

Temporary Permission for Program Flexibility for 3.5 and/or 2.4 Staffing Requirements

This form is to be used ONLY for program flexibility requests when hospitals temporarily need to comply with licensing requirements by using alternative concepts, methods, procedures, techniques, equipment, or personnel.

Hospitals are required to submit a program flexibility request to the California Department of Public Health (CDPH), Licensing & Certification (L&C) Program through their local district office (DO) for written approval. This form is a mechanism to expedite the request and approval process in emergency situations.

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx>

Facility Name PACIFIC PALMS HEALTHCARE			Date of Request 07/01/2020	
License Number 940000064			Facility Phone 562-433-6791	Facility Fax Number 562-433-9801
Facility Address 1020 TERMINO AVE				
City LONG BEACH	State CA	Zip Code 90804	E-mail Address [REDACTED]cificpalmshealthcare.com	
Contact Person Name [REDACTED]				

Approval Request

Complete one form for each request

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

Start Date: July 1, 2020
End Date: SEPTEMBER 30, 2020

Program Flex Request

What regulation are you requesting program flexibility for? CCR 22 §72329; §72329.2; H&S Code §1599.1

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).

Justification for the Request

Other:

On March 04, 2020 Gov. Gavin Newsom declared a State of Emergency to make additional resources available, formalize emergency actions already underway across multiple state agencies and departments, and help the state prepare for broader spread of COVID-19. Since the initial

Exhausting Available Alternatives

The hospital 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

Facility Name	License Number	Request Date
PACIFIC PALMS HEALTHCARE	940000064	07/01/2020

Adequate Staff, Equipment and Space

The hospital 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 utilized. Attach additional supporting documentation as needed.

CCR 22 §72329; §72329.2; H&S Code §1599.1(a)

Our facility is experiencing COVID-19 related issues that is directly impacting our staffing levels.

HCP have tested positive for COVID-19 and contact tracing has placed other staff off of work for at least 14 days which puts a strain on facility staffing. Positive test results continue to rise in the community, HCP's family members who test positive will need to be taken care of by HCPs and/or HCPs will have to quarantine for 14 days.

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

1. The facility continues to implement it's Covid-19 Mitigation Plan and staffing contingency plans.
2. Asking nursing personnel to work extra hours or pick up extra shifts and work 12-hour shifts if necessary. All previously scheduled vacation may be canceled.
3. Working with staffing agencies to supplement facility staffing as needed.

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3. Working with staffing agencies to supplement facility staffing as needed.
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 departments answering call lights and assisting with services that do not require a CNA or Licensed Nurse, etc. . .) Department Heads who are licensed nurses will provide resident care as needed.
6. Finding and sponsoring people to attend CNA certification courses to grow the pool of available

[Redacted Signature]

ADMINISTRATOR

Signature of person requesting program flexibility

Title

[Redacted 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 L&C DO; however, a signed written approval must be distributed (faxed) to the hospital and filed in the hospital's facility folder.

For CDPH Use Only:

CDPH Licensing and Certification Approval:

Permission Granted from: 7/1/20 to 9/30/20

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

Comments / conditions: Program flex approved for CER 22
& 72329 only. [Redacted] Supernovg HCP
8/9/20