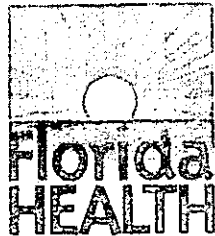


290

STATE OF FLORIDA
Rick Scott, Governor



PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

SUBMIT FORM TO: DOH Consumer Services
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275
JAN 23 2017

I. OFFICE INFORMATION

ST ANTHONY HEALTHCARE LLC
Name of Office
Englewood 39224 Child
City Zip Code County
Lew Anthony Little MD ME100763
Name of Physician or Licensee Reporting

2103 S. MCCANN RD
Street Address
941.441.9227 EXT 301
Telephone
ME100763 0821019
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[REDACTED]
Patient Name
[REDACTED]
Patient Address
854
Patient Identification Number
156.9 UNSPECIFIED CONVULSIONS
Diagnosis

7 Age 1.10.17 Gender ☐ Male ☐ Female
Date of Office Visit
Discharge procedure left lumbar selective nerve
Purpose of Office Visit Root R4
M51.36 M54.16 M96.1 M51.36
ICD-9 Code for description of Incident
Level of Surgery II (I) (II) (III)

III. INCIDENT INFORMATION

1/10/2017 1455
Incident Date and Time

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

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

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

FOLLOWING UNEXPECTED PROGRESS (SINCE / RFL) UNDER MAC
RECEIVING 200 mg IV DIAZEPAM - 40 mg IV VALIUM INTRAP. PT
TRANSPORTED IN STABLE CONDITION VSS. MEDICATION APPLIED IN
PACU - PT PATIENT RESPONSIVE THEN APPROPRIATELY 5 MINS IN
PACU COMPLAINED OF PRECIPITANT EVENT PATIENT VERBALIZED
PENDING SEIZURE W/ RHYTHM OF SEIZURE DISORDER. PATIENT
EXPLODED 2 EVENT OF PERT MAC SEIZURES
5 MINS APART. DURING THE EVENT PATIENT VITAL
SIGNS REMAINED. PATIENT BECAME LUCID BETWEEN SEIZURES
W/ 2 mg IV VALIUM POST OP BEARING 1st SEIZURE EVENT

PATIENT VS REMAINED STABLE w/ AIRWAY PATENT AND NO SIGNS OF ASPHYXIA. EMS WAS NOTIFIED 911. ON ARRIVAL BPTMS

PATIENT WAS ASKED. ADVERSE EVENT WAS REPORTED TO EMS AND WAS TRANSPORTED TO ED FOR FURTHER

B) ICD-9-CM Codes EVALUATION AND ASSESSMENT FOR SEIZURE ACTIVITY.

* MS1.30) MS4.16) MS6.1)

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

RS6.9 Unspecified convulsions

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

RS6.9 Unspecified convulsions

Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident PATIENT WAS PROTECTED HEADS AND PILLOWS TO BODY HARM DURING THE EVENT AND MONITORED

(Use additional sheets as necessary for complete response)

ACCORDING UNTIL EMS ARRIVED

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.
<input type="checkbox"/> Surgical procedure performed on the wrong patient.	** If it resulted in:
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure.	<input type="checkbox"/> Death
<input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.	<input type="checkbox"/> Brain Damage
Outcome of transfer - e.g., death, brain damage, observation only	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred:	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
ENTERED COMMUNITY HOSPITAL	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function.
	<input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.

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

LEW ANTHONY LITTLE MD MF100746
ROBIN A. THOMPSON RN 9187920
GLE HUTTENLOCH RN 9316612

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

HEALTH CARE PROVIDERS AS LISTED ABOVE

IV. ANALYSIS AND CORRECTIVE ACTION

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

PATIENT HAS PHX OF SEIZURES AND REPORT FOLLOWING THE INCIDENT LAST SEIZURE OCCURRED ABOUT 1 YEAR

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

PATIENT WAS PROTECTED AND APPROPRIATE ACTION WAS INITIATED AT ALL TIMES w/ AIRWAY

DH-MQA1030-12/06
Page 2 of 3

DEVICE AT bedside AND CRASH CART w/in DISTANCE FOR PREVENTION OF EXAGGERATION OF THE EVENT.



STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

MAR 31 2017

I. OFFICE INFORMATION

ARY KRAU, MD
Name of office
Bay Harbor Isla 33154 Miami-Dade
City Zip Code County
ARY KRAU, MD
Name of Physician or Licensee Reporting
Same AS ABOVE
Patient's address for Physician or Licensee Reporting

1143 Kane Concourse
Street Address
305-861-6881
Telephone
ME62760 OSR#133
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[REDACTED]
Patient Name
[REDACTED]
Patient's Address
104685
Patient Identification Number
Abdominoplasty, liposuction, Mastopexy with
Diagnosis Breast augmentation

[REDACTED] F
Age 3/13/17 Gender Medicaid Medicare
Date of Office Visit SURGERY
Purpose of Office Visit ICD 10: I95.9; I95.1
ICD-9 Code for description of Incident Level III
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

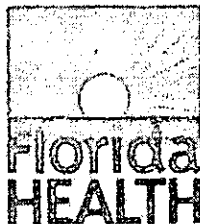
3/14/2017 @ 8:00am
Incident Date and Time

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

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

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

Status post procedure patient that tolerated well her procedure. Dr. Krau gave Clinical discharge order @ 18:01. Patient was transferred from bed to wheelchair. RN gave discharge orders to caregiver, then patient started feeling dizzy. RN notified Dr. Krau and he gave orders to readmit the pt to recovery for observation purposes. Patient was in observation for approximately 15 hours. Patient was stable throughout, however around 8am Dr. Krau made the decision that based on her blood loss she would be better off receiving a possible blood transfusion. HE MADE THE RN call an ambulance to transfer the pt to a higher level of care.



STATE OF FLORIDA
Rick Scott, Governor

DOH Consumer Services

APR 18 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

Jacksonville Spine Center
Name of office
Jacksonville 32256 Duval
City Zip Code County
Dr. Christopher Roberts
Name of Physician or Licensee Reporting
10475 Centurion Pkwy N. Ste 201 Jacksonville, FL 32256
Patient's address for Physician or Licensee Reporting

10475 Centurion Pkwy N. Ste 201
Street Address
(904) 223-3321
Telephone
ME 0069788
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[REDACTED]
Patient Name
[REDACTED]
Patient's Address
CRS 44493
Patient Identification Number
M51.36, M54.5, M54.89, M47.816
Diagnosis

[REDACTED] F
Age Gender
04-04-17
Date of Office Visit
Selective Nerve Root Block
Purpose of Office Visit
E876.7
ICD-9 Code for description of incident
Neither - This was level 1
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

04-04-17, 11:33 AM
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other Procedure Room

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

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

Patient presented for a left L5-S1, L4-L5 selective nerve
root block. Right side injected at L5-S1, I then moved
to left side once error realized and injected L5-S1 and L4-L5.

STATE OF FLORIDA



PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

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

Laufer

OFFICE INFORMATION
Laufer Institute, 3129 Alt 19
 Name of office Street
Dunedin FL 34698 Pinellas
 City Zip Code County
E. Laufer, M.D. FACS.
 Name of Physician or Licensee Reporting

3129 Alt 19 Dunedin FL
 Address
727 400-4768
 Telephone
ME 11440
 License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

Patient Identification Number Purpose
None 204.0-0
 Diagnosis ICD-9
 Level

Gender ☐ Medicaid ☐ Medicare
 Office Visit
SK VP Consult April 19, 2017
 Office Visit
1:00 pm
 Code for description of incident
 of Surgery (II) or (III)

III. INCIDENT INFORMATION

May 19 2017
 Incident Date and Time

Location of Incident:
☒ Operating Room ☐ Recovery Room
☒ Other Ambulance

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

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

Please see attached. (attached to)

STATE OF FLORIDA
Charlie Crist, Governor

AUG 07 2017



PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bldg C76
Tallahassee, Florida 32399-3276

I. OFFICE INFORMATION
FORT LAUDERDALE MOBILE US DBA
Name of office DPOF Plantation
Plantation 33317 Broward
City Zip Code County
DR. Omar @ Uneshi
Name of Physician or Licensee Reporting

7301 NW 4th St #107
Street Address
954 561 4551
Telephone
ME 96235
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

Patient Identification Number
Diagnosis

Age 7.27.17 Gender ☒ Medicaid ☒ Medicare
Date of Office Visit
Purpose of Office Visit Ultrasound Abdomen
ICD-9 Code for description of Incident
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

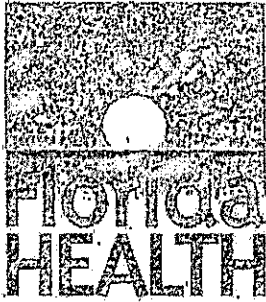
07.27.17
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other Examination room

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

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

was on site for an ultrasound of the Abdomen.
Upon the start of the exam, technologist
Christina Fritz noticed the size of the patient's
aorta. Christina asked the patient to remain on
the table for a moment. Radiologist was called into
the room to view the images. Radiologist
brought site manager Michelle Connors and
ultrasound technologist Paula Arias as witness.
Radiologist explained to the patient that his
aorta was abnormally large and it was in his
best interest to be transported to the nearest
hospital for medical treatment. Paramedics were
called and referring physician. All parties remained
with patient until left with paramedics.



STATE OF FLORIDA
Rick Scott, Governor

DOH Consumer Services

AUG 22 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

Seduction Cosmetic Center
Name of office
Doral 33172 Miami Dade
City Zip Code County
John Sampson
Physician Name

2500 NW 102 Ave #101
Street Address
305-406-9055
Telephone
ME 121890
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

Foreign body to Subcutaneous Tissue
Patient Identification Number
Diagnosis

Age 7-31-2017 Gender F ☐ Medicaid ☐ Medicare
Date of Office Visit
Purpose of Office Visit Surgery - Removal of Foreign body
ICD-9 Code for description of Incident
Level of Surgery (II) or (III) Level III

III. INCIDENT INFORMATION

7-31-2017 14:25
Incident Date and Time

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

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

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

SEE ATTACHED INFORMATION



STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Radiology Regional Center

Name of office

Fort Myers, FL 33901 Lee

City Zip Code County

Robert M. Stanfill, MD

Name of Physician or Licensee Reporting



3680 Broadway

Street Address

239-936-2316

Telephone

ME 114265

License Number & office registration number, if applicable

95

F

Age
08/03/17

Gender

☐

Medicaid

☒

Medicare

Date of Office Visit

CT abd/pelvis 74177

Purpose of Office Visit

R10.32

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

08/03/17 13:55 pm

Incident Date and Time

Location of Incident:

☐ Operating Room

☐ Recovery Room

☒ Other Rest Room

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

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

The patient presented to Radiology Regional Center for an abdomen and pelvis CT. After the delayed phase of the abdomen CT the patient indicated that she needed to use the rest room. While in the rest room the patient explained that she was feeling dizzy. The patient then became altered and lost her balance. The technologist was with the patient the entire time and slowly guided her to the floor to make sure that the patient did not strike her head. At this point the technologist called Dr. Stanfill in to the room. The patient's immediate pulse ox was 88% and pulse was 113. Initial BP was 57/35 and elevated to a bp of 70 systolic. 911 was called and showed up within 5-10 minutes. An AED was placed on the patient and no shock was advised. During the entire episode the patient did have a pulse though was not responding and was completely altered. The patient had spontaneous respiration throughout the entire episode. The patient left the radiology department in EMS care and was taken to Lee Memorial Hospital.



STATE OF FLORIDA
Charlie Crist, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

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

I. OFFICE INFORMATION

24
DPI of North Broward, LLC
Name of office
Coconut Creek 33073 Broward
City Zip Code County
Kim Redmin
Name of Physician or Licensee Reporting
Patient's address for Physician or Licensee Reporting

10808 N State Rd 7
Street Address
954-566-4551/954-570-5560
Telephone
HCC 7466
License Number & office registration number, if applicable

II. PATIENT INFORMATION

Age 8-4-17 Gender ☐ Medicaid ☐ Medicare
Date of Office Visit
Purpose of Office Visit M121 Abdomen
Patient Identification Number 1003813135
Diagnosis
ICD-9 Code for description of incident
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

08/04/17 approx 3pm
Incident Date and Time
Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other Lobby

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

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

Patient arrived to site alone. During registration, pt complained of extreme fatigue and experienced near syncope at the front desk. Pt requested for blood pressure to be taken (160/100). Pt called her physician (Rene Caranova) and was advised to go to ER. Due to fatigue, pt could not drive and requested that we call an ambulance. Patient informed us that she had adrenal insufficiency and white cell parkinsons. Pt had no local emergency contacts. EMT arrived and patient was transported via ambulance to the ER.

08/29/2017

11:05

P.002/007

DOH Consumer Services

AUG 30 2017

STATE OF FLORIDA
Rick Scott, GovernorPHYSICIAN OFFICE
ADVERSE INCIDENT REPORTFLORIDA
HEALTHSUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Florida Spine Institute
Name of officeClearwater 33765 Pinellas
City Zip Code CountyCheryl E. White MSH, RN, LHRM
Name of Physician or Licensed Reporting2250 Drew Street
Street Address(321) 430-7733
TelephoneOSR # 754
License Number & office registration number, if applicable

II. PATIENT INFORMATION

Patient Identification Number

Chronic low back pain
Diagnosis56 Male ☐ Medicaid ☐ Medicare
Age Gender08/17/17
Date of Office VisitRadio frequency ablation left lumbar L3-L5
Purpose of Office VisitE 876.16 (S00-9) 465.52 (T00-10)
ICD-9 Code for description of incidentLevel II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

08/17/17 1450
Incident Date and TimeLocation of Incident:
☒ Operating Room ☐ Recovery Room
☐ OtherNote: If the incident involved a death, was the medical examiner notified? ☐ Yes ☒ No NA
Was an autopsy performed? ☐ Yes ☒ NoA) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

56 year old male who has been a patient at Florida Spine Institute since 09/09/16 presented on 08/17/17 for a planned radiofrequency ablation of lumbar L3-5. The patient's diagnoses include chronic low back pain, sacroiliitis, lumbar radiculopathy, cervical radiculopathy, thoracic spine pain, bilateral shoulder bursitis. An unplanned but indicated procedure was inadvertently performed. See attached additional sheets.

170717-Physician Office Adverse Incident Report for S.S.

III. Incident Information

A) Describe circumstances of the incident (narrative)
Additional narrative

56 year-old male presented to Florida Spine Institute for a planned radiofrequency ablation (RFA) of left lumbar L3-5 on 08/17/17. As room turnover was occurring between procedures, the certified registered nurse anesthetist (CRNA) picked up the record for the next patient in the queue and called [REDACTED] in the waiting area. Patient [REDACTED] answered the call and approached the CRNA to be taken to the procedure room. When the pause was conducted, the patient was asked if he was [REDACTED] having a possible bilateral cervical epidural (ESI) with sedation and he answered affirmatively prior to sedation.

The cervical procedure was then performed and completed without complication and the patient was transferred to the post anesthesia care unit and post operative vital signs were stable and the patient met discharge criteria. The patient continued to answer to the name of [REDACTED]. The patient was asked for his driver's name and number and he provided his wife's number. She arrived and discharge instructions were provided to the patient and wife for the cervical procedure performed.

As the patient was assisted to the car, the discharge nurse wished [REDACTED] well and the patient at that point only voiced that his name was [REDACTED]. The nurse asked him why he didn't correct anyone earlier and he responded "no worries."

The recovery nurse returned upstairs and the surgical team discovered the surgical misadventure that occurred. The surgeon was then notified of the occurrences and the investigative process began.

The surgeon contacted the patient and explained what occurred. The patient was not upset and understanding of the event. The patient was pleased that his shoulder and arm pain was improving and expressed his desire to return for the lumbar RFA as soon as possible.

The patient's initial treatment plan included a planned cervical ESI after the lumbar RFA was completed. The patient thought that since he had increased pain in his shoulder and arm on the date of the procedure that the surgeon had switched the plan to do the cervical procedure before the lumbar procedure.

- B) ICD-9-CM Codes: ICD-10-CM Codes now required: see report form.
- C) No equipment used was directly involved in the incident.

1

and surgical procedures.

- (a) When the surgery is scheduled
- (b) When the patient is admitted to the healthcare facility
- (c) Anytime the patient is transferred to another caregiver

2



STATE
Rick Scott, Governor

Consumer Services

SEP 2 8 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

Constantino G. Mendieta MD

Name of office

Miami 33133 Dade
City Zip Code County

Constantino G. Mendieta MD

2310 South Dixie hwy

Street Address

305-389-5238

Telephone

OSR 217

License Number & office registration number, if applicable

II. PATIENT INFORMATION

44

Female

Age

08/25/2017

Gender

☐

Medicaid

☐

Medicare

Date of Office Visit

post operative follow up visit

Purpose of Office Visit

998.59

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

Lipodystrophy

Diagnosis

She moved to Ft Myers temporarily her address there is
1828 Pine Valley Dr. #310 Ft. Myers Florida 33907

III. INCIDENT INFORMATION

08-25-2017

Incident Date and Time

Location of Incident:

☐ Operating Room

☐ Recovery Room

☒ Other EXAM ROOM

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

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

SEE ATTACHED

B) ICD-9-CM Codes

86.99	E876.8	998.59
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

NONE

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital. Outcome of transfer – e.g., death, brain damage, observation only <u>Incision and Drainage antibiotics</u> Name of facility to which patient was transferred: <u>Doctors Health South Hospital</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure. ** If it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
--	---

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

Dr Constantino G Mendieta MD

070055

Elena Gonzalez Medical Assistant,

Camille Monasterior Office manger

Norma Morales Medical Assitant, Yamile Gedeon PA 9104532

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

Surgical Infection

SEE ATTACHED

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

Patient Transferred to teh hospital for IV antibiotics while in hospital required incision and drainage of infection

SEE ATTACHED

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

BM70055

LICENSE NUMBER

09-21-2017

8:00 AM

DATE REPORT COMPLETED

TIME REPORT COMPLETED

DH-MQA1030-12/06

Page 2 of 2

[REDACTED]

A) DESCRIBE CIRCUMSTANCES OF THE INCIDENT (NARRATIVE)

HISTORY: The patient a 44 year old female presented for a follow up visit on post operative day 11. She was brought in by her father, her mother, and personal friend [REDACTED] for routine postoperative follow-up. Prior to me examining the patient, I was asked by the parents and the friend to meet them in a private conversation. In the conversation my office manager, Camille Monasterio, was present. They proceeded to tell me that the patient has a long history of drug abuse that is currently active, as well as a history of alcohol abuse with a recent stay in an alcohol rehabilitation facility. This information was never disclosed to us or to our anesthesia personnel at any time during the perioperative process prior to this. Their concern was that the patient has been incoherent and the personal friend, who lives in Miami, called her parents to drive down and see her. When the parents arrived at the house they noticed that she had tremendous amount of medications that had been prescribed from another physician (or physicians?) and the patient apparently had been prescription/doctor shopping. They brought in a list of medications which we photocopied and placed in the chart. They stated that the patient had been doing well after her liposuction and fat grafting to the buttock surgery, which was performed without complications under general anesthesia on Monday August 14, 2017. The patient maintained her postoperative appointment the following day, August 15th where she exhibited normal behavior and appeared to be progressing well surgically. She presented again on Friday August 18, having driven herself to the appointment, and was again, doing well and we observed her interacting with family members in positive way. However, after that, the account of events by her friend and family is somewhat unclear. According to her friend [REDACTED] the patient apparently was found by a neighbor on either Sunday August 20th or Monday August 21st passed out on the floor, and the patient had vomited all over herself.

Today was the first time that we had been advised of these events. The family was concerned and asked the neighbor (when she was able to speak to the patient) if it appeared that the patient was on medications or overmedicated, and the neighbor said that it was obvious that the patient was taking medications that impaired her mental alertness. The patient overheard that conversation and expressed anger towards her friend who was concerned. The family and friend stated that at times the patient appeared to be somewhat incoherent - they say that she will carry on normal conversation, but then occasionally will say certain things that do not make any sense. In light of her history of alcohol and drug abuse, they feel she more than likely has been abusing or overmedicating over the weekend. Additionally, they state that she has had extraordinarily poor hygiene, has not showered, and has vomited all over herself. The family members also told me that whenever she is confronted about her drug abuse that she is in denial, becomes angry, and stops talking to them.

PHYSICAL EXAMINATION: On examination of the patient today, the patient has an extraordinarily bad odor. She has some drainage of what appears to be purulent material from the lower abdominal incisions. These areas were expressed and drained. There was no obvious fluid collection, but just a general ooze of this material, which was sent to the lab for Gram-stain and culture and sensitivity. She does have redness throughout the abdomen and appears to be tender over those areas. I have marked the leading edges of the redness to monitor

progress in this area. The patient's blood pressure is 93/48 with a heart rate of 101 today as compared with her baseline vital signs of BP 122/90 HR 80 as seen in her preoperative medical clearance. She is afebrile at 96.5 degrees. The patient is clearly dehydrated and is not taking care of herself, and has extraordinarily poor hygiene.

The patient is coherent and complains of pain. An IV is started and five liters of lactated ringers are given as well as one bag with iron. Blood work is drawn and sent off for CBC and chem-20 and PT and PTT. She is also given IV antibiotics - vancomycin 1 gram IV. Post IV fluid administration, the patient is stable with a BP of 110/60 and HR of 90. I am sending the patient to the hospital ER for IV antibiotics and further treatment as indicated, and recommend evaluation for treatment of her drug dependency. I discussed this decision with the parents, the friend and the patient prior to going to the emergency room. The patient was stable and taken to the hospital by her family.

The patient was admitted to the hospital and ICU and had to undergo several incision and drainage procedures under my care for the surgical infection. She was discharged on September 18th and she is doing well. She is currently receiving wound care and dressing changes in the office.

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident

The patient developed a postoperative infection which may have been compounded by poor self-care secondary to substance abuse – the history of which was not previously disclosed by the patient to our office. Due to her mental impairment, she apparently delayed seeking treatment from our office when the wound showed obvious signs of infection. Patients in our office have extensive preoperative preparation, including teaching sessions where the signs of infection are discussed verbally and in printed material. Patients are directed to call us immediately with any signs of infection so that we can have them present to the office for early intervention to optimize outcomes.

B) Describe corrective or proactive action(s) taken

The patient was transferred to the hospital for IV antibiotics and incision and drainage procedures to successfully treat the infection. As soon as possible after the event, I spoke with my staff to discuss this incident, why it may have happened and what could be done to prevent it in the future. We felt that our preoperative teaching processes were adequate and that this patient was deliberately hiding her history of substance abuse. It was decided, based on this event and for patient safety in the future, that all surgical patients will submit to a urine drug test the morning of surgery. This policy will be discussed with patients at the preoperative visit, well in advance of their surgical date to facilitate cooperation.

This incident will be further peer reviewed through my accreditation requirement and the facility licensed healthcare risk manager was notified for state reporting purposes.

ADDENDUM:

Per State regulation, we are aware that we are to submit adverse incident reports within 15 calendar days, which would have been Saturday September 9th. We had planned to complete this report after the labor day weekend. However, this process of submission was interrupted by Hurricane Irma for which Governor Scott issued a State of Emergency on September 4th. Our office, which is in the potential flood zone, was in hurricane preparations September 4th-6th and closed on September 7th-September 18th. Power was restored on September 18th however, it took several days to restore the computer systems, internet, and the physical status of the office to be able to work effectively. We are reporting as soon as we can after the restoration of office services, and are asking for an extension on the 15 day requirement due to these extraordinary circumstances.

Thank you,

A handwritten signature in dark ink, appearing to be 'C. Mendieta', written in a cursive style.

Constantino Mendieta, M.D., FACS



STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

First Coast Cardiovascular Institute

Name of office

Jacksonville FL Duval
City Zip Code County

AYHAN ZIA MD 129859
Name of Physician or Licensee Reporting

FCCI CATH LAB

Patient's address for Physician or Licensee Reporting

7011 AG SKINNER AVENUE

Street Address

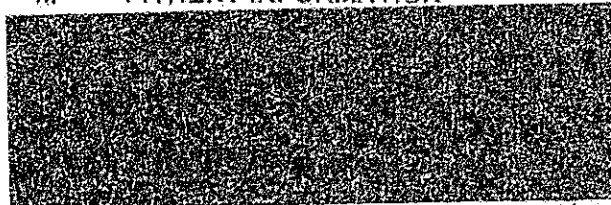
904-493-3333

Telephone

N/A

License Number & office registration number, if applicable

II. PATIENT INFORMATION



72 male
Age Gender ☐ Medicaid ☒ Medicare

Date of Office Visit
09/05/2017

Purpose of Office Visit
Fistulagram 36904

ICD-9 Code for description of Incident
58.0, R01.2

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

09/13/2017

Incident Date and Time

Location of Incident:

☒ Operating Room

☐ Recovery Room

☐ Other

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

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

During the procedure, the patient experienced sudden onset of shortness of breath. Oxygen was administered via NC. The NC was exchanged for a non rebreather mask with O2 delivered at 15LPM. The patient then experienced unresponsiveness at which time ACLS was administered and rescue was called. He had hypertensive crisis with pink frothy sputum consistent with flash pulmonary edema. Subsequent pulseless electrical activity. CPR was immediately initiated. Ambubag was used. Upon arrival of EMS, endotracheal intubation was attempted but unsuccessful. Laryngeal mask placed with adequate ventilation. While still at FCCI cath lab in ambulance, patient regained blood pressure and palpable pulse. Patient was transferred to the SVSS.



PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT DOH Consumer Services

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

SEP 27 2017

I. OFFICE INFORMATION

Oncology + Hematology Associates
Name of office
Tallahassee 32321 Brevard
City Zip Code County
Rohan Farid, M.D.
Name of Physician or Licensee Reporting
13 Kline
Patient's address for Physician or Licensee Reporting

2431 N. University Dr. Suite A
Street Address
954-721-0855
Telephone
ME 00131674
License Number & office registration number, if applicable

II. PATIENT INFORMATION

Patient Identification Number

Head + Neck CA
Diagnosis

71 M ☐ Medicaid ☐ Medicare
Age Gender
09/19/2017
Date of Office Visit
Chemotherapy ADMINISTRATION
Purpose of Office Visit
ICD 9 - 146.0 ICD 10 - C09.0
ICD-9 Code for description of Incident
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

09/19/2017 0815 A
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other Chemotherapy ADMINISTRATION Room

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

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

Patient with large tumor left side of neck which began
bleeding through dressing, bright red blood. As nurse tried
to reinforce and change dressing, bleeding became
profuse, could not be stopped even with pressure
MD made aware, 911 called to transport patient to
hospital.

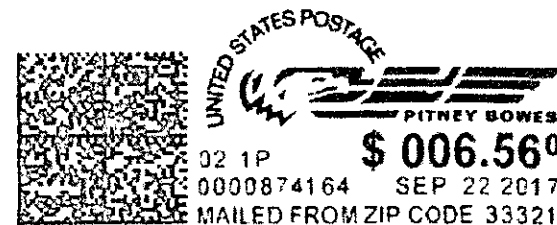
ONCOLOGY & HEMATOLOGY ASSOCIATE
OF WEST BROWARD, P.A.
7431 NORTH UNIVERSITY DRIVE, SUITE 110
TAMARAC, FLORIDA 33321

RETURN SERVICE REQUESTED

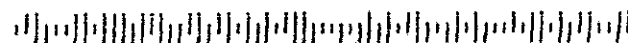


7012 2920 0000 9207 8188

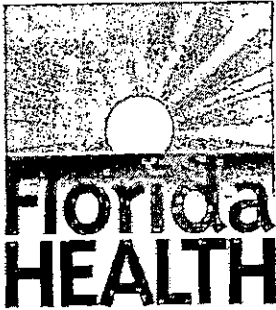
TRACY NATALE C/O DEPT OF
HEALTH CONSUMER SVS UNIT
4052 BALD CYPRESS WAY BIN 75
TALLAHASSEE, FL. 32399



32399-701752



STATE OF FLORIDA
Rick Scott, Governor



PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

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

I. OFFICE INFORMATION

Nathan E. Pachlas MD
Name of office

Boca Raton 33487 Palm Beach
City Zip Code County

Nathan E. Pachlas MD
Name of Physician or Licensee Reporting

1601 Clint Moore Rd #170
Street Address

561-939-0900
Telephone

ME 49831 OSR #1208
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted Patient Information]

Deviation of nasal septum
Diagnosis Chronic paranasal sinusitis
Polyps of nasal sinuses

75 Male ☐ Medicaid ☐ Medicare
Age Gender
8-08-17
Date of Office Visit
Nasal procedure Balloon Sinuplasty
Purpose of Office Visit
J34.2 J32.4 J33.8
ICD-9 Code for description of incident
Level of Surgery ☒ (II) ☐ (III)

III. INCIDENT INFORMATION

Tuesday, August 8th, 3pm.
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other IN CAT, Flu in office

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

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

Patient had postoperative epistaxis. He
was brought back to operating room
under morphine. He was packed. Bleeding
stopped.
He was transported to Boca Regional
Hospital, observed for 36 hours, discharged to
home. He has been doing well. No further

B) ICD-9-CM Codes

ICD 10 Codes

305.20 61782

31296, 31295 31255

Nasal bleeding

NONE

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

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

Resulting injury (ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

None

D) Outcome of Incident (Please check)

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

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

Name of facility to which patient was transferred:

Bacon Regional Hospital

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

** if it resulted in:

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

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

Nathan Wachlas MD ME 49831

Gregory Dibelius MD ME 131734

Robert Drozd MD ME 78229

Lee-Ann Diamond RN RN 9413474

F) List witnesses, including license numbers if licensed, and locating information if not listed above**IV. ANALYSIS AND CORRECTIVE ACTION****A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**

high blood pressure

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

medications, exam under anesthesia with cauterization of bleeding points, packing



STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Florida Back Institute
Name of office
Boca Raton 33418 Palm Beach
City Zip Code County
Jeffrey C. Fernyhough, M.D.
Name of Physician or Licensee Reporting

1905 Clint Moore Road Suite 309
Street Address
561-988-8988
Telephone
#0055496
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[REDACTED]
Patient Identification Number
fracture of T8
Diagnosis

83 Female ☐ Medicaid ☒ Medicare
Age Gender
Date of Office Visit
Purpose of Office Visit
S22.060K
ICD-9 Code for description of incident
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

8-10-17
Incident Date and Time

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

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

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

See attached

B) ICD-9-CM Codes

S22.0xxk
Surgical, diagnostic, or treatment
procedure being performed at time of
incident (ICD-9 Codes 01-99.9)

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

Resulting injury
(ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.
<input type="checkbox"/> Surgical procedure performed on the wrong patient.	** If it resulted in:
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure.	<input type="checkbox"/> Death
<input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.	<input type="checkbox"/> Brain Damage
Outcome of transfer – e.g., death, brain damage, observation only <u>See attached</u>	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred:	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
<u>Delray Hospital</u>	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function.
	<input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.

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

Jeffrey Fernyhough, MD
Craig Gordon

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

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)
Patient sent to Delray Hospital

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

V.


SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

0055496
LICENSE NUMBER

DH-MQA1030-12/06

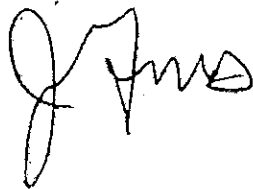
Page 2 of 3

[REDACTED]
Florida Back Institute

August 10, 2017

Page 2

Notably, I discussed with her daughter later [REDACTED] that the patient should take her aspirin today, as the CAT scan was apparently negative for bleed. She was discussed with her daughter whether her symptoms were resolving. If not, then send her back to the emergency room for re-evaluation, MRI and Neurology evaluation, if not done already.



Jeffrey C. Fernyhough, M.D.

JCF/aeh

Electronically signed, transcribed, but not proofread to expedite transmission

Cc: Vernon Rebello, M.D.

Fax: 561 526 8313

201716966

OSK #1191

115

Incident Report

Date of Incident: 8/29/17

Time of Incident: Approx 9 AM

Admitting Diagnosis: I73.89

Purpose of Admission: Vascular Intervention

Patient Name: [REDACTED]

Patient MR#: [REDACTED]

Sender: M

Address: [REDACTED]

Telephone: [REDACTED]

Description of Event:

78 year old with severe peripheral vascular disease referred to department for endovascular intervention of the R SFA. Underwent successful stent and ACB of R SFA and popliteal. The procedure was complicated by a small sub branch bifurcation perforation that was successfully treated in the lab with prolonged balloon inflation and vascular coiling. Post procedure pt experienced low BP and was transferred to MPH for observation and management.

Location of Event:

☒ Cath Lab☐ Pre-Post Procedure Area☐ Other: _____

Type of Incident:

Fall:

- ☐ Slip/Fall - movement from one level to another without voluntary control. Injury is not a criteria.
- ☐ Found on floor - an un-witnessed fall from some surface (bed, wheelchair, etc., to floor). Injury is not a criteria.
- ☐ Near fall - a trip or assisted fall to the floor or other surface. Injury is not a criteria.
- ☐ Other - any fall related event not noted above.

DOH Consumer Services

SEP 24 2017

Medication Variance:

- ☐ ContraIndicated - medication should/should not have been given because of a contraIndication.
- ☐ Extra doses - extra doses given. Can be a single error if a transcription error was at fault or multiple errors if other causes.
- ☐ Incorrect-IV related - same as wrong med except when IV solution and not an actual drug.
- ☐ Omission - one or some doses not given. Can be one error if transcription error or multiple errors if other causes.
- ☐ Patient reported allergy - medication given even though allergy was noted on chart or by patient.
- ☐ Transcription error - medication improperly transcribed.
- ☐ Medication not ordered - medication not ordered for this patient. Wrong patient got the drug.
- ☐ Wrong dose - wrong dose to the right patient.
- ☐ Wrong drug - wrong drug to the right patient.
- ☐ Wrong patient - medication given to wrong patient.
- ☐ Wrong route - medication given by the wrong route.
- ☐ Wrong time - dose given greater than 30 minutes before or after time ordered. On stat dose, drug given more than 30 minutes from time ordered.
- ☐ Other - other medication error no noted above.

Treatment or Procedure Variance:

- ☐ Consent/not documented - failure to obtain legal consent according to the policy and procedures of the facility.
- ☐ Consent/different procedure performed - a procedure other than the procedure consented to by the patient was performed.
- ☐ Delayed - treatment or procedure not done within the time limits dictated by the policies and procedures of the facility.
- ☐ Delayed/while under anesthesia - Patient was already under anesthesia when the delay occurred.
- ☐ Not Ordered - treatment not ordered for this patient.
- ☐ Omitted - treatment or procedure not performed as ordered.
- ☐ Technique - treatment or procedure done with incorrect technique.
- ☒ Undesired Effect - treatment or procedure done correctly but patient suffered a side effect or ill effect.
- ☐ Specimen handling error/at facility - failure to handle specimen at facility according to the policies and procedures of the facility.
- ☐ Specimen handling error/ other - failure to properly handle specimen at lab or treatment facility other than facility.
- ☐ Complications following procedure - patient experienced complications while in recovery or following discharge.
- ☐ Cancellation/ on day of procedure - Cancellation of procedure on day scheduled for any reason. Cancellation/ after induction of anesthesia - Procedure canceled for any reason while patient is under anesthesia.
- ☐ Inability to complete procedure/ with complications - Procedure not completed for whatever reason due to complications with patient.
- ☐ Inability to complete procedure/without complications - Procedure not completed for whatever reason without complications.
- ☐ Surgical count/unresolved - Surgical count incorrect, but no signs of retained foreign body.
- ☐ Surgical count/retained foreign body - Retained foreign body (surgical sponge or other surgical material) confirmed by x-ray following procedure.
- ☐ Unscheduled return to OR - Return to OR was not part of patient's original treatment plan.
- ☒ Unplanned transfer/admission - Transfer to facility/admission was not part of patient's original treatment plan.
- ☐ Received unplanned blood/blood products - Receipt of blood or blood products was not part of patient's original treatment plan. Other - other procedure or treatment related incident not noted above.

Equipment/Product-Related Incident:

- ☐ Defective - equipment was faulty (not electrical) when attempt was made to use. Does not necessarily result in harm or injury. Applies to new equipment ... first time use.

- o Electrical Problem - problem related to electrical system, electrical parts of equipment or product. Electrical Shock - faulty equipment or product resulting in electrical shock.
- o Equipment Unavailable - product not available for use when scheduled. Results in delay.
- o Improper Use - equipment was not used in accordance to directions or standards.
- o Malfunction - equipment or product did not function as designed. Not first time use.
- o Wrong Equipment - wrong equipment was used for the right person.
- o Other - equipment or product related incident not noted above.

Note: In any incident related to product or equipment, the equipment identification numbers must be recorded on the Incident Report.

Miscellaneous:

- o AMA/Elopement - patient leaves facility after signing AMA or without permission.
- o Contraband Possession - possession by any person of contraband such as drugs, alcohol, guns. Exposure/Bio-hazardous or Chemical - Includes exposures to patients or visitors.
- o Fire/Thermal - incident occurring because of fire or chemical burning.
- o Loss/Damaged Property - incident involving lost, damaged or stolen property of patients, visitors, staff, or facility.
- o "Near-Miss" Event - circumstances or events that could have resulted in an adverse event
- o Patient Abuse - Includes any allegation or patient abuse by patient, staff, family or visitor.
- o Struck Against Object - a broad category that includes bumping, scraping against another object. Struck by Object - a broad category that includes incidents of being struck by objects such as doors, thrown objects, etc.
- o Other - any unexpected incident not included in any category above whether or not there is injury.

Medical Treatment Provided (if any):

Dopamine, neo-synephrine, atropine; balloon tamponade and embolus coiling; reversal of anti-coagulants

Nature of Injury:

O - None/not applicable

O - Unable to determine

X - Other (describe below)

Small vessel perforation resulting in the need for balloon tamponade and coiling; hospital transfer for further management.

Related Factors:

Individuals Involved In Incident (Name, License #, Role):

Dr. Richard Sola, MD ME50893 Attending Physician (Licensee)
Joseph Marcelli, RN RN#9182693 Circulating RN
Kathy Moore-Kienegger TT515 Scrub Tech

Witnesses (Name, Address, Telephone Numbers):

Monika Rioux 455 Pinellas St. Clearwater FL 33756 727-445-1911
Robert Reeder 455 Pinellas St. Clearwater FL 33756 727-445-1911

Preparer of Report: Monika Rioux, Robert Reeder
 Risk Manager (signature): Robert Reeder

Date/Time of Completion: 8-29-17 1830 hrs
 Date/Time of Receipt: 8-29-17 1930 hrs

Investigation, Follow up, and Corrective Actions:

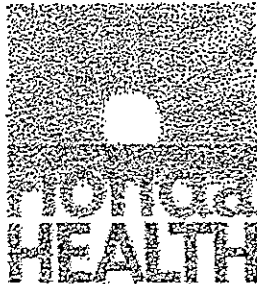
Patient transferred to MPH; Dr. Bernardo Stein, medical Director, advised of incident.
Patient had uneventful hospital course. He was treated with IV fluids and pressor agents. Hemoglobin levels were stable and patient did not require transfusion of blood products. Follow-up CTA demonstrated patent stents and no evidence of extravasation. He was discharged home in stable condition on 9/11/17.
This case is scheduled for review during invasive physician's meeting. R Reeder 8/29/17 8pm - 9/15/17 1715pm

201716452 167

DOH Consumer Service.

STATE OF FLORIDA
Rick Scott, Governor

SEP 19 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

Radiology Regional Center, P.A.
Name of office
Fort Myers 33901 Lee
City Zip Code County
Dr. Lawrence Leigh
Name of Physician or Licensee Reporting
Patient's address for Physician or Licensee Reporting

3680 Broadway
Street Address -
238-836-3292
Telephone
AHCA # - 1682
License Number & office registration number, if applicable

II. PATIENT INFORMATION



Diagnosis

44 F Q Q
Age 8/30/2017 Gender Medicaid Medicare
Date of Office Visit
Endovascular laser ablation
Purpose of Office Visit
ICD-10 Code for description of incident
ICD-10-183.842; 83.892
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

8/30/2017
Incident Date and Time

Location of Incident:
☒ Operating Room ☐ Recovery Room
☒ Other vein center

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

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

Please see attached.

B) ICD-9-CM Codes

ICD-10-183.812; 83.892	ICD-10- 183.812; 83.892	N/A
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

N/A

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.
<input type="checkbox"/> Surgical procedure performed on the wrong patient.	** if it resulted in:
<input checked="" type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure.	<input type="checkbox"/> Death
<input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.	<input type="checkbox"/> Brain Damage
Outcome of transfer – e.g., death, brain damage, observation only _____	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred: _____	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function.
	<input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.

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

Please see attached.

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

Dr. Lawrence Leigh - license # ME80021.

IV. ANALYSIS AND CORRECTIVE ACTION

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

Please see attached.

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

Please see attached.

FLORIDA DEPARTMENT OF HEALTH
PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

III. INCIDENT INFORMATION -

A) Describe circumstances of the incident (narrative):

On August 30, 2017, I performed an endovenous laser ablation of the great saphenous and the anterior accessory saphenous veins on Patient, [REDACTED] at Radiology Regional Center Vascular Specialists. Prior to doing so, I obtained an ultrasound of the patient's left thigh. During the course of performing my sonographic evaluation of the veins to be ablated, it was noted that there was a 0.9 centimeter long echogenic focus, which had imaging characteristics of a retained fragment of a micropuncture sheath. The patient had a prior endovenous laser ablation performed on June 16, 2017 at Radiology Regional Center Vascular Specialists and on ultrasound the micropuncture sheath's location correlated to the previously treated anterior accessory saphenous vein area in the mid to upper left thigh. Upon completion of the ultrasound, I informed the patient of the incidental finding. It was then decided that the micropuncture sheath would be removed during our scheduled vein therapy procedure.

During the course of my August 30, 2017 endovenous laser ablation procedure, I made a one (1) centimeter incision to remove the piece of micropuncture sheath, which was made without difficulty. The micropuncture sheath fragment actually measured 9 millimeters in size. Thereafter, I enclosed the incision site with two (2) sutures. No complications were sustained and the patient tolerated the procedure well. The patient has also been seen in follow-up where no complications or injuries have been personally observed or reported by the patient to date.

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

First endovenous laser ablation (performed on June 16, 2017) - Dr. Ravi Dalal.

Dr. Dalal is not presently employed with Radiology Regional Center. He practices in Raleigh, North Carolina to the best of my knowledge and belief.

Second endovenous laser ablation (performed on August 30, 2017, where incidental finding of micropuncture sheath fragment was found and removed) - Dr. Lawrence Leigh.

Additional witnesses with knowledge may include ARNP Emily Laser and Dr. Hazem Matta. However, I discovered and removed the micropuncture sheath.

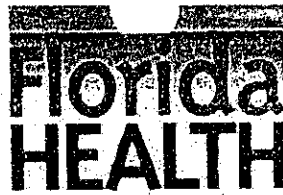
IV. ANALYSIS AND CORRECTIVE ACTION -

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

The presumed cause is that a micropuncture sheath fragment was left behind for unknown reasons during the course of the patient's endovenous laser ablation procedure performed on June 16, 2017 at Radiology Regional Center Vascular Specialists by Dr. Dalal.

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

Corrective and/or proactive actions taken included: informing the patient of the incidental ultrasound finding on August 30, 2017, and making a one (1) centimeter incision wherein the 9 millimeter fragment of micropuncture sheath was removed in its entirety and closed with two (2) sutures. Dr. Dalal was also promptly informed of the incident's occurrence.



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

I. OFFICE INFORMATION

Life Line Vascular + Interventional Ctr
Name of office

Visalia 32578 Okaloosa
City Zip Code County

Dr. McDaniel
Name of Physician or Licensee Reporting

Patient's address for Physician or Licensee Reporting

4585 E Hwy 20 # 125
Street Address

(850) 678-0184
Telephone

ME # 118434 HCL10009
License Number & office registration number, if applicable

II. PATIENT INFORMATION

Patient Name

Patient's Address

Patient Identification Number

Diagnosis

Age Gender male ☐ Medicaid ☒ Medicare

1-4-17
Date of Office Visit

Cerebral Angiogram + BLE Atherectomy
Purpose of Office Visit

440.20 + 433.10

ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

1-4-17 / 1932
Incident Date and Time

Location of Incident:

☒ Operating Room
☐ Other

☐ Recovery Room

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

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

Patient undergoing cerebral angiogram. Patient started exhibiting signs of stroke/TIA, such as slurring right side facial droop, left side weakness, oxygen desaturation. Code called, crash cart in room, 911 dispatched. Suction to oral/nasally. Non-rebreather mask applied with return to normal oxygenation. EMS arrived, MD at bedside speaking with family, report given. Patient transported to local hospital.

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

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

Resulting injury (ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

N/A

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.
<input type="checkbox"/> Surgical procedure performed on the wrong patient.	
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure.	** If it resulted in:
<input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.	<input type="checkbox"/> Death
Outcome of transfer – e.g., death, brain damage, observation only _____	<input type="checkbox"/> Brain Damage
Name of facility to which patient was transferred: <u>Fort Walton Beach Medical Center</u>	<input type="checkbox"/> Spinal Damage
<u>1/2-pt transferred to Destin Rehab Ctr.</u>	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function.
	<input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.

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

Dr. McDaniel MD #118434, Susan Powell RT-CRT 30133, Sandy Newman RT CRT-91278, Mona Hecker RN-936231, Kelly Doherty RN- (CSC Norman) RN 3173432, KASSI BRADY RN 9343840
4585 E Hwy 20 #125, Miramar, FL 32578

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

Paula Van Amerongen

IV. ANALYSIS AND CORRECTIVE ACTION

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

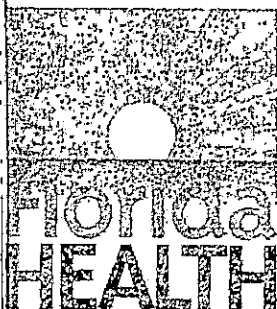
Procedure done per protocol. There were no equip. malfunctions, no med errors and no sedatives were given.

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

Team responded immediately, 911 called immediately & pt sent to closest stroke center for care by EMS

001701218

179



STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

DOH Consumer Services
JAN 23 2017

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

I. OFFICE INFORMATION

Body Care Liposculpture & Anti-Aging Clinic
Name of office

Fort Lauderdale 33301 Broward
City Zip Code County

Rodger G. Strath, MD
Name of Physician or Licensee Reporting

Patient's address for Physician or Licensee Reporting

100 N. Federal Highway Ste C2
Street Address

(954) 765-1316
Telephone

ME 74811 OSR 884
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted]
Patient's Address
N/A
Patient Identification Number
lipodystrophy
Diagnosis

[Redacted] Female
Age 1/4/17 Gender 1/5/17
Date of Office Visit
Liposuction of flanks, follow-up
Purpose of Office Visit
278.1, 458.8
ICD-9 Code for description of incident
LIPOMA I
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

January 5, 2017 7:45 PM
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other EXAM ROOM

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

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

Pt. had liposculpture (tumescent) on
1/4/17 of her flanks. Upon follow-up
on 1/5/17 she looked slightly pale
and her B.P. was ^{slightly} low. She was then
sent to the E.R. for labs and evaluation.
Everything was found to be normal in terms of
her Hgb/Hct. She was discharged home from
the E.R. in stable condition.

B) ICD-9-CM Codes

Lipodystrophy, Liposuction

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

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

Resulting injury (ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

N/A

D) Outcome of Incident (Please check)

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

Outcome of transfer – e.g., death, brain damage, observation only _____
Name of facility to which patient was transferred: _____

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

** if it resulted in:

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

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

Rodger G. Stahl, MD ME 74811
Anita Pasko, RN RN 1433482
Carrie Braganca, ST

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

Listed Above

IV. ANALYSIS AND CORRECTIVE ACTION

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

Root Cause of Incident was likely reaction to pain meds (percode 101325)

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

pt. was instructed to use 1/2 dose (cut pill in half) and only if needed & painful.

I. OFFICE INFORMATION

Advanced Imaging and Interventional Institute
 Name of office

Clearwater 33761 Pinellas
 City Zip Code County

Brett Welke, MD
 Name of Physician or Licensee Reporting

1116 Fairburn Ave. Clearwater, FL 33755
 Patient's address for Physician or Licensee Reporting

2730 McMullen Booth Rd.
 Street Address

727-791-7300
 Telephone

ME129192 / OSR521
 License Number & office registration number, if applicable

II. PATIENT INFORMATION

[REDACTED]
 Patient Name

[REDACTED]
 Patient Identification Number

N18.6
 Diagnosis

[REDACTED] Male ☐ Medicaid ☒ Medicare
 Age Gender

01/11/2017
 Date of Office Visit

AV shuntogram
 Purpose of Office Visit

N18.6
 ICD-9 Code for description of incident

11
 Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

01/11/2017 1215pm
 Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other PACU

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

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

patient scheduled for AV shuntogram, procedure completed without complications. 1215 patient arrived in PACU difficult to arouse, O₂ sat 99% on 2L, BP 150/90, P 94, Dr. Colleen Niedzwiecki notified. Narcan and Flumazenil administered per order. Dr. Colleen Niedzwiecki at bedside. patient remained somnolent. Eyes open bilaterally, pupils 4mm equal, round, reactive. patient taken to CT for head scan, scan complete and no acute findings seen. After CT scan, motor movement of all extremities present, however patient became increasingly agitated. Dr. V. Sagar and Dr. Kowal called and notified of patient's condition and 911 called for transfer to MCH for continued observation. 1327 patient transferred via EMS to MCH, upon discharge patient moving all extremities, vitals stable, however patient remained agitated.

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

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital. Outcome of transfer – e.g., death, brain damage, observation only _____ Name of facility to which patient was transferred: _____	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure. ** if it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
--	---

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

Brett Welke, MD ME129192
 Colleen Niedzwiecki, MD ME68554
 Brandi Ransom, RN RN188020
 Lynette Holmes, RN 9307071

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

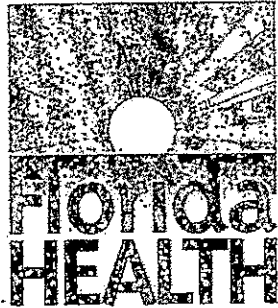
Adverse reaction to the anesthesia likely secondary to suboptimal metabolism of the medication from a history of chronic kidney disease,

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

Continue to provide postoperative care and observation, continue monitoring vital signs, take necessary action needed with any change in baseline status

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT _____
 DATE REPORT COMPLETED 1/21/2017 TIME REPORT COMPLETED 13:30



201701713 187

DOH Consumer Services

STATE OF FLORIDA
Rick Scott, Governor

JAN 31 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

The Cardiac and Vascular Institute
Name of office
Gainesville 32608 Alachua
City Zip Code County
Dr. Daniel VanRoy
Name of Physician or Licensee Reporting
Same
Patient's address for Physician or Licensee Reporting

1151 NW 64 Terrace
Street Address
352/416-2646
Telephone
ME 77995 OSR 805
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted]
Patient Name
[Redacted]
Patient's Address
11032
Patient Identification Number
Atherosclerosis of lower extremities with intermittent claudication
Diagnosis

[Redacted] Female ☐ ☒
Age 1/14/17 Gender Medicaid Medicare
Date of Office Visit
Lower extremity angiography with probable intervention
Purpose of Office Visit
998.2
ICD-9 Code for description of incident
II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

1/14/17
Incident Date and Time

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

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

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

Please see attached document.

[REDACTED]

The right external iliac artery was crossed from the left common femoral arterial approach, antegrade. Following this, balloon angioplasty of the occluded segment was performed and upon restoration of antegrade flow, with significant recoil, the right external iliac artery was stented. This stent was postdilated with significant recoil at the mid segment, necessitating high pressure inflation of 14 atm. Following high pressure inflation, a test injection of contrast demonstrated extravasation of contrast into the retroperitoneum due to perforation of the right external iliac artery. Subsequently, from the radial arterial access, we were able to balloon tamponade the perforation. Following this a covered stenting of the right external iliac artery was performed and this completely sealed the perforation, resulting in a widely patent right external iliac artery.

B) ICD-9-CM Codes

CPT 37221 and 37226

E870.8

997.79

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

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

Resulting injury (ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

Cook Zilver Self Expanding Stent; Cook Angioplasty Balloon

D) Outcome of Incident (Please check)

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

Outcome of transfer – e.g., death, brain damage, observation only. Observation & transfusion of 1 unit packed cells
Name of facility to which patient was transferred:
North Florida Regional Medical Center

- ☐ Surgical procedure performed on the wrong site **
- ☐ Wrong surgical procedure performed **
- ☐ Surgical repair of injuries or damage from a planned surgical procedure.
- ** if it resulted in:**
- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to include the incision scar
- ☐ Fracture or dislocation of bones or joints
- ☐ Limitation of neurological, physical, or sensory function.
- ☐ Any condition that required the transfer of the patient to a hospital.

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

Dr. Daniel VanRoy, ME77995

Jamey Spencer, CVT

Tonl Sanlin, RN 9314781

Megan Paradis, RCIS 00086098

Elizabeth Padgett, RCIS 00088926

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

Kendra Claude, Medical Assistant

Carlee Welch, RCIS 00079231

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

The REIA apparently did not tolerate the high pressure inflation, resulting in the perforation.

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

Perforation of the iliac artery, while rare, is a known complication of this procedure. Alternatives to high pressure balloon inflation in the iliac arteries will be explored.

I. OFFICE INFORMATION

Mark Lamet MD PA
Name of office
Hollywood 33021 Broward
City Zip Code County
Mark Lamet MD
Name of Physician or Licensee Reporting

1150 N. 35th Avenue #445
Street Address
954-961-7771
Telephone
ME0037578 OSR# 193
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting **DOH Consumer Services**

JAN 25 2017

II. PATIENT INFORMATION

[REDACTED]
[REDACTED]
[REDACTED]
Patient Identification Number 0000030491
Diagnosis

[REDACTED] F
Age 01/18/17 Gender F ☐ Medicaid ☐ Medicare
Date of Office Visit
Colonoscopy
Purpose of Office Visit
536.539A
ICD-9 Code for description of incident
II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

01/18/17 3:30 PM
Incident Date and Time

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

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

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

[REDACTED] F underwent Colonoscopy to evaluate
Rectal Bleeding - Colonoscopy revealed diverticulosis.
Signs of Barotrauma noted in (R) Colon.
Pt called in afternoon to complain of abdominal Pain & was
sent to ER where X-ray revealed free air c/w perforation.
She went to surgery where linear tears of (R) Colon observed.
c/w Barotrauma, (P) hemicolectomy performed & patient is
now convalescing

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

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.
<input type="checkbox"/> Surgical procedure performed on the wrong patient.	<input type="checkbox"/> ** If it resulted in:
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure.	<input type="checkbox"/> Death
<input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.	<input type="checkbox"/> Brain Damage
Outcome of transfer – e.g., death, brain damage, observation only _____	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred: _____	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function.
	<input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.

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

Mark Lanet, M.D. - ME0037518
Paul Alabaster C.RNA - ARNP9294074
Belinda DeToro RA - RN9429405
JoAnn Kumbao, LPN - PN5223377

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

N/A

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

N/A

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

B) ICD-9-CM Codes

704.00 UNKNOWN 798.00
 Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes) Resulting injury (ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

Bag valve mask, EKG, BP, O2 Sat IV

D) Outcome of Incident (Please check)

<input checked="" type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital. Outcome of transfer – e.g., death, brain damage, observation only Name of facility to which patient was transferred: Mease-Dunedin Hospital	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure. ** If it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
---	---

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

Fred Loufer MD FACS MEH1440 Kelley Lamb RN
 Julie Street, RN Moni McNamee, MA/CST

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

Hair technicians Lisa Wilkins, Lizette, Aquino

IV. ANALYSIS AND CORRECTIVE ACTION

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

UNKNOWN - Seizure

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

IV -versed O2ugeneration ambu bag 911
 pt was well oxygenated

V.

Frederick Loufer MD MEH1440
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

DATE REPORT COMPLETED TIME REPORT COMPLETED

added 6/19/17

LOCATION: Lauder Institute of Plastic
REPORTED BY: William R. B. Surgery

DESCRIPTION OF INCIDENT: Patient unresponsive
with shaking motion

FALL	STICK	EXPOSURE	SPILLAGE
ANESTHESIA	NURSING	ADMINISTRATIVE	PATIENT ACCIDENT
EMPLOYEE	VISITOR	PHYSICIAN	RECOVERY

Patient shaking motion and unresponsive during hair graft procedure. 911 called (tech stayed on line until EMS arrived to sight) O₂ applied via ambu bag patient ventilated by MD O₂ sat 87%. HR 112. IV started in Left AC #22 Jelco D5LR 100cc bag hung open rate 1mg/versed given via IV per MD orders. EMS arrived took over situation ↑ HR 116 O₂ sat 87%. Patient still shaking and unresponsive verbally. EMS transferred patient via ambulance to Mease Countryside Hospital. Call placed to Support person [redacted] to notify family.

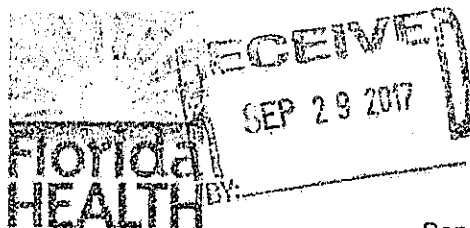
REPORTING PERSON: Kelly Lamb RW DATE: Incident & transfer.
NOTIFIED WHOM: EMS TIME: 5-19-2017

OUTCOME:

OUTCOME:
Notified by parents at an ventilator. Met & parents.
Notified & deceased May 24, 2017 by examiner's
office.

INITIALS: KL DATE: 5/19/2017

6



STATE OF FLORIDA
Rick Scott, Governor

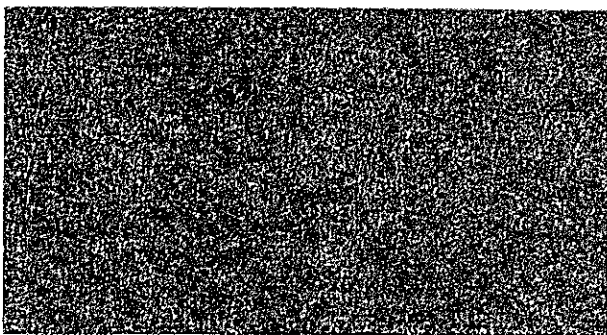
PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Jacksonville Spine Center
Name of office
Jax, FL 32256 DUVAL
City Zip Code County
JUSTIN D. MANN, MD
Name of Physician or Licensee Reporting

10475 Centurian Pkwy North, Suite 201
Street Address
904-223-3321
Telephone
ME128030
License Number & office registration number, if applicable



31 M ☐ Medicaid ☐ Medicare
Age Gender
7/11/17
Date of Office Visit
Cervical facet/medial branch rhizotomy
Purpose of Office Visit
M47.842, M47.812, M54.2
ICD-9 Code for description of Incident
(in office procedure) w/o sedation
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

7/11/17 @ 11:15 am
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other Office Procedure Room

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

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

This patient had been treated in our clinic for LEFT neck pain with LEFT neck
diagnostic injections performed on 4/25/17 and 5/4/17. He was counseled regarding performance
of a LEFT cervical medial branch rhizotomy and an order was inadvertently placed for
a BILATERAL rhizotomy. The patient subsequently had a BILATERAL procedure performed
with excellent relief of his pain and no apparent harm. Upon reviewing our records for
an upcoming follow up appointment, we discovered this error. We have discussed this error
with the patient, who assures us that he feels better than he has ever felt and does not
believe that any harm was done.

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B) ICD-9-CM Codes

R10.32 74177

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

E879.2

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

999.9

Resulting injury (ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

Siemens Scope CT, ZOLL AED(X03D014245), Zoll AED Plus Pads, Nasal cannula 4707F-10, Pulse-Ox:CMS50D.

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.
<input type="checkbox"/> Surgical procedure performed on the wrong patient.	** if it resulted in:
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure.	<input type="checkbox"/> Death
<input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.	<input type="checkbox"/> Brain Damage
Outcome of transfer – e.g., death, brain damage, observation only _____	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred: _____	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
Lee Memorial Hospital	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function.
	<input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.

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

Evan Rosenberg: State license CRT 78741, ARRT: 478684

Stacy Buck: State license CRT 34384, ARRT: 262978

Kim Morris: State license CRT 12139, ARRT: 226330

Robert Stanfill, MD: ME 114265

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

Same as above

IV. ANALYSIS AND CORRECTIVE ACTION

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

Patient is known to be having dizzy spells. Patient had dizzy spell post CT of abdomen and became completely altered and not responding.

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

None

V.


SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

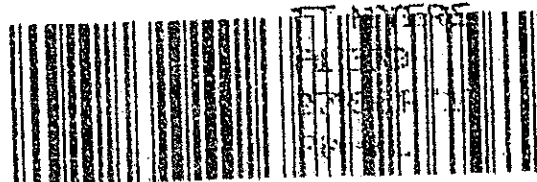
ME 114265

LICENSE NUMBER

9-21-17
DATE REPORT COMPLETED

TIME REPORT COMPLETED

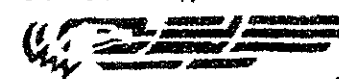
 Radiology Regional Center
3660 Broadway • Ft. Myers, FL 33901-8005
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Dept of Health, Consumer Services Unit
4052 Bald Cypress Way, Bld C 75
Tallahassee, FL 32399-3275

32399-701752



B) ICD-9-CM Codes

ICD-9 724.3 62320 (ICD-10) 541.2 E876.6 465.52 (ICD-10) 998.9 T81.9XXA
 Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) Accident, event, circumstances, or specific agent that caused the injury or event (ICD-9 E-Code) Resulting injury (ICD-9 Codes 800-999.9)

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

No involved equipment

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input checked="" type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital. Outcome of transfer -- e.g., death, brain damage, observation only _____ Name of facility to which patient was transferred: _____	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure. ** If it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
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E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

ME 70421 - Surgeon

ARNP 2620362 - CRNA - Anesthesia provider

RN 9411213 - Operative Nurse

CRT 87731 - Radiology Technician

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

RN 9266564 Assistant Nurse

RN 9265085 - PACU Nurse

PN 5220438 Preoperative Nurse

IV. ANALYSIS AND CORRECTIVE ACTION

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

Multifactorial cause for event.
 See additional sheets

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

Root cause analysis of event

Policy and procedure changes.

See additional sheets

v. Cheryl E. White, MSHL, BS, AS, RN, LHRM LHRM # 15184
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
08/29/17 0900
DATE REPORT COMPLETED TIME REPORT COMPLETED

- D) Outcome of Incident (please see response listed on report.)
- E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident:

ME 70421-	Surgeon
ARNP 2620362-	Certified Registered Nurse Anesthetist (CRNA)
RN 9411213 -	Operative Nurse
CRT 87731-	Radiology Technician

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

RN 9266564-	Assistant Nurse
PN 5220438-	Preoperative Nurse
RN9265085-	PACU Nurse

IV. Analysis and Corrective Action

- A) Analysis (apparent cause) of this incident:
The surgeon involved risk management and a root cause analysis of the event is underway. The causes of this event are multifactorial including but not limited to:
- 1) Chart preparation flow process- preoperative charts have been placed in a stack with the most recent arriving patient placed on the bottom of the stack.
 - 2) The CRNA was attempting to help out and called the patient back from the preoperative waiting area.
 - 3) The patient did not have an ID bracelet on.
 - 4) The patient repeatedly answered to the incorrect name,
 - 5) A White Board was not utilized in the procedure room.
 - 6) The operative nurse did not cover the consent during the pause.
- B) Describe corrective or proactive actions(s) taken
- 1) Chart preparation flow process- final process for preoperative charts will be changed with vertical presentation.
 - 2) RN must be responsible for calling patient back from preoperative waiting area.
 - 3) Patient communication- all patients will be addressed by Mr., Mrs., Ms. and Miss as titles used before surnames or full names as a sign of respect.
 - 4) The following are times to be followed for verification of patient identity and surgical procedures:
 - (a) When the surgery is scheduled
 - (b) When the patient is admitted to the healthcare facility
 - (c) Anytime the patient is transferred to another caregiver

- (d) Prior to sedation
- (e) Prior to the patients entry into the operating/procedure room
- 5) The following will be instituted for the identification of the conscious, competent patient prior to the start of the surgical procedure:
 - (a) Staff will address the patient using their full name and introduce themselves, including job title or position.
This will aid in lessening the anxiety of the patient.
 - (b) Patient should be asked to say their name, the surgical procedure to be performed, and location of the operation.
 - (c) The patient's name and assigned identification number on the surgery schedule and scheduling worksheet should correspond with the information noted on the patient's wristband.
 - (d) The information on the patient's wristband should correspond with the information in the patient's chart.
 - (e) Verify that the procedure listed and described on the informed consent in the patient's chart is the same procedure that the patient verbally stated.
 - (f) Confirm that the correct procedure is on the operating room schedule.
- 6) A White Board will be placed in the procedure room.
- 7) The office Administrator and Medical Director will make decisions and implement disciplinary action as deemed necessary.