

### 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 [DOHQQualityOfficer@cdph.ca.gov](mailto:DOHQQualityOfficer@cdph.ca.gov)

This form is to be used ONLY for program flexibility requests when providers' requests for need to comply with licensing requirements by using alternative contracts, 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/DCDC/DCDC/Pages/QualityOfficer.aspx>

Facility Name		Units of Request	
Plymox Health and Subacute Center		36/33/2020	
License Number		Facility Name	Facility Fax Number
M4500078		630-321-0800	630-481-8800
Facility Address		E-Mail Address	
3030 E Herndon Ave		[REDACTED]@ORION-CA.IT-PRES100	
City	State	Contact Person's Name	
MESMO		[REDACTED]	

Approval Request		Duration of Request	
Complete one (or) total per facility		Start Date: 07/01/2020	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Copy	End Date: 07/01/2020	
<input type="checkbox"/> Extension Only (after renewal)	<input type="checkbox"/> Renewal		
<input type="checkbox"/> Space Conversion (after new contract)	<input type="checkbox"/> Diversifying		

Program Flex Request: What regulation are you requesting program flexibility for? Title 17 of the California Code of Regulations

- A disease outbreak (spread through sources such as air, food, a agency medical service agency outbreak, etc.) where Health Officer, CDC (Division of Communicable Disease Control, the Center for Disease Control and Prevention) is present in the community where the hospital is located or a public health emergency causing a rapid change of care (or both) (examples of the type of change could be increased cases of seasonal influenza, norovirus, or severe acute respiratory syndrome or other highly contagious viral respiratory illnesses, or epidemics such as a disease like age 17 and defined public health emergency.
- An emergency resulting in the need for increased patient care needs due to an outbreak in the community where the hospital is located or a public health emergency (examples of the type of emergency could be a natural or man-made disaster, or the incident or transportation accident involving a natural mass casualty or emergency requiring the evacuation of patients and staffs from another facility (MHCC decision has been recommended).

Facility

HORIZON HEALTH AND S

License Number

040000076

Request Date

07/01/2020

**Justification for the Request**

Other:

COVID-19 POSITIVE PATIENT AND RESIDENT AT FACILITY, DIFFERENT STAFF FOR DI

**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 Registry

**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.

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)

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

1. Implementing the facility's Staff Recall Policy and staffing contingency plans.
2. Asking nursing personnel to work extra hours or pick up extra shifts.
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.

- 6. Utilizing non-CNAs/WNAs to always perform the services provided by nursing personnel (physically aided walking, dressing with CNAs, department needs help with meals, staff from other departments answering call lights and assisting with services that do not require a CNA or Licensed Nurse, etc.).
- 6. Supporting staff by providing food/meals/it needs/other notations during the emergency.
- 7. Following the CDC Crisis Capacity Staffing Strategies for COVID-19.
- 8. Continue to comply with mutual assistance reporting requirements specified in Title 22 of the California Code of Regulations section 72544.
- 9. Report any substance abusing or supply shortages that jeopardize resident care or clinical operations.
- 10. We will continue to provide necessary care in accordance with residents' needs and make all reasonable efforts to act in the best interest of residents.
- 11. Follow all disaster response plan.
- 12. Follow infection control guidelines from the Centers for Medicare and Medicaid Services (CMS) and the CDC related to COVID-19.
- 13. Comply with directives from our local jurisdiction department, to the extent that there is no conflict with federal or state law of Medicare or CDPH AFS.

[Redacted Signature]

Administrator

Signature of person requesting program (last, first, middle)

Title

[Redacted Name]

Typed Name

NOTE: Approval of request, space conversion, bed use and over-booking will be limited and dependent on the local jurisdiction that substantiate the emergency. Initial approval may be given verbally by the local DDC, 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 Assurance:

Extension of bed use

July 1, 2020

Sept. 29, 2020

Permission for bed CNY also the way request described in comments/condition

Please see conditions as listed on the approval email.

CHCQ Partner Name: [Redacted]

CHCQ Staff Signature: [Redacted]

Date: [Redacted]

[Redacted Signature]

HFEM II

7/30/20

LAC Health Care Staff Signature

Title

Date