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CA DEPT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA080000255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2013
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD-ESCONDIDO CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 347 W MISSION AVENUE ESCONDIDO, CA 92025	LICENSING & CERTIFICATION SAN DIEGO NORTH DISTRICT OFFICE
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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	Initial Comments 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: CA00362725 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: 15932.	D 000	We apologized to Patient B in person and reassured her that Planned Parenthood is committed to protecting patient privacy. We took the birth control pill packet with Patient A's name on it and provided Patient B with a properly labeled birth control pill packet with her name on it. The Health Center Manager called Patient B after determining that she may have also received two boxes of emergency contraception with Patient A's name on them. Patient B returned two boxes of emergency contraception with Patient A's name on them and was provided with properly labeled boxes of emergency contraception with her name on them. We again apologized to Patient B and thanked her for returning the items.	7/16/13 7/17/13
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	The Health Center Manager also left a phone message for Patient A apologizing for the error and asked her to contact us. In addition, the Health Center Manager immediately discussed the error with medical assistant staff. An apology letter was mailed to Patient A regarding the privacy breach. (Please see attached.) The Health Center Manager performed a root cause analysis with the Director of Quality Management to determine what contributing factors led to the error. This resulted in a streamlined process whereby a pre-printed label with the patient's information on it, will be generated after the clinician has placed the order. The medical assistant will then confirm the patient's identity in the presence of the patient, prior to attaching the label to the medication (s).	7/18/13 7/19/13
D 177	T22 DIV5 CH7 ART6-75055(b) Unit Patient Health Records (b) Information contained in the health records	D 177		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Maure R. DeKille, HIPAA Privacy Officer TITLE: 7/30/13 (X6) DATE

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D 177	<p>Continued From Page 1</p> <p>shall be confidential and shall be disclosed only to authorized persons in accordance with federal, state and local laws.</p> <p>This RULE: is not met as evidenced by: Based on interview and record review, the facility failed to protect the medical 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 (PHI) was compromised.</p> <p>Findings:</p> <p>The facility was made aware of a breach on 7/17/13. The facility notified the Department of the incident on 7/22/13.</p> <p>The facility reported that the breach included the following PHI related to Patient A: Name, birth control pills, and emergency contraception.</p> <p>The Administrative staff confirmed the incident during a telephone interview on 7/23/13. The Administrative staff stated that Patient B notified the facility in person she received a medication that belonged to Patient A. After Patient B left the facility, it was determined she also received two other medications that belonged to Patient A.</p>	D 177	<p>Continued From Page 1</p> <p>The Health Center Manager reviewed with all health center staff at their staff meeting, the policy for Verifying Client Identification and the 5 Rights of Medication Administration. She also reviewed with staff the new process for labeling medication in the presence of the patient.</p> <p>Monitoring of compliance to the policy for Verifying Client Identification and 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.</p> <p>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 and the new process for labeling medication in the presence of the patient.</p> <p>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.</p> <p>All corrective actions were completed by 7-26-13.</p>	7/26/13 5/25/12 (date Assessment form implemented)