

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

*All - acceptable*  
*2/4/16 BR*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050828	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/08/2014
NAME OF PROVIDER OR SUPPLIER  CEDARS-SINAI MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 8700 Beverly Blvd, West Hollywood, CA 90048-1804 LOS ANGELES 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)	(X6) 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: CA00360373 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 19582, HFE I</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, 1260, 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>1280.15(a) Health &amp; Safety Code 1280</p> <p>(a) A clinic, health facility, home health agency, or</p>		<p>Cedars-Sinai Medical Center is submitting this plan of correction as required by state and federal law. In submitting this plan of correction, Cedars-Sinai Medical Center is not admitting to the accuracy or validity of any of the allegations in the statement of deficiencies. Cedars-Sinai Medical Center reserves the right to dispute any allegations made by the California Department of Public Health.</p> <p>The incident was reviewed and a corrective action plan was established.</p>	

Event ID:490711

1/22/2016

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

TITLE

(X6) DATE

*[Signature]* Chief Privacy Officer 2/12/2016

By signing this document, I am acknowledging receipt of the entire citation packet, Pages 1 thru 15

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.

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	<p>hospice licensed pursuant to Section 1204, 1250, 1726, or 1745 shall prevent unlawful or unauthorized access to, and use or disclosure of, patients' medical information, as defined in subdivision (g) of Section 56.06 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.</p> <p>Based on record review and interview, the facility failed to prevent the unauthorized access of medical information of 14 patients (Patient 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, and 14). On June 18, 19, and 24, 2013, Patient 1's medical record was accessed without authorization by four (4)</p>		<p><b>1280.15(a)</b> <b>Overview:</b> Through its ongoing access monitoring activities to protect patient privacy and confidentiality, Cedars-Sinai identified that 14 patient records were inappropriately accessed between June 18 and June 24, 2013. There were six user accounts involved in the inappropriate accesses.</p> <p>Cedars-Sinai immediately launched an investigation, notified the California Department of Public Health, and informed the affected patients -- expressing our deep apologies to them for the incident, noting that Cedars-Sinai has a high standard for security and in this case that standard was violated, and offering to answer any additional questions they may have.</p> <p>Notices to the California Department of Public Health were made on June 28, 2013, July 1, 2013 and July 2, 2013. Notices to the affected patients were sent July 2-8, 2013.</p>	6/28/2013 -- 7/8/2013

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	<p>employees of community physicians who held medical staff privileges at the facility, one (1) volunteer research assistant in the facility's Anesthesiology Department and one (1) medical assistant employed by the facility's outpatient office. On June 18, 2013, the electronic medical records of 14 patients were accessed without authorizations by one (1) employee of a community physician who held medical staff privileges at the facility.</p> <p><b>Findings:</b></p> <p>On July 8, 2013, an unannounced visit was made at the facility's corporate integrity office to investigate an entity reported incident regarding breaches of electronic medical records involving 14 patients.</p> <p>The Department received a letter from the facility dated July 1, 2013 and updated on July 2, 2013, which indicated the facility had detected unauthorized access of patient medical information belonging to fourteen (14) patients by six (6) user accounts. The breaches occurred between June 18 and June 24, 2013, and all occurred in the facility's computer system called Web/VS.</p> <p>According to the facility letter, five (5) of the six (6) user accounts accessed the records of Patient 1 and one (1) of the six (6) user accounts accessed the records of all 14 patients.</p> <p>The facility letter also indicated four (4) of the six (6) user accounts belonged to the office of community physicians who held medical staff</p>			

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	<p>privileges at the facility, one (1) of the user accounts was a volunteer research assistant in the facility's Anesthesiology Department and one (1) of the user accounts was a medical assistant employed by the facility's outpatient office of the facility's medical group.</p> <p>On July 8, 2013, at 8:15 a.m., during an interview, Employee A (corporate integrity and privacy officer) stated the inappropriate access to the medical records involved fourteen (14) patients (Patient 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, and 14). Employee A stated that Patient 2, 3, 4, 5, 6, 7, 8, 9 were relatives of Patient 1 and Patient 10 was not related to Patient 1.</p> <p>On July 8, 2013, at 9 a.m. and 3:30 p.m., during an interview, Employee B (privacy manager) stated she ran reports of an access log as part of monitoring of access to the patient records. Employee B stated the physicians from the private offices could only access the patient electronic medical records to the "WEB/VS" system, a viewing system that is not a full blown electronic record, had various types of security system but had no "Break-the-Glass" security. Employee B stated that the facility had two types of electronic health records, the "WEB/VS" system and the "CS Link." The "CS Link," which had "Break-the-Glass" security, can be accessed offsite and none of the records that were accessed occurred with the "CS Link" system.</p> <p>While viewing the computer screen for the System</p>		<p>The Web/VS system was retired and replaced by CS-Link, with direct login to Web/VS discontinued December 1, 2015. Any users needing to access historical data from Web/VS must now view that information through CS-Link, with such access subject to the break-the-glass security functionality in CS-Link. Completed December 1, 2015.</p>	12/1/2015

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	<p>Access logs that were shown and explained by Employee B on July 8, 2013, and a review of the facility letter revealed the following:</p> <p>1. The facility letter updated July 2, 2013, indicated User Account 3 belonged to Physician A, a community physician, who had a private practice office and had medical staff privileges at the facility. His user account was used to search for Patient 1's record, including face sheets, a list of clinical reports, and the initial display screen which only listed lab results. Physician A investigated the access and identified his employee in his private practice (to whom he provided his User ID and Password) who had stepped away from the computer to use the restroom without logging off the Web/VS system. Another employee then used the logged-on computer to access Patient 1's record.</p> <p>During a review of the electronic System Access Logs with Employee B on July 8, 2013, User Account 3 accessed Patient 1's record on June 18, 2013 at 11:03 a.m., 11:04 a.m. and 11:07 a.m. that included the Face Sheet and Lab Results dated from March 19, 2013 to June 19, 2013.</p> <p>The Web/VS Audit log indicated "Cases and Face Sheets" contained information such as account #, date of admission, discharge date, admitting reason, admitting physician. The Web/VS Audit log indicated the Lab Results dated from March 19, 2013 to June 19, 2013, which contained listing of reports of some lab tests from March 2013.</p>		<p><u>1. Patient 1. Physician A. User Account 3</u> Physician A reported to Cedars-Sinai that the responsible individual's employment was suspended during the investigation and then terminated. Completed July 1, 2013</p> <p>Physician A reported to Cedars-Sinai that all staff in his private office completed additional privacy training. Completed June 27, 2013.</p> <p>Cedars-Sinai suspended the physician's Web/VS account during the investigation. Under the terms of existing Medical Staff policies, an Ad Hoc Privacy Breach Investigative Committee was convened to review the actions of the three (3) physicians who shared passwords with their employees. The Committee directed that access to Cedars-Sinai patient information systems continue to be suspended until each of the physicians had completed, to the Committee's satisfaction, HIPAA privacy training and had acknowledged their individual understanding of Cedars-Sinai strict policy prohibition against sharing user account information. When the Committee was satisfied that the requirements had been met and approved reactivating the physician's access, the physician was required to change his password. Completed June 27, 2013.</p>	<p>7/1/2013</p> <p>6/27/2013</p> <p>6/27/2013</p>

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	<p>During an interview on July 8, 2013 at 10:10 a.m., Employee B stated Physician A (Account User 3) was not involved with the care of Patient 1. Employee B stated Physician A gave his User ID/Password to his employee and another employee accessed Patient 1's electronic record.</p> <p>A review of the e-mail communication dated July 8, 2013 at 3:26 p.m., indicated Physician A's employee, who used the physician's User Account 3 to access Patient 1's medical record, was one of the physician's billers. The employee was terminated.</p> <p>In an interview with Employee A at 10:15 a.m., on July 8, 2013, he stated the facility policy was not to share User ID and Password with anyone.</p> <p>2. The facility letter updated July 2, 2013 indicated User Account 5 belonged to the employee of Physician B, a community physician, who had a private practice office and had medical staff privileges at the facility. The employee works as a biller and was granted access to the facility electronic record viewing system at the request of Physician B. Her User Account was used to search for Patient 1 by name and accessed the initial display screen only which listed recent lab results and links to clinical report within Patient 1's records. The employee was terminated.</p> <p>During a review of the System Access Log with Employee B on July 8, 2013, User Account 5 accessed Patient 1's record on June 18, 2013 at 11:49 a.m. and 11:50 a.m. that included the Lab</p>		<p><u>2. Patient 1, Physician B, User Account 5</u> Physician B reported to Cedars-Sinai that the responsible individual's employment was suspended during the investigation and then terminated. Completed July 2, 2013.</p> <p>Cedars-Sinai suspended the Web/VS account of the responsible individual during the investigation, then after notice of the investigation findings noted in her account profile that this account was never to be reactivated. Completed June 29, 2013.</p>	<p>7/2/2013</p> <p>6/29/2013</p>

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	<p>Results dated from March 19, 2013 to June 19, 2013.</p> <p>3. The facility letter updated July 2, 2013, indicated User Account 6 belonged to an employee of Physician C, a community physician, who had a private practice office and had medical staff privileges at the facility. His User Account was used from a location off-campus to search for Patient 1 by partial name, and then access Patient 1's record. The portions of Patient 1's record viewed included face sheets, lab reports medical reports, nursing notes, and discharge summary. The employee was terminated.</p> <p>During a review of the System Access Log with Employee B on July 8, 2013, User Account 6 accessed Patient 1's record on June 18, 2013 at 2:20 p.m., 2:21 p.m., 2:28 p.m., 2:29 p.m., 2:30 p.m., 2:35 p.m., and 3:05 p.m.</p> <p>During an interview on July 8, 2013 at 11:00 a.m., Employee A stated that the employee of Physician C stated that she had accessed Patient 1's record "out of curiosity." Employee B stated User Account 6 used Physician C's User account.</p> <p>4. The facility letter updated July 2, 2013 indicated User Account 1 belonged to a medical assistant in a facility's medical group. Her system account was used to search Patient 1 by name and then access the initial display screen only listing recent labs and links to clinical reports within Patient 1's record. The medical assistant's employment was</p>		<p><u>3. Patient 1, Physician C, User Account 6</u> The law firm engaged by Physician C to assist him with addressing this matter reported to Cedars-Sinai that the employment of both Office Employee 1 and Office Employee 2 was suspended during the investigation and then terminated. Completed July 2, 2013.</p> <p>The law firm engaged by Physician C to assist him with addressing this matter reported to Cedars-Sinai that additional privacy and security training was provided to Physician C, his partner and the office staff. Completed July 15, 2013.</p> <p>Cedars-Sinai suspended the physician's Web/VS account during the investigation. Under the terms of existing Medical Staff policies, an Ad Hoc Privacy Breach Investigative Committee was convened to review the actions of the three (3) physicians who shared passwords with their employees. The Committee directed that access to Cedars-Sinai patient information systems continue to be suspended until each of the physicians had completed, to the Committee's satisfaction, HIPAA privacy training and had acknowledged their individual understanding of Cedars-Sinai strict policy prohibition against sharing user account information. When the Committee was satisfied that the requirements had been met and approved reactivating the physician's access, the physician was required to change his password. Completed July 2, 2013.</p>	<p>7/2/2013</p> <p>7/15/2013</p> <p>7/2/2013</p>

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	<p>terminated.</p> <p>During a review of the System Access Log with Employee B on July 8, 2013, User Account 1 accessed Patient 1's record on June 19, 2013 at 1:25 p.m.</p> <p>5. The facility letter updated July 2, 2013, indicated User Account 2 belonged to a volunteer research assistant at the facility's department of anesthesiology. His system account was used to search Patient 1 by name. His User Account accessed the initial display screen and the patient profile containing limited demographic information. User Account 2 was interviewed and admitted he accessed Patient 1's medical record and acknowledged that such access was inappropriate and unnecessary for his assigned duties. His volunteer status was terminated.</p> <p>During a review of the System Access Log with Employee B on July 8, 2013, User Account 2 accessed Patient 1's record on June 19, 2013 at 4:28 p.m. and 4:30 p.m.</p> <p>6. The facility letter updated July 2, 2013, indicated User Account 4 belonged to Physician D, a community physician, who had a private practice office and had medical staff privileges at the facility. His User Account was used to search for the record of Patient 1 by name and then access multiple documents and reports in the record of Patient 1. The facility's physician leadership contacted Physician D about the access. Physician D denied that he accessed Patient 1's</p>		<p><u>4. Patient 1, User Account 1</u> Cedars-Sinai Medical Care Foundation suspended this employee (User Account 1) during the investigation and then terminated her employment. Completed June 28, 2013.</p> <p>Cedars-Sinai suspended the Web/VS account of the responsible individual during the investigation, then after the investigation was completed noted in her account profile that this account was abused and never to be reactivated. Completed July 1, 2013.</p> <p><u>5. Patient 1, User Account 2</u> Cedars-Sinai Medical Center Volunteer Services suspended the activities of this student volunteer during the investigation and then terminated his volunteer assignment. Completed June 28, 2013</p> <p>Cedars-Sinai suspended the Web/VS account of the responsible individual during the investigation, then after the investigation was completed noted in his account profile that this account was abused and never to be reactivated. The termination letter also informed this volunteer that he will be permanently denied access to Cedars-Sinai information systems. Completed July 3, 2013.</p> <p><u>6. Patient 1, Physician D, User Account 4</u> The law firm engaged by Physician D to assist him with addressing this matter reported to Cedars-Sinai that the employment of the individual responsible</p>	<p>6/28/2013</p> <p>7/1/2013</p> <p>6/28/2013</p> <p>7/3/2013</p> <p>7/9/2013</p>

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	<p>record and stated that he would investigate this activity.</p> <p>During a review of the System Access Log with Employee B on July 8, 2013, User Account 4 accessed Patient 1's record on June 24, 2013 at 10:53 a.m., 10:54 a.m., 10:55 a.m., 10:58 a.m., 10:57 a.m., 10:58 a.m., and 10:59 a.m. User Account 4 viewed listing of reports with links and lab results and one of the three scanned documents (scanned consent form, scanned OR anesthesia record and scanned pathology submission form for placenta). User Account 4 also viewed Patient Summary Report, Link Lines, Drains, Airways and Wound Assessment Report, and After Visit Summary.</p> <p>During an interview on July 8, 2013 at 10:50 a.m., Employee A stated that there was no updated information from Physician D as to who used his account user to access the patient's record. On July 9, 2013, the facility forwarded to the Department by fax the investigation and actions taken by Physician D. A review of the document dated July 9, 2013, revealed Physician D disclosed his login and password to his medical assistant to manage his cases. The medical assistant reviewed records that he was not authorized to view. The medical assistant was terminated.</p> <p>7. The facility letter updated July 2, 2013, indicated User Account 6 belonged to Physician C who had medical staff privileges at the facility. After accessing Patient 1's record, the System Access logs showed that his User Account was used to</p>		<p>was suspended during the investigation and then terminated. Completed July 9, 2013.</p> <p>Cedars-Sinai suspended the physician's WebVS account during the investigation. Under the terms of existing Medical Staff policies, an Ad Hoc Privacy Breach Investigative Committee was convened to review the actions of the three (3) physicians who shared passwords with their employees. The Committee directed that access to Cedars-Sinai patient information systems continue to be suspended until each of the physicians had completed, to the Committee's satisfaction, HIPAA privacy training and had acknowledged their individual understanding of Cedars-Sinai strict policy prohibition against sharing user account information. When the Committee was satisfied that the requirements had been met and approved reactivating the physician's access, the physician was required to change his password. Completed July 19, 2013.</p> <p><u>7. Patients 2-14, Physician C, User Account 6</u> The law firm engaged by Physician C to assist him with addressing this matter reported to Cedars-Sinai that the employment of both Office Employee 1 and Office Employee 2 was suspended during the investigation and then terminated. Completed July 2, 2013</p>	<p>7/19/2013</p> <p>7/2/2013</p>

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	<p>search and access the medical records of Patient 2 through Patient 9, the other family members of Patient 1. The facility letter also indicated User Account 6 had several unsuccessful searches for the names of other patients and had successful access to one additional patient, Patient 10. There were multiple portions of the patients' medical records accessed, including face sheets containing social security numbers. For Patient 11 through Patient 14, the records were accessed of patients with names similar to those of the patients for whom searches were made. According to the facility letter, Physician C's law firm staff had conducted interviews with the two office employees of Physician C. Office Employee 1 stated that she used the User ID and Password of Physician C to access the medical records of Patient 2 through Patient 9, Patient 10, 11, 12, 13 and 14. However, Office Employee 2 had denied that she was involved in the breaches of the records. Both employees were terminated.</p> <p>A review of the System Access Logs with Employee B on July 8, 2013, disclosed User Account 6 accessed, without authorization, the following electronic medical records of 13 patients:</p> <p>User Account 6 accessed the electronic medical records of Patient 2 through Patient 14, between 2:23 p.m. and 3:33 p.m., on June 18, 2013.</p> <p>a. For Patient 2, User Account 6 accessed listing of reports with links and lab results, report inventory screen with links to sections of the records such as</p>		<p>The law firm engaged by Physician C to assist him with addressing this matter reported to Cedars-Sinai that additional privacy and security training was provided to Physician C, his partner and the two new employees who replaced Office Employee 1 and Office Employee 2. Completed July 15, 2013.</p> <p>Cedars-Sinai suspended the physician's Web/VS account during the investigation. Under the terms of existing Medical Staff policies, an Ad Hoc Privacy Breach Investigative Committee was convened to review the actions of the three (3) physicians who shared passwords with their employees. The Committee directed that access to Cedars-Sinai patient information systems continue to be suspended until each of the physicians had completed, to the Committee's satisfaction, HIPAA privacy training and had acknowledged their individual understanding of Cedars-Sinai strict policy prohibition against sharing user account information. When the Committee was satisfied that the requirements had been met and approved reactivating the physician's access, the physician was required to change his password. Completed July 2, 2013.</p>	<p>7/15/2013</p> <p>7/2/2013</p>

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1/22/2018

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050625	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/08/2014
NAME OF PROVIDER OR SUPPLIER  CEDARS-SINAI MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 8700 Beverly Blvd, West Hollywood, CA 90048-1804 LOS ANGELES 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>patient profile, progress notes, and medication lists. User Account 6 expanded the search to March 9, 1995 to June 19, 2013, with listing of reports with lab results for the time frame of 2011 and 2012. User Account 6 accessed Patient 2's Face Sheets from 1979 to 2012. User Account 6 accessed the patient's Face Sheets for June 27, 1984, October 21, 1980 and November 3, 1995. According to the WebVS Audit log, Face Sheets included account number, case type, admit date, discharge date, admit reason and admitting physician.</p> <p>b. For Patient 11, User Account 6 clicked on "Patient Select" and the user selected Patient 11 as the last name was similar to Patient 1. User Account 6 went to the lab results. However, there was no data displayed.</p> <p>c. For Patient 3, User Account 6 searched for Patient 2's last name and selected Patient 3. User Account 6 selected the lab results from June 19, 1996 to June 19, 2013 and there was no lab results. User Account 6 viewed Patient 3's Face Sheet which was a newborn admission in 1995.</p> <p>d. For Patient 4, User Account 6 searched for Patient 2's last name and selected Patient 4. User Account 6 accessed Patient 4's record and viewed the initial screen report. User Account 6 accessed the transcribed reports which included a Neurosurgical Letter dated July 1, 2004, and a Consultation Report dated June 22, 2004. User Account 6 further accessed the timeline view which displayed links to lab results. User Account 6</p>			

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050626	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/08/2014
NAME OF PROVIDER OR SUPPLIER  GEDARS-SINAI MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 8700 Beverly Blvd, West Hollywood, CA 90048-1804 LOS ANGELES 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>viewed Patient 4's lab test results for 2004. User Account 6 viewed the Face Sheets for June 21, 2004, December 14, 1997, and August 10, 1997, that included an Inpatient Face Sheet and Outpatient Imaging Face Sheet. User Account 6 viewed an inpatient Ward Medication List for June 23, 2004 and selected inpatient encounter.</p> <p>e. For Patient 5, User Account 6 searched for Patient 1's last name and accessed Patient 5's record. User Account 6 viewed transcribed reports which included a Preoperative History and Physical for a surgical procedure in December 2008 and Operative Report for a surgical procedure, dated December 18, 2008. User Account 6 viewed Centricity report (Preoperative History and Physical) dated December 12, 2008 and then accessed the two lab results for 2010.</p> <p>f. For Patient 8, User Account 6 conducted the patient search using a string of letters from Patient 1's last name four times and Patient 1's full last name twice, and then searched for Patient 6's last name. User Account 6 accessed Patient 6's Neonatal Screen dated December 15, 2009 and Face Sheet Cast List for the admission on December 14, 2009.</p> <p>g. User Account 6 selected Patient 7 and accessed the patient's Discharge Summary with the name, medical record number and admission date for July 8, 2012.</p> <p>h. User Account 6 successfully accessed Patient 8's name using an alias. User Account 6 viewed</p>			

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

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NAME OF PROVIDER OR SUPPLIER  CEDARS-SINAI MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 8700 Beverly Blvd, West Hollywood, CA 90048-1804 LOS ANGELES 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 initial report screen which contained the patient's lab test results for July 8 and 9, 2012. User Account 6 clicked report inventory screen and viewed the patient's History and Physical dated July 8, 2012 and viewed the Emergency Department Patient Encounter Summary Report for July 8, 2012 admission. User Account 6 also viewed the Face Sheet and Case List for the Inpatient encounters of Patient 6 and Patient 7, dated December 2009 and July 2012.</p> <p>i. User Account 6 accessed Patient 9's Initial report screen which showed Emergency Department Report dated January 22, 2009.</p> <p>j. User Account 6 conducted multiple patient searches on June 18, 2013 from 3:09 p.m. to 3:12 p.m.</p> <p>k. User Account 6 conducted patient searches using the first three letters of the first name and last name of Patient 14. User Account 6 accessed the report inventory screen with links to sections of the record and accessed the Face Sheet for an emergency department encounter on May 11, 1990.</p> <p>l. User Account 6 conducted multiple patient searches on June 18, 2013 from 3:14 p.m. to 3:21 p.m.</p> <p>m. User Account 6 searched Patient 12 by the first two letters of the first name and the last name. User Account 6 accessed the report inventory screen and accessed the Face Sheet Case List for</p>			

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DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050625	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/08/2014
NAME OF PROVIDER OR SUPPLIER  CEDARS-SINAI MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 8700 Beverly Blvd, West Hollywood, CA 90048-1804 LOS ANGELES 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>an emergency department visit on August 21, 2004.</p> <p>n. User Account 6 searched Patient 13 by the first letter of the first name and the last name. According to the WebVS Audit log dated July 15, 2013, User Account 6 accessed a listing of reports with links and lab results from the selected time frame of March 5, 2013 to June 19, 2013.</p> <p>o. User Account 6 searched Patient 10 by her last name and accessed a listing of reports and lab results with links to two reports associated with the outpatient encounters on December 22, 2010 and August 23, 2010. User Account 6 accessed the outpatient consult dated August 23, 2010 and a follow-up note dated December 22, 2010, Imaging report dated August 23, 2010, and Face Sheet Case Lists for three outpatient encounters.</p> <p>According to Employee B on July 8, 2013 at 12:30 p.m., User Account 6's access to the electronic medical records of Patient 2 through Patient 9, Patient 10, 11, 12, 13 and 14 took one hour and thirteen minutes.</p> <p>A review of the facility Medical Staff Rules and Regulations dated April 22, 2013, stipulated the Medical Staff is to respect and maintain the confidentiality of all "Protected Health Information" which includes any electronic or paper-based protected health information with respect to all Medical Center patients.</p> <p>A review of the facility Information Security Handbook revised July 23, 2009, indicated do not</p>		<p><u>Other Cedars-Sinai Corrective Actions:</u> Under the leadership of the Chief of Staff, multiple high level discussions have taken place to date, including at the Medical Executive Committee, Chief Of Staff Advisory Committee and Health Information Committee. All members of the medical staff were sent a letter reinforcing our current policy. An educational campaign was initiated using screen savers and Pulse articles (Medical Staff newsletter). Completed July 19, 2013.</p> <p>The Chief of Staff, Chief Medical Officer and Chief Privacy Officer reviewed and updated existing Medical Staff policies related to privacy breaches. The new Medical Staff Privacy &amp; Confidentiality Policy went into effect January 27, 2014.</p> <p>On July 16, 2013, Cedars-Sinai President and CEO commissioned, with the endorsement of the President's Executive Advisory Committee, a Privacy Breach Work Group co-chaired by the Senior Vice President, Enterprise Information Services (and CIO) and the Vice President, Corporate Integrity Program (and Chief Privacy Officer). The Work Group is responsible for reviewing systems, practices, and policies for the purpose of identifying and implementing enhancements to current protective measures for confidential patient records. Ongoing.</p>	<p>7/19/2013</p> <p>1/27/2014</p> <p>Ongoing</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050628	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/08/2014
NAME OF PROVIDER OR SUPPLIER  CEDARS-SINAI MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 8700 Beverly Blvd, West Hollywood, CA 90048-1804 LOS ANGELES 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>share User ID and/or password to ensure the protection of facility information from unauthorized access, disclosure or destruction.</p> <p>A review of the facility policy and procedure on Confidentiality of Patient, Business and Employee Information dated August 25, 2011, disclosed proper authorization is defined as written patient or patient representative authorization. Use or disclosure of confidential business information has a "need to know" or "need to disclose" the information to complete their job duties. No confidential information may be used or disclosed without having the proper authorization to do so. Unauthorized access to confidential information is a violation of this policy. The facility personnel are responsible for electronic confidential information accessed with their password.</p> <p>Based on the findings, the facility failed to prevent unauthorized access of medical information of 14 patients without authorizations, in violation of Health and Safety Code Section 1280.15(a).</p>		<p>The Cedars-Sinai Corporate Integrity Program requires employees and faculty to complete annual compliance training that includes privacy and security topics such as appropriate access to medical information and password sharing. Ongoing.</p> <p><b>Monitoring Process:</b> Cedars-Sinai Chief Privacy Officer, along with the Cedars-Sinai Medical Center Health Information Director, oversees the ongoing monitoring of access within Cedars-Sinai's electronic medical records systems, including review of break-the-glass events. Ongoing.</p> <p>Cedars-Sinai Chief Privacy Officer reports at least biannually to the Corporate Integrity Committee on the controls, processes, and/or resources in place to monitor and mitigate the risks associated with privacy breaches. A summary of privacy investigations as well as breaches reported under applicable laws and regulations is submitted to the committee. Ongoing.</p> <p>Cedars-Sinai Corporate Integrity Manager reports at least annually to the Integrity Competencies and Training Subcommittee on Corporate Integrity Program required training efforts and completion. Ongoing.</p> <p><b>Person Responsible:</b> Chief Privacy Officer</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050825	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/08/2014
NAME OF PROVIDER OR SUPPLIER  CEDARS-SINAI MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 9700 Beverly Blvd, West Hollywood, CA 90048-1804 LOS ANGELES 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: CA00360373 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 19582, HFE I</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, 1260, 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>1280.15(a) Health &amp; Safety Code 1280</p> <p>(a) A clinic, health facility, home health agency, or</p>		<p>Cedars-Sinai Medical Center is submitting this plan of correction as required by state and federal law. In submitting this plan of correction, Cedars-Sinai Medical Center is not admitting to the accuracy or validity of any of the allegations in the statement of deficiencies. Cedars-Sinai Medical Center reserves the right to dispute any allegations made by the California Department of Public Health.</p> <p>The incident was reviewed and a corrective action plan was established.</p>	

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

TITLE

(X6) DATE

*[Signature]*

Chief Privacy Officer

2/2/2016

By signing this document, I am acknowledging receipt of the entire citation packet, Pages 1 thru 15

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.