

MAY 9 2011

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050073	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2010
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NAME OF PROVIDER OR SUPPLIER KAISER FOUND. HOSPITAL & REHAB. CENTER - VALLEJO	STREET ADDRESS, CITY, STATE, ZIP CODE 975 SERENO DR, VALLEJO, CA 94589 SOLANO COUNTY
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	<p>The following reflects the findings of the Department of Public Health during a complaint/breach event visit:</p> <p>Complaint Intake Number: CA00207226 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 27294, 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>Penalty number: 110007971</p> <p>A017 1280.15(a) Health & Safety Code 1280</p>		<p>Our medical center takes seriously all issues related to quality of care and patient safety. We have thoroughly investigated this event in order to identify opportunities to improve patient care and safety.</p> <p>Respiratory Therapy staff was re-educated regarding California's privacy laws and the importance of securing PHI. They were reminded that PHI does not leave the hospital.</p> <p>The respiratory therapy manager spoke with Licensed staff C, explaining that a breach is a serious violation of the State privacy laws and Kaiser Permanent policies.</p> <p>Patients whose PHI was exposed were informed verbally by phone and in writing that a breach had occurred, including contact information should they have questions.</p> <p>The respiratory therapy manager modified the location where worklists are kept. They are to be filed within a department cabinet that has individual employee hanging file folders. Each employee has been educated to this new department process.</p> <p>Licensed staff C was re-educated about his responsibilities as an employee to ensure</p>	<p>11/04/2009</p> <p>11/4/2009</p> <p>11/4/2009</p> <p>12/17/2009</p>
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Event ID: DOWG11 4/25/2011 10:29:08AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mary Barrie TITLE: Area Quality Leader (X6) DATE: 5-6-11

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.

State-2567 Plan of Correction Reviewed & accepted 1 of 4

3pm 5/20/11 - The facility informed

- Barbara Nelson, HFEN

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	<p>Continued From page 1</p> <p>(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.</p> <p>Based on staff interviews and review of facility documents and the facility's policies and</p>		<p>the confidentiality, privacy and security of patients' protected health information (PHI).</p> <p>The Respiratory Therapy department moved to a new location. There is a large shredding bin conveniently located within the room where staff conduct hand-offs at shift change, and can immediately dispose worklists.</p> <p>All employees are provided with compliance training during New Employee orientation, and learn about their obligations to protect confidentiality of patients' PHI. All employees are required to complete annual Compliance training.</p> <p>Responsible party: Respiratory Therapy department manager</p>	03/02/10	

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	<p>Continued From page 2</p> <p>procedures, the facility failed to ensure the medical record information for multiple patients was safeguarded from unauthorized use or disclosure, when patient assignment sheets were found on a sidewalk by a private citizen. The facility violated Health and Safety Code 1280.15 because it failed to prevent the unlawful or unauthorized access to a patient's medical information.</p> <p>Findings:</p> <p>On 11/04/09, the Department of Public Health received an entity reported incident of a breach of confidentiality of medical records.</p> <p>During an interview on 9/3/10 at 9:45 a.m., Administrative Staff A stated that on 10/31/09, a concerned citizen found a collection of papers on a residential street with the hospital's name on them and called the hospital. The documents were retrieved and identified as Respiratory Care Patient Assignment sheets, which contained the patient name, diagnosis and respiratory medications to be given. Administrative Staff A stated the assignment sheets had belonged to Licensed Staff C, who was transferring to another facility, had cleaned out his hospital locker, placed the documents in his backpack and left the backpack in his vehicle. While the vehicle was parked in front of Licensed Staff C's home on 10/29/09, the vehicle was broken into and the backpack was stolen.</p>			

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	<p>Continued From page 3</p> <p>Administrative Staff A stated all staff has been advised not to remove any documents containing Personal Health Information from the facility. She stated the documents are to be locked up or destroyed. This is according to the facility's Policy on Confidentiality of Medical records.</p> <p>During an interview on 9/3/10 at 10 a.m., Administrative Staff B stated the facility had immediately contacted all the patients on the list, which were about 100. He stated all the patients had been notified by phone and letters.</p> <p>During an interview on 9/13/10 at 8:30 a.m., Licensed Staff C stated on 10/29/09, he had parked his vehicle in his driveway at home and went into the house. He stated the next morning he noticed his car had been broken into and along with other items his backpack was missing. He stated the hospital called him to let him know that some of his old assignment sheets had been found on the street. Licensed C stated he had cleaned out his locker, and did not realize he still had those documents. He stated he usually shreds all his assignment sheets.</p>			
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