Initial Comment

The following reflects the findings of the California Department of Public Health during the investigation of an entity reported incident conducted from 6/26/15 through 6/29/15.

For Entity Reported Incident CA00430257 regarding State Monitoring, Breach to person/entity outside facility/health care system, a State deficiency was identified (see California Health and Safety Code, Section 1280.15(a)).

The hospice detected the Breach of PHI on 2/2/15, reported the Breach of PHI to the Department on 2/5/15 and notified the affected patients of the Breach of PHI on 2/9/15.

Representing the California Department of Public Health: 29766 Health Facilities Evaluator Nurse.

1280.15(b)(1) Health & Safety Code 1280

(b) (1) A clinic, health facility, home health agency, or hospice to which subdivision (a) applies shall report any unlawful or unauthorized access to, or use or disclosure of, a patient's medical information to the department no later than five business days after the unlawful or unauthorized access, use, or disclosure has been detected by the clinic, health facility, home health agency, or hospice.

(b) (2) Subject to subdivision (c), a clinic, health facility, home health 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, home health agency, or hospice.
A018 Continued From page 1 agency, or hospice.

This Statute is not met as evidenced by: Based on interview and record review, the agency failed to prevent unauthorized disclosure of patient health information (PHI) for nine of nine (1 to 9) sampled patients when a home health aide (HHA) left a folder inside her vehicle and the vehicle was stolen. The failure resulted in the disclosure of nine patients’ PHI to an unauthorized individual(s). Findings:

On 2/5/15, the California Department of Public Health received a report which indicated on 2/2/15 home health aide A (HHA A) had her car stolen during non-business hours. Inside the car was a folder containing case sheets for nine patients. The police were called and a police report was filed.

A review of the police report dated 2/2/15 at 8:50 a.m., indicated on 2/1/15, at approximately 12:45 a.m. HHA A's vehicle was parked in front of the residence. On 2/2/15 at approximately 6:45 a.m., HHA A was getting ready for work and found the vehicle was no longer where she had parked it.

A review of a case sheet included patients’ names, dates of birth, addresses, ethnicity, allergies, medical record numbers, telephone
| (X4) ID | SUMMARY STATEMENT OF DEFICIENCIES | ID | PROVIDER’S PLAN OF CORRECTION | (X5) COMPLETE DATE |
| TAG    | (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | PREFIX | (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) |              |
| A 018  | Continued From page 2 numbers, names of primary physicians and diagnosis. | A 018 |                              |              |
|        | During an interview on 6/29/15 at 11:00 a.m., the team manager (TM) stated HHA A’s car was stolen on 2/5/15 at approximately 6:00 a.m. Inside the car was a folder with nine case sheets that contain PHI including names, addresses, dates of birth, names of physicians, and diagnosis. |                              |              |
|        | During an interview on 6/29/15 at 11:15 a.m., the patient care administrator (PCA) stated all staff had been inserviced on protecting patient privacy during orientation and annually thereafter. |                              |              |
|        | During a telephone interview on 6/29/15 at 8:20 a.m., HHA A stated her car was stolen on 2/2/15. In the trunk of her car was a folder with the list of nine patients she needed to visit that day. The list included the name, address, and other information pertaining to each patient. She stated he did not normally leave paperwork in the car. She had to work late the night before and had an early start the following day so he left all her paperwork in the back of her car. |                              |              |
|        | A review of a copy of a letter from the hospice dated 2/9/15 to the affected patients and representatives indicated a document which contained PHI had been stolen from an employee’s car. |                              |              |
|        | A review on Health Insurance Portability and Accountability Act (HIPAA) training dated 12/2014 included instructions to reduce the risk of theft, please do not leave paper documentation, case sheets or laptop in the car overnight or for any other significant length of time. When you must leave paper documentation with PHI or laptop in
A 018  Continued From page 3

your car temporarily, keep these materials out of sight - in the trunk - and keep the door closed.

A review of the agency’s policy on “Protecting Patient Privacy” dated 7/25/14 indicated protected health information refers to information about a patient's conditions, symptoms, or treatments, and includes such data as:
• patient status - (current condition) - even the fact that the patient is receiving hospice care is considered PHI
• diagnosis
• information from progress notes
• medication lists, etc.

It also indicated all suspected breaches should be reported immediately to the employee's manager/supervisor.
**VITAS HEALTHCARE CORPORATION OF CALIFORNIA**

**670 N MCCARTHY BOULEVARD, SUITE 220**

**MILPITAS, CA 95035**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X6) COMPLETE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A 001</td>
<td>Informed Medical Breach &lt;br&gt;&lt;br&gt;Health and Safety Code Section 1280.15 (b)(2), <em>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.</em> &lt;br&gt;&lt;br&gt;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. &lt;br&gt;&lt;br&gt;The California Department Of Public Health (CDPH) verified that the agency informed the affected patient's representative(s) of the unlawful or unauthorized access, use or disclosure of the patient's medical information.</td>
<td>A 001</td>
<td></td>
<td>8/10/2015</td>
</tr>
</tbody>
</table>

---

**Licensing and Certification Division**

**LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE**

**TITLE**

**DATE**

---

**STATE FORM 6000**

**HNGH11**

**If continuation sheet 1 of 1**