

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070000181	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/04/2014
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 760 RENZ LANE GILROY, CA 95020
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A 001	<p>Informed Medical Breach</p> <p>Health and Safety Code Section 1280.15 (b)(2), " A clinic, health facility, agency, or hospice shall also report any unlawful or unauthorized 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 business days after the unlawful or unauthorized access, use, or disclosure has been detected by the clinic, health facility, agency, or hospice."</p> <p>The 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>	A 001		
D 001	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of Entity Reported Incident CA00420349 regarding Breach to Person/Entity Outside Facility/HC System.</p> <p>Inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility.</p> <p>Representing the California Department of Public Health: 32398, Health Facilities Evaluator Nurse.</p> <p>The Department was unable to substantiate a violation of Federal or State regulations.</p>	D 001		

Licensing and Certification Division LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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AMENDED

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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 760 RENZ LANE GILROY, CA 95020		
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A 001	Informed Medical Breach Health and Safety Code Section 1280.15 (b)(2), "A clinic, health facility, agency, or hospice shall also report any unlawful or unauthorized 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 business days after the unlawful or unauthorized access, use, or disclosure has been detected by the clinic, health facility, agency, or hospice." The 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.	A 001	The following is Planned Parenthood Mar Monte's (PPMM's) response to the Department's request for a Plan of Correction with respect to Entity Reported Incident CA00300096 in CDPH letter dated March 27, 2012. Deficiency # D069, D071 [policies relating to patient care not implemented] (a) Corrective actions to be accomplished for the affected patient: As soon as the Gilroy Center Manager learned about the possible breach of the patient's protected health information (PHI), a comprehensive investigation was begun. After it was determined that a breach had occurred, a PPMM representative called and spoke with the patient informing her of the breach and apologizing. PPMM's Compliance Officer also sent the patient a letter communicating similar information. There is no Statement of Deficiency concerning reporting to the patient. The patient has not requested any further action from PPMM concerning the breach. This portion of the POC is the same as proposed in the POC dated March 20, 2012. (b) Identification of other patients potentially affected by the same deficient practice and corrective action to be taken:	
D 000	Initial Comments The following reflects the findings of the California Department of Public Health during the investigation of an entity reported incident conducted 3/5/12. Entity Reported Incident CA00300096 was in regards to breach of patient health information by the primary care clinic. A deficiency was identified (see California Code of Regulations, Title 22, Section 75030(a)(2)). The affected patient was notified by the clinic of the privacy breach on 2/16/12. Inspection was limited to the specific entity reported incidents investigated and does not represent the findings of a full inspection of the primary care clinic.	D 000		

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
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L & C DIVISION
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Licensing and Certification Division

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Compliance Officer

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

(X8) DATE

4/9/12

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If continuation sheet 1 of 3

*The Health CTR was informed
The POC was accepted
4/11/12 by S. Mahan*

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D 000	Continued From page 1 Representing the California Department of Public Health: 11442, Health Facilities Evaluator Nurse.	D 000	<p>In addition, PPMM has taken appropriate disciplinary action concerning the person who committed the intentional breach. In addition, PPMM will be engaging in the following proactive corrective actions concerning intentional breaches: 1) mandatory In-Services for all PPMM Health Center, Response Center, and Education staff; 2) PPMM intranet privacy FAQs; and 3) revisions to PPMM New Hire Orientation material. (see (c) below).</p> <p>(c) Immediate measures and systemic changes that will be put in place to ensure that deficient practice does not recur:</p> <p>1. Mandatory Intentional Breach Training In-Service for all PPMM Health Centers, Response Center, and Education staff that will include: a) discussion of PPMM's privacy breach policies, highlighting and affirming that confirmed intentional breaches result in termination of the employment relationship and that suspensions may occur during investigation, consistent with PPMM's Human Resources policy; b) role playing of hypothetical scenarios and discussion of appropriate responses; and c) acknowledgement of participation in the in-service will be signed by all staff members who participate at the completion of the In-Service. The PPMM Compliance Officer will prepare the written materials, with input from PPMM staff as appropriate. The Regional Area Service Directors (ASDs) will disseminate the materials to all Center Managers and Regional Program Managers (RPMs). The Director of Operations for the Response Center will also receive the same materials. The Health Center managers or individuals with similar supervisory responsibility will review the materials and conduct the In-Service training. The highlights of this In-Service will be reinforced at the annual privacy site In-Service (material prepared by Compliance Officer, presented by same people who presented the intentional breach In-Service, unless PPMM management designates otherwise).</p>		
D 069	T22 DIV5 CH7 ART4-75030(a) Basic Services--Policies and Procedures (a) Written policies and procedures which the clinic shall implement shall include, but not be limited to: This Statute is not met as evidenced by:	D 069			
D 071	T22 DIV5 CH7 ART4-75030(a)(2) Basic Services--Policies and Procedures (2) Policies relating to patient care. This Statute is not met as evidenced by: Based on interview and record review, the clinic failed to ensure written policies and procedures were implemented for confidentiality of patient health information for one of one sampled patient (1). Findings: On 3/5/12, Patient 1's clinical record indicated the patient had an appointment at the clinic on 2/7/12 and 2/10/12, for test procedures. On 2/7/12, the patient received assistance for the procedure from Staff A. On 3/5/12, during an interview, Staff C stated she was related to Patient 1 and she was not aware	D 071			

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D 071	<p>Continued From page 2</p> <p>the patient had an appointment at the clinic. On 2/8/12 at approximately 7 p.m. Staff A told her Patient 1's test results. Patient 1 did not want Staff C to know she was at the clinic. On 2/10/12, Staff C stated she was working in the back of the clinic and Staff A told her Patient 1 was in the clinic.</p> <p>On 3/5/12, review of Staff A's employee file indicated on 12/21/11, Staff A signed a statement she would comply with the clinic's requirements for Confidentiality and Nondisclosure Agreement. The Privacy Policy indicated, the clinic, "...is committed to the protection of the confidential information, documents and proprietary information of which it is responsible."</p> <p>On 12/16/11, Staff A signed and dated the clinic's Policy Regarding Provision of Services to Relatives and Others Known to Staff. The policy indicated, "...Staff may encounter Others when this occurs, staff should inform them that all services are strictly confidential and that the privacy of their health information, including patient status, will be protected.."</p> <p>The clinic failed to ensure policies were implemented to respect patient's rights for confidentiality of health information.</p>	D 071	<p>2. Privacy FAQs on the intranet: PPMM will prepare Privacy FAQs to be posted on the internal Intranet site. The initial batch of questions posted will address intentional breaches. The Compliance Officer will work with the Information Technology Department and other PPMM staff to publicize the new feature.</p> <p>3. New Hire Orientation (NHO): NHO materials will be revised to reflect the In-Service materials noted above. These materials will be prepared by the Compliance Officer and the Director Training and discussed at NHO.</p> <p>(d) Monitoring/Quality Assurance: PPMM plans to undertake the following monitoring and quality assurance activities:</p> <p>1. Sign-ins, acknowledgments: see (a). The sign-ins will be maintained by the people conducting the In-Services.</p> <p>2. "Huddles:" The people conducting the In-Service (or their designees) will conduct daily "huddles" covering possible privacy breach examples and debriefing from previous day for three weeks after the In-Service.</p> <p>3. Quizzes: Quizzes will be given once a week for three weeks following the In-Service. <u>Responsible staff</u> who conducted the In-Service training will review the quiz results and follow-up as appropriate. These quizzes will serve as weekly reinforcement of knowledge to increase understanding of the range of intentional privacy breaches.</p>	4/23/12

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D 071	Continued From page 3	D 071	<p>4. Compliance Officer Monitoring of intentional breaches: The Compliance Officer will track each confirmed incident of an intentional privacy breach within the affiliate. Certain incidents will be reviewed by PPMM's Risk and Quality Management Committee to identify issues involving these intentional breaches. When appropriate, additional corrective actions will be implemented at those sites where the intentional breaches occurred.</p> <p>(e) Date corrective action will be completed: For PPMM sites that have experienced intentional privacy breaches beginning in January 2011 through the present, the In-Service will take place no later than April 23, 2012. The remaining sites will include the In-Service at the next regular staff meeting. The huddles and quizzes will continue for three weeks following the mandatory In-Services. The intranet FAQs and the NHO material will be completed no later than April 23, 2012.</p>	4/23/12