

ANNUAL DISCIPLINARY ACTION SUMMARY – 2008

M.G.L. c. 111 § 53B requires that all health care facilities complete this annual report. MGL c. 111 § 203 requires that all nursing homes complete this annual report. The information reported in Parts I, II and IV is considered public information. Part III is confidential. **Submission Deadline: January 31, 2009.**

PART I

Legal Name of Facility: _____

Business Name of Facility: _____

Mailing Address: _____
Street City/Town State Zip code

Name and Phone of Administrator/Director : _____

PART II Report only new disciplinary actions begun on or after Jan. 1, 2008 through and including Dec. 31, 2008.

- Do not include ongoing disciplinary actions that began in a prior year and continued into 2008.
- Include all reportable disciplinary actions, even if you have not yet filed an Initial Report (Form HCFD-1).
- If you have not filed a Form HCFD-1 on any of these actions, do so now and include it with this report.

1. DID THIS FACILITY TAKE ANY DISCIPLINARY ACTIONS AGAINST A PHYSICIAN?

No _____ If no actions were taken, please sign and date form on the bottom of page 2 and return by 1/31/09.
Yes _____ Please continue.

2. HOW MANY PHYSICIANS DID THIS FACILITY DISCIPLINE? _____

3. HOW MANY INITIAL REPORTS OF DISCIPLINARY ACTION WERE FILED? _____

The answers to questions #2 and #3 will be different if more than one report was filed on the same physician.

4. HOW MANY DISCIPLINARY ACTIONS WERE TAKEN IN EACH CATEGORY?

Record all actions. When two or more actions were taken against a physician, record all of the actions here.

Revocation of a right or privilege _____	Termination/non-renewal of contract _____
Suspension of a right or privilege _____	Written reprimand or admonition _____
Restriction of a right or privilege _____	Fine _____
Non-renewal of a right or privilege _____	Performance of public service _____
Leave of absence _____	Education/counseling/monitoring _____
Denial of a right or privilege _____	Resignation _____
Withdrawal of an application _____	Censure _____
Other _____	Specify Other Action _____

PART III Complete one section for each physician disciplined.

- The information provided in Part III is confidential.
- If additional space is needed, photocopy this page.

 Physician Name: _____ License Number: _____

Action Taken (circle all that apply):

- | | | |
|-------------------------------------|-------------------------------------------|--------------------------------------|
| 01 Revocation of right or privilege | 02 Suspension of right or privilege | 03 Censure |
| 04 Written reprimand or admonition | 05 Restriction of right or privilege | 06 Non-renewal of right or privilege |
| 07 Fine | 08 Required performance of public service | 09 Education/counseling/monitoring |
| 10 Denial of right or privilege | 11 Resignation | 12 Leave of absence |
| 13 Withdrawal of application | 14 Termination/non-renewal of contract | 98 Other: _____ |

Action Date: ____/____/____ Status (Completed, Continuing, Appeal Pending): _____

 Physician Name: _____ License Number: _____

Action Taken (circle all that apply):

- | | | |
|-------------------------------------|-------------------------------------------|--------------------------------------|
| 01 Revocation of right or privilege | 02 Suspension of right or privilege | 03 Censure |
| 04 Written reprimand or admonition | 05 Restriction of right or privilege | 06 Non-renewal of right or privilege |
| 07 Fine | 08 Required performance of public service | 09 Education/counseling/monitoring |
| 10 Denial of right or privilege | 11 Resignation | 12 Leave of absence |
| 13 Withdrawal of application | 14 Termination/non-renewal of contract | 98 Other: _____ |

Action Date: ____/____/____ Status (Completed, Continuing, Appeal Pending): _____

 Physician Name: _____ License Number: _____

Action Taken (circle all that apply):

- | | | |
|-------------------------------------|-------------------------------------------|--------------------------------------|
| 01 Revocation of right or privilege | 02 Suspension of right or privilege | 03 Censure |
| 04 Written reprimand or admonition | 05 Restriction of right or privilege | 06 Non-renewal of right or privilege |
| 07 Fine | 08 Required performance of public service | 09 Education/counseling/monitoring |
| 10 Denial of right or privilege | 11 Resignation | 12 Leave of absence |
| 13 Withdrawal of application | 14 Termination/non-renewal of contract | 98 Other: _____ |

Action Date: ____/____/____ Status (Completed, Continuing, Appeal Pending): _____

PART III *This report is made and signed under the penalties of perjury.*

This report was completed by: _____
Print Name *Title*

Signature _____ Phone _____ Date: ____/____/____

Return by Certified or Registered mail by Jan. 31, 2009 to:
 Data Repository Unit, c/o Carrie Buchanan-Wood, Esq., MA Board of Medicine, 200 Harvard Mill Square, Suite 330, Wakefield, MA 01880.
 Questions? Contact Carrie Buchanan-Wood, Esq., Assistant General Counsel at (781) 876-8253 or Carrie.Buchanan@state.ma.us.