

### Temporary Permission for Program Flexibility and for Emergencies

When the Medical Health Coordination Center (MHCC) is activated, Providers and District Offices (DOs) will submit requests to [CHCQDutyOfficer@cdph.ca.gov](mailto:CHCQDutyOfficer@cdph.ca.gov)

This form is to be used ONLY for program flexibility requests when providers temporarily need to comply with licensing requirements by using alternative concepts, methods, procedures, techniques, equipment, or personnel.

Providers are required to submit a program flexibility request to the California Department of Public Health (CDPH), Center for Health Care Quality for approval. This form is a mechanism to expedite the request directly to the Medical Health Coordination Center (MHCC) for approval in emergency situations.

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx>

Facility Name

ACACIA PARK NURSING & REHAB

Date of Request

6/29/2020

License Number

100000028

Facility Phone

2095235667

Facility Fax Number

2095236529

Facility Address

1611 SCENIC DRIVE

E-Mail Address

[Redacted]

City

MODESTO

State

CA

Zip Code

95355

Contact Person's Name

[Redacted]

#### Approval Request

Complete one form total per facility

- Staffing  Other
- Tent use (High patient volume)  Bed Use
- Space Conversion (other than tent use)  Over bedding

#### Duration of Request

Start Date 7/1/2020

End Date 9/30/2020

#### Program Flex Request

What regulation are you requesting program flexibility for? 72329.2 Title 22 California code of regul

#### Justification for the Request

- A disease outbreak (verifiable through sources such as the local emergency medical service agency (LEMSA), local Public Health Officer, CDPH Division of Communicable Disease Control, the Centers for Disease Control and Prevention) is present in the community where the hospital is located or in a contiguous area(s) causing a rapid influx (surge) of patients to the hospital. Examples of this type of surge include: Increased cases of seasonal influenza, onset of a severe acute respiratory syndrome-type or other highly contagious virus requiring acute care, an epidemic/pandemic, a bioterrorism agent, or a declared public health emergency.
- An emergency resulting in the need for increased patient accommodations has occurred in the community where the hospital is located or in a contiguous area(s) causing a rapid influx (surge) of patients to the hospital. Examples of this type of surge include: A natural or human-caused disaster, a crime incident or transportation accident resulting in numerous mass casualties, an emergency causing the evacuation of patients or diversions from another hospital (LEMSA diversion has been implemented).

Facility

ACACIA PARK NURSING

License Number

100000028

Request Date

6/29/2020

Justification for the Request

Other:

[Empty box for justification]

Exhausting Available Alternatives

The provider must exhaust available alternatives before requesting increased patient accommodations. Check all that apply:

- Rescheduling non-emergent surgeries and diagnostic procedures.
- Transferring patients to other beds or discharge as appropriate.
- Setting clinics for non-emergency cases (if possible).
- Requesting ambulance diversion from LEMSA, if appropriate.
- Other

[Empty box for other alternatives]

Adequate Staff, Equipment and Space

The provider must make arrangements for adequate staffing, equipment and space for increased patient accommodations. Check all that apply:

- A plan is in place for staff if the request is for use of alternate space.
- A plan is in place for equipment if the request is for use of alternative space.
- The proposed space for care of patients provides sufficient square footage to ensure access for safe care.
- Other:

[Empty box for other accommodations]

Additional Information

Provide a brief description of your conditions and explain the need for program flexibility. Provide a brief description of the alternative concepts, methods, procedures, techniques, equipment or personnel to be used, and the conditions under which this program flexibility will be used. Attach additional supporting documentation as needed.

1. Facility average daily census 80 and our daily staffing need for that AM shift: 11 CNA,4 -LN PM shift: 10 CNA, 3-LN, NOC shift LN-2,CNA-5.
2. Our total bed capacity 99 beds and staffing need for that -AM shift 15 CNA,4 -LN PM shift: 12 CNA, 4-LN, NOC shift LN-2,CNA-6.
3. Facility staffing coordinator or designee will review the daily Census with Administrator/DON/ designee and will review the daily clinical status and acuity of residents and also will review the call in list of nursing staff to find out the affect on providing care to the residents.
4. Staffing Coordinator or Floor supervisor or designee will call the employees those who are off for that day ,also will also offer overtime to the current staff on the schedule.
5. Facility staff also will contact the contracted registries to request registry staff to perform licensed nurses and CNA'S job duties to meet the current rsident needs.
6. DSD is currently cross training the department managers DON,MDS,Administrator RN to work on the floor during emergency related to COVID-19.

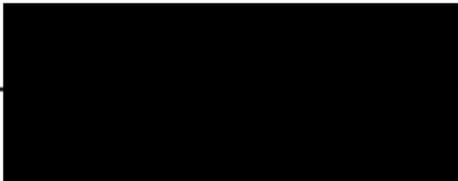
7. DSD is currently training the licensed nurses to perform CNA duties ,also social service who has an active CNA license and has work experience as a CNA before will be utilized to perform CNA duties during emergency.

8.DSD will start training through some class room hours and clinical hours to our activity staff ,admission coordinator who did complete her LVN program and waiting for the test to help in the meal time for passing trays,set up help answering lights and assist the nursing staff in for providing care.

9. Facility will assure that all needs of the residents are met by staff and to meet 3.5 NHPPD.

If all of the above measure are not successful Facility will change the shift to 12 hours.

Facility will utilize this tiered strategies for next 90 days if there will be a shortage of staffing due to current COVID-19 situation.



Administrator

Signature of person requesting program flexibility

Title



Printed Name

**NOTE:** Approval for tent use, space conversion, bed use and over-bedding will be time limited and dependent on the facts presented that substantiate the emergency. Initial approval may be given verbally by the local DO; however, a signed written approval must be distributed (faxed) to the facility and filed in the facility's folder.

**For CDPH Use Only**

**Center for Health Care Quality Approval:**

Permission Granted from: Jul 1, 2020 to Sept 29, 2020

Permission Denied: Briefly describe why request was denied in comments / conditions below:

Comments / Conditions:

Please see conditions as listed in the approval email.

CHCQ Printed Name: 

CHCQ Staff Signature: \_\_\_\_\_

Date: 



District Administrator

8/6/2020

L&C District Office Staff Signature

Title

Date