

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  051325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/26/2009	
NAME OF PROVIDER OR SUPPLIER MENDOCINO COAST DISTRICT HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 700 RIVER DR, FORT BRAGG, CA 95437 MENDOCINO 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: CA00192541 - Substantiated</p> <p>Representing the Department of Public Health: Andrea Patten, Health Facilities Evaluator Nurse</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: 110007728</p> <p>A 017 1280.15(a) Health &amp; Safety Code 1280</p>			

Event ID: CCJZ11 1/6/2011 12:00:08PM

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

*RMY Dermat*

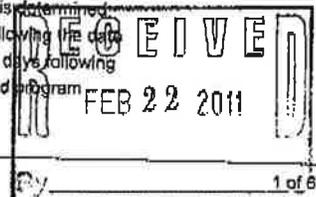
TITLE

Chief Clinical Officer

(X6) DATE

2/16/11

A 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 the 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 participation.



3/10/2011 10:30am - Rec accepted. Sheri McAdams  
Chief Clinical Officer Noted. J. NITTA

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>051325</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/26/2009</b>
NAME OF PROVIDER OR SUPPLIER <b>MENDOCINO COAST DISTRICT HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 RIVER DR, FORT BRAGG, CA 95437 MENDOCINO COUNTY</b>		
(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><b>Continued From page 1</b></p> <p>(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.</p> <p>Based on staff interview, record review, and policy and procedure (P&amp;P) review, the facility failed to ensure that Licensed Staff B's confidential medical record remained protected from unauthorized review by others, when Licensed Staff A accessed</p>			

Event ID: CCJZ11 1/6/2011 12:00:08PM

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

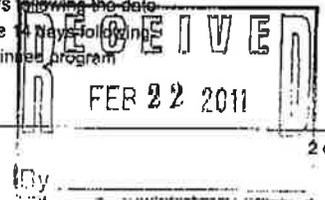
*D.M. Dermat*

TITLE

Chief Clinical Officer 2/16/11

(X6) DATE

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 30 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.



CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  051325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/26/2009
NAME OF PROVIDER OR SUPPLIER <b>MENDOCINO COAST DISTRICT HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 RIVER DR, FORT BRAGG, CA 95437 MENDOCINO COUNTY</b>		
(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><b>Continued From page 2</b></p> <p>Licensed Staff B's medical information electronically and without authorization. The facility violated Health and Safety Code 1280.15 because it failed to prevent the unlawful or unauthorized access to a patient's medical information.</p> <p>Findings:</p> <p>On 8/26/09, review of the form titled, "Intake Information," received via facsimile by the California Department of Public Health (CDPH) on 6/19/09 at 5:11 p.m., indicated that on 6/15/09, Licensed Staff A was found looking up the laboratory results of Licensed Staff B.</p> <p>On 8/26/09 at 12:35 p.m., during interview and concurrent record review, Administrative Staff M stated Licensed Staff B e-mailed her regarding the breach. Review of the e-mail correspondence, dated 6/18/09 at 11:07 a.m., showed that Licensed Staff B documented that she had a potassium level drawn approximately 5:30 a.m. on 6/15/09 and at approximately 6:45 a.m., found Licensed Staff A looking up the results of the laboratory test at the nurse's station where the two employees worked. The document showed that since the incident, Licensed Staff B was "scared...to death" that Licensed Staff A had such easy access to her private medical record. The e-mail correspondence showed that, as a result, to protect her privacy, Licensed Staff B was considering obtaining a medical provider in a city approximately one hour's drive away, despite contentment with established care provided by a local physician. In the e-mail, Licensed Staff B documented that Licensed Staff A</p>			

Event ID:CCJZ11

1/6/2011

12:00:08PM

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

*D. McDermott*

TITLE

Chief Clinical Officer

(X6) DATE

2/16/11

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting provided 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 44 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 participation.

RECEIVED  
FEB 22 2011  
By \_\_\_\_\_



CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>051325</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/26/2009</b>
NAME OF PROVIDER OR SUPPLIER <b>MENDOCINO COAST DISTRICT HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 RIVER DR, FORT BRAGG, CA 95437 MENDOCINO COUNTY</b>		
(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><b>Continued From page 4</b></p> <p>she observed Licensed Staff A with multiple windows opened on a computer which displayed Licensed Staff B's name and medical information, including the laboratory test from that morning. Licensed Staff B stated Licensed Staff A did not have her authorization to review Licensed Staff B's private medical information. Licensed Staff B stated she was in "total shock," and was "speechless." Licensed Staff B stated she was afraid of Licensed Staff A, who, despite no longer being employed by the GACH, had subsequently contacted other GACH employees to tell them that she planned to return to the facility. Licensed Staff B stated, "I'm scared...it hurts me too."</p> <p>On 8/26/09 at 7:20 p.m., Licensed Staff C stated that she had also witnessed Licensed Staff A reviewing Licensed Staff B's confidential medical information on the morning of 8/15/09.</p> <p>On 8/26/09, review of the "[GACH] Corporate Compliance Policy and Procedure Statement...Notice of Privacy Practices/Disclosure of Protected Health Information," showed that it was the policy of the GACH to remain in compliance with all legal requirements as specified by the Health Insurance Portability and Accountability Act (HIPAA) regulations and other privacy laws which prohibit unauthorized access to protected, private medical information.</p> <p>Review, on 8/26/09, of the P&amp;P, "Confidentiality of Patient, Employee and Organizational Information," Administration section, number 509, and signed by Licensed Staff A on 8/11/08, showed that it was the</p>		<p>Following notification of the breach to CDPH a full investigation was conducted by Susan Bivins, Director of Quality Assurance and Risk Management.</p> <p>Licensed Staff A was found to be in violation of MCDM Policy 100.2001 titled "Confidentiality."</p> <p>Licensed Staff A was terminated on 6/18/09 and is no longer working at our facility.</p> <p>All MCDM staff are</p>	<b>6/18/09</b>

Event ID:CCJ211 1/8/2011 12:00:08PM

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

*D.M. Dermatt*

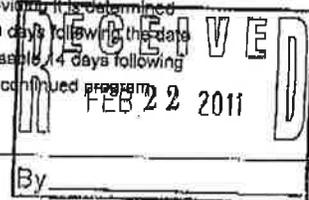
TITLE

Chief Clinical Officer

(X6) DATE

2/16/11

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting provided 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.



CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>051325</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/26/2009</b>
NAME OF PROVIDER OR SUPPLIER <b>MENDOCINO COAST DISTRICT HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 RIVER DR, FORT BRAGG, CA 95437 MENDOCINO COUNTY</b>		
(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
	Continued From page 5  duty of every GACH employee to protect confidential information, including personal employee records. The P&P showed it was the legal and ethical responsibility to protect the privacy of everyone who used the GACH's services.		inserviced on privacy and confidentiality laws at orientation, the annual Safety Fair and once yearly at the time of the annual Performance Review.  <u>Monitoring Process</u> - all breaches are reported on a Quality Review Report (QRR) and forwarded to the Integrated Quality Management Committee on a quarterly basis by Susan Bivins, Director of Quality for review and discussion. There have been no further breaches of this nature since 6/18/09.	Ongoing Quarterly

Event ID:CCJZ11

1/6/2011

12:00:08PM

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

*[Signature]*

TITLE

Chief Clinical Officer

(X6) DATE

2/16/11

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 30 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.

