

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050033	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 9/21/09 08/31/2009
NAME OF PROVIDER OR SUPPLIER ENLOE MEDICAL CENTER - ESPLANADE		STREET ADDRESS, CITY, STATE, ZIP CODE 1531 ESPLANADE, CHICO, CA 95926-3310 BUTTE COUNTY		
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	<p>The following reflects the findings of the Department of Public Health during a complaint/breach event visit:</p> <p>Complaint Intake Number: CA00199623 - Substantiated</p> <p>Representing the Department of Public Health: ██████████</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>			

Event ID: DZJS11 *K95I11* 6/7/2010 4:24:31PM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Anthony M. [Signature]* TITLE: *CEO* (X6) DATE: *6/16/10*

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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, the facility failed to safeguard personal health information from unauthorized persons for Patient A.</p> <p>Findings:</p> <p>On 8/17/09, the facility identified an incidence of unauthorized access to protected healthcare information. The facility reported the breach to the Department on 8/21/09.</p> <p>On 8/27/09 at 10 am, Admin 1 stated that during an audit of a "high profile" admission, Admin 2 noted a suspicious entry by the facility's collection agency. Admin 2 confirmed with the agency manager that an agency employee, Staff 1, had accessed the record for unauthorized use. The audit also revealed six additional users who accessed the record. It was determined that these users also accessed the record for unauthorized use. Five were employees of local physicians, Staff 2, 3, 4, 5, and 6, and one, Staff 7, was an employee of the facility. Admin 1 further stated that it is facility policy to provide HIPAA (Health Insurance Portability and Accountability Act) training when users are granted access to the medical records system and each user must sign a confidentiality agreement.</p>		<p>Corrective Actions Taken:</p> <ul style="list-style-type: none"> Enloe employee was counseled and suspended for inappropriately accessing protected health information (PHI) per Enloe's progressive disciplinary process. Electronic medical record (EMR) access for specific physician's office staff was immediately removed pending compliance re-education. Although Butte County Credit Bureau only had access to the patient face sheet and not the entire electronic medical record, user names and passwords providing access were immediately removed for all staff. 	<p>Aug/Sept 2009</p> <p>August 2009</p> <p>August 2009</p>

Event ID: DZ1811 *KS K9511* 6/7/2010 4:24:31PM

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	<p>Continued From page 2</p> <p>On 9/1/09 at 10:40 am, Staff 2, a medical assistant, stated that she accessed the record to see if the patient was one of their clients. Staff 2 further stated that she had HIPAA training when granted access to medical records and had signed a confidentiality agreement.</p> <p>On 9/1/09 at 10:45 am, Staff 3, a receptionist, stated that she accessed the record because she thought that due to the nature of the injuries the patient might be referred to their office. Staff 3 stated she read about the injuries in the local paper. Staff 3 also stated that she used her employer's logon details to access the record. She stated that she was aware she should only access records active in the office.</p> <p>On 9/1/09 at 11 am, Staff 4, a medical assistant, stated that she accessed the record because she used to know the patient. Staff 4 stated that she does not recall having HIPAA training and does not recall signing a confidentiality agreement.</p> <p>On 9/1/09 at 1:20 pm, Staff 5, an administrative assistant, stated that she made her logon details available for the other two office staff to use. She stated that she did not access the record. Staff 5 stated she did not recall having HIPAA training or signing a confidentiality agreement.</p> <p>On 9/1/09 at 1:40 pm, Staff 5's employer, MD 1, stated that he was unsure who accessed the record, both current staff denied accessing the record and one staff member had recently retired.</p>		<p>Monitoring: Continue to monitor EMR access activity by EMC employee and physician office employee to ensure that any record accessed is appropriate.</p> <p>Compliance and Quality Management will continue to monitor incident reports, staff accounts, patient concerns, and 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.</p> <p>Responsible for Action Plan:</p> <ul style="list-style-type: none"> • Chief Executive Officer • Vice President of Patient Care Services • Chief Compliance Officer 	

Event ID: DZ1S11 **K95I11** 6/7/2010 4:24:31PM

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	<p>Continued From page 3</p> <p>On 9/1/09 at 2 pm, MD 2, Staff 6's employer, stated that about a year ago, the office had a "major power outage" and all the logon details were lost. He stated that only Staff 6 renewed her logon details, and made them available to other staff. He further stated that Staff 6 did not access the record. He declined to name the staff member who accessed the record, but stated that the staff member was looking for a phone number to see if they knew the patient.</p> <p>On 9/1/09 at 2:10 pm, Staff 6, a nurse, stated that she allowed her logon details to be used by other staff. She stated that she "didn't think anything of it at the time." Staff 6 did not recall having any HIPAA training or signing a confidentiality agreement.</p> <p>On 9/1/09 at 2:30 pm, Staff 7, a pharmacist employed by the facility, stated that she accessed the record and looked at nurses' notes and the history and physical report. She stated that she was aware she should not have accessed the record.</p> <p>On 9/1/09 at 3:30 pm, in a concurrent interview, Admin 1 and Admin 3 agreed that they were not aware of any facility policy identifying users outside the facility as an increased risk for unauthorized access to medical records. Admin 1 stated that access of the identified offenders had been terminated, and the entire system was under review. Admin 3 stated that the physician's employees had access to the "Chartmax" module, which contains demographics, previous and current admission details. Admin 3 further stated that</p>		<p>6/25/10 <u>Addendum to POC</u></p> <p>Regarding Butte County Credit Bureau: Any and all information needed by BCCB in order to perform their contracted services for Enloe Medical Center is provided upon request by our billing department. They do not have the ability to access or view any medical information at EMC. This ensures that no protected health information is disclosed.</p> <p>Regarding Monitoring: In addition to our standard protective measures, we monitor the single staff member at EMC and the physician staff member involved in reported breach that still have access to medical records. We specifically audit their medical record access to assure that it is related to treatment, payment or operations as appropriate. We will audit access quarterly for four quarters.</p>		

Event ID: DZJ511

K9511

6/7/2010

4:24:31PM

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	<p>Continued From page 4</p> <p>current admission details are scanned into the system daily but are usually two days old by the time they appear. Admin 3 stated that the collection agency had access to the automated record system-billing module, which contained name, age, social security number, date of birth, address, and diagnosis.</p> <p>On 10/1/09 at 9:50 am, Staff 8, the manager of the collection agency, stated that Staff 1 was no longer employed by the agency.</p>				<p style="text-align: center;">DISCLOSED ON JUN 16 10 08 07 C.H.S.A.</p>

Event ID: DZJ811 **K95I11** 6/7/2010 4:24:31PM
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