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: OXNARD MANOR HEALTHCARE CENTER

Date of Request: June 30, 2020

License Number: 050000058

Facility Phone: 805-983-0324

Facility Fax Number: 805-512-7318

Facility Address: 1400 West Gonzales Road

E-Mail Address: administrator@oxnardhc.com

City: Oxnard

State: CA

Zip Code: 93030

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 22, 2020

End Date: October 22, 2020

Program Flex Request

What regulation are you requesting program flexibility for? Title 22- 72329.2; Health and Safety Coc

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
OXNARD MANOR HEALTH	050000058	June 30, 2020

Justification for the Request

☑ Other:

We are experiencing challenges meeting 3.5/2.4 requirements (explained below)

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.

We are experiencing challenges meeting 3.5/2.4 requirements as the result of implementing CDC guidance advising work restrictions (including self-quarantine and active monitoring) for all staff presenting with unexplained fever or undiagnosed respiratory symptoms; or recent close contact with a confirmed case of COVID-19 (even if asymptomatic) until test results have been returned. We are working hard with contracted agency providers who are experiencing high industry demands. They are unable to meet our staffing requests and most are not taking on new contracts because they cannot provide necessary staff. We've asked staff to engage in double shifts, have recalled days off, and authorized all over-time necessary to meet patients needs; However, staff are already feeling fatigue effects. We need relief from these requirements so we can have the flexibility needed to take care of both our patients and staff accordingly. We are asking CDPH to waive the above referenced regulations and facility will staff at a minimum of 3.20.

To meet the current needs of our population; We will cease admits (if necessary), unless doing so creates a hardship for local acute care hospitals or healthcare partners, due to surging medical needs in the community. Facility administration will closely monitor staffing levels daily and make necessary decisions and adjustments in accordance with the best interests and needs of our patients. We will continue practices of automatically authorizing over-time, imposing mandatory double-shifts, and implementing day-off recalls as needed; DON and other designated staff will closely monitor resident changes daily to ensure all conditions are property treated and transmission based precautions are implemented immediately when needed. Department Managers will communicate with residents frequently and bring any grievances or concerns forward to be addressed; We will utilize non-direct care staff to engage in supportive duties, such as answering call lights, passing out water or meal trays, providing 1:1 supervision, engaging in social companionship, and facilitating resident/family communication by alternate means; We will also authorize bed-making activities and meal assistance for low risk dependent diners (i.e. without swallowing precautions) for properly training individuals. We will notify residents/RPs of staffing plan/changes as needed.

[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: 7/22/2020 to 10/22/2020

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

Comments / Conditions: The department may revoke the program flexibility if the licensee does not comply with the conditions set forth in the approval or if the department determines the proposed alternative does not adequately meet the regulations

CHCQ Printed Name: [redacted]

CHCQ Staff Signature:

Date:

L&C District Office Staff Signature Title Date