

STATE OF FLORIDA Rick Scott, Governor

DOH Consumer Services

PHYSICIAN OFFICE FEB 0 8 2017 ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

Vaccillar Stirdant Accordate	3621 Contonnial Plud
Vascular Surgery Associates Name of office	2631 Centennial Blvd 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	
W BATIENT INFORMATION	
II. PATIENT INFORMATION	•
	<u>Male</u> □ *€□
Patient Name	Age Gender Medicaid Medicare
Patient's Address	Date of Office Visit
50980 · · · · · · · · · · · · · · · · · · ·	Abdominal aortogram with femoral run off Purpose of Office Visit
170.221	i70.221
Diagnosis	ICD-9 Code for description of incident Level II
	Level of Surgery (II) or (III)
III DICIDENT INFORMATION	
III. INCIDENT INFORMATION	
1-19-17	Location of Incident:
Incident Date and Time	
	☐ Operating Room ☐ Recovery Room ☐ COther_angiography suite
	CXOther_angiography suite
Note: If the incident involved a death, was the medical ex	CXOther_angiography suite
Note: If the incident involved a death, was the medical ex Was an autopsy performed? □ Yes □ No	CXOther_angiography suite caminer notified? □ Yes □ No
Note: If the incident involved a death, was the medical ex	CXOther_angiography suite caminer notified? □ Yes □ No
 Note: If the incident involved a death, was the medical exwas an autopsy performed? □ Yes □ No A) Describe circumstances of the incident (narr (use additional sheets as necessary for complete response) 	CXOther_angiography suite kaminer notified? □ Yes □ No ative)
Note: If the incident involved a death, was the medical ex Was an autopsy performed? Yes No A) Describe circumstances of the incident (narr (use additional sheets as necessary for complete response) 1345Folowing Leanguagaby, patentireported RLEpain, decreased sensation and	CXOther_angiography suite caminer notified? Yes No ative) was noted to have decreased pulses on exam. Dr Hoyne notified.
 Note: If the incident involved a death, was the medical exwast an autopsy performed? ☐ Yes ☐ No A) Describe circumstances of the incident (narr (use additional sheets as necessary for complete response) 1345Folowing Eargiography, patentreported RI Epain, decreased sensation and 1355 Dr. Hoyne at bedside, recommends surgical revascularization. 	CXOther_angiography suite kaminer notified? Yes No ative) kwasnoted to have decreased pulses on exam. Dr.Hovne notified. tration. 1400 Orders received to transfer patient to TMH for
 Note: If the incident involved a death, was the medical exwast an autopsy performed? ☐ Yes ☐ No A) Describe circumstances of the incident (narr (use additional sheets as necessary for complete response) 1345Folowing Eargiography, patentreported RI Epain, decreased sensation and 1355 Dr. Hoyne at bedside, recommends surgical revascularization. 	CXOther_angiography suite caminer notified? Yes No ative) was noted to have decreased pulses on exam. Dr Hoyne notified.
Note: If the incident involved a death, was the medical ex Was an autopsy performed? A) Describe circumstances of the incident (narr (use additional sheets as necessary for complete response) 1345Folowing Learning arrivers parentic ported RLE pain decreased sensation and 1355 Dr. Hovne at bedside, recommends surgical revascularization. 1405 Family notified of need for transfer. 14	CXOther_angiography suite kaminer notified? Yes No ative) kwasnoted to have decreased pulses on exam. Dr.Hovne notified. tration. 1400 Orders received to transfer patient to TMH for
 Note: If the incident involved a death, was the medical exwast an autopsy performed? ☐ Yes ☐ No A) Describe circumstances of the incident (narr (use additional sheets as necessary for complete response) 1345Folowing Eargiography, patient reported RI Epain, decreased sensation and 1355 Dr. Hovne at bedside, recommends surgical revascularization. 1405 Family notified of need for transfer. 	CXOther_angiography suite caminer notified? Yes No ative) was noted to have decreased pulses on exam. Dr.Hoyne notified ration. 1400 Orders received to transfer patient to TMH for 15 EMS contacted. 1440 Patient transferred to TMH via EMS belongings
 Note: If the incident involved a death, was the medical exwastances of the incident (narr (use additional sheets as necessary for complete response) 1345Folowing Eargiography, patient reported RI Epain, decreased sensation and 1355 Dr. Hovne at bedside, recommends surgical revascularization. 1405 Family notified of need for transfer. 14 	CXOther_angiography suite caminer notified? Yes No ative) was noted to have decreased pulses on exam. Dr.Hoyne notified ration. 1400 Orders received to transfer patient to TMH for 15 EMS contacted. 1440 Patient transferred to TMH via EMS belongings
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) ICD-9-CM Codes	·			
N/A	. N/A	·		170.221
orgical, diagnostic, or treatment ocedure being performed at time of cident (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)
List any equipment used if (Use additional sheets as necessary for		d∙in	the incident	
) Outcome of Incident (Plea	se check)			
· · · · · · · · · · · · · · · · · · ·			Surgical proced	ure performed on the wrong site **
			Wrong surgical	procedure performed **
			Surgical repair of surgical proced	of injuries or damage from a planned ure.
		-	incision scaFracture orLimitation offunction.	age hage disfigurement not to include the ar dislocation of bones or joints of neurological, physical, or sensory on that required the transfer of the
List all persons, including lice ney were involved in this incident are providers. Julie Angelier RN, staff nurse 9305209 Bryce Carroll RN staff nurse RN 9343 Robert Hoyne MD ME0042148	t, this would inclu	ens	ed, locating info anesthesiologis	ormation and the capacity in whi
TOOGHT TO THE MICHIGAN AND THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO T		-		
List witnesses, including licen Cameron Carroli RPA Lab Manager 1 ANALYSIS AND CORF Analysis (apparent cause) of th	RECTIVE ACTIO	N	sheets as necessary	for complete response)
N/A	<u> </u>			

STATE OF FLORIDA Rick Scott, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

Hi Lonsumer Services

SUBMIT FORM TO:

SUBMIT FORM TO:

1 2017 Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION American Access Care.	6766 W. Survise Blud. sunt 100
Name of office	Street Address
Plantation 33 Broward	954-583-8472
City Zip Code County	Telephone
Name of Physician or Licensee Reporting	License Number & office registration number, if applicable
Patient's address for Physician or Licensee Reporting Plantatum FL	
II. PATIENT INFORMATION	
Policy Nove	Age Gender Medicaid Medicare
Patient's Address # 3602700	Date of Office Visit Evaluate and treat Access
Patient Identification Number	Purpose of Office Visit VCSSel rupture + Hemedoma NTA. ICD-9 Code for description of incident
Diagnosis	ICD-9 Code for description of incident
	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	
1.20.17 10:28 Am	ilitaria.
Incident Date and Time	Location of Incident:
Note: If the incident involved a death, was the medical Was an autopsy performed? ☐¥es ☐ No	examiner notified? ☐¥es ☐ No
A) Describe circumstances of the incident (nar (use additional sheets as necessary for complete response)	rative)
see attac	hed
·	
1	
DH-MQA1080-12/06 . : Page 1 of 2	

DOB:

DOS: 1/20/17 MR: 3602200 MR# 3602200

. Her dialysis team noted that she was having poor clearances. Physical exam reveals pulsatility, and decreased bruit/thrill. She has a history of having this access for about two years and denies ever having any intervention. The patient was assessed in pre-op by nursing as well as by the doctors, Dr. Kamra and Dr. Goel. She was deemed stable for the procedure at hand. The procedure was explained to her in detail. She signed informed consent and was taken into the procedure suite where the fistulagram procedure commenced. The LIP, Dr. Kamra noted an 80% stenosis to the upper portion of her basilic vein and 80% in the axillary basilic junction. The basilic vein was angioplastied with a 7x4 balloon resulting in a 50% residual stenosis additional angioplasty was performed using a larger balloon size (8x4) after which a post angioplasty dissection was appreciated under fluoroscopy. This necessitated placement of a covered stent to contain the dissection. Post stent placement showed a contained basilic vein with good flow .The patient did have considerable pain and a large hematoma formation. Ice was immediately applied and the patient was taken to PACU in stable condition. The patient's Nephrologist (Dr. De La Cruz) was called by Dr. kamra and the plan for this patient is to have her family member take her to memorial West hospital for observation and evaluation by her vascular surgeon. The patient's Mom was informed of the patient's status and she agreed to take the patient to the hospital. The patient was discharged into the care of her mother who took this patient to the hospital as directed.

*** Patient had a 5 day hospital stay, she was able to have a tunneled dialysis catheter placed and will need to allow her arm to rest for 1 month. She is home now and able to have successful dialysis via her left chest tunneled dialysis catheter.

B) ICD-9-CM Codes					
36092	vessel ru	oture.		hematoma	
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD 9 Codes 01-99.9)	Accident, event, cir specific agent that or event: (ICD-9 E	cumstances caused the		Resulting injury ICD-9 Codes 800-999.9)	<u>M79</u> .8
C) List any equipment used if d (Use additional sheets as necessary for c	omplete response)	n the inci	dent		_
	N/A:				
D) Outcome of Incident (Please	check)				
□ Death	: [] Surgical	procedure	performed on the wrong sit	9,**
Brain Damage .] Wrong's	urgical proc	edure performed **	
☐ Spinal Damage] Surgical	repair of inj	uries or damage from a pla	nned
☐ Surgical procedure performed on th	e wrong patient.		procedure.		
A procedure to remove unplanned fremaining from surgical procedure. Any condition that required the transpatient to a hospital.		☐ Spin ☐ Perm	th n Damage al Damage nanent disfi	gurement not to include the	
Dutcome of transfer – e.g., death, brain observation only Admitted Name of facility to which patient was the Memorial west	ransferred:	☐ Frac	tation of neu tion.	ocation of bones or joints urological, physical, or sens at required the transfer of t pital.	-
E) List all persons, including licens they were involved in this incident, care providers. Awit Kuwa Nawen Goel M	this would include	anesthesi	iologíst, sı 115 ⁻ 1 9	upport staff and other he	ealth
Lymaric Concepi		- R	7 83.	30228	
Alajando Lama		- R	T 50°	7.135	 -
List witnesses, including license	numbers if license	ed, and loc	ating info		ve
V. ANALYSIS AND CORRE		sheets as nec	essary for com	iplete response)	
No apparent cause.		pture	is a	possible untou	sard
response to angiopies					
B) Describe corrective or proactive a					. م
sell trained to respond . Risks and benefits of	to any unt	oward	respo	nse and Cont	inue to
SIGNATURE OF PHYS CAN		1530		LICENSE NUMBER	<i>C</i> u
DATE REPORT COMPLET DH-MQA1030-12/06	ED TIME RE	PORTICO	VIPLETED	3	
Page 2 of 2	. Я				

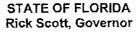


STATE OF FLORIDA DOH Consumer Services
Rick Scott, Governor FEB 0 8 2017

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

L OFFICE INFORMATION	
Vascular Surgery Associates	2631 Centennial Blvd Suite 100
Name of office	Street Address
Tallahassee, FL 32308 Leon	850-877-8539
City Zip Code County	Télephone
Dr. Mitchell Massie Name of Physician or Licensee Reporting	ME73308 OSR925 License Number & office registration number, if applicable
Name of Physician of cicensee Reporting	License Nomber & onice registration number, trapplicable
Patient's address for Physician or Licensee Reporting].
·] .
II. PATIENT INFORMATION	
······································	
Patient Name 1	female
Patient Name	Age Gender Medicaid Medicare _11-26-17
Patient's Address	Date of Office Visit
_63970 1 Patient Identification Number	Abdominal aortogram with femoral runoff Purpose of Office Visit
170.222	195.81
Diagnosis	ICD-9 Code for description of incident Level 1i
	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	
1-26-17	Location of Incident: ☐ Operating Room ☐ Recovery Room
incident Date and Time	Other angiography suite
Note: If the incident involved a death, was the medical e	examiner notified? Yes No
Was an autopsy performed? □ Yes. □ No	
A) Describe circumstances of the incident (nar	rativo
(use additional sheets as necessary for complete response)	
4	ista NOV has described to the state of the s
1255 Following abdominal aortogram with femoral runoff patient w	with NV, hypotensive. IV fluid bolds given per VO by
Dr. Massie. 4305 Patient remains hypotensive, Dr. Massie notified.	Order recieved to transfer patient to TMH for observation.
1310 Family notified of need for transfer. EMS notified report called	to TMH. 1345 Patient transfered to TMH via EMS belongings sent with patient
:	
DH-MQA1030-12/06	
Page 1 of 3	
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	· ·

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В)	ICD-9-C	M Codes	3			
	V/A		l n/a			195.81
		nostic, or treatment	Accident, even specific agent t			
		ng performed at time of -9 Codes 01-99.9)	or event (ICD-			injury (ICD-9 Codes 600-999.9)
C)	List any (Use additio	equipment used if onal sheets as necessary for	directly involv complete response)	ed in	the inc	ident
	N/A					
D)	Outcon	ne of Incident (Plea	se check)	ļ		
	Death			7	Surgic	al procedure performed on the wrong sit
	Brain Dan	nage	••	ф	Wrong	surgical procedure performed **
	Spinal Da	mage	, , !			al repair of injuries or damage from a pla procedure.
	Surgical p	rocedure performed on	the wrong patient	.	_	esuited.in:
<u> </u>	A proced	ire to remove unplanne	d foreign objects			ath
	remaining ¦	from surgical procedur	е.			ain Damage inal Damage
		tion that required the tr	ansfer of thể		□ Pe	rmanent disfigurement not to include the
	patient to	a hospital.				sision scar acture or dislocation of bones or joints
Outo	come of the	ansfer – e.g., death, bra	ain damage,		🗆 Lii	nitation of neurological, physical, or sen
obse	ervation or	observation and furth	ner evaluation			nction. by condition that required the transfer of
		ity to which patient wa ee Memorial Hosptial	s dansiened.			tient to a hospital.
			· · · · · · · · · · · · · · · · · · ·	-4		<u> </u>
E) L	ist all pe	ersons, including lice	ense numbers if	licens	sed, loc	ating information and the capacity is siologist, support staff and other h
	y were iij e provide		it, tills would int	Jude	anestn	siologist, support stait and other ti
		RN 9305209	:	1		••
_Ca	ssie Davis	ARNP-C VSA ARNP 9	78836			
				_	- 	
F) I	ist witne	- Asses, includina lice:	nse numbers if li	cens	ed. anď	locating information if not listed ab
·=·	ce Carroll RN				,	
	1		•			
		LVOID AND CODE	SECTIVE ACT	~ .∮		
IV.	ANA VeievlenΔ	LYSIS AND CORE	KECTIVE ACTI is incident (Use ad	ditional	l sheets as	necessary for complete response)
n/a	1	(whhatelit dange) of th	io moraone jose au		. 51.0003,03	, and the second
	1		(
			f f			
B) 1	Describe None	corrective or proactive	e action(s) taken	(Use a	dditionai si	eets as necessary for complete response)
	INOUG		1			
						





PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

I. OFFICE INFORMATION Eres Plastic Surgery Name of office Miani Zip Code County Daviel Calun-Cerroue Transporting	8504 SW 8 Th St. Street Address 305-262-6040 Telephone ME120264 License Number & office registration number, if applicable
II. PATIENT INFORMATION	
Patient's Address Chart 1227 41 Patient Identification Number Page MIA 055 operative Diagnosis	Age 26 Gerium Medicaid Medicare Date of Office Visit Follows so vicit Trazilian Office Visit Purpose of Office Visit ICD-9 Code for description of incident Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	
Incident Date and Time 2:00 pm (grave)	Location of Incident: ☐ Operating Room. ☐ Recovery Room.
Note: If the incident involved a death, was the medical examine Was an autopsy performed? □ Yes □ No	r notified? □ Yes □ No
A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)	
without any compliations. tol	r blad loss are exhautedat
arove 150 ec. She was disc	111-6 1/2012
che a a de la PODI allinia	id hascal at as she was with
with slable votels at taking. He DH-MQA1030-12/06 Ct San mecatul, and wa The ER. I have sport There sport	on accord was 6. 7 slde and
DH-MQA1030-12/06 Ct San negative, and was Page 1 of 3 She reconsidered the A V	s transport 2 outs on PRBC.
The ER. I have spok	en to her multiple this and is

3) ICD-9-CM Codes -> USIS ICO 10.	•			
Z41.1 D6	52	D62		
Surgical, diagnostic, or treatment arccedure being performed at time of acident (ICD-9 Codes 01-99.9) Accident, ever specific agent or event. (ICD-	nt, circumstances, or that caused the injury -9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)		
 List any equipment used if directly involv (Use additional sheets as necessary for complete response) 	red in the incident			
) Outcome of Incident (Please check)				
Deatḥ	☐ Surgical proceed	dure performed on the wrong site **		
Brain Damage	□ Wrong surgical	procedure performed **		
Spinal Damage	☐ Surgical repair surgical proced	of injuries or damage from a planned		
'Surgical procedure performed on the wrong patient.	** if it resulted i			
A procedure to remove unplanned foreign objects remaining from surgical procedure.	□ Death □ Brain Dam	age		
. Any condition that required the transfer of the patient to a hospital.	☐ Spinal Dan ☐ Permanent incision sca	disfigurement not to include the		
utcome of transfer – e.g., death, brain damage, oservation only <u>observation at transferred:</u> Raphst Main Hospitor	☐ Fracture or dislocation of bones or joints☐ Limitation of neurological, physical, or sensory			
List all persons, including license numbers if I bey were involved in this incident, this would income providers. At my fact, hy ally rule At Taptst Dr. Charles Dr. Kasen Dr. Keste List witnesses, including license numbers if license	(Or Danie) (Ban L Valledar Matthew Ras Grutieurer V	st, support staff and other health alva (curse ME120 see) see		
Not Sure. There we		within my pacifit		
ANALYSIS AND CORRECTIVE ACTION Analysis (apparent cause) of this incident (Use add Port Operative anemia.	litional sheets as necessary f	or complete response)		
	1 m. 1	essary for complete response) That pahatte That pahatte		

STATE OF FLORIDA



DOH Consumer Services

FEB 0 0 2017

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

I. OFFICE INFORMATION	0-2 1/4 1/11 72 //
Advanced Imaging + Interventional Institute	2730 McMullen Booth Street Address
, , , , , , , , , , , , , , , , , , , ,	
Clearwater. 33761 Pinellias City Zip Code County.	727-791-7300 Telephone
Gerald Niedzwiecki, MD :	ME70649/0SR521
Name of Physician or Licenses Reporting	License Number & office registration number, if applicable
	and traines a office registration for, if applicable
Patient's address for Physician or Licensee Reporting	
II. PATIENT INFORMATION	
	Formala
Patient Vame.	Age Gender Medicaid Medicare
	01/30/2017
Patient's Address	Date of Office Visit , UNG 610PSV
Patient identification Number	Purpose of Office Visit
Diagnosis	ICD-9 Code for description of incident
	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	
01/30/17 0855 AM	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 P/A
Was an autopsy performed? □ Yes □ No N/A	
A) Describe circumstances of the incident (narrative)	
(use additional sheets as necessary for complete response)	
patient scheduled for lung biopsy. Biopsy perfo	rmed and completed patient developed
small pheumotherax, an expected risk of pr	rocedure. To be re-evaluated Thour
post-op in PACU, parient with moderate	amount of hemophysis with couching,
patient became tachypnic with labored	brouthing Do sat 85% on 3 liters
nasal gannula. Dr. Niedzwiecki notified	
for scan of chest. Scan should small pr	reumothorax and some parenchyma
hemorrhage. To improve oxygenation Dr.	Niedzwiecki inserted Chesttube
without complication, post scan showed full	4 inflated right tung, 025at 95% on 32
	brar to all advantage to coll 100 that value value
improvement. Dr. Niedzwiecki ordered pt. to be DH-MQA1030-12/06 respirations for the they Page 1 of 2 labored respirations for the they Daughter and pulmonary doctor notified of 1010 pt transferred via stretchery EMS	francforred to MCH due to continued
DH-MQA1030-12/06 respirations for the they	observation and treatment. Ems cu
Day inter and Dulmonary doctor in otified of	patient's condition by Dr. Niedzwieck
1010 of transferred via stretcher EMS	to MCH. upon discharge vital
0'0,dc 5011,100 to 011 0 co + 00% 11 12-000	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

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B)		M Codes				
		-80				
		nostic, or treatment According performed at time of spe	cident, event, ecific agent the	çircumstar		Resulting injury
			event (ICD-9		ine injury	(ICD-9 Codes 800-999.9)
Cί	Liefan	oguinment used if direc	dhe insentence) 	-:	•
٠,	(Use additi	equipment used if direct phat sheets as necessary for completed	tiy involve: te response)	a in the ii	ncident	
			ř	i		
D)	Outco	me of Incident (Please check	0			
<u> </u>	Death		<u>- ;</u>	Surgi	ical procedure	e performed on the wrong site **
_	5 . 5		ļ.	1		
	Brain Dai	mage	į	□ Wror	ig surgical pro	ocedure performed **
0	Spinal Da	mage		□ Surgi	cal repair of i	njuries or damage from a planned
П	Suraical	procedure performed on the wro	ong patient	surgi	cal procedure	•
	-	•	7	11 -	resulted in:	ļ
		ure to remove unplanned foreig	in objects		eath	
	remaining	from surgical procedure.	<u> </u>		Brain Damage Spinal Damag	
x′	Any cond	ition that required the transfer of	of the			figurement not to include the
`	patient to	a hospital.		i	ncision scar	
7.4	oomo of t	ansfer – e.g., death, brain dam	700			eurological, physical, or sensory
	ervation o		aye,		unction.	eurological, physical, or sensory
Nar	ne of fac	lity to which patient was trans	ferred:			that required the transfer of the
			1	ļ ļ	atient to a ho	spītal.
the car	y were in e providi elvald olleer	volved in this incident, this ers. Niedzwiecki, MI Niedzwiecki, M	would inclu D ME	de anesti	nesiologist,	nation and the capacity in which support staff and other health
		Ransom, RN		06652		
<u> </u>	1 can ev	ette Hill RN	1 1217	1 0000	<u> </u>	
F) !	List witn	esses, including license nu	mbers if lice	nsed, and	l locating in	formation if not listed above
IV. A) At	Analysis	ALYSIS AND CORRECTI (apparent cause) of this incidence.	lent (Use additi	ional sheets a	s necessary for a	omplete response) They were SUFFICIENT TO Cause
<u></u>	PD ex	cerbation in This at is	The Sever	e COPD	This Do	not respond to nebulizer The
So-	Pt Tra	nsperred Before She 4	voisened	Further		not respond to nebulizer The
B)	Describe	corrective or proactive actio	n(s) taken (ų	se additional	sheets as necess	ary for complete response)
rt		, ,				n. Timely & appropriate
12		TION underTaken. Co	ERSDICKT	1054 Mo	A ITOSING C	of patients post procedure
٧.	J, J/5	As propried of	-espiral	17 2	- در <i>ت</i>	
7.	SIG	NATURE OF PHYSICIAN/L	ICENSEE S	UBMITTI	G REPORT	LICENSE NUMBER
				<u> </u>		
		ATE REPORT COMPLETED	TIME	REPORT	COMPLETE	٠ .
	-MQA103 e 2 of 2	U-1 <i>2</i> /U6				
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STATE OF FLORIDA Rick Scott, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

Dialysis Vascular Access Center		1330 Citizens 731VD	
Name of office		Street Address	
Leesburg 34748 Lake	İ	352 435- 4577	
City . Zip Code County		Telephone ME 85781 051	2
Timothy Rogers Name of Physiolan or Licensee Reporting		License Number & office registration number, if a	2723
		and the state of t	approable
Patient's address for Physician or Licensee Reporting			
i i i i i i i i i i i i i i i i i i i			
n. Patient information	1		
1		<u>M</u>	, <u>Q</u>
Patient's Address		1 311 17	id Medicare
104630 .		Date of Office Visit LF A AVF malfunction, c) Purpose of Office Visit	atted acces
Patient Identification Number		Purpose of Office Visit Clotted AV acces 5 ICD-9 Code for description of incident	996.73
Diagnosis		_ //	
		Level of Surgery (ii) or (iii)	
m. Incident information			
1/31/17 10:11 am		Location of Incident:	
Incident Date and Time		DOPERATING ROOM DRECOVERY ROOM DOMESTIC TOOM	n
Note: If the incident involved a death, was the medical e	 nenimexe	\	
Was an autopsy performed?□ Yes-□ No			
A) Describe circumstances of the incident (narr	raffivel		
(use additional sheets as necessary for complete response)			
Den minutes after the start	- p	the procedure at Dos)T,
margared. No angisquem Do	Q Ox	een gerformed at This	e time,
animbo seem and and assertion	Meres	Dand no Throndertie	my or
angioplasty lad been perf	bune	D. The only aroseden	<u>e</u> 0
completed was aleate pod	ceml	nt. no cost usas sist	2000 D.
Qt. Decame Inaducardic	tren	La HR of 30 and a c	ougest
was noted. BP stable at 18.	2/95	1 · *	Pt. was
alest and orienter Brodupe	,		
minutes Pulse moted Ma	1000	Inesolves.	9
DH-MQA1030 12/06			
Page 1 of 2			

Ofter incident pto least rate remained in NSR 70-80's with occassional PAC'S + PVC'S angioplosty and declot performed. It. was completely stable during the procedure and the procedure were completed willout any medication. at the end of the case pto daughter was called and informed of above incident. Or. Dogers wanted pt sent to the ED for cardiac evaluation and observation. EMS was called and pt was sent to the Pillages Hospital.

<u> </u>	5 Thromba	tomy				
ocedure	ágnostic, or treatme being performed at t CD-9 Codes 61-99.	ime of spećii	ent, event, fic agent the ent. (ICD-9	at cause	d the injury	Resulting injury (ICD-9 Codes 800-999.9)
	ny equipment us ditional sheets as neces			d in the	incident	
) Outc	ome of Inciden	(Please check)			,	
Death				D St	rgical procedi	ure performed on the wrong site **.
Brain I	Oamage			D W	ong surgical p	procedure performed **
,	Damage l all procedure perform	ned on the wron	g patient.	su	rgical procedu	
A proc	edure to remove unp ning from surgical pro	olanned foreign	1		if it resulted in Death Brain Dama Spinal Dam	ge
patient	ondition that required to a hospital.			0	Permanent incision sca Fracture or	disfigurement not to include the
servation	of thansfer—e.g., deen only <u>observed</u> acility to which paties H	nt was transfe	<u> </u>	vajra	it function.	on that required the transfer of the
List all ey were tre prov	involved in this it	ng license nun ncident, this v	nbers if li vould incl	censed, ude ans	locating info sthesiologis	ormation and the capacity in which it, support staff and other health
	n Burkhardt					wens RN 9337803
havle Imos	's Schanel thy Rogers	CRT38 ME 8.		5	teven b	Phoades CRT 77932
	itnesses, including	g license num	bers if lic	ensed,	and locating	înformation if not listed above
) Analys	MALYSIS AND (sis (apparent cause		ខា្សុំ (Use addi		is as necessary f	or complete response)
\mathcal{Q}_{\sim}	ciocat re	solved	Steel	tre	medic	essary for complete response) alian: Thrombedo e chialunia:
Sur	ested so	2	time and the second			ME 85781
7_	1 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			1	1	1716 0 0 101

201704764 179

STATE OF FLORIDA DOH Consumer Services Rick Scott, Governor





OFFICE INFORMATION

Name of office

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

Miami 33144	305 501 5020
City Zip Code, County To	Teléphone M:F(AL)A
Name of Physician or Licensee Reporting	License Number & office registration number, if applicable
Patient's address for Physician or Licensee Reporting	
DATIENT (NEODMATION	Age Gender 20 Medicaid Medicare Date of Office Visit
Patient Identification Number	Purpose of Office 1993 O
Diagnosis Bleeding.	ICD-9 Code for description of incident
-	Level of Surgety (II) or (III)
III. INCIDENT INFORMATION	
O(31 3017 ~ 15:00	Location of Incident: Greating Room Grother
Note: If the incident involved a death, was the medical examine 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)	·
about 20 minutes after a	anwing in PACU
. It had bleeding from to	er JP dram. It
filled 3 times and Stop	pped once binder pround
DH-MOA1030-12/06 to Kendall Regional Page 1 of 3 Buce at the hospital blee given IV fluids and her	Hospital in stable condition.
Page 1 of 3 Quee at the hospital blee	ding had stopped. Hwas
-1,000-0-0-4,00	A . , ,

D. LOD Winter	No. of Alleria
B) ICD-9-CM:Codes:	7 11
Surgical, diagnostic, or treatment Accident, eve	Mone None
	ent, circumstances, or Resulting injury that caused the injury (ICD-9 Codes 800-999.9)
C) List any equipment used if directly invol- (Use additional sheets as necessary for complete response	ved in the incident)
O) Outcome of Incident (Please check)	
1 Death	□ Surgical procedure performed on the wrong site **
Brain Damage	☐ Wrong surgical procedure performed **
Spinal Damage	Surgical repair of injuries or damage from a planne
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
Any condition that required the transfer of the	□ Spinal Damage □ Permanent disfigurement not to include the
patient to a hospital.	incision scar Fracture or dislocation of bones or joints
utcome of transfer – e.g., death, brain damage,	 Limitation of neurological, physical, or sensory function.
ame of facility to which patient was transferred:	Any condition that required the transfer of the patient to a hospital.
List all persons, including license numbers if ney were involved in this incident, this would incare providers. Enrique Hanaberg Eovariou Lorenzo, no Yanet Pino Pino	licensed, locating information and the capacity in whole the specific in the capacity in which the specific in the capacity in which the capacity is capacity in the capacity in
List witnesses, including license numbers if li-	censed, and locating information if not listed above
- H · · ·	without the first started blacking
Describe corrective or proactive action(s) taken	(Use additional sheets as necessary for complete response)
TO COUNTY OF THE CANON	I commence ours vision

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201703247-179

STATE OF FLORIDA Rick Scott, Governor

DOH Consumer Service

PHYSICIAN OFFICE **ADVERSE INCIDENT REPORT**

FEB 2 3 2017.

SUBMIT FORM TO: Department of Health, Consumer Services Unit 117046

4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275

1. OFFICE INFORMATION Name of office Name of office	Mr. University Drue S. Street Address
Tamarae 33321 Broward City Zip Code County	754-7:20 - 777
Name of Physician or Licensee Reporting Patient's address for Physician or Licensee Reporting	License Number & office registration number, if applicable
II. PATIENT INFORMATION	
Patient Name	Age 2(-fl 20)7 Medicaid Medicare
Patient's Address HF153014884 Patient Identification Number Cervical Lacevation from remark Diagnosis of hugroscopic cervical delaters	Date of Office Visit Znd truncater termination of pregne Purpose of Office Visit
Diagnosis of hingroscopic certical delitions (Dilatan-5)	ICD-9 Code for description of incident Level of Surgery (II) or (III)
III. INCIDENT INFORMATION 21.4/2017 transferred 3 3 mm incident Date and Time	Location of Incident: ☐ Recovery Room ☐ Other
Note: If the incident involved a death, was the medical ex Was an autopsy performed? □ Yes □ No	xaminer notified? □ Yes □ No
A) Describe circumstances of the incident (narra (use additional sheets as necessary for complete response) See Afficial	Ć
SCE CONCOCC	7166
,	
	· · · · · · · · · · · · · · · · · · ·

III 3A) Pt is a po, who presented for an elective termination of pregnancy at 20 weeks gestation. On initial assessment, anemia was noted, so the patient was sent to the hospital for a preoperative transfusion. The process was started the next day with the placement of cervical dilators, and on the next day, the patient returned for the D&E procedure. Prior to the procedure, an IV was started and a bolus of 500cc of NS was given. Upon immediate removal of the dilators there was significant bleeding from the cervix, so using ring forceps and a foley balloon the bleeding was controlled. The procedure was held at this time, and a decision was made to monitor the patient for any further bleeding before the procedure would be done. In the recovery room, the patient remained hemodynamically stable. A couple of hours later, the procedure was then performed in normal fashion without complication. The patient remained stable postoperatively, except for some uterine atony which resolved with uterine massage. In light of her anemia and total blood loss, it was decided to send the patient to the emergency room for further monitoring and assessment for the need of a transfusion. The patient remained stable in the hospital, but it was decided to give a transfusion of one unit. The patient was then discharged with no further sequelae.

IVA) The cause of the incident was unexpected cervical bleeding from the dilator removal, combined with a baseline anemia.

IVB) I feel that the case was handled well, with a safe response to an uncommon and unexpected complication.

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response) D) Outcome of Incident (Please check) Death Brain Damage Spinal Damage Surgical procedure performed on the wrong surgical procedure performed ** Surgical repair of injuries or damage from a surgical procedure. ** if it resulted in: Death Parin Damage Any condition that required the transfer of the patient to a hospital. Outcome of transfer – e.g., death, brain damage, observation only Observation and Spinal Carder Coval Spinage Medical Certer E) List all persons, including license numbers if licensed, locating information and the capacity they were involved in this incident, this would include anesthesiologist, support staff and other care providers. Down Row Row Row Row	stron reports (Dulay
□ Death □ Brain Damage □ Wrong surgical procedure performed ** □ Spinal Damage □ Surgical procedure performed ** □ Surgical procedure performed on the wrong patient. □ A procedure to remove unplanned foreign objects remaining from surgical procedure. □ Brain Damage □ Brain Damage ** □ Surgical repair of injuries or damage from a surgical procedure. ** if it resulted in: □ Death □ Brain Damage □ Spinal Damage □ Spinal Damage □ Permanent disfigurement not to include incision scar □ Fracture or dislocation of bones or joints □ Limitation of neurological, physical, or se function. Name of facility to which patient was transferred: □ Death □ Death □ Brain Damage □ Permanent disfigurement not to include incision scar □ Fracture or dislocation of bones or joints □ Limitation of neurological, physical, or se function. □ Any condition that required the transfer of patient to a hospital. E) List all persons, including license numbers if licensed, locating information and the capacity they were involved in this incident, this would include anesthesiologist, support staff and other care providers.	
□ Brain Damage □ Spinal Damage □ Surgical procedure performed on the wrong patient. □ A procedure to remove unplanned foreign objects remaining from surgical procedure. □ Any condition that required the transfer of the patient to a hospital. □ Any condition that required the transfer of the patient to a hospital. □ Death □ Brain Damage □ Spinal Damage □ Spinal Damage □ Permanent disfigurement not to include incision scar □ Fracture or dislocation of bones or joints □ Limitation of neurological, physical, or set function. □ Any condition that required the transfer of the patient to a hospital. □ List all persons, including license numbers if licensed, locating information and the capacity they were involved in this incident, this would include anesthesiologist, support staff and other care providers.	·
□ Spinal Damage □ Surgical procedure performed on the wrong patient. □ A procedure to remove unplanned foreign objects remaining from surgical procedure. □ Any condition that required the transfer of the patient to a hospital. □ Any condition that required the transfer of the patient to a hospital. □ Death □ Death □ Death □ Permanent disfigurement not to include incision scar □ Permanent disfigurement not to include incision scar □ Fracture or dislocation of bones or joints □ Limitation of neurological, physical, or set function. □ Any condition that required the transfer of the patient to a hospital. □ Limitation of neurological physical procedure. □ Death □ D	site **
Surgical procedure performed on the wrong patient. A procedure to remove unplanned foreign objects remaining from surgical procedure. Any condition that required the transfer of the patient to a hospital. Outcome of transfer – e.g., death, brain damage, observation only observation only observation only observation only observation which patient was transferred: Coval Samuage Medical Cender Surgical procedure. ** if it resulted in: Death Brain Damage Permanent disfigurement not to include incision scar Fracture or dislocation of bones or joints Limitation of neurological, physical, or se function. Any condition that required the transfer of patient to a hospital. E) List all persons, including license numbers if licensed, locating information and the capacity they were involved in this incident, this would include anesthesiologist, support staff and other care providers.	
** if it resulted in: Death Death Brain Damage Spinal Damage Permanent disfigurement not to include incision scar Dutcome of transfer – e.g., death, brain damage, observation only Observation — transferred: Date Springs Medical Center E) List all persons, including license numbers if licensed, locating information and the capacity they were involved in this incident, this would include anesthesiologist, support staff and other care providers.	planned
Any condition that required the transfer of the patient to a hospital. Outcome of transfer – e.g., death, brain damage, observation only observation only observation only observation patient was transferred: Coral Sarage Medical Censer E) List all persons, including license numbers if licensed, locating information and the capacity they were involved in this incident, this would include anesthesiologist, support staff and other care providers.	
Outcome of transfer – e.g., death, brain damage, observation only Observation — transferred: Name of facility to which patient was transferred: Oval Springs Medical Cender E) List all persons, including license numbers if licensed, locating information and the capacity they were involved in this incident, this would include anesthesiologist, support staff and other care providers.	
they were involved in this incident, this would include anesthesiologist, support staff and other care providers.	-
-Anyel Carcedo Rous	
· Ollia Dean -Davis PN 769101	
Anna FOX ultrasound tech	
F) List witnesses, including license numbers if licensed, and locating information if not listed a	bove
IV. ANALYSIS AND CORRECTIVE ACTION A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response) See attached	
B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response) See Alachea	
V. SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER 2118 2217 1900	<u>.</u>

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DOH Consumer Services

MAR 0 1 2017.



Page 1 of 3

STATE OF FLORIDA Rick Scott, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

1. OFFICE INFORMATION Strong Heath Network, PLLC Name of office Miami City Manual A. Gonzalcz M.D. Name of Physician or Licensee Reporting Name of Physician or Licensee Reporting Network 815 NW 57 Ave. Suite 130 Street Address Telephone 305-266-2236 Telephone ME110782 Uicense Number & office registration number, if applice	
Patient's address for Physician or Licensee Reporting	ble
II. PATIENT INFORMATION Patient Name Age 2-2-17 Age 2-2-17 Medicaid Me	dicare
Patient's Address Ob 696 Patient Identification Number PAD 12th (CStrong pain - bilateral Diagnosis T70.223 Diagnosis Date of Office Visit percurtaness endoras (what in- Purpose of Office Visit (83.8 (ICD 10) E878 ICD-9 Gade for description of incident Level of Surgery (II) or (III)	tervention 5.8 (ICD
III. INCIDENT INFORMATION	
2-17 8:30 PM Location of Incident: Incident Date and Time Query Room Other	
Note: If the incident involved a death, was the medical examiner notified? □ Yes □ No □ ▷ ▷ ▷ ♡ □ No □	
Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)	
The patient developed a hematoma while in recovery along w	+4
low blood pressure. To rule out active bleeding, the patient	2 <u>ou</u>
brought back to the cath lab for angingram. There was a	<u>o.</u>
evidence of active blooding. He was then transferred to	
" the hispital for observation as a precaution.	
DU MOA1020 12/06	

39.50	E873.	8	998.11
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, specific agent that or event. (ICD-9	circumstances, or at caused the injury E-Codes)	Resulting 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	a chack)	<u>, , , , , , , , , , , , , , , , , , , </u>	
	e checky		
□ Death		□ Surgical procedu	are performed on the wrong site **
□ Brain Damage		□ Wrong surgical p	procedure performed **
□ Spinal Damage	;	☐ Surgical repair o surgical procedu	f injuries or damage from a planned
Surgical procedure performed on	the wrong patient.		
A procedure to remove unplanned remaining from surgical procedure		** if it resulted in Death Brain Dama Spinal Dama	ge
Any condition that required the tra patient to a hospital.	nsfer of the ·	 Permanent of incision scar 	disfigurement not to include the
Outcome of transfer – e.g., death, brai observation only <u>りらといのもっ</u> Name of facility to which patient was	transferred	□ Limitation of function.	neurological, physical, or sensory
Palmeth General ths	pital .	patient to a t	hospital,
	- l test	ensed, locating info	ormation and the capacity in which
they were involved in this incident care providers. Manuel A. Gonzalez m Lisyannet Talgycia	t, this would inclu	182- ph	ysician performing proced
they were involved in this incident care providers. <u>Manuel A. Gonzalcz m</u>	t, this would inclu	19 -681 11 8450P	ysician performing proced
they were involved in this incident care providers. Manuel A. Gonzalez m Lisyannet Talaycia	t, this would inclu	782- ph	ysician performing proced coaleny nurse surgical tech



OFFICE INFORMATION Florida Pain Institute

STATE OF FLORIDA · Rick Scott, Governor

LEB 5 1 2017

PHYSICIAN OFFICE DOH Consumer Georgia Standioni assand

SUBMIT FORM TO:

	Florida Pain Institute Name of office The hours 32940 Brever a City Zip Code County Michael Esposito mp Name of Physician or Licensee Reporting	5545 N. Wickham Rd Ste. 104 Street Address 321-7848211 Telephone 05R# 923 License Number & office registration number, if applicable
	Patient's address for Physician or Licensee Reporting	
_	II. PATIENT INFORMATION	
	Patient Home Patient Identification Number Chronic G-holominal pain Diagnosis	Age 2 5 Sender Medicald Medicare Date of Office Visit Medicald Medicare Date of Office Visit Medicald Medicare Purpose of Office Visit Medicald Medicare RFV Purpose of Office Visit Medicald Medicare
	III. INCIDENT INFORMATION 21517 1518 Incident Date and Time	Location of Incident: ☐ Operating Room ☐ Other Recovery Room
-	Note: If the incident involved a death, was the medical examined Was an autopsy performed? Yes No	notified? a Yes a No NA THE MARKET IN
	A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response) Following procedure, pt c10 feeting like passing the passing	- · · · · · · · · · · · · · · · · · · ·
	mo notified. Pt placed in trendelenburg. Pt regained consciousness and then clo chest	Vitals - BD 89149 HR.46 02 941.2L.
bra one	try brodycardic. Vitals BP 9/1/53 HR 51 02-98:1.2	
	x I dose per mp orders. Chest pash continue	s. Ems notified. BP 112/63 HR 59
	0,-97%, RA EKG-SB, Pt requested to be	transferred via EMS to Holmes
	Regional medical Center.	
	DH-MQA1030-12/06 Page 1 of 3	

	t, circumstances, or hat caused the injury (ICD-9 Codes 800-999.9)
procedure being performed at time of specific agent to 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)	ed in the incident
Oxygen nasal cannula	
D) Colling a final day for	
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 performed on the wrong patient.	surgical procedure.
.A.procedure to remove unplanned foreign objects -	** if it resulted in:
remaining from surgical procedure.	□ 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 function.
Obob, fation other	intichott.
Name of facility to which patient was transferred:	Any condition that required the transfer of the patient to a hospital.
Name of facility to which patient was transferred:	Any condition that required the transfer of the patient to a hospital.
Name of facility to which patient was transferred: E) List all persons, including license numbers if license were involved in this incident, this would include a providers.	Any condition that required the transfer of the
E) List all persons, including license numbers if license providers. E) Chael Esposito, MD M	Any condition that required the transfer of the patient to a hospital. censed, locating information and the capacity in which ude anesthesiologist, support staff and other health
E) List all persons, including license numbers if litting were involved in this incident, this would include providers. Michael Esposito, MD Mananda Shaquna VV B	Any condition that required the transfer of the patient to a hospital. censed, locating information and the capacity in which ude anesthesiologist, support staff and other health \[\chi \left(\reft(\left(\reft(\left(\reft(\reft(\left(\left(\left(\left(\left(\left(\left(\left(\left(\reft(\re
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Name of facility to which patient was transferred: E) List all persons, including license numbers if lie they were involved in this incident, this would include providers. Michael Esposito, MN Mananda Shagana VV Brichelle Chandler, RN R	Any condition that required the transfer of the patient to a hospital. censed, locating information and the capacity in which ude anesthesiologist, support staff and other health 18121952 N 92571167
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Name of facility to which patient was transferred: E) List all persons, including license numbers if license providers. Michael Esposito, M.D. M.	Any condition that required the transfer of the patient to a hospital. censed, locating information and the capacity in which ude anesthesiologist, support staff and other health PILIGIA PICE COLL (Vigal hypoten) The processary for complete response) The processary for complete response)
Name of facility to which patient was transferred: E) List all persons, including license numbers if license providers. Michael Esposito, MN Manana VI Brandle Chandler, RN R F) List witnesses, including license numbers if license numbers	Any condition that required the transfer of the patient to a hospital. censed, locating information and the capacity in which ude anesthesiologist, support staff and other health FILIGIA PARTITION ensed, and locating information if not listed above Notional shoots as necessary for complete response) The professional shoets as necessary for complete response)
Name of facility to which patient was transferred: E) List all persons, including license numbers if lie they were involved in this incident, this would include providers. Michael & Sposito, MD Managena VV & Michael & Chandler & MD Michael & MD CORRECTIVE ACTIONA) Analysis (apparent cause) of this incident (use additional potential Side American Side American & MD Michael	Any condition that required the transfer of the patient to a hospital. censed, locating information and the capacity in which ude anesthesiologist, support staff and other health FIZIGE PASTIVE PASTIVE ensed, and locating information if not listed above Note that as necessary for complete response) St procedual (vigal/hypotense) St procedual Sign TOV TO Procedual Vital Sign
Name of facility to which patient was transferred: E) List all persons, including license numbers if license providers. Michael Esposito, MN Manchelle Chandler, RN Rounds Shagena VV Rounds Shagena VV Rounds Rou	Any condition that required the transfer of the patient to a hospital. censed, locating information and the capacity in which ude anesthesiologist, support staff and other health FIZIGE PASTIVE PASTIVE ensed, and locating information if not listed above Note that as necessary for complete response) St procedual (vigal/hypotense) St procedual Sign TOV TO Procedual Vital Sign
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22117 DATE REPORT COMPLETED 1405 TIME REPORT COMPLETED

Page 1 of 2



STATE OF FLORIDA Rick Scott, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

Name of office INFORMATION South Florida Vascular Associates Name of office Coconut Creek 33073 Broward City Zip Code county Dr. Steelit Naik Dr. Hearns Charles Name of Physician or Licensee Reporting Patient's address for Physician or Licensee Reporting	5300 W. Hillsborn Blud Ste 107 Street Accress (954) 725-4141 Telephone ME126365 / ME128571 License Number & office registration number, if applicable
Patient Name Patient Name Patient Address 71406 Ratient Identification Number Livase Attherosclerosis of Criptural Vasujar Pissase Attherosclerosis of Diagnosis Native afteries of Extremities With Rust pain.	Age Gender Medicald Medicare Date of Office Visit Calculate Anglogram with Endouaswal Purpose of Office Visit 173.9 170.213 170.222 ICD-9 Code for description of Incident Level of Surgery (ii) or (iii)
III. INCIDENT INFORMATION 2/15/17 at 1/30 cm Incident Date and Time Note: If the incident involved a death, was the medical examination was an autopsy performed? A) Describe circumstances of the incident (narrative)	
(use additional sheets as necessary for complete response) Please See affacted -	
DH-MQA1030-12/06	

Circumstances of the incident:

On 2/15/2017 starting at 0931, patient underwent endoyascular revascularization of the right and left common and external iliac arteries via standard percutaneous bilateral common femoral artery access by Dr. Nair and Dr. Charles. The patient underwent angioplasty and stenting of the bilateral common and external iliac arteries restoring wide patency. However, the arteriogram demonstrated occlusion at the level of the right groin access site. At 1130 the patient started exhibiting symptoms of arterial ischemia including right lower extremity pain. Dr. Nair and Dr. Charles then focused their efforts to restore flow in the right common femoral artery. This could not be performed from the left grain because the bilateral "kissing" common iliac artery stents precluded catheter from crossing the aortic bifurcation from this access. Because of this, right brachial artery access obtained to reestablish flow in the right common femoral artery. However, this access was aborted due to right subclavian critical stenosis which did not allow the catheter to enter the aorta. At 1235 Dr. Julien was consulted via telephone and called the Northwest Medical Center on-call vascular surgeon to notify him that this case may require transfer to the hospital for surgical revascularization. At 1258 Dr. Julien arrived to the office and scrubbed in to assist. Left brachial access had been obtained and allowed catheter access into the right iliac artery. At 1308 the patient remained uncomfortable and unintentionally pulled out the indwelling left groin (8-Fr.) introducer sheath, while fully anticoagulated requiring compression at tableside. After initially having control of the left groin, the patient developed a hematoma at the left groin access site and dropped her pressure from SBP 140-170 mmHg to 120mmHg with no change of heart rate at 65. The heparin was reversed with protamine at 1410. At 1450 angiography and ultrasound demonstrated ongoing bleeding and a large left CFA pseudoaneurysm despite adequate and prolonged manual compression and reversal of heparin. This was ablated successfully with ultrasound-guided percutaneous thrombin injection with simultaneous inflation of a balloon across the common femoral artery from the left brachial artery access. Patient remained stable with normal vital signs. Due to the pulled left femoral sheath and bleeding and lack of heparin, the physicians did not feel it was safe to proceed with thrombolysis of the right leg. Simultaneously, while dealing with the left groin bleeding, attempts to restore flow to the right leg were made. These attempts Included angioplasty and eventually bare metal stent placement across the CFA into the superficial femoral artery (SFA), to establish some flow from the patient's Illac artery into the profunda/SFA and help prevent thrombosis of the iliac artery. Subsequently, given the patient's persistent symptoms and lack of adequate flow to the leg, the remaining sheaths (right groin and bilateral brachial) were removed, hemostasis was achieved, and transport was initiated to Northwest Medical Center. Dr. Julien

spoke to the Northwest Medical Center Nursing Supervisor as well as ICU Intensivist coordinating direct admission to the ICU. Dr. Nair spoke with the patient's daughter, and her questions were answered. Dr. Nair also placed phone calls to the on-call vascular surgeon Dr. Martinasevic, beginning at 1600 and ultimately reached him in the operating room of Westside Regional Medical Center. 1730 EMS arrived for patient transport. At the time of transfer, VS: BP 102/57, HR 80, 02 Sat 100% on room air, patient was awake, oriented and verbal, albeit with mild to moderate pain to right lower extremity. At 1735 successful transfer of care was completed. Dr. Nair drove to the hospital simultaneously with the EMS to facilitate the patient's care.

B) ICD-9-CM Codes			
I 13.9 I 70.213 I 70.222			
procedure being performed at time of specific age	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)		Resulting injury (ICD-9 Codes 800-999.9)
C) List any equipment used if directly invo (Use additional sneets as necessary for complete respons		the incident	
D) Outcome of Incident (Please check)			
D Death	0	Surgical proced	ure performed on the wrong site **
□ Brain Damage	· a.	Wrong surgical	procedure performed **
Spinal Damage	*	Surgical repair of surgical procedu	of injuries or damage from a planned ure.
Surgical procedure performed on the wrong patie	ent.	** If it resulted in	
 A procedure to remove unplanned foreign objects remaining from surgical procedure. 	s ,	DeathBrain Dama	ige
Any condition that required the transfer of the patient to a hospital.		incision sca	disfigurement not to include the
Outcome of transfer – e.g., death, brain damage, observation only Vaseulay Surgery		 Limitation of function. 	dislocation of bones or joints f neurological, physical, or sensory
Name of facility to which patient was transferred; North West medical Cuttle		Any condition patient to a	on that required the transfer of the hospital.
Dr. Charles me	include 126365 71285 5999	anesthesiologis	primation and the capacity in which it, support staff and other health is, support staff and other health is support in the support staff and other health is support in the support
F) List witnesses, Including license numbers If Carouna Villa LN 92816. Nature Della Loca LN	39	Nicho	information if not listed above. plas frayeron (UT 64352 L Cymul CLT 64983
IV. ANALYSIS AND CORRECTIVE ACTA) Analysis (apparent cause) of this incident (use Unexpected acute thrombosis of the aiterus following stent phremiuto hiparin dosing. B) Describe corrective or proactive action(s) take (ampichusive fullem of feriphing from Consult through amuning the procedure. SIGNATURE OF PHYSICIAN/LICENSE 3-117 DATE REPORT COMPLETED	TION acceptional the FIGT en (Use ad en (Use ad EDTO	sheets as necessary to It External T Ant common to dittorial sheets as nace Cry Discase nal Plannin	Protocol in Office, Patient care ME 59991 RT LICENSE NUMBER
DH-MQA1030-12/06 Page 2 of 2			

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

2/7/17

DATE REPORT COMPLETED

TIME REPORT COMPLETED

this case study was and is currently being evaluated by AAAASF for review core deamed appropriate given this pool aperature compleation.

COL XX1842-115

STATE OF FLORIDA Rick Scott, Governor



DH-MQA1030-12/06

Page 1 of 2

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

	MM N Unwersoty Drive
B45 International Tre Name of office	Street Address
Tamarae 33321 Brown	954-720-777
City Zip Code County	Telephone
Kerrt Christopher, Mis	862
Name of Physician or Licensee Reporting	License Number & office registration number, if applicable
Patient's address for Physician or Licensee Reporting	
II. PATIENT INFORMATION	
	Je n
Patient Name	Age Color Medicaid Medicare
Patient's Address	Date of Office Visit
Patient Identification Number 25 to 1997 to 19	Purpose of Office Visit
hemorrhage Diagnosis	ICD-9 Code for description of incident
	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	
31.	
02/2017 transferred 12 pm Incident Date and Time	Location of Incident: Operating Room Recovery Room
	Other
Note: If the incident involved a death, was the medical exa	
Note: If the incident involved a death, was the medical exa	
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rocedure being performed at time of specific age	vent, circumstances, or nt that caused the injury (ICD-9 Codes 800-999.9) CD-9 E-Codes)
C) List any equipment used if directly invo (Use additional sheets as necessary for complete respons	
O) 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 patie A procedure to remove unplanned foreign object remaining from surgical procedure. Any condition that required the transfer of the patient to a hospital. 	** if it resulted in: ts
Outcome of transfer – e.g., death, brain damage, observation only Pr stabilized Name of facility to which patient was transferred: Coval Symus medical Ceuter	☐ 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 they were involved in this incident, this would care providers. Robin Hathaway	if licensed, locating information and the capacity in whi include anesthesiologist, support staff and other health PN 636561 RMA
Augel Caredo	
Annel Carcedo Dura Fox ul	trasound tech
Anna Fox ul	if licensed, and locating information if not listed above

V.

Question IIIA:

, p1011, previous C/S, at 11 weeks gestation was seen for an elective termination of pregnancy. Three days earlier she was admitted to a hospital for vaginal bleeding requiring a blood transfusion, given the diagnosis of threatened abortion. Hemoglobin upon visit with us was 9.1, and the patient reported no bleeding. The patient was prepped for surgery in normal fashion, given moderate sedation, and the procedure was started. Upon initial dilation, heavy bleeding started, but the uterine aspiration was completed without difficulty, as confirmed by ultrasound and tissue confirmation. The bleeding continued, so an intrauterine foley balloon was placed for tamponade with good results. After one hour, an attempt was made to remove the foley catheter, but the bleeding continued, so it was reinserted with good results. The patient's hemoglobin was 7.3, and because the patient showed signs of orthostasis, a decision was made to transfer the patient to the hospital for further evaluation. A couple of hours later in the hospital, the foley catheter was removed with minimal bleeding, but a transfusion was given because of the anemia. An ultrasound was also obtained, showing increased vascularity at the uterine scar site, probably secondary to the previous C-section. Interventional radiology was consulted and placed on standby for a possible uterine artery embolization. The patient remained stable, but she decided to transfer to another hospital closer to her home and where her private gynecologist has privileges. She returned to our office two weeks later and was doing well.

Questions IVA & B:

The apparent cause is most likely a defect in her uterine scar, which proactively will require a preconceptual workup in the future. The patient is aware of this recommendation. As far as our handling of the case, I believe that prompt and appropriate action were taken.



Page 1 of 3

STATE OF FLORIDA Rick Scott, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

1. OFFICE INFORMATION Medical Associates of Brevard Name of office Melbaure 32901 Brevard City Zip Code County Peter S. Dougan. M.D. Name of Physician or Licensee Reporting	Telephone ME 79594 /	Ilo Blvd2707 OSR 1027 istration number, if applicable	
Patient's address for Physician or Licensee Reporting			
II. PATIENT INFORMATION Patient Identification Williams Athoroschrosis with ulceration. Diagnosis	Age Harch Sender, 18th Date of Office Visit Action 19th Purpose of Office Visit 172.4 ICD-F Code for description of Level of Surgery (II) or (III)	endouascula interviente	enti-
III. INCIDENT INFORMATION		·	
3-1-2017 Incident Date and Time	Location of Incident: Operating Room Other Home	□ Recovery Room	
Note: If the incident involved a death, was the medical examined Was an autopsy performed? □ Yes □ No	r notified? □ Yes □ No		
A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response) Peake see affached			
DH-MQA 1030-12/06			

At home		Accident, event, circumstances, or specific agent that caused the injury or event, (ICD-\$\frac{1}{2}\$E-Codes)		I72.4	
Surgical, diagnostic, or treatment procedure being performed at time ncident (ICD-9 Codes 01-99.9)	e of specific agent that			Resulting injury (ICD-9 Codes 800-999.9)	
C) List any equipment used (Use additional sheets as necessar		in th	e incident		
D) Outcome of Incident (Please check)				
Death		□ St	ırgical proced	ure performed on the wrong site **	
□ Brain Damage		o W	rong surgical	procedure performed **	
Spinal Damage		Surgical repair of surgical procedu	of injuries or damage from a planned		
 Surgical procedure performed 	on the wrong patient.	** if it resulted in			
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Any condition that required the patient to a hospital.	e transfer of the	incision sca		disfigurement not to include the	
Outcome of transfer – e.g., death,	, brain damage,	0	Fracture or Limitation of function.	dislocation of bones or joints of neurological, physical, or sensory	
Name of facility to which patient	was transferred:			on that required the transfer of the hospital.	
they were involved in this inci- care providers. Peter Dougan Stacey Morce	ident, this would include the MD ME	de and	sthesiologis	ormation and the capacity in whi st, support staff and other health	
Kate Bowar	PA-C.	PA	91095°	14	
F) List witnesses, including li	icense numbers if licer	nsed,	and locating	information if not listed above	
IV. ANALYSIS AND CO A) Analysis (apparent cause) of See all-ack		onal she	ts as necessary f		
B) Describe corrective or proa					

Description of incident:

Patient with known severe PAD and bilateral non-healing ulcers underwent angiography with endovascular intervention to the left leg in our OSF. Procedure went well. Only noted complication was a small pseudoaneurysm at the right groin entry site. The pseudoaneurysm was injected with 1000 IU thrombin under ultrasound guidance. Follow up duplex imaging prior to patient discharge showed pseudoaneurysm cavity to be thrombosed with no active bleeding. Patient was lethargic in recovery but vital signs were stable and she was able carry a conversation. Patient was noted to be alert and oriented x3. Patient and son stated he would be home overnight with her and she was discharged home with him in stable condition. Per patient's son she was fine on the drive home and immediately after they got home for some time. Approximately 1 hr after they got home she went to lay down and suddenly began to speak without making sense and was making flailing motions. She then quit breathing. Son immediately called 911 and then proceeded to call our office to notify us of her EMS transfer to Holmes Regional Medical Center (HRMC). She was met in the trauma bays at HRMC within minutes of her arrival by myself and my PA, Kate Bomar. Patient had been intubated in route to the ED and was severely hypotensive. Using emergent release blood, mass transfusion protocol was begun in the ED. Abdomen was distended and bedside ultrasound was used to determine that she had a retroperitoneal bleed. OR was contacted and she was brought up emergently for exploration of the right iliac artery. She was found to have active bleeding from the arterial entry site, which was a "high" entry site 2cm above inguinal ligament. This was controlled and repaired in OR. Please see attached operative report for full details. Patient was then transferred still intubated to ICU to be warmed and resuscitated overnight. Patient appeared to be stabilizing medically over the next 48 hrs. with lab values normalizing. CT scanning showed omental caking with apparent advanced metastasized cancer of unknown origin, but suspected ovarian. Initially the patient awoke and moved all extremities and was sedated for continued ventilation and support. Later nurses began to notice no movement of only the right upper extremity and then apparent seizure like activity. Neurology was consulted, consult attached, and determined she had a large right middle cerebral artery event and was unlikely to regain any significant functionality. MRA demonstrated no severe carotid bifurcation stenosis. At this time it was the consensus of her attending physician and all consults that palliative care should be consulted. Patient would likely have survived this event if not for her previously unknown other medical conditions. Patient remains intubated with supportive care in ICU at this time as family continues to decide further treatment plans.

Analysis of incident:

Patient appears to have had a high entry, even though ultrasound was utilized for entry. This was successfully closed with an angioseal and pseudoaneurysm sealed with thrombin injection. She remained stable for several hours after this and was visited in Post Op twice by PAs for a review of recovery progress. She was demonstrated to have no active bleeding under ultrasound imaging. Unclear what exactly caused her to begin bleeding at home.

Corrective or pro-active actions taken:

Dr. Dovgan, both PAs have reviewed the circumstances of the events in detail with other physicians on the case. It is their opinion that the circumstances and outcomes are not related to place of service. The many other unknown serious conditions have complicated her condition and likely worsened the adverse incident chain of events.

The MAB OSF staff have been reminded of the importance of continual monitoring of all patients' systems. The MAB OSF affords the Post Op nurse a one-on-one care ratio in most circumstances, as was the case here. For this patient, age and fragility, already had dictated the highest level of PO surveillance. She was discharged in alert, stable condition.



STATE OF FLORIDA Rick Scott, Governor

DOH Consumer Services

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

MAR 2 7 2017

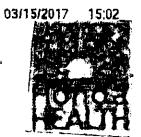
Name of office	iovascular Institu	JIE	7011 AC SKINNER PARKWAY
Jacksonville	C!	Б	Street Address
City	FL Zip Code	_ Duval	904-493-3333
Yazan Khatib, Mi		County	Telephone
Name of Physician or	Licensee Reportion		N/A
ı			License Number & office registration number, if applicable
Patient's address for F	Physician or Licenses	Reporting	
	•		
II. PATIEN	TINFORMATIO	DAL	
			Age Gender Medicald Medicard
			Date of Office Visit Anglogram of Bilateral Lower Extremities
170,203	e.neci		Purpose of Office Visit R09.2
Diagnosis	- · · · · · · · · · · · · · · · · · · ·		ICD-9 Code for description of Incident
			<u>11</u>
III. INCIDEN	T INICODAL S		Level of Surgery (II) or (III)
III. INCIDEN	T INFORMATI	ON	
03/06/2017 1211		•	Location of Incident:
ncident Date and Time		· · · · · · · · · · · · · · · · · · ·	☐ Operating Room ☐ Recovery Room
			La Other cath lab
vote: If the incide Was an auto	nt involved a dea opsy performed?	ith, was the medical ☐Yes ☐ No	examiner notified? Yes No
A) Describe cir	cumstances o	f the incident (na	manki, ra \
fase additional Six	eers as necessary to	r complete response)	
Patient became ap	oneic and unresp	onsive after a dose	of Fentany! 50mcg and Benadry 25mg. Patient placed on
defibrillator pads, o	given three dose	s of Narcan 0 4mg a	and one dose of Romazecon 0.5mg, one ampule of
Epinephrine, ches	compressions	2 minutes, Detical	no one dose of Romazecon 0.5mg, one ampule of
perinheral pulsos	Page 11	2 minutes, Patient t	began breathing spontaneously and had positive
cripiteral pulses.	Rescue was call	ed and patient was t	transported to St Vincent's Southside ER with Dr. Khatib
via ambulance whe	ere he recovered	uneventfully.	
		-	

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response) D) Outcome of Incident (Please check) Death Brain Damage Surgical procedure performed on the wrong patient. A procedure performed on the wrong patient. A procedure to remove unplanned foreign objects remaining from surgical procedure. Any condition that required the transfer of the patient to a hospital. Outcome of transfer – e.g., death, brain damage, observation only observation only observation. St. Vincent's Southside St. Vincent's Southside Dies of the patient to a hospital. Countrey Fluharty RN9217469 circulator, Jason Cook RT9160, Raphael Diama RCIS 00105597 recorder control of this incident (use additional shaets as necessary for complete response) ANALYSIS AND CORRECTIVE ACTION Analysis (apparent cause) of this incident (use additional shaets as necessary for complete response) Analysis (apparent cause) of this incident (use additional shaets as necessary for complete response) Analysis (apparent cause) of this incident (use additional shaets as necessary for complete response) Analysis (apparent cause) of this incident (use additional shaets as necessary for complete response) Analysis (apparent cause) of this incident (use additional shaets as necessary for complete response) Analysis (apparent cause) of this incident (use additional shaets as necessary for complete response) Analysis (apparent cause) of this incident (use additional shaets as necessary for complete response) Analysis (apparent cause) of this incident (use additional shaets as necessary for complete response)	B) ICD-9-CM Codes			
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Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response) ANALYSIS AND CORRECTIVE ACTION Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response) ANALYSIS AND CORRECTIVE ACTION Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response) SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT Light with the transfer of the patient to a hospital. Linction And the capacity in patient to a hospital. And condition that required the transfer of the patient to a hospital. And condition that required the transfer of the patient to a hospital. And condition that required the transfer of the patient to a hospital. And condition that required the transfer of the patient to a hospital. And condition that required the transfer of the patient to a hospital. And condition that required the transfer of the patient to a hospital. And condition that required the transfer of the patient to a hospital. And condition that required the transfer of the patient to a hospital. And condition that required the transfer of the patient to a hospital. And condition that required the transfer of the patient to a hospital. And condition that required the transfer of the patient to a hospital. And condition that required the transfer of the patient to a hospital. And condition that required the transfer of the patient to a hospital. And condition that required the transfer of the patient to a hospital. And condition that required the transfer of the patient to a hospital. And condition that required the transfer of the patient to a hospital. And condition that required the transfer of the patient to a hospital. And condition that required the transfer of the patient to a hospital. And condition that required the transfer of the patient to a hospital. And condition that required the t	Any condition that required the trans patient to a hospital.	fer of the	Permanent dis	sfigurement not to include the
ame of facility to which patient was transferred: t. Vincent's Southside List all persons, including license numbers if licensed, locating information and the capacity in ey were involved in this incident, this would include anesthesiologist, support staff and other hear providers. r. Khatib ME85393 operating physician, Dr. Zia ME129859 assisting physician ourtney Fluharty RN9217469 circulator, Jason Cook RT9160, Raphael Diama RCIS 00105597 recorder an Tyler RN2581542 assisting RN, Christopher Carreira RN9274410 assisting RN List witnesses, including license numbers if licensed, and locating information if not listed above ANALYSIS AND CORRECTIVE ACTION Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response) ANALYSIS AND CORRECTIVE ACTION Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response) ANALYSIS AND CORRECTIVE ACTION Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response) ANALYSIS AND CORRECTIVE ACTION Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response) ANALYSIS AND CORRECTIVE ACTION ANALYS	servation only observation		Limitation of n	slocation of bones or joints eurological, physical, or sensory
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ANALYSIS AND CORRECTIVE ACTION Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response) attent transfers are closely monitored and tracked by staff, doctors, and administration, scharged from hospital on 08/09/2017 in stable condition. SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER			7.7.027 1110 0333511	ig ixin
Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response) atient transfers are closely monitored and tracked by staff, doctors, and administration, scharged from hospital on 08/09/2017 in stable condition. SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER	List witnesses, including license	numbers if lice		
scharged from hospital on 08/09/2017 in stable condition. SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT 1930 LICENSE NUMBER		TIVE ACTION cident (Use addition	l nal sheets as necessary for co	mplete response)
scharged from hospital on 08/09/2017 in stable condition. SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT 1930 LICENSE NUMBER	Describe corrective or proactive act	ion(s) taken (Use	additional sheets as necessar	V for complete response)
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER	The state of the s	иолео апо та	CKAN by class doos	ors, and administration, Pt
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MOVE DEFORE COMPLETED. TIME DEPONDE AND THE	DATEREPORT COMPLETE		BMITTING REPORT 1930 EPORT COMPLETED	LICENSE NUMBER

DH-MQA 1030-12/06 Page 2 of 2

(FAX)





STATE OF FLORIDA Rick Scott, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

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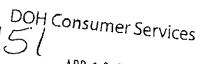
Renalus VAC Name of office			Stract Address
Fort Walton Beach	32547	Okaloosa	850-864-4005
City	Zip Code	County	Telephone
Dr.Humeda			
Name of Physician or Licens	ee Reporting		License Number & office registration number, if applicable
			•
Patient's address for Physicis	an of Lipshae	a Reporting	•
	 Shaile Ti	0)1	****
II. PATIENT INF	-ORMAII	ON	
			Gender Madicalo Madica
			Date of Office Visit
Patient Identification Number			Purpose of Office Visit
ment thrembooks and stricture volu-			ICD-9 Code for description of incident
Diagnosis ~	•		4
•			Level of Surgery (ii) or (iii)
III. INCIDENT IN	FORMAT	ION	
03/08/17 @ 1430			theaten of feddown
Incident Date and Time			Location of Incident Operating Room Recovery Room
		• •	
Note: If the Incident in Was an autopay	volved a de përformed	enth, was the medical of Piers III No	examiner notified? [Yes [] No
A) Describie circum	istančás i	of the incident (nar	rative
(use additional shoats a	ra necessary i	or complete response)	rauver
			the post op area. The patient's accèss arm started to
bleed from 2 old stick	altes. Pres	sure was applied for 1	0 minutes, Sites continued to bleed. Dr.Humede
			around the suture: Pressure was applied and EMS was
	· _ · _ · _ ·		t 70, RR 20, 02 sat/100% on room air. Patient denies pain
· 		AGOX3.5F 133/60,111	Tru, 10 Log DZ Sat 100 % Off 100 III all . C. about delines paint
	.,	m ^{1.0} 7 j.3.0 events in	the second secon
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An 22	** <u>*</u> -** * *		ti ti

P.003/003

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B	ICD-9-CM Codes		•	
58	35.6, 459.2		•	
Su	rgical, diagnostic, or treatment occidure being performed at time of eldent (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		d in the incident	
D)	Outcome of Incident (Pizzse	check)	· ·	,
	Death		Surgical procedu	re performed on the wrong site **
	Brain Damage	Ę	☐ Wrong surgical p	racedure performed **
	Spinal Damage	-	Surgical repair of surgical procedur	injuries or damage from a planned e.
	Surgical procedure performed on th	s wrong patient.	** If it resulted in:	
	A procedure to remove unplenned for remaining from surgical procedure.	oreign objects	☐ Death☐ Brain Dameg	
Ø	Any condition that required the transpatient to a hospital.	sfer of the	Incision scar	isfigurement not to include the
obs	tcome of transfer – e.g., death, brain servation only	•	Limitation of a function.	Islocation of bones or joints neurological, physical, or sensory
	me of facility to which patient was t t Walton Brach Medical Center	ransferred:	Any condition patient to a h	that required the transfer of the ospital.
the	List all persons, including licens were involved in this incident, re providers. Humam Humeda MEZ5791	e numbers if lic this would inclu	ensed, locating inforded anesthesiologist,	mation and the capacity in which aupport staff and other health
	olly Femendez LPN PN52174	29	······································	,
	ff Mcranev RT CRT87001			
	fany Robinson, RN RN93273	76		
	List witnesses, including license at Lins,PSC	numbers if lice	nșed, and locating in	formation if not listed above
	ANALYSIS AND CORRE Analysis (apparent cause) of this i had heparin 10,000units and	incident (Use additio		obmplote response)
<u>W</u>	Describe corrective or proactive a ill try to use the least amount seding.			
<u>الم</u>	· Num	· ,		2 ME75791
٧,	SIGNATURE OF PHYSICIAL		JBMITTING REPOR	
	. DATE REPORT COMPLET	ED TIME!	REPORT COMPLETE	<u>D</u>

DH-MQA1030-12/06 Page 2 of 2





APR 1.0 2017



PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

I. OFFICE INFORMATION				
Vascular Surgery Associates	2631 Centen		· · · · · · · · · · · · · · · · · · ·	
Name of office	Street Address			
Tallahassee, FL 32308 Leon	<u>850-877-853</u>	30		
City Zip Code County	Telephone			
Dr. Robert Brumberg	OS9800		OSR925	
Name of Physician or Licensee Reporting	License Numbe	er & office registration.		plicable
Patient's address for Physician or Licensee Reporting				
II. PATIENT INFORMATION				
e · · · · · · · · · · · · · · · · · · ·				Ä
Patient Name	Àge 3-21-17	Gender	Medicald	Medicare
Patient's Address	Date of Office \	visit ortogram with femor	ral run off	
Patient Identification Number 170.213	Purpose of Offi			
Diagnosis · : :-	Level II	description of inciden	t	
	Level of Surger	y (II) or (III)		
III. INCIDENT INFORMATION				
3-21-17 1535	Location of Inci	dent:		
Incident Date and Time	☐ Operating Re	oom 🗆 Rec	overy Room	
·	හි Other angio	graphy suite		
Note: If the incident involved a death, was the medical examine Was an autopsy performed? □ Yes □ No	r notified? 🗅 `	∕es □ No		
A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)	•			
1535 Following abdominal aortogram, patient became hypotensive and reporte	d back pain. 154	S Dr Brumberg notifed	d order given	for
IV fluid bolus and bedside ultrascund BP 102/55. 1550 Patient remains hypotensive	Dr Brumberg not	ified, order given to trai	nsfer to TMH f	or further
observation and evaluation (CTA). 1557 EMS notified, report called to ER, family not	ified regarding ne	ed for transfer. 1610 BP	95/47 patien	t awake, awar
NAD. 1615 Bedside report given to EMS. 1620 Patient to TMH via EMS. NAD.				
		* * * * * * * * * * * * * * * * * * * *		
				·

) ICD-9-CM Codes	1
	known MA
orgical, diagnostic, or treatment ocedure being performed at time of cident (ICD-9 Codes 01-99.9) Accident, even specific agent to or event. (ICD-	nt, circumstances, or Resulting injury that caused the injury -9 E-Codes) (ICD-9 Codes 800-999.9)
List any equipment used if directly involve (Use additional sheets as necessary for complete response)	ed in the incident
N/A	
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 planne 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
Any condition that required the transfer of the patient to a hospital.	 Spinal Damage Permanent disfigurement not to include the incision scar
itcome of transfer – e.g., death, brain damage, servation only observation, further evaluation	 Fracture or dislocation of bones or joints Limitation of neurological, physical, or sensory function.
ame of facility to which patient was transferred: allahassee Memorial Hospital	 Any condition that required the transfer of the patient to a hospital.
List all persons, including license numbers if licey were involved in this incident, this would include providers. Bryce Carroll RN RN9343335 Bameron Carroll RPA Lab Manager 11GA1428 Robert Brumberg DO OSA9800 ulie Angelier, RN staff nurse RN 9305209	licensed, locating information and the capacity in whelude anesthesiologist, support staff and other healthed Kelly Glasco RN930689
List witnesses, including license numbers if lic	censed, and locating information if not listed above Cassie Davis ARNP-C, 9178836 LHRM 5504917
ANALYSIS AND CORRECTIVE ACTIC Analysis (apparent cause) of this incident (Use addition)	fitional sheets as necessary for complete response)

STATE OF FLORIDA Rick Scott, Governor

DOH Consumer Services



PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

APR 2 5 2017

SUBMIT FORM TO:

I. OFFICE INFORMATION	
Vascular Surgery Associates Name of office	2631 Centennial Blvd
rvaine of office	Street Address
Tallahassee, FL 32308 Leon	850-877-8530
City Zip Code County	Telephone
Dr. Robert Hoyne MC 0042148	ME0042148 OSR925
Name of Physician or Licensee Reporting	License Number & office registration number, if applicable
II. PATIENT INFORMATION 170.612 Diagnosis	Medicaid Medicare 4-3-17 Date of Office Visit Abdominal aortogram with femoral runoff Purpose of Office Visit 170.229 ICD-9 Code for description of incident Level II
	Level II Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	
4-3-17. 1300 Incident Date and Time	Location of Incident: □ Operating Room □ Recovery Room □ Kother_angiography suite
Note: If the incident involved a death, was the medical examine Was an autopsy performed? □ Yes □ No	r notified? □ Yes □ No
Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)	
1300 Patient to recovery following abdominal aortogram with femor	al runoff, no dopplerable pulse, reported foot pain.
Dr Hoyne notified. 1315 Dr. Hoyne at bedside. 1320 Order received to transfer pa	atient to TMH for emergent surgical revascularization
1325 Operating room and ER notified. 1330 EMS contacted. 1335 Dr.	
1338 EMS at bedside, report given. 1340 Patient transported to TMI stable condition.	I via EMS, belongings sent with patient. VSS patient in

urgical, diagnostic, or treatment Accident, eve rocedure being performed at time of specific agent	N/A	170.229
or event. (ICD-9 Codes 01-99.9)	t that caused the injury 0-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
List any equipment used if directly involutional sheets as necessary for complete response Outcome of Incident (Please check)		
Death	☐ Surgical procedu	re performed on the wrong site **
Brain Damage	□ Wrong surgical p	procedure performed **
Spinal Damage .	☐ Surgical repair o surgical procedu	f injuries or damage from a planned re.
Surgical procedure performed on the wrong patient	t.	
A procedure to remove unplanned foreign objects remaining from surgical procedure.	** if it resulted in Death Brain Dama Spinal Dama	ge
ny condition that required the transfer of the atient to a hospital.	□ Permanent of incision scar	disfigurement not to include the
outcome of transfer – e.g., death, brain damage, bservation only <u>surgical revascularization</u> , ame of facility to which patient was transferred: Tallahassee Memorial Hospital	☐ Limitation of function.	neurological, physical, or sensory n that required the transfer of the
List all persons, including license numbers if ney were involved in this incident, this would inc are providers. Julie Angelier RN, staff nurse 9305209 Bryce Carroll RN staff nurse RN 93433358 Robert Hoyne MD ME0042148		, support staff and other health
List witnesses, including license numbers if II Cameron Carroll RPA Lab Manager 11GA1428 ANALYSIS AND CORRECTIVE ACT	ION	
) Analysis (apparent cause) of this incident (Use ad N/A		r complete response)
		·

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STATE OF FLORIDA Rick Scott, Governor DOH Consumer Servic

PHYSICIAN OFFICE

APR 1 2 2017

ADVERSE INCIDENT REPORT

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

Patient Name. Patient Name. Patient's Address Patient Identification Number T70. 113 PAD / Cloud cotton Diagnosis Diagnosis III. INCIDENT INFORMATION Incident Date and Time Note: If the incident involved a death, was the medical examiner notified? □ Yes □ No Was an autopsy performed? □ Yes □ No A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response) Leaf of Stripery (II) or (III) Location of Incident: □ Operating Room □ Other Note: If the incident involved a death, was the medical examiner notified? □ Yes □ No A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response) Location of Incident: □ Operating Room □ Other □ Ves □ No A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)	I. OFFICE INFORMATION Strong Heal th Network PLLC Name of office M. AM I 33126 DADE City Zip Code County Name of Physician or Licensee Reporting Patlent's address for Physician or Licensee Reporting	Street Address 305 266 - 2286 Telephone MEBILIA OSR # 928 License Number & office registration number; if applicable
Location of Incident: Operating Room	Patient Name Patient's Address Patient Identification Number T-70. 23 PAD (clock Coff)	Age 4 Gender Medicaid Medicare Date of Office Visit Purpose of Office Visit CD 10- II 70- 213 ICD-9 Code for description of Incident
(use additional sheets as necessary for complete response)	Incident Date and Time	☐ Operating Room
extravosation. Patient transferred to the hospital for observation as a precention.	A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response) The pottent developed leg. Repeat angiogram contrasti in the Test A careed stept was extravasation. Patient	d a hemotoma in the test revealed extraosotion of femoral/poplited graft. placed with no firther transferred to the hospital

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FLORIDA DEPARTMENT OF

5) ICD-9-C	M Codes			•	
-	39.56	. Es	78,8	998.11	
urgical, diagi rocedure bei	nostic, or treatmenting performed at time -9 Codes 01-99.9)	Accident, event,	circumstances, or at caused the injury	Resulting injury (ICD-9 Codes 800-999.9)	
(Use addition	r equipment used onal sheets as necessary	if directly involve for complete response)	d in the incident		
		None			
O) Outcom	ne of Incident (PI	ease check)			
1 Death			☐ Surgical procedu	are performed on the wrong site	
Brain Dan	nage		☐ Wrong surgical p	procedure performed **	
o Spinal Da	-		□ Surgical repair o surgical procedu	f injuries or damage from a planned re.	
Surgical p	procedure performed of	on the wrong patient.	** if it resulted in		
remaining Any condipatient to Dutcome of transposervation or	ire to remove unplant from surgical proced ition that required the a hospital. ansfer – e.g., death, but to which nations to which nations to the control of the control o	transfer of the orain damage,	Death Death Brain Dama Spinal Dama Permanent of incision scare Fracture or of Limitation of	ge age disfigurement not to include the	
vallie of facil	ity to which patient w	sptal	patient to a		
E) List all pe	ersons, including lie volved in this inciders.	cense numbers if lic ent, this would inclu	patient to a learning info	ormation and the capacity in whi t, support staff and other health	
E) List all pe	ersons, including lie volved in this inciders.	cense numbers if lic ent, this would inclu	patient to a learning info	ormation and the capacity in whi t, support staff and other health	
E) List all pe	ersons, including lie volved in this inciders.	cense numbers if lic ent, this would inclu	patient to a learning info	nospital,	
E) List all pe hey were in care provide	ersons, including linvolved in this inciders. College No. College No	cense numbers if licent, this would include the contract of th	patient to a licensed, locating infoude anesthesiologis Rog245	ormation and the capacity in whi t, support staff and other health	
E) List all pe hey were invited care provide	ersons, including lices. College No. Colle	ense numbers if lice ent, this would inclu CONTROL PINIERO ense numbers if lice RECTIVE ACTIO this incident (Use addit	patient to a line patient to a	ormation and the capacity in whit, support staff and other health SURGAL 716 NURSE	
E) List all perhey were invare provide F) List witne V.——ANA	ersons, including lice volved in this inciders. GLENN GL	ense numbers if lice ent, this would inclu CON ZONE PINIERO ense numbers if lice NE RECTIVE ACTIO this incident (Use addit E POST	patient to a literature patient patient patient to a literature patient patien	rmation and the capacity in whit, support staff and other health SINT Prysical SUPSICAL SUPSICAL MURSE Information if not listed above Tree complete response) SSARY for complete response)	
E) List all perhey were invare provide F) List witne V.——ANA	ersons, including lice volved in this incidents. College No. College	ense numbers if lice ent, this would inclu CONTROL PINIERO ense numbers if lice NE RECTIVE ACTIO this incident (Use addit POST ive action(s) taken (UMA STAGIL	patient to a line patient to a	rmation and the capacity in whit, support staff and other health EXILLY PRYSICAL SUPPORT S	
E) List all perhey were invare provide E) List witne V. ANA A) Analysis (ersons, including lice volved in this incidents. GIBERT JOSE Esses, including lice ACLYSIS AND COF (apparent cause) of PATIENT Corrective or proact HEHATON PATIENT	ense numbers if lice CONTROL PINIERO Ense numbers if lice RECTIVE ACTIO this incident (Use addit POST ive action(s) taken (USA)	patient to a light patient patient to a light patient patie	rmation and the capacity in whit, support staff and other health SINZ Prysical SUPSICAL FOR MURSE Information if not listed above r complete response) SSATAL FOR OBSERY MERITZ	
E) List all perhey were invare provide E) List witne V. ANA A) Analysis (ersons, including lice volved in this incidents. GIBERT JOSE Esses, including lice ACLYSIS AND COF (apparent cause) of PATIENT Corrective or proact HEHATON PATIENT	ense numbers if lice CONTROL PINIERO Ense numbers if lice RECTIVE ACTIO this incident (Use addit POST ive action(s) taken (USA)	patient to a line patient to a	rmation and the capacity in whit, support staff and other health SUPSCAL FOR MURSE Information if not listed above r complete response) SSATAL FOR OBSERV MERITZ RT LICENSE NUMBER	

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Rick Scott, Governor

STATE OF FLORIDA DOH Consumer Service

APR 2 1 2017



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 Elocida Gastroenterology Assoc. PA	508 N. Aleyander St.
Name of office J Old of L City 7776 11 11 16 16 20 16 16	Street Address
Plant City 33563 Hillsborough City Zip Code County	813 759 LoLO07 · Telephone
Yawer M. Nensey, mis Name of Physician or Licensee Reporting	MECOUTIO 9 /126 License Number & office registration number, if applicable
II. PATIENT INFORMATION	
-	Medicaid Medicare
	H-10-17 Date of Office Visit
•	('olonoscopy
Cararac Arrest	197.71) Intra Operative Cavarac Arrest ICD-9 Code for description of incident
Jiagilotto	ASA III Level of Surgery (II) or (III)
W. INCIDENT INFORMATION	Level of pargety (if at (iii)
III. INCIDENT INFORMATION	•
Incident Date and Time	Location of Incident: ☐ Operating Room ☐ Recovery Room ☑ Other £ndo5copy 5ci H
Note: If the incident involved a death, was the medical examine 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)	
Patient experienced a rardiopulmonary	arrest during a colonoscopy,
Code uns called, 911 was called. Pt was	
parient was then transferred to sout	, ,
Ems Ambulance, Before transfer pt	was alert and priented.
Follow up phone call to Emergency Ros	
give details of the code, fatight u	as resting Comfortably in
ER in no apparent distress, cardiai	c enzymes were elevated,
and cardiac consult was called.	

B) ICD-9-CM Codes

Colonoscopy 45378	I46.9		·	_none	
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)	iat cai	ised the injury	Resulting injury (ICD-9 Codes 80	0-999.9)
C) List any equipment used if c	lirectly involve	d in t	the incident		
LMA, Ambubag, pox	table oxyg	en l	ank		·
D) Outcome of Incident (Please	. 10				
□ Death			Surgical procedu	re performed on the	wrong site **
Brain Damage			Wrong surgical p	rocedure performed	j **
□ Spinal Damage		- ₀	Surgical repair of	injuries or damage	from a planned
□ Surgical procedure performed on the	e wrong patient.		surgical procedu	re.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
A procedure to remove unplanned to remaining from surgical procedure.	oreign objects		** if it resulted in: Death Brain Damag	je	
Any condition that required the tran patient to a hospital.	sfer of the		incision scar	isfigurement not to	
Outcome of transfer – e.g., death, brain observation onlyName of facility to which patient was temporal south Florida Baptrate	ransferred:		 Limitation of function. 	islocation of bones neurological, physic n that required the tr ospital.	cal, or sensory
E) List all persons, including licens they were involved in this incident, care providers. Anna Delatorre Cray Chris Derbooken Ra	this would inclu	ide ar	nesthesiologist	rmation and the c support staff and C Shaw Roof	apacity in which dother health EndoTech EndoTech
Jennifer Corbin RN	939.1574			ro Rudriquez	Office Manage
Yawerm nensey mo	MEDDOUL	110		J	
F) List witnesses, including license	numbers if lice	nsed,	and locating ir	Iformation if not I	isted above
IV. ANALYSIS AND CORRE A) Analysis (apparent cause) of this in the partners of the partners o	ncident (Use additio	onal she	eets as necessary for	complete response)	
B) Describe corrective or proactive a Please See attac	ction(s) taken (Us Ned	e additi	onal sheets as neces:	sary for complete respor	se)
V. SIGNATURE OF PHYSICIAL	VII ICENSEE SI	IRM	TTING BEDOD	MEDOGY LICENSE NU	
H-17-17 DATE REPORT COMPLET		10	HI Am ORT COMPLETE		MDEK

DH-MQA1030-12/06 Page 2 of 2 Date of Incident 04/10/2017

Section IV B) Description of Corrective action taken

09:32 am Patient noted to be Bradycardic at at 32beats per minute. Patient given Glycopyrolate 0.2~g then asystolic.

09:33 am Code called. 911 called. Patient placed in Supine position. BMV started with 10 liters of Oxygen with Chest rise noted. Compression high quality initiated. Epinephrine 1:1000 1ml IV pushed. LMA #5 Placed with chest rise.

09:35 am LMA removed, ETT attempted with MAC 4, grade 3 view, negative placement. BMV with Oral airway with chest rise noted

09:38 am Epinephrine 1:1000 10 ml pushed after negative pulse check, high quality chest compressions resumed after asystole noted on monitor.

09:39 am Positive return of spontaneous rhythm of ST Positive pulse femoral. ROSV, patient spit out oral airway. 10 liter of Oxygen via BMV continued. EMS at bedside. Patient alert and oriented with ST on monitor.

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DOH Consumer Services

STATE OF FLORIDA Rick Scott, Governor

MAY 1 6 2017-



Page 1 of 3

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

Name of office. Street. Address. Name of Physician or Licensee Reporting Patient's Address for Physician or Licensee Reporting Patient's Address Patient's Addre	•	
Patient's Address Date of Office Visit Purpose of Office Visit Diagnosis ICD-9 Code for description of incident Level of Surgery (ii) or (iii) INCIDENT INFORMATION Logation of Incident: Operating Room Other Note: If the incident involved a death, was the medical examiner notified? Was an autopsy performed? Yes No Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)	Name of office. Fort Wars 33907 LEE City Zip Cope County Vore Schnerer	139. 277-9997 Telephone DE 50478
Patient's Address Patient Identification Number Purpose of Office Visit Purpose of Office Visit Date of Office Visit Purpose of Office Visit	Patient's address for Physician or Licensee Reporting	
Patient's Address Patient Identification Number Purpose of Office Visit Purpose of Office Visit Purpose of Office Visit Purpose of Office Visit CD-9 Code for description of incident		Age Gender Medicaid Medicare
Diagnosis ICD-9 Code for description of incident Level of Surgery (II) or (III) II. INCIDENT INFORMATION Logation of Incident: Operating Room Other Note: If the incident involved a death, was the medical examiner notified? Yes No Was an autopsy performed? Yes No Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)	Patient's Address	
Level of Surgery (II) or (III) II. INCIDENT INFORMATION Location of Incident: Operating Room Other Other Note: If the incident involved a death, was the medical examiner notified? Yes No Was an autopsy performed? Yes No Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)	atient Identification Number	Purpose of Office Visit
II. INCIDENT INFORMATION Continue	Diagnosis	ICD-9 Code for description of incident
Location of Incident: Coperating Room		Level of Surgery (II) or (III)
Note: If the incident involved a death, was the medical examiner notified? Yes No Was an autopsy performed? Yes No **Note: No Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)	II. INCIDENT INFORMATION	
Was an autopsy performed? Yes No Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)	ncident Date and Time	
A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)	Note: If the incident involved a death, was the medical exami Was an autopsy performed? ☐ Yes ☐ No	iner notified? □ Yes □ No
	A) Describe circumstances of the incident (narrative (use additional sheets as necessary for complete response)	1

B) ICD-9-CM Codes			
Surgical, diagnostic, or treatment procedure being performed at time noident (ICD-9 Codes 01-99.9)		circumstances, or at caused the injury E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
(Use additional sheets as necessary	if directly involved for complete response)	d in the incident	
)) Outcome of Incident (P	ease check)		-
Death	· · · · · · · · · · · · · · · · · · ·	☐ Surgical procedu	re performed on the wrong site **
Brain Damage :		□ Wrong surgical p	rocedure performed **
Spinal Damage		Surgical repair of surgical procedu	f injuriés or damage from a planned
Surgical procedure performed of	on the wrong patient.	** if it resulted in:	
A procedure to remove unplant remaining from surgical proced		□ Death □ Brain Damaç	ge
Any condition that required the patient to a hospital.	transfer of the	incision scar	disfigurement not to include the
Outcome of transfer e.g., death, b	orain damage,		dislocation of bones or joints neurological, physical, or sensory
observation only	• • • • • • • • • • • • • • • • • • • •	function.	
Name of facility to which patient w	vas transferred:	□ Any conditio	n that required the transfer of the
Name of facility to which patient w		Any condition patient to a l	nospital.
E) List all persons, including littley were involved in this incide care providers. To hole have	cense numbers if licent, this would include the second sec	Any condition patient to a leased, locating information and anesthesiologism.	ormation and the capacity in which t, support staff and other health
E) List all persons, including lichey were involved in this incidence in the providers.	cense numbers if licent, this would include the second sec	Any condition patient to a leased, locating information and anesthesiologism.	ormation and the capacity in which t, support staff and other health
E) List all persons, including lithey were involved in this inciderate providers. F) List witnesses, including licular and the second	ense numbers if lice ARECTIVE ACTIO this incident (Use addit	Any condition patient to a leased, locating information and anesthesiologist and locating in the season and locating in the lo	rmation and the capacity in which t, support staff and other health
E) List all persons, including lie they were involved in this incid care providers. F) List witnesses, including lic IV. ANALYSIS AND COFA) Analysis (apparent cause) of Page 2 of 3	ense numbers if lice ARECTIVE ACTIO this (incident (Use addit	Any condition patient to a leased, locating information and anesthesiologist and anesthesiologist and and locating in the loca	rospital. fromation and the capacity in which the support staff and other health fromation if not listed above fromplete response) from complete response)



STATE OF FLORIDA Rick Scott, Governor MAY 16 2017

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PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

I./, OFFICE INFORMATION	
KIMMERY-White ONWOODERIC CENTER	10050 Catteridge Bya #110
Name of office Sarasota 3432 Sarasota	Street Address 941-30,0-0655
City Zip Code County	Telephone
Donald Erb D.O.	OSZ-940
Name of Physician or Licensee Reporting	License Number & office registration number, if applicable
Patient's address for Physician or Licensee Reporting	
II. PATIENT INFORMATION	
	Age Sill Gender Medicald Medicare
	Date of Office Visit Kuphoplasty
Ratient Identification Number	Purpose of Office Visit
Diagnosts	ICD-9 Code for description of incident
	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	
5 117 810 Incident Date and Time	Location of Incident: ☐ Operating Room Recovery 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 circumstances of the incident (narrative) (use additional sheets as necessary for complete response)	
Patient tolerated procedure a	ext nowever Deperienced
그게 한 것 같아요? 그러워 하는 사는 가는 관심들에서 이 중 그가 되고 얼굴하던 바르다를 걸으시는 것 같아.	covers room Patient
	nonitoring Wakness resolved
by the following morning and pane	
well controlled.	
	数据基本的是基本基本的基本是是"ATELLA"。
DH-MQA1030-12/06	
Page 1 of 2	

S32,020A			
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circum specific agent that cau- or event. (ICD-9 E-Coo	sed the injury	Resulting injury (ICD-9 Codes 800-999.9)
C) List any equipment used if d (Use additional sheets as necessary for c		he incident	
D) Outcome of Incident (Please	check)		
□ Death □ Brain Damage			re performed on the wrong site ** rocedure performed **
Spinal Damage Surgical procedure performed on the Surgical procedure performed on the Aprocedure to remove unplanned remaining from surgical procedure. Any condition that required the transpatient to a hospital. Outcome of transfer e.g., death, brain observation only Survival Mame of facility to which patient was Survival Wormman. E) List all persons, including licens they were involved in this incident care providers.	ne wrong patient. foreign objects sfer of the damage, ransferred: OOUTAL se numbers if license this would include an	surgical procedu if it resulted in: Death Brain Dama Spinal Dama Permanent of incision scar Fracture or of Limitation of function. Any condition patient to a horsesthesiologist	ge disfigurement not to include the dislocation of bones or joints neurological, physical, or sensory on that required the transfer of the dispital. rmation and the capacity in which is support staff and other health
IV. ANALYSIS AND CORRE A) Analysis (apparent cause) of this	CTIVE ACTION		
() 11/2	action(s) taken (use addit Nawfered UM	ional sheets as neces	ssary for complete response) till fir manitoring
SIGNATURE OF PHYSICIA DATE REPORT COMPLE	00	TTING REPOR	

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DOH Consumer Services

STATE OF FLORIDA Rick Scott, Governor

MAY 3 4 2017



Page 1 of 3

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

,
. 4700 SHER-IDAN ST. STE. D.
Street Address
954 - 387 - 7300 Telephone
05R953
License Number & office registration number, if applicable
<u> </u>
Age 5/10/17 Gender Medicald Medicare .
Date of Office Visit
ANGINGRAM & INTERVENTION, Purpose of Office Visit
ICD-9-Gede for description of Incident
Level of Surgary (II) or (III)
Location of incident:
☐ Operating Room ☐ Recovery Room ☐ Other
r notified? □ Yes □ No
Thomas a res a re
· ·
. :
. :
(R)GROW APORDACIA VITAIS
(P)GROIN APPROACH, VITALS
ID WHILE IN RECOVERY. AFTER
N BECAME HARD TO TOXXH,
ID WHILE IN RECOVERY, AFTER N BECAME HARD TO TOUCH, SIGNS REMAINED STABLE DURING
N BECAME HARD TO TOXXH,
ID WHILE IN RECOVERY, AFTER N BECAME HARD TO TOUCH, SIGNS REMAINED STABLE DURING
D WHILE IN RECOVERY AFTER N BECAME HARD TO TOXH, SIGNS REMAINED STABLE DURING REGULES WAS APPLIED FOR

THE PATIENT HOWEVER HAD DISCOMFORT FROM HEMATOMA DUE TO PRESSURE IN GROIN, DR FONSECA DECIDED TO CALL EMS TO SEND TO HOSPITAL FOR EVACUATION. OF HEMATOMA. PT WAS DISCHARGED TO HOSPITAL WITH STABLE VITAL SIGNS AWAKE, ALERT, AND ORIENTED.

	
B) ICD-9-CM Codes	
440.22 · ma	81 729.92
	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
O) Outcome of incident (Please check)	
Death	☐ Surgical procedure performed on the wrong site **
Brain Damage	□ Wrong surgical procedure performed **
Spinal Damage Surgical procedure performed on the wrong patient.	Surgical repair of injuries or damage from a planned surgical procedure.
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
utcome of transfer – e.g., death, brain damage, bservation only	☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function. ☐ Any condition that required the transfer of the
ney were involved in this incident, this would incluare providers.	patient to a hospital. ensed, locating information and the capacity in which ide anesthesiologist, support staff and other health
r Kadrigo Tonseca	
Icol Preview RNASAG 19	0967
WHANG PACE, IS THECO CALL	<u> </u>
) List witnesses, including license numbers if lice	nsed, and locating information if not listed above
ANALYSIS AND CORRECTIVE ACTION Analysis (apparent cause) of this incident (Use addited that the offeral than a form of the offer	
The pt had grown honatong to rand was dischanged to r	
H-MQA1030-12/06	Charles Avi
age 2 of 3	f .

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STATE OF FLORIDA Rick Scott, Governor

DOH Consumer Services

MAY 3 0 2017



PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

I. OFFICE INFORMATION Sarasota Vascular Leasing Name of office Sarasota 34232 Sarasota City Zip Code County Richard Hershberger MD Name of Physician or Licensee Reporting Patient's address for Physician or Licensee Reporting	Street Address 941 371-6565 Telephone ME 128434 Cosk 1132 License Number & office registration number, if applicable
Patient's Address Patient Identification Number Diagnosis	Age Gender Medicald Medicare Date of Office Visit Angio PTM LF+ SFA / Poptec Purpose of Office Visit 176.22 ICD-9 Code for description of incident
III. INCIDENT INFORMATION 5-22-17 12:13 PM Incident Date and Time Note: If the incident involved a death, was the medical examine Was an autopsy performed? Yes No	Level of Surgery (II) or (III) Location of Incident: Goperating Room Cother Per notified? Pes Prio
A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response) Patient returns after common feron Left anglo PTA Left SFA reedle access to right femoral, a access via alidewire to left SFA. While evaluating flow there was of contrast at the common temor	uoral endarterectomy (Rt), and popiteal on 5.22-17. liagnostic angiogram performed, laser and pta performed. a concern for extravasation al. Due to concern for extravasation at prior Surgical

6246 75716 75625 I97:62	•
	1 T81.32
gical, diagnostic, or treatment Accident, even	t, circumstances, or Resulting injury that caused the injury (IÇD-9 Codes 800-999.9)
List any equipment used if directly involved Use additional sheets as necessary for complete response)	ed in the incident
Outcome of Incident (Please check)	
Death	□ Surgical procedure performed on the wrong site **
rain Damage	☐ Wrong surgical procedure performed **
inal Damage	 Surgical repair of injuries or damage from a planned
rgical procedure performed on the wrong patient.	surgical procedure.
rocedure to remove unplanned foreign objects naining from surgical procedure.	** if it resulted in: Death Brain Damage
y condition that required the transfer of the tient to a hospital.	☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar
ne of transfer – e.g., death, brain damage, ation only Surgical Century fewors and average 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.
were involved in this incident, this would inclu providers.	censed, locating information and the capacity in which ude anesthesiologist, support staff and other health 8434, Robert Martin RN 9336, Cara Holder (CT86736)
at witnesses, including license numbers if lice	ensed, and locating information if not listed above
t witnesses, including license numbers if lice	

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DOH Consumer Service.

STATE OF FLORIDA Rick Scott, Governor

JUL 1 4 2017



DH-MQA1030-12/06

Page 1 of 3

CONTINUES.

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

1. A OFFICE INFORMATION OF PORT ROCK SUPZ- DO	8720 N Epudall Drive.
Name of office	Street Address
Miani 33176 Dade	305 670 4343
City Zip Cade County	Telephone
Oter Rodriguez. Du.	<u> 05.800</u>
Name of Physician or Licensee Reporting	License Number & office registration number, if applicable
Patient's address for Physician or Licenses Reporting	
II. Ratient information	
	Age Sonder Medicard Medicare
	Date of Office Visit Surgery Face
Patient Identification Number \	Surgery tale
Facial arroly.	Purpose of Office Visit
Diagnosis	ICD-9 Code for description of incident エ (って、)
	Level of Surgațy (II) or (III)
III. INCIDENT INFORMATION	
June 6. 2017	Location of Insident:
Incident Date and Time .	O Operating Room C Other
Note: If the incident involved a death, was the medical exp Was an autopsy performed? a Yes a No D. No	aminer notified? to Yes K No
Describe circumstances of the incident (narra (use additional sheets as necessary for complete response)	,
Polich Latirly Sea on May 24. 17	For a love 1th co-sultahing
Sugar scheduled for Jue 6. 2.017	A CONTRACTOR OF THE CONTRACTOR
Surger performed on June 6. 2	2017. bend J. care. with
local Emosthesis 2 d & minimum	of properative anylolytic
ne di cation.	entron province de commence de la commence del la commence de la commence de la
	ed one week prior
	- Commence of the Commence of
nnto local an Mannya Ks	9 5 120,4 0 40,7 12 4 70.8

Name PUI

OFER RODRIGUEZ, D.O.,P.A
AESTHETIC SURGERY - RECONSTRUCTIVE SURGERY - HAND SURGERY
8720 N. Kendall Drive, Suite 212. Miami, Fl. 33176
Tel: 305-670-4343 FAX: 305-670-4344 OFERRODRIGUEZ@GMAIL.COM Dr. Offer Tel: 305-670-434

Date. Time

Progress Note

CODING
Jua 13 - Epi 7.
I told for I did not see any relativestip between the two
ad will manife her.
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right Face, will bed one Heriq.
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pormolized and I timished he will side
+ the arked he to turn her Face Left. 24 & injected
local anothern
2921- I roted an epison of hypotalia and varicardia.
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came down to 90%
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Ner Rodii guez D.J
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Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) C) List any equipment used if do (Use additional sheets as necessary for company to the code of the code o	Accident, event, circ specific agent that c or event. (ICD-9 E-C lirectly involved in complete response)	aused the injury codes)	Resulting injury (ICD-9 Codes 800-999.9)
D) Outcome of Incident (Please	ghack)		THE RESERVE OF THE PROPERTY OF
i Death	0	Surgical procedu	e performed on the wrong site *:
⊋ Brain Damage	i a	Wrong surgicel pr	acedure performed **
☐ Spinal Damage ☐ Surgical procedure performed on the	ne wrong patient.		injuries or damage from a planned
□ A procedure to remove unplanned remaining from surgical procedure.	foreign objects	** If It resulted in: Death Brain Damag Spinal Dema	
Any condition that required the tran patient to a hospital. Dutcome of transfer – e.g., death, brain		Permanent d incision scar Fracture er d Limitation of	sfigurement not to include the islocation of bones or joints neurological, physical, or sensory
Disservation only Name of facility to which patient was Both st hospital	transferred:	function. Any condition patient to a h	that required the transfer of the ospital,
thereof by bandari som.	se numbers if licen	sed, locating info	mation and the canacity in whi
 List all persons, including licen hey were involved in this incident 	•		
 List all persons, including licenthey were involved in this incident, care providers. 	e numbers If Ilcans	ed, and locating in	



OFFICE INFORMATION, Spectrum Aest

I.

Name of office

arrhythmia

DH-MQA1030-12/06

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Patients

STATE OF FLORIDA Rick Scott, Governor

JUN 27 2017

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

Street Address

vital signs were stable but due to herage and nature of

Miami, FL 33134 Miami-DADE	305-514-0318
City Zip Code County	Telephone
*MEL ORTEGA	ME 65154 OSR#920
	License Number & office registration number, if applicable
	☐ ☐ Medicare
	Date of Office Visit Surgical Procedure
Patient Identification Number	Purpose of Office Visit 427.69
Diagnosis Diagnosis	ICD-9 Code for description of incident
	Level of Surgery (il) or (ili)
II. INCIDENT INFORMATION	- , , , ,
6-8-17 07: 33 AM Incident Date and Time	Location of Incident: Coperating Room Cother
Note: If the incident involved a death, was the medical Was an autopsy performed? ☐ Yes ☐ No	examiner notified? □ Yes □ No
Describe circumstances of the incident (nature (use additional sheets as necessary for complete response)	rrative)
Approximately 25 mins in to pr	rocedure, the anesthesia provider
	was developing premature ventricular
	my to be a concern. On further
discussion he informed me that h	
because due to fluctuations due	
initialing the pharmacology interv	ention the at patient developed aforment

is performed which continued to demose) ICD-9-CM Codes 15876 / 17999 427.	ther surgery & requisted to an esthesia provided to the surgery & requisted to an esthesia provided to the surgery of the set arrhythmia. Subsequently Physician a staff to contact of the set arrhythmia.
Accident, event, o	circumstances, or Resulting injury ut caused the injury (ICD-9 Codes 800-999.9)
(Use additional sheets as necessary for complete response) No additional equipment was	directly involved in the incidut
O) Outcome of Incident (Please check)	
n 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	☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar
patient to a hospital. Outcome of transfer – e.g., death, brain damage,	□ Fracture or dislocation of bones or joints □ Limitation of neurological, physical, or sensory
Section 1.	function.
they were involved in this incident, this would inci	Any condition that required the transfer of the patient to a hospital. censed, locating information and the capacity in which ude anesthesiologist, support staff and other health
E) List all persons, including license numbers if lithey were involved in this incident, this would include the second se	patient to a hospital. censed, locating information and the capacity in which lude anesthesiologist, support staff and other health lacob Sanchez ARN P 92 7-9286
E) List all persons, including license numbers if lithey were involved in this incident, this would include providers. Mel Offer A ME 65154;	patient to a hospital. censed, locating information and the capacity in which lude anesthesiologist, support staff and other health lacob Sanchez ARN P 92 7-9286
E) List all persons, including license numbers if lithey were involved in this incident, this would include providers. Mel Ortega ME 65154; Aemanoo Woolfsurgical assis	patient to a hospital. censed, locating information and the capacity in which lude anesthesiologist, support staff and other health lacob Sanchez ARN 9279286 start Yuliet Sanchez araylator. censed, and locating information if not listed above
E) List all persons, including license numbers if lithey were involved in this incident, this would include providers. Mel Ortega ME 65154; Aemanoo Woals Surgical assistant additional peases. F) List witnesses, including license numbers if license numbers i	patient to a hospital. censed, locating information and the capacity in which hade anesthesiologist, support staff and other health acob Sanchez ARNP 927-9286 start Yuliet Sanchez araylator. censed, and locating information if not listed above on nel.
E) List all persons, including license numbers if license providers. Mel Ortega Mc 65154; Aeman 06 Woal Surgical assistance of license numbers if license providers.	patient to a hospital. censed, locating information and the capacity in which lude anesthesiologist, support staff and other health acob Sanchez ARN 9279286 start Yuliet Sanchez arculator. censed, and locating information if not listed above on nel.
E) List all persons, including license numbers if lithey were involved in this incident, this would include providers. Mel Ortega ME 65154; Aemando Woal Surgical assistant of the witnesses, including license numbers if lithey witnesses, including license numbers if lithey witnesses, including license numbers if lithey additional PLRS IV. ANALYSIS AND CORRECTIVE ACTIVE AND Analysis (apparent cause) of this incident (Use additional of the apparent cause of the apparent cause of the apparent cause of	patient to a hospital. censed, locating information and the capacity in which lude anesthesiologist, support staff and other health a cob Sanchez ARNP 927-9286 start Yuliet Sanchez araylator: censed, and locating information if not listed above on nel. ON litional sheets as necessary for complete response) And was hypertension.
E) List all persons, including license numbers if lithey were involved in this incident, this would include providers. Mel Ortega ME 65154; Armanob Woal Surgical assurance of the apparent cause of this incident (Use add the apparent cause of the ap	patient to a hospital. censed, locating information and the capacity in which hade anesthesiologist, support staff and other health a cob Sanchez ARNP 927-9286 start Yuliet Sanchez araylator. censed, and locating information if not listed above on nel. ON ditional sheets as necessary for complete response) Lint was hyperfension. (Use additional sheets as necessary for complete response) a anathye manager by Stopping Hesse

B) ICD-9-CW Codes			
procedure being performed at time of spec	ident, event, circu cific agent that ca vent. (ICD-9 E-C	aused the injury	Resulting injury (ICD-9 Codes 800-999.9)
C) List any equipment used if direct (Use additional sheets as necessary for complete Standart ASH N	ily involved in e response) MMITO-		
D) Outcome of Incident (Please check))		
☐ Death		Surgical procedur	re performed on the wrong site **
□ Brain Damage	۵	Wrong surgical pr	rocedure performed **
□ Spinal Damage .	۵	Surgical repair of surgical procedure	injuries or damage from a planned e.
□ Surgical procedure performed on the wro □ A procedure to remove unplanned foreign remaining from surgical procedure. □ Any condition that required the transfer of patient to a hospital. □ Outcome of transfer – e.g., death, brain dama observation only (araiac N/u ≤ Wea - y Name of facility to which patient was transfer Baptist Medical (enter Beacons)	n objects f the age, marragement	incision scar Fracture or di Limitation of r function.	sfigurement not to include the slocation of bones or joints neurological, physical, or sensory that required the transfer of the
E) List all persons, including license num they were involved in this incident, this is care providers. MENALYM FAYYOW - OF RACHEL COOK - MEJOSE Alicon Sutlak - CNA JUKESUS Childs-Harn F) List witnesses, including license num Affiley Damble - P	would include a Wating 050 - and 15 - RM hbers if license	anesthesiologist, PNYSICIAN LSHUSOLOG A ed, and locating in	support staff and other health
IV. ANALYSIS AND CORRECTIV A) Analysis (apparent cause) of this incide		sheets as necessary for c	complete response)
Undiagnosed, nonobst	nuctive (corovam a	viery disease

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

| 15 | 2017 | 1402

DATE REPORT COMPLETED TIME REPORT COMPLETED

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

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DH-MQA1030-12/06 Page 2 of 2

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PHYSICIAN OFFICE ADVERSE INCIDENT REPORT, 1 2017 HANS

1. OFFICE INFORMATION	201712044		
Name Of Office:	Maples Vascular Specialiste		
Address:	130 9th St N. Suite 120		
Address: (city, state, zip)	Naphes, Fl 34102		
Telephoņe:	239 649-0550		
Name of Physician or Licensee Reporting:	James M. Scanlon M.D.		
License # & office registration # (if applicable):	ME 105132 OSR 964		
Level of Surgery:	☑ Level 2 or ☐ Level 3 ☐ Other:		
2. PATIENT INFORMATION			
Patient Name:			
Patient's Address:			
Patient's Address: (city, state, zip)			
Patient's Identification #:			
Patient's Personal Info:	☐ Medicaid . ☐ Medicare .		
Date of Office Visit:	6-22-2017		
Purpose of Office Visit:	Right Renzh AORtogRAM		
Diagnosis:	Ringh Artery Stenosis (T.70.1)		
ICD-9 Code for Description of Incident:	(ico-10) Ilel-9, 697.52		
3. INCIDENT INFORMATION			
Incident Date and Time:	6/22/17 10:05 am		
Location of Incident:	☑ Operating Room ☑ Recovery Room ☐ Other:		
Note;	If the incident involved a death, was the medical examiner notified: ☐ Yes ☐ No		
Note:	Was an autopsy performed? ☐ Yes ☐ No		

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 patient to a hospital.	☐ Other:
Outcome of transfer – e.g., death, brain damage, observation only: observation and, publish resolutions Name of facility to which patient was transferred: Name of facility to which patient was transferred:	## if it resulted in (check all that apply below): □ Death □ Brain Damage □ Spinal Damage □ Permanent disfigurement not to include the incision scar □ Fracture or dislocation of bones or joints □ Limitation of neurological, physical, or sensory function. □ Any condition that required the transfer of the patient to a hospital.
in which they were involved in this incident, the other health care providers.	(if licensed), locating information and the capacity is would include anesthesiologist, support staff and
James Scaular MD ME 105132	surgeon, Naples Vascula Specialists. registered nurse, ACLS pronde. Naples Vascule Spec.
anne Schilley RN RN9380038	regis lend nuge, ACLS pronde. Naples Vascule Spel.
Kristi Villarcyga PC15 00066061	Registeral cardinascolor invasore specialit.
(JØ	scores amiltant, Naples Vex. Spec.
	36.00
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f. List witnesses, including license numbers (i above.	f licensed), and locating information if not listed
i/A	
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JUL-1 2 2017





PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

	The VASCULAYE AROUD OF NAPLES Name of office	2350 VANderbirt Beach Rd RyrE303
	MAPLS 34/109 COLLIER	Street Address 229. (043-8794
	City Zip Code County	Telephone
D	x Santiago Chalappa	ME 98609
	Name of Physician or Licensee Reporting	License Number & office registration number; if applicable
	Patient's address for Physician or Licensee Reporting	
	U. PATIENT INFORMATION	
		Age College Visit
	Rettent Identification Number of North a Challenia C	Date of Office Visit A OTTO MAN
	ATTENNUM SIZ OF NAME CIRCLETES Diagnosis WITH YEST POINTY	Purpose of Office State ICP-9 Code for description of incident
	odi, iesi kano	Level of Surgery (II) or (III)
	III. INCIDENT INFORMATION	25-or of Gargery (ii) or (iii)
	(A 20 12 A 1105	
	Incident Date and Time	Location of Incident: ☐ Operating Room ☐ Other
	Note: If the incident involved a death, was the medical examin	ner notified?·□ Yes □ No N/A
	Was an autopsy performed? □ Yes □ No <i>N/</i>	
	A) Describe circumstances of the incident (narrative	a) '
	- Will Co	'Mision Of 1017 SPA/DOMOTISTENDS
	OF PENTUCY. TECULEY HIVERECTOMINE	and anatholism Wilhar
	incidence. Once received into report	EN DE MARCH TO TOMPORIM) OF
	COFF FOR HEMMESS and numberss	THE ROUT FORT. RIGHT HOUT PULLED
	Absent, Fallin COLOR, COOL TO TOUCH,	DR. Chahum made mane
	and PT transferred to Nett OV2 For	RIGHT COMMEN LEMCAN
	argen inrumpoempleating of	DIUS TOUM ANGUPLASTY
	DH-MQA1030-12/06 See ATTACKED	operative report
	Page 1 of 3	

B) ICD-9-CM Codes			T00-	
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	circumstances, or at caused the injury E-Codes)	Resulting injury (ICD-9 Godes 800-5	99.9)
C) List any equipment used if (Use additional sheets as necessary for (directly involved complete response)	d in the incident		
O) Outcome of Incident (Please	e check)			
☐ Death		□ Surgical procedu	re performed on the w	rong site **
D Brain Damage		□ Wrong surgical p	rocedure performed **	
□ Spinal Damage	į	□ Surgical repair o	f injuries or damage fro	m a planned
Surgical procedure performed on t	he wrong patient,	surgical procedu		
 A procedure to remove unplanned remaining from surgical procedure. 		** if it resulted in: □ Death □ Brain Damage		
Any condition that required the tran		 Spinal Damage Permanent disfigurement not to include the 		
patient to a hospital.		incision scar		
Outcome of transfer – e.g., death, brair observation only		☐ Limitation of function.	neurological, physical	or sensory
Name of facility to which patient was AIMOUS (UMMINIMIN HOSPIT	transferred:		n that required the tran	sfer of the
E) List all persons, including licenthey were involved in this incident care providers.	se numbers if lic , this would inclu ON OR OR	ensed, locating info de anesthesiologist	rmation and the cap c, support staff and c	acity in which ther health
AMA HEWI-EN	HV 1925	riven 20	1 +/N/	
Die Schniego Char	MANU-MI	ODKPIM (1	
F) List witnesses, including licens	e numbers if lice	nsed, and locating i	nformation if not lis	ted above
IV. ANALYSIS AND CORRE A) Analysis (apparent cause) of this SUICU A HENCU			complete response)	
B) Describe corrective or proactive: He send to a man performed to	#	e additional sheets as neces synthetic onc light left.	r -	bryung port ett
DH-MQA1030-12/06 Page 2 of 3		•	/	

DOH Consumer Service



STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

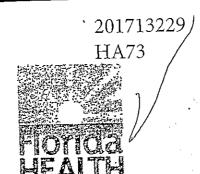
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SUBMIT FORM TO:

Street Abdress Stre
Name of Physician or Licensee Reporting Constant C
Name of Physician or Licensee Reporting Constant C
Name of Physician or Licensee Reporting Constant C
License Number & office registration number, if applicable
Patient's address for Physician or Licensee Reporting II. PATIENT INFORMATION Age Gender Medicaid Medicare Patient Identification Number Date of Office Visit Purpose of Office Visit Purpose of Office Visit Purpose of Office Visit ICD-9 Code for description of incident Level of Surgery (II) or (III) III. INCIDENT INFORMATION Only 10 10 10 10 10 10 10 10 10 10 10 10 10
Patient Identification Number Patient Identification Number Purpose of Office Visit Operation of Incident Deperating Room Other Note: If the incident involved a death, was the medical examiner notified? Yes No
Patient Identification Number Purpose of Office Visit AND ONLY AND AND SUE RUNOF. Purpose of Office Visit Purpose of Office Visit Y 1 3 9 ICD-9 Code for description of incident Level of Surgery (II) or (III) III. INCIDENT INFORMATION Operating Room Other Note: If the incident involved a death, was the medical examiner notified? Yes No
Patient Identification Number Patient Identification Number Purpose of Office Visit ICD-9 Code for description of incident Level of Surgery (II) or (III) III. INCIDENT INFORMATION Location of Incident: Operating Room Other Note: If the incident involved a death, was the medical examiner notified? □ Yes □ No
Patient Identification Number Purpose of Office Visit And Dominal And Josephan But Runof. Purpose of Office Visit Purpose of Office Visit ICD-9 Code for description of incident Level of Surgery (II) or (III) III. INCIDENT INFORMATION Diagnosis Location of Incident: Operating Room Other Note: If the incident involved a death, was the medical examiner notified? Yes No
Patient Identification Number AND ONLY AND INCIDENT INFORMATION III. INCIDENT INFORMATION Location of Incident: Operating Room Other Note: If the incident involved a death, was the medical examiner notified? Date of Office Visit Anglogram BLE Runof. Purpose of Office Visit Y 43.9 ICD-9 Code for description of incident Level of Surgery (II) or (III) Purpose of Office Visit Anglogram BLE Runof. Purpose of Office Visit Anglogram BLE Runof. Purpose of Office Visit Y 43.9 ICD-9 Code for description of incident Level of Surgery (II) or (III) Purpose of Office Visit Anglogram BLE Runof. Purpose of Office Visit Anglogram BLE Runof. Purpose of Office Visit Y 43.9 ICD-9 Code for description of incident Level of Surgery (II) or (III)
Patient Identification Number Purpose of Office Visit (4), 9 ICD-9 Code for description of incident Level of Surgery (II) or (III) INCIDENT INFORMATION Location of Incident: Operating Room Other Note: If the incident involved a death, was the medical examiner notified? □ Yes □ No
Diagnosis CD-9 Code for description of incident
Level of Surgery (II) or (III) INCIDENT INFORMATION Continue
III. INCIDENT INFORMATION 67/07/20:7 Incident Date and Time Location of Incident: Operating Room Other Note: If the incident involved a death, was the medical examiner notified? □ Yes □ No
Location of Incident: Operating Room
Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
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)
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Lower extremity punott, post revascularization with
asperastony, and isplasty and tent placement of
Legs soverficion temaran arreny paries 40 Parois
Teps Soletian terrast terrast patient of the
D'ower promism pain, manual pressure Anplies,
where some at bedfide personnes, patient Sent
toms to Guilconer Hospins en for ensures on
AND Ob Flaussion
DH-MQA1030-12/06 Page 1 of 2

P) ICD-9-CM Codes			
443.9			459,0
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	
C) List any equipment use (Use additional sheets as necession		d in the inciden	t .
D) Outcome of Incident	(Please check)		
□ Death		□ Surgical prod	edure performed on the wrong site **
□ Brain Damage		□ Wrong surgi	cal procedure performed **
□ Spinal Damage		☐ Surgical repa	air of injuries or damage from a planned
Surgical procedure performer	ed on the wrong patient.	** if it resulte	
A procedure to remove unplaining from surgical proc		□ Death □ Brain Da	
- '		☐ Spinal D	
Any condition that required t patient to a hospital.	he dansier of the	incision	
Outcome of transfer – e.g., deati	n, brain damage,		n of neurological, physical, or sensory
observation only Ann, The Name of facility to which patier	et was transferred:	☐ Any con	dition that required the transfer of the o a hospital.
GULF COME HOL	017740	potioni	
E) List all persons, including they were involved in this incore providers. Dr. m. in act 1 Suzanne He Azi Dia Ramining Branny Tothus	ident, this would included in the working of the working of the second of the second in the second of the second o	ide anesthesiolo E 803.4 9136	information and the capacity in which gist, support staff and other health
F) List witnesses, including	license numbers if lice	ensed, and locati	ng information if not listed above
A) Analysis (apparent cause)	ORRECTIVE ACTIO of this incident (Use addit	ional sheets as necess	possible blecting/hemmon
V	Christen ev	- transfauration	Ten to GULFCOAKT AND OBSERVATION ME 80304
071.(4)	YSICIAN/LICENSEES	12.00	
DATE REPORT CO	MPLETED TIME	REPORT COMP	LETED

Page 2 of 2



DOH Consumer Services

STATE OF FLORIDA Rick Scott, Governor

JUL 2.7 2017

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

I. OFFICE INFORMATION FIRST COAST CARDIOVASCULAR INSTITUTE Name of office JACKSONVILLE 3225L DUVAL City Zip Code County.	TOIL AC SKINNER PARKWAY Street Address 904- 433- 3333 Telephone			
Name of Physician or Licensee Reporting FCCT CATH LAB Patient's address for Physician or Licensee Reporting	License Number & office registration number, if applicable			
II. PATIENT INFORMATION	Age 7/10/2017 Date of Office Visit LIVASCULAR CLATTON LOCATE EXTENTLY			
Patient Identification Number ### DISTASS Diagnosis	Purpose of Office Visit ICD-9 Code for description of incident Level of Surgery (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 examiner notified? ☐ Yes ☐ No Was an autopsy performed? ☐ Yes ☐ No Wa				
A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)				
RESPIRATORY ARREST WAS IMMERE	BATATIVITY, MOMENTS LATER. PLATELY TREATED WITH REVERSAL SHULT PERIOD OF CPR. ATTEMINE PALLED AND PATTET WAS TARKFORTED. IN SOMEWAR STANKE CANDITION.			
	•			

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of noident (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 di (Use additional sheets as necessary for co	rectly involved in the incident mplete response)	
O) Outcome of Incident (Please	check)	
1 Death	☐ Surgical proced	dure performed on the wrong site **
1 Brain Damage	□ Wrong surgical	procedure performed **
Spinal Damage	Surgical repair surgical proced	of injuries-or-damage-from-a planned
1 Surgical procedure performed on th	e wrong patient.	j
A procedure to remove unplanned f	** if it resulted in oreign objects	
remaining from surgical procedure.	☐ Brain Dam	
Any condition that required the trans	☐ Spinal Dar ☐ Spinal Dar ☐ Permanen	nage t disfigurement not to include the
patient to a hospital.	incision sc	ar
Outcome of transfer – e.g., death, brain		r dislocation of bones or joints of neurological, physical, or sensory
observation only	function.	
Name of facility to which patient was t		tion that required the transfer of the
hey were involved in this incident, care providers. DN TUIN AN 254152 RT 68500, CUNU VAU		ME 85393 PHILLA AVS VO
) List witnesses, including license	numbers if licensed, and locating	information if not listed above
		<u> </u>
V. ANALYSIS AND CORRE A) Analysis (apparent cause) of this PROBLINEE CAUL OF	incident (Use additional sheets as necessary	for complete response) DO TO - FLAW PULMORY
IDEMA INTRA-PRO		
B) Describe corrective or proactive a	ction(s) taken (Use additional sheets as ne	cessary for complete response)
EVONTS OF PROCEDUM	CAS DISCUSTED CO	ITA STAFF AND DULTON
INVOLUED.	()	
\mathcal{T} \mathcal{T}		MF 85392
SIGNATURE OF PHYSICIA	N/LICENCES CURNITARIO DECA	ADT HOTHOT AND TO
SIGNATURE OFFITISICIA	N/LICENSEE SUBMITTING REPO	OR I LICENSE NUMBER
DATE REPORT COMPLET	/PM	

DH-MQA1030-12/06 Page 2 of 2

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Lunsumer Services

STATE OF FLORIDA Rick Scott, Governor

JUL 2 0 2012

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

1. OFFICE INFORMATION List Coast Cardio Valchelar Justified Name of office Supriffic - ALETI HE 120 6093- Name of Physician or Licensee Reporting FCLE Cath Lab Patient's address for Physician or Licensee Reporting	Toll AC Skiuher Parlicused Lag FL Street Address 909-493-3333 Telephone 1-A- License Number & office registration number, if applicable			
II DATIENT INEODMATION	·			
	Age O7 // Gender 7 Medicaid Medicare Date of Office Visit (
Patient/Bentingbion Number PAD	Purpose of Office Visit			
Diagnosis O	ICD-9 Code for description of incident			
	Level of Surgery (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 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) Post procedure Lem Arteur sheath was removed by Dr. Aleti				
In recovery grow dressing was intact to howarourd hoted. Later partient developed left-sided abdominal swelling.				
of Sooul. Huas taken back to care lab, rulled out grain				
hematoma or PR bleed. Be remained low patient was transfered to Hemorial Hospital with Dr of hypoteusion				
auf lift-sided abdominal	distension.			

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

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

Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident

	Outcome of Incident (Please check)		•
- , 	Death		Surgical procedure performed on the wrong site **
ב	Brain Damage	0	Wrong surgical procedure performed **
ב	Spinal Damage .	a	Surgical repair of injuries or damage from a planner surgical procedure.
unbia 4) he	A procedure to remove unplanned foreign objects remaining from surgical procedure. Any condition that required the transfer of the patient to a hospital. It come of transfer and foreign objects remaining from surgical procedure. Any condition that required the transfer of the patient to a hospital. It come of transfer and foreign damage and foreign only foreign damage. The foreign objects remaining from surgical procedure. List all persons, including license numbers if license involved in this incident, this would include providers.	nqe	** if it resulted in: Death Brain Damage Spinal Damage Permanent disfigurement not to include the incision scar Fracture or dislocation of bones or joints Limitation of neurological, physical, or sensory function. Any condition that required the transfer of the patient to a hospital.
	1 (11)11= +61/4(12)1		(C) 6F) Y
	Philip Avelor CRI Beverly Maida CRI Dr. Histi ME List witnesses, including license numbers if lice	/a	1060 Y 158800 13449 1009 3 ed, and locating information if not listed above
<i>∯</i> − v .	Philip Avelor CRI Beverly Maida CRI Dr. Histi ME List witnesses, including license numbers if lice by our yal - dematoeurs:	lense	538 00 3449 2009 3 ed, and locating information if not listed above
V.)	Phylip Avelor CRI Beverly Maida CRI Dy Aveti ME List witnesses, including license numbers if lice backing al - Jewatoewa: ANALYSIS AND CORRECTIVE ACTIO	N lonal	3449 2009 3 ed, and locating information if not listed above

DH-MQA1030-12/06 Page 2 of 2



PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

Name of office			Street Address		
Fort Myers	33919	Lee	239-437-8	000	
City	Zlp Code	County	Telephone	. 1	
Jonathan Daitch,			ME60798	OSR# (0)4	
Name of Physician or L	licensee Reporting		License Number	& office registration	number, if applicable
Patient's address for P	hysicīan or License	a Reporting			
		. •			
I. PATIENT	INFORMATION	NC			
			78.	Female	о ў х
			Age 07/11/2017	Gender	Medicaid Medicare
			Date of Office Vi		
Patient Identification N	umber		Purpose of Offic	e Visit	
Vertebral fracture Plagnosis		ere in the through	S22.050A ICD-9 Code for o	description of inciden	t
			Level of Surgery (II) or (III)		
II. INCIDEN	T INFORMAT	ION	==	(, 5. (,	
		ION			
07/11/2017 1 ncident Date and Time	430		Location of Incident:		
	:		☐ Operating Ro	om XRed	covery Room
redefit Date and Title				on Elle	
	nt involved a de	ath, was the medical ex	aminer notified2 rx Y		
Note: If the incide	nt involved a de opsy performed:	ath, was the medical ex	aminer notified? □ Y	es 0 140	
Note: If the incide Was an auto	opsy performed	? 🗆 Yes 🗆 No		es u No	
Note: If the incide Was an auto A) Describe cir	opsy performed cumstances o	ath, was the medical ex ? D Yes D No of the incident (narra or complete response)		es u No	
Note: If the incide Was an auto A) Describe cir (use additional sh	opsy performed cumstances (eets as necessary (? 🗆 Yes 🗓 No of the incident (narra or complete response)	ative)		ration above 90%.
Note: If the incide Was an auto A) Describe cir (use additional should be continued to the	opsy performed' cumstances deets as necessary f PACU, patient	? □ Yes □ No of the incident (narra or complete response) was awake and alert,	ative) but unable to mainta	ain Oxygen satu	
Note: If the incide Was an auto A) Describe cir (use additional shi Upon transfer to Titrated patient o	cumstances of eets as necessary for PACU, patient ff O2 after 20 m	Properties of Notation Notation Notation (Properties of the incident (narration complete response) Was awake and alert, prinutes, but O2 saturation	ative) but unable to mainta ion dropped to 84%,	ain Oxygen satu , place nasal ca	nnual back on patie
Note: If the incide Was an auto A) Describe cir (use additional should be added by a should be a should be added by a should be added by a should be added by a should be a sh	cumstances of eets as necessary for PACU, patient of O2 after 20 mm maintained in	Properties to No of the incident (narrage or complete response) was awake and alert, ninutes, but O2 saturation 80's, so we placed the	ative) but unable to mainta ion dropped to 84%, e patient back on a	ain Oxygen satu , place nasal ca non-rebreather	nnual back on pation
Note: If the incide Was an auto A) Describe cir (use additional sh Upon transfer to Titrated patient of Oxygen saturation	cumstances of eets as necessary for PACU, patient ff O2 after 20 m maintained in the 90's. Dr. E	Properties of No of the incident (narrage complete response) was awake and alert, ninutes, but O2 saturation 80's, so we placed the political political and spotential political politi	ative) but unable to mainta ion dropped to 84%, e patient back on a ke to the patients' sp	ain Oxygen satu , place nasal ca non-rebreather pouse, who aske	nnual back on pation mask, which allowe ed for her to be
Note: If the incide Was an auto A) Describe cir (use additional sh Upon transfer to Titrated patient of Oxygen saturation	cumstances of eets as necessary for PACU, patient ff O2 after 20 m maintained in the 90's. Dr. E	Properties to No of the incident (narrage or complete response) was awake and alert, ninutes, but O2 saturation 80's, so we placed the	ative) but unable to mainta ion dropped to 84%, e patient back on a ke to the patients' sp	ain Oxygen satu , place nasal ca non-rebreather pouse, who aske	nnual back on pation mask, which allowed ad for her to be
Note: If the incide Was an auto A) Describe cir (use additional sh Upon transfer to Titrated patient of Oxygen saturation	cumstances of eets as necessary for PACU, patient ff O2 after 20 m maintained in the 90's. Dr. E	Properties of No of the incident (narrage of complete response) was awake and alert, ninutes, but O2 saturation 80's, so we placed the political political and spotential political pol	ative) but unable to mainta ion dropped to 84%, e patient back on a ke to the patients' sp	ain Oxygen satu , place nasal ca non-rebreather pouse, who aske	nnual back on pation mask, which allowed ad for her to be
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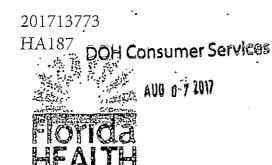


STATE OF FLORIDA Rick Scott, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

1. OFFICE INFORMATION Floricla Physical Ludicine Name of office	625 6th Aue S #475
St. Petersburg 33701 Pinaillas City Code County	727 - 209 - 5475 Telephone
Name of Physician or Licensee Reporting	License Number & office registration number, if applicable
Patient's address for Physician or Licensee Reporting	
II PATIENT INFORMATION	
	Age 7 27 1 Gender Medicald Medicare
Patient Identification Number LUMbar DISC Herniation Diagnosis	Date of Office Visit Purpose of Office Visit Purpose of Office Visit
	ICD-9 Code for description of incident Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	Level of Surgery (ii) or (iii)
Incident Date and Time	Location of Incident: ☐ Operating Room ☐ Recovery Room ☐ Control ☐ Recovery Room
Note: If the incident involved a death, was the medical examiner Was an autopsy performed? ロ Yes 込No	notified? □ Yes □ No
A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)	
Post-op Disc Infection	Pt hospitalized 8/16/17
Lumbar Discogram 6/5/17	District 4/8/1)
	2ctonicy 6/22/17
Lumbar ESI 813/17	7/27/17
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Page 1 of 2

STATE OF FLORIDA Rick Scott, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO: -

I. OFFICE INFORMATION FIRST COAST CARNIOVASCULAR INSTITUTE Name of office	7011 AC 516 Street Address	INNER PARKURY
Marie of Unite	904-433	- <i>3773</i> ·
City Zip Code County	Telephone Telephone	
DR. VAAR ALI ME 93/51	MA	·
Name of Physician or Licensee Reporting	- License Number & office reg	istration number, if applicable
Patient's address for Physician or Licensee Reporting		•
II. PATIENT INFORMATION		
·	Age 7/2/2 Gender	Medicaid Medicare
	Date of Office Visit	DON OF LOWER ETHERIES
Patient Identification Number: PALIDNESS'L NATING DISSASE	Purpose of Office Visit	MAN CONTRACTOR OF THE PARTY OF
Diagnosis	ICD-9 Code for description o	fincident
	Level of Surgery (II) or (III)	
III. INCIDENT INFORMATION		
7/21/2017 @ 1030	. Ç	
Incident Date and Time	Location of Incident: Operating Room Other	™ Recovery Room
Note: If the incident involved a death, was the medical examine Was an autopsy performed? □ Yes ♥No MA	r notified? □ Yes 🖢 No	•
A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)		•
PATIENT POST STULLTOME OF LEFT	LEC. SHORTLY A	FTER RETURNING
TO RECOVERY AREA, PATIETS BP DEOP	40 TO 84/65 C	UFF WAS EXPOSITIONED
AND PICULICATO, NOW SG/42, RYNT &	LOIN SHLATH S	ITE CUTCLED
NO APPARENT HEMPTOMA NOTED BUT	SITE VALY TE	HOLL TO TOUCH.
PATIENT SUDDENLY BEERING DISCOL	ONTO AND CE	EL RESPONSIVE.
TRAFF AND DUTONE CALLED TO ROW.	n, CPR INMI	STED EPINEPHRINE
AND FLUIDS, CAYSEN SIVER, 911 CALLER	O. PATITUS REC	DINSO RESPONSIVENESI
WITH STABLE VITAL SING TRANSPORT	TED TO MEMOR	VAL NOSO MAL
EN/COTH LAB. DR. ALL & ZiA ACCOMP	ANISA POTISA	TO RO RPB.
DH-MQA1030-12/06		

3) ICD-9-CM Codes	
998.13	7.9
urgical, diagnostic, or treatment accident, event, expectific agent the cident (ICD-9 Codes 01-99.9) Accident, event, expectific agent the or event. (ICD-9)	circumstances, or Resulting njury at caused the injury (ICD-9 Codes 800-999.9) E-Codes)
(Use additional sheets as necessary for complete response)	d in the incident
O) Outcome of Incident (Please check)	·
Death	□ Surgical procedure performed on the wrong site **
n 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	□ Spinal Damage □ Permanent disfigurement not to include the incision scar
patient to a hospital. Outcome of transfer – e.g., death, brain damage,	Fracture or dislocation of bones or joints Limitation of neurological, physical, or sensory
observation only ADMIT FON OBSIDIATE Name of facility to which patient was transferred: MIMOUAL HUSPITAL	Any condition that required the transfer of the patient to a hospital.
RN 9242170, CHLIS VAUGHA RI	ALI ME BISI JANIE JANKINS . N 9274410 DA ZIA ME
RN 7672110, EVE- THE STATE	
AND CORRECTIVE ACTIV	censed, and locating information if not listed above
A) Analysis (apparent cause) of this incident (Use add APIANT LAUST OF TWO	ditional sheets as necessary for complete response)
INTRA-OPERATIVELY.	
B) Describe corrective or proactive action(s) taken	(Use additional sheets as necessary for complete response)
IN STATUS WAS CHARKES	MADDLES WITH AMORITE SCTION
V. SIGNATURE OF PHYSICIAN LICENSEE	SUBMITTING REPORT LICENSE NUMBER
7/24/240	ME REPORT COMPLETED
DH-MQA1030-12/06 Page 2 of 2	
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	·

Risk Management Communication Form FLORIDA BACK INSTITUTE

(Please Print Legibly) . . . ,

Name of Person filing out form;		· · · · · · · · · · · · · · · · · ·	•
Date: 7-24-17: 6	ontact Number: mail Address;		
Date of Occurrence: 7-24-17 E	isan radi waa		, <u> </u>
Did the incident involve a:		. Caratan at Canadas	
	☐ Employee	☐ Contract Employe ☐ Fire or other disa	
☐ Equipment ☐ Infection .	☐ Exposure Incident		,
Was anyone injured? □Yes ☒ No Was the Surgeon Notified? If a Patient was involved, please provide nat Please provide a summary of the incide	Was the M me and/or ID information nt.	•	
Time of the Incident: $530 p \text{ M}$		of incident: Fla Bacı	F # W > W
Please Describe what happened: Patt	<u> </u>	ed epidura	<u> </u>
Steroid injecti	or at 43	Epm. She	
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She sat with. U	5 4 Was.	monitored-	ske
then domplained	of headar	he t. Stal	169.
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. Steady Voniti	16-911		Itd.
. She was transpo		oca Hospiti	(by
· anbulance.	•	•	
· Patient-	· 		
	<u> </u>		
Pt late Mischa	igen le re	it day "	71 ··
Comble resol	when of	c. intoned	
	•	No	
· · Please fax this report to U			
IF you have any questions please	call Universal Healthc	are Consulting at (56	.) ⁻⁹⁹⁹⁻⁹³⁷¹
		7-24-17	₹
Signature of person filling out report	•	Date	
Risk Manager Use only:			
		•	
Date report received: Report:	ortable to State Code 15	Report:Annual	Report:
The state of the s		•	
Follow up required:			
			-
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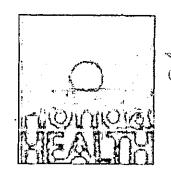
PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

DOH Consumer Services

AUG 1 4 2017

SUBMIT FORM TO:

Name of Physician or Licensee Reporting Patient's address for Physician or Licensee Reporting	Street Address 239 J.43 Telephone License Number & office reg	Achilt beach le 8794 Surle 01 pistration number, if applicable
II. PATIENT INFORMATION		
Patient Identification Number Stenosis Of Vight Suporticial Femoral Anteny	Age O Gender Date of Office Visit Purpose of Office Visit ICD-9 Code for description of Cevel of Surgery (II) or (III)	Medicaid Medicare DGYOM If incident
III. INCIDENT INFORMATION		
Incident Date and Time	Location of Incident: Operating Room Other	Recovery Room
Note: If the incident involved a death, was the medical examine Was an autopsy performed? Yes Alo	r notified? □ Yes 🖼	A
A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response) PT CLUMA UNCL MARMIELD M DESPITE OUR POST OF PROJUCE F NAME SPISOLES OF CIRCIN OSMATIZ COMPLUMYS OF CIRCUMSTANCE NOT COMPLANTS OF	YWYN PIST O Ulwed. PT Q . Mypotension Hrzness. PT Howl. Den R GVATUUL	p Deniod. himsel to Symptompir and family M.D. Tot To



OFFICE INFORMATION

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Name of office

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

MAR 0 2 2017

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

CONSCION JASOD FSCAMBIA.	- 850 - 9-12 = 8843 ·
City Zip Code County	Telephone
Chistopher Bosarge.	
Name of Physician or Licensee Reporting	License Number & office registration number, if applicable
same as above	
Patient's address for Physician or Licensee Reporting	
	, , ,
II. PATIENT INFORMATION	•
	Female =
	Age Gender Medicare
Pation's Address	02-62-2017
Oationt's Address	Date of Office Visit Procedure
Patient Identification Number	Purpose of Office Visit TO 248
Diagnosis	ICD-9 Code for description of incident
	Level of Surgery (II) or (III)
	Level of Surgery (ii) of (iii)
III. INCIDENT INFORMATION	
02-02-2017	٠
Incident Date and Time	Location of Incident: Q Operating Room, Q Recovery Room
•	A other NURSING HOME
Note: If the incident involved a death, was the medical examin	er notified? Ti Yes, Ti No
Was an autopsy performed? ☐ Yes ☐ No	or follower a good a feet of the second of t
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A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)	With the second to
Patrent had an abitography w	VIAN run of and atheretorings.
completed without complication. F.	atient was admitted to
· recovery and monitored. Patient	
	ses aid. Discharged instructions.
were reviewed with patient and no	
received notification from the N	using Home Facility that the
patient had been found unrespor	
Whom the poissed annais.	we will the color of the
There she passed away.	
Page 1 of 3	•

procedure being performed at time of specific ager	ent, circumstances, or at that caused the injury D-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
C) List any equipment used if directly invo (Use additional sheets as necessary for complete response		
D) Outcome of Incident (Please check)	,	· A
Death	. Surgical proced	ure performed on the wrong site **
Brain Damage	□ Wrong surgical	procedure performed **
□ Spinal Damage	☐ Surgical repair of surgical procedu	of injuries or damage from a planned- ire.
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: E) List all persons, including license numbers in they were involved in this incident, this would incare providers. Chastopher Bosarde METS JUSTA VOWY CETTOTSO APN M 406702, Terry English PN 308334	** if it resulted in Death Death Brain Dama Spinal Dam Permanent incision sca Fracture or Limitation of 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. ormation and the capacity in which t, support staff and other health Hondler RN 9304 7 79996, Mike Step
F) List witnesses, including license numbers if	licensed, and locating	information if not listed above
IV. ANALYSIS AND CORRECTIVE ACT A) Analysis (apparent cause) of this incident (Use a A) Analysis (apparent cause) of this incident (Use a A) Describe corrective or proactive action(s) take	additional sheets as necessary fo	



PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

I. OFFICE INFORMATION	•		
Elike Surgical center	2645 Exem	hive PARK Prsui	ik L
Name of office	Street Address	•	
Weston 33331 Broward Zip Code County	9544466	464	
Timomy M. Beadley	Telephone		
Name of Physician of Licensee Reporting	License Number & offee	1 ME 111099	•
	:	gistration number, if applicable	
Patient's address for Physician or Licensee Reporting			4
		•	
II. PATIENT INFORMATION			
	F	-	j. 14.
Patient Name	Age Gender	D . D . Medicare	<i>:</i>
Pauents Address	Date of Office Visit	- Trouble Medical	
Patient Identification Number	THEIMANN SIN	raical procedure	_
Patient Identification Number. Etech ve liposuchum of Neur w Platsymaplanz	Purpose of Office Visit		
Diagnosis Bilatral subconjunctival Biepharoplasky	ICD-9 Code for description of	of incident -	
	Level of Surgery (II) or (III)		
III. INCIDENT INFORMATION	•		
3/9/17 12:15 pm			
Incident Date and Time	Location of Incident: Operating Room	☐ Recovery Room	•
	Other Other	- Recovery Room	
Note: If the incident involved a death/was the medical examine	r notified? Le Yes D No	•	
Was an_autopsy performed? MYes □ No			
A) Describe circumstances of the incident (narrative)		•	
(use additional sheets as necessary for complete response)			
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procedure being performed at time of s	Accident, event, specific agent the prevent, (ICD-9)	circumstances, or at caused the injury. E-Codes)	Resulting Injury (ICD-9 Codes 800-999.9)	<u>.</u>
C) List any equipment used if directions and discount of the company of the compa	plete response)			
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D) Outcome of Incident (Please ch	ech Exkina	Idubondhe	hast compression do	26.00 Straker OV
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G Brain Damage	, i.		ocedure performed **	transper
Q Spinal Damage	4			outur
:		 Surgical repair of I surgical procedure 	njuries or damage from a planned	facility
Surgical procedure performed on the v	vrong patient.	** if it resulted in:	•	1
☐ A procedure to remove unplanned fore	elgn objects	Death		<u>.</u> .
remaining from surgical procedure.		 □ Brain Damage □ Spinal Damag 		į.
Any condition that required the transfe	rofthe	 Permanent dis 	figurement not to include the	ľ
patient to a hospital.	j	incision scar	location of bones or joints	
Outcome of transfer – e.g., deeth, brain da		 Limitation of no 	eurological, physical, or sensory] .
observation only APA 10	sferred:	function. Any condition t	that required the transfer of the	1
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E) List all persons, including license they were involved in this incident, this	rumbers if lice	nsed, locating inform	nation and the capacity in which	:h
care providers.	2 Moriid Biclifi	ie anesmesiologist, s	support stan and other health	•
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Jannetth 6- mills =			ME 109880	· ·
Peta-Gay Thompson		<u> </u>	-N92 1552 W	<u></u> .,
Flocangel Lynnia-c	Collama	terna de la companya	April 1 (44) a confirmation of the confirmatio	 .
Jun Supre Sylval	mbers if licen	sed, and locating info	ormation if not listed above	
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Thora Lynch, Yeta gay T	humpsiva	Jhun Svarez		
IV. ANALYSIS AND CORRECT	IVE ACTION	· *	12605 Executive	PARL Pr
A) Analysis (apparent cause) of this inci			mplete response)	•
awaihn, authorn	i legol	r-coune	3-death	*
Company and the company of the compa	<u>) น</u>	nknwa	0	
B) Describe corrective or proactive action	ın(s) taken (vec	additional sheets as necessari	ry for complete responsel	₹
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v.	Mo.	A CONTRACT TO SERVICE	MElioga	•
SIGNATURE OF PHYSICIANIL	CENSEE SU		LICENSE NUMBER	
DATE REPORT COMPLETED	TIMER	EPORT COMPLETED	News,	
DH-MQA1030-12/06	· · · ·	see and to see and		•

B) ICD-9-CM Codes

Incident Report

Patient:

Date of incident: 3/9/2017

Patient is a great place year old black female with an unremarkable past medical history, who was undergoing surgery for a platsymaplasty of the neck and bilateral transconjunctival blepharoplasty. She had been cleared preoperatively by both cardiology and her primary care physician including all salient bloodwork, EKG and a Chest X-ray. I signed off on the medical clearance and reviewed the clearances and lab values prior to surgery. There were no contraindications for surgery.

I discussed the type of anesthesia with Dr. Mills, the anesthesiologist attending of the day. We decided that deep IV sedation with a secured airway was the safest and most appropriate type of anesthesia to the proposed surgery. The patient was taken to the operating room and underwent endotracheal intubation without incident. The ET tube was secured with a silk suture to an incisor to secure its position after adequate breath sounds were auscultated bilaterally.

The patient underwent anesthesia without incident. The neck was then infiltrated with a dilute solution of lidocaine and 1:50,000 epinephrine. The total of 800 mg of lidocaine was mixed preop for this purpose.

The neck liposuction and platsymaplasty procedure went without incident and took slightly over one hour of operative time. Prior to closing the neck, both lower eyelids were injected with the anesthetic solution to produce vasoconstriction prior to starting the blepharoplasty.

After eye shields were placed, the right lower eyelid transconjunctival incision was made. There was bright red arterial bleeding noted and this was addressed with bovie electrocautery. The lower eyelid fat was removed with electrocautery in standard fashion and took approximately 5 minutes. As I was starting to address the left eye, Dr. Mills requested me to check the color of the patient's tongue. It was noted to be white. At this point, Dr. Mills had already been checking for pulses in the lower extremities under the sterile drapes. I looked at the EKG monitor and noticed no discernable electrical activity or rhythm. I immediately broke scrub and listened to the patient's chest for heart sounds. None were heard. This all transpired within about 10 seconds. CPR was initiated immediately. 911 was called and full ACLS protocol was initiated. The patient was given 1 mg of epinephrine IV. Her oxygen saturation was noted to be 100% throughout the code and she was easily ventilated. AED was brought into the OR within moments after initiating ACLS protocol. The AED instructed a shock which was delivered automatically. Chest compressions and ACLS protocol were continued. She was subsequently given 1 mg IV atropine and 1 mg of IV epinephrine. Oxygen saturations were 100% throughout. EMT arrived within several moments and took over.

Dictated by Timothy Bradley, MD



PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

OFFICE INFORMATION ,	1
Eres South Francis A Plastiz Surgery	1738 Was + 49 ST Street Address
Eres South Francis A Plastiz Surgery Name of office	
Higleah 33012 Miami-DADE City Zip Code County	305-262-6070
City Zip Code County	Telephone
Daniel Calva - Cerqueira Name of Physician or Licensee Reporting	ME 120264 OSR 857
Name of Physician or Licensee Reporting	License Number & office registration number, if applicable
	
II. PATIENT INFORMATION	
II. PATIENT IN ORMATION	
	Age 3-16-2017 Medicaid Medicare
	Date of Office Visit
	Date of Office Visit "Surgical Procedure
Patient Identification Number Unacceptable Cosmetiz appearance of Diagnosis Her buttocks	Purpose of Office Visit UNKNOW N
Diagnosis ther butter les	ICD-9 Code for description of Incident
no bullocies	Level III
	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	·•
3-11-2-17	
3-16-2017	Location of Incident:
Incident Date and Time	Ø Operating Room □ Recovery Room □ Other
Note: If the incident involved a death, was the medical examine	er notified? ☑ Yes □ No
Was an autopsy performed? t⊈Yes □ No	
A) Describe sireumstaness of the incident (narrative)	
 A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response) 	
SEE Medical Doctor Operative	NATE
- See Medical Series of Planice	0, 0
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· · · · · · · · · · · · · · · · · · ·	
DH-MQA1030-12/06 Page 1 of 3	

15 8 S	urgical, diagnostic, or treatment Accident, event	Medical Examinu PENDING Medical Examinum Resulting injury Report (ICD-9 Codes 800-999.9)
_	Use additional sheets as necessary for complete response) No equipment used if directly involve (Use additional sheets as necessary for complete response) No equipment used directly	od in the incident
) Outcome of Incident (Please check)	
I	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 procedure.
	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
0	utcome of transfer – e.g., death, prain damage, observation only <u>Lar Kily Community</u> Hospital ame 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.
ti c	ey were involved in this incident, this would include providers. Daniel Calva Cerqueira ME 12 Sanchez Wilson; Jose R Adiena Morell, Surgical Te	ensed, and locating information if not listed above
_	Analysis (apparent cause) of this incident (Use addit At the present time the me cause of death. The appar	ional sheets as necessary for complete response) colical examina has not reported rent cause is penoinso.
	Describe corrective or proactive action(s) taken (u BASED on face to face in the view vo/ Staffed acted appropriately H-MQA1030-12/06 as describe on these ge2 of3 action record put to medical / Clinical puts	se additional sheets as necessary for complete response) Arries Newia Provider + Surgeon; our clinial by Following ACLS protocols on PEA Here note At the present time No correction the correct + quick response with on somel.

PHYSICIAN OFFICE ADVERSE INCIDENT/REPORT

Florida Health

OFFICE INFORMATION 604 Out Medic (1850 of VI Krism Torrague) Name of office	· Sole Sole in the Second
	eelAddress 2000 February 1997 (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)
Zip Code "Ali County Post, 36 Till Till Till Till Till Till Till Til	ephone (m)
	ense Namber, 3 office Jegistration number, if applicable
Patient's address for Physician or Licensee Reporting	
H. PATIENTINFORMATION 3	
	e よう2) Gender to Medicaid Medicare Huris 70 to the of Office Visit
Oa Turk	ite of Office Visit
Parent Identification Number Purificial Puri	mose of Office Variation of incident (1997)
	Vet of Surgery (II) or (III) (IIII) (III)
III INCIDENT INFORMATION	
Incident Date and Time 1995	cation of incodent (1992) Operating Room (1992) Grecovery Room (1992) Other (1992)
Note: If the incident involved a death; was the medical examiner of	の Supple Market And Supple S
A) Describe circumstances of the incident (narrative)	
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B) ICD-9-CM Codes

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#53116
Surgical diagnostic or treatment state procedure being performed at time of the findent (ICD-9 Codes 01-99.9) cident event circumstances, or had Resulting injury. 通過表記 eafte agent that caused the injury — (ICD-9 Codes 800-999.9)。 event (ICD-9 E-Codes)

C) List any equipment used if directly involved in the incident necessary for complete

D)≝Outcome of Inciden

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

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

ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident tos additions seems 上山中のソロードのよったカーカーム・イルとしょれたけ

B) Describe corrective or proactive action(s) taken (the actions sheet actions as the second state of the second s or complete response)



901111821 HALL

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

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

	vascular Institu	ıte	_		INNER AVENUE	
Name of office				Street Address		
Jacksonville	<u>FL</u>	Duval		904-493-333	33	
City	Zip Code	County		Telephone		
Omer Zuberi, MD_				.N/A·		
Name of Physician or L	icensee Reporting		•	License Number	& office regisfration	number, if applicable
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				Date of Office Vi 06/16/2017	sit	
Patient Identification Nu	ımber			Purpose of Office		
Pheripheral Vascu				170.302		
Diagnosis	•			ICD-9 Code for c	lescription of incident	
				Level of Surgery	(II) or (III)	
					(11) 0. (11.)	
II. INCIDEN	T INFORMÁTI	ON		•		
06/16/2017				1 2 6 1		
ncident Date and Time			•	Location of Incide Operating Roc		very Room
		, '		Other		overy recons
A) Describe circ	cumstances c	of the incident	(narrative)	1	184°	4,4
		or complete response	•			•
Patient was sitting	up eating and 1	2 min after chec	king groin pa	tient call bell w	vent off. Went to	ner room and Hr
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DH-MQA1030-12/06 Page 2 of 2

DOH Consumer Services

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201713144-13

STATE OF FLORIDA Rick Scott, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

I. OFFICE INFORMATION	
Medical Imaging & Therapeutics	769 CR 466
Name of office	Street Address
Lady Lake 32159 Lake City Zin Code County	352-261-5502
City Zip Code County	Telephone Telephone
Mark D. Jacobson	_ME67158 OSR 942
Name of Physician or Licensee Reporting	ME67158 OSR 942 License Number & office registration number, if applicable
II. PATIENT INFORMATION	
	ÇX □ Medicaid Medicare
	July 10 2017 Date of Office Visit
D. L I I	_Pleurodesis
Patient Identification Number 511.9	Purpose of Office Visit
Diagnosis	ICD-9 Code for description of incident
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III INOIDENT INCORNALIO	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	
_July 10, 2017	Language of the state of
Incident Date and Time	Location of Incident: Ճ Operating Room □ Recovery Room □ Other
Note: If the incident involved a death, was the medical example. Was an autopsy performed? □ Yes □ No Death of	miner notified? Yes No occurred at another facility several days later.
A) Describe circumstances of the incident (narrati (use additional sheets as necessary for complete response)	íve)
an established MIT patient, was a very p	leasant, high-functioning
hypertension, cardiac dysrhythmia and a pacemaker, w effusion.	ho was suffering from dyspnea, related to recurrent left pleur
Cho hed and a least to the leas	
during the procedure but able to breathe and function m	17 and again on 7/7/17, Each time expressing discomfort nuch better thereafter.
Continued on page 3.	
DH-MQA1030-12/06 Page 1 of 3	

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

6:15pm

LICENSE NUMBER

ME 67158

DATE REPORT COMPLETED

TIME REPORT COMPLETED

...., an established MIT patient, was a very pleasant, high-functioning, with CHF, COPD, hypertension, cardiac dysrhythmia and a pacemaker, who was suffering from dyspnea, related to recurrent left pleural effusion.

She had undergone left thoracentesis on 5/12/17, 6/20/17 and again on 7/7/17, Each time expressing discomfort during the procedure but able to breathe and function much better thereafter.

I consulted with the patient regarding possible pleurodesis on 6/28/2017, A procedure she elected to undergo, in hopes that this would obviate the need to continue undergoing painful thoracentesis. The procedure was scheduled for 7/10/17, however, as indicated above, the patient became severely dyspneic, requiring therapeutic thoracentesis on 7/7/17.

her vitals were stable and she was ready to get things started. The nurses placed an IV and an ultrasound of the chest confirmed a moderately large recurrent left pleural effusion. An entry site into the left posterior plural space, almost exactly where the 7/7/17 thoracentesis had been performed, was marked, prepped and draped. The overlying skin was infiltrated with lidocaine. During insertion of the eight French all purpose drainage catheter, the patient suddenly leaned forward and to the left, having to be supported by the nurses. I immediately noted pulsatile blood return from the drainage catheter which was immediately secured by means of it's locking loop.

The patient was placed in a recumbent seated position in the stretcher and became unresponsive for several minutes although her vitals remained stable and she continued breathe on her own. She was supported with supplemental oxygen and within several minutes regained consciousness. She became conversant and was subsequently taken to CT.

Noncontrast CT scan of the chest revealed a large left plural fluid collection, a markedly large heart, and showed the percutaneously placed drainage catheter in the left ventricle. There was no hemothorax or hemopericardium.

The patient was return to the recovery room, where she was constantly monitored, and her vitals remained stable.

The situation was reviewed with Dr. Fadi Matar MD, Interventional cardiologist and Cath Lab director at TGH. Plans were made to transfer our patient to TGH and safely remove the catheter and plug the left ventricle if necessary. (Prior to this, numerous calls were made to several local emergency departments and cardiologists to see if they had the capabilities to help my patient. and they did not, which is why she was transferred to Dr. Matar, since they admitted being able to help her.)

- . Reported that she was experiencing dyspnea and prior to transport to TGH, I performed an ultrasound guided therapeutic Left thoracentesis, removing 400 mL fluid, thereby making it much easier for the patient to breathe. Immediate post procedure chest XRay showed no residual plural fluid and no pneumothorax.
- was feeling much better and was doing well and in good spirits when the flight nurses arrived and was talking and joking with them while being secured on their transport stretcher,

She arrived in good condition at TGH and I was informed that because she was stable and because a special device and Hybrid operating room were needed to perform the procedure that she would be scheduled the next day. Dr Matar & I both, individually discussed the above with Ms Dee Krum, a retired RN & Ms. V's POA. This was also preferable for Ms Krum, as this would allow her time to travel from Naples to TGH to confer with the patient and her new health care team in Tampa.

Because of emergency/trauma cases that required the use of TGH's hybrid OR on 7/11/17, " procedure was delayed and later that day she reportedly suffered a stroke, was made DNR and later expired.

DOH Consumer Services

1 JUL 2.7 2017

STATE OF FLORIDA Rick Scott, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT



I. OFFICE INFORMATION		- 0. 1. (···	ر س
Preferred Prostic Surgery of Orlando, PL	550 F	. Central 1	1cour	Stezozo
Name of office	Street Add	1		
Altamarte Springs 72.701 Seminole	407	339-32	22	
City Zip Code County	Telephone			
Thomas G.S. Fiala, Mo.	ME:	74474 :	Zeg, #	[⊭] 3'न {
Name of Physician or Licensee Reporting	Ucense Nu	imber & office regi	stration num	ber, if applicable
Patient's address for Physician or Licensee Reporting				
II. PATIENT INFORMATION		1		
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	Age ::	(12 (13 Gender	7	Medicald Medicare
	Date of Off	ice Visit		
Patient Identification Number		Cifico Visit	· 	
Facial aging		427.5		
Diagnosis	ICD-9 Cod	for description of	incident	
	Level of Su	rgery (II) or (III)	····	
III. INCIDENT INFORMATION				.
7/12/17 Approx. 14:20	Location of	Incident;	Ar.	`
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			•	
Note: If the incident involved a death, was the medical examine	r notified?	ØYes □ No		
Was an autopsy performed? © Yes □ No				
A) Describe alcoumstances of the incident (narrative)				
A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response).				
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See attached report				
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Page 1 of 3				

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3) ICD-9-CM Codes				
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Surgical, diagnostic, or treatment procedure being performed at time of noident (ICD-9 Codes 01-99.9)	Accident, event, specific agent the or event. (ICD-9	at cat	tsed the injury	Resulting Injury (ICD-9 Codes 800-999.9)
(Use additional sheets as necessary for \(\subsection /\subsection /	directly involved complete response)	d in 1	the incident	
,				
D) Outcome of Incident (Pleas	e check)			
Death	<u>waa saa aa </u>	ü	Surgical proce	dure performed on the wrong site **
Brain Damage			Wrong surgica	procedure performed **
Spinal Damage		0	Surgical repair surgical proces	of injuries or damage from a planned
Surgical procedure performed on	the wrong patient.		** if it resulted	
A procedure to remove unplanned remaining from surgical procedure			Death Brain Dam	ង បួe
Any condition that required the trapatient to a hospital.	insfer of the		Indision so	disfigurement not to include the
Outcome of transfer e.g., death, brainbervation only			 Limitation function. 	dislocation of bones or joints of neurological, physical, or sensory
Name of facility to which patient was Florida Hospital— Allamout	transferred:		Any condi- patient to	on that required the transfer of the hospital,
E) List all persons, including lice, they were involved in this incident care providers. See adhehed report	nse numbers if lic t, this would incl	oense ude a	ed, locating in aneathesiolog	formation and the capacity in which st, support staff and other health
F) List witnesses, including licen	se numbers If lice			_
V. ANALYSIS AND CORR A) Analysis (apparent cause) of thi Sice attriched report	8 incident (Use addit	ional •	hesta as necessary	
3) Describe corrective or proactive see attached report	action(s) taken (u	les add	ditional sheets as ne	cessary for complete response}
DH-MQA1030-12/06 Page 2 of 3		 ,		

A) Circumstances of the incident

with age-appropriate facial aging, was seen in consultation and found to be a reasonable candidate for facelift with neck liposuction, upper and lower blepharoplasty, and TCA peel of the forehead and perioral area. Her past medical history was unremarkable and included mild hypertension and GERD, both controlled with medication. Her pre-operative labs and EKG were normal. She received a medical clearance from an outside internist.

Pre-operative H&P was done by the surgeon (Fiala). Chest and heart sounds were normal. No other abnormalities were noted. She underwent the listed procedures at the office surgery facility, under general anesthesia via endotracheal tube, delivered by MD anesthesiologist (Addonizio). Anesthesia was started at approximately 07:50. Standard pre-op procedures (foley catheter, SCD placement, hair trimming, prepping and draping, surgical "time out") were then performed, and the incision made at 08:46 The procedures were performed (upper blepharoplasty, followed by lower blepharoplasty, neck liposuction, bilateral facelift, TCA peel) without any noted intra-operative complications, and the patient, having apparently tolerated the procedure well, was taken to the recovery room area at approximately 15:47.

Initial PACU management was under the care of the anesthesiologist and recovery room nurse (Barnhardt). While the patient was somewhat slow to wake-up, this was attributed to the length of the procedure (7 hours), and not deemed unusual. Chin lift and oro-pharyngeal airway were used initially for airway support. O2 saturation and vital signs remained in the normal range.

With further awakening, the patient responded to questions with head nods and sounds. She moved all 4 limbs. Vital signs (pulse, heart rate, O2 sat) were monitored continuously, and were stable. Normal sinus rhythm was observed on the monitor. After approximately one hour, the anesthesiologist felt that the patient was doing well, and left the office.

The surgeon checked on the patient several times, checking for any surgery-related issues, such as hematoma, JP drain output, and patient blood pressure. No issues were noted by the surgeon. The surgeon left the office at approximately 17:45-17:50 p.m.

The care of the patient was transferred to the extended stay monitor / nurse (Tester) at approximately 17:55. Her initial assessment found that the chest was clear. Blood pressure, heart rate, and O2 sat were normal. No post-operative narcotics had been given.

At approximately 18:25, the patient sat up and made some gestures which suggested to the overnight nurse that she was nauseated. Phenergan, 6.25 mg, IV was given. Around 18:45-18:55, the patient's O2 saturation decreased, and she was placed on O2 by mask, and encouraged to cough & deep breathe. Around this same time, the nurse noted bradycardia, and treated this with atropine. The heart rate responded to medication. While making phone calls to alert the physician via the on-call staff member (Santaniello) and the answering service, the patient suddenly developed asystole at approximately 19:20-19:25. Chest compressions were started by the overnight nurse, and 911 was alerted. AED was placed. No shockable rhythm was detected.

The surgeon received the phone call at home from Santaniello about the patient "having problems and being needed urgently at office" at approximately 19:24, and was back at the office by approximately 19:29, and found the asystolic arrest in progress. The surgeon placed a backboard, so as to deliver more effective CPR. An oro-pharyngeal airway was placed, and the ambu bag with 8 litre oxygen flow was used to deliver breaths while 2-person CPR was continued. Good chest rise was noted with use of the ambu bag. The diagnosis of asystole was confirmed. No shockable rhythm was found by the AED.

Due to a phone call from the 911 service which indicated the EMS crew was having trouble entering the building, the nurse left the bedside briefly to let them in. The surgeon continued with one-person CPR for several minutes.

The EMS crew arrived, and took over the code, using the asystole protocol. They attempted ET intubation at least twice, but were unsuccessful, and eventually placed a King tube. The patient was transported to the nearest hospital ER, Florida Hospital Altamonte, less than 5 minutes away. During transport, one surgical drain was inadvertently pulled out. The surgeon called the patient's husband at this point, notifying him of the events. The husband was located at home in The Villages, and drove to the ER.

By the time of the patient's arrival in the ER at approximately 20:10-20:15, sinus rhythm had been reestablished. The ER physician was able to successfully intubate the patient, and she was placed on a ventilator.

Work-up in the emergency room included: blood tests, portable chest x-ray, placement of a central line, pressor support, and ICU consultation. CT of chest and head were performed. The surgeon met with the patient's husband and explained the events.

Initial lab work showed elevated liver function tests. CT chest was negative for pulmonary embolism, did not show obvious airspace disease. Chest—X ray showed good placement of the ET tube, but no pulmonary edema.

CT head showed changes compatible with global hypoxic brain injury | Cardiac enzymes were negative.

Neurology consult, with subsequent testing on hospital day 1, found that the patient had suffered an irreversible brain injury, presumably due to the ischemic time during the asystolic arrest. After discussions with the family, she was declared brain dead, and removed from life-support later that afternoon.

The family consented to an autopsy. Preliminary results of this showed "blood congestion of lungs with pulmonary edema". Discussion with the pathologist revealed that these changes were likely a result of the cardiac arrest. Significantly, no MI or pulmonary embolism was found. There was no evidence of neck hematoma. MIId atherosclerotic disease of the coronary vessels was reported.

Persons involved:

Surgeon: Thomas Fiala, MD, FACS, FRCSC

ME74474

drfiala@drfiala.com

Surgical tech: Klm Ward, CST

Certificate #82803

kimberly@drfiala.com

PACU nurse: Robbye Barnhardt, RN

RN1687202

robbye@drfiala.com

Staff member on call: Sherry Santaniello, CST

Certificate#94312

sherry@drfiala.com

All staff listed above can also be contacted through:

Fiala Aesthetics

Suite 2020, 220 E. Central Parkway,

Altamonte Springs, Florida, 32701

(407) 339-3222

Anesthesiologist: Mark Addonizio, MD

ME68102

ether8@aol.com

Dr. Addonizio Is an employee of Orlando Anesthesia Consultants.

Extended stay nurse / monitor: Karen Tester, LPN

PN892031

Ms. Tester is no longer employed at Fiala Aesthetics, but can be reached at:

Karen Tester

2544 Gramercy Drive

Deltona, FL 32738

Analysis:

Despite consulting with the autopsy, health care risk management, and the involved professional staff, the cause of the bradycardia — asystole arrest remains unclear. Work-up at the hospital failed to show common factors, such as MI, pulmohary edema or pulmonary embolism. There was also no hematoma or other cause of airway obstruction related to the surgical procedure. Given that the event happened approximately 3 hours after the completion of the procedure, and no narcotics were given in the post-operative time period, narcotic drug effects related to doses given during the case would seem unlikely. There was no clinical evidence of bronchospasm or upper airway obstruction during the early portlon of the post-anesthetic period. Phenergan is a commonly used anti-emetic, and the 6.25 mg dose used here is small.

The autopsy showed some lung changes that are felt to be attributable to the cardiac arrest, but did not shed much light on the underlying cause.

Corrective and proactive actions:

The surgeon has taken this event very seriously. An external consultant was brought in to fully evaluate the facility and its policies and procedures. A comprehensive report was issued. Good compliance was noted with AAAASF standards. Recommendations were made for improvement and these have been promptly implemented.

These include:

- Replacement of the overnight monitoring LPN with an RN with PACU experience (done);
- Enhanced staff safety training & drills for emergency productions to be performed on a
 quarterly basis with anesthesia staff, surgeon and PACU staff (started);
- Notwithstanding AAAASF certification, yearly inspection by external consultant for adherence to State Office Surgery Rules;
- Tighter documentation & record keeping by anesthesia providers (started);
- Upgrading of the "time out" process with a new written form (started);
- Upgrading of the discharge process from the PACU nurse to the overnight nurse (started);
- In addition, the incident has been reported to AAAASF, and their re-inspection of the facility is pending.



PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

I. OFFICE INFORMATION		
Aesthefic Plastic Surary & Med Sax of Mades	3699 Aignort Pulli	ner Rd. N.
Name of office	Street Address	7,000
Alaska Tillas Callina	7391-242-50	1.1.0
City Zip Code County	Telephone	44
	•	
hent V. Hasen, MD	ME84435	0SR 1141
Name of Physician or Licensee Reporting	License Number & office reg	istration number, if applicable
Sep.# 11		
Patient's address for Physician or Licensee Reporting		
Tallett's address for i hydrodall of assured tropoliting	·	•
		•
II. PATIENT INFORMATION		
	Age 2 17 1 Gender	Medicaid Medicare
	Date of Office Visit	
	Surgery	
Patient Identification Number	Purpose of Office Visit	95.9 (ICD-10)
Lypodystrophy, hypomastia delayed heding	ICD-9 Code for description of	of incident
- Diagnosis Obdominoplasty Scar	CD-9 Code for description (of incident
	Level of Surgery (II) or (III)	
		•
III. INCIDENT INFORMATION	•	•
m)-1- 1 00	• •	
1 3/7/17 at 100pm	Location of Incident:	D. Danavara Panm
Incident Date and Time	X Operating Room ☐ Other	☐ Recovery Room
		_
Note: If the incident involved a death, was the medical examin	ner notified? Yes No	
Was an autopsy performed? □ Yes □ No	•	
		•
A) Describe circumstances of the incident (narrative) .	•
(use additional sheets as necessary for complete response)		
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See attached		
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B) ICD-9-CM Codes		•
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Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)		circumstances, or Resulting injury nat caused the injury (ICD-9 Codes 800-999.9) E-Codes)
C) List any equipment used if di (Use additional sheets as necessary for co		ed in the incident
NA		
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 th	e wrong patient.	** if it resulted in:
A procedure to remove unplanned for remaining from surgical procedure.	oreign objects	☐ Death☐ Brain Damage
Any condition that required the trans	sfer of the	☐ Spinal Damage ☐ 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 observation only Olosowation only		☐ Limitation of neurological, physical, or sensory function.
Name of facility to which patient was to Names Community Hospital	ransferred:	 Any condition that required the transfer of the patient to a hospital.
		<u> </u>
E) List all persons, including licens they were involved in this incident,	se numbers if lic this would incl	censed, locating information and the capacity in which ude anesthesiologist, support staff and other health
care providers. Hent V. Hasen, MD (SU	ragion) ME	84935 Stephanie Schehr-CST
Fron Fernandez (Circula	Br) RN 331	61642
Troy Melancon (CRNA)	ARNP 9189	562
Vesna Melancon CCRNA) HRNP9192	2802
F) List witnesses, including license Jonnifer Ley - CST		ensed, and locating information if not listed above
		for - Colled 911 leaving office and of 910A
IV. ANALYSIS AND CORRE	•	N itional sheets as necessary for complete response)
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B) Describe corrective or proactive a	action(s) taken (Use additional sheets as necessary for complete response)
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SIGNATURE OF PHYSICIA	N/LICENSEE S	
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DH-MQA1030-12/06 Page 2 of 2

Narrative

female who presented on March 7, 2017 to my office surgical facility for a revision liposuction of the flanks, revision abdominoplasty, bilateral revision breast augmentation with implant exchange and scar revision of the nipple areolar complexes under IV sedation/general anesthesia. Her past medical history was negative, she denied taking any medications, and had no known allergies. She had had surgery in the recent past (9-16) in our office without any anesthesia complications. Her preoperative EKG showed normal sinus rhythm, CBC and complete metabolic panel were within normal range, and baseline vital signs on the day of surgery were BP 111/65, HR 77 bpm, respirations 19/min, O2 saturation was 98% on room air.

An epidural was administered in addition to a propofol general anesthesia with an endotracheal intubation early on in the case. The patient received 5 liters of lactated ringers during the 6-hour procedure. She also received 575 ml of dilute tumescent local anesthesia as well as an additional 100cc of undiluted local anesthesia. Liposuction yielded 500cc of aspirate of which 300 cc was supernatant fat. Her urine output was not significant until she was given 10 mg of Lasix toward the end of the case. Then output increased to 1650 cc for the entire case. Surgery was uneventful and vital signs remained stable.

Upon extubation at 6 pm, the patient went into SVT with the heart rate in the 140s and BP of 70/40, despite being alert and speaking. After the CRNA administered a total of neosynephrine 200 mcg and ephedrine 5 mg as well as a fluid bolus of 1000 cc, she converted to NSR with BP in the 95/65 range. The patient was alert and oriented at this time, but it was felt prudent to activate EMS and transfer to her to the hospital for monitoring and further workup. The patient remained stable during this period and EMS arrived and transferred her at 7:09pm. Her vital signs at this time were BP 118/62, HR 71, RR 16, 99% O2 saturation, and there was no intervention required by the paramedics. Her husband was advised of the situation.

I contacted the ER physician at 11 pm who advised me that during her 3.5 hour stay in the ER she had bloodwork, EKG and a chest X-ray which were all negative. She was released to home with no further sequelae noted. She presented to my office for her first postoperative visit the next morning and was doing well. Her vital signs at this visit were BP 99/70, HR 86, RR 16, O2 sat on room air 99% and temperature of 98.6 degrees F.

Analysis and Corrective/Proactive Action

After the patient was transferred, I met with the anesthetist to discuss the occurrence, and this will be further reviewed with another plastic surgeon through the AAAASF accreditation mandatory peer review process. The facility healthcare risk manager was notified to ensure compliance with state reporting requirements.

The anesthetist and I feel that she was likely dehydrated despite being given 5 liters of fluid. She had been NPO since 7pm the night before surgery and this case started at noon. Furthermore, she had an epidural which lowers blood pressure. Thus, her urine output was not significant during the case not because she was third spacing, but in reality, because she was dehydrated. The Lasix likely led to further dehydration, which may have led to her hypotension and compensatory tachycardia. After receiving an IV fluid bolus and medications, she became normotensive with a normal sinus rhythm. In the future, we will consider additional hydration for afternoon cases, especially those involving epidurals, to avoid any

similar situations. Preoperative teaching for afternoon cases will also stress the importance of continuing to drink fluids in the evening prior to 12 midnight.

I have never had a similar adverse patient occurrence in the 15 years that I have been in practice as a Board Certified plastic surgeon.



PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

I. OFFICE INFORMATION Al Shelic Pastic Surgary Med Spart Noples Name of office	3U19 Aryon 1	Pulling Rd. W.
Noples 34105 Collier City Zip Code County	239-262-	5662
Kent V. Hasen mb Name of Physician or Licensee Reporting	MESU935 License Number & office reg	OSR // // ristration number, if applicable
See See Hon 11 Patient's address for Physician or Licensee Reporting.		
II. PATIENT INFORMATION	•	
	Age 3/10/17 Gender	☐ ☐ ☐ Medicare
Patient's Address J 5532-	Date of Office Visit	
Patient Identification Number Congenital breast asymmetry Diagnosis	Purpose of Office Visit 512 ICD-9 Code for description of	of incident
	Level of Surgery (II) or (III)	
III. INCIDENT INFORMATION		
3/10/17 Incident Date and Time	Location of Incident: Operating Room Other	Recovery Room
Note: If the incident involved a death, was the medical examine Was an autopsy performed? □ Yes □ No	r notified? □ Yes □ No	
A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)	•	
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B)	ICD-9-Citi-Codes				
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Sur	gical, diagnostic, or treatment cedure being performed at time of dent (ICD-9 Codes 01-99.9)	Accident, event, specific agent that or event. (ICD-9	at 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		d in	the incident	
D)	Outcome of Incident (Please	check)			
	Death			Surgical proced	ure performed on the wrong site **
	Brain Damage			Wrong surgical	procedure performed **
	Spinal Damage			Surgical repair of surgical procedu	of injuries or damage from a planned ure.
□.	Surgical procedure performed on the	e wrong patient.		. ** if it resulted ir	
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DH-MQA1030-12/06 Page 2 of 2

Narrative

This case concerns a who presented to my office for correction of congenital breast asymmetry on March 10, 2017. The patient had seen me in consultation at in 2010 for correction of congenital chest wall and breast deformity due to severe pectus excavatum. I advised her at that time that breast implants alone would not provide a satisfactory correction as the underlying chest wall had to be corrected first. This was done by a thoracic surgeon with a Nuss procedure in the 2011. In 2014, she had another procedure to remove the 2 chest bars. She was left with severe breast asymmetry from the congenital deformity. In 2015, she sought correction of her persistent breast deformity. Fat grafting to each breast was performed at our office surgery center in May 2016 under IV sedation with no complications. As this procedure did not afford her the degree of correction that she was seeking, we decided to perform breast augmentation with silicone breast implants. For optimal aesthetic results, we planned to place silicone gel round smooth implants under the pectoralis muscle using deep IV sedation. Her preoperative CBC and basic metabolic panel were normal and urine pregnancy on the day of surgery was negative. She was taking Yaz for birth control and clonazepam for anxiety and denied any additional past medical history. She had no known drug allergies. Vital signs at preop evaluation were BP 132/90, HR 90 bpm, RR 15, O2 sat on room air 99%, Temp 99 degrees.

Baseline vital signs on the day of surgery were BP 142/91, HR 91 bpm, respirations 16/min. After the patient was prepped and draped in the standard surgical fashion, the breast augmentation procedure was started on the right side. An inframammary fold incision was made. Dissection was taken down to the lateral border of the pectoralis muscle. The muscle was cut 1.5 cm above the planned inframmary fold. It was then noted that the muscle was scarred to the chest wall in multiple areas likely due to the prior thoracic surgery for her severe pectus excavatum. The subpectoral pocket was dissected medially to the sternum dividing the muscle to this level. It was found that there was no intercostal muscles between the 4th and 5th ribs. The fascia between these ribs was paper thin and 2 small 2 mm holes were created when elevating the muscle off the chest wall. The thoracic cavity was visualized through these tiny holes. The patient was breathing spontaneously. To assess for a leak, we deepened the anesthetic, placed an LMA to allow for a forceful Valsalva maneuver to evaluate the situation, and the breast implant pocket was then filled with saline. The patient was given 4 large breathes with no bubbling of air. The rents in the fascia were then closed with 4-0 MonoPlus suture and the remainder of the operation went normally and the patient maintained stable vital signs and normal oxygen saturation.

The LMA was removed from the patient in the operating room and she was transferred to recovery in stable condition at 10:46am with BP 115/57, HR 89, respirations of 18 and oxygen saturation of 99% on room air. Within 5 minutes after admission to recovery room, her oxygen saturation decreased to 88%, she had diminished breath sounds on the right and complained of pain of the right chest on inspiration. She remained hemodynamically stable and her oxygen saturation rose to 95% with 4 liters of oxygen on nasal cannula. It was felt prudent to activate EMS and transfer to her to the hospital for monitoring and further workup. EMS was activated at 10:55am to transport the

patient to the hospital ER for chest X-ray and evaluation/treatment for potential pneumothorax. Her vital signs at this time were BP 127/69, HR 111, RR 16, 96% O2 saturation on supplemental oxygen 4 L N/C, and there was no intervention required by the paramedics. Her mother was advised of the situation.

She was transported to the ER at NCH Healthcare System Naples where chest X-ray revealed a 50% right sided apical pneumothorax. The ER doctor consulted with the pulmonologist. The pulmonary specialist then called me to inform me that he felt that she was stable and not in need of an emergent chest tube, but instead could benefit from the placement of a small gauge pig tail catheter by the interventional radiologist. This was completed without complication and post procedure X-ray revealed a reinflated right lung. The right chest catheter was placed on suction overnight. On Saturday, the right lung remained inflated, so the pulmonologist placed the tube on water seal. On Sunday, repeat CXR again revealed a fully inflated right lung, the tube was removed, and she was discharged home from the hospital with no further sequelae noted. She presented to my office for her first postoperative visit the next morning and was doing well. Her vital signs at this visit were BP 99/70, HR 86, RR 16, O2 sat on room air 99% and temperature of 98.6 degrees F. Her lungs were clear and breath sounds were equal.

Analysis/Corrective Action

After the patient was transferred, I met with the anesthetist to discuss the occurrence, and this will be further reviewed with another plastic surgeon through the AAAASF accreditation mandatory peer review process. The facility healthcare risk manager was notified to ensure compliance with state reporting requirements.

I feel that her congenital chest deformity and the subsequent reconstructive thoracic surgery played a significant role in this complication. She had severe pectus excavatum which was repaired with the Nuss procedure. The intercostal spaces were not normal with no muscle between the 4th and the 5th ribs which was likely caused by the Nuss procedure with the placement of the bar across the chest. Elevating the pectoralis muscle off of this chest wall fascia led to 2 small holes that resulted in her post-operative pneumothorax. Normally, an intraoperative Valsalva maneuver would indicate an air leak (which it did not in this case) and this potentially could have been repaired by closing the hole while using a catheter to evacuate the air under suction during a Valsalva.

In the future, I will avoid placing breast implants in the deep pocket under the pectoralis muscle in reconstructive breast surgery on patients with prior history of thoracic surgery for pectus excavatum repair to avoid any similar situations. I would instead advise patients to consider a pre-pectoral pocket for the proposed breast implant.

I have never had a similar adverse patient occurrence in the 15 years that I have been in practice as a Board Certified plastic surgeon.



PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

M	IAN FACIAL ARM	·	Street Address	ALE DRIVE, S.F
Name of office	234TR DA 1	Rei Arr so	561 - 624 -	-0400
City	Zip Code County	- ALM	Telephone	-, -
VARTON MAR	=10 acc 14 a		ME 115950	7
Name of Physician or Lice	ANIAWOS-VAN			registration number, if applicab
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Patient's address for Physi	Ician or Licensee Reporting			
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II PATIENT IN	FORMATION	•		
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			Age 3/10/2017	er Medicald Medic
			Date of Office Visit	
Patient Identification Number	<u> </u>		Purpose of Office Visit	vchi e 107
Patient Identification Number	RLEMY		Purpose of Office Visit	
Diagnosis			ICD-9 Code for description	of incident
			Level of Surgery (II) or (III)	
II. INCIDENT INI				
	10 Am	-	Location of incident:	☐ Recovery Room
ncident Date and Time		- - -	© Operating Room ☐ Other	_
ncident Date and Time lote: If the incident invo	olved a death, was the mo		© Operating Room ☐ Other	_
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Surgical, diagnostic, or treatment procedure being performed at time of ncident (ICD-9 Codes 01-99.9)	Accident, event, specific agent th or event. (ICD-9	circumstances, or at caused the injury E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
C) List any equipment used if do (Use additional sheets as necessary for co	omplete response)		
D) Outcome of Incident (Please	check)		
) Death		Surgical procedu	re performed on the wrong site **
Brain Damage		□ Wrong surgical p	procedure performed **
Spinal Damage		Surgical repair o surgical procedu	f injuries or damage from a planned ire.
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A procedure to remove unplanned remaining from surgical procedure.	foreign objects	Death Spinal Damage Spinal Damage	ge age
Any condition that required the tran patient to a hospital.	sfer of the	□ Permanent of incision scale	disfigurement not to include the
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Name of facility to which patient was for the second care care	transjerred:	☐ Any condition patient to a l	n that required the transfer of the hospital.
E) List all persons, including licen	se numbers if lid , this would incl	ensed, locating info ude anesthesiologis	ormation and the capacity in wh t, support staff and other health
hey were involved in this incident, care providers. VARAN MACHROSSIA CAROLYN CUZITA ELIZARETK PAQUET MICHELE STRACE F) List witnesses, including licens	N NO FA RN TECRNA PN	RN 196827 ARNP 1973 RN 9262086	<u>3</u> 53み
hey were involved in this incident, care providers. VACTAN MACHRUSSIA CAROLYN CUZITA ELIZAGETH PHONES MICHELE STRAGE F) List witnesses, including licens V. ANALYSIS AND CORRE A) Analysis (apparent cause) of this MISPLACE MEM OF	N NO CA RN TE CRNA PN e numbers if lice ECTIVE ACTIO incident (Use addit	RN 196827 AR NP 1973 RN 9262086 ensed, and locating in the section of the section	information if not listed above
hey were involved in this incident, care providers. VARTAN MACHRUSSIAN CAROLYN CUZSTA- ELIZARETH PAQUES MICHELE STRACE List witnesses, including licens V. ANALYSIS AND CORRE	PN FE CRNA FE CRNA PN e numbers if lice CTIVE ACTIO incident (Use addit) COUEY action(s) taken (Use	RN 196827 AR NP 1973 RN 9262086 ensed, and locating i	information if not listed above or complete response)

DH-MQA1030-12/06 Page 2 of 2 At the beginning of an elective cosmetic facial plastic surgery procedure on 3/10/2017 a Foley catheter was inserted that resulted in no urine return. Flushing of the Foley catheter produced bloody return. The catheter was removed and penile bleeding was then noticed. The case was therefore aborted. Urology on call for Jupiter Medical Center was contacted from the operating room and the case was discussed and decision was made to bring the patient to the Emergency Department for an Urology consultation. Patient was then awoken with stable vital signs. 911 was called for a monitored non-emergency transportation to the JMC ED. The situation explained to the patient in great detail and he voiced understanding and agreement with the plan. Dr Vartan Mardirossian and Carolyn Cuesta RN accompanied the patient in the ED and were present throughout the entire visit.

At the ED the vital signs continued to be stable and patient was seen by Urology who recommended expectant management with close observation of the urine output, pain meds as needed and antibiotic treatment for 7 days. The patient was discharged in stable condition.

During the following several days the patient was followed closely with stable urine output, resolving urethral bleeding and resolving pain with urination. A detailed description of the events was shared with the patient as well as the rationale and the steps taken to guarantee his safety. The patient voiced good understanding and agreement with the plan of action. He was seen in the office on 3/11 and on 3/15/17 when he reported no issues with urination and showed satisfaction with the care received. He has a follow-up appointment with Urology in 10 days.

He is going to schedule the balance of his procedure in April 2017.



DOH Consumer Service.

MAY 30 2017

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO: Department of Héalth, Consumer Services Unit

4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION Garramone Plastic Surgery Name of office Fort Myers 33907 Lee City Zip Code County Malph R. Garramone MD Name of Physician or Licensee Reporting See Section II. Patient's address for Physician or Licensee Reporting	1298 South Cleveland Ave. Street Address 239-482-1900 Telephone ME 75131 1-917. License Number & office registration number, if applicable
Patient Name Patient's Address TS Ratient Identification Number 1 pod ystrophy and ahdominal skin laxity Diagnosis	Age 05/11 Fender Medicaid Medicare Date of Office Visit In 00 Such mand abdominoplasty Purpose of Office Visit ICD-9 Code for description of incident Level of Surgery (II) or (III)
III. INCIDENT INFORMATION O5 111 7 2:55 pm Incident Date and Time Note: If the incident involved a death, was the medical examine	Location of Incident: X Operating Room Other er notified? Yes No
Was an autopsy performed? Yes No A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)	
see attached	
DH-MQA1030-12/06	

Page 1 of 2

86.01	E876.0	7	997.39
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, cir specific agent that or event. (ICD-9 E-	caused the injury	Resulting injury (ICD-9 Codes 800-999.9)
C) List any equipment used if a (Use additional sheets as necessary for a	directly involved in complete response)	n the incident	
D) Outcome of Incident (Please	e check)		
□ Death		Surgical procedu	re performed on the wrong site **
☐ Brain Damage		Wrong surgical p	procedure performed **
□ Spinal Damage	-	Surgical repair o	f injuries or damage from a planned
 Surgical procedure performed on t 	he wrong patient.	surgical procedu	
A procedure to remove unplanned remaining from surgical procedure.		** if it resulted in: Death Brain Damag	ge
Any condition that required the transpatient to a hospital.	nsfer of the	incision scar	disfigurement not to include the
Outcome of transfer - e.g., death, brain observation only Observation of Name of facility to which patient was Lee Memorial Hos	and fests	Limitation.of function.	dislocation of bones or joints neurological, physical, or sensory n that required the transfer of the nospital.
they were involved in this incident care providers. Surgeon: Ralph R ASCHOM CRAIA. (ARN (AN) (AN) (AN) RECOVERY NUMBE: Sta F) List witnesses, including licens IV. ANALYSIS AND CORRE	. Garramor IP 260-2722 Fech : Lindse CY Zeis lof- e numbers if licens	mb ye (ME 7513 y Yates CS F (RN9313	1); CRNA: Linda ing Nurse: Julie Smith T(cer+#: 171561); 1944)
A) Analysis (apparent cause) of this See attacked			complete response)
B) Describe corrective or proactive 500 at tacked	action(s) taken (Use a	dditional sheets as neces	ssary for complete response)
V. SIGNATURE OF PHYSICIA		MEDITING REPORE	ME 75131 LICENSE NUMBER
DATE REPORT COMPLE DH-MQA1030-12/06 Page 2 of 2	TED TIME RE	PORT COMPLET	ED

B) ICD-9-CM Codes

Circumstances of the Incident

T.S. is a year old 225 lb male weightlifter who presented on May 11, 2017 to my AAAASF accredited office surgical facility for liposuction of abdomen, flanks and lateral chest as well as abdominoplasty under general anesthesia by CRNA. His history was significant for several orthopedic surgical procedures. He has no medical history and only took melatonin as a sleep aid. He was a non - smoker and his preoperative EKG was normal. The patient had been NPO since prior to midnight the night before surgery.

Baseline vital signs on the morning of surgery were BP163/93, HR90, temperature 98.8, and O2 saturation 99%. Lungs were clear. Anesthesia started at 11:49am with the placement of an LMA and the patient was maintained under propofol TIVA throughout the uneventful liposuction procedure. Vital signs remained stable and O2 saturation ranged from 98-99 %. Once the liposuction was nearly completed, it was decided to place an endotracheal tube as the LMA appeared to be ill fitting. After three unsuccessful attempts to secure the airway with an endotracheal tube using two different types of laryngoscope blades, it was decided to terminate the surgery at 2:15pm and allow the patient to awaken. Ventolin 2 puffs was administered prophylactically at this time. The patient awakened in the OR and upon emerging from anesthesia at 2:55pm, vomited a small amount of blood tinged fluid. He was turned on his side and was suctioned. As he proceeded to fully awaken at 3:15pm, he was able to cough on command and his lungs were auscultated with expiratory wheezing noted. Ventolin 2 puffs and decadron 4mg were administered. Observation in the OR by the CRNA continued and on 3 LPM O2 non rebreather mask his oxygen saturation was 86% and 79% on room air at 4:25pm. As I was concerned with possible aspiration, EMS was called to transfer the patient to the hospital at 4:31pm for further evaluation and follow-up. The patient was alert and oriented x 3 when EMS arrived at 4:33pm and vital signs were 116/69, 90, O2 saturation 87% and respirations 14. EMS left the recovery room with the patient at 4:53pm.

When I presented to the ER post transfer, his vital signs were stable and he was 95% on nasal cannula oxygen. His chest X-ray was negative and they performed a chest CT scan which was also negative for pulmonary embolism. He was admitted overnight for observation and was released the next morning with no further sequella.

He has been seen since in my office on 5-15-17 and is doing well both medically and surgically.

Analysis and Corrective/Proactive Action

As soon as possible after the event, I met with the anesthetist to discuss this incident to help determine why it may have happened and what could be done to help prevent it in the future. The facility healthcare risk manager was notified to ensure compliance with state reporting requirements. This incident will be further analyzed through the AAAASF accreditation mandatory peer review process.

In the future, in light of this event, we will consider using an endotracheal tube instead of an LMA based on individual patient characteristics and length of surgery in order to ensure a more secure airway. While aspiration was not confirmed in this case, the CRNA will administer an H2 receptor antagonist prophylactically on all patients (where it is not contraindicated) at the beginning of the case to help reduce the acidity of the stomach contents should aspiration occur. In the past, this was done on a case by case basis.

I have never had a similar adverse patient occurrence in the 17 years that I have been in practice.



PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

I. OFFICE	INFORMATIO	N		
Miami Sunset S	Surgey Center		7190 SW 87th Ave	nue Suite 404
Name of office			Street Address	
<u>Miami</u>	33176	Dade	<u>305</u> -596 - 2228	
City	Zip Code	County	Telephone	
Onelio Garcia			ME36062 O	SR 960
Name of Physician or	r Licensee Reporting			e registration number, if applicable
See Be	elow			,
Patient's address for	Physician or Licensee	Reporting		
				nder Medicaid Medicare
Patient's Address			5/23/2017 Date of Office Visit	
Patient Identification N	20722 Number			iposuction
	Lipodistrop	hγ	Purpose of Office Visit	achycardia and Desaturating
Diagnosis	· ·		ICD-9 Code for descripti	on of incident
			Level of Surgery (II) or (I	IIIV.
			Level of Surgery (II) of (I	111-)
III. INCIDEN	NT INFORMATI	ON		
<u>5/23/201</u> 7 <u>12:</u>	·15nm			
Incident Date and Tim	<u>. 130111</u> 1e		Location of Incident: ☐ Operating Room	N Pagayan, Bassa
			Other	☐ Recovery Room ———————————————————————————————————
Note: If the incide	ent involved a des	ath was the medical o	xaminer notified? □ Yes 🗷 N	
Was an aut	topsy performed?	□ Yes ⊠ No	xammer notmed? Lives xi	NO .
	1 - 2			
A) Describe cir	rcumstances o	f the incident (narr	ative)	
		r complete response)		•
Patient was undergo	oing low volume Vas	ser liposuction of her hips	flanks and inter thighs by Dr. O.	Garcia under general anesthesia.
			ation on 5 liters of oxygen fluctua	
Patient had a full me	<u>edical clearance pri</u>	<u>or to surgery with normal</u>	chest X Ray and EKG. The pa	itient was closely monitored.
was not in acute dist	tress but since her o	ondition did not improve	911 activated patient and transf	er her to Baptist Hospital for
		e a history of heart diseas		
pp. op. ac.	T allone ala not give	a mistory of mean diseas	ee	
				
NY 1 3 60 1 1000 1-				
DH-MQA1030-12/0)6			

Surgical, diagnostic, or treatment Accident, event,	& Desaturating circumstances, or nat caused the injury (ICD-9 Codes 800-999.9)
procedure being performed at time of specific agent th	
	E-Codes)
C) List any equipment used if directly involve (Use additional sheets as necessary for complete response)	d in the incident
Vaser Liposuction Machine	
D) Outcome of Incident (Please check)	
□ Death	□ Surgical procedure performed on the wrong site **
□ Brain Damage	□ Wrong surgical procedure performed **
□ Spinal Damage	□ Surgical repair of injuries or damage from a planned
□ Surgical procedure performed on the wrong patient.	surgical procedure.
□ A procedure to remove unplanned foreign objects remaining from surgical procedure.	** if it resulted in: Death Brain Damage Spinal Damage Permanent disfigurement not to include the incision scar
Any condition that required the transfer of the patient to a hospital.	
Outcome of transfer – e.g., death, brain damage, observation only Obsevation Only Name of facility to which patient was transferred: Baptist Hospital	 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.
	censed, locating information and the capacity in whice ude anesthesiologist, support staff and other health NA ARNP9221613
F) List witnesses, including license numbers if lice	ensed, and locating information if not listed above
Onelio Garcia MD ME36062 Mercredes Ramos	- · · · · · · · · · · · · · · · · · · ·
Diana Tunjano ST F) List witnesses, including license numbers if lice	· · ·



Page 1 of 3

STATE OF FLORIDA Rick Scott, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

I. OFFICE INFORMATION WALLET CASK MENICAL GENTER Name of office RECOKS MISS FL BROWARD City Zip Code County Name of Physician or Licensee Reporting SAME AS ABOUTE Patient's address for Physician or Licensee Reporting	Street Address 954 964 Telephone 3/// License Number & office reg	SINERS TTY DR
II. PATIENT INFORMATION		
	Age Significant Age Date of Office Visit	Medicald Medicare
Patient Identification Number	Purpose of Office Visit	HATION (COLONGEROY)
Diagnosis DISPWINGIA, COLORECTAL SCREWAILS	ICD-9 Code for description	of Incident
	Level of Surgery (II) or (III)	level III
III. INCIDENT INFORMATION		10 V 01 VIII
りんりつ	Location of Incident:	
Incident Date and Time	☑ Operating Room ☐ Other	☐ Recovery Room
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))	
PERSE SEE ATTACHED POCEDIRE	Norz	
PT OBSEPTED + TPENTED FOR AW "E BALLOCAD PLATATION. NO LEAK OF CON ABX, DET ADVANCED. PT DID WELL	SOPHAGEA TEAR TRASTICT)". P.	ESPECTO
DH-MQA1030-12/06		

B) ICD-9-CM Codes				
45.16 (EGD)	44.22 (dilatio	n baloon)		mucosal tear
Surgical, diagnostic, or treatment procedure being performed at time of	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)		es, or e Injury	Resulting injury (ICD-9 Codes 800-999.9)
C) List any equipment used if direction (Use additional sheets as necessary for com-	ectly involve	d in the inc	cident	
- DINATION	BAUCON) 	_	
D) Outcome of Incident (Please ch	eck)			
Death		☐ Surgica	i procedu	re performed on the wrong site **
□ Brain Damage		□ Wrong	surgical pi	rocedure performed **
□ Spinal Damage		☐ Surgica	il repair of	injuries or damage from a planned
Surgical procedure performed on the	wrong patient.	surgica	l procedur	e.
A procedure to remove unplanned for remaining from surgical procedure.	eign objects	□ De □ Bra	esulted in: ath ain Damag	
Any condition that required the transfer patient to a hospital.	er of the	☐ Per inci	sion scar	ge isfigurement not to include the islocation of bones or joints
Outcome of transfer – e.g., death, brain da observation only		🚨 Lim	itation of r	neurological, physical, or sensory
Name of facility to which patient was transmemorial Hospital/ Pembroke ER	nsferred:	O Any		that required the transfer of the ospital.
E) List all persons, including license they were involved in this incident, the care providers. SCOTT STRUCTOR - TRUCTURES ENTRA MORANAS - OR TE RAW CORANTONIO - DALL PUCE RN RN: F) List witnesses, including license no Same as above	is would inclu UP 19251B Oxorewee 3190402	h //	siologist,	support staff and other health STOCKET - ME 721 >
IV. ANALYSIS AND CORRECT A) Analysis (apparent cause) of this inc B) Describe corrective or proactive active act	ident (Use additio	nai sheets as ne	ts as necess	
V. SIGNATURE OF PHYSICIANI	/			PN3190402 LICENSE NUMBER

DH-MQA1030-12/06 Page 2 of 3



Page 1 of 3

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT DOH Consumer Service

SUBMIT FORM TO:

SEP 1 3 2017.

1. OFFICE INFORMATION. Orlando aestheta Institute Name of office Orlando 32804 Orange City D. Scott Lotatori, MD	120 E. Pav Stveet Street Address 407-770-2002 Telephone OSR 570 License Number & office registration number, if applicable
II. PATIENT INFORMATION	
) allongs, wantes	Age Cander Medicaid Medicare Date of Office Visit
Patient Identification Number	Purpose of Office Visit 458.9
Diagnosis Abdommed Caxity and Coxity and Coxity 272.6	ICD-9 Code for description of incident Level of Surgery (III) or (III)
III. INCIDENT INFORMATION	
Incident Date and Time	Location of Incident: Description of Incident: Recovery Room Other Overnath recovery area.
Note: If the incident involved a death, was the medical examin Was an autopsy performed? □ Yes ☒ No	ner notified? Yes No
A) Describe circumstances of the incident (narrative (use additional sheets as necessary for complete response) A light-headed when walking day then patrent had brief loss wheel chair. Vitals taken with normal labs EKE 4 with normal labs EKE 4 with Normal labs EKE 4 with home early A.M. of first pathonal labs. DH-MQA1030-12/06	

D) Outcome of Incident (Please check) Death	
İ	
Duelo De co	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 procedure.
☐ A procedure to remove unplanned foreign objects	if it resulted in: □ Death
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 incision scar
Dutcome of transfer e.g., death, brain damage,	☐ Fracture or dislocation of bones or joints
observation only DISCN QYUYN HOME	function,
Name of facility to which patient was transferred:	 Any condition that required the transfer of the patient to a hospital.
care providers. AMY Verily LN - Overnight Sta	ay RN 2520862 2.r-ARUP 1680082 -Surgeon