

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  CA070000137	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 02/13/2015
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NAME OF PROVIDER OR SUPPLIER  
**COMMUNITY HOSPITAL OF THE MONTEREY F**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**23625 W R HOLMAN HIGHWAY  
MONTEREY, CA 93940**

(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
A 000	<p>Initial Comment</p> <p>The following reflects the findings of the California Department of Public Health during an investigation of an entity reported incident conducted on 2/13/15.</p> <p>For Entity Reported Incident CA00408636, regarding State Monitoring, Privacy Breach, one State deficiency was identified (see California Health and Safety Code, Section 1280.15(a)).</p> <p>Inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the hospital.</p> <p>Representing the California Department of Public Health: 32398, Health Facilities Evaluator Nurse.</p> <p>The hospital detected the Breach of Protected Health Information (PHI) on 7/29/14. The hospital reported the Breach of PHI to the Department on 8/5/14. The hospital notified the affected patients of the Breach of PHI on 8/5/14.</p>	A 000	<p style="text-align: center;">CALIFORNIA DEPARTMENT OF PUBLIC HEALTH</p> <p style="text-align: center;">MAY 28 2015</p> <p style="text-align: center;">I &amp; C DIVISION SAN JOSE</p>	
A 170	<p>1280.15(a) Health &amp; Safety Code 1280</p> <p>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, 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</p>	A 170		

Licensing and Certification Division  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

6/4/15 POC accepted, update & privacy affect - VP 5.22.15

*[Handwritten Signature]*

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A 170	<p>Continued From page 1</p> <p>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>This Statute is not met as evidenced by: Based on interview and record review, the hospital failed to prevent the unauthorized disclosure of protected health information (PHI) for 20 patients (1-20), when registered nurse A (RN A) intentionally accessed the medical records of 20 patients without authorization or a job related reason. This failure resulted in unauthorized access of 20 patients' medical records. Findings:</p> <p>The California Department of Public Health received an online report on 8/5/14, which indicated an internal investigation conducted in</p>	A 170	<p>a) The 20 patients affected by this incident were notified by mail of the unauthorized access. Details of the items discussed were included in the letter.</p> <p>Responsible person: Privacy Officer</p> <p>b) No other patients were involved in this involved in this incident. Medical record access was inactivated and the employee was placed on suspension pending further investigation</p> <p>Responsible person: Director, Main Pavilion</p>	<p>8/5/2014</p> <p>7/29/2014</p>

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A 170	<p>Continued From page 2</p> <p>the course of an investigation of a clinical matter by the hospital identified RN A had accessed 20 patients' medical records. RN A had not cared for the affected patients, nor had a business related reason to access their medical records. The 20 medical records accessed disclosed patients' names, dates of birth, admission dates, treating physicians, diagnoses, medical record numbers, and treatment orders.</p> <p>During an interview on 2/13/15 at 12 p.m., the privacy officer (PO) stated the director of Main Pavillon (DMP) suspected RN A was accessing medical records without authorization. PO stated an audit on 7/28/14 had confirmed RN A accessed 20 patients' medical records. All the records disclosed the affected patients' diagnoses, and RN A had accessed 19 of the 20 patients' treatment orders. PO stated RN A was working in a different part of the hospital from where the affected patients were and she had no job related need to access the 20 medical records. PO further stated RN A was terminated on 8/6/14.</p> <p>During an interview on 3/13/15 at 1 p.m., DMP stated PO had asked her if RN A had a reason to access the affected patients' medical records. DMP stated the medical records were not for any of RN A's patients. Those patients were from other floors where RN A was not assigned to work.</p> <p>Several attempts were made to interview RN A on 3/13/15 without success.</p> <p>Review of a copy of a letter dated 8/5/14 from the hospital to the affected patients indicated RN A had accessed the patient's medical record without authorization which had disclosed the</p>	A 170	<p>c) The employee was placed on suspension during the investigation and was terminated August 6, 2014. There were no systemic issues identified that required revision.</p> <p>Responsible Person Director, Main Pavilion</p> <p>d) Ongoing random and focused chart audits are conducted by the Privacy Officer. Pharmacy provides nursing units with a quarterly report of narcotic usage. Unusual behaviors would trigger additional investigation by the Pharmacy and unit management. A chart audit for unauthorized access would be requested if indicated.</p> <p>Instances of unauthorized access are immediately reported to the unit director, Human Resources, and Administration. Results of chart audits are reviewed quarterly at the hospital Compliance Committee. Medication discrepancies are included in the medication error report submitted quarterly to the Medication Safety Work group and the Pharmacy and Therapeutics Committee.</p> <p>Responsible Person: Pharmacist, Unit Director and Assistant Directors</p> <p>Completion date: Implemented prior to this event and is ongoing.</p>	<p>8/6/2014</p> <p>Ongoing</p>

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A 170	<p>Continued From page 3</p> <p>patient's name, date of birth, admitting date and diagnosis, treating physician, medical record number, and treatment orders.</p> <p>Review of a copy of an internal email from PO confirmed an audit indicated RN A had accessed 20 patients' medical records on 7/28/14 which disclosed the affected patients' names, treating physicians, admission dates, diagnoses, treatment orders (except for one patient), code status, medical record and visit numbers, and dates of birth.</p> <p>Review of a copy of the audit report indicated on 7/28/14 from 1:11 p.m. till 1:16 p.m. RN A had accessed the medical records for 20 patients, who were in a different section of the hospital from where she was working.</p> <p>Review of a copy of the hospital's 03/2012 "Confidentiality of Patient and Hospital Business Information" policy indicated everyone is expected to treat patient information in a confidential manner. Such information should never be viewed for reasons of personal interest or for reasons outside the employee's responsibilities.</p>	A 170		