

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA230000261	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/11/2010
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NAME OF PROVIDER OR SUPPLIER RIDEOUT MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 726 4TH ST MARYSVILLE, CA 95901
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A 000	<p>Initial Comments</p> <p>AMENDED</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of an entity reported incident.</p> <p>Entity reported incident: 234147</p> <p>The inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility.</p> <p>Representing the Department: 27519, HFEN</p> <p>A deficiency was written at A017 for the entity reported incident:</p>	A 000		
A 001	<p>Informed Medical Breach</p> <p>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."</p> <p>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.</p> <p>Patient 1</p>	A 001		

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 CDPH, L.A. COUNTY OFFICE

Licensing and Certification Division

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

[Signature] TITLE *Vice President* (X6) DATE *05/21/2011*

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A 017	<p>1280.15(a) Health & 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 access and disclosure for Patient 1.</p> <p>Findings:</p> <p>In a letter to the Department, dated [REDACTED] 10, the</p>	A 017		
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A 017	<p>Continued From page 2</p> <p>facility reported unauthorized access of Patient 1's personal medical information. Patient 1 was a member of the medical staff and because of his professional relationship with the facility he was known by the staff. The facility became aware of the unauthorized access to Patient 1's personal medical information on [REDACTED]/10 when it was reported by Patient 1's family member to Nurse Administrator K.</p> <p>During an interview with Privacy Staff A on [REDACTED] 10 at 1:30 pm, she confirmed that between [REDACTED] 10 and [REDACTED] 10, Patient 1's electronic medical record (EMR) had been accessed 143 times by seven unauthorized staff members. Staff B, Licensed Nurse (LN) D, and LN E accessed Patient 1's EMR from computers located at nurse's stations in the hospital and viewed his personal health information. LN C, LN F, Certified Nursing Assistant (CNA) G, and CNA H stated that they did not access Patient 1's EMR, but they also stated that they did not log off the computers that they had used, which were located at nurse's stations in the hospital, and this would have allowed anyone to use the computers to access any patient's health information. The information that was disclosed included Patient 1's name, medical record number, account number, radiology (x-ray) and laboratory results.</p> <p>During an interview with Patient 1's family member on [REDACTED] 10 at 12:45 pm, she stated that while at a wedding she was attending, Staff B approach her and started to discuss Patient 1's hospitalization. She stated that she did not know Staff B, but he told her that he was from the Rideout Cancer Center. She stated that he talked about Patient 1's laboratory results and his condition. She was concerned as to how Staff B was connected to Patient 1's case, and because</p>	A 017	<p>A 017</p> <p>Corrective Actions Taken:</p> <ul style="list-style-type: none"> * Involved staff were immediately placed on administrative leave pending investigation. By 6/10/10 * Staff working with suspected violators were immediately reinforced with the requirements of HIPAA. By 6/10/10 * Termination of violators and a no tolerance approach for HIPAA violations was adopted immediately and remains in force. By 6/10/10 * All facility staff were informed of the no tolerance immediate termination policy that was instituted because of this second HIPAA breach. By 6/10/10 * The Director of Accreditation and Regulatory Compliance facilitated the CDPH investigation to maximize gathering information in a timely manner. By 11/11/20 * Upon detection of the breach the Health Information Director locked the access to the patient's medical records to prevent ongoing unauthorized access. By 6/10/10 * The paper format portion of the chart was secluded and protected from unauthorized access by the ICU Director immediately. By 6/10/10 * General hospital staff were re-educated on the HIPAA requirements by a newsletter. By 6/18/10 * Education included discussing information obtained through job performance and discussion among others outside the workplace. By 6/18/18 <p>Plan For Monitoring:</p> <ul style="list-style-type: none"> * The Director of Health Information Management will perform random audits of health records of patients to ascertain whether the Protected Health Information (PHI) has been breached. By 6/18/10 and ongoing * Audits of high risk PHI (Employees, Physicians and persons of notoriety) will occur on request of the Director of Risk Management as needed. By 6/18/10 and ongoing 	
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A 017	Continued From page 3 the conversation was held in a public area, she became uncomfortable and anxious. During an interview on [REDACTED]/10 at 9 am, Staff B stated he viewed Patient 1's medical information on a "daily basis." He stated, because he worked with Physician J and Physician J was consulted on Patient 1's case and even though he "never received orders to go into the case," he felt that he was connected to the case and had a right to access Patient 1's EMR and review his personal health information even though. He stated that on [REDACTED]10 at 8 pm, at a wedding he was attending along with Patient 1's family member, he had a conversation with her and discussed Patient 1's hospitalization and other personal medical information. During an interview on [REDACTED]10 at 1:30 pm, Privacy Staff A stated that if Physician J had required Staff B to do a social service consult on Patient 1, he would have indicated this in his dictation notes. During a record review on [REDACTED]10, Privacy Staff A confirmed that there was no documentation in Patient 1's EMR that indicated Physician J requested a social services consult for Patient 1 from Staff B. The facility's audit log (a record of access for EMRs) for Patient 1's EMR indicated that Staff B accessed Patient 1's EMR 65 times between [REDACTED]10 and [REDACTED]10. Documentation on the audit log for Patient 1 indicated that Staff B did not have authorization to access to Patient 1's EMR. The audit log for Patient 1 indicated that on [REDACTED]10 at 1:45 pm, LN D accessed Patient 1's EMR one time and viewed Patient 1's personal	A 017	A 017 Continued: * Reports generated will be forwarded to the Privacy Officer for interpretation and immediate action if a breach is detected. * Investigation reports will be forwarded to the Privacy Officer prior to notification of victims to confirm breached content. Persons Responsible: * Vice President of Operations * Privacy Officer * Director of Health Information Management	By 6/18/10 and ongoing By 6/18/10 and ongoing

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A 017	<p>Continued From page 4</p> <p>medical information. Documentation on the audit log for Patient 1 indicated that LN D did not have authorization to access to Patient 1's EMR.</p> <p>During an interview on [REDACTED]/10 at 9 am, LN D stated that she accessed Patient 1's blood gas results out of "curiosity and concern." She stated that she "knew it was wrong," and that she did not share the information with anyone else.</p> <p>The audit log for Patient 1 indicated that on [REDACTED] 10 at 4:26 pm, LN E accessed Patient 1's EMR one time and looked at laboratory results. Documentation on the audit log for Patient 1 indicated that LN E did not have authorization to access to Patient 1's EMR.</p> <p>During an interview on [REDACTED]/10 at 8:30 am, LN E stated that she accessed Patient 1's EMR and looked at laboratory results because she was concerned and curious. She stated that she realized that she should not have been looking at the results and exited the computer. She stated that she did not discuss the results with anyone.</p> <p>The audit log for Patient 1 indicated that on [REDACTED]/10 at 6 pm, LN C accessed Patient 1's personal medical information in his EMR two times, and viewed laboratory and radiology (x-ray) results.</p> <p>During an interview on [REDACTED] 10 at 8:30 am, LN C stated that she did not view any of Patient 1's information, but admitted that she did not log off the computer which would have allowed other staff members to access Patient 1's EMR under her name.</p>	A 017		

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A 017	<p>Continued From page 5</p> <p>The audit log for Patient 1 indicated that on [REDACTED] 10 at 3 pm, LN F accessed Patient 1's EMR one time and viewed his laboratory results.</p> <p>During an interview on [REDACTED] 10 at 10 am, LN F stated that she did not access Patient 1's EMR but, she left her computer logged-on. She stated that Patient 1 was not assigned to her. She stated that she discussed only information about Patient 1 that was public knowledge.</p> <p>The audit log for Patient 1 indicated that CNA G accessed Patient 1's EMR 70 times between [REDACTED] 10 and [REDACTED] 10.</p> <p>During an interview on [REDACTED] 10 at 2:30 pm, CNA G stated that she did not know Patient 1 and would not have looked at his health information because she had no need. She stated that someone might have access the information through a computer that she did not log off from or that someone knew her password.</p> <p>The audit log for Patient 1 indicated that on [REDACTED] 10 at 3:13 pm and on [REDACTED] 10 at 4:40 pm, CNA H accessed Patient 1's EMR three separate times.</p> <p>During an interview on [REDACTED] 10 at 2:45 pm, CNA H stated that she did not look at Patient 1's chart because there was no reason for her to look. She did not know the patient. She stated that access was gained through a computer that she did not log off.</p> <p>During an interview with Privacy Staff L on [REDACTED] 10 at 11:15 am, he stated that the facility's policy was for staff to log off when they leave a computer.</p>	A 017		

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A 017	Continued From page 6 Privacy Staff A confirmed that Patient 1 was notified by mail on [REDACTED] 10 about the unauthorized accesses to his personal health information.	A 017		

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