CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

Activity to the second demonstrate.		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(XZ) MULTIPLE CONSTRUCTION A. DUILDING		COMPLETED	
······································	050367		B WING			4/2014
	ROVIDER OR SUPPLIFR Medical Contor		ss city, state Vilson Blvd, F	t, ZIP CODE Fairfield, CA 94533-3552 SOLANC	1	
(X4) IO PRECIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX FAG	PROVIDER'S PLAN OF CO (FACH CONNECTIVE ACTION SI REFERENCED TO THE APPROPR	IOULD OF CROSS.	(XS) COMPLETE DATE
	of Public Health during visit: Complaint Intake Num! CA00380234 - Substar Representing the Depa Surveyor ID # 32860, E. The inspection was lime event investigated and findings of a full inspection, health facility hospice licensed puring 1725, or 1745 shound the function of the facility hospice licensed puring 1725, or 1745 shound the facility hospice licensed puring 1725, or 1745 shound the facility hospice licensed puring 1725, or 1745 shound the facility hospice licensed puring 1725, or 1745 shound the facility hospice licensed puring 1725, or 1745 shound the facility hospice licensed puring 1725, or 1745 shound the facility of the facility o	intrated interest of Public Health: IFEN ited to the specific facility does not represent the tion of the facility. Code Section 1280.15(a) A , home health agency, or suant to Section 1204, 1250, halt prevent unfawful or to, and use or disclosure of, information, as defined in rection 56.05 of the Civil Code th Section 130203. The vestigation, may assess an for a violation of this section housand dollars (\$25,000) per al information was unlawfully ration accessed, used, or to seventeen thousand five \$17,500) per subsequent ful or unauthorized access, of that patients' medical		Patient specific Action A letter was sent to the 12/9/13 apologizing for of his PHI by the physical explaining what action Potential Population In This type of breach county with future patients if the physician is not sensitive aware of what informate shared with family mer in an emergency situation physician was education 11/27/13 by the Privacy about the privacy regul what can be shared with members even in an emisituation.	e patient on or the breach ician and is were taken. Effect: ald occur he occur be ion can be inbers even on. The in on officer ations and in family	9/4/14
vent ID:X	OUO11	RHEIM	Z	2 2 3 3 3 4		
-		6/16/2019 R/SUP LIER REPRESENTATIVE'S SIGN	197.99	7.13AM		

By signing this document, I am acknowledging receipt of the entire criation packet, Parots). I that if

Any deficiency statement ending with an asterisk of denotes a dufficiency 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 these documents are made available to the tacility. If deficiencies are cited, an approved plan of correction is requisite to continued program

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH.

NorthBay Medical Center STREET ADDRESS, CITY, STATE, ZIP CODE	(X5) COMPLETC DATE
NorthBay Medical Center 1200 B Gale Wilson Blvd, Fairfield, CA 94533-3552 SOLANO COUNTY (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (CACH CORRECTIVE ACTION SHOULD BE CROSS TACK REGULATORY OR USC IDENTIFYING INFORMATION) (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' provided one on one education and what can	COMPLETE
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG REGULATORY ON LSC IDENTIFYING INFORMATION) (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' ID PROVIDERS PI AN OF CORRECTION (CACH CORRECTIVE AUTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY) Actions: 1. Privacy officer immediately discussed situation with physician and provided one on one education related to Privacy regulations, what is considered protected health information and what can	COMPLETE
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (FACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC BENTHEYING INFORMATION) (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' (b) PREFIX (CACH CORRECTION ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY) Actions: 1. Privacy officer immediately discussed situation with physician and provided one on one education related to Privacy regulations, what is considered protected health information and what can	COMPLETE
PREFIX TAG (FACH DEFICIENCY MUST BE PRECEDED BY FULL REGISTER OF CORRECTION ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY) Actions: 1. Privacy officer immediately discussed situation with physician and provided one on one education related to Privacy regulations, what is considered access to, and use or disclosure of, patients'	COMPLETE
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(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 be shared with family members without the patient's permission. One on one education occurred 11/27/13. 2. Complainant was notified by phone that the situation was being reviewed.	
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 and that the complaint was being addressed with the physician. 3. Physician counseled about situation by the Privacy Officer	
(\$17,500) per subsequent occurrence of unlawful of 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. Monitoring: 1. Complaints against involved physician monitored from 12/1/13 until 4/30/14 to see if any further privacy breaches were reported.	9/4/14
rolated state and federal statutes and regulations, the extent to which the facility detected violations and took preventative action to immediately correct.	9/4/14
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. Integration into QA System: This information is shared through the Medical Staff Quality Improvement process and the monitoring for additional incident would be a part of the physician's ongoing. Periodic Performance Evaluation. In this case no additional incident occurred.	
Hased on interview and document review, the hospital failed to safeguard the private health information for one patient, when that patient's information was broadcast over the phone by the consulting physician. Responsible Person: Director Licensing, Accreditation, Privacy Officer	The second secon
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CALIFORNIA HEALTH AND HUMAN SERVICL .GENCY DEPARTMENT OF PUBLIC HEALTH

true march and demandance .		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		(XI) DATE SURVEY COMPLETED	
		050367	B. WING		09/04/2014		
3.4130.00	OVIDER OR SUPPLIER Medical Conter		Ss, CITY, STATE, A	zir Code irfield, CA 94533-3552 SOLAN	O COUNTY		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SCIDENTHYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (HACH CONRECTIVE ACTION S HEELHENCED TO THE APPROP	HOULD BE CHOSS	(X5) COMPLETE OATE	
	Findings: Ouring an interview on 02/25/14 at 3:15 p.m., Family Member 2 stated her brother (Patient 1) went to the facility's Emergency Room for care and while he was there he called hor. The time of the call was 4 a.m., and his request was for her to come to the hospital, pick up his keys and transport his truck back to his home so his roommate could get to work. Family Member 2 further stated her two small children were still sleeping, and she had no intention of waking them up to run an errand for her brother. According to Family Member 2, when she said, "No," they began to argue. Then suddenly, another voice was on the phone when Administrator B took the phone from Patient 1 and yelled at Family Member 2, "Your brother is having a life and death situation here. He has had an erection all day. Are you going to help him or not?" During an interview on 02/25/14 at 3 p.m. Administrator A stated the complaint was received from Patient 1's family member, who felt the						
	incident rose to the health information. after she spoke w	level of a breach of personal Administrator A also stated, ith Administrator B, that he his comment, but he was only				Andrew Service	
	that Patient 1 was protected health info	cuments on 07/07/14, indicated notified of the breach of ormation by mall. The letter Administrator B realized the				Mountainess tracking and control of the control of	
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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		A. BUILDING	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
050367			B. WING		09/04	09/04/2014	
NAME OF PROVIDER OR SUPPLIFR NorthBay Medical Center	STREET ADDRESS, CITY, STATE, ZIP COUE 1200 B Gale Wilson Blvd, Fairfiold, CA 94533-3552 SOLANO COUNTY						
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