

Name:	
SSN:	
Customer Location:	

SMITH, JOHN xxx-xx-6789 ABC101#00001

Printed Date: 06/03/2023 Completed Date: 06/03/2023 **Control Code:**

Medical Sanctions Report

Risk Factor:

Details

Match:	MATCH				
Business:					
General:	SKILLED NURSING FAC	Specialty:	BUSINESS MANAGER		
Address:	2500 SOUTH AVENUE	UPIN:			
Address2:	EXAMPLE, OH 45246	DOB:	6/15/1980		
Туре:	1128a3	Sanction Date:	2/14/2019		
Reinstatement:	0000000				
Description:	Conviction relating to patient abuse or neglect. Minimum Period: 5 years				
Details					

Match:	NO MATCH		
Business:			
General:	PHARMACY	Specialty:	TECHNICIAN
Address:	15 LAKEVIEW AVENUE	UPIN:	
Address2:	EXAMPLE, OH 45246	DOB:	8/11/1963
Туре:	1128b4	Sanction Date:	8/20/2018
Reinstatement:	0000000		
Description:	License revocation or suspension. Minimum Per authority.	iod: No less than the period impos	ed by the state licensing

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