



CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  051317	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  01/31/2012
NAME OF PROVIDER OR SUPPLIER St. Helena Hospital - Clearlake		STREET ADDRESS, CITY, STATE, ZIP CODE 15630 18th Ave, Clearlake, CA 95422-9336 LAKE 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>(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, agencies, 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>Based on staff interviews, and record review, the facility violated Health and Safety Code section 1280.15 when it failed to safeguard Patient 1's medical information according to the facility's policy and procedure to prevent disclosure of medical</p>		<p>JUL - 7 2012</p> <p>CDPH L&amp;C Santa Rosa D.O.</p>	

Event ID:7X4W11

6/26/2015

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	<p>information when Staff C took Patient 1's medical information from the acute care hospital for personal use.</p> <p>Findings:</p> <p>On 12/10/10 at 8:29 a.m., the California Department of Public Health received a faxed report from the facility that a breach of patient health information had occurred.</p> <p>During an interview on 01/21/11 at 9 a.m., and again on 01/31/12, Administrative Staff A stated on 12/07/10, she received a telephone call from a family member of Patient 1 stating a medical record belonging to Patient 1 had been found in the home of Staff C. Administrative Staff A stated she asked the family member to bring the record to Administrative Staff A's office at the facility. Administrative Staff A stated she notified Administrative Staff B. After reviewing the record together, it was determined that the record was a carbon copy of the original Emergency Department Record belonging to Patient 1. Administrative Staff A stated the original reports are filed in the patient's chart and the carbon copy of the report was filed in a separate locked storage area. Administrative Staff A stated a while ago ( no time frame given) there had been problems with original Emergency Department records getting lost, so the facility decided to copy the original emergency records and keep the copies in a separate locked storage area for six months. Administrative Staff A stated every month the emergency department record copies that were six months old were pulled and</p>			

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	<p>destroyed. She stated since Staff C was a medical records clerk, one of her job assignments was to pull the six month old emergency report copies and destroy them.</p> <p>During an interview on 01/21/11 at 9:30 a.m., Administrative Staff B stated she and Administrative Staff A had a meeting with Staff C on 12/09/10, who admitted she had taken the records home for her own personal use. Administrative Staff B stated Staff C stated she was aware that it was against the facility's policy to remove medical records from the facility without authorization, and that staff are required to maintain confidentiality of patient's health information. Staff C stated she did not see any problem taking the record since it was going to be destroyed anyway. Administrative Staff B stated Staff C was terminated immediately</p> <p>Review of the facility's policy for Removal of Medical Records, dated 6/1993 and reviewed every year, the last being 11/11, indicated medical records shall not be taken outside the hospital except upon receipt of a subpoena, court order, statute or specific written authorization of the administrative offices, and any information of a medical nature in the possession of the facility must not be revealed by any staff of the hospital or the chart removed from the premises except as outlined as stated above.</p>		<p>a. A letter of explanation, and apology, was sent to the patient involved.</p> <p>b. As all patients have the potential to be affected by the inexcusable actions of staff members who deliberately violate department and hospital policies, reminders were issued to all employees reminding them that patient privacy and confidentiality is a top priority and violators will be dealt with appropriately.</p> <p>c. There were already policies and procedures in place to ensure patient privacy and confidentiality. This employee made a deliberate choice to ignore policies and remove a copy of patient's record. The employee was terminated immediately following interview regarding the event.</p> <p>d. All staff members receive HIPAA and confidentiality information at the time of hire, during orientation. All employees complete an Annual Training that also includes HIPAA and confidentiality information. Violations are met with discipline, up to and including termination. The HIM department manager emphasized strictly following procedures regarding the protection of patient confidentiality and privacy.</p> <p>e. The employee was terminated on 12/9/2010. Current policies and procedures will continue to be adhered to with disciplinary actions for violations.</p>	<p>12/14/10</p> <p>12/14/10</p> <p>12/9/10</p> <p>12/14/10</p> <p>12/9/10</p>	
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