

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

VILLA SCALABRINI SPECIAL CARE UNIT

Date of Request

06/30/2020

License Number

920000120

Facility Phone

818-768-6500

Facility Fax Number

818-771-9287

Facility Address

10631 Vinedale street

E-Mail Address

[REDACTED]

City

Sun Valley

State

CA

Zip Code

91352

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 - section 72329, 72329.1, & 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).

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:

On March 04, 2020 Gov. Gavin Newsom declared a State of Emergency to make additional resources available, formalize emergency actions already underway across multiple state agencies and departments, and help the state prepare for broader spread of COVID-19. PLEASE SEE ATTACHMENT

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: See below

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; §72329.2; H&S Code §1599.1(a)
 Our facility is experiencing COVID-19 related issues that is directly impacting our staffing levels.
 (as described below/facility specific)
 Steps the facility has taken (and continues to take) include: (facility specific)
 1. Implementing the facility's Staff Recall Policy and staffing contingency plans.
 2. Asking nursing personnel to work extra hours or pick up extra shifts.
 3. Working with staffing agencies to supplement facility staffing, while also working hard to limit staff who might be working at (and potentially transferring the disease from or to) other facilities.
 4. Restricting entry to the facility and access to the patients to only essential personnel and regular screening of essential personnel.
 5. Utilizing non-CNA's/LN's to supplement the services provided by nursing personnel (hospitality aides working closely with CNA's, department heads helping with meals, staff from other departments answering call lights and assisting with services that do not require a CNA or Licensed Nurse, etc. . .).
 6. Finding and sponsoring people to attend CNA certification courses to grow the pool of available CNA's in the coming months.

- 7. Supporting staff by providing food/meals/gift cards/thank you notes/etc. . . during the emergency.
 - 8. Following the CDC Crisis Capacity Staffing Strategies for COVID-19.
 - 9. Continue to comply with unusual occurrence reporting requirements specified in Title 22 of the California Code of Regulations section 72541.
 - 10. Report any substantial staffing or supply shortages that jeopardize resident care or disrupt operations.
 - 11. We will continue to provide necessary care in accordance with residents' needs and make all reasonable efforts to act in the best interest of residents.
 - 12. Follow our disaster response plan.
 - 13. Follow infection control guidelines from the Centers for Medicare and Medicaid Services (CMS) and the CDC related to COVID-19.
 - 14. Comply with directives from our local public health department, to the extent that there is no conflict with federal or state law or directives or CDPH AFLs.
- This list is not exhaustive/all-inclusive. Additional information can be provided if requested.
The waiver will only be relied on when necessary and at all times the facility will continue to work hard to ensure patients receive the appropriate level of care.



 Signature of person requesting program flexibility

Administration

 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: 07/01/2020 to 10/01/2020

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 and use registry (staffing agencies) before flexing staffing regulations. Facility must meet a NHPPD of 3.2.

 CHCQ Printed Name:

 CHCQ Staff Signature:



 L&C District Office Staff Signature

Program Manager

 Title

8/18/2020

 Date