CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		1 ' '	(X3) DATE SURVEY COMPLETED		
		053304	053304			03/2	7/2009		
l l				ISS, CITY, STATE, ZIP CODE IAIN STREET, ORANGE, CA 92868 ORANGE COUNTY					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTIO	PROVIDER'S PLAN OF CORRECTION (X5) H CORRECTIVE ACTION SHOULD BE CROSS- RENCED TO THE APPROPRIATE DEFICIENCY) DATE			
	(EACH DEFICIENCY MUST BE PRECEEDED BY FULL								
Event ID:	KOK311		2/23/2011	10:39:	I9AM				

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

TITLE

(X6) DATE

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. Except for nursing homes, the findings 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.

assepted P. Wesserry

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
	053304	B. WING		03/27	03/27/2009		
			S, CITY, STATE, ZIP CODE AIN STREET, ORANGE, CA 92868 ORANGE COUNTY				
PREFIX (EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SHO REFERENCED TO THE APPROPRIA	(X5) COMPLETE DATE			
Based on facility interview, the facility unauthorized acce information. Findings: Review of the facilit Non-Disclosure Agreunder Item ii, an a accountable for all ercode, even if such associate or by intentional or neglige available to an associate to an associate information. On 3/4/09, the facility associate medical records of hospitalized at an affilial. The associate worke facility, and because the associate had electronic medical reaffiliated hospital. reported to the Deparacessed the medical	Continued From page 1 Based on facility agreement review and staff interview, the facility failed to prevent unlawful or unauthorized access to patients' medical information. Findings: Review of the facility's Confidentiality, Privacy and Non-Disclosure Agreement on 3/27/09, showed under Item ii, an associate was responsible and accountable for all entries made under their sign-on code, even if such action was made by the associate or by another due to associate's intentional or negligent act or omission. Any data available to an associate would be treated as confidential information. On 3/4/09, the facility reported a medical record information breach they were informed of on 3/2/09. A facility associate had accessed the electronic medical records of a co-worker that had been hospitalized at an affiliated hospital. The associate worked for a medical group at the facility, and because of their job responsibilities, the associate had been given access to the electronic medical records of the facility and the		1. The associate who was employee of a physician group, who has an office on the campus, has undergone the disciplinary process for noncompliance with our facility policies and procedure regarding confidentiality, privacy, and HIPPA. 2. All associates who are employees of this physician group have received an educational document outlining their responsibilities for compliance to HIPPAA confidentiality and privacy policies/procedures. This was distributed in their paychecks. 3. A Performance Improvement Team was created to conduct an organizational gap analysis with regards to compliance with HIPPAA confidentiality and privacy policies/procedures. A representative from the management team of the physician group is a member of this team. The Performance Improvement Team reports to the Joint Leadership Committee (the Quality Committee for the Organization).				
the Privacy Officer, s	on 3/27/09 at 1100 hours, with he stated the facility had found sociate indicating to them		:19AM				

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

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		053304		B. WING		_ 03/2	7/2009	
NAME OF PROVIDER OR SUPPLIER CHILDREN'S HOSPITAL OF ORANGE COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 455 SOUTH MAIN STREET, ORANGE, CA 92868 ORANGE COUNTY					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION S	ER'S PLAN OF CORRECTION CTIVE ACTION SHOULD BE CROSS- O THE APPROPRIATE DEFICIENCY)		
	Continued From page	2						
	the associate might patient medical record. They had notified investigation showed the electronic medical had been hospitalized associate had accerecords on three co-worker's medical associate's job responsion. On 3/25/09 at 113 conducted with the information security present a root cause a plan of action had that a committee had the breaches to develop a plan of acsecurity breaches from	ords at their affilia the affiliated hosp the associate had records of a cold at the affiliated hissed the co-work occasions. Acrecords was not sibilities. 30 hours, an interprivacy Officer repreaches. She analysis of the bed not been done, die been established determine a root ction to correct and	ted hospital. ital and an and accessed -worker who ospital. The er's medical cessing the part of the erview was egarding the stated, at treaches and She added to work on cause and prevent the					
-	Event ID:KOK311 2/23/2011 10:39:19AM LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE							

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