

ANNUAL DISCIPLINARY ACTION SUMMARY – 2016

M.G.L. c. 111 § 53B requires that all health care facilities complete this annual report. M.G.L. 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. **Please note that the Annual Disciplinary Action Summary Report is different from the Annual Quality and Patient Safety Division (QPSD) Report. The Annual Disciplinary Action Summary Report is collected by the Data Repository Unit of the Legal Division of the Board, not QPSD. Board regulations set forth separate requirements to report certain items to QPSD.**

Submission Deadline: February 1, 2017

CONFIRM BY CHECKING BOX THAT THE INFORMATION BELOW IS ACCURATE, PROVIDING ANY NECESSARY CHANGES AND/OR ADDITIONS (LEGAL FACILITY NAME, CONTACT PERSON INFORMATION).

PART I

- Legal Name of Facility: _____
- Business Name of Facility: _____
- Mailing Address: _____
Street City/Town State Zip Code
- Name, Phone and Position of Contact Person: _____
- List any other facility locations, under same registration license, for which you are reporting: _____

PART II Report only new disciplinary actions begun on or after Jan. 1, 2016 through and including Dec. 31, 2016.

- **Do not** include ongoing disciplinary actions that began in a prior year and continued into 2016.
- 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 1/31/2017.
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	_____	Leave of absence	_____
Education/counseling/monitoring	_____	Performance of public service	_____
Withdrawal of an application	_____	Censure	_____
Denial of a right or privilege	_____	Resignation	_____
Other _____	Specify 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 IV *This report is made and signed under the penalties of perjury.*

This report was completed by: _____
Print Name Title

Signature _____ Telephone _____ Date: ___/___/___

Return by Certified or Registered mail by February 1, 2017 to:
Data Repository Unit, MA Board of Medicine, 200 Harvard Mill Square, Suite 330, Wakefield, MA 01880.

Questions or concerns? Please contact any Data Repository staff listed below for assistance:
Katie Condon, Paralegal, Data Repository Unit, at (781) 876-8241 or katie.condon@state.ma.us