

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  060057	(X2) MULTIPLE CONSTRUCTION A BUILDING B WING	(X3) DATE SURVEY COMPLETED  08/12/2015
NAME OF PROVIDER OR SUPPLIER  Kaweah Delta Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W Mineral King Ave, Visalia, CA 93291-4237 TULARE COUNTY		
(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
	<p>The following reflects the findings of the Department of Public Health during a complaint/breach event visit.</p> <p>Complaint Intake Number: GA00423333 - Substantiated</p> <p>Representing the Department of Public Health, Surveyor ID # 32948</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>Health and Safety Code 1280.15(i)(1)(3)</p> <p>(i) For purposes of this section, the following</p>		<p>The statements made on this plan of correction are not an admission and do not constitute agreement with the alleged deficiencies herein.</p> <p>The Plan of Correction constitutes Kaweah Delta Health Care District's written credible allegation of compliance for the deficiencies noted.</p> <p>060057 Kaweah Delta Health Care District (District) has taken action to prevent recurrence of the deficient practice, including: A001 PLAN OF CORRECTION: A notification letter was sent to the patient affected by the breach.</p> <p>The staff member who committed the breach was placed on administrative leave.</p> <p>The staff member who committed the breach was terminated from employment at Kaweah Delta.</p> <p>Kaweah Delta continues to educate staff regarding the importance of safeguarding protected health information. Education mechanisms include, but are not limited to: -New Hire Orientation -Department specific education -Annual Compliance and Privacy Exam -Environmental rounds -Employee newsletter -All staff e-mails</p>	<p>12/11/2014</p> <p>12/08/2014</p> <p>12/09/2014</p>

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* (X6) DATE: 1-15-16

By signing this document, I am acknowledging receipt of the entire citation packet, *[Signature]*

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 dischargeable 30 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 dischargeable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continued program participation.

*[Signature]* For accepted 1/15/16

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  080057	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  06/12/2015
NAME OF PROVIDER OR SUPPLIER  Kaweah Delta Medical Center			STREET ADDRESS, CITY, STATE, ZIP CODE 400 W Mineral King Ave, Visalia, CA 93281-8237 TULARE COUNTY		
(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	
	<p>definitions shall apply:</p> <p>(1) "Reported event" means all breaches included in any single report that is made pursuant to subdivision (b), regardless of the number of breach events contained in the report.</p> <p>(2) "Unauthorized" means the inappropriate access, review, or viewing of patient medical information without a direct need for medical diagnosis, treatment, or other lawful use as permitted by the Confidentiality of Medical Information Act (Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code) or any other statute or regulation governing the lawful access, use, or disclosure of medical information.</p> <p>Based on interview and record review, the hospital failed to prevent unauthorized access, disclosure, or use of one patient's (Y) electronic medical record (EMR). This failure resulted in an intentional breach of Patient Y's medical information by health care provider(s) not involved in Patient Y's medical care.</p> <p>Findings:</p> <p>During a review of the faxed Self-Reported Breach dated 12/11/14, the Compliance and Privacy Officer (CPO) received a notification from Nurse Manager (NM) 1 regarding a privacy breach and confidentiality concerns raised by Patient Y. Patient Y stated to the NM she had concerns that the Registered Nurse (RN 1) might have accessed her medical information. Patient Y stated that during her stay at the hospital she saw RN 1</p>		<p>MONITORING: Mental Health Department education was provided related to HIPAA Privacy, accessing information on a need to know basis, fines and penalties, and loss of access and termination.</p> <p>MONITORING: Compliance Dept performs regular audits of user access. Using the privacy monitoring tool Fairwaring, a daily report is generated and user access reviewed by the Compliance Department to identify potential breaches.</p> <p>The Compliance Department reports the results of the monitoring activities bi-monthly and quarterly to the Compliance Committee and Board of Directors, respectively.</p> <p>RESPONSIBLE PARTY: The Compliance and Privacy Officer is responsible for implementation of the Plan of Correction.</p>	<p>01/05/2015</p> <p>12/01/2015</p> <p>Ongoing</p>	

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