

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 C 04/04/2008
NAME OF PROVIDER OR SUPPLIER UCLA MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10833 LE CONTE AVE BH 427, CHS LOS ANGELES, CA 90095		
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E 000	Initial Comments Surveyor: 17116 The following reflects the findings of the Department of Public Health during a complaint investigation. Complaint Number CA00144453 Inspection was limited to the specific complaints investigated, and does not represent the findings of a full inspection of the facility. Representing the Department of Public Health: [REDACTED], Health Facilities Evaluator, Nursing [REDACTED], HFE III, Supervisor	E 000		
E1953	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 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: Surveyor: 17116 Based on interviews and review of records, the facility failed to maintain the privacy and confidentiality of a patient's medical records.	E1953		

Licensing and Certification Division

TITLE

(X6) DATE

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

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E1953	<p>Continued From page 1</p> <p>Findings:</p> <p>1. An investigation conducted on 3/17/08, prompted by a media report, revealed employees at Facility 3 accessed Patient A's medical records at Sister Facility 1 in September of 2005.</p> <p>Due to the patient being a well-known individual and potential publicity, Sister Facility 1 admitted Patient A under an alias on 9/14/05, and the medical record was flagged for monitoring. The information system audit, shared between Sister Facilities 1 and 3, enabled detection of any employee or person affiliated with either facility who accessed Patient A's record, and identified the section(s) within the record that was accessed, plus the date(s) and time(s) it was viewed.</p> <p>The audit revealed six (6) employees at Facility 3 accessed Patient A's medical records at Sister Facility 1 in September of 2005. There was no record the patient had signed consent or given authorization for release of medical information.</p> <p>A review of employees' files revealed each employee had participated in patient privacy education, and signed a "Confidentiality Agreement" promising to access patient information "only in the performance of assigned duties and where required by or permitted by law."</p> <p>On 3/17/08, Employee 5 disclosed that the facility had determined that none of the employees had reasonable cause for looking at Patient A's medical records, and were subsequently suspended or dismissed.</p>	E1953			

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E1953	<p>Continued From page 2</p> <p>2. Further investigation was prompted by another media report of unauthorized access of Patient A's records at Sister Facility 2 on 1/31/08.</p> <p>On 3/17/08, Employee 3 explained Patient A was admitted to Sister Facility 2 on 1/31/08 under a pseudonym and an alternate medical record number due to the nature of the admission and the celebrity status of the patient. The record was again flagged for monitoring of access, and twice-daily audits provided Facility 3 with the identify of employees and persons affiliated with the facility who accessed the patient's records, the section(s) that were looked at in the record, and the date and time it was viewed.</p> <p>Employee 3 reported a breach was discovered by early afternoon on 1/31/08. The audits detected 13 persons and 8 physicians at Facility 3 who accessed Patient A's 2005 medical record from Sister Facility 1, "without a legitimate reason," Employee 7 disclosed. Another employee was disciplined for verbally violating patient confidentiality.</p> <p>A review of employee files and facility records revealed the employees involved in the breach were suspended, dismissed, resigned or retired. Three (3) physicians were suspended, and five (5) were reprimanded.</p> <p>Each person had participated in patient privacy training, and signed a "Confidentiality Agreement" upon hire promising to access patient care information "only in the performance of my assigned duties and where required or permitted by law."</p> <p>The facility's privacy policy entitled, "Employee Access To and Use of Protected Health</p>	E1953			

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E1953	Continued From page 3 Information ("PHI") (Minimum Necessary Standard)" (HS9421), stipulated, "The viewing...of PHI not needed by an employee to carry out his or her job duties, constitutes an unauthorized disclosure of that information." A review of the patient's medical records revealed there was no documentation that Patient A had given written authorization to permit release of, or access to, medical information in either 2005 or 2008.	E1953			
E2145	T22 DIV5 CH1 ART7-70737(a) Reporting (a) Reportable Disease or Unusual Occurrences. All cases of reportable diseases shall be reported to the local health officer in accordance with Section 2500, Article 1, Subchapter 4, Chapter 4, Title 17, California Administrative Code. Any occurrence such as epidemic outbreak, poisoning, fire, major accident, disaster, other catastrophe or unusual occurrence which threatens the welfare, safety or health of patients, personnel or visitors shall be reported as soon as reasonably practical, either by telephone or by telegraph, to the local health officer and to the Department. The hospital shall furnish such other pertinent information related to such occurrences as the local health officer or the Department may require. This Statute is not met as evidenced by: Surveyor: 17116 Based on interviews and review of records, the facility failed to report to the Department of Public Health, Licensing and Certification the breach of patient privacy and confidentiality,	E2145			

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E2145	Continued From page 4 Findings: On 1/31/08, Patient A, a well-known individual, was admitted to Sister Facility 2. The record was flagged for monitoring of access of the patient's records. The audits at this facility (Facility 3) produced the names of 23 employees, physicians, and outside contracted staff who accessed Patient A's records at Sister Facility 1 (from an admission in 2005). During an interview on 3/17/08, at 1:30 p.m., Employee 4 disclosed the violation of patient confidentiality by 23 people was not reported to the Department of Public Health, Licensing and Certification. Employee 6 acknowledged the incident should have been reported to the Department.	E2145		
E2191	T22 DIV5 CH1 ART7-70747(a) Medical Records Service (a) The hospital shall maintain a medical record service which shall be conveniently located and adequate in size and equipment to facilitate the accurate processing, checking, indexing and filing of all medical records. This Statute is not met as evidenced by: Surveyor: 05251 Based on a review of an incident regarding a breach of patient confidentiality and staff interview, the facility failed to maintain a separate and distinct medical record system. Findings:	E2191		

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E2191	Continued From page 5 During an investigation conducted on 3/17/08, Employee 3 related how Facility 3 flagged a selected patient, and audited access of that patient's record. Employee 3 explained "anyone who accessed" the patient's medical record would be identified. When the audit was conducted, employees from Facility 3 and Sister Facility 1 were identified. Employee 5 disclosed that the information system was "all connected," which enabled employees from one facility to access the medical record of a patient at another facility. During an interview conducted on 4/4/08, Employee 6 confirmed that Facility 1 and Facility 3 shared a common medical record database and medical record system.	E2191			
E2236	T22 DIV5 CH1 ART7-70751(b) Medical Record Availability (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. This Statute is not met as evidenced by: Surveyor: 05251 Based on interviews and review of records, the facility failed to safeguard patient medical records against use by unauthorized individuals. Findings: An investigation conducted on 3/17/08, prompted	E2236			

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E2236	<p>Continued From page 6</p> <p>by a media report, revealed employees at Facility 3 accessed Patient A's medical records at Sister Facility 1 in September of 2005. A facility system's audit revealed six (6) employees at Facility 3 accessed Patient A's medical records at Sister facility 1 in September of 2005. On 3/17/08, Employee 5 disclosed that the facility had determined that none of the six (6) employees had reasonable cause for looking at Patient A's medical records, and were subsequently suspended or dismissed.</p> <p>Further investigation was prompted by another media report of unauthorized access of Patient A's records at Sister Facility 2 on 1/31/08. On 3/17/08, Employee 3 reported that a breach into Patient A's medical records by unauthorized individuals was discovered by early afternoon on due to the audit system that the facility had put into place. The audits detected 13 persons and 8 physicians who accessed Patient A's 2005 medical record from Sister Facility 1 "without a legitimate reason," Employee 7 disclosed.</p> <p>A review of employee files and facility records, revealed the employees involved in the breach were suspended, dismissed, resigned or retired. Three physicians were suspended, and five (5) were reprimanded.</p>	E2236			