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: Simi Valley Healthcare Center

Date of Request: 7-8-2020

License Number: 050000069

Facility Phone: 8055229155

Facility Fax Number: 8055846289

Facility Address: 5270 E. Los Angeles Ave.

E-Mail Address: administrator@simirehab.com

City: Simi Valley

State: CA

Zip Code: 93063

Contact Person's Name: [redacted]

Approval Request

Complete one form total per facility

- [x] Staffing
- [ ] Other
- [ ] Tent use (High patient volume)
- [ ] Bed Use
- [ ] Space Conversion (other than tent use)
- [ ] Over bedding

Duration of Request

Start Date: 7/24/2020

End Date: 10/24/2020

Program Flex Request

What regulation are you requesting program flexibility for? Title 22 - 72329.2; HSC 1276.65

Justification for the Request

- [x] 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	License Number	Request Date
Simi Valley Care Center	050000069	7/8/2020

Justification for the Request

☑ Other:

Local school closures, restricting staff with respiratory symptoms, shortage of qualified staff.

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 closures of our local school districts and the restriction on symptomatic staff to stay away from work we have 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.

-DON,DSD and Administrator will communicate daily on staffing issues.

-Communicate as needed with CDPH district office regarding staffing levels and follow guidance given by CDPH.

-Assigned Charge Nurse will assess residents every shift for any change of condition and implement their change of condition policy as needed.

-Social Service Director will communicate with residents frequently and bring any grievances or concerns to the IDT to address.

-Continue to exhaust all measure to meet the 3.5 and 2.4 staffing requirements.

-Continue Ads on Indeed for CNA's
-Started new Ad on Indeed for LVN's
-Utilizing corporate recruiters for open positions
-Sign on bonus effective July 2020

[redacted] Administrator

Signature of person requesting program flexibility Title

[redacted]

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: 7/24/20 to 10/24/20

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

Comments / Conditions: The Department may revoke if licensee does not comply w/ conditions set forth in the approval or if the Department determines the proposed alternative does not adequately meet the intent of the regulation.

CHCQ Printed Name: [redacted]

CHCQ Staff Signature:

Date: 7/24/20

[redacted]

L&C D nature HFEN - II Title 7/24/20 Date