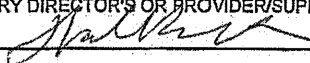
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	050434	A. BUILDING ______ B. WING ______	07/05/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Colusa Regional Medical Center	199 E Webster St, Colusa, CA 95932-2954 COLUSA 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
	The following reflects the findings of the Department of Public Health during a complaint/breach event visit: Complaint Intake Number: CA00351185 - Substantiated Representing the Department of Public Health: Surveyor ID # 32668 The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility. 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. Health and Safety Code Section 1280.15 (b)(2), " A clinic, health facility, agency, or hospice		As a result of thorough investigation, including chart audit and discussion between the HR Director and the Cardiopulmonary Manager, it was decided that RT 1 would be terminated based upon the self-reported HIPPA violations. The Cardiopulmonary Manager, after termination of RT 1, met with all Cardiopulmonary staff to discuss HIPPA compliance including examples of what constitutes an acceptable and an unacceptable reason to enter the medical record of a patient. The HIMS Manager completed and submitted a report of the HIPPA breach to the local CDPH office. The HIMS Manager wrote notifications to each of the patients involved in the breach and mailed them to the last known address of the patient by certified mail. Ultimate responsibility for the corrective action rests on the HIPPA Privacy Ofcr.	4/15/13 4/16/13

Event ID:6SO711 11/24/2014 10:41:47AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE CEO (X6) DATE 12/16/14

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	050434	A. BUILDING ____ B. WING ____	07/05/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Colusa Regional Medical Center	199 E Webster St, Colusa, CA 95932-2954 COLUSA 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
	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." 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. 1. On 4/26/13, the California Department of Public Health (CDPH), received a faxed report from Administrative Nurse A on 4/12/13, that the facility discovered Respiratory Therapist (RT) 1 had accessed the medical records of nine patients (Patients 1-9). During an interview with Admin Nurse A on 5/31/13 at 2 p.m., she disclosed that a Protected Health Information (PHI) Audit Report was generated that showed that RT 1 had accessed Patients 1, 2, 3, 4, 5, 6, 7, 8, and 9's records. "There were multiple entries into the charts of Patients 1-9 that had been at the hospital for outpatient laboratory services and in the emergency room". In an interview and concurrent record review with Admin Nurse B on 6/25/13 at 1p.m., Admin Nurse B disclosed RT 1 "was not responsible to		Based upon current policy, new hire and annual education of all employees regarding confidentiality and patient privacy issues is ongoing. The HR Director monitors completion of annual education by all staff. The policy "Security Audit and Risk Reduction of Electronic Medical Record" approved 8/17/2011provides guidance for maintaining the security of the Electronic Medical Record including: requirement that all computers be secured with password protection to EMR and limited access to patient sensitive data based upon employee role; IT Administrator deactivates user accounts as soon as notified by HR of termination or transfer; HIPPA Privacy officer reviews the Clinical View Security Audit log on a regular basis looking for unusual activity by unauthorized individuals. All suspicious activity is reported to the hospital Risk Manager and Compliance Officer and/or CEO for action. All confirmed breaches will be handled per the policy on "Privacy Breach".	8/17/2011

Event ID:6SO711 11/24/2014 10:41:47AM

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
	050434	A. BUILDING ________ B. WING ________	07/05/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Colusa Regional Medical Center	199 E Webster St, Colusa, CA 95932-2954 COLUSA 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
	view Lab results, History & Physical Reports, Nursing Assessments, Medication orders, Patient Notes, Inpatient or Lab face sheets" which is what she accessed for Patients 1 through 9. Admin Nurse B disclosed "there is no job related reason to access these patients' charts". The Policy Statement for the hospital, dated 11/2010, read, "Breach is described as the unlawful or unauthorized access to, and use or disclosure of, patient's medical information". SB 541. The Policy Statement, (HIPPA/Confidentiality), had been reviewed with RT 1 during a "detailed training" on 1/8/13.		Reports of findings of the Security Audit will be provided by the HIPPA Privacy Officer to the Safety Committee and Quality Council a minimum of twice/year.	8/17/2011