

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055466	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  02/10/2011
NAME OF PROVIDER OR SUPPLIER THE SEQUOIAS		STREET ADDRESS, CITY, STATE, ZIP CODE 501 PORTOLA ROAD, PORTOLA VALLEY, CA 94028 SAN MATEO 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: CA00257652 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 18973, HFEN</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>Informed Medical Breach Health &amp; Safety Code 1280.15(b)(2)</p>		<p>This unauthorized disclosure event was corrected by withdrawing the offending comment from the posting location on the internet website on February 3, 2011, and notifying the affected party within 4 days of our facility's awareness of the breach, as noted in the statement of deficiency.</p> <p>The staff member whose posting constituted the violation is no longer here.</p> <p>The NCPHS Personnel Policy has been revised to detail the strict prohibition against using social media in any manner that compromises Protected Health Information, as well as other materials, data and information of a proprietary nature belonging to NCPHS.</p> <p>Director of Staff Development has conducted an in-service on June 21, 2011, to review for</p>	6/21/11

C.D.P.H.  
JUN 27 2011  
AJ 6/27/11  
L&C DIV  
DALY CITY

Event ID:36CN11

6/6/2011

1:36:49PM

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

*Rich Snodgrass*

TITLE

ADMINISTRATOR

(X6) DATE

6/22/2011

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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DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056466	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  02/10/2011
NAME OF PROVIDER OR SUPPLIER  THE SEQUOIAS		STREET ADDRESS, CITY, STATE, ZIP CODE 501 PORTOLA ROAD, PORTOLA VALLEY, CA 94028 SAN MATEO 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>Continued From page 2</p> <p>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>These Regulations were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure the right of Resident A, a well-known public personality, to confidential treatment of health records when a facility staff posted a comment on Resident A's Facebook page thanking her for being a patient at the facility. This was a violation of Health &amp; Safety Code 1280.15(a) prohibiting unlawful disclosure of a patients' medical information. Facebook is an Internet social networking site where people share information with "friends." Some public personalities have public pages that can be accessed by anyone using Facebook.</p> <p>Findings:</p> <p>Review of a letter from the facility, dated 2/3/11, to the Department indicated, "This letter is to inform you of a security breach with regard to certain information pertaining to a former resident of the skilled nursing facility.....We were informed on</p>		<p>of properly in the secure bonded shredding facilities on premises.</p> <p>C.D.P.H. JUN 27 2011 L&amp;C DIV DAL</p>	6/21/11

Event ID:36CN11

6/6/2011

1:38:49PM

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

TITLE

(X8) 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 60 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.

*TRAD*

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055486	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  02/10/2011
NAME OF PROVIDER OR SUPPLIER  THE SEQUOIAS		STREET ADDRESS, CITY, STATE, ZIP CODE 501 PORTOLA ROAD, PORTOLA VALLEY, CA 94026 SAN MATEO 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>Continued From page 3</p> <p>January 31, 2011 that a (facility) employee had posted the following on the public portion of the former SNF (skilled nursing facility) resident's Facebook page: '_____, thank you for allowing us to care for you. My staff will not forget your visit.'...In accordance with Facebook protocol, a link to this comment appeared immediately on the employee's private Facebook page. A viewer of that page could click on the comment and be redirected to the former resident's Facebook page, thereby learning the former resident's identity. At that point, the viewer could infer that the former resident had been at the (facility's) skilled nursing facility, based on the employee's original comment about "care" being provided by the "visit" and on information furnished by the employee on her Facebook page about her position at the skilled nursing facility. Given the Facebook architecture, there was a potential disclosure, then, to person's receiving access to the employee's private Facebook page....We learned that the employee had posted the Facebook entry on [REDACTED] 2010. We had the entry removed on [REDACTED] 2011....On the basis of what was discovered, we are providing written notification to the former resident in accordance with legal requirements."</p> <p>In a telephone interview on 2/10/11 at 10:20am, the Executive Director stated, "She (Resident A) was admitted only using her initials to identify her. We maintained her privacy the whole time she was here. We didn't even use her real name."</p> <p>Review of a print-out of the posting on Resident A's Facebook page revealed, "(Resident A) thank you</p>			

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