

SFDPH RESPONSE
SUPERVISORS RONEN AND HANEY AUGUST 29, 2019 RECORDS & INFORMATION REQUEST:
SFBHC ADULT RESIDENTIAL CARE FACILITY BED SUSPENSE

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1. Explain and provide any documents related to your decision to close 41 beds at the Adult Residential Facility for severely mentally ill people.

DPH has never made a decision to close beds at the SF Behavioral Health Center Adult Residential Facility known as the “ARF.”

From May, 2014 when DPH expanded the ARF from 41 to 55 beds, the facility only went six (6) months before encountering medication issues that required an “Action” or Performance Improvement Plan. This Plan was implemented in December, 2014. From this point through February, 2018 when we submitted our first request to place ARF beds in suspense, we had been unable to go more than five (5) months without a staff conduct issue or Community Care Licensing (CCL) investigation taking place.

Despite conducting more than 8 formal staff trainings throughout this period, client care and staff well-being could not be sustained.

See Attachment 1

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2. Provide any documents exchanged between the City and the State Licensing body seeking permission to decommission or replace these beds.

See Attachment 2

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3. Explain and provide any documents related to DPH's attempts at addressing staffing issues at the Adult Residential Facility for severely mentally ill people before deciding to put the beds on "suspense."

Hiring

SFBHC leadership held regular meetings with DPH HR, either weekly, bi-weekly or monthly, depending on schedule availability from January, 2017 to March, 2019 to address staff hiring. Attached is an example of the Position Report used.

Staff Conduct

Leadership conducted staff training following every Community Care Licensing citation in addition to ongoing regulatory required trainings, such as First Aid, Privacy and Compliance. Attached are examples of Plan of Correction and staff training responses to demonstrate the format and type of training provided.

DPH HR Labor conducted multiple investigations and mediations in response to internal staff incident reports. Privacy regulations prevent sharing detailed responses.

See Attachment 3

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4. Explain and provide any documents related to the Department of Public Health's decision to no longer admit new residents at the Adult Residential Facility for severely mentally ill people beginning September 2018.

August 23, 2018	Community Care Licensing (CCL) verbally notified SFBHC Director that they would be placing the ARF into Non-Compliance.
August 31, 2018	CCL provides written notification that the ARF is placed into Non-Compliance and scheduled conference for September 12, 2018 to review.
October 2, 2018	CCL rescheduled the September conference to this date. Non-compliance Conference Facility Evaluation Report is issued and Plan of Correction is required.
October 13, 2018	DPH submits the Plan of Correction which is accepted by CCL
Dec 13, 2018	2 Level A medication citations issued. The Licensing Program Analyst verbally warns us that during Non-Compliance, facilities are expected to have no citations or minimally, minor citations. Because we have received 2 Level A citations in an area we are already being held in Non-Compliance, our risk for legal action is extremely high.
February 27, 2019	SFBHC notifies DPH HR census will be held due to ongoing Non-Compliance

Internal staff turmoil also contributed to the feeling that we need to take time to resolve internal relationship issues prior to significantly increasing the size of our staffing. In 2015 there were complaints on staff from staff about flirtatious behavior, in 2016 and 2017 there were complaints about staff mocking each other and making offensive political comments, and additional complaints throughout 2017 and 2018.

See Attachment 4

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5. Please answer the following questions related to the Department of Public Health's hiring process and staffing:
- a) How many Department of Public Health staff work in Human Resources and what are their different roles?

See Attachment 5

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5. Please answer the following questions related to the Department of Public Health's hiring process and staffing:
- b) How many budgeted and unbudgeted vacant positions are there at the Department of Public Health for fiscal years 2016-2017, 2017-2018 and 2018-2019?
- c) How many budgeted and unbudgeted vacant positions are there at the three programs that exist within the Behavioral Health Center (the Adult Residential Facility, the Mental Health Rehabilitation Center and the Residential Care Facility for Elders) for fiscal years 2016-2017, 2017-2018 and 2018-2019?

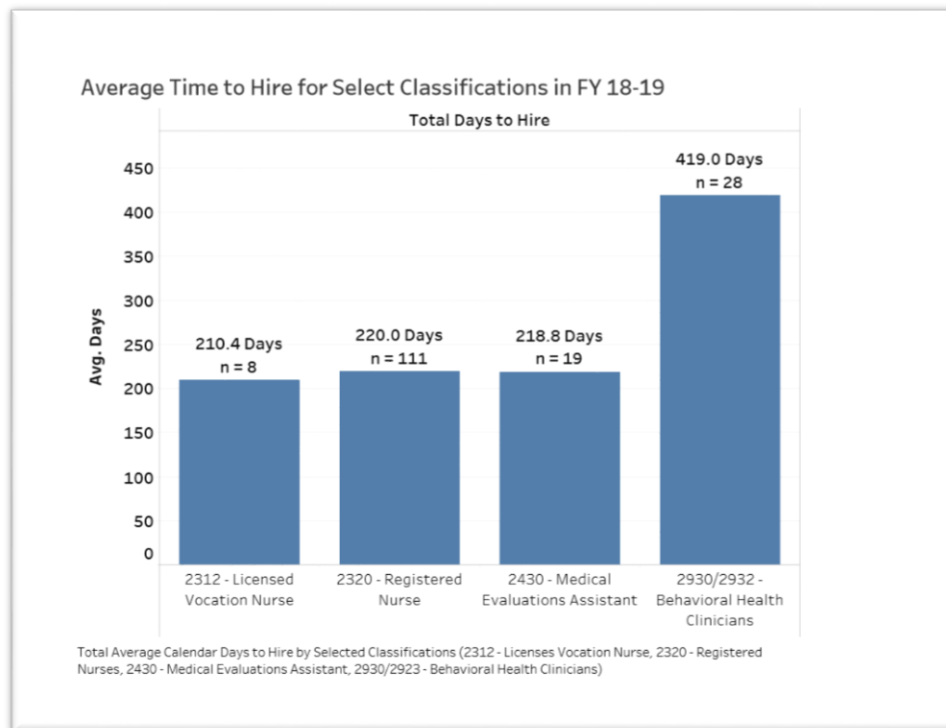
The table below shows the total position authority in the Annual Salary Ordinance and the salary budget and the percent salary savings for DPH's budget and for the BHC. As eMerge does not currently report historical vacancies and as vacancies vary over the course of the year, we cannot provide accurate vacancy information for prior years.

Salary Budget at DPH					
	Total Position Authority FTE	Salary Budget Before Salary Savings	Less Budgeted Salary Savings	Total Salary Budget	Percent Salary Savings
16-17	7,612.75	\$ 873,952,418	(115,269,249)	758,683,169	-13.19%
17-18	7,691.78	\$ 922,186,555	(126,970,684)	795,215,871	-13.77%
18-19	7,711.57	\$ 948,742,429	(132,829,777)	815,912,652	-14.00%
Salary Budget at BHC					
	Total Position Authority FTE	Salary Budget Before Salary Savings	Less Budgeted Salary Savings	Total Salary Budget	Percent Salary Savings
16-17	118.72	\$ 10,425,609	(1,283,103)	9,142,506	-12.31%
17-18	123.25	\$ 11,158,876	(1,478,942)	9,679,934	-13.25%
18-19	119.25	\$ 11,339,770	(1,789,535)	9,550,235	-15.78%

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5. Please answer the following questions related to the Department of Public Health's hiring process and staffing:

d) What is the average length of time to hire a registered nurse, licensed vocational nurse, social worker and medical assistant and how does this compare to the industry standard?



Industry Standards

By the time these responses were being issued, DPH HR was unable to find civil service hiring standards.

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5. Please answer the following questions related to the Department of Public Health's hiring process and staffing:

- e) Do you have a priority hiring list? What is the Department of Public Health process for that list? What is your criteria to determine which positions are on that list, and once on the list, which positions are hired first? Please provide any priority hiring lists.

DPH is committed to hiring criteria and practices that prioritizes patient/client care and meeting regulatory requirements.

There is currently not a DPH-wide priority hiring list.

We are in the process of working with each DPH division to formalize and develop this list to ensure transparency in our hiring process.

The SFBHC used a hiring list during weekly review meetings with DPH HR to resolve ongoing staff vacancies. (See Attachment 3, Item 1)

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5. Please answer the following questions related to the Department of Public Health's hiring process and staffing:
- f) Do you have a six-month hiring plan and a one year hiring plan for the Adult Residential Facility for severely mentally ill people and for the Department as a whole? If so, please provide. If not, please explain how the hiring process at DPH works.

See Attachment 6

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5. Please answer the following questions related to the Department of Public Health's hiring process and staffing:

g) What was the Department of Public Health's salary savings for FY 2018-2019 and what is the Department's projected salary savings for FY 2019-2020.

The department ended FY 2018-19 with a negative salary variance (Shortfall) of \$3.37 million (-0.45% of budgeted salaries). We project to come in at budget for FY 2019-20.

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5. Please answer the following questions related to the Department of Public Health's hiring process and staffing:
- h) Provide the projected salary savings related to the staffing of all 3 programs within the Behavioral Health Center (i.e. Adult Residential Facility, the Mental Health Rehabilitation Center and the Residential Care Facility for Elder[ly]) in 2018-2019.

The salary budget for the entire BHC in FY 2018-19 was \$9,550,235 with actual salary of \$9,464,333 resulting in a favorable balance of \$85,902 at year end.

**SFDPH RESPONSE SEPTEMBER 17, 2019
SUPERVISORS RONEN AND HANEY AUGUST 29, 2019 RECORDS & INFORMATION REQUEST:
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ATTACHMENT 1

1. SF ADULT RESIDENTIAL FACILITY (ARF) TIMELINE: Feb, 2005-Dec, 2018
2. SF Adult Residential Facility: Staff Related Issues 2015-2019

February 25, 2005	License Issued for a 41 bed facility
Jan 31, 2014	Initial request to add 14 beds submitted to Community Care Licensing (CCL)
May 13, 2014	Final request to add 14 beds submitted to CCL
May 29, 2014	CCL issued new license for a 55 bed facility

Dec 23, 2014	"Action Plan" for medication issues is implemented Staff training conducted: Medication pass procedures Staff training conducted: Logging medication procedures Process for ongoing monitor for both medication pass and logging implemented
Jan 5, 2015	Medication Pass audits conducted Ongoing audits are implemented
Feb 1, 2015	Medication observation records created
Sept, 2015	2 CCL Investigations, Unsubstantiated 1 Staff issue involving HR Labor 1 Staff issue involving LVN License Board
Oct, 2015	5 CCL Investigations - 5 Level A citations issued, 2 with civil penalty fine due to repeat violation within a 12 month period
Dec, 2015	ARF Administrator resigns
Jan, 2016	Covering ARF Administrator starts
<i>(2 months without incidents)</i>	
Jan, 2016	2 staff issues result in disciplinary actions
Feb, 2016	1 CCL Investigation with 1 Level A citation
Mar, 2016	Covering ARF Administrator resigns
<i>(3 months without incidents)</i>	
June, 2016	1 Staff issue involving LPT Licensing Board
July, 2016	1 Staff issue involving EEO
<i>(1 month without incident)</i>	
Sept, 2016	2 Staff issues reported and investigated
<i>(5 months without incident)</i>	
Mar, 2017	1 Staff issue
Apr, 2017	1 CCL Investigation with 1 Level A citation
<i>(2 months without incident)</i>	
July, 2017	1 Staff issue that involved DPH HR Labor and a Police Report
<i>(1 month without incident)</i>	
Sept, 2017	4 Staff issues: 1 disciplinary action, 1 termination, 1 DPH HR Labor mediation, 1 resignation 1 CCL Investigation, Unsubstantiated
<i>(3 months without incident)</i>	
Jan, 2018	1 Staff issue, unable to substantiate 2 Staff Criminal clearance issues - 1 results in alternate work assignment for 9 months - 1 results in revoked clearance, staff member reassigned out of SFBHC
Feb, 2018	ARF Administrator starts
<i>(3 months without incident)</i>	
May, 2018	1 Staffing issue
June, 2018	2 Staff issues, 1 results in staff placed on Administrative Leave, facility self-reports to CCL; 1 DPH Labor investigation 1 CCL Investigation, 1 Level A citation
<i>(2 months without incident)</i>	
Sept, 2018	1 staff issue DPH Labor notified
Oct, 2018	ARF placed on Non-Compliance 1 Staff issue: 1 staff placed on Administrative Leave while DPH HR investigation conducted
<i>(1 month without incident)</i>	
Dec, 2018	1 CCL Investigation, 2 Level A citations, 1 Unsubstantiated

SF ADULT RESIDENTIAL FACILITY: STAFF RELATED ISSUES
2015-2019

CENSUS	CITATIONS		DESCRIPTION	COMMENTS	
	None issued	Sep-15	<u>Anonymous Complaint: Medication Error</u> Report to LVN Board that staff took a verbal order for medication	State Board investigated	Med
		Sep-15	<u>Workplace Harassment</u> Staff A harassment complaint against Staff B alleging Staff B called Staff A saying he was the FBI and removing her clearance to work because she had a criminal record which is not true.	DPH HR Labor investigated	Harassment
	CCL Visit: Unsubstantiated	Sep-15	<u>Unprofessional Conduct</u> Staff A alleges Staff B was unprofessional, yelling, slamming phone and speaking loudly on the phone with supervisor		Unprof Conduct
44	CCL Visit: Unsubstantiated (Investigation closed 2/11/16)	Sep 23 2015	<u>Anonymous Complaint: Care Issues</u> 1. Resident's medical needs not met. 2. Resident's given another resident's medication. 3. Residents are not provided meals. 4. Residents refer to the treatment by staff as if they are in the military or jail. 5. Failure to seek timely medical attention resulting to death of a resident.		Care
	CCL Visit: 3 Level A for Items 1-5 Unsubstantiated for Item 6	Oct 8 2015	<u>Anonymous Complaint: Medication and Documentation Errors</u> 1. Administering medication without current doctor's order 2. Client received medication earlier than prescribed 3. Alteration of records 4. Failure to report medication error 5. Client received a bruise that was not documented on client record 6. Passed medication without documenting		Med Documentation
45	CCL Visit: 1 Level A	Oct 22 2015	<u>Anonymous Complaint</u> Staff did not destroy discontinued medications upon discontinuance.	Due to this being a repeat violation within a 12 month period, a CIVIL PENALTY is assessed in the amount of \$150. Staff Training completed	Med
	CCL Visit: Unsubstantiated	Oct 22 2015	<u>Anonymous Complaint: Unprofessional Conduct</u> Residents exposed to inappropriate staff behavior		Unprof Conduct
	CCL Visit: 1 Level A	Oct 22 2015	<u>Anonymous Complaint: Medication</u> Residents not given medication as prescribed.	Due to a repeat violation within a 12 month period, a CIVIL PENALTY is assessed in the amount of \$150. Staff Training completed	Med
	CCL Visit: Unsubstantiated (Investigation closed 2/11/16)	Oct 30 2015	<u>Anonymous Complaint: Medication and Reporting</u> 1. Facility staff administered medication to a resident without a doctor's order. 2. Centrally stored medication was accessible to others. 3. Facility failed to report resident fall		Med Reporting
		Dec-15	<u>Staffing</u> ARF Administrator resigns		Staffing
		Jan-16	<u>Staffing</u> Covering ARF Administrator starts		Staffing
		Jan-16	<u>Unprofessional Conduct</u> Staff A let CNA certification expire	Employee receives disciplinary action	Unprof Conduct

		Jan-16	<u>Unprofessional Conduct</u> Staff B let CNA certification expire	Employee receives disciplinary action	Unprof Conduct
44	CCL Visit: Level A	Feb 11 2016	<u>Anonymous Complaint Re-opened: Care</u> Staff failed to seek timely medical attention for resident exhibiting symptoms of shortness of breath	Staff Training completed	Care
		Mar-16	<u>Staffing</u> Covering ARF Administrator quits		Staffing
		Jun-16	<u>Anonymous Complaint: Care</u> Report to LPT Board that staff member did not intervene on client with shortness of breath	State Board investigated	Care
		Jul-Sept 2016	<u>Sexual Harassment</u> Staff A alleges Staff B showed them a picture of a penis	EEO investigation opened	Harassment
		Sep-16	<u>Hostile Workplace Environment</u> Staff A reports feeling unsafe after an incident in client dining room involving other staff		Hostile Work
		Sep-16	<u>Hostile Workplace Environment</u> Staff A alleges Staff B calls her a "whore" and Staff C reports hostile environment when Staff A and Staff B are working together		Hostile Work
		Mar-17	<u>Unprofessional Conduct</u> Staff A alleges Staff B was screaming and yelling that "staff members are lazy"		Unprof Conduct
44	CCL Visit: 1 Level A	Apr 5 2017	<u>Self Report: Medication Error</u> Staff gave wrong bubble pack and client received another client medications	Staff Training completed	Med
		Apr-17	<u>Unprofessional Conduct</u> Staff A alleges Team Leader did not respond timely to a client who had fallen	Unable to substantiate	Unprof Conduct
		Jul-17	<u>Staff to Staff Assault</u> Staff A alleges Staff B re-enacted an assault by placing him in a chokehold. Staff B denied he completed the full chokehold stating it was a discussion and he "gently demonstrated." Staff C alleges he witnessed the interaction.	DPH HR investigated Staff A filed Worker's Comp claim and a Police Report	Unprof Conduct
		Sep-17	<u>Unprofessional Conduct</u> Staff A let CNA certification expire	Employee receives disciplinary action	Unprof Conduct
		Sep-17	<u>Unprofessional Conduct</u> Staff B let CNA certification expire	Employee terminated - repeat violation?	Unprof Conduct
		Sep-17	<u>Unprofessional Conduct</u> Staff A and Staff B engage in verbal altercation during change of shift report. Staff A accuses Staff B of inappropriate conduct when intervening in a client escalation and Staff B makes allegations about Staff A job performance	DPH HR Labor conducted mediation Staff B was reassigned from the ARF to another program Staff coaching and counseling conducted	Unprof Conduct
		Sep-17	<u>Hostile Workplace Environment</u> Staff A feels 2 unnamed staff are "teaming up" against him, making sarcastic comments, refusing to speak to him, and making him feel threatened by making statements like "this place is not for you."	DPH HR Labor notified. Staff A files Worker's Comp claim and subsequently resigns	Hostile Work

36	CCL Visit: Unsubstantiated (Investigation 1/17/18)	Sep 27 2017	<u>Anonymous Complaint: Medication Error</u> Staff administered discontinued medication to resident		Med
		Jan-18	<u>Unprofessional Conduct</u> Staff A alleges Staff B screamed very loudly and escalated a client and reported as unacceptable workplace behavior	Unable to substantiate	Unprof Conduct
		Jan-18	<u>Staffing: Criminal clearance denial</u> New employee initially failed background clearance but was able to file for an exemption	Staff assigned alternate work assignment until exemption received 9 months later	Staffing
		Jan-18	<u>Staffing: Criminal clearance revoked</u> Staff A failed clearance due to a new conviction	Staff and facility applied for exemption. It was denied 5 months later and staff member was removed from the SFBHC	Staffing
		Feb-18	<u>Staffing</u> ARF Administrator hired	2 years working with DPH HR and DHR regarding proper classification and hiring conditions due to regulatory requirement for ARF Administrator Certification	Staffing
		May-18	<u>Unprofessional Conduct</u> Staff are placing inappropriate objects (e.g., open tartar sauce containers, ketchup, feminine hygiene pads, rotten eggs) in Staff A's mailbox		Unprof Conduct
		Jun 1 2018	<u>Client Abuse Allegation</u> Staff A, B and C allege Staff D was abusive towards a client by pulling blanket back, yelling at client to get up and go to bathroom.	Staff D placed on Administrative Leave while investigation occurs. Facility files report with CCL.	Care Unprof Conduct
	CCL Visit: 1 Level A	Jun 1 2018	<u>Anonymous Complaint: Patient Rights</u> Facility staff failed to treat resident with dignity	Staff Training completed	Care Unprof Conduct
		Jun-18	<u>Workplace Harassment</u> Staff A harassment complaint against Staff B alleging Staff B falsified a medical record and tried to blame it on him. Staff C reports people do not want to get involved due to fear of retaliation from Staff D, Staff B and Staff E.	DPH HR Labor investigating	Harassment
		Sep-18	<u>Hostile Workplace Environment</u> Staff A expresses concern for his safety alleging that a coworker told him to "watch out."	DPH HR Labor notified.	Hostile Work
	CCL Non-Compliance Conference	Oct 2 2018	<u>CCL Non-Compliance Conference</u> Notification that the facility is being held in non-compliance and license at risk due to ongoing care concerns	Plan of correction submitted. Staff training completed	Care

		Oct, 2018	<p><u>Staff to Staff Physical Threats</u> Staff A alleges Staff B verbally threatened to harm him. Staff A files Police Report against Staff B alleging Staff B verbally threatened him. Both file restraining orders against the other.</p>	Staff B placed on administrative leave while DPH HR investigation takes place	Hostile Work
	CCL Visit: 2 Level A 1 Unsubstantiated	Dec 13 2018	<p><u>Anonymous Complaint: Medication Error</u> Allegation staff gave wrong medication. This complaint is found unsubstantiated. <u>Facility Self-Report: Medication Error</u> During site inspection, CCL finds loose medication in med cart.</p>	Facility had previous citations for these issues and were included in Non-Compliance report in Oct 2018. CCL notes this places ARF at high risk of administrative action.	Med

**SFDPH RESPONSE SEPTEMBER 17, 2019
SUPERVISORS RONEN AND HANEY AUGUST 29, 2019 RECORDS & INFORMATION REQUEST:
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ATTACHMENT 2

1. Initial Request February 5, 2018 to place 14 ARF beds in suspense and CCL February 9, 2018 approval (10 pages)
2. July 23, 2018 request to place 14 ARF beds in suspense to assist with a community ARF closure; withdrawn by DPH July 24, 2018 because emergency placements were located at other facilities (4 pages)
3. Second Request October 23, 2018 to continue 14 ARF beds in suspense and CCL October 26, 2018 approval (8 pages)
4. January 31, 2019 – April, 2019 program changes were discussed with CCL regarding ways to improve compliance. April, 2019 possible program plans were submitted for discussion purposes. (4 pages)
5. Third Request May 23, 2019 request to place 41 ARF beds in suspense. CCL June 26, 2019 approval (13 pages)

1. Initial Request February 5, 2018 to place 14 ARF beds in suspense and CCL February 9, 2018 approval (10 pages)

**PROPOSAL: Temporary Emergency Shelter at
SF Behavioral Health Center Adult Residential Facility (SFBHC ARF)**

ISSUE:

- Zuckerberg San Francisco General Hospital Emergency Department is experiencing high volume, particularly during this flu season. This has impacted the hospital by causing it to go on trauma override. Zuckerberg San Francisco General Hospital is the primary trauma hospital in the region.

PROPOSAL:

- SFBHC ARF is currently licensed as a 55 bed Adult Residential Facility (Facility # 389210019.)
- The facility is comprised of 4 living areas. Each area is separated by double doors that can be secured.
- SFBHC ARF used to be certified as a 41 bed ARF (living areas 1-3.)
- In 2014, San Francisco Department of Public Health requested and CCL approved to have 14 beds added to the licensing certification (added living area 4.)
- Request is to temporarily return to a 41 bed Adult Residential Facility and suspend 14 beds (living area 4) from regulatory compliance so they can be used as emergency shelter beds.

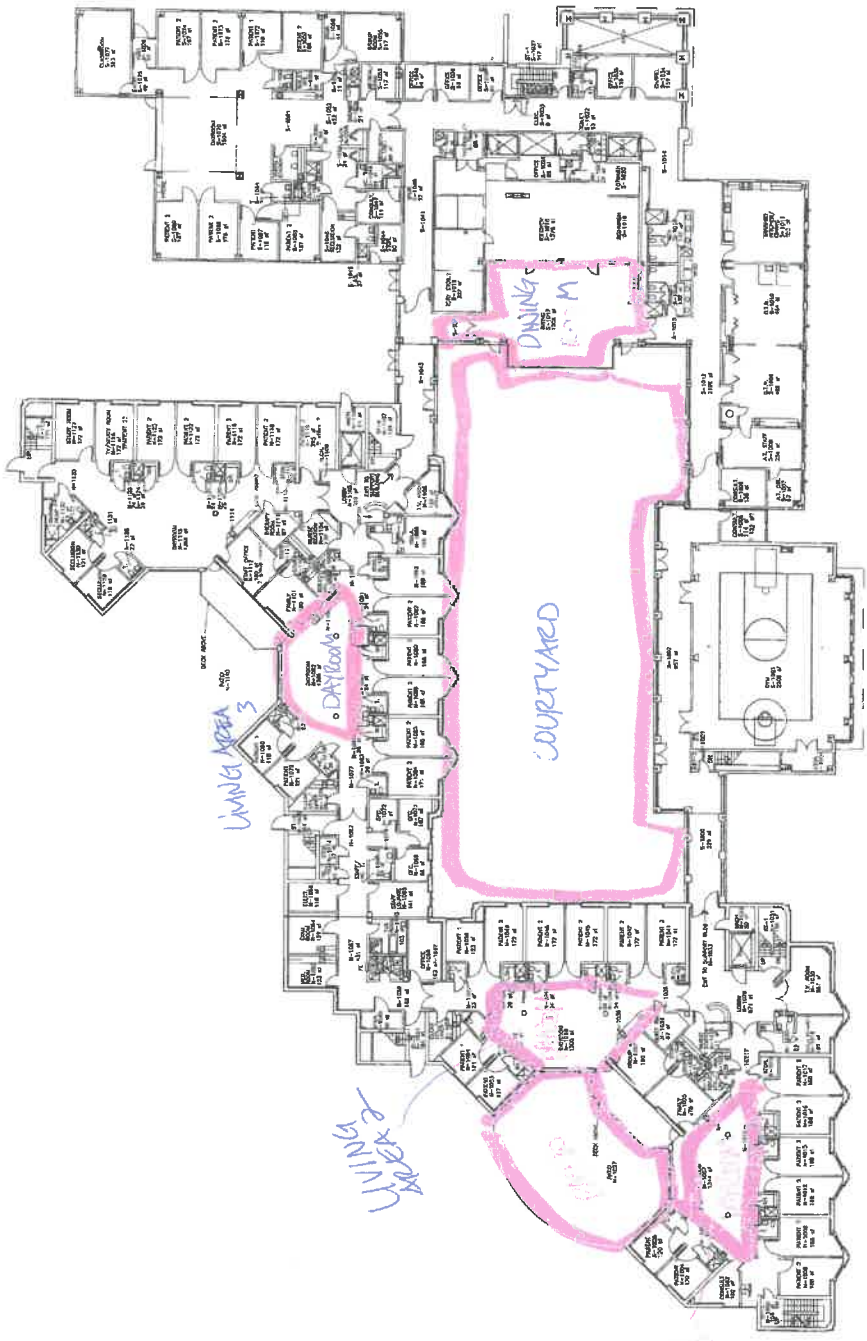
PLAN: SECURE LIVING AREA 4

1. Secure the doors at N-1095 and the Nurse Station at N-1104. These are the 2 doors that connect to the adjacent Units.
2. Allow entry only through the back stairwell next to room N-1134. This stairwell exits to the courtyard that leads to a separate exit to the street. This is a secured door and clients in the shelter space will be escorted out.
3. Overnight shelter stay, 2 people per room in N-1116, N-1118, N-1122, N-1123, N-1126, N-1127
4. Overnight shelter stay, 1 person per room in N-1120 and N-1130
5. Unit will be staffed at shelter level using staff provided by a community non-profit agency. Staff will enter and exit from the stairwell entrance next to room N-1134. They will not be given key or card key access to other doors so they will only have access to Unit D (proposed shelter space) and not interface with staff or residents of the SFBHC ARF.
6. Clients will be TB cleared prior to entry.-
7. Client management will be provided by the community non-profit agency.
8. San Francisco Department of Public Health, San Francisco Health Network, Transitions Division will maintain oversight of the emergency shelter bed use and ensure quality care.

TIMELINE:

February 12, 2018 – June 30, 2018

*Respectfully Submitted: Kelly Hiramoto, LCSW, Director of SFHN Transitions Division
February 5, 2018*



Facility # 389210019

SF BEHAVIORAL HEALTH CENTER
887 POTRERO AVENUE
SAN FRANCISCO

EXISTING DEPARTMENTS & SQ.FT.
FOA 05/30/07

First Floor Plan





San Francisco
Health Network

Kelly Hiramoto, LCSW
Director of SFHN Transitions
San Francisco Department of Public Health
415.206.4168 phone
415.206.5279 fax

February 8, 2018

VIA email vivien.helbling@dss.ca.gov

Vivien Helbling
Regional Manager
CDSS-Community Care Licensing
San Bruno Adult and Senior Care Regional Office
851 Traeger Avenue, Suite 360
San Bruno, CA 94066

Dear Ms. Helbling,

San Francisco is encountering a major flu outbreak that is creating a negative impact on our emergency services. Our safety net hospital, Zuckerberg San Francisco General Hospital, is currently on trauma diversion as a result.

Pursuant to Title 22 regulations, Sections 80022, 80024 and 85022, we are submitting the attached Waiver request to change our Plan of Operation for our Adult Residential Facility beds located at the SF Behavioral Health Center, 887 Potrero Avenue to designate 14 beds to be used as emergency shelter beds until the flu impact is reduced. Attached please find our waiver for your consideration.

We are hoping we can implement this emergency service plan immediately. If you would like us to provide additional information, please let us know.

Thank you for your consideration.

Sincerely,

Kelly Hiramoto, LCSW
Director of SFHN Transitions

cc: Linda Sims, RN, Behavioral Health Center Administrator

Attachments

SF Behavioral Health Center Adult Residential Facility (SFBHC ARF) Facility #389210019
REQUEST FOR WAIVER: Alter the licensed facility's Plan of Operation under Title 22, Sec. 80022, 85022
REQUEST FOR WAIVER: Services provided to designated area as per Title 22, Sec. 80024

REASON FOR REQUEST:

- Zuckerberg San Francisco General Hospital Emergency Department is experiencing high volume, particularly during this flu season. This has impacted the hospital by causing it to go on trauma override. Zuckerberg San Francisco General Hospital is the primary trauma hospital in the region.
- SFBHC ARF is currently licensed as a 55 bed Adult Residential Facility (Facility # 389210019.)
- The facility is comprised of 4 living areas. Each area is separated by double doors that can be secured.
- SFBHC ARF used to be certified as a 41 bed ARF (living areas 1-3.)
- In 2014, San Francisco Department of Public Health requested and CCL approved to have 14 beds added to the licensing certification (added living area 4.)
- It is environmentally and programmatically possible to temporarily suspend 14 beds (living area 4) from regulatory compliance so they can be used as emergency shelter beds and operate as a 41 bed Adult Residential Facility

DURATION OF TEMPORARY PLAN:

- Date of California Community Care Licensing Approval through June 30, 2018

PLAN OF OPERATION for ZSFGH PATIENT OVERFLOW ACCOMMODATION:

See Attachments: SFBHC Aerial View and SFBHC 1st Floor Layout

1. Secure the doors at N-1095 and the Nurse Station at N-1104. These are the 2 doors that connect to the adjacent Units. *See Attachment SFBHC 1st Floor Layout.*
2. Allow entry only through the back stairwell next to room N-1134. This stairwell exits to the courtyard that leads to a separate exit to the street. This is a secured door and clients in the shelter space will be escorted out. *See Attachment SFBHC 1st Floor Layout.*
3. Overnight shelter stay, 2 people per room in N-1116, N-1118, N-1122, N-1123, N-1126, N-1127
4. Overnight shelter stay, 1 person per room in N-1120 and N-1130
5. Client management will be provided by the community non-profit agency.
6. Clients will be ambulatory, homeless clients who are not acutely ill but would benefit from being indoors while they are recuperating from flu or other non-acute medical issues.
7. Clients will NOT require 24 hour nursing or monitoring
8. Clients will be TB cleared prior to entry.
9. Food Service will be provided with a meal delivery service, such as, Project Open Hand. Snacks will be purchased by the operating community non-profit agency from local groceries and Food Banks. This will ensure temporary shelter residents can remain in their designated Living Area 4 and not interact with ARF residents to meet their food service needs.
10. Unit will be staffed at shelter level using staff provided by a community non-profit agency. Staff will enter and exit from the stairwell entrance next to room N-1134. They will not be given key or card key access to other doors so they will only have access to Unit D (proposed shelter space) and not interface with staff or residents of the SFBHC ARF. *See Attachment SFBHC 1st Floor Layout.*
11. The designated area, Living Area 4, has its own private Day Room only accessible by clients staying in Living Area 4 and a separate courtyard space that is not accessible by residents of the ARF. The stairwell that leads to this courtyard is locked on all the other floors. *See Attachment SFBHC 1st Floor Layout.*
12. San Francisco Department of Public Health, San Francisco Health Network, Transitions Division will maintain oversight of the emergency shelter bed use and ensure quality care.

SF Behavioral Health Center Adult Residential Facility (SFBHC ARF) Facility #389210019
REQUEST FOR WAIVER: Alter the licensed facility's Plan of Operation under Title 22, Sec. 80022, 85022
REQUEST FOR WAIVER: Services provided to designated area as per Title 22, Sec. 80024

PLAN OF OPERATION TO ENSURE UNINTERRUPTED AND CONTINUOUS SERVICE TO EXISTING ARF:

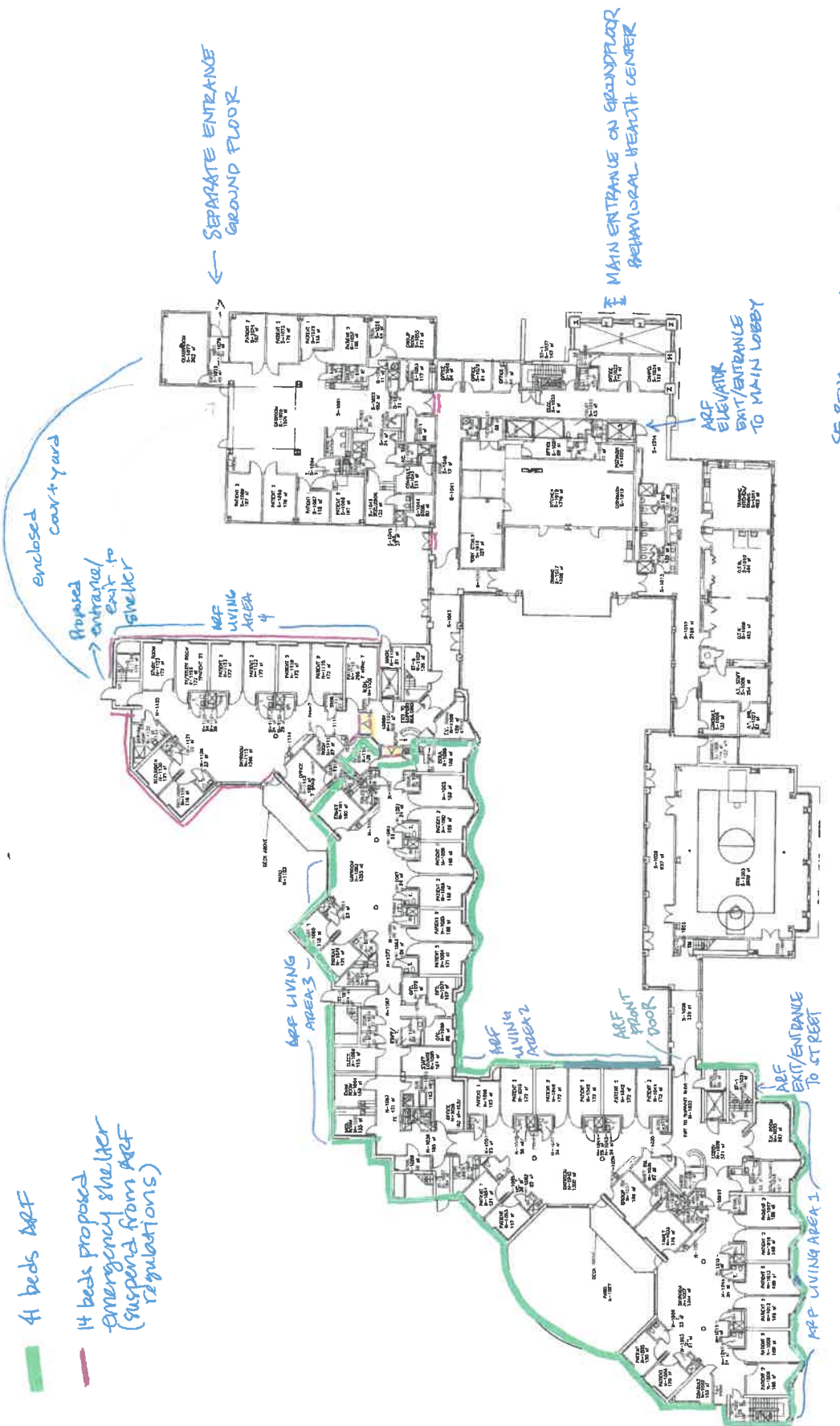
See Attachments: SFBHC 1st Floor Layout and SFBHC Day Rooms, Patio, Courtyard

1. Secure the doors at N-1095 and the Nurse Station at N-1104. These are the 2 doors that connect to the area that will continue to operate as the ARF. *See Attachment SFBHC 1st Floor Layout.*
2. Allow entry only through the main ARF doorway and associated main stairwell. *See Attachment SFBHC 1st Floor Layout.*
3. Client management will be overseen by the SF Department of Public Health staff. All these staff are background checked, screened and approved to work by CCL.
4. Staff will enter and exit from the ARF designated entrances. They will not be given key or card key access to other doors so they will only have access to Living Areas 1, 2 and 3. They will not interface with staff or residents of the temporary shelter area (Living Area 4.) *See Attachment SFBHC 1st Floor Layout.*
5. The 41 bed ARF has 3 Living Areas, 1, 2 and 3. Each Living Area has its own private Day Room only accessible by clients staying in Living Area 1, 2 and 3. *See Attachment SFBHC Day Rooms, Patio, Courtyard.*
6. The 41 bed ARF residents will have access to a separate courtyard space that is not accessible by residents of the temporary shelter. *See Attachment SFBHC Day Rooms, Patio, Courtyard.*
7. The 41 bed ARF residents have a designated Dining Room that they all share. It is not accessible by the temporary shelter clients. *See Attachment Day Rooms, Patio, Courtyard.*
8. All current services provided to ARF residents will continue uninterrupted. All staffing, activities, support services, food services and any other required services as designated by Title 22 will remain in effect without interruption. There will be no impact on the health or safety of the ARF residents by creating the temporary space (Living Area 4) to be used for temporary shelter.

The space design allows no co-mingling of the temporary shelter clients with the existing ARF residents. The entrances, exits, and community spaces can all be separated out so there is no interaction. The services and supports on the ARF will continue without interruption.

Respectfully Submitted:
Kelly Hiramoto, LCSW, Director of SFHN Transitions Division,
San Francisco Department of Public Health
February 8, 2018



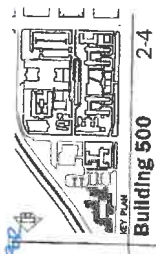


4 beds ACF

14 beds proposed emergency shelter (suspend from ACF regulations)

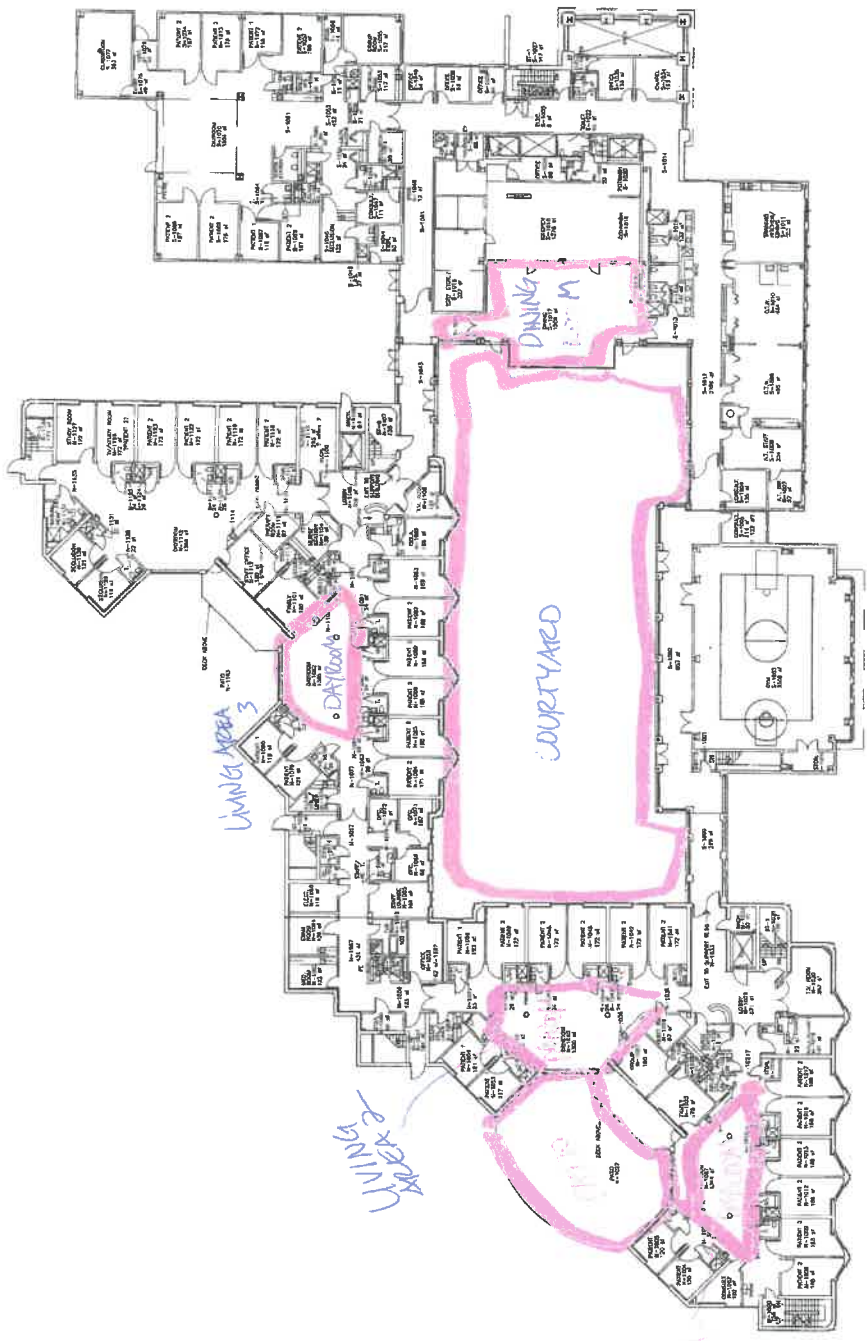
SSBHC ADULT RESIDENTIAL FACILITY (#389210019)
EXISTING DEPARTMENTS & SQ.FT.
FCA 05/30/07

SF BEHAVIORAL HEALTH CENTER
887 POTRERO AVENUE
SAN FRANCISCO.



First Floor Plan

Building 500 2-4



SF BEHAVIORAL-HEALTH CENTER
 887 POTRERO AVENUE
 SAN FRANCISCO

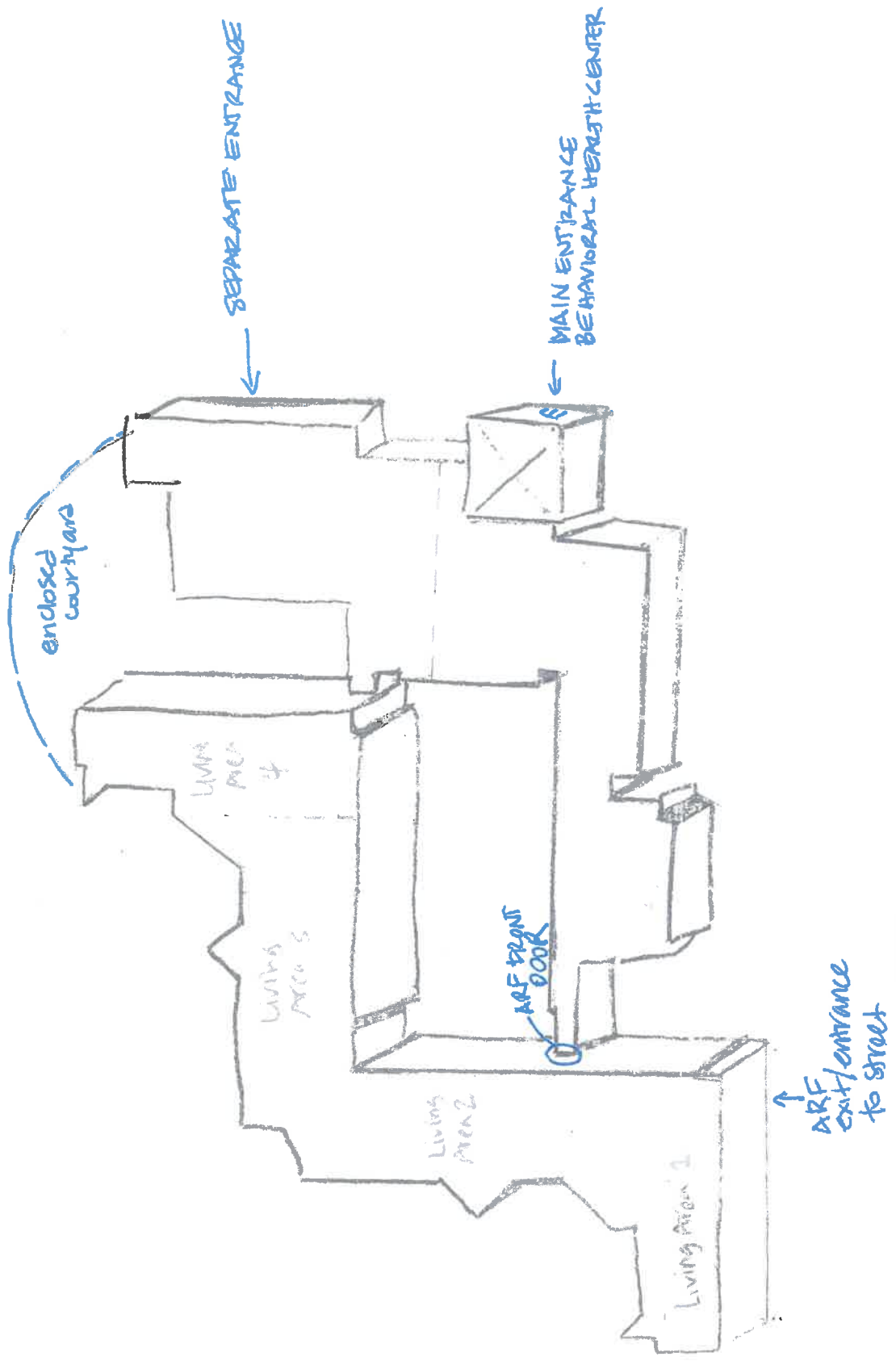
Facility # 389210019

EXISTING DEPARTMENTS & SQ.FT.
 FCA 05/30/07

First Floor Plan

EST. PLAN
 Building 500





SPARK ADULT RESIDENTIAL FACILITY
 FACILITY # 389210019

POTRERO AVENUE

AERIAL VIEW
 SF BEHAVIORAL HEALTH CENTER
 887 POTRERO AVENUE
 SAN FRANCISCO



STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
 Community Care Licensing Division
 San Bruno Adult and Senior Care Regional Office
 851 Traeger Avenue, Suite 360, San Bruno, CA 94066
 Tel. No. 650-266-8800, Fax No. 650-266-8841, MS 29-16
www.cclid.ca.gov



February 9, 2018

SAN FRANCISCO DEPT. OF PUBLIC HEALTH
 SAN FRANCISCO ADULT RESIDENTIAL FACILITY - 389210019
 887 POTRERO AVENUE
 SAN FRANCISCO, CA 94110

APPROVED WAIVER FOR TEMPORARY CHANGE IN PLAN OF OPERATION

California Code of Regulations (CCR), Title 22, Division 6, Chapter 1 and 6, Section 80022 and 85022 Plan of Operation requires that any changes in the plan of operation which affect the services to clients shall be subject to licensing agency approval.

Per Section 80024 Waivers and Exceptions, licensee is requesting a waiver to temporarily designate 14 beds in Area 4 to be used as emergency shelter beds effective February 12, 2018 thru June 30, 2018.

TERMS AND CONDITIONS OF WAIVER:

This waiver is granted based upon the documentation submitted by the licensee and upon the following terms and conditions which the licensee must ensure compliance at all times:

1. There shall be separation from the hospital patients and there will not be an impact of the adult residential facility's ability to provide safe and adequate services. There will not be an impact on the health or safety of the adult residential facility residents.
2. The facility remains an approved adult residential program in Area 1 to 3 and needs of facility residents are met.
3. Licensee must ensure that there shall be no commingling among facility residents and emergency shelter hospital patients.
4. Licensee must notify the Department immediately when there is any change in the existing conditions.

CONTINUED ON PAGE TWO

SAN FRANCISCO ADULT RESIDENTIAL FACILITY - 389210019

PAGE TWO

This waiver does not alleviate the statutory and regulatory responsibilities of the licensee to provide sufficient oversight of supervision to ensure continual compliance.

This waiver does not relieve the facility of the responsibility in having knowledge and understanding of the requirements in operating an adult residential facility.

This waiver is subject to ongoing review by the Department and may be rescinded at any time. A copy of this waiver must be available for review at the facility.

If you have any questions regarding the above decision, or need further information, please contact the Community Care Licensing Office at (650) 266-8800.



VIVIEN HELBLING

Regional Manager

San Bruno Adult and Senior Care Regional Office

2. July 23, 2018 request to place 14 ARF beds in suspense to assist with a community ARF closure; withdrawn by DPH July 24, 2018 because emergency placements were located at other facilities (4 pages)

**PROPOSAL: Temporary Emergency Shelter at
SF Behavioral Health Center Adult Residential Facility (SFBHC ARF)**

ISSUE:

- Mariner House, Inc., 829 Capp Street, San Francisco, CA 94110-3224, is a licensed 24 bed Adult Residential Facility (Facility #385600395) that has been notified by the Fire Marshall that unless the landlord resolves a fire exit, they will suspend operation due to the fire safety issue. There are currently 20 residents in the facility that will need to be relocated immediately.

PROPOSAL:

- SFBHC ARF is currently licensed as a 55 bed Adult Residential Facility (Facility # 389210019.)
- The facility is comprised of 4 living areas. Each area is separated by double doors that can be secured.
- SFBHC ARF used to be certified as a 41 bed ARF (living areas 1-3.)
- In 2014, San Francisco Department of Public Health requested and CCL approved to have 14 beds added to the licensing certification (added living area 4.)
- Request is to temporarily return to a 41 bed Adult Residential Facility and suspend 14 beds (living area 4) from regulatory compliance so they can be used as emergency shelter beds.

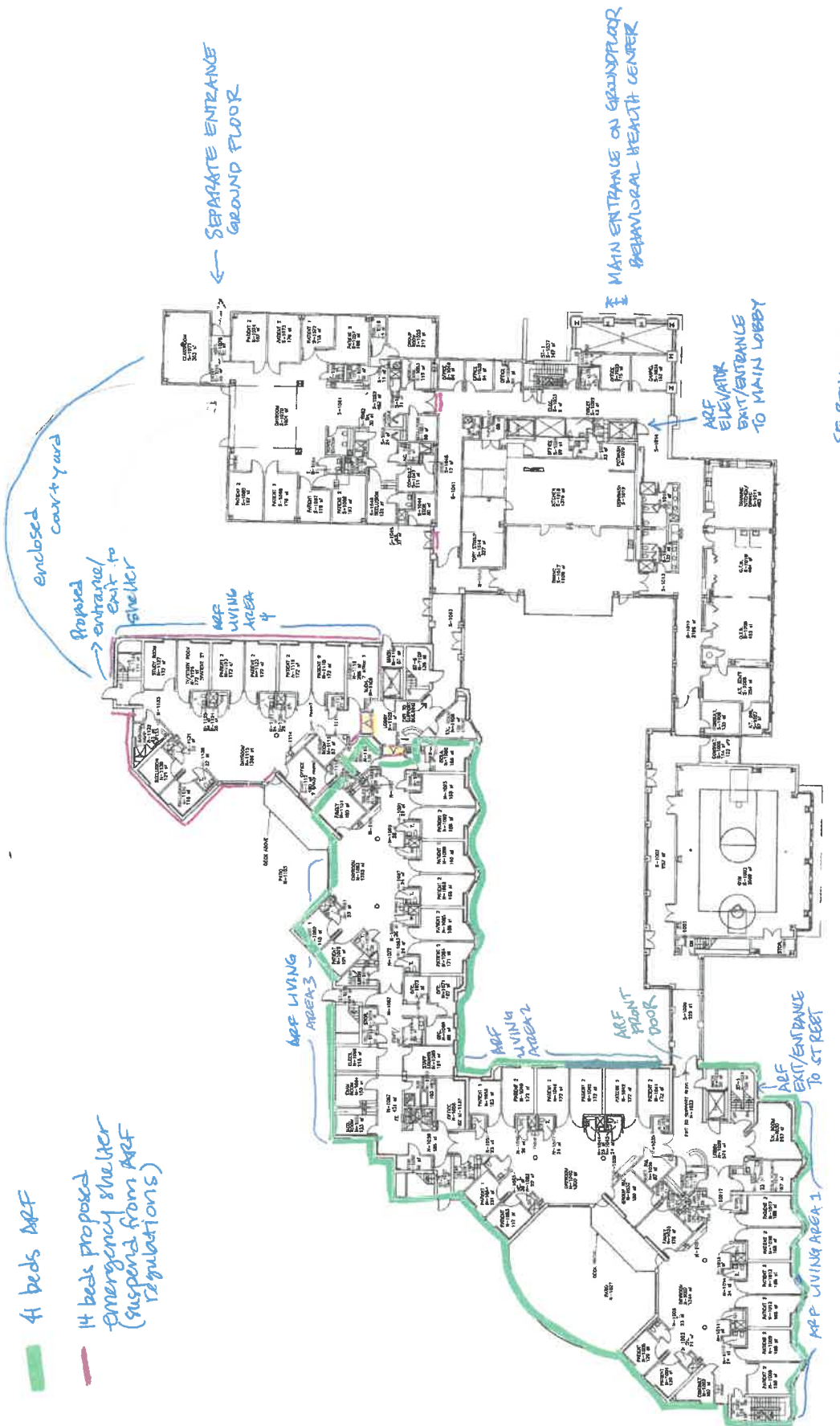
PLAN: SECURE LIVING AREA 4

1. Secure the doors at N-1095 and the Nurse Station at N-1104. These are the 2 doors that connect to the adjacent Units.
2. Allow entry only through the back stairwell next to room N-1134. This stairwell exits to the courtyard that leads to a separate exit to the street. This is a secured door and clients in the shelter space will be escorted out.
3. Overnight shelter stay, 2 people per room in N-1116, N-1118, N-1122, N-1123, N-1126, N-1127
4. Overnight shelter stay, 1 person per room in N-1120 and N-1130
5. Unit will be staffed at shelter level using staff provided by a community non-profit agency. Staff will enter and exit from the stairwell entrance next to room N-1134. They will not be given key or card key access to other doors so they will only have access to Unit D (proposed shelter space) and not interface with staff or residents of the SFBHC ARF.
6. Clients will be TB cleared prior to entry.-
7. Client management will be provided by the community non-profit agency.
8. San Francisco Department of Public Health, San Francisco Health Network, Transitions Division will maintain oversight of the emergency shelter bed use and ensure quality care.

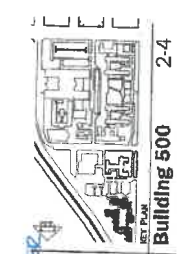
TIMELINE:

July 25, 2018 – September 30, 2018

*Respectfully Submitted: Kelly Hiramoto, LCSW, Director of SFHN Transitions Division
July 23, 2018*



- 4 beds APF
- 14 beds proposed emergency shelter (suspend from APF Regulations)



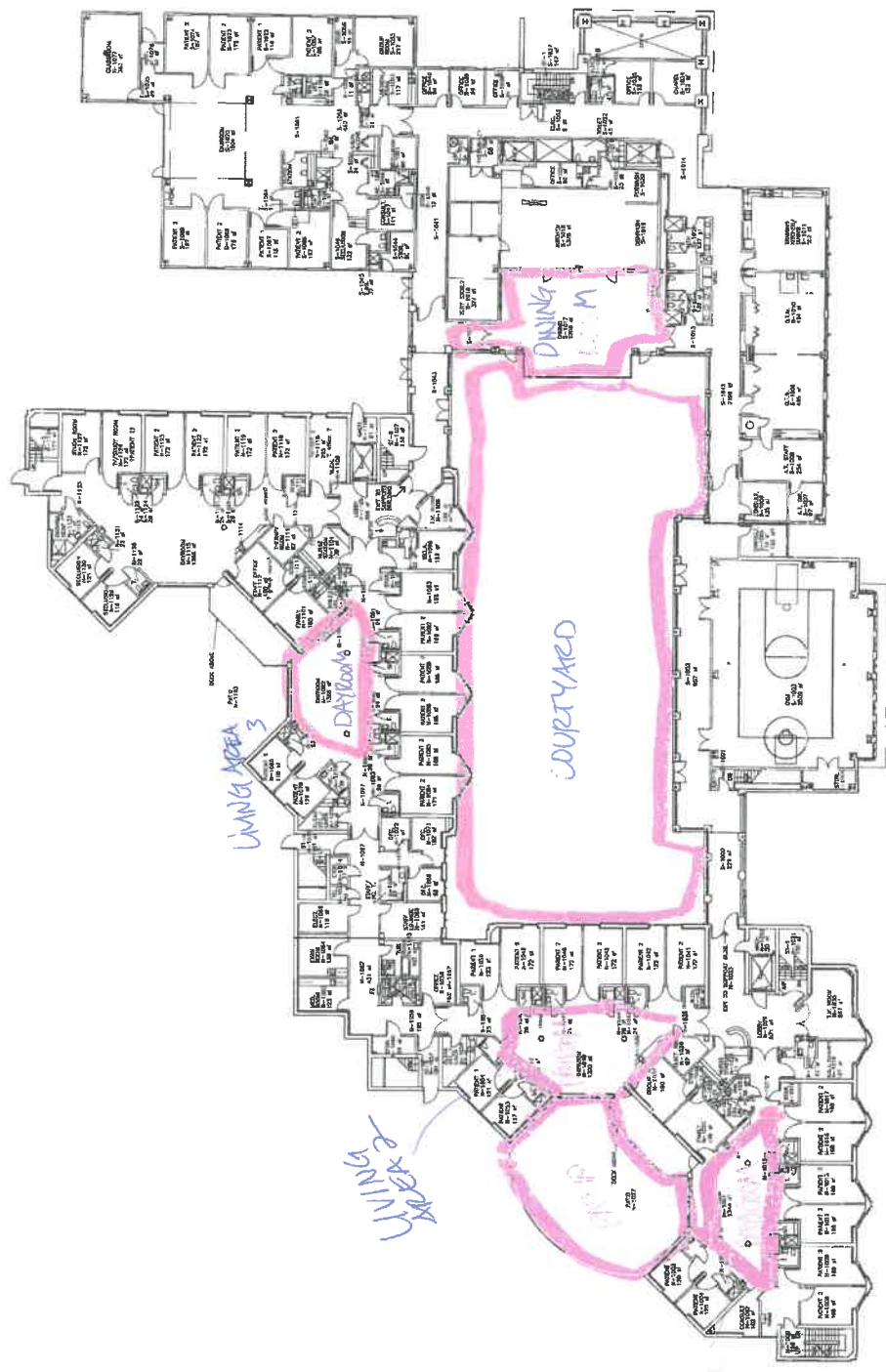
SF BEHAVIORAL HEALTH CENTER
 887 POTRERO AVENUE
 SAN FRANCISCO.

First Floor Plan

Building 500 2-4

SFBK ADULT RESIDENTIAL FACILITY (#289210019)

EXISTING DEPARTMENTS & SQ.FT.
 FEA 05/30/07



SF BEHAVIORAL HEALTH CENTER
 887 POTRERO AVENUE
 SAN FRANCISCO

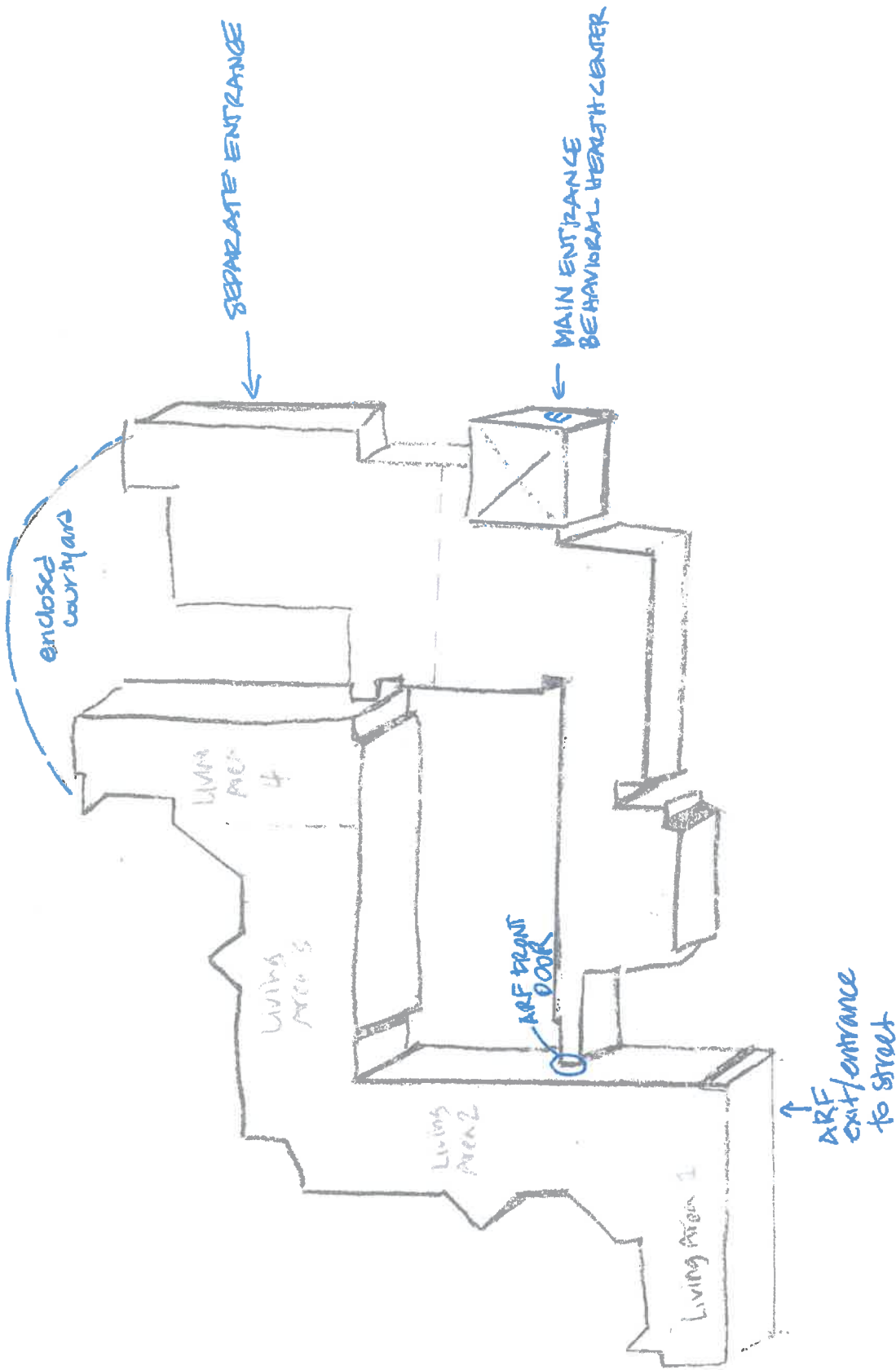
PROJECT # 389210019

EXISTING DEPARTMENTS & SQ.FT.
 FGA 05/30/07



Building 500 2-4

First Floor Plan



POTRERO AVENUE

SBAK ADULT RESIDENTIAL FACILITY
FACILITY # 389210019

AERIAL VIEW
SF BEHAVIORAL HEALTH CENTER
887 POTRERO AVENUE
SAN FRANCISCO

3. Second Request October 23, 2018 to continue 14 ARF beds in suspense and CCL October 26, 2018 approval (8 pages)



SAN FRANCISCO DEPARTMENT OF PUBLIC

**San Francisco Health Network
Transitions**Kelly Hiramoto, LCSW
Director of SFHN Transitions
415.206.4168 Phone
415.206.5279 Fax

October 23, 2018

VIA email: vivien.helbling@dss.ca.govVivien Helbling
Regional Manager
CDSS-Community Care Licensing
San Bruno Adult and Senior Care Regional Office
851 Traeger Avenue, Suite 360
San Bruno, CA 94066

Dear Ms. Helbling,

San Francisco is encountering high homelessness and with winter weather coming, we are concerned about the health and safety for those not yet able to be housed. The San Francisco Adult Residential Facility also continues to be challenged to get adequate staffing consistently in place to ensure safe operations for all 55 of our licensed Adult Residential Facility beds.

Pursuant to Title 22 regulations, Section 80022, 80024 and 85022, we are submitting the attached Waiver Request to change our Plan of Operation for our Adult Residential Facility beds located at the SF Behavioral Health Center, 887 Potrero Avenue, to designate 14 beds to be used as emergency shelter beds until the homelessness impact and Adult Residential Facility staffing issues are addressed. Attached please find our waiver for your consideration.

We are hoping we can implement this emergency service plan immediately. If you would like us to provide additional information, please let us know.

Thank you for your consideration.

Sincerely,

Kelly Hiramoto, LCSW
Director of SFHN Transitions

cc: Linda Sims, RN, SF Behavioral Health Center Administrator

SF Behavioral Health Center Adult Residential Facility (SFBHC ARF) Facility #389210019
REQUEST FOR WAIVER: Alter the licensed facility's Plan of Operation under Title 22, Sec. 80022, 85022
REQUEST FOR WAIVER: Services provided to designated area as per Title 22, Sec. 80024

REASON FOR REQUEST:

- Zuckerberg San Francisco is experiencing high homelessness and with winter weather coming, there is concern about the health and safety for those not yet housed.
- The San Francisco Adult Residential Facility continues to be challenged to get consistent, adequate staffing in place to ensure safe operations for all 55 licensed beds.
- SFBHC ARF is currently licensed as a 55 bed Adult Residential Facility (Facility # 389210019.)
- The facility is comprised of 4 living areas. Each area is separated by double doors that can be secured.
- SFBHC ARF used to be certified as a 41 bed ARF (living areas 1-3.)
- In 2014, San Francisco Department of Public Health requested and CCL approved to have 14 beds added to the licensing certification (added living area 4.)
- It is environmentally and programmatically possible to temporarily suspend 14 beds (living area 4) from regulatory compliance so they can be used as emergency shelter beds and continue to operate 41 beds as the Adult Residential Facility.

DURATION OF TEMPORARY PLAN:

- Date of California Community Care Licensing Approval through June 30, 2020

PLAN OF OPERATION FOR HOMELESSNESS/STAFFING ACCOMMODATION:

See Attachments: SFBHC Aerial View and SFBHC 1st Floor Layout

1. Secure the doors at N-1095 and the Nurse Station at N-1104. These are the 2 doors that connect to the adjacent Units.
2. Allow entry only through the back stairwell next to room N-1134. This stairwell exits to the courtyard that leads to a separate exit to the street. This is a secured door and clients in the shelter space will be escorted out.
3. Overnight shelter stay, 2 people per room in N-1116, N-1118, N-1122, N-1123, N-1126, N-1127
4. Overnight shelter stay, 1 person per room in N-1120 and N-1130
5. Client management will be provided by the community non-profit agency.
6. Clients will be ambulatory, homeless clients who would benefit from being indoors
7. Clients will NOT require 24 hour nursing or monitoring
8. Clients will be TB cleared prior to entry.
9. Food Service will be provided by a meal delivery service, such as Project Open Hand. Snacks will be purchased by the operating community non-profit agency from local groceries and Food Banks. This will ensure temporary shelter clients can remain in their designated Living Area 4 to meet their food service needs and not interact with ARF residents.
10. Unit will be staffed at shelter level using staff provided by a community non-profit agency. Staff will enter and exit from the stairwell entrance next to room N-1134. They will not be given key or card key access to other doors so they will only have access to Unit D (proposed shelter space) and not interface with staff or residents of the SFBHC ARF. *See Attachment SFBHC 1st Floor Layout.*
11. The designated area, Living Area 4, has its own Day Room only accessible by clients staying in Living Area 4 and a separate courtyard space that is not accessible by residents of the ARF. The stairwell that leads to this courtyard is locked on all the other floors. *See Attachment SFBHC 1st Floor Layout.*
12. San Francisco Department of Public Health, San Francisco Health Network, Transitions Division will maintain oversight of the emergency shelter bed use and ensure quality care.

**SF Behavioral Health Center Adult Residential Facility (SFBHC ARF) Facility #389210019
REQUEST FOR WAIVER: Alter the licensed facility's Plan of Operation under Title 22, Sec. 80022, 85022
REQUEST FOR WAIVER: Services provided to designated area as per Title 22, Sec. 80024**

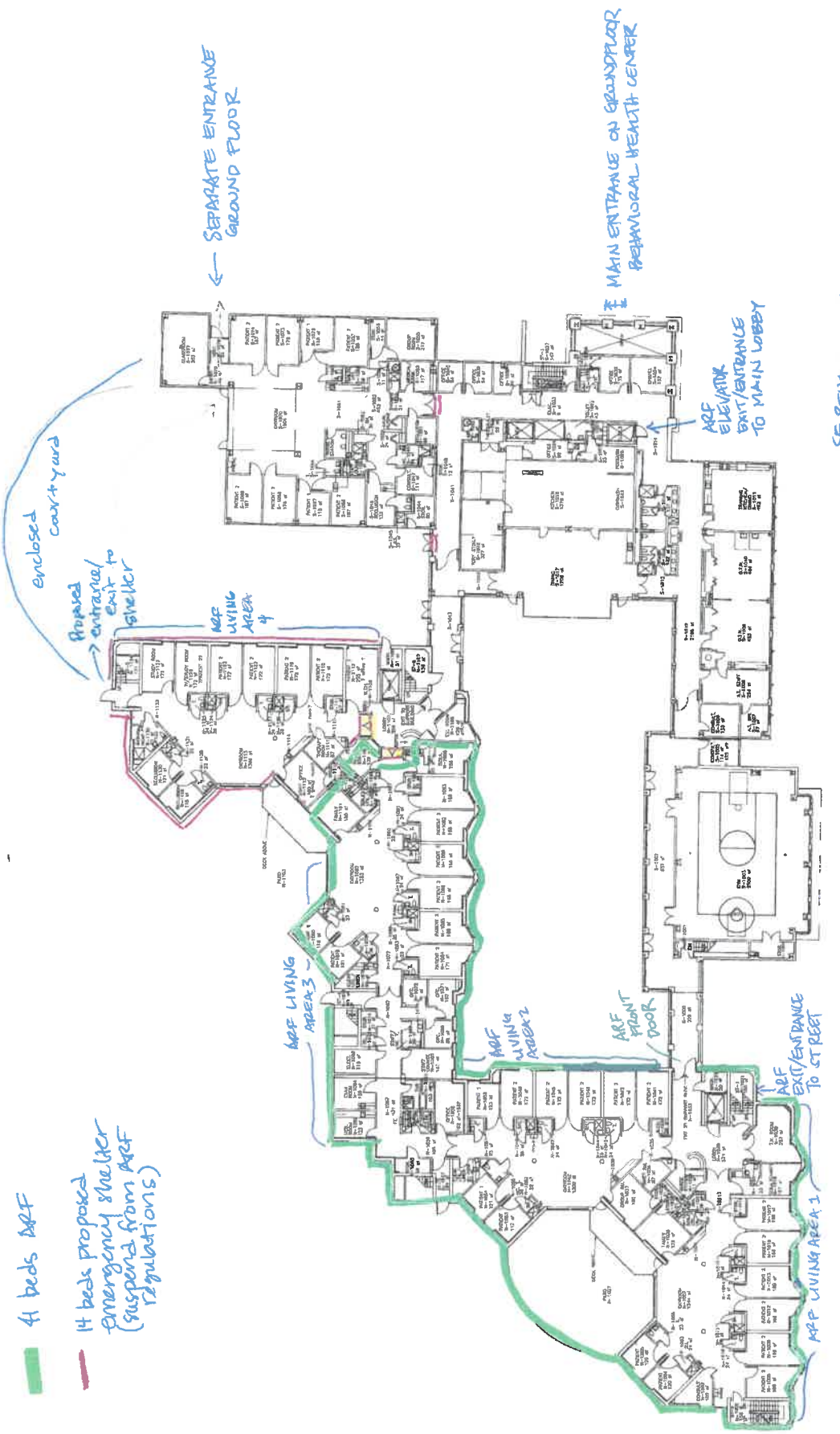
PLAN OF OPERATION TO ENSURE UNINTERRUPTED AND CONTINUOUS SERVICE TO EXISTING ARF:

See Attachments: SFBHC 1st Floor Layout and SFBHC Day Rooms, Patio, Courtyard

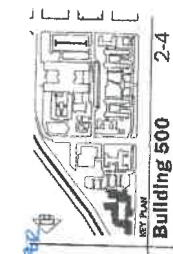
1. Secure the doors at N-1095 and the Nurse Station at N-1104. These are the 2 doors that connect to the area that will continue to operate as the ARF. *See Attachment SFBHC 1st Floor Layout.*
2. Allow entry only through the main ARF doorway and associated main stairwell. *See Attachment SFBHC 1st Floor Layout.*
3. Client management will be overseen by the SF Department of Public Health staff. All these staff are background checked, screened and approved to work by CCL.
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5. The 41 bed ARF has 3 Living Areas, 1, 2 and 3. Each Living Area has its own private Day Room only accessible by clients staying in Living Area 1, 2 and 3. *See Attachment SFBHC Day Rooms, Patio, Courtyard.*
6. The 41 bed ARF residents will have access to a separate courtyard space that is not accessible by clients staying at the temporary shelter. *See Attachment SFBHC Day Rooms, Patio, Courtyard.*
7. The 41 bed ARF residents have a designated Dining Room that they all share. It is not accessible by the temporary shelter clients. *See Attachment SFBHC Day Rooms, Patio, Courtyard.*
8. All current services provided to ARF residents will continue uninterrupted. All staffing, activities, support services, food services and any other required services as designated by Title 22 will remain in effect without interruption. There will be no impact on the health or safety of the ARF residents by creating the temporary space (Living Area 4) to be used for temporary shelter.

The space design allow no co-mingling of the temporary shelter clients with the existing ARF residents. The entrances, exits and community spaces can all be separated out so there is no interaction. The services and supports on the ARF will continue without interruption.

*Respectfully Submitted:
Kelly Hiramoto, LCSW, Director of SFHN Transitions Division
San Francisco Department of Public Health
October 23, 2018*



- 4 beds ARF
- 14 beds proposed emergency shelter (suspend from ARF regulations)



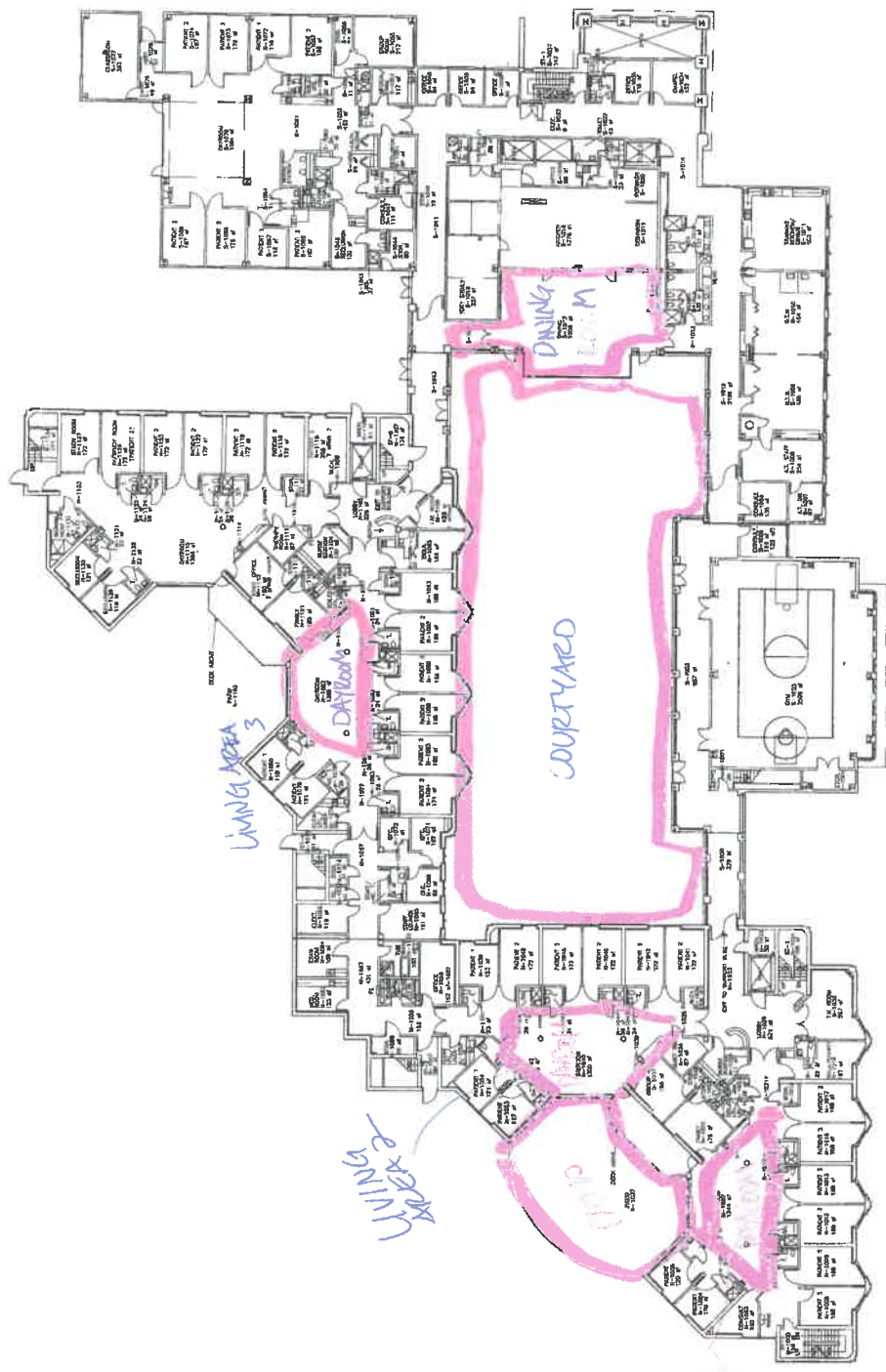
SF BEHAVIORAL HEALTH CENTER
887 POTRERO AVENUE
SAN FRANCISCO.

First Floor Plan

Building 500 2-4

SFBHK ADULT RESIDENTIAL FACILITY (#389210019)

EXISTING DEPARTMENTS & SQ. FT.
FOA 05/30/07



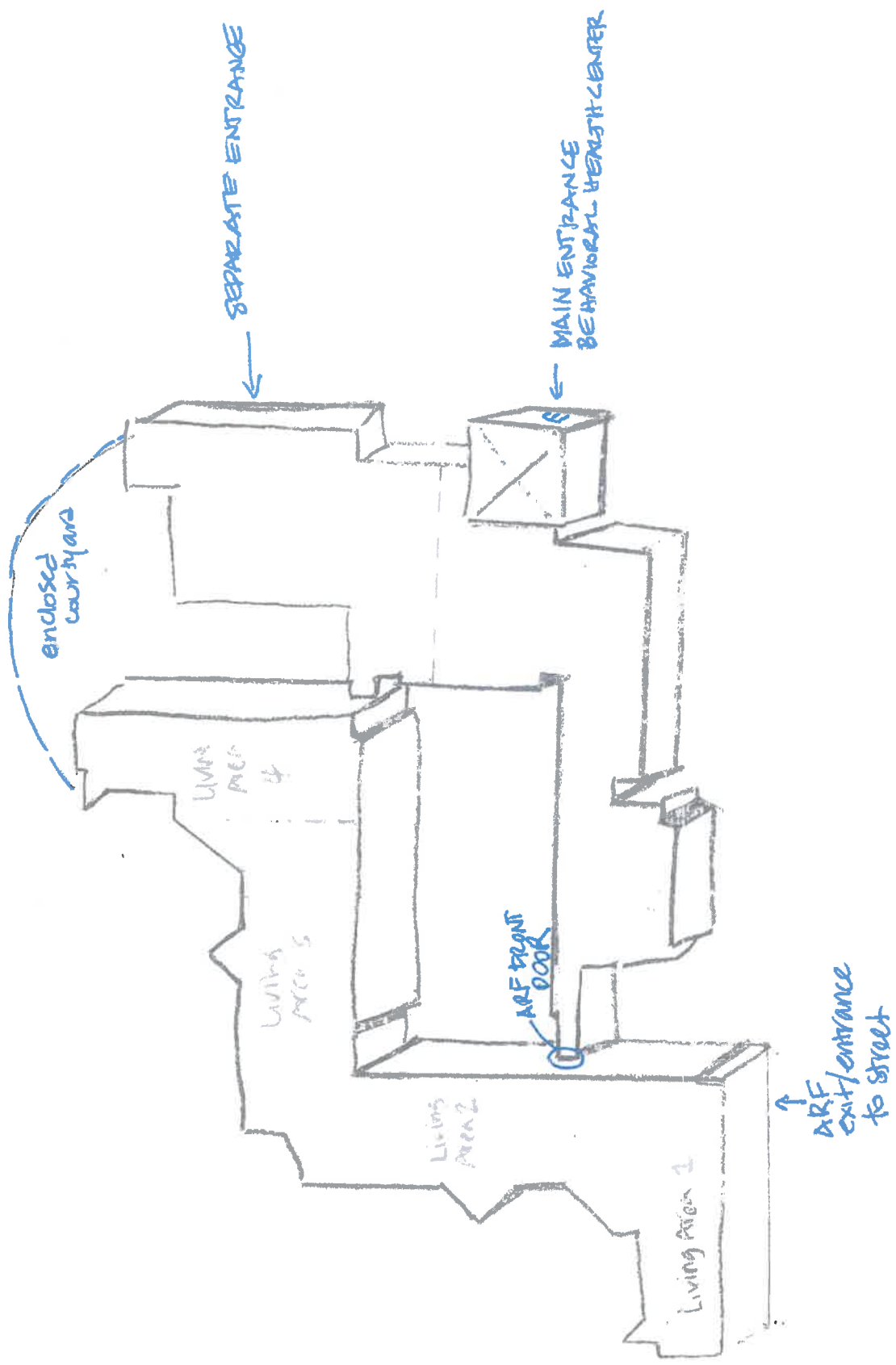
SF BEHAVIORAL HEALTH CENTER
 887 POTRERO AVENUE
 SAN FRANCISCO

PROJECT # 389210019

EXISTING DEPARTMENTS & SQ.FT.
 FCA 05/20/07



Building 500 2-4



POTRERO AVENUE

AERIAL VIEW
 SF BEHAVIORAL HEALTH CENTER
 887 POTRERO AVENUE
 SAN FRANCISCO

SFPHC ADULT RESIDENTIAL FACILITY
 FACILITY # 389210019



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
 COMMUNITY CARE LICENSING DIVISION

CCLD Regional Office
 851 TRAEGER AVE., SUITE 360
 SAN BRUNO, CA 94066

EDMUND G. BROWN JR.
GOVERNOR

October 26, 2018

SAN FRANCISCO DEPT. OF PUBLIC HEALTH
 SAN FRANCISCO ADULT RESIDENTIAL FACILITY – 389210019
 887 POTRERO AVE.
 SAN FRANCISCO, CA 94110

APPROVED WAIVER FOR TEMPORARY CHANGE IN PLAN OF OPERATION

California Code of Regulations (CCR), Title 22, Division 6, Chapter 1 and 6, Section 80022 and 85022 Plan of Operation requires that any changes in the plan of operation which affect the services to clients shall be subject to licensing agency approval.

Per Section 80024 Waivers and Exceptions, licensee is requesting a waiver to temporarily designate 14 beds in Area 4 to be used as emergency shelter beds effective October 24, 2018 thru June 30, 2020.

TERMS AND CONDITIONS OF WAIVER:

This waiver is granted based upon the documentation submitted by the licensee and upon the following terms and conditions which the licensee must ensure compliance at all times:

1. There shall be separation from the hospital patients and there will not be an impact of the adult residential facility's ability to provide safe and adequate services. There will not be an impact on the health or safety of the adult residential facility residents.
2. The facility remains an approved adult residential program in Area 1 to 3 and needs of facility residents are met.
3. Licensee must ensure that there shall be no commingling among facility residents and emergency shelter hospital patients.
4. Licensee must notify the Department immediately when there is any change in the existing conditions.

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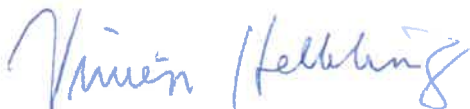
SAN FRANCISCO ADULT RESIDENTIAL FACILITY - 389210019
PAGE TWO

This waiver does not alleviate the statutory and regulatory responsibilities of the licensee to provide sufficient oversight of supervision to ensure continual compliance.

This waiver does not relieve the facility of the responsibility in having knowledge and understanding of the requirements in operating an adult residential facility.

This waiver is subject to ongoing review by the Department and may be rescinded at any time. A copy of this waiver must be available for review at the facility.

If you have any questions regarding the above decision, or need further information, please contact the Community Care Licensing Office at (650) 266-8800.



VIVIEN HELBLING
Regional Manager
San Bruno Adult and Senior Care Regional Office

4. January 31, 2019 – April, 2019 program changes were discussed with CCL regarding ways to improve compliance. April, 2019 possible program plans were submitted for discussion purposes. (4 pages)



Edgar Looney - City Architect
 Julia Laine - Principal Architect / Bureau Manager
 20 West Portal Ave. Suite 400, San Francisco, CA 94132
 Tel: 415.774.3100 Fax: 415.774.3101

ZSFG
 BEHAVIORAL HEALTH CENTER

1001 POTrero AVE
 4th Floor
 San Francisco, CA 94107

Contract:

OSHPD

KeyPlan

NO.	DATE	REVISIONS

PM	A. THOMPSON
PA	D. LUM
DR	D. JONES
CR	

Change 100

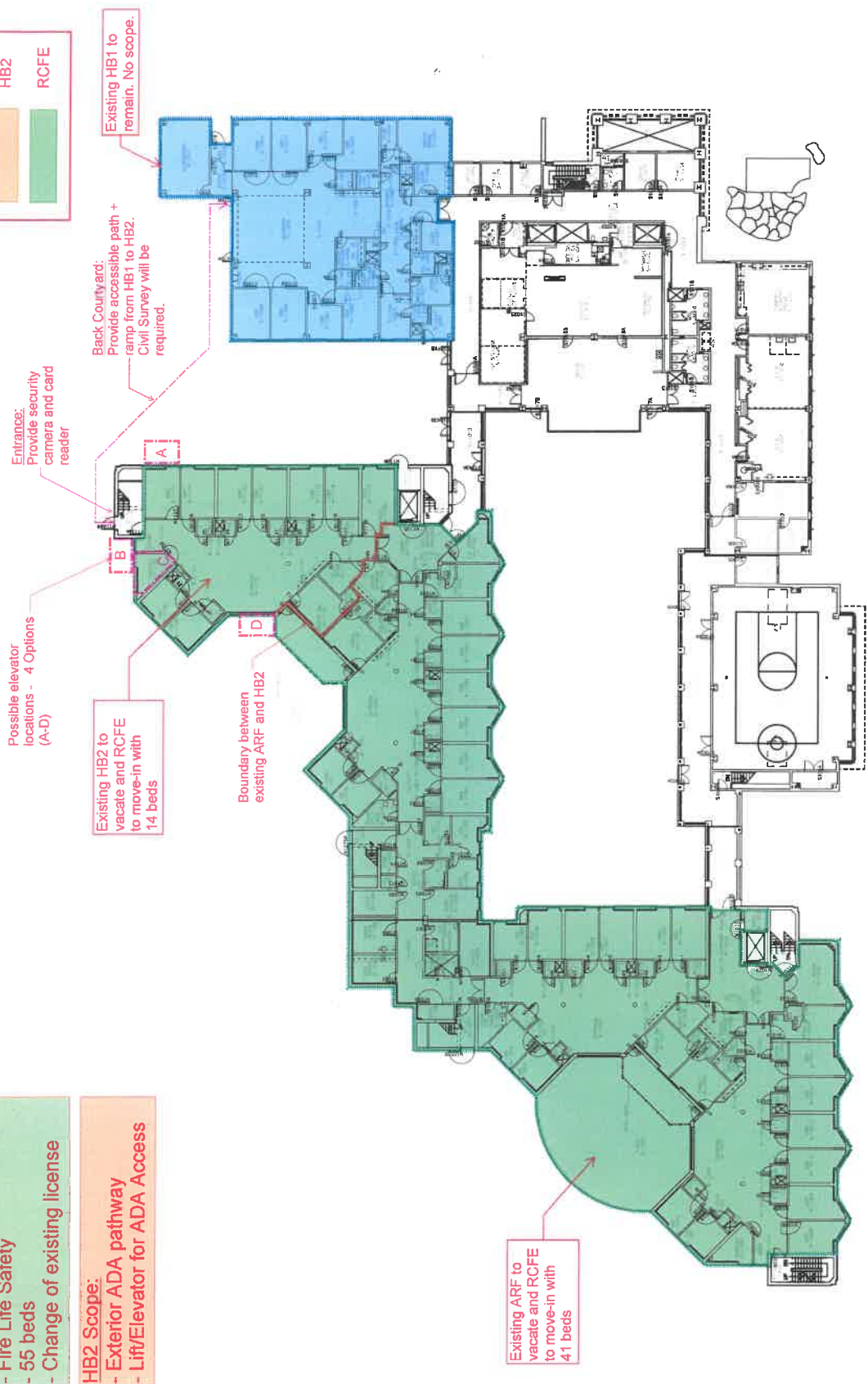
FIRST LEVEL FLOOR PLAN
OPTION 1

Sheet No. A 2.0
 Date: 3/27/17

Project No. XXXX

LEGEND

- HB1
- HB2
- RCFE



RCFE Scope:

- ADA Assessment
- Nurse Call
- Fire Life Safety
- 55 beds
- Change of existing license

HB2 Scope:

- Exterior ADA pathway
- Lift/Elevator for ADA Access

OPTION 1:
 RCFE moves from Second Level to First Level
 HB2 moves from First Level to Second Level

Date: 4/15/19
 Original Sheet Size: 36" x 48"

1 FIRST LEVEL FLOOR PLAN
 3/27/17



BUREAU OF ARCHITECTURE
PUBLIC WORKS
Eugene Lopez - City Architect
Julia Lusa - Principal Architect / Business Manager
20 1st Street, Suite 400, San Francisco, CA 94109
415-774-3100 | www.ci.sfdem.org

ZSFG
BEHAVIORAL HEALTH CENTER



CONTRACTOR
J.S. PETERSON & COMPANY
101 POTTERIA AVE.
SAN FRANCISCO, CA 94110

OS/PO

Key Plan

No.	Date	Revisions

RF: _____
 PA: _____
 Drawn: J. L. BLOTT
 Checked: _____
 Date: 4/15/19

Drawing Title

SECOND LEVEL FLOOR PLAN
OPTION 1

Sheet No. A 3.0

Scale: 3/32" = 1'-0"

Project No. XXXX

LEGEND

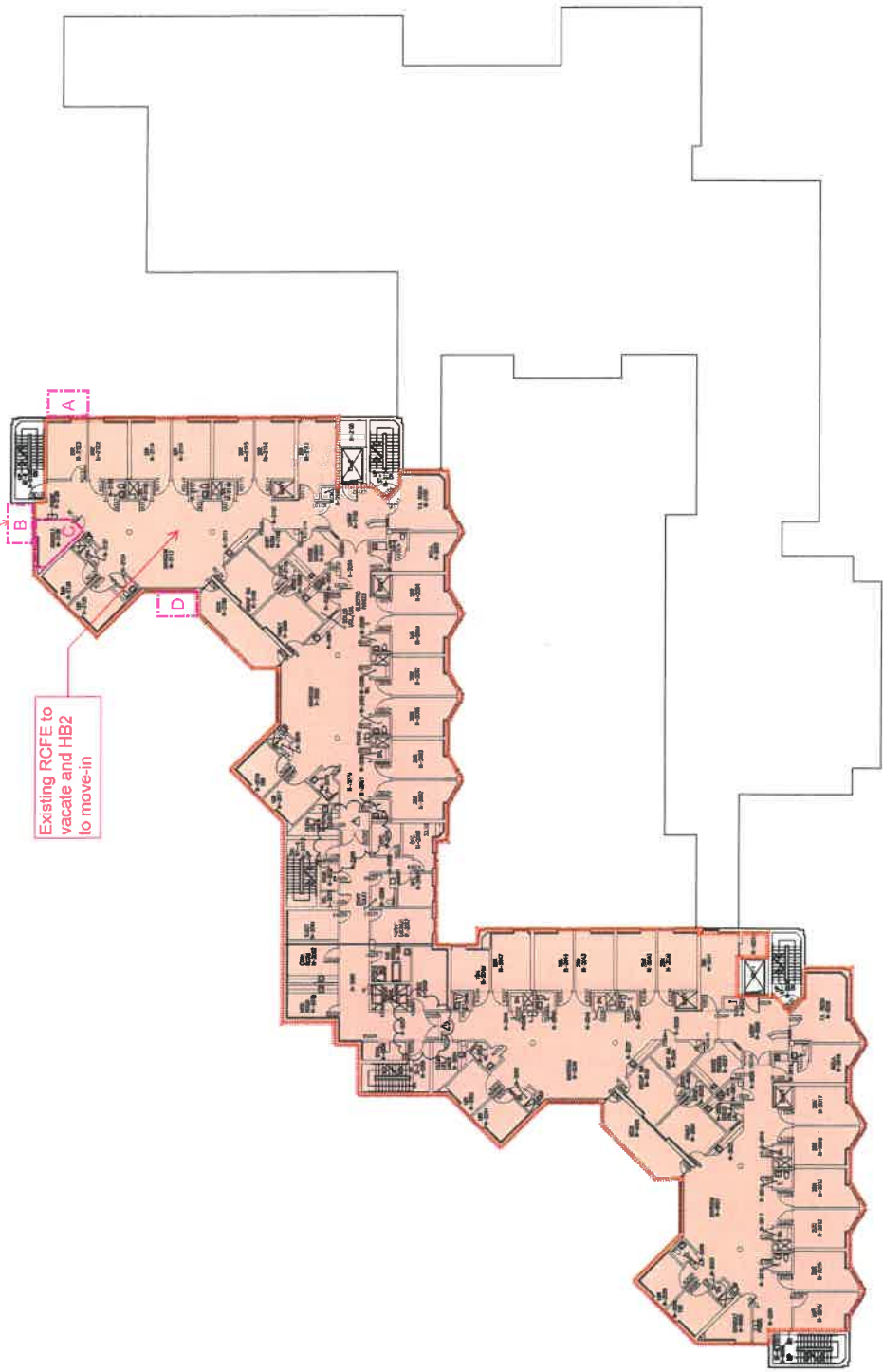
- HB1
- HB2
- RCFE

HB2 Scope:

- Lift/Elevator for ADA Access
- ADA Assessment
- Fire Life Safety
- 59 beds
- No change to existing license.

Possible elevator locations - 4 Options (A-D)

Existing RCFE to vacate and HB2 to move-in



OPTION 1:
 RCFE moves from Second Level to First Level
 HB2 moves from First Level to Second Level

1 SECOND LEVEL FLOOR PLAN
3/32" = 1'-0"

Date: 4/15/19
Original Sheet Size: 36" x 42"



BORG LOONER - CITY ARCHITECT
JAMES LAM - PRINCIPAL ARCHITECT / BUSINESS MANAGER
30 NEW WARE AVENUE, SUITE 400, SAN FRANCISCO, CA 94102
415.774.2500 FAX 415.774.2502
WWW.BORGLOONER.COM

ZSFG
BEHAVIORAL HEALTH CENTER

CONSULTANT
CITY OF SAN FRANCISCO
HUMAN SERVICES CENTER
1001 POTTERIA AVENUE
SAN FRANCISCO, CA 94110

DATE

KEY PLAN

NO.	DATE	REVISIONS

PROJECT NO. _____
 DRAWING NO. _____
 SHEET NO. _____
 DATE _____
 SCALE _____
 DRAWN BY _____
 CHECKED BY _____

DRAWING TITLE

FIRST LEVEL FLOOR PLAN
OPTION 2

SHEET NO. A 2.0
PROJECT NO. XXXX
SCALE: 3/32" = 1'-0"

LEGEND

- HB1
- HB2
- RCFE

Existing HB1 to remain. No scope.

Existing HB2 to remain 14 beds

Boundary between existing ARF and HB2

Existing ARF to vacate and HB2 to expand with 41 beds

Possible wall to keep HB separate from other clients (co-mingling of varying type of clients are not allowed).

OPTION 2:
RCFE stays on Second Level
HB2 expands on First Level

Date: 4/15/19
Original Sheet Size: 30" x 42"

HB2 Scope:
- ADA Assessment
- Fire Life Safety
- 55 beds
- No change to existing license

FIRST LEVEL FLOOR PLAN
3/8" = 1'-0"

5/15/2019 10:53 AM C:\Users\jlam\Documents\2019 04 15 Proj\Borg_Looner_ARCH\117_2500011



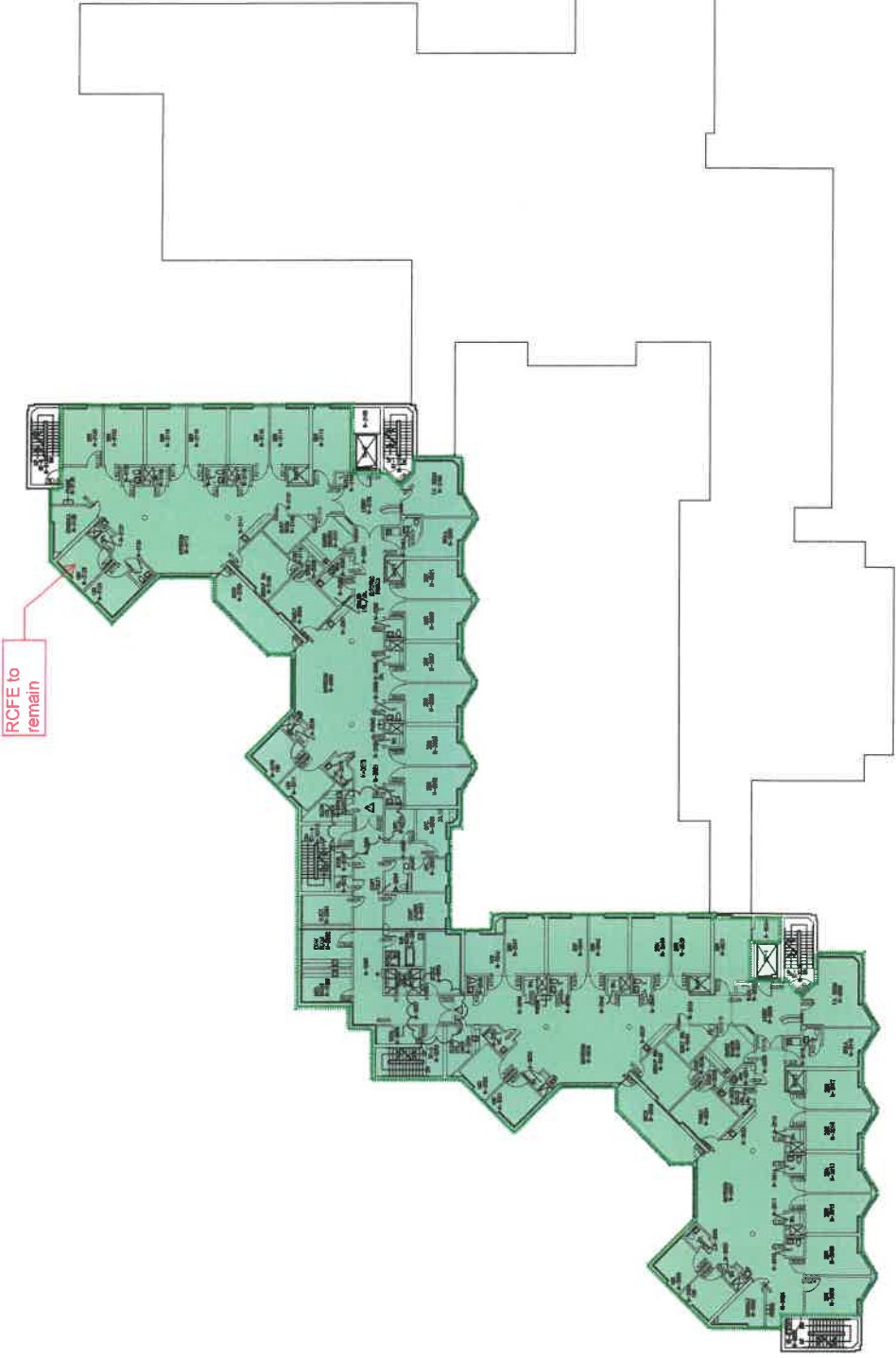
Rev	Date	Description

RW: _____
 RA: _____
 Drawn: _____
 Checked: _____
 Title: _____

LEGEND

- HB1
- HB2
- RCFE

RCFE Scope:
 - 59 beds
 - No scope



OPTION 2:
 RCFE stays on Second Level
 HB2 expands on First Level

5. Third Request May 23, 2019 request to place 41 ARF beds in suspense. CCL June 26, 2019 approval (14 pages)

San Francisco Adult Residential Facility (SF ARF) Facility #389210019
REQUEST FOR WAIVER: Alter the licensed facility's Plan of Operation under Title 22, Sec. 80022, 85022
REQUEST FOR WAIVER: Services provided to designated area as per Title 22, Sec. 80024

REASON FOR REQUEST:

- Zuckerberg San Francisco is experiencing high homelessness and there is ongoing concern about the health and safety for those not yet housed.
- The San Francisco Adult Residential Facility continues to be challenged to get consistent, adequate staffing in place to ensure safe operations for all 55 licensed beds. We are currently on a Corrective Action Plan.
- SFBHC ARF is currently licensed as a 55 bed Adult Residential Facility (Facility # 389210019.)
- The facility is comprised of 4 living areas. Each area is separated by double doors that can be secured.
- SFBHC ARF used to be certified as a 41 bed ARF (living areas 1-3.)
- In 2014, San Francisco Department of Public Health requested and CCL approved to have 14 beds added to the licensing certification (added living area 4.)
- In 2018, San Francisco Department of Public health requested and CCL approved to have 14 beds (living area 4) temporarily suspended from ARF licensure to be used for behavioral health homeless sheltering
- It is environmentally and programmatically possible to temporarily suspend 41 beds (living areas 2, 3 and 4) from regulatory compliance so they can be used as emergency shelter beds and continue to operate 14 beds as the Adult Residential Facility.

DURATION OF TEMPORARY PLAN:

- Date of California Community Care Licensing Approval through June 30, 2021

PLAN OF OPERATION FOR HOMELESSNESS/STAFFING ACCOMMODATION:

See Attachments: SFBHC Aerial View and SFBHC 1st Floor Layout

1. Secure the doors at N-1035. These are the only doors that connect to the adjacent Units.
2. Allow ARF entry only through the front entryway at N-1033 and the stairwell next to room N-1030. This stairwell exits to Potrero Avenue and is a current ARF entrance/exit.
3. Living areas 2, 3 and 4 will be used for behavioral health homeless shelter.
4. Client management of the behavioral health homeless shelter will be provided by a community non-profit agency.
5. Behavioral health homeless shelter clients will be ambulatory clients who would benefit from being indoors
6. Behavioral health homeless shelter clients will NOT require 24 hour nursing or monitoring
7. Behavioral health homeless shelter clients will be TB cleared prior to entry.
8. Food Service will be provided by a meal delivery service, such as Project Open Hand. Snacks will be purchased by the operating community non-profit agency from local groceries and Food Banks. This will ensure temporary shelter clients can remain in their designated Living Areas 2, 3 and 4 to meet their food service needs and not interact with ARF residents.
9. Behavioral health homeless shelter areas will be staffed at shelter level using staff provided by a community non-profit agency. Staff will enter and exit from the stairwell entrance next to room N-1134. They will not be given key or card key access to other doors so they will only have access to living areas 2, 3 and 4 in addition to the current designated behavioral health shelter, Hummingbird Place, and not interface with staff or residents of the SFBHC ARF. *See Attachment SFBHC 1st Floor Layout.*
10. The designated areas, Living Areas 2, 3 and 4, have their own Day Rooms only accessible by clients staying in Living Areas 2, 3 or 4 and a separate courtyard space that is not accessible by residents of the ARF. The stairwell that leads to this courtyard is locked on all the other floors. *See Attachment SFBHC 1st Floor Layout.*
11. San Francisco Department of Public Health, San Francisco Health Network, Transitions Division will maintain oversight of the emergency shelter bed use and ensure quality care.

San Francisco Adult Residential Facility (SF ARF) Facility #389210019
REQUEST FOR WAIVER: Alter the licensed facility's Plan of Operation under Title 22, Sec. 80022, 85022
REQUEST FOR WAIVER: Services provided to designated area as per Title 22, Sec. 80024

PLAN OF OPERATION TO ENSURE UNINTERRUPTED AND CONTINUOUS SERVICE TO EXISTING ARF:

See Attachments: SFBHC 1st Floor Layout and SFBHC Day Rooms, Patio, Courtyard

1. Secure the doors at N-1035. These are the only doors that connect to the area that will continue to operate as the ARF. *See Attachment SFBHC 1st Floor Layout.*
2. Allow entry only through the main ARF doorway and associated main stairwell. *See Attachment SFBHC 1st Floor Layout.*
3. Client management will be overseen by the SF Department of Public Health staff. All these staff are background checked, screened and approved to work by CCL.
4. Staff will enter and exit from the ARF designated entrances. They will not be given key or card key access to other doors so they will only have access to Living Area 1. They will not interface with staff or residents of the temporary shelter area (Living Areas 2, 3 and 4.) *See Attachment SFBHC 1st Floor Layout.*
5. The 14 bed ARF will exist in Living Area 1. This Living Area has its own private Day Room and Patio only accessible by clients staying in Living Area 1. *See Attachment SFBHC 1st Floor Layout.*
6. The 14 bed ARF residents have a designated Dining Room that they will use exclusively. It is not accessible by the temporary shelter clients. *See Attachment SFBHC 1st Floor Layout*
7. All current services provided to ARF residents will continue uninterrupted. All staffing, activities, support services, food services and any other required services as designated by Title 22 will remain in effect without interruption. There will be no impact on the health or safety of the ARF residents by creating the temporary space (Living Areas 2, 3 and 4) to be used for temporary shelter.




The space design allows no co-mingling of the temporary shelter clients with the existing ARF residents. The entrances, exits and community spaces can all be separated out so there is no interaction. The services and supports on the ARF will continue without interruption.

Respectfully Submitted:

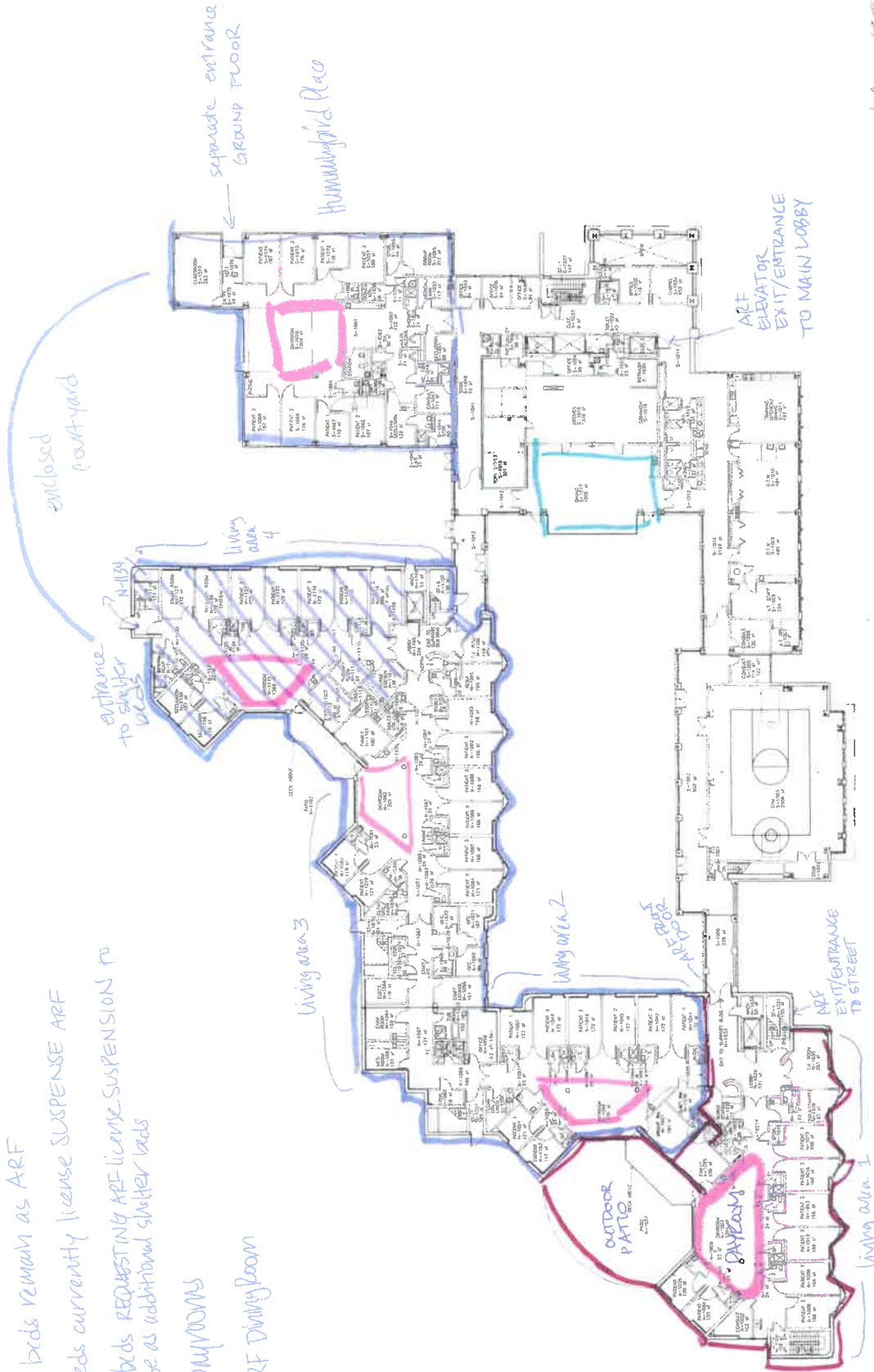


*Kelly Hiramoto, LCSW, Director of SFHN Transitions Division
 San Francisco Department of Public Health
 May 23, 2019*

5/22/19 REQUEST SFBHC 1st Floor Layout

-  14 beds remain as ARF
-  14 beds currently license SUSPENSE ARF
-  27 beds REQUESTING ARF license-SUSPENSION to use as additional shelter beds

 DRYROOMS
 ARF Dining Room



SF BEHAVIORAL HEALTH CENTER
 807 POTRERO AVENUE
 SAN FRANCISCO

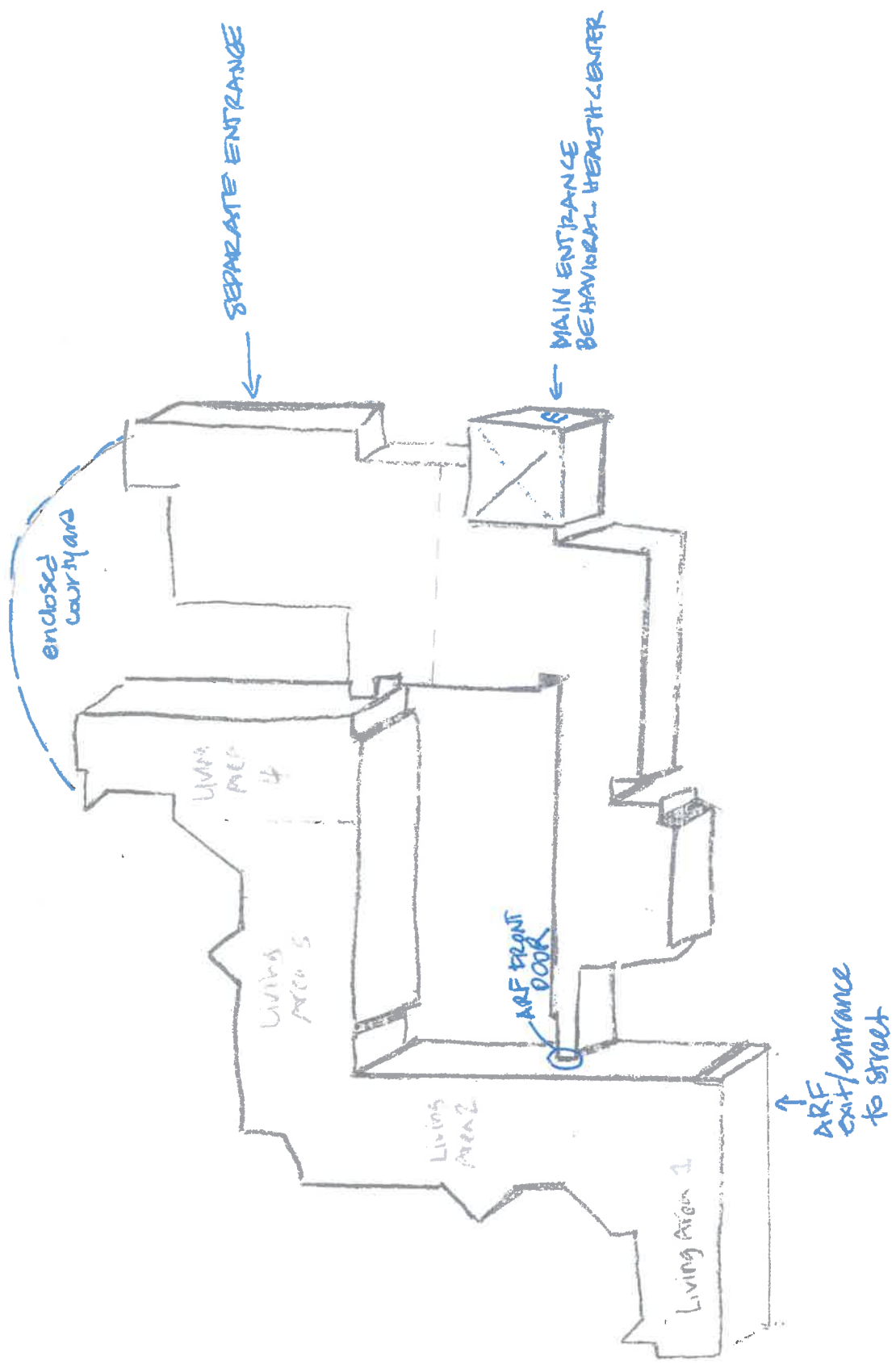
First Floor Plan

Building 500

2-4

SFBHC ADULT RESIDENTIAL FACILITY (#389210019)

EXISTING DEPARTMENTS & SQ. FT.
 FCA 05/20/07




POTRERO AVENUE


SFBHC ADULT RESIDENTIAL FACILITY
FACILITY # 389210019

AERIAL VIEW
SF BEHAVIORAL HEALTH CENTER
887 POTRERO AVENUE
SAN FRANCISCO

SFBHC/ARF Departmental Emergency Response Plan

Designated Department Emergency Coordinator: Linda Sims
 Primary Department Phone Number: 206-6300

Approved by:  Date: 4-10-2018
 (Administrator)

Approved by:  Date: 4/10/18
 (SFBHC Director)

Departmental Roles & Responsibilities

Level 1: Any circumstance that overwhelms the immediately available, in-house Emergency Dept. (ED) resources, or that could potentially impact Hospital capabilities to provide care. A Level 1 activation may also be declared whenever the Emergency Communications Department 911 Dispatch Center announces a Red Alert as the result of a Multi-Casualty Incident (MCI).

- Staff receiving notification from ZSFG will notify ARF Leadership and units.
- ARF to be prepared to provide support for mental health needs to ZSFG.
- Assure Command Center ready for use, including walkie-talkie (kept in Administrative Suite).
- Collect "Operating Status Report" from ARF units and deliver to SFBHC front desk.

Level 2: Any event that MAY result in a large number of casualties that will require hospital-wide mobilization in order to continue to provide care to existing inpatients and incoming casualties, or an internal emergency that impacts ZSFG's capabilities to provide care and services. This would be as a result of a moderate to severe single site emergency (e.g., a major BART accident) or multiple small MCIs (e.g., a Loma Prieta-type earthquake).

- SFBHC IC instructs each unit to prepare for use of staff call-back list (DO NOT activate unless instructed by ZSFG IC).
- SFBHC IC needs to have had units identify specific staff to send to ZSFG for support if instructed by ZSFG IC.
- Prepare for possibility of accepting mental health clients from ZSFG or other sites: e.g., choose location (gym), check on supplies and designate staff to provide care to incoming clients.
- Identify potential areas for clients (i.e., gymnasium, dining room).
- Identify potential areas for staff and visitors for rest, sleeping and feeding.
- Collect Operating Status Reports from ARF units and deliver to SFBHC front desk.

Level 3: Any event that WILL result in enough damage and casualties to require an extensive, coordinated response to minimize morbidity, mortality, and human suffering at ZSFG. Citywide, this would most likely be the result of a devastating earthquake that reduces many sections of the city to rubble, disrupts normal city systems, and results in a large number of casualties over a widespread area. A Level 3 Disaster may be declared at ZSFG following a severe internal disaster at ZSFG (e.g., a severe explosion or widespread fire at the Main Hospital).

- IC alerts staff to responsibilities regarding City and County of San Francisco policy on Emergency Disaster Workers (see Section 13C).
- Collect Operating Status Reports from ARF units and deliver to SFBHC front desk.

What to Do First:**1. Assess your department, (Departmental Operating Status Report) as a guideline:**

- Designate one person in the department to account for all clients, staff, and visitors.
- Clear hallways and potential evacuation routes.

What to Do Next:

- 2. Read your entire departmental plan NOW.**
- Make assignments and implement your departmental plan at the level directed by the Command Center.
- 3. Complete Your Departmental Operating Status Report and deliver to the Command Center in Room H7124 ASAP.**
- 4. Follow all instructions from the Command Center.**
- 5. Activate your Departmental Personnel Call-Back List only if instructed to do so by the Command Center.**

Disaster Info Hotline

X 64000

Staff Assignments

ARF Administrator or Team Leader:

Coordinates with the SFBHC command center if facility opens SFBHC command center based on disaster level and facility involvement

Public Health Team Leader:

Provides direction and implementation of assignments

Assist in identification of injuries and providing first aid and medical interventions

If instructed, initiates and assists in implementation of staff call back lists
If evacuation laterally or horizontally, gather MAR and possible medical records

LPTs:

Assist with gathering clients and provide psychiatric/mental health support to clients.

Assist in identification of injuries and providing first aid

If evacuation laterally or horizontally, gather MAR and possible medical records

LVNs:

Assist with gathering clients records.

Assist in identification of injuries and providing medical interventions

If evacuation laterally or horizontally, gather MAR and possible medical records

Mental Health Rehabilitation Worker:

Makes rounds to determine any impact or damages

Makes rounds to determine client status

If indicated -gather and escort clients to designated areas of safety.

In case of evacuation, assist in gathering clients.

Performs roll call utilizing rounds board and daily staffing sheets once evacuated.

Activity Leader/other SFBHC support staff:

Assists in making rounds and checking clients.

Moving clients away from dangerous objects.

Assist with gathering clients and provide psychiatric/mental health support to clients.

If indicated will assist with gathering and evacuation of clients.

Hospital Command Center

The Hospital Command Center is established in H7124 to provide overall direction and coordination of hospital operations.

Keep the Command Center advised of your department's status by:

- Completing your Department Operating Status Report (DOSR) and submitting it immediately to the Command Center via runner. (Do NOT "hang around" the Command Center – return to your department or other assigned location.)

- Calling to report any significant changes (number of clients, equipment failures or deterioration of any condition, etc.) or immediate needs (personnel, equipment, supplies, security, etc.) to:

- Command Center 206-5632 or
- Sit / Stat position 206-3048

If unable to get through on either of these lines,

- Call extension at 206-8499
- During a Power Failure, call 282-0845 or

282-0850 (Do NOT dial "9" before these numbers – they are internal lines.)

- Contact Operations at 206-3047

What to Do During an Earthquake:**□ DROP, COVER & HOLD ON.**

- Get under a sturdy table or desk if possible.
- ↳ Do not try to exit the building. Advise clients, staff, and visitors to do the same.
- Move away from windows that might break and tall carts or shelves that might topple and fall.
- Watch for falling objects such as wall-mounted equipment, heavy books, lights, or ceiling tiles.

What to Do After an Earthquake:

- Proceed carefully - floors may be covered with broken glass, water, sewage, and/or hazardous materials.
- Clear hallways. Remove carts, chairs, or other items that may block the hallways or slow safe passage in the event of an after shock.
- Move clients away from windows. Pull curtains to protect from breaking glass.
- Be careful opening cupboards and closets - things may fall out.
- Prepare for after shocks. Remove heavy items from tall shelves and place on the floor. Secure hazardous materials and breakable containers. Lock drawers, cabinets, and filing cabinets. Set wheel locks on rolling carts and beds.

What to Do if there is a Multi-Casualty Incident – “Code Triage”:

- (Customize list below as appropriate for your department, including specific assignments.)
- Prepare your unit for surge capacity – Assess all clients for potential discharge or transfer to lower level of care and expedite admissions.
- Assist with gathering and movement of available gurneys and wheelchairs to triage and treatment areas to improve patient flow.
- If ordered by HICS, non-urgent tests, appointments and procedures may be cancelled or rescheduled.
- Maintain normal ZSFG Standards of Care unless specifically directed by HICS to implement crisis care.

What to Do in the Event of a Fire:**Rescue** - persons in immediate danger.**Alarm** - pull alarm box AND dial 9-911 to call SFFD.**Contain** - close all doors and windows to avoid drafts that could spread the fire.**Extinguish** - only if you have been trained, feel it is safe, AND you have a way out **OR****Evacuate** – leave the immediate area and go to an area of safe refuge away from the flames and smoke.**What to Do in the Event of a Hazardous Materials Spill:****Call Facilities Services at X 68522****What to Do if there is a Communicable Disease Outbreak or Suspected Bioterrorist Attack:**

- Prepare your Unit as needed to handle additional clients and special infection control measures if indicated.
- Plan for efficient evaluation and transfer or discharge of stable clients to increase available beds, and implement plans if instructed to do so by the Command Center.
- Follow all instructions from Infection Control and Prevention to limit potential spread of disease.
- Assist with dissemination of Disease Fact Sheets (provided by the Command Center) to all staff.
- Notify all staff members of where and how to obtain vaccine or other medication if mass prophylaxis is implemented.

What to Do in the Event of a Power Failure:

DEFINITIONS:

Power Alert or Potential Power Loss: There is currently power but no back-up capability is immediately available. Hospital main power via PG&E intact, loss of back-up generator OR loss of PG&E power and only on generator power.

Actual Power Failure: partial or total loss of power for undetermined amount of time

In the Event of a Power Alert, the Unit staff will:

- Receive Power Alert notification from Hospital Command Center or overhead paging system announcement.
- Brief staff on situation and potential impacts if Power Failure occurs, and assign key tasks to designated staff members, including monitoring of doors to deter patient elopement, and other specific duties.
- Retrieve Unit Power Emergency Supplies Bag/Box and prepare to implement clinical and other contingencies if actual Power Failure occurs. **Unit emergency power supply bag located ___SFBHC Conference room_____.**
- Complete DOSR (Departmental Operating Status Report / Yellow Sheet) and deliver to Hospital Command Center ASAP (within 30 minutes)

In the Event of an actual Power Failure, the Unit staff will:

- Complete all of the actions listed above.
- Maintain communication with Hospital Command Center to update Departmental status, patient flow, staffing, critical needs and available resources. Send updated DOSR for any significant changes, or as requested by the Command Center, and/or at least every 2 hours during event.
- Communicate any change in patient status and effect of power outage on their clients to the Administrator or house coordinator.
- Ensure all essential equipment is plugged into red plugs, and will turn off non-essential equipment.

UNIT-BASED POWER SUPPLY BAG / BOX:

Emergency Power Failure Supplies include: Flashlights and batteries, light sticks, Manual BP cuff(s) - regular adult and other various sizes, industrial extension cords and power strips, tape to secure cords and prevent tripping hazards, and Power Failure Patient Care Documentation supplies if needed.

If Evacuation Is Ordered:

(Also See Section 11 - ZSFG Evacuation Plan. General evacuation maps are also located by all stairwells and elevators.)

.ny employee who becomes aware of any situation that could potentially require evacuation of any portion of ZSFG must immediately notify the Administrator on Duty by paging 327-0259. Unless there is an extreme and obvious emergency that requires immediate evacuation to prevent the imminent loss of life, do not evacuate unless ordered to do so by the Command Center.

DEFINITIONS:

Horizontal evacuation - movement of clients, visitors and staff to a safe area on the same floor.

Vertical evacuation - movement of clients, visitors and staff to a safe area on a lower floor. Elevators may be used, except during a fire or after significant seismic activity.

Total Evacuation: Clients and staff are moved *outside* of SFBHC to an outdoor area, adjacent buildings, other hospitals, or alternative care sites. This will be done only under the direction of the Incident Commander.

Evacuation Plan & Key Actions: (Customize list below as appropriate for your department.)

- Administrator or House Coordinator organizes unit into zones with a Team Leader coordinating each zone.
- Administrator or House Coordinator **determine priority order of clients to evacuate** using these guidelines:
 - Persons in immediate danger.
 - Ambulatory: One staff member per group.
 - Ambulatory with assistance: One staff member per 1-2 clients.
- Clients should be evacuated with their medical records, medications and supplies if possible.
- Evacuate most hazardous areas first—those closest to danger or farthest from exit.
- For Horizontal or Vertical Evacuation, the Administrator or House Coordinator from the evacuating unit should communicate with the designated receiving unit(s) and provide a summary of the number and types of clients being transferred including any special needs or precautions required for continued patient care.
- Use nearest or safest appropriate exit. Elevators may be used, except during a fire or after a major earthquake.
 - If time permits, designate one or two persons to close all doors and hang a white towel/sheet as an "all clear" signal on each door.
- Any transfer of patient care responsibilities during evacuation requires appropriate SBAR verbal reporting and hand-off.
- During Vertical or Total Evacuation, clients should be re-assessed and stabilized as needed every 2 floors if it is safe to stop and do so.

Evacuation Route & Designated Horizontal and Total Relocation Areas:

See attached.

Departmental Staffing Contingencies for All Types of Events:

STAFF CLASSIFICATIONS:

ARF administrator	2930
Licensed Psychiatric Technician	2305
Licensed Vocational Nurse	2312
Public Health Team Leader	2314
Mental Health Rehabilitation Worker	2303
Activity Leader	2587

ESSENTIAL SERVICES:

- Inpatient psychiatric treatment for acutely mentally ill adults.

POTENTIAL IMPACTS ON PATIENT CARE / HOSPITAL OPERATIONS IF ASSIGNED INDIVIDUALS DO NOT REPORT FOR WORK:

- Delay in Medications Administration and other treatments
- Holdover of current staff, including staff fatigue
- Potential delay of clients medical appointments escorting
- Potential rise of milieu acuity
- Potential increase of re-scheduling of missed appointments

DEPARTMENTAL PLAN TO ADDRESS THE ABOVE IMPACTS:

- If only one area affected, potential sharing of staff from different units or programs
- Call-ins/ Hold over of staff if a short term lasting event
- If long term event, hold over of staff and restructuring of schedules
- Administrative personnel may be redirected to provide services

OTHER CONSIDERATIONS OR CONTINGENCIES NEEDED (SAFETY, SECURITY, ETC):

- Ancillary support services (EVS, Dietary, Engineering, Pharmacy, Lab) would need to be aware of potential increased acuity or security issues
- Possible use of select volunteers in milieu management
- Documentation of care will be determined based on the severity and duration of the event as directed by the Command Center.
- Include related department contingency plan(s) as needed.

Pre-Disaster Responsibilities of the Departmental Manager:

- Develop a Departmental Plan that includes departmental roles and responsibilities, evacuation routes, and a current Personnel Recall Telephone List and Procedure – NOTE: Phone “trees” are not recommended – instead use a procedure to confirm contact with each staff member to ensure accurate reporting of staff availability.
- Test the Departmental Personnel Recall List at least quarterly and report results to Emergency Management Coordinator.
- Train all staff on departmental response in the event of a Level 1, 2, or 3 internal or external disasters for all hazards and specific key actions for ZSFG’s top five most likely types of emergencies.
- Train all staff on how to evacuate the department.
- Participate in disaster exercises, or evaluate actual events in which the Emergency Response Plan is activated, at least twice a year.
- Assure that departmental non-structural hazard mitigation has been completed.

Location of Basic Emergency Supplies:

Item	Quantity	Location	Check Frequency	Responsible Person
Fire Extinguisher	2	Nursing stations Dining room	Monthly	ZSFG Fire Marshal
Flashlights	1	Med room	Monthly	Team Leader
Batteries	2	Nursing station	Monthly	Team Leader
Radio/TV	1	TV room	Monthly	Team Leader

Departmental Staff Call-In Procedure & Contact Numbers :

Staff will be contacted by the unit to report to work. The unit will indicate staff who were contacted, staff able to report to work and estimated time they could arrive. A determination will be made the number of staff needed and/or shift changes needed. Do not recall staff unless instructed to do so by the Command Center.

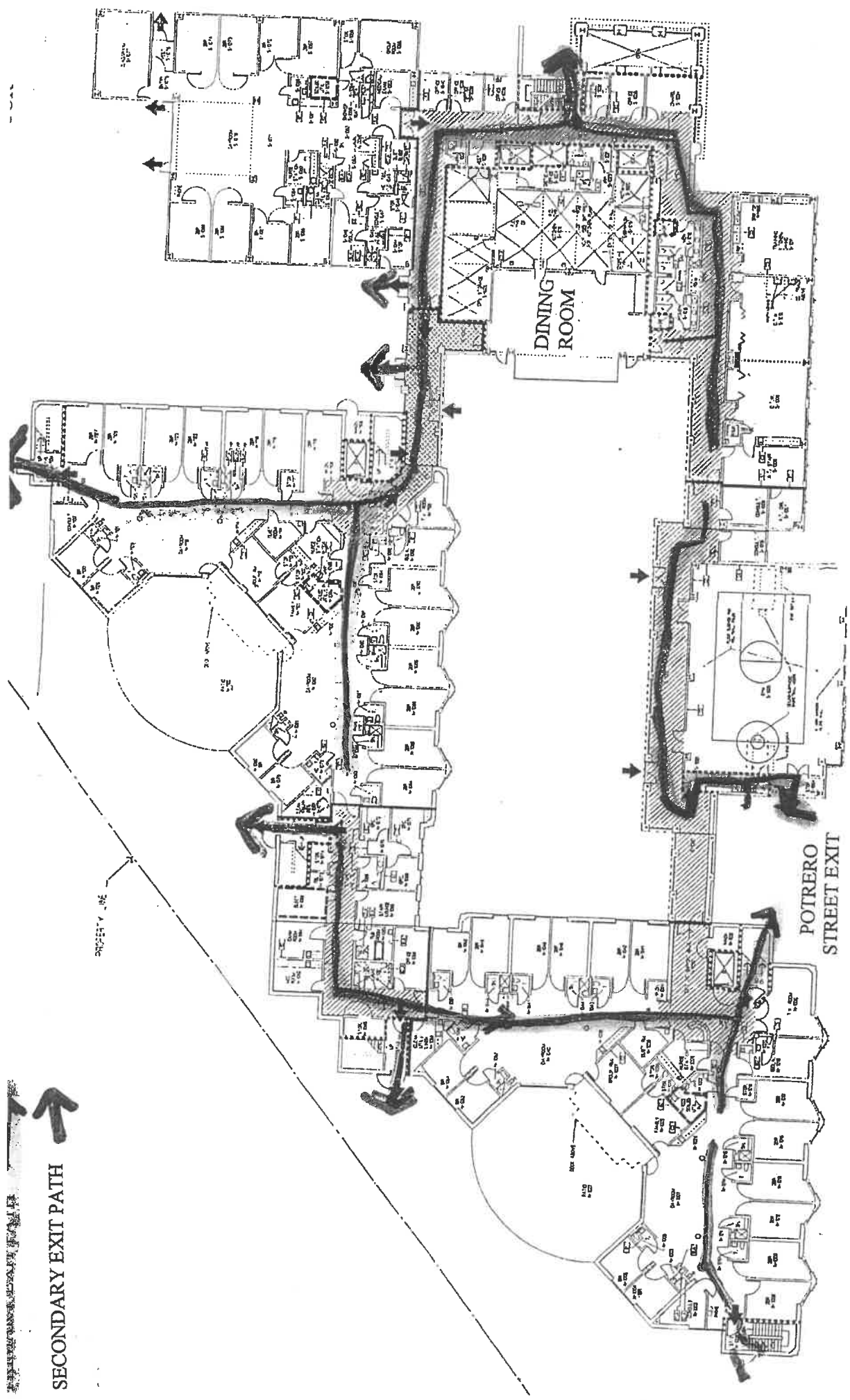
See call lists

Requirement to Report to Work:

All City and County of San Francisco employees are designated Disaster Service Workers and required by the Administrative Code to report to work in the event of a disaster. Listen to KCBS (740AM), KNBR (680 AM), or KGO (810 AM) for specific instructions of when and where to report. See Section 13 of the Emergency Response Plan for additional details.

Recovery Activities: As soon as feasible, departmental services should be restored in order to fulfill ZSFG’s mission to deliver humanistic, cost-effective and culturally competent health services to the residents of San Francisco through:

- Return to normal operations ASAP.



SECONDARY EXIT PATH

DINING ROOM

POTRERO STREET EXIT



KIM JOHNSON
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

CCLD Regional Office
851 TRAEGER AVE., SUITE 360
SAN BRUNO, CA 94066



GAVIN NEWSOM
GOVERNOR

July 01, 2019

SAN FRANCISCO DEPT. OF PUBLIC HEALTH
SAN FRANCISCO ADULT RESIDENTIAL FACILITY – 389210019
887 POTRERO AVE.
SAN FRANCISCO, CA 94110

APPROVED WAIVER FOR TEMPORARY CHANGE IN PLAN OF OPERATION

California Code of Regulations (CCR), Title 22, Division 6, Chapter 1 and 6, Section 80022 and 85022 Plan of Operation requires that any changes in the plan of operation which affect the services to clients shall be subject to licensing agency approval.

Per Section 80024 Waivers and Exceptions, licensee is requesting a waiver to temporarily designate 41 beds in Area 2, 3, and 4 to be used by Behavioral Health homeless shelter/navigation shelter program effective July 1, 2019 thru June 30, 2020.

TERMS AND CONDITIONS OF WAIVER:

This waiver is granted based upon the documentation submitted by the licensee and upon the following terms and conditions which the licensee must ensure compliance at all times:

1. There shall be separation from the personnel and participants of Behavioral Health homeless shelter/navigation center program and there will not be an impact of the adult residential facility's ability to provide safe and adequate services.
2. There will not be an impact on the health and safety of the adult residential facility residents.
3. The facility remains an approved adult residential program for 14 residents in Area 1 and needs of facility residents shall be met
4. Licensee must ensure that there shall be no commingling among facility residents and emergency shelter hospital patients.
5. Licensee must notify the Department immediately when there is any change in the existing conditions.

CONTINUED ON PAGE TWO

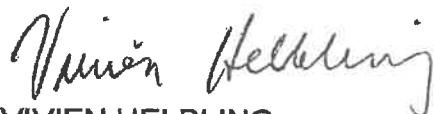
SAN FRANCISCO ADULT RESIDENTIAL FACILITY - 389210019
PAGE TWO

This waiver does not alleviate the statutory and regulatory responsibilities of the licensee to provide sufficient oversight of supervision to ensure continual compliance.

This waiver does not relieve the facility of the responsibility in having knowledge and understanding of the requirements in operating an adult residential facility.

This waiver is subject to ongoing review by the Department and may be rescinded at any time. A copy of this waiver must be available for review at the facility.

If you have any questions regarding the above decision, or need further information, please contact the Community Care Licensing Office at (650) 266-8800.



VIVIEN HELBLING
Regional Manager
San Bruno Adult and Senior Care Regional Office

**SFDPH RESPONSE SEPTEMBER 17, 2019
SUPERVISORS RONEN AND HANEY AUGUST 29, 2019 RECORDS & INFORMATION REQUEST:
SFBHC ADULT RESIDENTIAL CARE FACILITY BED SUSPENSE**

ATTACHMENT 3

1. **EXAMPLE: Behavioral Health Center Position Report – 04/07/2017 (1 page)**
2. **EXAMPLES: Plan of Correction, Staff Training, Response to Community Care Licensing (17 pages)**

1. EXAMPLE: Behavioral Health Center Position Report – 04/07/2017
(1 page)

Behavioral Health Center Position Report - 04/07/2017

Position #	Employee	Body Class	Min. Exp.	Max. Exp.	Position #	Job Status	HR Notes
1112367	VACANT	1404	1404	1	517022	Approved	Interview in progress
1005327	VACANT	1404	1404	1		Approved	Need to post Reassignment
0200123	VACANT	1406	1406	1	519856	Approved	1 Reassignment app sent to Linda
1020786	VACANT	2303	2303	1	509144	Approved	Interview in progress
1107591	VACANT	2303	2303	1		Approved	Interview in progress
1135128	VACANT	2303	2303	1	510044	Approved	Interview in progress
1135129	VACANT	2303	2303	1	510047	Approved	Interview in progress
1107573	VACANT	2303	2303	1	516981	Approved	Interview in progress
1060627	VACANT	2303	2303	1	495264	Approved	Interview in progress
1135133	VACANT	2303	2303	1	510144	Approved	Interview in progress
1135130	VACANT	2303	2303	1	510075	Approved	Interview in progress
1135131	VACANT	2303	2303	1	510088	Approved	Interview in progress
1135132	VACANT	2303	2303	1	510105	Approved	Interview in progress
1040187	VACANT	2312	2312	1		Approved	Reassignment to be posted
1021295	VACANT	2314	2314	1	493772	Approved	Lisa analyzing to exhaust CERT
1009896	VACANT	2314	2314	1	510027	Approved	Job Ann 03/10/17 - 04/07/17
1135793	VACANT	2314	2314	1	519853	Approved	Job Ann 03/10/17 thru 04/07/17
1009889	VACANT	2314	2314	1	403005	Approved	Lisa analyzing to exhaust CERT
1009887	VACANT	2314	2314	1	516975	Approved	Job Ann 03/10/17 thru 04/07/17
1134944	VACANT	2322	2322	1	510031	Approved	Announcement closed 03/31/17. DPH Merit reviewing apps
1112299	VACANT	2587	2589	1	519849	Pending	Looking into taking this position to 2589 Health Program Coordinator
1076622	VACANT	2931	2930	1	502806	Approved	Interview in progress

VACANCIES	Count	Selections made
1404 Clerk	2	
1406 Sr. Clerk	1	
2303 Patient Care Asst	10	2
2312 LVN	1	
2314 Public Health Ldr	5	
2320 RN	0	2
2322 Nurse Mgr	1	
2587 Health Wrk 3	1	
2930 Behavioral Hlt Clin	1	1
	22	5

SELECTIONS MADE

1040999 Jennifer Zakroff	2930	1	Hire Complete	Starts work 04/13/17
1135127 Selection - Socorro Manasala	2303	1	510024 Approved	Processing
1112181 Selection - Yolanda Nava	2303	1	495267 Approved	Processing
1135309 Selection - Sarah Schneider	2320	1	510184 Approved	Analyzing selection
1135311 Selection - Charisse Li	2320	1	510165 Approved	Analyzing selection

2. **EXAMPLES: Plan of Correction, Staff Training, Response to Community Care Licensing (20 pages)**



City and County of San Francisco
London N. Breed
Mayor

San Francisco Department of Public Health

Greg Wagner
Acting Director of Health

San Francisco Adult Residential Facility
Joanna Cheung MFT, Director

December 18th, 2018

Memorandum

Dear Robert:

This is to memorialize what we went over today at the meeting about medication error.

On 12/13/2018, you made a medication error by passing one client's medication to another. It is against the facility's Medication Management policy to not ask client to check the name on the bubblepack before passing it to the client. As a result, the facility received a Type A citation from the Community Care Licensing Division.

We went over the medication management process: Physician's Order, Pharmacy Dispenses Medication, Medication Received, Medication Observed, Documentation, and Ongoing Communication. We also went over the 'Six Rights' of assisting clients' self-administration of medications: Right Drug, Right Dose, Right Time, Right Route, Right Resident, and Right Documentation. It is imperative that we follow the 'Six Rights' to prevent medication error from happening again.

Attached is the Medication Management policy. Please be notified that further violation of the policy will lead to disciplinary action.

Sincerely,

Joanna Cheung, MFT
Director, San Francisco Adult Residential Facility

MEDICATION STORAGE

TRAINING AS PART OF PLAN OF CORRECTION TO CITATION RECEIVED ON 12/13/2018.

On 12/13/2018, LPA visited facility unannounced for a facility evaluation. During spot check in medication room, LPA found two loose pills in the medication cart. One in a folder, one at the bottom on drawer. Facility received a Type A citation for medication should be in their original container. To prevent error from happening again, all ARF staff will receive education/training.

While assisting clients in self-administering medication, look out for these:

1. Correct bubblepacks for the client
2. Ask client about the medication while bubblepack is on top of the cart
3. Make sure cell is empty before putting bubblepack back to the cart
4. Make sure there is no loose label attached to the bubblepack
5. Make sure bubblepack are intact.

When all clients took meds, check the cart for loose pills.

Please take your time in observing med-pass. Do not let clients rush you. If they appear impatient and start to complain or argue, ask them to take a break and return to the line. It's okay to let clients wait to ensure that meds are not displaced. Waiting is part of life.

Please make sure you follow Medication Management policy.

San Francisco Adult Residential Facility

Medication Storage

Sign In

Print Name	Signature	Date
Joseph Baptiste	<i>Joseph Baptiste</i>	12/19/18
Robert Aguilar, CPT	<i>RA</i>	12/19/18
Veronica Valle	<i>Veronica Valle</i>	12/19/18
Sharifa Rahman	<i>Sharifa Rahman</i>	12/19/18
ORLY PUNZALAN	<i>Orly Punzalan</i>	12/19/18
Anthony Soriano	<i>Anthony Soriano</i>	12/19/18
RAYMOND FRANCISCO	<i>Raymond Francisco</i>	12/19/18
Yinlai Liu	<i>Yinlai Liu</i>	12/20/18
Jeff Ross	<i>Jeff Ross</i>	12/20/18
Edgar Pado	<i>Edgar Pado</i>	12/20/18
Karlyne Konczal	<i>Karlyne Konczal</i>	12/20/18
Rochelle Evans	<i>Rochelle Evans</i>	12/27/18
Steven Clark	<i>Steven Clark</i>	12/27/18
Masseni Bamba	<i>Masseni Bamba</i>	12/27/18
YOLANDA NAVIA	<i>Yolanda Navia</i>	12/27/18
Suzette Meyer	<i>Suzette Meyer</i>	12/27/18
Olivia GORRES	<i>Olivia Gorres</i>	12/27/18
Jessica Johnson	<i>Jessica Johnson</i>	12/27/18
EVELYN LINARES	<i>Evelyn Linares</i>	12/27/18

**San Francisco Adult Residential Facility
Plan of Correction for Facility Evaluation
December 2018**

Citation	Action	Completion date and Responsible person
<p>Type A Section 80075(b): Health Related Services. Clients shall be assisted as needed with self-administration of prescription and nonprescription medications.</p>	<ol style="list-style-type: none"> 1. Facility staff involved will receive education and counseling on clients' self-administration of medication. The '6 rights' of medication will be reviewed with staff involved. Summary of education will be submitted to CCL by the end of December. 2. Random medication observation will be conducted to provide ongoing monitoring of clients' self-administration of medication. 	<p>December 31st, 2018 Joanna Cheung, MFT</p>
<p>Type A Section 80075(k)(5): Health Related Services. Each client's medication shall be stored in its originally received container.</p>	<ol style="list-style-type: none"> 1. Facility staff will receive training on how to ensure medications are maintained in their original containers. List of staff attended training will be submitted to CCL by the end of December. 2. Facility staff will be assigned to check medication cart to ensure there is no loose pills anywhere in the medication cart. 3. Administrator will conduct random check to ensure pills are stored in original containers. 	<p>December 31st, 2018 Joanna Cheung, MFT</p>

COMPLAINT INVESTIGATION REPORTCCLD Regional Office, 851 TRAEGER AVE., SUITE 360
SAN BRUNO, CA 94068

This is an official report of an unannounced visit/investigation of a complaint received in our office on 09/10/2018 and conducted by Evaluator Faye Bremer

PUBLIC**COMPLAINT CONTROL NUMBER: 14-AS-20180910090935**

FACILITY NAME: SAN FRANCISCO ADULT RESIDENTIAL FACILITY	FACILITY NUMBER: 389210019
ADMINISTRATOR: JOANNA CHEUNG	FACILITY TYPE: 735
ADDRESS: 887 POTRERO AVE.	TELEPHONE: (415) 206-6300
CITY: SAN FRANCISCO	STATE: CA
CAPACITY: 55	ZIP CODE: 94110
	CENSUS: 37
	UNANNOUNCED
MET WITH: Joanna Cheung	DATE: 12/13/2018
	TIME VISIT BEGAN: 11:00 AM
	TIME COMPLETED: 05:15 PM

ALLEGATION(S):

- 1 Facility staff provided wrong medication to resident
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 Licensing Program Analyst (LPA) Faye Bremer conducted an unannounced inspection to deliver complaint
- 2 findings. LPA met with Administrator Joanna Cheung and Linda Sims and explained purpose of inspection.
- 3
- 4 During the course of the investigation, LPA reviewed resident records, inspected medication and bubblepacks,
- 5 conducted interviews, and obtained copies of pertinent documents. Records and bubblepack indicate that C1
- 6 received bedtime medications and also received medications from a separate bubblepack for PRN medication.
- 7 Both PRN and routine bubblepacks were assisted as prescribed.
- 8
- 9 Although the allegations may have happened or is valid, there is not a preponderance of evidence to prove the
- 10 alleged violation did or did not occur, therefore the allegation is deemed UNSUBSTANTIATED.
- 11
- 12 Report reviewed and discussed with Joanna Cheung and Linda Sims
- 13

Unsubstantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Ali Zebila**TELEPHONE:** (650) 266-8800**LICENSING EVALUATOR NAME:** Faye Bremer**TELEPHONE:** (707) 580-9667**LICENSING EVALUATOR SIGNATURE:**

DATE: 12/13/2018

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/13/2018

This report must be available at Child Care and Group Home facilities for public review for 3 years.

FACILITY EVALUATION REPORT (Cont)CCLD Regional Office, 851 TRAEGER AVE., SUITE 360
SAN BRUNO, CA 94066FACILITY NAME: SAN FRANCISCO ADULT RESIDENTIAL
FACILITY

FACILITY NUMBER: 389210019

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 12/13/2018

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 12/14/2018 Section Cited CCR 80075(b)	1 Health Related Services. Clients shall be 2 assisted as needed with self-administration of 3 prescription and nonprescription medications. 4 This regulation is not met as evidenced by: 5 6 7 8 Based on Administrator self-reporting and 9 interviews, R3 was assisted with R4's 10 medication. R3 and R4 take the same 11 medication and same dosage, but R3 was 12 assisted from the wrong bubblepack. Licensee 13 failed to ensure residents are assisted with 14 self-administration of medication as prescribed, which poses an immediate health and safety risk.	1 Licensee shall develop a plan of correction 2 (POC) to describe how to ensure residents are 3 assisted with self-administration of medications 4 as prescribed. Training of staff, with 5 verification, is required to satisfy this 6 deficiency. 7 8 POC to be received in CCLD office BY 9 12/14/2018. 10 11 12 13 14
Type A 12/14/2018 Section Cited CCR 80075(k)(5)	1 Health Related Services. Each client's 2 medication shall be stored in its originally 3 received container. 4 This requirement is not met as evidenced by: 5 6 7 8 Based on inspection of medication cart, LPA 9 observed two loose pills in the medication 10 folders inside the medication cart, in the med 11 room. One loose pill was found in R1 folder, 12 and one was found in R2 folder. These pills are 13 not stored in their original containers, which 14 poses an immediate health and safety risk.	1 Licensee shall develop a plan of correction 2 (POC) to describe how to ensure medications 3 are maintained in their original containers. 4 Training of staff, and plan to ensure pills are 5 stored in original containers is required to 6 satisfy this deficiency. 7 8 POC to be received in CCLD office BY 9 12/14/2018. 10 11 12 13 14

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Ali Zebila

TELEPHONE: (650) 266-8800

LICENSING EVALUATOR NAME: Faye Bremer

TELEPHONE: (707) 580-9667

LICENSING EVALUATOR SIGNATURE:



DATE: 12/13/2018

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/13/2018

June 28th, 2018

Community Care Licensing Department
 Faye Bremer, Licensing Program Analyst
 851 Traeger Ave. Suite 360
 San Bruno, CA 94066

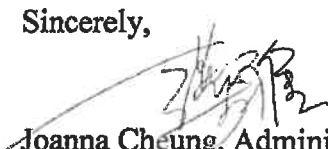
Dear Analyst Bremer:

This is to report the result of an investigation regarding the unusual incident report sent to you on June 1st, 2018, about an incident that took place on May 31st, 2018 that involved client, _____ and staff member, _____. _____ was placed on administrative leave while the allegation was being investigated.

The Human Resource Services Labor Relations Division of the San Francisco Department of Public Health has conducted an investigation about the allegation of client abuse. The investigation found that _____ actions were inappropriate and unnecessarily harsh towards _____. The investigation found that _____ had violated the Code of Professional conduct and had failed to maintain privacy of _____ and to treat him with dignity. We are moving forward with disciplinary actions of _____. In addition to disciplinary actions, _____ will receive education regarding professional conduct.

Please do not hesitate to contact me should you have any questions.

Sincerely,


 Joanna Cheung, Administrator
 San Francisco Adult Residential Facility

**San Francisco Adult Residential Facility
Plan of Correction for Complaint Investigation
July 2018**

Citation	Action	Completion date and Responsible person
<p>Type A Section 80072(a)(3): Personal Rights – To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with the daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.</p>	<ol style="list-style-type: none"> 1. Facility staff will receive training on clients personal rights. Training about clients Personal Rights will be provided to all facility staff by an authorized vendor no later than the end of August. 2. Jonathan Maddox will be contacted to provide training in August. If Jonathan Maddox is not available, another authorized vendor will be contacted to provide such training in August. 3. Facility staff will be required to attend training to prevent client personal rights be violated again. 4. Name of authorized vendor who conducted training and list of staff who attended training will be submitted to CCL by the end of August. 	<p>August 2018 Joanna Cheung, MFT</p>

San Francisco Adult Residential Facility In-Service Training

Personal Rights 8/28/2018

Sign In

Print Name

Signature

CHARMINE DELAVEGA



SALVADOR QUINES



Rachel E. Bunge

9 Aug

EDGAR PADA



TONISHIA LAWRENCE



Carmelita Gagne



Shaomin Feng



Uma Shankar

Uma Shankar

Laura Molina

L.M.

GuilQiu zhang



Joseph Botke



FRANCISCO DelNava



Yolanda Nava

Yolanda Nava

JACINTA MBATA



San Francisco Adult Residential Facility In-Service Training

Personal Rights 9/13/2018

Sign In

Print Name

Signature

Erica Velasquez



KARLYNE "KARPI" KONCZAL



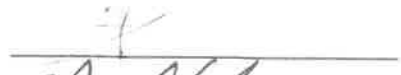
Sharifa Rahman



Erica Umamad



BAMBA MASSENI



Steven Clartz



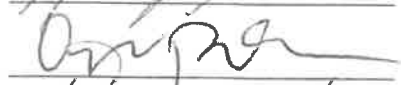
Yinlai Liu



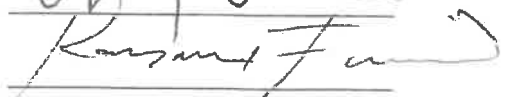
Anthony Soriano



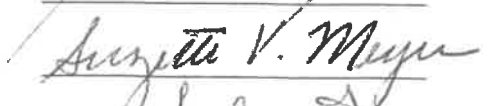
ORLY PUNZALAN



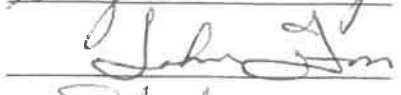
RAYMOND FRANCISCO



Suzette V. Meyer



John Foss



SARAH LARSON



COMPLAINT INVESTIGATION REPORTCCLD Regional Office, 851 TRAEGER AVE., SUITE 360
SAN BRUNO, CA 94066

This is an official report of an unannounced visit/investigation of a complaint received in our office on
06/01/2018 and conducted by Evaluator Faye Bremer

PUBLIC**COMPLAINT CONTROL NUMBER: 14-AR-20180601140435**

FACILITY NAME: SAN FRANCISCO ADULT RESIDENTIAL FACILITY	FACILITY NUMBER: 389210019
ADMINISTRATOR: JANEL HOLLAND, MFTI	FACILITY TYPE: 735
ADDRESS: 887 POTRERO AVE.	TELEPHONE: (415) 206-6300
CITY: SAN FRANCISCO	STATE: CA
CAPACITY: 55	ZIP CODE: 94110
	CENSUS: 39
	UNANNOUNCED
MET WITH: Joanna Cheung	DATE: 07/26/2018
	TIME VISIT BEGAN: 10:50 AM
	TIME COMPLETED: 11:50 AM

ALLEGATION(S):

- 1 Facility staff failed to treat resident with dignity
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 Licensing Program Analyst (LPA) Faye Bremer conducted an unannounced complaint inspection to deliver
- 2 findings. LPA met with Administrator Joanna Cheung and explained purpose of inspection. During course of
- 3 investigation, LPA conducted interviews and reviewed documents. It was found that S1 woke C1 up from sleep
- 4 and insisted that C1 go to toilet even though C1 refused. It was found that S2, S3 and S4 observed C1 was
- 5 naked, did not cover up C1, and had allowed C1 to step out of the bedroom naked to go to the bathroom.
- 6
- 7 Based on interviews and information gathered, the preponderance of evidence standard has been met,
- 8 therefore the above allegation is found to be SUBSTANTIATED.
- 9
- 10 Deficiency cited today under California Code of Regulations, Title 22, Div 6, follows on LIC 9099D.
- 11 Appeal Rights given.
- 12 Report reviewed and discussed with Joanna Cheung
- 13

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Vivien Helbling**TELEPHONE:** (650) 266-8800**LICENSING EVALUATOR NAME:** Faye Bremer**TELEPHONE:** (707) 580-9667**LICENSING EVALUATOR SIGNATURE:**

DATE: 07/26/2018

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/26/2018

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Control Number 14-AR-20180601140435
STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 851 TRAEGER AVE., SUITE 360
SAN BRUNO, CA 94066

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: SAN FRANCISCO ADULT RESIDENTIAL FACILITY
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 389210019
VISIT DATE: 07/26/2018

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/27/2018 Section Cited CCR 80072(a)(3)	<p>1 Personal Rights - To be free from corporal or 2 unusual punishment, infliction of pain, 3 humiliation, intimidation, ridicule, coercion, 4 threat, mental abuse, or other actions of a 5 punitive nature, including but not limited to: 6 interference with the daily living functions, 7 including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning. This requirement is not met as evidenced by:</p> <p>8 Based on interviews and information received, 9 S1 woke C1 up from sleep and insisted C1 go 10 to toilet even though C1 refused; S2, S3, S4 11 observed C1 was naked and allowed C1 to 12 step out of bedroom naked/did not cover up 13 C1. Licensee failed to ensure that clients are 14 accorded dignity with staff, are free from humiliation, that sleep was not interfered with, and clothing is not withheld, which poses an immediate Personal Rights risk to residents in care.</p>	<p>1 Licensee shall develop a written plan of 2 correction (POC) describing how facility shall 3 ensure compliance with 80072(a)(3). Training 4 shall be conducted for all facility staff from an 5 authorized vendor regarding clients Personal 6 Rights. Licensee shall notify when training is to 7 take place.</p> <p>8 When training is completed, Licensee shall 9 submit who conducted training, and who 10 attended training. POC shall include measures 11 to be implemented to prevent a repeated 12 occurrence.</p> <p>13 POC to be received in CCL by due date 14</p>
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Vivien Helbling

TELEPHONE: (650) 266-8800

LICENSING EVALUATOR NAME: Faye Bremer

TELEPHONE: (707) 580-9667

LICENSING EVALUATOR SIGNATURE:



DATE: 07/26/2018

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/26/2018

City and County of San Francisco**Department of Public Health**

Barbara Garcia
Director of Public Health



Edwin M. Lee
Mayor

**San Francisco Behavioral
Health Center**

Linda Sims RN
Director of Operations

May 3, 2017

Faye Bremer
California Department of Social Services
851 Traeger Avenue
San Bruno, CA 94066-3048

Dear Ms. Bremer,

Enclosed are the following documents for the ARF plan of correction for the following citation:

- Type A Section 80015(b) Health related Services
 - Training outline
 - Staff attendance Sign in Sheets

Training was conducted by Elayne Hada RN, a member of the authorized vendor, San Francisco Department of Public Health, Vendor number 2000063

Please contact me at 415-206-6415 should you have further questions or in need of other documents.

Sincerely,

A handwritten signature in black ink, appearing to read "Linda Sims", with a long horizontal line extending to the right.

Linda Sims RN
Director of Operations
San Francisco Behavioral Health Center
Adult Residential Facility Program Designee

**San Francisco Adult Residential Facility
Medication Management Training Outline**

Presenter: Elayne Hada RN

- 1. General Processes for medication passes.**
 - a. Key Basics including but not limited to:**
 - i. Check medication cart to ensure client's bubblepacks in correct slot**
 - ii. Checking the Medication Observation Record (MOR)**
 - iii. Always look at the MOR while assisting clients**
 - iv. Only assisting with medications you personally prepared**
 - v. No borrowing of medications**
 - b. Policies and Procedures**

- 2. Medication Preparation and Pass**
 - a. Medication Orders**
 - b. MORs**
 - c. Assisting and Supervising Client**

- 3. The 7 Rights**
 - a. Right Person**
 - b. Right Reason**
 - c. Right Time**
 - d. Right Drug**
 - e. Right Dose**
 - f. Right Route**
 - g. Right Documentation**



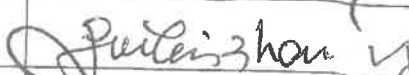



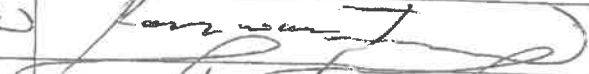
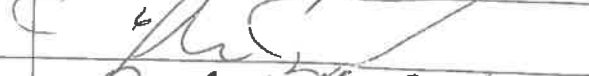




- 4. Medications and Side Effects**
 - a. Medications**
 - b. Medication forms**
 - c. Medication Routes**
 - d. Medication Side Effects**
 - e. Documentation**

- 5. Questions and Answers**

**Adult Residential Facility
Medication Training**

Date: April 25, 2017





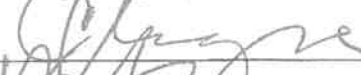


SIGN-IN

Print name	Signature
RACHEL E. BARGO	
Laura Molina	
Gailin Zhang	
Darren Page	
JACINTA MBATA	
UMA SHANKAR	
RAYMOND FRANCIS	
JAMES ELLIS	
Paul Keith Rubia	
Suzette Meyer	
Douglas McKiraha	
Peter Mkal	

**Adult Residential Facility
Medication Training**

Date: April 26, 2017

SIGN-IN

Print name	Signature
EIZONOR O. Castillo	
DEENA MARIE B. ZAWORT	
CATALINA Arvanites	
STEVEN CLARK	
CARMELITA L. GAGNE	
DENNIS HILL	
Valle, Veronica	

SFBHC RCFE and ARF
Action Plan [12/23/14]
Re: Medication Observation

<u>ACTION</u>	<u>RESPONSIBLE PARTY</u>	<u>COMPLETION DATE</u>
Inservice involved staff re: Med Pass Observation *2 person identifier *Medication observation Policy/Procedure including Process and Documentation	Janel Holland Sharon McCole-Wicher	12/23/14
Inservice staff re: Med Pass *2 person identifier *Medication Pass Observation Policy/Procedure including Process and Documentation	Patient Safety Nurses Noah Nevo	Ongoing
Develop med pass observation monitoring tool	Tom Holton Amy Murphy	12/23/14
Conduct Med Pass Observation Audits on Involved Staff x 5	Jane Holland Sharon McCole-Wicher	1/5/15
Ongoing Med Pass Observation Audits	Patient Safety Nurses	Ongoing
Inservice Involved staff Re: Process for logging medication on the Medication Monitoring Sheet (MMS)	Janel Holland	12/23/14
Inservice Staff re: Process for logging in medication Audit Logging in Process Develop audit tool	Janel Holland Vinay Jindal Tom Holton Amy Murphy	Ongoing Ongoing
Scriptsite to develop Medication Observation Records	Vinay Jindal Janel Holland	2/1/15

BHC Logging of Medications Audit Tool

Date: _____

Unit: _____

Name of Manager performing logging: _____

Name of Auditor: _____

Overview of process:

Pharmacy delivers medications, the Manager (we need to specify who can do this process) will log into the resident's chart in the LIC 622 Form and into the Medication Monitoring Sheet (I would like to get copies of these forms).

Steps	Completed Accurately?
Check medication against original prescription. If not available, telephone the prescribing doctor and request that he/she fax it to the facility.	
Check the name of the resident for who medication is prescribed.	
Check the drug name, strength, and quantity received.	
Check the date filed.	
Check number of pills received.	
Check prescription number and name of issuing pharmacy.	
Check expiration date.	
Check number of refills	
Check instruction if any, regarding control and custody of medications.	
Correct forms used and placed in correct binders/chart → not sure what this would be	

Key:

Yes (If completed accurately) **No** (If NOT completed accurately) **N/A** (If not applicable)

SFBHC – Bubble Pack Medication Observation Accuracy Monitor
Name of PCA Observed: _____ **Observer/Auditor:** _____ **Date:** _____

Observation #1 Patient Initials: _____

1. Hand hygiene before medication observation	Y	N	N/A
2. Compares Medication with Medication Observation Record (MOR)	Y	N	N/A
3. Medication labeled throughout process	Y	N	N/A
4. Any distraction or interruption during observation	Y	N	N/A
5. Checks two forms of ID,	Y	N	N/A
6. Validates the number of pills on MOR matches number in bubble pack	Y	N	N/A
7. Charts medication immediately after administration	Y	N	N/A
8. Asks patient about allergy	Y	N	N/A
Comments:			

Observation #2 Patient Initials: _____

9. Hand hygiene before medication observation	Y	N	N/A
10. Compares Medication with Medication Observation Record (MOR)	Y	N	N/A
11. Medication labeled throughout process	Y	N	N/A
12. Any distraction or interruption during observation	Y	N	N/A
13. Checks two forms of ID,	Y	N	N/A
14. Validates the number of pills on MOR matches number in bubble pack	Y	N	N/A
15. Charts medication immediately after administration	Y	N	N/A
16. Asks patient about allergy	Y	N	N/A
Comments:			

Observation #3 Patient Initials: _____

17. Hand hygiene before medication observation	Y	N	N/A
18. Compares Medication with Medication Observation Record (MOR)	Y	N	N/A
19. Medication labeled throughout process	Y	N	N/A
20. Any distraction or interruption during observation	Y	N	N/A
21. Checks two forms of ID,	Y	N	N/A
22. Validates the number of pills on MOR matches number in bubble pack	Y	N	N/A
23. Charts medication immediately after administration	Y	N	N/A
24. Asks patient about allergy	Y	N	N/A
Comments:			

Observation #4 Patient Initials: _____

25. Hand hygiene before medication observation	Y	N	N/A
26. Compares Medication with Medication Observation Record (MOR)	Y	N	N/A
27. Medication labeled throughout process	Y	N	N/A
28. Any distraction or interruption during observation	Y	N	N/A
29. Checks two forms of ID,	Y	N	N/A
30. Validates the number of pills on MOR matches number in bubble pack	Y	N	N/A
31. Charts medication immediately after administration	Y	N	N/A
32. Asks patient about allergy	Y	N	N/A
Comments:			

**SFDPH RESPONSE SEPTEMBER 17, 2019
SUPERVISORS RONEN AND HANEY AUGUST 29, 2019 RECORDS & INFORMATION REQUEST:
SFBHC ADULT RESIDENTIAL CARE FACILITY BED SUSPENSE**

ATTACHMENT 4

1. August 23, 2018 Community Care Licensing (CCL) written notification that the ARF is placed into Non-Compliance and scheduled conference for September 12, 2018 (1 page)
2. September 12, 2018 CCL written notification that the ARF Non-Compliance conference is rescheduled to October 2, 2018 (1 page)
3. October 2, 2019 Non-Compliance Facility Evaluation Report (5 pages)
4. December 13, 2018 Facility Evaluation Report for 2 Level A citations occurred during Non-Compliance monitoring period (2 pages)
5. February 27, 2019 memo to DPH HR advising census will be held

1. August 23, 2018 Community Care Licensing (CCL) written notification that the ARF is placed into Non-Compliance and scheduled conference for September 12, 2018 (1 page)



STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
 COMMUNITY CARE LICENSING DIVISION

CCLD Regional Office
 851 TRAEGER AVE., SUITE 360
 SAN BRUNO, CA 94066



EDMUND G. BROWN JR.
 GOVERNOR

August 23, 2018

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
 SAN FRANCISCO RCFE – 385600399
 887 POTRERO AVENUE
 SAN FRANCISCO, CA 94110

DEAR LICENSEE:

The policy of the Community Care Licensing Division is to ensure that licensees are afforded an opportunity to correct deficiencies prior to our initiating legal action to close a facility. With the exception of situations where an immediate danger to clients exists, staff from the Regional Office will work with the licensee to gain compliance and whenever possible, prevent the closure of the facility.

In order to accomplish this goal, a Noncompliance Conference is held with the licensee prior to referring a case for legal action. We will also include in our meeting the San Francisco Adult Residential Facility. Due to problems that currently exist at your facility, we would like to give you an opportunity to bring your facility into compliance. Therefore, we have scheduled a conference with you on September 12, 2018 at 1:30pm in the San Bruno Regional Office at the above address.

The purpose of the conference is to discuss the existing deficiencies, any current problem areas in the operation of your facility, the seriousness of the situation, and the legal action, which will be taken by the Department if the situation is not corrected. Your continued noncompliance will result in a referral for legal action, so it is extremely important that all deficiencies be corrected in a timely manner.

If you wish, you may bring someone to help you in this review. It can be any person or persons of your choosing who may be of assistance to you. If you are unable to keep this appointment, please contact Faye Bremer, Licensing Program Analyst at (650) 266-8800, immediately so we may reschedule it as soon as possible.

Sincerely,

Vivien Helbling
 Regional Manager

2. September 12, 2018 CCL written notification that the ARF Non-Compliance conference is rescheduled to October 2, 2018 (1 page)



STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
 COMMUNITY CARE LICENSING DIVISION

CCLD Regional Office
 851 TRAEGER AVE., SUITE 360
 SAN BRUNO, CA 94066



EDMUND G. BROWN JR.
 GOVERNOR

September 12, 2018
 SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
 SAN FRANCISCO RCFE – 385600399
 SAN FRANCISCO ADULT RES FACILITY - 389210019
 887 POTRERO AVENUE
 SAN FRANCISCO, CA 94110

DEAR LICENSEE:

The policy of the Community Care Licensing Division is to ensure that licensees are afforded an opportunity to correct deficiencies prior to our initiating legal action to close a facility. With the exception of situations where an immediate danger to clients exists, staff from the Regional Office will work with the licensee to gain compliance and whenever possible, prevent the closure of the facility.

In order to accomplish this goal, a Noncompliance Conference is held with the licensee prior to referring a case for legal action. We will also include in our meeting the San Francisco Adult Residential Facility. Due to problems that currently exist at your facility, we would like to give you an opportunity to bring your facility into compliance. Therefore, we have scheduled a conference with you on **Tuesday, October 2, 2018 at 9:30am** in the San Bruno Regional Office at the above address.

The purpose of the conference is to discuss the existing deficiencies, any current problem areas in the operation of your facility, the seriousness of the situation, and the legal action, which will be taken by the Department if the situation is not corrected. Your continued noncompliance will result in a referral for legal action, so it is extremely important that all deficiencies be corrected in a timely manner.

If you wish, you may bring someone to help you in this review. It can be any person or persons of your choosing who may be of assistance to you. If you are unable to keep this appointment, please contact Faye Bremer, Licensing Program Analyst at (650) 266-8800, immediately so we may reschedule it as soon as possible.

Sincerely,

Vivien Helbling
 Regional Manager

3. October 2, 2019 Non-Compliance Facility Evaluation Report (5 pages)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION**FACILITY EVALUATION REPORT**CCLD Regional Office, 851 TRAEGER AVE., SUITE 380
SAN BRUNO, CA 94066

FACILITY NAME:	SAN FRANCISCO ADULT RESIDENTIAL FACILITY	FACILITY NUMBER:	389210019
ADMINISTRATOR:	JOANNA CHEUNG	FACILITY TYPE:	735
ADDRESS:	887 POTRERO AVE.	TELEPHONE:	(415) 206-8300
CITY:	SAN FRANCISCO	STATE: CA	ZIP CODE: 94110
CAPACITY:	55	CENSUS: 0	DATE: 10/02/2018
TYPE OF VISIT:	Office	ANNOUNCED	TIME BEGAN: 09:30 AM
MET WITH:	Linda Sims, Kelly Hiramoto, Glenn Levy, Roland Pickens	TIME COMPLETED:	11:30 AM

NARRATIVE

1 A noncompliance meeting was conducted in Licensing office to discuss the noncompliance concerns
2 regarding Personal Rights, Health Related Services, and Client Records. Refer to Noncompliance summary
3 dated October 2, 2018. The meeting was conducted by RM Vivien Helbling, LPM Ali Zebila, and LPA Faye
4 Bremer. The meeting was attended by Director of San Francisco Behavioral Health Center Linda Sims,
5 Director of San Francisco Health Network Transitions Kelly Hiramoto, Director of SF Health Network Roland
6 Pickens, and Deputy City Attorney Glenn Levy.
7
8 The compliance plan was discussed and final compliance plan from Licensee shall be received in office
9 October 16, 2018.
10
11 This report was reviewed with Director of San Francisco Behavioral Health Center Linda Sims, Director of San
12 Francisco Health Network Transitions Kelly Hiramoto, and Deputy City Attorney Glenn Levy.
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SUPERVISOR'S NAME: Vivien Helbling**TELEPHONE:** (650) 266-8800**LICENSING EVALUATOR NAME:** Faye Bremer**TELEPHONE:** (707) 580-9667**LICENSING EVALUATOR SIGNATURE:****DATE:** 10/02/2018**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 10/02/2018**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 851 TRAEGER AVE., SUITE 380
SAN BRUNO, CA 94066**NONCOMPLIANCE CONFERENCE SUMMARY**NAME AND ADDRESS OF FACILITY:
SAN FRANCISCO ADULT RESIDENTIAL FACILITY
887 POTRERO AVE.
SAN FRANCISCO, CA 94110

FACILITY LICENSE NUMBER: 389210019	EFFECTIVE DATE OF LICENSE: 02/25/2005	LICENSE CAPACITY: 55	STATUS: 3	FACILITY TYPE: 735
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LICENSEE NAME(S):
SAN FRANCISCO DEPT. OF PUBLIC HEALTH

NAME AND FACILITY NUMBER OF OTHER COMMUNITY CARE, CHILD DAY CARE, RESIDENTIAL CARE FACILITIES FOR THE ELDERLY, OR HEALTH FACILITIES LICENSED TO OR OWNED BY APPLICANT(S) WITHIN THE LAST FIVE YEARS.

	FACILITY NAME	FACILITY NUMBER
A.	San Francisco RCFE	385600399
B.		
C.		
D.		
E.		
F.		

DATE OF CONFERENCE: 10/02/2018	LICENSING PROGRAM ANALYST: Faye Bremer	LICENSING PROGRAM MANAGER: Ali Zebila
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Present at meeting:**NAME**Vivien Helbling
Ali Zebila
Faye Bremer
Linda Sims
Kelly Hiramoto
Roland Pickens
Glenn Levy**TITLE**Regional Manager
Licensing Program Manager
Licensing Program Analyst
Director of SF Behavioral Health Center
Director SF Health Network Transitions
Director of SF Health Network
Deputy City Attorney

**NONCOMPLIANCE CONFERENCE SUMMARY -
PAGE 2**

NAME AND ADDRESS OF FACILITY:

SAN FRANCISCO ADULT RESIDENTIAL FACILITY
887 POTRERO AVE.
SAN FRANCISCO, CA 94110

FACILITY LICENSE NUMBER:	EFFECTIVE DATE OF LICENSE:	LICENSE CAPACITY:	STATUS:	FACILITY TYPE:
389210019	02/25/2005	55	3	735

LICENSEE NAME(S):

SAN FRANCISCO DEPT. OF PUBLIC HEALTH

This Noncompliance Conference was called to discuss the following issues or deficiencies:

Facility was licensed on 02/25/2005. Violations issued recently under Title 22, Div. 6, Chapter 8 include: Observation of the Resident, Criminal Record Clearance, Basic Services, Reappraisals, Incidental Medical and Dental Care.

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- On 7/26/2018 citation issued under 80072(a)(3) for a **Substantiated** complaint for Personal Rights. It was found that S1 woke C1 up from sleep and insisted C1 go to toilet even though C1 refused; it was found that S2, S3, S4 observed C1 was naked and allowed C1 to step out of bedroom naked/did not cover up C1. Licensee failed to ensure that clients are accorded dignity with staff, are free from humiliation, that sleep was not interfered with, and clothing is not withheld.
- On 4/5/2017 citation issued under 80075(b) for Health Related Services. It was found that C1 was given the wrong medication pack and took 3 medications, Abilify, Atorvastatin and Haldol from C2. C1 is not prescribed Haldol, and Abilify was larger dose than C1 is prescribed.
- On 2/11/2016 citation issued under 80075(a) for Health Related Services. It was found that facility staff failed to seek timely medical attention for resident exhibiting symptoms of shortness of breath and gasping for air.
- On 10/22/2015 citation issued under 80075(l) for Health Related Services. It was found that facility staff failed to destroy discontinued medications upon discontinuance.
- On 10/22/2015 citation issued under 80075(b)(7) for a **Substantiated** complaint for Health Related Services. It was found that staff did not administer medications as prescribed.
- On 10/14/2015 citation issued under 80075(b)(5)(B) for a **Substantiated** complaint for Health Related Services. It was found that staff did not follow prescription instruction, resulting in resident receiving medication earlier than prescribed.
- On 10/14/2015 citation issued under 80075(b)(7) for a **Substantiated** complaint for Health Related Services. It was found that resident was given medication with prescription order from 7/2012.
- On 10/14/2015 citation issued under 80075(l) for a **Substantiated** for Health Related Services. It was found that facility staff failed to destroy discontinued medications upon discontinuance.
- On 10/14/2015 citation issued under 80070(a) for a **Substantiated** complaint for Client Records. It was found that facility staff documented medication at the bottom of MOR instead of within the MOR, which caused a medication error, and then crossed out documentation.

LICENSEE SIGNATURE



DATE:

10/02/2018

MANAGER SIGNATURE:

DATE:

10/02/2018

**NONCOMPLIANCE CONFERENCE SUMMARY -
PAGE 3**

NAME AND ADDRESS OF FACILITY:

SAN FRANCISCO ADULT RESIDENTIAL FACILITY
887 POTRERO AVE.
SAN FRANCISCO, CA 94110

FACILITY LICENSE NUMBER:	EFFECTIVE DATE OF LICENSE:	LICENSE CAPACITY:	STATUS:	FACILITY TYPE:
389210019	02/25/2005	55	3	735

LICENSEE NAME(S):

SAN FRANCISCO DEPT. OF PUBLIC HEALTH

Licensee agreed to do the following in order to bring the facility into compliance no later than the following dates:

- 1 • This is a proposed plan that the facility shall review, and receive in CCL by October 16, 2018.
2
- 3 • Licensee/Administrator to develop a plan of action in writing describing facility plan to ensure compliance
4 under **Personal Rights**, which shall also include staff training, ensuring that residents are free from corporal
5 or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or
6 other actions of a punitive nature, including but not limited to: interference with the daily living functions,
7 including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical
8 functioning.
9
- 10 • Licensee/Administrator to develop a plan of action in writing describing facility plan to ensure compliance
11 under resident **Health Related Services** at all times, ensuring that
12 • Clients shall be assisted as needed with self-administration of prescription and nonprescription
13 medications.
14 • Each client shall receive necessary first aid and medical or dental services, including arrangement for
15 and/or provision of transportation to the nearest available services.
16 • Prescription medications which are not taken with the client upon termination of services, or which are
17 not to be retained shall be destroyed by the facility administrator, or a designated substitute, and one
18 other adult who is not a client.
19 • Medications shall be given according to physician's directions.
20 • For every prescription and nonprescription PRN medication for which the licensee provides assistance,
21 there shall be a signed, dated written order from a physician on a prescription blank, maintained in the
22 client's file, and a label on the medication.
23
- 24 • Licensee/Administrator to to develop a plan of action in writing describing facility plan to ensure compliance
25 under **Client Records**, ensuring that a separate, complete, and current record is maintained in the facility for
26 each client.
27
- 28 Community Care Licensing Division (CCLD) shall conduct increased inspections at the facility to monitor
29 compliance with Title 22 Regulations and to ensure the health and safety of all the residents. Compliance plan
30 shall be in effect for a period of two years.
31
32

LICENSEE SIGNATURE



DATE:

10/02/2018

MANAGER SIGNATURE:



DATE:

10/02/2018

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 851 TRAEGER AVE., SUITE 300
SAN BRUNO, CA 94066

**NONCOMPLIANCE CONFERENCE SUMMARY -
PAGE 4**

NAME AND ADDRESS OF FACILITY:

SAN FRANCISCO ADULT RESIDENTIAL FACILITY
887 POTRERO AVE.
SAN FRANCISCO, CA 94110

FACILITY LICENSE NUMBER:	EFFECTIVE DATE OF LICENSE:	LICENSE CAPACITY:	STATUS:	FACILITY TYPE:
389210019	02/25/2005	55	3	735

LICENSEE NAME(S):

SAN FRANCISCO DEPT. OF PUBLIC HEALTH

Licensee has been advised that failure to complete the above agreed upon actions by the dates will result in this Department taking the following action(s):

- 1 The San Bruno Adult and Senior Care Regional Office may refer the facility for legal review which may result in
- 2 administrative actions such as possible Administrator De-Certification or License Revocation.

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A detailed letter regarding this conference will be mailed to the licensee within 5 calendar days.

LICENSEE SIGNATURE DATE:
 09/13/2018

MANAGER SIGNATURE: DATE:
 09/13/2018

4. December 13, 2018 Facility Evaluation Report for 2 Level A citations occurred during Non-Compliance monitoring period (2 pages)

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 389210019

Report Date: 12/13/2018

Date Signed 12/13/2018 05:13:24 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066
FACILITY EVALUATION REPORT	

FACILITY NAME: SAN FRANCISCO ADULT RESIDENTIAL FACILITY **FACILITY NUMBER:** 389210019

ADMINISTRATOR: JOANNA CHEUNG **FACILITY TYPE:** 735

ADDRESS: 887 POTRERO AVE. **TELEPHONE:** (415) 206-6300

CITY: SAN FRANCISCO **STATE:** CA **ZIP CODE:** 94110

CAPACITY: 55 **CENSUS:** 35 **DATE:** 12/13/2018

TYPE OF VISIT: Case Management - Legal/Non-compliance **UNANNOUNCED** **TIME BEGAN:** 11:00 AM

MET WITH: Linda Sims **TIME COMPLETED:** 05:15 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Faye Bremer conducted an unannounced Case Management
2	Legal/Noncompliance inspection on December 13, 2018 at 11:00 AM as part of the facility's
3	compliance plan. LPA met with Joanna Cheung, administrator, and Linda Sims, and explained the
4	purpose of the inspection.
5	
6	LPA toured the physical plant, and inspected the medication cart, and inspected resident rooms.
7	During inspection of the medication cart, 2 pills were observed to be loose inside the medication
8	storage folders. 1 pill was found loose in R1 medication storage folder, and another pill was found
9	loose in R2 medication storage folder. LPA reviewed a sample of client records and records had all
10	necessary assessments and agreements.
11	
12	During LPA's inspection, LPA was made aware that a medication error had occurred. S1 had assisted
13	R3 with the medication from R4's bubblepack. R3 and R4 are prescribed the same medication and
14	same dosage.
15	
16	LPA conducted interviews while present.
17	
18	
19	Deficiencies cited today under California Code of Regulations, Title 22, Div 6, follows on LIC 809D.
20	Appeal Rights given.
21	Report reviewed and discussed with Joanna Cheung and Linda Sims
22	
23	
24	
25	

SUPERVISOR'S NAME: Ali Zebila **TELEPHONE:** (650) 266-8800

LICENSING EVALUATOR NAME: Faye Bremer **TELEPHONE:** (707) 580-9667

LICENSING EVALUATOR SIGNATURE: **DATE:** 12/13/2018

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 12/13/2018

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC809 (FAS) - (06/04) Page: 1 of 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066
FACILITY EVALUATION REPORT (Cont)	

FACILITY NUMBER: 389210019

FACILITY NAME: SAN FRANCISCO ADULT RESIDENTIAL FACILITY

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 12/13/2018

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 12/14/2018 Section Cited CCR 80075(b)	1 Health Related Services. Clients shall 2 be assisted as needed with self- 3 administration of prescription and 4 nonprescription medications. 5 This regulation is not met as 6 evidenced by: 7	1 Licensee shall develop a plan of 2 correction (POC) to describe how to 3 ensure residents are assisted with 4 self-administration of medications as 5 prescribed. Training of staff, with 6 verification, is required to satisfy this 7 deficiency.
	8 Based on Administrator self-reporting 9 and interviews, R3 was assisted with 10 R4's medication. R3 and R4 take the 11 same medication and same dosage, 12 but R3 was assisted from the wrong 13 bubblepack. Licensee failed to ensure 14 residents are assisted with self- administration of medication as prescribed, which poses an immediate health and safety risk.	8 POC to be received in CCLD office BY 9 12/14/2018. 10 11 12 13 14
Type A 12/14/2018 Section Cited CCR 80075(k)(5)	1 Health Related Services. Each client's 2 medication shall be stored in its 3 originally received container. 4 This requirement is not met as 5 evidenced by: 6 7	1 Licensee shall develop a plan of 2 correction (POC) to describe how to 3 ensure medications are maintained in 4 their original containers. Training of 5 staff, and plan to ensure pills are 6 stored in original containers is required 7 to satisfy this deficiency.
	8 Based on inspection of medication 9 cart, LPA observed two loose pills in 10 the medication folders inside the 11 medication cart, in the med room. One 12 loose pill was found in R1 folder, and 13 one was found in R2 folder. These pills 14 are not stored in their original containers, which poses an immediate health and safety risk.	8 POC to be received in CCLD office BY 9 12/14/2018. 10 11 12 13 14

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Ali Zebila	TELEPHONE: (650) 266-8800
LICENSING EVALUATOR NAME: Faye Bremer	TELEPHONE: (707) 580-9667
LICENSING EVALUATOR SIGNATURE:	DATE: 12/13/2018
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 12/13/2018

5. February 27, 2019 memo to DPH HR advising census will be held



San Francisco
Health Network

887 Potrero Avenue
San Francisco, CA 94110
Phone (415) 206-6300
Fax (415) 206-5279

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

San Francisco Behavioral Health Center

To: Karrie Johnson, Department Personnel Officer

From: Linda Sims RN, Director of the SFBHC

Date: 2/27/2019

Re: Current SFBHC open referrals

The SFBHC has several classifications with current vacancies and referrals. The SFBHC is not planning on filling those vacancies at this time. Currently 2 of our programs which are regulated by Community Care Licensing are under a non-compliance plan of action. Since those programs are under a plan of action, the facility is not increasing the census on those programs at this time.

Below are the vacancies in which we are requesting cancelation of the current referrals:

- **2303 PCA CERT 13799**
01009900
01076710
- **2303 PCA CERT 14552**
01041015
01009927
- **2312 LVN CERT 15456**
00106310
- **2314 Public Health Team Leader CERT 15443**
01009896
01010012
- **2589 Health Program Coord. CERT 16310**
01136597

The SFBHC does plan to fill those vacancies in the future however those vacancies are not anticipated to be filled within the remainder of this current fiscal year.

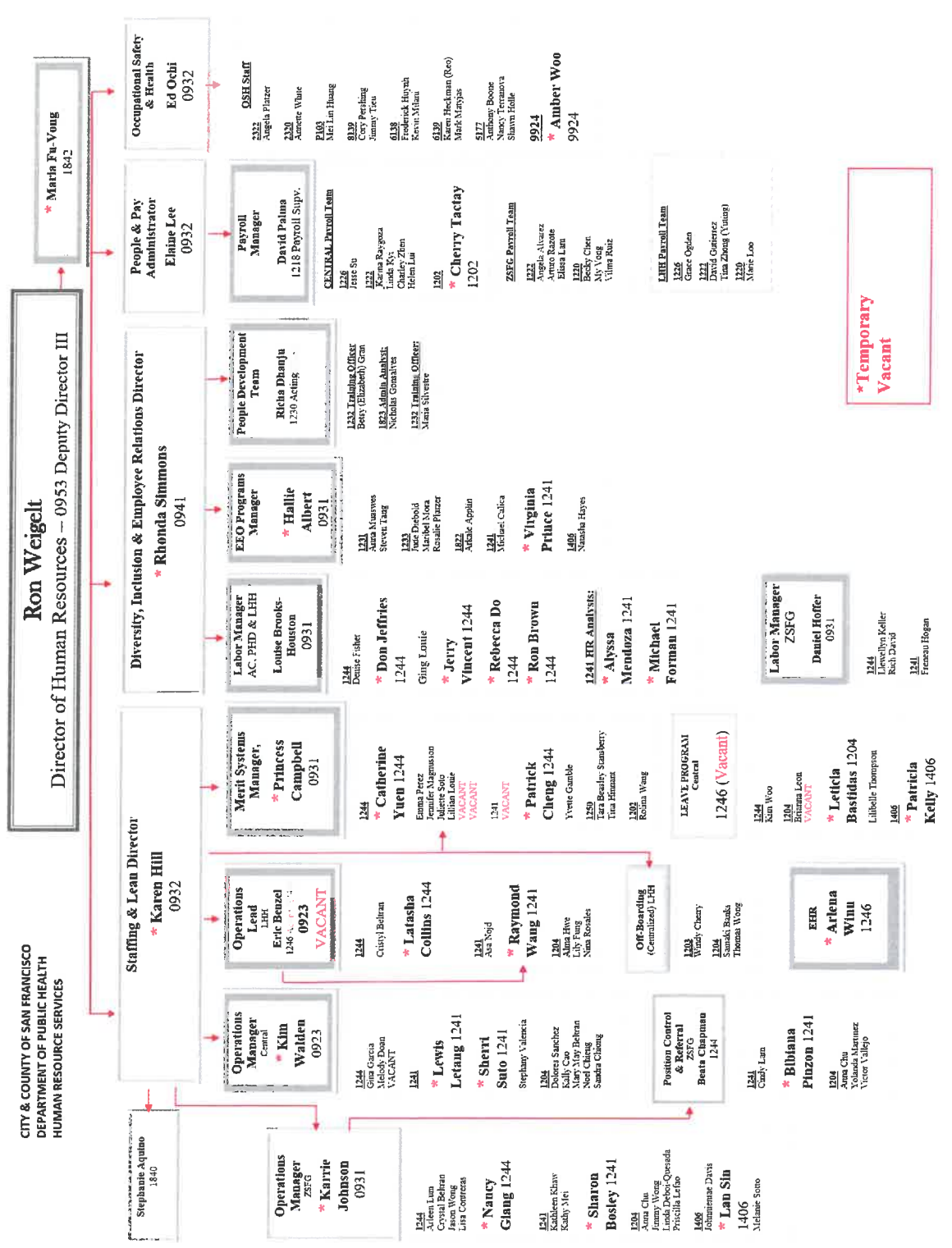
Thank you

**SFDPH RESPONSE SEPTEMBER 17, 2019
SUPERVISORS RONEN AND HANEY AUGUST 29, 2019 RECORDS & INFORMATION REQUEST:
SFBHC ADULT RESIDENTIAL CARE FACILITY BED SUSPENSE**

ATTACHMENT 5

1. DPH HR Organization Chart - 130 positions (1 page)
2. DPH HR Scope of Service 2019 (5 pages)

1. DPHR Organization Chart - 130 positions (1 page)



2. DPH HR Scope of Service 2019 (5 pages)

Department of Public Health Human Resources

SCOPE OF SERVICE 2019

Overview of Services: Human Resource Services is a centralized department of San Francisco Public Health (DPH), providing services in the following functional areas: Operations, Merit Systems, Labor Relations, Payroll, Equal Employment Opportunity & Cultural Competency (EEO), Workforce Development and Diversity & Inclusion.

Customers: DPH Human Resource Services (HR) is responsible for serving all Public Health employees, (i.e. managers, supervisors, line staff etc.) and acts as a liaison with other City agencies such as the Civil Service Commission, the Department of Human Resources (DHR), the Mayor's Office, the Controller's Office, Health Service Systems and the Retirement System, and labor unions. Staff are also responsible for responding to requests for assistance and information from the community/public, government and private agencies, as well as our labor unions.

Hours of Operation and Locations: Human Resource Services is open Monday through Friday from 8:00 A.M. to 5:00 P.M. The department provides services to DPH managers and employees outside these normal business hours, as needed. DPH HR serves its customers from three locations: Central Office/101 Grove Street, Laguna Honda Hospital (LHH) and Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG).

Organizational Structure: Human Resource Services is organized into seven main divisions by functional responsibility: (1) Operations Division (2) Merit Systems Division (3) Labor Relations Division (4) Payroll Division (5) Equal Employment Opportunity (6) People Development and (7) Electronic Health Records implementation. In addition, HR has staff allocated to career coaching, quality assurance and data analytics. These staff along with the divisions report to the Human Resources Director, who reports to the Director of Public Health.

Standards of Practice: The standards of practice for Human Resource Services is governed by the San Francisco City Charter, Administrative Code, Civil Service Commission Rules, Uniform Guidelines, applicable Memorandum of Understandings, and Department of Human Resources policies and procedures.

Quality Improvement: Human Resource Services optimizes staffing resources to improve the quality and delivery of its services by: Participating in lean continuous process improvement, completing 5 lean events which has streamlined the hiring process and helped improve hiring timeline. Creating a career coaching program for DPH employees, which includes one-to-one coaching meetings and trainings that are intended to support and encourage career growth and increase staff retention. Emphasizing quality assurance by taking a proactive approach to various HR issues, conducting internal audits, implementing policies and standardizing processes.

Service Components: The duties and responsibilities of the seven main divisions within Human Resource Services are set forth below. The Human Resources Director and staff also collaborate on the administration of a number of additional programs, including the City's Emergency Preparedness program and various City, DPH and DHR initiatives.

OPERATIONS DIVISION

The Operations Division is responsible for the following functions:

- Personnel Transactions and HR Information Systems, including position control, job requisitions, new employee processing (such as coordination of employment verification, oral authorizations, certifications, medicals, fingerprinting), Disaster Service Worker identification, leaves of absence, additional employment approval, coordination of specific health/dental benefits, maintenance of official personnel files, performance evaluation tracking, separations, maintenance of valid licensure and certifications, and training and tuition reimbursement, policies and procedures.
- In-service activities, such as the coordination of criminal history review, DMV pull notice program, unemployment claims, new employee orientations, and subpoenas.
- Maintains official bulletin boards, including vacancy and reassignment opportunities and other required postings.

MERIT SYSTEMS DIVISION

The Merit Systems Division is responsible for the following functions:

- Administration of the Department's classification, recruitment and examination plan under a delegation agreement with DHR.
- Conducts recruitments to fill permanent and temporary vacancies.
- Develops and administers selection procedures according to Civil Service rules, DHR policies and procedures, and terms of the delegation agreement.
- Classifies new positions, reclassifies existing positions and recommends organizational staffing patterns and wage and salary levels.
- Educate and inform managers and employees on Merit System policies and procedures.
- Serves as a consultant in the areas of recruitment, examination and classification to directors/hiring managers, union representatives and others involving matters related to staffing needs and concerns.
- Administers bi-lingual testing for DPH staff and new hires.
-

LABOR RELATIONS DIVISION

The Labor Relations Division is responsible for the following functions:

- Negotiates and administers Collective Bargaining Agreements (CBA).
- Meets and confers with union representatives.
- Handles the Collective bargaining agreement (CBA) Grievance Procedure, including arbitrations and hearings.

- Advises managers, supervisors and employees on performance management issues, including but not limited to compliance with City's Employee Handbook, Statement of Incompatible Activities, Code of Conduct, DPH policies and procedures, Harassment Prevention, etc.
- Investigates complaints of employment issues, personnel matters and performance misconduct, including Whistleblower complaints.
 - Administers progressive discipline disciplinary process.
 - Coordinates responses to Workplace Violence issues.
- Coordinates with managers/supervisors, EEO and Operations to administer medical separations.
- Provides trainings on CBA implementation and interpretation and performance management topics (i.e., Employee Conference Forms, Progressive Discipline, Performance Appraisals, etc.).

PAYROLL DIVISION

The Payroll Division is responsible for the following functions:

- Department Payroll Staff are responsible for administering the department's payroll and ensuring that employees' time information is submitted accurately to PPSD. To fulfill this responsibility, departments must ensure that proper internal controls on payroll processes are established and enforced.
- Processes payroll data for employees of city departments and ensures compliance with city, state, and federal tax, wage, and hour regulations. Department payroll/personnel staff enters time records of employees and submits the information to PPSD for processing.
- Ensure relevance, accuracy and consistency of City-wide payroll procedures among department payroll/personnel staff.
- Provide a baseline for departments to address prior payroll audit findings, including strengthening internal controls and mitigating risks.
- Facilitate more timely access to relevant payroll information and procedural changes for department payroll/personnel staff.
- Enable department payroll/personnel staff to address employees' payroll concerns more efficiently.

EQUAL EMPLOYMENT OPPORTUNITY AND CULTURAL COMPETENCY DIVISION

The EEO Division is responsible for the following functions:

- Investigates and responds to complaints of discrimination, harassment, and retaliation filed by employees directly with DPH EEO or through state and federal governmental agencies.
- Administers the Reasonable Accommodation process to provide persons with disabilities with effective and reasonable workplace accommodations to allow them to perform the essential functions of their position(s).
- Provides assistance to breastfeeding employees and supervisors/managers in developing lactation accommodations.
- Develops and conducts trainings on harassment prevention and the Reasonable Accommodation process for supervisors and managers, as well as trainings on harassment prevention for line staff.
- Provides advice to supervisor/managers regarding the City's Language Diversity Policy.
- Conducts workforce utilization analysis.
- Provides advice regarding departmental compliance with federal, state and local EEO laws.

People Development

People Development is responsible for the following functions:

- Provide learning opportunities for employees designed to create, sustain, and retain a viable and competent workforce, and encourage employee self-development and growth.
- Support recruitment, retention, and training efforts throughout DPH.
- Transition of the performance appraisal system from a paper based to an electronic online system and the maintenance and oversight of the future online performance appraisal system.
- Introduce, establish and sustain workforce pipeline initiatives.
- Develop and disseminate resources designed to educate managers and supervisors on various City human resources processes and procedures.
- Develop and monitor workforce training.
- Assist with the establishment of diversity goals for all lines of business.
- Collect and analyze diversity and inclusion trend data to provide strategic direction and leadership.

- Develop and implement hiring protocols around diversity and inclusion.
- Act as an internal and external ambassador for San Francisco Public Health diversity and inclusion initiatives.
- Work in partnership with others to ensure diversity metrics are properly integrated into all strategic efforts.

EPIC EHR

Manages the human resources component of the Electronic Health Records implementation.

**SFDPH RESPONSE SEPTEMBER 17, 2019
SUPERVISORS RONEN AND HANEY AUGUST 29, 2019 RECORDS & INFORMATION REQUEST:
SFBHC ADULT RESIDENTIAL CARE FACILITY BED SUSPENSE**

ATTACHMENT 6

1. DPH HR Hiring Process as of January 1, 2019 (3 pages)

STEPS IN THE HIRING PROCESS AS OF 01.01.2019

STEP	ACTION	RESPONSIBLE STAFF OR CONTACT	Lean 190 days portion	New estimate
1	Submit a Form III.	Hiring Manager		
2	Form III is approved by Budget and forwarded to HR Operations.	DPH Budget Manager		
3	DPH HR Operations staff enter the position into eMerge.	DPH HR Operations staff		
4	Department of Human Resources (DHR) approves the position.	Department of Human Resources		
5	DPH Budget Director requests position approval from Mayor's office.	DPH Budget Director		
6	Mayor's Office approves the position.	Mayor's Office		
7	DPH HR Operations staff enters approved position in HRiMS.	DPH HR Operations staff		
8	HRiMS system generates notification of position approval to hiring manager. Steps 9 to 14 Applies to a Position with an existing eligible list.	HRiMS system		
9	Reassignment Posting and FEH/Interview questions approval	DPH HR Operations staff/Hiring Manager/Merit Staff		
10	DPH HR Operations staff requests for a Referral from DHR.	DPH HR Operations staff		
11	DHR issues the Referral and send out Notices of Inquires and/or Response Questionnaire	DHR/DPH Referral staff		
12	DPH HR Operations staff sends applications of interested candidates from the referral to Hiring Manager.	DPH HR Operations staff		
13	Hiring Manager conducts post referral selection process.	Hiring Manager		
14	Hiring Manager makes a selection and submits a Request to Hire packet.	Hiring Manager		

STEPS IN THE HIRING PROCESS AS OF 01.01.2019

	Steps 14 to 19 Applies to a Position without an eligible list (provisional or exempt hire).			
15	Hiring Manager submits a Request for a Job Flyer to email: DPH_JobFlyerRequest@sfgov.org	Hiring Manager		
16	DPH Merit Services works with Hiring Manager to draft the recruitment announcement and posts the announcement.	DPH Merit Services and Hiring Manager		
17	Recruitment announcement closes and applications forwarded to Hiring Manager.	DPH Merit Services staff		
18	Hiring Manager conducts selection process.	Hiring Manager		
19	Hiring Manager makes a selection and submits a Request to Hire packet.	Hiring Manager		
	Steps 20 to 26 Applies to a Permanent Civil Service (PCS) examination process.			
20	During Job Analysis meetings, the DPH HR Merit Systems Division (MSD) and Subject Matter Experts (SMEs): identify, update, and rate/weight the essential Tasks and Knowledge, Skills and Abilities required for successful job performance; develop exam components; draft an exam announcement; and amend the CCSF job specification, if appropriate.	DPH HR MSD and SMEs		
21	DPH HR MSD requests union approval for a broad certification rule if needed.	DPH HR MSD and the union		
22	After the Job Analysis, job specification, exam announcement and components are finalized, the exam announcement is posted for a minimum of ten (10) business days.	DPH HR MSD, SMEs, and DHR Classification & Compensation Division		
23	When it is determined that there is a sufficient pool of qualified applicants, the exam announcement closes and rejected applicants are notified of their application status.	DPH HR MSD and SMEs		

STEPS IN THE HIRING PROCESS AS OF 01.01.2019

24	Rejected applicants have five (5) business days to justify rescission of their application rejection and/or file a protest/appeal with DHR/Civil Service Commission (CSC). After the response deadline has passed and all protests/appeals have been addressed, the exam components are administered and scored.	DPH HR MSD and Raters	
25	DPH HR MSD notifies all candidates of the exam outcome with an inspection period of up to five (5) business days to review score calculation and/or file a protest/appeal with DHR/CSC; successful candidates are also advised of their scores/ranks on the eligible list.	DPH HR MSD	
26	After the response deadline has passed and all protests/appeals have been addressed, DPH HR MSD asks DHR to post and subsequently adopt the eligible list.	DPH HR MSD and DHR Referral	
	Hiring Process Proceeds to Step 9 for the Referral Process.		
	Steps 27 to 34 apply to all new hires.		
27	Audit Selection Process	DPH HR Operations	
28	New Hire's qualifications are verified and confirmed.	DPH HR Operations and Merit	
29	Conditional Offer and resolve referral.	DPH HR Operations	
30	Fingerprinting and medical exam is scheduled.	DPH HR Operations	
31	New Hire completes applicable paperwork.	DPH HR Operations	
32	DPH HR Operations receives clearance on fingerprinting and medical exam.	DPH HR Operations	
33	Appointment Processing validation.	DPH HR Operations Department of Human Resources	
34	Start work date is established and new hire is scheduled for orientation (if needed).	DPH HR Operations	