



 Signature of person requesting program flexibility


 Printed name

OPERATIONS MANAGER

 Title

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: 7/11/2020 to 10/8/2020

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

Comments / conditions:
 This is approved with the condition that the facility implements the mitigation plan and use registry (staffing agencies) before flexing staffing regulations. Facility must meet a NHPPD of 3.2.

CHCQ Printed Name: _____

CHCQ Staff Signature: _____

Date: _____



 L&C District Office Staff Signature

Program Manager

 Title

7/17/2020

 Date

Facility Name	License Number	Request Date
BERKLEY VALLEY CONVALESCENT HOSPITAL	92000006	7/10/2020

Justification for the Request Other:

POTENTIAL STAFFING SHORTAGES FOR COVID-19 THAT WOULD TALL BELOW 2.4 (CNA) AND 3.5 TOTAL.

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: **CONTINUE TO USE NURSING REGISTRY**

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 alternate space.
- The proposed space for care of patients provides sufficient square footage to ensure access for safe care.

Other: **USE OF NURSING REGISTRY**

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 CURRENTLY OPOERATING UNDER THE REFCOMMENDATION AND GUIDELINES OF THE CDC, LACDPH, AND CDPH. WE ARE REQUESTING PROGRAM FLEXIBILITY FOR THE STAFFING REQUIREMENT OF 2.4 CNA HOURS AND 3.5 TOTAL HOURS BECAUSE OF STAFFING CHALLENGES ASSOCIATED WITH COVID-19.

WE ARE ABLE TO MANAGE THE ACUITY OF OUR PATIENTS AND HAVE BEEN ABLE TO FIND SUFFICIENT STAFF THROUGH OUR OWN MEANS AND THE USE OF NURSING REGISTRY. HOWEVER, THERE HAVE BEEN TIMES AND MAY BE MORE IN THE FUTURE THAT PROGRAM FLEXIBILTIY IS REQUIRED FOR US TO MANAGE THE FACILITY AT THE REQUIRED STAFFING GUIDELINES LISTED ABOVE GIVEN A GREATER COMMUNITY SPREAD OF COVID-19. THIS WIDESPREAD COMMUNITY TRANSMISSION AFFECTS WHETHER OUR OWN STAFF BECOMES POSITIVE AND ARE THEN PLACED OFF OF WORK, MAKING IT DIFFICULT TO MEET THE ABOVE AND REQUIRED GUIDELINES.

WE ARE CONSTANTLY RECRUITING, HIRING AND TRAINING NEW STAFF SO THIS PROGRAM FLEXIBILITY WILL NOT BE REQUIRED IN THE FUTURE. WE DO HOPE THAT AS COMMUNITY-WIDE TRANSMISSION CONTINUES, THAT THE ABILITY TO RECRUIT, HIRE AND TRAIN STAFF IMPROVES SUCH THAT THIS PROGRAM FLEXIBILTIY WILL NOT BE NECESSARY. THANK YOU.

Temporary Permission for Program Flexibility and for Emergencies

When the MHCC is activated, Providers and DO's 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 (CHCQ) 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 BERKLEY VALLEY CONVALESCENT HOSPITAL			Date of Request 07/10/2020	
License Number 92000006			Facility Phone (818) 786-0020	Facility Fax Number (818) 786-5369
Facility Address 6600 SEPULVEDA BLVD.			E-mail Address [REDACTED]	
City VAN NUYS	State CA	Zip Code 91411	Contact Person Name [REDACTED]	

Approval Request

Complete one form total per facility

Duration of Request

- Staffing
- Tent use (High patient volume)
- Space conversion (other than tent use)
- Other
- Bed use
- Over bedding

Start Date: **7/10/2020**
End Date: **10/8/2020**

Program Flex Request

What regulation are you requesting program flexibility for? **72329.2 (22 CCR) / 72329.1**

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).