

POC accepted  
4/8/14 J. Dale  
HFEW

PRINTED: 03/26/2014  
FORM APPROVED

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA070000147</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/26/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SALINAS VALLEY MEMORIAL HOSPITAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>450 EAST ROMIE LANE SALINAS, CA 93901</b>	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  <b>APP - 7 2014</b> <b>ENFORCEMENT DIVISION SAN JOSE</b>
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A 001	<b>Informed Medical Breach</b>  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	<b>HSC Section 1280.15 (b)(2)</b>  a. Corrective Action Accomplished for Affected Patient  1. The patient affected was notified of the inappropriate disclosure and the RN involved with incident apologized to the patient. See Attachment #1. 10/29/13  2. The Hospital Privacy Official and the Interim CNO met with the Registered Nurse involved in the failure to implement the hospital's policy on "Release of Patient Information (RI #989)" and "Uses and Disclosure of Protected Health Information (IM#893)". The RN was re-educated and counseled on the appropriate procedure for releasing of patient information and suspended for 5 days. 11/11/13  See Attachment #1.	
A 000	<b>Initial Comment</b>  The following reflects the findings of the California Department of Public Health during the investigation of an entity reported incident conducted on 2/21/14 to 2/26/14.  For Entity Reported Incident CA 00375470 regarding State Monitoring, Privacy Breach, a State deficiency was identified (see California Health and Safety Code, 1280.15(a)).  Inspection was limited to the entity reported incident investigated and does not represent the findings of a full inspection of the hospital.  The hospital detected the breach on 10/29/13. The hospital notified the Department of the breach on 10/31/13. The hospital notified the patient of the breach on	A 000	b. Corrective Action Accomplished for the Potentially Affected Patient (Population)  1. The Registered Nurse involved in the inappropriate disclosure of patient information was required to develop a presentation on "Protecting of Patient's Privacy" under the direction of the Interim CNO. See Attachment #2. 10/30/13  2. The Registered Nurse involved in the inappropriate disclosure of patient information delivered an educational presentation on "Protecting of Patient's Privacy" to peers. See Attachment #3. 3/05/14	

Licensing and Certification Division  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Pres/CEO

(X6) DATE

4/1/14

California Department of Public Health

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NAME OF PROVIDER OR SUPPLIER  <b>SALINAS VALLEY MEMORIAL HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>450 EAST ROMIE LANE SALINAS, CA 93901</b>		
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A 000	Continued From page 1 10/29/13.  Representing the California Department of Public Health: 25438, Health Facilities Evaluator Nurse.	A 000	3. The Senior Administrative Director of Regulatory Compliance and Organizational Improvement, revised the Rapid Regulations Healthstream Module to include the importance of acknowledging individuals present in the patients room, seeking approval from the patient before sharing patient information. See Attachment #4.	2/27/14
A 017	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 (\$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.	A 017	4. The Hospital Privacy Official reviewed the hospital's policy on "Release of Patient Information (RI #989)" and "Uses and Disclosure of Protected Health Information (IM#893)" to ensure clarity of expectations of staff on release of information. No revisions needed. See Attachment #5.  c. Immediate Measures and Systemic Changes Put into Place  1. Immediately upon notification of deficiency, a focused random audit was performed by the Interim CNO with Float Pool Staff to confirm staff understands the appropriate procedure for release of patient information and methods of protecting patient information. Need date and proof of completion. (i.e. Audit Data, List of names you spoke to, etc.) See Attachment #6	2/26/2014  3/20/14

APR - 7 2014

L & C DIVISION  
SAN JOSE

California Department of Public Health

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NAME OF PROVIDER OR SUPPLIER  
**SALINAS VALLEY MEMORIAL HOSPITAL**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**450 EAST ROMIE LANE  
SALINAS, CA 93901**

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A 017	<p>Continued From page 2</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the hospital failed to protect the right for confidential medical treatment for one sampled patient (1). Findings:</p> <p>On 10/31/13, the California Department of Public Health received a faxed report from the hospital's privacy officer which indicated the hospital identified a potential breach of Patient 1's health information.</p> <p>During an interview on 2/12/14 at 10:10 a.m., the acting chief nursing officer stated on 10/30/13 he was notified registered nurse A (RN A) had disclosed Patient 1's protected health information to visitors in Patient 1's room during the course of providing care.</p> <p>During an interview on 2/26/14 at 10:00 a.m., RN A stated on the evening shift of 10/29/13 he entered Patient 1's room to give him his medications. RN A stated Patient 1 had refused his medications earlier in the shift. RN A stated he wanted Patient 1 to know what medication he was taking and told the patient the medications were for his protected diagnosis.</p> <p>RN A stated there were two male visitors with Patient 1 during the above conversation.</p> <p>RN A stated later in the shift a nursing assistant told him Patient 1 was concerned and upset his protected diagnosis was disclosed to his visitors.</p> <p>Record review on 2/21/14 at 11:00 a.m., of the hospital policy "Release of Patient Information" dated 6/29/10 indicated: "No statement may be made as to protected diagnosis.... Name should</p>	A 017	<p>d. Monitoring Process</p> <p>1. A monthly random audit of 5 staff on each unit will be performed for the next 30 days, by the Senior Administrative Director of Regulatory Compliance and Organizational Improvement, to ensure staff can articulate the appropriate procedure for release of patient information and methods of protecting patient information. Results of these audits will be reported to the CNO, Hospital Privacy Official and at the Quality and Safety Meeting in May 2014. See Attachment #6.</p> <p>Responsible Person: Interim CNO</p> <p><b>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH</b></p> <p><b>APH - 7 2014</b></p> <p><b>L &amp; C DIVISION SAN JOSE</b></p>	05/14

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A 017	Continued From page 3  not be released and no statement may be made concerning the nature of the diagnosis..."	A 017		