

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061333	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/16/2015
NAME OF PROVIDER OR SUPPLIER RIDGECREST REGIONAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1081 N China Lake Blvd, Ridgecrest, CA 93555-3130 KERN COUNTY		
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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: CA00390447 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 18790, HFEN</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>Health and Safety Code 1280.15(i)(1)(2)</p> <p>(i) For purposes of this section, the following</p>		<p>The PO researched and found this incident to be a breach. The breach was reported with the information found and a Plan of Correction was set forth on 3.14.14.</p> <p>The PO mailed a certified letter from the Corporate Compliance Officer to Dr. XX in regards to the violation on 3.13.14. The Chief of Staff met with Dr. Miller regarding the violation.</p> <p>(Exact date not recorded)</p>	<p>2016 JAN 27 PM 12:18 LICENSING & CERTIFICATION BAKERSFIELD DIST. OFFICE STATE OF CALIFORNIA DEPT. OF PUBLIC HEALTH</p>

Event ID: 16ZQ117 **12-11845** 1/11/2016 11:54:19AM

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

TITLE

(X6) DATE

CIA

1/22/16

By signing this document, I am acknowledging receipt of the entire citation packet, *Page(s) 1 thru 6*

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.

2297 KC Accepted 12/16

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	<p>definitions shall apply:</p> <p>(1) "Reported event" means all breaches included in any single report that is made pursuant to subdivision (b), regardless of the number of breach events contained in the report.</p> <p>(2) "Unauthorized" means the inappropriate access, review, or viewing of patient medical information without a direct need for medical diagnosis, treatment, or other lawful use as permitted by the Confidentiality of Medical Information Act (Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code) or any other statute or regulation governing the lawful access, use, or disclosure of medical information.</p> <p>Based on interview and record review, the facility failed to prevent unauthorized access to, or use or disclosure, or use of one patient's (A) protected health information (PHI). This failure resulted in the improper viewing, or disclosure, or use of Patient A's information by a health care provider not involved in the patient's care.</p> <p>Findings:</p> <p>During a review of the hospital's self-reported breach, dated 3/7/14, it read in part, "[Patient A] came to the Health Information Management office (on 2/11/14) to see if [Dr. XX] had been reviewing her record since July of 2013. [Patient A] used to work for Dr. XX and stated that he had mentioned to her things he should not have known unless he had read her medical record. After conducting audits on her medical record, it does show that Dr. XX did</p>		<p>RRH takes patient privacy seriously and it's commitment to protect our patient's health information is important to us as their healthcare partner.</p> <p>Policies and Procedures for HIPAA Security and Awareness were updated on 3.24.15 to reflect our commitment to our staff, patients and community.</p> <p>Audit logs on Dr. XX and his staff have been run monthly and no other violations have been noted.</p> <p>Refresher training was given to Dr. XX's staff about sharing user-name's and password's after the event. (Exact date was not recorded.)</p> <p>Refresher training was provided to Dr. XX about accessing patient information and asking other to access on his behalf. (Exact date not recorded.)</p>		

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	<p>view her electronic medical record on January 4, 2014 and February 3...Dr. XX is not listed as the primary care physician or ordering physician on the face sheet for ER [emergency Room] visit on 7/8/2013 or any other visit since then..."</p> <p>During an interview with the Privacy Officer (PO) on 3/25/14 at 3 PM, these initially reported dates of alleged access by Dr. XX to Patient A's medical record were changed to 1/4/14 and 2/3/14. The PO provided the results of the hospital's audit done on 2/19/14. The PO interpreted the page and a half of dates, web action, detail search and medical record number. She stated, "On 1/4/14 at 6:52 PM until 7:16 PM, a total of 24 minutes, Dr. XX accessed Patient A's electronic medical record and viewed her physicians' daily summary, vital signs, allergies, intake and output, and lab results. On 2/3/14, at 4:45 pm, he accessed Patient A's laboratory test results again for less than 1 minute."</p> <p>During an interview, on 3/26/14 at 3:55 PM, Dr. XX stated he had not accessed Patient A's medical record. He stated, "There is no reason. I don't treat her. There are 15 people who have my password; labor and delivery nurses at the hospital, all of my employees. The original password was made up by my nurse whenever the system was set up, 2007."</p> <p>During an interview with Dr. XX's Office Manager (OM), on 3/26/14 at 4:10 PM, she stated she had used Dr. XX's password and log-in to access his patients' medical records, history and physicals,</p>		<p>As of 1.13.16 the HIPAA Privacy Officer reviews with all new provider, physicians, staff and employees the requirements for using their own user name and password and the use of Audit Logs.</p> <p>Audit logs are run each month on the new physicians, providers and employees at random to ensure Privacy and Security.</p>	<p>2016 JAN 27 PM 12:18 LICENSING & CERTIFICATION BAKERSFIELD DIST. OFFICE STATE OF CALIFORNIA DEPT. OF PUBLIC HEALTH</p>

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	<p>laboratory results. She stated, "Only when I was specifically asked to do so." The OM was asked if she had ever accessed anyone else's medical record, she said, "No."</p> <p>During an interview with Dr. XX's Office Secretary (OS) on 3/26/14 at 4:25 PM, she stated she had accessed several patients' medical records using Dr. XX's password and log-on. "He or the office manager or the nurse would tell me to do it." The OS denied ever accessing anyone's medical records without being specifically requested by above mentioned people. Neither the OM nor the OS knew any other physician's password or log-in information.</p> <p>During an interview with Registered Nurse (RN) 1 on 3/26/14 at 5:10 PM, she stated she had worked in labor and delivery for the hospital for 8 years. She did not know any physician's password or log-on information nor had she ever been asked to get information from a medical record using any physician's password and log-on. She stated that when she needed information about any patient, she utilized her own password and log-on.</p> <p>During an interview with RN 2 on 3/26/14 at 5:25 PM, she stated she had worked for the hospital for 25 years. She stated, "We each (nurses) have our own code. We do not use doctor's log-on/passwords. Even if I knew someone else's log-on, I would not do it." When asked if she knew of any nurse who used any physician's log-on/password, she stated, "I don't know...no! To do with HIPAA (privacy laws to protect personal</p>				

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	<p>health information)! If the doctor wants information and he asks me to get it, I use mine. We never use any doctor's log-on."</p> <p>The hospital's policy and procedure titled "Person or Entity Authentication", effective date 11/1/07, reviewed and revised on 5/3/13, indicated: "[Facility] is committed to maintaining formal procedures to verify that an individual or entity seeking access to electronic protected health information is the one claimed... 2. [Facility] will utilize Passwords as the authentication mechanisms for individuals to corroborate that an individual is who they claim to be... 3. b) All users must take measures to protect their passwords, ensuring they are securely stored, and not disclosed to others." The Physician Web station Password Form was reviewed. It indicated: "This form is for creating a password for access to the Physician Webstation (a web site for physicians to log-on and access patient information at a facility) at [Name of the Facility] ...If you share your password and someone else uses your username and password, you are still responsible for what happens under your username. All activity in the system is audited and tracked. In addition, if [Facility] finds out that you have shared your password, your access to the Physician Webstation will be disabled." There was a signature line under this passage.</p> <p>During the review of Dr. XX's personnel file, it was noted a form, "PROTECTED HEALTH INFORMATION CONFIDENTIAL AGREEMENT," for hospital employees and contracted physicians</p>			<p style="text-align: center;">2016 JAN 27 PM 12:18 LICENSING & CERTIFICATION BAKERSFIELD DIST. OFFICE</p> <p style="text-align: center;">STATE OF CALIFORNIA DEPT. OF PUBLIC HEALTH</p>	

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	<p>read: "I understand and agree that in the performance of my duties on behalf of [Facility], I must hold patient and employee information in confidence...I also understand and agree that I will only access PHI that is needed to serve the patient or when required by [Facility] policy, federal or California law or applicable regulation. I understand that a violation of these PHI confidentiality considerations may result in disciplinary action, including suspension or termination. I further understand that I could be subject to legal action. I certify by my signature that I have read and I understand the [Facility] Confidentiality of PHI Policy and I will abide by its provisions..." Dr. XX signed this agreement for a consecutive three years, 1/10/12, 2/13/13, and 2/13/14.</p> <p>During an interview with Patient A on 4/4/14 at 10 AM, she was asked how she determined her medical record had been accessed by Dr. XX. She stated, "He texted me! He deliberately went into my chart. It was personal information and I feel violated. It's horrifying; I don't know what his motive is. In front of hospital staff he said, 'I can't believe a former employee is going to another doctor. I'm uncomfortable around him.'"</p> <p>The hospital failed to prevent a physician from accessing and viewing a patient's protected health information twice without authorization is in violation of Health & Safety Code 1280.15 (a). Patient A was "horrified" and felt "violated and uncomfortable" around Dr. XX."</p>			

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