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	STREET ADDRESS, CITY, STATE, ZIP CODE
Colusa Regional Medical Center	199 E Webster St, Colusa, CA 95932-2954 COLUSA 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: CA00275784 - Substantiated Representing the Department of Public Health: Surveyor ID # 22705, 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,agency's, or hospice's history of compliance with this section			

Event ID:O0KY11 7/12/2013 2:41:41PM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Katherine Nyhus, CO-COO TITLE (X6) DATE 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.

POC accepted 7/26/13

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	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 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. The facility failed to ensure that Patient 4's medical record was not accessed by unauthorized persons when Licensed Nurses C and D, two employees who were not directly concerned with Patient 4's care, viewed a portion of her medical record. Patient 4 was the daughter of a local physician. (Entity reported incident 275784).		During a routine quality review of access of patient information, it was noted that Nurse C & D had access the chart of a patient not in their care.	07/06/2011
			The internal policy for suspected breach activity was implemented.	07/06/2011
			Patient and CDPH notifications were completed.	07/12/2011
			The facility implemented disciplinary action with Nurse C & D. Ongoing monitoring has not elicited any further unauthorized access.	Ongoing
			Monitoring is performed via audits by department managers and HIMS, direct random observation by managers and encouraged reporting of suspected activity.	Ongoing
			In-service education is undergone by all employees on an annual basis.	Ongoing

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	On 7/12/11, the California Department of Public Health (CDPH) received a faxed report, written by Administrative (Admin) Staff A, that indicated that the facility had discovered on 7/5/11 that two employees, Licensed Nurses C and D, had accessed Patient 4's medical record without authorization. Patient 4 was the daughter of a local physician. During an interview on 7/19/11 at 9:55 am, Admin Staff A stated that an audit, completed on 7/5/11, revealed that Licensed Nurses C and D had accessed Patient 4's medical record, even though they were not working during the time Patient 4 was hospitalized. Admin Staff A confirmed that Licensed Nurses C and D had no direct need to access the medical record. The facility's security audit was reviewed with Admin Staff A, who confirmed that Patient 4's medical record was accessed twice on 7/5/11 at 11:19 pm by Licensed Nurse D and once on 7/6/11 at 10:02 am by Licensed Nurse C. She stated she was unable to tell what each nurse viewed from this security audit. 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. . . " In a later interview at 10:15 am on 7/19/11, Admin Staff A confirmed that according to the facility policy, this was an unauthorized breach and both Licensed Nurses C and D had been counseled.			

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	050434	A. BUILDING B. WING	07/19/2011

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	A confidentiality statement signed by Licensed Nurse C on 1/27/11 and signed by Licensed Nurse D on 1/31/11, contained the following statement, "I will only access those systems or modules that I am authorized to access. . . " During an interview on 8/17/11 at 10 am, Licensed Nurse C confirmed that she had viewed Patient 4's emergency department report but "didn't really read it." She also confirmed that she had received education regarding confidentiality and privacy. During an interview on 8/23/11 at 9 am, Licensed Nurse D confirmed that she had clicked on Patients 4's name in the computer, but did not see or read any patient information and saw only a note saying the file was unavailable for two days. She also confirmed that she had received education regarding confidentiality and privacy.			