CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/12/2009
NAME OF PROVIDER OR SUPPLIER DELANO REGIONAL MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1401 GARCES HWY. DELANO, CA 93215 KERN COUNTY		

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
	The following reflects the findings Df the Department of Public Health during a complaint.Jbreach event visit: Complaint Intake Number. CAOO207243 - Substantiated Representing the Department of Public Health: [redacted]. HFEN was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility. Health and Safety Code Section 1280.15(a) A clinic, health facility, home health agency, Dr 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 Dr unauthorized access, use, or disclosure of that patients' medical information. One deficiency was written 88 a result of entity reported incident 207243.		Staff l per the hospital policy, "Sanction Procedures for HIPAA Compliance." Departmental (SCU) staffwere inserviced regarding the HIPAA Compliance policies. All hospital staffwete inserviced about HIPAA regulations and were given a post test to ensure understanding of information. Responsible persons: Director of SCU Nursing Educator Monitoring: Delano Regional Medical Center will regularly review records of activity on Information Systems containing EPHI. At a minimum record review will be done quarterl Records of activity may include, but are not limited to:	11/5/09 11/2009 12/11/09 11/5/09-ongoing

Event ID:LOL411 9/22/2010 4:43:22PM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

D Johns RN, MSN CNO 10-26-10

Any deficiency statement ending with an asterisk (*) denotes deficiency which the institution may be excused from correcting providing it is determined that other provide sufficient protection to 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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050608	(X2) MULTIPLE CONSTRUCTION A. BUIIDING ____ B. WING	(X3) DATE SURVEY COMPLETED 11/12/2009
NAME OF PROVIDER OR SUPPLIER DELANO REGIONAL MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1401 GARCES HWY. DELANO, CA 93216 KERN COUNTY		

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	Continued From page 1 This RULE: is not met 88 evidenced by: 1280, 15(i) Health & Safety code 1280 (i) For purposes of this section, the following apply: (1) "Reported event" means alt breaches included in any single report that is made pursuant to subdivision (b), regardless of the number of breach events contained in the report (2) "Unauthorized" means the inappropriate access, review, or viewing of patient medical information without a direct need for medical diagnosis, treatment, or other lawful use as permitted by the Confidentiality of Medical Information Act (Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code) or any other statute or regulation governing the lawful access, use, or disclosure of medical information. Based on interview and record review, the hospital failed to ensure the security of a patient's (patieIlt X) personal healthcare information. This failure resulted in the violation of Patient X's right to privacy; when a healthcare worker (Staff 1) at the GACH (General Acute Care Hospital) inappropriately accessed, viewed, and disclosed Patient X's Findings: Patient X filed a complaint at the GACH on November 3, 2009 regarding an unauthorized access of her medical files. The GACH's HIPAA Compliance Complaint Form (filed by Patient X)		* Audit Logs * Access Reports * Security incident tracking reports At a minimum, the following information wilJ be audited: * Date and time of activity * Origin of activity * Identification of user performing activity. * Description of attempted or completed activity Responsible Persons: HIPAA Compliance Officer Medical Records Manager	

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF puBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
			11/1212009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CDOE
DELANO REGIONAL MEDICAL CENTER	KERN COUNTY

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	10 PREFDX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	Continued From page 2 indicated Patient X's sister-in-law, Staff 1, who was a healthcare worker at the GACH, disclosed a urine screen result dated August 26, 2008 to Patient X's mother and two sisters. An audit sheet generated by the GACH in conjunction with their own investigation regarding this complaint was reviewed on November 12, 2009. The CHART ACCESSES fROM 25-AUG-2009 00:00 TO 03-NOV-2009 23:59:59 for Patient X's computer file. indicated three accesses by Staff 1; the first on October 14, 2009 at 1:09 AM; the second and third on October 14. 2009 at 1:13AM During an interview with Staff 2 (Director of Information Management), on November 12. 2009, at 11:03 AM, she stated Staff 1 had three "log-ins" on the GACH's computer and had accessed Patient X's laboratory result. She stated the hospital had completed a thorough investigation regarding this breach of personal healthcare information. She stated Staff 1 "maliciously disclosed" the result of Patient X's urine screen report to Patient X's family. She stated Staff 1 was terminated as dictated by their policy. Staff 1'8 personnel file was reviewed on November 12, 2009, at 11:15 AM. Her records indicated Staff 1 was terminated on November 5, 2009 for HIPAA (Health Insurance Portability and Accountability Act) violation. The hospital failed to prevent hospital personnel from accessing and reviewing confidential medical			

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LABORATORY DIRECTOR'S OR PROVIOERISUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DELANO REGIONAL MEDICAL CENTER	1401 GARCES HWY, DELANO, CA 93215 KERN COUNTY

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	3 records without obtaining written permission from the patient in violation of Title 22, Section 70701(b)(8) and the access and disclosure was not otherwise authorized.			

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