

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA090000256</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/09/2013</b>
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NAME OF PROVIDER OR SUPPLIER <b>PLANNED PARENTHOOD - EL CAJON CLINIC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1685 EAST MAIN STREET, SUITE 301 EL CAJON, CA 92020</b>
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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
D 000	<p><b>Initial Comments</b></p> <p>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.</p> <p>Complaint number: CA00348529</p> <p>The investigation was limited to the specific event reported and does not represent the findings of a full inspection of the facility.</p> <p>Representing the California Department of Public Health: Health Facilities Evaluator Nurse State ID: 27941.</p>	D 000	<p>We apologized to Patient B in person and reassured her that Planned Parenthood is committed to protecting patient privacy. We also thanked her for returning the empty bottle of medication with Patient A's name on it.</p> <p>An apology letter was mailed to Patient A regarding the privacy breach. (Please see attached.)</p> <p>The Health Center Manager discussed the incident with the staff person involved and reviewed the 5 Rights of Medication Administration with all health center staff at their staff meeting. She also reviewed with staff the importance of handling one patient's chart at a time.</p>	<p>3/22/13</p> <p>3/25/13</p> <p>3/29/13</p>
A 001	<p><b>Informed Medical Breach</b></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>A streamlined process has been put into 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 from occurring and supports the staff in managing one patient chart at a time.</p> <p>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.</p>	<p>3/29/13</p> <p>4/18/13</p>
D 177	<p>T22 DIV5 CH7 ART6-75055(b) Unit Patient Health Records</p> <p>(b) Information contained in the health records</p>	D 177		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE <i>DiAnne R. DeFille</i>	TITLE <i>HIPAA Privacy Officer</i>	(X6) DATE <i>4/30/13</i>
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NAME OF PROVIDER OR SUPPLIER <b>PLANNED PARENTHOOD - EL CAJON CLINIC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1685 EAST MAIN STREET, SUITE 301 EL CAJON, CA 92020</b>		
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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 accidentally gave Patient B a bottle of medication meant for Patient A.	D 177	Monitoring of compliance to the 5 Rights of Medication Administration has been incorporated into the initial assessment for new health center staff and the annual performance evaluation. The Health Center Manager is responsible for conducting the annual performance evaluation. The annual review process is part of our quality assurance program.  The Health Center Manager is responsible for continuously monitoring compliance to all HIPAA privacy policies and procedures in their health centers including protection of patient privacy through consistently adhering to the 5 Rights of Medication Administration with every patient and with every transition of patient care.  In addition, the HIPAA Privacy Officer conducts HIPAA training for all new health center staff as part of the agency's orientation and training program as well as an annual HIPAA Compliance Training review. HIPAA compliance audits are also conducted annually at a minimum of six health centers.  All corrective actions were completed by 4-18-13.	05/25/12 (Date assessment form implemented)	