

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 050228	(X2) MUL A BUILD B WING	TIPLE CONSTRUCTION	(X3) DATE SUI COMPLET			
	ROVIDER OR SUPPLIER ICISCO General Hospital			PRESS CITY STATE ZIP CODE TO Ave. San Francisco, CA 94110-3518 SAN FRANCISCO COUNTY				
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- CORRESPONDED TO THE APPROPRIATE DEFICIENCY)		(X9) COMPLETE DATE
		the findings of the Departmer g a complaint/breach event	nt					
	Complaint Intake Number: CA00389501 - Substantiated		The state of the s	The state of the s	CDPHLAC			
	Representing the Dep Surveyor ID # 25730,	artment of Public Health: HFEN	initial and the second	e de la companya della companya della companya de la companya della companya dell	\$\$ 25 Z			
		nited to the specific facility d does not represent the ction of the facility		SA	N FRANCISC	O DO		
	clinic, health facili hospice licensed put 1725, or 1745 sunauthorized access patients' medical subdivision (g) of Sand consistent department, after administrative penalt	Code Section 1280.15(a ty, home health agency resuant to Section 1204, shall prevent unlawful to, and use or disclosure information, as defined section 56.05 of the Civil with Section 130203, nvestigation, may assess a for a violation of this section thousand dollars (\$25,000).	or 1250, or e of, in Code The an	Health and Safety Code Sec Action(s): Before and after this privacy incident, hospital leadership ongoing efforts via memos, of trainings, and employee and training to ensure that hospit educated and knowledgeable and SFDPH privacy and sec	breach has engaged in emails, staff ual update tal staff are e about hospital	Ongoing		
	patient whose med or without author disclosed, and up hundred dollars	ical information was unlaw ization accessed, used, to seventeen thousand (\$17,500) per subsect wful or unauthorized acc	vfully or five	The SFGH multidisciplinary Committee, composed of the Officer and staff from the SF Office, the SFGH Chief Med SFGH Chief Communication representatives from the SF	e SFGH Privacy GH Privacy ical Officer, the is Officer,	Initiated July 12, 2011 and ongoing		
		[8] A. S. S. Marker, M. S. S. S. S. S. S. Sandar, A. S.	ility's,	Affairs, Regulatory Affairs, F Information Systems depart as representatives from both	ments, as well	The state of the s		

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

AUDION LA LAUNA

CETTLE

(X6) DATE 1241 34 30 15

By signing this document, I am acknowledging receipt of the entire citation packet. Page(s) 1 thru 7

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

State-2567 POC accepted 6/1/15. Mary & Coulton, 14FEN

Page 1 of 7

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULT		(X3) DATE SURVEY COMPLETED	
		050228	6 WING	***************************************	05/23	1/2014
	OVIDER OR SUPPLIER cisco General Hospital	STREET ADDRESS. 1001 Potrero Ave		ZIP CODE cisco, CA 94110-3518 SAN FRANCISCO	COUNTY	
(X4) IO PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC DENTEYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION LEACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEF	CROSS-	(X5) COMPLETE DATE
	statutes and regulatifacility detected violaction to immediate violations from recur control that restricted with this section. To discretion to consider the amount of an adithis section. This RULE: is not met a Based on interview failed to ensure the protected health inforeviewed Patient A's	and record review, the facility confidentiality of Patient A's rmation (PHI) when Staff 1 Lifetime Care Record, (LCR -		UCSF Risk Management and Informal Systems Departments, meets every of month to review, discuss, and recompolicy involving privacy compliance is The SFGH Privacy Officer and the SFP rivacy Analyst provide in service "Provide in	other mend ssues. FGH rivacy publish Privacy privacy staff y and	Initiated June 2012 and ongoing
	Staff 1 shared Patient Patient A's family. Findings: During an interview of Manager (NM) for the Director of Clinical Old 2/24/14 the Privacy of there had been a power with the Women's Health Clinical Advocate Of believed that some of the Patient Advocate Of the Patie	ord) without authorization and it A's PHI with member(s) of a A'1/14 at 3:30 PM, the Nurse is Family Health Clinic and the perations (DCO) stated that on Officer (PO) notified them that otential privacy breach at the nic. They stated that on the filed a complaint with the ffice stating that Patient A one accessed her LCR and without authorization, which		As noted by CDPH surveyor staff, State been oriented to their responsibility to the confidentiality of patient protected health information (PHI) and to medic information privacy requirements as evidenced by user confidentiality agree. When the second training records. Upon verification that Staff 1 had no justification to access Patient A's me information, the SFGH Privacy Office contacted the SFGH Information Systematics.	o protect d cal reements business edical e stems	October 2012 & Septem- ber 2013 February 26, 2014
Event ID:21	NUH11	5/6/2015	2:1	1;09PM	***************************************	***************************************

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/SLIA IDENTIFICATION NUMBER	A BUILD	TIPLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
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	ROVIDER OR SUPPLIER cisco General Hospital	1	Ave, San Frai	: ZIP CODE ncisco, CA 94110-3518 SAN FRAN	CISCO COUNTY	
(X4) ID PREFIX TAG	EACH DEFICIENCY	STEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SHO REFERENCED TO THE APPROPRI	OULD BE CROSS-	(X5) COMPLETE DATE
	Concern Statement' Record review indicat that someone went released her informat "that by them doing my marriage," The NM and DCO wan audit performed a of their staff, Staff 1, on two occasions.	a copy of Patient A's "Patien, dated 2/6/14 at 6:30 PM ed that Patient A was alleging nto her records of 9/2013 and ion. Patient A went on to say that they caused confusion in ent on to say that the PO had it indicated that a member had accessed Patient A's LCR They told the PO that in her	models spaced time interface and management and the control of the	1's Lifetime Clinical Record (LC Upon substantiation of this prival Staff 1 was referred to SFDPH Resources for disciplinary action terminated from SFGH on April The FHC leadership, in collabor SFGH Privacy Officer, conductor review with the FHC staff to reign employee legal responsibility to confidentiality of patient protect information (PHI).	acy breach, Human n. Staff 1 was 18, 2014. ration with the ed a case nforce	April 18, 2014 August 28, 2014
	need to access Patient In a telephone interv PO stated the Patie her about Patient A breach of medical int PO) authorized to Department to run a accessed Patient A's analyzed by the F which users had a b Patient A's LCR. Th audit was done to his	iew on 4/2/15 at 11:45 AM, the ent Advocate Office contacted 's concern about a possible ormation On 2/25/14, she (the		The leadership of Family and C Medicine (FCM) Services, com departmental remediation mem FCM providers, and FCM staff respectively, emphasizing adhe established Health Insurance F Accountability Act (HIPAA) reg securing PHI, Included in this of are applicable policies, and the newsletter, which provides ong updates with privacy practice a	municated and faculty, and faculty, erence with Portability and ulations with correspondence a Privacy Pulse poing interval	January 26, 2015 & January 27, 2015
	LCR The PO state both audits and Staf apparent justification LCR	d that she personally reviewed f 1 was the only user with no	Agentagen des projectes de la constante de la	The SFGH Privacy Committee related issues e.g., privacy bre education around privacy to ho at hospital Quality Council.	aches and staff	Ongoing

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU 050228		(X2) MUL A BUILDI B WING	TIPLE CONSTRUCTION	(X3) DATE SU COMPLET	
	ROVIDER OR SUPPLIER cisco General Hospital		STREET ADDRESS 1001 Potrero Av		ZIP CODE ICISCO, CA 94110-3518 SAN FR		
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	eleven fields in Patie notes, procedures, ar went on to discuss investigation. The PO said she very Patient A. When the she met with Staff 1 for During this 2/26/14 accessing Patient A's and giving this informed Patient A's LCR. Administrative Leave with her Union Representation with Patient A's LCR add any details to his stated Patient A known other's. Patient A information had been because she. Patient chart which the face	iew on 5/24/14 at 2 g the 12/26/13 acce twenty minutes ent A's LCR, include and all appointments to the following st vas having difficulty audit results becar an interview on 2/26 interview, Staff 1 s record, without a nation to the family d requested Staff The PO placed pending a follow- entative, the did have a stient A who was er original complain w Staff 1 to be a f told the PO she als released to a fan t A had seen a c mily member had tt A declined to	2:45 PM, the ess. Staff 1 reviewing ling doctors. The PO eps in her contacting me available 5/14. admitted to authorization, member of 1 to review Staff 1 on up interview telephone hesitant to t. The PO riend of her so knew her nily member copy of her in his/her say which		Monitoring: The SFGH Privacy Officer a Privacy Analyst routinely coraudits of the Lifetime Clinical all employees of the City & CFrancisco Department of PuDPH) and of all employees of California, San Francisco (Ureceived care as patients at (emergency department, clinical received care as patients, clinical received care as patients, clinical received care as patients, at (emergency department, clinical received care as patients,	nduct monthly of Record (LCR) of County of San blic Health (CCSF of the University of CSF) who the hospital nics, acute care, e LCR access was and the SFGH lits of the Lifetime y patient as erify if the LCR I., media high tion, if a patient ern that their PHI GH Privacy Officer yet conduct an Clinical Record esults are ter and employee and by the	Ongoing Ongoing

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLU IDENTIFICATION NUMBER 050228	A BUILD B WING	***************************************	(X3) DATE SUR COMPLETE 05/2:	
NAME OF PROVIDER OR SUPPLIER San Francisco General Hospita		ET ADDRESS. CITY STATE Potrero Ave, San Frai	E 7/P CODE ncísco, CA 94110-3518: SAN FRA		
PREFIX (EACH DEFIC	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION'S REFERENCED TO THE APPROP	HOULD BE CROSS	(XS) COMPLETE DATE
Staff 1 was re Representative in interview. Staff mother and it v asked her to revishe asked Staff Patient A's LC accidentally printed. During a telephore the PO stated Department had they could determ printed. The PO provided regarding Staff A indicated that conversations regard Record review in Compliance Train and Information See Record review Confidentiality. See Agreement 10/4/12 Record Review HIPAA Privacy a her initial orientation.	t stated she knew Patier vas Patient A's mother whew Patient A's chart. The F 1 if she had printed any p R, and Staff 1 said she disome of it which she shreddene interview on 4/2/15 at 11 that the Information Technology of her Investigate and Patient A. Record it confirmed the telegrating the investigation. Dicated Staff 1 had received and patient Staff 1 had received and patient Staff 1 had signecurity Training 9/17/13. Indicated Staff 1 had signecurity and Electronic Signed and Patient Staff 1 had signecurity and Electronic Signed and again on 2/22/13. Indicated Staff 1 had received and again on 2/22/13. Indicated Staff 1 had signecurity and Electronic Signed and again on 2/22/13. Indicated Staff 1 had received and again on 2/22/13.	Union 3/14/14 int A's no had PO said parts of e had ed. 45 AM, hnology ay that d been Report Review ephone annual Privacy ned a gnature eccived during "HIPAA"	electronic audits of the LCR to unauthorized access to patie information (PHI) by any SFO employee. The total number conducted per month averagementh. Questionable audit resinvestigated with the manage and action taken as indicated investigation. Audit results a quarterly to the SFGH Privace. The SFGH Privacy Officer proport regarding privacy issue Quality Council including resinaudits. In addition, they reponon-compliance with DPH and policies which occur during the scheduled SFGH Quality Concouncil reports annually to the Joint Conference Committee. Responsible Person(s): SFGH Privacy Officer	ont protected health of the or UCSF of audits e between 15-20/ esults are er and employee I by the re reported ey Committee. The seems an annual est to the SFGH ults of the quarterly any incidents of d SFGH privacy he year at the next uncil. The Quality	Ongoing

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBI 050228			(X3) DATE SURVEY COMPLETED 05/23/2014
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	describes the proce to access and disc was supposed to fol with Patient A's protect. The hospital's point information Services Release of Protect 6/21/11, stated "Probe released only for proper authorization not follow this policy as	Confidentiality, Secuted Health Information of the Confederal Health Information approved purposes, from the patient. " Security	thorization Staff 1 not follow "Health prity, and n" dated stion may and with Staff 1 did		The second control of
	dated 4/18/14, whi	ich indicated that Sta dismissed from her po	aff 1 had		e Marie e e e e e e e e e e e e e e e e e e
	Protected Health In information when Lifetime Care Record to unauthorized reciping The employee's a medical information Health and Safet	to ensure the confide formation and persona Staff 1 accessed Pa d and released this in ent(s). Clion to access the for improper purpose y Code 1280.15 (a) the applicable civil	I medical stient A's information patients' violated and is	See a tata programming from the content of the cont	
	(b) A list of these p	-70707(b)(8) Patients' Ri atients' rights shall be English in appropriat	posted in	T22 DIV 5 CH1 ART7-70707 Action(s): Before and after this privacy breach i	incident, Ongoing

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 050228	(X2) MUL A BUILDI B WING	TIPLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
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	by patients. This list to the patients' rights to the patients' rights to the patients' rights to and records pertaining the hospital. Written before the medical into anyone not directly of the patient and protect the medical information authorization or be patient. A's electronic this information to una Findings:	atment of all communicating to the care and the state permission shall be obtated oncerned with the care. as evidenced by: and record review, the Hose confidentiality of Patient when Staff 1, will usiness justification, review the latter and relevant record and relevant to the patient of the staff to	nited tions ty in lined lable spital A's thout	efforts via memos, emails, staff to employee annual update training hospital staff are educated and about hospital and SFDPH private security policies. The SFGH multidisciplinary Private Committee, composed of the SF Officer and staff from the SFGH the SFGH Chief Medical Officer, Chief Communications Officer, representatives from the SFGH IR Regulatory Affairs, Health Inform departments, as well as represent both the SFGH and UCSF Risk I and Information Systems Depart every other month to review, discrecommend policy involving private compliance issues. The SFGH Privacy Officer and the Privacy Analyst provide in service trainings and updates to request departments within the hospital, educational fiyer quarterly called to educate hospital staff about pand awareness, to validate staff regarding privacy security and a well as to identify issues requiring action by managers. Findings and section in the staff regarding privacy security and a well as to identify issues requiring action by managers. Findings and section in the staff regarding privacy security and an well as to identify issues requiring action by managers. Findings and section in the staff regarding privacy security and an well as to identify issues requiring action by managers. Findings and section is staff about panagers. Findings and section is staff and section in the section is staff about panagers. Findings and section is staff and section in the section is staff about panagers.	acy GH Privacy Privacy Office, the SFGH Legal Affairs, nation Systems intatives from Management ments, meets cuss, and acy The SFGH The "Privacy ting and publish an Thivacy Pulse rivacy security knowledge wareness, as g corrective	Initiated July 12, 2011 and ongoing Initiated June 2012 and ongoing
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	PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1001 Potrero Ave., San Francisco, CA 94110-3518, SAN FRANCISCO COUNTY					
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	by patients. This list to the patients' rights to (8) Confidential trea and records pertaining the hospital. Written before the medical r	the confidentiality of national protected		nsibility to protect protected I to medical nents as evidenced	October 2012 & Septem- ber 2013	
	Upon verification that Staff 1 had no business justification to access Patient A's medical information, the SFGH Privacy Office contacted the SFGH Information Systems department, who successfully disabled Staff 1's Lifetime Clinical Record (LCR) access. Findings: Please refer to Health & Safety Code 1280.15(a). Upon verification that Staff 1 had no business justification to access Patient A's medical information, the SFGH Privacy Office contacted the SFGH Information Systems department, who successfully disabled Staff 1's Lifetime Clinical Record (LCR) access. Upon substantiation of this privacy breach, Staff 1 was referred to SFDPH Human Resources for disciplinary action. Staff 1 was terminated from SFGH on April 18, 2014. The FHC leadership, in collaboration with the SFGH Privacy Officer, conducted a case review with the FHC staff to reinforce employee legal responsibility to protect the confidentiality of patient protected health information (PHI).		nt A's medical acy Office contacted ams department, staff 1's Lifetime	February 26, 2014		
			PH Human ction. Staff 1 was	April 18, 2014		
			ucted a case review ce employee legal confidentiality of	August 28, 2014		
	danislema spalma i 15. odda			The leadership of Family an Medicine (FCM) Services, c		January 26, 2015
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and and a	ROVIDER OR SUPPLIER cisco General Hospital		EET ADDRESS, CITY, STA I Potrero Ave, San F	TE ZIP CODE rancisco, CA 94110-3518 SAN	FRANCISCO COUNTY	national description of the second of the se
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	by patients. This list to the patients' rights (8) Confidential treated records pertain the hospital. Written before the medical	so that such rights may t shall include but not be to: eatment of all commuting to the care and the records can be made a concerned with the care.	e limited nications stay in obtained	departmental remediation FCM providers, and FCM respectively, emphasizing established Health Insura Accountability Act (HIPA/ securing PHI. Included in are applicable policies, at newsletter, which provide updates with privacy practices.	I staff and faculty, g adherence with ance Portability and A) regulations with I this correspondence and the Privacy Pulse as ongoing interval	& January 27, 2015
	failed to protect the medical information	and record review, the ne confidentiality of Pat n when Staff 1.		The SFGH Privacy Communicated issues e.g., privace education around privacy at hospital Quality Council	cy breaches and staff to hospital leadership	Ongoing
	Patient A's electror this information to una Findings:	pusiness justification, raic health record and authorized recipient(s). authorized recipient(s). A Safety Code 1280 15(a		Monitoring: The SFGH Privacy Office Privacy Analyst routinely audits of the <i>Lifetime Clin</i> all employees of the City Francisco Department of DPH) and of all employee California, San Francisco	conduct monthly nical Record (LCR) of & County of San Public Health (CCSF es of the University of	Ongoing
			manifestation and anticolor of the second of	care as patients at the hodepartment, clinics, acute to verify if the LCR access The SFGH Privacy Office Privacy Analyst conduct Clinical Record (LCR) of	ospital (emergency e care, skilled nursing) as was appropriate. er and the SFGH audits of the <i>Lifetime</i>	Ongoing

	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
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	by patients This list to the patients' rights to the patients' rights to the patients' rights to (8) Confidential treat and records pertaining the hospital. Written before the medical into anyone not directly of the patient to anyone not directly of the patient and protect the medical information authorization or but Patient A's electronist this information to unauthorization.	atment of all communications ig to the care and the stay in permission shall be obtained records can be made available concerned with the care. as evidenced by: and record review, the Hospital confidentiality of Patient A's when Staff 1, without usiness justification, reviewed to health record and released		requested by managers to verify access was appropriate (e.g., morprofile cases, VIPs). In addition, notified the facility of a concern thas been breached, the SFGH F and the SFGH Privacy Analyst of the patient. Lifetime Clinical R Questionable audit results are in the manager and employee and indicated by the investigation. The SFGH Privacy Officer or descontinues to conduct periodic, roaudits of the LCR to monitor for access to patient protected healt (PHI) by any SFGH or UCSF em total number of audits conducted average between 15-20/month, audit results are investigated with and employee and action taken at the investigation. Audit results a quarterly to the SFGH Privacy Officer presere report regarding privacy issues to Quality Council including results audits. In addition, they report a non-compliance with DPH and Spolicies which occur during the yescheduled SFGH Quality Council	edia high if a patient hat their PHI rivacy Officer conduct an audit ecord (LCR). vestigated with action taken as signee utine electronic unauthorized h information ployee. The per month Questionable in the manager as indicated by re reported committee. Ints an annual of the SFGH of the quarterly my incidents of FGH privacy ear at the next	Ongoing

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 050228		R	(X2) MULTIPLE CONSTRUCTION A BUILDING B WING		(X3) DATE SURVEY COMPLETED		
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San Franc	isco General Hospital	100	1 Potrero Ave, S	San Franc	isco, CA 94110-3518 SAN FRANC	ISCO COUNTY	

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	by patients. This list to the patients' rights to (8) Confidential trea and records pertaining the hospital. Written before the medical re-	atment of all commung to the care and the permission shall be records can be made concerned with the care.	e limited inications stay in obtained		Council reports annually to the Gount Conference Committee. Responsible Person(s): SFGH Privacy Officer	Coverning Body	
	failed to protect the medical information authorization or be Patient A's electronithis information to una Findings:	usiness justification, c health record and	tient A's without reviewed released				
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