

## ADVERSE ACTION REPORT

### STATE LICENSURE ACTION

Report Number 7910000044248318

This report is maintained in:  The National Practitioner Data Bank  
 The Healthcare Integrity and Protection Data Bank

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#### A. REPORTING ENTITY

Entity Name: REPORTING ENTITY \*  
Address: 111 PARK STREET  
City, State, ZIP: ALEXANDRIA, VA 11111  
Entity Internal Report Reference (e.g., claim number): REF123  
Name or Office: JANE DOE  
Title or Department: ADMINISTRATION  
Telephone: (111)222-3333  
Type of Report: CORRECTION OF REVISION TO ACTION  
Related Report Number: 7910000044248317

\*The reporting entity is no longer an active registrant with the Data Banks. The Data Banks have no additional information regarding this entity.

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

Organization Name: PHYSICAL THERAPY ORGANIZATION  
Other Name(s) Used: PT ORGANIZATION  
Business Address: 222 MAIN STREET  
City, State, ZIP: SAN JUAN  
Country: PUERTO RICO  
Names and Titles of Principal Officers and Owners: DOE, JOHN  
Federal Employer Identification Numbers (FEIN): 123456789  
Social Security Numbers (SSN): 123-45-6789  
Individual Taxpayer Identification Numbers (ITIN): 987-65-4321  
National Provider Identifiers (NPI): 123456789  
Organization Type: PHYSICAL/OCCUPATIONAL THERAPY GROUP/PRACTICE (367)  
Other, as Specified:  
State License Number, State of Licensure: 123456789, PR

Is the Subject a health care entity that provides health care services and engages in a formal peer review process for the purpose of furthering quality health care?: YES

**National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank**

P.O. Box 10832  
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.hrsa.gov>

**DCN: 7910000044248318**

Process Date: 02/07/2007

Page: 2 of 3

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QUERYING ENTITY

Drug Enforcement Administration (DEA) Numbers: 123456789123

Clinical Laboratory Improvement Act (CLIA) Numbers: 1234567891

Food and Drug Administration (FDA) Numbers: 1234567

Medicare Provider/Supplier Numbers: 123456791234567

Name(s) of Health Care Entity (Entities) With Which Subject  
Is Affiliated or Associated (Inclusion Does Not Imply

Complicity in the Reported Action.): AFFILIATED PT ORGANIZATION

Business Address of Affiliate: 333 ELM STREET

City, State, ZIP: SAN JUAN

Country: PUERTO RICO

Nature of Relationship(s): SUBJECT IS MEMBER OF AFFILIATE OR ASSOCIATE'S NETWORK  
(300)

Other, as Specified:

**C. INFORMATION  
REPORTED**

Type of Adverse Action: STATE LICENSURE

Name of Agency or Program  
that Took the Adverse Action

Specified in This Report: TEST AGENCY

Adverse Action Classification Code(s): LICENSE OR CERTIFICATE RESTORED OR REINSTATED,  
COMPLETE (3281)

Other, as Specified:

REDUCTION OF PREVIOUS LICENSURE ACTION (3295)

Date Action Was Taken: 02/07/2007

Date Action Became Effective: 02/07/2007

Length of Action: SPECIFIC PERIOD

Years: 5

Months: 0

Days: 5

Total Amount of Monetary Penalty, Assessment  
and/or Restitution:

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

Description of Act(s) or Omission(s) or Other

Reasons for Action Taken: DESCRIPTION OF ACT(S) OR OMISSION(S) OR OTHER REASONS  
FOR ACTION TAKEN

Subject identified in Section B has appealed the reported adverse action.

Date of Appeal: 02/07/2007

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Process Date: 02/07/2007

Page: 3 of 3

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**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: 02/01/2007

Date of Most Recent Change: 02/07/2007

**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

PT GROUP

PHYSICAL/OCCUPATIONAL THERAPY ORGANIZATION

**END OF REPORT**

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