

January 26, 2026

VIA EMAIL ONLY

Michelle Anastasio,
Quality Compliance Director
WelbeHealth Pacific PACE
50 Alessandro Place, Suite A20
Pasadena, CA 91105

RE: PACE program complaint

Dear Michelle Anastasio:

The Department of Health Care Services (DHCS) investigated WelbeHealth Pacific Program of All-Inclusive Care for the Elderly (PACE) based upon a complaint DHCS received on August 14, 2025, regarding participant [REDACTED]. The alleged complaints include the following:

Services not delivered.

- Approved homecare services/hours not provided according to the care plan 5 days a week.

Lack of communication.

- Family not notified of caregiver cancellation timely to make proper arrangements.
- Request made by family to change homecare service schedule not communicated.
- No response to reported concerns & safety issues regarding caregiver behaviors.
- Enrollment documentation not received per request.
- Limited response to complainant's email outreach to social worker.

Safety Concerns.

- Transportation dropped participant with a diagnosis of dementia at complainant's (daughter's) residence unsupervised on 8/14/25.
- The participant was left unattended on multiple occasions.
 - Wandering into strangers' homes.

Michelle Anastasio

Page 2

January 26, 2026

- Wandering into the grocery store with attempts to make purchases with no money.
- Given alcohol and marijuana by neighbor.
- Police involvement to locate lost participant.

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 Pacific PACE, North Hollywood.

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 Bianca Pernice, Nurse Evaluator, at PACECompliance@dhcs.ca.gov.

Sincerely,

ELECTRONICALLY SIGNED BY

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

Enclosure: Corrective Action Plan (CAP)

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

Nageena Khan, Chief
PACE Section
Office of Medicare Innovation and Integration

Elisaveta Stefanova

Page 3

November 21, 2025

Department of Health Care Services

Erika Origel, Chief

PACE Contracts Management & Processing Unit

Office of Medicare Innovation and Integration

Department of Health Care Services

LaDonna Christensen, Contract Manager

PACE Contracts Management and Processing Unit

Office of Medicare Innovation and Integration

Department of Health Care Services

PACIFIC PACE

Corrective Action Plan (CAP)

Program Assurance	Findings	Provider's Plan of Correction
§ 460.98 Service delivery. (b) <i>Provision of services.</i> (1) The PACE organization must furnish comprehensive medical, health, and social services that integrate acute and long-term care. These services must be furnished in accordance with § 460.70(a)	1. The PO (PACE Organization) failed to provide home care (HC) hours per the IDT approved Service Determination Request (SDR) dated 4/28/25: During the week of 5/20/25-5/25/25: • 5/20/25-HC called off and was not replaced • 5/21/25-HC unavailable • 5/22/25-HC unavailable • 5/25/25-HC unavailable The PO failed to attempt coverage with an internal home caregiver when the	

Program Assurance	Findings	Provider's Plan of Correction
	contracted vendor caregiver when the contracted vendor could not provide staff. The PO failed to provide home care services on the following days also: • Wednesday 6/11/25 • Thursday 6/12/25 • Sunday 6/15/25 • Thursday 6/19/25 • Sunday 6/22/25 • Tuesday 6/24/25 • Wednesday 6/25/25	
§ 460.102 Interdisciplinary team. (d) <i>Responsibilities of interdisciplinary team.</i> (1) The interdisciplinary team is responsible for the following for each participant: (ii) <i>Coordination of care.</i> Coordination and implementation of 24-hour care delivery that meets	2. The PO failed to ensure the Provider assessed the Participant one business day following notification of elopement per the PO policy. • Elopement occurred 2/12/25, reported on 2/14/25.	

Program Assurance	Findings	Provider's Plan of Correction
participant needs across all care settings, including but not limited to the following: (D) Monitoring and evaluating the participant's condition to ensure that the care provided is effective and meets the participant's needs.	Elopement occurred 6/16/25, reported 6/17/25.	
§ 460.121 Service determination process. (b) <i>What is a service determination request</i> (2) <i>Requests that do not constitute a service determination request.</i> Requests to initiate, modify, or continue a service do not constitute a service determination request if the request is made prior to completing the development of the initial plan of care. For all requests identified in this section, the interdisciplinary team must— (i) Document the request; and		

Program Assurance	Findings	Provider's Plan of Correction
(ii) Discuss the request during the care planning meeting, and either: (A) Approve the requested service and incorporate it into the participant's initial plan of care, or (B) Document their rationale for not approving the service in the initial plan of care.	3. The PO failed to address the participant's goal for Neurology evaluation expressed prior to enrollment and during the initial assessments.	
§ 460.210 Medical records. (a) Maintenance of medical records. (2) The medical record for each participant must meet the following requirements: (ii) Accurately documented.	4. The PO failed to ensure the participant's record reflected communications regarding an incident which occurred on 8/14/25, when the participant was taken home after day center and there was no caregiver present.	

September 22, 2026

VIA EMAIL ONLY

Michelle Anastasio,
Quality Compliance Director
WelbeHealth Pacific PACE
50 Alessandro Place, Suite A20
Pasadena, CA 91105

Dear Michelle Anastasio:

The Department of Health Care Services (DHCS) concluded its review of the Corrective Action Plan (CAP) submitted by WelbeHealth Pacific PACE on August 14, 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 WelbeHealth Pacific 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 Bianca Pernice, Nurse Evaluator, via PACECompliance@dhcs.ca.gov.

Sincerely,

ELECTRONICALLY SIGNED BY

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

Michelle Anastasio
Page 2
September 22, 2026

Enclosure: CAP Grid

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

Nageena Khan, PACE Section Chief
Office of Medicare Innovation & Integration
Department of Health Care Services

Erika Origel, PACE Contracts Management & Processing Unit Chief
Office of Medicare Innovation & Integration
Department of Health Care Services

Latsanok Salinthon, PACE Contract Manager
Office of Medicare Innovation & Integration
Department of Health Care Services

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