

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

CHERRY VALLEY HEALTHCARE

Date of Request

06/29/2020

License Number

250000298

Facility Phone

951-845-1606

Facility Fax Number

951-845-4152

Facility Address

5800 West Wilson St

E-Mail Address

cvhc.administrator@cherryvalleyhealthcare.COM

City

Banning

State

CA

Zip Code

92220

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 07/01/2020

End Date 09/28/2020

Program Flex Request

What regulation are you requesting program flexibility for? Title 22 Sec. 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	License Number	Request Date
Cherry Valley Healthcare	250000298	06/30/2020

Justification for the Request

Other:

Surge in admissions & staff calling off to take care of children who are out of school

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.

Cherry Valley Healthcare has activated its COVID19 mitigation plan in response to resurgence of COVID19 cases. Call-offs by employees remain high because schools have not reopened and those who have flu-like and other respiratory symptoms are not allowed to come to work. These absences pose a great challenge in us meeting the required staffing DHPPD. Following are the plans that we have implemented: 01. Nursing Administration staff are ready to work in place of sick licensed nurses: 02. CNAs are augmented by staff from Activities and 2 transportation personnel to monitor behavior or high risk for falls residents, answer call lights, distribute drinks for hydration; 03. Housekeeping is involved in regularly disinfecting high touch surfaces in resident rooms, rest rooms, offices, etc.; 04. Residents are closely monitored by taking their vital signs every shift and symptoms of cough, shortness of breath, fever are monitored for exacerbation of their condition. Likewise, staff and all persons entering the facility are screened for fever, provided PPEs, and queried if they have been exposed to a COVID positive person;

04. Testing for COVID19 is ongoing for staff and those who turn positive are advised not to come to work for at least 21 days plus 3 days of no symptoms without use of antipyretic medication and be tested negative for COVID19; 05. We implemented a 12-hour shifts; 06. We have ongoing want ads for Licensed Nurses and CNAs in our website and processing applications for employment; 06. Facility has sufficient inventory of personal protective equipment.

[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: to

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

Comments / Conditions: Approval with the condition that the facility maintains a minimum of 3.2 DHPPD staffing.

CHCQ Printed Name:

CHCQ Staff Signature: _____

Date:

[Redacted Signature]

HFES

Title

July 2, 2020

Date

L&C District Office Staff Signature