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: Briarcrest Nursing Center

Date of Request: 7/9/2020

License Number: 940000015

Facility Phone: 562-927-2641

Facility Fax Number: 562-927-4639

Facility Address: 5648 E. Gotham Ave

E-Mail Address: [redacted]@briarcrestnursing.com

City: Bell Gardens

State: CA

Zip Code: 90201

Contact Person's Name: [redacted]

Approval Request

Complete one form total per facility

- [x] Staffing
- [ ] Other
- [ ] Tent use (High patient volume)
- [ ] Bed Use
- [ ] Space Conversion (other than tent use)
- [ ] Over bedding

Duration of Request

Start Date: July 11, 2020

End Date: October 11, 2020

Program Flex Request

What regulation are you requesting program flexibility for? Title 22-Section 72329.1, 72329.2

Justification for the Request

- [x] 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).

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 [illegible]

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.

[illegible]

Facility Name	Date of Request
Briarcrest Nursing Center	7/9/2020

Lipense Number	Facility Phone	Facility Fax Number
940000015	562-927-2641	562-927-4639

Facility Address	E-Mail Address
5648 E. Gotham Ave	RPellicer@briarcrestnursing.com

City	State	Zip Code	Contact Person's Name
Bell Gardens	CA	90201	Raymond Pellicer

Approval Request

Complete one form total per facility

- [x] Staffing
- [ ] Cone
- [ ] Tent use (High patient volume)
- [ ] Bed Use
- [ ] Space Conversion (other than tent use)
- [ ] Over bedding

Duration of Request

Start Date: July 11, 2020

End Date: October 11, 2020

Program Flex Request

What regulation are you requesting program flexibility for? Title 22-Section 72329.1, 72329.2

Justification for the Request

- [x] 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).

Facility	License Number	Request Date
Briarcrest Nursing Center	940000015	7/9/2020

Justification for the Request

☐ Other:

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.

Executive order N-39-20, issued in March 2020 by Governor Gavin Newsom,
"State of Emergency exists in California due to the threat of COVID-19. Despite sustained efforts, COVID-19 continues to speak at a rapid rate, threatening to overwhelm California's healthcare delivery system. To assist in the care and/or to protect the health of individuals in hospitals and other health facilities, and due to the COVID-19 outbreak, the director of the State Department of Public Health may, to the extend necessary and only for the duration of the declared emergency, waive any of the licensing and staffing requirements of chapter 2 and 2.4 of division 2 of the Health and Safety Code and any accompanying regulations with respect to any hospital or health facility identified in Health and Safety Code section 1250."
PLEASE SEE LISTED BELOW:
1. Due to the increase number of our staff testing positive for COVID-19, the restrictions on symptomatic staff to stay away from work, closures of our local businesses/schools and employee turnover since pandemic start, we have a critical shortage of qualified direct care staff and we can't remedy the situation through staff recall and other staffing

Facility	License Number	Request Date
Briarcrest Nursing Center	0400/0615	7/9/2020

Justification for the Request

☐ Other:

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.

Executive order N-39-20, issued in March 2020 by Governor Gavin Newsom:
"State of Emergency exists in California due to the threat of COVID-19. Despite sustained efforts, COVID-19 continues to speak at a rapid rate, threatening to overwhelm California's healthcare delivery system. To assist in the care and/or to protect the health of individuals in hospitals and other health facilities, and due to the COVID-19 outbreak, the director of the State Department of Public Health may, to the extend necessary and only for the duration of the declared emergency, waive any of the licensing and staffing requirements of chapter 2 and 2.4 of division 2 of the Health and Safety Code and any accompanying regulations with respect to any hospital or health facility identified in Health and Safety Code section 1250."
PLEASE SEE LISTED BELOW:
1. Due to the increase number of our staff testing positive for COVID-19, the restrictions on symptomatic staff to stay away from work, closures of our local businesses/schools and employee turnover since pandemic start, we have a critical shortage of qualified direct care staff and we can't remedy the situation through staff recall and other staffing

solutions. We are requesting that CDPH waive the requirement to meet 3.5/2.4 for the duration of this event until we can maintain minimal staffing.
2. IDT and the facility medical director will communicate daily on staffing issues.
3. Communicate routinely with CDPH district office regarding staffing levels and follow guidance given by CDPH.
4. DON and other assigned RNs will assess residents every shift for any change of condition and implement their change of condition policy as needed.
5. Social Services designee will communicate with residents frequently and bring any grievances of concerns to the IDT to address.
6. Call in any available non direct care staff and assign them duties to assist in resident safety, dietary, hydration and activity needs
7. Continue to exhaust all measures to meet 3.5 and 2.4 staffing requirements
8. Notify residents and responsible party of staffing plan and changes as needed.
9. Continue to provide necessary care in accordance with residents' needs and make all reasonable efforts to act in the best interest of the residents.
This list is not exhaustive/all-inclusive. The facility will continue to work hard to ensure the needs of all residents are met and residents receive the appropriate level of care.

[redacted] Administrator

Signature of person requesting program flexibility Title

[redacted]

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: 7-11-20 to 10-11-20

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

Comments / Conditions: Program Flex approved for Title 22 § 72329 only.

CHCQ Printed Name:

CHCQ Staff Signature:

Date: 8-9-20

[redacted] Supervising HEO 8-9-20

L&C District Office Staff Signature Title Date