

## Temporary Permission for Program Flexibility for Minimum Staffing Ratios

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 Palazzo Post Acute			Date of Request June 29, 2020	
License Number 970000029			Facility Phone 323-461-4301	Facility Fax Number 323-462-6033
Facility Address 5400 Fountain Ave.			E-mail Address administrator@serranohealth.com	
City Los Angeles	State CA	Zip Code 90029	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

### Duration of Request

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

### 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 declaration of a State of Emergency, the situation has only become more serious. Our Facility is

**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:

Facility Name	License Number	Request Date
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

**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. The steps the facility has taken (and continues to take) includes:

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. Some staff are working 12 to 16 hours per day to meet the resident needs.
3. DON and DSD are assisting with medication pass and charge nurse duties when short of staffing.
4. Hazard pay for staff working in facilities with COVID-19 outbreak. We are paying an average of \$2.00 for non-covid unit and \$4.00 per hour for covid unit.
5. 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.
6. Restricting entry to the facility and access to the patients to only essential personnel and regular screening of essential personnel.
7. Utilizing non-CNA's/LN's to supplement the services provided by nursing personnel (department

Current Situation of COVID-19:

Initial Testing - completed and 3 positive residents, all staff were negative.

Response Testing - Will begin starting this week to test all HCP and Residents, was waiting to complete all baseline tests and for guidance from our assigned Public Health Nurse.

Outbreak - 22 positive Residents were all transferred to hospital for evaluation and treatment. 12 Employees identified as symptomatic and positive were sent home with instructions to isolate at home and not return per LACDPH guidelines.

There is an increase in community spread present in LA County, (where Palazzo Post Acute is located) related to business and public facilities reopening, including but not limited to parks, beaches, schools and restaurants.

3 CNAs have not returned due to not having anyone to watch their kids. 5 others said they were too afraid to come to work and have not returned since. One RN wasn't allowed to come work in another facility as per her administrator, another RN stated that they are a COVID facility and she cannot come to our facility. One LVN doesn't have a babysitter for kids and hasn't returned yet and another 2 LVNs have taken a Medical Leave of absence and still have not returned.

DON is having issues staffing licensed nurses as well as CNAs. DON uses double shifts to try to meet the 3.5 & 2.4 staffing requirements.

[Redacted Signature]

Signature of person requesting program flexibility

AIT

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: 7/1/2020 to 9/30/2020

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

Comments / conditions: Approved as per AFL 20-32.1

[Redacted Signature]

Program Manager