

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

*1/6/14 - approved
POC - [Signature]*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2012	
NAME OF PROVIDER OR SUPPLIER Oroville Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 2767 Olive Hwy, Oroville, CA 95966-6103 BUTTE COUNTY		
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	<p>The following reflects the findings of the Department of Public Health during a complaint/breach event visit:</p> <p>Complaint Intake Number: CA00309476 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 26611, HFEN</p> <p>The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.</p> <p>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.</p> <p>For purposes of the investigation, the department shall consider the clinic's, health facility's, agency's, or hospice's history of compliance with</p>			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE **HR Director / Privacy Officer** (X6) DATE **1/21/2014**

By signing this document, I am acknowledging receipt of the entire citation packet, Page(s) 1 thru 6

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>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>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."</p> <p>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.</p> <p>Based on interview and record review, the hospital failed to ensure that Patient 1's right to privacy was protected when an unauthorized person shared a photograph (photo) of Patient 1's amputated finger tips with another person. This failure may have resulted in the dissemination of e-mails and Internet posting of the photo which caused unwanted notification to members of the community of the</p>				

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	<p>injuries suffered by Patient 1.</p> <p>Findings:</p> <p>On 5/4/12 at 4:28 pm, the California Department of Public Health was notified that, "Photos of Patient 1's amputated finger tips were taken and distributed by e-mail to others."</p> <p>On 6/19/12 at 2:05 pm, Administrative (Adm) Staff D stated she received a certified letter via the mail on 4/19/12. The letter was from Patient 1's attorney informing the hospital of a wrongful dissemination of photographs taken by a hospital employee during Patient 1's treatment for amputated fingers, due to an industrial accident, on 3/19/12. The letter read, "Unfortunately, after my client's (Patient 1) discharge following his four (4) day stay in your facility, he returned home to inquiries about the photo of his amputated fingers from friends by e-mail and on the Internet. My client has checked with each of his family members who came to the hospital following the incident and none of them took any photographs. Given my client was given general anesthesia in the operating room he obviously was unconscious when the photograph was taken by hospital personnel.the dissemination of the photograph (was) without my clients consent..." A photo was included with the letter of Patient 1's amputated finger tips.</p> <p>On 6/18/12, Patient 1's record was reviewed. Patient 1 was admitted through the emergency department on 3/19/12 at 8:44 am for severe</p>				

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	<p>injuries to his right hand due to an industrial accident. Patient 1's record indicated he was taken to surgery and his right finger tips were surgically amputated. Patient 1's record contained a photo of the right hand prior to surgery. This photo was not the same photo as enclosed in the above letter. Patient 1's record did not contain evidence of a consent to release photos of his amputated finger tips.</p> <p>On 6/18/12 at 1:15 pm, Adm Staff E stated the hospital had determined that the photo that was included with the attorney's letter, had been taken with a cell phone in the pathology department (responsible for examining organs, tissues, and body fluids to assist in the diagnosis of disease) because of the cleanliness of the fingertips and the background of the photo. Adm Staff E further stated they had identified that Pathology Staff A had sent a photo of Patient 1's amputated finger tips to Pathology Staff B.</p> <p>On 6/19/12 at 11:20 am, Pathology Staff A was interviewed. Pathology Staff A stated she had collected the specimen (Patient 1's finger tips) from the operating room to transport back to the pathology lab. Pathology Staff A recalled after Patient 1's fingertips were cleaned, she took a photo and sent it to Pathology Staff B because it was different and more interesting than their usual work. Pathology Staff A stated that Pathology Staff B had no need to see the photo as part of her duties. Pathology Staff A did not recall sending the photo to anyone else. She further stated she had deleted the photo from her phone and there was no</p>				

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	<p>way to compare if the photo disseminated via e-mail and the Internet (provided in the attorney's letter) was the same photo as the one she took.</p> <p>On 6/19/12 at 10:45 am, Pathology Staff B confirmed that she had received the photo of Patient 1's amputated finger tips from Pathology Staff A. She stated she deleted the photo immediately and now has a new phone so does not have any access to the photo to compare if it was the same photo as the photo disseminated on e-mail and the Internet. Pathology Staff B confirmed that she had no job related duties that required her to see the photo of Patient 1's amputated finger tips. Pathology Staff B denied sending the photo to anyone else.</p> <p>On 6/19/12, the hospital's policy, titled, "Confidentiality of Medical Record and Patient Information," dated 4/10, read, "Employees must guard the secrecy and confidentiality of medical records and any patient-specific information which (s)he encounters during regular duties."</p> <p>Pathology Staff A's personnel file contained a document, titled, "Skill Building," dated 6/27/11, which included 10 acknowledgements, each with Pathology Staff A's initials, in the section of the document titled, "Patient Privacy Training." Pathology Staff A acknowledged, with her initial, the statements "4. Discussing or sharing patient information in the cafeteria, elevators, hallways, e-mail, cell phones, Facebook, Twitter, My Space, etc. is a .. violation." and "5. Using personal cell phones to discuss/take/share photographs of a</p>			

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	<p>patient or patient information is a ... violation."</p> <p>On 6/19/12 at 2:30 pm, Privacy Official C confirmed that Patient 1's privacy was breached when Pathology Staff A sent Patient 1's finger tip photo to Pathology Staff B. Privacy Official C further stated that they were unable to definitively determine who sent the e-mails and Internet postings of Patient 1's finger tips.</p>		<p>Corrective Action:</p> <p>Employee Counseled Employee and all Lab Pathology Staff reminded that taking photographs of patient information is not allowed.</p> <p>Monitoring:</p> <p>Ongoing monitoring by the Director Of Laboratory Services to ensure effectiveness of corrective action.</p> <p>Ongoing education will be conducted by the Privacy Officer to ensure that staff are properly trained on HIPAA/Patient Privacy</p>	<p>05/15/12</p> <p>05/15/12</p> <p>Ongoing</p>	

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