

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 551873	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/16/2015
NAME OF PROVIDER OR SUPPLIER FAMILY HEALTHCARE NETWORK			STREET ADDRESS, CITY, STATE, ZIP CODE 501 N Bridge St, Visalia, CA 93291-6014 TULARE COUNTY		
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	<p>The following reflects the findings of the Department of Public Health during a complaint/breach event visit:</p> <p>Complaint Intake Number: CA00409572 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 18790, 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>Health and Safety Code Section 1280.15 (b)(2) (b)(2) A clinic, health facility, agency, or hospice shall also report any unlawful or</p>		<p>To prevent further risk to other patients, the FHCN employee initially identified as potentially inappropriately accessing patient PHI was removed from the floor administratively pending a full investigation of the allegations.</p> <p>Based on findings of a full privacy investigation, the employee was determined to have inappropriately accessed PHI and terminated from employment at FHCN. As part of this termination, the employee's access to FHCN electronic health records was deactivated.</p> <p>Employee refresher training on the appropriate utilization of PHI was conducted at the facility on two separate dates made a standard agenda item at monthly site meetings thereafter.</p> <p>We initiated random electronic health record reviews to audit for inappropriate utilization of PHI at the facility for 90 days. Samples for audit were obtained weekly under the supervision of the Privacy Officer. Any inappropriate activity identified in this review was forwarded for response and action by relevant supervisory staff and the Human Resources Department.</p> <p>Privacy breach information was reported to the FHCN Quality Improvement Committee consistent with FHCN's Quality Management Plan.</p>	<p>8/8/14</p> <p>8/11/14</p> <p>8/22/14 & 9/26/14</p> <p>8/15/14 through 12/19/14</p>	

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2/3/2016

9:48:56AM

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

[Handwritten Signature]

TITLE

President of CEO

(X6) DATE

2/18/16

By signing this document, I am acknowledging receipt of the entire citation packet, Page(s) 1 thru 5

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.

2/20/16 POC accepted *[Handwritten Signature]*

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	<p>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."</p> <p>Based on interview and record review, the clinic failed to prevent unauthorized access to, or use or disclosure, of one patient's (A) protected health information (PHI). This failure resulted in the improper viewing, or disclosure, or use of Patient A's information by a health care provider not involved in the patient's care.</p> <p>Findings:</p> <p>On 8/15/14, the Department received notification of a breach of PHI by a staff member (Employee S) Employee S was not authorized to access Patient A's clinical record.</p> <p>The clinic's breach report dated 8/12/14, indicated on 8/11/14, the clinic was made aware that Employee S inappropriately accessed the electronic health record of Patient A. The access occurred on or around 3/27/14.</p> <p>During an interview with the Privacy Officer on 8/28/14, at 10:20 AM, he stated he became aware of the breach on 8/8/14. After the breach report was made, he reviewed the</p>				

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	<p>access log of Patient A's electronic medical record and confirmed Employee S had inappropriately accessed the PHI of Patient A. He stated the viewing of Patient A's medical record was not part of Employee S's job duties. He further explained Patient A went to a clinic in Hanford for treatment. Employee S worked at a clinic in Visalia. It was not part of Employee S's job duties to look at Patient A's laboratory results when Patient A was not a patient at her clinic.</p> <p>The clinic investigation by the Clinic Supervisor included the computer access log. This log showed Employee S viewed Patient A's clinical record on 3/27/14. During an interview with the Privacy Officer on 8/29/14 at 10:20 AM, he stated, "The breach occurred in March. Patient A became aware of it late June or early July. She did not report it to us until 8/8/14.</p> <p>During an interview with the HR Manager on 8/29/14 at 10:55 AM, she verified Employee S breached the PHI of Patient A. She stated the access log indicated Employee S viewed Patient A's Progress Notes (a record of events during a patient's care, documents the care delivered and the clinical events relevant to diagnosis and treatment of a patient) of 12/19/13 four times, Progress Notes of 2/3/14 two times, and Progress Notes of 2/4/14 one time. Progress notes are the part of a medical record where healthcare professionals record details to document a patient's clinical status or achievements during the course of treatment.</p>				

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	<p>During an interview with Patient A on 10/30/15, at 11:35 AM, she stated Employee S was her cousin. Patient A does not work at the clinic she goes to, but works at an affiliated clinic in another town. Patient A became aware Employee S had viewed her records when her Aunt (Employee S's Mother) confronted her and stated she was going to the doctor because of her condition. Patient A stated she did not want her family to know. She stated the incident has caused her emotional stress, and she is now estranged from her family because of it.</p> <p>Patient A's Access Log Report indicated Employee S accessed the Progress Notes of Patient A. The clinic policy titled "Confidentiality of Patient Information" revised February 2015, read: "Patient information, whether in the form of a patient chart, an electronic health record, or electronic (computerized) data is strictly confidential and may be disclosed only to those who are responsible for the patient's care. The policy also indicated that it is never appropriate for an employee to view the private health information of family members by directly accessing them electronically or otherwise.</p> <p>The employee file for Employee S was reviewed. This file indicated Employee S signed that she had received the documents "Patient Confidentially Statement " and "Confidentiality and HIPPA Guidelines" on 5/14/13 and 5/15/13.</p>			

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	Therefore, the clinic failed to protect the PHI of Patient A, resulting in a violation of Health and Safety Code Section 1280.15(a) and the assessment of an administrative penalty of \$25,000. The failure to protect Patient A's personal information resulted in her suffering emotional stress and trauma.				

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