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
	CA250000210	A. BUILDING: _____ B. WING _____	C 03/11/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD - RIVERSIDE CLINIC	3772 TIBBETS STREET RIVERSIDE, CA 92506

(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 The following reflects the findings of the California Department of Public Health during the investigation of one entity reported incident. Entity Reported Incident Number: CA00388906 Representing the California Department of Public Health: Surveyor 2138/26288, 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. The Department was able to substantiate a violation of the regulations and a deficiency was written for Entity Reported Incident Number: CA00388906	A 000	We apologized to Patient B in person, reassured her that Planned Parenthood is committed to protecting patient privacy and retrieved the Health Access Plan (HAP) card with Patient A's information on it from her. We provided Patient B with a new HAP card with her correct information on it. The Health Center Manager immediately discussed the incident with the Front Office Specialist involved in the error and reminded her that our process includes the mandatory cross checking of all patient labels before they are affixed to the HAP card. The Health Center Manager also immediately implemented a new process that involves cross checking the label on the HAP card against the demographic information on the patient's "Fee Ticket".	2-19-14 2-20-14
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	An apology letter was mailed to Patient A informing her about the breach, reassuring her that Planned Parenthood is committed to protecting patient privacy and to investigating the incident. We also informed Patient A that the HAP card with her information on it had been returned to us. The Health Center Manager conducted a root cause analysis with the Director of Quality Management in order to determine what contributing factors led to the error and to implement any identified system improvements. This led to the following actions and changes: (1) More label printers were ordered for the front desk staff	2-24-14 3-5-14

Licensing and Certification Division

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Diane R. DeFrille — TITLE: HIPAA Privacy Officer — (X6) DATE: 4/16/14

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
	CA250000210	A. BUILDING: _____ B. WING _____	C 03/11/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD - RIVERSIDE CLINIC	3772 TIBBETS STREET RIVERSIDE, CA 92506

(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 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 record review, the facility failed to ensure for one patient (Patient A), that her protected health information (PHI) was not disclosed to another patient (Patient B). This failure resulted in unauthorized access to Patient	A 017	(2) Front desk staff will double check every printed patient label against the printed Fee Ticket with the patient's demographic information on it prior to affixing the label to the HAP card (3) Front desk staff will ensure that the HAP card is labeled with the correct patient's information prior to placing it in the patient's mini chart and handing it to the Medical Assistant. (4) The Medical Assistant will cross reference the patient information on the HAP card against the patient's Fee Ticket (5) The Medical Assistant will ask the patient to verify that the information matches and is correct by initialing the Fee Ticket next to their name The Health Center Manager reviewed the new process with all health center staff at their staff meeting. 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.	3-28-14 5-25-12 *(date assessment form implemented)*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CA250000210	A. BUILDING: _____ B. WING _____	C 03/11/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD - RIVERSIDE CLINIC	3772 TIBBETS STREET RIVERSIDE, CA 92506

(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 017	Continued From page 2 A's demographic information. Finding: A telephone interview was conducted on March 11, 2013, at 3:00 p.m., with the HIPAA (Health Insurance Portability And Accountability Act) Privacy Officer (PO). The PO stated on February 19, 2014, Patient B was checking in for a scheduled appointment at the facility. A staff member noticed that Patient B's identification card and health access program card had Patient A's demographic information listed on the cards. The demographic information included Patient A's name, date of birth, and medical record number. The PO stated when Patient B was asked by the staff why her cards had a different patient's information on them Patient B stated those were the cards she was given by the staff. The PO stated that a staff member must have placed Patient A's identification labels on Patient B's health cards by mistake, therefore, Patient A's PHI was disclosed to Patient B. The facility's policy and procedure titled "HIPAA," undated, was reviewed. The policy indicated that staff were to not "reveal any aspect of a client's medical record or PHI to unauthorized individuals, or ever allow an unauthorized person access to any medical record or PHI."	A 017	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 via the new system outlined above. 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. All corrective actions were completed by 3-28-14.	