

State of California Health and Human Resources Agency

California Department of Public Health

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 Norwood Pines Alzheimer's Care Center			Date of Request 07/16/2020	
License Number 030000010			Facility Phone 916-922-7177	Facility Fax Number 916-922-6951
Facility Address 600 Jessie Ave			E-Mail Address administrator@norwoodpinesalz.com	
City Sacramento	State CA	Zip Code 95838	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 **08/02/2020**

End Date **09/02/2020**

Program Flex Request

What regulation are you requesting program flexibility for? **Title 22 - section 72329.1 and 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).

State of California-Health and Human Resources Agency

California Department of Public Health

- 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)

Local school closures, covid positive staff and restricting staff with covid symptoms has caused a shortage of qualified direct care staff to meet the minimum staffing ratios required, all resources such as registry and staff recall have been exhausted.

Justification for the Request

- Other:

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.

Due to the closures of our local school districts, the restriction of covid positive staff and restricting staff with covid symptoms has caused a shortage of qualified direct care staff and we cannot remedy the situation through staff recall and other staffing solutions. We are asking that CDPH waive the requirement to meet 3.5/2.4 for the duration of this event or until we can maintain minimal staffing.

- Immediately stop new admissions, unless CDPH approves for hospital surge needs.
- Facility will notify CDPH if staffing shortage begins to affect resident care.
- Communicate with CDPH regarding staffing levels and follow guidance given.
- DON and other assigned RN will assess resident every shift for any change of condition and implement their change of condition policy as needed.

State of California-Health and Human Resources Agency

California Department of Public Health

- Social Service Director will communicate with residents frequently and bring any grievances or concerns to the IDT to address.
- Call in any available non direct care staff and assign them duties to assist in resident safety, dietary, hydration and activity needs.
- Continue to exhaust all measures to meet 3.5 and 2.4 staffing requirements.
- Notify resident and responsible party of staffing plan and changes as needed.


 Signature of person requesting program flexibility

Administrator

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: 07/16/2020 to 10/14/2020

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

Comments / Conditions:

Approval is limited to the regulation of 72329.2 and per all conditions noted in AFL 20-32.1.

CHCQ Printed Name:

CHCQ Staff Signature:

Date: 8/18/2020


C&O District Office Staff Signature

H F E M II
Title

8/18/2020
Date