

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA230000010</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/16/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>MERCY MEDICAL CENTER REDDING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2175 ROSALINE AVE, CLAIRMONT HGTS REDDING, CA 96001</b>		
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A 000	Initial Comments  The following reflects the findings of the California Department of Public Health during the investigation of two entity reported incidents.  Entity reported incidents 239471 and 242628.  The inspection was limited to the entity reported incidents investigated and does not represent a full inspection of the facility.  Representing the Department: 22705, HFEN.  A deficiency was written for entity reported incident 239471 at A017 finding 1, and for entity reported incident 242628 at A017 finding 2.  A deficiency was written for entity reported incident 239471 at E2236 finding 1, and for entity reported incident 242628 at E2236 finding 2.	A 000		
A 001	Informed Medical Breach  Health and Safety Code Section 1280.15 (b)(2), " A clinic, health facility, agency, or hospice shall also report any unlawful or unauthorized access to, or use or disclosure of, a patient's medical information to the affected patient or the patient's representative at the last known address, no later than five business days after the unlawful or unauthorized access, use, or disclosure has been detected by the clinic, health facility, agency, or hospice."  The CDPH verified that the facility informed the affected patient(s) or the patient's representative(s) of the unlawful or unauthorized access, use or disclosure of the patient's medical information.	A 001		

Licensing and Certification Division

*Andrea S. Kopf*

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

TITLE  
*CNE*

(X6) DATE

*11/28/12*

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A 017	<p>1280.15(a) Health &amp; Safety Code 1280</p> <p>(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. For purposes of the investigation, the department shall consider the clinic's, health facility's, agency's, or hospice's history of compliance with this section and other related state and federal statutes and regulations, the extent to which the facility detected violations and took preventative action to immediately correct and prevent past violations from recurring, and factors outside its control that restricted the facility's ability to comply with this section. The department shall have full discretion to consider all factors when determining the amount of an administrative penalty pursuant to this section.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to safeguard personal health information from unauthorized persons for:</p> <p>*Patients 1 - 29 when Staff B, who was acting outside the scope of her duties as an employee,</p>	A 017	<p><b>CORRECTIVE ACTION PLAN (239471):</b></p> <p>A. Immediate Corrective Action: 1) Thorough investigation of event. 2) Patient notified of incident in writing.</p> <p>B,C. Deficient practice identification, corrective measures, and systemic changes: 1) Education of responsible EKG staff to: a) Ensure information accessed is on a need to know basis. b) Systemic changes include: 1. Staff are to access only the information necessary to carry out roles and functions for treating patients for EKG services.</p> <p>D. Monitoring: 1) Monitoring of access by EKG staff for a three month period and then periodically to ensure : a) Information is accessed on a need to know basis by EKG staff.</p> <p>E. Monitoring was conducted by the Facility Privacy Official and reported to the Quality Assessment and Improvement Committee and Facility Privacy Official monthly.</p>	<p>Completed by Facility Privacy Official 8/16/10</p> <p>Completed by Interim EKG Director / FPO and HR Director 8/16/10</p> <p>Monitoring was conducted by FPO Sept 2010 - Nov 2010</p>

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A 017	<p>Continued From page 2</p> <p>accessed their records, once each, during a 90 day period from [REDACTED]/10 to [REDACTED]/10; and</p> <p>*Patients 30 and 31, when Staff B who was acting outside the scope of her duties as an employee, accessed each of their records on two occasions between [REDACTED]/09 and [REDACTED] 10.</p> <p>Findings:</p> <p>1. An unauthorized employee, Staff B, accessed protected health information for Patients 1 - 29, outside the scope of her duties as an EKG technician. The health information accessed included face sheets. Face sheets contained the patient's name, address, phone number, medical record number, physician's name, chief complaint and/or admitting diagnosis.</p> <p>During an interview on [REDACTED] 10 at 8:20 am, Administrative Staff (Admin) A stated that on [REDACTED] 10, she reviewed an audit log of access to electronic patient information by employees in the EKG department. She found that Staff B had accessed records for Patients 1 - 29 over the course of a 90 day period from [REDACTED]/10 to [REDACTED]/10. This audit was validated by the supervisor of that department who confirmed that there was no valid reason for Staff B to have accessed those records. Admin A confirmed that only face sheets were viewed and no information had been printed.</p> <p>During an interview on [REDACTED]/10 at 3:25 pm, Staff B admitted to accessing the records of a number of patients. She stated she did not know the exact number of patient records she had accessed but said she looked at the face sheets only and did not print any information. Staff B stated she did this out of curiosity and boredom.</p>	A 017	<p><b>CORRECTIVE ACTION PLAN (242628):</b></p> <p>A. Immediate Corrective Action:</p> <ol style="list-style-type: none"> <li>1) Thorough investigation of event.</li> <li>2) Patient notified of incident in writing.</li> </ol> <p>B,C. Deficient practice identification, corrective measures, and systemic changes:</p> <ol style="list-style-type: none"> <li>1) Education of responsible EKG staff to:             <ol style="list-style-type: none"> <li>a) Ensure information accessed is on a need to know basis.</li> <li>b) Systemic changes include:                 <ol style="list-style-type: none"> <li>1. Staff are to access only the information necessary to carry out roles and functions for treating patients for EKG services.</li> </ol> </li> </ol> </li> </ol> <p>D. Monitoring:</p> <ol style="list-style-type: none"> <li>1) Monitoring of access by EKG periodically to ensure :             <ol style="list-style-type: none"> <li>a) Information is accessed on a need to know basis by EKG staff.</li> </ol> </li> </ol> <p>E. Monitoring will be conducted by the Facility Privacy Official and reported to the Quality Assessment and Improvement Committee and Facility Privacy Official monthly.</p>	<p>Completed by Facility Privacy Official 9/14/12</p> <p>Completed by FPO 9/14/12</p> <p>Monitoring was conducted by FPO Sept 2010 - Nov 2010 and then annually</p>

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A 017	Continued From page 3  The facility provided a copy of a letter sent to Staff B, dated 8/17/10, that read as follows: "We reviewed with you that unauthorized accesses constitute a breach of patient privacy rights and also a violation of the code of conduct required by facility employees in respecting the dignity of our patients."  The facility's Area Global Information Security Policy, dated 5/23/02, read as follows: It is the ethical and legal obligation of all staff to consider information of patients or other staff as privileged and to keep such information in strict confidence. It is the staff's responsibility to retrieve and keep in confidence all business and medical data that is directly related to the treatment of patients for whom they have a business "need to know" or clinical relationship.  The facility's Human Resources Manual regarding confidential information, dated 10/20/09, read as follows: Employees should only receive confidential information if necessary for performing their job duties and should not seek out sensitive information, including their own medical information, which must be accessed by appropriate procedures.  The facility's Human Resources Manual regarding rules of conduct, dated 10/20/09, read as follows: It is not possible to list all forms of behavior considered unacceptable in the workplace. . . . Failure to respect the confidential nature of hospital records.  2. An unauthorized employee, Staff B, accessed protected health information for Patients 30 and 31, outside the scope of her duties as an EKG technician.	A 017		

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A 017	Continued From page 4  During an interview on [REDACTED]/10 at 8:50 am, Admin A stated that on [REDACTED]/10, Patient 31 called and requested Admin A to perform an audit for herself and her daughter, Patient 30. This request was made after Patient 31 received a letter from the facility informing her that her other daughter's, Patient 13, health information was breached. Admin A stated that she performed the audit and found that Staff B accessed Patient 30's records on [REDACTED]/09 and [REDACTED]/09, and accessed Patient 31's records on [REDACTED]/09 and [REDACTED]/10.  Admin A stated that Patients 30 and 31's face sheets and transcribed reports had been viewed but not printed by Staff B. Admin A was unable to determine which transcribed reports had been viewed. Admin A stated that she did not interview Staff B regarding this breach because Staff B was no longer an employee of the hospital at the time the audit was conducted on [REDACTED]/10.  During an interview on [REDACTED]/10 at 1:55 pm, Staff B stated it's possible she accessed a patient's records more than once but she could not recall. She also stated she couldn't recall looking at anything in the record other than the face sheets.	A 017		

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 LICENSING DIVISION