

DEA/FEDERAL LICENSURE: Initial Report

Hide Public Burden Statement

OMB # 0915-0126 expiration date 05/31/16

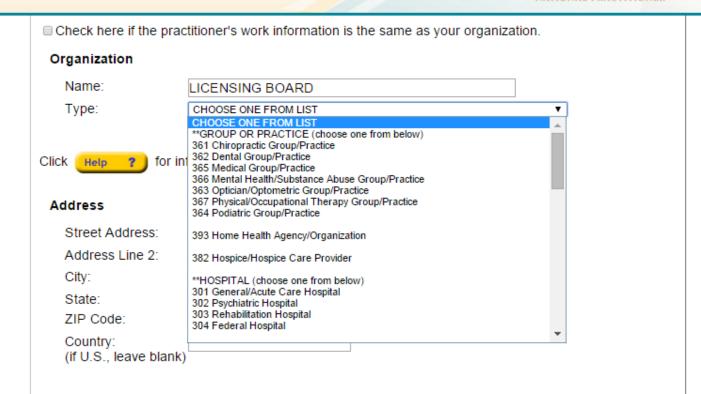
<u>Public Burden Statement:</u> An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0126. Public reporting burden for this collection of information is estimated to average 45 minutes to complete the forms, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

Subject Information	2. Action Information	3. Certification		
PRACTITIONER INFORMA	ATION Help ?			
	inform decisions about practi		or other registered organizations to eration for actions such as	
Personal Information	n			
Practitioner Name				
Last Name MANN Add another name	ANITA	le Name Suffix (.	Jr, III)	
Gender ○ Male ● Femal	e OUnknown			
Birth Date 01 / 01 / 1982				
Is Subject Decease No Unknow				



Street Address:	5600 Fishers Ln
Address Line 2:	
City:	Rockville
State:	MD Maryland ▼
ZIP Code:	20852 -1750 🕜
Country: (if U.S., leave blar	nk)
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Work Information —	
Check here if the pr	actitioner's work information is the same as your organization.
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Organization	
Organization Name:	LICENSING BOARD
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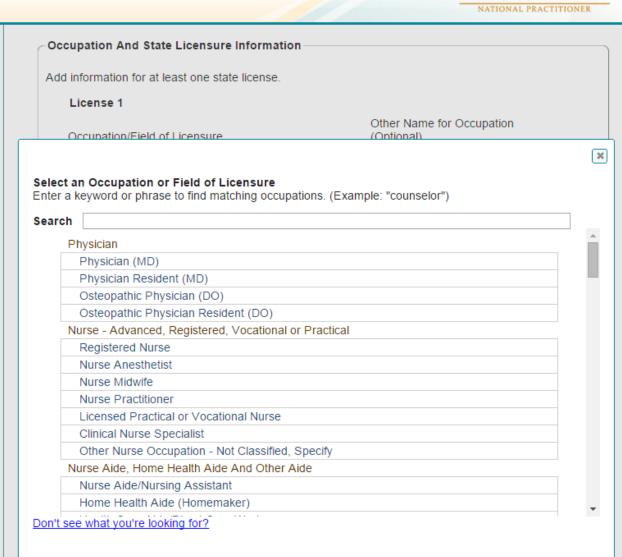




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School Name: NEW YORK COL	Year of Graduation (YYYY) LEGE OF PODIATRIC MEDICINE 2006
Add another Prof	essional School
Health Care Entities	With Which the Subject is Affiliated or Associated
Inclusion of an aff	iliated/associated health care entity in this report does not imply complicity in the
Name of Affiliated/Associat Health Care Entity	ed FOOTCAREINC
Address	•
Street Address:	
Address Line 2:	
City:	
State:	CHOOSE ONE FROM LIST ▼
ZIP Code:	
Country: (if U.S., leave blan	
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The subject is a	CHOOSE ONE FROM LIST ▼
Add another Affilia	<u>ate</u>
n future queries ánd/o	rish to add/update this subject in your subject database for use reports. Duplicate entries in your subject database may result bu will be notified of potential duplicate entries prior to entry.
	Continue to Action Information → Store as a Draft



DEA/FEDERAL LICENSURE: Initial Report

Show Public Burden Statement

1. Subject Information

2. Action Information

3. Certification

ADVERSE ACTION INFORMATION



Adverse Action Classification Codes

Select up to five adverse action classification codes from one of the action categories and click **Continue**.

Note: Any existing selections can be changed.

- Revocation of License (1110)
- Probation of License (1125)
- Suspension of License (1135)
- Reprimand or Censure (1140)
- Voluntary Surrender of License (1145)
- Voluntary Limitation or Restriction on License (1146)
- Limitation or Restriction on License (1147)
- Denial of License Renewal (1148)
- Denial of Initial License (1149)
- Publicly Available Fine/Monetary Penalty (1173)
- Publicly Available Negative Action or Finding, Specify (1189)
- Other Licensure Action Not Classified, Specify (1199)

Basis for Action

Choose a basis for action that best describes the reason for the action.

Basis for Action 1

Basis for Action

License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Lice

Add basis for action



Basis for Action

Choose a basis for action that best describes the reason for the action.

Basis for Action 1

Basis for Action

License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Lice

Add basis for action



Select a Basis for Action

Enter a keyword or phrase to find matching bases. (Example: "failure")

Search

Non-Compliance With Requirements

Default on Health Education Loan or Scholarship Obligations

Drug Screening Violation

Failure to Comply With Continuing Education or Competency Requirements

Failure to Comply With Health and Safety Requirements

Failure to Cooperate With Board Investigation

Failure to Maintain Adequate or Accurate Records

Failure to Maintain Records or Provide Medical, Financial or Other Required Information

Failure to Meet Licensing Board Reporting Requirements

Failure to Meet the Initial Requirements of a License

Failure to Pay Child Support/Delinquent Child Support

License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority

Practicing Beyond the Scope of Practice

Practicing With an Expired License

Practicing Without a License

Don't see what you're looking for?



Basis for Action License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Lo Add basis for action Name of Agency or Program that Took the Adverse Action Specified in This Report: Date action was taken: 11 / 15 / 2014 Date action became effective: 11 / 15 / 2014 Length of Action:	Basis for Action 1	
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No Unknown		
© Unknown		
Date of America		
	Date of Appeal:	12 / 22 / 2014



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

Note: Do not reference any personal identification information (e.g., names) of anyone other than the subject of this report. The description must include sufficient specificity to enable a knowledgeable reviewer to determine clearly the circumstances of the action(s) or surrender. Refer to Reporting, Submitting a Factually-Sufficient Narrative, for detailed information.

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Federal licensure action related to Drug Enforcement Administration registration.
There are 3919 characters remaining for the description

Spell Check

Entity	Internal	Report	Referen	ce
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This optional field allows your entity to include an internal file number or other reference information to help you identify this report in your files. This information is not used by the Data Bank, but it will be provided on copies of the report sent to queriers.

Entity Internal Report Reference: (e.g., claim number)

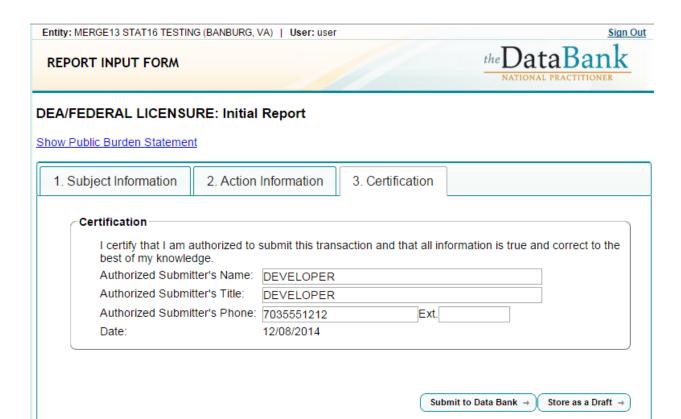
Customer Use

This optional field may be used by the submitter to identify this transaction. This information is returned without modification and only appears on the response returned to your organization.

Customer Use:

Continue to Certification →

Store as a Draft →





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

http://www.npdb.hrsa.gov

DCN: 5950000090960782 Process Date: 12/08/2014

Page: 1 of 3
MANN, ANITTA
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MANN, ANITTA

MERGE13 STAT16 TESTING

DEA/FEDERAL LICENSURE ACTION

Initial Action

Basis for Initial Action

Date of Action: 11/15/2014

......

- REVOCATION OF LICENSE - SUSPENSION OF LICENSE - LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINARY ACTION TAKEN BY A FEDERAL, STATE OR LOCAL LICENSING AUTHORITY

A. REPORTING ENTITY

Entity Name: MERGE13 STAT16 TESTING

Address: 109 GERNANY WAY City, State, Zip: BANBURG, VA 20175

Country:

Name or Office: MERGE13 STATRULE16 TESTING

Title or Department: DEPT

Telephone: (703) 803-1500

Entity Internal Report Reference:

Type of Report: INITIAL

B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)

Subject Name: MANN, ANITTA

Other Name(s) Used:

Gender: FEMALE
Date of Birth: 01/01/1982

Organization Name: LICENSING BOARD
Work Address: 1234 FEDERAL LN
City, State, ZIP: ANNAPOLIS, MD 21401
Organization Type: FEDERAL HOSPITAL (304)

Home Address: 5600 FISHERS LN

City, State, ZIP: ROCKVILLE, MD 20852-1750

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): ***-**-1111

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: NEW YORK COLLEGE OF PODIATRIC MEDICINE (2006)

Occupation/Field of Licensure (Code): PODIATRIST
State License Number, State of Licensure: SL56, MD
Drug Enforcement Administration (DEA) Numbers: AM123456789

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is

Affiliated or Associated (Inclusion Does Not Imply Complicity in

the Reported Action.): FOOTCAREINC

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):

the DataBank

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DCN: 5950000090960782 Process Date: 12/08/2014

Page: 2 of 3
MANN, ANITTA
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	Type of Adverse Actions	DEA /EEDEDAL II GENGUDE
C. INFORMATION		DEA/FEDERAL LICENSURE
REPORTED	Basis for Action:	LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINARY ACTION TAKEN BY A FEDERAL, STATE OR LOCAL LICENSING
		AUTHORITY (39)
	Name of Agency or Program	nomokili (55)
	That Took the Adverse Action	
	Specified in This Report:	ABC INTEGRITY PROGRAM
	Adverse Action	100 1111011111 111001111
		REVOCATION OF LICENSE (1110)
	Classification Code(s).	SUSPENSION OF LICENSE (1135)
	Date Action Was Taken:	
	Date Action Became Effective:	
	_	SPECIFIC PERIOD
	Years:	2
	Months:	
	Days:	
	Total Amount of Monetary Penalty,	
_	Assessment and/or Restitution:	\$ 1,000.00
	Subject Automatically Reinstated After	VEG NITHI CONDITIONS (DECLITRES & DEVICTOR TO ACTION
	Adverse Action Period Is Completed?:	YES, WITH CONDITIONS (REQUIRES A REVISION TO ACTION REPORT WHEN STATUS CHANGES)
Description of S	ubject's Act(s) or Omission(s) or Other	REPORT WHEN STATUS CHANGES,
	sen and Description of Action(s) Taken	
reasons for Action(s) Tar	by Reporting Entity:	FEDERAL LICENSURE ACTION RELATED TO DRUG ENFORCEMENT
	by Roporting Littley.	ADMINISTRATION REGISTRATION.
	[V] 01: ('I ('' I' 0 (' B)	
	X Subject identified in Section B ha	s appealed the reported adverse action.
	Date of Appeal: 12/22/2014	
D. SUBJECT	If the subject identified in Section B o	f this report has submitted a statement, it appears in this section.
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Page: 3 of 3 MANN, ANITTA For authorized use by:

MERGE13 STAT16 TESTING

This report is maintained under the provisions of: Section 1128E

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1128E 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.

END OF REPORT —

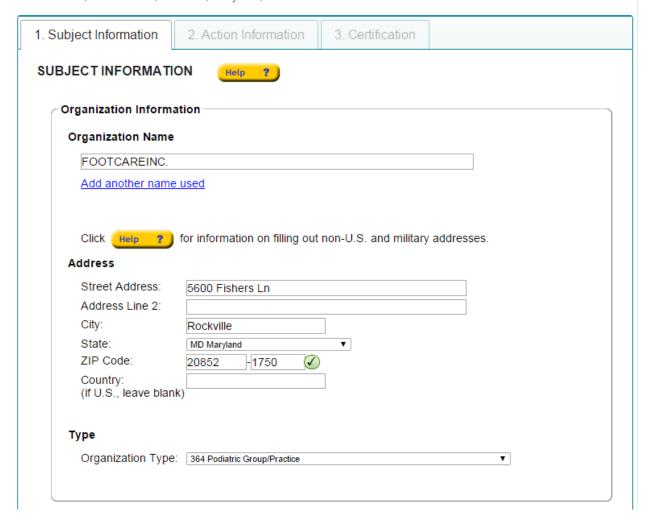


DEA/FEDERAL LICENSURE: Initial Report

Hide Public Burden Statement

OMB # 0915-0126 expiration date 05/31/16

<u>Public Burden Statement:</u> An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0126. Public reporting burden for this collection of information is estimated to average 45 minutes to complete the forms, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

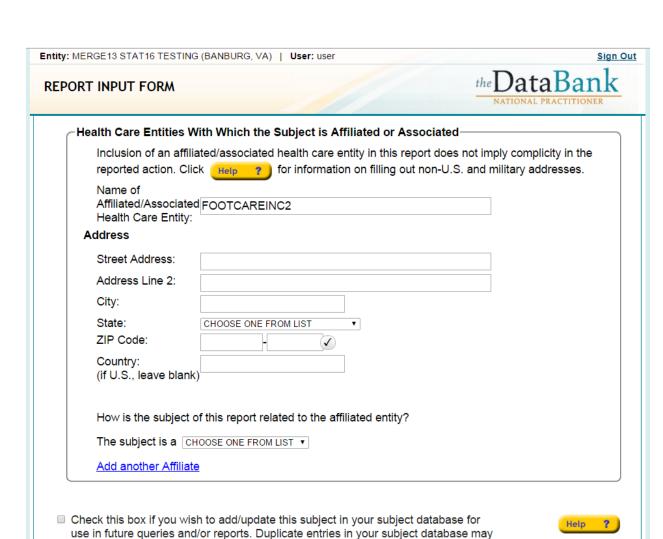




Fed	eral Employer Identification Numbers (FEIN)
	111111111 Add another FEIN
Soc	ial Security Numbers (SSN)
	Add another SSN
_Indi	vidual Taxpayer Identification Numbers (ITIN)
	Add another ITIN
Drug	g Enforcement Administration (DEA) Numbers
	Add another DEA Number
Clin	ical Laboratory Improvement Act (CLIA) Numbers
	Add another CLIA Number
Fed	eral Food and Drug Administration (FDA) Numbers
	Add another FDA Number
	onal Provider Identifiers (NPI)
	Add another NPI
	icare Provider/Supplier Numbers
	Add another Medicare Provider/Supplier Number

Entity: MERGE13 STAT16 TESTING (BANBURG, VA) User: user	Sign Out
REPORT INPUT FORM	the DataBank

	Licensure Information	
(If no State License,	check the 'No License' box.)	
State License Number:	SL89 OR	■ No License
State of Licensur	e: MD Maryland ▼	
Add another Lice	<u>nse</u>	
	nd Owners	
Principal Officers a		
Principal Officers a Last Name	First Name Middle Name Suffix	Title



result in duplicate queries. You will be notified of potential duplicate entries prior to

Continue to Action Information →

Store as a Draft →

completing this subject entry.



DEA/FEDERAL LICENSURE: Initial Report

Show Public Burden Statement

1. Subject Information

2. Action Information

3. Certification

ADVERSE ACTION INFORMATION



Adverse Action Classification Codes

Select up to five adverse action classification codes from one of the action categories and click

Note: Any existing selections can be changed.

- Revocation of License or Certificate (3111)
- Suspension of License or Certificate (3136)
- Reprimand or Censure (3138)
- Voluntary Surrender of License or Certificate (3141)
- Conditional, Provisional, or Probationary License or Certificate (3143)
- Denial of License or Certificate Renewal (3144)
- Denial of Initial License or Certificate (3145)
- Directed Plan of Correction (3202)
- On-Site Monitoring (3203)
- Monitoring (3204)
- Directed In-Service Training (3205)
- Appointment of Temporary Management (3206)
- Restrictions on Admissions or Services (3207)
- Closure of Facility (3210)
- Transfer of Residents to Other Facilities Without Closure of the Facility (3212)
- Receivership (3220)
- Liquidation (3225)
- Civil Money Penalty (3230)
- Publicly Available Fine/Monetary Penalty (3233)
- Other Licensure Action Not Classified, Specify (3239)

Basis for Action

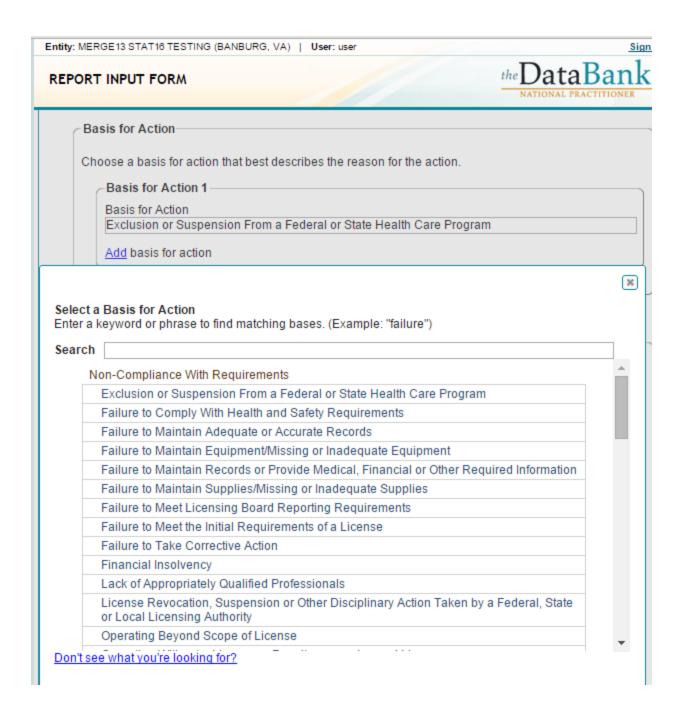
Choose a basis for action that best describes the reason for the action.

Basis for Action 1

Basis for Action

Exclusion or Suspension From a Federal or State Health Care Program

Add basis for action



Spell Check



dverse Action Information
Name of Agency or Program that Took the Adverse Action Specified in This Report: ABC Program Integrity
Date action was taken:
11 / 11 / 2014
Date action became effective:
11 / 11 / 2014
Length of Action:
Permanent
 Indefinite/Unspecified
Specific Period
Years:2
Months: 6
Days:
Is Reinstatement Automatic at Completion of Adverse Action Period?
 Yes Yes, with conditions (requires a Revision to Action Report when status changes) No
Total Amount of Monetary Penalty, Assessment and/or Restitution or fine: \$5,000.00 (Format NNNNN.NN) Note: If no amount, leave this field blank.
Is the Action on Appeal?
Yes
○ No
○ Unknown
Date of Appeal: 12 / 12 / 2014
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 Note: Do not reference any personal identification information (e.g., names) of anyone other than the subject of this report. The description must include sufficient specificity to enable a knowledgeable reviewer to determine clearly the circumstances of the action(s) or surrender. Refer to Reporting, Submitting a Factually-Sufficient Narrative, for detailed information.
Federal licensure action related to Drug Enforcement Administration registration.
There are 3919 characters remaining for the description.

Entity: MERGE13 STAT16 TESTING (BANBURG, VA) User: user	Sign Ou
REPORT INPUT FORM	the DataBank NATIONAL PRACTITIONER
There are 3919 characters remaining for the description.	
Spell Check	
Entity Internal Report Reference	
This optional field allows your entity to include an internal file num help you identify this report in your files. This information is not use	ber or other reference information to ed by the Data Bank, but it will be
provided on copies of the report sent to queriers. Entity Internal Report Reference:	
(e.g., claim number)	
Customer Use—	
This optional field may be used by the submitter to identify this tra returned without modification and only appears on the response re	nsaction. This information is eturned to your organization.
Customer Use:	

DEA/FEDERAL LICENSURE: Initial Report

Subject Information	Information	3. Certifica	ation			
Certification———						
I certify that I am a		submit this tran	saction and th	at all informat	ion is true ar	nd correct to
Authorized Submi	tter's Name:	DEVELOPER				
Authorized Submi	DEVELOPER					
Authorized Submi	7035551212		Ext.		_	
Date:		12/08/2014				



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

http://www.npdb.hrsa.gov

DCN: 5950000090960783 Process Date: 12/08/2014

Page: 1 of 2 FOOTCAREINC. For authorized use by:

MERGE13 STAT16 TESTING

FOOTCAREINC.

MERGE13 STAT16 TESTING

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Basis for Initial Action

Date of Action: 11/11/2014

- REVOCATION OF LICENSE OR CERTIFICATE

- SUSPENSION OF LICENSE OR CERTIFICATE

Initial Action

- EXCLUSION OR SUSPENSION FROM A FEDERAL OR

STATE HEALTH CARE PROGRAM

A. REPORTING **ENTITY**

Entity Name: MERGE13 STAT16 TESTING

Address: 109 GERNANY WAY City, State, Zip: BANBURG, VA 20175

Country:

Name or Office: MERGE13 STATRULE16 TESTING

Title or Department: DEPT

Telephone: (703) 803-1500

Entity Internal Report Reference:

Type of Report: INITIAL

B. SUBJECT

Organization Name: FOOTCAREINC.

IDENTIFICATION INFORMATION (ORGANIZATION) Other Organization Name(s) Used: Business Address: 5600 FISHERS LN

City, State, ZIP: ROCKVILLE, MD 20852-1750

Organization Type: PODIATRIC GROUP/PRACTICE (364)

Names and Titles of Principal Officers and Owners (POO): MANN, ANITTA Federal Employer Identification Numbers (FEIN): 111111111

Social Security Numbers (SSN):

Individual Taxpayer Identification Numbers (ITIN):

State License Number, State of Licensure: SL89, MD

Drug Enforcement Administration (DEA) Numbers:

Clinical Laboratory Act (CLIA) Numbers:

Food and Drug Administration (FDA) Numbers:

National Provider Identifiers (NPI):

Medicare Provider/Supplier Numbers:

Name(s) of Health Care Entity (Entities) With Which Subject Is

Affiliated or Associated (Inclusion Does Not Imply Complicity in

the Reported Action.):

FOOTCAREINC2

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action: DEA/FEDERAL LICENSURE

Basis for Action: EXCLUSION OR SUSPENSION FROM A FEDERAL OR STATE HEALTH

CARE PROGRAM (40)

Name of Agency or Program That Took the Adverse Action

Specified in This Report: ABC PROGRAM INTEGRITY

Adverse Action

Classification Code(s): REVOCATION OF LICENSE OR CERTIFICATE (3111)

SUSPENSION OF LICENSE OR CERTIFICATE (3136)

Date Action Was Taken: 11/11/2014

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DCN: 5950000090960783 Process Date: 12/08/2014

Page: 2 of 2 FOOTCAREINC. For authorized use by:

MERGE13 STAT16 TESTING

	Date Action Became Effective:	
	Length of Action:	SPECIFIC PERIOD
	Years:	2
	Months:	6
	Days:	
	Total Amount of Monetary Penalty,	
	Assessment and/or Restitution:	\$ 5,000.00
	Subject Automatically Reinstated After	/
	Adverse Action Period Is Completed?:	YES, WITH CONDITIONS (REQUIRES A REVISION TO ACTION REPORT WHEN STATUS CHANGES)
	subject's Act(s) or Omission(s) or Other	
Reasons for Action(s) Take	ken and Description of Action(s) Taken	EEDEDAI I TOENGIDE AONTON DELAMED NO DDIG ENEODGEMENN
	by Reporting Entity:	FEDERAL LICENSURE ACTION RELATED TO DRUG ENFORCEMENT ADMINISTRATION REGISTRATION.
	X Subject identified in Section B ha	as appealed the reported adverse action.
	Date of Appeal: 12/12/2014	
D. SUBJECT	If the subject identified in Section B o	f this report has submitted a statement, it appears in this section.
STATEMENT	•	, II
E. REPORT STATUS	Unless a box below is checked, the s	ubject of this report identified in Section B has not contested this report.
	This report has been disputed by	with a publicat identified in Caption D
	Inis report has been disputed b	y the subject identified in Section B.
	At the request of the subject ide	ntified in Section B, this report is being reviewed by the Secretary of the
		Human Services to determine its accuracy and/or whether it complies with
	reporting requirements. No dec	
	At the request of the subject ide	ntified in Section B, this report was reviewed by the Secretary of the U.S.
		an Services and a decision was reached. The subject has requested that
	the Secretary reconsider the original	
	, , , , , , , , , , , , , , , , , , , ,	9
	At the request of the subject ide	ntified in Section B, this report was reviewed by
		tment of Health and Human Services. The Secretary's decision
	is shown below:	
	Date of Original Submission:	12/08/2014
	· ·	
	Date of Most Recent Change:	12/08/2014
This report is maintains	ed under the provisions of: Section	1128E
•	•	
		National Practitioner Data Bank for restricted use under the
		5 CFR Part 60. All information is confidential and may be used only
		of confidential information for other purposes is a violation of federal
aw. For additional inform	ation or clarification, contact the rep	porting entity identified in Section A.

— END OF REPORT —