

4/16/13  
 POC accepted.  
 Eric Stone

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 FORM APPROVED

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  CA930000041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  C 03/26/2013
NAME OF PROVIDER OR SUPPLIER  SAN GABRIEL VALLEY MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 438 W LAS TUNAS DRIVE SAN GABRIEL, CA 91776		
(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	Initial Comment  The following reflects the findings of the Department of Public Health during an entity reported incident investigation.  Complaint Intake Number: CA00343755 - Substantiated  Representing the Department of Public Health: Evaluator ID #05251, REHS, Program Manager  The inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility.	A 000			
A 017	1280.15(a) Health & Safety Code 1280  (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	A 017			

Licensing and Certification Division  
  
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

CE.O. TITLE

4/15/13 (X5) DATE

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A 017	Continued From page 1  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 record review, the facility failed to prevent the unauthorized removal and disclosure of confidential medical information for 57 patients. Employee A removed from the hospital and disclosed the medical information of the 57 patients.  Findings:  On February 26, 2013, an unannounced joint visit was conducted at the facility with a representative from the Office of Health Information Integrity (OHII), Investigator 2, to investigate an entity reported incident regarding Employee A inappropriately removing and disclosing medical information on 43 patients records without authorization and without a legitimate reason to do so.  According to a facility letter to the Department dated February 12, 2013, and an attachment containing 43 patient names, the hospital had confirmed that a former employee of the hospital (Employee A) removed and disclosed a number of documents from the facility with confidential patient information. The patient encounters dated as far back as 2008. Also, according to the letter, the breach was discovered during a recent court mediation hearing involving the former employee	A 017		

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A 017	Continued From page 2 (Employee A)  During an interview on February 26, 2013, at approximately 10:30 a.m., Employee B (Chief Nursing Officer) stated that in a recent court hearing on November 6, 2012 involving Employee A, she (Employee B) and Employee C (Chief Executive Officer) observed the Court mediator "going through documents that looked like copies of medical records." When the Court mediator was questioned as to how the documents were obtained, Employee B and Employee C were told that they were made available by Employee A. The records, which spanned from 2008 through 2011, were eventually given back to the hospital and at that time it was determined that 43 patients had their medical information inappropriately removed from the hospital and disclosed. According to Employee B, Employee A did not have a legitimate reason to remove and disclose the medical record information which, also according to Employee B, was apparently being done to "support her claims" against the hospital in court. Also, according to Employee B, none of the identified patients had signed a consent authorizing Employee A to disclose their medical record information.  According to an e-mail exchange between Attorney 1 (Hospital Attorney) and Attorney 2 (Employee A's attorney), the documents containing the protected health information of 43 patients, were given back to Attorney 1. Also, in an e-mail dated January 4, 2013, Attorney 2 responds back to Attorney 1, that his client (Employee A) had "no further documents of any type on this matter" after Attorney 1 had inquired if Employee A still retained "other unproduced documents that contain protected health information." The documents containing the	A 017	SGVMC promptly investigates and reports all HIPAA incidents to the appropriate regulatory agency.  This particular incident involved a former employee that was secretly removing documents containing PHI from our facility for personal use against the facility.  SGVMC provides all employees with HIPAA training at the time of hospital orientation, and annually to provide refresher training related to confidentiality, privacy, and data security requirements.  <u>Plan:</u>  HIPAA training has been revised to give emphasis on examples of privacy breaches by hospital employees and sanctions for violations.  Capital Equipment Request (CER) was completed and submitted for approval to purchase a software system used for annual on-line education. This was identified as a "priority one" request. All hospital employees will be required to attend. <b>(Attachments 1, 2,&amp;3)</b>  <u>Monitoring:</u> Attendance of all mandatory education is tracked by the Human Resource Department. No employee is allowed to work without completing all required mandatory training.  <u>Responsible Person:</u> [REDACTED] Privacy Officer	04/15/13  03/12/13

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A 017	Continued From page 3  confidential patient information were given back to the hospital via Attorney 1.  According to the facility letter/attachment, dated February 12, 2013, there were 43 patients who had their medical information removed from the hospital and disclosed by Employee A. On March 12, 2013, during a review of material contained on a compact disc (CD) provided by Employee D (Director, Quality and Risk Management) to the Department and a subsequent conversation with Investigator 2, it was noted that of the 43 patients listed in the facility letter attachment, 34 patients (Patient #'s 1 through 34) had documents such as their patient facesheets, physician orders, post-operative orders, operating room schedules, patient registration information, patient census data, patient assignment sheets, event reports with confidential patient medical information and e-mails containing confidential patient medical information removed and disclosed by Employee A without authorization. Nine of the 43 patients listed in the letter attachment had no identifiable medical information removed or disclosed.  On March 15, 2013, during further review of other patient confidential materials contained on the same compact disc (CD) provided by Employee D and, removed/disclosed by Employee A without authorization, were a Patient Census Sheet and a "24 hour Controlled Substance Administration Record." The Patient Census Sheet contained an additional 23 patient names (Patient #'s 35 through 57), who were not part of the original 43 patients (34 of whom had their confidential medical information removed/disclosed) listed on the attachment to the February 12, 2013 facility letter to the Department and this information was subsequently confirmed by Investigator 2. The	A 017	SGVMC promptly notified the affected patients of the breach. The additional 23 patients identified during the investigation by your department were notified on April 3, 2013. These patients were part of a census sheet or "24 hr Controlled Substance Administration Record"  <b>Plan:</b> The documents removed by the former employee were hard copies of patient's medical records, census sheets, and event reports. Our facility has implemented electronic documentation since the breach. Currently all nursing and ancillary staff documentation is performed electronically. We plan to begin the implementation of CPOE (Computerized Physician Order Entry) in late April-early May.  An Event Reporting computer system has been developed for all AHMC facilities. Our facility will go live with the system on May 6, 2013. This will allow employees to enter all incident report directly into the system which will be sent to the Quality department electronically.  <b>Monitoring:</b> Information Technology currently monitors possible electronic HIPAA violations on a monthly basis. Monitoring data will be reported to the Performance Improvement Committee on a quarterly basis.  <b>Responsible Party:</b> Director, Information Technology	04/03/13  05/17/13  05/06/13

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A 017	<p>Continued From page 4</p> <p>census sheet contained patient names, medical record numbers, patient's age, and the patient's medical diagnosis. Eleven of those same patients were also identified on the "24 hour Controlled Substance Administration Record."</p> <p>There was no evidence that any of the 34 patients identified in the February 12, 2013 facility letter/attachment to the Department and the 23 patients listed on the Patient Census Sheet/24 hour Controlled Substance Administration Record had signed a consent authorizing Employee A to remove and disclose their confidential medical record information.</p> <p>A review of the personnel file for Employee A revealed that she had signed a hospital confidentiality agreement on July 28, 2009 and acknowledged on February 12, 2009 that she had reviewed and was cognizant of hospital policy/procedures relating to the 2009 California Privacy Laws (SB 541 and AB 211). In addition, upon hire, Employee A received a Certificate of Completion acknowledging that she had read and successfully passed the final exam relating to "HIPAA Training Handbook for the Healthcare Staff: Understanding the Privacy and Security Regulations."</p> <p>During an interview with Employee A on March 26, 2013, at 1:35 p.m., conducted with Investigator 2, she acknowledged that she had removed materials from the facility containing confidential patient medical information. According to Employee A, she attached the confidential patient medical information (e.g. patient face sheets, post-operative reports, physician orders) to facility event reports, along with e-mails (some containing confidential patient information) and removed them from the hospital.</p>	A 017		



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A 017	<p>Continued From page 5</p> <p>Employee A stated that she had 43 sets of these materials (event reports, e-mails, confidential patient medical information) that she maintained separately from the original hospital documents. Employee A stated that she took the 43 sets of materials containing confidential patient medical information to her home and stored the documents in a locked suitcase/briefcase in a locked closet on her premises. There was another individual living with Employee A during at least part of the time that the confidential patient medical information was being stored at her home. Also, according to Employee A, she started to "gather" the materials a week after she was hired (February 2008) to show the "dangers" that were occurring at the hospital. Those same materials containing confidential patient medical information were eventually disclosed during Employee A's court arbitration hearing.</p> <p>The facility failed to prevent the removal and disclosure of confidential medical information and safeguard the medical record information of 57 patients from being used for an unauthorized purpose. Employee A removed and disclosed the confidential medical information of 57 patients without authorization and without a legitimate reason to do so.</p>	A 017			