

### Temporary Permission for Program Flexibility for Minimum Staffing Ratios

This form is to be used ONLY for program flexibility requests when hospitals temporarily need to comply with licensing requirements by using alternative concepts, methods, procedures, techniques, equipment, or personnel.

Hospitals are required to submit a program flexibility request to the California Department of Public Health (CDPH), Licensing & Certification (L&C) Program through their local district office (DO) for written approval. This form is a mechanism to expedite the request and approval process in emergency situations.

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx>

<b>Facility Name</b> Royal Terrace Healthcare			<b>Date of Request</b> June 29, 2020	
<b>License Number</b> 950000041			<b>Facility Phone</b> 626-256-4654	<b>Facility Fax Number</b> 626-357-4501
<b>Facility Address</b> 1340 Highland Ave.			<b>Email-address</b> [REDACTED]	
<b>City</b> Duarte	<b>State</b> CA	<b>Zip Code</b> 91010	<b>Contact Person Name</b> [REDACTED]	

#### Approval Request

Complete one form for each request

Tent use (High patient volume)

Bed use

Start Date: July 1, 2020

Space conversion (other than tent use)

Over bedding

End Date: September 30, 2020

#### Program Flex Request

What regulation are you requesting program flexibility for?

CCR 22 §72329; §72329.2; H&S Code §1599.

#### 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)

**Justification for the Request**

Other

On March 04, 2020 Gov. Gavin Newsom declared a State of Emergency to make additional resources available, formalize emergency actions already underway across multiple state agencies and departments, and help the state prepare for broader spread of COVID-19. Since the initial declaration of a State of Emergency, the situation has only become more serious. Our Facility is experiencing COVID-19 related issues that directly impact our staffing related to, surge of patients or staffing shortages resulting from COVID-19 and impacts including, increased community spread and school closures. Additionally, as testing has become more widely available, more and more staff members who work in skilled nursing facilities are testing positive and becoming unavailable to work. Others are scared away by the situation. It is for these reasons and the additional information provided below, that we respectfully request a waiver from the state mandated staffing ratios of 3.5 / 2.4. Alternatively, we are requesting a waiver from the 2.4 CNA NHPPD requirement, which at least allows us greater flexibility to deal with the current crisis by replacing CNA hours with Licensed Nurse hours.

**Exhausting Available Alternatives**

The hospital 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:

Facility Name	License Number	Request Date
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

**Adequate Staff, Equipment and Space**

The hospital 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 utilized. Attach additional supporting documentation as needed.

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

Our facility is experiencing COVID-19 related issues that is directly impacting our staffing levels. The steps the facility has taken (and continues to take) includes:

1. Implementing the facility's Staff Recall Policy and staffing contingency plans.
2. Asking nursing personnel to work extra hours or pick up extra shifts. Some staff are working 12 to 16 hours per day to meet the resident needs.

3. DON and DSD are assisting with medication pass and charge nurse duties when short of staffing.
  4. Hazard pay for staff working in facilities with COVID-19 outbreak. We are paying an average of \$2.00 for PUI and COVID positive section.
  5. Working with staffing agencies to supplement facility staffing, while also working hard to limit staff who might be working at (and potentially transferring the disease from or to) other facilities.
  6. Restricting entry to the facility and access to the patients to only essential personnel and regular screening of essential personnel.
  7. Utilizing non-CNA's/LN's to supplement the services provided by nursing personnel (department heads helping with meals, staff from other departments answering call lights and assisting with services that do not require a CNA or Licensed Nurse).
  8. Supporting staff by providing food/meals/gift cards/thank you notes/etc. . . during the emergency.
  9. Our corporate office has created an internal pool of employees willing to work in COVID units and COVID facilities for higher pay. This program was implemented June 1st and has proven to be successful thus far.
  10. We bring in staff from Out of State to help supplement our current staffing in accordance with the waiver/approval process of EMSA.
  11. We offer Covid Sick Pay to our employees to support and sustain them during times that they are out sick so they can return to work.
  12. Following the CDC Crisis Capacity Staffing Strategies for COVID-19.
  13. Continue to comply with unusual occurrence reporting requirements specified in Title 22 of the California Code of Regulations section 72541.
  14. Report any substantial staffing or supply shortages that jeopardize resident care or disrupt operations.
- Current Situation of COVID-19:

Initial Baseline Testing - completed and residents/staff were negative.

Second Mass Testing - completed. 1 staff member was confirmed positive. 8 residents was confirmed positive. 5 staff results still pending. Facility continued weekly mass testing as recommended by Public Health.

Third Mass Testing- Only 2 results for staff received. Both negative. The rest of the results for staff and residents are still pending. Contracted lab stated results will be delayed due to numerous facilities conducted weekly mass testings. Results are 2-3 weeks behind.

Fourth Mass Testing- Recently conducted. New contracted lab obtained. Awaiting results.

Outbreak - Of the confirmed 8 residents, 1 was sent out to the hospital on 6/18/20. 7 of the confirmed residents were transferred to a COVID-19 dedicated facility. On the start of the outbreak we had 19 PUI's. One of the residents in the PUI section was transferred to a hospital on 6/26/20 and was confirmed positive. One activity staff recently tested positive on 6/30/20. Currently in house, we have 18 PUI's and the facility is struggling to staff our isolation units. The DON is having issues staffing license nurses and CNAs. The DON uses 12 hour shifts and double shifts to try to meet 3.5 and 2.4 staffing requirements.

[Redacted Signature]

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 L&C DO; however, a signed written approval must be distributed (faxed) to the hospital and filed in the hospital's facility folder.

For CDPH Use Only

**CDPH Licensing and Certification Approval:**

Permission Granted from: 7/22/2020 to 10/22/2020

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

Comments / conditions: This program flex is approved effective 7/22/20 for 90 days from the approved date. For regulation Section 72329.2 (all staffing ratios), it is approved with the condition of a minimum 3:2 DHPPD overall staffing.

CHCO Printed Name: \_\_\_\_\_

CHCO Staff Signature: \_\_\_\_\_

Date: 7/22/2020

L&C Office Staff Signature: \_\_\_\_\_

\_\_\_\_\_  
L&C District Office Staff Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date