

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050133	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2009
NAME OF PROVIDER OR SUPPLIER RIDEOUT MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 726 FOURTH STREET, MARYSVILLE, CA 95901 YUBA COUNTY		
(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) E2236	(X5) COMPLETE DATE
	<p>The following reflects the findings of the Department of Public Health during a complaint/breach event visit:</p> <p>Complaint Intake Number: CA00194379 - Substantiated</p> <p>Representing the Department of Public Health: [Redacted] <i>OK PB 6/18/10</i></p> <p>The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.</p> <p>Health and Safety Code Section 1280.15(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.</p> <p>E2236 T22 DIV5 CH1 ART7-70751(b) Medical Record Availability</p>		<p>Corrective Action Taken:</p> <ul style="list-style-type: none"> Upon discovery of the breach, an investigation was launched immediately that resulted in termination of the computer access via the a software program that was determined to be have a faulty security process. The Director of HIM coordinated efforts with the Director of Accreditation and Regulatory Compliance to create an employee education seminar on the HIPAA and Confidentiality requirements. Specifically education included logging off of computers after completion of tasks, sharing/releasing protected information, safeguarding passwords for access to the electronic medical record. All of the Fremont Rideout Health Group 2000 + employees were re-trained on privacy and HIPAA regulations in a one hour seminar taught by the HIM Director and 	<p>By 8/28/09</p> <p>By 8/28/09</p> <p>By 7/21/09</p>

Event ID:5U1K11

6/8/2010

11:27:54AM

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

[Signature] SVP, Chief Clinical Officer 6/10/2010

TITLE

(X6) DATE

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	<p>Continued From page 1</p> <p>(b) The medical record, including X-ray films, is the property of the hospital and is maintained for the benefit of the patient, the medical staff and the hospital. The hospital shall safeguard the information in the record against loss, defacement, tampering or use by unauthorized persons.</p> <p>Based on interview and record review, the facility failed to safeguard personal health information from unauthorized access for 33 patients.</p> <p>Findings:</p> <p>On 7/13/09, Staff 1 stated that on 7/7/09 the facility had identified that 17 security guards employed by the facility had accessed the medical records of 33 patients without authorization or reasons related to their job duties. Staff 1 stated that the safety staff should have had access only to "Care View," which lists the name and room number of patients. Due to the error, these staff members were able to review laboratory and radiology reports, discharge summaries, history and physicals of patients and proceeded to access the medical records of the patients listed below.</p> <p>On 7/13/09, review of the safety department's access logs from 1/1/09 to 7/7/09 revealed the following:</p> <p>1. Patient 1's history and physical and radiology report were accessed on 2/1/09 by Staff 2.</p> <p>2. Patient 3's laboratory results were accessed on</p>		<p>E2236 continued</p> <p>the Director of Accreditation and Regulatory Compliance</p> <ul style="list-style-type: none"> The breaching employees were placed on administrative leave immediately and terminated as appropriate. Coaching, counseling, and ultimately progressive discipline will be implemented to remediate employees that do not conform to the policy requirements and plan of correction. <p>Plan For Monitoring:</p> <ul style="list-style-type: none"> The Manager of Health Information Management initiated random monitoring of medical records for detection of and follow up on breaches of the security program. Reports were forwarded to Quality Management Department for review. <p>Persons Responsible:</p> <ul style="list-style-type: none"> Director of Health Information Management Director of Accreditation and Regulatory Compliance 	<p>By 8/28/09</p> <p>By 8/28/09 and on going</p> <p>By 7/7/09 and on going</p> <p>By 7/7/09 and on going</p>	
Event ID: 5U1K11		6/8/2010	11:27:54AM	• Chief Clinical Officer	

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	<p>Continued From page 2</p> <p>6/15/09 by Staff 2.</p> <p>3. Patient 4's vital signs and fluid intake/output reports were accessed on 6/6/09 by Staff 3.</p> <p>4. Patient 5's vital signs and fluid intake/output reports were accessed on 5/31/09 by Staff 4.</p> <p>5. Patient 6's vital signs and fluid intake/output reports were accessed on 1/23/09 by Staff 5.</p> <p>6. Patient 7's vital signs and fluid intake/output reports were accessed on 1/30/09 by Staff 5.</p> <p>7. Patient 8's vital signs were accessed on 1/7/09 by Staff 10. Patient 8's history and physical and laboratory results were accessed on 3/12/09 by Staff 6.</p> <p>8. Patient 9's radiology report was accessed on 2/4/09 by Staff 7.</p> <p>9. Patient 10's vital signs, fluid intake/output reports and radiology reports were accessed by Staff 7.</p> <p>10. Patient 11's wound care records, physical therapy records and laboratory results were accessed on 6/30/09 by Staff 7. Patient 11's laboratory results were accessed on 6/30/09 by Staff 8.</p> <p>11. Patient 12's vital signs and fluid intake/output reports were accessed on 6/2/09 by Staff 8.</p> <p>12. Patient 13's vital signs, fluid intake/output</p>				

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	<p>Continued From page 3</p> <p>reports and radiology reports were accessed on 1/27/09 by Staff 9.</p> <p>13. Patient 14's vital signs, radiology reports and laboratory results were accessed on 2/28/09 by Staff 9.</p> <p>14. Patient 15's laboratory results, history and physical, dialysis records and radiology reports were accessed on 2/28/09 by Staff 9.</p> <p>15. Patient 16's vital signs and laboratory results were accessed on 5/24/09 by Staff 9.</p> <p>16. Patient 17's vital signs were accessed on 2/24/09 by Staff 11.</p> <p>17. Patient 18's vital signs and discharge summary were accessed on 4/5/09 by Staff 12.</p> <p>18. Patient 19's discharge summary was accessed on 4/5/09 by Staff 12.</p> <p>19. Patient 20's vital signs and laboratory results were accessed on 2/13/09 by Staff 13.</p> <p>20. Patient 21's laboratory results were accessed on 2/19/09 by Staff 13.</p> <p>21. Patient 22's history and physical, vital signs and laboratory results were accessed on 3/6/09 by Staff 13.</p> <p>22. Patient 23's vital signs and intake/output reports were accessed on 6/15/09 by Staff 13.</p>			

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	<p>Continued From page 4</p> <p>23. Patient 24's history and physical, vital signs, fluid intake/output reports and radiology reports were accessed on 1/28/09 by Staff 14.</p> <p>24. Patient 25's vital signs were accessed on 3/9/09 by Staff 14</p> <p>25. Patient 26's history and physical, radiology reports and laboratory results were accessed on 4/1/09 by Staff 15.</p> <p>26. Patient 27's vital signs and intake/output reports were accessed on 4/4/09 by Staff 14.</p> <p>27. Patient 28's vital signs and intake/output reports were accessed on 3/20/09 by Staff 16.</p> <p>28. Patient 29's vital signs and intake/output reports were accessed on 5/4/09 by Staff 16.</p> <p>29. Patient 30's laboratory results and radiology reports were accessed on 6/5/09 by Staff 17.</p> <p>30. Patient 31's vital signs and intake/output reports were accessed on 3/3/09 by Staff 17.</p> <p>31. Patient 32's history and physical, vital signs and intake/output reports were accessed on 3/9/09 by Staff 17.</p> <p>32. Patient 33's vital signs and intake/output reports were accessed on 1/4/09 by Staff 18.</p> <p>33. Patient 34's vital signs, intake/output reports</p>			

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	<p>Continued From page 5</p> <p>and laboratory results were accessed on 1/25/09 by Staff 18.</p> <p>On 7/23/09, Staff 7, 10, 15 and 18 were interviewed:</p> <p>At 3 pm, Staff 18 stated that the Health Insurance Portability and Accountability Act (HIPAA) training received prior to the incident emphasized that information should not be shared with unauthorized persons but was not specific as to who could access records. Staff 18 further stated that only one record, his wife's, was consciously accessed and that someone else may have used his terminal. Staff 18 stated that he accessed his wife's record because she was having a baby at the time and he wanted to see her progress. Staff 18 stated that no one had ever told him to log off his terminal while away from it.</p> <p>At 3:20 pm, Staff 15 stated that the HIPAA training received prior to the incident was about sharing with the public or each other. Staff 15 stated he did not recall anything about who was allowed to access records. Staff 15 further stated that he had no recollection of accessing any records. When asked if someone else may have used his terminal and password to access records, he stated, "they told me how that could happen." Staff 15 stated that due to the "software issue" if they double clicked on a name instead of a single click it took them to more information. When asked if he logged off his terminal each time he left it, he stated "no, but I do now."</p> <p>At 3:40 pm, Staff 10 stated that the HIPAA training</p>				

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	<p>Continued From page 6</p> <p>received prior to the incident emphasized that they were not to share information with anyone else. Staff 10 further stated that the only record consciously access was a "frequent flyer" he had not seen for a while and wanted to see if the patient was still active. When asked if he logged off his terminal each time he left it, he stated, "I do now."</p> <p>At 3:50 pm, Staff 7 stated that the HIPAA training received prior to the incident emphasized that they were not to release any information. Staff 7 stated that the only time records were accessed were at the supervisor's request to determine the level of access they had. Staff 7 further stated that it was never made clear as to why they should log off the terminal when away from it other than it was "proper etiquette." Staff 7 than stated, "it doesn't matter anyway, so many of us know each other's passwords."</p> <p>Despite the training received by staff, the facility failed to prevent security personnel from accessing and reviewing confidential medical records without obtaining written permission from the patient in violation of Title 22, Section 70707(b)(8).</p>				<p style="writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED JUL 23 10 10 AM '09</p>

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