

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

Vintage Faire Nursing & Rehabilitation

Date of Request

07/01/20

License Number

100000366

Facility Phone

209-521-2094

Facility Fax Number

209-521-3406

Facility Address

3620 Dale Road, Suite B

E-Mail Address

[Redacted]

City

Modesto

State

CA

Zip Code

95356

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 07/01/20

End Date 09/29/20

Program Flex Request

What regulation are you requesting program flexibility for? Title 22 - section 72329.1 and 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)

No

Justification for the Request

- Other:

We are experiencing challenges meeting 3.5/2.4 requirements as the result of implementing CDC and CDPH guidance advising work restrictions for symptomatic employees and actual or suspected COVID-19 exposure instances (explained below); and continued school

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.

In the last 60 days, not counting today, we have lost 22 CNAs and 14 nurses. These numbers do not count the 13 LOAs, those staff that will not work exclusively at Vintage Faire, and the daily challenges of staff who do not come to work either from fear, family situations, suspected COVID exposure or those that are at home in quarantine from actual COVID exposure. As an example, from July 12 – July 18, 38 nurses and 7 other essential staff called out over the course of 6 days. We shift staff to fill essential COVID management positions and engage in additional activities that are not counted in direct care NHPPDs, such as a door screener, full-time Infection Preventionist, PPE manager, PPE coaches, environmental disinfection practices, etc. As a part of our mitigation plan and as documented in our IAP, we have trained non nursing staff to assist with typical NA duties (restocking linens, taking menu orders, assisting with FaceTime, for example) and engaged our PTs to

In the last 60 days, not counting today, we have lost 22 CNAs and 14 nurses. These numbers do not count the 13 LOAs, those staff that will not work exclusively at Vintage Faire, and the daily challenges of staff who do not come to work either from fear, family situations, suspected COVID exposure or those that are at home in quarantine from actual COVID exposure. As an example, from July 12 – July 18, 38 nurses and 7 other essential staff called out over the course of 6 days. We have shifted staff to fill essential COVID management positions and engage in additional activities that are not counted in direct care NHPPDs, such as a door screener, full-time Infection Preventionist, PPE manager, PPE coaches, environmental disinfection practices, etc. As a part of our mitigation plan and as documented in our IAP, we have trained non nursing staff to assist with typical NA duties (restocking linens, taking menu orders, assisting with FaceTime, for example) and engaged our Restorative Therapists to assist as needed. Our rotations vary from 8 – 12-hour shifts to mitigate clinical and nursing staff exhaustion yet meet patient needs. We have realized a surge of patients requiring isolation / 14-day quarantine with the addition of our 'welcome unit' to meet the needs and requirements of new admissions, PUIs and dialysis patients (along with beds reserved for confirmed cases of COVID). A dedicated staff is required in these units and they cannot work in any other area of the building. (28 bed Welcome Unit with 2 nurses and 3 CNA's for days and nm shift and 2 nurses and 2 CNAs) Community

[Redacted Signature]

Executive Director

Signature of person requesting program flexibility

Title

[Redacted 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: July 1, 2020 to Sept 29, 2020

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

Comments / Conditions:

Please see conditions as listed in Approval email.

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: _____

Date: [Redacted]

[Redacted Signature]

AFEM II

7/30/20

L&C District Office Staff Signature

Title

Date