

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

Pacific Gardens Nursing & Rehabilitation

Date of Request

07/01/20

License Number

1040000130

Facility Phone

559-251-8463

Facility Fax Number

(559)251-4465

Facility Address

577 South Peach

E-Mail Address

[REDACTED]@covenantcare.com

City

Fresno

State

CA

Zip Code

93727

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 07/01/20

End Date 09/29/20

Program Flex Request

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

- 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)

No

Justification for the Request

- Other:

We are experiencing challenges meeting 3.5/2.4 requirements as the result of implementing CDC and CDPH guidance advising work restrictions for symptomatic employees and actual or suspected COVID-19 exposure instances (explained below); and continued school

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.

In the last 60 days, not counting today, we have lost 24 CNAs and 11 nurses. These numbers do not count the 28 LOAs, those staff that will not work exclusively at Pacific Gardens Nursing & Rehabilitation, and the daily challenges of staff who do not come to work either from fear, family situations, suspected COVID exposure or those that are at home in quarantine from actual COVID exposure. Since May 15, we have experienced a surge of absenteeism with 300 missed days on record (Nurses, CNAs, and other essential staff). To meet requirements and needs of our residents, we have shifted staff to fill essential COVID management positions and engage in additional activities that are not counted in direct care NHPPDs, such as a door screener, full-time Infection Preventionist, PPE manager, PPE coaches, environmental disinfection practices, etc. We also have COVID testing personnel who organize and take weekly nasal samples from 130 residents and 230 employees.

As a part of our mitigation plan and as documented in our IAP, we have trained non nursing staff to assist with typical NA duties (restocking linens, taking menu orders, assisting with FaceTime, for example) and engaged our Restorative Therapists to assist as needed. Like all SNFs, we are also plagued by the challenges of successfully implementing isolation/14-day quarantines and cohorting measures. Suspected and confirmed COVID patients necessitates full time dedicated staffing who are not permitted to work in other units or other areas. The surge of PUIs (>40) has created a unit unto itself. Community based transmission in our area persists at an alarming rate and, with our weekly testing, many of our clinicians are resulting positive week over week. We attempted to shift asymptomatic staff to care for confirmed COVID residents, however, a majority must call out to care for those at home who have also been exposed requiring care. Since March, and to encourage our teams with incentives, we have authorized all over-time and offered other bonuses. By adjusting and varying rotations (8 – 12-hour shifts), we attempt to mitigate clinical and nursing staff exhaustion yet meet patient needs. 28 senior staff have been taken off work by their physician due to health concerns. Since entering incident command on March 4, 2020, we have 28 historical COVID positive staff recorded and, as of today, we have 15 COVID positive staff are at home recovering with 21 results pending. And since May 1st alone, 53 staff have termed. A rise in community transmission, fear based media coverage of

 Signature of person requesting program flexibility

Executive Director

 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: July 1, 2020 to Sept 29, 2020

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

Comments / Conditions:

Please see conditions as listed in approval email.

CHCQ Printed Name: _____

CHCQ Staff Signature: _____

Date: _____

 L&O District Office Staff Signature

H. P. ...

 Title

7/31/20

 Date