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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>056389</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ <i>Construction &amp; Certification East Bay District Office</i>	(X3) DATE SURVEY COMPLETED  <b>01/17/2014</b>
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NAME OF PROVIDER OR SUPPLIER <b>Vale Healthcare Center</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>13484 San Pablo Ave, San Pablo, CA 94806-3904 CONTRA COSTA COUNTY</b>
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	<p>The following reflects the findings of the Department of Public Health during a complaint/breach event visit:</p> <p>Complaint Intake Number: CA00380202 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 27406, HFEN</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>Based on observation, interview and document/record review the facility failed to safeguard confidential medical and financial</p>		<p><i>This plan of correction constitutes a written credible allegation of compliance for the deficiencies noted. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>Resident #1 no longer resides in facility. Facility filed charges against the individual involved. Rein-service education was provided to the receptionist regarding safeguarding HIPAA Protected Health Information (PHI) with a focus on ensuring that Account Payable documentation is secured at all times.</p> <p>Random checks were conducted by Administrator and Director of Nursing to ensure HIPAA protected medical information is being safeguarded as per regulations. No further issues noted.</p> <p>Administrator and Director of Staff Development will conduct in-service education with facility staff regarding ensuring that HIPAA Protected Health Information (PHI) is being safeguarded.</p>	<p>4/25/14</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*[Handwritten Signature]*

TITLE

*Administrator*

(X6) DATE

*4/10/14*

By signing this document, I am acknowledging receipt of the entire citation packet, Page(s) 1 thru 7

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.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

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	<p>information for 180 of 219 sampled residents (Resident 1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 14, 16,17,18,19, 20, 21, 22, 23, 25, 26, 28, 29, 30, 31, 33, 34, 35, 36, 38, 39, 41, 42, 43, 44, 45, 46, 48, 49, 50, 53, 54, 55, 56, 57, 59, 60, 61, 62, 63, 65, 66, 67, 68, 69, 70, 72, 73, 74, 75, 76, 78, 79, 81, 83, 85, 86, 87, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 103, 104, 105, 106, 107, 108, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 124, 125, 126, 127, 129, 130,131, 133, 134, 136, 137, 138, 139, 140, 141, 142, 144, 145, 146, 147, 148, 150, 151, 152, 153, 154, 155, 156, 157, 159, 160, 161, 162, 163, 164, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 183, 184, 186, 187, 188, 189, 190, 191, 192, 193, 194, 196, 198, 200, 202, 203, 204, 205, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, and 217) by keeping accordion files containing residents' personal and financial records at an unattended and unsecured reception desk located at the main entrance to the facility. The files were stolen by a visitor on 10/31/13.</p> <p>This failure resulted in 180 residents being placed at risk for unauthorized disclosure of their PHI (Personal Health Information - also referred to as protected health information, generally refers to demographic information, medical history, test and laboratory results, insurance information and other data that is collected by a health care professional to identify an individual and determine appropriate care) and at risk for identity theft.</p> <p>Findings:</p>		<p>This in-service also included that the doors will be locked at 8pm and no one will be allowed to enter facility unless authorized by Administrator or Director of Nursing. Administrator will conduct in-service education with evening nursing supervisors and evening janitors to ensure that all doors are locked and secured after visiting hours daily. Administrator will conduct in-service education with the receptionists regarding ensuring HIPAA Protected Health Information (PHI) is being safeguarded with a focus on ensuring that Account Payable documentation is secure at all times. Department managers and nursing management team will continue to conduct Ambassador rounds with a focus of ensuring HIPAA Protected Health Information (PHI) is being safeguarded with follow up if indicated.</p> <p>Administrator and Director of Nursing will conduct facility rounds randomly to ensure HIPAA Protected Health Information (PHI) is being safeguarded with follow up if indicated. Findings during Ambassador Rounds will be reviewed during the morning stand up meeting with follow up if indicated.</p> <p>Findings and trends identified during the HIPAA rounds will be reviewed by the QA &amp; A committee monthly for one year or until compliance is sustained.</p>	

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	<p>During an interview on 12/6/13 at 5:10 p.m., Resident 1 asked for an explanation of a letter she received from the facility. The letter was dated December 1, 2013, and it was a notification to Resident 1 of the breach (unauthorized disclosure) of her PHI. Resident 1 stated she asked the staff for help with interpreting the contents of the letter and for assistance with contacting the credit reporting bureaus mentioned in the body of the letter.</p> <p>In an interview on 12/6/13 at 5:20 p.m. the administrator stated that two (2) accordion files containing 221 residents' information was stolen by Visitor 1, a family member of a recently deceased resident (Resident 2), during the late evening on 10/31/13. The files were stored at an unattended reception desk located at the main entrance door of the facility. The administrator stated there were no security guards on the grounds or on duty at the facility during that time of night. On 1/17/14 at 12:30 p.m., during a telephone interview the administrator confirmed that 219 residents information was stolen and not 221, as previously reported.</p> <p>The administrator indicated that the personal health information that was breached included resident names, addresses, phone numbers, social security numbers, dates of birth, medical record numbers, physician names, room numbers, dates of service, lab tests, radiologic tests, ICD-9 diagnostic codes (coding system using numbers to identify resident diagnoses for billing) and insurance billing information.</p>		<b>BLANK PAGE</b>	

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	<p>Document review showed that the administrator had a created a list of 219 residents whose information had been stolen. Of the 219 residents' information stolen, 180 residents' information contained PHI (Protected Health Information). The list included resident names, responsible party and what information was breached for each resident.</p> <p>The facility list of the residents' confidential information breached showed:</p> <p>1. Residents 1 and 20's confidential information breached included name, medical and behavioral diagnoses and billing detail.</p> <p>2. Residents 2, 3, 5, 6, 7, 9, 10, 11, 12, 14, 16, 17, 18, 19, 21, 22, 23, 25, 26, 28, 29, 31, 33, 34, 36, 38, 41, 42, 43, 44, 45, 46, 48, 49, 50, 53, 54, 55, 56, 57, 59, 60, 61, 62, 63, 65, 66, 67, 68, 69, 70, 73, 74, 75, 76, 78, 79, 81, 83, 85, 86, 87, 89, 90, 91, 92, 93, 94, 95, 97, 98, 99, 101, 103, 107, 108, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 122, 125, 126, 127, 129, 130, 131, 134, 136, 137, 138, 140, 141, 145, 146, 147, 148, 150, 151, 152, 154, 155, 156, 159, 160, 161, 162, 163, 164, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 177, 178, 179, 180, 181, 183, 184, 186, 187, 188, 190, 191, 192, 193, 195, 196, 197, 198, 202, 205, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, and 217's confidential information breached included name and billing details.</p> <p>3. Resident 8, 30, 35, 39, 72, 96, 100, 104, 124, 133, 139, 144, 153, 157, 176, 189, 194, 200, and</p>		<b>BLANK PAGE</b>	

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	<p>204's confidential information breached included name, social security number, date of birth, diagnosis, Medicare number, and phone number.</p> <p>In a subsequent interview on 1/6/14 at 9:30 a.m., the administrator stated that the accordion files should have been in a locked and secured place. The administrator stated that Staff Member 1 reported to her that it was the normal practice to leave the according files unsecured at the reception desk and that she was taught this practice when first employed at the facility. The administrator conveyed that Staff Member 1 was immediately counseled and inserviced regarding the proper storage and securing of residents personal health information.</p> <p>In an interview on 1/8/14 at 3:50 p.m., Staff Member 1 said that the accordion files were always kept at the reception desk and were stored there when hired in March 2013. Staff Member 1 stated the files contained invoices of bills to be paid by the facility, resident names, W-9s (tax forms), diagnoses codes and lab tests. Staff Member 1 said that the information was returned to the facility by the police in one large bag and that not all of the documents were returned. She tried to account for all the documents on her master list and noted that some of the documents were missing. When asked if she knew what documents were not accounted for Staff member 1 stated, "I don't know", as she was terminated from employment at the facility after the incident.</p> <p>Review of the Police Report, dated 11/14/13 at 2:28</p>		<b>BLANK PAGE</b>		

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	<p>p.m., showed the following information regarding the case. The facility administrator contacted the local police department on 11/14/13 to report facility documents were stolen during the night of 10/31/13. The suspect (Visitor 1) claimed to be a family member of Resident 2, who had recently passed away at the facility. Visitor 1 gave facility staff an alias and asked staff for Resident 2's wallet, identification, money and other personal belongings. Visitor 1 was informed by staff that she was not listed as the responsible party in Resident 2's medical record, and could not have the items requested and that the items would be released to the individual listed in Resident 2's record. Visitor 1 became upset and argued with staff until they were able to calm her down and ask her to leave the facility. Visitor 1 asked if she could wait inside the facility until her ride came. The staff agreed and allowed her to wait at the reception desk where the two (2) accordion files were kept. The report showed that while walking through the halls and making her rounds, CNA 1 (Certified Nursing Assistant 1) saw Visitor 1 sitting behind the reception desk and leaning down but was unable to see what she was doing and thought nothing of it and continued her rounds. On 11/1/13 the facility administrator was notified that the files containing vendor payment forms, W-9's and other miscellaneous documents containing residents' personal and financial information was missing. The administrator was advised by CNA 1 of Visitor 1's presence in the facility the previous night, 10/31/13, and that she was allowed behind the reception desk where the accordion files were stored. CNA 2 advised the administrator that she saw Visitor 1 in</p>		<b>BLANK PAGE</b>		

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	<p>the parking lot holding two files when leaving the facility on 10/31/13. It was discovered that the confidential files were in the home of a family member of Visitor 1. The police were able to retrieve the files and return them to the facility. The report showed that the information contained in the files had been rummaged through and thrown into one bag after taken from the facility by Visitor 1.</p> <p>Review of the facility's "Confidentiality" Policy and Procedure (P&amp;P), revised March 2004, showed:</p> <p>POLICY- "All resident, personnel, and financial information are considered confidential. This confidential information, whether written, verbal, or electronic, should not be revealed to anyone without legal due process or in accordance with Resident Rights"</p> <p>Definitions- Designated Record Set (DRS) paragraph 2- Our residents have a right to privacy of their protected health information. Confidentiality encompasses the spectrum of health information. Employees must keep residents' medical, financial and social information confidential except as permitted for continuity of care.</p> <p>Review of the facility's "Uses &amp; Disclosures of Protected Health Information" policy and procedure dated 12/18/2002 showed, "Protected Health Information must be safeguarded against loss and unauthorized access, use and destruction."</p>		<i>BLANK PAGE</i>	

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