

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050300	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2009
NAME OF PROVIDER OR SUPPLIER ST. MARY MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 18300 Us Highway 18, Apple Valley, CA 92307-2205 SAN BERNARDINO 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 1's electronic medical record when Staff Member A breached the electronic medical record of Patient 1 without authorization and without a valid clinical reason to do so on 4/27/09. This deficient practice had the potential for unauthorized individuals to use the disclosed information in a way not authorized by the patient, such as identify theft or other unauthorized uses.</p> <p>On 5/12/09, a self reported facility incident was investigated regarding a hospital employee inappropriately accessing the electronic medical record of Patient 1 without authorization and without a valid clinical reason to do so on 4/27/09.</p> <p>According to a facility letter to the California Department of Public Health received on 5/8/09 at 3:45 PM, the facility confirmed that a hospital employee, Staff Member A, without any clinical reason, inappropriately accessed Patient 1's electronic medical record on 4/27/09. The facility letter also indicated that the employee was the daughter of Patient 1 and had no valid clinical reason to access the medical record on 4/27/09.</p> <p>A review on 5/12/09, of the facility's Investigative report, disclosed that the facility, "through subsequent investigation and employee interviews" had ascertained that Staff Member A had inappropriately accessed Patient 1's medical record without authorization and without a valid clinical reason to do so on 4/27/09 at 3:08 PM.</p> <p>In an interview with the facility's Compliance Officer (CO) on 5/12/09, at approximately 9:30 AM, the</p>		<p>E1953 T22 DIV 5 CH1 ART7-70707(b)(8) PATIENTS' RIGHTS St. Mary Medical Center patients' rights including the right to confidential treatment of all communications and records pertaining to the care and the stay in the hospital are posted in both Spanish and English in appropriate places within the hospital so that such rights may be read by patients and family members. Health Insurance Portability and Accountability Act (HIPAA) policies and procedures are in place to ensure the confidential treatment of all communication and records containing protected health information (PHI).</p> <p>E1953 T22 DIV 5 CH1 ART7-70707(b)(8) PATIENTS' RIGHTS The following immediate and ongoing steps were taken to address the plan of correction.</p> <p>Immediate Action(s) Taken:</p> <p>1. Staff member received 1:1 verbal education on the need to know basis and the consequences from accessing Personal Health Information (PHI) when the patient is not assigned to her care.</p> <p>Action(s) Taken:</p> <p>1. Director of Care Management educated her staff members in regards to HIPAA legal standards to protect patient's health information, unauthorized access and its consequences of not following the law during their staff meetings.</p>	<p>05/07/09</p> <p>05/07/09</p>

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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 those 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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NAME OF PROVIDER OR SUPPLIER ST. MARY MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 18300 US Highway 18, Apple Valley, CA 92307-2208 SAN BERNARDINO COUNTY		
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	<p>Compliance Officer confirmed the unauthorized access of Patient 1's medical record by Staff Member A on 4/27/09 at 3:06 PM. She stated she discovered the breach on 5/5/09, and notified the California Department of Public Health and Patient 1's family members on 5/8/09.</p> <p>In addition, the Compliance Officer stated when she ran the monthly computer audits of all hospital patients on 5/5/09 she noticed unusual activity on Patient 1's medical record on 4/27/09, and stated, "No one should have been accessing the medical record because the patient already had been discharged."</p> <p>A review of the facility's computerized "Patient Care Inquiry" audit sheet, dated 5/5/09, revealed that Staff Member A, inappropriately accessed Patient 1's medical record on 4/27/09, at 3:06 PM, for 2 minutes and 53 seconds from an unknown computer terminal in the hospital. Documented evidence in the computerized, "Patient Care Inquiry" audit report sheet revealed that Staff Member A was viewing the "Admission Record, Administrative Records, and Medical Records Reports" section of Patient 1's medical record during those times.</p> <p>During an interview with Staff Member A, on 5/12/09, at approximately 1:30 PM, she stated she accessed her mother's (Patient 1) medical record because she wanted to know her mother's insurance coverage for all services rendered in the hospital during her hospital stay. Staff Member A also confirmed that she had no valid subject</p>		<p>E1953 T22 DIV 5 CH1 ART7-70707(b)(8) PATIENTS' RIGHTS - Continued</p> <ol style="list-style-type: none"> Employee involved in this incident completed the house-wide required HIPAA training, acknowledged the receipt and promised documents as proof that re-education was provided. House-wide staff is required to attend New Employee Orientation (NEO) which covers HIPAA training and employees are required to sign a confidentiality agreement at time of hire and prior to starting work in her departments. In addition, house-wide staff is required to complete SWANK module (web-based education module) on HIPAA during the re-orientation process, which occurs annually during the month of April. <p>Quality Assurance Performance Improvement (QAPI) Monitoring Process: The Director of Health Information Services or designee conducted monthly audits of medical records for patients classified as confidential, having sensitive information or high-profile to designee to determine if there has been a HIPAA violation caused by an access breach.</p> <p>The audit sample size consisted of thirty (30) medical records or 100% whichever was greater. The audit was monitored for three (3) consecutive months until goal was achieved with 100% compliance with no breaches.</p>	<p>06/30/09</p> <p>04/20/05 Ongoing</p> <p>04/12/09 Ongoing</p> <p>Initiated: 02/01/10</p> <p>Completed: 05/03/10</p>

During an interview with Staff Member A, on 5/12/09, at approximately 1:30 PM, she stated she accessed her mother's (Patient 1) medical record because she wanted to know her mother's insurance coverage for all services rendered in the hospital during her hospital stay. Staff Member A also confirmed that she had no valid clinical reason

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...Medical Center Employees" dated 9/2008, documented that all employees will sign and agree to:

1. Not misuse, misappropriate, or, disclose any such information, directly or indirectly, to any person, or use such information in any way, either during the term of his/her employment, except as required in the course of his/her employment.
2. Shall not permit access to any such information to any person except as required in the course of his/her employment.
3. To abide by all state and federal law relevant to the confidentiality of patient identifiable health information including but not limited to HIPAA.
4. All employees acknowledge that unauthorized use or disclosure of patient identifiable health information regarding patients is illegal and could cause Hospital to sustain significant and irreparable damage.

A review on 6/18/09, of the facility's policy and procedure titled: "HIPAA-Role Based Access Review and Update", dated 5/2003, revealed in section 8(c), "...Staff may not gain access to information concerning patients, including both medical and enrollment information, except for legitimate clinical and business purposes." (HIPAA-Health Insurance Portability Accountability Act; requiring health professional to maintain an individual's healthcare information private and held

Performance Improvement Advisory Committee (PIAC) on a regularly scheduled basis as part of the hospital wide Quality Assurance Performance Improvement program (QAPI) program. The PIAC reports to the Quality Committee of the Board (QCB), Medical Executive Committee (MEC) and the Board of Trustees (BOT).

Person(s) Responsible:

Chief Operating Officer, Chief Nursing Officer, Chief Financial Officer, and Director of Care Management.

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NAME OF PROVIDER OR SUPPLIER ST. MARY MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 18200 Us Highway 18, Apple Valley, CA 92307-2206 SAN BERNARDINO COUNTY		
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	<p>to access her mother's (Patient 1) medical record other than for her own personal reasons.</p> <p>A review on 6/18/09, of the facility's policy and procedure titled: "Confidentiality Agreement for ST Mary Medical Center Employees" dated 9/2008, documented that all employees will sign and agree to:</p> <ol style="list-style-type: none"> 1. Not misuse, misappropriate, or, disclose any such information, directly or indirectly, to any person, or use such information in any way, either during the term of his/her employment, except as required in the course of his/her employment. 2. Shall not permit access to any such information to any person except as required in the course of his/her employment. 3. To abide by all state and federal law relevant to the confidentiality of patient identifiable health information including but not limited to HIPPA. 4. All employees acknowledge that unauthorized use or disclosure of patient identifiable health information regarding patients is illegal and could cause Hospital to sustain significant and irreparable damage. <p>A review on 6/18/09, of the facility's policy and procedure titled: "HIPAA-Role Based Access Review and Update", dated 5/2008, revealed in section 8(c), "...Staff may not gain access to information concerning patients, including both medical and enrollment information, except for legitimate clinical and business purposes." (HIPAA-Health Insurance Portability Accountability Act; requiring health professional to maintain an individual's healthcare information private and held</p>		<p>Quality Assurance Performance Improvement (QAPI) Monitoring Process - Continued:</p> <p>Reporting Process: The outcome of this audit was presented to the Performance Improvement Advisory Committee (PIAC) on a regularly scheduled basis as part of the hospital wide Quality Assurance Performance Improvement program (QAPI) program. The PIAC reports to the Quality Committee of the Board (QCB), Medical Executive Committee (MEC) and the Board of Trustees (BOT).</p> <p>Person(s) Responsible: Chief Operating Officer, Chief Nursing Officer, Chief Financial Officer, and Director of Care Management.</p>	

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NAME OF PROVIDER OR SUPPLIER ST. MARY MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 18300 Via Highway 18, Apple Valley, CA 92307-2206 SAN BERNARDINO COUNTY		
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	<p>in confidence).</p> <p>During an interview with the facility's Compliance Officer on 6/18/09, at approximately 11:30 AM, she stated that unauthorized access of Patient 1's medical record by Staff Member A was considered by the facility as being a "drift" from policy as explained in the facility's "The Just Culture Algorithm" model. The Compliance Officer also stated that Staff Member A was suspended for three days without pay and received additional training in HIPPA regulations and attended a hospital wide in-service training in protecting patient confidential information.</p> <p>A review on 6/18/09, of Patient 1's clinical record, revealed that Patient 1 was admitted to the facility on 3/1/09. There was no documented evidence that Patient 1 had signed a consent or had given authorization for release of medical information to Staff Member A.</p> <p>Therefore, the facility failed to prevent unauthorized access to confidential medical record information and failed to safeguard Patient 1's medical record against use by unauthorized individuals.</p>				

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