

June 24, 2025

VIA EMAIL ONLY

Eva Elser,
Director of Compliance & Risk Management
IIH Bakersfield PACE
1125 N. Magnolia Avenue
Anaheim, CA 92801

RE: PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) PROGRAM COMPLAINT

Dear Eva Elser:

The Department of Health Care Services (DHCS) investigated Innovative Integrated Health (IIH) Bakersfield Program of All-Inclusive Care for the Elderly (PACE) based upon a complaint DHCS received on February 19, 2025. The complaint alleged issues with the following items regarding multiple participants:

- No rehab services due to no staff
- Participant disenrollment due to not receiving services
- Numerous orders taking months to be scheduled
- Delays in care, such as over three (3) months to have care effectuated
- Lack of timeliness for assessments and referrals requested by participants
- Services being refused and/or denied by the medical team
- Proper code wasn't followed for medical emergencies involving participants

DHCS' investigation included a review of 21 participant medical records, specifically focusing on the areas of concern noted by the complainant.

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 IIH Bakersfield 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 for your cooperation during this investigation. We acknowledge your continued efforts towards building relationships with PACE participants and ensuring appropriate care is provided.

Eva Elser
Page 2
June 24, 2025

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 Section
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
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Andrew Lausmann, Chief
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Marina Bishay, Contract Manager
PACE Contracts Management and Processing Unit
Integrated Systems of Care Division
Department of Health Care Services

INNOVATIVE INTEGRATED HEALTH BAKERSFIELD

Corrective Action Plan (CAP)

Program Assurance	Findings	Provider's Plan of Correction
<p>§ 460.98 Service delivery</p> <p>(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>PACE Organization (PO) failed to track and monitor the provision of services to:</p> <ul style="list-style-type: none"> Participant #4 – PO was not aware that participant was on a high dose of Lyrica (400mg 3 times a day). Participant #DE2 – Follow-up podiatry consult post tenotomy was not effectuated. Participant #DE3 – PCP orders for home visits were not effectuated. 	

Program Assurance	Findings	Provider's Plan of Correction
<p>§ 460.98 Service delivery</p> <p>(c) Timeframes for arranging and providing services</p> <p>(4) Providing approved services. Services must be provided as expeditiously as the participant's health condition requires, taking into account the participant's medical, physical, social, and emotional needs.</p>	<p>PO failed to provide Interdisciplinary Team (IDT) approved services and recommendations from Specialty services in a timely manner for:</p> <ul style="list-style-type: none"> Participant #4 – Cardiology recommendation for carotid ultrasound. 	
<p>§ 460.102 Interdisciplinary team</p> <p>(c) Primary care provider.</p> <p>(2) Each primary care provider is responsible for the following:</p> <p>(i) Managing a participant's medical situations.</p>	<p>PO failed to ensure that the Primary Care Physician (PCP) addressed the participant's medical situation for:</p> <ul style="list-style-type: none"> Participant #D6 – PCP failed to reevaluate abnormal potassium level. 	

Program Assurance	Findings	Provider's Plan of Correction
<p>§ 460.102 Interdisciplinary team.(d)(1)(ii)(B)</p> <p>(d) Responsibilities of interdisciplinary team.</p> <p>(1) The Interdisciplinary team is responsible for the following for each participant:</p> <p>(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:</p> <p>(B) Communicating all necessary care and relevant instructions for care.</p>	<p>PO failed to coordinate care by communicating instructions for care for:</p> <ul style="list-style-type: none"> Participant #3 – Prior to date of disenrollment, participant made an inquiry regarding instructions on his next Dupixent dose. PO did not communicate the requested information until the participant disenrolled. 	

Program Assurance	Findings	Provider's Plan of Correction
<p>§ 460.102 Interdisciplinary team. (d)(2)(ii)(A)(B) (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.</p>	<p>PO failed to ensure that the IDT remained alert to input provided by the participant for:</p> <ul style="list-style-type: none"> • Participant #4: <ul style="list-style-type: none"> ○ reported to Physical Therapist and Social Worker of pain on the incision site but was not communicated to the IDT ○ reported to a staff member that a staff mistreated her but was not communicated to the IDT. • Participant #D1 – medical symptoms and concern with his living condition were reported to the Licenses Clinical Social Worker but not communicated to the IDT. 	

Program Assurance	Findings	Provider's Plan of Correction
<p>§ 460.102 Interdisciplinary team.</p> <p>(f) Exchange of information between team members.</p> <p>The PACE organization must establish, implement, and maintain documented internal procedures governing the exchange of information between team members, contractors, and participants and their caregivers consistent with the requirements for confidentiality in § 460.200(e).</p>	<p>PO failed to implement internal procedures that govern the exchange of critical instructions for care between team members for:</p> <ul style="list-style-type: none"> • Participant #CPR1: <ul style="list-style-type: none"> ○ PO did not follow their Emergency Care Policy and Procedure (I)(D)(5). ○ PO failed to utilize the binder in the clinic that contains copies of participant's Provider Orders for Life-Sustaining Treatment. 	
<p>§ 460.121 Service determination process</p> <p>(e) Processing a service determination request.</p> <p>(1) Except as provided in paragraph (e)(2) of this section, the PACE organization must bring a service determination request to the interdisciplinary team as expeditiously as the participant's condition requires, but no later than 3 calendar days from the time the request is made.</p>	<p>PO failed to demonstrate that request for service was processed as SDR for:</p> <ul style="list-style-type: none"> • Participant #2 – request for guard rail. • Participant #6 – request for toe clipping. 	

Program Assurance	Findings	Provider's Plan of Correction
<p>§ 460.210 Medical Records</p> <p>(a) Maintenance of medical records.</p> <p>(1) A PACE organization must maintain a single, comprehensive medical record for each participant, in accordance with accepted professional standards.</p> <p>(2) The medical record for each participant must meet the following requirements:</p> <p>(i) Be complete</p> <p>(b)Content of medical records. At a minimum, the medical record must contain the following:</p> <p>(10) Reports of contact with informal support (for example, caregiver, legal guardian, or next of kin)</p>	<p>PO failed to ensure that the content of a participant's medical record is complete for:</p> <ul style="list-style-type: none"> Participant #D1 – communication of IDT member with caregiver and other informal support regarding the participant was not maintained in the medical record. 	

November 17, 2025

VIA EMAIL ONLY

Eva Elser,
Director of Compliance & Risk Management
IIH Bakersfield PACE
1125 N. Magnolia Avenue
Anaheim, CA 92801

Dear Eva Elser:

The Department of Health Care Services (DHCS) concluded its review of the Corrective Action Plan (CAP) submitted by IIH Bakersfield PACE on October 23, 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 IIH Bakersfield 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
Integrated Systems of Care Division
Department of Health Care Services

Enclosure: CAP Grid

cc: See Next Page

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Page 2
November 17, 2025

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