

December 9, 2025

VIA EMAIL ONLY

Elisaveta Stefanova
Director, Quality Operations
WelbeHealth Sierra PACE
1224 Scenic Dr.
Modesto, CA 95350

RE: PACE program complaint

Dear Elivaseta Stefanova:

The Department of Health Care Services (DHCS) investigated WelbeHealth Sierra Program of All-Inclusive Care for the Elderly (PACE) based upon a complaint DHCS received on October 13, 2025, regarding participant Russ Campbell. The alleged complaints include the following:

Services not delivered.

- Nurse Practitioner using complainant's scheduled appt time 9 am on 8/28/25 to also meet and cover wife's scheduled appt. at 2:30pm same day. NP interrupting and not delivering appointment visit services entitled to complainant and told complainant to "shut up" per participant.

Coordination of care by the PO.

- No concise treatment plan to address participants expressed pain.
- Unable to ambulate or use of extremities due to reported pain.
- Pain not managed adequately or at all per participant (arms, elbow and shoulder)
- Participant reports PO is not listening to his concerns and medical needs. PO didn't inquire about his medical history or medical needs at time of enrollment/assessment.

Lack of communication & follow-up.

- No response to complainants' grievance filed on or around 9/30/25.
- No follow-up or response to complainant's follow-up call on 10/14/25.

As a result of this investigation, DHCS has identified PACE programmatic deficiencies which have been noted on the enclosed Corrective Action Plan (CAP). These deficiencies require prompt remediation by WelbeHealth Sierra PACE.

Elisaveta Stefanova

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Pursuant to 42 Code of Federal Regulations §460.42, a CAP addressing the deficiencies must be reviewed and approved by DHCS. Please submit a completed CAP to PACECompliance@dhcs.ca.gov within 30 days of the date of this letter.

DHCS would like to thank you for your cooperation during this investigation. We acknowledge your continued efforts towards building relationships with PACE participants and ensuring appropriate care is provided.

If you have any questions or concerns, please contact Joan Morano, Nurse Evaluator, at PACECompliance@dhcs.ca.gov.

Sincerely,

ELECTRONICALLY SIGNED BY

Kevin Phomthevy, Chief
PACE Monitoring and Oversight Unit
Integrated Systems of Care Division
Department of Health Care Services

Enclosure: Corrective Action Plan (CAP)

CC: Elva Alatorre, Chief
PACE Branch
Integrated Systems of Care Division
Department of Health Care Services

Nageena Khan, Chief
PACE Section
Integrated Systems of Care Division
Department of Health Care Services

Erika Origel, Chief
PACE Contracts Management & Processing Unit
Integrated Systems of Care Division
Department of Health Care Services

LaDonna Christensen, Contract Manager
PACE Contracts Management and Processing Unit
Integrated Systems of Care Division
Department of Health Care Services

July 7, 2026

VIA EMAIL ONLY

Elisaveta Stefanova
Director, Quality Operations
WelbeHealth Sierra PACE
1224 Scenic Dr.
Modesto, CA 95350

Dear Elisaveta Stefanova:

The Department of Health Care Services (DHCS) concluded its review of the Corrective Action Plan (CAP) submitted by WelbeHealth Sierra PACE on June 11, 2026. DHCS determined that the submitted document(s) addresses the deficiencies identified in the CAP and satisfies the Program of All-Inclusive Care for the Elderly (PACE) requirements. The CAP is attached to this letter for ease and allows WelbeHealth Sierra PACE to use as a reference document.

DHCS appreciates your assistance and commitment in providing quality care and oversight to our PACE participants.

If you have any questions or concerns regarding this letter, please contact Joan Morano, Nurse Evaluator, via PACECompliance@dhcs.ca.gov.

Sincerely,

ELECTRONICALLY SIGNED BY

Kevin Phomthevy, Chief
PACE Monitoring and Oversight Unit
Office of Medicare Innovation & Integration
Department of Health Care Services

Enclosure: CAP Grid

cc: Next page

Elisaveta Stefanova

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July 7, 2026

cc: Elva Alatorre, Chief
PACE Branch
Office of Medicare Innovation & Integration
Department of Health Care Services

Nageena Khan, Chief
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Erika Origel, Chief
PACE Contracts Management & Processing Unit
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LaDonna Christensen, Contract Manager
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Department of Health Care Services

Leith Lombas, Specialist
PACE Branch
Office of Medicare Innovation and Integration
Department of Health Care Services

SIERRA PACE

Corrective Action Plan (CAP)

Program Assurance	Findings	Provider's Plan of Correction
§ 460.98 Service delivery (c) Timeframes for arranging and providing services (2) All other services. The PACE organization must arrange or schedule the delivery of interdisciplinary team approved services, other than medications, as identified in paragraph (c)(2)(i) of this section, as expeditiously as the participant's health condition requires, but no later than 7 calendar days after the date the interdisciplinary team or member of the interdisciplinary team first approves the service, except as identified in paragraph (c)(3) of this section.	The PACE organization (PO) was unable to arrange or schedule service(s) in a timely manner as ordered by the primary care physician (PCP) and/or as recommended by the Specialist. 10/22/25 - Pain Management recommendation for MRI.	
§ 460.102 Interdisciplinary team. (d) Responsibilities of interdisciplinary team.	PO failed to demonstrate that the interdisciplinary team (IDT) responded to participant's inquiries and relevant information for care was communicated.	

Program Assurance	Findings	Provider's Plan of Correction
(1) The interdisciplinary team is responsible for the following for each participant: (ii) Coordination of care. Coordination and implementation of 24-hour care delivery that meets participant needs across all care settings, including but not limited to the following: (B) Communicating all necessary care and relevant instructions for care.	8/21/25 - Notification and explanation of reason for appointment cancellation. 10/17/25 - Participant requested to speak with PCP regarding ongoing issues with elbow pain.	
§ 460.102 Interdisciplinary team (d) Responsibilities of interdisciplinary team (2) Each team member is responsible for the following: (ii) Remaining alert to pertinent input from any individual with direct knowledge of or contact with the participant, including the following: (A) Other team members. (B) Participants.	IDT failed to address inputs related to care issues presented by participant and the IDT member. 10/2/25 – ACNM suggestion for PT/OT evaluation secondary to participant's request for help with muscle loss and contracture and pain management.	