

2/12/15 POC accepted - TLL  
Dir notified

PRINTED: 11/18/2014  
FORM APPROVED

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  CA070001349	(X2) MULTIPLE CONSTRUCTION A. BUILDING: CALIFORNIA DEPARTMENT OF PUBLIC HEALTH B. WING: _____	(X3) DATE SURVEY COMPLETED  C 10/20/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER: LUCILE SALTER PACKARD CHILDREN'S HSP.  
STREET ADDRESS, CITY, STATE, ZIP CODE: 725 WELCH ROAD PALO ALTO, CA 94304  
FEB 12 2015  
L & C DIVISION SAN JOSE

(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	<p><b>Informed Medical Breach</b></p> <p>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."</p> <p>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.</p>	A 001	<p><b>Background</b></p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This plan of correction is prepared and/or executed solely because it is required by state law.</p> <p>The hospital did not report to the California Department of Public Health (CDPH) that a Breach of patient health information occurred. Rather, the hospital, in an abundance of caution, notified CDPH within five business days of a "possible" incident under Health and Safety Code Section 1280.15. In an abundance of caution, the patient was promptly notified of the incident, but over a year and a half later, the patient has not complained of any harm.</p>	
A 000	<p><b>Initial Comment</b></p> <p>The following reflects the findings of the California Department of Public Health during the investigation of an entity reported incident conducted from 8/18/14 to 10/20/14.</p> <p>For Entity Reported Incident CA00349867, regarding State Monitoring Privacy Breach to entities outside hospital, one State deficiency was identified (see California Health and Safety Code, Section 1280.15(a)).</p> <p>Inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the hospital.</p> <p>Representing the California Department of Public Health: 32398, Health Facilities Evaluator Nurse.</p>	A 000		

Licensing and Certification Division  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Alonna Haysler* TITLE: \_\_\_\_\_ DATE: 2/12/2015  
STATE FORM 0059 QDKM11 If continuation sheet 1 of 5

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  CA070001349	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/20/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  LUCILE SALTER PACKARD CHILDREN'S HSP.	STREET ADDRESS, CITY, STATE, ZIP CODE 725 WELCH ROAD PALO ALTO, CA 94304
---	--

(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 000	Continued From page 1  The hospital detected the Breach of Patient's Health Information (PHI) on 3/25/13. The hospital reported the Breach of PHI to the Department on 4/1/13. The hospital notified Patient 1 of the Breach of PHI on 4/1/13.	A 000	There remains no evidence of actual inappropriate access to, use or disclosure of the patient's health information to date. The hospital's thorough investigation revealed that a single email, which was inadvertently misdirected, was recalled expeditiously and then promptly deleted from the server at the hospital's direction. The email was sent after normal business hours for those on the recipient list, significantly decreasing the likelihood of access. The limited claim information mostly demographic was contained in an attachment (not the email itself), which also significantly reduced the likelihood of access, especially for a recalled email. The possible recipients were other health care providers and vendors who are legally obligated to protect the confidentiality of patient information.	
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		

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA070001349</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/20/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>LUCILE SALTER PACKARD CHILDREN'S HSP,</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>725 WELCH ROAD PALO ALTO, CA 94304</b>		
(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
A017	Continued From page 2  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 one sampled patient (1), when a pediatric patient's (Patient 1) claim form was inadvertently emailed to a group distribution list. The failure resulted in the disclosure of Patient 1's PHI to unauthorized entities. Findings:  The California Department of Public Health received a faxed report on 4/1/13, which indicated, on 3/27/13 a single claim form which contained Patient 1's name, address, telephone number, insurance name and identification number, diagnosis code, date of birth, and provider, was inadvertently emailed to a group distribution list.  During an interview on 8/18/14 at 2:45 p.m., the compliance and privacy officer (CPO) stated a pharmacy senior account representative (SAR) inadvertently emailed Patient 1's claim form on 3/25/13 to a Listserve. The CPO stated the SAR was having problems filling out the claim form, so she had telephoned the vendor of the software program which fills out claim forms. The vendor had asked the SAR to email him the claim form. The SAR inadvertently emailed the claim form to the vendor's Listserve of about 1,026 health care facilities. The CPO stated the hospital's IT security staff recalled the emailed message "right away", but the CPO was not sure how many were actually recalled. The CPO stated the hospital did not have a copy of the claim form. The CPO stated the claim form disclosed Patient 1's name, address, telephone number, insurance name and	A017	The hospital has numerous safeguards in place to protect the confidentiality and privacy of all patient records and communications. Workforce members are required to adhere to privacy and security policies pertaining to the protection of patient information, including information in electronic form. The hospital's policies and training specifically state that, "Workforce members sending email information containing PHI should take special precautions." Policy and training further states that "Workforce members shall provide security for information that is commensurate with its data classification level." The data classification level of PHI is Category: Confidential Highest Sensitivity (Confidential / Sensitive Data). Policy and training also require workforce members to apply the minimum necessary standard when using or disclosing patient information.	

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA070001349</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/20/2014</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LUCILE SALTER PACKARD CHILDREN'S HSP,</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>725 WELCH ROAD PALO ALTO, CA 94304</b>
--	--

(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 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 one sampled patient (1), when a pediatric patient's (Patient 1) claim form was inadvertently emailed to a group distribution list. The failure resulted in the disclosure of Patient 1's PHI to unauthorized entities. Findings:</p> <p>The California Department of Public Health received a faxed report on 4/1/13, which indicated, on 3/27/13 a single claim form which contained Patient 1's name, address, telephone number, insurance name and identification number, diagnosis code, date of birth, and provider, was inadvertently emailed to a group distribution list.</p> <p>During an interview on 8/18/14 at 2:45 p.m., the compliance and privacy officer (CPO) stated a pharmacy senior account representative (SAR) inadvertently emailed Patient 1's claim form on 3/25/13 to a Listserve. The CPO stated the SAR was having problems filling out the claim form, so she had telephoned the vendor of the software program which fills out claim forms. The vendor had asked the SAR to email him the claim form. The SAR inadvertently emailed the claim form to the vendor's Listserve of about 1,026 health care facilities. The CPO stated the hospital's IT security staff recalled the emailed message "right away", but the CPO was not sure how many were actually recalled. The CPO stated the hospital did not have a copy of the claim form. The CPO stated the claim form disclosed Patient 1's name, address, telephone number, insurance name and</p>	A 017	<p>Contrary to policies, procedures and training, the SAR failed to protect patient information in her possession. The SAR did not adhere to policy and training that require special precautions be taken when sending email information containing PHI nor did SAR adhere to policies and training that require application of the minimum necessary standard. While this was an isolated incident, the hospital applied its corrective action policy to prevent recurrence.</p> <p>Policies:</p> <p>HIPAA Security: Electronic Mail Policy</p> <p>III. "It is the policy of Lucille Packard Children's Hospital at Stanford to provide electronic mail to its workforce members to facilitate communications within and outside SHC, with reasonable security controls to ensure confidentiality of ePHI and other sensitive SHC data.</p>	

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA070001349</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/20/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>LUCILE SALTER PACKARD CHILDREN'S HSP,</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>725 WELCH ROAD PALO ALTO, CA 94304</b>		
(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
A017	Continued From page 2  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 one sampled patient (1), when a pediatric patient's (Patient 1) claim form was inadvertently emailed to a group distribution list. The failure resulted in the disclosure of Patient 1's PHI to unauthorized entities. Findings:  The California Department of Public Health received a faxed report on 4/1/13, which indicated, on 3/27/13 a single claim form which contained Patient 1's name, address, telephone number, insurance name and identification number, diagnosis code, date of birth, and provider, was inadvertently emailed to a group distribution list.  During an interview on 8/18/14 at 2:45 p.m., the compliance and privacy officer (CPO) stated a pharmacy senior account representative (SAR) inadvertently emailed Patient 1's claim form on 3/25/13 to a Listserve. The CPO stated the SAR was having problems filling out the claim form, so she had telephoned the vendor of the software program which fills out claim forms. The vendor had asked the SAR to email him the claim form. The SAR inadvertently emailed the claim form to the vendor's Listserve of about 1,026 health care facilities. The CPO stated the hospital's IT security staff recalled the emailed message "right away", but the CPO was not sure how many were actually recalled. The CPO stated the hospital did not have a copy of the claim form. The CPO stated the claim form disclosed Patient 1's name, address, telephone number, insurance name and	A017	HIPAA: Use and Disclosure of Protected Health Information  F. "When using or disclosing PHI, or requesting PHI from another covered entity, SHC/LPCH will make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. The minimum necessary requirement does not apply to certain uses or disclosures, including those authorized by the individual and those needed by a healthcare provider for treatment purposes."  HIPAA: Internal Access to Protected Health Information  V.E.1 "When a user prints information from a hospital information system, the user is responsible for handling patient information confidentially, protecting it from unauthorized secondary disclosure."	

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA070001349</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/20/2014</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  
**LUCILE SALTER PACKARD CHILDREN'S HSP**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**725 WELCH ROAD  
PALO ALTO, CA 94304**

(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 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 one sampled patient (1), when a pediatric patient's (Patient 1) claim form was inadvertently emailed to a group distribution list. The failure resulted in the disclosure of Patient 1's PHI to unauthorized entities. Findings:</p> <p>The California Department of Public Health received a faxed report on 4/1/13, which indicated, on 3/27/13 a single claim form which contained Patient 1's name, address, telephone number, insurance name and identification number, diagnosis code, date of birth, and provider, was inadvertently emailed to a group distribution list.</p> <p>During an interview on 8/18/14 at 2:45 p.m., the compliance and privacy officer (CPO) stated a pharmacy senior account representative (SAR) inadvertently emailed Patient 1's claim form on 3/25/13 to a Listserve. The CPO stated the SAR was having problems filling out the claim form, so she had telephoned the vendor of the software program which fills out claim forms. The vendor had asked the SAR to email him the claim form. The SAR inadvertently emailed the claim form to the vendor's Listserve of about 1,026 health care facilities. The CPO stated the hospital's IT security staff recalled the emailed message "right away", but the CPO was not sure how many were actually recalled. The CPO stated the hospital did not have a copy of the claim form. The CPO stated the claim form disclosed Patient 1's name, address, telephone number, insurance name and</p>	A 017	<p>Policy: Confidentiality Statement</p> <p>"I Understand that I am responsible for protecting PHI or medical information that is sent by me via facsimile and/or electronically such as e-mail and I am responsible for following the applicable policies with respect to the transmission of PHI or medical information and that any inappropriate disclosure of information may make me subject to legal and/or disciplinary action." Since the patient information was contained in an attachment to the email, and the email was recalled quickly on an evening, after recipients' normal work hours we are not aware that any of the unintended recipients actually accessed the information.</p> <p>A single patient claim information was inadvertently emailed as an attachment to the email. There was no patient information in the body of the email. The employee immediately contacted hospital's IT</p>	

FEB 12 2015

L & C DIVISION  
SAN JOSE

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  CA070001349	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  G 10/20/2014
NAME OF PROVIDER OR SUPPLIER  LUCILE SALTER PACKARD CHILDREN'S HSP,		STREET ADDRESS, CITY, STATE, ZIP CODE 725 WELCH ROAD PALO ALTO, CA 94304		
(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 017	<p>Continued From page 3</p> <p>Identification number, diagnosis code, date of birth, and provider.</p> <p>During an interview on 10/20/14 at 9 a.m., SAR stated, at about 4:30 p.m. she was helping a coworker with a claim form. SAR stated she was on the telephone with the vendor of the software program which produces the claim forms, and the vendor had remote access to her computer. SAR stated the claim form was not printing correctly so the vendor asked SAR to email the printed claim form to him. SAR stated the vendor did not receive the claim form after she emailed it, and they realized the form was inadvertently emailed to the vendor's Listserve. SAR stated she recalled the email within 30 minutes of sending the email. SAR stated the vendor company was located on the East Coast and was on Eastern Standard Time (EST) (which would have been 7:30 p.m., end of business day). SAR stated most of the entities on the vendor's Listserve were located on the East Coast and most likely did not open the email. SAR stated about 99% of the emails were probably recalled, but the hospital was not able to locate the actual number which were recalled.</p> <p>A review of a copy of a letter, which the CPO stated was sent on 4/1/13, from the hospital to Patient 1's family member indicated on 3/27/13 the hospital's privacy office was made aware on 3/25/13 a claim form with Patient 1's name address and telephone number, insurance name and identification number, diagnosis code, date of birth, and provider disclosed was inadvertently emailed to a group distribution list.</p> <p>Several requests to review a copy of the hospital's policy regarding electronic mailing of Patient Health Information was submitted.</p>	A 017	<p>Security and followed instructions to recall the email and in the interim, sent an email instructing recipients to delete the email. The latter was sent within 21 minutes, and the recall occurred within approximately 45 minutes.</p> <p>The hospital was in the process of permissibly responding to a vendor, under confidentiality agreement with the hospital, for troubleshooting support, when the email was inadvertently misdirected to the vendor's listserv. According to the hospital's vendor, there were not 1,026 health care facilities actively participating in the listserv during the period when this occurred twenty months ago. Rather, the vendor stated that it had 600 active members generally, but did not have a record that any accessed the attachment to the email at issue.</p>	

FEB 12 2015

L & C DIVISION  
SAN JOSE

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA070001349</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/20/2014</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LUCILE SALTER PACKARD CHILDREN'S HSP.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>725 WELCH ROAD PALO ALTO, CA 94304</b>
--	--

(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 017	Continued From page 4  However, the hospital did not provide a copy of the policy regarding electronic mailing of Patient Health Information.	A 017	<p>The CPO does not recall being asked for the claim form. The hospital has the claim form and can provide upon request. Regarding the question as to how many emails were recalled, the employee immediately contacted hospital's IT Security and received instruction to recall the email and accomplished this within 45 minutes, which gave rise to a good faith belief by the hospital that all or nearly all emails were recalled.</p> <p>The hospital CPO verbally provided relevant policy references. The hospital has had longstanding policy on electronic mailing of PHI, and offers to provide the policy as support for the previously provided references.</p> <p style="text-align: right;">CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  <b>FEB 12 2015</b>  L &amp; C DIVISION SAN JOSE</p>	

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA070001349</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/20/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>LUCILE SALTER PACKARD CHILDREN'S HSP,</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>725 WELCH ROAD PALO ALTO, CA 94304</b>		
(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
A017	Continued From page 4  However, the hospital did not provide a copy of the policy regarding electronic mailing of Patient Health Information.	A017	<b>Plan of Correction</b>  <i>For the patient affected by the incident</i>  The provider notified the patient who was affected by this incident. The patient was provided with a contact name and number to call the provider with any questions. The patient has not contacted the hospital or otherwise expressed any concerns.  For other patients having the potential to be affected by a similar incident  This was an isolated incident and limited to the one employee who failed to follow policy and double-check that the appropriate e-mail address was selected to prevent the email from going to unintended recipients. The employee was sanctioned and was re-trained to prevent recurrence of a similar incident.	April 1, 2013

FEB 12 2015

L & C DIVISION  
SAN JOSE

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  CA070001349	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/20/2014
NAME OF PROVIDER OR SUPPLIER  LUCILE SALTER PACKARD CHILDREN'S HSP,		STREET ADDRESS, CITY, STATE, ZIP CODE 725 WELCH ROAD PALO ALTO, CA 94304		
(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 017	Continued From page 4  However, the hospital did not provide a copy of the policy regarding electronic mailing of Patient Health Information.	A 017	<i>Immediate measures and enhancements to prevent recurrence</i>  The hospital continually seeks opportunities to strengthen its privacy and information security programs for the protection of the medical information of the patients it serves. Immediate measures were taken as follows:  a. Within twenty minutes of sending the original email attachment, the employee sent a second email to all recipients directing them to immediately delete the email and attachment.  b. Within thirty minutes of sending the original email, the employee worked with IT security to recall the original email. Recalling the message removes the message from anyone's inbox who has not already opened the message. The SAR confirmed the effectiveness of the recall because	March 25, 2013  March 25, 2013

CALIFORNIA DEPARTMENT  
OF PUBLIC HEALTH

FEB 12 2015

L & C DIVISION  
SAN JOSE

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA070001349</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/20/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>LUCILE SALTER PACKARD CHILDREN'S HSP,</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>725 WELCH ROAD PALO ALTO, CA 94304</b>		
(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 017	Continued From page 4  However, the hospital did not provide a copy of the policy regarding electronic mailing of Patient Health Information.	A 017	she in fact received the email indicating her original email had been recalled. The provider's vendor is located on the east coast and the majority of the vendor's clients are also located on the east coast. The original email with attachment was sent well after normal business hours. The hospital has a good faith belief that all or nearly all of the unintended recipients would not have had the opportunity to open the email and open the claim attachment prior to its recall. According to the hospital's vendor, although the listserve was comprised of 1,029 members, only 600 of those members were active listserve members in general, for purposes of reading software updates; there is no evidence that any listserve member opened this attachment or viewed limited medical information.	

CALIFORNIA DEPARTMENT  
OF PUBLIC HEALTH

**FEB 12 2015**

L & C DIVISION  
SAN JOSE

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA070001349</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/20/2014</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LUCILE SALTER PACKARD CHILDREN'S HSP</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>725 WELCH ROAD PALO ALTO, CA 94304</b>
---	--

(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 017	<p>Continued From page 4</p> <p>However, the hospital did not provide a copy of the policy regarding electronic mailing of Patient Health Information.</p> <p style="text-align: center;">CALIFORNIA DEPARTMENT OF PUBLIC HEALTH</p> <p style="text-align: center;"><b>FEB 12 2015</b></p> <p style="text-align: center;">L &amp; C DIVISION SAN JOSE</p>	A 017	<p>c. The hospital's vendor confirmed that the original email was removed from its server.</p> <p>d. Hospital workforce members are required to complete mandatory Privacy training annually, pass a competency test and complete an attestation statement acknowledging their responsibility to comply with Privacy policies and procedures.</p> <p><i>Monitoring performance to ensure corrections are achieved and sustained.</i></p> <p>i. The hospital will continue evaluative and preventative efforts on PHI data transmissions which will be reported to the hospital Director of IT Security for a period of one year from the date of incident.</p>	<p>April 1, 2013</p> <p>Ongoing</p> <p>March 27, 2014</p>

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA070001349</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/20/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>LUCILE SALTER PACKARD CHILDREN'S HSP,</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>725 WELCH ROAD PALO ALTO, CA 94304</b>		
(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 017	Continued From page 4  However, the hospital did not provide a copy of the policy regarding electronic mailing of Patient Health Information.	A017	<ul style="list-style-type: none"> <li>ii. Hospital's functional manager over pharmacy claims processing functions will monitor employee actions related to emailing claims information to Hospital's business associate vendors for a period of one year from the date of incident.</li> <li>iii. The functional manager will ensure periodic reminders of procedures and policies at staff meetings for a period of one year from the date of incident.</li> <li>iv. Hospital will include in its annual 2015 privacy awareness campaign, specific mention for employee's to double-check the recipient in the "To" line of each email.</li> </ul>	<p>March 27, 2014</p> <p>March 27, 2014</p> <p>December 2014</p>

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

FEB 12 2015

L & C DIVISION  
SAN JOSE

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  CA070001349	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 10/20/2014
NAME OF PROVIDER OR SUPPLIER  LUCILE SALTER PACKARD CHILDREN'S HSP,		STREET ADDRESS, CITY, STATE, ZIP CODE 725 WELCH ROAD PALO ALTO, CA 94304		
(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
A017	Continued From page 4 However, the hospital did not provide a copy of the policy regarding electronic mailing of Patient Health Information.	A017	v. A report of monitoring results will be submitted to the Privacy Governance Council.	December 2014

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

FEB 12 2015

L & C DIVISION  
SAN JOSE