

December 2, 2024

VIA EMAIL ONLY

Janet Bernet, Program Director  
North East Medical Services PACE  
2171 Junipero Serra Boulevard  
Daly City, CA 94014

Dear Janet Bernet:

On September 9, 2024, pursuant to 42 Code of Federal Regulations §460.192 of the Program of All-Inclusive Care for the Elderly (PACE), the Department of Health Care Services (DHCS) performed an on-site monitoring review to ensure quality of participant care as well as to verify clinical and administrative compliance with the PACE regulations at North East Medical Services PACE.

DHCS' review included the following items, but was not limited to: PACE participant activities and care delivery in the PACE Center, confirmed that the Interdisciplinary Team (IDT) performed timely in-person assessments and members of the IDT collaborated in development of orders; medical records are complete and available, progress notes are current; unusual/critical incidents identified have corrective action plans; participants have access to emergency care; care plans and diet are appropriate; medication is properly prescribed, ordered, stored and delivered; transportation meets statutory requirements; and subcontracts reviewed.

DHCS found North East Medical Services PACE deficient in the noted areas on the enclosed Corrective Action Plan (CAP). These deficiencies require prompt remediation by North East Medical Services PACE.

Pursuant to 42 Code of Federal Regulations §460.194 a CAP addressing the deficiencies must be reviewed and approved by DHCS. Please submit a completed CAP to [PACECompliance@dhcs.ca.gov](mailto:PACECompliance@dhcs.ca.gov) within 30 days of the date of this letter.

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

Janet Bernet  
Page 2  
December 2, 2024

If you have any questions, please contact Joan Morano, Nurse Evaluator, at [PACECompliance@dhcs.ca.gov](mailto:PACECompliance@dhcs.ca.gov).

Sincerely,

**ORIGINAL 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

Andrew Lausmann, Chief  
PACE Policy Unit  
Integrated Systems of Care Division  
Department of Health Care Services

Marina Bishay, Contract Manager  
PACE Contracts Management & Processing Unit  
Integrated Systems of Care Division  
Department of Health Care Services

# NORTH EAST MEDICAL SERVICES PACE

## Corrective Action Plan (CAP)

Program Assurance	Findings	Provider's Plan of Correction
<p><b>42 CFR § 460.98</b> <b>Service delivery.</b></p> <p><b>(b)</b> Provision of services</p> <p>(4) The PACE organization must document, track, and monitor the provision of services across all care settings in order to ensure the interdisciplinary team remains alert to the participant's medical, physical, emotional, and social needs regardless of whether services are formally incorporated into the participant's plan of care.</p>	<p>1. The PACE Organization (PO) was unable to ensure that the IDT monitored, tracked, and provided the services needed to meet the participants needs:</p> <p><b>Participant #1:</b></p> <p>(i) PO was unable to follow through on a recommendation from a Specialty consult prior to enrollment. Colonoscopy and/or Colon Ca screening were not ordered for the participant since enrollment.</p> <p>(ii) EMR Clinical alert indicated that AAA screening was never done for the participant.</p> <p><b>Participant #2:</b></p> <p>(i) Participant had her last mammogram done in 2019. A</p>	Approved

Program Assurance	Findings	Provider's Plan of Correction
	<p>bilateral mammogram routine screening in 1 year was recommended prior to the participants enrollment on 11/1/23.</p> <p>Mammogram was not ordered for this participant since enrollment.</p>	
<p><b>42 CFR § 460.106</b> <b>Plan of Care.</b></p> <p><b>(c) Content of Plan of Care</b></p> <p>(1) Identify all of the participant's current medical, physical, emotional, and social needs, including all needs associated with chronic diseases, behavioral disorders, and psychiatric disorders that require treatment or routine monitoring.</p> <p>(2)(i) Identify each intervention (the care and services) needed to meet each medical, physical, emotional, and social needs.</p>	<p>2. The IDT was unable to ensure that the Plan of Care (POC) addresses current care issue/s with specific interventions identified to meet the participant's needs:</p> <p><b>Participant #5:</b></p> <p>(i) Current POC indicates – "Amphetamine or psychostimulant dependence, episodic" as current care problem but interventions were not identified to address this care problem.</p> <p>(ii) Current POC to address the</p>	<p>Approved</p>

Program Assurance	Findings	Provider's Plan of Correction
	<p>participant's Depressive Disorder includes an intervention that is not being provided by the PO.</p> <p><b>Participant #9:</b> No interventions were noted to address the care problem - Positive Quantiferon-TB Gold test identified on the POC.</p>	
<p><b>42 CFR § 460.106 Plan of Care.</b></p> <p><b>(e) Participant and caregiver involvement in plan of care.</b></p> <p>(2) The interdisciplinary team must review and discuss each plan of care with the participant or the participant's caregiver or both before the plan of care is completed to ensure that there is agreement with the plan of care and that the participant's concerns are addressed.</p>	<p>3. The IDT was unable to demonstrate that the participant and/or the participant's legal representative was involved in the development and reevaluation of the POC:</p> <p><b>Participant #2:</b> (i) PO was unable to provide documentation on the participant's and/or legal representative's concurrence to the initial POC.</p>	Approved
<p><b>22 CCR 78303</b></p>	<p>4. The PO was unable to ensure that TB</p>	Approved

Program Assurance	Findings	Provider's Plan of Correction
<p>Basic Program Services: Assessment.</p> <p>(e) Prior to or at the time of admission of a participant, the program director shall obtain a written health assessment of the participant which has been completed within 90 days by the participants physician. The assessment shall be included in the participant's health record and shall include at least the following:</p> <p>(5) Evidence of Tuberculosis screening.</p>	<p>screening was done upon the participant's enrollment to the PACE Program:</p> <p><b>Participant #9</b></p>	

April 22, 2025

VIA EMAIL ONLY

Janet Bernet, Program Director  
North East Medical Services PACE  
2171 Junipero Serra Boulevard  
Daly City, CA, 94014

Dear Janet Bernet:

The Department of Health Care Services (DHCS) concluded its review of the Corrective Action Plan (CAP) submitted by North East Medical Services PACE on April 10, 2025. 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 North East Medical Services 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](mailto:PACECompliance@dhcs.ca.gov).

Sincerely,

**ORIGINAL SIGNED BY**

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

Enclosure: CAP Grid

cc: See Next Page

Janet Bernet  
Page 2  
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cc: Elva Alatorre, Chief  
PACE Branch  
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