

Dec. 6. 2010 2:45PM

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ACCEPTED
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No. 8068 P. 2

PRINTED: 10/28/2010
FORM APPROVED

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA930000002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/29/2010
NAME OF PROVIDER OR SUPPLIER CALIFORNIA HOSPITAL MEDICAL CENTER LA			STREET ADDRESS, CITY, STATE, ZIP CODE 1401 SOUTH GRAND AVENUE LOS ANGELES, CA 90015		
(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	
E 000	Initial Comments The following reflects the findings of the Department of Public Health during an investigation of an Entity Reported Event. Entity Reported Incident Number: CA00230483. Representing the Department of Public Health: [REDACTED] HFEN. The inspection was limited to the specific adverse 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, 1726, 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.	E 000			
E1963	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	E1963			

Planning and Certification Division

[Signature]
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

000 TITLE 12-6-10

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER CALIFORNIA HOSPITAL MEDICAL CENTER LA		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 SOUTH GRAND AVENUE LOS ANGELES, CA 90015	
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E 000	<p>Initial Comments</p> <p>The following reflects the findings of the Department of Public Health during an Investigation of an Entity Reported Event.</p> <p>Entity Reported Incident Number: CA00230483.</p> <p>Representing the Department of Public Health:</p> <p>██████████, HFEN.</p> <p>The inspection was limited to the specific adverse 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>	E 000	
E1953	T22 DIV5 CH1 ART7-70707(b)(B) Patients' Rights	E1953	
	(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		

Licensing and Certification Division

TITLE (X5) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

California Department of Public Health

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E1953	Continued From page 1 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: Based on interview and record review, the facility failed to maintain confidential treatment of personal records for 102 patients. A facility staff member accessed 102 patients' personal information of which contained demographic data, social security numbers, and insurance policy numbers. The facility's staff member used her authorized access of the facility's patient information systems in an unauthorized manner, whereby the staff member sold the patients' confidential information to an individual not associated with the facility. Findings: On June 4, [redacted], an unannounced visit was made to the facility to investigate a breach of patients' confidential information. The Department received a letter from the facility dated May 26, [redacted], which indicated the facility may have detected the unauthorized disclosure of medical information for 102 patients. According to the letter, the police department discovered patient "face sheets and other medical information that contained the demographic, financial, and some diagnostic information of	E1953	California Hospital Medical Center (CHMC) respects our patients' privacy rights and provides confidential treatment of all communications and records pertaining to their care and stay in the hospital. On May 20, 2010, when notified of the theft of patient protected healthcare information from the facility, CHMC employees immediately went to the police station to retrieve and analyze stolen documents. Documents were brought back to the facility and audit logs were run to identify the individual involved in the theft. Analysis of the documents showed that all belonged to Medicare recipients. These documents were allegedly sold to an entity that had no business dealings of other relationship with CHMC. Within 24 hours a suspect individual was identified and immediately suspended from employment to protect the privacy rights of other patients. All electronic access to computer systems for this individual was removed. The crime was reported to both State and Federal law enforcement and regulatory agencies. Documentary evidence was handed over to the Federal Bureau of Investigations.	5/22/2010 6/20/2010

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NAME OF PROVIDER OR SUPPLIER CALIFORNIA HOSPITAL MEDICAL CENTER L ^A			STREET ADDRESS, CITY, STATE, ZIP CODE 1401 SOUTH GRAND AVENUE LOS ANGELES, CA 90015		
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E1953	Continued From page 3 During an interview conducted on June 4, 2010 at 12:14 p.m., Staff C, the director of access care, stated Staff A was employed as a patient account representative which granted Staff A access to the computer systems that contained the patients' information. According to Staff C, Staff A's access to the computer systems was granted for her to perform her job duties. A review of an Annual Safety and Regulatory Update Certificate dated September 19, 2007, indicated Staff A had successfully passed a health insurance portability and accountability act (HIPAA; rules that protect a patient's individual identifiable health information) training course. An Acknowledgement Form to Comply with [the facility's] Network Usage Policy, signed by Staff A on September 9, 2008, indicated Staff A would comply with the policy which stipulated the prohibition of accessing and/or disclosing patient's confidential information. A review of Staff A's written statement dated May 21, 2010, indicated the paper work (patients' face sheets) shown to her was printed by her (Staff A). According to the written statement, Staff A printed the patient's face sheet and sold them to an individual not associated with the facility for five (5) dollars per face sheet. On July 29, 2010 at 3:10 p.m., during an interview, Staff D stated all 102 patient face sheets that were found in the suspect's vehicle were accessed and sold by Staff A. According to a Notice of Termination letter, Staff A was terminated from employment on May 27, 2010. The letter indicated Staff A provided a "statement of admission that [she] stole and sold hospital property that included patient protected	E1953	The suspect employee remained on suspension until final termination following the completion of the investigation. Mandated annual employee updates include a review of patient privacy rights and a review and signage of the Network User Policy. This is overseen annually by the Director of Human Resources	08/11/2010	Annually

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E1953	<p>Continued From page 4</p> <p>health information." Staff A violated the facility's breach of confidence standard by the release of "confidential, proprietary, or harmful information concerning the [facility's] patients to unauthorized persons." Staff A was terminated for "the theft of [facility] property and violations of Federal and State laws regarding patient privacy protection."</p> <p>A review of the facility's policy and procedure titled, "Network User Policy" dated April 13, 2009, stipulated the facility's employees are to protect patients' health information. The policy indicated employee's were prohibited from disclosing confidential information that was not within the scope of the employees duties and responsibilities.</p> <p>Staff A's violation of the facility's Network User Policy by accessing and using patient information in an unauthorized manner, where by the patients' protected health information was sold to an individual not associated to the facility, led to the breach of 102 patients' protected health information and a violation of Health and Safety Code Section 1280.18(a).</p>	E1953	