



Michelle Baass | Director

September 13, 2024

VIA EMAIL ONLY

Barbara LaHaie, Director  
Redwood Coast PACE  
1910 California St.  
Eureka, CA 95501

Dear Barbara LaHaie,

On May 6, 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 on to ensure quality of participant care as well as to verify clinical and administrative compliance with the PACE regulations at Redwood Coast 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 Redwood Coast PACE deficient in the noted areas on the enclosed Corrective Action Plan (CAP). These deficiencies require prompt remediation by Redwood Coast 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. If you have any questions or concerns, please contact Joan Morano, Nurse Evaluator, at [PACECompliance@dhcs.ca.gov](mailto:PACECompliance@dhcs.ca.gov).



Barbara LaHaie  
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Sincerely,

**ELECTRONICALLY 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

Latsanok Salinthon, Contract Manager  
PACE Contracts Management and Processing Unit  
Integrated Systems of Care Division  
Department of Health Care Services



# REDWOOD COAST PACE

## Corrective Action Plan (CAP)

Program Assurance	Findings	Provider's Plan of Correction
<p><b>22 CCR § 78413 - Employee Requirements</b></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>PACE Organization (PO) unable to provide CPR or First Aid training documentation within 6 months of hire date for:</p> <p><u>First Aid Training:</u></p> <p>Personnel 1</p> <p>Personnel 2</p> <p>Personnel 4</p> <p>Personnel 8</p> <p><u>CPR and First Aid Training:</u></p> <p>Personnel 3</p>	

Program Assurance	Findings	Provider's Plan of Correction
<p><b>22 CCR § 78429 – Employee Records</b></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>(B) Health examination signed by the examining physician or person lawfully authorized to perform such examination which indicates:</p> <ol style="list-style-type: none"> <li>1. Employee is physically qualified to perform duties.</li> <li>2. Employee is free from any condition that would create a hazard to self or others.</li> </ol>	<p>PO unable to provide health examination documentation for:</p> <p>Personnel 3</p>	
<p><b>42 CFR § 460.71 – Oversight of direct participant care</b></p> <p>(3) The competency program must be evidenced as completed before performing participant care and on an ongoing basis by qualified professionals.</p>	<p>PO failed to maintain complete competency records for:</p> <p>Personnel 1 – date of completion left blank.</p> <p>Personnel 5 – missing employee signature, blanks on form</p>	

Program Assurance	Findings	Provider's Plan of Correction
<p><b>42 CFR § 460.71 – Oversight of direct participant care</b></p> <p>(1) The PACE organization must provide each employee and all contracted staff with an orientation that includes, at a minimum, the organization's mission, philosophy, policies on participant rights, emergency plan, ethics, the PACE benefit, and any policies related to the job duties of specific staff.</p> <p><b>Redwood Coast PACE - Orientation Handbook</b></p> <p>Orientation instructions – Orientation materials include the following:</p> <ul style="list-style-type: none"> <li>-HSRC Program Specific Orientation (From D11b)</li> <li>-PACE Orientation Passport</li> <li>-PACE Orientation Handbook</li> <li>-Relias Learning Management</li> <li>-Competency Checklist</li> </ul>	<p>PO unable to provide a completed New Employee Orientation Checklist (Form D11b) documentation for:</p> <p>Personnel 4 – file missing.</p> <p>Personnel 6 – file missing.</p>	

Program Assurance	Findings	Provider's Plan of Correction
<p><b>PACE Contract</b></p> <p><b>Exhibit A, Attachment 6 – Provider Network, 13 A 4 (Subcontracts)</b></p> <p>4) Specification of the term of the Subcontract, including the beginning and ending dates as well as methods of extension, renegotiation, and termination.</p>	<p>PO Vendor Service Agreement does not demonstrate the description or scope of renegotiation and mutual agreement for:</p> <p>Subcontractor 2</p>	
<p><b>42CFR § 460.74 –</b></p> <p><b>(a)Standard Procedures.</b></p> <p>The PACE organization must follow accepted policies and standard procedures with respect to infection control, including at least the standard precautions developed by the Centers for Disease Control and Prevention</p>	<p>PO was unable to appropriately follow the CDC Standard Precaution with respect to Infection Control as observed during:</p> <p><u>Wound Care Clinical Observation</u> – LVN on multiple instances has performed cross contamination of the clean field while doing a wound dressing change observed on 5/7/24.</p>	

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<p><b>42CFR § 460.102 Interdisciplinary Team</b></p> <p>(e) Team member qualifications – The PACE organization must ensure that all members of the interdisciplinary team have appropriate licenses or certification under the State law, act within the scope of practice as defined by the State laws, and meet the requirements set forth in §460.71.</p>	<p>PO was unable to ensure that all personnel and contractors who have direct patient contact only act within the scope of their authority to practice.</p> <p><u>Wound Care Clinical Observation</u> - LVN administered treatment on a wound without an MD order.</p>	
<p><b>22 CCR 78303 (e)(5)</b></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>PO was unable to provide documentation on TB screening upon enrollment for:</p> <p>Participant 1 Participant 9</p>	



Program Assurance	Findings	Provider's Plan of Correction
<p><b>42 CFR § 460.98</b> <b>Service Delivery</b></p> <p><b>(a)Access to Services</b> A Pace organization is responsible for providing care that meets the needs of each participant across all care settings, 24 hours a day, every day of the year, and must establish and implement a written plan to ensure that care is appropriately furnished.</p>	<p>PO was unable to ensure participant's access to transportation service/s to:</p> <p>Participant 5 – missed PCP appt. on 12/29/23 because participant was not picked up by transportation.</p> <p>Participant 6 – had an MRI pending since 11/28/23. Appt. was finally scheduled on 3/6/24 but had to be rescheduled because transportation was not scheduled.</p>	
<p><b>42 CFR § 460.98</b> <b>Service Delivery</b> <b>(b)Provision of Services</b> (4) 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>PO was unable to effectuate MD order, specialist treatment, consultation, and/or referral expeditiously for the following participants:</p> <p>Participant 5 – FIT test, RD Consult</p> <p>Participant 6 – FIT test, Mammogram</p> <p>Participant 7 – Vit. D level follow-up</p> <p>Participant 8 – Audiology, Dental, Optometry follow-up consults</p>	

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<p><b>42 CFR § 460.102</b>  <b>Interdisciplinary Team</b>  <b>(c)Primary Care Provider.</b></p> <p>(2) Each primary care provider is responsible for the following</p> <p>(i) Managing a participant's medical situations</p>	<p>Provider was unable to oversee the use of a narcotic pain medication that was not actively ordered during the time of administration for:</p> <p>Participant 1 – Norco was being administered to the participant without an active order from the PO MD.</p>	
<p><b>42 CFR § 460.104</b>  <b>Participant Assessment</b></p> <p><b>(a)Initial Comprehensive Assessment</b></p> <p>(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) on this section.</p> <p>(b) within 30 days of the date of Enrollment</p>	<p>PO was unable to perform timely assessment on:</p> <p>Participant 4 – with a Capitation Date of 4/1/2017, SW initial assessment was documented on 7/13/2017.</p>	

Program Assurance	Findings	Provider's Plan of Correction
<p><b>42 CFR § 460.106</b> <b>Plan of Care.</b></p> <p>(e) Participant and caregiver involvement in plan of care – The team must develop, review, and reevaluate the plan of care in collaboration with the participant or caregiver, or both, to ensure that there is agreement with the plan of care and that the participant concerns are addressed.</p>	<p>PO was unable to ensure the participant/caregiver agrees with the plan of care for:</p> <p>Participant 3 – Participant did not concur to a Plan of Care problem that was identified.</p>	
<p><b>42 CFR § 460.210</b> <b>Medical Records</b></p> <p>(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 (vi) Maintained and housed at the PACE center where the participant receives services</p>	<p>PO was unable to ensure accuracy and completeness of medical record for:</p> <p>Participant 1 – Per request for additional information (RAI) response CareKinesis was contacted as file did not transfer to new electronic health record (HER) appropriately.</p> <p>Participant 3 – Participant had an allergic reaction to Lageviro on 2/17/24; however, during the audit period, NKDA was documented under allergies.</p>	