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 PRINTED: 07/29/2015
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California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070001307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/29/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

VITAS HEALTHCARE CORPORATION OF CALI

670 N MCCARTHY BOULEVARD, SUITE 220
 MILPITAS, CA 95035

(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 Comment The following reflects the findings of the California Department of Public Health during the investigation of an entity reported incident conducted from 6/26/15 through 6/29/15. For Entity Reported Incident CA00430257 regarding State Monitoring, Breach to person/entity outside facility/health care system, a State deficiency was identified (see California Health and Safety Code, Section 1280.15(a)). The hospice detected the Breach of PHI on 2/2/15, reported the Breach of PHI to the Department on 2/5/15 and notified the affected patients of the Breach of PHI on 2/9/15. Representing the California Department of Public Health: 29766 Health Facilities Evaluator Nurse.	A 000	A 000 Initial Comments This Plan of Correction, prepared by Vitas Healthcare Corporation of California, San Francisco Program describes the actions taken to correct asserted deficiencies found during a survey that concluded on July 29, 2015. This Plan of Correction includes the title of the person responsible for the corrective action and a description of the monitoring/compliance process that will be implemented. Preparation and execution of this plan of correction does not constitute an admission or agreement of the facts alleged or conclusions set forth on the Statement of Deficiencies. This plan of correction is prepared and executed solely because it is required by federal/state law. The following constitutes Vitas Healthcare Corporation of California's plan of correction. Given these actions, Program believes that it is in compliance with all requirements of the Medicare Hospice Benefit Conditions of Participation.	07.29.2015
A 018	1280.15(b)(1) Health & Safety Code 1280 (b) (1) A clinic, health facility, home health agency, or hospice to which subdivision (a) applies shall report any unlawful or unauthorized access to, or use or disclosure of, a patient's medical information to the department no later than five business days after the unlawful or unauthorized access, use, or disclosure has been detected by the clinic, health facility, home health agency, or hospice. (b) (2) Subject to subdivision (c), a clinic, health facility, home health 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, home health	A 018	A 018 1280.15(b)(1) Health & safety Code 1280 CORRECTIVE ACTION FOR PATIENTS IDENTIFIED BY THIS SURVEY and CORRECTIVE ACTION FOR OTHER PATIENTS IDENTIFIED WITH THE POTENTIAL TO BE AFFECTED: All affected patients were notified of the breach of PHI IMMEDIATE MEASURES/CHANGES PUT IN PLACE: To reinforce policies and procedures related to protecting patient privacy, program has completed an in-service review with the patient care teams on 2/16/15 regarding HIPAA Compliance in the Digital Age	07.29.2015

Licensing and Certification Division

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

[Handwritten Signature]

TITLE

VP of Operations

(X5) DATE

8/10/2015

California Department of Public Health

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NAME OF PROVIDER OR SUPPLIER VITAS HEALTHCARE CORPORATION OF CALI		STREET ADDRESS, CITY, STATE, ZIP CODE 670 N MCCARTHY BOULEVARD, SUITE 220 MILPITAS, CA 95035		
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A 018	<p>Continued From page 1 agency, or hospice.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the agency failed to prevent unauthorized disclosure of patient health information (PHI) for nine of nine (1 to 9) sampled patients when a home health aide (HHA) left a folder inside her vehicle and the vehicle was stolen. The failure resulted in the disclosure of nine patients' PHI to an unauthorized individuals(s). Findings:</p> <p>On 2/5/15, the California Department of Public Health received a report which indicated on 2/2/15 home health aide A (HHA) had her car stolen during non-business hours. Inside the car was a folder containing case sheets for nine patients. The police were called and a police report was filed.</p> <p>A review of the police report dated 2/2/15 at 8:50 a.m., indicated on 2/1/15, at approximately 12:45 a.m. HHA's vehicle was parked in front of the residence. On 2/2/15 at approximately 6:45 a.m., HHA was getting ready for work and found the vehicle was no longer where she had parked it.</p> <p>A review of a case sheet included patients' names, dates of birth, addresses, ethnicity, allergies, medical record numbers, telephone</p>	A 018	<p>Additionally the identified employee was counseled regarding following the process to protect patient PHI and review of Vitas Standard Protecting Patient Privacy, policy Notice Of Privacy Practices and Team Tips. Focus of the review included HIPAA/HITECH Rules, PHI Defined, Patient advocate to protect patient health information, breach notification and notice of privacy practices.</p> <p>TITLE OF PERSON(S) RESPONSIBLE FOR CORRECTIVE ACTION: Patient Care Administrator</p> <p>MONITORING/COMPLIANCE PROCESS: During the 3 month period following the survey, Program will review the charts of active patients according to the VITAS Standard Program Required Reviews using questions from: the Visit Observation core review tool and PHI Security Focus Review tool to ensure protection of patient health information. The number of reviews conducted after the initial 3 month period will be based on the initial auditing results.</p> <p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH AUG 10 2015 L & C DIVISION SAN JOSE</p>	

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A 018	<p>Continued From page 2</p> <p>numbers, names of primary physicians and diagnosis.</p> <p>During an interview on 6/29/15 at 11:00 a.m., the team manager (TM) stated HHA A's car was stolen on 2/5/15 at approximately 6:00 a.m. Inside the car was a folder with nine case sheets that contain PHI including names, addresses, dates of birth, names of physicians, and diagnosis.</p> <p>During an interview on 6/29/15 at 11:15 a.m., the patient care administrator (PCA) stated all staff had been inserviced on protecting patient privacy during orientation and annually thereafter.</p> <p>During a telephone interview on 6/29/15 at 8:20 a.m., HHA A stated her car was stolen on 2/2/15. In the trunk of her car was a folder with the list of nine patients she needed to visit that day. The list included the name, address, and other information pertaining to each patient. She stated she did not normally leave paperwork in the car. She had to work late the night before and had an early start the following day so she left all her paperwork in the back of her car.</p> <p>A review of a copy of a letter from the hospice dated 2/9/15 to the affected patients and representatives indicated a document which contained PHI had been stolen from an employee's car.</p> <p>A review on Health Insurance Portability and Accountability Act (HIPAA) training dated 12/2014 included instructions to reduce the risk of theft, please do not leave paper documentation, case sheets or laptop in the car overnight or for any other significant length of time. When you must leave paper documentation with PHI or laptop in</p>	A 018		

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A 018	<p>Continued From page 3</p> <p>your car temporarily, keep these materials out of sight - in the trunk - and keep the door closed.</p> <p>A review of the agency's policy on "Protecting Patient Privacy" dated 7/25/14 indicated protected health information refers to information about a patient's conditions, symptoms, or treatments, and includes such data as:</p> <ul style="list-style-type: none"> - patient status - (current condition) - even the fact that the patient is receiving hospice care is considered PHI - diagnosis - information from progress notes - medication lists, etc. <p>It also indicated all suspected breaches should be reported immediately to the employee's manager/supervisor.</p>	A 018		

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A 001	<p>Informed Medical Breach</p> <p>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."</p> <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>The California Department Of Public Health (CDPH) verified that the agency informed the affected patient's representative(s) of the unlawful or unauthorized access, use or disclosure of the patient's medical information.</p>	A 001	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH</p> <p>AUG 10 2015</p> <p>L & C DIVISION SAN JOSE</p>	

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

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TITLE
VP of Operations

(X6) DATE

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