

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200537074
Claim Number :	HP74026736
Date Submitted :	10/7/2005

Insurer Information

Insurer Name		Coverage Type	
Keeley, Joseph J		Primary	
Insurer FEIN	Professional License Number		
36-6522403	ME75445		
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Cynthia	F	Rogers
Street Address			
111 N. Orlando Ave.			
City		State	Zip
Winter Park		FL	32703
Phone	Ext	Fax	E-Mail Address
(407) 975 - 1422		(407) 975 - 1570	cynthia.rogers@ahss.org

Insured Information

Type	First Name	MI	Last Name
Individual	JOSEPH		KEELEY
Insurer Type	Street Address of Practice		
Self-Insurer	615 E. Princeton St., #416		
City	State	Zip Code	County
Orlando	FL	32803	Orange
Policy Number	Per Claim Policy Limits	Aggregate Policy Limits	
8528-108	\$7,500,000	\$7,500,000	
Profession or Business		Other Profession or Business	
Medical Doctor			
License Number	Specialty Code & Classification	Certification Number	
ME75445	Psychiatry - Child and Adolescent Psychiatry		

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		M	Seminole
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Other Outpatient Facility		Group Home	
Name of Institution		Code	
N/A		000000	
Location of Institutional Injury		Other Location of Institutional Injury	
Other		bedroom	
Date of Occurrence		Date Reported to Insurer	
11/22/2002		1/9/2003	

Diagnostic Information
<p>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition Autistic self injurious behavior</p> <p>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury Misfilling of a prescription by a pharmacy and administration of the improper dose.</p> <p>Diagnostic Code :</p> <p>Misdiagnosis Made, If Any, Of Patient's Actual Condition There was no misdiagnosis.</p> <p>Principal Injury Giving Rise To The Claim Methadone prescription by Dr. Keely was misfilled by the pharmacy at 10 times the ordered dose and administered by the Group Home resulting in the death of the child.</p> <p>Severity Of Injury Permanent: Death.</p>

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Legal Information	
Date of Suit 8/26/2003	Circuit Court Case Number 03ca7861
County Suit Filed in Orange	Date of Final Disposition 7/28/2005
Other Defendants Involved in this Claim Hospice of the Comforter, Inc. James, Soucey American Living, Inc. Behavioral Support Services, Inc.	
Stage of Legal System at which Settlement was Reached or Award Made After notice of appeal is filed or post judgment relief of action is required for recovery.	
Final Method of Claim Disposition Settled by parties	
Court Decision Judgment for the plaintiff.	Other
Arbitration Claim not subject to Arbitration.	
Date of Payment 6/6/2005	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$3,000,000
Loss Adjust Expense Paid to Defense Counsel	\$0
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$0
Deductible	\$0
<u>Injured Person's Total Economic Loss</u>	
	<u>Incurred to Date</u>
Medical Expense	\$0
Wage Loss	\$0
Other Expenses	\$0
<u>Anticipated</u>	
Medical Expense	\$0
Wage Loss	\$0
Other Expenses	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely This claim resulted from an error by other parties. Dr. Keeley's management of the decedent was proper.	

Updates
No updates found.