

## ADVERSE ACTION REPORT

### ACCREDITATION ACTION

Report Number 793000056119310

This report is maintained under the provisions of:

Title IV (NPDB)

Section 1921 (NPDB)

Section 1128E (HIPDB)

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. For additional information or clarification, contact the reporting entity identified in Section A.

#### A. REPORTING ENTITY

Entity Name: REPORTING ENTITY  
Address: 10 TEST LANE  
City, State, ZIP: FAIRFAX, VA 22033  
Entity Internal Report Reference  
(e.g., claim number):  
Name or Office: JANE DOE  
Title or Department: SUPERVISOR  
Telephone: (111)222-3333  
Type of Report: INITIAL REPORT

#### B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

Organization Name: PHYSICAL THERAPY ORG  
Other Name(s) Used:  
Business Address: 333 ELM STREET  
SUITE 3  
City, State, ZIP: LAS VEGAS, NV 22033  
Country:  
Names and Titles of Principal Officers and Owners: DOE, JOHN JR  
Federal Employer Identification Numbers (FEIN): 987654321  
Social Security Numbers (SSN): 123-45-7890  
National Provider Identifiers (NPI): 123456789  
Organization Type: PHYSICAL/OCCUPATIONAL THERAPY GROUP/PRACTICE (367)  
Other, as Specified:  
State License Number, State of Licensure: VA123, NV  
Drug Enforcement Administration (DEA) Numbers: 987654321  
Clinical Laboratory Improvement Act (CLIA) Numbers: 0981237654  
Food and Drug Administration (FDA) Numbers: 1234567  
Medicare Provider/Supplier Numbers: 0987654321

Name(s) of Health Care Entity (Entities) With Which Subject  
Is Affiliated or Associated (Inclusion Does Not Imply  
Complicity in the Reported Action.): ABC AFFILIATE

Business Address of Affiliate: 123 MAIN STREET

City, State, ZIP: WASHINGTON DC, DC 12345

Country:

Nature of Relationship(s): SUBJECT IS CONTRACTOR TO AFFILIATE OR ASSOCIATE (250)

Other, as Specified:

**C. INFORMATION REPORTED**

Type of Adverse Action: ACCREDITATION

Basis for Action: NONCOMPLIANCE WITH PRIVATE ACCREDITATION STANDARDS THAT INDICATE A RISK TO THE SAFETY OF PATIENT(S) OR QUALITY OF HEALTH CARE SERVICES (92)

Other, as Specified:

Name of Agency or Program that Took the Adverse Action

Specified in This Report: ADVERSE ACTION AGENCY

Adverse Action Classification Code(s): ACCREDITATION TERMINATED (3850)

Other, as Specified:

Date Action Was Taken: 09/09/2009

Date Action Became Effective: 09/29/2009

Length of Action: SPECIFIC PERIOD

Years: 1

Months: 1

Days: 1

Total Amount of Monetary Penalty, Assessment and/or Restitution: \$5,000.00

Is Subject Automatically Reinstated After Adverse Action Period Is Completed?: YES

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s)

Taken by Reporting Entity: NARRATIVE DESCRIPTION

**D. SUBJECT STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

**E. REPORT  
STATUS**

Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

- If box is checked, this report has been disputed by the subject identified in Section B.
- If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 10/05/2009

Date of Most Recent Change: 10/05/2009

**F. SUPPLEMENTAL  
SUBJECT  
INFORMATION  
ON FILE WITH  
DATA BANKS**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report.

Subject Name(s): PHYSICAL THERAPY GROUP

PHYSICAL/OCCUPATIONAL THERAPY ORGANIZATION

PT GROUP

**END OF REPORT**