

California Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION              |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>CA070001351</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____  | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>01/21/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>EL CAMINO HOSPITAL</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2500 GRANT ROAD<br/>MOUNTAIN VIEW, CA 94040</b> |   |   |
| (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  |
| A 001   | Informed Medical Breach<br><br>Health and Safety Code Section 1280.15 (b)(2), " A clinic, health facility, agency, or hospice shall also report any unlawful or unauthorized access to, or use or disclosure of, a patient's medical information to the affected patient or the patient's representative at the last known address, no later than five business days after the unlawful or unauthorized access, use, or disclosure has been detected by the clinic, health facility, agency, or hospice."<br><br>The CDPH verified that the facility informed the affected patient(s) or the patient's representative(s) of the unlawful or unauthorized access, use or disclosure of the patient's medical information. | A 001   |   |   |
| A 000   | Initial Comment<br><br>The following reflects the findings of the California Department of Public Health during the investigation of an entity reported incident conducted on 1/21/15.<br><br>For Entity Reported Incident CA00425475, regarding State Monitoring, Privacy Breach, one State deficiency was identified (see California Health and Safety Code, Section 1280.15(a)).<br><br>Inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the hospital.<br><br>Representing the California Department of Public Health: 32398, Health Facilities Evaluator Nurse.  | A 000   |   |   |

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

MAR 09 2015

L & C DIVISION  
SAN JOSE

Licensing and Certification Division

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

TITLE

(X6) DATE

*[Signature]* COO 3/4/15

STATE FORM

6899

YF5W11

If continuation sheet 1 of 4

*3/10/15 POC accepted, spoke to Pepe Greenlee - 76*

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| A 000              | Continued From page 1<br><br>The hospital detected the Breach of Protected Health Information (PHI) on 12/29/14. The hospital reported the Breach of PHI to the Department on 12/31/14. The hospital notified Patient 1 of the Breach of PHI on 1/2/15.   | A 000         |  |   |
| A 017              | 1280.15(a) Health & Safety Code 1280<br><br>(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, agency's, 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. | A 017         | <p><b>A 017</b></p> <p><b>Corrective Action:</b><br/>After the Compliance Manager received notification the document was found at the courier delivery service, an investigation was completed. The 18 patients whose names were listed on the form were notified that their information had been found outside the hospital.</p> <p><b>Identifying Future Potential Patients:</b><br/>The staff on the nursing unit have been required to review the "Confidentiality" policy and sign an acknowledgement of the review of the requirements in the policy to not remove documents with patient information form the organization</p> <p><b>Immediate Systemic Changes</b><br/>The staff on the nursing unit have been required to review the "Confidentiality" policy and sign an acknowledgement of the review of the requirements in the policy to not remove documents with patient information form the organization.</p> <p><b>Monitoring:</b><br/>It is expected that 95% of the staff on the Nursing unit complete this assignment by March 31. A report of compliance will be presented to the Quality Improvement and Patient Safety Committee in April.</p> <p><b>Responsible Party:</b><br/>Nursing Unit Manager</p> | <p>1/2/15</p> <p>3/31/15</p> <p>3/31/15</p> |

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| A 017   | <p>Continued From page 2</p> <p>This Statute is not met as evidenced by:<br/>Based on interview and record review, the hospital failed to prevent the unauthorized disclosure of protected health information (PHI) for 18 patients (1-18), when a five page document containing PHI of 18 patients was found in a recycle bin of a courier delivery service store. The failure resulted in the disclosure of PHI of 18 patients to an unauthorized individual. Findings:</p> <p>The California Department of Public Health received a faxed report on 12/31/14, which indicated on 12/29/14, the hospital privacy officer (PO) met with a person who came to the hospital indicating she had found a hospital Bed Status Report in the recycle can at a courier delivery service store, and she was returning it. An internal hospital investigation revealed the five page report was printed by a unit secretary on 12/5/14. The report listed 18 patients who were on the unit, and referenced patient names, length of stays, attending physicians, and diagnoses.</p> <p>During an interview on 1/21/15 at 2:40 p.m., PO stated a lady came to the hospital with a five page Bed Status Report and claimed she got it out of a recycle bin at a courier delivery service store when she was looking for a piece of scrap paper. PO stated certified nursing assistant (CNA) had stated it was her handwriting, but she always has it on a clipboard during the shift and puts it in the recycle bin (on the unit) at the end of her shift, and did not know how it ended up outside the hospital.</p> <p>A review of a copy of the document brought back to the hospital, disclosed the hospital's name, 18 patients' names, locations, ages, gender,</p> | A 017   |   |   |

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| A 017              | <p>Continued From page 3</p> <p>physician names, medical record numbers, length of stay, code status, both current and admitting diagnoses, and vital signs for three of the 18 patients.</p> <p>A review of a copy of a letter dated 1/2/15 from the hospital to the affected patients indicated on 12/29/14, the hospital was notified of a document which disclosed names, locations, ages, gender, physician names, medical record numbers, length of stay, code status, both current and admitting diagnoses, and vital signs of those who were on one of the medical units on 12/5/14 had been found in a recycle bin at a courier delivery service office, and had been returned to the hospital.</p> <p>A review of a copy of the hospital's 03/2013 "Confidentiality" policy indicated hospital staff are prohibited from removing documents from the organization which contain PHI unless required in the performance of their job duties. Access to and communication of information is limited and based on the need to carry out assigned responsibilities.</p> | A 017         |   |                    |