

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF PUERTO RICO**

ADNA ORTIZ BONILLA; ROCHELI ORTIZ BONILLA;
HEIDI ORTIZ BONILLA; DIANA ORTIZ BONILLA
a/k/a DIANA ROWE, ROSA BONILLA DE ORTIZ,

Plaintiffs ,

v.

HOSPITAL SAN CRISTÓBAL ; TRIPLE-S; DR.
AURELIO GARCÍA-MEDINA; DR. ALEXIS FIGUEROA;
DR. GABRIEL MARTÍNEZ; DR. DIANNA MARQUEZ;
JOINT TORTFEASORS DR. JOHN DOE AND DR. JAMES
ROE; SINDICATO DE ASEGURADORES PARA LA
SUSCRIPCIÓN CONJUNTA DEL SEGURO DE
RESPONSABILIDAD PROFESIONAL MÉDICO-
HOSPITALARIA ("SIMED"); XYZ INSURANCE
COMPANY.

Defendants .

CIVIL NO. 12-1567 (SEC)

RE: TORT ACTION FOR
MEDICAL MALPRACTICE
PURSUANT TO ARTS. 1802
AND 1803, 31 P. R. Laws
Ann. §§ 5141 AND 5142.

JURY TRIAL DEMANDED

AMENDED COMPLAINT

TO THE HONORABLE COURT :

APPEAR NOW the Plaintiffs, ADNA ORTIZ BONILLA; ROCHELI ORTIZ BONILLA;
HEIDI ORTIZ BONILLA; DIANA ORTIZ BONILLA a/k/a DIANA ROWE and ROSA BONILLA
DE ORTIZ (hereinafter referred to as "Plaintiffs"), through the undersigned counsel, and
hereby state, allege, and request as follows:

JURISDICTIONAL BASIS

1. Plaintiffs are domiciliaries and residents of the state of Connecticut.

2. All Defendants are either individuals who reside in Puerto Rico or corporations organized under the laws of the Commonwealth of Puerto Rico or of states other than Connecticut.
3. The matter in controversy exceeds the sum of SEVENTY FIVE THOUSAND DOLLARS (\$75,000.00) , exclusive of interest and costs, thus vesting jurisdiction on this Honorable Court pursuant to 28 U.S.C. § 1332.

THE PARTIES

4. Plaintiff **ADNA ORTIZ BONILLA** is the 38 year-old daughter of Luis Ortiz Olmeda, who died an untimely death at Hospital San Cristóbal at the age of 56.
5. Plaintiff **HEIDI ORTIZ BONILLA** is the 31 year-old daughter of Luis Ortiz Olmeda, who died an untimely death at Hospital San Cristóbal at the age of 56.
6. Plaintiff **ROCHELI ORTIZ BONILLA** is the 35 year-old daughter of Luis Ortiz Olmeda, who died an untimely death at Hospital San Cristóbal at the age of 56.
7. Plaintiff **DIANA ORTIZ BONILLA** is the 26 year-old daughter of Luis Ortiz Olmeda, who died an untimely death at Hospital San Cristóbal at the age of 56.
8. Plaintiff **ROSA BONILLA DE ORTIZ** is the 58 year-old widow of Luis Ortiz Olmeda, who died an untimely death at Hospital San Cristóbal at the age of 56.
9. Co-Defendant **HOSPITAL SAN CRISTÓBAL** is (hereinafter referred to as “ Co-Defendant HSC ”) is a corporation organized under the laws of the Commonwealth of Puerto Rico, with its principal place of business in Puerto Rico.
10. Co-Defendant **TRIPLE-S** is a company organized or operating under the laws of the Commonwealth of Puerto Rico, with its principal place of business in Puerto Rico or in a state other than Connecticut, which has issued an insurance policy for medical

malpractice on behalf of Co-Defendant HSC , Inc. for the acts or omissions described herein, encompassing this period of time.

11. Co-Defendant **DR. AURELIO GARCÍA-MEDINA** ("Dr. García") is a physician authorized to practice medicine in Puerto Rico who is employed and/or has privileges at Co-Defendant HSC, to whom the care of Luis Ortiz Olmeda was assigned upon being received at Co-Defendant HSC and who placed belated consultations to various physicians upon being assigned the care of the aforementioned patient.
12. Co-Defendant **DR. ALEXIS FIGUEROA** ("Dr. Figueroa") is a physician authorized to practice medicine in Puerto Rico who is employed and/or has privileges at Co-Defendant HSC. Dr. Figueroa was the physician who first provided medical attention to Mr. Ortiz at Co-Defendant HSC , he wrote the first orders regarding his medical care and continued to provide Mr. Ortiz with medical care subsequently.
13. Co-Defendant **DR. GABRIEL MARTÍNEZ** ("Dr. Martínez") is a physician authorized to practice medicine in Puerto Rico who is employed and/or has privileges at Co-Defendant HSC and provided medical care within his specialty to Mr. Ortiz during the times relevant to the complaint.
14. Co-Defendant **DR. DIANNA MARQUEZ** ("Dr. Marquez") is a physician authorized to practice medicine in Puerto Rico who is employed and/or has privileges at Co-Defendant HSC and provided medical care within her specialty to Mr. Ortiz during the times relevant to the complaint.
15. Co-Defendants unknown joint tortfeasors JOHN DOE and JAMES ROE are physicians fictitiously named herein, to be later replaced by their actual names which may become

known through further discovery in this litigation, and who may be liable to Plaintiff, in whole or in part, for the actions herein described and the damages suffered by Plaintiff.

16. Co-Defendant **Sindicato de Aseguradores para la Suscripción Conjunta de Seguro de Responsabilidad Profesional Médico-Hospitalaria** (hereinafter, “**SIMED**”) is an insurance company organized, existing, and with its principal place of business in Puerto Rico or a state or territory other than Connecticut, which issued insurance policies for medical malpractice on behalf of one or more of the Co-Defendants and Joint Tortfeasors for the acts or omissions described herein, encompassing this period of time.

17. Co-Defendant **XYZ INSURANCE COMPANY** is a company organized or operating under the laws of the Commonwealth of Puerto Rico, with its principal place of business in Puerto Rico or in a state other than Connecticut, which additionally insures all or some of the Co-Defendants.

18. Pursuant to 26 P.R. Laws Ann. § 2001, a direct action may be brought in the Commonwealth of Puerto Rico against a casualty or liability insurance carrier for the negligence or fault of its insured.

19. Pursuant to 26 P.R. Laws Ann. § 2003, an action against an insurer may be brought separately or may be joined with an action against its insured.

GENERAL ALLEGATIONS

20. On or about August 6, 2011, Mr Luis Ortiz-Olmeda (hereinafter “Mr. Ortiz” or “patient”) was in Puerto Rico, on vacation, visiting his family and friends in or around the town of Coamo, Puerto Rico.

21. Upon feeling ill on August 6, 2011 , Mr. Ortiz Olmeda arrived at Hospital General Menonita, Inc. in Coamo, on or about 5:56 p.m.
22. Laboratory specimens were collected from Mr. Ortiz on or about 6:10 p.m. and results read on or about 6:55 p.m.
23. Among the abnormal results was a very low platelet count of 24,000, as opposed to a normal range between 142,000 and 424,000 , an elevated white blood count and evidence of kidney failure.
24. Because these laboratory results evidenced a serious condition, it was determined that Mr. Ortiz had to be transferred to a larger hospital with more capabilities.
25. A transfer order was signed by a physician on or about 7:40 p.m. on August 6, 2011.
26. The patient's transfer began on or about 10:45 p.m.; Mr. Ortiz was delivered at Co-Defendant HSC's emergency room on or about 11:40 p.m. on August 6, 2011.
27. The diagnosis upon Mr. Ortiz's arrival to Co-Defendant HSC was Urosepsis and Thrombocytopenia.
28. At 12:00 midnight on August 7, 2011, Mr. Ortiz was seen by Dr. Figueroa, who, among others, prescribed the antibiotic Ancef and other medications, and directed that Dr. Gabriel Martínez be consulted.
29. Dr. Figueroa communicated with Dr. Aurelio García-Medina who accepted this patient's admission under his care.
30. The antibiotic prescribed, Ancef, was not appropriate given the diagnosis of Urosepsis.
31. In spite of these early orders, the antibiotic ordered by Dr. Figueroa, Ancef, was not administered until twenty one (21) hours later, at 9:00 p.m.

32. No single other medication ordered by Dr. Figueroa at 12 midnight between August 6 and August 7, 2011 or otherwise was administered to Mr. Ortiz until 9:00 p.m. on August 7, 2011, twenty (21) one hours after he arrived at emergency severely ill.
33. Similarly, the consultation with Dr. Gabriel Medina, the infectious disease specialists, that had been ordered at 12 midnight between August 6 and August 7, 2011 and the consultations to other specialists, were not requested until nineteen and a half (19.5) hours later, at 7:30 p.m. on August 7, 2011.
34. Dr. Martínez did not promptly evaluate the patient, as required, until approximately fifteen hours later, 11:40 a.m. on August 8, 2011.
35. Dr. Marquez collaborated with Dr. Martínez in determining a recommendation for treatment.
36. Mr. Ortiz' complete medical history and complete physical examination were not conducted by a physician at Co-Defendant HSC until August 7, 2011 at 4:28 p.m., sixteen (16) hours after his arrival at the emergency room.
37. At this time, the patient was found to be in critical condition, in shock per se , given the remarkably abnormal vital signs that he registered.
38. In the section of the medical history which called for a "tentative diagnosis", the physician performing the history indicated thrombocytopenia and directed that Dengue, as well as AMI and Leptospirosis, be ruled out.
39. In spite of the order by Dr. Figueroa at 12 midnight on August 7, 2011 that Mr. Ortiz be given the antibiotic Ancef and the tentative diagnosis made upon the medical history being completed at 4:30 p.m. on that same day, Mr. Ortiz did not receive his first dose of

an antibiotic, Ancef, until 9:00 p.m. that day, twenty one hours after the order for the antibiotic was written by Dr. Figueroa.

40. Ancef was an inappropriate antibiotic for the treatment of either Urosepsis or Leptospirosis and, in any case, was belatedly administered twenty one (21) hours after it was ordered by Dr. Figueroa.

41. Upon evaluating the patient on August 8, 2011, Dr. Martínez, jointly with Dr. Marquez, recommended that Ancef be discontinued and Rocephin substituted for it.

42. There is no written order in the medical record by Dr. Martínez and/or Dr. Marquez ordering this change in treatment, rather, the recommendation is contained in the consultation report.

43. As such, the appropriate antibiotic to preventively treat Leptospirosis, Rocephin, was not given to the patient promptly; on the contrary, an additional nine (9) hours elapsed before Mr. Ortiz was given the antibiotic at 9:00 p.m. on August 8, 2011.

44. The dose Ancef scheduled for 9:00 a.m. the morning of August 8, 2011 was skipped even before the substitution for Rocephin had been recommended.

45. As such, between receiving the first dose of the antibiotic Ancef and the first dose of Rocephin, Mr. Ortiz spent 24 hours without being given any dose of antibiotic.

46. Mr. Ortiz did not receive his first dose of an appropriate antibiotic for the tentative diagnosis of Leptospirosis until after almost two entire days elapsed since his arrival at HSC in critical condition.

47. On August 7, 2011, at 3:20 p.m., a physician ordered that Mr. Ortiz be transferred to the Intensive Care Unit ("ICU").

48. Patient Luis Ortiz was not transferred to the ICU, as had been ordered, until four and one half (4.5) hours later, at 7:30 p.m.
49. Hemodialysis was offered to Mr. Ortiz on August 10, 2011.
50. Mr. Ortiz died on Thursday, August 11, 2011 at 5:41 a.m.
51. Mr. Ortiz' death certificate listed cardiorespiratory arrest, sepsis, multi organ failure and septic shock as immediate causes of death.
52. Co-Defendant HSC's "Admission Discharge Record" listed as principal diagnosis suspected leptospirosis, respiratory failure, multi organ failure and septic shock.

**FIRST CAUSE OF ACTION
FOR NEGLIGENCE UNDER ARTICLE 1802
OF THE PUERTO RICO CIVIL CODE
AGAINST DR. AURELIO GARCÍA-MEDINA**

53. The allegations contained above are incorporated by reference as if again fully set forth herein.
54. Co-Defendant Dr. García's intervention with Mr. Ortiz while at Co-Defendant HSC was below the medical standard that satisfies the exigencies generally recognized by the medical profession in light of the modern means of communication and teaching and, as such, directly caused and/or contributed to causing the death of Mr. Ortiz and, thus, the pain and suffering of all Plaintiffs upon his premature death, as described herein.
55. Co-Defendant Dr. García negligently and carelessly, breaching the medical standard that satisfies the exigencies generally recognized by the medical profession in light of the modern means of communication and teaching, failed to timely administer adequate treatment upon confronting a critically ill patient and a suspected diagnosis of Leptospirosis and, as such, directly caused and/or contributed to causing the premature

death of Mr. Ortiz and the pain and suffering such premature death caused upon the Plaintiffs, widow and daughters of the deceased.

56. Co-Defendant Dr. García negligently and carelessly failed to evaluate, monitor, treat, diagnose and timely manage Mr. Ortiz' medical condition upon his stay at Co-Defendant HSC's facility, failing to timely conduct or cause to be conducted the most basic medical examination/history of the patient and to timely administer appropriate medications.
57. Co-Defendant Dr. García negligently and carelessly failed to evaluate, monitor, treat, diagnose and timely manage Mr. Ortiz' medical condition upon suspecting of a diagnosis of Leptospirosis, failing thus to administer him the appropriate life-saving antibiotic in a timely manner.
58. Co-Defendant Dr. García, entrusted with the care of a severely ill patient whose vital signs evidenced shock, negligently and carelessly failed to timely place and follow-up on the necessary consultations to the relevant specialists.
59. Co-Defendant Dr. García negligently and carelessly failed to timely initiate and continue appropriate therapeutic treatments, which caused that the suspected Leptospirosis of Mr. Ortiz go untreated for approximately 2 days before an appropriate antibiotic was administered.
60. Co-Defendant Dr. García negligently and carelessly failed to provide proper care of his patient, Mr. Ortiz, by failing to engage in his examination, evaluation of symptoms and treatment on a timely basis; instead, he relied on others to do so.
61. Co-Defendant Dr. García failed to exercise reasonable care and skill commensurate with the standard of care practiced in the medical profession at that time and under like and similar circumstances when he failed to correctly and timely administer or cause to be

administered an appropriate preventive antibiotic upon the suspicion of a grave infection, either Urosepsis or Leptospirosis.

62. As a direct and proximate cause of Co-Defendant Dr. García's actions and omissions upon being presented with a patient in Mr. Ortiz' condition and with his clinical signs, Mr. Ortiz was deprived of an opportunity to recover and the Plaintiffs, through the premature death of Mr. Ortiz, of his company, support and love.

63. In so doing, Co-Defendant Dr. García committed professional negligence, including lack of expertise, fault and malpractice, which directly and proximately caused the death of Mr. Ortiz, as detailed herein.

64. As a direct and proximate cause of Co-Defendant Dr. Garcia' s negligence in failing to properly treat Mr. Ortiz, Plaintiffs sustained severe pain and suffering upon the loss of their father and husband.

**SECOND CAUSE OF ACTION
FOR NEGLIGENCE UNDER ARTICLE 1802
OF THE PUERTO RICO CIVIL CODE
AGAINST DR. FIGUEROA**

65. The allegations contained above are incorporated by reference as if again fully set forth herein.

66. Co-Defendant Dr. Figueroa's intervention with Mr. Ortiz while at Co-Defendant HSC was below the medical standard that satisfies the exigencies generally recognized by the medical profession in light of the modern means of communication and teaching and, as such, directly caused and/or contributed to causing the death of Mr. Ortiz and, thus, the pain and suffering of all Plaintiffs upon his premature death, as described herein.

67. Co-Defendant Dr. Figueroa negligently and carelessly, breaching the medical standard that satisfies the exigencies generally recognized by the medical profession in light of

the modern means of communication and teaching, failed to administer adequate treatment upon a suspected urosepsis or leptospirosis and, as such, directly caused and/or contributed to causing the premature death of Mr. Ortiz and the pain and suffering such premature death caused upon the Plaintiffs, widow and daughters of the deceased .

68. Co-Defendant Dr. Figueroa negligently and carelessly failed to timely evaluate, monitor, treat, diagnose and promptly manage Mr. Ortiz' medical condition upon his stay at Co-Defendant HSC's facility, failing to timely conduct or cause to be conducted the most basic medical examination and history of the patient for a proper diagnosis and treatment and to timely administer appropriate medications.

69. Co-Defendant Dr. Figueroa negligently and carelessly failed to evaluate, monitor, treat, diagnose and timely manage Mr. Ortiz' medical condition upon suspecting of a diagnosis of urosepsis or leptospirosis, failing thus to administer him the appropriate life-saving antibiotic in a timely manner.

70. Co-Defendant Dr. Figueroa negligently and carelessly failed to timely initiate, continue and follow-up appropriate therapeutic treatments, which caused that the suspected urosepsis or leptospirosis of Mr. Ortiz go untreated for approximately 2 days before an appropriate antibiotic was administered.

71. Co-Defendant Dr. Figueroa negligently and carelessly failed to provide proper care of his patient, Mr. Ortiz, by failing to conscientiously engage in his examination, evaluation of symptoms and provision of appropriate diagnosis and treatment on a timely basis.

72. Co-Defendant Dr. Figueroa failed to exercise reasonable care and skill commensurate with the standard of care practiced in the medical profession at that time and under like

and similar circumstances when he failed to correctly and timely administer or cause to be administered an appropriate preventive antibiotic immediately upon the suspicion of urosepsis or leptospirosis.

73. Co-Defendant Dr. Figueroa, confronted with a severely ill patient whose vital signs evidenced shock, negligently and carelessly failed to timely place the necessary consultations to the relevant specialists and follow-up on them.

74. As a direct and proximate cause of Co-Defendant Dr. Figueroa's actions upon being presented with a patient in Mr. Ortiz' critical condition, with his clinical signs and a diagnosis of suspected urosepsis or leptospirosis, Mr. Ortiz was deprived of an opportunity to recover and the Plaintiffs, through the premature death of Mr. Ortiz, of his company, support and love.

75. In so doing, Co-Defendant Dr. Figueroa committed professional negligence, including lack of expertise, fault and malpractice, which directly and proximately caused the death of Mr. Ortiz, as detailed herein.

76. As a direct and proximate cause of Co-Defendant Dr. Figueroa's negligence in failing to properly treat Mr. Ortiz, Plaintiffs sustained severe pain and suffering upon the loss of their father and husband.

**THIRD CAUSE OF ACTION
FOR NEGLIGENCE UNDER ARTICLE 1802
OF THE PUERTO RICO CIVIL CODE
AGAINST DR. GABRIEL MARTÍNEZ**

77. The allegations contained above are incorporated by reference as if again fully set forth herein.

78. Co-Defendant Dr. Martinez' intervention with Mr. Ortiz while at Co-Defendant HSC was below the medical standard that satisfies the exigencies generally recognized by the

medical profession in light of the modern means of communication and teaching and, as such, directly caused and/or contributed to causing the death of Mr. Ortiz and, thus, the pain and suffering of all Plaintiffs upon his premature death, as described herein.

79. Co-Defendant Dr. Martinez negligently and carelessly, breaching the medical standard that satisfies the exigencies generally recognized by the medical profession in light of the modern means of communication and teaching, failed to administer adequate treatment upon a suspected urosepsis or leptospirosis and, as such, directly caused and/or contributed to causing the premature death of Mr. Ortiz and the pain and suffering such premature death caused upon the Plaintiffs, widow and daughters of the deceased.

80. Co-Defendant Dr. Martínez negligently and carelessly failed to timely respond to an emergency consultation requested regarding a severely ill patient.

81. Co-Defendant Dr. Martínez negligently and carelessly failed to ensure that his recommendation regarding a change in antibiotic for Mr. Ortíz, in light of the suspicion of Leptospirosis, be acted upon immediately after it was made, considering that the patient had not been given the appropriate treatment in the thirty six (36) hours prior, causing an inexcusable additional delay in Mr. Ortiz commencing this life-saving therapy.

82. Co-Defendant Dr. Martínez negligently and carelessly failed to timely initiate, continue and ensure appropriate therapeutic treatments upon being consulted, causing that the suspected leptospirosis of Mr. Ortiz go untreated for an additional unacceptable period of time.

83. Co-Defendant Dr. Martínez failed to exercise reasonable care and skill commensurate with the standard of care practiced in the medical profession at that time and under like and similar circumstances when he failed to correctly and timely administer or cause to be administered an appropriate preventive antibiotic upon the suspicion of leptospirosis.

84. As a direct and proximate cause of Co-Defendant Dr. Martinez' actions upon being presented with a patient in Mr. Ortiz' condition and with his clinical signs, Mr. Ortiz was further deprived of an opportunity to recover and the Plaintiffs, through the premature death of Mr. Ortiz, of his company, support and love.

85. In so doing, Co-Defendant Dr. Martínez committed professional negligence, including lack of expertise, fault and malpractice, which directly and proximately caused the death of Mr. Ortiz, as detailed herein.

86. As a direct and proximate cause of Co-Defendant Dr. Martinez' negligence in failing to properly treat Mr. Ortiz, Plaintiffs sustained severe pain and suffering upon the loss of their father and husband.

**FOURTH CAUSE OF ACTION
FOR NEGLIGENCE UNDER ARTICLE 1802
OF THE PUERTO RICO CIVIL CODE
AGAINST DR. DIANNA MARQUEZ**

87. The allegations contained above are incorporated by reference as if again fully set forth herein.

88. Co-Defendant Dr. Marquez's intervention with Mr. Ortiz while at Co-Defendant HSC was below the medical standard that satisfies the exigencies generally recognized by the medical profession in light of the modern means of communication and teaching and, as

such, directly caused and/or contributed to causing the death of Mr. Ortiz and, thus, the pain and suffering of all Plaintiffs upon his premature death, as described herein.

89. Co-Defendant Dr. Marquez negligently and carelessly, breaching the medical standard that satisfies the exigencies generally recognized by the medical profession in light of the modern means of communication and teaching, failed to administer adequate treatment upon a suspected urosepsis or leptospirosis and, as such, directly caused and/or contributed to causing the premature death of Mr. Ortiz and the pain and suffering such premature death caused upon the Plaintiffs, widow and daughters of the deceased.

90. Co-Defendant Dr. Marquez negligently and carelessly failed to ensure that the recommendation she and Dr. Martínez agreed upon regarding a change in antibiotic for Mr. Ortíz, in light of the suspicion of Leptospirosis, be acted upon immediately after it was made, considering that the patient had not been given the appropriate treatment in the thirty six (36) hours prior, causing an inexcusable additional delay in Mr. Ortiz commencing this life-saving therapy.

91. Co-Defendant Dr. Marquez negligently and carelessly failed to timely initiate, continue and ensure appropriate therapeutic treatments upon being consulted, causing that the suspected leptospirosis of Mr. Ortiz go untreated for an additional unacceptable period of time.

92. Co-Defendant Dr. Marquez failed to exercise reasonable care and skill commensurate with the standard of care practiced in the medical profession at that time and under like and similar circumstances when she failed to correctly and timely administer or cause

to be administered an appropriate preventive antibiotic upon the suspicion of leptospirosis.

93. As a direct and proximate cause of Co-Defendant Dr. Marquez's actions upon being presented with a patient in Mr. Ortiz' condition and with his clinical signs, Mr. Ortiz was further deprived of an opportunity to recover and the Plaintiffs, through the premature death of Mr. Ortiz, of his company, support and love.

94. In so doing, Co-Defendant Dr. Marquez committed professional negligence, including lack of expertise, fault and malpractice, which directly and proximately caused the death of Mr. Ortiz, as detailed herein.

95. As a direct and proximate cause of Co-Defendant Dr. Marquez negligence in failing to properly treat Mr. Ortiz, Plaintiffs sustained severe pain and suffering upon the loss of their father and husband.

**FIFTH CAUSE OF ACTION
FOR NEGLIGENCE UNDER ARTICLE 1802
OF THE PUERTO RICO CIVIL CODE
AGAINST DRS. JOHN DOE AND JAMES ROE**

96. The allegations contained above are incorporated by reference as if again fully set forth herein.

97. Co-Defendants John Doe and James Roe's intervention with Mr. Ortiz while at Co-Defendant HSC was below the medical standard that satisfies the exigencies generally recognized by the medical profession in light of the modern means of communication and teaching and, as such, directly caused and/or contributed to causing the death of Mr. Ortiz and, thus, the pain and suffering of all Plaintiffs upon his premature death, as described herein.

98. Co-Defendants John Doe and James Roe negligently and carelessly, breaching the medical standard that satisfies the exigencies generally recognized by the medical profession in light of the modern means of communication and teaching, failed to administer adequate treatment upon a suspected leptospirosis and, as such, directly caused and/or contributed to causing the premature death of Mr. Ortiz and the pain and suffering such premature death caused upon the Plaintiffs, widow and daughters of the deceased.
99. Co-Defendants John Doe and James Roe negligently and carelessly failed to evaluate, monitor, treat, diagnose and timely manage Mr. Ortiz' medical condition upon his stay at Co-Defendant HSC's facility, failing to timely conduct or causing to be conducted the most basic medical examination/history of the patient and the timely administration of appropriate medications.
100. Co-Defendants John Doe and James Roe negligently and carelessly failed to evaluate, monitor, treat, diagnose and timely manage Mr. Ortiz' medical condition upon suspecting of a diagnosis of Leptospirosis, failing thus to administer him a life saving antibiotic in a timely manner.
101. Co-Defendants John Doe and James Roe negligently and carelessly failed to timely initiate and continue appropriate therapeutic treatments, which caused that the suspected Leptospirosis of Mr. Ortiz go untreated for approximately 2 days before an appropriate antibiotic was administered.
102. Co-Defendants John Doe and James Roe negligently and carelessly failed to provide proper care to their patient, Mr. Ortiz, by failing to engage in his examination, evaluation of symptoms and treatment on a timely basis.

103. Co-Defendants John Doe and James Roe failed to exercise reasonable care and skill commensurate with the standard of care practiced in the medical profession at that time and under like and similar circumstances when they failed to correctly and timely administer an appropriate preventive antibiotic upon the suspicion of a grave infection.
104. As a direct and proximate cause of Co-Defendants John Doe and James Roe's actions upon being presented with a patient in Mr. Ortiz' condition and with his clinical signs, Mr. Ortiz was deprived of an opportunity to recover and the Plaintiffs, through the premature death of Mr. Ortiz, of his company, support and love.
105. In so doing, Co-Defendants John Doe and James Roe committed professional negligence, including lack of expertise, fault and malpractice, which directly and proximately caused the death of Mr. Ortiz, as detailed herein.
106. As a direct and proximate cause of Co-Defendants John Doe and James Roe's negligence in failing to properly treat Mr. Ortiz, Plaintiffs sustained severe pain and suffering upon the loss of their father and husband.

**SIXTH CAUSE OF ACTION
FOR NEGLIGENCE UNDER ARTICLE 1802
OF THE PUERTO RICO CIVIL CODE
AGAINST HOSPITAL SAN CRISTÓBAL AND ITS PERSONNEL**

107. The allegations contained above are incorporated by reference as if again fully set forth herein.
108. Co-Defendant HSC has an emergency department and an intensive care unit within its hospital premises.
109. At the relevant times of this complaint, Co-Defendant HSC operated or contracted to operate an emergency department and an intensive care unit within its premises.

110. Co-Defendant HSC sets up policies, procedures and/or requirements for the operation of the emergency department and the intensive care unit on its premises.
111. The hospital supplies medical, nursing, clerical, administrative, and technical personnel to the emergency department and the intensive care unit.
112. The hospital derives revenue from the services provided at and by the emergency department and the intensive care unit within its premises.
113. The hospital is liable for medical malpractice occurring at the emergency department and and intensive care unit located on its premises.
114. The treatment offered Mr. Ortiz by Co-Defendant HSC through its medical, nursing and technical personnel, was below the medical standard that satisfies the exigencies generally recognized by the medical profession in light of the modern means of communication and teaching, and as such directly caused and/or contributed to causing pain, suffering and hardship to Mr. Ortiz, his daughters and widow, as described herein.
115. Co-Defendant HSC's assigned medical and nursing staff and other personnel negligently and carelessly failed to evaluate, monitor, treat, diagnose and timely manage Mr. Ortiz' medical condition upon his stay at Co-Defendant HSC's facility.
116. Co-Defendant HSC's assigned medical and nursing staff and other personnel failed to conduct the most basic medical examination/history of the patient until sixteen (16) hours had transpired since his arrival at the facility.
117. Co-Defendant HSC's nursing staff failed to promptly carry out the orders by physicians, thus greatly delaying the administration of life-saving medications. Co-Defendant HSC staff unnecessarily delayed in carrying out an already belated transfer order to the ICU for hours.

118. Co-Defendant HSC's assigned medical, nursing and other staff and personnel negligently and carelessly failed to evaluate, monitor, treat, diagnose and timely manage Mr. Ortiz' medical condition upon suspecting of a diagnosis of urosepsis or leptospirosis, failing thus to administer to him a life saving antibiotic in a timely manner.
119. Co-Defendant HSC's assigned medical, nursing and other staff and personnel negligently and carelessly failed to promptly comply with the orders by physicians, causing an inordinate delay in Mr. Ortiz being administered the medications instructed by them.
120. Co-Defendant HSC's assigned staff and personnel negligently and carelessly failed to timely initiate and continue appropriate therapeutic treatments, as ordered by attending physicians, which caused that the suspected Leptospirosis of Mr. Ortiz go untreated for approximately two (2) days before an appropriate antibiotic was administered.
121. Co-Defendant HSC's assigned staff and personnel failed to ensure that patient Mr. Ortiz would be treated with care and in a timely fashion.
122. Co-Defendant HSC failed to adequately supervise its medical, nursing and technical personnel so as to cause that Mr. Ortiz be given the adequate and timely treatment.
123. Co-Defendant HSC and its personnel failed to maintain safe practices and proper conditions in their facilities, which resulted in the extreme delay in administering the medications and other treatment ordered, delay which deprived Mr. Ortiz of an opportunity to recover from his illness.

124. Co-Defendant HSC negligently failed to timely and appropriately provide for the emergency care required by Mr. Ortiz.

125. As a direct and proximate cause of Co-Defendant HSC and its personnel's failure to properly treat Mr. Ortiz, the latter suffered an untimely death and Plaintiffs herein sustained intense pain and suffering at the loss of their husband and father, as described below.

126. In doing all of the above, Co-Defendant HSC committed professional negligence, including lack of expertise, fault and malpractice, which directly and proximately caused the intense pain and suffering and damages suffered by Plaintiffs, as detailed herein.

127. As a direct and proximate cause of Co-Defendant HSC's negligence in failing to adequately and timely treat Mr. Ortiz, Plaintiffs sustained intense pain and suffering, as described below.

128. At all times herein pertinent, Co-Defendant HSC, its directors, officers, and employees were negligent in failing to provide the proper supervision of Co-Defendant physicians and other hospital personnel, failing to implement adequate protocols, directives and/or guidelines embodying the due care and caution necessary to prevent the tortious conduct that caused Mr. Ortiz' untimely death and the consequent intense pain and suffering to Plaintiffs upon the loss of their husband and father.

129. Co-Defendant HSC permitted the use of its facilities and, demonstratively or tacitly, allowed, encouraged, endorsed and condoned the negligent care and improper and delayed treatment of Mr. Ortiz, proximately and directly causing Plaintiff's injuries.

130. In so doing, Co-Defendant HSC misled those who sought full hospital treatment into thinking that they would be appropriately treated.

131. As a direct and proximate cause of Co-Defendant HSC's actions, Plaintiffs sustained intense pain and suffering upon the sudden and premature loss of their husband and father.

**SEVENTH CAUSE OF ACTION
AGAINST SIMED**

132. The allegations contained above are incorporated herein by reference as if again fully set forth.

133. Co-Defendant SIMED was at all times herein pertinent, an insurance company authorized to do business as such in the Commonwealth of Puerto Rico which issued a public liability and/or malpractice insurance policy on behalf of all or some of the Co-Defendants.

134. Pursuant to 26 P.R. Laws Ann. § 2001, an insurance company is liable for the negligence or fault of its insured.

135. Pursuant to 26 P.R. Laws Ann. § 2003, an action against an insurer may be brought separately or may be joined together with an action against its insured.

136. Therefore, Co-Defendant SIMED is jointly and severally liable to Plaintiffs for the damages caused to them by any and/or all Co-Defendants.

**EIGHTH CAUSE OF ACTION
AGAINST TRIPLE-S**

137. The allegations contained above are incorporated herein by reference as if again fully set forth herein.

138. Co-Defendant Triple-S, was at all times herein pertinent an insurance company authorized to do business in the Commonwealth of Puerto Rico and which issued a public liability and/or malpractice insurance policy on behalf of Co-Defendant HSC.

139. Pursuant to 26 P.R. Laws Ann. § 2001, an insurance company is liable for the negligence or fault of its insured.

140. Pursuant to 26 P.R. Laws Ann. § 2003, an action against an insurer may be brought separately or may be joined together with an action against its insured.

141. Therefore, Co-Defendant Triple-S is jointly and severally liable to all Plaintiffs for the damages caused to them by Co-Defendant HSC.

**NINTH CAUSE OF ACTION
AGAINST XYZ INSURANCE COMPANY**

142. The allegations contained above are incorporated herein by reference as if again fully set forth herein.

143. Co-Defendant XYZ Insurance Company, referred herein as such for lack of information as to its identity, was at all times herein pertinent an insurance company authorized to do business in the Commonwealth of Puerto Rico and which issued a public liability and/or malpractice insurance policy on behalf of some or all of the Co-Defendants/joint tortfeasors.

144. Pursuant to 26 P.R. Laws Ann. § 2001, an insurance company is liable for the negligence or fault of its insured.

145. Pursuant to 26 P.R. Laws Ann. § 2003, an action against an insurer may be brought separately or may be joined together with an action against its insured.

146.

147. Therefore, Co-Defendant XYZ Insurance Company is severally liable to all Plaintiffs for the damages caused to them by any and/or all Co-Defendants joint tortfeasors.

DAMAGES

148. The allegations contained above are incorporated herein by reference as if again fully set forth.

149. As a direct and proximate result of the acts or omissions of all Co-Defendants, Mr. Ortiz died prematurely at the age of 56, leaving a wife and four daughters behind.

150. As a result of the professional negligence, lack of expertise, fault, and malpractice of all Co-Defendants, Plaintiffs Adna, Rocheli, Heidi and Diana Ortiz Bonilla unnecessarily and prematurely lost their father, Luis Ortiz Olmeda, a 56 year-old beloved and caring person.

151. As a result of the professional negligence, lack of expertise, fault, and malpractice of all Co-Defendants, Plaintiff Rosa Bonilla unnecessarily and prematurely lost her husband, Luis Ortiz Olmeda, becoming a widow at the age of 57.

152. As a result of the professional negligence, lack of expertise, fault, and malpractice of all Co-Defendants, Plaintiffs lived through the extraordinary pain and suffering of seeing their beloved father and husband die an untimely death, knowing that he was never given the opportunity to combat his illness.

153. Plaintiff Adna Ortiz was only 37 years old when her father died.

154. Plaintiff Rocheli Ortiz was only 34 years old when her father died.

155. Plaintiff Heidi Ortiz was only 31 years old when her father died.

156. Plaintiff Diana Ortiz was only 25 years old when her father died.

157. Plaintiff Rosa Bonilla de Ortiz was only 57 years old when she became a widow upon Mr. Ortiz's death.
158. Mr. Ortiz, his wife and all four daughters, Adna, Rocheli, Heidi and Diana, lived close by in New Haven, Connecticut, where they regularly saw each other, visited and supported each other.
159. In losing Mr. Ortiz, Plaintiffs Adna, Rocheli, Heidi and Diana Ortiz lost their father and a friend and confidant.
160. Plaintiffs Adna, Rocheli, Heidi and Diana Ortiz have suffered dearly the loss of Luis Ortiz, with whom they will not be able to share the special moments in their lives and that of their children.
161. As a direct and proximate result of the negligence of all Defendants, Plaintiffs Adna, Rocheli, Heidi and Diana Ortiz will no longer have the joy of having their father, Luis Ortiz, with them, or otherwise enjoy the irreplaceable pleasures and value of his company and advice and that which his company would have provided their children.
162. As a direct and proximate result of the negligence of all Defendants, Mr. Ortiz lived 5 days in pain and fear, and, eventually, an unwarranted and untimely death, a cause of action which all Plaintiff daughters inherit as Mr. Ortiz' heirs under Puerto Rico law.
163. As a direct and proximate result of the negligence of all Defendants, all Plaintiff daughters will continue to suffer the irreparable loss of their father.
164. In losing Mr. Ortiz, Plaintiff Rosa Bonilla de Ortiz lost her husband, friend, constant companion and confidant.

165. Plaintiff Rosa Bonilla de Ortiz has suffered dearly the loss of Luis Ortiz, with whom she will not be able to share the special moments in her life and that of her daughters and grandchildren.

166. As a direct and proximate result of the negligence of all Defendants, Plaintiff Rosa Bonilla de Ortiz will no longer have the joy of having by her side the man she chose to be her life-long companion, Luis Ortiz, or otherwise enjoy the irreplaceable pleasure and value of his company, support and love.

167. As a direct and proximate result of the negligence of all Defendants, Plaintiff Rosa Bonilla de Ortiz will continue to suffer the irreparable loss of her beloved husband and the life they shared.

168. The acts and omissions of the Defendants caused Mr Luis Ortiz Olmeda intense pain and suffering in the amount of **FIVE HUNDRED THOUSAND DOLLARS (\$500,000.00)**, which cause of action his daughters Adna, Rocheli, Heidi and Diana inherit under Puerto Rico law.

169. The acts and omissions of the Defendants have caused Plaintiff Adna Ortiz intense emotional pain and suffering, frustration and a grave sense of injustice equal to a sum not less than **EIGHT HUNDRED THOUSAND DOLLARS (\$800,000.00)**.

170. The acts and omissions of the Defendants have caused Plaintiff Rocheli Ortiz intense emotional pain and suffering, frustration and a grave sense of injustice equal to a sum not less than **EIGHT HUNDRED THOUSAND DOLLARS (\$800,000.00)**.

171. The acts and omissions of the Defendants have caused Plaintiff Heidi Ortiz intense emotional pain and suffering, frustration and a grave sense of injustice equal to a sum not less than **EIGHT HUNDRED THOUSAND DOLLARS (\$800,000.00)**.

172. The acts and omissions of the Defendants have caused Plaintiff Diana Ortiz intense emotional pain and suffering, frustration and a grave sense of injustice equal to a sum not less than **EIGHT HUNDRED THOUSAND DOLLARS (\$800,000.00)**.

173. The acts and omissions of the Defendants have caused Plaintiff Rosa Bonilla de Ortiz intense emotional pain and suffering, frustration and a grave sense of injustice equal to a sum not less than **ONE MILLION DOLLARS (\$1,000,000.00)**.

174. In total, the damages suffered by Plaintiffs have a reasonable value in excess of **FOUR MILLION SEVEN HUNDRED THOUSAND DOLLARS (\$4,700,000.00)**.

TRIAL BY JURY DEMANDED

175. Plaintiff demands trial by jury on all causes of action herein raised.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff demands judgment against all Defendants jointly and severally, in an amount not less than **FOUR MILLION SEVEN HUNDRED THOUSAND DOLLARS (\$4,700,000.00)**, as well as costs incurred, reasonable attorneys' fees, and such other and further relief as this Honorable Court may seem just and proper under the law.

RESPECTFULLY SUBMITTED.

In San Juan, Puerto Rico, on this 2nd day of November, 2012.

INDIANO & WILLIAMS, P.S.C.

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