

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA23000016	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/26/2012
NAME OF PROVIDER OR SUPPLIER SHASTA REGIONAL MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 BUTTE ST REDDING, CA 96001		
(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
A 000	Initial Comments The following reflects the findings of the California Department of Public Health during an investigation of a complaint. Complaint: 295004 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Representing the Department: 26611, HFEN Deficiencies were written at A 002, A 017, A 018, A 019 and A 021 for complaint 295004.	A 000	Shasta Regional Medical Center Follows all HIPAA State and Federal Laws pertaining to patient privacy. While we do not agree with the findings, the below indicates our corrective action for the deficiencies noted. Shasta Regional Medical Center would like to request an informal conference regarding the deficiencies in compliance for complaint number CA002955004	
A 002	Not Informed Medical Breach 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." The CDPH verified that the facility failed to inform 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. This Statute is not met as evidenced by:	A 002	Action: Policy reviewed with Chief Medical Officer, Chief Executive Officer and Director of Marketing regarding need to report verified privacy breach to patient within 5 days. Education given to Chief Medical Officer, Chief Executive Officer and Director of Marketing regarding HIPAA laws. All use of patient health information outside of routine hospital business must be approved by Director of Health Information Management (Privacy Officer). Notice was sent to the patient on 1/4/2012. Monitoring: HIM dept to monitor all privacy breaches for timely reporting. Responsible Person: Director of Health Information Management (Privacy Officer).	4/23/2012 1/16/2012

Licensing and Certification Division

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

TITLE

CEO

(X6) DATE

4/30/12

STATE FORM

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If continuation sheet 1 of 12

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A 002	Continued From page 1	A 002		
A 017	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. This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure that Patient 1's medical	A 017	Action: Policy R002, Release of Information and Policy I001, Information Security, reviewed with Chief Medical Officer, Chief Executive Officer and Director of Marketing regarding proper use of patient health information. Education given to Chief Medical Officer, Chief Executive Officer and Director of Marketing regarding HIPAA laws. All use of patient health information outside of routine hospital business must be approved by the Director of Health Information Management (Privacy Officer). Monitoring: Privacy Officer will monitor all privacy breaches and report results to Quality Committee. Responsible Person: Director of Health Information Management (Privacy Officer).	4/23/2012 1/16/2012 1/16/2012

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A 017	<p>Continued From page 2</p> <p>information was protected from unauthorized disclosure. This failure allowed the general public to have access to Patient 1's medical information.</p> <ul style="list-style-type: none"> * Patient 1's medical information was disclosed to News Agency A; * Patient 1's medical information was disclosed to News Agency B; * Patient 1's medical information was disclosed to hospital employees and medical staff; and * Patient 1's medical information was disclosed to News Agency C. <p>Findings:</p> <p>(a) During an interview on 1/30/12 at 1:45 pm, Hospital General Council D stated he was notified that News Agency A was going to write an article regarding the hospital's care of a patient. Hospital General Council D further stated that News Agency A's reporter would not release the patient's name but had provided enough details that the hospital was able to identify Patient 1 as the subject of the proposed news article. Hospital General Council D revealed he received Patient 1's medical information from Hospital Chief Executive Officer (CEO) E, then forwarded it to Hospital Communications Director G to write a letter rebutting information from News Agency A's article. Hospital General Council D stated he did not secure Patient 1's permission to disclose her medical information.</p> <p>During an interview on 1/30/12 at 1:40 pm, Hospital Communication Director G confirmed that he received Patient 1's medical information from Hospital General Council D. Hospital Communication Director G stated he wrote and sent a rebuttal letter to News Agency A's reporter on 12/13/11 at 5:16 pm which disclosed Patient</p>	A 017		

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A 017	<p>Continued From page 3</p> <p>1's diagnoses, lab values, medical/health consultations, and discharge information. Patient 1's name was not listed on this letter. Hospital Communication Director G acknowledged that he did not secure Patient 1's permission to disclose her medical information.</p> <p>(b) During an interview on 1/26/12 at 1:25 pm, Hospital CEO E stated that on 12/16/11, he was alerted by Hospital Media Relations Staff H that News Agency B was considering picking up the article regarding Patient 1 from News Agency A and reprinting it in their newspaper. He further stated that News Agency B was asking for the hospital's comment on the article that they were going to publish regarding Patient 1. Hospital CEO E further stated he asked Hospital Chief Medical Officer (CMO) F to review Patient 1's record and do a point by point analysis of the accuracy of the information in the article.</p> <p>On 12/16/11 at 4 pm Hospital CEO E, Hospital Media Relations Staff H, and Hospital CMO F took Patient 1's medical records pertaining to her admission, during early 2010, to News Agency B's Editor's office. Hospital CEO E stated that Hospital CMO F showed portions of Patient 1's record and discussed diagnoses, progress notes, lab values, medical/health consultations, and discharge information with News Agency B's Editor. Hospital CEO E confirmed he did not secure Patient 1's permission to disclose her medical information.</p> <p>During an interview on 1/5/12 at 1:55 pm, Hospital CMO F confirmed that she had gone to the office of News Agency B's Editor with Patient 1's record and had shown him portions of the record and discussed diagnoses, progress notes, lab values, medical/health consultations,</p>	A 017		

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A 017	Continued From page 4 and discharge information in hopes to dissuade News Agency B's Editor from publishing the article. Hospital CMO F further confirmed that she had not secured permission from Patient 1 to disclose her medical information. On 12/22/11, News Agency B's Editor had a blog that included an entry indicating he had chosen not to run the article from News Agency A. News Agency Editor B's blog included Patient 1's diagnosis and a consultation. (c) During an interview on 1/26/12 at 1:25 pm, Hospital CEO E stated that he issued a memo, dated 12/20/11 at 9:53 am, to all hospital employees and medical staff which included a side by side analysis of News Agency A's statements and the "actual facts" which included Patient 1's physicians' assessments, lab values, diagnoses, medical/health consultations, and discharge information. This memo did not disclose Patient 1's name but did reference the news article published by News Agency A (which did include Patient 1's name). Hospital CEO E stated he did not secure Patient 1's permission to disclose her medical information. On 1/5/12 at 12:45 pm, Staff I and J confirmed that they received the above memo, dated 12/20/11. They stated they knew who the patient was based on the information from News Agency A's article. On 1/5/12 at 12:50 pm, Hospital Privacy Officer K stated he was not consulted regarding the above memo and the first he knew of it was when he received it. On 1/30/12, Hospital CEO E was asked to produce a list of all the names of the people who	A 017		

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A 017	Continued From page 5 received Patient 1's medical information in this memo. A list of 461 employees and a list of 324 medical staff was received (total = 785 employees). (d) During an interview on 2/1/12 at 9:51 am, News Agency C's reporter stated he received the above memo, dated 12/20/11, in an e-mail communication on 12/27/11 at 4:08 pm from Hospital Communications Director G. On 1/4/12, News Agency C's reporter published a news article that included a link to this memo on the Internet. On 1/30/12 at 1:40 pm, Hospital Communication Director G confirmed that he had not secured Patient 1's permission to disclose her medical information. On 1/26/12 at 8:55 am, Patient 1's family member stated neither she nor Patient 1 had given permission for the release of Patient 1's medical information to anyone at or associated with the hospital. On 1/30/12 at 3 pm, Patient 1 stated she had not given permission to anyone at or associated with the hospital for the disclosure of her medical information. On 1/26/12 at 1:25 pm, when asked what he would do different in retrospect, Hospital CEO E stated he would get the patient's permission first.	A 017		
A 018	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	A 018	Action: Policy reviewed with Chief Medical Officer Officer, Chief Executive Officer and Director of Marketing regarding need to report verified privacy breach to CDPH within 5 days.	4/23/2012

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A 018	Continued From page 6 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. This Statute is not met as evidenced by:	A 018	Education given to Chief Medical Officer, Chief Executive Officer and Director of Marketing regarding HIPAA laws. All use of patient health information outside of routine hospital business must be approved by Director of Health Information Management (Privacy Officer). Monitoring: Health Information Management to monitor all privacy breaches for timely reporting. Responsible Person: Director of Health Information Management (Privacy Officer).	1/16/2012 1/16/2012
A 019	1280.15(b)(2) Health & Safety Code 1280 (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	A 019	Action: Policy reviewed with Chief Medical Officer, Chief Executive Officer and Director of Marketing regarding need to report verified privacy breach to patient within 5 days. Education given to Chief Medical Officer, Chief Executive Officer and Director of Marketing regarding HIPAA laws.	4/23/2012 1/16/2012

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A 019	Continued From page 7 agency, or hospice.	A 019	All use of patient health information outside of routine hospital business must be approved by Director of Health Information Management (Privacy Officer). Notice was sent to the patient on 1/4/2012. Monitoring: Health Information Management to monitor all privacy breaches for timely reporting. Responsible Person: Director of Health Information Management (Privacy Officer).	1/16/2012
A 021	1280.15(d) Health & Safety Code 1280 (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. This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure that an unauthorized disclosure of Patient 1's medical information was reported to the California Department of Public Health (CDPH) and to Patient 1 within 5 business days after the disclosure occurred and was detected. Finding 1:	A 021	Action: Policy reviewed with Chief Medical Officer, Chief Executive Officer and Director of Marketing regarding need to report verified privacy breach to CDPH within 5 days. Education given to Chief Medical Officer, Chief Executive Officer and Director of Marketing regarding HIPAA laws. All use of patient health information outside of routine hospital business must be approved by Director of Health Information Management (Privacy Officer). Monitoring: Health Information Management to monitor all privacy breaches for timely reporting. Responsible Person: Director of Health Information Management (Privacy Officer).	4/23/2012 1/16/2012 1/16/2012

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A 021	<p>Continued From page 8</p> <p>(a) On 1/30/12 at 1:45 pm, Hospital General Council D stated he received Patient 1's medical information from Hospital Chief Executive Officer (CEO) E. Hospital General Council D forwarded Patient 1's medical information to Hospital Communications Director G to write a letter rebutting misinformation that was to be published by News Agency A. Patient 1's diagnoses, lab values, medical/health consultations, and discharge information were disclosed in the letter, dated 12/13/11, and sent to News Agency A's reporter on 12/13/11 at 5:16 pm. Hospital General Council D stated he did not secure Patient 1's permission to disclose her medical information.</p> <p>The facility failed to notify the CDPH of this disclosure of Patient 1's medical information during the five business day period ending on 12/20/11. As of 1/5/12, the date this investigation started, CDPH determined that the facility had never notified the Department of this unauthorized disclosure of Patient 1's medical information.</p> <p>(b) On 1/26/12 at 1:25 pm, Hospital Chief Executive Officer (CEO) E stated that on 12/16/11 at 4 pm, he, Hospital Media Relations Staff H, and Hospital Chief Medical Officer (CMO) F took Patient 1's medical record for her admission, 1/29/10 to 2/2/10, to News Agency B's editor's office. Hospital CEO E stated that Hospital CMO F went through Patient 1's record and shared diagnoses, progress notes, lab values, medical /health consultations, and discharge information with News Agency B's reporter. Hospital CEO E stated he did not secure Patient 1's permission to disclose her medical information.</p>	A 021		

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A 021	<p>Continued From page 9</p> <p>The facility failed to notify the CDPH of this disclosure of Patient 1's medical information during the five business day period ending on 12/23/11. As of 1/5/12, the date this investigation started, CDPH determined that the facility had never notified the Department of this unauthorized disclosure of Patient 1's medical information.</p> <p>(c) On 1/26/12 at 1:25 pm, Hospital CEO E stated that he issued a memo, dated 12/20/11 at 9:53 am, to all hospital employees and medical staff, which included Patient 1's physicians' assessments, lab values, diagnoses, medical/health consultations, and discharge information. Hospital CEO E stated he did not secure Patient 1's permission to disclose her medical information.</p> <p>The facility failed to notify the CDPH of this disclosure of Patient 1's medical information during the five business day period ending on 12/28/11. As of 1/5/12, the date this investigation started, CDPH determined that the facility had never notified the Department of this unauthorized disclosure of Patient 1's medical information.</p> <p>(d) On 2/1/12 at 9:51 am, News Agency C's reporter stated he received the above memo, dated 12/20/11, in an e-mail communication on 12/27/11 at 4:08 pm from Hospital Communications Director G.</p> <p>On 1/4/12, News Agency C's Reporter published a news article that included a link to this memo on the Internet.</p>	A 021		

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A 021	<p>Continued From page 10</p> <p>On 1/30/12 at 1:40 pm, Hospital Communication Director G confirmed that he had not secured Patient 1's permission to disclose her medical information.</p> <p>The facility failed to notify the CDPH of this disclosure of Patient 1's medical information during the five business day period ending on 1/4/12. Hospital CEO E stated the CDPH was notified by mail on 1/4/12. The CDPH had not received a notification of this disclosure. After further review, Hospital CEO E found the letter had been sent to a wrong address.</p> <p>Finding 2:</p> <p>(a) On 1/30/12 at 1:45 pm, Hospital General Council D stated he received Patient 1's medical information from Hospital Chief Executive Officer (CEO) E. Hospital General Council D forwarded Patient 1's medical information to Hospital Communications Director G to write a letter rebutting information that was to be published by News Agency A. Patient 1's diagnoses, lab values, medical/health consultations, and clinical presentation were disclosed in the letter, dated 12/13/11, and sent to New Agency A's reporter on 12/13/11 at 5:16 pm. Hospital General Council D stated he did not secure Patient 1's permission to disclose her medical information.</p> <p>(b) On 1/26/12 at 1:25 pm, Hospital Chief Executive Officer (CEO) E stated that on 12/16/11 at 4 pm, he, Hospital Media Relations Staff H, and Hospital Chief Medical Officer (CMO) F took Patient 1's medical record for her admission, 1/29/10 to 2/2/10, to News Agency B's editor's office. Hospital CEO E stated that Hospital CMO F went through Patient 1's record and shared diagnoses, progress notes, lab</p>	A 021		

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A 021	<p>Continued From page 11</p> <p>values, medical/health consultations, and discharge information with News Agency B's editor. Hospital CEO E stated he did not secure Patient 1's permission to disclose her medical information.</p> <p>(c) On 1/26/12 at 1:25 pm, Hospital CEO E stated that he issued a memo, dated 12/20/11 at 9:53 am, to all hospital employees and medical staff which included Patient 1's physicians' assessments, lab values, diagnoses, medical/health consultations, and discharge information. Hospital CEO E stated he did not secure Patient 1's permission to disclose her medical information.</p> <p>On 1/26/12 at 1:25 pm, Hospital CEO E stated Patient 1 was notified on 1/4/12 at 4:07 pm that her medical information had been disclosed to unauthorized individuals. This notification occurred 15 days after the five day reporting period had expired on 12/20/11.</p>	A 021		

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