

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

HEALTH

1015 05 20 12
MAY 25 2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050464	(X2) MULTIPLE CORRECTION A. BUILDING _____ B. WING _____ By _____	(X3) DATE SURVEY COMPLETED 01/06/2012
--	--	--	--

NAME OF PROVIDER OR SUPPLIER UCSF Medical Center	STREET ADDRESS, CITY, STATE ZIP CODE 505 Parnassus Ave, San Francisco, CA 94143-2204 SAN FRANCISCO 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 following reflects the findings of the Department of Public Health during a complain/breach event visit:</p> <p>Complaint Intake Number: CA00290380 - Substantiated</p> <p>Representing the Department of Public Health Surveyor ID # 25730, 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>The Department was able to substantiate violations of State regulations regarding the safekeeping of medical information.</p>	L&C DIVISION SAN FRANCISCO	<p>The statements made in this Plan of Correction are not an admission and do not constitute agreement with the alleged deficiencies herein.</p> <p>This Plan of Correction constitutes UCSF Medical Center's written credible allegation of compliance for the deficiencies noted.</p> <p>UCSF Medical Center disputes the merits of the finding in this 2567 and requests an informal office conference with the San Francisco District Office District Manager to discuss the merits of the Department's findings. Furthermore, we reserve the right to a formal appeal of the findings.</p> <p>UCSF Medical Center has included a letter of rebuttal as an attachment to this 2567.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. Immediately in response to this event, the UCSF Department of Dermatology revised their procedure for use of the digital camera to include a requirement that images on the camera's memory card must be downloaded at the end of the work day onto a secure server and erased from the camera memory. In addition, the Department obtained a locker in which the digital camera and backpack are secured at the facility when not in use. 2. Over the course of three departmental meetings, the Dermatology practice Residents, Faculty, and staff were trained on the revised digital camera procedure and re-educated about the importance of and best practices for safeguarding and protecting confidential patient information. 	<p>11/10/11</p> <p>11/9/11 11/30/11 12/7/11</p>

Event ID: ISG211

5/23/2012

3:04 43PM

IA [REDACTED]	SUPERVISOR REPRESENTATIVE'S SIGNATURE RN, MS Director, Regulatory Affairs	TITLE	(X6) DATE 6/8/12
---------------	--	-------	---------------------

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.

6/13/12 Acceptable Per AMM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050454	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/06/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER UCSF Medical Center	STREET ADDRESS, CITY, STATE, ZIP CODE 505 Parnassus Ave, San Francisco, CA 94143-2204 SAN FRANCISCO 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>Continued From page 1</p> <p>Violation of Health and Safety Code 1280.15 (a) for failure to prevent unauthorized access to patient's medical record: Substantiated.</p> <p>T22 DIV5 ART7-70751(b) Medical Record Availability</p> <p>(b) The medical record, including X-ray films, is the property of the hospital and is maintained for the benefit of the patient, the medical staff and the hospital. The hospital shall safeguard the information in the record against loss, defacement, tampering or use by unauthorized persons.</p> <p>This regulation was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure the confidentiality of patient medical information when patient pictures and medical information were stolen from the trunk of a vehicle parked on a city street.</p> <p>Findings:</p> <p>In an interview on 1/6/12 at 10:00 AM, the Director of Regulatory Affairs (DRA) stated that a digital camera and patients' medical records containing personal medical information and pictures were stolen on 11/5/11 from the trunk of a locked vehicle parked on a city street in front of the home of Physician A. The DRA said Physician A noticed the theft in the morning of 11/5/11 and reported this to city police and to the facility. The DRA said the camera, which was retrieved on 11/7/11, contained</p>		<p>Monitoring:</p> <p>Beginning on June 11, 2012, the Department of Dermatology will perform random spot checks of the digital camera photo cards when the camera is not in use to ensure the cards do not contain patient images. This will be done twice monthly for a period of three months. At the conclusion of the three month period, findings will be reported to the Chief Privacy Officer who will determine the need for continued monitoring.</p> <p>Responsible Party: Vice-Chair Department of Dermatology; Chief Privacy Officer</p>	6/11/12

CA DEPT OF PUBLIC HEALTH
11 2012
L&C DIVISION
SAN FRANCISCO

Event ID: ISG211	5/23/2012	3:04:43PM	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE	

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

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050454	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/06/2012
NAME OF PROVIDER OR SUPPLIER UCSF Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 505 Parnassus Ave, San Francisco, CA 94143-2204 SAN FRANCISCO 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>Continued From page 2</p> <p>unencrypted dermatology pictures of adults and children with personal identifiers, and the medical records, which were retrieved on 11/8/11, contained personal medical information. (Encryption is the process of transforming readable information into a format which is unreadable by anyone who does not have the same encryption key.)</p> <p>The DRA stated Physician A had received the facility orientation to Privacy and Confidentiality, and the DRA provided a copy of the slides used during this presentation. The DRA also provided a copy of the facility's "Statement of Privacy Laws and University Policy and the Acknowledgement of Responsibility" signed by Physician A on 4/4/11.</p> <p>The facility policy and procedure 5.01.04 "Information Security and Confidentiality", approved 3/04, Section V.C.3. stated "Workforce members are directly responsible for adhering to this policy by employing appropriate and applicable security controls to protect the Medical Center's electronic information resources that are in his or her control. It is the responsibility of each workforce member to take steps to properly safeguard the Medical Center's electronic information resources ...and to take precautions that will minimize the potential of theft..." (page 6 of 9).</p> <p>The facility's "Privacy and Confidentiality Handbook", revised 5/11, stated in the Requirements for Security section "Workforce members are responsible for employing appropriate and applicable security controls to protect all University electronic information under their control,</p>		<p>CA DEPT OF PUBLIC HEALTH</p> <p>JAN 11 2012</p> <p>L&C DIVISION SAN FRANCISCO</p>	

Event ID: ISG211

5/23/2012

3:04:43PM

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

TITLE

(X6) DATE

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.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050454	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/06/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER UCSF Medical Center	STREET ADDRESS, CITY, STATE, ZIP CODE 505 Parnassus Ave, San Francisco, CA 94143-2204 SAN FRANCISCO 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>Continued From page 4</p> <p>Health and Safety Code 1280.15 and is subject to the applicable civil money assessment.</p>		<p>CA DEPT OF PUBLIC HEALTH</p> <p>1 1 2012</p> <p>L&C DIVISION SAN FRANCISCO</p>	

Event ID: ISG211	5/23/2012	3:04:43PM
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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.