

January 13, 2025

VIA EMAIL ONLY

Susan Tuller, Executive Director  
Providence PACE  
414 South Jefferson Street  
Napa, CA 94559

Dear Susan Tuller:

On October 15, 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 Providence PACE.

DHCS' review included, but was not limited to the following items: 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 Providence PACE deficient in several areas, which are described in the enclosed Corrective Action Plan (CAP). These deficiencies require prompt remediation by Providence PACE.

DHCS would like to place emphasis on its right/authority to access a PO's electronic medical records (EMR) system, as outlined in the PACE Contract<sup>1</sup> and Code of Federal Regulations.<sup>2</sup> During the 2023 and 2024 routine audits EMR access was not adequately provided to DHCS, repeat findings such as this, may lead to additional non-compliance issues.

In order to remedy these deficiencies, Providence PACE must create a plan of correction for each deficiency and reduce the plan to writing in the space available on enclosed CAP. The completed CAP must be submitted to DHCS within 30 days of the date of this letter at the following address: [PACECompliance@dhcs.ca.gov](mailto:PACECompliance@dhcs.ca.gov). The CAP

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<sup>1</sup> Exhibit E, Attachment 2, Provision 21

<sup>2</sup> 42. C.F.R. §460.200

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must be approved by DHCS.<sup>3</sup> Failure to submit a CAP and obtain DHCS approval of the CAP may result in sanctions or remedial action by DHCS, up to and including termination of your PACE contract with DHCS.

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, please contact Seema Massey, Nurse Evaluator, at [PACECompliance@dhcs.ca.gov](mailto: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: 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

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<sup>3</sup> 42 C.F.R. § 460.194

Andrew Lausmann, Chief  
PACE Policy Unit  
Integrated Systems of Care Division  
Department of Health Care Services

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

# PROVIDENCE PACE

## Corrective Action Plan (CAP)

Program Assurance	Findings	Provider's Plan of Correction
<p><b>22 CCR § 78429 Employee Records.</b></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>1. No evidence of chest x-ray or test for tuberculosis infection found for the following personnel:</p> <ul style="list-style-type: none"><li>• <b>Personnel #9</b></li></ul>	

Program Assurance	Findings	Provider's Plan of Correction
<p><b>42 CFR § 460.71</b></p> <p><b>Oversight of direct participant care.</b></p> <p>(a) The PACE organization must ensure that all employees and contracted staff furnishing care directly to participants demonstrate the skills necessary for performance of their position.</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>2. No evidence of initial orientation completed for the following personnel:</p> <ul style="list-style-type: none"> <li>• <b>Personnel #2</b></li> <li>• <b>Personnel #3</b></li> <li>• <b>Personnel #4</b></li> <li>• <b>Personnel #5</b></li> <li>• <b>Personnel #10</b></li> </ul>	

Program Assurance	Findings	Provider's Plan of Correction
<p><b>42 CFR § 460.71</b></p> <p><b>Oversight of direct participant care.</b></p> <p>(a) The PACE organization must ensure that all employees and contracted staff furnishing care directly to participants demonstrate the skills necessary for performance of their position.</p> <p>(2) The PACE organization must develop a competency evaluation program that identifies those skills, knowledge, and abilities that must be demonstrated by direct participant care staff (employees and contractors).</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>3. No evidence of initial competency validation found for the following personnel:</p> <ul style="list-style-type: none"> <li>• <b>Personnel #2</b></li> <li>• <b>Personnel #4</b></li> </ul>	

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>4. No evidence of required first aid or cardiopulmonary resuscitation certification found for the following employees:</p> <ul style="list-style-type: none"> <li>• <b>Personnel #2 (CPR)</b></li> <li>• <b>Personnel #3 (CPR)</b></li> <li>• <b>Personnel #6 (First Aid)</b></li> <li>• <b>Personnel #9 (CPR)</b></li> </ul>	

Program Assurance	Findings	Provider's Plan of Correction
<p><b>PACE Contract: Exhibit A, Attachment 6, Provision 13 (Subcontracts)</b></p> <p>10) Subcontractor's agreement to maintain and to make available to DHCS, upon request, copies of all Sub-Subcontracts and to ensure that all Sub-Subcontracts are in writing and require that the Subcontractor:</p> <p>a. Make all premises, facilities, equipment, applicable books and records, contracts, computer, or other electronic systems related to this Contract, available at all reasonable times for audit, inspection, examination or copying by DHCS, DHHS, CMS, DOJ, or their designees.</p> <p>b. Retain all records and documents for a minimum of ten years from the final date of the Contract period or from the date of completion of any audit, whichever is later.</p>	<p>5. Required language is missing from the following Subcontracts:</p> <ul style="list-style-type: none"> <li>• <b>Subcontract #2</b></li> <li>• <b>Subcontract #3</b></li> <li>• <b>Subcontract #5</b></li> <li>• <b>Subcontract #6</b></li> <li>• <b>Subcontract #9</b></li> <li>• <b>Subcontract #10</b></li> <li>• <b>Subcontract #12</b></li> <li>• <b>Subcontract #13</b></li> <li>• <b>Subcontract #14</b></li> <li>• <b>Subcontract #15</b></li> </ul>	

Program Assurance	Findings	Provider's Plan of Correction
<p><b>PACE Contract: Exhibit A, Attachment 6, Provision 13 (Subcontracts)</b></p> <p>15) Subcontractor's agreement to timely gather, preserve and provide to DHCS, any records in the Subcontractor's possession, in accordance with Exhibit E, Attachment 2, provision 27.</p>	<p>6. Required language is missing from the following Subcontracts:</p> <ul style="list-style-type: none"> <li>• <b>Subcontract #2</b></li> <li>• <b>Subcontract #3</b></li> <li>• <b>Subcontract #5</b></li> <li>• <b>Subcontract #6</b></li> <li>• <b>Subcontract #9</b></li> <li>• <b>Subcontract #10</b></li> <li>• <b>Subcontract #12</b></li> <li>• <b>Subcontract #13</b></li> <li>• <b>Subcontract #14</b></li> <li>• <b>Subcontract #15</b></li> </ul>	
<p><b>PACE Contract: Exhibit A, Attachment 6, Provision 13 (Subcontracts)</b></p> <p>16) Subcontractor's agreement to provide interpreter services for Members at all provider sites.</p>	<p>7. Required language is missing from the following Subcontracts:</p> <ul style="list-style-type: none"> <li>• <b>Subcontract #2</b></li> <li>• <b>Subcontract #3</b></li> <li>• <b>Subcontract #5</b></li> <li>• <b>Subcontract #6</b></li> <li>• <b>Subcontract #9</b></li> <li>• <b>Subcontract #10</b></li> <li>• <b>Subcontract #12</b></li> <li>• <b>Subcontract #13</b></li> <li>• <b>Subcontract #14</b></li> <li>• <b>Subcontract #15</b></li> </ul>	

Program Assurance	Findings	Provider's Plan of Correction
<p><b>PACE Contract: Exhibit A, Attachment 6, Provision 13 (Subcontracts)</b></p> <p>17) Subcontractor's right to submit a grievance and Contractor's formal process to resolve provider grievances.</p>	<p>8. Required language is missing from the following Subcontracts:</p> <ul style="list-style-type: none"> <li>• <b>Subcontract #2</b></li> <li>• <b>Subcontract #3</b></li> <li>• <b>Subcontract #5</b></li> <li>• <b>Subcontract #6</b></li> <li>• <b>Subcontract #9</b></li> <li>• <b>Subcontract #10</b></li> <li>• <b>Subcontract #12</b></li> <li>• <b>Subcontract #13</b></li> <li>• <b>Subcontract #14</b></li> <li>• <b>Subcontract #15</b></li> </ul>	
<p><b>42 CFR § 460.98 Service Delivery</b></p> <p><b>(c) Timeframe for arranging and providing services –</b></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>9. PACE Organization (PO) was unable to effectuate medical doctor (MD) order, specialist treatment, consultation, and/or referral expeditiously for the following participants:</p> <ul style="list-style-type: none"> <li>• <b>Participant #1:</b> Podiatry consult.</li> </ul>	

Program Assurance	Findings	Provider's Plan of Correction
<p><b>42 CFR §460.98</b>  <b>Service delivery.</b>  <b>(b) Provision of services.</b></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>10. PO was unable to unable to monitor and track primary care physician (PCP) orders/ specialist recommendation for following participants:</p> <ul style="list-style-type: none"> <li>• <b>Participant #1:</b> Fecal Immunochemical Test (FIT) test.</li> <li>• <b>Participant #3:</b> FIT test.</li> </ul>	
<p><b>42 CFR § 460.210</b>  <b>Medical Records</b></p> <p><b>(a) Maintenance of Medical Records.</b></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>11. PO was unable to demonstrate accurate documentation for the following participants:</p> <ul style="list-style-type: none"> <li>• <b>Participant #2:</b> Allergies documentation.</li> </ul>	

Program Assurance	Findings	Provider's Plan of Correction
<p><b>42 CFR § 460.102</b>  <b>Interdisciplinary team.</b></p> <p><b>(d) Responsibilities of interdisciplinary team.</b></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>(2) Participants.</p>	<p>12. PO was unable to remain alert to the health concerns presented by the participant:</p> <ul style="list-style-type: none"> <li>• <b>Participant #3</b></li> </ul>	
<p><b>42 CFR § 460.104</b>  <b>Participant Assessment</b></p> <p><b>(a) Initial Comprehensive Assessment</b></p> <p>(1) <b>Basic Requirement.</b> 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 <a href="#">paragraph (b)</a> of this section.</p>	<p>13. PO was unable to perform timely assessment on:</p> <ul style="list-style-type: none"> <li>• <b>Participant #3</b></li> </ul>	

Program Assurance	Findings	Provider's Plan of Correction
<p><b>42 CFR § 460.72 Physical environment.</b></p> <p>(a) <b>Space and Equipment –</b></p> <p>(3) <b>Equipment maintenance.</b></p> <p>(i) A PACE organization must establish, implement, and maintain a written plan to ensure that all equipment is maintained in accordance with the manufacturer's recommendations.</p> <p>(ii) A PACE organization must perform the manufacturer's recommended maintenance on all equipment as indicated in the organization's written plan.</p>	<p>PO was unable to follow and maintain the recommended maintenance of glucometer.</p>	

Program Assurance	Findings	Provider's Plan of Correction
<p><b>PACE Contract: Exhibit E, Attachment 2, Provision 21 (Inspection Rights)</b></p> <p>Contractor shall allow the DHCS ... to inspect, monitor or otherwise evaluate the quality, appropriateness, and timeliness of services performed under this Contract, and to inspect, evaluate, and audit any and all premises, books, records, Facilities, contracts, computers or other electronic systems, maintained by Contractor and Subcontractors, pertaining to such services at any time.</p> <p><b>42 CFR § 460.200</b></p> <p><b>Maintenance of Records and Reporting of Data.</b></p> <p><i>(b) Access to data and records. A PACE organization must allow CMS and the State administering agency access to data and records including, but not limited to, the following:</i></p> <p>(iii) Medical records.</p> <p><i>(2) CMS and the State administering agency must be able to obtain, examine or retrieve the information specified at paragraph (b)(1) of this section, which may include reviewing information at the PACE site or remotely. PACE organizations may also be required to upload or electronically transmit information, or send hard copies of required information by mail.</i></p>	<p>14. DHCS was not provided with the EMR access necessary to complete their review for the following Participants' files:</p> <ul style="list-style-type: none"> <li>• <b>Participant #6</b></li> <li>• <b>Participant #7</b></li> <li>• <b>Participant #8</b></li> <li>• <b>Participant #9</b></li> <li>• <b>Participant #10</b></li> </ul> <p>A similar issue occurred during the 2023 routine audit in which EMR access was not adequately provided to DHCS at the time of that audit. Although this issue was not cited as a CAP during the 2023 audit, DHCS did inform Providence that this was an issue that needed to be resolved.</p>	

January 9, 2026

VIA EMAIL ONLY

Susan Tuller, Executive Director  
Providence PACE  
414 South Jefferson Street  
Napa, CA 94559

**SUBJECT: PARTIAL APPROVAL OF CORRECTIVE ACTION PLAN**

Dear Susan Tuller:

The Department of Health Care Services (DHCS) has concluded review of the Corrective Action Plan (CAP) submitted by Collabria Care (herein “Providence PACE”) on June 18, 2025. DHCS has determined that the submitted documents sufficiently address most of the deficiencies identified in the CAP to satisfy requirements for the Program of All-Inclusive Care for the Elderly (PACE).

However, Providence PACE’s CAP response to Electronic Medical Record (EMR) access does not sufficiently address the deficiency. Providence PACE’s response for the EMR access deficiency is not accepted and will remain a deficiency. As a reminder, DHCS has the right to access Providence PACE’s EMR system.<sup>1,2,3</sup> The CAP is attached to this letter for ease and allows Providence PACE to use it as a reference document.

Failure to correct this deficiency and provide DHCS with timely access to Providence PACE’s EMR system as needed for future state oversight, including, but not limited to, future audits and medical reviews, may result in sanctions and/or termination.<sup>4,5,6</sup>

DHCS will comply with reasonable requests for information needed to facilitate access to Providence PACE’s EMR system. This does not include supplying unnecessary personal identifying information (PII) of DHCS employees to Providence PACE.<sup>7</sup> This also does not include the two documents that Providence PACE submitted for DHCS’ consideration on October 7, 2024 and April 7, 2025, titled “*Attestation of Identity Proofing*” and “*Org2Org Agreement March 2025*.” DHCS has determined both

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<sup>1</sup> 42 Code of Federal Regulations (CFR) § 460.200

<sup>2</sup> Welfare & Institutions Code (W&I Code) § 14592

<sup>3</sup> Agreement Number 22-20354 (“Contract”), Exhibit E, Attachment 2, Provision 21

<sup>4</sup> 42 CFR Part 460, Subpart D

<sup>5</sup> W&I Code § 14197.7

<sup>6</sup> Contact, Exhibit E, Attachment 2, Provisions 16 and 17

<sup>7</sup> Gov. Code section 1798.24

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documents are unnecessary for Providence PACE to provide DHCS with access to its EMR system and also inappropriate to request DHCS sign.

In addition to applicable laws, regulations, and Contract terms, DHCS has the right to access Providence PACE's EMR system as the state agency overseeing PACE in California without executing additional documents.<sup>8,9</sup> DHCS already has procedures in place for confirming our employees meet the requirements for their positions, including the handling of private health information.

As part of DHCS' continued ongoing monitoring process, DHCS will continue to monitor the EMR access issue moving forward. 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](mailto: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: Next Page

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<sup>8</sup> 45 CFR § 164.512(d)

<sup>9</sup> W&I Code § 14592

Susan Tuller  
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January 9, 2026

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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