

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050315	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/14/2009
NAME OF PROVIDER OR SUPPLIER KERN MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 Mount Vernon Avenue, BAKERSFIELD, CA 93306 KERN COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR ISC 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 California Department of Public Health during the investigation of an entity reported incident.</p> <p>Entity Reported Incident Number: CAO020065</p> <p>Representing the Department: [REDACTED] HFEN</p> <p>The inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility.</p> <p>One deficiency was written as the result of entity reported incident 200065.</p> <p>1280.15(a) Health & Safety Code 1280</p> <p>(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. For purposes of the</p>		<p>Plan of Correction:</p> <p>1. The individual responsible for the breach was issued a formal written reprimand and required to complete HIPAA privacy and security education modules, including review of relevant policies and privacy rules. 2. KMC continues with its efforts to educate staff regarding the importance of safeguarding patients' privacy through general orientation, annual HIPAA</p>	11/13/10

Event ID: 28WN11

1/6/2010

2:05:50PM

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

TITLE

(X6) DATE

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.

State-2567

1015

10/10/10

accepted.



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	<p>Continued From page 2</p> <p>violation of Patient X's right to privacy when a volunteer research assistant (Staff 2) in the ED (Emergency Department) of the GACH (General Acute Care Hospital) inappropriately disclosed Patient X's admission in the ED to a clinical laboratory scientist (Staff 3); and when Staff 3 inappropriately accessed/viewed Patient X's laboratory results.</p> <p>Findings:</p> <p>During an interview with the Compliance Coordinator/Privacy Officer (Staff 1) on September 14, 2009, at 1:40 PM, she stated this self-reported incident involved an unauthorized access and disclosure of Patient X's personal healthcare information by Staff 2 when he disclosed Patient X's admission in the ED to Staff 3, who happened to be Patient X's mother. Staff 1 stated during the course of the hospital's own investigation, a second unauthorized access was discovered when Staff 1 learned that Staff 3 accessed/viewed Patient X's laboratory results without his written permission, and without going through the proper procedure.</p> <p>The clinical record for Patient X was reviewed on September 14, 2009, at 2 PM. Patient X was admitted to the ED at the GACH, on August 23, 2009 at 8:01 AM; complaining of lower abdominal pain, difficulty Urinating, and blood in the urine.</p> <p>During an interview with Staff 2, on September 15, 2009 at 8:25 AM, he stated he was asked by an ED MD (Medical Doctor) to enroll Patient X in their computer database. Staff 2 stated one of the</p>		<p>with appropriate disciplinary action taken as necessary. Compliance with privacy audits will be reported to the Compliance Committee monthly for the next four months then biannually with follow-up action plans as necessary.</p>	

Event ID:2BWN11

11612010

2:05:50PM

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

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER KERN MEDICAL CENTER	STREET ADDRESS, CITY, STATE ZIP CODE 1700 Mount Vernon Avenue, BAKERSFIELD, CA 93306 KERN COUNTY
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(X4) 10 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 CORRECTNE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p>Continued From page 3</p> <p>nurses had Patient X's paperwork so Staff 2 scanned their computer database and discovered a previous admission profile of Patient X. Staff 2 stated he noticed Patient X's emergency contact number was at the GACH and recognized the name of staff 3 as the person to be contacted; the relationship was listed as "mother." Staff 2 stated he used to work in the same laboratory department with Staff 3. Staff 2 stated he stopped by the laboratory department before going home that day to visit his former co-workers. Staff 2 stated he saw Staff 3 during his visit and had inquired if she has a son. Staff 2 stated he could not remember Patient X's name so he gave Staff 3 a physical description of Patient X. He said it was then that Staff 3 told him her son's name (Patient X); at which time he informed Staff 3 her son might be in the ED.</p> <p>During an inteNiew with Staff 3 on September 23, 2009 at 1:36 PM, she stated when Staff 2 informed her of Patient X's admission in the ED, she called her son and he confirmed he was indeed in the ED but was too sick to remember if he asked anyone from the ED to contact her but he was glad she found out he was in the ED. During Staff 1's inquiry regarding this incident, Staff 3 admitted to accessing her son's (Patient X's) laboratory results. She stated she had accessed the computet on two occasions on August 23, 2009, for a basic metabolic panel results and on August 26, 2009 to check the results of the culture. She stated she was aware written permission from her son was required to obtain his medical records/information but at that time she was concerned as a mother</p>			

Event ID:2BWN11	1/612010	2:05:50PM
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	<p>Continued From page 4 and forgot to go through the proper procedure.</p> <p>During an interview with the County Director of Information Technology (Staff 4), on September 15, 2009 at 4 PM, he stated Staff 1 requested an audit on the electronic records of Patient X to track any additional inappropriate access/viewing. Staff 4 stated the Information Systems indicated the two aforementioned accesses by Staff 3.</p> <p>The facility failed to prevent hospital personnel from accessing and reviewing confidential medical records without obtaining written permission from the patient in violation of Title 22, Section 70707(b) (8).</p>				

Event ID: 2BWNM1 1/6/2010 2:05:50PM

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

TITLE

(X6) DATE

[Handwritten Signature]

CEO

10.12.10

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