Department of Public Health
SURVEY STATEMENT OF DEFICIENCIES

A. Building
05/13/18

B. MNG
12/28/2010

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE
REDWOOD MEMORIAL HOSPITAL 3300 Ronnor Dr, Fortuna, CA 95540-3120 HUMBOLDT COUNTY

PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)

Continued From page 1

(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 patient's medical Information. For purposes of the investigation, the department shall consider the clinic's, health facility's, agencies, 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. Based on interview and document review, the hospital failed to prevent the unlawful or unauthorized access, use, or disclosure of a patient's medical Information, thus violating Health and Safety Code section 1280.15(a).

IMMEDIATE CORRECTIVE ACTION:
1. An audit of internal and external access to the patient's electronic medical record was conducted 12/16/2010. The audit revealed appropriate access to patient record using the hospital internal access to the electronic medical record. The external access audit revealed access to the patient's electronic medical record using the physician connect portal by a community based clinic with which the patient has no affiliation and does not provide medical care to the patient.
2. The community clinic manager was interviewed and the clinic physician was interviewed 12/20/2010. The physician acknowledged sharing of her password with employee. Clinic manager confirmed that the patient whose record was accessed was not a patient of the clinic.
3. Clinic physician access to the Physician Connect portal was discontinued 12/20/2010 and the physician and clinic manager were notified.
4. The medical staff Professional Standards Committee reviewed the situation at its January 2011 meeting and requested that the clinic physician submit an action plan to the Professional Standards Committee that addresses how future breaches will be prevented in the clinic.

Any deficiency statement anding will 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 for correction are discloseable 14 days following the date these documents are made available to the facility. If deficiencies are died, an approved plan for correction is required to continue program participation.
CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER
REDWOOD MEMORIAL HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE
3300 Renner Dr, Fortuna, Ca 95540-3120 HUMBOLDT COUNTY

PROVIDER'S PLAN OF CORRECTION

5. The Professional Standards Committee accepted the action plan submitted by the clinic physician in March 2011.
6. The clinic physician was allowed to re-apply for access to the physician connect portal and was access was re-established.

Description of Monitoring:
1. Routine auditing of physician connect access by community based physician offices.

Person Responsible:
Privacy Officer
Director of Health Information Management
Medical Staff Manager

Event ID:11W711 5/10/2012 9:17:59AM

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<table>
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<th>(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
<th>(X3) DATE SURVEY COMPLETED</th>
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<tr>
<td>051318</td>
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<td>12/28/2010</td>
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NAME OF PROVIDER OR SUPPLIER: REDWOOD MEMORIAL HOSPITAL
STREET ADDRESS, CITY, STATE, ZIP CODE: 3300 Renner Dr, Fortuna, Ca 95540-3120 HUMBOLDT COUNTY

<table>
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<th>(X4) ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>(X5) PROVIDER'S PLAN OF CORRECTION</th>
<th>(X6) COMPLETE DATE</th>
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In interview on 12/28/10, Staff A stated that the believed that the medical assistant who accessed Patient 1's information was HCW B. Staff A stated that although it was possible to determine that HCW B accessed the record, it was not possible to ascertain what part of the record was viewed. Staff A assumed, because of Patient 1's aforementioned encounter with the father of HCW B's child, that at least Patient 1's foot x-ray report had been accessed.

Staff A notified Patient 1 of the breach by mail on 12/23/10, and notified the department on 12/23/10.
**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY**
**DEPARTMENT OF PUBLIC HEALTH**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER:**
REDWOOD MEMORIAL HOSPITAL

**STREET ADDRESS, CITY, STATE, ZIP CODE:**
3300 Renner Dr, Fortuna, CA 95540-3120 HUMBOLDT COUNTY

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<th>PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
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<td>The following reflects the findings of the Department of Public Health during a complaint/breach event visit:</td>
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<td>Complaint Intake Number: CA00253265 - Substantiated</td>
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<td>Representing the Department of Public Health: Surveyor ID # 20307, Medical Consultant</td>
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<td>The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.</td>
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<td></td>
<td>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 130201. 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.</td>
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**LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE**

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