

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 Pine Creek Care Center			Date of Request 6/30/2020	
License Number 030000305			Facility Phone 916-782-7007	Facility Fax Number 96-782-9758
Facility Address 1139 Cirby Way			E-Mail Address [REDACTED]plum.com	
City Roseville	State CA	Zip Code 95661	Contact Person's Name [REDACTED]	

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 **07/01/2020**
 End Date **10/01/2020**

Program Flex Request

What regulation are you requesting program flexibility for? **Title 22 Sec. 72329.1 & 72329.2**

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

Pine Creek Care Center

License Number

030000305

Request Date

07/01/2020

Justification for the Request

Other:

Experiencing a COVID-19 Pandemic, with staff and residents being infected.

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.
- Settling 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.

We are in the midst of the COVID-19 Pandemic. Our State and County has championed testing, this has resulted in finding a lot of asymptomatic positive COVID staff and resident. We have seen a 62% spike in positive tests in the last 14 days in our County testing. This has resulted in symptomatic and asymptomatic staff being unavailable for work and creating a critical shortage of qualified direct care staff and we cannot remedy the situation through staff recall and other staffing solutions. We are asking that CDPH waive the requirement to meet 3.5/2.4 for the duration of this event or until we can maintain minimal staffing. We will continue to hire and utilize other means of staffing (ie registry and County resources) Social Service Director will communicate with residents frequently and bring any grievances or concerns to the IDT to address. Call in any available non direct care staff and assign them duties to assist in resident safety, dietary, hydration and activity needs. Continue to exhaust all measure to meet 3.5 and 2.4 staffing requirements. Notify residents and responsible party of staffing plan and changes as needed.

Additionally, many of the precautions recommended have made the utilization of staff very narrowed to specific units. With designated staff for the COVID-Unit, PUI Unit, New Admission Unit, and Clean Unit. There are added challenges.

- SNFs shall continue to comply with unusual occurrence reporting requirements specified in Title 22 of the California Code of Regulations section 72541.
- SNFs shall report any substantial staffing or supply shortages that jeopardize resident care or disrupt operations.
- SNFs shall continue to provide necessary care in accordance with residents' needs and make all reasonable efforts to act in the best interest of residents.
- SNFs shall not discriminate admits or readmits, nor transfer or discharge residents based on their status as a suspected or confirmed COVID-19 case. SNFs shall institute appropriate precautions to prevent the spread of infection to health care personnel and other residents as specified in AFL 20-25.2.
- SNFs shall follow their disaster response plan.
- SNFs shall follow infection control guidelines from the Centers for Medicare and Medicaid Services (CMS) and the CDC related to COVID-19.
- SNFs shall comply with directives from their local public health department, to the extent that there is no conflict with federal or state law or directives or CDPH AFLs.

[Redacted Signature]

Administrator

Signature of person requesting program flexibility

Title

Todd Pratt

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 1, 2020 to September 28, 2020

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

Comments / Conditions: Approval is limited to the regulation of 72329.2 and excludes 72329.1.

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: [Redacted]

Date: 7/27/2020

[Redacted Signature]

H F E M II

Title

7/27/2020

Date