

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 057772	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2013
NAME OF PROVIDER OR SUPPLIER HEALTH AT HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 375 Laguna Honda Blvd Unit F5, San Francisco, CA 94116-1411 SAN FRANCISCO COUNTY		
(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
	<p>The following reflects the findings of the Department of Public Health during a complain/breach event visit:</p> <p>Complaint Intake Number: CA00339503 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 25730, HFEN</p> <p>The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.</p> <p>Health and Safety Code Section 1280.15(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.</p> <p>The Department identified violations of State regulations.</p>		<p>This Plan of Correction is the response by Health at Home (HAH), as required by regulation, to the Statement of Deficiencies (Form CMS-2567) issued by the CA Department of Public Health on May 22, 2013, for a self-reported theft of documents with protected health information occurring on January 9, 2013. The submission of this Plan of Correction does not constitute an admission of the deficiencies listed on this Form CMS-2567 or an admission to any statements, findings, facts, and conclusions that form the basis of the alleged deficiencies.</p>	

Event ID:S8SE11

5/22/2013

4:08:07PM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Mivic Hirose

Mivic Hirose, Executive Administrator

6/7/13

By signing this document, I am acknowledging receipt of the entire citation packet. Page(s) 1 thru 6

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

State-2567

POC accepted Betsy Lay 6/13/13 acting HFES

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 057772	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/13/2013
NAME OF PROVIDER OR SUPPLIER HEALTH AT HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 375 Laguna Honda Blvd Unit F6, San Francisco, CA 94116-1411 SAN FRANCISCO COUNTY		
(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	
	<p>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.</p> <p>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.</p>		<p>JUN - 7 06</p> <p>Health at Home (HAH) has established policies and procedures to prevent unlawful or unauthorized access to and use or disclosure of patients' medical information.</p> <p>Immediately after the Health at Home employee found the side window of her car broken and the soft pack containing ten health records stolen from her parked vehicle, the employee filed a police report and notified management at Health at Home. The soft pack had been in the employee's locked car in the passenger side footwell partially under the seat.</p> <p>The Acting Administrator of Health at Home met with all Health at Home staff to review and discuss HAH Policy 3005, entitled "Confidentiality, Security and Handling of Medical Records Information", and reinforce established safeguards to better ensure medical record confidentiality. Staff were reminded that locked cases had been provided to each of them and were made available to staff to secure PHI.</p>	<p>1/9/13</p> <p>1/10/13</p>	

Event ID:S8SE11

5/22/2013

4:08:07PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 057772	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2013
NAME OF PROVIDER OR SUPPLIER HEALTH AT HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 375 Laguna Honda Blvd Unit F5, San Francisco, CA 94116-1411 SAN FRANCISCO COUNTY		
(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
	<p>This regulation was not met as evidenced by:</p> <p>Based on interview and record review, the agency failed to safeguard patient health records from loss when ten patient health records were left in view on the front seat of an automobile, which resulted in the theft of medical records containing PHI (Personal Health Information).</p> <p>Findings:</p> <p>During an interview on 2/13/13 at 10:10 AM, the Acting Administrator (AA) of the Home Health Agency (HHA) reported that a licensed Physical Therapist (PT) staff member of the agency was going on a home visit on 1/9/13. The PT had eleven (11) patient health records in her possession stored in a "soft pack" carrying case. When the PT arrived at a visit destination, she left the soft pack containing ten (10) health records on the passenger seat of her car while she went into the patient's home. The AA stated the PT's car (Prius hatchback) did not have a trunk where the records could have been stored. While inside the patient's home, the PT's car had the side window broken and the soft pack containing the records was stolen. The AA said the PT filed a report with the San Francisco Police Department regarding the theft. The AA stated the Home Health Agency Administrator reported to the Chief Executive Officer (CEO) of a local hospital, and the Privacy Officer (PO) of this hospital became involved in the medical information breach.</p>	JUN	<p>The ten (10) Health at Home clients that were impacted by the theft of the documents that contained medical information were notified of the incident by letter written in the client's primary language.</p> <p>The Health at Home employee was counseled on each staff's responsibility to protect the confidentiality of patient protected health information (PHI) and about medical information privacy requirements, particularly about the requirement to keep off-site medical records in a locked vehicle, out of sight and secured.</p> <p>All Health at Home staff were in-serviced on and provided a copy of HAH Policy 3005, entitled "Confidentiality, Security and Handling of Medical Records Information" and considered new language to specify that documents containing PHI must be fully out of view when locked in a vehicle.</p> <p>HAH Policy 3005, entitled "Confidentiality, Security and Handling of Medical Records Information" was updated to require that Health at Home employees who take medical records off-site must keep them on their person, or, if stored in an automobile, store the medical records in a locked case, fully out of view.</p>	<p>1/11/13</p> <p>1/16/13</p> <p>2/14/13</p> <p>6/5/13</p>

Event ID: S8SE11

5/22/2013

4:08:07PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 057772	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2013
NAME OF PROVIDER OR SUPPLIER HEALTH AT HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 375 Laguna Honda Blvd Unit F5, San Francisco, CA 94116-1411 SAN FRANCISCO COUNTY		
(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
	<p>The Privacy Officer (PO), who was present during this entire interview, stated she worked with the AA to ensure the patients were notified of the breach of their medical information. The PO stated letters to the ten patients, including other language (Spanish translations) for six of the patients, were mailed on 1/11/13.</p> <p>Record review indicated ten letters written in the primary language (English) to the affected patients, and six letters written in other language (Spanish) to the affected patients. All letters were dated 1/11/13.</p> <p>During record review, the AA provided a copy of a record for one of the patient's stolen charts. This record contained the following Protected Health Information (PHI): demographic information (name, address, phone number, ethnicity), date of birth, medical record number, diagnoses, insurance information, medications, referral sources and information, plan of care, and a complete copy of progress notes for each visit. The AA stated the information in each of the ten stolen records was the same.</p> <p>The AA provided a copy of the HHA's policy and procedure, titled, "Confidentiality, Security and Handling of Medical Records Information" dated 10/11, which indicated, "Field charts containing Protected Health Information (PHI) must always be protected under the following conditions: If a secure locked trunk is not available then secure the documents beneath the seat." The agency's P&P of "securing documents beneath the seat" is not</p>		<p>Health at Home staff will be in-serviced on HAH policy 3005, entitled "Confidentiality, Security and Handling of Medical Records Information", particularly the requirement to keep off-site medical records on their person or, if stored in an automobile, to store the medical records in a locked case fully out of view.</p> <p>Health at Home Director to monitor for compliance. Results of the monitoring activity will be reported at Health at Home Quality meetings on a quarterly basis for follow-up and action as needed. Health at Home Administrator is responsible for monitoring compliance with quarterly reporting.</p>	<p>6/19/13</p> <p>2/14/13 and ongoing</p>

Event ID: S8SE11

5/22/2013

4:08:07PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 057772	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/13/2013
NAME OF PROVIDER OR SUPPLIER HEALTH AT HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 375 Laguna Honda Blvd Unit F5, San Francisco, CA 94116-1411 SAN FRANCISCO COUNTY		
(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	
	<p>adequate. The agency must require the staff to protect PHI documents by keeping them in a locked case.</p> <p>The AA provided a copy of the PT's most recent training record on "Privacy, Information Safety, and Security" and indicated the training was completed on 6/14/12.</p> <p>The AA also provided a copy of the counseling session, dated 1/16/13, conducted with the PT by her supervisor which reviewed this breach of PHI and addressed ways this could have been prevented.</p> <p>The employee's failure to safeguard the patients' medical information against loss or use by unauthorized person or persons violated Health & Safety Code, 1280.15(a) and is therefore subject to the applicable civil penalty assessment.</p> <p>T22 DIV CH6 ART4-74731(b) Patients' Health Records Availability (b) The agency shall safeguard the information in the record against loss, defacement, tampering or use by unauthorized persons.</p> <p>This regulation was not met as evidenced by: Based on interview and record review, the agency failed to safeguard patient health records from loss when ten patient health records were left in view on the front seat of an automobile, which resulted in the theft of medical records containing PHI (Personal Health Information)</p>		<p>Health at Home safeguards patients' health information against loss, defacement, tampering or use by unauthorized persons.</p> <p>Immediately after the Health at Home employee found the side window of her car broken and the soft pack containing ten health records stolen from her parked vehicle, the employee filed a police report and notified management at Health at Home. The soft pack had been in the employee's locked car in the passenger side footwell partially under the seat.</p>	1/9/13	

Event ID: S8SE11

5/22/2013

4:08:07PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 057772	(K2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2013
NAME OF PROVIDER OR SUPPLIER HEALTH AT HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 375 Laguna Honda Blvd Unit F5, San Francisco, CA 94115-1411 SAN FRANCISCO COUNTY		
(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
	<p>Findings:</p> <p>During an interview on 2/13/13 at 10:10 AM, the Acting Administrator (AA) of the Home Health Agency (HHA) reported that a licensed Physical Therapist (PT) staff member of the agency was going on a home visit on 1/9/13. The PT had eleven patient health records in her possession stored in a "soft pack" carrying case. When the PT arrived at a visit destination, she left the soft pack containing ten health records on the passenger seat of her car while she went into the patient's home. The AA stated the PT's car (Prius hatchback) did not have a trunk where the records could have been stored. While inside the patient's home, the PT's car had the side window broken and the soft pack containing the records was stolen. The AA said the PT filed a report with the San Francisco Police Department regarding the theft. The AA stated the Home Health Agency Administrator reported to the Chief Executive Officer (CEO) of a local hospital, and the Privacy Officer (PO) of this hospital became involved in the medical information breach.</p> <p>The Privacy Officer (PO), who was present during this entire interview, stated she worked with the AA to ensure the patients were notified of the breach of their medical information. The PO stated letters to the ten patients, including other language (Spanish translations) for six of the patients, were mailed on 1/11/13.</p> <p>Record review indicated ten letters written in the primary language (English) to the affected patients, and six letters written in other language (Spanish)</p>		<p>The Acting Administrator of Health at Home met with all Health at Home staff to review and discuss HAH Policy 3005, entitled "Confidentiality, Security and Handling of Medical Records Information", and reinforce established safeguards to better ensure medical record confidentiality. Staff were reminded that locked cases had been provided to each of them and were made available to staff to secure PHI.</p> <p>JUN - 7 The ten (10) Health at Home clients that were impacted by the theft of the documents that contained medical information were notified of the incident by letter written in the client's primary language.</p> <p>The Health at Home employee was counseled on each staff's responsibility to protect the confidentiality of patient protected health information (PHI) and about medical information privacy requirements, particularly about the requirement to keep off-site medical records in a locked vehicle, out of sight and secured.</p> <p>All Health at Home staff were in-serviced on and provided a copy of HAH Policy 3005, entitled "Confidentiality, Security and Handling of Medical Records Information" and considered new language to specify that documents containing PHI must be fully out of view when locked in a vehicle.</p>	<p>1/10/13</p> <p>1/11/13</p> <p>1/16/13</p> <p>2/14/13</p>

Event ID: S8SE11

5/22/2013

4:08:17 PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 057772	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2013
NAME OF PROVIDER OR SUPPLIER HEALTH AT HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 375 Laguna Honda Blvd Unit F5, San Francisco, CA 94116-1411 SAN FRANCISCO COUNTY		
(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
	<p>to the affected patients. All letters were dated 1/11/13.</p> <p>During record review, the AA provided a copy of a record for one of the patient's stolen charts. This record contained the following Protected Health Information: demographic information (name, address, phone number, ethnicity), date of birth, medical record number, diagnoses, insurance information, medications, referral sources and information, plan of care, and a complete copy of progress notes for each visit. The AA stated the information in each of the ten stolen records was the same.</p> <p>The AA provided a copy of the HHA's policy and procedure, titled, "Confidentiality, Security and Handling of Medical Records Information", dated 10/11, which indicated, "Field charts containing Protected Health Information (PHI) must always be protected under the following conditions: If a secure locked trunk is not available then secure the documents beneath the seat." The agency's P&P of "securing the documents beneath the seat" is not adequate. The agency must require the staff to protect PHI documents by keeping them in a locked case.</p> <p>The AA provided a copy of the PT's most recent training record on "Privacy, Information Safety, and Security" and indicated the training was completed on 6/14/12.</p> <p>The AA also provided a copy of the counseling session, dated 1/16/13, conducted with the PT by</p>		<p>HAH Policy 3005, entitled "Confidentiality, Security and Handling of Medical Records Information" was updated to require that Health at Home employees who take medical records off-site must keep them on their person, or, if stored in an automobile, store the medical records in a locked case fully out of view.</p> <p>Health at Home staff will be in-serviced on HAH policy 3005, entitled Confidentiality, Security and Handling of Medical Records Information, particularly the requirement to keep off-site medical records on their person or, if stored in an automobile, to store the medical records in a locked case fully out of view.</p> <p>Health at Home Director to monitor for compliance. Results of the monitoring activity will be reported at Health at Home Quality meetings on a quarterly basis for follow-up and action as needed. Health at Home Administrator is responsible for monitoring compliance with quarterly reporting.</p>	<p>6/5/13</p> <p>6/19/13</p> <p>2/14/13 and ongoing</p>

Event ID: S8SE11

5/22/2013

4:08:07 PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 057772	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/13/2013
NAME OF PROVIDER OR SUPPLIER HEALTH AT HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 375 Laguna Honda Blvd Unit F5, San Francisco, CA 94116-1411 SAN FRANCISCO COUNTY		
(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	
	<p>her supervisor which reviewed this breach of PHI and addressed ways this could have been prevented.</p> <p>The employee's failure to safeguard the patients' medical information against loss or use by unauthorized person or persons violated Health & Safety Code, 1280.15(a) and is therefore subject to the applicable civil penalty assessment.</p>				

Event ID: S8SE11

5/22/2013

4:08:07PM