

### 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](mailto: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

Cedar Mountain Post Acute

Date of Request

July 1, 2020

License Number

555494

Facility Phone

9097902273

Facility Fax Number

Facility Address

11970 4th Street

E-Mail Address

City

Yucaipa

State

CA

Zip Code

92399

Contact Person's Name

Chief Clinical Officer-Madison

#### 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 07.01.2020

End Date 09.30.2020

#### Program Flex Request

What regulation are you requesting program flexibility for? Title 22 -Section 72329.1 and 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	License Number	Request Date
Cedar Mountain Post Acute	555494	07.01.2020

**Justification for the Request**

Other:

Critical shortage of direct care staff continues, all other resources have been exhausted

**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 request CDPH waive the requirement to meet 3.5/2.4 during this crisis pandemic and due to the increased community spread of COVID-19/exposures of staff, and continued closures of local school districts and/or virtual learning environments where staff are unable to find child care. We continue to seek stable staffing, but are challenged with the presence of COVID-19. We continue to have a critical shortage of qualified direct care staff and are unable to remedy the situation through staff recall and other staffing solutions. With the daily monitoring/screening and routine testing of staff for COVID-19, we are also impacted when staff need to quarantine for 14 days and are unable to work. Staff have graciously offered to work additional hours, i.e. overtime or double shifts, but that is not sustainable and leads to burnout.

Limit new admissions, unless CDPH has approved

IDT will communicate on daily staffing needs

Communicate as needed with local CDPH district office regarding staffing levels and follow guidelines given by CDPH

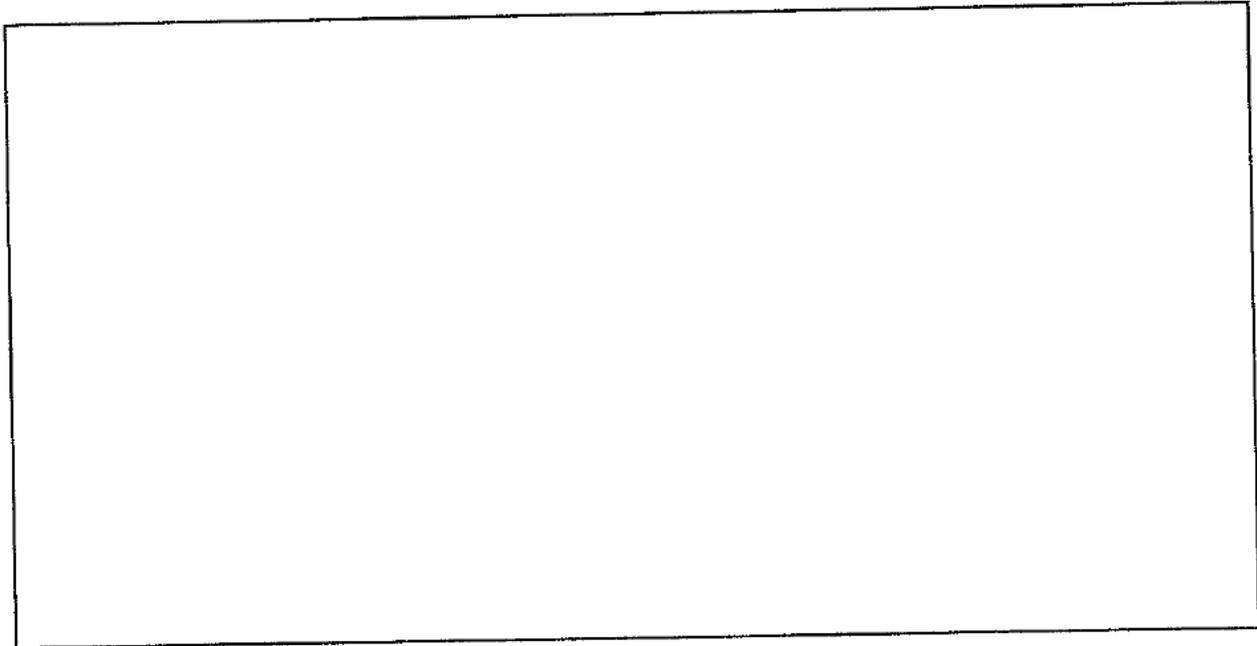
DON and other assigned licensed nurse will assess/monitor residents every shift for any changes of condition and implement change of condition policy as needed

Social Services Director or designee will communicate with residents frequently and bring any grievance 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 measures to meet 3.5/2.4 staffing requirements

Notify residents/resident representative of staffing plan and changes as needed



Signature of person requesting program flexibility

Chief Clinical Officer  
Title

DNP, APRN, CNS

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: 07/08/2020 to 10/08/2020

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

Comments / Conditions: 72329.1 - CANNOT FLEX. Exclude this regulation from the waiver.

APPROVED for 72329.2(a). CONDITIONS: Minimum 3.2 DHPPD overall staffing. Subacute unit is excluded if present in the facility. Facility will continue to actively look for additional staffing. Facility must resume mandatory staffing levels as soon as feasible. Please see next page for other conditions specified in AFL 20-32.1.

CHCQ Printed Name:

CHCQ Staff Signature:

Date:

L&C District Office Staff Signature

HFES II  
CDPH CHCQ L&C  
San Bernardino District Office

Title

07/08/2020

Date

CDPH Form 5000 A  
Cedar Mountain Post Acute  
72329.2(a) Staffing  
07/08/2020

Reference: AFL 20-32.1

Title 22 of the California Code of Regulations (CCR) section 72329.2(a)

(a) Each facility, except those skilled nursing facilities that are a distinct part of a general acute care facility or a state-owned hospital or developmental center, shall employ sufficient nursing staff to provide a minimum of 3.5 direct care service hours per patient day, except as set forth in Health and Safety Code section 1276.9. Skilled nursing facilities shall provide a minimum of 2.4 certified nurse assistant hours per patient day to meet the requirements of this subdivision

**This statewide waiver is approved under the following conditions:**

- SNFs shall continue to comply with unusual occurrence reporting requirements specified in Title 22 of the California Code of Regulations section 72541.
- SNFs shall continue to report all changes as required under Title 22 CCR section 72211, to CABLTC@cdph.ca.gov, however the 10-day reporting shall not apply. SNFs shall report all changes as soon as practical within 30 days of the change. When any temporary beds are no longer in use, SNFs shall report the lowering of patient capacity to CDPH.
- SNFs shall report any substantial staffing or supply shortages that jeopardize resident care or disrupt operations.
- SNFs shall continue to provide necessary care in accordance with residents' needs and make all reasonable efforts to act in the best interest of residents.
- SNFs shall not discriminate admits or readmits, nor transfer or discharge residents based on their status as a suspected or confirmed COVID-19 case. SNFs shall institute appropriate precautions to prevent the spread of infection to health care personnel and other residents as specified in AFL 20-25.2.
- SNFs shall follow their disaster response plan.
- SNFs shall follow infection control guidelines from the Centers for Medicare and Medicaid Services (CMS) and the CDC related to COVID-19.
- SNFs shall comply with directives from their local public health department, to the extent that there is no conflict with federal or state law or directives or CDPH AFLs.



California Department of Public Health  
CHCQ Licensing & Certification Unit  
San Bernardino District Office