

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 _____	(X3) DATE SURVEY COMPLETED 10/14/2010
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CALIFORNIA PACIFIC MEDICAL CENTER – PACIFIC CAMPUS HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 2333 BUCHANAN STREET, SAN FRANCISCO, CA 94115 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) COMPLETION DATE
--------------------	--	---------------	---	----------------------

The following reflects the findings of the Department of Public Health during a complaint/breach event visit:

Complaint Intake Number:
CA00243460 - Substantiated

Representing the Department of Public Health:
Surveyor ID # 27921, HFEN

The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.

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.

T22 DIV5 CH1 ART7-70707(a)(b)(8) Patients' Rights (a) Hospitals and medical staffs shall adopt a written policy on patients' rights.

Please Note:
The following constitutes California Pacific Medical Center's (CPMC) credible evidence of correction al the alleged deficiencies cited by the California Department of Public Health in this Statement of Deficiencies form. Preparation and/or execution of this credible evidence submission does not constitute agreement by the provider of the truth of the facts alleged or the conclusions set forth in the Statement of Deficiencies.

Corrective Actions:
Immediate Correction:
The hospital employee, Co-worker B, was counseled and disciplined regarding this matter.

Permanent Actions:
1. CPMC's Privacy Officer sends a Monthly HIPAA Privacy Reminder to all departments. This practice has been in place for several years. Subsequent to the event, he distributed flyers to educate all staff in the topics of "Reporting Inappropriate Disclosure of Patient Health Information" and Accessing Patient Records Without Authorization".
2. In addition, every CPMC employee is required to complete an annual Healthstream education module for "Workforce Confidentiality".

September 22, 2010

November 2010 and January 2011 and November 2011

Current and ongoing

Event ID: FZ6911 12/22/2011 09:13:36AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Sharon Arvey R., Director Risk Management</i>	TITLE <i>Director Risk Management</i>	(X6) DATE <i>Jan. 10, 2012</i>
---	--	-----------------------------------

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.

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 _____	(X3) DATE SURVEY COMPLETED 10/14/2010
--	--	--	--

NAME OF PROVIDER OR SUPPLIER CALIFORNIA PACIFIC MEDICAL CENTER – PACIFIC CAMPUS HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 2333 BUCHANAN STREET, SAN FRANCISCO, CA 94115 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) COMPLETION DATE
--------------------	--	---------------	---	----------------------

Continued From page 1

(b) A list of these patients' rights shall be posted in both Spanish and English in appropriate places within the hospital so that such rights may be read by patients. This list shall include but not be limited to the patients' rights to:

(8) Confidential treatment of all communications and records pertaining to the care and the stay in the hospital. Written permission shall be obtained before the medical records can be made available to anyone not directly concerned with the care.

These regulations were not met as evidenced by:

Based on interview and record review the facility failed to prevent access to Patient A's medical information, by a healthcare worker within the healthcare system.

Findings:

Patient A was admitted to the facility on [REDACTED] 10 with a diagnosis of [REDACTED]. He was alert and oriented and able to complete everyday tasks with minimal assistance.

In an interview on [REDACTED] 10 at 2:25 PM, the Risk Manager stated, "We did an audit of the patient's records to see if anyone was accessing the chart who shouldn't, on [REDACTED] 10. We always do a check when there are friends who work at the hospital." The Risk Manager further stated that both Patient A and Co-worker B were employees of the facility.

Monitoring Process in place:

1. The Information Technology department conducts random audits of hospitalized employee and physician electronic health records. The audits are reviewed quarterly. If violations are suspected, Human Resources and the appropriate manager are notified.
2. Completion of the annual "Workforce Confidentiality" module by all employees is tracked through Human Resources.

Responsible Persons:

CPMC Privacy Officer
SWB Director of Information Technology Applications
SWB Learning Administrator

Current and on-going.

Current and on-going.

Event ID:FZ6911 12/22/2011 09:13:36AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

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.



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 _____	(X3) DATE SURVEY COMPLETED 10/14/2010
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CALIFORNIA PACIFIC MEDICAL CENTER – PACIFIC CAMPUS HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 2333 BUCHANAN STREET, SAN FRANCISCO, CA 94115 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) COMPLETION DATE
	<p>Continued From page 2</p> <p>Patient A was the patient. Patient A told his Co-worker C in (department) that he was here (in the hospital). Co-worker C told Co-worker B. They claim to be best friends. Co-worker B accessed Patient A's chart. He told Patient A on [REDACTED] 10 that he accessed his medical records. Co-worker B did apologize to Patient A.</p> <p>Review of "hospital E-mail" sent by the Compliance Program Manager/Privacy officer, to the Risk Manager dated [REDACTED] 10 at 5:27 PM indicated, "Upon notification and confirmation of the HIPAA violation on [REDACTED] 2010 by (C-worker B), I immediately contacted him by phone. I informed him that he was in violation of HIPAA policies at (the facility). Documentation of these discussions has been placed in the HR file of (C-worker B)."</p> <p>In an interview on [REDACTED] 10 at 1:40PM, Co-worker B stated "I received a phone message that (Patient A) was in the hospital in [REDACTED]. He was transferred to (the facility). I don't know which campus. I first checked the PCIS (computer system) to locate (Patient A). Then I checked his creatinine levels. Then I went to see him. I didn't tell him what I did. We are close friends; I am part of his support system. The day he was discharged, I left him a message to tell him what I had done. He said he was glad that I looked at his labs."</p> <p>In an interview on [REDACTED] 10 at 2:10PM, the Clinical Research Program Administrator (CRPA) stated that after the audit, he was notified by the Compliance Program Manager/Privacy Officer to</p>			

Event ID:FZ6911

12/22/2011 09:13:36AM

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

TITLE

(X6) DATE

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.

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 _____	(X3) DATE SURVEY COMPLETED 10/14/2010
--	--	--	--

NAME OF PROVIDER OR SUPPLIER CALIFORNIA PACIFIC MEDICAL CENTER – PACIFIC CAMPUS HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 2333 BUCHANAN STREET, SAN FRANCISCO, CA 94115 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) COMPLETION DATE
--------------------	--	---------------	---	----------------------

Continued From page 3

check to see if C-worker B had permission to access the files of Patient A. He then contacted Co-worker B to ask him if he had a reason to access Patient A's file. Co-worker B told him "No", and explained his reasons. CRPA stated he informed Compliance Program Manager/Privacy Officer of Co-worker B's response. Human Resources then called to have C-worker B reoriented to the policies on HIPAA and on discipline.

The employee's action to access in to the patient's medical information for the improper purpose and without authorization violates Health and Safety Code 1280.15.

Event ID:FZ6911 12/22/2011 09:13:36AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

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.

