

IN THE COURT OF COMMON PLEAS  
SUMMIT COUNTY, OHIO

CASE NO. CV 2003-07-3984  
JUDGE BURNHAM UNRUH

CHARLES G. PERE, Individually and  
as the Executor of the Estate of  
John G. Pere, Deceased, et al.,

Plaintiffs,

-vs-

THE LEDGES AT ROCKYNOL, et al.,

Defendants.

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TELEPHONIC DEPOSITION OF LEONARD S. WILLIAMS, M.D.

Thursday, May 27th, 2004

6:16 P.M. - 6:57 P.M.

Suite 150  
1135 South Pasadena Avenue  
Pasadena, Florida  
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Reported by:

JANET HAMILTON, RPR

Notary Public, State of Florida

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Job No. N631773

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|---|---|
| <p style="text-align: right;">Page 2</p> <p>1 APPEARANCES:</p> <p>2 JACQUELINE D. TRESL, ESQ.</p> <p>3 Becker &amp; Mishkind Co., LPA</p> <p>4 Suite 660, Skylight Office Tower</p> <p>5 1660 West 2nd Street</p> <p>6 Cleveland, Ohio 44113</p> <p>7 (216) 241-2600</p> <p>8 Attorney for Plaintiffs</p> <p>9 (Appeared via telephone conference call)</p> <p>10 HARRY A. TIPPING, ESQ.</p> <p>11 Tipping Co., LPA</p> <p>12 Suite 207</p> <p>13 525 North Cleveland-Massillon Road</p> <p>14 Akron, Ohio 44333</p> <p>15 (330) 670-8400</p> <p>16 Attorney for Defendants</p> <p>17 (Appeared via telephone conference call)</p> <p>18 INDEX</p> <p>19 PAGE</p> <p>20 Examination by Mr. Tipping..... 3</p> <p>21 Certificate of Oath..... 34</p> <p>22 Certificate of Reporter..... 35</p> <p>23 Signature Page/Errata Sheet..... 36</p> <p>24 Witness Notification Letter..... 37</p> <p>25 EXHIBITS</p> <p>(NO EXHIBITS MARKED.)</p>   | <p style="text-align: right;">Page 4</p> <p>1 A Yes, sir.</p> <p>2 Q Would you state your -- would you -- let's</p> <p>3 see.</p> <p>4 Would you tell me where you currently reside?</p> <p>5 A I reside at 916 79th Street South,</p> <p>6 St. Petersburg, Florida.</p> <p>7 Q Okay. You're breaking up on me.</p> <p>8 A Okay. I reside at 916 79th Street South,</p> <p>9 St. Petersburg, Florida.</p> <p>10 Q Okay. And your age today, sir?</p> <p>11 A Forty-eight.</p> <p>12 Q And are you currently employed?</p> <p>13 A Yes.</p> <p>14 Q And tell me where you work and what you do.</p> <p>15 A I'm a full-time staff physician at the Bay</p> <p>16 Pines VA Medical Center here in St. Petersburg, Florida.</p> <p>17 Q And when did you start in that position?</p> <p>18 A July 1st, 1993.</p> <p>19 Q Okay. And the business address for your</p> <p>20 position is what?</p> <p>21 A Bay Pines VA Medical Center, 10000 Bay Pines</p> <p>22 Boulevard, St. Petersburg, Florida.</p> <p>23 Q Okay.</p> <p>24 MR. TIPPING: Is the court reporter able</p> <p>25 to get this?</p>   |
| <p style="text-align: right;">Page 3</p> <p>1 The telephonic deposition of LEONARD S.</p> <p>2 WILLIAMS, M.D., was taken pursuant to notice by counsel</p> <p>3 for the Defendants on the 27th day of May, 2004,</p> <p>4 commencing at 6:16 P.M., at Suite 150, 1135 South</p> <p>5 Pasadena Avenue, Pasadena, Florida. Said deposition was</p> <p>6 reported by Janet Hamilton, Notary Public, State of</p> <p>7 Florida.</p> <p>8 -----</p> <p>9 WHEREUPON:</p> <p>10 LEONARD S. WILLIAMS, M.D.,</p> <p>11 a witness, having been duly sworn to tell the truth, the</p> <p>12 whole truth, and nothing but the truth, was examined and</p> <p>13 testified as follows:</p> <p>14 EXAMINATION</p> <p>15 BY MR. TIPPING:</p> <p>16 Q Doctor, can you hear me?</p> <p>17 A Yes, sir.</p> <p>18 Q Okay. Would you state your full name and</p> <p>19 spell your last name for the record?</p> <p>20 A Leonard Salvatore Williams. W-i-l-l-i-a-m-s.</p> <p>21 Q Now, Doctor, we have not met this evening, but</p> <p>22 my name is Harry Tipping. I'm an attorney from Akron,</p> <p>23 Ohio. I represent the Rockynol nursing home and the</p> <p>24 Presbyterian Society that's been sued in this case, so</p> <p>25 that you know who I am.</p> | <p style="text-align: right;">Page 5</p> <p>1 THE REPORTER: Yes. It comes in very</p> <p>2 clear on this end.</p> <p>3 MR. TIPPING: You're breaking up on my</p> <p>4 end. But as long as you can hear me and you</p> <p>5 can get the doctor, that's what's important.</p> <p>6 THE REPORTER: Not a problem here.</p> <p>7 MR. TIPPING: Okay.</p> <p>8 Can you hear?</p> <p>9 MS. TRESL: Yes, I can.</p> <p>10 MR. TIPPING: Is he breaking up with you?</p> <p>11 MS. TRESL: It's not great, but it's way</p> <p>12 better than it was the first time.</p> <p>13 MR. TIPPING: All right. Okay.</p> <p>14 Q (By Mr. Tipping) Doctor, prior to your current</p> <p>15 work position, where did you work?</p> <p>16 A From July 1st, 1991, to June 30, 1993, I did a</p> <p>17 fellowship in clinical pharmacology at the VA Medical</p> <p>18 Center in Gainesville and the University of Florida in</p> <p>19 Gainesville.</p> <p>20 Q Okay. All right. And then you -- then you</p> <p>21 took your current position. And you've been with the</p> <p>22 Veterans Hospital since that time?</p> <p>23 A Yes.</p> <p>24 Q Okay. Have you ever worked in the private</p> <p>25 sector?</p> |

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1 A No.

2 Q Tell me about your educational background.

3 A I received a bachelor's of science from

4 Fordham University in biological sciences in 1978. I

5 went to the University of Perugia in Perugia, Italy,

6 School of Medicine and Surgery and received my M.D.

7 degree in 1985. I then did a residency in internal

8 medicine from July 1st, 1986, through June 30th, 1989.

9 I then did a fellowship in geriatric medicine from

10 July 1st, 1989, through June 30th, 1991. And then I did

11 the clinical pharmacology fellowship that I just

12 mentioned. And then I came to work at Bay Pines.

13 Q Okay. I'm going to pick up the phone because

14 you're breaking up on me. Okay?

15 A Sure.

16 Q I'm just going to use my -- I'm going to go

17 off the speaker. Okay?

18 A Okay.

19 MS. TRESL: Okay.

20 MR. TIPPING: Because I can't hear him.

21 Q (By Mr. Tipping) Doctor, can you hear me

22 better now?

23 A Yes.

24 Q Okay. I can hear you better now.

25 MS. TRESL: Yes.

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1 MR. TIPPING: Maybe it was the speaker. I

2 don't know what that was.

3 MS. TRESL: Yes.

4 Q (By Mr. Tipping) Doctor, I understand you went

5 to medical school in Italy. Did you apply to any

6 medical schools in the United States?

7 A Yes.

8 Q And where did you apply?

9 A Mostly on the East Coast. I probably applied

10 to about ten different schools.

11 Q Okay. And why did you end up going to medical

12 school in Italy?

13 A Well, when I was doing my premed work,

14 applying to medical school back in 1977, it was a very

15 difficult time to get into medical school in the

16 United States. I think there was something like seven

17 to eleven qualified candidates for every spot. So when

18 you declared that you were premed, most people, if you

19 were smart, you planned a second pathway in case you

20 didn't get into medical school in the United States.

21 Being of Italian origin and having family in

22 Italy and knowing people who went to medical school in

23 Italy and came back to America and had very productive

24 careers, for me I decided my second pathway would be to

25 go to Italy. And I studied Italian while I was at

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1 Fordham. And I applied to Italy at the same time that I

2 applied to the ten medical schools here in the

3 United States.

4 Q Were you accepted at any schools in the

5 States?

6 A No.

7 Q Where did you apply? Give me an idea of some

8 of the schools.

9 A Medical College of New York in Valhalla.

10 Temple University, School of Medicine. It used to be

11 called the School of Medicine and Dentistry of

12 New Jersey. Probably Jefferson Medical School in

13 Philadelphia.

14 Those are the ones that I can remember right

15 now.

16 Q Okay. Now, I understand from looking at your

17 resume you did -- and I think you've already, may have

18 already told me this. You did a residency at Interfaith

19 Medical Center in Brooklyn, New York?

20 A Yes.

21 Q And that was from July 1st, '86, to June 30,

22 '89?

23 A Yes.

24 Q Okay. And then after that, that's when you

25 went to Florida, moved to Florida?

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1 A Yes.

2 Q And when did you become licensed to practice

3 medicine in the state of New York?

4 A I don't have my CV in front of me.

5 Q The reason I asked you that, I didn't see the

6 date.

7 A It should be there. Let's see. It would have

8 been 1989, I believe.

9 Q Okay.

10 A That's what I think.

11 Q So that would have been New York. Did you

12 also become licensed in Connecticut?

13 A Yes.

14 Q And what year was that?

15 A That would have been I think probably 1987.

16 Q Okay. And then what about Florida?

17 A I think Florida was 1988.

18 Q All right. Now, Doctor, you are board

19 certified in internal medicine?

20 A Yes.

21 Q Are you also board certified in geriatrics?

22 A Yes.

23 Q And how did you receive the board

24 certification for geriatrics?

25 A I did a two-year fellowship in geriatric

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| <p style="text-align: right;">Page 10</p> <p>1 medicine at the University of Florida in the Gainesville<br/> 2 VA. And then I took the examination in -- I think it<br/> 3 was 1992 for the board certification.<br/> 4 Q Okay. Now, tell me about the medical<br/> 5 societies to which you are a member.<br/> 6 A Well, I'm a member of the American Medical<br/> 7 Society, American Geriatric Society, the American -- the<br/> 8 American College of Clinical Pharmacology. I think<br/> 9 that's about it.<br/> 10 Q Okay. Are you a current member of the<br/> 11 American Medical Association?<br/> 12 A Yes.<br/> 13 Q And are you affiliated with any expert witness<br/> 14 services?<br/> 15 A No.<br/> 16 Q Do you advertise your service as an expert<br/> 17 witness?<br/> 18 A No.<br/> 19 Q Have you testified in other nursing home cases<br/> 20 in the past?<br/> 21 A Yes.<br/> 22 Q How many times?<br/> 23 A I would say probably around 80 times.<br/> 24 Q Eighty times?<br/> 25 A Yes.</p>  | <p style="text-align: right;">Page 12</p> <p>1 that I followed under the supervision of faculty at<br/> 2 University of Florida, College of Medicine.<br/> 3 Q Okay. But did you ever have any experience as<br/> 4 a private physician?<br/> 5 A No.<br/> 6 Q Okay. Did you ever work as a medical director<br/> 7 in a nongovernment nursing home?<br/> 8 A No.<br/> 9 Q Are you a certified medical director?<br/> 10 A No.<br/> 11 Q Do you know what a certified medical director<br/> 12 is?<br/> 13 A I know that there's some type of course and<br/> 14 test that people take to become a certified medical<br/> 15 director.<br/> 16 Q Okay. Are you currently seeing any patients<br/> 17 in a long-term care setting?<br/> 18 A Yes.<br/> 19 Q And is that in the -- that is in the Veterans<br/> 20 Medical Center?<br/> 21 A Yes.<br/> 22 Q Are you seeing any patients in a long-term<br/> 23 care setting in a private nursing home?<br/> 24 A No.<br/> 25 Q And other than the fellowship work that you</p>  |
| <p style="text-align: right;">Page 11</p> <p>1 Q And have you testified in Ohio in the past?<br/> 2 A Yes.<br/> 3 Q Any cases in Summit County in the past?<br/> 4 A I wouldn't know.<br/> 5 Q Okay. Summit County is the -- is the court<br/> 6 where this case is currently pending. But you wouldn't<br/> 7 know?<br/> 8 A No, sir.<br/> 9 Q Okay. And of the 80 times that you have<br/> 10 testified in the past, how many times have you testified<br/> 11 for plaintiffs?<br/> 12 A I don't know. If I say 80 nursing home cases,<br/> 13 then I would say probably about 60 or 70 for the<br/> 14 plaintiff and 10 to 20 for the defense.<br/> 15 Q Okay. Now, other than the experience that you<br/> 16 have in your resume and from what you've told me about<br/> 17 working at the -- I'm going to call it the Veterans<br/> 18 Association Medical Center, do you have any<br/> 19 nongovernment nursing home work experience?<br/> 20 A Yes.<br/> 21 Q And tell me about that.<br/> 22 A During my fellowship at the University of<br/> 23 Florida we, as the fellows, we followed nursing home<br/> 24 patients in a private nursing home for the two years<br/> 25 that I was there. So I had about five or six patients</p> | <p style="text-align: right;">Page 13</p> <p>1 told me about, you haven't had any experience in a<br/> 2 nongovernment facility?<br/> 3 A No, not really. Because -- that's not<br/> 4 correct. Because during my second fellowship I did work<br/> 5 in nursing homes that were private nursing homes in<br/> 6 Gainesville. We were evaluating patients in nursing<br/> 7 homes and doing research.<br/> 8 Q Okay.<br/> 9 A In about -- there were probably two or three<br/> 10 different private nursing homes that we went to.<br/> 11 Q Okay. After your fellowships were completed,<br/> 12 did you have any long-term care setting experience in a<br/> 13 private nursing home?<br/> 14 A No.<br/> 15 Q Are you familiar with the updated Beer's list<br/> 16 of medications for geriatrics?<br/> 17 A No.<br/> 18 Q Do you know what the Beer's list is?<br/> 19 A No.<br/> 20 Q Are you familiar with the drug formulary that<br/> 21 is utilized in the state of Ohio for private nursing<br/> 22 homes?<br/> 23 A No.<br/> 24 Q Do you have a drug formulary that's utilized<br/> 25 for the Veterans patients at the Veterans Affairs</p> |

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1 Medical Center?

2 A Yes.

3 Q And tell me about that.

4 A Well, I'm the chairman of the Pharmacy and

5 Therapeutics Committee at Bay Pines. And we have a

6 local formulary for our hospital. And we also have a

7 visne formulary, which is the regional formulary for the

8 state of Florida and Puerto Rico. Our local formulary

9 has to coincide with the regional formulary, which also

10 has to coincide with the national VA formulary.

11 Q Okay. Does that also have to comply with

12 Medicare standards?

13 A No.

14 Q Does it comply with Medicaid standards?

15 A I'm not aware of any Medicare or Medicaid

16 standards that would apply to the VA, since the VA does

17 not receive any funding from Medicare or Medicaid.

18 Q Okay. Can you tell me the three

19 antidepressant medications that -- let's see. You are

20 not familiar with the updated Beer's list. Correct?

21 A Correct.

22 Q So strike that.

23 Can you tell me, Doctor: Is the standard of

24 care for a government nursing home the same as the

25 standard of care for a nongovernment nursing home?

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1 A Yes.

2 Q And does the drug formulary have anything to

3 do with the standard of cares and the application of the

4 drug formulary in both settings?

5 A Well, the formulary is what drugs are

6 available to be used. The standard of care is how you

7 are using a particular drug in a particular patient.

8 Q Uh-hum.

9 A So they're two different things.

10 Q Now, as relates to this particular case, what

11 materials have you been provided?

12 A I have reviewed records from Summa Hospital;

13 January 19, 2002, through January 29th, 2002. I've

14 reviewed records from Ledges at Rockynol; January 29th,

15 2002, through February 2nd, 2002.

16 Q Uh-hum.

17 A I reviewed a copy of the medical examiner

18 report. I guess it's called a Report of Investigation.

19 And I think there's -- there is also an autopsy report.

20 I reviewed depositions of Michael Carroll, RN --

21 Q Uh-hum.

22 A -- Robbin Moore, RN; Kelly Price, RN; Kim

23 Evans, RN; and Patricia Coffman, LPN.

24 Q Okay. Anything else?

25 A No, sir.

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1 Q Okay. Did you -- did you have an occasion to

2 speak to any Summa Hospital personnel?

3 A No.

4 Q Did you have an occasion to speak to any

5 Rockynol personnel?

6 A No.

7 Q And I would assume that you've never had the

8 opportunity to visit the Rockynol facility?

9 A Correct.

10 Q Are you aware of John Pere's admitting

11 diagnosis when he went to Akron City Hospital on

12 1/19/02?

13 A Would that be the Summa Hospital?

14 Q Yeah. That's Summa.

15 A Yes.

16 Q And what was that?

17 A He had syncope due to orthostatic hypotension.

18 Q And that was on 1/19/02?

19 A Yes.

20 Q Are you aware that while he was at Akron City

21 Hospital that he had fallen?

22 A No.

23 Q Are you aware that the -- of the medications

24 that he was taking while he was in Akron City Hospital?

25 A Yes.

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1 Q And what were those?

2 A He was taking Florinef, Pindolol, Coumadin

3 Altace, Paxil, multivitamins. He had also been on

4 Sinemet and Furosemide, which were discontinued after he

5 got into the hospital.

6 Q Okay. In your opinion, Doctor, was Paxil a

7 proper antidepressant medication for him to be on at

8 that time?

9 A If monitored appropriately, I don't see any

10 problem with the Paxil.

11 Q And I know you're not familiar with the Beer's

12 list, but are you familiar with any other list in your

13 capacity as a board certified geriatrics physician, of

14 any lists that indicate the various medications that

15 should not be given as an antidepressant medication?

16 A Yes.

17 Q And is Paxil on that list?

18 A Not to my knowledge.

19 Q Is Prozac on that list?

20 A No.

21 Q What about Elavil?

22 A Elavil is on that list.

23 Q Okay. And what list are you familiar with?

24 A In the practice of geriatric medicine there

25 are certain medications that we teach the fellows and

1 the medical students who rotate with me in geriatrics  
2 that are considered more likely inappropriate for the  
3 elderly.

4 Q Uh-hum.

5 A These come from a number of geriatric  
6 specialists who some years ago sat around and came up  
7 with a number of medications that really shouldn't be  
8 used in the elderly. Elavil is one of them. Imipramine  
9 is another one. Darvon or propoxyphene is one. So I'm  
10 familiar with those common medications that people say  
11 should not be used in the elderly.

12 Q Okay. Now, the syncopal episodes that are  
13 reflected in those records that I think you've reviewed,  
14 those would have resulted from what, Doctor?

15 A His blood pressure went down when he stood up.  
16 And, therefore, he didn't have enough blood pressure to  
17 perfuse his brain, and he passed out.

18 Q What about could one of the causes have been a  
19 cardiac arrhythmia?

20 A That's possible, but I think unlikely.

21 Q Okay. Could one of the causes have been  
22 orthostatic hypotension?

23 A That's what we're talking about. Orthostatic  
24 hypotension.

25 Q Now, his fall risk assessment at the hospital

1 Q Right.

2 A -- he would have been. Because I think four  
3 or below was nonrisk in the nursing home.

4 Q Now, prior to entering Akron City Hospital,  
5 you're aware of the fact that he had an aortic valve  
6 replacement at the Cleveland Clinic?

7 A I don't know where it happened, but the  
8 documents at the hospital do state that he had an aortic  
9 valve replacement. Yes.

10 Q Okay. And he was admitted to Rockynol on  
11 January 29, 2002, I think at 1:30 P.M. I think that's  
12 what the records show. Correct?

13 A One second.

14 Q Okay.

15 A Counselor, I can't tell you the time, because  
16 I don't have anything that would tell me the time --

17 Q I can tell you what I'm telling you is true.  
18 It's in the records. But we agree he was admitted to  
19 Rockynol on 1/29/02?

20 A Yes.

21 Q Do you know why he was admitted?

22 A Because of his orthostatic hypotension.

23 Q Do you know what treatment he was supposed to  
24 receive?

25 A In what sense, counselor?

1 was a five. Correct?

2 A I don't have a fall risk assessment from the  
3 hospital.

4 Q Okay. Well, I'm going to tell you that at the  
5 hospital his fall risk assessment was a five. And I  
6 think you indicated to me that you looked at the  
7 Rockynol records. And when he went to Rockynol the  
8 assessment was a seven. Are you familiar with that?

9 A I've looked at their assessment. And their  
10 assessment was a seven. Correct.

11 Q Correct. Assuming -- assuming that I'm  
12 telling you what is correct, that at the hospital he was  
13 a five and you know he was a seven, as I understand it  
14 an individual to be at risk for falling has to be ten or  
15 greater. Correct?

16 A It depends on what scale you're using. I  
17 don't know if the instrument at the hospital was the  
18 same instrument in the nursing home. So, without seeing  
19 it, I would not be able to comment.

20 Q Okay. Well, assuming that it was the same,  
21 Mr. Pere, when he entered Rockynol, would not have been  
22 at a risk for fall. Correct?

23 A Assuming --

24 Q Assuming they're the same.

25 A Assuming that he was really a five --

1 Q Do you know what he was -- what he was  
2 supposed to receive when he went to Rockynol?

3 A Well, I know what they did.

4 Q Yeah. But do you know what he was supposed to  
5 receive?

6 A I don't understand your question.

7 Q Do you know what the prescribed treatment for  
8 him was when he entered Rockynol?

9 A Yes.

10 Q What was it?

11 A They discontinued his Sinemet medication,  
12 which was his Parkinson's medication.

13 Q And that's it?

14 A Later they discontinued his Furosemide, or his  
15 diuretic medication.

16 Q Okay. Doctor, did you have a chance to look  
17 at the MDS that was prepared at Rockynol?

18 A Yes.

19 Q And do you agree with me a final MDS is not  
20 required to be completed for a period of 14 days from  
21 the date of admission? Correct?

22 A Correct.

23 Q And you would agree that Rockynol was in the  
24 process of evaluation of Mr. Pere at the time of his  
25 death?

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| <p style="text-align: right;">Page 22</p> <p>1 A Yes. Because he was still within the 14-day<br/>2 evaluation or information gathering time frame.<br/>3 Q Okay. Now, do you agree with me that while he<br/>4 was at Rockynol he knew his limits?<br/>5 A No.<br/>6 Q Do you agree that the records reflect that he<br/>7 knew his limits?<br/>8 A No.<br/>9 Q Do you agree that he followed direction?<br/>10 A No.<br/>11 Q Do you agree that the records show that he<br/>12 followed direction?<br/>13 A No.<br/>14 Q Okay. Do you agree that he was oriented times<br/>15 three?<br/>16 A Initially.<br/>17 Q Do you agree with me that the records show<br/>18 that he was oriented times three?<br/>19 A Initially. Then he became confused.<br/>20 Q Okay. You know he had a call button?<br/>21 A Yes.<br/>22 Q Okay. You know he was not restrained?<br/>23 A Correct.<br/>24 Q You know he had full privileges?<br/>25 A What do you mean by "full privileges,"</p>   | <p style="text-align: right;">Page 24</p> <p>1 Q Okay. But have you reviewed the records of<br/>2 Rockynol?<br/>3 A Yes, sir.<br/>4 Q And you've reviewed the physical therapy notes<br/>5 of Rockynol?<br/>6 A Yes, sir.<br/>7 Q You disagree with me that those records<br/>8 indicate that he was identified as independent<br/>9 ambulation without device?<br/>10 A Absolutely.<br/>11 Q Okay.<br/>12 A Because on the OPRS physical training and<br/>13 progress log for February 1st, 2002, it says distance<br/>14 walked, 400 feet. Assistance -- it says CGA, which<br/>15 means Contact Guarding Assistance. He had to have<br/>16 someone holding him physically; not steadying him, but<br/>17 hands-on while he was walking to steady him.<br/>18 Q That's your assessment of what's contained in<br/>19 the record?<br/>20 A Yes, sir.<br/>21 Q Okay. Are you aware -- you are aware that he<br/>22 was on Coumadin at the time of his death?<br/>23 A Yes.<br/>24 Q And you had the opportunity to review the<br/>25 autopsy report?</p>   |
| <p style="text-align: right;">Page 23</p> <p>1 counselor?<br/>2 Q He had the full privileges that a resident of<br/>3 Rockynol would have?<br/>4 A What does that mean, counselor?<br/>5 MS. TRESL: How would we know that,<br/>6 Mr. Tipping?<br/>7 Q (By Mr. Tipping) Well, Doctor, you're the<br/>8 expert.<br/>9 A Well, I can tell you that he did not have full<br/>10 privileges, because his doctor on admission -- the order<br/>11 was he was supposed to be up with assistance. So that<br/>12 would not be full privileges in the sense to be up as<br/>13 tolerated or up ad lib. So in that sense he did not<br/>14 have full privileges.<br/>15 Q All right. If he had full privileges, would<br/>16 that change whatever opinions you're going to render in<br/>17 this case?<br/>18 A No.<br/>19 Q Are you aware of the fact that the day before<br/>20 his death he walked a distance of 400 feet?<br/>21 A Yes.<br/>22 Q Are you aware that his level of function was<br/>23 identified as independent ambulation without device?<br/>24 A That is incorrect. He was contact guard<br/>25 assistance without device.</p> | <p style="text-align: right;">Page 25</p> <p>1 A Yes.<br/>2 Q Did you find any significance in the fact that<br/>3 there was no bleeding in his brain?<br/>4 A No.<br/>5 Q And why is that?<br/>6 A Well, just because, if you fall and break your<br/>7 neck, it doesn't mean that you necessarily have to bleed<br/>8 into your brain. Not everybody who falls and hits their<br/>9 head on Coumadin will necessarily bleed into their<br/>10 brain. In fact, the vast majority of people who fall<br/>11 and hit their head on Coumadin do not bleed into their<br/>12 brain.<br/>13 Q Doctor, what do you believe was the cause of<br/>14 death?<br/>15 A Fractured neck.<br/>16 Q And you base that opinion upon the autopsy<br/>17 report?<br/>18 A Yes.<br/>19 Q Tell me, Doctor, the sequence of events that<br/>20 led to Mr. Pere's death that morning.<br/>21 A Well, in my opinion what occurred is that<br/>22 there was a change in Mr. Pere's clinical status, his<br/>23 overall status. He had become somewhat confused. He<br/>24 was found in his feces. He had defecated. And he had<br/>25 not wanted the nurses to clean him up. And there was</p> |

1 definitely a change in his situation. What was causing  
2 that, it's not clear. But there was some type of  
3 change.

4 He was incontinent again on the morning that  
5 he fell. There was feces by his bed. And his roommate  
6 had said that he had said he was trying to go to the  
7 bathroom. And it's related in some parts of the record  
8 that people have assumed that that's how he fell, you  
9 know, when he got out of bed, trying to get to the  
10 bathroom.

11 Q Is that it?

12 A Well, that's the basic sequence of events.  
13 Yes.

14 Q Okay. What opinions, Doctor, do you expect to  
15 offer at the time of trial?

16 A Well, my opinions would be, number one, that  
17 the facility deviated from the standard of care in  
18 regards to a nursing home patient like Mr. Perry in that  
19 the staff failed to adequately assess his risk for falls  
20 and injuries, and failed to put in place appropriate  
21 measures to prevent or try to prevent him from falling.

22 Secondly, it's my opinion that the staff also  
23 failed to notify Mr. Pere's physician of a significant  
24 change in his condition. And, therefore, Mr. Pere was  
25 deprived of appropriate medical attention. And I

1 believe that this change in condition actually put him  
2 at even greater risk for falls. And that, due to the  
3 facility's negligence, Mr. Pere sustained a fall. And  
4 this fall directly contributed to his death on  
5 February 2nd, 2002.

6 Q Any other opinions?

7 A No.

8 Q Okay. The second opinion, when you say that  
9 they failed to notify of the change. When did the  
10 changed occur and what was it?

11 A The significant change is on January 31st,  
12 2002, when, at 8:00 in the evening, he's incontinent of  
13 stool and refused care.

14 Q I couldn't hear you.

15 A He was incontinent of stool.

16 Q Okay.

17 A And he refused care.

18 Q Okay.

19 A Later on, I believe it's 10:00 at night, he  
20 was up in his bed. He had no underwear on. There was  
21 stool on his sheets. And he originally said that they  
22 could wait to clean him up in the morning. However, he  
23 did later agree to let the nurses change him. So I  
24 think that the significant change happens around that  
25 time.

1 Q Okay. Do you agree, Doctor, that, considering  
2 the various conditions that are reflected in the records  
3 dealing with Mr. Pere's medical treatment, the surgery  
4 that he had, the aortic valve replacement, that his  
5 medical condition was a serious condition?

6 A No.

7 Q You don't agree with that?

8 A Not serious. "Serious" would mean impending  
9 likelihood of complication and decline. So I wouldn't  
10 say his condition was serious. Somebody who's in an  
11 intensive care unit would have a serious condition.

12 Q Do you agree that he was in the later stages  
13 of his life?

14 A Yes.

15 Q Do you have an opinion concerning his life  
16 expectancy?

17 A Counselor, I would -- my opinion would be,  
18 given his age, his functional status, his cognitive  
19 status, and his medical conditions, that I would think  
20 he would live between two and three years longer. In  
21 other words, I think that it would be likely that he'd  
22 live another two years and less likely that he would  
23 live beyond three years. But that's about the best  
24 estimate that I think I can give.

25 Q All right. Now, Doctor, from what I

1 understand from your opinions, you consider the nursing  
2 care to be substandard because the nurses failed to  
3 assess his fall risk?

4 A Failed to adequately assess his risk for  
5 falls.

6 Q Okay. And then failed to notify his doctor  
7 about his change condition?

8 A Well, secondly, they failed to put appropriate  
9 measures into place in order to help reduce the  
10 likelihood of falls and injury.

11 And, thirdly, they did not inform his  
12 physician of his significant change in condition.

13 Q Okay. Would your opinions in this case change  
14 if the cause of death did not result from a broken neck?

15 A My opinion about the fall causing the death  
16 would change.

17 Q And how would it change?

18 A If -- because, if he fell and the broken neck  
19 didn't cause his death, then I would think that the fall  
20 did not cause his death; unless the cause of death is  
21 said to be something other that would be related to the  
22 fall.

23 Q Okay. Such as?

24 A Well, if someone could prove that his heart  
25 stopped when he was standing there and then he just fell

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| <p style="text-align: right;">Page 30</p> <p>1 to the floor dead, well, then that would take away the</p> <p>2 opinion that the fall caused his death.</p> <p>3 Q And that would also eliminate your opinion</p> <p>4 that any substandard care had caused his death.</p> <p>5 Correct?</p> <p>6 A Correct.</p> <p>7 Q Doctor, I just have a couple more questions</p> <p>8 for you. I don't think I asked you: How much do you</p> <p>9 charge an hour for your expert service?</p> <p>10 A \$300 an hour.</p> <p>11 Q \$200?</p> <p>12 A No, sir. \$300.</p> <p>13 Q \$300 an hour?</p> <p>14 A Yes, sir.</p> <p>15 Q Okay. And how much have you paid today, thus</p> <p>16 far?</p> <p>17 A \$500.</p> <p>18 Q Okay.</p> <p>19 MS. TRESL: He has an outstanding bill</p> <p>20 with us. So we owe him money, Mr. Tipping. So</p> <p>21 if you're asking him how much he's billed</p> <p>22 versus how much we've paid him --</p> <p>23 MR. TIPPING: Well, that was my next</p> <p>24 question.</p> <p>25 MS. TRESL: Yeah. We are in arrears, you</p>                    | <p style="text-align: right;">Page 32</p> <p>1 Is the court reporter still there?</p> <p>2 THE WITNESS: I hope so.</p> <p>3 MR. TIPPING: Can she hear me?</p> <p>4 THE REPORTER: I can, sir.</p> <p>5 MR. TIPPING: Pardon me? I can't hear you</p> <p>6 very well. But go ahead and type that and give</p> <p>7 a copy to the doctor and just send me a copy of</p> <p>8 the transcript. Well, send me the original</p> <p>9 transcript, give him an errata sheet. You know</p> <p>10 what an errata sheet is?</p> <p>11 THE REPORTER: Surely.</p> <p>12 MR. TIPPING: Okay. And just send me --</p> <p>13 you know. Send me a bill for it.</p> <p>14 THE REPORTER: Ms. Tressl, would you care</p> <p>15 for a copy?</p> <p>16 MS. TRESL: Yes, I would, please.</p> <p>17 THE REPORTER: Thank you.</p> <p>18 One more question. Is this just regular</p> <p>19 seven- to ten-day turnaround?</p> <p>20 (Discussion between counsel.)</p> <p>21 MR. TIPPING: Why don't you do, like, 14</p> <p>22 days?</p> <p>23 THE REPORTER: That's perfect.</p> <p>24 MR. TIPPING: If you can, just transcribe</p> <p>25 it, send me a copy of it, and then you can let</p> |
| <p style="text-align: right;">Page 31</p> <p>1 might say.</p> <p>2 MR. TIPPING: Okay.</p> <p>3 Q (By Mr. Tipping) Doctor, how much have you</p> <p>4 billed?</p> <p>5 A I've billed \$500. That was at my old billing</p> <p>6 rate of \$250 an hour. I did two hours of work</p> <p>7 previously.</p> <p>8 Q Okay. So you've been paid \$500 and you billed</p> <p>9 \$500?</p> <p>10 A Yes, sir.</p> <p>11 Q Okay.</p> <p>12 MS. TRESL: And then that's not counting</p> <p>13 today's deposition. Correct, Doctor?</p> <p>14 MR. TIPPING: I understand that.</p> <p>15 MS. TRESL: Right?</p> <p>16 A Yes.</p> <p>17 MR. TIPPING: Doctor, I think that's all</p> <p>18 the questions that I have for you. And under</p> <p>19 Ohio law, you have the right to either waive</p> <p>20 signature, or you can read the deposition if</p> <p>21 the lady types it -- because we're going to</p> <p>22 have it typed. You can read it and sign it, if</p> <p>23 you want to. It's your choice.</p> <p>24 THE WITNESS: I would prefer to read.</p> <p>25 MR. TIPPING: Okay.</p> | <p style="text-align: right;">Page 33</p> <p>1 the doctor read it and sign it, just so we get</p> <p>2 it back in 14 days. I don't care about that.</p> <p>3 MS. TRESL: Great.</p> <p>4 THE REPORTER: Sure. Not a problem.</p> <p>5 (At 6:57 P.M., no further questions were</p> <p>6 propounded to this witness.)</p> <p>7 -----</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>   |



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