PRINTED: 15/11/2018

California Department of Public Health

FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA080001701		(X1) MULTIPLE CONSTRUCTION A. BUILDING: B. WING:		(X3) DATE SURVEY COMPLETED 03/18/2015		
NAME OF	PROVIDER OR SUPPLIER		•	STR	EET ADDRESS, CITY, STATE, Z	IP CODE		
PLANNED PARENTHOOD - MISSION BAY CLINIC				4501 Mission Bay Dr San Diego, CA 92109				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREI TA	FIX	PROVIDER'S PLAN OF CO (EACH CORRECTION SI CROSS-REFERENCED APPROPRIATE DEFIC	HOULD BE TO THE	(X5) COMPLETE DATE	
D000	Initial Comments		D000					
	The following reflects the findings of the California Department of Public Health following an investigation of a self-reported breach of a patient's medical information.							
	Complaint number: CA00420907							
	The investigation was limited to the specific event reported and does not represent the findings of a full inspection of the facility.							
	Representing the California Department of Public Health: Health Facilities Evaluator Nurse							
	State ID: 15932.							

Licensing and Certification Division

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

TITLE

(X6) DATE

FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER:	ER:		MULTIPLE CONSTRUCTION JILDING:	(X3) DATE SURVEY COMPLETED	
		CA080001701		B. W	NG:	03/18/2	015
NAME OF	PROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZI	P CODE	
PLANNED PARENTHOOD - MISSION BAY CLINIC			4501 Mission Bay Dr San Diego, CA 92109				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		IC PRE TA	FIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A001	a patient's medical info patient or the patient's last known address, no days after the unlawful use, or disclosure has clinic, health facility, ag	e Section 1280.15 (b) facility, agency, or rt any unlawful or o, or use or disclosure of, rmation to the affected representative at the later than five business or unauthorized access, been detected by the lency, or hospice." It the facility informed the pe patient's e unlawful or use or disclosure of the	A001				
D177	shall be confidential an to authorized persons i federal, state and local This Statute is not met Based on interview and facility failed to protect	ed in the health records d shall be disclosed only n accordance with laws. as evidenced by: d record review, the the medical record repled patient (Patient A) and Safety Code s a result, the patient's	D177				

Licensing and Certification Division

PRINTED: 15/11/2018

California Department of Public Health

FORM APPROVED (X1) PPOVIDED/SLIPPLIED/CLIA (Y3) DATE SLIDVEV (X1) MULTIPLE CONSTRUCTION

AND PLAN OF CORRECTION	IDENTIFICATION NUMBER: CA080001701	A	. BUILDING:	COMPLETED	COMPLETED 03/18/2015	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STAT	E, ZIP CODE		
PLANNED PARENTHOOD - I	ISSION BAY CLINIC		1501 Mission Bay Dr San Diego, CA 92109			
PRÉFIX DEFICIENCY MUST I	T OF DEFICIENCIES (EACH BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTION CROSS-REFERENCE APPROPRIATE DI	N SHOULD BE CED TO THE	(X5) COMPLETE DATE	
11/14/14. The facility the incident on 11/18/ The facility reported the following PHI related laboratory results, visioname. The Administrative standuring a telephone into Administrative staff standuring the welcome letter that was the welcome letter content of the incident of the incident in the welcome letter of the incident in the welcome letter of the incident in the inciden	aware of a breach on notified the Department of 14. nat the breach included ted to Patient A: Name, it description and provider aff confirmed the incident terview on 3/18/15. The ated Patient B received a as meant for Patient A. ontained instructions on real that contained the PHI					