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: Mission Skilled Nursing and Subacute Cente

Date of Request: 07/10/20

License Number: 220000419

Facility Phone: 408-248-3736

Facility Fax Number: 408-610-1084

Facility Address: 410 N. Winchester Blvd

E-Mail Address: [redacted]covenantcare.com

City: Santa Clara

State: CA

Zip Code: 95050

Contact Person's Name: [redacted]

Approval Request

Complete one form total per facility

- [x] Staffing
- [ ] Other
- [ ] Tent use (High patient volume)
- [ ] Bed Use
- [ ] Space Conversion (other than tent use)
- [ ] Over bedding

Duration of Request

Start Date: 07/10/20

End Date: 10/10/20

Program Flex Request

What regulation are you requesting program flexibility for? Title 22 - section 72329.2

Justification for the Request

- [x] 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).

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
AUG 0 8 2020
L & C DIVISION SAN JOSE

☑ 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:

We are experiencing challenges meeting 3.5/2.4 requirements as the result of implementing CDC and CDPH guidance advising work restrictions for symptomatic employees and actual or suspected COVID-19 exposure instances (explained below); and continued school

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.

In the last 60 days, Mission Skilled Nursing and Subacute Center staffing levels have been affected by the pandemic. Santa Clara County has had one of the largest amounts of positive COVID 19 in the bay area. With the large amounts of COVID 19 the surrounding facilities all have had positive COVID residents and staff which has had staff quit, take extended leave or change careers to avoid contacting COVID 19 in a skilled nursing facility. Due to a recent outbreak, this month, we have lost 6 essential staff members, 7 nurses and a CNA. Additionally, we have 4 licensed nurses on leave with 2 staff moving to part time amid concern of contracting COVID from other staff and residents. Over the course of the pandemic, we have had 16 staff test positive with 3 currently on leave due to positive results. Because of the positive staff needing to be quarantined for 14 days this has caused unexpected staffing shortages.

The facility has shifted staff to fill essential COVID management positions and engage in additional activities that are not counted in direct care NHPPDs, such as fulltime (12hrs/day, 7 days/week) door screeners, 2 full-time licensed nurse Infection Preventionist, PPE manager, PPE coaches, and those who validate and verify environmental disinfection practices. As a part of our mitigation plan and documented and outlined in our facility incident action plan (IAP), we have trained non nursing staff to assist with typical NA duties (restocking linen, taking menu orders, assisting with face time are a few examples). Our staffing rotations vary from 8-12 hour shifts to mitigate clinical and nursing staff exhaustion while continuing to meet patient needs.The facility has implemented three (3) different units – Welcome Unit (PUI), COVID positive Unit and general population unit. Each unit requires dedicated staff that do not cross over into the other units to prevent contamination and the spread of COVID-19. We have experienced a surge of patients requiring isolation due to actual and suspected COVID-19. The facility currently has 30 residents requiring isolation for suspected COVID with 106 test results pending.
The facility has offered recruitment bonus of $1,000 for the staff and new hires but still has minimal applicants for open positions. The facility has consistently enrolled students in an on-going CNA training program, however, due to test sites being closed, we have not been able to convert graduates into licensed CNAs (3 are awaiting testing currently) The facility

[redacted] Executive Director

Signature of person requesting program flexibility Title

[redacted]

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

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

Comments / Conditions:

CHCQ Printed Name:

CHCQ Staff Signature: _____

Date:

[redacted] HFEHI 8/3/2020

L&C District Office Staff Signature Title Date