





CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>053304</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/27/2009</b>
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NAME OF PROVIDER OR SUPPLIER <b>CHILDREN'S HOSPITAL OF ORANGE COUNTY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>455 SOUTH MAIN STREET, ORANGE, CA 92868 ORANGE COUNTY</b>
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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
	<p><b>Continued From page 2</b></p> <p>the associate might have accessed electronic patient medical records at their affiliated hospital. They had notified the affiliated hospital and an investigation showed the associate had accessed the electronic medical records of a co-worker who had been hospitalized at the affiliated hospital. The associate had accessed the co-worker's medical records on three occasions. Accessing the co-worker's medical records was not part of the associate's job responsibilities.</p> <p>On 3/25/09 at 1130 hours, an interview was conducted with the Privacy Officer regarding the information security breaches. She stated, at present a root cause analysis of the breaches and a plan of action had not been done. She added that a committee had been established to work on the breaches to determine a root cause and develop a plan of action to correct and prevent the security breaches from recurring in the future.</p>			

Event ID:KOK311

2/23/2011

10:39:19AM

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.