

### 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](mailto: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

Herman Health Care Center

Date of Request

07/08/2020

License Number

070000049

Facility Phone

408-269-0701

Facility Fax Number

408-269-2512

Facility Address

2295 Plummer Ave.

E-Mail Address

administrator@svpostacute.com

City

San Jose

State

CA

Zip Code

95125

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 07/08/2020

End Date 10/01/2020

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
 L & C DIVISION  
 SAN JOSE  
 AUG 12 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).

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, Herman health Care Center has not laid off any clinical staff within the previous 60 days.

**Justification for the Request**

Other:

The staff anxiety/fear goes leads to staff requests to be taken off the schedule, do not give their availability. MOHAC program stated they were unable to support the facility upon request as we are not the county owned facility. +

**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.

Herman health care Center is requesting for the staffing waiver due to COVID -19 Pandemic. Due to staff illness, staff not being able to work second jobs, school closues, fear and anxiety among staff, some staff with medical comorbities putting them at higher risk for contacting virus, and other restrictions brough on by the Covid Virus, we are unable to staff at appropraite levels on all days. We are asking the CDPH to waive the requirements to meet 3.5/2.4 for the duration of the pandemic. The facility has mitigation plan in place to address the staffing as needed.

This includes but not limited to:  
 Daily calling to staff who are not scheduled to work to pick up extra shifts.  
 DON, DSD, and Admin meeting to address staffing needs.  
 Ongoing hiring for full time and part time staff.  
 Bonuses.  
 Cross training of activity staff and department heads for feeding the residents.  
 Angel rounds to assure the needs of all residents are met on daily basis. Social services and Activities to be able to meet with residents to check on their well being and facilitate family calls.

Signature of person requesting program flexibility

Title

[Signature box]

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: 7/8/2020 to 10/1/2020

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

Comments / Conditions:

CHCQ Printed Name: [ ]

CHCQ Staff Signature: [ ]

Date: [ ]

[Redacted Signature]

HFFH I

8/12/2020

L&C District Office Staff Signature

Title

Date