

IN THE CIRCUIT COURT FOR BALTIMORE CITY, MARYLAND

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JAN 10 2013

DENYIA JACKSON, a minor, by and
through her Parents and Next Friends,
LAVONYA PARKER AND BRIAN JACKSON
1807 Falcon Court
Severn, Maryland 21144

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Plaintiff

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v.

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HARBOR HOSPITAL, INC. d/b/a
MEDSTAR HARBOR HOSPITAL
3001 South Hanover Street
Baltimore, Maryland 21225

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Serve On:

The Corporation Trust, Inc.
2405 York Road, Suite 201
Lutherville-Timonium, Maryland 21093

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Case No. 24-C-18001463

and

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CHUKA B. JENKINS, M.D.
3001 South Hanover Street
Baltimore, Maryland 21225

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and

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ADEGBOYEGA I. ADEJANA, M.D.
1406B Crain Hwy South, Suite 308
Glen Burnie, Maryland 21061

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and

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FATEH HRAKY, M.D.
308 Hospital Drive, Suite 101
Glen Burnie, Maryland 21061

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Defendants

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COMPLAINT AND DEMAND FOR JURY TRIAL

Plaintiff, Denyia Jackson, a minor, by and through her Parents and Next Friends, Lavoyna Parker and Brian Jackson, and by and through her undersigned counsel, Christopher S. Norman, Keith D. Forman, and Wais, Vogelstein, Forman & Offutt, LLC, hereby sues Harbor Hospital, Inc. d/b/a MedStar Harbor Hospital, Chuka Jenkins, M.D., Adegboyega Adejana, M.D., and Fateh Hraky, M.D., and for her cause of action states as follows:

1. This medical negligence claim is instituted pursuant to Md. Cts. & Jud. Proc. §§ 3-2A-01 – 3-2A-10 for the recovery of damages in excess of Thirty Thousand Dollars (\$30,000.00).

2. Venue is proper in the Circuit Court for Baltimore City, Maryland.

3. The Plaintiff avers that she has satisfied all conditions precedent to the filing of this lawsuit, including the filing of a Statement of Claim, Certificate of Merit and Expert Report, and Waiver of Arbitration in the Health Care Alternative Dispute Resolution Office. The Plaintiff hereby attaches and incorporates by reference the Certificate of Qualified Expert and Expert Report of Serdar Ural, M.D.

4. Defendant Harbor Hospital, Inc. d/b/a MedStar Harbor Hospital (hereinafter referred to as “Harbor”) is, and at all times relevant hereto was, a Maryland corporation engaged in the operation of a hospital, providing obstetrical services and other health care services to individuals in need thereof. At all times relevant hereto, Harbor acted directly and/or by and/or through its actual and/or apparent agents, servants, and/or employees, including, but not limited to, Chuka Jenkins, M.D., Adegboyega Adejana, M.D., and Fateh Hraky, M.D.

5. Defendant Chuka Jenkins, M.D. is, and at all times relevant hereto was, a physician licensed to practice obstetrics in the State of Maryland. At all times relevant hereto, Dr. Jenkins acted individually and/or as the actual and/or apparent agent, servant and/or employee of Harbor.

6. Defendant Adegboyega Adejana, M.D. is, and at all times relevant hereto was, a physician licensed to practice obstetrics in the State of Maryland. At all times relevant hereto, Dr. Adejana acted individually and/or as the actual and/or apparent agent, servant and/or employee of Harbor.

7. Defendant Fateh Hraky, M.D. is, and at all times relevant hereto was, a physician licensed to practice obstetrics in the State of Maryland. At all times relevant hereto, Dr. Hraky acted individually and/or as the actual and/or apparent agent, servant and/or employee of Harbor.

8. At all times relevant hereto, the Defendant Health Care Providers held themselves out to Plaintiff as health care providers who provided reasonable and competent care to individuals in need thereof.

9. Ms. Parker presented to Harbor Hospital on December 6, 2007 for a routine non-stress test (NST). The records indicate that she was referred by Dr. Adejana, and was attended to during this visit by Dr. Jenkins.

10. At this time, Ms. Parker was 31.2 weeks in gestation. Her history was significant for gestational diabetes, morbid obesity, and gestational hypertension. The NST was reassuring, with a baseline fetal heart rate of 150, moderate variability, and the presence of accelerations. There were no contractions noted. Ms. Parker's blood pressures were borderline normal, and a urine dipstick was negative for protein. She denied any recent headache or blurred vision, although 2+ edema was noted in her lower extremities. Ms. Parker was discharged, with instructions to follow up with her private physician, and Dr. Jenkins, in one week.

11. On December 10, 2007, Ms. Parker returned to Harbor Hospital. She was admitted by Dr. Adejana (who was also noted to be her attending during this admission) with a chief complaint of pregnancy induced hypertension.

12. Upon admission, Ms. Parker's blood pressure was elevated at 184/84. The fetal monitoring strip during this first day was noted to be reassuring, with a baseline fetal heart rate of 130-155, with moderate variability, accelerations, and the absence of decelerations. A preeclampsia panel was ordered. Urine dipstick was reported as negative for protein. Ms. Parker's platelets and liver function were reported to be normal. Betamethasone was started, with the first dose being given at 16:38.

13. At 00:35 on December 11th, Ms. Parker's blood pressure was 196/99. Ms. Parker reported some pain and cramping in her lower belly, and Dr. Adejana was notified. There were no contractions on the monitor. Methyldopa was started by Dr. Adejana for blood pressure control at 07:52. Despite this intervention, Ms. Parker continued to have significantly elevated blood pressures throughout the day. Although continuous monitoring was not being utilized, the portions of strip which do exist were reported by the providers as evidencing a baseline fetal heart rate of 150-172, with moderate variability, accelerations, and the absence of decelerations. The second dose of Betamethasone was given at 16:46 (which became fully effective at 16:46 on December 12th).

14. 24 hour urine was resulted at 08:36 on December 12th, and was positive for elevated protein at 486 mg. Fateh Hrakya, M.D. documented that he discussed the results with Dr. Jenkins.

15. At 09:29, Ms. Parker's blood pressure was 178/99. At 10:40, the records reflect "mild preeclampsia exists."

16. During the majority of the day on December 12th, the providers interpreted the strip as follows: baseline fetal heart rate of 150-155, minimal variability, accelerations, and the absence of decelerations.

17. Dr. Jenkins apparently saw Ms. Parker at around 14:00 on December 12th. His note reads as follows: "32 weeks with GDM2 and preeclampsia. Has received steroids for FLM. Patient on aldomet and blood pressure is controlled but evidence of severe preeclampsia may be masked...Delivery and mag sulfate if patient meets criteria for severe preeclampsia."

18. At 15:40, Ms. Parker's blood pressure was 179/114.

19. On the evening of December 12th, the providers documented the continued presence of minimal variability, the absence of accelerations, and the presence of decelerations.

20. At 07:35 on December 13th, Ms. Parker's blood pressure was 191/88. By 08:15, the providers documented that the fetal monitoring strip was non-reassuring, and that the doctors were made aware. Ms. Parker was repositioned to her right side, and oxygen and fluids were given.

21. Dr. Jenkins documented that "severe preeclampsia exists" at 10:15. Given the status of the fetal monitoring strip, Ms. Parker was sent to the fetal assessment center, where a biophysical profile was completed at 10:17. The biophysical profile was normal at that time. Ms. Parker was not contracting.

22. At 12:20, the fetal heart rate dropped from a baseline of about 165 down to 100, where it remained for approximately 8 minutes. At the conclusion of this prolonged deceleration, the fetal heart rate returned to a baseline of approximately 180 (fetal tachycardia) with minimal variability. Ms. Parker was turned to her left side, and again given oxygen and fluids. Dr. Adejana was notified, and came to evaluate Ms. Parker and her unborn child at 13:00. Dr. Adejana's note reads as follows: "Patient with GDM admitted for preeclampsia evaluation. Persistently elevated blood pressure, proteinuria (488mg/24hr), and now [non-reassuring fetal heart tones] with [fetal heart rate] in 170's and decreased variability." The decision was made to proceed with a cesarean section, and baby Denyia was delivered by Dr. Adejana at 14:44. The delivery report lists Ms.

Parker's problems as GDM, mild preeclampsia, gestational hypertension/severe preeclampsia. The cesarean section was noted to be "emergency" in priority, and the indication was noted to be "non-reassuring FHR, severe preeclampsia."

23. Baby Denyia was 1800g at delivery. Her APGARS were 4 and 8, at 1 and 5 minutes respectively. She was bradycardic at delivery. Cord blood gases were within the normal range. Placental pathology was significant for recent hemorrhage and a focus of acute inflammation adjacent to the hemorrhagic area. The fetal membranes were reported to show mild acute chorioamnionitis. The cord was reported to be normal.

24. Denyia experienced focal seizure activity during the newborn period. She was eventually diagnosed with right hemiplegic cerebral palsy, in addition to other physical, neurological, and cognitive disorders/injuries. MRI and neurology evaluations were completed, and Denyia was diagnosed with a perinatal/in utero left middle cerebral artery stroke.

Count I
(Medical Malpractice)

25. Plaintiff repeats, re-alleges, adopts, and incorporates by reference the above paragraphs of this Statement of Claim as if fully set forth herein.

26. In their care and treatment of Lavoyna Parker and her unborn child Denyia, the Defendant Health Care Providers, acting directly, individually and/or by and/or through their actual and/or apparent agents, servants, and/or employees, owed to Plaintiff the duty to exercise that degree of care and skill which a reasonably competent hospital, obstetrician, and/or similar health care provider would have exercised under the same or similar circumstances.

27. The Defendant Health Care Providers, acting directly, individually and/or by and/or through their actual and/or apparent agents, servants, and/or employees, breached the aforesaid duty of care to Lavoyna Parker and her unborn child Denyia, and were negligent by:

- a. Failing to take appropriate precautions in monitoring and treating Lavoyna Parker's condition;
- b. Failing to appropriately treat Lavoyna Parker and her unborn baby;
- c. Failing to obtain appropriate consultations and/or appropriately utilize the information available to them;
- d. Failing to react to the positive history, symptoms, signs, physical findings, and other data which were illustrative of Lavoyna Parker's condition;
- e. Failing to maintain adequate and/or appropriate written policies, procedures and/or protocols;
- f. Failing to appropriately follow written policies, procedures and/or protocols;
- g. Failing to timely start magnesium sulfate;
- h. Failing to maintain continuous fetal monitoring;
- i. Failing to timely and appropriately diagnose severe preeclampsia;
- j. Failing to timely and appropriately treat severe preeclampsia;
- k. Failing to appropriately evaluate and interpret the fetal monitoring strip;
- l. Failing to timely deliver Denyia Jackson;
- m. And were in other ways negligent.

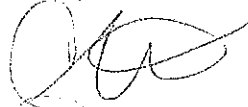
28. As a direct and proximate result of the above-mentioned deviations from the applicable standards of care by the Defendant Health Care Providers, Denyia Jackson suffered and/or will suffer the following permanent injuries, among others:

- a. Perinatal left middle cerebral artery stroke;
- b. Seizures;
- c. Brain injury;

- d. Right hemiplegic cerebral palsy;
- e. Developmental delay;
- f. Cognitive and mental impairment;
- g. Tone abnormalities;
- h. Spasticity;
- i. Neurological disabilities;
- j. Physical impairment;
- k. Significant conscious pain and suffering;
- l. Emotional distress;
- m. She is and will be permanently dependent upon others for her care;
- n. She has and will continue to undergo serious and painful medical procedures;
- o. She has and will continue to incur significant medical and other care expenses for which she and her parents are incapable of or unable to pay;
- p. Her earning capacity has been severely diminished; and
- q. Other injuries and damages.

WHEREFORE, Plaintiff, Denyia Jackson, a minor, by and through her Parents and Next Friends, Lavoyna Parker and Brian Jackson, brings this action against the Defendant Health Care Providers and seeks damages that will adequately and fairly compensate her, costs, and such other and further relief as may be deemed appropriate.

WAIS, VOGELSTEIN, FORMAN & OFFUTT, LLC



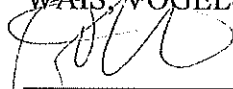
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Attorneys for Plaintiffs

DEMAND FOR JURY TRIAL

The Plaintiff, by and through her undersigned counsel, hereby demands a trial by jury on all issues raised herein.

WAIS, VOGELSTEIN, FORMAN & OFFUTT, LLC



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