

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056466	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2011
NAME OF PROVIDER OR SUPPLIER THE SEQUOIAS		STREET ADDRESS, CITY, STATE, ZIP CODE 501 PORTOLA ROAD, PORTOLA VALLEY, CA 94028 SAN MATEO 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>Continued From page 2</p> <p>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.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure the right of Resident A, a well-known public personality, to confidential treatment of health records when a facility staff posted a comment on Resident A's Facebook page thanking her for being a patient at the facility. This was a violation of Health & Safety Code 1280.15(a) prohibiting unlawful disclosure of a patients' medical information. Facebook is an Internet social networking site where people share information with "friends." Some public personalities have public pages that can be accessed by anyone using Facebook.</p> <p>Findings:</p> <p>Review of a letter from the facility, dated 2/3/11, to the Department indicated, "This letter is to inform you of a security breach with regard to certain information pertaining to a former resident of the skilled nursing facility.....We were informed on</p>		<p>of properly in the secure bonded shredding facilities on premises.</p> <p style="text-align: center;">C.D.P.H. JUN 27 2011 L&C DIV DAL</p>	6/21/11

Event ID:36CN11

6/6/2011

1:38:49PM

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

TITLE

(X8) DATE

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>Continued From page 4</p> <p>for allowing us to care for you. My staff will not forget your visit." It was dated [REDACTED] 2010 at 8:22 pm, and showed the picture and full name of the facility employee (the Director of Nursing) The same posting was also reflected on the Director of Nursing's Facebook profile page under "Recent Activity."</p> <p>Review of the facility's 2008 Corporate Compliance handbook for Manager/Supervisor, p.12, Health Insurance Portability and Accountability Act (HIPAA) indicated, "HIPAA clarifies what protected health information can and cannot be shared; Our job is to protect the privacy and confidentiality of the residents we serve; Residents have the right to their Protected Health Information (PHI); PHI is anything that connects the resident to his/her information;..... If you reveal PHI to someone who does not need to know it, you have violated a resident's confidentiality, and have broken the law! HIPAA violations could result in Corrective Action up to and including termination; It's strictly prohibited to share PHI over the Internet and e-mail."</p> <p>Review of the Director of Nursing's employee file showed her signature on a Corporate Compliance Acknowledgment of Receipt and Review of Booklet form, under the statement, "I have read and reviewed the (facility) Corporate Compliance Booklet with my Department Head or Supervisor and I understand my role and responsibility in adhering to the NCPHS Standards of Conduct. The "Manager/Supervisor" booklet that contained the HIPAA policy was checked.</p>			

C.D.P.H.
JUN 27 2011
L&C DIV
DALY C.

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