

## 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>

<b>Facility Name</b> Flagship HealthCare Center			<b>Date of Request</b> July 2, 2020	
<b>License Number</b> [Empty]			<b>Facility Phone</b> 949-642-8044	<b>Facility Fax Number</b> [Empty]
<b>Facility Address</b> 466 Flagship Road			<b>E-mail Address</b> [Redacted]	
<b>City</b> Newport Beach	<b>State</b> Ca	<b>Zip Code</b> 92663	<b>Contact Person Name</b> [Redacted]	

### Approval Request

### Duration of Request

Complete one form for each request

- Tent use (High patient volume)
- Space conversion (other than tent use)
- Bed use
- Over bedding

Start Date: July 13, 2020  
 End Date: October 13, 2020

### Program Flex Request

What regulation are you requesting program flexibility for? CCR 22 §72329; §72329.2; H&S Code §1599.1

### 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

**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:

Facility Name	License Number	Request Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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. The facility had an outbreak started 7/13/2020 and we currently have 12 positive employees and several out due to health concerns/ and COVID fear. Facility has 26 positive residents.

Steps the facility has taken (and continues to take) include:

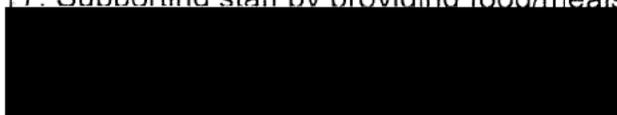
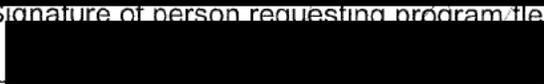
1. Continue to hire and recruit for part-time and PRN staff.
2. Asking nursing personnel to work extra hours or pick up extra shifts including offering wage scale enhancements.
3. Working with staffing agencies to supplement facility staffing, while also working hard to limit staff who might be working at (and potentially transferring the disease from or to) other facilities.
4. Restricting entry to the facility and access to the patients to only essential personnel and regular

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3. Working with staffing agencies to supplement facility staffing, while also working hard to limit staff who might be working at (and potentially transferring the disease from or to) other facilities.
4. Restricting entry to the facility and access to the patients to only essential personnel and regular screening of essential personnel.
5. Utilizing non-CNA's/LN's to supplement the services provided by nursing personnel (hospitality aides working closely with CNA's, department heads helping with meals, staff from other departments answering call lights and assisting with services that do not require a CNA or Licensed Nurse, etc. . .).
6. Finding and sponsoring people to attend CNA certification courses to grow the pool of available CNA's in the coming months.
7. Supporting staff by providing food/meals/gift cards/thank you notes/etc. . . during the emergency.

  
 Signature of person requesting program flexibility  
  
 Printed name

*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: 7/1/20 to 9/30/20

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

Comments / conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

 District Manager