

September 23, 2024

VIA EMAIL ONLY

Chris Falley, Executive Director
AgeWell PACE
5789 State Farm Drive, Suite #110
Rohnert Park, CA 94928

Dear Chris Falley:

On August 5, 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 AgeWell 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 AgeWell PACE deficient in the noted areas on the enclosed Corrective Action Plan (CAP). These deficiencies require prompt remediation by AgeWell 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 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.

Chris Falley
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If you have any questions, please contact Seema Massey, Nurse Evaluator, at 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
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Department of Health Care Services

Marina Bishay, Contract Manager
PACE Contracts Management and Processing Unit
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AGEWELL PACE

Corrective Action Plan (CAP)

Program Assurance	Findings	Provider's Plan of Correction
<p>42 CFR § 460.71(a)(1)</p> <p>Oversight of direct participant care.</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>1. No evidence of initial orientation that includes, at a minimum, the organization's mission, philosophy, policies on participant rights, emergency plan, ethics, and the PACE benefit provided to the following employees:</p> <ul style="list-style-type: none">• Personnel #8	

Program Assurance	Findings	Provider's Plan of Correction
<p>42 CFR § 460.71(a)(2)(3)</p> <p>Oversight of direct participant care.</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>2. No evidence of initial competency validation for the following direct-care employees:</p> <ul style="list-style-type: none"> • Personnel #8 	

Program Assurance	Findings	Provider's Plan of Correction
<p>22 CCR § 78413(e) 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>3. No evidence of First Aid and/or Cardiopulmonary resuscitation provided within the first six months of employment for the following employees:</p> <ul style="list-style-type: none"> • Personnel #1 (Missing First Aid & CPR Training) • Personnel #3 (Missing First Aid Training) • Personnel #4 (Missing First Aid & CPR Training) • Personnel #5 (Missing First Aid Training) • Personnel #6 (Missing First Aid Training) • Personnel #7 (Missing First Aid Training) • Personnel #8 (Missing First Aid & CPR Training) • Personnel #9 (Missing First Aid Training) • Personnel #10 (Missing First Aid Training) 	

Program Assurance	Findings	Provider's Plan of Correction
<p>PACE Contract Exhibit A, Attachment 6 – Provider Network, 13 A 1 (Subcontracts)</p> <p>1) Specification of the services to be provided by the subcontractor</p>	<p>4. No specification of services within the following Subcontracts:</p> <ul style="list-style-type: none"> • Subcontract #4 • Subcontract #8 	
<p>PACE Contract Exhibit A, Attachment 6 – Provider Network, 13 A 9 (Subcontracts)</p> <p>9) Full disclosure of the method and amount of compensation or other consideration to be received by the Subcontractor from Contractor.</p>	<p>5. Method and amount of compensation or other consideration to be received by the Subcontractor from the Contractor is missing from the following Subcontracts:</p> <ul style="list-style-type: none"> • Subcontract #4 • Subcontract #8 	

Program Assurance	Findings	Provider's Plan of Correction
<p>PACE Contract</p> <p>Exhibit A, Attachment 6 – Provider Network, 13 A 10 (Subcontracts)</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>6. Cited language is missing from the following Subcontracts:</p> <ul style="list-style-type: none"> • Subcontract #1 • Subcontract #2 • Subcontract #4 • Subcontract #6 • Subcontract #7 • Subcontract #8 • Subcontract #10 • Subcontract #11 • Subcontract #13 • Subcontract #15 	

Program Assurance	Findings	Provider's Plan of Correction
<p>PACE Contract Exhibit A, Attachment 6 – Provider Network, 13 A 12 (Subcontracts)</p> <p>12) Subcontractor's agreement to assist Contractor and DHCS in the transfer of care in the event of Sub-contract termination for any reason.</p>	<p>7. Cited language is missing from the following Subcontracts:</p> <ul style="list-style-type: none"> • Subcontract #1 • Subcontract #6 • Subcontract #11 • Subcontract #13 	
<p>PACE Contract Exhibit A, Attachment 6 – Provider Network, 13 A 13 (Subcontracts)</p> <p>13) Subcontractor's agreement that assignment or delegation of the subcontract shall be void unless prior written approval is obtained from DHCS.</p>	<p>8. Cited language is missing from the following Subcontracts:</p> <ul style="list-style-type: none"> • Subcontract #1 • Subcontract #2 • Subcontract #4 • Subcontract #6 • Subcontract #7 • Subcontract #8 • Subcontract #10 • Subcontract #11 • Subcontract #13 • Subcontract #15 	

Program Assurance	Findings	Provider's Plan of Correction
<p>PACE Contract Exhibit A, Attachment 6 – Provider Network, 13 A 15</p> <p>15) Subcontractor agreement to timely gather, preserve and provide to DHCS, all records in the subcontractor's possession, in accordance with Exhibit E, Attachment 2, provision 27.</p>	<p>9. Cited language is missing from the following Subcontracts:</p> <ul style="list-style-type: none"> • Subcontract #1 • Subcontract #4 • Subcontract #7 • Subcontract #8 • Subcontract #10 • Subcontract #11 • Subcontract #15 	
<p>PACE Contract Exhibit A, Attachment 6 – Provider Network, 13 A 16 (Subcontract</p> <p>16) Subcontractor agreement to provide interpreter services for Members at all provider sites.</p>	<p>10. Cited language is missing from the following Subcontracts:</p> <ul style="list-style-type: none"> • Subcontract #2 • Subcontract #6 • Subcontract #11 • Subcontract #13 	

Program Assurance	Findings	Provider's Plan of Correction
<p>PACE Contract Exhibit A, Attachment 6 – Provider Network, 13 A 17 (Subcontracts)</p> <p>17) Subcontractor's right to submit a grievance and Contractor's formal process to resolve provider grievances.</p>	<p>11. Cited language is missing from the following Subcontracts:</p> <ul style="list-style-type: none"> • Subcontract #2 • Subcontract #6 • Subcontract #13 	

Program Assurance	Findings	Provider's Plan of Correction
<p>42 CFR § 460.98</p> <p>Service Delivery</p> <p>(c) Timeframes for arranging and providing services</p> <p>(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>12. 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"> • Participant #1- Ophthalmology consult, Pulmonary consult, and Fecal Occult Blood Test (FOBT). • Participant #2- Ordered labs, Neurology consult. • Participant #3- Ordered lab and Ophthalmology consult. • Participant # 7- Optometry consult, Orthopedic consult, screen for Abdominal Aortic Aneurysm (AAA) and chest computed tomography (CT) chest. 	

Program Assurance	Findings	Provider's Plan of Correction
<p>42 CFR §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>13. PO was unable to unable to monitor and track specialist recommendation for following participants:</p> <ul style="list-style-type: none"> • Participant #2- Ordered labs, Neurology consult, Urology Consult, Cardiology consult. • Participant # 3 – Ordered lab. • Participant # 6- Dental and optometry consultation. • Participant # 7- FOBT • Participant # 8 - Dental consult, urine analysis, Culture sensitivity. • Participant # 9 – routine Pacemaker check and Cardiology monitoring. 	

Program Assurance	Findings	Provider's Plan of Correction
<p>42 CFR § 460.98</p> <p>Service Delivery</p> <p>(c) Timeframes for arranging and providing services</p> <p>(2) All other services. The PACE organization must arrange or schedule the delivery of interdisciplinary team approved services, other than medications, as identified in <u>paragraph (c)(2)(i)</u> of this section, as expeditiously as the participant's health condition requires, but no later than 7 calendar days after the date the interdisciplinary team or member of the interdisciplinary team first approves the service, except as identified in <u>paragraph (c)(3)</u> of this section.</p>	<p>14. The PO was unable to effectuate MD orders and specialty recommendations in a timely manner for:</p> <ul style="list-style-type: none"> • Participant #9 – Optometry consult 	

Program Assurance	Findings	Provider's Plan of Correction
<p>42 CFR § 460.102</p> <p>Interdisciplinary Team</p> <p>(e) Team member qualifications. The PACE organization must ensure that all members of the interdisciplinary team have appropriate licenses or certifications under State law, act within the scope of practice as defined by State laws, and meet the requirements set forth in <u>§ 460.71</u>.</p>	<p>15. The PO was unable to ensure that all employees only act within the scope of their authority to practice:</p> <ul style="list-style-type: none"> • During Medication Administration, the Medical Assistant (MA) performed the procedure. PO was unable to provide documentation on skills competency validation for the MA to administer medication. 	

Program Assurance	Findings	Provider's Plan of Correction
<p>42 CFR § 460.104</p> <p>Participant Assessment</p> <p>(a) Initial Comprehensive Assessment –</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 <u>paragraph (b)</u> of this section.</p> <p>(b) Within 30 days of the date of enrollment, the interdisciplinary team must consolidate discipline-specific assessments into a single plan of care for each participant through team discussions and consensus of the entire interdisciplinary team. In developing the plan of care:</p> <p>(1) If the interdisciplinary team determines that</p>	<p>16. PO was unable to conduct initial and/or semi-annual in person assessments as required:</p> <ul style="list-style-type: none"> • Participant #1 - Missing registered nurse (RN) initial assessment • Participant #4 - Home health care coordinator's initial assessment. • Participant #5 - Social worker (SW) initial assessment was after 30 days of enrollment. • Participant #9 - Semi- annual assessment by Home Care Coordinator (HCC), Registered Dietitian (RD) Activity Coordinator (AC), Speech Therapist (ST) has ongoing care plan and involved in the implementation of Plan of Care (POC). 	

Program Assurance	Findings	Provider's Plan of Correction
<p>certain services are not necessary to the care of a participant, the reasoning behind this determination must be documented in the plan of care.</p> <p>(2) Female participants must be informed that they are entitled to choose a qualified specialist for women's health services from the PACE organization's network to furnish routine or preventive women's health services.</p> <p>(c) Semi-annual assessment. On at least a semi-annual basis, or more often if a participant's condition dictates, the following members of the interdisciplinary team must conduct an in-person reassessment:</p> <p>(4) Other team members that the primary care provider, registered nurse and Master's-level social worker determine are actively involved in the development or implementation of the participant's plan of care</p>	<ul style="list-style-type: none"> • Participant #10 - Missing RN initial assessment. <ul style="list-style-type: none"> ○ Initial assessment of SW, RD, HCC, and AC was done after 30 days. ○ Missing semiannual physical therapy (PT) assessment: has ongoing care plan and involved in the implementation of POC. 	

Program Assurance	Findings	Provider's Plan of Correction
<p>42 CFR § 460.106</p> <p>Plan of care.</p> <p>(c) Content of plan of care. The plan of care must meet the following requirements:</p> <p>(1) Identify all of the participant's current medical, physical, emotional, and social needs, including all needs associated with chronic diseases, behavioral disorders, and psychiatric disorders that require treatment or routine monitoring.</p>	<p>17. The PO unable to ensure that the care plan addressed the participant's care issue:</p> <ul style="list-style-type: none"> • Participant #10 - Assistance for a stable and secured housing was the participant's primary concern but was not addressed by the Interdisciplinary Team (IDT) the POC • Participant #10 – Occupational therapy (OT) service that was recommended during initial assessment was not in the POC. 	

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<p>42 CFR § 460.106</p> <p>Plan of Care.</p> <p>(e) Participant and caregiver involvement in plan of care</p> <p>(2) The interdisciplinary team must review and discuss each plan of care with the participant or the participant's caregiver or both before the plan of care is completed to ensure that there is agreement with the plan of care and that the participant's concerns are addressed.</p>	<p>18. PO was unable to ensure that the participant/caregiver agree with the plan of care:</p> <ul style="list-style-type: none"> • Participant #9 – missing participant's concurrence to the initial POC. 	

Program Assurance	Findings	Provider's Plan of Correction
<p>42 CFR § 460.210</p> <p>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>(iii) Readily accessible.</p>	<p>19. PO was unable to provide documents/medical record for review of the following participants:</p> <ul style="list-style-type: none"> • Participant #1 - RN's assessment. • Participant #4 - Home health care coordinator's initial assessment. • Participant #5 - Correct enrollment agreement form, participant denying lab draws. 	

Program Assurance	Findings	Provider's Plan of Correction
<p>22 CCR § 78303 (e)(5)</p> <p>Basic Program Services: Assessment.</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>20. PO was unable to provide documentation of tuberculosis (TB) screening upon enrollment for:</p> <ul style="list-style-type: none"> • Participant #6 • Participant #9 	

July 31, 2025

VIA EMAIL ONLY

Chris Falley, Executive Director
AgeWell PACE
5789 State Farm Drive, Suite #110
Rohnert Park, CA 94928

Dear Chris Falley:

The Department of Health Care Services (DHCS) concluded its review of the Corrective Action Plan (CAP) submitted by AgeWell PACE on June 9, 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 AgeWell PACE to be used 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 Seema Massey, 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

Chris Falley
Page 2
July 31, 2025

cc: Elva Alatorre, Chief
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