

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 Serena Healthcare Center

Date of Request

07/06/2020

License Number

940000032

Facility Phone

562-437-2797

Facility Fax Number

562-216-9405

Facility Address

723 E. 9th Street

E-Mail Address

[Redacted]

City

Long Beach

State

CA

Zip Code

90813

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 10/01/2020

Program Flex Request

What regulation are you requesting program flexibility for? CNA DHPPD 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).

Facility

Villa Serena Healthcare

License Number

940000032

Request Date

07/06/2020

Justification for the Request

Other:

[Empty text box for justification]

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

[Empty text box for other alternatives]

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:

Due to Covid-19 positive cases and exposure risk, staff had to be taken off schedule

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.

We are requesting program flexibility for the CNA DHPPD due to the influx of new cases of Covid-19 in the Long Beach community, mass testing and the anticipation of more positive cases. We are currently understaffed due to the amount of staff we had to take off the schedule for either being Covid-19 positive or under PUI for Covid-19 exposure. Though we have been reaching out to staffing agencies we are contracted with to supplement staffing needs, there are times that we still will not meet the 2.4 CNA DHPPD requirement. We are continuously seeking new hires.

Administrator

Signature of person requesting program flexibility

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: 7/1/2020 to 10/1/2020

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

Comments / Conditions:

For Title-22 72329, approved with the condition of minimum 3.2 DHPPD overall staffing.

CHCQ Printed Name:

CHCQ Staff Signature: _____

Date:

L&C District Office Staff Signature

HF Program Manager, Nursing

Title

9/15/2020

Date