

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

Windsor Cypress Gardens

Date of Request

09-03-20

License Number

250000135

Facility Phone

951-688-3636

Facility Fax Number

951-688-3031

Facility Address

9025 Colorado Avenue

E-Mail Address

[REDACTED]s.com

City

Riverside

State

Ca

Zip Code

92503

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 July 10, 2020

End Date October 7, 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).

- 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)

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

Justification for the Request

- Other:

See below

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.

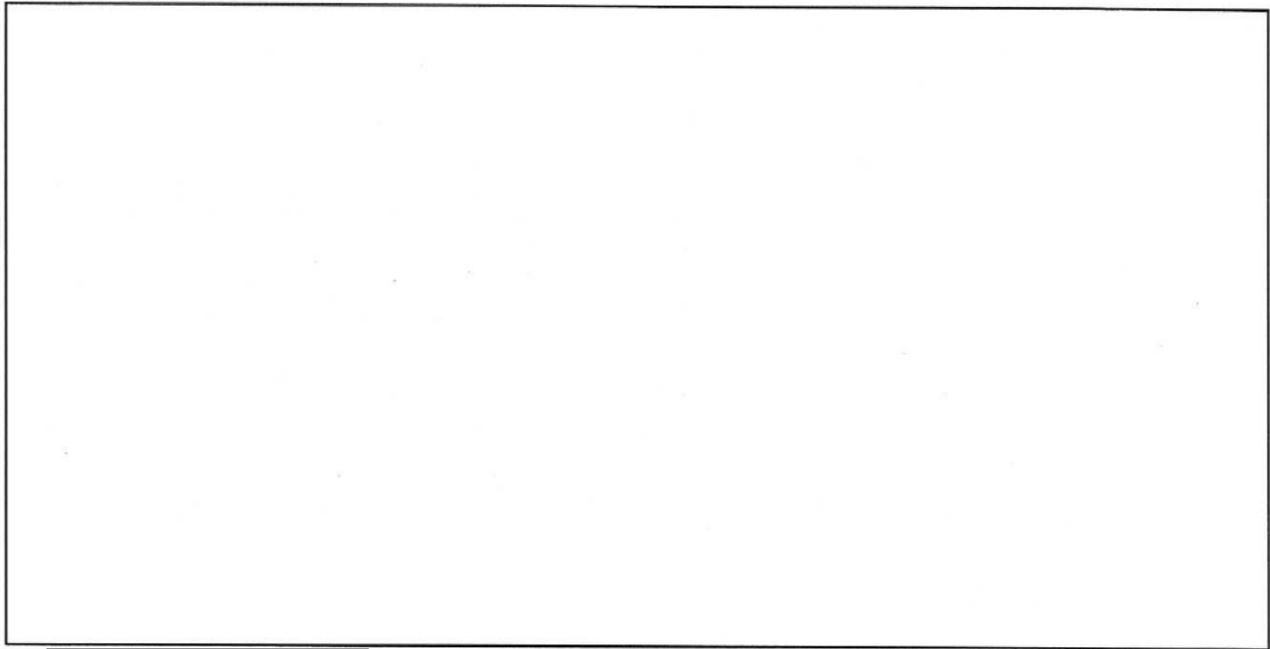
- Other:

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.

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)
 Steps the facility has taken (and continues to take) include: (facility specific)
 Due to the continued closures our local school districts and the restrictions on symptomatic staff to stay away from work we have a critical shortage of qualified direct care staff and we cannot remedy the situation through staff recall and other staffing solutions. Currently our facility is contracted with over six (6) staffing agencies and over the course of the last 5 months our facility has only been successful with staffing with two of the agencies who have only been able to provide limited coverage. Therefore, we are requesting that CDPH waive the requirement to meet the 3.5/2.4 requirement for the duration of this pandemic or until we



[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: September 14, 2020 to December 14, 2020

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

Comments / Conditions: *Approval for Title 22 72329.2(a) with the condition the facility maintains 3.2 staffing overall and meets the conditions outlined in AFL 20-32.1.*

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: _____

Date: [Redacted]

[Redacted Signature]

Health Facilities Evaluation
Title Supervisor

9/14/2020
Date