





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 _____ 8. WING _____	(X3) DATE SURVEY COMPLETED  12/22/2009
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 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>Continued From page 2</p> <p>Information System Trailer number 6 located across the access road from Information Systems Building F. The area was accessible to any person on the hospital property.</p> <p>During an interview with Staff A, on December 3, 2009, at 2 PM, he stated he placed the daily cumulative laboratory reports in the outside locker around October 31, 2009, at 1:20 AM, but did not lock the locker because the lock was not functioning properly and the locker door was broken. Staff A (responsible for running and storing the laboratory reports) stated he was contacted by Security staff at approximately 4:30 AM on October 31, 2009, inquiring about the missing reports. He stated Security staff and he searched the immediate area for the missing reports and notified the House Supervisor of the incident. Staff A stated the locker had not been secured for several months and thought the issue had been reported to Information Systems Management but he did not report the issue himself. Staff A stated he felt putting the patient information in an unsecured locker was not the right thing to do but did not report his concern to anyone else.</p> <p>During an interview with Staff B, on December 3, 2009, at 2:45 PM, he stated the incident was reported to the police department on November 6, 2009.</p> <p>During an interview with the Privacy Officer (PO) on December 3, 2009 at 2:50 PM, she</p>		<p>3.KMC has developed a privacy audit tool to prospectively audit for any potential privacy concerns, including, but not limited to, patient armbands, paperwork being left lying about the facility, employees logging off the computer systems and PHI on portable devices. 4.KMC Security as also added privacy to their rounds and report to the Privacy Office any potential privacy issues.</p> <p>Administrative Safeguard 1.KMC has added patient privacy rounds to the existing environmental rounds that take place on a monthly basis. The Privacy Officer has been added to this team</p>	

Event ID:WOYN11

912112010

12:38:44PM

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

TITLE

(X6) DATE

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	<p>Continued From page 3</p> <p>stated she was not aware of the practice of placing laboratory reports in an outside locker and if she knew about the practice it would have been stopped immediately. She stated there were five different laboratory reports that were involved in this incident. The Privacy Officer stated the reports contained different types of personal health information that included patient name, date of birth, social security number, laboratory test and results.</p> <p>During an interview with the Laboratory Manager on December 22, 2009, at 12:30 PM, he stated he was not aware of the facility practice of placing the printed daily cumulative laboratory reports in a locker located outside of the Information System building. He stated all missing reports were data from one day, October 30, 2009. He stated the missing laboratory reports included:</p> <ol style="list-style-type: none"> <li>1. Department Log Lab. This report contained patient name, date of birth, medical record number, account number, test performed, and test charge amount. This report contained information for 470 patients.</li> <li>2. Contract Log Lab. This report contained patient name, date of birth, medical record number, account number of the originating contracted entity, test performed, and test charge amount. This report affected 24 patients.</li> <li>3. Master Patient Index (MPI) Activity Report. This report contained changes made to patient demographics, patient name, date of birth,</li> </ol>		<p>2.KMC continues to provide training to all staff in HIPAA Privacy and Security</p> <p>Responsible person(s) : Privacy Officer; ITS Director; Department Managers/Directors; Chief Executive Officer.</p> <p>Monitoring: Privacy audits will be conducted on a monthly basis with environmental round teams including, but not limited to, patient armbands and paperwork being left lying about the facility, employees logging off the computer systems, and PHI on portable devices. Staff will be provided feedback on performance with appropriate</p>	

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9/21/2010

12:38:44PM

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	<p>Continued From page 4</p> <p>address, and social security number on 31 of the reports. This report contained information for 107 patients.</p> <p>4. Late Charge Report. This report contained patient name, date of service, account number, procedure/supply cost. This report contained information for four patients.</p> <p>5. Outpatient Summary Reports. This report contained patient name, medical record number, account number, date of birth, physician, test performed, and results of test. This report contained information for 94 patients.</p> <p>During an interview with the PO, on December 22, 2009, at 1250 PM, she stated some patients were affected by multiple reports and a total of 596 patients were affected by this incident</p> <p>The hospital policy and procedure titled "Confidentiality Policy COM-IM-314" dated October 2007, indicate methods of <b>receiving confidential information must be secure and not accessible to the general public</b> and "Storage of confidential information must be secure, protected from unauthorized access, protected from damage, and includes the following: 1) Locked filing Cabinets 2) Locked Storage Room..."</p> <p>The "Confidentiality Statement" signed by Staff A on October 9, 2008 indicated "It is also your responsibility that, should you have contact with confidential information, to protect records</p>		<p><b>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. Kern Medical Center is currently conducting proactive monitoring environmental rounds to address any HIPAA Privacy or Security issues.</b></p>		

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	Continued From page 5 against loss, destruction, tampering and inappropriate access and use,..."			

EventID:WOYN11 912112010 12:38:44PM

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