

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

Auburn Oaks Care Center

Date of Request

7/1/2020

License Number

30000258

Facility Phone

530-888-6257

Facility Fax Number

530-888-9282

Facility Address

3400 Bell Road

E-Mail Address

[Redacted]@um.com

City

Auburn

State

CA

Zip Code

95603

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 10/1/2020

Program Flex Request

What regulation are you requesting program flexibility for? 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)

Justification for the Request

Other:

Experiencing a COVID-19 Outbreak in the facility with staff and residents being infected.

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.

We are in the midst of the COVID-19 Pandemic. We are currently in Response Driven testing due to having 7 residents and 6 employees test positive since 7/15/2020. Placer county has seen a significant increase in positive COVID-19 tests which is resulting in increased spread of the virus. This has led to a staffing shortage due to staff resigning or working elsewhere for their own health issues or family member issues.

We are asking that you waive the requirement for 3.5/2.4 DHPPD to meeting the needs of the residents for the duration of this Pandemic.

We will continue to utilize on-call staff, registry, county resources, and incentivize staff to pick up extra shifts.

Social Services and non-direct care staff will continue to address residents psychosocial needs.

-Facility shall report any substantial staffing or supply shortages that jeopardize resident care or disrupt operations.
 -Facility shall continue to provide necessary care in accordance with residents' needs and make all reasonable efforts to act in the best interest of residents.
 -Facility shall institute appropriate precautions to prevent the spread of infection to health care personnel and other residents as specified in AFL 20-25.2.
 -Facility shall follow their disaster response plan.
 -Facility shall follow infection control guidelines from CMS, CDC, and county related

[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: to

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

Comments / Conditions:

Approval is limited to the regulation of 72329.2.

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: [Redacted]

Date:

[Redacted Signature]

Title

Date

L&C District Office Staff Signature

[Redacted]