

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

UKIAH POST ACUTE

Date of Request

08/20/2020

License Number

010000159

Facility Phone

(707) 462-8864

Facility Fax Number

707-462-0718

Facility Address

1349 S Dora St

E-Mail Address

[Redacted] Services.net

City

Ukiah

State

CA

Zip Code

95482

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 08/21/2020

End Date 10/21/2020

Program Flex Request

What regulation are you requesting program flexibility for? CCR 22 §72329; §72329.1; §72329.2; H

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)

Ukiah Post Acute has not laid off any clinical staff within the previous 60 days.

Justification for the Request

- Other:

Mendocino County, particularly in the Ukiah Valley Region, continues to experience an increased community spread. As a result, there is an increasing shortage of qualified direct care staff to meet the minimum staffing ratios required. All other resources such as registry

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.

CCR 22 §72329; §72329.1; §72329.2; H&S Code §1599.1(a)

Based on the increasing number of new cases in the county (see attached document), and the effect of having staff with laboratory confirmed COVID-19 positive results from our serial testing this week, several staff members have called-off work and the facility has to activate their facility Staff Recall Plan. We are very close to reaching the critical shortage of qualified direct care staff that cannot be remedied through staff recall and other staffing. Being in the rural area, staffing makes it more difficult. Given the nature of the COVID-19 Disease and the need for staff (Confirmed positive staff and staff with known exposure to a COVID-19 Case) to be quarantined and care-managed, we are already seeing a steady increase of number of staff call-ins and requests for LOA. We are asking that CDPH to waive the Staffing Requirement to meet 2.5/2.4 for the duration of this event or until we can maintain

Facility Measures:

1. Our facility will continue to comply with unusual occurrence reporting requirements specified in Title 22 of the California Code of Regulations section 72541.
2. Our facility will report any substantial staffing or supply shortages that jeopardize resident care or disrupt operations.
3. Our facility will continue to provide necessary care in accordance with residents' needs and make all reasonable efforts to act in the best interest of residents.
4. The facility IDT and Medical Director will communicate daily on staffing issues.
5. The DON and other assigned licensed nursing personnel will ensure that resident assessment is conducted every shift or more often as needed, for any change of condition. The enhanced Change of Condition Policy will be implemented as necessary.
6. The Social Service Director, Grievance Officer, and or Communications Officer will continue to communicate with the residents frequently and consistently, and immediately bring any grievances or concerns to the IDT to address.
7. Any available non-direct care staff will be asked to report to work. Appropriate duties and tasks will be assigned (i.e., assist in resident safety programs, nutrition and hydration programs, activity programs, etc.)
8. Our facility will continue with the activation of the Staff Recall Policy: Staff will be called in and/or availability will be requested by a designated staff person. The individuals contacted

 Signature of person requesting program flexibility

Administrator

Title

 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 DO; however, a signed written approval must be distributed (faxed) to the facility and filed in the facility's folder.

For CDPH Use Only

Center for Health Care Quality Approval:

Permission Granted from: 8/21/2020 to 9/21/2020

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

Comments / Conditions:

Please See attached approval with conditions.

CHCQ Printed Name: _____

CHCQ Staff Signature: _____

Date: _____

 Local District Office Staff Signature

HREM II

Title

8/21/2020

Date



State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

August 21, 2020

Ukiah Post Acute
1349 South Dora Street
Ukiah, CA 95482

RE: Program Flexibility Request for 72329.2 attachment to CDPH 5000A

The program flexibility request is approved with the following conditions:

- Conditional permission as long as all facility measures are met and the facility continues to try to meet the regulation.
- A minimum of 3.2 DHPDD overstaffing shall be maintained.
- Must provide patient care in accordance with AFL 20-32.1.
- SNF's shall continue to comply with unusual occurrence reporting requirements specified in Title 22 of the California Code of Regulations section 72541.
- SNF's shall report any substantial staffing or supply shortages that jeopardize resident care or disrupt operations.
- SNF's shall continue to provide necessary care in accordance with residents' needs and make all reasonable efforts to act in the best interest of residents.
- SNF's shall not discriminate admits or readmits, nor transfer or discharge residents based on their status as a suspected or confirmed COVID-19 case.
- SNF's shall institute appropriate precautions to prevent the spread of infection to health care personnel and other residents as specified in AFL 20-25.2.
- SNF's shall follow their disaster response plan.
- SNF's shall follow infection control guidelines from the Centers for Medicare and Medicaid Services (CMS) and the CDC related to COVID-19.
- SNF's shall comply with directives from their local public health department, to the extent that there is no conflict with federal or state law or directives or CDPH AFLs

-Staff at required ration whenever possible.

-Document all efforts to meet the required ration if not met

