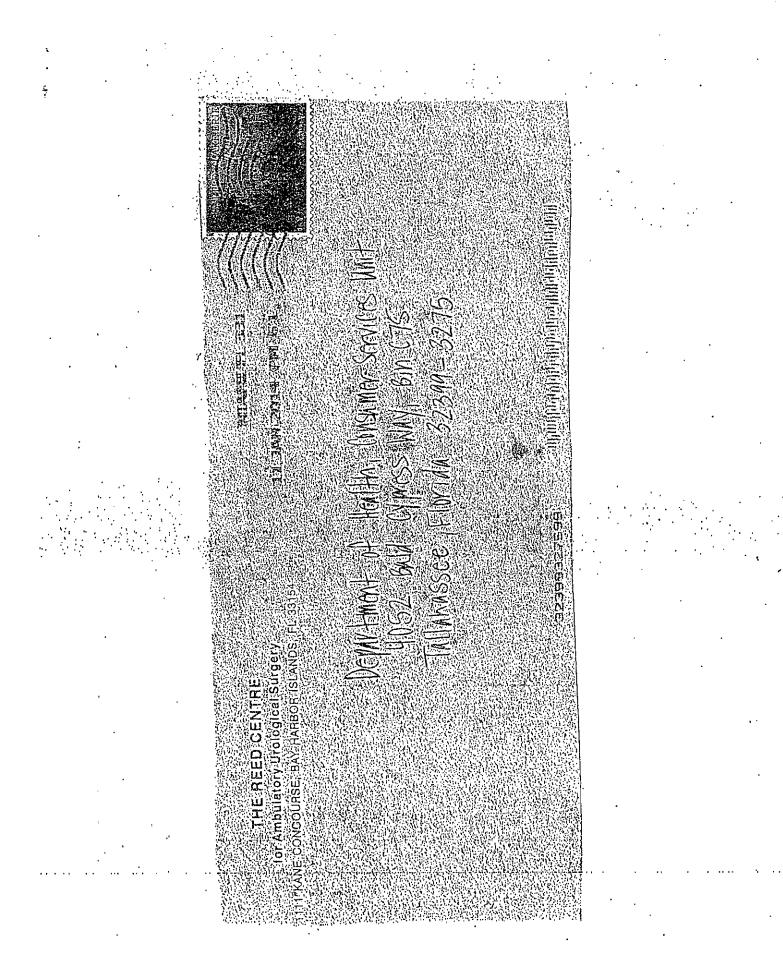
	STATE OF FLORIDA .
	TELVEN
	PHYSICIAN OFFICE JAN 2 1 2014
ADVE	RSE INCIDENT REPORT
	SUBMIT FORM TO:
Department	of Health, Consumer Services Unit
	Bald Cypress Way, Bin C75
a de la construcción de la constru La construcción de la construcción d	hassee, Florida 32399-3275
I OFFICE INFORMATION 21st Century Oncology of Jacksonville, Medical	7751 Baymeadows Road East, 2nd Floor
Name of office Oncology Division	Street Address
Jacksonville 32256 Duval	904-493-5190
City Zip Code County	Telephone
Joseph Mignone, MD Name of Physician or Licensee Reporting	ME79920 DEA# BM6685068
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Patient's address for Physician or Licensee Reporting	
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IL PATIENT INFORMATION	
REVERSE AND A CONTRACT OF A	
	Age 1/03/2014 Medicaid Medicare
	Date of Office Visit Chemotherapy Administration
	Purpose of Office Visit
Diagnosis	ICD-9 Code for description of incident
	, ICD-9 Code for description of incident Not applicable Level of Surgery (II) or (III)
	cave of ourgery (ii) of (iii)
III. INCIDENT INFORMATION	
1/03/2014	Location of Invident:
Incident Date and Time	Operating Room Decovery Room Operating
Note: If the incident involved a death, was the medical examin	
Was an autopsy performed? # Yes D No	el formadi av les millo
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Not applicable D) Dutcome of Incident (Please direk) Solution of the Wing Site ** Spinal Damage Spinal Damage Singleal procedure performed on the wrong patient, events for ennote the wrong patient, events for ennote upplanted foreign objects, surgical procedure, events for ennote the wrong patient, events for ennote upplanted foreign objects, events of glassing form avglash brain damage, to a hospital. Outcome of transfer = ago, result, brain damage, to applanted foreign objects, events of glassing for avglash, brain damage, to applante of glassing of the objectal decision for ennote upplanted foreign objects. Permanent disfigurement not to include the inster of the objectal decision for the objectal decision for ennote upplanted foreign objects. Warned avglash brain damage. Outcome of transfer = ago, result, brain damage. Outcome of transfer = ago, result, brain damage. Outcome of transfer = ago, result with events at the cospect, including income with events. Balant Belicisito decisiti (filentese numbers if fleensed, locating information and the cap		•	· · ·	• • • • • • • • • • • • • • • • • • • •	
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A procedure to remove upplanned foreign, objects immaining from surgitical procedure. Any condition that required the transfer of the patient to e hospital. Dealth			 Surgical repair of surgical procedure 	injuries or damage from a pla re,	anned
rémaining from surgleal procedure Difficultation Maria Teress Spinal Damage Spinal Damage Spinal Damage Spinal Damage Spinal Damage Dutcome of transfer – a.g., déath, brain damage, observation only Daath Permanent disflutignement not to include the inclision scar Outcome of transfer – a.g., déath, brain damage, observation only Daath Data transferred: Name of facility to which patient was transferred: Data transferred to the transferred to the transferred to the transferred to the patient to a hospital. Memoral Hospital Jacksonfulle, then transferred to the patient to a hospital. Data 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 whitch they were involved in this incident, this would include anesthesiologist, support staff and other health care providers. Care providers Nound Mark Teress Sana, Birector of Nursing, License # RN 9355605 Naria Teress Sana, Birector of Nursing, License # RN 9217750 N. ANALYSIS AND CORRECTIVE ACTION A) Analysis (apparent caush) of this incident (Use additional sheets as necessary for complete response) Accidental medication administration SIGNATURE OF PHYSICIAM/LICENSEE SUBMITTING REPORT ME79920 Internal investigation singoing. Time REPORT COMPLETED <td></td> <td></td> <td>** if it resulted in:</td> <td>· · · · · · · · · · · · · · · · · · ·</td> <td></td>			** if it resulted in:	· · · · · · · · · · · · · · · · · · ·	
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Patient was seen at the offices of 21st Century Oncology on January 3, 2014 for the 7th of 8 prescribed chemotherapy treatment sessions for a diagnosed Grade B large lymphoma (ICD-9 = 200.70). Patient was scheduled to undergo intravenous and intrathecal administration of chemotherapy drugs. Following confirmation that the patient's vital and blood levels were sufficient to receive treatment, patient received pre-medications. At the completion of pre-medications, Dr. Joseph Mignone and his designated Medical Assistant, Vivian Young, presented to administer patient's methotrexate treatment through the patient's Ommaya port, Instead of selecting the syringe containing the methotrexate medication, the syringe containing the vincristine medication was selected and ultimately administered to the patient by intrathecal means through the Ommaya port. The patient's designated RN, Gemalli Keeton, returned to the room following the procedure and realized that the wrong medication was inadvertently administered to the patient and advised Dr. Mignone, A high dose of dexamethasone was administered to the patient following advising the patient that the wrong medication was administered by intrathecal means and advising so of the anticipated immediate. consequences. Dr. Mignone arranged for the patient's direct admittance to Memorial Hospital for observation and treatment for vincristine toxicity. Dr. Mignone followed the patient's progression and ultimately recommended that the airlifted from Memorial to Shands Hospital in Gainesville, Florida for spinal fluid washing. Dr. Mignone later learned that the patient was declared deceased as of January 8, 2014.

<u>e se ve</u> STATE OF FLORIDA **Rick Scott, Governor** JAN 13 2014 FLORIDA DEPARTMENT **PHYSICIAN OFFICE** ADVERSE INCIDENT REPORT SUBMIT FORM TO: Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275 K-311 OFFICE INFORMATION l, 012 \mathcal{M} eed mC me oncourse Street Addres Name of office Ban . iami - Dade 200 Telephone Counts 354 ME-001 tarola N Name of Physician or Licensee Reporting License Number & office registration number, if applicable $\mathbf{H}_{i} = \{\mathbf{h}_{i}\}_{i \in \mathcal{I}}$ Patient's address for Physician or Licensee Reporting П. PATIENT INFORMATION 1-1 2014 Date of Office Visit Purpose of Office Visit Diagnosis ICD-9 Code for description of incident 7 80 Chur Carlo Level of Surgery (II) or (III) plastz 1ho III. INCIDENT INFORMATION 7/2014 Location of Incident: Incident Date and Time Operating Room
 Other Ct Recovery Room Note: If the incident involved a death, was the medical examiner notified? I Yes U-No Was an autopsy performed? I Yes I-No A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response) Qu \sim VOOm ģ DH-MQA1030-12/06 Page 1 of 2

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) Or event. (ICD-9 E	t caused the injury (ICD-9 Codes 800-999.9)
 C) List any equipment used if directly involved (Use additional sheets as necessary for complete response) D) Outcome of incident (Please check) Death 	in the incident
 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 hospital, Outcome of transfer - e.g., death, brain damage, observation only <u>0.35e</u> <u>vaction</u> on MNAME of facility to which patient was transferred: E) List all persons, including license numbers if lice they were involved in this incident, this would include the transfer of the patient was transferred. 	 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 Umitation of neurological, physical, or sensory function, Any condition that required the transfer of the patient to a hospital,
F) List witnesses, including license numbers if lice	RN 2009832
B) Describe corrective or proactive action(s) taken (u. Utt obger vation p - 90 ⁵ V. <u>Aviona color</u> M2 SIGNATURE OF PHYSICIAN/LICENSEE S - 110 2014	and there is possibly for complete response) Lah Stuck unstated to belogat and hyper Un lenie



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STATE OF FLORIDA Charlie Crist, 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

at the state of th

OFFICE INFORMATION

American Access	Care of	Orlando
Name of office		
Orlando	32806	Orange
City	Zip Code	County
Manu Sengal		
Name of Physician or Licens Same	ee Reporting	

Patient's address for Physician or Licensee Reporting and a many a

PATIENT INFORMATION 11.

Pattent Identification Number ESRD	
Diagnosis	

3 1

INCIDENT INFORMATION 111.

01/08/2014 @ 4:50PM Incident Date and Time

1405 S. Orange Ave. Orlando FL 33806 Street Address 407-425-5062 Telephone . ME100529 / OSR 745

License Number & office registration number, if applicable

-	Age Gender Medicaid Medicare
	Date of Office Mst Association And Tunneled Dialysis Catheter Exchange
	Purpose of Office Visit
•	(ICD-9 Code for description of incident
	Level of Surgery (II) or (III)

Location of Incident: C Recovery Room D Operating Room O Other Procedure Room/Recovery area

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

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

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DH-MQA1030-12/06 Page 1 of 2

B) ICD-9-CM Codes

36581/77001

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)

venotomy

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)

Ο. Death m Surgical procedure performed on the wrong site ** ÷ Brain Damage Û Wrong surgical procedure performed ** D. Spinal Damage Surgical repair of injuries or damage from a planned D surgical procedure. Surgical procedure performed on the wrong patient. if it resulted in: D · A procedure to remove unplanned foreign objects n. Death : :.. remaining from surgical procedure. Brain Damage ū in he is the after the briefs of b Spinal Damage 🛣 Any condition that required the transfer of the Permanent disfigurement not to include the patient to a hospital; . incision scar • • • • Fracture or dislocation of bones or joints **T**3 Outcome of transfer – e.g., death, brain damage, observation only Limitation of neurological, physical, or sensory 'n function.

Name of facility to which patient was transferred: Ð 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.

Dianne Kyle RN 1655442

Jennifer Rodriguez RN - RN9263170

Manu Sehgal MD - ME100529 · · · · 소리는 방법에 가지 않는 것이 좋아하는 것이 가지 않는 것이 같아?

2位,此何思于我们的问题,在我们的问题,你是在<u>你的,你</u>是是是是 F) List witnesses, including license numbers if licensed, and locating information if not listed above As above noted in (B) and Tara Prouk CRT 75050 建筑的复数形式的复数形式 化磷酸磷酸盐酸磷酸盐酸盐酸盐酸盐酸盐酸盐医酸盐酸盐酸盐酸盐医盐酸盐

IV. ANALYSIS AND CORRECTIVE ACTION

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

The procedure was performed according to the standard of practice for a tunneled dialysis cätheter exchange.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response) EMS was contacted as the PT had an elevated blood pressure, mild bleeding from the

site and 6/10 chest pain unrelieved after several minutes ...

ME100529

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT , LICENSE NUMBER 01/17/2014 '4:50 PM

DATE REPORT COMPLETED TIME REPORT COMPLETED :DH-MQA1030-12/06

Page 2 of 2

merican Access Care Vascular & Interventional Specialists

The Patient was in the facility for exchange of a tunneled right Internal Jugular dialysis catheter.. Intake revealed an extensive medical history and a markedly elevated non-symptomatic blood pressure of 212/137, pulse 81 per minute, oxygen saturation 99% on room air, temp 98 Fahrenheit . At the + conclusion of the procedure the Patient complained of 6/10 chest pain. Vital signs revealed a blood pressure of 180/126, Pulse 126 per minute, and an oxygen saturation 95% on 4 LPM nasal oxygen. Reassessment of the Patient in recovery revealed no improvement of the 6/10 chest pain or to the tachycardia. Vital signs remained unchanged blood pressure 172/118, pulse 126 per minute, oxygen saturation 95% on 4 LPM hasal oxygen; Emergency Medical Services were called. Emergency Medical Services arrived within 3 minutes of the initial call. The Patient was transported to Orlando Regionales. Medical Center emergency departments with to change to the complaint of chest pain 5/10 and vital... signs unchanged 172/121, pulse 126 per minute, oxygen saturation 95% on 4 LPM nasal oxygen Follow up the next day revealed the PT was admitted to the hospital PCU for observation of elevated . blood pressure, chest pain and bleeding from the venotomy site. The Patient subsequently signed out of the hospital the night of day one of admission. The Patients significant other explained , that the PT was not satisfied with the level of care they were receiving in the hospital and wanted to go . white a hospital they felt comfortable with.

Follow up day four post procedure (weekend in between) with the dialysis center, revealed the Patient had a successful dialysis, the bleeding had stopped. The Patient's chest pain had subsided.

1405 South Orange Avenue, Suite 120, Orlando, Florida 32806 Phone: 407.425.5062 Fax: 407.425.2788 AACinterventionalFL.com

Accredited by The Joint Commission.







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PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO: Department of Health, Consumer Services Unit 4052 Baid Cypress Way, Bin C75 Tallahassee, Florida 32398-3275

(727) 741-7320

HE70644 10516521

Lorense Harrise & clice recursion resiter, Vapicatie-

Tolephone

I. OFFICE INFORMATION

Advantant Inregion 1 Interentional Institute 2330 1 Hold Hold Sector 201 Sector

Exercises	JJAN	Sincikes
04	Zip Code	County

Dr. C. o. V. Marte Lord V.

Static - P.S. 7 Potent's address for Physician or Licensee Reporting

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-H.	PATIENT INFORMATION
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Asl. Doposi

WI. INCIDENT INFORMATION

1/15/14 09.55 Account Date and Tome

Note: If the incident involved a cleath, was the metilical examiner notified? D Yes D No Wes an autopsy performed? D Yes D No

 A) Describe circumstances of the incident (narrative) (are additional streets as necessary for complete response)

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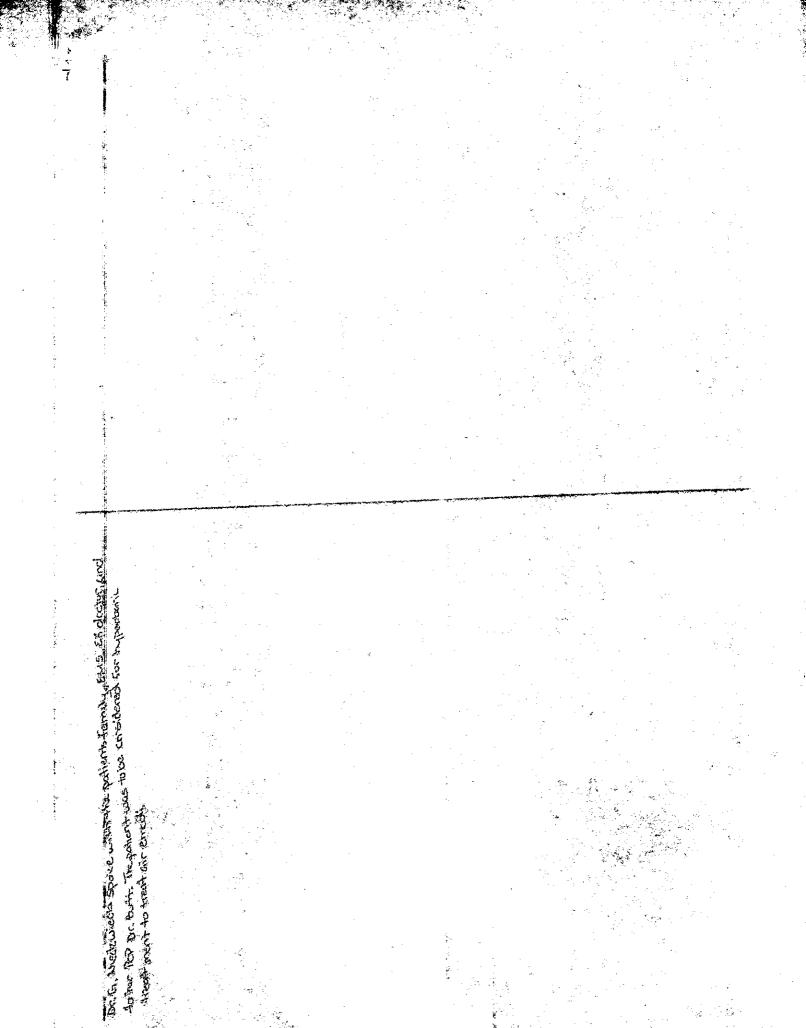
a ci Sandisi kiri ta (m)

Location of Invitent

D Operating Room

D Operating Room

D Operating Room



B) (CD-9-CM Codes

VGA 5 Surgical, diagnostic, or treatment procedure heirg performed at time of incident (ICD-9 Codes 01-99.8)		Resulting injury (ICD-9 Codies (900-399-9)
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C) List any equipment used if directly involved in the incident (Use additional stocks as accessory for scorepter respond)

Meniture CT seconder, Medicanices

D) Outcome of Incident (Posse mach

э	Death	۵	Surgical procedure performed on the storing site **
a	Brain Damage	۵	Wrong surgical procedure performed **
D	Spinel Damage	Э	Burgical repair of injuries or damage from a plenned surgical procedure.
3	Surgical procedure performed on the wrong patient.		* if it resulted to:
0 5	A procedure to remove unplaured foreign objects remaining from surgical procedure. Any condition that required the transfer of the patient to a hospital.		Destin Bean Damage Spinit Damage Spinit Damage Permanent designencest out to include the intrision near Tracture or spinichestion of tones or joints
.00 .10	ecome of bansfar - e.g., obeth, brain Garrage. servation only ane of lacisty to which patient was transferred. https://www.communications.com/		 Unstation of neuroingical, physical, carpensory function. Any condition that required the statistics of the patient to a hospital.

E) List all parsons, including iteense numbers if licensed, locating information and the capacity in which they were involved in this incluent, this would include anesthesiclogist, support size and other health care providers.

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F) List witnesses, including license numbers it licensed, and locating information it not living above

IV. ANALYSIS AND CORRECTIVE ACTION A Analysis (apparent equal) of this incident fue additional stands on managery for care PC. Experience & Known Vist Race Complete From	descriptional)
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B) Describe connective or prosective action(a) teken to a statement over a permanent STROKE symptoports per control or month attely Distance to end or transferred for hypertain Transment Pt 1/2	UT JUT TO THE MADE AND A STORE
V Post proceeding and a second	HE FOL 47
SIGNATURE OF PHYSICIANALICENSEE SUBMITTING REPORT	
Dii-MQA 1030-12206 Page 2 of 2	

FEB 12 20%		STATE OF FLORIDA lick Scott, Governor	NO
PONG HEALTH	ADVER Department o 4052 B	HYSICIAN OFFICE SE INCIDENT REPORT SUBMIT FORM TO: f Health, Consumer Service ald Cypress Way, Bin C75 assee, Florida 32399-3275	1
I. OFFICE INFORMATION Vascular Surgery Associates Name of office Tallahassee, FL 32308 Leon City Zip Code County Dr. Robert Brumberg Name of Physician or Licensee Reporting 614 Paulette St Bainbridge GA 39817 Patient's address for Physician or Licensee Reporting		2631 Centennial Blvd Street Address 850-877-8530 Telephone OS9800 License Number & office registratio	OSR925 n number, if applicable
- CAR THE S		67 male Age Gender 1-28-14 Date of Office Visit Abdominal aortogram with fer Purpose of Office Visit 780.97 ICD-9 Code for description of Incld Level II Level of Surgery (II) or (III)	
III. INCIDENTINFORMATION 1-28-14 14:15 Incident Date and Timer Note: If the incident involved a death, was	the medical examinities the medical examinities the second	Location of Incident: D Operating Room D F O Other anglography suite	Recovery Room
Was an autopsy performed? I Yes Was an autopsy performed? I Yes A) Describe circumstances of the in (use additional sheets as necessary for complete 1410 Patient in recovery noted to have elevate administered, physician notifed, 1431 HR conf to administer Labetoleteting IV, 1434 HR ren from Dr. Brumberg to transfer patient to TMH to 1619 Patient transferred to TMH Via Non eme	cident (narrative) e response) d heart rate. Other vit tinues to be elevated, i mains elevated, irreg. r	als stable, patient in no distress. rregular rhythm, Dr. Brumberg p patient remains stable, no distres	aged, orders racieved s. 1500 Order received ion, EMS contacted.

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DH-MQA1030-12/06 Page 1 of 3

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B) ICD-9-CM Codes

N/A Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) N/A Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes) N/A Resulting injury (ICD-9 Codes 800-993.9)

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

N/A

D) Outcome of Incident (Please check)

ſ	Ľ	Death	0	Surgical procedure performed on the wrong site **	
	٥	Brain Damage	a	Wrong surgical procedure performed **	
	¤	Spinal Damage	9	Surgical repair of injuries or damage from a planned surgical procedure.	
	۵	Surgical procedure performed on the wrong patient.		** if it resulted in:	
		A procedure to remove unplanned foreign objects remaining from surgical procedure.		Death D Brain Damage	
	ob: Na	Any condition that required the transfer of the patient to a hospital, according to a hospital according to a hospital to a hospital the transferred and a hospital to a		 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 to a hospital. 	
			1		

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.

· Ashley Matyjaszek, RN staff nurse RN 9265206

Julle Angelier, RN staff nurse RN 9305209

Robert Brumberg DO OSA9800

F) List witnesses, including license numbers if licensed, and locating information if not listed above Cameron Carroll RPA'Lab Manager 11GA1428 Cassie Davis ARNP-C, 9178836 LHRM 5504917

IV. ANALYSIS AND CORRECTIVE ACTION

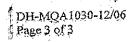
A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

N/A patient developed cardiac arrythmia following procedure, cardiac evaluation needed.

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

• N/A

DH-MQA1030-12/06 Page 2 of 3



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VASCULAR SURGERY ASSOCIA 2631 Centennial Blvd., Suite 100 7allaliassee, Florida 32308



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î 62	STATE OF FLORIDA
	Charlie Crist, Governo
HEALTH AF	PHYSICIAN OFFICE OVERSE INCIDENT REPORT
	SUBMIT FORM TO: nent of Health, Consumer Services Unit
	tosz Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275
L OFFICE INFORMATION 1355 International Inc.	Street Address
Tanavac 33321 Broward	<u>ASU-726-773</u> Tolephone B62
Frank Rodmanon Mid Name of Physician or Licensee Preporting	Liconsa Number & office registration number, if applicable
Patient's address tor Physician or Licensee Reporting	
	Age 12-2114 12-2114 Medical Medicare
Patient Identification Number	Date of Office Visit Le termination of Anguancy Purpose of Office Visit Agg.
Diagnosis	ICD-9 Code for description of incident Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	
12-0114 12 noon Incident Date and Time	Location of Incident: DECOperating Room CI Other
was the medical involved a death was the medical (
Was an autopsy performed, u res u no	
(use additional sheets as necessary for complete response)	
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DH-MQA1030-12/06	
Page 1 of 2	
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B)	-	C	D	-9-CN	1 Ç d	odes	

000 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)

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)

C Death	a Surgical procedure performed on the wrong site **
🗇 Biain Damage	O Wrong surgical procedure performed **
ງ Spinal Damage	 Surgical repair of injuries or damage from a planned surgical procedure.
G 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 Remanent disfigurement not to include the
Any condition that required the transfer of the patient to a hospital.	 inclision scar inclision scar Fracture or dislocation of bones or joints Limitation of neurological, physical, or sensory
Outcome of transfer - e.g., death, brain damage, observation only Surger, on the user - Statele	function,
Name of facility to which patient was transferred:	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. PN 63656

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F) List witnesses, including license numbers if licensed, and locating information if not listed above File and Dio. 2-11.00 -ASEE (FE

ANALYSIS AND CORRECTIVE ACTION IV. -

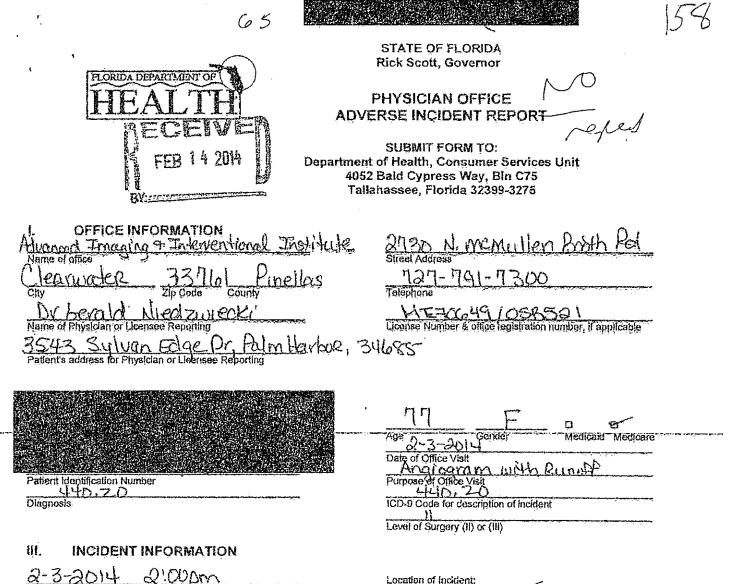
A) Analysis (apparent cause) of this incident (Use publicated sheets as necessary for complete response) attachent 380

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary tor complete response) attacher. Q2 q`

AL YO 490 2 1.1 Jad LICENSE NUMBER ICENSEE SUBMITTING REPORT SIGNATURE OF PHYSICIAN/L 5pm .02/11/14

TIME REPORT COMPLETED DATE REPORT COMPLETED

DH-MQA1030-12/06 Page 2 of 2'



Incident Date and Time

Location of Incident:

Note: If the incident involved a death, was the medical examiner notified?

Yes U No Was an autopsy performed?
Yes U No

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

6 here for runoff to her anaiogram with leep an ID:ST Am. rompte nithart anved Condition care lol0 hasel ine for vita and < 1ner P 10VL G.M (esh \$ ine He Veru 1000 \cap 901 Ling Ω was reado 74X COL Vita Signa 610 ed o recommen We ocdient DH-MQA1030-12/06 TO The ER for fur ther evaluation. <u>А</u> Page 1 of 2 Ems awake, alert, pain free and

B) ICD-9-CM Codes

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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)

Hanitors and OX JOR

D) Outcome of Incident (Please check)

D Death	D Surgical procedure performed on the wrong site **
🗅 Brain Damage	cs Wrong surgical procedure performed **
D 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.	C Death C Brain Damage C Spinal Damage
Any condition that required the transfer of the patient to a hospital.	 Permanent disfigurement not to include the incluing scar Fracture or dislocation of bones or joints
Outcome of transfor—e.g., death, brain-damage; observation only Name of facility to which patient was transferred;	El Any condition that required the bansfer 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 enesthesiologist, support staff and other health care providers.

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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 (the additional effects as necessary top comments of the passeline Lung Function But Most Likely e	
List exertion. This was unmasked and detected whin 5 procedure and monitoring was reininated. Transfer TO ER and B) Describe corrective or prozetive action(s) taken (Use additional sheets as necessary Continue close monitoring OF Vitals and continue	he embulated &FTE. IS FOR FURTHER WORKUD AND TO tor complete response) allow 3, Therapy 70. 1417 Bid of corporation
obrain Baseline Hirals on Alimission, POR Procedu V.	<u>ME70649</u>
BIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
DH-MQA1030-12/06 Page 2 of 2	

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Horida Health	AL Departrr 4	STATE OF FLORIDA Rick Scott, Governor PHYSICIAN OFFICE DVERSE INCIDENT REPORT SUBMIT FORM TO: Bent of Health, Consumer Services Unit 062 Bald Cypress Way, Bin C75 Fallahassee, Florida 32399-3275
I. OFFICE INFORMAT AVVICA (I.M. (A.C.A.A.) Name of office <u>MIAM</u> , <u>FL</u> City <u>Zip</u> Coc <u>UDDROM</u> <u>KNACKOV</u> Name of Physician or Licensee Repor <u>WWS, Dallohv</u> <u>AVA</u> <u>MA</u> Potient's address for Physician or Lice	10 02 MANI-Dade <u>J6 Al-Ani-Dade</u> ling Mr U33156	120) S. Dadeland Blvd. Supe m Street Aldress <u>35</u> 670 1044 Telephone MELOI 445 / S. 670 License Number & office registration number, if applicable
		Age 2 Hi HY Gender Medicaid Medicare Date of Office Visit Change Purpose of Office Visit ICD-9 Ceda for description of incident Level of Surgery (II) or (III)
Note: If the incident involved a	M death, was the medical exe	Location of incident:
Prophent Deraloped 1" applied to deat Condition to Pap	es of the incident (narral ary for complete rosponse) <u>Drange</u> fattant Chart frie with Ens called and hit topita ta-	h tadycerdia and HTN. Nitropeote
DH-MQA1030-12/06 Page 1 of 2		. <u>9 </u>

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B) ICD-9-CM Codes DDI

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)

Α

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)

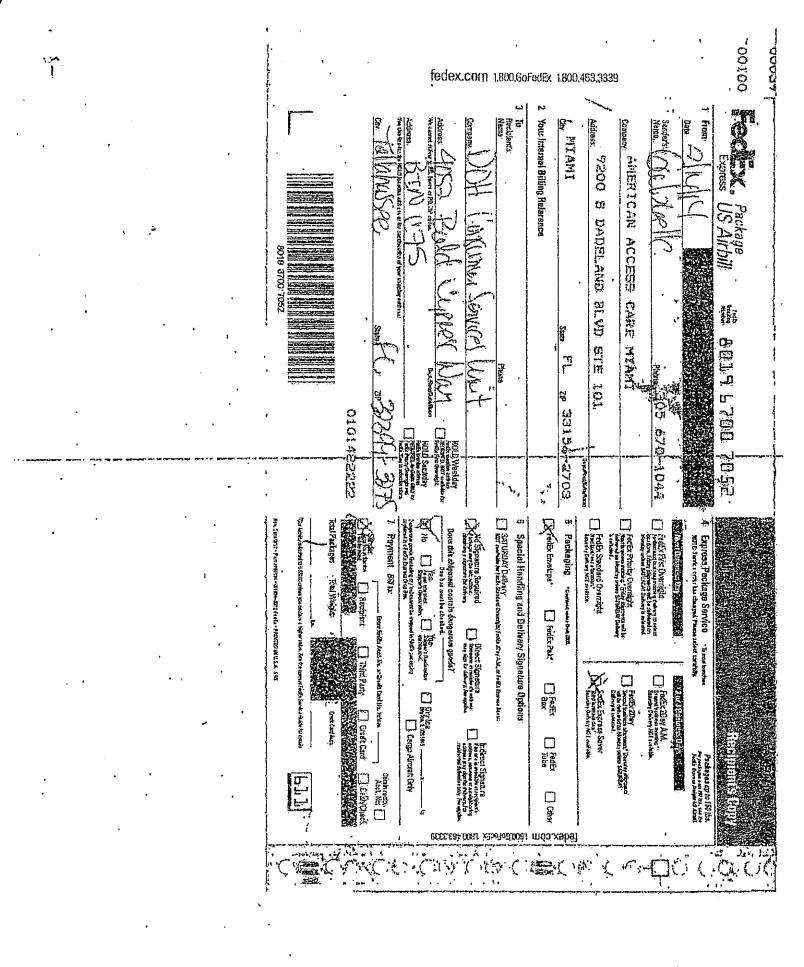
q	Death	Q	Surgical procedure performed on the wrong site **
C)	Brain Damage	p	Wrong surgical procedure performed **
ц	Spinal Damage	a	Surgical repair of injuries or damage from a planned surgical procedure.
Ģ	Surgical procedure performed on the wrong patient,		** if it resulted in:
<u>p</u>	A procedure to remove unplanned foreign objects remaining from surgical procedure.		C Death C Brain Damage C Spinal Damage
ņ	Any condition that required the transfer of the patient to a hospital,		 Permanent disfigurement not to include the incision scar Fracture or dislocation of bones or joints
665	icome of transfar - e.g., death, brein damage,	20 20 1	E Limitation of neurological, physical, or sensory function.
 The second	me of facility to which patient was transferred:	¥	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

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

ANALYSIS AND CORRECTIVE ACTION IV. Analysis (apparent cause) of this incident (Ose additional sheets as necessary for complete response HIT 70m B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for pempleto 71/ OCILYADO ٧. SIGNATURE OF PHYSICIANILICENSEE SUBMITTING REPORT LICENSE NUMBER DATE REPORT COMPLETED COMPLETED TIME REPORT DH-MQA1030-12/06 Page 2 of 2

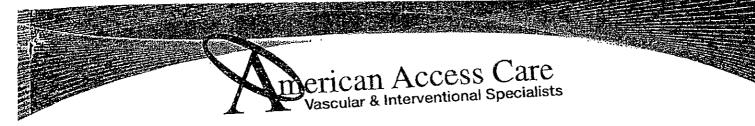


6 Fax 1-850-414-0864 STATE OF ELORIDA ø JUDA DEPARTMI NT OF NE ADVERSE INCIDENT REPORT FEB 1 9.2014 SUBMIT FORM TO: Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32398-3276 OFFICE INFORMATION PA Marche Name of office ametry. 1150 Ŋ, Strout Address 33021 <u>954 - 961-</u> Tulsphone Browas 61 40000 Zap Couls County med Mi ME 0037.578 DSR 193 License Number & office registration number, it applicable D 100 Name of Physician or Licenzes Renoming Patient's address for Physician or Licenses Reporting ų. 85 \square Age Gender Medicald Medicare Date of fijce b Purpose of Office Vis Calicn Number Diagnosis ICD-9 Code for description of incident Level of Surgery (II) or (III) 111. INCIDENT INFORMATION Ó Location of Incident: D Operating Room O Othar Incident/Date and Times E Receivery Room Note: If the incident involved a death, was the medical examiner notified? I Yes D No Was an autopay performed? I Yes CI No A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response) + depphaging wit loss w. hry france

Trucken ang CC+ Hiere d' LAOFAILE Esopliazad was cA hst. MUDSO 62 N Ofter ĵ POF Peter Muro Sa 40 ER where $\Sigma \mathcal{O}$. CLOST íe. Le vea interes 24 Dictorition in Wall 10 100 A esophagus trava Ex 39 ouservature adu fronut Observator 4 A -12ac *large* QU Jour a_{S} DH-MQA1030-12/06 Ðψ Page 1 of 2 ť ...,

68 RECEIV ÷-FEB 8 0 2014 STATE OF FLORIDA Rick Scott, Governor BY PHYSICIAN OFFICE ADVERSE INCIDENT REPORT SUBMIT FORM TO: Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275 OFFICE INFORMATION nmerlin ᠕ᠳᡗᠵ ava Street Address 229 mO elephona Count M φ 0 ð DVV (), Ċ, License Number & office registration number, if opplicable Name of Physician or Licensee Reporting Patient's address for Physician or Licensee Reporting 1212 D Gender Medicaid Medicare Agé Det of Office V -0061 eros Purpose of Office Vilit 780.2 SUNCOP ICD-9 Code for description of incident LOCOPE Patient los CAN Diagnosis Identification Number Level of Surgery (II) or (III) INCIDENT INFORMATION HI. 22 Location of Insident Cl Operating Boom 3 16 C Recovery Room Incident Date and Time 1-Patrent room Note: If the incident involved a death, was the medical examiner notified?
Yes D No Was an autopsy performed? I Yes I No A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response) Y() DH-MQA1030-12/06 Page 1 of 3

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	an i sing an	STATE OF FLORIDA _{P1} MAR 0 3 2014 Charlie Crist, Governor
NB	HEALTH	PHYSICIAN OFFICE ADVERSE INCIDENT REPORT
//	Bepar Bepar	SUBMIT FORM TO: rtment of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75;; Tallahassee, Florida 32399-3275
	I, OFFICE INFORMATION American Access Care of Orlando Name of office	1405 S. Drange Ave. Orlando FL 32806 Street Address
	Orlando 32806 Orange City Zip Code County Manu Sebgal Name of Physician or Licensee Reporting	407-425-5062 Telephone ME100529 / OSR 749 License Number & office registration number, if applicable
	Same Patient's address for Physician or Licensee Reporting	
		69 Female D X Age Gender Medicaid Medicare 01/14/2013 Date of Office Visit Repair of Clotted Dialysis Access Purpose of Office Visit 3614711/36148
	III. INCIDENT INFORMATION 02/18/2014@2:15PM Incident Date and Time	Location of Incident: D Operating Room D Other Pro-Procedure Room
	Note: If the incident involved a death, was the medica Was an autopsy performed? Yes No	
	A) Describe circumstances of the incident (na (use additional sheets as necessary for complete response) Please see attahed	arrative)
	DH-MQA1030-12/06 Page 1 of 2	



The patient was in facility for Thrombectomy of right forearm Fistula. Upon initial evaluation, the patient was restless and complained of shortness of breath. Vital signs were BP 92/32, Pulse 50 per minute, Respiration 25 breaths per minute, with an oxygen saturation of 100% on 3 liters per minute nasal oxygen. Assessment by the physician yielded a request for 911 to be called and that the Patient was to be transported to the nearest emergency room. 911 arrived and the PT was transported to Orlando Regional Medical Center Emergency Room.

On follow up the next day; the Patients' son called to say his mother was doing much better. She had a hemodialysis catheter placed in her leg and had received dialysis last night. Spoke with the floor nurse who stated the PT's blood Potassium was elevated at 8.6 mEq/l. The Patient's cardiac enzymes were also elevated but already trending downward. There would be no cardiac intervention based on the downward trending enzymes. The Patient is scheduled for another round of dialysis today. The Patient is scheduled for a Thrombectomy in the hospital tomorrow.

1405 South Orange Avenue, Suite 120, Orlando, Florida 32806 Phone: 407.425.5062 Fax: 407,425,2788 AACinterventionalFL.com



the state	70		169
	HEALTH	STATE OF FLORIDA Charlie Crist, Governor PHYSICIAN OFFICE ADVERSE INCIDENT REPORT	RECEIVED FEB 2 7 2014 BY:
	Det	SUBMIT FORM TO; partment of Health, Consumer Services 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275	s Unit
Ngu City Nan	Demprolutius 33026 Know	FRIND PHP 8450 Pine Street Address J 254 430 Telephone UD 182 Ucense Number & office registration	<u>s 6/1/d</u> 2044 númber, If applicable
Pati	ient's address for Physician or Licensos Reporting		
·	ient Identification Number gnosis	Age Dender D Date of Office Visit A/S Purpose of Office Visit (15 IGD-9 Code for description of Inciden Level of Surgery (III) or (III)	Medicare Medicare
	Bent Dale and Time	C Other	covery Roam
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(A چې	Describe circumstances of the incident (n (yee additional sheets as necessary for complete response) 24 Came M Bac Care Attec Scran Dace	arrative)' NBC Polvis with a Destromined	attest.

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DH-MQA 1030-12/06 Pasp 1 of 2

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B) ICD-9-CM Codes Zin

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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)

a	Death	Ē	Surgical procedure performed on the wrong site **
l ci	Brain Damage	ġ	Wrong surgical procedure performed **
0	Spinal Damage	Ð	Surgical repair of injuries or damage from a planned surgical procedure.
q	Surgical procedure performed on the wrong patient,		** if it resulted in;
	A procedure to remove unplanned foreign objects remaining from surgical procedure, Any condition that required the transfer of the patient to a hospital,		 Death Brein Damage Spinal Damage Spinal Damage Permanent disfigurement not to include the inclsion scar Fracture or dislocation of bones or joints
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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 provide?

care providens

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 shoats as necessary for complete response)

B) Describe corrective or proactive action(s) taken (Use additional shorts as nocessary for complete response) Imbilling ٧. PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER SIGNATURE-O Am 0 120 _ j Ç TIME REPORT COMPLETED DATE REPORT COMPLETED DH-MQA1030-12/06 Page 2 of 2

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I FLORIDA I	CEPARTMENT OF		STATE OF F Charlie Crist,		
ĤÈ	ALTH	ADV	PHYSICIAN	OFFICE ENT REPORT	
1)	X		SUBMIT FO	RM TO:	
NC	repeat	405	2 Bald Cypres:	nsumer Services Way, Bin C75 da 32399-3275	Unit
I. OFFICE IN	FORMATION	ved t -	EGT A	Polo Alto	A.o.
Name of office Panama City	1 32401 Bay	<u> </u>		. Palo Alto:	WY
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			<u>78</u>	Genjor	Modicald Medicare
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<u>Mesentences</u> Disgnosis	Acnosic		Purrent of Oth	ce Visit description of incident	
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Note: If the incident	involved a death, was the	e medical examir	er notified? Q	les e No	
A) Describe circu	Imstances of the inclu	dent (namative	`	·	
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DH-MQA1030-12/06 Page 1 of 2		1 1		•	

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B) ICD-9-CM Codes	
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	ircumstances, or Resulting Injury
procedure being performed at time of specific agent the	t caused the injury (ICD-9 Codes 800-999.9)
incident (ICD-9 Codes 01-99.9) or event. (ICD-9	E-Codes) ED brochial artery
rsendoand	anysm Obrochial arring
C) List any equipment used if directly involved (Use additional abouts as pagenery for complete response)	in the incident
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NIFS	
D) Outcome of incident (Please check)	
a Death	G Sucical procedure performed on the wrong site **
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D Brein Damage	Q Wrong surgical procedure performed **
Spinal Damage	 Surgical repair of injuries or damage from a planned
- Surgical procedure performed on the wrong patient,	surgioal procedure.
— — — — — — — — — — — — — — — — — — —	** if it resulted in:
 A procedure to remove unplanned foreign objects 	Death
remaining from surgical procedure,	Brain Damage Security
A my annualities that is a live of the formation of the	C Spinel Demage O Permanent disfigurement not to include the
Any condition that required the transfer of the patient to a mospital.	
haddin a a toolumi	Fracture or dislocation of bones or joints
Dutcome of transfer - e.g., death, brain damage,	C Limitation of neurological, physical, or sensory
staervation only higker Level of rare, surgery	function,
Name of facility to which patient was transferred:	 Any condition that required the transfer of the patient to a heapital.
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Martin Sheline, MD -mspections	
	ing procedure - ME109093
Plake Jolly RTR - Direct pahent	· Care - CRT 55788.
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February 21, 2014

Attachment to Physician Office Adverse Incident Form

DX: Mesenteric Stenosis

Procedure: Mesenteric Aortogram

Narrative of circumstance of the incident:

Dr. Sheline started Mesenteric aortogram to patient's left brachial artery at 0854. Multiple attempts were made, however, due to marked tortuosity of the aortic arch, the catheter could not be advanced. At 0920 the approach was abandoned and the sheath was removed per Dr. Sheline's order after obtaining an ACT of 185, Manual pressure was held by Blake Jolly, RT. Dr. Sheline updated patient's family. A hematoma formed and subsequently enlarged, Ultrasound was performed by Candice Rhodes, RVT which suggested a wide mouth pseudo aneurysm. The patient reinsined hemodynamically stable, pain meds were administered TV per Dr. Sheline's order to help with the pain from continuous manual pressure, Hematoma appeared stable as long as pressure was being applied. Dr. Sheline called Dr. Reed Finney who agreed to sce patient urgently in the operating room. Dr. Finney requested patient to be transferred to OR holding area. Dr. Sheline updated the patient's family regarding hematoma and condition. At 1025 EMS was notified for transport and report was called to Veronica in pre-op holding at BMC. 1038 an additional heplock was started, 20g to Right AC and flushed with 0.9% Normal Saline. 1052 Lifeguard services arrived and received report with instructions to maintain manual preasure to patient's left upper extremity and transport patient to OR holding at BMC. Patient remained hemodynamically stable and left with Lifeguard services at 1055.

Patient underwent successful exploration of left brachial artery with repair of injury by Dr. Reed Finney.

	FEB 2 8 2014 John State of FLORIDA Rick Scott, Governor John State of FLORIDA Rick Scott, Governor Main State of FLORIDA Rick Scott, Governor PHYSICIAN OFFICE ADVERSE INCIDENT REPORT SUBMIT FORM TO: Department of Health, Consumor Services Unit 4052 Baild Cyprese Way, Bin C75 Taliahessen, Florida 32309-3275
	i. OFFICE INFORMATION Guile Coast - cardiot-horacic and Vascular Name of offse F. Myers SDIO Summerlin Lakes Dr. Suite 100 Street Address Price Audress 229 - q29 - 100 Street Address 229 - q39 - 100 Street Address Dr. Brian Hummel Name of Physician or Liconsoe Reporting Nin ME 4069 Liconse Number & office registration number, if explicable Name of Physician or Liconsoe Reporting ME 4069 Liconse Number & office registration number, if explicable Name Name Patient identification Number Name Patient identification Number Name Patient identification Number Name Diagonomic Name Diagonomic Name
·	Diegnosia Diegnosia III. INCIDENT INFORMATION 2/251/U/ 2/1515. Incident Date and Time Decealed of Incident: Decealed of Incident: Decealed of Incident: Decealed of Incident: Decealed Boom Brother <u>Ittice</u> Decealed Involved a death, was the medical examiner notified? D Yes D No Was an autopsy performed? D Yes D No Was and Unportung to complete response Datient presented to the office Frr foll W Up visit ^A and was additional shear notic and brackuparatia. When in waiting varm, patient complained of chrst pain and applayed to D patient and expandic around math, layed prateent on exaum induce and obtained with cardionagist when fixed appled to end patient to the ER via EMS fix fix further evaluation of brackycowd IN DH-MQA1020-1206 Page 1 013

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	STATE OF FLORIDA Nick Scott, Governor
HEALTH ADVER	HYSICIAN OFFICE MAR 1 2 2014 RSE INCIDENT REPORT
4052 E	SUBMIT FORM TO: If Health, Consumer Services Unit Bald Cypress Way, Bin C75 assee, Florida 32399-3275
I. OFFICE INFORMATION Strong Health Network, PLLC	RIS UN ST AUC. SVILL 130
City Zip Code County	305-206-2286 Telephone M&10782 052# 928
Manuel A. Gonzalez, M.D. Name of Physician or Licensee Reporting	M 2010732 OSC # 428 License Number & office registration number, if applicable
	<u>87</u> <u>Malc</u> or or Age <u>2-25-14</u> Dele of Office Visit <u>ab dominat</u> asr 105/2011, <u>extremines</u> <u>anglogram</u> <u>and</u> <u>revase</u> <u>i</u> Purpose of Office Visit <u>5929</u>
Plagnosis pain in time (724.5); diabetes (25-72)	ICD-9 Code for description of incident 15 Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	
2-25-14 4:15 PM	Cocation of Incident; C Operating Room C Other
Note: If the incident involved a death, was the medical examine Was an autopsy performed? C Yes C No	notified? © Yes © No WIA-
A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)	•
See attached.	· · · · · · · · · · · · · · ·
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B) ICD-9-CM Codes

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Surgical, dlagnostic, 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)

NOUG .

Ö	Death	Ũ	Surgical procedure performed on the wrong site **
Ö	Brain Damage	۵	Wrong surgical procedure performed **
۵	Spinal Damage	ġ	Surgical repair of injuries or damage from a planned surgical procedure.
	Surgical procedure performed on the wrong patient.		
ņ	A procedure to remove unplanned foreign objects remaining from surgical procedure.		 if it resulted in: Death Brain Damage Spinal Damage
X	Any condition that required the transfer of the patient to a hospital,		Permanent disfigurement not to include the inclusion scar
obs Nar	come of transfer - e.g., death, brain damage, arvation only <u>further examption by stroke tear</u> ne of facility to which patient was transferred; <u>SACKSON MEMORIAL HOSPITAL</u>	2	 Fracture or dislocation of bones or joints Limitation of neurological, physical, or sensory function. 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.

Manuel A. Gonzalez, M.D. Licenje # MEIN 782 - physician performing procedure	all can be
JUSE C: PIJERD LICEALE H. RN 924 SAIL - ANCEHICSIG and recovery	reached at
	305-266-
Gibert-Gonzalez-medical assistant	- 2286

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

The apparent raus	e is not	head trauma	. (we rearned off	this after the	name)
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B) Describe corrective or proactive action (s) taken (Use additional sheets as necessary for complete response)

as a proor this action we called the oursing home to learn about the native of

the s potnest to the stoke center to be evaluated to the source Avans fored stratranial

 ρ^{ij} Dr. Manuel A. Gonzalez V. Margar. ils. MELIO782 CHE OF PHYSICIAN/LICENSEE SUBMITTING REPORT SIGNA LICENSE NUMBER 3:30 PM DATE REPORT COMPLETED TIME REPORT COMPLETED

DH-MQA1030-12/06

Page 2 of 2

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• **Weights** is an 87 year old male with history of CAD, stroke with intracranial bleeding, PAD with ulcer of left foot, diabetes type 2, dementia, and depression. The patient has critical limb ischemia with foot ulcer and was sent for limb salvage revascularization procedure. Due to the prior intracranial bleeding, we had requested prior neurology clearance. The patient was seen by Dr. John R. Cintron on 2/18/14 and was cleared for an angiogram and vascular intervention on 2/18/14.

On 2/25/14 the patient arrived to our facility. Dr. Gonzalez personally examined the patient at approximately 7:30 AM. He was in his usual state of health, which is demented and confused at baseline. He underwent aortogram, selective angiogram and vascular intervention of the left peroneal artery under mild conscious sedation. The procedure was uneventful and the patient was sent to the recovery room at 11:57 AM where the results of the procedure were reviewed with the family.

Approximately 30 minutes later, the patient drank apple juice. An hour later he ate applesauce without any difficulties. At 2:01 PM, Dr. Gonzalez was called to the room to re-evaluate the patient because he remained lethargic and was not fully recovered from sedation. On neurological exam, he remained at his baseline (confused, demented). He was lethargic but followed commands and responded to painful stimuli. There was no evidence of focal motor deficit. The pupils were pinpoint. He received a total of 75 mcg of fentanyl. The last dose was at 11:08 AM. Due to the remote possibility that this could be a late effect of sedation, Dr. Gonzalez ordered Narcan 2 mg IV at 4:12 PM. A few minutes later, there were no changes in neurological status observed in the patient. At this point we learned from the family that the patient had a prior fall and head injury 3 days prior in the nursing home. With this new information Dr. Gonzalez decided to call 911 to transfer the patient to a stroke center for further evaluation.

Corrective or Proactive Actions:

 I called the emergency department and discussed the case with the emergency physician, and asked them to activate the stroke team. The patient was transferred in stable condition to the emergency room.

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		STATE OF FLORIDA Rick Scott, Governor
		PHYSICIAN OFFICE RSE INCIDENT REPORT MAR 1 8 2914
	4052	SUBMIT FORM TO: bf Health, Consumer Services Unit Bald Cypress Way, Bin C75 hassee, Florida 32399-3275
	I. OFFICE INFORMATION Strong Hearth Network, PLLC. Name of office	815 NW 57 Ave. Suite 180
	<u>Miami 33,26 Miami Dade</u> City Zp Code County	<u>305-266-2286</u> Tolephone
	Nanuci A. Gonzalcz, A.D. Name of Physician or Licensee Reporting	MENOTS2 OSK # 928 Ucense Number & office registration number, if applicable
	Patient Identification Number <u>PAD WHN vicc (140.23); vices of himb</u> (707.10); Diagnosis pain in the limb (129.5); diabetes (20.12)	<u>Age</u> <u>Age</u> <u>a-ab-14</u> Date of Office Visit abdominal a orthogram, lower extrements <u>anglegram</u> and <u>revas cutarizature</u> Purpose of Office Visit <u>E273.2</u> ICD-9 Code for description of incident <u>JF</u> Level of Surgery (II) or (III)
	III. INCIDENT INFORMATION	
	2-2-0-14 5:24 P.M. Incident Date and Time	Location of Incident:
	Note: If the incident involved a death, was the medical examine Was an autopsy performed? 더 Yes. 더 No	r notlfied? 및 Yes 및 No 위유
	A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response) Sec alloched.	
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	DH-MQA1030-12/06 Page 1 of 2	rinnen in eine ein einen eine Kannen eine Annen eine eine Kannen eine Kannen eine eine und werden eine Annen ein

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B) ICD-9-CM Codes

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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)

998.12

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)

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Q Death	D Surgicel procedure performed on the wrong site **
O Brain Damage	Wrong surgical procedure performed **
D Spinal Damage	Surgical repair of injuries or damage from a planned surgical econodium
C Surgical procedure performed on the wrong patient.	surgical procedure.
 A procedure to remove unplanned foreign objects remeining from surgical procedure. Any condition that required the transfer of the patient to a hospital. 	 if it resulted in: Death Brain Damage Spinal Damage Permanent disfigurement not to include the incluin scar
Outcome of transfer - e.g., death, brain damage, observation only <u>crawatur</u> by <u>rascular</u> S. 35, Name of facility to which patient was transferred; <u>Jackson Memoral Hospital</u>	 Fracture or dislocation of bones or joints Limitation of neurological, physical, or sensory function. 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.

Manuel A. Gorzatz, M.D. License # MP110722 - Physician performing procedure.) of	allcan
Tose C. PITERD, AN Licensent AN 9245916 - ancesthesia and recovery 16	e icache
Vistor Ruano - medical assistant-	- 905-
	6=2286

F) List witnesses, including license numbers if licensed, and locating information if not listed above None--

IV. ANALYSIS AND CORRECTIVE ACTION

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

The apparent causes	are Osencre atheros	idensis discase and call	afied vessels of the
ioaler extremities, (2)	minx device. failure	, and (3) diathesis or L	n specified
hemorrhagic cond	sitions.		and the second

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

AS a proactive	action u	ie called	or retening	vascular	survey to d	150453 the	case,
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we notified the	ED + A	07070	transter, a	nd shardy	the Ico far	(alled an)	

transfer, and shortly there far (alled an ano う Conclet ٧. nuch B MEIIOTZA TRE OF PHY SICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER 3-9/14 <u>5:35 PM</u> DATE REPORT COMPLETED TIME REPORT COMPLETED

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- The patient is an 80 year-old female with history of severe PAD with critical limb ischemia on the right leg with ulcer and severe resting pain. The patient also has CRF on hemodialysis, HTN, and HLD. She was referred for revascularization of lower extremities. The Doppler US of lower extremities revealed severe stenosis in both lower extremities' arterial systems.
- During the procedure I obtained left common femoral access and performed angiogram and revascularization of the right SFA artery that was 100% chronic total occlusion with the use of laser atherectomy, balloon angioplasty and stenting with excellent angiographic results. At the end of the procedure I attempted to close the arteriotomy with the use of Mynx closure device, but the device balloon ruptured failing to achieve hemostasis. I personally held manual compression for 3 hours on the patient and there was still oozing blood, bruising, and hematoma formation in the left groin.
- Furthermore the patient had episodes of low blood pressure and nausea, likely vasovagal reaction. Given the late hour of the day and all the above f discussed the case with the family and we agreed that she should be sent to the ED to be evaluated. I called the ED and notified the ED doctor and the vascular surgeon on call of the transfer. Then I called the ambulance and personally accompanied the patient to the hospital.
- The Patient was admitted to the hospital under my service (Dr. Gonzalez). CT was done in the ED confirming subcutaneous hematoma, small extravasation, vs. pseudoaneurysm. Patient remained hemodynamically stable with no further expansion of the moderate groin hematoma. Vascular consultation was requested and they concluded that there was no active bleeding and observation was recommended. The patient was admitted and observed for 24 hrs. After Dialysis was performed the following day the patient was discharged home.

Circumstances of the incident:

- The apparent causes of the event are (1) Severe atherosclerosis disease and calcified vessels of the lower extremities (ICD-9-CM 440.22). (2) Failure of the Mynx closure device; and (3) Bleeding diathesis or unspecified hemorrhagic conditions (ICD-9-CM 287,9). I personally performed the hemostasis for 3 hours. This was complicated by the vasovagal reaction and continued oozing of blood.
- The vasovagal reaction, easy bruising and oozing of blood despite prolonged manual hemostasis was beyond the control of the physician.

Correctives or Proactive Actions:

• I called the ED and spoke with the ED doctor and the vascular surgeon on call. Thereafter, I called the ambulance and personally accompanied the patient in the ambulance to the emergency room. She remained in stable condition.

FIORIDA DEPARTMENT OF	STATE OF FLORIDA Rick Scott, Governor
HEALTH	PHYSICIAN OFFICE
· () ·	SUBMIT FORM TO: nent of Health, Consumer Services, Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275
N	
1. OFFICE INFORMATION The BACK Lenter, Brevard Octhapedic Name of office	2222 S. Harbar City Blud
Melhaurne 32901 Brevard	321-723-7711e
Dr L. Voxpel N· ne of Physician or Liconsee Reporting	ME 85032 License Number & office registration number, if applicable
s Patient's address for Physician or Licensee Reporting	
II. PATIENT INFORMATION	
	Age So Low (), Gerider Medicald Medicare
Patient (dumin)eau (1. youn eer	Date of Office Visit Tht (COSTAL NECVE BLOCK / LEFE Purpose of Office Visit
Diagnosis	ICD-9 Code for description of Incident
	Level of Surgery (II) or (III)
02/26/14 0755 Incident Date and Time	Location of Incident: D Operating Room Sy Recovery Room D Other
Note: If the incident involved a death, was the medical ex Was an autopsy performed? □ Yes □ No	•
A) Describe circumstances of the incident (narra	itive)
(use additional sheets as necessary for complete response) <u>PATIENT</u> <u>Freeived in</u> <u>Freevel</u> <u>A</u>	t_0741_Vital_sign_stable
alin hand he he had	

84 70 CIA SO.B Patient Sat 0a palo mintstere putified advise 9990 Hushan -12 EMS Sat 00 ristart (1)infusin 110 250 NS situation 12-p BP 124/82 Patient transported via Holmes HR 88 EMS -10 180 Medica Center Regenal at. 9

DH-MQA1030-12/06 Page 1 of 2

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O2/DU/14 - Portient discharged same day. She was evaluated at HRMC, no pnoumethorax, no cardiac Issues. PH to follow up with P.CP.

B) ICD-9-CM Codes

252 9

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)

D	Death	<u>g</u>	Surgical procedure performed on the wrong site
D	Brain Damage	۵	Wrong surgical procedure performed **
Ģ	Spinal Damage	ä	Surgical repair of injuries or damage from a planned surgical procedure.
Ð.,	Surgical procedure performed on the wrong patient,		** if it resulted in:
ņ,	A procedure to remove unplanned foreign objects remaining from surgical procedure.		⊡ Death ⊑ Brain Damage ⊡ Spinal Damage
Ħ	Any condition that required the transfer of the patient to a hospital.		 Permanent disfigurement not to include the Incision scar Fracture or dislocation of bones or joints
obs	tcome of transfer - e.g., death, brain damage, servation only		Limitation of neurological, physical, or sensory function,
Na	me of facility to which patient was transferred:		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.

L. VOID ME SSU32
J MacDonald CRNA 1853972
H CLOMWELL RN 93471.55
R MacDonald PMD S09507

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)
A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response) Sudden "onset of O upper repignstruct pulle. No -by: of - 555 <u>christe</u> part 200 - 100 - 155000
christin parin un candhad iscus,
B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
Protocol followed and patient transferred to HRAIC by EMS
Contrave to some patients
All of the second second
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
DATE REPORT COMPLETED TIME REPORT COMPLETED
DH-MQA1030-12/06
Page 2 of 2

TLORIDA DEPARTMENT OF HEALTH ADVE	STATE OF FLORIDA Rick Scott, Governor PHYSICIAN OFFICE RSE INCIDENT REPORT SUBMIT FORM TO: of Health, Consumer Services Unit Baid Cypress Way, Bin C75 hassee, Florida 32399-3275
I. OFFICE INFORMATION Institute & Cardiovascular Excellence Name of office Dcala 34434 Mation City Zip Code County Dr. Astra Qamar Name of Physician or Licensee Reporting 4730 SW 49th Rd - Ocala FL Patient's address for Physician or Licensee Reporting	4730 SW 49th Rd Street Address (352) 854-0681 Telephone OSR 820 License Number & office registration number, if applicable
II. PATJENT INFORMATION Patient Identification Number Critical PRD Diagnosis	53 Male D FBCBS Age Gender Medicaid Medicaid 3/4114 Gender Medicaid Medicaid Date of Office Visit H44.22 ICD-9 Code for description of Incident Level of Surgery (II) or (III) Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

3/4/14 1545 Incident Date and Time

1. A.

Location of Incident: D Operating Room D Other	A Recovery Room

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

ويرجع وينابك بتكن

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

(use additional sheets as necessary for complete (saponse)	0
Pt complained of leg pain, Grain was checked, dry intact, no si	igns
blocking of hemotoma, Distal outse was checked, town to be pu	VICICE
tauch and doples Dr. Solarki and Dr. Camas notified. It move	ed to car
1 b using diately the returned to room B. VS were stabley no comp	plaints or
pain. Nursing Supervisor was called for ORMC. Bid/Room us	s given.
911 was called for transfer. Report was given. Ambulance arriv	ed report
given to para medico.	
GIVEN 10 VOIR PROVIDE.	

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B) ICD-9-CM Codes 9345

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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)

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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)

۲ö	Death	Ö	Surgical procedure performed on the wrong and
a	Brain Damage		Wrong surgical procedure performed **
Q	Spinel Damage	Ċ	Surgical repair of injuries or damage from a planned surgical procedure.
p	Surgical procedure performed on the wrong patient.		** If it resulted in:
0	A procedure to remove unplanned foreign objects remaining from surgical procedure.		p Death p Brain Damage p Spinal Damage
æ	patient to a hospital.	-	Permanent disfigurement not to include the incision scar
1	servation only OKMC - Orala, France TPA TA ame of tacility to which patient was transferred: Wala Kig ional Med CHE.	HUS 1	Limitation of neurological, physical, or sensory function. 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.

cale providera.	371 Lisa Wills RH3290	842 Nolariska MKUVAIC	T THE FAMILY
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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 sheats as noceasary for com <u>Thrombosis</u> <u>OLFIER STENT PIETCEMENT MCLUL</u> <u>OF Arterial Pluncture site</u>	6-1_1118 presser
B) Describe corrective or proactive action(s) taken (Use additional sheets as necessar)	i tor complete texponsel
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V. SIGNATUDE OF PHYSICIANILICENSEE SUBMITTING REPORT	LICENSE NUMBER
DATE REPORT COMPLETED TIME REPORT COMPLETED	
DH-MQA 1030-12/06	
Page 2 of 2	



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 Specialists of Central Florida

Name of office

Orlando <u>32806</u> Orange City Zip Code County Jon M. Wesley, M.D., F.A.C.S.

Name of Physician or Licenseo Reporting

80 West Michigan St. Orlando, FL. 32806 Patient's address for Physician or Licenses Reporting

II. PATIENT INFORMATION

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Peripheral Artery Disease Diagnosis

III. INCIDENT INFORMATION

April 3, 2014 Incident Date and Time 80 West Michigan St. Orlando, FL. 32806

Street Address

407-648-4323

Telephone

ME0086911 OSR844

License Number & office registration number, if applicable

75	Female	0	D
Age April 2	Gender 2014	Medicald	Medicare
Date of Office	ZV 14 Visit	·····	
Aortagram w	Visit ∕Runoffs w/Enc	lovascula	<u>ir Intervention</u>
Purpose of Off	ice Visit		

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

Location of incident: Deparation Room, Secovery Room Other_Patient's Residence

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.

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. B) ICD-9-CM Codes

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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	Q	Surgical procedure performed on the wrong site **
٥	Brain Damage	a	Wrong surgical procedure performed **
ġ	Spinal Damage	Ċ	Surgical repair of injuries or damage from a planned surgical procedure.
D	Surgical procedure performed on the wrong patient,		** if it resulled in:
۵	A procedure to remove unplanned foreign objects remaining from surgical procedure.		 Death Brain Damage Spinal Damage
۵	Any condition that required the transfer of the patient to a hospital.		Permanent disfigurement not to include the inclusion scar
			D Fracture or dislocation of bones or joints
obs	come of transfer – e.g., death, brain damage, ervation only		 Limitation of neurological, physical, or sensory function.
Nar	ne of facility to which patient was transferred:		 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.

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 shoets as necessary for complete response)

٧. ME0086911 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER 2014 1036 AM DATE REPORT COMPLETED TIME REPORT COMPLETED DH-MQA1030-12/06 Page 2 of 2



Vascular Surgery Endovascular Surgery

Charles S. Thompson, M.D., F.A.C.S. Jon M. Wesley, M.D., F.A.C.S. Adam B. Levitt, M.D., F.A.C.S. Michael J. Muchibergor, M.D. Shanak B. Patel, M.D.

Aubrey A. Harman, ARNP

80 W, Michigan Street Orlando, FL 32806 Telephone 407-648-4323 Fax 407-839-1493

1920 Don Wickham Drive Suite 120 Clemont, PL 34711 Telephone 352-241-7585 Fax 332-241-7595

7460 Doc's Grove Circle Orlando, ML 32819 Telephone 407-648-4323 Fax 407-839-1495

10000 W. Colonial Drive Sulte 483 Oenee, FL 34761 Telephone 407-648-4323 Pax 407-839-1493

The Vascular Laboratory



80 W. Michigan Street Orlando, Florida 32806 Telephone 407-648-5499 Fax 407-839-1493

1920 Don Wickham Drive Suite 120 Clermont, Florida 34711 Telephong 352-241-7585 Fax 352-241-7595 This is a narrative of the preprocedural, intraprocedural, and postprocedural course of patient on April 3, 2014. This 75-year-old woman presented to us 4 days prior to her procedure with gangrenous changes involving the left foot associated with severe pain. The patient had noninvasive arterial studies which showed multilevel peripheral arterial disease. The patient was scheduled for an arteriogram with possible endovascular Intervention for April 3, 2014.

Preprocedurally, the patient had a blood pressure of 95/55 and a heart rate of 97. This was close to the patient's baseline. Her only complaints at that time were of severe left foot pain. Intraprocedurally, the patient was given 0.5 mg of Versed and 25 µg of fenlanyl for initial sedation. Throughout the procedure we gave her allquots of 25 µg of fentanyl titrated to control her pain, We gave a total of 175 µg of fentanyl for the entire case. Additionally, we gave an additional 0.5 mg of Versed for a total of 1 mg of Versed. The patient was arousable throughout the entire case and in fact was able to follow instructions. We performed an athereotomy procedure for severe peripheral arterial disease. During this procedure we administered 200 µg aliquots of verapamil intra-arterially to combat the peripheral vasal spasm that is typical for this case. Additionally, we gave 200 µg allquots of nitroglycerin for a total of 1200 µg. The results were satisfactory and the patient was transferred to the recovery area in stable condition. It is noteworthy that the patient had a arteriotomy closure procedure to minimize post sheath removal bleeding. The patient was hemodynamically stable throughout the postprocedural period with only a translent drop in systolic blood pressure to 85 mmHg (10 points below her baseline blood pressure). She was completely asymptomatic at this time and her blood pressure normalized scon thereafter. The patient was awake, alert and breathing spontaneously throughout the entire post procedural period. The patient entered the recovery area at 12:15 PM and was discharged at 2:30 PM according to protocol. The last analgesic given was 2 mg of intravenous morphine sulfate at 1:15 PM. The patient was not ambulatory preprocedurally and was transferred to her vehicle via wheelchair fully awake and engaging.

According to protocol as we do with all patients, we called the next day to inquire about the patient's condition. We were told at that time by the husband that she had expired the day before. He explained that on the way home she appeared to be sleeping and he didn't want to awaken her. By the time they arrived home he tried to grouse her but she would not awaken. He called 911 and she was taken to Central Florida Regional Hospital where it appears that after brief resuscitative efforts she was pronounced dead.

It is unfortunate and unclear to us what transpired between discharge and the patient's ultimate death. It is unlikely that the patient was over narcotized or oversedated because of the the relatively small doses that we gave and the relatively short half lives of these medications. Furthermore, a peak onset of these medications should have rendered her more lethargic in the postoperative period. There was no point in which this was the case. Although bleeding complications can occur with any percutaneous arterial procedure with groin access, I saw no mention of any evidence of a large hematoma when she presented to the outside hospital. Furthermore, any bleeding that would be significant enough to cause her to die in such a short period of time should at least have been marginally apparent in the postoperative period. Again, there

www.arteryandvein.com

STATE OF FLORIDA Rick Scott, Governor ORIDA DEPARTMENT OF PHYSICIAN OFFICE ADVERSE INCIDENT REPORT MAY 2 7 200 SUBMIT FORM TO: Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275 FICE INFORMATION 3 M) 49 4730 Street Addrea 352 Marior elephone HSGOL (OBWGY License Number & office registration number, if applicable Name of Physician or Licensee Reporting Patient's address for Physician or Licensee Reporting Medicaid Medica Date of Office intervention !! Purpose of Office Visit 440 ZI fication Number ICD-9 Code for description of incident Level of Surgery (II) or (III) INCIDENT INFORMATION Ш. 16:11:32 Location of Incident; CI Recovery Room Coperating Room Incident Date and Time C Other_ Note: If the incident involved a death, was the medical examiner notified? D Yes D No. Was an autopsy performed? D Yes D/No". A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response) while performing left common iliac angingram it showed Common the left common iliac Vert the immbos in 4ma \mathcal{U} left external Mar. FRIMONIA arrow fractela ini aiven Huvanah - Edminon oxternal illar and rommon illac, left HEVOR Sheath Ovter1+9 Orpessiry los a hedrianczed 10 112005 phist = MUMA $K \vee O^{-}$ 25 non hearin unit Dag to recovery area Carl arinen takev 31 Transportation called at this time. _____Stace Nusene for

and the standard standard standard standards	
B) ICD-9-CM Codes	990 2 11/1
39.50 6879.	D 997.2, 444-22 circumstances, or Resulting injury
Surgical, diagnostic, or treatment Accident, event, procedure being performed at time of specific agent th	circumstances, or Resulting injury at caused the injury (ICD-9 Codes 800-999.9)
incident (ICD-9 Codes 01-99.9) or event. (ICD-9	E-Codes)
C) List any equipment used if directly involve (Use additional sheets as necessary for complete response) GFY 45 CM Flexor Supurt	
D) Outcome of Incident (Please check)	
B Death	G Surgical procedure performed on the wrong site **
Brain Damage	Wrong surgical procedure performed **
Spinel Damage	D Surgical repair of injuries or damage from a planned
Surgical procedure performed on the wrong patient.	surgical procedure.
A procedure to remove unplanned foreign objects	* if it resulted in: Death Real Dearage
remaining from surgical procedure.	D Brain Damage
Any condition that required the transfer of the	Permanent disfigurement not to include the
patient to a hospital,	incision scar G Fracture or dislocation of bones or joints
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observation only	function.
Name of facility to which patient was transferred.	Any condition that required the transfer of the patient to a hospital.
they were involved in this incident, this would inc care providers. <u>Havris Eaxl Caunon - Monito</u> <u>Jerrels - revolutor prov. Asad</u> <u>Drane laflam - Anestmesia</u> <u>NINSE</u>	Murse, Stace Neusome-Recov
F) List witnesses, Including license numbers if Ild	ensed, and locating information if not listed above
and the second	
N. ANALYSIS AND CORRECTIVE ACTIC A) Analysis (apparent cause) of this incident (Use add Thrombus in 1944 O thac, and 1944 Common	ON Itional shoes as necessary for complete response) <u>2MMON (ICC, ICF+ CK+CVha</u> <u>FRMOVAL AV+CVIXS</u>
B) Describe corrective or proactive action(s) taken 4 mg Alteplase + Hep	(Use additional sheats as notessary for complete response) $\pi^{\prime}n$ $dViP$
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V. SIGNATURE OF PHYSICIAN/LICEMSEE	SUBMITTING REPORT LICENSE NUMBER
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DH-MQA1030-1200 Page 2 of 2	
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e 3. Fre 78 F) RE STATE OF FLORIDA Rick Scott, Governor 1 JUN Ø Ś PHYSICIAN OFFICE ADVERSE INCIDENT REPORT 81 34 Ref SUBMIT FORM TO: Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275 OFFICE INFORMATION What Spine <u>n</u>ca 10 et Address Name of office 33870 Telephone Zip Code Š Soopi M Vina $\mathcal{O}\mathcal{O}$ Ucansa Number & office registration number, it applicable Name of Physician or Licensee Reporting Patient's address for Physician or Licensee Reporting 5-19-14 Gender Medicaid Medicare Age Date of Office Visit えつ Purpose of Of Patient Identification Number Diagnosis 9 Societe ICD-9 Code for description of incident Level of Surgery (II) or (III) INCIDENT INFORMATION Ш, Location of Incidents OrOperating Room O Other 00 Resovery Room Incident Date and Time 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) ocident. In minutes idiection Occerture tatie $dv \infty$ <u>be</u> complained int stretchec රා he becane ongoor regular and Server SKin og et 120 to one nne o're o min draine this incident. Octre attched page. DH-MQA1030-12/06 Continue Page | of 3

Continued Ston section A) Describe circumstances of the incident (normative)

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Patient become aviake and alert immediately after he was transferred to the stretcher. Patient stated that he had not eater that morning and he was nowseated. Patient wonited twice and stated that he self better. Oxygen placed on patient and heparin back strented in night hand. Blood sugar reading Obtained and it was 130 and Oa sturation was 97%. Patient placed on oxygen and given two glucose tablets. Patient placed on oxygen and given two glucose tablets. Datent again stated that he was seeing better but he did complain of continued dizziness and nausea. Blood pressure remained stable during entine incident and recovery period.

EMS was called per for Sami's orders to transfer. patient to Florida Hospital Heartland due to persistent symptoms of dizziness and nausea. Obtient transformed via EMS to the Emergency Room. Patient was evaluated in the ER and discharged have the same days.

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FLORIDA DEPARTMENT OF 80	STATE OF FLORIDA Rick Scott, Governor PHYSICIAN OFFICE ADVERSE INCIDENT REPORT
P 1 13 2014	SUBMIT FORM TO: tment of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275
Name of office City Navi C Navi C Navi C Navi C Navi C Novi C Navi C Novi C N	87 GOO N. Cuttleman Rd. Street Address 9(1-378-3231 Telephone
Name of Physician or Licensee Reporting Patient's address for Physician or Licensee Reporting	License Number & office registration number, If applicable
	Date of Office Visit <u>Ancarroa han</u> with runoff bilatenel Purpose of Office Visit ICD-9 Code for description of incident Level of Surgery (II) or (III)
III. INCIDENT INFORMATION 5-28-N 1045 Incident Date and Time	Location of Incident: D Operating Room G Other
Note: If the incident involved a death, was the medical ex Was an autopsy performed? If Yes INO MA A) Describe circumstances of the incident (nama (use additional sheets as necessary for complete response) Pt Th PACL had a ANOP TH BLOOD phesis Bitted phesister of the pt Hospital lot offse	aminer notified? = Yes TNO LA tive) Weggel EDIEOdes With
DH-MQA1030-12/06 Page 1 of 2	

B) ICD-9-CM Codes.

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procedur	e being	perform	ed at lime of
incident	(ICD-9	Codes	01-89.9)

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 chack)

<u> </u>	Death	Q	Surgical procedure performed on the wrong site
Q	Brain Damage	Q	Wrong surgical procedure performed **
Q	Spinal Damage	Ð	Surgical repair of injuries or damage from a planned
ņ	Surgical procedure performed on the wrong patient,	•	surgicial procedura,
D	A procedure to remove unplanned foreign objects remaining from surgical procedure,		** if it resulted in; D Death D Brain Damage
Ø	Any condition that required the transfer of the patient to a hospital.		Spinal Damage Permanent disfigurement not to include the include sear
- H.	come of transfer – e.g., death, brain damage, ervation only ne of facility to which patient was transferred; Dec (rws. S) (VDSQ) + c.e.		 Fracture or dislocation of bones or joints Limitation of neurological, physical, or sensory function, Any condition that required the transfer of the patient to a hospital.

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

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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 (lice additional shorts as necessary for complete response)
OVERALANI TO both of local land land the second states of the second sec
the second s
B) Describe corrective or proactive action(s) taken (Use stational sheets so nacessary for complate response)
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Page 2 of 2

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	79 repeat. DZ
	STATE OF FLORIDA Rick Scott, Governor
FIOMOTA NUN 13 2014	PHYSICIAN OFFICE /ERSE INCIDENT REPORT
HEALTH Departme	SUBMIT FORM TO: nt of Health, Consumer Services Unit 52 Bald Cypress Way, Bin C75 Ilahassee, Florida 32399-3275
1. OFFICE INFORMATION Surgery Center of Broward Name afolfice Lauderhill 33351 Broward City Zip Code County	4300 N University Dr E200 Street Address 954-749-3040
City Zip Code County Daniel M. 22ichner, MO Name of Physician or Licensee Reporting	Tolephone <u>ME99070</u> OSR 626 Ligense Number & office registration number, if applicable
4300 N UNIVERSITY Dr. 5300 Patient's address for Physician or Licensee Reporting	
2143D+t1	<u>Age May 29 Gender 4</u> Medicaid Medicare Date of Office Visit Liposuction Fat Transport Purpose of Office Visit
Patient Identification Number Diagnosis	ICD-9 Code for description of incident <u> <u> <u> <u> </u> </u></u></u>
III. INCIDENT INFORMATION	
May 29, 2014 14: 41 Incident Date and Time	Location of Incident: VE Operating Room
Note: If the incident involved a death, was the medical exar Was an autopsy performed? □ Yes □ No	niner notified? 🗆 Yes 🗀 No
A) Describe circumstances of the incident (narrati (use additional sheets as necessary for complete response) 32 year old female was undergo	

but tock, her monitered respiratory indices dropped toon unacceptable level and the procedure was terminated. Fire rescue was called. Vital signs were maintained and the indices improved while in the operating room. Fire rescue appeared and transported the patient to Florida Medical center for observation.

controlled on page 3 ...

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	STATE OF FLORIDA Rick Scott, Governor
	HEALTH PHYSICIAN OFFICE ADVERSE INCIDENT REPORT REPORT
· /	SUBMIT FORM TO: Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275
	I. OFFICE INFORMATION Walput Creek Medical Center 1779 N. University Drive Name of piffice Street Address Pembroke Pines 33024 Broward Or. Oaniel Cohen 954-964-6281 Name of physician or Licenseo Reporting ME 106752 058*598 Name of Physician or Licenseo Reporting ME 106752 058*598 Patient's address for Physician or Licenseo Reporting Ucense Number & office registration number, it applicable
	Los F o X Plushumana <u>Aque 6/25 F</u> o X Plushumana <u>Date at Office Visit</u> <u>ColOHDBC OPY</u> Purpose of Office Visit <u>Bowel</u> Perforation 369.83 ICD-9 Code for description of Incident <u>Level of Surgery (II) or (III)</u>
	III. INCIDENT INFORMATION Lo[23/14 Location of Incident: Incident Data and Time D Operating Room Arrow Home Arrow Home
,	Note: If the incident involved a death, was the medical examiner notified? Q Yes Q No N/A Was an autopsy performed? Q Yes Q No
	A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)
	See attached Patient discharged from bospital on 6/26/14. Patient followed up with PCP on 6/30/14 and is doing well.
	DH-MQA1030-12/06 Page 1 of 2

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B) ICD-S-CM Codes

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Colonoscopy	Bowel Perforation
Surgical, diagnostic, or treatment	Accident, event, circumstances, or
procedure being performed at time of	specific agant that caused the injury or event, (ICD-9 E-Codes)
Incident (ICD-9 Codes 01-99.9)	OK EARLY' (LOD-2 CHORDER)

Right hemicolectomy 457 Ц<u>5</u>Й Primary Anostamosis! Resulting Injury (ICD-9 Codes 600-998,9)

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

Calon	Fnd	DSCOPY	Scope
Lolon			

D) Outcome of incident (Plasse cluck)

O Death		Surgical procedure performed on the	wrong allo
O Brain Damage		Wrong surgical procedure performed	[•*
ci Spinal Demage		Surgical repair of injurias or damage surgical proceeding.	tion a planned
a Surgicel procedure performed	on the wrong patient.	* If it resulted in:	·
A procedure to remove unplan remaining from surgical process	ned foreign objects dura.	ti Daoth O Brain Damage G Seinal Dagiage	
Any condition that required the patient to a hospital.	s transfer of the	 Permanent distigurement not lo incision scar Brachive of dislocation of bones 	or loints
Outcome of transfer - n.g., dealli, observation only	brain damega,	 C Umitation of neurological, physical content of the physical con	Carl of actionly
Name of faceity to which patient STOLLORD SELECT		patient to a hospital.	Les and the second s

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 anosthesiologist, support staff and other health care providers. <u>^</u>

Dr	Domiel Cohn NE 106752-Physician	
Δ.	A A T DO OLIVYE NO BADL 2 - Unesthesiologist	- Tringin Trail
En	01100 ANYER ANALISS- Pre and Post-DP N I Price AN 3190402 - Intra-OP AN	ed Jomes-Tech
Paul	I Price AN 3190402 - Intra-UP AN	

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

ANALYSIS AND CORRECTIVE ACTION A) Analysis (apprarent sayae) of this (notigent lives wishinged shoels as necessary for complete response) attached See. B) Describe corrective or proactive action(a) taken See OttGChed ME 106752 ЦĿ C? SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT p LICENSE NUMBER ٧,

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DH-MQA1030-12/06 Page 2 of 2

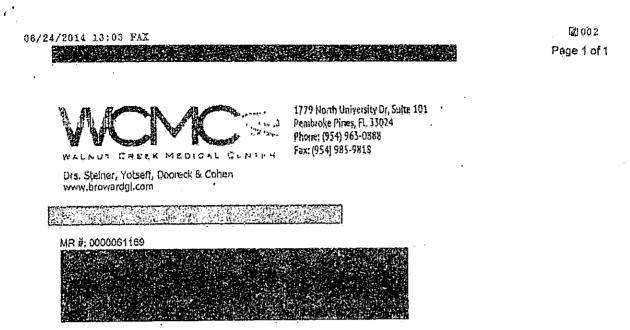


Chart Note

Informed of a likely perforation yesterday

I was called by Dr Joseph Catino, surgeon at Broward General, last night, Apparently pi had abd pain after leaving WNC. Wer to hospital and imaging showed free air c/w a perforation. I discussed the case with Dr Catino in detail prior to pt going to the OR. I called pt's PCP Dr Nell this morning to inform her. She was already aware of what is going on. Will follow closely. Created On: 06/24/2014 12:54 PM By Daniel Cohen

14-40 PAX 67. /2014

2004 Page 1 of 1



Drs. Steiner, Yotseff, Dooreck & Cohen

www.browardgl.com

1779 North University Dr. Suite 101 Pembroke Pines, FL 33024 Phone: (954) 953-0688 Fax: (954) 985-9818

Chart Note

W/A

was told that she had a large polyp on a prior colonoscopy and that she needed surgery, but she refuced to have it. During the colonoscopy, I saw a large polyp in the ascending colon with a tattoo next to it. I tried to remove the which polyp, especially colonoscopy, I saw a large polyp in the ascending colon with a tattoo next to it. I tried to remove the which polyp, especially since she had refused surgery in the past. The polypectomy was performed. (Pathology eventually revealed a tabulovillous and instruments). There was a divide there, but no perforation. She had some mild pain in the recovery room afetiwards, but improved and was discharged home. Apparently the pain worsened and she want to the ER at Browerd General. Imaging showed free arc consistent with a perforation. Dr Joseph Catino (surgeon) called me and I discussed the case with him prior to him taking the consistent with a perforation. Dr Joseph Catino (surgeon) called me and I discussed the case with him prior to him taking the consistent with a performance of the constraints was performed. The watch of the DR at bothology spectration are weated the taking the constraints. Discreting much preparation. Discours cauno reurgeony cauno me una reprovised the case with him prior to him taking performing the OR, A right hemicolectomy with primary anastamosis was performed. The pathology spacimen revealed the performing at the polyportomy site, but no residual polyp. She did well afterwards and was discharged on 6/26/14. She has followed up with her PCP Dr Glanni Nell on 6/30/14 and continues to do well.

Created On: 07/03/2014 02:07 PM By Daniel Cohen

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Location of incident: Incident Date and Time Location of incident: B Generating Room, B Gher, Cardinal Structure Was an autopsy performed? Q Yes Q NO A) Describe circumstances of the incident (narrative) (use additional structure and structure in a pice (in c' ff Stated Ste felt A chest Clatter and the point are the guide wire was an autopsy performed? Q Yes Q NO A) Describe as necessary for complete responsed (use additional structure of the incident (narrative) (use additional structure of the constructure) DH-MQA1030-12/06 Page 1 of 2 DATE REPORT COMPLETED TIME REPORT COMPLETED DH-MQA1030-12/06		≓axarot aniθerλ (n) ot fur)
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A Chest flittle c. At the point as The guide wire was removed. The wine was slowedy marked sud Price line was out to tempt. the pt stated she still felt Nausected. Price fire was placed and blue teen was Called. DH-MQA1030-12/06 Page 1 of 2 V. SIGNATURE OF, PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER The REPORT COMPLETED TIME REPORT COMPLETED DH-MQA1030-12/06		E Pt stated she felt
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arived for her scheduled appointment for a right upper arm AV Fistulagram on 7/1/2014. The patient's initial vital signs were recorded at 11:05 am as: BP 168/104, Pulse 77 bpm, Respiration Rate of 16, O2 sat of 98%, Temp of 99.0, no recorded pain. The patient was alert and oriented, with clear respiratory breath sounds and normal respiratory pattern. During her initial intake, had significant abdominal swelling. Negative pregnancy was verbally confirmed with the patient, and the patient's dialysis center was contacted to confirm negative pregnancy.

After her initial intake and signed consent, was brought into the procedure room. During the sterile patient prep, stated that she had been to her Doctor's office the day prior and planned to visit the emergency room after her procedure here, due to her abdominal swelling.

underwent her scheduled procedure at 11:26 am, which required PTA intra-procedure. Her vital signs were stable throughout the procedure. Procedure end time was 12:46 pm, and the patient was sent to recovery at 12:49 pm.

The patient's last recorded vital signs were recorded at 12:58 pm as: BP 155/106, HR 74 bpm, RR 16, O2 99%, Temp 99.0, with no reported pain. The patient was alert and oriented, with clear respiratory breath sounds and normal respiratory pattern. The patient was discharged at that time.

After the patient was discharged, an ambulance was called in order to transport the patient to the emergency room to address her abdominal swelling. The patient left the facility via ambulance and was transported to Baptist Hospital.

7/17/2014. 2

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