

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		050228		A. BUILDI B. WING	NG	05/1	6/2011
	PROVIDER OR SUPPLIER ANCISCO GENERAL HOSPI		REET ADDRESS, C		, ZIP CODE cisco, Ca 94110-3518 SAN FRANCISC	CO COUNTY	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		1	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE IN THE APPROPRIATE I	BE CROSS-	(X5) COMPLET DATE
Event ID:	of Public Health during visit: Complaint Intake Numb CA00268593 - Substant Representing the Depa Surveyor ID # 25730, Health investigated and findings of a full inspect Health and Safety clinic, health facility, hospice licensed purs 1725, or 1745 shunauthorized access patients' medical in subdivision (g) of Se and consistent will department, after invadministrative penalty of up to twenty-five the patient whose medical or without authorized dollars (cocurrence of unlawfuse, or disclosure information. Violation of Health an failure to prevent unamedical records: Substantial Substantial Country Cou	rtment of Public Health: IFEN ted to the specific facility does not represent the ion of the facility. Code Section 1280.1 home health agentuant to Section 1204 all prevent unlawfor, and use or disclost information, as definction 56.05 of the Civith Section 130203 vestigation, may assefor a violation of this mousand dollars (\$25,0 al information was unation accessed, use to seventeen thousand to seventeen thousand full or unauthorized of that patients' d Safety Code 1280.1 authorized access to particulated	at 5(a) A noy, or 1250, ful or sure of, ned in il Code The ess an section 00) per alawfully ed, or nod five sequent access, medical 5(a) for patients'		CA DEPT OF PUB APR 1 3 L&C DIVIS SAN FRANCE Health & Safety Code Section: 12th A clinic, health facility, home heal or hospice licensed pursuant to Section: 1884	2012 ION ISCO 30.15 (a): th agency,	Н
ORATOR	RY DIRECTOR'S OR PROVIDE	VSUPPLER REPRESENTAT	IVE'S SIGNATU	RE	OSO)	4/.	(X6) DATE
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at other sa survey wh	cy statement ending with an ast ofeguards provide sufficient prote ether or not a plan of correction	ection to the patients. Except f is provided. For nursing home	or nursing home es, the above fin	s, the findings and p	excused from correcting providing it is deterings above are disclosable 90 days following plans of correction are disclosable 14 days for of correction is requisite to continued programments.	the date	5/0

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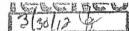
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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 050228				(X2) MUL A. BUILDI B. WING	TIPLE CONSTRUCTION	(X3) DATE SUI COMPLET	
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	hospice licensed purs 1725, or 1745 sh unauthorized access t	a complaint/breach ever: Itiated Introduction of Public Health IFEN Ited to the specific facility Ited to the facility. Code Section 1280 In home health against to Section 120 Item of the facility and the f	ty 15(a) ^ ency, or 04, 1250, wful or osure of, fined in	L&C DIVISION	APR 1 3 2012	I204, 1250, 1725, or 1745 shall unlayed or unauthorized accessor disclosure of, patients' medicinformation, as defined in subdisection 56.05 of the Civil code a consistent with Section 130203. Actions: The second Francisco General Hosping Officer or designee conduction electronic audits of the on Clinical Record (LCR), the SFG-information electronic medical recommend for unauthorized access to protected health information (PHI) or UCSF employee in accordance Policy 6.1/Patient Privacy LCR A Attachment 1). These electronic attriggered by admission of an SFG employee to SFGH as a patient, by phone or email by anyone who ha and by high profile cases reported	s to, and use cal livision (g) of and tal (SFGH) cts periodic, line Lifetime I patient health ord system, to o patient by any SFGH with HIS audit (see audits are also H or UCSF y a request via s concerns,	Ongoing
	and consistent wit department, after invadministrative penalty of up to twenty-five the patient whose medical or without authorized disclosed, and up the hundred dollars (soccurrence of unlawfuse, or disclosure information. Violation of Health and failure to prevent unamedical records: Substantial	th Section 13020 vestigation, may as for a violation of this nousand dollars (\$25 al information was u ation accessed, u o seventeen thouse \$17,500) per sul ul or unauthorized of that patients' d Safety Code 1280 outhorized access to	3. The sess and session (000) per unlawfully sed, or and five osequent access, medical			Officer by the Administrator on Duhigh profile media cases, admission As described in the 2567 received 2012, the facility had provided door the time of the May 2011 investigatemployee involved in this privacy been oriented to their responsibility the confidentiality of patient protectinformation (PHI) and to medical in privacy requirements, yet still they record without authorization. At the time of the incident investigation, the Department of Public Heconvened a Privacy Summit attended to the convened and UCSF Privacy Officers to estates.	March 30, sumentation at attion that the breach had ies to protect ted health information accessed the attion in May ealth had ded by DPH	May 2011

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

TITLE

(X6) DATE



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLI		(X2) MUI	TIPLE CONSTRUCTION	(X3) DATE SUF	
		050228		B. WING		05/1	6/2011
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRES	S, CITY, STATE	E, ZIP CODE		
SAN FRA					ncisco, Ca 94110-3518 SAN FRANC	ISCO COUNTY	
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	hospice licensed purs 1725, or 1745 sh unauthorized access to patients' medical in subdivision (g) of Seand consistent with department, after invadministrative penalty of up to twenty-five the patient whose medical or without authorized disclosed, and up to the patient whose medical or without authorized disclosed, and up the patient whose medical disclosed and u	a complaint/breach of the specific factors and the specific factors and the specific factors are specific factors and the specific factors are specific factors and the specific factors are specific factors and the specific factors are specific for a violation of the specific factors are specific for a violation of the specific factors are specific for a violation of the specific factors are specific for a violation of the specific factors are specific for a violation of the specific factors are specific for a violation of the specific factors are specific for a violation of the specific factors are specific for a violation of the specific factors are specific factors. The specific factors are specific factors.	Ith: SAN FRANCISCO SAN FRANCISCO Solution 80.15(a) A agency, or 204, 1250, lawful or sclosure of, defined in Civil Code 203. The assess an this section 25,000) per unlawfully used, or usand five subsequent d access, if medical 30.15(a) for	APR 1 3 2012	agreements, and responsibilities, development of a security/privacy SFDH to enhance the SFGH Priv Following receipt of the 2567 on 2012 the Chief Executive Officer, Chief Operating Officer, Chief Operating Officer, Chief of Staff, and the SFG Officer issued a memo to all SFG statutia email notifying staff of thi privacy breach. The memo was is as a reminder regarding the Depa Public Health (DPH) and SFGH p the confidential patient protected heal (PHI), *requirements to password prote portable electronic devices on whi protected health information (PHI) *the penalties for violating these well as the penalties	r committee at acy program. March 30, Chief Nursing JCSF Associate BH Privacy H and UCSF is recent issued to staff interest of olicies about increasing about increasing and increasing in	April 13, 2012 April 13, 2012 April 13, 2012
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		050228		B. WING		05/1	6/2011
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	clinic, health facility, hospice licensed purs 1725, or 1745 sha unauthorized access to patients' medical in subdivision (g) of Secand consistent with department, after invadministrative penalty of up to twenty-five the patient whose medical or without authorized disclosed, and up to hundred dollars (\$ occurrence of unlawfit	a complaint/breach of tiated trent of Public Hear FEN ted to the specific factors not represent the food of the facility. Code Section 12th home health a function of the facility. Code Section 1 all prevent unlow, and use or districted in 56.05 of the food of the fo	SAN FRANCISCO Ith: SAN FRANCISCO Solity or 204, 1250, lawful or closure of, defined in Civil Code 203. The assess an his section 25,000) per unlawfully used, or usand five subsequent d access, medical	APR 1 3 2012	include SB 541 and AB 211 provise Attachments 4, 5, 6). The SFGH Privacy Officer and the Regulatory Affairs will conduct an information session regarding the SE 541 and AB 211 as well as investing from recent privacy breact organization at the following meeting from recent privacy breach organization at the following meeting the Executive Staff Committee Medical Executive Committee Management Forum Meeting Monitoring: The SFGH Privacy Officer or design continues to conduct periodic, rand audits of the LCR to monitor for un access to patient protected health (PHI) by any SFGH or UCSF empl accordance with HIS Policy 6.1/Pa LCR Audit (see Attachment 1). The SFGH Privacy Officer and the Information Systems Manager preserport regarding privacy issues to the Quality Council. In addition, they incidents of non-compliance with D SFGH privacy policies which occur year at the next scheduled SFGH (Council meeting). Responsible Person(s): SFGH Privacy Officer or designee SFGH Director of Regulatory Affair	Director of educational provisions of estigation nes within the ngs (see dom electronic authorized information oyee in atient Privacy CHN Senior sent an annual he SFGH report any PH and during the Quality	To begin with the April 24, 2012 Management Forum Meeting and anticipate completion by May 30, 2012. Ongoing Ongoing

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

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER 050228			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/16/2011		
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	OVIDER OR SUPPLIER						
SAN FRAN	NCISCO GENERAL HOSPI	TAL	1001 Potrero Ave	, San Fran	cisco, Ca 94110-3518 SAN FRANCISC	COUNTY	
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	Informed Medical Bread	ch					
	mierrica medicai break	OIT					
			(1)(0)		e consideration of the conside		
	Health and Safety Co						
	A clinic, health facil	ity, agency, or he	ospice shall				
	also report any unlaw	vful or unauthorized	access to,				
	or use or disclosu	ure of, a patien	t's medical				
	information to the af	fected patient or t	he patient's				
	representative at the	•					
	than five business						
		•					
	unauthorized access,		-				
	detected by the clin	ic, health facility,	agency, or				
	hospice."						
	The CDPH verified	that the facility in	formed the		OA DEDT OF DUD	1011=4.	
	affected patient(s) or	the patient's repre	esentative(s)		CA DEPT OF PUB	LIC HEALT	H
	of the unlawful or						
1	disclosure of the patient		1				
1	disclosure of the patient	ts medical imornian	///.		APR 13	2012	
	0 5100144 11 1	5: 0%		,	7,11,13	2012	-
	On 5/20/11, the fa		1				
	notices to the sixty				L&C DIVISI	ON	
	patients explaining t	he breach of the	eir medical		SAN FRANC	ISCO	
	records.	·					
	On 5/23/11, the fa	cility Privacy Offi	cer mailed				
		rty three (33)					
	speaking patients ex						
1	medical information in the						
	medicai illivillation ill ti	ien primary ranguage	·				
	(a) A clinic, health facility, home health agency, or				Health & Safety Code Section: 128	0.15 (a)	
					A clinic, health facility, home healt		
			agency, or				
	hospice licensed pur				or hospice licensed pursuant to Se		
	1725, or 1745 shall pro				1204, 1250, 1725, or 1745 shall pre		
	access to, and use or di				unlawful or unauthorized access to	, and use	
	access to, and use of di	sciosure or, patients			or disclosure of, patients' medical		
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SYATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
050228				B WING		05/1	6/2011
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRESS.	CITY, STATE	, ZIP CODE		
SAN FRAN	NCISCO GENERAL HOSPI	TAL	1001 Potrero Av	e. San Fran	cisco, Ca 94110-3518 SAN FRANCISC	O COUNTY	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD I REFERENCED TO THE APPROPRIATE D	(X5) COMPLETE DATE	
	Continued From page	2		***	information , as defined in subdivi	sion (a) of	
			uision (a) of		Section 56.05 of the Civil code and		
	medical information, Section 56.05 of the				consistent with Section 130203.	•	
	Section 130203. investigation, may as				AND		
	for a violation of th						
	thousand dollars (\$		- 1		T22 DIV5 CH1 ART7-70707 (a) (b) (6) Patients'	
	medical information		1		Rights		
-	authorization accessed	•			patients; rights to (8) confidentia		
	to seventeen thou				treatment of all communication an pertaining to the care and the stay		
	(\$17,500) per subsequ				hospital. Written permission shall		
	unauthorized access,				obtained before the medical record		
	patients' medical info				made available to anyone not direct		
	investigation, the de	epartment shall co	onsider the		concerned with the care.		
	clinic's, health facili	ty's, agency's, or	hospice's				
	history of compliance				Action(s):		
	related state and fed		_		The San Francisco General Hospital		Ongoing
	the extent to which				Privacy Officer or designee conducts		
	and took preventative				random electronic audits of the on-lin Clinical Record (LCR), the SFGH pa		
	and prevent past vi		-		information electronic medical record		
	factors outside its facility's ability to co				monitor for unauthorized access to pa		
	department shall have		1		protected health information (PHI) by		
	factors when deterr				or UCSF employee in accordance wit		
	administrative penalty p	•	i i		Policy 6.1/Patient Privacy LCR Aud		
	adminion and pondity p				Attachment 1). These electronic aud		
	T22 DIV5 CH1 ART7-70	0707(a)(b)(8) Patient	s' Rights		triggered by admission of an SFGH o		
		(.) (-) (-)			employee to SFGH as a patient, by a		
	(a) Hospitals and m	nedical staffs sha	ll adopt a		phone or email, and by high profile ca reported to the Privacy Officer by the	1562	
	written policy on patient		•		Administrator on Duty (AOD), e.g., high	nh profile	
	(b) A list of these par		e posted in		media cases, admission of a VIP.	, pi oillo	
	both Spanish and E					1.00	
	within the hospital so	that such rights m	ay be read		As described in the 2567 received Ma		
	by patients. This list s		t be limited		2012, the facility had provided document the time of the May 2011 investigation		
	to the patients' rights to:				employee involved in this privacy bre		
					been oriented to their responsibilities		
- Francis 10 7	4.104.4		3/27/2012	40.00	:18AM	to protoot	
Event ID:T	13011		312112012	10.25	. IUAW		

TITLE

(X6) DATE

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 1 3 2012 participation.

> L&G DIVISION SAN FRANCISCO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLI IDENTIFICATION NU			TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		050228		B. WING		05/1	6/2011
	NAME OF PROVIDER OR SUPPLIER SAN FRANCISCO GENERAL HOSPITAL 1001 Potrero A				, ZIP CODE ncisco, Ca 94110-3518 SAN FRANCISC	O COUNTY	
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	(8) Confidential trea and records pertaining the hospital. Written before the medical reto anyone not directly continued to anyone not directly continued to ensure the information of 98 paraccessed their continued to ensure the information and the information are sent to the information of the information of the information and the information are sent the information and the information are sent the information and the information are sent to the information of the information and the information are sent to the information of the information and the information are sent to the information of the information and the information of the information and the information are sent to the information of the information and the information are sent to the information of the information and the information are sent to the information are sent to the information and the information are sent to the information are sent to the information and the information are sent to the information	g to the care and permission shall becords can be made oncerned with the case not met as evidence and record review confidentiality of attents when a semputerized medic	the stay in be obtained de available are. ed by: the facility the medical staff person al records		information (PHI) and to medical information (PHI) and to medical information record without authorization. At the time of the incident investigation 2011, the Department of Public Heal convened a Privacy Summit attende and UCSF Privacy Officers to establiagreements, and responsibilities, incidevelopment of a security/privacy consequence of the SFGH Privacy Following receipt of the 2567 on Mar 2012, the Chief Executive Officer, Chief Operating Officer, UCS Dean, Chief of Staff, and the SFGH In Officer issued a memo to all SFGH and the SFGH In Incident In	on in May Ith had d by DPH ish priorities, Huding the mmittee at y program. ch 30, nief Nursing SF Associate Privacy	May 2011 April 13, 2012
Event ID:T	On 5/16/11 at 10:30 A (PO) stated that or Patient 1 expressed coperson was viewing medical records of Panurse reported this arbrought to his atterresearched Patient 1's two employees, Staff may not have been 1's record. In an intable to verify with worker, that she did access Patient 1's medical The PO indicated S2 facility (Facility B) who grant which utilized (Facility A) and that S2 h	n 5/3/11 the gran oncern to a nurse the confidential catient 1. The PO of the concern was not on 0.5/3/11. It is medical record and 1 (S1) and Staff authorized to acceptive on 5/3/11 to S1, an insurance have a justified cal record.	dmother of that a staff omputerized of stated the seventually. The PO and identified 2 (S2), who ess Patient the PO was be eligibility reason to of another a research this facility		staff via email notifying staff of this re privacy breach. The memo was issue as a reminder regarding the Departm Public Health (DPH) and SFGH policithe following: *employee responsibilities when accomplicated patient protected health in (PHI), *requirements to password protect/or portable electronic devices on which protected health information (PHI) is *the penalties for violating these powell as the penalties for violating protected as the penalties for violating these powell as the penalties for violating protected as the penalties for violating these powers are penalties for violating these powers as the penalties for violating these powers are penalties for violating these po	ed to staff nent of cies about essing nformation encrypt patient stored, lices as visions of 2).	April 13, 2012

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

CA DEPT OF PUBLIC HEALTH

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L&C DIVISION
SAN FRANCISCO

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	di i						
	Continued From page	4			In consultation with the SFGH Privac	y Officer,	And 40
	access at Facility A with the understanding that she confined her work to the patients who were subjects in the research grant. The PO stated that neither Patient 1 nor Patient 1's mother were subjects in the research.				the SFGH Directors of Risk Manager Regulatory Affairs reviewed the <i>Priva</i> Security training module in the on-lin HealthStream course as well as revi updated the power point presentation privacy and patient information secur selected employee and manager gro	acy and ne SFGH ewed and ns about ity to	April 13, 2012
	The PO reported that on 5/4/11 two of the Facility B physicians in charge of the research project, MD1 and MD2, interviewed S2 and S2 admitted accessing Patient 1's medical record. S2 told the physicians she had accessed Patient 1's records out of curiosity since he (Patient 1) and his mother were involved in a motor vehicle accident in her neighborhood. The PO stated S2 had been fully oriented to the medical information privacy requirements and he provided documentation which included "Confidentiality, Employee and Business"				include SB 541 and AB 211 provision Attachments 4, 5, 6).		
					The SFGH Privacy Officer and the Di Regulatory Affairs will conduct an edi information session regarding the pro SB 541 and AB211 as well as investifindings from recent privacy breaches organization at the following meeting: Attachment 6): o Nursing Executive Committee o Executive Staff Committee o Medical Executive Committee o Management Forum Meeting	ucational ovisions of gation s within the	To begin with the April 24, 2012 Management Forum Meeting and anticipate completion by May 30, 2012.
	Information" signed by S2 on 7/31/03, "Protected Health Information and Privacy Breaches" signed by S2 on 7/8/10, "Ethics Briefing" Certificate of Completion awarded to S2 on 4/13/07, "2010 HIPPA - Non Clinical" Certificate of Completion awarded to S2 on 5/6/10, and "Facility A - IS (Information Services) Security" Certificate of Completion awarded to S2 on 4/6/09.		nes" signed ertificate of 07, "2010 Completion ty A - IS		Monitoring: The SFGH Privacy Officer or designe continues to conduct periodic, randor audits of the LCR to monitor for unau access to patient protected health info (PHI) by any SFGH or UCSF employed accordance with HIS Policy 6.1/Paties	n electronic thorized ormation ee in	Ongoing
	The PO stated Fa Management had grandmother on 5/5/1/ information breach. During the 5/16/11 into had been in contact with	a discussion 1 to inform her of a erview, the PO sta	with the the medical		LCR Audit (see Attachment 1). The SFGH Privacy Officer and the Chanformation Systems Manager present report regarding privacy issues to the Quality Council. In addition, they reincidents of non-compliance with DPH SFGH privacy policies which occur during the SFGH privacy policies.	ot an annual SFGH port any f and	Ongoing
Event ID:T	1JO11		3/27/2012	10:25:	18AM		

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SAN FRANCISCO

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	Continued From page	5			year at the next scheduled SFGH Qu	ıality	
	Officer, Risk Mana	_	Facility B		Council meeting.		
	physicians responsible for the research project. These persons reported S2 had been placed on administrative leave when the incident was first discovered and that S2 had subsequently been terminated from her employment at Facility B. During the interview on 5/16/11 Facility A's PO and the Director of Regulatory Affairs stated they planned to review S2's computer history at Facility A from 1/1/09 to the present in order to determine if S2 had accessed other records without justification or authorization. On 5/19/11, the PO completed a final list which indicated S2 had accessed the medical information of 98 patients at Facility A without authorization or justification.				Responsible Person(s): SFGH Privacy Officer or designee SFGH Director of Regulatory Affairs		
,							
	The employee's action to access the patients' medical information for improper purpose violated Health and Safety Code 1280.15 and is therefore subject to the applicable civil penalty assessment.				CA DEPT OF PUBL	IC HEALTH	1
					APR 1 3 20	012	
					L&C DIVISIO SAN FRANCIS	ON CO	
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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.

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

(X6) DATE

TITLE