201510920-186

STATE OF FLORIDA Rick Scott, Governor



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PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

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

APR 2 7 2015

I. OFFICE INFORMATION	
Vascular Surgery Associates	2631 Centennial Blvd
Name of office	Street Address '
Tallahassee, FL 32308 Leon	850-877-8530 -
City Zip Code County	, Telephone
Dr. Robert Hoyne	ME0042148 OSR925
Name of Physician or Licensee Reporting	License Number & office registration number, if applicable
-	•
Patient's address for Physician or Licensee Reporting	
II. PATIENT INFORMATION	,
	female ☐ K
Patient Name	Age Gender Medicard Medicare
	4-6-15
Patient's Address 73219	Date of Office Visit Mesenteric angiography
Patient Identification Number 557.1	Purpose of Office Visit -
Diagnosis	789,00 E878.8 458.29 ICD-9 Code for description of incident
• •	Level 11
·	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	
4.0.45	
4-6-15 Incident Date and Time	Location of Incident: ☐ Operating Room ☐ Recovery Room
	☑ Other angiography suite
Note: If the incident involved a death, was the medical education was an autopsy performed? ☐ Yes ☐ No	xaminer notified? □ Yes □ No
 A) Describe circumstances of the incident (narr (use additional stieets as necessary for complete response) 	rative)
1525 Patient to recovery area following mesenteric angiogram	c/o of nausea and abdominal pain. Patient diaphoretic and
hypotensive. Dr. Hoyne notified, orders received. After inter-	ventions (trendelenberg, IV fluid bolus) patient remained
	wever hypotension improved. 1605 Order recieved to transfer
patient to TMH for further evaluation (CTA) and observation.	_
TMH via EMS. Belongings sent with family.	
	(
DH-MQA1030-12/06 .	



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

The Revision (2004)	245) Gordlotte Pd 11 51010
Name of öffice	Street Address Caples FC
City Zip Code County	(2391643-8794) Telephone
Dr.S.Chahuan	_ ME 9.860G
Name of Physician or Licensee Reporting	License Number & office registration number; if applicable
Patient's address for Physician or Licensee Reporting	M HAY 0 1 2065
II. PATIENT INFORMATION	AND TENED
W AHEN IN ONWATION	
Potiont Marco	Age 7-15-15Gender Medicaid Medicare
Patient's Address 433	Date of Office Visit ADI ADSNAM
Retient Rentification Number Distern Disease Eller	Purpose of Affice Visit 786.50
Diagnosis	ICD-9 Code for description of incident
NOIDENT INFORMATION	Level of Surger (ii) or (iii)
III. INCIDENT INFORMATION	
Incident Date and Time	Location of Incident: Operating Room Other
Note: If the incident involved a death, was the medical exam Was an autopsy performed? □ Yes □ No N/A	niner notified? □ Yes □ No N/A
A) Describe circumstances of the incident (narrativ	(9)
(use additional sheets as necessary for complete response)	
Pt underwent UEAD 3 complication	
	Zopan per moorder. Ptreported
Atretena a lega dandere Pto	ministration. Et petting on side of
situacue of Go mairea E Mu	i Pering. Pt medicated & Benadry
et Stucentel germoorder. St	ivering subsided of Godinana
When ritting ripright BP 900). R	ilesing. Pt medicated & Benadry Twening subsided; pt Godingna toppin drs Pli & bleeding or SIS of
- (2)11/1/162211112241117	
Chart and "who times a des	reased by. It then to pain in
Page 1.0f/2 R & Croin dux DI 5	eding of SISCh himstone Den
m Chahwan, 911 Contacted	creased BP. Pt then to pain in w" Pot abd DDT, mondistanded ding or SISC humotome. Per for transport to El.

procedure being performed at time of specific agent the	JIA 458.9 7-86.50 Resulting injury (ICD-9 Codes 800-999.9)
incident (ICD-9 Codes 01-99.9) or event. (ICD-9 C) List any equipment used if directly involve (Use additional sheets as necessary for complete response)	
D) Outcome of Incident (Please check)	<u> </u>
□ Death	□ Surgical procedure performed on the wrong site **
□ Brain Damage	☐ Wrong surgical procedure performed **
□ Spinal Damage	Surgical repair of injuries or damage from a planned surgical procedure.
Surgical procedure performed on the wrong patient.	** if it resulted in:
A procedure to remove unplanned foreign objects remaining from surgical procedure.	□ Death □ Brain Damage
Any condition that required the transfer of the patient to a hospital.	□ Spinal Damage □ Permanent disfigurement not to include the incision scar
Outcome of transfer – e.g., death, brain damage, observation only Name of facility to which patient was transferred:	 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 license numbers in l	
F) List witnesses, including license numbers if lice	ensed, and locating information if not listed above
IV. ANALYSIS AND CORRECTIVE ACTIO A) Analysis (apparent cause) of this incident (Use addit A) Analysis (apparent cause) of this incident (Use addit A) Analysis (apparent cause) of this incident (Use addit A) Analysis (apparent cause) of this incident (Use addit A) Analysis (apparent cause) of this incident (Use addit A) Analysis (apparent cause) of this incident (Use addit A) Analysis (apparent cause) of this incident (Use addit A) Analysis (apparent cause) of this incident (Use addit A) Analysis (apparent cause) of this incident (Use addit A) Analysis (apparent cause) of this incident (Use addit A) Analysis (apparent cause) of this incident (Use addit A) Analysis (apparent cause) of this incident (Use addit A) Analysis (apparent cause) of this incident (Use addit A) Analysis (apparent cause) of this incident (Use addit A) Analysis (apparent cause) of this incident (Use addit A) Analysis (A) Analysi	
B) Describe corrective or proactive action(s) taken (L) PATURE OF PHYSICIAN/LICENSEES	for funther eval all symptomes Amission required. ME98609
DATE REPORT COMPLETED TIME DH-MQA1030-12/06 Page 2 of 2	REPORT COMPLETED

201510989-186

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
APR 2 8 2015

APR 2 8 2015

1	
I. OFFICE INFORMATION	17.1 01 10 = 1 1 1 0 1 Th
Vascular Access Center Name of office	of Jacksonlike 6800 Southpoint Pkwy Suit
Sacksonville 32216 Trus	
City Zip Code County	(404) 296-4106 Telephone
Dr Sara Clark	119747
Name of Physician or Licensee Reporting	License Number & office registration number, if applicable
1	Electrice Humber & Onice registration Humber, it applicable
Patient's address for Physician or Licensee Reporting	 -
	1
IL PATIENT INFORMATION	
	Age Gender Medicaid Medicare
Patient's Address	Pete of Office Visit Right Arm Fistulagrand throma
Patient Identification Number	Purpose of Office Visit
Diagnosis	ICD-9 Code for description of incident
	\mathcal{H}_{-}
	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	.]
4/15/15 1630	
Incident Date and Time	Location of Incident: ☐ Recovery Room ☐ Recovery Room
	© Other ☐ Recovery Room
Note: If the incident involved a death, was the	ne medical examiner notified? II Vos. II No.
Was an autopsy performed? □ Yes □	No '
•	1
A) Describe circumstances of the inc	ident (narrative)
(use additional sheets as necessary for complete n	esponse)
)
De Attached S	heet.
,	
<u> </u>	
·	•
DH-MQA1030-12/06	•
Page 1 of 3	
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Page 2 of 3	!
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- • - • • • • • •	
DH-MQA 1030-12/06 Page 1 of 3	

After informed consent was obtained and the patient was prepped in a sterile manner, access was obtained to the Left upper arm fistula with a micropuncture sheath. This was upsized to a 6Fr sheath and an angled glide cath was advanced into the central circulation over a stiff angled glidewire. Fistulogram was performed with pull back to the area of thrombus, located in the venous outflow. An alternate 6 Fr sheath was placed in the arterial direction. Fogarty thrombectomy of the arterial plug was performed. Balloon angioplasty with an 8mm balloon was used in the venous outflow tract across the entire cephalic vein into the central circulation at the subclavian, by definition macerating any remaining thrombus. A good thrill was noted clinically and follow-up fistulagram and venogram demonstrated wide patency at the angioplasty sites and into the central venous circulation. There was noted to be migration of a previously placed stent to the SVC/R atrium. Attempts were made to snare the stent which were unsuccessful and the patient was having ectopy prompting discontinuation of the procedure. The sheaths were removed after placement of 3-0 nylon sutures. EMS called at 1438. EMS arrived at 1455. Pt alert and oriented. Vital signs stable, denies pain or discomfort. Pt transported to Baptist Downtown at 1500.

P.012 FLSTA - LIO



STATE OF FLORIDA COnsumer Services Rick Scott, Governor

MAY 0 7 2015

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

	•
I OFFICE INFORMATION	100 11 NHA 1010 21
Sarasota Intervention of Kadislogy	600 N. Cattleman Rd Suite 16
Name of office	Street Address
arasotut	941-378-3231
City Zip Code County	Telephone
De G. guille	
Name of Physician or/ficensee Reporting	License Number & office registration number, if applicable
<u>, . </u>	•
Patient's address for Physician or Licensee Reporting	•
	<u> </u>
II. PATIENT INFORMATION	
	Age
Patient's Address	Date of Office Visit
Patients Address	Bone Warrow Biopsy
Patient (deptification Number	Purpose of Office Visit Rand Heart Ratt / 150 - 160
Diagnosis	ICD-9 Code for description of incident
∬	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	
4-23-15 @ 1530	Location of incident:
tricident Date and Time	© Operating Room □ Recovery Room
	☐ Other_·
Note: If the incident involved a death, was the medical exa	aminer notified? □ Yes □ No //A
· Was an autopsy performed? □ Yes □ No	
A) Describe circumstances of the incident (narra	fire)
(use additional sheets as necessary for complete response)	uvej /
of F Year Choe of	- 2 10 second (INT: HM
a liver it of a worker to	chille Then all of all
TO 1791-131. Vet august 5	woll sundaging 1811
120'5/2011 (21 les Way 100	my Esmold which provided
temmanum relief of Sx. 1	felt who omtook ble dischurio
it to home & Gelt aho nee	2/0/ to be Quality to 1. +
The first the fi	aver to ex configura for
- TOSPINA TO PHENOUS CAINE	Mar, his Tony, The counte way
completed w/o difficulty/do)	molication
	nexton
	100
DH-MQA1030-12/06	Michael DiTanano my
Page 1, of 2	
14 /	

B) ICD-9-CM Codes	
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) Accident, event specific agent to or event. (ICD-9 Codes 01-99.9)	Resulting injury (ICD-9 Codes 800-999.9) 9 E-Codes)
C) List any equipment used if directly involve (Use additional sheets as necessary for complete response)	ed in the incident
D) Outcome of Incident (Please check)	
© Death	□ Surgical procedure performed on the wrong site **
☐ Brain Damage	□ Wrong surgical procedure performed **
□ Spinal Damage	Surgical repair of injuries or damage from a planned surgical procedure.
Surgical procedure performed on the wrong patient. A procedure to remove unplanned foreign objects	** if it resulted in: □ Death
Any condition that required the transfer of the patient to a hospital.	☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar
Outcome of transfer – e.g., death, brain damage, observation only	☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function.
Name 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 lithey were involved in this incident, this would incore providers. Milu Mitarato MD ME 7 May I'm Whan CT CR Rainl Muns Ru	icensed, locating information and the capacity in which lude anesthesiologist, support staff and other health
F) List witnesses, including license numbers if tio	censed, and locating information if not listed above
IV. ANALYSIS AND CORRECTIVE ACTION Analysis (apparent cause) of this incident (Use add	
B) Describe corrective or proactive action(s) taken	(Use additional sheets as necessary for complete response)
V. SIGNATURE, OF PHYSICIAN/LICENSEE	CHIPMETTING DEPOST LICENSES AND
4-24-15	SUBMITTING REPORT LICENSE NUMBER // STO E REPORT COMPLETED
DH-MQA 1030-12/06 Page 2 of 3	

STATE OF FLORIDA

Rick Scott, Governor

∕ PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

OFFICE INFORMATION 6766 West Surrise Blue Scutilos Access American Planta Zip Code County <u>Noveen</u> Name of Physician or Licensee Reporting License Number & office registration number, if applicable 6766 W. Sunrise Blue. S. Plantatum, FL 33313 Patient's address for Physician or Licensee Reporting PATIENT INFORMATION 11. ☐ ☐ Cere Plus Medicaid Medicare Gender Date of Office Patient Identification Number Access Diagnosis ICD-9 Code for description of Level of Surgery (II) or (III) III. INCIDENT INFORMATION Location of Incident: Operating Room 2
Other Recovery Room Note: If the incident involved a death, was the medical examiner notified? ☐Yes ☐ No Was an autopsy performed? □Yes 😿 No A) Describe circumstances of the incident (narrative) ((use additional sheets as necessary for complete response) attachee DH-MQA1030-12/06

Page 1 of 2

B) ICD-9-CM Codes		
Thrombectory	AJA	NIA
procedure being performed at time of spec	dent, event, circumstances, or ific agent that caused the injury rent. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
C) List any equipment used if directle (Use additional sheets as necessary for complete	y involved in the incident response)	
	NA	
D) Outcome of Incident (Please check)		-
☐ Death	☐ Surgical proced	ure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical	procedure performed **
☐ Spinal Damage	surgical procedu	of injuries or damage from a planned lire.
Surgical procedure performed on the wron	** if it resulted in	::
A procedure to remove unplanned foreign remaining from surgical procedure.	objects Death Brain Dama	ge
Any condition that required the transfer of patient to a hospital	the Spinal Dam Permanent incision sca	disfigurement not to include the
Outcome of transfer – e.g., death, brain damag	Ge,	dislocation of bones or joints f neurological, physical, or sensory
Name of facility to which patient was transfe Reusson of Access / Thrombect	rred: 🗍 Anviconditio	on that required the transfer of the hospital.
E) List all persons, including license nun they were involved in this incident, this we care providers. Goel Naueen - MF 9	ould include anesthesiologis	ormation and the capacity in which t, support staff and other health
	107112	
Jandaire, Sabine CRT	777-54	
F) List witnesses, including license numl	bers if licensed, and locating i	information if not listed above
- See al	sove —	
IV. ANALYSIS AND CORRECTIVE A) Analysis (apparent cause) of this incided LIP - DR Goel Continues to and Always Keeps the S	nt (Use additional sheets as necessary for ENSURC WE FOLLOW	standard of care protocols
v. tortunt.	required. AAC an	d Staff will continue to be patients is always in the ME97536
SIGNATURE OF PHYSICIAN/LIC 5-1. YS DATE REPORT COMPLETED	ENSEE SUBMITTING REPOR J& 60 TIME REPORT COMPLET	

DH-MQA1030-12/06 Page 2 of 2

STATÉ OF FLORIDA



PHYSICIAN OFFICE **ADVERSE INCIDENT REPORT**

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

212

I. of OFFICE INFORMATIO	nt á	An Au I of I bh. I be.
Charwoter fain w	anajement	430 Nevtan Plant Street, Jui
Name of office Street 3375	6 Pinellar	727 - 446 - 450 6
City Demetrius Kaida	S MD	Telephone ME81425
Name of Physician or Licensee Reporting		License Number & office registration number, if applicable
Patient's address for Physician or License	e Reporting	
II. PATIENT INFORMATION	ON	T F
7.1	Age	Gende April Medicaid 2015 Medicare
Patier		INFORMA Kind pain blocks
Patient Identification Number Purpose		of Office Visit
Diagnosis ICD-9 734.4		Code for description of incident of Surgery (II) or (III)
III. INCIDENT INFORMAT	·	i ouigos y (v) or (my
April 20, 2015	ION	
Incident Date and Time	 	Location of Incident: Operating Room Recovery Room Other Office (1000 ctase 1000)
Note: If the incident involved a de Was an autopsy performed		iner notified? □ Yes □ No
A) Describe circumstances	of the incident inarrativ	· ·e)
(use additional sheets as necessary f	or complete response)	
went uneu	uthily unde	sedahn (iv). In
recover n	iom pohent u	as noted to have
bradycoudi	a and second	d derive heart block on
meniter.		ymptomotic. Due to heart
	in 35-40/mir	n wantend via EMS to
mertin Pla	ut Hospitel.	She was excluded by
Cardinory	and ducka	jed him the hospital without
complice hin	, er interven	BUS WITHIN 36 hours.
DH-MQA1030-12/06 Page 1 of 2	•	

Lambor facet block imber spendylosis Surgical, diagnostic, or treatment Accident, event, circumstances, or Resulting injury procedure being performed at time of specific agent that caused the injury (ICD-9 Codes 800-999.9) incident (ICD-9 Codes 01-99.9) or event. (ICD-9 E-Codes) C) List any equipment used if directly involved in the incident Use additional sheets as necessary for complete response) D) Outcome of Incident (Please check) Death Surgical procedure performed on the wrong site ** Brain Damage Wrong surgical procedure performed ** Spinal Damage Surgical repair of injuries or damage from a planned surgical procedure. Surgical procedure performed on the wrong patient, ä ** if it resulted in: A procedure to remove unplanned foreign objects remaining from surgical procedure. Death Brain Damage Spinal Damage Any condition that required the transfer of the Permanent disfigurement not to include the patient to a hospital. incision scar Fracture or dislocation of bones or joints Outcome of transfer - e.g., death, brain damage observation only Limitation of neurological, physical, or sensory observation only_ function. Name 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. Kalalas, vuo F) List witnesses, including license numbers if licensed, and locating information if not listed above ANALYSIS AND CORRECTIVE ACTION A) Analysis apparent cause) of this incident (Use additional sheets as necessary for complete response) B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response) of the response action (s) taken (Use additional sheets as necessary for complete response) and the contract of the response action (s) taken (Use additional sheets as necessary for complete response). MOUNTAIN ۷. YSICIAN/LICENSEE SUBMITTING REPORT DATE REPORT COMPLETED TIME REPORT COMPLETED DH-MOA1030-12/06 Page 2 of 2



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STATE OF FLORIDA Rick Scott, Governor

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PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

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

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	MAY	1	5	20 i	Ī

Florida Pain Name of office			5545 N. Wickham Road Suite 104 Street Address
Melbourne	32940	Brevard	321-784-8211
City	Zip Code	County	Telephone
Dr. Stanley Go	olovac	·	ME48748 OSR# 923
Name of Physician or L	icerisee Reporting	•	License Number & office registration number, if applicable
5545 N. Wickha Patient's address for Pl	am Road Suit	e 104	
,	-	. Noposting	
II. PATIENT	INFORMATIO	ON	
			10.4
Dationt Name			Age Gender Medicaid Medicare
			4/29/15 Date of Office Visit
Patient Identification Nu			Purpose of Office Visit
Diagnosis	10.	· · · · · · · · · · · · · · · · · · ·	ICD-9 Code for description of incident
	. •		Level of Surgery (II) or (III)
			•
			Location of Incident: ☐ Operating Room ☐ Recovery Room ☑ Other Preop
Incident Date and Time		ath was the medical	☐ Operating Room ☐ Recovery Room ☑ Other Pre-op
Incident Date and Time Note: If the incider			☐ Operating Room ☐ Recovery Room
Incident Date and Time Note: If the incider Was an auto	nt involved a dea	'□Yes □No	☐ Operating Room ☐ Recovery Room ☑ Other Pre-op examiner notified? ☐ Yes ☐ No
Note: If the incider Was an auto	nt involved a dea opsy performed? cumstances o		☐ Operating Room ☐ Recovery Room ☑ Other Pre-op examiner notified? ☐ Yes ☐ No
Note: If the incider Was an auto	nt involved a deappsy performed? cumstances comets as necessary for	of the incident (nai	☐ Operating Room ☐ Recovery Room ☑ Other Pre-op examiner notified? ☐ Yes ☐ No
Note: If the incider Was an auto A) Describe circ (use additional she	nt involved a deappsy performed? cumstances contains as necessary for the contains as necessary	of the incident (naior complete response)	□ Operating Room □ Recovery Room □ Other Pre-op examiner notified? □ Yes □ No reative) • hropicot prior to procedure
Note: If the incider Was an auto A) Describe circ (use additional she Ptin palo Auctived to	nt involved a deappsy performed? cumstances constances of the constance of the constances of the cons	of the incident (nai or complete response) novaci (vert m (v & im n	Deprating Room Deprating Room Deprating Room Deprating Room Recovery Room Recovery Room Pratitive Pratitive Prophability Prior to procedure Addally do Jacial burning of
Incident Date and Time Note: If the incider Was an auto A) Describe circ (use additional she Ptin palo Accived to	nt involved a deappsy performed? cumstances of the control of the	of the incident (naior complete response) novaci (Jert physician no	examiner notified? Pre-op examiner notified? No reative) ebroplast, prior to procedure ediately do facial burning of this of at budside. Pt placed
Incident Date and Time Note: If the incider Was an auto A) Describe circ (use additional she part of	nt involved a deappsy performed? cumstances of the cumstances of	of the incident (naior complete response) novaci (Jert m 1 / cimn Physician no O2 C Let Nc	examiner notified? I Yes I No rrative) ehropiant, prior to procedure ediatily do facial burning o tified e at bedside. Pt placed applied (88%), Fluids wide open
Incident Date and Time Note: If the incider Was an auto A) Describe circ (use additional she Ptin palo Acceived the trouble swo on manifor what Still o	nt involved a deappsy performed? cumstances of the control of the	of the incident (nai or complete response) novaci (vert m 1 / cimn Physician no Oz C Le L Nc ulty breathi	examiner notified? I Yes I No reative) ehropilant, prior to procedure ediately clo facial burning of tified at bedside. Pt placed applied (88%), Fluids wide open no. Code cart a ACLS staty heds
Incident Date and Time Note: If the incider Was an auto A) Describe circ (use additional she Ptin pal o Acceived the trouble swo on manifor what still o	nt involved a deappsy performed? cumstances of the cumstances of	of the incident (nai or complete response) novacic vert mlv & imm Physician no O2 C Le L No ulty breathi	examiner notified? Pres No reative) examiner notified? Pres No examiner notified? Pres No reative) examiner notified? Pres No examiner
Incident Date and Time Note: If the incider Was an auto A) Describe circ (use additional she pt in pala pt still company) Em S calle Aeaction	nt involved a deappsy performed? cumstances of the cumstances of	of the incident (nai of the incident (nai of complete response) hovacic vert miveimm Physician no Oze be No ulty breathi unds henadi	examiner notified? Pre-op examiner notified? Pres I No rrative) ehropiant, prior to procedure ediaduly clo facial burning o tified e at bedside. Pt placed applied (88%), Flids wide open no. Code cart & ACLS staffheds nted per MD for anaphylicatic yl, solumedrol albuterol), pt
Was an auto A) Describe circ (use additional she Ptin pal o Acceived the trouble swo on monitor what still o EMS calle Acaction	nt involved a deappsy performed? cumstances of the cumstances of	of the incident (nai of the incident (nai of complete response) hovacic vert miveimm Physician no Oze be No ulty breathi unds henadi	examiner notified? I Yes I No reative) ehropilant, prior to procedure ediately clo facial burning of tified at bedside. Pt placed applied (88%), Fluids wide open no. Code cart a ACLS staty heds

, circumstances, or nat caused the injury E-Codes)	995.27 Resulting injury (ICD-9 Codes 800-999.9)
ed in the incident	
	•
☐ Surgical proced	ure performed on the wrong site **
□ Wrong surgical	procedure performed **
surgical procedu	of injuries or damage from a planned ure.
** if it resulted in Death Death Brain Dama Spinal Dam Permanent incision sca Fracture or Limitation of function. Any condition patient to a	age lage disfigurement not to include the ur dislocation of bones or joints f neurological, physical, or sensory on that required the transfer of the hospital. cormation and the capacity in which st, support staff and other health
on Idional sheets as necessary for CMK uncludent to family	essary for complete response) Led w New allergy essary for complete response) Idrol 125m, albuterol Iled: LR 500m bolus ME48748
	Surgical proced Surgical proced Wrong surgical Surgical repair of surgical proced if it resulted in Death Brain Dama Spinal Dama Permanent incision scal Fracture or Limitation of function. Any condition patient to a censed, locating information of the patient to a censed, locating information of the patient to a censed, and locating N tional sheets as necessary for the patient of the patient o

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STATE OF FLORIDA



PHYSICIAN OFFICE DOH Consumer Services

SUBMIT FORM TO:

Department of Health, Consumer Services Unit

4052 Bald Cypress Way, Bin C75

Tallahassee, Florida 32399-3275

1. DOFFICE INFORMATION BASSAM SAURAH, MD. PA	224 Chimney Corner Lane
Name of office Street	Address
Jupiter 33458 Palm Bear	Telephone 7748
Bassam Sayeah	0SR # 834
lame of Physician or Licensee Reporting	License Number & office registration number, if applicable
Patient's address for Physician or Licensee Reporting	-
I. PATIENT INFORMATION	
	F
	Age 413 Gende r Medicaid Medicare
atient's Address 99 Date arthrectomy	of Office Visit
latient Identification Number Purpose	of Office Visit House
plagnosis ICD-9	Code for description of incident
Level	of Surge (v (II)) or (III)
II. INCIDENT INFORMATION	
H 30 15 1600	Location of Incident:
IGOSTIL DATE AND TIME	☐ Operating Room
Note: If the incident involved a death, was the medical	examiner notified? Yes No
Was an autopsy performed? □ Yes ▼No	
A) Describe circumstances of the incident (nar	rratîve)
Patient was ready for discharge	se. Upon Standing the patient
o dissins + began vomition	rg. Pt was slightly hypotensive 90
Other then To Erest pain	Patient Was transferred to
PBG hospital via Ems	
OH-MQA1030-12/06	
Page of 2	·

В	ICD-9-CM Codes				
١	442.27				
pr	rgical, diagnostic, or treatment occdure being performed at time of ident (ICD-9 Codes 01-99.9)		circumstances, or at caused the injury E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)	
C)	List any equipment used if d (Use additional sheets as necessary for or A	irectly involved implete response)	d in the incident		
D	Outcome of Incident (Please	check)	•		
	Death·· · · · · · · · ·		□ · Surgical procedu	re performed on the wrong site **	
۵	Brain Damage		□ Wrong surgicał p	rocedure performed **	
a	Spinal Damage		Surgical repair of surgical procedure	injuries or damage from a planned	
ם	Surgical procedure performed on th	e wrong patient.	** if it resulted in:		
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B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response) Defined was given 20 from for nausea Pottert was given					
_	oxygen + EKG per	formed for	- chit pain		
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	DATE REPORT COMPLETED DH-MOA1030-12/06 Page 2 of 2				

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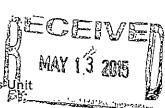
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STATE OF FLORIDA Rick Scott, Governor



PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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



Patient's Address Patient Identification Number Patient Identification Number Patient Identification Number Patient Identification Number Purpose of Office Visit Purpose of Office Visit ICD-9 Code for description of incident Level of Surgery (II) or (III) III. NCIDENT INFORMATION Location of incident Incident Date and Time Location of incident Operating Room Roother Attrice Very or Note: If the incident involved a death, was the medical examiner notified? Over Incident Involved Incident Very or Note: If the incident involved a death, was the medical examiner notified? Over Incident Very or Note: If the incident involved a death, was the medical examiner notified? Over Incident Very or Note: If the incident involved a death, was the medical examiner notified? Over Incident Very or Note: If the incident involved a death, was the medical examiner notified? Over Incident Very or Note: If the incident involved a death, was the medical examiner notified? Over Incident Very or Note: If the incident involved a death, was the medical examiner notified? Over Incident Very or Note: If the incident involved a death, was the medical examiner notified? Over Incident Very or Note: If the incident involved a death, was the medical examiner notified? Over Incident Very or Note: Incident involved a death, was the medical examiner notified? Over Incident Note: Incident involved a death, was the medical examiner notified? Over Incident Note: Incident involved a death, was the medical examiner notified? Over Incident involved a death, was the medical examiner notified? Over Incident involved in	
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Ico-9 Code for description of incident Level of Surgery (II) or (III) Level of Surgery (II) or (III) Location of incident: Operating Room Other Affect 2000 Was an autopsy performed? © Yes © No Was an autopsy performed? © Yes © No (use additional sheets as necessary for complete response)	;~
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B) ICD-9-CM Codes 1053.7 (la Surgical, diagnostid, or tre	Accident, event.	circumstances, or	Resulting injury	
procedure being performe incident (ICD-9 Codes 0	d at time of specific agent tha	at caused the injury	(ICD-9 Codes 800-999.9)	
C) List any equipme (Use additional sheets as	nt used if directly involved necessary for complete response)	d in the incident		
D) Outcome of Inc	dent (Please check)			
□ Death		☐ Surgical procedu	re performed on the wrong site **	
□ Brain Damage .			procedure performed **	
☐ Spinal Damage ☐ Surdical procedure pe	erformed on the wrong patient.	 Surgical repair of surgical procedu 	f injuries or damage from a planned re.	
	e unplanned foreign objects	** if it resulted in: □ Death □ Brain Dama □ Spinal Dama	ge	
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observation only Name of facility to which	patient was transferred:	function.	neurological, physical, or sensory on that required the transfer of the hospital.	
E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers. Dr Sara Claric ME 19747				
Duane Cric	- 1			
Ring Homandez RD 9258205				
F) List witnesses, including license numbers if licensed, and locating information if not listed above Tracy Rimmer (P 932304)				
	ND CORRECTIVE ACTIO		or complete response)	
B) Describe corrective	or proactive action(s) taken (u	ise additional sheets as nece	easary for complete response)	
DH-MQA1030-12/06 Page 2 of 3		 		

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SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

DATE REPORT. COMPLETED

TIME REPORT COMPLETED

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Patient's mother calls and reports that she is taking to the ED to get it removed due to palpitations.

1700 Trimmer RN spoke with patients mother who stated was doing fine, but that the Xray showed the PICC was too high. She said they pulled it out and the patient is doing fine. 1710 Rec'd call From ED physician Dr Dimick asking the length of the PICC. I advised her it was 45cm. I asked if it was too Long and she stated 'no, it was properly in place on the xray" she stated that she tried to talk the patient into keeping the line, but refused. She stated the patient was complaining of palpitations, but there was nothing showing on the monitor and was in sinus rhythm. She said she even offered to just pull the line back a little and see if that helped the symptoms and the patient refused. She stated when she pulled the PICC it was the 45cm in length. Patient stated that her symptoms subsided once the catheter was pulled.

PATIENT HAD PICC LINE PLACED; WAS FINE THROUGHOUT PROCEDURE, DISCHARGED HOME.



DH-MQA1030-12/06

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STATE OF FLORIDA Z Rick Scott, Governor 215/2/69

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

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

	may 13
I. OFFICE INFORMATION	
Vascular Specialists of Central Name of office	Street Address
A	/la? / /10 / /3 ? ?
City Zip Code County	701 648.4365 Telephone
DR. CHAR ES THOMPSON Name of Physician or Licensee Reporting	ME 0076725 License Number & office registration number, if applicable
Patient's address for Physician or Licensee Reporting	
II. PATIENT INFORMATION	
THE TRANSPORT OF THE PROPERTY	
,	Age Gender Medicaid Medicare
Patient's Address	Age 5-4-3015 Medicaid Medicare Date of Office Visit
Patient Identification Number	Anging a phy
443,9 401.9 729.5	Purpose of Office Vigit 1 434.91
Diagnosis	ICD-9 Code for description of incident
	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	
1 Incident Date and Time	Location of Incident: ☐ Operating Room ☐ Other
Note: If the incident involved a death, was the medical examir Was an autopsy performed? Was an autopsy performed?	ner notified? □ Yes □ No
A) Describe circumstances of the incident (narrative (use additional sheets as necessary for complete response)	
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Physician Office Adverse Incident Report

Incident Date: Ma	y 4 th 2015
Patient Name:	
DOB:	
Identifier: 553	

On May 4th 2015 patient, performed at Vascular Specialists of Central Florida. Pt remained stable throughout pre-op, intra-op, and post-op. Around 1705 discharge orthostatic vitals signs were being taken, this is when a change in patient assessment was noticed. The patient went to sit up and as she did she started to lean toward the left. Fran Giammanco, RN noticed this and began performing the Cincinnati pre-hospital stroke scale. The patient's neurological assessment exhibited: left sided weakness and a positive arm drift. Patient appeared to space out during conversation, although she could talk and communicate. Patient's husband stated "this is the exact way she acted with her last stroke." Dr. Thompson was then notified and orders were given to have patient transferred to Orlando Regional Medical Center for evaluation and treatment. Emergency 911 was called and patient was transferred to hospital via ambulance at approximately 1720.

Patient was followed up at hospital and it was verified that she did experience an ischemic CVA.

Erika D Johannsen, RN-BSN Clinic Operations Manager Vascular Specialist of Central Florida 80 W. Michigan Street Orlando, FL 32806 407.648.4323, ext 131 eiohannsen@arteryandvein.com





STATE OF FLORIDA Rick Scott, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

OFFICE INFORMATION South Florida Center for Cometic Surgery	915 Middle River Drive
City Zip Code County Dr John Int IG Name of Physician or Licensee Reporting Samt as above P Patient's address for Physician or Licensee Reporting	Telephone ME 35285 OSR # 191 License Number & office registration number, if applicable
Perlant Name Pe	Age S/S/Gender Medicate Medicate Date of Office Vialt Purpose of Office Vialt ICO-9 Code for description of incident Level of Surgery (II) or (III)
Incident Date and Time Note: If the Incident Involved a death, was the medical examine Was an autopsy performed? Yes No N A A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)	
DH-MQA1030-12/06 Page L of 2	

B)	ICD-9-CM Codes	ī		
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C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)				
D)	Outcome of Incident (Please check)			
0	Death		Surgical procedu	re performed on the wrong site **
	Brain Damage	۵	Wrong surgical p	procedure performed **
	Spinal Damage		Surgical repair o surgical procedu	f injuries or damage from a planned re.
E) the	1/-	ide	** if it resulted in: Death Brain Dama Spinal Dama Permanent of incision scar Fracture or of Limitation of function. Any condition patient to a least	ge age disfigurement not to include the dislocation of bones or joints neurological, physical, or sensory on that required the transfer of the hospital. primation and the capacity in which t, support staff and other health
F) List witnesses, including license numbers if licensed, and locating information if not listed above Patternt's hijstoned was present,				
B)	Analysis (apparent cause) of this incident (Use additional of the second	se ad	through	behavior = @ Sided essary for complete response) patients appropriatel MEDD76725 RT LICENSE NUMBER

D) Outcome of Incident (Please check)	my Tuck Set
D) Outcome of Incident (Please check)	
C Death	□ Surgicel procedure performed on the wrong site **
D Brain Damage	☐ Wrong surgical procedure performed **
— Spina Damago	surgical repair of injuries or damage from a planned surgical procedure.
Surgical procedure performed on the wrong patient	
A procedure to remove unplanned foreign objects	** if it resulted in:
remaining from surgical procedure.	O Brain Damage O Spinal Damage
Any condition that required the transfer of the	Permanent disfigurement not to include the
patient to a hospital.	incision scar precture or dislocation of bones or joints
Outcome of transfer – e.g., death, brain damage,	 Limitation of neurological, physical, or sensory
observation only	function. Q Any condition that required the transfer of the
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Or John Pinello-Surgeon ME 357	85 Michael Angel-hecovery Room
Or John Pinello-Surgeon ME357 Or Joson White-Anesthesinhoust Gabriel Diaz "Surgical Asst # 11	85 Michael Angel-hecovery Room
Or John Pinello-Surgeon ME357 Or Jason White-Anesthesinhoust Captiel Diaz "Surgical Asst # 11 Melissa	MESSELL Michael Angel-hecovery Room
Or John Pinello-Surgeon ME357 Or Jason White-Anesthesinhoust Captiel Diaz "Surgical Asst # 11 Melissa	85 Michael Angel-hecovery Room
Or John Pinello-Surgeon ME357 Or Jason White-Anesthesinhoust Captiel Diaz "Surgical Asst # 11 Melissa	MESSELL Michael Angel-hecovery Room
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Care providers Or John Pinello - Surgeon ME352 Captiel Diaz - Surgeon Asst # 11 Melisso F) List witnesses, including license numbers if II Some OS Obve IV. ANALYSIS AND CORRECTIVE ACT	Michael Angel- Recovery Room MESSObb 1-142 Icensed, and locating information if not listed above
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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

Name of Physician or Licensee Reporting	655 S Apollo Blvd Street Address (321) 751-2707 Telephone OSR #1027 ME 9594 License Number & office registration number, if applicable
Patient's address for Physician or Licensee Reporting	
II. PATIENT INFORMATION	Male D & Age May 6th, 7015 Medicaid Medicare
Patient's Address	Date of Office Visit Right Leg angingaply with endovascular internal
Patient Identification Number	Purpose of Office Visit / /
Diagnosis	ICD-9 Code for description of incident ES78:8 Level of Surgery (II) or (III)
III. INCIDENT INFORMATION 5/6//5 / 0:36 Incident Date and Time	Location of Incident: YOperating Room Recovery Room
Micident Date and Time	Other
Note: If the incident involved a death, was the medical examine Was an autopsy performed? A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)	
	Successful re vascularization of
	recieved and 200 mag Fentanyl
	and speaking with us complaining
of pain immediately agas to event	100
the pain he was feeling was expec	
relaxed on the table. He had	a run of about 16 PUCs in one

minute. Following this he returned to regular rate and rhythm with an occasional PVC. Patient appeared at this time to be apreal. He was unaronsable to gentle prodding and with sternal rub. Oxygenation saturation began to drop to the upper 80's. Ambu bag was utilited and naveral bagging was started Patient maintained a strong radial pulse throughout the incident. NPA was placed in the left nave without incluent and On sat quickly returned to the high 90's (96-98). After approximately three minutes of bagging, patient awake and returned to spontaneous respirations, A+O x3. EMS artived. Patient's vitals were stable. He was awake and oriented. Given his dialysis status and brief aprea it was decided to transfer him to the local ED with Sheath in place for further evaluation and monitoring overnight.

	B) ICD-9-CM Codes				
	37225 37229 3797 E878.8	997, 39			
	Surgical, diagnostic, or treatment Accident, event,	circumstances, or Resulting injury at caused the injury (ICD-9 Codes 800-999.9) E-Codes)			
	C) List any equipment used if directly involved (Use additional sheets as necessary for complete response)	d in the incident			
	Bag-Mask, NPA; non-rebreati	her mash, Oz fank with regulator			
	D) Outcome of Incident (Please check)				
_	□ Death	Surgical procedure performed on the wrong site ** .			
	□ Brain Damage	□ Wrong surgical procedure performed **			
	□ Spinal Damage	Surgical repair of injuries or damage from a planned surgical procedure.			
	Surgical procedure performed on the wrong patient.	** if it resulted in:			
	 A procedure to remove unplanned foreign objects remaining from surgical procedure. 	Death Brain Damage			
	Any condition that required the transfer of the patient to a hospital.	□ Spinal Damage □ Permanent disfigurement not to include the incision scar			
	Outcome of transfer – e.g., death, brain damage, observation only	☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function.			
	Name of facility to which patient was/transferred: Holmes Regional Medical Center	 Any condition that required the transfer of the patient to a hospital. 			
dori o		sensed, locating information and the capacity in which ude anesthesiologist, support staff and other health (321) 751-2707 Sween Assistant			
	Stacey Mercer : PA9106270	3217 751-2707 Another 312 Prousdel.			
·	Orlando Cardenas:	321 751-2707 M.A			
	F) List witnesses, including license numbers if licensed, and locating information if not listed above Stace Fife: RN930 9754 (321) 751-2707 Recovery				
	B) Describe corrective or proactive action(s) taken (u) Pahient was taken to local ED due to unexplained appear	onal sheets as necessary for complete response) Int had not recieved sedation in a run of PVC's, AICD may have fired Completering or heard so additional sheets as necessary for complete response) for further evaluation and menitoring			



STATE OF FLORIDA Rick Scott, Governor

PHYSICIAN OFFICEH Consumer Services ADVERSE INCIDENT REPORT

JUN 0 1 2015

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

	I. OFFICE INFORMATION	
•	Dial sis Oscular Occuss Center	B30 Citizens Bld. Sente 201
(esburg 34748 Lake	(362) 435-4577
	City Zip Code. County	Telephone ME 6/963
•	Name of Physician or Licensee Reporting Name of Physician or Licensee Reporting	License Number & office registration number, if applicable
	Patient's address for Physician or Licensee Reporting	
	ILPATIENT INFORMATION	
		D D D D D D D D D D D D D D D D D
	Patient's Address	Date of Office Visit
	Patient Identification Number	Purpose of Office Visit
	Diagnosis	ICD-9 Code for description of incident
		Level of Surgery (II) or (III)
	III. INCIDENT INFORMATION	
	05/14/2015/15:20	Location of Incident: © Operating Room □ Recovery Room
_	Incident Date and Time	Other
(ڊ	Note: If the incident involved a death, was the medical examine Was an autopsy performed? No	r notified? □ Yes □ No
	A) Describe circumstances of the incident (narrative)	
	(use additional sheets as necessary for complete response)	
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	from allivers to Slivers. Pat	asmainED true
,	871 891. Miss nuise appl	iod 100%. Non-rebreather
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,	Modelcondition tation	on-rebreamer until
	Page 1 of 2 Ems Arrival, with the	is nurse observing ?
	Side -	(Christer for 880)

	circumstances, or Resulting injury VQ 2MS. at caused the 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) Nacal Campula, Changla to Non-Rebreadure D) Outcome of Incident (Please check)				
Death	□ Surgical procedure performed on the wrong site **			
□ Brain Damage	□ Wrong surgical procedure performed **			
□ Spinal Damage	☐ Surgical repair of injuries or damage from a planned			
	surgical procedure.			
 Surgical procedure performed on the wrong patient. A procedure to remove unplanned foreign objects remaining from surgical procedure. 	** if it resulted in: □ Death □ Brain Damage □ Spinal Damage			
Any condition that required the transfer of the patient to a hospital.	 Permanent disfigurement not to include the incision scar 			
Outcome of transfer – e.g., death, brain damage, observation only	☐ 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. A SCICA HUPPILL A TOUR SEA HUPPILL				
F) List witnesses, including license numbers if licensed, and locating information if not listed above ME 61963 1100 Hill-RN 907-511 Prandon Hollings Harda Location and Loca				
Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response) Haliert position rein spine, and abdomen being file to took Haliert position rein spine, and abdomen being file to took Haliert position of the file of t				
B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response) Patient had Non-rebreather hope of 100%. FIO. All Patient had Non-rebreather hope of 100%. FIO. All Patient had Non-rebreather hope of 100%. FIO. All SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER "" LICENSE NUMBER "" " " " " " " " " " " "				
DATE REPORT COMPLETED TIME	REPORT COMPLETED			

\$57 DH-MQA1030-12 Page 2 of 2

1325 5. Compressor Suffer 10 | PA

Bounden Beach 394 CONFIDENTIAL INCIDENT OCCURRANCE REPORT

Advanced pais mana sement of Palm

Under the "Patient Safety & Quality Improvement Act of 2005" this document is considered "Patient Safety Work Product" & part of the organization's Patient Safety, Risk & Quality program's & prepared solely as a mechanism for meeting self-reporting & critical analysis to promote efforts to improve the care & safety of Patients, Visitors & Staff. Therefore, the information contained within is Privileged & Confidential and not part of the Medical Record.

	Cont	idential and not part of the relect	cai Record.	
Block # 1 Admission Dat	te.4-23-16Date of	Incident: 4 - 23-4 Finciden	at Report Date 1-24-15 Time of Incident: 0900	
Location of Incident:	PRE-OP []OR] PACU [HOME [OTHER (Describe)	
Complete this report & notify adverse incident involving a part any condition which might be dislocation of bones or joints of wrong patients, the performant to remove foreign objects remained condition and any condition incident, rather than the patier and Medical Director will be not any condition of the patier and Medical Director will be not any condition.	your supervisor and/or atient, visitor or emplo hazardous to safety. I or result in limitation of ce of a wrong site surg aining from a planned adition that requires th ats condition prior to to notified Designee and i	r RM designee for any event in pyee & any circumstance which in incidents that involve a patier of neurological, physical or sensical procedure, the performance surgical procedure, a surgical e transfer of the patient to a fact the incident & rape & sexual mithe LICENSED RISK MANA	which there was an injury or potential injury or other is not consistent with the routine operations of the center or at such as: a death, brain or spinal damage, fracture or sory function, performance of surgical procedures on ce of a wrong surgical procedure, an unplanned procedure procedure otherwise unrelated to the patient's diagnosis or cility providing a more acute level of care due to the isconduct & Fires. In all these cases the Office Manager GERWILL BE NOTIFIED IMMEDIATELY. All other ager and/or his designee within three (3) business days:	
Block # 2	·	Individual(s) Invol	ved	
Name of Person Involve Last Name	d First	AGE:	Patient Employee [] Visitor []	
Jast Tame		White mital	Admission Diagnoses(s) Low Fracultain Ground Los Procedure(s): Ein Gar Fact INS Not out	13 T.)
City	State	Zip Code	Discharge Diagnosis: Same Other	Ţ
+ NACLAN O. 2 M	r Anesthesia Prior	to Incident: Yes [V] No [If yes, Medication(s) Dose & Time Given: ROW LIMB W \$56 FENTANGL 25 Mg/ 903	\$
Block#3		Incident Occurrence 7	Type	
Death of Patient Hazard Exposure Needle or Other Sharps Infection Other Incidents not Consistent with routine ca		Anesthesia Anomaly Return to Surgery Patient Fall IV Anomaly Cancellation DECAME Hypotensy	Wrong Patient/Procedure/Site Cardiac Arrest Transfer Next Level of Care Medication Anomaly Employee Transfer Tr	_
Block # 4 Incident De (If Equipment I	scription Kind, nvolved in Incide	What, Where & Why ent, State Type/Model #	if known: (If injury, state part of body) etc.) Use additional Sheets if Needed	
,		melt that a train		
TSACK PAIN.	Epriv =	ITH HID CHION	LUMBER FACES JOINTS	
HAZ FA	CET-STERO!	DINJEUTIONS U	NTER FLUOROSCOPY AND IVGEDATION	oŋ,
TULE PATE: NET	LIE ONLY		LNUIDENTS. PATIENT DOES NOT	
PATIENT PRATI	UED TO TH	E FAULLITY LE	VELZ) ON 4123 15 - IDENTIFIED	١.
316NEL CONG	ENT. HOW	TARE APPLIED	I E RU - DULLE D'EM METER.)	
HAND PAT	NVLA YLACED	2 0 2 . Z L n N .	V STAR TOLIN HER LEFT	_
TELA LON Limea ti	J- AT 905	ANXIOUS - GIVI	2.5 mg WAdditional Sheets: Yes V No	

INITIAL US BP 121/76 HA 95 RE-18 02 SAT LOOPS (02-24) 967 RA. WHILE LOW BACK WAS CLEANED WITH ALCOHOL AND HIBICLENS (ALLEROY TO TODING) PATIENT BECAME HYPOTENSIVE 2-3 MINOTES AFTER RECEIVING FENTANGL IV 25 mgs BPDROPPED TO 82/64, PATIENT COMPLAINED OF NAVOER AND 908-> BECAME DIAPHORETIE. STATED " A DON'T FEEL WELL! AM FENTANYL AND VERSEL REVERSEL. WHITH FLUTAZENIL O. ZMgs. TIMES Z AND NARCHIN 0.2" MIGA IV, IV FLUID BOLUS STREYEL. WITH O, O'NS AND EDHELDINE TO MG IN LIVEN. PATIENT LIVEN .. ZOFEAN 4 mgs IV FOR NAVSEA BLOOD PREGGER INCREASED. TO 103/81 AFTER 3 MINUTES. GUT CONTINUES TO LOT. VEG DIADIORETIC AND NOW TACHICARDIC WITH A HEART RATE OF 120 HIN. A STUETCHOR BROVEHT TO THE PROCEDURE ROOM AND PATIENT TORNSFERRED FROM THE PROCEDURE THINE. WHEN TO THE STRETCHER EMS GALLED AT 909. ARRIVEL & MINUTES LATER (915 PATIENT WAS RESPONDING AT ALL TIMES GUT CONTINUED. TO BE VERY DIAPHORETIC, CLAMMA AND THUMICHEDIC (120/11/16) PATIENT HAS SIUNIPICANT PENAL INSUFICIENCY AND 14.00 DIAMSIS - LU VIEW OF WELL CONDITION, DECIDED TO TRANSFER FATIENT TO ETERGENCY ROOM AT LOCAL HOSPITAL. by TEMS | AMBULANCE. POR OBSERVATION, TESTS AND AdditIONAL GARD. PATIENT BECAME STABLE 30 MINUTES APTER APPLIANT TO THE HOSPITAL . [BETHESDA MEMBRAL H-SPITAL]. PATIENT DISONARGED HILDOURS LATER HOME. WHEN LAB WOOD INCLUDING CARDIAL ENZYMES WERE NORMAN ACCEPTABLES.

MOST LIKELY CAUSE OF DROP IN BLOOD PRESSURE WAS
ILY POVOLEMIA AND REACTION TO SEDATIVES, FENTANTL & VERSED.

Block #5 Staff Directly Involved: Surgeon, Nurs	Se etc. (Include Title & Contact Info or Department)
TRACY 13 AUKS RN 561 73753	Contact Information
LECKADO ZLELZOUER MD 56173757	3.0
MARTLOUPERATA MA 54 737 5	301
Block # 6 Other Witness Information (Include Visitors) (Name	(Include Name, Address & Phone Number as appropriate) N/A Contract Information
NA WIA.	
Block #7 Immediate Action Taken (Include Initial Care and	Nor Treatment) (Use additional sheets if needed)
STAFF DEGPONSES to PATIENT GYT	APTOMS I PATIENT STABILIZED
FND TRANSFERDED TO LOCAL ER	Additional Sheets: Yes No
AND TREAT NEM	
Block # 8 DESIGNEE SUMMARY: (Include Findings, A	
	CHERRY LOW BACK PAINS
TOUS NOTITOLERATE FRIEDTH	ONS. DUE TO PURE TOLERANDE TO
NEEDLE FAIN PATIENT HAG REA	VAL INSUFFICIENCY PAND IS ON THE
PROLEGISE, WILLIE CLEANING	
har Taken in which Erre Tires	WING I U SE AFTION . SECATION
- HAND WINNING PARTIES	(EINCLOINE) + Fluid ROLUS (4504)
ASABASA OLASA ANASA KASA	(ELHOPAINE) & LOCAL CONTRACTOR OF THE CONTRACTOR
THE COVERED GOT CONTINUES	TO LE TIMPHORETIE, TROMICARDIE. Additional Sheets: Yes No
AND CLAMMY - TOWNS FELDED TO ER 6-	
Designee/Administrator: Name GENTIO ZLOUZOV	
	CENSED RISK MANAGEMENT USE ONLY
Block # 9 RISK MANAGER INVESTIGATION/ANALY	
(For use by, Licensed Heath Care Risk M	(anager and/or Risk Management Designee)
	Additional Sheets (Circle) Yes No
Block # 10 RECOMMENDATION(s)/ACTION(S):	(Use Additional Blank Sheets as Necessary)
	Additional sheets (Circle) Yes No
Block # 11 ROUTING: N/A _ QA _ Med Direc	tor Governance Other:
Block # 12 RM NOTIFIED (Within 3 Business Days Name: Title	:: Yes PERSON MAKING NOTIFICATION:Date:Time:
Block # 13 LICENSED RISK MANAGERS REVIE	W
If Serious Injury or Illness resulted, patient informed of i	ncidence in accordance with F.S.: N/A Yes:
Person conducting disclosure: Surgeon: Other Nam Adverse Incident: Yes No Disclose Annual Report:	ne: Date: Time: No Yes (if yes list)
Reviewing Licensed Risk Manager:	Lic#:
Signature:	Date: Time

2015-17998-16

STATE OF FLORIDA Rick Scott, Governor



PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 3239932757

ADVERSE INCIDENT REPORT
SUBMIT FORM TO:

I. OFFICE INFORMATION KRAU, M.D. 1143 Kane Contours Name of office 305 -861 - 688 Miami Telephone City ME 62760 OSR 133 License Number & office registration number, if applicable KROU .M.S Name of Physician or Licensee Reporting 1143 Kane Concourse, Miami FC 33154 Patient's address for Physician or Licensee Reporting PATIENT INFORMATION 11. Patient Name Medicaid Medicare Date of Office Visit Breast lift w/ implants probably mini or full turny tuck" Patient's Address <u> เตเรีร</u>ีชี Patient Identification Number Lipo dystrophy of abdomen, waist, back rolls Purpose of Office Visit
518-51 + 998.9) Postopnative respiratory ICD-9 Code for description of incident insufficiency & Tachycardia Hatten buttacks, Breast Ptosis, abdominal pannus and rectus diastasis. Level of Surgery (ii) on (iii) INCIDENT INFORMATION 111. 5-19-2015 Location of Incident: incident Date and Time □ Operating Room ☐ Recovery Room
☐ □ Other Note: If the incident involved a death, was the medical examiner notified? □ Yes □ No Was an autopsy performed? □ Yes □ No A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response) Senglam CRNA DH-MQA 1030-12/06 Page 1 of 3

procedure being performed at time of specific age	8.51 + 998.9 Yent, circumstances, or not that caused the injury (D-9 E-Codes) Ilved in the incident e)	Pulmonary 4/5 19 Fatemboli's M Resulting injury +578: 82 ARD (ICD-9 Codes 800-999.9)
D) Outcome of Incident (Please check) Death	☐ Surgical procedu	re performed on the wrong site **
□ Brain Damage	i	rocedure performed **
Spinal Damage Surgical procedure performed on the wrong patien 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 Name of facility to which patient was transferred: Aventure Alospital List all persons, including license numbers if hey were involved in this incident, this would in are providers. Seng Lam ANN9174422 De. Ary	Surgical repair of surgical procedurent. ** if it resulted in: Death Brain Damag Spinal Damag Permanent di incision scar Fracture or di Limitation of r function. Any condition patient to a ho	injuries or damage from a planned e. e ge ge sfigurement not to include the slocation of bones or joints neurological, physical, or sensory that required the transfer of the ospital.
/. ANALYSIS AND CORRECTIVE ACTION Analysis (apparent cause) of this incident (Use add	ON ditional sheets as necessary for co	Omplete.response)
Diagnosis of Fatemboli. Describe corrective or proactive action(s) taken of The Surgical team @ Dr Aay Kraw of and Called 911. The patient was transfer HAMQA 1030-12/06 OPTIMAL treatment for ge 2 of 3 a ddness EN SINCE the Engire Office Survey so thing.		

201518411-186

STATE OF FLORIDA



PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

}	•	
1. OFFICE INFORMATION Vascular & Interventional Pavi Name of office Street	Tien 1881 west	Kennely Blad.
City Zip Code County	0	-3030
Name of Physician of Licensee Reporting	URS# License Number & office i	registration number, if applicable
Patient's address for Physician or Licensee Reporting	a b.	DECERVED IN 10 8 2015
II. PATIENT INFORMATION		2017 0 2 7019
	Age Gende	r Medicaid Medicare
Palients Address Date	Date of Office, Visit	1/ 1-11
Patient dentification Number Purpose	Purpose of Office Visit a	mipossible declot
Diagnosis ICD-9	CO9-Code for description	of incident
Level	of Surgery (II) or (III)	
III. INCIDENT INFORMATION		·
1700 Incident Date and Time	Location of Incident: Operating Room Other	□ Recovery Room
Note: If the incident involved a death, was the medic Was an autopsy performed? Yes No	al examiner notified? 🗆 Yes 🗅 No	NA
A) Describe circumstances of the incident (n (use additional sheets as necessary for complete response)	arrative)	
New gradt (24 7	hra old was	a latted
Dr. Performed his	stulouram an	ed declat.
· Jarge amount by	bleeding. S	tent placedos
Bleding continued	D. Trolmox o	red to
hospital for A	urzical) Nego	air of graft.
		····
DH-MQA1030-12/06	•	
Page 1 of 2		

procedure being performed at time of	Accident, event, circumstand specific agent that caused the			
	or event. (ICD-9 E-Codes)			
 List any equipment used if dir (Use additional sheets as necessary for con 	ectly involved in the in polete response)	ncident noul		
Outcome of Incident (Please d	· .	• .		
Death	☐ Surgio	☐ Surgical procedure performed on the wrong site **		
Brain Damage	□ Wrong	☐ Wrong surgical procedure performed **		
Spinal Damage	surgic	surgical procedure.		
ey were involved in this incident, the providers.	** if it reign objects	resulted in: eath rain Damage pinal Damage ermanent disfigurement not to include the cision scar racture or dislocation of bones or joints mitation of neurological, physical, or sensory nction. ny condition that required the transfer of the attent to a hospital. atting information and the capacity in which esiologist, support staff and other health ishul a ruptured and bygant later a required and bygant		
on Phinna Nwobi BrentzobalkT82506-15 Josh Burns CRNA-	scrub) Relando Pa	. 0		
List witnesses, including license r	numbers if licensed, and RN 9379	locating information if not listed above		
/. ANALYSIS AND CORREC) Analysis (apparent cause) of this in AV Graft: was /U intliguity at the		necessary for complete response) And did not maintain		
Describe corrective or proactive act Neld manual prisa Translation of the prisa	ion(s) taken (Use additional sh www. Them was ance to Memor)	aged & gressing dressing		
SIGNATURE OF PHYSICIAN	exton, RN.	RN9379678		
05/21/2015		6		



STATE OF FLORIDA Rick Scott, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4852 Baid Cypress Way, Bin C75
Tallahassee, Florida 32389-3275

I. OFFICE INFORMA	TION .	
Yolm Access		400 414 Street Sunt 305
Name of office		Stroot Address
MIGMI 33	MO Miomi-Bode	. <u>303-763-8536</u>
^ LI (I 0		Teleprone
Name of Physician or Licenson Repo	X.AL.TT	ME76154 . DSR 728
_ 1		License Mumber & office registration number, if applicable
Same as a b. Patient's address for Physician of Lice	DYE.	
The state of the s	or the traper and	
II PATIENT INFORM	ATION!	
		Frefried Care
*		Age S/22 Medicaid Medicare
107958		Date of Office Vist
Patient Identification Number		Purson glorice Visit bilateral run offand possible
Diagnosis	·	ICD-8 Code for description of horders
	the state of the s	· · · · · · · · · · · · · · · · · · ·
••		Level of Surgery (II) or (III)
III. INCIDENT INFORM	ATION	
5/22/15		
Incident Date and Time		Location of Incident: 2 Operating Room Recovery Room
•		3.0ther
Note: If the incident involved a	deem, was the medical examin	ner notlified? to Yes to No N/A
Was an autopsy perform	ed?⊡Yes □No N/A ···	
A) Describe circumstance	s of the incident (nametive	
(use anditional sheets as necessa	ry for complete reaconse)	7
See	attached:	
	,	
		h .
		The state of the s

DH-MQA1030-12/06		
Page 1 of 2		

B) ICD-9-CM Codes	
Angicaram w bintera runoff Low h surgidal, glagnostic for treatment Accident, event	Demoglobio 8 by intension. Acute how loss circumstances, or Resulting Injury and hypotension. (ICD-9 Codes 800-999.9) and hypotension.
C) List any aquipment used if directly involve (Use additional streets as necessary for complete response) SEE OHOLNE	1 1 -1 Carrenantini
D) Outcome of incident (Please check)	
☐ Death	Surgical procedure performed on the wrong site **
ට Brain Damage	Wrong surgical procedure performed
্র Spinal Damage	□ Surgical repair of injuries or damage from a planned
Surgical procedure performed on the wrong patient.	surgical procedure.
A procedure to remove unplanted foreign objects remaining from surgical procedure.	if it resulted in: Death Brain Damage
Any condition that required the transfer of the patient to a hospital.	Spinal Damage Permanent disfigurement not to include the incidence. Inciden scer
Cutcome of transfer – e.g., death, brain damage, observation only	. Fjecture or districation of tones or joints Limitation of neurological, physical, prisensory function.
Name of facility to which patient was transferred: Mobol Singl Medical Center:	Any condition that required the transfer of the patient to a hospital.
care providers. Michael Rogoff, MD-MF76154. Jason MinyPN-RN9303762, FII Janelle Quinones, LPN-PN52111 Nitza Burgos, RN-2N932	Francisco Dieguez MD-Mer4898, Vira Mendez, CCP ROISMO53829, 381, Karia Barreto, EN-RN9334311,
F) List witnesses, including license numbers if license (SAME AS A DOVE	sed, and locating information if not listed above
IV. ANALYSIS AND CORRECTIVE ACTION A) Analysis (apparent cause) of this incident (up addition DIPISE SPE OF TACHED	nel sheets as necessary for complete response)
B) Describe corrective or preactive action(s) taken ruse	exiditional choose as necessary for coroplets response)
SIGNATURE OF PHYSICIAMILIQENSEE SU	BMITTING REPORT LICENSE NUMBER 11 3.30 PM
	EPORT COMPLETED
+ = V = + O1 T	





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 St. Luke's Cataract and Laser Institute, PA	504.0 5
Name of office Street	501 South Fort Harrison Ave
Clearwater, FL 33756 Pinellas	727-270-8899
City Zip Code County	Telephone
Nicolas Villanustre, MD / Scott Mantell, MD	ME111419/ME65013
Name of Physician or Licensee Reporting	License Number & office registration number, if applicable
501 South Fort Harrison Ave, Clearwater, FL 33756 Patient's address for Physician or Licensee Reporting	
II. PATIENT INFORMATION	JUN 0 8 2015
Ann	Gende r Medicald Medicare
Age	5/22/2015
	of Office Visit Elective Abdominoplasty
Patient Identification Number Purpose Lower Abdominal Lipodystrophy	of Office Visit
Diaghosis ICD-9	274.50 Cardiac Arrest Code for description of incident
Level	<u>l_eve </u>
·	Brogigary (ii) at this
III. INCIDENT INFORMATION	
5/22/2015 8:45am	Location of Incident:
Incident Date and Time	
Note: If the incident involved a death, was the medical exami Was an autopsy performed? Yes No	ner notified? □ Yes □ No NA
A) Describe circumstances of the incident (narrative (use additional sheets as necessary for complete response)	· increased, assets
The patient was scheduled for an elective abdominoplasty.	. The patient underwent general endotracheal anesthesia
by the anesthesiologist and during induction, prior to initiat	ion of surgery, developed ventilatory complications
with bradycardia and absent femoral pulse. A code was cal	led and CPR and manual ventilation performed. The surgeon
	epinephrine IV push. The patient gained regular rhythm, femor
'puise and good blood pressure. EMS was called and the p	patient was transported to Morton Plant Hospital.
DH;MQA1030-12/06	
Page 1 of 2	

			. 250
Abdominoplsty 15830 ····	E876	999.9	ş
Surgical; diagnostic, or treatment Acc procedure being performed at time of ; spe incident: (ICD=9:Codes:01=99:9) [[]	edific agent that caused the injury	(ICD-9 Codes 800-999 9)	(), 13 (c. 166)
C) List any equipment used if direct	tly involved in the incident		
Anes thesia Machine, Mödel	**	* .5.* 10	•
		* * * * * * * * * * * * * * * * * * * *	
D) Outcome of Incident (Please check	9		
□ Death	☐ Surgical proc	edure performed on the wrong site *	
□ Brain Damage · · · · · · · · · · · · · · · · · · ·	☐ Wrong surgice	al procedure performed **	
□ Spinal Damage	surgical proce	r of injuries or damage from a planne dure.	ed
Surgical procedure performed on the wro	ong patient. ** if it resulted	in:	
 A procedure to remove unplanned foreig remaining from surgical procedure. 		•	
Any condition that required the transfer of patient to a hospital.	of the Spinal Da Permane incision s	mage nt disfigurement not to include the car	
 Dutcome of transfer – e.g., death, brain dam observation only <u>observation only</u> . D	age, D Limitation	or dislocation of bones or joints of neurological, physical, or sensor	İ
Name of facility to which patient was transf Morton Plant, Hospital	ferred:	ition that required the transfer of the a hospital.	
Eist all persons, including license number were involved in this incident, this are providers: Nicolas Villanustre, MD MEI Scott Mantell, MD ME65013 Tammy Heyns, RN RN9338094 Susan Johnson Scrub Nurse	would include anesthesiology 11419 Surgeon 501 Sor Anesthesiologist Circulating Nurse	rist sunnort staff and other heal	th ater water on, Clea
 List witnesses, including license nur NA 	mbers if licensed, and locatin	g information if not listed above	

<u> </u>			
A) Analysis (apparent cause) of this incidence the sia machine was tested a	dent (Use additional sheets as necessar ind found operational		
I	dent (Use additional sheets as necessar ind found operational		
A) Analysis (apparent cause) of this incidence the sia machine was tested a properly for the procedure a	dent (Use additional sheets as necessar and found operational: and caused inamequate v	entilation of the patient	
A) Analysis (apparent cause) of this incident has a machine was tested a properly for the procedure a B) Describe corrective or proactive action	dent (Use additional sheets as necessar and found operational: and caused inamequate v	entilation of the patient	
A) Analysis (apparent cause) of this incident the state of the procedure at a properly for the procedure at B) Describe corrective or proactive action See attached V. Acel A Manual	dent (Use additional sheets as necessar and found operational: and caused inamequate v	entilation of the patient ecessary for complete response) MEGSOL3	

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B) Described corrective or proactive actions(s) taken

Anesthesiologist has met with anesthesia machine vendor representative and discussed appropriate connection for this machine. No one will be allowed to handle the anesthesia machine, or connect any tubing, except for the anesthesiologist. All anesthesiologists will check all ventilator settings to ensure the safe administration of anesthesia.

1201518106



STATE OF FLORIDA

PHYSICIAN OFFICE ADVERSE INCIDENT REPORTOR SUBMIT FORM TO: Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275 I. OFFICE INFORMATION First Coast Cardiovascular Institute Name of office Jacksonville FL Duval PHYSICIAN OFFICE ADVERSE INCIDENT REPORTOR SUBMIT FORM TO: 2000 Unit of Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275 Street Address 900 University Blvd South Street Address 904-493-3333			STATE OF FLORIDA
Name of office Jacksonville FL Duval Jacksonville FL Duval Jocobe Vaqar Ali, MD ME93151 N/A License Number & office registration number, if applicable FCCI CATH LAB Patient's address for Physician or Licensee Reporting II. PATIENT INFORMATION Patient's Address Leaflor's Medicaid Medicare OS/26/2015 Date of Office Visit CD-3 code for description of incident (II) Level of Surgery (II) or (III) III. INCIDENT INFORMATION OS/25/2015 Incident Date and Time Location of incident: Location of incident: Level of Surgery (II) or (III) Level of Surgery (II) or (III) A) Describe circumstances of the incident (narrative) (use additional sheets as necossary for complete response) After procedure pt had swelling to right groin. Dr. Ali was notified immediately Patient was found to have poseudoaneurysm that was injected with thrombin per Dr. Ali. After injection pt had abdominal pain. Blood pressure dropped. Dr. Ali aware and had patient transferred to Memorial Hospital Jacksonville Emergency Room for Cat scan of abdomen and pelvis to rule out retoperitoneal bloed. Cat scan was negative for retroperitoneal bleed. H/H remained low but stable overnight. Pt was up ambuiating in room without soreness. Right groin was red and and bruised but no hematoma. Pt was discharged the next day in stable condition with activity as tolerated and recheack of cbc and bmp within 3 to 5 days and follow up with primary	FLORIDA	DEPARTMENT OF	Rick Scott, Governor
Name of office Jacksonville FL Duval Jacksonville FL Duval Jocobe Vaqar Ali, MD ME93151 N/A License Number & office registration number, if applicable FCCI CATH LAB Patient's address for Physician or Licensee Reporting II. PATIENT INFORMATION Patient's Address Leaflor's Medicaid Medicare OS/26/2015 Date of Office Visit CD-3 code for description of incident (II) Level of Surgery (II) or (III) III. INCIDENT INFORMATION OS/25/2015 Incident Date and Time Location of incident: Location of incident: Level of Surgery (II) or (III) Level of Surgery (II) or (III) A) Describe circumstances of the incident (narrative) (use additional sheets as necossary for complete response) After procedure pt had swelling to right groin. Dr. Ali was notified immediately Patient was found to have poseudoaneurysm that was injected with thrombin per Dr. Ali. After injection pt had abdominal pain. Blood pressure dropped. Dr. Ali aware and had patient transferred to Memorial Hospital Jacksonville Emergency Room for Cat scan of abdomen and pelvis to rule out retoperitoneal bloed. Cat scan was negative for retroperitoneal bleed. H/H remained low but stable overnight. Pt was up ambuiating in room without soreness. Right groin was red and and bruised but no hematoma. Pt was discharged the next day in stable condition with activity as tolerated and recheack of cbc and bmp within 3 to 5 days and follow up with primary	ÎĨ	ATTT	DUVCIONAL OFFICE
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Name of office Jacksonville FL Duval Jacksonville FL Duval Jocobe Vaqar Ali, MD ME93151 N/A License Number & office registration number, if applicable FCCI CATH LAB Patient's address for Physician or Licensee Reporting II. PATIENT INFORMATION Patient's Address Leaflor's Medicaid Medicare OS/26/2015 Date of Office Visit CD-3 code for description of incident (II) Level of Surgery (II) or (III) III. INCIDENT INFORMATION OS/25/2015 Incident Date and Time Location of incident: Location of incident: Level of Surgery (II) or (III) Level of Surgery (II) or (III) A) Describe circumstances of the incident (narrative) (use additional sheets as necossary for complete response) After procedure pt had swelling to right groin. Dr. Ali was notified immediately Patient was found to have poseudoaneurysm that was injected with thrombin per Dr. Ali. After injection pt had abdominal pain. Blood pressure dropped. Dr. Ali aware and had patient transferred to Memorial Hospital Jacksonville Emergency Room for Cat scan of abdomen and pelvis to rule out retoperitoneal bloed. Cat scan was negative for retroperitoneal bleed. H/H remained low but stable overnight. Pt was up ambuiating in room without soreness. Right groin was red and and bruised but no hematoma. Pt was discharged the next day in stable condition with activity as tolerated and recheack of cbc and bmp within 3 to 5 days and follow up with primary	<u> </u>	. 17	ADVERSE INCIDENT REPORTOR
Name of office Jacksonville FL Duval Jacksonville FL Duval Jocobe Vaqar Ali, MD ME93151 N/A License Number & office registration number, if applicable FCCI CATH LAB Patient's address for Physician or Licensee Reporting II. PATIENT INFORMATION Patient's Address Leaflor's Medicaid Medicare OS/26/2015 Date of Office Visit CD-3 code for description of incident (II) Level of Surgery (II) or (III) III. INCIDENT INFORMATION OS/25/2015 Incident Date and Time Location of incident: Location of incident: Level of Surgery (II) or (III) Level of Surgery (II) or (III) A) Describe circumstances of the incident (narrative) (use additional sheets as necossary for complete response) After procedure pt had swelling to right groin. Dr. Ali was notified immediately Patient was found to have poseudoaneurysm that was injected with thrombin per Dr. Ali. After injection pt had abdominal pain. Blood pressure dropped. Dr. Ali aware and had patient transferred to Memorial Hospital Jacksonville Emergency Room for Cat scan of abdomen and pelvis to rule out retoperitoneal bloed. Cat scan was negative for retroperitoneal bleed. H/H remained low but stable overnight. Pt was up ambuiating in room without soreness. Right groin was red and and bruised but no hematoma. Pt was discharged the next day in stable condition with activity as tolerated and recheack of cbc and bmp within 3 to 5 days and follow up with primary			SUBMIT FORM TO:
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DH-MQA1030-12/06 Page 1 of 2

B) ICD-9-CM Codes			
75716	442.3		
Surgical, diagnostic, or treatment Accident, even specific agent or event. (ICD-9 Codes 01-99.9)		circumstances, or lat caused the injury E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
C) List any equipment used if of (Use additional sheets as necessary for o	omplete response)	d in the incident	
Outcome of Incident (Please	check)	Suraigal property	reconciliation of the state of
Brain Damage			re performed on the wrong site ** procedure performed **
Spinal Damage		Surgical repair of	f injuries or damage from a planner
Surgical procedure performed on th	e wrong patient.	surgical procedure ** if it resulted in:	re.
A procedure to remove unplanned tremaining from surgical procedure.	foreign objects	Death Brain Damag	
Any condition that required the transfer of the patient to a hospital. Outcome of transfer – e.g., death, brain damage, observation only OBSERVATION ONLY lame of facility to which patient was transferred: Memorial Hospital of Jacksonville		Spinal Dama	ge isfigurement not to include the
		Fracture or dislocation of bones or joints Limitation of neurological, physical, or senso function. Any condition that required the transfer of the patient to a hospital.	
List all persons, including licens ey were involved in this incident, ire providers. Courtney Fluharty (RN9217469) Ja	this would inclu	de anesthesiologist,	, support staff and other health
List witnesses, including license	numbers if lice	nsed, and locating ir	nformation if not listed above
ANALYSIS AND CORRECT Analysis (apparent cause) of this i			complete response)
ngioplasty			
Describe corrective or proactive a atient transfers are closely mo	ction(s) taken (us	e additional sheets as necess acked by staff, doc	sary for complete response) tors, and administration
	11//		_
	XI		ME 85393

DH-MQA1030-12/06 Page 2 of 2

₿)	IÇD	-9-ÇM	Codes
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Abdominoplasty/Lipo of Flanks Surgical, diagnostic, or treatment

Surgibal, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-98.9)

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

Meakness and numbriess in both leas from Knees down Reculting Injery (ICD-9 Codes 800-889.9)

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

Abdomin oplasty Set and Liposuction Instruments: Bovie, Lipo connula, Suction machine, DVT machine, Surgical Instruments, Surtures

□ Death	☐ Surgical procedure performed on the wrong site ***	
-On-Brin Damaga	Wrongueurgioshpropodure performed	·
a Spinal Damage	Surgical repair of injuries or damage from a planned surgical procedure.	ŀ
© Surgical procedure performed on the wrong patient,	** If it resulted in:	
A procedure to remove unplanned foreign objects remaining from surgical procedure.	, D. Death D. Brein Damage	1
Any condition that required the transfer of the patient to a hospital.	Spinal Damage Permanant disfigurement not to include the: Incision soar	
Outcome of transfer – e.g., death, brain damage, observation only	☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function.	
Name of facility to which patient was transferred: Holy Cross Hospital	 Any condition that required the transfer of the patient to a hospital. 	
they were involved in this incident, this would include care providers. Dr. John Pinnella MD-MES58 Dr. Jason White M.D MES58	ensed, locating information and the capacity in which ide aneathesiologist, support staff and other health E.39(a) 9 Surgeon (e.e. Anesthestologist	h
they were involved in this incident, this would include care providers. Dr. John Pinnella MD-M	ide aneathesiologist, support staff and other health E.39(e) 9 Surgeon (e(e - Anesthosynologist 1.35 5+ 11-142, Melissa Rivera, Medical need, and locating information if not listed above	
they were involved in this incident, this would inche care providers. Dr. John Pinnella MD-ME858 Dr. Jason White M.D ME858 VUITSSA RIOS RN-RN93355- Gabriel Diaz Surgical Assistantials F) List witnesses, including license numbers if lice	ide aneathesiologist, support staff and other health E.39(e) 9 Surgeon (e(e - Anesthestologist 1.35 St 1 (-142, Melissa Rivera, Medical need, and locating information if not listed above	
they were involved in this incident, this would include care providers. Dr. JOHN PINALIA MD-MESSI Dr. JOSON White M.DMESSI VUNESSIA RIOS, RN- RN9 3355 CONTIEL DIAZ, SURGICAL ASSI F) List witnesses, including license numbers if lice SOME AS ADDVE IV. ANALYSIS AND CORRECTIVE ACTION A) Analysis (apparent cause) of this incident (use additional contents).	ide anesthesiologist, support staff and other health E.39(e) 9 Surgeon [e(e - Anesthestologist [35] ST 1 (-142 , Mel) SO Rivera , Medicologist mass, and locating information if not listed above.	
they were involved in this incident, this would inche care providers. Dr. John Pinnella MD-M Dr. Jason White M.DMESSI VUNESSIA RIOS, RN-RN9 3355 GODTIEL DIOZ, Surgical Assistance of this incident (Use additional See at Tached B) Describe corrective or proactive action(s) taken (use additional described action (use additional descri	ide anesthesiologist, support staff and other health E.39(e) 9 Surgeon [e(e - Anesthestologist [35] ST 1 (-142 , Mel) SO Rivera , Medicologist mass, and locating information if not listed above.	

DH-MQA1030-12/06 Page 2 of 2



Galleria Professional Bldg. 915 Middle River Drive, Second Floor Ft. Lauderdale, Florida 33304 Tel. (954) 565-7575

> Department of Health, Board Of Medicine 4052 Bald Cypress Way

Tallahassee El.32399

Re: Adverse Incident on 5/27/15

To whom it may concern,

Patient ■L came, into our office on 4/20/15 and inquired about an abdominoplasty and liposuction and scheduled her/ procedure. Afteran H& P the patient was found to be a healthy procedure for 5/26/15.

The patient arrived on 5/26/15 for scheduled procedure and the surgery was performed in a routine fashion. Patient was seen one day post-operatively in my office and expressed that feet were tingly/weak, and slightly numb. Patient was instructed to go to the hospital, they did and admitted to Holy Cross Hospital on 5/27/15.

- Patient had extensive neurological work-up and the results were normal
- Patient continued symptoms in lower extremities
- The final diagnosis was acute idopathletic transverse myelitis
- Patient was seen on 6/8/15 patient is receiving re-habilitation at Holy Cross hospital /#nd will be transferred to a facility in Tampa, Fl where lives.
- JP drain was removed from the abdominoplasty, and to return PRN ., My office will keep in touch with **as** needed.

Please call my office for further information.

Regards,

John Pinnella/

DOIJ 18713-187



STATE OF FLORIDA Rick Scott, Governor

PHYSICIAN OFFICE · ADVERSE INCIDENT REPORT

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

JUN 1

	July
I. OFFICE INFORMATION	JUN 1 5 200
First Coast Cardiovascular Institute	_ 3900 University Blvd South
Name of office	Street Address
Jacksonville FL Duval City Zip Code County	904-493-3333
Vaqar Ali, MD ME93151	Telephone
Name of Physician or Licensee Reporting	N/A License Number & office registration number, if applicable
FCCI CATH LAB	about trained a onice registration number, it applicable
Patient's address for Physician or Licensee Reporting	
II DATISTIC NICES	
II. PATIENT INFORMATION	•
	male
Patient Name	Age Gender Medicaid Medicare 05/29/2015
Patierit's Address 28158	Date of Office Visit LHC
Patient Identification Number	Purpose of Office Visit
Cordnary Artery Disease Diagnosis	995.27 ICD-9 Code for description of incident
	(II) Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	Level of Surgery (II) or (III)
05/29/20150 1930 Incident Date and Time	Location of Incident:
modelii Date and Time	☐ Operating Room ☐ Recovery Room ☐ Other
Note: If the incident involved a death, was the medi	
Was an autopsy performed? Yes No	•
Describe circumstances of the incident (use additional sheets as necessary for complete response)	narrative)
Patient was post LHC being monitored in recovery/	holding area. Patient blood pressure started getting high and
complaining of ha and nausea. Dr. Ali notified immo	distaly and sixes but he had a said and getting high and
oneliv Fifteen minutes nost giving modifier and	diately and given hydralazine 10 mg twice and zofran times
noted and lungs close to acculation. Dr. All 1955	started complaining of itching of hands and feet. No rash
noted and large clear to asculation . Dr. All notified	solumedrol and benadyl given . Then pt stated he could not
see the. Stroke exam done no deficits noted and mo	informed and pt transferred to MHJ via rescue for evaluation
Patient was discharged from MHJ at 2317 in stable	condition on oral benadryl and instructed to follow up with his
primary care md in two days.	
DH-MQA1030-12/06	
Page 1 of 2	
· · · · · · · · · · · · · · · · · · ·	•
	·
B) Describe corrective or proactive action(s) taken	0.00
Patient transfers are closely monitored and	tracked by staff, doctors, and administration
v. #\	
SIGNATURE OF PHYSICIAN/LICENSEF	SUBMITTING REPORT LICENSE NUMBER
05/29/2015	1945
DATE REPORT COMPLETED TIN DH-MQA 1030-12/06	ME REPORT COMPLETED
Page 2 of 2	

Page 2 of 3

201510981-189

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



	•	The transfer and the
Jr.	OFFICE INFORMATION	6820 Southpoint Phwy Sult
Vasc	war Huss Center of Jacksonville	Street Address
	Ksonville 322/16 Dural.	904-296-4106 · · · ·
City	Zip Code County	Telephone
\mathcal{M}	Sara Clark	
Name o	Physician or Licensee Reporting	License Number & office registration number, if applicable
		•
Patient	s address for Physician or Licensee Reporting	
**		. <u></u>
II.	PATIENT INFORMATION	
Patient	Name A. L. and Market	··· Age All Medicaid Medicaid Medicaid
Patient	stAddress /	Date of Office Visit, Left Hrombecton
	0:37 9 Lidentification Number	Purpose of Office Visit
ک ک Diagno	1 R.D	ICD-9 Code for description of incident
, ,		TU Level of Surgery (II) or (III)
•		Level of Surgery (if) of (iii)
Ш.	INCIDENT INFORMATION	
į.	4117116 1333	Location of Incident:
Inciden	t Date and Time	14 Operating Room ☐ Recovery Room ☐ Other
(u	escribe circumstances of the incident (narrative se additional sheets as necessary for complete response)	-,
· ·		
	· <u> </u> -	The second secon
# *i. ·		The second secon
	· [· · · · · · · · · · · · · · · · · ·	
DH-M Page 1	O\$1030-12/06 · · · · · · · · · · · · · · · · · · ·	
rugo i		•
	ill	
	<u> </u>	·
		· · · · · · · · · · · · · · · · · · ·
B) De	' sgribe corrective or proactive action(s) taken (Use addition	onal sheets as necessary for complete response
Con	thue to send patients to high	er level of care when
	elled	
	QA1030-12/06	
	of 3	





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 INFOR			8770 SW 14	Ath Street	K un	0 6 20
South Florida Advanced Access Name of office	Care		Street Address	401 50 660	- 10L	0 0 20
	3176 DADE		305-252-9408	8	BY _E	
	p Code County		Telephone			
Dr. Athanassios Tsouka	•		МЕ77299			
Name of Physician or Licensee			License Numbe	r & office registr	ation number, if app	licable
Patient's address for Physician of	or Licensee Reporting					
II. PATIENT INFO	RMATION					
					[] [₹
			Age 6/17/2015	Gender	Medicaid	Medicare
			Date of Office V			
Patient Identification Number			Evaluation of patients Purpose of Office			
ESRD		•	585.6 ICD-9 Code for	description of ir		
Diagnosis			Level II	· · · · · · · · · · · · · · · · · · ·		
			Level of Surger	λ (II) ot (III)		
III. INCIDENT INFO	ORMATION					
6/17/2015 at: 12;36pm				7	`	•
Incident Date and Time			Location of Inci-		Recovery Room	
Note: If the incident invol Was an autopsy pe	ved a death, was the med eformed? □Yes ☑ No	dical examine	r notified? ☐ \	Yes ☑ No		
A) Describe circums (use additional sheets as r	cances of the incident	(narrative)				
After the procedure was	finished, the patient desa	aturated and	became short	t of breath. P	atient was then	placed
on 100% of O2 via NR M	lask and was transferred	to Baptist Ho	ospital via Fire	Rescue.		
						
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		•	· · · · ·			
·						
DH-MOA1030-12/06		ĺ				

DH-MQA1030-12/06 Page 1 of 2

585.6			
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, especific agent that or event. (ICD-9)	at ca	sused the injury (ICD-9 Codes 800-999.9)
C) List any equipment used if (Use additional sheets as necessary for	directly involved complete response)	d in	the incident
NONE			
D) Outcome of Incident (Pleas	se check)		
□ Death			Surgical procedure performed on the wrong site **
Brain Damage			Wrong surgical procedure performed **
☐ Spinal Damage			Surgical repair of injuries or damage from a planned surgical procedure.
Surgical procedure performed on	the wrong patient.		
A procedure to remove unplanned remaining from surgical procedure			** if it resulted in: Death Brain Damage Spinal Damage
Any condition that required the tra patient to a hospital.	nsfer of the		Permanent disfigurement not to include the incision scar Fracture or dislocation of bones or joints
Outcome of transfer – e.g., death, brai	reid-lock. to hospital	e	Limitation of neurological, physical, or sensory function.
Name of facility to which patient was Baptist Hospital	+cup_cath	etec	Any condition that required the transfer of the patient to a hospital.
			ed, locating information and the capacity in whic anesthesiologist, support staff and other health
	se numbers if lice	nse	d, and locating information if not listed above
N/A	<u>.</u>		<u> </u>
IV. ANALYSIS AND CORR A) Analysis (apparent cause) of thi			sheets as necessary for complete response)
B) Describe corrective or proactive we will continue to follow the			i ditional sheets as necessary for complete response) hed policies and procedures.
)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u> </u>	LAND ICENSEE SI		6 24 #ME77299
SIGNATURE OF PHYSICI		09:10	am
DATE REPORT COMPL. DH-MQA1030-12/06	EIED TIME	REI 	PORT COMPLETED

Page 2 of 2

2015 20050 167



STATE OF FLORIDA Rick Scott, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

JUL 0 7 2015

SUBMIT FORM TO:

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

I. OFFICE INFORMATION CANCELLOS COR OF MICHINI Name of office	9200 S. Dadeland by claim of
miami 33156 miami ade	305 C70 - 10-14 Telephone
Name of Physician or Licensee Reporting	WE \$6739 OSR 676 License Number & office registration number, if applicable
Patient's address for Physician or Licensee Reporting	
II. PATIENT INFORMATION	
	Age 6-25-25 Medicaid Medicare
Patient's Address Patient Identification Number	Oate of Office Visit CVOILUATION OF AVEISTOR CICCESS Purpose of Office Visit
Diagnosis	ICD-9 Code for description of incident
	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION (0/25/2015 13'.55 Pm) Incident Date and Time	Location of Incident: █ Operating Room □ Recovery Room □ Other
Note: If the incident involved a death, was the medical exar Was an autopsy performed? □ Yes □ No	l niner notified? □ Yes □ No
A) Describe circumstances of the incident (narrati (use additional sheets as necessary for complete response)	
	Juate Aveistula a 12x4
	intra-stent, It was then noted that
•	e hallon was deflated howeveryon
	seperated from the delinery system istua. After several attemps to remae
the hollon from the City it. Me	decided to light the fistula contracting Fla
the Derevision the Wilm from traction	The patient was sent to mercy Hopital
	vup, surgery was performed and the ballow
This successfull I remited another that	m of the ristor was reversed. The
Mistry a was successfully used	fordialysis prior to the patient
Page 1 of 2 DECKY CLOSEN AND CO	From the horniful

	B)	ICD-9-CM Codes		·
1		459.2.585.C		
	Su	rgical, diagnostic, or treatment Accident, event, poedure being performed at time of specific agent the	circu	
	inci	ident (ICD-9 Codes 01-99.9) specific agent the or event. (ICD-9	at ca E-Co	used the injury (ICD-9 Codes 800-999 a)
	C)	List any equipment used if directly involved (Use additional sheets as necessary for complete response)	d in	the incident
	B	106400 SCICNHFIC GLOCK	ን. Լ. /	r 12×4
	-	- J	<u> </u>	12/1
	D)	Outcome of Incident (Please check)		
		Death	0	Surgical procedure performed on the wrong site **
ļ		Brain Damage		Wrong surgical procedure performed **
	٥	Spinal Damage		Surgical repair of injuries or damage from a planned
	۵	Surgical procedure performed on the wrong patient.		surgical procedure.
,	V	A procedure to remove upplement foreign abigut		th if it resulted in:
	**	remaining from surgical procedure.		□ Brain Damage □ Spinal Damage
		Any condition that required the transfer of the patient to a hospital.		Permanent disfigurement not to include the
	Out	•		incision scar 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.
1		ne of facility to which patient was transferred:		Any condition that required the transfer of the patient to a hospital.
L.				
	E) ! the	List all persons, including license numbers if lice y were involved in this incident, this would inclu	ense	d, locating information and the capacity in which
	care	e providers,		. support start and other health
	\	OSE Kamirez ME8673	9_	
	<u> </u>			
	F) L	ist witnesses, including license numbers if licer	nsed	and locating information if not listed above
,		same as above		
•				
	IV. A) <i>[</i>	ANALYSIS AND CORRECTIVE ACTION Analysis (apparent cause) of this incident (Use addition of the control of the c	Dalieb	
	<u>u</u> ,	TOU UTUINSIS UT COSE F	200	Side Goes May be
•	_	elective pallocon		J
]	B) [Describe corrective or proactive action(s) taken (USE <u>ECTOR</u> (USE)	addit	
	V/	endor research possix		Case and discussed with
·	٧.	100	2/1	001610
		SIGNATURE OF PHYSICIAN/LICENSEE SH	BIN	MAGREPORT LICENSE NUMBER
		DATE REPORT COMPLETED TIME F	EPC	PRT_COMPLETED
		MQA1030-12/06 2 of 2		
	-			
	1	draw part pt. to adjaning heaps	ene !	EV VIA W III
		enchaniant and dreatment, from	- زر _{ے م}	the sincident, report gran to ED staff. was treeded and discharged to that evering open heapetal
DI	H-M	QA1030-12/06 6/20/15 The paxie	rt.	was Greeded and discharged to
	ge l	of 2 home from the	ED	list evering gas hospital
		becards.		

B)) ICD-	-CM Codes					
<u>.</u>		58563	N,	1A			\mathcal{N}_n
pro	Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) Accident, event, specific agent the or event. (ICD-9		, circu nat cai	used the in	or njury	Resulting injury (ICD-9 Codes 800-999-9)	
C)	(Use ac	ny equipment used if diditional sheets as necessary for co	irectly involve mplete response)	ed in	the incic	lent	
D)		ome of Incident (Please	check)			<u></u>	•
0	Death	<u> </u>		Q	Surgical p	rocedu	re performed on the wrong site **
ū	Brain [) Pamage			Wrong su	rgical pr	rocedure performed **
Ü	Spinal	Damage			Surgical r surgical p		injuries or damage from a planned .e.
	Surgic	al procedure performed on the	e wrong patient.		** if it resu		
		edure to remove unplanned for ing from surgical procedure.	oreign objects		□ Death □ Brain		
V		ndition that required the trans to a hospital.	fer of the		Perm incision	anent di on scar	isfigurement not to include the
obs Nar	ervation ne of fa	transfer – e.g., death, brain only <u>Observation and</u> cility to which patient was tr to Recional Medical C	Treatment ansferred:		Limita functi Any o	ation of r	islocation of bones or joints neurological, physical, or sensory n that required the transfer of the ospital.
the car	y were e provi Stev Rebe	involved in this incident, ders. en F. Woodring, Do kah Holcomb, RN Fei Lii, MA - c	this would include the substitute of the substit	ude a	nesthesio	ologist,	rmation and the capacity in which support staff and other health OS 10008 RN9372242 233272 or 410 Information if not listed above
F)		inesses, including license	numbers if lice	ensec	I, and loc	ating in	iformation if not listed above
IV. A)	Analys	VALYSIS AND CORRES is (apparent cause) of this in			heets as neco	essary for	complete response)
B)		be corrective or proactive a A	ction(s) taken (u	Jse addi	itional sheets	s as neces	sary for complete response)
		GNATURE OF PHYSICIA	AU ICENCE C	lu	lle	, EDO!	OS 1000 8 RT LICENSE NUMBER
חת		DATE REPORT COMPLET	<i></i>		772 ORT CO	<u>. </u>	

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2015-20542



STATE OF FLORIDA Rick Scott, Governor DOH Consumer Services STATE OF FLORIDA

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

JUL 1 0 2015

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

	WIUDV ASSOCIATES Of Monte						
Name	ology Associates of Venic of office	e ano Engi	lewood	<u>51</u> 2	Nokomis Aven	ue South	
Venic	9 040			Stre	et Address	<u>40 00461</u>	
City	T		Sarasota ountv	_(94	1) 486-3491		
Craid	T. Reiheld, MD		Ounty	Tele	phone		
Name	of Physician or Licensee Re	norting		·· os	R649 .		
- 1	7	porang		Lice	nse Number & offic	ce registratio	on number, if applicable
Patient	s address for Physician or L	icensee Por	oortin-				
	, , , , , , , , , , , , , , , , , , ,	-iociisee itep	orung				
11.	PATIENT INFORM	/ATION					
Patient	Name				Ma	ale	. 🗅 🛭
			1	Age 6/10		nder	Medicaid Medicar
201775	s Address	-		Date	of Office Visit		
Patientil	Identification Number			Lowe	er Extremity Rev	ascularizat	ion_
443.9 Diagnos	io			568.	se of Office Visit 31, 998.12, 458.	29	
Diagnos	515			ICD-9	Code for descript	ion of incide	nt .
				2 Level	of Surgery (II) or (m/	
ш.	INCIDENT INFORM	AATION.		20101	or obligery (a) or (111)	
	MODERI MEORI	MAHON	•				
6/19/20	015 1400						
Incidenti					an af i - : - :		
incluein.	Date and Time			Locati	on of Incident:	W 5	
incident.	Date and Time			□ Ope	erating Room	⊠ Re∈	covery Room
Note: I	If the incident involved	a death, w med? ⊡ Ye	vas the medical	□ Ope □ Oth	erating Room er		covery Room
Note:	If the incident involved Was an autopsy perforr	wed: 'm 1è	S I NO	© Ope	erating Room er		covery Room
Note: 	If the incident involved Was an autopsy perform scribe circumstance	es of the	es u No	© Ope	erating Room er		covery Room
Note: I	If the incident involved Was an autopsy perform escribe circumstance additional sheets as necess	es of the	e incident (na plete response)	□ Ope □ Oth examiner notifi rrative)	erating Room er ed? 🗆 Yes 🗔 N	No	
Note: A) De (use	If the incident involved Was an autopsy perform escribe circumstance additional sheets as necessions underwent a right content of the content	es of the sary for comp	e incident (na piete response) pral artery access	□ Ope □ Oth examiner notifice rrative)	erating Room er ed? □ Yes □ N	No	ion for hilatory U.
Note: I	If the incident involved Was an autopsy perform scribe circumstance additional sheets as necession underwent a right cory claudication, after which	ces of the sary for compound for mon femon h, his groin	e incident (na plete response) aral artery access access site was	examiner notificerative) for angiography accessed with a myrelegation of the control of the con	erating Room er er ed? □ Yes □ N end percutaneou	No	ion for bilateral lower
Note: I	If the incident involved Was an autopsy perform scribe circumstance additional sheets as necession underwent a right cory claudication, after which	ces of the sary for compound for mon femon h, his groin	e incident (na plete response) aral artery access access site was	examiner notificerative) for angiography accessed with a myrelegation of the content of the con	erating Room er er ed? □ Yes □ N end percutaneou	No	ion for bilateral lower
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Note: If V A) De (use The patite extremit) experien the was of the value of the va	If the incident involved Was an autopsy perform scribe circumstance additional sheets as necessient underwent a right cory claudication, after which need right abdominal pain given a fluid bolus and tal	ces of the sary for compound fo	e incident (na piete response) ral artery access access site was bin blood pressur or assessment.	examiner notificerative) for angiography accessed with a myres while at bed reserved.	erating Room er er er er er er er er er e	No us intervent and local	ion for bilateral lower pressure. He
Note: If V A) De (use The patite extremit) experien de was o	If the incident involved Was an autopsy perform scribe circumstance additional sheets as necessient underwent a right cory claudication, after which need right abdominal pain given a fluid bolus and tal	ces of the sary for compound fo	e incident (na piete response) ral artery access access site was bin blood pressur or assessment.	examiner notificerative) for angiography accessed with a myres while at bed reserved.	erating Room er er er er er er er er er e	No us intervent and local	ion for bilateral lower pressure. He
A) De (use The pati extremit de was a	If the incident involved Was an autopsy perform scribe circumstance additional sheets as necession underwent a right corry claudication, after which need right abdominal pain given a fluid bolus and tall admitted to the hospital for	ces of the sary for compound fo	e incident (na piete response) ral artery access access site was bin blood pressur or assessment.	examiner notificerative) for angiography accessed with a myres while at bed reserved.	erating Room er er er er er er er er er e	No us intervent and local	ion for bilateral lower pressure. He
Note: If A) De (use The pati extremit) Extremit Apperien de was a	If the incident involved Was an autopsy perform scribe circumstance additional sheets as necession underwent a right correct victorial paint additional paint and tall admitted to the hospital for the property of the proper	ces of the sary for compound fo	e incident (na piete response) ral artery access access site was bin blood pressur or assessment.	examiner notificerative) for angiography accessed with a myres while at bed reserved.	erating Room er er er er er er er er er e	No us intervent and local	ion for bilateral lower pressure. He



2015/070

STATE OF FLORIDA

Rick Scott, Governor DOH Consumer Services

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

JUL 1 5 2015

SUBMIT FORM TO:

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

	1. OFFICE INFORMATION Vascular Specialists of Central Florida Name of office	80 W Michigan St Street Address
	Orlando 32-806 _ Orange	407 648 4 3 23
	Dr. Jan Wesley Name of Physician of Licensee Reporting	602-2-8 License Number & office registration number, if applicable .
	Patient's address for Physician or Licensea Reporting	s' .
	II. PATIENT INFORMATION	
		Age Gender Medicaid Medicare
.•	Patient's Address Patient Identification Number	Date of Office Visit Elstilagram & Thranhectomy Purpose of Office Visit
	Diagnosis .	ICD-9 Code for description of incident
	III. INCIDENT INFORMATION	Level of Surgery (II) or (III)
:	16-25-15 around 1245 Incident Date and Time	Location of Incident: Operating Room Recovery Room Other
	Note: If the incident involved a death, was the medical examin Was an autopsy performed? ☐ Yes ☐ No	er notified? □ Yes □ No
_	A) Describe circumstances of the incident (narrative use additional sheets as necessary for complete response)) :
		·
	ı	·
	SEE ATTAC	HED

DH-MQA1030-12/06 Page 1 of 2

59	35.6. 996.74	186,50	>		
Sur prod	gical, diagnostic, or treatment bedure being performed at time of dent (ICD-9 Codes 01-99.9)	Accident, event, cir specific agent that or event. (ICD-9 E-	ca	used the injury	Resulting injury (ICD-9 Codes 800-999.9)
C)	List any equipment used if di (Use additional sheets as necessary for co		in ⁄	the incident	
	, ,	\mathcal{P}) 		
D)	Outcome of Incident (Please of	heck)			,
u	Death		a	Surgical procedu	re performed on the wrong site **
۵	Brain Damage	, (Ö	Wrong surgical p	procedure performed **
a	Spinal Damage	.	0	Surgical repair of surgical procedu	finjuries or damage from a planned
	Surgical procedure performed on the A procedure to remove unplanned for		•	** if it resulted in: Death	:
K	Any condition that required the transpatient to a hospital. ABP, CP	fer of the		incision scar	age disfigurement not to include the
obs Na	tcome of transfer—e.g., death, brain servation only me of facility to which patient was to report Regional M enter	ansferred:		function.	neurological, physical, or sensory on that required the transfer of the hospital.
the	List all persons, including licens by were involved in this incident, re providers. Y. JON WES EY: AMIE ROWY 19UEZ: YISTEM MUYYAY: C	e numbers if lice this would includ MEDD8 RN 212 RTi 6844 45	ns le 2 5	ed, locating info anesthesiologist 9// 250	ormation and the capacity in which t, support staff and other health
	List witnesses, including license 30MC aS AND	numbers if licen	se	ed, and locating i	information if not listed above
۰ IV. A)	ANALYSIS AND CORRE Analysis (apparent cause) of this 3 + a + Responded			sheets as necessary fo	r complete response)
B)	Describe corrective or proactive a	ction(s) taken (Use	a ad	ditional sheets as nece	ssary for complete response)
_				4)
. V ₍	SIGNATURE OF PHYSICIA 6-26-2015		12	MITTING REPOI	
	DATE REPORT COMPLETEMOA1030-12/06 ge 2 of 2	ED HWE F	(E)	PORŤ COMPLET	: :

B) ICD-9-CM Codes



OFFICE INFORMATION

1.

STATE OF FLORIDA Rick Scott, Governor

PHYSICIAN OFFIDOH Consumer Services ADVERSE INCIDENT REPORT

JUL 2 0 2015

SUBMIT FORM TO:

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

Vascular Surgery Asso Name of office	ciates			2631 Centennia Street Address	ıl Blvd		
	00000	t					
<u>Tallahassee</u> , FL City	32308 Zip Code	Leon County	- ·	850-877-8530 Telephone			
Dr. Robert Brumberg	•	,		•		OCDOSE	
Name of Physician or Licer	see Reporting			OS9800 License Number 8	office registration	OSR925 on number, if ap	plicable
					-		•
Patient's address for Physic	cian or License	Reporting					
İI. PATIENT IN	IFORMATIO	οÑ ~	·			~~	
			716.19		 Male		Yn '
Patient Name : ": "	******			Age	Gender		Medicare
Patient's Address	* * **	•	_	2-3-15 Date of Office Visi			
73381 Patient Identification Numb	er		_	<u>left arm fistulog</u> Purpose of Office	ram Vieit		
585.6	<u> </u>		_	E878.2 996.73	3		
Diagnosis				ICD-9 Code for de Level II	scription of incid	ent	
				Level of Surgery (il) or (III)		· · · · ·
III. INCIDENT II	NFORMAT	ION					
6-30-15 1330 Incident Date and Time			- -	Location of Incider Operating Room		5.00110.71 D	
modelit bate, and three	•	•		☑ Other angiogra	phy suite	ecovery Room	•
Note: If the incident in	nvolved a de	ath, was the m	nedical examine	notified? a Ye	s.□ No	•	•
Was an autopsy	y performed	? □ Yes □ No					
A) D . 11 . 1							
 A) Describe circur use additional sheets 	mstances (as necessary f	or the incidei	nt (narrative)				
1215 Patient to recover		•	•	30 Bleeding note	d from left unn	er arm iñcision	1
							=
1130 Pressure held, Dr. B	· -						
1340 Order recieved by I	Dr. Brumberg 1	o transfer patient	to TMH for surgication	al management. 1	345 Family noti	fied regarding r	need for
transfer. 1400 EMS arriv	ved. Patient tra	ansferred to TMH	via EMS in stable c	ondition. Belongir	igs sent with fa	mily. :	
1 1 27 1							
		•				•	
							
				_		- -	
DH-MQA1030-12/06	-						
Page 1 of 3						•	

N/A N/A	996.73
rocedure being performed at time of specific ager	vent; circumstances, or Resulting injury ent that caused the injury (ICD-9 Codes 800-999.9) CD-9 E-Codes)
 List any equipment used if directly invo (Use additional sheets as necessary for complete response 	
N/A	
O) Outcome of Incident (Please check)	·
Death ·	□ Surgical procedure performed on the wrong site **
1 Brain Damage	□ Wrong surgical procedure performed **
Spinal Damage	 Surgical repair of injuries or damage from a planned surgical procedure.
Surgical procedure performed on the wrong patie	ent.
A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Brain Damage
Any condition that required the transfer of the patient to a hospital.	 Spinal Damage Permanent disfigurement not to include the incision scar Fracture or dislocation of bones or joints
Outcome of transfer – e.g., death, brain damage, bservation only <u>surgical intervention</u> lame of facility to which patient was transferred:	Limitation of neurological, physical, or sensory function.
Tallahassee Memorial Hospital	 Any condition that required the transfer of the patient to a hospital.
ney were involved in this incident, this would in are providers. Ashley Matyjaszek, RN staff nurse RN 9265206	if licensed, locating information and the capacity in whinclude anesthesiologist, support staff and other health
) List witnesses, including license numbers if	f licensed, and locating information if not listed above Cassie Davis ARNP-C, 9178836 LHRM 5504917
V. ANALYSIS AND CORRECTIVE ACT) Analysis (apparent cause) of this incident (Use a	
·	

DH-MQA1030-12/06 Page 2 of 3



Page 1 of 2

STATE OF FLORIDA' Rick Scott, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

DOH Consumer!

JUL 2'7 2015

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

I. OFFICE IN	FORMATIO	N	,			
First Coast Cardiova	scular Institur	re		3900 Universi	ty Boulevard S	South
Name of office		-		Street Address	.	
Jacksonville	32216	Duval		904-493-3333	ext 1054 105	5 '
City	Zip Code	County	_	Telephone	 _	
Yazan Khatib, MD	ME85393			n/a		
Name of Physician or Lice	ensee Reporting			License Number &	& office registratio	n number, if applicable
FCCI Cath Lab						
Patient's address for Phys	ician or Licensee	Reporting	_			
II. PATIENT II	NFORMATIO	NC				
					Male	
				Age	Gender	Medicaid Medicare
Patient's Address				07/13/2015 Date of Office Vis	it .	
532940				Right Lower E	xtremity Run	Off Angioplasty/Sten
Patient Identification Num Peripheral Artery Dis				Purpose of Office 440.23	Visit .	•
Diagnosis			•	ICD-9 Code for de	escription of incide	ent .
				Level of Surgery ((II) or (III)	
				,		
III. INCIDENT	INFORMATI	ION				
07/13/2015 @ 12:35	i			Location of Incide	nt:	
Incident Date and Time				Operating Room		ecovery Room
Note: If the incident Was an autop			edical examine	r notified?∭Ye	s ☑ No	
A) Describe circu	ı <u>ms</u> tances o	of the inciden	t (naṛṛative)			-
						tl-:
Noted decrease in p	atients blood	pressure, rech	ескеа вівоа рг	essure for verifi	cation. Patien	t complained of
abdominal pain, swe	elling noted in	left lower abdo	men. Dr. Khati	b notified immed	diately. Dr. Kh	atib inserted
venous line at bedsi	de. Patient ale	ert and oriented	i. Patient sent f	o Memorial Hos	spital for CT so	can to rule out RP
bleed. Patient discha	arged in stable	e condition on J	lulv 16. 2015.			
						-:
					<u> </u>	
					•	•
		** * ***		: :		
	·		·	•		
•.						,
DH-MQA1030-12/06					•	•

75716	440.23		
Surgical, diagnostic, or treatment procedure being performed at time of noident (ICD-9 Codes 01-99.9)	Accident, event, circum specific agent that cau or event. (ICD-9 E-Cod	sed the injury	Resulting injury (ICD-9 Codes 800-999.9)
 List any equipment used if of (Use additional sheets as necessary for of 	firectly involved in t complete response)	he incident	
O) Outcome of Incident (Please	check)		
Death		Surgical procedu	re performed on the wrong site **
Brain Damage		Wrong surgical p	procedure performed **
Spinal Damage			f injuries or damage from a planned
Surgical procedure performed on the	re wrong patient.	surgical procedu	•
A procedure to remove unplanned remaining from surgical procedure. Any condition that required the transpatient to a hospital. utcome of transfer – e.g., death, brain particular of facility to which patient was demorial Hospital of Jacksonville	foreign objects asfer of the adamage,	incision scar Fracture or of Limitation of function.	ge age disfigurement not to include the dislocation of bones or joints neurological, physical, or sensory n that required the transfer of the
ney were involved in this incident are providers. Courtney Fluharty (RN9217469) J Marjorie Matheny (RN9395929)		-	
		<u></u>	
) List witnesses, including licens	e numbers if licensed.	and locating i	nformation if not listed above
· · · · · · · · · · · · · · · · · · ·			
V. ANALYSIS AND CORRE	CTIVE ACTION		
) Analysis (apparent cause) of this		ets as necessary fo	r complete response)
ngioplasty			
) Describe corrective or proactive Patient transfers are closely m			
1. Miss	\mathcal{L}_{-}		ME85393
SIGNATURE OF PHYSICIA	AN/LICENSEE SUBMI 2016 11:00	TTING REPOR	

DH-MQA1030-12/06 Page 2 of 2

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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

OFFICE INFORMATION Mark Lamet M. D. P. A. Name of office	1150 N. 35 Avenue #445 Street Address
Hollywood 33021 Broward	954-961-7771
Zip Code County	Telephone
Mark Lamet M.D.	. ME 0037518 OSR 193
Name of Physician or Licensee Reporting	License Number & office registration number, if applicable
Patient's address for Physician or Licensee Reporting	
•	·
I. PATIENT INFORMATION	
 .	Age 7/32/ Gender Medicaid Medicare
	Date of Office Visib
Patient Identification Number	Purpose of Office Visita
	863.40 °
oiagnosis	ICD-9 Code for description of incident
•	Level of Surgery (II) or (III)
II. INCIDENT INFORMATION	
04/27/15	Location of Insident
07/27/15 Incident Date and Time	Location of Incident: © Operating Room Decreating Room
07/27/15 ncident Date and Time	
Note: If the incident involved a death, was the medical ex	☐ Operating Room
	☐ Operating Room
Note: If the incident involved a death, was the medical example. Was an autopsy performed? Yes No No No No No No No No No N	☐ Operating Room ☐ Other ☐ Other ☐ No
Note: If the incident involved a death, was the medical example. Was an autopsy performed? Yes No No No No No No No No No N	© Operating Room Other aminer notified? © Yes © No
Note: If the incident involved a death, was the medical example. Was an autopsy performed? Yes No No No No No No No No No No	aminer notified? • Yes • No Stive) GOUDSOFY ARECOVERY ROOM
Note: If the incident involved a death, was the medical example. Was an autopsy performed? Pes No Note: Yes No Note:	© Operating Room Other Other No aminer notified? © Yes © No
Note: If the incident involved a death, was the medical example. Was an autopsy performed? Yes No No No No No No No No No No	aminer notified? 1 Yes 1 No Ative) Gold Oscopy On 7/27/15 Ticlouce of Sarotravua in Gecum
Note: If the incident involved a death, was the medical extended and autopsy performed? Yes No A) Describe circumstances of the incident (narra (use additional sheets as necessary for complete response) Hofel to have every constance of the incident (narra (use additional sheets as necessary for complete response) Hofel to have every constance of the incident (narra (use additional sheets as necessary for complete response)	Operating Room Other aminer notified? Des Des No ative) Golous of Sarofravua in Cecurion asci
Note: If the incident involved a death, was the medical extended and autopsy performed? Yes No A) Describe circumstances of the incident (narra (use additional sheets as necessary for complete response) Vulleywey Scriberry Vulleywey Scriberry Colored Sisequent for Colored Procedure	aminer notified? a Yes a No ative) Golden Scoppy an 1/27/15 iclause of Sarofravua in Gecura second Pt Go Pho Pain -
Note: If the incident involved a death, was the medical extended and autopsy performed? If yes Ino A) Describe circumstances of the incident (narra (use additional sheets as necessary for complete response) I where I wave Every Action of Contract Contra	aminer notified? a Yes a No ative) Golouco of Sarohavua in Cecum sign pt 40 PLQ pain - use CT Scan c/w prevuo perfori
Note: If the incident involved a death, was the medical extended and autopsy performed? If yes I No A) Describe circumstances of the incident (narra (use additional sheets as necessary for complete response) I where I wave Every Sulling Albert Color of Calvertical Surgery Performed + R. C.	aminer notified? a Yes a No ative) Golous Sofgy an 7/27/15 iclause of Earotrauma in Cecum sign Here pt 40 PLO pain we CT Scan e/w prevuo perfision clour elucoved — Deviclause of con elucoved — Deviclause of
Note: If the incident involved a death, was the medical extra Was an autopsy performed? Yes No A) Describe circumstances of the incident (narra (use additional sheets as necessary for complete response) Luderwert Sachuma Lofed to have ever as could ge procedure Transferred to procedure Surgery Peformed & R. Cause Sarafinning as cause	aminer notified? a Yes a No ative) Golouco of Sarohavua in Cecuri Signatura of FLO Pain- Lee CT Stay C/W previo perfesion
Note: If the incident involved a death, was the medical extended and autopsy performed? I Yes I No A) Describe circumstances of the incident (narra (use additional sheets as necessary for complete response) Lyderwert Screening A well as dwerfield Sussequent to procedure Transferred to ER whe Surgery Pulowed & R. (aminer notified? a Yes a No ative) Golous Sofgy an 7/27/15 iclause of Earotrauma in Cecum sign Here pt 40 PLO pain we CT Scan e/w prevuo perfision clour elucoved — Deviclause of con elucoved — Deviclause of

procedure being performed at time of specific age	vent; circumstances, or Resulting injury (ICD-9 Codes 800-999.9)
C) List any equipment used if directly invo (Use additional sheets as necessary for complete response	olved in the incident se)
D) Outcome of Incident (Please check)	
D Death .	□ Surgical procedure performed on the wrong site **
Brain Damage	□ Wrong surgical procedure performed **
□ Spinal Damage	 Surgical repair of injuries or damage from a planned surgical procedure.
□ Surgical procedure performed on the wrong patie	
 A procedure to remove unplanned foreign objects remaining from surgical procedure. 	s □ Death □ Brain Damage
Any condition that required the transfer of the patient to a hospital.	 Spinal Damage Permanent disfigurement not to include the incision scar
Outcome of transfer – e.g., death, brain damage, observation only	 Fracture or dislocation of bones or joints Limitation of neurological, physical, or sensory 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 incare providers. Mark Lamet M.D. Diana Rodriguez C.R.N. Samantia Hil-Bivera R. Maria C. Pino, L.AV.	
IV. ANALYSIS AND CORRECTIVE AC A) Analysis (apparent cause) of this incident (Use	
B) Describe corrective or proactive action(s) take	
	11/1

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

DATE REPORT COMPLETED

A1030-12/06

TIME REPORT COMPLETED

DH-MQA1030-12/06 Page 2 of 2

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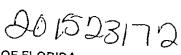
STATE OF FLORIDA Rick Scott, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORTConsumer Services

SUBMIT FORM TO:
Department of Health, Consumer Services Unit 1 0 2015
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION	Man and Mothers
FORT LAUDERDAIL PAIN Medicine	1930 NE 47th ST #300
Name of office	Street Address
FORT LANDORDAY 33308 BROWARD	954-493-5048
City Zip Code County	Telephone
Gabriel Marven ME	102643 05R 509
Name of Physician or Licensee Reporting	102643 USIR 509 License Number & office registration number, if applicable
1930 NE 47th St. Fortlanderdale	
Patient's address for Physician or Licensee Reporting FL 33305	
II. PATIENT INFORMATION	
	Age July 28 2015 Medicaid Medicare
Particular Address	Date of Office Visit
Patient's Address	tulewestional fro cederil
Patient Identification Number Cervicals 7'S	Purpose of Office Visit
Diagnosis Spring 6595, Carvica (51)	ICD-8 Code for description of incident
	- Level II
	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	
7/20/15 4:22	
+128/15 4 22	Location of Incident:
Incident Date and Time	□ Pecovery Room □ Other
Note: If the incident involved a death, was the medical examine	r notified? □ Yes 🗷 No
Was an autopsy performed? □ Yes □ No	. (
A) Describe singurations of the incident (negretical	
A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)	
The patient completed the procedure	without any complication but
after was cleaned and ready to be	
about 3-5 minutes. At that time, we start	led CPR and called 911. The patient
had a very weak pulse. We quickly come	•
blood pressure was low & brady cardy:	<u> </u>
responsive and offer summer was vesp	onsive at overted x3. The paramodic
acrived and took the patient to Holy Cross	hospital for further evaluation. was
arrived and took the patient to thou Cross then discharge home from the EK later DH-MQA1030-12/06	that night.

	circumstances, or Resulting injury at caused the injury (ICD-9 Codes 800-999.9)
C) List any equipment used if directly involve (Use additional sheets as necessary for complete response)	d in the incident
D) Outcome of Incident (Please check)	
□ Death	□ Surgical procedure performed on the wrong site **
Brain Damage	□ Wrong surgical procedure performed **
□ Spinal Damage	Surgical repair of injuries or damage from a planned surgical procedure.
Surgical procedure performed on the wrong patient.	
 □ A procedure to remove unplanned foreign objects remaining from surgical procedure. ✓ Any condition that required the transfer of the 	** if it resulted in: Death Brain Damage Spinal Damage Permanent disfigurement not to include the
patient to a hospital. Outcome of transfer – e.g., death, brain damage, observation only	incision scar Fracture or dislocation of bones or joints Limitation of neurological, physical, or sensory 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 include the providers. Dr. Gabriel Marrero ME 10269 Kathy Ferrabone Bright Deoliveing Earbare Szeinfeld (RN) F) List witnesses, including license numbers if lice	ensed, and locating information if not listed above
, '	533722
IV. ANALYSIS AND CORRECTIVE ACTION A) Analysis (apparent cause) of this incident (Use addit) Vasouagal (esponse)	
B) Describe corrective or proactive action(s) taken (US Sect to	





Page 1 of 2

STATE OF FLORIDA Rick Scott, Governor

DOH Consumer Services

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

AUG 1 4 2015

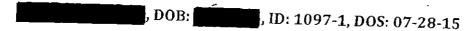
SUBMIT FORM TO: Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION	
Strong Hen Hh Network, PLIC	815 NW ST Ave. Swite 130
Name of office	Street Address
Miami 33126 miamis pode	
<u>Miani</u> 33126 <u>Miani-Dade</u> City Zip Code County	305-266-2286
•	Telephone
Manuel A. Gonzalez, M.D.	ME110782 OSR# 928
Name of Physician or Licensee Reporting	License Number & office registration number, if applicable
	,
Patient's address for Physician or Licensee Reporting	•
II. PATIENT INFORMATION	
II. TATIEN MI GROWATION	
	Female & &
Potiont Name	Age Gender Medicald Medica
	7-28-15 Date of Office Visit
Patient's Address	penipheral endovasalar interventi Purpose of Office Visit
	Purpose of Office Visit
leg pain, PAD with claudication,	Purpose of Office Visit F & 7 & 8 ICD-9 Code for description of incident
Diagnosis lee edema, CAD	ICD-9 Code for description of incident
(*5)	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	
7 70 15 i i i i i i i i i i i i i i i i i i	t a satisfact of the side of the
7-28-15 12:02 PM	Location of Incident: The Operating Room Recovery Room
コース名・15 「え:o2 PM Incident Date and Time	Location of Incident: Operating Room Other
Incident Date and Time	☐ Operating Room ☐ Other
Incident Date and Time Note: If the incident involved a death, was the medical examir	☐ Operating Room ☐ Other
Incident Date and Time	☐ Operating Room ☐ Other
Note: If the incident involved a death, was the medical examir Was an autopsy performed? □ Yes □ No	□ Operating Room □ Other □ Other □ Yes □ No
Note: If the incident involved a death, was the medical examir Was an autopsy performed? □ Yes □ No A) Describe circumstances of the incident (narrative	□ Operating Room □ Other □ Other □ Yes □ No
Note: If the incident involved a death, was the medical examir Was an autopsy performed? □ Yes □ No A) Describe circumstances of the incident (narrative (use additional sheets as necessary for complete response)	☐ Operating Room ☐ Other ☐ Other ☐ Yes ☐ No
Note: If the incident involved a death, was the medical examir Was an autopsy performed? □ Yes □ No A) Describe circumstances of the incident (narrative	☐ Operating Room ☐ Other. ☐ Other ☐ Yes ☐ No
Note: If the incident involved a death, was the medical examir Was an autopsy performed? □ Yes □ No A) Describe circumstances of the incident (narrative (use additional sheets as necessary for complete response)	☐ Operating Room ☐ Other. ☐ Other ☐ Yes ☐ No
Note: If the incident involved a death, was the medical examir Was an autopsy performed? A) Describe circumstances of the incident (narrative (use additional sheets as necessary for complete response) Scantached narrative.	☐ Operating Room
Note: If the incident involved a death, was the medical examir Was an autopsy performed? A) Describe circumstances of the incident (narrative (use additional sheets as necessary for complete response) Scantacked narrative.	☐ Operating Room ☐ Other ☐ Other ☐ Yes ☐ No
Note: If the incident involved a death, was the medical examir Was an autopsy performed? A) Describe circumstances of the incident (narrative (use additional sheets as necessary for complete response) See altacked narrative.	☐ Operating Room ☐ Other Therefore notified? ☐ Yes ☐ No
Note: If the incident involved a death, was the medical examir Was an autopsy performed? A) Describe circumstances of the incident (narrative (use additional sheets as necessary for complete response) See altacked narrative.	☐ Operating Room ☐ Other Therefore notified? ☐ Yes ☐ No
Note: If the incident involved a death, was the medical examir Was an autopsy performed? A) Describe circumstances of the incident (narrative (use additional sheets as necessary for complete response) See altacked narrative.	☐ Operating Room
Note: If the incident involved a death, was the medical examir Was an autopsy performed? A) Describe circumstances of the incident (narrative (use additional sheets as necessary for complete response) Scc attacked narrative.	☐ Operating Room
Note: If the incident involved a death, was the medical examir Was an autopsy performed? A) Describe circumstances of the incident (narrative (use additional sheets as necessary for complete response) Scc attacked narrative.	☐ Operating Room
Note: If the incident involved a death, was the medical examir Was an autopsy performed? ☐ Yes ☐ No A) Describe circumstances of the incident (narrative (use additional sheets as necessary for complete response) Scc attacked narrative.	☐ Operating Room
Note: If the incident involved a death, was the medical examir Was an autopsy performed? ☐ Yes ☐ No A) Describe circumstances of the incident (narrative (use additional sheets as necessary for complete response) Scc attacked narrative.	☐ Operating Room
Note: If the incident involved a death, was the medical examir Was an autopsy performed? ☐ Yes ☐ No A) Describe circumstances of the incident (narrative (use additional sheets as necessary for complete response) Scc attacked narrative.	☐ Operating Room

39.50	£873	. 8	998.11			
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)		circumstances, or at caused the injury E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)			
C) List any equipment used if di (Use additional sheets as necessary for co	C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)					
None.						
D) Outcome of Incident (Please of	check)			,		
□ Death		□ Surgical procedu	re performed on the wrong site	**		
□ Brain Damage		□ Wrong surgical p	rocedure performed **			
□ Spinal Damage		 Surgical repair of surgical procedur 	injuries or damage from a plan	ned		
□ Surgical procedure performed on the	wrong patient,	** if it resulted in:				
 A procedure to remove unplanned for remaining from surgical procedure. 	oreign objects	Death Brain Damag Spinal Dama	ne _.			
Any condition that required the transpatient to a hospital.	fer of the	 Permanent d incision scar 	isfigurement not to include the	•		
Outcome of transfer — e.g., death, brain observation only <u>further surger</u> Name of facility to which patient was transfer— Tack Son Memorial Hospital	ansferred:	 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 licens they were involved in this incident, care providers. Manual A. Conzalez, M.D.		de anesthesiologist		alth		
Lisyainet Talavera.	RN 939	0848 RN	<i>J</i>			
Jose Piñero	RN ga	45916 RA	J			
Gibert Gonzalez	Gibert Gonzalez Surgical assistant					
F) List witnesses, including license numbers if licensed, and locating information if not listed above						
Hernowhage not usus transfer to CT a B) Describe corrective or proactive a we called the energency of transfer. All ropics of m and complete report V.	ncident (Use addition Are of a Are	and sheets as necessary for a cut tity. Colored to standard to additional sheets as necessary for the hospital colored to paramedics.	using bleeding and analog appropriate and advised of with patient in ME110782. IT. LICENSE NUMBER	nd requinns		

DH₂MQA1030-12/06 Page 2 of 2

· B) ICD-9-CM Codes



Circumstances of the incident:

In the recovery room, Ms. Became hypotensive with BP as low at 86/40 and HR 64x'. With 500ml of IV fluids her BP improved to 110/50 and HR remained around 60x'. Given her baseline bradycardia the HR was unreliable. Furthermore she looked pale and very suspicious for internal bleeding. I decided to bring her emergently to the catheterization laboratory and perform an emergent angiogram. I obtained access in the left brachial artery and measured the intrarterial BP of 114/58. Then, I inserted a 7Fr 90cm sheath from the left brachial over an Ampiatz 0.035" wire down to the distal abdominal aorta and aortogram in 2 views was performed with 20ml of contrast each. I did not see any evidence of active bleeding, but these images were suboptimal for conclusive interpretation due to respiratory and motion artifacts, severe calcification, and stenosis of the distal abdominal aorta. Furthermore, I selectively wired and advanced a catheter to each common iliac artery and performed selective iliac angiogram on multiple views. Again I did not see any evidence of active bleeding except for the left groin femoral arteries prior access where manual compression was being applied. In the meantime her BP and HR remained stable with IV fluids given. At this point I decided to call 911 and to transfer the patient to the hospital for further assessment and treatment. I also called the family and spoke to her son and explained the situation and he agreed with the plan. I called the emergency department of Jackson Memorial Hospital notify them of the transfer. Copies of the relevant medical records were made to accompany the patient and I personally gave report to the paramedics and accompanied the patient to the ambulance. I could not accompany the patient to the hospital because I had another patient in surgery at the time of the transfer. I sent in the ambulance with the paramedics my lead surgical tech and director of the cath lab who gave further report to the ER staff.



Page 1 of 2

STATE OF FLORIDA Rick Scott, Governor

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PHYSICIAN OFFICE DOH Consumer Services

SUBMIT FORM TO:

AUG 1.3 2015
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. Q. OFFICE INFORMATION 1 - 10 about	LAND Andlanga PICI 1/2
1. Sanasota Interventional RADIOLOGI	<u> </u>
Name of office 34732 SARASOTA	Street Address 941-378-3231
$\frac{\text{SourousOTA}}{\text{City}} = \frac{34232}{\text{Zip Code}} \frac{\text{Sourty}}{\text{County}}$	Telephone
Dr. Michael Lepore	
Name of Physician or Licensee Reporting	License Number & office registration number, if applicable
600N. Cattlemen Rd Ste ZZO SarasotA, F	Ĺ
Patient's address for Physician or Licensee Reporting 34232	
and the second court of th	
II PATIENT INFORMATION	
Deflant Name	Age Gender 9-15 Medicaid Medicare
Patient's Address 17388	Date of Office Visit Arteriogram
Patient Identification Number PAD	Purpose of Office Visit
Diagnosis	ICD-9 Code for description of incident
	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	
7/29/15 8:00 p.m.	
Incident Date and Time	Location of Incident; Di Operating Room Recovery Room
	200ther Hngo RM.
Note: If the incident involved a death, was the medical examin	er notified? □ Yes 💆 No
Was an autopsy performed? a Yes a No	
A) Describe circumstances of the incident (narrative))
(use additional sheets as necessary for complete response)	\sim \sim \sim \sim \sim \sim \sim \sim \sim \sim
It presented to our facility for a rte	erigram procedure. Ptwas.
prepared as normal. Procedure	was instated. She began
1 9977	nu bagged initated. Pt was un responsive
	umanzil, solumedril, behadnyl, pepcid-
BP V 88/50 but roovered quickly. Pt satur	ahon improved to 94%. She became
More responsive. Taken to PACU. Albuteral	Neb given spon now 98%. Lungs
clears: As time pt became more res	ponsive. Pupils reachul equal. Able
to respond to dominand no final difficults.	pt transferred to SMH. 911 was
casted and ambulance some to take to	SMH. sespected IV dyc contact
DH-MQA1030-12/06	Suomo

B) ICD-9-CM Codes			•	
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes) Resulting injury (ICD-9 Codes 800-999.9)				
C) List any equipment used if a (Usé additional sheets as necessary for a	irectly involved complete response)	d in the incident		
				
D) Outcome of Incident (Please	check)		i I	
□ Death		Surgical proced	lure performed on the wrong site **	
□ Brain Damage		□ Wrong surgical	procedure performed **	
☐ Spinal Damage		□ Surgical repair surgical proced	of injuries or damage from a planned urel	
Surgical procedure performed on t	he wrong patient.	** if it resulted i	•	
A procedure to remove unplanned remaining from surgical procedure		☐ Death☐ Brain Dam	age	
Any condition that required the train patient to a hospital.	nsfer of the	incision sca	disfigurement not to include the	
Outcome of transfer – e.g., death, brail observation only	- '		dispocation of bones or Joints of neurological, physical, or sensory	
Name of facility to which patient was SARASOTA Memorial	transferred: OSPITAL		on that required the transfer of the 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. Pathamethere Claum Soular Kn Rikki Rt Val Knurffn KN				
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 cheets as necessary for complete response)				
B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)				
· /1				
V. SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER				
DATE REPORT COMPLETED TIME REPORT COMPLETED DH-MQA1030-12/06 Page 2 of 2				

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STATE OF FLORIDA Rick Scott, Governor

DOH Consumer Services





PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

Name of Physician or Licensee Reporting Patient's address for Physician or Licensee Reporting II. PATIENT INFORMATION Partient Identification Number At 17899 Purpose of Office Vielt ICD-9 Capte for description of incident Level of Surgery (ii) or (iii) III. INCIDENT INFORMATION 13 1-15 1800 Location of incident: 10 Operating Room 10 Other Note: If the incident involved a death, was the medical examiner notified? 19 Yes 10 North Was an autopy performed? 19 Yes 10 North A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response) Pattern Purpose of Office Vielt 10 Operating Room 10 Other Note: If the incident involved a death, was the medical examiner notified? 19 Yes 10 North A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response) Pattern Purpose of Office vielt 10 Operating Room 10 Other 10 Other 11 Operating Room 12 Other 13 Operating Room 14 Other 15 Operating Room 16 Other 17 Operating Room 17 Other 18 Operating Room 18 Operating Room 19 Other 10 Operating Room 10 Other 10 Other 10 Other 11 Operating Room 12 Other 13 Operating Room 14 Operating Room 15 Operating Room 16 Other 17 Operating Room 17 Other 18 Operating Room 18 Operating Room 19 Other 10 Operating Room 10 Other 10 Other 11 Operating Room 12 Other 13 Operating Room 14 Operating Room 15 Operating Room 16 Other 17 Operating Room 18 Operating Room 18 Operating Room 19 Operating Room 19 Other 10 Operating Room 10 Other 10 Operating Room 10 Other 10 Operating Room 10 Other 11 Operating Room 12 Operating Room 13 Operating Room 14 Operating Room 15 Operating Room 16 Operating Room 17 Operating Room 18 Operating Room 18 Operating Room 19 Operating Room 10 Other 10 O	I. OFFICE INFORMATION Sarafota Interventant feedbolog Name of office Entry Zip Code County	Street Address 941-378-3231. Telephone
Patient Identification Number The BA Date of Office Vielt Purpose of Office Vielt Purpose of Office Vielt Purpose of Office Vielt Purpose of Office Vielt CD-9 Code for description of Incident Level of Surgery (ii) or (iii)	Name of Physician or Licensee Reporting	
Patient Identification Number the BA Patient Identification Number the BA Purpose of Office Visit ICD-9 Cque for description of incident Level of Surgery (ii) or (iii) III. INCIDENT INFORMATION 1		
Patient Identification Number \$\frac{1}{2} \\ \frac{1}{2} \\ \frac		· · · · · · · · · · · · · · · · · · ·
Patient Identification Number Diagnosis Purpose of Office Visit ICD-9 Code for description of Incident Level of Surgery (II) or (III) III. INCIDENT INFORMATION Control of Incident		Age 7-31-15 Medicaid Medicare
Diagnosis ICD-9 Code for description of incident Level of Surgery (ii) or (iii) III. INCIDENT INFORMATION	P+# 17809	NIONXAXE KX
Level of Surgery (ii) or (iii) III. INCIDENT INFORMATION	3V AII 100 100 3(200 10)	<u> </u>
III. INCIDENT INFORMATION 1	Diagnosis	
Cocation of Incident: Cocation of Incident: Operating Room Other	III INCIDENT INCODMATION	Level of dangery (iv) or (iii)
Note: If the incident involved a death, was the medical examiner notified? Note: If the incident involved a death, was the medical examiner notified? Yes No Mas an autopsy performed? Yes No No A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response) Patient Recurd in Recurry from Status past Plustate Brapsy.		
Was an autopsy performed? • Yes • No A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response) Patient Recurd in Recurry from Status post Plastate Bropsey.	, <u> </u>	☐ Operating Room
(use additional sheets as necessary for complete response) Patient Received an Recovery from Status post Prostate Biopsey.	Note: If the incident involved'a death, was the medical examir Was an autopsy performed? □ Yes □ No	ner notified? Yes No No
	A) Describe circumstances of the incident (narrative (use additional sheets as necessary for complete response)	
or Barzell at the SIR pt moteral	Patient Received an Recovery P.	on Status post Prostate Bropsey.
or karzell at the SIR. pt hoteel	here for	frankate BX
λ λ λ λ λ λ λ λ λ λ	or Karzell at the	IR. pt hoxed
AO DE ATRONO LOS JONNAS OF	to be stable & do	X: 13 anonts of
Copus bleeding nated thectally Dr. Barzell	Copys Dleeding nation The	CARUS Dr. Barzell
Made aware a dans bettal Exem. EMS	Made aware a dang to	extal (xen, (1))
Carley bor Arangord Ad SMIT for Un Cantrelley.	Called bot Aran port A	a smith for Unicanticular,
Called bor transport to SMH for Uncantrolled. Bectal Bldy, Family at Bedsiele. E Ens and Dr. Barzell at DC in Atable Condition.	and Dr. Borzell at DC	in Azable Condixisu.

DH-MQA1030-12/06 Page 1 of 2

B) ICD-9-CM Codes LLUTAL BAT MANU BLAGA Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) Accident, event, dircumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes) C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)					
D) Outcome of Incident (Please check)	!				
Q Death	Surgical procedure performed on the wrong site **				
□ Brain Damage	☐ Wrong surgical procedure performed ***				
☐ Spinal Damage	Surgical repair of injuries or damage from a planned				
 Surgical procedure performed on the wrong patient. 	surgical procedurel				
A procedure to remove unplanned foreign objects remaining from surgical procedure.	** if it resulted in: Death Brain Damage				
Any condition that required the transfer of the patient to a hospital.	Spinal Damage Permanent disfigurement not to include the incision scar				
Outcome of transfer – e.g., death, brain damage, observation only	☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function.				
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. Ruch Church Roseller Ruch Roseller Ruch Roseller Ruch Roseller Roseller Ruch Rose					
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 aheats as necessary for complete response)					
B) Describe corrective or proactive action(s) taken (เ	lse additional sheets as necessary for complete response)				
V. CALUM FLATOR N SIGNATURE OF PHYSICIAN/LICENSEES DATE REPORT COMPLETED TIME	ME 10 5535 SUBMITTING REPORT LICENSE NUMBER REPORT COMPLETED				

DH-MQA1030-12/06 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
ALIC 1 7 2015

AUG 1 7, 2015

	•	F172
I. OFFICE INFORMATION		-1 4.0
MEDICAL INSTITUTE	. 4730 SW 49	14 160AD
Name of office	Street Address	
OCALA 34474 MARION	352 854 0	681
City ZIp Code County	Telephone	
DANIEL VANRA Rris	OSRIOMZ	
Name of Physician or Licensee Reporting	License Number & office regis	stration number, if applicable
4730 SW 49th Rd, Ocala, FC		
Patient's address for Physician or Licensee Reporting		•
II. PATIENT INFORMATION		
	Wa	/.
Patient Name	Age Gender	Medicaid Medi
Patient's Address	Date of Office Visit	
Rustmood	ANGIOCRAM WITH . F	T4
Patient Identification Number	Purnose of Office Viell -	7224
Diagnosis	ICD-9 Code for description of	incident
	Level of Surgery (II) or (III)	
•	Level of Surgery (II) of (III)	
iii. INCIDENT INFORMATION		
8-5-2015	Location of Incident:	□ Recovery Room
	Location of Incident: Comparing Room Other	□ Recovery Room •
8-5-2015 Incident Date and Time Note: If the incident involved a death, was the medical ex	De Operating Room ☐ Other	□ Recovery Room ·
8-5-2015	De Operating Room ☐ Other	☐ Recovery Room ·
8-5-2015 Incident Date and Time Note: If the incident involved a death, was the medical ex Was an autopsy performed? □ Yes □ No	e Operating Room □ Other aminer notified? □ Yes □ No	□ Recovery Room ·
8-5-2015 Incident Date and Time Note: If the incident involved a death, was the medical ex Was an autopsy performed? □ Yes □ No A) Describe circumstances of the incident (narra	e Operating Room □ Other aminer notified? □ Yes □ No	□ Recovery Room -
8-5-2015 Incident Date and Time Note: If the incident involved a death, was the medical ex Was an autopsy performed? The Yes No A) Describe circumstances of the incident (narra (use additional sheets as necessary for complete response)	e Operating Room □ Other aminer notified? □ Yes □ No	□ Recovery Room ·
8-5-2015 Incident Date and Time Note: If the incident involved a death, was the medical ex Was an autopsy performed? □ Yes □ No A) Describe circumstances of the incident (narra	e Operating Room □ Other aminer notified? □ Yes □ No	□ Recovery Room ·
8-5-2015 Incident Date and Time Note: If the incident involved a death, was the medical ex Was an autopsy performed? The Yes No A) Describe circumstances of the incident (narra (use additional sheets as necessary for complete response)	e Operating Room □ Other aminer notified? □ Yes □ No	□ Recovery Room ·
8-5-2015 Incident Date and Time Note: If the incident involved a death, was the medical ex Was an autopsy performed? The Yes No A) Describe circumstances of the incident (narra (use additional sheets as necessary for complete response)	e Operating Room □ Other aminer notified? □ Yes □ No	□ Recovery Room · ·
8-5-2015 Incident Date and Time Note: If the incident involved a death, was the medical ex Was an autopsy performed? The Yes No A) Describe circumstances of the incident (narra (use additional sheets as necessary for complete response) SEE ATTACHMENT 1	e Operating Room □ Other aminer notified? □ Yes □ No	□ Recovery Room
8-5-2015 Incident Date and Time Note: If the incident involved a death, was the medical ex Was an autopsy performed? The Yes No A) Describe circumstances of the incident (narra (use additional sheets as necessary for complete response)	aminer notified? □ Yes □ No	□ Recovery Room
8-5-2015 Incident Date and Time Note: If the incident involved a death, was the medical ex Was an autopsy performed? The Yes No A) Describe circumstances of the incident (narra (use additional sheets as necessary for complete response) SEE ATTACHMENT 1	e Operating Room □ Other aminer notified? □ Yes □ No	□ Recovery Room
8-5-2015 Incident Date and Time Note: If the incident involved a death, was the medical ex Was an autopsy performed? The Yes No A) Describe circumstances of the incident (narra (use additional sheets as necessary for complete response) SEE ATTACHMENT 1	aminer notified? □ Yes □ No	□ Recovery Room

	15	OV.	10 0	
B) ICD-9-CM Codes		8 /	1900	
440-21	44	8:	4	<u>99892</u>
Surgical, diagnostic, or treatment procedure being performed at time of noident (ICD-9 Codes 01-99.9)	Accident, event, specific agent th or event, (ICD-9	at ca	used the injury	Resulting injury (ICD-9 Codes 800-999.9)
 List any equipment used if d (Use additional sheets as necessary for c 	irectly involve omplete response)	d in	the incident	
SEE ATTACHMENT	2			•
D) Outcome of Incident (Please	check)			
□ Death			Surgical procedu	ure performed on the wrong site **
□ Brain Damage		۵	Wrong surgical p	procedure performed **
Spinal Damage		0	Surgical repair of surgical procedu	of injuries or damage from a planned
Surgical procedure performed on the	e wrong patient.			
A procedure to remove unplanned remaining from surgical procedure. Any condition that required the tran patient to a hospital. Outcome of transfer — e.g., death, brain observation only Observation on Name of facility to which patient was OCAIA REGIONAL MEDICAL CENTRE	damage,		incision sca Fracture or Limitation or function. Any condition patient to a	ge age disfigurement not to include the r dislocation of bones or joints f neurological, physical, or sensory on that required the transfer of the hospital.
E) List all persons, including licenthey were involved in this incident, care providers. **Norman Weinstern MD D	this would incl W VAVRA Rá	obu	anesthesiologis	it, support staff and other health
EARL CANNON ROLL DANA H	OSTETLER Rais	<u>ל</u> מ כ	AMMY BRIMA	KMAN Reis PATTY TERRES
STEVE RHODES RIR, RO SEE ATTACHMENT 3	2 Minus	<u> </u>	4 IM K-SICI	CURE DIE 114 WOIS
F) List witnesses, including licens AS ABOVE IN SECTION		ense	ed, and locating	information if not listed above
IV. ANALYSIS AND CORRE A) Analysis (apparent cause) of this	ECTIVE ACTIO		sheets as necessary f	or complete response)

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

EXERCISE DUE DILIGENCE

ATTACHMENT 1

RE:

Access was achieved via the left common femoral artery, and an amplatz wire was advanced into the vessel. While advancing the wire, resistance was met and further attempts at advancement stopped. Upon fluoroscopy the wire was visualized at the junction of the left internal and external iliac. The amplatz wire was removed and a standard j wire inserted and advanced to the left common iliac. The access needle was removed and a 4f introducer inserted over the wire. The j wire was exchanged for the amplatz wire which was advanced under fluoroscopy into the left common iliac where resistance was encountered. The wire was being removed, resistance was met at the left common femoral at which point the wire was visualized under fluoroscopy and the wire appeared straight and without obstruction. While removing the wire, the proximal end of the wire unraveled and snapped off. The introducer was removed and manual pressure was applied and hemostasis was obtained.

The left common femoral artery was visualized under fluoroscopy and a foreign body was seen in the vessel. The physician determined the foreign body was both intra and extra vascular.

The physician re accessed distal to the foreign body and sheath was inserted. Angiography through the sheath showed impaired flow distal to the foreign body.

The physician performed a cut down procedure at the left groin and retrieved the foreign body, in doing so a bleed occurred in the left common femoral artery. Manual pressure was applied and the bleeding was controlled.

The physician exchanged the sheath for an 8F sheath and placed a 0.35 j wire passed the site of the arterial bleed. A Gore covered stent was advanced into the vessel and placement was confirmed by angiography. The covered stent was deployed by the physician, angiography confirmed proper placement with no further bleeding from the left common femoral artery.

The physician sutured the cut down site, and used an 8F angiogseal to close the sheath insertion site. Hemostasis was achieved at both sites.

The patients vital signs remained stable and the patient was transferred to Ocala Regional Medical Center for follow-up oberservation.

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OFFICE INFORMATION

i.

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

PENSACOLA NEPHROL	.OGY P.A.		1619 CREIGHTON ROAD
Name of office	•		Street Address
PENSACOLA	32504	ESCAMBIA	(850) 466-3843
City	Zîp Code	County	Telephone
LAYNE YONEHIR		·	OSR1029 ME 35697
Name of Physician or Lic	ensee Reporting	•	License Number & office registration number, if applicable
Patient's address for Phy	sician or Licensee	Reporting	
II. PATIENT I	NFORMATIO	NC	
			FEMALE 7
Patient Name		_	Age Gender Medicaid Medica AUGUST 12, 2015
Patient's Address			Date of Office Visit
Patient Identification Num PERIPHERAL VASCULAR DISEAS			Purpose of Office Visit
Diagnosis			ICD-9 Code for description of incident
			Level of Surgery (II) or (III)
III. INCIDENT	INFORMAT	ON	
AUGUST 12, 2015 1	750		Location of Incident:
Incident Date and Time			☐ Operating Room
Note: If the incident Was an autop			examiner notified? Yes No
		of the incident (nar or complete response)	rative)
PATIENT ARRIVE	FOR SCHE	DULED ANGIOGRAM	M. PATIENT VITAL SIGNS WERE 116/72, 65, 20, 98.3
99%RA. PROCEDU	JRE STARTE	D AT 1023 AND END	ED AT 1125, PATIENT ARRIVED TO RECOVERY
ROOM AT 1150 AND	VITAL SIGNS	98/60, 51,18, 98.1, 90	% RA. BLOOD PRESSURE ARE LOW 88-116 SYSTOLIC.
AT 1305 MD ASSES	SED PATIEN	Γ AND ORDERS GIVE	N. PATIENT BOLUS WITH 1000ML OF NORMAL SALINI
AND BLOOD PRES	SURE WAS 8	5/56 LYING DOWN. 1	405 PATIENT BLOOD SUGAR WAS 120. PATIENT SA
UP AT 1435, PATI	ENT WAS FL	USHED, DIAPHORE	CTIC AND PALE AND BLOOD PRESSURE WAS 89/57
PATIENT COULDN'T	TOLERATE SI	TING POSITION. MD	NOTIFIED AND ORDERS RECEIVED. PATIENT BOLUS WITH
1000ML NORMAL SA	LINE. AT 153	PATIENT SAT ON SID	DE OF BED. PATIENT WAS DIZZY AND UNABLE TO STAND
MD NOTIFIED NO	RMAL SALIN	JE STILL INFUSING	WITHOUT DIFFICULTY, 1605 PATIENT SITTING UP

	B) ICD-9-CM Codes			
	443:9, 440.21, 440.4			
5	Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)		circumstances, or at caused the injury E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
	C) List any equipment used if d (Use additional sheets as necessary for co.	irectly involved complete response)	d in the incident	· ·
	D) Outcome of Incident (Please	check)		
٦	☐ Death		☐ Surgical proc	edure performed on the wrong site **
	☐ Brain Damage		☐ Wrong surgice	ai procedure performed **
ĺ	Spinal Damage		☐ Surgical repair	r of injuries or damage from a planned
	☐ Surgical procedure performed on the	e wrong patient.	surgical proce	-
	A procedure to remove unplanned f remaining from surgical procedure.	oreign objects	Death Brain Dar	
	Any condition that required the tran- patient to a hospital.	sfer of the	incision s	nt disfigurement not to include the
	Outcome of transfer – e.g., death, brain observation only PTHYPOTENSION RESOLVED F Name of facility to which patient was t	T D/C HOME	Limitation function.	of neurological, physical, or sensory
	BAPTIST HOSPITAL			a hospital.
	they were involved in this incident, care providers. LAYNE YONEHIRO ME35	this would inclu	ude anesthesiolog	IOWARD RN9219045 NURSE
	TIFFANY ROBINSON RN93		 	NESTHESIOLOGIST
	MICHAEL BOSLET CRT8		RAD TEC	
	OLIVIA SWANN CRTS	7200 RT/ST	SCRUBT	ECH
	F) List witnesses, including license PRISCILLA SMITH RN32	numbers if lice 50092 RN	nsed, and locatin NURSE	g information if not listed above
		1602 <u>5</u> 3 ST	SCRUB	TECH
	IV. ANALYSIS AND CORRE A) Analysis (apparent cause) of this PT HAD INTERNAL HEMATOM DEPLOYED. USE OF GLIDEV	incident (Use additi MA. ARTERY VIRE WHEN D	ional sheets as necessar WAS NICKED V DEPLOYING SH	WHEN SHEATH WAS BEING EATH.
	REVIEW POLICY AND PROC	EDURES. INC	CIDENT WILL B	E REVIWED BY COMPANY N QUARTERLY QA MEETING.
	V. Your	DEINT WILL B	L KEVIEVVED I	ME35697
	SIGNATURE OF PHYSICIA	N/LICENSEE S	UBMITTING REF	

DATE REPORT COMPLETED

TIME REPORT COMPLETED

1400

AUGUST 17, 2015

AND BLOOD PRESSURE IS 80/57. PATIENT IS EATING SUB SITTING UP WITHOUT DIFFICULTY. AT 1705 PATIENT'S BLOOD PRESSURE IS 92/59. PATIENT AMBULATES TO BATHROOM AND VOIDS. AT 1730 PATIENT STATES SHE'S FINE AND HAS TO VOID. PATIENTS BLOOD PRESSURE IS 88/57. PATIENTS OFFERED BEDPAN BUT DECLINES. PATIENT WENT TO BATHROOM VIA WHEELCHAIR. PATIENT VOIDS AND HAS BOWEL MOVEMENT. PATIENT RETURNS TO RECOVERY AREA VIA WHEELCHAIR. PATIENT IS CLAMMY, LETHAGRIC AND WEAK PATIENT BLOOD PRESSURE IS 65/57. PATIENT IS TRANSFERRED TO BED AND MD NOTIFIED AND ORDERS RECEIVED. PATIENT BOLUS WITH 500ML NORMAL SALINE. EMS CALLED AT 1747. PATIENT LAYING BLOOD PRESSURE IS 98/58 AT 1750. PATIENT TRANSFERRED TO SACRED HEART HOSPITAL VIA EMS AT 1755.