**Statement of Deficiencies**

**NAME OF PROVIDER OR SUPPLIER**
SANTA MONICA - UCLA MED CTR & ORTHOPAEDIC

**STREET ADDRESS, CITY, STATE, ZIP CODE**
1250 16TH STREET
SANTA MONICA, CA 90404

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<td>PROVIDER'S PLAN OF CORRECTION</td>
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### E 000 Initial Comments

Surveyor: 17116
The following reflects the findings of the Department of Public Health during a complaint investigation.

Complaint Number CA00143984

Inspection was limited to the specific complaints investigated, and does not represent the findings of a full inspection of the facility.

Representing the Department of Public Health:

[Name], Health Facilities Evaluator, Nursing; HFE III, Supervisor

### E1953 T22 DIV5 CH1 ART7-70707(b)(8) Patients' Rights

(b) A list of these patients' rights shall be posted in both Spanish and English in appropriate places within the hospital so that such rights may be read by patients. This list shall include but not be limited to the patients' rights to:

(8) Confidential treatment of all communications and records pertaining to the care and the stay in the hospital. Written permission shall be obtained before the medical records can be made available to anyone not directly concerned with the care.

This Statute is not met as evidenced by:
Surveyor: 17116
Based on interviews and review of records, the facility failed to maintain the privacy and confidentiality of medical records.
Findings:

Prompted by a newspaper article on 3/15/08, disclosing a breach in patient confidentiality for a well-known individual (Patient A), an investigation was conducted on 3/18/08.

Hospitalized on two (2) separate occasions to 2 different facilities (Facility 1 and Sister Facility 2), Patient A's medical records at Facility 1 were accessed by staff without authorization on each admission.

1. On 9/14/05, Patient A was admitted to Facility 1 for a scheduled procedure. Upon admission, the patient was assigned an alias in anticipation of media publicity of the event, and her medical record was flagged for monitoring.

The facility's information systems audited unauthorized access of Patients A and B's records, and identified the location within the record that was accessed, who accessed it, and the date and the time it was viewed.

Employee 1 reported during an interview on 3/18/08, at 1:10 p.m., that "within minutes" of admission, employees attempted to access Patient A's record, and, shortly afterwards, her infant's (Patient B) record.

Between 9/14/05 and 9/16/05, a total of 19 hospital personnel, and 5 medical staff accessed Patient A's and/or Patient B's medical records without authorization or justification (e.g., in the performance of their job duties).

After reviewing employee files, it was determined that 14 employees were suspended for 2-, 3-, or
E1953 Continued From page 2

4-week periods. Nine (9) employees were either dismissed, retired, resigned, or were "released without cause." The medical staff involved in the incident were disciplined, reprimanded, and/or fined.

2. On 1/31/08, Patient A was admitted to Sister Facility 2 under another alias. The record was again "flagged" for monitoring of access to the patient's record, and audits were planned twice a day.

Employee 2 stated only one of Facility 1's employees attempted to access Patient A's medical record at Sister Facility 2 on 1/31/08, but was only able to access the records for the admission in 2005 at Facility 1. The employee was subsequently dismissed for violating patient confidentiality.

The facility's privacy policy entitled, "Employee Access To and Use of Protected Health Information ("PHI") (Minimum Necessary Standard)" (HS 9421), stipulated, "The viewing...of PHI not needed by an employee to carry out his or her job duties, constitutes an unauthorized disclosure of that information."

A review of the files of the employees and physicians involved in both incidents disclosed all of the individuals had participated in patient privacy training, and/or signed a "Confidentiality Agreement" upon hire promising to access patient care information "only in the performance of my assigned duties and where required by or permitted by law."

A review of the patient's medical records failed to yield documentation that Patient A had given written authorization to permit release of, or give
STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

050112

(X2) MULTIPLE CONSTRUCTION
A. BUILDING ___________________________
B. WING ___________________________

(X3) DATE SURVEY COMPLETED

C 04/04/2008

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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)

E1953 Continued From page 3

access to, any information on either herself or Patient B in 2005 or 2008.

E1953

E2145 T22 DIV5 CH1 ART7-70737(a) Reporting

(a) Reportable Disease or Unusual Occurrences. All cases of reportable diseases shall be reported to the local health officer in accordance with Section 2500, Article 1, Subchapter 4, Chapter 4, Title 17, California Administrative Code. Any occurrence such as epidemic outbreak, poisoning, fire, major accident, disaster, other catastrophe or unusual occurrence which threatens the welfare, safety or health of patients, personnel or visitors shall be reported as soon as reasonably practical, either by telephone or by telegraph, to the local health officer and to the Department. The hospital shall furnish such other pertinent information related to such occurrences as the local health officer or the Department may require.

This Statute is not met as evidenced by:

Surveyor: 17116
Based on interviews and review of records, the facility failed to report the unusual occurrence of a breach of patient confidentiality for 2 patients, on two (2) separate occasions.

Findings:

On 3/15/08, a newspaper article reported personnel at Facility 1 had been disciplined in September, 2005, for unauthorized access of a celebrity's (Patient A) medical record.

An investigation ensued on 3/18/08, at which time
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<td>Continued From page 4 <strong>it was discovered that employees at Facility 1 also accessed Patient A's infant's record (Patient B) in September of 2005. Patient A's records were accessed without authorization by a Facility 1 employee upon admission to Sister Facility 2 on 1/31/08.</strong></td>
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<td><strong>During an interview conducted at on 3/18/08, at 9:15 a.m., administrative personnel disclosed the violation of patient confidentiality was not reported to the Department as an unusual occurrence on either occasion.</strong></td>
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<td><strong>E2191 T22 DIV5 CH1 ART7-70747(a) Medical Records Service</strong> <strong>(a) The hospital shall maintain a medical record service which shall be conveniently located and adequate in size and equipment to facilitate the accurate processing, checking, indexing and filing of all medical records.</strong></td>
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<td><strong>This Statute is not met as evidenced by:</strong> <strong>Surveyor: 05251</strong> <strong>Based on a review of an incident regarding a breach of patient confidentiality and staff interview, the facility failed to maintain a separate and distinct medical record system.</strong></td>
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<td><strong>Findings:</strong> <strong>During an investigation conducted on 3/18/08, Employee 1 described how Facility 1 flagged a selected patient's medical record in order to audit for unauthorized access. Employee 1 explained the audit would identify everyone who accessed any part of the record. When the audit was completed, employees from Facility 1 and Sister Facility 3 were identified.</strong></td>
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During an interview conducted on 4/4/08, Employee 6 confirmed that Facility 1 and Facility 3 shared a common medical record database and medical record system.

E2236
T22 DIV5 CH1 ART7-70751(b) Medical Record Availability

(b) The medical record, including X-ray films, is the property of the hospital and is maintained for the benefit of the patient, the medical staff and the hospital. The hospital shall safeguard the information in the record against loss, defacement, tampering or use by unauthorized persons.

This Statute is not met as evidenced by:
Surveyor: 05251
Based on interviews and record review, the facility failed to safeguard patient medical records against use by unauthorized individuals.

Findings:
Prompted by a newspaper article on 3/15/08, disclosing that medical records of a well known individual were accessed by unauthorized facility staff, an investigation was conducted on 3/18/08. Patient A was admitted to the facility on 9/14/05 and her medical record was flagged for monitoring. The facility's information system audited unauthorized access of Patient A's and Patient B's medical records, and identified the location within the record that was accessed, who accessed it, and the date and time it was viewed by unauthorized individuals.

Employee 1 reported on 3/18/08, at 1:10 p.m.,
that "within minutes" of admission, employees attempted to access Patient A's record, and shortly afterwards, her infant's (Patient B) record. According to the facility's audit, between 9/14/05 and 9/16/05, a total of 19 hospital personnel, and 5 medical staff accessed Patient A's and/or Patient B's medical records without authorization or jurisdiction (e.g. in the performance of their job duties).

After reviewing employee files, it was determined that 14 employees were suspended for 2-, 3-, or 4-week periods. Nine (9) employees were either dismissed, retired, resigned, or were "released without cause." The medical staff involved in the incident were disciplined, reprimanded and/or fined.