



CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  060295	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  05/18/2015
NAME OF PROVIDER OR SUPPLIER <b>MERCY HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE 2215 Truxtun Ave, Bakersfield, CA 93301-3602 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>report any unlawful or unauthorized access to, or use or disclosure of, a patient's medical information to the department no later than five business days after the unlawful or unauthorized access, use, or disclosure has been detected by the clinic, health facility, home health agency, or hospice.</p> <p>Based on interview and record review, the hospital failed to prevent unauthorized access to, or use or disclosure of one patient's (A) protected medical information. This failure resulted in the improper viewing, or disclosure, or use of Patient A's information by an Emergency Department (ED) Licensed Vocational Nurse (LVN 1) who was not assigned to or involved in Patient A's care.</p> <p>Findings:</p> <p>During a review of the ED log dated 3/26/15, Patient A presented to the ED at the general acute care hospital (GACH) at 5:52 PM and was discharged home on 3/27/15, at 12:24 AM. Patient A took the "Opt-Out (a patient data is created and gathered but the data is not allowed to be used)" option during this visit.</p> <p>During an interview with the Quality Department Registered Nurse (QDRN), on 4/28/15, at 10:40 AM, she stated she received a call from Patient A, on 4/8/15, at around 4:30 to 5 PM informing her she wanted to file a complaint against LVN 1 and her ex-husband who happened to be a Certified Nursing Assistant (CNA 1) at the same hospital. The QDRN stated Patient A was upset CNA 1 knew of</p>		<p>Immediate Action Upon notification of the breach of Patient (A's) Personal Healthcare Information (PHI) an investigation was initiated by Mercy Hospital's Compliance Professional.</p> <p>C.N.A. (1) was interviewed and his potential access to Patient (A's) PHI was reviewed.</p> <p>LVN (1) was interviewed and her access to Patient (A's) PHI was reviewed.</p> <p>LVN (1) is no longer employed at Mercy Hospitals of Bakersfield.</p> <p>Patient (A) was notified by Mercy Hospital's Compliance Professional Registered Nurse (CPRN) via certified mail that "We have investigated how this incident occurred and have taken measures to minimize the potential for this to occur in the future."</p>	<p>4/8/2015</p> <p>4/8/2015</p> <p>4/20/2015</p> <p>4/23/2015</p> <p>4/28/2015</p>

Event ID:LRT811

1/11/2016

9:25:35AM

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	<p>her visit in the ED and the circumstances behind the visit. The QDRN stated Patient A provided her CNA 1's full name and LVN 1's first name. QDRN verified the schedule and confirmed LVN 1 was working at the ED when Patient A went in seeking emergency treatment.</p> <p>During a concurrent interview with the Compliance Professional Registered Nurse (CPRN), she stated the hospital conducted an investigation and interviewed LVN 1. She stated LVN 1 went to the ED Registered Nurse in Charge (RN 1) and informed him she recognized Patient A and would prefer not to take care of her. The CPRN stated LVN 1 denied accessing Patient A's medical records at first; but when the audit trail of LVN 1's computer accesses was presented to her, she admitted she had accessed Patient A's records but did not disclose the reasons behind her actions.</p> <p>During a review of the audit trail of LVN 1's unauthorized accesses to Patient A's electronic medical record (EMR), the following were found: a distinct identification number for each access; the date and time; and at two separate computer terminals. LVN 1 had accessed Patient A's EMR twenty-five times on 3/26/15, from 5:52 PM to 11:42 PM during her shift and Patient A's stay. Based on the audit report, LVN 1 accessed patient A's chief complaint, history, laboratory tests and medications.</p> <p>During an interview with Patient A, on 4/29/15, at 4:02 PM, she stated she went to the ED at the hospital because this was the place she always</p>		<p>Systemic Action The Emergency Department staff was sent an email from the ED Manager with policy IM 132 The Medical Record, attached with instructions to review the policy and contact the ED Manager if they have questions.</p> <p>The Emergency Department staff was reeducated during the Daily Huddle "Accessing a patient's medical record is a need to know basis." Staff were directed to review Policy IM:132 The Medical Record.</p> <p>Monitor Mercy Hospital's Compliance Professional or designee will review a minimum of ten (10) employees a month to assure appropriate accessing of patient records. All reports of potential medical record breaches will be investigated in a timely manner with appropriate action taken. The audit will be done monthly until 100% compliance has been achieved for six consecutive months. The Compliance Professional will report all results to Mercy Hospitals Quality Assurance/Utilization Review Committee on a monthly basis.</p> <p>Responsible Parties: Mercy Hospitals Compliance Professional</p>	<p>5/29/2015</p> <p>6/6/2015</p> <p>6/15/2015</p>

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BAKERSFIELD DISTRICT OFFICE  
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	<p>will comply with the hospital's privacy policy. LVN 1 also had a current Confidentiality Agreement Acknowledgement dated 12/30/14.</p> <p>The hospital policy and procedure titled "Corrective Process for Breach of Patient Privacy or Confidentiality," dated 5/3/13, under "Definition", read in part, "Breach of Patient Privacy or Confidentiality occurs when any (name of the corporation) staff member or physician: 1. Uses (accesses or reviews) PHI [protected health information] for any reason not necessary to the individual's role in the provision of care and Treatment, Payment, or Healthcare operations... 2. Discloses (discusses or revels) any individual's PHI for purposes not related to patient care and treatment or other authorized purpose; or 3. Uses or Discloses PHI or confidential information in a manner inconsistent with (Name of the Hospital) Health Facility's privacy and security policies and notices."</p>			

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