

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 051318	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/28/2010
NAME OF PROVIDER OR SUPPLIER REDWOOD MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 Renner Dr, Fortuna, Ca 95540-3120 HUMBOLDT COUNTY		
(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
	Continued From page 1 (a) A clinic, health facility, home health agency, or hospice licensed pursuant to Section 1204, 1250, 1725, or 1745 shall prevent unlawful or unauthorized access to, and use or disclosure of, patients' medical information, as defined in subdivision (g) of Section 56.05 of the Civil Code and consistent with Section 130203. The department, after investigation, may assess an administrative penalty for a violation of this section of up to twenty-five thousand dollars (\$25,000) per patient whose medical information was unlawfully or without authorization accessed, used, or disclosed, and up to seventeen thousand five hundred dollars (\$17,500) per subsequent occurrence of unlawful or unauthorized access, use, or disclosure of that patients' medical information. For purposes of the investigation, the department shall consider the clinic's, health facility's, agencies, 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. Based on interview and document review, the hospital failed to prevent the unlawful or unauthorized access, use, or disclosure of a patient's medical information, thus violating Health and Safety Code section 1280.15(a).		Compliant number: CA00253265 Penalty Number: 110008762 A017 1280.15(a) Health and Safety Code 1280 Immediate Corrective Action: 1. An audit of internal and external access to the patient's electronic medical record was conducted 12/16/2010. The audit revealed appropriate access to patient record using the hospital internal access to the electronic medical. The external access audit revealed access to the patient's electronic medical record using the physician connect portal by a community based clinic with which the patient has no affiliation and does not provide medical care to the patient. 2. The community clinic manager was interviewed and the clinic physician was interviewed 12/20/2012. The physician acknowledged sharing of her password with employee. Clinic manager confirmed that the patient whose record was accessed was not a patient of the clinic. 3. Clinic physician access to the Physician Connect portal was discontinued 12/20/2010 and the physician and clinic manager were notified. 4. The medical staff Professional Standards Committee reviewed the situation at the January 2011 meeting and requested that the clinic physician submit an action plan to the Professional Standards Committee that addresses how future breaches will be prevented in the clinic.	5/10/12 5/10/12 5/10/12 5/10/12

Event ID: 11W711

5/10/2012

9:17:59AM

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

Ann Parvaneh

TITLE

Director + RN

(X6) DATE

5/25/12

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.

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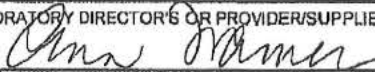
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	<p>Continued From page 2</p> <p>Findings:</p> <p>In interview on 12/28/10 at 10:00 am, Staff A stated that Patient 1 alleged that she had been evaluated in the hospital's emergency department (ED) on [REDACTED] 10, after an altercation with Healthcare Worker (HCW) B. Patient 1 alleged that she was told after an x-ray that her foot was broken, and she left the ED on crutches. Patient 1 alleged that she was later confronted by an acquaintance (the father of HCW B's child) who told her that her foot was not broken. Patient 1 alleged that when she asked the man how he knew that her foot was not broken, he told her that he knew people in the hospital who informed him.</p> <p>In interview on 12/28/10 at 10:00 am, Staff A stated that on [REDACTED] 10, Patient 1 requested a review/audit of her records to find out how the man had accessed the information about her foot. Staff A obtained the audit report from Physician Connect, the computerized system used by the hospital to transmit medical information to staff physician offices. Each physician received a password and signed a contract not to share it with office staff. Staff A determined that on [REDACTED] 10, Patient 1's record had been accessed by a physician's office for three minutes. Patient 1 was not a client of the office which accessed her information. When confronted by Staff A, the office manager and the physician both stated that Physician A had shared her password with her office staff, which included HCW B (a medical assistant), so that they could look up information for her.</p>		<p>5. The Professional Standards Committee accepted the action plan submitted by the clinic physician in March 2011.</p> <p>6. The clinic physician was allowed to re-apply for access to the physician connect portal and was access was re-established.</p> <p><u>Description of Monitoring:</u></p> <ol style="list-style-type: none"> 1. Routine auditing of physician connect access by community based physician offices. 2. Annual review of Physician Connect Policy with the Professional Standards Committee. <p><u>Person Responsible:</u> Privacy Officer Director of Health Information Management Medical Staff Manager</p>	5/14/12

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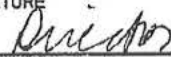
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TITLE



(X6) DATE

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	<p>Continued From page 3</p> <p>In interview on 12/28/10, Staff A stated that she believed that the medical assistant who accessed Patient 1's information was HCW B. Staff A stated that although it was possible to determine that HCW B accessed the record, it was not possible to ascertain what part of the record was viewed. Staff A assumed, because of Patient 1's aforementioned encounter with the father of HCW B's child, that at least Patient 1's foot x-ray report had been accessed.</p> <p>Staff A notified Patient 1 of the breach by mail on [REDACTED] 10, and notified the department on 12/23/10.</p>				

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Ann Danner

TITLE

Director QM

(X6) DATE

5/25/12

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	<p>The following reflects the findings of the Department of Public Health during a complaint/breach event visit:</p> <p>Complaint Intake Number: CA00253265 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 20307, Medical Consultant</p> <p>The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.</p> <p>Health and Safety Code Section 1280.15(a) A clinic, health facility, home health agency, or hospice licensed pursuant to Section 1204, 1250, 1725, or 1745 shall prevent unlawful or unauthorized access to, and use or disclosure of, patients' medical information, as defined in subdivision (g) of Section 56.05 of the Civil Code and consistent with Section 130203. The department, after investigation, may assess an administrative penalty for a violation of this section of up to twenty-five thousand dollars (\$25,000) per patient whose medical information was unlawfully or without authorization accessed, used, or disclosed, and up to seventeen thousand five hundred dollars (\$17,500) per subsequent occurrence of unlawful or unauthorized access, use, or disclosure of that patients' medical information.</p> <p>Penalty number: 110008762</p> <p>A 017 1280.15(a) Health & Safety Code 1280</p>			

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(X6) DATE

Ann Janner

Director Quality Risk Prgms

5/25/2012

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5/29/12 POC accepted
Hospital notified.
JB