

### 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](mailto: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

Rose Garden Healthcare Center

Date of Request

July 11, 2020

License Number

970000079

Facility Phone

626-797-2120

Facility Fax Number

626-500-1455

Facility Address

1899 N. Raymond Avenue

E-Mail Address

[Redacted]

City

Pasadena

State

CA

Zip Code

91103

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 July 11, 2020

End Date October 9, 2020

#### Program Flex Request

What regulation are you requesting program flexibility for? Title 22 - section 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).

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Rose Garden Healthcare Ce

License Number

970000079

Request Date

July 11, 2020

**Justification for the Request**

Other:

Department of Public Health is instructing nursing homes to inform nursing staff to work at one job location if they have multiple jobs to mitigate the spread of the virus. Nursing/staff registries are also affected and cannot provide additional assistance as they are facing some challenges.

**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.

Due to the COVID-19 crisis and the recent uptick of cases that we are experiencing once more, we are asking that CDPH waive the requirement to meet the 3.5/2.4 staffing ratio for the duration of this event or until we can maintain minimal staffing. We cannot remedy the situation through staff recall or through nursing registries, as they are experiencing the same shortages.

Staffing challenges that we face are: Staff members with multiple jobs are being told by CDPH to only work at one job. Staffing registries are unable to provide staff because they are staffing acute hospitals. Staff members are choosing not to work at this time because they are living with vulnerable elderly family members. CNAs are shopping around for highest paid job. Nurses are afraid to work during the COVID-19 pandemic.

\*Continued efforts will be made by the Administrator, Director of Nursing Services, and Director of Staff Development in recruiting nursing staff to meet the 3.5/2.4 staffing requirements.

\*Facility will continue to work with nursing registries and direct-care staff to meet the staffing requirement.

\*Facility will notify residents and their responsible party when there is a change in staffing plan.

\*Facility will call upon any staff member to provide daily activity needs, dietary, assist with resident safety.

\*Social Services Designee will communicate with residents on a daily basis to address any grievance/concerns. Concerns will be shared with the Interdisciplinary team for follow up and remediation.

\*Director of Nursing Services and RN supervisor will assess facility residents every shift for any change of condition and implement interventions specified in the change of condition policy as needed.

\*Facility will be in constant contact with CDPH district office regarding staffing levels and adhere to guidelines provided by CDPH.

Interdisciplinary team and the facility's Medical Director will communicate regarding staffing issues.

*Chab Batac*

Nursing Home Administrator

Signature of person requesting program flexibility

Title

CHAB BATAC

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: 7/28/2020 to 10/28/2020

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

Comments / Conditions: This program flex is approved effective 7/28/2020 for 90 days from the approval date. For regulation 72329.2 (all staffing ratios), it is approved with the condition of a minimum 3.2 DHPPD overall staffing

CHCQ Printed Name: [ ]

CHCQ Staff Signature: \_\_\_\_\_

Date: [ ]

[Redacted Signature]

RN, BSN, RA

7/28/2020

L&C District Office Staff Signature

Title

Date

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Facility Name

Legacy Healthcare Center

Date of Request

July 11, 2020

License Number

970000089

Facility Phone

626-798-0558

Facility Fax Number

626-344-8962

Facility Address

1570 N. Fair Oaks Avenue

E-Mail Address

administrator@legacysnf.com

City

Pasadena

State

CA

Zip Code

91103

Contact Person's Name

Chab Batac

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*Nursing Home Administrator*

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**Center for Health Care Quality Approval:**

Permission Granted from: [ ] to [ ]

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

Comments / Conditions:

CHCQ Printed Name: [ ]

CHCQ Staff Signature: \_\_\_\_\_

Date: [ ]

L&C District Office Staff Signature

Title

Date