

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050764	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2013
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NAME OF PROVIDER OR SUPPLIER Shasta Regional Medical Center	STREET ADDRESS, CITY, STATE, ZIP CODE 1100 Butte St, Redding, CA 96001-0852 SHASTA 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: CA00352699 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 27886, 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>For purposes of the investigation, the department shall consider the clinic's, health facility's, agency's, or hospice's history of compliance with</p>			
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 DIVISION

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

[Handwritten Signature]

TITLE

CEO

(X6) DATE

9/10/15

By signing this document, I am acknowledging receipt of the entire citation packet, Page(s). 1 thru 4

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.

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	<p>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>Informed Medical Breach</p> <p>Health and Safety Code Section 1280.15 (b)(2), " A clinic, health facility, agency, or hospice shall also report any unlawful or unauthorized access to, or 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."</p> <p>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.</p> <p>On 4/29/13, the California Department of Public Health was notified that Monitor Tech 2 had accessed Patient 1's medical record, not related to the duties of her position, and then shared this information with Community Member 3, who was a mutual friend of Patient 1 and Monitor Tech 2.</p>		<p>Action:</p> <ol style="list-style-type: none"> 1. Employee was terminated. 2. The facility now uses Fair Warning software to alert to potential breaches. Records are monitored continually and Privacy Officer is notified immediately of any potential breach. 3. All employees receive HIPAA training on hire, during orientation and annually. 4. Privacy officer started attending staff meetings to all departments at least twice a year and quarterly with the Admitting department. 5. Any employee who commits a violation that does not warrant termination, gets additional HIPAA training. <p>Monitoring:</p> <p>Fair Warning software in use to alert to potential breaches. Records are monitored continually and the Privacy Officer is notified immediately of any potential breach. She then is able to investigate.</p> <p>Responsible Person:</p> <p>Director of Human Resources, Privacy Officer, Director of Performance Improvement</p>	<p>5/1/2013</p> <p>Jan 2014</p> <p>5/2013</p>

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	<p>In an interview on 10/8/13 at 1:30 pm, the Director of Performance Improvement stated that Patient 1 had informed the hospital that Monitor Tech 2 had accessed her medical record from a hospital admission on 3/14 to 3/17/11. Community Member 3 told Patient 1 that Monitor Tech 2 had been discussing Patient 1's lab results from her hospital admission including her diagnosis of hepatitis. Patient 1 stated that Monitor Tech 2 told Community Member 3 that she should wipe everything down with bleach if Patient 1 visited her home.</p> <p>During an interview with Patient 1 on 10/15/13 at 2:12 pm, Patient 1 stated that Community Member 3 had informed her that Monitor Tech 2 had disclosed to her that Patient 1 had hepatitis. Patient 1 further stated that Community Member 3 was told by Monitor Tech 2 to be careful and to use bleach on the toilet if Patient 1 ever visited. Patient 1 stated that she a felt humiliated, embarrassment and very upset when she heard that her medical information had been accessed and shared inappropriately</p> <p>The hospital's employee agreement, titled, "Workforce Confidentiality Agreement," signed by Monitor Tech 2 on 3/3/10, read, any access, attempted access, or disclosure of information in violation of law or Shasta Regional Medical Center...will be considered a breach of confidentiality..."</p> <p>In an concurrent interview on 10/8/13 at 1:45 pm</p>			

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	with the Director of Human Resources (DHR) and the Nursing Manager, they both stated that during their investigation into the alleged breach of medical information, Monitor Tech 2 admitted to accessing Patient 1's medical information, outside of the duties of her job.				

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