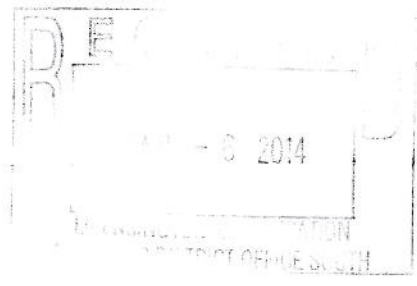


California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA090001041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2013
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD - CHULA VISTA CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1295 BROADWAY, #201 & #202 CHULA VISTA, CA 91911
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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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D 000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of an entity reported incident.</p> <p>Entity reported incident: CA00368031</p> <p>Category: State Monitoring (Non-Breach Patient Medical Information Incident)</p> <p>Representing the Department: Lisa Cork, HFEN</p> <p>The inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility.</p> <p>No deficiencies were written as a result of entity reported incident number: CA00368031</p>	D 000		
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Licensing and Certification Division

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Maure R. DeLille, HIPAA Privacy Officer

1/3/2014

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA090001041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/10/2013
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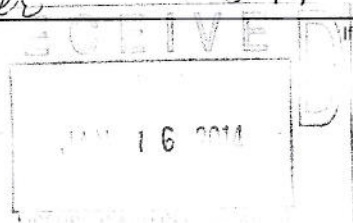
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD - CHULA VISTA CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1295 BROADWAY, #201 & #202 CHULA VISTA, CA 91911
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D 000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of an entity reported incident.</p> <p>Entity reported incident: CA00368794</p> <p>Category: State Monitoring (Non-Breach Patient Medical Information Incident)</p> <p>Representing the Department: Lisa Cork, HFEN</p> <p>The inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility.</p>	D 000	<p>We apologized to Patient 2 on the phone, reassured that Planned Parenthood is committed to protecting patient privacy and asked that Patient 2 return the receipt intended for Patient 1. Patient 2 returned Patient 1's receipt within 30 minutes of visit and was provided with a correct receipt.</p> <p>An apology letter was mailed to Patient 1 regarding the privacy breach and reassuring that Planned Parenthood is committed to protecting patient privacy. Patient 1 was also informed in the letter that Patient 2 had returned the receipt to us within 30 minutes.</p>	9-3-13
D 177	<p>T22 DIV5 CH7 ART6-75055(b) Unit Patient Health Records</p> <p>(b) Information contained in the health records shall be confidential and shall be disclosed only to authorized persons in accordance with federal, state and local laws.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the clinic failed to ensure the information contained in the patient's health record be disclosed only to the patient or authorized person. The health information of 1 of 2 sampled Patients (1) was inadvertently disclosed to another person without the Patient 1's authorization.</p> <p>Findings: Patient 1 and Patient 2 with identical first names were seen and examined at the facility on the same day and around the same time. An interview with the health center manager</p>	D 177	<p>The Health Center Manager immediately discussed the incident with front office staff, reviewed the policy and procedure for verifying patient identity and emphasized the importance of handling one patient's paperwork at a time.</p> <p>The Health Center Manager performed a root cause analysis with Front Office Specialist (FOS) staff involved in the error to determine what contributing factors led to the error. This resulted in a new process whereby the FOS will ask the patient to confirm the information on the receipt and to then initial the receipt.</p> <p>The Health Center Manager reviewed the incident with all health center staff at their next staff meeting, reminded staff about the policy and procedure for verifying patient identity and the importance of handling one patient's paperwork at a time.</p>	9-3-13 9-10-13 9-27-13

Licensing and Certification Division
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Diane R. DeKille *HEPAA Privacy Officer* TITLE

STATE FORM 6899 Z9LV11 1-3-14 (X6) DATE



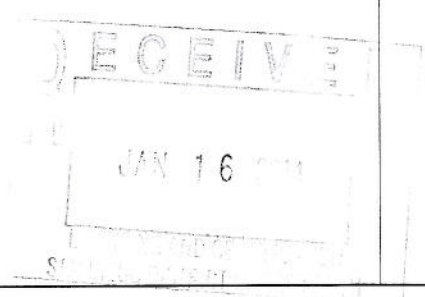
California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA090001041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/10/2013
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD - CHULA VISTA CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1295 BROADWAY, #201 & #202 CHULA VISTA, CA 91911
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D 177	<p>Continued From page 1</p> <p>(HCM) was conducted on 10/14/13 at 1:00 P.M. The HCM stated, "on _____, the nursing department was informed by Patient 2 that received a receipt which contained Patient 1's personal information to include name and address. Patient 2 contacted the clinic to inform the facility of the error. The front office specialist (FOS) was assisting another employee and had not noticed the error."</p> <p>A letter of notification was mailed to Patient 1 and Patient 2 of the incident. The letter explained that on _____ visit summary note had been given another patient in error.</p> <p>An interview with FOS 1 was conducted on 10/23/13 at 1:30 P.M. FOS 1 stated, "there was a line in check out so _____ went to assist. Noticed check out person was paying cash. At that time, there were two patients there with the same first name checked in and out. For the check out, she checked the chart and reviewed the fees with Patient 2. Patient 2 paid for the visit and the receipt was provided. I believe Patient 1's fees were pending so both receipts must have printed out the same time."</p> <p>A interview with the HCM was conducted on 10/23/13 at 1:40 P.M. The HCM stated the incident of giving Patient 1's personal information to Patient 2 was a breach in confidentiality. The HCM acknowledged that Patient 1's confidentiality had not been maintained when Patient 2 received the receipt that contained Patient 1's personal information.</p>	D 177	<p>Continued from page 1</p> <p>Monitoring of compliance to the policy for verifying patient identity has been incorporated into the initial assessment for new health center staff and the annual performance evaluation. The Health Center Manager is responsible for conducting the annual performance evaluation. The annual review process is part of our quality assurance program.</p> <p>The Health Center Manager is responsible for continuously monitoring compliance to all HIPAA privacy policies and procedures in their health centers including protection of patient privacy through verification of patient identity at the time of check out.</p> <p>In addition, the HIPAA Privacy Officer conducts HIPAA training for all new health center staff as part of the agency's orientation and training program as well as an annual HIPAA Compliance Training review. HIPAA compliance audits are also conducted annually at a minimum of six health centers. All corrective actions were completed by 9-27-13.</p>	5-25-12 <i>(date assessment form implemented)</i>
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California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA090001041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/26/2012
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD - CHULA VISTA CEN		STREET ADDRESS, CITY, STATE, ZIP CODE 1295 BROADWAY, #201 & #202 CHULA VISTA, CA 91911		
(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
D 000	Initial Comments The following reflects the findings of the California Department of Public Health during the investigation on an entity reported incident. Entity reported incident: CA00329880 Category: State Monitoring: Non-Breach Patient Medical Information Incident Representing the Department: Nanette Bizzarro, HFEN The inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility.	D 000	We apologized to Patient 1 in person and reassured the that Planned Parenthood is committed to protecting patient privacy. A follow up apology letter was mailed to Patient 1. The Health Center Manager immediately spoke to the Front Office Specialist involved in the complaint and the Employee Relations Manager was contacted. Disciplinary action included a written "Employee Incident/Solution Notice." The Health Center Manager reviewed the agency's HIPAA privacy policies and procedures with staff at their staff meeting including protection of patient privacy at the front desk.	10/11/12 10/15/12 10/16/12
D 071	T22 DIV5 CH7 ART4-75030(a)(2) Basic Services--Policies and Procedures (2) Policies relating to patient care. This Statute is not met as evidenced by: Based on interview and document review, the facility failed to ensure that clinic staff followed the facility's expectations and policy, and maintained the confidentiality of Patient 1's medical information. Findings: An interview with the clinic manager (CM) was conducted on 11/26/12, at 3:00 P.M. The CM stated that Patient 1 reported that, a front desk staff verbalized the reason for clinic visit, "loud enough for other patients in the waiting room to hear." The CM stated that the front desk	D 071	See above regarding immediate measures that were put into place to ensure deficient practice does not recur. Monitoring of compliance to the Front Office Specialist Skills Assessment Form has been incorporated into the initial assessment for new health center staff and the annual performance evaluation. They are conducted by the Health Center Manager. The Center Manager is responsible for monitoring compliance to HIPAA privacy policies and procedures in their health centers including protection of patient privacy at the front desk.	12/14/12 12/14/12 05/25/12

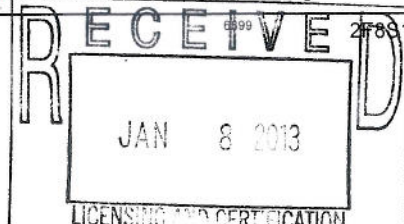
Licensing and Certification Division

Diane R. DeFillo, *HIPAA Privacy Officer*
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE *1-8-13*

(X6) DATE

STATE FORM



California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA090001041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/26/2012
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD - CHULA VISTA CEN		STREET ADDRESS, CITY, STATE, ZIP CODE 1295 BROADWAY, #201 & #202 CHULA VISTA, CA 91911		
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D 071	<p>Continued From page 1</p> <p>staff should not have verbalized any identifying information and should not ask the reason for the visit when checking in patients. The CM also stated that it was the clinic's expectation and policy, and it was also part of the front office staff skills assessment, that the confidentiality of all patients' health information would be maintained.</p> <p>A review of the Front Office Specialist Skills Assessment form indicated that, "Correctly maintains patient confidentiality at all times at Front Desk position (i.e. only calls patients by first name, talks to patient at window in low voice, does not ask patient what they are here for today, etc.)."</p>	D 071	<p>In addition, the HIPAA Privacy Officer conducts HIPAA training for all new health center staff as part of the agency's orientation and training program as well as an annual HIPAA Compliance Training review. HIPAA compliance audits are also conducted annually at a minimum of six health centers.</p> <p>A HIPAA Privacy audit of the front office processes at this health center was conducted by the HIPAA Privacy Officer.</p> <p>All corrective actions were completed by 12/14/12.</p>	11/26/12