B) ICD-9-CM Codes

CTA (Head)

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 800-999.9)
CTA (Head)		

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

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

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure
☐ Surgical procedure performed on the wrong patient	** if it resulted in
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the 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
☑ Any condition that required the transfer of the patient to a licensed hospital	

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

William B. Tulley RT RN (RN 944732) 1623 medical Dr. Talla FL 32308-
Amber McIver LPN (PN 5147752) 1623 medical Dr. Talla FL 32308
Kim Herold RN (RN 3382392) 1623 medical Dr. Talla FL 32308
Dr. Tim Sweeney MD (ME 80205) 1541 medical Dr. Talla FL 32308
Dr. Arjun Raji MD (ME 76096) 1541 medical Dr. Talla FL 32308

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)

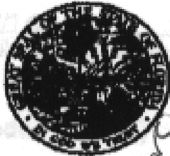
N/A

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

N/A

V. [signature]
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — ME 76096 LICENSE NUMBER

01.28.03 DATE REPORT COMPLETED — 2:15 PM TIME REPORT COMPLETED



N/A

222

Only 1 per procedure

STATE OF FLORIDA
Jeb Bush, Governor

CONSUMER SERVICES UNIT
02 FEB -7 AM 7:11

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: Oncology/Hematology Assoc. of W. Broward
Street Address: 7431 N. University Dr. Ste 110
City: TAMARAC Zip Code: 33321 County: BROWARD
Telephone: 954-726-0035
Name of Physician or Licensee Reporting: Abraham Rosenberg MD
License Number: ME 32992
Locating Information for Physician or Licensee Reporting: 7431 N. University Dr. Ste 110 TAMARAC, FL 33321

II. PATIENT INFORMATION

Patient Identification Number
Diagnosis: lymphoma
Date of Office Visit: 01/28/03
Purpose of Office Visit: INITIAL CONSULT
ICD-9 Code for Diagnosis: 202.80

III. INCIDENT INFORMATION

Incident Date and Time: 01/28/03 Approx 1145 AM

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other MD OFFICE exam room

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)

PATIENT FOUND SITTING IN EXAM ROOM CHAIR CHIN TO CHEST. UNRESPONSIVE TO VERBAL OR TACTILE STIMULI, SKIN WARM AND DRY, FACIAL COLOR ASHEN, NO RADIAL OR CAROTID PULSE FELT, NO RESPIRATIONS. 911 CALLED. PATIENT MOVED TO FLOOR. INCONTINENT OF URINE. AIRWAY OPENED. MEDIUM ADULT OROPHARANGEAL AIRWAY PLACED. AMBU BAG ENGAGED AND COMPRESSED Q 5 SECONDS. O_2 ATTACHED TO AMBU AT 4L/MIN. SIMULTANEOUSLY PERIPHERAL IV STARTED c̄ 24g CATHETER Ⓡ UPPER EXTREMITY. NSS INFUSING WIDE OPEN. CAROTID PULSE FELT - QUALITY STRONG. EMS ARRIVED, TRANSPORTED PATIENT TO UNIVERSITY HOSPITAL.

B) ICD-9-CM Codes

none	probable seizure	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)**	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)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure
☐ Surgical procedure performed on the wrong patient	** If it resulted in
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the 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
☒ Any condition that required the transfer of the patient to a licensed hospital	

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

ABRAHAM ROSENBERG MD ME32992
LORRAINE UZZI LUKSTEID LPN PN 34750-1
Susan Rothenberg RN RN1148592
Arlene BABISCKO RN RN927872

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

LORNA DAWKINS RN RN1567892
NANCY PELUSO RN RN952582

IV. ANALYSIS AND CORRECTIVE ACTION

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

possible seizure

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

None

V.

[signature] ME003V55

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT **LICENSE NUMBER**

2/3/03 11 AM

DATE REPORT COMPLETED **TIME REPORT COMPLETED**

Form # DH-MQA1030- created 2-00

223

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
03 FEB 11 AM 7:23

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: Southeastern Urological Center PA
Street Address: 2000 Centre Pointe Blvd
City: Tallahassee Zip Code: 32308 County: Leon
Telephone: 850-201-0406
Name of Physician or Licensee Reporting: James C. Springer MD
License Number & office registration number, if applicable: ME 0056136
Patient's address for Physician or Licensee Reporting: same as above

II. PATIENT INFORMATION

Age / Gender / ☐ Medicaid ☐ Medicare
Patient Identification Number
Date of Office Visit: 1-23-03
Diagnosis: Neurogenic bladder, UTI, Quadriplegic
Purpose of Office Visit: UTI
ICD-9 Code for description of incident: 5990
Level of Surgery (II) or (III): NA

III. INCIDENT INFORMATION

Incident Date and Time: 1-23-03 at 2:00 pm

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other Drs 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)

Patient brought to office for visit regarding urosepsis. Determined patient needed to be admitted to hospital for continued treatment and due to lack of transportation and patient's quadriplegic condition ███ was transferred to hospital via ambulance.

Form # DH-MQA1030- created 2-00; revised 9-6-01

B) ICD-9-CM Codes

N/A	NA	NA
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 800-999.9)**

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

NA

D) Outcome of Incident (Please check)

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure
- ☒ Any condition that required the transfer outcome of the patient to a licensed hospital

Outcome of transfer – e.g., death, brain damage, observation only ____________

Name of facility to which patient was transferred: Tallahassee Memorial

- ☐ Surgical procedure performed on the wrong site **
- ☐ Wrong surgical procedure performed **
- ☐ Surgical repair of injuries or damage from a planned surgical procedure

** if it resulted in

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to include the incision scar
- ☐ Fracture or dislocation of bones or joints
- ☐ Limitation of neurological, physical, or sensory function;
- ☐ Any condition that required the transfer outcome 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.

Diane Flynn RN 1141942
James C. Springer MD ME0056136

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)

Patient developed UTI and pneumonia and was admitted to hospital for both with subsequent right lower lobe lung collapse

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

Patients appropriately transferred to hospital after assessment in office for further care

V. Terry Speer RN for James C Springer MD 91591 / ME0056136

SIGNATURE OF PHYSICIAN/LICENSEE/SUBMITTING REPORT **LICENSE NUMBER**

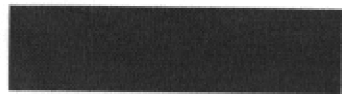
2-5-03 — **DATE REPORT COMPLETED**

1930 pm — **TIME REPORT COMPLETED**

Form # DH-MQA1030- created 2-00; revised 9-6-01

N/A no procedure

224



CONSUMER SERVICES UNIT
03 FEB 18 AM 7:06

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 Cancer Inst.

Street Address: FLORIDA CANCER INSTITUTE, P.A. 11307 CORTEZ BLVD. BROOKSVILLE, FL 34613

City: Brooksville Zip Code: 34613 County: Hernando

Telephone: (352) 596-1926 FAX (352) 597-2154

Name of Physician or Licensee Reporting: Sharon R Robitille RN OCN

License Number & office registration number, if applicable: RN 3176322

Patient's address for Physician or Licensee Reporting: 4960 Cedarbrook Lane Hernando Beach FL 34607

II. PATIENT INFORMATION

Patient [redacted]
Patient [redacted]
Patient [redacted]

Age [redacted] Gender [redacted] Medicaid Medicare

Date of Office Visit: 2-4-03

Purpose of Office Visit: initial visit to set up for chemotherapy

Diagnosis: small cell lung cancer

ICD-9 Code for description of incident: 180.2

Level of Surgery (II) or (III):

III. INCIDENT INFORMATION

Incident Date and Time: 2/4/03 1015 AM

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☑ Other exam Room

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)

While Doctor explaining patients cancer and treatment patient became very pale and diaphoretic. B/P dropped from 140/60 to 58 palpated HR dropped to 38 and became very irregular

Form # DH-MQA1030- created 2-00; revised 9-6-01

B) ICD-9-CM Codes

162.3	780.2	unknown
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 800-999.9)

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)

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure
- ☑ Any condition that required the transfer outcome of the patient to a licensed hospital

Outcome of transfer – e.g., death, brain damage, observation only ______

Name of facility to which patient was transferred ______

- ☐ Surgical procedure performed on the wrong site **
- ☐ Wrong surgical procedure performed **
- ☐ Surgical repair of injuries or damage from a planned surgical procedure

** if it resulted in

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to include the incision scar
- ☐ Fracture or dislocation of bones or joints
- ☐ Limitation of neurological, physical, or sensory function;
- ☐ Any condition that required the transfer outcome 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.

DR. Richard Caradonna

Sharon Robitille RN OCN

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

ANALYSIS AND CORRECTIVE ACTION

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

~~[illegible]~~ Questionable cardiac event - pt has cardiac history

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

Oxygen applied - pt monitored until EMS arrived and transported pt to Oak Hill Hospital via ambulance

Sharon Robitille RN OCN — RN 3176322

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — **LICENSE NUMBER**

2/4/03 — 1100 AM

DATE REPORT COMPLETED — **TIME REPORT COMPLETED**

pages

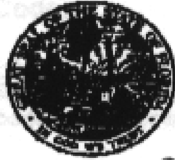
DH-MQA1030- created 2-00; revised 9-6-01

YMW
2-10-03

225

N/A No procedure

Chemo Reaction



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: Oncology/Hematology Assoc. of W. Broward
Street Address: 7431 N. University Dr. Ste 110
City: Tamarac Zip Code: 33321 County: Broward
Telephone: 954-726-0035
Name of Physician or Licensee Reporting: Abraham Rosenberg, MD
License Number: ME0032992
Locating Information for Physician or Licensee Reporting: 7431 N. University Dr. Ste 110

II. PATIENT INFORMATION

[redacted]

Patient Identification Number
Diagnosis: Colon Cancer
Age Gender Medicaid Medicare
Date of Office Visit: 01/16/03
Purpose of Office Visit: Chemotherapy Administration
ICD-9 Code for Diagnosis: 153.0

III. INCIDENT INFORMATION

Incident Date and Time: 01/16/03 1430

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other: physician office chemo administration room

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) Anzemet 150mg infused 1400-1415. Infusion of Eloxatin 195mg and Leucovorin 500mg begun IV at 1430, rate of 250cc/hr. Baseline B/P 130/84. 10 minutes after infusion began, patient reported "not feeling so good." Patient diaphoretic, pale, B/P 84/58, P-100, chemo infusion stopped. NSS infusing. Dr. Rosenberg in to see patient. Blood sugar 132 via Accucheck. EKG completed. Pt c/o nausea. B/P @ 1505 - 120/80, P-96. V.S. @ 1520: B/P 104/70, P-96. Patient taken to ER via w/c accompanied by 2 RN's.

03 FEB 17 AM 7:40 CONSUMER SERVICES UNIT

Form # DH-MQA1030- created 2-00

B) ICD-9-CM Codes

chemotherapy infusion		
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 800-999.9)

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

none

D) Outcome of incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure
☐ Surgical procedure performed on the wrong patient	** if it resulted in
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the 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
☒ Any condition that required the transfer of the patient to a licensed hospital	

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

ABRAHAM ROSENBERG MD	ME32992	7431 N. UNIVERSITY DR.	physician
NANCY PELUSO RN	RN952582	same	chemotherapy nurse
LORNA DAWKINS RN	RN1567892	same	TRANSPORT & chemotherapy nurse
SHARON JEFFERS RN	RN3196772	same	TRANSPORT & chemotherapy nurse

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

same

IV. ANALYSIS AND CORRECTIVE ACTION

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

unknown cause

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

Continued vigilance of patients receiving chemotherapy

V.

[signature]

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — ME0032992 LICENSE NUMBER

1/24/03 DATE REPORT COMPLETED — 8:30 TIME REPORT COMPLETED

Form # DH-MQA1030- created 2-00

Robert J. Loewinger, MD
49 Royal Palm Pointe
Suite 100
Vero Beach, Florida 32960
(772)569-5056 Fax # (772)562-5098

MEDICINE BOARD
2003 FEB 20 PM 2:28

wrong site
Board cert, NOT
Office accredit
Hosp priv
www.DermDEX.net

Confidential/Work Product

226

February 13th, 2003

Dear Sirs,

Pursuant to statute 458.351, I am reporting an alleged (possible) adverse incident in a practice setting.

(4)(d) 1. The performance of a wrong site surgical procedure.

The patient, [redacted], had a biopsy to [redacted] upper lip performed on 1/22/2003 by Christopher J. Carlisle, PA-C. The biopsy specimen was transported by courier to Ameripath where a dermatopathologist read the supplied specimen as an intraepithelial squamous cell carcinoma arising from an actinic keratosis. The patient underwent Mohs micrographic surgery and repair of subsequent defect on 2/4/2003.

The procedure we follow for the Mohs procedure is as follows: The patient undergoes informed consent and signs the informed consent form. The patient's chart is checked, confirming the diagnosis (pathology report), and the chart diagram of the location of the lesion, and then the patient is examined with magnification and bright light to locate the surgical site. The patient's lesion is then anesthetized with a local anesthetic, a small 00 curette is utilized to curette the site. Normal tissue does not curette or scrape out, thus by curetting the area, we confirm that the site does in fact have abnormal tissue and also to better define the actual margins of the abnormal tissue. Then the skin is prepped with Hibiclens, the surgical site is draped with sterile drapes and a disk of tissue is removed with a 1mm margin of normal tissue in a disk or pancake fashion. This excised tissue is then oriented according to position (superior, inferior, medial, lateral), and marked with dye on its edges to further orient the tissue. The tissue is then made into microscopic slides and stained with H&E stain so that the complete undersurface and edges can examined for cancer cells.

In the case of patient [redacted] the size of the disk was 1mm x 2mm x 3mm. There was no cancer seen on the edges or in the depth of the tissue. Therefore, [redacted] wound was repaired in a fine line. The length of the repair was 1.5cm. [redacted] was seen for follow-up on 2/5/2003 and [redacted] wound appeared to be healing well. The patient was shown the surgical site and a then a new dressing was applied. [redacted] was seen again on 2/10/2003 and sutures were removed. The patient was shown the healing site and stated "That is not where the biopsy was", and pointed to another small area just slightly

to the left, approximately 1/4" or less than 1 cm. away from where [redacted] was operated. When [redacted] pointed this out, we offered to perform surgery to remove the area of [redacted] concern, but [redacted] refused, declining further care.

In explanation of how this can happen, in cases of small lesions, the shave biopsy can remove a majority of the lesion. When the biopsy wound heals, the skin appears flat and in some cases the original biopsy site cannot be identified even under bright light and magnification. In cases when I am doing the Mohs procedure and I cannot identify any lesion (i.e. The skin looks entirely normal), I do a frozen section biopsy of the suspected area to verify location. If I can not find any cancerous cells in

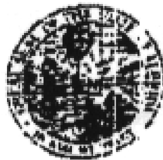
this frozen section biopsy, then the procedure is canceled and the patient is examined at a later date with particular attention to the area in question.

So as to remedy the previously mentioned incident, I am immediately instituting the following change in procedure. The patient will undergo informed consent and sign the appropriate forms. The patient's chart will be checked confirming the diagnosis on the pathology report as well as location of the lesion on the chart diagram. ***Once located, the suspected site will be circled with a black marker and then the patient will be shown the circled area, utilizing a mirror if necessary, to further verify the location of the cancer. The patient will then initial a special section on the consent form indicating that the circled area is indeed the biopsy site.*** If the patient is uncertain that this is in fact the biopsy site, then a frozen section biopsy will be performed to confirm the site.

Thank you very much. Please feel free to contact me with any further questions or comments.

Sincerely,

Robert J. Loewinger, MD



STATE OF FLORIDA
Jeb Bush, Governor

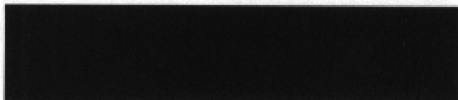
PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Leonard Tachmes, M.D.,P.A. — Name of Office
875 NE 191st. Street — Street Address
Aventura FL 33180 Dade — City, Zip, County
305-935-4655 — Telephone
Leonard Tachmes, M.D., P.A. — Name of Physician or Licensee Reporting
0065509 — License Number
Locating Information for Physician or Licensee reporting

II. PATIENT INFORMATION



Age Gender Medicaid Medicare
Locating Information
Feb. 13, 2003 — Date of Office Visit
N/A — Patient Identification Number
Office Surgical Procedure — Purpose of Office Visit
Abdominoplasty/Liposuction Hips — Diagnosis
278.1 — ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

February 13, 2003 9:30 AM — Incident Date and Time

Location of Incident
■ Operating Room ☐ Recovery Room
☐ 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)

Approximately 30 minutes from the start of case, patient developed sudden hypotension, which was treated with several anti-hypotensive medications, including intravenous epihephrine which was successful in elevating the blood pressure. Simultaneously, patient exhibited transient drop in oxygen saturation to 36% and brief cardia PVC's, immediately treated with I.V.Lidocaine which returned cardiac rhythm to normal.
911 paramedics were called, and surgery procedure was terminated. patient transported to Aventura Hospital emergency room. Dr. De La Torre, Anesthesiologist, accompanied patient in ambulance to the hospital. Patient was a wake, responsive and stable in the hospital Emergency Room.

227

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Abdominoplasty/liposuction under general ↓BP, ↓O2

03 MAR 10 AM 7:26 CONSUMER SERVICES UNIT

Any Board cert - plastic surg - YES

Hospital privileges - YES, Parkway Hosp.

NOT accredited

B) ICD-9-CM Codes

Abdominoplasty/ Liposuction-Hips	Unknown or Reaction to General Anesthesia	None
Surgical,diagnostic or treatment being performed at time incident (ICD-9 Codes 01-99.9)	Accident,event, circumstances, or specific agent that caused the injury or event, (ICD-9 E-Codes)	Resulting InjuryProcedure (ICD-9 Codes 800-999.9)

278.1

C) List any equipment used if directly involved in the incident. N/A

D) Outcome of Incident: Patient was transferred a licensed Hospital

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

1- Leonard Tachmes, M.D., P.A. SURGEON # 0065509

2- Robert De La Torre, M.D. ANESTHESIOLOGIST- ME78337

3- Annette Osaria SCRUB TECH

4- Rosalie Silva CIRCULATOR

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

IV. ANALYSIS AND CORRECTIVE ACTION:

A) All requirements for pre-operative assessment were satisfied
B) All procedures were followed correctly and no proactive or corrective action was required

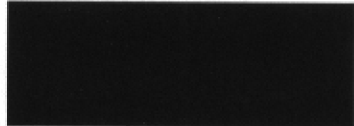
V. [signature]
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 0065509
LICENSE NUMBER

2-26-03
DATE REPORT COMPLETED

2:00 pm.
TIME REPORT COMPLETED

Office visit
no procedure
N/A



228

STATE OF FLORIDA
Jeb Bush, Governor

03 MAR 12 AM 7:02

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

Southeastern Urological Center, PA
Name of office

2000 Centre Pointe Blvd
Street Address

Tallahassee 32308 Leon
City Zip Code County

850-309-0400
Telephone

Raleigh W. Rollins
Name of Physician or Licensee Reporting

ME 0020010
License Number & office registration number, if applicable

as above
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

Age Gender Medicaid Medicare

3-4-03
Date of Office Visit

Patient Identification Number

routine follow up
Purpose of Office Visit

Prostate Cancer
Diagnosis

NA
ICD-9 Code for description of incident

NA
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

3-4-03 @ 1530
Incident Date and Time

Location of incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other Clinic exam room

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 here for routine office visit. States [redacted] feet funny like [redacted] heart was racing. Called Dr. Rollins to listen to [redacted] heart which Dr. Rollins described as rapid and regular, possible ventricular tachycardia which within minutes converted to normal sinus rhythm. Ambulance called and patient transported to TMH for further evaluation of [redacted] cardiac status.

Form # DH-MQA1030- created 2-00; revised 9-6-01

B) ICD-9-CM Codes

NA	NA	NA
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 800-999.9)

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)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure
☐ Surgical procedure performed on the wrong patient	** if it resulted in
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure	☐ Death ☐ Brain Damage ☐ Spinal Damage
☑ Any condition that required the transfer outcome of the patient to a licensed hospital	☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints
Outcome of transfer – e.g., death, brain damage, observation only ___ Name of facility to which patient was transferred Tallahassee Memorial	☐ Limitation of neurological, physical, or sensory function; ☐ Any condition that required the transfer outcome 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.

Raleigh W. Rollins MD – – MD caring for patient & ordering transf
Kathy Worley LPN – PN 203951 – assisting Dr. Rollins in caring for patient
Terry Spear RN – RN 915912 – oversaw transfer & stayed with patient till ambulance arrived

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

NA

IV. ANALYSIS AND CORRECTIVE ACTION

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

Patient transferred appropriately and safely for cardiac assessment. Condition unrelated to urological diagnosis.

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

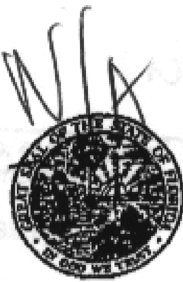
Patient appropriately transferred to hospital for further evaluation.

V. Terry Spear RN for Raleigh W Rollins MD — RN 915912 / ME0020010

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — **LICENSE NUMBER**

3-5-03 — 1800 hours

DATE REPORT COMPLETED — **TIME REPORT COMPLETED**



229

Ofice visit no procedure N/A

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

Cancer Centers of Florida
Name of office

52 West Gore Street
Street Address

Orlando 32806 Orange
City Zip Code County

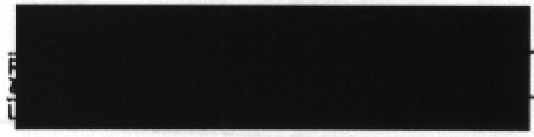
407-426-8484
Telephone

Dr. Vinicio Hernandez
Name of Physician or Licensee Reporting

ME 0073340
License Number

Same
Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION



Patient Identification Number

3-3-2003
Date of Office Visit

Treatment / Follow-up Appt c̄ MD
Purpose of Office Visit

174.4 Breast Cancer
Diagnosis

174.4
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

3-3-2003 2:00pm
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)

Pt presented c/o chest pressure and shortness of breath; asked to go to the ER but stated could not drive [redacted] - 911 called for transportation to ER @ ORMC

1 of 2 pages
Form #

N/A

...stic, or treatment ...ing performed at time of ... 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 800-999.9)

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

N/A

D) Outcome of incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure
☐ Surgical procedure performed on the wrong patient	** if it resulted in
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the 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
☒ Any condition that required the transfer of the patient to a licensed hospital	

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

Vinicio Hernandez, MD, Nicole Fernandez, CMA, Martha Cepero CMA

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

same as above

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)

[signature]

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 73340

LICENSE NUMBER

3/3/03

DATE REPORT COMPLETED

2:30 pm

TIME REPORT COMPLETED

230

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: Jeremy H. Geffen MD & Assoc. PA d/b/a Geffen Cancer Center

Street Address: 981-37th Place

City: Vero Beach Zip Code: 32960 County: Indian River

Telephone: (772) 770-5800

Name of Physician or Licensee Reporting:

License Number:

Locating Information for Physician or Licensee Reporting: Vero Beach, FL 32960

II. PATIENT INFORMATION

Age Gender Medicaid Medicare

Patient Identification Number

Diagnosis: Lung Ca

Date of Office Visit: 2-24-03

Purpose of Office Visit: ChemoTherapy

ICD-9 Code for Diagnosis: #162

III. INCIDENT INFORMATION

Incident Date and Time: 2-24-03

Location of Incident: ☐ Operating Rm ☐ Recovery Rm ☒ Other physician 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)

pT while leaving building after chemo Therapy of carbo/Taxol Rx was confused and excessively weak on feet. when attempting to stand up from a wheelchair to exit through door. pT lost balance and listed to one side. At This Time pT seemed to be confused and unaware of surroundings pT reevaluated taken back to chemo chair and ~ 1/2 hr. of remained unaware of surroundings & and name - Transported to IRM Hospital ER for further evaluation.

B) ICD-9-CM Codes

N/A	N/A	N/A
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 800-999.9)

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

None.

D) Outcome of Incident (Please check)

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure
- ☒ Any condition that required the transfer of the patient to a licensed hospital
- ☐ Surgical procedure performed on the wrong site **
- ☐ Wrong surgical procedure performed **
- ☐ Surgical repair of injuries or damage from a planned surgical procedure

** if it resulted in

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to include the 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.

Connie Ozment LPN 1558621.
Dr. Peter Mikolens ME67425
Kim Klein RN NP. 2765262
Jeannine Smith RN 2199512
Maureen VanName RN 1825252

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)

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

E.R. Transfer + evaluation

V. X [signature] Peter Mikelens, M.D. — ME 67425

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

2-24-03 — DATE REPORT COMPLETED

1730 — TIME REPORT COMPLETED

STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

RECEIVED
CONSUMER SERVICES UNIT
03 MAR 25 AM 7:05

#233 231

Breast Augmentation
Pneumothorax
no chest tube
17 hosp 48 hours
CNA

Board cert, plasic surgery
yes Accredit, AAASF
Hosp. Priv.
Monroe
Al.

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

I. OFFICE INFORMATION

Cosmetic Plastic Surgery Center of Ocala
Name of office

1800 SW 17th ST #700
Street Address

Ocala — 34471 — Marion
City — Zip Code — County

(352) 351-4440
Telephone

Dr John D Cohen-Shohet
Name of Physician or Licensee Reporting

Registration # 346
License Number & office registration number, if applicable

Same as above
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

Age — Gender — ☐ Medicaid ☐ Medicare

3/3/03
Date of Office Visit

Breast Augmentation
Purpose of Office Visit

Patient Identification Number

Bilateral Hypotrophic Breasts
Diagnosis

51.21
ICD-9 Code for description of incident

Level I
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

3/3/03
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)

98 lb pt undergoing submuscular breast augmentation. Found to have extremely small intercostal muscle & narrow space which lead to small puncture when muscle was elevated. Small amt free air entered chest cavity.

Form # DH-MQA1030- created 2-00; revised 9-6-01

B) ICD-9-CM Codes

85.32		51.21
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 800-999.9)

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)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure
☐ Surgical procedure performed on the wrong patient	** if it resulted in
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar
☑ Any condition that required the transfer outcome of the patient to a licensed hospital	☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function;
Outcome of transfer – e.g., death, brain damage, observation only ______ Name of facility to which patient was transferred Munroe Regional Medical Center	☐ Any condition that required the transfer outcome 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.**

ME 0039282 - Surgeon Dr Cohen-Shohet

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

RN 3344312 - CRNA 079767 - Certified Scrub Tech
RN 9170922 - circulating nurse

IV. ANALYSIS AND CORRECTIVE ACTION

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

Very small intercostal muscle due to patient size.

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

Sent to hospital & kept for observation x48 hrs. Treated medically. No need for chest tube. This is this surgeons only occurance of this nature in 20 yrs.

V. U. Quadrain RN, BS, LHRM
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

5502394
LICENSE NUMBER

3/13/03
DATE REPORT COMPLETED

1700
TIME REPORT COMPLETED

Form # DH-MQA1030- created 2-00; revised 9-6-01