CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

		(X1) PROVIDER/SUPPLIER/GLIA (XZ) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A, BUILDING			COMPLETED				
	•	050089		DAIW. B				03/20/2009	
AME OF PR	OVIDER OR SUPPLIER		STREET ADDRESS	, CITY, SYATE	ZIP CODE				
	NTY HOSPITAL OF SAN E	BERNARDINO	1805 MEDICAL	CENTER DE	live, san bernardii	40, CA 92411	SAN BERNARI	ONIC	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENC LY MUST BE PRECEDED T LSC IDENTIFYING INFOR	BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD MATION) TAG REFERENCED TO THE APPROPRIATE				LD BE CROSS	COMP DA	
Example 17	consultation, examiconfidential and significant has the reason for the present (8). Confidential trand records pertain the hospital. Writt before the medical to anyone not directly Based on interview failed to protect the patient's medical employee accessed medical records with information. This unauthorized persimformation in a we such as identity theft.	mber: cantilated partment of Public H ATION: at's Rights medical staffs sent's rights. Ition of privacy corogram. Case minations and tre conductive right to be advistated to the care an en permission shall records can be in y concerned with the y and record review no privacy and co information where at 204 patient's without a clinical failure had the ons to use the	ealth: chall adopt a concerning the discussion, reatment are led discreetly, sed as to the communications and the stay in the obtained made available care, by the facility of a facility computerized need for the potential for the disclosed by the patient,	1.40	Following the departments a provided time regarding the privacy and or (HIPPAA). The organization was completed in addition, a course has be completed 2009 On April 20, 2 access patient electronic discussion function from unauthorized minimized and will be strictly individualized.	event, the and individe education April HIPAA refer initiate by Nover colons (PC) all users access had any furth role base.	affected duals were on of patient lity ation that 30, 2009. Fresher ed and will on the doll was to ensure is been ner access		
Event ID					28PM				
BORNTO	AY DIRECTOR'S OR PROVI	The state of the s	SENTATIVE'S SIGNA	TURE	Si XI	TITLE		(XG) DATE	
	ncy statement ending with an	ulder			er our			17/4	

that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 90 days following the data 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 data these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

State-2567

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPP AND PLAN OF CORRECTION IDENTIFICATION I			(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SURVEY			
		Q5008 9		B. WNG		03/2	0/2009	
AME OF PR	OVIDER OR SUPPLIER		STREET ADDRESS.	CITY, STATE	, ZIP CODE			
COMMUN	ity Hospital of San E	BERNARDINO	1805 MEDICAL C COUNTY	ENTER OF	RIVE, SAN BERNARDINO, CA 924	11 SAN BERNARD	ONIO	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENC OY MUST BE PRECEEDED OF R LSC IDENTIFYING INFORM	IY FULL	FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-				
	Continued From pag	ge 1						
	FINDINGS:							
	On 2/27/09 the face Department of Public unauthorized access. In an interview with approximately 9:15 that the unauthorized access the imaging department problem and in the by one employee, a RT was on duty at the RT about the accessed clinical (x-ray) services, accessing the record When the manager violation of patient she was aware confidentiality. The lost a baby becaus to see records of pregnant mothers or recognized a posconfidential patient Department of Public In an interview with 3/20/09 at 10:20 AM	lic Hearth that they of medical information the Risk Manager AM, the Risk Marager twas called by the twas trying to fix twas a RT further stated to she was on drug of obstetrics to said to get help. The saible unauthorized clinical records and the Health of the incide the the facility Privation of the facili	had detected on. on 3/25/09 at anager stated atient's clinical ne manager of the the computer inusual activity cian (RT). The nanager asked The RT had no Imaging that she was edge. that it was a RT stated that violation of that she had as and wanted see what the re facility then it access to id notified the nt.		In addition, the current process was reviewed revised to ensure earlidentification of inappl access to PHI. The reprocess addresses visuaditory, electronic armonitoring by the Dep Directors and Facility Officer (FPO) to ensure has the appropriate to physical safeguards in maintained. On a bimonthly basis Privacy Officer (FPO) selects a sample of in with access to PHI for Any breaches will be immediately and report accordance with regular organizational policies results of all monitoring reported to the FPO, Team, Executive Mar Team and Governing	d and by ropriate evised audit sual, and written cartment Privacy re all PHI echnical and a place and the facility addressed orted in slations and s. The ag will be HIPPAA hagement	oude,	
Event ID	:OI8G11		10/22/2009	1;43	3:28PM			
ABORATO	RY DIRECTOR'S OR PROV	IDER/SUPPLIER REPRE	SENTATIVE'S SIGNAT	URE	TITLE		(X6) DATE	

Any deficiency statement ending with an assertak (*) 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.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

	IDENTIFICATION N	HERVĆIJA IVMBER:		FIFLE CONSTRUCTION	(X3) DATE SURVEY		
and a comment of the second	050089		A. BLINLDH		03/2	20/2009	
AME OF PROVIDER OR SUPPLIER COMMUNITY HOSPITAL OF SAI	N BERNARDINO	STREET ADDRESS 1805 MEDICAL (COUNTY		ZIP CODE KIVE, SAN BERNARDINO, CA 92/	111 SAN BERNARI	OINO	
PREFIX (EACH DEFICIE	Y STATEMENT OF DEFICIENCI NCY MUST BE PRECEEDED B OR LSC IDENTIFYING INFORM	Y FULL	IO PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION 8 REFERENCED TO THE APPROP	HOULD BE CROSS-	(X5 COMPL DAT	
(Radiology Technology) (patient care in computer charting everything is do security number diagnosis, nurse) PHI. The Privacy she contacted the they told her the block or limit accesses is granted in an interview Quality/Care Mail when asked what prevent unauthoric Director stated in the computer of t	diagnosis, nurse's notes, and PCI is PHI. The Privacy Officer further state she contacted the information services they told her that they did not know block or limit access to information in access is granted to an employee. In an interview with the Senior Quality/Care Management on 3/24/06 when asked what safeguards had been prevent unauthorized access to clinical Director stated that they (the facility) randomly audit the following patient re			The Network Usage reviewed and revised the audit process and prevention of unauth electronic access to information on April 3 Education related to was initiated organizand will be completed 2009.	d to codify d ensure orized patient 30, 2009. the policy ation-wide	4/34/0	
(patients that we well-known in the 2. Patients with un 3. Random no had requested no or patients in behalf the Director full "pop-up" screen computer to war restricted information may Director stated the	usual diagnoses. information patients it to be on the public	(patients that facility roster here was a gned onto the ere accessing or use of the action. The had in place					
Event ID:0I8G11		10/22/2009	1:43	:28 PM			

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AMME OF PROVIDER OR SUPPLIER STREET ANDRESS, CITY, STATE JP CODE SUMMANY HOSPITAL OF SAN BERNARDINO SUMMANY STATEMENT OF COPICIENCIES PROVIDER'S PLAN OF CORRECTION REACH COMPRIANTY HOSPITAL CENTER DRIVE, SAN BERNARDING, CA 92411 SAN BERNARDING CONTINUED From page 3 doing. In a second interview with the Privacy Officer on 3720/09 at 11-15 AM, she stated that she started doing computer quids (a process to see where a person looks in the computer) in June of last year and that she had not set up a regular schedule of audits. In an interview with the Director of Clinical Informatics on 3726/09 at 9:15 AM, he stated that the computer did not have a system to alient anyone to inappropriate or unsusual access to clinical records. The Director of informatics also stated that he had not talked with the Meditech (computer system) support team regarding patient confidentially, safeguards for records and tracking of unusual activity by users. Review on 3725/09 of the computer audits done on the clinical records the RT had accessed in January 2009 through February 23, 2009 revealed the following: The RT accessed the assessment notes and patient care notes of obstetrics patients that had already been discharged from the hospital, one long the patient, and one nursery patient. On 1/10/09 the RT accessed 20 patient records with no clinical resont to do so, and in addition Event ID-085(1) ABORATORY DIRECTORS OR PROMOERSUPPLER REPRESENTATIVES SIGNATURE TITLE THE ACCESSION OF THE AMOREMENT STATE AND BERNARDING COUNTY. The RT accessed 55 patient records with no clinical reason to do so, and in addition 10, 1/10/10/10/10/10/10/10/10/10/10/10/10/10	AND PLAN OF CORRECTION IDENTIFICAT		(X1) PROVIDER/SUPPLI		(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SURVEY		
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Continued From page 3 doing. In a second interview with the Privacy Officer on 3/20/09 at 11:15 AM, she stated that she started doing computer audits (a process to see where a person looks in the computer) in June of last year and that she had not set up a regular schedule of audits. In an interview with the Director of Clinical Informatics on 3/26/09 at 9:15 AM, he stated that the computer oid not have a system to seet arryone to inappropriate or unusual access to clinical records. The Director of Informatics also stated that he had not talked with the Meditech (computer system) surport team regarding patient confidentiality, safeguards for records and tracking of unusual activity by users. Review on 3/25/09 of the computer audits done on the clinical records the RT had accessed in January 2009 through February 23, 2009 revealed the following: The RT accessed the assessment notes and patient care notes of obstetrics patients that had already been discharged from the hospital, one ICU (intensive care unit) patient, one home health patient, and one nursery patient. On 1/10/09 the RT accessed 20 patient records with no clinical reason to do so, and in addition. Pevent ID/OB/S011 Prefext (AG) In addition, the current audit process was reviewed and revised to ensure early identification of inappropriate access to PLI process addresses visual, auditory, electronic and written monitoring by Department Directors and Facility Privacy Officer (FPO) to ensure all PHI has the appropriate preventative technical and physical safeguards in place and maintained. On a bimonthly basis, the Facility Privacy Officer (FPO) randomly selects a sample of individuals with accesses to PHI for auditing. Any breaches will be addressed immediately and reported in accordance with regulations and organizational policies. The results of all monitoring will be reported to the FPO, HIPPAA Team, Executive Managerment Team and Governing Body.	COMMUN	ity Hospital of San B	ERNARDINO	1	ENTER DI	RIVE, SAN BERNARDINO, CA 92411	san bernard	INO	
in a second interview with the Privacy Officer on 3/20/09 at 11:15 AM, she stated that she started doing computer audits (a process to see where a person looks in the computer) in June of tast year and that she had not set up a regular schedule of audits. In an interview with the Director of Clinical Informatics on 3/26/09 at 9:15 AM, he stated that the computer did not have a system to alert anyone to inappropriate or unusual access to clinical records. The Director of Informatics also stated that he had not talked with the Meditech (computer system) support team reparding patient confidentially, sarteguards for records and tracking of unusual activity by users. Review on 3/25/09 of the computer audits done on the clinical records the RT had accessed in January 2009 through February 23, 2009 revealed the following: The RT accessed the assessment notes and patient care notes of obstettics patients that had already been discharged from the hospital, one ICU (intensive care unit) patient, and one nursery patient. On 1/10/09 the RT accessed 20 petient records with no clinical reason to do so, and in addition Event ID:086311 In addition, the current audit process was reviewed and revised to ensure early identification of inappropriate access to PHI. The revised audit? Process addresses visual, auditory, electronic and written monitoring by Department. Directors and Facility Privacy Officer (FPO) to ensure all PHI has the appropriate preventative technical and physical safeguards in place and maintained. On a bimonthly basis, the Facility Privacy Officer (FPO) randomly selects a sample of individuals with access to PHI for auditing. Any breaches will be addressed immediately and reported in accordance with regulations and organizational policies. The results of all monitoring will be reported to the FPO, HIPPAA Team, Executive Management Team and Governing Body.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEEDED BY	FILL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE CROSS	COMP COMP	
Review on 3/25/09 of the computer audits done on the clinical records the RT had accessed in January 2009 through February 23, 2009 revealed the following: The RT accessed the assessment notes and patient care notes of obstetrics patients that had already been discharged from the hospital, one ICU (intensive care unit) patient, one home health patient, and one nursery patient. On 1/10/09 the RT accessed 20 patient records with no clinical reason to do so, and in addition Event ID:Ol8G11 maintained. On a bimonthly basis, the Facility Privacy Officer (FPO) randomly selects a sample of individuals with access to PHI for auditing. Any breaches will be addressed immediately and reported in accordance with regulations and organizational policies. The results of all monitoring will be reported to the FPO, HIPPAA Team, Executive Management Team and Governing Body. Event ID:Ol8G11 10/22/2009 1:43:28PM		in a second intervir 3/20/09 at 11:15 AM doing computer aud person looks in the and that she had maudits. In an interview of informatics on 3/26 the computer did not to inappropriate or records. The Director had not talked system) support confidentiality, safeg	hoing. In a second interview with the Privacy (1/20/09 at 11:15 AM, she stated that she loing computer audits (a process to see person looks in the computer) in June of and that she had not set up a regular so audits. In an interview with the Director of informatics on 3/26/09 at 9:15 AM, he state computer did not have a system to also inappropriate or unusual access to ecords. The Director of Informatics also she had not talked with the Meditech system) support team regarding			process was reviewed a revised to ensure early identification of inappropaccess to PHI. The reviprocess addresses visual auditory, electronic and monitoring by Departme Directors and Facility Profficer (FPO) to ensure has the appropriate previtechnical and physical	iewed and e early nappropriate The revised audit ies visual, nic and written epartment icility Privacy ensure all PHI ate preventative ysical		
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Event ID:OI8G11 10/22/2009 1:43:28PM		with no clinical reason On 1/11/09 the RT	to do so. accessed 55 pa	tient records		FPO, HIPPAA Team, Ex Management Team and			
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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPI AND PLAN OF CORRECTION DENTIFICATION N		WMBER;	(X2) MIJUTIF	PLE CONSTRUCTION	1 ' '	(X3) DATE SURVEY COMPLETED		
		050089	,	B. WNG		03/2	03/20/2009		
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	eight of the records patient record had be	s were duplicates, en accessed previou	indicating the usly.						
	On 1/25/09 the R ⁻ with no clinical rearrecords were duplical	ison to do so. In	I I						
	On 2/4/09 the RT a clinical reason to do :		record with no						
	On 2/8/09 the RT and clinical reason to Con 2/17/09 the RT no clinical reason	do so. accessed 1 patier	Ì						
	On 2/21/09 the R' with no clinical reserven of the records	sson to do so, ar							
	On 2/22/09 the RT no clinical reason t records was a duplical	o do so. In additio							
	The total number of accessed from 1/1/09	-	,						
	Review on 3/24/09 with an effective "Minimum Necessal Disclosure of Prote the procedure section	date of 4/14, ry Standards for acted Health Infon	/03 and titled the Use and mation" under						
	"Identify classes of PHI (protected he access required and	alth information),	the level of						
Event ID	OI8G11		10/22/2009	1:43:2					
ARORATO	RY DIRECTOR'S OR PROM	DER/SUPPLIER REPRES	SENTATIVE'S SIGNAT	TURE	TITLE		(X6) DATE		

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DEPARTMENT OF PUBLIC HEALTH

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTIPLE	CONSTRUCTION	1	(X3) DATE SURVEY	
	Company of the Compan	050089	i	a: Building " ' B. Wing		03/2	0/2009	
		<u> </u>	STREET ADDRESS, CIT	V 0545F 710	AANE			
	ovider or supplier TY HOSPITAL OF SAN B	ERNARDINO		•	, SAN BERNARDINO, CA 92	411 SAN BERNARD	ONO	
(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENC REGULATORY OR		ID REFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTION S REFERENCED TO THE APPROPRIES	HOULD BE CROSS	(X5) COMPLET DATE		
	limit PHI Use and Dis Review of a policy Usage Policy" with under the section reveals, "While (the obligation to regula network activity, it is and disclose, as it des The facility policy	sonable efforts will be closure" and procedure title an effective date Monitoring of Use facility) does not a any monitor and log nay access, monitor, ems necessary" and procedure did rethorized electronic	d "Network of 10/1/02 er Content ssume any g a user's log, review					
Event ID:	Olegata		10/22/2009	1:43:28F	384			
	RY DIRECTOR'S OR PROVI	PERISUPPLIER REPRESEN			TITLE		(VAL BATE	
~~~~~.	.,		THE PROPERTY OF	-	1116		(X6) DATE	

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