AUG 2.6 2013

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
		557183	B. WING		CANEL O	11/2	1/2012	
	ROVIDER OR SUPPLIER CARE HOME HEALTH OF (STREET ADDRESS 1065 E Hillsdak			r City, CA 94404-1688 SAN	MATEO COU	NTY	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) The following reflects the findings of the Department of Public Health during a complaint/breach event visit: Complaint Intake Number: CA00330806 - Substantiated Representing the Department of Public Health: Surveyor ID # 23106, HFEN				PROVIDER'S PLAN OF CORRECT H CORRECTIVE ACTION SHOULD E RENCED TO THE APPROPRIATE DI	E CROSS-	(X5) COMPLETE DATE	
10° 10°				inform deface unauth design process	orized persons the ED/I ee will maintain the s: liate:	inst loss, use by DPCS or following		
	The inspection was limevent investigated and findings of a full inspection. Health and Safety	ited to the specific facility does not represent the tion of the facility. Code Section 1280.15(a) A		notifyir disclos Califor recomr privacy	er was sent to all patients ing them of the una cure along with a letter mia Office of Privacy Prot mendations for protection in the event their ion is compromised.	from the ection on ng their	10/25/12	
	hospice licensed pur 1725, or 1745 s	n, home health agency, or suant to Section 1204, 1250, hall prevent unlawful or to, and use or disclosure of, information, as defined in	Transmission of the second of	by pl unauth	ehab Director contacted the none to inform them orized disclosure with instr protection recommendation	of the uction on	10/25/12	
	and consistent widepartment, after in administrative penalty of up to twenty-five patient whose medicor without authoritisclosed, and up	to seventeen thousand five		safegua followi	ion of PHI in the field. Clinicians will only carrecords needed for that of	and the regarding ry patient lay.	11/7/12	
	occurrence of unlavuse, or disclosure information.	(\$17,500) per subsequent vful or unauthorized access, of that patients' medical Safety Code 1280(a) for failure		3.	closed folder at all tim clinician's physical co- locked out of sight clinician's vehicle. PHI that does not jeopa	es in the ontrol or in the		
		orized disclosure of patients'			safety of the patient removed or obscured in record.			
Event ID:4	FIG11	8/5/2013	11:20	D:57AM				
LABORATO	//	DER/SUPPLIER REPRESENTATIVE'S SIGN		ninist		X6) DATE -23-/3		

By signing this document, am acknowledging receipt of the entire citation packet, Page(s). 1 thru 8

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

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.

State-2567

Page 1 of 8

INMME OF PROVIDER OR SUPPLIER ACCENTCARE HOME HEALTH OF CALIFORNIA, INC. STAREST ADDRESS, CITY, STATE, ZP CODE SECONDATION OF CONTROL OF CITY, STATE, ZP CODE SECONDATION OF CONTROL	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C AND PLAN OF CORRECTION IDENTIFICATION NUMBER				(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
ACCENTCARE HOME HEALTH OF CALIFORNIA, INC. (A4) ID SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION) DPREFIX REQULATORY OR LSC IDENTIFYING INFORMATION) TO ensure the agency shall safeguard the information in the record against loss, deficiencent, tampering or use by unlawful or unauthorized access to, or use or disclosure of, a patient's medical information to the affected patients or patients' representative at the last known address, no later than five days after the unlawful or unauthorized access, use, or disclosure of the patients' representatives in a timely manner of the unlawful or unauthorized access, use, or disclosure of the patients' medical information. 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 authorized access, use, or disclosure of that whose medical information was unlawfully or without authorized access, use, or disclosure of that whose 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 authorized access, use, or disclosure of patients' medical information was unlawfully or without authorized necessed used, or disclosure of that whose medical information was unlawfully or without authorized necess, us	557183							11/2	11/21/2012	
ACCENTCARE HOME HEALTH OF CALIFORNIA, INC. (A4) ID SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION) DPREFIX REQULATORY OR LSC IDENTIFYING INFORMATION) TO ensure the agency shall safeguard the information in the record against loss, deficiencent, tampering or use by unlawful or unauthorized access to, or use or disclosure of, a patient's medical information to the affected patients or patients' representative at the last known address, no later than five days after the unlawful or unauthorized access, use, or disclosure of the patients' representatives in a timely manner of the unlawful or unauthorized access, use, or disclosure of the patients' medical information. 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 authorized access, use, or disclosure of that whose medical information was unlawfully or without authorized access, use, or disclosure of that whose 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 authorized access, use, or disclosure of patients' medical information was unlawfully or without authorized necessed used, or disclosure of that whose medical information was unlawfully or without authorized necess, us	NAME OF PR	OVIDER OR SUPPLIER	I	STREET ADDRESS	CITY STATE	ZIP CODE				
## CECHO DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Health & Safety Code (b)(2), "A clinic, health facility, agency, or hospice shall also report any unlawful or unauthorized access, 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 days after the unlawful or unauthorized access, use, or disclosure has been detected by the clinic, health facility, agency, or hospice." The CDPH verified that the agency informed the affected patients or patients' representatives in a timely manner of the unlawful or unauthorized access, use, or disclosure of, the unlawful or unauthorized access, use, or disclosure of the patients' medical information. 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 130203. The department, after investigation, may assess an administrative penalty for a violation of this section of up to the well-reflected to the CMP committee and reporting to PAC on a quarterly basis. Clinicians not complying with the actions necessary to protect PH will be dissiplined.	ACCENTO		CALIFORNIA,				City, CA 94404-1688 SAN	MATEO COU	NTY	
Health & Safety Code (b)(2), "A clinic, health facility, 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 days after the unlawful or unauthorized access, use, or disclosure has been detected by the clinic, health facility, agency, or hospice." The CDPH verified that the agency informed the affected patients or patients' representatives in a timely manner of the unlawful or unauthorized access, use, or disclosure of the patients' medical information. 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 disclosure of that unduforized access, use, or disclosure of that unduforized persons the ED/DPCS or designeewill maintain the following process: Long Term: 1) IT system modified the software system to ensure that face sheets with patient's social security number and Medicare number masked. 2) Annual in-service will be provided to the staff regarding protection of our patient's PHI 3) All staff will be required to view a training video on PHI and pass a test to demonstrate competency. 4) Audit 10% sample of clinicians report 100% compliance in safeguarding patient's PHI. Monitoring Process: The Clinical Supervisor will maintain the following process: Long Term: 1) IT system modified the software system to ensure that face sheets with patient's social security number and	PREFIX	(EACH DEFICIENCY	MUST BE PRECEEDED BY	FULL	PREFIX		H CORRECTIVE ACTION SHOULD E	BE CROSS-	COMPLETE	
to seventeen thousand five hundred dollars (\$17,500) per subsequent occurrence of unlawful or unauthorized access, use, or disclosure of that reporting to PAC on a quarterly basis. Clinicians not complying with the actions necessary to protect PHI will be disciplined		facility, agency, or hunlawful or unauthor disclosure of, a patie affected patient or the last known address the unlawful or undisclosure has been facility, agency, or hosport of the CDPH verified affected patients or timely manner of access, use, or discrimformation. 1280.15(a) Health & Salancess to, and us medical information, section 56.05 of the Section 130203, investigation, may as for a violation of the thousand dollars (smedical information).	rispice shall also prized access to, ent's medical inform the patient's repress, no later than fiven authorized access detected by the coice." That the agency is patients' represent the unlawful or elected afety Code 1280 accility, home health insuant to Section are event unlawful or elected as defined in subdictivic Code and control of the departments are section of up to \$25,000) per patients and accility as unlawfully	report any or use or ation to the sentative at e days after s, use, or clinic, health informed the atives in a unauthorized ints' medical agency, or 1204, 1250, unauthorized of, patients' vision (g) of insistent with ent, after after whose or without		informa defacem unautho designed process: Long Tellong Tellon	tion in the record against lotent, tampering or use by rized persons the ED/DPC will maintain the following will maintain the following will maintain the following the will be system to ensure that fact with patient information a printed with the patient's security number and Medianumber masked. Annual in-service will be provided to the staff regat protection of our patient's All staff will be required a training video on PHI at a test to demonstrate come Audit 10% sample of cline every 4 weeks regarding taken into the field at the meetings until the clinicial report 100% compliance is safeguarding patient's PHI ing Process: All supervisor will monitor in the process: All supervisor will monitor in the process will be provided to the staff regation of the process will be provided to the staff regation of the process will be provided to the staff regation of the process will be provided to the staff regation of the process will be provided to the staff regation of the process will be provided to the staff regation of the process will be provided to the staff regation of the process will be provided to the staff regation of the process will be provided to the staff regation of the process will be provided to the staff regation of the process will be provided to the staff regation of the process will be provided to the staff regation of the process will be provided to the provided to the pro	oftware e sheets are social dicare ding s PHI to view and pass petency dicians PHI IDCC duns in II.	Ongoing Ongoing Ongoing	
		to seventeen thou (\$17,500) per subseq unauthorized access,	isand five hundr juent occurrence of use, or disclosu	red dollars unlawful or ire of that		reporting Clinician necessar	g to PAC on a quarterly bas as not complying with the a by to protect PHI will be dis-	is. ctions		

AUG 2 6 2013

Shala di Chebini

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTII		TRUCTION	(X3) DATE SURV COMPLETE		
		557183		B. WING			11/21	/2012
NAME OF PROVIDER OR SUPPLIER ACCENTCARE HOME HEALTH OF CALIFORNIA, INC. STREET ADDRESS 1065 E Hillsdale						er City, CA 94404-1688 SAN	MATEO COUN	ITY
(X4) ID PREFIX TAG						PROVIDER'S PLAN OF CORRECT CH CORRECTIVE ACTION SHOULD B ERENCED TO THE APPROPRIATE DI	BE CROSS-	(X5) COMPLETE DATE
	investigation, the declinic's, health facil history of compliance related state and fee the extent to which and took preventative and prevent past of factors outside its facility's ability to department shall have factors when deter administrative penalty. CCR Title 22 DIV 50 Health Records Available (b) The agency shat the record against I use by unauthorized per CCR Title 22 DIV Patient Rights (d) Confidentiality of meaning (1) The patient has to clinical records main agency. (2) The home heap patient of the agency regarding disclosure of these regulations were	partment shall of ity's, agency's, on with this section deral statutes and the facility detected action to immediate action to immediate action to immediate control that resomply with this see full discretion to immining the amorpursuant to this section. CH6 ART 4 - 74731 bility Il safeguard the interest of the sections. 5 CH6 ART4 - 747 edical records. The right to confider intained by the health agency must not income and folinical records.	consider the report hospice's and other regulations, and violations ately correct curring, and stricted the section. The consider all unt of an on. (b) Patients' Iformation in ampering or 43(d) (1)(2) Initiality of the name health advise the procedures					
	Based on interview failed to safeguard six							
Event ID:4F	FIG11		8/5/2013	11:2	0:57AM			

and the first of the

AUG 2 6 2013

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER				(X3) DATE SURVEY COMPLETED		
557183						11/21/2012
	OVIDER OR SUPPLIER ARE HOME HEALTH OF C	ALIFORNIA,	STREET ADDRESS, 1065 E Hillsdale		ZIP CODE 00, Foster City, CA 94404-1688 SAN	MATEO COUNTY
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL				PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD & REFERENCED TO THE APPROPRIATE D	BE CROSS- COMPLETE
	5, and 6) Protected about a patient's pas plans for future information for that identify the patient) left these six patie unsecured in her pe burglarized. The inforincluded patients' na and treatments that agency or had recoproviders.	t or present medical medical care, of care that could be when a clinician ents' records unattersonal vehicle whice mation stolen from the ames, diagnoses, they were to receive	al condition, r payment be used to (Clinician 1) tended and h was then her vehicle medications, ve from the			
	In addition, these red Security Numbers, da numbers, names and other emergency information. This infortheft. Identity theft Social Security Numobtain credit, medical In 2011 there were theft in the U.S. and (State of California, Inthe Attorney Ger accessed on 1/17/13).	ates of birth, address phone numbers of contacts, and rmation can be use is using someo nber, or account al services, or com 11.6 million victims over one million i	relatives or insurance d in identity ne's name, number to mit crimes. of identity n California. ee, Office of		200	
	Findings:				AUG 2 6 201	3
	During an interview 4:05 p.m., she said watching a football restaurant employees description (of her v customer reported that	she was at a loca game with a f approached her ta ehicle) and telling	riend when ble giving a her another		*AC ***	4
Event ID:4F	IG11		8/5/2013	11:2	20:57AM	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 557183			(X2) MULTIP		TRUCTION	(X3) DATE SUR COMPLETE		
		B. WING			11/21	/2012		
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRESS,	CITY, STATE, ZI	P CODE			
ACCENTO INC.	ARE HOME HEALTH OF C	ALIFORNIA,	1065 E Hillsdale I	Blvd Suite 10	0, Foste	r City, CA 94404-1688 SAN	MATEO COUN	ITY
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG		PROVIDER'S PLAN OF CORRECT CH CORRECTIVE ACTION SHOULD B PRENCED TO THE APPROPRIATE DI	BE CROSS-	(X5) COMPLETE DATE
	smashed windows. Clinician 1 further state of her SUV (Sport Uthe rear cargo area following items had be patients' paper medic computer; a bag use added that her dog (vehicle at the time and Clinician 1 said she medical records in Igoing to spend the was near where she was near where the polician of the other auther of the other auther while they we wictim of the other auther while they was near window had be outside to check the bags in the rear cargothese bags contained and a GPS (Global based navigation synexact location and give	Itility Vehicle) was (there is no trunk, een stored: her clot cal records; her fried on a recent hiking a Golden Retriever) was unharmed. Put the bag with their vehicle because hight at a friend's bould be working their vehicle because high at a friend's bould be working their restaurant parking. On 10/22/12 at a parked and locked riving lot. She and taurant. At approximate inside the restaurant parking on the parking of the proximate in side the restaurant parking. The site of the parking of th	broken over) where the oth bag with end's laptop ing trip. She) was in the the patients' se she was home which next day. report of 10/22/12 at d her friend ing the other lot and told approximately her vehicle d her friend mately 7:15 staurant, the d them their They went oticed three olen. One of I information em, satellite			AUG 2 6 2013		
Event ID:4	FIG.11	A	8/5/2013	11:2	D:57AM			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X2) MULTIPLE CONSTRUCTION (X3) DATE SUR COMPLETE		
557183				A. BUILDING B. WING	,	11/21/2012
NAME OF PROVIDER OR SUPPLIER ACCENTCARE HOME HEALTH OF CALIFORNIA, INC. STREET ADDRESS. 1065 E Hillsdale					ZIP CODE 00, Foster City, CA 94404-1688 SAN	MATEO COUNTY
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS- COMPLETE
	psychiatric diagnos psychotropic medica weight; Social Security Patient 2: Name; da phone number; nar number; medical dia an acute care hospit which included m received from physic	was received from ed the following: ate of birth; home medical diagnoses es; medications, titions; allergies; Number. ate of birth; home mes of relatives gnoses; medical medications taken, all and occupational medications and a Sociate of birth; home we's name and phoweight; insurance	address and including height and address and and phone ecords from irrsing facility treatments at therapists, at Security			
	Patient 4: Name; da phone number; relationed diagnoses; that were faxed to a medical history and medications, labora records from a sincluded occupational therapy evaluations insurance information;	we's name and pho medical records fr skilled nursing faci examination, exten tory test result skilled nursing fa I therapy evaluatio and treatments	one number; om a clinic lity including sive lists of s; medical cility which ns, physical , allergies,		AUG 2 6 20	N.
Event ID:4F	IG11		8/5/2013	11:2	20:57AM	

PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS- COMP	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER.			(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SUR COMPLETE		
ACCENTCARE HOME HEALTH OF CALIFORNIA, INC. (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DAG Patient 5: Name; date of birth; home address and phone number; relative's name and phone numbers; medical diagnoses; records from a hospital which included, medical history and examination, family history, medications, laboratory test results, beight and weight; records from a specialty pharmacy; insurance information; Social Security Number. Patient 6: Name; date of birth; home address and phone numbers; medical diagnoses; outpatient records from a medical center including a medical history, physical examination, medications; records from a skilled nursing facility including diagnoses, allergies, dietary restrictions, medications, physical and occupational therapy evaluations, insurance		*	557183	B. WING	William Control of the Control of th	11/21	/2012	
INC. (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Patient 5: Name; date of birth; home address and phone number; relative's name and phone numbers; medical diagnoses; records from a hospital which included, medical history and examination, family history, medications, laboratory test results, bladder function status, allergies, x-ray results, height and weight; records from a specialty pharmacy; insurance information; Social Security Number. Patient 6: Name; date of birth; home address and phone number; relative's name and phone numbers; medical diagnoses; outpatient records from a medical center including a medical history, physical examination, medications; records from a skilled nursing facility including diagnoses, allergies, dietary restrictions, medications, insurance	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Patient 5: Name; date of birth; home address and phone number; relative's name and phone numbers; medical diagnoses; records from a hospital which included, medical history and examination, family history, medications, laboratory test results, bladder function status, allergies, x-ray results, height and weight; records from a specialty pharmacy; insurance information; Social Security Number. Patient 6: Name; date of birth; home address and phone number; relative's name and phone numbers; medical diagnoses; outpatient records from a medical center including a medical history, physical examination, medications; records from a skilled nursing facility including diagnoses, allergies, dietary restrictions, medications, physical and occupational therapy evaluations, insurance		CARE HOME HEALTH OF C	CALIFORNIA, 1065 E Hills	dale Blvd Suite	100, Foster City, CA 94404-168	8 SAN MATEO COUI	NTY	
phone number; relative's name and phone numbers; medical diagnoses; records from a hospital which included, medical history and examination, family history, medications, laboratory test results, bladder function status, allergies, x-ray results, height and weight; records from a specialty pharmacy; insurance information; Social Security Number. Patient 6: Name; date of birth; home address and phone number; relative's name and phone numbers; medical diagnoses; outpatient records from a medical center including a medical history, physical examination, medications; records from a skilled nursing facility including diagnoses, allergies, dietary restrictions, medications, physical and occupational therapy evaluations, insurance	PREFIX	(EACH DEFICIENCY	MUST BE PRECEEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S	SHOULD BE CROSS-	(X5) COMPLETE DATE	
phone number; relative's name and phone numbers; medical diagnoses; outpatient records from a medical center including a medical history, physical examination, medications; records from a skilled nursing facility including diagnoses, allergies, dietary restrictions, medications, physical and occupational therapy evaluations, insurance	*	phone number; relative medical diagnoses; relative medical history, medications bladder function state height and weight; pharmacy; insurance	re's name and phone number records from a hospital white story and examination, fames, laboratory test resultatus, allergies, x-ray resultatus, aspecia	s; ch lly s, ts,				
	3. 3.	phone number; relative medical diagnoses; medical center in physical examination, skilled nursing far allergies, dietary reseand occupational till	re's name and phone number outpatient records from cluding a medical histor, medications; records from acility including diagnose strictions, medications, insuran	s; a y, a s,				
On 11/28/12 at 4:05 p.m., Clinician 1 stated that the instructions she was given from the agency before patients' medical records were stolen from her vehicle were to keep her bag in the trunk and to always make sure the bag is zipped so names and information cannot be seen. She stated there was no locking mechanism on the bag she was given by the agency. She added, she understood it was okay to leave the bag with patients' records in her vehicle when she went to lunch or to dinner. She said it was her practice to take the bag with patients' records into her residence at night.		the instructions she before patients' med her vehicle were to ke always make sure the information cannot be no locking mechanism the agency. She are okay to leave the base vehicle when she we said it was her presented in the said it was her presented in the said in the	was given from the agen lical records were stolen from the pagen in the trunk and the bag is zipped so names a see seen. She stated there were not the bag she was given dided, she understood it was given to lunch or to dinner. Stractice to take the bag were stolen.	m to as soy	AUG 26	2013		
Clinician 1 further stated that after the burglary, she was instructed by the agency to take her bag with				ne				

Commence of the Control of the Control	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLII IDENTIFICATION NU 557183		(X2) MULTII A. BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 11/21/2012	
	OVIDER OR SUPPLIER ARE HOME HEALTH OF C	ALIFORNIA,	STREET ADDRESS, 1065 E Hillsdale I		CIP CODE	MATEO COUN	ITY
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)				PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE (BE CROSS-	(X5) COMPLETE DATE
	Chapter 3, HIPAA Po 4/5/12, "Notice of Attachment 10.1, "A Practices," indicated	A (Health Insurance of includes regularivacy) Education elides, revised in "Safeguarding PH is Our Responsibilities, Number H-Core of its Patients' PH and to reasonably on all or unintention in violation of rederal law." Information Privacy AccentCare Notice under the "How de Information?" se maintain physical	agency was t information be Portability ations about Privacy and April 2012, I (Protected lity" section, d." be Manual, 101, effective indicated, appropriate afeguards to II (Protected attempt to hal Use or AccentCare's poedures or es Manual, 1010, effective in Practices, of Privacy of we protect ction, third in electronic,				
Event ID:4F	 		8/5/2013	11:2	20:57AM		

AUG 2 6 2013