

Incident Report Form
*** CONFIDENTIAL ***

Incident Report Number: A304-003
Log As: Off-Site Investigation

Printed: 08/10/2016
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Date Reported: 06/23/2010
Date Submitted: 06/22/2011

Date of Incident: 06/22/2010
Time of Incident: :

FACILITY INFORMATION

Facility: Women's Health Services (A304)
111 Harvard Street
Brookline, MA 02446

ID: A304
Type: Not Categorized
Facility Reported: No

INCIDENT INFORMATION

Incident/Allegation Type(s): Unknown/Other

Type of Harm(s): Quality of Care

Incident/Allegation Type(s) (after DPH review): Unknown/Other

Type of Harm(s) (after DPH review): Quality of Care

SRE Category(s): Non-SRE
SRE Category(s) (after DPH review): *Non-SRE

Body Part Affected(s):

Patient's Activity:

Location:

Equipment in Use:

Safety Precaution(s):

INCIDENT NARRATIVE

Complainant's Letter: Via Commissioner's Office The Complainant is alleging that this Facility/Clinic is a private medical office and that they are now a Clinic - the Complainant is alleging that this is fraud and false advertising and that the Complainant is claiming that DPH is responsible under State and Federal Mandate for monitoring the quality of patient-care in all health care facilities. CAS

CORRECTIVE MEASURES

Internal Investigation?:

Internal Investigation Narrative:

Corrective Measures Narrative:

FOLLOWUP INFORMATION

NOTIFICATIONS

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Family: No

Police:

Physician: No

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Individual in Charge at Facility: Title: Directly Involved?:

REPORTER INFORMATION

Reporter: Title: Unknown/Other

PATIENT INFORMATION

First Name Last Name Age Gender Admission Date Ambulatory Status ADL Status Cognitive Level Developmentally Disabled

PATIENT ADDRESS

First Name Last Name Address 1 Address 2 City State Zip Code

Physician Name (if notified):

ACCUSED INFORMATION

First Name Last Name Gender Title Hire Date

WITNESS INFORMATION

First Name Last Name Title Directly Involved

END OF REPORT