

California Department of Public Health

hom POC Accepted 3/17/14 DATE APPROVED PRINTED: 03/05/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA070000137</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/25/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY HOSPITAL OF THE MONTEREY F</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>23625 W R HOLMAN HIGHWAY MONTEREY, CA 93940</b>
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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 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> <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>	A 001	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH</p> <p><b>MAR 13 2014</b></p> <p>L &amp; C DIVISION SAN JOSE</p>	
A 000	<p><b>Initial Comment</b></p> <p>The following reflects the findings of the California Department of Public Health during the investigation of an entity reported incident conducted on 7/12/13 through 2/25/14.</p> <p>For Entity Reported Incident CA00354842 regarding State Monitoring, Privacy Breach, a State deficiency was identified (see Health and Safety Code 1280.15(a)).</p> <p>Representing the California Department of Public Health: 25438, Health Facilities Evaluator Nurse and 28767 Health Facilities Evaluator Supervisor.</p> <p>Inspection was limited to the entity reported incident investigated and does not represent the findings of a full inspection of the hospital.</p>	A 000		

Licensing and Certification Division  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE **CSO** (X6) DATE **3/17/14**

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A 000	Continued From page 1  The hospital detected the breach on 4/22/13 and 4/29/13. The hospital notified the Department of the breach on 5/1/13. The hospital notified the patient of the breach on 5/1/13.	A 000		
A 017	1280.15(a) Health & Safety Code 1280  (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. 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.	A 017		



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A 017	<p>Continued From page 3 record on 4/8/13.</p> <p>During a telephone interview with the compliance director on the above day and time, the compliance director stated, although the audit report did not indicate specific information Staff A accessed, once Staff A accessed the records, automatically disclosed were the patient's name, date of birth, diagnosis, medical record number, treating physician, and hospital room number.</p> <p>Despite multiple attempts, Staff A was unable to be contacted for interview. After three attempts to contact Staff A by telephone, Staff A's telephone was disconnected.</p> <p>Record review on 7/19/13 at 1:30 p.m., of the hospital personnel manual dated 3/2012, indicated, "Everyone is expected to treat patient and hospital information in a respectful, professional, and confidential manner. Such information should never be viewed or discussed with another for reasons of personal interest or for reasons outside the employee's responsibilities."</p>	A 017	<p>D) Monthly schedule for random electronic record audits with quarterly report of findings to the Compliance Committee. Post training comprehension testing. Responsible Person: Privacy Officer Completion Date: Initiated January 2013 and ongoing.</p>	
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CALIFORNIA DEPARTMENT  
OF PUBLIC HEALTH

MAR 13 2014

L & C DIVISION  
SAN JOSE