

California Department of Public Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070000691	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/21/2016
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 398 S GREEN VALLEY ROAD WATSONVILLE, CA 95076
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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 000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during an abbreviated survey for Entity Reported Incident CA00457933 regarding Breach to Person/Entity Outside Facility/Healthcare 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 000	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH</p> <p>FEB 26 2016</p> <p>L & C DIVISION SAN JOSE</p>	

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

TITLE

(X6) DATE

[Handwritten Signature]

VP HR + Privacy Officer 2-12-16

California Department of Public Health

*3/6/14
not accepted
deficient compliance
not*

PRINTED: 02/20/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070000691	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/18/2014
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A 000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during an investigation of Entity Reported Incident CA00387919 regarding an alleged breach of patient information on 2/18/14.</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: 29328, Health Facilities Evaluator Supervisor.</p> <p>Facility detected the breach of patient health information on 2/7/14. Facility reported the breach of patient health information to the Department on 2/14/14. Facility notified patient of the breach of patient health information on 2/11/14.</p>	A 000	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH</p> <p>MAR 6 - 2014</p> <p>L & C DIVISION SAN JOSE</p> <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 CA00387919 (CMS 2567) enclosed in CDPH letter dated February 20, 2014 concerning an incident at PPMM's Watsonville Health Center (Watsonville) that was reported to CDPH on February 13, 2014 (CDPH Report).</p>	all dates refer to 2014.
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>Deficiency cited as not complying with Cal Health & Safety Code 1280.15(a) (facility failed to prevent unauthorized disclosure of Patient 2's protected health information (PHI) because Staff A mistakenly put Patient 2's label on a prescription intended for Patient 1, Staff B gave that prescription to Patient 1's mother, and neither staff member followed PPMM's procedures for checking the PHI matched the patient).</p> <p>(a) Corrective actions to be accomplished for the affected patient:</p> <p>One of Watsonville's supervisors called Patient 2 on February 11, 2014, explaining the mistake and apologizing for the error. On February 13, 2014, PPMM's Compliance Officer also sent Patient 2 the letter required by 1280.15. CMS 2567 does not note any deficiency concerning PPMM's communication with Patient 2.</p>	2/11, 2/13

Licensing and Certification Division

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

Ellena Cohen PPMM Compliance Officer

TITLE

STATE FORM 6899 MCP111

(X6) DATE

3/5/14

If continuation sheet 1 of 3

California Department of Public Health

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A 001	Continued From page 1	A 001		all dates refer to 2014.
A 017	<p>1280.15(a) Health & Safety Code 1280</p> <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, 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.</p> <p>This Statute is not met as evidenced by: Based on interview and facility document review,</p>	A 017	<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>Staff B no longer works at PPMM as of February 14, 2014. On February 18, 2014, the Watsonville center manager reviewed at the center-wide staff meeting the PHI-checking procedures and forms when the electronic system is not working (since disclosure occurred because the standard prescription-writing process was not working). On February 27, 2014, the center manager also gave Staff A a copy of PPMM's policy about reasonable safeguards to protect PHI (Privacy Manual Policy 4) and the most recent version of PPMM's New Hire Orientation privacy presentation, which she acknowledged in writing on that date that she read, understood, and would follow.</p> <p>(d) Monitoring Process/Quality Assurance</p> <p>On February 24, 2014, Watsonville center manager (or designee) began randomly spot-checking Staff A for consistent use of PPMM's PHI-checking procedure and will conclude on March 28, 2014, which point the center manager will determine whether additional monitoring is necessary.</p>	<p>N/A</p> <p>2/14, 2/18, 2/27</p> <p>3/28</p>

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A 017	<p>Continued From page 2</p> <p>the clinic failed to prevent unauthorized disclosure of patients' medical information when Patient 2's health information (PHI) was mistakenly given to Patient 1.</p> <p>Findings:</p> <p>The Department received a self-reported incident on 2/14/14. The report revealed that on 2/5/14, Patient 1's family member mistakenly received a prescription with Patient 2's PHI. Patient 1's family member returned the prescription to the clinic on 2/7/14.</p> <p>During a telephone interview with the clinic director on 2/18/14 at 11:53 a.m., she confirmed the self-reported incident and stated that the prescription had Patient 2's date of birth, insurance and medical record number. She stated the clinic reported the incident to the Department on 2/14/14. The clinic called Patient 2 on 2/11/14 and sent him a written notification letter as well of the incident on 2/13/14.</p> <p>Review of the facility's letter to Patient 2 dated 2/13/14 indicated the facility called Patient 2 on 2/11/14 about the incident and explained how his PHI was mistakenly given to Patient 1.</p>	A 017		

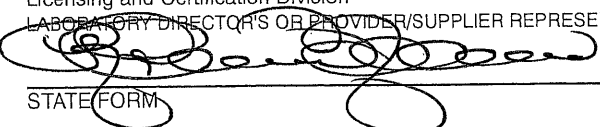
California Department of Public Health

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MAR 00 2015
**L & C DIVISION
SAN JOSE**

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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 CA00419571, enclosed in CDPH letter dated December 15, 2014, received by by PPMM's AVP of HR & Privacy Officer on February 20, 2015 concerning an incident at the Watsonville Health Center on October 31, 2014, that was reported to CDPH on November 7, 2014. Deficiency cited as not complying with Cal. Health and Safety Code 1280.15(b)(2) 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.</p> <p>(a) Corrective actions to be accomplished for the affected patient:</p> <p>On October 31/ 2014, CASX observed employee twice at separate times during the afternoon, demonstrating the checks she does to make sure that the name and address on the envelope matches the name and address on the contents, and both times she performed the checks correctly.</p> <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>	
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 CA00419571, 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		

Licensing and Certification Division LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	AVP, HR	3-3-15

*3/6/15
POC Accepted
Privacy Officer notified
M.E.*

California Department of Public Health

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A 000	Continued From page 1 The clinic detected the Breach of Patient's Health Information (PHI) on 10/31/14. The clinic reported the Breach of PHI to the Department on 11/7/14. The clinic notified Patient 1 of the Breach of PHI on 11/4/14 via telephone and on 11/7/14 via mail.	A 000	(c) Immediate measures and systemic changes that will be put in place to ensure that deficient practice does not recur: Beginning November 7, 2014, CM or designee will conduct random audits of outgoing results via mail before envelopes are sealed for a period of 30 days. CM or designee will ensure that there will be additional training/monitoring for any staff who fail the random audits.	
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) Monitoring Process/Quality Assurance CM or designee will conduct the same audit as described in (c) above during the following 3 months. (e) Date corrective action will be completed. February 28, 2015	

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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 11/7/14, which indicated on 10/21/14, Patient 1's laboratory test results which disclosed Patient 1's name, date of birth, address, sex, and person number (similar to a medical record number, a patient identifier), had been inadvertently mailed to Patient 2 who then brought it back to the clinic. A clinic internal investigation revealed Patient 2 received a letter from the clinic and opened it on 10/31/14. Patient 2 looked at the name on the laboratory test result documents, and saw the test results did not belong to her. She placed the test results back into the envelope, brought it back to the clinic, as she wanted her own information. The clinic staff took the letter and envelope and gave Patient 2 her own information. The internal investigation also revealed the primary care coordinator (PCC) had been using the clinic's electronic medical record system (EMR), and had been toggling back and forth between information for Patient 1 and Patient 2. PCC sent the information about Patient 1 to the printer but must have toggled back to Patient 2 to address the envelope.</p> <p>During a telephone interview on 12/4/14 at 11:30 a.m., the privacy and compliance officer (PCO) stated a staff member was working on two things</p>	A 017		

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A 017	<p>Continued From page 3</p> <p>at once and mistakenly placed information for Patient 1 into the envelope addressed to Patient 2.</p> <p>During an interview on 12/4/14 at 11:30 a.m., the center manager designee (CMD) stated the patient care primary care coordinator (PCC) did not follow the policy to match the name on the documents to the name on the envelope.</p> <p>During an interview on 12/4/14 at 12:10 p.m., the health service specialist (HSS) stated Patient 2 brought the letter into the clinic and handed HSS the letter. Patient 2 had stated she had received a letter with laboratory results for someone else. HSS stated she looked at the letter and saw it was for Patient 1, so she gave the letter and envelope to CMD.</p> <p>During an interview on 12/4/14 at 12:20 p.m., PCC stated she used one computer system to pull up Patient 1's laboratory results and printed them, and then went to another system to get Patient 1's address. PCC stated usually when she pulled up patient information in the laboratory system, it would automatically pull up the same patient in the address system. PCC stated she had assumed both systems had Patient 1's information, and she should have checked the name and address.</p> <p>Review of a copy of a letter sent to Patient 1 (prior to being translated from English) indicated Patient 1's laboratory test results were sent to another person by clinic staff, which had disclosed Patient 1's name, date of birth, address, sex, and person number. The letter also indicated a staff member inadvertently inserted Patient 1's laboratory test results into an envelope which had been addressed to Patient 2.</p>	A 017		

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A 017	<p>Continued From page 4</p> <p>The letter further indicated the clinic required staff to check the name and address on the information being sent matched the name and address on the envelope, but the staff member did not match them.</p> <p>Review of a copy of the laboratory results for Patient 1 indicated Patient 1's name, date of birth, sex, address, person number (medical record number), name and address of clinic, liver test, blood components test, electrolytes test, blood protein test, white and red blood cell counts, and cholesterol tests.</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		