

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

Kaweah Manor Convalescent Hospital

Date of Request

July 8, 2020 - Rev. Aug, 20, 2020

License Number

120000588

Facility Phone

559-732-2244

Facility Fax Number

559-319-0717

Facility Address

3710 W Tulare Ave.

E-Mail Address

administrator@thelakepa.com

City

Visalia

State

CA

Zip Code

93277

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 7/1/2020

End Date 9/30/2020

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)

While we have not laid off any staff, many were unable to work due to becoming COVID+, requiring quarantine at home until S/S resolved and staff were released to return per CDC, CMS guidelines and in coordination with local, County and State oversight. Our cumulative total of employees affected by COVID-19 to date is: 23

Justification for the Request

- Other:

Current direct care HCPs may not be able to meet the 2.4/3.5 requirements during the COVID-19 pandemic due to the uncertain nature of the virus and how it has impacted our Nation.

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:

Plan for utilizing staffing agency in the event of direct care work force shortage.

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.

-Rising community cases of SARS-CoV-2 are increasing facility direct care staffing exposure, which may increase direct care staff absences over the next three months. The closure of the local school district and the restrictions for symptomatic staff to stay away from work may also create a critical shortage of qualified direct care staff over the next three months.
 -Facility is currently able to meet the 2.4/3.5 requirements with staff available and is continuing to actively recruit for vacant direct care positions.

Overtime is utilized in the event that shift coverage is required.

-Facility has a contract with an independent staffing firm specializing in emergency staffing. Due to community demand, however, the staffing firm may not be able to provide coverage in all instances. The waiver is being requested as the facility may not be able to satisfy the 2.4/3.5 requirement even after exhausting overtime shift and staffing firm options.

-Facility will communicate staffing issues with the CDPH District Office re: staffing levels and show follow guidance provided by CDPH.

-Facility reports daily staffing and specifically, any concerns anticipating a staffing shortage through the NHSN portal on a daily basis.

-Facility routinely communicates through Executive Leadership to Tulare County Health/IP/HAI and CDPH to review the current status of COVID-19, Mitigation Plan, cumulative totals and current COVID-19 testing.

[Redacted Signature]

Signature of person requesting program flexibility

Administrator

Title

[Redacted Name]

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 Signature]

L&C District Office Staff Signature

Title

Date