

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150024	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  09/03/2015
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NAME OF PROVIDER OR SUPPLIER  ESKENAZI HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 720 ESKENAZI AVENUE INDIANAPOLIS, IN 46202
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S 0000  Bldg. 00	<p>This visit was for a State complaint survey.</p> <p>Complaint Number: IN00180231 Substantiated; deficiency related to the allegations is cited.</p> <p>Survey Dates: 8-27-2015 and 9-3-2015</p> <p>Facility Number: 005023</p> <p>QA: cjl 09/16/15</p>	S 0000		
S 0726  Bldg. 00	<p>410 IAC 15-1.5-4 MEDICAL RECORD SERVICES 410 IAC 15-1.5-4 (c)(7)(A)(B)</p> <p>(c) An adequate medical record shall be maintained with documentation of service rendered for each individual who is evaluated or treated as follows:</p> <p>(7) The hospital shall ensure the confidentiality of patient records which includes, but is not limited to, the following:</p>			

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

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. (see instructions.) Except for nursing homes, the findings stated 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>(A) A procedure for releasing information from or copies of records only to authorized individuals in accordance with federal and state laws.</p> <p>(B) A procedure that ensures that unauthorized individuals cannot gain access to patient records. Based on document review, observation and interview, the hospital failed to follow its policies to ensure the confidentiality of patient records in 2 instances.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>Review of PolicyStat ID: 969746, entitled General HIPPA Compliance, 950-500, revised 10/27/2014, indicated Eskenazi Health will make all reasonable efforts to limit access to PHI [Protected Health Information], and use, disclose, and/or request only the minimum necessary PHI that is required to carry out the workforce member's job duties or to accomplish the intended purpose of the use, disclosure, or request.</li> <li>Review of PolicyStat ID: 1213818, entitled Control of Access Information, 950-537, revised 3/5/2015, indicated the following criterion must be met in order to grant an access request: By virtue of training ... the requestor has demonstrated the ability to properly</li> </ol>	S 0726	Following the investigation and review of the findings, Eskenazi Health terminated the employees identified as A7 and A8 on September 9, 2015. Our routine audits to search for inappropriate access to medical records will continue per our standard operations.	09/09/2015

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	<p>... utilize the data/information that is being requested.</p> <p>Demonstrates that the data/information to which the requestor has access is appropriate and is properly limited to that which is the minimum necessary to perform their job function.</p> <p>By virtue of employment ... the requestor is bound to the protection of data.</p> <p>The requestor has a legitimate requirement to access specific information in order to perform their defined function.</p> <p>3. Review of training documents for Employees #A7 and #A8 indicated the employees had hospital required training of 2014 HIPPA (Health Insurance Portability and Accountability), and the Eskenazi Health Employee Handbook 2015.</p> <p>4. Review of the Job Description of Employee #A7 indicated responsibilities included complies with HIPPA regulations and maintains confidentiality of patient medical records.</p> <p>5. Review of the Job Description of Employee #A8 indicated responsibilities included maintains protected health</p>			

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	<p>information in accordance with HIPPA privacy guidelines and regulations, and maintains patient and family confidentiality.</p> <p>6. Review of an e-mail from Employee #A9, Privacy Director, to Employee #A10, Assistant Vice President Risk Management, dated 9-8-2015, indicated the following is from the Eskenazi Health Employee Handbook:                      Employees may only obtain, discuss or release information contained in a patient's medical record as it relates to the employee's direct role of caring for the patient and as allowed by state and federal laws including HIPPA                      ...                      ... no employee should ever access a co-workers's or friend's medical record outside the provision of care</p> <p>7. In interview on 8-27-2015 at 11:30 am, Employee #A4, Clinic Manager, confirmed Employees #A7 and #A8, were on duty on 7-10-2015.</p> <p>8. In interview on 9-3-2015 at 9:45 am, a week after the initiation of an investigation, Employee #A3, Risk Manager Ambulatory Care, indicated the hospital had determined, through</p>			

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	investigation, Employees #A7 and #A8 had inappropriately accessed the records of patients who had not been seen or scheduled for the 4th floor Special Medicine Clinic on 7-10-2015. Employee #A3 also indicated the hospital was taking disciplinary actions with Employees #A7 and #A8.				