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AC Cooper

by Maria Escobar

HRAS

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FORM APPROVED

California Department of Public Health

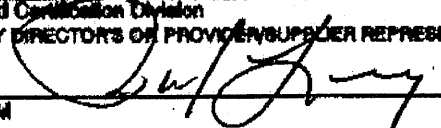
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  CA070000140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/16/2014
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NAME OF PROVIDER OR SUPPLIER  SANTA CLARA VALLEY MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 751 SOUTH BASCOM AVENUE SAN JOSE, CA 95128
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(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
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A 000	<p><b>Initial Comments</b></p> <p>The following reflects the findings of the California Department of Public Health during a visit to investigate Entity Reported Incident CA00343663 regarding an alleged Breach of Patient Health Information (PHI).</p> <p>Inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the hospital.</p> <p>Representing the California Department of Public Health: 29328, Health Facilities Evaluator Supervisor.</p> <p>The hospital detected the Breach of PHI on 2/8/13, and reported the Breach of PHI to the Department on 2/14/13. The hospital notified Patient 1 of the Breach of PHI on 2/14/13.</p>	A 000		
A 001	<p><b>Informed Medical Breach</b></p> <p>Health and Safety Code Section 1280.15 (b)(2), "A clinic, health facility, agency, or hospice shall also report any unlawful or unauthorized access to, or use or disclosure of, a patient's medical information to the affected patient or the patient's representative at the last known address, no later than five business days after the unlawful or unauthorized access, use, or disclosure has been detected by the clinic, health facility, agency, or hospice."</p>	A 001		
	<p>The CDPH verified that the facility informed the affected patient(s) or the patient's representative(s) of the unlawful or unauthorized access, use or disclosure of the patient's medical information.</p>		<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH</p> <p>MAY 12 2014</p> <p>L &amp; C DIVISION SAN JOSE</p>	

Licensing and Certification Division  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE  
CEO

(X6) DATE  
5-8-2014

California Department of Public Health

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A 001	Continued From page 1	A 001		
A 017	<p>1280.15(a) Health &amp; 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 58.05 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 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 hospital failed to prevent unauthorized disclosure</p>	A 017	<p>a. The Ethics &amp; Compliance Officer notified the patient regarding the breach.</p> <p>b. The Ethics &amp; Compliance Officer met with the employee who violated the patient protected health information (PHI) to discuss the privacy violation.</p> <p>c. The supervisor completed disciplinary action against the employee according to county policy.</p> <p>d. The Ethics &amp; Compliance Officer and Chief Medical Officer (CMO) met and discussed corrective actions to be taken to include the following:</p> <ol style="list-style-type: none"> <li>1. The Ethics &amp; Compliance Office provided an educational session to Primary Care Department Staff regarding privacy laws and tips on how to technically, administratively and physically safeguard our patients' protected health information, as well as regarding the "minimum necessary standard."</li> </ol>	<p>2/14/2013</p> <p>3/6/2013</p> <p>3/6/2013</p> <p>3/6/2013</p> <p>5/1/2013</p>

MAY 12 2014

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SAN JOSE

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A 017	<p>Continued From page 2</p> <p>of patients' medical information when Patient 1's clinical information was stolen from his physician's car.</p> <p>Findings:</p> <p>The Department received an entity reported incident from the facility on 2/14/13 which indicated on 2/8/13, the car of Patient 1's physician was broken into. Among the stolen items was an envelope that contained Patient 1's clinical information including medical record number, medications, blood pressure and blood sugar readings.</p> <p>During an interview with the facility's Ethics and Compliance Officer (ECO) on 4/4/14 at 11:15 a.m., she stated the car of Patient 1's physician was broken into on 2/8/13. Patient 1's physician informed the ECO on 2/11/13 about the incident. Among the stolen items was an envelope that contained Patient 1's clinical information including the patient's medical record number, medications, blood pressure and blood sugar readings.</p> <p>Patient 1's physician was interviewed on 4/16/14 at 3:10 p.m. He confirmed his car was broken into on 2/8/13. Patient 1's physician stated disclosed medical information for Patient 1 included the patient's medical record number, names of medications, blood pressure and blood sugar readings.</p> <p>Review of a copy of the information stolen from Patient 1's physician car, indicated the following medical information was disclosed; Patient 1's name, medical record number, names of medications, blood pressure and blood sugar readings.</p>	A 017	<p>2. The Employee was required to complete on-line HIPAA training modules regarding privacy laws on how to technically, administratively and physically safeguard patients' protected health information.</p> <p>3. Primary Care Division Chief sent a message to all Primary Care providers reminding them that Santa Clara Valley Medical Center policy does not authorize employees to remove PHI from work locations.</p> <p>e. All HIPAA events are evaluated by the Ethics and Compliance Officer and tracked for the development of trends. Currently events of this nature are non-recurring. Any identified trend is escalated to the Santa Clara Valley Health and Hospital System (SCVHHS) Privacy Committee for analysis and action.</p>	<p>6/14/2013</p> <p>3/6/2013</p> <p>2/14/2013</p>

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A 017	Continued From page 3  Review of the facility's letter addressed to Patient 1 dated 2/14/13 revealed Patient 1's medical information was accidentally disclosed when his physician's car was broken into on 2/8/13 and among the stolen items were Patient 1's clinical information including medical record number, medications, blood pressure and blood sugar readings.	A 017		