

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CAA23000014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/23/2009
--	--	--	---

NAME OF PROVIDER OR SUPPLIER OROVILLE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 2767 OLIVE HIGHWAY OROVILLE, CA 95966
--	---

(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
--------------------	--	---------------	---	--------------------

E 000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of two entity reported incidents.</p> <p>Entity reported incidents: 175360 and 175517</p> <p>The inspection was limited to the specific entity reported incidents investigated and does not represent the findings of a full inspection of the facility.</p> <p>Representing the Department: [REDACTED] HFEN [REDACTED] <i>HFEN 3/17/09</i></p> <p>No deficiencies were issued for entity reported incident 175517.</p> <p>A deficiency was written for entity reported incident 175360 at E2236.</p>	E 000		
E2236	<p>T22 DIV5 CH1 ART7-70751(b) Medical Record Availability</p> <p>(b) The medical record, including X-ray films, is the property of the hospital and is maintained for the benefit of the patient, the medical staff and the hospital. The hospital shall safeguard the information in the record against loss, defacement, tampering or use by unauthorized persons.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure that Patient 1's health information was not discussed or shared with anyone via internet's "My Space" or by a personal cell phone.</p> <p>Findings:</p>	E2236	<p>Patient Access Department Employee involved in the incident has been terminated.</p> <p>Employee inservices were held to educate staff regarding confidentiality policies and procedures and that health information is not to be discussed or shared with anyone via internet blogs; My Space or by cell phones . Inservices conducted by Patient Access Manager. Patient Access Manager and Supervisors will continue on a daily basis to monitor to assure compliance.</p>	<p>1/30/09</p> <p>1/15/09</p> <p>1/23/09</p> <p>3/3/09</p> <p>3/6/09</p> <p>3/10/09</p>

2009 MAR 13 AM 11:59
 RECEIVED
 ODHS, L&C
 CHICO, CA

Licensing and Certification Division

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Christy King</i>	TITLE <i>Patient Access Manager</i>	(X6) DATE <i>3-12-09</i>
--	--	-----------------------------

STATE FORM 6899 WJGW11 If continuation sheet 1 of 3

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CAA23000014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/23/2009
--	--	--	--

NAME OF PROVIDER OR SUPPLIER OROVILLE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 2767 OLIVE HIGHWAY OROVILLE, CA 95966
--	---

(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
E2236	<p>Continued From page 1</p> <p>On 1/23/09, a Privacy Complaint Form, dated 1/21/09, was reviewed. According to the document, Patient 1 reported to the facility on 1/13/09, that her medical information had been discussed with people outside the hospital and posted on the internet on "My Space."</p> <p>During an interview on 1/29/09 at 10:10am, Patient 1 stated that she was upset that Employee 1 had discussed her emergency room visits with others on a cell phone and posted information on "My Space."</p> <p>On 2/24/09 at 1:31 pm in an interview, Employee 1 acknowledged that she had posted information on "My Space" that Patient 1 had been admitted to the ER (emergency room) three times in one month.</p> <p>On 2/27/09 at 9:07 am, an interview was conducted with Family Member 1. During an emergency room visit on 12/27/08, Family Member 1 said she overheard Employee 1 talking on her personal cell phone and disclosing to a third party that Patient 1 was in the emergency room being seen. Family Member 1 remarked that it was not right for Employee 1 to be discussing Patient 1's emergency room visit with someone on her cell phone. Family Member 1 stated that Employee 1 was "awfully interested" in what was happening with Patient 1's medical condition.</p> <p>On 1/23/09, the facility's HIPAA (Health Insurance Portability & Accountability Act, which protects patient health information) training document, "Dangerous HIPAA Hippo," was reviewed. The document informed employees not to discuss or share patient information in the</p>	E2236		

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CAA23000014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/23/2009
--	--	--	---

NAME OF PROVIDER OR SUPPLIER OROVILLE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 2767 OLIVE HIGHWAY OROVILLE, CA 95966
--	---

(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
E2236	Continued From page 2 cafeteria, elevators, hallways, e-mail, cell phones or via "My Space." These disclosures would be considered medical information breaches.	E2236		

RECEIVED
 2009 MAR 13 AM 11 59
 CDHS, L&C
 CHICO DO