

## Temporary Permission for Program Flexibility for 3.5 and/or 2.4 Staffing Requirements

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 Lodi Creek Post-Acute			Date of Request 07/10/2020	
License Number 100000044			Facility Phone 209-334-3760	Facility Fax Number 209-334-1071
Facility Address 321 W. Turner Rd.			E-mail Address [REDACTED]	
City Lodi	State CA	Zip Code 95240	Contact Person Name [REDACTED]	

### Approval Request

Complete one form for each request

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

Start Date: July 1, 2020  
 End Date: December 31, 2020

### Program Flex Request

What regulation are you requesting program flexibility for? Title 22, CCR Section 72329.2 (a)

### 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:

Lodi Creek Post-Acute sent a request for a temporary permission for program flexibility for the 2.4 staffing requirements on 7/1/2020, the request is being reviewed. In relation to that request we are seeking another temporary waiver requesting for permission that our facility be allowed to hire

**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: See below

Facility Name	License Number	Request Date
Lodi Creek Post-Acute	100000044	07/10/2020

**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.

As described in our first request, our facility has significant challenges in hiring CNAs to meet the 2.4 requirement. The COVID pandemic has put a restraint on our community resources for CNAs. Most if not all SNFs are hiring as well and thus competing for the same available CNAs. There are also less CNAs currently in the market because those who are in school and/or have completed their courses are faced with the challenge of having no available test dates to take their certification tests because they have been postponed due to the pandemic. Additionally, multiple SNFs have restricted CNAs from working in a facility with COVID + resident and/or staff. We have already implemented the use of staffing registries but they too have been limited and do not have enough CNAs for all the facilities in need of their services. We have created and hired "Care Support Team Member" positions for non nursing staff to help with the daily care needs of our residents. Our facility continues to provide additional support to our current staff by providing food/meals/gift cards/thank you notes/etc to boost staff morale. We have also asked nursing personnel to work extra hours and pick up extra shifts while monitoring for staff burnout. We are seeking the approval for our facility, Lodi Creek Post-Acute, to hire Nursing Students and Nurse Assistants who are awaiting certification testing to work as NAs.

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 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 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 7/1/2020 to 8/29/2020  
 Permission Denied: Briefly describe why request was denied in comments/conditions below  
 Comments /conditions: TITLE 22 CCR SECTION 72329.2 APPROVED WITH THE FOLLOWING CONDITION:  
 1) FACILITY MUST MAINTAIN A MINIMUM OF 3.2 DHEPD OVERALL STAFFING  
  
 District Manager 7/27/2020