

Temporary Permission for Program Flexibility for Minimum Staffing Ratios

This form is to be used ONLY for program flexibility requests when hospitals temporarily need to comply with licensing requirements by using alternative concepts, methods, procedures, techniques, equipment, or personnel.

Hospitals are required to submit a program flexibility request to the California Department of Public Health (CDPH), Licensing & Certification (L&C) Program through their local district office (DO) for written approval. This form is a mechanism to expedite the request and approval process in emergency situations.

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx>

Facility Name Linda Valley Care Center			Date of Request 07/16/2020	
License Number 240000167			Facility Phone 909-796-0235	Facility Fax Number 909-796-4945
Facility Address 25383 Cole St			E-mail Address [REDACTED]cellorHealthCare.com	
City Loma Linda	State CA	Zip Code 92354	Contact Person Name [REDACTED]	

Approval Request**Duration of Request**

Complete one form for each request

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

Start Date: 07/01/20

End Date: 10/31/20

Program Flex Request

What regulation are you requesting program flexibility for? Title 22 - section 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).

Justification for the Request

Other:

Local school closures and restricting staff with respiratory symptoms, among other COVID-19 related variables, have resulted in a shortage of qualified direct care staff to meet the minimum staffing ratios required; all other resources including staff recall have been exhausted.

Exhausting Available Alternatives

The hospital 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:

Facility Name	License Number	Request Date

Adequate Staff, Equipment and Space

The hospital 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 utilized. Attach additional supporting documentation as needed.

Due to activities surrounding staffing challenges as a result of COVID-19 this facility is requesting an extension of the blanket waiver as specified in AFL 20-32.1 regarding staffing requirements and suspending regulatory enforcement of the following requirements:

Staffing
 Health and Safety Code (HSC) section 1276.65 (c)(1)(B) and (C)
 (B) Effective July 1, 2018, skilled nursing facilities, except those skilled nursing facilities that are a distinct part of a general acute care facility or a state-owned hospital or developmental center, shall have a minimum number of direct care services hours of 3.5 per patient day, except as set forth in Section 1276.9.
 (C) Skilled nursing facilities shall have a minimum of 2.4 hours per patient day for certified nurse assistants in order to meet the requirements in subparagraph (B).

This facility will:

- Collaborate with CDPH regarding substantial staffing shortages that jeopardize resident care or disrupt operations and follow guidance provided through the Dept.
- Will continue to provide necessary care in accordance with residents' needs and make all reasonable efforts to act in the best interest of residents.
- IDT and the facility medical director will communicate regularly on staffing issues or concerns.
- Social Service Director or designee will communicate with residents frequently and bring any grievances or concerns to the IDT to address.
- Call in any available non direct care staff and assign them duties to assist in resident safety, dietary, hydration and activity needs.
- Continue to explore measures to meet 3.5 and 2.4 staffing requirements.

 Signature of person requesting program flexibility

 Printed name

 Regional Director of Operations
 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 L&C DO; however, a signed written approval must be distributed (faxed) to the hospital and filed in the hospital's facility folder.

For CDPH Use Only:

CDPH Licensing and Certification Approval:

Permission Granted from: 08/06/2020 to 11/06/2020

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

Comments / conditions: _____

APPROVED for 72329.2(a). CONDITIONS: Minimum 3.2 DHPPD overall staffing.

Subacute unit is excluded if present in the facility. Facility will continue to actively look for additional staffing. Facility must resume mandatory staffing levels as soon as feasible.

Please see next page for other conditions specified in AFL 20-32.1

 CDPH CACQ L&C
 San Bernardino District Office