	TATEMENT OF DEFICIENCIES (X1) PROVIDER/GUPPLIER/CLIA IDENTIFICATION NUMBER:  055486		A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SUR COMPLETI		
THE SEC	ROVIDER OR SUPPLIER UOIAS	STREET ADDRESS 501 PORTOLA I		ZIP CODE FOLA VALLEY, CA 94028 SAN MAT	EO COUNTY	*	
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES  YOY MUST BE PRECEEDED BY FULL  OR LSC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORR (EACH CORRECTIVE ACTION SHOU REFERENCED TO THE APPROPRIAT	LO BE GROSS-	(X5) COMPLETE DATE	
Event ID	of Public Health durivisit:  Complaint Intake No. CA00257652 - Substitute CA00257652 - Substitute Interest Inte	epartment of Public Health:  By HFEN  Ilimited to the specific facility and does not represent the section of the facility.  By Code Section 1280.15(a) A lility, home health agency, or bursuant to Section 1204, 1250, is shall prevent unlawful or as to, and use or disclosure of, information, as defined in Section 56.05 of the Civil Code with Section 130203. The investigation, may assess an lity for a violation of this section a thousand dollars (\$25,000) per dical information was unlawfully orization accessed, used, or to seventeen thousand five (\$17,500) par subsequent lawful or unauthorized access, re of that patients' medical		This unauthorized discevent was corrected by withdrawing the offend comment from the possible comment from the possible comment from the possible comment from the possible comment from the interned on February 3, 2011, at the affected party with our facility's awareness breach, as noted in the of deficiency.  The staff member who constituted the violation longer here.  The NCPHS Personner been revised to detail the prohibition against using media in any manner the compromises Protected Information, as well as materials, data and information, as well as materials, data and information of Staff Development of Sta	ding sting t website nd notifying in 4 days of of the statement  see posting on is no  l Policy has he strict ng social hat d Health other ormation of longing to  lopment rvice on		D. F. 2011

ADMINISTRATOR Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined

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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 deliciencies are cited, an approved plan of correction is requisite to continued program participation.

acceptable POC 6/28/11 9100

TATEMENT OF CEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLM IDENTIFICATION NUMBER: 055466	(X2) MULTIPLE CONSTRUCTION  A. BUILDING B. WING		DAS) OATE SURVEY COMPLETED  02/10/2011	
MAE OF PROVIDER OR SUPPLIER THE SEQUOIAS	STREET ADDRESS 501 PORTOLA	: X	zip code Ola Valley, ca 94028 San	MATEO COUNTY	
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEEDED BY FULL BLSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED YO THE APPRO	SHOULD BE CROSS-	(X6) COMPLETE DATE
A clinic, health far also report any unit or use or disclo information to the representative at the than five business unauthorized access detected by the clinospice."  The CDPH verified affected patient(s) of the unlawful or disclosure of the patient (s) and the clinic, health hospice licensed patients to, and unauthorized information. Section 130203. investigation, may a for a violation of the thousand dollars medical information authorization access to seventeen the (\$17,500) per subseunauthorized access patients' medical informatical information authorized access patients' medical informatical information authorized access patients' medical information access to seventeen the (\$17,500) per subseunauthorized access patients' medical informations' medical information access the seventeen the patients' medical information access to seventeen the	Code Section 1280.15 (b)(2), " cility, agency, or hospice shall awful or unauthorized access to, sure of, a patient's medical affected patient or the patient's e last known address, no later days after the unlawful or s, use, or disclosure has been linic, health facility, agency, or that the facility informed that or the patient's representative(s) unauthorized access, use or ent's medical information.  Safety Code 1280 facility, home health agency, or pursuant to Section 1204, 1250, prevent unlawful or unauthorized as or disclosure of, patients', as defined in subdivision (g) of Civil Code and consistent with		Health Center staff Protected Health In (PHI), the requirem to maintain strict or PHI, the procedure case a breach is disc the consequences of breach for the facili member(s) respons  The Corporate Cor Handbook was also the In-service, as w Corporate Complia Acknowledgment of signed in each emp  The Administrator Director of Nursing maintain surveillance communications — written — to assure discussions of PHI conducted publicly overheard, that doc exposed inappropri course of work, and	nformation nent of the law confidentiality of es to follow in covered, and of any such ity and the staff ible.  mpliance or reviewed in ras the ince clocument clove file.  and the g Services ce of staff verbal and that are not and thus cuments are not iately during the	C. D. ZEL COLLY

Any deficiency statement ending with an extense (\*) 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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		OCI) PROVIDER/SUPPLIER/CL/A IDENTIFICATION NUMBER: 056466		(X2) MULTIPLE CONSTRUCTION  A BUILDING B. WING		(COMPLE	TED
NAME OF PE	ROVIDER OR SUPPLIER LUCIAS	ST	REET ADORESS, 1 PORTOLA R	CITY, STATE,	ZIP CODE OLA VALLEY, CA 94028 SAN I		0/2011
(X4) ID PREFIX YAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION S REFERENCED TO THE APPROP	HOULD BE CROSS-	(X8) COMPLETE DATE
	history of compliance related state and feather extent to which and took preventative and prevent past factors outside its facility's ability to department shell have factors when dete administrative penalty.  These Regulations were administrative penalty.  These Regulations were stated to ensure the well-known public treatment of health posted a comment of thanking her for being was a violation of the prohibiliting unlawful dinformation. Facebonetworking site where "friends." Some pulling the working site where "friends." Some pulling the prohibility of the	illy's, agency's, or a with this section a deral statutes and rethe facility datected a action to immediate violations from recum control that restrictomply with this section. The fact of the fact o	and other egulations, violations by correct ring, and cted the tion. The ensider all of an interest and the tion of an interest and tion of an int		of properly in the se shredding facilities of the second o		Glzilii
	the Department indic you of a security Information pertaining	om the facility, dated cated, "This letter is breach with regard t g to a former residen We were informed on	to inform to certain nt of the	ż	*		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguerds provide sufficient protection to the patients. Except for rursing hones, the findings above are disclosable 80 days following the date of survey whether or not a plan of correction is provided. For hursing 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.

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(X8) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A BUILDING		(X3) DATE SURVEY COMPLETED	
		055466	B. WWG	-	02/1	0/2011
THE SEQUE	HOER OR SUPPLIER DIAS	STREET ADDRESS 501 PORTOLA F		DLA VALLEY, CA 94026 SA	N MATEO COUNTY	- milk sac s
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CRO: REFERENCED TO THE APPROPRIATE DEFICIEN		(X5) COMPLETE DATE
	Continued From page	3				
	January 31, 2011 the posted the following former SNF (skilled Facebook page: 'allowing us to care for your visit.'In accord a link to this commithe employee's private that page could clike edirected to the form hereby learning the hat point, the viewe esident had been at actifity, based on the about "care" being penformation furnished facebook page about ursing facility. Given there was a potential ecciving access the facebook pageWe had posted the Facebook pageWe had the electrical executive Director standing the providing written as telephone interviewe director standing the private only using the maintelined her private ere. We didn't even us teview of a print-out	at a (facility) employee had on the public pertion of the dinursing facility) resident's thank you for you. My staff will not forget thank appeared immediately on the Facebook page. A viewer of the comment and be mer resident's Facebook page, former resident's Facebook page, former resident's ladentity. At it could infer that the former thank the (facility's) skilled nursing the employee's original comment that the employee on her at her position at the skilled in the Facebook architecture, it disclosure, then, to person's to the employee's private the learned that the employee thook entry on the interpretation to the former with legal requirements."  The or of that the employee on the could be that the employee of the employee on the could be that the employee of the could be that the employee of that the employee of the thank was discovered, we have a notification to the former with legal requirements."		C.L.	D.P.H. 7 2011	
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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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AND PLAN OF CORRECTION IDENTIFIC	(X1) PROVIDER/SUPPLIER/CLM IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
055466		B. WNG	<del></del>	02/10/2011	
NAME OF PROVIDER OR SUPPLIER THE SEQUOIAS	STREET ADDRESS, 501 PORTOLA R		P CODE LA VALLEY, CA 94028 SAN MATEO	COUNTY	
(X4) ID SUMMARY STATEMENT OF DEF PREFIX (EACH DEFICIENCY MUST BE PRECE TAG REGULATORY OR LSC IDENTIFYING	EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS- COMPLETE	
(HIPAA) indicated, "HIPAA clarif health information can and cann job is to protect the privacy ar the residents we serve; Resident their Protected Health Information anything that connects the notinformation; If you reveal Photos not need to know it, you resident's confidentiality, and have HIPPA violations could result in up to and including terming prohibited to share PHI over e-mail."  Review of the Director of Nursishowed her signature on a Confidential to the country of	ture and full name birector of Nursing) reflected on the profile page under reporate Compliance sor, p.12, Health Accountability Act fles what protected to be shared; Our od confidentiality of a have the right to fon (PHI); PHI is esident to his/her II to someone who in the property of the interest and ingly employee file reporate Compliance Review of Booklet I have read and forate Compliance lead or Supervisor in the Interest and the property of the Interest and	1:36:4	C.D.P. JUN 2 7 2011 DALY CONV	4.	

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STATEMENT OF DEFICIENCIES AND PLAY OF CORRECTION		(X1) PROVIDENSUPPLIERCLA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		055486	B. WING		02/1	0/2011
NAME OF P	ROVIDER OR SUPPLIER QUOIAS	STREET ADDRES		ZIP CODE OLA VALLEY, CA 94028 SAI	N MATEO COUNTY	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD SECROSS- REFERENCED TO THE APPROPRIATE OFFICIENCY)	
	comment on the Fa public personality, th at the facility, repre Safety Code 1280.	person's action of posting a cebook page of a well-known anking her for being a patient sents a violation of Health & 15(a) for failure to prevent of a patients' medical		C.D. JUN 27	P.H. 2011	
			465	ADI/		
Event ID:	36CN11	6/6/2011	1:36:4	erm		

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