

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		Date of Request	
<input type="text" value="Arbor Nursing & Rehabilitation Center"/>		<input type="text" value="07/01/20"/>	
License Number	Facility Phone	Facility Fax Number	
<input type="text" value="100000022"/>	<input type="text" value="209-333-1222"/>	<input type="text" value="209-333-1809"/>	
Facility Address		E-Mail Address	
<input type="text" value="900 N. Church Street"/>		<input type="text" value="covenantcare.com"/>	
City	State	Zip Code	
<input type="text" value="Lodi"/>	<input type="text" value="CA"/>	<input type="text" value="95240"/>	
Contact Person's Name		<input type="text" value=""/>	

Approval Request

Complete one form total per facility

- | | |
|--|---------------------------------------|
| <input checked="" type="checkbox"/> Staffing | <input type="checkbox"/> Other |
| <input type="checkbox"/> Tent use (High patient volume) | <input type="checkbox"/> Bed Use |
| <input type="checkbox"/> Space Conversion
(other than tent use) | <input type="checkbox"/> Over bedding |

Duration of Request

Start Date	<input type="text" value="07/01/20"/>
End Date	<input type="text" value="09/29/20"/>

Program Flex Request

What regulation are you requesting program flexibility for?

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).

If you are seeking a staffing waiver, has your facility laid off any clinical staff within the previous 60 days? If so, please explain (Note: Attach supporting documentation if necessary)

No

Justification for the Request

Other:

We are experiencing challenges meeting 3.5/2.4 requirements as the result of implementing CDC and CDPH guidance advising work restrictions for symptomatic employees and actual or suspected COVID-19 exposure instances (explained below); and continued school

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:

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.

Our facility is experiencing staffing shortages and is having difficulty recruiting replacement workers due to a facility outbreak of COVID-19. We have experienced a surge of patients requiring isolation due to actual and suspected COVID-19. On June 20, 2020, we had our first COVID positive case. We began weekly testing and have had 35 residents and 15 staff test positive since then. We currently have 29 positive residents in isolation and another 80 residents in isolation due to exposure observation on the 3 other units. Our local hospital has had a surge of COVID patients and employees. In June, they shut down their emergency department for 2 days due to a surge of positive cases.

- In March, we had only 4 voluntary and involuntary terminations; of those 2 were CNAs and 1 was an LVN.
- In April, we had a major increase of 23 voluntary and involuntary terminations; of those 14 were CNAs, 3 were LVNs and 3 were RNs. Of those resigning, 1 was due to health issues (COVID related concerns), 1 was for day care issues (COVID related), 4 resigned in our facility to remain at their second job.
- In May, we had 9 voluntary and involuntary terminations; 3 CNAs and 1 LVN. Of those resigning, 1 refused to comply with COVID testing and 1 resigned in our facility to remain at their 2nd job.
- June was our first month of baseline testing and when we had our first positive case and triggered weekly response-driven testing. Since testing, 7 employees have chosen to work their other jobs, 2 have had childcare issues, 4 declined any shifts due to exposure fear; and 3, completely stopped answering phone calls and never came back. We also had 15 employees test positive for COVID. Of those, 14 were in the nursing department. Since June 15, we have lost 31 nursing employees which has made it very difficult to maintain our staffing levels every day.

We have had very limited response to our recruitment of NA students. We generally have approximately 50 applicants; however, in April we only had 8 respondents, with 5 accepting.

Executive Director

Signature of person requesting program flexibility

Title

[Redacted Signature]

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: 07/01/20 to 09/28/20

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

Approval is limited to the regulation of 72329.2 and excludes 72329.1.

CHCQ Printed Name:

CHCQ Staff Signature:

Date:

8/10/2020

[Redacted Signature]

H F E M II

8/10/2020

L&C District Office Staff Signature

Title

Date