

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050454	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2015
NAME OF PROVIDER OR SUPPLIER UCSF Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 805 Parnassus Ave, San Francisco, CA 94143-2204 SAN FRANCISCO 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)	(X6) COMPLETE DATE
	<p>The following reflects the findings of the Department of Public Health during a complaint/breach event visit:</p> <p>Complaint Intake Number: CA00456226 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 25730, HFEN</p> <p>The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.</p> <p>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.</p> <p>For purposes of the investigation, the department shall consider the clinic's, health facility's, agency's, or hospice's history of compliance with</p>		<p>The statements made on this Plan of Correction are not an admission and do not constitute agreement with the alleged deficiencies herein. This Plan of Correction constitutes UCSF Medical Center's written credible allegation of compliance for the deficiencies noted.</p> <p>JUN - 2 2016</p> <p><i>POC accepted</i></p>	

Event ID: OEDD11 5/23/2016 11:29:22AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Rafael Padua* TITLE: *Regulatory Manager* (X6) DATE: *6/2/16*

By signing this document, I am acknowledging receipt of the entire citation packet, *Pages 1 thru 8*

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.

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	<p>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 whether to investigate and the amount of an administrative penalty, if any, pursuant to this section.</p> <p>This RULE is not met as evidenced by:</p> <p>Based on interview and record review, the hospital failed to ensure that patient's confidential medical information was not accessed by unauthorized individuals and was not spread to other unauthorized recipients when, on 7/27/15, a staff Registered Nurse (RN 1) recognized Patient 1 as a colleague and accessed Patient 1's medical record without authorization or business justification. RN 1 then posted some of Patient 1's protected health information on a Facebook page which she sent to at least two other colleagues of Patient 1.</p> <p>Findings:</p> <p>During an interview on 9/9/15 at approximately 1:00 PM, the hospital's Privacy Analyst (PA 1) stated that the hospital was notified of the Facebook</p>		<p>Plan of Correction:</p> <p>Upon UCSF notification of the event, the involved staff member, who had previously completed Privacy training, was contacted and instructed to remove the Facebook posting immediately. The involved staff member complied with this request.</p> <p>The involved staff member was placed on leave.</p> <p>An audit was conducted to determine if the staff member had accessed the medical record for this patient.</p> <p>The involved staff member resigned her position on September 22, 2015.</p> <p>Monitoring Plan:</p> <p>The Privacy Office has oversight of privacy breaches and takes prompt action to investigate events. The Privacy Office works with the involved parties to ensure an appropriate mitigation has been put in place.</p> <p>This information is reported to the Privacy Compliance Steering Committee quarterly.</p> <p>Responsible Parties: Chief Privacy Officer</p>	<p>7/28/15</p> <p>8/24/15</p> <p>8/27/15</p> <p>9/22/15</p> <p>Ongoing</p> <p>Quarterly</p>

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	<p>posting on 7/28/15.</p> <p>The hospital's Accreditation and Licensing Manager (ALM) was also present during this interview. ALM said that the Nurse Manager (NM) of Patient 1's Nursing Unit received an anonymous telephone message on 7/28/15, notifying the NM of the Facebook posting.</p> <p>PA 1 went on to say that RN 1 was a current employee at the hospital, and Patient 1 was a former employee who had worked with RN 1.</p> <p>PA 1 stated that after notification, the Human Resources Department contacted RN 1 and requested that the Facebook posting be removed and RN 1 complied immediately.</p> <p>Record review of the posting demonstrated that RN 1 had written "Hope not to be violating any HIPPA laws, but welcomed our old friend/coworker, (Patient 1's first name and last name initial), into the unit yesterday with BS (blood sugar) >1000 (greater than 1000). Though not real with it, she said she remembered me!" Two people responded to the posting, one of whom requested further information on Patient 1's location in the hospital. RN 1 replied to this and told that person that Patient 1 had been admitted to a specific Nursing Unit at the hospital.</p> <p>As the interview continued, PA 1 stated that RN 1 had completed all the required Privacy training courses at the hospital.</p>			

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	<p>On 9/18/15, ALM provided a faxed copy of RN 1's training records which indicated RN 1 had completed the hospital's "Privacy and Security Briefing" on 9/7/14.</p> <p>PA 1 continued the interview and stated that because of the nature of the medical information posted on Facebook, he (PA 1) requested the Information Technology Department (IT) to run an audit of Patient 1's Electronic Medical Record (EMR) to see if RN 1 had accessed the EMR of Patient 1. PA 1 said the audit showed that RN 1 had accessed Patient 1's EMR on 7/26/15 without authorization and without a business justification.</p> <p>A faxed copy of this audit was received by CDPH on 9/18/15. This document indicated that on 7/26/15 between 5:02 PM and 6:27 PM, RN 1 had reviewed seventeen fields in Patient 1's EMR. These fields included reports such as laboratory results, and clinical notes such as physician progress reports.</p> <p>PA 1 stated that RN 1 was not available for interview because she had been placed on leave during the investigation.</p> <p>In a telephone interview with ALM on 10/7/15 at 2:30 PM, ALM stated the hospital did not have an attestation from RN 1 admitting guilt for the information breach but ALM stated that RN 1 had resigned her position at the hospital on 9/22/15.</p> <p>The hospital's policy and procedure "Confidentiality,</p>			

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	<p>Access, Use, and Disclosure of Protected Health Information and Patient Privacy" dated 2/13, stated "(The hospital name) respects these rights (access and privacy) and recognizes that Protected Health Information is confidential and that the patient's right to privacy and confidentiality shall be protected."</p> <p>The hospital failed to ensure the confidentiality of Protected Health Information and personal medical information when a staff member (RN 1) accessed Patient 1's electronic medical record without authorization or business justification and shared this information with other unauthorized individuals through RN 1's Facebook account.</p> <p>The employee's action to access the patient's medical information for improper purposes violated Health and Safety Code 1280.15 and is therefore subject to the applicable civil penalty assessment.</p> <p>Health and Safety Code Section 1280.15 (b)(2) (b)(2) Subject to subdivision (c), a clinic, health facility, home health 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, or by an alternative means or at an alternative location as specified by the patient or the patient's representative in writing pursuant to Section 164.522(b) of Title 45 of the Code of Federal Regulations, no later than 15 business days after</p>		<p>Plan of Correction: The patient in this case was a former employee, and due to an overabundance of caution regarding the patient's medical condition, attempts were made to contact the patient via telephone by UCSF staff prior to sending the notification letter.</p> <p>When these attempts were unsuccessful, a letter was mailed to the patient mailed on August 28, 2015.</p> <p>The Privacy Department will not delay patient notification and notify the patient of a privacy breach within fifteen business days.</p> <p>Monitoring Plan: The Privacy Office and the Regulatory Affairs Office monitor the timeliness of CDPH and patient notification on an ongoing basis.</p> <p>Responsible Parties: Director of Regulatory Affairs and Patient Safety Chief Privacy Officer</p>	<p>8/11/15 8/14-17 2015 8/18/15, 8/21/15</p> <p>8/28/15</p> <p>9/15/15</p> <p>Ongoing</p>

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	<p>the unlawful or unauthorized access, use, or disclosure has been detected by the clinic, health facility, home health agency, or hospice. Notice may be provided by email only if the patient has previously agreed in writing to electronic notice by email.</p> <p>This RULE is not met as evidenced by:</p> <p>Based on interview and record review, Patient 1 was not notified of the breach of her medical information within the fifteen days required by the regulations.</p> <p>Findings:</p> <p>During an interview on 8/15/15 at approximately 1:00 PM, the hospital's Accreditation and Licensing Manager (ALM) and the Privacy Analyst (PA 1) indicated that the hospital became aware of the breach on 7/28/15. They stated that due to an overabundance of caution for Patient 1's clinical condition, they were unable to notify Patient 1, a former employee, personally about the breach. A letter notifying Patient 1 was eventually sent to her on 8/28/15.</p> <p>Record review indicated a faxed copy of the letter notifying Patient 1 was dated 8/28/15. The hospital was ten (10) days late in notifying Patient 1 of the breach of her medical information.</p>		<p>Plan of Correction: The patient in this case was a former employee, and due to an overabundance of caution regarding the patient's medical condition, attempts were made to contact the patient via telephone by UCSF staff prior to sending the notification letter.</p> <p>When this was unsuccessful, a letter was sent to the patient on August 28, 2015.</p> <p>CDPH notice was delayed until the patient notification occurred, the Regulatory Affairs Department will not delay CDPH notification and notify CDPH of a privacy breach within fifteen business days.</p> <p>Monitoring Plan The Privacy Office and the Regulatory Affairs Office monitor the timeliness of CDPH and patient notification on an ongoing basis.</p> <p>Responsible Parties: Director of Regulatory Affairs and Patient Safety Chief Privacy Officer</p>	<p>8/11/15, 8/14-17 2015 8/18/15, 8/21/15</p> <p>8/28/15</p> <p>9/15/15</p> <p>Ongoing</p>

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	<p>Health & Safety Code 1280.15(b)(1) (b) (1) A clinic, health facility, home health agency, or hospice to which subdivision (a) applies shall report any unlawful or unauthorized access to, or use or disclosure of, a patient's medical information to the department no later than 15 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>This RULE: is not met as evidenced by:</p> <p>Based on interview and record review, the hospital failed to notify the California Department of Public Health (CDPH) of the breach of Patient 1's medical information within the fifteen days required by the regulations.</p> <p>Findings:</p> <p>During an interview on 8/15/16 at approximately 1:00 PM, the facility's Accreditation and Licensing Manager (ALM) and the Privacy Analyst (PA 1) indicated that the hospital became aware of the breach on 7/28/16. They acknowledged that the report to the CDPH was not faxed until 8/28/16.</p> <p>Record review indicated a faxed copy of this notice</p>			

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Jun. 2. 2016 2:09PM

UCSF MEDICAL CENTER

No. 0593 P. 12

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	which was time stamped 8/28/15 at 2:20 PM. The hospital was ten (10) days late in notifying CDPH of the breach of Patient 1's medical information.			

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