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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	BY: _____	(X3) DATE SURVEY COMPLETED 10/09/2012
NAME OF PROVIDER OR SUPPLIER Planned Parenthood Napa Center			STREET ADDRESS, CITY, STATE, ZIP CODE 1735 Jefferson St, Napa, CA 94559-1702 NAPA COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
	<p>The following reflects the findings of the Department of Public Health during a complaint/breach event visit:</p> <p>Complaint intake Number: CA00323579 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 20307, Medical Consultant</p> <p>The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.</p> <p>Health and Safety Code Section 1280.15(a) A clinic, health facility, home health agency, or hospice licensed pursuant to Section 1204, 1250, 1725, or 1745 shall prevent unlawful or unauthorized access to, and use or disclosure of, patients' medical information, as defined in subdivision (g) of Section 56.05 of the Civil Code and consistent with Section 130203. The department, after investigation, may assess an administrative penalty for a violation of this section of up to twenty-five thousand dollars (\$25,000) per patient whose medical information was unlawfully or without authorization accessed, used, or disclosed, and up to seventeen thousand five hundred dollars (\$17,500) per subsequent occurrence of unlawful or unauthorized access, use, or disclosure of that patients' medical information.</p> <p>Penalty number: 110010302</p> <p>A 017 1280.15(a) Health & Safety Code 1280</p>				

Event ID: BEOX11

3/10/2014

8:58:10AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Jessie Barron-Johnson VP Client Services 3/21/2014

By signing this document, I am acknowledging receipt of the entire citation packet, Page(s) 1 thru 5

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

4/3/14 POC approved. Facility notified.
TG

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	<p>(a) A clinic, health facility, home health agency, or hospice licensed pursuant to Section 1204, 1250, 1725, or 1745 shall prevent unlawful or unauthorized access to, and use or disclosure of, patients' medical information, as defined in subdivision (g) of Section 56.05 of the Civil Code and consistent with Section 130203. The department, after investigation, may assess an administrative penalty for a violation of this section of up to twenty-five thousand dollars (\$25,000) per patient whose medical information was unlawfully or without authorization accessed, used, or disclosed, and up to seventeen thousand five hundred dollars (\$17,500) per subsequent occurrence of unlawful or unauthorized access, use, or disclosure of that patients' medical information. For purposes of the investigation, the department shall consider the clinic's, health facility's, agencies, or hospice's history of compliance with this section and other related state and federal statutes and regulations, the extent to which the facility detected violations and took preventative action to immediately correct and prevent past violations from recurring, and factors outside its control that restricted the facility's ability to comply with this section. The department shall have full discretion to consider all factors when determining the amount of an administrative penalty pursuant to this section.</p> <p>Based on interview and document review, the facility failed to prevent unauthorized access to one patient's protected health information.</p> <p>Findings:</p>		Employee who committed the breach was immediately terminated from Planned Parenthood Shasta Pacific. Person responsible: Compliance Officer and VP of HR	8/22/12	
				Employee was strongly advised to not discuss the incident or any PHI with anyone inside or outside the organization Person responsible: Compliance Officer	8/22/12
				Planned Parenthood Shasta Pacific has a zero tolerance policy for intentional HIPAA breaches. All staff are advised of this at date of hire in writing and verbally. Staff sign an acknowledgement of their understanding of this policy. This is reviewed annually and they again sign the HIPAA Policy and Procedure Acknowledgment. Person Responsible: Center Directors/VP of HR	On-Going
			Monitoring is the responsibility of the Center Directors and the Compliance Officer. Center Directors work alongside their employees and are responsible for reporting any suspicious activities. Person Responsible: Compliance Officer and Center Directors.	On-Going	

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	<p>In interview on 10/09/12 at 8:45 am, Staff A stated that pregnancy test results are placed in the facility's electronic medical record (EMR) pregnancy test module. Staff A stated that she was notified by Patient 1 on 8/16/12 that Patient 1 believed that Staff B had breached her confidentiality by telling Staff B's cousin that Patient 1 was pregnant. Patient 1 stated that Staff B had been the receptionist on duty when Patient 1 came in to the facility on 08/10/12 for a pregnancy test. Patient 1 told Staff A that she had not told anyone else about the positive test except her boyfriend. Staff A stated that she and Staff C interviewed Staff B and Staff B admitted to accessing Patient 1's EMR out of curiosity.</p> <p>Staff A stated that each employee must agree on hires to limit access to patients' records to only when the access is required to perform the employee's job. Staff A stated that Staff B had signed the agreement on hire on 02/06/12.</p> <p>In an interview on 11/08/12 at 10:15 am, Staff B stated that she had looked into Patient 1's record. She stated that she was curious. She stated that she never told anyone what she had seen in Patient 1's chart. She stated that she saw the test result but did not see anything else. She stated that she never heard anything about which person she had been accused of telling about the test result. She stated that it may have been that she was the only person that Patient 1 recognized when she came to the clinic so she got blamed.</p>		<p>We will be installing an advanced audit utility within our EHR software. This will allow us to identify any unnecessary accessing of EHR Charts/PHI by staff. Through this tool we will have the opportunity to see when a chart has been accessed in breach of the minimum necessary rule Person responsible: Director of Electronic Health Records</p> <p>We will be advising staff of this new tool which we anticipate will further deter employees of intentional breaches or violating the minimum necessary rule. Person Responsible: Compliance Officer</p> <p>If any further violations of PHI we will report to CDPH and patient(s) per regulation. Person Responsible: Compliance Officer</p>	<p>3/22/14</p> <p>4/2/14</p> <p>On-Going</p>

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	<p>In an interview on 11/08/12 at 2:40 pm, Patient 1 stated that she went to the clinic and was disturbed to see someone (Staff B) she knew. She stated that Staff B gave her a shocked look when she arrived. She stated that a while later, one of her friends asked her if she was pregnant. She stated that the friend told her that the friend's older sister mentioned that Patient 1 was pregnant. She stated that the older sister who had told her friend about the pregnancy was a cousin of Staff B. Patient 1 stated that she never told anyone that she had gone to the clinic. She had told her boyfriend that she was pregnant but no one else. She complained to the clinic. She stated that they told her that they had investigated and discovered that Staff B had gone into Patient 1's file. She stated that it was hurtful to find that someone had gone into her record.</p> <p>Document review on the EMR on 10/09/12 demonstrated that the pregnancy test module screen includes the patient's name, date of birth, medical record number, medications, and the test result.</p> <p>Document review on 10/10/12 demonstrated that Staff C contacted Patient 1 about the breach by phone on 08/20/12 and 08/29/12 and notified the Department on 08/22/12 within 5 business days of discovery of the breach.</p> <p>A 019 1280.15(b) (2) Health & Safety Code 1280</p> <p>(b) (2) A clinic, health facility, agency, or hospice shall also report any unlawful or unauthorized</p>				

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	<p>access to, or use or disclosure of, a patient's medical information to the affected patient or the patient's representative at the last known address, no later than five days after the unlawful or unauthorized access, use, or disclosure has been detected by the clinic, health facility, agency, or hospice.</p> <p>CDPH verified that the facility informed the affected patient(s) or the patient's representative(s) of the unlawful or unauthorized access, use or disclosure of the patient's medical information.</p>			

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