

## 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 The Gardens of El Monte			Date of Request 7/1/2020	
License Number 950000063			Facility Phone 626-443-1351	Facility Fax Number 626-443-4955
Facility Address 5044 Buffington Road			E-mail Address [REDACTED]montegardens.com	
City El Monte	State CA	Zip Code 91732	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

Start Date: 7/1/2020

End Date: 8/31/2020

### 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:

Please see attached sheet: Due to our COVID unit, the closure of our local school districts and the restriction on symptomatic staff stay away from work we have a critical shortage of qualified direct care staff and we cannot remedy the situation through staffing recall and other staffing solutions. We are asking CDPH to waive the requirement to meet the 3.5/2.4 for the duration of this request.

**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:

Other:

Facility Name	License Number	Request Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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:

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.

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

- Call in any available non direct care staff and assign them duties not related to licensed care in regards to monitoring resident safety, dietary, hydration, and activity needs
- Continue to exhaust all measures to meet 3.5 and 2.4 staffing requirements
- Notify residents responsible party of staffing plan and changes as needed.

Thank you for your consideration and understanding.

  
 \_\_\_\_\_  
 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: 8/3/2020 to 11/3/2020

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

Comments / conditions: This program flex is approved effective 8/3/20 for 90 days from the  
effective date For regulation Section 72329.2 (all staffing ratios), it is  
approved with the condition of a minimum 3 2 DHPPD overall staffing.

CHCQ Printed Name: \_\_\_\_\_

CHCQ Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

	RN,BSN,RA	8/3/2020
L&C District Office Signature	Title	Date