

1                   IN THE COURT OF COMMON PLEAS

2                   CUYAHOGA COUNTY, OHIO

3           BARBARA MANNING, Executrix of  
4           the Estate of Eulalie Schultz, *Doc. 349*  
5           Deceased,

6                   Plaintiff,

7                   -vs-

JUDGE WELLS  
                  CASE NO. 166,785

8           J. A. RAMOS, et al.,

9                   Defendants.

10                   - - - -

11           Deposition of CECILIA PATAWARAN, M.D., taken  
12           as if upon cross-examination before William L.  
13           Odom, a Registered Professional Reporter and  
14           Natory Public within and for the State of Ohio,  
15           at the offices of Charles I. Kampinski, Esq.,  
16           1530 Standard Building, Cleveland, Ohio, at  
17           10:05 A.M. on Monday, January 15, 1990, pursuant  
18           to notice and/or stipulations of counsel, on  
19           behalf of the Plaintiff in this cause.

20                   - - - -

21                   MEHLER & HAGESTROM  
22                   Court Reporters  
23                   1750 Midland Building  
24                   Cleveland, Ohio 44115  
25                   216.621.4984  
                  FAX 621.0050  
                  800.822.0650

APPEARANCES:

Charles I. Kampinski, Esq.  
1530 Standard Building  
Cleveland, Ohio 44113  
(216) 781-4110,

On behalf of the Plaintiff;

Thomas H. Terry, III, Esq.  
J. Richard Ludgin, Esq.  
Jacobson, Maynard, Tuschman & Kalur  
1301 East Ninth Street  
Suite 1400  
Cleveland, Ohio 44114-1824  
(216) 621-5400,

On behalf of the Defendants  
Drs. Ramos, Go, Cowan and Schikowski;

Robert F. Linton, Jr., Esq.  
Weston, Hurd, Fallon, Paisley & Howley  
2500 Terminal Tower  
Cleveland, Ohio 44113  
(216) 241-6602,

On behalf of the Defendant  
Parma Community General Hospital;

Marc W. Groedel, Esq.  
Reminger & Reminger  
7th Floor 113 St. Clair Building  
Cleveland, Ohio 44114  
(216) 687-1311,

On behalf of the Defendant  
Dr. Patawaran;

Robert G. Hurt, Esq.  
Law Offices of Laurence F. Buzzelli  
1806 The Illuminating Building  
Cleveland, Ohio 44113  
(216) 861-2092,

On behalf of the Defendant  
Royal View Manor.

1                    CECILIA PATAWARAN, M.D., of lawful age,  
2                    called by the Plaintiff for the purpose of  
3                    cross-examination, as provided by the Rules of  
4                    Civil Procedure, being by me first duly sworn,  
5                    as hereinafter certified, deposed and said as  
6                    follows:

7                    CROSS-EXAMINATION OF CECILIA PATAWARAN, M.D.

8                    BY MR. KAMPINSKI:

9                    Q.    Doctor, would you state your full name, please.

10                   A.    Cecilia Patawaran.

11                   Q.    Spell your last name.

12                   A.    P A T A W A R A N.

13                   Q.    And where do you live, doctor?

14                   A.    I live in Solon.

15                   Q.    And your address?

16                   A.    33359 Allenbury Drive, Solon, Ohio.

17                   Q.    Doctor, I'm going to ask you a number of  
18                   questions this morning. If you don't understand  
19                   any of them, please tell me, I'll be happy to  
20                   repeat any question you don't understand; okay?

21                   All right. When you answer my questions,  
22                   you have to do so verbally. He's going to be  
23                   taking down everything we say, he can't take  
24                   down a nod of your head; okay?

25                   A.    Uh-huh. Yes.

1 Q All right. Good.

2 Doctor, I've just been handed your CV and  
3 I'm going to ask you some background questions,  
4 I really haven't had a chance to absorb  
5 everything on here. I notice that you were born  
6 in the Philippines; correct?

7 A That's correct.

8 Q And your date of birth is what?

9 A November 27, 1939.

10 Q When did you come to the United States?

11 A I came here in 1964.

12 Q You did your schooling, then, in the Philippines  
13 before you came here?

14 A That's correct.

15 Q Why don't you tell me what that consisted of in  
16 the Philippines.

17 A I went through premedical training and then I  
18 had four years of medicine, and then a year of  
19 internship.

20 Q All right. Is the high school system similar to  
21 the United States in the Philippines? In other  
22 words, is it 12 years of high school?

23 A It's -- altogether -- well, high school is four  
24 years, which is the same as here.

25 Q Okay.

1 A. We have a kindergarten and then six years. So  
2 six plus -- no, seven. It's 11 instead of 12.

3 Q. Okay. And then you would go to college after  
4 that?

5 A. That's correct.

6 Q. All right. And I notice here associate in arts,  
7 premed, Far Eastern University.

8 A. That's right.

9 Q. Where is Far Eastern University located?

10 A. Far Eastern University is in Manila,  
11 Philippines.

12 Q. All right. And how many years did you go there?

13 A. Altogether I went there for six years.

14 Q. And what is an associates in arts degree? Is  
15 that similar to our bachelor of arts here?

16 A. Bachelor's is four years, so associate is two  
17 years. So at that time premed is associate, two  
18 years.

19 Q. You said you went there, though, for six years.

20 A. That's correct. So I went to Far Eastern for  
21 six years, in the premedical two years and then  
22 four years of medicine. I did both my  
23 undergraduate and graduate training there.

24 Q. I'm sorry, I didn't understand.

25 A. Yes.

1 Q. When did you start at Far Eastern University?

2 A. After graduation from high school, so that's  
3 1956.

4 Q. And then from '58 to '63, you went to medical  
5 school there?

6 A. That's correct.

7 Q. All right. Why did you come to the United  
8 States after medical school?

9 A. I went here for further training.

10 Q. Why didn't you return there?

11 A. Some change in priorities, I suppose, because I  
12 got married in the meantime and had children.

13 Q. You're currently married?

14 A. Yes.

15 Q. And how many children do you have?

16 A. Two.

17 Q. Did you come here on some type of program?

18 A. I came here under the Exchange Visitors Program,  
19 so it was just temporary at that time.

20 Q. Is training here, or was training here part of  
21 some program that required you to return and  
22 provide medical services in the Philippines?

23 A. You're not required, it was not mandatory. You  
24 came if you wanted to, it was voluntary. If you  
25 got into some residency program here, then you

1       came, but you were supposed to return after  
2       certain years of training. But it so happened  
3       that at the time I was here, there was a change  
4       in the immigration laws, that people who came  
5       here for training if they wanted to stay they  
6       could stay and apply without going back to the  
7       Philippines, so I stayed on.

8   Q.   And that's what you did?

9   A.   Uh-huh.

10  Q.   You did all of your training here in Ohio; is  
11       that correct?

12  A.   That's correct.

13  Q.   And that would have been through 1971?

14  A.   That's right.

15  Q.   Did you have any additional training after that?

16  A.   No further training. No formal training after  
17       that, no.

18  Q.   What did you do from '71 to '73?

19  A.   I was with the Cuyahoga County Hospital System  
20       at the Highland View Rehab Section, so I  
21       started -- I worked there as a staff  
22       neurologist.

23  Q.   For how long?

24  A.   Actually I was there from 19 -- excuse me, let  
25       me just get this year straight.

1           From 1971 after I finished my residency, I  
2           stayed on at Highland View until 1978.

3   Q    I notice that you didn't get your State of Ohio  
4           license until 1973.

5   A    That's correct.

6   Q    How is it that you were practicing as a  
7           neurologist at Highland View from '71 to '73?

8   A    I was an -- well, I did not -- I was not -- how  
9           do I say that? It was only in 1973 that the  
10          state board changed their rulings, so that was  
11          the time when I could get my license here.  
12          Because before then, they would not have --  
13          people who were trained in the Philippines, for  
14          example, or who were not born here, unless  
15          they -- it was only then that -- if you would  
16          have an intention to stay, then you can take the  
17          boards. So we were allowed to take the boards  
18          at that time.

19                So before 1971, from '68 to '71 when I  
20                was -- from '71 to '73 at Highland View  
21                Hospital, I was working as an institutional  
22                physician, so -- we were -- how was that then?  
23                It never came to my mind at that time.

24                I was working with a neurologist there,  
25                under Dr. Cole, and I was at the department of



1       neurology.

2   Q.   Uh-huh.

3   A.   So I wasn't licensed yet at that time, but this  
4       is in a way part of my -- after my training, I  
5       went on to work there without a license, but I  
6       was doing neurology with somebody in the  
7       department.

8               So it's a different type of practice, not a  
9       practice like an all on my own license, but that  
10      was acceptable at that point in time.

11   Q.   That was Dr. Coke?

12   A.   Dr. Cole, C O L E, who was the chief of  
13       neurology at that time.

14   Q.   Did you have to take a test to get an Ohio  
15       license?

16   A.   Yes. I took the Ohio state board.

17   Q.   When did you take that?

18   A.   That was in 1973.

19   Q.   Had you taken it before then?

20   A.   No.

21   Q.   When -- it's got board eligible in neurology and  
22       internal medicine. How long have you been board  
23       eligible, doctor?

24   A.   Well, I took training in 1965 to '66, I had  
25       internal medicine residency and all, so in

1 1967-68. And from there, '68 to '71, you know,  
2 with the training that I had, I -- that would  
3 constitute board eligibility in both  
4 specialties.

5 Q. How many times have you taken the boards?

6 A. I just tried once in neurology, that was in the  
7 '70s.

8 Q. Did not pass them?

9 A. No.

10 Q. Did you ever take the internal medicine boards?

11 A. No.

12 Q. What did you do after 1978?

13 A. I went into private practice in Elyria, until  
14 1980.

15 Q. With a group or yourself?

16 A. I was by myself.

17 Q. And why did you leave the private practice in  
18 1980?

19 A. I had different priorities, with family, so I  
20 had to come back to Cleveland.

21 Q. And what did you do from that point on?

22 A. I worked at Sunny Acres.

23 Q. What did you do for them?

24 A. As a staff physician there, and also I did the  
25 neurological consultations in that facility.

1 Q. And you did that for seven years?

2 A. I did that for, yes, about seven years. And  
3 then from there I went into private practice  
4 again.

5 Q. And where was that?

6 A. 1987, mid-'87.

7 Q. I'm sorry. Where was that?

8 A. Where?

9 Q. Yes.

10 A. I practice out at Suburban Community Hospital.

11 Q. I mean, is that where your offices are?

12 A. I have an office there, yes.

13 Q. Do you have offices anywhere else?

14 A. No.

15 Q. Are you in a group or by yourself?

16 A. I'm by myself.

17 Q. And what is the nature of your practice?

18 A. I do neurology and internal medicine, but mostly  
19 geriatrics.

20 Q. What does your husband do?

21 A. He's in teaching.

22 Q. What does he teach?

23 A. He teaches English.

24 Q. Have you ever been sued before, doctor?

25 A. Yes.

1 Q. When and where and for what?

2 A. When?

3 MR. GROEDEL: Objection. Go

4 ahead. You can answer.

5 A. In Lorain, in 19 -- I think it was in -- 1980, I  
6 think it was.

7 Q. Who was the name of the plaintiff, do you  
8 recall?

9 A. I think it's Matish, M A T I S H.

10 Q. What were you sued for?

11 A. I was part of -- I guess they sued everybody. I  
12 was sued because a patient fell and had seizures  
13 and was -- and they called me and I thought it  
14 was primarily a neurosurgical situation, they  
15 called me at the emergency room, that it was a  
16 neurosurgical problem because of the fall and a  
3.7 fracture, and they called the neurosurgeon, and  
18 they included me but I really did not have much  
19 encounter with the patient except that when I  
20 went in the intensive care at the hospital, St.  
21 Joseph's Hospital, the patient had not been seen  
22 by the neurosurgeon and I was going to make my  
23 rounds and they told me about the patient, and I  
24 gave the patient Vitamin B1 because he was an  
25 alcoholic, and I was about to see the patient

1 but the neurosurgeon came. And as far as I am  
2 concerned, that was the only encounter I had  
3 with the patient but I was included in the suit.

4 Q. What happened to the patient?

5 A. Unfortunately, the patient died during surgery.

6 Q. And what was the result of the lawsuit?

7 MR. GROEDEL: Objection. Go  
8 ahead.

9 You may answer.

10 THE WITNESS: I should answer?

11 MR. GROEDEL: You may answer.

12 A. The case was settled.

13 Q. And did you pay, or were funds paid on your  
14 behalf to settle it?

15 MR. GROEDEL: Objection. Go  
16 ahead.

17 A. Yes, a small amount.

18 Q. Did that have anything to do with your leaving  
19 the private practice in Lorain?

20 A. Oh, no. That was before I left private  
21 practice.

22 Q. Okay. Any other suits?

23 A. No.

24 Q. Where do you have privileges at currently,  
25 doctor?

1 A. For taking care of patients in the hospital?

2 Q. Yes.

3 A. Just Meridia Suburban Hospital.

4 Q. How is it, or when did you become involved in  
5 Royal View Manor?

6 A. 19 -- before 1988. Probably 1987 or so, I  
7 started having -- taking care of patients there.

8 Q. How did that happen?

9 A. What do you mean?

10 Q. Well, I mean, did you bid on a job? Were you  
11 interviewed -- I mean, how did that come about?

12 A. I know someone who was leaving Royal View Manor,  
13 and she asked me if I am interested in taking  
14 over her patients, and I did.

15 Q. When you say living at Royal View, you --

16 A. Leaving.

17 Q. Oh, leaving.

18 A. Leaving the practice. Leaving Royal View.

19 Q. I've got you.

20 A. Not living. Sorry.

21 Q. That's all right.

22 Who was that?

23 A. Dr. Cayabyab.

24 Q. Can you spell that?

25 A. C A Y A B Y A B.

1 Q. C A Y A B Y A B.

2 A. Uh-huh.

3 Q. All right. He or she?

4 A. She.

5 Q. She was leaving?

6 A. Leaving practice at Royal View Manor. And so  
7 she had, oh, something like 10 patients or so  
8 and asked me if I wanted to take care of them.  
9 So I did.

10 Q. Did you do this at any other nursing homes?

11 A. At that time?

12 Q. Yes.

13 A. I was helping out Dr. Grossman, also, at Willow  
14 Park Nursing Home. It was Rose Park at that  
15 time.

16 Q. And is this -- how do you get to take care of  
17 these patients? I mean, is it through a  
18 contract that you enter into with Royal View  
19 Manor? Or how does that work?

20 A. It is not -- I don't know if you -- it's not  
21 really a contract. It's like they assign you  
22 patients and you take care of them, and the  
23 nursing home does not pay you, but it's like you  
24 bill for your services.

25 Q. Who do you bill?

1 A. You bill the responsible party, like the  
2 patient. Or if they have third-party pay, you  
3 bill their insurance.

4 Q. Well, how is it that you're allowed to go into  
5 Royal View Manor and take care of patients to  
6 begin with? I mean, do you have to interview  
7 with the administration? Do you have to fill  
8 out an application?

9 A. I did -- before I went in, I did, yes.

10 Q. Yes, that's my question.

11 A. Yes. After Dr. Cayabyab asked me if I am  
12 interested and then I said yes and then I met  
13 with the medical director and with the  
14 administration and then they interviewed me and  
25 they asked me about my qualifications and all,  
16 and then I got approved, and, therefore, I  
17 started taking care of patients there.

18 Q. Okay. Who was the medical director?

19 A. Dr. Juguilon.

20 Q. Can you spell that?

21 A. J U G U I L O N.

22 Q. Is he still the medical director?

23 A. Yes.

24 Q. And you say you interviewed with the  
25 administrator, as well?



1 A. That's correct.

2 Q. And who was that?

3 A. At that time? I don't remember her name,  
4 because there is such a frequent turnover. I'm  
5 sorry, I don't remember her name. It's a lady.

6 Q. Who is it now?

7 A. Now it is Mrs. Wilson.

8 Q. Do you still attend to patients there?

9 A. Yes, I still do.

10 Q. And they approve your appointment to, what would  
11 it be called, the staff?

12 A. Yes, I am on the staff there.

13 Q. How many doctors are on the staff?

14 A. At Royal View?

15 Q. Yes.

16 A. There's quite a few. I am sure there are more  
17 than 10.

18 Q. Okay. Was that true, also, at the time you saw  
19 Mrs. Schultz?

20 A. Probably so, yes.

21 Q. And how is it that you would get assigned to any  
22 individual patient who was admitted into Royal  
23 View who didn't have a physician?

24 A. Well, if a patient comes in and does not have a  
25 physician, there is an admission coordinator who

I assigns patients to physicians.

2 Q. Well, I mean, would you rotate being on call, is  
3 that how it would work?

4 A. I don't know how they do it, really, I don't  
5 know.

6 Q. In other words, you just get a call from the  
7 admissions coordinator --

8 A. That's correct.

9 MR. GROEDEL: Let him finish his  
10 question.

11 THE WITNESS: Excuse me.

12 Q. That's okay. You would get a call from the  
13 admissions coordinator, they would say we've got  
14 a new patient, we'd like you to take care of  
15 her?

16 A. That's right.

17 Q. And is that how it happened with Mrs. Schultz?

18 A. Yes, uh-huh.

19 Q. Were you aware of why she didn't have a  
20 physician?

21 A. No, not aware. I was not aware at that time.  
22 They just called me, that Mrs. Schultz was  
23 coming in and they assigned her to me.

24 Q. Did you -- well, do you have your records as  
25 they pertain to your treatment of her?

1 A. Yes.

2 Q. Had you ever seen her before?

3 A. Before coming into Royal View?

4 Q. Yes.

5 A. No, I did not.

6 Q. So this was your first experience with Mrs.

7 Schultz; correct?

8 A. That's correct.

9 Q. And were you provided with any records of any  
10 kind to review regarding her situation?

11 A. When she came into the nursing home, we were  
12 provided with the patient transfer form, some of  
13 the laboratory data, an x-ray report, and the  
14 history and physical examination.

15 Q. From the hospital?

16 A. From the hospital, yes.

17 Q. I'm sorry. Patient transfer form. What else?

18 A. History and physical. Some lab data.

19 Q. All right. And an x-ray?

20 A. And an x-ray report.

21 Q. All right. Do you have all those with you?

22 A. Yes.

23 Q. All right. Is what you have in front of you  
24 your file or Royal View Manor's file, or what is  
25 it?

1 A. This is Royal View, because I do not keep files.

2 Q. Why not?

3 A. Because the file stays at the nursing home. The  
4 medical record stays at the nursing home.

5 Q. So -- well, if this were a private patient of  
6 yours, would you have a separate file?

7 A. Since I -- no.

8 Q. No?

9 A. Because since I take care of them only at the  
10 nursing home and I don't see them at the office  
11 or anywhere else, all the records would be in  
12 the nursing home.

13 Q. Okay. So anything that you would have to write  
14 would be in the nursing home chart?

15 A. Right.

16 Q. And is that what you have in front of you,  
17 doctor?

18 A. That's correct. The hospital record?

19 Q. Yes.

20 Can I take a look at it?

21 A. Yes.

22 Q. Is this a complete set of the nursing home  
23 chart?

24 A. I don't know if there is any more, but I just  
25 took the pertinent ones that -- they let me take

1           them.

2                   MR. HURT: Doctor, excuse me, could  
3           you speak up a little louder? I'm having a  
4           little trouble hearing what you're saying.

5                   THE WITNESS: Okay.

6 Q.   Who let you take what when?

7 A.   I don't know if this is all the record. I'm not  
8       sure. But I took pertinent records that I think  
9       are what I need to review it.

10 Q.   When did you take them?

11 A.   I don't know exactly when, but it was after I  
12       received the summons.

13 Q.   So you went to the chart to, what, get copies of  
14       what you felt you needed to look at?

15 A.   To review the chart, yes.

16 Q.   Did you remove anything from the chart?

17 A.   No.

18 Q.   Did you change anything in the chart?

19 A.   No.

20 Q.   But you're not sure whether this is the entire  
21       chart that we're looking at right now; correct?

22 A.   I am not sure right now.

23                   MR. KAMPINSKI: Bob, do you have  
24       the original chart?

25                   MR. HURT: I have a copy of what

1 was sent to you by Joanne Ryder back in June  
2 '88.

3 MR. KAMPINSKI: Do they still have  
4 the original chart there?

5 MR. HURT: I assume so, yes.

6 - - - -

7 (Whereupon, Plaintiff's Exhibit  
8 1 was marked for purposes of identification.)

9 - - - -

10 Q. All right, doctor, we're going to be referring  
11 to what I've marked Plaintiff's Exhibit 1 and  
12 just so the record's clear, that's what you've  
13 referred to as the materials that you removed,  
14 or made copies of from the original chart;  
15 correct?

16 A. That's right.

17 Q. All right, now. You indicated that there was a  
18 patient transfer form. Is that the first page  
19 on there?

20 A. Yes, this is part of the patient transfer form.

21 Q. What would you consider the entire patient  
22 transfer form?

23 A. The patient transfer form consists of the  
24 general information about the patient: Where a  
25 patient came from, the name of the patient, date

1 of birth, when she was admitted at the hospital,  
2 when she was discharged from the hospital, the  
3 doctor attending to her there, telephone number,  
4 and then the medical information, and the  
5 diagnosis, the medications, any laboratory data  
6 if there are, and then it should include a  
7 summary or history or course of treatment at the  
8 hospital, and in here they just said see  
9 enclosed hospital record.

10 And it also includes the nursing assessment  
11 at the hospital just before the patient was  
12 discharged. And then the social service  
13 information, and physical therapy assessment.  
14 So it includes nutritional assessment and  
15 rehabilitation assessment as needed; okay? So  
16 in this one, it includes the physical therapy  
17 assessment.

18 Q. Okay. So this is?

19 A. The patient transfer form.

20 Q. The next thing in there would be a copy of the  
21 history and physical from the hospital, itself,  
22 from Parma?

23 A. That's right.

24 Q. And that was prepared by Dr. Go?

25 A. Yes.

1 Q. Did you ever talk to him, by the way, about Mrs.  
2 Schultz?

3 A. No.

4 Q. In other words, when she was admitted, you  
5 didn't give him a call to coordinate the  
6 treatment of Mrs. Schultz with him?

7 A. I did not call and speak with him.

8 Q. Did he call you?

9 A. No.

10 Q. All right. So you had his, I guess it's history  
11 and physical report; right?

12 A. Yes.

13 Q. Did you have the discharge summary?

14 A. No.

15 Q. Did you ask for it?

16 A. I did not ask for it then, no.

17 Q. Well, did you ask for it at any time while she  
18 was in Royal View?

19 A. Not while she was at Royal View.

20 Q. Did you ask for it afterwards?

21 A. No.

22 Q. Did you ever ask for it?

23 A. No.

24 Q. What else did you have? You referred to lab  
25 data and an x-ray report?



1 A. X-ray report.

2 Q. And that was a chest report, chest x-ray report?

3 A. That's right.

4 Q. All right. Anything else?

5 A. And then the laboratory data.

6 Q. All right. And these were all from Parma

7 Hospital; right?

8 A. That's correct.

9 Q. So this -- what I'm holding here would have all  
10 been information that you would have had  
11 available to you when you first saw Mrs.  
12 Schultz; correct?

13 A. That's correct.

14 Q. And I take it the rest of the documents would  
15 have been generated after her admission to Royal  
16 View?

17 A. That's right.

18 Q. All right. Why don't we do this, doctor: Let  
19 me count the pages with all the attorneys here,  
20 and we'll mark the other set as Plaintiff's 2.

21 Why don't you check my count there,  
22 doctor. I count 16 pages contained in  
23 Plaintiff's Exhibit 1.

24 A. 16.

25 Q. You took the autopsy report off?

1 A. Yes, I took it out.

2 Q. That was not contained in the hospital record?

3 A. No.

4 Q. Okay.

5 We'll get to that in a minute, then. Mark  
6 this 2 and we'll mark the autopsy protocol as  
7 Exhibit 3.

8 - - - -

9 (Whereupon, Plaintiff's Exhibits  
10 2 and 3 were marked for purposes of  
11 identification.)

12 - - - -

13 Q. I count 19 pages, doctor, if you would just  
14 double-check.

15 MR. GROEDEL: Why don't you confirm  
16 that this is material that would have been  
17 generated once the patient was admitted to Royal  
18 View; okay?

19 THE WITNESS: Yes.

20 A. 19.

21 Q. Okay. And then Plaintiff's Exhibit 3, which is  
22 the autopsy protocol I believe consists of eight  
23 pages, if you would just check that for me.

24 A. Eight.

25 Q. Doctor, when is the first time that you saw Mrs.

1       Schultz? And anytime you need to, go ahead and  
2       refer to any of the records.

3   A.   What was the question again, please?

4   Q.   When's the first time you saw her?

5   A.   April 12, 1988.

6   Q.   And when was she admitted?

7   A.   April 11, 1988.

8   Q.   Is there a reason you didn't see her the same  
9       day she was admitted?

10  A.   I didn't have a chance to see her that day, but  
11       it is not -- well, it is allowed to see this  
12       patient within the next 24 hours. So I didn't  
13       get a chance to see her that day.

14  Q.   Allowed by who?

15  A.   By -- you know, there are nursing home  
16       requirements that we have to follow as to when  
17       we should see patients.

18  Q.   What requirement is it that says you have to see  
19       her within 24 hours?

20  A.   State. State requirement.

21  Q.   Do you have a number or a citation?

22  A.   Excuse me. What number?

23  Q.   You said it's a state requirement. Is it a  
24       statute? Is it a rule? Is it a regulation?

25  A.   There are some rules and regulations that are

1 put forth by the state, Medicare system, the  
2 Ohio Medicaid system and so forth. Rules and  
3 regulations governing the nursing homes.

4 Q. Well, which one says you have to see the patient  
5 within 24 hours?

6 A. Can you say that again, please?

7 Q. Sure. Which requirement says that you have to  
8 see a patient within 24 hours as opposed to,  
9 let's say within an hour of admission or, you  
10 know, two hours or six hours, or seven days?

11 A. I cannot quote you the exact regulation, but I  
12 know that patients who are in skilled care  
13 facilities should be seen within 24 hours and  
14 patients who require only intermediate care can  
15 be seen after that period of time, but I cannot  
16 quote you the exact regulation.

17 Q. When did you first see her? You said the 12th.

18 A. That's right.

19 Q. What time?

20 A. In the evening of the 12th.

21 Q. I'm sorry. After?

22 A. In the evening of the 12th, around 9:30 p.m.

23 Q. What time was she admitted on the 11th?

24 A. 10 a.m.

25 Q. Had any other physician seen her between the

1 11th and the 12th?

2 A. Yes. I sent her -- I sent her to the emergency  
3 room of Parma Community Hospital on the 12th.

4 Q. Before you ever saw her?

5 A. That's correct.

6 Q. And why was that?

7 A. I was notified by the nurses on the night that  
8 she was admitted that she had vomiting.

9 Q. Well, was there anything special about the  
10 vomiting?

11 A. The vomiting was coffee ground emesis.

12 Q. And that indicates, what, blood?

13 A. Yes. I was concerned that she had blood in the  
14 stomach.

15 Q. And she was in fact taken to the emergency room  
16 of Parma?

17 A. That's correct.

18 Q. And did you speak to the emergency room  
19 physician there?

20 A. I did not speak to the emergency room physician.

21 Q. Why not?

22 A. I requested the nurse to notify the emergency  
23 room and tell them of the symptoms that we were  
24 concerned about.

25 Q. She was sent right back, wasn't she?

1 A. That's correct.

2 Q. Well, did you talk to the doct  
3 sent her back?

4 A. No, I did not talk to the doctors.

5 Q. Did you determine what was done for her th

6 A. I don't know all the details of the tests that  
7 were done there, no.

8 Q. Do you know if any tests were done?

9 A. I don't know the specific tests that were done.

10 Q. Well, did you get anything back from the  
11 emergency room as to --

12 A. The only information we got, that they did not  
13 give any new orders and that they didn't find  
14 anything that would make them keep her at the  
15 hospital.

16 Q. Who told you that?

17 A. The nurse who was working that evening when she  
18 returned to the nursing home.

19 Q. And who was that?

20 A. I think this is Ms. Fiola.

21 Q. Is she still there?

22 A. I don't think so.

23 Q. F I O L A?

24 A. I think so, yes.

25 Q. And she was a nurse?

1 A. Uh-huh. Yes.

2 Q. And her job was what?

3 A. She was the nurse assigned in that unit, I would  
4 think.

5 Q. What unit?

6 A. In the unit where Mrs. Schultz was, which was on  
7 the south side.

8 Q. That's the name of the unit, the south side?

9 A. The south.

10 Q. So when is the first time you saw her, I'm  
11 sorry? At 9:30 on the 12th?

12 A. Around that time on the 12th, because I wrote  
13 orders at that time.

14 Q. I'm sorry. Because you?

15 A. I wrote orders at that time, so I probably saw  
16 her a few minutes before then.

17 Q. Well, did you do a physical --

18 A. Yes, I did.

19 Q. -- or some kind of analysis?

20 A. Yes.

21 Q. And that's set forth where, doctor?

22 A. I did that admission history. That's the one,  
23 yes.

24 Q. Why is there a 4/11/88 in ink?

25 A. I just -- I put that there to remind me when I

1           did it.

2   Q.   That's not when you did it.

3   A.   No, the date of admission.   Excuse me.   To  
4       remind me when the date of admission was,  
5       because I didn't put it in on the day I saw her.

6   Q.   When did you write that in there?

7   A.   I just put that in not too long ago, just to  
8       tell me when she was admitted.

9   Q.   Don't the other records tell you that?

10  A.   Pardon me?   The records in the hospital do not  
11       indicate that.   I mean in the nursing home.  
12       Excuse me.

13  Q.   They don't tell you when she was admitted?

14  A.   They did not tell me in here, so for my own  
15       information, I put this in.   I didn't know we  
16       were going to look into it.

17  Q.   Did you write anything else in this chart?

18  A.   No.

19  Q.   Doctor, if I look at this history and physical  
20       record all the way down to the part that says  
21       exam, which is, what, three sentences up from  
22       the bottom, that's all history as opposed to  
23       physical.   Would I be correct in that?   In other  
24       words, that's information that you would have  
25       gotten from the record somewhere as opposed to



1 as a result of examining her; correct?

2 A This is all history, yes

3 Q Then three lines up from the bottom, it's got  
4 exam; right?

5 A. Uh-huh.

6 Q. And that would be your examination?

7 A. That's correct.

8 Q. In part of your history, the second to last  
9 paragraph, you refer to the incident that  
10 occurred that day, or I guess it was the night  
11 before; right?

12 A. Yes.

13 Q. The coffee ground emesis.

14 A. That's correct. Early that morning.

15 Q. It was that morning?

16 A. Yes.

17 Q. Could you read that for me. She had emesis of  
18 coffee ground?

19 A. Material early this morning. Stools were also  
20 positive for blood, hemoccult, parentheses.  
21 Associated with 20,000 plus leucocytosis. She  
22 ascribes upset stomach to Klatrix, Klotrix. Was  
23 seen at the emergency room at Parma Hospital  
24 today and sent back to this facility.

25 Q. All right. Positive blood, that is, a hemoccult

1       that shows positive is indicative of what, blood  
2       in the stool?

3   A    That's correct.

4   Q    And coffee ground emesis is indicative of blood  
5       where?

6   A    In the stomach.

7   Q    And it says 20,000 plus leucocyte -- what is  
8       that word?

9   A    Leucocytosis.

10  Q    Cytosis.

11               What's leucocytosis, doctor?

12  A    The white blood cells in the peripheral blood  
13       are elevated.

14  Q    And is that an indication of infection?

15  A    It may be an indication of infection, yes.

16  Q    And 20,000 plus is referring to the white blood  
17       cells?

18  A    That's right.

19  Q    Is that elevated?

20  A    That's elevated, yes.

21  Q    If you would continue reading your history and  
22       physical, and I apologize, doctor, the copy I  
23       have just isn't that good, so I'll ask you if  
24       you can read it for me.

25  A    Which do you want?

1 Q. Well, starting on the back of that page.

2 A. Oh, you want me to read the physical  
3 examination?

4 Q. Please. Yes.

5 A. Skin is atrophic, has multiple ecchymosis,  
6 forearms and hands. Right suboccipital  
7 craniotomy defect. Has right peripheral facial  
8 weakness with incomplete closure of the right  
9 eye. Wears upper dentures. Has no elevation of  
10 the jugular venous pressure. The lungs,  
11 diminished breath sounds in the right base.  
12 Heart: Regular sinus rhythm with occasional  
13 extra beats. Loud systolic murmur entire  
14 precordium. Loudest apex.

15 Abdomen: Protuberant with prominent striae  
16 that are reddish. Has positive fluid wave and  
17 shifting dullness. Has Grade 3 pitting edema,  
18 legs. Surgical scar in the right  
19 transmetatarsal area.

20 Neuro exam: Alert. Deaf right. Has right  
21 facial weakness, peripheral. Has mild right  
22 hemiparesis. Open parenthesis, grip weaker  
23 right, close parenthesis. No decubiti.

24 Q. Doctor, what was the significance to you of the  
25 decreased breath sounds in the right base of the

1           lungs?

2   A.   Decreased breath sounds might mean that there is  
3       something blocking the transmission of sound,  
4       like if there is fluid there.

5   Q.   And pneumonia?

6   A.   Not necessarily.   Could be pneumonia, but mostly  
7       when there is diminished breath sounds, it's  
8       more if there is fluid.

9   Q.   What was the significance to you of the  
10       observation that you made of the abdomen,  
11       protuberant with prominent striae?

12   A.   That this is part of the picture that there is  
13       fluid in the abdomen, and the abdominal wall is  
14       distended, because of the fluid.

15   Q.   Well, is striae an indication of infection?

16   A.   No.

17   Q.   It's not?

18   A.   No.   I think it -- I don't think so.   Striae are  
19       stretch marks.

20   Q.   What was the fluid that she had in her abdomen?

21   A.   What was the fluid?

22   Q.   Yes.   Blood, for example?

23   A.   The fluid in the abdomen, just talking about  
24       fluid in the abdomen, can be any fluid.

25   Q.   Including blood?

a A. It could be blood.

2 Q. All right. You made a diagnosis, doctor?

3 A. I made a diagnosis of what?

4 Q. No. I mean, the next thing you put is  
5 diagnosis; right?

6 A. Yes, I made a diagnosis.

7 Q. What was the diagnosis?

8 A. You want me to read all the diagnoses?

9 Q. Was this your diagnosis or was it a history of  
10 the --

11 A. Well, these are all the diagnoses that I was  
12 able to make out after doing the history and  
13 physical examination.

14 Q. Fine. What was the diagnosis for this lady?

15 A. Diagnosis No. 1: History of pancytopenia,  
16 likely secondary to bone marrow depression,  
17 probably secondary to methotrexate associated  
18 with generalized weakness. Treated with  
19 multiple blood and platelet transfusion.

20 No. 2. History of epistaxis, secondary to  
21 thrombocytopenia.

22 No. 3. History of right lower lobe  
23 pneumonia with effusion.

24 No. 4. Ascites and leg edema. Etiology,  
25 not known. Probably early congestive heart

1 failure or decreased proteins.

2 No. 5. Chronic mild renal failure.

3 No. 6. History of hypertension.

4 No. 7. History of hiatus hernia with  
5 probable gastritis.

6 No. 8. Rheumatoid arthritis.

7 No. 9. Remote right suboccipital  
8 craniotomy for acoustic neuroma with residual  
9 right deafness, right peripheral facial weakness  
10 and mild right hemiparesis.

11 No. 10. Hematemesis this a.m. probably  
12 secondary to gastritis.

13 No. 11. Remote appendectomy, hysterectomy.

14 Q Would you read 10 there for me again, please?

15 A "Hematemesis this a.m., probably secondary to  
16 gastritis."

17 Q What is that, I'm sorry?

18 A Hematemesis.

19 Q Mesis. What is that?

20 A Is vomiting with blood, or blood in the vomitus.

21 Q And you said that that was probably secondary to  
22 gastritis?

23 A I said probably secondary to gastritis.

24 Q Why did you say that, doctor?

25 Why did I say it?

1 Q. Yes, ma'am.

2 A. I said it because I thought that was the  
3 probable cause of the vomiting.

4 Q. Does gastritis cause vomiting with blood?

5 A. The brownish emesis, yes, it could.

6 Q. How about blood? Is that due to gastritis?

7 A. Excuse me?

8 Q. Is coffee ground emesis blood in the vomit?

9 A. Yes.

10 Q. And is that caused by gastritis, ma'am?

11 A. It can be caused by gastritis, yes.

12 Q. What test did you do to determine whether it was  
13 gastritis or whether this lady was bleeding to  
14 death?

15 A. I did not do any further testing, because I --  
16 that's why I sent her to the emergency room for  
17 evaluation, to find out what indeed there might  
18 have been.

19 Q. What was their evaluation?

20 A. They sent her back and didn't find anything, and  
21 they sent her back with no new orders, so....

22 Q. So, what?

23 A. So I -- I think if they didn't find anything  
24 acute, then they sent her back. And so then I  
25 took -- I continued to take care of her at the

I nursing home.

2 Q. Let me see if I understand. You made your  
3 diagnosis based upon the assumption that they  
4 didn't find anything? Is that what you're  
5 saying?

6 A. I made my clinical diagnosis, yes, based on what  
7 I found in her clinical condition, and also that  
8 they did not find anything that concerned them  
9 to keep her at the emergency room.

10 Q. So that you're telling me that if, in fact, the  
11 vomiting would have been due to something other  
12 than gastritis, you would have expected them to  
13 keep her?

14 A. I would think so, yes.

15 Q. All right. What about the pneumonia? I mean,  
16 as No. 3 you put history of right lower lobe  
17 pneumonia with effusion; is that correct?

18 A. That's correct.

19 Q. Once again you were doing this by history? This  
20 was a history of a past diagnosis, or this was a  
21 present diagnosis? Which was it?

22 A. Of a past diagnosis. Because I know that she  
23 had it there and she was treated and improved,  
24 and was sent for custodial intermediate care at  
25 the nursing home.



1 Q. You're saying that because of the x-ray report  
2 that you received?

3 A. Not only because of the x-ray report but because  
4 of the diagnosis that they put in --

5 Q. In the chart?

6 A. Yes. History of pneumonia.

7 Right lower lobe pneumonia with effusion.

8 Q. Well, I'm confused. Where does that say that  
9 it's better?

10 A. Where does it?

11 Okay. I think -- it doesn't say that it is  
12 better there, but clinically she did not appear  
13 to have pneumonia. She was not in any  
14 respiratory distress. She didn't have fever.  
15 And because they treated her for that with  
16 antibiotics, then they felt, I am sure, that she  
17 was much better from that, so they transferred  
18 her to a nursing home.

19 Q. The x-ray report that you had when you first saw  
20 her, was that at all significant to you?

21 A. Was it significant to me? Well, it's still  
22 significant to me, but I have to correlate that  
23 to what I see from clinical.

24 Q. Well, why was it significant, doctor?

25 A. Well, it was on 4/4, she had the pneumonia

1           there.

2   Q.   Well, did you do a chest x-ray?

3   A.   I didn't do a chest x-ray when she came in.

4   Q.   Your physical examination of her lungs was  
5       consistent with the existence of pneumonia; is  
6       that right?

7   A.   That does not necessarily mean pneumonia,  
8       because if she -- it could be part of the  
9       ascites, fluid.

10  Q.   The what?

11  A.   The ascites.

12  Q.   Ascites. Could you spell that for me?

13  A.   A S C I T I S.

14  Q.   What's that?

15  A.   The fluid in the belly.

16  Q.   A S C I T I S?

17  A.   Yes.

18  Q.   That's fluid in the belly?

19  A.   Fluid in the abdominal cavity, yes.

20  Q.   And that would be a reason for diminished breath  
21       sounds in the lungs?

22  A.   Diminished breath sounds in the lungs mean that  
23       there is -- could be fluid in the lung.

24  Q.   You just told me that you were talking about  
25       fluid in the belly.

1 A. But there might be a relationship between that  
2 and the ascites, or it could still be the  
3 pneumonia and the fluid in the lung.

4 Q. Did you treat her for pneumonia?

5 A. No.

6 Q. What did she die of?

7 MR. GROEDEL: Objection. Go  
8 ahead.

9 A. I don't know what she died of specifically.

10 Q. Well, you got the autopsy report, didn't you?

11 A. That's right.

12 Q. We've marked that as Exhibit 3.

13 Did you review it?

14 A. I did.

15 Q. Did she have pneumonia?

16 A. According to the autopsy, there was pneumonia.

17 Q. When did she get that?

18 A. I don't think she got it at Royal View.

19 Q. Well, she didn't get it after Royal View, did  
20 she? She was dead when she left Royal View.

21 A. That's right.

22 Q. Yes.

23 A. However, there were no clinical evidences to  
24 indicate that she was sick from a respiratory  
25 problem at Royal View.

1 Q. Then what did she die from?

2 MR. GROEDEL: Objection. Go  
3 ahead.

4 A. I have --

5 MR. GROEDEL: She told you she  
6 didn't know.

7 THE WITNESS: I don't know.

8 Q. Was she septic?

9 A. There was no clinical evidence that she was  
10 septic.

11 Q. How about laboratory evidence?

12 A. There is no laboratory evidence that she was  
13 septic.

14 Q. Was there laboratory evidence that she wasn't  
15 septic?

16 A. There was no laboratory evidence to say she was  
17 septic. There was no laboratory investigation  
18 to say that she was septic.

19 Q. Didn't you order CBCs?

20 A. I did.

21 Q. And were they done?

22 A. They were done.

23 Q. Where are the results?

24 A. In the laboratory test section.

25 Q. How many did you order?

- 1 A. 12, 13 -- of CBC?
- 2 Q. Well, what tests did you order? Let's do it
- 3 that way.
- 4 A. I ordered a CBC on 4/12. And her white count
- 5 was --
- 6 Q. First let's do all the tests that you ordered.
- 7 A. Okay.
- 8 Q. You ordered a CBC on 4/12. Any others?
- 9 A. CBC. Just a second.
- 10 Q. Well, any tests.
- 11 A. Okay. I ordered a CBC in the a.m. of 4/12.
- 12 Q. Okay. Was that done?
- 13 A. It was done.
- 14 Q. All right. Any other tests?
- 15 A. And on 4/12, in the evening, I ordered SMA-23
- 16 and urine analysis.
- 17 Q. Did you order a CBC in the a.m., also?
- 18 A. Yes, a CBC in the a.m. of the 13th. Yes.
- 19 Q. All right. And were those done?
- 20 A. They were done.
- 21 Q. Any other tests?
- 22 A. And 4/13, I ordered that the CBC and platelets
- 23 be repeated on Monday, 4/18. Those were --
- 24 Q. What day of the week was April 13th?
- 25 A. 13th -- 11th was Monday, so that was Wednesday.

a Q. So that you wanted it repeated the following  
2 Monday?

3 A. That's right.

4 Q. Okay. Why don't we go to the test results if we  
5 can, doctor. The actual lab results.

6 How was the CBC that was done on the 12th?

7 The white count was elevated, was it not?

8 A. Yes, 20,000.

9 Q. What's normal?

10 A. 4.8 to 10.8.

11 Q. Okay. How about on the 13th, what was her white  
12 blood count?

13 A. 15,200.

14 Q. Elevated?

15 A. Yes. The same normal.

16 Q. I beg your pardon?

17 A. The same normal value.

18 Q. Yes. But her value was not normal?

19 A. That's correct.

20 Q. It was abnormal?

21 A. Those are both high.

22 Q. Were you treating her for that?

23 A. No.

24 Q. Why not?

25 A. Because there was no clinical evidence that

1           there was any infection that I could treat.

2   Q.   Any of the other values abnormal, doctor?

3   A.   Yes.

4   Q.   Which ones?

5   A.   The hemoglobin was 11.5.

6   Q.   Is that abnormal?

7   A.   The normal listed here is 13.9 to 16 point -- I  
8       think 16.3.

9   Q.   And it was 11.5 on April 12th; right?

10   A.   That's right.

11   Q.   How was it on the 13th?

12   A.   10.0.

13   Q.   So it was lower?

14   A.   Lower.

15   Q.   Is that good?

16   A.   Well, it's not normal.

17   Q.   Does that reflect a loss of blood somewhere?

18   A.   It's a reflection that there is a slight drop.

19   Q.   A slight drop?

20   A.   Uh-huh.

21   Q.   Just a little bit of a drop, huh?

22   A.   Uh-huh.

23   Q.   Where did the blood go?

24   A.   I have -- I don't know where the blood went.   I  
25       can -- I don't know where the blood went.

1 Q. You can what? You were going to explain that  
2 number, is that what you were going to do?

3 A. I don't know where the blood went.

4 Q. What was the reason it was abnormal?

5 A. It was abnormal that warranted a follow-up, but  
6 I didn't know where it could have been coming  
7 from. There was no clinical indication that she  
8 was changing in her clinical status.

9 Q. How was the differential?

10 A. Differential done on the 12th. 82 segs and 4  
11 unsegmented neutrophils. 13 percent lymphocytes  
12 and 1 percent monos.

13 Q. What does that mean?

14 A. What does it mean? Okay.

15 That the segmenters are elevated but the  
16 unsegmented are really not that elevated and,  
17 therefore, this is not a true shift which is --  
18 if there is a significant shift to the left, you  
19 see that with infection.

20 Q. I'm sorry. You're saying that the elevation in  
21 the segmented is not important?

22 A. Unsegmented. It is important, but if the  
23 unsegmented are also quite elevated, you would  
24 think that there is -- that there may be a  
25 significant infection.



1 Q. So this was an insignificant infection?

2 MR. GROEDEL: Objection. Go  
3 ahead.

4 A. It probably -- it probably was not, because I  
5 don't think that the white cell alone is what  
6 you use when you -- you correlate the laboratory  
7 with what you see clinically, and I want to  
8 emphasize that the patient did not look ill at  
9 the time I saw her.

10 Q. Was this based upon your vast knowledge of the  
11 patient, how she looked before April 12th?

12 A. No, this is based on what I found when I saw  
13 her, when I examined her.

14 Q. Was the hematocrit normal?

15 A. The hematocrit is not normal.

16 Q. What was wrong with the hematocrit?

17 A. The hematocrit is low.

18 Q. What was the differential on April 13th?

19 A. It was not done.

20 Q. Why not?

21 A. I did not order it that day. I didn't think it  
22 was needed at that point.

23 Q. Because she looked so good?

24 A. Clinically she really looked good.

25 Q. When did you make the order for the CBC to be

I           done on the 13th? Did you make that order on  
2           the 12th?

3   A.   On the 12th when I saw her.

4   Q.   When's the next time you saw her?

5   A.   I didn't see her any more after that.

6   Q.   Well, how do you know that she looked good on  
7           the 13th, doctor?

8   A.   How did I know?

9   Q.   Yes.

10   A.   Well, I didn't -- I'm saying she looked good  
11           when I saw her on the 12th, but I did not get  
12           any report that she changed that much from the  
13           nurses, and they were following her up,  
14           monitoring her at the nursing home.

15   Q.   So if I understand you correctly, you saw her on  
16           one occasion?

17   A.   That's true.

18   Q.   Were you back to the nursing home at all  
19           after --

20   A.   I was back in the nursing home, but I don't know  
23,           when I went back in April after I saw her. I  
22           don't remember.

23   Q.   Would there be a schedule that would reflect  
24           when you returned?

25   A.   There is no schedule, no.

1 Q. Did you send out a charge for your treatment for  
2 Mrs. Schultz?

3 A. I probably did, but I did not check that before  
4 I came here.

5 Q. Where would that be at, doctor?

6 A. I have to check it with my records. I'm sorry,  
7 I didn't check that.

8 Q. What records?

9 A. My billing record.

10 Q. Where are those kept?

11 A. At my house.

12 MR. KAMPINSKI: Can we get a copy  
13 of that?

14 MR. GROEDEL: Yes.

15 Q. Can I see your records from while she was in,  
16 doctor?

17 A. Sure.

18 Q. Doctor, the nurse's notes on April 13th, can you  
19 read those?

20 A. The ones --

21 MR. GROEDEL: I think he's  
22 referring to the one that's really light.

23 A. The one that is light?

24 Q. Yes.

25 A. Okay.

1 Q. Well, first of all let's start on the first  
2 April 13th one. It reflects various vital  
3 signs, does it not?

4 A. Yes, uh-huh.

5 Q. And then it says call doctor in a.m., something  
6 condition?

7 A. Okay. Okay. They qualified that. If there is  
8 increase in weight, to notify the doctor.

9 Q. Increase in weight?

10 A. Yes. Because that is reflected in the order  
11 sheet, if you will.

12 Q. Yes, I saw it.

13 A. Yes.

14 Q. What significance was there to you regarding an  
15 increase in weight to this lady?

16 A. Because of her edema in the legs and the  
17 ascites.

18 Q. So you wanted to know if her weight increased?

19 A. That's correct. Because....

20 Q. Because why?

21 A. Well, increasing weight may mean increasing  
22 fluid and, therefore, if there is increasing  
23 fluid, that would probably need more testing.

24 Q. And then she said that she reported the CBC to  
25 you; right?

1 A. Uh-huh.

2 Q. And you ordered the CBC and platelets on Monday,  
3 to be done on Monday?

4 A. That's correct.

5 Q. Okay. Can you read the next entry?

6 A. The best I can see, it says vital signs, and the  
7 blood pressure there I think it looks like it's  
8 one four something over something, and the pulse  
9 is 84, something like that, 8; respirations 26,  
10 temperature 98.

11 And it says here, no --

12 MR. GROEDEL: If you can't read it,  
13 doctor, I don't want you to guess.

14 A. I can't read that.

15 MR. KAMPINSKI: Bob, do you have  
16 one that's readable?

17 MR. HURT: The copy that I have is  
18 probably worse than what she's reading off. I  
19 can't read it, either.

20 MR. KAMPINSKI: All right.

21 MR. GROEDEL: I don't want you to  
22 guess at it. Eventually we'll look at the  
23 original and we'll find out what it says.

24 Q. Okay. No something, this shift. That could be  
25 C/O? C/O, no complaints?

1 A. Probably, no complaints. This shift. No  
2 complaints this shift.

3 Q. And then something doctor, or, no -- well, can  
4 you tell what that is?

5 A. Ate fair.

6 Q. Fair?

7 A. Uh-huh.

8 Q. And then the next line, can you tell what that  
9 is?

10 A. I really cannot make it out.

11 Q. Patient, something about complains of upset  
12 stomach, and chest? Is that what that says?

13 A. No chest discomfort maybe? Zero and a line  
14 above it.

15 Q. Okay. Before that, though, does it say  
16 something about complaints, upset --

17 A. Upset stomach.

18 Q. Uh-huh.

19 Were you told of that, on the 13th?

20 A. I don't know what that really means. Is it  
21 complaining of upset stomach, or no complaint of  
22 stomach upset? I can only -- yes, excuse me.

23 Q. Who's P. Bryant that has a number after her  
24 name, 017297, although up above she says  
25 017279: Who is that?

1 A. I don't know. She's a nurse, but I don't know

2 Q. She's a nurse? Or is she just a number?

3 MR. GROEDEL: Objection.

4 Q. If you know why somebody would put a number  
5 after their name.

6 A. I don't know.

7 Q. Do you know if she's still there?

8 A. I don't know if she's still there.

9 Q And is that Bryant, or can you tell?

10 A I cannot tell.

11 MR. KAMPINSKI: Do you know who  
12 that is, Bob?

13 MR. HURT: No, I don't.

14 Q Okay. The next entry is April 18th, 1988?

15 MR. GROEDEL: No.

16 Q Sure it is. I beg your pardon, it says April  
17 18th.

18 MR. GROEDEL: Well, it might.

19 Q Well, I mean, that's not humorous if in fact  
20 somebody went and put the next entry in April  
21 18th and then somebody came along after that and  
22 put in the other entries. That wouldn't be  
23 funny, would it, doctor?

24 MR. GROEDEL: Well, objection. I  
25 don't think the doctor thinks it's funny.

1 Q. Well, what's the date of the next entry?

2 A. 4/14.

3 Q. I beg your pardon?

4 A. 4/14.

5 Q. It's 4/18, doctor.

6 A. I know. I see that.

7 MR. GROEDEL: Well, is that your  
8 handwriting?

9 THE WITNESS: No. This is the  
10 nurse's notes.

11 Q. And it's written by this person again, this P,  
12 it starts with a B, only this time her number is  
13 017297; right?

14 You have to answer verbally, doctor.

15 A. This is what the numbers indicate, yes.

16 Q. And was she a pretty good observer as to the  
17 condition of Mrs. Schultz?

18 MR. GROEDEL: Objection.

19 Q. Can she tell?

20 MR. GROEDEL: Go ahead. You can  
21 answer that, if you can.

22 Q. Well --

23 A. I don't know.

24 Q. Did she ever call you and tell you what her  
25 condition was?



1 A. I don't think so.

2 Q. She complained of heartburn in that note?

3 A. That's what the note says, yes.

4 Q. And what else does it say?

5 A. Medicated with Gelusil per order.

6 Q. Per whose order?

7 A. It means per order, doctor's order, which is in  
8 the order sheet.

9 Q. What's Gelusil?

10 A. It's an antacid.

11 Q. And is that what you told them to give her?

12 MR. GROEDEL: Objection. When?

13 MR KAMPINSKI: Anytime. You know,  
14 I don't know

15 MR GROEDEL: Is it a standing  
16 order or....?

17 THE WITNESS: I think so, yes. But  
18 let me check for sure.

19 May I borrow the records?

20 Q. Oh. I'm sorry.

21 A. Thank you.

22 Yes, there is a Gelusil order of one every  
23 four hours, PRN for stomach upset.

24 Q. Where is that?

25 A. On the order sheet.

1 Q. This is the order sheet that you're referring to  
2 (indicating)?

3 A. That's correct.

4 Q. What's this page that says Physician's Order  
5 Sheet and Progress Notes? Is that something  
6 different?

7 A. This is the one (indicating).

8 This is where the orders are written.

9 Q. Oh, I see. That's also physician's orders?

10 A. That's correct.

11 Q. And then this physician's order sheet and  
12 progress notes, is that something different?  
13 Why is it two different forms?

14 A. This is their standard form.

15 Q. Well, wait a minute, doctor. This initial form,  
16 what physician ordered those?

17 A. I did.

18 Q. You did?

19 You didn't even see her until a day and a  
20 half after this was written.

21 A. That's true.

22 No, these were done on admission, 4/11.

23 Q. Yes. And you weren't even there.

24 A. I know.

25 Q. Who's D. Decker, is that a nurse?

1 A. It's a nurse.

2 Q. So she was giving orders for Mrs. Schultz?

3 A. The standard procedure in nursing homes is that  
4 when the patients come in and they have --  
5 that's why they have this patient transfer form,  
6 so that we know what the diagnoses are and what  
7 the treatments are, so we continue the  
8 treatments that are being given until they are  
9 seen so there will not be any break in the  
10 continuity of treatment, unless there is  
11 something I see that I may -- that I think  
12 should not be given, then I do not give it.

13 Q. All right. You wrote your orders when you were  
14 in on the 12th; right?

15 A. That's correct.

16 Q. And it's got 1A. Is that 1 a.m.?

17 A. This is 4/12, 1 a.m., yes.

18 Q. You still hadn't seen her.

19 A. No. They called me at that time.

20 Q. Okay.

21 A. And told me what happened. And so based on the  
22 symptoms, I ordered those.

23 Q. Okay. And in the morning you ordered her  
24 transferred to Parma; right?

25 A. That's correct.

1 Q. All right. And then you actually  
2 night at 9:35 where you gave s  
3 right?  
4 A. That's correct.  
5 Q. She has to have NAS in diet. That's salt.  
6 A. No added salt in the diet.  
7 Q. I'm sorry, no added salt?  
8 A. Uh-huh.  
9 Q. Oh, okay. And then an increase in Lasix; right?  
10 A. That's correct.  
11 Q. And weigh q week.  
12 A. Uh-huh.  
13 Q. What's q week?  
14 A. Every week.  
15 Q. Oh. So you didn't really expect an increase in  
16 weight, then, over the next day or so? This is  
17 something you wanted checked weekly?  
18 A. There isn't really a lot of monitoring in the  
19 nursing home because this is a nursing home  
20 practice, this is not hospital or intensive  
21 care. So this is what I felt was needed at the  
22 time I saw her.  
23 Q. Did you order any medication?  
24 A. I did not order any more medication when I saw  
25 her except for the Lasix.

1 Q. All right. Did you go back and sign the other  
2 orders, that is, the ones that were given on  
3 admission?

4 A. Yes, I signed them.

5 Q. When did you sign those?

6 A. The ones on admission, although I didn't write  
7 the date, I probably signed them on the day I --  
8 the evening I came. And all these orders above  
9 that.

10 Q. Yes. Where it says "physician must sign after  
11 reviewing above"?

12 A. That's correct.

13 Q. It's got no date where it says "physician's  
14 signature and date"?

15 A. I know.

16 Q. So you don't know when you signed that, do you?

17 MR. GROEDEL: Objection. She's  
18 told you when she signed it.

19 Q. All right. I don't know when you signed it  
20 because you didn't put down the date; right?

21 A. I didn't put down the date, but since I saw her  
22 on the 12th, I usually sign them when I come in.

23 Q. Who's D. Decker?

24 A. She's one of the nurses at the --

25 Q. Is she still there?

1 A. I don't know.

2 Q. The next note was written by D. Decker; is that  
3 correct?

4 A. What date?

5 MR GROEDEL Are you looking at  
6 the nurse's notes again?

7 MR. KAMPINSKI: Yes.

8 Q. Apparently the next date after the 18th that she  
9 was seen was the 14th.

10 MR. GROEDEL: Objection.

11 A. Excuse me just one second.

12 Q. I'm just reading the record.

13 THE WITNESS: Is this mine?

14 MR. GROEDEL: This is yours.

15 A. Yes. Excuse me.

16 Yes, 4/14?

17 Q. Yes.

18 A. Yes.

19 Q. That's the next note; right?

20 A. Yes.

21 Q. What's that say?

22 A. Resident --

23 Q. Resident?

24 A. Excuse me.

25 Q. Referring to Mrs. Schultz?

- 1 A. Yes.
- 2 Q. Okay.
- 3 A. Or refused. Excuse me. Refused a.m. meds due  
4 to upset stomach. Took lunch well and afternoon  
5 meds. Up and about in room. 110 over 60, 74,  
6 and 20 and this refers to the blood pressure,  
7 pulse and respirations.
- 8 Q. What time was that?
- 9 A. There is no time written.
- 10 Q. What's the next entry?
- 11 A. 4/14/88. No complaint this shift. Vital signs  
12 stable. 110 over 60. 72, 20. 98 degrees.
- 13 Q. Who wrote that note?
- 14 A. There is no name.
- 15 Q. What time was that?
- 16 A. It doesn't say.
- 17 Q. And then the next note is the 15th at 8:30 in  
18 the morning?
- 19 A. That's right.
- 20 Q. When she wasn't breathing; right?
- 21 A. Uh-huh.
- 22 Q. And 8:35 it says, "Dr. Patawaran responded to  
23 call"; is that true?
- 24 A. That's correct.
- 25 Q. You came to the nursing home?

1 A. I don't think I did. I don't remember whether I  
2 did or not.

3 Q. Well, I mean, why does it say that?

4 A. They called me on the telephone, so I answered  
5 back via telephone. But I don't remember if I  
6 went after I pronounced her. I probably did,  
7 but I cannot really remember.

8 Q. You pronounced her over the phone?

9 A. Yes.

20 Q. Doctor, you also indicated that you had ordered  
11 some SMA-12s; right?

12 A. Yes. I ordered SMA-23.

13 Q. I'm sorry, SMA-23?

14 A. Uh-huh.

15 Q. What's that?

26 A. Okay. The SMA, the tests that were done are --  
17 that was on -- I ordered those on the 12th, so  
18 they should be on the 13th.

19 Okay. Glucose. Do you want all of them?

20 Q. Well, how many SMAs were done, two? The 12th  
21 and the 13th?

22 A. 7. There was one 7, SMA-7 that was done on --  
23 oh, no, it wasn't done.

24 SMA-23.

25 Q. Well, wait a minute. Was one done on the 12th,



1 doctor?

2 A. On the 12th is an SMA-7.

3 Q. And what's that?

4 A. Glucose, chloride, BUN, sodium, potassium, CO2  
5 and creatinine.

6 Q. The number just refers to the number of tests  
7 done on that?

8 A. Seven, right. Seven tests.

9 Q. I see. Any of them abnormal?

10 A. The creatinine is slightly up, which is 1.8, and  
11 the BUN 29, both slightly elevated. And  
12 everything else are normal.

13 Q. And does that help you at all in terms of trying  
14 to diagnose her problem?

15 A. It just tells me that there is a very mild renal  
16 failure, which is probably -- which is probably  
17 normal for her age, because with increasing age,  
18 this creatinine goes up a little bit. So it's  
19 just a very mild renal condition.

20 Q. All right. And you ordered an SMA-23 for the  
21 next day?

22 A. That's correct.

23 Q. And was there anything abnormal about the test  
24 results of that?

25 A. Yes.

1 Q. What was that, doctor?

2 A. The BUN was still up.

3 Q. Okay.

4 A. Which is 30, which is really not that much  
5 different from the previous day. The CO2 as  
6 indicated there is very slightly down, one  
7 point. And then the cholesterol is 131. The  
8 total proteins 5.3. Calcium is slightly down at  
9 8. Creatinine 1.8. Albumin 2.2.

10 And then the CPK 34, LDH -- excuse me, you  
11 were asking the abnormal. The LDH, 431.

12 Q. Was the albumin or the LDH at all significant to  
13 you?

14 A. The LDH is significant, it's elevated.

15 Q. What does that mean?

16 A. This is a very nonspecific test, it means tissue  
17 damage, and it's just slightly elevated compared  
18 to what it was when she was at the hospital,  
19 because at the hospital one of the reports there  
20 showed it was, I think, 330 something.

21 Q. This is 431.

22 A. I know. This is a very nonspecific test, and  
23 the other important tests I thought were normal,  
24 like the alkaline phosphatase, the GGT, these  
25 are very, very important liver enzymes.

1 Q. How about the albumin?

2 A. The albumin, 2.2? Again, in someone who has  
3 been chronically ill, like chronically, you  
4 know, she was sick for a while before coming in,  
5 this is not really that specific. You know, it  
6 can mean a little nutrition problem, it can mean  
7 liver problem. But it does not mean active  
8 disease, like the enzymes, if they are elevated,  
9 like the alkaline phosphatase.

10 Q. Were there other tests done, unlisted  
11 procedures?

12 A. The globulin and the A/G ratio, the globulins  
13 are normal. The A/G ratio is not normal because  
14 the albumin are a little low.

15 Q. What's the A/G ratio?

16 A. The albumin and globulin ratio.

17 Q. What does that tell you?

18 A. I think it just reflects that the albumin are a  
19 little bit lower.

20 Q. Well, what's globulin?

21 A. That's another component of proteins.

22 Q. In the blood?

23 A. Uh-huh.

24 Q. And that was decreased level?

25 A. The globulins are normal. It's the albumin that

1       are slightly low.

2   Q.   Where do you see the globulin?

3   A.   Unlisted procedure?

4   Q.   Yes.

5   A.   The globulin -- what do you mean?   Excuse me.

6   Q.   You said the globulin was normal but the albumin  
7       was low.

8   A.   That's correct.

9   Q.   Where do you see the globulin?

10  A.   The globulin is here, 3.1.

11  Q.   Oh, I'm sorry.   I see.   But it's the ratio  
12       that's inappropriate?

13  A.   Because of the albumin being low.

14  Q.   When did you get the discharge summary from  
15       Parma General Hospital?

16  A.   The discharge summary?

17  Q.   Yes, ma'am.   For the April 11th.

18  A.   I don't know when it came to Royal View.   I'm  
19       sorry, I don't know when.

20  Q.   You certainly didn't have it before she died?

21  A.   No.

22  Q.   Did you have any discussions with Dr. Go after  
23       Mrs. Schultz died?

24  A.   No, I did not.

25  Q.   None at all?

1 A. No.

2 Q. How about Dr. Ramos?

3 A. No.

4 Q. How about Dr. Cowan?

5 A. No.

6 Q. How about any other physician?

7 A. No.

8 Q. Did you have any discussions with the nurses or  
9 people who were watching Mrs. Schultz after she  
10 died as to what her condition was prior to her  
11 death?

12 A. I didn't have any further discussions with them,  
13 no.

14 Q. Doctor, if, in fact -- I'll withdraw that.

15 Was she on antibiotic therapy while she was  
16 at the nursing home?

17 A. No.

18 Q. Why not?

19 A. She did not appear to need antibiotics.

20 Q. Did she come to the nursing home on antibiotics?

21 A. No. Just an ophthalmic ointment which was an  
22 antibiotic ointment. That was in the transfer  
23 form. But her eyes were fine, so I did not  
24 continue it. There was no evidence of  
25 inflammation at the nursing home.

1           And when she came to me -- and when I  
2           examined her that evening, she said to me she  
3           was feeling 100 percent better, which I  
4           indicated in my note when I saw her.

5   Q.   So there really was no reason for you to even be  
6       there, I mean, if she could diagnose herself?

7                   MR. GROEDEL:  Objection.

8   Q.   Right?

9                   MR. GROEDEL:  You don't need to  
10       answer that, doctor.

11   Q.   What kind of -- off the record just for a  
12       second.

13                               - - - -

14                   (Thereupon, a discussion was had off  
15       the record.)

16                               - - - -

17   Q.   Go back on the record.  Do you know what your  
18       insurance coverage is, doctor?  You can have an  
19       objection.

20   A.   I cannot quote the right figure to you.  I don't  
21       know.

22   Q.   You don't know?

23   A.   I don't know the exact figure, no.

24   Q.   She did not come to the nursing home for  
25       purposes of being seen by you, did she?  In

1       other words, she was seen there because she was  
2       assigned to you?

3   A.   That's true.

4                   MR. KAMPINSKI:  I don't have any  
5       other questions.  Some of the other gentlemen  
6       may have some questions of you, doctor.

7                   MR. TERRY:  I don't have any.

8                   MR. HURT:  I only have a few, if  
9       you --

10                  MR. LINTON:  I just have a few,  
11       too.  It doesn't matter.

12                  MR. HURT:  Go ahead.

13                               -   -   -   -

14       CROSS-EXAMINATION OF CECILIA PATAWARAN, M.D.

15       BY MR. LINTON:

16   Q.   Doctor, good morning.  My name is Bob Linton,  
17       I'm here on behalf of Parma Hospital.

18               Do I understand it correctly that at the  
19       time you decided to have this patient sent back  
20       over to the Parma emergency room, you were yet  
21       to speak with her?

22   A.   I beg your pardon?

23   Q.   You had yet to speak with the patient?

24   A.   That's correct.

25   Q.   But it was your decision to send her to the

a emergency room?

2 A. That's true.

3 Q. And to select the Parma emergency room?

4 A. Yes.

5 Q. And what was your reason for that?

6 A. Because she just came from Parma Hospital.

7 Q. And if she, for instance, had come from  
8 Marymount Hospital, would you have then referred  
9 her to Marymount?

10 A. That's correct. Because the records are there  
11 and they would be easily accessible for  
12 comparison studies, comparison of, let's say  
13 laboratory data.

14 Q. At the time you referred her to Parma, were you  
15 aware that the emergency room was run by a  
16 separate corporation?

17 A. No.

18 Q. Was it your understanding then that the practice  
19 of most hospitals in Cleveland was to have an  
20 emergency room run by a separate corporation?

21 A. I don't know that.

22 Q. You didn't know one way or the other?

23 A. No.

24 I don't think --

25 MR. GROEDEL: It's all right.



1           You've answered the question.

2                   THE WITNESS:   Excuse me.

3   Q.   You've never had privileges at Parma Hospital?

4   A.   No.

5   Q.   Have you ever before sent any of your patients  
6       to Parma's emergency room?

7   A.   Yes.   Yes.

8   Q.   Do you know who it is that runs the emergency  
9       room at Parma Hospital?

10  A.   No.

11                   MR. LINTON:   Thank you, doctor.  
12       That's all I have.

13                   -   -   -   -

14       CROSS-EXAMINATION OF CECILIA PATAWARAN, M.D.

15       BY MR. HURT:

16  Q.   Doctor, I'm Robert Hurt, I represent the Royal  
17       View Manor.

18               Did I understand you to say that you did  
19       not have a written contract with Royal View  
20       Manor?

21  A.   I don't think there are contracts, no.   I didn't  
22       sign a contract.

23  Q.   Would you describe the nature of your working  
24       relationship with Royal View Manor.

25  A.   With Royal View?   That I am one of the staff

1       physicians --

2   Q.   What does that mean, doctor?

3   A.   Meaning that Royal View -- Royal View Manor has  
4       many physicians on the staff, but I think the  
5       only person with a contract is the medical  
6       director. And the rest of us do not have any  
7       contract in the sense that we write a  
8       contract -- I don't think I have a contract.  
9       It's just that I applied for privileges and I  
10      was accepted and, therefore, after they looked  
11      at my credentials, they decided I am qualified  
12      and capable of taking care of patients there  
13      and, therefore, they allowed me to take care of  
14      patients at the nursing home.

15   Q.   And if I understood you correctly, you do not  
16      receive any form of payment from Royal View  
17      Manor?

18   A.   No, not at all.

19   Q.   Is that correct, you don't get paid by Royal  
20      View Manor?

21   A.   No, no, not right now. There was one time when  
22      I was on the utilization committee, and there  
23      were committee meetings and they reimbursed the  
24      doctors there, like a nominal amount, that's  
25      all.

1 Q. That's just for your time you spent at the  
2 meeting?

3 A. At the meeting, yes.

4 Q. But other than that, you don't receive any form  
5 of payment for your services at Royal View Manor  
6 from Royal View Manor?

7 A. No.

8 Q. Is that correct?

9 A. That's correct.

10 Q. And in connection with your having privileges at  
11 Royal View Manor, do you report to anybody at  
12 Royal View Manor?

13 A. Do I report to anyone? In what way?

14 Q. Well, in terms of, do you have a supervisor or  
15 somebody that you have to report to at Royal  
16 View Manor whenever you are assigned a patient?

17 A. We don't really have to report. It is  
18 independent-type in a way. I don't have to  
19 report to the medical director. I report to the  
20 medical director if there are questions or  
21 issues that he should look into.

22 Q. Are these questions and issues in relation to  
23 your treatment of a patient, or are they in  
24 reference to, perhaps, some other form of --

25 A. Generally usually some other policies, let's

1 say.

2 Q What --

3 A That are issues not pertaining to patient care  
4 that are assigned, let's say, to me.

5 Q Now, does anybody at Royal View Manor tell you  
6 how to treat a patient that's assigned to you?

7 A No.

8 Q When you're assigned a patient for treatment  
9 who's a resident at Royal View Manor, who else  
10 besides you as the doctor for that patient gives  
11 the orders on that patient?

12 A Anybody who I would designate. For example --  
13 we are not talking about this case. For  
14 example, if I go out of town, I would request  
15 one of the doctors on the staff to cover for me,  
16 and, therefore, while they are covering for me,  
17 they can write the orders.

18 Q Okay. Is anybody other than you -- other than a  
19 doctor allowed to give orders on a patient?

20 A I don't think so.

21 Q Okay. With reference to Eulalie Schultz, did  
22 you ask or request any other doctor to write  
23 orders on Eulalie Schultz while she was at the  
24 nursing home?

25 A No, I did not.

1 Q. So all the orders that were written after she  
2 became a resident there came from you; is that  
3 correct?

4 A. That's correct, yes.

5 Q. Okay. Did any of the nurses write orders on  
6 her?

7 A. They wrote orders, but they got the orders from  
8 me, so they are verbal orders.

9 Q. Well, yeah. My question is, did any of those  
10 nurses of their own volition write orders for  
11 Eulalie Schultz?

12 A. No.

13 Q. So every order that came from a nurse, came  
14 through a nurse from you; is that correct?

15 A. That's correct, yes.

16 Q. Did anybody at Royal View Manor order tests on  
17 Eulalie Schultz other than you while she was a  
18 patient there?

19 A. No.

20 Q. So all the tests that were done came from your  
21 orders?

22 A. That's right.

23 Q. And were you provided with the results of all  
24 the tests that were done while Mrs. Schultz was  
25 a resident there?

1 A. Yes, uh-huh.

2 Q. And were you -- did you have contact or  
3 communication with the employees of Royal View  
4 Manor while Eulalie Schultz was a resident  
5 there?

6 MR. GROEDEL: Objection. At what  
7 time are you making reference to?

8 Q. I just said while she was in residence there.  
9 In other words, from the time she was admitted  
10 on April 12th until the time of her death April  
11 15th, were you in contact with the nurses and  
12 other people from Royal View Manor?

13 A. Yes.

14 MR. GROEDEL: Okay. You may  
15 answer.

16 A. Yes.

17 Q. What form of communication did you have with,  
18 say, for instance, the nurses?

19 A. The nurses. Yes, they called me once after the  
20 patient was admitted and told me of her -- of  
21 their assessment once she first came in, and  
22 then we worked out the admission orders,  
23 verified the orders on admission. And then  
24 again I was called at 1 a.m. as I already  
25 indicated in the nurse's notes when they called

1 me to tell me of her condition. And they called  
2 me -- and the last time they called me was on  
3 the 13th.

4 Q. The last time you heard from anybody from the  
5 nursing home was on the 13th; is that correct?

6 A. The last -- the very last time was when they  
7 called me that she had -- they found her without  
8 any vital signs.

9 Q. And that was on April 15th?

10 A. That's correct.

11 Q. Okay. How many times altogether do you know  
12 that you communicated with somebody from the  
13 nursing home while Mrs. Schultz was a resident  
14 there?

15 MR. GROEDEL: Objection. It's in  
16 the record. Go ahead.

17 A. I can only remember the times when they called  
18 me. In between that, I don't recall anything.

19 Q. Do you have any notes, do you keep notes on the  
20 times that you're called by the nursing home on  
21 a patient?

22 A. No.

23 Q. So you're only going by your memory?

24 A. Yes. And what's in the record.

25 Q. Are there other times that you're called by the

1 nursing home, I'm talking just in general, where  
2 there's no record kept of a contact?

3 MR. GROEDEL: Objection. Record  
4 kept by the doctor or record kept by the nurse?

5 Q. By anybody. By you, doctor, or anybody at the  
6 nursing home. That you're aware of.

7 A. I do not know really, I cannot answer that,  
8 because I don't know -- because I am called many  
9 times sometimes, and I don't know if they record  
10 all that, and I could not remember if all the  
11 calls that they make on any particular patient  
12 are all recorded. I could not remember all  
13 that. Because for one patient, I can be called  
14 many times, especially if they are sick, and I  
15 don't really -- and they can call me anywhere  
16 and I have no way of recording every  
17 conversation.

18 Q. And would that be the case with respect to Mrs.  
19 Schultz, that you could have been called by the  
20 nursing home and either didn't keep a record of  
21 it or don't recall having been contacted?

22 MR. GROEDEL: Objection. You're  
23 talking about her own record?

24 MR. HURT: I'm talking about her  
25 own record or her own memory of what



1       transpired.

2       A.   I don't have any -- first of all, I don't have  
3       any other record of her.

4       Q.   I understand. Do you have any recollection,  
5       though, other than what is contained in the  
6       nurse's notes --

7       A.   I really don't have any.

8       Q.   -- of being called by anybody from the nursing  
9       home about Mrs. Schultz?

10      A.   I don't have any other record, and I could not  
11      remember whether they have -- whether they did  
12      or did not. I can only say that her clinical  
13      status was really stable. If they called me and  
14      there is a few notes, it probably would have  
15      listed it. I don't know.

16      Q.   In any event, if they did call you and it wasn't  
17      recorded in the nurse's notes, you would have no  
18      independent recollection of that fact?

19      A.   I could not remember at this time, no.

20                       MR. HURT: That's all the questions  
21      I have. Thank you, doctor.

22                       -   -   -   -

23      FURTHER CROSS-EXAMINATION OF CECILIA PATAWARAN  
24      BY MR. KAMPINSKI:

25      Q.   Just a few more, doctor. We keep referring to

1 nurse's notes.

2 Is this D Decker a nurse?

3 A I think it's LPN Yes

4 Q. A licensed practical nurse?

5 A. I think this is LPN, yes.

6 Q. And this P, whatever her name is, Beryals, or  
7 Bryant or whatever that is with the number after  
8 her, what is she?

9 A. I don't know.

10 Q. Do they have people other than nurses that put  
11 entries down in the nurse's notes?

12 A. As far as I know, only nurses.

13 Q. And in terms of people who are supposed to make  
14 observations of your patients, you would  
15 anticipate that those people would be some sort  
16 of a nurse?

17 A. That's correct.

18 Q. But it doesn't say LPN or RN after this  
19 individual's name, does it, this D, or P.  
20 Bryant?

21 A. That's true. It does not in here.

22 Q. And you think D. Decker is an LPN?

23 A. Shows that -- there's an LPN after her name, so  
24 I think that she's an LPN.

25 Q. Well, where do you see LPN? I see something but

1 I don't know what that is.

2 A. This one is LPN (indicating).

3 Q. Okay. All right. I see.

4 Do they have RNs that work there?

5 A. Yes.

6 Q. How is it determined who watches a patient,  
7 whether it's an LPN or an RN?

8 MR. HURT: Objection.

9 Q. Do you know?

10 MR. GROEDEL: You may answer, if  
11 you know

12 A. The nursing home determines that.

13 Q. You leave that up to them?

14 A. That's correct.

15 Q. So it has nothing to do with how sick the  
16 patient is, or do you know?

17 A. I only know that the patients who are admitted  
18 with special needs, like skilled care, special  
19 nursing care, are put in a different wing, and  
20 that's called the skilled unit, and that is run  
21 by RNs. And then --

22 Q. I see. And who -- I'm sorry. Go ahead.

23 A. And then the other units, they don't have to  
24 have an RN but they have supervisors who are  
25 RNs.

1 Q. And who makes the determination whether they go  
2 into -- I'm sorry, what did you call this other  
3 unit, skilled care?

4 A. Skilled unit, yes.

5 Q. Who makes that decision?

6 A. That is a decision made before a patient is  
7 admitted.

8 Q. By whom?

9 A. Right now I know that a level of care is  
10 obtained in Columbus.

11 Q. Now, wait, wait, wait. Let me see if I  
12 understand this. You're saying the insurance  
13 company decides this? When you say Columbus,  
14 what are you talking about?

15 A. Those who have -- let's say those who have  
16 Medicare insurance, Medicare specifically, I  
17 know. The level of care has to be determined  
18 before the patients are discharged from the  
19 hospital to determine whether they require  
20 skilled nursing or not. And the determination  
21 is made by -- I don't know who makes the  
22 determination in Columbus, but they are given  
23 information. And then if they make a  
24 determination that the care requires skilled  
25 nursing, like a tube, or injection, or decubitus

1       care, then they are sent to the skilled unit and  
2       paid accordingly.

3       Q.   I see.   So that determination is made before the  
4       patient ever gets to the hospital?   Or, I'm  
5       sorry, to the nursing home?

6       A.   On the people who are on Medicare, yes.  
7       Otherwise, Medicare will not pay the nursing  
8       home.

9       Q.   And was that true when Mrs. Schultz became a  
10      patient at Royal View in April of 1988?

11     A.   I don't know whether that was done.

12     Q.   Well, can you tell from the record who made the  
13      determination as to where she was going to be  
14      treated at Royal View?

15     A.   I cannot tell who made the determination, no.

16     Q.   You didn't make that decision?

17     A.   No.

18     Q.   All right.   You just had to live with the  
19      decision that was already made?

20     A.   That's correct.   However, if I knew when I see a  
21      patient that the level of care is not what I  
22      think should be, it needs to be upgraded, then I  
23      call the nursing -- the utilization committee,  
24      the one in charge there, and the director of  
25      nursing so that they can work on it and call

1 Columbus for a change in level.

2 Q. And was that true in '88? Was that the -- April  
3 of '88, was that your procedure, then, as well?

4 A. Oh, yes.

5 Q. So that --

6 A. So I -- excuse me.

7 Q. No, that's all right. So that if you would have  
8 felt that she needed skilled nursing, you would  
9 have interjected and gotten it for her?

10 A. That's correct.

11 Q. So that unskilled nursing was sufficient for  
12 Mrs. Schultz?

13 A. That's true.

14 MR. HURT: Objection.

15 MR. KAMPINSKI: That's all I have.

16 MR. TERRY: No questions.

17 MR. GROEDEL: Okay.

18 THE WITNESS: What do I do with  
19 this?

20 MR. KAMPINSKI: We're going to talk  
21 about that now. First of all you have a right  
22 to read your testimony, you have a right to  
23 waive your signature. Your attorney can advise  
24 you accordingly.

25 MR. GROEDEL: We'd like to have

1           that opportunity.

2                   MR. KAMPINSKI:   Secondly, I would  
3           like these copied by the court reporter just  
4           exactly the way they are, and I'm writing it up,  
5           I assume you guys are getting copies, I would  
6           ask that a copy be attached to the transcript  
7           and get the originals back to -- well, these  
8           ones that are marked, I guess I'd like attached  
9           to the transcript, they're copies to begin with,  
10          and then he can give us all copies if that's all  
11          right with you.

12                   MR. GROEDEL:   Would you just attach  
13          the originally marked copies to the copy that  
14          you send me.

15  
16                                   CECILIA PATAWARAN, M.D.  
17  
18  
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25

C E R T I F I C A T E

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

I, William L. Odom, a Notary Public within and for the State of Ohio, authorized to administer oaths and to take and certify depositions, do hereby certify that the above-named CECILIA PATAWARAN, M.D., was by me, before the giving of her deposition, first duly sworn to testify the truth, the whole truth, and nothing but the truth; that the deposition as above-set forth was reduced to writing by me by means of stenotypy, and was later transcribed into typewriting under my direction; that this is a true record of the testimony given by the witness, and was subscribed by said witness in my presence; that said deposition was taken at the aforementioned time, date and place, pursuant to notice or stipulations of counsel; that I am not a relative or employee or attorney of any of the parties, or a relative or employee of such attorney or financially interested in this action.

IN WITNESS WHEREOF, I have hereunto set my hand and seal of office, at Cleveland, Ohio, this \_\_\_\_ day of \_\_\_\_\_, A.D. 19 \_\_\_\_.

\_\_\_\_\_  
William L. Odom, Notary Public, State of Ohio  
1750 Midland Building, Cleveland, Ohio 44115  
My commission expires February 13, 1994



**LAWYER'S NOTES**

[illegible]

REPORTERS PAPER CO O ISVIA T KY.

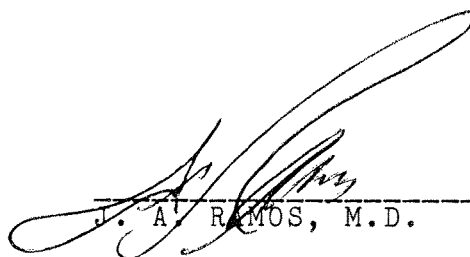
CORRECTIONS TO DEPOSITION

OF

J. A. RAMOS, M.D.

MANNING, etc. v. J. A. RAMOS, et al.

<u>PAGE</u>	<u>LINE</u>	<u>DESCRIPTION</u>	<u>REASON</u>
1	13	10850 PEARL RD	corrected Address
20	8	pubic instead of cubic	correction
23	6	Kuhn instead of Coon	"
25	8	RESIDENTS instead of RESISTANT	
25	13	excision biopsy instead of ex biopsy	
34	22	BURK instead of BARK	
35	25	The plaintiff instead of he could not find any expert witnesses	clarification
37	3	FERTAL	
77	2	SHOULD BE TIA instead of TMS	
102	21	I told Mrs. Schmitz I never initiated treatment with Methotrexate. I have referred it on 2 other patients. (Clarification)	

  
J. A. RAMOS, M.D.