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CMS Isn't Playing Around as LHH Managers May Want to Believe Temporary Reprieve on Evictions, But Harsh Warnings

CMS Orders Laguna Honda Hospital to Expedite Hiring Nursing Home Administrators

by Patrick Monette-Shaw

One goal of community advocates had been to get the Centers for Medicare and Medicaid (Medi-Cal) Services (CMS) to permanently eliminate the requirement of mandatory discharges and transfers of Laguna Honda Hospital (LHH) residents and not tie the involuntary evictions to LHH's separate efforts to gain CMS recertification.

Instead, one day after a relatively useless Board of Supervisors *Committee of the Whole* hearing about LHH on January 31, CMS only [approved](#) on February 1 extending the pause on transfers and discharges scheduled to end on February 2 as provided in the *LHH Settlement Agreement* to May 19, 2023 on a temporary basis.

A permanent ban on the forced, mandatory involuntary discharges wasn't forthcoming, as advocates had hoped would happen.

The temporary reprieve to May 19 from CMS is good news, particularly for LHH residents who were facing the potential of premature deaths from transfer trauma resulting from mandatory, forced eviction from LHH.

But in the same letter, CMS issued several dire warnings and other bad news to LHH.

Hopefully, LHH's management will sit up and pay attention to the warnings. If they don't, it may speed up closing our beloved facility more rapidly than now scheduled.

Fire Alarm "Immediate Jeopardy"

As the *Westside Observer* [reported](#) in January, during LHH's first unannounced CMS "90-day Monitoring Survey" to regain CMS recertification that started on November 28 with 14 surveyors from CDPH and HMS (Healthcare Management Solutions, LLC, a contractor to CMS) and was scheduled to end on December 2, a fire alarm went off resulting in LHH receiving an "Immediate Jeopardy" citation. "Immediate Jeopardy" violations pose immediate risks to residents' health or safety, and are one step higher than "actual harm" violations.

LHH's acting CEO, Roland Pickens, misinformed the Board of Supervisors on January 31 when he stated that "CMS came in [to the 90-Day Survey] with *over 25 surveyors, an unprecedented number of surveyors to be on site at any one institution.*"

Pickens was wrong: We reported that the [Regulatory Affairs report](#) presented to the LHH-JCC meeting on January 10 noted 14 surveyors had arrived on November 28, but when the fire alarm debacle resulted in the "Immediate Jeopardy" citation, it triggered an "Extended Survey" and a second separate "Fire Life Safety



Roland Pickens' Veracity ... was called into question when he testified to the Board of Supervisors on January 31, 2023 downplaying a Fire Life Safety fire alarm violation resulting in an "Immediate Jeopardy" citation against Laguna Honda.

"A goal of community advocates had been to get CMS to permanently eliminate mandatory discharges of LHH residents. A permanent ban wasn't forthcoming. Instead, CMS agreed to a temporary extension of discharges only to May 19."

"The temporary reprieve to May 19 is good news. But CMS issued several dire warnings and other bad news to LHH."

"During LHH's first unannounced CMS '90-day Monitoring Survey' a fire alarm went off, resulting in LHH receiving an 'Immediate Jeopardy' citation, triggering an 'Extended Survey' and a separate 'Fire Life Safety Survey'."

Survey.” Those two additional unplanned surveys are what caused the contingent of surveyors to grow from 14 to “over” 25, who then hung around until December 16 rather than leaving as scheduled on December 2.

LHH residents and staff are probably fortunate that the Fire Alarm problem occurred before the surveyors were scheduled to leave on December 2, or the extended “*Fire Life Safety Survey*” wouldn’t have uncovered the myriad other problems with fire safety deficiencies at LHH.

[As an aside, Pickens misinformed the Board of Supervisors on January 31 multiple times. For example, just before he launched into his “example” of the fire alarm “Immediate Jeopardy,” Pickens had claimed that the June 2022 “*Mock Survey*” conducted by LHH’s in-house consultants had identified 300 “*milestones*” that might prevent LHH from passing a real CMS recertification survey — “*milestones*” now being Pickens newly-preferred euphemism for “*corrective actions*” needed to fix the deficiencies.

As the *Westside Observer* published in another article in January, the recertification “*Mock Survey*” had uncovered 101 deficiencies against LHH, not 300. **In actuality, 123 violations had been uncovered** during the “*mock survey*,” but Pickens misled both the Board of Supervisors and the Health Commission there had only been 101 — using a sleight-of-hand to minimize the scope by not counting multiple instances of several of the same F-Tags.

As we reported, of those 101 deficiencies, by November 18 only 63 of them had been fully resolved, with 38 — 37.6% — remaining outstanding. The 300 “*milestones*” Pickens was referring to were identified much later than the “*Mock Survey*.” Pickens was confounding different data uncovered at different times, suggesting he may not be the best person to be leading LHH’s recertification efforts if he can’t keep his dates and data in date-order sequence. Unfortunately, Pickens’ misstatements do not serve informing the Board of Supervisors very well, because they may have had no idea that 37.6% of the deficiencies identified during the June “*Mock Survey*” still hadn’t been fixed as of November 18.]

Why the 101 (actually, 123) deficiencies grew into 300 “*milestones*” wasn’t known.

LHH’s fire alarm 81-page “*Plan of Correction*” (PoC) was [resubmitted](#) to the California Department of Public Health (CDPH) on January 8, 2023 after CMS’ first *90-day Monitoring Survey* ended on December 16. Since LHH had to re-submit the PoC, the first version apparently submitted in December had obviously proposed insufficient remedies and corrections for CDPH’s satisfaction.

Pickens recounted the “*Immediate Jeopardy*” violation the San Francisco’s Board of Supervisors on January 31, saying in part:

“So, for example, when the fire alarm went off there should be an overhead [public address system] announcement ‘Fire alarm, fire detected such-and-such part of the building’ Well, that overhead announcement didn’t happen. Another thing that happened was everyone was required to then exit the building. If an alarm goes off right now in this building [City Hall] we all need to exit. Well, when that happened [at Laguna Honda] in December, not all of the staff exited appropriately. And so, the surveyors saw that.

So, it’s unfortunate that everything that should have happened with that fire alarm system didn’t happen. So, the good thing is that it was identified, and we were able to respond to it immediately.”

There was no “**good**” thing that happened as a result of the fire alarm overhead announcement not being broadcast, as Pickens tried to spin it. Pickens stammered along, adding:

“ Pickens misinformed the Board of Supervisors on January 31 multiple times. For example, he claimed LHH’s in-house consultants identified 300 ‘milestones’ that might prevent LHH from passing a real CMS recertification. They had only uncovered 101 deficiencies, not 300.

Pickens’ misstatements do not serve informing the Board of Supervisors very well, because they may have had no idea 37.6% of the 101 deficiencies identified hadn’t been fixed as of November 18.”

“ There was no ‘good’ thing that happened as a result of the fire alarm overhead announcement not being broadcast, as Pickens tried to spin it.”

*“And what that means is, in order to move forward the institution has to prove to CMS you’ve made appropriate corrections to remove that “Immediate Jeopardy” [violation]. The “Immediate Jeopardy” was removed, so we had to quickly do several things. One was, we **brought over the Fire Life Safety expert from Zuckerberg San Francisco General [Hospital] ... deployed him to Laguna Honda as a Disaster Service Worker, and made him exclusively responsible for improving and enhancing the Fire Life Safety program at Laguna. We also brought on additional consultants, because one of the Findings was that we need to do a better job of training staff so that they can understand exactly what their role was for Fire Life Safety.”***

First, why did they have to get a “Fire Life Safety expert” from SFGH? Doesn’t LHH have one of it’s own? Why isn’t LHH’s job classification code 7203, Building and Grounds Maintenance Supervisor, Arnold Brunswick, qualified do to Fire Life Safety inspections and repairs? What about Diana Kenyon, LHH’s job classification code 7120 Building and Grounds Maintenance Superintendent. Isn’t she required to perform Fire Life Safety inspections and repairs, either? After all, Kenyon is listed on LHH’s August 2022 *Senior Leadership Organizational* chart as LHH’s Facilities Services Director managing and supervising the Facility Services department.

A public records request revealed the SFGH fire safety “expert” brought over to LHH is a fellow named Gregory (“Greg”) Chase, who — like Kenyon — has a job classification code of “7120 Building and Grounds Maintenance Superintendent.” Chase’s working title at SFGH is (also like Kenyon’s) a “Facilities Services Director,” although when he was deemed an “expert” for LHH he was given an additional working job title of “Acting Director, Fire Life Safety Facilities Services, LHH.” It’s not known if he’s getting paid extra to be an expert. Kenyon and Chase each earned \$160,007 in regular pay (excluding fringe benefits) in the fiscal year that ended on June 30, 2022, but Chase snapped up an additional \$75,390 between overtime pay and “other pay” (the latter of which may be pay for carrying a pager), for total pay of \$235,398 in FY21–22.

Second, why did LHH need additional expensive consultants to train LHH employees on their roles in *Fire Life Safety*? After all, CMS had only cited a handful of LHH employees who didn’t know what R.A.C.E. is, despite it being prominently included on their LHH ID cards, and who didn’t know where the nearest fire extinguishers were at. R.A.C.E. stands for “Rescue, Alarm, Contain, Extinguish/Evacuate.”

It’s clear Pickens was snowing members of the Board of Supervisors on January 31. The “Immediate Jeopardy” violation didn’t just involve the overhead public address system not broadcasting an announcement for staff to exit the building.

In fact, the Fire Life Survey *PoC* revealed CMS had documented 24 deficiencies in CMS’ citation of the survey results, including smoke detectors had been turned off for six months in the “M” and “O” Finger Wings in the old part of the hospital, trouble conditions on the fire alarm control panels displayed faults with the beam smoke detectors near the Therapy Pool in the Pavilion Building, fire sprinklers hadn’t been properly maintained, foreign material obstructed some fire sprinklers, portable fire extinguishers hadn’t been maintained and inspected at 30-day intervals, smoke beam detectors were not tested during annual inspections, smoke barrier doors to prevent the spread of fire and smoke didn’t close fully or in some cases close at all with some doors leaving three-inch gaps or completely remaining wide open following activation of the fire alarm system, one of ten elevators was out of order, and an emergency power supply (EPS) generator hadn’t had a load bank test since April 2019, surge protectors were daisy-chained and plugged into other surge protectors (which isn’t allowed under the Fire Code), and other smaller issues.

While LHH was so busy trying to have its consultants address the deficiencies identified in the CDPH inspections that led to decertification of the hospital, the consultants and LHH’s management completely overlooked preparing LHH’s physical

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And why did LHH have to hire another high-priced consultant?”

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“ Second, why did LHH need additional expensive consultants to train employees on their roles in Fire Life Safety?”

“ The Fire Life Survey PoC revealed CMS had documented 24 deficiencies in CMS’ citation of the survey results, including smoke detectors had been turned off, fire sprinklers hadn’t been maintained, and smoke barrier doors to prevent the spread of fire and smoke didn’t close fully or in some cases close at all.”

“ LHH’s management completely overlooked preparing LHH’s physical facilities to pass a Life Safety Survey inspection.”

facilities in order to pass a *Life Safety Survey* inspection. No wonder LHH received an “*Immediate Jeopardy*” for at least 24 separate fire safety deficiencies. This is proof Pickens withheld crucial information from the Board of Supervisors on January 31, with resident’s lives hanging in the balance.

CMS’s Dire Warnings

CMS’ February 1 letter extending the pause on mandatory discharges and transfers was joined at the hip with at least three dire warnings to LHH’s management team. LHH’s management is heavily comprised of toady “*Yes Men*” managers dispatched from SFGH and San Francisco’s Department of Public Health who are acting employees at LHH.

Those senior managers have no experience managing any skilled nursing facility, which is of deep concern to CMS, along with other major concerns.

No More Immediate Jeopardy’s

Perhaps the most critical warnings in CMS’ February 1 letter to LHH included these gems: First, CMS instructed LHH that the extended pause on transfers to May 19 does **not** extend Federal reimbursement for LHH’s current remaining residents past the November 13 deadline when Federal funding is scheduled to end. For good measure, CMS added that LHH should better “*manage its resources, including plans to safely discharge and transfer residents, accordingly with that date in mind.*”

Second, CMS warned LHH that during follow-on *90-day Monitoring Surveys*, LHH had better not receive any more “*Immediate Jeopardy*” findings and **fewer** “*actual harm to residents*” findings.

Apparently, LHH received not only the “*Immediate Jeopardy*” finding over the Fire Life Survey fiasco during its first *90-day Monitoring Survey*, it also received findings alleging actual harm to LHH’s residents, and “*multiple quality of [patient] care concerns,*” including individualized care planning violations, which Pickens creatively didn’t tell the Board of Supervisors about on January 31.

CMS implied any more “*Immediate Jeopardy*” or “*actual harm*” findings may trigger CMS to potentially end the “*LHH Settlement Agreement*” entirely, which might make LHH obtaining CMS recertification all but impossible.

Complete Changes to LHH’s “Revised Closure Plan”

Related to the resumption of mandatory, forced evictions postponed to resuming on May 19, CMS had a more direct waring for LHH related to the discharges.

It’s not known on what date LHH submitted its “*Revised Closure Plan*” to CMS and CDPH for approval. The *Revised Closure Plan* was mentioned in the November 11 *Settlement Agreement* 18 times, but LHH has refused to release it after multiple records requests placed by the *Westside Observer* as early as November 14 . The *Revised Closure Plan* was required, in part, due to the 12 patients deaths that occurred under the *Initial Closure Plan* in effect last June and July.

CMS is clearly fed up with LHH’s delay. CMS wrote on February 1:

“For any resident transfer/discharge, Laguna Honda must follow the approved, revised closure plan process, in order to continue to receive extended federal funding. At this time, Laguna Honda’s draft revised closure plan has not been approved. CMS, CDPH, and the California Department of Health Care Services provided feedback on Laguna Honda’s plan on January 13 and 18, 2023, and we have not yet received a revised version in response.

If Laguna Honda does not timely complete its revised closure plan, CMS reserves the right to pursue all remedies and enforcement measures under the settlement/systems improvement agreement. CMS further reserves all its

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“ ‘If Laguna ‘Honda does not timely complete its revised closure plan, CMS reserves the right to pursue all remedies and enforcement measures under the settlement ... agreement’. ”

rights under the settlement/systems improvement agreement, including its right to terminate the agreement pursuant to Paragraph 3 [of the Settlement Agreement].”

Why had LHH not responded by incorporating CMS requested changes in the two weeks between January 18 and February 1?

LHH had better have expedited incorporating the suggested changes and submit the “*Revised Closure Plan*” rapidly to CMS and CDPH for approval. Otherwise, CMS may just pull the plug, per Paragraph 3, which states CMS can terminate the **entire Settlement Agreement** if LHH materially breaches the *Agreement*. And the termination of the *Agreement* only involves a 30-day notice, so CMS could potentially terminate the CMS reimbursement for LHH’s current residents set to run only through November 23, 2023 and LHH would no longer be entitled to **any** Medicare and Medicaid funding at all, at CMS’ sole discretion. In fact, Paragraph 3-g specifically suggests impeding development of the *Revised Closure* plan is grounds constituting a material breach.

Expedite Hiring Nursing Home Administrator(s)

CMS’ February 1 letter extending the pause on mandatory patient discharges and transfers clearly illustrated CMS is tired of LHH’s foot dragging to hire a licensed Nursing Home Administrator and a licensed Assistant Nursing Home Administrator. CMS noted LHH only planned to post job vacancy announcements and start recruiting for the two positions on April 30, 2023. CMS wants that sped up and expedited.

CMS went on the state “*LHH should prioritize efforts to expeditiously install permanent leadership with appropriate experience in nursing home administration.*” CMS wants Nursing Home Administrator(s) hired and “on-boarded” rapidly.

CMS set two deadlines for LHH: CMS wants LHH to demonstrate “tangible progress” toward hiring leadership with nursing home experience by May 19 (when the extended pause on transfers and discharges is set to now end), and also wants LHH to provide a detailed timeline by February 15 about hiring and onboarding licensed Nursing Home Administrators.

By the time you read this article, the February 15 deadline to submit a detailed timeline to hire Nursing Home Administrators may have been reached.

As it is, LHH’s acting CEO, Roland Pickens announced a new pilot organization structure with an organization chart on June 30, 2022. The organization chart was on 36 inch or wider paper, was unprintable, and became illegible when you tried to zoom in to read it.

Exasperated, Health Commissioner Edward Chow requested a readable copy of the [organization chart](#) on August 7, which LHH then updated in August 2022.

Problem is the Nursing Home Administrator position is buried about two lawyers down in LHH’s organization chart, so whoever eventually fills that position will face an uphill internal struggle to establish any meaningful role in management of the skilled nursing facility. Back in 2004, LHH’s last licensed Nursing Home Administrator was Larry Funk, and he served concurrently as LHH’s then CEO.

Pickens’ organization chart should make the new Nursing Home Administrator LHH’s actual CEO, and he should just get the hell out of the way. After all, most nursing homes do not have, or need, both a CEO and a Nursing Home Administrator. [My paternal aunt was a Nursing Home Administrator, and she wouldn’t have stood for reporting to a CEO. She **was** the CEO of her skilled nursing facility.]

The Health Commission’s August 2 *Finance and Planning Committee* meeting [minutes](#) reported San Francisco Health Network’s Baljeet Sangha noted the recertification goal was to add sustainable City positions to take over work of

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“ CMS wants LHH to hire and ‘on-board’ Nursing Home Administrator(s) rapidly and expects LHH to demonstrate ‘tangible progress’ toward hiring leadership with nursing home experience by May 19. ”

“ Pickens’ organization chart should make the Nursing Home Administrator LHH’s actual CEO, and he should just get the hell out of the way. ”

consultants and consultant nurse administrators. Sangha said by the end of 2022 the pilot of the new leadership positions would be evaluated to determine if the leadership model is effective. Health Commissioner Guillermo stated on August 2 she assumed the pilot leadership might warrant continuation, but asked for evaluation data of the leadership model and timeline for recruiting LHH positions. Sangha claimed job postings might be posted by the end of year 2022.

Of note, Sangha himself has no experience working in skilled nursing facilities, like many other senior managers SFDPH deployed from SFGH to run LHH.

Responding to a *Westside Observer* January 11, 2023 records request, SFDPH NextRequest staff asserted DPH had “*no responsive records*” for either the evaluation data Guillermo had requested, or the evaluation analysis report Sangha told Commissioner Chow would be conducted by the end of the year to determine if the leadership model is effective.

Why is this data and analysis not completed, given that CMS wants LHH to quickly install permanent leaders at LHH with appropriate nursing home experience?

San Francisco’s Health Commission seems dispassionately totally uninterested in expediting hiring Nursing Home Administrators at LHH. And sadly, during the Board of Supervisors *Committee of the Whole* hearing on January 31, the Board wouldn’t touch the Nursing Home Administrator quandary with a ten-foot pole.

Now that CMS has made their expectations clear that LHH Nursing Home Administrators hiring should be fast-tracked with a detailed timeline due by February 15, perhaps the Board of Supervisors might deign to hold a follow-up hearing before its next hearing now delayed to May 9, if only to hold a public hearing regarding LHH’s progress on a timeline toward meeting on-boarding of the Nursing Home Administrators.

Join California Association of Health Facilities

Weirdly, CMS seems to believe forcing LHH to join the California Association of Health Facilities (CAHF) and requiring LHH staff enroll to attend CAHF’s so-called “*Leadership Academy*” will help “*install permanent leadership with appropriate experience in nursing home administration.*”

It’s strange that CMS zeroed in on requiring LHH to affiliate with CAHF, rather than say affiliate with the National Association of Directors of Nursing Administration of Long-Term Care [NADONA], which is a more traditional Skilled Nursing Facility (SNF) professional association. CAHF does not appear to focus exclusively on traditional SNF’s, and appears CAHF’s main focus appears to be on legislative advocacy.

CAHF is essentially a trade organization with a focus on, and extensive history of, legislative advocacy for California nursing homes. CAHF’s web site acknowledges that is one of the primary benefits of CAHF membership.

CAHF says it strives, through advocacy, to provide a credible, respected voice for long-term care with elected officials, state agencies, stakeholder organizations, print, broadcast and social media, and also [incidentally] works to improve the public’s understanding of long-term care through ongoing campaigns which include promotion of long-term care issues through “dialogue” with stakeholders, the news media, advertisers and partnerships with community groups and related organizations.

Organizational membership dues appear to probably be based on the number of beds any given long-term care facility has, although specific membership dues information is hidden behind a pay wall, unavailable to members of the media.

Beyond that, CAHF is not so much focused on developing nursing home administrators, other than through its dubious “*Leadership Academy.*”

“ Health Commissioner Guillermo asked for evaluation data of the leadership model on August 2.

A subsequent records request revealed DPH had ‘no responsive records’ as of January 11 for either the evaluation data Guillermo had requested, or the evaluation analysis report Sangha told Commissioner Chow would be conducted to determine if the leadership model is effective.”

“ Weirdly, CMS seems to believe forcing LHH to join CAHF and requiring LHH staff enroll in CAHF’s ‘Leadership Academy’ will help ‘install permanent leadership with appropriate experience in nursing home administration’.”

CAHF's *Leadership Academy* is marketed as:

"The CAHF Nursing Home Leader Academy (NHLA) provides an enriching experience designed to grow leadership skills, process improvement techniques and build a community of peer support that will enhance your personal growth, nursing home quality outcomes and operational success."

The "*process improvement techniques*" apparently involve the leadership students developing a "*Quality Assurance Performance Improvement*" (QAPI) style project developed for their own organization's facility.

LHH already has a Quality Management department and Nursing Education department that should be helping LHH employees develop QAPI programs throughout the hospital. And the consultants hired at a cost of \$26.7 million to date have already resumed teaching LHH staff to develop QAPI projects of their own, which LHH had lost sight of doing. So why CAHF is going to help develop more QAPI projects isn't clear, or if that's necessary.

CAHF's web site further promotes its Leadership Academy (NHLA) with more marketing materials:

" LHH already has a Quality Management department and Nursing Education department that should be helping LHH employees develop QAPI programs throughout the hospital. "

"This NHLA Intensive 2023, an exclusive nine-month program, includes exercises and discussions that cover important topics in leadership and the quality imperative, staff stability and engagement. NHLA tuition also includes the opportunity to earn up to 28 CEs as well as registration for the following 2023 CAHF events: Spring Advocacy Day, Summer Conference and Annual Convention & Expo.

As a participant, you will receive individualized support from a faculty of skilled nursing experts and build relationships with other NHLA participants to complete your own facility-based Quality Assurance Performance Improvement project. Throughout the program, you will also obtain assistance in exploring approaches and cycles of learning to reach your identified project goal."

Putting aside that the 28 Continuing Education credits will only help meet annual professional licensing renewal requirements, it's not clear how membership in CAHF, or LHH employees attendance at CAF's "*Leadership Academy*" will help LHH quickly install permanent leaders with appropriate nursing home experience at LHH that CMS expects. Nor is it clear how the *Spring Advocacy Day, Summer Conference, and Annual Convention and [trade show] Exposition* will help LHH install permanent leadership in nursing home administration, as CMS expects.

The "*building relationships*" marketing lure suggests it will help "*Leadership Academy*" graduates develop and maintain their professional networking relationships, as if attending a Werner Erhard two-weekend, six-day, sixty-hour "*est Standard Training*" seminar that was an outgrowth of the *Human Potential Movement*. Thankfully, Erhard's "est Seminars" ended in 1984.

CMS' February 1 letter demanded LHH respond by February 15 clarifying which LHH "*leadership from multiple disciplines*" will be enrolled in CAHF's March 2023 "*Leadership Academy*," which ostensibly involves a nine-month program, but involves an unknown number of in-person sessions.

Mr. Pickens' November 8 PowerPoint presentation to the LHH-JCC reported on slide # 12 that LHH had joined the California Association of Healthcare Facilities (CAHF), and that six LHH Staff had been accepted to CAHF's Leadership Academy.

A public records request revealed the six employees are:

- Prasanthi Patel, MPH; Administrative Director of Operations, LHH Operations Department. She's a job classification code 2593 Health Program Coordinator III. Health Program Coordinators are typically not considered to be senior managers of nursing facilities.
- Arnold Brunswick;-Facility Services, LHH Facilities Department. He's a job classification code 7203 Bldg. & Grounds Maintenance Supervisor. His boss, Diana Kenyon is actually listed as part on LHH's leadership organization chart.

- Elvis Lavarreda, CDM, CFPP; Food Service Director, LHH Food and Nutrition Services Department. He’s a job classification code 0923, Manager II.
- Lucia Angel, MHA; LHH Chief of Staff, LHH Administration. She’s also a job classification 2593 Health Program Coordinator III.
- Susan Duong, RN; Director of Nursing, South Tower, LHH Nursing Department. She’s a 2324 Nursing Supervisor.
- Rowena Patel, MSN, BSN, RN, GNP-BC; Director of Nursing North Tower/Pavilion, LHH Nursing Department. She’s also a 2324 Nursing Supervisor.

Only three of the six — Lavarreda, Duong, and Rowena Patel — are shown on LHH’s August 2022 “*Leadership Organizational Chart*,” linked above. They aren’t a very good cross section from multiple disciplines as CMS may expect, and are not very high in LHH’s organizational structure.

A public records request revealed the fees LHH has had to pay, or will pay, to join CAHF includes \$78,359 to date, including a membership application fee (\$833), membership dues July to December 2022 (\$23,746), membership dues January to December 2023 (\$46,655), and CAHF’s Spring 2023 “*Leadership Academy*” enrollment for five LHH staff members (\$7,125).

Going forward, LHH faces having to pay annual membership due of approximately \$53,000 annually, based on the \$78 per-bed fees if LHH retains licensure for all its 769 beds, plus additional \$1,425 per student “*Leadership Academy*” registration fees.

LHH’s “*leadership*” academy participation boondoggle — including its disastrous “*Social Rehabilitation*” grant in 2005 and LHH “*leaders*” failure to ensure its “*functional maintenance and restorative care*” program created two decades ago in 2002 for LHH’s residents continued to operate — is described in my companion [article](#).

As one observer puts it:

“Ineptitude of LHH ‘go with the flow’ administrators brought in from SFGH to mismanage the show, and the ‘flow project’ of patients, are inseparable: The underlying vision of LHH as a second-rate location [to SFGH] that did not need independent or knowledgeable management ... with LHH staff as servants of the ineptitude.”

Pickens and Sangha should get the boot, too, and now — before CMS pulls the plug completely on LHH.

Postscript

Fed up with the delay of SFDPH, LHH, and Pickens to release the initial “*Root Cause Analysis*” (RCA) report to CMS on December 1 — which CMS had accepted and approved by December 12 apparently as LHH had originally submitted it — this author, on behalf of the *Westside Observer*, submitted a formal [FOIA complaint](#) in the afternoon of Thursday, February 2 to CMS and the California Department of Public Health alleging LHH was potentially violating a key stipulation of the *LHH Settlement Agreement*.

Paragraph 41 of the *Agreement* — titled “Public Disclosure” — explicitly provides that all parties (CMS, CDPH, and LHH as signatories) had agreed that the *Settlement Agreement* was “subject to public disclosure in accordance with the FOIA and/or in accordance with applicable [local] laws and processes.”

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Going forward, LHH faces having to pay annual membership due of approximately \$53,000 annually to CAHF.”

“ *Ineptitude of administrators brought in from SFGH ... and the ‘flow project’ of patients, are inseparable: The underlying vision of LHH as a second-rate location [to SFGH] that did not need independent or knowledgeable management ...’.* ”

“ Fed up with the delay of SFDPH, LHH, and Pickens to release the initial ‘Root Cause Analysis,’ I submitted a formal FOIA complaint to CMS on February 2 on behalf of the *Westside Observer*. ”

That seemed to have done the trick in prying loose the *RCA* and several other documents out of SFDPH and Pickens' clutches they'd been stalling on releasing. Three working days later in the morning of Wednesday February 8, SFDPH finally released the *RCA*. Separately, SFDPH also provided the full two-phase "*First Mock Survey*" reports.

Phase 1 of the *First Mock Survey* was conducted between June 22 and June 28. Phase 2 was conducted between July 11 and July 21.

A preliminary secondary detailed analysis under way by this author assessing the combined phases of the *Mock Survey* revealed a total of 123 deficiencies, including deficiencies that occurred multiple times — not the 101 deficiencies Pickens and LHH's consultant, Health Management Associates (HMA), have tried to palm off on the San Francisco Health Commission and members of the public to minimize LHH's problems.

Similarly, although Pickens keeps asserting the initial "*Action Plan*" produced from the findings of the initial *RCA* report had yielded 300 "*milestones*" (i.e., corrective actions that must be taken) across initially eight major problem categories at LHH, he again minimized the scope of necessary corrective steps. There were actually 353 milestones in the *Action Plan* related to the first *RCA*.

Then came along the first *90-Day Monitoring Survey* during which the disastrous fire alarm fiasco happened. LHH did not receive just one "*immediate jeopardy*" citation related to the *Fire Life Safety* survey, it received four of them from CDPH — all at the highest severity-and-scope of "L" immediate jeopardies, not just one citation.

The *90-day Survey* made necessary a second *RCA*, with a separate follow-on *Action Plan* (tacked on to the first *Action Plan*). That resulted in an additional 90 "*milestones*" in three newly identified additional major problem categories at LHH, plus 11 more "*milestones*" uncovered as additional necessary corrective actions from the first *RCA*.

So far, there have been 454 "*milestones*" identified — not 300 as Pickens initially tried to pass off. And LHH hasn't yet had its second *90-Day Monitoring Survey*, expected in March. Along the way, the consultants hired at over \$26 million to date abandoned holding a second *Mock Survey* last September before applying to regain CMS re-certification.

Members of the public — and LHH's frail residents — must be told honestly that the problems at LHH are **not** insignificant. They're major, pointing to sheer mismanagement of LHH by unqualified SFDPH managers over the past 18 years, most recently by Pickens and Sangha, given the continuing failure to hire a qualified and licensed Nursing Home Administrator.

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“ That seemed to have done the trick in prying loose the *RCA* and several other documents out of SFDPH. Three working days later SFDPH finally released the *RCA* on February 8. ”

“ Members of the public — and LHH's frail residents — must be told honestly that the problems at LHH are not insignificant. They're major, pointing to sheer mismanagement of LHH by unqualified SFDPH managers over the past 18 years. ”
