



Jane S Doe

Background Report - Medical Fraud and Abuse Report Sample

Subject Information

Name: JANE S DOE
 Social Security Number: XXX-XX-1234
 Date of Birth: 01/29/1957
 Year of Birth Range: 1956 TO 1958
 Gender: F
 Name Matching: BEST NAME MATCH
 Address: 123 MAIN STREET
 ANYTOWN, SC 12345

Order Information

User ID: USER ID
 User Name: USER NAME
 Account ID: ACCOUNTID
 Account Name: ACCOUNT NAME
 Request ID: 1234567890
 Reference: ADMIN-COMPLIANCE
 Permissible Purpose: EMPLOYMENT (FCRA)
 Report Status: UNPROCESSED
 Search Request Date: 10/21/2010 12:25:41 PM

Disclaimer

This report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records. Information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report.

REPORT SUMMARY

PRODUCT NAME	RESULTS
Medical Fraud and Abuse (FACIS) ⓘ Disciplinary actions for personnel in the healthcare field. Includes OIG, GSA, FDA, DEA, and various licensing board records.	Results Found
ⓘ Only products with results will provide a link to another section of the report.	

MEDICAL FRAUD AND ABUSE (FACIS)

Medical Fraud and Abuse (FACIS)

*****NAME MATCH ONLY*****

Your search was performed against the entire FACIS® database.

Source: North Carolina Board of Nursing - Current Year Disciplinary Actions

Issue: 2010-03-31

Name: Doe, Jane

Title:

License #:

Provider Cat.: NURSING SERVICE PROVIDERS

Position Held:

Order #:

Action Code:

Action: Jane Doe has been issued probationary conditions to practice nursing in the state of North Carolina. The conditions include the following: 1. Must comply with the Board's Probation Program. Licensee shall fully comply with the terms and conditions of the Probation Program established by the Board and cooperate with representatives of the Board in its monitoring and investigation of the licensee's compliance with the Program. 2. Must notify the Board, in writing, within five (5) days of any change in address or employer. This includes new employment or probation, suspension, termination and/or resignation from

employment. 3. Must have quarterly written performance reports submitted to the Board from all employers. (The quarterly reports must involve three (3) consecutive months of employment in the same facility and must show an average of 64 hours worked per month). 4. Must continue to perform duties in a safe and competent manner, satisfactory to the Board. 5. Must notify the NCBON, in writing, within five (5) days of any DUI, misdemeanor and/or felony charges. Following final disposition of the charges, notify the Board, in writing, within three (3) days of the outcome. 6. During the period of probation shall appear in person at interviews/meetings as directed by the Board or Board staff. 7. All conditions of this probationary license shall be completed by 12/27/11 or this license shall become void unless modified by the Board. Conditions shall remain in effect for a period of 12 months and until there is satisfactory compliance with the Board's conditions. Further, the following conditions will be in effect for 12 months: 1) Shall work under the direction of an on-site RN. 2) Shall not work for a nurse staffing agency; home health agency; private duty; home hospice. Any violation of the above stipulations is grounds for automatic suspension of the license. Licensee must be employed in a licensed nursing position during the time the required reports are submitted. Further, the license may be immediately suspended if the Board of Nursing receives evidence of any violation of the conditions. IN ACCORDANCE WITH THE INTERSTATE COMPACT FOR NURSE LICENSURE, THE LICENSEE SHALL NOT PARTICIPATE IN ANY OTHER PARTY STATE DURING THE FULL TERM OF THE PROBATIONARY PERIOD WITHOUT PRIOR WRITTEN AUTHORIZATION FROM THE NORTH CAROLINA BOARD OF NURSING AND THE OTHER PARTY STATE. LICENSEE MUST PROVIDE EVIDENCE OF SUCH AUTHORIZATION FROM THE OTHER PARTY STATE TO THE NORTH CAROLINA BOARD OF NURSING.

Term: 12 Months
File Date: 03/31/2010
Effective Start: 12/22/2009
Licensing State: NC
Reporting State: NC
Authority: North Carolina Board of Nursing
Run Date: 03/31/2010

Your search was performed against the entire FACIS® database.

Source: North Carolina Board of Nursing - Meeting Minutes
Issue: 2010-05-03
Name: Doe, Jane RN
Grad. Year: 0
Provider Cat.:
Address:
City: Anytown
State: NC
Charges:
Findings: documentation errors; failure t maintain an accurate medical record
Action: Acceptance of Voluntary Surrender with Conditions
Reporting State: NC
Authority: North Carolina Board of Nursing
Run Date: 05/03/2010

Your search was performed against the entire FACIS® database.

Source: North Carolina Board of Nursing - Meeting Minutes
Issue: 2010-07-21
Name: Doe, Jane RN
Grad. Year: 0
Provider Code: 1234567890
Provider Type: Nursing Service Providers
Provider Cat.: REGISTERED NURSE
Address:
City: Anytown
State: NC
Charges:
Findings:
Action: Ratified Staff Reinstatements
Reporting State: NC
Authority: North Carolina Board of Nursing
Run Date: 07/21/2010

Your search was performed against the entire FACIS® database.

Source: Illinois Department of Professional Regulation - Illinois Department of Professional Regulation NEWS [Disciplinary Report]
Issue: 2010-08-20
Name: Doe, Jane
Grad. Year: 0
License #: 051-036664
Provider Code: 333600000X
Provider Type: Suppliers
Provider Cat.: PHARMACY

Address:

City: Benton

State:

Charges:

Findings:

Action: pharmacist license (051-036664) indefinitely suspended for a minimum of six months after diverted controlled substances from her pharmacy employer.

Reporting State: IL

Authority: Illinois Department of Professional Regulation

Run Date: 08/20/2010

Viewed on : Friday, February 18, 2011 1:00:18 PM

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