



## ANNUAL DISCIPLINARY ACTION SUMMARY – 2021

M.G.L. c. 111 § 53B requires that all health care facilities complete this annual report. M.G.L. c. 111 § 203 requires that all nursing homes complete this annual report. The information reported in Parts I, II, and IV is considered public information. Part III is confidential. **Please note that the Annual Disciplinary Action Summary Report is different from the Annual Quality and Patient Safety Division (QPSD) Report. The Annual Disciplinary Action Summary Report is collected by the Data Repository Unit of the Legal Division of the Board, not QPSD. Board regulations set forth separate requirements to report certain items to QPSD.**

**Submission Deadline: January 31, 2022**

Check here if this facility does not employ physicians in a medical capacity. If this facility does not employ physicians in a medical capacity, you may skip Parts II and III, but please complete and sign Part IV.

**PART I**

Legal/Corporate Name of Facility:

Business Name of Facility (d/b/a):

Mailing Address:

Street	City/Town	State	Zip Code

Name and Position of Contact Person:

Contact Email:

List any other facility locations, including satellite locations, for which you are reporting (attach a separate page if needed):

**PART II** Report only new disciplinary actions begun on or after Jan. 1, 2021 through and including Dec. 31, 2021.

- **Do not** include ongoing disciplinary actions that began in a prior year and continued into 2021.
- Include all reportable disciplinary actions, even if you have not yet filed an Initial Report (Form HCFD-1).
- **If you have not filed a Form HCFD-1** on any of these actions, do so now and include it with this report.

**1. DID THIS FACILITY TAKE ANY DISCIPLINARY ACTIONS AGAINST A PHYSICIAN?**

No  If no actions were taken, please skip to Part IV, sign, and return by 1/31/2022.  
 Yes  If actions were taken, please complete Parts II, III, and IV.

**2. HOW MANY PHYSICIANS DID THIS FACILITY DISCIPLINE?**

**3. HOW MANY INITIAL REPORTS OF DISCIPLINARY ACTION WERE FILED?**

The answers to questions #2 and #3 will be different if more than one report was filed on the same physician.

**4. HOW MANY DISCIPLINARY ACTIONS WERE TAKEN IN EACH CATEGORY?**

Record all actions. When two or more actions were taken against a physician, record all of the actions here.

Revocation of a right or privilege	<input style="width: 60px; height: 25px;" type="text"/>	Termination/non-renewal of contract	<input style="width: 60px; height: 25px;" type="text"/>
Suspension of a right or privilege	<input style="width: 60px; height: 25px;" type="text"/>	Written reprimand or admonition	<input style="width: 60px; height: 25px;" type="text"/>

Restriction of a right or privilege	<input type="checkbox"/>	Fine	<input type="checkbox"/>
Non-renewal of a right or privilege	<input type="checkbox"/>	Leave of absence	<input type="checkbox"/>
Education/counseling/monitoring	<input type="checkbox"/>	Performance of public service	<input type="checkbox"/>
Withdrawal of an application	<input type="checkbox"/>	Censure	<input type="checkbox"/>
Denial of a right or privilege	<input type="checkbox"/>	Resignation	<input type="checkbox"/>
Other	<input type="checkbox"/>	Specify Action	<input type="text"/>

**PART III** Complete one section for each physician disciplined.

- The information provided in Part III is confidential.
- If additional space is needed, photocopy this page.

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Physician Name:  License Number:

Action Taken (circle all that apply):

- |                                     |   |                                      |
|-------------------------------------|---|--------------------------------------|
| 01 Revocation of right or privilege | 02 Suspension of right or privilege       | 03 Censure                           |
| 04 Written reprimand or admonition  | 05 Restriction of right or privilege      | 06 Non-renewal of right or privilege |
| 07 Fine                             | 08 Required performance of public service | 09 Education/counseling/monitoring   |
| 10 Denial of right or privilege     | 11 Resignation                            | 12 Leave of absence                  |
| 13 Withdrawal of application        | 14 Termination/non-renewal of contract    | 98 Other: <input type="text"/>       |

Action Date:  Status (Completed, Continuing, Appeal Pending):

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Physician Name:  License Number:

Action Taken (circle all that apply):

- |                                     |   |                                      |
|-------------------------------------|---|--------------------------------------|
| 01 Revocation of right or privilege | 02 Suspension of right or privilege       | 03 Censure                           |
| 04 Written reprimand or admonition  | 05 Restriction of right or privilege      | 06 Non-renewal of right or privilege |
| 07 Fine                             | 08 Required performance of public service | 09 Education/counseling/monitoring   |
| 10 Denial of right or privilege     | 11 Resignation                            | 12 Leave of absence                  |
| 13 Withdrawal of application        | 14 Termination/non-renewal of contract    | 98 Other: <input type="text"/>       |

Action Date:  Status (Completed, Continuing, Appeal Pending):

\*\*\*\*\*

Physician Name:  License Number:

Action Taken (circle all that apply):

- |                                     |   |                                      |
|-------------------------------------|---|--------------------------------------|
| 01 Revocation of right or privilege | 02 Suspension of right or privilege       | 03 Censure                           |
| 04 Written reprimand or admonition  | 05 Restriction of right or privilege      | 06 Non-renewal of right or privilege |
| 07 Fine                             | 08 Required performance of public service | 09 Education/counseling/monitoring   |
| 10 Denial of right or privilege     | 11 Resignation                            | 12 Leave of absence                  |
| 13 Withdrawal of application        | 14 Termination/non-renewal of contract    | 98 Other: <input type="text"/>       |

Action Date:  Status (Completed, Continuing, Appeal Pending):

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**PART IV** *This report is made and signed under the penalties of perjury.*

This report was completed by:    
*Print Name* *Title*

Signature (typed) /s/  Telephone  Date:

Email address:

**Return by email by January 31, 2022 to [borim.statutory.reports@mass.gov](mailto:borim.statutory.reports@mass.gov)**