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	IIA DEPARTMENT OF H		LOS A		FORM APPROVED
STATEMENT OF DEFICIENCIES (XI) PROVIDER NUMBER/SUPPLIER/CLIA IDENTIFICATION NUMBER		FigsA. B	MURTPRECONSTRUCTION (X3) D	NATE SURVEY	
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	PROVIDER OR SUPPLIER		STREET	ABICKERS CHTY STATE ZIP SOISION OF WILL	AN DO
KAISER FOUNDATION HOSPITAL		BALD	MIN PARK, CA 91706	11111111	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI X TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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	Initial Commer	nts	A000		
		eflects the findings of the Public Health during a stigation		Corrective Action: The responsible Health Information Management employee (Employee 1) was provided counseling and was placed on a plan of correction for	2/23/2011
	Complaint Inta	ke No. 00235038	}	inappropriate and unauthorized release of protected health information.	
	Representing t Health: Evaluator Nurs	RN, Health Facilities		Corrective Action for Other Patients: The entire Health Information Management department was provided inservice training on the appropriate	8/24/2010
	The inspection complaint inve	was limited to the specific stigated and does not indings of a full inspection of		release of information. The Health Information Management staff responsible for the release of information was provided specific training on redacting sensitive information from the medical record.	11/10/2010
A 017	hospice licensed 1250, 1725, or 17 unauthorized accepatients' medical subdivision (g) or and consistent with department, after administrative persection of up to the (\$25,000) per particular or discloses thousand five humanthorized accepatients' medical investigation, the clinic's, health far history of complianted state and	th facility, home health agency, or a pursuant to Section 1204, 745 shall prevent unlawful or cess to, and use or disclosure of, and use or disclosure of the Civil Code with Section 130203. The rinvestigation, may assess an enalty for a violation of this wenty-five thousand dollars attent whose medical information or without authorization accessed, and up to seventeen adred dollars (\$17,500) per urrence of unlawful or cess, use, or disclosure of that a information. For purposes of the edepartment shall consider the cility's, agency's, or hospice's ance with this section and other a federal statutes and regulations, ch the facility detected violations		An additional training session will be conducted for the entire Health Information Management department regarding the appropriate release of information with an emphasis on redacting sensitive information from the medical record and ensuring that the information being released is consistent with the Release of Authorization form. Immediate Measures: The HIM department developed a new workflow process that includes three separate validation points during the release of information process to verify the correct patient/medical record and correct dates to be released with the release of information authorization: 1) upon receipt of patient request for release authorization, 2) at time medical record is pulled for abstraction, and 3) prior to release of information to courier.	4/27/2011 3/2/2011 and ongoing
				151.0	

LICENSING AND CERTIFICATION DIVISION

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE & CLUMING TITLE DATE 3/

CALIFORNIA DEPARTMENT OF HEALTH SERVICES

APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (XII) PROVIDER NUMBER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3)DATE SURVEY IDENTIFICATION NUMBER A BUILDING COMPLETED WING CA930001543 11/29/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP, CO KAISER FOUNDATION HOSPITAL 1011 BALDWIN PARK BLVD., BALDWIN PARK, CA 91706 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFI COMPLETE DATE TAG X TAG DEFICIENCY A 017 Continued from page 1 Monitoring: 1/3/2011 and and took preventative action to immediately Health Information Management supervisors ongoing correct and prevent past violations from recurring, will conduct random audits of the Release of and factors outside its control that restricted the Information requests. facility's ability to comply with this section. The department shall have full discretion to consider Responsibility: all factors when determining the amount of an Director, Health Information Management administrative penalty pursuant to this section. Department This Statute is not met as evidenced by: Based on record review and interview, the facility failed to maintain the privacy and confidentiality of a patient's medical record. Employee 1 (Health Information Management staff) released medical information of Patient A to a third party without prior authorization by Patient A. Patient A felt humiliated: about the unauthorized disclosure of his medical information to a third party. Findings: A 017 On November 29, 2010, at 4 p.m., an unannounced complaint investigation was conducted at the facility regarding an allegation that the hospital released over 550 pages of Patient A's medical records to a document support services company, without the patient's authorization. In addition, the hospital released the medical information on 2009, after the expiration date of the authorization that was signed by the patient for releasing the medical information. According to a facility letter to the Department 2010, the privacy breach incident was reported to the facility by one of their patients on 2010. On March 18, 2010. the facility conducted an investigation and the facility's compliance officer confirmed that a patient privacy breach did occur. The patient requested that three ambulatory/clinic visits be

A017 Continued from Page 2 released to a third party liability carrier. However, upon complet on of the facility's investigation, it was determined that patient visits, dating back to 1995, including one hospital stay, were released in addition to what was initially required. An interview with Compliance Officer 1 was conducted on November 29, 2010, at 4:10 p.m. Compliance Officer 1 stated Case Manager 1 had written a letter dated 2009, to Patient A, regarding his compelaint that the medical records had been released without his authorization. The letter dated 2009, signed by Case Manager 1, indicated Patient A's concerns about his rights being violated was not poss ble because the portions of the patient's medical records were at a "higher level of security limiting access." However, the amended letter by the facility to Patient A dated 2009, and signed by Case Manager 1, indicated Patient A's concerns about his rights being violated was not poss ble because the portions of the patient's medical records were at a "higher level of security limiting access." However, the amended letter by the facility to Patient A dated 2009, and signed by Case Manager 1, indicated Patient A dated 2009, and signed by Case Manager 1, indicated Patient A dated 2009, and signed by Case Manager 1, disclosed the facility had apologized for any inconvenience and that an action would be taken by the facility's compliance officer and the medical record administrator regarding Patient A's concern about health information being released by the hosp tal's medical record department to an auto insurance company without the patient's signed authorization. In another interview on November 29, 2010, at 4:10 p.m., with Compliance Officer 1, she stated she met with Patient A on 10.23 a.m., at which time he presented her evidence that the facility had released his medical	EMENT OF DEFIZENCIES PLAN OF CORRECTION	(XIII) PROVIDER NUMBER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING		(X3)	(X3) DATE SURVEY COMPLETED	
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records without his authorization. After that meeting she stated, she began her own investigation into the complaint. The compliance Officer stated the staff member (Employee 1), who released the medical records, did not follow the facility's protocol. She stated the medical	conducted on Novem Compliance Officer 1 written a letter dated Patient A, regarding the medical records had authorization. The letter 2009, signed by Case Patient A's concerns violated was not possible the patient's medical level of security limiting amended letter by the 2009, at 1, disclosed the facility inconvenience and the by the facility's complemedical record admin A's concern about he released by the hosp department to an authority without the patient's significant inconvenience and the released by the hosp department to an authority without the patient's significant into the facility of the records without his authority and the records without his authority and the staff who released the medical records without his authority and the staff who released the medical records without his authority and the staff who released the medical records without his authority and the staff who released the medical records without his authority and the staff who released the medical records without his authority and the staff who released the medical records without his authority and the staff who released the medical records without his authority and the staff who released the medical records without his authority and the staff who released the medical records without his authority and the staff who released the medical records without his authority and the staff who released the medical records without his authority and the staff who released the medical records without his authority and the staff who released the medical records without his authority and the staff who released the medical records without his authority and the staff who released the medical records without his authority and the staff who released the medical records without his authority and the staff who released the medical records without his authority and the staff who released the staff who released the medical records without his authority and the staff who released the staff who released the staff who released the staff who released the staff	atted Case Manager 1 had 2009, to his complaint that the been released without his atter dated about his rights being a ble because the portions of records were at a "higher ing access." However, the e facil ty to Patient A dated and signed by Case Manager by had apologized for any hat an action would be taken liance officer and the histrator regarding Patient with information being tai's medical record in insurance company and authorization. In November 29, 2010, at the history and released his medical authorization. After that the began her own complaint. The compliance off member (Employee 1), dical records, did not follow the					

medical records.

him."

A review of the written correspondence to the

information was "very humiliating and disturbing to

A review of the facility's policy title: Mitigation of

SCR.ROC.PRIV.015, Revision effective: June 1,

documented that he felt the release of the unauthorized disclosure of his medical

2010

Department from Patient A, dated

Violations of HIPAA, Policy Number

2008, 3.3, stipulated the medical center

LIFORN PROVE	IA DEPARTMENT OF H	EALTH SERVICES				FORM
ATEMENT OF DEFICIENCIES (XIV) PROVIDER NUMBER/SUPPLIER/CLIA IDENTIFICATION NUMBER CA930001543		(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING		C	(X3) DATE SURVEY COMPLETED	
AMF OF	PROVIDER OR SUPPLIER		STREET	ADDRESS, CITY, STATE, ZIP, CO	11/25/2	010
	FOUNDATION HOSP	BALDWIN PARK BLVD., MIN PARK, CA 91706	BLVD.,			
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	by the facility's me According to the c authorization for the for three specific of 2009) prior to records or should have called release information	information had been released edical record's department. ompliance officer, there was an explesse of medical records ays which had expired the release of the medical 2009. She stated Employee 1 Patient A for the consent to that was beyond the see expiration date.				
	Disclosure of Med 2009 stipulated Patient release and/or diseffective immediate until 2009 specified to release dated	thorization for Release and/or ical Information dated and signed by Patient A, A authorized the facility to close the medical information ely and would remain in effect and would remain in effect and 2008, to a particular use of the release of medical imbursement.				
	Information Manag 30, 2010, at 1:20 p	w with the Director of the Health pement Services, on November o.m., she stated Employee 1 ar's worth of Patient A's				

AND FLAN OF CORRECTION DENTIFICATION NUMBER		(XV)PROVIDER MARBERSUPPLIERICLIA DENTIFICATION NUMBER CA930001543	A B	UILDING	(X3) DATE SURVE COMPLETED	
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	PROVIDER OR SUPPLIER FOUNDATION HOSPI	TAL	1011 E	RALDWIN PARK BLVD.,		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFI X TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD	(X5) Complete Date	
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	Security Officer a investigating alle privacy policies. Notification regal Patient information Stipulated an una	are responsible for receiving and ged violations of organizational The facility's policy on rding unauthorized disclosures of 2009, authorized disclosure is a				
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