

File No. 210004

Committee Item No. 5

Board Item No. \_\_\_\_\_

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Government Audit and Oversight

Date: January 21, 2021

Board of Supervisors Meeting:

Date: \_\_\_\_\_

#### Cmte Board

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/> | Motion                                       |
| <input type="checkbox"/>            | <input type="checkbox"/> | Resolution                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ordinance                                    |
| <input type="checkbox"/>            | <input type="checkbox"/> | Legislative Digest                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Budget and Legislative Analyst Report        |
| <input type="checkbox"/>            | <input type="checkbox"/> | Youth Commission Report                      |
| <input type="checkbox"/>            | <input type="checkbox"/> | Introduction Form                            |
| <input type="checkbox"/>            | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/>            | <input type="checkbox"/> | MOU  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Grant Information Form                       |
| <input type="checkbox"/>            | <input type="checkbox"/> | Grant Budget                                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Subcontract Budget                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Contract/Agreement                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Form 126 – Ethics Commission                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Award Letter                                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Application                                  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Public Correspondence                        |

#### OTHER

- |                          |                          |       |
|--------------------------|--------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
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| <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Prepared by: John Carroll

Date: January 15, 2021

Prepared by: John Carroll

Date: \_\_\_\_\_

1 [Settlement of Lawsuit - Sibyl Moore, Charlene Roberts, Antonio Rucker, and Thomas  
2 Anderson - \$1,200,000]

3 **Ordinance authorizing settlement of the lawsuit filed by Sibyl Moore, Charlene Roberts,**  
4 **Antonio Rucker, and Thomas Anderson against the City and County of San Francisco**  
5 **for \$1,200,000; the lawsuit was filed on June 28, 2019, in San Francisco Superior Court,**  
6 **Case No. CGC-19-577141; entitled Sibyl Moore, et al. v. City and County of San**  
7 **Francisco, et al.; the lawsuit involves the alleged wrongful death of Ruby Anderson,**  
8 **Plaintiffs' mother, who was a resident of the Residential Care for the Elderly (RCFE)**  
9 **located at the San Francisco Behavioral Health Center (BHC).**

10  
11 Be it ordained by the People of the City and County of San Francisco:

12 Section 1. Pursuant to Charter Section 6.102(5), the Board of Supervisors hereby  
13 authorizes the City Attorney to settle the action entitled Sibyl Moore, et al. v. City and County  
14 of San Francisco, et. al.; San Francisco Superior Court, Case No. CGC-19-577141 by the  
15 payment of \$1,200,000. The lawsuit involves the alleged wrongful death of Ruby Andersen,  
16 Plaintiffs' mother, who was a resident of the Residential Care for the Elderly (RCFE) located  
17 at the San Francisco Behavioral Health Center (BHC).

18 Section 2. The above-named action was filed in San Francisco Superior Court on  
19 June 28, 2019, and the following parties were named in the lawsuit: Plaintiffs: Sibyl Moore,  
20 Charlene Roberts, Antonio Rucker, and Thomas Anderson; Defendants: City and County of  
21 San Francisco and Governing Body of the San Francisco Behavioral Health Center  
22 (BHC)/Residential Care Facility for the Elderly (RCFE).

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APPROVED AS TO FORM AND  
RECOMMENDED:

DENNIS J. HERRERA  
City Attorney

/s/ Meredith B. Osborn  
Meredith B. Osborn  
Chief Trial Deputy

FUNDS AVAILABLE:

/s/ Ben Rosenfield  
BEN ROSENFELD  
Controller

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RECOMMENDED:

DEPARTMENT OF PUBLIC HEALTH

/s/  
DR. GRANT COLFAX  
Director of Health

APPROVED:

/s/  
MARK MOREWITZ  
Secretary, Public Health Commission

## LEGISLATION RECEIVED CHECKLIST

Date 12/18/2020 File Number (if applicable) \_\_\_\_\_

- |                                     |   |     |                          |
|-------------------------------------|---|-----|--------------------------|
| <input checked="" type="checkbox"/> | Legislation for Introduction ( <b>NEW</b> )         | ▶▶▶ | <b>Legislative Clerk</b> |
| <input type="checkbox"/>            | Legislation Pending in Committee ( <b>AMENDED</b> ) | ▶▶▶ | <b>Committee Clerk</b>   |
| <input type="checkbox"/>            | Legislation for Board Agenda ( <b>AMENDED</b> )     | ▶▶▶ | <b>Deputy Clerk</b>      |

### **Supervisor, Mayor, and Departmental Submittals**

#### **Grant Ordinance**

- Legislation:** Original, 1 hard copy, and 1 electronic copy in **Word** format
- Signature:** Department Head, Mayor or the Mayor's designee, plus the Controller
- Supporting documents:** 1 full set, and separate **pdf** copies of each in email
  - Cover letter (original)
  - Grant budget/application
  - Grant information form, including signed disability checklist
  - Letter of Intent or grant award letter from funding agency
  - Contract, Leases/Agreements (if applicable)
  - Ethics Form 126 (*if applicable*) in **Word** format
  - Other support documents *as identified in the cover letter and legislation*
- E-Copy of legislation/supporting documents: Sent to [BOS.Legislation@sfgov.org](mailto:BOS.Legislation@sfgov.org)**

#### **Ordinance**

- Legislation:** Original, 1 hard copy, and 1 electronic copy in **Word** format
- Signature:** City Attorney (For Settlement of Lawsuits - City Attorney, Department Head, Controller, Commission Secretary)
- Supporting documents:** 1 full set, and separate **pdf** copies of each in email
  - Cover letter (original)
  - Settlement Report/Agreement (for settlements)
  - Other support documents *as identified in the cover letter and legislation*
- E-Copy of legislation/supporting documents: Sent to [BOS.Legislation@sfgov.org](mailto:BOS.Legislation@sfgov.org)**

#### **Grant Resolution**

- Legislation:** Original, 1 hard copy, and 1 electronic copy in **Word** format
- Signature:** Department Head, Mayor or the Mayor's designee, plus the Controller
- Supporting documents:** 1 full set, and separate **pdf** copies of each in email
  - Cover letter (original)
  - Grant budget/application
  - Grant information form, including signed disability checklist
  - Letter of Intent or grant award letter from funding agency
  - Contract, Leases/Agreements (if applicable)
  - Ethics Form 126 (*if applicable*) in **Word** format
  - Other support documents *as identified in the cover letter and legislation*
- E-Copy of legislation/supporting documents: Sent to [BOS.Legislation@sfgov.org](mailto:BOS.Legislation@sfgov.org)**

#### **Resolution**

- Legislation:** Original, 1 hard copy, and 1 electronic copy in **Word** format
- Signature:** None (Note: Required for Settlement of Claims - City Attorney, Department Head, Controller, Commission Secretary)
- Supporting documents:** 1 full set, and separate **pdf** copies of each in email
  - Cover letter (original)
  - Settlement Report/Agreement (for settlements)
  - Other support documents *as identified in the cover letter and legislation*
- E-Copy of legislation/supporting documents: Sent to [BOS.Legislation@sfgov.org](mailto:BOS.Legislation@sfgov.org)**

Joy Perez 415-554-3869  
Name and Telephone Number

City Attorney  
Department