

## Temporary Permission for Program Flexibility for Increased Patient Accommodations

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>

Facility Name Stockton Nursing Center			Date of Request July 1, 2020	
License Number 100000051			Facility Phone 2094770271	Facility Fax Number 2094771764
Facility Address 4545 Shelley Court				
City Stockton	State CA	Zip Code 95207	E-mail Address [REDACTED]@stocktonnursing.com	
Contact Person Name [REDACTED]				

### Approval Request

Complete one form for each request

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

### Duration of Request

Start Date: March 11, 2020  
 End Date: May 1, 2020

### Program Flex Request

What regulation are you requesting program flexibility for? HSC section 1276.65

### 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:

**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

**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.

Currently our facility is recovering from a devastating covid-19 outbreak that saw 50 or more of our residents contract the virus, 24 of our staff members, and 14 resident deaths attributable to the virus. We have experienced a fair amount of staff turnover due to fears of the virus and have not been able to consistently meet the 3.5 NHPPD requirement. However, our residents have been cared for with the following methods:

Alternate staffing schedules, agency usage when necessary.

Activities are limited to 1:1 and we have increased our activity personnel ratios to bolster these efforts.

Dining continues to be in resident rooms only, thus simplifying the dining process in terms of resident movement in the facility.

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*Further supporting documentation sent via e-mail addendum*

\_\_\_\_\_  
Signature of person requesting program flexibility  
\_\_\_\_\_  
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 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: July 1, 2020 to September 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 1276.65. All conditions as noted in AEL 20.32.1 are required.  
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 \_\_\_\_\_ *D.M.*  
 \_\_\_\_\_ *7/21/2020*