clinically appropriate transfer or discharge of each Medicare and Medicaid beneficiary patient. (Note that the Closure Plan only relates to Medicare and Medicaid beneficiary patients.) All patients will be discharged or transferred to the most appropriate setting possible in terms of quality, services, and location, as determined appropriate by the resident care team and taking into consideration the patient's individual needs and choices. All time frames contained within the Closure Plan are reasonable approximations. We will do our very best to relocate these patients within the CMS timeline as prescribed in this plan. If it appears that alternate placements are not available and a good faith effort to relocate has occurred, there is a shared commitment by all parties, including San Francisco Department of Public Health, CMS, and CDPH to work together to identify resources and solutions on how to best serve remaining patients.

Laguna Honda assures that it will not take any action to decrease staffing levels or any of the care and services provided, and remains committed to its patients, families, and employees in providing excellent care during the closure process.

Discharge/Transfer Notice

Laguna Honda will provide each patient a Notice of Proposed Transfer/Discharge in advance of any transfer or discharge, with a proposed transfer date at least 60 days after the initial notice of facility closure, except in situations where the presence of the patient endangers the health or safety of the patient or other individuals in Laguna Honda, in which case the notice may be given less than 60 days after the initial notice of facility closure. The notice will state the recommended transfer or discharge and the reasons for the move in a language and manner the patient and patient's representative understand. These notices will be sent out patient-by-patient based on the individualized needs of each patient after the assessment is done to minimize possible transfer trauma. Each individual patient transfer notice will be sent as soon as the patient assessment is done and a placement is located and available.

Patient Assessments

Laguna Honda will complete the following assessments for each patient before any transfer to another facility or discharge to the community. Patients will be assessed concurrently on all

units, and if an appropriate transfer is found for any patient, it will be offered to that patient regardless of assessment Group.

These assessments are critical to identify an appropriate facility to meet the needs and preferences of the patient.

> Medical and Nursing Assessment. Each patient will be assessed by the assigned physician and licensed nurses from the facility to determine the patient's medical and nursing care needs.
>
> Social Assessment. Each patient will also be assessed by social workers to identify specific social needs necessary for finding an appropriate placement.
> Minimum Data Set (MDS) Assessment. The facility will continue MDS assessments to capture the patient's functional capabilities and health needs.

Laguna Honda will consider each of the assessments listed above during the process of creating the discharge/transfer recommendations for each patient as outlined below.

Patient and Family Meetings

Laguna Honda will conduct an initial meeting with each patient and, where applicable, the patient's representative. The purpose of the initial meeting is to give the patient and representative information about the closure process and to gather input for the transfer/discharge decision. Each patient and representative will be notified verbally and in writing of the meeting. These meetings will begin immediately following each individual patient's assessment on a rolling basis and concurrently with the remainder of the patient assessments. Where appropriate, follow-up meetings will be scheduled to ensure that each patient and the patient's representative understand the termination and transfer/discharge process.

Identification of Beds and Match with Patients

Laguna Honda will review and assess each patient's current level of care, needs, and preferences to identify potential discharge and transfer option(s). Laguna Honda will work closely with DHCS and CDPH to help identify beds for Medi-Cal patients requiring covered healthcare, local agencies for step down facilities, and the Ombudsperson and any other available resources. Laguna Honda will provide daily updates to CDPH of the total number of discharges and the remaining patient census. Laguna Honda will also refer patients meeting specific criteria to treatment programs settings and services (*e.g.*, residential substance use treatment facilities).

As needed or when preferred by patients and their representatives, Laguna Honda staff will also search in other geographic areas for beds. Given the large number of patients at Laguna Honda many of whom have complex needs, Laguna Honda anticipates that placements will be necessary outside of the San Francisco Bay Area, including Northern California, the Central Valley, Southern California, and possibly to nearby states.

Laguna Honda staff will match available beds with patients to arrange for the best accommodation in terms of location, services, and psychosocial needs. Patients and their legal representatives will be an integral part of this process.

Discharge/Transfer Appeal Hearing

Each patient has the right to appeal the transfer or discharge and Laguna Honda will abide by the Discharge Hearing process and requirements for each appeal.

When a patient chooses to appeal the discharge from Laguna Honda, Laguna Honda will not discharge the patient while the appeal is pending, unless the failure to discharge or transfer would endanger the health or safety of the patients or other individuals, and in these situations only after discussion and approval from CDPH. Note that an appeal will not result in restoration of financial benefits or coverage for a patient's stay at Laguna Honda through the closure process.

Patient Transfer and Discharge

Patients will be transferred to receiving facilities or discharged back to the community in an orderly fashion. For community discharge, Laguna Honda will provide the patient and/or family or legal representative discharge education and training (*e.g.*, use of equipment and medication treatment, arrange follow up primary care provider and
services appointments, and provide discharge medications and necessary equipment and supplies for 30 days, if clinically appropriate).

In relation to patient transfers to another facility, the following steps will be taken for each patient:

Medical Records. Laguna Honda will prepare an electronic medical record, which will include any applicable legal documents such as guardianship, Power of Attorney, and advanced directives. The last three months of each patient's medical records and MDS documents will be transferred to the new facility initially, with a more complete record to follow.

Medications. When a patient is discharged to a community setting, the patient will be discharged with up to 30 days' supply of medications, if clinically appropriate. For discharges or transfers to SNFs or other facility placements, Laguna Honda will provide up to 14 days' supply of medication to the new facility.

Patient Belongings. Laguna Honda will itemize all patient personal belongings prior to the transfer to a new facility. Laguna Honda will pack and transfer each patient's personal belongings with the patient, but the patient's representatives may transfer the belongs.

Patient Funds. Laguna Honda will arrange the patient's funds to be transferred to the new facility or ensure continuity and an accounting of a patient's funds as appropriate.

Social Security Information. Laguna Honda will complete and mail, on behalf of each patient transferred, a Social Security change of address based on the federal Social Security Administration requirements

Records Storage. With respect to records not transferred with patients or closed/archived records, Laguna Honda has provided for the storage of such records for a period of 10 years.

ATTACHMENT 3

Sample Letter to Laguna Honda Staff

[Subject to revision based on collaboration with labor partners and Human Resources.]

Dear Laguna Honda Staff,

Our goal at Laguna Honda Hospital remains patient safety and providing excellent care in a welcoming, healing and safe environment.

As you know, despite significant improvements to comply with regulators and support patient safety, the Centers for Medicare and Medicaid Services (CMS) recently terminated Laguna Honda's participation in the Medicare and Medicaid programs, which funds the majority of Laguna Honda patient care.

The Plan addresses steps that Laguna Honda must take to continue to meet our patient's medical needs, including to begin the process of conducting patient assessments for Medicare and Medicaid beneficiaries, conducting meetings with patients/representatives, and safely transferring those patients to other facilities.

As required by the Plan, Laguna Honda staff will begin assessing each patient's care needs to help with a safe and orderly transfer to an appropriate placement at another facility. We will take into account each patient's and their representative's preferences with respect to available facilities and location whenever possible and their specific specialized healthcare and mental health or treatment needs.

An Executive Summary of this plan is attached to this letter, and the complete Plan is available for your review by requesting a copy from any Nursing Station at Laguna Honda, or by visiting lagunahonda.org.

ATTACHMENT 4

Transfer/Discharge Notice and Right to Appeal

San Francisco Health Network
Laguna Honda Hospital and Rehabilitation Center
375 Laguna Honda Blvd. San Francisco, CA 94116

Notice of Proposed Transfer/Discharge and Right to Appeal

ADDRESSOGRAPH

For the reasons explained below, a decision has been made to transfer/discharge

_____ from this facility.
Name of Resident

The date of this notification is: _____ _____
Date Resident Notified

_____ _____
Name of Resident's Legal Representative (when required) Date Notified

_____ _____
Name and Relationship of Family Member Date Notified

Effective Date of Transfer/Discharge _____

(Effective date must be no sooner than 30 days from date resident was notified. However, the facility may proceed before the end of 30 days, as soon as practicable after this notice, if any of the circumstances listed below (number 1–6) exists).

Reason(s) for Transfer/Discharge: _____

Note:

Federal regulations require that your transfer/discharge must be for one of the following reasons:

1. The transfer or discharge is necessary for your welfare and your needs cannot be met in the facility.
2. The transfer or discharge is appropriate because your health has improved sufficiently so that you no longer need the services provided by the facility.
3. The safety of individuals in the facility is endangered by your presence.
4. The health of individuals in the facility is endangered by your presence.
5. You have failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medi-Cal) a stay at the facility. If you became eligible for Medi-Cal after admission to the facility, the facility may charge you only allowable charges under Medi-Cal. Also, if you are admitted as a Medicare eligible resident, the facility may charge you only allowable charges under Medicare.
6. The facility is ceasing to operate.

Resident will be Transferred/Discharged to: _____

Please note the following:

1. If you believe that the proposed transfer/discharge is inappropriate in your case, you have the right to file an appeal. An appeal can be submitted via email to OAHAefax@dhcs.ca.gov, by fax to (916) 440-5105, or via postal mail to the following address: Department of Health Care Services
   Office of Administrative Hearings and Appeals
   TDA/RTR Unit
   3831 North Freeway Blvd., Suite 200
   Sacramento, CA 95814
   The OAHA main office telephone is (916) 322-5603, and fax is (916) 323-4477.

MR 707 (Rev. 04/18) White - Medical Record Yellow - Patient/Family Pink - Social Services LHH 1792
Page 1 of 2

San Francisco Health Network
Laguna Honda Hospital and Rehabilitation Center
375 Laguna Honda Blvd. San Francisco, CA 94116

Notice of Proposed Transfer/Discharge and Right to Appeal

ADDRESSOGRAPH

2. If you file an appeal, you may represent yourself at the hearing or use legal counsel, a relative, a friend, or other spokesperson.

3. If you file an appeal, you or your representative must be given the opportunity to examine at a reasonable time before the date of the hearing and during the hearing:
   a. The contents of your medical record, and;
   b. All documents and records to be used by the State at the hearing.

4. If you file an appeal, you may bring witnesses to the hearing.

5. You may also discuss the proposed transfer/discharge with either
   1) the Hospital Ombudsman at hospital extension 4-2312.
   Hours are Tuesdays and Thursdays from 10:00 a.m. to 12 Noon; or
   2) the State Long-Term Care Ombudsman who can be contacted at the following address:

   Name: Office of the State Long-Term care Ombudsman
   Address: 2880 Gateway Oaks Drive, Suite 200 Sacramento, CA 96833 (916)
   Phone: 419-7510

6. If you are developmentally disabled or have mental health issues you may also contact:
   Executive Director
   Disability Rights California
   100 Howe Avenue, Suite 185N, Sacramento, CA
   95825 Telephone: (916) 488-9950

7. Appeals during Closure Process: For transfers/discharges during a planned facility closure, an appeal will not result in restoration of benefits or coverage for their stay at Laguna Honda during the closure process. The appeal process will involve an assessment of whether, after declining an available and acceptable transfer or discharge option, the patient has other means available to pay for the cost of services at Laguna Honda during the closure process through the closure date.

8. If you do intend to file an appeal of this transfer/discharge, it is suggested that you do so within ten (10) calendar days of being notified of the proposed transfer/discharge. The decision regarding an appeal will normally be made within thirty (30) days from the date you were formally notified. However, the ability of the Department to render a decision on the appeal within this time frame may be jeopardized if the appeal is not submitted within this ten (10) calendar day suggested time period.

9. The facility may proceed with the transfer/discharge before thirty (30) days, even if a decision on the appeal has not been rendered. However, the facility may permit you to remain until the decision is rendered if the facility chooses to.

10. You should be aware that the decision to transfer/discharge you may be upheld and that, if such is the case you should be prepared to be transferred/discharged at the end of thirty (30) days from the date you were formally notified.

11. You or your legal representative may exercise a bed hold of 7 days when you are transferred to an acute care facility. Upon transfer to a general acute hospital you or your representative shall notify Laguna Honda Hospital Admitting and Eligibility Department at (415) 682-5680 within 24 hours if you or the representative desires the bed hold. If you are a non Medi-Cal eligible patient you will be liable for the cost of the bed hold days, and insurance may or may not-cove such costs.

Date and Signature
Facility Representative

If resident unable to sign or signs mark,
please indicate on above line with 2 witnesses.

Witness

Date and Signature
Resident or Resident's
Representative

Witness

MR 707 (Rev. 04/18) White - Medical Record Yellow - Patient/Family Pink - Social Services LHH 1792

ATTACHMENT 5

Patient Census

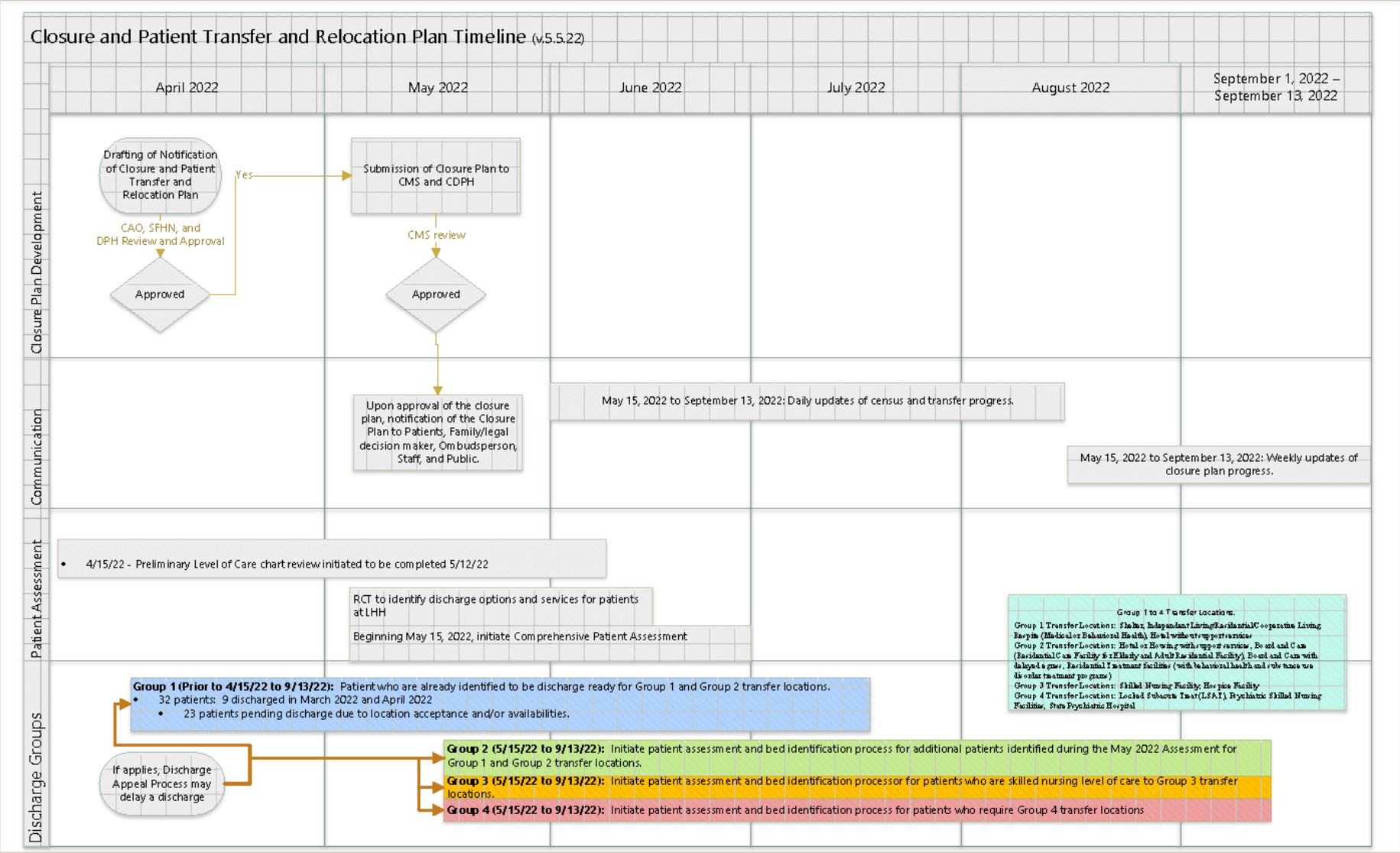
As of 5/6/22

SNF Level of Care	CRITERIA	CENSUS
Locked/Secured Memory Care	Patients with the primary diagnosis of dementia with elopement/wandering risk. Patients with serious cognitive impairment with the inability to make medical decisions for themselves; Patients who require a conservator or SDM to agree with placement of the Patient in a secured setting.	41
Integrated Support	Patients 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
Memory Care	Patients with moderate to advanced cognitive impairment meeting the minimum requirement for skilled nursing needs.	167
Language Focused	Patients 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
SNF Rehab	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: • 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
Acute Rehab	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
Medical Acute	Only acutely ill patients for whom appropriate medical care is available are admitted. Patients requiring surgical procedures, critical care, telemetry or hemodynamic monitoring cannot be accommodated on the Acute Medical Unit.	5

Positive Care	Patients who have HIV/AIDS and require SNF level of care. The unit meets the needs of patients with HIV related dementia and provides 24-hour support for a diverse community of people living with HIV/AIDS.	53
Palliative Care	Patients 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
Complex Care with Total Support	Patients 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
	TOTAL	**686**

ATTACHMENT 6

LHH Timeline of Facility Closure



ATTACHMENT 7

LHH Facility Closure Policy

FACILITY CLOSURE PLAN

POLICY:

The Laguna Honda Hospital and Rehabilitation Center (LHH) Chief Executive Officer (CEO), as the Administrator of LHH, shall be responsible for compliance with federal Medicare Conditions of Coverage and state statutory and regulatory requirements in the event of a closure of this facility.

PURPOSE:

To outline the roles and responsibilities of the CEO and the Facility Closure Team in the event that facility must close.

PROCEDURE:

The CEO shall:

Submit a closure/transition plan (Plan) to the San Francisco District Office of the Licensing and Certification Program of the California Department of Public Health (CDPH) for approval, in accordance with federal and state requirements.

Submit the Plan at least 30 days prior to giving any written notice of the closure for approval by CDPH.

Involve the Chief Medical Officer for LHH and management staff in the development of the Plan for the safe and orderly transfer, discharge or adequate relocation of all patients.

Have in place a team of professional staff to assist patients and families in obtaining alternate placement.

Identify available settings in terms of quality, services, and location prior to the provision of written notification of the closure.

Ensure that a medical assessment is completed by each patient's attending physician, and resident care team (RCT).

This assessment shall include the patient's medical condition, and susceptibility to adverse health consequences including psychological effects/transfer trauma prior to providing written notification of the closure.

A complete assessment shall contain recommendations for counseling, follow-up visits, and other recommended services by designated health professionals.

Ensure that an assessment of each patient's social and physical functioning of the patient based on the relevant portions of the minimum data set (MDS), as identified in the Welfare and Institutions Code §14110.15 is completed by appropriate staffs prior to written notification of the patient.

After CDPH approval of the Plan, provide written notification to the following persons/agencies no less than 60 days prior to the proposed date of closure;

LHH staff;

Patients;

Legal Representatives of patients;

Other responsible parties;

State Long-Term Care Ombudsman;

State Department of Health Care Services;

CMS Region IX, Survey and Certification;

Any health plan of an affected patient; and

Community staff providing care to patients.

Include the names of affected patients with appropriate identifying information in the written notification to the Department of Health Care Services (DHCS) and any health plan of an affected patient.

The content of the written notice shall follow federal and state requirements.

Schedule a community meeting with invitation to patients, legal representatives for patients, family and local health officials.

Not admit any new patients on or after the date the written notification is sent. Patients returning from the hospital or other care setting are not considered to be new admissions.

Inform any prospective patients of the intent to close, after the written notification is provided in section 2, above.

Interview and discuss the closure with patients, their legal representatives, conservators/guardians, family/friends or others, in order to help understand the closure and their rights, as appropriate in consideration of:

Each patient’s needs;

Each patient’s choices;

Each patient’s best interests;

Recommendation of the type of setting most appropriate for each patient;

Proximity to family, friends, and/or legal representatives; and

The most appropriate and available type of future care and services.

Assisting patients or their representatives with obtaining information required to make an informed decision about facility relocation.

Ensure that all pertinent medical and other information is provided to the receiving facility to assure safe and effective continuity of care. In addition, the following shall be provided to the receiving facility:

Contact information for the patient’s representative and person(s) to be notified;

Advance Directive information;

All instructions for special instructions or precautions, as appropriate;

Comprehensive care plan goals; and

Copy of each patient’s discharge summary.

Ensure that the transfer/discharge will be noted in each patient's medical record prior to transfer. The documentation includes the basis for the transfer/discharge.

Ensure that each patient's personal possessions are accounted for prior and during the transfer.

Offer to review each patient's care routines, needs and preferences with the staff who will be caring for the patient in the receiving facility;

Notify any practitioner or health care setting which has been providing care and services to patients, of the facility closure and the contact information for the receiving facility. This includes dialysis facilities and other similar settings.

As feasible and as appropriate, will ensure trauma-informed, transparent, and timely communication regarding above processes to stakeholders to ensure effective and safe operationalization of plans.

Facility Closure Team: Roles and Responsibilities

Facility Administration Team – Will serve as the lead and staff member responsible for operation, implementation, and monitoring of designated tasks and completion timelines and deadlines; including Medical Services, Nursing Services, Quality Management, and Support Services Operation. Will provide guidance and coaching to Facility Closure Team around communication strategies with patients and families.

Facility Closure Team – Every staff member that is a part of each patient's Resident Care Team, will have a role in the transfer and relocation process to assure a safe and orderly transfer for all patients.

Disciplines	**Credentials**	**Responsible For**
Medical Services Leads: Chief Medical Officer Chief of Staff Chief of Medicine	DO or MD	Conduct medical assessments
Nursing Services Lead: Chief Nursing Officer Support Team: Nursing Directors Nurse Managers Charge Nurses	RN and LVN	Implement the general scope of nursing practice, including promotion of health, prevention of illness, and care of physically ill. Supervises other health care auxiliaries. Ensures that each patient's care plan is in place and continues throughout the closure process.
Social Services Lead: Director of Social Services	LCSW and MSW	Conduct and provide social and psychosocial assessments and support to all patients. Coordinate and conduct patient and/or representative meetings regarding the Closure Plan. Identify discharge options and services needed. Refer and coordinate referrals of patients to other facilities. Coordinate transition of patients, such as transportation, to other facilities. Collect date related to discharge options, services and discharge data.
Utilization Management Patient Flow	RN and LVN	Conducts record reviews for level of care, regulatory requirements and support Social Services in the identification of potential

Lead: Nurse Manager		facilities for bed availabilities. Coordinate regulatory requirements for discharge hearings. Ensure that there are no new admissions beginning 4/14/22. Assist in collecting data related to discharge progress.
Behavioral Health Services Lead: Chief of Psychiatry	CADC II, MSW, LCSW, PsyD, PhD, MD	As appropriate, provide trauma support to patients and/or provide emotional support resource information to families/representatives regarding the transition plan.
Activity Therapy Lead: Assistant Hospital Administrator		Assist in scheduling meetings with families and/or representatives. Assist in identifying patient preferences. Provide transportation to patients to their discharge or transfer destination as appropriate. Schedule and facilitate community meetings of patients discussing the closure plan.
Admissions and Eligibility Lead: Patient Access Admission and Eligibility Manager		Assist in referring patient's entitlement to governing bodies, such as SSA. Provide financial or entitlement education to patients and/or representatives.
Environmental Services Lead: Director of Environmental and Fleet Services		Assist in coordinating or provide transportation for patients being discharged or transferred to a new facility. Ensure that patient belongings are transported from one facility to another.

ATTACHMENT:
None.

REFERENCE:
42 CFR § 483.15(c)(1) Admission, Transfer, and Discharge Rights – Facility Requirements

42 CFR § 483.15(c)(2) Admission, Transfer, and Discharge Rights – Documentation

42 CFR § 483.15(c)(8) Admission, Transfer, and Discharge Rights – Notice in Advance of Facility Closure

42 CFR § 483.70(l) Administration – Facility Closure-Administrator

42 CFR § 483.70(m) Administration – Facility Closure

Health and Safety Code §§ 1336-1336.2 Long-Term Care Facility Advance Notification Requirements