

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA230000005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/03/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>FEATHER RIVER HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5974 PENTZ ROAD PARADISE, CA 95969</b>		
(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
E 000	Initial Comments  The following reflects the findings of the California Department of Public Health during the investigation of an entity reported incident  Entity reported incident: 189266  The inspection was limited to an entity reported incident investigated and does not represent the findings of a full inspection of the facility.  Representing the Department: [REDACTED] HFEN  A deficiency was written for entity reported incident 189266.	E 000	The patient involved received a verbal apology from the FRH Privacy Official and a written apology on behalf of the organization from the Director of Human Resources and the Med/Surg Director.  Staff in HR have been educated by the FRH Privacy Official and the Assistant Director of HR as to the appropriate response should someone attempt in the future to convey employee medical information to them. This includes the instruction to stop the communication of this information if possible and to report the event to the FRH Privacy Official.  The Directors involved in the situation were counseled by the FRH Privacy Official.  The employee making the complaint to Human Resources was counseled by her Director as to the appropriate process for handling inappropriate behavior by a patient.	[REDACTED] 09 7/12/09  7/14/09  5/20/09 6/18/09
E2236	T22 DIV5 CH1 ART7-70751(b) Medical Record Availability  (b) The medical record, including X-ray films, is the property of the hospital and is maintained for the benefit of the patient, the medical staff and the hospital. The hospital shall safeguard the information in the record against loss, defacement, tampering or use by unauthorized persons.  This Statute is not met as evidenced by: Based on interviews, the facility failed to ensure that only authorized personnel had access to confidential patient information for one patient. (Patient C)  Findings:  On 6/3/09 at 8:30 am, Administration Staff A and B stated that an employee was seen as a patient (Patient C) at the facility's health clinic on [REDACTED] 09.	E2236		

Licensing and Certification Division

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

STATE FORM

6899

XR5711

TITLE

CRU

(X6) DATE

2/15/09

If continuation sheet 1 of 2

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA230000005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/03/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>FEATHER RIVER HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5974 PENTZ ROAD PARADISE, CA 95969</b>		
(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
E2236	Continued From page 1  Patient C was alleged to demonstrate inappropriately behavior at the clinic. Staff D from the health clinic contacted Patient C's employer (Administrative Staff E) and informed him, that Patient C was seen at the clinic and the alleged inappropriate behavior. Administrative Staff E received confidential patient information about their employee (Patient C)	E2236	FRHC staff are being educated on the issues surrounding the treatment of an employee as a patient. This is being provided by the Director in FRHC staff meetings. Any staff who are not present are required to review the written record of the meeting.  The FRH Privacy Official has met with the Education and Training Manager and they are adding new content on Privacy Breach prevention to New Employee Orientation.  Education on completion of event forms to notify the privacy official was provided organization-wide using a printed flyer to ensure that privacy issues are measured and incorporated into Quality Improvement procedures. Review of privacy issues is performed by the FRH Privacy Official and the Privacy Committee and reported to the QI/UM/Patient Safety Committee.	7/30/09  7/23/09  7/14/09  7/15/09