

with Accredited
AAAASF
Yes hospital
privileges



Liposuction
61

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

RECEIVED
CONSUMER SERVICES UNIT
01 FEB 19 PM 1:10

CONFIDENTIAL/PREPARED IN COMPLIANCE WITH FLORIDA LAW

I. OFFICE INFORMATION

MANUEL M. PENA M.D.
Name of office

6370 PINE RIDGE RD. #101
Street Address

NAPLES, FLORIDA 34119
City Zip Code County

941-348-7362
Telephone

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

FLORIDA 42699
License Number

Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted]
Patient Name

[Redacted] Age Gender Medicaid Medicare

[Redacted]
Locating Information

12/12/2001
Date of Office Visit

7474
Patient Identification Number
LIPODYSTROPHY OF ABDOMEN & HIPS
Diagnosis

SURGERY
Purpose of Office Visit

ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

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

Location of Incident:
 Operating Rm Recovery Rm
 Other HOME

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

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

~~YEAR OLD UNDERWENT SUCTION ASSISTED LIPECTOMY OF ABDOMEN AND HIPS AND CO₂ LASER RESURFACING OF "CROWS FEET" AREA AROUND THE EYES ON 2/12/01 AT 8 A.M. THE ANESTHETIC USED WAS EPIDURAL AND GENERAL USING AN LMA. 3.7 LITERS OF TOTAL ASPIRATE WAS REMOVED. UNEVENTFUL RECOVERY AND DISCHARGE IN EARLY AFTERNOON. POST OP CHECK BY TELEPHONE AT 7 P.M. ON 2/12/01 BY DR. PENA WAS UNEVENTFUL. DR. PENA SPOKE WITH [Redacted] AND ASKED [Redacted] TO CALL HIM (DR. PENA) WITH ANY QUESTIONS OR CONCERNS. OTHERWISE WE WOULD BE SEEING [Redacted] THE NEXT AFTERNOON (2/13/01). [Redacted] CALLED AT APPROX 11:30 A.M. AND INFORMED US THAT [Redacted] (THE PATIENT) HAS DIED. AUTOPSY PENDING ON 2/14/01~~

American
Board of Plastic
Surgery



STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE
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SUBMIT FORM TO:
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Consumer Services Unit, Post Office Box 14000,
Tallahassee, Florida 32317-4000

RECEIVED
CONSUMER SERVICES UNIT
01 FEB 20 AM 11:04

I. OFFICE INFORMATION

Watson Clinic LLP
Name of office
Lakeland 33805 POLK
City Zip Code County
Kathleen A. Crichton, RN
Name of Physician or Licensee Reporting
Urgent Care
Locating information for Physician or Licensee Reporting

1600 Lakeland Hills
Street Address
863-680-7000
Telephone
RN2673112
License Number

II. PATIENT INFORMATION

[Redacted]
Patient Identification Number
Gross Hematuria/Hypotension
Diagnosis

[Redacted]
Age 2/12/01 Gender _____ Medical/Medicare _____
Date of Office Visit
Urinary Retention, hematuria
Purpose of Office Visit
599.7 / 458.9
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

2/12/01 @ 10:30 AM
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other OFFICE

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

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

Pt. came to Dr. M. Smith's office on 2/12/01 for urinary retention + dk brown urine in urine reservoir. Dr. M. Smith was not in office, but left instructions to remove + replace indwelling catheter + irrigate w/ sterile water. Pat (w/ LPN) removed catheter + deflating catheter balloon. Pat stated pt began pouring blood from his penis. She was collecting blood in clear plastic cups. "Blue team" was called. Pat inserted another Foley catheter + continued collecting bright red blood in cups. I arrived with Miriam Hadley 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 this time. Instructed Beverly Lawson, LPN to activate EMS to transport pt to hospital. Obtained catheter plug to clamp off catheter. Miriam started IV and IV fluids + obtained VS. Daniff applied O2 via NRB mask. EMS arrived + transported pt to Emergency Dept.
1 of 2 pages
Form # (Had approx 1500 cc urinary out put prior to clamping of catheter)

Bladder cath. B) ICD-9-CM Codes ^{Bladder Irrigation} 53670, 51700

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Unknown
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

458.9 - hypotension hypovolemia
Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident Oxygen tank, Non-rebreather m
(Use additional sheets as necessary for complete response)
Angiocatheter, IV fluids, IV tubing, Foley catheter, Catheter plug, BP cuff, Stethoscope

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure
<input type="checkbox"/> Surgical procedure performed on the wrong patient	** if it resulted in
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure	<input type="checkbox"/> Death
<input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a licensed hospital	<input type="checkbox"/> Brain Damage
	<input type="checkbox"/> Spinal Damage
	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function;
	<input type="checkbox"/> Any condition that required the transfer of the patient

contact PCP

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.
Patricia Lloyd, LPN - Foley catheter placement PN 0826061
Beverly Lawson, LPN - scribe RN 243661
Darrell Ford, LPN - applied O2, primed IV tubing PN-134521
Miriam Hadley, RN - started IV, monitored v.s. RN 2059562
Kathleen Crichtlow, RN 2673112 - directed team, initiated EMS, clamped
Cindy O'Steen, RN RN 1734782 - ASSIST

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analyze (apparent cause) of this incident (Use additional sheets as necessary for complete response)
Genitourinary bleed-active - etiology unknown. Pt presented to office w/ urinary retention + hematuria & corrective action taken.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
N/A.

V. Kathleen A Crichtlow, RN RN 2673112
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
2/15/01
DATE REPORT COMPLETED TIME REPORT COMPLETED

COPY 03/07/2001

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chest pain after CT scan

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

01 FEB 27 AM 11:25

RECEIVED
CONSUMER SERVICES UNIT

I. OFFICE INFORMATION

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

II. PATIENT INFORMATION

[Redacted] Age 02/09/01 Gender Medicaid Medicare
[Redacted] Date of Office Visit
[Redacted] Acct#: [Redacted] CT chest & upper abdomen
Patient Identification Number Purpose of Office Visit
Asthma/Neo, uncertain behavior, lung 493 00/235 7/793.9
Diagnosis area/Abnormal findings, other ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

02/09/01 Location of Incident:
Incident Date and Time Operating Rm Recovery Rm
 Other CT area

Note: If the incident involved a death, was the medical examiner notified? Yes 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. [Redacted] became short of breath. [Redacted] is on continuous nasal oxygen and was on [Redacted] personal oxygen supply. [Redacted] was given a Nitroglycerin tablet under the tongue with some relief of chest pain but became progressively more short of breath. It became evident that [Redacted] oxygen tank had become empty (after we had called 911). We hooked [Redacted] to our oxygen tank and [Redacted] had some improvement but it was decided to send [Redacted] to the emergency room since [Redacted] was not stable and did not have any oxygen tank to go home with. [Redacted] 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.

B) ICD-9-CM Codes

A4646/71260/74160 Lack of oxygen 799.0
Surgical, diagnostic, or treatment Accident, event, circumstances, or Resulting injury
procedure being performed at time of specific agent that caused the injury (ICD-9 Codes 800-999.9)
Incident or event.
(ICD-9 Codes 01-99.9) (ICD-9 E-Codes)

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)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure
<input type="checkbox"/> Surgical procedure performed on the wrong patient	** if it resulted in
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure	<input type="checkbox"/> Death
<input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a licensed hospital	<input type="checkbox"/> Brain Damage
	<input type="checkbox"/> Spinal Damage
	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function;
	<input type="checkbox"/> 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.
Anita Hird, Radiology Technologist

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

The patient decompensated due to lack of oxygen.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Since the patient's portable oxygen tank was empty, [redacted] was hooked to the office oxygen tank to stabilize. 911 was called and [redacted] was transported to Bon Secours Venice Hospital emergency room.

V. [Signature] ME0021479
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
02/09/01 15:00 hours
DATE REPORT COMPLETED TIME REPORT COMPLETED

COPY 03/07/2001

[Handwritten signature]



*wheezing
after adenosine
stress test*

STATE OF FLORIDA
Jeb Bush, Governor

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PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

RECEIVED
CONSUMER SERVICES UNIT
01 MAR - 2 PM 11:35

I. OFFICE INFORMATION

Watson Clinic
Name of office
Lakeland : 33805 Polk
City Zip Code County
Cindy O'Steen RN
Name of Physician or Licensee Reporting
Anticoagulation Clinic
Locating information for Physician or Licensee Reporting

11600 Lakeland Hills Blvd
Street Address
863-680-7000
Telephone
RN 1734782
License Number

II. PATIENT INFORMATION

[Redacted]
Patient
[Redacted]
Locating information
[Redacted]
Patient Identification Number
Respiratory Distress s/p Adenosine Stress Test
Diagnosis

[Redacted] Medicaid Medicare
Age 2-19-01 Gender
Date of Office Visit
Adenosine Stress Test
Purpose of Office Visit
4139
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

2-19-01 12:20 AM
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other Nuclear Medicine Dept

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

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

Patient was undergoing a adenosine stress test in the nuclear medicine department. Rest images were completed without incident. However 5 minutes after adenosine was given patient developed wheezing, coughing and shortness of breath. O2 @ 2 liter nasal cannula applied. O2 saturation 98%. Aminophylline 20mg given IV. Coughing stopped for 5min only to resume again. Aminophylline 20mg IV repeated. BP 156/80 HR 75 Resp 20. Pt again began coughing Albuterol Inhaler puffs given. BP 150/98 while coughing. HR 110. Pt transferred to hospital via ambulance at 12:35.

Personnel involved in incident.

William Hall RN 2515752 1100 Lakeland Hills Blvd Lakeland FL 33813
Kathleen Chelbow RN 2763113 "
Cindy O'Steen RN 1234782 "

" Assisted
" Documented Cr
" Took BP, monit
patient.