

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>053304</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/25/2009</b>
NAME OF PROVIDER OR SUPPLIER <b>CHILDREN'S HOSPITAL OF ORANGE COUNTY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>455 SOUTH MAIN STREET, ORANGE, CA 92868 ORANGE COUNTY</b>		
(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: CA00181664 - Substantiated</p> <p>Representing the Department of Public Health: [REDACTED], 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>AMENDED</p> <p>For purposes of the investigation, the department</p>			

Event ID:F2DY11

12/10/2010

11:18:08AM

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

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(X6) DATE

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><b>Continued From page 1</b></p> <p>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>Title 22, 70707(b)(8)(d) 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. (d) All hospital personnel shall observe these patients' rights.</p> <p>The above statute and regulations were NOT MET as evidenced by:</p> <p>Based on facility policy review, facility agreement review and staff interview, the facility failed to prevent unlawful or unauthorized access of confidential health information and failed to ensure implementation of their Confidentiality, Privacy and</p>			

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	<p><b>Continued From page 2</b></p> <p>Non-Disclosure Agreement, and User and Password Security Procedures Policy for one patient who's medical records were accessed by someone not directly concerned with the patient's care.</p> <p>Findings:</p> <p>Review of the facility's User and Password Security Procedures Policy on 2/19/09 showed that each CHOC associate and or requester for computer access must sign the "Information Systems Password Request Form," and "Confidentiality Privacy and Non-disclosure Agreement."</p> <p>The Confidentiality Privacy and Non-disclosure Agreement, Item ii showed the associate was responsible and accountable for all entries made and all retrievals accessed under their sign-on code, even if such action was made by them or another due to their intentional or negligent act, or omission.</p> <p>On 3/2/09, the facility reported a privacy breach for inappropriate associate access that was identified on 2/25/09. An associate had accessed the electronic medical records for the child of a co-worker.</p> <p>During an interview on 3/25/09 at 1130 hours, with the Privacy Officer and Director of Regulatory Affairs, they stated the associate was the employee of a physicians' group who had an office in the facility. Because of her job responsibilities, the associate had been given computer access to</p>				

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	<p><b>Continued From page 3</b></p> <p>the medical records at the facility and the facility's affiliated hospital. The associate had accessed the records of a co-worker's child who had been hospitalized at the facility. The associate had then contacted the co-worker to discuss the child's hospitalization. The co-worker told the associate she did not want to discuss the child's hospitalization. The associate self-disclosed the breach to the supervisor, and the co-worker also reported the information security breach.</p> <p>During the interview, the Privacy Officer stated as of 3/25/09, a root cause analysis of this breach had not been conducted and a plan of action developed. She further stated a committee had now been established to work on privacy breaches to determine a root cause and develop a plan of action to correct and prevent the security breaches from recurring in the future.</p>				

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