

## Temporary Permission for Program Flexibility for 3.5 and/or 2.4 Staffing Requirements

This form is to be used **ONLY** for program flexibility requests when hospitals temporarily need to comply with licensing requirements by using alternative concepts, methods, procedures, techniques, equipment, or personnel.

Hospitals are required to submit a program flexibility request to the California Department of Public Health (CDPH), Licensing & Certification (L&C) Program through their local district office (DO) for written approval. This form is a mechanism to expedite the request and approval process in emergency situations.

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx>

<b>Facility Name</b> Bonnie Brae Skilled Nursing			<b>Date of Request</b> 07/01/2020	
<b>License Number</b> 970000125			<b>Facility Phone</b> (213)483-8144	<b>Facility Fax Number</b> (213)483-1414
<b>Facility Address</b> 420 S Bonnie Brae St.				
<b>City</b> Los Angeles	<b>State</b> CA	<b>Zip Code</b> 90057	<b>E-mail Address</b> [REDACTED]	
<b>Contact Person Name</b> [REDACTED]				

### Approval Request

Complete one form for each request

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

Start Date: July 1, 2020  
 End Date: September 30, 2020

### Program Flex Request

What regulation are you requesting program flexibility for? (HSC) section 1276.65 (c)(1)(B) and (CCCR) section 72329.2 (a)

### 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).

**Justification for the Request**

Other:

On March 04, 2020 Gov. Gavin Newsom declared a State of Emergency to make additional resources available, formalize emergency actions already underway across multiple state agencies and departments, and help the state prepare for broader spread of COVID-19. Since the initial

**Exhausting Available Alternatives**

The hospital 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: See below

Facility Name	License Number	Request Date
Bonnie Brae Skilled Nursing	970000125	07/01/2020

**Adequate Staff, Equipment and Space**

The hospital 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:

**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 utilized. Attach additional supporting documentation as needed.

Please see attached:

