

February 1, 2024

SENT VIA ELECTRONIC MAIL

Anzio Dickerson,
Director of Compliance – West Region
InnovAge Sacramento PACE
3870 Rosin Court
Sacramento, CA 95834

**CORRECTIVE ACTION PLAN TO ADDRESS INNOVAGE SACRAMENTO PACE'S
NON-COMPLIANCE**

Dear Anzio Dickerson:

From October 2, 2023 to October 16, 2023, pursuant to regulatory authority to monitor and oversee the Program of All-Inclusive Care for the Elderly (PACE) in California, the Centers for Medicare and Medicaid Services (CMS) and the Department of Health Care Services (DHCS) jointly performed a monitoring review of InnovAge Sacramento PACE.¹ The purpose of this joint review was to ensure that InnovAge Sacramento PACE is providing quality care to participants, and to determine whether it is in compliance with clinical and administrative PACE regulations.

During this routine review, DHCS observed and/or reviewed PACE participant activities and care delivery in the PACE Center. Through this process, DHCS verified whether InnovAge Sacramento PACE's Interdisciplinary Team (IDT) members performed timely in-person assessments and collaborated in the development of orders. Additionally, DHCS assessed, at a minimum, whether: progress notes were current; unusual/critical incidents identified had corrective action plans; participants had access to emergency care; care plans and diet plans were appropriate; medication was properly prescribed, ordered, stored, and delivered; and transportation services meet statutory requirements.

DHCS found InnovAge Sacramento PACE deficient in the eight (8) areas detailed on the enclosed Corrective Action Plan (CAP). These deficiencies require prompt remediation by InnovAge Sacramento PACE. DHCS also reminds InnovAge Sacramento PACE of its obligation to post notice of the results of DHCS' review, and make the results readily available to participants, their family members, their caregivers, and their authorized representatives.² The review results that must be made readily available include this letter and the enclosed CAP.

¹ 42 CFR §460.192

² 42 CFR § 460.196(c), (d)

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Pursuant to PACE regulatory requirements, InnovAge Sacramento PACE's responses to the enclosed CAP must address the deficiencies identified. DHCS will review and, when appropriate, approve InnovAge Sacramento PACE's CAP.^{3,4,5} Accordingly, InnovAge Sacramento PACE is required to submit a completed CAP to DHCS within 30 calendar days from the date of this letter.^{6,7} The completed CAP should be submitted to DHCS at PACECompliance@dhcs.ca.gov.

InnovAge Sacramento PACE is required to maintain records, at minimum, through the satisfactory completion of the CAP process.^{8,9}

Note that the purpose of this letter is limited to informing InnovAge Sacramento PACE of deficiencies identified during CMS' and DHCS' joint review that DHCS has determined require correction. DHCS reserves the right to separately assess and issue sanctions and/or monetary penalties based on the results of the joint review, subsequent reviews, and/or lack of compliance with any resulting CAP(s). Should DHCS find sanctions and/or monetary penalties appropriate, this will be detailed in a separate letter.

DHCS would like to thank you and your team for your assistance and cooperation during CMS' and DHCS' visit. We acknowledge your continued efforts towards building relationships with the PACE participants and ensuring appropriate care is provided. If you have any questions, please contact Noemi Labrenz, Nurse Evaluator, at PACECompliance@dhcs.ca.gov.

Sincerely,

ELECTRONICALLY SIGNED BY

Annette Lee, Chief
Quality and Monitoring Branch
Integrated Systems of Care Division
Department of Health Care Services

Enclosure: Corrective Action Plan (CAP)

cc: Next page

³ 42 CFR §460.48(a), (b)

⁴ 42 CFR § 460.50(b)(2)

⁵ 42 CFR § 460.12(d)

⁶ 42 CFR § 460.50(b)(2)

⁷ 42 CFR § 460.48(a), (b)

⁸ 42 CFR § 460.200(f)

⁹ 42 CFR § 460.12(d)

Cc: Joseph Billingsley, Assistant Deputy Director
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Department of Health Care Services

Cortney Maslyn, Chief
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Department of Health Care Services

INNOVAGE SACRAMENTO

Corrective Action Plan (CAP)

Program Assurance	Findings	Provider's Plan of Correction
<p>22 CCR § 78413</p> <p>Employee Requirements.</p> <p>(e) All staff members shall receive in-service training in first aid and in cardiopulmonary resuscitation within the first six months of employment.</p>	<p>1. No evidence of cardiopulmonary resuscitation (CPR) & First Aid training documentation within the first six months of hire for:</p> <p><u>CPR & First Aid:</u></p> <p>Personnel 4</p> <p>Personnel 6</p> <p>Personnel 7</p> <p><u>First Aid:</u></p> <p>Personnel 1</p> <p>Personnel 2</p> <p>Personnel 3</p> <p>Personnel 5</p> <p>Personnel 8</p> <p>Personnel 9</p> <p>Personnel 10</p>	

Program Assurance	Findings	Provider's Plan of Correction
<p>22 CCR § 78429 Employee Records.</p> <p>(a) Each center shall maintain an employee record which shall be available for review by the Department or licensing agency.</p> <p>(b) Each employee record shall contain at least the following:</p> <p>(2) A health record containing a report of the following:</p> <p>(A) Chest X-ray or test for tuberculosis infection that is recommended by the federal Centers for Disease Control and Prevention (CDC) and licensed by the federal Food and Drug Administration (FDA) performed not more than 12 months prior to employment or within 7 days of employment.</p>	<p>2. Employee health record did not contain tuberculosis (TB) exam result that was performed not more than 12 months prior to employment or within 7 days of employment for:</p> <p>Personnel 1</p>	

Program Assurance	Findings	Provider's Plan of Correction
<p>22 CCR § 54333</p> <p>Transportation.</p> <p>(c) Transportation to and from participants' homes shall be scheduled to insure that participant one-way transit time does not exceed one hour.</p>	<p>3. DHCS interviewed one participant who reported that their transportation time to the PACE center routinely exceeded 60 minutes (often taking 90 minutes).</p>	
<p>42 CFR 460.102</p> <p>Interdisciplinary Team</p> <p>(d) Responsibilities of interdisciplinary team.</p> <p>(2) Each team member is responsible for the following:</p> <p>(ii) Remaining alert to pertinent input from any individual with direct knowledge of or contact with the participant, including the following:</p> <p>(A) Other team members.</p> <p>(B) Participants.</p> <p>(C) Caregivers.</p> <p>(D) Employees.</p> <p>(E) Contractors.</p> <p>(F) Specialists.</p> <p>(G) Designated representatives.</p>	<p>4. The PO failed to ensure the IDT remained alert to pertinent input from any individual with direct knowledge of /or contact with the participant.</p> <p>Participant 3 –</p> <p>Participant's report of not being offered sufficient fruit and vegetable is not followed-up by IDT.</p>	

Program Assurance	Findings	Provider's Plan of Correction
<p>42 CFR § 460.210 Medical Records</p> <p>(a) Maintenance of Medical Records.</p> <p>(2) The medical record for each participant must meet the following requirements:</p> <p>(i) Be complete.</p> <p>(ii) Accurately documented</p> <p>(b) Content of medical records. At a minimum, the medical record must contain the following:</p> <p>(1) Appropriate identifying information.</p> <p>(2) Documentation of all services furnished, including the following:</p> <p>(i) A summary of emergency care and other inpatient or long-term services.</p> <p>(ii) Services furnished by employees of the PACE center.</p>	<p>5. The PO failed to maintain a medical record that was complete, accurate and/or available to all staff for the following participant(s):</p> <p>Participant 1 – Participant's proof of delivery receipt of hand splint was not found in EMR.</p> <p>Participant 9 – Clinical record review noted with blood sugar of 62mg/dl was not addressed in the documentation.</p>	

Program Assurance	Findings	Provider's Plan of Correction
<p>42 CFR 460.98</p> <p>Service Delivery</p> <p>(b) Provision of services.</p> <p>(5) 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>6. The PO failed to document, track and monitor the provision of service for the following participant:</p> <p>Participant 9: Participant's blood sugar was not monitored which resulted in acute hospitalization.</p> <p>7. The PO failed to oversee /manage /track or monitor participant's effectuation of treatment /diagnostic consultation or referral.</p> <p>Participant 5: Kidney's ultrasound order on 08/23/2023 was inaccurately marked and was therefore not completed.</p>	

Program Assurance	Findings	Provider's Plan of Correction
<p>42 CFR § 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>8. The Primary Care Provider failed to monitor and manage the medical condition for the following participant(s):</p> <p>Participant 13: The PCP did not address the phosphorus level per nephrologist's recommendation.</p> <p>Participant 14: (a) The PCP did not order the podiatry follow-up consultation as recommended by the podiatrist. (b) and did not review the psychotropic medication Prozac per psychotherapist recommendation.</p> <p>Participant 15 – The PCP did not address the biopsy per dermatologist recommendations.</p>	

Program Assurance	Findings	Provider's Plan of Correction
<p>42 CFR § 460.102 Interdisciplinary Team</p> <p>(c) Primary care provider.</p> <p>(2) Each primary care provider is responsible for the following:</p> <p>(ii) Overseeing a participant's use of medical specialists and inpatient care.</p>	<p>9. The PCP failed to oversee the participant's use of medical specialists.</p> <p>Participant 11: Orthopedic consultation result /recommendation (surgery) on 03/30/2023 continuous to be delayed /pending for over 6 months at the time of audit fieldwork.</p>	