

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

Creekside Care Center

Date of Request

July 1, 2020

License Number

055557

Facility Phone

9097952476

Facility Fax Number

Facility Address

35253 Avenue H

E-Mail Address

[Redacted]

City

Yucaipa

State

CA

Zip Code

92399

Contact Person's Name

[Redacted] 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
Creekside Care Center	055557	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

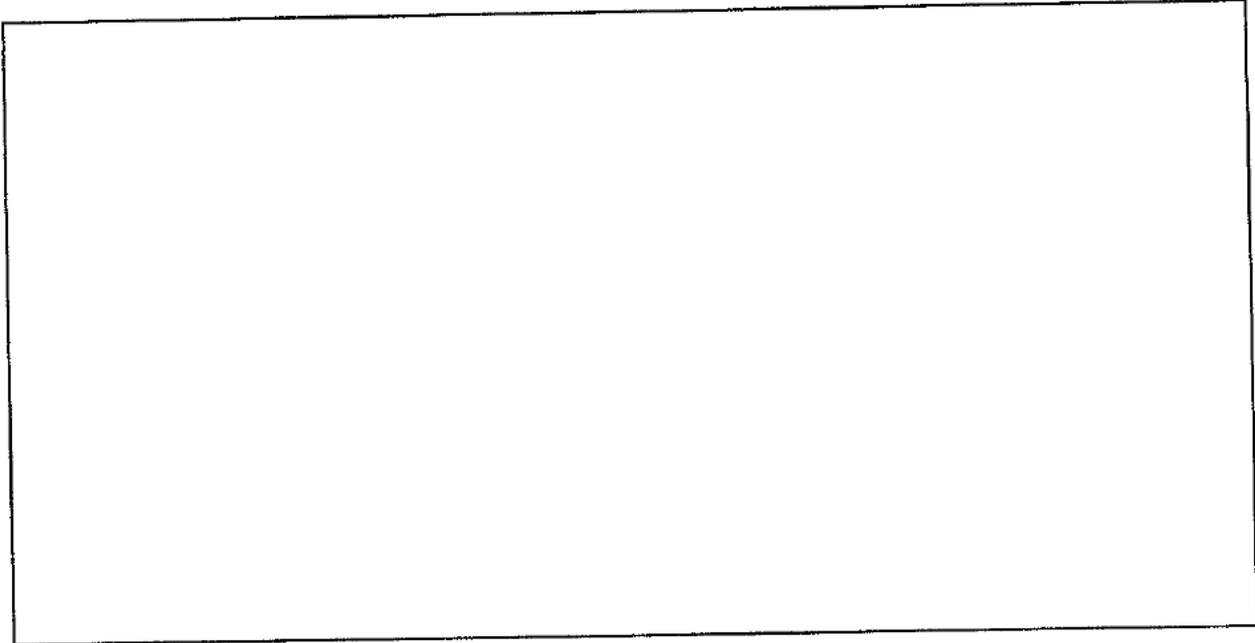
DON and other assigned licensed nurse will assess/monitor residents every shift for any changes of condition and implement change of condition policy as needed

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: 07/11/2020 to 10/11/2020

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:

HFES II
CDPH CHCQ L&C
San Bernardino District Office

07/11/2020

L&C District Office Staff Signature

Title

Date