The following reflects the findings of the California Department of Public Health DURING A COMPLAINT/BREACH EVENT VISIT:

Complaint Intake Number: CA00181586 - Substantiated

Representing the Department

The inspection was limited to the specific entity reported incidents investigated and does not represent the findings of a full inspection of the facility.

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.

Plan of Corrective Action:

Submitted 4/13/09 and Accepted by CDPH on May 7, 2009

a. Immediate Corrective Action:
   1) Thorough investigation of event.
   2) Patient notified of incident in writing.

   b,c. Deficient practice identification, corrective measures, and systemic changes:
   1) Re-education of the EKG employee on role based access to patient information, patient privacy rights, and consequences of unauthorized access.

   d. Monitoring:
   1) Privacy Official will run audit logs monthly for 5 months for access to patient information by EKG employee. Audit logs will review:
      a) Access to McKesson Horizon Patient Folder
      b) Access to Patient Clinicab Windows
      c) Review of patient accounts accessed, function of access i.e. view, print, fax

   2) Monitoring will be conducted by Privacy Official with any suspicious activity will be reported to EKG manager/director Quality Improvement Committee, and Human Resources.

   Completed by Privacy Official 3/13/09

   Monitoring for five months - May through September 2009.
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER
MERCY MEDICAL CENTER REDDING

STREET ADDRESS, CITY, STATE, ZIP, CODE
2175 ROSALINE AVE, CLAIRMONT HGTS REDDING, CA 96001

(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER
050280

(XI) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER
A. Building
B. Wing

(X3) DATE SURVEY COMPLETED
03/18/2009

(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) COMPLETION DATE

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failed to safeguard Patient 2, Patient 3, Patient 4, and Patient 5's health information from unauthorized persons.

Findings:

An unauthorized employee accessed health records outside the scope of her duties as an EKG technician for Patients 2, 3, 4, and 5. The health information accessed were face sheets, which include personal and health information, such as addresses, social security number, date of birth, and admitting diagnoses, as well as, laboratory results, and transcribed medical reports.

During an interview on 3/18/2009 at 11:05 am, Administrative staff A (Admin A) confirmed that the EKG technician was not authorized to access Patient 2, 3, 4, and 5's medical records. The unauthorized access was discovered on 3/13/2009 by an internal audit after an anonymous call to the facility reporting the access. The internal audit showed that Patients 2, 3, 4, and 5 were accessed 3/1/2009 by the EKG technician. Admin A stated that Patients 2, 3, 4, and 5 were family members of the EKG technician.

Admin A further stated that she interviewed the EKG technician on 3/13/2009. Admin A stated that the EKG technician admitted that she looked at the records out of curiosity. The employee stated that there was a custody battle in progress and that there were a lot of family dynamics. The employee stated that she did not print any of the health information, but only viewed it. The employee
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AND PLAN OF CORRECTION

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(ID) SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
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Continued From page 2

stated that she did not give any health information
to the courts or child protective services. Staff A
stated that the employee was disciplined according
to facility policy for this unauthorized breach of
health information.

The facility's human resources policy manual
regarding confidential information was reviewed.
It read as follows: In the employee's work at the
hospital, he/she may have occasion to learn things
which are confidential…violation of this policy
may trigger disciplinary action under the HIPAA
Law as required by facility policy.

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 discloseable 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 discloseable 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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