

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050434	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/19/2011
NAME OF PROVIDER OR SUPPLIER Colusa Regional Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 199 E Webster St, Colusa, CA 95932-2954 COLUSA COUNTY		
(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
	<p>The following reflects the findings of the Department of Public Health during a complaint/breach event visit:</p> <p>Complaint Intake Number: CA00275802 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 22705, 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>Health and Safety Code Section 1280.15(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.</p> <p>For purposes of the investigation, the department shall consider the clinic's, health facility's, agency's, or hospice's history of compliance with</p>			

Event ID: OOKY11

7/12/2013

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

TITLE

(X6) DATE

Katherine Hughes (LSC)

7-22-13

By signing this document, I am acknowledging receipt of the entire citation packet, Page(s). 1 thru 4

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>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.</p> <p>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 disclosure of the patient's medical information.</p> <p>The facility failed to ensure that Patients 1, 2, and 3's medical record was not accessed by unauthorized persons when Unit Clerk B, who was not directly concerned with their care, viewed a portion of their medical record. Patients 1, 2, and 3 were also employees of the facility. (Entity reported incident 275802)</p>	A017	<p>1280.15(a) Health & Safety Code 1280 (a)</p> <p>1. During a routine security review of access of patient information, it was noted that Ward Clerk B had made entries into Patient 1, 2, and 3.</p> <p>An internal investigation was initiated by the CNO.</p> <p>Patient and CDPH notifications were completed.</p> <p>The facility implemented disciplinary action with Ward Clerk B on 08/02/2011 following return of Ward Clerk B from vacation on 08/01/2011. Ward Clerk B was terminated.</p> <p>Monitoring is performed via audits by department managers and HIMS, direct random observation by managers and encouraged reporting of suspected activity.</p> <p>In-service education is undergone by all employees on an annual basis.</p>	<p>07/06/2011</p> <p>07/07/2011</p> <p>07/12/2011</p> <p>08/02/2011</p> <p>Ongoing</p> <p>Ongoing</p>

Event ID:O0KY11

7/12/2013

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	<p>On 7/12/11, the California Department of Public Health (CDPH) received a faxed report, written by Administrative (Admin) Staff A, that the facility had discovered on [REDACTED] that Unit Clerk B had accessed the medical records of Patients 1, 2, and 3, also employees of the facility, without authorization.</p> <p>During an interview on 7/19/11 at 9:55 am, Admin Staff A stated that it was discovered on [REDACTED] that Unit Clerk B viewed Patients 1, 2, and 3's medical records. These patients were not on the unit where Unit Clerk B worked, and she had no direct need to access these medical records. Patients 1, 2 and 3 did not consent to Unit Clerk B reviewing their records.</p> <p>A review of the facility's policy titled, Privacy Breach, effective date 11/10, provided the following definition for unauthorized, "The inappropriate access, review, or viewing of patient information without a direct need for medical diagnosis, treatment, or other lawful use. . . ."</p> <p>In a later interview at 10:15 am on 7/19/11, Admin Staff A confirmed that according to the facility policy, these accesses were considered unauthorized breaches and cause for termination.</p> <p>At 10:30 am on 7/19/11, the facility's security report was reviewed with Admin Staff A, who confirmed the following breached information:</p> <p>a. Patient 1's x-ray report was viewed on 5/15/11 at 11:12 am,</p>			

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	<p>b. Patient 2's x-ray report was viewed on 5/29/11 at 10:33 am, and</p> <p>c. Patient 3's "Procedure F" report was viewed on 6/5/11 at 9:24 am.</p> <p>A confidentiality statement, signed by Unit Clerk B in 1/13/11, contained the following statements, "I will only access those systems or modules that I am authorized to access. I will practice good workstation management, including turning screens away from public view, always logging out. . . "</p> <p>During an interview on 8/17/11 at 10:35 am, Unit Clerk B denied any unauthorized viewing of the three patients' medical records, but explained that she may have forgotten to log off or shut down her computer. She confirmed she had received education regarding confidentiality and privacy, and that she had been terminated by the facility on 8/2/11.</p>				

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