

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

Avalon Care Center Sonora

Date of Request

7/14/2020

License Number

030001615

Facility Phone

209-533-2500

Facility Fax Number

209-533-0728

Facility Address

19929 Greenley Rd.

E-Mail Address

[REDACTED]@avalonhealthcare.com

City

Sonora

State

CA

Zip Code

95370

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? Staffing Requirments

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:

Avalon Care Center – Sonora has an active COVID-19 outbreak. This outbreak is limited to staff only at this time. Currently Avalon Care Center – Sonora has 10 associates out on quarantine and additional associates out due to contact tracing. Currently we are following our emergency staffing plan. Also, due to restricting staff with respiratory symptoms and/or COVID 19 positive results it has caused a shortage of qualified direct care staff to meet the minimum staffing ratio's required

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:

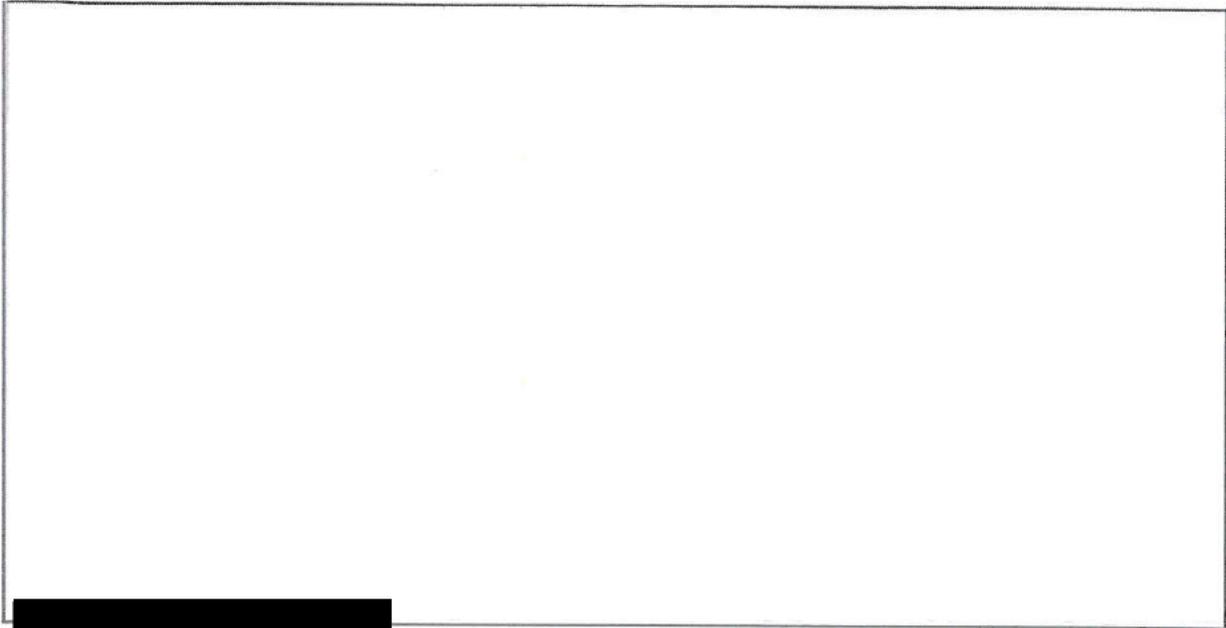
- A plan is in place for staff if the request is for use of alternate space.
- A plan is in place for equipment if the request is for use of alternative space.
- The proposed space for care of patients provides sufficient square footage to ensure access for safe care.
- Other:

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.

- Continue to exhaust all measures to meet 3.5 and 2.4 staffing requirements.
- Notify residents and responsible party of staffing plan and changes as needed.
- Continue to utilize registry staff although there is a shortage there as well.
- Utilize staff with an active license that is employable during state of emergency.

Due to restricting staff with respiratory symptoms and/or COVID-19 positive results it has caused a shortage of qualified direct care staff to meet the minimum staffing ratio's required. There has been an increase in COVID positive results in our community and exposures that is causing staff to isolate or self quarantine. Schools are closed causing child care issues.



[Redacted Signature]

Administrator

Signature of person requesting program flexibility

Title

[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: 7/14/2020 to 10/12/2020
 Permission Denied: Briefly describe why request was denied in comments below:

Comments: Conditions: Approval is 1) limited to the regulation of 72329.2., and 2) Per all conditions noted in AFL 20-32.1.

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: [Redacted]

Date: 8/28/2020

[Redacted Signature]

HFSM II
Title

8/28/2020
Date

L&C District Office Staff Signature