CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI		(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SU COMPLET	
	*	050228	- F	B. WNG		12/2	3/2009
	ROVIDER OR SUPPLIER NCISCO GENERAL HOS	SPITAL	STREET ADDRESS, 1001 Potrero Ave		ZIP CODE cisco, CA 94110-3518 SAN FRA	NCISCO COUNTY	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEEDED BY R LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION S REFERENCED TO THE APPROP	HOULD BE CROSS-	(X5) COMPLETE DATE
	of Public Health duri visit: Complaint Intake Nu CA00211950 - Subs	tantiated partment of Public Hea	event	E ^r	CA DEPT OF PUR SEP 14	2012 ION	
	event investigated a findings of a full inspired Health and Safet clinic, health facinospice licensed parts. or 1745	y Code Section 12 lity, home health ursuant to Section shall prevent ur s to, and use or di	280.15(a) A agency, or 1204, 1250, nlawful or		Action(s): The employee involved in this had been oriented to their resprotect the confidentiality of phealth information (PHI) and tinformation privacy requirement counseled following the self-nincident (see Attachment 1).	s privacy breach ponsibilities to atient protected o medical ents and was eport of the	June 2009
	and consistent department, after administrative pena of up to twenty-five patient whose me or without author	investigation, may lty for a violation of thousand dollars (\$ dical information was orization accessed,	2203. The assess an this section (25,000) per s unlawfully used, or	>>	Before and after this privacy be 2009, hospital leadership has ongoing efforts via memos, er trainings, and employee annut o ensure that hospital staff a knowledgeable about hospital privacy and security policies.	engaged in mails, staff al update training re educated and	Ongoing
	hundred dollars occurrence of unuse, or disclosu information.	awful or unauthorize re of that patient violation of Health or failure to prevent	subsequent ed access, s' medical and Safety		The SFGH multidisciplinary P. Committee, composed of the Officer and staff from the SFG the SFGH Chief Medical Offic Communications Officer, reprinte SFGH Legal Affairs, Regulteralth Information Systems divell as representatives from bucsf Risk Management and	SFGH Privacy H Privacy Office, er, the SFGH Chief esentatives from latory Affairs, epartments, as oth the SFGH and	Initiated July 12, 2011 and ongoing
Event ID:	Y71G11		8/24/2012	11:39	56AM		
BORATOR	RY DIRECTOR'S OR PROV	DER/SUPPLIER REPRESE	NTATIVE'S SIGNAT	URE	TITLE	,	(X6) PATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER RESPESSIONATURE

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750

(X6) DATE

1 of 5

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 8. WNG 12/23/2009 050228 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1001 Potrero Ave, San Francisco, CA 94110-3518 SAN FRANCISCO COUNTY SAN FRANCISCO GENERAL HOSPITAL SUMMARY STATEMEN AFIDE CINCLES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX . REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG Systems Departments, meets monthly to review, Continued From page 1 discuss, and recommend policy involving privacy Substantiated. compliance issues. Informed Medical Breach In follow-up to a review of facility- related Manageprivacy breach cases reported to CDPH ment Health and Safety Code Section 1280.15 (b)(2), conducted by the SFGH Privacy Officer with Forum A clinic, health facility, agency, or hospice shall SFGH managers at the monthly Management April 24, also report any unlawful or unauthorized access to, Forum meeting, including this 2009 incident, 2012 or use or disclosure of, a patient's medical the SFGH Chief of Staff and SFGH Privacy information to the affected patient or the patient's Officer presented the same review to the Chiefs representative at the last known address, no later of Service at a Medical Executive Committee (MEC), reminding the chiefs about the hospital MEC than five business days after the unlawful or and SFDPH privacy and security policies unauthorized access, use, or disclosure has been May 14. prohibiting the removal of patient protected 2012 detected by the clinic, health facility, agency, or information (PHI), including copies of the paper hospice." medical record, from the hospital, as well as the penalties for violating these policies and the The CDPH verified that the facility informed the penalties for violating provisions of SB541 and affected patient(s) or the patient's representative(s) AB211 (see Attachments 2). of the unlawful or unauthorized access, use or disclosure of the patient's medical information. The SFGH Privacy Officer and the SFGH Initiated Privacy Analyst routinely conduct "Privacy June 2012 1280.15(a) Health & Safety Code 1280 Rounds" within the hospital departments to and educate hospital staff about privacy security and ongoing (a) A clinic, health facility, home health agency, or awareness, to validate staff knowledge hospice licensed pursuant to Section 1204, 1250, regarding privacy security and awareness, as 1725, or 1745 shall prevent unlawful or unauthorized well as to identify issues requiring corrective access to, and use or disclosure of, patients' action by managers. Findings are reported to medical information, as defined in subdivision (g) of the Privacy Committee (see Attachments 3.4. Section 56.05 of the Civil Code and consistent with 5). The department, 130203. investigation, may assess an administrative penalty Monitoring:

Event ID:Y71G11.

thousand dollars

8/24/2012

without

11:39:56AM

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

for a violation of this section of up to twenty-five

authorization accessed, used, or disclosed, and up

per patient

(\$25,000)

medical information was unlawfully

to seventeen thousand five hundred dollars

TITLE

The SFGH Privacy Officer and the SFGH

employees of the City & County of San

Privacy Analyst routinely conduct monthly audits

of the Lifetime Clinical Record (LCR) of all

Francisco Department of Public Health (CCSF

(X6) DATE

Initiated

ongoing

and

June 2012

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

SAN FRANCISCO GENERAL HOSPITAL SUMMARY STATEMENT OF DETECTIONS OF THE PROVIDER OF THE APPROPRIATE DETECTION OF THE PROVIDER PLAN OF CORRECTION AND THE PROVIDER PLAN OF CORRECTION OF THE APPROPRIATE DETICIENCY (DATE) THE PROVIDER PLAN OF CORRECTION OF THE APPROPRIATE DETICIENCY (DATE) THE PROVIDER PLAN OF CORRECTION OF THE APPROPRIATE DETICIENCY (DATE) THE PROVIDER PLAN OF CORRECTION OF THE APPROPRIATE DETICIENCY (DATE) THE PROVIDER PLAN OF CORRECTION OF THE APPROPRIATE DETICIENCY (DATE) THE PROVIDER PLAN OF CORRECTION OF THE APPROPRIATE DETICIENCY (DATE) THE PROVIDER PLAN OF CORRECTION OF THE APPROPRIATE DETICIENCY (DATE) THE PROVIDER PLAN OF CORRECTION OF THE APPROPRIATE DETICIENCY (DATE) THE PROVIDER PLAN OF CORRECTION OF THE APPROPRIATE DETICIENCY (DATE) THE PROVIDER PLAN OF CORRECTION OF THE APPROPRIATE DETICIENCY (DATE) THE PROVIDER PLAN OF CORRECTION OF THE APPROPRIATE DETICIENCY (DATE) THE PROVIDER PLAN OF CORRECTION OF THE APPROPRIATE DETICIENCY (DATE) THE PROVIDER PLAN OF CORRECTION OF THE APPROPRIATE DETICIENCY (DATE) THE PROVIDER PLAN OF CORRECTION OF THE APPROPRIATE DETICIENCY (DATE) THE PROVIDER PLAN OF CORRECTION OF THE APPROPRIATE DETICIENCY (DATE) THE PROVIDER PLAN OF CORRECTION OF THE APPROPRIATE DETICIENCY (DATE) THE PROVIDER PLAN OF CORRECTION OF THE APPROPRIATE DETICIENCY (DATE) THE PROVIDER PLAN OF THE APPROPRIATE DETICIENCY (DATE) THE PROVIDER PLAN OF CARRY (THE PROVIDER PLAN OF THE APPROPRIATE DETICIENCY (DATE) THE PROVIDER PLAN OF THE APPROPRIATE DETICIENCY (DATE) THE PROVIDER PLAN OF CARRY (THE PROVIDER PLAN OF THE APPROPRIATE DETICIENCY (DATE) THE PROVIDER PLAN OF CARRY (THE PROVIDER PLAN OF THE APPROPRIATE DETICIENCY (DATE) THE PROVIDER PLAN OF THE PROVIDER PLAN OF THE APPROPRIATE DETICIENCY (DATE) THE PROVIDER PLAN OF THE PROVIDER PLAN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLI IDENTIFICATION NO 050228			(X2) MUL A. BUILDI B. WING	TIPLE CONSTRUCTION NG	COMPLET	(X3) DATE SURVEY COMPLETED . 12/23/2009	
DPH) and of all employees of the University of California, San Francisco (UCSF) who received care as patients at the hospital emproyee and action taken as indicated by the investigation. Audit results are reported quarterly to the Privacy Officer and the SFGH Privacy Officer and the CIN Section 130203. The department, after investigation, may assess an administrative penalty for a violation of this section of you be seventeen thousand folians (S25,000) per patient whose medical information was unlawfully or without authorization accessed, used, or disclosure whose medical information was unlawfull or unauthorized access, to and use or disclosure of, a patient's medical information. 1280.15(a) Health & Safety Code 1280 (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, a platient's 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 (S25,000) per patient whose medical information was unlawfully or without authorization accessed, used, or disclosed, and up to seventeen thousand five hundred dollars			ITAL	A STATE OF THE STA	DESCRIPTION OF THE PROPERTY OF		ANCISCO COUNTY	
Continued From page 1 SEP 1 4 012 Substantiated. DPH) and of all employees of the University of California, San Francisco (UCSF) who received care as patients at the hospital (emergency department, dinics, acute care, skilled nursing) to verify if the LCR access was appropriate; the total number of audits conducted per month average between 25-30. Questionable audit results are reported quarterly to the Privacy Committee. The CDPH verified that the facility, agency, or hospice." The CDPH verified that the facility informed the affected patient(s) 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." 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. 1280.15(a) Health & Safety Code 1280 (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 65.05 of the Civil Code and consistent with Section 130203. The department, differ investigation, audit results are reported quarterly to the Privacy Officer and the CHN Senior Information Systems Manager present an annual report regarding privacy issues to the SFGH Quality Council. In addition, they report any incidents of non-compliance with DPH and SFGH Quality Council. The SFGH Privacy Officer and the CHN Senior Information Systems Manager present an annual report regarding privacy issues to the SFGH Quality Council. In addition, they report any incidents of non-compliance with DPH and SFGH Privacy Officer. The SFGH Privacy Officer and the CHN Senior Information of the SFGH Quality Council. In addition, they report any incidents of non-complian						9		
Substantiated. Informed Medical Breach SAN FRANCISCO 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." 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 representative(s) of the unlawful or unauthorized access, use or disclosure of the patient's medical information. 1280.15(a) Health & Safety Code 1280 (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, dinic, Clinical Record (LCR) of any patient as requested by managers to verify if the LCR access was appropriate, the total number of audits conducte audits of the Lifetime average between 25-30. Questionable audit results are reported quarterly to the Privacy Officer and the SFGH Privacy Officer and the SFGH Privacy Officer and the CHN Senior Information Systems Manager present an annual report reparding privaces to the SFGH Quality Council. The SFGH Privacy Officer and the CHN Senior Information systems Manager present an annual report reparding privaces to the Privacy Officer CHN Senior Information Systems Manager Description and Council and Privacy Officer CHN Senior Information Systems Manager CHN Senior Information Seventeen CHN Senior Information Systems Manager CHN Senior Information Seventeen CHN Senior Information Seventeen CHN Senior	PREFIX ,	SUMMARY S (EACH DEFICIENC REGULATORY OR	ATEMENT OF DEFICIENCE Y MUST BE TRECHEDED E LSC IDENTIFYING INFORM	FUEL ICH	EALTH	(EACH CORRECTIVE ACTION	SHOULD BE CROSS-	COMPLETE
unauthorized access, use, or disclosure has been detected by the clinic, health facility, agency, or hospice." 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. 1280.15(a) Health & Safety Code 1280 (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	X	Substantiated. Informed Medical Breath and Safety CA clinic, health fact also report any unlated or use or disclosinformation to the assertion of the safety control of the saf	ach SAN ode Section 1280. cility, agency, or wful or unauthorize sure of, a patie	RC DIVISION I FRANCISCO 15 (b)(2), " hospice shall ed access to, ent's medical the patient's		California ,San Francisco (UC care as patients at the hospit department, clinics, acute car to verify if the LCR access watotal number of audits conduct average between 25-30. Qui results are investigated with the employee and action taken a investigation. Audit results a	CSF) who received all (emergency re, skilled nursing) as appropriate; the cted per month estionable audit the manager and is indicated by the re reported	
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 The SFGH Privacy Officer and the CHN Senior Information Systems Manager present an annual report regarding privacy issues to the SFGH Quality Council. In addition, they report any incidents of non-compliance with DPH and SFGH privacy policies which occur during the year at the next scheduled SFGH Quality Council. Responsible Person(s): SFGH Privacy Officer and the CHN Senior Information Systems Manager present an annual report regarding privacy issues to the SFGH Quality Council. In addition, they report any incidents of non-compliance with DPH and SFGH privacy policies which occur during the year at the next scheduled SFGH Quality Council. Responsible Person(s): SFGH Privacy Officer and the CHN Senior Information Systems Manager present an annual report regarding privacy issues to the SFGH Quality Council. SFGH Privacy Officer and the CHN Senior Information Systems Manager present an annual report regarding privacy issues to the SFGH Quality Council.		than five business days after the unlawful or unauthorized access, use, or disclosure has been detected by the clinic, health facility, agency, or hospice." 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. The SFGH Privacy Officer and the SFGH Privacy Analyst conduct audits of the Lifetime Clinical Record (LCR) of any patient as requested by managers to verify if the LCR access was appropriate e.g., media high profile cases, VIPs. Questionable audit results are investigated with the manager and employee and action taken as indicated by the investigation. Audit results are reported quarterly to the Privacy Committee.						Ongoing
Event ID:Y71G11 8/24/2012 11:39:56AM		hospice licensed p 1725, or 1745 shall access to, and us medical information, Section 56.05 of the Section 130203. investigation, may a for a violation of t thousand dollars medical information authorization accesses	ursuant to Section or event unlawful or se or disclosure as defined in sub- Civil Code and control The departments as an administ his section of up (\$25,000) per pay was unlawfully ed, used, or disclosure or disclosure and the section of up (\$25,000) per pay was unlawfully ed, used, or disclosure or disclosur	1204, 1250, unauthorized of, patients' division (g) of onsistent with nent, after rative penalty to twenty-five atient whose or without osed, and up		Information Systems Manage report regarding privacy issue Quality Council. In addition incidents of non-compliance of SFGH privacy policies which year at the next scheduled State Council. Responsible Person(s): SFGH Privacy Officer	or present an annual es to the SFGH, they report any with DPH and occur during the FGH Quality	Ongoing
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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLII IDENTIFICATION NU . 050228		A. BUILDIN B. WING		3) DATE SURVEY COMPLETED 12/23/2009
	OVIDER OR SUPPLIER NCISCO GENERAL HOSP	ITAL	STREET ADDRESS, 1001 Potrero Av		ZIP CODE Cisco, CA 94110-3518 SAN FRANCISCO (COUNTY
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE O REFERENCED TO THE APPROPRIATE DEFIC	CROSS- COMPLETE
	Continued From page (\$17,500) per subset unauthorized access patients' medical infinvestigation, the distory of compliance related state and fet the extent to which and took preventative and prevent past factors outside its facility's ability to department shall have factors when dete administrative penalty	quent occurrence of a use, or disclosi ormation. For purpole partment shall collity's, agency's, or ederal statutes and the facility detected action to immediate violations from recomply with this see full discretion to ormining the amounts.	ure of that oses of the consider the or hospice's and other regulations, and violations ately correct curring, and stricted the section. The consider all unt of an		CA DEPT OF PUBLIC HE SEP 1 4 2012 LEC DIVISION SAN FRANCISCO	ALTH
1	information in the re tampering or use by un These regulations wer	ord, including X-ray pital and is maintaint, the medical stappital shall safe ecord against loss, nauthorized persons.	films, is the ined for the aff and the eguard the defacement,		T22 DIV5 CHI1 ART7-70751 (b) Medical Record Availability b) the medical record, including X-ray is the property of the hospital and is maintained for the benefit of the patie medical staff, and the hospital. The hall safeguard the information in the against loss, defacement, tampering by unauthorized persons. Action(s):	of films, ent, the encospital erecord or use
	Based on interview failed to protect the (Patient 1, 2, 3, 4 unauthorized person copies of part of Physicians 1's brief medical information 12/9/09.	medical records of & 5) from loss as s when Physician the records from fcase containing the	five patients and use by 1 removed the facility. he patients'		The employee involved in this privacy or had been oriented to their responsibilities protect the confidentiality of patient protect information privacy requirements and we counseled following the self-report of the incident (see Attachment 1).	es to ected as
					Before and after this privacy breach inci 2009, hospital leadership has engaged i	
Event ID:	Y71G11		8/24/2012	11:39	56AM	+

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

TITLE

(X6) DATE

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

STATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SUF COMPLETE	
14	050228		B. WING	- N	12/2:	3/2009
NAME OF PROV	VIDER OR SUPPLIER	STREET ADDR	ESS, CITY, STATE	ZIP CODE		
SAN FRANC	CISCO GENERAL HOSPI	TAL 1001 Potrero	Ave, San Fran	ncisco, CA 94110-3518 SAN FRAN	ICISCO COUNTY	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION SH REFERENCED TO THE APPROPRI	OULD BE CROSS-	(X5) COMPLETE DATE
	A (director of regulator	on 12/22/09 at 3:10 p.m., Statery affairs) stated Physician 1		ongoing efforts via memos, em trainings, and employee annua to ensure that hospital staff are knowledgeable about hospital a privacy and security policies.	l update training educated and	,
	p9. The forms herecord number, date patient's condition	ent 1, 2, 3, 4 & 5's initial consultation forms home or ad the patient's name, medical of birth, a synopsis of the and notations regarding the said someone broke into a and stole the briefcase		The SFGH multidisciplinary <i>Pri Committee</i> , composed of the S Officer and staff from the SFGH the SFGH Chief Medical Office Communications Officer, repre the SFGH Legal Affairs, Regula Health Information Systems de	SFGH Privacy H Privacy Office, r, the SFGH Chief sentatives from atory Affairs,	Initiated July 12, 2011 and ongoing
	containing the records garage. Staff A s supposed to take medic Staff A said the fa	s from his unlocked car in the tated Physician 1 was "No	e e e	well as representatives from bo UCSF Risk Management and In Systems Departments, meets re discuss, and recommend policy compliance issues.	oth the SFGH and information monthly to review,	
t t	on 09 and a let to Patient 1, 2, 3, 4 & 5 A review of the Services: Confidential	tter of notification was mailed on 99.	d n f	In follow-up to a review of faci privacy breach cases reported conducted by the SFGH Privac SFGH managers at the monthly Forum meeting, including this the SFGH Chief of Staff and SF	to CDPH y Officer with y Management 2009 incident, FGH Privacy	Manage- ment Forum April 24, 2012
f F	following: Purpose The purpose of this poli			Officer presented the same rev of Service at a Medical Execut (MEC), reminding the chiefs ab and SFDPH privacy and securi prohibiting the removal of patie information (PHI), including comedical record, from the hospit	ive Committee yout the hospital ty policies nt protected pies of the paper	MEC May 14, 2012
F	Procedure D They (medical	records) must not be taker remises for any reason.		penalties for violating these po penalties for violating provision AB211 (see Attachments 2)	licies and the	LIC HEA
1	rom (name or racinty) p	remises for any reason.			2	1
Event ID:Y7	72.77 m n - 19 - 50	8/24/201	2	9:56AM	SEP 1 4	2012 4

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

TITLE

LAC DIVISION

SAN FRANCISCO

CALIFORNIA HEALTH AND HUMAN SERVICES * GENCY OF PUBLIC HEALTH DEPARTMENT OF PUBLIC HEALTH (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING B. WING 12/23/2009 050228 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER SAN FRANCISCO GENERAL HOSPITAL 1001 Potrero Ave, San Francisco, CA 941 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-COMPLETE (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PREFIX REFERENCED TO THE APPROPRIATE DEFICIENCY) REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG Continued From page 3 The SFGH Privacy Officer and the SFGH Initiated Privacy Analyst routinely conduct "Privacy June 2012 Findings: Rounds" within the hospital departments to and educate hospital staff about privacy security and ongoing During an interview on 12/22/09 at 3:10 p.m., Staff awareness, to validate staff knowledge A (director of regulatory affairs) stated Physician 1 regarding privacy security and awareness, as took copies of Patient 1, 2, 3, 4 & 5's initial well as to identify issues requiring corrective infectious disease consultation forms home on action by managers. Findings are reported to 09. The forms had the patient's name, medical the Privacy Committee (see Attachments 3, 4, record number, date of birth, a synopsis of the 5). patient's condition and notations regarding consultation. Staff A said someone broke Monitoring: house and stole the briefcase Physician 1's The SFGH Privacy Officer and the SFGH Initiated containing the records from his unlocked car in the Privacy Analyst routinely conduct monthly audits June 2012 garage. Staff A stated Physician of the Lifetime Clinical Record (LCR) of all and supposed to take medical records home." employees of the City & County of San ongoing Francisco Department of Public Health (CCSF Staff A said the facility became aware of the DPH) and of all employees of the University of 09. The Department was notified California ,San Francisco (UCSF) who received incident on 09 and a letter of notification was mailed care as patients at the hospital (emergency to Patient 1, 2, 3, 4 & 5 on department, clinics, acute care, skilled nursing) to verify if the LCR access was appropriate; the review of the facility's Health Information total number of audits conducted per month average between 25-30. Questionable audit Services: Confidentiality, Security, and Release of results are investigated with the manager and Protected Health Information policy indicated the employee and action taken as indicated by the following: investigation. Audit results are reported quarterly to the Privacy Committee. Purpose

The purpose of this policy is to ensure:

The confidentiality of protected health information;

Procedure

D. ... They (medical records) must not be taken from (name of facility) premises for any reason.

access was appropriate .e.g., media high profile cases, VIPs. Questionable audit results are investigated with the manager and employee

The SFGH Privacy Officer and the SFGH

Clinical Record (LCR) of any patient as requested by managers to verify if the LCR

Privacy Analyst conduct audits of the Lifetime

and action taken as indicated by the investigation. Audit results are reported

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

TITLE

(X6) DATE

Ongoing

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.

8/24/2012

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CALIFORNIA HEALTH AND HUMAN SERVICES *GENCY DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			A. BUILDI		(X3) DATE SURVEY COMPLETED	
110		050228	0.1	B. WING		12/23/2009
1.00	OVIDER OR SUPPLIER NCISCO GENERAL HOSPI	TAL	STREET ADDRESS		ZIP CODE cisco, CA 94110-3518 SAN FRANCISCO CC	DUNTY
(X4) ID . PREFIX TAG	그리는 그렇게 하는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CRE REFERENCED TO THE APPROPRIATE DEFICIE	
	Continued From page	4			quarterly to the Privacy Committee.	
	Physician 1 failed to Information Services: Release of Protect when he removed pr the facility. The info Physician 1's car.	Confidentiality, Sed Health Information	Security, and nation policy brmation from		The SFGH Privacy Officer and the CHN S Information Systems Manager present an report regarding privacy issues to the SFG Quality Council. In addition, they report incidents of non-compliance with DPH and SFGH privacy policies which occur during year at the next scheduled SFGH Quality	annual June 2009 GH any d the
	The employee's remonstrate and the subfrom the employee's Safety Code 1280.15 to the applicable civil management of the subfrage of the subfra	sequent theft of the sequent the violated 5, making the hos	hose records Health and spital subject		Council. Responsible Person(s): SFGH Privacy Officer CHN Senior Information Systems Manage	Ongoing
4	ie o	N th				
		9 9 U			CA DEPT OF PUBLIC HE	ALTH
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE