

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050245	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  09/05/2014
NAME OF PROVIDER OR SUPPLIER  Arrowhead Regional Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 400 N Pepper Ave, Colton, CA 92324-1801 SAN BERNARDINO COUNTY		
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	<p>The following reflects the findings of the Department of Public Health during a complaint/breach event visit:</p> <p>Complaint Intake Number: CA00410428 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 34388</p> <p>The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.</p> <p>Health and Safety Code Section 1280.15(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.</p> <p>1280.15(b)(2): (2) Subject to subdivision (c), a clinic, health facility, home health agency, or hospice shall also</p>		<p><b>E000</b> <u>Initial Comments</u> The following constitutes Arrowhead Regional Medical Center's (the "Hospital") response to the findings of the Department of Health and Human Services and does not constitute an admission or agreement of the facts alleged or conclusions set forth on the summary statements of deficiencies, subsequent to survey conducted by the California Department of Public Health which concluded on September 5, 2014.</p> <p><b>EDUCATION</b> The employee responsible for the breach incident resigned prior to completion of the disciplinary process. The department staff, including the supervisor, were required to complete the HIPAA Privacy and Security Self-Study Module and Quiz Training.</p> <p><b>MONITORING</b> The Nurse Manager of IBHN will ensure compliance with ARMC privacy policies through routine monitoring of staff and periodic department staff meetings. HIPAA privacy and information security is also included in annual employee update training for all staff.</p> <p><b>RESPONSIBLE PERSONS</b> Nurse Manager - IBHN</p>	<p>12/31/14</p> <p>3/31/15</p> <p>16 FEB -3 AM 2/12/16</p>

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Matthew Sordani* TITLE *Assistant Hospital Administrator* (X6) DATE *2/12/16*

By signing this document, I am acknowledging receipt of the entire citation packet, *Page(s) 1 thru 6*  
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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	<p>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, or by an alternative means or at an alternative location as specified by the patient or the patient's representative in writing pursuant to Section 164.522(b) of Title 45 of the Code of Federal Regulations, no later than 5 business days after the unlawful or unauthorized access, use, or disclosure has been detected by the clinic, health facility, home health agency, or hospice. Notice may be provided by email only if the patient has previously agreed in writing to electronic notice by email.</p> <p>The CDPH verified that the facility notified Patient A in writing, of the breach (violation) of their protected health information within the required five (5) business days.</p> <p>REGULATION VIOLATION: California Health and Safety Code section 1280.15(a)</p> <p>1280.15 (a): (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 Section 56.05 of the Civil Code and consistent with Section 1280.18. For purposes of this section, internal paper records,</p>				16 FEB -3 AM 8:14

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	<p>electronic mail, or facsimile transmissions inadvertently misdirected within the same facility or health care system within the course of coordinating care or delivering services shall not constitute unauthorized access to, or use or disclosure of, a patient's medical information. 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 patient's 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 whether to investigate and the amount of an administrative penalty, if any, pursuant to this section.</p> <p>Health and Safety Code section 1280.15 (a) was violated as evidenced by:</p> <p>Based on interview and record review, the facility failed to maintain the privacy of Patient A's electronic medical records (EMR) when a hospital</p>			16 FEB -3 AM 09:14

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	<p>unit assistant (Employee 1) accessed Patient A's electronic medical records without authorization. This resulted in a breach of confidential medical information for Patient A.</p> <p><b>FINDINGS:</b> On September 22, 2014 at 11:06 AM, a phone interview was conducted with the Hospital Privacy and Security Officer (HPSO) regarding an entity-reported incident of a breach of confidential medical information for Patient A, detected on August 14, 2014. Employee 1 (HUA - Hospital Unit Assistant ) in the Behavioral Health unit accessed Patient A's (an employee admitted as a patient to the Emergency department) electronic medical record without business need on May 18, 2014. Patient A was admitted to the emergency room and Employee 1 was a clerk in the Behavioral Health Unit.</p> <p>The HPSO stated that Employee 1's duties included: creating patient identification labels, transcribing orders onto the Kardex, faxing to other departments and entering admission and discharge data into the computer data system for the Behavioral Health Unit. Since Employee 1 worked in the Behavioral Health unit and Patient A had been admitted to the Emergency Department, there was no business related need to access a patient/employee's record in a department other than where Employee 1 was assigned.</p> <p>A review of the facility's Privacy/Security Incident Report dated August 14, 2014, indicated that on May 18, 2014 at 3:17 PM, ..."Employee (used</p>			16 FEB -3 AM 8:14	

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	<p>Employee 1's name) accessed medical record of Employee/Patient (used Patient A's name) without a business need." Within the same document under "Harm or Negative Outcome," was listed: "Inappropriate /unlawful access to patient information by an employee." Under the section entitled, "How was this person (Employee 1) involved?" was listed, "Employee looked at another employee's chart...Employee 1 (used name) working in Behavioral Health, did not have a business reason for accessing patient/employee (used Patient A's name) EMR (electronic medical record) on 5/18/14."</p> <p>The HPSO stated that Patient A filed a complaint with the hospital regarding the possible breach on August 14, 2014 and that during the hospital's investigation which was conducted on August 14, 2014 through August 22, 2014, the facility found that Employee 1 had accessed one line of Patient A's electronic medical record, on one occasion. The HPSO also stated that there had been no prior allegations against Employee 1. After being questioned by the HPSO, Employee 1 resigned shortly thereafter.</p> <p>During a review of the documentation of the hospital's investigation from the User Activity report dated August 22, 2014 at 9:58 AM, it was determined that on May 18, 2014, Employee 1 had accessed the following electronic medical information: Patient A's name, date of birth, age, sex, account number, allergies, orders, laboratory test results, medication administration and admission date.</p>			16 FEB - 3 AM 9:14 SAN BERNARDINO COUNTY	

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	<p>A review of the facility's correspondence entitled, "Information Security and Confidentiality Agreement," signed by Employee 1 on August 10, 2012, was conducted. The document indicated: "Violations of privacy, confidentiality, security of Protected Health Information in any form or medium may subject the individual to civil and /or criminal prosecution...under the Health Insurance Portability and Accountability ACT (HIPAA). Misuse of any [name of hospital] information access privileges or information technology may result in disciplinary action up to and including termination." The acknowledgement statement preceding Employee 1's signature set forth the following attestation: "I will not access information for non-business purposes. I have read and agree to comply with [name of hospital] policies ...concerning the privacy, security and confidentiality of information and assets."</p> <p>The facility's failure to maintain and protect the confidential medical information of Patient A from unauthorized access by Employee 1 is a violation of Health and Safety Code section 1280.15(a).</p>			16 FEB - 2 AM 8:14	

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