The following reflects the findings of the Department of Public Health during a complaint/breach event visit:

Complaint Intake Number:
CA00266625 - Substantiated

Representing the Department of Public Health:
Surveyor ID # 22384, HFEN

The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.

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.

Based on interview and record review, the facility failed to prevent unlawful or unauthorized access to, and use or disclosure of, patients' medical information.

Event ID: E58F11  2/24/2016  2:46:37PM

By signing this document, I am acknowledging receipt of the entire citation packet.

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.
information. RN 1 accessed two of her coworkers (Patients A and B) medical information, without necessity or authorization, on September 18, 2010 and October 8, 2010.

Findings:

An interview was conducted with the Compliance Officer (CO) on April 28, 2011, at 2 p.m. The CO stated she received an anonymous call on March 17, 2011, indicating RN 1 accessed the medical records of Patients A and B, who were also co-workers of RN 1, without authorization.

The CO stated a review of the facility audit reports indicated RN 1 accessed the medical records of Patients A and B, co-workers, who were not under the care of RN 1 during the times the medical information was accessed.

A review of the facility audit report dated March 17, 2011, indicated RN 1 accessed medical information pertaining to Patient A on September 18, 2010, at 2:33 a.m. The medical information accessed included two hospital admissions. Specifically, the first admission record of December 5, 2007 included dates of service, the patient's name, medical record number, address, phone numbers, e-mail address, and the admission diagnosis. The second admission record of August 21, 2008 included dates of service, the patient's name, medical record number, address, phone numbers and e-mail address. 

A review of the facility audit report dated March 17,
2011, also indicated that RN1 accessed the medical information of Patient B on October 8, 2010, at 5:02 a.m., and 5:03 a.m. The medical information accessed included one hospital admission of October 17, 2009. The admission record accessed by RN 1 included the patient's name, date of service, address, phone number, date of birth, medical history, chief medical complaint, treatment received, allergies, a detailed systems review, and medications prescribed.

An interview was conducted with the Clinical Manager 1, on April 28, 2011, at 2:30 p.m. She stated that she spoke with Patient B and Patient B stated that she felt violated by her coworker reviewing her medical information.

A review of the facility policy entitled, Obligations Regarding Confidentiality, (Updated: 10/02), indicated the following procedures were to be followed regarding confidentiality of patients' medical information: "Any unauthorized access, use, possession, disclosure, alteration or destruction of confidential medical information regarding any patient, member or employee is prohibited...This policy also maintains compliance with requirements to protect the confidentiality and security of patient information under applicable state and federal law or regulations."

The facility failed to prevent the unauthorized access of medical information, for both Patients A and B, by RN 1, in accordance with the facility policy, and in violation of Health and Safety Code section 1280.15 (a).

4. The employee involved in this privacy breach incident was subjected to Employee Corrective Action Level 4.

Responsible Party: Clinical Manager of 4 East Med-Surg Unit.

MONITORING

1. All privacy breach issues will be reported to Compliance Committee for oversight and monitoring

Responsible Party: All Department Leaders/Managers/Supervisors