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: Valley Palms Care Center

Date of Request: 9/22/2020

License Number: 920000077

Facility Phone: 818-983-0103

Facility Fax Number: 818-503-4438

Facility Address: 13400 Sherman Way

E-Mail Address: [redacted]

City: North Hollywood

State: CA

Zip Code: 91605

Contact Person's Name: [redacted]

Approval Request

Complete one form total per facility

- [x] Staffing
- [ ] Tent use (High patient volume)
- [ ] Space Conversion (other than tent use)
- [ ] Other
- [ ] Bed Use
- [ ] Over bedding

Duration of Request

Start Date: October 1, 2020

End Date: January 1, 2021

Program Flex Request

What regulation are you requesting program flexibility for? Title 22 - Section 72329.1 and 72329.2

Justification for the Request

- [x] 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)

Justification for the Request

☐ Other:

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.

Valley Palms Care Center is a designated COVID facility and this why the facility is greatly affected by the staffing shortages related to the COVID-19 surge resulting from COVID-19 impacts.

There is a reference as directed by Governor Newsom due to the Los Angeles county upticks and rollbacks of COVID-19.
COVID-19 pandemic has impacted the viability of skilled nursing facilities.
Nursing homes have critical needs such as labor.
Many SNF employees have been diagnosed with COVID-19.

Due to the closures of our local school districts and the restriction on symptomatic staff to stay away from work we have critical shortage of qualified direct care staff and we cannot remedy the situation through staff recall and other staffing solutions. We are asking that CDPH waive the requirement to meet 3.5/2.4 for the duration of this even or until we can maintain minimal staffing.
- IDT and the facility medical director will communicate daily on staffing issues.
- Communicate as needed with CDPH district office regarding staffing levels and follow guidance given by CDPH
- DON and other assigned RN will assess residents every shift for any change of condition and implement their change of condition policy as needed.
- Social Service Director will communicate with residents frequently and bring any grievances or concerns to the IDT to address.
- Call in any available non direct care staff and assign them duties to assist in resident safety, dietary, hydration, and activity needs.
- Continue to exhaust all measure to meet 3.5 and 2.4 staffing requirements.
- Notify residents and responsible party of staffing plan and changes as needed.

[redacted] Administrator

Signature of person requesting program flexibility 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 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: 10-01-2020 to 01-01-2021

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

Comments / Conditions: This is approved with the condition that the facility implements its' Mitigation Plan by utilizing staffing agencies prior to flexing the staffing regulations. The facility must meet the 3.2 NHPPD requirement.

CHCQ Printed Name:

CHCQ Staff Signature:

Date:

[redacted] Program Manager 09-30-2020

L&C District Office Staff Signature Title Date