

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

Temple City Healthcare

Date of Request

July 8, 2020

License Number

950000107

Facility Phone

626-443-3028

Facility Fax Number

626-443-1988

Facility Address

5101 Tyler Avenue

E-Mail Address

[Redacted]

City

Temple City

State

CA

Zip Code

91780

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 July 8, 2020

End Date October 8, 2020

Program Flex Request

What regulation are you requesting program flexibility for? Title 22 - section 72329.1 and 723.29.2

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).

- If you are seeking a staffing waiver, has your facility laid off any clinical staff within the previous 60 days? If so, please explain (**Note:** Attach supporting documentation if necessary)

No.

Justification for the Request

- Other:

Due to the current resurgence of Covid-19 in our community, we have begin our Mass Testing of all patients and employees. If an outbreak in our facility occurs, it will cause a shortage of qualified direct care staff to meet the minimum staffing ratios required.

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.

During the Covid-19 Pandemic, Temple City Healthcare has had staffing needs. Those employees, who have tested positive for Covid-19 have been placed on quarantine. During this time we have our current staff work twelve hour shifts to cover our nursing hours. The long hours have caused a hardship on our nursing staff. We have begun our Mass Testing for Covi-19. Should we have an outbreak of positive Covid-19, we may not be able to remedy the situation through staff recall and other staffing solutions. We will contact all available staff to report for duty and work twelve hour shifts as needed.

We are requesting the Program Flexibility to be used only if it is absolutely necessary due to staff testing positive for Covid-19 and if we cannot immediately find replacement. We strive to ensure our residents are cared for and safe. If needed, we will re-assign licensed administrative staff to patient care roles, request additional staffing resources through the Standardized Emergency Management System structure and as a last resort, contact MHOAC.

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.

