

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

Gilroy Nursing and Rehabilitation Center

Date of Request

07/08/20

License Number

070000035

Facility Phone

408-842-9311

Facility Fax Number

408-842-7416

Facility Address

8170 Murray Avenue

E-Mail Address

[REDACTED]@covenantcare.com

City

Gilroy

State

CA

Zip Code

95020

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 07/10/20

End Date 10/10/20

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
AUG 6 - 2020
L & C DIVISION
SAN JOSE

Program Flex Request

What regulation are you requesting program flexibility for? Title 22 - section 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:

We are experiencing challenges meeting 3.5/2.4 requirements as the result of implementing CDC and CDPH guidance advising work restrictions for symptomatic employees and actual or suspected COVID-19 exposure instances (explained below); and continued school

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.

Since entering Incident Command on March 4, 2020, staffing has become increasingly challenging due widespread community transmission of COVID-19, family commitments, and fear. In the last 60 days, our facility has experienced two staff members walking off the job, a shocking number of call-ins, and 8 direct care staff resignations – not to mention those that have extended medical leaves of absence. As a part of our mitigation plan and as documented in our IAP, we have trained non nursing staff to assist with typical NA duties (restocking linens, taking menu orders, assisting with FaceTime, for example) and engaged our Restorative Therapists to assist as needed. To further mitigate staffing challenges around the surge of absenteeism of essential staff, 16 essential staff openings, LOAs, and other staff flatly refusing to work in our Welcome and COVID Units, we have shifted staff to fill essential COVID management positions and engage in additional activities that are not

Our 3 full-time door screeners normally work CNA assignments and our full time Infection Preventionist typically works as a charge nurse (hours are not counted in our direct care ppds). We've added 2 additional staff members per day, per shift, in the Memory Dementia Unit due to the decrease in dining and group activities to assist in monitoring social distancing, masking compliance, and to redirect patients accordingly. Our COVID-19 unit requires dedicated nurses, CNAs, and staff which do not work in any other units or areas of the facility. Over-time has been authorized since the pandemic began and we contract with 10 agencies meet patient needs. While we have trained NA students to fill open CNA positions while licensing waivers are in place, we must staff the building with more people not allowing us to meet 2.4 PPD requirements.

In our Observation Unit, like with COVID-19 unit, there are dedicated nurses, CNAs, and staff. The building is divided into color-coded zones to indicate to the staff the type of PPE and restrictions that are used in each zone. When nurses and staff call-in sick, only staff members assigned to the same zone may work – overtime is the most efficient and the safest way to ensure zoned cross-over does not occur. As noted in our Mitigation Plan, all residents are screened for signs and symptoms of COVID-19 and have their vitals monitored, including oxygen saturation and temperature checks at a minimum of two times per day and documented in the clinical record. Residents with any suspected respiratory or



 Signature of person requesting program flexibility

Executive Director

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:

CHCQ Printed Name:

CHCQ Staff Signature: _____

Date:



 L&C District Nurse Staff Signature

 Title

 Date