

10/10/14 POC accepted, spoke to Ann - TK

PRINTED: 10/02/2014
FORM APPROVED

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070000147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/02/2014
NAME OF PROVIDER OR SUPPLIER SALINAS VALLEY MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 450 EAST ROMIE LANE SALINAS, CA 93901		
(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
A 001	Informed Medical Breach Health and Safety Code Section 1280.15 (b)(2), "A clinic, health facility, agency, or hospice shall also report any unlawful or unauthorized access to, or use or disclosure of, a patient's medical information to the affected patient or the patient's representative at the last known address, no later than five business days after the unlawful or unauthorized access, use, or disclosure has been detected by the clinic, health facility, agency, or hospice." The CDPH verified that the facility informed the affected patient(s) or the patient's representative(s) of the unlawful or unauthorized access, use or disclosure of the patient's medical information.	A 001	HSC Section 1280.15 (b)(2) a. Corrective Action Accomplished for Affected Patient 1. The patient affected was notified of the inappropriate disclosure and the RN, Oncology Nurse Navigator/ Clinical Nurse Specialist, involved with incident was counseled and terminated. See Attachment #1. b. Corrective Action Accomplished for the Potentially Affected Patient (Population) 1. The Hospital Privacy Official revised the Rapid Regulations Healthstream Module to include the importance of not accessing patient records unless they are involved in care of the patient or have a "need to know" the patient health information. See Attachment #2.	8/02/13
A 000	Initial Comment The following reflects the findings of the California Department of Public Health during the investigation of an entity reported incident conducted from 8/29/14 to 9/2/14. For Entity Reported Incident CA00364244, regarding State Monitoring, Intentional Breach of Patient Health Information (PHI) by Health Care Worker, one State deficiency was identified (see California Health and Safety Code, Section 1280.15(a)). Inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the hospital. Representing the California Department of Public	A 000		9/16/14

CALIFORNIA DEPARTMENT
OF PUBLIC HEALTH

OCT - 9 2014

L & C DIVISION
SAN JOSE

Licensing and Certification Division
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 000	Continued From page 1 Health: 32398, Health Facilities Evaluator Nurse. The hospital detected the Breach of Patient's Health Information (PHI) on 7/30/13. The hospital reported the Breach of PHI to the Department on 8/1/13. The hospital notified Patient 1 of the Breach of PHI on 8/1/13.	A 000	2. The Hospital Privacy Official reviewed the hospital's policy on "Release of Patient Information (RI #989)" and "Uses and Disclosure of Protected Health Information (IM #893)" to ensure clarity of expectations of staff on release of information. No revisions needed or revisions were made. See Attachment #3. c. Immediate Measures and Systemic Changes put into Place 1. Immediately upon notification of deficiency, Sr. Administrative Director of Patient Care Services required Cancer Resource Center Staff to complete a Healthstream E-learning module to confirm staff understands the appropriate procedure for release of patient information and methods of protecting patient information. See Attachment #4.	9/16/14
A 017	1280.15(a) Health & Safety Code 1280 (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, agency's, 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.	A 017		7/31/14

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A 017	<p>Continued From page 2</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the hospital failed to prevent the unauthorized disclosure of patient health information (PHI) for one of two sampled patients (1), when a hospital staff member (ONN) intentionally accessed Patient 1's electronic medical record without authorization or a job related need. The failure resulted in disclosure of Patient 1's PHI to an unauthorized individual. Findings:</p> <p>The California Department of Public Health received a faxed report on 8/1/13, which indicated ONN had accessed the electronic medical record of a patient who was not ONN's patient. ONN had accessed Patient 1's electronic medical record because she was curious. A subsequent report dated 8/5/13 indicated, after an internal investigation, the hospital identified ONN had accessed Patient 1's medical record. ONN had not cared for Patient 1, nor had a business related reason to access Patient 1's electronic medical record.</p> <p>During an interview on 8/29/14 at 10:25 a.m., the compliance officer (CO) stated that on 7/30/13 ONN had accessed Patient 1's electronic medical record, and a coworker had notified the privacy officer of the unauthorized access of Patient 1's electronic medical record.</p> <p>During an interview on 8/29/14 at 11:50 a.m., the human resources director (HRD) stated ONN had accessed the electronic medical record of Patient 1 who was not being cared for by ONN. HRD stated she had interviewed ONN. ONN stated</p>	A 017	<p>d. Monitoring Process</p> <p>1. A monthly random audit of 5 staff on each unit was implemented for the next 30 days by the Hospital Privacy Official or designee, to ensure staff can articulate the appropriate procedure for release of patient information and methods of protecting patient information. Results of these audits will be reported to the CNO and Senior Administrative Director of Regulatory Compliance and Organizational Improvement and at the Quality and Safety Meeting in November 2014. See Attachment #5.</p> <p>Responsible Person: Director of HIM/ Hospital Privacy Official</p>	9/16/14

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A 017	<p>Continued From page 3</p> <p>she had accessed Patient 1's electronic medical record because she was curious. HRD then stated ONN was no longer an employee of the hospital. HRD further stated the audit indicated ONN had only accessed Patient 1's record one time.</p> <p>During an interview on 9/2/14 at 11:30 a.m., ONN stated Patient 1 had come to the office for a nonbusiness related reason. After she had left, ONN's two coworkers had negative feelings about Patient 1. ONN stated she looked into Patient 1's electronic medical record to collaborate the feelings of her coworkers. ONN stated she looked into Patient 1's medical record history to find out what kind of person she was, look for any emergency room visits, but could only find appointments for preventative care. ONN confirmed she had no business related reason to access Patient 1's medical record. ONN stated she told her coworkers her findings, and they told CO that ONN had accessed Patient 1's medical record.</p> <p>A review of a copy of a letter dated 8/1/13 from the hospital to Patient 1 indicated there had been a report to the privacy officer ONN had accessed Patient 1's electronic medical record. An audit of Patient 1's electronic medical record confirmed the unauthorized access of Patient 1's electronic medical record by ONN.</p> <p>A review of a copy of an internal audit dated 7/30/13 indicated ONN had accessed Patient 1's electronic medical record on 7/30/13 using Patient 1's account number and Patient 1's plan of care, radiation reports and files, medical reports, and select visits had been disclosed.</p> <p>A review of a copy of the hospital's 10/28/11</p>	A 017		

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A 017	Continued From page 4 "Minimum Necessary Disclosure of Protected Health Information" policy indicated each employee may only access the minimum information necessary to perform their designated roles regardless of the extent of access provided. A review of a copy of the hospital's 4/23/10 "Uses and Disclosures of Protected Health Information - General Rule" policy indicated requests for individual healthcare information are limited to individuals who need the information to carry out patient care duties, to perform a specific type of work, or complete a function.	A 017		