CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 050764 | A. BUILDING _____ B. WING _____ | 10/19/2013 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Shasta Regional Medical Center | 1100 Butte St, Redding, CA 96001-0852 SHASTA 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| | The following reflects the findings of the Department of Public Health during a complaint/breach event visit:<br><br>Complaint Intake Number:<br>CA00363574 - Substantiated<br><br>Representing the Department of Public Health:<br>Surveyor ID # 27886, HFEN<br><br>The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.<br><br>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.<br><br>For purposes of the investigation, the department shall consider the clinic's, health facility's, | | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

CEO 12/12/14

By signing this document, I am acknowledging 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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| | agency's, 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.<br><br>Informed Medical Breach<br><br>Health and Safety Code Section 1280.15 (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 business days after the unlawful or unauthorized access, use, or disclosure has been detected by the clinic, health facility, agency, or hospice."<br><br>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.<br><br>On 7/26/13, the California Department of Public Health was notified by the hospital that they had received notification that a former employee (EMP 5) had posted pictures containing patient private health information (PHI) on his personal Facebook | | The employee had been fired 4 months prior to the incident. The employee had received HIPAA training at time of employment. These Facebook postings were found 4 months after the employee had been fired. | |

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| | site.<br><br>On 10/8/13 at 2 pm, the Director of Human Resources (DHR) stated that EMP 5 was hired on 7/6/12 to work in the housekeeping department within the Environmental Services Department. The hospital terminated EMP 5's employment on 3/22/13, for faxing an unauthorized memo and pictures to multiple departments containing untrue statements about the environmental services of the hospital.<br><br>In a concurrent interview and review of photographs printed from Facebook, with the DHR on 10/18/13 at 2 pm, it was revealed that the hospital was notified by an employee of the hospital that they had discovered postings by EMP 5 on a Facebook site on 7/26/13. There were a total of 21 posted pictures of linen and laundry carts, trash containers, and patient care equipment. The posting on the Facebook page also had comments by each photo that they were taken at the hospital. The postings contained a picture of EMP 5 with his name on each of the posted pages. The DHR stated that during the investigation of this potential breach of PHI it was discovered that 3 photographs of medication administration bags posted, contained the names of three separate patients (Patients 1, 2 and 3) in addition to the name of the medication that each of the patients was receiving. The dates on the used patient medication bags posted were in 12/2012.<br><br>On 10/8/12, the hospital's employee agreement, titled, "Confidentiality Policy/HIPPA | | **Action:**<br><br>1. Policy ECP707, Social Media, was updated immediately following the site visit.<br><br>2. Policy C006, Confidentiality, was updated.<br><br>3. Policy PR036, Training Staff, was updated.<br><br>4. These policies were sent out to all employees.<br><br>**Plan for continued compliance:**<br><br>1. All employees receive HIPAA and social media training upon hire and then annually thereafter.<br><br>2. Any employee that causes a HIPAA breach received extra education regarding the policy that was breached. They are also reeducated regarding HIPAA. This is done by the Privacy Officer.<br><br>**Responsible person.**<br><br>Director of Performance Improvement, Director of Health Information, Director of Information Systems, Director of Human Resources, Privacy Officer. | 7/2013<br><br>8/2013<br><br>8/2013 |

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| | Acknowledgement Agreement," signed by EMP 5 on 6/26/2012, read, "Any information concerning patient's illness...is strictly confidential. Under the Health Insurance portability and accountability Act ('HIPPA") there are penalties both civil and criminal for failure to comply with HIPPA requirements." | | | |