

32

STATE OF FLORIDA  
Charlie Crist,



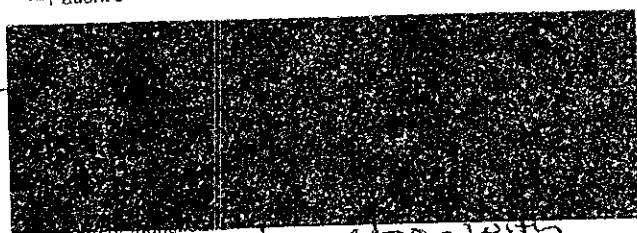
PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

RECEIVED  
APR 24 2013  
BY:

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION  
BSS International, Inc  
Name of office  
Tamarac City 33321 Broward Zip Code County  
Michael Benjamin, MD  
Physician or Licensee Reporting

777 N. University Drive  
Street Address Ste 102  
954-726-7773  
Telephone 862  
License Number & office registration number, if applicable



Diagnosis Cervical laceration with  
uterine extension

Age 16 Gender Female  
Date of Office Visit 4/10/13  
Purpose of Office Visit Elective termination of pregnancy  
ICD-9 Code for description of incident 639.2  
Level of Surgery (II) or (III) II

III. INCIDENT INFORMATION

4/10/13  
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)  
(use additional sheets as necessary for complete response)

See attached

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

legally induced abortion  
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)

Cervical laceration with uterine extension  
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"/> 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 hospital.	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input checked="" type="checkbox"/> Surgical repair of injuries or damage from a planned 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 the 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 hospital.
Outcome of transfer - e.g., death, brain damage, observation only <u>Surgical repair - stable</u> Name of facility to which patient was transferred: <u>Coral Springs Medical Center</u>	

**E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.**

Robin Hathaway PN 636561  
Kristina Bryant RN  
Tanisha Hughes RN

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

**IV. ANALYSIS AND CORRECTIVE ACTION**

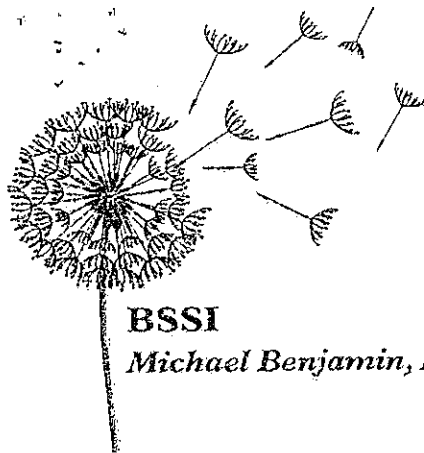
**A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**

The evident of certain diagnosis  
these practices in many patients  
reviewed

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

No specific measures present at present  
disposition cases shown to be

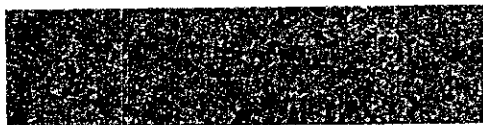
**V.** [Signature] ME14909  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
04/22/13 5:15 pm  
 DATE REPORT COMPLETED TIME REPORT COMPLETED



**BSSI**

*Michael Benjamin, M.D.*

INCIDENT REPORT FROM BSS INTERNATIONAL INC.  
Michael J. Benjamin, MD

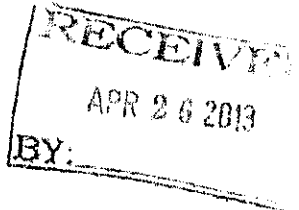


The patient, [REDACTED] entered the office on 04/10/2013 following laminaria insertion the previous day. As the insertion did not dilate the cervix, the cervix was manually dilated. Membranes were inadvertently ruptured. In the face of premature rupture, a decision was made to complete the process with manual dilation. In the course of extraction, a cervical tear occurred anteriorly and noted to extend into the uterus. She was transported to Coral Springs Medical Center, where exploratory laparotomy was performed, procedure was completed cervico-uterine laceration was repaired. The patient has recovered uneventfully.



STATE OF FLORIDA  
Rick Scott, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT



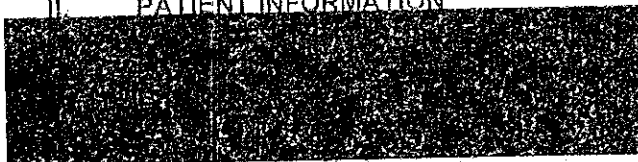
SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Name of office Florida Heart Group  
City Orlando Zip Code 32803 County Orange  
Name of Physician or Licensee Reporting Dr. F. Fahey  
Patient's address for Physician or Licensee Reporting 1613 N Mills Ave Orl FL

Street Address 1613 N Mills Ave  
Telephone 407 894 4474  
License Number & office registration number, if applicable ME 0068299

II. PATIENT INFORMATION



Patient Identification Number CAD  
Diagnosis

Age 4-23 Gender 2013 Medicaid Medicare  
Date of Office Visit Cardiac Stress Test  
Purpose of Office Visit 4/14/01  
ICD-9 Code for description of incident  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

Incident Date and Time 4-23-13 12:30

Location of Incident:  
☐ Operating Room ☐ Recovery Room  
☒ Other Stress Lab

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)

Non.  
Patient came to office for Cardiac PET stress test. Following the administration of LEXISCAN for stress test, patient became developed Nausea and Diarrhea. Phenergan and Aminophylline administered per Dr Willis to relieve symptoms. Dr Willis recommended that patient go to hospital for observation. Daughter wanted her transported to hospital via EMS. EMS called & pt. transported to hospital. Attending physician notified Dr F. Fahey.

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 800-999.9)

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

IV. for injection

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 hospital. Outcome of transfer (e.g., death, brain damage, observation only) <u>Observation</u> Name of facility to which patient was transferred; <u>Florida Hospital</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned 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 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 to a hospital.
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E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Dr Willis Supervising Physician ME 55813  
Tammy Smith RN RN 1975472  
Eugene Will Nuclear Technologist CRT 1163

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)

potential side effect from stressing agent

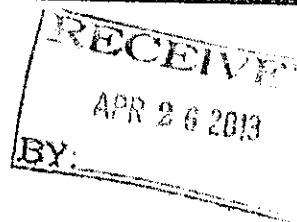
B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

V. W. W. W. M.D. ME 55813  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT 7-24-2013 LICENSE NUMBER  
 DATE REPORT COMPLETED TIME REPORT COMPLETED



STATE OF FLORIDA  
Rick Scott, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT



SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Name of office Florida Heart Group  
City Orlando Zip Code 32803 County Orange  
Name of Physician or Licensee Reporting Dr. F. Fahey  
Patient's address for Physician or Licensee Reporting 1613 N Mills Ave Orl FL

Street Address 1613 N Mills Ave  
Telephone 407 894 4474  
License Number & office registration number, if applicable ME 0068299

II. PATIENT INFORMATION

Patient Identification Number CHD  
Diagnosis

Age 4-23 Gender 2013 Medicaid Medicare  
Date of Office Visit Cardiac Stress Test  
Purpose of Office Visit 414.01  
ICD-9 Code for description of incident  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

Incident Date and Time 4-23-13 12:30

Location of Incident:  
☐ Operating Room ☐ Recovery Room  
☒ Other Stress Lab

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)

Non.

Patient came to office for Cardiac PET Stress test. Following the administration of LEXISCAN for stress test, patient became developed Nausea and Diarrhea. Phenergan and Aminophylline administered per Dr. Willis to relieve symptoms. Dr. Willis recommended that patient go to hospital for observation. Daughter wanted her transported to hospital via EMS. EMS called & pt. transported to hospital. Attending physician notified

Dr. F. Fahey,

38

RECEIVED  
SEP 25 2013

STATE OF FLORIDA  
Rick Scott, Governor

Florida  
HEALTH

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

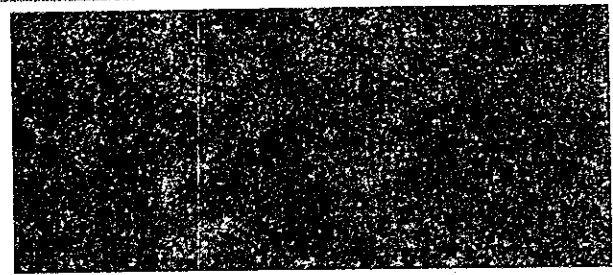
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

no repeat

I. OFFICE INFORMATION  
Lifeline Vascular Access  
Name of office  
Orlando 32806 Orange  
City Zip Code County  
Donna Lawrence RN  
Name of Physician or Licensee Reporting

1511 Sligh Blvd. Suite A  
Street Address  
407 472 5120  
Telephone  
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting



71 male ☐ Medicaid ☒ Medicare  
Age Gender  
Date of Office Visit 5/15/13  
Purpose of Office Visit Angiogram  
ICD-9 Code for description of incident 585.6 996.73  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION  
5/15/13 11:34pm  
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 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)  
Physician established the venous outflow was patent, but had  
95% stenosis in basilic vein. He performed a number of angioplasty  
in this area, but noted a residual stenosis of 50%. Decision to  
deploy a covered stent within the stenotic lesion. After deployment  
of stent, it migrated proximally 4cm and came to rest. Procedure  
completed with normal vital signs. Pt instructed to go to hospital  
for surgical intervention. Patient chose to go home at this time

V.

Anna Lauren RN  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT  
4/11/13  
DATE REPORT COMPLETED  
0700  
TIME REPORT COMPLETED  
FL RN 0972272  
LICENSE NUMBER



In admission surgeon placed an upsized stent to secure air stent in current location. Pt had no adverse complication and continues to use graft.

B) ICD-9-CM Codes

996.73

996.1 + E878.8

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)

Hard Covered stent Model REF08040 Lot #ANW L1087 exp 12/15

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.
<input type="checkbox"/> Surgical procedure performed on the wrong patient.	** if it resulted in:
<input checked="" 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 hospital.	<input type="checkbox"/> Brain Damage
Outcome of transfer - e.g., death, brain damage, observation only	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred:	<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 to a hospital.

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Dr Robert Sullivan performing physician ME 103826

Donna Debuise RN FL 9300060

Sean Ahn RT 507947

Peter Nguyen RT 83243

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

Donna Lawrence RN Center Manager FL RN 0972272

IV. ANALYSIS AND CORRECTIVE ACTION

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

Stent was not sized properly for vessel

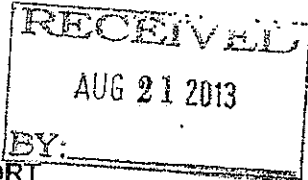
B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Physician Reports he will consider larger stent

36



STATE OF FLORIDA  
Rick Scott, Governor



PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Ear, Nose and Throat Associates of South Florida, P.A.

Name of office

Hollywood

33021

Broward

City

Zip Code

County

Lee M. Mandel, MD, FACS

Name of Physician or Licensee Reporting

129 Gulf Course Blvd., Nassau, Bahamas

Patient's address for Physician or Licensee Reporting

4400 Sheridan Street

Street Address

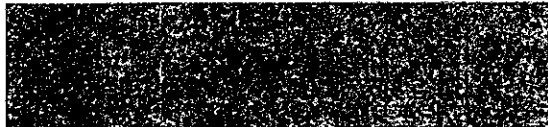
954-983-1211

Telephone

ME67843

License Number & office registration number, if applicable

II. PATIENT INFORMATION



Patient Identification Number  
Chronic sinusitis

Diagnosis

63 Age Female Gender ☐ Medicaid ☐ Medicare  
July 31, 2013 Date of Office Visit  
Planned balloon sinuplasty Purpose of Office Visit  
E938.5 ICD-9 Code for description of incident  
N/A Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

July 31, 2013 at approximately 4:00 p.m.

Incident Date and Time

Location of Incident:

☐ Operating Room

☐ Recovery Room

☒ Other, exam/procedure 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)

Pre-op clearance was obtained from the patient's primary care provider. The patient was well known to this provider and she denied new allergies. She was then pre-medicated and taken into the exam/procedure room where vital signs and oxygen saturations were found to be normal. After the patient's nose was numbed, 2.5 cc's of 1% Lidocaine with Epinephrine 1:100,000 concentration was infiltrated into each side of the nose with a total of 5 cc's administered. Approximately 1 to 2 minutes later, the patient became lethargic and began to seize. Her airway was stabilized. Upon reassessment, breath sounds were present bilaterally, oxygen saturations remained excellent and the patient's heart rate was not elevated. 911 was called. After arrival of the paramedics, the patient sustained a pulseless arrest. The EMS staff initiated resuscitation efforts, intubated the patient and transferred her to Memorial Regional Hospital.

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

N/A	E938.5	985.2
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)

N/A

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

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.
<input type="checkbox"/> Surgical procedure performed on the wrong patient.	<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 hospital.	<input type="checkbox"/> Brain Damage
Outcome of transfer – e.g., death, brain damage, observation only <u>Death on 8/5/13</u>	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred: <u>Memorial Regional Hospital</u>	<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 to a hospital.

**E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.**

Lee M. Mandel, MD, FACS ME 67643 - surgeon; Brigitte Narvarte, MMS, PA-C PA9105152 - assistant for planned surgery;  
Suzanne McNeal, ARNP ARNP1853762 - assistant for planned surgery; and Nadige Abraham, MA Not licensed - assistant for  
All witnesses are current employees

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

Jennifer Ader Not licensed - Front desk staff Current employee

**IV. ANALYSIS AND CORRECTIVE ACTION****A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

Patient appeared to have unavoidable action to medication

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

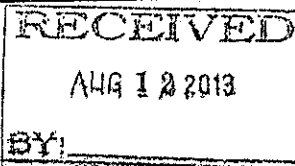
N/A

**V.**  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORTME 67643 / PA9105152  
LICENSE NUMBER

34



STATE OF FLORIDA  
Rick Scott, Governor



PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Vascular Access Center of Jacksonville  
Name of office

Jacksonville 32214 Duval  
City Zip Code County

Dr VO  
Name of Physician or Licensee Reporting

\_\_\_\_\_  
Patient's address for Physician or Licensee Reporting

6820 Southpoint Parkway Suite 1  
Street Address

904-296-4104  
Telephone

ME 105114  
License Number & office registration number, if applicable

II. PATIENT INFORMATION



Diagnosis



8/2/13  
Date of Office Visit

Plum left lower extremity  
Purpose of Office Visit

433.1, 440.23; 585.4  
ICD-9 Code for description of incident

III  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

8/2/13 11 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)  
(use additional sheets as necessary for complete response)

Please see attached sheet

B) ICD-9-CM Codes

433.1 440.23 585.4 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)

0

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 hospital.  Outcome of transfer – e.g., death, brain damage, observation only Name of facility to which patient was transferred: <u>St. Vincent's Southside</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned 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 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 to a hospital.
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E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Dr. Danny VO ME 105114. Christy Murphy RN RN 9287214  
Bruce Manka RT CRT 3449 Rachel Lowe PT CRT 63259  
Lynette Hiley RN RN 9328682  
Michael Aguila RN RN 9175190

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

0

IV. ANALYSIS AND CORRECTIVE ACTION

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

this is a possible look of procedure.

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

Continue to educate staff and send patient to higher level of care when indicated. Patient was discharged to home 8/4/13

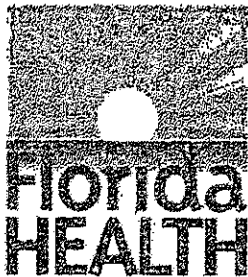
v. Lynette M. Hiley Center manager RN 9328682  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

8/7/13

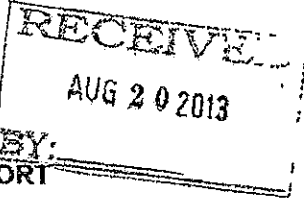
11 AM

DATE REPORT COMPLETED

TIME REPORT COMPLETED



STATE OF FLORIDA  
Rick Scott, Governor



PHYSICIAN OFFICE BY:  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Coral Gables Cosmetic Center  
Name of office

Miami 33145 DADE  
City Zip Code County

Jacob J. Freiman, MD  
Name of Physician or Licensee Reporting

4302 Alton Road Suite 300, Miami Beach  
Patient's address for Physician or Licensee Reporting

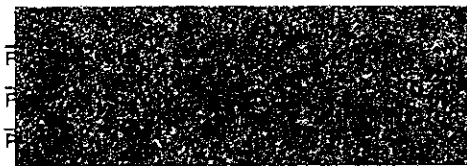
FL 33140

1800 SW 27 Ave #302.  
Street Address

305-446-7277  
Telephone

ME102509 OSR444  
License Number & office registration number, if applicable

II. PATIENT INFORMATION



Diagnosis

8-12-2013  
Date of Office Visit

Surgical Procedure  
Purpose of Office Visit

421.89  
ICD-9 Code for description of incident

III  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

8-12-2013 Approx 8:45 AM  
Incident Date and Time

Operating Room ☒ Recovery Room  
Location of Incident: ☐ 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)

PLEASE SEE ATTACHED PHYSICIAN + ANESTHESIA NOTES PROVIDED.

B) ICD-9-CM Codes

611.82

427.89

348.5

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-Code)

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)

No med. Defibrillator was used on the patient; EKG monitor  
Pulse Oximeter.

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 hospital. <input checked="" type="checkbox"/> Outcome of transfer - e.g., death, brain damage, observation only Name of facility to which patient was transferred: <u>Mercy Hospital</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned 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 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 to a hospital.
--	---

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Jacob J. Freeman MD; Surgeon ME 102509; Mario A. Diaz, MD  
Ameliasia ME 39292; Nelson N. Rodriguez Surgical assistant; ABA# 13-188

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

Liane Hernandez RN 9349696; Yussiel Padron; OR manager

IV. ANALYSIS AND CORRECTIVE ACTION

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

SEE Physician notes

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

No corrective action taken; no issues to improve, our clinical staff acted appropriately under the emergency situation + patient was transfer to a higher level of care within normal Sa O2 + Spontaneous Ventilation.

V.

Jacob Freeman ME 102509  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

8/16/13  
DATE REPORT COMPLETED

14:50  
TIME REPORT COMPLETED



# CORAL GABLES COSMETIC CENTER

## FOLLOW UP

Name: [REDACTED]

Date: 8/15/13

Subjective: Events from night of 8/13/13 to am 08/15/13.

To last to visit [REDACTED] at ~20:00 on 8/13/13 and the family members were standing in front of the door of the CCU. They followed me into the CCU screaming to the intensivist not to let me see the pt. Plan was to Objective: Check wounds. I was advised by intensivist and nurse manager that for my own safety only to discuss case via telephone & intensivist as pts. families in the past have assaulted physicians trying to care for their patients. I was told that security was called to remove the family from the CCU and for my safety. I was also told Assessment: by the service that on the day of surgery (POD #0) the family had ~~not~~ contacted reporters and the reporters wanted a statement from me. To date, as per discussion & intensivist, anesthesiologist, ER staff, there is still an unknown etiology for cerebral edema and ICH. Per intensivist, the pt. is off pressors and requires less ventilatory Plan: Support. CT scan shows edema in the brain. A phone call yesterday revealed the pt. has developed a left pneumothorax that was previously not there. Postoperatively in the O.R. and E.D. the pt. had a normal CXR and NL breath sounds. Discharge this am & intensivist (Indian gentleman at 08:00) the pt. was on high PEEP causing brachyemia which was necessary for Return for Follow-up. I was told he will call me on [REDACTED] for an update.

Physician's Signature

Patient's Signature

Jacob Freeman

MR 14664

CORAL GABLES COSMETIC CENTER

FOLLOW UP

Name: [REDACTED]

Visit

Date: 8/13/13

(Note written on 8/13/13)

Subjective:

8/13/13

09:45

Yesterday's events

Objective:

Visited Patient in the CCU at approximately 3 pm. At that time, the internist informed me that the pt. was stabilized on dopamine and propofol.

Assessment:

[REDACTED] was scheduled for a follow up CT scan. There was ample discussion about the case. It was too early for PR. Spent 1 hr cpt.

Plan:

Returned to CCU at 4:30 pm to follow up. There was no change in condition. Family was not in waiting room. Discharged case to CCU attending again.

Return for Follow-Up:

Physician's Signature

Patient's Signature

Josh Freeman

MR 14 6 64

CORAL GABLES COSMETIC CENTER

FOLLOW UP

Name: \_\_\_\_\_

Date: 8/13/13

Subjective: \_\_\_\_\_

8/13/13

08:00

Called CCU at ~0600 to  
discuss follow up. Per nurse:

Objective: \_\_\_\_\_

Pt. had CT scan at ref: 30 am  
which has not been observed yet.

Dopamine has been stopped  
due to AHR and changed

Assessment: \_\_\_\_\_

to Levophed. Pt. is now  
opening eyes to command but  
is still forkling.

Plan: \_\_\_\_\_

Slight improvement. Will continue  
to follow closely.

Return for Follow-Up: \_\_\_\_\_

Physician's Signature

Patient's Signature

Jacob Freeman

14664

CORAL GABLES COSMETIC CENTER

FOLLOW UP

Name: \_\_\_\_\_

Date: 8/12/13  
14:00

Subjective: \_\_\_\_\_

Around 7 hours ago, dismissed case  
by Dr. Sean Kennen (Neurology) who explained  
that for unknown reasons the pt. has cerebral edema  
on CT scan. Neurosurgery was consulted  
for monitoring device and the patient  
is being treated with hypertonic saline.

Objective: \_\_\_\_\_

He said that it is possible to recover  
from this especially if young.

Assessment: \_\_\_\_\_

Will return to hospital forthwith where  
pt. is being treated in the ICU.  
Will check Toxicology screen and  
follow pt closely.

Plan: \_\_\_\_\_

Return for Follow-Up: \_\_\_\_\_

Physician's Signature

Patient's Signature

pt 664

CORAL GABLES COSMETICS CENTER

Patient Name: [REDACTED]

Date: 8/12/13

Surgeon: Jacob Freeman M.D.

Anesthesiologist: Mario Diaz M.D.

Surgical Assistant: Nelson

PRE-OP DIAGNOSIS:

PROCEDURES:

Event Report.

8/12/13 11:00 S/P Breast Augmentation. No intraoperative events. Entire surgery was ~20 minutes. No intraoperative bleeding. At around 7:15-8 am the wound was closed. At that point, I was notified by the anesthesiologist that the patient's HR was low. The patient still had LMA in place. Atropine was administered and chest compressions performed. The patient seemed to stabilize but as the heart rate started down slowly from 160 to 30 the patient was given another atropine. Although initially the patient required assistance & ventilation after 30 minutes she was breathing through the LMA on her own. HR was stable but BP decreased. [REDACTED] was given epinephrine by anesthesiologist and Eric Rescare was called. When Eric Rescare arrived, [REDACTED] needed no assistance with breathing but for security, the LMA was changed to an ETT tube by anesthesiologist. The pt. was moved via stretcher to the top of the fire escape then to the ambulance.

(next page)

Return For a Follow-up:

Physician's Signature

Jacob Freeman  
14664

CORAL GABLES COSMETICS CENTER

Patient Name: [REDACTED] Date: 8/12/13  
 Surgeon: \_\_\_\_\_ Anesthesiologist: \_\_\_\_\_  
 Surgical Assistant: \_\_\_\_\_

PRE-OP DIAGNOSIS:

PROCEDURES: (Continued from page 1)  
 accompanied fire rescue to the emergency room at  
 Mercy hospital after telling the family what had  
 happened. At this point the pt. was still unresponsive.  
 During the ride to the ED, the pt. was stable. E.N.C. at  
 100%, HR 112, BP stable and no respiratory assistance.  
 Upon arrival to the ED, I discharged  
 the case to Dr. Alex Page, giving over all of the above  
 information. During the next hour in the ED, there  
 was improvement in the pt's condition. The pt.  
 continued to have NL BP and HR > 100.  
 The pt. was having all respiration and O2 sat.  
 The pt. was responding to pain but not to commands.  
 During this time, the patient's mother arrived and said (in Spanish interpreted  
 by ED M.D.) "the same thing happened while [REDACTED] gave birth. [REDACTED] was  
 given spinal anesthesia and needles to be [REDACTED] intubated".  
 None of this was known preoperatively and I believe  
 the pt. hid this fact for fear that [REDACTED] would not have  
 had surgery. [REDACTED] said [REDACTED] had no adverse events  
 during anesthesia. I gave my number to the E.R.  
 Dr. Page and told him to call me any updates and  
 that I would return as soon as I finished operating.

(JP)  
 by ED M.D.)

Return For a Follow-up:

Physician's Signature: Jacob Freeman  
 1/46/14

Jacob Freiman, M.D.  
Plastic and Reconstructive Surgery  
1800 SW 27<sup>th</sup> Ave  
Miami, FL 33145  
(305) 446-7277

Operative Dictation

Date: 8/12/2013

Time: 13:00

Name: [REDACTED]

MR: 14664

Preoperative Diagnosis: Bilateral Hypomastia

Postoperative Diagnosis: same

Procedure: Bilateral Augmentation Mammoplasty

Surgeon: Jacob Freiman, M.D.

Assist: Nelson

Anesthesia: General (Dr. Mario Diaz)

EBL: minimal

Drains: none

Surgery Time: Approximately 25 minutes, anesthesia time: see below.

Complications: Patient had postoperative instability with labile blood pressure and heart rate. I accompanied the patient to the Emergency Department at Mercy hospital via fire rescue ambulance.

Findings: Normal anatomy. 240 cc HP Allergan saline implants placed and inflated to 250 cc. No intraoperative bleeding.

[REDACTED] patient who was unhappy with the size and shape of her breasts. [REDACTED] denied use of illicit drugs, had recently quit smoking, had a vague history of seizure 8 years prior and has not taken any medications since then, denied issues with anesthesia or any cardiac or lung abnormality. [REDACTED] only surgery was the delivery of [REDACTED] child which [REDACTED] said was uncomplicated.

[REDACTED] understood the risks of augmentation mammoplasty procedures and preferred the use of saline implants despite the risks. [REDACTED] was seen preoperatively for measurements for cosmetic enhancement of the breasts. [REDACTED] also had a very wide space between the breasts that [REDACTED] understood would likely not change postoperatively as well as asymmetric breasts and NACs. The patient understood that these very common breast deformities made the procedure more complicated. After ample discussion with the patient about the "look that [REDACTED] wanted," and based on [REDACTED] base width, the patient was advised to have 240 cc saline implants placed. [REDACTED] asked for a "bustier" look with greater superior fullness. [REDACTED] did agree to have the implants inflated as much as necessary. The patient understood all risks and benefits of the procedure including but not limited to bleeding, infection, nipple loss, change in nipple sensation, chronic pain syndromes,

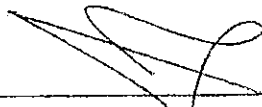
postoperative deformity, implant rupture, capsular contracture, explantation, and wound healing problems. The patient also understood the possible need for future revision and difficulty with visualizing the breast during mammogram. The patient was seen in the preoperative holding area and marked in the standing position. The anesthesia team placed an IV, preoperative antibiotics were administered, and sequential compression devices placed.

The patient was then brought to the operating theatre and placed in the supine position on the operating table. The anesthesia team instituted general sedation and intubation. The entire chest from the neck superiorly, arms and posterior axillary line laterally, and umbilicus inferiorly were prepped and sterilely draped.

Attention was turned to the augmentation mammoplasty. 10 cc of 0.25% lidocaine with epinephrine was infused into the loose areolar subpectoral plane in each breast. An incision was made into the previously marked areas through skin and subcutaneous tissues. Bovie cautery was used to carefully dissect the breast parenchyma down to the pectoralis fascia. The pectoralis fascia was incised along the inferior border of the pectoralis muscle. The sub-pectoral space was entered. The lateral attachments of the medial pectoralis insertion were incised leaving the medial attachments in place. The medial internal mammary perforators were cauterized. This allowed for an adequate pocket to be formed to accommodate an implant. Excellent hemostasis was maintained. Saline sizers were placed and inflated appropriately to check for position and placement. These were removed. The pocket was irrigated with antibiotic solution and sterile gloves were changed.

The 240 cc HP Allergan saline implant was placed through the incision into the preformed pocket on the right and inflated with normal saline to 250 cc and 240 cc HP Allergan saline implant was placed on the left and inflated to 250 cc giving the breasts an attractive appearance. The breasts were viewed from all angles to ensure adequate placement. At that point, the deep breast parenchyma was closed with 3-0 monocryl sutures. The deep dermis was then closed using interrupted buried 3-0 monocryl sutures and the skin was closed with 4-0 monocryl running sutures in the subcuticular layer. Lap count and instrument count was correct. The wounds were dressed with steri-strips and gauze and a bra was placed. There was minimal blood loss during the entire procedure and there were no complications.

At this point, the anesthesiologist notified me that there was a problem and the patient needed support for the blood pressure and heart rate. Please see attached note that was written at 11:00 am.

  
\_\_\_\_\_  
Jacob Freiman, M.D.

Diplomate, American Board of Plastic Surgery

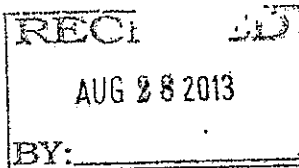
14664



Cape Canaveral  
Hospital



37



701 West Cocoa Beach Causeway (SR 520)  
Cocoa Beach, Florida 32931  
Telephone 321.799.7111

www.health-first.org

08/23/2013

Department of Health  
Consumer Services Unit  
4052 Bald Cypress Way, Bin #75  
Tallahassee, FL 32399

*NC*  
*repeat*

To Whom It Concerns:

In compliance with F.A.C 64B8-9.001, I am sending a report of an adverse event that occurred in one of the Health First Medical Group offices. The person performing the procedure, Dr. Oliveira and the person assisting, Carmen Suris, reviewed the report and participated in writing it. The third person listed that was directly involved, Jessica Omeara, did not review the report or assist in writing it as she is no longer with the organization.

Sincerely,

Damon Newton  
Director – Risk Management  
Health First Medical Group  
321-799-7127

## Health First Medical Group Physician Office Adverse Event Report

### Patient Information

First Name: [REDACTED]  
Last Name: [REDACTED]  
Gender: [REDACTED]  
Date of Birth: [REDACTED]  
Diagnosis: Seizure disorder  
Patient address and contact number: [REDACTED]

### Event Information

Event Date: 08/09/2013 09:00  
Purpose of Office Visit: Sterilization  
Exact location within the office: Health First Medical Group GYN, 1223 Gateway Drive, Melbourne, FL - Procedure room

### Description of Occurrence

[REDACTED] patient with a history of seizures was scheduled for an Essure sterilization procedure. Upon presentation, the patient was asked about [REDACTED] last menses to which [REDACTED] replied it was 9 days ago and lasted 4 days. [REDACTED] stated this was normal. Dr. Oliveira proceeded to perform the procedure when the uterus was perforated and a second physician was asked to come in and evaluate the patient. Both physicians felt the perforation was anterior. The procedure was stopped. It was later discovered that the MA had not obtained a pre-procedure pregnancy test. A pregnancy test was then done on the patient and [REDACTED] was sent for an ultrasound. The pregnancy test was positive and the ultrasound showed the patient was approximately 18 weeks pregnant. Dr. Oliveira explained his plan to have the patient admitted to HRMC for 48 hour observation and IV antibiotics. The patient was being monitored in an exam room until [REDACTED] was transported to the hospital.

### Actions Taken

Dr. Oliveira consulted a perinatologist to discuss the event, seizure meds, and post-hospital care. The patient was discharged from the hospital in 48 hours. He then saw [REDACTED] in the office after being discharged from the hospital and referred [REDACTED] to a perinatologist but [REDACTED] declined the referral. A policy was revised to assure that a time out would be taken prior to performing a procedure. A checklist was created to be used during the time out. The checklist will include an indication of the patient's pregnancy status. The physician and the staff were educated on the need for the policy and how the timeout would be performed. The physician and staff have been completely cooperative throughout the process and the results of the current monitoring of the process is that physicians and staff are being compliant.

### Personnel Information

List all persons known to be directly involved in the event, including license numbers and locating information, and type of involvement:

Carlos Marlo Oliveira ME36302  
Victor Benezra ME89256  
Jennifer Omeara [REDACTED]  
Carmen Suris [REDACTED]

List witnesses of the event that were not previously identified: None

Name, license number, locating information of licensee submitting the report:  
Damon Newton 5502014 Director - Risk Mgmt Cape Canaveral Hospital 321-799-7127

### Report Date Information

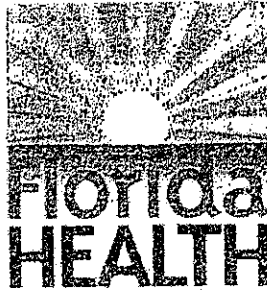
Submitted Date: 8/9/2013 9:22:36 PM

39

RECEIVED

OCT 01 2013

BY:

STATE OF FLORIDA  
Rick Scott, GovernorPHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

JSD

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

report

## I. OFFICE INFORMATION

Name of office  
Lifeline Vascular Access  
City Zip Code County  
Orlando FL 32806  
Name of Physician or Licensee Reporting

1511 Sligh Blvd Suite A  
Street Address  
407 472 5120  
Telephone

License Number &amp; office registration number, if applicable

Patient's address for Physician or Licensee Reporting

## II. PATIENT INFORMATION

Patient Identification Number  
525-4 ESRD  
Diagnosis

☐ Medicaid ☐ Medicare  
Date of Office Visit 9/6/13 V15.18  
Purpose of Office Visit 997.1  
ICD-9 Code for description of Incident  
Level of Surgery (II) or (III) -11

## III. INCIDENT INFORMATION

8/27/13 0850 Am  
Incident Date and Time

Location of Incident:  
☐ Operating Room ☐ Recovery Room  
☒ Other procedure 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)

During a thrombectomy procedure, patient became unresponsive. EKG, vital signs and O2 saturation were being monitored throughout procedure. Physician initiated resuscitation with CPR, intubation and IV fluids. During resuscitation appropriate doses of Atropine, Epinephrine and Sodium Bicarbonate and calcium chloride administered. EMS arrived to