

11/2/15/11

STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF ST. CLAIR

CURTIS L. YOUNG, as Personal Representative of the Estate of DEBORAH ANN YOUNG, deceased,

Plaintiff,

Case No. 17-000824-NH

vs.

Hon. MICHAEL L. WEST

CARDIOLOGY ASSOCIATES OF PORT HURON, P.C., MCLAREN PORT HURON, f/k/a PORT HURON HOSPITAL, DECKERVILLE COMMUNITY HOSPITAL, VRAJMOHAN PARIKH, M.D. and BASSAM AFANEH, M.D., Jointly and Severally,

Defendants.

BRIAN J. McKEEN (P34123) JOHN R. LaPARL, JR. (P39549) McKEEN & ASSOCIATES, P.C. Attorneys for Plaintiff 645 Griswold Street, Suite 4200 Detroit, Michigan 48226 (313) 961-4400

DONALD L. WARWICK (P44619) GIARMARCO, MULLINS & HORTON, P.C. Attorneys for McLaren Port Huron, f/k/a Port Huron Hospital 101 West Big Beaver Road, 10th Floor Troy, MI 48083 (248) 457-7072

D. JENNIFER ANDREOU (P38973) PLUNKETT COONEY Attorney for Cardiology Associates of Port Huron, PC And Vrajmohan Parikh, MD 150 West Jefferson, Suite 800 Detroit, MI 48226 (586) 466-7607

PROPOSED ORDER TO FURTHER EXTEND SUMMONS AND FOR ALTERNATIVE SERVICE OF DEFENDANT BASSAM AHMAD AFANEH ONLY

At a session of said Court held in the City of Detroit, County of Wayne, State of Michigan, on Sept. 1, 2017.

PRESENT: Hon. MICHAEL L. WEST  
Circuit Court Judge

McKeen & Associates, P.C. 645 Griswold Street, Suite 4200 Detroit, MI 48226 (313) 961-4400

RECEIVED  
JAN 11 2018  
5 PM 4:13  
CLERK OF THE 31ST CIRCUIT COURT

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~~IT IS HEREBY ORDERED that the summons regarding Defendant Bassam Ahmad Afanch is extended from the current expiration date of September 28, 2017, until December 28, 2017.~~

IT IS FURTHER ORDERED that service of process shall be performed by alternate means, that being by publication. *For three consecutive weeks.*

IT IS SO ORDERED.



CIRCUIT COURT JUDGE

McKeen & Associates, P.C. 645 Griswold Street, Suite 4203 Detroit, MI 48226 - (313) 961-4400

Approved, SCAO

Original - Court  
1st copy - Defendant

2nd copy - Plaintiff  
3rd copy - Return

<b>STATE OF MICHIGAN</b> JUDICIAL DISTRICT 31ST JUDICIAL CIRCUIT COUNTY PROBATE	<b>SUMMONS AND COMPLAINT</b>	<b>CASE NO.</b> 17-824-NH
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<b>Court address</b> 201 MOCMORRAN BLVD., ST. CLAIR SHORES, MI 48060	<b>Court telephone no.</b> (810) 985-2200
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**Plaintiff's name(s), address(es), and telephone no(s).**  
 CURTIS YOUNG, as Personal Representative of The Estate of DEBORAH YOUNG, deceased.

**Defendant's name(s), address(es), and telephone no(s).**  
 BASSAM AFANEH, MD.

v

**Plaintiff's attorney, bar no., address, and telephone no.**  
 JOHN R. LAPARL, JR. (P39549)  
 MCKEEN & ASSOCIATES, P.C.  
 645 Griswold, Suite 4200  
 Detroit, MI 48226  
 (313) 961-4400

**SUMMONS NOTICE TO THE DEFENDANT:** In the name of the people of the State of Michigan you are notified:

1. You are being sued.
2. **YOU HAVE 21 DAYS** after receiving this summons to file a written answer with the court and serve a copy on the other party or take other lawful action with the court (28 days if you were served by mail or you were served outside this state).
3. If you do not answer or take other action within the time allowed, judgment may be entered against you for the relief demanded in the complaint.

Issued	This summons expires	Court clerk
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**Family Division Cases** (The following is information required in the caption of every complaint and is to be completed by the plaintiff.)

This case involves a minor who is under the continuing jurisdiction of another Michigan court. The name of the court, file number, and details are on page \_\_\_\_ of the attached complaint.

There is no other pending or resolved action within the jurisdiction of the family division of circuit court involving the family or family members of the parties.

An action within the jurisdiction of the family division of the circuit court involving the family or family members of the parties has been previously filed in \_\_\_\_\_ Court.

The action  remains  is no longer pending. The docket number and the judge assigned to the action are:

Docket no.	Judge	Bar no.
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**Civil Cases** (The following is information required in the caption of every complaint and is to be completed by the plaintiff.)

This is a business case in which all or part of the action includes a business or commercial dispute under MCL 600.8035.

There is no other pending or resolved civil action arising out of the same transaction or occurrence as alleged in the complaint.

A civil action between these parties or other parties arising out of the transaction or occurrence alleged in the complaint has been previously filed in \_\_\_\_\_ Court.

The action  remains  is no longer pending. The docket number and the judge assigned to the action are:

Docket no.	Judge	Bar no.
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**VENUE**

Plaintiff(s) residence (include city, township, or village)	Defendant(s) residence (include city, township, or village)
Place where action arose or business conducted	

Date JUN 21 2017 Signature of attorney/plaintiff John R. Laparl

If you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

Note to Plaintiff: The summons is invalid unless served on or before its expiration date.

**SUMMONS AND COMPLAINT**  
Case No. 17-824-NH

**PROOF OF SERVICE**

**TO PROCESS SERVER:** You are to serve the summons and complaint not later than 91 days from the date of filing or the date of expiration on the order for second summons. You must make and file your return with the court clerk. If you are unable to complete service you must return this original and all copies to the court clerk.

**CERTIFICATE / AFFIDAVIT OF SERVICE / NONSERVICE**

<input type="checkbox"/> <b>OFFICER CERTIFICATE</b> I certify that I am a sheriff, deputy sheriff, bailiff, appointed court officer, or attorney for a party (MCR 2.104[A][2]), and that: (notarization not required)	OR	<input type="checkbox"/> <b>AFFIDAVIT OF PROCESS SERVER</b> Being first duly sworn, I state that I am a legally competent adult who is not a party or an officer of a corporate party, and that: (notarization required)
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- I served personally a copy of the summons and complaint.
- I served by registered or certified mail (copy of return receipt attached) a copy of the summons and complaint, together with \_\_\_\_\_  
 List all documents served with the Summons and Complaint

\_\_\_\_\_ on the defendant(s):

Defendant's name	Complete address(es) of service	Day, date, time

- I have personally attempted to serve the summons and complaint, together with any attachments, on the following defendant(s) and have been unable to complete service.

Defendant's name	Complete address(es) of service	Day, date, time

I declare that the statements above are true to the best of my information, knowledge, and belief.

Service fee	Miles traveled	Fee	
\$		\$	
Incorrect address fee	Miles traveled	Fee	<b>TOTAL FEE</b>
\$		\$	\$

Signature \_\_\_\_\_

Name (type or print) \_\_\_\_\_

Title \_\_\_\_\_

Subscribed and sworn to before me on \_\_\_\_\_, \_\_\_\_\_ County, Michigan.  
Date

My commission expires: \_\_\_\_\_ Date Signature: \_\_\_\_\_  
Deputy court clerk/Notary public

Notary public, State of Michigan, County of \_\_\_\_\_

**ACKNOWLEDGMENT OF SERVICE**

I acknowledge that I have received service of the summons and complaint, together with \_\_\_\_\_  
Attachments

\_\_\_\_\_ on \_\_\_\_\_  
Day, date, time

Signature \_\_\_\_\_ on behalf of \_\_\_\_\_

STATE OF MICHIGAN  
IN THE CIRCUIT COURT FOR THE COUNTY OF ST. CLAIR

CURTIS L. YOUNG, as Personal  
Representative of the Estate of DEBORAH ANN YOUNG,  
deceased,

Plaintiff,

Case No. 17-

NH

vs.

Hon.

CARDIOLOGY ASSOCIATES OF  
PORT HURON, P.C., MCLAREN  
PORT HURON, f/k/a PORT HURON  
HOSPITAL, DECKERVILLE  
COMMUNITY HOSPITAL,  
VRAJMOHAN PARIKH, M.D. and  
BASSAM AFANEH, M.D.,  
Jointly and Severally,

Defendants.

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BRIAN J. McKEEN (P34123)  
JOHN R. LaPARL, JR. (P39549)  
McKEEN & ASSOCIATES, P.C.  
Attorneys for Plaintiff  
645Griswold Street, Suite 4200  
Detroit, Michigan 48226  
(313) 961-4400

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**PLAINTIFF'S COMPLAINT AND DEMAND FOR JURY TRIAL**

There is no other civil action pending, or previously filed and  
dismissed, transferred, or otherwise disposed of arising out of the  
transaction or occurrence alleged in the Complaint.

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BRIAN J. McKEEN (P34123)

NOW COMES Plaintiff, Curtis L. Young, as Personal Representative of the Estate of  
Deborah Ann Young, deceased, by and through his attorneys, McKeen & Associates, P.C., and  
for his Complaint and Demand for Jury Trial, hereby states the following:

1. The amount in controversy exceeds Twenty-Five Thousand (\$25,000.00) Dollars, excluding costs, interest and attorney fees and is otherwise within the jurisdiction of this court.
2. The cause of action arose in the County of St. Clair, State of Michigan.
3. Plaintiff, Curtis L. Young (hereinafter Curtis or Plaintiff), was at all times relevant hereto a resident of the County of Sanilac, State of Michigan.
4. Plaintiff's decedent, Deborah Ann Young (hereinafter Deborah), was at all times relevant hereto a resident of the County of Sanilac, State of Michigan.
5. Defendant, Cardiology Associates of Port Huron, P.C., was at all times relevant hereto a health institution conducting business in the County of St. Clair, State of Michigan.
6. Defendant, McLaren Port Huron, f/k/a Port Huron Hospital, was at all times relevant hereto a health institution conducting business in the County of St. Clair, State of Michigan.
7. Defendant, Deckerville Community Hospital, was at all times relevant hereto a health institution conducting business in the County of Sanilac, State of Michigan.
8. Defendant, Vrajmohan Parikh, M.D., was at all times relevant hereto a physician, specializing in cardiology, conducting business in the County of St. Clair, State of Michigan.
9. Defendant, Bassam Afaneh, M.D., was at all times relevant hereto a physician, practicing emergency medicine, conducting business in the County of Sanilac, State of Michigan.
10. Deborah was a stay-at-home mom who loved spending time with her husband and family.
11. She and Curtis had a blended family, with 6 children and 12 grandchildren.
12. Deborah enjoyed helping others, and was very active in her community.
13. She also helped care for her husband and her son, Anthony, both of whom have medical problems.
14. On April 11, 2012, Deborah presented to Deckerville Community Hospital complaining of chest pressure associated with shortness of breath after laying on the floor.

15. The pain had persisted for two days.
16. There was no radiation.
17. An EKG was performed which showed T-wave inversion in multiple leads.
18. Lab results showed an elevated Troponin-I level.
19. There was concern for non-ST elevated myocardial infarction.
20. Deborah was transferred to Port Huron Hospital (now known as McLaren Port Huron) for further treatment.
21. Dr. Parikh evaluated Deborah's condition at Port Huron Hospital, and concluded that it was suggestive of acute coronary syndrome.
22. He noted T-wave inversions in the anterolateral leads, and recommended cardiac catheterization to rule out significant disease in the left anterior descending coronary artery.
23. On April 12, 2012, Dr. Parikh performed cardiac catheterization.
24. In his procedure report, Dr. Parikh stated: "This study reveals normal coronary arteries with normal left ventricular systolic function."
25. Based on his interpretation of the diagnostic tests performed, Dr. Parikh thought that Deborah's chest pain and elevated troponin may have been due to gallbladder disease or pulmonary embolism.
26. He recommended a CT scan of the chest, and an ultrasound of the gallbladder, despite the fact that Deborah's gallbladder had previously been removed.
27. On April 13, 2012, a CT angiogram of the chest was negative for pulmonary embolism.
28. Deborah was discharged from the hospital that same day with the following diagnoses: 1. acute non-Q-wave myocardial infarction, 2. probably Takotsubo syndrome, and 3. nicotine dependence.
29. The discharge summary indicates that Dr. Parikh would be scheduling an outpatient cardiac MRI at Beaumont Hospital.
30. A follow-up appointment with Dr. Parikh was scheduled for April 27, 2012.

31. On April 27, 2012, Deborah presented to Dr. Parikh's office.

32. He noted that the cardiac MRI performed on April 23, 2012 showed "a small focal abnormality in the mid septum and epicardial area, but there was no evidence of subendocardial myocardial infarction."

33. He also noted that an EKG performed on April 27th showed no evidence of T-wave inversion.

34. Dr. Parikh thought that Deborah may have had focal myocarditis.

35. On August 16, 2012, Deborah presented to Deckerville Community Hospital complaining of sudden onset chest pain and epigastric pain followed by vomiting.

36. Her initial Troponin-I level was negative (< .04 ng/mL).

37. However, a repeat Troponin-I level was elevated (.29 ng/mL) and a repeat EKG showed concerning T-wave inversions in multiple leads.

38. Dr. Parikh was contacted, and recommended transferring Deborah to Port Huron Hospital for admission.

39. On August 17, 2012, Deborah was transferred to Port Huron Hospital.

40. Ponon Kumar, M.D., an internist, saw Deborah.

41. According to Dr. Kumar's history and physical examination report, Deborah described her chest pain as stabbing, heavy, crushing pain in the anterior part of the chest, radiating upwards.

42. She also reported social stressors.

43. Dr. Kumar noted that Mrs. Deborah's EKG showed T-wave inversions in multiple leads.

44. Dr. Parikh evaluated Deborah's condition.

45. He noted her elevated troponin level and abnormal EKG with diffuse T-wave inversions in multiple leads.

46. He stated that the April 2012 cardiac catheterization was normal.



47. Dr. Parikh noted that he did not feel Deborah's chest pain was cardiac ischemic pain.

48. He felt that her pain may have been due to gastritis or biliary duct spasm.

49. His plan was to treat Deborah with Cardizem and nitrates, repeat cardiac enzymes, and get a gastroenterology consultation.

50. When reviewing the EKGs from this presentation, Dr. Parikh failed to recognize the fact that there were dramatic changes when compared to previous EKGs.

51. On August 18, 2012, Dr. Parikh reevaluated Deborah's condition.

52. He noted that she was feeling better and her troponin level was trending down.

53. Dr. Parikh thought that it was possible that Deborah was having coronary spasms.

54. Dr. Parikh also noted; "If the patient is doing well, we will discharge the patient home tomorrow and schedule her for an endoscopy as an outpatient."

55. On August 19, 2012, Dr. Parikh reevaluated Deborah's condition.

56. He wrote that her "EKG showed evidence of anterolateral T wave changes which were there on previous admission."

57. Dr. Parikh further stated; "The patient again had a mild elevation in the troponin, exact etiology of the elevated troponin is unclear."

58. Dr. Parikh's interpretation of Deborah's EKG was inaccurate.

59. As stated previously, her EKGs performed during her August 2012 hospitalization were dramatically different from her previous EKGs, which should have raised significant concern for myocardial ischemia.

60. Despite the fact that Deborah presented with a primary complaint of chest pain, had risk factors for coronary artery disease, and an elevated troponin, Dr. Parikh failed to recognize the significance of the EKG changes, and failed to diagnose her with non-ST segment elevation myocardial infarction (NSTEMI).

61. Dr. Parikh also failed to order and/or perform an appropriate diagnostic workup, which should have included cardiac catheterization.

62. Dr. Parikh's progress note from August 19th states that the plan was to discharge Deborah.

63. Dr. Parikh stated; "The patient is scheduled for an endoscopy to be done as an outpatient. Meanwhile, we will treat the patient with Cardizem CD 120 mg daily, Imdur 60 mg daily and Prilosec 20 mg b.i.d. to rule out any underlying spasm. Patient will be discharged home today."

64. Dr. Parikh dictated his progress note at 11:04 am.

65. Dr. Kumar's discharge summary incorrectly states that Deborah left the hospital against medical advice, and that her condition was "extremely guarded."

66. Deborah did not leave the hospital against medical advice.

67. According to the nursing notes, there was no significant change in Deborah's condition from the time of Dr. Parikh's progress note until the time she left the hospital that day.

68. On August 24, 2012, Deborah followed her doctors' instructions and underwent esophagogastroduodenoscopy (EGD).

69. The indication for the study was noted to be "atypical chest pain with negative cardiac work-up."

70. The EGD was essentially normal.

71. There were no obvious erosions, ulcers, or strictures of the esophagus.

72. There was minimal erythema of the stomach without ulcers, erosions, gastric outlet obstruction, or bleeding.

73. Biopsies were taken which were negative for H. Pylori, and malignancy.

74. The results of the study were sent to Dr. Parikh.

75. On August 25, 2012, at or about 7:40 pm, Deborah presented to Deckerville Community Hospital complaining of severe chest pain (rated 10/10), shortness of breath, and vomiting. She was evaluated in the emergency department by Dr. Afaneh,, who was trained as a pediatrician.

76. An EKG performed at or about 7:45 pm showed ST segment elevation in multiple leads, indicative of myocardial infarction (2-3 mm elevation in V1-V3 with reciprocal changes in II, III and AVF).

77. Deckerville Community Hospital is not a primary percutaneous coronary intervention (PCI) center.

78. Port Huron Hospital, which is the closest PCI center, is approximately 60 minutes away from Deckerville Community Hospital.

79. The health care providers at Deckerville Community Hospital failed to follow the American College of Cardiology (ACC) and the American Heart Association (AHA) guidelines regarding the appropriate treatment of acute NSTEMI.

80. According to the medical record, there was a delay in initiating Deckerville Community Hospital's Chest Pain Protocol.

81. The protocol form was not filled out by Dr. Afaneh until approximately 8:13 pm, which was more than 20 minutes after the EKG showed STEMI.

82. The protocol included an order for aspirin to be given STAT.

83. However, the nursing notes indicate that aspirin was not given.

84. A beta blocker was never ordered or given.

85. Heparin was not ordered until 8:10 pm, and was not hung until 8:27 pm.

86. The preprinted Chest Pain Protocol also stated: "Complete TNKase worksheet for ST elevation MI."

87. TNKase (tenecteplase) is a fibrinolytic.

88. However, there is no TNKase worksheet in the medical record, and there is no documentation of any consideration for, or discussion of, the need for thrombolysis.

89. It is unclear when Dr. Afaneh spoke with the health care providers at Port Huron Hospital.

90. An EMS Transfer Form was completed at or about 8:13 pm.

91. According to the T-Sheet completed by Dr. Afaneh, Deborah was to be transferred to the ER, and then taken to the cardiac cath lab.
92. According to the Deckerville Community Hospital nursing notes, at or about 8:30 pm, Deborah had an episode of forceful emesis, then fell back onto the stretcher, flaccid, and making choking noises.
93. When the nurse turned Deborah onto her side, she reportedly began to exhibit seizure-like activity.
94. Dr. Afaneh was present at that time.
95. At or about 8:33 pm, Valium was administered.
96. According to Dr. Afaneh's note, Deborah became apneic, and pulseless.
97. CPR was initiated at or about 8:35 pm.
98. Deborah was not intubated during the resuscitation.
99. By 8:44 pm, after two rounds of epinephrine, and one defibrillation, a faint pulse was felt.
100. By 8:53 pm, Deborah's blood pressure was 191/66, and she was breathing irregularly.
101. At or about 8:59 pm, Deborah's vital signs were as follows: BP 108/69, HR 141, RR 20-24.
102. At 9:02 pm, EMS arrived.
103. Deborah was transferred to Port Huron Hospital.
104. She was still unconscious and receiving oxygen via a nonrebreather mask at that time.
105. Nitroglycerin and heparin were both infusing.
106. At or about 9:56 pm, Deborah arrived at Port Huron Hospital.
107. She was still unresponsive.
108. Her vital signs were as follows: BP 189/82, HR 103, RR 16, pulse ox 100%.

109. At or about 10:32 pm, a CT scan of the brain was performed that revealed no intracranial hemorrhage, midline shift, or hydrocephalus.

110. The history documented on the radiology report states; "pt unresponsive, altered loc/possible seizure, pt has very labored breathing."

111. At or about 12:10 am, while in CT, Deborah arrested.

112. Her cardiac rhythm was noted to be ventricular fibrillation.

113. Resuscitative efforts were initiated and continued until 12:55 am.

114. Deborah was take to the cath lab.

115. According to the procedure report, the left anterior descending (LAD) coronary artery was 100% occluded in the proximal portion.

116. Dr. Skaf performed aspiration thrombectomy and percutaneous coronary intervention of the proximal LAD using a stent.

117. Unfortunately, Deborah had suffered severe and irreversible brain damage secondary to cardiopulmonary arrest and prolonged resuscitation.

118. According to the neurology consult note from August 26, 2012, it was felt that Deborah was most likely brain dead.

119. She had no brainstem reflexes on exam and electroencephalography (EEG) showed a flat line (resulting from a lack of electrical activity in the brain).

120. Deborah suffered permanently impaired cognitive capacity rendering her incapable of making independent, responsible life decisions and permanently incapable of independently performing the activities of normal, daily living.

121. The neurologist noted that Deborah's prognosis was extremely poor.

122. Deborah's family chose to withdraw care per the recommendation of the health care providers at Port Huron Hospital.

123. On August 27, 2012, at 7:30 pm, Deborah was pronounced dead.

124. She was only 45 years old at the time of her death.

125. An autopsy revealed evidence of an acute myocardial infarction involving the interventricular septum, extending from 1 cm proximal to the apex up to the midregion of the mitral valve papillary muscle.

126. Remote infarction involving the anterior and posterior walls of the apex and focal areas of the posterior and posterolateral walls of left ventricle were also noted.

127. Cerebral edema with tonsillar herniation was also noted.

128. The forensic pathologist who performed the autopsy stated that suffered from anoxic/ischemic encephalopathy, which occurred following resuscitation from cardiac arrest due to arteriosclerotic heart disease with myocardial infarction.

**COUNT I: MEDICAL NEGLIGENCE OF VRAJMOHAN PARIKH, M.D**

128. Vrajmohan Parikh, M.D., when presented with a patient such as Deborah, owed a duty to timely and properly:

- a. Recognize and appreciate Deborah's signs and symptoms in August 2012, including, but not limited to, chest pain (described as sudden onset, crushing, heavy, stabbing), epigastric pain, vomiting, EKG changes, and elevated troponin level;
- b. Order and/or perform a comprehensive diagnostic workup in August 2012 in order to determine the cause of Deborah's condition;
- c. Perform a skilled reading and interpretation of Deborah's EKGs, including a comparison of the most recent EKGs to previous EKGs;
- d. Recognize any and all abnormalities present on the current EKG and/or changes in the EKG when compared to previous studies;
- e. Recognize and appreciate the results of all diagnostic tests performed, including, but not limited to, cardiac biomarkers;
- f. Recognize the fact that Deborah's history, presentation, and diagnostic test results were concerning for NSTEMI;
- g. Perform risk stratification in order to determine the most appropriate approach to management and treatment of Deborah's condition;
- h. Refrain from attributing Deborah's chest pain to a non-cardiac cause without performing a comprehensive diagnostic workup to rule out a cardiac cause,

including, but not limited to, noninvasive stress testing, pharmacological stress testing, and cardiac catheterization, to rule out a cardiac cause;

i. Diagnose Deborah with coronary artery disease and NSTEMI in August 2012;

j. Initiate and/or provide appropriate treatment for Deborah's condition, including, but not limited to, medical therapy, cardiac catheterization, PCI, and/or surgical treatment;

k. Refrain from approving Deborah's discharge from the hospital in August 2012 without properly diagnosing and treating her condition first;

l. Refer Deborah to and/or directly consult with an appropriate medical specialist, such as an Interventional Cardiologist, whenever the patient's condition indicates that referral or consultation is necessary;

m. Guard against any and all acts of negligence as identified through additional discovery.

129. Defendant, Vrajmohan Parikh, M.D., did none of these things, and such omissions constitute professional negligence for which he is directly liable to Plaintiff.

130. At all times relevant hereto, Defendant, Vrajmohan Parikh, M.D., was an employee, agent, servant, or ostensible agent of Cardiology Associates of Port Huron, P.C., and McLaren Port Huron, f/k/a Port Huron Hospital; therefore, Defendants, Cardiology Associates of Port Huron, P.C., and McLaren Port Huron, f/k/a Port Huron Hospital, are vicariously liable for the negligence of Defendant, Vrajmohan Parikh, M.D., pursuant to the Doctrine of Respondeat Superior and ostensible agency.

131. As a direct and proximate result of the above named violations of the applicable standard of practice by the Defendants, Deborah suffered an acute myocardial infarction which resulted in brain damage, ultimately, her death.

132. As a consequence of the Defendants' negligence, Plaintiff further claims all elements of damages permitted under the Michigan Wrongful Death Act, Michigan statutory law and common law, whether known now or whether becoming known during the pendency of this case.

WHEREFORE, Plaintiff hereby requests an award of damages against the Defendants herein, jointly and severally, in whatever amount above Twenty-Five Thousand (\$25,000.00) dollars that Plaintiff is found to be entitled to, together with costs, interest and attorney fees, as well as all other damages allowed under Michigan Law.

**COUNT II: MEDICAL NEGLIGENCE OF BASSAM AFANEH, M.D.**

133. Plaintiff repeats and re-alleges the allegations contained in all prior paragraphs of Plaintiff's Complaint as though fully incorporated herein.

134. Defendant, Bassam Afaneh, M.D., when presented with a patient exhibiting the history, signs and symptoms such as those demonstrated by Deborah, had a duty to timely and properly:

- a. Refrain from practicing in an emergency department, if he did not have the proper education, training and/or or ability to timely and properly treat a patient with acute STEMI;
- b. Be sufficiently familiar and skilled with the treatment of acute STEMI, given that he was practicing in an emergency department;
- c. Initiate treatment for acute STEMI without delay, including, but not limited to, aspirin, heparin, TPA, a secondary platelet and/or beta blocker;
- d. Directly consult with an interventional cardiologist without delay in order to coordinate and initiate emergent transfer to a primary PCI center;
- e. Recognize the fact that Deborah needed to be transferred for PCI and that a door-to-balloon time of 90 minutes or less could not be achieved due to the need for transfer;
- f. Recognize the need for thrombolysis;
- g. Stabilize Deborah so that she could be safely transported to Port Huron Hospital;
- h. Guard against any additional acts of negligence identified through the discovery process.



135. Defendant, Bassam Afaneh, M.D., did none of these things, and such omissions constitute professional negligence for which the he is directly liable to Plaintiff.

136. At all times relevant hereto, Defendant, Bassam Afaneh, M.D., was an employee, agent, servant, or ostensible agent of Deckerville Community Hospital; therefore, Deckerville Community Hospital is vicariously liable for the negligence of Defendant, Bassam Afaneh, M.D., pursuant to the Doctrine of Respondeat Superior and ostensible agency.

137. As a direct and proximate result of the above named violations of the applicable standard of practice by the Defendants, Deborah suffered an acute myocardial infarction which resulted in brain damage, ultimately, her death.

138. As a consequence of the Defendants' negligence, Plaintiff further claims all elements of damages permitted under the Michigan Wrongful Death Act, Michigan statutory law and common law, whether known now or whether becoming known during the pendency of this case.

WHEREFORE, Plaintiff hereby requests an award of damages against the Defendants herein, jointly and severally, in whatever amount above Twenty-Five Thousand (\$25,000.00) dollars that Plaintiff is found to be entitled to, together with costs, interest and attorney fees, as well as all other damages allowed under Michigan law.

**COUNT III: MEDICAL NEGLIGENCE OF CARDIOLOGY ASSOCIATES OF  
PORT HURON, P.C.**

139. Plaintiff repeats and re-alleges the allegations contained in all prior paragraphs of Plaintiff's Complaint as though fully incorporated herein.

140. Defendant, Cardiology Associates of Port Huron, P.C., individually and through its agents, actual, and/or ostensible, servants, and/or employees, including, but not limited to, Vrajmohan Parikh, M.D., when presented with a patient exhibiting the history, signs and symptoms such as those demonstrated by Deborah, had a duty to:

- a. Select, train, and monitor its employees, servants, agents, actual or ostensible, or its staff of physicians, to ensure that they were competent to

provide medical care that complied with the standard of care as described herein;

- b. Provide qualified medical staff with the proper training and ability to meet Deborah's needs, including, but not limited to, the ability to safely and properly manage, diagnose, and treat a patient with signs, symptoms, and/or risk factors known to be associated with coronary artery disease and acute coronary syndrome (unstable angina, NSTEMI, STEMI);
- c. Ensure that appropriate policies and procedures were adopted and followed including, but not limited to, the safe and proper management, diagnosis, and treatment of a patient with signs, symptoms, and/or risk factors known to be associated with coronary artery disease and acute coronary syndrome (unstable angina, NSTEMI, STEMI);
- d. Guard against any additional acts of negligence identified through the discovery process.

141. Defendant, Cardiology Associates of Port Huron, P.C, did none of these things, and such omissions constitute negligence for which it is directly liable to Plaintiff.

142. As a direct and proximate result of the above named violations in the applicable standard of practice by the Defendants, Deborah suffered an acute myocardial infarction which resulted in brain damage and, ultimately, her death.

143. As a consequence of the Defendants' negligence, Plaintiff further claims all elements of damages permitted under the Michigan Wrongful Death Act, Michigan statutory law and common law, whether known now or whether becoming known during the pendency of this case.

WHEREFORE, Plaintiff hereby requests an award of damages against the Defendants herein, jointly and severally, in whatever amount above Twenty-Five Thousand (\$25,000.00) dollars that Plaintiff is found to be entitled to, together with costs, interest and attorney fees, as well as all other damages allowed under Michigan law.

**COUNT IV: MEDICAL NEGLIGENCE OF MCLAREN PORT HURON, f/k/a  
PORT HURON HOSPITAL**

144. Plaintiff repeats and re-alleges the allegations contained in all prior paragraphs of Plaintiff's Complaint as though fully incorporated herein.

145. Defendant, McLaren Port Huron, f/k/a Port Huron Hospital, individually and through its agents, actual, and/or ostensible, servants, and/or employees, including, but not limited to, Vrajmohan Parikh, M.D., when presented with a patient exhibiting the history, signs and symptoms such as those demonstrated by Deborah, had a duty to:

- a. Select, train, and monitor its employees, servants, agents, actual or ostensible, or its staff of physicians, to ensure that they were competent to provide medical care that complied with the standard of care as described herein;
- b. Provide qualified medical staff with the proper training and ability to meet Deborah's needs, including, but not limited to, the ability to safely and properly manage, diagnose, and treat a patient with signs, symptoms, and/or risk factors known to be associated with coronary artery disease and acute coronary syndrome (unstable angina, NSTEMI, STEMI);
- c. Ensure that appropriate policies and procedures were adopted and followed including, but not limited to, the safe and proper management, diagnosis, and treatment of a patient with signs, symptoms, and/or risk factors known to be associated with coronary artery disease and acute coronary syndrome (unstable angina, NSTEMI, STEMI);
- d. Guard against any additional acts of negligence identified through the discovery process.

146. As a direct and proximate result of the above named violations in the applicable standard of practice or care by Defendants, Deborah suffered an acute myocardial infarction which resulted in brain damage and, ultimately her death.

147. As a consequence of the Defendants' negligence, Plaintiff further claims all elements of damages permitted under the Michigan Wrongful Death Act, Michigan statutory law and common law, whether known now or whether becoming known during the pendency of this case.

WHEREFORE, Plaintiff hereby requests an award of damages against the Defendants herein, jointly and severally, in whatever amount above Twenty-Five Thousand (\$25,000.00) dollars that Plaintiff is found to be entitled to, together with costs, interest and attorney fees, as well as all other damages allowed under Michigan law.

**COUNT V: MEDICAL NEGLIGENCE OF DECKERVILLE COMMUNITY  
HOSPITAL**

148. Plaintiff repeats and re-alleges the allegations contained in all prior paragraphs of Plaintiff's Complaint as though fully incorporated herein.

149. Defendant, Deckerville Community Hospital, individually and through its agents, actual, and/or ostensible, servants, and/or employees, including, but not limited to, Bassam Afaneh, M.D., when presented with a patient exhibiting the history, signs and symptoms such as those demonstrated by Deborah, had a duty to:

- a. Select, train, and monitor its employees, servants, agents, actual or ostensible, or its staff of physicians, to ensure that they were competent to provide medical care that complied with the standard of care as described herein;
- b. Provide qualified medical staff with the proper training and ability to meet Deborah's needs, including, but not limited to, the ability to safely and properly manage, diagnose, and treat a patient with signs, symptoms, and/or risk factors known to be associated with coronary artery disease and acute coronary syndrome (unstable angina, NSTEMI, STEMI);

- c. Ensure that appropriate policies and procedures were adopted and followed including, but not limited to, the safe and proper management, diagnosis, and treatment of a patient with signs, symptoms, and/or risk factors known to be associated with coronary artery disease and acute coronary syndrome (unstable angina, NSTEMI, STEMI);
- d. Guard against any additional acts of negligence identified through the discovery process.

150. As a direct and proximate result of the above named violations of the applicable standard of practice or care by Defendants, Deborah suffered an acute myocardial infarction which resulted in brain damage and, ultimately, her death.

151. As a consequence of the Defendants' negligence, Plaintiff further claims all elements of damages permitted under the Michigan Wrongful Death Act, Michigan statutory law and common law, whether known now or whether becoming known during the pendency of this case.

WHEREFORE, Plaintiff hereby requests an award of damages against the Defendants herein, jointly and severally, in whatever amount above Twenty-Five Thousand (\$25,000.00) dollars that Plaintiff is found to be entitled to, together with costs, interest and attorney fees, as well as all other damages

Respectfully Submitted:

McKEEN & ASSOCIATES, P.C.

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BRIAN J. McKEEN (P34123)  
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Detroit, MI 48226  
(313) 961-4400

DATED: March, 2017

STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF ST. CLAIR

CURTIS L. YOUNG, as Personal  
Representative of the Estate of DEBORAH ANN YOUNG,  
deceased,

Plaintiff,

Case No. 17-

NH

vs.

Hon.

CARDIOLOGY ASSOCIATES OF  
PORT HURON, P.C., MCLAREN  
PORT HURON, f/k/a PORT HURON  
HOSPITAL, DECKERVILLE  
COMMUNITY HOSPITAL,  
VRAJMOHAN PARIKH, M.D. and  
BASSAM AFANEH, M.D.,  
Jointly and Severally,

Defendants.

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BRIAN J. McKEEN (P34123)  
JOHN R. LaPARL, JR. (P39549)  
McKEEN & ASSOCIATES, P.C.  
Attorneys for Plaintiff  
645Griswold Street, Suite 4200  
Detroit, Michigan 48226  
(313) 961-4400

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**DEMAND FOR JURY TRIAL**

NOW COMES Plaintiff, Curtis L. Young, as Personal Representative of the Estate of Deborah Ann Young, deceased, by and through his attorneys, McKeen & Associates, P.C., and hereby demands a trial by jury in the above entitled cause of action.

Respectfully Submitted:

McKEEN & ASSOCIATES, P.C.

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BRIAN J. McKEEN (P34123)  
Attorneys for Plaintiff  
645 Griswold St., Suite 4200  
Detroit, MI 48226  
(313) 961-4400

DATED: March , 2017