

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA050000118	(X1) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/10/2019
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NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF SANTA BARBARA COUNTY	STREET ADDRESS, CITY, STATE, ZIP CODE 518 Garden St Santa Barbara, CA 93101
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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
J000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health, Licensing and Certification, during an investigation of one Facility Reported Incident (FRI).</p> <p>FRI: CA00649646--Substantiated</p> <p>Representing the Department: HFEN 39106</p> <p>The inspection was limited to the specific facility reported incident investigated and does not represent the findings of a full inspection of the facility.</p>	J000		
J099	<p>CCR TITLE 22 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. 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.</p> <p>This failure resulted in disclosure of information to another employee and the potential for misuse of the patient's information.</p> <p>Findings:</p> <p>The facility policy and procedure titled "General Security Compliance" dated 12/01/2018,</p>	J099		

Licensing and Certification Division

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

TITLE

(X6) DATE

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	<p>indicates in part "As a covered entity under the Security Regulations, the facility works to protect against any reasonably anticipated uses or disclosures of such information that are not permitted or required by the Privacy Regulations".</p> <p>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..".</p> <p>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.</p> <p>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.</p>			