

January 2, 2025

VIA EMAIL ONLY

Astrid Forbito, PACE Program Director
Neighborhood Healthcare PACE
4371 Latham St., Suite 100
Riverside, CA 92501

Dear Astrid Forbito:

On October 21, 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 Neighborhood Healthcare 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 Neighborhood Healthcare PACE deficient in the noted areas on the enclosed Corrective Action Plan (CAP). These deficiencies require prompt remediation by Neighborhood Healthcare 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 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.

Astrid Forbito
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If you have any questions, please contact Seema Massey, Nurse Evaluator, at 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
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PACE Contracts Management and Processing Unit
Integrated Systems of Care Division
Department of Health Care Services

NEIGHBORHOOD HEALTHCARE PACE

Corrective Action Plan (CAP)

Program Assurance	Findings	Provider's Plan of Correction
<p>22 CCR § 78335 Nutrition Services: Food Storage (d) The temperature for refrigerator, cold storage shall be maintained at 7°C (45°F) or below.</p>	<p>1). PACE organization (PO) did not maintain temperature logs for refrigerator storage in the kitchen.</p>	
<p>22 CCR § 78335 Nutrition Services: Food Storage (f) The temperature for frozen food storage shall be maintained at 18°C (0°F) or below.</p>	<p>2). PO did not maintain temperature logs for frozen storage in the kitchen.</p>	
<p>22 CCR 78303 (e)(5) – Basic Program Services: Assessment (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</p>	<p>3). PO was unable to provide documentation of TB screening upon enrollment for the following participants:</p> <ul style="list-style-type: none"> • Participant #3 • Participant #5 • Participant #7 	

Program Assurance	Findings	Provider's Plan of Correction
<p>participant's health record and shall include at least the following: (5) Evidence of tuberculosis screening.</p>		
<p>42 CFR §460.98 Service delivery. (b) Provision of services. (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>4). PO was unable to monitor and track specialist recommendation for the following participant:</p> <p style="text-align: center;">Participant #7</p>	
<p>42 CFR § 460.98 Service delivery. (c) Timeframes for arranging and providing services - (4) <i>Providing approved services.</i> Services must be provided as expeditiously as the participant's health condition requires, taking into account the participant's medical, physical, emotional, and social needs.</p>	<p>5). PO was unable to effectuate MD order, specialist treatment, consultation, and/or referral expeditiously for the following participants:</p> <ul style="list-style-type: none"> • Participant #3 • Participant #6 • Participant #8 • Participant #10 	

Program Assurance	Findings	Provider's Plan of Correction
<p>42 CFR § 460.104 Participant Assessment (a) Initial Comprehensive Assessment - (1) Basic requirement – The IDT must conduct an initial in person comprehensive assessment on each participant. The assessment must be completed in a timely manner in order to meet the requirements in paragraph (b) of this section. (b) Development of plan of care. Within 30 days of the date of enrollment, the interdisciplinary team must consolidate discipline-specific assessments into a single plan of care for each participant through team discussions and consensus of the entire interdisciplinary team. In developing the plan of care: (1) If the interdisciplinary team determines that certain services are not necessary to the care of a participant, the reasoning behind this determination must be documented in the plan of care.</p>	<p>6). PO was unable to perform timely assessment for the following participant:</p> <p>Participant #2</p>	

Program Assurance	Findings	Provider's Plan of Correction
<p>42 CFR § 460.104 Participant Assessment (b) Development of plan of care. Within 30 days of the date of enrollment, the interdisciplinary team must consolidate discipline-specific assessments into a single plan of care for each participant through team discussions and consensus of the entire interdisciplinary team. In developing the plan of care.</p>	<p>7). PO developed the plan of care before the assessments were completed by the Interdisciplinary Team (IDT).</p> <ul style="list-style-type: none"> • Participant #1 • Participant #2 • Participant #3 • Participant #4 • Participant #5 • Participant #6 • Participant #7 • Participant #8 • Participant #9 • Participant #10 	
<p>§ 460.104 Participant assessment (4)(c) Semi-annual reassessment. On at least a semi-annual basis, or more often if a participant's condition dictates, the following members of the interdisciplinary team must conduct an in-person reassessment: (1) Primary care provider. (2) Registered nurse. (3) Master's-level social worker. (4) Other team members that the primary care provider, registered nurse and Master's-level social</p>	<p>8). PO was unable to complete MD and RN semi-annual reassessment within timely manner.</p> <p>Participant #4</p>	

Program Assurance	Findings	Provider's Plan of Correction
worker determine are actively involved in the development or implementation of the participant's plan of care.		
<p>42 CFR § 460.106 Plan of care. (2) Basic requirements. (b) Timeframes for developing, evaluating, and revising plan of care. (1) Initial plan of care. The interdisciplinary team must complete the initial plan of care within 30 calendar days of the participant's date of enrollment.</p>	<p>9). PO was unable to complete initial Plan of Care/care plan concurrence within the timely manner for the following participant:</p> <p>Participant #2</p>	
<p>42 CFR § 460.210 Medical Records (a) Maintenance of medical records. (2) The medical record for each participant must meet the following requirements: (i) Be complete. (ii) Accurately documented. (iii) Readily accessible. (iv) Systematically organized. (v) Available to all staff. (vi) Maintained and housed at the PACE center where the participant receives services.</p>	<p>10). PO was unable to provide EKG results for the following participant:</p> <p>Participant #3</p>	

May 1, 2025

VIA EMAIL ONLY

Astrid Forbito, PACE Program Director
Neighborhood Healthcare PACE
4371 Latham St., Suite 100
Riverside, CA 92501

Dear Astrid Forbito:

The Department of Health Care Services (DHCS) concluded its review of the Corrective Action Plan (CAP) submitted by Neighborhood Healthcare PACE on April 25, 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 Neighborhood Healthcare 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 Seema Massey, Nurse Evaluator, via 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

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May 1, 2025

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