

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

Capistrano Beach Care Center

Date of Request

07/07/2020

License Number

60000085

Facility Phone

949-496-5786

Facility Fax Number

949-443-3893

Facility Address

35410 Del Rey

E-Mail Address

[Redacted]

City

Capistrano Beach

State

CA

Zip Code

92624

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 07/11/2020

End Date 10/09/2020

Program Flex Request

What regulation are you requesting program flexibility for? Title 22 - sec 72329.1 & sec 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).

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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.

We are respectfully requesting the 90 day extension to the 3.5/2.4 PPD SNF staffing waiver due to the recent alarming increase in COVID+ patients in Orange County, with positive cases now totaling over 1,000 on a daily basis. Governor Newsom's recent order to roll back the opening of the county, as well as the restriction on symptomatic staff to stay away from work we have a critical shortage of qualified direct care staff. Both licensed nurses and CNA staffing continues to be a struggle despite aggressive recruiting measures such as sign on bonuses, employee referral bonus, immediate interviews, and hiring on the spot. Additionally, the increased fear from COVID has forced nurses to take leaves of absences, resign all together, and/or no-call no-show. We anticipate with the mass further testing occurring we will continue to have sporadic or frequent positive tests. This list is not exhaustive/all-inclusive. Additional information can be provided upon request. The waiver will only be relied on when necessary. The facility will continue to work hard to ensure the needs of all residents are met and residents receive the appropriate level of care.

Capistrano Beach Care Center is doing the following to ensure the needs of all residents are met and residents receive the appropriate level of care:

- IDT and the facility medical director will communicate daily on staffing issues.
- Communicate with CDPH district office regarding staffing levels and follow guidance given by CDPH.
- DON and other assigned RN will assess residents every shift for any change of condition and implement their change of condition policy as needed.
- Social Service Director will communicate with residents frequently and bring any grievances or concerns to the IDT to address.
- Call in any available non direct care staff and assign them duties to assist in resident safety, dietary, hydration and activity needs.
- Continue to exhaust all measure to meet 3.5 and 2.4 staffing requirements.
- Notify residents and responsible party of staffing plan and changes as needed.

[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: 7/1/20 to 9/30/20

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

Comments / Conditions:

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: [Redacted]

Date: [Redacted]

[Redacted Signature]

District Manager

8/12/20

L&C District Office Staff Signature

Title

Date