

### 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

Miravilla Care Center

Date of Request

07/07/2020

License Number

250000209

Facility Phone

951-845-3194

Facility Fax Number

Facility Address

9246 Avenida Miravilla

E-Mail Address

administrator @ miravillacarecenter.com

City

Cherry Vally

State

Ca

Zip Code

92223

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 07/07/2020

End Date 10/07/2020

#### Program Flex Request

What regulation are you requesting program flexibility for? Title 22 CCR Section 72607(a),(b),&(c), 72329.2(a)

#### 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

Miravilla Care Center

License Number

250000209

Request Date

07/07/2020

**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:

[Empty text box for other alternatives]

**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:

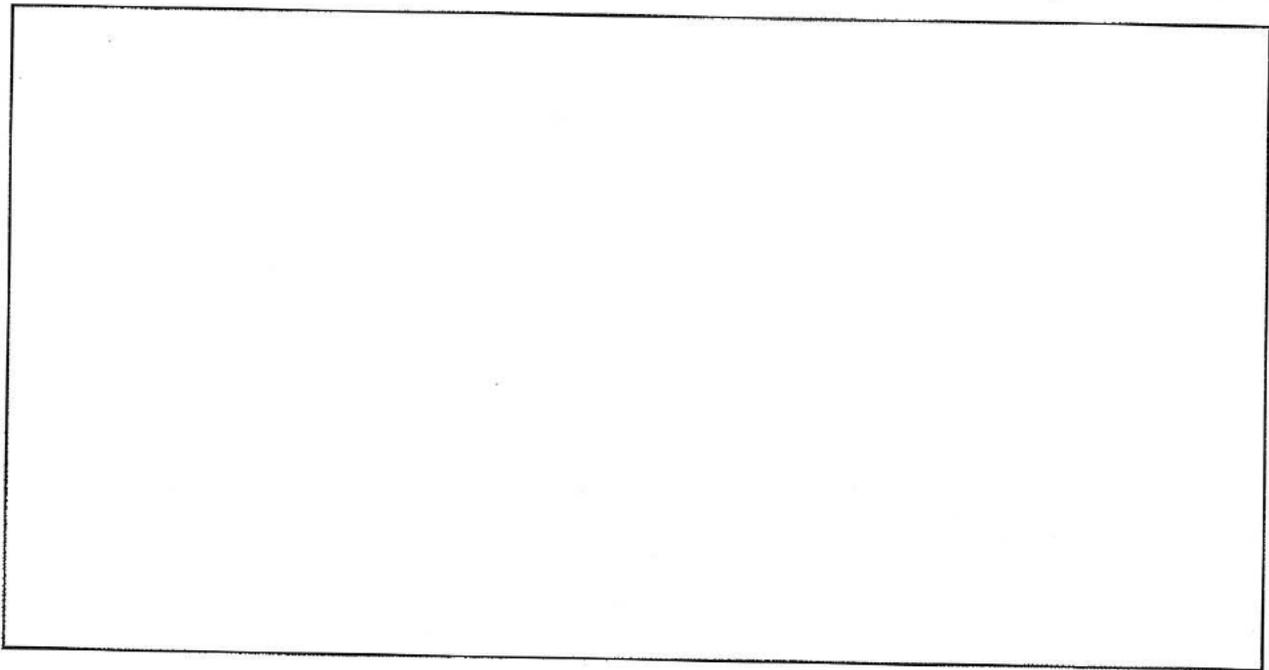
[Empty text box for other accommodations]

**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.

Miravilla Care Center is licensed for 59 Beds. The current Census is 56. The facility prepared 2 vacant beds to accomodate PUI residents(Quarantine residents). The Room being use as Physical Therapy room is converted to isolation room for Positive Covid residents. At this time Miravilla care center has no positive covid residents and staff but the facility is prepared in case one of our resident will have a positive covid 19 result. Staffing has no shortage at this time but we are anticipating that in case we will have positive covied in the facility we want to make sure that we are covered staffing regulation wise.

[Empty space for additional information]



Administrator

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: [ ] to [ ]

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

Comments / Conditions: Approval for Title 22 section 72607(a)(b)(c), & 72329.2(a) with condition the facility will maintain 3.2 DHPPD overall.

CHCQ Printed Name: [ ]

CHCQ Staff Signature: \_\_\_\_\_

Date: [ ]

[ ] *HFES*  
L&C District Office Staff Signature

HFES

Title

July 07, 2020

Date