

## 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/CHGO/LCP/Pages/DistrictOffices.aspx>

Facility Name McKinley Park Care Center			Date of Request 7/1/2020	
License Number 100000171			Facility Phone 916-452-3592	Facility Fax Number 916-451-7854
Facility Address 3700 H Street				
City Sacramento	State CA	Zip Code 95816	E-mail Address [REDACTED].com	
Contact Person Name [REDACTED]				

### Approval Request

Complete one form for each request

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Tent use (High patient volume)         | <input type="checkbox"/> Bed use      |
| <input type="checkbox"/> Space conversion (other than tent use) | <input type="checkbox"/> Over bedding |

Start Date: July 1, 2020  
End Date: September 30, 2020

### Program Flex Request

What regulation are you requesting program flexibility for? CCR 22 §72329; §72329.2; H&S Code §1599.1

### 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:

Since the initial declaration of a State of Emergency, the situation has only become more serious. Over the last month, positive COVID-19 cases has increased by over 1000% in Sacramento county. Our Facility is experiencing COVID-19 related issues that directly impact our staffing related to surge of patients or staffing shortages resulting from COVID-19 and impacts including.

**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
McKinley Park Care Center	100000171	7/1/20

**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

Our facility is experiencing COVID-19 related issues that is directly impacting our staffing levels. Below is a list of reasons staffing at the required 3.5 Licensed Nurse and 2.4 Certified Nursing Assistant is not feasible at this time.

1. Staff resignations due to concerns of potentially exposing high risk family members
2. On-call staff are refusing to provide hours because it will jepordize their EDD partial unemployment payments. The current system encourages employees not to work even when hours are available.
3. Staff working at other facilities are forbidden from working other locations by their FT employer.
4. Staff who have been potentially exposed at a COVID positive facility cannot work at our location in order to keep our residents and staff from being exposed.
5. Finding new CNA applicants has slowed due to the disruption of CNA certification programs.
6. Nursing registries are unable to supply nursing staff to all facilities in need.

It is for these reason and the addition information provided below, that we respectfully request a walver from the state mandated staffing ratios of 3.5 / 2.4.

- Steps the facility has taken (and continues to take) include:
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. All overtime and double time is automatically approved.
  3. 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.
  4. Restricting entry to the facility and access to the patients to only essential personnel and regular screening of essential personnel.
  5. Utilizing non-CNA's/LN's to supplement the services provided by nursing personnel (hospitality aides working closely with CNA's, department heads helping with meals, staff from other departments answering call lights and assisting with services that do not require a CNA or Licensed Nurse, etc. . .).
  6. Finding and sponsoring people to attend CNA certification courses to grow the pool of available CNA's in the coming months.
  7. Supporting staff by providing food/meals/gift cards/thank you notes/etc. during the emergency.
  8. Following the CDC Crisis Capacity Staffing Strategies for COVID-19.
  9. Continue to comply with unusual occurrence reporting requirements specified in Title 22 of the California Code of Regulations section 72541.
  10. Report any substantial staffing or supply shortages that jeopardize resident care or disrupt operations.
  11. We will continue to provide necessary care in accordance with residents' needs and make all reasonable efforts to act in the best interest of residents.
  12. Follow our disaster response plan.
  13. Follow infection control guidelines from the Centers for Medicare and Medicaid Services (CMS)

\_\_\_\_\_  
 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: 7-1-20 to 9-28-20  
 Permission Denied: Briefly describe why request was denied in comments / conditions below:  
 Comments / conditions: Approval is limited to 723292 and excludes 72329 and H&S 1599.1

\_\_\_\_\_  
 \_\_\_\_\_