| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | CA090000256 | A. BUILDING _____ B. WING _____ | 03/03/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PLANNED PARENTHOOD - EL CAJON CLINIC | 1685 EAST MAIN STREET, SUITE 301 EL CAJON, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| D 000 | Initial Comments<br><br>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.<br><br>Complaint number: CA00388190<br><br>The investigation was limited to the specific event reported and does not represent the findings of a full inspection of the facility.<br><br>Representing the California Department of Public Health: Health Facilities Evaluator Nurse State ID: 15932. | D 000 | We apologized to Patient B on the telephone and reassured her that Planned Parenthood is committed to protecting patient privacy. Patient B agreed to return the box of emergency contraceptive pills with Patient A's name on it later that day.<br><br>The Health Center Manager immediately discussed the incident with the Lead Clinician and the clinician involved in the error. She reviewed with them the mandatory process of double checking patient labels prior to handing a box of emergency contraceptive pills to a patient. In addition, the Health Center Manager contacted the Director of Quality Management to conduct a root cause analysis to determine what contributing factors led to the error. | 2-12-14<br><br>2-12-14 |
| A 001 | Informed Medical Breach<br><br>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."<br><br>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. | A 001 | Multiple telephone contact attempts were made to Patient B when she failed to return the box of emergency contraceptive pills with Patient A's name on it.<br><br>The Health Center Manager spoke to Patient B who stated she had not viewed the label on the box of emergency contraceptive pills with Patient A's name on it, had taken the medication and had thrown away the box.<br><br>An apology letter was mailed to Patient A regarding the privacy breach and letting her know that Patient B stated she had not viewed the label on the box of emergency contraceptive pills with her name on it and had thrown away the box.<br><br>The Health Center Manager completed a root cause analysis with the Director of Quality Management which resulted in the need to reinforce with all staff the following: | 2-13-14<br><br>2-18-14<br><br>2-18-14<br><br>3-11-14 |
| D 177 | T22 DIV5 CH7 ART6-75055(b) Unit Patient Health Records<br><br>(b) Information contained in the health records | D 177 | | |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Diane R. DeLille | HIPAA Privacy Officer | 3/14/14 |



Approved
3/17/14
AM

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | CA090000256 | A. BUILDING _____ B. WING _____ | 03/03/2014 |



| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| PLANNED PARENTHOOD - EL CAJON CLINIC | 1685 EAST MAIN STREET, SUITE 301 EL CAJON, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| D 177 | Continued From Page 1<br><br>shall be confidential and shall be disclosed only to authorized persons in accordance with federal, state and local laws.<br><br>This RULE: is not met as evidenced by:<br>Based on interview and record review, the facility failed to protect the medical record information for one<br>sampled patient (Patient A) as required per Health and Safety Code Regulation 1280.15. As a result, the patient's private health information (PHI) was compromised.<br><br>Findings:<br><br>The facility was made aware of a breach on 2/12/14. The facility notified the Department of the incident on 2/18/14.<br><br>The facility reported that the breach included the following PHI related to Patient A: Name, prescribing clinician, clinic address and medication instructions.<br><br>The Administrative staff confirmed the incident during a telephone interview on 3/3/14. The Administrative staff stated Patient B was given a box of medication that was labeled with Patient A's PHI. | D 177 | • Verification of patient identity prior to handing the patient any medication<br>• Verification of a "4 point check" in the patient's Electronic Medical Record prior to handing the patient any medication<br>• Only working on one patient's chart at a time<br>The Health Center Manager will review these expectations with all staff at the next staff meeting on 3-28-14.<br><br>Monitoring of compliance to the policy for verifying patient identity 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.<br><br>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 verification of patient identity prior to handing the patient any medication.<br><br>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.<br><br>All corrective actions were completed by 3-11-14. | 5-25-12<br><br>*(date assessment form implemented)* |