One patient whose record was inappropriately accessed was notified by the FRHC Administrative Assistant and the other patient, who we were unable to reach by phone, was notified by a certified letter from the Supervisor of Health Information Management.

Health Center (FRHC) staff were reminded by the Nurse Manager to report any suspected privacy breaches to their supervisor and FRH Privacy Official using event reporting forms so that appropriate action and notification can occur.

The staff member involved was dismissed from employment.

The success of ongoing privacy protection actions are monitored by the event reporting system. Any reports of privacy compromise are reviewed by the FRH Privacy Committee.
This Statute is not met as evidenced by

A017 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 5605 of the Civil Code, 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
A 017  Continued From page 2  A 017

Based on interview and record review, the facility failed to safeguard confidential health information for two patients (Patients 1 and 2)  

Findings  

On 6/16/11 at 4:22 pm, the California Department of Public Health (CDPH) received a faxed report written by Administrative (Admin) Staff A, which indicated that the facility had identified unauthorized access of Patients 1 and 2's personal health information on 5/25/11 at 8:23 am.  

During an interview on 6/22/11 at 10:25 am, Admin (Admin) Staff A and Admin B stated that Customer Service Representative (CSR) C had been terminated after it was determined that she had been inappropriately accessing and viewing portions of Patients 1 and 2's electronic medical records. CSR C was related to Patients 1 and 2 and had accessed multiple parts of their medical records. This information included: names, addresses, social security numbers, phone numbers, insurance, date of appointments, nursing notes, medications, physicians progress notes, encounter visits, notes, and diagnosis lists.  

CSR C employee file was reviewed. A document titled "Feather River Hospital, Confidentiality Agreement," dated and signed by CSR C on 11/2003, read, "It is the policy of Feather River Hospital to maintain confidential information in strict confidence, both while at work and off duty. It is also the responsibility of any who have contact with confidential information to preserve such records against loss, destruction, tampering, and inappropriate access and use. Any breach of confidentiality represents a failure to meet the legal, professional and ethical standards."
A 017 1280 15(b)(1) Health & Safety Code 1280

(b) (1) A clinic, health facility, home health agency, or hospice to which subdivision (a) applies shall report any unlawful or unauthorized expected and constitutes a violation of this policy A breach need not take the form of a deliberate attempt to violate confidentiality, but includes any unnecessary or unauthorized use or disclosure of confidential information—due to carelessness, curiosity or concern or for personal gain or malice, including but not restricted to informal discussion"

A document titled, "Employee Disciplinary Action Report," dated 5/25/11, read, "On more than one occasion you (CSR C) have accessed protected health information of your family (Patients 1 and 2) This is a direct violation of facility's policies You (CSR C) have had numerous training regarding the policies relating to privacy and HIPAA (Health Insurance Portability and Accountability Act)"

During an interview and document review on 6/22/11 at 12:05 pm with Admin A, CSR C's computer log reports were reviewed from 1/1/11 through 5/25/11 According to Admin A, the audit showed that there was a pattern of excessive inappropriate and unauthorized accessing of Patients 1 and 2's medical records On 5/25/11, CSR C was terminated by the facility for violating the facility's policy and procedures by accessing her family's protected health information

The facility failed to prevent unlawful or unauthorized access to, and use or disclosure of patients' medical information according to Health and Safety Code Section 1280 15(a)
### California Department of Public Health

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### NAME OF PROVIDER OR SUPPLIER

FEATHER RIVER HOSPITAL

### STREET ADDRESS CITY STATE ZIP CODE

5974 PENTZ ROAD PARADISE, CA 95969

### SUMMARY STATEMENT OF DEFICIENCIES

Each deficiency must be preceded by full regulatory or LSC identifying information.

### PROVIDER'S PLAN OF CORRECTION

Each corrective action should be cross-referenced to the appropriate deficiency.

### ID PRELIX TAG

#### A 018 Continuation From page 4

(b) (2) Subject to subdivision (c), a clinic, health facility, home health 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, home health agency, or hospice.

This statute is not met as evidenced by

A 019 1280 15(b)(2) Health & Safety Code 1280

(b) (2) Subject to subdivision (c), a clinic, health facility, home health 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, home health agency, or hospice.
A 019 Continued From page 5

agency, or hospice

This Statute is not met as evidenced by
Based on interview and record review, the facility failed to inform two affected patients of
unauthorized access to their medical information
no later than five business days after it had been
detected. (Patients 1 and 2)

Findings

During an interview on 6/22/11 at 10:25 am,
Administrative (Admin) Staff A confirmed the following

From 1/11 to 5/11 Customer Service
Representative C inappropriately accessed
portions of Patients 1 and 2's electronic medical records multiple times without the proper
authorization. The facility became aware of the
unauthorized access on 5/25/11 at 8:23 am

Patient 1 was notified of the unauthorized access
on 6/15/11 at 1 pm by telephone and then by
letter on 6/16/11. Patient 2 was notified of the
unauthorized access on 6/16/11 by letter
following an unsuccessful telephone attempt

Admin Staff A acknowledged that Patients 1 and
2 should have been notified by 6/2/11, which
would have been within 5 business days from the
identification of the unauthorized access

The facility was 14 calendar days late in reporting
the unauthorized access to Patient 1 and 15
calendar days late in reporting the unauthorized
This Statute is not met as evidenced by
Based on interview and record review, the facility failed to inform two affected patients and to report to the California Department of Public Health (CDPH) unauthorized access of two patients' medical information no later than five days after it had been detected (Patients 1 and 2).

Findings:

1. During an interview on 6/22/11 at 10:25 am

Administrative (Admin) Staff A confirmed the following:

From 1/11 to 5/11, Customer Service Representative C inappropriately accessed portions of Patients 1 and 2's electronic medical records multiple times without the proper authorization. The facility became aware of the
Unauthorized access on 5/25/11 at 8:23 am

Patient 1 was notified of the unauthorized access on 6/15/11 at 1 pm by telephone and then by letter on 6/16/11. Patient 2 was notified of the unauthorized access on 6/16/11 by letter following an unsuccessful telephone attempt.

Admin Staff A acknowledged that Patients 1 and 2 should have been notified by 6/2/11, which would have been within 5 business days from the identification of the unauthorized access. The facility was 14 calendar days late in reporting the unauthorized access to Patient 1 and 15 calendar days late in reporting the unauthorized access to Patient 2.

2. During an interview on 6/22/11 at 10:25 am, Administrative (Admin) Staff A confirmed the following:

From 1/11 through 5/11, Customer Service Representative C inappropriately accessed portions of Patients 1 and 2's electronic medical records multiple times without the proper authorization. This information included names, addresses, social security numbers, phone numbers, insurance, date of appointments, nursing notes, medications, physicians' progress notes, encounter visits notes, and diagnosis lists.

The facility became aware of the unauthorized access on 5/25/11 at 8:23 am. CDPH was notified of the unauthorized access by fax on 6/16/11 at 4:22 am.

Admin Staff A acknowledged that CDPH should have been notified by 6/2/11, which would have been within 5 business days from the identification of the unauthorized access.
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**NAME OF PROVIDER OR SUPPLIER**

FEATHER RIVER HOSPITAL

**STREET ADDRESS CITY, STATE, ZIP CODE**

5974 PENTZ ROAD
PARADISE, CA 95969

**ID**

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**DATE SURVEY COMPLETED**

C
06/22/2011