

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

LICENSED
 STATE OF CALIFORNIA
 13 JUN - 22 PM 2:50
 08/03/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050243	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/03/2011
NAME OF PROVIDER OR SUPPLIER DESERT REGIONAL MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1150 N Indian Canyon Dr, Palm Springs, CA 92262-4872 RIVERSIDE COUNTY		
(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: CA00267889 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 22384, 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>For purposes of the investigation, the department shall consider the clinic's, health facility's, agency's, or hospice's history of compliance with</p>		<p>The plan of correction is prepared in compliance with State Regulations and is intended as Desert Regional Medical Center's ("DRMC") credible evidence of compliance. The submission of the plan of correction is not an admission by the hospital that it agrees that the citations are correct or that it violated the law. The hospital reported this privacy incident in accordance with California Health and Safety Code section 1280.15(b)(1) on May 2, 2011. The following actions were taken.</p> <p>Policy and Procedures: The Hospital Compliance Officer ("HCO") reviewed the issue against the present policy and determined that the current standards are appropriate. No revisions were made.</p> <p>Training: The HCO validated that the employee responsible for the error had received privacy training per company guidelines.</p> <p>Monitoring: The HCO monitors the education data base to ensure all employees have been trained upon hire and periodically there-after for continuous monitoring of compliance. Employees that do not complete privacy training may be disciplined up to and including termination.</p> <p>Other Corrective Actions: The HCO discussed verbally with the family member that identified the privacy incident the California reporting requirements. This incident was entered into the accounting of disclosure tracking system as required under federal law.</p> <p>Discipline: The responsible outsourced employee received a written counseling.</p>	<p>05/02/2011</p> <p>04/28/2011</p> <p>4/28/2011</p> <p>Monthly</p> <p>4/28/2011</p>	

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

[Handwritten Signature]

TITLE *[Handwritten: HCO]*

(X8) DATE

[Handwritten: 7/1/13]

By signing this document, I am acknowledging receipt of the entire citation packet. Page(s) 1 thru 4

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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NAME OF PROVIDER OR SUPPLIER DESERT REGIONAL MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1160 N Indian Canyon Dr, Palm Springs, CA 92262-4872 RIVERSIDE COUNTY		
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	<p>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>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> <p>Based on interview and record review, the facility failed to prevent unauthorized access and disclosure of Patient A's medical information. The hospital's FSE (Food Service Employee) disclosed Patient A's hospitalization to a relative of the employee, without authorization from Patient A. Subsequently, the FSE's relative further disclosed</p>			<p style="text-align: center;">13 JUL -2 PM 2:50 LICENSING & CERT RIVERSIDE COUNTY CA DEPT OF PUBLIC HEALTH</p>	

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	<p>the patient's hospitalization to the patient's employees.</p> <p>Findings:</p> <p>An interview was conducted with the HCO (Hospital Compliance Officer) on June 3, 2011, at 10:45 a.m., who stated a food service employee recognized Patient A's name on a tray card during preparation of the food trays. The employee subsequently notified her relative of Patient A's hospitalization, on or about [REDACTED] 2011.</p> <p>The FSE's relative then informed one of Patient A's employees about Patient A's hospitalization. Patient A's employee was unaware of Patient A's hospitalization.</p> <p>A review of Patient A's health records indicated the patient was admitted to the facility on [REDACTED] 2011, and died on [REDACTED] 2011.</p> <p>A review of the facility policy and procedure entitled, "Patients' Rights And Responsibilities," (last reviewed 9/10), sets forth the following:</p> <p>Purpose: "To recognize and to respect the rights and responsibilities of patients."</p> <p>Policy: "It is the policy of (the Facility) to ensure that staff and patients are informed of patients' rights and</p>			

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	<p>responsibilities and assure that these rights are preserved." -"It is the responsibility of (the Facility) and its staff to protect and promote each patient's rights. These rights shall apply to every patient without regard to sex, cultural, economic, education or religious background, race, color, ancestry, national origin, sexual orientation or marital status or source of payment (Title 22)."</p> <p>Procedure: -"Confidentiality of his/her medical records."</p> <p>Attachment: "Patient Rights."</p> <p>- Item 12. "Confidential treatment of all communications and records pertaining to your care and stay in the hospital."</p> <p>On May 12, 2010, the FSE took a mandatory course entitled "General Orientation For New Employees." Included within the mandatory course was a section entitled, "Patient Rights and Responsibilities." The written course materials for this training included the following sentence:</p> <p>- "Maintaining patient confidentiality requires a conscious effort to keep all personal information about a patient private."</p> <p>The facility failed to ensure that their policy and procedures regarding the confidentiality of a patient's personal information was properly or adequately implemented and followed by facility employees</p>			

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