

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050686	(X2) MULTIPLE CONSTRUCTION: A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/04/2011		
NAME OF PROVIDER OR SUPPLIER KAISER FOUNDATION HOSPITAL, RIVERSIDE			STREET ADDRESS, CITY, STATE, ZIP CODE 10800 Magnolia Ave, Riverside, CA 92505-3043 RIVERSIDE COUNTY				
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	<p>use, or disclosure of that patients' 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>Abbreviations used in this document:</p> <p>CDPH - California Department of Public Health CPM - Compliance Project Manager DAPR - Department Administrator of Patient Registration DALRA - Director of Accreditation/Licensure & Regulatory Affairs HIPAA - Health Insurance Portability and Accountability Act PHI - Protected Health Information RCS - Receptionist Clinic Staff</p> <p>Based on interview and record review, the facility failed to prevent unauthorized access to Patient 1's medical information when Staff 1 accessed Patient 1's medical information without authorization</p> <p>Findings.</p>		<p>Corrective Action Plan : Failure to timely report breach</p> <p>1. Brief informational education sessions on timely reporting of privacy breaches were provided to all managers at the Riverside Joint Department Administrators' meeting, to the members of Accreditation, Regulation & Licensing committee, to the members of Environmental of Care Committee, to the staff of Quality/Risk Management Department and to the members of Compliance Leadership Committee. Responsible Party: Director of Accreditation, Regulation and Licensing</p> <p>2. The Compliance Department improved its investigation process for reportable privacy breaches to ensure timely reporting to California Department of Public Health (CDPH) within the required timeframe. Responsible Party: Compliance Officer</p> <p>3. The Compliance Department and Accreditation, Regulation and Licensing follows CDPH's notification requirement to the patient whose information is breached. Responsible Party: Compliance Officer and Director of Accreditation, Regulation and Licensing</p> <p>Monitoring: Report privacy breaches within required timeframe. Compliance Department to monitor reporting dates to CDPH and patient notification dates of privacy breaches. The monitoring is to be reported to the Compliance Leadership Committee on a quarterly basis. Responsible Party: Compliance Officer</p>	5/2013	5/2013 & Ongoing	5/2013 & Ongoing	Begin 7/2016 & Ongoing until 4 consecutive months of 100% compliance is

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	<p>On October 26, 2011, at 8:55 a.m., an interview was conducted with the facility's Department Administrator of Patient Registration (DAPR) and the Director of Accreditation/Licensure & Regulatory Affairs (DALRA). The DAPR and the DALRA stated:</p> <p>a. On September 13, 2011, Patient 1 contacted member services complaining that a facility employee, (Staff 1), who worked as a receptionist in both the hospital Emergency Department and a facility clinic, may have accessed Patient 1's medical record</p> <p>b. Member Services notified the Compliance Project Manager (CPM) on September 14, 2011, of Patient 1's complaint.</p> <p>c. The CPM started her investigation regarding Patient 1's complaint on September 14, 2011</p> <p>d. On October 5, 2011, Staff 1 was informed of Patient 1's complaint, that Staff 1 had accessed Patient 1's medical record without authorization.</p> <p>e. The CPM stated she determined through her investigation that Staff 1 had intentionally accessed Patient 1's hospital record, on June 13, 2011, without authorization.</p> <p>f. Based on Staff 1's "level of access" to the hospital's computer documentation system, Staff 1 had access to Patient 1's entire hospital record.</p> <p>In addition, the DAPR and DALRA advised Staff 1 knew Patient 1 from church.</p> <p>Patient 1 was informed of the unauthorized access of her medical record by a telephone call from the CPM on October 11, 2011, and a letter dated and mailed on October 11, 2011, to Patient 1's last known addresses.</p>		<p>CORRECTIVE ACTION PLAN -</p> <p>1. Patient Registration Department staff received a HIPAA refresher during a staff meeting. Responsible Party: Department Administrator of Patient Registration</p> <p>2. Patient Registration Department staff are required to complete compliance training annually. Responsible Party: Department Administrator of Patient Registration</p> <p>3. Staff involved was subjected to employee corrective action. Responsible Party: Department Administrator of Patient Registration</p> <p>4. Level of access to the medical record of central reception staff were reviewed and appropriate changes made. Responsible Party: Department Administrator of Patient Registration</p> <p>MONITORING:</p> <p>1. Level of access to the medical record of central reception staff continues to be monitored. A random sample is monitored quarterly, allowing for all staff to be monitored at least once a year. This information will be reported in Compliance Leadership Committee on a quarterly basis. Responsible Party: Department Administrator of Patient Registration</p>	<p>11/10/2011</p> <p>Ongoing & Annually</p> <p>10/4/2011</p> <p>11/2011</p> <p>Ongoing</p>

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	<p>The facility policy and procedure entitled, "Patient's Rights," revised June 2010, set forth that the purpose of the policy was to list and uphold patients' rights. The policy and procedure indicated, under "4. Privacy and Confidentiality," that the patient and/or guardian have the right "F. To have their medical record read only by individuals directly involved in their treatment or the monitoring of its quality and by other individuals only on their written authorization or that of their legally authorized representative," within the law, to personal and informational privacy.</p> <p>A review of facility documentation completed on October 26, 2011, indicates that Staff 1 attended a compliance refresher course training on March 10, 2011. The documentation regarding the training curriculum indicated that Staff 1 was trained on inappropriate access of patients' medical records. During an interview with the CPM on August 25, 2014 at 11:05 a.m., she stated that Patient 1 had made a complaint to member services regarding Staff 1 on September 30, 2011. The complaint from Patient 1 included that she was being harassed by Staff 1 when she (Patient 1) would arrive for appointments. According to Patient 1's complaint, Staff 1 was allegedly accessing Patient 1's medical records. Patient 1 also advised that Staff 1 was dating her (Patient 1's) husband. The CPM stated during the interview that she conducted the investigation regarding whether information in Patient 1's medical record was accessed by Staff 1. Documentation of the dates of access by Staff 1, as well as the portions of Patient 1's medical records that had been accessed by Staff 1 were provided by the CPM.</p>		
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	<p>A review of the documentation provided by the CPM indicated that Staff 1 accessed Patient 1's information on three different occasions. On June 3, 2011, Staff 1 viewed Patient 1's appointment information, snapshot (a computer view that shows the current status of the patient), hospital encounter, and telephone encounter. On July 8, 2011, Staff 1 viewed Patient 1's appointment information. On July 29, 2011, Staff 1 viewed Patient 1's appointment information.</p> <p>A review of the snapshot revealed that it contained Patient 1's medication lists, medical and psychological diagnoses, allergies, medical record number, and date of birth.</p> <p>A review of the hospital encounter revealed that it contained Patient 1's address, phone number, admission diagnosis, physician name, and length of stay in the hospital.</p> <p>A review of the appointment information listed Patient 1's date of birth, medical record number, address, and phone number.</p> <p>A review of the facility's interview with Staff 1, dated October 5, 2011, revealed that Staff 1 had denied viewing Patient 1's medical record. After the CPM advised Staff 1 that facility records showed that she accessed Patient 1's record, Staff 1 stated that she had no reason to access Patient 1's information.</p>			

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