

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA230000013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/05/2010
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NAME OF PROVIDER OR SUPPLIER ENLOE MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1531 ESPLANADE CHICO, CA 95926
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A 001	Informed Medical Breach 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." 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.	A 001		
A 000	Initial Comment The following reflects the findings of the California Department of Public Health during the investigation of an entity reported incident. Entity reported incident number: 246991 The inspection was limited to the specific entity reported incident investigated and does not represent a full inspection of the facility. Representing the Department: 22707, HFEN A deficiency was written for entity reported incident 246991 at A 017.	A 000	Corrective Actions Taken: • Individual staff responsible for improper handling of protected health information are counseled per EMC progressive disciplinary process. <i>Employee PAR A terminated on [redacted] /11 per Enloe</i> • Annual privacy/ compliance training for all staff which includes specific education on importance of maintaining protection of patient health information.	Ongoing Ongoing
A 017	1280.15(a) Health & Safety Code 1280 (a) A clinic, health facility, home health agency, or	A 017		

Licensing and Certification Division

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

[Signature] CEO 4/9/11

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A 017	Continued From page 1 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. This Statute is not met as evidenced by: Based on interview and document review, the facility failed to prevent the unauthorized access by a staff member to the medical records of three patients. (Patients 1, 2, and 3) Findings: During an interview on [REDACTED]/10 at 2 pm, the Director of Quality Management (DQM B) verified that she had reported to the Department on	A 017	<u>Corrective Actions Taken Continued:</u> <ul style="list-style-type: none"> Continued surveillance of protected health information processes to assure compliance with privacy regulations. Privacy compliance training for all new Enloe Medical Center staff upon hire prior to working independently. All actual or potential breeches are investigated, and followed up with staff per Enloe Medical Center progressive disciplinary process. <u>Monitoring:</u> Compliance and Quality Management will continue to monitor incident reports, staff accounts, patient concerns, compliance hotline calls for any issue that is identified as a potential privacy concern. These events are investigated for adherence to policy and procedure as well as reporting requirements. Any inappropriate findings are communicated to the appropriate manager for follow-up per Enloe Medical Center's progressive disciplinary process. <u>Responsible for Action Plan:</u> Chief Executive Officer Vice President of Patient Care Services Chief Compliance Officer	Ongoing Ongoing Ongoing

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A 017	Continued From page 2 <p>██████10 at 4:30 pm, the unauthorized access to the private health information (PHI) of Patients 1, 2, and 3 by an insurance registration clerk employee (PAR A). DQM B stated the facility became aware of the breaches on ██████10 after Patient 1 requested anonymity, no visitors, and specifically asked that PAR A not have any access to her billing information since Patient 1 was aware that PAR A was interested in when she was being admitted to the hospital.</p> <p>On ██████/10, copies of the actual computer searches (query search) made by PAR A for Patients 1, 2, and 3 from ██████10 through ██████10 were reviewed. During this period PAR A made 57 searches for Patient 1 in the facility's computerized patient information filing system (Meditech). Each of the above searches allowed access to Patient 1's demographic information and insurance details, and provide a list of her visit history. PAR A printed two admission forms (facesheets) for Patient 1 on ██████10 and ██████/10. The facesheets for Patient 1 gave PAR A access to all demographic information, insurance details, reason for admission, and diagnosis.</p> <p>On ██████10 at 10:28 am, PAR A accessed Meditech for the facesheet of Patient 2, a hospital administration employee .</p> <p>On ██████10 at 8:25 am, a security compliance officer (CCO C) verified that PAR A's access to Patient 2's facesheet was unauthorized. The access allowed PAR A to view all registration details including demographic information, insurance details, procedure/reason for visit, and the diagnosis for Patient 2.</p> <p>On ██████10 at 1:09 pm, PAR A used Meditech for an unauthorized access to the facesheet of</p>	A 017		

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A 017	<p>Continued From page 3</p> <p>Patient 3, a hospital administration employee.</p> <p>On [REDACTED] 10 at 8:25 am, CCO C verified that PAR A's access to Patient 3's facesheet was unauthorized. The access allowed PAR A to view all admission demographic information, insurance details, procedure/reason for visit, and the diagnosis for Patient 3.</p> <p>PAR A's personnel file was reviewed with an administrative member of Human Resources (HM D) on [REDACTED] 10 at 12:40 pm. PAR A's initial hire paperwork indicated she was hired on [REDACTED] 86 as an admissions representative. HM D stated as an admissions representative, PAR A's responsibilities would include the verification and accuracy of third party (insurance) benefits and eligibility. HM D stated that PAR A would have authorized access to a patient's health information only if she were assigned to verify that specific insurance company's patients. HM D clarified that the workload was split alphabetically between PAR A and one other employee in their department. She further stated that the records for Patients 1, 2 and 3, that were found to be accessed by PAR A on specific dates were not assigned to her on those dates, they had been assigned to the other employee, so the accesses were deemed to be unauthorized breaches.</p> <p>During an interview on [REDACTED] 10 at 8:25 am, DQM B reviewed the facility's, "Health Care Compliance Program - Code of Conduct (COC)" packet that was given to each employee upon hire. She also stated that each time the COC is updated, the employees are given a copy. The COC document, under core values, read that the COC, "must be carefully reviewed and closely followed" by all facility employees. On 7/17/08,</p>	A 017	<p style="text-align: right; opacity: 0.5;">2011 APR 4 PM 2:00 ORIGINAL C-117</p> <p style="text-align: right; opacity: 0.5;">RECEIVED</p>	

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A 017	<p>Continued From page 4</p> <p>PAR A signed a facility, "Health Care Compliance Program Certification" form certifying that she had received a copy of the COC, dated 6/18/07, and that she had, "read, understand, and will comply" with all components of the COC.</p> <p>During a telephone interview on [REDACTED]/10 at 3:50 pm, PAR A stated Patient 1 was her neighbor and that she printed out the facesheets for Patient 1 because Patient 1 had asked PAR A to check her insurance for her and help her figure out what the estimated out-of-pocket expense for her upcoming hospital stay would be. When asked about the numerous searches for the admission status of Patient 1, PAR A stated she just wanted to know if Patient 1 had been admitted yet so she could go visit her. PAR A stated her job entailed printing out facesheets all day long and that she never accessed any PHI facesheet that was not related to her job. When PAR A was asked about accessing the facesheets for Patient 2 and Patient 3, the hospital employees, she did not offer an answer and remained silent.</p> <p>During a telephone interview on [REDACTED] 10 at 4:40 pm, Patient 1 stated she had never asked PAR A to access her medical records for any reason and that she had never received any copies of her facesheet from PAR A at any time. Patient 1 stated she knew PAR A worked at the facility in, "billing" and was, "shocked" when she received the letter from the facility about PAR A accessing Patient 1's medical record for her facesheet.</p>	A 017		