

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 Maclay Healthcare			Date of Request June 29, 2020	
License Number 920000084			Facility Phone 818-361-4455	Facility Fax Number 818-361-1446
Facility Address 12831 Maclay St.			E-mail Address administrator@maclayhealth.com	
City Sylmar	State CA	Zip Code 91342	Contact Person Name [Redacted] Administrator	

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:
 End Date:

Program Flex Request

What regulation are you requesting program flexibility for?

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:

On March 04, 2020 Gov. Gavin Newsom declared a State of Emergency to make additional resources available, formalize emergency actions already underway across multiple state agencies and departments, and help the state prepare for broader spread of COVID-19. Since the initial

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
Maclay Healthcare Center	920000084	7-01-2020

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.

CCR 22 §72329; §72329.2; H&S Code §1599.1(a)

Our facility is experiencing COVID-19 related issues that is directly impacting our staffing levels. The steps the facility has taken (and continues to take) includes:

1. Implementing the facility's Staff Recall Policy and staffing contingency plans.
2. Asking nursing personnel to work extra hours or pick up extra shifts. Some staff are working 12 to 16 hours per day to meet the resident needs.
3. DON and DSD are assisting with medication pass and charge nurse duties when short of staffing.
4. Hazard pay for staff working in facilities with COVID-19 outbreak. We are paying an average of \$2.00 for non-covid unit and \$100 per hour for covid unit.
5. Working with staffing agencies to supplement facility staffing, while also working hard to limit staff who might be working at (and potentially transferring the disease from or to) other facilities.
6. Restricting entry to the facility and access to the patients to only essential personnel and regular screening of essential personnel.
7. Utilizing non-CNA's/I N's to supplement the services provided by nursing personnel (department

Initial Testing - completed and residents/staff were negative.
Surveillance Testing - completed. 1 staff member started having symptoms and tested positive.
Facility returned to Response Driven Testing.

Outbreak - 3 patients sent out to the acute hospital who tested positive. The third patient that was sent out was on 6/27/2020 and tested positive. Results were called in today from acute hospital. Currently in house, we have 8 PUI's and facility is struggling to staff specific to that isolation unit. DON is having issues staffing licensed nurses as well as CNAs. DON uses 12 hour shifts and double shifts to try to meet the 3.5 & 2.4 staffing requirements.

 _____
Signature of person requesting program flexibility

Administrator
_____ Title

 _____
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 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 9/30/2020

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

Comments / conditions: Approved as per APB 20-32.1

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PM 7/3/2020