

SEVENTEENTH JUDICIAL CIRCUIT COURT
BROWARD COUNTY, FLORIDA

CASE NO.

JUDGE

PAUL CEPARANO,

Plaintiff,

v.

JIN Y. PAREDES, D.O.,
JYP HEALTHCARE, P.A.,
ALVARO PADILLA, M.D.,
ALEXANDER POISIK, M.D.,
ARNOLD LANG, M.D.,
BROWARD NEUROSURGEONS, LLC, and
COLUMBIA HOSPITAL CORPORATION OF SOUTH BROWARD,

Defendants.

_____ /

COMPLAINT

Plaintiff sues Defendants and alleges at all material times:

1. This action seeks damages exceeding \$30,000.
2. Plaintiff satisfied all conditions precedent, substantially satisfied them, or they are waived, including but not limited to complying with all parts of Chapter 766 of the Florida Statutes.
3. Broward County is a proper venue for this case because Plaintiff's claims against Defendants arose in Broward County.
4. The signatures of Plaintiff's counsel at the end of this document certify, per section 766.104(1) of the Florida Statutes, that they made a reasonable investigation before filing this case and that investigation gave rise to a good faith belief that grounds exist for the claims against Defendants.

5. Defendant, Jin Y. Paredes, DO (ER Dr.) was a Florida doctor who, although not board certified in emergency medicine, was acting and holding herself out as, among other things, an emergency medicine doctor, and conducted her customary business in Broward County.
6. Defendant, JYP Healthcare, PA (JYPPA) was a Florida business entity and conducted its customary business in Broward County.
7. Defendant, Alvaro Padilla, MD (Neurologist) was a Florida doctor who was board certified in neurology and conducted his customary business in Broward County.
8. Defendant, Alexander Poisik, MD (Neurosurgeon #1) was a Florida doctor who, although not board certified in neurosurgery, was acting and holding himself out as a neurosurgeon, and conducted his customary business in Broward County.
9. Defendant, Arnold Lang, MD (Neurosurgeon #2) was a Florida doctor who was board certified in neurosurgery and conducted his customary business in Broward County.
10. Defendant, Broward Neurosurgeons, LLC (BNLLC) was a Florida business entity and conducted its customary business in Broward County.
11. Defendant, Columbia Hospital Corporation of South Broward (Hospital) was a Florida business entity and a licensed hospital, open to the public, and was acting under its license with the State of Florida and held itself out to the public as a general hospital that provided physicians for emergency room care, general medical care, surgical care, diagnostic studies, neurologic care, and many additional professional healthcare services, and conducted its customary business in Broward County.
12. Hospital did business under its name and the name Westside Regional Medical Center.

The Events

13. On or about March 17, 2019, Plaintiff presented to Hospital complaining of right shoulder/arm pain, numbness in the first through fourth fingers of his right hand for three days, and walking like a “drunk” for the past 1.5 weeks. He reported a history of muscular dystrophy. He also reported weakness on the right side of his body.
14. ER Dr. examined Plaintiff and ordered an electrocardiogram, CT scan of the brain, and a chest x-ray but did not order any imaging of the neck.
15. Er. Dr. consulted Neurologist by phone.
16. ER Dr. noted that Neurologist said Plaintiff’s abnormal gait was due to muscular dystrophy and also noted that the right-hand numbness is along the median nerve distribution, and that Neurologist agreed with the plan to discharge Plaintiff with instructions to follow up with his primary care physician/specialist and return with concerns.
17. On March 23, 2019, Plaintiff again presented via EMS to Hospital unable to walk and having weakness in upper and lower extremities along with shortness of breath and generalized weakness. An MRI of the neck revealed a moderate-to-large disk protrusion with contact to the cervical spinal cord with associated central neck stenosis and myelomalacia.
18. Hospital provided Neurosurgeon #1 and Neurosurgeon #2 to treat Plaintiff.
19. On March 27, 2019, Neurosurgeon #1 performed a C4-5 and C5-6 ACDF for spinal cord decompression.
20. The surgery failed to adequately decompress the spinal cord.

21. Neurosurgeon #1 and Neurosurgeon #2 failed to timely obtain adequate post-surgical follow up and although Plaintiff continued to have numbness and weakness, they failed to order a post-surgical MRI.
22. Plaintiff was admitted to University Hospital and an MRI on April 6, 2019 revealed continued spinal cord compression and prevertebral swelling.
23. Neurosurgeon #2 visited Plaintiff in University Hospital when Neurosurgeon #1 refused to, and Neurosurgeon #2 failed to appreciate that Plaintiff needed repeat surgery due to prevertebral swelling and continued cord compression.
24. Neurosurgeon #2 failed to inform Neurosurgeon #1 of the findings of the April 6, 2019 MRI and reassured Plaintiff rather than advising him that he would require repeat surgical intervention to prevent additional neurologic damage.
25. Plaintiff visited Neurosurgeon #1 in an out-patient visit on April 16, 2019. Despite Plaintiff having continued numbness in the right arm and right foot, being wheel chair bound and unable to stand, Neurosurgeon #1 failed to order an MRI, made no comment about the April 6, 2019 MRI, and failed to appreciate the need for another surgery to further decompress the spinal cord. Rather, he ordered Plaintiff to return for a follow up in six months.
26. When Plaintiff's symptoms became worse, his neurologist referred him to a different neurosurgeon in July 2019. At that time, he was found to be quadriparetic with fasciculations noted in all four extremities, requiring a cane to ambulate and having episodes of urinary incontinence.
27. A repeat MRI showed continued spinal cord stenosis and compression with kyphotic deformity.

28. As a result, Plaintiff has required multiple repeat surgeries and is left with chronic and permanent severe neurologic injuries.

Count 1

Negligence against ER Dr.

29. Paragraphs 1-28 incorporated.
30. On or about March 17, 2019, Plaintiff presented to Hospital for non-emergency care.
31. ER Dr. undertook a duty to diagnose, care for, and treat Plaintiff in accordance with the applicable standard of care and that duty included but was not limited to:
- a. Adequately and accurately communicate the patient's medical history and examination findings to consulting physicians;
 - b. Consider cervical disc and/or spinal cord problem in her differential diagnosis;
 - c. Consider the need for an MRI of the cervical spine; and
 - d. Treat Plaintiff within the standard of care.
32. ER Dr. breached the duty owned in these non-exclusive ways:
- a. Failing to adequately and accurately communicate the patient's medical history and examination findings to consulting physicians;
 - b. Failing to consider cervical disc and/or spinal cord problem in her differential diagnosis;
 - c. Failing to consider the need for an MRI of the cervical spine; and
 - d. Failing to treat Plaintiff within the standard of care.
33. ER Dr's breach directly and proximately caused Plaintiff to suffer permanent bodily injury, pain and suffering, disability, disfigurement, mental anguish, loss of capacity for the enjoyment of life, expenses of hospitalization, medical and nursing care and

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