

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

CRESTWOOD MANOR

Date of Request

07/09/2020

License Number

100000227

Facility Phone

209-478-2060

Facility Fax Number

209-478-3175

Facility Address

1130 MONACO CT

E-Mail Address

[REDACTED]

City

STOCKTON

State

CA

Zip Code

95207

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 09/30/2020

Program Flex Request

What regulation are you requesting program flexibility for? 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).

If you are seeking a staffing waiver, has your facility laid off any clinical staff within the previous 60 days?
If so, please explain (**Note:** Attach supporting documentation if necessary)

NO

Justification for the Request

Other:

UNKNOWN NUMBER OF STAFF CAN BE AFFECTED IN SAN JOAQUIN COUNTY DUE TO HIGH POSITIVE COVID RATE.

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: ALTERNATIVE STAFF PLANS ALL ACTIVATED. SEE BELOW.

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.

-REGISTRY-ALREADY USED ALL AMERICAN HEALTHCARE SERVICES, INC. IN JULY. OTHER REGISTRIES CONTRACTED BY CORPORATE OFFICE, INCLUDING PSYCH PRO AND ADDING OTHERS AS NEEDED.
 -EMERGENCY HIRING-ALREADY HIRED NEW NURSING STAFF, ADDITIONAL HOUSEKEEPING, DIETARY AND OFFICE STAFF WITH A GOAL TO OVERSTAFF TO BE PREPARED FOR STAFF ILLNESS, STAFF QUITTING DUE TO COVID FEAR, STAFF GOING ON MEDICAL AND PERSONAL LEAVES DUE TO COVID FEAR. OUR PLAN IS TO KEEP HIRING NEW STAFF TO SUPPORT OUR FACILITY IN THIS MANNER.
 -OVERTIME IS BEING AUTHORIZED FOR ALL ACTIVE STAFF MEMBERS.
 -EXTRA HAZARD PAY, ISOLATION UNIT PAY, BONUS PAY ALL UTILIZED.

-COVID-19 IMPACTS OUR STAFFING EVERY DAY DUE TO STRESS AND FEAR CAUSED BY WORKING IN A FACILITY IN COVID OUTBREAK AND MONITORING WHEN NOT IN OUTBREAK. STAFF WHO HAVE NEWBORN INFANTS, ELDERLY PARENTS, MEDICAL ISSUES MAKING THEM OR THEIR FAMILY MEMBER IMMUNE COMPROMISED ARE PARTICULARLY EXPERIENCING STRESS AT THIS TIME.

-WE ARE RETURNING STAFF TO WORK WHO WERE SUSPECT COVID OR POSITIVE COVID AS SOON AS THEY FEEL ABLE AND ARE NO LONGER CONTAGIOUS. WE HAD SOME STAFF MEMBERS NEEDING TRAINING WITH MORE INFORMATION AS THEY DID NOT WANT TO WORK WITH RETURNING STAFF WHO HAD BEEN ILL WITH COVID-19.

-HIRING EXTRA STAFF AT A HIGHER PAY RATE HAS BEEN VERY EFFECTIVE TO KEEP OUR STAFFING LEVELS HIGH WHEN OUR LONG TERM STAFF WERE OUT ILL WITH COVID-19. REGISTRY STAFF HAS NOT BEEN AS HELPFUL.

-WE HAVE CRESTWOOD STAFF FROM OTHER COMPANY FACILITIES AS BACK UP.

-WE HAVE COUNTY DISASTER STAFFING BACK UP AS A LAST RESORT.

-OUR ROLLING TEAM PLAN FOR ENSURING RESIDENT CARE AT ALL TIMES DOES WORK WELL. WE ARE LEARNING BETTER WAYS TO PROVIDE CARE.


 Signature of person requesting program flexibility

ADMINISTRATOR

Title


 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.

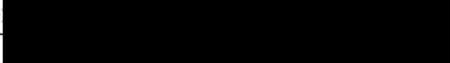
For CDPH Use Only

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 is limited to the regulation of 72329.2 and per all conditions noted on AFL 20-32.1.

CHCQ Printed Name: 
 CHCQ Staff Signature: 
 Date:


 L&C District Office Staff Signature

Title

Date