California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CA060000264	A. BUILDING: _____ B. WING _____	C 09/09/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD ORANGE & SAN BEI	1421 E 17TH STREET SANTA ANA, CA 92705

(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
A 000	Initial Comments AMENDED The following reflects the findings of the California Department of Public Health during the investigation of COMPLAINT NUMBER: CA00379879. Inspection was limited to the specific complaint(s) investigated and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: Surveyor 1835, HFEN. Findings for Complaint Number: CA00379879. The complaint allegation(s) were substantiated and regulatory violations written at A001 and A017.	A 000	**PPOSBC Response to Amended CMS 2567 for COMPLAINT NUMBER CA00379879:** ** PPOSBC former Compliance Officer during the interval in question is no longer with PPOSBC. However, senior management at PPOSBC including the PPOSBC CEO, and COO are aware of the standard processes engaged in by said former Compliance Officer including but not limited to said Compliance Officer's adherence to PPOSBC policies regarding reporting applicable incidents such as that described herein, and direct communication(s) with applicable affected PPOSBC patients. Therefore, the following said PPOSBC response is in good faith with respect to said former Compliance Officer's tenure at PPOSBC.* ***Amended CMS 2567 form CA00379879 Findings:*** a) Patient at issue was contacted by PPOSBC's compliance officer informing patient of the incident, PPOSBC policies on the same and that PPOSBC would thoroughly investigate said incident and remedy as applicable. Patient was provided full contact information at PPOSBC for any additional questions or follow up at patient's discretion. To concretely ensure ongoing safety and privacy of patient's protected health information to the best of PPOSBC's ability, **PPOSBC staff at issue was promptly separated from employment by PPOSBC on or about August 23, 2013.** b) PPOSBC has a robust series of policies that all staff must adhere to regarding the optimum security and privacy of patient protected health information. Staff are also regularly trained and educated on said policies. I. Pertinent said policies include: • PPOSBC Compliance Policy CO-600 Corporate Compliance Program • PPOSBC Compliance Policy CO-1104 Patient Right to File Complaints About Use and Disclosure of their	9.22.14
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		

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Licensing and Certification Division

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE President/CEO (X6) DATE 10/15/14

STATE FORM 10/20/14 Acceptable POC - HFEN 1835. 6899 ESNJ11 If continuation sheet 1

PL

California Department of Public Health

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A 001	Continued From page 1	A 001	Protected Health Information • PPOSBC Compliance Policy CO-1105 HIPAA Privacy and Information Security Training	9.22.14
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. This Statute is not met as evidenced by: Based on interview and facility document review, the facility failed to prevent the disclosure of	A 017	• PPOSBC Compliance Policy CO-1108 Minimum Necessary Rule for Protected Health Information • PPOSBC Compliance Policy CO-111 Protected Health Information Breach Notification • PPOSBC Compliance Policy CO-112 Sanctions for Unauthorized Uses and Disclosures of a Patient's Protected Health Information II. In addition to the promulgation of said policies at PPOSBC, PPOSBC also regularly trains and educates on said agency policies, both at inception of staff's tenure at PPOSBC as well as throughout the agency calendar; this includes: • Protected Health Information/HIPAA in-person training at staff orientation day/hire • An additional Protected Health Information/HIPAA Online module new staff training for new staff to be completed with a set period of time immediately post-orientation/hire • Proactive calendared clinic/health center Licensed Clinician trainings that also include training on Protected Health Information/HIPAA • Proactive calendared non-licensed clinic/health center staff (e.g., Medical Assistants, reception staff) trainings that also include training on Protected Health Information • Health Center Managers proactively calendared trainings that focus on managing health center staff with respect to several matters, including Protected Health Information/HIPAA • Proactively calendared Annual All-Staff agency Training on Compliance Policies and Procedures • PPOSBC implemented automated audit software that provides information on potential unauthorized access by/disclosure to any level of agency staff, with respect to the agency Electronic Health Records	

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A 017	Continued From page 2 Patient I's protected health information (PHI) from one staff member (Staff 1). Review of facility documents show on 8/19/13, a caller reported knowing and named a staff member who accessed patient medical records without the need to know and was sharing the information to others. The caller also identified the four patients of whose medical records the staff allegedly accessed. Further review showed the facility investigated the allegation and found evidence the named staff (Staff 1) accessed the medical records of one of the four patients identified. The medical record belonging to Patient I was found accessed by Staff 1 on four different occasions without a need to know. On 8/21/13, an interview with Staff 1 was conducted. During the interview, Staff 1 admitted to knowing Patient I and denied sharing the medical information accessed. However, Staff 1 was unable to explain the reason she accessed Patient I's medical record on four different occasions. Patient I's disclosed PHI may have included the entire medical record including name, demographic data, financial information and physician progress notes, nurses notes and any or all medications, treatments or procedures done within the facility. On 9/9/14 at 1020 hours, a telephone conference with the Privacy Officer occurred regarding the breach as documented.	A 017	system as well as related patient information systems such as those relevant to patient scheduling and administrative records. This audit software is breach detection technology that is fully integrated with our electronic health record system. On a daily basis, the breach detection technology/software analyzes access into the agency systems, thereby automatically monitoring potential unauthorized access and/or disclosures on numerous levels of the patient record such as lab results, progress notes, appointment information, and related facets • A culture that invites reporting any suspected compliance and/or privacy matters to supervisors in any department, including but not limited to PPOSBC Human Resources Department, Patient Services Department, Administration and the Compliance Department • Dedicated and consistent agency Quality Management/Quality Assurance meetings through the Patient Services Department to review and as applicable, improve the quality of agency processes • Dedicated and consistent (quarterly) agency Compliance and Enterprise Risk Management Committee to review and as applicable, improve the quality of agency processes • A dedicated Compliance agency Hotline 24 hours a day 7 days a week, 365 days a year • Suspension, Separation of Employment and/or other processes for sanctioning any staff that fails to follow said processes and trainings as described above Accordingly, as with any healthcare agency, such as hospitals, the CDPH, DHCS and other entities, PPOSBC is subject to common human errors or independent acts against established and reinforced agency policies. However, PPOSBC sets forth robust, consistent and good faith efforts to prevent and/or as applicable remediate towards optimum protection of health information for all patients. PPOSBC also makes every effort to communicate with any applicable patients	9.22.14

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A 017	Continued From page 3	A 017	issue to assist them with any questions or concerns, including providing contact information for relevant staff such as patient services department or compliance department staff, and providing said patients with a toll-free phone number to utilize at any time. c) As noted in section (b): PPOSBC has a robust series of policies that all staff must adhere to regarding the optimum security and privacy of patient protected health information. Staff are also regularly trained and educated on said policies. I. Pertinent said policies include: • PPOSBC Compliance Policy CO-600 Corporate Compliance Program • PPOSBC Compliance Policy CO-1104 Patient Right to File Complaints About Use and Disclosure of their Protected Health Information • PPOSBC Compliance Policy CO-1105 HIPAA Privacy and Information Security Training • PPOSBC Compliance Policy CO-1108 Minimum Necessary Rule for Protected Health Information • PPOSBC Compliance Policy CO-111 Protected Health Information Breach Notification • PPOSBC Compliance Policy CO-112 Sanctions for Unauthorized Uses and Disclosures of a Patient's Protected Health Information II. In addition to the promulgation of said policies at PPOSBC, PPOSBC also regularly trains and educates on said agency policies, both at inception of staff's tenure at PPOSBC as well as throughout the agency calendar; this includes: • Protected Health Information/HIPAA in-person training at staff orientation day/hire • An additional Protected Health Information/HIPAA	9.22.14

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A 017	Continued From page 4	A 017	Online module new staff training for **new staff** to be completed with a set period of time immediately post-orientation/hire • Proactive calendared clinic/health center Licensed Clinician trainings that also include training on Protected Health Information/HIPAA • Proactive calendared non-licensed clinic/health center staff (e.g., Medical Assistants, reception staff) trainings that also include training on Protected Health Information • Health Center Managers proactively calendared trainings that focus on managing health center staff with respect to several matters, including Protected Health Information/HIPAA • Proactively calendared Annual **All-Staff** agency Training on Compliance Policies and Procedures • PPOSBC implemented automated audit software that provides information on potential unauthorized access by/disclosure to any level of agency staff, with respect to the agency Electronic Health Records system as well as related patient information systems such as those relevant to patient scheduling and administrative records. This audit software is breach detection technology that is fully integrated with our electronic health record system. On a daily basis, the breach detection technology/software analyzes access into the agency systems, thereby automatically monitoring potential unauthorized access and/or disclosures on numerous levels of the patient record such as lab results, progress notes, appointment information, and related facets • A culture that invites reporting any suspected compliance and/or privacy matters to supervisors in any department, including but not limited to PPOSBC Human Resources Department, Patient Services Department, Administration and the Compliance Department • Dedicated and consistent agency Quality Management/Quality Assurance meetings through the Patient Services Department to review and as	9.22.14

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A 017	Continued From page 5	A 017	applicable, improve the quality of agency processes • Dedicated and consistent (quarterly) agency Compliance and Enterprise Risk Management Committee to review and as applicable, improve the quality of agency processes • A dedicated Compliance agency Hotline 24 hours a day 7 days a week, 365 days a year • Suspension, Separation of Employment and/or other processes for sanctioning any staff that fails to follow said processes and trainings as described above Accordingly, as with any healthcare agency, such as hospitals, the CDPH, DHCS and other entities, PPOSBC is subject to common human errors or independent acts against established and reinforced agency policies. However, PPOSBC sets forth robust, consistent and good faith efforts to prevent and/or as applicable remediate towards optimum protection of health information for all patients. PPOSBC also makes every effort to communicate with any applicable patients at issue to assist them with any questions or concerns, including providing contact information for relevant staff such as patient services department or compliance department staff, and providing said patients with a toll-free phone number to utilize at any time. Thereby, PPOSBC submits in good faith that it is taking all measures feasible to prevent and as applicable in this matter, mitigate, reduce risk, raise quality and address any deficiencies that CPDH may nevertheless perceive. As additional measures: • PPOSBC has hired a chief Compliance Officer, chief Privacy Officer, and chief Security Officer to review PPOSBC systems for additional quality improvement as applicable. (i) One immediate result herein is the updating of the agency process to include the above-referenced robust Compliance & Enterprise Risk	9.22.14

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A 017	Continued From page 6	A 017	Management Committee. (ii) A second immediate result is an updated agency All-Staff annual training for Compliance policies and procedures that includes robust Protected Health Information/HIPAA training. (iii) Agency HIPAA Security measures have consistently also been reviewed for quality assurance; however, with said new hires' recent presence at PPOSBC, agency Security measures will also be re-reviewed for even further optimum compliance. • PPOSBC has also installed a Chief Operating Officer who regularly collaborates with the Compliance Officer, Privacy Officer and Security Officer, as well as the VP of HR, the agency Medical Director, and the Office of the CEO, to directly manage and oversee ongoing training of all agency health center staff, both licensed and non-licensed. • With said new hires, PPOSBC is also embarking on a long-term plan to continue to review all said applicable agency policies for optimum quality and compliance. • With said new hires, PPOSBC also plans for long term subject matter expertise for matters relevant to optimum protection of patient privacy and security, and compliance with regulatory and agency standards. **d) and e)** : As noted in section (c) in significant detail: PPOSBC has a robust series of policies that all staff must adhere to regarding the optimum security and privacy of patient protected health information. Staff are also regularly trained and educated on said policies. I. Pertinent said policies include: • PPOSBC Compliance Policy CO-600 Corporate Compliance Program • PPOSBC Compliance Policy CO-1104 Patient Right to File Complaints About Use and Disclosure of their	9.22.14 9.22.14

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A 017	Continued From page 7	A 017	Protected Health Information • PPOSBC Compliance Policy CO-1105 HIPAA Privacy and Information Security Training • PPOSBC Compliance Policy CO-1108 Minimum Necessary Rule for Protected Health Information • PPOSBC Compliance Policy CO-111 Protected Health Information Breach Notification • PPOSBC Compliance Policy CO-112 Sanctions for Unauthorized Uses and Disclosures of a Patient's Protected Health Information II. In addition to the promulgation of said policies at PPOSBC, PPOSBC also regularly trains and educates on said agency policies, both at inception of staff's tenure at PPOSBC as well as throughout the agency calendar; this includes: • Protected Health Information/HIPAA in-person training at staff orientation day/hire • An additional Protected Health Information/HIPAA Online module new staff training for **new staff** to be completed with a set period of time immediately post-orientation/hire • Proactive calendared clinic/health center Licensed Clinician trainings that also include training on Protected Health Information/HIPAA • Proactive calendared non-licensed clinic/health center staff (e.g., Medical Assistants, reception staff) trainings that also include training on Protected Health Information • Health Center Managers proactively calendared trainings that focus on managing health center staff with respect to several matters, including Protected Health Information/HIPAA • Proactively calendared Annual All-Staff agency Training on Compliance Policies and Procedures • PPOSBC implemented automated audit software that provides information on potential unauthorized access by/disclosure to any level of agency staff, with respect to the agency Electronic Health Records	9.22.14

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A 017	Continued From page 8	A 017	system as well as related patient information systems such as those relevant to patient scheduling and administrative records. This audit software is breach detection technology that is fully integrated with our electronic health record system. On a daily basis, the breach detection technology/software analyzes access into the agency systems, thereby automatically monitoring potential unauthorized access and/or disclosures on numerous levels of the patient record such as lab results, progress notes, appointment information, and related facets • A culture that invites reporting any suspected compliance and/or privacy matters to supervisors in any department, including but not limited to PPOSBC Human Resources Department, Patient Services Department, Administration and the Compliance Department • Dedicated and consistent agency Quality Management/Quality Assurance meetings through the Patient Services Department to review and as applicable, improve the quality of agency processes • Dedicated and consistent (quarterly) agency Compliance and Enterprise Risk Management Committee to review and as applicable, improve the quality of agency processes • A dedicated Compliance agency Hotline 24 hours a day 7 days a week, 365 days a year • Suspension, Separation of Employment and/or other processes for sanctioning any staff that fails to follow said processes and trainings as described above Accordingly, as with any healthcare agency, such as hospitals, the CDPH, DHCS and other entities, PPOSBC is subject to common human errors or independent acts against established and reinforced agency policies. However, PPOSBC sets forth robust, consistent and good faith efforts to prevent and/or as applicable remediate towards optimum protection of health information for all patients.	9.22.14

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A 017	Continued From page 9	A 017	PPOSBC also makes every effort to communicate with any applicable patients at issue to assist them with any questions or concerns, including providing contact information for relevant staff such as patient services department or compliance department staff, and providing said patients with a toll-free phone number to utilize at any time. Thereby, PPOSBC submits in good faith that it is taking all measures feasible to prevent and as applicable in this matter, mitigate, reduce risk, raise quality and address any deficiencies that CPDH may nevertheless perceive. As additional measures: • PPOSBC has hired a chief Compliance Officer, chief Privacy Officer, and chief Security Officer to review PPOSBC systems for additional quality improvement as applicable. (i) One immediate result herein is the updating of the agency process to include the above-referenced robust Compliance & Enterprise Risk Management Committee. (ii) A second immediate result is an updated agency All-Staff annual training for Compliance policies and procedures that includes robust Protected Health Information/HIPAA training. (iii) Agency HIPAA Security measures have consistently also been reviewed for quality assurance; however, with said new hires' recent presence at PPOSBC, agency Security measures will also be re-reviewed for even further optimum compliance • With said new hires, PPOSBC is also embarking on a long-term plan to continue to review all said applicable agency policies for optimum quality and compliance. • With said new hires, PPOSBC also plans for long term subject matter expertise for matters relevant to optimum protection of patient privacy and security, and compliance with regulatory and agency standards. **Accordingly, and since over a year has passed since**	9.22.14

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A 017	Continued From page 10	A 017	**the incident at issue, PPOSBC submits in good faith that it currently has already implemented and integrated a variety of applicable corrective actions to address the August 2013 incident at issue. Any additional measures further outlined herein serve to also illustrate PPOSBC"s commitment to overall continued long-term optimum management of relevant processes, and the privacy and security of protected health information for its valued patient population.** **PPOSBC takes the optimal customer service, and privacy and security of its patient very seriously and will continue to do so through all efforts listed herein; and any additional quality improvement measures that its quality assurance, risk management and compliance processes illuminate.** 2014 OCT 17 AM 9 55	9.22.14