## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

AND PLAN OF CORRECTION IDE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  051317	A. BUILDING B. WING	E CONSTRUCTION	COMPLETED	
NAME OF P	ROVIDER OR SUPPLIER		ESS, CITY, STATE, ZIP			
St. Helen	a Hospital - Clearlake	15630 18th A	ve, Clearlake, CA	95422-9336 LAKE BUN LAC Santa Rosa D.	0.	
(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)		
	-	the findings of the Department g a complaint/breach event				
	Complaint Intake Num CA00251830 - Substa					
	Representing the Depa Surveyor ID # 27294, I	artment of Public Health: HFEN				
		ited to the specific facility does not represent the trion of the facility.				
	clinic, health facility hospice licensed pur 1725, or 1745 si unauthorized access	to, and use or disclosure of,				
	subdivision (g) of So and consistent w department, after in	information, as defined in ection 56.05 of the Civil Code ith Section 130203. The ivestigation, may assess an for a violation of this section				
	of up to twenty-five patient whose medic or without authoriz	thousand dollars (\$25,000) per cal information was unlawfully zation accessed, used, or to seventeen thousand five				
	occurrence of unlay	of that patients' medical		DECE	[VE] 7 2015	
	Penalty Number: 1100 A 017 1280.15(a) He	11005 ealth & Safety Code 1280		CDPH Santa Ro	L&C	
vent ID:7	Continue To	<u> </u>				

By signing this document, I am alknowledging receipt of the entire citation packet, Page(s). 1 thru 4

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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State-2567

5/28/15 POL accepted by W. Mason, HEEM,
02,0: 26821 Notified Robbin M. Fourt & 4:10 D. Maracceptal: WOJA

## CALIFORNIA HEALTH AND HUMAN SERVICES SENCY DEPARTMENT OF PUBLIC HEALTH

AND PLAN OF CORRECTION IDE		(X1) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER 051317	(E)(1)		(X3) DATE SURVEY COMPLETED 01/31/2012	
	PROVIDER OR SUPPLIER na Hospital - Clearlake	100.20	EET ADDRESS, CITY, STAT 30 18th Ave, Clearlake	TE, ZIP CODE D, CA 95422-9336 LAKE COUNT	Y	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (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, agencies, 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.  Based on staff interviews, and record review, the facility violated Health and Safety Code section 1280.15 when it failed to safeguard Patient 1's medical information according to the facility's policy and procedure to prevent disclosure of medical			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
			4, 1250, uthorized patients' on (g) of tent with after penalty enty-five whose without and up dolfars awful or of that of the der the tospice's dother ulations, iolations correct or, and ed the on. The sider all of an ew, the section ent 1's sopolicy	CDP	HL&C Ccsa D.O.	

Page 2 of 4

## CALIFORNIA HEALTH AND HUMAN SERVICES . ... ENCY

[2] 1일		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 051317	- Factor 19 (Cont.)	A BUILDING		(X3) DATE SURVEY COMPLETED  01/31/2012	
Language and Company of the Control			FREET ADDRESS, CITY, STATE, ZIP CODE 630 18th Ave, Clearlake, CA 95422-9336 LAKE COUNTY				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES  Y MUST BE PRECEEDED BY FULL  LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
	information from personal use.  Findings:  On 12/10/10 at Department of Public from the facility the information had occur.  During an interview again on 01/31/12, 12/07/10, she receit family member of Pabelonging to Patient of Staff C. Administrative Staff Administrative Staff Administrative Staff together, it was detected belonging to A stated the original chart and the carbon a separate locked staff A stated a while aghad been problem Department records decided to copy the stated	or on 01/21/11 at 9 a.m., Administrative Staff A stated a telephone call from atient 1 stating a medical red 1 had been found in the hirative Staff A stated she as a ser to bring the record A's office at the face of A stated she noting.  B. After reviewing the record was original Emergency Department 1. Administrative States are filled in the paties of the report was filled to copy of the report was filled to copy of the remaining strative.	rnia port ealth  and on n a cord ome oked to illity fied cord s a nent Staff ere ency cility ords	JUL -			
	every month the	Administrative Staff A statemengency department recomments and were pulled	cord	COPI	HL&C csa D.O.		

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIE AND PLAN OF CORRECTION IDENTIFICATION NUM			The second secon		ONSTRUCTION	(X3) DATE SURVEY 2015		
O51317			A. BUILDING			CD	1/31/2692	
	ROVIDER OR SUPPLIER a Hospital - Clearlake	1,000	REET ADDRESS, CIT		DE \$22-9336 LAKE COUNTY	J. Saliia	Rosa D.U.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION		7.	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE C TAG REFERENCED TO THE APPROPRIATE DEFIC		OULD BE CROSS-	(X5) COMPLETE DATE	
		ted since Staff C was a		a.	A letter of explanation apology, was sent to the involved.		12/14/16	
	pull the six month destroy them.  During an interv Administrative Staff 12/09/10, who administrative for her own B stated Staff C si	iew on 01/21/11 at Staff B stated sh A had a meeting with Shitted she had taken the personal use. Administrated she was aware they's policy to remove	9:30 a.m., ne and taff C on e records stilve Staff at it was	b.	As all patients have the beaffected by the inexactions of staff members deliberately violate dephospital policies, reminissued to all employees them that patient privaconfidentiality is a top violators will be dealt appropriately.	cusable ers who partment and nders were is reminding cy and priority and with	12/14/10	
	records from the that staff are requipatient's health info not see any proble going to be destro	facility without authorizatived to maintain confider formation. Staff C stated m taking the record since yed anyway. Administrative terminated immediately	tion, and ntiality of she did to it was	c.	There were already po- procedures in place to patient privacy and cor This employee made a choice to ignore polici- remove a copy of patie The employee was terr immediately following	ensure infidentiality deliberate es and int's record. ininated	(d)4110	
	Records, dated 6/19 last being 11/11, not be taken out receipt of a sub specific written au offices, and any in the possession of the	by's policy for Removal of 993 and reviewed every indicated medical recor- side the hospital exce- poena, court order, signification of the admit formation of a medical of the facility must not be a hospital or the chart except as outlined a	year, the rds shall spt upon tatue or inistrative nature in revealed removed	d.	and confidentiality info the time of hire, during All employees complet Training that also inclu- and confidentiality info Violations are met with up to and including ten The HIM department nemphasized strictly fol procedures regarding to of patient confidentiali- privacy.	ormation at corientation. te an Annual ides HIPAA ormation. in discipline, mination. manager lowing the protection ty and	12/01/0	
				е.		icles and le to be	12/9/10	

CDPH L&C Santa Rosa D.O.