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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD - EL CAJON CLINIC SIMPLAY RATEBASH TO PROPIDENCING PARENT REST MAIN STREET, SUITE 301 ELCAJON, CA 92325 DO00 Initial Commonts D 000 Initial Commonts The following reflects the findings of the California Department of Public Health following an investigation of a self-reported breach of a patient's medical information. Complaint number: CA00348529 The investigation of a self-reported to the specific self-reported and does not represent the findings of the Self-Rest Public Health Facilities Evaluator Nurse State ID: 27941. A 001 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 unauthorized access, use or disclosure of, a patient's medical information. D 177 T 22 DIVS CH7 ART6-75055(b) Unit Patient Health Records (b) Information contained in the health records (c) Information contained in the health records (b) Information contained in the health records	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER CA090000256		(X2) MULTI	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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patient's medical information. Complaint number: CA00348529 The investigation was limited to the specific event reported and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: Health Facilities Evaluator Nurse State ID: 27941. LICENSING & CERTIFICATION MINITATION With the staff person involved and reviewed the 5 Rights of Medication and reviewed the 5 Rights of Medication with the staff person involved and reviewed the 5 Rights of Medication with staff the importance of handling one patient's chart at a time. A 001 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 vertified 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 representative(s) of the unlawful or unauthorized access, use or disclosure of the patient's representative(s) of the unlawful or unauthorized access, use or disclosure of the patient's representative(s) of the unlawful or unauthorized access, use or disclosure of the patient's representative(s) of the unlawful or unauthorized access, use or disclosure of the patient's representative(s) of the unlawful or unauthorized access, use or disclosure of the patient's representative(s) of the unlawful or unauthorized access, use or disclosure of the patient's medical information. D 177 T22 DIV5 CH7 ART6-75055(b) Unit Patient Health Records (b) Information contained in the health records	D 000	The following reflects the findings of the California Department of Public Health following an			D 000	We apologized to Patient B in person a reassured her that Planned Parenthood committed to protecting patient privacy We also thanked her for returning the			
Representing the California Department of Public Health: Health Facilities Evaluator Nurse State ID: 27941. LICENSING & CERTIFICATION with the staff person involved and reviewed the 5 Rights of Medication Authorized access to, or use or disclosure of, a patient's medical information to the affected patient or unauthorized access, use, or disclosure of the patient's representative(s) of the unlawful or unauthorized access, use or disclosure of the patient's representative(s) of the unlawful or unauthorized access, use or disclosure of the patient's representative(s) of the unlawful or unauthorized access, use or disclosure of the patient's representative(s) of the unlawful or unauthorized access, use or disclosure of the patient's representative(s) of the unlawful or unauthorized access, use or disclosure of the patient's representative(s) of the unlawful or unauthorized access, use or disclosure of the patient's representative(s) of the unlawful or unauthorized access, use or disclosure of the patient's representative(s) of the unlawful or unauthorized access, use or disclosure of the patient's medical information. D 177 T22 DIV5 CH7 ART6-75055(b) Unit Patient Health Records (b) Information contained in the health records		patient's medical in Complaint number:	formation. CA00348529	pc	CEIVED	A's name on it. An apology letter was mailed to Patient A regarding the privacy breach. (Please see EAL attached.) The Health Center Manager discussed the incident with the staff person involved and reviewed the 5 Rights of Medication ATION diministration with all health center staff at their staff meeting. She also reviewed with staff the importance of handling one		3/25/13	
"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. D 177 T22 DIV5 CH7 ART6-75055(b) Unit Patient Health Records place whereby charts are maintained with the patient until health center staff is ready to complete the orders for the patient. This will prevent errors form occurring and supports the staff in managing one patient chart at a time. The Health Center Manager will perform a root cause analysis with the Director of Quality Management to determine what contributing factors led to the error. Results will determine if additional measures should be put into place and/or what systemic changes may need to be made.	A 001	Representing the C Health: Health Faci State ID: 27941.	alifornia Department lities Evaluator Nurs	t of Public	© 3 2013 & CERTIFIC DRTH DISTRI			3/29/13	
Health Records (b) Information contained in the health records		"A clinic, health factorials or report any unlate, or use or discloss information to the arepresentative at the later than five busing unauthorized access been detected by the agency, or hospice. The CDPH verified affected patient(s) or representative(s) of access, use or discess.	cility, agency, or hosp awful or unauthorized bure of, a patient's ma ffected patient or the e last known addres ess days after the un is, use, or disclosure he clinic, health facility that the facility inform or the patient's the unlawful or unau	pice shall d access edical patient's s, no nlawful or has dy, med the		place whereby charts are main the patient until health center s to complete the orders for the p will prevent errors form occurs supports the staff in managing chart at a time. The Health Center Manager w root cause analysis with the Di Quality Management to detern contributing factors led to the Results will determine if addit measures should be put into pl what systemic changes may ne	tained with taff is ready patient. This ring and one patient ill perform a rector of nine what error. ional ace and/or		
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RY DIRECTORS OR PROVIDER SUPPLIER REPRESENTATIVES SIGNATURE

DI CUTLE R. DETITUE HTP AA. PRIVACIA OFFICEN

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER			IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
				A. BUILDIN	NG			
CA090000256			B. WING _		04/09	04/09/2013		
PLANNED PARENTHOOD - EL CAJON CLINIC 1685 EAS			DRESS, CITY, STATE, ZIP CODE T MAIN STREET, SUITE 301 N, CA 92020					
(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 CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
D 177	Continued From Page 1 shall be confidential and shall be disclosed only to authorized persons in accordance with federal, state and local laws. This RULE: is not met as evidenced by: Based on interview and record review, the facility failed to protect the health record information for one sampled patient (Patient A) as required per Health and Safety Code Regulation 1280.15. As a result, the patient's private health information was compromised. Findings: The facility was made aware of a medical information breach on 3/22/13. The facility notified the Department of the incident on 3/25/13. The facility reported a breach of the following private health information (PHI) of Patient A: Name and medication. On 3/28/13 at 10:50 AM, Medical Assistant (MA) 1 stated, she accidently gave Patient B a bottle of medication meant for Patient A.		D 177	Monitoring of compliance to a of Medication Administration incorporated into the initial as new health center staff and the performance evaluation. The Manager is responsible for continuous process is part of our continuous program. The Health Center Manager is for continuously monitoring continuously monitoring continuously monitoring continuous process is part of Madministration with every part every transition of patient care. In addition, the HIPAA Private conducts HIPAA training for health center staff as part of the orientation and training program annual HIPAA compliance are conducted annually at a minimal health centers. All corrective actions were conducted annually at a minimal health centers.	has been sessment for e annual Health Center nducting the n. The annual quality a responsible ompliance to ad procedures ag protection isistently edication ient and with e. by Officer all new ne agency's am as well as a Training udits are also num of six	05/25/12 (Date assessment form implemented)		