

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

Laguna Hills Health and Rehabilitation

Date of Request

7/6/2020

License Number

056110

Facility Phone

949-837-8000

Facility Fax Number

949-415-2354

Facility Address

24452 Health Center Dr

E-Mail Address

[Redacted]

City

Laguna Hills

State

CA

Zip Code

92653

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 07/11/2020

End Date 10/10/2020

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).

Facility

Laguna Hills Health and Re

License Number

05-6110

Request Date

07/06/2020

Justification for the Request

Other:

[Empty text box for justification]

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 [Empty text box]

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: [Empty text box]

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 requesting the 90 day extension to the 3.5/2.4ppd SNF staffing waiver due to the COVID pandemic. Both licensed nurses and CNA staffing continues to be a struggle given the current climate and spreading of positive cases, especially in LA and Orange County. Per This is exemplified by the restrictions reinstated on Orange county by Governor Newsom. Despite aggressive recruiting measures, such as \$1500 sign on bonuses for LVNs, and \$1000 sign on bonuses for CNAs - there are barely any applicants at all. In addition, the increased fear from COVID has forced nurses to take leave of absences, resign all together, and/or no-call no-show. We have offered hazard pay to attempts improve retention. The majority of staffing registries contacted refuse to help with staffing for COVID+ buildings.

MORE BELOW:

[Empty text box for additional information]

As a large building, with over 240 staff members, and having a positive staff member currently - I anticipate with the mass further testing occurring we will continue to have sporadic or frequent positive tests. Coupled with the requirements for long periods away from work after a positive test result, we are seriously at risk of critical staffing levels that we will be unable to remedy through staff recall or registry solutions. Moreover, school closures of local school districts will continue to place strain on our staffing options. Please consider us for extending the 3.5/2.4 ppd staffing waiver. We will continue to exhaust all measures to achieve the 3.5/2.4 levels throughout the duration of the pandemic.

[Redacted Signature]

ADMINISTRATOR

 Title

Signature of person requesting program flexibility

[Redacted Printed 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]

District Manager

8/7/20

L&C District Office Staff Signature

Title

Date