California Department of Public Health STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER A BUILDING B. WING CA23000016 01/26/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1100 BUTTE ST SHASTA REGIONAL MEDICAL CENTER REDDING, CA 96001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A 000 Initial Comments A 000 Shasta Regional Medical Center The following reflects the findings of the California Follows all HIPAA State and Federal Department of Public Health during an Laws pertaining to patient privacy. investigation of a complaint. While we do not agree with the findings, the below indicates our Complaint: 295004 corrective action for the deficiencies The inspection was limited to the specific noted. complaint investigated and does not represent the findings of a full inspection of the facility. Shasta Regional Medical Center would like to request an informal Representing the Department: 26611, HFEN conference regarding the deficiencies in compliance for complaint number Deficiencies were written at A 002, A 017, A 018, CA002955004 A 019 and A 021 for complaint 295004. Action: A 002 Not Informed Medical Breach A 002 Policy reviewed with Chief Medical Officer, Chief Executive Officer and Health and Safety Code Section 1280, 15 (b)(2). Director of Marketing regarding need 4/23/2012 " A clinic, health facility, agency, or hospice shall to report verified privacy breach to also report any unlawful or unauthorized access patient within 5 days. to, or use or disclosure of, a patient's medical information to the affected patient or the patient's Education given to Chief Medical Officer. representative at the last known address, no later Chief Executive Officer and Director of than five business days after the unlawful or Marketing regarding HIPAA laws. 1/16/2012 unauthorized access, use, or disclosure has been detected by the clinic, health facility, agency, or All use of patient health information hospice." outside of routine hospital business must be approved by Director of Health The CDPH verified that the facility failed to inform Information Management (Privacy Officer). the affected patient(s) or the patient's representative(s) of the unlawful or unauthorized access, use or disclosure of the patient's medical Notice was sent to the patient on 1/4/2012. information. Monitoring: HIM dept to monitor all privacy breaches for timely reporting. Responsible Person: Director of Health This Statute is not met as evidenced by Information Management (Privacy Officer), Licensing and Certification Division

LABORATORY DIRECTOR'S OR PROVIDER GUIPILIER REPRESENTATIVE'S SIGNATURE

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FORM APPROVED California Department of Public Health STATEMENT OF DEFICIENCIES. (X3) DATE SURVEY PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER A. BUILDING B. WING CA23000016 01/26/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1100 BUTTE ST SHASTA REGIONAL MEDICAL CENTER REDDING, CA 96001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A 002 Continued From page 1 A 002 A 017 1280.15(a) Health & Safety Code 1280 A 017 Action: Policy R002, Release of Information (a) A clinic, health facility, home health agency, or and Policy 1001, Information Security, hospice licensed pursuant to Section 1204, reviewed with Chief Medical Officer, 1250, 1725, or 1745 shall prevent unlawful or Chief Executive Officer and Director 1/23/2012 unauthorized access to, and use or disclosure of, of Marketing regarding proper use of patients' medical information, as defined in patient health information. subdivision (g) of Section 56.05 of the Civil Code and consistent with Section 130203. The Education given to Chief Medical Officer, department, after investigation, may assess an Chief Executive Officer and Director of administrative penalty for a violation of this Marketing regarding HIPAA laws. 1/16/2012 section of up to twenty-five thousand dollars (\$25,000) per patient whose medical information All use of patient health information was unlawfully or without authorization accessed. outside of routine hospital business used, or disclosed, and up to seventeen must be approved by the Director of Health thousand five hundred dollars (\$17,500) per Information Management (Privacy Officer). 1/16/2012 subsequent occurrence of unlawful or unauthorized access, use, or disclosure of that Monitoring: patients' medical information. For purposes of the Privacy Officer will monitor all investigation, the department shall consider the privacy breaches and report results to clinic's, health facility's, agency's, or hospice's Quality Committee. history of compliance with this section and other related state and federal statutes and regulations, Responsible Person: Director of Health the extent to which the facility detected violations Information Management (Privacy Officer). 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. This Statute is not met as evidenced by: Based on Interview and record review, the facility

failed to ensure that Patient 1's medical

California Department of Public Health STATEMENT OF DEFICIENCIES X3) DATE SURVEY PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER A BUILDING B. WING CA23000016 01/26/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1100 BUTTE ST SHASTA REGIONAL MEDICAL CENTER REDDING, CA 96001 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION JEACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) A 017 Continued From page 2 A 017 information was protected from unauthorized disclosure. This failure allowed the general public to have access to Patient 1's medical information. * Patient 1's medical information was disclosed to News Agency A: * Patient 1's medical information was disclosed to News Agency B; Patient 1's medical information was disclosed to hospital employees and medical staff; and Patient 1's medical information was disclosed to News Agency C. Findings: (a) During an interview on 1/30/12 at 1:45 pm, Hospital General Council D stated he was notified that News Agency A was going to write an article regarding the hospital's care of a patient. Hospital General Council D further stated that News Agency A's reporter would not release the patient's name but had provided enough details that the hospital was able to identify Patient 1 as the subject of the proposed news article. Hospital General Council D revealed he received Patient 1's medical information from Hospital Chief Executive Officer (CEO) E, then forwarded it to Hospital Communications Director G to write a letter rebutting information from News Agency A's article. Hospital General Council D stated he did not secure Patient 1's permission to disclose her medical information. ITI During an interview on 1/30/12 at 1:40 pm, Hospital Communication Director G confirmed that he received Patient 1's medical information from Hospital General Council D. Hospital Communication Director G stated he wrote and sent a rebuttal letter to News Agency A's reporter on 12/13/11 at 5:16 pm which disclosed Patient

California Department of Public Health STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A BUILDING C B. WING CA23000016 01/26/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1100 BUTTE ST SHASTA REGIONAL MEDICAL CENTER REDDING, CA 96001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION). CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) A 017 A 017 Continued From page 3 1's diagnoses, lab values, medical/health consultations, and discharge information. Patient 1's name was not listed on this letter. Hospital Communication Director G acknowledged that he did not secure Patient 1's permission to disclose her medical information. (b) During an interview on 1/26/12 at 1:25 pm. Hospital CEO E stated that on 12/16/11, he was alerted by Hospital Media Relations Staff H that News Agency B was considering picking up the article regarding Patient 1 from News Agency A and reprinting it in their newspaper. He further stated that News Agency B was asking for the hospital's comment on the article that they were going to publish regarding Patient 1. Hospital CEO E further stated he asked Hospital Chief Medical Officer (CMO) F to review Patient 1's record and do a point by point analysis of the accuracy of the information in the article. On 12/16/11 at 4 pm Hospital CEO E, Hospital Media Relations Staff H, and Hospital CMO F took Patient 1's medical records pertaining to her admission, during early 2010, to News Agency B's Editor's office. Hospital CEO E stated that Hospital CMO F showed portions of Patient 1's record and discussed diagnoses, progress notes. lab values, medical/health consultations, and discharge information with News Agency B's Editor. Hospital CEO E confirmed he did not secure Patient 1's permission to disclose her medical information. During an interview on 1/5/12 at 1:55 pm, Hospital CMO F confirmed that she had gone to the office of News Agency B's Editor with Patient 1's record and had shown him portions of the record and discussed diagnoses, progress notes, lab values, medical/health consultations,

A 017 Continued From page 4 and discharge information in hopes to dissuade News Agency B's Editor from publishing the article. Hospital CMO F further confirmed that she had not secured permission from Patient 1 to disclose her medical information. On 12/22/11, News Agency B's Editor had a blog that included an entry indicating he had chosen not to run the article from News Agency A. News	Californi	ia Department of P	ublic Health				FORW	IMPEROVED
STREET ADDRESS, CITY, STATE, ZIP GODE 1100 BUTTE ST REDDING, CA 96001 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 017 Continued From page 4 and discharge information in hopes to dissuade News Agency B's Editor from publishing the article. Hospital CMO F further confirmed that she had not secured permission from Patient 1 to disclose her medical information. On 12/22/11, News Agency B's Editor had a blog that included an entry indicating he had chosen not to run the article from News Agency A. News	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING		GOMPL	COMPLETED		
SHASTA REGIONAL MEDICAL CENTER 1100 BUTTE ST REDDING, CA 96001 [X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 017 Continued From page 4 and discharge information in hopes to dissuade News Agency B's Editor from publishing the article. Hospital CMO F further confirmed that she had not secured permission from Patient 1 to disclose her medical information. On 12/22/11, News Agency B's Editor had a blog that included an entry indicating he had chosen not to run the article from News Agency A. News	NAME OF E	PROVIDER OR SHEELIER			ORESS CITY S	STATE ZIP CODE	0172	20/2012
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) A 017 Continued From page 4 and discharge information in hopes to dissuade News Agency B's Editor from publishing the article. Hospital CMO F further confirmed that she had not secured permission from Patient 1 to disclose her medical information. On 12/22/11, News Agency B's Editor had a blog that included an entry indicating he had chosen not to run the article from News Agency A. News				1100 BUT	TEST	TATE STORE		
and discharge information in hopes to dissuade News Agency B's Editor from publishing the article. Hospital CMO F further confirmed that she had not secured permission from Patient 1 to disclose her medical information. On 12/22/11, News Agency B's Editor had a blog that included an entry indicating he had chosen not to run the article from News Agency A. News	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED	BY FULL	PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
Agency Editor B's blog included Patient 1's diagnosis and a consultation. (c) During an interview on 1/26/12 at 1:25 pm, Hospital CEO E stated that he issued a memo, dated 12/20/11 at 9:53 am, to all hospital employees and medical staff which included a side by side analysis of News Agency A's statements and the "actual facts" which included Patient 1's physicians' assessments, lab values, diagnoses, medical/health consultations, and discharge information. This memo did not disclose Patient 1's name but did reference the news article published by News Agency A (which did include Patient 1's name). Hospital CEO E stated he did not secure Patient 1's permission to disclose her medical information. On 1/5/12 at 12:45 pm, Staff I and J confirmed that they received the above memo, dated 12/20/11. They stated they knew who the patient was based on the information from News Agency A's article. On 1/5/12 at 12:50 pm, Hospital Privacy Officer K stated he was not consulted regarding the above memo and the first he knew of it was when he received it. On 1/30/12, Hospital CEO E was asked to	A 017	and discharge info News Agency B's article. Hospital C she had not secun disclose her medi On 12/22/11, New that included an e not to run the artic Agency Editor B's diagnosis and a c (c) During an inte Hospital CEO E s dated 12/20/11 at employees and m side by side analy statements and th Patient 1's physic diagnoses, medic disclose Patient 1 news article public did include Patien stated he did not s disclose her medi On 1/5/12 at 12:4 that they received 12/20/11. They si was based on the A's article. On 1/5/12 at 12:5 stated he was not memo and the firs received it.	cormation in hopes to Editor from publishic MO F further confirmed permission from real information. It is Agency B's Editor entry indicating he had be from News Agency blog included Patier onsultation. It is a more than the issued on the second staff which invision of News Agency he "actual facts" which invision of News Agency he "actual facts" which invision. This memo did is name but did refeshed by News Agency to all hospital information. It is name but did refeshed by News Agency to a mane but did refeshed by News Agency	ng the med that Patient 1 to had a blog ad chosen cy A. News nt 1's 1:25 pm, a memo, bital cluded a A's ch included lab values, ns, and d not rence the cy A (which al CEO E ermission to confirmed lated of the patient lews Agency cy Officer K of the above when he	A 017		CITIED. DO	RECEIVED

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stated he would get the patient's permission first.

A 018 1280 15(b)(1) Health & Safety Code 1280

(b) (1) A clinic, health facility, home health

agency, or hospice to which subdivision (a)

applies shall report any unlawful or unauthorized

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within 5 days.

Policy reviewed with Chief Medical Officer

Officer, Chief Executive Officer and Director of Marketing regarding need to

report verified privacy breach to CDPH

4/23/2012

FORM APPROVED California Department of Public Health STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION. COMPLETED IDENTIFICATION NUMBER A BUILDING C B. WING CA23000016 01/26/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1100 BUTTE ST SHASTA REGIONAL MEDICAL CENTER REDDING, CA 96001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A 018 Continued From page 6 A 018 access to, or use or disclosure of, a patient's Education given to Chief Medical Officer. medical information to the department no later Chief Executive Officer and Director of than five business days after the unlawful or Marketing regarding HIPAA laws. 1/16/2012 unauthorized access, use, or disclosure has been detected by the clinic, health facility, home health All use of patient health information agency, or hospice. outside of routine hospital business must (b) (2) Subject to subdivision (c), a clinic, health be approved by Director of Health facility, home health agency, or hospice shall also Information Management (Privacy Officer), 1/16/2012 report any unlawful or unauthorized access to, or use or disclosure of, a patient's medical Monitoring: information to the affected patient or the patient's Health Information Management to representative at the last known address, no later monitor all privacy breaches for timely than five business days after the unlawful or reporting. unauthorized access, use, or disclosure has been detected by the clinic, health facility, home health Responsible Person: Director of Health agency or hospice. Information Management (Privacy Officer). This Statute is not met as evidenced by: A 019 1280.15(b)(2) Health & Safety Code 1280 A 019 Action: Policy reviewed with Chief Medical (b) (2) Subject to subdivision (c), a clinic, health facility, home health agency, or hospice shall also Officer, Chief Executive Officer and 4/23/2012 report any unlawful or unauthorized access to, or Director of Marketing regarding need to use or disclosure of, a patient's medical report verified privacy breach to patient information to the affected patient or the patient's within 5 days.

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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, home health

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Education given to Chief Medical Officer,

Chief Executive Officer and Director of

Marketing regarding HIPAA laws.

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER. CA23000016		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED C 01/26/2012			
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(X4) ID PREFIX TAG	(4) ID SUMMARY STATEMENT OF DEFICIENCIES REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	SHOULD BE COMPLETE			
A 019	Continued From page 7 agency, or hospice. This Statute is not met as evidenced by:			A 019	All use of patient health information outside of routine hospital business must be approved by Director of Health Information Management (Privacy Officer Notice was sent to the patient on 1/4/201; Monitoring: Health Information Management to monitoring privacy breaches for timely reporting.	olth information spital business must ctor of Health nent (Privacy Officer), he patient on 1/4/2012			
					Responsible Person: Director of Health Information Management (Privacy Officer				
N 021	(d) If a clinic, health facility, home health agency, or hospice to which subdivision (a) applies violates subdivision (b), the department may assess the licensee a penalty in the amount of one hundred dollars (\$100) for each day that the unlawful or unauthorized access, use, or disclosure is not reported, following the initial five-day period specified in subdivision (b). However, the total combined penalty assessed by the department under subdivision (a) and this subdivision shall not exceed two hundred fifty thousand dollars (\$250,000) per reported event.			A 021	Action: Policy reviewed with Chief Medical Officer, Chief Executive Officer and Director of Marketing regarding need to report verified privacy breach to CDPH within 5 days. Education given to Chief Medical Office Chief Executive Officer and Director of Marketing regarding HIPAA laws. All use of patient health information outside of routine hospital business mus be approved by Director of Health Information Management (Privacy Office		4/23/2012 1/16/2012 1/16/2012		
	This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure that an unauthorized disclosure of Patient 1's medical information was reported to the California Department of Public Health (CDPH) and to Patient 1 within 5 business days after the disclosure occurred and was detected.				Monitoring: Health Information Management to monitor all privacy breaches for time reporting. Responsible Person: Director of Hardon Management (Privacy Control of Management)	ely			
	Finding 1			00,000	90				

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PRINTED: 04/16/2012 California Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER A BUILDING C B WING CA23000016 01/26/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1100 BUTTE ST SHASTA REGIONAL MEDICAL CENTER REDDING, CA 96001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) GROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY A 021 Continued From page 8 (a) On 1/30/12 at 1:45 pm, Hospital General Council D stated he received Patient 1's medical information from Hospital Chief Executive Officer (CEO) E. Hospital General Council D forwarded Patient 1's medical information to Hospital Communications Director G to write a letter rebutting misinformation that was to be published by News Agency A. Patient 1's diagnoses, lab values, medical/health consultations, and discharge information were disclosed in the letter, dated 12/13/11, and sent to News Agency A's reporter on 12/13/11 at 5:16 pm. Hospital General Council D stated he did not secure Patient 1's permission to disclose her medical information. The facility failed to notify the CDPH of this disclosure of Patient 1's medical information during the five business day period ending on 12/20/11. As of 1/5/12, the date this investigation started, CDPH determined that the facility had never notified the Department of this unauthorized disclosure of Patient 1's medical information (b) On 1/26/12 at 1:25 pm, Hospital Chief Executive Officer (CEO) E stated that on 12/16/11 at 4 pm, he, Hospital Media Relations Staff H, and Hospital Chief Medical Officer (CMO) F took Patient 1's medical record for her admission, 1/29/10 to 2/2/10, to News Agency B's editor's office. Hospital CEO E stated that Hospital CMO F went through Patient 1's record

Licensing and Certification Division

medical information.

and shared diagnoses, progress notes, lab values, medical /health consultations, and discharge information with News Agency B's reporter. Hospital CEO E stated he did not secure Patient 1's permission to disclose her

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California Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING C B. WING CA23000016 01/26/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1100 BUTTE ST SHASTA REGIONAL MEDICAL CENTER REDDING, CA 96001 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) A 021 Continued From page 9 A 021 The facility failed to notify the CDPH of this disclosure of Patient 1's medical information during the five business day period ending on 12/23/11. As of 1/5/12, the date this investigation started, CDPH determined that the facility had never notified the Department of this unauthorized disclosure of Patient 1's medical information (e) On 1/26/12 at 1:25 pm, Hospital CEO E stated that he issued a memo, dated 12/20/11 at 9:53 am, to all hospital employees and medical staff, which included Patient 1's physicians' assessments, lab values, diagnoses, medical/health consultations, and discharge information. Hospital CEO E stated he did not secure Patient 1's permission to disclose her medical information. The facility failed to notify the CDPH of this disclosure of Patient 1's medical information during the five business day period ending on 12/28/11. As of 1/5/12, the date this investigation started, CDPH determined that the facility had never notified the Department of this unauthorized disclosure of Patient 1's medical information. (d) On 2/1/12 at 9:51 am, News Agency C's reporter stated he received the above memo, dated 12/20/11, in an e-mail communication on 12/27/11 at 4:08 pm from Hospital Communications Director G. On 1/4/12, News Agency C's Reporter published a news article that included a link to this memo on the Internet.

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Licensing and Certification Division

admission, 1/29/10 to 2/2/10, to News Agency B's editor's office. Hospital CEO E stated that Hospital CMO F went through Patient 1's record and shared diagnoses, progress notes, lab

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FORM APPROVED California Department of Public Health STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER. A BUILDING B WING CA23000016 01/26/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1100 BUTTE ST SHASTA REGIONAL MEDICAL CENTER REDDING, CA 96001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) A 021 A 021 Continued From page 11 values, medical/health consultations, and discharge information with News Agency B's editor. Hospital CEO E stated he did not secure Patient 1's permission to disclose her medical information. (c) On 1/26/12 at 1:25 pm, Hospital CEO E stated that he issued a memo, dated 12/20/11 at 9:53 am, to all hospital employees and medical staff which included Patient 1's physicians' assessments, lab values, diagnoses, medical/health consultations, and discharge information. Hospital CEO E stated he did not secure Patient 1's permission to disclose her medical information. On 1/26/12 at 1:25 pm, Hospital CEO E stated Patient 1 was notified on 1/4/12 at 4:07 pm that her medical information had been disclosed to unauthorized individuals. This notification occurred 15 days after the five day reporting period had expired on 12/20/11.

Licensing and Certification Division

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