California Department of Public Health STATEMENT OF DEFICIENCIES PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING CA020001126 01/20/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1975 TICE VALLEY BLVD. MANORCARE HEALTH SERVICES - TICE VALL WALNUT CREEK, CA 94595 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Initial Comments 8 000 B 000 The following represents the findings of the California Department of Public Health during the investigation of an entity reported incident. Entity reported incident number: CA00422381 Representing the Department: Health Facilities Evaluator Nurse: 33375 Preparation and/or correction of this plan of The inspection was limited to the specific entity correction does not constitute admission by the reported incident investigated and does not provider of the truth of the facts alleged or represent the findings of a full inspection of the conclusions set forth on the statement of deficiencies. facility. This plan is prepared and/or executed solely because it is required by the provision of Federal State Law" One citation was issued for the entity reported incident: CA00422381 This Plan of Correction constitutes my written credible allegation of compliance for the deficiencies B4845 T22 DIV5 CH3 ART5-72543(b) Patients' Health B4845 noted. Records (b) Information contained in the health records shall be confidential and shall be disclosed only to authorized persons in accordance with federal. state and local laws. This Statute is not met as evidenced by: Based on interview and record review, the facility failed to protect the confidentiality of information JUN. 02 2015 contained in the health records of 108 Residents. Licensing & Certification The facility mailed the Admission Record Reports East Bay District Office for seven residents (Residents 1 through 7) and Order Listing Reports for 108 residents (Residents 1 through 108) to Resident 109's family member. This failure had the potential to cause the loss of Licensing and Certification Division LABORATORY DIRECTOR STOR PROVIDER/SU

Reduction - 7/15

LIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

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If continuation sheet 1 of 4

California Department of Public Health					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
		CA020001126	B. WING		01/20/2015
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE	
B4845	Continued From page 1		B4845		
7,010	dignity and privacy and placed each resident at risk for identity theft. Findings: Review of the facility's policy and procedure titled "Policy for Use and Disclosure of Health Information Records," dated September 2013, included the following:		Corrective Action: Pati affected by the breach we were provided with free monitoring program.		notified and
				Identify Other Residents: question were audited in an all residents affected.	
0	"All releases of patient's health information will require consultation with the Privacy and Security Officer and/or the patient's or the patient's legal representative's authorization," and "Health information regarding a patient who is			Systemic Changes: Staff received in- service regarding this issue. The new Med Rec Supervisor has received HIPAA compliance training. Med Rec will have a second individual review and sign off when	
	still living will only be released to the following persons:" a. The Patient; b. The Patient's Legal Representative; c. Legal Guardian; d. A person who has been specifically authorized by the patient or the patient's legal representative to obtain health information, or e. The Ombudsman.			medical records are being sent to private parties. Monitoring: The IDT monitors all episodes of data privacy breach and will follow up as appropriate.	
	Reports" for Residence and report include address, phone numedical diagnoses	of the "Admission Record ents 1 through 7 showed that ed the Resident's name, mber, medical record number, i, insurance carrier(s), and umber(s), and social security		QA: The Quality Assurance shall review this issue to ass appropriate steps are taken to breaches.	ure that the
Topodoporazionimonimonimonimonimonimonimonimonimoni	for Residents 1 thr that included the fa name, room numb	of the "Order Listing Reports" ough 108 showed information acility name, each Residents' er, medication, medication eason for the medication.		Person Responsible: Rodge Admin. Date of Correction: May 1	
Licensing ar		1/8/15 at 8:55 a.m., the ADM ted that the family member			8

California Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULT(PLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING CA020001126 01/20/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE. 1975 TICE VALLEY BLVD. MANORCARE HEALTH SERVICES - TICE VALL WALNUT CREEK, CA 94595 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR USC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) B4845 B4845 Continued From page 2 (FM) of Resident 109 had requested Resident 109's medical record. The ADM also stated that when a large amount of documents need to be printed, staff members send them to a central printer in the business office for faster printing. The ADM stated that each set of printed documents are offset in the print tray, and each staff member was responsible for separating out their own documents. The ADM explained that on 8/19/14, multiple staff members printed documents [(seven Admission Record Reports (Residents 1 through 7), an Order Listing Report (Residents 8 through 108), and the medical record (Resident 109)] to the business office. printer. The ADM stated that the Medical Records Director (MRD) "grabbed everything on the printer and mailed it all" to the family member of Resident 109 without separating out her (MRD) own document (Resident 109's medical record). The ADM stated that the FM discovered the error on 11/13/14, notified him immediately, and the facility recovered the documents sent in error that same day. In an interview on 1/8/15 at 9:40 a.m., the Assistant Director of Nursing Services (ADNS) stated, "We all still print to a central location and have to double check that what we take is only our documents." In an interview on 1/8/15 at 11:11 a.m., the Admissions Director (AD) stated, "Sometimes I have large reports and I print it to the business office because it's faster. I compare my report of what I printed to what I pick up from printer. I go through all pages to make sure only my stuff is all there."

Licensing and Certification Division

In a telephone interview on 1/8/15 at 2:10 p.m., the FM stated that she didn't have time to review

California Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION A. BUILDING: B. WING 01/20/2015 CA020001126 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1975 TICE VALLEY BLVD. MANORCARE HEALTH SERVICES - TICE VALL WALNUT CREEK, CA 94595 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUS) BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued From page 3 B4845 B4845 the packet of information sent to her from the facility until "sometime after Halloween, about mid-November." The FM stated that she called the ADM immediately to notify them of the error "because I'm a notary and knew I wasn't supposed to have that information. The FM stated that the facility sent someone over that evening to pick up (the documents sent in error)." The FM stated "I think the facility just made a mistake. They all share a central copy machine and I think what happened was the MRD just didn't verify what information she had before sending it to me."

Licensing and Certification Division