

March 26, 2025

VIA EMAIL ONLY

Crissy Flake,  
Director of Quality and Compliance  
MyPlace Greater LA PACE  
121 S. Mountain View Ave.  
Los Angeles, CA 90057

Dear Crissy Flake:

From December 2, 2024 – December 13, 2024, the Department of Health Care Services (DHCS) performed an on-site and desk monitoring review of MyPlace Greater LA PACE.<sup>1</sup> In this review, DHCS assessed the quality of the care MyPlace Greater LA 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 MyPlace Greater LA PACE deficient in several areas, which are detailed in the enclosed Corrective Action Plan (CAP). These deficiencies require prompt remediation by MyPlace Greater LA PACE.

Pursuant to this, MyPlace Greater LA PACE must create a plan of correction for each deficiency on the enclosed CAP. MyPlace Greater LA PACE must submit a completed CAP within 30 days of the date of this letter at the following email address: [PACECompliance@dhcs.ca.gov](mailto:PACECompliance@dhcs.ca.gov). The CAP must be approved by DHCS.<sup>2</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 MyPlace Greater LA's PACE contract with DHCS.<sup>3</sup>

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<sup>1</sup> 42 CFR § 460.192

<sup>2</sup> 42 CFR § 460.194

<sup>3</sup> 42 CFR § 460.194(c)

Crissy Flake  
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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 the relationships with the PACE participants and ensuring appropriate care is provided.

If you have any questions, please contact Joan Morano, 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

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

# MYPLACE GREATER LA PACE

## Corrective Action Plan (CAP)

Program Assurance	Findings	Provider's Plan of Correction
<p><b>Cal. Code Regs. Tit. 22, § 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>1). PO failed to provide <u>First Aid and/or CPR training documentation within the first six months of hire for:</u></p> <ul style="list-style-type: none"><li>• Personnel #7</li><li>• Personnel #9</li></ul>	

Program Assurance	Findings	Provider's Plan of Correction
<p><b>PACE Contract</b>  <b>Exhibit A, Attachment 6 –</b>  <b>Provider Network,</b>  <b>Provision 13 (A)(13)</b>  <b>(Subcontracts)</b></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><u>2). PO failed to reference assignment or delegation of the Subcontract shall be void unless prior written approval is obtained from DHCS.</u></p> <ul style="list-style-type: none"> <li>• Subcontractor #1</li> <li>• Subcontractor #2</li> <li>• Subcontractor #3</li> <li>• Subcontractor #4</li> <li>• Subcontractor #5</li> <li>• Subcontractor #6</li> <li>• Subcontractor #7</li> <li>• Subcontractor #8</li> <li>• Subcontractor #9</li> <li>• Subcontractor #10</li> <li>• Subcontractor #11</li> <li>• Subcontractor #13</li> <li>• Subcontractor #14</li> <li>• Subcontractor #15</li> </ul>	

Program Assurance	Findings	Provider's Plan of Correction
<p><b>PACE Contract</b>  <b>Exhibit A, Attachment 6 –</b>  <b>Provider Network,</b>  <b>Provision 13 (A)(17)</b>  <b>(Subcontracts)</b></p> <p>17) Subcontractor's right to submit a grievance and Contractor's formal process to resolve provider grievances.</p>	<p><u>3). PO failed to reference Subcontractor's right to submit an appeal and Contractor's formal process to resolve Provider Appeals:</u></p> <ul style="list-style-type: none"> <li>• Subcontractor #12</li> </ul>	
<p><b>Cal. Code Regs. Tit. 22, § 54333 – Transportation</b></p> <p>(c) Transportation to and from participants' homes shall be scheduled to insure that participant one-way transit time does not exceed one hour.</p>	<p><u>4). PO failed to ensure that transportation did not exceed the 60-minute travel window for:</u></p> <ul style="list-style-type: none"> <li>• Participant #4</li> <li>• Participant #5</li> </ul>	

Program Assurance	Findings	Provider's Plan of Correction
<p><b>Code of Federal Regs. Tit. 42 § 460.98 - Service Delivery</b></p> <p>(c) Timeframes for arranging and providing services –</p> <p>(2) <i>All other services.</i> The PACE organization must arrange or schedule the delivery of interdisciplinary team approved services, other than medications, as identified in paragraph (c)(2)(i) 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 paragraph (c)(3) of this section.</p>	<p><u>6). PO failed to arrange or schedule service(s) in a timely manner as ordered by the primary care physician and/or as recommended by the specialist for:</u></p> <ul style="list-style-type: none"> <li>• Participant #2 – Request for bifocal transition lenses</li> <li>• Participant #7 – Gastroenterology consult</li> </ul>	

Program Assurance	Findings	Provider's Plan of Correction
<p><b>Code of Federal Regs. Tit. 42 § 460.102 - Interdisciplinary team</b></p> <p>(d) Responsibilities of interdisciplinary team.</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>(A) Other team members.</p> <p>(B) Participants.</p> <p>(C) Caregivers.</p> <p>(D) Employees.</p> <p>(E) Contractors.</p> <p>(F) Specialists.</p> <p>(G) Designated representatives.</p>	<p><u>7). The interdisciplinary team failed to address care issues that were reported by the participant, their legal representative or others who have direct contact with the participant for:</u></p> <ul style="list-style-type: none"> <li>Participant #1 – Participant expressed that they would like to attend Alcoholics Anonymous (AA) meeting in person</li> </ul>	

Program Assurance	Findings	Provider's Plan of Correction
<p><b>Code of Federal Regs. Tit. 42 § 460.210 – Medical Records</b></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><u>8). PO failed to maintain a medical record that is complete and accurate for:</u></p> <ul style="list-style-type: none"> <li>• Participant #4 – Inaccurate assessment documentation</li> <li>• Participant #9 – Inaccurate documentation of participant concurrence to the Plan of Care; medical record contained documentation for another participant</li> </ul>	



July 31, 2025

VIA EMAIL ONLY

Crissy Flake,  
Director of Quality and Compliance  
myPlace Greater LA PACE  
121 S. Mountain View Ave.  
Los Angeles, CA 90057

Dear Crissy Flake:

The Department of Health Care Services (DHCS) concluded its review of the Corrective Action Plan (CAP) submitted by myPlace Greater LA PACE on July 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 myPlace Greater LA 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 Joan Morano, 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: See Next Page

cc: Elva Alatorre, Chief  
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