	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLII IDENTIFICATION NU 050222	IMBER:	(X2) MULTI A. BUILDIN B. WNG	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 06/26/2009	
	ROVIDER OR SUPPLIER HULA VISTA MEDICAL	CENTER	STREET ADDRESS, CIT		ZIP CODE RT, CHULA VISTA, CA 92010 SA	N DIEGO COUNTY	
(X4) ID PREFIX TAG	SUMMARY (EACH DEFICIE REGULATORY	FULL P	ID REFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SHO REFERENCED TO THE APPROPRIA	OULD BE CROSS-	(X5) COMPLETE DATE	
	of Public Health durvisit: Complaint Intake Nic CA00185222 - Substitute CA0018522 - Substitute CA001852 - CA	epartment of Public Hearen limited to the specific far and does not represent to bection of the facility. Ity Code Section 12 willity, home health pursuant to Section 5 shall prevent urses to, and use or dinformation, as Section 56.05 of the with Section 130 investigation, may alty for a violation of the thousand dollars (\$ dedical information was sorization accessed, up to seventeen the (\$17,500) per alawful or unauthorization of that patient ects the findings of the sects the	event alth: cility he 280.15(a) A agency, or 1204, 1250, hlawful or sclosure of, defined in Civil Code 2203. The assess an this section 25,000) per s unlawfully used, or busand five subsequent ed access, st medical		DEC 16 2 LICENSING AND CERTISAN DIEGO DISTRICT OF	010	
Event ID	JQ5311		11/30/2010	1:38:	28PM		
AÉORA 7/01	DIRECTOR'S OR PRO	VIER/SUPPLIER REPRESE	NTATIVE'S SIGNATUR	ıF	TITLE		(X6) DATE

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

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.

State-2567

DE174(114	IENT OF FUBLIC HEAL									
	TATEMENT OF DEFICIENCIES (X1) PROV ND PLAN OF CORRECTION IDENT			(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
AND PLAN U	FCURRECTION	IDENTIFICATION NU	MBER:	A. BUILDING	3	COMPLETI	EU			
		050222		B. WING			6/2009			
			r			00/20	3,2003			
	OVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE							
SHARP C	HULA VISTA MEDICAL (CENTER	751 MEDICAL CENTER COURT, CHULA VISTA, CA 92010 SAN DIEGO COUNTY							
0/ 0/ 10	1 0,,,,,,	T 1 T 5 1 T 1 T 5 5 5 5 5 5 5 5 5 5 5 5					1 0.5			
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	Continued From page	ge 1								
	breach of a patient's	protected health inform	nation.							
	Entity reported incide	ent: 185222		}						
	0-1	Manitonic - Def	Alo							
	Category: State Information Breach	Monitoring: Patien	t's Medical							
	iniomation breach									
	Representing the	California Departmen	t of Public							
	Health:	, Health Facilitie	ı							
	Nurse	•								
	•	s limited to the sp	- 1							
	1 .	vent and does not re	epresent the							
	findings of a full inspe	ection of the hospital.								
	1280 15 (a) A cli	nic, health facility, h	ome health							
		e licensed pursuant	1							
	1	or 1745 shall prevent	1							
	1	s to, and use or di	1							
	patients' medical	•	defined in							
	subdivision (g) of	Section 56.05 of the	Civil code							
	and consistent v	vith Section 1302	03. The							
		investigation, may	1	j						
	1	ty for a violation of	1							
		e thousand dollars (\$								
	} •	cal information was u	• 1							
	1	n accessed, used, o								
	1	en thousand five hun equent occurrence of	i							
	1	equent occurrence or s, use, or disclost		1						
		formation. For purp								
	1	department shall c	1	}						
		cility's, agency's, o								
	1	ce with this section	•							
	1 -	eral statutes and regula	1							
	105044		44/00/0000	4:00.0	·ODM					
Event ID:	JQ5311		11/30/2010	1:38:2	OPM					

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

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		050222		B. WING		06/26/2009	
	OVIDER OR SUPPLIER Hula Vista Medical Ce	NTER	STREET ADDRESS 751 MEDICAL C		ZIP CODE IRT, CHULA VISTA, CA 92010 SAN DI	EGO COUNTY	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS- COMPLETE	
	in both Spanish and within the hospital so by patients. This list to the patients' rights to (8) Confidential t and records pertaining	the facility detected action to immediate action to immediate includes the full discretion to mining the amorphisms and record register and record reviews to Patient 1's protest and patient 1's Patient 1'	ately correct curring, and stricted the ction. The consider all unt of an on. all be posted triate places hay be read of be limited annunications stay in the pe obtained de available are. the facility ected health idential and a result, 20 hysicians, a and clerical PHI without ccess to be illity policies confidentiality oratory staff		a). Patient and family notified a health information privacy bread Investigation completed and cor action implemented for employed accessed health care information inappropriately. b). Hospital and Medical staff reeducated about importance of for California privacy laws during somedical committees meetings. It staff have completed the following education modules: introduction HIPPA, California privacy moducertificate of understanding relations to meeting in California privacy and commitment to principles in training. c). Several emails, faxed and bloeducation were sent to staff as we physicians to reinforce education Posters containing privacy information were placed in strategic areas of hospital as part of a massive educated about potential consequitation of not adhering to hospital policicis.	ch. Trective tees that the control of the control o	
Event ID:.	JQ5311		11/30/2010	1:38:	28PM	*	

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

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X6) DATE

1	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU		(X2) MULT	TIPLE CONSTRUCTION	(X3) DATE SUF COMPLETI	
		050222		B. WING		06/26	6/2009
	0,4050,00,00,00		STREET ARRESS	OUTY DIATE	71D 00DF		
	OVIDER OR SUPPLIER		STREET ADDRESS,				
SHARP CH	HULA VISTA MEDICAL CE	NTER	751 MEDICAL CE	NTER COU	JRT, CHULA VISTA, CA 920 [.]	10 SAN DIEGO COUNTY	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	<u> </u>	ID	PROVIDER'S PLAN	OF CORRECTION	(X5)
PREFIX	(EACH DEFICIENCY	MUST BE PRECEEDED BY	FULL	PREFIX	(EACH CORRECTIVE ACTI	ON SHOULD BE CROSS-	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMA	TION)	TAG	REFERENCED TO THE APP	PROPRIATE DEFICIENCY)	DATE
	Continued From page	3			California Laws that m	nav include	
	Findings:						
	Findings.				disciplinary action up t		
					Staff was re-educated t		
	Patient 1 was admitte	ed to the facility			computer after use and		
	with diagnoses that	t included acute	myocardial		were loaded on comput		
	infarction (heart at	tack) per the H	listory and		10 minutes of inactivity	y. Cerner is being	
	Physical.	• •			implemented at the faci	ility 4/3/2010 and	
	An interview with	the Director of	Emergency		requires a reason for ac	cess to be	
	Department/Critical C		1		documented in the elec	tronic record	
					prior to use.		
	conducted on 4/30/09		i i		d). Random computer s	urveillance every	
	the facility conducted	•	1		six months to ensure the		
	1's wife informed ther	m that she had a	concern that		accessing only patient i		
	some facility staff, wl	ho were not involv	ed with the				•
	patient's care, may	have accessed t	ne patient's		they need to provide as		
	health care information		•		care. Report compliance		
	Department/Critical				Patient Safety Counsel.		
	· ·		i		e). 6/30/2009 and 4/3/20	010 for the	
	stated that Patient 1	• •	- 1		Cerner application.		
	She stated that the	e administration di	scovered a				
	number of facility sta	aff who were not	part of the				
	patient's care team	that accessed th	ne patient's				
	health care information		•				
	who obtained direct		- 1				
			1				
	patient's PHI was re						
	Emergency Departr	ment/Critical Care	e/Cardiology				
	Services.						
	An interview with a		1				
	name was included of	on the list, was co	onducted on				
	4/30/09 at 3:45 P.M.	When asked why	her name				
	showed up as one	of the staff who	o accessed				
	Patient 1's health ca		1				
	that she heard "C	•	i				
	1	_	ŧ.				
	overhead. The SW s		1		,		
	with the area where		1				
	The SW explained th	at she looked in th	ne computer				
	to familiarize herself wi	th the area. When a	sked				
Event ID:	JQ5311		11/30/2010	1:38:	28PM		

LABORAZORY DIRECTOR'S OR PROVIDEDISUPPLIED REPRESENTATIVE'S SIGNATURE

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2/15/2010

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLI			PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		050222		A. BUILDING B. WING		06/2	6/2009	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRESS	CITY STATE 7	IP CODE	,		
	HULA VISTA MEDICAL (PENTER			RT, CHULA VISTA, CA 920°	10 SAN DIEGO COUNTY	,	
JIAN J			731 MIEDIOAE O	ENTER GOOT	(1, 0110EA VIOTA, 0A 320	TO SAN DIEGO GOGNITI		
(X4) ID	SUMMARYS	STATEMENT OF DEFICIENCIE	s	ID	PROVIDER'S PLAN	OF CORRECTION	(X5)	
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TAG	REGULATORY OF	R LSC IDENTIFYING INFORMA	TION)	TAG	REFERENCED TO THE APP	PROPRIATE DEFICIENCY)	DATE	
	Continued From page	ge 4						
	what she would ha	ve found in the comp	outer to help					
	her get familiar with	the area, the SW v	was not able				,	
	to provide an ans	swer. A review o	f the SW's				,	
	employee file indica	ated that she had co	ompleted the	1				
	"2009 California Pri	vacy Laws Module"	provided by					
	the facility on 3/25/09	· · · · · ·		1				
		•	C C C C C C C C C C C C C C C C C C C					
	An interview with	a case manager (CM) whose					
	i .	I on the list, was c						
	4/30/09 at 4:00 P.M		1					
			1					
		1's health care inform	1					
	i .	was working on the	- 1					
	į	eck on a patient a	1					
	1	hile the computer						
	1	his user code. The	1					
	stated that while he	e was at another pa	tient's room,					
	another staff prob	oably used the co	mputer and					
	accessed Patient 1	's health care infor	mation while					
	the computer was	still "logged-on" und	der his user					
	code. The CM ac	knowledged that he	should have					
	{	he left the compute						
		employee file indic						
	į	"Compliance Educ	1				·	
	1	" training provided b	i					
	-	e "Compliance Educ						
		provided by the	ſ					
	,	provided by the	lacility of	1				
	12/15/08.							
		p 1						
	1	licensed nurse (LN						
	1	I on the list, was c	1					
		. LN 1 stated that	1				and the same of th	
	in the intensive care	e unit (ICU) but was	not involved					
	in Patient 1's care	. LN 1 stated that	she did not					
	access the patient's	health care informa	tion. LN 1					
	•	ably forgot to "log-off" t	1					
	<u>'</u>							
Event ID:	JQ5311		11/30/2010	1:38:2	8PM			

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

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE		(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
	050222		B. WING			6/2009
NAME OF PROVIDER OR SUPPLIER Sharp Chula Vista Medical Ce	ENTER	STREET ADDRESS. 751 MEDICAL CE		IP CODE RT, CHULA VISTA, CA 92010	SAN DIEGO COUNTY	,
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPRO	SHOULD BE CROSS-	(X5) COMPLETE DATE
have "logged-off" bef A review of LN 1's had completed the Information Security' 2008 - Privacy Educ on 1/13/09. A phone interview on 5/14/09 at 10:25 he thinks he left the "logged-on" under somebody used tha 1's health care acknowledged that before leaving the Physician 1's empl document of "Ackn regarding maintaining information dated 9/15 A phone interview conducted on 5/14/0 that she spoke to facility to inform ther some facility staff m	somebody else ad information under acknowledged that fore she left the coremployee file indicate "Compliance Education" and "Compliance cation" provided by with physician 1 was A.M. Physician 1 computer area while his user code at computer to accomputer area. And the should have computer area. And the should have computer area. And the computer area are sowed to the confidentiality (708). With Patient 1's	her "log-on" she should inputer area. ted that she ation 2008 - e Education the facility is conducted stated that e it was still and that tess Patient invision 1 "logged-off" a review of a signed Agreement" of patient wife was She stated sors at the concern that Patient 1's authorization. In received a who inquired Patient 1's where the the patient				
Event ID:JQ5311	-	11/30/2010	1:38:2	RPM		

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

TITLE

(X6) DATE

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		050222		A. BUILDING B. WING				
	OVIDER OR SUPPLIER HULA VISTA MEDICAL CI	ENTER	STREET ADDRESS		IP CODE RT, CHULA VISTA, CA 92010 S	AN DIEGO COUNTY		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION SI REFERENCED TO THE APPROP	HOULD BE CROSS-	(X5) COMPLETE DATE	
	Continued From page	e 6						
	charge nurse in the charge nurse in the charge nurse in PACU. It is patient in PACU. It is patient because she was contained acknowledged that Patient 1's health	Patient 1's privacy I 2 was conducted of tated that she wone post anesthesia ed that Patient 1 w LN 2 explained 1's health care oncerned about the she should not have a completed the Information Section 2008 - Privacy ty on 10/30/08. In e "2009 California Privacy	on 5/20/09 at orked as a care unit was never a that she information patient. LN we accessed on without imployee file "Compliance curity" and Education" addition, LN					
	An interview with LN 2:40 P.M. LN 3 stated nurse on 5 east tele continuous monitoring clock). LN 3 stated unit informed him the LN 3 stated that he care information beconcerned about the that he should not he care information. A indicated that he California Privacy Law	ed that he worked metry unit (a unit to go of heart patients that one of the numer Patient 1 was in the accessed Patient ause he was curious patient. LN 3 are accessed Patient review of LN 3's en that completed	as a charge hat provides around the trees on the the facility. 1's health us and was cknowledged at 1's health employee file the "2009"					
Event ID:	JQ5311		11/30/2010	1:38:2	8PM			

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

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE			LE CONSTRUCTION	(X3) DATE SUR COMPLETI	
		050222		A. BUILDING B. WNG		06/26	6/2009
NAME OF DD	OVIDER OR SUPPLIER		STREET ADDRESS.	CITY STATE 7	P CODE		
	HULA VISTA MEDICAL (PENTED	1		RT, CHULAVISTA, CA 920	10 SANDIEGO COUNTY	,
SHARP CI	HOLA VISTA MEDICAL C	ZENTER	791 MEDICAL CI	ENTERCOOR	11, CHULA VISTA, CA 920	TO SANDIEGO COUNTY	
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES	3	ID	PROVIDER'S PLAN	OF CORRECTION	(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEEDED BY	FULL	PREFIX	(EACH CORRECTIVE ACTI	ION SHOULD BE CROSS-	COMPLETE
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMA	TION)	TAG	REFERENCED TO THE APP	PROPRIATE DEFICIENCY)	DATE
	Continued From pag	ge 7					
	facility on 4/15/09.						
		N 4 was conducted of	1				
	1	stated that she did care information.	1				
	1	forgot to "log-off" th	1				
	1	dy else accessed t	•				
	1	nation under her "l owledged that she s	-				
		she left the compute					
	1	employee file indicat					
	Information Securit	e "Compliance Educ y" and "Compliance	e Education				
	1	ucation" provided by ddition, LN 4 also co	- 1				
	\$	vacy Laws Module"					
	the facility on 4/12/09	•	,				
		N 5 was conducted o	1				
	1		code blue"				
	(cardiopulmonary	resuscitation) was	called for				
	•	tated that she acces	3				
	t .	ormation to find out to could complete the					
		that she found out la	,				
	1	did not require t view of LN 5's er	•				
	-	e had completed		The state of the s			
	1	Laws Module" provid	ŧ				
	A phone interview	with Physician 2 was	s conducted				
	on 5/28/09 at 9:46	•	stated that				
		t 1's health care inform					
Event ID:	JQ5311		11/30/2010	1:38:2	ВРМ		1

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

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(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIE		(X2) MULTIPLE COI	NSTRUCTION	(X3) DATE SURVEY COMPLETED	
		050222		B. WNG		06/26	3/2009
NAME OF PRO	OVIDER OR SUPPLIER		STREET ADDRESS, C	CITY, STATE, ZIP COD	E		
SHARP CH	HULA VISTA MEDICAL CE	NTER	751 MEDICAL CE	NTER COURT, CH	ULA VISTA, CA 92010 SAN DII	EGO COUNTY	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	`	PROVIDER'S PLAN OF CORRECT ACH CORRECTIVE ACTION SHOULD IN EFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETE DATE
	Continued From page	8				, , , , , , , , , , , , , , , , , , , ,	
	because she wanted was. She also star some information be Physician 2 stated th patient's care team. employee file revea "Acknowledgement maintaining the confid dated 3/30/09. An interview with up 5/28/09 at 2:20 P.M. worked on 4 east on she did not know the list of staff be violation. She stated "log-off" the computancessed Patient 1's	It to know where ted that she wantefore she visited hat she was not. A review of Paled a signed deand Agreement" dentiality of patient dentiality unit. She are and that some information under cknowledged that go the computer area ployee file indicated dentiality on 4/17/09. The facility on 4/17/09. The facility on 4/17/09. The computer sessed Patient 1's seer code. She are living of unit clerk 2 are had completed dentity on the completed dentity of the dentity of unit clerk 2 are had completed.	the patient. part of the hysician 1's ocument of regarding information onducted on ed that she stated that included on for privacy he forgot to ebody else her "log-on" she should a. A review ed that she rivacy Laws onducted on ed that she rivacy Laws onducted on ed that she ter and that information cknowledged eaving the "s employee the "2009				
Event ID:			11/30/2010	1:38:28PM			
Event ID:J	Y DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESE			TITLE		(X6) DATE

TATEMENT OF DEFICIENCIES (X1) PROVIDER/S ND PLAN OF CORRECTION IDENTIFICAT			(X2) MULTIF	LE CONSTRUCTION	(X3) DATE SUI COMPLET					
	050222		B. WING		06/2	6/2009				
NAME OF PROVIDER OR SUPPLIER SHARP CHULA VISTA MEDICAL CE				STREET ADDRESS, CITY, STATE, ZIP CODE 751 MEDICAL CENTER COURT, CHULA VISTA, CA 92010 SAN DIEGO COUNTY						
PREFIX (EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY REGULATORY OR LSC IDENTIFYING INFORMATION OF THE PROPERTY OF THE PROPE		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPRO	N SHOULD BE CROSS-	(X5) COMPLETE DATE				
charge nurse in ICU. did not "log-off" the stated that she computer while it w user code. She a "log-off" the computer 6's employee file ind the "Compliance E Security" and "Co Privacy Education"	6 was conducted ated that she was stated that computer after us thinks somebody as still "logged-on cknowledged that after using. A raicated that she had a compliance Education 2008 - compliance Education provided by the conducted that she did not exesting Patient 1's ated that she probable information. A raicated that she probable information. A raicated that she had privacy Laws Module 9. 8 was conducted to that she worked a did not access ion. LN 8 states of "log-off" the conducted that she worked a did not access ion. LN 8 states of "log-off" the conducted that she worked of the conducted that she worked a did not access ion. LN 8 states of "log-off" the conducted that she worked of the conducted that she worked a did not access ion. LN 8 states of "log-off" the conducted that she worked that she worked of the conducted that she worked of the conducted that she worked that	orked as a she usually ing it. She used the "under her she should review of LN and completed Information tion 2008 - facility on ompleted the provided by the shealth care pably left the reduced and to access review of LN and completed ule" provided to access review of LN and completed ule" provided to access review of LN and completed ule" provided to access review of LN and completed ule" provided to access review of LN and completed ule" provided to access review of LN and completed ule provided to access review of LN and completed ule to access review of LN and								

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(X6) DATE

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLII IDENTIFICATION NU 050222		(X2) MULTII A. BUILDING B. WNG	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED 06/26/2009	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRESS	CITY STATE 7	IP CODE		
	HULA VISTA MEDICAL CE	NTED		-		N DIEGO COUNTY	,
SHARP C	HULA VISTA MEDICAL CE	INIER	751 MEDICAL CI	ENTERCOU	RT, CHULA VISTA, CA 92010 SA	N DIEGO COUNT	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION SHO REFERENCED TO THE APPROPRI	OULD BE CROSS-	(X5) COMPLETE DATE
	Continued From page	e 10		-			
	"logged-on" under he 8's employee file inc the "Compliance Security" and "C Privacy Education"	er user code. A relicated that she ha Education 2008 - ompliance Educat provided by the on, LN 8 also co	d completed Information ion 2008 - facility on mpleted the				
	A phone interview conducted on 6/2/09 Patient 2 was a clien he took Patient 2 to blood draw. He stacheck-in window to physician (Patient 1) because of heart probl	nt of Patient 1. He the facility's labo ated that a female old them that h was in the facility	stated that e stated that ratory for a staff at the is mother's				
	An interview with u 6/4/09 at 3:05 P.M. Patient 1's health ca 1 was her husband's concerned about Patacknowledged that s Patient 1's health authorization. A reviile indicated that s California Privacy Lafacility on 4/16/09.	She stated that share information became information became information to the should not have a care information of unit clerk 3 the had completed	ne accessed ause Patient at she was Init Clerk 3 re accessed on without is employee the "2009		••		
	An interview with lal on 6/5/09 at 7:15 A.M another laboratory st at the front desk area son came up to the wir	M. She stated that aff were discussing when another pate	at she and Patient 1 ent and her				
Event ID:	JQ5311		11/30/2010	1:38:2	28PM		

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

TITLE

(X6) DATE

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE		(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SUR COMPLETE			
		050222		A. BUILDING B. WING		06/26/2009			
	OVIDER OR SUPPLIER Hula vista medical ci	ENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 751 MEDICAL CENTER COURT, CHULA VISTA, CA 92010 SAN DIEGO COUNTY						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY F REGULATORY OR LSC IDENTIFYING INFORMATI		FULL	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE ACTION REFERENCED TO THE APP	ON SHOULD BE CROSS-	(X5) COMPLETE DATE		
	completed the "2 Module" provided by the A phone interview conducted on 6/11/0 she remembered bei laboratory staff 1 whistanding by the che she and laboratory son that they were did not disclose any 1's condition. Labor inconsistent with 1 statement. A reemployee file indicat "Compliance Education provided by the fallaboratory staff 1 California Privacy L	e patient asked her to 1. Laboratory sto that patient and he facility as a patient Laboratory staff 1 acount to the patient and he staff 1's employee for the determinant of the patient and he staff 1's employee for the "Compliance cation" provided by addition, laboratory 2009 California Private facility on 4/29/09. with laboratory 9 at 8:40 A.M. She ing at the front design at the front design at the front design at the front and he ck-in window. She staff 1 told the patient concerned about Proving the facility of laboratory staff 1's view of laboratory ed that she had conformation 2008 - Privacy cility on 2/8/09. also completed	taff 1 stated her son that because of cknowledged should not her son. A file indicated e Education the facility staff 1 also racy Laws staff 2 was stated that k area with er son was stated that ent and her ratient 1 but I to Patient tement was s previous staff 2's mpleted the Education" In addition, the "2009						
Event ID:	A phone interview v on 6/11/09 at 9:55 A she thinks that she for	A.M. Unit clerk 4	stated that	1:38:20	RDM				

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

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		COMPLET	(X3) DATE SURVEY COMPLETED 06/26/2009			
NAME OF PROVIDER OR SUPPLIER STF			STREET ADDRESS,	STREET ADDRESS, CITY, STATE, ZIP CODE						
SHARPC	HULA VISTA MEDICAL CE	NTER	751 MEDICAL CE	MEDICAL CENTER COURT, CHULA VISTA, CA 92010 SAN DIEGO COUNTY						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS- TAG REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETE DATE			
	Continued From page	: 12								
	and somebody acces information while the under her user code employee file indica "2009 California Privathe facility on 5/5/09. A phone interview 6/12/09 at 3:05 P.M. trying to access I clicked on Patient 1 stated that she in when she realized twrong patient's name computer audit report health care record from total of 18 minutes. file indicated that "Compliance Education" 11/13/08. In additi "2009 California Privathe facility on 4/5/09. Attempts to interview whose name were in staff that accessed information, were messages were left.	essed Patient 1's computer was still e. A review of united that she concy Laws Module" with LN 9 was concy Laws Module" with LN 9 stated that she clicked on the LN 9 was in the concy Laws Module with LN 9 was in the concy LN 9 was concy Laws Module" with the concy Laws Module with the concy Laws Module was called four for Physician 3 to was called for for Phys	"logged-on" nit clerk 4's mpleted the provided by onducted on at she was mation but ke. LN 9 the screen chose the rding to the Patient 1's 6:53 P.M., a l's employee upleted the Information ion 2008 facility on mpleted the provided by Physician 4, at of facility nealth care unsuccessful. times and o call back.							
	Physician 3 called back but surveyor missed the calls and vice versa. Physician 4's office was called three times and messages were left to call									
	back. However, Physic	_	I							
Event ID:	JQ5311		11/30/2010	1:38:2	8PM		· · · · · · · · · · · · · · · · · · ·			

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

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPI IDENTIFICATION 050222		1 ' '			(X3) DATE SURVEY COMPLETED 06/26/2009			
		D. VVING		06/26	2/2009			
IAME OF PROVIDER OR SUPPLIER	STREET ADDRESS,	STREET ADDRESS, CITY, STATE, ZIP CODE						
SHARP CHULA VISTA MEDICAL CE	NTER	751 MEDICAL CE	NTER COU	RT, CHULA VISTA, CA 92010 SAN	DIEGO COUNTY			
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"2009 California Priva the facility on 4/15/09.	cy Laws Module"	provided by						
Event ID:JQ5311		11/30/2010	1:38:2	PAPM				

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

TITLE

(X6) DATE

SHARP CHULA VISTA MEDICAL CENTER 751 MEDICAL CENTER COURT, CHULA VISTA, CA 92010 SAN DIEGO COUNTY (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLII		ER/CLIA (X2) MULTIPLE CONSTRUCTION		PLE CONSTRUCTION	(X3) DATE SURVEY				
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SHARP CHULA VISTA MEDICAL CENTER 751 MEDICAL CENTER COURT, CHULA VISTA, CA 92010 SAN DIEGO COUNTY (A4)ID PRIETY TAG SLAMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYINS INFORMATION) Continued From page 14 A review of the facility's policy and procedure titled 'Health Information: Access, Use and Disclosure' indicated that, "C. (name of the facility) Workforce Access: Access to health information will be limited to: 1. Personnel providing care and treatment 2. Individuals requiring information for payment/billing activities 3. Individuals participating in functions of health care operations." This policy and procedure was not followed when facility staff, who were not involved with Patient 1's care, accessed the patient's health care information without authorization. A review of the facility's policy and procedure titled "Confidentiality of Information" indicated that, "4. Strict confidentiality of computer passwords must be maintained. 5. Physical security and access control must be maintained as appropriate." This policy and procedure was not followed when facility staff did not "log-off" the computer before leaving the computer area which allowed anybody to access Patient 1's health care information. On 7/1/09 at 3:00 P.M., the Vice President of Patient Care Services was informed that an interview with radiology technician 1 did not change the outcome of the investigation. Twenty facility staff, which included licensed nurses, physicians, a social worker, radiology technician, and celrical staff, either obtained direct unauthorized access to the patient's PHI, or			030222	i		**		6/2009		
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		technician, and cler	rical staff, either obt	ained direct						

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(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTII	PLE CONSTRUCTION	• · · · · · · · · · · · · · · · · · · ·	(X3) DATE SURVEY COMPLETED	
050222			B. WNG 06/26/20			5/2009		
			, CITY, STATE, ZIP CODE ENTER COURT, CHULA VISTA, CA 92010 SAN DIEGO COUNTY					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS- TAG REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETE DATE	
	disclosed Patient 1's that patient's family who were not prove Patient 1 or did not or billing purposes, 1's PHI without autor facility policy and HIPP. The events which led	access to be obtaing cility policies and continuous and confidentiality addition, two labouts PHI to another member for a total pricing care and the require information accessed or disclophorization and in A (PHI) laws. If to the unauthorized the actual of the actual of the actual of the cords constituted a confident in the above incident in the the above of the cords considered the actual of the actual	procedures of health ratory staff patient and of 22 staff reatment to for payment sed Patient violation of d access of unauthorized violation of 00 P.M., an or of patient n which the					
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