



CMS Certification Number (CCN): A11534

March 6, 2025

Current Administrator
WESTERN PALLIATIVE CARE, INC
21860 BURBANK BLVD, SUITE 180 B
WOODLAND HILLS, CA 91367

Dear Administrator

SUBJECT: DISPOSITION OF SANCTIONS
Cycle Start Date: July 26,2024

PRIOR NOTICE

On August 20, 2024, we informed you that we were imposing alternative sanctions due to the failure of your facility to be in substantial compliance with the applicable Federal requirements for hospice agencies (HA's) participating in the Medicare program (Title XVIII of the Social Security Act).

SUBSEQUENT VISITS AND SUMMARY OF ALTERNATIVE SANCTIONS

The California Department of Public Health (CDPH) conducted a revisit of your facility on February 26, 2025. The revisit found your facility to be in substantial compliance with the Conditions of Participation for hospice agencies effective February 26, 2025. Therefore, the termination action, which was to be effective March 7, 2025, is rescinded.

WESTERN PALLIATIVE CARE, INC., is again deemed to meet applicable Medicare requirements based upon accreditation by ACHC. The CDPH will no longer conduct monitoring surveys of your HA.

The following sanctions went into effect:

- Suspension of Payment for All New Medicare Admissions effective September 4, 2024; and
- Federal civil money penalty (CMP) of \$8500.00 per day beginning August 20, 2024;

The authority for the imposition of sanctions is contained in Section 1891(e)(1) of the Social Security Act (Act) and the Federal Regulation at 42 CFR §488.820.

Based upon the results of the February 26, 2025, revisit survey, these sanctions are no longer in effect as of February 26, 2025. We are notifying your Medicare Administrative Contractor and the State Medicaid agency of the discontinuation of the suspension of payment sanction.

If you have any questions concerning this letter, please contact Valerie Vajda, in the San Francisco office, at Valerie.Vajda@cms.hhs.gov

Sincerely,

Valerie Vajda

Valerie Vajda
Health Insurance Specialist
SF/SEA Acute & Continuing Care Branch
Centers for Medicare & Medicaid Services

Enclosure: Form CMS-2567, Statement of Deficiencies

cc: State Agency
State Medicaid Agency
MAC
Accreditation Organization