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	(X3) DATE SURVEY COMPLETED
	050129	A. BUILDING _____ B. WING _____	06/04/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST BERNARDINE MEDICAL CENTER	2101 N. WATERMAN AVE, SAN BERNARDINO, CA 92404 SAN BERNARDINO 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 of the California Department of Public Health during the investigation of an entity reported incident. Intake #: CA00190082 Representing the Department of Public Health: [redacted], HFEN. The inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility. REGULATION VIOLATION: Title 22 70707 - Patients' Rights (b) A list of these patients' rights shall be posted in both Spanish and English in appropriate places within the hospital so that such rights may be read by patients. This list shall include but not be limited to the patients' rights to: (8) Confidential treatment of all communications and records pertaining to the care and the stay in the hospital. Written permission shall be obtained before the medical records can be made available to anyone not directly concerned with the care. Based on interview and record review the facility failed to maintain the privacy and confidentiality of a patient's (Patient 1) personal health information resulting in one employee who inappropriately disclosed confidential medical information about Patient 1 to individuals who were not authorized by Patient 1 to receive information. FINDINGS:		Immediate Action: ① Investigation launched by the Facility Privacy Officer included interviewing staff involved and the patient. 5/26/09 ② Breech was reported to DHS. 5/28/09 01/19/11	

Event ID: 1EJN11 12/22/2009 7:17:24AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Suzanne A Morell TITLE: Director, Quality/Risk (X6) DATE: 01/08/10

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.

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	Continued From page 1 On 6/4/09 a self reported facility incident was investigated regarding an employee who had disclosed information regarding Patient 1's personal health information to Patient 1's family members. During an interview with the Facility Privacy Official (FPO) on 6/24/09 at 1:45 PM she stated that on [redacted]/09 an employee (Employee A) had disclosed confidential information regarding Patient 1's medical diagnosis, test results and discharge plans to Patient 1's family members without his authorization or consent. She stated that the breach in confidentiality was reported to the relief staff supervisor by Patient 1 and was then reported to the FPO on 5/26/09 at which time she immediately initiated an investigation. During interview with the FPO, she stated that Patient 1 had made clear upon his admission to the facility that no information was to be released regarding him or his hospital stay. She stated that Patient 1's request was clearly documented and that it was also on a large sticker which was placed in a prominent location on his medical record. Review of admission records indicated that Patient 1 was a 45 year old male who was admitted to the facility on [redacted]09 with a diagnosis of chest pain. Documentation indicated that Patient 1 "requests no information be released about him or his hospital stay. Phone calls to room are ok though". Review of nurse's notes dated [redacted]/09 at 10:30 PM indicated that while Patient 1 was sleeping, family members who were at the bedside asked		Permanent Action: ① Leadership Team recieved targeted education on Privacy and Data Security. ② Leadership Team recieved additional updates regarding State and federal Privacy rules. ③ New Employee Orientation materials updated to emphasize the requirements of State and federal Privacy rules.	08/09 10/09 9/09

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Stefanie A. Morell TITLE: Quality/Risk (X6) DATE: 01/08/10

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	Continued From page 2 Employee A questions regarding Patient 1's discharge. Documentation indicated that the family members were concerned regarding a blood clot in Patient 1's leg and that Employee A explained to them that Patient 1 did not have a blood clot. Patient 1 then awakened and he was told by Employee A that he was going to be discharged. During a telephone interview with the relief nursing supervisor (Employee B) on 6/30/09 at 2:55 PM, she stated that Patient 1 had requested to meet with the supervisor in charge to discuss his concern about an information breach. She stated that when she met with Patient 1 on [redacted]/09, he stated to Employee B that he was very upset and that his rights had been violated. Patient 1 then told Employee B that he had been awake and had heard the license nurse tell his family members about his test results and discharge plans. Employee B stated that Patient 1 wanted to make sure that the incident was reported to the "higher authorities." Employee B confirmed that Patient 1's record was clearly marked to indicate that he did not want information disclosed to any individuals. She stated that facility policy was to not disclose any patient related information to individuals without prior consent from the patient and that Employee A should not have disclosed Patient 1's medical information to his family members. Review of nurses notes dated [redacted]/09 at 11 PM indicated documentation that Patient 1's family requested to talk with Patient 1's physician.		④ Materials for the 2010 Mandatory Annual Training Update for all members of the workforce were updated regarding state and federal Privacy rules. Monitoring: ① Facility Privacy Officer (FPO) will remain the contact for any breeches of privacy. FPO or designee will be responsible for investigation and notification to DHS per state law.	01/2010 ongoing

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dyane A Morrell TITLE: Director Quality/Risk (X6) DATE: 01/08/10

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	Continued From page 3 Review of documentation indicated that Patient 1's physician was called by Employee A and that she spoke with Patient 1's family members regarding Patient 1's discharge from the facility. During an interview with the Director of Employee Relations on 6/24/09 at 2:15 PM he stated that Employee A had received training in facility privacy rules upon her hire and then again annually. He stated that Employee A acknowledged to him during an interview that she was aware of Patient 1's request regarding release of his health information but that she did not think that lab tests and discharge plans were considered confidential.		(2) FPO notification can occur by numerous methods (Fax, phone, variance) and access is available 24 hours/day / 7 day/week. (3) Employees who have been educated to the Privacy rules and breech the laws may be subject to disciplinary action per SBMC Human Resource policy.	ongoing ongoing

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Suzanne A Monell TITLE: Director Quality/Risk (X6) DATE: 01/08/10

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