

iHEADER

PRAES Production (MQ-P)

12/17/03

mmcbride

14:15:48

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stnrba6/2.11

RSD MAINTENANCE

1514/ME-OSR

File: 387

Office Surgery Registration

Lic: 281 CLEAR

Name: ALTAMONTE SPRINGS COSMETIC SURGER (DBA:0 Old:0)

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(VIEW)

Item 1 of 10

RECORD TYPE: 47 Inspected - DOH 2002-11-22 14:55 mmcbride

Inspector: 15 Barbara Dame HLCRM

Level of Insp.: 3 Level II & III

Date Inspected: 11/15/2002

Insp. Status: 3 Complete

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Current Expiry: 03/11/2003 License Method: EXEM

Renewal Notice: 10/20/2002 In Directory? Include

Status Date: 03/03/2003 Fee Exempt? N

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Action: Next Prev History Report Exit

Next item in the list

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Altamonte Springs-Clearwater Surgery Center
Dennis R. Ward, MD
201 Mainland Ave #D
Altamonte Springs, FL 32701
(407) 831-4454
(407) 831-4559 Fax

Date: 9/9/03

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

SEP 19 AM 7:16
HHS/AS/REGISTRATION UNIT

iHEADER PRAES Production (MQ-P) 12/17/03
coliver 14:26:31

@tnrball2/2.16 MAINTAIN ANY LICENSE DATA 1501/MED-ME@
@File: 30131
@SSN: [REDACTED] Medical Doctor
@Lic: 38085 CLEAR, ACTIVE
@Name: DENNIS ROY WARD (DBA:0 Old:0)
@Addr: 201 MAITLAND AVE State: FL
@ SUITE D Zip: 32701
@City: ALTAMONTE SPGS County: SEMINOLE
@Certificate No: 72751 First License: 03/16/1981
@ Date: 12/21/2001 In Rank Since: 03/16/1981
@Last Renewal: 12/20/2001 License Method: EXEN
@Current Expiry: 01/31/2005 Renewal Notice: 10/20/2001
@Status Date: 01/01/1801 In Directory? Include
@Note: Fee Exempt? N
@
@
@Action: Query Transfer A-Address B-Basic_Data C-PSD D-Contact_Hst ...
@ Go to view only options

Date of Inc 2 Sess-1 167.78.1.20 1 22/9

Date of Incident: 12/21/01
Type of Incident: [REDACTED]
Location of Incident: 201 Mainland Ave
Officer Personnel Presently Involved: Dennis R. Ward, MD MC 38085
Date of Test: 03/16/1981
Test Location: [REDACTED]
Additional Witnesses: N/A

Physician Information:
Name: Dennis R. Ward, MD

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 81-99.9)

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

Resulting injury (ICD-9 Codes 800-899.9)

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

Needle & syringe

D) Outcome of Incident (Please check)

scrubbed hand & cleaned

<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	<input type="checkbox"/> 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 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.

+ Samantha L. Syron

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 responses)

→ scrubbed hand & cleaned & alcohol

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

→ Will keep eye on area

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

7/24/03
DATE REPORT COMPLETED

13:39
TIME REPORT COMPLETED