

REPORT INPUT FORM

[Hide Public Burden Statement](#)

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

Public Burden Statement: 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 this form, 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.

1. Subject Information

2. Action Information

3. Certification

SUBJECT INFORMATION

Help ?

Organization Information

Organization Name

FOOTCAREINC

[Add another name used](#)Click [Help ?](#) for information on filling out non-U.S. and military addresses.

Address

Street Address: 5600 Fishers Ln

Address Line 2:

City: Rockville

State: MD Maryland

ZIP Code: 20852 - 1750

Country:
(if U.S., leave blank)

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Type

Organization Type:

Federal Employer Identification Numbers (FEIN)

[Add another FEIN](#)

Social Security Numbers (SSN)

[Add another SSN](#)

Drug Enforcement Administration (DEA) Numbers

[Add another DEA Number](#)

Clinical Laboratory Improvement Act (CLIA) Numbers

[Add another CLIA Number](#)

Federal Food and Drug Administration (FDA) Numbers

[Add another FDA Number](#)

National Provider Identifiers (NPI)

[Add another NPI](#)

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Medicare Provider/Supplier Numbers[Add another Medicare Provider/Supplier Number](#)**Organization State Licensure Information**

(If no State License, check the 'No License' box.)

State License Number: OR No License

State of Licensure:

[Add another License](#)**Principal Officers and Owners**

| Last Name | First Name | Middle Name | Suffix | Title |
|-----------------------------------|-------------------------------------|----------------------|----------------------|----------------------|
| <input type="text" value="Mann"/> | <input type="text" value="Anitta"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

[Add another Principal Officer or Owner](#)

REPORT INPUT FORM

Health Care Entities With Which the Subject is Affiliated or Associated

Inclusion of an affiliated/associated health care entity in this report does not imply complicity in the reported action. Click [Help ?](#) for information on filling out non-U.S. and military addresses.

Name of

Affiliated/Associated Health Care Entity: **Address**Street Address: Address Line 2: City: State: ZIP Code: - Country:

(if U.S., leave blank)

How is the subject of this report related to the affiliated entity?

The subject is a [Add another Affiliate](#)

- Check this box if you wish to add/update this subject in your subject database for use in future queries and/or reports. Duplicate entries in your subject database may result in duplicate queries. You will be notified of potential duplicate entries prior to completing this subject entry.

[Help ?](#)[Continue to Action Information →](#)[Store as a Draft →](#)[Return to Options](#)

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ACCREDITATION: Initial Report

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1. Subject Information

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ADVERSE ACTION INFORMATION

[Help ?](#)

Adverse Action Classification Codes

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

Note: Any existing selections can be changed.

- Accreditation Terminated (3850)
- Non-Accreditation/Denial of Accreditation (3855)
- Accreditation Restoration or Reinstatement Denied (3864)
- Other Private Accreditation Action - Not Classified, Specify (3859)

Basis for Action

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

Basis for Action 1

Basis for Action

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

Note: Any existing selections can be changed.



Select a Basis for Action

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

Search

Non-Compliance

Noncompliance with Private Accreditation Standards That Indicate a Risk to the Safety of Patient(s) or Quality of Health Care Services

Other

Other - Not Classified, Specify

[Don't see what you're looking for?](#)

Date action became effective.

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Adverse Action Information

Name of Agency or Program that Took the Adverse Action Specified in This Report:

Date action was taken:

Date action became effective:

Length of Action:

- Permanent
 Indefinite/Unspecified
 Specific Period

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: \$

(Format NNNNN.NN)

Note: If no amount, leave this field blank.

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.

There are 3976 characters remaining for the description.

Spell Check

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Entity Internal Report Reference

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 →](#)

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ACCREDITATION: Initial Report

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1. Subject Information

2. Action Information

3. Certification

Certification

I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge.

Authorized Submitter's Name:

Authorized Submitter's Title:

Authorized Submitter's Phone: Ext.

Date:

[Submit to Data Bank →](#)

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FOOTCAREINC

ASHI

ACCREDITATION ACTION

Date of Action: 11/26/2014

Initial Action

Basis for Initial Action

- ACCREDITATION TERMINATED

- NONCOMPLIANCE WITH PRIVATE ACCREDITATION STANDARDS THAT INDICATE A RISK TO THE SAFETY OF PATIENT(S) OR QUALITY OF HEALTH CARE SERVICES

A. REPORTING ENTITY

Entity Name: ASHI
Address: 1716 FIELD AVENUE
City, State, Zip: ST. PAUL, MN 55116
Country:
Name or Office: MELISSA WEEKS
Title or Department: ACCREDITATION MANAGER
Telephone: (651) 202-3637
Entity Internal Report Reference:
Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

Organization Name: FOOTCAREINC
Other Organization Name(s) Used:
Business Address: 5600 FISHERS LN
City, State, ZIP: ROCKVILLE, MD 20852-1750
Organization Type: CHIROPRACTIC GROUP/PRACTICE (361)
Names and Titles of Principal Officers and Owners (POO): MANN, ANITTA
Federal Employer Identification Numbers (FEIN): 111111111
Social Security Numbers (SSN):
State License Number, State of Licensure: MD89, 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: 7777777
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: 5600 FISHERS LN
City, State, ZIP: ROCKVILLE, MD 20852-1750
Nature of Relationship(s): SUBJECT IS CONTRACTOR TO AFFILIATE OR ASSOCIATE (250)

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)
Name of Agency or Program That Took the Adverse Action Specified in This Report: FOOTCAREREGULATIONBODY
Adverse Action Classification Code(s): ACCREDITATION TERMINATED (3850)
Date Action Was Taken: 11/26/2014

Date Action Became Effective: 11/26/2014

Length of Action: PERMANENT

Total Amount of Monetary Penalty,

Assessment and/or Restitution: \$ 1.00

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: BAD FOOT CARE PRACTICES.

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 a box below is checked, the subject of this report identified in Section B has not contested this report.

- This report has been disputed by the subject identified in Section B.
- 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.
- 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 and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- 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: 11/26/2014

Date of Most Recent Change: 11/26/2014

This report is maintained under the provisions of: Section 1921

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.

END OF REPORT