

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 09/23/2009
NAME OF PROVIDER OR SUPPLIER St. Mary Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 18300 Us Highway 18, Apple Valley, CA 92307-2206 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>1280.15(a): (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.</p> <p>AND</p> <p>1280.15(b)(2): (2) Subject to subdivision (c), a clinic, health facility, home health agency, or hospice shall also</p>		<p>Health & Safety Code 1280.15(a) and 1280.15(b)(2)</p> <p>On August 20, 2009, upon notification of this incident, the Manager of Health Information Management immediately contacted the Marketing Department to revoke Physician Connect privileges from the Physician Connect (an online program that gives doctors the ability to view important patient information in a virtual environment) as follows:</p> <ul style="list-style-type: none"> All employees of physician will be banned from Physician Connect while employed by him; Staff member directly involved in incident will have privileges denied if she were to work for another health care provider. <p>On September 1, 2009 until September 30, 2009, as a result of the complaint received by SMMC, the physician involved in this incident met with his staff and:</p> <ul style="list-style-type: none"> Reviewed the HIPAA policies and procedures with his staff; Counseled his office staff regarding accessing patient's protected health information who are not their patients; Verbally informed the staff member directly involved in the incident, that if she accessed non-office patient protected health information again that she would be terminated. 	<p>08/20/09</p> <p>09/30/09</p>

STATE DEPT. OF HEALTH SERVICES
 SAN BERNARDINO COUNTY
 15 JUN 24 PM 6:21
 09/30/09

Event ID: B41911

7/10/2015

4:36:16PM

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 09/23/2009
NAME OF PROVIDER OR SUPPLIER St. Mary Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 18300 Us Highway 18, Apple Valley, CA 92307-2206 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>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, home health 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 within five business days.</p> <p>Based on interview and record review, the facility failed to maintain privacy and confidentiality for one patient (Patient A). Patient A's electronic medical record was accessed multiple times without authorization, by Front Office Staff 1 person who worked in the same Radiation Medical Group as Patient A. Front Office Staff 1, of the Radiation Group improperly accessed Patient A's electronic medical record, under the direction of Patient A's supervisor, Physician 1, who worked at the Radiation Medical Group. Patient A was also an employee of the Radiation Medical Group, but was not a patient of Physician 1.</p> <p>FINDINGS: The facility self-reported this incident as a medical breach on August 8, 2009. The report was reviewed on September 21, 2009, November 12, 2009 and August 25, 2010. The facility's report noted that Patient A notified the facility on August</p>		<p>Health & Safety Code 1280.15(a) and 1280.15(b)(2)</p> <p>QUALITY ASSURANCE PERFORMANCE IMPROVEMENT MONITORING: The Director of Medical Staff Services or a designee conducted monthly audits of the Break Glass Report to ensure that patient information was not accessed by the physicians and/or their staff via Physician Connect when there was not a need to know.</p> <p>The Director of Medical Staff Services or a designee documented the results of such audits on the (Protected Health Information) (PHI) Verification-Break Glass Report for at least four (4) consecutive months and continued monthly until 100% compliance was achieved. Thereafter, Performance Improvement Indicators were monitored on a periodic basis to ensure ongoing compliance.</p> <p>REPORTING PROCESS: The outcome of these audits were presented to the Performance Improvement Advisory Committee (PIAC) on a regularly scheduled basis as part of the hospital wide Quality Assurance Performance Improvement program. The PIAC reports to the Quality Committee of the Board, Medical Executive Committee and the Board of Trustees.</p>	08/30/14

15 JUL 21 PM 6:22
 STATE DEPT. OF HEALTH SERVICES
 BEVERLY HILLS, CALIFORNIA

Event ID: B41911

7/10/2015

4:36:16PM

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 09/23/2009
NAME OF PROVIDER OR SUPPLIER St. Mary Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 18300 Us Highway 18, Apple Valley, CA 92307-2206 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>20, 2009, that her protected health information was inappropriately accessed via the electronic medical record system and viewed by Front Office Staff 1, on behalf of Physician 1. Patient A told the facility that she suspected that her supervisor (Physician 1) had breached her medical record because Physician 1 discussed Patient A's diagnosis with her when she had not previously disclosed this information to Physician 1. Neither Physician 1 nor Front Office Staff 1 had authorization to view Patient A's health information.</p> <p>Review of the facility's access audit sheets noted that Front Office Staff 1 accessed Patient A's electronic medical record as follows:</p> <p>July 29, 2009 at 4:37 PM July 29, 2009 at 4:37 PM July 29, 2009 at 4:37 PM August 5, 2009 at 10:45 PM August 5, 2009 at 10:45 PM August 5, 2009 at 10:46 PM August 5, 2009 at 10:46 PM August 5, 2009 at 10:47 PM</p> <p>Further review of the audit report, showed that there was no documentation to indicate what part of Patient A's clinical record was accessed by Front Office Staff 1.</p> <p>During a telephone interview with the facility Privacy Officer on August 25, 2010 at 1:30 PM, she stated that when an individual views a persons' electronic medical record, if the person is not that physician's patient, a screen pops up that states, "This is not</p>		<p>Health & Safety Code 1280.15(a) and 1280.15(b)(2)</p> <p>TITLE OR POSITION OF THE PERSON RESPONSIBLE FOR THE CORRECTION:</p> <ul style="list-style-type: none"> • Vice President of Medical Affairs • Director of Medical Staff Services • Executive Vice President/Chief Operating Officer • Local Privacy Officer 	

STATE DEPT. OF HEALTH SERVICES
 15 JUL 24 PM 6:21
 LIC. & CERT
 SAN BERNARDINO COUNTY

Event ID: B41911

7/10/2015

4:36:16PM

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 09/23/2009
--	---	--	---

NAME OF PROVIDER OR SUPPLIER St. Mary Medical Center	STREET ADDRESS, CITY, STATE, ZIP CODE 18300 Us Highway 18, Apple Valley, CA 92307-2206 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>your patient, do you still want to access?" This practice is termed by the facility as "breaking the glass." The Privacy Officer stated the physician's access had lapsed, so he asked Front Office Staff 1 to access Patient A's electronic medical record. During the interview, the Privacy Officer stated that Physician 1 and Front Office Staff 1 had both signed a confidentiality agreement upon hire, per facility Policy and Procedure (P&P).</p> <p>During a review of the document entitled "Physician Connect System Access and Confidentiality Statement" (undated), the document noted the following:</p> <p>"6. I will use confidential information only as needed by me to perform my legitimate duties as a Medical Staff Member, designated physician office staff or Independent Contractor/Vendor. This means that:</p> <p>"a. I will not access confidential information that I have no legitimate need to know." "b. I will not in any way divulge, copy, release, sell, loan, revise, alter, or destroy any confidential information except as properly authorized within the scope of my employment or affiliation as a Medical Staff Member."</p> <p>"By attaching my signature to this form, I acknowledge and agree that I have read the System Access and Confidentiality Statement. I understand the contents and agree to abide by them."</p> <p>During a review of the signature pages attached to</p>		<p style="text-align: center;">STATE DEPT. OF HEALTH SERVICES 15 JUL 24 PM 6:21 LIC. & CERT. COUNTY SAN BERNARDINO COUNTY</p>	
--	--	--	---	--

Event ID: B41911

7/10/2015

4:36:16PM

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 09/23/2009
NAME OF PROVIDER OR SUPPLIER St. Mary Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 18300 Us Highway 18, Apple Valley, CA 92307-2206 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>the "Physician Connect System Access and Confidentiality Statement" showed that Physician A signed the confidentiality statement on October 27, 2006 and Front Office Staff 1 signed the statement on December 11, 2007. Therefore, Physician A and Front Office Staff 1, knew that their actions were in violation of the "Physician Connect System Access and Confidentiality Statement" in which they signed, when they knowingly breached Patient 1's electronic medical record.</p> <p>Review of the facility Policy & Procedure entitled, "Physician Connect Access and Usage" on August 8, 2010, sets forth the following on page 2: "Physician Connect Usage #1: Authorized user shall only access patient information on patients for whom they are providing care in the capacity of the: attending physician, admitting physician, referring physician, consulting physician, primary care physician and ordering physician."</p> <p>Even though Physician 1 was not Patient A's attending, admitting, referring, consulting primary care or ordering physician, Physician 1 directed Front Office Staff 1 to access Patient A's electronic medical record, and Front Office Staff 1 accessed the electronic medical record. Therefore, Physician 1 and Front Office Staff 1 did not use the physician connect system, in accordance with the facility's policy and procedure.</p> <p>During an interview with Patient A, on November 12, 2009, at 8:15 AM, Patient A stated that on July 27, 2009, she was sick and went to the Emergency Room. She was subsequently admitted. When</p>			

STATE DEPT. OF HEALTH SERVICES
 15 JUL 24 PM 6:21
 LIC. & CERT.
 SAN BERNARDINO COUNTY

Event ID: B41911

7/10/2015

4:36:16PM

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 09/23/2009
NAME OF PROVIDER OR SUPPLIER St. Mary Medical Center			STREET ADDRESS, CITY, STATE, ZIP CODE 18300 Us Highway 18, Apple Valley, CA 92307-2206 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>she returned to work on August 17, 2009, Physician 1 questioned her about what happened while she was in the hospital. She stated, "He knew facts that he could only have known if he had reviewed my medical record. He questioned me about my diagnosis that I had never discussed with him. He made comments in front of other staff, such as, 'You were too loaded on morphine to remember'. I knew he must have looked at my medical record."</p> <p>The facility failed to maintain the privacy and confidentiality of confidential health information, when Patient A's electronic medical record was accessed multiple times without legitimate reason or with the patient's authorization.</p>				<p>STATE DEPT. OF HEALTH SERVICES 15 JUL 24 PM 6:21 LIC. & CERT. COUNTY SAN BERNARDINO COUNTY</p>

Event ID: B41911

7/10/2015

4:36:16PM