

PART A



**LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER**

**THIRD PARTY AGREEMENTS: MONITORING REPORT**

Third Party Provider: <b>Health Services Advisory Group (HSAG)</b>							
Scope of Services: <b>CMS Regulatory Expertise</b>							
Laguna Honda Contract Manager: Baljeet S. Sangha		Department: Administration	Today's Date: 09/26/2023				
This is: <input type="checkbox"/> New contract		<input checked="" type="checkbox"/> Ongoing contract	Fiscal Year in Review:				
<p><b>Rating Scale:</b> Use the following 1 through 4 metrics when rating the Third Party's program performance and compliancy.                  *A Performance Improvement Plan is required for <i>any</i> measure that is less than a three (&lt; 3).</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">1. * Unacceptable</th> <th style="width: 25%;">2. * Improvement Needed/ Below Standards</th> <th style="width: 25%;">3. Acceptable/ Meets Standards</th> <th style="width: 25%;">4. Commendable/ Exceeds Standards</th> </tr> </thead> </table>				1. * Unacceptable	2. * Improvement Needed/ Below Standards	3. Acceptable/ Meets Standards	4. Commendable/ Exceeds Standards
1. * Unacceptable	2. * Improvement Needed/ Below Standards	3. Acceptable/ Meets Standards	4. Commendable/ Exceeds Standards				
A) Were the requested goods and/or services completed in a <i>satisfactory</i> manner?		<input type="checkbox"/> 1.* <input type="checkbox"/> 2.* <input type="checkbox"/> 3. <input checked="" type="checkbox"/> 4.					
B) Were the requested goods and/or services completed in a <i>timely</i> manner?		<input type="checkbox"/> 1.* <input type="checkbox"/> 2.* <input type="checkbox"/> 3. <input checked="" type="checkbox"/> 4.					
C) Did the requested goods and/or services following the necessary <i>policies, procedures and regulations</i> ?		<input type="checkbox"/> 1.* <input type="checkbox"/> 2.* <input type="checkbox"/> 3. <input checked="" type="checkbox"/> 4.					
D) Did the completed good and/or services match the invoice(s)?		<input type="checkbox"/> 1.* <input type="checkbox"/> 2.* <input type="checkbox"/> 3. <input checked="" type="checkbox"/> 4.					
E) Other measures specific to contract:		<input type="checkbox"/> 1.* <input type="checkbox"/> 2.* <input type="checkbox"/> 3. <input checked="" type="checkbox"/> 4.					
<p><b>Overall Performance Rating:</b> Average the ratings for the measures (round to the nearest 10<sup>th</sup> of a point): 4 _____</p>							
<p><b>Findings and Commendations:</b>                  HSAG services have been critical and essential to LHH's Recerification process.</p>							
<p><b>* Performance Improvement Plan (Required for Any Rating &lt; 3):</b> Working with the Third Party Provider, describe what will be done to improve performance and compliancy. Include a timeline and regular progress checks.</p>							
N/A							

Note: Additional comments or a detailed report may be attached as needed.

PART B



**LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER**

**THIRD PARTY AGREEMENTS: MONITORING REPORT  
THIRD PARTY PROVIDER RESPONSE**

- 1) **Option 1 — Email Response:** The Third Party Representative replies via email that they have reviewed the Monitoring Report and must answer the following questions:
- a) I have received the Monitoring Report and acknowledge the findings. (Yes; No)
  - b) I have assisted in developing the Performance Improvement Plan. (Yes; No; *Not Applicable*)
  - c) I have received Monitoring Report and disagree with the findings. My response is included. (Yes; No; *Not Applicable*)

Third Party Provider also includes standard email signature to identify the company name and job title. Attach email response to this form.

- 2) **Option 2 — Hard Copy Signature:** The Third Party complete the form below and sends the signed copy back to the Laguna Honda Contract Manager.

Checks all that applies below:

I have received the Monitoring Report and acknowledge the findings.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
I have assisted in developing the Performance Improvement Plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
I have received Monitoring Report and disagree with the findings. My response is attached.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable

*Mary Ellen Dalton*

Signature of Authorizing Contract or Provider Representative

9/26/23

Date

Mary Ellen Dalton, President and CEO

Name and title

PART C



**LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER**

**THIRD PARTY AGREEMENTS: MONITORING REPORT  
DIRECT SUPERVISOR REVIEW AND SIGNATURES**

**Laguna Honda Direct Supervisor** reviews the following items:

- 1) completed Part A of the Monitoring Report;
- 2) the Performance Improvement Plans (if any); and,
- 3) Part B with the Third Party response.

**Direct Supervisor checks all that apply below:**

Third Party Provider performance is adequate and no action is needed.	<input checked="" type="checkbox"/>
Performance Improvement Plan is comprehensive and I will continue to received regular updates on the progress	<input type="checkbox"/>
The Third Party Provider performance is unacceptable. Terms of current contract needs to be reviewed. Renewal of contract needs to be reconsidered.	<input type="checkbox"/>

**Other Comments:**

**Final Signatures**

<p>DocuSigned by: <i>Baljeet Sangha</i></p> <hr/> <p>Signature of Laguna Honda Contract Manager Baljeet Sangha, LHH Co-Incident Commander, Recertification</p> <hr/> <p>Name and Title</p> <hr/> <p>SFHN Administration</p> <hr/> <p>Department</p> <hr/> <p>09/29/23</p> <hr/> <p>Date</p>	<p>DocuSigned by: <i>Roland Pickens</i></p> <hr/> <p>Signature of Direct Supervisor Roland Pickens LHH Executive Sponsor Incident Command, Recertification</p> <hr/> <p>Name and Title</p> <hr/> <p>SFHN Administration</p> <hr/> <p>Department</p> <hr/> <p>09/29/23</p> <hr/> <p>Date</p>
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