

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

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

APPLE VALLEY CARE CENTER

Date of Request

7/7/2020

License Number

555 476

Facility Phone

760 240 5051

Facility Fax Number

Facility Address

11959 APPLE VALLEY RD

E-Mail Address

[REDACTED]

City

APPLE VALLEY

State

CA

Zip Code

92308

Contact Person's Name

[REDACTED] -ADMINISTRATOR

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

End Date

Program Flex Request

What regulation are you requesting program flexibility for? AFL 30-32.9

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

APPLE VALLEY CARE CENTER

License Number

555476

Request Date

7/7/2020

Justification for the Request

Other:

INCREASED RISK/SUSCEPTIBILITY TO STAFFING SHORTAGES DUE TO CONFIRMED COVID-19 CASES OF STAFF AND RESIDENTS. SHORTAGE ANTICIPATED DUE TO POTENTIAL RISKS

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

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: INITIATE STAFFING MITIGATION PLAN

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.

OUTREACH ESTABLISHED FOR REGISTRY/TEMP AGENCIES. INCREASED STAFFING MAY BE REQUIRED TO FILL ANY POSITIONS WHICH MAY BECOME VACANT IF NEED ARISES (LICENSED NURSES AND NURSE ASSISTANTS) DUE TO INCREASED POTENTIAL FOR CALL OFFS/SICK LEAVE DUE TO COVID19 CASES. REQUEST BEING MADE IN THE EVENT THAT CURRENT STAFFING STRATEGIES (REGISTRIES, CHANGE OF WORK HOURS) CANNOT MEET THE ESSENTIAL NEEDS OF FACILITY. DUE TO CURRENT COVID19 STATUS OUR FACILITY DID EXPERIENCE A STAFFING SHORTAGE, INITIATION OF THIS REQUEST IS TO PREVENT THIS ISSUE FROM ESCALATION.

Please see Attached.

[Redacted Signature]

ADMINISTRATOR
Title

Signature of person requesting program flexibility

[Redacted Printed Name]

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: 07/13/2020 to 10/13/2020

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

Comments / Conditions:

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.

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: [Redacted]

Date: [Redacted]

[Redacted Signature] HFES II
CDPH CHCQ L&C
San Bernardino District Office

07/13/2020

L&C District Office Staff Signature

Title

Date

CDPH Form 5000 A
Apple Valley Post Acute Center
72329.2(a) Staffing
07/13/2020

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

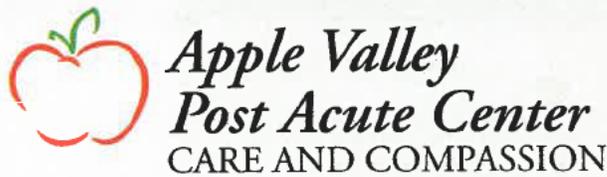
This statewide waiver is approved under the following conditions:

- 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.



ES II

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



7/9/2020

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
P.O. BOX 997377
MS 3405
SACRAMENTO, CA 95899-7377

RE: APPLE VALLEY POST ACUTE CENTER, LICENSE # 24000433
TEMPORARY PERMISSION FOR PROGRAM FLEXIBILITY

This letter is a justification for the request of a staffing waiver due to the increased risk and vulnerability of staffing shortage due to confirmed COVID-19 cases of our staff and residents. Our main concern is to provide quality care to our residents and employees at our facility based on their needs. We must provide a prominent place with the substantial compliance and requirement for care. With that being said, we would like to request temporary permission for program flexibility.

Our facility would like to initiate a staffing mitigation plan, so we can establish outreach accommodations for our staffing needs with registry/temp agencies. Increased staffing maybe required to fill any positions that may have been vacant due to the increased potential of call offs or sick leave of COVID-19 cases. We have exhausted our availability in transferring patients to other beds and/or being discharged due to staffing availability. Therefore, we are asking for the flexibility waiver due to this pandemic and cannot meet the essential needs of the facility.

Currently, our active employees at our facility is pretty thin; with a total of:

<u>RNS</u>	<u>LVNS</u>	<u>CNAS</u>
10 ACTIVE	19 ACTIVE	53 ACTIVE
4 OUT SICK W/SYMPTOMS	6 OUT SICK W/SYMPTOMS	17 OUT SICK W/SYMPTOMS
6 REMAINING ON FLOOR	13 REMAINING ON FLOOR	36 REMAINING

We cannot meet the needs of the facility due to current COVID-19 status and please consider our request so we can prevent a staffing shortage escalation.

Sincerely,


[Redacted Name]
Administrator