

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

*ACCEPTABLE P.O.L.  
11/29/16 SAV*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050056	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  02/17/2012
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NAME OF PROVIDER OR SUPPLIER <b>Antelope Valley Hospital</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1600 W Avenue J, Lancaster, CA 93534-2814 LOS ANGELES COUNTY</b>
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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: CA00222831 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 15727, REHS, HFE I</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>Based on interview and record review, the facility failed to prevent unauthorized disclosure of Patient 1's medical information to</p>		<p><b>A.</b> At the time of the occurrence, the policy was reviewed by both Nurse Leaders and Human Resource representatives. No changes were felt to be needed to the policy. Verification that staff received instructions and signed a confidentiality agreement on 12/17/2009 was also made. The policy violation resulted in termination of the employee initially 3/29/10, followed by further investigation, reinstatement, and upon confirmation final termination was effective 5/4/2010.</p> <p><b>B.</b> Privacy Officer, Director of Health Information and Medical Records.</p> <p><b>C.</b> Monitoring for compliance with regulations, and hospital privacy practices, occurs through a variety of methods: - Auditory monitoring for verbal breach on a continuous basis.</p>	<p>3/15/10</p> <p>3/29/2010</p> <p>5/4/2010</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>John Rossfeld</i>	TITLE <b>CEO</b>	(X6) DATE <b>1-15-16</b>
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By signing this document, I am acknowledging receipt of the entire citation packet, Page(s) 1 thru 5

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER <b>Antelope Valley Hospital</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1600 W Avenue J, Lancaster, CA 93534-2814 LOS ANGELES COUNTY</b>		
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	<p>maintain the confidentiality and privacy of Patient 1. Staff A disclosed Patient 1's surgical procedure and diagnosis to a family friend without Patient 1's authorization to do so.</p> <p>Findings:</p> <p>On September 20, 2010, an unannounced visit was conducted at the facility to investigate an entity reported incident regarding Staff A inappropriately disclosed Patient 1's medical record information to a family friend.</p> <p>During an interview on September 20, 2011, at 12:25 p.m., Staff B (vice president for nursing) stated the facility's investigation revealed that Staff A called a family friend of Patient 1 to inform her of the diagnosis and procedure done on Patient 1. The family friend in turn called the husband of Patient 1. The husband of Patient 1 then informed hospital management that he received a telephone call from the family friend about Patient 1's medical information being disclosed to Staff A.</p> <p>A review of the medical record (Patient Registration/Admission Form) revealed Patient 1 was admitted to the facility on March 15, 2010, with the diagnosis of an incompetent cervix (weak cervix).</p> <p>A review of the physician's post procedure/post operative notes revealed the pre-op/post-op diagnosis was an incompetent cervix with bulging membranes. The findings were</p>		<p>-continued from page 1</p> <ul style="list-style-type: none"> <li>- Expectation was and is in place and communicated to all staff annually, that any suspected privacy breach is reported to the privacy officer.</li> <li>- Patient Grievance process from which we would identify any potentially suspected breach reported by patient(s).</li> <li>- Privacy Officer Notification process-- calls or e-mails made to the Privacy officer of any suspected breach. calls received from any source are addressed accordingly.</li> <li>- Periodic audits of electronic records or other system sources adopted beginning 2011.</li> </ul> <p>D. Corrective actions were taken at the time of the occurrence.</p>	<p>3/15/10 3/29/10 5/4/2010</p>

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	<p>amniotic membranes with umbilical cord bulging into the vagina occupying the entire vaginal vault. The cervix was 2-3 centimeters dilated and 50% effaced. The procedure performed was cervical cerclage-attempt of placement (the cervix is sewn closed during pregnancy).</p> <p>A review of the report of operation (Part A and Time Out) dated March 15, 2010, revealed Staff A was the scrub technician.</p> <p>A review of a facility document (Privacy Complaint Investigation) dated March 17, 2010, revealed Patient 1 stated her husband received a telephone call from a family friend asking about her hospitalization for an "incompetent cervix and had to have a cerclage done." The husband asked how did they know this information, and their friend informed her husband that Staff A had called her. Patient 1 stated they were overwhelmed and did not have the opportunity to inform family members and friends that they would have wanted to inform them on their own. The report also revealed that Patient 1 stated, "I have a lot to deal with and don't need this at this time. I just want to concentrate on myself and my baby to get out of these both alive."</p> <p>A review of an e-mail sent by Patient 1's husband to the facility's employee and labor relations manager dated April 28, 2010, indicated the reason Patient 1 and her husband were so disturbed by the unauthorized release of confidential</p>			

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	<p>information was that they felt what they were going through at the time was very sensitive and traumatic.</p> <p>A review of the personnel file for Staff A indicated Staff A completed the 2009 Annual Regulatory Review on February 10, 2009, which included HIPAA (Health Insurance Portability and Accountability Act), and HIPAA Confidentiality. Staff A also signed a confidentiality agreement dated December 17, 2009, which states, "Violation of this agreement may be cause for disciplinary action, including termination, and/or removal from the respective position of representation with the hospital".</p> <p>A review of the Notice of Intended Termination and Right to Respond dated March 22, 2010 revealed Staff A was notified that the Hospital intended to terminate her employment effective March 29, 2010. Staff A signed the document on March 22, 2010.</p> <p>The facility's policy and procedure on Confidentiality stipulated confidential information may not be disclosed or divulged to third parties. All employees who have access to information pertinent to patients, other employees, or organizational operations, which is of a confidential nature, shall be prohibited from discussing or revealing such information in any unauthorized manner.</p> <p>Based on the foregoing, the facility violated Health and Safety Code section 1280.15(a) by</p>			

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	its failure to prevent unlawful or unauthorized access to, and use or disclosure of a patient's medical information to a family friend without the patient's authorization.			

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