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: Murrieta Health & Rehabilitation Center

Date of Request: July 7, 2020

License Number: 250000748

Facility Phone: (951)600-4640

Facility Fax Number: (951)600-4646

Facility Address: 24100 Monroe Ave

E-Mail Address: [redacted]urrietahcc.com

City: Murrieta

State: CA

Zip Code: 92562

Contact Person's Name: [redacted]

Approval Request

Complete one form total per facility

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

Duration of Request

Start Date: July 1, 2020

End Date: October 1, 2020

Program Flex Request

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

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).

Facility	License Number	Request Date
Murrieta Health & Rehab	250000748	July 7, 2020

Justification for the Request

☑ Other:

Gov Newsom declared a SOE on 3/4, upswing in Riv County.... COVID is affecting staffing

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 see below

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: see below

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.

Murrieta Health is experiencing COVID-19 related issues that is directly impacting our staffing levels including: community spread, school closures, quarantined or scared staff. We request a waiver from the state mandated staffing ratios of 3.5/2.4; or alternatively we request a waiver from the 2.4 C.N.A. NHPPD requirement to allow for greater flexibility by replacing C.N.A. hours with licensed nurse hours.

Steps the facility has/is taking
1. Implementing the facility's Emergency staffing plan- requesting extra hours, picking up shifts, utilizing contracted staffing agencies, etc.
2. Limiting staff who might be working at other facilities (avoid cross-contamination).
3. Restricting entry to the facility and access to the patients to only essential personnel and regular screening of essential personnel.
4. Utilizing non-CNA's/LN's to supplement the services provided by nursing personnel (e.g.department heads helping with meals, staff from other departments answering call lights

& assisting with services that do not require a CNA or Licensed Nurse, etc. . .).
5. Support staff by providing food/meals/gift cards/thank you notes. . . during the emergency.
6. Continue to comply with unusual occurrence reporting requirements specified in Title 22 of the California Code of Regulations section 72541.
7. Report any substantial staffing/supply shortages that jeopardize resident care/disrupt operations.
8. We will continue to provide necessary care in accordance with residents' needs and make all reasonable efforts to act in the best interest of residents.
9. Follow our disaster response plan.
10. Follow infection control guidelines from the Centers for Medicare and Medicaid Services (CMS) and the CDC related to COVID-19.
11. Comply with directives from our local public health department, to the extent that there is no conflict with federal or state law or directives or CDPH AFLs.

This list is not exhaustive/all-inclusive. Additional information can be provided if requested. The waiver will only be relied on when necessary and at all times the facility will continue to work hard to ensure patients receive the appropriate level of care.

[redacted]

Signature of person requesting program flexibility

Administrator

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: July 27, 2020 to October 27, 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 DHPPD staffing overall.

CHCQ Printed Name:

CHCQ Staff Signature:

Date:

[redacted]

L&C District Office Staff Signature

HFEN

Title

July 27, 2020

Date