

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150133	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/05/2013
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NAME OF PROVIDER OR SUPPLIER KOSCIUSKO COMMUNITY HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 2101 E DUBOIS DR WARSAW, IN 46580
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S000000	<p>The visit was for investigation of a State hospital complaint.</p> <p>Complaint Number: IN 00129226</p> <p>Substantiated: deficiency cited related to the allegations.</p> <p>Date: 09-05-13</p> <p>Facility Number: 005113</p> <p>Surveyor: Brian Montgomery, RN, BSN Public Health Nurse Surveyor</p> <p>QA: claughlin 09/23/13</p>	S000000		
S000726	<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 upon document review and interview, the facility failed to follow its policy/procedure regarding the release of medical records (MR) to authorized individuals.</p> <p>Findings:</p> <p>1. The policy/procedure Confidentiality (revised 5-11) indicated the following: " The Minimum Necessary Standard should be applied to all uses and disclosures of PHI (protected health information). Use or disclosure should be made by limiting the information to the minimum amount required to fulfill the stated purpose ...[and] ...Exceptions to using or disclosing minimum necessary are: ...disclosures to the individual who is the subject of the information, [and] uses or disclosures made pursuant to an authorization requested by the individual ...All requests for access to PHI from individuals and/or organizations not employed by, or doing business with, the facility must be made in accordance with the Release Of PHI</p>	S000726	<p>Since staff had different opinions on the interpretation of the Health Information Management (HIM) Policy on Confidentiality as to what the "minimum necessary" included and who qualified for the exclusions to the "minimum necessary," staff education was conducted on the Confidentiality Policy. Minimum necessary was defined to include the "Alternate Media" page. Exclusions to the "minimum necessary" as stated in the policy include the patient if requesting their own record and the POA, if proof of status is given. Anyone who is an exclusion to the "minimum necessary" will get the entire medical record. Education was also conducted on the HIM Policy, Release of Protected Health Information (PHI). The Director of Health Information Management (HIM) will conduct a monthly audit for six months of one record request from a patient and/or POA; one legal request for a record and one insurance request to ascertain if all of the required components of the records were released to the requestor. The Director of Health Information</p>	10/03/2013

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	<p>policy. This includes, but is not limited to requests for medical records, x-ray films, slides, therapy records, tracings, strips, etc in any media. "</p> <p>2. The policy/procedure Release of Protected Health Information (revised 4-11) indicated the following: " If the authorization is signed by a personal representative, a description of the representative ' s authority to act on behalf of the patient must be provided.</p> <p>3. A document dated 6-06-12 requesting the release of the entire record of patient 27 for the period 5-14-12 to 5-29-12 indicated that it was signed by a power of attorney (POA) for the patient and the MR indicated that a copy of the POA appointment had been provided to the facility. The requesting document failed to indicate a provision to request surgery photographs or Alternate Media if not provided when an entire MR is requested.</p> <p>4. The Release Of Information (ROI) log for patient 27 ' s MR request dated 6-06-12 failed to indicate that Alternate Media or surgical photographs were provided when the entire MR was requested.</p> <p>5. During an interview on 9-05-13 at 1300 hours, staff A8 confirmed that</p>		<p>Management (HIM) was responsible for conducting staff education on the Confidentiality and Release of Protected Health Information Policies (PHI) on September 30, 2013 and October 4, 2013 to both HIM departmental staff and our external outsource vendor who copies medical records, HealthPort.</p>	

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	<p>patient 27 ' s ROI log failed to indicate that Alternate Media or surgical photographs were provided when the entire MR was requested on 6-06-12.</p> <p>6. The ROI log for patient 27 ' s MR request dated 8-14-12 from an attorney failed to indicate that Alternate Media or surgery photographs were provided in response to a request for the entire MR and a separate ROI log entry for patient 27 dated 8-22-12 from an insurance provider indicated that Alternate Media [surgery photographs] were provided with the requested records.</p> <p>7. During an interview on 9-05-13 at 1230 hours, staff A8 confirmed that patient 27 ' s ROI log for the MR request dated 8-14-12 failed to indicate that Alternate Media or surgical photographs were provided when the entire MR was requested.</p>			