

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

POC approved  
6/4/14

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION             |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>050272 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br>05/04/2010 |
| NAME OF PROVIDER OR SUPPLIER<br><br>REDLANDS COMMUNITY HOSPITAL |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>350 Terracina Blvd, Redlands, CA 92373-4850 SAN BERNARDINO 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:<br/>CA00224842 - Substantiated</p> <p>Representing the Department of Public Health:<br/>Surveyor ID # 16499, HFEN</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>REGULATION VIOLATION:<br/>Title 22 70707 Patients' Rights</p> |   | <p>A. How correction was accomplished:</p> <p>Upon hire, every RCH staff member:</p> <ul style="list-style-type: none"> <li>• Signs the RCH Code of Ethical Conduct which includes an acknowledgement of understanding of patient rights as it pertains to privacy and confidentiality of medical information. Responsible: Vice President Human Resources.</li> <li>• Attends mandatory and documented employee orientation during which compliance education and training are provided by the Compliance Officer regarding federal, state, and hospital-specific requirements governing patient rights to privacy and confidentiality of medical information. Responsible: Vice President Human Resources.</li> <li>• Completes annually "General Requirements: Every Employee Needs" assessment ("G.R.E.EN." book) as a term of continued employment. Responsible: Vice President Human Resources.</li> <li>• Staff Nurses attend mandatory (documented and sign-in sheet required) six-hour compliance education every two years as a term of continued employment. Responsible: Vice President Human Resources.</li> <li>• Receives at home via USPS mail biannual HIPAA reference providing "DOs and DON'Ts" guidance as it relates to protection of patient health information. Responsible: Vice President Human Resources.</li> </ul> |                          |   |

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

TITLE

(X6) DATE

By signing this document, I am acknowledging receipt of the entire citation packet, Page(s) 1 thru 3

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 participation.

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|   | <p>(b) A list of these patients' rights shall be posted in both Spanish and English in appropriate places within the hospital so that such rights may be read by patients. This list shall include but not be limited to the patients' rights to:</p> <p>(8) Confidential treatment of all communications and records pertaining to the care and the stay in the hospital. Written permission shall be obtained before the medical records can be made available to anyone not directly concerned with the care.</p> <p>Based on interview and record review, the facility failed to maintain the privacy and confidentiality of three patients (Patient 1, 2, and 3) medical records, when three employees inappropriately accessed the patients' electronic medical records without authorization.</p> <p>FINDINGS:<br/>On May 04, 2010, a self reported facility incident was investigated regarding three employees at the hospital breaching the electronic medical records of Patient 1, 2, and 3.</p> <p>According to a facility letter to the Department dated April 07, 2010, the facility conducted a routine privacy audit on April 01, 2010, and discovered that three employees had inappropriately accessed the electronic medical records of Patient 1, Patient 2, and Patient 3, who are also employees of the hospital.</p> <p>During an interview with Employee A on May 04, 2010 at 9:40 AM, he stated that he conducted the</p> |  | <p>Staff A signed the Code of Ethical Conduct.</p> <p>Staff A attended employee general orientation.</p> <p>Every year between 2007 and 2009, Staff A completed the G.R.E.E.N. book assessment. Staff A attended compliance education every two years.</p> <p>It was discovered during a routine audit that Staff A had accessed the electronic health record of Patient 1 without Patient 1's authorization.</p> <p>Per RCH policy, appropriate disciplinary corrective action was taken by the nurse manager and director of Medical/Surgical Services.</p> | <p>2/23/07</p> <p>3/12/07</p> <p>4/1/10</p> <p>4/6/10</p> |

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|   | <p>privacy audit on April 01, 2010. He stated that:</p> <p>Patient 1's medical record was accessed on March 25, 2010 and March 26, 2010, without authorization "for no reason" by Staff A. Patient 1's spouse gave permission to release information to staff, but this breach occurred prior to this permission.</p> <p>Patient 2's medical record was accessed on March 27, 2010, without authorization by Staff B, who is a friend of Patient 2.</p> <p>Patient 3's medical record was accessed on March 24, 2010, without authorization by Staff C who "was curious".</p> <p>Employee A also stated that the facility does routine audits when an employee is hospitalized. "We tell staff that we audit and they know they can be tracked whose chart they access."</p> <p>The facility failed to prevent access to confidential medical record information and safeguard Patient 1, 2, and 3's medical record against use by unauthorized individuals.</p> |   | <p>Staff B signed the Code of Ethical Conduct.</p> <p>Staff B attended employee general orientation.<br/>E</p> <p>Every year between 2008 and 2014, Staff B completed the G.R.E.E.N. book assessment.</p> <p>Every two years between 2008 and 2014, Staff B attended compliance education.</p> <p>It was discovered during a routine audit that Staff B had accessed the electronic health record of Patient 2 without Patient 2's authorization.</p> <p>Per RCH policy, appropriate disciplinary corrective action was taken by the nurse manager and director of Telemetry.</p> | <p>2/29/08</p> <p>3/10/08</p> <p>4/1/14</p> <p>4/5/10</p> |   |

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|  | <p>privacy audit on April 01, 2010. He stated that:</p> <p>Patient 1's medical record was accessed on March 25, 2010 and March 26, 2010, without authorization "for no reason" by Staff A. Patient 1's spouse gave permission to release information to staff, but this breach occurred prior to this permission.</p> <p>Patient 2's medical record was accessed on March 27, 2010, without authorization by Staff B, who is a friend of Patient 2.</p> <p>Patient 3's medical record was accessed on March 24, 2010, without authorization by Staff C who "was curious".</p> <p>Employee A also stated that the facility does routine audits when an employee is hospitalized. "We tell staff that we audit and they know they can be tracked whose chart they access."</p> <p>The facility failed to prevent access to confidential medical record information and safeguard Patient 1, 2, and 3's medical record against use by unauthorized individuals.</p> |   | <p>Staff C signed the Code of Ethical Conduct.</p> <p>Staff C attended employee general orientation.</p> <p>Every year between 2006 and 2014, Staff C completed the G.R.E.E.N. book assessment.</p> <p>Every two years between 2006 and 2014, Staff C attended compliance education.</p> <p>It was discovered during a routine audit that Staff C had accessed the electronic health record of Patient 3 without Patient 3's authorization.</p> <p>Per RCH policy, appropriate disciplinary corrective action was taken by the nurse manager and director of Medical/Surgical Services.</p> <p>To date, additional breaches of patient confidentiality have not been detected for Staff B or Staff C. Staff A is no longer employed at the facility.</p> <p>B. Title/position of person responsible for correction:<br/>Vice President, Patient Care Services<br/>Director, Medical/Surgical Services<br/>Director, Telemetry<br/>Vice President Human Resources<br/>HIPAA Privacy Officer<br/>HIPAA Security Officer</p> | <p>6/30/06</p> <p>7/10/06</p> <p>4/1/10</p> <p>4/2/10</p> |

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|   | <p>privacy audit on April 01, 2010. He stated that:</p> <p>Patient 1's medical record was accessed on March 25, 2010 and March 26, 2010, without authorization "for no reason" by Staff A. Patient 1's spouse gave permission to release information to staff, but this breach occurred prior to this permission.</p> <p>Patient 2's medical record was accessed on March 27, 2010, without authorization by Staff B, who is a friend of Patient 2.</p> <p>Patient 3's medical record was accessed on March 24, 2010, without authorization by Staff C who "was curious".</p> <p>Employee A also stated that the facility does routine audits when an employee is hospitalized. "We tell staff that we audit and they know they can be tracked whose chart they access."</p> <p>The facility failed to prevent access to confidential medical record information and safeguard Patient 1, 2, and 3's medical record against use by unauthorized individuals.</p> |   | <p>C. Monitoring process to prevent recurrence of deficiency:</p> <p>Monitoring Process:<br/>RCH processes are structured to self-detect unauthorized access to protected patient health information and patient identifiable information. The deficiency was discovered by the facility during a process whereby routine audits are performed of access to the electronic health record system. Responsible: HIPAA Privacy Officer and HIPAA Security Officer.</p> <p>The auditor reported the findings to the hospital Privacy Officer who conducted an investigation with the assistance of the hospital Compliance Officer, Vice President of Human Resources, and the nurse directors who managed Staff A, B, and C. Responsible: HIPAA Privacy Officer and HIPAA Security Officer.</p> <p>Within five calendar days, disciplinary action was taken against Staff A, B, and C.</p> <p>The facility self-reported to CDPH.</p> <p>The facility continues to self-monitor its compliance with federal and state requirements and facility privacy and security policies by conducting both quarterly audits and random audits. This process is in fact is what led to the facilities discovery and good faith self-disclosure. To date, these self-audits have revealed no further occurrences of unauthorized staff access to patient health information. Responsible: HIPAA Privacy Officer and HIPAA Security Officer.</p> | <p>4/1/10</p> <p>4/1/10</p> <p>4/6/10</p> <p>4/7/10</p> |   |

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|  | <p>privacy audit on April 01, 2010. He stated that:</p> <p>Patient 1's medical record was accessed on March 25, 2010 and March 26, 2010, without authorization "for no reason" by Staff A. Patient 1's spouse gave permission to release information to staff, but this breach occurred prior to this permission.</p> <p>Patient 2's medical record was accessed on March 27, 2010, without authorization by Staff B, who is a friend of Patient 2.</p> <p>Patient 3's medical record was accessed on March 24, 2010, without authorization by Staff C who "was curious".</p> <p>Employee A also stated that the facility does routine audits when an employee is hospitalized. "We tell staff that we audit and they know they can be tracked whose chart they access."</p> <p>The facility failed to prevent access to confidential medical record information and safeguard Patient 1, 2, and 3's medical record against use by unauthorized individuals.</p> |  | <p>Education &amp; Training:</p> <p>Upon hire, every RCH staff member is required to sign the RCH Code of Ethical Conduct which includes an acknowledgement of understanding patient rights as it pertains to privacy and confidentiality of medical information. Responsible: Vice President Human Resources.</p> <p>Each newly hired employee, subcontractor, or volunteer was mandated to attend a one-day (eight hours) of general and clinical orientation during which one hour is dedicated to the privacy, security, and confidentiality of protected health information, patient advocacy, health care laws, and corporate compliance. Responsible: Vice President Human Resources.</p> <p>As a term of continued employment, each employee is required to complete "General Requirements Every Employee Needs" assessment ("G.R.E.E.N." book) annually, a component of which addresses the protection of privacy of patient's health information. Responsible: Vice President Human Resources.</p> <p>Each patient care employee is required to attend (sign-in sheets are maintained) every two-years a six-hour compliance refresher session during which a segment is dedicated to privacy, security, and confidentiality of protected health information (PHI). Responsible: Vice President Human Resources.</p> |  |  |

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|   | <p>privacy audit on April 01, 2010. He stated that:</p> <p>Patient 1's medical record was accessed on March 25, 2010 and March 26, 2010, without authorization "for no reason" by Staff A. Patient 1's spouse gave permission to release information to staff, but this breach occurred prior to this permission.</p> <p>Patient 2's medical record was accessed on March 27, 2010, without authorization by Staff B, who is a friend of Patient 2.</p> <p>Patient 3's medical record was accessed on March 24, 2010, without authorization by Staff C who "was curious".</p> <p>Employee A also stated that the facility does routine audits when an employee is hospitalized. "We tell staff that we audit and they know they can be tracked whose chart they access."</p> <p>The facility failed to prevent access to confidential medical record information and safeguard Patient 1, 2, and 3's medical record against use by unauthorized individuals.</p> |   | <p>On a semi-annual basis, a HIPAA privacy and security reference guide is distributed via USPS mail to all employees, volunteers, subcontractors, and medical staff providers. Responsible: Vice President Human Resources.</p> <p>D. Date immediate correction of deficiency will be accomplished:</p> <p>Staff A: April 6, 2010</p> <p>Staff B: April 5, 2010.</p> <p>Staff C: April 2, 2010.</p> |                          |   |

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