

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

Kindred Hospital - Ontario

Date of Request

4/20/20

License Number

240000561

Facility Phone

909-391-0333

Facility Fax Number

909-391-2892

Facility Address

550 N. Monterey Avenue

E-Mail Address

[Redacted]@kindred.com

City

Ontario

State

CA

Zip Code

91764

Contact Person's Name

[Redacted]

Approval Request

Complete one form total per facility

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

Duration of Request

Start Date 04/20/2020

End Date 06/30/2020

Program Flex Request

What regulation are you requesting program flexibility for? AFL 20-26/Sect. 1135 Waiver Request

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

Kindred Hospital - Ontario

License Number

240000561

Request Date

04/20/2020

Justification for the Request

Other:

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.

Kindred Hospital - Ontario provides post-acute care, which includes providing ventilator-weaning, extended medical care to patients who are clinically complex and have multiple acute and/or chronic conditions. We seek to convert four of our licensed beds to ICU beds, which will amend our existing bed total from 84 Unspecified General Acute beds and 7 ICU to 80 UGA beds and 11 ICU, in order to better serve patients during the COVID-19 surge emergency. Kindred Hospital Ontario ICU occupancy is routinely at 100% occupancy. Due to the current COVID emergency, the demand for post acute ICU level of care has resulted in a wait list for ICU bed level of care. The requested ICU bed increase will assist Kindred in addressing the community needs for the safe transition of critically ill patients and serve to provide effective bed management for short term acute care facilities. Kindred is also managing the care of post positive COVID patients who are cleared to transition from the tertiary care setting. The area for additional ICU beds is a current ICU step down unit, and has the space allocation and headboard setup to manage ICU level of care/ equipment. Both trained staff and equipment are available to support this transition.

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[Redacted signature area]
Signature of person requesting program flexibility

Asst. Sec/Dir, Lic & Cert

Title

[Redacted printed name area]

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: Approved to convert four licensed beds to ICU beds.

Existing bed total from 84 Unspecified General Acute beds and 7 ICU will be amended to 80 UGA beds and 11 ICU. Implement based on plan submitted, and presented during onsite visit. Effective until 06/30/2020. Reference: AFL 20-26.

CHCQ Printed Name:

CHCQ Staff Signature: _____

Date:

[Redacted signature area]

L&C District Office Staff Signature

[Redacted signature area] HFES II
CDPH CHCQ L&C

Title

Date