

URGENT COVID Request

State of California Health and Human Services Agency

California Department of Public Health

Temporary Permission for Program Flexibility and for Emergencies

When the MHCC is activated, Providers and DO's 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 (CHCQ) 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/ICP/Pages/DistrictOffices.aspx>

Facility Name Oak Ridge Healthcare Center			Date of Request 8/21/2020	
License Number 030000302			Facility Phone 916-782-3188	Facility Fax Number 916-786-8245
Facility Address 310 Oak Ridge Drive				
City Roseville	State CA	Zip Code 95661	E-mail Address [REDACTED]	
Contact Person Name [REDACTED]			[REDACTED]	

Approval Request

Complete one form total per facility

Duration of Request

- Staffing
 Tent use (High patient volume)
 Space conversion (other than tent use)
- Other
 Bed use
 Over bedding

Start Date: 8/20/2020
End Date: 12/31/2020

Program Flex Request

What regulation are you requesting program flexibility for? 3.5 and/or 2.4 staffing requirements

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 Name	License Number	Request Date
Oak Ridge Healthcare Center	30000530	8/21/2020

Justification for the Request

Other:

Since our initial waiver approval we have had 3 licensed staff have a positive COVID test result. As such we have had 2 cycles of response driven testing with positive results and expect to isolate and quarantine staff as necessary to mitigate the spread. Due to the current staff

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 alternate 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.

Our facility is experiencing COVID-19 related issues that is directly impacting our staffing levels. (as described below/facility specific) 2 CNA's and 1 LVN have been in quarantine and we have been utilizing existing staff to cover but they are at risk of burnout.

Steps the facility has taken (and continues to take) include: (facility specific)

1. Implementing the facility's Staff Recall Policy and staffing contingency plans.
2. Asking nursing personnel to work extra hours or pick up extra shifts.
3. Working with staffing agencies to supplement facility staffing, while also working hard to limit staff who might be working at (and potentially transferring the disease from or to) other facilities.
4. Restricting entry to the facility and access to the patients to only essential personnel and regular screening of essential personnel.
5. Utilizing non-CNA's/LN's to supplement the services provided by nursing personnel (hospitality aides working closely with CNA's, department heads helping with meals, staff from other

- 6. Finding and sponsoring people to attend CNA certification courses to grow the pool of available CNA's in the coming months.
- 7. Supporting staff by providing food/meals/gift cards/thank you notes/etc. . . during the emergency.
- 8. Following the CDC Crisis Capacity Staffing Strategies for COVID-19.
- 9. Continue to comply with unusual occurrence reporting requirements specified in Title 22 of the California Code of Regulations section 72541.
- 10. Report any substantial staffing or supply shortages that jeopardize resident care or disrupt operations.
- 11. 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.
- 12. Follow our disaster response plan.
- 13. Follow infection control guidelines from the Centers for Medicare and Medicaid Services (CMS) and the CDC related to COVID-19.
- 14. Continued use of employment websites, social media, school referrals etc, in order to locate new employees

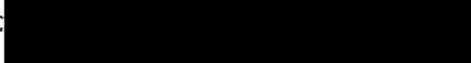

 Signature of person requesting program flexibility

 Printed name

Administrator
 Title

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: 8/21/20 to 11/19/20
 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 on AFL 20-32.1.

CHCQ Printed Name: 
 CHCQ Staff Signature: 
 Date: 9/4/2020


 District Office Staff Signature #FEN II Title 9/4/2020 Date