

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

Los Banos Nursing & Rehab center

Date of Request

9/2/2020

License Number

04000020

Facility Phone

209-826-0790

Facility Fax Number

209-826-3154

Facility Address

931 Idaho Ave

E-Mail Address

[Redacted]

City

Los banos

State

CA

Zip Code

93635

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 9/12/2020

End Date 12-12-2020

Program Flex Request

What regulation are you requesting program flexibility for? 72329.2 Title 22 Code regulation

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).

If you are seeking a staffing waiver, has your facility laid off any clinical staff within the previous 60 days?
If so, please explain (**Note:** Attach supporting documentation if necessary)

No

Justification for the Request

Other:

IT is very difficult to get full time staff in Los Banos always. More staff works on P/T basis due to attending schools or other problems so it is very difficult to get coverage for seven days. With this Pandemic time many staff Call ins puts the facility short staffed. Staff

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.

Our average Census is 32 these days and still we need 2 L/Ns and 4 CNAs and one RNA for the day shift , 2 L/Ns and 4 CNAs for PM shift and 1 L?N and 2 to 3 CNAs for the night shift. If we have residents in the COVID positive unit(RED ZONE) we need more staff each day. We are requesting for staffing with our contracted registries but the are also short of staff. Most of the days our CNAs and L/Ns are working extended hours. Advertisements through indeed, social media, work net and other means are going on to hire more staff. We promote volunteers and we are following all the CDC/CMS guidelines. Los Banos is a small town with one acute hospital and one other SNF and we are reching out for help but they are also facing same issues. Staff cross trained by DSD in different patient care areas. Staff being motivated by incentives and DON/DSD always aware to watch for staff burn out or any other problems to affect their resident care.

We contacted CDPH and MHOAC and unable to get any help because we are not meeting the criteria. ON our daily NHSN survey we mentioned when there is a shortage anticipated. We have only 32 residents right now and if there is an extreme shortage of nurses and CNAs that we cannot take care of the residents then only there will be transfer or discharge by the CDPH guidelines in our mitigation plan.

No lay off of Nursing staff in last 60 days.

No vacations are given at this time due to the pandemic and staffing shortage except emergency situations. We are contracted with 3 staffing agencies- 24/7 Med staff, Maxim Health Care staffing and Clipboard Health and we continually contacting them but never received any staff in the month of Auhust. (look like we are far away)

Call ins we have for the last 60 days: In July 9 CNAs and 2 RNs called in. In August 9 CNAs and 1 LVN C/I.

We had one positive HCP in july last week but no other cases so far. But merced county has positive cases are increasing so we are starting our survelance test twice a week now. With all these concerns I am requesting for a staffing waiver.

[Redacted Signature]

Signature of person requesting program flexibility

Administrator

Title

[Redacted 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: 09/12/2020 to 12/11/2020

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

Comments / Conditions:

See conditions as listed in approval email.

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: _____

Date: [Redacted]

[Redacted Signature]

L&C District Office Staff Signature

District Administrator 1

Title

09/03/2020

Date