

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ <i>LSC DIVISION</i>	(X3) DATE SURVEY COMPLETED 04/23/2012
NAME OF PROVIDER OR SUPPLIER CALIFORNIA PACIFIC MEDICAL CENTER – PACIFIC CAMPUS HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 2333 Buchanan St, San Francisco, CA 94115-1925 SAN FRANCISCO 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
	<p>The following reflects the findings of the Department of Public Health during a complaint/breach event visit:</p> <p>Complaint Intake Number: CA00304405 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID #26616, 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>Violation of health & Safety Code 1280.15(a) for failure to prevent unauthorized access to patients' medical records: Substantiated.</p>		<p>Please note: The following constitutes California Pacific Medical Center (CPMC) – Pacific Campus's credible evidence of correction of the alleged deficiencies cited by the California Department of Public Health in the Statement of Deficiencies Form CMS 2567 dated 4/23/2012. Preparation and/or execution of this credible evidence submission does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusions set forth in the Statement of Deficiencies.</p> <p>Corrective Action: The employee involved with this event was counseled on policy requirements. The Notice of Disciplinary Action is documented in the employee file.</p> <p>Responsible Person: Department Manager</p> <p>Corrective Acton: Education was provided to the CPMC workforce on the specific requirement that staff must not store protected health information on their personal electronic devices. Education was provided in the form of a "HIPAA Privacy Reminder". The Privacy Reminder specifically addressed "Electronic Storage of Patient Protected Health Information".</p> <p>The same information was also included in the May edition of the Medical Staff Newsletter.</p>	<p>April 2012</p> <p>March 2012</p> <p>May 2012</p>

Event ID: GHF611 10/15/2012 9:03:07am

LABORATORY: [REDACTED] NARRATIVE'S SIGNATURE: *Sivolar, Rosh Management* TITLE: (X6) DATE: *Oct. 31, 2012*

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.

State-2567 *11/12 Acceptable POE on received via fax on 11/12*

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Continued From page 1

Informed Adverse Event Notification

Health and Safety Code Section 1279.1 (c), "The facility shall inform the patient or the party responsible for the patient of the adverse event by the time the report is made."

The CDPH verified that the facility informed the patient or the party responsible for the patient of the adverse event by the time the report was made.

On 3/26/12, the facility Compliance Program Manager/Privacy Officer mailed notices to the parents of five (5) patients explaining the breach of their medical records.

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 and 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, used, or disclosure of that patients' medical information. For purposes of the

Both documents are attached for your review.

Responsible Person:
CPMC Privacy Officer

Corrective Action:
The Privacy Officer attended the Child Development Center staff meeting to reinforce the hospital policy. Specifically, the Privacy Officer discussed the requirement that patient health information should not be stored on any personal computer devices. Record of the staff meeting and sign in sheet are attached for your review.

May 2012

Responsible Person:
Privacy Officer

Corrective Action:
Child Development staff who work at off-site locations have been assigned CPMC secure encrypted laptops to use when accessing protected health information off-site. Staff has been instructed that in compliance with CPMC policy and in order to assure security, patient health information must be stored only on the secure Sutter network drive.

April 2012

Responsible Person:
Department Manager

Event ID:GHF611

10/15/2012

9:03:07am

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

TITLE

(X6) DATE

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Continued From page 3

the medical information to her personal laptop which was password protected only. She stated Staff A forgot to delete the medical information after she saved it. Staff A's personal laptop was stolen when her house was broken into on 3/20/12.

In a telephone interview on 4/23/12 at 10:5 a.m., the Child Development Center Supervisor stated Staff A notified her of a possible breach of medical information on 3/20/12 because her house was broken into and among the items stolen was her personal laptop on which Staff A had downloaded and saved Patient 1, 2, 3, 4 and 5's medical information. She stated Staff A could access her work e-mail and the report from home but she should not have stored the report on her personal laptop. When asked if Staff A asked for permission to send the patients' medical information via e-mail and store patient information on her personal laptop, she said, "No, she did not ask for my permission." She added that Staff A would have been allowed to work at home if she had a CPMC laptop which was encrypted.

In an interview on 4/24/12 at 11:35 a.m., Staff A stated her house was broken into and her personal laptop was stolen on 3/20/12. She said she sent herself an e-mail with an attachment containing the five patients' medical information and saved the documents on her laptop because she was planning to work on the reports at home. When asked if she got permission from her supervisor to download and save the patients' medical information on her laptop, Staff A said, "I did not ask permission from my supervisor."

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<p>Continued From page 4</p> <p>A review of the facility's Work Station Security policy and procedure (revised 9/08) indicated, "It is the policy of CPMC that appropriate security measures for workstations will be enforced. ...Workstations that contain or have access to PHI (protected health information) must be in secure locations, whenever possible. ...</p> <p>E. Physical Security</p> <p>3. Laptops/Handheld's/PDAs (Personal Digital Assistant):</p> <p>When not in use, these devices must be kept in a locked cabinet or drawer. PHI shall not be stored on these devices without prior approval of the employee's supervisor and the IT (Information Technology) Security Officer."</p> <p>The employee's action of downloading patients' medical information onto her personal laptop and subsequent theft of the laptop from the employee's home violated Health and Safety Code 1280.15, making the hospital subject to the applicable civil money penalty assessment.</p>				

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