

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070000155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/16/2015
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NAME OF PROVIDER OR SUPPLIER WATSONVILLE COMMUNITY HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 75 NIELSON STREET WATSONVILLE, CA 95076
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(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
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A 001	<p>Informed Medical Breach</p> <p>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."</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>	A 001	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH</p> <p>MAR 3 0 2015</p> <p>L & C DIVISION SAN JOSE</p>	
A 000	<p>Initial Comment</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of entity reported incident conducted on 1/16/15.</p> <p>For Entity Reported Incident CA00401449, regarding State Monitoring, Privacy Breach, State deficiency was identified (see California Health and Safety Code, Section 1280.15(a)).</p> <p>Inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the hospital.</p> <p>Representing the California Department of Public Health: 32398, Health Facilities Evaluator Nurse.</p>	A 000		

Licensing and Certification Division

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Don Salas, Chief Quality Officer</i>	TITLE	(X6) DATE 3/11/15
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STATE FORM 5899 6LCM If continuation sheet 1 of 5

4/1/15 - POC was accepted via fax on 3/26/15, hospital was notified - JK

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A 000	Continued From page 1 The hospital detected the Breach of Protected Health Information (PHI) on 6/2/14. The hospital reported the Breach of PHI to the Department on 6/9/14. The hospital notified Patient 1 of the Breach of PHI on 6/9/14.	A 000		
A 017	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 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. For purposes of the investigation, the department shall consider the clinic's, health facility's, 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.	A 017		

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A 017	<p>Continued From page 2</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the hospital failed to prevent the unauthorized disclosure of protected health information (PHI) for Patient 1, when Patient 1's PHI was given to another patient upon discharge. The failure resulted in the disclosure of Patient 1's PHI to an unauthorized individual. Findings:</p> <p>The California Department of Public Health received a faxed report on 4/9/13, which indicated the Same Day Discharge Instructions, medication lists, pictures from a surgical procedure, and prescription for Patient 1 were inadvertently given to Patient 2 upon her discharge. A hospital internal investigation revealed the discharging staff member did not review the documents to verify the patient information was correct prior to releasing the documents. The documents which contained Patient 1's date of birth, type of procedure, and medications were returned to the hospital.</p> <p>During an interview on 1/16/15 at 1 p.m., the facility privacy officer (FPO) stated on 6/2/14, a hospital staff member had inadvertently given Patient 1's discharge instructions to Patient 2, which contained his name, date of birth, medical record number, sex, age, admit date, four sheets of pictures taken during surgery, prescription, and three pages of discharge information. FPO stated Patient 2's caregiver noticed Patient 2 had some wrong documents, spoke with FPO on 6/5/14, and notified her of the error. FPO stated Patient 2's caregiver mailed Patient 1's information back to the hospital. FPO opened the package and confirmed the documents were intended for Patient 1.</p>	A 017	<p>How correction was accomplished:</p> <p>At the time of the incident the patient affected was sent an apology letter.</p> <p>Immediate Measures Taken:</p> <p>The nurse in question was educated and counseled on the facilities' policies; Two Patient Identifier and HIPAA Policy.</p> <p>Monitoring Process:</p> <p>The PACU Charge Nurse will audit retrospectively 30 charts for 4 months to ensure discharge papers were sent with correct patient. Auditing will be for May, 2014 through August, 2014. Audits will be presented to Quality Care Committee and Board of Trustee.</p> <p>Title of Person Responsible: OR Director, Chief Quality Officer.</p> <p>Date Monitoring will be Completed:</p> <p>Auditing will continue until 4 consecutive months at 100% has been achieved.</p>	<p>4/23/14</p> <p>4/30/14</p> <p>3/25/15 - 4/20/15</p> <p>4/20/15</p>

6899 CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

MAR 3 0 2015

L & C DIVISION
SAN JOSE

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A 017	<p>Continued From page 3</p> <p>A review of a copy of the incorrect documents which were mailed back to the hospital indicated a Same Day Surgery Discharge Instruction document disclosing Patient 1's name, admit date, medical record number, doctor's name, date of birth, age, and sex, three pages of discharge information and instructions which disclosed the surgical procedure, post-surgical instructions, and medication; a Medication Reconciliation Physician Orders document which disclosed medication allergy, medications and dosage, name, hospital name, date of birth, age, medical record number, and date of service; a Discharge Prescription Order document disclosing medication and dosage, name, name of hospital, admit date, medical record number, physician's name, date of birth, age, and sex; and four pages of pictures (13 total pictures) of the surgical procedure which also disclosed Patient 1's name, hospital name, admission date, medical record number, physician's name, date of birth, age, and sex.</p> <p>A review of a copy of a letter dated 6/9/14 from the hospital to Patient 1 indicated Patient 1's PHI had been inadvertently disclosed during the discharge process of Patient 2, when copies of Patient 1's Same Day Discharge Instructions, medications, and pictures from his surgical procedure had been given to Patient 2. The hospital had determined a staff member discharging Patient 2 did not verify the patient name and information on each page prior to giving the documents to Patient 2.</p> <p>A review of a copy of the hospital's 12/2012 "Confidentiality" policy indicated PHI will be maintained in a manner which restricts access to those with a need-to-know.</p>	A 017		

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A 017	Continued From page 4 A review of a copy of the hospital's 08/2003 "Patient Identification, Assuring Accuracy" policy indicated to prevent a possible error in patient identification....two patient identifiers are used....care worker will utilize at least two identifiers to validate the identity of the patient.	A 017		