

September 13, 2024

VIA EMAIL ONLY

Maria Zamora, President & CEO
Center for Elders' Independence PACE
510 17th Street
Oakland, CA 94612

Dear Maria Zamora,

On June 10, 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 Center for Elders' Independence 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 Center for Elders' Independence PACE deficient in the noted areas on the enclosed Corrective Action Plan (CAP). These deficiencies require prompt remediation by Center for Elders' Independence 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.

Maria Zamora
Page 2
September 13, 2024

If you have any questions or concerns, 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
PACE Contracts Management & Processing Unit
Integrated Systems of Care Division
Department of Health Care Services

Anthony Lee, Analyst
PACE Contracts Management and Processing Unit
Integrated Systems of Care Division
Department of Health Care Services

CENTER FOR ELDER INDEPENDENCE (CEI) PACE

Corrective Action Plan (CAP)

Program Assurance	Findings	Provider's Plan of Correction
<p>42 CFR § 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, emotional, and social needs.</p>	<p>PACE Organization (PO) was unable to effectuate MD order, specialist treatment, consultation, and/or referral expeditiously for the following participants:</p> <ul style="list-style-type: none"> Participant 1 - Pulmonology consult. Participant 6 - Kidney ultrasound Participant 7 - Neurology consult Participant 8 - Ophthalmology consults and Echo Doppler. Participant 10 - Hematology consult, Phlebotomy and abdominal, Ultrasound appointment. 	
<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</p>	<p>PO was unable to monitor and track specialist recommendation for following participants:</p> <ul style="list-style-type: none"> Participant 5 - Neurology follow up. Participant 6 - Nephrology follow up. 	

Program Assurance	Findings	Provider's Plan of Correction
formally incorporated into the participant's plan of care.		
<p>42 CFR § 460.104 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 paragraph (b) of this section.</p>	<p>PO was unable to perform timely assessment on:</p> <ul style="list-style-type: none"> Participant 7 - Capitation Date of 8-1-22 – SW initial assessment was documented on 9-9-22. 	
<p>42 CFR § 460.106 Plan of care.</p> <p>(b) Timeframes for developing, evaluating, and revising plan of care.</p> <p>(2) Semi-annual plan of care evaluation. At least once every 180 calendar days from the date the latest plan of care was finalized the interdisciplinary team must complete a reevaluation of, and if necessary, revisions</p>	<p>PO was unable to complete initial semi-annual plan of care within a timely manner for:</p> <ul style="list-style-type: none"> Participant 10 – Care plan due 9/21/23. Not completed until 11-9-23. 	

Program Assurance	Findings	Provider's Plan of Correction
to each participant's plan of care.		
<p>42CFR § 460.74 Infection Control</p> <p>(a) Standard Procedures.</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>Nurse used the same alcohol prep pad to clean 2 different POC sites.</p>	
<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: (i) Be complete. (ii) Accurately documented</p>	<p>PO was unable to provide documentation of initial home assessment for:</p> <ul style="list-style-type: none"> Participant 5 	
<p>22 CCR 78303 (e)(5)</p> <p>(e) Prior to or at the time of admission of a participant, the program director shall obtain a written health</p>	<p>PO was unable to provide documentation of TB screening upon enrollment for:</p> <ul style="list-style-type: none"> Participant 1 Participant 5 Participant 6 	

Program Assurance	Findings	Provider's Plan of Correction
<p>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: (5) Evidence of Tuberculosis screening</p>		
<p>22 CCR § 78413 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>PO unable to provide First Aid training documentation within 6 months of hire date for:</p> <p><u>First Aid Training:</u></p> <ul style="list-style-type: none"> • Personnel 5 • Personnel 6 • Personnel 7 • Personnel 9 	
<p>22 CCR § 78429 Employee Records</p> <p>(b) Each employee record shall contain at least the following: (2) A health record containing a report of the following: (A) Chest X-ray or test for tuberculosis infection that is recommended by the federal Centers for Disease Control and Prevention</p>	<p>Documentation provided by PO for chest x-ray or test for tuberculosis infection does not meet the regulation for:</p> <p>Personnel 3 – TB results submitted dated for 1/13/2020 & 12/14 2020. Date of hire 11/12/2018.</p>	

Program Assurance	Findings	Provider's Plan of Correction
<p>(CDC) and licensed by the federal Food and Drug Administration (FDA)</p> <p><u>performed not more than 12 months prior to employment or within 7 days of employment.</u></p>		
<p>22 CCR § 78429 Employee Records</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 <u>signed by the examining physician or person lawfully authorized to perform such examination</u> which indicates:</p> <p>1. Employee is physically qualified to perform duties.</p> <p>2. Employee is free from any condition that would create a hazard to self or others.</p>	<p>Documentation provided by PO for health examination does not meet the regulation for:</p> <p>Personnel 8 – missing PCP or authorized person's signature.</p>	
<p>42 CFR § 460.71 Oversight of Direct Participant Care</p> <p>(a) The PACE organization must ensure that all employees and contracted</p>	<p>PO failed to maintain complete competency records for:</p> <p>Personnel 8 –</p> <ul style="list-style-type: none"> • Missing signatures of both reviewer and employee on 	

Program Assurance	Findings	Provider's Plan of Correction
<p>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>annual competency documents.</p> <ul style="list-style-type: none"> Employee did not pass 2 out of 3 elements on annual competency. Remediation plan in place. No updates noted by PO on progress or completion of competency remediation plan by employee. <p>Personnel 9 –</p> <ul style="list-style-type: none"> Transcript provided does not demonstrate all the skills competencies from date of hire. Skills competencies submitted for employee dated for 6/4/2024. Skills included - blood glucose testing, administration of oral meds, blood pressure, glucometer quality control and disinfection, and wound care. Upon request - submitted skills competencies dated 6/4/2024 not reflected on training transcript course. Employee date of hire 9/21/2020. Initial skills competencies documents missing/not provided include blood glucose testing, administration of oral meds, blood pressure, glucometer quality control 	

Program Assurance	Findings	Provider's Plan of Correction
	and disinfection, and wound care.	
<p>PACE Contract Exhibit A, Attachment 6 (13)(A)(4)</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>Cited Subcontract language was not found in the following Subcontracts:</p> <ul style="list-style-type: none"> • Subcontract #11 (missing renegotiation terms) • Subcontract #14 (missing renegotiation terms) 	
<p>PACE Contract Exhibit A, Attachment 6 (13)(A)(6)</p> <p>6) Subcontractor's agreement to submit reports as required by Contractor.</p>	<p>Cited Subcontract language was not found in the following Subcontracts:</p> <ul style="list-style-type: none"> • Subcontract #11 • Subcontract #14 	
<p>PACE Contract Exhibit A, Attachment 6 (13)(A)(10)</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>Cited Subcontract language was not found in the following Subcontracts:</p> <ul style="list-style-type: none"> • Subcontract #11 • Subcontract #14 	

Program Assurance	Findings	Provider's Plan of Correction
<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>PACE Contract Exhibit A, Attachment 6 (13)(A)(12)</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>Cited Subcontract language was not found in the following Subcontracts:</p> <ul style="list-style-type: none"> • Subcontract #11 • Subcontract #14 	
<p>PACE Contract Exhibit A, Attachment 6 (13)(A)(13)</p>	<p>Cited Subcontract language was not found in the following Subcontracts:</p>	

Program Assurance	Findings	Provider's Plan of Correction
13) Subcontractor's agreement that assignment or delegation of the subcontract shall be void unless prior written approval is obtained from DHCS.	<ul style="list-style-type: none"> • Subcontract #11 (does not specify that approval must be obtained from DHCS) • Subcontract #14(does not specify that approval must be obtained from DHCS) 	
<p>PACE Contract Exhibit A, Attachment 6 (13)(A)(15)</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 25.</p>	<p>Cited Subcontract language was not found in the following Subcontracts:</p> <ul style="list-style-type: none"> • Subcontract #14 	
<p>PACE Contract Exhibit A, Attachment 6 (13)(A)(16)</p> <p>16) Subcontractor's agreement to provide interpreter services for Members at all provider sites.</p>	<p>Cited Subcontract language was not found in the following Subcontracts:</p> <ul style="list-style-type: none"> • Subcontract #11 • Subcontract #14 	
<p>PACE Contract Exhibit A, Attachment 6 (13)(A)(17)</p>	<p>Cited Subcontract language was not found in the following Subcontracts:</p>	

Program Assurance	Findings	Provider's Plan of Correction
17) Subcontractor's right to submit a grievance and Contractor's formal process to resolve provider grievances.	<ul style="list-style-type: none"> • Subcontract #11 • Subcontract #14 	
<p>PACE Contract Exhibit A, Attachment 6 (13)(A)(18)</p> <p>18) Subcontractor's agreement to participate and cooperate in Contractor's QIS.</p>	<p>Cited Subcontract language was not found in the following Subcontracts:</p> <ul style="list-style-type: none"> • Subcontract #14 	
<p>PACE Contract Exhibit A, Attachment 6 (13)(A)(20)</p> <p>20) Subcontractor's agreement to comply with all applicable requirements of DHCS, Medi-Cal Managed Care Program, and the Integrated Systems of Care Division (ISCD).</p>	<p>Cited Subcontract language was not found in the following Subcontracts:</p> <ul style="list-style-type: none"> • Subcontract #1 • Subcontract #2 • Subcontract #3 • Subcontract #4 • Subcontract #5 • Subcontract #6 • Subcontract #7 • Subcontract #8 • Subcontract #9 • Subcontract #10 • Subcontract #11 • Subcontract #12 • Subcontract #13 • Subcontract #14 • Subcontract #15 	

April 22, 2025

VIA EMAIL ONLY

Maria Zamora, President & CEO
Center for Elders' Independence PACE
510 17th Street
Oakland, CA 94612

Dear Maria Zamora:

The Department of Health Care Services (DHCS) concluded its review of the Corrective Action Plan (CAP) submitted by Center for Elders' Independence PACE on April 7, 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 Center for Elders' Independence 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 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

Maria Zamora
Page 2
April 22, 2025

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

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

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