

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/12/2009
NAME OF PROVIDER OR SUPPLIER DELANO REGIONAL MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE KERN COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	10 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p>Continued From page 2</p> <p>indicated Patient X's sister-in-law, Staff 1, who was a healthcare worker at the GACH, disclosed a urine screen result dated August 26, 2008 to Patient X's mother and two sisters.</p> <p>An audit sheet generated by the GACH in conjunction with their own investigation regarding this complaint was reviewed on November 12, 2009. The CHART ACCESSES FROM 25-AUG-2009 00:00 TO 03-NOV-2009 23:59:59 for Patient X's computer file, indicated three accesses by Staff 1; the first on October 14, 2009 at 1:09 AM; the second and third on October 14, 2009 at 1:13AM</p> <p>During an interview with Staff 2 (Director of Information Management), on November 12, 2009, at 11:03 AM, she stated Staff 1 had three "log-ins" on the GACH's computer and had accessed Patient X's laboratory result. She stated the hospital had completed a thorough investigation regarding this breach of personal healthcare information. She stated Staff 1 "maliciously disclosed" the result of Patient X's urine screen report to Patient X's family. She stated Staff 1 was terminated as dictated by their policy.</p> <p>Staff 1's personnel file was reviewed on November 12, 2009, at 11:15 AM. Her records indicated Staff 1 was terminated on November 5, 2009 for HIPAA (Health Insurance Portability and Accountability Act) violation.</p> <p>The hospital failed to prevent hospital personnel from accessing and reviewing confidential medical</p>			11/12/2009

Event ID:KOLA11

9/22/2010

4:43:22PM

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

TITLE

(X6) DATE

Any ending with an asterisk (*) denotes a deficiency which the institution may be providing it is determined that sufficient protection to the patients. Except for nursing homes, discloseable 90 days following the date of or not a plan of correction is provided. For nursing homes, the of 14 days following the date are made available to II cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER DELANO REGIONAL MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1401 GARCES HWY, DELANO, CA 93216 KERN COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	10 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
	3 records without obtaining written permission from the patient in violation of Title 22, Section 70701(b) (8) and the access and disclosure was not otherwise authorized.			11/12/2009	

Event ID **LOL411912212010** 4:43:22PM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TinE _____ (X6) DATE _____

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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 the documents are available to the facility. If deficiencies are cited, a approved plan of correction is requisite to continued program participation.