

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 Dycora Community Care/Fresno Nursing Center			Date of Request July 2, 2020	
License Number 040000104			Facility Phone 559227-5383	Facility Fax Number 5592279578
Facility Address 3672 North First Street			E-mail Address [REDACTED]@fresnonursing.com	
City Fresno	State CA	Zip Code 93726	Contact Person Name [REDACTED]	

Approval Request

Complete one form for each request

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

Duration of Request

Start Date: July 1, 2020

End Date: September 30, 2020

Program Flex Request

What regulation are you requesting program flexibility for? 3.5 and/or 2.4 staffing requirements

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: See below

Facility Name	License Number	Request Date
Dycora Community Care/Fresno Nursing	040000104	July 2,2020

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. Our facility is currently COVID free - both our residents and staff. We have worked very hard with monitoring all staff twice daily - keeping the facility locked down. We have had to increase staffing to monitor the doors, monitor temperatures and signs and symptoms of staff and residents every shift. Currently we are providing 1:1 intervention for 1 resident and utilizing Nursing Assistant to limit and decrease the potential exposure to COVID-19. Due to schools being closed - we have experienced several staff members requesting a LOA for a period of time d/t child care issues and absences have increased. Several employees are fearful and have chosen to resign rather than work in this pandemic environment. WE have few staff that changed status to full time to on call and casual status. We have hired NA's to fill positions and we need the waiver to continue their positions until they are able to test and complete a training program. We have maintained Resident safety and have not had any negative outcomes. Several of our staff have had to quarantine due to family members being exposed to the virus and some employees were sent home and been take off the schedule due to being ill. Due to the increasing number of positive cases reporting in and around Fresno - our staff are really at risk -the numbers keep going up. 76.7% in Case statistics currently reported on the site. Our biggest challenge is keeping the staff motivated and wanting to come to work. We are experiencing low applicants flow. Facility continue recruiting CNA's- currently facility is needing 8 CNA's. Our current turnover rate is 33%

