

AGENDA
COMPLIANCE AND AUDIT COMMITTEE MEETING
OF THE EL CAMINO HOSPITAL BOARD

Thursday, November 21, 2019 – 5:00 pm
 El Camino Hospital, Conference Room E (ground floor)
 2500 Grant Road, Mountain View, CA 94040

Sharon Anolik Shakked will be participating via videoconference from 330 East Strawberry Drive, Mill Valley, CA 94941.

PURPOSE: To advise and assist the El Camino Hospital (ECH) Hospital Board of Directors (“Board”) in its exercise of oversight of Corporate Compliance, Privacy, Internal and External Audit, Enterprise Risk Management, and Information Technology (IT) Security. The Committee will accomplish this by monitoring the compliance policies, controls, and processes of the organization and the engagement, independence, and performance of the internal auditor and external auditor. The Committee assists the Board in oversight of any regulatory audit and in assuring the organizational integrity of ECH in a manner consistent with its mission and purpose.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
1. CALL TO ORDER/ROLL CALL	Sharon Anolik Shakked, Chair		5:00 – 5:01pm
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Sharon Anolik Shakked, Chair		5:01 – 5:02
3. PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not covered by the agenda.</i> b. Written Correspondence	Sharon Anolik Shakked, Chair		information 5:02 – 5:05
4. CONSENT CALENDAR <i>Any Committee Member or member of the public may remove an item for discussion before a motion is made.</i> Approval a. Minutes of the Open Session of the CAC Meeting (9/26/2019) Information b. Status of FY20 Committee Goals	Sharon Anolik Shakked, Chair	<i>public comment</i>	motion required 5:05 – 5:10
5. REPORT ON BOARD ACTIONS ATTACHMENT 5	Board Members		information 5:10 – 5:13
6. DISCUSS DASHBOARD REPORTING OPTIONS FROM NEW INCIDENT MANAGEMENT TOOL ATTACHMENT 6	Diane Wigglesworth, Sr. Director, Corporate Compliance		discussion 5:13 – 5:25
7. KPIs, SCORECARD, AND TRENDS ATTACHMENT 7	Diane Wigglesworth, Sr. Director, Corporate Compliance		information 5:25 – 5:30
8. ADJOURN TO CLOSED SESSION	Sharon Anolik Shakked, Chair	<i>public comment</i>	motion required 5:30– 5:31
9. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Sharon Anolik Shakked, Chair		5:31 – 5:32
10. CONSENT CALENDAR <i>Any Committee Member or member of the public may remove an item for discussion before a motion is made.</i> Approval <i>Gov’t Code Section 54957.2:</i> a. Minutes of the Closed Session of the CAC Meeting (9/26/2019)	Sharon Anolik Shakked, Chair		motion required 5:32 – 5:40

A copy of the agenda for the Regular Committee Meeting will be posted and distributed at least seventy-two (72) hours prior to the meeting. In observance of the Americans with Disabilities Act, please notify us at (650) 988-7504 prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
<p>Information Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation: b. Activity Log September 2019 c. Activity Log October 2019 d. Internal Audit Work Plan e. Committee Pacing Plan</p>			
<p>11. Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation: - Assessment of CA Consumer Privacy Act</p>	Priya Shah, Assistant General Counsel		<p>discussion 5:40 – 5:50</p>
<p>12. Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation: - Enterprise Risk Management</p>	Diane Wigglesworth, Sr. Director, Corporate Compliance; Mary Rotunno, General Counsel		<p>discussion 5:50 – 6:00</p>
<p>13. Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation: - Health System Oversight and Charter Revisions</p>	Mary Rotunno, General Counsel		<p>discussion 6:00 – 6:10</p>
<p>14. Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation: - Report on Internal Audit Activity</p>	Diane Wigglesworth, Sr. Director, Corporate Compliance; Mary Rotunno, General Counsel		<p>discussion 6:10 – 6:20</p>
<p>15. Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation: - IT Security Discussion</p>	Deb Muro, CIO; Brian Kreitzer, CISO; Mary Rotunno, General Counsel		<p>discussion 6:20 – 6:50</p>
<p>16. Gov't Code Sections 54957 for report and discussion on personnel matters – Senior Management: - Executive Session</p>	Sharon Anolik Shakked, Chair		<p>discussion 6:50 – 6:57</p>
<p>17. ADJOURN TO OPEN SESSION</p>	Sharon Anolik Shakked, Chair		<p>motion required 6:57 – 6:58</p>
<p>18. RECONVENE OPEN SESSION/ REPORT OUT</p>	Sharon Anolik Shakked, Chair		<p>information 6:58 – 6:59</p>
<p>To report any required disclosures regarding permissible actions taken during Closed Session.</p>			
<p>19. ADJOURNMENT</p>	Sharon Anolik Shakked, Chair		<p>motion required 6:59 – 7:00pm</p>

Upcoming Meetings:

Regular Meetings: January 23, 2020; March 19, 2020; May 21, 2020

Education Sessions: April 22, 2020



**Minutes of the Open Session of the
Compliance and Audit Committee
of the El Camino Hospital Board of Directors
Thursday, September 26, 2019
El Camino Hospital | Conference Room E
2500 Grant Road, Mountain View, CA 94040**

Members Present

Sharon Anolik Shakked, Chair
Lica Hartman
Bob Rebitzer, Vice Chair
Christine Sublett

Members Absent

Don Watters

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the Compliance and Audit Committee of El Camino Hospital (“the Committee”) was called to order at 5:00pm by Chair Anolik Shakked. A silent roll call was taken. Bob Rebitzer joined the meeting at 5:02pm during Agenda Item 4: Consent Calendar. Mr. Watters was absent. All other Committee members were present at roll call.	<i>Called to order at 5:00pm</i>
2. POTENTIAL CONFLICT OF INTEREST	Chair Anolik Shakked asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.	
3. PUBLIC COMMUNICATION	Chair Anolik Shakked recognized Ms. Wigglesworth for National Compliance Officer Day.	
4. CONSENT CALENDAR	<p>Chair Anolik Shakked asked if any member of the Committee or the public wished to remove an item from the consent calendar. No items were removed.</p> <p>Motion: To approve the consent calendar: Minutes of the Open Session of the Compliance and Audit Committee Meeting (8/15/2019); for information: Status of FY20 Committee Goals.</p> <p>Movant: Sublett Second: Hartman Ayes: Anolik Shakked, Hartman, Rebitzer, Sublett Noes: None Abstentions: None Absent: Watters Recused: None</p>	<i>Consent Calendar approved</i>
5. REPORT ON BOARD ACTIONS	Chair Anolik Shakked requested copies of the Board Competency Matrix approved at the August 2019 Hospital Board meeting for the Committee. There were no further questions about the written report.	<i>Staff to provide Competency Matrix</i>
6. KPIs, SCORECARD, AND TRENDS	<p>Ms. Wigglesworth noted that SVMD-related KPIs are reported separately to SVMD, and the materials presented are focused on Hospital activities.</p> <p>She reported that there has been an increase in the number of investigations and concerns reported along with an uptick in privacy-related issues compared to the same time period in the prior year.</p> <p>In response to Chair Anolik Shakked’s question, Ms. Wigglesworth noted that reported privacy violations had to do with policies not being followed. She commented that all issues are being addressed and there are no trends of concern at this time.</p>	

7. ADJOURN TO CLOSED SESSION	Motion: To adjourn to closed session at 5:05pm. Movant: Sublett Second: Hartman Ayes: Anolik Shakked, Hartman, Rebitzer, Sublett Noes: None Abstentions: None Absent: Watters Recused: None	<i>Adjourned to closed session at 5:10pm</i>
8. AGENDA ITEM 16: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 6:52pm. Agenda items 8-15 were discussed in closed session. During the closed session, the Committee approved the Minutes of the Closed Session of the Compliance and Audit Committee Meeting (8/15/2019) and recommended that the Board approve the FY19 Financial Audit results by a unanimous vote of all members present (Anolik Shakked, Hartman, Rebitzer, Sublett). Mr. Watters was absent.	<i>Open session reconvened at 6:52pm</i>
9. AGENDA ITEM 17: ADJOURNMENT	Motion: To adjourn at 6:52pm. Movant: Sublett Second: Hartman Ayes: Anolik Shakked, Hartman, Rebitzer, Sublett Noes: None Abstentions: None Absent: Watters Recused: None	<i>Meeting adjourned at 6:52pm</i>

Attest as to the approval of the foregoing minutes by the Compliance and Audit Committee of El Camino Hospital:

Sharon Anolik Shakked
Chair, Compliance and Audit Committee

FY20 COMMITTEE GOALS

Compliance and Audit Committee

PURPOSE

The purpose of the Compliance and Audit Committee (the "Committee") is to advise and assist the El Camino Hospital (ECH) Hospital Board of Directors ("Board") in its exercise of oversight of Corporate Compliance, Privacy, Internal and External Audit, Enterprise Risk Management, and Information Technology (IT) Security. The Committee will accomplish this by monitoring the compliance policies, controls, and processes of the organization and the engagement, independence, and performance of the internal auditor and external auditor. The Committee assists the Board in oversight of any regulatory audit and in assuring the organizational integrity of ECH in a manner consistent with its mission and purpose.

STAFF: **Diane Wigglesworth**, Sr. Director, Corporate Compliance (Executive Sponsor)

The Sr. Director, Corporate Compliance shall serve as the primary staff to support the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chair's consideration. Additional members of the Executive Team or outside consultants may participate in the meetings upon the recommendation of the Executive Sponsor and at the discretion of the Committee Chair.

GOALS	TIMELINE	METRICS
1. Review reporting from the new compliance program incident management tool and assess if the level of detail is sufficient for the committee's oversight.	Q2 FY20	Committee reviews and provides recommendations to the Compliance Officer – presenting on 11/21/19
2. Review the hospital's assessment of the impact and any action plan, if applicable, of the 2020 California Consumer Privacy Act on Hospital operations.	Q2 FY20	Committee reviews and provides recommendations to the Compliance Officer – presenting on 11/21/19
3. Review the results and mitigation action plan of a privacy and security risk assessment of SVMD.	Q3 FY20	Committee reviews and provides recommendations to the Compliance Officer - paced for 3/19/20 meeting
4. Review ECH's IT Security Strategic Plan.	Q4 FY20	Committee reviews and provides recommendations to CIO - paced for 5/21/20 meeting

SUBMITTED BY:

Chair: Sharon Anolik Shakked

Executive Sponsor: Diane Wigglesworth

Approved by the ECH Board of Directors 6/12/2019

**EL CAMINO HOSPITAL BOARD OF DIRECTORS
COMMITTEE MEETING COVER MEMO**

To: Compliance and Audit Committee
From: Cindy Murphy, Director of Governance Services
Date: November 21, 2019
Subject: Report on Board Actions

Purpose:

To keep the Committee informed with regards to actions taken by the El Camino Hospital and El Camino Healthcare District Boards.

Summary:

1. **Situation:** It is important to keep the Committees informed about Board activity to provide context for Committee work. The list below is not meant to be exhaustive, but includes agenda items the Board voted on that are most likely to be of interest to or pertinent to the work of El Camino Hospital's Board Advisory Committees.
2. **Authority:** This is being brought to the Committees at the request of the Board and the Committees.
3. **Background:** Since the last Compliance and Audit Committee meeting, the Hospital Board has met twice and the District Board has met once. In addition, since the Board has delegated certain authority to the Compliance and Audit Committee, the Finance Committee and the Executive Compensation Committee those approvals are also noted in this report.

A. ECH Board Actions: October 10, 2019

- Approved FY20 Periods 1 & 2 Financials
- Approved FY19 Audit (to ECHD on 10/22/19)
- Approved FY19 Organizational Goal Score
- Approved FY20 Organizational Goal Metrics
- Approved \$24.9 Million Partial Funding for MV Campus Completion Project (To ECHD on 10/22/19)
- Approved FY20 CEO Base Salary
- Approved FY19 CEO Incentive Payment
- Approved FY19 CASO Incentive Payment
- Approved Cardiology Call Panel (LG) Renewal

November 6, 2019

- Approved Revised Committee Charters
- Approved FY20 Board Action Plan
- Recommended the ECHD Board Approve a Revised Process for Election and Re-Election of Non-District Board Members to the El Camino Hospital Board of Directors
- Approved Resolution 2019-12 Authorizing Forward Starting Interest Rate Hedge
- Approved Revised FY20 Pathways Home Health and Hospice Budget
- Approved the Annual Safety Report for the Environment of Care

B. ECHD Board Actions: October 22, 2019

- Approved FY19 Audit
- Approved FY19 Year End Consolidated and Stand-Alone Financials
- Approved FY20 YTD (P2) ECHD Financials
- Approved \$24.9 Million Partial Funding for MV Campus Completion Project
- Approved FY19 Community Benefit Report
- Re-Elected Julie Kliger, RN and Bob Rebitzer to the El Camino Hospital Board of Directors for a second 3-year term effective July 1, 2020.
- Appointed Julia Miller as Chair and Peter Fung as a member of an Ad Hoc Committee tasked with bringing back recommendations regarding the ECHD Community Benefit Grant Program to the Board for consideration.

C. Finance Committee Actions: September 23, 2019

- Approved Employee Wellness & Health Professional Services Agreement
- Approved Maternal Child Health Professional Services Agreement
- Approved NICU Consulting Agreement

D. Compliance and Audit Committee: None since last report.

E. Executive Compensation Committee Actions: September 19, 2019

- Executive Incentive Program payments approved, pending Board approval of Organizational Goal Score
- FY20 Annualized Base Salary for ECH Foundation President approved

November 7, 2019

- Approved FY20 Individual Incentive Goals for the President of the Foundation
- Approved Revised FY20 Individual Incentive Goals for the General Counsel

4. Assessment: N/A

5. Other Reviews: N/A

6. Outcomes: N/A

List of Attachments: None.

Suggested Committee Discussion Questions: None.

**EL CAMINO HOSPITAL BOARD OF DIRECTORS
COMMITTEE MEETING COVER MEMO**

To: Compliance and Audit Committee
From: Diane Wigglesworth, Sr. Director, Corporate Compliance
Date: November 21, 2019
Subject: KPI Dashboard Graphic Reporting Options

Purpose: 1) To review reporting options out of the new compliance incident tracking system; 2) to assess if the level of details in the graph is sufficient for Committee oversight; and 3) to determine whether a new report can replace previously provided trend graphs.

Note: The Committee's review of the reporting options, along with a preferred recommendation is one of the FY20 Committee goals.

Summary:

1. **Situation:** The Compliance Department implemented an incident management software system in July 2019 to continuously track incidents, assess risk, and track trends.
2. **Authority:** The Compliance and Audit Committee is responsible for the oversight of the Compliance Program, which includes monitoring key performance indicators.
3. **Background:** The Committee has received regular scorecard reports regarding key performance indicators along with a 24-month trend graph to assist the Committee in monitoring activity and identify organizational deficiencies or risks. Key performance indicators were developed to track the required elements from the Federal Sentencing Guidelines and help the Committee assess the effectiveness of the Compliance Program.
4. **Assessment:** The following graph sample options (items # 1-3) are available to report either monthly or YTD categories of incidents from the system, and can be compared to the YTD 24 month (item #4) trend graph that has historically been provided to the Committee. The system can provide pie charts or bar graphs along with category narratives. These graphs would accompany the KPI Compliance Scorecard.
5. **Other Reviews:** N/A
6. **Outcomes:** N/A

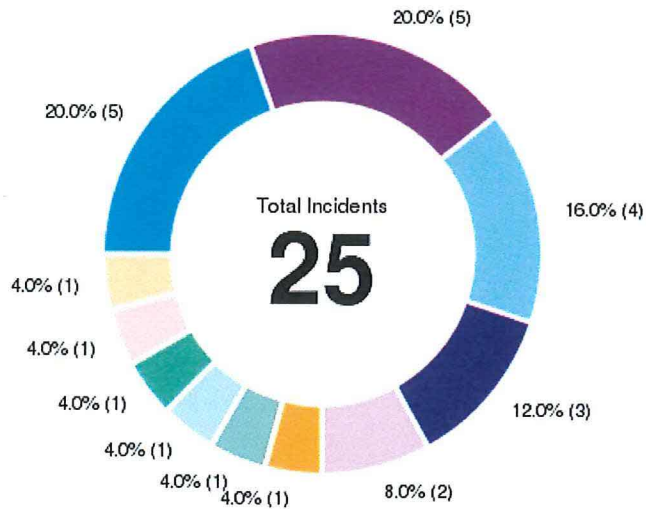
List of Attachments:

1. Sample Graphs (Items #1-4)
2. KPI Compliance Scorecard

Suggested Committee Discussion Questions: None

Category

- HIPAA/Privacy Incidents
- General
- Privacy/Patient Request
- IT Security
- Billing Compliance
- Privacy/HIMS
- Business Relationships
- Conflict of Interest
- Human Resource
- Reportable Privacy Violation
- Beneficiary Inducement

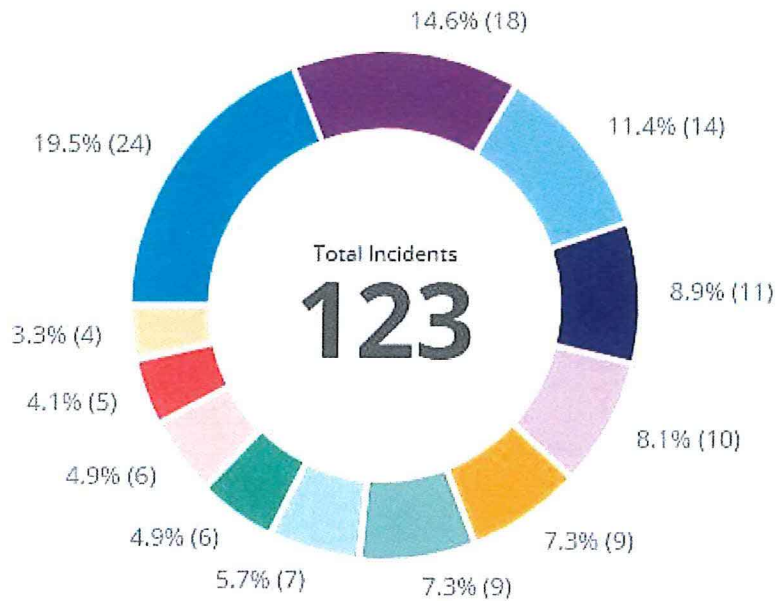


Category Name	Percentage	Completed
Privacy/HIMS	4.0%	1
Business Relationships	4.0%	1
Conflict of Interest	4.0%	1
Human Resource	4.0%	1
Reportable Privacy Violation	4.0%	1
Beneficiary Inducement	4.0%	1
Billing Compliance	8.0%	2
IT Security	12.0%	3
Privacy/Patient Request	16.0%	4
HIPAA/Privacy Incidents	20.0%	5
General	20.0%	5

By Category

#2 YTD Pie Report

- General
- HIPAA/Privacy Incidents
- Billing Compliance
- Privacy/HIMS
- Privacy/Patient Request
- Stark/Anti-Kickback
- Documentation
- IT Security
- Reportable Privacy Violation
- Business Relationships
- Beneficiary Inducement
- Other (3)

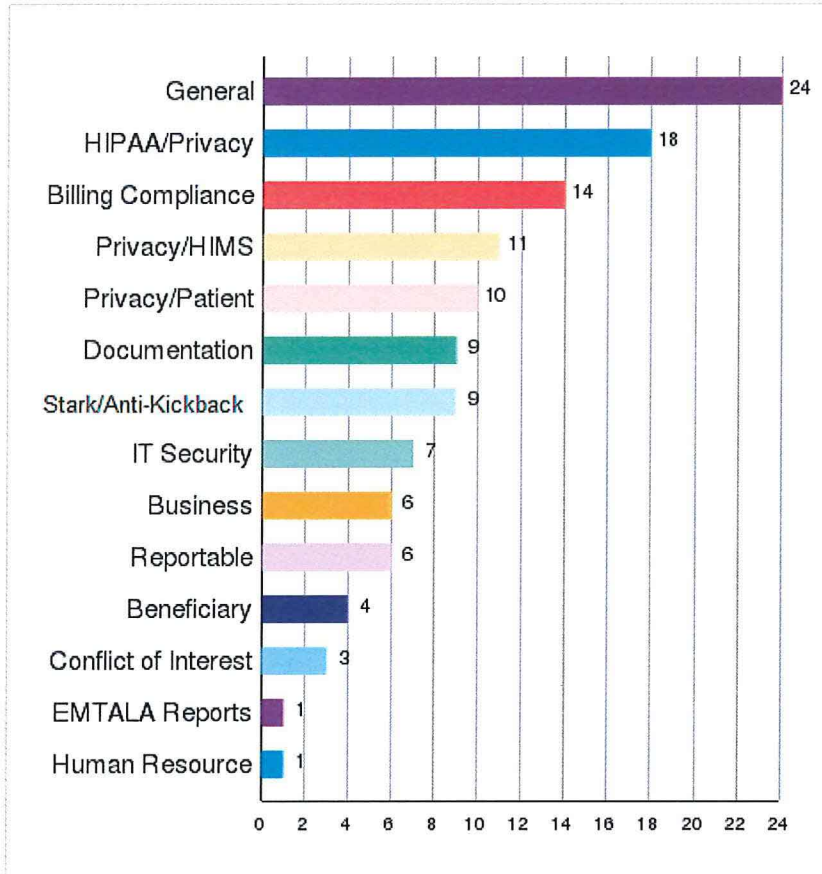


July-October 2019

Incidents

July-October 2019

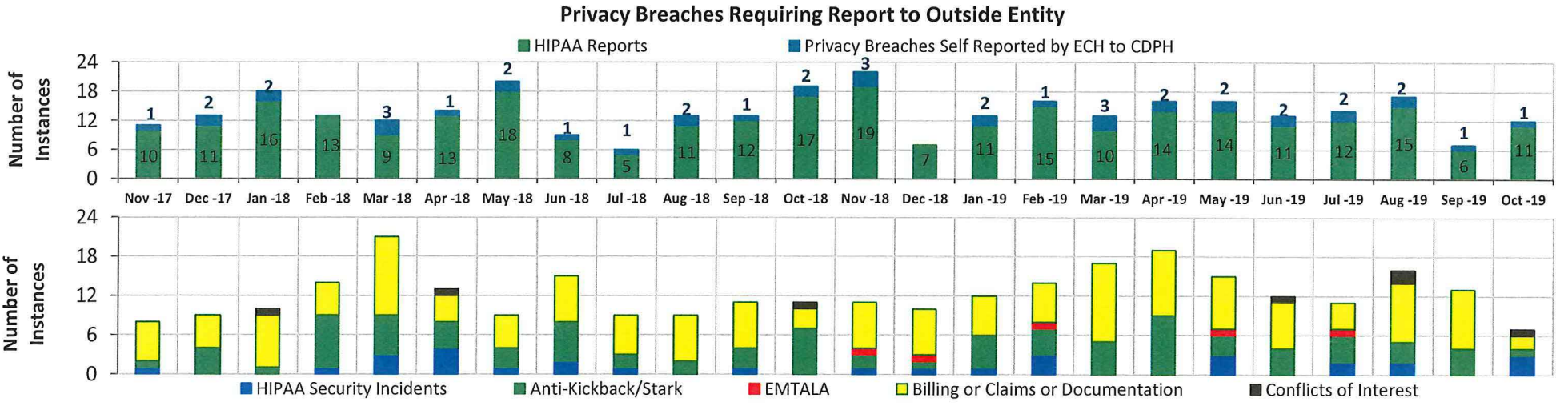
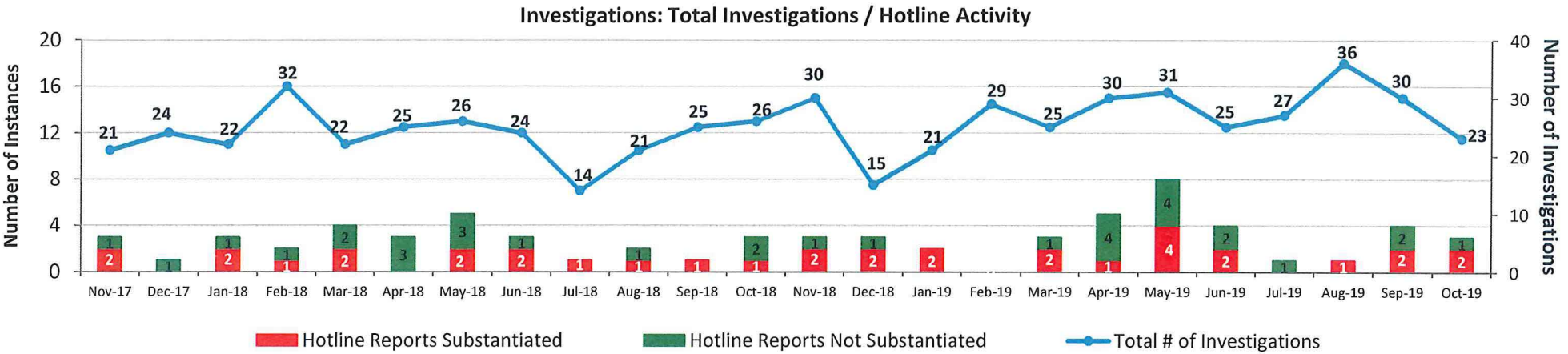
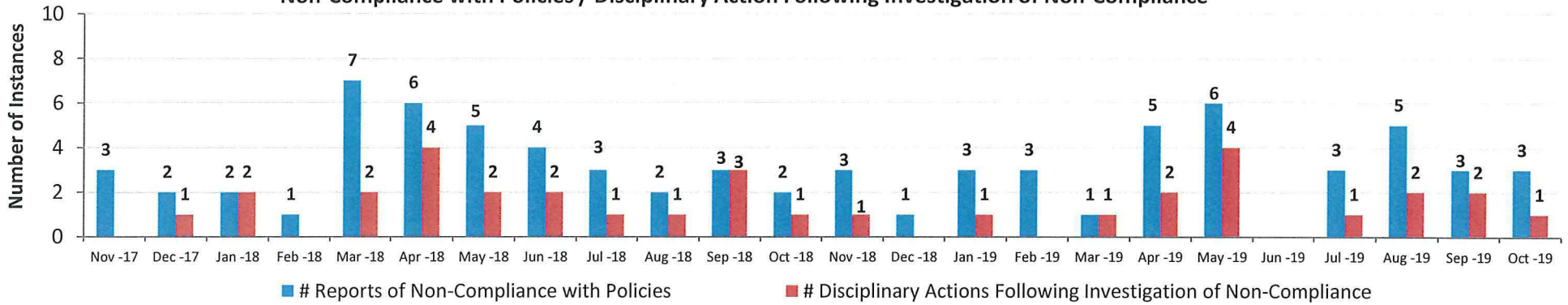
#3 YTD Bar Report



Total Incidents 123

Category Name	Percentage	Completed
Human Resource	0.81%	1
EMTALA Reports	0.81%	1
Conflict of Interest	2.44%	3
Beneficiary Inducement	3.25%	4
Reportable Privacy Violation	4.88%	6
Business Relationships	4.88%	6
IT Security	5.69%	7
Stark/Anti-Kickback	7.32%	9
Documentation	7.32%	9
Privacy/Patient Request	8.13%	10
Privacy/HIMS	8.94%	11
Billing Compliance	11.38%	14
HIPAA/Privacy Incidents	14.63%	18
General	19.51%	24

Non-Compliance with Policies / Disciplinary Action Following Investigation of Non-Compliance



Corporate Compliance Scorecard FY 20

El Camino Hospital

Key Performance Indicator	FY:20 Current Month	Current YTD Actual	Prior YTD Actual
Total Number of Hospital Discharges (excluding normal newborn)	1,713	6,663	6,173

Core Elements

Policies and Procedures	Oct. 2019	Jul - Oct. FY 2020	Jul -Oct. FY 2019
-------------------------	-----------	-----------------------	----------------------

Number of reported instance when policies not followed	3	14	10
Number of disciplinary actions due to Investigations	1	6	6

Education and Training	Oct. 2019	Jul - Oct. FY 2020	Jul -Oct. FY 2019
------------------------	-----------	-----------------------	----------------------

Percentage of new employees trained within 30 days of start date	100%	100%	100%
------------------------------------------------------------------	------	------	------

Investigations	Oct. 2019	Jul - Oct. FY 2020	Jul -Oct. FY 2019
----------------	-----------	-----------------------	----------------------

Total number of investigations	23	116	86
Investigations open	0	2	0
Investigations closed	23	114	86
Hotline concerns substantiated	2	5	4
Hotline concerns not substantiated	1	4	3
Average number of days to investigate concerns	4.3	5.8	7

Reporting Trends	Oct. 2019	Jul - Oct. FY 2020	Jul -Oct. FY 2019
------------------	-----------	-----------------------	----------------------

Anti-Kickback/Stark/Beneficiary Inducement	1	12	14
EMTALA	0	1	0
HIPAA Reports	11	44	45
HIPAA Security Incidents	3	7	2
Billing or Claims or Documentation	2	24	23
Conflict of Interest	1	3	1
Business Relationship	1	6	0
General	5	20	10

Reported Events to CMS	Oct. 2019	Jul - Oct. FY 2020	FY 2019 Total
------------------------	-----------	-----------------------	------------------

Number of total events self reported by ECH	0	0	0
Number of self reported events followed up by CMS	0	0	0
CMS initiated visits (separate from ECH self reported events)	1	2	0
Number of statement of deficiencies issued to ECH	9	22	0
Number of Actual Sanctions, fines or penalties	0	0	0

Reported Events to CDPH	Oct. 2019	Jul - Oct. FY 2020	FY 2019 Total
-------------------------	-----------	-----------------------	------------------

Number of total regulator events self reported by ECH	7	17	39
Number of self reported events followed up by CDPH	0	7	30
Number of total privacy breaches self reported by ECH	1	6	21
CDPH initiated visits (separate from ECH self reported events)	0	14	17
Number of statement of deficiencies issued to ECH	0	2	7
Number of Actual/Realized Sanctions, fines or penalties	\$ -	\$ -	\$ 4,500

Monitoring and Audit Findings	Oct. 2019	Jul - Oct. FY 2020	FY 2019 Total
-------------------------------	-----------	-----------------------	------------------

Total number of Audit Findings	6	14	28
Number of findings identified has high severity	2	4	5

Monitoring and Audit Findings	Oct. 2019	Jul - Oct. FY 2020	FY 2019 Total
-------------------------------	-----------	-----------------------	------------------

Number of Open Liability Claims	7	7	8
Number of Open Liability Lawsuits	8	8	6

**EL CAMINO HOSPITAL BOARD OF DIRECTORS
COMMITTEE MEETING COVER MEMO**

To: Compliance and Audit Committee
From: Diane Wigglesworth, Sr. Director, Corporate Compliance
Date: November 21, 2019
Subject: Key Performance Indicators (KPI)

Purpose: To review the trends of the Compliance KPIs and discuss any trends of concern.

Summary:

1. **Situation:** The performance indicators should assist the Committee to monitor activity and identify organizational deficiencies or emerging risks.
2. **Authority:** The Committee is responsible for oversight of the Compliance Program and monthly review of metrics.
3. **Background:** Key performance indicators were developed to track the required elements from the Federal Sentencing Guidelines and help the Committee assess effectiveness of the program.
4. **Assessment:** The total number of investigations, concerns, or inquiries brought forth to the Compliance Department continues to trend up. Hotline activity remains consistent with previous years. There was slight increase in IT security incidents reported and addressed.
5. **Other Reviews:** N/A
6. **Outcomes:** Refer to Key Performance Indicator Compliance Scorecard

List of Attachments:

1. Corporate Compliance Scorecard FY20
2. KPI two-year trend Graph

Suggested Committee Discussion Questions:

1. Are there any trends of concern?

Corporate Compliance Scorecard FY 20

El Camino Hospital

Key Performance Indicator	FY:20 Current Month	Current YTD Actual	Prior YTD Actual
Total Number of Hospital Discharges (excluding normal newborn)	1,713	6,663	6,173

Core Elements

Policies and Procedures	Oct. 2019	Jul - Oct. FY 2020	Jul -Oct. FY 2019
-------------------------	-----------	-----------------------	----------------------

Number of reported instance when policies not followed	3	14	10
Number of disciplinary actions due to Investigations	1	6	6

Education and Training	Oct. 2019	Jul - Oct. FY 2020	Jul -Oct. FY 2019
------------------------	-----------	-----------------------	----------------------

Percentage of new employees trained within 30 days of start date	100%	100%	100%
------------------------------------------------------------------	------	------	------

Investigations	Oct. 2019	Jul - Oct. FY 2020	Jul -Oct. FY 2019
----------------	-----------	-----------------------	----------------------

Total number of investigations	23	116	86
Investigations open	0	2	0
Investigations closed	23	114	86
Hotline concerns substantiated	2	5	4
Hotline concerns not substantiated	1	4	3
Average number of days to investigate concerns	4.3	5.8	7

Reporting Trends	Oct. 2019	Jul - Oct. FY 2020	Jul -Oct. FY 2019
------------------	-----------	-----------------------	----------------------

Anti-Kickback/Stark/Beneficiary Inducement	1	12	14
EMTALA	0	1	0
HIPAA Reports	11	44	45
HIPAA Security Incidents	3	7	2
Billing or Claims or Documentation	2	24	23
Conflict of Interest	1	3	1
Business Relationship	1	6	0
General	5	20	10

Reported Events to CMS	Oct. 2019	Jul - Oct. FY 2020	FY 2019 Total
------------------------	-----------	-----------------------	------------------

Number of total events self reported by ECH	0	0	0
Number of self reported events followed up by CMS	0	0	0
CMS initiated visits (separate from ECH self reported events)	1	2	0
Number of statement of deficiencies issued to ECH	9	22	0
Number of Actual Sanctions, fines or penalties	0	0	0

Reported Events to CDPH	Oct. 2019	Jul - Oct. FY 2020	FY 2019 Total
-------------------------	-----------	-----------------------	------------------

Number of total regulator events self reported by ECH	7	17	39
Number of self reported events followed up by CDPH	0	7	30
Number of total privacy breaches self reported by ECH	1	6	21
CDPH initiated visits (separate from ECH self reported events)	0	14	17
Number of statement of deficiencies issued to ECH	0	2	7
Number of Actual/Realized Sanctions, fines or penalties	\$ -	\$ -	\$ 4,500

Monitoring and Audit Findings	Oct. 2019	Jul - Oct. FY 2020	FY 2019 Total
-------------------------------	-----------	-----------------------	------------------

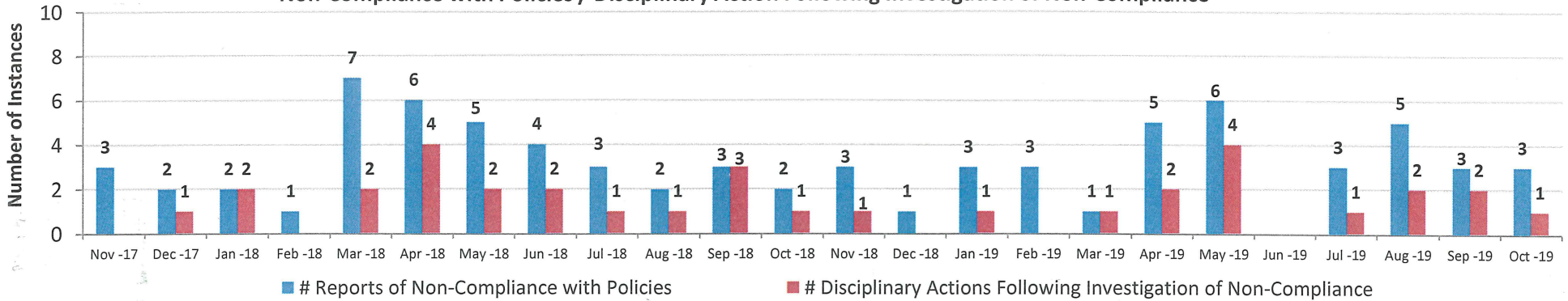
Total number of Audit Findings	6	14	28
Number of findings identified has high severity	2	4	5

Monitoring and Audit Findings	Oct. 2019	Jul - Oct. FY 2020	FY 2019 Total
-------------------------------	-----------	-----------------------	------------------

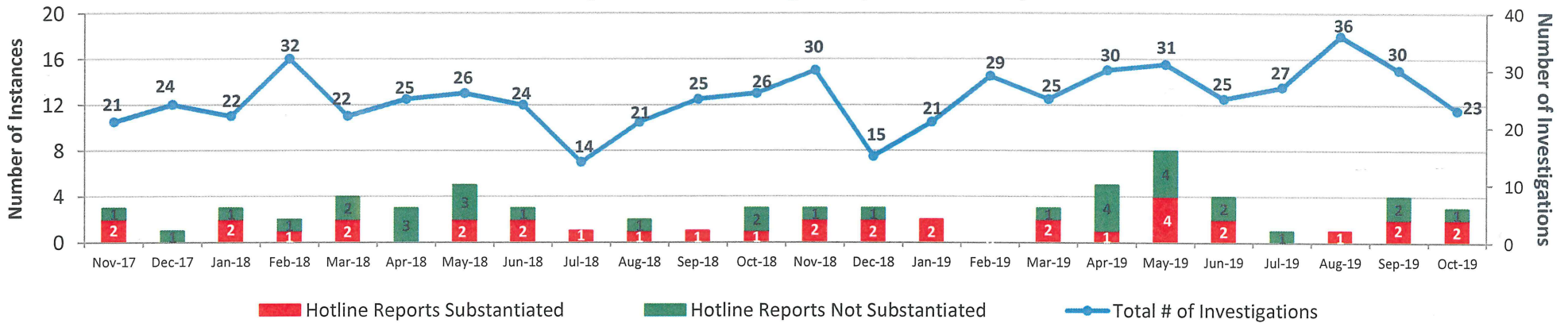
Number of Open Liability Claims	7	7	8
Number of Open Liability Lawsuits	8	8	6

Policies & Procedures

Non-Compliance with Policies / Disciplinary Action Following Investigation of Non-Compliance



Investigations: Total Investigations / Hotline Activity



Privacy Breaches Requiring Report to Outside Entity

