

### 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

Monterey Palms Healthcare

Date of Request

06-29-20

License Number

00008270

Facility Phone

760-776-7700

Facility Fax Number

760-776-1390

Facility Address

44610 Monterey Avenue

E-Mail Address

[Redacted]hcare.com

City

Palm Desert

State

CA

Zip Code

92260

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 06/29/20

End Date 09/30/20

**Program Flex Request**

What regulation are you requesting program flexibility for? Title 22 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).

Facility

Monterey Palms

License Number

0008270

Request Date

06/29/20

**Justification for the Request**

Other:

Shelter in place and restricting staff with respiratory symptoms will cause shortage.

**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.

Shelter in place and restriction of symptomatic staff to stay away from work will have a critical shortage of qualified direct care staff. Requesting to waive requirements to meet 3.5 and 2.4 for the duration of this event or until we can maintain minimal staffing. IDT and Health Committee will communicate daily on staffing issues. Communicate with CDPH regarding staffing levels and follow guidance. Director of Nursing and nursing team will assess residents every shift for any change in condition and implement changes as needed. We will call in any available staff for non direct care and assign them to assist in duties that can promote, safety, dietary hydration and activity needs. We will continue to exhaust all measures to meet 3.5 and 2.4 staffing requirements to notify residents and responsible party of staffing plan and changes as needed.

Facility waiver related to visitation and activities and will continue to meet psychosocial needs.

[Redacted Signature]

Signature of person requesting program flexibility

Administrator

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: July 08, 2020 to October 08, 2020

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

Comments / Conditions: Approval for Title 22 Section 72329.2(a) with the condition the facility will maintain 3.2 staffing DHPPD overall.

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: [Redacted]

Date: [Redacted]

[Redacted Signature]

C&C District Office Staff Signature

HFEN

Title

07/08/2020

Date