



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

California Park Rehabilitation Hospital

Date of Request

Oct. 2, 2020

License Number

55-5625

Facility Phone

530-894-1010

Facility Fax Number

530-894-0147

Facility Address

2850 Sierra Sunrise Terrace

E-Mail Address

[Redacted]

City

Chico

State

CA

Zip Code

95928

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 Oct. 2, 2020

End Date Jan. 1, 2021

Program Flex Request

What regulation are you requesting program flexibility for? Title 22: section 72329.1 & 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).

Facility

California Park Rehab

License Number

55-5625

Request Date

Oct. 2, 2020

Justification for the Request

Other:

Continued school from home restrictions and restricted staffing availability r/t covid 19 fears, p

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 NA

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: NA

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.

Due to continued school from home requirements, continued covid 19 issues r/t testing requirements, positivity public notifications, fear, restrictions on staff that are exposed to CV 19, etc., we anticipate a shortage of qualified direct care staff and may not be able to remedy the situation thru emergent staffing interventions, including registry, alternative work schedules, staff recall, and other potential solutions. We are asking for program flexibility to waive the 3.5/2.4 NHPPD for 90 days as we continue to battle this situation thru advertising, recruitment, establishing NATP, etc.
Our interventions to address resident care issues:
- Staffing, NHA, MD and DON to communicate daily re: staffing needs;
- Communicate with CDPH as necessary;
- DON and IDT to assess resident care issues daily, and prn
- Social Services to communicate with residents and continue to address issues and grievances with IDT and appropriate departments routinely;
- Utilize non-direct care staff as appropriate for assistance in meeting the needs of the residents, safety, answering call lights for non-care related issues, etc.

Interventions to address staffing:

- continued recruitment and focus on retention;
- use of alternate schedules; 12 hour shifts, doubles etc.
- use of staff recall, use of per diems, contacting all avail staff,
- registry
- pursue NATP
- Request volunary suspension of PTO, postponement of vacations, etc.

[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: 10/02/2020 to 01/01/2021

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

Comments / Conditions:

Program flexibility is granted for regulation 72329.2: Condition is minimum 3.2 NHPPD overall staffing.

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: [Redacted]

Date: [Redacted]

[Redacted Signature]

HFES

10/08/2020

L&C District Office Staff Signature

Title

Date