

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

Norwalk Meadows Nursing Center

Date of Request

June 26, 2020

License Number

940000079

Facility Phone

562-864-2541

Facility Fax Number

562-864-4134

Facility Address

10625 Leffingwell Road

E-Mail Address

administrator@affinitysnf.com

City

Norwalk

State

CA

Zip Code

90650

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
 End Date

Program Flex Request

What regulation are you requesting program flexibility for?

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

Norwalk Meadows Nursing

License Number

940000079

Request Date

June 25, 2020

Justification for the Request

Other:

Norwalk Meadows is requesting flexibility related to the 200 bed limit under 22 CFR 72513.

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.

Norwalk Meadows is a 99-bed skilled nursing facility located in Norwalk, California. I am currently the Administrator of Affinity Healthcare Center, a 104-bed skilled nursing facility. The Administrator of Norwalk Meadows recently left the company and, as a result, I am requesting flexibility of the 200 bed limit under 22 CCR 72513, so I may serve as the Administrator of both Norwalk Meadows and Affinity. I am requesting this flexibility to allow Norwalk Meadows the time to hire a full time replacement. However, given the current COVID-19 related difficulties facing skilled nursing facilities, including increased infection control protocols, communications with residents and their families, and increased demands on administrators to protect residents and staff, the hiring process is expected to take longer than usual. Norwalk Meadows wants to ensure the newly hired administrator is "up-to-date" on all CDC, CMS, and CDPH recommendations, guidelines, and protocols.

In the interim, I would like to serve as the Administrator of both facilities. Norwalk Meadows is only located approximately 7.5 miles from Affinity and operated by the same management company. Thus, I am familiar with the policies, procedures, and protocols at Affinity and believe my transition to Administrator of Norwalk Meadows will be relatively seamless.

If CDPH has any questions, please do not hesitate to contact me at administrator@affinitysnf.com (509) 584-9999

[Redacted Signature]
Signature of person requesting program flexibility

Affinity Healthcare Center Administrator

Title

[Redacted Printed 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: 7-1-2020 to 10-1-2020

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

Comments / Conditions:

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: [Redacted]

Date: 7-28-2020

[Redacted Signature]
L&C District Office Staff Signature

Health Facilities PM.

Title

7-28-2020

Date