

IN THE CIRCUIT COURT OF THE  
FIFTEENTH JUDICIAL CIRCUIT IN AND  
FOR PALM BEACH COUNTY, FLORIDA

LENARD C. JOHNSON, as Personal  
Representative of the Estate of ANTHONY  
JOHNSON, deceased,

Plaintiffs,

vs.

WELLINGTON REGIONAL MEDICAL  
CENTER, LLC, d/b/a WELLINGTON  
REGIONAL MEDICAL CENTER, a Florida  
limited liability company, TRUE PARTNERS  
EMERGENCY PHYSICIANS LLC, a Florida  
limited liability company, JAY KERNUS,  
D.O., individually, ACCOUNTABLE CARE  
HOSPITALIST GROUP, L.L.C., a Florida  
limited liability company, ROMUALD  
ALTINE, D.O., individually, STEVEN  
SHERMAN, M.D., individually, HERBERT  
DANOWIT, M.D., individually, JUDITH  
BAILEY-CHAMBERS, APRN, individually,  
FIRSTAT MEDICAL STAFFING, INC., a  
Florida corporation, VANESSA MCINTOSH,  
R.N., individually, and FABIANA  
RODRIGUEZ, R.N., individually,

Defendants.

**COMPLAINT**

COMES NOW, Plaintiff, LENARD C. JOHNSON, as Personal Representative of the  
Estate of ANTHONY JOHNSON, deceased, and hereby sues Defendants, WELLINGTON  
REGIONAL MEDICAL CENTER, LLC, d/b/a WELLINGTON REGIONAL MEDICAL  
CENTER, a Florida limited liability company, TRUE PARTNERS EMERGENCY PHYSICIANS  
LLC, a Florida limited liability company, JAY KERNUS, D.O., individually, ACCOUNTABLE

CARE HOSPITALIST GROUP, L.L.C., a Florida limited liability company, ROMUALD ALTINE, D.O., individually, STEVEN SHERMAN, M.D., individually, HERBERT DANOWIT, M.D., individually, JUDITH BAILEY CHAMBERS, APRN, individually, FIRSTAT MEDICAL STAFFING, INC., a Florida corporation, [REDACTED], individually, and FABIANA RODRIGUEZ, R.N., individually, and as grounds therefore alleges:

### **PROCEDURE**

1. This is an action for medical negligence pursuant to Chapter 766, Florida Statutes, and Florida Rule of Civil Procedure 1.650 for damages exceeding Fifty Thousand Dollars (\$50,000.00), exclusive of costs and interest.

2. In that regard, Plaintiff, LENARD C. JOHNSON, as Personal Representative of the Estate of ANTHONY JOHNSON, deceased, has complied with all necessary precedent conditions prior to filing this action pursuant to Florida Statutes 766. Defendants and/or those bearing a legal relationship with Defendants were provided with written Notice of Claim via certified mail pursuant to Florida Statute § 766.106 and Florida Rule of Civil Procedure 1.650. A good-faith pre-suit investigation was conducted, and there is good faith belief that grounds exist for an action against Defendants.

3. This action is being brought as a wrongful death action pursuant to the Florida Wrongful Death Act (Florida Statutes §§ 768.16 – 768.26).

### **THE PARTIES**

4. At the time of the actions giving rise to this claim, ANTHONY JOHNSON was a resident of Palm Beach County, Florida.

5. Decedent, ANTHONY JOHNSON, was born on May 18, 1972, and died on August 22, 2021.

6. Decedent, ANTHONY JOHNSON, is survived by his minor children: Miles Johnson and Laiah Johnson.

7. Miles Johnson, surviving son of ANTHONY JOHNSON, was born on April 20, 2011, and was under 25 years old at the time of his father's death.

8. Laiah Johnson, surviving daughter of ANTHONY JOHNSON, was born on April 22, 2020, and was under 25 years old at the time of her father's death.

9. At all times material hereto, LENARD C. JOHNSON is the duly appointed Personal Representative of the Estate of ANTHONY JOHNSON, deceased. The Letters of Administration are attached hereto as Exhibit "A".

10. At all times material hereto, Defendant WELLINGTON REGIONAL MEDICAL CENTER, LLC, d/b/a WELLINGTON REGIONAL MEDICAL CENTER (hereinafter referred to as Defendant "WELLINGTON REGIONAL") is and was a Florida limited liability company doing business in Florida and operating a hospital known as Wellington Regional Medical Center located at or about 10101 Forest Hill Boulevard, Wellington, Palm Beach County, Florida.

11. At all times material hereto, Defendant TRUE PARTNERS EMERGENCY PHYSICIANS LLC, (hereinafter referred to as Defendant "TRUE PARTNERS") is and was a Florida limited liability company doing business in Palm Beach County, Florida, with a principal place of business in Brentwood, Tennessee.

12. At all times material hereto, Defendant JAY KERNUS, D.O. (hereinafter referred to as Defendant “KERNUS”) was a physician practicing in Palm Beach County, Florida, holding himself out to the public including decedent, ANTHONY JOHNSON, as an emergency room physician possessing the same skill and expertise in the field as any other emergency room physician in Palm Beach County, Florida, or other similar medical community.

13. At all times material hereto, Defendant ACCOUNTABLE CARE HOSPITALIST GROUP L.L.C. (hereinafter referred to as Defendant “ACCOUNTABLE CARE”) is and was a Florida limited liability company with a principal place of business in Palm Beach County, Florida.

14. At all times material hereto, Defendant ROMUALD ALTINE, D.O. (hereinafter referred to as Defendant “ALTINE”) was a physician practicing in Palm Beach County, Florida, holding himself out to the public including decedent, ANTHONY JOHNSON, as an internal medicine physician possessing the same skill and expertise in the field as any other internal medicine physician in Palm Beach County, Florida, or other similar medical community.

15. At all times material hereto, Defendant STEVEN SHERMAN, M.D. (hereinafter referred to as Defendant “SHERMAN”) was a physician practicing in Palm Beach County, Florida, holding himself out to the public including decedent, ANTHONY JOHNSON, as an internal medicine physician possessing the same skill and expertise in the field as any other internal medicine physician in Palm Beach County, Florida, or other similar medical community.

16. At all times material hereto, Defendant HERBERT DANOWIT, M.D. (hereinafter referred to as Defendant “DANOWIT”) was a physician practicing in Palm Beach County, Florida, holding himself out to the public including decedent, ANTHONY JOHNSON, as an internal

medicine physician possessing the same skill and expertise in the field as any other internal medicine physician in Palm Beach County, Florida, or other similar medical community.

17. At all times materially hereto, Defendant JUDITH BAILEY CHAMBERS, APRN (hereinafter referred to as Defendant “BAILEY-CHAMBERS”) was an advanced practice registered nurse, holding herself out to the public including decedent, ANTHONY JOHNSON, as an advanced practice registered nurse possessing the same skill and expertise in the field as any other advanced practice registered nurse in Palm Beach County, Florida, or other similar medical community.

18. At all times material hereto, Defendant FIRSTAT MEDICAL STAFFING, INC. (hereinafter referred to as Defendant “FIRSTAT”) is and was a Florida corporation with a principal place of business in Palm Beach County, Florida.

19. At all times material hereto, Defendant VANESSA MCINTOSH, R.N. (hereinafter referred to as Defendant “MCINTOSH”) was a registered nurse physician in Palm Beach County, Florida, holding herself out to the public including decedent, ANTHONY JOHNSON, as a registered possessing the same skill and expertise in the field as any other registered nurse in Palm Beach County, Florida, or other similar medical community.

20. At all times material hereto, Defendant FABIANA RODRIGUEZ, R.N. (hereinafter referred to as Defendant “RODRIGUEZ”) was a registered nurse physician in Palm Beach County, Florida, holding herself out to the public including decedent, ANTHONY JOHNSON, as a registered possessing the same skill and expertise in the field as any other registered nurse in Palm Beach County, Florida, or other similar medical community.

### **CONDITIONS PRECEDENT**

21. Plaintiff, LENARD C. JOHNSON, as Personal Representative of the Estate of ANTHONY JOHNSON, deceased, has satisfied all of the conditions precedent required by Florida law before filing this Complaint.

22. Pursuant to Florida Statute 766.104(2), Plaintiff, LENARD C. JOHNSON, as Personal Representative of the Estate of ANTHONY JOHNSON, deceased, petitioned for and received an automatic 90-day extension of the statute of limitations.

### **FACTS GIVING RISE TO THE CLAIM**

23. On August 20, 2021, ANTHONY JOHNSON presented to the emergency department at Wellington Regional Medical Center at approximately 1:17 a.m., with complaints of persistent shortness of breath and fatigue, accompanied by heaviness in his chest.

24. At the emergency department at Wellington Regional Medical Center, ANTHONY JOHNSON was seen by Defendant KERNUS.

25. Upon completion of a history and physical examination, review of vital signs and ANTHONY JOHNSON's presenting symptoms, Defendant KERNUS attributed the following presumptive differential diagnosis:

*"Pneumonia, congestive heart failure, pulmonary embolism.  
Rationale: Patient presenting with resting tachycardia and concern  
for pulmonary embolism."*

26. Pulmonary embolism is a potentially fatal condition, and in the emergency department setting, clinical guidelines associated with the evaluation and treatment of patients

highly suspected of pulmonary embolism diagnosis advise prompt initiation of anticoagulation medication even before the diagnosis is confirmed,

27. Analysis of [REDACTED] serum troponin level TNIH undertaken at 2:49 a.m., was reported to Defendant KERNUS as a critical alert, 426.3, an extremely high value.

28. Laboratory analysis of ANTHONY JOHNSON's brain natriuretic peptide (ProBNP) level, an objective measure of cardiac function, at this time demonstrated an extremely high value of 2286.

29. At approximately 3:21 a.m., two hours after presentation, Defendant KERNUS ordered chest imaging, CT angiography for ANTHONY JOHNSON due to: "*Clinical history/shortness of breath R/O pulmonary embolus.*"

30. At approximately 3:38 a.m., ANTHONY JOHNSON's second, repeat serum troponin TNIH level was reported as 338.5, an extremely high value indicative of myocardial strain.

31. At approximately 4:16 a.m., Defendant KERNUS received a critical alert telephone call from Jessica Manning in the radiology department at Wellington Regional Medical Center due to:

*"...extensive pulmonary emboli within the left and right main pulmonary arteries extending into the right middle lobe, left upper lobe, and bilateral lower lobe pulmonary arteries."*

32. Additional clinical concern included elevation of ANTHONY JOHNSON's left ventricular/right ventricular ratio as 4.5, which was described in the CTA of the chest report as possibly due to right ventricular strain.

33. At this time, ANTHONY JOHNSON's abnormal clinical findings; elevated serum troponin level, elevated serum ProBNP level, extensive bilateral pulmonary embolism distribution, and evidence on imaging of right ventricular heart strain correlated to his "risk-stratification" categorization as "intermediate".

34. ANTHONY JOHNSON's prompt access to further non-invasive clinical evaluations was imperative at this time to provide qualitative indices to expediently guide the multidisciplinary team on the most appropriate intervention strategies.

35. Defendant KERNUS' requests for ANTHONY JOHNSON to receive "STAT" medical care under the guidance of specialty healthcare providers including, cardiology, interventional radiology and pulmonology/critical care was imperative at this important clinical juncture to permit aggressive implementation of appropriate therapies.

36. At approximately 4:18 a.m., Defendant KERNUS ordered a "NOW" dose of anticoagulant Enoxaparin/ Lovenox, 1 mg per kg to be administered to ANTHONY JOHNSON, 90 mg by subcutaneous route.

37. At approximately 5:16 a.m., ANTHONY JOHNSON received 90 mg of Lovenox by subcutaneous route administered by Michael Jenkins, R.N.

38. Defendant KERNUS further recommended ANTHONY JOHNSON for referral for inpatient admission to Wellington Regional Medical Center to be placed in a "regular medical unit with telemetry."

39. At approximately 5:30 a.m., ANTHONY JOHNSON was accepted for acute inpatient admission by Defendant BAILEY-CHAMBERS for Defendant ALTINE.



40. At approximately 6:32 a.m., Defendant BAILEY-CHAMBERS entered a set of physician's orders for ANTHONY JOHNSON, which set forth the hospitalist-guided plan of care intended to address:

*"Diagnosis: bilateral pulmonary embolism and elevated troponin, admission to observation with telemetry, Attending Herbert Daniel Danowit, M.D."*

41. Defendant CHAMBERS' admission orders were co-signed by supervising physician Defendant SHERMAN at 6:53 a.m., and Defendant DANOWIT on August 29, 2021, at 3:43 p.m.

42. At approximately 10:29 a.m., the fourth serial repeat analysis of ANTHONY JOHNSON's serum troponin TNIH, was again reported as a critical response at 414.9, demonstrating persistent cardiac strain and/or ischemia.

43. At approximately 11:15 a.m., ANTHONY JOHNSON's primary nurse, Defendant RODRIGUEZ, entered a progress note to ANTHONY JOHNSON'S medical record confirming her report to Defendant DANOWIT regarding the critical troponin TNIH level alert.

44. At approximately 12:02 p.m., Defendant BAILEY-CHAMBERS discontinued pending analysis of ANTHONY JOHNSON's serum troponin prior to ANTHONY JOHNSON's transfer from observation status to admission to an inpatient room in the telemetry unit.

45. The orders to discontinue directives for care entered by Defendant BAILEY-CHAMBERS were co-signed by Defendant DANOWIT and/or Defendant ALTINE.

46. At approximately 1:32 p.m., Defendant DANOWIT ordered, *"Apixiban/Eliquis Starter Pack for treatment of DVT and PE 5 mg. Oral Tablet."*

47. At approximately 1:36 p.m., Defendant DANOWIT entered a history and physical examination report to the medical record, in which he confirmed his acknowledgement of the comprehensive findings:

*“Bilateral pulmonary emboli with right sided ventricular strain causing a troponin leak. He will be switched over to Eliquis 10 mg, twice daily for a week and 5 mg. p.o. twice daily thereafter. Will refer him to hematology for further evaluation and care. Currently not requiring any oxygen. Exam is completely benign.”*

48. At approximately 1:42 p.m., Defendant DANOWIT entered a discharge summary to ANTHONY JOHNSON’s medical record with a discharge diagnosis of bilateral pulmonary emboli and elevated troponin.

49. At approximately 1:43 p.m., Defendant DANOWIT entered an order for ANTHONY JOHNSON to receive a NOW one time dose of Apixaban/Eliquis, 10 mg orally:

*“Order Details: 10 mg = 2 tabs, First Dose NOW start date 08/20/21 13:43 EDT, New Onset DVT/PE.”*

50. The order to administer oral anticoagulant Apixaban/Eliquis, NOW, was acknowledged by Defendant MCINTOSH at approximately 2:21 p.m., and Defendant RODRIGUEZ at approximately 3:20 p.m.

51. Despite the aforementioned order, ANTHONY JOHNSON did not receive the Apixaban/Eliquis medication prior to his discharge, and no additional anticoagulation medication was administered to ANTHONY JOHNSON prior to his discharge from care at Wellington Regional Medical Center.

52. At approximately 3:35 p.m., ANTHONY JOHNSON was discharged from Wellington Regional Medical Center by Defendant RODRIGUEZ, who noted:

*“Pt. A&O x 4, in no acute distress, d/c and f/u reviewed and discussed, per Dr. Danowit no need for cardio, pt needs hematology f/u, IV’s removed, refused wheelchair to care, aware blood thinner to CVS pharmacy left with all belongings and in good condition today.”*

53. At approximately 3:57 p.m., cardiology services healthcare personnel Camille Dyer, PA-C, arrived to evaluate and provide recommendations for [REDACTED] care; however, ANTHONY JOHNSON had already been discharged.

54. At approximately 4:01 p.m., the pending routine request for cardiology consultation and pending follow-up analysis of ANTHONY JOHNSON’s troponin laboratory evaluations were discontinued by Defendant BAILEY-CHAMBERS.

55. ANTHONY JOHNSON did not undergo further evaluation and/or recommendations for care with any cardiologist, pulmonologist, interventional radiologist or critical care intensivist prior to his discharge from Wellington Regional Medical Center.

56. Further, at no time prior to discharge did he receive education or instruction regarding the severity of his pulmonary embolism diagnosis.

57. On August 22, 2021, less than two days after being discharged from Wellington Regional Medical Center, ANTHONY JOHNSON suffered cardiopulmonary arrest at home.

58. ANTHONY JOHNSON was transported to St. Mary’s Medical Center at approximately 9:17 a.m., with cardiopulmonary resuscitation (CPR) and advanced cardiac life support (ALCS) care ongoing.

59. Unable to achieve return of spontaneous respiration (ROSC), resuscitation efforts were abandoned, and ANTHONY JOHNSON was pronounced dead at approximately 9:52 a.m.

60. On August 22, 2021, ANTHONY JOHNSON died.

61. The Florida Certification of Death cited ANTHONY JOHNSON's cause of death as pulmonary thromboembolism due to probable deep vein thrombosis.

### **DAMAGES**

62. As a direct and proximate result of the negligence set forth herein, ANTHONY JOHNSON died.

63. As a direct and proximate result of the negligence set forth herein, the Estate of ANTHONY JOHNSON suffered damages in the form of medical and funeral expenses and loss of net accumulations.

64. As a further direct and proximate result of the negligence set forth herein, M.A. Johnson, a minor, suffered the loss of parental companionship, instruction, and guidance, mental pain and suffering as a result of his father's injury and death, and loss of his father's support and services. Such losses are permanent and continuing.

65. As a further direct and proximate result of the negligence set forth herein, L.N. Johnson, a minor, suffered the loss of parental companionship, instruction, and guidance, mental pain and suffering as a result of his father's injury and death, and loss of his father's support and services. Such losses are permanent and continuing.

### **COUNT I – CLAIM AGAINST DEFENDANT JAY KERNUS, D.O.**

66. Plaintiff, LENARD C. JOHNSON, as Personal Representative of the Estate of ANTHONY JOHNSON, deceased, hereby realleges and incorporates by reference each and every allegation contained in paragraphs 1 through 65, and further alleges:

67. At all times material hereto, Defendant KERNUS had a duty to provide reasonable care to ANTHONY JOHNSON, deceased, in accordance with the accepted standards of care and that level of care, skill, and treatment, which in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by similar and reasonably careful healthcare providers in Palm Beach County, Florida, or other similar medical communities.

68. Defendant KERNUS was negligent and deviated from the acceptable standards of medical care and treatment of ANTHONY JOHNSON in the following respects, inter alia:

- a. Failure to timely utilize well-established guidelines and promptly initiate recommended therapies which are supported by clinical data;
- b. Failure to promptly administer anticoagulation medical treatment, at the time of initial evaluation; as guidelines advise prompt initiation of anticoagulation medication, even before the diagnosis is confirmed in those highly suspected of pulmonary embolism;
- c. Failure to accurately assess ANTHONY JOHNSON's risk stratification, which based on evidence of right heart strain on imaging, and elevated troponin and BNP, suggested intermediate risk;
- d. Failure to promptly request immediate/STAT pulmonary/critical care and interventional radiology consultations;
- e. Failure to promptly order immediate/STAT transthoracic echocardiogram to guide the most appropriate plan of care;
- f. Failure to ensure that immediate/STAT evaluation of the patient's risk stratification would be appraised by pulmonology/critical care and interventional radiology physicians;
- g. Failure to ensure that the appraisal of the patient's risk stratification would guide his further plan of care as set forth by pulmonary/critical care and interventional radiologist physicians;
- h. Failure to educate the patient and confirm that he understood the severity of the pulmonary embolus diagnosis, the importance of his agreement and compliance with regards to a best practice plan of care; and,

- i. Failure to provide that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar healthcare providers.

69. As a direct and proximate result of Defendant KERNUS' negligence, ANTHONY JOHNSON died.

70. As a direct and proximate result of Defendant KERNUS' negligence, The Estate of ANTHONY JOHNSON, and ANTHONY JOHNSON's surviving children, Miles Johnson and Laiah Johnson, suffered the damages outlined above in paragraphs 63 through 65. The losses are permanent or continuing and will continue into the future.

WHEREFORE, Plaintiff, LENARD C. JOHNSON, as Personal Representative of the Estate of ANTHONY JOHNSON, demands judgment in her favor against Defendant JAY KERNUS, D.O., for compensatory damages, costs, and for such other relief as this Court may deem just and proper.

**COUNT II – CLAIM AGAINST DEFENDANT**  
**TRUE PARTNERS EMERGENCY PHYSICIANS, LLC**

71. Plaintiff, LENARD C. JOHNSON, as Personal Representative of the Estate of ANTHONY JOHNSON, deceased, hereby realleges and incorporates by reference each and every allegation contained in paragraphs 1 through 70, and further alleges:

72. At all times material hereto, Defendant TRUE PARTNERS had a duty individually and by and through its agents, apparent agents, servants, and/or employees, including but not limited to Defendant KERNUS, to provide proper medical care to ANTHONY JOHNSON, in accordance with the accepted standards of care in Palm Beach County, Florida, or other similar medical communities.

73. Defendant TRUE PARTNERS is at all times vicariously liable for the negligent actions of its agents, apparent agents, servants, and/or employees, including but not limited to Defendant KERNUS, acting within the course and scope of his agency, apparent agency, servitude, and/or employment.

74. At all times material hereto, Defendant KERNUS was an employee of Defendant TRUE PARTNERS acting within the course and scope of his employment with Defendant TRUE PARTNERS.

75. Defendant TRUE PARTNERS, by and through its agents, apparent agents, servants, and/or employees, including but not limited to Defendant KERNUS, was negligent and deviated from the acceptable standards of medical care and treatment of ANTHONY JOHNSON in the following respects, inter alia:

- a. Failure to timely utilize well-established guidelines and promptly initiate recommended therapies which are supported by clinical data;
- b. Failure to promptly administer anticoagulation medical treatment, at the time of initial evaluation; as guidelines advise prompt initiation of anticoagulation medication, even before the diagnosis is confirmed in those highly suspected of pulmonary embolism;
- c. Failure to accurately assess ANTHONY JOHNSON's risk stratification, which based on evidence of right heart strain on imaging, and elevated troponin and BNP, suggested intermediate risk;
- d. Failure to promptly request immediate/STAT pulmonary/critical care and interventional radiology consultations;
- e. Failure to promptly order immediate/STAT transthoracic echocardiogram to guide the most appropriate plan of care;
- f. Failure to ensure that immediate/STAT evaluation of the patient's risk stratification would be appraised by pulmonology/critical care and interventional radiology physicians;

- g. Failure to ensure that the appraisal of the patient's risk stratification would guide his further plan of care as set forth by pulmonary/critical care and interventional radiologist physicians;
- h. Failure to educate the patient and confirm that he understood the severity of the pulmonary embolus diagnosis, the importance of his agreement and compliance with regards to a best practice plan of care; and,
- i. Failure to provide that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar healthcare providers.

76. As a direct and proximate result of aforementioned negligence, ANTHONY JOHNSON died.

77. As a direct and proximate result of the aforementioned negligence, The Estate of ANTHONY JOHNSON, and ANTHONY JOHNSON's surviving children, Miles Johnson and Laiah Johnson, suffered the damages outlined above in paragraphs 63 through 65. The losses are permanent or continuing and will continue into the future.

WHEREFORE, Plaintiff, LENARD C. JOHNSON, as Personal Representative of the Estate of ANTHONY JOHNSON, demands judgment in her favor against Defendant TRUE PARTNERS EMERGENCY PHYSICIANS, LLC, for compensatory damages, costs, and for such other relief as this Court may deem just and proper.

**COUNT III – CLAIM AGAINST DEFENDANT ROMUALD ALTINE, D.O.**

78. Plaintiff, LENARD C. JOHNSON, as Personal Representative of the Estate of ANTHONY JOHNSON, deceased, hereby realleges and incorporates by reference each and every allegation contained in paragraphs 1 through 65, and further alleges:

79. At all times material hereto, Defendant ALTINE had a duty to provide reasonable care to ANTHONY JOHNSON, deceased, in accordance with the accepted standards of care and



that level of care, skill, and treatment, which in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by similar and reasonably careful healthcare providers in Palm Beach County, Florida, or other similar medical communities.

80. Defendant ALTINE was negligent and deviated from the acceptable standards of medical care and treatment of ANTHONY JOHNSON in the following respects, inter alia:

- a. Failure to perform a comprehensive review of the findings associated with the patient's presentation and clinical setting and offer the patient a plan of care based on applicable standards of care;
- b. Failure to order and undertake necessary clinical evaluations including transthoracic echocardiogram to guide the most appropriate plan of care;
- c. Failure to promptly undertake risk stratification analysis, appraise the overall clot burden, the degree of strain imposed on the right side of the heart and identify the extent of myocardial damage sustained and/or evolving;
- d. Failure to utilize accurate risk stratification analysis to guide the care and treatment of the pulmonary embolism;
- e. Failure to accurately assess ANTHONY JOHNSON's risk stratification, which based on evidence of right heart strain on imaging, elevated troponin and BNP, suggests at least intermediate risk;
- f. Failure to provide inpatient admission for ANTHONY JOHNSON based on evidence of right heart strain on imaging, elevated troponin and BNP, suggests at least intermediate risk for continuous observation and monitoring, given his risk for clinical deterioration;
- g. Failure based upon the clinical findings, to ensure ANTHONY JOHNSON would receive "STAT" consultation with Pulmonology and/or Critical Care and Cardiology healthcare providers to guide his further care;
- h. Failure, after initial dose of Enoxaparin/Lovenox was administered; to administer appropriate anticoagulation therapy as ordered, in the setting of confirmed "sub-massive" bilateral pulmonary embolism diagnosis that placed ANTHONY JOHNSON at elevated risk for adverse events and early mortality;

- i. Failure to ensure ANTHONY JOHNSON would have unencumbered access to oral anticoagulation therapy as ordered;
- j. Failure to monitor, mentor, clinically oversee and amend as necessary, the plan of care set forth by midlevel provider Defendant BAILEY-CHAMBERS;
- k. Failure to educate the patient and confirm that he understood the severity of the pulmonary embolus diagnosis, the importance of his agreement and compliance with regards to a best practice plan of care;
- l. Failure in endorsing discharge of ANTHONY JOHNSON on August 20, 2021, as the setting herein described constituted an unsafe hospital discharge; and,
- m. Failure to provide and timely implement that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized to be acceptable and appropriate by reasonably prudent similar healthcare providers.

81. As a direct and proximate result of Defendant ALTINE's negligence, ANTHONY JOHNSON died.

82. As a direct and proximate result of Defendant ALTINE's negligence, The Estate of ANTHONY JOHNSON, and ANTHONY JOHNSON's surviving children, Miles Johnson and Laiah Johnson, suffered the damages outlined above in paragraphs 63 through 65. The losses are permanent or continuing and will continue into the future.

WHEREFORE, Plaintiff, LENARD C. JOHNSON, as Personal Representative of the Estate of ANTHONY JOHNSON, demands judgment in her favor against Defendant ROMUALD ALTINE, D.O., for compensatory damages, costs, and for such other relief as this Court may deem just and proper.

**COUNT IV – CLAIM AGAINST DEFENDANT STEVEN SHERMAN, M.D.**

83. Plaintiff, LENARD C. JOHNSON, as Personal Representative of the Estate of ANTHONY JOHNSON, deceased, hereby realleges and incorporates by reference each and every allegation contained in paragraphs 1 through 65, and further alleges:

84. At all times material hereto, Defendant SHERMAN had a duty to provide reasonable care to ANTHONY JOHNSON, deceased, in accordance with the accepted standards of care and that level of care, skill, and treatment, which in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by similar and reasonably careful healthcare providers in Palm Beach County, Florida, or other similar medical communities.

85. Defendant SHERMAN was negligent and deviated from the acceptable standards of medical care and treatment of ANTHONY JOHNSON in the following respects, inter alia:

- a. Failure to perform a comprehensive review of the findings associated with the patient's presentation and clinical setting and offer the patient a plan of care based on applicable standards of care;
- b. Failure to order and undertake necessary clinical evaluations including transthoracic echocardiogram to guide the most appropriate plan of care;
- c. Failure to promptly undertake risk stratification analysis, appraise the overall clot burden, the degree of strain imposed on the right side of the heart and identify the extent of myocardial damage sustained and/or evolving;
- d. Failure to utilize accurate risk stratification analysis to guide the care and treatment of the pulmonary embolism;
- e. Failure to accurately assess ANTHONY JOHNSON's risk stratification, which based on evidence of right heart strain on imaging, elevated troponin and BNP, suggests at least intermediate risk;
- f. Failure to provide inpatient admission for ANTHONY JOHNSON based on evidence of right heart strain on imaging, elevated troponin and BNP, suggests

at least intermediate risk for continuous observation and monitoring, given his risk for clinical deterioration;

- g. Failure based upon the clinical findings, to ensure ANTHONY JOHNSON would receive “STAT” consultation with Pulmonology and/or Critical Care and Cardiology healthcare providers to guide his further care;
- h. Failure, after initial dose of Enoxaparin/Lovenox was administered; to administer appropriate anticoagulation therapy as ordered, in the setting of confirmed “sub-massive” bilateral pulmonary embolism diagnosis that placed ANTHONY JOHNSON at elevated risk for adverse events and early mortality;
- i. Failure to ensure ANTHONY JOHNSON would have unencumbered access to oral anticoagulation therapy as ordered;
- j. Failure to monitor, mentor, clinically oversee and amend as necessary, the plan of care set forth by midlevel provider Defendant BAILEY-CHAMBERS;
- k. Failure to educate the patient and confirm that he understood the severity of the pulmonary embolus diagnosis, the importance of his agreement and compliance with regards to a best practice plan of care;
- l. Failure in endorsing discharge of ANTHONY JOHNSON on August 20, 2021, as the setting herein described constituted an unsafe hospital discharge; and,
- m. Failure to provide and timely implement that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized to be acceptable and appropriate by reasonably prudent similar healthcare providers.

86. As a direct and proximate result of Defendant SHERMAN’s negligence, ANTHONY JOHNSON died.

87. As a direct and proximate result of Defendant SHERMAN’s negligence, The Estate of ANTHONY JOHNSON, and ANTHONY JOHNSON’s surviving children, Miles Johnson and Laiah Johnson, suffered the damages outlined above in paragraphs 63 through 65. The losses are permanent or continuing and will continue into the future.

WHEREFORE, Plaintiff, LENARD C. JOHNSON, as Personal Representative of the Estate of ANTHONY JOHNSON, demands judgment in her favor against Defendant STEVEN SHERMAN, M.D., for compensatory damages, costs, and for such other relief as this Court may deem just and proper.

**COUNT V – CLAIM AGAINST DEFENDANT HERBERT DANOWIT, M.D.**

88. Plaintiff, LENARD C. JOHNSON, as Personal Representative of the Estate of ANTHONY JOHNSON, deceased, hereby realleges and incorporates by reference each and every allegation contained in paragraphs 1 through 65, and further alleges:

89. At all times material hereto, Defendant DANOWIT had a duty to provide reasonable care to ANTHONY JOHNSON, deceased, in accordance with the accepted standards of care and that level of care, skill, and treatment, which in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by similar and reasonably careful healthcare providers in Palm Beach County, Florida, or other similar medical communities.

90. Defendant DANOWIT was negligent and deviated from the acceptable standards of medical care and treatment of ANTHONY JOHNSON in the following respects, inter alia:

- a. Failure to perform a comprehensive review of the findings associated with the patient's presentation and clinical setting and offer the patient a plan of care based on applicable standards of care;
- b. Failure to order and undertake necessary clinical evaluations including transthoracic echocardiogram to guide the most appropriate plan of care;
- c. Failure to promptly undertake risk stratification analysis, appraise the overall clot burden, the degree of strain imposed on the right side of the heart and identify the extent of myocardial damage sustained and/or evolving;
- d. Failure to utilize accurate risk stratification analysis to guide the care and treatment of the pulmonary embolism;

- e. Failure to accurately assess ANTHONY JOHNSON's risk stratification, which based on evidence of right heart strain on imaging, elevated troponin and BNP, suggests at least intermediate risk;
- f. Failure to provide inpatient admission for ANTHONY JOHNSON based on evidence of right heart strain on imaging, elevated troponin and BNP, suggests at least intermediate risk for continuous observation and monitoring, given his risk for clinical deterioration;
- g. Failure based upon the clinical findings, to ensure ANTHONY JOHNSON would receive "STAT" consultation with Pulmonology and/or Critical Care and Cardiology healthcare providers to guide his further care;
- h. Failure, after initial dose of Enoxaparin/Lovenox was administered; to administer appropriate anticoagulation therapy as ordered, in the setting of confirmed "sub-massive" bilateral pulmonary embolism diagnosis that placed ANTHONY JOHNSON at elevated risk for adverse events and early mortality;
- i. Failure to ensure ANTHONY JOHNSON would have unencumbered access to oral anticoagulation therapy as ordered;
- j. Failure to monitor, mentor, clinically oversee and amend as necessary, the plan of care set forth by midlevel provider Defendant BAILEY-CHAMBERS;
- k. Failure to educate the patient and confirm that he understood the severity of the pulmonary embolus diagnosis, the importance of his agreement and compliance with regards to a best practice plan of care;
- l. Failure in endorsing discharge of ANTHONY JOHNSON on August 20, 2021, as the setting herein described constituted an unsafe hospital discharge; and,
- m. Failure to provide and timely implement that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized to be acceptable and appropriate by reasonably prudent similar healthcare providers.

91. As a direct and proximate result of Defendant DANOWIT's negligence, ANTHONY JOHNSON died.

92. As a direct and proximate result of Defendant SHERMAN's negligence, The Estate of ANTHONY JOHNSON, and ANTHONY JOHNSON's surviving children, Miles Johnson and

Laiah Johnson, suffered the damages outlined above in paragraphs 63 through 65. The losses are permanent or continuing and will continue into the future.

WHEREFORE, Plaintiff, LENARD C. JOHNSON, as Personal Representative of the Estate of ANTHONY JOHNSON, demands judgment in her favor against Defendant HERBERT DANOWIT, M.D., for compensatory damages, costs, and for such other relief as this Court may deem just and proper.

**COUNT VI – CLAIM AGAINST DEFENDANT JUDITH BAILEY-CHAMBERS, APRN**

93. Plaintiff, LENARD C. JOHNSON, as Personal Representative of the Estate of ANTHONY JOHNSON, deceased, hereby realleges and incorporates by reference each and every allegation contained in paragraphs 1 through 65, and further alleges:

94. At all times material hereto, Defendant BAILEY-CHAMBERS had a duty to provide reasonable care to ANTHONY JOHNSON, deceased, in accordance with the accepted standards of care and that level of care, skill, and treatment, which in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by similar and reasonably careful healthcare providers in Palm Beach County, Florida, or other similar medical communities.

95. Defendant BAILEY-CHAMBERS was negligent and deviated from the acceptable standards of medical care and treatment of ANTHONY JOHNSON in the following respects, inter alia:

- a. Failure to perform a comprehensive review of the findings associated with the patient's presentation and clinical setting and offer the patient a plan of care based on applicable standards of care;
- b. Failure to order and undertake necessary clinical evaluations including transthoracic echocardiogram to guide the most appropriate plan of care;

- c. Failure to promptly undertake risk stratification analysis, appraise the overall clot burden, the degree of strain imposed on the right side of the heart and identify the extent of myocardial damage sustained and/or evolving;
- d. Failure to utilize accurate risk stratification analysis to guide the care and treatment of the pulmonary embolism and life-threatening sequelae;
- e. Failure to accurately assess ANTHONY JOHNSON's risk stratification, which based on evidence of right heart strain on imaging, elevated troponin and BNP, suggests at least intermediate risk;
- f. Failure to provide inpatient admission for ANTHONY JOHNSON based on evidence of right heart strain on imaging, elevated troponin and BNP, suggests at least intermediate risk for continuous observation and monitoring, given his risk for clinical deterioration;
- g. Failure based upon the clinical findings, to ensure ANTHONY JOHNSON would receive "STAT" consultation with Pulmonology and/or Critical Care and Cardiology healthcare providers to guide his further care;
- h. Failure, after initial dose of Enoxaparin/Lovenox was administered; to administer appropriate anticoagulation therapy as ordered, in the setting of confirmed "sub-massive" bilateral pulmonary embolism diagnosis that placed ANTHONY JOHNSON at elevated risk for adverse events and early mortality;
- i. Failure to ensure ANTHONY JOHNSON would have unencumbered access to oral anticoagulation therapy as ordered;
- j. Failure to educate the patient and confirm that he understood the severity of the pulmonary embolus diagnosis, the importance of his agreement and compliance with regards to a best practice plan of care;
- k. Failure in endorsing discharge of ANTHONY JOHNSON on August 20, 2021, as the setting herein described constituted an unsafe hospital discharge that placed ANTHONY JOHNSON at serious risk for death;
- l. Failure to align an evidence-based plan of care with the attending hospitalist healthcare providers involved in accordance with the patient's risk stratification and best medical practices;
- m. Failure to earn the proper educational preparation, training, and board-certification necessary to gain and demonstrate competence in the management of acutely ill patients such as ANTHONY JOHNSON in an in-patient environment; and,



- n. Failure to provide and timely implement that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized to be acceptable and appropriate by reasonably prudent similar healthcare providers.

96. As a direct and proximate result of Defendant BAILEY-CHAMBERS' negligence, ANTHONY JOHNSON died.

97. As a direct and proximate result of Defendant BAILEY-CHAMBERS' negligence, The Estate of ANTHONY JOHNSON, and ANTHONY JOHNSON's surviving children, Miles Johnson and Laiah Johnson, suffered the damages outlined above in paragraphs 63 through 65. The losses are permanent or continuing and will continue into the future.

WHEREFORE, Plaintiff, LENARD C. JOHNSON, as Personal Representative of the Estate of ANTHONY JOHNSON, demands judgment in her favor against Defendant JUDITH BAILEY-CHAMBERS, APRN, for compensatory damages, costs, and for such other relief as this Court may deem just and proper.

**COUNT VII – CLAIM AGAINST DEFENDANT ACCOUNTABLE CARE  
HOSPITALIST GROUP, L.L.C.**

98. Plaintiff, LENARD C. JOHNSON, as Personal Representative of the Estate of ANTHONY JOHNSON, deceased, hereby realleges and incorporates by reference each and every allegation contained in paragraphs 1 through 65 and 78 through 97, and further alleges:

99. At all times material hereto, Defendant ACCOUNTBALE CARE had a duty individually and by and through its agents, apparent agents, servants, and/or employees, including but not limited to Defendants ALTINE, SHERMAN, DANOWIT, and BAILEY-CHAMBERS, to provide proper medical care to ANTHONY JOHNSON, in accordance with the accepted standards of care in Palm Beach County, Florida, or other similar medical communities.

100. Defendant ACCOUNTABLE CARE is at all times vicariously liable for the negligent actions of its agents, apparent agents, servants, and/or employees, including but not limited to Defendants ALTINE, SHERMAN, DANOWIT, and BAILEY-CHAMBERS, acting within the course and scope of their agency, apparent agency, servitude, and/or employment.

101. At all times material hereto, Defendants ALTINE, SHERMAN, DANOWIT, and BAILEY-CHAMBERS were employees of Defendant ACCOUNTABLE CARE acting with the course and scope of their employment with Defendant ACCOUNTABLE CARE.

102. Defendant ACCOUNTABLE CARE, by and through its agents, apparent agents, servants, and/or employees, including but not limited to Defendants ALTINE, SHERMAN, DANOWIT, and BAILEY-CHAMBERS, was negligent and deviated from the acceptable standards of medical care and treatment of ANTHONY JOHNSON in the following respects, inter alia:

- a. Failure to perform a comprehensive review of the findings associated with the patient's presentation and clinical setting and offer the patient a plan of care based on applicable standards of care;
- b. Failure to order and undertake necessary clinical evaluations including transthoracic echocardiogram to guide the most appropriate plan of care;
- c. Failure to promptly undertake risk stratification analysis, appraise the overall clot burden, the degree of strain imposed on the right side of the heart and identify the extent of myocardial damage sustained and/or evolving;
- d. Failure to utilize accurate risk stratification analysis to guide the care and treatment of the pulmonary embolism;
- e. Failure to accurately assess ANTHONY JOHNSON's risk stratification, which based on evidence of right heart strain on imaging, elevated troponin and BNP, suggests at least intermediate risk;

- f. Failure to provide inpatient admission for ANTHONY JOHNSON based on evidence of right heart strain on imaging, elevated troponin and BNP, suggests at least intermediate risk for continuous observation and monitoring, given his risk for clinical deterioration;
- g. Failure based upon the clinical findings, to ensure ANTHONY JOHNSON would receive “STAT” consultation with Pulmonology and/or Critical Care and Cardiology healthcare providers to guide his further care;
- h. Failure, after initial dose of Enoxaparin/Lovenox was administered; to administer appropriate anticoagulation therapy as ordered, in the setting of confirmed “sub-massive” bilateral pulmonary embolism diagnosis that placed ANTHONY JOHNSON at elevated risk for adverse events and early mortality;
- i. Failure to ensure ANTHONY JOHNSON would have unencumbered access to oral anticoagulation therapy as ordered;
- j. Failure to monitor, mentor, clinically oversee and amend as necessary, the plan of care set forth by midlevel provider Defendant BAILEY-CHAMBERS;
- k. Failure to educate the patient and confirm that he understood the severity of the pulmonary embolus diagnosis, the importance of his agreement and compliance with regards to a best practice plan of care;
- l. Failure in endorsing discharge of ANTHONY JOHNSON on August 20, 2021, as the setting herein described constituted an unsafe hospital discharge that placed ANTHONY JOHNSON at serious risk for death;
- m. Failure to align an evidence-based plan of care with the attending hospitalist healthcare providers involved in accordance with the patient’s risk stratification and best medical practices
- n. Failure to earn the proper educational preparation, training, and board-certification necessary to gain and demonstrate competence in the management of acutely ill patients such as ANTHONY JOHNSON in an in-patient environment; and,
- o. Failure to provide and timely implement that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized to be acceptable and appropriate by reasonably prudent similar healthcare providers.

103. As a direct and proximate result of aforementioned negligence, ANTHONY JOHNSON died.

104. As a direct and proximate result of the aforementioned negligence, The Estate of ANTHONY JOHNSON, and ANTHONY JOHNSON's surviving children, Miles Johnson and Laiah Johnson, suffered the damages outlined above in paragraphs 63 through 65. The losses are permanent or continuing and will continue into the future.

WHEREFORE, Plaintiff, LENARD C. JOHNSON, as Personal Representative of the Estate of ANTHONY JOHNSON, demands judgment in her favor against Defendant ACCOUNTABLE CARE HOSPITALIST GROUP, L.L.C., for compensatory damages, costs, and for such other relief as this Court may deem just and proper.

**COUNT VIII – CLAIM AGAINST DEFENDANT VANESSA MCINTOSH, R.N.**

105. Plaintiff, LENARD C. JOHNSON, as Personal Representative of the Estate of ANTHONY JOHNSON, deceased, hereby realleges and incorporates by reference each and every allegation contained in paragraphs 1 through 65, and further alleges:

106. At all times material hereto, Defendant MCINTOSH had a duty to provide reasonable care to ANTHONY JOHNSON, deceased, in accordance with the accepted standards of care and that level of care, skill, and treatment, which in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by similar and reasonably careful healthcare providers in Palm Beach County, Florida, or other similar medical communities.

107. Defendant MCINTOSH was negligent and deviated from the acceptable standards of medical care and treatment of ANTHONY JOHNSON in the following respects, inter alia:

- a. Failure to educate ANTHONY JOHNSON and confirm that he understood the severity of the pulmonary embolus diagnosis attributed to his presentation, the importance of his agreement of understanding, and compliance with regards to a best practice plan of care;

- b. Failure to administer anticoagulation medication Apixiban/Eliquis as ordered by Defendant DANOWIT on August 20, 2021, at 1:43 p.m.: 10 mg. 2 tabs, First Dose NOW, Start date 08/20/21 at 1:43 p.m.;
- c. Failure to question Defendant DANOWIT regarding the second Apixiban/Eliquis order, which instructed clinical staff to administer 10 mg of Apixiban/Eliquis; likely an error/duplicate; entered one hour and five minutes after the now dose was ordered that instructed administration of Apixiban/Eliquis 10 mg, two tabs, First Dose at 6:00 p.m. To note, ANTHONY JOHNSON was discharged from Wellington Regional Medical Center at 2:43 p.m., and Apixiban/Eliquis was not administered to ANTHONY JOHNSON at any time;
- d. Failure to administer anticoagulation medication Apixiban/Eliquis, as ordered by Defendant DANOWIT: Start date 08/20/21, First Dose at 6:00 p.m.; and,
- e. Failure to provide and timely implement that level of care, skill and treatment which, in light of all relevant surrounding circumstances, is recognized to be acceptable and appropriate by reasonably prudent similar healthcare providers.

108. As a direct and proximate result of Defendant MCINTOSH's negligence, ANTHONY JOHNSON died.

109. As a direct and proximate result of Defendant MCINTOSH's negligence, The Estate of ANTHONY JOHNSON, and ANTHONY JOHNSON's surviving children, Miles Johnson and Laiah Johnson, suffered the damages outlined above in paragraphs 63 through 65. The losses are permanent or continuing and will continue into the future.

WHEREFORE, Plaintiff, LENARD C. JOHNSON, as Personal Representative of the Estate of ANTHONY JOHNSON, demands judgment in her favor against Defendant VANESSA MCINTOSH, R.N., for compensatory damages, costs, and for such other relief as this Court may deem just and proper.

**COUNT IX – CLAIM AGAINST DEFENDANT FABIANA RODRIGUEZ, R.N.**

110. Plaintiff, LENARD C. JOHNSON, as Personal Representative of the Estate of ANTHONY JOHNSON, deceased, hereby realleges and incorporates by reference each and every allegation contained in paragraphs 1 through 65, and further alleges:

111. At all times material hereto, Defendant RODRIGUEZ had a duty to provide reasonable care to ANTHONY JOHNSON, deceased, in accordance with the accepted standards of care and that level of care, skill, and treatment, which in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by similar and reasonably careful healthcare providers in Palm Beach County, Florida, or other similar medical communities.

112. Defendant RODRIGUEZ was negligent and deviated from the acceptable standards of medical care and treatment of ANTHONY JOHNSON in the following respects, inter alia:

- a. Failure to educate ANTHONY JOHNSON and confirm that he understood the severity of the pulmonary embolus diagnosis attributed to his presentation, the importance of his agreement of understanding, and compliance with regards to a best practice plan of care;
- b. Failure to administer anticoagulation medication Apixiban/Eliquis as ordered by Defendant DANOWIT on August 20, 2021, at 1:43 p.m.: 10 mg. 2 tabs, First Dose NOW, Start date 08/20/21 at 1:43 p.m.;
- c. Failure to question Defendant DANOWIT regarding the second Apixiban/Eliquis order, which instructed clinical staff to administer 10 mg of Apixiban/Eliquis; likely an error/duplicate; entered one hour and five minutes after the now dose was ordered that instructed administration of Apixiban/Eliquis 10 mg, two tabs, First Dose at 6:00 p.m. To note, ANTHONY JOHNSON was discharged from Wellington Regional Medical Center at 2:43 p.m., and Apixiban/Eliquis was not administered to ANTHONY JOHNSON at any time;
- d. Failure to administer anticoagulation medication Apixiban/Eliquis, as ordered by Defendant DANOWIT: Start date 08/20/21, First Dose at 6:00 p.m.;

- e. Failure to meet obligation to urgently raise unsafe discharge concerns to Defendant DANOWIT or another provider, and if necessary, invoke the chain of command to protect against the propensity for ANTHONY JOHNSON to succumb to an untimely death by discharging him prematurely and/or improperly;
- f. Failure to advocate for ANTHONY JOHNSON to be permitted to receive cardiology consultation as ordered and/or raise concern of the importance of a cardiology evaluation and recommendation, and if necessary, invoke the chain of command to protect ANTHONY JOHNSON from harm, having received a critical alert regarding elevated serum troponin level findings from the clinical laboratory on August 20, 2021, at 10:53 a.m. To note, the On-call Cardiology provider arrived to evaluate ANTHONY JOHNSON at 3:57 p.m.; however, he was discharged at 2:43 p.m., seventy-four (74) minutes earlier; and,
- g. Failure to provide and timely implement that level of care, skill and treatment which, in light of all relevant surrounding circumstances, is recognized to be acceptable and appropriate by reasonably prudent similar healthcare providers.

113. As a direct and proximate result of Defendant RODRIGUEZ' negligence, ANTHONY JOHNSON died.

114. As a direct and proximate result of Defendant RODRIGUEZ' negligence, The Estate of ANTHONY JOHNSON, and ANTHONY JOHNSON's surviving children, Miles Johnson and Laiah Johnson, suffered the damages outlined above in paragraphs 63 through 65. The losses are permanent or continuing and will continue into the future.

WHEREFORE, Plaintiff, LENARD C. JOHNSON, as Personal Representative of the Estate of ANTHONY JOHNSON, demands judgment in her favor against Defendant FABIANA RODRIGUEZ, R.N., for compensatory damages, costs, and for such other relief as this Court may deem just and proper.

**COUNT X – CLAIM AGAINST DEFENDANT FIRSTAT MEDICAL STAFFING, INC.**

115. Plaintiff, LENARD C. JOHNSON, as Personal Representative of the Estate of ANTHONY JOHNSON, deceased, hereby realleges and incorporates by reference each and every allegation contained in paragraphs 1 through 65 and 105 through 114, and further alleges:

116. At all times material hereto, Defendant FIRSTAT had a duty individually and by and through its agents, apparent agents, servants, and/or employees, including but not limited to Defendants MCINTOSH and RODRIGUEZ, to provide proper medical care to ANTHONY JOHNSON, in accordance with the accepted standards of care in Palm Beach County, Florida, or other similar medical communities.

117. Defendant FIRSTAT is at all times vicariously liable for the negligent actions of its agents, apparent agents, servants, and/or employees, including but not limited to Defendants MCINTOSH and RODRIGUEZ, acting within the course and scope of their agency, apparent agency, servitude, and/or employment.

118. At all times material hereto, Defendants MCINTOSH and RODRIGUEZ were employees of Defendant FIRSTAT acting with the course and scope of their employment with Defendant FIRSTAT.

119. Defendant FIRSTAT, by and through its agents, apparent agents, servants, and/or employees, including but not limited to Defendants MCINTOSH and RODRIGUEZ, was negligent and deviated from the acceptable standards of medical care and treatment of ANTHONY JOHNSON in the following respects, inter alia:

- a. Failure to educate ANTHONY JOHNSON and confirm that he understood the severity of the pulmonary embolus diagnosis attributed to his presentation, the



importance of his agreement of understanding, and compliance with regards to a best practice plan of care;

- b. Failure to administer anticoagulation medication Apixiban/Eliquis as ordered by Defendant DANOWIT on August 20, 2021, at 1:43 p.m.: 10 mg. 2 tabs, First Dose NOW, Start date 08/20/21 at 1:43 p.m.;
- c. Failure to question Defendant DANOWIT regarding the second Apixiban/Eliquis order, which instructed clinical staff to administer 10 mg of Apixiban/Eliquis; likely an error/duplicate; entered one hour and five minutes after the now dose was ordered that instructed administration of Apixiban/Eliquis 10 mg, two tabs, First Dose at 6:00 p.m. To note, ANTHONY JOHNSON was discharged from Wellington Regional Medical Center at 2:43 p.m., and Apixiban/Eliquis was not administered to ANTHONY JOHNSON at any time;
- d. Failure to administer anticoagulation medication Apixiban/Eliquis, as ordered by Defendant DANOWIT: Start date 08/20/21, First Dose at 6:00 p.m.;
- e. Failure to meet obligation to urgently raise unsafe discharge concerns to Defendant DANOWIT or another provider, and if necessary, invoke the chain of command to protect against the propensity for ANTHONY JOHNSON to succumb to an untimely death by discharging him prematurely and/or improperly;
- f. Failure to advocate for ANTHONY JOHNSON to be permitted to receive cardiology consultation as ordered and/or raise concern of the importance of a cardiology evaluation and recommendation, and if necessary, invoke the chain of command to protect ANTHONY JOHNSON from harm, having received a critical alert regarding elevated serum troponin level findings from the clinical laboratory on August 20, 2021, at 10:53 a.m. To note, the On-call Cardiology provider arrived to evaluate ANTHONY JOHNSON at 3:57 p.m.; however, he was discharged at 2:43 p.m., seventy-four (74) minutes earlier; and,
- g. Failure to provide and timely implement that level of care, skill and treatment which, in light of all relevant surrounding circumstances, is recognized to be acceptable and appropriate by reasonably prudent similar healthcare providers.

120. As a direct and proximate result of the aforementioned negligence, ANTHONY JOHNSON died.

121. As a direct and proximate result of the aforementioned negligence, The Estate of ANTHONY JOHNSON, and ANTHONY JOHNSON's surviving children, Miles Johnson and Laiah Johnson, suffered the damages outlined above in paragraphs 63 through 65. The losses are permanent or continuing and will continue into the future.

WHEREFORE, Plaintiff, LENARD C. JOHNSON, as Personal Representative of the Estate of ANTHONY JOHNSON, demands judgment in her favor against Defendant FIRSTAT MEDICAL STAFFING, INC., for compensatory damages, costs, and for such other relief as this Court may deem just and proper.

**COUNT XI – CLAIM AGAINST DEFENDANT WELLINGTON REGIONAL MEDICAL CENTER, LLC d/b/a WELLINGTON REGIONAL MEDICAL CENTER - VICARIOUS LIABILITY**

122. Plaintiff, LENARD C. JOHNSON, as Personal Representative of the Estate of ANTHONY JOHNSON, deceased, hereby realleges and incorporates by reference each and every allegation contained in paragraphs 1 through 65, 78 through 97, and 105 through 114 and further alleges:

123. At all times material hereto, Defendant WELLINGTON REGIONAL had a duty individually and by and through its agents and/or employees, including but not limited to Defendants KERNUS, ALTINE, SHERMAN, DANOWIT, BAILEY-CHAMBERS, MCINTOSH, and RODRIGUEZ, to provide proper medical care to ANTHONY JOHNSON, in accordance with the accepted standards of care in Palm Beach County, Florida, or other similar medical communities.

124. Defendant WELLINGTON REGIONAL is at all times vicariously liable for the negligent actions of its agents and/or employees, including but not limited to Defendants KERNUS, ALTINE, SHERMAN, DANOWIT, BAILEY-CHAMBERS, MCINTOSH, and RODRIGUEZ, acting within the course and scope of their agency and/or employment.

125. Defendant FIRSTAT, by and through its agents and/or employees, including but not limited to Defendants KERNUS, ALTINE, SHERMAN, DANOWIT, BAILEY-CHAMBERS, MCINTOSH, and RODRIGUEZ, was negligent and deviated from the acceptable standards of medical care and treatment of ANTHONY JOHNSON in the following respects, inter alia:

- a. Failure to timely utilize well-established guidelines and promptly initiate recommended therapies which are supported by clinical data;
- b. Failure to promptly administer anticoagulation medical treatment, at the time of initial evaluation; as guidelines advise prompt initiation of anticoagulation medication, even before the diagnosis is confirmed in those highly suspected of pulmonary embolism;
- c. Failure to accurately assess ANTHONY JOHNSON's risk stratification, which based on evidence of right heart strain on imaging, and elevated troponin and BNP, suggested intermediate risk;
- d. Failure to promptly request immediate/STAT pulmonary/critical care and interventional radiology consultations;
- e. Failure to promptly order immediate/STAT transthoracic echocardiogram to guide the most appropriate plan of care;
- f. Failure to ensure that immediate/STAT evaluation of the patient's risk stratification would be appraised by pulmonology/critical care and interventional radiology physicians;
- g. Failure to ensure that the appraisal of the patient's risk stratification would guide his further plan of care as set forth by pulmonary/critical care and interventional radiologist physicians;

- h. Failure to educate the patient and confirm that he understood the severity of the pulmonary embolus diagnosis, the importance of his agreement and compliance with regards to a best practice plan of care;
- i. Failure to perform a comprehensive review of the findings associated with the patient's presentation and clinical setting and offer the patient a plan of care based on applicable standards of care;
- j. Failure to order and undertake necessary clinical evaluations including transthoracic echocardiogram to guide the most appropriate plan of care;
- k. Failure to promptly undertake risk stratification analysis, appraise the overall clot burden, the degree of strain imposed on the right side of the heart and identify the extent of myocardial damage sustained and/or evolving;
- l. Failure to utilize accurate risk stratification analysis to guide the care and treatment of the pulmonary embolism;
- m. Failure to provide inpatient admission for ANTHONY JOHNSON based on evidence of right heart strain on imaging, elevated troponin and BNP, suggests at least intermediate risk for continuous observation and monitoring, given his risk for clinical deterioration;
- n. Failure based upon the clinical findings, to ensure ANTHONY JOHNSON would receive "STAT" consultation with Pulmonology and/or Critical Care and Cardiology healthcare providers to guide his further care;
- o. Failure, after initial dose of Enoxaparin/Lovenox was administered; to administer appropriate anticoagulation therapy as ordered, in the setting of confirmed "sub-massive" bilateral pulmonary embolism diagnosis that placed ANTHONY JOHNSON at elevated risk for adverse events and early mortality;
- p. Failure to ensure ANTHONY JOHNSON would have unencumbered access to oral anticoagulation therapy as ordered;
- q. Failure to monitor, mentor, clinically oversee and amend as necessary, the plan of care set forth by midlevel provider Defendant BAILEY-CHAMBERS;
- r. Failure in endorsing discharge of ANTHONY JOHNSON on August 20, 2021, as the setting herein described constituted an unsafe hospital discharge;
- s. Failure to administer anticoagulation medication Apixiban/Eliquis as ordered by Defendant DANOWIT on August 20, 2021, at 1:43 p.m.: 10 mg. 2 tabs, First Dose NOW, Start date 08/20/21 at 1:43 p.m.;

- t. Failure to question Defendant DANOWIT regarding the second Apiiban/Eliquis order, which instructed clinical staff to administer 10 mg of Apixiban/Eliquis; likely an error/duplicate; entered one hour and five minutes after the now dose was ordered that instructed administration of Apixiban/Eliquis 10 mg, two tabs, First Dose at 6:00 p.m. To note, ANTHONY JOHNSON was discharged from Wellington Regional Medical Center at 2:43 p.m., and Apixiban/Eliquis was not administered to ANTHONY JOHNSON at any time;
- u. Failure to administer anticoagulation medication Apixiban/Eliquis, as ordered by Defendant DANOWIT: Start date 08/20/21, First Dose at 6:00 p.m.;
- v. Failure to meet obligation to urgently raise unsafe discharge concerns to Defendant DANOWIT or another provider, and if necessary, invoke the chain of command to protect against the propensity for ANTHONY JOHNSON to succumb to an untimely death by discharging him prematurely and/or improperly;
- w. Failure to advocate for ANTHONY JOHNSON to be permitted to receive cardiology consultation as ordered and/or raise concern of the importance of a cardiology evaluation and recommendation, and if necessary, invoke the chain of command to protect ANTHONY JOHNSON from harm, having received a critical alert regarding elevated serum troponin level findings from the clinical laboratory on August 20, 2021, at 10:53 a.m. To note, the On-call Cardiology provider arrived to evaluate ANTHONY JOHNSON at 3:57 p.m.; however, he was discharged at 2:43 p.m., seventy-four (74) minutes earlier; and,
- x. Failure to provide and timely implement that level of care, skill and treatment which, in light of all relevant surrounding circumstances, is recognized to be acceptable and appropriate by reasonably prudent similar healthcare providers.

126. As a direct and proximate result of the aforementioned negligence, ANTHONY JOHNSON died.

127. As a direct and proximate result of the aforementioned negligence, The Estate of ANTHONY JOHNSON, and ANTHONY JOHNSON's surviving children, Miles Johnson and

Laiah Johnson, suffered the damages outlined above in paragraphs 63 through 65. The losses are permanent or continuing and will continue into the future.

WHEREFORE, Plaintiff, LENARD C. JOHNSON, as Personal Representative of the Estate of ANTHONY JOHNSON, demands judgment in her favor against Defendant WELLINGTON REGIONAL MEDICAL CENTER, INC., d/b/a WELLINGTON REGIONAL MEDICAL CENTER., for compensatory damages, costs, and for such other relief as this Court may deem just and proper.

**COUNT XII – CLAIM AGAINST DEFENDANT WELLINGTON REGIONAL  
MEDICAL CENTER, INC., D/B/A WELLINGTON REGIONAL MEDICAL CENTER  
FOR NON-DELEGABLE DUTY**

128. Plaintiff, LENARD C. JOHNSON, as Personal Representative of the Estate of ANTHONY JOHNSON, deceased, hereby realleges and incorporates by reference each and every allegation contained in paragraphs 1 through 65, 78 through 97, and 105 through 114, and further alleges:

129. At all times material hereto, Defendant WELLINGTON REGIONAL had a duty to provide proper care to ANTHONY JOHNSON in accordance with accepted standards of care in Palm Beach County, Florida, or other similar medical communities.

130. At all times material hereto, Defendant WELLINGTON REGIONAL had a non-delegable duty pursuant to applicable law to provide non-negligent emergency room services and nursing services to ANTHONY JOHNSON pursuant to Florida Statutes, Florida Regulations, and Federal Regulations.

131. At all times material hereto, Defendant WELLINGTON REGIONAL undertook a duty to treat ANTHONY JOHNSON for a charge and furnished the aforementioned services to render that treatment. Defendant WELLINGTON REGIONAL approved the personnel who would be providing services to ANTHONY JOHNSON, and employed, granted staff privileges to, and/or paid the aforementioned Defendants named herein and other medical professionals to perform said services. The statutory, regulatory, contractual, and common law duties assumed by and/or imposed on the aforementioned Defendants, including providing certain non-delegable medical services such as emergency room services and nursing services, as a matter of law, imposed direct liability upon the Defendant WELLINGTON REGIONAL for the negligent performance of said duties.

132. Florida Hospital Licensing and Regulation Statutes and Rules (§395.001, 395.1055, Florida Statutes; Florida Administrative Code (FAC) 59A-3.2085(3)) imposed a non-delegable duty upon Defendant WELLINGTON REGIONAL to provide these medical services to ANTHONY JOHNSON. Florida Statute 766.110 further imposed certain duties and obligations on Defendant WELLINGTON REGIONAL to assure comprehensive risk management and the competence of those doctors and nursing staff practicing at Defendant WELLINGTON REGIONAL through careful selection and review.

133. Defendant WELLINGTON REGIONAL is at all times directly liable for the negligent acts of the aforementioned Defendants KERNUS, ALTINE, SHERMAN, DANOWIT, BAILEY-CHAMBERS, MCINTOSH, and RODRIGUEZ.

134. Defendant WELLINGTON REGIONAL through the doctrine of non-delegable duty, was negligent and deviated from the prevailing standards of medical care and treatment of ANTHONY JOHNSON in the following respects, inter alia:

- a. Failure to timely utilize well-established guidelines and promptly initiate recommended therapies which are supported by clinical data;
- b. Failure to promptly administer anticoagulation medical treatment, at the time of initial evaluation; as guidelines advise prompt initiation of anticoagulation medication, even before the diagnosis is confirmed in those highly suspected of pulmonary embolism;
- c. Failure to accurately assess ANTHONY JOHNSON's risk stratification, which based on evidence of right heart strain on imaging, and elevated troponin and BNP, suggested intermediate risk;
- d. Failure to promptly request immediate/STAT pulmonary/critical care and interventional radiology consultations;
- e. Failure to promptly order immediate/STAT transthoracic echocardiogram to guide the most appropriate plan of care;
- f. Failure to ensure that immediate/STAT evaluation of the patient's risk stratification would be appraised by pulmonology/critical care and interventional radiology physicians;
- g. Failure to ensure that the appraisal of the patient's risk stratification would guide his further plan of care as set forth by pulmonary/critical care and interventional radiologist physicians;
- h. Failure to educate the patient and confirm that he understood the severity of the pulmonary embolus diagnosis, the importance of his agreement and compliance with regards to a best practice plan of care;
- i. Failure to perform a comprehensive review of the findings associated with the patient's presentation and clinical setting and offer the patient a plan of care based on applicable standards of care;
- j. Failure to order and undertake necessary clinical evaluations including transthoracic echocardiogram to guide the most appropriate plan of care;



- k. Failure to promptly undertake risk stratification analysis, appraise the overall clot burden, the degree of strain imposed on the right side of the heart and identify the extent of myocardial damage sustained and/or evolving;
- l. Failure to utilize accurate risk stratification analysis to guide the care and treatment of the pulmonary embolism;
- m. Failure to provide inpatient admission for ANTHONY JOHNSON based on evidence of right heart strain on imaging, elevated troponin and BNP, suggests at least intermediate risk for continuous observation and monitoring, given his risk for clinical deterioration;
- n. Failure based upon the clinical findings, to ensure ANTHONY JOHNSON would receive “STAT” consultation with Pulmonology and/or Critical Care and Cardiology healthcare providers to guide his further care;
- o. Failure, after initial dose of Enoxaparin/Lovenox was administered; to administer appropriate anticoagulation therapy as ordered, in the setting of confirmed “sub-massive” bilateral pulmonary embolism diagnosis that placed ANTHONY JOHNSON at elevated risk for adverse events and early mortality;
- p. Failure to ensure ANTHONY JOHNSON would have unencumbered access to oral anticoagulation therapy as ordered;
- q. Failure to monitor, mentor, clinically oversee and amend as necessary, the plan of care set forth by midlevel provider Defendant BAILEY-CHAMBERS;
- r. Failure in endorsing discharge of ANTHONY JOHNSON on August 20, 2021, as the setting herein described constituted an unsafe hospital discharge;
- s. Failure to administer anticoagulation medication Apixiban/Eliquis as ordered by Defendant DANOWIT on August 20, 2021, at 1:43 p.m.: 10 mg. 2 tabs, First Dose NOW, Start date 08/20/21 at 1:43 p.m.;
- t. Failure to question Defendant DANOWIT regarding the second Apiiban/Eliquis order, which instructed clinical staff to administer 10 mg of Apixiban/Eliquis; likely an error/duplicate; entered one hour and five minutes after the now dose was ordered that instructed administration of Apixiban/Eliquis 10 mg, two tabs, First Dose at 6:00 p.m. To note, ANTHONY JOHNSON was discharged from Wellington Regional Medical Center at 2:43 p.m., and Apixiban/Eliquis was not administered to ANTHONY JOHNSON at any time;

- u. Failure to administer anticoagulation medication Apixiban/Eliquis, as ordered by Defendant DANOWIT: Start date 08/20/21, First Dose at 6:00 p.m.;
- v. Failure to meet obligation to urgently raise unsafe discharge concerns to Defendant DANOWIT or another provider, and if necessary, invoke the chain of command to protect against the propensity for ANTHONY JOHNSON to succumb to an untimely death by discharging him prematurely and/or improperly;
- w. Failure to advocate for ANTHONY JOHNSON to be permitted to receive cardiology consultation as ordered and/or raise concern of the importance of a cardiology evaluation and recommendation, and if necessary, invoke the chain of command to protect ANTHONY JOHNSON from harm, having received a critical alert regarding elevated serum troponin level findings from the clinical laboratory on August 20, 2021, at 10:53 a.m. To note, the On-call Cardiology provider arrived to evaluate ANTHONY JOHNSON at 3:57 p.m.; however, he was discharged at 2:43 p.m., seventy-four (74) minutes earlier; and,
- x. Failure to provide and timely implement that level of care, skill and treatment which, in light of all relevant surrounding circumstances, is recognized to be acceptable and appropriate by reasonably prudent similar healthcare providers.

135. As a direct and proximate result of the above-described negligence, ANTHONY JOHNSON died.

136. As a direct and proximate result of the aforementioned negligence, The Estate of ANTHONY JOHNSON, and ANTHONY JOHNSON's surviving children, Miles Johnson and Laiah Johnson, suffered the damages outlined above in paragraphs 63 through 65. The losses are permanent or continuing and will continue into the future.

WHEREFORE, Plaintiff, LENARD C. JOHNSON, as Personal Representative of the Estate of ANTHONY JOHNSON, demands judgment in her favor against Defendant WELLINGTON REGIONAL MEDICAL CENTER, INC., d/b/a WELLINGTON REGIONAL

MEDICAL CENTER., for compensatory damages, costs, and for such other relief as this Court may deem just and proper.

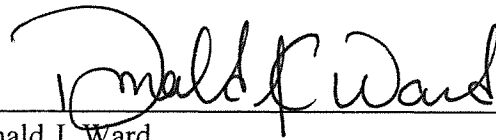
**DEMAND FOR JURY TRIAL**

Plaintiff, LENARD C. JOHNSON, as Personal Representative of the Estate of ANTHONY JOHNSON, deceased, hereby demands trial by jury on all issues so triable as a matter of right.

**CERTIFICATE OF GOOD FAITH**

Pursuant to Fla. Stat. §766.203, the undersigned attorney of record, does hereby certify that a reasonable investigation has been conducted as to the matters alleged herein and it has been determined that there are grounds for a good faith belief that there has been negligence and medical malpractice in the care and treatment of ANTHONY JOHNSON, and that grounds exist for the filing of this action against the Defendants.

Dated this 25<sup>th</sup> day of July, 2023.



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Attorney for Plaintiff

IN THE CIRCUIT COURT OF THE  
15<sup>TH</sup> JUDICIAL CIRCUIT IN AND FOR  
PALM BEACH COUNTY, FLORIDA

File No.: 502022CP005533  
Probate Division: IZ

IN RE: THE ESTATE OF  
ANTHONY D. JOHNSON,

Deceased.  
\_\_\_\_\_ /

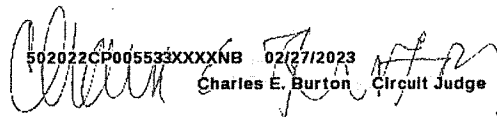
**LETTERS OF ADMINISTRATION**

**WHEREAS**, ANTHONY D. JOHNSON, a resident of Palm Beach County, died on August 22, 2021 owning assets in the State of Florida; and

**WHEREAS**, LENARD C. JOHNSON has petitioned this Court to be appointed *Personal Representative* of the Estate of the *Decedent* and has performed all acts prerequisite to issuance of *Letters of Administration* in the Estate;

**NOW, THEREFORE**, I, the undersigned Circuit Judge, declare LENARD C. JOHNSON to be duly qualified under the laws of the State of Florida to act as *Personal Representative* of the Estate of ANTHONY D. JOHNSON, with full power to administer the Estate according to law; to ask, demand, sue for, recover and receive the property of the *Decedent*; to pay the debts of the *Decedent* as far as the assets of the Estate will permit and the law directs; and to make distribution of the Estate according to law.

DONE AND ORDERED in Delray Beach, Palm Beach County, Florida.

  
502022CP005533XXXXNB 02/27/2023  
Charles E. Burton Circuit Judge

502022CP005533XXXXNB 02/27/2023  
Charles E. Burton  
Circuit Judge

**This estate shall be closed within 12  
months of this order, pursuant to Florida  
Probate Rule 5.400.**

Copy furnished electronically to:  
ADAM S. GUMSON, ESQ.  
JUPITER LAW CENTER, RiverPlace Professional Center, 1003 W. Indiantown Road, Suite 210, Jupiter, FL  
33458-6851 Email: asg@jupiterlawcenter.com

**Exhibit "A"**