



California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  CA230000005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 06/22/2011
NAME OF PROVIDER OR SUPPLIER  FEATHER RIVER HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 5974 PENTZ ROAD PARADISE, CA 95969		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
A 002	Continued From page 1  This Statute is not met as evidenced by:	A 002			
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:	A 017			

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A 017	<p>Continued From page 2</p> <p>Based on interview and record review, the facility failed to safeguard confidential health information for two patients (Patients 1 and 2)</p> <p>Findings</p> <p>On 6/16/11 at 4:22 pm, the California Department of Public Health (CDPH) received a faxed report, written by Administrative (Admin) Staff A, which indicated that the facility had identified unauthorized access of Patients 1 and 2's personal health information on 5/25/11 at 8:23 am</p> <p>During an interview on 6/22/11 at 10:25 am, Admin (Admin) Staff A and Admin B stated that Customer Service Representative (CSR) C had been terminated after it was determined that she had been inappropriately accessing and viewing portions of Patients 1 and 2's electronic medical records. CSR C was related to Patients 1 and 2 and had accessed multiple parts of their medical records. 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</p> <p>CSR C employee file was reviewed. A document titled, "Feather River Hospital, Confidentiality Agreement," dated and signed by CSR C on 11/2003, read, "...It is the policy of Feather River Hospital to maintain confidential information in strict confidence, both while at work and off duty. It is also the responsibility of any who have contact with confidential information to preserve such records against loss, destruction, tampering and inappropriate access and use. Any breach of confidentiality represents a failure to meet the legal, professional and ethical standards</p>	A 017	

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A 017	<p>Continued From page 3</p> <p>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 "</p> <p>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 ) "</p> <p>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.</p> <p>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).</p>	A 017		
A 018	1280.15(b)(1) Health & Safety Code 1280	A 018	(b) (1) A clinic, health facility, home health agency, or hospice to which subdivision (a) applies shall report any unlawful or unauthorized	

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A 018	Continued From page 4  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 been detected by the clinic, health facility, home health agency, or hospice (b) (2) Subject to subdivision (c), a clinic, health facility, home health 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, home health agency, or hospice  This Statute is not met as evidenced by	A 018	
A 019	1280 15(b)(2) Health & Safety Code 1280  (b) (2) Subject to subdivision (c), a clinic, health facility, home health 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, home health	A 019	

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A 019	<p>Continued From page 5</p> <p>agency, or hospice</p> <p>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)</p> <p>Findings.</p> <p>During an interview on 6/22/11 at 10: 25 am, Administrative (Admin) Staff A confirmed the following</p> <p>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</p> <p>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.</p> <p>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</p> <p>The facility was 14 calendar days late in reporting the unauthorized access to Patient 1 and 15 calendar days late in reporting the unauthorized</p>	A 019	

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A 019	Continued From page 6 access to Patient 2	A 019		
A 021	1280.15(d) Health & Safety Code 1280  (d) If a clinic, health facility, home health agency, or hospice to which subdivision (a) applies violates subdivision (b), the department may assess the licensee a penalty in the amount of one hundred dollars (\$100) for each day that the 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 assessed by the department under subdivision (a) and this subdivision shall not exceed two hundred fifty thousand dollars (\$250,000) per reported event.  This Statute is not met as evidenced by: Based on interview and record review, the facility failed to inform two affected patients and to report to the California Department of Public Health (CDPH) unauthorized access of two patients' medical information, no later than five days after it had been detected. (Patients 1 and 2)	A 021		
	Findings  1. 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			

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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.	A 021			

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