

March 26, 2025

VIA EMAIL ONLY

Leslie Von Esch, PACE Program Director
Loma Linda University Health PACE
1790 West Park Avenue, Suite 100
Redlands, CA 92373

Dear Leslie Von Esch:

From November 18, 2024 – December 6, 2024, the Department of Health Care Services (DHCS) performed an on-site and desk monitoring review of Loma Linda University Health PACE.¹ In this review, DHCS assessed the quality of the care Loma Linda University Health PACE provides participants, as well as clinical and administrative compliance with the PACE laws, regulations and contractual requirements.

DHCS' review included the following items, but was not limited to: PACE participant activities and care delivery in the PACE Center; 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.

From this review, DHCS found Loma Linda University Health PACE deficient in several areas, which are detailed in the enclosed Corrective Action Plan (CAP). These deficiencies require prompt remediation by Loma Linda University Health PACE.

Pursuant to this, Loma Linda University Health PACE must create a plan of correction for each deficiency on the enclosed CAP. Loma Linda University Health PACE must submit a completed CAP within 30 days of the date of this letter at the following email address: PACECompliance@dhcs.ca.gov. The CAP must be approved by DHCS.² 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 Loma Linda University Health's PACE contract with DHCS.³

¹ 42 CFR § 460.192

² 42 CFR § 460.194

³ 42 CFR § 460.194(c)

Leslie Von Esch
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DHCS would like to thank you and your team for your assistance and cooperation during the 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 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

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

LOMA LINDA UNIVERSITY HEALTH PACE

Corrective Action Plan (CAP)

| Program Assurance | Findings | Provider's Plan of Correction |
|---|---|-------------------------------|
| <p>Cal. Code Regs. Tit. 22, § 78429 – Employee Records</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><u>1). PACE organization (PO) failed to provide chest X-ray or test results for tuberculosis infection for:</u></p> <ul style="list-style-type: none">• Personnel #4 | |

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| <p>Cal. Code Regs. Tit. 22, § 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><u>2). PO failed to provide First Aid training documentation within the first six months of hire for:</u></p> <ul style="list-style-type: none"> • Personnel #1 • Personnel #2 • Personnel #3 • Personnel #4 • Personnel #5 • Personnel #6 • Personnel #7 • Personnel #8 • Personnel #9 • Personnel #10 | |
| <p>PACE Contract Exhibit A, Attachment 6 – Provider Network, Provision 13 (A)(2) (Subcontracts)</p> <p>2) Specification that the Subcontract shall be governed by and construed in accordance with all laws and applicable regulations governing this Contract.</p> | <p><u>3). Cited language is missing from the following Subcontracts:</u></p> <ul style="list-style-type: none"> • Subcontractor #1 • Subcontractor #10 | |

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| <p>PACE Contract Exhibit A, Attachment 6 – Provider Network, Provision 13 (A)(4) (Subcontracts)</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><u>4). Cited language is missing from the following Subcontracts:</u></p> <ul style="list-style-type: none"> • Subcontractor #1 • Subcontractor #3 • Subcontractor #10 • Subcontractor #11 | |
| <p>PACE Contract Exhibit A, Attachment 6 – Provider Network, Provision 13 (A)(6) (Subcontracts)</p> <p>6) Subcontractor's agreement to submit reports as required by Contractor.</p> | <p><u>5). Cited language is missing from the following Subcontracts:</u></p> <ul style="list-style-type: none"> • Subcontractor #1 • Subcontractor #10 | |

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| <p>PACE Contract Exhibit A, Attachment 6 – Provider Network, Provision 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><u>6). Cited language is missing from the following Subcontracts:</u></p> <ul style="list-style-type: none"> • Subcontractor #1 • Subcontractor #11 | |
| <p>PACE Contract Exhibit A, Attachment 6 – Provider Network, Provision 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><u>7). Cited language is missing from the following Subcontracts:</u></p> <ul style="list-style-type: none"> • Subcontractor #1 • Subcontractor #10 | |

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| <p>PACE Contract Exhibit A, Attachment 6 – Provider Network, Provision 13 (A)(20) (Subcontracts)</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.</p> | <p>8). Cited language is <u>missing from the following Subcontracts:</u></p> <ul style="list-style-type: none"> • Subcontractor #1 • Subcontractor #10 | |
| <p>Cal. Code Regs. Tit. 22, § 78409 – Fire Clearance</p> <p>Each center shall secure and maintain a fire clearance from the State Fire Marshal.</p> | <p>9). PO failed to <u>secure and maintain a fire clearance documentation from the State Fire Marshall at time of audit.</u></p> | |

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| <p>Code of Federal Regs. Tit. 42 § 460.84 – Emergency preparedness</p> <p>The Program for the All-Inclusive Care for the Elderly (PACE) organization must comply with all applicable Federal, State, and local emergency preparedness requirements. The PACE organization must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:</p> <p>(10)(i) Emergency equipment, including easily portable oxygen, airways, suction, and emergency drugs.</p> | <p><u>10). PO failed to maintain Emergency equipment based on the review performed on the two emergency carts.</u></p> <ul style="list-style-type: none"> • Ambu bags • Face masks | |

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| <p>Code of Federal Regs. Tit. 42 § 460.98 – Service delivery</p> <p>(a) Access to services. 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><u>11). PO failed to effectuate service/orders for the following participants who were in different care settings:</u></p> <ul style="list-style-type: none"> • Participant #4: TB screening was late due to participant living a board and care; • Participant #4: participant moved from the board and care to a skilled nursing home where PO delayed moving the hospital bed from the board and care by 11 days • Participant #5: TB screening was not done due to participant not going to utilize PACE services per PO, however, participant received home health and transportation services | |

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| <p>Code of Federal Regs. Tit. 42 § 460.98 – Service delivery</p> <p>(c) Timeframes for arranging and providing services –</p> <p>(4) <i>Providing approved services.</i> 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><u>12). PO failed to effectuate physician orders for the following participants:</u></p> <ul style="list-style-type: none"> • Participant #2: Colon cancer screening ordered on 2/1/2024, not done • Participant #3: Medication ordered on 10/11/2024 was not delivered and administered in a timely manner, delayed by 13 days • Participant #6: GI Colonoscopy ordered on 4/8/2024, not done • Participant #7: Laboratory test ordered on 4/6/2024, not done • Participant #8: Ophthalmology referral not followed up after participant missed because of an illness ordered on 03-07-2024. • Participant #9: Hepatitis B vaccine series ordered on 5/22/2024, not given | |

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| <p>Code of Federal Regs. Tit.§ 460.102 Interdisciplinary team.</p> <p><i>(d) Responsibilities of interdisciplinary team</i></p> <p>(ii) Coordination of care. Coordination and implementation of 24-hour care delivery that meets participant needs across all care settings, including but not limited to the following:</p> <p>(B) Communicating all necessary care and relevant instructions for care.</p> | <p><u>13). PO failed to notify participant of abnormal test report.</u></p> <ul style="list-style-type: none"> Participant #1: lab test performed and resulted on 10-4-2024 with abnormal findings. PO did not discuss the report with the participant as the message to schedule participant was missed. | |

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| <p>Code of Federal Regs. Tit. 42 § 460.104 – Participant assessment</p> <p>(a) Initial comprehensive assessment –</p> <p>(1) <i>Basic requirement.</i> The interdisciplinary team 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>(b) <i>Development of plan of care.</i> Within 30 days 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.</p> | <p><u>14). PO failed to complete initial assessments by the interdisciplinary team before initiating the plan of care for the following participants:</u></p> <ul style="list-style-type: none"> • Participant #1: Enrolled on 3/1/2024, plan of care effective on 3/1/2024. Care plan were implemented before completion of initial interdisciplinary team (IDT) assessment. • Participant #10: Enrolled on 3/1/2024, plan of care effective on 3/1/2024. Care plan were implemented before completion of initial IDT assessment. | |

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| <p>Code of Federal Regs. Tit. 42 § 460.106 – Plan of care</p> <p>(b) Timeframes for developing, evaluating, and revising plan of care.</p> <p>(3) <i>Change in participant's status.</i></p> <p>(ii) If a participant is hospitalized within 14 calendar days of the change in participant's status, the interdisciplinary team must complete a reevaluation of, and if necessary, revisions to the plan of care as expeditiously as the participant's condition requires but no later than 14 calendar days after the date of discharge from the hospital.</p> | <p><u>15). PO failed to revise the plan of care within 14 days, after participant was discharged from the hospital.</u></p> <ul style="list-style-type: none"> Participant #8: was discharged from hospital on 9/24/2024 with a diagnosis including congestive heart failure; PO did not update the plan of care to reflect the diagnosis and the discharge instructions | |

July 28, 2025

VIA EMAIL ONLY

Leslie Von Esch, PACE Program Director
Loma Linda University Health PACE
1790 West Park Avenue, Suite 100
Redlands, CA 92373

Dear Leslie Von Esch:

The Department of Health Care Services (DHCS) concluded its review of the Corrective Action Plan (CAP) submitted by Loma Linda University Health PACE on July 3, 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 Loma Linda University Health 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

Leslie Von Esch
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July 28, 2025

cc: Elva Alatorre, Chief
PACE Branch
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PACE Contracts Management & Processing Unit
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Department of Health Care Services

Latsanok Salinthon, Contract Manager
PACE Contracts Management and Processing Unit
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