CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

POC - acceptable 2/4/14 box

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
050116			A. BUILDING B. WING					
NAME OF PROVIDER OR SUPPLIER Northridge Hospital Medical Center			STREET ADDRESS, CITY, STATE, ZIP CODE 18300 Roscoe Blvd, Northridge, CA 91325-4105 LOS ANGELES COUNTY					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
	hospice licensed pur 1725, or 1745 s unauthorized access patients' medical subdivision (g) of S and consistent v department, after i administrative penalty of up to twenty-five patient whose medior without author disclosed, and up hundred dollars occurrence of unla use, or disclosure information. Based on record refailed to prevent unl Patient 2's medical	a complaint/breach of the antitated artment of Public Heart affEN alted to the specific far does not represent the action of the facility. Code Section 13 y, home health result to Section 14 y, home health result to Section 15 and use or dinformation, as ection 56.05 of the with Section 13 investigation, may of for a violation of thousand dollars (cal information waits at information waits and interview and interview awful or unauthorized.	cility he 280.15(a) A agency, or 1204, 1250, nlawful or disclosure of, defined in civil Code 20203. The assess an this section \$25,000) per as unlawfully used, or cousand five subsequent zed access, nts' medical w, the facility ded access to August 22,		Action Upon notification of this privacy of concern, the Facility Privacy Office Leadership, and Human Resource immediately investigated this aller results of this investigation were the Department of Public health September 16, 2010. As noted in up notification letter on October in the facility inspection, Staff C hospital policy and/or state regul disciplined via a final written war one-day suspension.	PRECEIVED oreach cer, Nursing ces egation. The reported to on the follow 15, 2010, and who violated ation was	HEALTH FACILITIES 1NSPECTION DIVISION 9/16/10- 10/15/10	
Event ID:	WRY811		1/21/2016	5:	11:50PM			

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

TITLE

(X6) DATE

By signing this document, I am acknowledging receipt of the entire citation packet, Page(s). 1 thru 3

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.

	ACCUSATION OF THE PROPERTY OF	· 		T		T		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
050116				B. WING		11/12	11/12/2010	
NAME OF PE	ROVIDER OR SUPPLIER	!	STREET ADDRESS	CITY STATE	ZIP CODE	<u> </u>		
	e Hospital Medical Center	1			dge, CA 91325-4105 LOS ANGELES C	OUNTY		
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(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETE	
TAG				TAG			DATE	
					Education			
	2010. Staff C (surgical technician)	accessed		In an effort to provide hospital-wid	le training to	Ongoing the	
	Patient 2's confidential medical information from the				In an effort to provide hospital-wide training t all employees, NHMC conducts on-going training and provides education for the various		most recent	
	staff's home comput				areas of the work force to prevent	t tuture	incidence	
	to do so.	ioi viitioat a logiali	idio rodoo.		incidents through understanding of privacy policies, requirements, an	was 1/20/16.		
	Findings:				regulations.	u		
					The educational lessons include:			
	On November 40, 0	040			Reviewing the facility's p			
	On November 12, 2	•	!		and procedures related t	o patient		
	made to the facilit				privacy.Providing guidelines and	l tine to		
	employee unlawfull		coworker's		staff members to preven		£	
	medical record without	•	COMOLKELS		possible issues.			
	inedical record without	t autionzation.			 Using scenario based tra 	aining		
	A review of an Ope	rative Record dated	August 11		mechanism to make the			
	2010, indicated Pa				information more applica the common situations in			
	procedure at the facilit		- 1		daily job duties.	i dien		
		,,						
	A review of Quart	erly Privacy Audit	Tool dated		In addition, the staff members are			
	September 13, 20	•	l l		the importance of patient privacy			
	(surgical technician)	accessed Patient 2's	s (Staff C's		meetings, weekly huddles, and no articles.	Maierrei		
	coworker) medical r	ecord on August 2	2, 2010 at		artiolog.			
	7:43 p.m. Staff C	accessed the patier	nt's medical		Policy and Procedure			
	record approximate	ely twelve days	after the					
	procedure was perform	ned.			To minimize and prevent unlawful			
					unauthorized access to Protected		Periodic, the most recent	
	On November 12, 2		1		Information (PHI), Dignity Health N	•	update and	
	that Staff C and		- 1		Hospital Medical Center (NHMC)		review was in	
	employees, and th	-			reviewed their policies after the inc subsequently, revised to ensure tha		2015.	
	According to Staff	•	1		continue to sufficiently provide dire	•		
	scheduling program Patient 2's confidentia		an aisciosea		force members regarding appropria			
	rationt 2 5 Confidentia	i medicai imormation.			use, and disclosure of patient reco			
	A review of the fac	ility's noticy and pro	cedure title		addition, Dignity Health Northridge			
		olicy" dated April	I		Medical Center (NHMC) has adap			
	indicated that the	•	confidential		Network Usage Policy of Dignity I			
		c according of	Joingoidal					
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		030116		B. WING		11/12	2/2010
NAME OF PRO	OVIDER OR SUPPLIER		STREET ADDRESS,				
Northridge	Hospital Medical Center		18300 Roscoe B	lvd, Northrid	dge, CA 91325-4105 LOS ANGELES C	DUNTY	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	ACTION SHOULD BE CROSS-	
	information that was not within the scope of the user's duties was prohibited. A review of a disciplinary form dated September 15, 2010, disclosed Staff C was "curious" and inappropriately accessed the surgery scheduling system and viewed a coworker's protected health information "without a need to know in the line of duty." According to the disciplinary form, Staff C's actions caused a significant safety and security breach of privacy of patient health information. Based on the information submitted by the facility, interviews, and other facts set forth above, the facility's staff accessed the patient's confidential medical information without authorization and without a legitimate reason to do so, and the facility failed to prevent unlawful or unauthorized access of the patient's confidential medical information in violation of Health and Safety Code Section 1280.15(a).				Ongoing, the most recent audit was on 1/12/16.		
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