02/23/200



STATE OF FLORIDA Jeb Bush, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO: Agency for Health Care Administration. Consumer Services Unit, Post Office Box 14000, Tallahassee, Florida 32317-4000

CONFIDENTIAL/PREPARED IN COMPLIANCE WITH FLORIDA LAW

OFFICE INFORMATION 1. MANUEL M. PENA M.D. Name of office NAPLES, FLORIDA 34119 Zio Code County City

MANUEL M. PENA M.D. Name of Physician or Licensee Reporting

Locating information for Physician or Licensee Reporting

6370 PINE RIDGE RD #101 Street Address

941-348-7362 Telephone

FLORIDA 42699 License Number

PATIENT INFORMATION 11.

2424 Patient Identification Number LIPODYSTROPHY OF ABDOMEN & HIPS

INCIDENT INFORMATION 111.

2/13/2001 IN THE AM APPROX 11:30 AM? Incident Date and Time

Medicald Medicare Gender 12/12/2001 Date of Office Visit SURGERY Purpose of Office Visit ICD-9 Code for Diagnosis

Location of Incident: Operating Rm EXOther HOME

Recovery Rm

Note: If the incident involved a death, was the medical examiner notified 굿닭 Yes ㅁ No Was an autopsy performed?x∃xYes □ No

 A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)

UNDERWENT SUCTION ASSISTED LIPECTOMY OF ABDOMEN AND HIPS YEAR OLD LASER RESURFACING OF "CROWS FEET" AREA AROUND THE EYES ON 2/12/01 AT 8 A.M.

ANESTHETIC USED WAS EPIDURAL AND GENERAL USING AN LMA

3.7 LITERS OF TOTAL ASPIRATE WAS REMOVED. UNEVENTFUL RECOVERY AND DISCHARGE IN

POST OF CHECK BY TELEPHONE AT 7 P.M. ON 2/12/01 BY DR. PENA EARLY AFTERNOON. AND ASKED DR. PENA SPOKE WITH WAS UNEVENTFUL.

OTHERWISE WE WOULD BE SEEING HIM (DR. PENA) WITH ANY QUESTIONS OR CONCERNS. CALLED AT APPROX 11:30 A.M. AND INFORMED THE NEXT AFTERNOON (2/13/01).

(THE PATIENT) HAS DIED. AUTOPSY PENDING ON 2/14/01 HAT ZIL

1 of 2 pages Form #

B) ICD-9-CM Codes

2 of 2 pages Form #

Resulting Injury Accident, event, circumstances, or (ICD.9 Codes 800-999.9) Surgical, diagnostic, or treatment specific agent that caused the injury procedure being performed at time of or event. inddent (ICD-9 E-Codes) (ICD-9 Codes 01-99.9) C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response). D) Outcome of incident (Please check) Surgical procedure performed on the wrong site ** XXX Death Wrong surgical procedure performed ** O Brain Damage Surgical repair of injuries or damage from a planned Spinal Damage n surgical procedure Surgical procedure performed on the wrong patient 0 ** If it resulted in A procedure to remove unplanned foreign objects Death remaining from surgical procedure Brain Damage Spinal Damage Any condition that required the transfer of the Permanent disfigurement not to include the patient to a licensed hospital incision scar Fracture or dislocation of bones or joints Limitation of neurological, physical, or sensory function: Any condition that required the transfer of the patient E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident. MANUEL M. PENA M.D. FLORIDA 42699-SURCEON RN2036072 VICTOR ORTIZ C.R.N.A. ANNETTE CARULLI L.P.N./ PN-1174841
TAMMY ROBERTS R.N. FLORIDA/2946252 INGRID BARTUCCIO C.O.R.T. AND MELISSA O.R.T. Total information if not listed above F) List witnesses, including license numbers if licensed, and locating information if not listed above ANALYSIS AND CORRECTIVE ACTION A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response) PENDING AUTOPSY REPORT B) Describe corrective or proactive action(s) taken (time additional sheets as necessary for complete response) SEE IV ABOVE SIGNATURE OF PHYSICIAN/LIGENSEE SUBMITTING REPORT LICENSE NUMBER ٧. TIME REPORT COMPLETED DATE REPORT COMPLETED

COPY 02/23/2001



STATE OF FLORIDA Jeb Bush, Governor



PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

Agency for Health Care Administration, Consumer Services Unit, Post Office Box 14000, Taliahassee, Florida 32317-4000

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Name of office Lakeland City Name of Physician or Licensee Reporting Locating Information for Physician or Licensee Reporting	Street Address 863-680-7000 Telephone RN267311Z License Number
Patient Information Patient Identification Number Gross Hematuria Hypotension Diagnosis	Age 2/12/01 Gender Medicald Medicare Date of Office Visit Refension, hematuna Purpose of Office Visit / 458,9 ICD-9 Code for Diagnosis
III. INCIDENT INFORMATION 2/12/01 @ 10:30 And Incident Date and Time	Location of incident: C Operating Rm Cother_OFFICE

Note: If the incident involved a death, was the medical examiner notified? \(\text{Yes} \) No N/A

Was an autopsy performed? \(\text{Yes} \) No N/A

A) Describe circumstances of the Incident (narrative)

(Use additional sheets as necessary for complete response)

Pt. Came to Ds. M. Smith Soffice on 2/12/01 for unnam refension of the brown wine in

Unine (RSON VOT. Da.M. Smith was not in office, but left instructions to remove; replace

indivelling catheter + incigate & Stenle nature; Par loyd UPV removed Catheter & deflating

Catheter balloon. Pat stated of began bouring blood from his penis. She was

Collecting blood in Clear plastic cups. Bloc team " was called. Pat inserted another

foley catheter of continued collecting bright red blood in cups. I arrived with Miriam Headles

at same time to pt's exam Rm. I noticed 5 cups of blood on counter before seeing pt.

Pat was at Bedside, still emptying bladder of dk brown fluid at thistime. Instructed

Bevoly lawson, LPN to activate Ems to transport pt to hospital. Detained Catheter plus

to closup off Catheter. Miriam started IV and IV Finits of obtained VS. Danit

Applied 27 via NRB mask. Ems arrived of transported pt to Emergency Dopt.

Form# (Had appeax 1500 a unnam out put prior to clamping of catheter)

<u>ب</u>	ICD-9-CM Codes, Irrigation 6670 51700 UNKnown Accident, event,	circumstances, or	458.9 - Resulting injury	- hypotension hyporolenia
oc cic	edure being performed at time of specific agent the clent or event.	at caused the injury	(ICD-9 Codes 600-95	9.97/
CC				- in inclosed he
)	List any equipment used if directly involve (Use additional pheets as necessary for complete response)	d in the incident ${\cal U}$	xuqentank, M	SPI-TEMEUNE
	(Use additional sheets as necessary for complete response) ANGIOCALNETTE, IVFluids, IV tubus,	Toley collected	, Mitheter plu	a, BP cuff,
}	The state of the s	+ - 1 - 1	7	Stefnosispe
,				con cito 11
	Death	Surgical procedu	ire performed on the w	rong site
	Brain Damage		procedure performed **	•
	Spinal Damage	 Surgical repair of surgical procedure 	f <mark>injuries or damage fro</mark> ire	om a planned
ì	Surgical procedure performed on the wrong patient		• · · · · · · · · · · · · · · · · · · ·	
•		** if it resulted in)	ļ
ì	A procedure to remove unplanned foreign objects	□ Death		-
	remaining from surgical procedure	☐ Brain Dama		
	Any condition that required the transfer of the	□ Spinal Dam	age	aluda tha
	patient to a licensed hospital	Permanent incision sca	disfigurement not to inc	Juda ma
		□ Fracture or	dislocation of bones or	joints .
			f neurological, physical	, or sensory
		function;	on that required the tra	nster of the
		patient	ou nace todallos are sa	con
2	were directly involved with this incident. put	ment Kath	directed team, in lean Crichlow, I Osteen RN	RN 1734782-
2	every lawson, CPN- Scribe MIZY	1.4.1.1.2.1.01.1.2.1.2.1.2.1		
D D	acouterned I pi - applied 02. Primed	IV tubing PN-1345B	21	
クログ	Parry Prord, Lew - applied 02. Primed Wriam Hadley, RN - Started IV, Monito	IV tubing PN-1345B	21	
	armatord, LPN - applied 02. Frimed	IV tubing PN-13458 red v.s. RN 2059	662	above
	Marrath Ford, Len - Appleid 02. Primed Miriam Hadley, RN - Started IV, Monitor List witnesses, including license numbers if license	red v.s. RN 2057	662	above
r) -	ANALYSIS AND CORRECTIVE ACTI	iv tubing PN-13458 red v.5. FN 2057 need, and locating inf	ormation if not listed	above
m — — 1	Miriam Hadley, RN - Appleid 02. Primed Miriam Hadley, RN - Started IV, Monito List witnesses, including license numbers if license	iv tubing PN-13458 red v.5. FN 2057 need, and locating inf	for complete response)	
P) 	Miriam Hadley, RN - Appleid 02, Frimed Miriam Hadley, RN - Started IV, Monitor List witnesses, including license numbers if license. ANALYSIS AND CORRECTIVE ACTIVE.	iv tubing PN-13458 red v.5. FN 2057 need, and locating inf	for complete responses)	un. Pt
P) 	Miriam Hadley, RN - Appleid 02, Frimed Miriam Hadley, RN - Started IV, Monitor List witnesses, including license numbers if license. ANALYSIS AND CORRECTIVE ACTIVE.	iv tubing PN-13458 red v.5. FN 2057 need, and locating inf	for complete responses)	
の 一 I/A -	ANALYSIS AND CORRECTIVE ACTION Analysis (apparent cause) of this incident (use at a presented to presented to presented to the presented to presente the presented to presente the presented to presente the presented to presented to presente the presented to presented to presente the presented to presente the presented to presented the presented the presented to presented the presented	on the state of th	for complete response) Hon + Wa	un. Pt.
りー ハベニー	Miriam Hadley, RN - Appleid 02, Frimed Miriam Hadley, RN - Started IV, Monitor List witnesses, including license numbers if license. ANALYSIS AND CORRECTIVE ACTIVE.	on the state of th	for complete response) Hon + Wa	un. Pt.
りー ハベニー	ANALYSIS AND CORRECTIVE ACTION Analysis (apparent cause) of this incident (use at a presented to presented to presented to the presented to presente the presented to presente the presented to presente the presented to presented to presente the presented to presented to presente the presented to presente the presented to presented the presented the presented to presented the presented	on the state of th	for complete response) Hon + Wa	un. Pt.
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P) - I\A\ B	ANALYSIS AND CORRECTIVE ACTION Analysis (apparent cause) of this incident (use at a presented to presented to presented to the presented to presente the presented to presente the presented to presente the presented to presented to presente the presented to presented to presente the presented to presente the presented to presented the presented the presented to presented the presented	on on the state of	for complete responses) Sy un Knov Hon + wn Accessery for complete responses	un. Pt naturia
D I A B	ANALYSIS AND CORRECTIVE ACTION Analysis (apparent cause) of this incident (use at a corrective action (apparent) Describe corrective action(s) taken All Analysis (apparent cause) of this incident (use at a corrective action (apparent) Describe corrective or proactive action(s) taken All A.	on the state of th	for complete responses) Sy un Knov Hon + wn Accessery for complete responses	un. Pt.

2 of 2 pages Form #

03/07/200



STATE OF FLORIDA Jeb Bush, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO: Agency for Health Care Administration, Consumer Services Unit, Post Office Box 14000,

Tallahassee, Florida 32317-4000 OFFICE INFORMATION

RADIOLOGY ASSOC. OF VENICE & ENGLEWOOD 512-516 Nokomis Ave Street Address . (941) 488-7781 34285 Zip Code County Telephone City . John A. Freeman, Jr., M.D ME0021479 Name of Physician or Licensee Reporting Radiology Assoc. of Venice & Englewood

Locating Information for Physician or Licensee Reporting

PATIENT INFORMATION

Part of the second seco			
Acct#:			
Patient Identification Number Asthma/Neo, uncert	ain beh	avior,	lung
Diagnosis area/Abnorm	al find	ings,	other
III. INCIDENT INFOR	MATION		• • • • •

Age 02/09/01 Gender	Medicaid	Medicare
Date of Office Visit CT chest & upper	abdomer	1
Purpose of Office Visit		
ICD-9 Code for Diagnosis .		

02/09/01 Incident Date and Time

Note: If the incident involved a death, was the medical examiner notified? a Yes D No Was an autopsy performed? □ Yes □ No

A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)

The patient, at the end of a CT of the chest & abdomen, began to experience chest pain radiating up into the neck. became short of breath. on continuous nasal oxygen and was on personal oxygen supply was given a Nitroglycerin tablet under the tongue with some relief of chest pair but became progressively more short of breath. It became evident that oxygen tank had become empty (after we had called 911). We hooked to our oxygen tank and had some improvement but it was decided to send the emergency room since was not stable and did not have any oxygen tank to go home with. blood pressure was normal and pulse was around 80 but intermittently irregular. The patient was subsequently admitted to the hospital for observation and discharged to home the following day

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Surgi proce incide	cal, diagnostic, or treatment edure being performed at time of ent -9 Codes 01-99.9)	Lackoff oxygen Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	799 0 Resulting injury (ICD-9 Codes 800-999.9)
C) !	ist any equipment used if d	irectly involved in the inciden omplete response)	
D)	Outcome of Incident (Please	check)	
ם ו	Death	☐ Surgical proc	edure performed on the wrong site **
D F	Brain Damage	□ Wrong surgion	cal procedure performed **
	Spinal Damage	surgical proc	air of injuries or damage from a planne edure
a .	Surgical procedure performed on the	ne wrong patient ** if it resulte	d in
ם ו	A procedure to remove unplanned remaining from surgical procedure	foreign objects Death	
KCX.	Any condition that required the tran patient to a licensed hospital	□ Perman	amage ent disfigurement not to include the
			scar or dislocation of bones or joints n of neurological, physical, or senson
		function	
	were directly involved with t Anita Hird, Radiolo	his incident.	ormation, and the capacity in which
F) I	lst witnesses, including license	numbers if licensed, and locating	Information if not listed above
· 			
IV.	ANALYSIS AND CORRI Analysis (apparent cause) of this	ECTIVE ACTION s incident (Use additional sheets as necess a sated due to lack of	ary for complete response)
די	ne partent decomper	154000 000 000 000	.
		action(s) taken (Use additional sheets a	necessary for complete response) Was empty, was h
	Describe corrective or proactive ince the patient's	portable oxygen tami	was empty, was n
B) S	Since the patient's to the office oxygen	portable oxygen taml n tank to stabilize.	911 was called and
B) S	Since the patient's to the office oxygen transported to Bon	portable oxygen tam	911 was called and and all emergency room, ME0021479

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STATE OF FLORIDA Jeb Bush, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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	AIT FORM TO:
Agency for Heal	Ith Care Administration, Unit, Post Office Box 14000,
Tallahassee	. Pinnas 323 (7-4000
	3.5 E
	<u> </u>
I. OFFICE INFORMATION	1100 Lakeland Hills Blud
Name of office	Street Address
Lakeland: 33805 Polk	863 - 680 - 7000 Telaphone
City Zip Code County	`^ `
(indu O Steen RD	KN 1734782 License Number
Name of Physician or Licensee Reporting	Cranse Number
Anticonaulation Clinic	
Locating Information to Physician or Licensee Reporting	
II. PATIENT INFORMATION	
	And Genger Medicald Medicare
Patte	3-19-01
Locating information	Data of Office Visit Stress Test
Payent Identification. Number Kesov Total Distress SID Adenosive Stress Test	Purpose of Office Visit
Respiratory Distress S/P Holenowice Oness its	(CD-9 Code for Diagnosis
III. INCIDENT INFORMATION	
2 10 21 11 20	Location of Incident:
8-19-01 K AM	C) Operating Rm: Recovery Rm
incident Date and Time	mother Nearlean Medicine Dept
Note: If the incident involved a death, was the medical examin Was an autopsy performed? □ Yes □ No	er notified? Yes No
A) Describe circumstances of the incident (narrative)
A) Describe circumstances of the incident (named to use additional sheets as necessary for complete response)	
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A) Describe circumstances of the incident (narrative)
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DILL was undersooned a adenosine stress test in the
a colore madicate destarent Hest images were completed without
leaders therewas 5 miles of ter adenosine was given
patient developed wheezing, roughing and shortnessot breat,
patient developes where of the section of the
Dr @ Shiter nesal canonula applied. Oz saturation 98%
1 I al III a DO a alven TV. Coughton STOPPED FOR STOLL
only to resume again Aminophylline 120mg IV repented BP 156/80
only to resume again more property of the ford Inhales
HR 75 Resporte. Pt again began toughing Albutent Inhaler
C AR RA KADE WALL COUCHED THE !! D. PT TIGHSTILLE
to hospital via ambulance at \$35,
אט אוע שווע שווע אווע אווע אווע אווע אווע
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Form#

B)- ICD-9-CM Codeş			TO AC
98465+93015	E 94)	786.09
Su:gical, diagnostic, or treatment procedure being performed at time of period at time at the period at the period at time at the period at the period at time at the period at	or event.	ircumstances, or t caused the injury	Resulting injury (ICD-9 Codes 800-999.9)
(ICD-9 Codes 01-99.9)	(ICD-9 E-Codes)		
C) List any equipment used if di (Use additional sheets as necessary for con	mpiete responso/	in the incident	
O) Outcome of Incident (Please of	check)		
n Death		☐ Surgical procedu	ure performed on the wrong site **
Brain Damage			procedure performed **
□ Spinal Damage		 Surgical repair of surgical procedure 	of injuries or damage from a planned ure
Surgical procedure performed on th		** if it resulted in	
 A procedure to remove unplanned f remaining from surgical procedure 	oreign objects	Death Brain Dame	3 90 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Any condition that required the tran patient to a licensed hospital	sfer of the	☐ Spinal Dam ☐ Permanent	nage distigurement not to include the
		☐ Limitation o	ar dislocation of bones or joints of neurological, physical, or sensory
		function:	ion that required the transfer of the
Bunny Gruppuso RN 1751902 Do Patrink Reddy MEOONIGH9	11 11		" Applied Dz. Gave Medica: " Directed Code " Assisted with Code
* See Alloched page F) List witnesses, including license	numbers if licen	sed, and locating in	formation if not listed above
IV. ANALYSIS AND CORR A) Analysis (apparent cause) of thi	ECTIVE ACTIVE actions incident (Use, add	MOUSI ZUSSIE ER DAGASSEL	y for complete response)
Patient was undergr	ord torre	e mienssie	()
Medicine Dept. Patient	detelgred	71137	ISHESS THE
B) Describe corrective or proactive	e action(s) taken	(Use additional sheets as /	or at least one that cou
We believe this w	as an unava	had a reacti	L distance
any history of simile	ae problems		
V Pordy Ofter	RN	SUBMITTING REI	PORT LICENSE NUMBER
SIGNATURE OF PHYSIC		SUBMITTING HE	
DATE REPORT COMPI	LETED III	DELOIT GOME	
Form#			

Mensonel involved in incident.

lickollileen Chieldew Rw 2763112 " coloray Oisteen RN 1734787

William Hall RN 4815752 , 1600 Lakeland Hills Blud Lakeland Fl 53813 Assista " Decumented Co " Took BP, monit