California Department of Public Health STATEMENT OF DEFICIENCIES (X3) DATE SURVEY X11 PROVIDER/SUPPLIER/CLIA X21 MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION. COMPLETED IDENTIFICATION NUMBER A BUILDING C 5 WING CA230000005 06/22/2011 STREET ADDRESS CITY STATE ZIP CODE NAME OF PROVIDER OR SUPPLIER 5974 PENTZ ROAD FEATHER RIVER HOSPITAL PARADISE, CA 95969 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (3.5)(FACH DEFICIENCY MUST BE PRECEDED BY FULL EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREEDX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS REFERENCED TO THE APPROPRIATE TAG LAG DEFICIENCY A 000 Initial Comments A 000 One patient whose record was 6/15/11 inappropriately accessed was The following reflects the findings of the California Department of Public Health during the notified by the FRHC investigation of an entity reported incident Administrative Assistant and the other patient, who we were Entity reported incident, 273375 unable to reach by phone, was notified by a certified letter from The inspection was limited to the specific entity 6/16/11 reported incident investigated and does not the Supervisor of Health represent the findings of a full inspection of the Information Management. facility Health Center (FRHC) staff 5/25/11 Representing the Department, 28650, HFEN. were reminded by the Nurse Deficiencies were written for entity reported Manager to report any incident 273375 at A 002, A 017, A 018, A 019 suspected privacy breaches to and A 021 their supervisor and FRH Privacy Official using event A 002 A 002 Not Informed Medical Breach reporting forms so that appropriate action and Health and Safety Code Section 1280 15 (b)(2) " A clinic health facility, agency, or hospice shall notification can occur. also report any unlawful or unauthorized access to or use or disclosure of, a patient's medical The staff member involved was 5/25/11 information to the affected patient or the patient's dismissed from employment. representative at the last known address, no later than five business days after the unlawful or unauthorized access, use, or disclosure has been The success of ongoing privacy detected by the clinic, health facility, agency, or protection actions are hospice " monitored by the event The CDPH verified that the facility failed to inform reporting system. Any reports the affected patient(s) or the patient's of privacy compromise are representative(s) of the unlawful or unauthorized reviewed by the FRH Privacy access, use or disclosure of the patient's medical Committee. information Licens RESENTATIVE'S SIGNATURE

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FORM APPROVED California Department of Public Health STATEMENT OF DEFICIENCIES (X3) DATE SURVEY XII PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER A BUILDING B WING CA230000005 06/22/2011 STREET ADDRESS CITY, STATE ZIP CODE NAME OF PROVIDER OR SUPPLIER 5974 PENTZ ROAD FEATHER RIVER HOSPITAL PARADISE, CA 95969 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION EACH DEFICIENCY MUST BE PRECEDED BY FULL EACH CORRECTIVE ACTION SHOULD BE COMPLED PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION: CROSS REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY, A 002 A 002 Continued From page 1 This Statute is not met as evidenced by A 017 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:

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AND PLAN OF CORRECTION IDENTIFICATION NO		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTIPLE A BUILDING	CONSTRUCTION	a	(X3) DATE COME	PLETED	
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		Based on interview	and record review, to confidential health in			,			
		Findings							
The second name of the second na		of Public Health (C written by Administ indicated that the fa unauthorized access	pm. the California De DPH) received a faxe rative (Admin) Staff A acility had identified as of Patients 1 and 2 ormation on 5/25/11	ed report, A. which 2's					
	,	Admin (Admin) Sta Customer Service been terminated af had been inapprop portions of Patients records. CSR C wa and had accessed records. This infor addresses, social s numbers, insuranc nursing notes. med	on 6/22/11 at 10:25 off A and Admin B state Representative (CSF ter it was determined in a related to Patients multiple parts of their mation included: nare security numbers, phie, date of appointmedications, physicians is its notes, and diagrams.	ated that R) C had I that she I viewing medical 1 and 2 r medical nes, one nts, progress			06711, L&C	2012 APR 19 PH 3: 25	RECEIVED
		titled, "Feather Riv Agreement," dated 11/2003, read, "I Hospital to maintal strict confidence, b duty. It is also the contact with confid such records again and inappropriate confidentiality repr	file was reviewed. A er Hospital, Confident and signed by CSR t is the policy of Feat in confidential inform both while at work and eresponsibility of any lential information to not loss, destruction, access and us. Any esents a failure to mand ethical standard	ntiality C on ther River ation in d off who have preserve tampering breach of eet the				•	

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A 017	Continued From page 3			A 017					
	 Continued From page 3 expected and constitutes a violation of this policy A breach need not take the form of a deliberate attempt to violate confidentiality, but includes any unnecessary or unauthorized use or disclosure of confidential information- due to carelessness curiosity or concern or for personal gain or malice, including but not restricted to informal discussion." A document titled, "Employee Disciplinary Action Report," dated 5/25/11, read, "On more than one occasion you (CSR C) have accessed protected health information of your family (Patients 1 and 2). This is a direct violation of facility's policies. You (CSR C) have had numerous training regarding the policies relating to privacy and HIPAA (Health Insurance Portability and Accountability Act.). During an interview and document review on 6/22/11 at 12.05 pm with Admin A, CSR C's computer log reports were reviewed from 1/1/11 through 5/25/11. According to Admin A, the audit showed that there was a pattern of excessive, inappropriate and unauthorized accessing of Patients 1 and 2's medical records. On 5/25/11, CSR C was terminated by the facility for violating the facility's policy and procedures by accessing her family's protected health information. The facility failed to prevent unlawful or unauthorized access to, and use or disclosure of patients' medical information according to Health and Safety Code Section 1280 15(a). 		liberate udes any closure of ness i or ormal ry Action than one rotected ts 1 and olicies ng and ressive, ng of 5/25/11, ry violating coessing in the audit to Health			CHICO, DO	2012 APR 19 PM 3: 29	RECEIVED	
A 018	1018 1280 15(b)(1) Health & Safety Code 12		30	A 018					
	agency, or hospice	Ith facility, home hea to which subdivision any unlawful or unau	(a)				X		

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AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM					E SURVEY MPLETED			
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access to, or use or disclosure of, a patient's medical information to the department no later than five business days after the unlawful or unauthorized access, use, or disclosure has be detected by the clinic health facility, home heal agency, or hospice (b) (2) Subject to subdivision (c), a clinic health facility, home health agency, or hospice shall a report any unlawful or unauthorized access to, use or disclosure of, a patient's medical information to the affected patient or the patien representative at the last known address, no la than five business days after the unlawful or		to later ul or has been me health the health shall also ess to, or e patient's s, no later	A 018							
	unauthorized acces detected by the clir agency, or hospice	ss, use, or disclosure nic, health facility, hor	has been ne health			0.000,000 CHICO,000	2012 APR 19 PH 3:	RECEIVED		
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	facility, home healt report any unlawfu use or disclosure of information to the representative at than five business unauthorized acce	subdivision (c), a clini th agency, or hospice I or unauthorized acc of, a patient's medica affected patient or the he last known address days after the unlaw ss. use, or disclosure nic, health facility, ho	e shall also cess to, or I e patient's es, no later ful or e has been							

FORM APPROVED California Department of Public Health STATEMENT OF OFFICIENCIES X31 DATE SURVEY X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING B WING CA230000005 06/22/2011 STREET ADDRESS CITY STATE ZIP CODE NAME OF PROVIDER OR SUPPLIER 5974 PENTZ ROAD FEATHER RIVER HOSPITAL PARADISE, CA 95969 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES X4, 10 EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR I SCIDENTIFYING INFORMATION: CROSS-REFERENCED TO THE APPROPRIATE LAG DEFICIENCY A 019 A 019 Continued From page 5 agency, or hospice This Statute is not met as evidenced by Based on interview and record review, the facility failed to inform two affected patients of unauthorized access to their medical information no later than five business days after it had been detected (Patients 1 and 2) Findings. During an interview on 6/22/11 at 10, 25 am. Administrative (Admin) Staff A confirmed the following From 1/11 to 5/11, Customer Service Representative C inappropriately accessed portions of Patients 1 and 2's electronic medical records multiple times without the proper authorization. The facility became aware of the unauthorized access on 5/25/11 at 8:23 am. Patient 1 was notified of the unauthorized access on 6/15/11 at 1 pm by telephone and then by letter on 6/16/11 Patient 2 was notified of the unauthorized access on 6/16/11 by letter. following an unsuccessful telephone attempt Admin Staff A acknowledged that Patients 1 and 2 should have been notified by 6/2/11, which would have been within 5 business days from the identification of the unauthorized access The facility was 14 calendar days late in reporting the unauthorized access to Patient 1 and 15

calendar days late in reporting the unauthorized

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTIPLE A BUILDING	CONSTRUCTION		The second second	ATE SURVEY OMPLETED		
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A 019	Continued From pa	ige 6		A 019						
	access to Patient 2									
A 021	(d) If a clinic, health & Safety Code 1280 (d) If a clinic, health facility, home health agor hospice to which subdivision (a) applies violates subdivision (b), the department may assess the licensee a penalty in the amount one hundred dollars (\$100) for each day that unlawful or unauthorized access, use, or disclosure is not reported following the initial five-day period specified in subdivision (b). However, the total combined penalty assess the department under subdivision (a) and the subdivision shall not exceed two hundred fift thousand dollars (\$250,000) per reported exceed the subdivision of the subdivisio			A 021						
			may ount of that the r initial b) sessed by id this id fifty			C	2012 APR	REC		
	Based on interview failed to inform two to the California De (CDPH) unauthoriz	met as evidenced by and record review, that affected patients an epartment of Public Hed access of two patients in no later than five discountries and 2)	he facility d to report lealth ients'			100,00		OH VED		
	Findings	indings								
		new on 6/22/11 at 10 min) Staff A confirme								
	portions of Patients records multiple tin	Customer Service nappropriately acces 1 and 2's electronic nes without the properticality became aware	medical er							

California Department of Public Health STATEMENT OF DEFICIENCIES X3) DATE SURVEY X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER A BUILDING 0 B WING CA230000005 06/22/2011 STREET ADDRESS CITY STATE ZIP CODE NAME OF PROVIDER OR SUPPLIER 5974 PENTZ ROAD FEATHER RIVER HOSPITAL PARADISE, CA 95969 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4 | 11) LEACH DEFICIENCY MUST BE PRECEDED BY FULL PREDIX EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION CROSS REFERENCED TO THE APPROPRIATE FAG TAG DEFICIENCY: A 021 A 021 Continued From page 7 unauthorized access on 5/25/11 at 8:23 am Patient 1 was notified of the unauthorized access on 6/15/11 at 1 pm by telephone and then by letter on 6/16/11 Patient 2 was notified of the unauthorized access on 6/16/11 by letter. following an unsuccessful telephone attempt Admin Staff A acknowledged that Patients 1 and 2 should have been notified by 6/2/11, which would have been within 5 business days from the identification of the unauthorized access. The facility was 14 calendar days late in reporting the unauthorized access to Patient 1 and 15 calendar days late in reporting the unauthorized access to Patient 2 2. During an interview on 6/22/11 at 10:25 am. Administrative (Admin) Staff A confirmed the following From 1/11 through 5/11. Customer Service Representative C inappropriately accessed portions of Patients 1 and 2's electronic medical records multiple times without the proper authorization. This information included: names, addresses, social security numbers, phone numbers, insurance, date of appointments, nursing notes, medications, physicians progress notes, encounter visits notes, and diagnosis lists. The facility became aware of the unauthorized access on 5/25/11 at 8:23 am CDPH was notified of the unauthorized access by fax on 6/16/11 at 4 22 am Admin Staff A acknowledged that CDPH should have been notified by 6/2/11, which would have been within 5 business days from the identification of the unauthorized access

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