

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050262	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2009
NAME OF PROVIDER OR SUPPLIER RONALD REAGAN UCLA MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 757 WESTWOOD PLAZA, LOS ANGELES, CA 90095-1730 LOS ANGELES COUNTY		
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	<p>The following reflects the findings of the Department of Public Health during a complaint/breach event visit:</p> <p>Complaint Intake Number: CA00198352 - Substantiated</p> <p>Representing the Department of Public Health: [REDACTED]</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>T22 DIV5 CH1 ART 7 - 70707(b)(8) Patients' Rights</p> <p>(b) A list of these patients' rights shall be posted in</p>		<p>UCLA submits this response as well as incorporating by reference all prior responses submitted to the Department of Public Health relating to the prior Statement of Deficiencies issued to UCLA Health System concerning Patient Rights and Medical Records and the Plans of Correction submitted on May 12, 2008 and July 3, 2008.</p>	

Event ID: DV6T11

6/8/2010

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

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[Handwritten Signature]

CEO UCLA Hospital System 6/25/10

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	<p>Continued From page 1</p> <p>both Spanish and English in appropriate places within the hospital so that such rights may be read by patients. This list shall include but not be limited to the patients' rights to:</p> <p>(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.</p> <p>Based on record review and interview, the facility failed to maintain the privacy and confidentiality of a patient's medical record. For Patient 1's medical record, there were two (2) employees of the hospital (Employee C and Employee D) and two (2) contract employees (Contract Employee E and Contract Employee F) who inappropriately accessed the patient's medical record without authorization.</p> <p>Findings:</p> <p>On August 19, 2009, a self reported facility incident was investigated regarding two (2) employees of the hospital breaching the electronic medical record of Patient 1.</p> <p>According to a facility letter to the Department dated August 5, 2009, the facility had "determined on August 3, 2009 an employee of the School of Medicine, Department of Medicine inappropriately accessed Protected Health Information of a deceased patient."</p>		<p>The two UCLA employees were placed on "investigatory leave" on July 17 and July 27, 2009 respectively pending the outcome of the investigation. At the conclusion of the investigation, it was determined that both employees inappropriately accessed patient 1's medical record. The facts were presented to the UCLA Health System's Disciplinary Action Committee and it was agreed that the employees did not have a business reason to access the patient's record and directed that the employees should be dismissed.</p> <p>As such, the employees were terminated from the UCLA Health System on August 25 and September 4, 2009 respectively.</p> <p>Corrective action already carried out.</p>	<p>8/25/09</p> <p>9/4/09</p>

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	<p>Continued From page 2</p> <p>A second letter to the Department dated August 6, 2009, indicated the facility had "determined on August 3, 2009 that an employee of the Health System, Department of Pathology and Medical Support Services, inappropriately accessed Protected Health Information."</p> <p>During an interview with Employee B on August 19, 2009 at 9:05 a.m., he stated that Employee C had "no reason" to access the Laboratory Information System to print labels for laboratory tests performed on Patient 1. Also, at the same time, Employee B stated that Employee D had "no reason" to access Patient 1's record.</p> <p>During an interview with Employee A on August 19, 2009 at 9:20 a.m., she stated there was "no written permission" authorizing the release of medical information. Employee A stated both employees were placed on investigatory leave and Human Resources was processing employment termination.</p> <p>On September 7, 2009, the facility reported via e-mail communication, additional breaches by two contract employees. A review of the e-mail communication disclosed the following: 1) On September 3, 2009, the facility had "determined that two individuals inappropriately accessed medical information" of Patient 1. 2) The two contract employees (Contract Employee E and Contract Employee F) were employed by a company providing pathology billing services for the facility. 3) Contract Employee E "accessed the patient's information" on July 9, 2009. 4) Contract</p>		<p>On August 2, 2009 and August 3, 2009, the two contracted employees were officially notified in writing from the contractors' employer that they were terminated from their employment because it was determined that they violated the company's HIPAA policy. UCLA Health System obtained copies of the written notification for its files.</p> <p>Corrected action already carried out.</p>	<p>8/2/09</p> <p>8/3/09</p>	

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	<p>Continued From page 3</p> <p>Employee F "accessed the patient's Information" on June 30, 2009 and again on July 9, 2009.</p> <p>During an interview with Employee G on September 10, 2009 at 9:10 a.m., she stated that Contract Employee E and Contract Employee F "admitted inappropriate access, they were curious."</p> <p>A review of facility records revealed Employee C signed a "Confidentiality Agreement" on May 16, 2008 and Employee D signed a "Confidentiality Agreement" on October 22, 2007, agreeing to "preserve and protect confidential patient, employee and business information." The two (2) employees' "Confidentiality Statement" dated May 27, 2008 and May 20, 2008 respectively, indicated the employees agreed to "access confidential information to the minimum extent necessary for my assigned duties."</p> <p>A review of the "contractor vendor" records disclosed Contract Employee E and Contract Employee F signed the company HIPAA Procedure Guidelines on May 12, 2008 and March 16, 2009 respectively. The record indicated, "This document contains the procedure to be followed by all workforce members and contractors to comply with privacy and security provisions of the Health Insurance Portability and Accountability Act (HIPAA)."</p> <p>According to the "contractor vendor" records dated August 2, 2009 and August 3, 2009, the company had "determined" Contract Employee E and Contract Employee F "violated the company's</p>		<p>UCLA Health System has begun the following activities to address issues and workforce behavior related to protecting patient privacy and confidentiality.</p> <p>UCLA is undertaking a comprehensive review of all current UCLA Health System patient privacy and information security policies and evaluating them against current internal practices and appropriate laws. Any gaps or inconsistencies will be corrected with appropriate departments and business units. Any substantive changes to policy will be addressed in comprehensive workforce training. If appropriate, we will eliminate policies that are no longer applicable. HIPAA privacy and information security policies will be reviewed on a regular basis and adjusted as appropriate to meet the real time changes.</p> <p>Policy revisions completed.</p> <p>Chief Privacy Officer.</p>	8/1/10

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	<p>Continued From page 4</p> <p>HIPAA policy by attempting to access unauthorized information" and the company must terminate employment "pursuant to our privacy policy effective immediately."</p> <p>Based upon the information provided on the "Access Report," Employee C breached Patient 1's electronic medical record once on July 7, 2009 and Employee D breached the patient's electronic record once on July 2, 2009. Based on a "Record of Inappropriate Access" report provided by the facility, Contract Employee E inappropriately accessed the patient's information on July 9, 2009 and Contract Employee F inappropriately accessed the patient's information on June 30, 2009 and again on July 9, 2009.</p> <p>T22 DIV5 CH1 ART7 - 70751(b) Medical Record Availability</p> <p>(b) The medical record, including X-ray films, is the property of the hospital and is maintained for the benefit of the patient, the medical staff and the hospital. The hospital shall safeguard the information in the record against loss, defacement, tampering or use by unauthorized persons.</p> <p>Based on record review and interview, the facility failed to safeguard Patient 1's medical record against use by unauthorized individuals.</p> <p>Findings:</p> <p>On August 19, 2009, a self reported facility incident was investigated regarding two (2) hospital</p>		<p>UCLA Health System is providing its workforce members with additional information on patient privacy and information security issues and practices. Frequently Asked Questions (FAQs) addressing UCLA Health System Policies will be posted on the UCLA Compliance Office's intranet website. The purpose of the FAQs is to provide answers to questions that workforce members encounter during their daily work. As issues arise and are addressed by the Privacy and Information Security Offices, FAQs will be created so that the workforce's level of awareness continues to increase.</p> <p>Initial set of FAQs on website.</p> <p>Chief Privacy Officer Chief Information Security Officer</p>	7/9/10	

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	<p>Continued From page 5</p> <p>employees (Employee C and Employee D) breaching the electronic medical record of Patient 1.</p> <p>According to a facility letter to the Department dated August 5, 2009, the facility had "determined on August 3, 2009 an employee of the School of Medicine, Department of Medicine inappropriately accessed Protected Health Information of a deceased patient."</p> <p>A second letter to the Department dated August 6, 2009, indicated the facility had "determined on August 3, 2009 that an employee of the Health System, Department of Pathology and Medical Support Services, inappropriately accessed Protected Health Information."</p> <p>During an interview with Employee A on August 19, 2009 at 9:20 a.m., she stated there was "no written permission" authorizing the release of medical information. In addition, a review of an e-mail communication from Employee A on August 31, 2009, disclosed that the two hospital employees, who breached Patient 1's medical record, did not have a "legitimate business reason" to view the patient's medical record and had no authorization to do so.</p> <p>On September 7, 2009, the facility reported via e-mail communication, additional breaches of Patient 1's medical record by two contract employees (Contract Employee E and Contract Employee F). A review of the e-mail communication disclosed that on September 3, 2009, the facility</p>		<p>UCLA Health System has made a commitment to its privacy and information security programs by hiring additional personnel.</p> <p>In May 2010, UCLA hired a full-time Chief Privacy Officer to work with the Chief Compliance Officer to continue improvements of our comprehensive compliance program.</p> <p>In addition, in June 2010 and July 2010, the Information Security Office will have two information security analysts whose responsibility will be to work on continued improvements to the UCLA Health System's information security compliance strategy and initiatives.</p> <p>These additional resources to UCLA Health System's compliance team will provide additional support and leadership to the business units. Furthermore, they will enhance existing and develop new patient privacy and information security initiatives, activities, and programs - including but not limited to, education, awareness, training, risk assessment, remediation, and strategic development.</p> <p>Chief Compliance Officer, Chief Privacy Officer, and Chief Information Security Officer</p>	<p>5/10/10</p> <p>6/21/10</p> <p>7/6/10</p>

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	<p>Continued From page 6</p> <p>had "determined that two individuals inappropriately accessed medical information" of Patient 1.</p> <p>During an interview with Employee G on September 10, 2009 at 9:10 a.m., she stated that Employee E and Employee F "admitted inappropriate access, they were curious."</p> <p>According to the "contractor vendor" records dated August 2, 2009 and August 3, 2009, the company had "determined" Contract Employee E and Contract Employee F "violated the company's HIPAA policy by attempting to access unauthorized information."</p> <p>Based upon the information provided on the "Access Report" and the facility investigative reports, Employee C breached Patient 1's electronic medical record on July 7, 2009 and Employee D breached the patient's electronic record on July 2, 2009 without authorization. Based on a "Record of Inappropriate Access" report provided by the facility, Contract Employee E accessed the patient's information on July 9, 2009 and Contract Employee F accessed the patient's information on June 30, 2009 and again on July 9, 2009.</p> <p>The facility failed to prevent access to confidential medical record information and safeguard Patient 1's medical record against use by unauthorized individuals.</p>		<p>The UCLA Privacy and Information Security Offices will document a standardized operating procedure for assessing user access to electronic PHI for persons of interest.</p> <p>Chief Privacy Officer Chief Information Security Officer</p> <p>Individual/role responsible for monitoring the corrective action plan:</p> <p>Chief Compliance Officer</p>	8/15/10	

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