

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

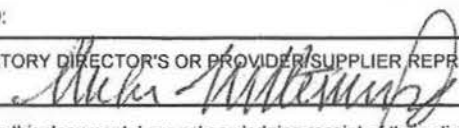
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER Enloe Medical Center - Esplanade		STREET ADDRESS, CITY, STATE, ZIP CODE 1531 Esplanade, Chico, CA 95926-3310 BUTTE 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: CA00302697 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 27945, 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>Health and Safety Code Section 1280.15 (b)(2), "</p>		<p style="text-align: center;">2014 DEC -4 PM 4:03 CORRECTIVE CHICO, CA</p> <p>RECEIVED</p> <p>Corrective Actions Taken:</p> <p>Staff involved in this privacy breach was counseled per our organizational progressive disciplinary process.</p> <p>Staff involved were re-educated on our organizational privacy policy, procedure and practices.</p> <p>Annual privacy/compliance training for all staff which includes specific education on importance of maintaining protection of patient health information.</p> <p style="text-align: right;"><i>Please see next page</i></p>	<p>3/5/12</p> <p>3/5/12</p> <p>Ongoing</p>

Event ID: _____ 9/11/2014 1:00:34PM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



CEO

By signing this document, I am acknowledging receipt of the entire citation packet, Page(s). 1 thru 3

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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	<p>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 business days after the unlawful or unauthorized access, use, or disclosure has been detected by the clinic, health facility, agency, or hospice."</p> <p>The CDPH verified that the facility informed the affected patient(s) or the patient's representative(s) of the unlawful or unauthorized access, use or disclosure of the patient's medical information.</p> <p>During a concurrent interview and record review on 7/19/12 at 1:10 pm, information received from the facility, was reviewed with Privacy Officer A, who related the following:</p> <p>On 3/5/12 at 5 am, the facility discovered that Patient 2's personal health information had been electronically sent via text, by Phlebotomy Technician (Phleb Tech) B to Patient 2, and Phleb Tech C.</p> <p>Patient 2 was admitted to the emergency department on 2/25/12, at 12 am. Phleb Tech B performed a diagnostic test on Patient 2's spinal fluid. At 2:38 pm that afternoon, Phleb Tech B texted Patient 2, "hope you feel better, I'm doing your culture right away and I am wishing you well."</p> <p>On 3/1/12, Patient 2 was approached by Phleb Tech C and stated that Phleb Tech B had texted</p>		<p><u>Corrective Actions Taken Cont:</u></p> <p>Continued surveillance of protected health information processes to assure compliance with privacy regulations.</p> <p>Privacy compliance training for all new Enloe Medical Center staff upon hire prior to working independently.</p> <p>All actual or potential breaches are investigated, and followed up with staff per Enloe Medical Center progressive disciplinary process.</p> <p><u>Monitoring:</u> Compliance and Quality Management will continue to monitor incident reports, staff accounts, patient concerns, compliance hotline calls for any issue that is identified as a potential privacy concern. These events are investigated for adherence to policy and procedure as well as reporting requirements. Any inappropriate findings are communicated to the appropriate manager for follow-up per Enloe Medical Center's progressive disciplinary process.</p> <p><i>Please see next page</i></p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	

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	<p>her on 2/25/12 and informed her that Patient 2 was in the hospital. Phleb Tech C asked Patient 2 whether "it was ok for her to be walking around without a mask on." Patient 2 reported the incident to her manager on 3/5/12 at 5 am. Patient 2's information that had been disclosed included that she was hospitalized and potential diagnosis related to the type of lab tests that were ordered and processed. Phleb Tech C had not been involved in Patient 2's care and her duties did not include reviewing Patient 2's lab orders.</p> <p>During an interview on 7/19/12 at 3 pm, Phleb Tech B confirmed she texted health information to both Patient 2 and Phleb Tech C. She stated she did this because they were all friends and she was concerned about Patient 2.</p> <p>An undated policy titled, "Confidentiality and Security of Medical Information" was reviewed. It read as follows: "6. Act as responsible information stewards and treat all individual medical record data and related financial, demographic, and lifestyle information as sensitive and confidential. A. Treat all individual medical record data as confidential in accordance with professional ethics, accreditation standards, and legal requirements."</p>		<p><u>Responsible for Action Plan:</u> Chief Executive Officer Vice President of Patient Care Services</p> <p style="text-align: right;">2014 DEC -4 PM 4:03 CDPH, L&C CHICO, DD</p> <p style="text-align: right; font-size: 2em;">RECEIVED</p>	

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