

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555459	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  07/28/2016
NAME OF PROVIDER OR SUPPLIER  Gramercy Court		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Gramercy Drive, Sacramento, CA 95825-0308 SACRAMENTO COUNTY			
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	<p>The following reflects the findings of the Department of Public Health during a complaint investigation visit:</p> <p>Complaint Intake Number: CA00493221 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 31640, 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>Facility was made aware of the Breach of PHI on 6/21/16. Facility reported the Breach of PHI to the Department on 7/11/16. Facility reported the Breach of PHI to the patient or patient's responsible party on 6/7/16.</p> <p>Medical Breach -Informed 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</p>		<p>How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <ul style="list-style-type: none"> <li>Resident is no longer in facility.</li> </ul> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <ul style="list-style-type: none"> <li>DON Reviewed residents from October 1, 2016 - present, who were discharged, to make ensure no additional residents were sent home with incorrect medications.</li> <li>No additional residents found.</li> </ul> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</p> <ul style="list-style-type: none"> <li>Staff education occurred by DON/ADON/DSD on 9/23/16 regarding new discharge medication process and reporting PHI breaches to administration.</li> <li>New double check process implemented on 9/23/16. A double signature required for all discharges to validate discharge medications by two licensed nurses.</li> </ul> <p>How the facility plans to monitor its performance to make sure solutions are sustained:</p> <ul style="list-style-type: none"> <li>DON/designee will conduct a random audit of five residents a week, or 100% of all discharged residents, whichever is greater, to assess that two people have double checked the discharge medications. Results of audits will be forwarded to QA until three consecutive months of 100% compliance is obtained.</li> </ul>	<p>rec Accepted from HFES 11/16/16</p>	

Event ID:960N11

10/21/2016

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

TITLE

(X6) DATE

By signing this document, I am acknowledging receipt of the entire citation packet. Page(s) 1 thru 5

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>disclosure of the patient's medical information.</p> <p>Health &amp; Safety Code 1280.15 (a) A clinic, health facility, home health agency, or hospice licensed pursuant to Section 1204, 1280, 1725, or 1745 shall prevent unlawful or unauthorized access to, and use or disclosure of, patients' medical information, as defined in Section 56.05 of the Civil Code and consistent with Section 1280.18. For purposes of this section, internal paper records, electronic mail, or facsimile transmissions inadvertently misdirected within the same facility or health care system within the course of coordinating care or delivering services shall not constitute unauthorized access to, or use or disclosure of, a patient's medical information. 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, 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</p>				

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	<p>factors when determining whether to investigate and the amount of an administrative penalty, if any, pursuant to this section.</p> <p>Health and Safety Code 1280.15 (b) (1) A clinic, health facility, 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, agency, or hospice.</p> <p>The CDPH verified that the facility failed to inform the Department of the unlawful or unauthorized access, use or disclosure of the patient's medical information within the mandated time frame.</p> <p>Health &amp; Safety Code 1280.15 (d) If a clinic, health facility, home health agency, or hospice to which subdivision (a) applies violates subdivision (b), the department may assess the licensee a penalty in the amount of one hundred dollars (\$100) for each day that the unlawful or unauthorized access, use, or disclosure is not reported, following the initial five-day period specified in subdivision (b). However, the total combined penalty assessed by the department under subdivision (a) and this subdivision shall not exceed two hundred fifty thousand dollars (\$250,000) per reported event.</p> <p>Based on staff interview and document review, the facility failed to prevent an unauthorized disclosure</p>				

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	<p>of PHI for 1 of 4 sampled patients (Patient 1) when a blister pack of medication was unintentionally handed to the wrong patient during discharge.</p> <p>Findings:</p> <p>On 6/24/16, the Department received a complaint indicating Patient 1's blister pack, defined as "a disposable package consisting of a clear plastic overlay affixed to a cardboard backing for protecting and displaying a product," of medication called Levetiracetam (another name for it was Keppra), a medication used to treat seizure disorder, was inadvertently handed to the wrong patient during discharge on 5/19/16. The facility was informed on 5/21/16 by a family member of the patient who was discharged from the facility on 5/19/16.</p> <p>A review of a facility's report, dated 6/7/16, revealed a written statement indicating "On 5/19/16, a [patient]...., was discharged from [the facility] and accidentally sent home with a bubble pack of another patient's medication...the patient that was sent home with this medication, as well as the patient's family member, saw the other patient's name on the bubble pack, as well as the name of the medication being given..."</p> <p>An interview with the facility's Administrator was conducted on 7/11/16 at 12:10 p.m. He acknowledged that a breach occurred when Patient 1's medication pack was handed to the wrong patient during discharge.</p> <p>An interview with the Director of Nursing (DON) was</p>				

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	<p>conducted on 7/25/16 at 3:25 p.m. She was asked to provide verification that the facility informed CDPH of the breach. She stated that she could not find evidence that CDPH was informed. The DON acknowledged that the facility did not inform CDPH within the mandated time frame and was out of compliance for 28 days.</p> <p>A review of the facility's policy and procedure titled "Patient Discharge Policy and Procedure," revised on 6/6/16, revealed the following:</p> <p>"Policy Statement: To ensure all proper steps are followed for patient discharges.</p> <p>Policy Interpretation and Implementation: 1. for planned discharges...</p> <p>g. Give patient or responsible party a list of the current medication orders and go over each medication with instructions..."</p>				

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