

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA230000013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/28/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>ENLOE MEDICAL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1531 ESPLANADE CHICO, CA 95926</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments  The following reflects the findings of the California Department of Public Health during the investigation of an entity reported incident.  Entity reported incident: 294876  The inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility.  Representing the Department: 27945, HFEN.  One deficiency was issued for entity reported incident 294876 at A017.	A 000		
A 001	Informed Medical Breach  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 medical information.	A 001	<u>Corrective Actions Taken:</u> <ul style="list-style-type: none"><li>Individual staff responsible for improper handling of protected health information are counseled per EMC progressive disciplinary process and was subsequently terminated.</li><li>Annual privacy/compliance training for all staff which includes specific education on importance of maintaining protection of patient health information.</li></ul>	1/3/12  Ongoing
A 017	1280.15(a) Health & Safety Code 1280	A 017		

Licensing and Certification Division

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

STATE FORM

6899

0QL211

TITLE

*CEO*

(X6) DATE

*1/8/12*

If continuation sheet 1 of 4

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A 017	Continued From page 1  (a) A clinic, health facility, home health agency, or hospice licensed pursuant to Section 1204, 1250, 1725, or 1745 shall prevent unlawful or unauthorized access to, and use or disclosure of, patients' medical information, as defined in subdivision (g) of Section 56.05 of the Civil Code and consistent with Section 130203. The department, after investigation, may assess an administrative penalty for a violation of this section of up to twenty-five thousand dollars (\$25,000) per patient whose medical information was unlawfully or without authorization accessed, used, or disclosed, and up to seventeen thousand five hundred dollars (\$17,500) per subsequent occurrence of unlawful or unauthorized access, use, or disclosure of that patients' medical information. For purposes of the investigation, the department shall consider the clinic's, health facility's, agency's, or hospice's history of compliance with this section and other related state and federal statutes and regulations, the extent to which the facility detected violations and took preventative action to immediately correct and prevent past violations from recurring, and factors outside its control that restricted the facility's ability to comply with this section. The department shall have full discretion to consider all factors when determining the amount of an administrative penalty pursuant to this section.  This Statute is not met as evidenced by: Based on interview and document review, the facility failed to prevent the unauthorized access by Radiation Technician B to the medical records of one patient. (Patient 1)  Findings:	A 017	<u>Corrective Actions Taken Continued:</u>  <ul style="list-style-type: none"> <li>Continued surveillance of protected health information processes to assure compliance with privacy regulations.</li> <li>Privacy compliance training for all new Enloe Medical Center staff upon hire prior to working independently.</li> <li>All actual or potential breaches are investigated, and followed up with staff per Enloe Medical Center progressive disciplinary process.</li> </ul> <u>Monitoring:</u> Compliance and Quality Management will continue to monitor incident reports, staff accounts, patient concerns, compliance hotline calls for any issue that is identified as a potential privacy concern. These events are investigated for adherence to policy and procedure as well as reporting requirements. Any inappropriate findings are communicated to the appropriate manager for follow-up per Enloe Medical Center's progressive disciplinary process.  <u>Responsible for Action Plan:</u> Chief Executive Officer Vice President of Patient Care Services  <i>— see page 3 —</i>	Ongoing  Ongoing  Ongoing

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A 017	<p>Continued From page 2</p> <p>During an interview on 1/5/12 at 9:30 am, Administrative Staff A (Admin) verified that she had reported to the Department on 1/3/12 at 3:14 pm, the unauthorized access to the private health information (PHI) of Patient 1 by Radiation Technician (Rad Tech) B. Admin Staff A stated the facility became aware of the breach on 1/1/12 after Ultrasound Tech (Ultra Tech) D notified Admin Staff C. According to Ultra Tech D, Rad Tech B came into the radiology office area on 1/1/12, on her day off, and used her own login and password to access Patient 1's room number. Admin Staff A stated that Rad Tech B was Patient 1's daughter. Admin Staff A stated that, in addition to accessing Patient 1's PHI on 1/1/12, the audit demonstrated that Rad Tech B had also accessed Patient 1's PHI on 11/28/11 and 12/6/11. Patient 1 was notified of the unauthorized breach by certified letter on 1/3/12.</p> <p>On 2/28/12, copies of the computer searches (query search) made by Rad Tech B for Patient 1 from 11/28/11 through 12/6/11 were reviewed. During this period Rad Tech B made two searches for Patient 1 in the facility's computerized patient information filing system (Meditech). The information accessed by Rad Tech B included Patient 1's demographics including her name, date of birth, physician's name, allergies, physician's orders, lab results, vital signs, diagnoses and various nursing assessments. On the dates that Rad Tech B accessed Patient 1's records, Rad Tech B was not assigned duties associated with Patient 1 or Patient 1's medical record.</p> <p>On 2/28/12 at 9:40 am, Admin Staff C verified that Rad Tech B's access to Patient 1's PHI was unauthorized.</p>	A 017	<p>1-16-13 8:25am. Per [redacted] RN QM Manager - ① Immediately upon the discovery of the event an investigation was initiated. The event was disclosed to the patient by the hospital.</p>	

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A 017	Continued From page 3  The facility's, "Patient Care Information System (PCIS), Internet and Electronic Communications" policy was reviewed. The policy indicated that employees are only authorized to access information on patients for whom they have responsibility. They must not access other patient information within the health system, inclusive of friends, relatives or acquaintances. The policy also read that "all new employees will receive a copy and sign the PCIS statement." On 6/7/00, Rad Tech B signed a facility, "Employee and Volunteer Statement of Confidentiality" and "Patient Care Information System (PCIS), Internet and Electronic Communications Statement" form certifying that she had, "read....understand its significance and importance, and agree to abide by it."	A 017			