

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

Griffith Park Healthcare Center

Date of Request

July 1, 2020

License Number

920000035

Facility Phone

818.845.8507

Facility Fax Number

818.845.7910

Facility Address

201 Allen Avenue

E-Mail Address

administrator@griffithparkrc.com

City

Glendale

State

CA

Zip Code

91201

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 6/22/2020

End Date 12/31/2020

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).

Facility

License Number

Request Date

Justification for the Request

Other:

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.

The situation has not changed as far as sourcing of direct care nurses is concerned since the pandemic begun in March. A good example is that from May 19 up to current we only received four (4) applications through Indeed. And more often than not, they will not be responding to calls for interview or they lose interest when they realize that they are applying in a skilled nursing facility. There is even an up tick in the daily COVID-19 cases due to the current "opening" of the state. And the state itself is backtracking in the opening of some businesses due to rising statistics of COVID-19 cases. For these reasons, it is evident that current situations still leave a critical shortage of qualified direct care staff and we cannot remedy the situation through staff recall and other staffing solutions. We are asking CDPH to continue to waive the requirement to meet the 3.5/2.4 staffing ratio for the duration of this pandemic or until we can maintain a minimal staffing. The facility will continue to do the following:

- a. IDT and the facility medical director will communicate daily on staffing issues;
- b. Communicate with CDPH and CMS daily staffing levels and follow guidance from the

same;

c. The Nursing Department, led by the DON, will continue to assess residents every shift for any changes of condition and implement the change of condition policy and processes as may be necessary;

d. The Social Services Director will communicate with residents frequently and bring any grievances or concerns to the IDT to be addressed appropriately and timely;

e. Call in non-direct care staffs and assign them duties to assist in resident safety, hydration and activity needs;

f. Continue to exhaust all measures to meet the 3.5/2.4 staffing ratio requirement; and

g. Notify residents and responsible parties of staffing plans and changes as may be necessary.

[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: to

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

Comments / Conditions: This program flex is approved effective 7/22/20 for 90 days from the approved date. For regulation Section 72329.2 Nursing service staffing ratios; it is approved with the condition of a minimum 3.2 DHPPD overall staffing.

CHCQ Printed Name:

CHCQ Staff Signature: _____

Date:

[Redacted Signature]

L&C District Office Staff Signature

Title

Date