Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number: 44H1-005
Log As: Reviewed and Filed

Date Reported: 03/25/2008
Date Submitted: 06/22/2011

Date of Incident:
Time of Incident: :

FACILITY INFORMATION

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

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

INCIDENT INFORMATION

Incident/Allegation Type(s): Administration
Incident/Allegation Type(s) (after DPH review): Administration

Type of Harm(s): No Harm
Type of Harm(s) (after DPH review): No Harm

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

Consumer Report: The Complainant reported that the owner of the clinic did not put down on his clinic application that he has satellite clinics in 2 other cities in Massachusetts. review/file 4/2/08 Received information from the Complainant. She reported that the Clinic seems to be using false avertising and is very deceptive. The Clinic is listed under another name, and she reported that the Clinic has multiple satellite sites that they are not licensed for. The Complainant reported that according to the Clinic's license, they do not have satellite sites. Continue with review/file

CORRECTIVE MEASURES

Internal Investigation?:

Internal Investigation Narrative:

Corrective Measures Narrative:

FOLLOWUP INFORMATION

NOTIFICATIONS

Family: No **Police:** **Physician:** No

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Printed: 08/10/2016
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Individual in Charge at Facility: **Title:** **Directly Involved?:**

REPORTER INFORMATION

Reporter: **Title:**

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