The following reflects the findings of the Department of Public Health during a complaint/breach event visit:

Complaint Intake Number: CA00181621 - Substantiated

Representing the Department of Public Health:
Surveyor ID # 22781, HFEN

The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.

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.

The above regulation was NOT MET as evidenced by:


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.

Accepted: [Signature]
4/18/11
Based on facility agreement review and staff interview, the facility failed to prevent unlawful or unauthorized access to patients' medical information.

Findings:

Review of the facility's Confidentiality, Privacy and Non-Disclosure Agreement on 3/27/09, showed under Item ii, an associate was responsible and accountable for all entries made under their sign-on code, even if such action was made by the associate or by another due to associate's intentional or negligent act or omission. Any data available to an associate would be treated as confidential information.

On 3/4/09, the facility reported a medical record information breach they were informed of on 3/2/09. A facility associate had accessed the electronic medical records of a co-worker that had been hospitalized at an affiliated hospital. The associate worked for a medical group at the facility, and because of their job responsibilities, the associate had been given access to the electronic medical records of the facility and the affiliated hospital. The facility had previously reported to the Department that this associate had accessed the medical records for another patient hospitalized at the facility without authorization.

During an interview on 3/27/09 at 1100 hours, with the Privacy Officer, she stated the facility had found e-mails sent by the associate indicating to them

| E 000 | 1. The associate who was employee of a physician group, who has an office on the campus, has undergone the disciplinary process for noncompliance with our facility policies and procedures regarding confidentiality, privacy, and HIPPA. |
| 4/24/09 | 2. All associates who are employees of this physician group have received an educational document outlining their responsibilities for compliance to HIPPA confidentiality and privacy policies/procedures. This was distributed in their paychecks. |
| 4/24/09 | 3. A Performance Improvement Team was created to conduct an organizational gap analysis with regards to compliance with HIPPA confidentiality and privacy policies/procedures. A representative from the management team of the physician group is a member of this team. The Performance Improvement Team reports to the Joint Leadership Committee (the Quality Committee for the Organization). |

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the associate might have accessed electronic patient medical records at their affiliated hospital. They had notified the affiliated hospital and an investigation showed the associate had accessed the electronic medical records of a co-worker who had been hospitalized at the affiliated hospital. The associate had accessed the co-worker's medical records on three occasions. Accessing the co-worker's medical records was not part of the associate's job responsibilities.

On 3/25/09 at 1130 hours, an interview was conducted with the Privacy Officer regarding the information security breaches. She stated, at present a root cause analysis of the breaches and a plan of action had not been done. She added that a committee had been established to work on the breaches to determine a root cause and develop a plan of action to correct and prevent the security breaches from recurring in the future.

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