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

Facility Name: Turlock Nursing and Rehabiliation Center	Date of Request: 07/08/20
License Number: 030000261	Facility Phone: 209-632-7577 / Facility Fax Number:
Facility Address: 1111 E. Tuoloumne Road	E-mail Address: [redacted]VENANTCARE.COM
City: Turlock / State: ca / Zip Code: 95382	Contact Person Name: [redacted]

Approval Request
Complete one form for each request

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

Duration of Request

Start Date: July 1, 2020
End Date: September 29, 2020

Program Flex Request

What regulation are you requesting program flexibility for? Title 22 - section 72329.1 and 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).

Justification for the Request

☑ Other:

We are experiencing challenges meeting 3.5/2.4 requirements as the result of implementing CDC and CDPH guidance advising work restrictions for symptomatic employees and actual or suspected COVID-19 exposure instances (explained below); and continued school closures.

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.

We are experiencing challenges meeting 3.5/2.4 requirements as the result of implementing CDC and CDPH guidance advising work restrictions (quarantine) for all staff presenting with unexplained fever or undiagnosed respiratory symptoms; or, recent medium to high risk exposure to a confirmed case of COVID-19 case (even if asymptomatic). We have additional requirements to conduct comprehensive door screening for all staff and essential visitors, which frequently results in unanticipated employee quarantine at shift start. We have additional staffing burdens required for patient monitoring, including frequent temps & O2 Sat checks and heightened COVID-19 symptom monitoring. New baseline and surveillance testing requirements are resulting in unexpected quarantines and placing additional testing responsibilities on staff. We are working hard to secure contracted agency providers who can meet our staffing needs; however, they are experiencing high industry demands. In addition to these challenges, schools remain closed, creating childcare hardships for many staff members. We have had many staff take leaves of absence over childcare and COVID fear. We've asked staff to engage in double shifts, have recalled days off, and authorized all over-time necessary to meet patient needs; however, staff are feeling fatigue effects. We have even authorized Hazard pay to care for COVID+.

We need relief from these requirements, so we can have the flexibility needed to take care of both our patients and staff accordingly. Due to the closures of our local school districts and recommended work restrictions, we have a critical shortage of qualified direct care staff; and, cannot remedy the situation through staff recall and other staffing solutions. We are asking CDPH to waive 3.5/2.4 staffing requirements for the duration of this event (which reportedly may impact us through October); or, until we can consistently maintain required staffing levels. To meet the current needs of our population: Facility administration will closely monitor staffing levels daily and make necessary decisions and adjustments in accordance with the best interests and needs of our patients; We will continue practices of automatically authorizing over-time, imposing mandatory double-shifts, and implementing day-off recalls as needed; DON and other designated staff will closely monitor resident changes daily to ensure all conditions are properly treated and transmission based precautions are implemented immediately when needed; Department Managers will communicate with residents frequently and bring any grievances or concerns forward to be addressed; We will utilize non-direct care staff to engage in supportive duties, such as answering call lights, passing out water or meal trays, providing 1:1 supervision, engaging in social companionship, and facilitating resident/family communication by alternate means; We will also authorize bed-making activities and meal assistance for low risk depended diners (i.e. without swallowing precautions) for properly training individuals. We will make every effort to maintain sufficient staffing levels for safety and will immediately notify CDPH and request staffing support from our MOHAC if the facility experiences a sudden spike in staff absenteeism or attrition, which creates an urgent staffing shortage that jeopardizes the health and safety of our patients. Please see Attachment A which outlines our current challenges.

[redacted]

Signature of person requesting program flexibility

EXECUTIVE DIRECTOR

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 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 Sept 29, 2020

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

Comments / conditions: Please see conditions as listed in the approval email.

[redacted] HFEM II 7/31/20

L&C District Office Staff Signature