

COPY 7/13/00



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

I. OFFICE INFORMATION

Clyde R. Balch, M.D.  
Name of office  
Naples 34102 Collier  
City Zip Code County  
Clyde R. Balch, M.D.  
Name of Physician or Licensee Reporting  
Same  
Locating Information for Physician or Licensee Reporting

201-8<sup>th</sup> ST. South  
Street Address  
941-262-3115  
Telephone  
ME 11057  
License Number

II. PATIENT INFORMATION

[Redacted]  
Patient Identification Number  
Abdominal lipodystrophy  
Diagnosis

[Redacted]  M  
Age 6-21-00 Gender  M  
Date of Office Visit  
Liposuction  
Purpose of Office Visit  
272.6  
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

6-21-00 11 Am  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery  
 Other

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)

\* See attached

B) ICD-9-CM Codes

15877 (liposuction)      428.0 (Congestive failure)      none  
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.  
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 patient
<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 surgical procedure
<input type="checkbox"/> Surgical procedure performed on the wrong patient	<b>** If it resulted in</b>
<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 incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or function;
	<input type="checkbox"/> Any condition that required the transfer of patient

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

Marlene Nordbeck, R.N. (0926472) 817 Teryl Rd. #2, Naples, FL 34109  
Barbara Jensen, LPN (PN 1188151) 1896 Seville Blvd. #112, Naples, FL 34109  
Peggy Cuderman, CRNA (31162) 14640 Double Eagle Ct, Ft. Myers, FL 33907  
R.N. 2787902

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

None

IV. ANALYSIS AND CORRECTIVE ACTION

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

This pt. had an acute episode of congestive heart failure secondary to chronic cardiomyopathy of unknown etiology, previously diagnosed by a cardiologist.

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

Supportive treatment with 100% O2 and immediate transfer to Naples Community Hospital

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*Clyde R. Balch, M.D., P.A.*  
AESTHETIC, PLASTIC AND RECONSTRUCTIVE AND HAND SURGERY

DIPLOMATE, AMERICAN BOARD  
OF PLASTIC AND RECONSTRUCTIVE SURGERY

201

NA  
TELE

http://

June 28, 2000

Narrative Report on [REDACTED]

On June 21, 2000, the patient underwent suction assist of [REDACTED] abdominal region. This was performed with gene of approximately 1½ hours duration. The total amount was 1050cc. and the total fluid replacement was 2000cc.

After uneventful exubation, a drop in the patient's oxygen saturation was noted. It was noted to rise when 100% administered.

Initially the patient's chest was clear to auscultation within minutes bilateral rales was noted and I concluded patient was in congestive failure. EMS services were requested and the patient was transferred to Naples Co Hospital for further evaluation and treatment.

After transfer the patient was evaluated and treated by physicians. [REDACTED] responded almost immediately to diuretic treatment. By the morning of June 24, 2000, the patient asymptomatic and was discharged to follow-up office care by Steve LeBhar. At discharge it was felt that the patient's episode was due to a chronic cardiomyopathy of uncertain

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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

I. OFFICE INFORMATION

Yoav Barnavon MD PA  
Name of office  
Hollywood 33021 Broward  
City Zip Code County  
Yoav Barnavon  
Name of Physician or Licensee Reporting

1150 N. 35 Ave  
Street Address  
954 987 8100  
Telephone  
ME 0047713  
License Number

Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[REDACTED]  
Pat  
[REDACTED]  
Locating Information  
[REDACTED]  
Patient Identification Number  
[REDACTED]  
Diagnosis

[REDACTED]  Med  
Age 6/30/00 Gender  
Date of Office Visit  
Office Surgery  
Purpose of Office Visit  
757.6  
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

6/30/00  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other

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)

[REDACTED] YEAR OLD [REDACTED] UNDERWENT PERIAREOLA  
WASTOPEXY AND SUBPECTORAL BREAST AUGMENTATION  
INTRA-OPERATIVELY THE RIGHT PLEURAL SPACE WAS NOT  
TO HAVE BEEN ENTERED. THERE WAS NO AIR LEAK. NO  
POST-OPERATIVE CHEST X-RAY REVEALED AN APICAL  
PNEUMOTHORAX. THE PATIENT WAS ADMITTED TO MEN  
HOSPITAL FOR OBSERVATION AND REPEAT X-RAY. THE

B) ICD-9-CM Codes

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

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

Resulting injury  
(ICD-9 Codes 800-99)

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

Youn Barnabun MD - Surgeon - ME004713  
Steve Stock CRNA - Anesthetist - RN275942  
Tasha Potkin - RN - RN287042  
Brenda Andres - Surg Asst.

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)

CHEST WALL DEFORMITY MADE SUBPECTORAL SPACE DEVELOPMENT MORE DIFFICULT

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

AWARENESS AND GREATER CARE WHEN DEVELOPING SUBPECTORAL PLANE IN PECTUS EXCAVATUM PATIENTS ESPECIALLY 11.

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STATE OF FLORIDA  
Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

00 JUL 12 7

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

I. OFFICE INFORMATION  
FLORIDA CENTER FOR COSMETIC SURGERY

Name of office

FT. LAUDERDALE 33304 BROWARD  
City Zip Code County

Steven Refkin, LHCRM  
Name of Physician or Licensee Reporting

\*\* address as above  
Locating information for Physician or Licensee Reporting

915 MIDDLE RIVER DRIV  
Street Address

954 565-7575  
Telephone

# 5502373  
License Number

II. PATIENT INFORMATION

[Redacted]

[Redacted]

Locating information

Patient Identification Number  
LIPODYSTROPHY  
Diagnosis

[Redacted]

Age Gender

6-27-00

Date of Office Visit

ELECTIVE COSMETIC SURG

Purpose of Office Visit

272.6

ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

6-17-00 1935 (7:35pm)  
Incident Date and Time

Location of Incident:

Operating Rm

Other

Recover

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 developed low blood pressure during the recovery pha  
Ephedrine and IV fluids were administered and patient was mo  
by the Anesthesiologist and PACU RN's. Blood pressure remai  
and patient was dizzy upon sitting. The Anesthesiologist di  
concerns with the surgeon and the decision was made to trans:  
to the hospital for over-night observation. The patient was  
via Non-Emergency Ambulance to Holy Cross Hospital and admit:

B) ICD-9-CM Codes

<u>86.83</u>	<u>E8768</u>	<u>999</u>
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-99)

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"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a licensed hospital	<input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> Wrong surgical procedure performed <input type="checkbox"/> Surgical repair of injuries or damage from surgical procedure -- if it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical or sensory function; <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a licensed hospital
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E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

JOHN PINNELLA, M.D. SURGEON ME 0039619  
 ROBERT SHERMAN, M.D. ANESTHESIA ME 66790  
 KATHLEEN HART, R.N. PACU 1010412  
 DALE KANDER, R.N. PACU 1564092

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

JANET MILLS, M.D. ANESTHESIA ME 0050806  
 BARBARA DAME, LHCRM, CONSULTANT 5500888 STEVEN REFKIN, LH  
 DEBRA COHEN, R.N., LHCRM, CONSULTANT 5502251

IV. ANALYSIS AND CORRECTIVE ACTION

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

DECREASED BLOOD PRESSURE DEVELOPED. NOT IMPROVED WITH IV BP MEDICATION. PATIENT TRANSFERRED FOR OVER-NIGHT OBSERVATION TO HOSPITAL. PATIENT WAS DISCHARGED, SEEN AT OFFICE AND HAS

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

CURRENTLY THE RECORD IS IN PEER REVIEW. ONCE PEER REVIEW IS COMPLETE IT WILL BE PRESENTED TO THE GOVERNING BODY FOR FINAL RECOMMENDATION. IF WARRANTED, ADDITIONAL POLICIES WILL BE WRITTEN ALONG WITH

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STATE OF FLORIDA  
Jeb Bush, Governor

CONS

PHYSICIAN OFFICE 01  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Agency for Health Care Administration,  
Consumer Services Unit, Post Office Box 140  
Tallahassee, Florida 32317-4000

I. OFFICE INFORMATION

ROBERT A BAKER MD  
Name of office

11701-32 SAN JOS  
Street Address

JACKSONVILLE FL 32223  
City Zip Code

DUVAL  
County

(904) 880 5888  
Telephone

ROBERT A BAKER MD  
Name of Physician or Licensee Reporting

ME-0030503  
License Number

Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[REDACTED]  
Patient Name

[REDACTED] Age [REDACTED] Gender

Locating Information

June 27, 20  
Date of Office Visit

[REDACTED]  
Patient Identification Number

EXCISION AND REP  
Purpose of Office Visit

BASAL CELL CARCINOMA  
Diagnosis

172.3  
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

June 27, 2000  
Incident Date and Time

Location of Incident:  
 Operating Rm  
 Other

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 had a basal cell carcinoma of the forehead ex  
One year ago [REDACTED] noted bleeding in the area of the prior s  
examination [REDACTED] had a 2.5 x 2.5 cm.sclerotic and ulcerated  
right forehead. Biopsies were taken which showed superfi  
basal cell carcinoma.  
On June 27, 2000 the lesion was excised under local ane



**B) ICD-9-CM Codes**

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 80-99.9)
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**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"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input type="checkbox"/> Any condition that required the transfer of the patient to a licensed hospital	<input type="checkbox"/> Surgical procedure performed on <input type="checkbox"/> Wrong surgical procedure perform <input type="checkbox"/> Surgical repair of injuries or dama surgical procedure ** if it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement no incision scar <input type="checkbox"/> Fracture or dislocation of bo <input type="checkbox"/> Limitation of neurological, ph function; <input type="checkbox"/> Any condition that required t patient
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**E) List all persons, including license numbers if licensed, locating information, and the c  
 were directly involved with this incident.**

Robert A. Baker, M.D.; License Number ME30503; locatio  
office address; capacity of involvement, surgeon.

**F) List witnesses, including license numbers if licensed, and locating information if not l**

**IV. ANALYSIS AND CORRECTIVE ACTION**

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

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

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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 1400  
Tallahassee, Florida 32317-4000

I. OFFICE INFORMATION

Doreen M. Dargon, M.D.  
Name of office  
Kingsland Ga 31548 Camden  
City Zip Code County  
Doreen M. Dargon, M.C.  
Name of Physician or Licensee Reporting  
Suite 206 130 N. Gross Rd  
Locating Information for Physician or Licensee Reporting

-130 N. Gross  
Street Address  
912-882-37  
Telephone  
ME 44661  
License Number

II. PATIENT INFORMATION

[Redacted]  
[Redacted]  
[Redacted]  
Patient Identification Number  
Cyst of neck  
Diagnosis

[Redacted]  
Age Gender  
03/17/98  
Date of Office Visit  
Mass left neck  
Purpose of Office Visit  
782.2  
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

03/17/1998 11:10 AM  
Incident Date and Time

Location of Incident:  
 Operating Rm  
 Other office

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)

Physician assistant prepped patient to remove cyst. When it was discovered that the not a cyst, he dissected a deep cervical lacerating the patient's spinal accessory. T was involved with another patient as

**B) ICD-9-CM Codes**

CPT 10060    ICD-9 782.2    353.0    353.0  
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)    Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)    Resulting injury (ICD-9 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
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed
<input type="checkbox"/> Spinal Damage	<input checked="" type="checkbox"/> Surgical repair of injuries or damage; 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 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 including incision scar
	<input type="checkbox"/> Fracture or dislocation of bone
	<input checked="" type="checkbox"/> Limitation of neurological, physical function;
	<input type="checkbox"/> Any condition that required the patient

**E) List all persons, including license numbers if licensed, locating information, and the case were directly involved with this incident.**

David W. Williams, P.A.-C.

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

Cheryl Burnham, MA-C

**IV. ANALYSIS AND CORRECTIVE ACTION**

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

Physician assistant exceeded his abilities with approval. He was not aware of potential complications.

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

I no longer employ this individual made aware of the standard of care.

Poor Original

TARTELL & MANDEL, MD

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STATE OF FLORIDA  
Job Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

Resulted in Death

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

I. OFFICE INFORMATION

Head and Neck-Facial Plastic Surgery Assoc.  
Name of office of South Florida

Plantation 33324 Broward  
City Essex County

Paul B. Tartell, M.D.  
Name of Physician or Licensee Reporting

100 NW 82 Ave #104, Plantation, FL 33324  
Working Information for Physician or Licensee Reporting

100 NW 82 Ave, Suite  
Street Address

305 554-336-0200 92  
Telephone

MS 0062877  
License Number

II. PATIENT INFORMATION

[Redacted Patient Information]

[Redacted Patient Information]

[Redacted Patient Information]

[Redacted Patient Information]

Age 6/26/00 Gender

Date of Office Visit rhinoplasty & chin imp

Purpose of Office Visit YAA  
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

6/26/00 01430  
Incident Date and Time

Location of Incident  
 Operating Room  Other office/surgery

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 additional information)

See attached sheet.

**B) ICD-9-CM Codes**

<u>30420/21120</u>	<u>932</u>	<u>931.6</u>
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-86.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-9)

**C) List any equipment used if directly involved in the incident**

(Use additional sheets as necessary for complete response)

Oxygen tank, pulse oximeter, XRD/defibrillator, non-invasive blood pr

**D) Outcome of incident (Please check)**

<input checked="" type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the w
<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 fr
<input type="checkbox"/> Surgical procedure performed on the wrong patient	<input type="checkbox"/> Surgical procedure
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure	** if it resulted in
<input type="checkbox"/> Any condition that required the transfer of the patient to a licensed hospital	<input type="checkbox"/> Death
	<input type="checkbox"/> Brain Damage
	<input type="checkbox"/> Spinal Damage
	<input type="checkbox"/> Permanent disfigurement not to inc
	<input type="checkbox"/> Fracture or dislocation of bones or
	<input type="checkbox"/> Limitation of neurological, physical,
	<input type="checkbox"/> Any condition that required the tran
	<input type="checkbox"/> patient

**E) List all persons, including license numbers if licensed, locating information, and the aspects were directly involved with this incident.**

Paul Tartell, MD, surgeon, MEO062877 - 100 NW 82 Ave #104, Plantation, FL

John Chavez - scrub tech

Cayce Lynn - scrub tech/circulator, 7400 Stirling Rd, #310, Hollywood, FL

Gail Cabrera, CRNA

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

**IV. ANALYSIS AND CORRECTIVE ACTION**

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

As per the medical examiner, it appears to be anesthesia related.

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

Physician Office Adverse Incident Report  
"Describe circumstances of the Incident (narrative)"

██████████ otherwise reportedly healthy with negative past medical history for rhinoplasty and chin implant under local anesthesia with intravenous sedation provided by Cabrera, CRNA, who initially evaluated the patient and determined ██████████ stable for anesthesia. After applying monitoring equipment (O<sub>2</sub> saturation monitor, EKG monitor and BP monitor), anesthesia started at 1330. The patient was then given a pre-operative prophylactic IV antibiotic (Asteris). The patient was then sterilely prepped and draped in the usual fashion. Local anesthetic (1% lidocaine with epinephrine) was then infiltrated into the subcutaneous nasal and chin regions. At approximately 1430, the patient was cleared by anesthesia to begin surgery, just as I began to create small incisions, anesthesia reported bradycardia and hypotension, refractory to IV medical anesthesia. Surgery was immediately aborted, patient placed in Trendelenburg position. Resuscitation efforts were run wide open, 911 was called and ACLS protocol commenced. The patient was intubated (tube position confirmed by auscultation). After paramedic arrival (within approximately 10 minutes), external pacing commenced (heart rate approximately 76, systolic blood pressure approximately 60 by palpation, oxygen saturation approximately 76%) and the patient was subsequently transported across the street to Westside Regional Hospital ER and a full code was performed, ultimately called by the ER attending at approximately 1530.

**COPY 08/10/2000**

**Joshua Halpern, M.D.**

4214 N 1  
Tampa

Phone (813) 872-2696

July

Agency for Health Care Administration  
Consumer Services Unit  
P.O.Box 14000  
Tallahassee, Florida 32317-4000

RE: Form # DH-MQA 1030, 2/00  
Physician Office Adverse Incident Report

To whom it may concern,

This is being submitted to you in lieu of form # DH-MQA 1030, 2/00 because we do not have any and we are not in compliance. We called AHCA at (850)414-7209. The phone rang but no one answered. We also called the Florida Board of Medicine at (850)488-3622. They never heard of such forms. We called Memorial Hospital's management department at (813)873-6400 and we were told that they do not have these forms.

Patient's Name: [REDACTED]

Chart # [REDACTED]

Age: [REDACTED]

Doctor's Office: Joshua Halpern M.D.  
4214 N Habana Ave.  
Tampa, Florida 33607

Date of Surgery: July 18, 2000

Incident: The patient underwent ultrasonic assisted liposuction of the abdomen and lovehandles. The operation went smoothly and uneventful. This was performed under general endotracheal anesthesia and the patient was being monitored by an anesthesiologist. As I was finishing the upper blepharoplasties I was informed by the anesthesiologist that the patient developed inverted T waves. It was decided not to proceed with the lower blepharoplasty and instead stop [REDACTED] surgery and wake [REDACTED] up. The patient's T waves reverted back to normal. A lead EKG was obtained in the operating room and was reviewed by the anesthesiologist. [REDACTED] was transferred to the recovery room. The patient complained of chest pain. [REDACTED] was treated by the anesthesiologist. Another EKG was obtained and Dr Weiss was called. The patient was then transferred to Memorial Hospital by ambulance. Blood loss from the operation was approximately 60cc. [REDACTED] post operative hematocrit was 41. Work up revealed that [REDACTED] had a myocardial infarction.

On the patient's pre-op past medical history (copy included) which [REDACTED] filled out and I reviewed, [REDACTED] checked "no" for "chest pain, angina heart failure and heart attack". [REDACTED] had a history of smoking but [REDACTED] quit in 1981. [REDACTED] had a pre-op flight physical and EKG one month earlier with Dr Coupe. [REDACTED] had a normal EKG and physical exam and was given medical clearance to continue flying.

After [REDACTED] cardiac incident [REDACTED] informed us and the patient informed the cardiologist that [REDACTED] has a

---

The patient had a stable hospital course. [redacted] cardiac catheterization revealed that the right coronary artery was totally occluded and the left anterior descending artery had an 80% lesion. Obviously the patient has a cardiac history which [redacted] kept secret from all [redacted] doctors prior to surgery.

All my patients undergo a pre-op exam. They are given a pre-op package, which runs over to the patient. This is given to the patients and reviewed with them in the office before they take it home to read. It reminds the patient what to do before surgery, what types of medications to avoid, has a multi-page brochure and tells the patient what may be expected after surgery.

The morning of surgery the patient was examined and cleared for surgery by the anesthesiologist. No complaints were noted.

Currently the patient is at home. [redacted] and [redacted] mother are thankful that [redacted] heart attack occurred during a monitored operation and not while piloting a jet aircraft. [redacted] feels fine. [redacted] is happy with the result. [redacted] wishes that I could have completed [redacted] surgery.

Operating room team"

Joshua Halpern M.D.

Philip Carnevale M.D.

Julie Lewis RN

Kenny Keene

Surgeon License # ME 54308

Surgeon License # ME 63643

Operating room nurse

Operating room technician

Joshua

Enc: 3

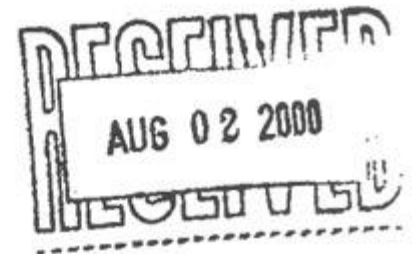


**COPY 08/10/2000**

**Joshua Halpern, M.D.**

Phone (813) 872-2696

Agency for Health Care Administration  
Consumer Services Unit  
P.O. Box 14000  
Tallahassee, Florida 32317-4000



RE: Form # DH-MQA 1030, 2/00

~~Physician Office Advance Incident Report~~

To whom it may concern,

This is being submitted to you in lieu of form # DH-MQA 1030, 2/00 because we do not have to be in compliance. We called AHCA at (850)414-7209. The phone rang but no one answered. Florida Board of Medicine at (850)488-3622. They never heard of such forms. We called St Joseph management department at (813)873-6400 and we were told that they do not have these forms.

Patient's Name: [REDACTED]

Chart # [REDACTED]

Age: [REDACTED]

[REDACTED]

Doctor's Office: Joshua Halpern M.D.  
4214 N Habana Ave.  
Tampa, Florida 33607

Date of Surgery: July 10, 2000

Incident: The patient underwent ultrasonic assisted liposuction of the abdomen and thighs. A lot of fat were suctioned. In addition [REDACTED] underwent a benelli breast enlargement. The operation went smooth and uneventful. [REDACTED] was stable through out. Blood loss was approximately 50cc.

After extubation [REDACTED] developed bronchospasm. This was promptly reversed by the anesthesiologist. [REDACTED] developed it again. After the second episode of bronchospasm, which also resolved promptly by an intervention [REDACTED] was transferred to the hospital. [REDACTED] did well and had an unremarkable course. [REDACTED] hematocrit was 47.0.

[REDACTED] past medical history was unremarkable. [REDACTED] denied any history of asthma, bronchitis, pncur emphysema or any other respiratory problem. All my patients undergo a pre-op exam. [REDACTED] lungs were clear on auscultation preop. They are given a pre-op package, which runs over twenty typed pages. This is given to all patients and reviewed with them in the office before they take it home to read again. [REDACTED]

The patient currently is healthy and happy. [REDACTED] and mother have been informed needs to tell [REDACTED] future doctors that [REDACTED] can develop bronchospasm when waking up from surg

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Surgeon License # ME 54308

Surgeon License # ME 63643

Operating room nurse

Operating room technician

Jos

Enc: 3

Aug 01 00 08:51a alpeq

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RECEIVED  
CONSUMER SERVICES UNIT  
00 AUG -8 AM 10:22

STATE OF FLORIDA  
Gov. Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Agency for Health Care Administration,  
Consumer Services Unit, Post Office Box 14  
Tallahassee, Florida 32317-4000

I. OFFICE INFORMATION

Plastic Surgery Institute  
Name of office  
Plantation 33324 Broward  
City Zip Code County  
DAVID ALPERSTEIN, MD  
Name of Physician or Licensee Reporting

8430 W. Broward  
Street Address  
(954) 472 831  
Telephone  
ME 004666  
License Number

Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION



07 Age 14 Gender  
RHINOPLASTY  
Date of Office Visit  
Purpose of Office Visit  
738  
ICD-9 Code for Diagnosis

NASAL DEFORMITY  
Patient Identification Number  
Diagnosis

III. INCIDENT INFORMATION

07/14/00 1145AM  
Incident Date and Time

Location of Incident:  
 Operating Rm  
 Other

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)

Forty five mins after SX pt who had H/O of anie (  
attack developed bronchospasm which we  
and patient was transferred to Westside Re  
Hospital & P. for f. l. in a b. n. d.

B) ICD-9-CM Codes

<u>CPT 30410</u>	<u>E938.4</u>	<u>None</u>
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800)

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

Anesthesia

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a licensed hospital  <small>To work, we need to</small> <input type="checkbox"/> <small>incomplete</small> <input type="checkbox"/> <small>incomplete</small>	<input type="checkbox"/> Surgical procedure performed on the <input type="checkbox"/> Wrong surgical procedure performed <input type="checkbox"/> Surgical repair of injuries or damage surgical procedure  ** if it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to li incision scar <input type="checkbox"/> Fracture or dislocation of bones c <input type="checkbox"/> Limitation of neurological, physic function; <input checked="" type="checkbox"/> Any condition that required the tr patient
---	--

E) List all persons, including license numbers if licensed, locating information, and the capacity were directly involved with this incident.

<u>DAVID ALPERSTEIN, MD</u>	<u>ME0046651</u>	<u>Surgeon</u>
<u>SALVATORE BEERERA, MD</u>		<u>Anesthesiologist</u>
<u>KRISTYN SILVERMAN, RN</u>	<u>2921132</u>	<u>Registered Nurse</u>
<u>DONNA SMITH HARVEY</u>		<u>Surgical Techn</u>

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

Asthma attack postoperatively,

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

Atrovent 5mg in 2.5 Saline via nebulizer administered

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STATE OF FLORIDA  
Jeb Bush, Governor

RE  
CONSUMER

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT 00 AUG -

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

I. OFFICE INFORMATION  
Radiology Assoc. of Venice & Englewood

Name of office  
Venice 34285 Sarasota  
City Zip Code County

512-516 Nokomis Ave.,  
Street Address  
(941) 488-7781  
Telephone

Gary D. Wright, M.D.  
Name of Physician or Licensee Reporting  
Radiology Assoc. of Venice & Englewood  
Locating Information for Physician or Licensee Reporting

ME0059822  
License Number

II. PATIENT INFORMATION

[Redacted]  
Patient Name  
[Redacted]  
Patient Identification Number  
L-S spondylolysis  
Diagnosis

[Redacted]  Me  
Age Gender  
07/28/00  
Date of Office Visit  
Lumbar myelogram  
Purpose of Office Visit  
756.11  
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

07/28/00 14:00 hours  
Incident Date and Time

Location of Incident  
 Operating Rm  Recovery Rm  
 Other Radiology Facility

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)

[Redacted]-year-old [Redacted] referred to us by Dr. John Cassidy, local neurologist. Patient had been seen that morning & had significant pain & weakness in lower extremities limiting [Redacted] ability to ambulate. [Redacted] was brought to our office for an urgent myelogram of the lumbar spine. We performed the procedure in the standard fashion under aseptic conditions using Lidocaine anesthesia. Approximately 12cc of Omnipaque M200 was injected into the L2-3 interspace. The injection was appropriately placed into

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to complain of worsening low back & lower extremity pain which was extremely severe. The patient appeared to be in such pain that [redacted] would be able to tolerate the CT portion of the study. [redacted] was, therefore, transferred across the street by our staff to the emergency room. At the emergency room, [redacted] was given pain medication and [redacted] was then able to tolerate the CT examination, which was completed at the hospital. The patient was admitted for overnight observation and reportedly had no further problems with the post-myelogram. [redacted] was back to [redacted] baseline. Dr. Cassidy then performed an approach to a laminectomy the following day to relieve the severe degenerative lumbar spinal canal stenosis.

**B) ICD-9-CM Codes**

756.11  
Surgical, diagnostic, or treatment procedure being performed at time of incident  
(ICD-9 Codes 01-99.9)

729.5 & 724.2  
Accident, event, circumstances, or specific agent that caused the injury or event.  
(ICD-9 E-Codes)

729.5 & 724.2  
Resulting injury  
(ICD-9 Codes 800-999.9)

**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)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong patient
<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 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 (pain)	<input type="checkbox"/> Brain Damage
	<input type="checkbox"/> Spinal Damage
	<input type="checkbox"/> Permanent disfigurement not to include incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joint
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function;
	<input type="checkbox"/> Any condition that required the transfer of patient

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

Dr. Gary D. Wright, Radiologist performing the procedure  
Lindsay M. Thompson, R.T. (Technologist assisting Dr. Wright)

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

Penny Mayes, Technologist Assistant

**IV. ANALYSIS AND CORRECTIVE ACTION**

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

Excessive post-myelographic pain produced by underlying severe canal stenosis.

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

None required. The patient apparently had post-myelographic pain which was exacerbated by the severe, underlying degenerative spinal canal stenosis. [redacted] was appropriately transferred to the emergency room.

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STATE OF FLORIDA  
Jeb Bush, Governor

FROM:  
DONALD J. B...  
Telephone (813)  
1608-10 Faxon  
Sun City Cente

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

RESULTED IN DEATH

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

I. OFFICE INFORMATION

Name of office \_\_\_\_\_  
FROM:  
DONALD J. BRADLEY, M.D.  
City Telephone (813) 842-9134  
1608-10 Faxon Drive  
Name of Physician or Licensee Reporting Sun City Center, FL 33573

Street Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
License Number \_\_\_\_\_

ME 00

Locating Information for Physician or Licensee Reporting \_\_\_\_\_

II. PATIENT INFORMATION

Patient Name \_\_\_\_\_  
Locating Information \_\_\_\_\_  
Patient Identification Number \_\_\_\_\_  
Diagnosis Post Op Tarsal Bleed

Age \_\_\_\_\_ Gender \_\_\_\_\_  Medic  
Date of Office Visit \_\_\_\_\_  
Purpose of Office Visit \_\_\_\_\_  
ICD-9 Code for Diagnosis \_\_\_\_\_

III. INCIDENT INFORMATION

Incident Date and Time See Attached Report

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other \_\_\_\_\_

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)

Attached



B) ICD-9-CM Codes

<u>Post-Op of Tonsillectomy</u>	<u>Bleed</u>
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)
	Resulting injury (ICD-9 Codes 800-9)

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)

<input checked="" type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the w
<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 fr 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 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 inc incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or
	<input type="checkbox"/> Limitation of neurological, physical, function;
	<input type="checkbox"/> Any condition that required the tran patient

E) List all persons, including license numbers if licensed, locating information, and the capacity were directly involved with this incident.

Donald J. Bradley MD ME 08300

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

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

Donald J. Bradley MD ME 083

FROM:  
DONALD J. BRADLEY, I  
Telephone (813) 642-913  
1808-10 Faxton Drive  
Sun City Center, FL 3357

RE: PENDING MALPRACTICE CLAIM

Complaint filed 12 June 00 [REDACTED] County [REDACTED]

Patient was a [REDACTED] yr old [REDACTED] with hx of Turners Syndrome and hypothyroidism

On 8 Sept 00 pt underwent a tonsillectomy. It is alleged by surgeon that there was damage to ant & post pillars and a lac of the tongue

Patient had an uneventful recovery and went home that day

On 12 Sept patient had severe bleeding. Ambulance was called and pt taken directly to OR where [REDACTED] underwent emergency surgery (Ligation of Ext Carotid A)

Stormy post op course and patient died on 18 Sept

In above filed complaint, undersigned is accused of batte (~~defective informed consent~~) improper intubation of patie with hx of Turners Syndrome.

In addition surgeon is accused of doing an operation that should not have been done

ALL ALLEGATIONS ARE DENIED

My Attny in this matter is:

MR DAVID B WHITE 1200 Fifth Ave Suite 2400  
Pittsburgh PA 15222-3001 Tel (412) 359 7383

*D J Bradley*

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STATE OF FLORIDA  
Jeb Bush, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

REC  
CONSUMER  
00 AUG

SUBMIT FORM TO:  
Agency for Health Care Administration,  
Consumer Services Unit, Post Office Box 140  
Tallahassee, Florida 32317-4000

I. OFFICE INFORMATION

J. H. Batsche M.D.  
Name of office

906 Delaware  
Street Address

Fort Pierce - 34950 - Polk  
City Zip Code County

361-461-4  
Telephone

Joseph H. Batsche M.D.  
Name of Physician or Licensee Reporting

4914  
License Number

Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Age Gender

\_\_\_\_\_  
Locating Information

\_\_\_\_\_  
Date of Office Visit

\_\_\_\_\_  
Patient Identification Number

\_\_\_\_\_  
Purpose of Office Visit

\_\_\_\_\_  
Diagnosis

\_\_\_\_\_  
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

\_\_\_\_\_  
Incident Date and Time

Location of Incident:  
 Operating Rm   
 Other \_\_\_\_\_

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)

I have had no adverse incidents to report  
my office during my career.  
J. H. Batsche M.D. 8-19

**B) ICD-9-CM Codes**

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

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

Resulting injury  
(ICD-9 Codes 8

**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 patient
<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 surgical procedure
<input type="checkbox"/> Surgical procedure performed on the wrong patient	<b>** if it resulted in</b>
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure	<input type="checkbox"/> Death
<input 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 be covered by an incision scar
	<input type="checkbox"/> Fracture or dislocation of bone
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function;
	<input type="checkbox"/> Any condition that required the patient to be hospitalized

**E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.**

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

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**IV. ANALYSIS AND CORRECTIVE ACTION**

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

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

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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

I. OFFICE INFORMATION

Name of office Florida Community Center

City BROOKTON Zip Code 34209 County MANATEE

Name of Physician or Licensee Reporting ARLEN W. BUSH, M.D., D.C.

Locating Information for Physician or Licensee Reporting 6001 21ST AVE W, BROOKTON, FL, 34209

Street Address 6001 21ST AVE W.

Telephone 941-792-1881

License Number FL 77-A

II. PATIENT INFORMATION

Patient Name [REDACTED]

Age [REDACTED] Gender [REDACTED]  Medic

Date of Office Visit 08-03-00

Purpose of Office Visit INITIAL OFFICE VISIT

ICD-9 Code for Diagnosis 1689

Patient Identification Number NS-LUNG Center; Alzheimer's

III. INCIDENT INFORMATION

Incident Date and Time 08-03-00 1445

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other FRONT OFFICE WAITING

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

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

8-3-00 1445: pt b/c for initial office visit with Dr. G (Dr. Bush had seen pt originally in hospital) [REDACTED] STAG  
"WENT UP TO OFFICE WINDOW TO SIGN IN, LEAVING [REDACTED]  
IN CHAIR. THE NEXT THING [REDACTED] KNEW, [REDACTED] WAS SITTING  
FLOOR, HAD FELLN." PT SITTING ED (FLOOR MIDDLE OF V  
IN WAITING ROOM, RIGHT LOWER EXTREMITY BENT UND  
POIN @ FLOOR 9 LOCATED @ I.

00 AUG 21 11:05 AM

**B) ICD-9-CM Codes**

None  
Surgical, diagnostic, or treatment procedure being performed at time of incident  
(ICD-9 Codes 01-99.9)

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

820.1  
Resulting injury  
(ICD-9 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
<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 surgical procedure
<input type="checkbox"/> Surgical procedure performed on the wrong patient	<b>** if it resulted in</b>
<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 incision scar
	<input type="checkbox"/> Fracture or dislocation of bone
	<input type="checkbox"/> Limitation of neurological, physical function;
	<input type="checkbox"/> Any condition that required the patient

**E) List all persons, including license numbers if licensed, locating information, and the cause were directly involved with this incident.**

Fall not witnessed by Heathland Personnel

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

Arlene K. Burns, RN, FL Lic # 930512, RN  
Barbara J. Culbert, LPN, FL Lic # 0830441, PN

**IV. ANALYSIS AND CORRECTIVE ACTION**

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

\_\_\_\_\_

\_\_\_\_\_