

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			Date of Request	
HARBOR VILLA CARE CENTER			JULY 7, 2020	
License Number		Facility Phone	Facility Fax Number	
060000096		714-635-8131	714-635-7039	
Facility Address			E-Mail Address	
861 S. HARBOR BLVD			[REDACTED]@harborvillacares.com	
City	State	Zip Code	Contact Person's Name	
ANAHEIM	CA	92805	[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

End Date

Program Flex Request

What regulation are you requesting program flexibility for?

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

Harbor Villa Care Center

License Number

060000096

Request Date

7/08/2020

Justification for the Request

Other:

SEE BELOW UNDER ADDITIONAL INFORMATION

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: SEE BELOW- REQUEST IS FOR STAFFING WAIVER EXTENSION

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.

Harbor Villa Care Center is respectfully requesting a temporary program flexibility extension for staffing waiver Title 22 – sec 72329.1 & sec 72329.2. Due to a current and continuing outbreak of Covid-19. Our first Covid-19 positive Resident occurred on May 3, 2020. Since May 3, 2020 Harbor Villa Care Center has suffered 15 Licensed Nurse and C.N.A resignations and/or extended leaves of absences. This includes full-time Licensed Nurses and 11 C.N.As at this same time 3 part time licensed Nurses (1 RN and 2 LVNs) took an extended leave of absence because their full time Skilled Nursing Facility would not allow them to continue part time at Harbor Villa Care Center. Those 3 part time licensed Nurses were the equivalent of 1.5 FTE Licensed Nurse. In effect HVCC is now down 5.5 FTE Licensed Nurses, an additional 11 C.N.As changed their status from Full-Time to On-call status. That means HVCC despite begging, pleading, offering a very substantial daily bonus to stay employed our efforts and offers were declined. The bottom line was that these staff members did not feel safe in a Covid-19 positive facility. In fact, the majority of these employees told us that a.) they were leaving health care permanently or b.) they would consider returning if and when a vaccine for Covid-19 becomes available. HVCC is still in an active Covid-19 outbreak. 26 out of active members have tested positive for Covid-19 since May 3, 2020, our most recent employee Covid-19 positive was just last week on July 3, 2020. We still have 15 Residents in our Covid-19 "Red" positive zone. We still have 37 Residents in our Covid-19 "Yellow" observation zone, these Residents require significant nursing staffing for monitoring, assessing and routine care. Our facility reached as high as 63

positive Covid-19 Residents. Our situation was so dire that we reached out to The Orange County Department of Public Health, The Orange County CDPH, Our MHOAC (Medical Health Operational Area Coordinator) and J [REDACTED] Division Manager for Communicable Disease Control. Without their assistance with registry staffing, we would have had no choice but to evacuate our Residents. At this time our facility is divided into 4 separate "Units", this requires 24 hour a day/7 days a week am, pm, and noc shift staffing, with our current staff, this is impossible. Even with registry staff (which is not very reliable, ie. constant call-offs, no call-no shows, etc) we are barely able to meet the needs of our Residents let alone comply with 2.4 C.N.A and/or 3.5 overall nursing PPD. We have implemented 12 hours shifts for any Licensed Nurse/C.N.A willing to take a 12 hour shift. We implemented a financial bonus program on Day 1 of our Covid-19 outbreak, that we continue to honor today. We asked our neighboring Skilled Nursing Facilities for assistance that include financial incentives no one was willing to work at our facility. It cannot be overstated, without the on-going assistance from Public Health, CDPH, the MHOAC and local CDC office we would not be able to operate and to care for our Residents. Our extensive and heavy recruiting efforts have led to just 1 LVN accepting our offer of employment. She started her orientation on July 7, 2020. This application for continued staffing waiver is not merely a humble request for the staffing waiver extension, but a plea for the staffing waiver extension. On behalf of our staff and Residents that we serve here at HVCC we are submitting this application for continued staffing waiver at least until October 9,2020. This timeline will give us the opportunity to clear our "Red" and "Yellow" Covid-19 Zones back to "Green" (General population) and to be able to recruit back staff members and/or to recruit and train new Licensed Nurses and C.N.As.

[REDACTED]

Administrator

Signature of person requesting program flexibility

Title

[REDACTED]

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:

[REDACTED]

L&C District Office Staff Signature

Title

Date