

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

Madera Rehabilitation & Nursing Center

Date of Request

07/08/2020

License Number

040000034

Facility Phone

5596739228

Facility Fax Number

Facility Address

517 South A Street

E-Mail Address

[Redacted]

City

Madera

State

CA

Zip Code

93638

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 07/08/2020

End Date 9/30/2020

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).

- 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**)

The facility has not laid off any clinical staff within the previous 60 days.

Justification for the Request

- Other:

The facility is currently experiencing a COVID-19 surge of both patients and staff that as resulted in staff shortages. The local community (Madera County) is also experiencing COVID-19 surges that is currently forcing school closures. Resources such as registry are

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.

Madera Rehabilitation and Nursing Center is applying for an emergency staffing waiver as outlined in AFL 20-32.1 for the following reasons:

1. From July 1, 2020- July 24, 2020 the facility has had 66 residents and 29 staff members who have tested positive for COVID-19.
2. On July 6, 2020 Governor Newsom placed Madera County on the states "watch list" due to a surge of Covid-19 cases within the county. The County currently remains on the watch list which will force schools within Madera County to remain closed.
3. We currently have 27 employees at home recovering (14 certified nursing assistants, 2 licensed vocational nurses, 2 registered nurses, 5 housekeeping/laundry staff and 4 office staff). Since July 1, 2020 we have had 28 staff members who have either resigned and/or changed their employment status to On-Call/PRN due to Covid-19 related issues.

- 4. The facility is currently working with Maxim Healthcare Staffing (Registry) to address short term vacancies. We continue to actively recruit on various job boards (i.e. indeed) to address long-term vacancies. The facility is currently in need of certified nursing assistants and licensed vocational nurses.
- 5. If we are unable to cover our staffing needs the facility will request additional staff through our MHOAC or through the emergency management protocols of our local area, we may integrate state and/or federal designated health care professionals to address our needs.
- 6. The facility has a dedicated staffing coordinator ([REDACTED]) who is responsible for the daily assessment of staffing needs.
- 7. The facility will communicate as needed with the county MHOAC ([REDACTED]) and/or CDPH district office regarding staffing levels and facility staffing needs and/or the need to transfer/discharge of patients according to current facility policies and current guidance from CDPH.
- 8. Throughout this period the facility will maintain a 14-day supply of PPE by utilizing our vendor networks and utilizing resources provided by the local county public health.
- 9. The facility proposes a 3.2 (NHPPD) as an alternative to the 3.5/2.4 mandate.

[REDACTED]

 Signature of person requesting program flexibility

Administrator

 Title

[REDACTED]

 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: [07/08/2020] to [10/07/2020]

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

The request to flex 72329.1 is denied.
 The request to flex 72329.2 is approved. Please see conditions as listed in approval email.

CHCQ Printed Name: [REDACTED]

CHCQ Staff Signature: _____

Date: [REDACTED]

[REDACTED]

 L&C District Office Staff Signature

[HFEM II]

 Title

[8/20/20]

 Date