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: Palm Terrace Care Center	Date of Request: 7/1/2020
License Number: 250000183	Facility Phone: 9516877330 / Facility Fax Number: 9518247908
Facility Address: 11162 Palm Terrace Ln	E-mail Address: [redacted]almterracecare.com
City: Riverside / State: CA / Zip Code: 92505	Contact Person Name: [redacted]

Approval Request
Complete one form for each request

☐ Tent use (High patient volume)
☑ Space conversion (other than tent use)
☐ Bed 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? 72329.2(A), 72603

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:

see attached (I).

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
Palm Terrace Care Center	250000183	07/07/2020

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.

see attached (II).

see attached (II).

[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 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: August 3, 2020 to November 3, 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 maintains 3.2 staffing overall and meets conditions outlined in AFL 20-32.1.

Title 22 72603 is approved as part of AFL 20-32.1.

[redacted]

Riverside District Office
625 E. Carnegie, Dr., Suite 280
San Bernardino, California 92408