

Temporary Permission for Program Flexibility and for Emergencies

When the MHCC is activated, Providers and DO's 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 (CHCQ) 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 Kei Ai Los Angeles			Date of Request 7/10/2020	
License Number 910000059			Facility Phone 323-276-5700	Facility Fax Number 323-276-5732
Facility Address 2221 Lincoln Park Ave				
City Los Angeles	State CA	Zip Code 90031	E-mail Address [REDACTED]	
Contact Person Name [REDACTED]				

Approval Request

Complete one form total per facility

Duration of Request

- Staffing
- Tent use (High patient volume)
- Space conversion (other than tent use)
- Other
- Bed use
- Over bedding

Start Date: 7/10/2020
 End Date: 10/8/2020

Program Flex Request

What regulation are you requesting program flexibility for? Title 22 CCR 72329.2/ 72329.1

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 Name	License Number	Request Date
Kei Ai Los Angeles	970000059	7/27/2020

Justification for the Request

Other:

Potential staffing shortages for COVID-19 that would fall below 2.4 (CNA) and 3.5 (Total).

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: Use of nursing registry

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 alternate 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.

We are currently operating under the recommendation and guideline of the CDC, LACDPH, and CDPH. We are requesting program flexibility for the staffing requirement of 2.4 CNA hours and 3.5 total hours because of staffing challenges associated with COVID-19.

We are able to manage the acuity of our patients and have been able to find sufficient staff through our own means and the use of nursing registry. However, there have been times and may be more in the future that program flexibility is required for us to manage the facility at the required staffing guidelines listed above given a greater community spread of COVID-19. This widespread community transmission affects whether our own staff become positive and are then placed off work, making it difficult to meet the above required guidelines.

We are constantly recruiting, hiring, and training new staff so that this program flexibility will not be required in the future. We do hope that as community wide transmission continues, that the ability to recruit, hire, and train new staff improves such that this program flexibility is not necessary. Until that time, we request that this program flexibility be granted.



 Signature of person requesting program flexibility


 Printed name

Administrator

 Title

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: 07/10/2020 to 10/10/2020
 Permission Granted from: _____ to _____
 Permission Denied: Briefly describe why request was denied in comments / conditions below:
 Comments / conditions:
 This is approved with the condition that the facility implements its' Mitigation Plan and use registry (staffing agencies) before flexing staffing regulations. Facility must meet a NHPPD of 3.2.

 CHCQ Printed Name:
 CHCQ Staff Signature: _____
 Date: 7/27/2020



 L&C District Office Staff Signature

Program Manager

 Title

07/27/2020

 Date