POC Accepted 61.4/10 11424-Talkede Topspat Son K-Sullivan

California Department of Public Health

PRINTED: 04/23/2010 FORM APPROVED

CA070001349 NAME OF PROVIDER OR SUPPLIER LUCILE SALTER PACKARD CHILDREN'S HSP (X4) ID SUMMARY STATEMENT OF DEFICIENCIES STREET ADDRESS, CITY, STATE, ZIP CODE AND HEALTH 725 WELCH ROAD PALO ALTO, CA 94304 JUN 1 1 2010 PROVIDER'S PLAN OF CORRECTION (X5)	NAME OF PROVIDER OR SUPPLIER LUCILE SALTER PACKARD CHILDREN'S HSP PALO ALTO, CA 94304 STREET ADDRESS, CITY, STATE, ZIP CODE A CHALLH TS WELCH ROAD PALO ALTO, CA 94304 JUN 1 1 2010 PREFIX GACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) A 000 Initial Comment A 000 Initial Comment The following reflects the findings of the California Department of Public Health during investigation of two entity reported incidents conducted on March 24, 2010. For Entity Reported Incident CA00219273, regarding a breach of protective health information, State deficiencies were identified (see California Code of Regulations. Title 22, Section 70707(b)(b), and Health and Safety Code, Sections 1280(b)(1) and 1280(b)(2)). Inspection was limited to the specific entity reported incidents investigated and does not represent the findings of a full inspection of the hospital. Representing the California Department of Public Health was Kathleen Sullivan, Health Facilities Evaluator Nurse. A 018 1280.15(b)(1) Health & Safety Code 1280 (b) (1) A clinic, health facility, agency, or hospice to which subdivision (a) applies shall report any unlawful or unauthorized access to, or use or disclosure has been detected by the clinic, health facility, agency, or hospice.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
LUCILE SALTER PACKARD CHILDREN'S HSP TAG SUMMARY STATEMENT OF DEFICIENCES IEACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING IMPORMATION) A 000 Initial Comment The following reflects the findings of the California Department of Public Health information, State of Federal regulations. For Entity Reported Incident CA00219078, regarding a breach of protective health information, State deficiencies were identified (see California Code of Regulations, Title 22, Section 70707(b)(8), and Health and Safety Code, Sections 1280(b)(1) and 1280(b)(2)). Inspection was limited to the specific entity reported incidents investigated and does not represent the findings of a full inspection of the hospital. Representing the California Department of Public Health was Kathleen Sullivan, Health Facilities Evaluator Nurse. A 018 1280.15(b)(1) Health & Safety Code 1280 (b) (1) A clinic, health facility, agency, or hospice to which subdivision (a) applies shall report any unleawful or unauthorized access to, or use or disclosure of, a patient's medical information to the department no later than five days after the unlawful or unauthorized access to, or use or disclosure has been detected by the clinic, health facility, agency, or hospice.	INJUST OF PROVIDER OR SUPPLIER LUCILLE SALTER PACKARD CHILDREN'S HSP INVESTMENT PACK	CA070004240			B WING					
LUCILE SALTER PACKARD CHILDREN'S HSP DAI 10 SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG TO PRECEDE TO BY FULL TAG PROVIDER'S PLAN OF CORRECTION PRECEDULATORY OR ISC IDENTIFYING INFORMATION) PRECEDULATORY OR ISC IDENTIFYING INFORMATION OR ISC IDENTIFYING INFORMATION) PRECEDULATORY OR ISC IDENTIFYING INFORMATION OR ISC IDENTIFYING INFORMATION OR ISC IDENTIFYING INFORMATION OR ISC IDENTIFYING INFORMATION OR INFORMATION OR INFORMATION OR INFORMATION OR INF	LUCILE SALTER PACKARD CHILDREN'S HSP PALO ALTO, CA 94304 JUN 1 1 2010 A 000 Initial Comment The following reflects the findings of the California Department of Public Health during investigation of two entity reported incidents conducted on March 24, 2010. For Entity Reported Incident CA00219273, regarding retention of a foreign object in a patient, the Department was unable to identify a violation of State or Federal regulations. For Entity Reported Incident CA00219008, regarding a breach of protective health information, State deficiencies were identified (see California Code of Regulations, Title 22, Section 70707(b)(8), and Health and Safety Code, Sections 1280(b)(1) and 1280(b)(2)). Inspection was limited to the specific entity reported incidents investigated and does not represent the findings of a full inspection of the hospital. Representing the California Department of Public Health was Kathleen Sullivan, Health Facilities Evaluator Nurse. A 018 1280.15(b)(1) Health & Safety Code 1280 (b) (1) A Clinic, health facility, agency, or hospice to which subdivision (a) applies shall report any unlawful or unauthorized access to, or use or disclosure of, a patient's medical information to the department no later than five days after the unlawful or unauthorized access to, or use or disclosure of, a patient's medical information to the department no later than five days after the unlawful or unauthorized access to, or use or disclosure of, a patient's medical information to the department no later than five days after the unlawful or unauthorized access to, or use or disclosure has been detected by the clinic, health facility, agency, or hospice. This Statute is not met as evidenced by:									
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The following reflects the findings of the California Department of Public Health during investigation of two entity reported incidents conducted on March 24, 2010. For Entity Reported Incident CA00219273, regarding retention of a foreign object in a patient, the Department was unable to identify a violation of State or Federal regulations. For Entity Reported Incident CA00219008, regarding a breach of protective health information, State deficiencies were identified (see California Code of Regulations, Title 22, Section 70707(b)(8), and Health and Safety Code, Sections 1280(b)(1) and 1280(b)(2). Inspection was limited to the specific entity reported incidents investigated and does not represent the findings of a full inspection of the hospital. Representing the California Department of Public Health was Kathleen Sullivan, Health Facilities Evaluator Nurse. A 018 1280.15(b)(1) Health & Safety Code 1280 (b) (1) A clinic, health facility, agency, or hospice to which subdivision (a) applies shall report any unlawful or unauthorized access to, or use or disclosure of, a patient's medical information to the department no later than five days after the unlawful or unauthorized access, use, or disclosure has been detected by the clinic, health facility, agency, or hospice.	The following reflects the findings of the California Department of Public Health during investigation of two entity reported incidents conducted on March 24, 2010. For Entity Reported Incident CA00219273, regarding retention of a foreign object in a patient, the Department was unable to identify a violation of State or Federal regulations. For Entity Reported Incident CA00219008, regarding a breach of protective health information, State deficiencies were identified (see California Code of Regulations, Title 22, Section 70707(b)(8), and Health and Safety Code (Sections 1280(b)(1) and 1280(b)(2)). Inspection was limited to the specific entity reported incidents investigated and does not represent the findings of a full inspection of the hospital. Representing the California Department of Public Health was Kathleen Sullivan, Health Facilities Evaluator Nurse. A 018 1280.15(b)(1) Health & Safety Code 1280 (b) (1) A clinic, health facility, agency, or hospice to which subdivision (a) applies shall report any unlawful or unauthorized access to, or use or disclosure has been detected by the clinic, health facility, agency, or hospice. This Statute is not met as evidenced by: A000 A018 1280.15(b)(a) applies shall report any unlawful or unauthorized access, use, or disclosure has been detected by the clinic, health facility, agency, or hospice.	PREFIX (EACH DEFICIEN	CY MUST BE PRECEDED BY	FULL	PREFIX	(EACH CORRECTIVE & CTICHYSHS)	UNLD BE COMPLETE			
censing and Certification Division	A A	The following refl California Depart investigation of to conducted on Ma For Entity Report regarding retention patient, the Depart violation of State For Entity Report regarding a bread information, State (see California Consection 70707(b) Code, Sections 1 Inspection was lift reported incident represent the find hospital. Representing the Health was Kathle Evaluator Nurse. A 018 1280.15(b)(1) He (b) (1) A clinic, he to which subdivis unlawful or unaut disclosure of, a p the department in unlawful or unaut disclosure has be facility, agency, o	ment of Public Health of ontity reported incider ch 24, 2010. ed Incident CA002192 on of a foreign object in trement was unable to it or Federal regulations and Incident CA002190 on of protective health of deficiencies were ideade of Regulations, Tit (8), and Health and Sa280(b)(1) and 1280(b) on ited to the specific ensinvestigated and does investigated and later than full inspection on (a) applies shall replaced access to, or use the control of the control	during ents 73, 1 a dentify a dentify a dentified de 22, afety (2)). Atity is not entity of the decilities 80 a dentify a de		ENTITY REPORTED INCIDENT CAA000 NOTE REGARDING PLAN OF COR Preparation and/or execution of this plan does not constitute admission or agree provider of the truth of the facts conclusions set forth on the Statement of This plan of correction is prepared and solely because it is required by state law. provider disputes the determination made has requested a hearing under Health and section 131071. Background A000, A018, A019, E1953 On 2/1/10, the provider determined information for 532 patients was on the a desktop computer that was reported as stolen by the same employee to whom and the information contained in it had be and used for performance of legitimate w From 2/2/10 to 2/16/10, the Palo Alto Pol Department (PAPD) under the scope of it authority conducted an investigation into allegations. Information resulting from the	A00219008 RECTION of correction ment by the alleged or Deficiencies. Wor executed Further, the by DPH and Safety Code that medical hard drive of having been the computer ween assigned ork duties. ice s legal the theft he PAPD			

FORM APPROVED California Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 03/24/2010 CA070001349 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 725 WELCH ROAD LUCILE SALTER PACKARD CHILDREN'S HSP PALO ALTO, CA 94304 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A 018 A 018 Continued From page 1 detection of any unauthorized access, use, or disclosure of the information contained on the Based on interviews and record review, the computer. Based on the PAPD's conclusion that hospital failed to report a privacy breach to the Department within five days after the hospital findings were sufficient to refer the matter to the confirmed a stolen computer contained protected District Attorney's office, and there was no recovery health information (PHI) for 532 patients. of the computer to assist in detection efforts as to Findings: whether unauthorized access, use, or disclosure of On 3/24/10 at 9:55 a.m. during an interview with patient medical information occurred notification the Director of Privacy Assurance (DPA), she efforts to patients and CDPH ensued for the reporting stated on 1/11/10 the Director of the Heart Center of a possible violation of Health & Safety Code (DHC) received an e-mail from the Manager of section 1280.15(b)(1). Notification to CDPH was the Heart Center (MHC). The e-mail indicated a done on 2/19/10 in an abundance of caution computer was removed from the center by an unauthorized employee (Employee 1). considering the fact that this desktop computer is enabled with a security tool that notifies the provider The DPA notified Human Resources (HR) on if any outside person uses the computer to connect to 1/11/10 that Employee 1 was observed removing the Internet. Generally, if an unauthorized person the computer with the help of her husband takes a computer, law enforcement often can locate a (Employee 2). HR notified the privacy office on 1/12/10. suspect from monitoring reports of access to the Internet using this type of sophisticated security tool. The DPA stated the information technology (IT) These reports have been actively monitored and no department performed an analysis of information evidence of usage has been reported. on the missing computer. The analysis took place from 1/11/10 through 2/1/10. The IT analysis The provider protects the confidentiality of patient verified Employee 1 moved data from the secure medical information and has 26 privacy policies and network to unsecured areas on the computer's local drive. 27 information security policies in place for the protection of patient medical information and trains During an interview with the human resource its employees to its policies and procedures. employee (HR 1) on 3/24/10 at 11:00 a.m., he Despite solid policies, appropriate safeguards and stated the MHC speculated in the e-mail dated 1/11/10 to the DHC, there might be PHI on the employee training, criminal activity cannot be 100% missing computer. deterred. The provider continually seeks opportunities to strengthen its privacy and Two hospital employees gave statements they

Licensing and Certification Division

witnessed Employee 1 and Employee 2 remove

During an interview with the DPA on 3/24/10 at

the computer from the office.

information security programs for the protection of

FORM APPROVED California Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING 03/24/2010 CA070001349 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 725 WELCH ROAD LUCILE SALTER PACKARD CHILDREN'S HSP PALO ALTO, CA 94304 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A 018 A 018 | Continued From page 2 the medical information of the patients it serves. 11:15 a.m., she stated the police were notified on **Plan of Correction** 1/27/10 about the missing computer. Letters were sent on 2/19/10 to the 532 patients who had PHI A018, A019, E1953 on the computers. The hospital had three different notification letters based on the different For patients affected by the incident data involved for each patient. The confidential data included names, dates of birth, medical The provider recognizes that notifications advising record numbers, diagnoses, procedures, insurance information and/or social security patients of an incident that could involve the numbers. possibility of access to their medical information by an unauthorized person can be disconcerting to The hospital reported the incident to the patients and their families. In good faith, the provider Department on 2/19/10, 19 days after the hospital at its own expense offered patients affected by this confirmed the missing computer contained PHI for 532 patients. incident support services such as a dedicated toll-free telephone number to get questions answered as well A 019 A 019 1280.15(b)(2) Health & Safety Code 1280 as coverage offerings scaled to the level of potentially compromised data to include medical identity theft (b) (2) A clinic, health facility, agency, or hospice restoration services, identity theft coverage, and credit shall also report any unlawful or unauthorized monitoring services. Following coordination of access to, or use or disclosure of, a patient's medical information to the affected patient or the service offerings and activation codes that would patient's representative at the last known enable patients' parents to access these medical/ address, no later than five days after the unlawful identity theft coverage and credit monitoring services, or unauthorized access, use, or disclosure has a notification letter was sent to each patient on been detected by the clinic, health facility, 2/26/10 with a unique activation code for each patient agency, or hospice. inserted and instructions on how to access offered This Statute is not met as evidenced by: services. Based on interviews and record review, the hospital failed to notify a privacy breach of For other patients having the potential to be affected patients' protected health information (PHI) to 532 by a similar incident patients within five days after the hospital confirmed the breach on 2/1/10. The hospital The provider is strongly committed to ensuring the failed to send notifications to the patients until privacy and security of its patients' information and 2/19/10. Findings: has an extensive set of existing policies and practices On 3/24/10 at 9:55 a.m. during an interview with the Director of Privacy Assurance (DPA), she

stated on 1/11/10 the Director of the Heart Center

California Department of Public Health STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING CA070001349 03/24/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 725 WELCH ROAD LUCILE SALTER PACKARD CHILDREN'S HSP PALO ALTO, CA 94304 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) A 019 Continued From page 3 A 019 in place. This POC addresses how the provider will further strengthen its protection of data on desktop-(DHC) received an e-mail from the Manager of the Heart Center (MHC). The e-mail indicated a computers so that even in the unfortunate event of a computer was removed from the center by an stolen asset, the risk is further minimized that data on unauthorized employee (Employee 1). the computer asset is not available, accessible, readable, or decipherable by an unauthorized The DPA notified Human Resources (HR) on With 1/11/10 that Employee 1 was observed removing respect to notification the computer with the help of her husband requirements, this POC addresses how the provider (Employee 2). HR notified the privacy office on will update its policies to incorporate new statutory 1/12/10. provisions related to law enforcement activities and DPH expectations as to when reporting should occur. The DPA stated the information technology (IT) department performed an analysis of information A. The provider's current policy requires that patient on the missing computer. The analysis took place from 1/11/10 through 2/1/10. The IT analysis medical information always be saved to secure verified Employee 1 moved data from the secure locations on computers. In addition to data that is network to unsecured areas on the computer's available to employees through secure network local drive. servers e.g., electronic medical record and clinical systems, employees are provided with secure file During an interview with the human resource space where data saved to these locations are kept employee (HR 1) on 3/24/10 at 11:00 a.m., he stated the MHC speculated in the e-mail dated secure on the provider's secure network. Employees 1/11/10 to the DHC, there might be PHI on the are trained that saving outside of these secure areas missing computer. e.g., to the desktop or the computer's hard drive (c: drive) is against policy. When data is saved to Two hospital employees gave statements they witnessed Employee 1 and Employee 2 remove secure locations, the risk is minimized that data the computer from the office. would be available, accessible. readable, or decipherable unauthorized an The hospital sent three different notification individual. To reinforce this important policy, IT letters based on the different data involved for each patient. The confidential data included Management will: names, dates of birth, medical record numbers, (1) Retrain staff on the policy. A reminder diagnoses, procedures, insurance information and/or social security numbers. On 2/19/10 the notification letters were sent to the 532 patients. 19 days after the hospital confirmed the privacy breach occurred.

FORM APPROVED California Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING C B. WING CA070001349 03/24/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 725 WELCH ROAD LUCILE SALTER PACKARD CHILDREN'S HSP PALO ALTO, CA 94304 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) E1953 E1953 Continued From page 4 notice to all employees was sent on May 12, 2010, as has been done periodically for E1953 T22 DIV5 CH1 ART7-70707(b)(8) Patients' E1953 some time, referencing the policy and Rights specifically calling out the risks associated (b) A list of these patients' rights shall be posted with storing patient data on local in both Spanish and English in appropriate places unencrypted workstations as opposed to within the hospital so that such rights may be centrally managed and secured file servers read by patients. This list shall include but not be May 12, 2010 and clinical applications. limited to the patients' rights to: (8) Confidential treatment of all communications (2) Re-initiate a plain language campaign and records pertaining to the care and the stay in specific to data storage ensuring that the hospital. Written permission shall be obtained employees understand and have been given before the medical records can be made a virtual demonstration on (a) the simple available to anyone not directly concerned with steps to take to ensure that a file is saved to the care. a secure space and (b) what it looks like to save to a space that is not secure, with clear indication that the latter practice is This Statute is not met as evidenced by: prohibited. Communications sent out as Based on interviews and record review, the part of the plain language campaign will be hospital failed to protect the patients' rights to confidentiality when an employee placed 532 targeted to all hospital staff. June 10, 2010 patients' encrypted medical information to non-protected sites in her computer. The (3) Continue to focus its on-going evaluative employee removed the computer from the and preventative efforts on computers with hospital on 1/5/10. Findings: clinical applications and computers with assigned users who work with patient On 3/24/10 at 9:55 a.m. during an interview with the Director of Privacy Assurance (DPA), she medical information as part of their job stated on 1/11/10 the Director of the Heart Center function. Using existing reports and new (DHC) received an e-mail from the Manager of audit methodology: June 10, 2010 the Heart Center. The e-mail indicated an unauthorized employee (Employee 1) had a. Periodically audit a sampling of removed a computer from the center. computers per month to determine if files are saved to The DPA notified Human Resources (HR) on 1/11/10 that Employee 1 was observed removing spaces other than the hospital's the computer with the help of her husband secure network.

(Employee 2). HR notified the privacy office on 1/12/10. The DPA stated she began her

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During the hospital's investigation, two other

the computer from the office.

employees (Employee 3 and Employee 4) gave

statements they witnessed Employee 1 remove

During an interview with the DPA on 3/24/10 at 11:15 a.m., she stated the police were notified on 1/27/10 about the missing computer. Letters were Periodic and

on-going

results as referenced in A(3) above to (a)

re-education campaign and (b) evaluate the

need for additional administrative and

evaluate the effectiveness of the

technical controls.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB CA070001349			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED C 03/24/2010		
NAME OF P	ROVIDER OR SUPPLIER	071070007010	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	1	
	SALTER PACKARD O	CHILDREN'S HSP	725 WELC				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
E1953	Sent on 2/19/10 to the 532 patients who had PHI on the computers. The hospital sent three different notification letters based on the different patient data breaches. On 3/24/10 a record review of the hospital policy and procedure, "Privacy-Related Complaints, Reporting, and Breach Notification", dated 9/14/09, indicated the hospital was to meet State and Federal breach notification requirements when a violation of privacy was detected or discovered. The hospital privacy office was required upon discovery or detection of a reportable issue, to notify affected patients within five days, and the California Department of Public Health (CDPH) within 5 days.		E1953	patient and DPH i.e., 5 be instead of 5 calendar day discovery or detection of a report of the forest effectiveness and quality assurated. (1) The provider will review notification policy periodical frequently than every three years necessary to reflect applicate law or regulation. (2) The provider will provide period and training to staff on notification policy.	(2) The provider will provide periodic reminders and training to staff on its breach		
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JUN 11 2010

L & C DIVISION SAN JOSE

California Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING CA070001349 03/24/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 725 WELCH ROAD LUCILE SALTER PACKARD CHILDREN'S HSP PALO ALTO, CA 94304 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) B. The provider will update its breach notification June 10, 2010 E1953 | Continued From page 6 E1953 policy to address the following: sent on 2/19/10 to the 532 patients who had PHI on the computers. The hospital sent three (1) The new provisions of Health and Safety different notification letters based on the different patient data breaches. Code section 1280.15(c)(1) pertaining to law enforcement involvement in a matter On 3/24/10 a record review of the hospital policy where reporting requirements might apply. and procedure, "Privacy-Related Complaints, Specifically, the provider will obtain Reporting, and Breach Notification", dated 9/14/09, indicated the hospital was to meet State written confirmation from law enforcement: and Federal breach notification requirements or document a law enforcement officer's when a violation of privacy was detected or oral representation that notifying patients discovered. The hospital privacy office was during a law enforcement investigation will required upon discovery or detection of a reportable issue, to notify affected patients within impede the investigation and that five days, and the California Department of Public notification is to be delayed until the Health (CDPH) within 5 days. conclusion of the law enforcement activity. Delay in notification does not apply to the Statute's requirement for the provider's notification to DPH. (2) The provider, per its policy, is required upon discovery or detection of a reportable issue. to notify patients within five days, and DPH within five days. The provider will review and revise its policy regarding what constitutes a reportable detection of unauthorized access upon changes to or clarification of applicable laws (whether by the legislature, DPH, and/or the judicial system).



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Fax Cover Sheet

DATE: 6/10/2010

TO: Albert Quintero @ CDPH

PHONE: (408) 277-1784 FAX: (408) 277-1032

PAGES: 9 (including cover)

RE: Corrected POC for CA00219008

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

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JUN 1 1 2010

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Mr. Quintero,

Please find attached the corrected POC for CA00219008.

Tonya Okon

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