

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

Mesa Glen Care Center

Date of Request

7/7/20

License Number

950000026

Facility Phone

6269636091

Facility Fax Number

6263853996

Facility Address

638 E. Colorado Ave

E-Mail Address

administrator@r66postacute.com

City

Glendora

State

CA

Zip Code

91740

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 7/10/20

End Date 7/10/21

Program Flex Request

What regulation are you requesting program flexibility for? AFL 20-32.1 (3.5 / 2.4 staffing req.)

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

Mesa Glen Care Center

License Number

950000032

Request Date

7/7/2020

Justification for the Request

Other:

[Empty text box for justification]

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: **having staff work doubles, offering Angel Pay incentives, staff appreciation gifts, etc.**

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: [Empty text box]

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.

Due to the novel corona virus pandemic, this facility is dealing with staffing hardship due to an increase of resignations because of the risk of working, staff stating that "until things go back to normal" they will not come back to work because of at-risk loved ones at home, call-offs because of the risk working in a facility with possible infection, staff infection causing 14 day isolation and decreased recruitment opportunities due to cancellations of recruitment based events and cancellation of CNA and LVN training schools. In addition, we continue to offer sign-on bonuses for new staff and referral bonus for staff referring direct care staff. We show appreciation to our staff in the form of meals, give aways, raffles, weekly Rockstar Award with gift card and employee of the month with gift card. We do all of this in order to retain and promote morale among the staff.

Availability of staff that wish to work with Covid+ residents are slim and the ones that have offered to work with positive patients are full-time staff we generally count on regularly - this has also caused hardship because best practice is to keep them in the covid+ quarantine zone for the duration of the zone.

We strive everyday to meet the standard staffing requirements regardless of any waiver, however as we have experienced throughout this pandemic events and situations are created that prevent us from getting there.

[Redacted Signature]

Administrator

Signature of person requesting program flexibility

Title

[Redacted Name]

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: 7/22/2020 to 10/22/2020

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

Comments / Conditions: This program flex is approved effective 7/22/2020 for 90 days from the approved date; for regulation Section 72329.2; Nursing Service staffing ratios. It is approved with the condition of a minimum 3.2 DHPPD overall staffing.

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: [Redacted]

Date: [Redacted]

[Redacted Signature]

RN, BSN, RA

7/22/2020

L&C District Office Staff Signature

Title

Date