PRINTED: 08/12/2016 FORM APPROVED

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: _	CONSTRUCTION	COM	E SURVEY PLETED
		CA050000020	B. WING			12/2016
AME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE	· · · · · · · · · · · · · · · · · · ·	
ulma arrowa ense esmo	BLES HOSPITAL & MI	THOUSAN	NSS RD ND OAKS, CA	91360	•	
(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 B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETE DATE
A 000	Initial Comments		A 000		***	
	Department of Publ investigation: Comp Representing the C Health: HFEN's 223 The inspection was event investigated a	ts the findings of the California ic Health during a breach laint intake number: 391015 alifornia Department of Public 163, 9666 and 32971. Ilimited to the specific facility and does not represent the pection of the facility.			2016 YENT	
A 001	Informed Medical B	reach	A 001		AUG AUG	55
	Subject to subdivision home health agency any unlawful or unaudisclosure of, a patient the affected patient at the last known admeans or at an alter by the patient or the writing pursuant to 5 of the Code of Fede 15 business days af unauthorized access detected by the clinicagency, or hospice.	s, use, or disclosure has been c, health facility, home health Notice may be provided by ent has previously agreed in	1240. Accepted Hachele		25 AM 7: 34  GENERATIVE BISTRICT OFFICE	CET OF
	affected patient(s) or representative(s) of	hat the facility informed the r the patient's the unlawful or unauthorized osure of the patient's medical	8/26/16.			
A 100	1280.15(a) Health &	Safety Code 1280.15	A 100			
sing and	Certification Division	ER/SUPPLIER REPRESENTATIVE'S SIGN	_	Holoff HTLE Facili		(X8) DATE

CHEMIN	nia Department of Pu	(X1) PROVIDER/SUPPLIED/CLIA	Tax	The second section of the sect	FURN	D: 08/12/2 VI APPRO
AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		(X2) MULTIPLE CONSTRUCTION			- Comment of the Comm	
			A. BUILDIN	/G:	COM	E SURVEY
	•	CARECORNE		-	1	LLIED
IALAR OF	Property and an arrangement of the second	CA050000020	B. WING_	1		C
WIME OF	PROVIDER OR SUPPLIER	STREET AS	IDDEED OF	1.00	1 08/	12/2016
LOS RO	BLES HOSPITAL COM	74E tar 14	PURESS, CITY	, STATE, ZIP CODE		
	BLES HOSPITAL & MI	EDICAL CENTER 215 W JA	MSS RD			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ND OAKS,	CA 91360		
PREFIX	LACIT DEFILIENT	MUST BE EDMONTHS	QI QI	PROVIDER'S BLANCE CO.	7.6.1	
יחט	NEGOLATORY OR L	BC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D 8E	(X5) COMPLE
		The second of th	1	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE
A 100	Continued From page	de 1		DEFICIENCY)		
			A 100			
-	hospins lies	icility, home health agency, or				1
1						
	·~~, 1/20, UI 1/45	SDOIL DIAVORT Unlaudul		of		
	ALICAMIO INCO SCOOLS	The second times of the contract of the contra		, mC	2016	
	Landing HIGHICH III	Office of dage - 1				
1	PROPERTY (0) OF 26	CION 56 05 of the Child Control		Z X	AUG.	5
	THE STATE OF THE PARTY OF THE P	Termon 12000 The		- PD	(7)	and to
1	uchantment after inv	estination may are			25	ō : . ·
	AMERICAN CONTRACTOR DELISION	V POF 3 MAINTING of Main		-4 (1)		37
	accupit of AD to Mobil	IV-IIVe thouseand dellar		$\frac{\mathbf{z} \mathbf{x}}{\mathbf{c}}$	=	0
1	(450'000) het ballew	Whose medical informati				20
	MAN OF HICKSTRA CIT WILL	1011 Dillhomzehon on		<b>\$</b> C		77
	more of distillating	DO HO M CAUANTA-		RICT OFFICE	<u>ن</u>	endage .
	u ivusaliu live niinare	d dollars (\$47 Eng		25		
	and aconcil occurred	CR Of Impound on				
1.1	MINDUNIONIZEO SCCOSS	IICO Ardinalanius - EII		Complaint Number		
5 8	sancing medical idual	mation Executation of the		Complaint Number CA00391015		
1 7	PHILIP Q. INCOME! I PHILIPPE	2 Dagara on here!	ļ	Notified DPH 3/12/14		
	AIMMA STOTE SHOT INCOME.	ISI SIDRITAS and an alleri		RE: Courier transport of medical r	DCO-N-	
, -	a average of for AALLIETT LLIE	2 IBCIIIV dotootod		of State of California for scanning	-corus 0	ut
, ~	and each dicasemente	DOTION to tombe a distant		office in News Is a second for scanning a	at Regior	nal
a	nd factors outside it-	ast violations from recurring,		office in Nevada. 133 records miss	ina una-	_
, -	detelle offsitte its	COMPTO PARK CONTACT LA LA		receipt at Nevada business office	2200 -41	L
14	dulity 5 dulity to comply with this section The			medical records may have been ac	4330 OE	ner
_	ALOUGHE SHOW HAVE	epartment shall have full discretion to consider		To date ne ari	cessed.	
	II IOCHUID WILEIN (JEIMIL	NIDING the americal of	1	To date, no criminal activity report	ed.	
	penalty	pursuant to this section.				
1				a.)The patients ware notice	."	
T	his Statute ie not	t == = 11		a.) The patients were notified regard	ding the	
B	his Statute is not me	as evidenced by:		mercent on 3-12-14. Patients were	provide	
fa	iled to safornery the	record review the facility		with a toll-free number to find out	F4bc	ш
- 4-	was to delegically ma	III DELICAL FORMANIA AL ASIA		affected by the broads	ii tuey w	ere
1 200	and the contraction of the same of	histor on additional		affected by the breach. Patients we	ere offer	ed
1	AAA KAMEINO SI UKK U	F Davido those popularia		one year of tree online credit monit	Orina	
Un	authorized persons.	by unlawful means or by		Media notice was provided in a loca	· · · · · · · · · · · · · · · · · · ·	
1 400	ndings:			newspaper on 4 15 14	11	
Th	e Director of Blakes	anagement (DRM), the		newspaper on 4-16-14. To date, no activity has been reported.	criminal	
	A MILLORD OF LINE AND A STATE OF THE PARTY O	4113070000000000000000000000000000000000	1	DETERMINATION OF THE PARTY OF T		

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RUSL47- June Hala of From 8-24-16

California Department of Public Health

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AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		LE CONSTRUCTION	(X3) DATE SURVEY	
		PETRICIAL HOMBER	A. BUILDING	:	COMPLETED	
		8				
management Probability and sections		CA050000020	B. WING		C	
NAME OF	PROVIDER OR SUPPLIER	CTDFG			08/12/2016	
				STATE, ZIP CODE		
LOS RO	BLES HOSPITAL & ME	DICAL CENTER 215 W JA				
(VA) 10	CHERNADY OTAS	THOUSAI	VD OAKS, C	A 91360		
(X4) ID PREFIX	EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ΙD	PROVIDER'S PLAN OF CORRECTION	ON THE	
TAG	REGULATORY OR LE	SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	D. C.E.	
		,	IAG	CROSS-REFERENCED TO THE APPROI	PRIATE DATE	
A 100	Continued From page	~ 3				
			A 100	b.) All patients that were affected t	the the	
	Privacy Officer (PO)	Director of Medical Records		incident were accounted for and no	neisian as	
	(DMR), Director of F	lealth Information i) and the Chief Nursing		the incident. Since then, all matters	runed of	
	Officer (CNO) were	interviewed on 4/16/14 from		breach have been resolved through	raised by this	
	12:20 to 2:00 p.m. T	he PO advised during the		compliance actions of Los Robles H	Voluntary	
	interview that on or a	about July 2012, medical		and Medical Control (1915 and	ospital	
	service (Vendor A) &	erred by a third party courier or an out of state scanning		and Medical Center (LRHMC).		
	center (Scanning Ca	enter X), for electronic				
	storage. The PO als	o indicated that 200 or more		c.) LRHMC terminated its previous (	Courier services	
	medical records from	n the facility could be		and kept all records on site during t	he initial	
	correspondents detailed	me. Review of facility		investigation.		
l	approval of this pro-	ed 10/5/12 revealed an ess was granted by the				
	Department (Californ	nia Department of Public		RHMC thoroughly ravious day		
	Health Licensing and	Certification) and		LRHMC thoroughly reviewed the tra	insporting process	
	addressed to the fac	ility Administrator with	,	as well as its business associate's po	olicies and procedures.	
	stipulations to include	e. "Records will be protected."				
	against loss during tr	ansit by being packaged in		RHMC hired a new courier service	which started	
1	tamper-resistant con	tainers and closed with The DMR explained that	(	on May 15, 2014.	***************************************	
	the records were tran	nsported in plastic bins		E		
}	secured with "Zip ties	s," but that the facility failed		RHMC revised and implement to		
i	to ensure the seals w	vere tamper-resistant or	+	RHMC revised and implemented th	ie process of	
	tamper evident.			ransferring medical records from h	ospital to courier and	
	Colober E 2040 in the	CDPH program flex dated	2	canning center. The facility also re-	placed plactic convois	
	ensure each individua	cated the facility was to	ţ	levices on bins with metal combina	tion locks The couries	
	medical records would	Id either be a hospital	C	lo not have access to the combinati	One of any time	
	employee or the emn	loyee of a vendor that had	1		at any time.	
	executed a confident	ality agreement with the	į	The facility has a forms committee	h iarbioh	
	hospital or parent cor	mpany. The DMR confirmed		reviews and authorizes and	which	
11	the facility had a conf	identiality agreement with		reviews and authorizes any new for	orms. Forms	
1 9	ocanning Center X.	1		with social security numbers are n	ot permitted.	
	rie process of transp	porting the medical records				
	and CNO during the i	e DHIM, DRM, PO, DMR nterview. According to the		d.) Hospital Corporation of Americ	a (HCA) has	
	DMR, the medical rec	cords were picked up from		implemented a monitoring progra	m to onouse	
Įŧ	ne facility by Courier.	A. Courier A met another		that records delivered from the ho	in to Guante	
	subcontracted Courie	r (Courier B) and		Scan Contacto Name of Troin the ho	spitals to the	
ensing and	Certification Division			Scan Center in Nevada are all rece	ived. Any	
ATE FORM		688	a ķ	outliers are discussed with the DH	IM by the following	
				day,		

Janua Haloff FPO, 8-24-15

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Californ	nia Department of Put	olic Health			FORM A	APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI TIDI	É CONSTRUCTION		
AND PLAI	N OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE	SURVEY
			A BOILDING		COMPL	ETED
		CARERONANA	B MING		C	
		CA050000020	B. WING			2/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATÉ, ZIP CODE		PART OF TO
100 00	DI EC HOCDITAL D SE			, , , , , , , , , , , , , , , , , , ,		
200 110	BLES HOSPITAL & MI		ND OAKS, C	A 9136A		-
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		The same of the sa		
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION SHOUL	NC	(X5)
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	DBE	COMPLETE DATE
				DEFICIENCY)	.10-(1)	DAIL
A 100	Continued From pa	ge 3	A 100			
	1	rds to Courier B. Courier B				
	then met with enoth	er subcontracted Courier			1	
	(Courier C) and trac	er subcontracted Courier of sterred records to Courier C,	- 1		1	
	who in turn met with	a fourth subcontracted		The facility's policies and procedu	: 1	1
	Courier (Courier D)	Courier C would transfer the		thoracett	es were	1
	records to Courier F	), and subsequently, Courier		thoroughly reviewed to ensure the	at all associ	hatei
	D would deliver the	medical records to Scanning		policies were accurate and compli-	ant	
	Company X. The DI	RM stated in the interview that			4116.	
	the facility represent	latives were unaware if each		The process for bin		Ī
	couner checked the	zip ties, or if a security		The process for hiring and screening	ig of couri	ier
	breach could be ide	ntified between the multiple	,	Timployees includes background ch	الممادة المادة	1
	couriers.		i	and compliance with vendor crede	ntialia.	sacreens
	During the interview	on 4/16/14, the DMR		The state of the s	irrianus bi	ractices.
	explained that on 2/	18/14, she was notified by the	7	The process for the		
	Director of Documer	nt Imaging (DDI) there was a		he process for pick-up of records I	nas been i	'evised to
	discrepancy betwee	n the number of records		monitoring with	a conce	175
	activing of Secondary	nd the number of records	r	landoff and a log of record transfer	~ PG(30)17	ro-berson
	ten medical mounts	Center X. The DDI reported	b	etween the hospital 4	or the re	cords
	The DMD recreated	were missing from 2/14/14.		etween the hospital and the couri	er service	and the
	to anyone The DDI	the records but did not report contacted the DMR again on	-	Tarrer scalling center. The proces	er to	
	3/4/14 about a discre	epancy between the number		L o dianaport flas been enhanced	J E 41	
	of medical records te	eaving the facility and the	η	etal combination locks to replace	by rue fi	se of
	number arriving at S	canning Center X, this time	Si	Printy devices Ti	the prior <sub>l</sub>	plastic
	the DDI reported the	re were 16 missing medical	-	1 11 devices, mese system chan	Man	
	records from 2/26/14	. and 18 medical records		an on-going ha	sis for all	Clement
l	missing from 2/28/14	. The DMR stated she	91	d future medical records.	ioi dil (	runent
-	investigated, monitor	ed the procedure for transfer		la de la dela de		
	of medical records a	nd reported the incident to		The		
	her boss, the Region	al Medical Director (RMD)	٠.	The systems and monitoring revi	sions hear	an in
	indicating her investig	gation was inconclusive.	M	arch, 2014 and were completed by	( I D) Is an	ari (i)
	The DMR further adv	rised during her interview on	in	May, 2014 The sustant and	LAMINIC	
	4/16/14 that on 3/5/1	4, the ODI contacted the	na	May, 2014. The systems and moni	toring will	be
	DMR again about mo	pre missing medical records	ρ	rmanent and ongoing.		
	specifically 34 medic	al records on 3/3/14 and 26			ş	
	missing medical reco	ords on 3/4/14. The DMR and				
1	the PO met with their	"Team" and decided to put		,		
	black dots" on the zi	p ties to see if, when the				
	records arrived at Sc	anning Center X, that the	{			
marin-	same zip ties were or	the plastic bins.				
Censing and	Certification Division	The second secon	,	NULL HALAS ET		

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FFO 8-24-16
If continuation sheet 4 of 6

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	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	č.	CA050000020	B. WING		С
NAME OF E	PROVIDER OR SUPPLIER		20500 0000		08/12/2016
		DAP SEL LA		TATE, ZIP CODE	
LOS ROE	BLES HOSPITAL & MI	EDICAL CENTER 215 W JA THOUSAI	NSS RD ND OAKS, CA	91360	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	704
PREFIX TAG	(EACH DEFICIENCY REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	IID BE COMMETTE
A 100	Continued From pa	ge 4	A 100		
	On 3/6/14, the DDI 29 records were mino "Black dots" on the swere different the facility. At this point were reported to the unknown at what poservice the breach identified the following delivery to Scanning On 2/14/14 there were unauthorized access for entering the DMR further even on 3/4/14 there were unauthorized access for entering the patient medical been added to the result of the 133 breached the facility and we the patient medical maintain the confidering records, which result unauthorized access unauthorized access.	notified the DMR and PO that ssing from 3/5/14, there were the zip ties, and in fact the zip than the ones applied at the a total of 133 medical records a facility as missing. It was bint and with which courier had occurred. The facility ing missing records upon a Center X: are 10 patient records are 10 patient records are 18 records missing. The same are 18 records missing are 34 missing records are 29 missing records are 29 missing records, for a patient records. Applained during the interview facility Emergency aff had implemented a new applied that into the for ease of entry, the ED staff plemented a patient form for patients would fill out this new cluded the patient's social the form was not authorized are not intended to be part of record but had inadvertently medical records being attein the plastic bins for 123 if medical records. provide appropriate and als to protect the confidentiality information, and failed to antiality of patients' medical transport of patient medical transport of patient medical transport of patient medical transport of patient medical		VENTURA DISTRICT OFFICE	25
icensing and	d Certification Division	The state of the s		War Haline	1-10
STATE FORM			GII90 RI	USL11	If continuation sheet 5 of 6
					" community suited. 2 01 0

California Department of Public Health

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AND PLAN	VT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA MBER:	(X2) MULTIPL A. BUILDING:	ECONSTRUCTION	(X3) DATE SURVEY COMPLETED
		CA050000020		B WING		C
	Provider or supplier BLES HOSPITAL & M	EDICAL CENTER	215 W JA	ORESS, CITY, S NSS RD ND OAKS, CA	TATE, ZIP CODE	08/12/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY A SC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE COMPLE
A 100	Continued From pa patients.	ge 5	TO VARIOUS CONTROL OF STATE	A 100	DEFICIEN	СУ
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Shakada daga da sanan sa Sanan S			And the second s			
			The second secon			
				And Administration of Particular Conference of		
sing and ( E FORM	entification Division		999	® RUS	Ho Loff	FPO 8-24-