California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CA630003541	A. BUILDING: _____ B. WING _____	C 07/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF THOUSAND OAK	1200 W HILLCREST DR STE 100 THOUSAND OAKS, CA 91360

(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
A 000	Initial Comment The following reflects the findings of the California Department of Public Health, Licensing and Certifiacation, during the investigation of an Entity Reported Incident (ERI). ERI CA00595373 - Substantiated Representing the Department: 2675 - HFES	A 000		
A 170	The investigation was limited to the investigation of the ERI and does not reflect the findings of a full inspection of the facility. 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 Section 56.05 of the Civil Code and consistent with Section 1280.18. For purposes of this section, internal paper records, electronic mail, or facsimile transmissions inadvertently misdirected within the same facility or health care system within the course of coordinating care or delivering services shall not constitute unauthorized access to, or use or disclosure of, a patient's medical information. 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 patient's medical	A 170	**a. What corrective action(s) will be accomplished for the patient(s) identified to have been affected by the deficient practice.** We were informed that Patient A's letter was received by a person who was not the intended recipient. We apologized for the error and she agreed to return the letter. Several phone calls were made to Patient A with the attempt to inform her of the breach. The patient did not reply. 7/6/18 A letter was mailed informing patient of the breach. In addition, we have been working with Ventura's Public Health Department to locate the patient given that treatment for STD has not been attained. They have attempted phone calls and field visits without success. 7/13/18 **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.** A report was run identifying all of the 8/1/18	

Licensing and Certification Division
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: COO — (X6) DATE: 8/9/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CA630003541	A. BUILDING: _____ B. WING _____	C 07/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF THOUSAND OAK	1200 W HILLCREST DR STE 100 THOUSAND OAKS, CA 91360

(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
A 170	Continued From page 1 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 whether to investigate and the amount of an administrative penalty, if any, pursuant to this section. This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure a patients' (Patient A) protected health information (PHI) was kept private, when Patient A's confidential information was sent by US postal service to the wrong recipient. This failure resulted in the unauthorized disclosure of Patient A's PHI and the potential for misuse of the information. Findings: During a telephone interview with the chief operating officer (COO) on 7/24/18, at 8:10 a.m., the COO stated, on 7/06/18 the facility received a phone call from an individual who stated she had received a letter addressed to her in the mail but the information inside had another patients name	A 170	patients who had letters mailed out regarding lab follow-up on the same day. Each patient was contacted to ensure they received letters intended for them. **c. What immediate measures and systemic changes will be put into place to ensure that the deficient practice does not recur.** Call Center Director did an immediate review of procedures regarding abnormal lab follow up. He spoke with the Abnormal Lab Coordinator involved and reminded her that the process includes the mandatory double checking of the patient name and address on the envelope label, prior to placing the letter in the envelope. He also reinforced with the employee the need to handle only one patient letter and envelope at a time. This process was reviewed with all of the case management team. **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.**	7/9/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CA630003541	A. BUILDING: _____ B. WING _____	C 07/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF THOUSAND OAK	1200 W HILLCREST DR STE 100 THOUSAND OAKS, CA 91360

(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
A 170	Continued From page 2 and lab results (Patient A). The letter and lab result were related to a sexually transmissible disease. The COO explained that case management personnel had accidentally enclosed a letter and lab result intended for Patient A into the wrong envelope. According to the facility they were unable to contact Patient A by phone but sent a letter to inform her of the unintentional disclosure. The facility policy and procedure entitled "Notice of Health Information Privacy Practices" revised 11/2016, indicated in part "The privacy and security provisions of the Health Insurance Portability and Accountability Act ("HIPAA") requires us to: Make sure that health information that identifies you is kept private." The facility policy and procedure entitled "Case Management and Abnormal Follow-Up Policies and Procedure" revised 2/2016, indicated in part "Case management staff will handle medical records request and medical record release according to HIPAA guidelines."	A 170	The Call Center Director and Sr. Medical Services Director are responsible for monitoring and supervision of the case management team. They will provide an additional review of entire Case Management and Abnormal Follow-Up Policies and Procedures on 8/24/18. The training could not be scheduled earlier due to a few team members' scheduled vacations. The Risk and Quality Manager will be doing a quality follow up audit on 8/24/18 and quarterly thereafter. This new audit will be incorporated into the affiliate's Compliance, Quality and Risk Management 2018-2019 Work Plan. 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.** All corrective actions will be completed by August 24, 2018	