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: PANORAMA GARDENS NURSING AND RE

Date of Request: JULY 08, 2020

License Number: 92000053

Facility Phone: 8188936385

Facility Fax Number: 8188928682

Facility Address: 9541VAN NUYS BLVD.

E-Mail Address: [redacted]

City: PANORAMA State: CA Zip Code: 91402

Contact Person's Name: [redacted]

Approval Request

Complete one form total per facility

- [x] Staffing
- [ ] Tent use (High patient volume)
- [ ] Space Conversion (other than tent use)
- [ ] Other
- [ ] Bed Use
- [ ] Over bedding

Duration of Request

Start Date: July 08, 2020

End Date: September 30, 2020

Program Flex Request

What regulation are you requesting program flexibility for? CCR 22 §72329.2, H&S Code §1599.1(a

Justification for the Request

- [x] 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	License Number	Request Date
Panorama Gardens	920000 53	7/8/2020

Justification for the Request

☑ Other:

On March 04, 2020 Gov. Gavin Newsom declared a State of Emergency to make additional r

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: See below

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.

CCR 22 §72329; §72329.1; §72329.2; H&S Code §1599.1(a)

Due to the increasing COVID-10 community spread (see attached data), our COVID-19 Emergency Plan, including the facility Staff Recall Plan remains activated. On April 29, 2020 the local public health confirmed a COVID-19 outbreak in the facility. Given the nature of the COVID-19 Disease and the need for staff (Confirmed positive staff and staff with known exposure to a COVID-19 Case) to be quarantined and care-managed, we are seeing an increasing number of staff call-ins and requests for LOA. Based on our COVID-19 report to CDPH and NHSN on Staff and Personnel Impact, there are several days with critical shortage of qualified direct care staff that cannot be remedied through staff recall and other staffing solutions. We are asking that CDPH continue to waive the Staffing Requirements to meet 3.5/2.4 for the duration of this event or until we can maintain minimal staffing.
Steps the facility has taken (and continues to take) include:

Steps the facility has taken (and continues to take) include:
1. Our facility will continue to comply with unusual occurrence reporting requirements specified in Title 22 of the California Code of Regulations section 72541.
2. Our facility will report any substantial staffing or supply shortages that jeopardize resident care or disrupt operations.
3. Our facility will continue to provide necessary care in accordance with resident's needs and make all reasonable efforts to act in the best interest of residents.
4. The facility IDT and Medical Director will communicate daily on staffing issues.
5. The DON and other assigned licensed nursing personnel will ensure that resident assessment is conducted every shift or more often as needed, for any change of condition. The enhanced Change of Condition Policy will be implemented as necessary.
6. The Social Service Director, Grievance Officer, and or Communications Officer will continue to communicate with the residents frequently and consistently, and immediately bring any grievances or concerns to the IDT to address.
7. Any available non-direct care staff will be asked to report to work. Appropriate duties and tasks will be assigned (i.e., assist in resident safety programs,nutrition and hydration programs, activity programs, etc.)
8. Our facility will continue with the activation of the Staff Recall Policy: Staff will be called in

[redacted] Clinical Resource

Signature of person requesting program flexibility — 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 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: 07/08/2020 to 10/08/2020

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

Comments / Conditions: This is approved with the condition that the facility implements its Mitigation Plan and use of registry before flexing Staffing regulations. The facility must meet a NHPPD of 3.2.

CHCQ Printed Name:

CHCQ Staff Signature:

Dat[redacted]

[redacted] Program Manager 08/14/2020

L&C District Office Staff Signature — Title — Date