

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

Arbor Post

Date of Request

10/5/20

License Number

230000156

Facility Phone

530 3424885

Facility Fax Number

5308991933

Facility Address

1200 Springfield drive

E-Mail Address

[Redacted]

City

chico

State

ca

Zip Code

95928

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 11/01/2020

End Date 02/01/2021

Program Flex Request

What regulation are you requesting program flexibility for? Title 22 Section 72329.1, 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).

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:

Nursing school closures, staff having covid related issues with daycare and school closures.

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.

Since Covid 19 threat began we have seen the major effects on nursing and CNA staffing. We have seen how the virus spreads and how many staff it can take out when they are sick and need to be on quarantine. We have seen CNA move back home because they do not need to live in chico anymore do to remote learning. We have seen those who are in school their performance suffer because of the stress of work. We have seen day care issues take a few nurses that needed to be home with kids because shchool is no longer in session. What we have done from the beginning is offer a \$1,000 sign on bonus to any new CNA that joins our team. Incentiving employee to refer friends, paying for ads online to get more traffic. We feel we have exhausted all efforts to recruit quality staff with the high demand and limited supply in the community. One of the other otpions we could do would be to recruit from other SNF's in the area which does the community no good

and we start a wage war. We like all SNF's are working everyday with the constant stress and worry about staffing daily has been exhausting and this waiver would give us the flexibility to do our best to take care of our community.

[Redacted Signature]

Administrator

Signature of person requesting program flexibility

Title

[Redacted 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: 11/01/2020 to 02/01/2021

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

Comments / Conditions:

Program flexibility is granted for regulation 72329.2: Condition is minimum 3.2 NHPPD overall staffing.

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: [Redacted]

Date: [Redacted]

[Redacted Signature]

L&C District Office Staff Signature

HFES

Title

10/8/2020

Date