

7/30/14 POC accepted - Spoke to Elena Cohen - JW

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PRINTED: 07/23/2014
FORM APPROVED

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070000183	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/03/2014
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 5440 THORNWOOD DRIVE, SUITE G SAN JOSE, CA 95123
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(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
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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	<p>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 CA00402594, enclosed in CDPH letter dated July 8, 2014, received by PPMM's Blossom Hill Health Center (Blossom Hill) on July 16, 2014, corrected copy printed July 23, 2014 (CMS 2567) concerning an incident at Blossom Hill that was reported to CDPH on June 17 2014 (CDPH Report).</p> <p>Deficiency cited as not complying with Cal. Health & Safety Code 1280.15(a)(clinic failed to prevent unauthorized disclosure of Patient 1's protected health information (PHI) when a bag labeled with Patient 1's PHI was handed to Patient 2, resulting in an unauthorized PHI disclosure).</p> <p>(a) Corrective actions to be accomplished for the affected patient: (a) 6/12/14, 6/17/14</p> <p>On June 12, 2014, the Blossom Hill center manager called Patient 1 on the telephone, explaining the mistake and apologizing for the error. On June 17, 2014, PPMM's Compliance Officer also sent Patient 1 the letter required by 1280.15. CMS 2567 does not note any deficiency concerning PPMM's communication with Patient 1.</p> <p>(b) Identification of other patients potentially affected by the same deficient practice and corrective action to be taken: (b) N/A</p> <p>PPMM has not identified other patients potentially affected in this instance.</p> <p>(c) Immediate measures and systemic changes that will be put in place to ensure that deficient practice does not recur: (c) 6/12/14</p>	
A 000	<p>Initial Comment</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of an entity reported incident conducted on 7/3/14.</p> <p>For Entity Reported Incident CA00402594, regarding State Monitoring Privacy Breach, one State deficiency was identified (see California Health and Safety Code, Section 1280.15(a)).</p> <p>Inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the hospital.</p> <p>Representing the California Department of Public Health: 32398, Health Facilities Evaluator Nurse.</p>	A 000		

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

JUL 29 2014

Licensing and Certification Division
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Elena Cohen

PPMM Compliance and Privacy Officer

(X6) DATE

7/28/14

California Department of Public Health

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A 000	Continued From page 1 The clinic detected the Breach of Patient Health Information (PHI) on 6/11/14. The clinic reported the Breach of PHI to the Department on 6/17/14. The hospital notified Patient 1 of the Breach of PHI on 6/12/14.	A 000	As of June 12, 2014, Blossom Hill is no longer putting labels on the bags, and instead is using other mechanisms to check that the patient is getting the correct prescription. The clinician prescribing the medication will compare electronic health record prescription and the bill to the contents in the bag to ensure the medication is correct. The staff person handing the patient the medication is required to ask the patient to provide first name, last name and date of birth and check that it matches these other documents before giving the medication to the patient.	
A 017	1280.15(a) Health & Safety Code 1280 (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, agency's, 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.	A 017	(d) 8/22/14 or after no errors for four weeks (d) Monitoring Process/Quality Assurance For monitoring and quality assurance purposes, as of June 16, 2014, when patients are checking out, the check-out specialist or designee will verify the first name, last name, and date of birth with the patient and match the bill to the contents in the bags. For monitoring and quality assurance, beginning July 28, 2014, providers will keep a log of medications they give to patients to document that the information given to patients only contains the patients' own PHI. The center manager will designate another staff member to verify that that the PHI is correct (and does not contain any other patient's PHI) before patients receive it. Both the provider and the checker will enter their checks in the log (also identifying whether the checker identified any PHI errors by the provider) every business day for four weeks to ensure that the health center remains in compliance. The CM will review the log at least once every week. Once the process is monitored without the second person finding an error for four weeks, the log will be discontinued; the earliest date for completion will be August 22, 2014. (e) Date corrective action will be completed: See column x5 on CMS 2567.	

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A 017	<p>Continued From page 2</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the clinic failed to prevent the unauthorized disclosure of patient's health information (PHI) for Patient 1, when a bag labeled with Patient 1's PHI was handed to Patient 2. The failure resulted in disclosure of Patient 1's PHI to an unauthorized individual.</p> <p>Findings:</p> <p>The California Department of Public Health received a mailed report on 6/17/14, which indicated on 6/9/14, Patient 1 and Patient 2 had come to the clinic for their appointments. At the end of Patient 2's appointment, a clinic staff member (PA) handed Patient 2 a bag containing a prescription. The bag handed to Patient 2 had a label affixed to it disclosing Patient 1's name, date of birth, sex, medical record encounter number, date of service, type of insurance, and insurance number. Patient 2 had taken home the labeled bag. On 6/11/14, Patient 2 noticed the label on the bag of prescriptions did not belong to her. She called the clinic to report the issue. Patient 2 returned to the clinic on 6/12/14 with the label and the clinic shredded the label.</p> <p>During an interview on 7/3/14 at 2:25 p.m., PA stated Patient 1 had come in for emergency contraceptives (similar to the morning after pill). PA had seen an empty bag by her charts, and did not see a label on it. PA placed Patient 2's prescription into the bag, and handed the bag to Patient 2.</p> <p>During an interview on 7/3/14 at 2:50 p.m., the clinic manager (CM) stated Patient 2 returned to</p>	A 017		

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A 017	<p>Continued From page 3</p> <p>the clinic with the labeled bag and prescription. The label on the bag had Patient 1's name, date of birth, medical record number, and insurance number disclosed.</p> <p>Review of a copy of a letter the clinic sent on 6/17/14 to Patient 1 indicated a clinic staff member mistakenly disclosed PHI for Patient 1. A clinic staff member gave another patient (Patient 2) a bag with Patient 1's label on it. The label disclosed Patient 1's name, date of birth, sex, medical record number, encounter number, date of service, type of insurance, and insurance number.</p>	A 017		