STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CA050000118	A. BUILDING: _____ B. WING _____	09/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF SANTA BARBAR	516 GARDEN ST SANTA BARBARA, CA 93101

(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
J 000	Initial Comments The following reflects the findings of the California Department of Public Health, Licensing and Certification, during an investigation of one Facility Reported Incident (FRI). FRI: CA00649646--Substantiated Representing the Department: HFEN 39106 The inspection was limited to the specific facility reported incident investigated and does not represent the findings of a full inspection of the facility.	J 000	**a. What corrective action(s) will be accomplished for the patient(s) identified to have been affected by the deficient practice.** The patient was informed of the breach including the action we took to terminate employment with the employee involved in the incident. The patient was reassured that the copy of the identification and medical cards retrieved from her medical record would not impact her current employment or ability to be employed in another department. In fact, they were deleted. The patient verbalized appreciation for the swift action taken. **b. How other patients having the potential to be affected by the same deficient practice will be identified, and what corrective action will be taken.** This was a unique situation with an action taken by one employee. We do not believe this will happen again. **c. What immediate measures and systemic changes will be put into place to ensure that the deficient practice does not recur.** The employee involved in this incident was the Director of Revenue Cycle (DOR). In their role, they have access to patient medical records. However, they violated HIPAA policy when they used that access to retrieve information for the purpose of employment. The patient was concurrently an employee seeking a position in a different department. The DOR's employment was terminated for violating policy and using poor judgement.	8/6/19 8/2/19
J 099	CCR TITLE 22 DIV5 CH7 ART6 -75055(b) Unit Patient Health Records (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. This Statute is not met as evidenced by: Based on interview and record review, the facility failed to protect the privacy of a patient (Patient 1) when an employee intentionally accessed the patient's electronic health record. This failure resulted in disclosure of information to another employee and the potential for misuse of the patient's information. Findings: The facility policy and procedure titled "General Security Compliance" dated 12/01/2018, indicates in part "As a covered entity under the Security Regulations, the facility works to protect against any reasonably anticipated uses or disclosures of	J 099	POC accepted 9/25/19 E. Werren	

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	CA050000118	A. BUILDING: _____ B. WING _____	09/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF SANTA BARBAR.	518 GARDEN ST SANTA BARBARA, CA 93101

(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
J 099	Continued From page 1 such information that are not permitted or required by the Privacy Regulations". The facility policy and procedure titled "Uses and Disclosure of PHI based on an Authorization" dated 01/01/2019, indicates in part "A use or disclosure of PHI for purposes other than treatment, payment or healthcare operations must be accompanied by an Authorization signed by the patient..". During an interview on 8/14/19, at 11:30 a.m., the chief financial officer (CFO) indicated the director of revenue cycle (DRC) communicated on 8/1/19 that she needed clarification of the spelling of a prospective employee's first name. The DRC was directed to the human resources director (HRD) for assistance with this matter. The CFO further explained that later that same day, the DRC emailed the prospective employee's driver's license and insurance card to the CFO. The CFO indicated the DRC acknowledged accessing the prospective employee's (who had been a patient of the facility in the past) medical record to obtain a copy of the driver's license and health insurance card. During an interview on 8/14/19, at 1150 a.m., the chief operating officer (COO) confirmed the unauthorized access of Patient 1's electronic health record by the DRC on 8/1/19. The COO further confirmed there was not a legitimate reason for the DRC to have accessed the health record.	J 099	**d. A description of the monitoring process and positions of persons responsible for monitoring (i.e., Administrator, Director of Nursing, or other responsible supervisory personnel). How the facility plans to monitor its performance to ensure corrections are achieved and sustained. The plan of correction must be implemented, corrective action evaluated for its effectiveness, and it must be integrated into quality assurance system.** We do not believe this was a systemic problem. All employees go through intensive HIPAA training within the 1st week of employment and participate in an annual review. We believe this was a one-time occurrence involving one employee who used poor judgement. As a result, they are no longer employed with the agency. **e. Dates when corrective action will be completed. The corrective action completion must be acceptable to the Department. The deficient practice should be corrected immediately. This date shall be no more than 30 calendar days from the date the facility was notified of the non-compliance.** Coincidently, we were due for our annual HIPAA training. The HIPAA Privacy Officer and HIPAA Security Officer provided their training at all of our administrative and health center locations between the dates of August 20 – August 23, 2019 . Attached are the sign in sheets for each of those trainings and names of participants along with the	

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12/17/13	CA050000445	A. BUILDING: _____ B. WING _____	C 12/09/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF VENTURA	5400 RALSTON ST VENTURA, CA 93003

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D 172	Continued From page 3 the CDPH.	D 172		