

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA230000262	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/12/2011
NAME OF PROVIDER OR SUPPLIER SIERRA NEVADA MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 155 GLASSON WAY GRASS VALLEY, CA 95945		
(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		
A 000	Initial Comment The following reflects the findings of the California Department of Public Health during the investigation of two entity reported incidents. Entity reported incidents: 255981 and 265609 The inspection was limited to the specific entity reported incidents investigated and does not represent the findings of a full inspection of the facility. Representing the Department: 22706, HFEN A deficiency was written for entity reported incident 255981 at A017. No deficiency was issued for entity reported incident 265609.	A 000		
A 017	1280.15(a) Health & Safety Code 1280	A 017		

Carolyn Canady 8/17/11

Licensing and Certification Division

Carolyn Canady
TITLE
Vice President & CEO

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

(X6) DATE
8/4/11

STATE FORM

0020

Q6J411

If continuation sheet 1 of 4

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A 017	Continued From page 1 (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. This Statute is not met as evidenced by: The facility failed to ensure that Patient 1's medical record was not accessed by unauthorized persons when three staff members and one physician who were not directly concerned with Patient 1's care, viewed a portion of the record. Findings:	A 017		

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A 017	Continued From page 2 The facility reported to the Department on 1/14 and 1/18/11, that three employees and one physician, who did not have a treatment relationship with Patient 1, accessed the medical record without authorization on [REDACTED] 10. During an interview on 2/1/11 at 9:50 am, Administrative Staff (AS) A stated that Patient 1 was well known in the community so an audit of the medical record was done on 1/12/11. The audit showed that three employees; Laboratory Staff (LS) B, Radiology Staff (RS) C and Emergency Department Staff (EDS) D and one physician had all viewed the record for less than a total of 30 seconds for all accesses. During an interview on 4/12/11 at 9:40 am, Laboratory Staff (LS) B confirmed that she had looked at Patient 1's medical record very briefly to look at the diagnosis. LS B confirmed she had received annual education updates regarding privacy issues. During an interview on 4/12/11 at 9:55 am, Radiology Staff (RS) C confirmed she had looked at Patient 1's face sheet very briefly, out of curiosity. RS C stated that the face sheet contained the name of the patient, date of birth and address. RS C confirmed she had received annual education updates regarding privacy issues. During an interview on 4/12/11 at 10:10 am, Emergency Department Staff (EDS) D confirmed she had briefly looked at a portion of Patient 1's emergency department record for "educational reasons." EDS D confirmed she had received annual education updates regarding privacy issues.	A 017	<u>CA00255981</u> During a review of an audit it was discovered that three (3) employees and one (1) physician who did not have a treatment relationship with the patient accessed the patient's medical record without authorization. The final outcome of the investigation and plan of correction was as follows: 1) Laboratory staff member: Sanctions applied two (2) week suspension. Completed HIPAA refresher training. 2) Emergency Department staff member: Sanctions applied two (2) week suspension. Completed HIPAA refresher training. 3) Radiology staff member: Sanctions applied four (4) week suspension. Completed HIPAA refresher training. 4) Emergency Department Physician was sanctioned and received counseling. Amended: Sierra Nevada Memorial Hospital has security auditing software, Security Audit Management System (SAMS) that tracks all activity within our Meditech System. SAMS tracks: <ul style="list-style-type: none"> ▪ Who enters Meditech; ▪ What module was accessed; ▪ When the module was accessed; ▪ Length of time employee was in the system. SAMS was the tool used to identify these privacy breaches. Margaret Metroka is the Sierra Nevada Memorial Hospital Data Security Analyst. The policy regarding potential inappropriate access is attached.	04/19/11 04/27/11 04/29/11 01/28/11

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A 017	<p>Continued From page 3</p> <p>The three employees; LS B , RS C and EDS D had all signed the "Privacy and Security Training Acknowledgement" in 2010. Page 13 of the "Privacy and Security Employee Handbook" read as follows: Only individuals with an authorized "need to know" should have access to patients' protected health information.</p> <p>The facility's Network Usage policy, dated 12/18/09, listed the following as prohibited uses of the network: Accessing or disclosing confidential information, sensitive information or strictly confidential information that is not within the scope of the User's related duties and responsibilities.</p> <p>During an interview on 4/12/11 at 10:20 am, Administrative Staff A confirmed that Physician E, who was not treating Patient 1, had also briefly viewed Patient 1's record at the same time that EDS D had viewed the record.</p> <p>A "Memorandum of Understanding" signed by Physician E on 9/27/10, read as follows: Information that you seek through the Network shall be limited solely to that of patients who are being cared for by both you and the Medical Facility.</p>	A 017	<p>Our current Privacy Audit Procedure is under annual review. Once the review process is complete we will send a finalized copy of the policy for your records.</p>	