**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER**: OROVILLE HOSPITAL  
**STREET ADDRESS, CITY, STATE, ZIP CODE**: 2767 OLIVE HIGHWAY, OROVILLE, CA 95966

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<td>Informed Medical Breach</td>
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Health and Safety Code Section 1280.15 (b)(2), "A clinic, health facility, agency, or hospice shall also report any unlawful or unauthorized access, 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 000 | Initial Comment | | | | | |

The following reflects the findings of the California Department of Public Health during the investigation of three entity reported incidents and two complaints.

Entity reported incident: 254921, 257510, and 257565
Complaints: 255535 and 255537

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

Representing the Department: 26654, HFEN

No deficiencies were issued for entity reported incidents 257510 and 257565 or complaint...
A 000 Continued From page 1

255537.

A deficiency was issued for complaint 255535 at A017.

A deficiency was issued for entity reported incident 254921 at A017.

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.
California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

CAZ23000014

(X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

(X3) DATE SURVEY COMPLETED
C 02/10/2011

NAME OF PROVIDER OR SUPPLIER
OROVILLE HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE
2760 OLIVE HIGHWAY
OROVILLE, CA 95966

(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

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This Statute is not met as evidenced by:

Based on interview, the facility failed to prevent unauthorized access to patient's medical information for one patient. (Patient 1)

Findings:

On 1/7/11 at 4:55 pm, the Department received the facility's faxed entity report that a patient had notified the facility on 12/30/10, about an unauthorized breach of medical information pertaining to Patient 1's clinic visit in 09. The Department also received a complaint on 1/13/11 at 11:40 am, regarding the unauthorized breach of medical information for the same patient.

On 2/10/11 at 9:30 am in a telephone interview, Patient 1 stated that a family member, FM W, informed her on 12/30/10 that he was aware of the details of an outpatient clinic visit that she had made on 09. She further stated that FM W informed her that he had obtained the information from Staff A, the clinic manager, whom he was living with at the time.

On 2/10/11 at 3 pm in a telephone interview, Staff A recalled taking Patient 1's encounter form (a form used for billing purposes) home about two years ago in order to resolve a billing issue for the patient's visit. She stated that she took Patient 1's record home overnight to work on it and always kept the record locked in her briefcase. She stated that while she was reviewing Patient 1's record, FM W could have locked over her shoulder and read the record. She recalled at that time FM W mentioned that he recognized Patient 1's name. Staff A stated that she unaware how FM W obtained any of Patient 1's medical information, since it was not discussed further until the present complaint.

Corrective Action:

Employee involved in incident was removed from management position.

Management personnel reminded of confidentiality policies and procedures related to patient privacy.

Monitoring:

Privacy Officer will monitor On-going effectiveness of corrective action.

Licensing and Certification Division
STATE FORM U4U811
If continuation sheet 3 of 4
On 2/11/11 at 11:25 am in a telephone interview, FM W stated that while he was living with Staff A, she came home [on 2/9] and said, "Guess who came in for the morning after pill last night?" He further stated that Staff A told him the reason for Patient 1's clinic visit and insurance details to him.

On 2/9/11, a review of the encounter form indicated the information compromised her name, medical record number, date of service, account number, physician, date of birth, address, telephone number, diagnosis, employer, insurance details, driver's license number, guarantor's name, guarantor's address, guarantor's telephone number, and guarantor's employer.