

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA230000004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/10/2011
NAME OF PROVIDER OR SUPPLIER EASTERN PLUMAS HOSPITAL - PORTOLA CA		STREET ADDRESS, CITY, STATE, ZIP CODE 500 FIRST AVENUE PORTOLA, CA 96122		
(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 000	Initial Comments The following reflects the findings of the California Department of Public Health during the investigation of entity reported incidents. Entity reported incident: 254717 and 257525. The inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility. Representing the Department: 27945, HFEN. No deficiencies were written for entity reported incident 257525. A deficiency was issued for entity reported incident 254717 at A017.	A 000		
A 001	Informed Medical Breach 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." 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.	A 001		

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 2012 JUL -5 AM 11:17
 CDPH
 CHICO, CA

Licensing and Certification Division

Amie Whitfield M.D.
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Director of Quality & Operations
TITLE

4/29/12
(X6) DATE

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A 017	Continued From page 1	A 017			
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. This Statute is not met as evidenced by: Based on interview and record review, the facility failed to safeguard confidential health information maintained in an electronic medical record from unauthorized access and disclosure for Patient 1.	A 017	A 017: a. Eastern Plumas Health Care is committed to safeguarding the personal health information of patients from unauthorized persons. On 12/22/2010 @ 1525 a medical assistant accessed an electronic medical record. She then shared the information with patient 1 who reported this to EPHC 1/5/2011, leading EPHC to self-report. As a result of the investigation, review and interview of those involved, the medical assistants' employment was terminated. b. The Privacy Officer and the Clinic Director were collectively responsible for this correction. c. The immediate measures and systemic changes put in place are the same as above. d. The correction of the deficiency is monitored by the Privacy Officer. e. The correction of the deficiency is/was complete 1/13/11.		

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A 017	<p>Continued From page 2</p> <p>Findings:</p> <p>On 1/6/11, the facility faxed a letter notifying the Department of the alleged breach of Patient 1's health information. An addendum, verifying that the breach had occurred, was faxed to the Department on 1/7/11.</p> <p>On 2/10/11 at 12:12 pm, the facility's breach notification letter was reviewed with facility's Privacy Officer and Health Information Manager. The Privacy Office stated that on 1/5/11 Patient 1's mother came to the facility and filed a complaint alleging that her son's electronic medical record was accessed by Medical Assistant 2. Medical Assistant 2 was a former friend, and the mother of Patient 1's child. At the time of the breach, Medical Assistant 2 worked at the facility's satellite clinic in a nearby town. The Privacy Officer explained that Medical Assisant 2's clinic duties included preparing medical records for patients that were scheduled to be seen in the clinic. The Health Information Manager stated that on 1/7/11 at 10:37 am, the facility investigated employee access to patient's electronic medical records by running a user login audit report. The audit showed Medical Assistant 2 accessed Patient 1's electronic medical record twice using a facility computer, located at the clinic, and her personal access code. On [REDACTED] at 3:25 pm, Medical Assistant 2 accessed and reviewed medical information contained in Patient 1's emergency room record. That same day, at 3:52 pm, Medical Assistant 2 reviewed Patient 1's demographic and personal identity information. The Privacy Officer stated that she reviewed the clinic appointment log and found that Patient 1 was not seen, or scheduled to be seen, in the clinic during that time. The facility concluded that there was no work related</p>	A 017			

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A 017	Continued From page 3 reason for Medical Assistant 2 to access Patient 1's medical record on [REDACTED] 10. During a phone interview, Patient 1 verified that his confidential health information was accessed without his permission by Medical Assistant 2. Patient 1 stated that Medical Assistant 2 disclosed confidential health information that she would not have known without viewing Patient 1's medical record. Patient 1 stated that he and Medical Assistant 2 were involved in a custody dispute, and that Medical Assistant 2 was trying to gather information to use against him.	A 017			