

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>050150</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/10/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>Sierra Nevada Memorial Hospital</b>		STREET ADDRESS CITY STATE ZIP CODE <b>155 Giasson Way, Grass Valley, CA 95945-5723 NEVADA COUNTY</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
	<p>The following reflects the findings of the Department of Public Health during a complaint/breach event visit</p> <p>Complaint Intake Number. CA00306519 - Substantiated</p> <p>Representing the Department of Public Health Surveyor ID # 27945, 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>For purposes of the investigation, the department shall consider the clinic's, health facility's, agency's, or hospice's history of compliance with</p>			

Event ID: MWRG11

1/29/2013

8:08:07AM

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

TITLE

(X6) DATE

*President/CEO*

2/12/13

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><b>Continued From page 1</b></p> <p>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>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."</p> <p>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.</p> <p>Based on interview and document review, the facility failed to prevent the unauthorized access by Business Staff B to the medical records of four patients on 3/14/12 (Patients 1, 2, 3 and 4)</p> <p><b>Findings</b></p> <p>During an interview on 5/10/12 at 3 pm,</p>			

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	<p><b>Continued From page 2</b></p> <p>Administrative Staff A (Admin) verified that she had reported to the Department on 4/12/12 at 2:14 pm, the unauthorized access to the private health information (PHI) of Patients 1, 2, 3 and 4 by Business Staff (Bus Staff) B. Admin Staff A stated the facility became aware of the breach during a routine audit conducted on 4/9/12 at 9:57 am. Bus Staff B had accessed all four patients' electronic medical records on 3/14/12 starting at 1:53 pm and ending at 1:58 pm. He used his own login and password to access the records. Admin Staff A confirmed that all four patients were Bus Staff B's relatives, and that they had been notified by certified letter on 4/12/12 at 3 pm.</p> <p>On 5/10/12, copies of the computer searches (query search) on 3/14/12 made by Bus Staff B for Patients 1, 2, 3, and 4 were reviewed. During this period, Bus Staff B made one search each for Patients 1, 2, 3, and 4 in the facility's computerized patient information filing system (Meditech). The information accessed by Bus Staff B included Patients 1, 2, 3, and 4's demographics including their name, date of birth, physician's name, allergies, physician's orders, lab results, vital signs, diagnoses and various nursing assessments.</p> <p>The facility's policy, "Corrective Process for Breach," dated 4/10/12 was reviewed. The policy defined a "Breach of Patient Privacy or Confidentiality" occurred when any staff member accessed or reviewed PHI for any reason and not necessary to the employee's role in the provision of care and treatment. The policy also indicated a breach had occurred when any staff</p>		<p>HIS Dept. Data Security Analyst conducted a monthly privacy audit as required by Dignity Health Privacy Audit Procedure, to validate appropriate access to Meditech and it was identified that an individual (Emergency Department File Clerk) accessed 4 medical records without a need to know.</p> <p>Staff conducts privacy audits on a monthly basis and results are reported to the Dignity Health Facility Privacy Officer, Hospital coordinator of electronic medical records system integration, and the ancillary systems to validate access appropriate and authorized for treatment, patient or healthcare organizations. Privacy audits were implemented in 2009 for Dignity Health facilities and are permanently in place. Director of HIS is responsible to report results of monthly audits to the Facility Privacy Officer by the 8<sup>th</sup> day of each month.</p> <p>The VP of Human Resources, Admitting Dept. Supervisor and Facility Privacy Liaison met with the File Clerk to investigate the incident. The File Clerk was placed on administrative leave.</p> <p>Director of HIS evaluated the access to Meditech electronic medical records/registration/financial system that was assigned to the File Clerk for the role duties of an Emergency Dept. File Clerk and determined that access was</p>	<p>04/09/12</p> <p>04/10/12</p>
Event ID MWRG11		1/29/2013	8/20/2013 appropriately assigned.	
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