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12/4/13 BR

PRINTED: 11/01/2013
FORM APPROVED

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA930000026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/04/2012
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NAME OF PROVIDER OR SUPPLIER HUNTINGTON MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 100 W CALIFORNIA BLVD PASADENA, CA 91109
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A 000	<p>Initial Comment</p> <p>The following reflects the findings of the Department of Public Health during an investigation of an entity reported incident.</p> <p>Intake Number: CA00303677 - Substantiated</p> <p>The inspection was limited to the specific entity reported incident investigation and does not represent the findings of a full inspection of the facility.</p> <p>Representing the Department of Public Health:</p> <p>Evaluator ID #26040, RN, Sr.HFEN</p>	A 000	<p>Updated Plan of Correction date: 12/5/13 Updated Plan of Correction date: 12/4/13 Original Plan of Correction date: 11/20/13</p> <p>The statements made in this Plan of Correction are not intended as an admission of non compliance and do not constitute agreement with the alleged deficiencies herein. This Plan of Correction constitutes Huntington Hospital's written credible allegation of compliance for the deficiencies noted.</p> <p>CMS Statement of Deficiencies and Plan of Correction Form dated November 1, 2013, received on November 7, 2013.</p> <p>Event Synopsis:</p> <p>On March 6, 2012, during the course of performing a routine periodic patient record access audit, the Compliance Department discovered that an employee may have accessed the records of 17 patients inappropriately. An investigation was immediately commenced which resulted in termination of Employee A for violation of hospital policy and procedure (#156 - Patient Access to Medical Records). Employee A had completed prior trainings and understood the hospital's policies that prohibit accessing records in this manner. These trainings will be outlined under subsequent sections.</p> <p>In summary, upon discovery of the potentially inappropriate accesses, the following actions were completed:</p>	
A 017	<p>1280.15(a) Health & Safety Code 1280</p> <p>(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</p>	A 017	<p>1. Notification to Human Resources regarding the involved employee's actions.</p> <p>2. Human Resources and Compliance investigation (interviews & review of electronic medical record access history).</p> <p>3. Employee A was terminated.</p>	<p>3/16/12</p> <p>3/8/12</p> <p>3/8/12 to 3/16/12</p> <p>3/16/12</p>

Licensing and Certification Division

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Armine Kass* TITLE: *Supv, Hosp Operations* (X6) DATE: *12/5/13*

STATE FORM 800 LFT811 If continuation sheet 1 of 5

California Department of Public Health

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A 017	<p>Continued From page 1</p> <p>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>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to prevent unauthorized access to patients' medical information. On September 28, 2011, October 9, 18, December 5, 2011, Employee A (registered nurse) accessed Patient 1's electronic medical record without authorization. On January 4, 2012, Employee A accessed 16 patients' electronic medical records without authorization (Patients 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, and 17).</p> <p>Findings:</p> <p>On May 4, 2012, an unannounced visit was made to the facility to investigate a facility reported incident regarding unauthorized access to patients' protected health information.</p> <p>A review of the facility's letter dated March 19, 2012, that was submitted to the Department indicated on March 12, 2012, during the course of an investigation, Employee A stated she inappropriately accessed the protected health information of Patient 1 through the facility's electronic medical record system. The letter indicated that during the investigation, it was discovered Employee A had inappropriately accessed Patient 1's medical record on four</p>	A017	<p>Employee A's Training & Acknowledgments Prior to the Incidents</p> <p>Patient Confidentiality Agreement Employee A signed a Patient Confidentially agreement on 3/10/97 that states, "Although caregivers may have a right to medical information regarding a patient, the other physicians, nurses and health care givers in the institution do not have such a right."</p> <p>Access & Confidentiality Agreement Employee A signed an Access & Confidentiality Agreement on 9/10/98 that states, "As an employee with access to confidential information, you are required to conduct yourself in strict conformance to applicable laws and HMH policies governing confidential information." It further states, "You will use confidential information only as needed to perform your legitimate duties as an employee at HMH. This means, among other things, that you will only access confidential information for which you have a need to know."</p> <p>Patients' Rights and Responsibilities Employee A signed a Patients' Rights and Responsibilities form on 6/24/00 that states, "The patient has the rights to confidential treatment of all communications and records pertaining to care and stay in the hospital. The patient's written permission shall be obtained before medical records can be made available to anyone not directly concerned with the patient's care."</p> <p>Confidentiality, Computer Usage, and Accountability Agreement ("CCUAA"): Employee A electronically acknowledged the CCUAA on April 1, 2009; April 2, 2010; and April 2, 2011.</p>	<p>3/10/97 Exhibit A</p> <p>9/10/98 Exhibit B</p> <p>6/24/00 Exhibit C</p> <p>4/1/09; 4/2/10; 4/2/11 Exhibit D</p>

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA830000026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/04/2012
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A 017	<p>Continued From page 2</p> <p>different occasions (September 28, October 9, 18, and December 5, 2011). In addition, she also inappropriately accessed other patients' medical records.</p> <p>During an interview on May 4, 2012, at 11:40 a.m., the privacy compliance coordinator (Employee B) stated during the monthly audit of electronic medical records, she found the incidents of unauthorized accessed of patients' electronic medical records.</p> <p>A review of the Patient Audit Log indicated on September 28, October 9, 18, and December 5, 2011, Employee A accessed Patient 1's (a hospital unit manager) medical record without authorization. The log indicated Employee A accessed Patient 1's medical record on four different dates.</p> <p>During an interview with Patient 1 on May 4, 2012, at 11:45 a.m., she stated, "There was no reason for her (Employee A) to access these records."</p> <p>The facility's investigation and the User Activity Log Report indicated on September 28, 2011, October 9, 18, December 5, 2011, Employee A had inappropriately accessed Patient 1's (a unit manager) protected health information. On January 4, 2012, Employee A had inappropriately accessed 16 patients' protected health information, including Employee A's sister in-law (Patient 2), unit manager (Patient 3), two administrative staff (Patient 4 and 5), and 11 employees (Patients 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, and 17).</p> <p>A review of Employee A's education record indicated the employee worked in the</p>	A 017	<p>Annual Update Training Employee A completed Annual Update training, which includes information on the privacy of patient information on April 6, 2007, April 6, 2008; April 1, 2009; April 2, 2010; and April 2, 2011.</p> <p>HIPAA-CMIA Update Computer Training: A HIPAA-CMIA update computer course was required of employees in 2009. Employee A completed this training on January 9, 2009.</p> <p>Privacy of Patient Information Computer Training: Employee A completed this training on January 15, 2012.</p> <p>Additional Comments:</p> <p>Huntington Memorial Hospital ("HMH") strives to comply with all state and federal legal requirements to uphold patients' rights and prevent unlawful and unauthorized access to patients' medical records including compliance with Health & Safety Code § 1280.15(a). HMH has the following measures in place to ensure compliance with applicable laws and regulations.</p> <p>1280.15(a) Health & Safety Code 1280</p> <p>Processes and Policies:</p> <p>Huntington Hospital strives to provide safe and appropriate patient care, and to achieve that, appropriate policies are in existence that delineate required practice elements. The policies are continuously available to all employees anytime via the hospital's intranet. Employees are notified of the location and availability of the policies, as well as their obligation to comply with them in various venues such as new employee orientation, annual update, department specific education, and as needed. The following policies were in place at the time of the incident:</p>	<p>4/8/07; 4/8/08; 4/1/09; 4/2/10; 4/2/11 Exhibit D</p> <p>1/9/09 Exhibit D</p> <p>1/15/12 Exhibit D</p>

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A 017	<p>Continued From page 3</p> <p>orthopedic/neurology unit with Patient 1 and had been employed by the facility since April 1991. The education record indicated in January 2012, the employee completed the training courses of Health Insurance Portability and Accountability (HIPPA) and Confidentiality, Computer Usage and Accountability Agreement.</p> <p>During an interview on May 4, 2012, at 12:10 p.m., the Human Resource Consultant (Employee C) stated she interviewed Employee A and the employee admitted she had accessed the patients' protected health information without authorization. She stated she did it "out of curiosity just to pass the time".</p> <p>A review of Employee A's written Declaration dated March 14, 2012, indicated while at work on the night shift she accessed patient information, mostly employees, who came into her unit. She indicated she was very sorry and ashamed of what she did. The declaration indicated her intention was to compare others' health status to her own, that she did not share the information with others. She indicated it was "wrong, stupid and unacceptable."</p> <p>According to Employee A's Discharge Memorandum dated March 16, 2012, Employee A accessed medical records of seventeen patients without authorization, sixteen of whom were employees of the facility. The memorandum indicated Employee A was terminated on March 15, 2012, due to the seriousness of this issue.</p> <p>A review of the facility's investigation indicated on March 12, 2012, 17 letters were sent out to the patients informing them that the hospital's employee had accessed their records without</p>	A 017	<p>Policy and Procedure 13 - Standards of Conduct: This policy describes the expected behaviors and conduct for workforce members. It states, "We will not use, for our personal benefit, any information about Huntington Hospital or proprietary or nonpublic information acquired as a result of our relationship with Huntington Hospital." And, "We will not use or reveal, outside the context of official duties at Huntington Hospital, any confidential patient or other proprietary information."</p> <p>Policy and Procedure 150 - Privacy and Security of Patient Information Program - Governing Principles: This policy describes the manner in which Huntington Hospital achieves compliance with the various regulations which govern the privacy and security of patient information. It states, "It is the policy of Huntington Hospital, its employees, medical staff, volunteers, associated Business Partners, contractors, and all other persons who have access to patient information in a paper or electronic format to comply with all regulations associated with the privacy and security of patient information including all associated policies and procedures adopted to govern such compliance."</p> <p>Policy and Procedure 154 - Allowable Use and Disclosure of Protected Health Information (PHI): This policy describes the manner in which Huntington Hospital can use and disclose Protected Health Information (PHI). It states that patient information may be used for treatment, payment, or health care operations, or with a valid authorization from the patient</p>	<p>In Place & Ongoing</p> <p>In Place & Ongoing</p> <p>In Place & Ongoing</p>

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A 017	<p>Continued From page 4 authorization to do so.</p> <p>The facility's policy and procedure titled "Standards of Conduct" and dated October 2008, under section Safeguarding Property, Assets and Information, indicated to ensure that all patient information, in whatever form, was handled in a manner to protect against improper access or use.</p> <p>The facility's policy and procedure titled "Patient Access to Medical Records" and dated May 1, 2009, indicated employees were prohibited from accessing patient information, in any format, pertaining to family members, friends, co-workers, physicians, volunteers or other acquaintances for whom they do not have a direct care-giving role or for whom they are not performing a legitimate function for the purpose of treatment, payment or health care operations.</p> <p>Based on the information submitted by the facility, interviews and other facts set forth above, Employee A unlawfully accessed Patient 1's medical information on September 28, 2011, October 9 and 18, 2011 and December 5, 2011. In addition, Employee A deliberately and unlawfully accessed 16 additional patients' medical information on January 4, 2012. The facility failed to prevent unlawful access of patients' medical information in violation of Health and Safety Code Section 1280.15(a).</p>	A 017	<p>Policy and Procedure 155 - Authorization for Use and Disclosure of Protected Health Information (PHI): The purpose of this policy is to establish the manner in which Protected Health Information (PHI) will be used and disclosed for purposes other than allowable or permissible reasons under the Health Insurance Portability and Accountability Act (HIPAA) through the use of an authorization. It states, "Except as required by law or otherwise allowable under the HIPAA regulations, Huntington Hospital will not use or disclose PHI that was received or created outside the process of providing treatment, payment or health care operations, or other legally permissible uses and disclosures without a valid authorization from the patient."</p> <p>Policy and Procedure 160 - Permissible Use and Disclosure of Protected Health Information (PHI): This policy describes when protected health information (PHI) may be disclosed as permitted or required by law without patient authorization. It includes reasonable safeguards to protect the patient's right to privacy. It states, "Huntington Hospital will honor its patients' privacy rights by using and disclosing Protected Health Information (PHI) according to the requirements set forth in the HIPAA regulations and applicable State law regarding those which are not for purposes of treatment, payment or healthcare operations and which do not require a patient authorization."</p>	<p>In Place & Ongoing</p> <p>In Place & Ongoing</p>

Huntington Hospital

Addendum to the STATE FORM and Continuation of the Provider's Plan Of Correction
 Intake Number CA00303677
 Penalty Number 930010241
 Date Of Survey 5/4/2012

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
<p>Policy and Procedure 187 - Minimum Necessary Use of Protected Health Information (PHI): This policy clarifies when the "minimum necessary" rule should be followed when using patient information. It states, "Access to information in the possession of, or under the control of Huntington Hospital is provided based on the recipient's need-to-know based upon their responsibilities related to treatment, payment, and/or the operations of the hospital. Staff and business associates must not attempt to access PHI unless they have been granted appropriate access rights and for purposes related to their job duties and responsibilities to the hospital."</p>	In Place & Ongoing
<p>Policy and Procedure 402 - User Provisioning: The purpose of this policy is to make certain that authorized users have appropriate levels of access to business and clinical systems and prevent inappropriate or unauthorized access. It includes a description of the process for requesting user access, ensuring that user names are unique and access is appropriately assigned based on the user's role at HMH.</p>	In Place & Ongoing
<p><u>Corrective Action (Both Temporary & Permanent)</u></p>	
<p>Employee Suspension & Termination Employee A was out of the country at the time the incident was discovered on March 6, 2011. She was suspended pending investigation immediately upon her return to work on March 12, 2012, while the matter was investigated.</p>	3/12/12
<p>On March 16, 2012, Employee A was terminated from employment with the hospital for the inappropriate accesses to patient information.</p>	3/16/12
<p>Patient Notification The affected patients were notified of the inappropriate accesses in letters from the Chief Human Resources Officer/VP of Administrative Services on March 12, 2012 and March 19, 2012.</p>	3/12/12 & 3/19/12
<p>In addition to existing processes and education, the following patient information privacy activities were implemented in 2012 & 2013:</p>	
<p>Live Patient Privacy Training A live presentation and discussion of patient privacy has been delivered to more than 1,600 employees, physicians, and volunteers since July, 2012.</p>	7/12/12 & ongoing
<p>Patient Privacy Computer Training An additional comprehensive computer-based learning module emphasizing each employee's obligation to protect and promote the rights of each patient was completed by each employee responsible for providing direct patient care. Thus, the content from this computer-based learning module has been incorporated into new hire orientation and annual (update) education requirements.</p>	9/14/12 & ongoing
<p>Quality Coach Training Assigned staff (frontline staff) are identified from all departments (clinical and non-clinical) to attend monthly "Quality Coach" meetings. Assigned staff attended the regular monthly meeting in January, 2013. During this month, educational content in the meeting included the privacy of patient information.</p>	1/10/13 & 1/15/13
<p>Above education has occurred and continues to occur, assuring all employees are apprised of</p>	

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<p>their obligations to protect the privacy of patient information.</p>	
<p>Policy & Procedure Updates Huntington Hospital's Employee Handbook and Privacy Breach Investigation and Reporting Protocol were updated to state that employees who are suspected of misusing patient information or engaging in other serious violations of HMM's policies related to the confidentiality of patient medical records and/or policies related to computer usage and confidentiality will be immediately suspended with pay while the Hospital conducts an investigation.</p>	<p>1/31/12</p>
<p>Huntington Hospital's Employee Handbook and Privacy Breach Investigation and Reporting Protocol were updated to state that after an investigation, any employee found to have misused patient information or to have seriously violated HMM's policies related to the confidentiality of patient medical records and/or policies related to computer usage and confidentiality will be subject to termination.</p>	<p>1/31/12</p>
<p><u>Education and Training</u></p>	
<p>Huntington Hospital provides multiple training opportunities for its workforce that are designed to educate and remind employees about the importance and details related to patient confidentiality. These trainings were in place at the time of the incident and are described below:</p>	
<p>New Employee Orientation: All employees are required to attend new employee orientation upon hire, which includes presentations on, and review of the policies pertaining to patient privacy. Employees sign an acknowledgment form attesting that they have received this education in orientation.</p>	<p>In Place & Ongoing</p>
<p>The Standards We Live By Booklet: Employees are given a copy of the hospital's compliance and ethics booklet <i>The Standards We Live By</i>. The booklet is provided and reviewed during New Employee Orientation, and it describes the hospital's standards of conduct, including the hospital's stance on professional conduct and safeguarding patient information.</p>	<p>In Place & Ongoing</p>
<p>Annual Update: Employees must complete a comprehensive annual update training designed to update and remind employees of important regulatory matters each year. Patient information privacy is included in this training, which is customized each year. The employee completed this training on April 6, 2007, April 6, 2008; April 1, 2009; April 2, 2010; and April 2, 2011.</p>	<p>In Place & Ongoing</p>
<p>Confidentiality, Computer Usage, and Accountability Agreement ("CCUAA"): All employees are required to review and acknowledge this agreement, which details the user's responsibilities related to the hospital's information and computer systems. It states that the user, "will not exhibit or divulge the contents of any record or report except to fulfill a work assignment," and "will not seek personal benefit of or permit others to benefit personally by any confidential information or use equipment available through my work assignment." The employee electronically acknowledged the CCUAA on April 1, 2009; April 2, 2010; and April 2, 2011. Prior to the electronic version, the employee signed Patients' Rights and Responsibilities and Access and Confidentiality Agreements that addressed the confidentiality of patient information on March 10, 1997; September 10, 1998; and June 24, 2000.</p>	<p>In Place & Ongoing</p>
<p><u>Description of the Monitoring Process</u></p>	
<p>HMM implemented a Patient Access Audit Review Protocol in January, 2012 that includes monthly and quarterly audits of patient records. These audits are completed by the Compliance and Internal Audit department and focus on the appropriateness of patient record access. Any</p>	<p>1/31/12 & ongoing</p>

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variation in practice and/or non compliance identified results in appropriate corrective action including but not limited to termination of employment. Addition investigatory audits may occur as indicated.

Summary

Huntington Hospital reiterates that we have appropriate policies and procedures, technical safeguards, and audits in place to ensure that our patients' healthcare information is protected and any violation identified is immediately addressed. Additional education may be commenced based on any new findings.

Title of Position Responsible for Correction

Senior Vice President, Hospital Operations & Chief Nursing Executive