STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		CA250001778		B. WI	NG:	02/19/2015	
NAME OF	PROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, Z	P CODE	
PLANNED PARENTHOOD - MORENO VALLEY CENTE				_	00 Frederick St eno Valley, CA 92553		
(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 CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A000	Initial Comments		A000				
	The following reflects the findings of the California Department of Public Health during the investigation of one entity reported incident.						
	Entity reported incident number: CA00429105						
	Representing the California Department of Public Health: 25937 / 2122						
	The inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility.						
	This Department was a violation of the regulation						

Licensing and Certification Division

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

TITLE

(X6) DATE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED 02/19/2015			
		B. WING:							
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD - MORENO VALLEY CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE R 12900 Frederick St Moreno Valley, CA 92553					
(X4) ID PREFIX TAG			PREF	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		IOULD BE TO THE	(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 or any unlawful or o, or use or disclosure of, ormation to the affected representative at the olater than five business or unauthorized access, been detected by the gency, or hospice." It the facility informed the ne patient's e unlawful or use or disclosure of the	A001				03/27/2015		
A017	or hospice licensed put 1250, 1725, or 1745 shunauthorized access to of, patients' medical in subdivision (g) of Secti Code and consistent with department, after invest administrative penalty section of up to twenty (\$25,000) per patient with information was unlawful authorization accessed up to seventeen thousa (\$17,500) per subsequiunlawful or unauthorized	ity, home health agency, ursuant to Section 1204, hall prevent unlawful or o, and use or disclosure formation, as defined in on 56.05 of the Civil hith Section 130203. The stigation, may assess an for a violation of this five thousand dollars whose medical fully or without d, used, or disclosed, and and five hundred dollars ent occurrence of	A017				03/27/2015		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		CA250001778		B. WING:		02/19/2015	
NAME OF PROVIDER OR SUPPLIER				STR	EET ADDRESS, CITY, STATE, ZI	P CODE	
PLANN	ED PARENTHOOD - M	ORENO VALLEY CENTI	ER		00 Frederick St reno Valley, CA 92553		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PRE	ID PROVIDER'S PLAN OF CORRI PREFIX (EACH CORRECTION SHOU TAG CROSS-REFERENCED TO APPROPRIATE DEFICIEN		IOULD BE TO THE	(X5) COMPLETE DATE
	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 the amount of an administrative penalty pursuant to this section.						
	were sent to Patient B,	d facility document d to prevent and/or disclosure of two Patient 2) medical ent A's laboratory results and Patient B's lab tient A. This failure had a misuse of					
	Findings:						
	12, 2015, that she had mail that was intended stated Patient A's name the outside envelope, be addressed to Patient B protected health inform	s interviewed. The PO d the facility on January received a letter in the for Patient B. The PO e and address was on but the letter inside was , and contained ation (PHI). The PO ned Patient B's positive					

Licensing and Certification Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/OIDENTIFICATION NUMBER:	1BER:		MULTIPLE CONSTRUCTION JILDING:	(X3) DATE SURVEY COMPLETED	
		CA250001778		B. WI	NG:	02/19/2	
NAME OF	PROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZI	P CODE	
PLANN	ED PARENTHOOD - M	ORENO VALLEY CENTE	ER		00 Frederick St eno Valley, CA 92553		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PRE	ID PROVIDER'S PLAN OF COR REFIX (EACH CORRECTION SHO TAG CROSS-REFERENCED T APPROPRIATE DEFICI		OULD BE TO THE	(X5) COMPLETE DATE
	disease). The PO stated Patient A returned the letter to the facility. The letter sent to Patient A was reviewed. The letter contained Patient B's name, address, and positive test results for Chlamydia (a sexually transmitted disease).						
	13, 2015, that she had mail that was intended stated Patient B's name the outside envelope, be addressed to Patient A protected health inform stated the letter contain Chlamydia results (a see	s interviewed. The PO d the facility on January received a letter in the for Patient A. The PO e and address was on but the letter inside was , and contained ation (PHI). The PO ned Patient A's positive					
		nt B was reviewed. The A's name, address, and Chlamydia (a sexually					
	The PO stated, the empenvelopes, and then achieve verified the correct going on the correct en PO stated the employe handled one envelope/	ddressing them, should ct address label was velope. In addition, The e should have only					
	The information contair employee handbook, u Portability and Account Privacy Statement. Th the following:	nder Health Insurance ability Act (HIPAA)					
	Make sure all medication unauthorized use. Never allow an unauto any medical records	thorized person access					

Licensing and Certification Division

PRINTED: 20/11/2018

California Department of Public Health

FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA250001778		(X1) MULTIPLE CONSTRUCTION A. BUILDING: B. WING:		(X3) DATE SURVEY COMPLETED 02/19/2015	
NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD - MORENO VALLEY CENTE				129	EET ADDRESS, CITY, STATE, ZI 00 Frederick St reno Valley, CA 92553	P CODE	
(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 CO (EACH CORRECTION SH CROSS-REFERENCED APPROPRIATE DEFIC	IOULD BE TO THE	(X5) COMPLETE DATE
3. As a general matter, An individual's PHI may not be used or disclosed without proper permission.							