

12/5/14 PPC led team accepted 4th full transcript on 12/3/14, by speaker Vanessa Ridley and
 Jan Pfeiffer - JK

PRINTED: 11/18/2014
 FORM APPROVED

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070000149	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/09/2014
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NAME OF PROVIDER OR SUPPLIER SANTA CLARA VALLEY MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 751 SOUTH BASCOM AVENUE SAN JOSE, CA 95128
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>Initial Comment</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of an entity reported incident conducted from 10/7/14 to 10/9/14.</p> <p>For Entity Reported Incident CA00402475, regarding State Monitoring, Breach from Theft of Medical Records, one State deficiency was identified (see California Health and Safety Code, Section 1280.15(a)).</p> <p>Inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the hospital.</p> <p>Representing the California Department of Public Health: 32398, Health Facilities Evaluator Nurse.</p> <p>The hospital detected the Breach of Patient's Health Information (PHI) on 6/12/14. The hospital reported the Breach of PHI to the Department on 6/18/14. The hospital notified the affected patients of the Breach of PHI on 6/17/14.</p>	A 000	<p>Preparation and execution of this plan of correction does not constitute an admission or agreement of the facts alleged or conclusions set forth on the Statement of Deficiencies. This plan of correction is prepared and executed solely because it is required by federal/state law. The following constitutes Santa Clara Valley Medical Center's credible allegation of compliance.</p> <p style="text-align: center;">CALIFORNIA DEPARTMENT OF PUBLIC HEALTH DEC 04 2014 L & C DIVISION SAN JOSE</p>	
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,</p>	A 017	<p>a. The Ethics & Compliance Officer sent the 29 patients letters with notification of the breach. No other patients were impacted.</p> <p>b. The Surgery Department Chair will review all requests from physicians to remove PHI from campus locations. If removal of PHI is deemed essential, physicians will be provided secure means whenever possible, including remote electronic access to medical records and use of hospital-issued encrypted electronic storage devices.</p>	<p>6/17/2014</p> <p>12/31/2014</p>

Licensing and Certification Division

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

Carolyn Brown Director Quality & Safety

TITLE

(X6) DATE

12/2/2014

California Department of Public Health

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A 017	<p>Continued From page 1</p> <p>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 hospital failed to prevent the unauthorized disclosure of Patient Health Information (PHI) for 29 of 29 sampled patients (1-29), when a physician's car was broken into and a messenger bag containing PHI was stolen. The failure resulted in the disclosure of 29 patients' PHI to an unauthorized individual(s). Findings:</p> <p>The California Department of Public Health received a faxed report on 6/18/14, which indicated physician A (MD A) left two surgery schedule documents located in a messenger bag, unattended in her car. The messenger bag was stolen when MD A's car had been vandalized. The documents which were stolen disclosed the names, ages, dates of birth, medical record numbers, and clinical information for 29 hospital</p>	A 017	c. The Ethics & Compliance Office will review all thefts that were reported during a three-month period, from August through October 2014. Analysis will be conducted to confirm that any potential patient privacy issues have been appropriately addressed. Monitoring results will be reviewed at a convened monthly meeting of the Quality & Compliance Working Group, and additional corrective actions will be implemented as indicated.	1/2/2015

DEC 04 2014

L & C DIVISION
SAN JOSE

California Department of Public Health

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A 017	<p>Continued From page 2</p> <p>patients.</p> <p>During an interview on 10/7/14 at 2 p.m., the ethics and compliance officer (ECO) stated MD A had a surgery list of pending procedures from 6/9/14 to 6/20/14. As per ECO, MD A kept a copy of the schedule with her in case she needed access to it when not at the hospital. ECO stated MD A's car was broken-into and a bag containing the surgery schedule documents was stolen. ECO stated MD A's car was parked in a busy parking lot, and other cars parked in the vicinity were also broken into. ECO stated a police report had been filled out.</p> <p>During an interview on 10/9/14 at 9 a.m., MD A stated she had just come off duty and parked her car in a parking lot and was gone about one hour. When she arrived back at her locked car, she noticed the passenger side window had been smashed and her bag containing the surgery schedule was gone. MD A stated there were others cars nearby which also had windows smashed, the police were already there and she filled out a police report. MD A stated the surgery schedule documents were printed by the hospital and did not have column headings nor the hospital's name.</p> <p>A review of a copy of the surgery schedule documents which had been stolen, indicated dates of surgery, names of patients, medical record numbers, and types of surgeries to be performed were disclosed.</p> <p>A review of a copy of the police report dated 6/12/14 indicated MD A's car was broken into between 6:45 p.m. and 8:30 p.m. in a parking lot. The front passenger window had been smashed and a bag, which had contained various medical</p>	A 017		

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A 017	<p>Continued From page 3</p> <p>supplies and a prescription pad, had been stolen from the front passenger seat.</p> <p>A review of a copy of a letter sent on 6/17/14 from the hospital to the affected patients indicated MD A's car had been vandalized and property stolen, which included documents with the affected patients' names, ages, dates of birth, medical record numbers, and clinical information disclosed.</p> <p>A review of a copy of the hospital's 10/15/09 "Safeguarding Protected Health Information" policy indicated documents containing PHI must be adequately safeguarded against unauthorized disclosure. Lock all documents being stored, whether short term or long term storage.</p>	A 017			