

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CAA23000014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/10/2011
NAME OF PROVIDER OR SUPPLIER OROVILLE HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 2767 OLIVE HIGHWAY OROVILLE, CA 95966		
(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 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>	A 001		
A 000	<p>Initial Comment</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of three entity reported incidents and two complaints.</p> <p>Entity reported incident: 254921, 257510, and 257565 Complaints: 255535 and 255537</p> <p>The inspection was limited to the specific entity reported incidents and complaints investigated and does not represent the findings of a full inspection of the facility.</p> <p>Representing the Department: 26654, HFEN</p> <p>No deficiencies were issued for entity reported incidents 257510 and 257565 or complaint</p>	A 000		

Licensing and Certification Division


 _____ **HR Director** TITLE
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE **Privacy Officer**
 STATE FORM 6899 U4U811 (X6) DATE **4/28/11**

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A 000	Continued From page 1 255537. A deficiency was issued for complaint 255535 at A017. A deficiency was issued for entity reported incident 254921 at A017.	A 000		
A 017	1280.15(a) Health & Safety Code 1280 (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.	A 017		

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A 017	Continued From page 3 On 2/11/11 at 11:25 am in a telephone interview, FM W stated that while he was living with Staff A, she came home [on [REDACTED] 09] and said, "Guess who came in for the morning after pill last night?" He further stated that Staff A told him the reason for Patient 1's clinic visit and insurance details to him. On 2/9/11, a review of the encounter form indicated the information compromised her name, medical record number, date of service, account number, physician, date of birth, address, telephone number, diagnosis, employer, insurance details, driver's license number, guarantor's name, guarantor's address, guarantor's telephone number, and guarantor's employer.	A 017		

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REGISTERED NURSE