

**SALTZ, MONGELUZZI, BARRETT & BENDESKY, P.C.**  
8000 SAGEMORE DRIVE  
SUITE 303  
MARLTON, NEW JERSEY 08053  
(856) 751-8383  
ATTORNEYS FOR PLAINTIFF

*Plaintiff*

TYRONE NOCK, Administrator of the Estate of  
ADRIENNE NOCK, Deceased, on behalf of said  
decedent's Heirs-at-Law and Next-of-Kin, and in  
his own right  
204 Foxcroft Drive  
Franklinville, NJ 08322

vs.

*Defendants*

KENNEDY MEMORIAL HOSPITAL -  
WASHINGTON TOWNSHIP  
435 Hurffville Cross Keys Road  
Turnersville, NJ 08012

and

KENNEDY UNIVERSITY HOSPITAL  
WASHINGTON TOWNSHIP  
435 Hurffville Cross Keys Road  
Turnersville, NJ 08012

and

KENNEDY HEALTH ALLIANCE  
333 Laurel Oak Road  
Voorhees, NJ 08043

and

ROWAN UNIVERSITY SCHOOL OF  
OSTEOPATHIC MEDICINE  
1 Medical Center Drive  
Stratford, NJ 08084

and

THOMAS WETJEN, D.O.  
435 Hurffville Cross Keys Road  
Turnersville, NJ 08012

and

***SUPERIOR COURT OF NJ***

***CAMDEN COUNTY***

***LAW DIVISION***

***Docket No. 2856-18***

**CIVIL ACTION**

**AMENDED COMPLAINT**

**MEDICAL MALPRACTICE**

**JURY TRIAL DEMANDED**

KATHLEEN RICHTER, PA-C  
435 Hurffville Cross Keys Road  
Turnersville, NJ 08012

and

NEELESH PARIKH, D.O.  
435 Hurffville Cross Keys Road  
Turnersville, NJ 08012

and

EMERGENCY PHYSICIAN ASSOCIATES OF  
SOUTH JERSEY, PC  
101 Carney Boulevard  
Voorhees, NJ 08043

and

JEFFREY P. KOVACS, D.O.  
570 Egg Harbor Road  
Suite C4  
Sewell, NJ 08080

and

RECONSTRUCTIVE ORTHOPEDICS, PA  
570 Egg Harbor Road  
Suite C4  
Sewell, NJ 08080

and

GREGORY LICHTMAN, D.O.  
435 Hurffville Cross Keys Road  
Turnersville, NJ 08012

and

CORY LEBOWITZ, D.O.  
435 Hurffville Cross Keys Road  
Turnersville, NJ 08012

and

JAMES STENSON, D.O.  
435 Hurffville Cross Keys Road  
Turnersville, NJ 08012

and

SERGIO PULIDO, D.O.  
1225 Whitehorse Mercerville Road  
Building D, Suite 220  
Mercerville, NJ 08619

<p>and</p> <p>PHILIP WILLSIE, D.O. 435 Hurffville Cross Keys Road Turnersville, NJ 08012</p> <p>and</p> <p>KELLY SCHIERS, D.O. 435 Hurffville Cross Keys Road Turnersville, NJ 08012</p> <p>and</p> <p>ANTHONY FLAIM, D.O. 435 Hurffville Cross Keys Road Turnersville, NJ 08012</p> <p>and</p> <p>JOHN DOE CORP. (HOSPITAL) 435 Hurffville Cross Keys Road Turnersville, NJ 08012</p> <p>and</p> <p>JOHN DOE CORP. (EMERGENCY MEDICINE ) 101 Carney Boulevard Voorhees, NJ 08043</p> <p>and</p> <p>JOHN DOE CORP. (ORTHOPEDICS) 570 Egg Harbor Road Suite C4 Sewell, NJ 08080</p> <p>and</p> <p>JOHN DOE CORP. (INTENSIVE CARE ) 435 Hurffville Cross Keys Road Turnersville, NJ 08012</p>	
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1. Plaintiff, Tyrone Nock, claims of Defendants, and each of them respectively, jointly and severally, separate sums in excess of Fifty Thousand Dollars (\$50,000.00) in damages upon causes of action wherein the following are true statements:

2. Plaintiff, Tyrone Nock, is The Administrator Ad Prosequendum and the General Administrator of the Estate of Adrienne Nock, Deceased, and the husband of said decedent, currently residing at 204 Foxcroft Drive, Franklinville, New Jersey 08322.

3. Plaintiff, Tyrone Nock, brings this action in his own right, as the surviving husband of Adrienne Nock, Deceased, and in his capacity as the Administrator Ad Prosequendum of the Estate of Adrienne Nock, Deceased, on behalf of said Decedent's heirs-at-law and next-of-kin, who have been notified of this lawsuit.

- a) Hassan Nock, Adult Son, 6808 Marleigh Court; Clifton, VA 20124
- b) Tyrone Nock, Adult Son, 588 George Street, Franklinville, NJ 08322; and,
- c) Tiara Nock, Adult Daughter, 204 Foxcroft Drive, Franklinville, NJ 08322.

4. Defendant, **Kennedy Memorial Hospital – Washington Township** d/b/a Jefferson Washington Township Hospital is a corporation, hospital, medical institution and/or medical facility, duly organized and existing under and by virtue of the laws of the State of New Jersey, with its principal place of business located at 435 Hurffville-Cross Keys Road, Turnersville, NJ 08012.

5. Alternatively, Defendant, Kennedy Memorial Hospital - Washington Township, is a fictitious name and is a subsidiary of Defendant, Kennedy University Hospital Washington Township, and/or Defendant, Kennedy Health Alliance, and/or Defendant, John Doe Corp. (Hospital).

6. Defendant, **Kennedy University Hospital Washington Township** is a corporation, hospital, medical institution and/or medical facility, duly organized and existing under and by virtue of the laws of the State of New Jersey, with its principal place of business located at 435 Hurffville-Cross Keys Road, Turnersville, NJ 08012.

7. Alternatively, Defendant, Kennedy University hospital Washington Township is a fictitious name and is a subsidiary of Defendant, Kennedy Memorial Hospital-Washington Township and/or Defendant, Kennedy Health Alliance, and/or Defendant, John Doe Corporation (Hospital).

8. Defendant, **Kennedy Health Alliance**, is a corporation, hospital, medical institution and medical facility, duly organized and existing under and by virtue of the laws of the State of New Jersey, with its principal place of business located at 333 Laurel Oak Road, Voorhees, NJ 08043.

9. Alternatively, Defendant, Kennedy Health Alliance, is a fictitious name and is a subsidiary of Defendant, Kennedy Memorial Hospital - Washington Township, and/or Defendant, Kennedy University Hospital Washington Township, and/or Defendant, John Doe Corp. (Hospital).

10. Defendant, **John Doe Corp. (Hospital)**, is a corporation, medical facility and/or medical practice group, duly organized and existing under and by virtue of the laws of the State of New Jersey, with its principal place of business at an unknown address, whose true name is unknown to Plaintiff and is being sued by Plaintiff under a fictitious name, pursuant to R.4: 26-4.

11. Alternatively, Defendant, John Doe Corp. (Hospital), is a fictitious name and is a subsidiary of Defendant, Kennedy Memorial Hospital- Washington Township, and/or Defendant, Kennedy University Hospital Washington Township, and/or Defendant, Kennedy Health Alliance.

12. Defendants, Kennedy Memorial Hospital - Washington Township, Kennedy University Hospital Washington Township, Kennedy Health Alliance, and John Doe Corp. (Hospital) are hereinafter collectively referred to as “Kennedy”.

13. At all times mentioned and material hereto, Defendants, Kennedy, held themselves and their agents, servants, workers, representatives, physicians, nurses, staff, medical personnel

and/or employees out to be skillful and qualified to attend, care for, treat and render medical care and services to patients such as Plaintiff's Decedent, Adrienne Nock.

14. Defendant, **Rowan University School of Osteopathic Medicine** (hereinafter referred to as "Rowan"), is a corporation, hospital, medical institution and medical facility, duly organized and existing under and by virtue of the laws of the State of New Jersey, with its principal place of business located at One Medical Center Drive, Stratford, NJ 08084.

15. Alternatively, Defendant, Rowan, is a fictitious name and is a subsidiary of Defendant, Kennedy Memorial Hospital - Washington Township, and/or Defendant, Kennedy University Hospital Washington Township, and/or Defendant, Kennedy Health Alliance, and/or Defendant, John Doe Corp. (Hospital).

16. At all times mentioned herein and material hereto, Defendant, Rowan, held itself and its agents, servants, workers, representatives, physicians, nurses, staff, contractors, medical personnel and employees out to be skillful and qualified to attend, care for, treat and render medical care and services to patients such as Plaintiff, Adrienne Nock.

17. Defendant, **Thomas Wetjen, D.O.**, (hereinafter "Dr. Wetjen") is a duly licensed physician, who at all times mentioned herein and material hereto, was a practicing physician in the State of New Jersey, and was an agent, ostensible agent, servant, representative and employee of Defendants, Kennedy and/or Rowan and/or Emergency Physician Associates of South Jersey, PC, and/or John Doe Corp. (Emergency Medicine).

18. At all times mentioned herein and material hereto, Defendant, Dr. Wetjen, represented himself to be a competent, skillful and qualified physician, qualified to practice, attend,

treat and administer medical care and treatment upon and to patients such as Plaintiff, Adrienne Nock.

19. Defendant, **Kathleen Richter, PA-C**, (hereinafter “PA-C Richter”) is a duly licensed physician’s assistant, who at all times mentioned herein and material hereto, was a practicing physician’s assistant in the State of New Jersey, and was an agent, ostensible agent, servant, representative and employee of Defendants, Kennedy and/or Rowan and/or Emergency Physician Associates of South Jersey, PC, and/or John Doe Corp. (Emergency Medicine).

20. At all times mentioned herein and material hereto, Defendant, PA-C Richter, represented herself to be a competent, skillful and qualified physician’s assistant, qualified to practice, attend, treat and administer medical care and treatment upon and to patients such as Plaintiff, Adrienne Nock.

21. Defendant, **Neelesh Parikh, D.O.**, (hereinafter “Dr. Parikh”) is a duly licensed physician, who at all times mentioned herein and material hereto, was a practicing physician in the State of New Jersey, and was an agent, ostensible agent, servant, representative and employee of Defendants, Kennedy and/or Rowan and/or Emergency Physician Associates of South Jersey, PC, and/or John Doe Corp. (Emergency Medicine).

22. At all times mentioned herein and material hereto, Defendant, Dr. Parikh, represented himself to be a competent, skillful and qualified physician, qualified to practice, attend, treat and administer medical care and treatment upon and to patients such as Plaintiff, Adrienne Nock.

23. Defendant, **Emergency Physician Associates of South Jersey, PC**, is a corporation, hospital, medical institution and medical facility, duly organized and existing under and by virtue of

the laws of the State of New Jersey, with its principal place of business located at 101 Carnie Boulevard, Voorhees, NJ 08043.

24. Alternatively, Defendant, Emergency Physician Associates of South Jersey, PC, is a fictitious name and is a subsidiary of Defendant, Kennedy Memorial Hospital - Washington Township, and/or Defendant, Kennedy University Hospital Washington Township, and/or Defendant, Kennedy Health Alliance, and/or Defendant, John Doe Corp. (Hospital), and/or Defendant, John Doe Corp. (Emergency Medicine Group).

25. Defendant, **John Doe Corporation (Emergency Medicine Group)**, is a corporation, medical facility and/or medical practice group, duly organized and existing under and by virtue of the laws of the State of New Jersey, with its principal place of business at an unknown address, whose true name is unknown to Plaintiff and is being sued by Plaintiff under a fictitious name, pursuant to R.4: 26-4.

26. Alternatively, Defendant, John Doe Corp. (Emergency Medicine Group), is a fictitious name and is a subsidiary of Defendant, Kennedy Memorial Hospital- Washington Township, and/or Defendant, Kennedy University Hospital Washington Township, and/or Defendant, Kennedy Health Alliance and/or Defendant, John Doe Corp. (Hospital) and/or Emergency Physician Associates of South Jersey, PC.

27. Defendants, Emergency Physician Associates of South Jersey, PC and John Doe Corp. (Emergency Medicine Group), are hereinafter collectively referred to as “Emergency”.

28. At all times mentioned and material hereto, Defendants, Emergency, held themselves and their agents, servants, workers, representatives, physicians, nurses, staff, medical personnel

and/or employees out to be skillful and qualified to attend, care for, treat and render medical care and services to patients such as Plaintiff's Decedent, Adrienne Nock

29. Defendant, **Jeffrey P Kovacs, DO.**, (hereinafter "Dr. Kovacs") is a duly licensed physician, who at all times mentioned herein and material hereto, was a practicing physician in the State of New Jersey, and was an agent, ostensible agent, servant, representative and employee of Defendants, Kennedy and/or Rowan.

30. At all times mentioned herein and material hereto, Defendant, Dr. Kovacs, represented himself to be a competent, skillful and qualified physician, qualified to practice, attend, treat and administer medical care and treatment upon and to patients such as Plaintiff, Adrienne Nock.

31. Defendant, **Reconstructive Orthopedics, PA**, is a corporation, hospital, medical institution and medical facility, duly organized and existing under and by virtue of the laws of the State of New Jersey, with its principal place of business located at 578 Egg Harbor Road, Suite C4, Sewell, NJ 08080.

32. Alternatively, Defendant, Reconstructive Orthopedics, PA, is a fictitious name and is a subsidiary of Defendant, Kennedy Memorial Hospital- Washington Township, and/or Defendant, Kennedy University Hospital Washington Township, and/or Defendant, Kennedy Health Alliance and/or Defendant, John Doe Corp. (Hospital) and/or Defendant, John Doe Corp. (Orthopedics).

33. Defendant, **John Doe Corporation (Orthopedics)**, is a corporation, medical facility and/or medical practice group, duly organized and existing under and by virtue of the laws of the State of New Jersey, with its principal place of business at an unknown address, whose true name is unknown to Plaintiff and is being sued by Plaintiff under a fictitious name, pursuant to R.4: 26-4.

34. Alternatively, Defendant, John Doe Corp. (Orthopedics), is a fictitious name and is a subsidiary of Defendant, Kennedy Memorial Hospital- Washington Township, and/or Defendant, Kennedy University Hospital Washington Township, and/or Defendant, Kennedy Health Alliance and/or Defendant, John Doe Corp. (Hospital), and/or Reconstructive Orthopedics, PA.

35. Defendants, Reconstructive Orthopedics, PA and John Doe Corp. (Orthopedics), are hereinafter collectively referred to as “Ortho”.

36. At all times mentioned herein and material hereto, Defendant, Ortho, held itself and its agents, servants, workers, representatives, physicians, nurses, staff, contractors, medical personnel and employees out to be skillful and qualified to attend, care for, treat and render medical care and services to patients such as Plaintiff, Adrienne Nock.

37. Defendant, **Gregory Lichtman, D.O.**, (hereinafter “Dr. Lichtman”) is a duly licensed physician, who at all times mentioned herein and material hereto, was a practicing physician in the State of New Jersey, and was an agent, ostensible agent, servant, representative and employee of Defendants, Kennedy and/or Rowan.

38. At all times mentioned herein and material hereto, Defendant, Dr. Lichtman, represented himself to be a competent, skillful and qualified physician, qualified to practice, attend, treat and administer medical care and treatment upon and to patients such as Plaintiff, Adrienne Nock.

39. Defendant, **Cory Lebowitz, D.O.**, (hereinafter “Dr. Lebowitz”) is a duly licensed physician, who at all times mentioned herein and material hereto, was a practicing physician in the State of New Jersey, and was an agent, ostensible agent, servant, representative and employee of Defendants, Kennedy and/or Rowan.

40. At all times mentioned herein and material hereto, Defendant, Dr. Lebowitz, represented himself to be a competent, skillful and qualified physician, qualified to practice, attend, treat and administer medical care and treatment upon and to patients such as Plaintiff, Adrienne Nock.

41. In Defendant, **James Stenson, D.O.**, (hereinafter “Dr. Stenson”) is a duly licensed physician, who at all times mentioned herein and material hereto, was a practicing physician in the State of New Jersey, and was an agent, ostensible agent, servant, representative and employee of Defendants, Kennedy and/or Rowan.

42. At all times mentioned herein and material hereto, Defendant, Dr. Stenson, represented himself to be a competent, skillful and qualified physician, qualified to practice, attend, treat and administer medical care and treatment upon and to patients such as Plaintiff, Adrienne Nock.

43. In Defendant, **Sergio Pulido, D.O.**, (hereinafter “Dr. Pulido”) is a duly licensed physician, who at all times mentioned herein and material hereto, was a practicing physician in the State of New Jersey, and was an agent, ostensible agent, servant, representative and employee of Defendants, Kennedy and/or Rowan.

44. At all times mentioned herein and material hereto, Defendant, Dr. Pulido, represented himself to be a competent, skillful and qualified physician, qualified to practice, attend, treat and administer medical care and treatment upon and to patients such as Plaintiff, Adrienne Nock.

45. Defendant, **Philip Willsie, D.O.**, (hereinafter “Dr. Willsie”) is a duly licensed physician, who at all times mentioned herein and material hereto, was a practicing physician in the

State of New Jersey, and was an agent, ostensible agent, servant, representative and employee of Defendants, Kennedy and/or Rowan and/or John Doe Corp (Intensive Care Group).

46. At all times mentioned herein and material hereto, Defendant, Dr. Willsie, represented himself to be a competent, skillful and qualified physician, qualified to practice, attend, treat and administer medical care and treatment upon and to patients such as Plaintiff, Adrienne Nock.

47. Defendant, **Kelly Schiers, D.O.**, (hereinafter “Dr. Schiers”) is a duly licensed physician, who at all times mentioned herein and material hereto, was a practicing physician in the State of New Jersey, and was an agent, ostensible agent, servant, representative and employee of Defendants, Kennedy and/or Rowan and/or John Doe Corp (Intensive Care Group).

48. At all times mentioned herein and material hereto, Defendant, Dr. Schiers, represented herself to be a competent, skillful and qualified physician, qualified to practice, attend, treat and administer medical care and treatment upon and to patients such as Plaintiff, Adrienne Nock.

49. Defendant, **Anthony Flaim, D.O.**, (hereinafter “Dr. Flaim”) is a duly licensed physician, who at all times mentioned herein and material hereto, was a practicing physician in the State of New Jersey, and was an agent, ostensible agent, servant, representative and employee of Defendant, Defendants, Kennedy and/or Rowan.

50. At all times mentioned herein and material hereto, Defendant, Dr. Flaim, represented himself to be a competent, skillful and qualified physician, qualified to practice, attend, treat and administer medical care and treatment upon and to patients such as Plaintiff, Adrienne Nock.

51. Defendant, **John Doe Corporation (Intensive Care)**, is a corporation, medical facility and/or medical practice group, duly organized and existing under and by virtue of the laws of the State of New Jersey, with its principal place of business at an unknown address, whose true name is unknown to Plaintiff and is being sued by Plaintiff under a fictitious name, pursuant to R.4: 26-4.

52. Alternatively, Defendant, John Doe Corp. (Intensive Care), is a fictitious name and is a subsidiary of Defendant, Kennedy Memorial Hospital- Washington Township, and/or Defendant, Kennedy University Hospital Washington Township, and/or Defendant, Kennedy Health Alliance and/or Defendant, John Doe Corp. (Hospital).

### FACTS

53. On February 28, 2017, Plaintiff's Decedent, Adrienne Nock, presented to Defendant, **Kennedy Memorial Hospital – Washington Township**; according to the medical records, Ms. Nock presented with complaints of right lower back pain that was radiating into her right leg.

54. According to the medical records, Defendant, PA-C Richter, evaluated Adrienne Nock and, in part, documented her findings, as follows:

***BACK:*** Back exam included findings of normal inspection, **Tenderness, Right low lumbar soft tissue tenderness. No midline tenderness., Straight leg raise, with pain on the right at 20 degrees.**

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***LOWER EXTREMITY:*** Lower extremity exam included findings of inspection normal, Range of motion normal, Motor strength normal, Sensation intact, **5/5 strength bilaterally. Sensation in tact. Patient ambulates unassisted.**

55. As documented in the medical records, Defendant, PA-C Richter, ordered Vicodin 5 milligrams by mouth and orphenadrine citrate 60 milligrams by intramuscular injection; Melissa MacNeil, RN, administered the orphenadrine citrate injection into Ms. Nock's left deltoid.

56. The medical records document that, Defendant, PA-C Richter, ordered a venous duplex of Adrienne Nock's lower right extremity; the study revealed no sonographic evidence of acute deep venous thrombosis.

57. According to the medical records, Defendant, PA-C Richter, ordered a urinalysis for Adrienne Nock; the urinalysis did not appear to show infection, as documented by Defendant, PA-C Richter.

58. According to the medical records, Defendant, PA-C Richter, discussed the differential diagnosis with Adrienne Nock and Plaintiff, Tyrone Nock and discharged Ms. Nock from the hospital.

**DOCTOR NOTES** (12:25 KR12)

**NOTES: US negative for DVT. Urine does not appear infected, culture sent and will be followed. Patient with 0–2 RBC on urine micro. No blood seen. Differential discussed with patient and husband including kidney stone. Offered further work up including CT and labs. Risks and benefits discussed including the fact that all causes of symptoms cannot be ruled out without it. She declined at this time. Pain appears consistent with musculoskeletal back pain, tender to palpation, reproducible with movement. Patient is in agreement and would like to be discharged. Discussed warning signs and reasons to return. She voiced understanding and is in agreement. Labs and imaging reviewed with patient, instructed to follow up with PCP to review all imaging within 48 hours.**

59. Adrienne Nock's medical record was signed by Defendant, Dr. Wetjen, as attending.

**ADMIN**

**DIGITAL SIGNATURE:** Wetjen, D.O., Thomas. (Wed Mar 01, 2017 14:58 TWET)

Richter, PAC, Kathleen. (Thu Mar 02, 2017 17:39 KR12)

**PATIENT DATA CHANGE:** Primary Nurse changed from (none) to Melissa, R.N. Macneill.

(09:53 MMAC)

Doctor Extender changed from (none) to Kathleen Richter, PAC. (09:54 KR12)

KG Weight: 78.93, Height/Length: 172.72cm, BMI: 26.46. (10:03 MMAC)

A08 CHPFQP02 by Interface, Name: NOCK, ADRIENNE, Adv Dir Info Given?: No, Adv Dir

Executed?: No, Zip Code: 08322, Phone: (856)981–9670, Person ID: 1445027, Payment: S, PCP

Doctor: NONE, , Withdraw Consent: Y, Visit Number: 000004629413. (10:09)

Z03 CHPFOPVI by Interface, PCP Doctor: UNASSIGNED ,DOCTOR, . (10:14)

Name: Nock, Adrienne, Attending: Thomas Wetjen, D.O. (12:25 KR12)

60. The medical records indicate that on March 2, 2017 at 10:36 AM, Adrienne Nock returned to Defendants, Kennedy, complaining of buttock pain, nausea and vomiting.

61. According to the medical records, at 10:43 AM on March 2, 2017, Angela Basara, RN, a nurse at Defendants, Kennedy, evaluated Adrienne Nock in Triage and documented that Ms. Nock had been seen in the ER earlier for the same complaint and diagnosed with sciatica; she further documented that Ms. Nock was complaining of nausea, vomiting, and constipation since March 1, 2017.

62. The medical records indicate that at 10:45 AM on March 2, 2017, Robert Graham, CT, an employee of Defendants, Kennedy, documented Ms. Nock's vital signs as BP 131/94, respirations 18, pain 10, pulse 116, and O2 sat 100% on room air.

63. According to the medical records, at 11:44 AM on March 2, 2017, Shawn Solotky, RN, a nurse at Defendants, Kennedy, hereinafter "Nurse Solotky", assessed Adrienne Nock and documented ESI 3; Nurse Solotky documented that Ms. Nock had nausea, vomiting, and constipation since the previous day; and that her pain level was 10.

64. According to the medical records, at 11:46 AM on March 2, 2017, Nurse Solotky documented that Adrienne Nock's axillary temperature was 93.8° F; and that he requested the presence of Defendant, Dr. Parikh, at Ms. Nock's bedside.

65. According to the medical records, at 11:58 AM on March 2, 2017, Nurse Solotky documented that multiple blankets had been placed on Adrienne Nock; and that Mike N., RN, was made aware of Ms. Nock's status and the need for an acute bed.

66. According to the medical records, at 11:59 AM on March 2, 2017, Nurse Solotky performed a head to toe nursing assessment of Adrienne Nock and documented that Ms. Nock's gait was unsteady; that she appeared anxious and in distress due to pain; that she was restless; that she was uncomfortable with a reported pain level of 10; that Ms. Nock's respirations were shallow; that she was tachycardic; that her abdomen was firm and diffusely tender; that her bowel sounds were hypoactive; that her symptoms were associated with vomiting and constipation; and that her left upper extremity was ecchymotic.

67. At 12:14 PM on March 2, 2017, Robert Walker, U.S., an employee of Defendants, Kennedy, documented in the medical record "Called Sepsis Warning".

68. As documented in the medical record, at 12:14 PM on March 2, 2017, bloodwork was ordered by Defendant, Dr. Parikh, and drawn by Nurse Solotky, including CK MB, glomerular filtration rate, gamma GT, PT/INR, PTT, arterial blood gas, amylase, basic metabolic panel, CBC with platelet and differential; troponin, C-reactive protein, blood culture, influenza A/B antigen, lactic acid, lipase, liver function panel, magnesium, and phosphorus; Defendant, Dr. Parikh, also ordered a chest x-ray, EKG, urinalysis, urine culture, and IV saline lock.

69. According to the medical records, at 12:14 PM on March 2, 2017, Defendant, Dr. Parikh, ordered a STAT portable chest x-ray be performed on Adrienne Nock for sepsis.

70. The medical record documents that at 12:15 PM on March 2, 2017, Defendant, Dr. Parikh, ordered STAT blood cultures and arterial blood gas to be drawn on Adrienne Nock.

71. At 12:15 PM on March 2, 2017, Nurse Solotky documented in the medical record that Adrienne Nock's rectal temperature was 97.3° F.

72. The medical record indicates that at 12:16 PM on March 2, 2017, Defendant, Dr. Parikh, ordered that x-rays of Adrienne Nock's humerus be performed STAT for necrotizing fasciitis.

73. At 12:35 PM on March 2, 2017, Nurse Solotky documented in the medical record that Adrienne Nock's BP was 102/81, pulse 123, respirations 23, pain 10, and O2 sat 96% on room air.

74. At 12:37 PM on March 2, 2017, Tyler Wiltsey, RN, a nurse at Defendants, Kennedy, hereinafter "Nurse Wiltsey", documented in the medical record that Adrienne Nock's respiratory effort was easy; that her respirations are regular; that she was conversing normally; that she had no signs of distress; that Ms. Nock was tachycardic; that her abdomen was firm and diffusely tender associated with nausea, vomiting and constipation; and that her left upper extremity was ecchymotic.

75. At 1:03 PM on March 2, 2017, Nurse Wiltsey documented in the medical record Adrienne Nock's vital signs as BP 114/65, pulse 125, respirations 20, pain 10, and O2 sat 96% on room air.

76. The medical record indicates that at 1:04 PM on March 2, 2017, Defendant, Dr. Parikh, reviewed Adrienne Nock's bloodwork results, as follows: influenza A/B antigen negative; WBC 17.3; RBC 6.08; hemoglobin 15.7; hematocrit 49.3.

77. The medical record indicates that at 1:04 PM on March 2, 2017, Defendant, Dr. Parikh, reviewed Adrienne Nock's arterial blood gas, as follows: pH 7.17, PaCO2 23, PaO2 95, HCO3 8, base excess -18.2.

78. At 1:04 PM on March 2, 2017, Nurse Wiltsey documented in the medical record that Adrienne Nock was placed on a cardiac monitor as indicated for sepsis warning; that her heart rate

was 125 and showing sinus tachycardia; that she was placed on noninvasive blood pressure monitor; that she was placed on continuous pulse oximetry; and that her oxygen saturation was 96%.

79. At 1:05 PM on March 2, 2017, Defendant, Dr. Parikh, examined Adrienne Nock and documented in the medical record that she had previously been evaluated for lower back pain radiating down the leg; that she had been given medication and was progressively worse; that she had nausea and vomiting; that she was complaining of left upper extremity pain; and that she was having right lower extremity radiation of pain from the back.

80. The medical record documents that at 1:23 PM on March 2, 2017, Defendant, Dr. Parikh, ordered that Adrienne Nock be given 1 g of cefazolin via IV; the medication was administered by Nurse Wiltsey at 1:43 PM.

81. According to the medical record, at 1:29 PM on March 2, 2017, Defendant, Dr. Parikh, ordered x-rays of Adrienne Nock's left humerus; the reason for the x-ray was necrotizing fasciitis; the imaging was performed at 1:29 PM and interpreted as no evidence of acute fracture or dislocation.

82. A chest x-ray performed on Adrienne Nock at 1:29 PM on March 2, 2017 was interpreted as "no evidence of acute cardiopulmonary disease".

83. According to the medical record, at or about 1:41 PM on 3/2/2017, Defendant(s), Dr. Stenson and/or Dr. Pulido examined Adrienne Nock and evaluated her for necrotizing fasciitis; Defendant, Dr. Stenson, documented that Ms. Nock observed discoloration of her left upper extremity associated with pain one day earlier; that the discoloration persisted, however the pain had decreased; that Ms. Nock complained of nausea but denied fevers and chills; that there was noticeable discoloration and mottling circumferentially around the left bicep and triceps; that there

was no tenderness to palpation; that no crepitus was appreciated; that Ms. Nock had full range of motion for her left shoulder, elbow, wrist and fingers; that Ms. Nock's sensation was intact to light touch to radial/ulnar/median/MABC/LABC nerves, RP +2.

84. Dr. Stenson further documented in the medical record his impression and recommendations, as follows: 54-year-old female with LUE soft tissue reaction to IM shot 3/2; MRI without contrast STAT; NPO for now; IV fluids; antibiotics; medical management per primary; will discuss with attending; he electronically signed his note at 4:47 PM on March 2, 2017.

85. On October 10, 2019, Defendant, Dr. Kovacs, testified that at or about 2:00 PM on March 2, 2017, he received a telephone call from Defendant, Dr. Pulido; whereupon a discussion was held regarding the potential for surgical intervention with Ms. Nock.

86. The medical record indicates that at 1:47 PM on March 2, 2017, Defendant, Dr. Parikh reviewed Adrienne Nock's CBC with differential, as follows: WBC 17.3, RBC 6.08, hemoglobin 15.7, hematocrit 49.3, MCH 25.9, MCHC 31.9, neutrophil absolute 14.1, monocyte absolute 1.7, lymphocytes 4, and bands 13.

87. The medical record indicates that Defendant, Dr. Parikh reviewed Adrienne Nock's lab results at 1:47 PM on March 2, 2017, as follows: PT 17.7, INR 1.5, PTT 30.8, E GFR is 11, gamma GT 127, glucose 114, CO2 13, creatinine 5.15, BUN 53, anion gap 30.7, total bilirubin 2.2, direct bilirubin 1.2, alkaline phosphatase 142, and SG OT 207.

88. The medical record indicates that Defendant, Dr. Parikh, ordered an abdominal and pelvic CT scan without contrast for Adrienne Nock at 1:50 PM on March 2, 2017; the reason for the imaging was renal failure.

89. The medical record documents that Defendant, Dr. Parikh, ordered that Adrienne Nock be admitted to an inpatient unit to Defendant, Dr. Willsie, at 1:51 PM on March 2, 2017; he further documented that Adrienne Nock's disposition was ICU admission in stable condition.

90. The medical record indicates that at 1:51 PM on March 2, 2017, Defendant, Dr. Parikh, ordered a STAT CT scan of the abdomen and pelvis be performed on Adrienne Nock for renal failure.

91. At 12:58 PM on March 2, 2017, Alyse Lenin, CT, documented in the medical record that she performed an EKG on Adrienne Nock and that she gave the EKG to Defendant, Dr. Parikh, for interpretation.

92. At 2:03 PM on March 2, 2017, Michael Nosal, RN, documented in the medical record that he had received a critical lab value of lactate 7.9, and that he had given the result to Defendant, Dr. Parikh.

93. According to the medical record, at 2:25 PM on March 2, 2017, Nurse Wiltsey documented Adrienne Nock's vital signs as BP 123/71, pulse 110, respirations 20, pain 8, and O2 sat 98% on room air.

94. The medical record indicates that, at 2:27 PM on March 2, 2017, Defendant, Dr. Parikh, ordered that Adrienne Nock be administered a fluid bolus of sodium chloride 0.9% intravenous in a dose of 30 mL per kg; Nurse Wiltsey administered 2400 mL of fluid to Ms. Nock at 2:28 PM.

95. According to the medical record, at 2:27 PM on March 2, 2017, Defendant, Dr. Parikh, ordered that a STAT MRI of the upper left extremity joint be performed on Adrienne Nock for necrotizing fasciitis.

96. The medical record indicates that at 2:33 PM on March 2, 2017, Dr. Kreines ordered that an upper extremity left non-joint MRI be performed STAT on Adrienne Nock for necrotizing fasciitis.

97. According to the medical record, at 2:33 PM on March 2, 2017, Defendant, Dr. Flaim, ordered an orthopedic surgery consult for Adrienne Nock with Defendant, Dr. Kovacs, for possible necrotizing fasciitis; Dr. Flaim also ordered a nephrology consult with Gopika Banker, D.O., for acute renal failure.

98. According to the medical record, at 2:33 PM on March 2, 2017, Defendant, Dr. Flaim, ordered hourly vital signs, continuous pulse oximetry, bilateral knee high intermittent pneumatic compression sleeves for Adrienne Nock

99. At 2:38 PM on March 2, 2017, Defendant, Dr. Flaim ordered a STAT infectious disease consult for Adrienne Nock with Mark Fussa, D.O., for septic shock; he further ordered that Ms. Nock be administered vancomycin, clindamycin, and “piper/tazo” intravenously; Defendant, Dr. Flaim also ordered that Ms. Nock be administered heparin subcutaneously.

100. The medical record indicates that at 2:38 PM on March 2, 2017, Defendant, Dr. Flaim, ordered that Adrienne not be admitted as an inpatient to the ICU on the service of Defendant, Dr. Willsie.

101. At 2:39 PM on March 2, 2017, Defendant, Dr. Flaim documented in the medical record a critical care admission history and physical for Adrienne Nock; Defendant, Dr. Flaim, documented that Ms. Nock presented from home with malaise, vomiting, left arm pain and worsened low back pain after receiving a muscle relaxant injection; that he had reviewed all vital signs, lab work, EKG, and current x-rays performed on Ms. Nock; that Ms. Nock had noticeable discoloration

and mottling circumferentially around the left biceps and tricep; that there was no tenderness to palpation; that there was no crepitus; that Ms. Nock had full range of motion of her left shoulder, elbow, wrist and fingers; sensation intact to light touch to radial/ulnar/median/MABC/LABC nerves, RP +2; that the left proximal arm had gray/purple discoloration over the majority of the left proximal arm from the left elbow up to the shoulder with a ring of erythema around it; that the arm was moderately swollen and full but not tense; that there was mild-moderate tenderness to palpation; that it was warm; and that the border had been demarcated in the ED at approximately 2:30 PM with pen and marker.



102. At 2:39 PM, Defendant, Dr. Flaim, documented in the medical record his assessment of Adrienne Nock and his plan for her care, as follows; lactic acidosis, severe sepsis with septic shock, and neutrophil count above reference range, necrotizing fasciitis with a plan to repeat lactate and focused sepsis exam, clindamycin, vancomycin, Zosyn, pan culture, ID consult, ortho consult and possible OR today after MRI left upper extremity; and metabolic acidosis and acute renal failure syndrome with a plan for nephrology evaluation, CT of the abdomen and pelvis, IV fluids, urinalysis, avoid toxins.

103. According to the medical record, at 3:07 PM on March 2, 2017, Defendant Dr. Willsie, examined Adrienne Nock and discussed the management of her case with Defendant, Dr. Flaim; he documented that he had reviewed Defendant, Dr. Flaim's, note and agreed with his findings and plan of care with the except that Ms. Nock would have an MRI to help surgery decide to cut, then go to the OR per surgery's request, but documented that he discussed with the surgery resident that he believed that Ms. Nock should be taken directly to the OR without delay.

**Supervisory Note**

Supervisory Note For

Resident I performed a history and physical examination of the patient and discussed the management with the resident. I reviewed the resident's note and agree with the documented findings and plan of care, except as documented below. Yes,

Additional Notes

A/P:

- c/f nec fasciitis of LUE after injection there 2 days ago in ED givne rapid progression of MODS/sepsis, high lactate, high CK, appearance of the arm, and lack of other probable source
- 30cc/kg IVF
- abx
- cultures
- repeat lactgate and sepsis evaluation form
- for MRI to help surgery decide where to cut and then to the OR per their request but as I discussed with surgery resident that I believe she should be taken directly to OR without any delay

104. According to the medical record, at 2:48 PM on March 2, 2017, Defendant, Dr. Parikh ordered that Adrienne Nock undergo a CT scan of the upper left joint without contrast; the reason for the imaging was necrotizing fasciitis.

105. The medical record document that at 2:44 PM on March 2, 2017, Defendant, Dr. Parikh, ordered that Adrienne Nock receive 2 mg morphine sulfate via IV and Zofran 4 mg IV; Nurse Wiltsey administered the medications at 3:15 PM.

106. At 3:07 PM on March 2, 2017, Nurse Wiltsey documented in the medical record that Adrienne Nock was transported to CT on a monitor with an ED tech and RN.

107. The relevant medical record reveals that at 3:19 PM on March 2, 2017, Defendant, Dr. Parikh, ordered that Adrienne Nock be administered 1 mg lorazepam via IV; Stephanie

Hazleton, RN, a nurse at Defendants, Kennedy, hereinafter “Nurse Hazleton”, administered the medication at 3:20 PM.

108. At 3:35 PM on March 2, 2017, Nurse Wiltsey documented that Adrienne Nock was in MRI on the monitor and that she was tolerating the procedure well with pre-procedure medication intervention.

109. At 3:52 PM on March 2, 2017, Nurse Wiltsey documented in the medical record that he had spoken to Dr. Shiers [sic] in ICU and told her that Adrienne Nock was unable to tolerate the MRI; he further documented that the orthopedic surgeon was aware.

110. According to the medical record, at 3:55 PM on March 2, 2017, Defendant, Dr. Pulido, ordered that a STAT CT scan of the left upper extremity be performed on Adrienne Nock for left arm infection.

111. According to the medical record, at 3:58 PM on March 2, 2017, Defendant, Dr. Pulido, ordered that Adrienne Nock undergo a STAT lower right extremity CT scan for a right buttock fluid collection.

112. At 4:11 PM on March 2, 2017, Nurse Wiltsey documented in the medical records that Adrienne Nock was transported back to CT for a stat CT with ED tech and RN; that Ms. Nock was on a monitor; that Ms. Nock was unable to tolerate the MRI due to movement; that Dr. Shiers [sic] was made aware in the ICU; and that the charge nurse was made aware.

113. At 4:11 PM on March 2, 2017, Nurse Wiltsey documented Adrienne Nock’s vital signs as BP 100/81, pulse 135, respirations 18, temperature 97.5° F oral, pain 5 post medication, and O2 sat 99% on room air.

114. According to the medical record, at 4:12 PM on March 2, 2017, Defendant, Dr. Parikh, examined Adrienne Nock and documented that Ms. Nock appeared toxic; and that her left upper arm had +3 edema, skin changes, no crepitus, and brachial and radial pulses obtainable by Doppler signal.

115. At 4:13 PM on March 2, 2017, Defendant, Dr. Parikh documented in the medical record that he spoke with the intensivist fellow who accepts patients for Dr. Willsey [sic]; that he spoke to the orthopedic team to notify of suspected hematoma vs. compartment vs. necrotizing fasciitis of the left upper extremity; that the radiologist had notified him that there may be a collection and or deep right gluteus muscle induration; and that there had been no other injections or prodrome of illness prior to being seen at Defendants, Kennedy, on February 28, 2017.

116. The medical record reveals that at 4:45 PM on March 2, 2017, Susan Parkinson, RN, a nurse at Defendants, Kennedy, (hereinafter "Nurse Parkinson") documented that Ms. Nock had arrived from the ER via stretcher; that she was lethargic, restless and fidgety; that she was trying to climb out of bed; that she followed and answered questions appropriately; that she moved her extremities equally; that her periphery were cool to touch; that the monitor showed sinus tachycardia at a rate of 128 to 135; that it was difficult to obtain a systolic blood pressure; that it required 5 attempts before her blood pressure registered is 95/63; that her pedal pulses were weak; that Nurse Parkinson was unable to obtain a pulse ox; that Ms. Nock's pulse ox was 95 to 97 on room air; and that she was placed on 4 L of O2 via nasal cannula.

117. At 4:51 PM on March 2, 2017, Nurse Wiltsey documented that Adrienne Nock was admitted to a critical care unit; that she was transported via cart/stretcher on a monitor, that she was transported by an RN and ED technician; and that she was transported following a CT scan.

118. At 5 PM on March 2, 2017, Defendant, Dr. Parikh, ordered bloodwork for Adrienne Nock, specifically lactic acid.

119. Nurse Parkinson documented in Adrienne Nock's medical record at 5 PM on March 2, 2017, that Ms. Nock had been seen by nephrology and ID.

120. The medical record reveals that at 5:15 PM on March 2, 2017, Nurse Parkinson transported Ms. Nock to PACU.

121. The medical record reveals that at 5:38 PM on March 2, 2017, Dr. Condoluci, saw Adrienne Nock in consult for septic shock; Dr. Condoluci, documented that Ms. Nock had left upper extremity pain after she received a dose of orphenadrine citrate in that area; that she developed swelling and pain along with a superficial rash in her left arm that seemed to progress; that she had chills; that her left arm was diffusely swollen around the biceps; that it was painful; that there was a very small amount of crepitus in the area; that there was a scattered ecchymotic pattern developing; that she had sensation; that she had distal pulses in the radial and ulnar arteries; that she was able to move her hand without concern; that he was not able to fully assess the rest of her muscle strength, as she was taken to surgery; that her creatinine was 5.15; that her bilirubin was 2.2; that her alkaline phosphatase was 142; that her ALT was 126; that her AST was 208; that her lactate was 7.9; that her CRP was 53; that her CK level was 6685; that her white blood cell count was 17; that her platelet count was 169; that she had bandemia of 13%; that the CT scan of her left upper extremity showed findings consistent with myositis; that there was no obvious organized fluid collection; and that no tissue gas was noted.

122. The medical record documents that Dr. Condoluci's assessment of Adrienne Nock included severe sepsis with septic shock based on CMS criteria; myositis, rule out necrotizing fasciitis; leukocytosis; acute kidney injury; significant bandemia; elevated CRP; hyperlactatemia;

transaminitis; Dr. Condoluci, discussed the case with Critical Care and recommended dosing with vancomycin, piperacillin/tazobactam, and clindamycin.

123. The medical record documents that at 5:51 PM on March 2, 2017, an order was entered by Defendant, Dr. Pulido, for Adrienne Nock to receive 1000 mL 0.9% sodium chloride bolus at two IV sites.

124. According to the medical record, at 5:56 PM on March 2, 2017, anesthesia assumed care of Adrienne Nock in preparation for surgery.

125. According to the medical record, at 6:06 PM on March 2, 2017, Adrienne Nock suffered a PEA code in the OR shortly after she had been sedated and intubated; she received CPR, epinephrine, sodium bicarbonate, calcium chloride, and an epinephrine drip; a femoral arterial line was inserted; a central line was inserted; her rhythm reverted to sinus tachycardia at 6:11 PM.

126. The medical record documents that at 6:18 PM on March 2, 2017, Defendant, Dr. Willsie ordered a MRSA screen to be performed on Adrienne Nock.

127. According to the medical record, at 6:22 PM on March 2 2017, Defendant, Dr. Kovacs, ordered an arterial blood gas to be performed on Adrienne Nock.

128. According to the medical record, at 6:23 PM on March 2, 2017, Dr. Cypel authorized proceeding with the surgical procedure.

129. The medical record documents that at 6:31 PM on March 2, 2017, Adrienne Nock's surgery started and on December 9, 2019, Dr. Cypel testified that it was completed at 7:07 PM.

130. According to the medical record, at 7:11 PM on March 2, 2017, Defendant, Dr. Lebowitz, documented in an Orthopedic Post Op Note that surgery was performed on Adrienne Nock; that the procedure was performed by Defendant, Dr. Kovacs, with the assistance of

Defendant, Dr. Lichtman, and Defendant, Dr. Lebowitz; the note was electronically cosigned by Defendant, Dr. Kovacs, at 8:07 PM on March 2, 2017.

131. The medical record documents that at approximately 7:30 PM on March 2, 2017, Adrienne Nock was taken to SICU; anesthesia personnel continue to provide care to Ms. Nock until 7:52 PM on March 2, 2017.

132. According to the medical record, at 7:55 PM on March 2, 2017, Defendant, Dr. Kovacs, documented that he performed a history and physical examination of Adrienne Nock and discussed the management with the resident: that he had reviewed the residents note and agreed with documented findings and plan of care; that he had reviewed the events of the afternoon along with her history and diagnostic studies; that he examined Ms. Nock in pre-holding bed in PACU preop around 5:30 PM; that he discussed the surgical plans with Ms. Nock and Plaintiff, Tyrone Nock; and that there was concern for progression/loss of limb/loss of life.

133. The medical record documents that at 8:03 PM on 3/2/17, Defendant, Dr. Kovacs, dictated his operative report; Defendant, Dr. Kovacs documented that Adrienne Nock had progressive worsening of skin discoloration in her upper arm and over the anterior aspect of the biceps and extending distally to above the elbow; that the discoloration did not extend into the chest wall; that Ms. Nock stated she had more pain on 3/1/17 then on 3/2/17; that she was able to move her shoulder and elbow without pain; that she was not complaining of any distal neurovascular symptoms; that she felt normal sensation; that her pulses were intact; that she was tender predominantly about the biceps and that the tricep region did not appear involved; that she had no tenderness about her chest wall, clavicle, or posterior shoulder girdle; that there was no tenderness or swelling on the distal anterior forearm.

134. According to the medical record, on March 2, 2017 Defendant, Dr. Kovacs, performed an incision and drainage of the left upper arm, fasciectomy and excisional debridement of the anterior compartment, lavage, and a wound vacuum-assisted closure application on Adrienne Nock; he documented that Ms. Nock had a cardiac arrest when she was placed on the operating room table; that she was resuscitated by Dr. Cypel; that he proceeded with the surgical intervention as approved by Dr. Cypel; that dirty dishwasher fluid was encountered throughout the subcutaneous layer and superficial to the fascia; that similar fluid was encountered after the fascia was incised, especially over the anterolateral aspect of the deltoid; that superficial and deep cultures were obtained; that fascia was excised at each layer, including overlying the biceps and deltoid muscles; that the brachialis muscle fascia looked normal; that the underlying bone felt normal; that deep subcutaneous tissue was excised over the lateral side of the deltoid and upper arm; that pulse lavage of wound was performed; and that a WoundVac was applied.

135. According to the medical record, at 8:28 PM on March 2, 2017, Defendant, Dr. Parikh, interpreted a 12 lead EKG performed on Adrienne Nock, documenting sinus tachycardia, normal conduction, normal ST segment, and normal T waves.

136. According to the medical record, at 8:32 PM on March 2, 2017, Defendant, Dr. Schiers, D.O., documented that she had been called by Dr. Cypel, anesthesia, regarding Adrienne Nock; that Ms. Nock had suffered a brief PEA cardiac arrest intraoperatively shortly after intubation; that CPR and epinephrine had been given; that the case had been completed as it was thought that the shoulder necrotizing fasciitis was the cause of her shock and underlying etiology for why Ms. Nock was so ill; and that Defendant, Dr. Schiers, had seen and examined Ms. Nock immediately upon her return to the ICU from the OR.

137. Defendant, Dr. Schiers further documented in the medical record that Adrienne Nock's temperature was 32° C; that her BP was 120/60, MAP 80 on Levophed and epinephrine drip; that her heart rate was in the 120s, sinus tachycardia; better respiratory rate was 30; that her pulse ox was 100 on 50% FiO<sub>2</sub>, intubated; that she was receiving no ongoing sedation; that she was comatose and not responsive to verbal or noxious stimuli; that she had mottled bilateral lower extremities; that she had sluggish 4 mm pupils bilaterally to light; that she had no cough, gag or corneal reflex; that her EKG showed lateral T wave inversion; that Dr. Schiers personally performed a bedside cardiac ultrasound that showed hyperkinetic left ventricle with depressed EF, akinetic lateral wall; that Dr. Raj Kabadi of Cooper Cardio had been contacted for concern of concomitant cardiogenic shock; and that hypothermic protocol had been initiated.

138. The relevant medical record reveals that at 8:49 PM on March 2, 2017, Defendant, Dr. Parikh, documented that Adrienne Nock's diagnosis was severe sepsis, acute renal failure, gluteus hematoma vs. abscess, myositis vs. suspected necrotizing fasciitis, rhabdomyolysis, and suspected hematoma vs. cellulitis left upper extremity.

139. During her course in the ICU, Adrienne Nock underwent hypothermia; she underwent hemodialysis; she required multiple vasopressors; she sustained acute kidney injury; she suffered metabolic acidosis and lactic acidosis; she suffered electrolyte derangement; she suffered severe sepsis with septic shock; she suffered myositis; blood cultures revealed *Streptococcus pyogenes* for which she was treated with multiple antibiotics; she was treated for necrotizing fasciitis; she suffered cardiac arrest and was coded for approximately 70 mins. before the medical team ceased their efforts due to medical futility; and she died at 10:15 AM on March 3, 2017 as a result of presumed overwhelming toxic shock syndrome.

140. An autopsy was performed on Adrienne Nock by Charles F. Siebert, Jr., M.D., a forensic pathologist; the autopsy report documented that Adrienne Nock died as a result of toxic shock syndrome caused by *Streptococcus pyogenes* (Group A) most likely from an injection to the left upper arm.

**COUNT I – NEGLIGENCE**

**PLAINTIFF, TYRONE NOCK v.**

**KENNEDY MEMORIAL HOSPITAL-WASHINGTON TOWNSHIP, KENNEDY UNIVERSITY HOSPITAL WASHINGTON TOWNSHIP, KENNEDY HEALTH ALLIANCE, ROWAN UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE, THOMAS WETJEN, D.O., KATHLEEN RICHTER, PA-C, EMERGENCY PHYSICIAN ASSOCIATES OF SOUTH JERSEY, PC, JOHN DOE CORP. (HOSPITAL), and JOHN DOE CORP. (EMERGENCY MEDICINE)**

141. Plaintiff incorporates by reference paragraphs 1 through 140 of this Complaint, the same as if fully set forth at length herein.

142. At all times mentioned herein, Plaintiff's Decedent's physicians and healthcare providers, Kennedy Memorial Hospital - Washington Township, Kennedy University Hospital Washington Township, Kennedy Health Alliance, Rowan University School of Osteopathic Medicine, Thomas Wetjen, D.O., Kathleen Richter, PA-C, Emergency Physician Associates of South Jersey, PC, John Doe Corp. (Hospital) and John Doe Corp. (Emergency Medicine), respectively, individually, jointly and severally, were charged with the professional responsibility of rendering proper medical care and treatment to Plaintiff's Decedent, of properly and carefully examining Plaintiff's Decedent in order to determine the proper diagnosis of her condition and of assuring that proper medical care, attention and treatment would be provided to Plaintiff's Decedent during all times which she remained under Defendants' medical care and treatment.

143. Defendants, Kennedy, Rowan, Thomas Wetjen, D.O., Kathleen Richter, PA-C, and Emergency, respectively, individually and severally, by and through their separate and respective

agents, ostensible agents, servants, workers, representatives, physicians, nurses, staff, contractors, medical personnel, medical assistants and employees were careless and negligent in:

- a) Failing to properly diagnose Adrienne Nock's condition;
- b) Failing to properly treat Adrienne Nock's condition;
- c) Prescribing medication, i.e. orphenadrine citrate, that is known to be ineffective in the treatment of musculoskeletal back pain;
- d) Prescribing an antihistamine for musculoskeletal back pain;
- e) Failing to treat Adrienne Nock's back pain in accordance with evidence-based medicine;
- f) Failing to arrange for proper medical consultation;
- g) Failing to treat Adrienne Nock's back pain according to clinical guidelines; and
- h) Facilitating the development of infection, necrotizing fasciitis, and sepsis by administering an ineffective and unnecessary medication intramuscularly.

144. By reason of the carelessness and negligence of Defendants as aforesaid, Plaintiffs Decedent, Adrienne Nock, was caused to sustain serious and disabling permanent personal injuries including, but not limited to: severe sepsis with septic shock; acute kidney injury; metabolic acidosis and lactic acidosis; necrotizing fasciitis; myositis; cardiac arrest; and other damages described in her medical records, ultimately resulting in Plaintiff's Decedent's death.

145. As a result of the negligence of the Defendants as set forth above, Plaintiff's Decedent suffered pain, loss of life's pleasures, loss of ability to work and earn a living, and had a shortened life expectancy resulting from Defendants' conduct, as aforesaid.

146. As a direct and proximate result of the foregoing, the Decedent's Wrongful Death beneficiaries have been caused to incur various funeral, burial and estate administration expenses for which the Plaintiff is entitled to compensation in these proceedings.

147. As a direct and proximate result of the foregoing, the Decedent's Wrongful Death beneficiaries have been, continue to be, and will in the future be wrongfully deprived of the Decedent's companionship, guidance and services.

148. As a direct and proximate result of the foregoing, the Decedent's Wrongful Death beneficiaries have been, continue to be, and will in the future be wrongfully deprived of the counseling and society of the Decedent.

149. Plaintiff makes this claim on his own behalf and on behalf of Decedent's Wrongful Death beneficiaries, for all damages recoverable under the State of New Jersey Wrongful Death Statute.

150. Plaintiff makes claim on behalf of Decedent's heirs-at-law and next-of-kin for all damages recoverable under the Survival Statutes of the State of New Jersey.

WHEREFORE, Plaintiff, Tyrone Nock, claims of Defendants, Kennedy, Rowan, Thomas Wetjen, D.O., Kathleen Richter, PA-C, and Emergency, and each of them respectively, individually, jointly and severally, separate sums in damages and brings this action to recover same.

## **COUNT II - NEGLIGENCE**

**PLAINTIFF, TYRONE NOCK v.**

**KENNEDY MEMORIAL HOSPITAL -WASHINGTON TOWNSHIP, KENNEDY UNIVERSITY HOSPITAL WASHINGTON TOWNSHIP, KENNEDY HEALTH ALLIANCE, ROWAN UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE, NEELESH PARIKH, D.O., EMERGENCY PHYSICIAN ASSOCIATES OF SOUTH JERSEY, PC, JOHN DOE CORP. (HOSPITAL), and JOHN DOE CORP. (EMERGENCY MEDICINE)**

151. Plaintiff incorporates by reference paragraphs 1 through 150 of this Complaint, the same as if fully set forth at length herein.

152. At all times mentioned herein, Plaintiff's Decedent's physicians and healthcare providers, Defendants, Kennedy Memorial Hospital - Washington Township, Kennedy University Hospital Washington Township, Kennedy Health Alliance, Rowan School of Osteopathic Medicine, Neelesh Parikh, D.O., Emergency Physician Associates South Jersey, John Doe Corp. (Hospital) and John Doe Corp. (Emergency Medicine), respectively, individually, jointly and severally, were charged with the professional responsibility of rendering proper medical care and treatment to Plaintiff's Decedent, of properly and carefully examining Plaintiff's Decedent in order to determine the proper diagnosis of her condition and of assuring that proper medical care, attention and treatment would be provided to Plaintiff's Decedent during all times which she remained under Defendants' medical care and treatment.

153. Defendants, Kennedy, Rowan, Neelesh Parikh, D.O., and Emergency, respectively, individually and severally, by and through their separate and respective agents, ostensible agents, servants, workers, representatives, physicians, nurses, staff, contractors, medical personnel, medical assistants and employees were careless and negligent in:

- a) Failing to timely consult with general surgeon, acute-care surgeon, trauma surgeon or orthopedic surgeon regarding Adrienne Nock's necrotizing fasciitis;
- b) Failing to contact a different general surgeon, acute-care surgeon, trauma surgeon or orthopedic surgeon when Defendant, Dr. Kovacs, was unable to attend to Adrienne Nock due to his surgical schedule;
- c) Failing to recognize the urgency of Adrienne Nock's condition;
- d) Failing to convey the severity of Adrienne Nock's sepsis to Defendant, Dr. Kovacs, and his staff;
- e) Delaying surgical treatment of Adrienne Nock;
- f) Failing to obtain proper medical consultation;
- g) Ordering abdominal and pelvic CT scan for Adrienne Nock, delaying surgical treatment;
- h) Ordering a stat MRI of the left arm for Adrienne Nock, delaying surgical treatment;

- i) Failing to order appropriate broad-spectrum antibiotics in a timely fashion;
- j) Failing to facilitate and/or arrange surgical intervention for Adrienne Nock; and
- k) Failing to transport Adrienne Nock to another hospital that could provide timely surgical intervention.

154. By reason of the carelessness and negligence of Defendants as aforesaid, Plaintiffs Decedent, Adrienne Nock, was caused to sustain serious and disabling permanent personal injuries including, but not limited to: severe sepsis with septic shock; acute kidney injury; metabolic acidosis and lactic acidosis; necrotizing fasciitis; myositis; cardiac arrest; and other damages described in her medical records, ultimately resulting in Plaintiff's Decedent's death.

155. As a result of the negligence of the Defendants as set forth above, Plaintiff's Decedent suffered pain, loss of life's pleasures, loss of ability to work and earn a living, and had a shortened life expectancy resulting from Defendants' conduct, as aforesaid.

156. As a direct and proximate result of the foregoing, the Decedent's Wrongful Death beneficiaries have been caused to incur various funeral, burial and estate administration expenses for which the Plaintiff is entitled to compensation in these proceedings.

157. As a direct and proximate result of the foregoing, the Decedent's Wrongful Death beneficiaries have been, continue to be, and will in the future be wrongfully deprived of the Decedent's companionship, guidance and services.

158. As a direct and proximate result of the foregoing, the Decedent's Wrongful Death beneficiaries have been, continue to be, and will in the future be wrongfully deprived of the counseling and society of the Decedent.

159. Plaintiff makes this claim on his own behalf and on behalf of Decedent's Wrongful Death beneficiaries, for all damages recoverable under the State of New Jersey Wrongful Death Statute.

160. Plaintiff makes claim on behalf of Decedent's heirs-at-law and next-of-kin for all damages recoverable under the Survival Statutes of the State of New Jersey.

WHEREFORE, Plaintiff, Tyrone Nock, claims of Defendants, Kennedy, Rowan, Neelesh Parikh, D.O., Sergio Pulido, D.O., and Emergency, and each of them respectively, individually, jointly and severally, separate sums in damages and brings this action to recover same.

### **COUNT III - NEGLIGENCE**

**PLAINTIFF, TYRONE NOCK v.**

**KENNEDY MEMORIAL HOSPITAL-WASHINGTON TOWNSHIP, KENNEDY UNIVERSITY HOSPITAL WASHINGTON TOWNSHIP, KENNEDY HEALTH ALLIANCE, ROWAN UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE, JEFFREY P. KOVACS, D.O., GREGORY LICHTMAN, D.O., CORY LEBOWITZ, D.O., JAMES STENSON, D.O., SERGIO PULIDO, D.O., RECONSTRUCTIVE ORTHOPEDIC, PA, JOHN DOE CORP. (HOSPITAL), and JOHN DOE CORP. (ORTHOPEDICS)**

161. Plaintiff incorporates by reference paragraphs 1 through 160 of this Complaint, the same as if fully set forth at length herein.

162. At all times mentioned herein, Plaintiff's Decedent's physicians and healthcare providers, Defendants, Kennedy Memorial Hospital - Washington Township, Kennedy University Hospital Washington Township, Kennedy Health Alliance, Rowan School of Osteopathic Medicine, Jeffrey P. Kovacs, D.O., Gregory Lichtman, D.O., Cory Lebowitz, D.O., James Stenson, D.O., Sergio Pulido, D.O., Sergio Pulido, D.O., and Reconstructive Orthopedics, PA, John Doe Corp. (Hospital), and John Doe Corp. (Orthopedics), respectively, individually, jointly and severally, were charged with the professional responsibility of rendering proper medical care and treatment to Plaintiff's Decedent, of properly and carefully examining Plaintiff's Decedent in order to determine

the proper diagnosis of her condition and of assuring that proper medical care, attention and treatment would be provided to Plaintiff's Decedent during all times which she remained under Defendants' medical care and treatment.

163. Defendants, Kennedy, Rowan, Jeffrey P. Kovacs, D.O., Gregory Lichtman, D.O., Cory Lebowitz, D.O., James Stenson, D.O., Sergio Pulido, D.O. and Ortho, respectively, individually and severally, by and through their separate and respective agents, ostensible agents, servants, workers, representatives, physicians, nurses, staff, contractors, medical personnel, medical assistants and employees were careless and negligent in:

- a) Failing to recommend that Defendant, Dr. Parikh, contact a different general surgeon, acute-care surgeon, trauma surgeon or orthopedic surgeon when Defendant, Dr. Kovacs, was unable to attend to Adrienne Nock due to his surgical schedule;
- b) Failing to recognize the urgency of Adrienne Nock's condition;
- c) Failing to convey the severity of Adrienne Nock's sepsis to Defendant, Dr. Kovacs;
- d) Delaying surgical treatment of Adrienne Nock;
- e) Failing to communicate all pertinent findings to Dr. Kovacs;
- f) Failing to include necrotizing fasciitis as a potential diagnosis;
- g) Failing to inform Dr. Kovacs that necrotizing fasciitis was a potential diagnosis for Adrienne Nock's condition;
- h) Failing to appreciate the urgent/emergent nature of Adrienne Nock's condition;
- i) Ordering abdominal and pelvic CT scan for Adrienne Nock, delaying surgical treatment;
- j) Ordering a stat MRI of the left arm for Adrienne Nock, delaying surgical treatment;
- k) Failing to facilitate and/or arrange surgical intervention for Adrienne Nock; and
- l) Failing to recommend that Adrienne Nock be transported to another hospital that could provide timely surgical intervention.

164. By reason of the carelessness and negligence of Defendants as aforesaid, Plaintiffs Decedent, Adrienne Nock, was caused to sustain serious and disabling permanent personal injuries including, but not limited to: severe sepsis with septic shock; acute kidney injury; metabolic acidosis and lactic acidosis; necrotizing fasciitis; myositis; cardiac arrest; and other damages described in her medical records, ultimately resulting in Plaintiff's Decedent's death.

165. As a result of the negligence of the Defendants as set forth above, Plaintiff's Decedent suffered pain, loss of life's pleasures, loss of ability to work and earn a living, and had a shortened life expectancy resulting from Defendants' conduct, as aforesaid.

166. As a direct and proximate result of the foregoing, the Decedent's Wrongful Death beneficiaries have been caused to incur various funeral, burial and estate administration expenses for which the Plaintiff is entitled to compensation in these proceedings.

167. As a direct and proximate result of the foregoing, the Decedent's Wrongful Death beneficiaries have been, continue to be, and will in the future be wrongfully deprived of the Decedent's companionship, guidance and services.

168. As a direct and proximate result of the foregoing, the Decedent's Wrongful Death beneficiaries have been, continue to be, and will in the future be wrongfully deprived of the counseling and society of the Decedent.

169. Plaintiff makes this claim on his own behalf and on behalf of Decedent's Wrongful Death beneficiaries, for all damages recoverable under the State of New Jersey Wrongful Death Statute.

170. Plaintiff makes claim on behalf of Decedent's heirs-at-law and next-of-kin for all damages recoverable under the Survival Statutes of the State of New Jersey.

WHEREFORE, Plaintiff, Tyrone Nock, claims of Defendants, Kennedy, Rowan, Jeffrey P. Kovacs, D.O., Gregory Lichtman, D.O., Cory Lebowitz, D.O., James Stenson, D.O., Sergio Pulido, D.O. and Ortho, and each of them respectively, individually, jointly and severally, separate sums in damages and brings this action to recover same.

**COUNT IV - NEGLIGENCE**

**PLAINTIFF, TYRONE NOCK v.**

**KENNEDY MEMORIAL HOSPITAL-WASHINGTON TOWNSHIP, KENNEDY UNIVERSITY HOSPITAL WASHINGTON TOWNSHIP, KENNEDY HEALTH ALLIANCE, ROWAN UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE, PHILIP WILLSIE, D.O., KELLY SCHIERS, D.O., ANTHONY FLAIM, D.O., JOHN DOE CORP. (HOSPITAL), and JOHN DOE CORP. (INTENSIVE CARE)**

171. Plaintiff incorporates by reference paragraphs 1 through 170 of this Complaint, the same as if fully set forth at length herein.

172. At all times mentioned herein, Plaintiff's Decedent's physicians and healthcare providers, Defendants, Kennedy Memorial Hospital-Washington Township, Kennedy University Hospital Washington Township, Kennedy Health Alliance, Rowan University School of Osteopathic Medicine, Philip Willsie, D.O., Kelly Schiers, D.O., Anthony Flaim, D.O., John Doe Corp. (Hospital) and John Doe Corp. (Intensive Care), respectively, individually, jointly and severally, were charged with the professional responsibility of rendering proper medical care and treatment to Plaintiff's Decedent, of properly and carefully examining Plaintiff's Decedent in order to determine the proper diagnosis of her condition and of assuring that proper medical care, attention and treatment would be provided to Plaintiff's Decedent during all times which she remained under Defendants' medical care and treatment.

173. Defendants, Kennedy, Rowan, Philip Willsie, D.O., Kelly Schiers, D.O., Anthony Flaim, D.O., John Doe Corp. (Hospital) and John Doe Corp. (Intensive Care), respectively, individually and severally, by and through their separate and respective agents, ostensible agents,

servants, workers, representatives, physicians, nurses, staff, contractors, medical personnel, medical assistants and employees were careless and negligent in:

- a) Failing to recognize the urgency of Adrienne Nock's condition;
- b) Failing to convey the severity of Adrienne Nock's sepsis to Defendant, Dr. Kovacs;
- c) Delaying surgical treatment of Adrienne Nock;
- d) Failing to facilitate and/or arrange surgical intervention for Adrienne Nock; and
- e) Failing to recommend that Adrienne Nock be transported to another hospital that could provide timely surgical intervention.

174. By reason of the carelessness and negligence of Defendants as aforesaid, Plaintiffs Decedent, Adrienne Nock, was caused to sustain serious and disabling permanent personal injuries including, but not limited to: severe sepsis with septic shock; acute kidney injury; metabolic acidosis and lactic acidosis; necrotizing fasciitis; myositis; cardiac arrest; and other damages described in her medical records, ultimately resulting in Plaintiff's Decedent's death.

175. As a result of the negligence of the Defendants as set forth above, Plaintiff's Decedent suffered pain, loss of life's pleasures, loss of ability to work and earn a living, and had a shortened life expectancy resulting from Defendants' conduct, as aforesaid.

176. As a direct and proximate result of the foregoing, the Decedent's Wrongful Death beneficiaries have been caused to incur various funeral, burial and estate administration expenses for which the Plaintiff is entitled to compensation in these proceedings.

177. As a direct and proximate result of the foregoing, the Decedent's Wrongful Death beneficiaries have been, continue to be, and will in the future be wrongfully deprived of the Decedent's companionship, guidance and services.

178. As a direct and proximate result of the foregoing, the Decedent's Wrongful Death beneficiaries have been, continue to be, and will in the future be wrongfully deprived of the counseling and society of the Decedent.

179. Plaintiff makes this claim on his own behalf and on behalf of Decedent's Wrongful Death beneficiaries, for all damages recoverable under the State of New Jersey Wrongful Death Statute.

180. Plaintiff makes claim on behalf of Decedent's heirs-at-law and next-of-kin for all damages recoverable under the Survival Statutes of the State of New Jersey.

WHEREFORE, Plaintiff, Tyrone Nock, claims of Defendants, Kennedy, Rowan, Philip Willsie, D.O., Kelly Schiers, D.O., Anthony Flaim, D.O., John Doe Corp. (Hospital) and John Doe Corp. (Intensive Care), and each of them respectively, individually, jointly and severally, separate sums in damages and brings this action to recover same.

SALTZ, MONGELUZZI, BARRETT & BENDESKY, P.C.

By: /s/ Joseph G. DeAngelo

MICHAEL F. BARRETT, ESQUIRE

JOSEPH G. DEANGELO, ESQUIRE

MARY T GIDARO, ESQUIRE

Attorneys for Plaintiff, Tyrone Nock, Administrator  
of the Estate of Adrienne Nock, Deceased

**JURY DEMAND**

Plaintiff hereby demands a trial by jury as to all factual issues.

SALTZ, MONGELUZZI, BARRETT & BENDESKY, P.C.

By: /s/ Joseph G. DeAngelo

MICHAEL F. BARRETT, ESQUIRE

MARY T. GIDARO, ESQUIRE

JOSEPH G. DEANGELO, ESQUIRE

Attorneys for Plaintiff, Tyrone Nock, Administrator  
of the Estate of Adrienne Nock, Deceased

DATED: 12/23/19

**DESIGNATION OF TRIAL COUNSEL**

Pursuant to Rule 4:25-1(b)(14) Joseph G. DeAngelo, Esquire, is hereby designated as trial counsel for the Plaintiff.

SALTZ, MONGELUZZI, BARRETT & BENDESKY, P.C.

By: /s/ Joseph G. DeAngelo

MICHAEL F. BARRETT, ESQUIRE

MARY T. GIDARO, ESQUIRE

JOSEPH G. DEANGELO, ESQUIRE

Attorneys for Plaintiff, Tyrone Nock, Administrator  
of the Estate of Adrienne Nock, Deceased

DATED: 12/23/19

**CERTIFICATION PURSUANT TO RULE 4:51**

The matter in controversy is not the subject of any other pending action in any court or of any arbitration proceeding nor is any other action or arbitration proceeding contemplated, and all known necessary parties have been joined in this action.

SALTZ, MONGELUZZI, BARRETT & BENDESKY, P.C.

By: /s/ Joseph G. DeAngelo

MICHAEL F. BARRETT, ESQUIRE

MARY T. GIDARO, ESQUIRE

JOSEPH G. DEANGELO, ESQUIRE

Attorneys for Plaintiff, Tyrone Nock, Administrator  
of the Estate of Adrienne Nock, Deceased

DATED: 12/23/19

**DEMAND FOR ANSWERS TO INTERROGATORIES**

**PLEASE TAKE NOTICE** that Plaintiff demands answers from each Defendant to Uniform Interrogatories, Form C and Form C(3), if applicable as set forth in Appendix II of the New Jersey Court Rules pursuant to R. 4:17-1(b).

SALTZ, MONGELUZZI, BARRETT & BENDESKY, P.C.

By: /s/ Joseph G. DeAngelo

MICHAEL F. BARRETT, ESQUIRE

MARY T. GIDARO, ESQUIRE

JOSEPH G. DEANGELO, ESQUIRE

Attorneys for Plaintiff, Tyrone Nock, Administrator  
of the Estate of Adrienne Nock, Deceased

DATED: 12/23/19