**NAME OF PROVIDER OR SUPPLIER:** Huntington Memorial Hospital  
**STREET ADDRESS, CITY, STATE, ZIP CODE:** 100 W California Blvd, Pasadena, CA 91109

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

| (X1) PROVIDER/SUPPLIER/CJA IDENTIFICATION NUMBER: CA83000026 |
| (X2) MULTIPLE CONSTRUCTION |
| (X3) DATE SURVEY COMPLETED 05/04/2012 |

### SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

<table>
<thead>
<tr>
<th>ID</th>
<th>TAG</th>
<th>DEFICIENCY</th>
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<tbody>
<tr>
<td>A 000</td>
<td>Initial Comment</td>
<td></td>
</tr>
<tr>
<td>A 017</td>
<td>1280.15(a) Health &amp; Safety Code 1280</td>
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**Provider's Plan of Correction (Each Corrective Action Should Be Cross-Referenced to the Appropriate Deficiency)**

- **A 000**
  - Updated Plan of Correction date: 12/6/13
  - Original Plan of Correction date: 11/20/13
  - The statements made in this Plan of Correction are not intended as an admission of non compliance and do not constitute agreement with the alleged deficiencies herein. This Plan of Correction constitutes Huntington Hospital's written credible allegation of compliance for the deficiencies noted.
  - CMS Statement of Deficiencies and Plan of Correction Form dated November 1, 2013, received on November 7, 2013.

**Event Synopsis:**

- On March 6, 2012, during the course of performing a routine periodic patient record access audit, the Compliance Department discovered that an employee may have accessed the records of 17 patients inappropriately. An investigation was immediately commenced which resulted in termination of Employee A for violation of hospital policy and procedure (#156 - Patient Access to Medical Records). Employee A had completed prior trainings and understood the hospital's policies that prohibit accessing records in this manner. These trainings will be outlined under subsequent sections.

**In summary, upon discovery of the potentially inappropriate accesses, the following actions were completed:**

1. Notification to Human Resources regarding the involved employee's actions.
2. Human Resources and Compliance Investigation (Interviews & review of electronic medical record access history).
3. Employee A was terminated.

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**State Form**

*License and Certification Division*

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

*TITLE:*

*DATE:*

*Printed: 11/01/2013*
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.

This Statute is not met as evidenced by:
Based on interview and record review, the facility failed to prevent unauthorized access to patients' medical information. On September 28, 2011, October 9, 18, December 5, 2011, Employee A (registered nurse) accessed Patient 1's electronic medical record without authorization. On January 4, 2012, Employee A accessed 16 patients' electronic medical records without authorization (Patients 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, and 17).

Findings:
On May 4, 2012, an unannounced visit was made to the facility to investigate a facility reported incident regarding unauthorized access to patients' protected health information.

A review of the facility's letter dated March 19, 2012, that was submitted to the Department indicated on March 12, 2012, during the course of an investigation, Employee A stated she inappropriately accessed the protected health information of Patient 1 through the facility's electronic medical record system. The letter indicated that during the investigation, it was discovered Employee A had inappropriately accessed Patient 1's medical record on four
Continued From page 2

different occasions (September 28, October 9, 18, and December 5, 2011). In addition, she also inappropriately accessed other patients' medical records.

During an interview on May 4, 2012, at 11:40 a.m., the privacy compliance coordinator (Employee B) stated during the monthly audit of electronic medical records, she found the incidents of unauthorized access of patients' electronic medical records.

A review of the Patient Audit Log indicated on September 28, October 9, 18, and December 5, 2011, Employee A accessed Patient 1's (a hospital unit manager) medical record without authorization. The log indicated Employee A accessed Patient 1's medical record on four different dates.

During an interview with Patient 1 on May 4, 2012, at 11:45 a.m., she stated, "There was no reason for her (Employee A) to access these records."

The facility's investigation and the User Activity Log Report indicated on September 28, 2011, October 9, 18, December 5, 2011, Employee A had inappropriately accessed Patient 1's (a unit manager) protected health information. On January 4, 2012, Employee A had inappropriately accessed 16 patients' protected health information, including Employee A's sister-in-law (Patient 2), unit manager (Patient 3), two administrative staff (Patient 4 and 5), and 11 employees (Patients 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, and 17).

A review of Employee A's education record indicated the employee worked in the...
### SUMARY & STATEMENT OF DEFICIENCIES

**A 017** Continued From page 3  

Orthopedic/Neurology unit with Patient 1 and had been employed by the facility since April 1991. The education record indicated in January 2012, the employee completed the training courses of Health Insurance Portability and Accountability (HIPPA) and Confidentiality, Computer Usage and Accountability Agreement.

During an interview on May 4, 2012, at 12:10 p.m., the Human Resource Consultant (Employee C) stated she interviewed Employee A and the employee admitted she had accessed the patients' protected health information without authorization. She stated she did it "out of curiosity just to pass the time".

A review of Employee A's written Declaration dated March 14, 2012, indicated while at work on the night shift she accessed patient information, mostly employees, who came into her unit. She indicated she was very sorry and ashamed of what she did. The declaration indicated her intention was to compare others' health status to her own, that she did not share the information with others. She indicated it was "wrong, stupid and unacceptable."

According to Employee A's Discharge Memorandum dated March 16, 2012, Employee A accessed medical records of seventeen patients without authorization, sixteen of whom were employees of the facility. The memorandum indicated Employee A was terminated on March 15, 2012, due to the seriousness of this issue.

A review of the facility's investigation indicated on March 12, 2012, 17 letters were sent out to the patients informing them that the hospital's employee had accessed their records without authorization. She stated she did it "out of curiosity just to pass the time".

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**Policy and Procedure 13 - Standards of Conduct:** This policy describes the expected behaviors and conduct for workforce members. It states, "We will not use, for our personal benefit, any information about Huntington Hospital or proprietary or nonpublic information acquired as a result of our relationship with Huntington Hospital."

And, "We will not use or reveal, outside the context of official duties at Huntington Hospital, any confidential patient or other proprietary information."

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**Policy and Procedure 185 - Privacy and Security of Patient Information Program - Governing Principles:** This policy describes the manner in which Huntington Hospital achieves compliance with the various regulations which govern the privacy and security of patient information. It states, "It is the policy of Huntington Hospital, its employees, medical staff, volunteers, associated Business Partners, contractors, and all other persons who have access to patient information in a paper or electronic format to comply with all regulations associated with the privacy and security of patient information including all associated policies and procedures adopted to govern such compliance."

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**Policy and Procedure 184 - Allowable Use and Disclosure of Protected Health Information (PHI):** This policy describes the manner in which Huntington Hospital can use and disclose Protected Health Information (PHI). It states that patient information may be used for treatment, payment, or health care operations, or with a valid authorization from the patient.
California Department of Public Health

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CILA
IDENTIFICATION NUMBER:

CA930000026

(X2) MULTIPLE CONSTRUCTION
A. BUILDING: __________________
B. WING: __________________

(X3) DATE SURVEY COMPLETED
C 05/04/2012

NAME OF PROVIDER OR SUPPLIER
HUNTINGTON MEMORIAL HOSPITAL
100 W CALIFORNIA BLVD
PASADENA, CA 91109

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<th>(X4) ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
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<td>A 017</td>
<td>Continued From page 4 authorization to do so. The facility's policy and procedure titled &quot;Standards of Conduct&quot; and dated October 2008, under section Safeguarding Property, Assets and Information, indicated to ensure that all patient information, in whatever form, was handled in a manner to protect against improper access or use. The facility's policy and procedure titled &quot;Patient Access to Medical Records&quot; and dated May 1, 2009, indicated employees were prohibited from accessing patient information, in any format, pertaining to family members, friends, co-workers, physicians, volunteers or other acquaintances for whom they do not have a direct care-giving role or for whom they are not performing a legitimate function for the purpose of treatment, payment or health care operations. Based on the information submitted by the facility, interviews and other facts set forth above, Employee A unlawfully accessed Patient 1's medical information on September 28, 2011, October 9 and 18, 2011 and December 5, 2011. In addition, Employee A deliberately and unlawfully accessed 16 additional patients' medical information on January 4, 2012. The facility failed to prevent unlawful access of patients' medical information in violation of Health and Safety Code Section 1280.15(a).</td>
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<tr>
<th>A 017</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
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<tr>
<td>In Place &amp; Ongoing</td>
<td>Policy and Procedure 155 - Authorization for Use and Disclosure of Protected Health Information (PHI): The purpose of this policy is to establish the manner in which Protected Health Information (PHI) will be used and disclosed for purposes other than allowable or permissible reasons under the Health Insurance Portability and Accountability Act (HIPAA) through the use of an authorization. It states, &quot;Except as required by law or otherwise allowable under the HIPAA regulations, Huntington Hospital will not use or disclose PHI that was received or created outside the process of providing treatment, payment or health care operations, or other legally permissible uses and disclosures without a valid authorization from the patient.&quot;</td>
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<tr>
<td>In Place &amp; Ongoing</td>
<td>Policy and Procedure 160 - Permissible Use and Disclosure of Protected Health Information (PHI): This policy describes when protected health information (PHI) may be disclosed as permitted or required by law without patient authorization. It includes reasonable safeguards to protect the patient's right to privacy. It states, &quot;Huntington Hospital will honor its patients' privacy rights by using and disclosing Protected Health Information (PHI) according to the requirements set forth in the HIPAA regulations and applicable State law regarding those which are not for purposes of treatment, payment or healthcare operations and which do not require a patient authorization.&quot;</td>
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Licensing and Certification Division
STATE FORM

PRINTED: 11/01/2013
FORM APPROVED
Huntington Hospital

Addendum to the STATE FORM and Continuation of the Provider's Plan Of Correction
Intake Number CA00303677
Penalty Number 930010241
Date Of Survey 5/4/2012

<table>
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<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETE DATE</th>
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<td>Policy and Procedure 187 - Minimum Necessary Use of Protected Health Information (PHI): This policy clarifies when the &quot;minimum necessary&quot; rule should be followed when using patient information. It states, &quot;Access to information in the possession of, or under the control of Huntington Hospital is provided based on the recipient's need-to-know based upon their responsibilities related to treatment, payment, and/or the operations of the hospital. Staff and business associates must not attempt to access PHI unless they have been granted appropriate access rights and for purposes related to their job duties and responsibilities to the hospital.&quot;</td>
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<td>Policy and Procedure 402 - User Provisioning: The purpose of this policy is to make certain that authorized users have appropriate levels of access to business and clinical systems and prevent inappropriate or unauthorized access. It includes a description of the process for requesting user access, ensuring that user names are unique and access is appropriately assigned based on the user's role at HMH.</td>
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<td>Corrective Action (Both Temporary &amp; Permanent)</td>
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<td>Employee Suspension &amp; Termination</td>
<td>Employee A was out of the country at the time the incident was discovered on March 6, 2011. She was suspended pending investigation immediately upon her return to work on March 12, 2012, while the matter was investigated. On March 16, 2012, Employee A was terminated from employment with the hospital for the inappropriate accesses to patient information.</td>
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<td>Patient Notification</td>
<td>The affected patients were notified of the inappropriate accesses in letters from the Chief Human Resources Officer/VP of Administrative Services on March 12, 2012 and March 19, 2012. In addition to existing processes and education, the following patient information privacy activities were implemented in 2012 &amp; 2013:</td>
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<td>Live Patient Privacy Training</td>
<td>A live presentation and discussion of patient privacy has been delivered to more than 1,600 employees, physicians, and volunteers since July, 2012.</td>
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<td>Patient Privacy Computer Training</td>
<td>An additional comprehensive computer-based learning module emphasizing each employee's obligation to protect and promote the rights of each patient was completed by each employee responsible for providing direct patient care. Thus, the content from this computer-based learning module has been incorporated into new hire orientation and annual (update) education requirements.</td>
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<td>Quality Coach Training</td>
<td>Assigned staff (frontline staff) are identified from all departments (clinical and non-clinical) to attend monthly &quot;Quality Coach&quot; meetings. Assigned staff attended the regular monthly meeting in January, 2013. During this month, educational content in the meeting included the privacy of patient information. Above education has occurred and continues to occur, assuring all employees are apprised of</td>
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December 5, 2013
### Huntington Hospital

Addendum to the STATE FORM and Continuation of the Provider’s Plan Of Correction

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<tr>
<th>Intake Number</th>
<th>Penalty Number</th>
<th>Date Of Survey</th>
<th>Their obligations to protect the privacy of patient information.</th>
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<tbody>
<tr>
<td>CA00303677</td>
<td>930010241</td>
<td>5/4/2012</td>
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#### Policy & Procedure Updates

Huntington Hospital's Employee Handbook and Privacy Breach Investigation and Reporting Protocol were updated to state that employees who are suspected of misusing patient information or engaging in other serious violations of HMH's policies related to the confidentiality of patient medical records and/or policies related to computer usage and confidentiality will be immediately suspended with pay while the Hospital conducts an investigation.

Huntington Hospital's Employee Handbook and Privacy Breach Investigation and Reporting Protocol were updated to state that after an investigation, any employee found to have misused patient information or to have seriously violated HMH's policies related to the confidentiality of patient medical records and/or policies related to computer usage and confidentiality will be subject to termination.

#### Education and Training

Huntington Hospital provides multiple training opportunities for its workforce that are designed to educate and remind employees about the importance and details related to patient confidentiality. These trainings were in place at the time of the incident and are described below:

**New Employee Orientation:** All employees are required to attend new employee orientation upon hire, which includes presentations on, and review of the policies pertaining to patient privacy. Employees sign an acknowledgment form attesting that they have received this education in orientation.

**The Standards We Live By Booklet:** Employees are given a copy of the hospital's compliance and ethics booklet *The Standards We Live By.* The booklet is provided and reviewed during New Employee Orientation, and it describes the hospital's standards of conduct, including the hospital's stance on professional conduct and safeguarding patient information.

**Annual Update:** Employees must complete a comprehensive annual update training designed to update and remind employees of important regulatory matters each year. Patient Information Privacy is included in this training, which is customized each year. The employee completed this training on April 6, 2007; April 6, 2008; April 1, 2009; April 2, 2010; and April 2, 2011.

**Confidentiality, Computer Usage, and Accountability Agreement ("CCUAA"):** All employees are required to review and acknowledge this agreement, which details the user's responsibilities related to the hospital's information and computer systems. It states that the user, "will not exhibit or divulge the contents of any record or report except to fulfill a work assignment," and "will not seek personal benefit of or permit others to benefit personally by any confidential information or use equipment available through my work assignment." The employee electronically acknowledged the CCUAA on April 1, 2009; April 2, 2010; and April 2, 2011. Prior to the electronic version, the employee signed Patients' Rights and Responsibilities and Access and Confidentiality Agreements that addressed the confidentiality of patient information on March 10, 1997; September 10, 1998; and June 24, 2000.

**Description of the Monitoring Process**

HMH implemented a Patient Access Audit Review Protocol in January, 2012 that includes monthly and quarterly audits of patient records. These audits are completed by the Compliance and Internal Audit department and focus on the appropriateness of patient record access. Any

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<th>1/31/12 &amp; ongoing</th>
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December 5, 2013
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Variation in practice and/or non compliance identified results in appropriate corrective action including but not limited to termination of employment. Additional investigatory audits may occur as indicated.

Summary

Huntington Hospital reiterates that we have appropriate policies and procedures, technical safeguards, and audits in place to ensure that our patients' healthcare information is protected and any violation identified is immediately addressed. Additional education may be commenced based on any new findings.

Title of Position Responsible for Correction

Senior Vice President, Hospital Operations & Chief Nursing Executive

December 5, 2013