

General ✓Facility: [Santa Clara Valley Medical Center](#)

District: San Jose District Office

Facility Number: 070000149

Facility Type: GACH

License ID: 070000085

Phone Number: 4088854491

County Name: SANTA CLARA

Address: 751 S Bascom Ave, San Jose, CA 95128

Applicant Details:

Name:

Email:

Assigned Evaluator(s):

Assigned Consultant(s):

Program Flexibility Application ✓

Please do not include any patient identifying or personnel information in your application. The information in your application is considered public information and may be disclosed as part of a public records act request.

Contact Details

Please provide the applicant's direct number should the Centralized Program Flex Unit have any questions regarding your application.

Applicant Contact Number**Duration of Request****Requested Start Date**

01/30/2023

Requested End Date

03/31/2025

Specify Type of Request

Non-Emergency

- Space Conversion, T22 DIV5 CH1 ART8-70805

Effective January 1, 2023, HSC 1276 (e) and (f) references a new category for a program flexibility request, for a **general acute care hospital (GACH)**, that allows the facility to designate a bed, or beds, in a critical care unit as requiring a lower level of care.

Is this request related to a GACH designating a bed, or beds, in a critical care unit as requiring a lower level of care?

No

Specify Area of Flex

☒ Space

Request Description

Requesting renewal of the previously approved program flexibility for use of space in the Pediatric Intensive Care Unit (PICU) located on the 5th floor of the main hospital, Building M, room 65 beds A&B (see attached floor plan) as an additional pediatric gym for the inpatient pediatric rehabilitation patients temporarily until a more permanent space is created.

JUSTIFICATION

Describe why program flexibility is needed.

There will be no change of the description of therapy, treatments, and activities from the document submitted on October 01, 2018.

These are Physical Therapy, Occupational Therapy and some Speech Therapy activities for evaluation and complete assessment of current functional ability.

Staffing plan and impact of use has not changed.

Facility will follow appropriate infection prevention measures.

ALTERNATIVE CONCEPT

Describe the proposed alternate method for meeting the intent of the regulation. Include the alternate concepts, methods, procedures, techniques, equipment, personnel qualifications, or the conducting of pilot projects. Include a description of the provisions for safe and adequate care so that the proposed alternative does not compromise patient care.

There will be no change of the description of therapy, treatments and activities from the document submitted on October 01, 2018.

Additional Information

Provide any additional information as desired.


Attached are the following documents: Previously approved Program flexibility. Signed Cover Letter, new CDPH 5000 request, and Building M floor plan.


Please attach any supporting documentation for the request. More than one document may be uploaded here.




[Signed_CDPH-5000_Pediatric_Therapy_Gym_\(RM_65_A&B\).pdf](#)

Date Attached: Jan 30, 2023

 Signed_PEDI_Gym_Cover_letter.pdf
Date Attached: Jan 30, 2023

 Bldg M 5M065A-65B Floor Plan.pdf
Date Attached: Jan 30, 2023

 CDPH_Approval_PED Gym using PICU bed space Prog_Flex_expires_3_31_2023.pdf
Date Attached: Jan 30, 2023

Revise and Update

Add updates to the original application.

I agree to submit this application and certify under penalty of perjury that my answers are correct and complete to the best of my knowledge. I also certify that:

- I understand the questions and statements on this application.
- I understand the penalties for giving false information.
- I understand that this acknowledgment has the same legal effect and can be enforced in the same way as a written signature.
- I am authorized to submit this application on behalf of the licensee.
- This application does not include any patient identifying or personnel information.

This Information provided on this form is mandatory and is necessary for waiver approval. It will be used to determine whether to approve the request for a waiver. **The information in your application is considered public information and may be disclosed as part of a public records act request.**

☒ I acknowledge and agree to the above Terms of Acceptance