| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | RUCTION | (X3) DATE SURVEY COMPLETED | | |
|--|--|---|-----------|---|--|--|--|--------------------------|--|
| 050077 | | | B. WNG | | er temperatur page i ser i de anticipa destre del destre i del destre del destre del | 08/10/2009 | | | |
| NAME OF PROVIDER OR SUPPLIER SCRIPPS MERCY HOSPITAL 4077 FIFTH AVE | | | | | | 92103 SANDIEGO COUND ECETVE | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY F SC IDENTIFYING INFORMAT | ะบนน ่ | ID PREFIX TAG | (BACH | PROVIDER'S PLAN OF CORRECT H CORRECTIVE ACTION SHOULD E RENCED TO THE APPROPRIATE DE APR 25 2011 | ECROSS- | (X5) COMPLETE DATE | |
| | The following reflects | | | | | LICENSING AND CERTIFICATION IN DIEGO DISTRICT OFFICE SOI | | | |
| | Complaint Intake Numb CA00187699 - Substan | | | . : | PLAN | OF CORRECTION | general and supplies and suppli | | |
| | Representing the Department of Public Health: Surveyor ID # 21240, HFEN | | | | E1969 The hospital will ensure that hospital personnel observe a patient's right to privacy and confidentiality of their medical record. | | | | |
| The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility. | | | | | | | | | |
| | 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. | | | | termin Educa staff "Unit Updat (7/31/Month attach Manag attach Mercy attach Respo Depar | nvolved nurse has be nated (5/8/09) atton has been providual. Based Privacy and Ste" required education (09) attachment A nationally staff meetings (5, ment Burner Steement Converse Newsletter (197) attachment Dunsible person: Emertment Director ine: August 31, 200 employee understaget attachment and considered are the considered of the converse of the considered are the | ded to all Security on /13/09) 5/09) 8/09) gency | | |
| | 1280.15. (a) A clinic, he | ealth facility, home he | | ! | our pri | ivacy rules and police distributed in the control of the control o | cies is | | |
| Event ID:I | DN7E11 | | 4/14/2011 | 2:41:5 | 9PM CITE | a amuany. | | | |

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

Sincetor Kisk

(X6) DATE

Any deficiency statement enging with an asterisk of denotes a deficiency which the institution may be excused from correcting providing it is determined that other safegoards 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.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTI | PLE CONSTRUCTION | 1 ' ' | (X3) DATE SURVEY COMPLETED | |
|--|---|---|--|----------------------|--|----------------------------|--|
| | | 050077 | B. WING | | 08/10/2009 | | |
| NAME OF PROVIDER OR SUPPLIER SCRIPPS MERCY HOSPITAL STREET ADDRESS, CITY, STATE, ZIP CODE 4077 FIFTH AVENUE, SAN DIEGO, CA 92103 SAN DIEGO COUNTY | | | | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | (EACH CORRECTIVE ACT | I OF CORRECTION ION SHOULD BE CROSS- PROPRIATE DEFICIENCY) | (X5) COMPLETE DATE | |
| (| Continued From page | 1 | | | | | |
| | 1725, or 1745 shall prevent unlawful or use or disclosure of, patients' medical subdivision (g) of Section 56.05 of the Section 130203. The department, after administrative penalty for a violation wenty-five thousand dollars (\$25,000) information was unlawfully or without per disclosed, and up to seventeen the subsequent occurrence access, use, or disclosure of that particularly's, agency's, compliance with this section and other related and regulations, the extent to which and took preventative action prevent past violations from recurrence and regulations from recurrence and regulations, the extent to which and took preventative action are contained to the past violations from recurrence are contained to the p | Civil Code and consistent war investigation, may assess on of this section of upper patient whose medicauthorization accessed, use nousand five hundred dollarse of unlawful or unauthorizationts' medical information. Frepartment shall consider to | in ith an to cal ed, ars ed for the of tes ans and | | | | |
| | control that | | | | | i i | |
| Event ID:DI | | 4/14/2 ER/SUPPLIER REPRESENTATIVE'S S | | 59PM TITLE | | (X6) DATE | |

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.

State-2567

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUILDING | PLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|---|---|---|---------------------|---|----------------------------|--------------------------|
| <u> </u> | | 050077 | B. WING | | - 08/1 | 0/2009 |
| NAME OF PRO | OVIDER OR SUPPLIER | STREET ADDRESS | , CITY, STATE, Z | IP CODE | | |
| SCRIPPS I | MERCY HOSPITAL | 4077 FIFTH AVE | NUE, SAN DI | IEGO, CA 92103 SAN DIEGO (| COUNTY | |
| | | • | | | | |
| | | | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTION S REFERENCED TO THE APPROF | SHOULD BE CROSS- | (X5) COMPLETE DATE |
| | Continued From page | 2 | | √ | | |
| | section. The department shall hav factors when | 's ability to comply with this e full discretion to consider all unt of an administrative penalty | | | | |
| | failed to ensure all rights to confidentiality record information, medical records were hospital employee (Sas Patient A and Pawas not involved was facility. This resulte and Patient B's right. | and record review, the facility I hospital personnel observed ty and privacy of their medical Patient A and Patient B's e accessed and reviewed by a staff 1). Staff 1 was not listed attent B's responsible party and with their medical care at the d in the violation of Patient A ght to confidentiality, privacy, by of their medical record | | | | |
| | patient representative involved unauthorized that accessed the repatient B. The irreconfidentiality of beinformation and was Public Health on 5/8/20 A review of the conducted on 5/20 | facility's investigation was | | | | |
| | | an emergency department's oyee (Staff 1) had disclosed | | | | |
| | | | | 5001 | | |
| Event ID: | - | 4/14/2011 | | 59PM | | Way BATE |
| LABORATOR | LY DIRECTOR'S OR PROVID | ER/SUPPLIER REPRESENTATIVE'S SIGNA | RIURE | TITLE | | (X6) DATE |

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.

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050077 | | IDENTIFICATION NUMBER: | A. BUILDING | CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
|--|--|---|---------------------|---|--------------------|-------------------------------|--|
| | | B. WING | | 08/1 | 0/2009 | | |
| | OVIDER OR SUPPLIER MERCY HOSPITAL | STREET ADDRESS, 4077 FIFTH AVE | | ODE O, CA 92103 SAN DIEGO | O COUNTY | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC (DENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN O (EACH CORRECTIVE ACTIO REFERENCED TO THE APPR | N SHOULD BE CROSS- | (X5) COMPLETE DATE | |
| | Continued From page | 3 | | | | | |
| | (Patient A and Patier exposed to an illness.) Further investigation listed as the respon Patient B. Staff 1 die to Patient A or Patient A review of the fillnformation, Access, conducted on 5/20/stated that facility w Authorized access to to: 1. Personnel providing | acility's policy entitled, Health Use and Disclosure, was 09 at 4:00 P.M. The policy orkforce and physician access: to health information is limited | | | | | |
| | payment/billing activitie 3. Individuals particicare operations | pating in functions of health | | | | | |
| | Department Manager P.M. EDM acking accessed Patient Amithout their consentral that Staff 1 had not be accessed. | onducted with the Emergency (EDM) on 5/20/09 at 4:00 nowledged that Staff 1 had a standard Patient B's records to the further acknowledged followed the facility's policy and formation access and use. | | | | | |
| | Risk Management (DRM acknowledged accessed Patient A | onducted with the Director of DRM) on 9/2/09 at 3:00 P.M. that Staff 1 had deliberately is and Patient B's records. dged that Staff 1 did not have | | | | | |
| Event ID: | DN7E11 | 4/14/2011 | 2:41:59P | М | | | |
| ABORATOR | Y DIRECTOR'S OR PROVID | ER/SUPPLIER REPRESENTATIVE'S SIGNA | TURE | TITLE | | (X6) DATE | |

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.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPL A. BUILDING | LE CONSTRUCTION | (X3) DATE SUI COMPLET | |
|---|---|--------------------------------------|---|--------------------------|--------------------------|
| 050077 | | B. WING | | 08/10/2009 | |
| NAME OF PROVIDER OR SUPPLIER SCRIPPS MERCY HOSPITAL | | S, CITY, STATE, ZIF ENUE, SAN DIE | CODE EGO, CA 92103 SAN DIEGO | COUNTY | |
| PREFIX (EACH DEFICIENC | ITATEMENT OF DEFICIENCIES CY MUST BE PRECEEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPR | N SHOULD BE CROSS- | (X5) COMPLETE DATE |
| Continued From pag | ne 4 | : | | " | |
| | with Patient A's and Patient B's | | | | |
| | the responsible party of Patient e breach by mail, on 5/14/09. | | | | |
| The facility fails unauthorized accemedical information Code Section 1280.1 | ess to patients' confidential in violation of Health and Safety | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | , propriet | 10-3-3-1-3 | | |
| Event ID:DN7E11 | 4/14/2011 IDER/SUPPLIER REPRESENTATIVE'S SIGN | | 9PM TITLE | | (X6) DATE |

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.