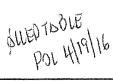
CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH



		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED			
r 4		050238	B. WING		06/1	0/2014			
NAME OF PROVIDER OR SUPPLIER Methodist Hospital of Southern California			STREET ADDRESS, CITY, STATE, ZIP CODE 300 W Huntington Dr, Arcadia, CA 91007-3402 LOS ANGELES COUNTY						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE			
	The following reflects the findings of the Department of Public Health during a complaint/breach event visit: Complaint Intake Number: CA00389732 - Substantiated		The state of the s	A. How the correction waccomplished, both to permanently. What in measures and system put in place to ensure practice does not rect	emporarily and nmediate ic changes will be that the deficient	in market a market and a market a			
	Representing the Depa Surveyor ID # 15727, F	rtment of Public Health: REHS, HFE I ited to the specific facility does not represent the	(b) the waiting configuration are minimized to the control of the	The involved employee(s) were immediately counseled by Management upon confirmation breach. Employment suspension issued for a period of 3 days for a employees. Review of Privacy Power of the procedures mandated prior to to work.		03/1/2014			
	clinic, health facility	Code Section 1280.15(a) A	no ĝi e kondina la minima.	An all staff memoran published to commun and HIPAA Privacy (icate Safeguards	04/01/2014			
	1725, or 1745 sl unauthorized access patients' medical	suant to Section 1204, 1250, nall prevent unlawful or to, and use or disclosure of, information, as defined in action 56.05 of the Civil Code	Seat of the Seat o	Embedded New Hire Training revised to el Privacy and Security around employee sno	aborate on Risks specifically	08/01/2014			
	department, after ir	ith Section 130203, The westigation, may assess an for a violation of this section	de de consequencia de conseque	B. The title or position o responsible for correct	f the person				
	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.		The second of th	The Director of Medi Services along with the Respiratory Care with Human Resources we the Written Disciplina Suspension.	ne Director of a assistance by are responsible for	03/01/2014			
				The Privacy Coordina responsible for the iss employee memorandi employee snooping.	uing the all	यानम			
	failed to prevent unla	and record review, the facility wful or unauthorized access to I record. Three employees	1						
Event ID:H	IOCU11	3/29/201	6 3:0	5:14PM					

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

Cari Joneck , Unif Conglance + Risk

signing this document, I am acknowledging receipt of the entire citation packet. Page(s). 1 thru 4 TITLE

deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined .. 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

PLAN O	FCORRECTION	1	ENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		050238		A. BUILDING B. WING			06/10/2014	
	OVIDER OR SUPPLIER Hospital of Southern Cali		STREET ADDRESS			7-3402 LOS ANGELES	COUNTY	
(X4) (D PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES ' MUST BE PRECEEDED BY F SC IDENTIFYING INFORMAT		ID PREFIX TAG	(EACH	PROVIDER'S PLAN OF CORI CORRECTIVE ACTION SHOU INCED TO THE APPROPRIA	ULD BE CROSS-	(X5) COMPLETE DATE
	(Employee 1, 2 and 3) accessed Patient 1's electronic medical record without authorization or a legitimate reason to do so. Findings: An unannounced visit was made at the facility on June 10, 2014 to conduct an investigation of a breach of confidentiality of a medical record involving three facility employees unlawfully			The Chief Compliance and Risk Officer was responsible for altering the New Hire Presentation materials and for providing this training 1-2 times monthly to new hires.			for altering the materials and	08/01/201
					The Privacy Coordinator attended a one week training course on Fairwarnings to enhance specifity of monitoring access. C. Plan for continued compliance and description of the monitoring process to prevent recurrence of the deficiency:			05/03/20
	accessing a cowork without authorization. During an interview of the privacy and complemployees accessed 1.	on June 10, 2014, a pliance coordinator s	t 8:55 a.m.,			and Date the immediate the deficiency will be as Upgraded rules of Fairv better capture those empatients & need addition oversight of access by comployees.	correction of ccomplished varning to ployees who are nal controls and	07/01/20
	A review of the Pati Patient 1 was admitt 15, 2014 with a diagno	ed to the facility onesis of chest pain.	n February	-		Ongoing Environment of Rounding's by the Priva will randomly audit con Safeguards and HIPAA Compliance.	acy Coordinator npliance of	3/13/201
	The "Fair Warning" indicated the following:	:		i		Ongoing User Activity Coordinator will randon compliance of Confider Computer Agreements.	nly audit	03/13/20
	Employee 1 accesses information without a February 15, Februar Employee 1 explaine Patient 1 was admit	legitimate reason to ary 16 and February d that a co-worke tted to the hospit	do so on 17, 2014. In told her al. Out of	:		Mandatory completion educational training wh topics on "HIPAA Priva Security Safeguards".	ich includes	Annually
	concern for the pati- record to "check occasions. Employee good and did not privacy.	in" on her on a 1 stated his inter	3 separate intions were	:		100% compliance achie completion of the annua Day" Swank Learning N & 2015. Currently at 99	al "Educational Module in 2014	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

· —	DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DRRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
, ,]		050238	B. WING		06/1	0/2014	
NAME OF PRO	IDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE, 2	ZIP CODE	1		
Methodist F	lospital of Southern Cali	fornia 300 W H	untington Dr, Arcadi	ia, CA 91007-3402 LOS AN	GELES COUNTY		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE ACTI REFERENCED TO THE APP	ON SHOULD BE CROSS-	(X5) COMPLETE DATE	
	medical record inforeason to do so on had gone into the sy of Patient 1 after leawas admitted to t	also accessed Patient ormation without a legitir February 15, 2014, stated ystem to find the room nur arning from Patient 1 that he hospital. Patient 1 2 personally and reque	she nber she had	Agreemen expectatio signing in 100% sign	onfidentiality t report to enhance ns of all employees 2016. Expectation for atures by June 2016. lved employees signed.	In progress, to be completed at year end 2016.	
	She had visited Patie learned her blood pr	he checked Patient 1's cent 1 on February 15, 2014 essure was high. On Februed Patient 1's chart to se	and uary				
	and Accountability 1 signed the docur According to that hospital agree to or (e.g. medical record perform their legiting receiving information	document, employees of ally use confidential information) as needed nate duties as an emplo from the hospital, only ac- n for which they need to ke confidential information	oyee 2013. the ation t to oyee cess know				
	of Patient Informatio indicated the employ May 13, 2008. The document titled,	Confidentiality and Disclon Agreement for Employed yee signed the document Confidentiality and Disclon Agreement for Employed	e 2 on				
Event ID:HO	ÇU11	3/2	9/2016 3:0	5:14PM			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

l		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	4 7 7			(X3) DATE SURVEY COMPLETED			
l	050238					06/1	0/2014		
ì	DER OR SUPPLIER Ospital of Southern Cali	fornia	STREET ADDRESS, CITY, STATE, ZIP CODE 300 W Huntington Dr, Arcadia, CA 91007-3402 LOS ANGELES COUNTY						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT	OF CORRECTION TION SHOULD BE CROSS- PROPRIATE DEFICIENCY)	(X5) COMPLETE DATE		
	employees did in coworker's electronic also indicated, "The the patient's name,	e the form. The Ne dated November 1 e 3 on November ealth Insurance Positity's report to the 28, 2014 indicate nappropriately ac health record." documents viewed date of birth, me	Department ed, "three cess their The report dical record						
	Based on the finding access of medical three employees, legitimate reason to call Safety Code Section 1	ps, the facility failed information of one without authorization o	d to prevent patient, by tion or a						
:				:					
							: : :		
			· •				· :		
Event ID:HO	ÇU11		3/29/2016	3:05:	14PM				