

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 HERITAGE REHABILITATION CENTER			Date of Request 7/2/2020	
License Number 910000115			Facility Phone 310-320-8714	Facility Fax Number 310-320-1809
Facility Address 21414 S. Vermont Avenue				
City Torrance			State CA	Zip Code 90502
E-mail Address [REDACTED]@gerehabcenter.com				
Contact Person Name [REDACTED]				

Approval Request

Complete one form for each request

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Tent use (High patient volume) | <input type="checkbox"/> Bed use |
| <input type="checkbox"/> Space conversion (other than tent use) | <input type="checkbox"/> Over bedding |

Start Date:	July 1, 2020
End Date:	September 30, 2020

Program Flex Request

What regulation are you requesting program flexibility for? CCR 22 §72329.2; ~~H&S Code §1276.65~~ *MS*

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 N-27-20 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.

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
Heritage Rehabilitation Center	910000115	7/2/2020

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: We already have staff working double shifts and 12-hour shifts.

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 §1276.65

In the on-going crisis of COVID-19, Heritage is anticipating shortages of staff due to call-offs, family matters or mandated quarantine.

The facility will continue to monitor changing conditions of COVID-19 and follow guidance from local, state, and federal agencies.

Heritage will continue to provide essential care to all residents to maximize their physical, mental, and psychosocial well being at the same time keeping them safe.

Our facility is experiencing COVID-19 related issues that is directly impacting our staffing levels.

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

CCR 22 §72329; §72329.2; H&S Code §1276.65

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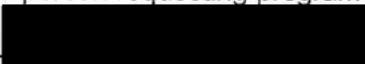
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Heritage will continue to provide essential care to all residents to maximize their physical, mental, and psychosocial well being at the same time keeping them safe.

Our facility is experiencing COVID-19 related issues that is directly impacting our staffing levels.

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.
5. Supporting staff by providing food/meals/diff cards/thank you notes/etc. . . during the emergency.

 7/2/2020 ADMINISTRATOR
 Signature of person requesting program flexibility 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 L&C DO; however, a signed written approval must be distributed (faxed) to the hospital and filed in the hospital's facility folder.

For CDPH Use Only:
CDPH Licensing and Certification Approval:
 Permission Granted from: 7/1/20 to 9/30/20
 Permission Denied: Briefly describe why request was denied in comments / conditions below:
 Comments / conditions: Program Flex approved for CCR 22 § 72329 only
 SUPERVISOR KAREN 8/9/20