

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

Skyline Healthcare Center San Jose

Date of Request

06/29/2020

License Number

070000110

Facility Phone

(408) 280-2500

Facility Fax Number

(408) 649-5233

Facility Address

2065 Forest Avenue

E-Mail Address

[REDACTED]@arinerhealthcare.com

City

San Jose

State

CA

Zip Code

95128

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

End Date

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
AUG 08 2020
L&C DIVISION SAN JOSE

Program Flex Request

What regulation are you requesting program flexibility for?

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

Skyline Healthcare Center

License Number

070000110

Request Date

Justification for the Request

Other:

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: Use of extra beds and/or convert OT/Gym/Main Dining Room if there is an overflow

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.

1. Since lock down, school closures happened, day cares have closed, churches were not able to offer baby sitting services either. We have 5 C.N.A.s who cannot find baby sitters and had to take off due to this.
2. Some license nurses were on vacation when lock down happened, they were not allowed to leave the country they were in, thus unable to come back to the U.S.
3. When a resident tested positive, we had to activate the mitigation plan on staffing of 12 hour shift. Having the dedicated staffing for the COVID unit only.
4. We have also contracted with 2 registry for staffing needs and our sister facilities will help provide staffing if needed *ONE REHAB & CLIP BOARD*
5. If in case we will have an outbreak of COVID-19 infection we have a sister-facility that is designated to be COVID-19 Facility. Residents will be transferred there.

