



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>050280</b>	(XI) MULTIPLE CONSTRUCTION A. Building _____ B. Wing _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2009</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MERCY MEDICAL CENTER REDDING</b>	STREET ADDRESS, CITY, STATE, ZIP, CODE <b>2175 ROSALINE AVE, CLAIRMONT HGTS REDDING, CA 96001</b>
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(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) COMPLETION DATE
	<p>Continued From page 1</p> <p>failed to safeguard Patient 2, Patient 3, Patient 4, and Patient 5's health information from unauthorized persons.</p> <p>Findings:</p> <p>An unauthorized employee accessed health records outside the scope of her duties as an EKG technician for Patients 2, 3, 4, and 5. The health information accessed were face sheets, which include personal and health information, such as addresses, social security number, date of birth, and admitting diagnoses, as well as, laboratory results, and transcribed medical reports.</p> <p>During an interview on 3/18/2009 at 11:05 am, Administrative staff A (Admin A) confirmed that the EKG technician was not authorized to access Patient 2, 3, 4, and 5's medical records. The unauthorized access was discovered on 3/13/2009 by an internal audit after an anonymous call to the facility reporting the access. The internal audit showed that Patients 2, 3, 4, and 5 were accessed 3/1/2009 by the EKG technician. Admin A stated that Patients 2, 3, 4, and 5 were family members of the EKG technician.</p> <p>Admin A further stated that she interviewed the EKG technician on 3/13/2009. Admin A stated that the EKG technician admitted that she looked at the records out of curiosity. The employee stated that there was a custody battle in progress and that there were a lot of family dynamics. The employee stated that she did not print any of the health information, but only viewed it. The employee</p>			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (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 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.

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	<p>Continued From page 2</p> <p>stated that she did not give any health information to the courts or child protective services. Staff A stated that the employee was disciplined according to facility policy for this unauthorized breach of health information.</p> <p>The facility's human resources policy manual regarding confidential information was reviewed. It read as follows: In the employee's work at the hospital, he/she may have occasion to learn things which are confidential....violation of this policy may trigger disciplinary action under the HIPAA Law as required by facility policy.</p>			<p style="writing-mode: vertical-rl; transform: rotate(180deg);">REC'D MAR 21 09 12 03</p>

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