

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

Meadowood Health and Rehabilitation Center

Date of Request

7-22-20

License Number

100000631

Facility Phone

209-956-3444

Facility Fax Number

209-956-3454

Facility Address

3110 Wagner Heights Rd.

E-Mail Address

[Redacted]

City

Stockton

State

Calif

Zip Code

95209

Contact Person's Name

[Redacted] Administrator

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 July 19, 2020
End Date August 31, 2020

Program Flex Request

What regulation are you requesting program flexibility for? 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)

no

Justification for the Request

Other:

Facility is currently experiencing consequences from COVID outbreak as of 7/16/20. As of 7/16 we had 23 employees on quarantine, including 6 Rehabilitation staff due to community exposure and internal exposure to two residents between 7/15 and 7/18. This included 11

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: Facility is using every staff obtainable per COVID mitigation plan.

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.

We are asking CDPH to waive the requirement to meet 3.5/2.4 and 24 RN coverage for the duration of this event or until facility can maintain minimal staff and at least have 100% of those staff currently on quarantine return to work. Throughout this challenge facility will continue to work with planned alternate staffing resources as outlined in our Mitigation Plan: 24/7 Staffing Registry and Maxim staffing Registry 1. Utilize registry personnel per contract. 2. Offer additional shifts for existing staff to cover through staff incentive program. 3. If necessary work with San Joaquin County Public Health to gain assistance for staffing crisis.

Facility will continue to assess residents every shift for any change of condition and implement their change of condition policy as needed. Social Service Director will communicate with residents frequently and bring any grievances or concerns to the IDT to

Signature of person requesting program flexibility

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 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: July 1, 2020 to September 28, 2020

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

Approval is limited to the regulation of 72329.2 per AFL 20-32.1.

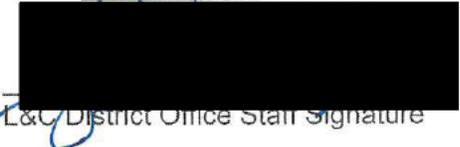
CHCQ Printed Name:



CHCQ Staff Signature:

Date:

8/10/2020



FEM II

Title

8/10/2020

Date