

Temporary Permission for Program Flexibility for Increased Patient Accommodations

This form is to be used ONLY for program flexibility requests when hospitals temporarily need to comply with licensing requirements by using alternative concepts, methods, procedures, techniques, equipment, or personnel.

Hospitals are required to submit a program flexibility request to the California Department of Public Health (CDPH), Licensing & Certification (L&C) Program through their local district office (DO) for written approval. This form is a mechanism to expedite the request and approval process in emergency situations.

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx>

Facility Name West Valley Post Acute			Date of Request June 30, 2020	
License Number 920000037			Facility Phone 818-348-8422	Facility Fax Number 818-348-1940
Facility Address 7057 Shoup Ave.			E-mail Address [REDACTED]@westvalleyhc.com	
City West Hills	State CA	Zip Code 91307	Contact Person Name [REDACTED]	

Approval Request

Complete one form for each request

- Tent use (High patient volume)
 Bed use
 Space conversion (other than tent use)
 Over bedding

Duration of Request

Start Date:
 End Date:

Program Flex Request

What regulation are you requesting program flexibility for?

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).

Justification for the Request

Other:

Local school closures, self quarantine of employees above 65 years and restriction of staff with respiratory symptoms has caused a shortage of qualified direct care staff to meet the minimum staffing ratios required, all other resources such as registry and staff recall have been exhausted.

Exhausting Available Alternatives

The hospital 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:

Facility Name	License Number	Request Date
West Valley Post Acute	920000037	3/16/2020

Adequate Staff, Equipment and Space

The hospital 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 alternate 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 utilized. Attach additional supporting documentation as needed.

Due to the closures of our local school districts and the restriction on symptomatic staff to stay away from work we have occasional shortages 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 event or until we can maintain minimal staffing.

-IDT will monitor daily

-Call in any available non direct care staff and assign them duties to assist in resident safety, dietary, hydration and activity needs.

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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 L&C DO; however, a signed written approval must be distributed (faxed) to the hospital and filed in the hospital's facility folder.

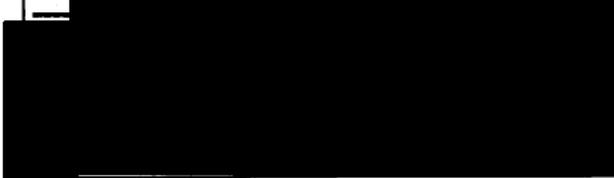
For CDPH Use Only:

CDPH Licensing and Certification Approval:

Permission Granted from: 7/1/2020 to 9/30/2020

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

Comments / conditions: approved as per AFL 20-32.1



PM