

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050367	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/03/2010
NAME OF PROVIDER OR SUPPLIER Northbay Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 B Gale Wilson Blvd, Fairfield, CA 94533-3552 SOLANO 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 complaint/breach event visit:</p> <p>Complaint Intake Number: CA00241860 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 20307, Medical Consultant</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>Penalty number #110009671</p> <p>A 017 1280.15(a) Health & Safety Code 1280</p>		<p>"AMENDED"</p> <p>Case#241860 Patient Specific Action: This patient was notified by letter that a breach in his protected health information occurred, what information was released, and what we did to investigate the situation. The patient did not receive his letter within the defined timeframe. The patient's letter was sent 9 days after administration was aware of the breach.</p> <p>Potential Population Effect: Inadvertent release of protected health information has the potential to affect any NorthBay Healthcare Group patient.</p> <p>Action Plan</p> <ol style="list-style-type: none"> 1. Reviewed badge access report to determine if employee went into ED after being told she could not. 8/27/10 2. Reviewed video tape to validate access. 8/27/10 3. Interviewed all staff involved to get story from different perspectives. 9/2-3/10 4. Ran several privacy reports to determine if anyone actually accessed the E.H.R. 8/31 - 9/2/10 	9/13/12

Event ID: DUBO11

9/23/2013

9:58:21AM

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

TITLE

(X6) DATE

Dalcorah Sugayam

President

9/26/13

By signing this document, I am acknowledging receipt of the entire citation packet, Page(s) 1 thru 4

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.

10/7/13 Pac accepted. Hospital notified. TG

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	<p>1280.15(a).</p> <p>Findings:</p> <p>In interview on 11/03/10, at 9:00 am, Administrative Staff A stated that on 0 [REDACTED] 10, a protected health information breach occurred as follows: Patient 1 was brought to the emergency department (ED) on an emergent basis for a gunshot wound. Patient 1's family contacted Staff B, a hospital employee and Patient 1's aunt, and asked her to find out Patient 1's status. Staff B was on duty as a hospital phone operator (PBX operator). Staff B went to the reception desk outside the ED and asked Staff C, the greeter (staff who enters new patients into the system) for information. Staff C denied access as Patient 1 was on, "No information," status due to police involvement. Staff C then prevented Staff B from using her key badge to enter the ED. Staff B then went to the PBX operators' room and looked at the hospital tracking board, which was kept open on the computer. Staff B saw Patient 1's name. Staff B then entered the ED the back way using her key badge, stood at the desk in the ED and looked at the patient information board to determine Patient 1's status. She was asked to leave because the ED was on lock down. Because she was insistent in getting more information, the police intervened. Staff A provided a copy of the information to the surveyor that Staff B was able to access on the tracking board.</p> <p>On 11/03/10, at 9:30 am, review of a print out of the tracking board for [REDACTED]/10, demonstrated that the protected information present included Patient 1's</p>			

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	<p>name, triage level, age, sex, chief complaint of gunshot wound, status of pending lab results, primary care doctor's name, length of stay in the ED and financial (billing) number.</p> <p>On 11/03/10, review of documents demonstrated that Staff A became aware of the incident on 08/30/10 and reported it to the department on 09/07/10 (five business days), but Patient 1 was not notified until 09/13/10 (nine business days).</p>			

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