

**Temporary Permission for Program Flexibility for Minimum Staffing Ratios**

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

Hospitals are required to submit a program flexibility request to the California Department of Public Health (CDPH), Licensing & Certification (L&C) Program through their local district office (DO) for written approval. This form is a mechanism to expedite the request and approval process in emergency situations.

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

Facility Name Asistencia Villa			Date of Request May 2, 2020	
License Number 240000323			Facility Phone 909-793-1382	Facility Fax Number 909-798-6689
Facility Address 1875 Barton Rd				
City Redlands	State Calif	Zip Code 92373	E-mail Address administrator@avpostacute.com	
Contact Person Name [REDACTED]				

**Approval Request****Duration of Request**

Complete one form for each request

- Tent use (High patient volume)       Bed use  
 Space conversion (other than tent use)       Over bedding

Start Date: May 2, 2020

End Date: August 1, 2020

**Program Flex Request**

What regulation are you requesting program flexibility for? Title 22 - section 72329.1 and 72329.2

**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).

**Justification for the Request**

Other:

Local school closures and restricting staff with respiratory symptoms has caused a shortage of qualified direct care staff to meet the minimum staffing ratios required, all other resources such as registry and staff recall have been exhausted.

**Exhausting Available Alternatives**

The hospital 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:

Facility Name	License Number	Request Date

**Adequate Staff, Equipment and Space**

The hospital 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 alternate space.
- The proposed space for care of patients provides sufficient square footage to ensure access for safe care.
- Other:

**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 utilized. Attach additional supporting documentation as needed.

Due to the closures of our local school districts and the restriction on symptomatic staff to stay away from work we have a critical shortage of qualified direct care staff and we cannot remedy the situation through staff recall and other staffing solutions. We are asking that CDPH waive the requirement to meet 3.5/2.4 for the duration of this event or until we can maintain minimal staffing.

- IDT and the facility medical director will communicate daily on staffing issues.
- Communicate \_\_\_\_\_ with CDPH district office regarding staffing levels and follow guidance given by CDPH.
- DON and other assigned RN will assess residents every shift for any change of condition and implement their change of condition policy as needed.
- Social Service Director will communicate with residents frequently and bring any grievances or concerns to the IDT to address.
- Call in any available non direct care staff and assign them duties to assist in resident safety, dietary, hydration and activity needs.

- Continue to exhaust all measure to meet 3.5 and 2.4 staffing requirements.
- Notify residents and responsible party of staffing plan and changes as needed.



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 L&C DO; however, a signed written approval must be distributed (faxed) to the hospital and filed in the hospital's facility folder.

For CDPH Use Only:

**CDPH Licensing and Certification Approval:**

Permission Granted from: 07/28/2020 to 10/28/2020

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

Comments / conditions: 72329.1 - CANNOT FLEX. Exclude this regulation from the waiver.

APPROVED for 72329.2(a). CONDITIONS: Minimum 3.2 DHPPD overall staffing.

Subacute unit is excluded if present in the facility. Facility will continue to actively look for additional staffing. Facility must resume mandatory staffing levels as soon as feasible.

Please see next page for other conditions specified in AFL 20-32.1.



CDPH Form 5000 A  
Asistencia Villa  
72329.2(a) Staffing  
07/28/2020

Reference: AFL 20-32.1

Title 22 of the California Code of Regulations (CCR) section 72329.2(a)

(a) Each facility, except those skilled nursing facilities that are a distinct part of a general acute care facility or a state-owned hospital or developmental center, shall employ sufficient nursing staff to provide a minimum of 3.5 direct care service hours per patient day, except as set forth in Health and Safety Code section 1276.9. Skilled nursing facilities shall provide a minimum of 2.4 certified nurse assistant hours per patient day to meet the requirements of this subdivision

**This statewide waiver is approved under the following conditions:**

- SNFs shall continue to comply with unusual occurrence reporting requirements specified in Title 22 of the California Code of Regulations section 72541.
- SNFs shall continue to report all changes as required under Title 22 CCR section 72211, to CABLTC@cdph.ca.gov, however the 10-day reporting shall not apply. SNFs shall report all changes as soon as practical within 30 days of the change. When any temporary beds are no longer in use, SNFs shall report the lowering of patient capacity to CDPH.
- SNFs shall report any substantial staffing or supply shortages that jeopardize resident care or disrupt operations.
- SNFs shall continue to provide necessary care in accordance with residents' needs and make all reasonable efforts to act in the best interest of residents.
- SNFs shall not discriminate admits or readmits, nor transfer or discharge residents based on their status as a suspected or confirmed COVID-19 case. SNFs shall institute appropriate precautions to prevent the spread of infection to health care personnel and other residents as specified in AFL 20-25.2.
- SNFs shall follow their disaster response plan.
- SNFs shall follow infection control guidelines from the Centers for Medicare and Medicaid Services (CMS) and the CDC related to COVID-19.
- SNFs shall comply with directives from their local public health department, to the extent that there is no conflict with federal or state law or directives or CDPH AFLs.



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California Department of Public Health  
CHCQ Licensing & Certification Unit  
San Bernardino District Office