Incomplete Sections

The following sections needs to be completed before proceeding:

- Evaluation

General ✓

Facility: MENIFEE GLOBAL MEDICAL CENTER

District: Riverside District Office

Facility Number: 250000727

Facility Type GACH

License ID: 250000338

Phone Number: [redacted]

County Name: RIVERSIDE

Address 28400 Mccall Blvd, Sun City, CA 92585

Applicant Details

Name: [redacted]

Email: [redacted]

Assigned Evaluator(s): Jeanette Grover

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

[redacted]

Duration of Request

Requested Start Date **Requested End Date**

09/30/2023 12/31/2023

Specify Type of Request
Non-Emergency

- **Space Conversion, T22 DIV5 CH1 ART8-70805**
- **Patient Accommodations, T22 DIV5 CH1 ART8-70809(b)**

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

- [x] Bed Use
- [x] Space

Request Description
the facility is requesting to use some of the 10 ICU /CCU beds for med surg tele over flow

JUSTIFICATION

Describe why program flexibility is needed.
the facility has 6 ICU beds and 4 CCU beds (all 10 beds are in the same unit on the same floor). the facility has an ADC for critical care of about 2 patients. The ICU/CCU is adjacent to the medical surgical unit on the first floor.
The medical surgical unit on the first floor has 10 beds as well Sometimes, there is a need to use some of the ICU beds to accommodate med surg tele patients . this allows the facility to keep the patients on the same floor and share nurses between the ICU and Med surg when staffing challenges exist. the facility will maintain ratios based on patient type.
this request will help the nurse to be bale to care for some med surg tele patient in the med surg unit and some in med surg patients in ICU if used for over flow instead of having to have patients on a different floor like the third or second floor, keeping nurses close to their patients and other nurses for support.

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.
the ICU is equioed for patint care and no extra equioment is needed. The ICU/CCU is considered a highre level of care and the space is safe and approprate to provide a med surg tele level of care. ratios will be maintained based on ca title 22 and patients types the nurses are competent and trained to care for these types of patients. this will allow efient satffing and enahnce the ability to care for patients and manitin ratios.

Additional Information

Provide any additional information as desired.
the facility shall keep at least 2 ICU beds available at all times to accommodate new admissions and any changes in status that would require an admission to the ICU

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

MGMC CDPH License pdf

Revise and Update

Add updates to the original application

NA

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