CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	050225	A. BUILDING B. WING	03/06/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Feather River Hospital	5974 Pentz Rd, Paradise, CA 95969-5509 BUTTE COUNTY

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
	The following reflects the findings of the Department of Public Health during a complaint/breach event visit: Complaint Intake Number: CA00289915 - Substantiated Representing the Department of Public Health: Surveyor ID # 22707, HFEN The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility. 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. For purposes of the investigation, the department shall consider the clinic's, health facility's,		The parent of the patient whose results were accessed inappropriately was notified by the FRH Privacy Official and an apology extended on behalf on the organization. Laboratory staff were instructed verbally and by e-mail by the Office Lead to complete an event report any time they become aware of a potential privacy breach. They were also instructed to notify their supervisor and the FRH Privacy Official immediately so that appropriate action and notification can occur. The Laboratory Director has conducted disciplinary action with the staff involved. This individual no longer works at FRH.	11/15/11 11/1/11 11/30/11

Event ID:XZ2Y11 4/2/2013 11:10:45AM

LABORATORY DIRECTOR [redacted] REPRESENTATIVE'S SIGNATURE Risk Manager TITLE (X6) DATE 4/17/13

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	050225		03/06/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Feather River Hospital	5974 Pentz Rd, Paradise, CA 95969-5509 BUTTE COUNTY

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
	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. 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 Based on interview and record review the facility failed to protect confidential health information for one patient (Patient 1) Findings:		The Laboratory Director has required all Laboratory staff to re-sign the organization's confidentiality statement as part of education on privacy provided during a staff meeting. Those not present (on leave) signed upon returning to work. Confirmation of understanding of the education and effectiveness of requiring staff to re-sign the confidentiality statement will be monitored via the event reporting process that is used to report all suspected privacy breaches. As part of the organization's quality assurance program, results of privacy-related event monitoring will be reported to the FRH Privacy Committee and the Quality Assurance/ Utilization Management/Patient Safety Committee.	11/30/11 12/2/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	050225	A. BUILDING B. WING	03/06/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Feather River Hospital	5974 Pentz Rd, Paradise, CA 95969-5509 BUTTE COUNTY

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
	On 11/30/11 at 1 pm, the facility's privacy officer stated that on [redacted]/11 at 8:30 pm, Laboratory Staff 1 (LS 1) gained unauthorized access to Patient 1's medical information and shared the information with her coworkers. The privacy officer stated that LS 1 had accessed Patient 1's name and admitting diagnosis. Patient 1 was the 2 year old son of a phlebotomist supervisor. On 11/30/11 at 1:30 pm, the Laboratory Director (LD) 2 recalled that LS 1 had been caught by Phlebotomy Supervisor (PS) 3 on [redacted]/11 at 8:30 pm viewing a computer screen displaying a software program called PowerChart. The computer screen listed patients and diagnoses that LS 1 had been previously warned by supervisory staff not to view. LD 2 stated that LS 1 had been directed only to look patients up individually and not access full page screens with patient lists. He stated that LS 1 conducted an Internet search to learn more about Patient 1's diagnosis after obtaining the diagnosis from the PowerChart which she freely shared with her coworkers. On 11/30/11, the computer screen (PowerChart) used by LS 1 was reviewed. The screen contained the name, room, bed, date of birth, account number, length of stay, physician, medical record number, admission date, admitting diagnosis and age of multiple patients. LD 2 stated the number of patients visible would depend on the census for the unit chosen, however, LS 1 had only been interested in Patient 1's name and diagnosis at the time of the breach discovery.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	050225	A BUILDING B WING	03/06/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS CITY STATE ZIP CODE
Feather River Hospital	5974 Pentz Rd, Paradise, CA 95969-5509 BUTTE COUNTY

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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

During a telephone interview on 3/6/12 at 11:05 am, LD 2 stated that LS 1 accessed the computer screen that had lists of patients and their diagnoses. It was not a computer site that LS 1 would normally use or would need to access in her daily job routine. No other lab personnel had access to this screen/site LD 2 explained that a former lab director had given LS 1 permission at that time He explained that the site access could not be removed from LS 1's computer, because the facility's software computer system had no way of deleting it.

During an interview on 3/6/12 at 1 pm LD 2 stated the only time a lab employee would have permission to go into the site that LS 1 accessed would be if he was instructed to do so by himself (lab director) or a supervisor. At that time, it would only be to search for a definitive individual name. Otherwise, LD 2 stated "The lab employees are not allowed to access this site-period."

During a telephone interview on 3/6/12 at 5:40 pm, PS 3 stated she saw LS 1 access the computer screen that showed the names and diagnoses of all patients in the hospital. PS 3 stated she informed LS 1 that she should not be accessing that site PS 3 stated LS 1 had told her that another supervisor's son (Patient 1) was in the hospital and asked her what his diagnosis meant. PS 3 stated she told LS 1 that she did not know what the diagnosis was and again informed LS 1 that she should not be looking at patients' names and diagnoses PS 3 stated she saw LS 1 use the computer's Internet site that defined Patient 1's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	050225	A. BUILDING B. WING	03/06/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Feather River Hospital	5974 Pentz Rd, Paradise, CA 95969-5509 BUTTE COUNTY

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
	diagnosis and then listened to an audio version of the signs and symptoms of the patient's diagnosis. PS 3 stated she had been a relatively new supervisor at that time of the breach and was unsure of what the protocol was and/or what to do about LS 1 being seen on [redacted]/11 viewing the prohibited site. PS 3 stated she reported the breached information incident to LD 2 at the next supervisor meeting on 11/9/11, a month later.			