<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>COMPLETE DATE</th>
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<tbody>
<tr>
<td>A001</td>
<td>Informed Medical Breach</td>
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<td>Health and Safety Code Section 1280.15 (b)(2), &quot;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.&quot; 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.</td>
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<td>A000</td>
<td>Initial Comment</td>
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<td>The following reflects the findings of the California Department of Public Health during the investigation of entity reported incident conducted on 1/16/15. For Entity Reported Incident CA00401449, regarding State Monitoring, Privacy Breach, State deficiency was identified (see California Health and Safety Code, Section 1280.15(a)). Inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the hospital. Representing the California Department of Public Health: 32398, Health Facilities Evaluator Nurse.</td>
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Licensing and Certification Division
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE   TITLE   DATE

4/11/15 - This was corrected by fax on 3/26/15, hospital was notified.
The hospital detected the Breach of Protected Health Information (PHI) on 6/2/14. The hospital reported the Breach of PHI to the Department on 6/9/14. The hospital notified Patient 1 of the Breach of PHI on 6/9/14.

A017 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.
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:

CA070000155

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 

B. WING: 

(X3) DATE SURVEY COMPLETED

C 01/16/2015

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<td>A017</td>
<td>Continued From page 2</td>
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**How correction was accomplished:**

At the time of the incident the patient affected was sent an apology letter.

**Immediate Measures Taken:**

The nurse in question was educated and counseled on the facilities’ policies; Two Patient Identifier and HIPAA Policy.

**Monitoring Process:**

The PACU Charge Nurse will audit retrospectively 30 charts for 4 months to ensure discharge papers were sent with correct patient. Auditing will be for May, 2014 through August, 2014. Audits will be presented to Quality Care Committee and Board of Trustee.

**Title of Person Responsible:** OR Director, Chief Quality Officer.

**Date Monitoring will be Completed:**

Auditing will continue until 4 consecutive months at 100% has been achieved.

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**NAME OF PROVIDER OR SUPPLIER**

WATSONVILLE COMMUNITY HOSPITAL

**STREET ADDRESS, CITY, STATE, ZIP CODE**

75 NIELSON STREET
WATSONVILLE, CA 95076

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**Licensing and Certification Division**

STATE FORM
A review of a copy of the incorrect documents which were mailed back to the hospital indicated a Same Day Surgery Discharge Instruction document disclosing Patient 1's name, admit date, medical record number, doctor's name, date of birth, age, and sex, three pages of discharge information and instructions which disclosed the surgical procedure, post-surgical instructions, and medication; a Medication Reconciliation Physician Orders document which disclosed medication allergy, medications and dosage, name, hospital name, date of birth, age, medical record number, and date of service; a Discharge Prescription Order document disclosing medication and dosage, name, name of hospital, admit date, medical record number, physician's name, date of birth, age, and sex; and four pages of pictures (13 total pictures) of the surgical procedure which also disclosed Patient 1's name, hospital name, admission date, medical record number, physician's name, date of birth, age, and sex.

A review of a copy of a letter dated 6/9/14 from the hospital to Patient 1 indicated Patient 1's PHI had been inadvertently disclosed during the discharge process of Patient 2, when copies of Patient 1's Same Day Discharge Instructions, medications, and pictures from his surgical procedure had been given to Patient 2. The hospital had determined a staff member discharging Patient 2 did not verify the patient name and information on each page prior to giving the documents to Patient 2.

A review of a copy of the hospital's 12/2012 "Confidentiality" policy indicated PHI will be maintained in a manner which restricts access to those with a need-to-know.
A review of a copy of the hospital's 08/2003 "Patient Identification, Assuring Accuracy" policy indicated to prevent a possible error in patient identification....two patient identifiers are used....care worker will utilize at least two identifiers to validate the identity of the patient.