



STATE OF MAINE
PENOBSCOT, SS.

SUPERIOR COURT
CIVIL ACTION
DOCKET NO.:

ELIZABETH HAVEN-CIRAME, as
P/N/F/O KENZLEE HAVEN,

Plaintiff,

v.

MILLINOCKET REGIONAL
HOSPITAL, EDWARD DUNSTAN,
D.O., and MELODIE HAMILTON, FNP,

Defendants.

*
*
*
*
*
*
*
*
*
*
*
*

**COMPLAINT AND DEMAND
FOR JURY TRIAL**

NOW COMES Plaintiff Elizabeth Haven-Cirame, on behalf of her daughter, Kenzlee Haven, by and through undersigned counsel, Gideon Asen, LLC, and complains as follows:

INTRODUCTION

1. Kenzlee Haven recently turned seven years old. From birth, she has suffered from Developmental Dysplasia of the Hip (“DDH”), a condition in which the hip sockets fail to properly form and stabilize the ball of the hip joint.

2. For nearly the first five years of her life, both of Kenzlee’s hips were completely dislocated, causing significant discomfort, impairing her ability to crawl, stand, and walk normally, and ultimately resulting in an abnormal, painful gait.

3. Despite repeated red flags—including delayed milestones, abnormal movement, and a grossly abnormal gait—Defendants Millinocket Regional Hospital (“MRH”), Melodie Hamilton, FNP, and Edward Dunstan, D.O., failed to recognize and diagnose Kenzlee’s DDH for four-and-a-half years. Visit after visit, they failed to diagnose her DDH during the very period

when this routinely identifiable condition is most amenable to simple, effective, non-invasive treatment.

4. By the time another hospital finally diagnosed her DDH, Kenzlee had aged out of the window in which less invasive treatment could have corrected the condition, leaving her to undergo multiple invasive surgeries that are unlikely to restore normal anatomy and function.

5. Now, because of Defendants' negligence, seven-year-old Kenzlee faces a lifetime of debilitating impairment and pain.



FACTUAL ALLEGATIONS

6. Kenzlee was born in December 2018.

7. From infancy through early childhood, she received pediatric care from Millinocket Regional Hospital and its family practice providers, including Defendant Melodie Hamilton, FNP, and later, Defendant Edward Dunstan, D.O.

8. What follows is the story of Kenzlee’s care at Millinocket Regional Hospital: a series of well-child encounters spanning years, during which clear warning signs of DDH were repeatedly documented—but misunderstood or unappreciated, improperly evaluated, and ultimately not acted upon—until the window for effective treatment had closed.

12-Month Well-Child Visit

9. At Kenzlee’s 12-month well-child visit on December 30, 2019, Melodie Hamilton, FNP, documented that Kenzlee had not yet achieved gross motor milestones such as standing steadily, taking independent steps, and walking.

10. These findings required further evaluation for underlying causes, including DDH, through an assessment of hip range of motion and abduction. If these assessments were abnormal, further diagnostic workup such as imaging or referral to a specialist was required.

11. FNP Hamilton failed to perform an appropriate examination, failed to order imaging, and failed to refer Kenzlee for further evaluation.

12. Kenzlee’s mother, Elizabeth Haven-Cirame, also expressed concern about Kenzlee’s abnormal crawling pattern. Parental concern regarding abnormal motor development is another recognized clinical red flag that must be documented, investigated, and correlated with physical findings.

13. FNP Hamilton dismissed these concerns, characterizing Kenzlee’s crawl as a “kickstand crawl” and failing to conduct further evaluation.

15-Month Well-Child Visit

14. At a subsequent well-child visit on June 3, 2020, Ms. Haven-Cirame raised concerns regarding Kenzlee’s abnormal gait.

15. At that time, Kenzlee continued to demonstrate delayed and abnormal motor development.

16. FNP Hamilton failed to perform a focused musculoskeletal evaluation—including proper assessment of hip abduction, leg length, and gait symmetry—and failed to either order imaging or refer Kenzlee for further evaluation.

17. Instead, FNP Hamilton reassured Ms. Haven-Cirame that Kenzlee would “grow out of it.”

30-Month Well-Child Visit

18. On July 1, 2021, Kenzlee underwent standardized developmental screening using the Ages and Stages Questionnaire (ASQ-3).

19. Her gross motor score was markedly abnormal.

20. An abnormal ASQ requires prompt review by the provider, discussion with the parent, and appropriate follow-up, including referral or diagnostic evaluation, to rule out, among other things, DDH.

21. FNP Hamilton did not appropriately review, interpret, or act upon Kenzlee’s abnormal screening results. In violation of both national pediatric standards and MRH’s internal policies, she failed to discuss the results with Ms. Haven-Cirame, develop a follow-up plan, or refer Kenzlee for further evaluation.

22. For the third time, FNP Hamilton missed an opportunity to diagnose and treat Kenzlee’s DDH.

Three-Year Well-Child Visit

23. At Kenzlee’s three-year well-child visit on February 24, 2022, Kenzlee’s care transitioned from FNP Hamilton to Dr. Dunstan.

24. Kenzlee’s presentation at that time—as it had been since she first began walking—was consistent with a “Trendelenburg” gait: a classic sign of DDH.

25. Although he documented a “peculiar gait,” Dr. Dunstan failed to perform an appropriate examination, failed to order imaging, and failed to refer Kenzlee for further evaluation.

Summary of Defendants’ Failures

26. Throughout Kenzlee’s early development, she exhibited a consistent pattern of abnormal motor findings, including unusual crawling, delayed walking, and abnormal gait—each of which required further evaluation for DDH.

27. Proper evaluation for DDH requires age-appropriate examination, including assessment of hip abduction, symmetry, leg length, and gait.

28. Defendants failed to perform and document appropriate, age-specific hip examinations and instead relied on incorrect or outdated screening techniques.

29. As a result, Defendants did not recognize what these findings represented, failed to appreciate their clinical significance, and treated them as normal or insignificant.

30. These failures resulted in repeated, missed opportunities to diagnose Kenzlee’s condition during the critical early window when intervention is most effective.

Kenzlee’s DDH Diagnosis and Treatment

31. On June 21, 2023, Kenzlee was evaluated by a pediatric orthopedist at another hospital. She was promptly diagnosed with DDH in both hips.

32. By that time, she was nearly four-and-a-half years old.

33. Her condition has progressed beyond the stage at which minimally invasive treatment would have effectively treated her DDH.

34. On October 6, 2023, Kenzlee underwent a left hip open reduction with femoral shortening and acetabular osteotomy.

35. Her post-operative course was complicated by loss of reduction, meaning that the femoral head did not remain in the socket.

36. Kenzlee was required to undergo a second surgery on January 16, 2024.

37. Additional surgical intervention has been required for her right hip.

38. In early 2026, Kenzlee's left hip demonstrated signs of recurrent instability following her previous surgery. This necessitated additional procedures, including hardware removal and bilateral hip arthroscopy.

39. The delay in Kenzlee's diagnosis has resulted in permanent leg-length discrepancy and materially increased her lifetime risk of avascular necrosis, residual dysplasia, and early degenerative hip disease. She also has a persistent gait abnormality.

40. Had Defendants recognized and timely acted upon Kenzlee's condition, she would have been treated with less invasive methods and avoided these outcomes.

41. Instead, as a direct result of Defendants' failures, Kenzlee has undergone multiple invasive surgeries and requires ongoing treatment. She experienced—and continues to experience—significant pain and suffering, and faces lifelong physical impairment.

PARTIES AND JURISDICTION

42. Plaintiff Elizabeth Haven-Cirame is the mother and legal guardian of Kenzlee Haven and resides in Penobscot County, Maine.

43. Defendant Millinocket Regional Hospital is a Maine corporation that provides healthcare services, including pediatric care.

44. Defendant Melodie Hamilton, FNP, was at all relevant times an employee and/or agent of Millinocket Regional Hospital.

45. Defendant Edward Dunstan, D.O., was at all relevant times an employee and/or agent of Millinocket Regional Hospital.

46. Jurisdiction is proper pursuant to 14 M.R.S. § 105.

47. Venue is proper in Penobscot County pursuant to 14 M.R.S. § 501.

SYSTEM FAILURE, AGENCY, DIRECT AND VICARIOUS LIABILITY

48. Like any corporation, MRH acts through its employees and agents, including medical doctors, mid-level providers, nurse practitioners, nurses, technicians, medical assistants, information technology professionals and other staff who combine to create a system of health-care delivery to a patient.

49. Some of these MRH staff are required to document their actions in the patient's medical chart and therefore can be identified in the chart; others are not required to document their actions, but their participation and involvement in the system of medical care may nonetheless be critical to meeting the standard of reasonable care. All references to MRH within this Complaint are intended to be inclusive of all employees or agents of MRH—whether specifically identified in the medical chart or not; or specifically identified by name in this Complaint or not—who participated in and collectively comprised the system of medical care relied upon by Plaintiff for medical care, and which Plaintiff alleges, through this Complaint, failed to comply with reasonable standards for delivery of medical care.

50. Plaintiff alleges that each and every person involved in the system of medical care upon which she relied was, if not an “employee,” then was an actual or implied agent of MRH, because each such person had authority conferred by MRH to represent it in providing medical

care to Plaintiff, and Plaintiff reasonably believed and relied upon the belief that MRH would appropriately select, in both quality and quantity, sufficient personnel with the necessary qualifications, experience and training and provide the necessary level of training, supervision, oversight and support to enable each individual to properly fulfill his or her role within the system of medical care, such that the system as a whole was safe, met the needs of Plaintiff as a patient and thus complied with the standard of reasonable medical care expected of a medical provider like MRH.

51. In this Complaint, Plaintiff specifically contends that MRH was both directly negligent based upon its negligent hiring, training, staffing, supervision, policies, communication, documentation, medical record-keeping, culture and systems, as well as vicariously liable for the negligence of each and every one of its personnel whose conduct, either individually or in combination with other personnel, contributed to the failure of the MRH medical care system to meet the standard of reasonable care.

Count I – MEDICAL MALPRACTICE
(Against all Defendants)

52. Plaintiff incorporates all preceding paragraphs.

53. Defendants owed Kenzlee a duty to exercise the degree of skill, care, and learning expected of reasonably prudent providers in pediatrics, including the timely recognition, evaluation, diagnosis, and referral of musculoskeletal abnormalities.

54. Defendants failed to meet the standard of care for reasons including but not limited to the following:

- a. failing to recognize and act upon clear and repeated signs and symptoms of DDH, including abnormal gait, delayed ambulation, abnormal movement, and parental concerns;

- b. failing to perform adequate, age-specific musculoskeletal and hip examinations, including proper screening techniques and appropriate transition from infant to toddler assessment methods;
- c. failing to appropriately assess, document, and follow up on abnormal findings, including developmental delays and abnormal screening results;
- d. failing to timely order appropriate diagnostic imaging and refer Kenzlee to orthopedic or other appropriate specialists despite multiple opportunities to do so; and
- e. failing to establish, implement, and enforce adequate policies, training, supervision, and systems to ensure proper screening, evaluation, and diagnosis of pediatric musculoskeletal abnormalities.

55. As a direct and proximate result of Defendants' deviation from standards of reasonable medical care, Kenzlee's DDH remained undiagnosed and untreated, resulting in the progression of her condition beyond the window for effective intervention, necessitating multiple invasive surgical procedures, causing her significant pain and suffering, permanent impairment, and an increased likelihood of future complications, including early degenerative joint disease and the need for additional surgical treatment over her lifetime.

WHEREFORE, Plaintiff seeks judgment in her favor along with compensatory damages for all of her harms and losses, including her own medical expenses, physical suffering and emotional injuries, as well as injuries to her minor child, Kenzlee Haven, including her permanent impairment, pain, suffering, emotional distress, loss of enjoyment of life, medical and lifecare expenses, loss of earnings and earning capacity, together with attorneys' fees, interest, costs, and such other and further relief as this Court deems just and equitable.

Date: April 7, 2026



Benjamin R. Gideon, Esq. ~ Bar No. 9419
Trevor D. Savage, Esq. ~ Bar No. 6028
Attorneys for Plaintiff

Gideon Asen LLC
95 Main Street, #5
Auburn, ME 04210
(207) 206-8982
bgideon@gideonasenlaw.com
tsavage@gideonasenlaw.com