

California Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HH070000658 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 10/01/2014 |
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| NAME OF PROVIDER OR SUPPLIER CENTRAL COAST VNA & HOSPICE, INC | STREET ADDRESS, CITY, STATE, ZIP CODE 5 LOWER RAGSDALE DRIVE MONTEREY, CA 93942 |
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| A 001 | <p>Informed Medical Breach</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> | A 001 | | |
| A 000 | <p>Initial Comment</p> <p>The following reflects the findings of the California Department of Public Health during an investigation for an entity reported incident conducted from 9/30/14 through 10/1/14.</p> <p>For Entity Reported Incident CA00403613 regarding Resident/Patient/Client Rights one State deficiency was identified (see California Health and Safety Code 1280.15(a)).</p> <p>Inspection was limited to the specific entity reported incident investigated and does not represent a full inspection of the facility.</p> <p>Representing the California Department of Public Health: 31388, Health Facilities Evaluator Nurse.</p> | A 000 | | |

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
NOV - 3 2014
L & C DIVISION
SAN JOSE

Licensing and Certification Division

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melissa Shelton TITLE: NPS/Administrator (X6) DATE: 10/31/14

STATE FORM 11/7/14 8:25 AM accepted per administrator notified HPLU11 If continuation sheet 1 of 4

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| A 017 | Continued From page 1 | A 017 | Health and Safety Code 1280.15 (b) (2) | |
| A 017 | 1280.15(a) Health & Safety Code 1280 (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 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. This Statute is not met as evidenced by: Based on interview and record review, the home health agency (HHA) failed to protect the confidentiality rights of two patients' clinical records, when copies of two patients' clinical | A 017 | Action: 1. Unauthorized unofficial field charts were confiscated and destroyed on 6/24/14. 2. The clinician was immediately placed on administrative leave for non-compliance with Agency standards specific to patient confidentiality and improper storage and transportation of patient information. The clinician subsequently was given a written counseling for non-compliance. 3. The administrator notified both patient by telephone of the HIPAA breach. This was followed up with a letter with specific instructions. 4. Training on CCVNA Breach Notification Policy/Procedure was conducted with clinical staff: Monterey June 25, 2014, Salinas June 26, 2014, Hollister June 27, 2014 and King City July 1, 2014. Monitor: 1. The Human Resource department makes sure all newly hired employees are given the Agency CCVNA Breach Notification Policy/Procedure. 2. During joint field visits Clinical Supervisors spot check clinician cars to make sure there are no breaches of unsecured patient health information (PHI). | 6/24/14 6/24/14 6/27/14 6/25/14 7/1/14 10/31/14 10/31/14 |

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| A 017 | <p>Continued From page 2</p> <p>records were found in a parking lot by an unknown person and given to a switchboard operator at a local hospital. Findings:</p> <p>On 9/30/14 at 1:05 p.m. during record review of the HHA incident investigation record it indicated the administrator (ADM) and registered nurse A (RN A) investigated the privacy breach. The unofficial field charts for two active patients were found somewhere in the community and an unknown person turned them in to a local hospital and the hospital privacy officer contacted the HHA.</p> <p>Patient 1 and Patient 2 were notified of the breach and agency policy, and offered protection from fraud for one year. Patient's address, date of birth, social security number, and medical information were identified to be in the field charts.</p> <p>On 9/30/14 at 1 p.m. during an interview, the ADM stated the nurse set up her own paper charts even though the HHA had computer charting. The ADM stated their policy was no written paper charts, but it was not a written policy. The nurse involved was not too familiar with electronic charting and wanted to set up her own charts.</p> <p>During an interview on 9/30/14 at 1:10 p.m., RN A stated the registered nurse involved in the incident on 6/21/14 reported one field chart was missing. All the unofficial field charts the nurse had were destroyed.</p> <p>During an interview on 10/1/14 at 8:45 a.m., registered nurse B stated she had made copies of patient records. RN B confirmed she was aware of the HHA policy not to take patient paper</p> | A 017 | <p>3. Education Coordinator will include HIPAA compliance in joint field visits with clinical staff.</p> <p>Responsible: Clinician, Clinical Supervisors, H. R. Department, Education Coordinator and DPS/Administrator.</p> | <p>10/31/14</p> <p>10/31/14</p> |

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| A 017 | <p>Continued From page 3</p> <p>documents out of the office except for admission purposes. RN B stated she became aware one patient's paperwork was missing on 6/19/14 but did not notify the HHA until 6/21/14, which was two days after the event.</p> <p>On 9/30/14 at 12:55 p.m. review of the HHA policy "Safeguarding/Retrieval of Clinical/Service Record" dated 6/14, indicated there will be no field charts used.</p> | A 017 | | |