The following reflects the findings of the Department of Public Health during a complaint/breach event visit:

Complaint Intake Number:
CA00265628 - Substantiated

Representing the Department of Public Health:
Surveyor ID # 27035, HFEN

The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.

Health and Safety Code Section 1280.15(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.

Penalty number 110010347
A 017 1280.15(a) Health & Safety Code 1280

By signing this document, I am acknowledging receipt of the entire citation packet, Pages 1 thru 6.

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.
(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 investigation, the department shall consider the clinic's, health facility's, agencies, 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 the amount of an administrative penalty pursuant to this section.

Based on interview and record review, the facility failed to prevent intentional unauthorized access and disclosure of Patient 1's medical information when Patient 1's electronic medical record was intentionally accessed by unauthorized facility staff.
This failure allowed the possible unlawful or unauthorized use of some of Patient 1's protected health information.

Findings:

The California Department of Public Health was notified, on 04/12/11, that an intentional breach of protected health information occurred between 04/04/11 and 04/06/11.

Patient 1 was admitted to the facility, on 04/04/11, intubated and unresponsive.

During an interview on 11/02/12 at 4 p.m., Administrative Staff A stated that, on 04/06/11, he became aware that facility staff, which was not responsible for Patient 1's care, knew too much about Patient 1's PHI and determined that Patient 1's electronic medical record had possibly been accessed by unauthorized facility staff.

Administrative Staff A also stated that subsequent investigation determined that Licensed Staff B, Licensed Staff C, Unlicensed Staff D, and Unlicensed Staff E, all of whom had worked together, with Patient 1, for many years at the facility, had intentionally and inappropriately accessed their friend's PHI contrary to facility policy and procedure and their orientation information when hired.

During an interview on 12/12/12 at 9 a.m., Licensed Staff B stated that, "[Patient 1] was a friend and a colleague...and I entered the computer system to..."

### A 017 - Immediate / Follow Up Actions: Abbreviations:

- CMO/COO - Chief Medical Officer / Chief Operating Officer
- HR - Human Resources
- PO - Privacy Officer
- PHI - Protected Health Information
- PT - Physical Therapist
- ST - Speech Therapist

Tag A 017 -

On 4/4/11, a long time hospital employee was admitted to this hospital following a cardiac event at her home. The patient subsequently expired on 4/6/11. An anonymous report to the hospital's Privacy Officer (PO) on 4/8/11 stated concerns of possible inappropriate access to this patient's PHI. An intensive investigation commenced on 4/8/11, was completed on 4/28/11, and including the following:

1. The PO reviewed the details of this event. An audit of the patient's electronic medical record confirmed that 6 staff members, who were not apparently involved in the care of this patient, including one (1) Physical Therapist, one (1) Speech Therapist, one (1) Case management/Social Services Assistant, one (1) Nurse Manager, one Radiation Therapy LVN; and one (1) nursing unit secretary had accessed this patient's electronic medical record.

2. The HR manager, in conjunction with the direct supervisors of the involved employees, conducted separate interviews with each of the involved employees. The following information was gathered during individual interview sessions. Interview sessions were completed on 4/26/11.
see why she was in the Intensive Care Unit... It was an impulsive decision since regretted.

During an interview on 12/12/12 at 10:10 a.m., Licensed Staff C stated that, "I was going on pure emotion mode, was close to the family, and did not think."

During an interview on 12/12/12 at noon, Unlicensed Staff E stated that, "I was not thinking. I was concerned about my friend and looked at her record without malice."

A review of the facility Policy and Procedure for "CONFIDENTIALITY" (02/03/11) reveals the following: "3.0 POLICY The protection of confidential, sensitive, and proprietary information is of critical importance to the facility, its work-force, and its patients. In addition, the safeguarding of patient information from unauthorized, inappropriate, and unlawful use and disclosure is required by law and is consistent with the values of [the facility]. Employees are required to follow all policies and procedures and the facility Standards of Conduct regarding use and disclosure of business patient information, and to comply with all safeguards applicable to the employee's work area and the employee's scope of duty in order to ensure that business and patient information is safeguarded at all times... 1.1.2 The employee will only use and disclose that patient information that is minimally necessary in order to accomplish the intended purpose of the use or disclosure... 1.1.3 The employee will follow all [facility] policies and procedures and [the facility's] Standards of Conduct

A. Interview with the PT:
   a. the patient was a close friend
   b. looking at the record was an "emotional response"
   c. she knew looking into this patient's record was wrong
   d. this is something she would never do again
   e. there was no malice or ill intent
   f. she did not use or share PHI with anyone inside or outside of the organization
   g. she acknowledged understanding of hospital policies prohibiting unauthorized access to PHI
   h. she acknowledged receiving and understanding education regarding privacy regulations including regulations prohibiting unauthorized access to patient PHI
   i. This was a 15 yr. employee with exceptional performance evaluations and no previous corrective actions.

B. Interview with ST:
   a. Stated that she had entered the record in error; "clicked on the record by mistake" and was "in and out" of the record as soon as she realized she was in the incorrect record.
   b. She did not know the patient
   c. She did not know the patient was an employee
   d. She was remorseful for not accessing the correct record
   e. There was no malice or ill intent
   f. She did not use or share any patient's PHI
   g. She acknowledged understanding of hospital policies prohibiting unauthorized access to PHI...
and take all precautions to prevent any intentional or unintentional use or disclosure of any trade secrets or confidential information about the facility, its employees, and its programs.

A review of [the facility] Corporate Responsibility Program Handbook (Employee Compliance Handbook-v 4.9) reveals the following: "All medical records and any other information that has the potential to identify an individual, in any form, whether electronic, on paper, or oral is considered protected health information ("PHI"). This includes any information that relates to the past, present, or future physical or mental health or condition of an individual (patient); that care has been provided to an individual (such as whether or not the individual is at the hospital receiving treatment or has been in the hospital) Avoid unnecessary discussions about patients outside of treatment rooms, elevators, reception areas or any other room used by the general public... The patient must authorize the use and disclosure of their health information for any non-routine disclosures and most non-health care related purposes... You may not access any medical record, including your own or family member unless it is required in order to perform your job.

A review of the facility Policy and Procedure for "PROTECTED HEALTH INFORMATION, USE & DISCLOSURE: IMPROPER ACCESS OR USE, CALIFORNIA NOTIFICATION & REPORTING REQUIREMENTS" (11/1/11) reveals the following: "1.0 DEFINITIONS... Unauthorized access, review or viewing of patient PHI.

h. She acknowledged receiving and understanding education regarding privacy regulations including regulations prohibiting unauthorized access to patients PHI.

i. This was a 15 yr. employee with exceptional performance evaluations and no previous corrective actions.

C. Interview with Case Management /Social Services Assistant:

a. Stated that she did not have a referral for discharge so would not have entered the record.

b. She did not know the patient personally.

c. She does not remember when she found out about this patient event.

d. She stated she regularly leaves her workstation without logging off, and is sometimes away from her desk for extended periods of time.

e. There was no malice or ill intent.

f. Denied accessing, using or sharing any patient's PHI.

g. She acknowledged understanding of hospital policies prohibiting unauthorized access to PHI, minimum necessary rule, and expectations to log off a computer before leaving a workstation.

h. She acknowledged receiving and understanding education regarding privacy regulations including regulations prohibiting unauthorized access to patients PHI, minimum necessary standard, and expectations to log off the computer before leaving a workstation.
医疗信息无直接用于医疗诊断、治疗或其他合法用途的必要。根据加利福尼亚州医疗信息保密法，4.2通知病人或病人家属。[该设施]将提供书面通知给受影响的病人或其代表，以及在其最后一次已知地址后的五天内。在非法或未经授权访问、使用或披露之后。a. 病人是同事
b. 她想知道病人的情况
c. 她告诉她的工作人员病人在ICU；但没有分享为什么
   d. 她知道查看病人的记录不是正确的方式。以了解病人的情况。
   e. 这是她永远不会再次做的事情。
   f. 这没有恶意。
   g. 她承认理解医院政策禁止未经授权访问病人信息。
   h. 她承认收到并理解隐私法规禁止未经授权访问病人信息。

E. 与放射治疗治疗师访谈：
   a. 病人是同事
   b. 她想知道病人的情况
   c. 她没有使用或分享病人信息
   d. 她知道她不应该查看病人的记录
   e. 这是她永远不会再次做的事情。
### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix Tag</th>
<th>Each Deficiency Must Be Preceded by Full Regulatory or LSC Identifying Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>medical information without a direct need for medical diagnosis, treatment, or other lawful use as permitted by the California Confidentiality of Medical Information Act.... Notice to the Patient or Patient's Representative. [The facility] will provide written notification... to the affected patient or to the patient's representative at his or her known address within five business days after the unlawful or unauthorized access, use or disclosure has been detected (sic). A patient has a &quot;patient representative&quot; if the patient is a minor or is an adult lacking the capacity to make health care decisions.</td>
</tr>
</tbody>
</table>

### Provider's Plan of Correction

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix Tag</th>
<th>Each Corrective Action Should Be Cross-Referenced to the Appropriate Deficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>i. there was no malice or ill intent</td>
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<td></td>
<td></td>
<td>g. she acknowledged understanding of hospital policies prohibiting unauthorized access to PHI.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>h. she acknowledged receiving and understanding education regarding privacy regulations including regulation prohibiting unauthorized access to patients PHI.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>i. This was a 21-yr. employee with above target performance evaluations and no previous corrective actions.</td>
</tr>
</tbody>
</table>

F. Interview with Nursing Unit Secretary:

- a. the patient was a co-worker
- b. wanted to know how the patient was doing and why she was in ICU
- c. did not use or share PHI
- d. she knew she should not have looked into the patient's record
- e. this is something she would never do again
- f. there was no malice or ill intent
- g. she acknowledged understanding of hospital policies prohibiting unauthorized access to PHI. |

- h. she acknowledged receiving and understanding education regarding privacy regulations including regulation prohibiting unauthorized access to patients PHI. |
- i. This was an 8-yr. employee with above target performance evaluations and no previous corrective actions. |

3. Going forth, the PO will participate in staff interviews applicable to privacy events as necessary.

4. All of the involved employees have a signed "Confidentiality Agreement for employees" on file.
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:**

050009

**NAME OF PROVIDER OR SUPPLIER**

Queen of the Valley Medical Center

**STREET ADDRESS, CITY, STATE, ZIP CODE**

1000 Trancas St, Napa, CA 94558-2906 NAPA COUNTY

**MULTIPLE CONSTRUCTION**

A. BUILDING

B. WING

**DATE SURVEY COMPLETED**

12/12/2013

**SUMMARY STATEMENT OF DEFICIENCIES**

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hospital policy titled, &quot;Confidentiality Policy&quot; was in effect at the time of this event. Requirements of this policy include:</td>
<td>12/15/13</td>
</tr>
<tr>
<td></td>
<td>A. Pg.2. 1.1.4 - the employee will comply with physical, technical, and administrative safeguards.....</td>
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<td></td>
<td>B. Pg.2. 1.1.5 - the employee will not use access to PHI, areas containing such information for purposes other than those necessary to perform his/her job function.</td>
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<tr>
<td></td>
<td>C. The employee will not share access passwords to computer terminals .......</td>
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<td></td>
<td>In this case, it was determined that elements of this hospital policy were not followed. Specifically, 4 employees accessed a patient's PHI for purposes other than those necessary to perform his/her job function; 1 employee failed to log off of a workstation that may have allowed unauthorized access to PHI from that workstation; and 1 employee may have inadvertently accessed PHI. Immediate measures to prevent re-occurrence commenced on 5/6/11 including:</td>
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<td>D. Verbal and written counseling, including reinforcement education regarding privacy policies, laws, and regulations, and 7-day unpaid suspension for 1 employee/ nurse manager</td>
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<tr>
<td></td>
<td>E. Verbal and written counseling, including reinforcement education regarding privacy policies, laws, and regulations, and 3-day unpaid suspension for 3 employees (PT, LVN, and Unit Sec).</td>
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<tr>
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<td>F. Verbal and written counseling, including reinforcement education regarding privacy policies, laws, and regulations for 2 employees (Case Management/SS Assist &amp; ST)</td>
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</tbody>
</table>

**Event ID:** SLLZ11

12/14/2013 9:35:20AM

**Extra Page Inserted**
CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

050009

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

B. WING

(X3) DATE SURVEY COMPLETED

12/12/2013

NAME OF PROVIDER OR SUPPLIER
Queen of the Valley Medical Center

STREET ADDRESS, CITY, STATE, ZIP CODE
1000 Trancas St, Napa, CA 94558-2906 NAPA 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-REFERENCES TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETE DATE

medical information without a direct need for medical diagnosis, treatment, or other lawful use as permitted by the California Confidentiality of Medical Information Act... 4.2 Notice to the Patient or Patient's Representative. [The facility] will provide written notification to the affected patient or to the patient's representative at his or her last known address within five business days after the unlawful or unauthorized access, use or disclosure has been detected (sic). A patient has a "patient representative" if the patient is a minor or is an adult lacking the capacity to make health care decisions.

6. All hospital employees are required to complete annual HealthStream (HS) modules which include education regarding Confidentiality, HIPAA, and Patient Rights. Per hospital policy titled Orientation, Education, and Training, The First instance in a consecutive ten-year period that an employee fails to complete any required orientation, education or training program by the deadline set forth, that employee will be suspended from work until proof of completion is provided. Additionally, the employee may also receive a written warning and may be subject to further disciplinary action up to and including termination if they remain noncompliant greater than thirty (30) days.

7. On or about 6/2011, an employee handbook was created and distributed to staff in all clinical areas of the hospital. Pg. 22 - 23 includes written information regarding patient confidentiality, HIPAA, and Privacy Laws.

8. This 2567 report was received by the hospital on 11/25/14, therefore, re-education via a Durable Diamond was distributed to all hospital staff to re-emphasize employee's responsibility to safeguard patient's PHI and that access to PHI is on a need to know basis only. In general, if staff are not responsible for the treatment of the individual, or they do not need the information to do their job, they must not be accessing the PHI.

Event ID: SLLZ11

11/14/2014 9:35:20AM

Extra Page Inserted
monitoring process: the hospital PO conducted random audits utilizing the PO audit report tool, to identify inappropriate access to PHI via the electronic medical record. Audits commenced on 6/20/11. A total of 6 audits were conducted in 6/2011; 4 audits were conducted in 7/2011; 3 audits were conducted in 8/2011, and 3 audits were conducted in 9/2011; 3 audits were conducted in 12/2011; and 3 audits were conducted in 3/2012. All audits resulted in 100% compliance. The above medical records audits included samples from various departments and shifts. Quarterly audits will continue to be integrated into the hospital’s quality assurance program.

Responsible Persons: Hospital Privacy Officer

Actions for the above Plan of Correction will be evaluated for effectiveness. Audit data and analysis will be reported to involved staff as applicable, Patient Safety Council, Administration, Nursing Leadership, MSQC, MSEC, CQC and BOT for tracking, improvements.