

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER NUMBER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA930001543	(X3) DATE SURVEY COMPLETED 4/29/2010
NAME OF PROVIDER OR SUPPLIER KAISER FOUNDATION HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1011 BALDWIN PARK BLVD, BALDWIN PARK, CA 91706

Los Angeles County
 Department of Public Health
 Health Facilities Inspection Division
 12440 E. Imperial Ave
 Norwalk, CA 90650

Joe
accepting for DoB
4/21/11

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX X TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 000	<p>Initial Comments</p> <p>The following reflects the findings of the Department of Public Health during a complaint investigation</p> <p>Complaint Intake No. 00235038</p> <p>Representing the Department of Public Health:</p> <p>██████████ RN, Health Facilities Evaluator Nurse</p> <p>The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.</p>	A000	<p>Corrective Action: The responsible Health Information Management employee (Employee 1) was provided counseling and was placed on a plan of correction for inappropriate and unauthorized release of protected health information.</p> <p>Corrective Action for Other Patients: The entire Health Information Management department was provided inservice training on the appropriate release of information.</p> <p>The Health Information Management staff responsible for the release of information was provided specific training on redacting sensitive information from the medical record.</p>	<p>2/23/2011</p> <p>8/24/2010</p> <p>11/10/2010</p>
A 017	<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>		<p>An additional training session will be conducted for the entire Health Information Management department regarding the appropriate release of information with an emphasis on redacting sensitive information from the medical record and ensuring that the information being released is consistent with the Release of Authorization form.</p> <p>Immediate Measures: The HIM department developed a new workflow process that includes three separate validation points during the release of information process to verify the correct patient/medical record and correct dates to be released with the release of information authorization: 1) upon receipt of patient request for release authorization, 2) at time medical record is pulled for abstraction, and 3) prior to release of information to courier.</p>	<p>4/27/2011</p> <p>3/2/2011 and ongoing</p>

LICENSING AND CERTIFICATION DIVISION

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

Margaret H. Lince
Executive Director

TITLE *Director* DATE *3/29/2011*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XII) PROVIDER NUMBER/SUPPLIER/CLIA IDENTIFICATION NUMBER CA930001543	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/29/2010
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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 record review and interview, the facility failed to maintain the privacy and confidentiality of a patient's medical record. Employee 1 (Health Information Management staff) released medical information of Patient A to a third party without prior authorization by Patient A. Patient A "felt humiliated: about the unauthorized disclosure of his medical information to a third party.</p> <p>Findings:</p>		<p><u>Monitoring:</u> Health Information Management supervisors will conduct random audits of the Release of Information requests.</p> <p><u>Responsibility:</u> Director, Health Information Management Department</p>	1/3/2011 and ongoing
A 017	<p>On November 29, 2010, at 4 p.m., an unannounced complaint investigation was conducted at the facility regarding an allegation that the hospital released over 550 pages of Patient A's medical records to a document support services company, without the patient's authorization. In addition, the hospital released the medical information on [REDACTED] 2009, after the expiration date of the authorization that was signed by the patient for releasing the medical information.</p> <p>According to a facility letter to the Department dated [REDACTED] 2010, the privacy breach incident was reported to the facility by one of their patients on [REDACTED] 2010. On March 18, 2010, the facility conducted an investigation and the facility's compliance officer confirmed that a patient privacy breach did occur. The patient requested that three ambulatory/clinic visits be</p>			

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A017	<p>Continued from Page 2</p> <p>released to a third party liability carrier. However, upon completion of the facility's investigation, it was determined that patient visits, dating back to 1995, including one hospital stay, were released in addition to what was initially required.</p> <p>An interview with Compliance Officer 1 was conducted on November 29, 2010, at 4:10 p.m. Compliance Officer 1 stated Case Manager 1 had written a letter dated [REDACTED] 2009, to Patient A, regarding his complaint that the medical records had been released without his authorization. The letter dated [REDACTED] 2009, signed by Case Manager 1, indicated Patient A's concerns about his rights being violated was not possible because the portions of the patient's medical records were at a "higher level of security limiting access." However, the amended letter by the facility to Patient A dated [REDACTED] 2009, and signed by Case Manager 1, disclosed the facility had apologized for any inconvenience and that an action would be taken by the facility's compliance officer and the medical record administrator regarding Patient A's concern about health information being released by the hospital's medical record department to an auto insurance company without the patient's signed authorization.</p> <p>In another interview on November 29, 2010, at 4:10 p.m., with Compliance Officer 1, she stated she met with Patient A on [REDACTED] 2010, at 10:23 a.m., at which time he presented her evidence that the facility had released his medical records without his authorization. After that meeting she stated, she began her own investigation into the complaint. The compliance Officer stated the staff member (Employee 1), who released the medical records, did not follow the facility's protocol. She stated the medical</p>				
A 017					

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A 017	<p>Continued from page 3</p> <p>records and billing information had been released by the facility's medical record's department. According to the compliance officer, there was an authorization for the release of medical records for three specific days which had expired [REDACTED] 2009) prior to the release of the medical records on [REDACTED] 2009. She stated Employee 1 should have called Patient A for the consent to release information that was beyond the authorization release expiration date.</p> <p>A review of the Authorization for Release and/or Disclosure of Medical Information dated [REDACTED] 2009, and signed by Patient A, stipulated Patient A authorized the facility to release and/or disclose the medical information effective immediately and would remain in effect until [REDACTED] 2009. The document also specified to release three specific documents dated [REDACTED] and [REDACTED] 2008, to a particular party for the purpose of the release of medical information and reimbursement.</p> <p>During an interview with the Director of the Health Information Management Services, on November 30, 2010, at 1:20 p.m., she stated Employee 1 had released a year's worth of Patient A's medical records.</p> <p>A review of the written correspondence to the Department from Patient A, dated [REDACTED] 2010 documented that he felt the release of the unauthorized disclosure of his medical information was "very humiliating and disturbing to him."</p> <p>A review of the facility's policy title: Mitigation of Violations of HIPAA, Policy Number SCR.ROC.PRIV.015, Revision effective: June 1, 2008, 3.3, stipulated the medical center</p>			

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A 017	Continued from page 4 Compliance Officer and/or Regional Privacy and Security Officer are responsible for receiving and investigating alleged violations of organizational privacy policies. The facility's policy on Notification regarding unauthorized disclosures of Patient information dated [REDACTED] 2009, Stipulated an unauthorized disclosure is a disclosure not authorized by law or by the patient.	A000			