

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

ROSECRANS CARE CENTER

Date of Request

07/07/2020

License Number

910000005

Facility Phone

(310) 323-3194

Facility Fax Number

(310) 323-8869

Facility Address

1140 W ROSECRANS AVE

E-Mail Address

NESTANBARTTE@ROSECRANSCC.COM

City

GARDENA

State

CA

Zip Code

90247

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 10/29/2020

Program Flex Request

What regulation are you requesting program flexibility for? TITLE 22 (CER 22) SECTION 72329
~~HSC sections 1276.5 and 1276.65 and~~

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

ROSECRANS CARE CENT

License Number

910000005

Request Date

07/07/2020

Justification for the Request

Other:

[Empty text box for justification]

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:

[Empty text box for other alternatives]

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:

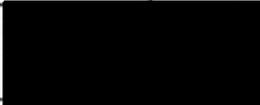
[Empty text box for other accommodations]

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.

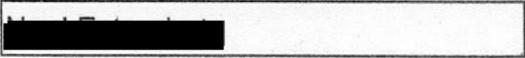
It is the policy of this facility to ensure that we have adequate staffing during COVID-19 outbreak emergencies. Our employees are expected to report to their work site and provide services related to emergency response and recovery in addition to their normal assigned duties if requested to do so. The Staff emergency plan that includes; staff recalling, calling in of off duty personnel/ recall roster, calling in of Registry Personnel (One Heart Staffing, LMA Staffing, and Clipboard Staffing Agencies), staff approved time off requests will be canceled during this event, and the establishment of a 12 hour shift Model for the staffing in the COVID Isolation area will support the staffing needs during the event of outbreak. However, currently due to the COVID-19 community spread being experienced and the given the high case of fatality rate in the elderly population, which primary data shows at 15% or greater, plus the spiked up of COVID cases in the health care provider (HCP), the facility often times experiencing shortage of personnel.

In this regards, this facility is requesting from your office a temporary permission for program flexibility on HSC sections 1276.5 and 1276.65 and W&I section 14126.022 for 90 days beginning on 07/01/2020 for compliance.


Signature of person requesting program flexibility

Administrator

Title


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.

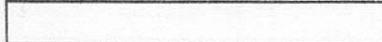
For CDPH Use Only

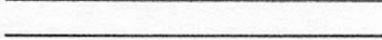
Center for Health Care Quality Approval:

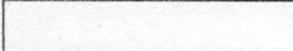
Permission Granted from: 7/1/20 to 10/29/20

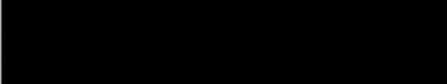
Permission Denied: Briefly describe why request was denied in comments / conditions below:

Comments / Conditions: *Program flex approved for TITLE 22 § 72329 only.*

CHCQ Printed Name: 

CHCQ Staff Signature: 

Date: 


District Office Staff Signature

Supervising RFEW
Title

8/9/20
Date