

### 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](mailto: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

Villa Mesa Care Center

Date of Request

July 8, 2020

License Number

240000203

Facility Phone

(909) 985-1981

Facility Fax Number

(909) 982-2885

Facility Address

837 E. 11th Street

E-Mail Address

administrator@sanantoniopa.com

City

Upland

State

CA

Zip Code

91786

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 07/01/2020

End Date 09/30/2020

#### Program Flex Request

What regulation are you requesting program flexibility for? Title 22-sections 72329.1 and 72329.2(a)

#### 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).

Facility

Villa Mesa Care Center

License Number

240000203

Request Date

July 8, 2020

**Justification for the Request**

Other:

Reduced work force due to school closures, restriction of infected/symptomatic workers

**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.

Due to the closure of our local school districts, the restriction of work for symptomatic staff to stay away from work, and a dwindling supply of Health Care Workers due to a growing number of workers being diagnosed with COVID-19 we have a critical shortage of qualified direct care staff and we cannot remedy the situation through registry agencies, staff recall and other staffing solutions. We are asking that CDPH waive the requirement to meet 3.5/2.4 daily nursing ppd hours for the duration of this event or until we can maintain minimal staffing hours.

- The Interdisciplinary Team (IDT) and the facility medical director will communicate daily regarding staffing issues.
- Communication with CDPH District Office regarding staffing levels and follow guidance given by CDPH
- 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 measures to meet 3.5 and 2.4 staffing requirements.  
 - Notify residents and responsible party of staffing plan and changes as needed.

[Redacted Signature]

Administrator

Signature of person requesting program flexibility

Title

[Redacted Printed Name]

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: 07/16/2020 to 10/16/2020

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

Comments / Conditions: 72329.1 - CANNOT FLEX. Exclude this regulation from the waiver.  
 APPROVED for 72329.2(a). CONDITIONS: Minimum 3.2 DHPPD overall staffing. Subacute unit is excluded if present in the facility. Facility will continue to actively look for additional staffing. Facility must resume mandatory staffing levels as soon as feasible. Please see next page for other conditions specified in AFL 20-32.1.

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: [Redacted]

Date: [Redacted]

[Redacted Signature]

CDPH CHCQ L&C  
 San Bernardino District Office

07/16/2020

L&C District Office Staff Signature

Title

Date