

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA250001778	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/19/2015
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD - MORENO VALLEY	STREET ADDRESS, CITY, STATE, ZIP CODE 12900 FREDERICK STREET, SUITE C MORENO VALLEY, CA 92553
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A 000	Initial Comments The following reflects the findings of the California Department of Public Health during the investigation of one entity reported incident. Entity reported incident number: CA00429105 Representing the California Department of Public Health: 25937 / 2122 The inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility. This Department was able to substantiate a violation of the regulations.	A 000	We spoke to Patient A on the phone and apologized to her for the error. She agreed to return the letter with Patient B's information on it to us in a self-addressed, stamped envelope that was mailed out to her. In addition, an RN in the Case Management Department called Patient A, discussed her lab results with her and scheduled an appointment for her to receive treatment. A follow up letter was mailed to Patient A informing her that Patient B had returned the letter with Patient A's information on it.	1-12-15 1-26-15
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	We apologized to Patient B in person, retrieved the letter from her with Patient A's information on it and provided her with appropriate treatment. A follow up letter was mailed to Patient B informing her that Patient A had agreed to return the letter to us with Patient B's information on it. We have determined that this is not a system error; it is a one-off error by an employee. The RN Manager of Case Management immediately discussed the incident with the Case Management Specialist involved in the error and reminded her that our process includes the mandatory double checking of the patient name and address on a lab results letter against the patient name and address on the envelope label, prior to placing the letter	1-13-15 1-26-15 1-20-15

*APC lead
3-30-15
K*

Licensing and Certification Division
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Diane R. DeKille TITLE
HIPAA Privacy officer (X6) DATE
3/25/15

STATE FORM 6899 Q5FO11 If continuation sheet 1 of 4

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A 017	Continued From page 1	A 017		
A 017	<p>1280.15(a) Health & Safety Code 1280</p> <p>(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.</p> <p>This Statute is not met as evidenced by: Based on interview and facility document review, the facility failed to prevent unauthorized access and/or disclosure of two patients (Patient 1 and Patient 2) medical information, when Patient A's</p>	A 017	<p>in the envelope. The Case Management Manager also reinforced with the employee the need to handle only one patient letter and envelope at a time.</p> <p>Every new Case Management RN receives training which includes mandatory double checking of patient name and address on a lab results letter against the patient name and address on the envelope label prior to placing the letter in the envelope.</p> <p>The RN Case Management Manager is responsible for continuously monitoring compliance to all HIPAA privacy policies including our process of mandatory double checking of patient name and address on a lab results letter against the patient name and address on the envelope label prior to placing the letter in the envelope. It is part of the annual performance evaluation, which is conducted by the RN Case Management Manager.</p> <p>HIPAA training for all new staff is conducted by the HIPAA Privacy Officer as part of the agency's orientation and training program in addition to an annual HIPAA Compliance Training review.</p> <p>HIPAA compliance audits are also conducted on an annual basis by the HIPAA Privacy Officer.</p> <p>All corrective actions were completed by 1-26-15</p>	

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A 017	<p>Continued From page 2</p> <p>laboratory results were sent to Patient B, and Patient B's lab results were sent to Patient A. This failure had the potential to result in misuse of private/protected information.</p> <p>Findings:</p> <p>1. On February 19, 2015, at 2 p.m., the Privacy officer (PO) was interviewed. The PO stated Patient A notified the facility on January 12, 2015, that she had received a letter in the mail that was intended for Patient B. The PO stated Patient A's name and address was on the outside envelope, but the letter inside was addressed to Patient B, and contained protected health information (PHI). The PO stated the letter contained Patient B's positive Chlamydia results (a sexually transmitted disease). The PO stated Patient A returned the letter to the facility.</p> <p>The letter sent to Patient A was reviewed. The letter contained Patient B's name, address, and positive test results for Chlamydia (a sexually transmitted disease).</p> <p>2. On February 19, 2015, at 2 p.m., the Privacy officer (PO) was interviewed. The PO stated Patient B notified the facility on January 13, 2015, that she had received a letter in the mail that was intended for Patient A. The PO stated Patient B's name and address was on the outside envelope, but the letter inside was addressed to Patient A, and contained protected health information (PHI). The PO stated the letter contained Patient A's positive Chlamydia results (a sexually transmitted disease). The PO stated Patient B returned the letter to the facility.</p> <p>The letter sent to Patient B was reviewed. The letter contained Patient A's name, address, and</p>	A 017		

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A 017	<p>Continued From page 3</p> <p>positive test results for Chlamydia (a sexually transmitted disease).</p> <p>The PO stated, the employee stuffing the envelopes, and then addressing them, should have verified the correct address label was going on the correct envelope. In addition, The PO stated the employee should have only handled one envelope/letter at a time.</p> <p>The information contained in the facility employee handbook, under Health Insurance Portability and Accountability Act (HIPAA) Privacy Statement. The information indicated the following:</p> <ol style="list-style-type: none"> 1. Make sure all medical records are secure from unauthorized use. 2. Never allow an unauthorized person access to any medical records or PHI. 3. As a general matter, An individual's PHI may not be used or disclosed without proper permission. 	A 017		