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: Jurupa Hills Post Acute

Date of Request: July 9, 2020

License Number: 250000177

Facility Phone: 9516812200

Facility Fax Number: 9516814402

Facility Address: 6401 33rd Street

E-Mail Address: [redacted]@jurupahillspa.com

City: Riverside

State: CA

Zip Code: 95209

Contact Person's Name: [redacted]

Approval Request

Complete one form total per facility

- [x] Staffing
- [ ] Tent use (High patient volume)
- [ ] Space Conversion (other than tent use)
- [ ] Other
- [ ] Bed Use
- [ ] Over bedding

Duration of Request

Start Date: July 10, 2020

End Date: October 10, 2020

Program Flex Request

What regulation are you requesting program flexibility for? Title 22 - CCR section 72329.2a

Justification for the Request

- [x] 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)

Justification for the Request

☑ Other:

We currently have 2 licensed nurses on leave as of this date due to positive COVID testing results. We are concerned more staff will test positive, because they are out in the community.

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: We have sister facilities that are available.

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.

Due to the COVID-19 community spread being experienced and given the high case fatality rate in the elderly, which premilinary data shows at 15% or greater, this facility is implementing a strict visitation program.
The program will entail restricting entry to only individuals who need entry:
1) Facility employees, contractors and consultants who are needed to keep the operations running and assure the residents' needs are met. 2) Government officials who in their capacity require entry (e.g., CDC or public health staff). 3) Immediate families or friends who need to visit for critical or time sensitive reasons such as hospice-related visits, complete medical authorizations, etc. These visitors will be instructed to limit their movement within the facility.
This is NOT a complete ban on all visitors. The circumstances for the reason for entry will

practice will be explained, and alternative methods of communications offered. The facility will consult with the resident (or the resident representative) to determine if a resident wants or needs a specific visitor, including immediate family members, and to allow entry if they do not meet any of the screening exclusion criteria. 4) Cancel activities that take residents into the community to public places particularly with large gatherings, such as mall, movies, etc. (note: this does NOT apply to residents who need to leave the building for medical care such as dialysis, medical visits, etc).
To continue to meet the resident psychosocial needs the facility will:
1) Ensure emergency contact information for family members and the resident representative is up to date. 2) Develop alternative means of communications for residents to visit and talk with loved ones, such as video chat, telephone, text or social media. 3) Inform residents or their representatives of these changes using clear, concise, jargon-free messages that express empathy for their situation while simply explaining the policy. 4) Ensure proactive communication with residents' families, loved ones, contractors, volunteers, etc. to make them aware of these restrictions; and to keep them up to date. 5) Develop a process for family members to communicate with the facility to get answers to their questions.

[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: July 14, 2020 to October 14, 2020

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

Comments / Conditions: Approval for Title 22 CCR Section 72329.2 (a) with the condition the facility will maintain 3.2 DHPPD staffing overall.

CHCQ Printed Name:

CHCQ Staff Signature:

Date:

[redacted] RW HFEN July 14, 2020

L&C District Office Staff Signature Title Date