

Incident Report Form
*** CONFIDENTIAL ***

Incident Report Number: 4163-004
Log As: Off-Site Investigation

Printed: 08/10/2016
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Date Reported: 04/17/2008
Date Submitted: 06/22/2011

Date of Incident: 02/ 1987
Time of Incident: :

FACILITY INFORMATION

Facility: Planned Parenthood Leag Ma Cnt Ma C (4163)
470 Pleasant Street
Worcester, MA 01609

ID: 4163
Type: Clinic Form
Facility Reported: No

INCIDENT INFORMATION

Incident/Allegation Type(s): Physician Services

Type of Harm(s): Death

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

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

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

Body Part Affected(s):

Patient's Activity:

Location: A

Equipment in Use:

Safety Precaution(s):

INCIDENT NARRATIVE

Consumer Report: the Complainant reported that a Patient had died a few days after a medical procedure. The Complainant reported that due to the need for further intervention the physician should take corrective action and implement new protocols and policies for the facility staff in the event of an emergency. The incident had been reported to DPH and investigated. It was reported 7/11/03. review and file 4/25/08 Letter to complainant.

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