

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060245	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/09/2011
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		
(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
	<p>The following reflects the findings of the Department of Public Health during a complaint/breach event visit:</p> <p>Complaint Intake Number: CA00292182 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 26774, HFEN</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>Based on interview and record review, the facility failed to maintain the privacy and confidentiality of Patient 1's medical record. The medical record for</p>		<p>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 a survey conducted by the California Department of Public Health (CDPH) which concluded on 12/09/11.</p> <p>Arrowhead Regional Medical Center undertook coordination and implementation of a multidisciplinary action plan. This written Plan of Correction was prepared in response to a Form 2567 received from California Department of Public Health on April 24, 2014.</p>	4/17/2014

Event ID: W5BR11

4/17/2014

8:12:46PM

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

Matthew Sordani

TITLE

Assistant Hospital Administrator 5/7/14

(X6) DATE

By signing this document, I am acknowledging receipt of the entire citation packet. Page(s) 1 thru 6

Any deficiency statement and 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.

DR
5/20/14

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	<p>Patient 1 was willfully breached five (5) times by an employee (a relative of Patient 1) who accessed Patient 1's electronic medical record without authorization.</p> <p>FINDINGS: During an unannounced visit to the facility on December 9, 2011 at 3:00 PM, a meeting was held with the hospital security and privacy officer to discuss a case of unauthorized access to the records of Patient 1.</p> <p>A review of Patient 1's clinical record indicated Patient 1 was a 44 year old male admitted to the facility on [REDACTED] 2011, with an initial diagnosis of total body surface area burn. During the course of hospitalization, the diagnosis was made of Steven Johnson Syndrome (a rare, serious disorder in which the mucus membranes and skin sloughs (necrotic/dead tissue separates from viable tissue) as a result of an allergic reaction to medication). He was admitted to the burn unit in the hospital. Patient 1's spouse (Employee 1) worked at Arrowhead Regional Medical Center as part of a county program called Work Experience Program (WEP). Employee 1 worked as an office clerk in the cardiology department of Arrowhead Regional Hospital and her job duties consisted of scheduling patient electrocardiograms (EKGs). Employee 1 had access to clinical information of the patients of Arrowhead Regional Hospital for the sole purpose of scheduling EKGs. Employee 1 was not assigned to any aspect of care for Patient 1, and was not authorized by Arrowhead Regional Hospital to access clinical information of Patient 1.</p>		<p>Education 100% of Cardiac services department staff to receive mandatory HIPAA training utilizing the HIPAA Self Study Module and Quiz.</p> <p>100% of department staff to be provided with the ARMC Policy 700.06 regarding security incident procedures and disciplinary action.</p> <p>Monitoring Ongoing staff reminders for appropriate handling and access to all patient information is provided through staff meetings, HIPAA newsletters, annual employee update refresher training and education.</p> <p>Responsible Person Cardiology Diagnostic Services Manager</p>	<p>12/2/11</p> <p>12/2/11</p> <p>Ongoing</p>

Event ID:W6BR11

4/17/2014

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	<p>During an interview with the facility Hospital Privacy and Security Officer HPSO at 3:30 PM, he stated on November 16, 2011, Patient 1 wrote his concern to hospital personnel, which had been sent to the patient advocate who was investigating his [Patient 1's] concerns. The complaint was forwarded to the HPSO on November 17, 2011, and upon receipt of the letter the HPSO questioned the patient advocate, "who thought that Patient A's wife (Employee 1) had accessed Patient 1's record without authorization. I found that on five occasions: October 7, 2011, October 13, 2011, October 17, 2011, October 31, 2011 and November 9, 2011, she had accessed his [Patient 1's] clinical record evident by her logging into his account." The HPSO stated that he had researched the logs under Employee 1's name, and that each time someone enters the computer their initials are registered. The HPSO provided specific dates, times and types of information accessed by Employee 1 as determined in his investigation to have occurred, by reference to a computer access log kept in the normal course of business by Arrowhead Regional Hospital. The logs show dates, times and information accessed by employees. The HPSO printed the log and informed the Department of the incident on November 23, 2011.</p> <p>Following are dates and times recorded on the log:</p> <p>October 7, 2011 at 11:12 AM - "Appointment viewed." October 13, 2011 at 10:56 AM - "Patient" and "Appointment viewed." October 17, 2011- between 2:43 PM and 2:47 PM -</p>				

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	<p>"Emergency room (ER) visit X2, ER 24-hour report X2, ER imaging tests X2, ER other reports X2, ER scanned images X10, ER unknown document X4." October 28, 2011 at 2:24 PM - "Patient" and "Appointment viewed." October 31, 2011 at 12:06 PM - "Patient" and "Appointment viewed." November 7, 2011 at 1:46 PM - "Patient" and "Appointment viewed." November 9, 2011 between 3:20 PM and 3:38 PM - "ER visit assess X4, ER summary X4, ER medications X4, Find patient X2, History X3, Patient and Appointment viewed."</p> <p>A review of the facility policy and procedure (P&P) titled, "Information Management, undated, indicated that "It is the policy of Arrowhead Regional Medical Center to protect the confidentiality, integrity and availability of information as required by law through the application of appropriate safeguards."</p> <p>During a second interview with the facility privacy officer on April 11, 2012 at 9:00 AM, the HPSO stated, "Patient 1 and Employee 1 had different last names so we didn't make the connection at first. Employee 1 admitted that she had accessed the burn unit and obtained dressings to dress her husband's wounds herself. Due to the nature of the complaints that Patient 1 had written, the patient advocate forwarded the information to the compliance department to investigate whether Employee 1 had attempted to access her husband's clinical record online."</p> <p>The employee was unavailable for interview as her</p>				

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	<p>employment had been terminated when the county program's county contract ended on November 18, 2011.</p> <p>The HPSO stated the WEP program staffs were, "provided a full hospital orientation to include an additional presentation specifically on HIPAA that I did myself." The HPSO further stated, "All employees and contracted employees were required to sign and acknowledge this training on a confidentiality statement." The HPSO provided a copy of this statement titled, "Information Security and Confidentiality Agreement" that was signed by Employee 1 and dated November 23, 2010.</p> <p>A review of the outline for the orientation program reflected specific examples of Personal Health Information [PHI] an employee's responsibility related to HIPAA. Specifically Item Number 19, "Do not access patient information out of curiosity."</p> <p>Further, Item Number 24 stipulated: "Disciplinary action will be taken for violations of privacy and security policies."</p> <p>The HPSO stated that Employee 1 "had been terminated with the program before our investigation could be completed."</p> <p>During a phone interview with the Director of the WEP program on April 11, 2012 at 9:45 AM, she made the following statements:</p> <p>(1) "Employee 1 worked for me in the cardiology department scheduling "I found out after the WEP program had ended that Employee 1 had accessed</p>			

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4/17/2014

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	<p>Patient 1's clinical record without authorization and I called her and told her it was a violation of HIPAA and I would have to report her to Center for Medicare and Medicaid Services (CMS), which I did."</p> <p>(2) "All my staffs were given a full orientation at the hospital, and the first thing they were trained on was patient privacy and HIPAA."</p> <p>The facility failed to prevent unlawful or unauthorized access to, and use or disclosure of patients' confidential medical information in violation of health and safety code section 1260.15.</p>				

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