IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

September 3, 2014

Patrick Branco, Administrator
Clearwater Valley Hospital & Clinics
301 Cedar Street
Orofino, ID 83544

RE: Clearwater Valley Hospital & Clinics, Provider #131320

Dear Mr. Branco:

This is to advise you of the findings of the complaint survey at Clearwater Valley Hospital & Clinics, which was concluded on August 26, 2014.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction.

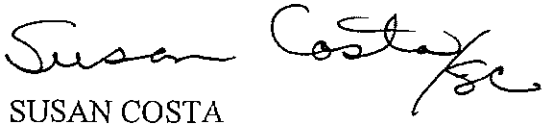
An acceptable plan of correction (PoC) contains the following elements:

- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date for correction of each deficiency cited must be included;
- Monitoring and tracking procedures to ensure the PoC is effective in bringing the Hospital into compliance, and that the Hospital remains in compliance with the regulatory requirements;
- The plan must include the title of the person responsible for implementing the acceptable plan of correction; and
- The administrator's signature and the date signed on page 1 of the Form CMS-2567.

After you have completed your Plan of Correction, return the original to this office by **September 16, 2014**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please write or call this office at (208) 334-6626.

Sincerely,



SUSAN COSTA
Health Facility Surveyor
Non-Long Term Care

SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

SC/pmt
Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/27/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	131320		C 08/26/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEARWATER VALLEY HOSPITAL & CLINICS	301 CEDAR STREET OROFINO, ID 83544

(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) COMPLETION DATE
C 000	INITIAL COMMENTS A complaint investigation survey was completed at your facility August 20, 2014 to August 21, 2014. Surveyors conducting the survey were: Susan Costa, RN, HFS Nancy Bax, BSN, HFS Laura Thompson, BSN, HFS A survey was conducted to evaluate compliance with the COP of Clinical Records, specifically, Protection of Record Information.	C 000	RECEIVED SEP 15 2014 FACILITY STANDARDS Refer to PoC Attachment	
C 308	485.638(b)(1) PROTECTION OF RECORD INFORMATION The CAH maintains the confidentiality of record information and provides safeguards against loss, destruction, or unauthorized use. This STANDARD is not met as evidenced by: Based on staff interview and review of records and hospital policy, it was determined the CAH failed to safeguard patient and medical information. This had the potential to result in unauthorized individuals obtaining confidential patient information. Findings include: A tour of the patient care area and emergency room was conducted on 8/20/14 at approximately 2:30 PM. Two computer monitors in the hallway were unattended. The screens were left open with patient information visible. One computer monitor displayed patient information regarding an outpatient who had an endoscopic procedure.	C 308		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Lynne Donner — Chief Administrative Officer — 09-12-2014

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	131320		C 08/26/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEARWATER VALLEY HOSPITAL & CLINICS	301 CEDAR STREET OROFINO, ID 83544

(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) COMPLETION DATE
C 308	Continued From page 1 The other computer monitor displayed the current census with patient names and room numbers. Staff was observed in the hallway of the patient care unit and in the nursing station. The staff made no effort to shut down the computers. During an interview on 8/20/14 at 3:00 PM, the President of the facility was informed of the findings and confirmed he was aware of computers being left open. The hospital failed to ensure patient information was protected.	C 308	Refer to PoC Attachment	

Lynne Bonner

Clearwater Valley Hospital & Clinics Provider Number 131320

Complaint # ID00005720 Date Survey Completed: 08/26/204

Providers Plan of Correction Submitted: September 12, 2014

ID Tag #	Deficiency summary	Action to Correct Deficiency	Action will improve process by	Date Completed	Plan to Monitor POC effective	Person Responsible
C 308	485.638(b)(1) PROTECTION OF RECORD INFORMATION					
	The CAH maintains the confidentiality of record information and safeguards against loss, destruction, or unauthorized use.	Staff education to address CMS privacy concerns related to appropriate computer access, login and immediate lock out techniques, and IT user protections was completed as follows:	Steps taken will ensure CVHC staff maintain the confidentiality of record information and safeguard against loss, destruction, or unauthorized use.		Two Random audits of computers in ED and Patient Care areas will be conducted for 12 weeks.	DNS
	This STANDARD is not met a evidenced by: Based on staff interview and review of records and hospital policy, it was determined the CAH failed to safeguard patient and medical information. Findings include:	Daily Organizational Huddles (08/02-08/05/14; 08/09-08/8/12/14)		09/12/2014		Huddle Lead
		Nursing Supervisor Meeting		09/09/2012		DNS
	A tour of the patient care area and emergency room was ducted on 8/20/2014 at approximately 2:30 PM. Two computer monitors in the hallway were unattended. The screens were left open with patient information visible.	CVHC Site Manager Meeting		09/11/20104		COO
		ED Physician Providers (08/26/14; 09/8/14; 09/11/14; 09/12/14)		09/12/2014		COO
		Additional Provider Education is scheduled at September Medical Staff Provider Meeting will include computer demonstration regarding how lock and unlock Provider laptops and Radiology viewing screen use of PIN access.		09/16/2014		CMO

Clearwater Valley Hospital & Clinics Provider Number 131320

Complaint # ID00005720 Date Survey Completed: 08/26/204

Providers Plan of Correction Submitted: September 12, 2014

ID Tag #	Deficiency summary	Action to Correct Deficiency	Action will improve process by	Date Completed	Plan to Monitor POC effective	Person Responsible
C308	One computer monitor displayed patient information regarding an outpatient who had an endoscopic procedure. The other computer monitor displayed the current census with patient names and room numbers. Staff was observed in the hallway of the patient care unit and in the nursing station. The staff made no effort to shut down the computers. During an interview on 8/20/14 at 3:00 PM, the President of the facility was informed of the finding and confirmed he was aware of computes being left open. The hospital failed to ensure patient information was protected.	All staff, regardless of position within the organization, are empowered to use "window button + L" to instantly lock any computer displaying PHI and observed to be unattended. Radiology viewing monitor in Emergency Department has a Screen saver with 4 digit PIN access for use by ED clinical staff. "Password, PIN, Lockout" policy will be revised to reduce idle time lock out on system-wide computers.		09/12/2014 09/10/2014 10/01/2014		All employees ED RN Coordinator CIO

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September 3, 2014

Patrick Branco, Administrator
Clearwater Valley Hospital & Clinics
301 Cedar Street
Orofino, ID 83544

RE: Clearwater Valley Hospital & Clinics, Provider #131320

Dear Mr. Branco:

On **August 26, 2014**, a complaint survey was conducted at Clearwater Valley Hospital & Clinics. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00005720

Allegation: Patient privacy was not maintained. While in the emergency room, the patient overheard staff talking about her.

Findings: An unannounced complaint investigation was conducted on 8/20/14 and 8/21/14. Clinical records and facility policies were reviewed. Staff and patient interviews were conducted. Incident report logs, and complaint and grievance logs, from August 2012 to August 2014, were reviewed.

Three patients and two clinical staff were interviewed in the emergency room and on the patient care areas. Patients were questioned about their perception of privacy and confidentiality. The patients verbalized confidence their medical information was protected. The clinical staff discussed methods of protecting patient privacy, especially in the emergency room, where patients are separated by just curtains.

A tour of the patient care area was conducted on 8/20/14 at approximately 2:30 PM. Two computer monitors in the hallway were unattended. The screens were left open with patient information visible.

One computer monitor displayed patient information regarding an outpatient who had an endoscopic procedure.

The other computer monitor displayed the current census, with patient names and room numbers. Staff was observed in the hallway of the patient care unit, and in the nursing station. The staff made no effort to shut down the computers.

During an interview on 8/20/14 at 3:00 PM, the President of the facility was informed of the findings and confirmed he was aware of computers being left open.

Patient privacy was not protected by ensuring computer monitors were not visible with patient information when left unattended.

The allegation of patient privacy violation was substantiated with deficiencies cited at 42 CFR 485.638 (b)(1).

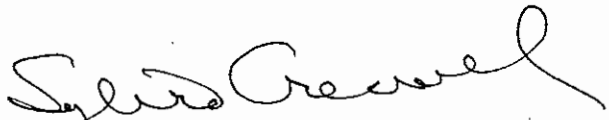
Conclusion: Substantiated. Federal deficiencies related to the allegation are cited.

Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it will be addressed in the Plan of Correction.

If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,

SUSAN COSTA
Health Facility Surveyor
Non-Long Term Care



SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

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