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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

		(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER: 050015	A. BUILDING B. WING		
	ÓVIDER OR SUPPLIER RN INYO HOSPITAL	ALCOY DE PORTO DE LA CONTRACTOR DE LA CO	SS. CITY. STATE. Z .n, Bishop, CA S		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEEDED BY FULL ELSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	of Public Health durin visit: Complaint Intake Nur CA00371852 - Subst Representing the Der Surveyor ID # 26774. The inspection was life event investigated an findings of a full inspection, health facilithospice licensed putrate, or 1745 unauthorized access patients' medical subdivision (g) of and consistent department, after administrative penalt of up to twenty-five patient whose med or without authorized dollars occurrence of units	partment of Public Health: HFEN mited to the specific facility d does not represent the action of the facility. Code Section 1280.15(a) A ty, home health agency, or arsuant to Section 1204, 1250, shall prevent unlawful or to, and use or disclosure of, Information, as defined in Section 56.05 of the Civil Code with Section 130203. The investigation, may assess an y for a violation of this section thousand dollars (\$25,000) per ical information was unlawfully rization accessed, used, or to seventeen thousand five (\$17,500) per subsequent twiful or unauthorized access, e of that patients' medical	3	A) The following measures and systemic changes have been put in place in an effort to ensure that an event of this same deficient	1/1/2014

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

TITLE

Chief Compliance Officer

(X6) DATE September 5, 2015

By signing this document, I am acknowledging receipt of the entire citation packet, Page(s). 1 thru 9

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 evaluable to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

		(X1) PROVIDER/SUPPLII IDENTIFICATION NU			TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILUIN B. WING	NG	_ 03/28	/2014		
5000000000	NAME OF PROVIDER OR SUPPLIER NORTHERN INYO HOSPITAL 150 Pigneer I				ZIP CODE 93514-2558 INYO COUNTY	1	W #	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAC	PROVIDER'S PLAN OF (EAGH CORRECTIVE ACTION REFERENCED TO THE APPRO	SHOULD BE CROSS	(X5) COMPLETE DATE	
Event ID-VI	facility, home health report any unlawful use or disclosure of to the affected patient at the last known means or at an alter the patient or the pursuant to Section Code of Federal I business days after access, use, or distinct the clinic, health fe hospice. Notice may the patient has prelectronic notice by earth of the CDPH verified patient's represent unauthorized access to AND 1280.15 (a): A clinic, health fact hospice licensed process to, and use medical information, Section 56.05 of the For purposes of this electronic mail, inadvertently misdired.	mail. Ihat the affected particle was notified within 15 business day within 15 business day within 15 business day within 15 business day are or disclosure of as defined in subdiving continuous control or facsimile tra	e shall also coess to, or linformation sentative in alternative specified by re in writing e 45 of the er than 15 unauthorized detected by agency, or mail only if writing to alternative the distribution of the results of the result	2:0	A) continued 1. This violating employee from Northern Inyo Hosp' August 6, 2013. 2. Patients A and Patient B September 27, 2013, via Us of the unauthorized access health information, as per requirements. 3. The Inyo County District notified of the unauthorized and Patient B's protected information by our former investigation concluded with the desired with a guilty ver occurring. 4. All staff have been re-ed a. Access & disclosure of prinformation/minimum new for work related purposes. b. Disciplinary measures as intentional & purposeful a of protected health information. S. Revision of NIH policy "Breach of Patient Information. Minor/Moderate/Majored disciplinary action guidant b. Intentional policy violation information are a te 6. Development of NIH po Employee Access to Patien which addresses random, reause audits of employee actinformation and the description and the description of the policy with addresses random, reause audits of employee actinformation and the description of the policy with addresses random, reause audits of employee actinformation and the description.	ital on SPS Certifled Mail, of their protected regulatory Attorney was ed access of Patient I health employee. An ith misdemeanor to a computer dict and sentencing ucated on: rotected health cessary practices is the result of iccess or disclosure ation. Sanctions for ion" to include e Breach Levels for ice. ions with protected rminatable offense. licy "Auditing of t Information" outine and specific ccess to patient		
Event ID:YH	IYI11		8/25/2015	2:0	4:34PM			

STATE DEPT. OF SERVICES

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUL	(IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		050016	A BUILDII B. WING	NG	03/28	3/2014
	ROVIDER OR SUPPLIER RN INYÖ HÖSPITAL	STREET ADDRESS, 150 Pioneer Ln, I		ZIP CODE 93514-2556 INYO COUNTY	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPRO	SHOULD BE CROSS-	(X5) COMPLETE DATE
ivent ID:Y	constitute unauthoriz disclosure of, a pati department, after i administrative penalty of up to twenty-five patient whose medica without authorization and up to seventeer (\$17,500) per subset unauthorized access patients' medical infinvestigation, the diclinic's, health faci history of compliance related state and fethe extent to which and took preventative and prevent past factors outside its facility's ability to obe department shall have factors when deter administrative penalty. Based on interview failed to safeguard to patients, Patient A at accessed their ewithout authorization, medical information for FINDINGS; On April 1, 2014 at	r delivering services shall not zed access to, or use or ent's medical Information. The nvestigation, may assess any for a violation of this section thousand dollars (\$25,000) per al information was unlawfully or accessed, used, or disclosed, a thousand five hundred dollars quent occurrence of unlawful or use, or disclosure of that ormation. For purposes of the epartment shall consider the lity's, agency's, or hospice's e with this section and other deral statutes and regulations, the facility detected violations is action to immediately correct violations from recurring, and control that restricted the comply with this section. The full discretion to consider all remining the amount of an pursuant to this section. and record review, the facility the medical information of two and Patient B, when Employee electronic medical information which resulted in a breach of	2:0	A) 6. continued of each type of audit. 7. In addition to the "Sanct Patient Information" polic of Employee Access to Pat policy, the following addit procedures are current and a. Minimum Necessary Ac Disclosure of PHI b. Communicating Protect Information Via Electronic. Using and Disclosing Pr Information for Treatmen Health Care Operations d. Information Security an 8. All staff must complete MedCom training on the a procedures including, pass complete the training. 9. All new hire employees hospital information syste protected health informatithe Chief Compliance Offi prior to the completion of Introductory Period. Indiv found in violation of hospi regarding accessing of pati without authorization will disciplinary action as per h "Sanctions for Breach of Pa 10. All new hire employees training at the time of Orie now scheduled on the first employment and prior to their designated departments."	y and the "Auditing ient Information" ional policies and d in practice: ccess, Use and ted Health to Mail (Email) otected Health to Payment and d Integrity mandatory above policies and sing a post-test to with access to ems containing on are audited by cer or designee his/her 90-day iduals who are ital policy ent information be subject to cospital policy attent Information". Is receive HIPAA entation, which is day of the cospital policy attent information is receive HIPAA entation, which is day of the cospital policy attent information".	

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10000000000000000000000000000000000000	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS NORTHERN INYO HOSPITAL 150 Ploneer Ln.				ZIP CODE A 93514-2556 INYO COUNTY		
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	IX (EACH DEFICIENCY MUST BE PRECLEDED BY FULL			B) The Chief Compliance Office oversight of this plan of correct C) Our plan for compliance an process to prevent recurrence it HIPAA training on the first datemployment and prior to the nemployee working in their desidepartment, auditing of new enaccess history prior to the com 90-day Introductory Period to access is only for work related quickly identify areas of concertraining on a mandatory annuanceded throughout the year whoev requirements arise. In add Compliance Officer will monit compliance through reports of and investigations. The Chief Cofficer will report the number breaches to Performance Excel Board of Directors on annual b D) Corrective Action was compating 2014.	d a monitoring ncludes y of ew hire gnated mployee record pletion of their ensure record purposes and to m, HIPAA staff al basis and as ten concerns/ ition, the Chief or and address PHI breaches Compliance of PHI lence and the masis. pleted on July		
Event ID:YI	HYI11		8/25/2015	2:1	04:34PM		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050015	(X2) MULTI A. BUILDINI B. WING	PLE CONSTRUCTION	(X3) DATE SUF COMPLETE	
ACTIVITIES OF CHARGOS AND LAND	ROVIDER OR SUPPLIER	LASAR AND TOOLS	DDRESS, CITY, STATE, 2 ser Ln, Bishop, CA	EIP CODE 93614-2556 INYO COUNTY	. , , 1	
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	Emergency room visit Emergency Room 21, 2009. Further review of the had accessed Patien 1, 2013 and had v August 14, 2012. Review of the elect each entry und "Authorization" was FPO/HIM Director determined when Er role of Medical Re medical information, portion of the file will doctor, insurance advised that, "My a was requested, and malled." The FPO/H had been no reque clinical record or medical During continued Director on April 1, that Patient A's spo her on September that an audit be of Employee 1 of Patien	s listed: "No". When was asked how she wo imployee 1 was authorized in access patt she stated that, "A file or I have a request submitted by company etc." She furthought system would show me then whether It was faxed. If M Director advised that the est submitted for Patient cal information, interview with the FPO/H 2014, at 10:00 AM, she advisuse (Patlent B), also contact 13, 2013, and also request completed regarding access.	to to ed. the her ent a y a her ere A's		SAN BERNARDING COUNTY	HEALTH SER VICES
Event ID:Y	HYI11	8/25/	2015 2:04	:34PM		

NAME OF PROVIDER OR SUPPLIER NORTHERN INYO HOSPITAL. SUMMARY STATEMENT OF DEPICIENCIES 159 Ploneer Ln, Bishop, CA 93514-2556 INYO COUNTY			(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM 050015	JMBER: A. BUI		(K2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		NVEY 80 8/2014
September 24, 2013. A review of the medical record audit for Patient B, dated September 24, 2013, was conducted on April 4, 2014 at 2:30 PM. The document contained a computerized record of log-ins made by Employee 1 on February 1, 2013 from 3:34 PM to 3:35 PM, which indicated Employee 1 had accessed the following medical information of Patient B; a. Emergency room visit dated February 5, 2012 b. Emergency room visit dated February 5, 2012 c. Emergency room x-ray results dated February 5, 2012 d. Outpatient x-ray results dated June 11, 2012 g. Physician Orders dated June 11, 2012 h. Laboratory results dated June 11, 2012 h. Laboratory results dated June 14, 2013 On the audit document, next to each record entry accessed by Employee 1, was a column with a section entitled, "Authorization on file." For each	116425022044444444				* OF HE 15 \$ OR OTHER DESIGNATION	4 (1201) Table		
A review of the medical record audit for Patient B, dated September 24, 2013, was conducted on April 4, 2014 at 2:30 PM. The document contained a computerized record of log-ins made by Employee 1 on February 1, 2013 from 3:34 PM to 3:35 PM, which indicated Employee 1 had accessed the following medical information of Patient 8: a. Emergency room visit dated February 5, 2012 b. Emergency room laboratory results dated February 5, 2012 c. Emergency room x-ray results dated February 5, 2012 d. Outpatient x-ray results dated January 7, 2011 e. Outpatient laboratory results dated December 1, 2010 f. Laboratory results dated June 11, 2012 g. Physician Orders dated June 11, 2012 h. Laboratory results dated June 14, 2013 On the audit document, next to each record entry accessed by Employee 1, was a column with a section entitled, "Authorization on file." For each	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEEDED BY FI	- 177	PREFIX	(EACH CORRECTIVE ACTIO	ON SHOULD BE CROSS	COMPLETE
Event ID:YHYI11 8/25/2015 2:04:34PM		A review of the medated September 244, 2014 at 2:30 PM computerlzed record 1 on February 1, which indicated E following medical info a. Emergency room v. b. Emergency room 2012 c. Emergency room 2012 d. Outpatient x-ray rese. Outpatient labora 2010 f. Laboratory results d. Physician Orders of h. Laboratory results of the audit documaccessed by Emplo section entitled, "Au record entry under to it was listed; "No" asked how she wou	edical record audit for 1, 2013, was conducted. The document coll of log-ins made by 2013 from 3:34 PM to mployee 1 had accermation of Patient 8: isit dated February 5, 20 om laboratory results dated February 7, 20 tory results dated Destated June 11, 2012 dated June 11, 2012 dated June 14, 2013 ment, next to each recycle 1, was a column thorization on file." his authorization on file."	ed on April potained a Employee a 3:35 PM, essed the cold a second entry on with a For each second entry encord entry on with a For each second entry encord entry encord entry on with a for each second entry encord entry e			15 SEP -8	TH SER VICE

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	to access patient in that, "A file or a prequest submitted by etc." She further accorded would show me it was faxed, or madvised that there had for Patient B's information. On April 4, 2014 conducted of the fact the patient's demograted that the patient B. As of Medical Records, when entering a patient activated that tab un FPO/Director of Medical that the face she patient's name, addinumbers, social sectionate of birth, eminsurance information. An interview was conducted that the Femployee 1 was admissions clerk for October 12, 2012, an medical records clerk August 2013.	e role of Medical Record redical Information, she portion of the file will it a doctor, insurance or divised that. "My audit as requested, and then wailed." The FPO/HIM ad been no request su clinical record or it at 11:00 AM, a review e sheets (a form that caphic information) for Pa explained by the FPO/Him face sheets can be ant's electronic file if the inder the patients' name ical Records further exists contain information ress, home and work furtly number, admission regency contact information and workers' compensation of the policy of th	stated have a prompany system whether Director bmitted medical w was contains tient A Director viewed person a. The plained n with phone data, mation, nsation 2014 at dd that die of through		15 SEP -O WILLIAM BERNARDING COUNTY	HEALTH SER VICES
Event ID:V	4:15 PM, with the F Employee 1 was a admissions clerk for October 12, 2012, and medical records clerk August 2013.	PO. The FPO advise employed in the rotor July 10, 2010 to discuss the discussion of the policy of the discussion of the policy of the discussion of the discussion of the discussion of the policy of	ed that ele of hrough role of hrough	14:34PM	0.4	 5

Event ID:YHYI11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050015		IDENTIFICATION NUMBER:	A. BUILDING B WING	PLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
NAME OF P	PROVIDER OR SUPPLIER	STREET ADDRESS	S. CITY, STATE, 2	UP CODE		
	ERN INYO HOSPITAL	MANAGE AND ASSESSMENT OF THE PARTY OF THE PA		93514-2556 INYO GOUNTY		
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	Employee 1 was to Incident of "delib resulting in a breach access to patient in was signed by the Director (HIM Director). During a review of description/evaluation. July 13, 2010, the of new patients intesignatures on consent. During a review of Job description/evaluation September 27, "Conducting hospital lawful manner." Othall records ready review check destruction Answer Helps physicians and Takes information for When the FPO/HIM determined when Enrole of Medical Remedical information, portion of the file will doctor, Insurance advised that, "My a was requested, and mailed." The FPO/HIM determined."	Health Information Management (r). the facility's admission clerk job in signed by Employee 1 on duties included: "inputting data to the computer" and "obtaining its and admission forms." the facility's medical record clerk ation signed by Employee 1 on 2012, the duties included: I business in an ethical and her duties listed included: "File for destruction, Perform quality on records ready for telephones when necessary; and staff locate needed records, records releases." Director was asked how she imployee 1 was authorized in the records Clerk to access patient she stated that, "A file or a line have a request submitted by a			15 SEP -8 AT 1-40 LIC. G CERT SAN BERNARDING COUNTY	HEALTH SERVICES

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER-050015	(X2) MULTI A. BUILDIN B. WING	PLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
	PROVIDER OR SUPPLIER	STREE	TADDRESS, CITY, STATE,	ZIP CODE 93514-2556 INYO COUNTY		er and 1 T
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUS! BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE ACTIO REFERÊNCEO TO THE APPR	N SHOULD BE CROSS-	(X5) COMPLETE DATE
	in protecting patient entitled, "Statement 12, 2010, which in Employee 1's an confidentiality throuseviewed. The document of carry out treatment, billing, or hospital," and had confidentiality. In a semilar confidentiality, in a semilar confidentiality, and the confidentiality, which will be subjects me to appout the facility failed to patient medical informations of electron patient A and Pa Employee 1, without the facility to ensure of Patients' A and 6	copies of Employee 1's training of Confidentiality. A document of Confidentiality," dated included Information concumual updated training gh September 2012, ments indicated that Emplacess to patient's ma "need to know" basing the duties involved in healthcare operations of been trained in paddition, on July 12, and a "Statement inches indicated, "I formoring or disregarding confidentiality acknowledge confidentiality a	ument July erning g in was boloyee edical s, "in the of the batient 2010, of urther the gment is as staff bloyee lity of when both d by re of curity sulted		15 SEP -8 AM 1:40 LIC. & CERT SAN BERNARDING COUNTY	STATE DEPT. OF HEALTH SER VICES
Event ID:Y	THYI11	B/	25/2015 2:04	:34PM		

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