

### 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](mailto: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

MAGNOLIA POST ACUTE CARE

Date of Request

JUNE 29, 2020

License Number

090000072

Facility Phone

(619) 442-8826

Facility Fax Number

619-461-1064

Facility Address

635 S Magnolia Ave

E-Mail Address

[REDACTED]

City

El Cajon

State

CA

Zip Code

92020

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 **JULY 01, 2020**

End Date **SEPT 30, 2020**

#### Program Flex Request

What regulation are you requesting program flexibility for? **2 CCR §72329.1, §72329.2, HSC §1599**

#### 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).

Facility

License Number

Request Date

MAGNOLIA POST ACUTE

090000072

JUNE 29, 2020

**Justification for the Request**

Other:

The county continue to experience an increased community spread, as a result, there is an in

**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.

CCR 22 §72329; §72329.1; §72329.2; H&S Code §1599.1(a)

Due to the increasing COVID-19 community spread, our COVID-19 Emergency Plan, including the facility Staff Recall Plan remains activated. On 06/25/20 the local public health confirmed a COVID-19 outbreak in the facility. Given the nature of the COVID-19 Disease and the need for staff (Confirmed positive staff and staff with known exposure to a COVID-19 Case) to be quarantined and care-managed, we are seeing an increasing number of staff call-ins and requests for LOA. Based on the increasing number of new cases in the County, and the increasing number of our residents and staff with laboratory confirmed results, we are very close to reaching the critical shortage of qualified direct care staff that cannot be remedied through staff recall and other staffing solutions. We are asking that CDPH continue to waive the Staffing Requirement to meet 3.5/2.4 for the duration of this event or until we can maintain minimal staffing.

Facility Measures:

