

FOC ACCEPTABLE

Reviewed By: *Debra Kappmeyer*

YES NO

PRINTED: 10/06/2014

FORM APPROVED

California Department of Public Health

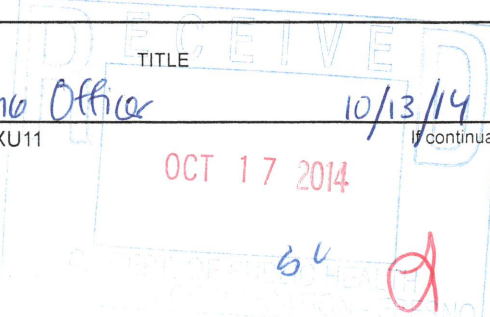
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 040000683	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <i>Classen Center</i> Date: <i>11/17/14</i> Time: <i>1405</i> Notified By: <i>Debra Kappmeyer</i> Name	(X3) DATE SURVEY COMPLETED C 06/12/2014
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NAME OF PROVIDER OR SUPPLIER FAMILY FIRST HEALTH CARE, A SERVICE OF I	STREET ADDRESS, CITY, STATE, ZIP CODE 6095 N FIRST STREET FRESNO, CA 93710
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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
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A 000	Initial Comments Amended to change Facility Name The following reflects the findings of the California Department of Public Health-Licensing and Certification, during the investigation of Entity Reported Incident: CA00401395. Representing the California Department of Public Health-Licensing and Certification: 32306 RN, HFEN. The inspection was limited to the specific Entity Reported Incident investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for Entity Reported Incident: CA00401395.	A 000	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 CA00401395, enclosed in CDPH letter dated October 6, 2014, received by PPMM's Family First Health Center (Family First) on October 7, 2014 concerning an incident at Family First that was reported to CDPH on June 5, 2014 (CDPH Report). Deficiency cited as not complying with Cal. Health & Safety Code 1280.15(b)(2), 22 CCR 75055(b)(clinic failed to ensure confidential treatment of Patient 1's protected health information (PHI) when Patient 2's chart had Patient 1's label attached to it). (a) Corrective actions to be accomplished for the affected patient: On June 5, 2014, a Family First supervisor called Patient 1 to inform her about the mistake and the required letter, confirm mailing address, and apologize for the error. On that day, 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.	(a) 6/5/14
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 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.	A 001	(b) Identification of other patients potentially affected by the same deficient practice and corrective action to be taken: PPMM has not identified other patients potentially affected in this instance. (c) Immediate measures and systemic changes that will be put in place to ensure that deficient practice does not recur: From June 12 through June 18, 2014, the Family First Front Office Coordinator (FOC) monitored the Health Service Specialist 1's (HSS 1's) check-in-process for 25 patients to ensure that she correctly took the steps needed to save the changes in the entire NextGen (electronic patient record) medical record system. During that same period, FOC monitored HSS 2's label printing for 25 patients to ensure that she checked that the patient's first name, last name, and date of birth	(b) N/A (c) 6/18/14

Licensing and Certification Division LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Elana Viter</i> PPMM Privacy & Compliance Officer	TITLE <i>PPMM Privacy & Compliance Officer</i>	(X6) DATE <i>10/13/14</i>
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(b) Information contained in the health records shall be confidential and shall be disclosed only to authorized persons in accordance with federal, state and local laws.

This Statute is not met as evidenced by:
Based on staff interview, clinical record review, and administrative document review, the clinic failed to ensure confidential treatment of Patient 1's protected health information (PHI) when Patient 2's chart had Patient 1's label attached to it.

This failure resulted in unauthorized access to Patient 1's PHI and the potential for abuse of that information.

Findings:

On 6/12/14 at 1:10 p.m., during a telephone interview, the Compliance Officer (CO) stated that on 5/29/14 Patient 2 had come in to the clinic for services. During the registration procedure, clinic employees (Registered Nurse and Health Services Specialists) printed Patient 1's label and placed it onto the chart of Patient 2. Patient 2 subsequently saw this label. The CO stated that the employees should have double checked the label against the chart, but this was not done.

Patient 1's PHI breached included her name, date of birth, medical record number, clinic visited, encounter number, date of service, insurance provider and subscriber number.

The clinic's policy and procedure titled, "PRIVACY

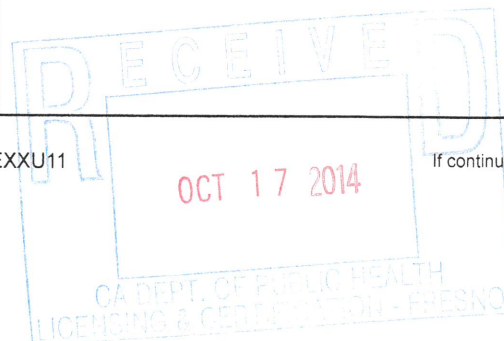
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match the chart on which she puts the label. These employees did not make any mistakes during this monitoring process. On June 17, 2014, Family First had a center-wide training on a privacy question involving joint responsibility for checking PHI, led by the Registered Nurse.

(d) Monitoring Process/Quality Assurance

During December, 2014, the Front Office Coordinator (or other CM designee) will conduct the same HSS 1 and HSS 2 monitoring described in (c) above. Also during December, 2014, PPMM's Privacy Officer will review Privacy Manual Policy 4 (reasonable safeguards) to specifically include checking chart labels as described above for the 2015 Privacy Manual revision.

(d) 12/31/14



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MANUAL POLICY 4: REASONABLE SAFEGUARDS AGAINST PRIVACY BREACHES" dated 4/2012, indicated ". . . Confirmation of patient identity before discussing or providing written PHI (including prescription, referral forms, etc.) to patient: Before patients receive documents or are spoken to about PHI, [Clinic] staff should, at a minimum, ask patients to provide the first AND last name and date of birth, and check the document to make sure that it corresponds. Staff should NOT provide the information first and then ask for confirmation, since that can result in a privacy breach if the person is not the correct patient. . ."

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