

1/8/15 POC accepted, waiting for return call from Renea Burns - JH
 1/29/15 spoke to Renea Burns. - JH

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070000182	(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 1691 THE ALAMEDA SAN JOSE CA 95126
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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
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 CA00422184, enclosed in CDPH letter dated December 15, 2014, received by PPMM's San Jose Health Center on December 17, 2014 concerning an incident that was reported to CDPH on December 2, 2014, which involved a PPMM employee mistakenly mailing PHI to the wrong patient.</p> <p>Deficiency cited as not complying with Cal. Health & Safety Code 1280.15 (b)(2).</p> <p>(a) Corrective actions to be accomplished for the affected patient:</p> <p>On December 2, 2014, the Compliance Officer mailed the letter to Patient required by Cal. Health & Professional Code 1280.15 CDPH does not note any deficiency concerning PPMM's communication with Patient 1.</p>	12/2/14
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 12/4/14.</p> <p>For Entity Reported Incident CA00422184, regarding State Monitoring, Privacy Breach to Person Outside Healthcare System, 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	<p>(b) Identification of other patients potentially affected by the same deficient practice and corrective action to be taken:</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:</p> <p>Health Center Manager has reminded the PPMM employee to process only one authorization form at a time and to check the name and birthdates of each document in an envelope, match the name on the envelope (if intended to be sent to the patient), also reminding the employee to read Privacy Manual Policy 4: Reasonable Safeguards Against Privacy Breaches.</p>	

DEC 31 2014
 L & C DIVISION
 SAN JOSE

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

TITLE
 AVP, HR

(X5) DATE
 12-29-14

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070000182	(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: 1691 THE ALAMEDA SAN JOSE, CA 95126

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A 000	Continued From page 1 The clinic detected the Breach of Patient's Health Information (PHI) on 11/24/14. The clinic reported the Breach of PHI to the Department on 12/2/14. The clinic notified Patient 1 of the Breach of PHI on 11/26/14 via telephone and on 12/2/14 via mail.	A 000	(d) Monitoring Process/Quality Assurance Health Center manager will provide ongoing follow-up and monitoring compliance by reminding staff weekly at our morning "huddles". HC Manager will also remind staff at monthly staff meetings, including the above example to our "Privacy Summary/Questions" agenda item.	1/2/15
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	(e) Date corrective action will be complete January 2, 2015	

California Department of Public Health

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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 health information (PHI) for one of two sampled patients (1), when Patient 1's PHI was inadvertently mailed to another patient. The failure resulted in the disclosure of Patient 1's PHI to an unauthorized individual. Findings:</p> <p>The California Department of Public Health received a faxed report on 12/2/14, which indicated, on 11/18/14, Patient 1's "Authorization of Service Notice" (for referral to another physician/entity) form which disclosed Patient 1's name, date of birth, address, and medical record number, had been inadvertently mailed to Patient 2 who then mailed it back to the clinic. The form was mailed to Patient 2 along with other material intended for Patient 2. A clinic internal investigation revealed on 11/18/14, the clinic's primary care coordinator (PCC) had printed the form for four patients. When PCC was folding the forms, she inadvertently folded together the forms for Patient 1 and Patient 2, and placed them into an envelope which was mailed to Patient 2. PCC did not check the name and birth date on each document matched the name on the envelope. Upon receiving the envelope, Patient 2 opened it, noticed the forms for Patient 1, which had been included with Patient 2's forms, and mailed back Patient 1's forms to the clinic.</p> <p>During an interview on 12/4/14 at 3:30 p.m., the clinic manager (HCM) stated PCC was working on documents for four patients, and inadvertently folded together the documents for Patient 1 and</p>	A 017		
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A 017	<p>Continued From page 3</p> <p>Patient 2, and placed them in the same envelope for Patient 2. HCM stated the clinic became aware of the error when they received the incorrect documents which Patient 1 had mailed back to the clinic.</p> <p>During an interview on 12/4/14 at 2 p.m., the services administrative supervisor (SAS) stated she had opened the envelope which Patient 2 had mailed back to the clinic, and she saw a small piece of paper with a note which indicated "This was in with my paperwork". SAS stated once she saw the note, she did not take out the contents of the envelope, she just gave it to HCM.</p> <p>During an interview on 12/4/14 at 2:20 p.m., HCM confirmed the contents of the envelope, which Patient 2 had mailed back to the clinic, were the documents which belonged to Patient 1.</p> <p>Review of a copy of a letter dated 12/1/14, from the clinic to Patient 1, indicated Patient 1's form was inadvertently mailed to Patient 2 on 11/18/14, and disclosed Patient 1's name, date of birth, address, medical record number, name and address of entity where referred, diagnosis, and reason for referral.</p> <p>Review of a copy of the documents which Patient 2 mailed back to the clinic disclosed Patient 1's name, address, medical record number, entity where referred, reason for referral, type of procedure, and diagnosis.</p> <p>Review of a copy of the clinic's 09/2013 "Reasonable Safeguards Against Privacy Breaches" policy indicated staff who prepare patient mailings should double-check that the name and address on the documents to be sent match the name and address on the envelope.</p>	A 017		

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D 000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of Entity Reported Incident CA00398492 regarding Non-Breach Patient Medical Information Incident.</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 000	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH</p> <p>JUN 11 2014</p> <p>L & C DIVISION SAN JOSE</p>	
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Licensing and Certification Division LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Elena W</i>	TITLE <i>PPM Compliance Office</i>	(X6) DATE <i>6/9/14</i>
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