

### Temporary Permission for Program Flexibility for 3.5 and/or 2.4 Staffing Requirements

This form is to be used ONLY for program flexibility requests when hospitals temporarily need to comply with licensing requirements by using alternative concepts, methods, procedures, techniques, equipment, or personnel.

Hospitals are required to submit a program flexibility request to the California Department of Public Health (CDPH), Licensing & Certification (L&C) Program through their local district office (DO) for written approval. This form is a mechanism to expedite the request and approval process in emergency situations.

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx>

Facility Name <b>COUNTRY MANOR HEALTHCARE</b>			Date of Request 06-30-2020	
License Number 920000026			Facility Phone 818-8990251	Facility Fax Number 818-8905400
Facility Address 11723 FENTON AVENUE				
City LAKEVIEW TERRACE	State CA	Zip Code 91342	E-mail Address ADMIN@COUNTRYMANORHEALTHCARE.COM	
Contact Person Name [REDACTED]				

#### Approval Request

Complete one form for each request

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Tent use (High patient volume)         | <input type="checkbox"/> Bed use      |
| <input type="checkbox"/> Space conversion (other than tent use) | <input type="checkbox"/> Over bedding |

Start Date:	July 1, 2020
End Date:	September 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).

**Justification for the Request**

Other:

On March 04, 2020 Gov. Gavin Newsom declared a State of Emergency to make additional resources available, formalize emergency actions already underway across multiple state agencies and departments, and help the state prepare for broader spread of COVID-19. Since the initial declaration of a State of Emergency, the situation has only become more serious. Our Facility is experiencing COVID-19 related issues that directly impact our staffing related to, surge of patients or staffing shortages resulting from COVID-19 and impacts including, increased community spread and school closures. Additionally, as testing has become more widely

**Exhausting Available Alternatives**

The hospital 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: See below

Facility Name	License Number	Request Date

**Adequate Staff, Equipment and Space**

The hospital 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 alternate 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 utilized. Attach additional supporting documentation as needed.

CCR 22 §72329; §72329.2; H&S Code §1599.1(a)

Our facility is experiencing COVID-19 related issues that is directly impacting our staffing levels. (as described below/facility specific)

We are a 99 bed skilled nursing facility. Our current census is 63 with 50 COVID-19 positive residents and 13 residents in the PUI unit. We lost a quite number of licensed nurses and CNAs due to fear and anxiety related to working at the covid ward. Several training were provided to all staff on Infection Control and Prevention which include but not limited to Transmissiion Based Precautions. Tha facvility developed a Mitigation Plan and was submitted to CDPH for approval. The facility implementing its Staff Recall Policyand Staffing Contingency plan The facility contacted several Registries (agencies) but to no avail. The facilty also developed procedures for assessing residents and determining adequate staffing to meet those needs. Please see attached Procedures.Financial Incentives were also given to all staff, free board and lodging were provided to those staff who worked in the COVID Ward. But despite of all the efforts, alternative concepts and methods, our facility is still experiencing frequent call ins/absences of licensed nurses and CNAs . Most of our nurses are working 12 hour shifts, 16 hour shifts and 6 day work schedule in order to comply with the required DHPPD ratio of 3.5 and CNADHPPD rziatio of 2.4. Most of our licensed nurses and CNAs verbalized that they are already tired, experiencing staff bumt out. We are angicipating that we cannot comply ith the 3.5 and the 2,4 requirements anytime soon Our efforts are continuing to hire more Licensed Nurses and CNAS by advertising through Indeed and other advertising agencies.Other that we have taken and continues to take are restricting entry to the facility and access to the patients to only essential personnel and regular screening of essential personnel. The facility is also utilizing non nursing personnel to supplement the services provided by nursing personnel, department heads helping with

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\_\_\_\_\_  
Signature of person requesting program flexibility  
  
\_\_\_\_\_  
Printed name

ASSISTANT ADMINISTRATOR  
\_\_\_\_\_  
Title

**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 L&C DO; however, a signed written approval must be distributed (faxed) to the hospital and filed in the hospital's facility folder.

For CDPH Use Only:  
**CDPH Licensing and Certification Approval:**  
 Permission Granted from: 7/1/2020 to 9/30/2020  
 Permission Denied: Briefly describe why request was denied in comments / conditions below:  
Comments / conditions: Approved as per AFL 20-321

