The State of Ohio,)
County of Lorain.) SS:

IN THE COURT OF COMMON PLEAS

Joanne Scrivo, et al.,)
Plaintiffs)
vs.) Case No. 02CV130376
EMH Regional Medical Center,) Hon. Mark A. Betleski
et al.,)
Defendants)

* * *

Deposition of ITRI A. EREN, M.D., a witness herein, called by the Plaintiffs as upon Cross-Examination, taken before Diane L. Cieply, Registered Professional Reporter and a Notary Public within and for the State of Ohio, at the offices of Itri A. Eren, M.D., 1130 Tower Boulevard, Suite B, Lorain, Ohio, on Tuesday, August 20, 2002, at 12:09 p.m.

* * *

CAMILLO & CLARK COURT REPORTERS
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APPEARANCES:

On behalf of the Plaintiffs:
Becker & Mishkind Co., L.P.A., by
John W. Burnett, Esq.

On behalf of the Defendant, EMH Regional Medical Center:
Reminger & Reminger, by
Jeanne M. Mullin, Esq.

On behalf of the Defendants, Itri A. Eren, M.D. and Itri A. Eren, M.D., Inc.:
Reminger & Reminger, by
Michael D. Shroge, Esq.

On behalf of the Defendants, Craig Chappel, M.D. and Craig Chappel, M.D., Inc.:
Reminger & Reminger, by
P.J. Malnar, Esq. (Telephonically)

On behalf of the Defendants, William Scott Sheldon, D.O. and North Ohio Heart Center, D.O., P.A.C.C.:
Reminger & Reminger, by
Thomas B. Kilbane, Esq.

ALSO PRESENT:
Jennifer Meecham

* * *

(Curriculum vitae of Itri A. Eren, M.D., marked for the purpose of identification as Plaintiffs' Exhibit 1.)

* * *

ITRI A. EREN, M.D.,
being first duly sworn and/or affirmed, as hereinafter certified, was examined and testified as follows:

CROSS-EXAMINATION OF ITRI A. EREN, M.D.

BY MR. BURNETT:

Q Doctor, my name is John Burnett, I represent the Plaintiffs in this matter.
Please tell us your full name.
A Itri Eren, E-r-e-n.
Q Your professional group currently?
A Self-employed with Itri Eren, M.D., Incorporated.
Q Was that your professional group as of July of the year 2000?
A At that time I was with Dr. Ibrahim Eren, M.D., Incorporated.
Q That's your father?
A Correct.
Q Exhibit 1, I take it, sir, is your curriculum

vitae?
A Correct.
Q Do you understand that this is a question and answer session under oath?
A Yes.
Q You'll do me a favor and the court reporter a favor if you'll wait until I finish asking the question before you begin to answer it. That will serve two purposes, it will enable --
(P.J. Malnar, Esq. joined the deposition telephonically.
MR. SHROGE: Can you hear us okay, P.J.?
MS. MALNAR: I can hear you okay. Thanks, Mike.
MR. SHROGE: We just swore the Doctor in, his name, and his CV being current.
Q I hope you'll wait until I finish asking the question before you respond. That will enable you to formulate an accurate response and it will enable the court reporter to type my question; is that fair?
A Yes.
Q Doctor, if you don't understand my question or I'm unclear, I hope you will tell me so, and then I will do my best to rephrase it; is that fair?
A Yes.
Q If you answer my question, I'm going to conclude

that you understood it and you're giving me your best answer today; is that fair?
A Yes.
Q Do you have any publications, Doctor?
A No.
Q Have you ever done any medical-legal work?
A No.
Q That means reviewing a chart for a lawyer who calls you to see if there was a deviation from the standard of care, something along those lines?
A Well, actually, I may have done that once or twice.
Q How many years ago did you do that?
A It's been at least five, six, seven years.
Q Were you ever ultimately employed as an expert in that case?
A I don't recall. I might have been, I don't remember.
Q Do you recall whether you gave a deposition or not?
A I believe I might have.
Q Do you recall generally what the facts were, what the issue was?
A Back then?
Q Yes.
A I don't remember.
Q Have you been a defendant in a lawsuit before other

than this case?
MR. SHROGE: Objection.
Q When your counsel objects --
MR. SHROGE: You can go ahead and answer. I'll tell you when not to talk to John.
Q He'll jump in.
That you're aware of?
A I don't remember anything, no.
Q Was your prior professional corporation ever a defendant in a lawsuit and your conduct in it was called into question?
A No.
Q Aside from the deposition we talked about six or seven or eight years ago, have you ever been deposed before?
A I believe I have been.
Q Do you remember how long ago it was?
A Once again, it's been at least five, six, seven years ago.
Q Do you remember why you were deposed?
A I don't remember.
Q So you got to sit around in a room like this with a whole bunch of lawyers like this, right?
A (Indicated affirmatively.)
Q Tell me a little bit about when you started --

A Well, my memory is jogged. Actually, I was deposed for a nursing home case. I was not involved in the lawsuit, I was deposed as a witness.
Q All right. A fact witness?
A Correct.
Q As of July of 2000, what percentage of your practice involved caring for nursing home patients?
A I would guess approximately 70 percent.
Q Tell me a little bit about the rest of your practice as of July of 2000.
A The rest involves taking care of hospital patients in an acute care setting and office patients.
Q All geriatric?
A Majority.
Q What's the age cutoff for geriatrics? I'm curious.
A Technically, 65.
Q Okay. This patient, Ms. Scrivo, had she been a patient of yours prior to being sent to the nursing home in this case?
A No.
Q In this case is -- this nursing home is Ohio Extended Nursing Home, correct, Ohio Extended Care Nursing Home?
A Correct.
Q What were you called, regarding your relationship

with Ohio Extended Care Nursing Home, back in July of 2000? Were you a staff physician, what were you?
A I was the medical director as well as the staff physician.
Q Okay. I take it the care you provided Ms. Scrivo was in your capacity as a staff physician?
A Correct.
Q Did you consider yourself acting as an agent or employee of the nursing home itself when you provided care to her?
MR. SHROGE: Objection.
A No.
Q Relative to your job at the nursing home as medical director, tell me a little bit about the percentage of your professional time spent acting as the medical director and the percentage spent acting as a care provider to patients?
A I would guess maybe 25 percent as the medical director, the rest as staff physician for the patients.
Q Okay. Were you a medical director for any other nursing homes at that point in time?
A Yes.
Q What other nursing homes?
A Avon Oaks Nursing Home.
Q Is it on your CV?

A Yes. Anchor Lodge Nursing Home, Amherst Manor Nursing Home, Autumn Aegis Nursing Home, Kingston of Vermilion Nursing Home, and the Community Health Partners Skilled Nursing Floor.
Q Okay. So you were director at all these places back in July of 2000 and you still are right now?
A Correct.
Q Have you ever been director at a nursing home in your career where you were asked to leave?
A Yes.
Q What nursing home was that?
A Oak Hills.
Q When did this occur?
A Fall of last year, fall of '01.
Q Do you know why you were asked to leave?
MR. SHROGE: Objection.
A Because I represented too many other nursing homes.
Q Was there any indication communicated to you by anyone that your performance as a director was below par at that nursing home?
MR. SHROGE: Objection.
A No.
Q How was it that you first became aware that Ms. Scrivo was going to be -- well, did you consider her your patient while at the Extended Care facility?

A Yes.
Q When did you learn that she was going to be your patient? Would that have been the date she was admitted?
A I don't remember.
Q What did you review in preparation for this deposition today?
A I reviewed two of my admission notes, one at Ohio Extended Care and the other one at Anchor Lodge Nursing Home.
Q So you provided care for her later at Anchor Lodge as well?
A Correct.
Q Do you know why she didn't go back to Ohio Extended Care?
A No.
Q When she arrived at Ohio Extended Care -- strike that.
As of July of 2000, give me an idea of the percentage of your practice that involved caring for patients post heart catheterization and stent procedure?
A I really can't give you a number.
Q Okay. As of July of 2000, were you aware or did you have any information at all relative to whether or not a patient should be on Plavix following a

catheterization and stent procedure?
A No, I didn't have any specific information to that regard.
Q Do you have any information in that regard now as to whether or not the standard of care requires a patient to be on Plavix following heart catheterization and stent procedure?
MR. SHROGE: Objection.
A No, I do not.
Q Okay. Generally, when you take over the care of a patient who has been sent to an extended care facility or a nursing home, do you speak to the referring physician?
A No, I do not.
Q Why not?
A Because most of the information that I need is included with the transfer form.
Q Okay. The transfer form, is that what's known as a goldenrod?
A Correct.
Q Do you have a duty and obligation to review the goldenrod and then call back to the facility transferring the patient to confirm any information on it?
A No, I don't.

Q Have you ever done that?
A Not that I can recall.
Q Okay. Do you know of any other physicians who provide care for patients in nursing homes who do that?
A No, I do not.
Q Let's talk about medications prescribed. Where would you go to find that information, where would that be?
A It's usually listed on the goldenrod.
Q Have you looked at the goldenrod form in this case?
A No --
Q Let me show it to you.
A -- other than when I saw it back then, other than when I reviewed it.
MR. SHROGE: Is that the one we were talking about earlier?
MR. BURNETT: That's the one we were talking about. Do you want to show it to him?
MR. SHROGE: Sure.
MR. BURNETT: I don't care if it's an Exhibit.
MR. SHROGE: All right.
Q Doctor, I'm directing your attention to the referral information form. Is this also called the goldenrod?

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A This appears to be that, yes.
Q It says at the top, referring agency, EMH Regional Medical Center, and below that I would direct your attention to attending physician; do you see that?
A Yes, I do.
Q Okay. And it says NOHC, which I take it means North Ohio Heart Center?
A Correct.
Q Then it says Dr. Mikhail?
A Correct.
MR. BURNETT: Let's go off the record for a minute.
(Discussion held off the record.)
Q At the bottom of the page, I see a physician's signature. Do you recognize that signature?
A I believe it looks like Mikhail.
Q Had you ever seen Dr. Mikhail's signature before?
A I've seen it in the past, yes.
Q You think it looks like it because of that?
A From my recollection, that's what it looks like.
Q So I take it then your procedure would have been to review this referral information form and then draft your initial, what do you call it, your summary?
A My admission history and physical.
Q So you relied on the referral information form and

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you also talked to the patient, did you?
A Yes.
Q As of July of 2000, had you ever cared for a patient in a nursing home that was post heart catheterization and stent procedure?
A Yes, I did.
Q Do you recall ever seeing any of your prior patients who had come out of that catheterization/stent procedure receiving Plavix?
A Yes.
Q In July of 2000 when you reviewed the referral information form, is it likely you noted in your own mind that Plavix was not included as a prescription under the physician's orders?
A I don't recall.
Q Did you ever see a patient who was referred to you at an extended care facility post heart catheterization and stent procedure who was not prescribed Plavix?
A Yes, I believe so.
Q That's aside from Ms. Scrivo?
A Yes.
Q I gather from talking to you right now, the fact that Plavix wasn't on this physician's order sheet didn't give you pause one way or the other?
A Not that I remember, I don't believe so.

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Q Have you ever looked at information on a referral information form that didn't make sense to you and that caused you to call the referring physician?
A I have seen referral forms that I questioned some of the information on there and pursued it further, not necessarily calling the physician himself, but maybe having the nursing staff look into it and get more information regarding that.
Q Did that happen in this case?
A I don't believe so.
Q Would the fact that Plavix is not mentioned as one of the physician's orders be something that would have caused you to consider that route; that is, calling the nurses, asking the nurses to look into it?
A I don't recall, but I don't believe -- I don't believe so.
Q When did you first learn that Ms. Scrivo fell and fractured her hip?
A I don't recall.
Q Tell me a little bit, if you would, about the precautions that were taken with falls with this patient, and feel free to refer to your chart.
A Okay. Reviewing my chart, I don't have anything specific in regards to that, and I don't recall any specific precautions that were taken.

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Q I'm seeing information that -- let me back up. I take it you don't have the nursing home notes in front of you, do you?
MR. SHROGE: Off the record for a second.
(Discussion held off the record.)
Q Do you remember anything about this patient?
A I remember some generalities regarding her, yes.
Q Tell me what you remember, please.
A She was a pleasant lady. She was alert, she was oriented. She didn't appear to be in any distress when I met her. Other than that, I'm not sure if I really recall anything specific.
Q Okay. I'm showing that, on your physician admission orders, you indicate she's on Librium, 10 milligrams. Is there any other -- let me ask you this: What impact would Librium have on her mental alertness and balance?
A It may have anywhere from no bearing to maybe some bearing, but hard to say.
Q What about any of the other medications listed there, same question?
A The only medication that I would keep in mind would be possibly Percocet, which is a narcotic pain medication.
Q Was that given at a dose that would make it

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dangerous for her to try to ambulate by herself?
A I don't recall which dose --
Q Let's see, doesn't it say so on your admission orders?
A Well, in my -- on my form, my history and physical, it just says Percocet prn. The dose is usually a standard dose, it would be how often it was given would be the main concern.
Q All right. I'm showing that -- I want you to assume for a minute there's a bed alarm that was on the bed due to two falls at the hospital in the last two days, okay, if you'll assume that. Tell me what a bed alarm was at this facility?
MR. SHROGE: Talking about at Ohio Extended Care or at EMH?
MR. BURNETT: At Ohio Extended Care.
MR. SHROGE: Okay.
A There are different types of bed alarms. The most common one is an alarm that sounds when a patient tries to get up out of bed.
Q Okay. Is that likely the one that would have been used on a patient like this?
A That's assuming you can rephrase that question in regards to the patient at that time or the assumption that she had fallen twice before?

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Q I think, yes, with the assumption that she had fallen twice before at the hospital prior to being sent to the facility. Given this patient as you recall her and what you see on the admission notes, is that likely the type of alarm that would have been used?
A If they were going to use a bed alarm, that probably would have been the most common one.
Q Okay. I note that there's references to call bells being within reach. What's a call bell?
A It's a cord that's attached to an alarm that notifies the nurses that the patient is in need of some assistance.
Q Okay. Do you recall learning that this patient fell at the hospital or at the Extended Care facility?
A I don't recall the actual call, no.
Q Do you recall the fact of the fall, though, learning of it eventually?
A I believe I was aware of that at that point.
Q Do you recall ever talking with any nurses or any personnel at the facility as to the circumstances surrounding the fall?
A I don't remember specifically other than I'm sure when they called me to inform me of her fall I would have inquired as to what happened.

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Q Would you have likely made any notes of that conversation?
A I did not make any notes at that time.
Q Okay. You made notes later?
A Well, reviewing my records from the Anchor Lodge admission, I believe I made a statement where she, "apparently experienced a fall while walking over to her dresser resulting in a right hip fracture."
MR. BURNETT: May I see that?
MR. SHROGE: Yes. That's the one from Anchor.
Q This doesn't appear to be the note following the fall?
A No, this is when she was admitted to Anchor Lodge Nursing Home.
Q Do you have a note following the fall that you authored?
A No, that's what I'm making reference to.
Q I see, I'm sorry. I guess my question was: When you learned that there had been a fall and you likely talked to someone about the circumstances surrounding the fall, did you make any notes on a piece of paper, anything like that?
A No.
Q Is there a procedure in the nursing home or was

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there after July of 2000 when one of the residents fell? Was there a procedure that an evaluation would proceed onsite or would the nurses ask the questions of the patient and then decide whether any further care was required?
That probably wasn't the best question I ever asked in my life. A patient falls or a resident falls, nurse helps them up. Resident says, I'm okay. Nurse leaves the resident alone or does the nurse say, we're going to get you evaluated? How does that work?
A Typically, almost all the homes, any incident such as a fall you would get a full evaluation both onsite in terms of clinical evaluation as well as the circumstances regarding the fall.
Q Were incident reports routinely prepared when a resident fell?
A Yes, they typically are.
Q Who prepares those reports?
A Typically, the nurse who was in charge at that time.
Q Did you have a duty and an obligation as director of the nursing home to review those reports?
MR. SHROGE: Objection.
A I review most incident reports.
Q Did you in this case?

A I don't recall.
Q But it's likely that an incident report was prepared; is that correct?
A Probably.
Q Okay. In this case, I'm showing from the nursing home notes that at 8:40 a.m. -- just assume this to be true, that at 8:40 a.m. she was found sitting on the floor and communicated to the nurses that she had fallen --
MR. SHROGE: Do you have those?
MR. KILBANE: No. Do you?
MR. SHROGE: No.
Q -- it was not until after 5:00 p.m. that the woman was transported to the emergency room at EMH to evaluate her.
Assuming that to be accurate, was that within the policies, procedures, and protocols at the hospital, that lag time on a fall and then going for the evaluation?
MS. MULLIN: I think you said at the hospital.
MR. BURNETT: At the facility.
MR. SHROGE: I'm only going to object on the record as it relates to the fact that the nursing home records involving the Plaintiff have never been

produced to this defense counsel; to my knowledge, to any of the defense counsel in this case.
Therefore, Dr. Eren has not had the opportunity to review any of those records regarding either the first admission to Ohio Extended Care or the second to the Anchor facility.
With that in mind, obviously he can answer the question, but I think the objection is clear.
Q Do you remember what the question was?
MR. SHROGE: Just to be clear on the record, again, I know initial Interrogatories and Requests for Discovery were properly propounded upon Plaintiff requesting any and all documents regarding the medical care and treatment provided to this Plaintiff revolving around the issues alleged in the Complaint, those would have included Ohio Extended Care; and, therefore, prior to today, those documents have been requested and not provided.
With that said, you can answer, Doctor.
A What was the question again?
Q Yes.
MR. SHROGE: I apologize.
MR. BURNETT: That's okay.
Q She's found sitting on the floor at 8:40, communicates the fact that she fell -- that's in the

morning, and she's not transported to the emergency room until 5:00.
Was that within the appropriate time frame for the policies and procedures of getting someone evaluated back in July of 2000?
A Each case is handled individually. My assumption for that case would be the patient may not have expressed any complaints at the time and the evaluation by the nursing staff may not have revealed any abnormalities at that time.
Q The chart you keep in your office, may I see it in its entirety, please? Off the record.
(Discussion held off the record.)
Q Doctor, I'm handing you back your chart. You'll have to take my word for this. I'm looking through the chart of the nursing home, and I don't see that any call was placed to you that day following the nurses discovering the patient lying on the floor and finding out she fell.
If you'll just assume that for a moment, did they have an obligation to call you within a certain period of time in your capacity either as a medical director or in your capacity as the attending physician for this patient and tell you what happened?
MR. SHROGE: Objection.

MS. MULLIN: Same objection as to policies and procedures of the nursing staff at the nursing home.
A It's the policy of that home and almost all the homes that practically every incident and fall is reported to the attending physician, so it's very likely that they did call me and notify me.
Q I don't see it charted. Did they have a duty and -- just assume it's not. Did they have a duty and obligation to chart that that day prior to moving her to the emergency room?
MR. SHROGE: Objection.
A I'm not sure of the question again.
Q Sure. I want you to assume that I'm not seeing anything indicating in the records that the nurses gave you a call prior to this patient being transported to the emergency room at roughly 5:00 or 5:15 in the afternoon.
Assuming that to be the case, did they have a duty and an obligation to call you within a certain time period when they learned that this patient had fallen?
A Right, typically they should have.
Q Within what time period; do you know?
A Usually all falls that have an immediate impact on a patient are called right away. Sometimes, in

general, if a patient falls and there isn't any obvious injury, the call may be reported later in the day or in conjunction with some other calls.

Q Okay. Did the nurses have a duty and an obligation at the facility to chart when they've called the attending physician to report that a resident has fallen?

MS. MULLIN: Objection.

MR. SHROGE: Same objection.

A Typically, all calls should be documented.

Q If you assume that there's no call documented to you on this day, is it more likely than not that one of the nurses at the facility never placed a call to you?

MS. MULLIN: Objection.

MR. SHROGE: Objection.

A I don't know.

Q Have you ever seen an incident in the past in which you know that a call has been made to you and you review the chart and you don't see it charted?

A Yes.

Q Would this be in the context of reporting a patient fall?

A It can be with a fall, yes.

Q To your knowledge, did you or anyone else generate any notes, memoranda, diary entries, anything regarding

this patient that is not part of your chart that you have before you?

A No, I did not.

Q Again, I'm including in that question the Extended Care facility chart. I know you don't know what's in there.

From looking at your admit note, was there something about this patient that in your mind required a greater degree of vigilance on the part of the nursing staff to ensure that there would be no falls?

A I don't recall any such instance.

Q I know with this patient we have a bed alarm, right?

A I don't remember that.

Q Okay. But I think we can tell from looking at your -- isn't that in your note?

A No, it's not in my note.

Q I want you to assume that we have the bed alarm like we talked about earlier, okay?

A Okay.

Q What other steps were available to the nursing home as of July of 2000 relative to ensuring that a patient, as best they were able, would not fall? I mean, I know there were gates. Were there other things that you could have utilized to protect this woman or any other

patient from falling?

MS. MULLIN: I guess I'm going to object. I know the nursing home is not represented here today, but I'm going to object on foundation.

Q You can still answer.

A It depends on the risk of the patient for falling, that usually determines to what extent a facility will monitor that patient against falling.

Q Okay. Can you give me an idea relative to what you see in your admit note as to this patient's risk? Was it considered a low, moderate, high, what was it?

A I don't recall making any references to her being a problem for a high risk for fall person -- patient.

Q If you assume that she had two falls in the hospital previous to coming to you, should she have been a high risk for falls patient?

A If a patient has a record of having fallen before, then that is something that is taken into consideration, yes.

Q Okay. And given that she had two falls in the past and she was on Percocet, we don't know what dosage, how would you have quantified this risk, would it have been low, medium, high?

A I would need more information regarding her previous falls to make that determination.

Q Do you see anything in your note relative to the previous falls?

A No.

Q When you draft your note, do you take a history from the patient?

A Yes, I do.

Q Is it more likely than not that you would have asked this patient whether she had fallen when she was at EMH prior to being transferred to this facility?

A I don't recall asking her that question.

Q Did you have a duty and an obligation to ask her that question as of July of 2000?

MR. SHROGE: Objection.

A I don't typically ask a patient that question, period.

Q Does someone at the facility typically ask the patient that question?

A Yes. There usually is a fall assessment made on all patients.

Q Was -- well, you wouldn't know because you don't have the chart. When a fall assessment is made, is that something you consider?

MR. SHROGE: Objection. What do you mean, John, consider?

Q Is that something you consider in issuing any

orders for this patient?
A If I'm told that a patient is at high risk for falling, then precautions are taken.
Q Okay. What precautions are taken for a high risk for falling patient?
A It's reviewing the medications, examine the patient in terms of her motor skills, reviewing her cognition, her mentation, bed alarm is one possibility. It varies from -- once again from patient to patient depending on the situation.
Q Are the criteria for that assessment written down anywhere for that nursing home, Ohio Extended Care?
A Most fall assessment forms are part of the chart.
Q Okay, I realize they're part of a chart. What I'm saying, is there a separate document that would provide guidance to someone in filling out the fall assessment?
A I'm not sure if I understand.
Q Okay. At some point in time someone makes the decision that a patient is at a low, moderate, or high risk for falls, right?
A Correct.
Q What I'm asking is: Number one, who makes that, the ultimate decision, is it a nurse or is it you as the attending physician?
A Usually a fall assessment sheet is filled out and

that determines whether the patient is at high, low, or medium risk for fall.
Q And the assessment sheet is filled out by a nurse, I take it, correct?
A Correct.
Q Does the nurse come to this conclusion himself or herself or is this a conclusion that you make after looking at the fall assessment form?
A Usually the fall assessment form is based on a score, it indicates where she falls -- where the patient falls into.
Q I got you, okay. Are there any other documents that exist at the nursing home which would indicate and give guidance to the nurses or yourself as to how to assess a patient for being at high risk for falls?
A Not that I can remember.
Q I'm seeing an initial activity assessment and an activity progress note. That's not the fall assessment, is it?
A No.
Q It's something entirely different. Off the record.
(Discussion held off the record.)
Q I probably asked you this earlier: Did you talk to the referring physician or the cardiologist in this case?

A No, I did not.
Q If you had, is it likely you would have charted that?
A I probably would have.
MR. BURNETT: Okay. That's all I have, Doctor.
MR. SHROGE: Doctor, you have the right to review the transcript of your deposition before it's actually finalized or you can waive your right to read it. I would advise you, I don't think it was complex, I think you could waive.
THE WITNESS: Fine.
MR. SHROGE: He's going to waive.
(Deposition concluded; signature waived.)

C E R T I F I C A T E

The State of Ohio,)
County of Lorain.) SS:

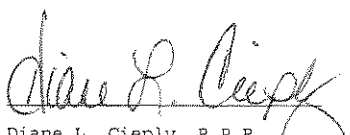
I, Diane L. Cieply, Registered Professional Reporter and Notary Public within and for The State of Ohio, duly commissioned and qualified, do hereby certify that the within-named witness:

ITRI A. EREN, M.D.,

was by me duly sworn to testify the truth, the whole truth, and nothing but the truth in the cause aforesaid.

I do further certify that this deposition is a true record of the testimony given by the witness.

IN WITNESS WHEREOF, I have set my hand and affixed my seal of office at Elyria, Ohio, this 22nd day of August, 2002.



Diane L. Cieply, R.P.R.
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My commission expires 11/19/02