

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA23000016	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/27/2012
NAME OF PROVIDER OR SUPPLIER SHASTA REGIONAL MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 BUTTE ST REDDING, CA 96001		
(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 an entity reported incident. Entity reported incident: 300148. The inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility. Representing the Department: 22705, HFEN A deficiency was issued for entity reported incident 300148 at A 017.	A 000		
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		
A 017	1280.15(a) Health & Safety Code 1280	A 017		

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Licensing and Certification Division

Cyndy Gordon
Cyndy Gordon RN, BSN, MBA

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

TITLE

(X6) DATE

Chief Nursing Officer 07/17/2012

California Department of Public Health

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A 017	Continued From page 1 (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 safeguard confidential health information for one patient. This resulted in unauthorized disclosure of the patient's confidential health information. (Patient 1) Findings:	A 017	Action: Memo to all admitting employees from Admitting Manager related to HIPAA and access of patient records. Employee involved in breach has been terminated. All employees are required to sign a confidentiality agreement upon hire. All employees get annual HIPAA training by education dept. Monitoring: HIM Dept. to monitor access to patient records and report any suspected breaches to administration. 20 charts will be audited per month by the HIM Director for unauthorized access and results reported up to Quality Committee. Responsible Person: Director of Health Information Management	2/17/2012 2/15/2012

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A 017	<p>Continued From page 2</p> <p>On 2/17/12, the California Department of Public Health received a faxed report from Administrative Staff (Admin) A, that indicated that the facility had identified an unauthorized access of Patient 1's health information by a co-worker. Admitting Registrar B and Patient 1 both worked in the admitting department of the facility.</p> <p>During an interview on 2/27/12 at 3 pm, Admin A confirmed that the facility had run an audit of their electronic health records on 2/15/12. This audit showed that Admitting Registrar B had accessed Patient 1's record on 1/29/12. Admitting Registrar B viewed all lab work that had been performed during Patient 1's Emergency Department visit on 1/29/12. Admin A confirmed that Admitting Registrar B's job duties entailed registering Emergency Room Department patients and that there was no need for her to view Patient 1's lab work in the course of her job duties, and as a result Admitting Registrar B had been terminated.</p> <p>Admitting Registrar B's employee file was reviewed. On 2/4/10, Admitting Registrar B had signed a "Workforce Confidentiality Agreement." It read as follows, "My authentication codes are for my use only when accessing information appropriate to my work."</p> <p>A facility policy titled, "Information Security," and dated 6/11, read as follows, "The facility allows access to patient information for the following reasons: patient care, through proper authorization by the patient or patient's representative, and required reporting. . . . Each user's access is restricted to the information needed to do his/her job."</p>	A 017		

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