

Incident Report Form  
\*\*\* CONFIDENTIAL \*\*\*

Incident Report Number: 44H1-006  
Log As: Reviewed and Filed

Printed: 08/10/2016  
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Date Reported: 04/28/2008  
Date Submitted: 06/22/2011

Date of Incident: 08/ 1998  
Time of Incident: :

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**FACILITY INFORMATION**

Facility: Four Women (44H1)  
150 Emory Street Ground Floor  
Attleboro, 02703

ID: 44H1  
Type: Clinic Form  
Facility Reported: No

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**INCIDENT INFORMATION**

Incident/Allegation Type(s): Physician Services

Type of Harm(s): Unknown

Incident/Allegation Type(s) (after DPH review): Physician Services

Type of Harm(s) (after DPH review): Unknown

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

Body Part Affected(s):

Patient's Activity:

Location: Resident - Own Room

Equipment in Use:

Safety Precaution(s):

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**INCIDENT NARRATIVE**

Consumer Report: The Complainant reported that the physician at the clinic perforated the Patient's \_\_\_\_\_ during a procedure. The Complainant reported that the physician discharged the Patient without informing her. As a result the Patient had undergo corrective surgery to get repaired. The incident had taken place 8, '1998. The Complainant feels that the Clinic is a public safety hazard. review/file

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**CORRECTIVE MEASURES**

Internal Investigation?:

Internal Investigation Narrative:

Corrective Measures Narrative:

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**FOLLOWUP INFORMATION**

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**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