

**Temporary Permission for Program Flexibility and for Emergencies**

When the MHCC is activated, Providers and DO's 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 (CHCQ) 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 Roseville Care Center			Date of Request 07/23/2020	
License Number 030000090			Facility Phone 916-782-1238	Facility Fax Number 916-472-6396
Facility Address 1161 CIRBY WAY				
E-mail Address [REDACTED]@PLUM.COM				
City ROSEVILLE	State CA	Zip Code 95661	Contact Person Name [REDACTED]	

**Approval Request**

Complete one form total per facility

**Duration of Request**

- Staffing
- Tent use (High patient volume)
- Space conversion (other than tent use)
- Other
- Bed use
- Over bedding

Start Date: 07/01/2020  
End Date: 09/30/2020

**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 Name <b>Roseville Care Center</b>	License Number <b>030000090</b>	Request Date <b>07/23/2020</b>
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**Justification for the Request**

Other:

**COVID-19 PANDEMIC; 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.
- 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 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 used. Attach additional supporting documentation as needed.

DUE TO THE INCREASE IN NUMBER OF COVID CASES IN PLACER COUNTY AND WITH MANDATED TESTING, OUR FACILITY IS EXPERIENCING POSITIVE CASES OF EMPLOYEES/THEIR FAMILIES AND AS A RESULT OUR STAFFING LEVELS ARE BEING DIRECTLY IMPACTED AND WE ARE FINDING IT INCREASINGLY DIFFICULT TO MEET THE STAFFING PPD. WE ARE ASKING CDPH TO WAIVE THE STAFFING REQUIREMENT OF 2.4/3.5 FOR THE DURATION OF THE EVENT OR UNTIL WE CAN OBTAIN ADEQUATE STAFFING LEVEL. AS A FACILITY WE HAVE IMPLEMENTED THE FOLLOWING:

1. WE WILL CONTINUE TO HIRE AND WORK WITH STAFFING AGENCIES AND COUNTY RESOURCES TO PROVIDE ADDITIONAL STAFF.
2. WE WILL CONTINUE OUR PAR ROUNDS AND RELAY ANY PERTINENT INFORMATION TO IDT.
3. WE WILL HAVE OUR SOCIAL SERVICES DIRECTOR AND HER STAFF ROUND WITH RESIDENTS AND COMMUNICATE NEEDS TO IDT.
4. UTILIZE/ASSIGN NON DIRECT CARE STAFF TO ASSIST WITH RESIDENT SAFETY, DIETARY, AND HYDRATIONS NEEDS.
5. ASK NURSING PERSONNEL TO WORK EXTRA HOURS AND/OR PICK UP EXTRA SHIFTS.
6. RESTRICTED ACCESS TO FACILITY AND REGULAR COVID SCREENING.
7. WE WILL CONTACT RESIDENTS/FAMILIES AS NEEDED TO INFORM OF STAFFING PLANS/CHANGES.
8. CONTINUE TO COMPLY WITH UNUSUAL OCCURENCE REPORTING REQUIREMENTS SPECIFIED IN TITLE 22 OF THE CALIFORNIA CODE OF REGULATIONS SECTION 72541.
9. REPORT ANY SUBSTANTIAL STAFFING OR SUPPLY SHORTAGES THAT JEOPARDIZE OR DISRUPT OPERATIONS. 10. ACT IN THE BEST INTEREST OF THE RESIDENTS.
11. FOLLOW DISASTER RESPONSE PLAN
12. FOLLOW INFECTION CONTROL GUIDELINES FROM CMS AND CDC
13. COMPLY WITH DIRECTIVES FROM LOCAL PUBLIC HEALTH DEPARTMENT TO THE EXTENT THAT THERE IS NO CONFLICT WITH FEDERAL OR STATE LAW

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[Redacted Signature]

Signature of person requesting program flexibility

[Redacted Name]

Printed name

ADMINISTRATOR

Title

**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: 07/01/2020 to 09/28/2020

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:

CHCQ Staff Signature:

Date:

*7/28/2020*

L&C District Office Staff Signature

Title

Date