

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 <input type="text" value="Palm Springs Healthcare"/>			Date of Request <input type="text" value="06/29/2020"/>	
License Number <input type="text" value="250000182"/>			Facility Phone <input type="text" value="760-883-2812"/>	Facility Fax Number <input type="text" value="760-325-0289"/>
Facility Address <input type="text" value="277 South Sunrise Way"/>			E-Mail Address <input type="text" value="marinerhealthcare.com"/>	
City <input type="text" value="Palms Springs"/>	State <input type="text" value="CA"/>	Zip Code <input type="text" value="92262"/>	Contact Person's Name <input type="text" value=""/>	

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	<input type="text" value="06/29/2020"/>
End Date	<input type="text" value="09/29/2020"/>

Program Flex Request

What regulation are you requesting program flexibility for?

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

Palm Springs Healthcare

License Number

250000182

Request Date

06/29/2020

Justification for the Request

Other:

Shelter in place and restricting staff with respiratory symptoms will cause a shortage

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.

Shelter in place and restriction on symptomatic staff to stay away from work will have a critical shortage of qualified direct care staff. Requesting to waive requirement to meet 3.5/2.4 for the duration of this event or until we can maintain minimal staffing. IDT and facility medical director will communicate daily on staffing issues, communicate with CDPH regarding staffing levels and follow guidance. DON and nursing team will assess resident every shift for any change of condition and implement change as needed. Social services will communicate with residents frequently and bring grievances or concerns. We will call in any available staff for non direct care and assign them to assist in duties that can promote safety activity needs, dietary hydration. Continue to exhaust all measures to meet 3.5/2.4 staffing requirements notify residents and responsible party of staffing plan and changes as needed

COVID 19 Preparation to convert therapy room as needed if there is a need to isolate resident suspected of it.

Facility waiver related to visitation and activities curtailed and will continue to meet resident psychosocial needs.

[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 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 09, 2020 to October 09, 2020

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

Comments / Conditions: Approval for Title 22 Section 72329.2(a) with the condition the facility will maintain 3.2 staffing DHPPD overall.

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: [Redacted]

Date: [Redacted]

[Redacted Signature]

L&C District Office Staff Signature

HEEN

Title

07/09/2020

Date