

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA230000001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/08/2009
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NAME OF PROVIDER OR SUPPLIER BIGGS GRIDLEY MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 240 SPRUCE STREET GRIDLEY, CA 95948
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(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	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of an entity reported incident.</p> <p>Entity reported incident: 183575</p> <p>The inspection was limited to an entity reported incident investigated and does not represent the findings of a full inspection of the facility.</p> <p>Representing the Department: [REDACTED] HFEN 4/21/09 C OK</p> <p>A deficiency was written for entity reported incident 183575.</p>	A 000	<p style="text-align: center;">RECEIVED 2009 APR 17 AM 10:05 CDHS, L&O CHICO, CA</p>	
A 962	<p>CCR TITLE 22 DIV5 CH1 ART7 -70751(b) Medical Record Availability</p> <p>(b) The medical record, including X-ray films, is the property of the hospital and is maintained for the benefit of the patient, the medical staff and the hospital. The hospital shall safeguard the information in the record against loss, defacement, tampering or use by unauthorized persons.</p> <p>This Statute is not met as evidenced by: Based on interview, the facility failed to ensure that only authorized personnel had access to confidential patient information for one patient (Patient B).</p> <p>Findings:</p> <p>On 4/3/09 at 1:50 pm, the Department received a telephone report of a patient's medical information breach. The report claimed that an employee of the facility, Patient B, had been admitted to the facility. A coworker was</p>	A 962	<p>It is the policy of this facility that all medical records including x-ray films, is the property of the hospital and is maintained for the benefit of the patient, the medical staff and the hospital. The hospital shall safeguard the information in the records against loss, defacement, tampering or use by unauthorized persons.</p> <p>The two offending employees were both counseled. Disciplinary action included 3-day suspension without pay and a written letter from both employees defining HIPAA and addressing their culpability in this incident to be kept in their personnel files.</p>	04/13/09

Licensing and Certification Division

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE *CEO*

(X6) DATE

4/16/09

California Department of Public Health

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A 962	<p>Continued From page 1</p> <p>interested in why Patient B was hospitalized and asked another coworker to share medical information. The history and physical information was shared. Two other staff members were informed about why Patient B was hospitalized.</p> <p>On 4/8/09 at 11:15 am, Administrative Staff 1 verified that Staff A provided Patient B's confidential medical information to Staff C on 3/31/09. Staff C was not assigned to care for Patient B. Staff C was Patient B's co-worker. Staff C then shared Patient B's confidential patient information with Staff D and E, who also were not assigned to care for Patient B.</p> <p style="text-align: center;">RECEIVED 2009 APR 17 AM 10 35 CDHS, L&C CHICO DO</p>	A 962	<p>Mandatory HIPAA in-services for all hospital employees are currently being held - to continue until all employees have participated. HIPAA officer to monitor for compliance</p> <p>Policy & procedure is being developed to address patient records delivered to hospital departments by medical records, making medical record staff responsible for filing this information in the medical records to prevent unnecessary exposure of medical information. Approved by medical staff on 04/14/09. To be monitored by medical records supervisor. Administration to assure compliance.</p> <p>Policy and procedure is being developed to address patient confidentiality. A code system is being developed to insure all new patients a code on admission which will be required to allow any release of information. Medical staff approved on 04/14/09. To be monitored by medical records supervisor. Compliance to be monitored by administration.</p> <p>Policy and procedure being developed to address employee awareness of HIPAA. A symbol will be given to each employee to attach to their name badge to remind all employees of HIPAA rules and compliance policy. Medical staff approved 04/14/09. To be monitored by medical records supervisor. Compliance to be monitored by administration</p>	<p>04/30/09</p> <p>04/30/09</p> <p>04/30/09</p> <p>04/30/09</p>