

Exhibit 1

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, PROBATE DIVISION

Estate of

ANGEL CRUZ JR

Deceased

}

No. 2018 P 001409

Docket

Page

LETTERS OF OFFICE - DECEDENT'S ESTATE

LETICIA VARGAS

has been appointed

Independent

Administrator

of the estate of

ANGEL CRUZ JR

, deceased,

who died Sunday, March 20, 2016, and is authorized to take possession of and collect the
estate of the decedent and to do all acts required by law.

LS

WITNESS, June 06, 2018

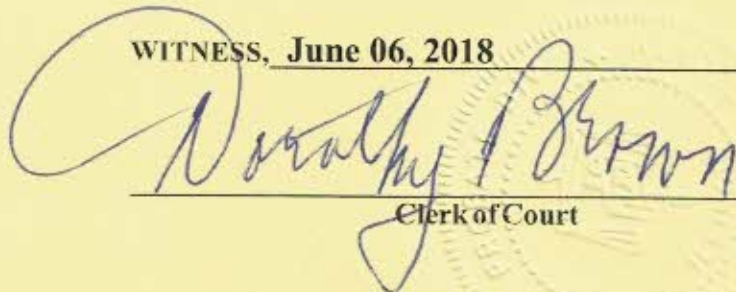
Dorothy Brown

Clerk of the Circuit Court

CERTIFICATE

I certify that this is a copy of the letters of office now in force in this estate.

DB

WITNESS, June 06, 2018


Clerk of Court

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

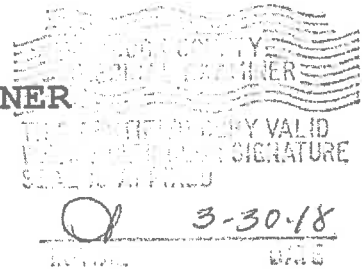
Plaintiff's Exhibit 01

Exhibit 2

County 0227

OFFICE OF THE MEDICAL EXAMINER
COUNTY OF COOK, ILLINOIS

REPORT OF POSTMORTEM EXAMINATION



NAME Angel Cruz Jr.

CASE NO. ME2016-01397

AGE 20 RACE White SEX Male

DATE DEATH PRONOUNCED 03/20/2016

DATE EXAMINED 03/21/2016

TIME EXAMINED 07:47 AM

EXAMINED BY Stephanie Powers, MD

SUPERVISED BY Latanja Watkins, MD

EXTERNAL EXAMINATION (EXCLUDING INJURIES)

The body was that of an unclothed, well-developed, obese, white male. Accompanying the body were a gray blanket and a plastic bag containing seven tubes of hospital blood samples. Refer to the separate "clothing/personal effects inventory" for a list of any additional accompanying property.

Appropriate morgue identification tags were on the bilateral great toes and the right wrist. Other institutional identification bands were on the bilateral wrists. The body weighed 338 pounds, was 70 inches in height and appeared compatible with the reported age of 20 years.

The body was cool. Rigor was present to an equal degree in all extremities. Barely blanchable, pink-purple lividity was distributed on the posterior surfaces of the body, except in areas exposed to pressure.

The head and neck were diffusely congested. The scalp hair was brown and 3/8 inches in length. Facial hair consisted of a short brown mustache and beard. The irides were brown, the corneae were clear, the sclerae were white, and the conjunctivae were free of petechiae. The auditory canals, nares and oral cavity were free of foreign material and abnormal secretions. There were no transverse creases of the lower pinnae. The nasal skeleton was palpably intact. The lips were without evidence of injury. The teeth were in good condition.

received
COUNTY OF COOK
4/17/18

Plaintiff's Exhibit 02

County 0228
ANGEL CRUZ JR.
ME2016-01397

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Examination of the neck revealed no evidence of external injury. The chest was symmetrical. The abdomen was protuberant.

The extremities showed no gross bony deformities. The fingernails and toenails were medium length and intact.

The external genitalia were those of a normal adult, circumcised male. The posterior torso was without note. The anus was atraumatic.

Photographs were taken.

EVIDENCE OF THERAPY

1. An endotracheal tube exited the mouth.
2. The bilateral antecubital fossae had vascular lines.

EVIDENCE OF INJURY

BLUNT FORCE INJURIES:

Head and neck:

The right side of the face lateral to the right eye had a 1 x 1/2 inch red abrasion.

The left side of the posterior scalp had a 3.2 x 2.7 centimeter subscalpular hemorrhage.

The right sternocleidomastoid muscle had a 1.5 x 0.7 centimeter hemorrhage.

Torso:

The lateral left side of the chest had a 5-1/2 x 2-1/2 inch purple contusion.

The left side of the abdomen had a 3/4 x 3/4 inch faint green contusion, a 3 x 1-1/2 inch purple-green contusion, and a 4-1/4 x 2 inch purple-green contusion.

The right side of the abdomen had a 1 x 1/2 inch faint green contusion.

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Right upper extremity:

The anterior right upper arm had a 2 x 3/4 inch faint brown-green contusion.

The lateral right upper arm had a 4-1/4 x 2 inch faint brown-green contusion and a 1-1/2 x 1-1/4 inch faint yellow contusion.

The anterior right forearm had a 2 x 1 inch purple contusion.

The posterolateral right wrist had a 1 x 1 inch pink contusion.

The right thenar eminence had a 1-1/4 x 1 inch purple contusion.

The posterior right hand had a 1/4 inch red abrasion and a 3/4 x 1/2 inch purple contusion.

Left upper extremity:

The posterolateral left upper arm had a 3 x 1 inch faint brown contusion.

The medial left upper arm had a 2 x 2 inch purple contusion.

The posterior left forearm had a 2 x 1-1/4 inch yellow-purple contusion and a 1-1/4 x 1-1/4 inch red-pink contusion.

The left thenar eminence had a 1-1/4 x 1 inch purple contusion.

The posterior left hand had a 1 x 1/2 inch purple contusion and a 1/4 x 1/4 inch purple contusion.

The posterior left ring finger had a 1/4 x 1/4 inch purple contusion.

Right lower extremity:

The posterior right thigh had a 5 x 2 inch faint purple contusion and a 1 x 1 inch faint purple contusion.

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The anterior right lower leg had a 1/4 x 1/4 inch faint brown contusion, a 1/2 x 1/2 inch pink contusion, and a 3/4 x 3/4 inch faint purple contusion.

The posterior right lower leg had a 1 x 1 inch faint purple contusion.

The posterior right ankle had a 1/4 x 1/4 inch brown healing abrasion.

Left lower extremity:

The lateral left thigh had a 5-1/4 x 3-1/4 inch purple contusion.

The anterior left thigh had a 3-1/4 x 1 inch purple contusion, a 5 x 3 inch purple contusion, and two 1/2 x 1/2 inch faint purple contusions.

The lateral left knee had a 1/2 x 1/2 inch red abrasion.

The anterior left lower leg had a 2 x 1 inch faint purple contusion.

The posterior left lower leg had a 3 x 2 inch faint purple contusion.

The lateral left ankle had a 2 x 2 inch pink contusion with an overlying orange abrasion.

The posterior left ankle had a 1/4 x 1/4 inch brown healing abrasion.

The top of the left foot had a 1 x 1/2 inch faint purple contusion.

SCARS, IDENTIFYING MARKS, AND TATTOOS

The medial right ankle had a 1/2 inch scar.

INTERNAL EXAMINATION (EXCLUDING INJURIES)

Integument:

The skin and soft tissues of the anterior and posterior surfaces of the torso and extremities were reflected. Patchy scattered subcutaneous tissue hemorrhage was seen

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corresponding to overlying contusions. No muscle hemorrhages were seen.

Body Cavities:

The body was opened by the usual thoracoabdominal incision and the chest plate was removed. No adhesions or abnormal collections of fluid were present in any of the body cavities. All body organs were present in the normal anatomical positions. The subcutaneous fat layer of the abdominal wall was 8 centimeters thick.

Head (see "Evidence of Injury"): (Central Nervous System)

The scalp was reflected. The calvarium of the skull was removed. The dura mater and falx cerebri were intact. There was no subdural or epidural hemorrhage. The leptomeninges were thin and delicate. The cerebral hemispheres were symmetrical. The structures at the base of the brain, including the cranial nerves and blood vessels, were intact. The base of the skull was intact. Coronal sections through the cerebral hemispheres revealed no focal lesions. Transverse sections through the brainstem and sagittal sections through the cerebellum were unremarkable. The brain weighed 1366 grams.

Neck (see "Evidence of Injury"):

The hyoid bone and larynx were intact.

Cardiovascular System:

The pericardial surfaces were smooth, glistening and unremarkable; the pericardial sac was free of significant fluid or adhesions. The coronary arteries arose normally, followed the usual distribution and were widely patent with no evidence of significant atherosclerosis or thrombosis. The chambers and valves exhibited the usual size-position relationship and were unremarkable. The myocardium was red-brown, firm with no focal lesions; the atrial and ventricular septa were intact. The aorta and its major branches arose normally, followed the usual course and were widely patent. The vena cavae and their major tributaries returned to the heart in the usual distribution and were free of thrombi. The heart weighed 509 grams. The veins of the bilateral lower legs were dissected, revealing dark

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red to pink-tan tubular thrombi in the bilateral posterior tibial veins, including the distal branches.

Respiratory System:

The upper airway was clear of debris and foreign material; the mucosal surfaces were smooth, yellow-tan and unremarkable. The pleural surfaces were smooth and glistening with no focal lesions. The pulmonary parenchyma was deep purple, exhibiting slight to moderate amounts of bloody fluid upon sectioning; no mass lesions were noted. There was mild anthracosis. The pulmonary arteries were bilaterally occluded by thromboemboli that were dark red, streaked with pink-tan areas, and tubular in shape. These thromboemboli grossly extended into the smaller artery branches bilaterally. The right lung weighed 772 grams; the left lung weighed 676 grams.

Liver and Biliary System:

The hepatic capsule was smooth, glistening and intact covering moderately firm, golden brown, congested parenchyma. No mass lesions were noted. The gallbladder contained 35 milliliters of watery, green-brown bile; the mucosa was velvety and yellow-flecked. The extrahepatic biliary tree was patent, without evidence of calculi. The liver weighed 2363 grams.

Alimentary System:

The tongue exhibited no evidence of recent injury. The esophagus was lined by gray-white, smooth mucosa. The gastric mucosa was slightly autolyzed and the lumen contained 100 milliliters of brown-red fluid. The small and large bowels were unremarkable. The pancreas had a pink-tan, lobulated appearance and the ducts were clear. The appendix was present.

Genitourinary System:

The renal capsules were smooth and thin, semitransparent, and stripped with ease from the underlying smooth, red-brown cortical surfaces. The cortices were sharply delineated from the medullary pyramids which were purple-tan and unremarkable. The calyces, pelves and ureters were without note. The urinary bladder contained no urine; the mucosa was gray-tan and smooth. The prostate gland and

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seminal vesicles were without note. The testicular parenchyma was atraumatic. The right kidney weighed 237 grams; the left kidney weighed 245 grams.

Reticuloendothelial System:

The spleen had a smooth, intact capsule covering red-purple, moderately soft parenchyma; the lymphoid follicles were unremarkable. The regional lymph nodes appeared normal. The spleen weighed 260 grams.

Endocrine System:

The thyroid and adrenal glands were unremarkable.

Musculoskeletal System:

Muscle development was normal. No atraumatic bone or joint abnormalities were noted.

SPECIMENS SUBMITTED

1. A DNA card, the hospital blood samples, an EDTA tube of blood for possible genetic testing, and samples of vitreous fluid, central blood, peripheral blood, bile, brain, liver, and spleen were submitted to the toxicology laboratory.
2. Tissue sections were retained.
3. Sections from selected organs were submitted for microscopic examination.
 1. Left ventricle, hippocampus, right lower leg deep vein thrombi.
 2. Right lung, liver, right pulmonary artery thrombus.
 3. Left lung, kidney, left pulmonary artery thrombus.

ANCILLARY STUDIES

1. Skin and soft tissue reflections of the anterior and posterior torso and extremities were performed. Patchy scattered subcutaneous tissue hemorrhage was seen corresponding to overlying contusions. No muscle hemorrhages were seen.

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2. Layered dissections of the anterior and posterior neck musculature were performed. The right sternocleidomastoid muscle had a 1.5 x 0.7 centimeter hemorrhage.
3. Dissections of the bilateral posterior lower leg veins were performed. Dark red to pink-tan tubular thrombi were in the bilateral posterior tibial veins, including the distal branches.

PATHOLOGIC DIAGNOSES

- I. Bilateral pulmonary thromboemboli.
 - A. Organizing thromboemboli extending into smaller pulmonary artery branches bilaterally (Histology report).
- II. Bilateral posterior tibial vein thrombi.
 - A. Organizing thrombi with luminal occlusion (Histology report).
- III. Obesity (body mass index: 48.5 kg/m²).
 - A. Hepatic steatosis (Histology report).
- IV. Multiple contusions and abrasions involving torso and all extremities.
 - A. Small right sternocleidomastoid muscle hemorrhage.
- V. Schizophrenia (Clinical history).
- VI. Cholesterolosis of the gallbladder.
- VII. Toxicology (see separate reports for details):
 - A. Lorazepam (hospital blood): 18 ng/mL.
 - B. Carbon monoxide (central blood): 2%.

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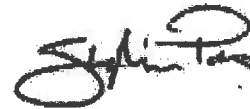
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OPINION

This 20-year-old white male, ANGEL CRUZ JR., died of pulmonary thromboemboli due to deep vein thromboses of the legs. Obesity was contributory.

Deep vein thromboses can develop for a variety of reasons. Known contributing factors include obesity, genetic conditions, malignancy, immobility, certain medications, and cigarette smoking.

MANNER OF DEATH: NATURAL.



Stephanie Powers, MD
Forensic Pathology Fellow

6/17/2016

Supervised by
Latanja Watkins, MD
Assistant Medical Examiner

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Plaintiff's Exhibit 02

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Exhibit 3

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

LETICIA VARGAS,
Administrator of the Estate
of Angel Cruz,
Plaintiff,

vs.

SHERIFF OF COOK COUNTY, et
al.,
Defendant.

)
)
)
)
)
) No. 18 CV 1865
)
)
)
)

The video deposition of
STEVE PASCHOS, M.D., called for examination
pursuant to the Rules of Civil Procedure for the
United States District Courts pertaining to the
taking of depositions, taken before Tasha Olivo,
Certified Shorthand Reporter of the State of
Illinois, at 200 South Michigan Avenue, Suite 201,
Chicago, Illinois, on the 9th day of March, 2020,
at the hour of 11:03 a.m.

Reported by: Tasha Olivo, CSR, RPR
License No. 084-004420



1 APPEARANCES:

2 KENNETH FLAXMAN LAW OFFICES
3 BY: MR. JOEL FLAXMAN
4 200 South Michigan Avenue, Suite 201
5 Chicago, Illinois 60604
6 (312) 427-3200
7 jaf@kenlaw.com
8 Representing the Plaintiff;

9 KIMBERLY M. FOXX, STATE'S ATTORNEY OF
10 COOK COUNTY, ILLINOIS
11 BY: MR. WILLIAM RAGEN
12 Assistant State's Attorney
13 Richard J. Daley Center, Room 302
14 Chicago, Illinois 60602
15 (312) 603-7944
16 william.ragen@cookcountyil.gov
17 Representing the Defendants;

18 KIMBERLY M. FOXX, STATE'S ATTORNEY OF
19 COOK COUNTY, ILLINOIS
20 BY: RAANA V. HAIDARI
21 Assistant State's Attorney
22 500 Richard J. Daley Center
23 Chicago, Illinois 60602
24 (312) 603-3618
Representing the Cook County Sheriff.

23 ALSO PRESENT:
24 Milo Savich, videographer
Andrew Segal



I N D E X

WITNESS

EXAMINATION

STEVE PASCHOS, M.D.

By Mr. Flaxman

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By Mr. Ragen

201

By Ms. Haidari

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E X H I B I T S

NUMBER

MARKED FOR ID

(EXHIBITS WERE MARKED BY THE ATTORNEY)

1 THE VIDEOGRAPHER: My name is Milos Savich and
2 I'm the certified legal video specialist with
3 McCorkle Litigation Services, 200 North LaSalle
4 Street, Suite 2900, Chicago, Illinois, 60601. I am
5 the videographer on March 9th, 2020, for the
6 recording of the deposition of Dr. Steve Paschos
7 being taken at the Flaxman Law Offices, 200 South
8 Michigan Avenue, Suite 201, Chicago, Illinois,
9 60604.

10 The time is 11:03 a.m., and this is in the
11 matter of Vargas for Cruz versus Cook County
12 Sheriff, et al.

13 This case is filed in the United States
14 District Court for the Northeastern District of
15 Illinois, Eastern Division. The case number is
16 18 CV 1865.

17 will counsel please identify themselves
18 for the record beginning with plaintiff's counsel.

19 MR. FLAXMAN: Joel Flaxman for the plaintiff.
20 My paralegal, Andrew Segal, is also present.

21 THE VIDEOGRAPHER: The court reporter is
22 Tasha Olivo --

23 MR. FLAXMAN: The other counsel introduce
24 themselves.



1 THE VIDEOGRAPHER: I'm sorry.

2 MS. HAIDARI: Raana Haidari for the Sheriff.

3 MR. RAGEN: Bill Ragen for Dr. Steve Paschos,
4 Cook County, and then a number of individually
5 named defendants employed by Cook County.

6 THE VIDEOGRAPHER: The court reporter is
7 Tasha Olivo who will now swear in the witness and
8 we may proceed.

9 (witness sworn.)

10 STEVE PASCHOS, M.D.,
11 called as a witness herein, having been first duly
12 sworn, was examined and testified as follows:

13 EXAMINATION

14 BY MR. FLAXMAN:

15 Q. Can you please state and spell your name
16 for the record.

17 A. Steve Paschos, S-t-e-v-e. Paschos,
18 P-a-s-c-h-o-s.

19 Q. Thanks. My name is Joel Flaxman. I'm an
20 attorney, and I represent the Estate of Angel Cruz
21 in the lawsuit we're here on today called Vargas
22 versus Sheriff. Do you understand that?

23 A. Yes.

24 Q. And you understand that I'll be asking you



1 some questions about the death of Angel Cruz in
2 2016?

3 A. Correct.

4 Q. Okay. Have you ever been deposed before?

5 A. A couple times.

6 Q. Okay. What was the most recent?

7 A. Year ago.

8 Q. Is that in relation to your employment at
9 the Cook County Jail?

10 A. Yes. Maybe more than a year ago.

11 Q. Were you a defendant in that case?

12 A. No.

13 Q. What was the case about?

14 A. A death in Cook County Jail.

15 Q. Why were you deposed?

16 MR. RAGEN: Objection. Speculation.

17 You can answer.

18 THE WITNESS: I was a physician who had seen
19 the patient a week before -- five days to a week
20 before he had died.

21 BY MR. FLAXMAN:

22 Q. Okay. Well, the most important things I'd
23 like to tell you about the deposition is that, as
24 you've been doing, you give a verbal yes-or-no



1 answer and not give an uh-huh or a shake of the
2 head. Is that all right?

3 A. Absolutely.

4 Q. Okay. And that I will do my best not to
5 talk over your answers, and ask you to do your best
6 not to talk over my questions. Do you understand
7 that?

8 A. Yes.

9 Q. Okay. And if you don't understand one of
10 my questions, please ask me to rephrase it. Okay?

11 A. Absolutely.

12 Q. Is there any reason that you wouldn't be
13 able to answer my questions fully and accurately
14 today?

15 A. The only reason would be if I did not know
16 the answer.

17 Q. Okay. But there's no -- no other
18 impediment to answering questions?

19 A. Naturally progression of memory, of
20 degradation of memory. That would be the only
21 other reason I would say.

22 Q. Okay. You're not on any medication that
23 affects --

24 A. Nope.



1 Q. -- your --

2 A. No. Just natural.

3 Q. Okay.

4 A. The brain can only hold so much
5 information.

6 Q. How are you currently employed?

7 A. I am a physician, Cook County Health and
8 Hospital System, division Cermak Health Services.

9 Q. How long have you been employed there?

10 A. I have been employed since 2000 --
11 December 3rd, 2012. Going on eight years.

12 Q. Do you have any other employment?

13 A. I have a part time employment that is in
14 accordance to Cook County Health and Hospital
15 System regulations which means less than 20 hours a
16 week.

17 Q. And what is that?

18 A. As a contract physician.

19 Q. And where are you employed as a contract
20 physician?

21 A. Chicago Behavioral Hospital in
22 Des Plaines, Illinois.

23 THE COURT REPORTER: I'm sorry?

24 THE WITNESS: Chicago Behavioral Hospital in



1 Des Plaines, Illinois. I'm sorry.

2 BY MR. FLAXMAN:

3 Q. Okay. What's Chicago Behavioral Hospital?

4 A. Private inpatient psychiatric hospital.

5 Q. How many hours a week do you work there?

6 A. It fluctuates. Five to ten. Contract
7 work, so if they have a consult for me to see, it
8 really depends. All very well within the 20-hour
9 limits that Cook County states is our policy, and
10 fully disclosed to Cook County as per Cook County
11 policy.

12 Q. Okay. Where did you do your medical
13 education?

14 A. I graduated from Rush Medical College
15 which is a part of Rush University Medical Center.

16 Q. Okay.

17 A. In 2006.

18 Q. And do you have a specialty?

19 A. I did a residency after medical school
20 graduation. I did a dual residency in internal
21 medicine and psychiatry.

22 Q. And where was that?

23 A. Rush University Medical Center.

24 Q. And what did you do after your residency?



1 A. I finished residency in 2011, and I did a
2 one-year fellowship in geriatric medicine which
3 ended in 2012.

4 Q. And that's -- after that you went to work
5 at Cermak?

6 A. Got married and then went to work at --
7 first I got -- first went to work at Rush and then
8 concurrently at -- at Cermak.

9 Q. What was your job at Rush?

10 A. As a outpatient internal medicine
11 physician.

12 Q. How long did you do that?

13 A. I did that for about a year before I left
14 and stayed only at the jail.

15 Q. Was there a time you were doing both?

16 A. Yeah.

17 Q. Okay.

18 A. Absolutely. That was the plan.

19 Q. Do you have any board certifications?

20 A. Yes.

21 Q. What are your board certifications?

22 A. The American -- the American Board of
23 Psychiatry and Neurology.

24 Q. Are you certified in both or just one?



1 A. No. Psychiatry. It's the -- it's a --
2 the -- the Board does both psychiatry and
3 neurology. We're under the same umbrella. Very
4 unique. Not many boards have an umbrella like
5 that.

6 Q. But your certification is --

7 A. Psychiatry.

8 Q. -- psychiatry.

9 A. Psychiatry. It's the ABPN.

10 Q. Do you know what that stands for?

11 A. The American Board of Psychiatry and
12 Neurology.

13 Q. When did you get that certification?

14 A. September -- September 2017.

15 Q. This is -- I'm going to hand you an
16 exhibit that we already marked as Exhibit 1.

17 Do you recognize this as an older version
18 of your CV?

19 A. Yeah. Pretty old.

20 Q. Do you have a current version?

21 A. Not with me, but yes.

22 Q. Do you have any objection to providing me
23 your current CV at a later date?

24 A. No. Just a few changes.



1 Q. Okay. Well, there -- would there be any
2 changes to postgraduate training and education?

3 A. No. I've done no further residencies or
4 fellowships.

5 Q. The board certification lists three that
6 are anticipated?

7 A. Yes. Yes. So I put -- I put internal
8 medicine and -- I put medicine on the back burner.

9 Q. Okay.

10 A. And got married and had kids, concentrated
11 on that, and then got my board certification in
12 psychiatry.

13 Q. What about the geriatric?

14 A. You can't get your geriatric board
15 certification until you take your -- and pass --
16 take and pass your internal medicine certification.

17 Q. So those were both put on the back burner
18 for the same reason?

19 A. Correct. More, not less.

20 Q. I'm sorry?

21 A. More or less. Just a lot of different
22 life reasons and a lot of different reasons. As I
23 said, I stopped working as an internist in 2013,
24 approximately a year after I started, maybe a



1 little less.

2 Q. And that was your employment at Rush where
3 you worked --

4 A. Mm-hmm.

5 Q. -- as an internist.

6 Is that yes?

7 A. Yes. Sorry.

8 Q. And so -- and since you stopped at Rush
9 you haven't worked as an internist?

10 A. No, not as a -- not as a -- a full-time
11 job. There was some -- some consulting work,
12 et cetera, et cetera. Being an internist is an
13 internist even if you're not board certified, you
14 know. But, no, I do not have a full-time
15 employment or part-time employment as an internist.

16 Q. This -- the first thing under your
17 professional experience is work as an emergency
18 psychiatric consulting physician at Stroger
19 Hospital?

20 A. This is really old.

21 Q. When was the last time you worked as --

22 A. These were all my moonlighting
23 experiences. This must have been right out of
24 residency.



1 So as a resident I was -- as a resident
2 you have your full-time -- your permanent, sorry --
3 when you have your permanent Illinois State license
4 you're allowed to moonlight as an attending, and so
5 when I was in my last year of residency and
6 fellowship I moon -- I was moonlighting as a
7 attending emergency psychiatric consulting
8 physician at Stroger. So my association with Cook
9 County has been since 2000 -- actually, probably --
10 the date's probably wrong. It's probably before
11 2012.

12 So I worked as a moonlighting attending
13 psychiatrist at Stroger, and then I worked as a
14 moonlighting hospitalist and nocturnist at
15 NorthShore University Health System, Evanston,
16 Highland Park, Glenbrook, and Skokie hospitals.
17 And those were on and off, you know, contract,
18 moonlighting jobs.

19 THE WITNESS: Do you want me to read that
20 slower?

21 THE COURT REPORTER: You don't have to do it
22 over, just in the future --

23 THE WITNESS: Oh, okay.
24



1 BY MR. FLAXMAN:

2 Q. what -- what's a nocturnist?

3 A. Night shifts. So every hospital has
4 different systems of running their hospital; and as
5 work laws and duty hours have changed over the
6 years, every hospital's approached this
7 differently.

8 NorthShore's system was to employ a
9 6:00 p.m. to 7:00 -- 6:00 p.m. to 6:00 a.m.
10 hospitalist which is a inpatient attending
11 internist to cover the teaching services at the
12 hospital. So -- because usually attendings, you
13 know, are -- don't stay on overnight. It's the
14 residents that run the hospital, but there has to
15 be an attending on site.

16 So this particular hospital ran their
17 business with having a -- an attending physician
18 overnight, and that was allowed to be a fellow or a
19 resident who's moonlighting as an attending. And
20 since I have the qualifications and got
21 credentialed, so I worked there as a -- as a
22 hospitalist, nocturnist.

23 Q. When was the last time you worked at
24 Stroger Hospital?



1 A. The moonlighting position was right when I
2 finished fellowship, so -- because my job is at
3 Cermak, which is a division of -- you know, Cook
4 County has gone through various re-branding and it
5 all pretty much got consolidated recently the last
6 ten years under the umbrella term of Cook Health
7 and Hospital System to clarify the divisions of
8 John Stroger Hospital, Provident Hospital, Cermak
9 Health Services, and then some other associated
10 clinics, et cetera.

11 So I worked as an attending -- full
12 attending physician since 2012 at Cermak. I worked
13 at Stroger as an emergency psychiatric consultant
14 as a resident in the last -- as a moonlighting
15 resident fellow, and the last time I probably did
16 that was June, May -- May 2012.

17 Q. One of the things listed under Stroger is
18 the ASC clinic. What is that?

19 A. So the ASC clinic at the old structure
20 because now it's all -- Fantus is all gone now.
21 Fantus is the outpatient psychiatric clinic at John
22 H. Stroger, Jr., hospital of Cook County. It's now
23 demolished and a pretty new building is up and the
24 clinic is now moved to Provident.

1 Part of the Fantus Clinic, which is the
2 outpatient psychiatric clinic of Cook County
3 Hospital -- the ASC clinic was, like, the urgent
4 walk-in clinic. So if someone was seen at the ER,
5 if they didn't think they needed to be in the ER,
6 they could go to the AC clinic to be seen instead
7 of the ER or sometimes people went into the ASC
8 clinic which is an urgent clinic to be taken over
9 to the ER. So sometimes we were called over there
10 to do -- to do consultations, triages.

11 Q. But you also had experience in the
12 psychiatric ward in the hospital?

13 A. Stroger does not have a psychiatric ward.
14 It was in the ER.

15 Q. Okay.

16 A. So -- because, as you know, Cook County
17 Hospital's the county hospital. People come from
18 all over, and there's a lot of psychiatric patients
19 that get dispositioned every single day in the
20 emergency room there, and they get dispositioned to
21 outside hospitals throughout the state.

22 Q. But if they're going to be admitted for
23 psychiatric care --

24 A. Throughout any -- any one of the hospitals



1 throughout the state.

2 Q. okay. And let me just ask the whole
3 question --

4 A. Oh, sorry. Sorry.

5 Q. -- for the record.

6 A. My apologies.

7 Q. When you were working at Stroger, if a
8 patient was admitted and needed inpatient
9 psychiatric care, would they have to be sent to
10 another hospital?

11 A. Correct.

12 Q. Do you know if that is the case today,
13 that Stroger does not have an inpatient psychiatric
14 unit?

15 A. I can say with 100 percent certainty that
16 Stroger does not have an inpatient psychiatric
17 floor.

18 Q. In your -- in your work at Cermak, have
19 you ever needed to send a patient to inpatient
20 psychiatric ward?

21 A. So how Cermak works is there's a division
22 between psychiatry and internal medicine, primary
23 care. The -- in regards to psychiatry, we within
24 Cook County Jail have a building called Cermak



1 which is a little confusing because we're called
2 Cermak Health Services, right? Cermak, the
3 building, is considered the, quote, unquote,
4 hospital of the jail. I say quote, unquote,
5 because we are not a JCAHO-accredited hospital per
6 se, but we are considered the infirmary units or,
7 re-branded, the specialty care units of the jail.
8 And that's where the internal medicine floors are
9 and the psychiatric floors are.

10 So in regards to psychiatry, the highest
11 level of care when you're in the jail is the
12 psychiatric inpatient floor in Cermak. The buck
13 stops there with us. There is no transferring out
14 to a psychiatric hospital.

15 So the inpatient psychiatric unit at
16 Cermak is where all the acute emergencies,
17 psychiatric -- excuse me, acute psychiatric
18 emergencies where patients simply requiring a level
19 of care deemed as inpatient go to which is
20 different than the primary care folks.

21 Q. And you said an acronym about something
22 like JCAHO-accredited. What is that?

23 A. JCAHO is the commission. JCAHO is the
24 commission that accredits hospitals. So hospitals



1 and jails are different, and jails go under
2 different rules than -- than hospitals. I don't
3 know if I have much more to say about that because
4 that's a little bit above my pay grade.

5 Q. I understand.

6 A. I do know that we are -- I mean, our -- we
7 do -- I do know that we -- our supervisory body is
8 the Department of Justice.

9 Q. Is JCAHO short for joint commission?

10 A. Yes. The bottom line is we can't call
11 ourself a hospital hospital.

12 Q. Right. Looking back at your CV there's
13 two entries for teaching. Do you see those?

14 A. Yes.

15 Q. Have you done any teaching since these two
16 entries?

17 A. Oh, yeah. I'm telling you, this is old.
18 I taught at Cermak Health Services during my -- my
19 years running the inpatient psychiatric unit or I
20 should -- I should call it what it's called
21 currently. It's the psychiatric special care unit,
22 the acute care psychiatric special care unit,
23 2 North. I ran that unit from 2012 to 2017, and
24 during those years I was teaching physician



1 assistant students who were doing their clinical
2 rotation in psychiatry.

3 By stating this, this is a -- I'm not
4 giving you, you know, an exact timeline. There was
5 months that I wasn't teaching, et cetera,
6 et cetera, but by and by I was -- for that period I
7 was teaching almost every month, hit or miss.

8 Q. And was that experiential learning?

9 A. It's clinical rotation. So clinical
10 rotation means the students are hands on. They're
11 seeing patients. I'm supervising them. And so
12 medical students do their education as well.

13 Q. And I think what you said was that you
14 were -- you said what your role was from 2012 to
15 2017. What was that?

16 A. Not for the entirety of the time, but for
17 a majority of the time I was the lead psychiatrist
18 on the acute -- acute care psychiatric special care
19 unit, 2 North.

20 Q. Is 2 North the -- the only special care
21 unit?

22 A. No. There's -- at Cermak there is five
23 special care units -- four. One is combined. We
24 have 2 North, which is the acute care, men's



1 psychiatric -- PSCU, psychiatric -- I'm just going
2 to stop saying that -- psychiatric special care
3 unit. 2 West is the women's combined acute,
4 subacute, chronic PSCU. 2 South is the men's
5 subacute PSCU. 2 Southeast, which is kind of
6 combined with 2 south, is an extension of the men's
7 subacute with some chronic PSCU. And 2 East is the
8 men's chronic PSCU.

9 Q. And you were the lead in 2 North?

10 A. On 2 North.

11 Q. Okay.

12 A. At times I had responsibilities on 2 South
13 as well. Coverage responsibilities on -- on 2
14 West, 2 East. I mean, a jack of all trades.

15 Q. What -- what did you -- what was your
16 position starting in 2017 when you --

17 A. I was transitioned in May of '17 to --
18 after my time on 2 North, I was transitioned to the
19 outpatient division at -- and I was specifically
20 transferred to Division 9 and that was my -- I have
21 an outpatient clinic in Division 9.

22 Q. Is that still your role?

23 A. Mm-hmm.

24 Q. Is that a yes?



1 A. I'm sorry. Yes.

2 Q. Did you want to be transitioned to
3 Division 9?

4 A. Neither here nor there. I can't really
5 answer that. It was -- it was time. It was time
6 for a change. I was one of the longest running --
7 I held the position for one of the most extended
8 periods of time. It was -- it was good for a
9 change. Getting stagnant is never good in life.

10 Q. Did you request to be moved?

11 A. I did not request to be moved. It was
12 a -- it was -- it was an open discussion, mutual
13 discussion.

14 Q. Who was the discussion with?

15 A. My supervisor.

16 Q. And who was your supervisor in 20 --

17 A. Dr. --

18 Q. -- 17?

19 A. -- David Kelner. He's still the
20 supervisor.

21 Q. What's Dr. Kelner's title?

22 A. He's the chief psychiatrist of Cermak
23 Health Services. To be completely thorough, I
24 also -- 90 percent of my work is at Division 9 now,



1 but I also do about 10 percent of my work in
2 receiving which is known as RCDC, receiving
3 classification -- I worked there for almost eight
4 years, and I can still not remember it. I mean, I
5 can Google it and tell you. Receiving
6 classification something center.

7 Q. If I knew, I would help you.

8 A. It's where -- it's where people come off
9 from bond court when they're first arrested. They
10 come in from bond court. They've been deemed to go
11 into custody, and they get processed through. So
12 they're coming in with street clothes, getting
13 processed, getting their internal medicine
14 screening, their psychiatric screening, their ID,
15 their uniform, et cetera, et cetera.

16 Q. And what's your role when you're working
17 in receiving?

18 A. Psychiatrist doing psychiatric screens
19 that are given to me by the mental health
20 specialists.

21 Q. And is that -- are you regularly assigned
22 to that?

23 A. Yeah. I have a regular, but it's only
24 about 10 percent of my work.



1 Q. okay.

2 A. I do two nights a week there. Actually,
3 I've never been good at math, so I don't know what
4 that comes out to. 15 percent? 20 percent?

5 Q. Were you -- did you have responsibilities
6 in receiving when you were assigned to 2 North?

7 A. Yes. I had one night a week assigned.
8 It -- it's always -- it was always open to us for
9 overtime, but I picked up one night a week
10 consistently. I cannot tell you a definitive
11 answer. I think it was after my -- my son was
12 born. I think it was after 2015.

13 Q. And did you have regular hours when you
14 were assigned to 2 North?

15 A. Yes.

16 Q. What were they?

17 A. The -- I mean, the -- it's an -- it's a
18 flex schedule because there is always -- you know,
19 it's an inpatient unit, so there's always 24-hour
20 nursing, 24-hour psych, mental health specialists.
21 So the doctor's role really is just to come in and
22 see the patient and, you know, go write your notes.
23 So, I mean, my -- my -- my schedule was fluid, but
24 by and by it was during the day of course with some



1 evening hours at times. So sometimes I would work
2 until six, seven, eight o'clock. Come in later,
3 leave a little bit later. Come in earlier, leave a
4 little bit earlier. I did what I had to do to get
5 the job done to see all my patients. So we never
6 leave without the patients being seen.

7 **Q. Did you work Monday through Friday?**

8 A. Yes. Again, my schedule's kind of gone
9 through various iterations over the years. When I
10 picked up the evening shift in receiving starting
11 in 2015, I was off during that day actually. So it
12 would be on 2 North Mondays, Wednesdays, Thursdays,
13 Fridays, and then Tuesday nights I would be doing
14 the receiving shift.

15 Early on when I first started I was
16 working as an internist as I previously stated, so
17 I had a goofier schedule. You know, I would work
18 Mondays -- for example, Mondays I would work, like,
19 4:00 to 10:00, 4:00 to 11:00. So it was -- it's
20 been in flux. But since I left being an internist
21 at Rush, that's when the schedule's kind of been
22 more stabilized.

23 **Q. And when you were not present at the jail,**
24 **were you available by phone?**



1 A. So Cermak has a -- well, I'm always
2 available by phone, but Cermak has a -- our
3 department, I should say, our behavioral health
4 department has a system in place implemented by the
5 chief of psychiatry, Dr. David Kelner. He draws up
6 a call schedule. You know, he takes how many
7 providers we have. He divvies up the weeks,
8 rotates us all, and the -- you know, being on
9 call's a misnomer in many circles. It's -- you
10 don't go in when you're called. You're just
11 available by phone for coverage on the inpatient
12 units.

13 But actually when you're on call at the
14 jail, it's not just for the inpatient units, it's
15 for anything across the compound. So, you know,
16 don't forget we run a little city there. So if
17 someone in the outpatient setting has a question --
18 we have an urgent care area also in the jail so if
19 someone has a -- you know, needs to discuss a case
20 from urgent care, they call the on-call
21 psychiatrist. If the inpatient units need an --
22 answer a question, they call the on-call
23 psychiatrist.

24 Q. So is there a single on-call psychiatrist



1 for the whole compound?

2 A. Yes. Every week. Now, having said that,
3 that doesn't mean that because I wasn't on call I
4 did not field calls for my unit. As I said, I was
5 the lead psychiatrist on that unit; and if they
6 could not get ahold of the on-call psychiatrist,
7 they would sometimes call me. But by and by the
8 on-call psychiatrist is responsible for on-call
9 duties when they're on call.

10 Q. Let me show you another exhibit.

11 MR. RAGEN: Was this -- did we produce this?

12 MR. FLAXMAN: Yeah.

13 THE WITNESS: Do you guys have, like, a -- some
14 kind of water thing to fill this up?

15 MR. FLAXMAN: Yeah. Take -- take a break.
16 I'll get you some water.

17 THE VIDEOGRAPHER: The time is 11:34 a.m. and
18 we're going off the video record.

19 (Discussion off the record.)

20 THE VIDEOGRAPHER: The time is 11:41 a.m. and
21 we're back on the video record.

22 BY MR. FLAXMAN:

23 Q. In front of you is a document we marked as
24 Exhibit 2. Is this the description of your job as



1 a correctional psychiatrist?

2 A. It appears to be.

3 Q. Okay. The fourth paragraph of this first
4 page which begins the unit program goals to be
5 operationalized with the unit director including
6 the psychiatrist providing psychiatric evaluation,
7 diagnostic assessments, medication management,
8 treatment, planning, all within a therapeutic
9 housing environment for mentally ill pretrial and
10 county-sentenced detainees.

11 Did I read that right?

12 A. That's what it says.

13 Q. Okay. Are those all your
14 responsibilities?

15 A. Sure.

16 Q. Okay. Do you see a difference between
17 psychiatric evaluation and diagnostic assessment?

18 A. No.

19 Q. And when you were assigned to 2 North, did
20 you have responsibility for medication management?

21 A. It's inherent within the job.

22 Q. What do you mean by that?

23 A. I can't do my job as a psychiatrist
24 without prescribing medications.



1 Q. And does medication management also
2 include taking into account other medications that
3 a patient has already taken?

4 A. Please clarify what types of medications.

5 Q. Well, what is -- are there types of
6 medications that you would not take into account?

7 A. Of course. We -- we're an inpatient unit,
8 right? So, I mean, you know I said we're not in a
9 hospital, but we are a specially -- special care
10 unit, an inpatient unit, so by definition we take
11 care of the psychiatric concerns. Most hospitals
12 are organized in the fashion that you will have
13 some type of consults for other needs that the
14 patient might have.

15 So, for example, most patients have
16 primary care needs -- and let's use that term as an
17 umbrella definition for internal medicine. So our
18 patients who are admitted get, you know, initially
19 screened through the RCDC process by primary care.
20 They get seen in the outpatient divisions by
21 primary care. They get seen throughout the whole
22 hospital compound by primary care.

23 So when they come to us on 2 North, they
24 sometimes have consults and are seen by primary



1 care as well there. If they're on medical for --
2 for the sake of discussion, I dislike this term
3 severely, but if they're on medical medications,
4 they are managed by the primary care consultants.

5 So I would not be managing that. The
6 internist who is assigned to 2 North or internal
7 medicine provider, I should say, because it could
8 be a PA, is responsible for managing any medical
9 comorbid -- medical comorbidities and medications.

10 Q. Is there an internist who's regularly on
11 2 North?

12 A. I've been gone for a couple of years now,
13 so they've -- you know, the compound is constantly
14 upgrading its policies and changing its ways of
15 doing things for improvements. When I was there at
16 the time, I know that they had gone through a
17 couple different various types of coverages.

18 So, if memory serves me correct, when I
19 was -- when I was still on 2 North, they had, I
20 think, one or two different providers that did
21 their medical call, sick call, or whatever we call
22 it, and followed up with the patients medically as
23 per what the primary care department deemed
24 necessary, not us.

1 We would not define to them -- to them
2 what they would do. We could ask them to come back
3 again. You know, like, let's say they were seen on
4 a Monday, but we still had a concern. We could
5 say, hey, could you come back again, please, and
6 see this patient. We're concerned about them.

7 So, yes, I circumstantially have come back
8 to the point. I would not be managing medications
9 for medical comorbidities. Again, I don't like
10 that term because psychiatric illness is a medical
11 comorbidity, but I'm just trying to make a division
12 for the sake of discussion.

13 Q. Yeah. Is there another term? I mean, I
14 think psychiatric medication is something that
15 makes sense.

16 A. Yes. Psychiatric meds versus somatic
17 meds.

18 Q. Okay. And the -- so the management of the
19 nonpsychiatric meds would be done by --

20 A. Primary care. It's the PCC. We call it
21 primary care clinic or the primary care folks.
22 Primary care.

23 Q. And -- and the primary care --

24 A. Department.

1 Q. And a primary care doctor would come to
2 the unit as needed; is that right?

3 A. No. Not just as needed. They had a
4 system, but just like -- we're inpatient units, so
5 they have a consistent system of how they came and
6 did the rounds. I can't remember what their system
7 was or what it is now. I definitely don't know
8 what it is now.

9 Q. And when that was done and the internal
10 medicine would make their rounds, would it be a
11 doctor who did it?

12 A. As I said before, it could be -- I changed
13 my wording to provider.

14 Q. Okay.

15 A. It could be an internist. It could be a
16 family medicine doc. It could be a PA working in
17 the primary care. They're all under the umbrella
18 of primary care.

19 Q. Okay. And PA means physician's
20 assistants?

21 A. Correct. A physician assistant working in
22 primary care.

23 Q. Right. Are there physician's assistants
24 who work in 2 North?



1 A. Yes.

2 Q. What was their role?

3 A. I had one PA -- I had a physician
4 assistant work under me. She was a former student
5 of mine, and she was hired to work as a psychiatric
6 PA; and she was assigned to be my PA on 2 North.

7 Q. All right. Let me -- the second page of
8 this job description has a long list of bullet
9 points. Do you see that?

10 A. Yes.

11 Q. The -- well, the fourth one is respond to
12 contacts while on call according to the established
13 rotation and schedule. Do you see that?

14 A. Yes. I see that.

15 Q. And is that what we talked about
16 earlier --

17 A. Correct.

18 Q. -- on call?

19 A. That's when you were on call.

20 Q. And is -- the next one says respond to all
21 pages and telephone contacts. Is that different
22 than being on call?

23 A. Well, it says when providing on-call
24 coverage.



1 Q. Okay.

2 A. And insure follow through on signature of
3 any verbal orders given. So by definition I
4 believe it would say when on-call coverage. I
5 think this is trying to delineate between being on
6 call and getting a call when you are not on call
7 because when you are not on call, you are not
8 required to call back.

9 Q. Okay. When you are on call, how does
10 somebody at the jail contact you?

11 A. Telephone.

12 Q. This document refers to pagers. Did you
13 ever use a pager?

14 A. No. Used it -- I mean, let me rephrase.
15 I have used a pager in my life.

16 Q. Okay.

17 A. Not at Cook County Hospital.

18 Q. Thank you.

19 A. Cermak Health Services as part of Cook
20 County Hospital.

21 Q. When you were -- when you would receive a
22 phone call, would you document the phone call?

23 A. Yes and no. So, again, if -- if I was on
24 call -- well, so things have changed over the



1 years. Previously we did not have something called
2 VPN coverage which would be you remote in through a
3 virtual -- many hospitals today you access the
4 electronic medical record from -- remotely from
5 home. I cannot tell you a specific month and year
6 when I got access to that.

7 It has to be probably when I started doing
8 telepsychiatry because by definition if I'm
9 remoting in, I would probably be doing it; but that
10 was just for my telepsychiatric responsibilities.
11 So we would write notes when we came back on Monday
12 a lot of times and write an on-call note.

13 Q. So presently you do have access to the
14 medical record system remotely?

15 A. Yes.

16 Q. Did you have access to the medical system
17 remotely in 2016?

18 A. Again, I started telepsychiatry possibly,
19 probably, but initially I would say -- I would say
20 when we first had access it was strictly being used
21 for the telepsychiatric services of performing my
22 duties in receiving. And then after that it was
23 expanded to -- you know, we really weren't in the
24 notes of the patients that we're not seeing at the



1 time.

2 It did not become commonplace I think
3 until later. You know, because when I was doing
4 telepsych, I was doing telepsych and I was seeing
5 my receiving patients and charting on that. I
6 wouldn't just go up to the chart, you know, I think
7 as -- as -- I think as technology -- again, this is
8 all coming from memory now.

9 As technology progressed within the
10 department rapidly, I think policies also evolved
11 rapidly from the department, so -- like, as you
12 see, this document here says 11/10.

13 Q. Right.

14 A. I'm sure this document's come through 10,
15 12, you know --

16 Q. Sure.

17 A. -- different versions, and that's why they
18 keep them all on the internet because there's so
19 many different policies being updated on a
20 continuous basis.

21 Q. When did you start doing telepsych?

22 A. Let me see. It's the -- it's -- my
23 previously mentioned receiving time. I did not do
24 it in -- I did not do it in person. I did it



1 remotely.

2 Q. So when you were working -- I'm sorry.

3 Let's start again.

4 when you had responsibility for receiving,
5 you would do that over a video?

6 A. Yes. It's all HIPAA approved within
7 the -- the -- within the context of Cermak Health
8 services policies, et cetera, et cetera.

9 Q. So the patient would be in the RCDC?

10 A. Correct.

11 Q. And where would you be?

12 A. In my office.

13 Q. Your office at home?

14 A. Correct.

15 Q. And what we've been talking about is that
16 you would have total access to the medical records.

17 A. Correct.

18 Q. So you could make orders.

19 A. Yes.

20 Q. Enter notes, yes?

21 A. Yes. Correct.

22 Q. And view everything else in the record.

23 A. Correct.

24 The difference is when you're on call, you



1 know, you're on call. You're not necessarily
2 sitting at home on -- you know, for a week I'm not
3 sitting at home at a desk, right? I have a life.
4 So you're doing things. So you document somewhere
5 somehow what the call was about. I don't have
6 instant access to a laptop to be like, I'm going to
7 go chart this right now, right?

8 Q. Right. So you would -- if you were on
9 call, it's possible that you would document it at a
10 later time.

11 A. Correct.

12 Q. And the --

13 A. And depending what, too, you know.

14 Q. Well, are there some things you would deal
15 with on call that you wouldn't document?

16 A. Potentially. Yeah. I mean, potentially
17 because if someone called -- if someone called me
18 from the outpatient division saying, hey,
19 Dr. Paschos, can I discuss a patient with you
20 really quick and I'm on the on-call doctor and they
21 need to get clearance from me verbally to admit
22 someone and I gave them verbal clearance, they can
23 type -- they type in their note discussed the case
24 with Dr. Paschos.



1 So sometimes that might -- it's redundant
2 to write it twice, but if there were any -- any
3 circumstances that I need to document, I needed to
4 document, you know. It's a subjective call I
5 guess.

6 Q. So it would be up to you if you needed
7 documenting?

8 A. Yeah.

9 Q. Okay. The line that we read that said
10 respond to all pages and telephone contacts.

11 A. Yes.

12 Q. It ends, in short follow through with
13 signature of any verbal orders given.

14 A. So --

15 Q. Do you know what that means?

16 A. Yeah. So, again, any verbal -- any orders
17 you would give, it would be verbal orders and
18 nurses would implement them. And as technology
19 progresses -- well, during my years there initially
20 they were paper based, the on-call telephone orders
21 were handwritten, paper-based that was deposited
22 into my box on the unit; and then I would sit down
23 on Mondays and sign my life away.

24 When there was a tripart triplicate --



1 tripart triplicate old school carbon copy and you
2 sign it and one piece goes somewhere, one piece
3 goes somewhere else, et cetera, and then as time
4 progressed it transitioned into an electronic
5 signature on an electronic order.

6 Q. And once it transitioned to an electronic
7 order, would you still have to approve it when you
8 were --

9 A. Yeah. You go into the chart and
10 electronically sign it.

11 THE VIDEOGRAPHER: Excuse me, Counsel. You're
12 rubbing your mic.

13 BY MR. FLAXMAN:

14 Q. Do you have some kind of inbox with orders
15 to approve? How did you know which --

16 A. Electronically?

17 Q. Yes.

18 A. Electronically we all have a message
19 center. I mean, every electronic medical record is
20 different. My wife's -- she has Epic, and they
21 call it a bucket.

22 Q. Okay.

23 A. And Cerner we have a -- a message center.
24 It's just our -- you know, it's our inbox.



1 Q. And just for -- Cerner is C-e-r-n-e-r?

2 A. C-e-r-n-e-r.

3 Q. And that's the name of the medical record
4 system at --

5 A. Correct.

6 Q. And so through that system would you
7 review all orders you had made while you were on
8 call?

9 A. Yes.

10 Q. The -- further down on this list of bullet
11 points is one that says document all clinical
12 encounters within patient records in a timely
13 fashion whether paper or electronic recordkeeping?

14 A. Where is this?

15 Q. It's about halfway down. It starts with
16 document all clinical encounters.

17 A. Okay.

18 Q. Did you read that?

19 A. Yes.

20 Q. Was -- and that's one of your
21 responsibilities, right?

22 A. Yeah. When I'm doing my rounds and I'm
23 seeing my patients, write my notes.

24 Q. Okay. And I think you told me that at



1 sometime while you've been employed at Cermak, it's
2 gone from some things on paper to everything
3 electronic; is that right?

4 A. Yeah. Well, just these -- the telephone
5 orders were -- used to be paper.

6 Q. Oh, okay.

7 A. And they transitioned into being purely
8 electronic as well.

9 Q. Were orders -- were notes you made at the
10 facility always electronic --

11 A. Yes.

12 Q. -- in your time?

13 A. And orders were electronic as well that
14 were on the facility, but just telephone orders
15 were paper; and I do not recall when that
16 transition occurred.

17 Q. Further down near the bottom there's one
18 that says contact prior treatment providers as
19 necessary to insure continuity of care. Do you see
20 that?

21 A. Yes.

22 Q. Is that one of your responsibilities?

23 A. So I believe, if you're reading the
24 paragraphs leading up to the bullet points, it's



1 kind of referencing a team effort.

2 Q. Mm-hmm.

3 A. So play leadership role within the
4 multidisciplinary team to carry out the full range
5 of mental health screenings --

6 THE COURT REPORTER: I'm sorry.

7 THE WITNESS: I'm sorry.

8 The paragraph -- second paragraph under
9 duties and responsibilities, play a leadership role
10 within the multidisciplinary unit team to carry out
11 the full range of mental health screening,
12 evaluation, and services, programs, therapeutic
13 activities, recreation, and community reentry
14 interventions. The next two paragraphs goes on to
15 talk about more of those duties.

16 So essentially it's work as a team to
17 accomplish many of these tasks. Some of the tasks
18 are obviously individualized to specific providers.

19 So in reference to your specific bullet
20 point, which one was it again?

21 BY MR. FLAXMAN:

22 Q. It was the contact prior treatment
23 providers.

24 A. Yeah. I mean, we did our best ability to



1 contact past treatment providers. Many times that
2 would entail getting a release of information
3 because we would always have to get a release of
4 information from the patient and sometimes our
5 medical social worker would assist us in that.
6 Sometimes the psychologist unit director would
7 assist us in that.

8 Sometimes a PA student of mine would
9 assist me in that because if I'm leading the whole
10 team and I'm doing all these things, I can't -- I
11 can't do everything at once. Sometimes I would
12 pick up the phone and call myself.

13 It's a team effort. It takes a village.

14 Sorry about that.

15 Q. Let me just ask about a couple things on
16 the next page and then we'll move on.

17 I'm looking at Page 3 of Exhibit 2. About
18 halfway down there's a bullet point that starts
19 with monitor self-injurious behavior. Do you see
20 that?

21 A. Okay.

22 Q. This -- and do you see this refers to
23 something called a self-injurious behavior
24 occurrence report, an SIBOR?



1 A. Yes.

2 Q. Do you know what that is?

3 A. I -- not -- I mean, I don't know how to
4 answer that question. This is an outdated
5 responsibility list. Did I monitor self-injurious
6 behavior? Yes, I did. Did I do it with a report?
7 I'm not sure. We have various reports that are
8 provided for us.

9 So, for example, since I was the lead
10 psychiatrist on the inpatient unit or PCSU, I
11 should say, we would get patients from all over the
12 compound. We were the feeding system from
13 receiving, from urgent care, from outpatient, from
14 intermediate care. So when self-injurious behavior
15 would occur out in the outer division, usually an
16 incidence report would be written. So I know we
17 get daily e-mails with those reports to kind of go
18 through and be able to, you know, document and see
19 what -- what self-injurious behavior has been
20 engaged.

21 Furthermore, inherent within my duties is
22 doing what's called a chart review. So if someone
23 is admitted to my unit, I will review the chart and
24 see any notes written by the counselors in the



1 division or the psychologists in the division or
2 the primary care doctors in the division. So I
3 will document any, you know, self-injurious
4 behavior.

5 We also had daily staffings on 2 North
6 where we talked about the patients every morning,
7 and that would be another forum where we would talk
8 about self-injurious behavior. For a time we also
9 had a communication logbook that had documented
10 incidents over night. That was not necessarily
11 self-injurious behavior but could include
12 self-injurious behavior.

13 So you had a lot of different
14 communications of self-injurious behavior. And
15 I'm -- I'm sure we do have some type of form -- I
16 mean, we do have a formal report that's done -- I'm
17 not sure if it's once a month. The boss usually
18 goes to it. The chief psychiatrist goes into it.
19 The chief psychologist goes to it. And I'm
20 blanking on what's it's called right now, but
21 it's -- they talk about people who are self-harming
22 in the compound, not just 2 North.

23 Q. What are daily staffings?

24 A. A daily staffings is -- daily staffing do



1 every other day staffing are common occurrences on
2 inpatient psychiatric units throughout the country,
3 I would say. Specific to our unit, we had a daily
4 staffing where in the morning we would review all
5 new admissions, discuss new admissions, and then
6 discuss cases -- sorry. See, I've been gone for a
7 couple years now, so my memory's coming back to me.

8 So Monday through Friday we would always
9 have our morning huddle where we would review new
10 admissions, as I said. We would go over potential
11 discharges. Twice a week those morning huddles
12 took special significance where they would become a
13 full blown staffing where not only do we review new
14 admissions, we actually discuss every single
15 patient on the caseload in a multidisciplinary
16 treatment team fashion. So psychology, mental
17 health, psychiatry, nursing, social work, art
18 therapists, everybody was invited.

19 Q. Were correctional officers involved in the
20 daily staffings?

21 A. Not in -- not in actual staffings.

22 Q. Okay. Would you speak to correctional
23 officers regularly?

24 A. You have to to do your job.



1 Q. Right.

2 A. It's impossible to work in a jail and not
3 speak to a correctional officer.

4 Q. And what did you have to speak to them
5 about to do your job?

6 A. They would provide collateral information
7 always as doing their job and being a good
8 psychiatrist or a good internist, you always need
9 to have more info. You're only as good as the data
10 you have. So if, you know, a patient did something
11 on the unit that I didn't witness, nurse didn't
12 witness, counselor -- psych worker didn't notice
13 but the security noticed, it would come to our
14 attention.

15 It must be stated here that we don't work
16 in a vacuum. We are guests in the jail and we work
17 in the jail. We cannot do our job without the
18 officers because it's a jail. And so they are not
19 privy to the medical record and to clinical
20 information because that would be a violation of
21 HIPAA.

22 But our ears are always open to listening
23 to what they say. Does that mean that I take what
24 they say to be golden clinical data? Not



1 necessarily. It's on individual provider to
2 interpret what -- you know, what is said and what
3 is not said.

4 Q. You described all the participants and
5 staffing. Is --

6 A. I might have -- I might -- I'm sorry for
7 interpreting.

8 Q. Go ahead.

9 A. I might have forgotten someone.

10 Q. Oh, okay.

11 A. Just...

12 Q. Would one of those staffings ever include
13 internal medicine?

14 A. It could. We've had special staffings
15 before. We -- we had special staffings, and then
16 we also had special multi -- what's called MDTs,
17 multidisciplinary treatment teams, where security
18 is actually invited. Those are the ones that
19 clinical information is at a bare minimum. I do
20 know that our department and security have certain
21 agreements that I'm not -- like, above my pay
22 grade.

23 Q. Sure.

24 A. There's certain agreements between Cermak



1 and -- an accounting on how things are run because,
2 again, we work in a jail. So there's certain
3 sharing of knowledge, but not the, you know,
4 protected medical record.

5 Q. And I -- I think you were answering a
6 question about correctional staff participating in
7 staffings; is that right?

8 A. Say it again.

9 Q. Were you just telling me about special
10 staffings where --

11 A. MDT. So it wasn't -- it wasn't -- it
12 wasn't just any, like, random correctional
13 officers. It's usually a superintendent.

14 Q. Sure.

15 A. Maybe a lieutenant, a sergeant, someone
16 of, you know, higher ranking; and these were
17 special situations.

18 Q. All right.

19 A. Not on a day-to-day basis, not on an
20 average patient. You know, we've had some unique
21 cases over the years that were few and far between
22 and, you know, those needed to be discussed because
23 it impacted -- their care was impacted by security.
24 Their care was impacted by medical, et cetera,



1 et cetera.

2 Q. Let me ask you a different question which
3 is would the regular staffings on 2 North ever
4 include internal medicine?

5 A. Not during the clinical portion. Like I
6 said, we would always ask, hey, you -- you know, we
7 could always ask do you have anything to add, did
8 you guys see anything about this patient if we had
9 a question about something.

10 Q. Okay.

11 A. But not -- not about clinical data.

12 Q. Okay. Let me go back to Page 3 of the
13 description that's in front of you.

14 About three quarters of the way down is
15 one bullet point that begins initiate and continue.
16 Do you see that?

17 A. Initiate and continue therapeutic
18 restraints or seclusion as clinically necessary
19 when a mental health patient is in eminent danger
20 to himself or others.

21 Q. And was that one of your responsibilities
22 when you were assigned to 2 North?

23 A. Yes. It's to make a decision as a
24 physician, as a psychiatrist, whether or not



1 therapeutic restraints would need to be deployed,
2 whether or not medications needed to be deployed,
3 emergency medications needed to be deployed, lots
4 of decisions to be made; but that was one of the
5 decisions to be made. But I -- by the way, not on
6 all patients. On my patients. I didn't have the
7 whole unit. You know, I worked with various
8 degrees of other providers. At one point we had
9 three providers, four providers, you know,
10 different levels. So I'm not going to make a
11 decision on somebody else's patient except for if
12 I'm on call and called overnight.

13 Q. Did you consider all the patients on
14 2 North to be your patients?

15 A. No. No. I mean, I was the lead
16 psychiatric, but I've -- I've always worked with --
17 you know, with colleagues.

18 Q. So there were times when there were other
19 psychiatrists assigned to 2 North?

20 A. And my PA. I can't see 50 people,
21 40 people 30, people, 20 people on my own. So I've
22 had various partners and coverage over the years.

23 Q. Okay. What are therapeutic restraints?

24 A. Therapeutic restraints is a standard of



1 care in all psychiatric hospitals throughout -- and
2 medical hospitals that deliver psychiatric care
3 throughout the United States. They are a form of
4 restraint that goes under the heading of
5 psychiatric restraints because there's different --
6 different types of restraints. There's psychiatric
7 restraints and there's medical restraints which I
8 know through my internal medicine training.
9 From -- for our discussion purposes on the
10 argument, they would be psychiatric restraints, not
11 medical restraints.

12 So psychiatric restraints were a form
13 of -- as this -- as the bullet point says, was a
14 form of assisting a patient who she or he were in
15 imminent danger to himself or herself or others.
16 The Illinois Mental Health Code, you know,
17 delineates various types of ways of de-escalating
18 patients and we always start with verbal
19 de-escalation and consulting and we go through the
20 various steps and various points. We've had
21 seclusion, not had seclusion, therapeutic
22 restraints, emergency forced medications.

23 So restraints were one of them that was
24 deployed after multiple other steps had failed.



1 MS. HAIDARI: Can we take a quick break?

2 MR. FLAXMAN: Sure.

3 THE VIDEOGRAPHER: The time is 12:17 p.m. and
4 we're going off the video record.

5 (Discussion off the record.)

6 THE VIDEOGRAPHER: The time is 12:25 p.m. and
7 we're back on the video record.

8 BY MR. FLAXMAN:

9 Q. What is the difference, as you understand
10 it, between psychiatric and medical restraints?

11 A. There's different indications, different
12 time periods of renewal, how long you can deploy
13 them, in other words. Off the top of my head I
14 can't tell you I remember exactly what the
15 differences are for internal medicine because I
16 have not deployed medical restraints in quite a
17 while, but I can tell you what psychiatric
18 restraints are.

19 So there's just duration of deployment,
20 types of restraints, those are the two main
21 differences, I would say, and reasons, reasons why
22 they're deployed.

23 Q. The document we've been looking at lists
24 imminent danger -- I'm sorry -- lists -- states

1 when a -- when a mental health patient is in
2 imminent danger to himself or others.

3 Is that a reason for using psychiatric
4 restraints?

5 A. Absolutely.

6 Q. Are there any other reasons for using
7 psychiatric restraints?

8 A. That's -- that's a -- that's a good
9 umbrella term because imminent danger could mean
10 many different things. It could mean they're about
11 to kill themselves or trying to kill themselves,
12 they have active suicidal ideation that -- with a
13 plan to kill themselves and are relentless in their
14 desire to kill themselves. It could mean that they
15 are self-harming actively. They are cutting. They
16 are attempting to denucleate an eyeball. They're
17 attempting to swallow foreign bodies to cause
18 bodily danger. They're attempting to cut open
19 forearms. They are attempting to cut open
20 arteries, veins. They are attempting to -- they're
21 punching and kicking and thrashing so aggressively
22 that they're placing their -- their body at harm.
23 They could be head banging against a wall, door --

24 I mean, I've had people head bang against



1 the ground, against the toilet. We have metal
2 toilets in the jail. It could be aggressive
3 behavior due to psychosis. If the patient is
4 attacking peers, attacking staff, that -- unable to
5 be, again de-con -- de-escalated or consoled
6 through verbal de-escalation, offered medications,
7 refused medications.

8 There is a various gradation of reasons
9 and steps that you have to go before, you know, you
10 would deploy them; but there's a lot of different
11 reasons, and that imminent danger I guess is good,
12 you know -- that's why they probably picked it.
13 It's a good umbrella term, and it -- and it does
14 add the to self or others.

15 Q. So all the examples you gave me were under
16 that umbrella of being in imminent danger to self
17 or others, right?

18 A. I will not corner myself by saying that
19 that's it, but off the top of my head.

20 Q. So there may be ones that don't fit within
21 that?

22 A. Off the top of my head, sure.

23 Q. And so what are the reasons for putting
24 someone in psychiatric restraints that don't fit



1 under the umbrella of imminent danger to self or
2 others?

3 A. That's not what I'm saying. I'm sorry.

4 Q. Oh, I'm sorry.

5 A. What I'm trying to say is I can -- I
6 provided a pretty extensive list right now. I
7 can't remember if I'm missing something.

8 Q. Okay.

9 A. It could be something else that I'm
10 forgetting.

11 Q. So there may be one, but you don't -- you
12 can't think of it right now?

13 A. Yeah. I mean, it's a pretty extensive
14 list I gave you.

15 Q. And then you mentioned that there's --
16 those are the indications for psychiatric
17 restraints, right?

18 A. So self-harm, you know. There's a lot of
19 types of self-harm. I've had people try to take
20 out an eyeball.

21 Q. Right.

22 A. Actually succeed in taking out an eyeball.
23 I've had people use fingernails to cut their
24 antecubital region and get to their brachial vein,



1 get to their brachial artery. I've had people cut
2 their forearm proper, swallow various foreign
3 bodies that could cause severe internal damage and
4 bleeding, cut their sheets up to create a noose to
5 hang themselves. Again, bang -- bang -- bang their
6 head up -- attempt to kill another -- attempt to
7 harm, I should say, another peer, attempt to harm a
8 staff member.

9 Q. And when you were assigned to 2 North,
10 what physically were used as restraints?

11 A. I never -- are you asking who deployed the
12 restraints or are you asking what departments --

13 MR. RAGEN: Joe, do you want --

14 BY MR. FLAXMAN:

15 Q. What were the restraints? What were they
16 made of? What did they look like?

17 A. They're -- again, the department's gone
18 through various, you know, types of restraints. I
19 believe what you're referencing though is -- hold
20 on. Let me read this.

21 So --

22 MR. RAGEN: Do you mind if --

23 MR. FLAXMAN: Please.

24 MR. RAGEN: So he's just asking and I -- I



1 anticipate the time period would be March 2016. If
2 you could just tell us what were, like, the type of
3 restraints? were they made out of, like -- like,
4 Styrofoam or were they made out of water or were
5 they --

6 THE WITNESS: Got you.

7 MR. RAGEN: -- made out of leather?

8 THE WITNESS: Yeah.

9 MR. RAGEN: If you want to --

10 THE WITNESS: Sorry. My apologies.

11 MR. RAGEN: Because usually you're talking for
12 a while which is fine. You're really trying to
13 answer questions. It's all good. But, like,
14 just -- he just asked, like, what were the
15 restraints that were used in March of 2016. If you
16 can say what they're made of.

17 THE WITNESS: That. Okay. Yeah. Yeah. Thank
18 you. Because I just realized, by the way,
19 therapeutic restraints, there are other types of
20 restraints that we use other than four-point or
21 five-point leather restraints.

22 So leather restraints. They're usually
23 made out of leather restraints with lock and key
24 that are, you know -- they are deployed



1 appropriately through a specific bed, like a --
2 it's a specific bed that it has to go to.

3 BY MR. FLAXMAN:

4 Q. And they're used to, well, attach the
5 patient's limbs to the bed?

6 A. Limbs, correct.

7 Q. And you said four-point and five-point.
8 what do those mean?

9 A. Four points is for two wrists, two ankles.

10 Q. Okay.

11 A. The fifth point is a chest strap because I
12 have witnessed many people get out of and actually
13 hurt -- you know, get out of restraints due to how
14 aggressive they were and how violent they were. So
15 a chest strap hinders the person from being able to
16 move their -- their thoracic cavity.

17 Q. And were there any other options besides
18 four-point and five-point when you were assigned to
19 2 North?

20 A. Sure. A safety smock and blanket is
21 employed for people -- for certain people who meet
22 different criteria.

23 Q. And --

24 A. That's considered a restraint.



1 Therapeutic -- either seclusion I guess could be
2 considered a form of a restraint because you're
3 secluding them from their environment. Chemical
4 restraint is emergency medication which, you know,
5 you're going against their will and violating --
6 you know, you're injecting their body with a
7 medication.

8 Q. What's a safety smock?

9 A. Safety smock and blanket is a type of
10 restraint when people are attempting to use their
11 linens or their clothing to cut them to make a
12 noose to hang themselves. So a safety smock is
13 made of a tougher material that is tear resistant
14 that the patient is unable to tear to make a noose.

15 THE VIDEOGRAPHER: Excuse me, Doctor. Could
16 you move your water bottle off to the side?

17 THE WITNESS: Sorry. About that.

18 THE VIDEOGRAPHER: That's okay. Thank you.

19 BY MR. FLAXMAN:

20 Q. And what is seclusion?

21 A. Seclusion is a form of psychiatric
22 restraint utilized in hospitals across the nation
23 that -- essentially you're removing a patient --
24 you're putting a patient into a seclusion room that



1 has decreased -- decreased stimuli which helps the
2 patients come down.

3 This has gone through various stages at
4 the jail meaning there's times where we've had a
5 seclusion room. There's times where we have not
6 had a seclusion room because they always wanted to
7 make sure we were on top of law and policy,
8 et cetera, et cetera. So -- but when we did have
9 it, it was used as a way of secluding -- as a way
10 of secluding the patient to get them to potentially
11 calm down.

12 But, again, you can't just deploy anybody
13 into a -- you can't just deploy anybody into
14 a secluded -- therapeutic seclusion because if
15 someone is so violent that they're uncontrollable,
16 if you put them in therapeutic seclusion, they're
17 still going to hurt themselves.

18 Q. And I think you mentioned a standard for
19 the duration of therapeutic restraints?

20 A. Yes. We're trained that -- as of my last
21 training we're trained that they're deployed for
22 four hours, and then reviewed every four hours as
23 needed, if -- if needed, to be continued up until a
24 24-hour max which at that time the chief of



1 psychiatry must be notified who needs to make a
2 determination if it needed to be continued past
3 24 hours.

4 Q. Are you talking about training at the --
5 at Cermak?

6 A. Yeah. I mean, we've gone through various
7 types of trainings over the years.

8 Q. Well, did you receive training about four
9 hours before you started working at Cermak?

10 A. Absolutely.

11 Q. And that was --

12 A. I actually received that at Rush at my
13 training.

14 Q. And so through your career that four hours
15 has always been the standard?

16 A. From everything I remember, yes, for
17 psychiatric restraints.

18 Q. And who is responsible for deploying the
19 restraints on 2 North?

20 A. Usually it's the RN with the assistance of
21 a mental health specialist.

22 Q. Do you have -- sorry. Go ahead.

23 A. No. Go ahead.

24 Q. Do the correctional officers help them?



1 A. It's not their responsibility.

2 Q. And who's responsible -- you said there's
3 a review everything four hours?

4 A. Yeah. The RN, the nurse on the unit
5 reviews -- goes in, talks to the patient, does an
6 assessment, does -- I'm not sure -- I don't know
7 the steps, what the RN has to do, the form they
8 have to fill out.

9 Q. And does the RN consult with the
10 psychiatrist?

11 A. Yes, they can. They can also renew them
12 themselves.

13 MS. HAIDARI: I'm sorry. Are you saying review
14 or renew?

15 THE WITNESS: Well, they review if they are
16 needed to renew.

17 MS. HAIDARI: Okay.

18 BY MR. FLAXMAN:

19 Q. So they can do both by themselves?

20 A. Yeah. Yeah. They review the case to see
21 is the patient still in imminent -- you know, is
22 still agitated, still -- et cetera, et cetera, do
23 they still need them.

24 Q. Okay. And I think this was implied in



1 what you just said, but when a patient stops being
2 an imminent danger to themselves or others, what
3 should happen?

4 A. An assessment is made and the restraints
5 are removed. Just to clarify something --

6 Q. Sure.

7 A. -- that went around right now, so the
8 nurse can be the person -- the person that goes in
9 and takes the order out, right, and discontinues
10 the order; but the nurse is contacting a doctor and
11 discussing the case with the doctor.

12 Q. Okay.

13 A. Or with an on-call provider, I should say.
14 Sorry.

15 Q. And who -- who could the provider be if
16 it's not a doctor?

17 A. The PA.

18 Q. Okay. Would a PA -- could a PA be
19 responsible?

20 A. Absolutely.

21 Q. Okay. And then I'm not completely clear.
22 What is it the nurses can do in this process
23 without being in contact with the doctor?

24 MR. RAGEN: Same objection to the extent -- you



1 know, part of it is the way -- well, I'll just say
2 competence and speculation.

3 Answer as much as you can. I mean, you --

4 THE WITNESS: Yeah. I mean, this is -- this
5 one little microdetail has changed and I believe it
6 had changed from when -- my time being there that I
7 just -- I can't remember offhand right now. If
8 they can't get ahold of a doctor, for example, I'm
9 pretty sure they can review it themselves, but I
10 don't remember.

11 BY MR. FLAXMAN:

12 Q. Sure.

13 A. All I know is that I've been called --
14 like every time I've been on call, I've been called
15 for a patient all the time, like, always. I've
16 always spoken to a nurse to renew restraints on a
17 patient that I've been responsible.

18 Q. Okay.

19 A. Or if I'm not responsible for the patient,
20 I'm on call, like now I'm on the outpatient
21 division, so when I'm on call, I'll get called by
22 the nurse on 2 North and say, hey, Doc, I got a guy
23 and they will present the case. They'll tell me
24 what's going on. They'll tell me what the reason



1 was that they went into restraints. They'll tell
2 me in a status update clinically how they're doing
3 now, and then we'll discuss the case and make a
4 decision on whether or not the restraints should be
5 renewed or not.

6 Q. So in your experience you have always been
7 consulted --

8 A. Yeah.

9 Q. -- for -- let me just make sure I'm asking
10 the right thing.

11 When a nurse is entering a renew order,
12 you've always been consulted when they're doing
13 that; is that right?

14 A. Per my knowledge.

15 Q. Okay.

16 A. But, again, I'm leaving a door open there
17 because I'm not completely sure. Again, at one
18 point -- my memory's failing me, but I -- I thought
19 they had said that an RN, not an LPN, not a,
20 whatever, CNA, an RN I believe could renew the
21 order if a doctor is not available.

22 Q. And is there a difference for the
23 responsibilities of the nurse and the doctor for
24 discontinuing the restraint order?



1 MR. RAGEN: Could I have the question read
2 back, please.

3 (Record read as requested.)

4 MS. HAIDARI: Object to competence to the
5 extent it's asking about a nurse, but go ahead.

6 THE WITNESS: Yeah. I mean, I can answer from
7 my part is that I discontinue it based on the
8 clinical data; but if I'm at home, I'm not going to
9 log in to discontinue the order. The nurse usually
10 does that, and then I will sign the order later.

11 BY MR. FLAXMAN:

12 Q. Would you expect the nurse to confer with
13 you when the nurse is considering discontinuing the
14 restraint?

15 A. Yes. And, again, I said I was not clear
16 though. I believe they can discontinue if they do
17 not get ahold of a doctor, I believe.

18 Q. Okay.

19 A. Competence, whatever, I don't remember
20 right now.

21 Q. All right. I want to ask you some
22 questions about Mr. Cruz. Did you do anything to
23 review Mr. Cruz's case in advance of today's
24 deposition?



1 A. With my attorney.

2 Q. Okay. Without telling me what you talked
3 to him about, but did you --

4 A. Yes.

5 Q. Okay. And did you look at any of the
6 medical records?

7 A. Yes.

8 Q. Before looking at any of that, did you
9 remember Mr. Cruz?

10 A. Yes.

11 Q. And what did you remember about him?

12 A. Patient of mine in March of '16,
13 self-harm, restraints, died of pulmonary embolus.
14 That's my quick snapshot --

15 Q. Okay.

16 A. -- of the thousands of patients I've
17 treated. Lawsuit.

18 Q. Do you remember when you learned that
19 Mr. Cruz died?

20 A. Yes. Saturday -- the night -- the night
21 he died. I don't know if it was Saturday or
22 Sunday. It was past midnight I think. I think it
23 was past midnight.

24 Q. Did somebody contact you?

1 A. Yes.

2 Q. Who contacted you?

3 A. Nurse K. Nurse Kryzowski (phonetic).

4 Sorry. She goes by Nurse K.

5 Q. And do you remember what she told you?

6 A. That my patient that I -- that was on my
7 case load that I was following was found
8 unresponsive. At the time of course they didn't
9 know it was a pulmonary embolus. He was found
10 unresponsive and -- sorry. Let me rephrase. I
11 didn't know he had died. I knew he was found
12 unresponsive. Again, this is years of conflating
13 memories together --

14 Q. Sure.

15 A. -- right? That he was found unresponsive
16 and sent out.

17 Q. And so you learned sometime later that he
18 had died?

19 A. Yes.

20 Q. Do you remember when that was?

21 A. Monday when I went to work probably.

22 Q. Okay. And what was your reaction when you
23 learned that he died?

24 A. I'm sorry.



1 Q. what was your reaction when you learned
2 that Mr. Cruz died?

3 A. Same reaction as when I lose any patient.
4 Not happy. Sad. I don't want people to die,
5 especially on my unit. I never had a death on my
6 unit. I call it my unit affectionately as the lead
7 psychiatric on 2 North.

8 Q. That was the first death on your unit?

9 A. Yes.

10 Q. Was it the only one during your time in
11 2 North?

12 A. Yes. I believe so. I can't actually
13 speak to complete certainty because I don't know,
14 like, anybody who's been, you know, taken out 911
15 because technically he didn't die -- I don't -- I
16 don't know when he died either. I don't know. Did
17 he died at the hospital? Did he die at the unit?
18 I'm not sure 100 percent. But plenty of people
19 have been gone out, you know, 911 for DTs usually
20 or coming -- people who are coming in detoxing and
21 medically they need to go out, you know.

22 Q. Okay. And just for the record, what is
23 DTs?

24 A. Delirium tremens. Someone's withdrawing



1 from alcohol gets admitted to us a lot of times,
2 and we make a decision that, oh, my God, this is a
3 little bit more medically oriented than we can
4 handle, and we -- we send them to urgent care to
5 send out.

6 Q. Let me ask you some questions from the
7 chart. Instead of marking a lot of pages as
8 exhibits, I'm going to give you the whole thing;
9 and I'll put on the record what page I'm looking
10 at.

11 If you go to page -- do you see at the top
12 it says County 001?

13 A. Mm-hmm.

14 Q. I'm just looking at Page 0114.

15 A. 0114?

16 MS. HAIDARI: That's the County Bates stamp?

17 MR. FLAXMAN: Yes.

18 MS. HAIDARI: And this is Group Exhibit 1 or
19 are you marking it as --

20 MR. FLAXMAN: I'm not going to mark this.

21 MS. HAIDARI: Okay.

22 MR. FLAXMAN: This is -- we're going to look
23 through the pages labeled County 0001 through
24 County 0226.



1 THE WITNESS: And right now we're looking at
2 0114?

3 MR. FLAXMAN: Correct. Are you there?

4 THE WITNESS: Yes.

5 BY MR. FLAXMAN:

6 Q. All right. The last --

7 MR. RAGEN: They're consistent and so --

8 MR. FLAXMAN: Do you need a minute to check
9 that?

10 THE WITNESS: No.

11 BY MR. FLAXMAN:

12 Q. The -- well, do you see that there are
13 orders listed on this page?

14 A. Yes.

15 Q. Okay. The fourth order is for a
16 medication called risperidone. Do you see that?

17 A. Yes.

18 Q. And you're -- you're listed as the
19 ordering physician.

20 A. Yes and no. Hold on. Because it says
21 ordering physician, but it says entered by.

22 Q. Well, do you -- did you know Dr. Usha
23 Kartan?

24 A. Yes. So sometimes -- so, you know, these



1 computers are funny, so sometimes when someone
2 enters something and then you maybe renew it or --

3 Q. Okay.

4 A. -- cancel, renew, and increase the dose or
5 whatever, it will still have the initial ordering
6 physician's name and then yours because I don't
7 know if that's what happened here because if it was
8 just my order, it would be just my name, just like
9 if you look at down below where it says ordering
10 physician entered by Usha Kartan, so that -- she
11 put that order in.

12 Here it says 3/15 9:00 p.m., and then
13 3/18, 5:43 p.m. So I believe I discontinued the
14 medication at that point maybe because it says
15 order status discontinued.

16 Q. Okay. I think -- let -- I think I can
17 show you to Dr. Kartan's note which might clear up
18 what this means. That's at -- all the way at the
19 front at Page 0004. Do you see that this is a --

20 A. Bless you.

21 Q. -- mental health note made by Dr. Kartan,
22 K-a-r-t-a-n?

23 A. Yes.

24 Q. And if you go to the -- the bottom -- the

1 end of the note on Page 0006 it shows the part of
2 the plan is a prescription for risperidone?

3 A. Yes.

4 Q. Okay. Based on this do you think that
5 Dr. Kartan prescribed risperidone?

6 A. Yes. She started it. I'm just saying --
7 you asked about my name on --

8 Q. Right.

9 A. -- it.

10 Q. Based on -- you think your name is in the
11 order because you continued it, right?

12 A. Continued or discontinued it.

13 Q. One or the other. Okay.

14 A. I need -- I need context from my order --

15 Q. Sure.

16 A. -- meaning the day -- whatever my note
17 said from 3/18, 5:43 p.m.

18 Q. Okay.

19 A. Or around that time, I should say.

20 Q. All right. Well, I think -- I think we --
21 we will get to that in a few minutes.

22 what is risperidone?

23 A. It's a second generation antipsychotic.

24 Q. And is it something that you regularly



1 prescribe?

2 A. Absolutely.

3 Q. What does second generation means?

4 A. So there's different ways of referencing
5 the different antipsychotic medications that are on
6 the market. Just like in blood pressure pills
7 there's different types of blood pressure pills.
8 In psychotics there's different types of
9 antipsychotics, the older antipsychotics are
10 sometimes referred to as first generation
11 antipsychotics or high potency -- sometimes
12 referred to as high potency antipsychotics which is
13 not an accurate term either because there are some
14 older antipsychotics that are --

15 THE COURT REPORTER: I'm sorry. I didn't hear
16 the end of that.

17 THE WITNESS: There -- there are some
18 antipsychotics that are low potency that are older
19 ones. So it's a little bit of a misnomer just to
20 call the older ones all high potency. But some of
21 the terms that we use to describe them are first
22 generation, and then second generation would be the
23 newer ones that we would consider lower potency.



1 BY MR. FLAXMAN:

2 Q. Third generation?

3 A. I don't think they're referencing them as
4 third generation. I still think they're -- I mean,
5 you know, things are changing in training now how
6 they're calling things, you know. I think the
7 newer antipsychotics are still being referenced as
8 second generation.

9 Q. All right. Oh, yes. Do you recognize
10 Dr. Kartan's note as a note done on intake?

11 MR. RAGEN: Objection. Speculation.

12 You can answer.

13 THE WITNESS: We're going back to 004, right?

14 BY MR. FLAXMAN:

15 Q. That's where the note starts. Right.

16 A. Well, she titled it psychiatric new
17 patient evaluation.

18 Q. Okay.

19 A. And it's considered a -- it's labeled as a
20 document type of consult. So I would say it was --
21 it would be a -- a new psychiatric evaluation.

22 Q. When Mr. Cruz was assigned to 2 North,
23 would you have then reviewed the new patient
24 evaluation?



1 A. I would do a chart review and read
2 previous notes. Yes.

3 Q. So you would have reviewed everything in
4 the chart, right?

5 A. I mean, to the best of our
6 responsibilities. We're -- we're trained to take
7 in large amounts of data quickly for pertinent
8 information. If I sat there to read every single
9 little bit, I would never get my job done.

10 Q. Sure.

11 The --

12 A. But that's why also we have those morning
13 huddles I told you about where we review new cases
14 and we summarize data, et cetera, et cetera.

15 Q. Are those huddles done verbally?

16 A. Yes.

17 Q. Is there anything in writing from those
18 huddles?

19 A. Well, yeah. We'll print -- we'll bring
20 the laptop. We'll review the medical chart with --

21 Q. But nobody's taking minutes of the meeting
22 is what I'm saying.

23 A. No.

24 Q. The second page of this note which is 0005



1 starts with the word subjective. Do you see that?

2 A. Mm-hmm.

3 Q. Is that yes?

4 A. Yes.

5 Q. Okay. And that's a standard thing to put
6 in a medical note, right?

7 A. Yes. History of present illness,
8 subjective, kind of synonymous.

9 Q. Okay. And then what Dr. Kartan wrote was
10 problemless 20-year-old male with no prior
11 psychiatric treatment. Was recently seen at
12 Hinsdale ER and then brought to Cook County Jail
13 for attempted murder.

14 Do you see that?

15 A. Yes.

16 Q. Did you -- when you saw Mr. Cruz did you
17 know that he had been seen at Hinsdale?

18 A. I mean, I read this note.

19 Q. Okay. Did you have access to the records
20 from Hinsdale?

21 A. Not at the time. Not at that time.

22 Q. Did you ever have access to them?

23 A. No.

24 Q. Did you want to have access to his records



1 from Hinsdale?

2 A. Of course. Sure.

3 Q. What would you have had to do to get
4 access to them?

5 A. Get him to fill out a release of
6 information.

7 Q. Is that something you ever tried to do?

8 THE COURT REPORTER: I'm sorry. I didn't hear
9 your question.

10 BY MR. FLAXMAN:

11 Q. Is that something you ever tried to do?

12 A. A lot of times they do that in receiving
13 automatically.

14 Q. Okay.

15 A. Actually, many times. So if someone comes
16 in from an outside hospital, meaning they were
17 previously admitted before coming -- they were
18 previously admitted to another hospital before
19 coming to the jail, the intake crew in receiving
20 will attempt to get a release of information on the
21 patient.

22 I can't remember right now whether or
23 not -- I mean, I -- I don't remember whether or not
24 that was done because I didn't speak to Dr. Kartan.



1 That's not standard of operations. I know that
2 what I -- when I interviewed him, anything I did
3 not know I would have want to know, part of my job.

4 Q. Dr. Kartan put with no prior psychiatric
5 treatment in all capital letters. Do you see that?

6 A. Yes.

7 Q. Is that something that's important to you
8 when you're reviewing a chart?

9 A. Well, a couple things. Number one, I have
10 no clue why she put it in all capital letters.

11 Q. Okay.

12 A. Number two, that's based on probably --
13 this is supposition or conjecture, whatever legal
14 term you want to use, but I don't know if -- you
15 know what I mean, he could have a past psychiatric
16 history and she didn't know about it.

17 Q. Sure.

18 A. So -- but if per my knowledge that someone
19 does not have any past psychiatric history, I might
20 document that. I would document it a little
21 differently. I would say no known psychiatric
22 history because by definition that means I don't
23 know it, but it might be there.

24 Q. And -- and why would it be important for



1 you to document that?

2 A. Just as a baseline, you know. If
3 someone's coming in with a heart attack and they
4 had a history of heart attacks, you want to know if
5 there's a history of heart attacks. If someone's
6 coming in with schizophrenia and -- decompensated
7 schizophrenia and they have a history of
8 schizophrenia it -- it helps in my clinical duties.

9 Q. Let me --

10 A. It aides me.

11 Q. The next page, which is marked County
12 0006, there's a section in Dr. Kartan's note
13 entitled impression and plan.

14 Do you see that?

15 A. Yes.

16 Q. And it -- under Access 1 it says psychotic
17 disorders, colon, paranoid schizophrenia?

18 MR. RAGEN: Where are you?

19 MR. FLAXMAN: I'm on 0006.

20 MR. RAGEN: Got you. Thanks.

21 MR. FLAXMAN: Sure. Do we have -- do we have
22 the same --

23 MR. RAGEN: Yeah. Yeah. I just -- it was a
24 three-page note. I didn't know where you were.



1 MR. FLAXMAN: Oh, okay. If we don't have the
2 same --

3 MR. RAGEN: No. We're on the same page. Yeah.
4 No. For sure.

5 BY MR. FLAXMAN:

6 Q. Based on your understanding of how these
7 notes are created, was the diagnosis of paranoid
8 schizophrenia made by Dr. Kartan?

9 MS. HAIDARI: Objection. Speculation.

10 THE WITNESS: Yeah. I can't say how she went
11 about doing that.

12 BY MR. FLAXMAN:

13 Q. And I don't -- I understand that you can't
14 say how she made that diagnosis. Do you understand
15 this record to show that she is the one who did
16 make that diagnosis?

17 MR. RAGEN: Speculation.

18 Go ahead.

19 THE WITNESS: I mean, she documents no known
20 past psychiatric history, so if she's saying
21 there's no past psychiatric history -- again, I'm
22 speculating. If -- if she's saying there's no past
23 psychiatric history and then she's saying paranoid
24 schizophrenia, I guess you could make that



1 assumption.

2 BY MR. FLAXMAN:

3 Q. And then the next thing is multiaxial
4 diagnosis. Do you see that?

5 what does that mean compared to Access 1?

6 A. This is an old way of -- oldish way of
7 delineating diagnoses. That has gone by the
8 wayside but still used in some -- in some forums.
9 Access 1 is a psychiatric disease. Access 2 is a
10 developmental delay or personality disorder.
11 Access 3 is a medical disease. Access 5 is your
12 global functioning -- your global assessment of
13 functioning. Access 4 is your stressors. Like I
14 said, this isn't really used anymore.

15 Q. Okay. What's listed here is HTN. Do you
16 know what that stands for?

17 A. Hypertension.

18 Q. And then asthma, high cholesterol,
19 obesity?

20 A. Mm-hmm.

21 Q. Do you see those?

22 A. Mm-hmm. Yes. Yes. Yes.

23 Q. And did you also note Mr. Cruz was obese?

24 A. I didn't weigh him personally. I saw the



1 diagnosis in the chart. I believe I saw his
2 weight. I didn't calculate a BMI, but being a
3 doctor that I am, I mean, I could suppose that he
4 was obese by viewing him.

5 Q. And just going back to the paranoid
6 schizophrenia, did you diagnose Mr. Cruz with
7 paranoid schizophrenia?

8 A. I would have to go to my note.

9 Q. Okay. We'll get to your notes in a
10 minute. And if -- if there is anything that I'm
11 asking you that you think would -- is in your
12 notes, please tell me so we don't --

13 A. Yeah.

14 Q. -- mix anything up.

15 A. Well, I mean, I'll be clear. Anything
16 that's going to reference my note, I need to see my
17 note.

18 Q. Sure.

19 The last thing under plan we already
20 mentioned the risperidone, right?

21 A. Mm-hmm.

22 Q. Is there another name that people know
23 risperidone by?

24 A. Yes. Brand name is Risperdal. Generic is



1 risperidone. So sometimes in documentation doctors
2 will interchange brand and generic just out of
3 habit.

4 Q. And the order here was for 1 milligram
5 orally every 12 hours?

6 A. Correct.

7 Q. Is that --

8 A. From -- from what I'm reading.

9 Q. Is that the typical order for risperidone
10 that you would make?

11 MR. RAGEN: Objection. Speculation.

12 Go ahead.

13 THE WITNESS: That's a hard one to answer
14 because it depends on multiple things. It depends
15 on what -- what I'm treating. It depends on what
16 disease. So break it down simply. It depends on
17 what disease I am -- am I treating. It depends on
18 the degree of symptoms being presented. So some
19 people have mild symptoms. Some people have
20 moderate symptoms. Some people have severe
21 symptoms. It depends on whether or not someone has
22 a past psychiatric history or not. It depends on
23 someone -- if someone's been on a previous
24 medication. It could depend on many of those



1 factors. Have I personally ever ordered 1
2 milligram twice a day of risperidone? Sure.

3 BY MR. FLAXMAN:

4 Q. But based on other factors you might order
5 a different dosage; is that right?

6 A. Yes. Yes.

7 Q. All right. Let me -- can you skip ahead
8 to Page 0023.

9 THE WITNESS: I should have had that coffee.

10 MR. FLAXMAN: We can take a coffee break.

11 MR. RAGEN: Yeah. I mean --

12 THE VIDEOGRAPHER: Do you want to go off?

13 MR. RAGEN: Because you probably have -- you
14 have a while.

15 MR. FLAXMAN: I mean --

16 MR. RAGEN: No. We're moving. That's like --

17 THE WITNESS: It's all right. I'm fine. I'm
18 fine right now.

19 (Multiple voices.)

20 MR. FLAXMAN: Let's go off the record.

21 MR. RAGEN: I'm sorry.

22 THE VIDEOGRAPHER: Okay. The time is 1:05 p.m.
23 This is the end of Tape 1, and we're going off the
24 video record.



(Recess taken.)

THE VIDEOGRAPHER: The time is 1:26 p.m. This is the beginning of Tape 2, and we're back on the video record.

BY MR. FLAXMAN:

Q. All right. Are you looking at Page 0023?

A. Yes.

Q. Okay. And what's at Page 0023?

A. It says document type, mental health infirmity, patient Angel Cruz, a 2 North psych follow-up, and it's a note by myself.

Q. And did you make this note at 1700 hours on 3/16/2016?

A. No. I started it at ten o'clock, and I signed it at 17.

Q. And how do you know that you started --

A. It says perform information up top. It says, Paschos, MD, Steve, 3/16/2016, 10:07 CDT and then it says sign information, Paschos, MD, Steve, 3/16/2016, 1700 CDT.

Q. And from that you -- you can tell that you started it at 10:07 and signed it at 1700?

A. I believe so.

Q. And do you know -- this note starts on

1 Page 0023 and it goes to Page 0025. Do you see
2 that?

3 A. Yes.

4 Q. And at the bottom of 0025 it says that it
5 was -- give that time of 1700 and says it was
6 electronically signed by you.

7 A. Correct.

8 Q. Do you know what's underneath
9 electronically signed? It says Pager BUS.

10 A. That's -- that's something very old. So,
11 as I have previously stated, I moonlit as an
12 attending psychiatrist at Stroger as you noted in
13 my CV as a resident at Rush. It was a -- something
14 afforded to me through the connection at Rush and
15 County. At that time I had a Rush pager through my
16 residency program, and the best way to contact me
17 was through my Rush pager.

18 When I became credentialed at Cook County
19 Hospital as an attending physician, some remnants
20 of my past somehow got into the record and part of
21 it, like, you know, we all as providers have a
22 contact card, I guess or whatever, you know, if you
23 look me up in my -- the e-mail it says my
24 supervisor, my e-mail, et cetera, et cetera, and



1 somebody sometime ago placed that as a contact
2 number for me. Maybe I did when I was a resident,
3 and it just stayed. That's the old Rush paging
4 system. My old -- my old residency pager that I
5 had for six long years.

6 Q. So in March of 2016 that was not a way to
7 reach you?

8 A. No. We usually do not sign -- that is
9 something that's usually not signed onto the note.
10 It is through the on-call schedule.

11 Q. What's the on-call schedule?

12 A. To be contacted.

13 Q. Oh, that's how somebody would know how to
14 contact you?

15 A. Yeah. That schedule that we discussed
16 earlier.

17 Q. Okay. All right. So then in this note do
18 you know which parts of it you completed?

19 A. All of it. I mean, some things are auto
20 fill.

21 Q. Right.

22 A. Vital signs are auto filled. But I
23 completed the majority of the note.

24 Q. Well, let me -- let me start at the top --



1 and I'm back on 0023. It just lists -- the first
2 thing on there is patient. Do you see that?

3 A. Yes.

4 Q. Do you know what the MRN is after that?

5 A. Medical record number.

6 Q. Okay.

7 A. So that's -- there's two type -- never
8 mind.

9 Q. The next line, age 20 years, sex, male,
10 and it gives the date of birth?

11 A. Correct.

12 Q. And the next line is associated diagnoses,
13 and it says none. Do you know what that means?

14 A. So we have a problem list in Cerner and a
15 diagnosis list.

16 Q. Okay.

17 A. So this was the first time I was -- I
18 mean, it was --

19 Q. It looks like your lawyer's pointing to
20 something.

21 A. Yeah.

22 MR. FLAXMAN: Let the record reflect --

23 THE WITNESS: Yeah. The problem list has the
24 diagnoses down there. So these were -- these are



1 autofills from what the problem list and the
2 diagnosis list has. This was the first time I
3 seen -- I was seeing him, I believe.

4 BY MR. FLAXMAN:

5 Q. Okay.

6 A. And they probably autopopulated from the
7 note. So a problem list is what we are treating
8 actively, and at some point you can decide whether
9 or not to put that on the diagnosis list long-term.

10 Q. I understand.

11 A. But his problem list is listed there.

12 Q. And you mean where it says polysubstance
13 abuse by history and schizophrenia, comma, paranoid
14 type?

15 A. Correct.

16 Q. Is it your understanding that those
17 diagnoses came from an earlier encounter?

18 A. Yes. Dr. Kartan's encounter probably
19 downstairs in receiving.

20 Q. And when it says confirmed for those, do
21 you know what that means?

22 A. Dr. Kartan entered in the diagnosis, and
23 you have various dropdown menus to state if you
24 think it's confirmed, ruled out, to rule out,



1 probable, et cetera.

2 Q. okay. And are you the one who chose
3 confirmed?

4 A. No. Dr. Kartan who put --

5 Q. okay.

6 A. -- the diagnosis in.

7 Q. okay. And then the next section says
8 history of present illness. Do you see that?

9 A. Mm-hmm. Yes.

10 Q. And did you complete this part of the
11 record?

12 A. Yes.

13 Q. All right. The first thing it says is
14 chart reviewed. what does that mean?

15 A. That I reviewed the chart before I
16 interviewed the patient.

17 Q. And the next says, inpatient seen at
18 bedside?

19 A. Yes.

20 Q. Does that mean you saw Mr. Cruz at
21 bedside?

22 A. I saw him at his bedside.

23 Q. And do you know when you saw him at his
24 bedside?



1 A. March 16th, 2016. I would say prior to
2 10:07 because the note was opened at 10:07. But
3 this is fluid because I could have seen him, you
4 know, at 8:00, at 9:00, at 10:00. I could see him
5 at 10:00 and open a note at 2:00. See him at 11:00
6 and open a note at 3:00.

7 Q. Okay. Do you know what you -- what your
8 hours were on March 16th, 2016?

9 A. Off the top of my head, no. I could
10 assume -- make an assumption, but I --

11 Q. What would you assume?

12 MR. RAGEN: Object to speculation.

13 Go ahead.

14 THE WITNESS: It was a -- was it a -- no. It's
15 not a Friday. What day of the week was it? It's a
16 Wednesday, I believe. Friday was the 18th, I
17 believe.

18 MR. SEGAL: I think Tuesday, but --

19 MR. FLAXMAN: I think it's Wednesday. Hold on.

20 MR. RAGEN: I'm not taking judicial notice of
21 your phone, Andrew. I'm just kidding. It's a
22 joke.

23 MR. FLAXMAN: Good one.

24 THE WITNESS: I mean, if -- if it was a --



1 bottom line is morning till --

2 MR. FLAXMAN: It was a Wednesday.

3 THE WITNESS: Morning until I got my patients
4 done.

5 BY MR. FLAXMAN:

6 Q. Okay. And what was your practice for what
7 time you would come in in the morning?

8 A. Back then? Earlier. Like 8:00.

9 Q. Okay. And would you clock in when you
10 arrived at 2 North?

11 A. By -- by policy we clock in at County.

12 Q. Okay. And, actually, I said when you got
13 to 2 North. would you clock in somewhere else?

14 A. When I walked in. To the building?

15 Q. To the building.

16 A. Not necessarily 2 North. No. We do not
17 have a clock in at 2 North.

18 Q. The third line of this says, patient --
19 I'm sorry -- today patient states he is wonderful.
20 Do you see that?

21 A. Yes.

22 Q. And this reflects what Mr. Cruz told you
23 when you interviewed him?

24 A. It's a subjective endorsement because it's



1 in quotes.

2 Q. Right. But am I right that this is what
3 Mr. Cruz told you when you interviewed Mr. Cruz?

4 A. From what I'm reading, I would assume that
5 was what I documented by putting it in quotes, yes.

6 Q. Do you remember speaking to Mr. Cruz on
7 March 16, 2016?

8 A. I mean, I don't know how to answer that.
9 Sure. I mean, do I remember specifically? No.
10 I've seen thousands of patients at --

11 Q. Sure.

12 A. Thousands of patients at -- at Cermak. Do
13 I remember that day particularly? There's nothing
14 that comes to mind that day that would be
15 significant. Obviously that Friday comes to mind
16 because I was notified that weekend that something
17 had happened. So Friday was the last time I saw
18 him. So Friday's memorable, of course, right?

19 Q. Sure.

20 A. You know, that Wednesday is just any other
21 Wednesday at work. I remember him through my
22 chart.

23 Q. And there's a few other things in this
24 note -- and I don't think we necessarily need to



1 read -- but that are in quotation marks. What does
2 it mean when you put something in quotation marks?

3 A. That the patient said it.

4 Q. And you're -- I think what you said before
5 is that you don't mean to endorse it. You mean to
6 just report what he said.

7 A. Yeah. I -- if it's -- if it's in
8 quotations, the patient is saying that. Patient's
9 say funny things. By funny things I mean patients
10 can say all kinds of things.

11 Q. And I'm at the third line from the bottom.
12 The first complete sentence begins patient denies
13 AVH?

14 A. Yes.

15 Q. What does AVH mean?

16 A. Auditory visual hallucinations?

17 Q. And how did you determine that Mr. Cruz
18 denied audiovisual hallucinations?

19 A. I asked a question that -- is it --
20 probably -- I -- I can't remember the exact
21 question I asked back then, but doctors are pretty
22 routine and habitual. So I would assume that it's
23 the same question I ask today which is a screening
24 question for auditory visual hallucinations about



1 his eyes and ears playing tricks on him, his eyes
2 and ears -- seeing or hearing things that other
3 people don't hear. I use various variations --
4 various variations -- I use various iterations of
5 that question based on my interaction with the
6 patient.

7 So depending on how the patient is, I
8 might ask it a different way. It's just call --
9 it's bedside manner. So -- so I ask some form of
10 that question, and he -- he denied it if I
11 documented it or I interpreted his response to be a
12 denial.

13 Q. The next sentence is patient denies SIHI,
14 comma, contracts for safety. What is SIHI?

15 A. Suicidal ideation and homicidal ideation.

16 Q. And what is your typical practice for
17 asking a patient about suicidal or homicidal
18 ideations?

19 A. There's a lot of different ways of doing
20 it. A point-blank question can be asked, but then
21 there's various ways of risk assessing as well.
22 Sir, are you thinking of harming yourself? Are you
23 think of ending your life? Are you thinking of
24 killing yourself? It depends on the person's



1 background, the person's educational level,
2 person's understanding of the words, and you always
3 want to make sure that you ask the questions so the
4 person understands the question.

5 So there's various ways to ask that
6 question. But what I took away from it was that he
7 denied suicidal ideation and homicidal ideation.

8 Q. And then the other part of that sentence
9 was contracts for safety. What does that mean?

10 A. That's a comment that sometimes providers
11 put in. I don't think I use that anymore, but he
12 is saying to me, Doc, I'm not going to hurt myself.

13 Q. Why do you not use that phrase anymore?

14 A. I mean, he can say -- he can -- he can say
15 he's not going to hurt himself all he wants, but he
16 can end up hurting himself. So it's kind of a --
17 you know, it's only good as it's worth what he's
18 saying. He can sit here and tell me all he wants
19 I'm not going to hurt myself, but then he can turn
20 around and hurt himself.

21 It's a phrase that used to be used a lot
22 more to my -- from what I understand and is not
23 used as much.

24 Q. And is that -- has something replaced it

1 or has just the whole concept gone out of favor?

2 A. Various ways of risk assessing. There's
3 various ways of documenting that you are risk
4 assessing someone. Some people still write it,
5 patient states he's not going to kill himself, you
6 know.

7 Q. Below the history of present illness is a
8 history section. Do you see that?

9 A. Yep.

10 Q. And it has current medications, and if you
11 go to the next page, 0024, the risperidone is
12 listed, right?

13 A. Yeah. That's an autopopulation.

14 Q. That -- because that was something that
15 was prescribed by Dr. Kartan?

16 A. Yeah. The electronic medical record takes
17 in whatever's prescribed in the chart.

18 Q. The next section is objective threats?

19 A. Correct.

20 Q. And it's -- it lists mental status exam?

21 A. Correct.

22 Q. Did you do the mental status exam on --

23 A. Yes.

24 Q. -- Mr. Cruz?



1 And that's -- you did that at bedside,
2 like the note we looked at above that?

3 A. The mental status exam is done in the
4 process of interviewing the patient. It is
5 documented when you decide to write your note.

6 Q. Do you know if any -- I'm sorry. Go
7 ahead.

8 A. That's it.

9 Q. Do you know if anybody assisted you in
10 interviewing the patient or doing the mental status
11 exam?

12 A. I -- I don't recall off the top of my
13 hand. I mean, I don't think so, but I can't say
14 for sure.

15 Q. Was it your practice to have anyone assist
16 you at that time in these kinds of exams?

17 A. No one assists you, but you take in --
18 don't forget though you take in all kinds of
19 information as a -- as a provider. Your job is to
20 take in data from every aspect.

21 Remember we talked to you about, like,
22 morning huddles and this, that, and the other
23 and -- so a mental status exam is -- an old mentor
24 of mine once told me that your mental status exam



1 starts when you walk onto the unit. So from the
2 moment I walk onto the unit I'm doing a mental
3 status exam because I might be talking to Patient
4 X, but that doesn't mean that I can't see out of my
5 eye what Patient Z is doing in the dayroom or in
6 his -- in his room, you know.

7 So I'm interviewing Patient Johnson, but
8 Patient Cruz is doing something or Patient John --
9 Jack is doing something, you know. It's a -- it's
10 a fluid kind of a thing.

11 So what I meant by that is if a nurse
12 goes, hey, check out what Jackson's doing, I'm
13 going to go look at what Jackson's doing. I guess
14 that would be an assist, right?

15 Q. Yes.

16 Underneath the objective sign -- I'm
17 sorry.

18 Underneath the section that says
19 objective, there's a section that says vital signs.
20 Did you take these vital signs?

21 A. No. These are taken by nursing on the
22 unit or -- nursing or CNA or LPN.

23 Q. What's a CNA?

24 A. Certified nurse assistant, I believe.



1 Q. And then the next section which starts on
2 0025 is impression and plan. Do you see that?

3 A. Mm-hmm. Yes. Sorry.

4 Q. And -- well, which part of this did you
5 complete?

6 A. Well, I free typed the plan part, but I
7 guess I completed it all because I choose what
8 autopopulates and I -- I guess I accept it. And I
9 click the degree and control, poor. I click the
10 box for clinical status unchanged. I, you know,
11 allow the autopopulation to occur. I free type
12 plan and the narrative of the plan and the
13 numbering of the plan.

14 Q. And so you typed this plan separately from
15 typing the history of present illness?

16 A. I don't know how to answer that question.
17 what do you mean by separately? It's a separate
18 paragraph, so by definition I typed it separately.

19 Q. okay.

20 A. It's the end of my note, so it's -- you
21 know, whenever a doctor creates a note, the ending
22 of their note is what they think is going on. Your
23 plan and your assessment or impression is an
24 accumulation of your subjective/objective data that



1 you have, putting it all together and trying --
2 trying to come up with some type of a thought
3 process on what you think is going on with the
4 patient.

5 Q. All right. At the end of your plan
6 paragraph it -- the last sentence says, maintain on
7 2N under CO for under -- for unpredictable
8 behavior; and if behavior becomes more organized,
9 D, slash, C CO in 24 to 48 hours.

10 Can you tell me what CO means.

11 A. Close observation. So as my note says
12 earlier that I guess he -- for -- he was sent to
13 our unit for self-injurious behavior and homicidal
14 ideations, and he is answer -- you know, as I state
15 there in the assessment if you read on, I described
16 what I believe is going on in his behavior and in
17 his thought process.

18 I state that he is grossly disorganized in
19 thought and behavior. He was observed -- observed
20 disrobing in his room and crouching in the corner
21 which would qualify as bizarre behavior. He
22 answered questions with illogical responses to
23 simple questions. He's disoriented to where he is,
24 and he was perseverating on the date being 1992.



1 He was able to answer though that he felt like his
2 sleep was good and appetite was good and he
3 requested to -- to take care of his hygiene.

4 I go on to document that he subjectively
5 denied auditory and visual hallucinations to me,
6 and during the actual interview itself was not
7 observed to be responding to internal stimuli and
8 not appear internally preoccupied or distractible.
9 That's just, as I document, during the interview.
10 That is not the totality of the observations. As I
11 stated before, your mental status exam starts as
12 you go onto the unit.

13 I also then go on to reference that he --
14 despite, you know, denying suicidal ideation, the
15 previous notes in the chart as part of my chart
16 review indicates he had self-injurious behavior,
17 strong homicidal ideation, and was observed to
18 respond to internal stimuli.

19 So putting all that together I decided to
20 keep him on the unit under close observations for
21 unpredictable behavior and I prognosticated that if
22 his behavior would become more organized and
23 symptoms would be relieved, we could stop the close
24 observation eventually.



1 Q. what does D, slash, C mean?

2 A. Discontinue.

3 Q. The second thing listed under plan was
4 continue Risperdal 1 -- 1 milligram every 12 hours;
5 is that right?

6 A. Correct.

7 Q. And so you -- you made a judgment to
8 continue the Risperdal, right?

9 A. Correct.

10 Q. And why did you then continue the
11 Risperdal?

12 A. For all the reasons I just stated. All
13 his symptoms.

14 Q. Number 4 says, encourage medication
15 adherence, comma, ADLs. What is ADL?

16 A. Activities of daily living, showering,
17 eating, toileting.

18 Q. And so the -- so the -- your plan was for
19 personnel to encourage those activities of daily
20 living?

21 A. I write that for every patient. Every
22 patient needs to be encouraged always to make sure
23 you're, you know, taking care of your hygiene,
24 groom yourself, eat, toilet appropriately. That's



1 our -- our basic basics.

2 Q. And then Number 5 is, we already
3 discussed, the close observation and
4 predictability, right?

5 A. Mm-hmm.

6 Q. Is that yes?

7 A. Yes. Sorry.

8 Q. And then after that it says counseling
9 management plan. What does that mean?

10 A. That is an auto -- autofill on the chart.
11 That essentially is saying that I just told him
12 what my plan was.

13 Q. Okay. You told Mr. Cruz the plan?

14 A. Yes. Whether or not he understood that is
15 a different issue, but I still informed him of
16 that.

17 Q. And did you tell him that as part of the
18 same interview that we've been talking about?

19 A. I always tell my patients, so this is what
20 we're going to do.

21 Q. Well, my question was did you do that
22 during the same interaction that we've been talking
23 about or -- or would you have come back and told
24 him?



1 A. Right off the top of my head I do not
2 remember. I have employed different strategies to
3 my practice of medicine. Sometimes I'll come back
4 and talk to them. Sometimes I'll tell them right
5 on the spot. It's -- it's an inpatient unit, so
6 it's not like an outpatient clinic where someone
7 leaves my interview room and I don't have a chance
8 to tell them. They are on the inpatient unit, so I
9 can always go back to them and change my -- you
10 know, my plan or update it as I see fit versus my
11 outpatient clinic where kind of before they leave
12 the office I have to tell them, hey, this is our
13 plan.

14 Q. And the -- what we talked about before was
15 that you signed this note at 5:00 p.m., right?

16 A. That's what it indicates. Yeah.

17 Q. Okay. Do you think that was the end of
18 your shift?

19 A. I cannot say that at all. I have no clue.

20 Q. All right. Let me --

21 A. I could -- I could have seen ten other
22 patients after that, you know.

23 Q. Sure.

24 All right. Let me move to another part of



1 the medical record on Page 0106. Are you at 1 --

2 A. Yes.

3 Q. -- 06?

4 A. 0106.

5 Q. okay.

6 A. County 0106.

7 Q. okay. And this is part of the medication
8 administration record?

9 A. It appears to be. Yes.

10 Q. The first medication is the risperidone
11 which we already talked about, correct?

12 A. Yes.

13 Q. The second one is -- is there a medication
14 called haloperidol, h-a-l-o-p-e-r-i-d-o-l? Do you
15 see that?

16 A. Yes. Haloperidol.

17 Q. Thank you.

18 Is there another name for haloperidol?

19 A. Haldol, which is the brand name that's no
20 longer sold as a brand because it's a very old
21 medication, but it's referenced as Haldol often.

22 Q. And is -- does it say that you ordered the
23 Haldol?

24 A. Let me look here. So it says that it was



1 performed by Nurse Alabi, Augustus Alabi, and that
2 it was a telephone order essentially is what it's
3 saying because, as you can see, it says performed
4 by Augustus Alabi, RN, at 3/16/2016 at 1944. And
5 it says that order was given by Paschos, MD, Steve,
6 3/16/2016 at 1942.

7 Q. How could you tell this was a telephone
8 order?

9 MR. RAGEN: Objection. Asked and answered,
10 but -- I think he answered it, but it's a -- I
11 think he's just trying to understand.

12 THE WITNESS: From my experience, I mean,
13 just -- I know how it's documented as the nurse is
14 verifying it and performing the order and I'm
15 giving it. Just by -- because it says performed.

16 BY MR. FLAXMAN:

17 Q. okay.

18 A. Versus if it was me, it would not have the
19 nurse's name. It would have my name as the
20 ordering...

21 THE VIDEOGRAPHER: Excuse me, Doctor. You
22 should try not to cup your microphone. You can
23 move it up a little if you want. No. Not there.
24 That's fine. Thank you.



1 BY MR. FLAXMAN:

2 Q. I'm not sure I understand because I see
3 your name listed as order, colon, Paschos, MD.

4 A. Do you see where it says performed Alabi,
5 RN, Augustus?

6 Q. Yes.

7 A. So he performed the order.

8 Q. All right.

9 A. So I gave the order. He performed the
10 order.

11 Q. All right. Let me --

12 A. We can get one of the IT guys from Cermak
13 that deals with Cerner to explain it fully because
14 they --

15 Q. Sure.

16 A. -- they're the ones who know the medical
17 record, like, from the computer aspect of it, do
18 you know what I mean?

19 Q. Sure.

20 A. Inside and out.

21 Q. Can I ask you to turn to Page 0115, and
22 this is a part of the chart that's titled orders.
23 Do you see that?

24 A. Yes.



1 Q. And the fourth order on this page is that
2 same Haldol, correct?

3 A. Okay.

4 Q. And I -- this -- I think this reflects it
5 in maybe a more clear way, what you're saying, is
6 that you're listed as the ordering physician but
7 Nurse Alabi is listed as -- under entered by.

8 A. Yeah. Nurse Alabi entered it in. Yep.

9 Q. Okay.

10 A. Yes.

11 Q. And, as you understand this, this means
12 that you gave a telephone order for this
13 medication?

14 A. Yes.

15 Q. And is this an order that you would have
16 reviewed when you were back in the building?

17 A. Define reviewed. You mean, like, signed?
18 I would have signed it.

19 Q. Okay. When you were -- the next time you
20 were in the building you would have signed this
21 order?

22 A. At one point, yes.

23 Q. What is -- what do you mean by at one
24 point?



1 A. Could I tell you if it was -- did I do it
2 ASAP as soon as I walked in? No.

3 Q. Right.

4 A. Did I do it maybe that evening, maybe at
5 lunch, maybe -- you know what I mean, in the course
6 of my duties throughout the day, check the inbox.
7 There are many responsibilities to running the
8 inpatient psychiatric unit.

9 Q. Let me ask you to turn to Page
10 County 0188.

11 A. County 0188.

12 Q. And do you see a nursing note there by
13 Nurse --

14 A. Alabi.

15 Q. -- Alabi dated 3/16/2016, 2201 hours?

16 A. Yes.

17 Q. This note -- well, does this note
18 correspond to the prescription of Haldol that we
19 looked at just a moment ago?

20 MR. RAGEN: Objection. Speculation.

21 You can answer.

22 THE WITNESS: Yeah. I mean, I can't say for
23 sure. This note is at 2200. The order was at
24 1944. So it's an assumption. Yeah. I mean, like



1 I said, sometimes people document a little bit
2 later.

3 I can't -- I don't know exactly what
4 happened with Alabi here, but I -- it's -- you
5 know, I clearly gave a verbal order, telephone
6 order, verbal order, however you want to phrase it,
7 at 7 -- whatever we just discussed 7:42. He
8 entered it in at 7:44 which would temporally, I
9 guess, match up with this; but, again, I'm -- I'm
10 also speculating here.

11 BY MR. FLAXMAN:

12 Q. And aside from the documentation we've
13 looked at, would there be any -- anything else
14 documenting your telephone order of Haldol?

15 A. Not necessarily. I'm not sure. If it's
16 here, it's here.

17 Q. Okay. But there wasn't -- because it's
18 documented in the orders and in Nurse Alabi's
19 notes, there wasn't a requirement for you to make a
20 separate note, was there?

21 A. No. I mean, not necessarily.

22 Q. All right. Let me go back to the front,
23 0027. Let me know when you're on that page.

24 A. I need to say something, actually.



1 Q. Oh, please.

2 A. So -- because I kind of didn't like how
3 that went down right now what you said. So that's
4 assuming that I didn't -- so I'm not seeing the
5 whole chart right now. So let's say -- let's look
6 at my note from the 17th morning when I came in. I
7 usually do a decent job of documentation.

8 So on the 17th I could have said -- I
9 usually discuss overnight events. So if I -- I
10 would have referenced overnight events if something
11 happened last night. Most of times I do do that.

12 Q. Okay. So is --

13 A. So, I mean, we did look at my progress
14 note for the patient on the 17th.

15 Q. All right. Is that what starts at 0027?

16 A. 00 -- 0027, we're going way back. You
17 guys don't like putting this in order, do you?

18 No. It's the hospital. See, they never
19 print it out in successive order.

20 Yes. This would be my note. So I did not
21 document any overnight events. But hold on. Let
22 me look at the -- I mean, in this -- in this note I
23 did not document any overnight events.

24 So that does not necessarily mean that it



1 did not occur. For example, on -- on County 0030,
2 the note from the 18th, I talk about overnight
3 events. For the 17th, but not the 16th as you
4 referenced.

5 Q. And, just so I understand, you've looked
6 over your note from 3/17/2016; is that right?

7 A. Yes.

8 Q. And you didn't see anything in there about
9 the --

10 A. Yeah.

11 Q. -- Haldol, right?

12 A. Yes. But it's not necessarily a
13 requirement to document an overnight event, per se.

14 Q. Okay.

15 A. Because it didn't sound like anything
16 happened from what Nurse Alabi wrote is that he
17 just needed the edge to be taken off. It's not
18 like an event occurred versus if you look at 0030
19 where I effectively document that he was banging
20 the door, urinating, yadda yadda yadda, where it
21 sounds like a pretty big event occurred.

22 Q. Okay.

23 THE WITNESS: Sorry for using yadda yadda
24 yadda.



1 -- where a pretty big event occurred and I
2 documented it.

3 BY MR. FLAXMAN:

4 Q. All right. Well, let me -- let me ask you
5 about 3/17 first, and then we'll go to 3/18 next.

6 A. So confirm what number we're on, County?

7 Q. Sure. I'm at County 0027.

8 A. Okay.

9 Q. And is this your note from 3/17/2016?

10 A. It appears to be.

11 Q. All right. Did you start this note at
12 9:25 and sign it at 1529?

13 A. That's what it says. Yep. Yes.

14 Q. Under basic information, first section --
15 the first heading there is general communication.
16 Do you see that?

17 A. Yes.

18 Q. And next to history of limitation it
19 states, refused to come out of his room initially
20 and tried to flung the door open when offered
21 medications.

22 A. Yes.

23 Q. And then it says, patient was interviewed
24 later at bedside.



1 A. Yes.

2 Q. Does that -- does that mean that you
3 interviewed him at bedside?

4 A. Yes. So, I mean, black and white now you
5 can see why a lot of times we come back to finish
6 our note later. Patient tried to bump -- you know,
7 tried to rush out of his room when he was offered
8 medications and he refused to come out initially.
9 So he was -- from what I'm reading from what I
10 wrote, it appears to be that he was very impulsive
11 and we have to lock him -- probably lock him back
12 up and -- and then we tried to interview him later
13 at his bedside.

14 Q. Was it your practice to interview patients
15 at their bedside?

16 A. The -- the practice is -- the standard of
17 care in our unit is not to interview people at
18 bedside except for when it is the standard of
19 practice because if someone is violent, if someone
20 is impulsive, if someone's acutely psychotic, it is
21 not safe to take them out of the room for
22 interview. It is actually in the best interest of
23 the patient to be interviewed at the bedside.

24 Q. So if there wasn't that safety concern,



1 the standard practice is to take them out of the
2 room and interview?

3 A. There's still other mitigating reasons.
4 Patient refuses to come out. You're not going to
5 have an officer use a -- a -- what they call use of
6 force to drag a patient out for interview. If
7 they're -- hygienic issues sometimes. I've had
8 patients covered in feces before where we
9 interviewed them at their bedside. If they were in
10 a safety smock and blanket, like previously
11 discussed, we would not parade them out of the room
12 into the interview room in a -- in a restrictive
13 gown such as that. We would interview them at the
14 bedside. When someone's in five- or four-point
15 FLRs, we would interview them for sure at the
16 bedside because they're bound to the bed. Those
17 are some -- some of the reasons we would interview
18 people at the bedside.

19 Q. When there's not a reason for interviewing
20 at bedside, is the usual practice to interview them
21 in an interview room?

22 MR. RAGEN: Objection. Asked and answered.

23 You can go ahead.

24 THE WITNESS: Yes. Again, barring the



1 situations, but not limited to the situations I
2 just --

3 BY MR. FLAXMAN:

4 Q. Right.

5 A. -- described.

6 Q. No. And I didn't mean to say that --

7 A. Yeah.

8 Q. -- you told me every reason you might not
9 interview. I'm just trying to ask the general --

10 A. Yeah.

11 Q. -- is the interview room.

12 A. Yes. Yes. But, I mean, I think of -- I
13 just -- I just -- as we were talking I just thought
14 about five other reasons --

15 MR. RAGEN: And I know. He -- he already in
16 his question he said --

17 THE WITNESS: Got you.

18 MR. RAGEN: -- you probably could --

19 THE WITNESS: Okay.

20 MR. RAGEN: He's not limiting to it.

21 THE WITNESS: I just want to make sure I'm not
22 pigeonholed.

23 BY MR. FLAXMAN:

24 Q. I can't promise that. Just kidding.



1 where is the interview room located?

2 A. On the unit.

3 Q. Okay. And how long do these interviews
4 typically take?

5 A. Oh, boy. I mean, this is just -- this is
6 a fluid thing, you know what I mean? It depends.
7 This depends on the patient. This depends on
8 pathology of the patient. This depends on the
9 cognitive ability of the patient. This depends on
10 if something's going on in another unit.

11 What if I'm interviewing a patient and
12 we're having a grand old time, very good
13 conversation, patient's not psychotic and we're
14 having a -- a good interaction but all hell breaks
15 loose on the unit and a big fight breaks out which
16 has happened multiple times and the officer's like,
17 got to lock up so that all of a sudden what could
18 have been a 30-minute interview ends up being
19 5 minutes. Am I going to attempt to go back to
20 that patient to complete an interview? Of course I
21 am. Might I get the chance to? I might not get
22 the chance to it. They might be on lockdown.

23 And then, if they're on lockdown, because
24 of security reasons -- we don't interview people in



1 group rooms, of course, because that would be
2 violating their HIPAA. If they're in a single
3 room, that's how we would do an interview at the
4 bedside again because we would be able to go to the
5 single room bedside. But if they're in a group
6 room, that would violate their -- their HIPAA
7 rights.

8 If there's a lice outbreak, we don't take
9 people out of the rooms which happens quite often
10 on 2 North.

11 So, you know, I've had -- I've had
12 interviews go on for an hour where I was just -- I
13 had not that many patients that day and I was
14 fascinated by a patient and I took an extra long
15 time. I've had interviews end in 60 seconds
16 because the patient stood up and tried to attack
17 me.

18 Q. Looking at the note you made for 3/17/2016
19 about your assessment of Mr. Cruz, do you think --

20 A. 3/17 you said?

21 Q. I'm sorry.

22 Looking at, yeah, the note on 3/17/2016 of
23 your assessment of Mr. Cruz, did this interview
24 last a few minutes?



1 A. I cannot -- I honestly cannot tell you
2 100 percent sure. What I can tell you is to read
3 my history limitation, and that should give you
4 insight into his ability to answer questions.

5 Q. And what you're talking about is the
6 sentence that I read before about refuse to come
7 out of his room?

8 A. Yeah.

9 Q. So based on that you think he wasn't --
10 wasn't very cooperative that --

11 A. Wasn't very cooperative that day.

12 Q. Okay.

13 THE VIDEOGRAPHER: Doctor, can you move over a
14 couple inches to your left. Perfect.

15 THE WITNESS: Sorry. I have a really bad right
16 knee, so I move a lot.

17 THE VIDEOGRAPHER: That's okay.

18 BY MR. FLAXMAN:

19 Q. The next page, which is 0028 -- and this
20 is the continuation of the --

21 A. Yes.

22 Q. At the top the second line says review of
23 symptoms and then it says ROS reviewed as
24 documented in the chart. Do you know what that



1 means?

2 A. So this is an old note -- like I said,
3 we've changed various types of things -- various
4 types of documenting styles. Departments come up
5 with different forms, et cetera. At this time what
6 I can speak to is that this form that was in this
7 chart, this must have been an auto fill feature.
8 Review of symptoms is a review of psychiatric
9 systems. So essentially it's talking about --
10 you're just saying that I asked him a bunch of
11 questions to review different types of symptoms.

12 Q. Okay.

13 A. Again, this is limited, of course, by what
14 I started the note off as in saying history
15 limitation because of his clinical condition.

16 Q. The next section is objective. The only
17 one I want to ask you under mental status exam is
18 motor, slash, behavior and it says PMR. What does
19 that mean?

20 A. Psychomotor retarded. So it's a form of
21 describing one's neurologic kind of output to
22 their -- to their muscles, their -- their motor
23 behavior. And, again, these descriptions are fluid
24 because earlier in the day he could have been



1 psychomotor agitated, but when I interviewed him
2 later on he could have been psychomotor retarded or
3 he could have been normal active.

4 Q. But what -- and what does PMR stand for?

5 A. Psychomotor retardation. So psychomotor
6 retardation is a term --

7 Q. Just -- I'm sorry. What is the first
8 word?

9 A. Psycho --

10 Q. Psychomotor.

11 A. -- motor retardation.

12 Q. Okay.

13 A. It is a term that references the central
14 nervous system's innerva -- innervation of our
15 muscles and the psychi -- psychiatric aspect of
16 that innervation. So a nerve makes a muscle move.
17 That's how it happens. Our brain tells our nerve
18 to move our muscle. Sometimes our anxiety makes
19 our muscles move. Sometimes our psychosis makes
20 our muscles move, our mania, our depression.

21 So it's a reference to a part of the
22 mental status exam which is important in our
23 psychiatric illnesses manifest. So at the time of
24 my interview, which was over a couple different



1 contacts, right, as noted in the limitation, I had
2 judged him to be a little psychomotor slowed,
3 psychomotor retarded means psychomotor slowed.
4 P-s-y-c-h-o motor slowed.

5 Q. And, I'm sorry, what you said was this was
6 more than one interaction based on what you had
7 noted in history of limitation?

8 A. Well, like I said earlier, how on the
9 inpatient unit there's no -- I could go back to a
10 patient's room 40 times if I want, 50 times if I
11 want, you know. Not only that, I might be sitting
12 at the nurse's station and I might observe the
13 patient in the dayroom or in his room doing
14 something. So, you know, an hour ago in the
15 interview room Johnny was great and he was not
16 agitated and he was, you know, Zippity Doo Dah, but
17 an hour later Johnny's in the dayroom and, you
18 know, he's talking to himself and trying to bite
19 his ear off or Johnny's in his cell, his room, and
20 he's standing on his bed naked screaming something.

21 So it's -- again, it's a fluid -- that's
22 what I mean by multiple contacts. But what must
23 have stuck in my head at the moment of
24 documentation is that he was psychomotor slowed.



1 Q. And then the last page of this note is at
2 0029; is that right?

3 A. Yes. One more thing. Sorry.

4 Q. Please.

5 A. So by definition I said -- again, when I
6 documented this I thought he was psychomotor
7 slowed, but by the very fact that I wrote he tried
8 to fling -- flung, whatever, sorry for the grammar,
9 he flung the door open. That by definition, as any
10 psychiatrist in my opinion would interpret that
11 and -- and document that as psychomotor agitation.

12 So earlier when I first went to go see him
13 he was psychomotor agitated, right, trying to bum
14 rush out of the room. Later on when I saw him, I
15 clearly thought he was psychomotor slowed. Sorry.
16 I hope that clarifies.

17 Q. Okay. Did he try to fling the door open
18 when you went to see him the first time?

19 A. So I wrote refused to come out of his room
20 initially and tried to fling the door open when
21 offered medications. So I would not be the one
22 offering his medications. The nursing -- the
23 nurses would.

24 So it's probably when the nurse offered



1 him medications which I probably had -- you know, I
2 can't say for sure, but I used to stay in my unit a
3 lot and I chart usually in a central location where
4 I would have eyes on almost all my cells. So I
5 could have seen it. Or, if I did not see it, if I
6 went to the bathroom per se, I would have heard
7 about it as soon as I got back on the unit.

8 Q. Okay. Well, then let me ask you about the
9 last page, 0029. And this contains your plan,
10 correct?

11 A. Yes.

12 Q. And did you decide at this time not to
13 continue Mr. Cruz on the close observation?

14 A. I did not reference it one way or the
15 other, so I would reference my note -- my note -- I
16 would reference two things. My note the day before
17 which said clearly that -- continue close obs for
18 at least 48 hours. And then I would note what the
19 order is. So there's got to be a corresponding
20 order sheet in here that shows when the close
21 observation was discontinued.

22 Q. Right.

23 MR. RAGEN: So this is kind of like when you're
24 on a car trip together. At some point I'll need to



1 go to the restroom, but I can wait for a while. So
2 I don't want to keep chopping this up. I mean, I
3 could go another day.

4 THE COURT REPORTER: I'm sorry. I didn't
5 understand what you just said.

6 MR. RAGEN: I could go, like, one more day
7 based on the records, not -- I don't think --

8 MR. FLAXMAN: Let's take a break.

9 MS. HAIDARI: Okay. Thank you.

10 THE VIDEOGRAPHER: So we're going off. The
11 time is 2:19 p.m., and we're going off the video
12 record.

13 (Recess taken.)

14 THE VIDEOGRAPHER: The time is 2:25 p.m., and
15 we're back on the video record.

16 BY MR. FLAXMAN:

17 Q. All right. Let me ask you to go back to
18 the orders section at Page 116.

19 A. 0116?

20 Q. Yes.

21 A. Just to clarify.

22 Q. I'm sorry. 0115.

23 A. Here.

24 Q. Do you see the last order on 0115 is for

1 chlorpromazine?

2 A. You can call it Thorazine for short, if
3 you want. It's the brand name of chlorpromazine.

4 Q. And this shows that you were the ordering
5 physician and the entering physician, right?

6 A. Correct. Correct.

7 Q. And unlike the medication we looked at
8 before, does this indicate that you were present
9 when you made this order?

10 A. I typed it in.

11 Q. And the -- Page 116, the next page, has --
12 do you see there are two other medications that you
13 ordered at the same time?

14 A. 33902 -- 339. Yes. Diphenhydramine,
15 Benadryl, intramuscular and Lorazepam, also known
16 as Ativan, intramuscular.

17 Q. And was the Thorazine intramuscular, too?

18 A. I would assume so. Yes, it is.

19 Q. And what is intramuscular?

20 A. It's an injection that is injected into
21 the muscle.

22 Q. Is it common for you to prescribe these
23 three medications together?

24 A. Yes.



1 Q. Is there a name for that?

2 A. No.

3 Q. Okay. Why do you prescribe the three
4 together?

5 A. So it depends on your clinical judgment at
6 the time, and it depends on what's going on at the
7 time. So, again, I don't -- you know, can't
8 recommend exactly what's going on at this time.
9 But, you know, agitation, aggression, violent
10 behavior, impulsive behavior, self-harming behavior
11 can have a lot of locuses and it could come from
12 anxiety. It can come from psychosis. It can come
13 from mania.

14 So the antipsychotic is used to help when
15 it comes from a locus of psychosis, but just
16 because the agitation/aggressive behavior,
17 et cetera, et cetera, is coming from a locus of
18 psychosis does not -- does not mean that it's also
19 not coming from a locus of anxiety because it's --
20 it's got to be hard to be psychotic, just
21 empathizing with my patients. I don't know from
22 personal experience. It's from my clinical
23 experience as a physician.

24 So a lot of times if I feel like the



1 patient's so agitated and so aggressive and so
2 anxious and so distraught, I will give them an
3 antipsychotic and a benzodiazapine which is
4 Lorazepam which is an anxiolytic-hypnotic. And
5 then diphenhydramine is an antihistamine which is
6 sedating which can also at times countereffect any
7 side effects that the antipsychotic might have.

8 Q. And just --

9 MR. RAGEN: Could you read his answer back?

10 I'm just joking.

11 THE WITNESS: I'll try to speak clearly.

12 MR. RAGEN: I think we're good.

13 BY MR. FLAXMAN:

14 Q. The Thorazine was the antipsychotic you
15 mentioned?

16 A. Correct.

17 Q. And did you say that the Lorazepam was
18 also known as Ativan?

19 A. Ativan is a brand name.

20 Q. Okay. So the -- I just want to turn from
21 your orders of 1525 to a nursing note which is on
22 Page 0191.

23 A. 0191?

24 Q. Yes.



1 And that's a note with the -- titled 1539
2 by Nurse Kane1, K-a-n-e-1. Do you see that?

3 A. Yes.

4 Q. And this note says that Nurse Kane1
5 received orders for emergency medication and gave
6 Thorazine, Benadry1, and Ativan, right?

7 A. Correct.

8 Q. Does this reflect the medication orders
9 that we just looked at?

10 A. I believe so.

11 Q. Do you know if you made a separate note
12 about giving these medications?

13 A. Yes, I did actually.

14 Q. Okay.

15 A. Look at my progress note from -- I just
16 referenced it a little bit ago. I don't remember
17 what -- 00 --

18 Q. I could help you, I think.

19 A. Was it 17 through 18?

20 MR. RAGEN: I think it could be --

21 THE WITNESS: 17.

22 MR. RAGEN: -- Page 30.

23 MR. FLAXMAN: Yeah. That's where I was going
24 to go.



1 THE WITNESS: Wait. Which page?

2 MR. RAGEN: 0030. It might be helpful -- he
3 might flip through it faster. Do you care?

4 This is a little faster. It's a -- I
5 don't have the -- it's the same page as -- and
6 there's no notes in there.

7 BY MR. FLAXMAN:

8 Q. This one has page numbers at the bottom,
9 but they'll be the same as what we've been --

10 MR. RAGEN: You can rifle through.

11 BY MR. FLAXMAN:

12 Q. So you can flip to Page 30.

13 A. Yes. So here I document, since yesterday
14 evening patient has been very agitated, attempting
15 to leave his cell, banging the door of his cell,
16 and was seen urinating on the floor and internally
17 stimulated, which is kind of redundant, but the
18 bottom line is psychotic.

19 Patient was placed in seclusion and safety
20 smock and later transferred to single cell.

21 Patient received one-time emergency medication at
22 around 3:30 p.m. yesterday, Thorazine 100, Benadryl
23 50 -- excuse me. Thorazine 100 milligrams,
24 Benadryl 50 milligrams, and Ativan 2 milligrams,



1 and was offered PRN medication at 8:15 p.m. that he
2 accepted, Thorazine 100 milligrams, Benadryl
3 50 milligrams, and Ativan 2 milligrams.

4 So the first line there I believe is
5 discussing the -- discussing the emergency meds
6 that you referenced initially because, if you see,
7 Nurse Kane1 started her note on 1539 which would
8 correspond with me saying around 1530.

9 Q. Okay. And, just so I am clear, what you
10 were just reading from is a note that you made on
11 3/18/2016 starting at 9:15 and you signed it at
12 12:27; is that right?

13 A. Correct.

14 Q. And, again, you noted that you saw
15 Mr. Cruz in his cell to make this note.

16 Under the heading of history of present
17 illness, do you see that?

18 A. Yes.

19 Q. Do you see that it says chart reviewed and
20 patient seen in his cell?

21 A. Yeah. It's a common theme. If you
22 notice, the nurses are also documenting that he's
23 seen in his cell a lot.

24 Q. And -- but that means that you went into



1 his cell to interview him.

2 A. Correct.

3 Q. The -- I just wanted to ask you, higher up
4 on this under general communication there's a
5 history of limitation section.

6 A. Mm-hmm. Yes.

7 Q. And that says, patient very sleepy this
8 morning, S, slash, P PRN medications received over
9 night. Can you tell us what S, slash, P means?

10 A. Status post.

11 Q. What does that mean?

12 A. So he received -- so I'm referencing that
13 last night he received PRN medications which were
14 as needed which is the second line. So he actually
15 received emergency medications and PRN medications.
16 So he received the medication that we just
17 discussed, the Thorazine, Benadryl, Ativan, and
18 then the repeat Thorazine, Benadryl, and Ativan.

19 So I'm referencing that, hey, this guy is
20 kind of sleepy because he received these injections
21 last night, received two rounds of them, and fast
22 forward now in the morning he's somewhat sedated
23 due to said medications.

24 Q. And what dos PRN mean?



1 A. PRN is Latin for as needed.

2 Q. And what is -- so what is the difference
3 between emergency medication and PRN medication?

4 A. I think Nurse Kanel on Page 191 does a
5 very good job of explaining it, which I will add
6 the little bit, too, to help you understand is that
7 emergency medications are medications given on an
8 emergency basis that fall under the guidelines
9 under the Mental Health Code of emergency
10 medications that can be given up to 72 hours
11 without a court order for situations of dire -- you
12 know, like when you -- when the patient's so
13 agitated, so at risk, that you can't do anything
14 else, or, in your opinion, you -- you need to
15 intervene or else harm will be done, I should say.

16 After that it sounds that he had calmed
17 down, but that -- oh, it's not in Nurse Kanel's
18 note. Sorry. So she -- she documents the
19 emergency part of it, right, attempted to push out
20 past officers, you know, et cetera, et cetera, and
21 then I reference that --

22 Q. I'm sorry. Just tell me what page you're
23 on.

24 A. Sorry. So initially Nurse Kanel's note on



1 191.

2 Q. okay.

3 MR. RAGEN: Do you mind if I point?

4 MR. FLAXMAN: He got it.

5 MR. RAGEN: Okay.

6 THE WITNESS: So -- my apologies. So he --
7 that she documents the emergency medications, and
8 then I correspondingly -- correspondingly reference
9 them in my note on Page 30, but then I also then go
10 on to say offered PRN medications which would be,
11 hey, do you want something, and the patient says,
12 yes, I want something. And that is an as-needed
13 versus an emergency medication that's given
14 against.

15 BY MR. FLAXMAN:

16 Q. I see?

17 A. -- someone's -- that's given in an
18 emergency basis, I should say.

19 Q. So the -- I don't have to ask more.

20 All right. The -- so Page -- if you go to
21 Page 30, that's the start of your note on
22 3/18/2016?

23 A. Yes. Page 30. Correct.

24 Q. And, Page 31, I'm looking at the heading



1 review of systems. Do you see that?

2 A. Yes.

3 Q. And you wrote unable to complete review of
4 system this morning as patient sedated; however, no
5 medical issues documented in chart.

6 A. Yes.

7 Q. Is that what you wrote?

8 A. I mean, yes. This could be an auto fill.
9 I don't recall.

10 Q. Okay. All right. I think I'm going to
11 know the answer to this, but let me -- let me ask
12 it and see if I get it right.

13 The first page of your note has history of
14 present illness.

15 A. Yes.

16 Q. And the -- we looked at just a moment ago
17 that the last paragraph you wrote, patient was seen
18 in his cell this morning, he was laying in his bed
19 and appeared very sedated and could barely keep his
20 eyes open.

21 Did I read that right?

22 A. Yes. I believe so. Correct.

23 Q. Okay. And then the -- what I wanted to
24 just skip to was the next page where the plan is,



1 and at the bottom of Page 31 going into the next
2 page you wrote -- well, did you write during the
3 interview patient denies AVH and was observed to be
4 responding to internal stimuli?

5 A. So look -- Page 32.

6 Q. Yes.

7 A. The paragraph below what you just
8 referenced.

9 Q. Yes.

10 A. It says interval. So this is sometimes --
11 I've done this in the past where if -- when you
12 have a patient who's got a lot of repetitive
13 similar symptoms and behaviors, it kind of provides
14 you an interval update.

15 So the beginning part of my impression was
16 the same impression as before, which was no past
17 psychiatric history, coming in for self-injurious
18 behavior, denying this initially, not observed
19 initially, but previous notes have indicated
20 self-injurious behavior, strong HI, and observed to
21 respond to internal stimuli.

22 As an interval update, patient has been
23 intermittently taking his Risperdal, continues to
24 be grossly disorganized, psychotic, and with



1 periods of agitation requiring emergency
2 medications yesterday as documented above. Patient
3 was placed in seclusion room and safety smock
4 yesterday and later transferred to a single cell.
5 Patient very sedated this morning due to receiving
6 PRN medication last night in additions to the --
7 this is -- I'm not reading verbatim. This is a --
8 an assumption, reading between the lines.

9 In addition to receiving the emergency
10 medication, he received a PRN. Patient yesterday
11 with fecal incontinence and some fecal play.
12 Unclear if opiate abuse, dependence, withdrawal
13 concurrently occurring. Will attempt to obtain
14 vitals.

15 Q. Okay. So if I understand right the first
16 paragraph under plan was copied from the note you
17 made the day before.

18 A. Not copied per se. It's just the initial
19 impression.

20 Q. Well, it's the same text it appears --

21 A. Yeah. Yeah. But it's the initial -- it's
22 the same initial impression that I had, and this is
23 the interval update.

24 Q. Okay. And the interval is -- what comes



1 after the word interval, colon, is what you were
2 observing on --

3 A. The change.

4 Q. Let me finish the question.

5 A. Oh, I'm sorry. My apologies. My
6 apologies.

7 Q. Am I correct that what you added after
8 interval, colon, is what you observed on the day
9 that you made this note?

10 A. Correct.

11 Q. And you mentioned that Mr. Cruz was placed
12 in seclusion room and safety smock?

13 A. Yes.

14 Q. Was that something that you ordered?

15 A. Let's go to the orders.

16 Q. Okay.

17 A. I can't -- I can't -- you know, off the
18 top of my head --

19 Q. Sure. I think I --

20 A. You know how they say in sports, let's go
21 to the tape.

22 MR. RAGEN: Do you mind if I --

23 MR. FLAXMAN: Fine. Are you at -- where --
24 what page are --



1 MR. RAGEN: 117ish.

2 THE WITNESS: Answer?

3 So on Page 117, as my attorney stated,
4 there's an order entered in for close observation,
5 myself as the ordering physician, but entered in by
6 Nurse Helen Kane1 with timestamps date stamps and
7 start times. And it says, close observation for
8 Q15 minutes for unpredict UPB which stands for
9 unpredictable behavior with safety smock and safety
10 blanket.

11 BY MR. FLAXMAN:

12 Q. And could you take us to the telephone
13 order that you made to -- through Nurse Kane1?

14 A. Yes.

15 Q. And the same thing for the next order of
16 locked door seclusion.

17 THE COURT REPORTER: What was the last word?

18 THE WITNESS: Locked door --

19 MR. FLAXMAN: Seclusion.

20 THE WITNESS: Yes.

21 BY MR. FLAXMAN:

22 Q. Was it your understanding that the nurse
23 could order locked door seclusion without
24 conferring with the doctor?



1 A. I don't know how to answer that because it
2 looks like I gave the telephone order.

3 Q. All right. Would it have been appropriate
4 to make the order without speaking to you by phone
5 first?

6 A. What -- what occurred is the question I
7 have. I mean, I can't just suppose if she did that
8 or not. I mean, my understanding is that she would
9 have called me.

10 Does she have a note corresponding?

11 Q. I --

12 MR. RAGEN: He --

13 BY MR. FLAXMAN:

14 Q. I'm just trying to ask you a question
15 about the general procedures on 2 North.

16 Was it the general procedure that a nurse
17 had to call you before placing a patient on locked
18 door seclusion?

19 A. Yes. As I stated earlier about restraints
20 and how our call -- an RN, a licensed RN could, I
21 believe, put in an order for restraints if a doctor
22 is not available. I believe. Again, I'm not
23 100 percent sure, the RN could put in an order.
24 But, again, I can't remember. I can't remember. I



1 know that I would -- I would -- I would have gotten
2 called and I would have said, okay, go for it or
3 not go for it.

4 Q. All right. Let's go to -- so what I
5 would -- we got off track, but we had been on
6 Page 32. Can I ask you to go there?

7 A. Yep. I'm still there.

8 Q. Okay. Good.

9 The -- the last sentence under interval
10 says, patient yesterday with fecal incontinence and
11 some fecal play. Unclear if opioid -- opiate
12 abuse, slash, dependence, slash, withdrawal
13 concurrently occurring. Will attempt to obtain
14 vitals.

15 why did you reference opioids?

16 A. So.

17 Q. Opiate?

18 A. So fecal incontinence is increasingly
19 rare. It is not usually seen -- well, no. I
20 shouldn't say not usually. Fecal incontinence is
21 a -- is a rare condition because it can -- it's so
22 difficult to quantify that because we have skeletal
23 muscle controlling our bowels, so it's under some
24 voluntary control; but it's also involuntary, and



1 that's when, like, if you have cord -- cord
2 compression, like if your spinal cord's been
3 compressed, you can have fecal incontinence, but
4 it's not because you're just -- because, let's say,
5 you're agitated, aggressive, and you're acutely
6 psychotic, that doesn't mean you automatically have
7 fecal incontinence because you're acutely
8 psychotic.

9 The word incontinence, you know, is used,
10 but is it really incontinence? Was it visualized
11 to be incontinence? Clearly the patient's not
12 responding to questions appropriately as documented
13 in the -- his -- at Page 30 of the history --
14 history of limitation.

15 So I think here I'm just attempting to
16 create a differential diagnosis of what could be
17 going on. That's why it's an impression of why is
18 this person playing with feces? Is it just pure
19 fecal play? Is it fecal incontinence? What can
20 cause fecal incontinence? I doubt he has a cord
21 compression.

22 You know, when people can't respond to
23 questions appropriately and they are having fecal
24 incontinence, too, in your differential diagnosis



1 is always some type of heroin, opiate withdrawal
2 because opiate withdrawal is a big thing that
3 causes fecal incontinence, explosive diarrhea.

4 So I think that I used that as a -- you
5 know, to discuss a differential diagnosis for why
6 this could be going on. Again, unclear. I wrote,
7 you know --

8 Q. Right.

9 A. -- unclear.

10 Obtaining vital signs could also help, you
11 know, provide another data point into determining
12 what was going on. But the reason I wrote will
13 attempt -- and, again, this is not from this
14 specific case, but I know I've treated thousands of
15 acutely psychotic patients on 2 North and when
16 someone's acutely psychotic, getting vital signs
17 from them can be challenging, it could be
18 dangerous, and you need a degree of cooperation
19 from the patient to get said vital signs.

20 Q. Were there any tests that you wanted --
21 could have done to determine whether he was having
22 an opioid -- opiate withdrawal?

23 A. I requested the attempt to get the vital
24 signs.



1 Q. what --

2 A. That's a test. You know, vital signs are
3 very important to kind of helping determine which
4 way. And then -- then they would be -- next is
5 nursing would contact a -- the primary care team to
6 evaluate them to determine if they have an etiology
7 of incontinence.

8 But a lot of times, notice, it's
9 documented at Page 30. It -- hold on. Where's the
10 fecal part.

11 MR. RAGEN: I mean --

12 THE WITNESS: I don't remember where the fecal
13 play is documented.

14 BY MR. FLAXMAN:

15 Q. That's there on 32, patient yesterday with
16 fecal incontinence?

17 A. And some fecal play. So, you know, you
18 don't know what's going on there. Fecal play could
19 be a regressed behavior. Fecal play could be a
20 psychotic behavior. Fecal play could be --
21 there's -- there's a -- there's a wide spectrum of
22 things that could be going on here.

23 Q. All right. Did you --

24 A. But usually fecal play is going to be



1 under the category of a behavioral type of process.

2 Q. Did you consider whether his medications
3 could have caused incontinence?

4 A. I didn't document it, but I always
5 consider everything, or at least I try to consider
6 as much as I can. I'm not perfect, but it would
7 be -- I will tell you right now off the top of my
8 head from now I would tell you it's unlikely
9 because if he's been taking the Risperdal off and
10 on again and it just happened now, why now and not
11 earlier, I'm not sure.

12 Q. Okay. What about the other three
13 medications?

14 A. So Lorazepam is going to slow down bowels.
15 Benadryl is going to slow down the bowels and the
16 urinary system. Those are all decreasing
17 parastal- -- decreasing the GI tract. So, if
18 anything, he'd be constipated.

19 Thorazine could, I believe, cause you to
20 have some diarrhea; but, again, that's diarrhea.
21 That's not necessarily fecal incontinence or fecal
22 play because it's one thing to have diarrhea. It's
23 another thing to put your hands in it and play with
24 it.



1 People who usually are not experiencing a
2 psychotic process, you know, if you have diarrhea
3 you have -- there's a part of our brain that lights
4 up and says, ew, diarrhea, stay away from it, don't
5 play with it, that develops during adulthood versus
6 childhood where my kid sticks his hand in his
7 diaper and he doesn't know what the heck's going
8 on.

9 Q. Sure. I understand.

10 Let's go to the next page, Page 33. Is
11 this a note that you made on 3/18/2016 starting at
12 1749 and signed at 1752?

13 A. Yes. This looks like a -- what we call --
14 it's an observation note because it's not part of
15 my progress note. It's not an addendum onto my
16 progress note, I don't believe. So it's an
17 additional note.

18 Q. When do you make additional order
19 observation?

20 A. As something is -- if I'm on a unit,
21 something's going on that's of note and I have to
22 document it.

23 Q. Was the -- was the reason for making this
24 note to document the order that -- what was -- what



1 was the reason for this note?

2 A. I'm just going to read to reacquaint
3 myself again.

4 Page 33, patient extremely disorganized,
5 acutely psychotic, covered in feces, thrashing,
6 placing self at risk of harm and staff at risk of
7 harm, threatening staff, beating his fists on the
8 door and wall. Patient's room covered completely
9 in feces, urine, and trash. Attempted verbal
10 de-escalation. Patient stood on top of the bed and
11 jumped off of the bed attempting to hit head
12 against the wall. There you go.

13 And then finally, patient will be placed
14 into FLRs for risk of harm to self and others and
15 severe decompensation. Unable to be de-escalated
16 or redirected.

17 Q. Did you order Mr. Cruz into FLRs?

18 A. Well, I said he will be placed into FLRs,
19 so I would -- let's go to the orders to make sure
20 that we see what -- so I wrote this note at 1752.

21 Can I ask for an assist on what --

22 Q. Yeah.

23 A. -- page?

24 Q. I'm on Page 0 -- well, Page 118.



1 A. So I -- I put the order in at 6:00 p.m. or
2 1800, I should say, or whatever; and it states
3 right there in the order detail box.

4 Q. What does it state? I'm sorry. And you
5 don't have to read it. I just -- what did you
6 mean?

7 A. It just states what's going on.

8 Q. Okay.

9 A. What was attempted to be done and why he
10 was being placed into restraints and what type of
11 restraints and for the duration. Have a lot of
12 good info there.

13 Q. Okay. And the -- this order on Page 118
14 lists you as the ordering physician and it also
15 says entered by, meaning that you're the one who
16 made the order and you're the one who put it in the
17 computer, right?

18 A. Yes.

19 Q. Is the four-hour duration something that
20 you put in or is that automatic?

21 A. It's standard of care.

22 Q. But does the computer automatically put in
23 four hours or you just know to put in four hours?

24 A. It's standard of care. It's pre -- you



1 know, you -- it's prechecked off. It's -- you
2 can't put in someone for less or more.

3 Q. Okay.

4 A. It's -- it's a four-hour order. That
5 doesn't mean they're going to be in for four hours.
6 It doesn't mean that they're going to be in for
7 four hours exactly because they're going to at a
8 bare minimum -- remember, they're going to get
9 reassessed at four hours for sure. At that point
10 whoever's reassessing, discussing with an
11 attending, could continue, discontinue, et cetera.

12 Q. All right. Did you assess Mr. Cruz around
13 the time that he was put into restraints?

14 A. Yes. I mean, I was -- I was there. So
15 you also have to clarify what you mean by assess
16 because when we have a patient who's, you know --
17 we're referencing Page 33 again -- extremely
18 disorganized, acutely psychotic, covered in feces,
19 thrashing, threatening staff, I'm not going to walk
20 into his room and get injured.

21 So did I assess him? We have clear -- our
22 doors are -- on 2 North have a big glass window,
23 and it -- he's easily observed to be doing what
24 he's doing. So I assessed him with my eyes,



1 correct. Absolutely.

2 Q. But because of the safety concern you
3 didn't interview him?

4 A. You can still interact through the door.
5 Absolutely you can.

6 Q. Did you do that?

7 A. Off the top of my head, I can't remember;
8 but I'm -- I've done it before plenty of times.
9 I -- knowing myself and my -- my practices, I
10 probably went up to the door and I probably said,
11 hey, Mr. Cruz, what's going on and tried to
12 interact and -- and you see what I wrote.

13 Q. I'm sorry. And you can see what you
14 wrote?

15 A. Yeah. You can see what I wrote. He was
16 extremely disorganized, acutely psychotic, covered
17 in feces, thrashing, placing self at risk of harm
18 and staff at risk of harm, threatening staff,
19 beating his fists on the floor and wall. Patient's
20 room covered completely in feces, urine, and trash.
21 Attempted to -- verbal de-escalation. So I did
22 interact. I -- I attempted to verbally de-escalate
23 him. Patient stood on top of the bed and jumped
24 off of the bed attempting to hit head against wall.



1 Q. And then after he was in restraints did
2 you attempt to interact with Mr. Cruz?

3 A. I can't recall how much longer I was on
4 the unit. I would have to see if I have any other
5 documentation.

6 Q. There -- there is one more note on
7 Page 34.

8 A. So let me see what time that is. That's
9 at 7:13. So I was -- yes, I was there. I went in
10 to talk to him while he was in FLRs, full -- full
11 leather restraints. And while in restraints I
12 document now on Page 34 that he was agitated,
13 aggressive, thrashing, and that he required
14 emergency medications.

15 Q. Had you remembered that you went into his
16 cell to speak to him around this time?

17 A. Do I remember? You know, you asked me a
18 question at the beginning of what do you remember
19 about Mr. Cruz, and I said -- my words that I said
20 I remembered. I -- I did say I remember Friday a
21 little bit more, but I know myself and I know my
22 practices, and I know this is what I do.

23 Q. Okay. And I just wanted to understand.
24 You're telling me based on your practices and your



1 note; you're not telling me based on your
2 independent recollection of what happened in -- in
3 2016.

4 MR. RAGEN: For this particular, right?

5 MR. FLAXMAN: For this particular question
6 of --

7 MR. RAGEN: Right. Because I think if we would
8 have generalized it, that's a long answer. And I'm
9 sorry to interject.

10 MR. FLAXMAN: No. No. It's fine. I -- I --
11 let me just ask the question.

12 THE WITNESS: I mean, I probably -- I -- I -- I
13 can't say 100 percent I remember that I went into
14 his room, but, I mean, if you -- if you want an
15 answer, I'll say sure I did. I mean, I always do.
16 This is what I do.

17 If someone's telling me, hey, Doc, he's
18 aggressive and thrashing, check it out, and I'm
19 going to walk up to the cell door and I'm going to
20 ask the officers, hey, I'm going in and I'm going
21 to take a look, Mr. Cruz, Mr. Cruz, and if I see --
22 or Mr. whoever patient and, you know, you're -- if
23 the patient's not responsive and they're agitated
24 and aggressive, they can get hurt while they're in



1 FLRs. So I would go back to the nurses' station,
2 saddle up to my computer and document and enter in
3 an order for emergency medications.

4 As you can see, by the way, on Page 33, my
5 observation note where he escalated his behavior
6 and was attempting to hurt himself by jumping off
7 of a bed attempting to hit his head -- trying to
8 hit -- you know, hitting his head against a wall
9 and punching, then I write offer PRN medication for
10 anxiety and agitation.

11 THE COURT REPORTER: I'm sorry. I need you to
12 slow down.

13 THE WITNESS: Sorry.

14 So after the fact that he was put into
15 restraints, we wanted to -- in case he was
16 distressed, to offer PRN medication. I don't
17 document that he refused it, but by definition of
18 not requesting it, I would assume that he refused
19 it because we then escalate to emergency medication
20 to mitigate more harm to himself.

21 Sorry about that.

22 BY MR. FLAXMAN:

23 Q. And so based on your note on Page 34, did
24 you order that Mr. Cruz be given emergency



1 medication? And if you want to reference another
2 part of the chart, that's fine. Maybe your counsel
3 can point us to a page?

4 A. I think that's 119. Page 119 there's an
5 order for chlorpromazine at 7:12, 100 milligrams
6 intramuscular. There's an order for
7 diphenhydramine, 7:12, 50 milligrams intramuscular.
8 There's an order for Lorazepam, 2 milligrams, at
9 7:12, intramuscular. So those were the emergency
10 medications entered.

11 Q. And were those the same three emergency
12 medications used before?

13 A. Yes.

14 Q. All right. The next page of the orders is
15 Page 120.

16 A. You skipped ahead.

17 Q. All right. 120 has the two other orders
18 for restraints, but I actually wanted to go --

19 A. There's a few others.

20 Q. I'm sorry?

21 A. Nothing.

22 Q. It has medication also.

23 A. There's an order you skipped on Page 119.

24 MR. RAGEN: I mean, we can go into it, but --



1 BY MR. FLAXMAN:

2 Q. which one --

3 MR. RAGEN: -- he's waiting --

4 MR. FLAXMAN: Oh, I'm sorry.

5 MR. RAGEN: -- for a question. Go ahead.

6 Sorry.

7 BY MR. FLAXMAN:

8 Q. You mean the order at the bottom for
9 restraints?

10 A. Yeah. Page 119 because -- I want to make
11 sure that --

12 Q. okay.

13 A. -- we don't skip a --

14 Q. Oh, no, no.

15 A. -- a reference point, you know.

16 Q. That's -- that's the first --

17 A. That -- no. That's a renewal.

18 Q. Oh, that's a renewal. okay.

19 A. That's the first renewal by -- done by
20 nursing with my authorization.

21 Q. Okay. And while we're looking at that,
22 that's fine. Based on this -- looking at this note
23 you can tell that Nurse Kanel called you and you
24 authorized this?



1 A. Correct.

2 Q. Did you make any notation documenting
3 that?

4 A. I have to look in the chart, but I
5 don't -- I don't remember because this -- I believe
6 this is after -- I would be back in the hospital on
7 Monday after the patient had been expired, I
8 believe.

9 So are there any other notes? Can I ask,
10 is there any other notes in here?

11 Q. I mean, I -- I can tell you I don't think
12 there are, but --

13 MR. RAGEN: And I -- I could talk, but I'm not
14 going to just because it doesn't look right for the
15 record.

16 THE WITNESS: Okay.

17 MR. FLAXMAN: That's fine. I can --

18 THE WITNESS: I mean --

19 MR. RAGEN: I --

20 THE WITNESS: -- there's no --

21 MR. RAGEN: You -- you can take -- there does
22 not appear to be a note --

23 THE WITNESS: There does not appear to be a
24 note. Yeah.



1 MR. RAGEN: You got to -- if you're going to
2 have one of us talk --

3 THE WITNESS: Got you. Got you. Got you. Got
4 you.

5 MR. RAGEN: But you're still doing it.

6 THE WITNESS: Oh, I'm sorry.

7 MR. RAGEN: Yeah.

8 There does not appear to be a note beside
9 these three orders that were not entered by you;
10 but, again, don't -- you can wait for him to ask a
11 question because this all started without a
12 question.

13 THE WITNESS: Sorry.

14 BY MR. FLAXMAN:

15 Q. So what we were just talking about was
16 the -- a renewal order that's at the bottom of
17 Page 119, right?

18 A. Yes.

19 Q. And that -- the time of that one is 2155?

20 A. Yes.

21 Q. And this contains Nurse Kanel's
22 observations, right?

23 A. Yes.

24 Q. And based on looking at these observations



1 was it appropriate to continue Mr. Cruz in
2 restraints at this time?

3 A. Yes.

4 Q. So that was at -- at 2155. There's a --
5 there are two medication orders that I wanted to
6 ask you about that are on Pages 122 and 123. Do
7 you see at the bottom of 122 there's an order for
8 Diazepam?

9 A. Yes. I see that.

10 Q. Is that also known as Valium?

11 A. Yes.

12 Q. And that's something you entered for
13 Mr. Cruz, right?

14 A. It appears to be.

15 Q. Do you know why you prescribed Valium?

16 A. Not sure.

17 Q. Is it your usual practice to give Valium
18 to patients who are in restraints?

19 A. I can't com -- I can't answer that
20 question. I don't know the situation under which
21 the Valium was given. I have to compare time
22 stamps, et cetera, et cetera.

23 Q. Well, if you want to go back and look at
24 your notes that we were looking at before this --



1 A. Well, valium was ordered at 5:43. The
2 restraints was not ordered, I believe, until later.

3 Q. In your note at Page 33.

4 A. So the restraints were initially -- I'm
5 looking at Page 118. Then I can get to my note.

6 Q. Sure.

7 A. The restraints were entered in at
8 six o'clock. So it appears before he became
9 agitated and aggressive I offered him some valium,
10 and then let me go to my note. So he's not
11 making -- I just want to be clear. You said is it
12 your practice to offer people in restraints
13 Diazepam. No, it is not my practice, and I did not
14 offer him Diazepam here --

15 Q. Okay. Thank you.

16 A. -- in restraints.

17 Q. Thank you for correcting that. I'm sorry.

18 A. I just want to make sure we're clear.

19 Was there a question?

20 MR. RAGEN: Not yet.

21 BY MR. FLAXMAN:

22 Q. Well, the question is do you know why you
23 prescribed valium.

24 A. Well, I don't -- I don't -- I can only



1 make a -- an informative assessment based on my
2 practice. You could say that it -- if you read the
3 note earlier -- let's go back to the -- so my note
4 from -- my note on page -- that extends from
5 Page 30 to 32, before my note on -- before the
6 observation note on Page 33 shows that he was
7 pretty aggressive, disorganized, received PRN
8 emergency meds the night before. And reading
9 his -- the interval that's written, that he
10 continued to be -- in the morning he was sedated,
11 but later on he continued to be agitated,
12 et cetera.

13 So Diazepam is an oral medication that
14 sometimes we will offer to patients -- you know,
15 again, we talked about decreasing anxiety. So I
16 thought he was agitated. I thought he was anxious
17 because of something. It's something to offer to
18 see if he wants to -- you know, if he could take
19 a -- if he wants to take a PRN to decrease his
20 anxiety. You always want to give someone a pill
21 versus a shot.

22 Q. And is -- that's the Diazepam, the Valium,
23 right?

24 A. Yes.



1 Q. There was also an order at the same time
2 for risperidone? Did you see that?

3 A. That's his -- that's the ongoing
4 medication that he's had.

5 Q. That's the -- okay. He's already been
6 prescribed that.

7 Do you know if you ever considered
8 increasing the dosage of the risperidone?

9 A. I did.

10 Q. Okay.

11 A. Wait.

12 MR. RAGEN: 111.

13 THE WITNESS: What page?

14 MR. RAGEN: And -- and you can stop me.

15 MR. FLAXMAN: No. No.

16 MR. RAGEN: Around 110, 111 is where those
17 orders come in. I'm sorry. That's MAR. My bad.
18 But the orders -- I'm sorry. I'm not helping.

19 THE WITNESS: So without even looking at the
20 order though I'll tell you right now is that I --
21 you always want to increase a medication and
22 titrate it if it could help the patient; but if the
23 patient's not taking the medication consistently,
24 you tend to not want to titrate, right, because,



1 you know, they haven't been taking it consistently.
2 You want to see if someone's taking a med
3 consistently. You want to see a response from said
4 med or not a response from said med, and then you
5 can titrate accordingly.

6 BY MR. FLAXMAN:

7 Q. what does titrate mean?

8 A. To increase. To, you know -- what's the
9 word I'm looking for -- appropriately dose based on
10 what's going on in his symptoms, so --

11 Q. So at -- at this time on 3/18 you --

12 A. I --

13 Q. -- chose to increase the dose of the
14 risperidone?

15 A. See, that's the thing is I don't even know
16 if I increased it or did I just change it to a
17 once-a-day dosing.

18 MR. RAGEN: Do you want to -- I can point to
19 some records, but --

20 MR. FLAXMAN: Sure. why don't you point us
21 to what --

22 MR. RAGEN: So if you look at, like, 118 and
23 then you also look at the initial order which would
24 have been by --



1 THE WITNESS: Oh, there it is.

2 MR. RAGEN: -- Kartan, I believe -- let me
3 finish up.

4 Kartan's original order's on 114, and then
5 you have an order on 118.

6 THE WITNESS: I see it now. It's -- thank you.

7 It's 2 milligrams twice a day. So it went
8 up from 1 milligram twice a day to 2 milligrams
9 twice a day. So the other -- the other
10 justification for that is sometimes if someone's
11 taking it intermittently, if you increase it from
12 one to twice a day to two twice a day, if they take
13 one dose in a day, that's like taking the one twice
14 a day anyway.

15 BY MR. FLAXMAN:

16 Q. Let me go back to the orders for
17 restraints and renewals. The first renewal was at
18 the bottom of Page 119.

19 A. I'm sorry. 119?

20 Q. Yes.

21 A. Okay.

22 Q. And that one was at 2155, correct?

23 A. Yes.

24 Q. Okay. And then the next one on Page 120,



1 that one's at 3/19 -- on 3/19/2016 at 3:55 a.m. Do
2 you see that?

3 A. Yes.

4 Q. And this one reflects that Nurse Chapman
5 entered this renewal and you were the ordering
6 physician.

7 A. Yes.

8 Q. Did Nurse Chapman confer with you?

9 A. Yes. If the order's in, I got a call and
10 I approved it.

11 Q. Okay. Was it a -- was it an error for her
12 to wait until 3:55?

13 A. I can't speak to what she did. I can
14 speak to the fact that I approved a renewal order.

15 Q. Okay. Well, is 3:55 a.m. more than four
16 hours after 2155?

17 A. It would appear to be. Yes. It would
18 appear to be.

19 Q. And was it your understanding that when
20 nurses contacted you to discuss renewing an order,
21 before contacting you the nurse had done an
22 assessment of the patient?

23 A. Yes.

24 Q. Was the purpose of the call to tell you



1 about the assessments?

2 A. Yes.

3 Q. And that's what's reflected in the orders
4 on Page 119 at 2155 and the order on Page 120 at
5 3:55 a.m.?

6 A. Yes.

7 Q. And then the next renewal below that one
8 is 3/19/2016 at 8:08 a.m. Do you see that?

9 A. Yes.

10 Q. And that one is entered by Nurse
11 Malahastas and the ordering physician is
12 Dr. Lassen, right?

13 A. Correct.

14 Q. Does that -- does that tell you that you
15 weren't -- Nurse Malahastas did not confer with you
16 about this?

17 A. No. It was -- I'm not Dr. Lasnea
18 (phonetic).

19 MR. FLAXMAN: All right. Let's take a short
20 break so we can change the video.

21 THE VIDEOGRAPHER: Okay. The time is 3:21, and
22 we are off the record.

23 (Recess taken.)

24 THE VIDEOGRAPHER: The time is 3:32 p.m. This



1 is the beginning of Tape 3, and we're back on the
2 video.

3 BY MR. FLAXMAN:

4 Q. The last restraint order that we looked at
5 on Page 120 had Dr. Lassen as the ordering
6 physician?

7 A. Yes.

8 Q. Did you speak to Dr. Lassen about
9 Mr. Cruz's care?

10 A. No.

11 Q. For a few of the orders where you weren't
12 present -- I'm sorry.

13 For a few of the orders that we've looked
14 at it is stated that you were the ordering
15 physician but somebody else entered the order. Do
16 you remember those orders?

17 A. Yeah. We've discussed quite a few.

18 Q. Okay. And -- and I think what your
19 testimony was that means that it was a telephone
20 order, right?

21 A. Correct.

22 Q. Do you remember any of those telephone
23 calls?

24 A. I mean, I don't remember what I ate for



1 dinner yesterday. I have three kids. I've seen
2 thousands of patients. You know, I think that
3 stretches the imagination of -- of -- of
4 credibility to be able to remember that. I mean, I
5 do remember the call I got when the -- I was told
6 that the patient was unresponsive. That --

7 Q. Right.

8 A. -- bore into my memory because, again,
9 like I said, I don't like losing patients, period.
10 So that's in my memory pretty -- pretty definitive.
11 But any other given order, I mean, again, that's
12 hard to say. I get -- I get calls all the time.

13 Q. And so I just wanted -- the only one --
14 the only specific call related to this that you
15 recall was learning that Mr. Cruz was unresponsive,
16 right?

17 A. Yeah. When nurse -- I mean, I remember
18 that for sure.

19 Q. Okay. Do you -- do you remember learning
20 that the restraints were discontinued?

21 A. Not on Saturday. After I was -- you know,
22 after they stopped calling me and Dr. Lassen was on
23 service on Saturday, I was not contacted again I
24 believe until his -- he was unresponsive. So I do



1 remember discussing with Nurse K just, hey, what
2 happened, you know. And I can't say I remember
3 specifically, but I'm sure it came up that at one
4 point he was let out of restraints, you know. I
5 would have asked, hey, what happened yesterday
6 or --

7 Q. Okay.

8 A. -- this is, what, Sunday at 1:00 in the
9 morning or something I got called, right? Yeah.
10 So I would have asked, hey, what happened, you
11 know, and I would have been told he was out of
12 restraints.

13 Q. In -- I understand that you weren't
14 present for when Mr. Cruz was taken out of
15 restraints, but I wanted to ask you during your
16 time on 2 North about the general practice for when
17 somebody is taken out of restraints. Is there
18 something called a debriefing?

19 A. There's various versions of a debriefing.
20 Yes.

21 Q. And what's a debriefing?

22 A. It's just talking about the case. What we
23 always do about cases. It's just stating, hey,
24 what's going on, what do you think, you know.



1 Nursing will talk to a doctor. Doctor will talk to
2 nursing. We'll talk to the mental health
3 specialists, the psych workers, who are on the unit
4 as well. And we'll say, okay, everyone -- is
5 everyone on the same page, and we'll say okay. We
6 think if everyone's on the same page or if there's
7 disagreeing clinical opinions, we'll hear them out
8 to discuss them; and then we'll come to a
9 consensus, and we'll move forward with a decision.

10 Q. Is there any kind of debriefing done with
11 the patient after they're taken out of restraints?

12 A. Yeah. I mean, you'll talk to a patient
13 about -- again, this is -- by the way, this is
14 stating that a patient can participate because if
15 they can, they still can. You -- sometimes you
16 take someone out of restraints and they still can't
17 really participate in the rebriefing due to
18 clinical condition, due to oppositional behavior,
19 you know.

20 But my standard of practice is if I'm on
21 the unit and someone's getting taken out of
22 restraints, I would go talk to the patient and say,
23 hey, what happened.

24 Q. And is there a standard for doing a



1 medical examination of a patient after they're
2 taken out of restraints?

3 A. Nursing is doing an assessment. Nursing
4 always does an assessment. The most assessment
5 I've done, which is not my role -- my -- you know,
6 one of the roles that -- that the nurses do is
7 to -- they make sure that the restraints aren't too
8 tight. They're not too loose. They check vital
9 signs. They document vital signs. You know, they
10 engage various procedures and policies that they
11 have they must do.

12 Q. But that -- that's the responsibility of
13 nursing?

14 A. Yes. That's not to say that I've never
15 put my two fingers underneath the restraint to say,
16 hey, I think these are too tight or, hey, these are
17 not too tight, you know. But that's not my sole
18 duty or sole responsibility. It's nurses.

19 Q. All right. Let me ask you to turn to
20 Page 203 in the chart. Do you see that's a nursing
21 note by Nurse Alabi?

22 A. Yes.

23 Q. And it's dates 3/19/2016 at 2146?

24 A. Oh, there you go. I guess I was contacted



1 later on that day.

2 Q. Does this refresh your recollection about
3 being --

4 A. Yeah.

5 Q. -- contacted?

6 A. I mean, you realize it's really hard to
7 remember thousands of patients.

8 Q. Of course. I understand.

9 A. And working a second job, you know. Yes.
10 Yeah.

11 So that was after the renewal. Lassen
12 took over before I got called by Kryzowski that
13 evening, Alabi had called me.

14 Q. And do you remember getting that call or
15 are you just relying on the note?

16 A. Like I said, it's very difficult to
17 remember --

18 Q. Yeah.

19 A. -- you know -- I mean, I would challenge
20 any doctor that would say, yes, I do. Like, that's
21 ridiculous. It's -- you know, I'm sorry. I'm now
22 just being honest.

23 Q. I might call you in other cases to testify
24 to that.



1 So this -- this note states that Nurse
2 Alabi or somebody notified you that Mr. Cruz was
3 banging his head, right?

4 A. Yeah. And, actually, you know, this could
5 be after the -- after-the-fact memory, but Nurse --
6 Nurse Alabi and I communicate often, and when I was
7 running the unit, him and I would actually
8 communicate -- communicate quite often. As I told
9 my attorney earlier, we communicated a lot.

10 MR. RAGEN: Is it -- you don't think he can.

11 MR. FLAXMAN: Just tell me.

12 MR. RAGEN: No. Don't. So I -- I didn't
13 mean -- I meant to interject. Don't say anything
14 you ever talked to your attorney about.

15 THE WITNESS: Oh, okay.

16 MR. RAGEN: But you can answer the question.

17 THE WITNESS: Okay.

18 MR. RAGEN: And I don't think --

19 THE WITNESS: Yeah. No. I mean, just bottom
20 line is I communicated with Nurse Alabi a lot. So,
21 you know, again, do I remember specifically? It's
22 really hard to. You know, I should just leave it
23 at that.



1 BY MR. FLAXMAN:

2 Q. How -- how would you communicate with
3 Nurse Alabi?

4 A. He would call me a lot.

5 Q. Call you on your home phone? Cell phone?

6 A. Cell phone. Cell phone.

7 Q. Was that always how you were called from
8 the jail, from your cell phone?

9 A. Yes. Yeah. Nobody has my home phone.

10 Q. This note says that you ordered that
11 Mr. Cruz be medicated with his PRN. Was that the
12 three drugs that we looked at earlier?

13 A. Yes. I'm -- I mean, I would take issue
14 with the phrase he ordered because, again, a PRN is
15 something that the patient has to accept and the
16 patient has to take, you know. So if he would have
17 written that I medicated him with emergency
18 medications, that would be different than I would
19 have ordered it. I could have said -- I probably
20 could have suggested, hey, why don't you offer
21 him -- you know, why don't you offer his meds -- or
22 PRNs, I should say. Offer him his PRN medications.

23 Q. And Nurse Alabi told you that Mr. Cruz was
24 having labored breathing. Is that something you



1 would be concerned about?

2 A. It depends on the context of the
3 situation. So, you know, in this context, reading
4 the note that says patient was banging his head,
5 that's not a lot to go on; but knowing the fact
6 that I have read the rest of this chart right now
7 and, you know, have some recollection of the
8 patient after we reviewed the chart, when someone
9 gets pretty agitated and they're banging their head
10 and they're pounding, it's a sight to be seen.
11 It -- it gets -- it's like a full body workout.
12 This is why it's called risk of harm to self and
13 sometimes others.

14 So it's -- it can be said that within the
15 context of an acute decompensation where someone's
16 extremely agitated and jumping off the wall and
17 doing all sorts of, you know, dangerous at-risk
18 behavior in their room, in that context it's par
19 for the course, you know. I had labored breathing
20 going up the stairs, you know, because I'm out of
21 shape. But -- you should see me get into a fight
22 with my wife, a lot of labored breathing.

23 But, you know, in all honesty, just seeing
24 some of these patients that are really, really



1 aggressive, they get very worked up. And it's part
2 of the -- you know, taking a step back, it's part
3 of the response of the body that worsens agitation,
4 by the way. You know, our body -- our fight or
5 flight, right? Adrenalin can get triggered by lot
6 of things.

7 So when you're psychotic and you have all
8 these thoughts and delusions, the body -- the body
9 responds to it as if it's real. Remember, delusion
10 is a fixed false belief. So, you know, Patient X
11 might not know that a bear is not running after
12 them, but if Patient X thinks a bear is running
13 after them, guess what's going to happen. Their
14 heart rate's going to go up and they're going to
15 feel that fight or flight. That adrenalin goes up.
16 That cortisol goes up, and the patient is in that
17 kind of attack mode.

18 And that's what you can see with people
19 with imminent violence and, you know, their pupils
20 dilate, fists ball up, breathing gets labored,
21 et cetera, et cetera. So if -- if it -- if he was
22 having -- you know, if he wrote labored breathing
23 without the context of banging head and all that
24 stuff, you know, that's something that, you know,



1 could be looked at, but -- but it's not out of the
2 ordinary in the context of acute agitation.

3 Q. When you made the order to put Mr. Cruz in
4 restraints, were you aware that obesity is a
5 contraindication for restraints?

6 A. Which order are you talking about? The
7 order on Friday?

8 Q. The first order to put Mr. Cruz into
9 restraints?

10 A. So, I mean, under what guidelines is it a
11 contraindication, I mean, obesity -- if you look at
12 obesity in the context of someone's trying to kill
13 themselves, you have to weigh the risks versus
14 benefits of the procedure.

15 So if we go back to the note documenting
16 thereof patient was unable to be de-escalated. So
17 it's either you allow him to hurt himself and
18 die -- potentially die, cause a brain bleed, cause
19 any sorts of amount of problems, or put them in
20 restraints. I've put countless people into
21 restraints that were obese. That's part of
22 standard of care for risk of harm to self.

23 Q. Is it your understanding that obese
24 patient restraints should be monitored differently



1 than a nonobese patient in restraints?

2 A. In what sense?

3 Q. Do you know what it mean to monitor a
4 patient in restraints?

5 A. Of course. We talked about the vitals.
6 There's guidelines set by the American Psychiatric
7 Association, by Illinois Mental Health Code,
8 et cetera, et cetera, of -- of, you know, taking
9 vitals every four hours, et cetera, et cetera. So
10 whatever nurses are doing to do, you know --
11 whatever nurses are doing to do their
12 appropriate -- their appropriate checks are doing
13 them. We have certain policies in place for the
14 nurses to be doing them.

15 Q. And should that monitoring be different
16 for a person who's obese in restraints than for a
17 person who's not obese who's in restraints?

18 A. So by monitoring you're meaning
19 surveilling of symptoms, correct?

20 Q. Yes.

21 A. I don't see what else you could do other
22 than taking vital signs and doing your physical --
23 you know, whatever -- whatever is standard of care.

24 Q. You don't see anything that's different



1 that could be done for an obese patient compared to
2 a nonobese patient?

3 A. You asked two different questions there.
4 So monitoring and doing is two different things.
5 So monitoring is how am I surveilling the patients,
6 how am I making sure the patient's okay versus
7 doing for. So monitoring means I'm either looking
8 at his vital signs, I'm looking at his
9 respirations, I'm looking at his pulse ox, I'm
10 looking at his blood pressure, I'm looking -- I
11 don't know. It could mean a lot of different
12 things, you know what I mean.

13 So by monitoring I don't -- whatever
14 nurses do is whatever our policy -- whatever
15 standard of care is what we do. You know, if -- if
16 you're trying to reference something else, you
17 know, I know that many times, obese or not obese,
18 we allow people to have, you know, free range of
19 motion exercises during -- during restraints at
20 intervals, but that's -- that's something that
21 we've done with obese and nonobese patients. So
22 not as a -- you know, sorry for -- I'm not trying
23 to be anal about the words, but I just --
24 monitoring to me means, like, you know, I'm doing a



1 test of sorts, right, like a vital -- vitals
2 technically is a test, is an objective test.

3 Q. And should the process of keeping a person
4 in restraints be any different for an obese patient
5 versus a nonobese patient?

6 MR. RAGEN: Asked and answered.

7 You can answer again.

8 THE WITNESS: I mean, again, exactly -- exactly
9 what I just said. I mean, I don't -- it should be
10 no different than what I just said in the sense of
11 allowing them a free range of motions exercises,
12 taking your vital signs, making sure the restraints
13 aren't too tight so circulation is appropriate,
14 reevaluating them according to the Mental Health
15 Code as a standard of care every four hours or --
16 or sooner, if needed, because -- by the way, every
17 four -- just because the order is for four hours,
18 I've had plenty of times where patient's have been
19 taken out of restraints before four hours. I've
20 had plenty of patients that have been, you know,
21 renewed at the four-hour mark. It's a fluid
22 situation.

23 BY MR. FLAXMAN:

24 Q. Do you know what anticoagulant drugs are?



1 A. Yes. Of course.

2 Q. And do you know that anticoagulant drugs
3 can be prescribed prophylactically to prevent deep
4 vein thrombosis?

5 A. In what context? Like, do I know that
6 they can be prescribed to prevent deep vein
7 thrombosis in patients? Of course I do. Are they
8 used to prevent deep vein thrombosis in psychiatric
9 patients in restraints? No. There's no -- no
10 standard of care for it. No guidelines by the
11 American Psychiatric Association. Any PubMed
12 search you do for any journal, you know, literature
13 search you can do, you'll not see that.

14 Again, speaking by about -- you know,
15 without extraordinary circumstances, looking at the
16 bell curve overall, the middle of the road, I --
17 it's not -- it's not indicated. There's no
18 standard of care of it in training in residency
19 that we learned.

20 But, yes, I mean, you're correct. It can
21 be used for anticoagulation in -- in a variety of
22 other types of patients.

23 Q. But it's not the standard of care for a
24 psychiatric patient?



1 A. Not to my knowledge, not per my
2 experience, not per I've been practicing medicine
3 since my intern year in 2006, and I've never --
4 I've never placed a single psychiatric --
5 psychiatric restraint patient on anticoagulants.

6 I can honestly -- and if you notice from
7 my deposition today I rarely say -- like, if
8 something's vague, I'll be, like, maybe, maybe not.
9 I honestly do not think I've ever, ever, ever put a
10 psychiatric patient since 2006, since I've been
11 practicing as an intern, on anticoagulation for
12 psychiatric restraints. Medical restraints or
13 medical patients or ICU patients or cardiac
14 intensive care unit patients, different ball game.

15 Q. Has it been your experience that
16 medical -- is it your understanding that if a
17 patient is medically restrained it's the standard
18 of care to give them anticoagulants?

19 A. No.

20 MR. RAGEN: Objection.

21 THE WITNESS: Sorry.

22 MR. RAGEN: Mischaracterizes testimony, but you
23 can answer.

24 THE WITNESS: Not -- not -- I misspoke. So



1 not -- not -- it's not an if A than B. It's in
2 certain patients -- again, fluid situation with
3 complex medical comorbidities, you know, you got a
4 cancer patient in bed getting chemo for five days,
5 yeah, they're probably going to be on
6 anticoagulants.

7 You also have to make sure there's no
8 contraindications. Coagulation's a very dangerous
9 risky business. Giving someone a shot of something
10 to thin their blood can -- can yield tragic
11 outcomes as I've seen in my experience on the
12 internal medicine side of things.

13 So, yeah. I mean, as an internist I used
14 it during my residency on completely complex
15 medical patients, you know, in the hospital for a
16 week and sepsis. Sure, absolutely, you know.
17 But -- so there's also other things that could be
18 utilized as well.

19 BY MR. FLAXMAN:

20 Q. And is there something about psychiatric
21 patients that makes anticoagulants particularly
22 inappropriate?

23 A. No. I think we're -- we're mixing up our
24 apples and pineapples here. So the medical



1 patients are in the hospital with a lot of medical
2 problems, right? Psychiatric patients were --
3 essentially I'm saying that -- like, if I have a
4 cancer patient who is also schizophrenic and they
5 need psychiatric restraints, right, for a prolonged
6 period, well, that's -- that's outside the bell
7 curve that we're talking about here, right, because
8 you've got a complex medical patient being placed
9 into restraints versus when I say the phrase
10 psychiatric patient and you say is there something
11 specific about psychiatric patients, let's not
12 forget, just because you're a psychiatric patient
13 doesn't mean you can't be a medical patient. Just
14 because you're a medical patient doesn't mean you
15 can't be a psychiatric patient.

16 So, you know, again, looking at the bell
17 curve -- looking at the middle of the bell curve,
18 if I'm talking about a majority of psychiatric
19 patients that don't have complex medical
20 comorbidities -- complex medical comorbidities,
21 sorry -- by and by, no, we don't. And that's the
22 majority of the patients you're going to see on a
23 psychiatric floor. If someone is so sick but
24 they're also agitated, they're not going to go to



1 the psych floor until their medical stuff's taken
2 care of. You know, so, again, different --
3 different scenario. It's not cut and dry, black
4 and white.

5 Q. So the patients who you would be treating
6 on 2 North including Mr. Cruz were not patients who
7 had complex medical comorbidities?

8 A. Yes. They're not -- correct. Sorry.
9 Correct. Majority of my patients on 2 North I will
10 say have not been those. If there had been a few
11 patients, the outsides of the bell curve that have
12 been, they're usually taken care of on the upstairs
13 floor which is a medical floor, and we follow them
14 as a psychiatric consult because, as we say in
15 Cermak, medical supersedes -- medical acuity
16 supersedes psychiatric acuity.

17 Q. And Mr. Cruz wasn't somebody who had
18 complex medical comorbidities, right?

19 A. Let me -- I would reference my note, but
20 per my knowledge, no.

21 Q. Did you know that Mr. Cruz was given
22 anticoagulant at Hinsdale Hospital before he came
23 to the jail?

24 A. No.



1 Q. And if -- and if that was given to him in
2 connection with being placed in restraints, you
3 would think that was not the standard of care?

4 A. What kind of restraints? It's a big
5 difference.

6 Q. Well, what -- what kind of restraints
7 would it be appropriate to use an anticoagulant
8 with?

9 A. So -- so, again, was he given -- why was
10 he given the antico -- was he in soft restraints?
11 Was he in leather restraints? Was he bound
12 without -- so medical restraints -- I've seen
13 sometimes people in medical restraints be in
14 restraints for longer than four hours.

15 So here we have a situation in our
16 restraints where we're there every four hours and
17 they're monitored, they're renewed, they're given
18 free range of motion exercises. I've seen people
19 in nursing homes be, you know, restrained for
20 countless hours on end. That's dangerous. Again,
21 it's not a one-for-one analogy, and it's not a
22 one-for-one comparison. So...

23 Q. Why is that person in the nursing home
24 dangerous?



1 A. I was just -- the bottom line is complex
2 medical comorbidities is the key here. Having a
3 lot of medical problems is the key.

4 Q. Is the key for when it's appropriate to
5 use an anticoagulant?

6 A. When it would be considered. Medicine is
7 not a flow chart type of a deal, like if A, then B.

8 Q. And is the type of restraint something
9 that would be appropriate to consider in
10 determining whether to use an anticoagulant?

11 A. Not necessarily.

12 Q. Is it sometimes appropriate to consider
13 the type of restraint?

14 MR. RAGEN: Objection.

15 THE COURT REPORTER: I'm sorry.

16 MR. RAGEN: Asked and answered.

17 THE COURT REPORTER: What did -- I didn't --

18 BY MR. FLAXMAN:

19 Q. I said is it sometimes appropriate to
20 consider the type of restraint.

21 A. Not -- I mean, not -- that's not what I'm
22 doing right now anymore, you know what I mean. I'm
23 doing psychiatric restraints. So I can only speak
24 to what I'm doing right now anymore. I mean,



1 actively right now, you know, it's not an --
2 there's no indication -- there's no clinical
3 indication to put someone on anticoagulant for
4 putting them in psychiatric restraints, and I would
5 not deviate from the standard of care.

6 Q. Could somebody placed in restraints in
7 2 North be given an IV?

8 A. I can't answer. I don't know. I don't
9 know the policy anymore. I mean, I can tell you
10 from my personal experience I've never had a
11 patient on 2 North on an IV. That's my experience.

12 Q. And I didn't mean to ask today. My
13 question is during the time that you were at
14 2 North could you have ordered an IV if you --

15 A. I don't think so. They would have to get
16 transferred to a medical floor.

17 Q. And I understand you told me that
18 anticoagulants are not the standard of care. If
19 you had wanted to prescribe an anticoagulant could
20 you have done that in 2 North?

21 A. I would have to go through the proper
22 channels because it's not something I would do.
23 Primary care -- the primary care people would do
24 it.



1 Q. Were you limited in prescribing
2 psychiatric medications?

3 A. No. I'm not -- I'm not limited in
4 prescribing psychiatric medications. I'm not
5 limited in prescribing things. That's not a
6 psychiatric procedure.

7 Q. I'm sorry. I didn't mean -- I understand.

8 MR. RAGEN: Go ahead.

9 BY MR. FLAXMAN:

10 Q. My question wasn't about your limitation
11 as a doctor. My question was about your role in
12 Cermak. Is your role limited in Cermak to
13 prescribing psychiatric medications?

14 A. I don't like the question.

15 Yes no. I wouldn't -- I wouldn't order --
16 I wouldn't order heparin. I mean, I -- I -- is it
17 something -- like I said, it's standard of care.
18 It's something I wouldn't order. Would I ever
19 consider it? Sure, I can potentially see a
20 situation where I could consider it if you -- if
21 we -- you know, if we come up with some dream
22 scenario of, like -- you know, if I could -- if
23 I -- it's something that I would have considered
24 that could be like, mm-hmm, would I do this, you



1 know what I mean?

2 But you -- for example, you asked me the
3 original -- let's go back to the original question.
4 Did you know that the standard of care or did you
5 know that you could prescribe or it is indicated,
6 you said, I believe, to prescribe anticoagulant for
7 an obese person in restraints. Looking at the
8 first order, when I'm putting a patient in for four
9 hours, to think that I would put them in -- put
10 anticoagulation on for four hours would be
11 ridiculous because how do I know he's going to stay
12 in past four hours? I'm giving him something that
13 potentially could do great harm to him.

14 So, you know, this is -- I'm putting an
15 initial order. The assumption is being made here
16 somehow that -- we know in hindsight he stayed in
17 for more than four hours, but at the time how -- I
18 don't know that he's going to stay in for more than
19 four hours. Like I said, I've had people go out in
20 three hours. I've had people go out in two hours.
21 I've had people in 20 -- for 24 hours.

22 So at that time there's no way I would
23 order an anticoagulant. Could I imagine a
24 situation where I would consider it -- where I



1 would consider it, you know, sure. You know, a --
2 like you said -- like I said earlier. Sorry. I
3 should have rephrased it. A fluid situation. So
4 could there possibly have been a situation where I
5 considered it, sure.

6 Q. And in that hypothetical situation, would
7 you have the power to order or would you have to do
8 it in conjunction with --

9 A. I would have to do it with conjunction
10 with primary care.

11 Q. Okay. One thing that we've been talking
12 about is the assessments of Mr. Cruz while he was
13 in restraints, right?

14 A. Mm-hmm. Yes.

15 Q. Okay. And that's -- that's something that
16 you relied on the nursing staff to do?

17 A. What our standard policy is, yes.

18 Q. I'm just -- my question is so they called
19 you regularly when you were off the -- you weren't
20 calling in to check.

21 A. No. They called me.

22 Q. Did you form an opinion about why Mr. Cruz
23 died?

24 MR. RAGEN: Objection. Competence.



1 THE WITNESS: I couldn't. I couldn't. I mean,
2 the first question I asked is did he commit
3 suicide, but as soon as I was told no, he was found
4 unresponsive, then I did a long list of things it
5 could have been at the time.

6 BY MR. FLAXMAN:

7 Q. And you never determined which one it was?

8 A. Why? I was told by someone later on.

9 Q. Okay.

10 A. That it was pulmonary embolus. But at the
11 time, no clue.

12 Q. Okay. And did you ever come to a
13 conclusion of what caused the pulmonary embolism?

14 A. There's a list of so many things that can
15 cause a PE, so I -- I can't. There are so many
16 different conditions and things that can cause
17 PE -- a DVT PE.

18 Q. Were you involved in a...

19 MR. RAGEN: Root cause analysis?

20 THE WITNESS: Root cause analysis.

21 BY MR. FLAXMAN:

22 Q. Were you involved in a root cause analysis
23 related to Mr. Cruz's death?

24 A. I believe I was.



1 Q. And from that process did you come away
2 with anything that you thought should have been
3 done differently in the treatment of Mr. Cruz?

4 MR. RAGEN: One thing is I realize Judge Blake
5 had ruled the way he does, but I have a standing
6 objection to -- in the future to re-pursue Medical
7 Studies Act. I don't want it to be a waiver, but
8 you can ask for sure.

9 THE WITNESS: So wait. What's the question?

10 MR. FLAXMAN: Can you read --

11 THE WITNESS: I'm sorry.

12 MR. FLAXMAN: -- it back with the objection
13 noted.

14 (Record read as requested.)

15 THE WITNESS: Not -- I mean, not per my
16 recollection.

17 BY MR. FLAXMAN:

18 Q. And what was your -- what was your role in
19 the root cause analysis process?

20 A. I think I just sat there. I think if they
21 asked me about history, like, I provided a history,
22 like, meaning reading my note. Essentially like,
23 you know, so, Dr. Paschos, what did you do? well,
24 my note says I did this.



1 Q. Okay.

2 A. Yeah. Those -- those things are -- mainly
3 I went to because he was my patient, and -- and I
4 sat there and I let everybody looking at the
5 statistics and stuff.

6 THE VIDEOGRAPHER: Excuse me, Doctor, can
7 you --

8 THE WITNESS: Yes, sir.

9 THE VIDEOGRAPHER: That's perfect.

10 MR. FLAXMAN: Let me -- I'll just take a very
11 short break and I'll finish up by showing you two
12 short videos.

13 THE VIDEOGRAPHER: Okay. The time is
14 4:05 p.m., and we're going off the video record.

15 (Recess taken.)

16 THE VIDEOGRAPHER: The time is 4:09 p.m., and
17 we're back on the video record.

18 BY MR. FLAXMAN:

19 Q. All right. I've handed you what's marked
20 at the bottom as Plaintiff's Exhibit Number 4, and
21 this is a -- well, is this -- the picture you're
22 holding in your hand the same as what's on the
23 screen in front of you?

24 A. Yes.



1 Q. Okay. And this is -- for the record is a
2 screenshot from a video, a very long file name at
3 the top and the time I have it paused at is 05
4 colon, 39, colon, 28.759 p.m.

5 Do you recognize yourself?

6 A. Yes.

7 Q. And I'll just play the video for a couple
8 seconds.

9 That's you walking in the frame, right?

10 A. Yes.

11 Q. Okay. Just a moment. And I should have
12 asked you, the video and the picture, those show
13 the inside of 2 North, right?

14 A. Correct.

15 Q. Okay. We'll give you another --

16 A. Most of it.

17 Q. I'm sorry. We're seeing a portion of
18 2 North.

19 A. Yeah.

20 Q. Okay. This is marked as Plaintiff's
21 Exhibit 5. For the record, Plaintiff's Exhibit 5
22 is a screenshot. There's a long file name at the
23 top, and the time I paused it at is 10, colon, 08,
24 colon, 38.668 a.m. Is the screenshot you're



1 holding on Exhibit 5 the same as what's displayed
2 on the screen in front of you?

3 A. Yes.

4 Q. And do you recognize this as a portion of
5 2 North?

6 A. Yeah. Majority.

7 Q. Okay. Do you see on the left-hand side
8 closest to the camera there's a gentleman in the
9 baseball cap?

10 A. Yes.

11 Q. And it looks like he's talking to a
12 gentleman in a gray button down shirt?

13 A. Yes.

14 Q. Do you know who the man in the gray shirt
15 is?

16 A. Yes.

17 Q. Who's that?

18 A. Andrew Greiner.

19 Q. How do you spell his last name?

20 A. G -- maybe G-r-e-i-n-e-r. G-r-e-i-n-e-r.

21 Q. And in March of 2016 what was his job at
22 2 North?

23 A. He was a -- he's -- he was a PA student of
24 mine, I believe. Currently he's a PA of ours. We



1 hired him. He was a student of mine.

2 Q. Do you remember having any other PA
3 students in March of 2016?

4 A. I've had lots of PA students. I -- I at
5 one point counted up how many hours of teaching
6 I've done and it's ridiculous.

7 Q. Okay.

8 A. So I used to have three -- three -- I used
9 to have three -- approximately three to five
10 students on rotation every month plus a resident
11 from Rush plus -- so I had a lot of people.

12 MR. FLAXMAN: All right. I don't have any
13 further questions. Thank you for your time.

14 MR. RAGEN: A couple questions.

15 EXAMINATION.

16 BY MR. RAGEN:

17 Q. We talked -- I think it was at the
18 beginning of the deposition counsel asked you
19 questions about the deploying of restraints and how
20 that's done from a mechanical standpoint, and I
21 think he asked you, your understanding is that
22 nurses deploy the restraints, meaning they put them
23 on the patient, and that generally speaking
24 officers don't help. Do you remember that?



1 A. Correct.

2 Q. If the nurse is -- is that an opinion
3 that -- you'd have to rely on the nurses, like
4 whatever they say, if -- if -- if nurses said that
5 they from time to time use officers to help them
6 hold the patient down if they're agitated or help
7 them in putting on the restrains, would you defer
8 to the nurses?

9 MR. FLAXMAN: Objection. Form.

10 THE WITNESS: I would defer to the nurses
11 because they're the ones that are deploying them.

12 BY MR. RAGEN:

13 Q. Okay. We talked about the continuation of
14 restraint orders from 9:55 p.m. on March 19th
15 and -- to 3:55 a.m. on March 20 -- 20th. If
16 Lorraine Chapman would have called you in the
17 middle of that, three hours into that, and, you
18 know, told you that the patient's condition was
19 similar to what it was at 9:55 and 3:55, would you
20 have ordered that the -- Mr. Cruz continue to be
21 restrained?

22 A. If the clinical presentation was the same,
23 yes.

24 Q. Counsel asked you if you could order



1 heparin. So that's just -- we're going to go back
2 into that.

3 So if you thought it medically
4 necessary -- and I know in this case you didn't,
5 correct?

6 A. Correct.

7 Q. But if you thought -- let's just say your
8 hypothetical. There was a cancer patient who had
9 deep vein thrombosis and congestive heart failure
10 and then was also a psychiatric patient that needed
11 to be psychiatrically restrained and you thought
12 that that patient might benefit from an
13 anticoagulant, could you have gotten a medical
14 consult order?

15 A. Yes.

16 Q. Could you have given that patient through
17 the medical consult order anticoagulants?

18 A. Yes. Absolutely.

19 Q. I think you've said accurately throughout
20 the dep, but I take it all of the care and
21 treatment you rendered to Angel Cruz to be within
22 the standard of care?

23 MR. FLAXMAN: Objection. Foundation.

24 THE WITNESS: Yes.



1 MR. RAGEN: That's all I have.

2 EXAMINATION

3 BY MS. HAIDARI:

4 Q. Dr. Paschos, the restraints that were
5 placed on Angel Cruz were psychiatric restraints?

6 A. Correct.

7 Q. Did sheriff personnel or sheriff officers
8 ever order psychiatric restraints?

9 A. Order them? Never.

10 Q. Do they -- do they ever order them --

11 MR. FLAXMAN: Asked and answered.

12 BY MS. HAIDARI:

13 Q. -- the psychiatric restraints?

14 A. Psychiatric restraints, no.

15 Q. And you just testified that if a nurse
16 said an officer might help them, you would defer to
17 the nurse. Has it been your -- defer to the
18 nurse -- let me strike that.

19 You just testified that if a nurse said
20 officers help them with the restraints, you would
21 defer to the nurse. Has it been your experience
22 that officers assist with restraints?

23 A. Like, a majority of the times or just has
24 it happened?



1 Q. Majority of the times.

2 A. Majority of the times I would say no.

3 Q. And has it ever happened?

4 A. I believe -- again, I would defer to the
5 nurses, but I believe in situations that -- that
6 the nurses needed because of agitation, aggression,
7 et cetera -- I mean, we're in a jail. Security
8 helps assist with security issues.

9 Q. Have you ever been present when an officer
10 has assisted with applying medical restraints --
11 psychiatric restraints?

12 A. In the room, no. I rarely go into the
13 room when restraints are being deployed. Have I
14 been on the unit? Probably.

15 MS. HAIDARI: I have nothing further.

16 THE VIDEOGRAPHER: Okay. The time is 4:18 p.m.
17 This is the end of Tape 3. It's also the end of
18 the deposition of Dr. Steve Paschos, and we're
19 going off the video record.

20 (Deposition concluded at
21 4:19 p.m.)
22
23
24



1 STATE OF ILLINOIS)

2) SS:

3 COUNTY OF C O O K)

4 I, TASHA OLIVO, an Officer of the Court,
5 do hereby certify that heretofore, to-wit, on the
6 9th day of March, 2020, personally appeared before
7 me, at 200 South Michigan Avenue, Suite 201,
8 Chicago, Illinois, STEVE PASCHOS, M.D., in a cause
9 now pending and undetermined in the Circuit Court
10 of Cook County, Illinois, wherein LETICIA VARGAS,
11 Administrator of the Estate of Angel Cruz, is the
12 Plaintiff, and SHERIFF OF COOK COUNTY, et al., are
13 the Defendants.

14 I further certify that the said witness
15 was first duly sworn to testify the truth, the
16 whole truth and nothing but the truth in the cause
17 aforesaid; that the testimony then given by said
18 witness was reported stenographically by me in the
19 presence of the said witness, and afterwards
20 reduced to typewriting by Computer-Aided
21 Transcription, and the foregoing is a true and
22 correct transcript of the testimony so given by
23 said witness as aforesaid.

24 I further certify that the signature to

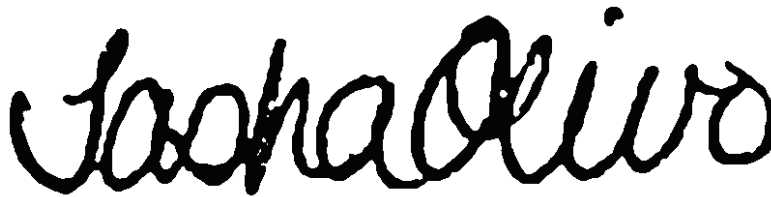


1 the foregoing deposition was waived by counsel for
2 the respective parties.

3 I further certify that the taking of this
4 deposition was pursuant to Notice, and that there
5 were present at the deposition the attorneys
6 hereinbefore mentioned.

7 I further certify that I am not counsel
8 for nor in any way related to the parties to this
9 suit, nor am I in any way interested in the outcome
10 thereof.

11 IN TESTIMONY WHEREOF: I have hereunto set
12 my hand and affixed my notarial seal this 19th day
13 of March, 2020.

14
15
16
17


18 Illinois Certified Shorthand Reporter
19
20
21
22
23
24



Exhibit 4

**IN THE UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION**

Leticia Vargas, Administrator of	)	
The Estates of Angel Cruz,	)	
	)	
Plaintiff,	)	
	)	
v.	)	18-cv-1865
	)	
Sheriff of Cook County, et al.	)	
	)	
Defendants.	)	

**STEPHEN PASCOS, M.D.'S ANSWERS TO
INTERROGATORIES**

Stephen Pascos, M.D.'s answers Plaintiff's interrogatories as follows:

1. State your full name, professional, and residence addresses, and attach a current copy of your curriculum vitae ("CV"). In the event you do not have a CV, state in detail your professional qualifications, including your education by identifying schools from which you graduated and the degrees granted and dates thereof, your medical internships and residencies, fellowships and a bibliography of your professional writing(s).

ANSWER: This Defendant has no objection to the production of a CV, but does not have one at this time. Investigation continues.

2. State whether you have held any position on a committee or with an administrative body at any hospital. If so, state when you held such position(s) and the duties and responsibilities involved in such position(s).

ANSWER: I have not held any position on a committee or administrative body at any hospital.

3. Have you ever been named as a defendant in a lawsuit arising from alleged malpractice, professional negligence, or deliberate indifference to a serious medical need?

If so, state the court, the caption, and the case number for each lawsuit.

ANSWER: I have never been named a defendant from alleged medical malpractice, but have been named in a 1983 case named Hughes v. Cermak (et al.) – 16 CV 11062.

4. Since the institution of this action, have you been asked to appear before or attend any meeting of a medical committee or official board of any medical society or other entity for the purpose of discussing this case? If so, state the date(s) of each such meeting and the name and address of the committee, society or other entity conducting each meeting.

ANSWER: I have not been asked to attend any meeting to discuss this case.

5. Have you ever testified in court in a medical malpractice case or case involving allegations of deliberate indifference to a serious medical need? If so, state the court, the caption, and the case number of each such case, the approximate date of your testimony, whether you testified as a treating physician, expert, or percipient witness¹, and whether you testified on your own behalf or on behalf of the defendant or the plaintiff.

ANSWER: I have not testified in Court in a case involving medical malpractice or a case that involves allegations of deliberate indifference to a serious medical need.

6. State all of your professional licenses, when you obtained them, and whether they are current.

ANSWER: I am licensed to practice medicine in Illinois since 2010 or 2011 and am licenses to prescribe controlled substances for the same time frame.

7. Have any of your professional licenses ever been suspended or has any disciplinary action ever been taken against you in reference to a license? If so, state the specific disciplinary action taken, the date of the disciplinary action, the reason for the disciplinary action, the period of time for which the disciplinary action was effective, and

the name and address of the disciplinary entity taking the action.

ANSWER: No.

8. State the exact dates and places on and at which you saw plaintiff's decedent for the purpose of providing care or treatment.

ANSWER: I saw the patient on March 16, 17, and 18 and provided psychiatric care to him.

9. State the name, author, publisher, title, date of publication and specific provision of all medical texts, books, journals or other medical literature which you or your attorney intend to use as authority or reference in defending any of the allegations set forth in the complaint.

ANSWER: I have not yet identified what materials I intend to use to defend the allegations in the Complaint.

10. Were you named or covered under any policy or policies of liability insurance at the time of the care and treatment alleged in the complaint? If so, state for each policy:

- a. The name of the insurance company;
- b. The policy number;
- c. The effective policy period;
- d. The maximum liability limits for each person and each occurrence, including umbrella and excess liability coverage; and
- e. The named insured(s) under the policy.

ANSWER: County of Cook has a self-insured retention of \$25,000,000 per claim on excess insurance policy no. C015827004 issued by Allied World Assurance Company (AWAC) on a claims-made basis for \$25,000,000 per claim, effective dates 07/01/15 – 07/01/16, retroactive to December 31, 2000. Additionally, County of Cook secures excess coverage above AWAC, issued by Lexington Insurance Company (AIG) under policy no. 6797436, with limits of \$20,000,000 per claim, retroactive to

¹ A percipient witness is an eyewitness, such as a treating physician.

December 31, 2000; Ironshore Specialty Insurance Company (Ironshore) under policy no. 001294603, with limits of \$20,000,000 per claim, retroactive to December 31, 2000; and Endurance American Specialty Insurance Company (Endurance) under policy no. HLC10007336200, with limits of \$10,000,000 per claim, retroactive to December 31, 2000.

11. Were you at any time an employee, agent, servant, shareholder, or partner of Cook County? If so, state the date(s) and nature of your relationship.

ANSWER: I was an employee of Cook County at all times relevant to Plaintiff's Complaint.

12. State whether there were any policies, procedures, guidelines, rules or protocols for the use of emergency psychiatric restraints at the Cook County Jail in March 2016. If so, state:

Whether such policies, guidelines, rules or protocols are published and by whom;

- a. The effective date of said policies, guidelines, rules or protocols;
- b. Which medical professionals are bound by said policies, guidelines, rules or protocols;
- c. Who is the administrator of any such policies, procedures, guidelines, rules and/or protocols; and
- d. Whether the policies, guidelines, rules or protocols in effect at the time of the occurrence alleged in the complaint have been changed, amended, or altered since the occurrence. If so, state the change(s) and the date(s) of any such change(s).

ANSWER: There were policies involving the restraint of patients. I am not aware of the particulars of the policy in effect at the time of the occurrence, and am generally aware that the policy involving the restraint of patients changed from the time of the occurrence to date. As for the specifics as to what the policy from the time of the occurrence provided, that would be found in the policy itself.

13. Were any photographs, movies and/or videotapes taken of plaintiff's decedent or of the procedures complained of? If so, state the date(s) on which such photographs, movies and/or videotapes were taken, who is displayed therein, who now has custody of them, and the name, address, occupation and employer of the person taking them.

ANSWER: None that I know of.

14. Do you know of any statements made by any person relating to the care and treatment or the damages described in the complaint? If so, give the name and address of each such witness and the date of the statement, and state whether such statement was written or oral and if written the present location of each such statement.

ANSWER: None other than what is contained in Plaintiff's decedent's medical records.

15. Do you have any information:

a. That plaintiff's decedent was, within the 10 years immediately prior to the care and treatment described in the complaint, confined in a hospital and/or clinic, treated by a physician and/or other health professional, or x-rayed for any reason other than personal injury? If so, state the name of each plaintiff so involved, the name and address of each such hospital and/or clinic, physician, technician and/or health-care professional, the approximate date of such confinement or service and state the reason for such confinement or service.

b. That plaintiff's decedent has suffered any serious personal injury and/or illness within 10 years prior to the date of the occurrence? If so, state when, where and how plaintiff's decedent was ill and describe the injuries and/or illness suffered.

ANSWER: No.

16. Have you (or has anyone acting on your behalf) had any conversations with any person at any time with regard to the manner in which the care and treatment described in the complaint was provided, or have you overheard any statement made by any person at any time with regard to the injuries complained of by the plaintiff or the manner in which the care and treatment described in the complaint was provided? If so, state the following:

- a. The date or dates of such conversation(s) and/or statement(s);
- b. The place of such conversation(s) and/or statements(s);
- c. All persons present for the conversation(s) and/or statement(s);
- d. The matters and things stated by the person in the conversation(s) and/or statement(s);
- e. Whether the conversation(s) was oral, written and/or recorded; and
- f. Who has possession of the statement(s) if written and/or recorded.

ANSWER: None other than what is contained in Plaintiff's decedent's medical records.

17. List the name and addresses of all persons (other than yourself and persons heretofore listed) who have knowledge of the facts regarding the care and treatment complained of in the complaint filed herein and/or of the injuries claimed to have resulted therefrom.

ANSWER: None other than what is contained in Plaintiff's decedent's medical records.

VERIFICATION

I, Steve Paschos, M.D., being first duly sworn upon oath do hereby certify pursuant to Rule 33(b) that DEFENDANT STEVE PASCHOS' ANSWERS TO INTERROGATORIES are true and complete to the best of my knowledge.

As to the matters therein stated to be on information and belief, the undersigned certifies as aforesaid that he verily believes the same to be true.

Dated: _____

8/30/2019

Signed: _____

Steve Paschos, M.D.

CERTIFICATE OF SERVICE

PLEASE TAKE NOTICE that I, William R. Ragen, Assistant State's Attorney, hereby certify that I sent a copy of Stephen Pascos, M.D.'s Answers to Plaintiff's First Set of Interrogatories which are unsigned to all counsel of record via electronic mail on September 3, 2019.

By: /s/ William R. Ragen
William R. Ragen

Exhibit 5

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1 APPEARANCES:

2 LAW OFFICES OF KENNETH N. FLAXMAN, P.C., by
3 MR. JOEL A. FLAXMAN
4 200 South Michigan Avenue
5 Suite 201
Chicago, Illinois 60604
(312) 427-3200
jaf@kenlaw.com

6 Representing the Plaintiffs;

7 ASSISTANT STATE'S ATTORNEY, by
8 MR. WILLIAM R. RAGEN,
9 50 West Washington Street
Room 500
Chicago, Illinois 60602
10 (312) 603-7944
william.ragen@cookcountyil.gov

11 Representing the Nurse Lorraine
12 Chatman, Cook County and Cook County
13 Employee Defendants;

14 ASSISTANT STATE'S ATTORNEY, by
15 MS. RAANA V. HAIDARI
50 West Washington Street
Room 500
Chicago, Illinois 60602
16 (312) 603-3618
17 raana.haidari@cookcountyil.gov

18 Representing the Defendant Sheriff
19 of Cook County.

20 ALSO PRESENT: Mr. Andrew Segal
21 Mr. Wayne Wright, Videographer
22
23
24

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1 THE VIDEOGRAPHER: Good morning. We are now
2 on the video record.

3 This is the videotaped discovery
4 deposition of Lorraine Chatman being taken on
5 February 24, 2020. The time is now 10:08.

6 We are located at 2275 Half Day Road,
7 Suite 147, Bannockburn, Illinois.

8 This deposition is being taken on
9 behalf of the plaintiff and recorded on behalf
10 of the plaintiff in the matter of Vargas versus
11 Sheriff of Cook County, et al., case number
12 18-cv-1865 filed in the United States District
13 Court for the Northern District of Illinois,
14 Eastern Division.

15 My name is Wayne Wright, videographer,
16 representing Lake-Cook Reporting. The court
17 reporter today is Cheryl Sandeck of Lake-Cook
18 Reporting.

19 Counsel will you please identify
20 yourselves for the video record.

21 MR. FLAXMAN: Joel Flaxman for the plaintiff.
22 And my paralegal Andrew Segal is also present.

23 MR. RAGEN: Bill Ragen on behalf of Lorraine
24 Chatman, Cook County, and a number of other Cook

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1 County employee defendants.

2 MS. HAIDARI: Raana Haidari on behalf of the
3 Sheriff.

4 THE VIDEOGRAPHER: Court reporter, will you
5 please swear in the witness.

6 THE COURT REPORTER: Can you raise your right
7 hand, ma'am.

8 (Witness administered an oath.)

9 **THE WITNESS: Yes, ma'am.**

10 THE COURT REPORTER: Thank you very much.

11 LORRAINE CHATMAN,
12 having been first administered an oath, was
13 examined and testified as follows:

14 EXAMINATION

15 BY MR. FLAXMAN:

16 Q. Good morning. Can you please --

17 **A. Hi.**

18 Q. -- state and spell your name for the
19 record?

20 **A. L-o-r-r-a-i-n-e, Lorraine; Chatman,**
21 **C-h-a-t-m-a-n.**

22 Q. Okay. Ms. Chatman, my name is Joel
23 Flaxman.

24 **A. Hi.**

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1 Q. I represent the plaintiff in a lawsuit
2 called Vargas versus Sheriff, which you're one
3 of the defendants. Do you understand that?

4 A. Okay. Yes, sir.

5 Q. Okay. And you understand the case is
6 about a death of a man who was at the Cook
7 County Jail named Angel Cruz who died on
8 March 20th of 2016?

9 A. Uh-huh, yes.

10 Q. Okay. I think the court reporter
11 mentioned to you that it's important for you to
12 let me finish my answer -- excuse me, let me
13 finish my question before you give an answer?

14 A. Okay. Gotcha.

15 Q. And I'll do the same --

16 A. Okay. Okay.

17 Q. So I want you to listen to everything
18 I'm saying before you give an answer. So when
19 you're answering a question, I'll let you finish
20 your answer before I ask a question. Do you
21 understand that?

22 A. Yes, sir.

23 Q. Okay. And it makes it really hard for
24 the transcript --

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1 **A. I'm --**

2 Q. Like you're interrupting as I'm asking
3 you. Please try. It's not the natural way. We
4 speak, but please try to wait --

5 **A. I will.**

6 Q. -- until I finish my --

7 **A. I'm sorry. Forgive me. I'm sorry.**

8 MR. RAGEN: Joel, you tell me to stop.

9 MR. FLAXMAN: If you can help, please do.

10 MR. RAGEN: One thing you will notice, he --
11 when he's -- when that's going on, you got to
12 wait to talk.

13 **THE WITNESS: Okay.**

14 MR. RAGEN: No. You're not waiting. All
15 right? And it's going to be fine. Okay.

16 **THE WITNESS: Bad habit.**

17 MR. RAGEN: Okay. You have to wait. So
18 we'll practice. So I'm talking and then you'll
19 know when it's your turn. What you can see a
20 lot of times Mr. Flaxman will do, his hand will
21 be kind of up when you're going at a talking
22 over phase.

23 Wait for his hand to come down and
24 you'll probably be able to tell he's ready to be

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1 finished and then he will be ready for you to
2 answer. Is that okay?

3 **THE WITNESS: Yes, sir.**

4 MR. RAGEN: All right. Back to you, Joel.

5 MR. FLAXMAN: Thank you.

6 BY MR. FLAXMAN:

7 Q. Is there -- well, okay.

8 MR. RAGEN: And also, sorry, you want -- all
9 your answers should be yes or no. Even though I
10 understand, Joel understands, Andrew, that guy's
11 name who I forget, but he's awesome.

12 MR. FLAXMAN: Wayne.

13 MR. RAGEN: Cheryl and Raana understand
14 uh-huh or uhn-uhn, on the court reporter it
15 looks the same. So please say yes or no.

16 **THE WITNESS: Gotcha.**

17 MR. RAGEN: Back over to Joel.

18 MR. FLAXMAN: Okay.

19 BY MR. FLAXMAN:

20 Q. Okay. Have you ever given a deposition
21 before?

22 **A. No.**

23 Q. Okay. Did you have -- did you prepare
24 with your attorney before today's deposition?

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1 **A. Yes.**

2 Q. Okay. And how many times did you meet
3 with your attorney before the deposition?

4 **A. Twice all together.**

5 Q. And was that with Mr. Ragen?

6 **A. Yes.**

7 Q. Okay. Was anyone else at those
8 meetings?

9 **A. No.**

10 Q. And you've had enough time to prepare
11 with Mr. Ragen for the deposition?

12 **A. Yes.**

13 Q. And you understood that you took an
14 oath before answering questions; is that right?

15 **A. Yes.**

16 Q. Okay. Is there any reason that you
17 would not be able to answer my questions
18 truthfully and accurately today?

19 **A. No.**

20 Q. How are you currently employed?

21 **A. Right now I'm an employee of the Cermak**
22 **-- Cook County Health and Hospital Systems. And**
23 **currently I'm on medical leave of absence.**

24 Q. And I won't ask you the details of the

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1 medical issue.

2 **A. Okay.**

3 Q. But I do want, how long have you been
4 on leave?

5 **A. 11/17/19.**

6 Q. So since November of last year?

7 **A. Correct.**

8 Q. And the medical leave does it affect
9 your ability to answer my questions?

10 **A. No.**

11 Q. It doesn't affect your memory?

12 **A. No.**

13 Q. Okay. When did you start working at
14 Cermak?

15 **A. 8/15 -- no. 8/14/95.**

16 Q. And what -- what was your position when
17 you went on your leave in November of last year?

18 **A. Clinical Nurse I.**

19 Q. Okay. How long had you been a Clinical
20 Nurse I?

21 **A. Since the start date in 1995.**

22 Q. Okay. So for about 24 years?

23 **A. Correct.**

24 Q. Where did you do your training in

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1 nursing?

2 **A. Kennedy-King College is where I**
3 **graduated from.**

4 Q. And did you graduate?

5 **A. Yeah.**

6 Q. When did you graduate?

7 **A. June '88.**

8 Q. And are you currently licensed?

9 **A. Yes.**

10 Q. Has your license ever been suspended?

11 **A. No.**

12 Q. Where were you assigned within Cermak
13 in -- when you took leave in November of 2019?

14 **A. The psychiatric unit.**

15 Q. And how long had you been assigned to
16 the psychiatric unit?

17 **A. Well, since 1995 when I started, I have**
18 **always been on the psych unit unless I was**
19 **pooled.**

20 Q. But your -- so the whole time at
21 Cermak --

22 **A. Correct.**

23 Q. Let me ask the whole question.

24 MR. RAGEN: You're doing fine.

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1 BY MR. FLAXMAN:

2 Q. We'll get better at it.

3 MR. RAGEN: Yeah.

4 BY MR. FLAXMAN:

5 Q. During your 24 years at Cermak, your
6 regular assignment has always been the
7 psychiatric unit; is that right?

8 A. Yes.

9 Q. Were you assigned to a particular tier
10 within the psychiatric unit?

11 A. Yes.

12 Q. And what was that when you took leave
13 in November of 2019?

14 A. It's like we rotate around. So that
15 particular night, I was assigned to the acute
16 psychiatric unit.

17 Q. And you mean the night with Mr. Cruz in
18 2016?

19 A. Correct.

20 Q. Okay. And do you know who was
21 responsible for making -- assigning the
22 rotations?

23 A. That would be my unit supervisor, the
24 coordinator.

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1 Q. Who was your unit supervisor in March
2 of 2016?

3 A. Oh, wow. I know her name. It's on the
4 tip of my tongue. I can't think of her name
5 right now.

6 Q. Okay. If it comes --

7 A. I know it -- okay.

8 Q. If it comes to you later, please let me
9 know.

10 A. Gotcha.

11 Q. You said you were assigned to the acute
12 psychiatric tier?

13 A. Correct.

14 Q. Is that two north?

15 A. Correct.

16 Q. Are there other acute psychiatric?

17 A. The woman's psychiatric, which is two
18 west. And then the south side is the step-down.

19 Q. What does that mean?

20 A. They're stable enough to be on a unit
21 where -- it's like they're more stable.

22 Q. And does that mean that they --

23 A. Psychiatrically stable.

24 Q. Okay. Are the people on that area --

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1 need less supervision?

2 **A. Not necessarily. But it's just that**
3 **they deemed by the psychiatrist to be more**
4 **stable.**

5 Q. Okay. So the patients who are in the
6 acute section are less stable?

7 **A. Right. That's where they first come in**
8 **-- come in at from receiving.**

9 Q. Okay. And -- well, back in 2016, were
10 you -- what shift did you regularly work?

11 **A. 11:00 to 7:00.**

12 Q. Has that always been your regular
13 shift?

14 **A. Correct.**

15 Q. And you mean 11:00 p.m. to 7:00 a.m.?

16 **A. Correct.**

17 Q. Did you request to work on the
18 overnight shift?

19 **A. That's just what I like.**

20 Q. Why do you like it?

21 **A. I don't know. I just always liked it.**

22 Q. Okay. When you would be the -- well,
23 before March of 2016 when you were working in
24 two north, had you worked in two north before?

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1 **A. Yes, I have.**

2 Q. And when you were assigned -- well,
3 would you call yourself the overnight nurse for
4 that tier?

5 **A. Yeah, for two north.**

6 Q. Okay. I just wanted to use the
7 right -- sometimes there are words that people
8 use at every business and I want to make sure
9 I'm using the right ones.

10 **A. You are.**

11 Q. Okay. What were your responsibilities
12 as the overnight nurse in two north?

13 **A. Total patient care. So anything**
14 **nursing we do, that was my assignment.**

15 Q. And in March of 2016 when you were the
16 overnight nurse in two north, would you be the
17 only nurse on the tier?

18 **A. Yes.**

19 Q. And would you cover other tiers at the
20 same time or only one tier?

21 **A. Usually just the one tier.**

22 Q. But there were times when you had to
23 cover more than one?

24 **A. Yes.**

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1 Q. And when you were serving as the
2 overnight nurse in two north in March of 2016,
3 were also correctional staff present?

4 A. Yes.

5 Q. Do you recall how many?

6 A. You know, right now, no.

7 Q. Okay. Did you get a lunch break on the
8 overnight shift?

9 A. That particular night I didn't take one
10 because it was busy.

11 Q. And that's something -- you remember
12 that?

13 A. Yeah.

14 Q. Okay. If you weren't busy, would you
15 be allowed to take a lunch break?

16 A. I would take a little -- a small little
17 break, go get some coffee or something.

18 Q. Okay.

19 A. But usually I just felt more better
20 staying with my patients and watching them.

21 Q. Okay. If you -- if you did take a
22 break, would some -- would another nurse watch
23 the tier?

24 A. No.

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1 Q. You said that you felt more comfortable
2 being there to watch your patients, right?

3 A. Definitely, yes.

4 Q. How did you watch your patients?

5 A. We have a monitor that shows every room
6 and then I'll get up and make walking rounds.

7 Q. I think I've heard people talk about
8 the nursing station. Was that a desk that you
9 would sit at?

10 A. Uh-huh.

11 Q. Is that a "yes"?

12 A. Yes.

13 Q. Would you call it the nursing station
14 or something else?

15 A. It's the nursing station. That's where
16 I sit and do my -- the computer where I do my
17 work.

18 Q. Okay.

19 A. Look at the medications, orders, and
20 blah, blah, blah.

21 Q. Okay. And is that where that monitor
22 is that you mentioned?

23 A. Yes.

24 Q. And you said you would stand up and do

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1 rounds also?

2 **A. Yeah, I would get up and do rounds.**

3 Q. And how often would you do that?

4 **A. Every half an hour, but we stagger**
5 **them.**

6 Q. What do you mean?

7 **A. So they won't -- so they won't be**
8 **expecting us.**

9 Q. Oh, okay. So it wouldn't be exactly on
10 the half hour?

11 **A. Exactly.**

12 Q. But it would be about that often?

13 **A. Correct.**

14 Q. Would you ever -- when you would make
15 those rounds and check on the patients, would
16 you be accompanied by correctional officers?

17 **A. Yes.**

18 Q. And am I right that the -- if you
19 needed to go into a cell, a correctional officer
20 would have to unlock the door?

21 **A. Correct.**

22 Q. And you wouldn't go in by yourself,
23 right?

24 **A. No.**

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1 Q. You would always be accompanied by a
2 correctional officer?

3 A. Yes.

4 Q. Did you ever -- did the correctional
5 officers ever make rounds to observe patients
6 without you?

7 A. Yes.

8 Q. And would they tell you what they
9 observed?

10 A. Yes.

11 Q. Did the correctional officers have a
12 set amount -- set time when they would do their
13 observations?

14 MR. RAGEN: Objection. Speculation.

15 You can answer.

16 THE WITNESS: I don't know what they policies
17 are for making rounds.

18 BY MR. FLAXMAN:

19 Q. Okay. And as a nurse you were, well,
20 assessing and taking care of the patients,
21 right?

22 A. Yes.

23 Q. Would you ever rely on the correctional
24 officers' observations to do your assessments

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1 and care?

2 A. Well, sometimes they'll tell me so and
3 so is doing this or that, and I will act upon
4 it. Because sometimes I rather take care of
5 something early rather than let it escalate.

6 Q. But -- so there might be, I guess,
7 emergency or urgent situations where you would
8 respond to what a correctional officer told you,
9 right?

10 A. Yes.

11 Q. But for routine things like your
12 observations or vital signs, that would be your
13 observations; you wouldn't rely on a
14 correctional officer, right?

15 A. Oh, no.

16 Q. Okay.

17 MR. RAGEN: Joel, I think it's pretty clear,
18 but sometimes you get a double negative. You
19 know, like the -- but...

20 MR. FLAXMAN: No. That's -- that's a
21 question I could ask better. You're right.

22 MR. RAGEN: I mean, it comes in fine, but
23 just to be clear. You know, you're good.

24 MR. FLAXMAN: No, no, no, I'm going to fix

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1 that one.

2 BY MR. FLAXMAN:

3 Q. The question I asked you was about -- I
4 think you said was about emergency situations
5 where you would rely on a correctional officer's
6 observation, right?

7 A. Put it like this, I'll take what he say
8 and I'll get up and go investigate it myself.

9 Q. Okay. For your routine
10 responsibilities of observing patients and doing
11 things like taking vital signs, would you ever
12 rely on a correctional officer's observation?

13 A. No, that's not his scope.

14 Q. So I think you told me that on the
15 night when you were in the tier with Mr. Cruz --
16 well, I'm sorry. Let's -- I'll start over.

17 What do you remember about Mr. Cruz?

18 A. I remember coming in the unit. I
19 received report from the 3:00-to-11:00 shift
20 nurse and she told me his situation. And I got
21 report on the whole unit.

22 Q. Okay.

23 A. Any problems, anything.

24 Q. Do you remember who that -- the shift

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1 nurse from the previous shift was?

2 **A. Kanel.**

3 Q. Is that K-a-n-e-l?

4 **A. Uh-huh.**

5 Q. Is that a "yes"?

6 **A. Yes.**

7 Q. Do you remember what Nurse Kanel
8 reported to you?

9 **A. The main thing she reported to me was**
10 **about the gentleman in restraints.**

11 Q. And was it a standard practice when
12 there was a change in shift that the nurse from
13 the shift leaving would communicate important
14 information to the nurse coming on?

15 **A. Yes.**

16 Q. And that's something that Nurse Kanel
17 did for you on this shift, right?

18 **A. Yes.**

19 Q. And is that something you did for the
20 nurse coming on the next shift?

21 **A. Yes.**

22 Q. You said that Nurse Kanel told you that
23 there was a gentleman in restraints, right?

24 **A. Yes.**

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1 Q. And she -- would she have told you
2 other information about other patients?

3 A. Yes.

4 Q. Do you remember any of that?

5 A. Not offhand.

6 Q. Did she tell you why Mr. Cruz was in
7 restraints?

8 A. Yes.

9 Q. And what did she tell you about that?

10 A. That he had -- was trying to hurt
11 himself banging his head and smearing feces all
12 over the place and he wouldn't respond to
13 redirection. So that's what led to the FLR
14 episode.

15 Q. Do you know what FLR stands for?

16 A. Full leather restraints.

17 Q. And I think you said he wouldn't
18 respond to redirection?

19 A. That's -- that they told him to stop
20 trying to -- stop trying to hurt himself and he
21 wouldn't.

22 Q. Okay. That's what -- that's what you
23 meant by wouldn't respond to redirection?

24 A. Correct.

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1 Q. Before March of 2016, had you had
2 experience with patients being in restraints?

3 A. Yes.

4 Q. Had you had training on restraints?

5 A. Yes.

6 Q. How often was a patient placed in
7 restraints?

8 A. Are you talking about generally?

9 Q. Yeah, generally.

10 A. Okay. Usually it's like that's least
11 restrictive. That's -- we try to avoid that at
12 all costs. So usually we'll try to talk the
13 patient, redirect them, offer them a prn
14 medication, and go from there. Just keep
15 watching them. If they continue with -- if they
16 continue being disruptive and pose a threat --
17 posing a danger to self and others, then we'll
18 have to take -- have to put them in restraints
19 if necessary. But we try to avoid it.

20 MR. RAGEN: And he was just -- tell me to
21 stop if you want.

22 He was just asking like generally how
23 many times, like if you look per week or per
24 month or per year, how often would that happen.

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1 **THE WITNESS: Maybe two or three times a week**
2 **roughly.**

3 BY MR. FLAXMAN:

4 Q. And you said one of the alternatives
5 would be to offer prn?

6 A. Right.

7 Q. What does that mean?

8 A. It's like a when necessary.

9 Q. Medication?

10 A. Like -- right. If they have a doctor
11 write an order and say if needed. So that's
12 like if needed or when necessary.

13 Q. So it -- if the doctor made that
14 prescription, you as the nurse would have
15 discretion to administer it; is that right?

16 A. True.

17 Q. And for the decision to put a patient
18 in restraints, who would make that decision?

19 A. The nurse.

20 Q. Okay. And you said that when you came
21 on to the shift, Mr. Cruz was already in
22 restraints; is that right?

23 A. Correct.

24 Q. Okay. And what did you understand your

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1 responsibilities to be for a patient that was
2 already in restraints?

3 A. I have to take his -- take his vitals,
4 check his CMS that we -- the circulation,
5 motion, and sensation in his limbs, make sure
6 he's not in any kind of distress, and talk to
7 him and see how his mental status is at that
8 time.

9 Q. The first thing you mentioned was your
10 taking vitals?

11 A. Correct.

12 Q. What vitals would you take?

13 A. Mr. Cruz.

14 Q. I'm sorry, when you say vitals, you
15 mean -- which things do you mean? Do you mean
16 pulse?

17 A. Oh, blood, pulse, oxygenation,
18 temperature.

19 Q. And you also said that CMS, what does
20 that mean?

21 A. Circulation, sensation. That's
22 checking restraints and making sure they're not
23 too tight and constrictive.

24 Q. Was there a way that you checked

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1 whether the blood was properly circulating in
2 his body?

3 A. Usually -- okay. They got cuffs on
4 each hand, so we put our finger in and make sure
5 that they're not too tight, you know, because we
6 don't want to cut off their circulation.

7 Q. And are there -- so you said there is
8 cuffs on each hand, right?

9 A. Right. And each ankle.

10 Q. And each ankle. And is there sometimes
11 a belt also?

12 A. Yeah.

13 Q. Okay.

14 A. The belt connects the cuff to the --
15 the cuff goes on the patient, the belt connects
16 it to the bed.

17 Q. Okay. I'm not understanding it. I'm
18 sorry.

19 A. Okay.

20 Q. Let me ask this. So what parts of
21 a body -- so Mr. Cruz was restrained in bed; is
22 that right?

23 A. Right.

24 Q. Which parts of his body were

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1 restrained?

2 **A. Okay. He had cuffs on each wrist and**
3 **cuffs on each ankle and he had a chest restraint**
4 **around his chest.**

5 Q. Okay. What did you say about the belt?
6 I didn't understand.

7 **A. The belt is the leather strap that**
8 **connects the cuff to the bed.**

9 Q. Oh, it's not a bed over his waist?

10 **A. No, no, no, no.**

11 Q. You're just talking about a strap
12 connecting his arms to the bed?

13 **A. Right. But also it's a chest**
14 **restraint, so there was a belt across his chest.**

15 Q. Okay. One of the vitals you said was
16 oxygenation; is that right?

17 **A. Right. That's the -- we put it on the**
18 **finger and just check his oxygen.**

19 Q. Okay. And to check a patient's vitals,
20 is there a machine that does all those
21 measurements?

22 **A. Yes.**

23 Q. Is there a name for that?

24 **A. A CBP machine. I don't know.**

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1 Q. Okay. There is a machine and that
2 machine does blood pressure?

3 A. Blood pressure, pulse. We check the
4 respirations. And the pulse ox where we put it
5 on the finger.

6 Q. The machine does that on the finger?

7 A. Right.

8 Q. And does it automatically record it in
9 the medical records or do you have to type it in
10 yourself?

11 A. We have to type it in ourselves.

12 Q. What did you say did you do a -- did
13 you say that you do a measurement about
14 circulation?

15 A. Yeah.

16 Q. And what's that called?

17 A. That's -- that's just where we check
18 and make sure that the restraints are not too
19 constricting on him and adjust them if they need
20 to be adjusted.

21 Q. Okay. And any time you're doing those
22 vitals you have to go into his cell, right?

23 A. Yes.

24 Q. How often would you take somebody's

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1 vitals when he's in restraints?

2 A. Every two -- two -- every three --
3 usually, I always try to do it twice a shift.
4 So I do it when I make my initial assessment and
5 then maybe about four hours later, maybe not
6 that long. It depends if I gave him a prn or
7 not. So I would say every two to three hours.

8 Q. And why would giving a prn make a
9 difference?

10 A. Because medication can affect your body
11 in different ways. I just want to make sure
12 they okay.

13 Q. So if you would give them medication,
14 you would come back to check on them sooner?

15 A. Yeah.

16 Q. Were you also responsible for checking
17 on a patient in restraints every 15 minutes?

18 A. Yes.

19 Q. And what would those checks entail?

20 A. We -- more often they would -- we would
21 look at the monitor and just make sure that
22 they -- you know, if they laying down
23 comfortably or they moving around or we get a
24 sense of what they doing.

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1 Q. And why would you do that?

2 A. Just to make sure they don't hurt
3 themselves.

4 Q. And is that something you would record
5 in a record?

6 A. Yes.

7 MR. FLAXMAN: I'm going to mark this as
8 Exhibit 1.

9 (Whereupon, Chatman Deposition
10 Exhibit 1 was marked for
11 identification.)

12 BY MR. FLAXMAN:

13 Q. Do you recognize Exhibit 1 as the form
14 you had used to record 15-minute observations?

15 A. Yes.

16 Q. This one has five pages front and back.
17 Can you -- does one of these contain your
18 notations?

19 A. The one on top. The first one.

20 Q. Okay. And that's the -- if you look at
21 the top left of the page, it has the number 0141
22 top of the left?

23 A. 0141?

24 Q. Right? That's right?

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1 **A. Uh-huh.**

2 Q. Is that a "yes"?

3 **A. Yes.**

4 Q. Okay. Thank you.

5 Can you tell me what on this page is
6 your notation?

7 **A. Okay. I made the form out. I wrote**
8 **the FLRs on the top. I also write FLRs renewed**
9 **3/18 at 2155. And then from the 0012 o'clock**
10 **entry up until the 0700 entry is me.**

11 Q. All right. Let me ask you, so at the
12 top above the box, it says -- does it say 2243
13 FLRs?

14 MR. RAGEN: Do you mind if I help her?

15 MR. FLAXMAN: Yeah, why don't you. Your
16 lawyer is pointing to where I'm talking about.

17 **THE WITNESS: Oh, that's the room number.**

18 BY MR. FLAXMAN:

19 Q. And did you write that?

20 **A. Yes.**

21 Q. And 2243 is a room on two north?

22 **A. Yes.**

23 Q. And below that, you write the date,
24 correct?

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1 **A. Yes.**

2 Q. And then below you checked 2N for the
3 tier?

4 **A. Correct.**

5 Q. And you checked yes for was inmate CORs
6 upon arriving to assignment?

7 **A. Yes.**

8 Q. Do you know what COR means?

9 **A. It's a term referring to being in**
10 **restraints.**

11 Q. It's a --

12 **A. I don't exactly remember what it stands**
13 **for. But it means being in restraints.**

14 Q. And you understood it to be the same as
15 FLR, right?

16 **A. Correct.**

17 Q. And then to the right of that is -- is
18 handwriting about the renewal, which I think you
19 told me about, right?

20 **A. Yes.**

21 Q. And did you wrote those two things?

22 **A. Yes.**

23 Q. And so what does the first line say?

24 **A. Renewed at 3/18 at 2155.**

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1 Q. So R/N means renewed?
2 A. **Correct.**
3 Q. Were you on duty at 2155?
4 A. **No. That was Kanel's shift.**
5 Q. Okay. When did -- when did your shift
6 start?
7 A. **2300, 11:00.**
8 Q. Okay. And so you were making a note
9 when Kanel had been present for renewal?
10 A. **Right, right.**
11 Q. Okay. And what did you write
12 underneath that?
13 A. **Renewed 3/19 at 3:55.**
14 Q. Why are you laughing?
15 A. **Nothing.**
16 Q. Okay. And what does it -- is there
17 another time next to 3:55?
18 A. **0755.**
19 Q. Okay. Were both of those times on your
20 shift?
21 A. **No. That was -- 0755 is endorsed to**
22 **the next nurse --**
23 Q. Okay. So would that have been --
24 A. **-- when the order is up.**

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1 Q. Oh, you were letting the next nurse
2 know when the order is up?

3 A. Right.

4 Q. Okay. So what was your understanding
5 about how long a restraint order should be?

6 A. Four hours.

7 Q. Okay. And underneath those two times,
8 is that a signature?

9 A. I can't make out what it is, whose
10 signature it is.

11 Q. So that's not your signature?

12 A. No.

13 Q. But you did write the 3:55 and 7:55,
14 right?

15 A. Yes.

16 Q. And what is your understanding of what
17 is supposed to happen when the restraint order
18 is up after four hours?

19 A. Well, before the four hours, you have
20 to go and reassess the patient and see do a --
21 check his mental status and see if you can
22 possibly let him up or you should renew the
23 restraint.

24 Q. Would you -- would you also do vital

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1 signs at that time?

2 **A. Not necessarily. It could be more**
3 **staggered.**

4 Q. And to do the reassessment, would you
5 go into the cell --

6 **A. Yeah.**

7 Q. -- and assess the patient?

8 **A. Yes.**

9 Q. Would you confer with the doctor when
10 the order is up?

11 **A. Yes.**

12 Q. Is that something that you're required
13 to do each time?

14 **A. Huh? I'm sorry.**

15 Q. Were you required to confer with the
16 doctor?

17 **A. Oh, definitely.**

18 Q. And was there a doctor who was present
19 on the overnight shift?

20 **A. No. We had to use the on-call doctor.**

21 Q. Do you know who the on-call doctor was
22 on 3/19?

23 **A. Paschos.**

24 Q. And how did you contact Dr. Paschos?

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1 **A. By telephone.**

2 Q. And was the telephone at the nurse's
3 station?

4 **A. Yes.**

5 Q. Underneath that signature, which you
6 weren't able to identify, there is something
7 that -- some more handwriting that looks like it
8 has the letter CO, do you see that?

9 **A. Oh, that's close observation for**
10 **unpredictable behavior.**

11 Q. Did you write that?

12 **A. No.**

13 Q. Do you know who did?

14 **A. Not a hundred percent.**

15 Q. It could have been the nurse on the
16 next shift, right?

17 **A. True.**

18 Q. Do you know who the nurse was on the
19 next shift?

20 **A. Manuel, Manny. Manuel. I can't get**
21 **his last name.**

22 MR. RAGEN: I kind of got lost. Where were
23 you pointing to?

24 MR. FLAXMAN: Oh.

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1 MR. RAGEN: I just wasn't paying attention,
2 sorry. Thanks.

3 BY MR. FLAXMAN:

4 Q. Okay. Is his last name
5 M-a-n-a-l-a-s-t-a-s?

6 A. Yes.

7 Q. Okay. And underneath that CO, it says
8 another CO. Do you see that?

9 A. Right.

10 Q. What is that?

11 A. Close observation every 15 minutes.

12 Q. Okay. Did you write that?

13 A. No.

14 Q. Okay. And then I think you told me
15 that the boxes below with times have your
16 notations, right?

17 A. Yes.

18 Q. Or some of them do, not all of them?

19 A. Yes.

20 Q. Okay. So the first -- it looks like
21 the 0000 through 0045 have the same letters in
22 it; is that right?

23 A. Yes.

24 Q. And what are those letters?

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1 A. T-I, which means he was moving around
2 in his bunk and he was -- he was lying down,
3 moving around in his bunk.

4 Q. And the code for I says lying down or
5 sitting. How do you know that he was lying
6 down?

7 A. Because I was monitoring him. I was
8 getting him -- visually checking him and looking
9 on the monitor.

10 Q. Is there -- can you tell what letters
11 are in the 0100 box?

12 A. S-A.

13 Q. And what is that?

14 A. S for medication A for yelling and
15 screaming.

16 Q. Do you remember -- I'm sorry.

17 A. During the times of between zero --
18 12:00 o'clock and 0045, I had assessed him and
19 he was very, very vigorously pulling the belts
20 on the restraints. He was like jerking at them
21 and trying to, like, put them off and trying to
22 get up and bucking against the restraints.

23 So I talked to him. He appeared to be
24 delusional, talking about his mother. And so I

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1 made an assessment after that -- it was about
2 1:55 -- I called Dr. Paschos and informed him
3 about the patient's status and his vitals and
4 all that. So he agreed to give him PR
5 medication -- prn medication at that time. And
6 that was at 1:00 o'clock I gave the prn
7 medication.

8 Q. Do you remember what Mr. Cruz was
9 saying about his mother?

10 A. No. It wasn't -- it didn't make sense.

11 Q. And was that what he was yelling and
12 screaming about at 1:00 a.m.?

13 A. During the time between 12 -- 00
14 hundred up until the 0100, that's why I had
15 called Dr. Paschos and I made a decision -- or
16 we -- I made a decision to give him -- offer him
17 his prn medication. But he really wasn't in any
18 kind of frame of mind to accept the prn because
19 he was presenting himself as a danger. So I
20 didn't want him to, you know -- you know, cause
21 injury to himself. And also physically like
22 increase his blood pressure or make his self
23 sick or something like that by constantly
24 pulling at the restraints.

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1 Q. I wrote down that you said you may have
2 talked to Dr. Paschos at 1:55, but I may have
3 just written that down wrong or misheard you.

4 A. You know what, it's like it was a long
5 time ago and I might not have the times exactly
6 right.

7 Q. But at the --

8 A. But I did talk to Paschos.

9 Q. I'll show you another record that might
10 help us figure it out.

11 A. Okay.

12 Q. But let me just ask you about the other
13 notations on this chart. Well -- and before I
14 go, do you remember anything else that Mr. Cruz
15 was screaming at around 1:00 a.m.?

16 A. No, not exactly. Most of it wasn't
17 sensical. It wasn't making sense.

18 Q. Could you hear him from -- through the
19 door of his cell?

20 A. Yes. The nurse -- we keep the
21 restraint rooms close to the nurse's station.

22 Q. So with -- if his door was shut, could
23 you hear him screaming?

24 A. Yes.

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1 Q. Okay. All right. Let's just move to
2 the 0115 box, what letters are written in there?

3 A. T-I-S. He was still moving around on
4 his bed, lying down.

5 Q. And what did you write in the 0130 box?

6 A. The same thing, T-I. Because usually
7 once you give a medication, it takes a while --
8 a while for it to kick in and calm him down.

9 So 0145 he had started calming down
10 because I had checked quiet and lying down.

11 Q. So that -- what letters did you write
12 in 0145?

13 A. J, which is quiet; I, which is, once
14 again, laying down.

15 Q. And am I right that that's the notation
16 that you repeated for the next few boxes?

17 A. Yes.

18 Q. Okay. What's the first time when you
19 notated something other than J-I?

20 A. 05 -- 0530. Oh, I'm sorry. 0500.

21 Q. So beginning -- let me just ask the
22 whole question.

23 Beginning with 0145 and ending with
24 0445, each box you wrote in there J-I; is that

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1 right?

2 A. Yes.

3 Q. Okay. And then what did you write in
4 0500?

5 A. R, which means breakfast. He was
6 offered breakfast.

7 Q. Were you the one who would bring
8 breakfast to patients?

9 A. Yes, because I'll have to release his
10 arm for him to eat.

11 Q. And what -- what did you have to do to
12 release his arm?

13 A. Take the restraint key, open up the
14 cuff and, in his case, I took the chest
15 restraints off -- I mean, loosened it so he can
16 have mobility to eat.

17 Q. And did he eat something?

18 A. Yes. It wasn't that much, but he did
19 get something down.

20 Q. Did correctional staff go with you into
21 the cell?

22 A. Yes.

23 Q. And this is an obvious question I could
24 ask first. When you said you offered him

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1 breakfast and removed his -- the cuffs, that was
2 something that happened in the cell, right?

3 **A. Yes.**

4 Q. Were correctional staff ever the ones
5 who took off restraints?

6 **A. No, not their job.**

7 Q. All right. What's written in the 0515
8 box?

9 **A. R, that's still eating, eating**
10 **breakfast.**

11 Q. All right. And then the 0530 box,
12 what's written there?

13 **A. J-I. That was -- he had been placed**
14 **back in restraint by then.**

15 Q. And did you put the restraint back on
16 him?

17 **A. Yes.**

18 Q. And you said the last --

19 **A. But you know --**

20 Q. I'm sorry, go ahead.

21 **A. I'm sorry, please forgive me. I'm**
22 **sorry.**

23 **At -- I will have to see my**
24 **documentation. But at some time he was calm**

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1 enough to make the assessment that I could
2 remove his chest restraints, which was good,
3 because I -- he was a big guy and I didn't like
4 that chest restraint being on him. So I was
5 able -- he was stable enough for me to release
6 it and take it off.

7 Q. And take it off permanently?

8 A. Right.

9 Q. Do you remember what -- where you --
10 where -- what part of the record you would put
11 that in?

12 A. The checkoff list and the
13 documentation.

14 Q. I think I -- I think I know what the
15 checkoff list is, so I'll try to show that to
16 you in just a moment.

17 A. No problem.

18 Q. But I just wanted to ask the question
19 that the remaining times that you filled out are
20 from 0530 through including 0700; is that right?

21 A. Yes.

22 Q. And did you write J-I in each of those
23 boxes?

24 A. Yes, which means he -- he stayed quiet,

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1 **he remained quiet.**

2 Q. And then your shift ended at 7:00 a.m.,
3 right?

4 **A. Yes.**

5 MR. RAGEN: I'll ask for a little break. But
6 finish like this part and before you go to the
7 next document or whatever.

8 MR. FLAXMAN: Oh, sure.

9 BY MR. FLAXMAN:

10 Q. And is your signature somewhere at the
11 bottom of this form?

12 **A. Yes.**

13 Q. Which -- can you tell us which one it
14 is?

15 **A. The first one that was written in the**
16 **box.**

17 Q. Okay. So where it says Officer/Cermak
18 Staff Signature, is your signature right
19 underneath that one?

20 **A. Correct.**

21 Q. And is that your title right there,
22 CNI?

23 **A. CN-I.**

24 Q. I'm sorry?

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1 **A. No problem.**

2 Q. Meaning Correctional Nurse I?

3 **A. Correct.**

4 Q. Okay. And the -- I'm going to show you
5 other documents in a moment. We will take a
6 break in a moment. But let me just -- before I
7 move on, you said that -- well, what time was it
8 when you removed the chest restraint?

9 **A. Right now I don't --**

10 Q. And I didn't mean --

11 **A. -- I don't precisely remember.**

12 Q. I understand you don't remember the
13 exact time. Do you remember, was it a range on
14 the times that we've looked at on this form?

15 **A. I don't remember.**

16 Q. Was it after you offered --

17 **A. It was after breakfast.**

18 Q. Okay. And let me just ask, so was it
19 after breakfast that you removed Mr. Cruz's
20 chest restraint?

21 **A. Right.**

22 Q. And why did you want to remove it?

23 **A. I felt he was doing better. He had**
24 **calmed down. He wasn't jerking and pulling**

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1 against the restraints anymore and I just felt
2 he was better.

3 Q. And was there a --

4 A. And it seemed like he was able to
5 listen and follow directions better.

6 Q. Was there a health reason that you
7 wanted him not to have the chest restraint on?

8 A. Once again, he's a big guy. I
9 didn't -- if that -- I don't really like chest
10 restraints. If they're not -- if they're not
11 needed, it shouldn't be there.

12 Q. And as a big guy, did you understand
13 the chest restraint was harming his circulation?

14 A. It could possibly. It was fine because
15 he was breathing okay and everything. But it's
16 a potential risk for them to be strapped at the
17 chest.

18 Q. The risk is related to breathing,
19 right?

20 A. Correct.

21 MR. FLAXMAN: We can take a break.

22 MR. RAGEN: Yeah.

23 THE VIDEOGRAPHER: Going off the video record
24 at 10:52.

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1 (Whereupon, a recess was had at
2 10:52 a.m., after which the
3 deposition was resumed at
4 11:00 a.m. as follows:)

5 THE VIDEOGRAPHER: Going back on the video
6 record at 11:00 o'clock.

7 MR. FLAXMAN: I'm going to mark another
8 exhibit.

9 (Whereupon, Chatman Deposition
10 Exhibit 2 was marked for
11 identification.)

12 BY MR. FLAXMAN:

13 Q. The pages in front of you are marked as
14 Exhibit Number 2. Do you recognize these as the
15 check boxes you mentioned about using
16 restraints?

17 A. Yes.

18 Q. So this is -- the first page has Nurse
19 Kanel's name on it, so that's not your record.

20 A. Right.

21 Q. Do you see where your records begin?

22 A. Yes.

23 Q. And what's the page number at the top
24 left?

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1 **A. It would be the 0215.**

2 Q. Okay. And this has -- starting with
3 the box that has your name in it, this is your
4 record about Mr. Cruz; is that right?

5 **A. Yes, sir.**

6 Q. And this is something you created on
7 the computer; is that right?

8 **A. Yes.**

9 Q. Did the computer give you questions and
10 then you filled in check boxes? Is that how it
11 worked?

12 **A. Basically, it's fill in -- like you**
13 **said, fill in the check boxes.**

14 Q. Let it go through -- I mean, so this
15 has a list of things under procedure. Would it
16 give you each one of these in order and then
17 you'd answer it?

18 **A. Correct.**

19 Q. So you stated that for the first one,
20 restraint alternatives attempted, that you were
21 providing constant supervision; is that right?

22 **A. Right, as far as looking at him, when I**
23 **was looking at him on the monitor.**

24 Q. Could you see through his cell door

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1 from the nurse's station?

2 **A. No. I would get up and go to the door.**

3 Q. Or you could look on the monitor?

4 **A. Correct.**

5 Q. The next line is restraint, patient's
6 behavior, and you put in confused, restless?

7 **A. Right.**

8 Q. The next one is interventions, safety
9 measure, and it says see below. Do you see
10 that?

11 MR. RAGEN: Do you want me to help her on the
12 form? I mean --

13 BY MR. FLAXMAN:

14 Q. Well, does that -- I mean if you look
15 to the next page, I think it's pointing you to
16 something that says T-21. Does that make sense?
17 Your attorney wants to help you out.

18 MR. RAGEN: I think she's having trouble
19 going back and forth. But, I mean, it's up to
20 you. I don't want to -- do you know what I
21 mean? You are good.

22 MR. FLAXMAN: I'm okay.

23 MR. RAGEN: I'm here to assist. If you find
24 it's taking too long, let me know, Joel.

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1 MR. FLAXMAN: Okay. Thanks.

2 BY MR. FLAXMAN:

3 Q. Do you understand?

4 A. Oh, okay. I see T-21. Spoke with
5 patient in calm, quiet manner.

6 Q. And is that your note?

7 A. Yes.

8 Q. Okay. And then the one underneath that
9 is --

10 A. Okay. Patient unable to understand
11 response -- understand response, direction, or
12 reason. Okay.

13 T-36 is referring to his FLR placement,
14 wrist -- to his wrist, right and left wrist, his
15 right and left ankle.

16 And T-48 was referring -- I was trying
17 to talk to him about how we assessed his
18 behavior to be let out of restraints.

19 Q. So you told him what he needed to do to
20 be let out of restraints; is that right?

21 A. Right.

22 Q. And did he respond to you?

23 A. Not in any kind of sensical manner.

24 Q. Based on your note about the restraint

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1 location, did he have a chest restraint at 12:39
2 a.m.?

3 **A. Yes.**

4 Q. And why do you say yes?

5 **A. Because he had it on.**

6 Q. Oh, but it's not --

7 **A. Right, it's not reflected.**

8 Q. But your own recollection is that he
9 had it on?

10 **A. Yes, he did.**

11 Q. Okay. And if you -- if we're going
12 through any of these notes and if there's any of
13 them that are inconsistent with your
14 recollection, would you let me know about that?

15 **A. Yes.**

16 Q. Going back to the first page that you
17 looked at that's 0215 --

18 **A. Uh-huh.**

19 Q. -- there is a line for reason for
20 restraints. Do you see that?

21 **A. Yeah.**

22 Q. And the reason given is
23 violent/psychiatric?

24 **A. Right.**

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1 Q. Was that based on your observation or
2 was it based on what you learned from other
3 staff?

4 A. Combination of.

5 Q. Okay.

6 MR. RAGEN: When you say combination -- well,
7 you got it. I mean, I'm trying to help, but
8 I'll stop.

9 BY MR. FLAXMAN:

10 Q. And the next line that says restraint
11 status?

12 A. Continue.

13 Q. Continue. And why did you put
14 continue?

15 A. Because I had spoken to Dr. Paschos and
16 he gave me the order to continue. And then
17 around that time, I gave him -- also gave him
18 the prn medication.

19 Q. So you believe you spoke to
20 Dr. Paschos -- or I'm sorry.

21 A. Well, he -- I did, but I didn't give
22 the medication until 1:05.

23 Q. Okay. So you spoke to Dr. Paschos
24 before you made this note at 12:39 a.m.?

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1 **A. Uh-huh.**

2 Q. Is that a "yes"?

3 **A. I'm sorry, yes.**

4 Q. That's okay. And is this how you
5 documented that you spoke to Dr. Paschos in this
6 check box?

7 **A. Yes. At this time, yes.**

8 Q. Going down a couple lines, one says
9 "skin" under restraints, do you see that?

10 **A. Yes.**

11 Q. And what did you put for that one?

12 **A. Intact.**

13 Q. And what did that mean?

14 **A. Okay. It meant when I was checking his**
15 **restraints, I was seeing if it was his -- he had**
16 **any open wounds or these marks, any scars,**
17 **anything. Because, remember, I tell you he was**
18 **vigorously pulling restraints, so I just wanted**
19 **to make sure he wasn't going to hurt himself.**
20 **People have been pulled out of restraints.**

21 Q. What do you mean by pulled out?

22 **A. Pulled them.**

23 Q. Oh, pulled them?

24 **A. They get loose. You look and the**

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1 person is standing at the door.

2 Q. Mr. Cruz never got loose, right?

3 A. No.

4 Q. Is that "no"?

5 A. No.

6 Q. The next is preventive skin care
7 measures. Do you see that?

8 A. Yes. That's just checking the
9 restraints and making sure they're not too
10 binding or, you know, causing any injury to the
11 patient.

12 Q. And next line is circulatory status
13 intact. What does that mean?

14 A. That means we checked his circulation
15 at all -- at all the restraint points and that
16 it was okay.

17 Q. And how did you check his circulation?

18 A. Say we put our fingers through their
19 belts to make sure they not too tight, check his
20 pulses and make sure everything is -- you know,
21 blood is circulating okay.

22 And as far as the chest, we put -- we
23 put our hand under the chest and make sure it's
24 not too tight. As far as listening to his

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1 breathing, you know, making sure his breathing
2 is okay.

3 Q. Would you check the oxygenation to
4 check circulation?

5 A. I do that when I check -- do the vitals
6 because I don't remember the next time -- wait.
7 I did do vitals. Okay. So it would be on the
8 vital sign checklist.

9 Q. Okay. The next line is patient
10 repositioned. What does that mean?

11 A. That he was -- okay. Now I'm going to
12 say an inconsistency. Okay? Where I say the
13 left arm release and stuff, okay, I don't -- I
14 can't say I was the only staff responsible for
15 everything.

16 But at that time, according to his
17 first -- my first assessment, I didn't feel
18 comfortable about letting his arms out. So he
19 didn't have range of motion at this check
20 because of his mental status.

21 Q. Okay. And his -- so I think what
22 you're saying is that the boxes for arm and legs
23 being released should say no?

24 A. Correct.

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1 Q. And what about the patient reposition,
2 should that also be no?

3 A. Yes.

4 Q. And what does patient reposition mean?

5 A. That he can change his position a
6 little bit. Well, I guess he can in restraints.
7 He can move around. But they mean as far as
8 repositioning, giving him a break so he can --
9 when you do range of motion, he can sit up a few
10 before we put him down.

11 Q. But that's not something you did at
12 0039, right?

13 A. No. Like I said, I made the assessment
14 that I -- it wasn't safe to let him out for that
15 time.

16 Q. And what about toileted, toilet
17 offered?

18 A. Right. Usually -- in his situation, we
19 had offered a urinal, so the guy, we have to
20 take the urinal and help him out with it.

21 Q. And did you do that at 12:39 a.m.?

22 A. Yeah, I always do that and offer him
23 some water or juice.

24 Q. That's for food/fluid offered?

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1 **A. Correct.**

2 Q. And I'm now looking on the next page --

3 **A. Okay.**

4 Q. -- at 0216, is that where you are?

5 **A. Yes.**

6 Q. Okay. The first line is
7 toileted/toilet offered and that one is
8 correctly yes, right?

9 **A. Yes.**

10 Q. What about hygiene measures provided,
11 is that one correct?

12 **A. Yeah, because he didn't eat anything at**
13 **that time.**

14 Q. Okay. The next one is ROM exercises?

15 **A. Range of motion should be no.**

16 Q. Should be no. And what is range of
17 motion exercises?

18 **A. Where you release a limb and then you**
19 **take the joint through range of motion, let**
20 **them, you know, circulate and get the blood**
21 **flowing and you do it on each limb; both his**
22 **wrists and both his ankles.**

23 Q. And I think you said that --

24 **A. And let him sit up for a little bit.**

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1 **And then you release the chest belt and let him**
2 **sit up a little.**

3 Q. And you didn't do that at this time
4 because of fears for your safety?

5 **A. Correct.**

6 Q. When there isn't a safety concern how
7 often are you supposed to do range of motion
8 exercises?

9 **A. Every couple hours.**

10 Q. And is there a total amount of time
11 that you're supposed to release each limb?

12 **A. No. I just do it long enough to just,**
13 **you know, let them move around, let me look at**
14 **the fingers and see if the blood is circulating**
15 **fine. So --**

16 Q. Okay.

17 **A. -- I do it for like a minute -- a**
18 **minute or so.**

19 Q. And that would be about a minute per
20 limb?

21 **A. For each limb, correct.**

22 Q. Okay. And you said you also would take
23 off the chest restraint?

24 **A. Right.**

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1 Q. And would that be for about a minute
2 too?

3 A. Yeah. Let them sit up some.

4 Q. Okay. The next one I wanted to ask
5 about was responsible learner present restraint.
6 What does that mean?

7 A. It was the patient. So he wasn't
8 any -- in any frame of mind of listening to any
9 teaching that I was trying to tell him. I was
10 trying to talk to him, he needs to contract for
11 safety and show -- show us that he's not a
12 danger to himself or others. That's our
13 criteria for release. And at that time he
14 wasn't able to focus on any of that.

15 Q. What does contract for safety mean?

16 A. Okay. That means he can talk to us and
17 tell us that he's not going to be a danger to
18 himself and others. So he has to convince us
19 that he can be cool and -- and not be a danger.

20 Q. And at 12:39 a.m. he wasn't able to do
21 that?

22 A. No, he was not.

23 Q. What else might you write for that
24 responsible learner present restraint?

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1 A. I don't know because to me it seemed
2 sort of weird, responsible learning -- learner
3 present restraint. Like it would be the patient
4 because nobody -- I mean, who else would it be?

5 Q. Okay. All right.

6 A. It don't make sense to me either.

7 Q. All right. The next box is barriers to
8 learning - restraints?

9 A. Right. Mental health problems. That's
10 why he can't really talk to us and -- you know,
11 talk to us and contract with us at that time.

12 Q. So just so I understand, you assessed
13 his mental health problems to be a barrier to --

14 A. Correct.

15 Q. Let me finish the question.

16 You assessed his mental health problems
17 to be a barrier to learning what he would need
18 to do to get out of restraints?

19 A. Correct.

20 Q. And the next line is tools/resources
21 used - restraints. Did you write discussion?

22 A. Right, that we talked to him.

23 Q. And the next line is educational
24 outcome - restraints. And you wrote unable to

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1 verbalize/demonstrate?

2 **A. Correct. He couldn't tell me what I**
3 **was telling him as far as what he needs to do or**
4 **what his behavior needs to do to get out of**
5 **restraint.**

6 Q. And then the last line is education
7 status - restraints, what did you write for
8 that?

9 **A. In progress. That's why every time I**
10 **go see him, I try to talk to him more about, you**
11 **know, what he needs to do to get out of**
12 **restraints.**

13 MR. FLAXMAN: All right. We'll try to take
14 it chronological, so I will give you another
15 exhibit.

16 (Whereupon, Chatman Deposition
17 Exhibit 3 was marked for
18 identification.)

19 BY MR. FLAXMAN:

20 Q. All right. Do you recognize Exhibit
21 Number 3 of a note you made of Mr. Cruz's vital
22 signs?

23 **A. Yes, I do, sir.**

24 Q. And the service date/time for this is

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1 3/19/16 at 12:39 a.m.?

2 **A. Yes.**

3 Q. And I think you said before you were --
4 you took his vital signs at the same time you
5 were doing the assessment we looked at?

6 **A. Correct.**

7 Q. Is that correct?

8 **A. Correct.**

9 Q. The first vital sign on here is
10 temperature oral, do you see that?

11 **A. Uh-huh.**

12 Q. Is that a "yes"?

13 **A. Yes.**

14 Q. Okay. How did you take Mr. Cruz's
15 temperature?

16 **A. The thermometer is like built into the**
17 **machine.**

18 Q. Okay.

19 **A. So the probe, I just took the probe and**
20 **put it under his tongue for a couple seconds.**

21 Q. And the next thing is pulse rate, how
22 did you take Mr. Cruz's pulse?

23 **A. The machine did that --**

24 Q. Is it something --

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1 A. -- as well as his blood pressure.

2 Q. Is the same -- does the cuff for blood
3 pressure also take pulse or is there a separate
4 attachment for pulse?

5 A. It takes it. It takes it with the
6 pulse -- with the blood pressure.

7 Q. And then the last thing is respiratory
8 rate.

9 A. Right.

10 Q. How is that taken.

11 A. I think I just visually counted them.

12 Q. And I think you referred to
13 oxygenation. Is that on here?

14 A. No, but I did it anyway.

15 Q. And did you record that?

16 A. No.

17 Q. Do you know why not?

18 A. Because it wasn't on the checklist. So
19 I did it from my own knowledge because I was
20 concerned about the chest restraint.

21 Q. And how do you measure oxygenation?

22 A. It's a little attachment on the machine
23 where you put this little probe-like thing on
24 your finger and it tells you the oxygenation

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1 **percentage.**

2 Q. Do -- do you remember what the
3 percentage was?

4 **A. 99.**

5 Q. I mean, are you guessing what it was?

6 **A. No, I remember what it was.**

7 Q. Okay. And is that a good percentage?

8 **A. Yes.**

9 Q. What's a -- what's a number of
10 oxygenation that would make you concerned?

11 **A. 96, 95.**

12 Q. Were you trained to take oxygenation?

13 **A. Yes.**

14 Q. When were you trained to do that?

15 **A. During the course of time when I was at**
16 **-- since -- during the course of time I have**
17 **been at the county all the years, somewhere**
18 **along the line, it -- you know, they showed us**
19 **and taught us how to do it.**

20 Q. And what's your understanding of what
21 that measures?

22 **A. Oxygenation saturation in his body.**
23 **You can tell if he's getting deprived of oxygen,**
24 **you know, which was a -- which was a concern**

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1 **because he was in chest restraint.**

2 Q. Sure. Did you ever record the
3 oxygenation measure in the patient's chart?

4 **A. Sometimes I do in the documentation.**
5 **But right now I don't see it, that I did.**

6 MR. FLAXMAN: Let me show you another note
7 that we'll mark as Exhibit 4.

8 (Whereupon, Chatman Deposition
9 Exhibit 4 was marked for
10 identification.)

11 BY MR. FLAXMAN:

12 Q. Do you recognize Exhibit 4 as a nursing
13 note you made in Mr. Cruz's chart?

14 **A. Yes.**

15 Q. It says that the service date/time for
16 this one was 3/19/2016 at 12:43 a.m. Do you see
17 that?

18 **A. Yes.**

19 Q. This one has a -- three different
20 numbers -- I'm sorry, three different dates and
21 times listed in the sign information. Do you
22 know what that means?

23 **A. I don't know. Because I made a note**
24 **and then crossed it out.**

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1 Q. Well, I see that at the bottom. Do you
2 know why that's crossed out?

3 A. Apparently I made a mistake in my
4 documentation and I, you know, did it over.

5 Q. Was it your practice to go back and
6 look at your documentation from earlier in the
7 shift?

8 A. Yes. Sometime -- a lot of times I did.

9 Q. Okay. So that's when you noticed you
10 needed to fix something?

11 A. Right. But I don't remember why I
12 needed to fix it.

13 Q. Well, let me ask you, so this is a note
14 from a time just a few minutes after the vitals
15 that we just looked at, right?

16 A. Correct.

17 Q. Do you know why you made separate notes
18 for this observation and for the vitals?

19 A. Well, the vitals is on a different
20 checklist as opposed to documentation.

21 Q. So the computer treats them as
22 separate?

23 A. Right.

24 Q. Okay. Well, let me ask you about this

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1 progress note. The first thing you wrote in
2 here is S/O. Do you see that?

3 **A. Right.**

4 Q. What does that mean?

5 **A. Subjective/objective. So subjective is**
6 **what you -- what the patient says or what you**
7 **observe him doing at that time. And objective**
8 **is like the vital signs and what you actually do**
9 **to check his sensation -- circulation. And then**
10 **inconsistency there was RO -- range of motion**
11 **done.**

12 Q. Okay. So based on your recollection --

13 **A. That's an inconsistency.**

14 Q. So as you told me before, at this time
15 around 12:43 a.m., you didn't do range of motion
16 exercises for Mr. Cruz; is that right?

17 **A. Correct, based on his assessment.**

18 Q. So let me -- so the first thing after
19 S/O is received in FLRs five-point; is that
20 right?

21 **A. Right. That means the four limbs and**
22 **the chest, that's five.**

23 Q. The next sentence says noted restless
24 and irritable upon approach?

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1 **A. Right.**

2 Q. What did you mean by upon approach?

3 **A. When I went to talk to him, he was like**
4 **really restless, couldn't stay still, you know,**
5 **and irritable. He really didn't want to hear**
6 **what I had to say. He didn't receive me trying**
7 **to talk to him or calm him down.**

8 Q. And this interaction that you noted was
9 in Mr. Cruz's cell, right?

10 **A. Correct.**

11 Q. Do you recall who else was with you in
12 the cell?

13 **A. Officer. I don't remember which one.**

14 Q. ROM done, we've already discussed that.

15 **A. Right.**

16 Q. The next one says vitals stable.

17 **A. Correct.**

18 Q. And that refers to what we marked as
19 Exhibit 3?

20 **A. Exactly.**

21 Q. Let me finish the question. Okay?

22 **A. Okay.**

23 Q. Does the vitals stable refer to what we
24 marked as Exhibit 3?

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1 **A. Correct. Correct.**

2 Q. And then the next sentence says unable
3 to contract for safety. I think you already
4 explained that to me, right?

5 **A. Uh-huh.**

6 Q. Is that a "yes"?

7 **A. Yes.**

8 Q. The next sentence says refused
9 toileting. What does that mean?

10 **A. He refused the need to use the urinal.**

11 Q. Meaning you asked and he said no?

12 **A. Right.**

13 Q. Well, did he say no or did he not
14 respond? Do you remember?

15 **A. I don't a hundred percent remember.**
16 But -- but I do know he didn't use it at that
17 time --

18 Q. Okay.

19 **A. -- despite my offer.**

20 Q. And the next sentence says PT. Does
21 that mean patient?

22 **A. Right.**

23 Q. Patient noted to become winded upon
24 exertion (struggling against belts)?

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1 A. Right. That's when I stated earlier he
2 was so vigorously pulling against the restraints
3 and stuff, trying to buck against the chest
4 restraint that he did actually become winded,
5 like exertion, you know, exerted, like huffing
6 and puffing a little bit short of breath. But
7 it wasn't enough to get really concerned about
8 it, so that's when I talked to Paschos and made
9 the decision to give him the prn medication.

10 Q. And was he struggling against all five
11 of the restraint points?

12 A. Yes.

13 Q. Do you remember what he was saying at
14 that time?

15 A. "Let me out." He muttering something
16 about his mother. Really wasn't too sensical
17 about anything that he was saying.

18 Q. The next thing on here says accepted 24
19 cc water/juice?

20 A. Right.

21 Q. What does 24 cc mean?

22 A. 24 ounces.

23 Q. And do you know if it was water or was
24 it juice?

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1 **A. It was water because I got it from the**
2 **fountain in the room.**

3 Q. Inside of his cell you mean?

4 **A. Correct.**

5 Q. The next line says A/P. What does that
6 mean?

7 **A. Assessment/plan. So the assessment was**
8 **ineffective impulse control and the plan was prn**
9 **meds given.**

10 Q. Do you use the SOAP every time you make
11 a nursing note?

12 **A. Yeah, that's what we supposed to do at**
13 **Cermak.**

14 Q. And did you say that the -- to make
15 that plan to give that medication you spoke to
16 Dr. Paschos?

17 **A. Yes.**

18 Q. And the last thing in here is will
19 continue to monitor per protocol?

20 **A. Correct, with the 15 minutes checks.**

21 Q. That's what that -- it means 15-minute
22 checks, right?

23 **A. Correct.**

24 Q. Do you remember what you said to

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1 Dr. Paschos around this time?

2 A. I gave him an up-to-date status of the
3 patient, that he was irritable, delusional,
4 talking about his mother and totally
5 nonsensical. And I told her that -- that I
6 didn't feel comfortable releasing his restraints
7 and that I thought it was a good idea to maybe
8 offer him a prn medication to help calm him
9 down.

10 My thing is I wanted to get him out of
11 the chest restraints. So that's what we made
12 the -- Paschos said it sounded good to him so
13 that's the plan that was carried out.

14 Q. And just to be clear, you spoke to
15 Dr. Paschos over the phone, right?

16 A. Yes, sir.

17 MR. RAGEN: I need another break. But like
18 whenever you finish this part, I would like --
19 whenever there is a time between --

20 MR. FLAXMAN: Okay. Let me show you one more
21 exhibit and then I think we'll have a good break
22 point.
23
24

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1 (Whereupon, Chatman Deposition
2 Exhibit 5 was marked for
3 identification.)

4 BY MR. FLAXMAN:

5 Q. Do you recognize Exhibit 5 as part of
6 Mr. Cruz's medication administration record?

7 **A. Yes.**

8 Q. And this lists four medications. I
9 want to ask you about the second, third, and
10 fourth, which all state that the medication was
11 administered at 1:00 a.m. on 3/19/2016; is that
12 right?

13 **A. Right.**

14 Q. Are those three medications the prn
15 medications that you gave to Mr. Cruz?

16 **A. Yes.**

17 MR. RAGEN: Can I --

18 MR. FLAXMAN: Sure.

19 MR. RAGEN: I think this reflects the time
20 given, but they're not far apart if you look at
21 them.

22 MR. FLAXMAN: Sure.

23 BY MR. FLAXMAN:

24 Q. What's your understanding -- so the top

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1 of the record has an admin date and time. And
2 then at the bottom of each box, it has reason
3 for medication with your name and a time that's
4 a few minutes after that. Do you know which is
5 the time that you gave the medication?

6 **A. The 1:05.**

7 Q. Okay. As the admitting?

8 **A. I don't understand it myself why the**
9 **administration time/date. Maybe that's the time**
10 **I signed it out of the Pyxis machine. I'm not**
11 **totally up -- sure on that one.**

12 Q. Okay. And what's the -- do you know
13 how to spell Pyxis?

14 **A. P-y-x-s-i-x -- I mean P-y-x-s-i-s.**

15 Q. And is that the machine you use every
16 time you need to give medication?

17 **A. Most of the time.**

18 Q. Okay. And you enter something into
19 that machine and then it gives you the
20 medication?

21 **A. Right.**

22 Q. And then after you give the medication,
23 what do you do?

24 **A. And then I go to the computer and sign**

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1 it out.

2 Q. Is that something you do after you
3 administer the medication?

4 A. Yes.

5 Q. And then each of these three
6 medications have for admin details IM, thigh,
7 left?

8 A. Right.

9 Q. Do you see that? What does that mean?

10 A. Because he was bucking around so much
11 and moving around, so when the officer came in
12 the room with me, so -- and usually I want to
13 give it in his -- in his buttocks, but this time
14 due to his presentation, I assessed it was
15 easier for me to give it in his thigh, so that's
16 where he -- he received the medication.

17 Q. Okay. So the chlorpromazine, the
18 diphenhydramine, and the lorazepam were all
19 given by you in Mr. Cruz's left thigh?

20 A. Yes.

21 Q. And do you remember which correctional
22 officer was --

23 A. No.

24 Q. Well, let me start -- let me back up.

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1 You went into his cell to give these
2 medications, right?

3 **A. Correct.**

4 Q. Were they all in the same shot or were
5 they three separate shots?

6 **A. Two -- two different syringes, two
7 separate shots.**

8 Q. Do you remember which -- which
9 medications were doubled up?

10 **A. Okay. The chlorpromazine, the
11 Thorazine, was like two milliliters and the
12 syringe only hold three. So I had to give that
13 one separate. And then the diphenhydramine,
14 which was one milliliter, and the lorazepam,
15 which is one milliliter, I gave that in one
16 shot. So two syringes.**

17 Q. And one or more correctional officers
18 were with you in the cell at that time?

19 **A. Correct.**

20 Q. Do you remember who they were?

21 **A. I don't -- I don't remember.**

22 Q. Okay. And after you gave the shot, you
23 went back to the nurse's station?

24 **A. Yes.**

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1 Q. I'm sorry, after you gave these two
2 shots did you go back to the nurse's station?

3 A. Yes.

4 MR. FLAXMAN: Okay. We can take a break now.

5 MR. RAGEN: Now, we're going to keep going.
6 I appreciate it. Like I'm doing what you asked,
7 though. We're good.

8 THE VIDEOGRAPHER: Going off --

9 MR. FLAXMAN: No, we are pressing on.

10 MR. RAGEN: Thank you, though.

11 BY MR. FLAXMAN:

12 Q. All right. Let's -- you can put most
13 of those aside. I wanted to go back to Exhibit
14 Number 2, which was the check boxes. Is that
15 what you called it, check boxes?

16 A. 15-minute checks.

17 Q. Well, that's -- well, the 15-minute
18 checks was the handwritten one that we marked as
19 I think Exhibit 1. Are you looking at
20 Exhibit 2?

21 A. Okay. I got you. You on Exhibit 1?

22 Q. No, I want Exhibit 2.

23 A. Okay.

24 MR. RAGEN: She had this one on top.

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1 MR. FLAXMAN: I understand.

2 **THE WITNESS: Okay.**

3 BY MR. FLAXMAN:

4 Q. And what do you call those records we
5 marked as Exhibit 2?

6 **A. The checklist, the check box, the**
7 **15-minute checks.**

8 Q. Well, these aren't every 15 minutes,
9 right?

10 **A. Oh, we call it -- okay. This is the**
11 **15-minute checks.**

12 Q. And what's that one marked?

13 **A. This is Exhibit 1.**

14 Q. Okay. And now --

15 MR. RAGEN: Now put that down.

16 BY MR. FLAXMAN:

17 Q. Put that one to the side. And I want
18 you to look at Exhibit 2.

19 **A. Okay.**

20 MR. RAGEN: I will go to the beginning for
21 her.

22 **THE WITNESS: Thank you.**

23 MR. RAGEN: And, Joel, tell me to stop if you
24 want me to.

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1 BY MR. FLAXMAN:

2 Q. All right. So you're holding
3 Exhibit 2, right?

4 A. Correct.

5 MR. RAGEN: See, like look at the sticker and
6 make sure it's right.

7 THE WITNESS: Gotcha.

8 MR. RAGEN: Now, go ahead, Joel.

9 BY MR. FLAXMAN:

10 Q. What do you call this record?

11 A. I -- I'm going to be honest, I don't
12 know.

13 Q. Well, it doesn't have to be --

14 A. I'm sorry. It's just something we know
15 that we have to do.

16 Q. Sure. All right. Well, we're looking
17 at a part of Mr. Cruz's medical chart, right?

18 A. Right.

19 Q. Okay. And I want you to go to the page
20 that says County 0216 in the top left.

21 A. Okay, got it.

22 Q. Okay. On the bottom half of this page,
23 do you see that there is a note that says it was
24 recorded by you at 2:06 a.m. on 3/19/2016?

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1 **A. Uh-huh.**

2 **Q. Is that a "yes"?**

3 **A. Yes.**

4 **Q. And did you enter these -- did you**
5 **enter this information into Mr. Cruz's chart**
6 **around that time?**

7 **A. Yes.**

8 **Q. And it reflects that you did an**
9 **assessment of him; is that right?**

10 **A. Yes.**

11 **Q. Okay. And like the assessment you did**
12 **before, this is one where you would have to go**
13 **into his cell to assess him?**

14 **A. Correct.**

15 **Q. Okay. And you would be accompanied by**
16 **one or more correctional officers?**

17 **A. Yes.**

18 **Q. Do you remember who accompanied you at**
19 **2:06 a.m.?**

20 **A. No.**

21 **Q. All right. This one begins with**
22 **restraint alternatives attempted. Do you see**
23 **that?**

24 **A. Yes.**

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1 Q. And it says provided constant
2 supervision?

3 A. Yes.

4 Q. What does that mean?

5 A. Either I was at the window looking at
6 him or looking at him on the monitor.

7 Q. Meaning the time proceeding this
8 assessment?

9 A. Right.

10 Q. And let me make that clear, meaning you
11 were providing constant supervision by looking
12 in on him or watching him on the monitor --

13 A. Correct.

14 Q. -- at the time before this assessment,
15 right?

16 A. Correct.

17 Q. Okay. And -- but at the time of the
18 assessment, you actually went into the cell,
19 right?

20 A. Right.

21 Q. Okay. The next line says direct
22 observation and it says no. What -- what does
23 that mean?

24 A. Okay. The -- if he was direct

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1 observation, the doctor would have wrote that
2 note and that meant somebody would have to sit
3 on, you know, one to one.

4 Q. Okay. So because he was in the cell
5 and you were monitoring him from a different
6 location, he wasn't under direct observation?

7 A. Correct.

8 Q. The next line says restraint, patient's
9 behavior. And it has confused disoriented. Do
10 you see that?

11 A. Right.

12 Q. Do you remember anything in particular
13 about Mr. Cruz's behavior at around 2:06 a.m.?

14 A. No. It was basically the same, that he
15 had been exhibiting up to this point. Even
16 though I gave him the shot at 1-0 -- 1:05, it
17 hadn't kicked in, it hadn't taken effect yet, so
18 he still was presenting as confused and
19 disorientated.

20 Q. The last line on page 216 is skin under
21 restraints. Do you see that?

22 A. Uh-huh.

23 Q. Is that a "yes"?

24 A. Yes.

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1 Q. Okay. And you wrote intact?

2 A. Yes.

3 Q. And why did you write intact for that?

4 A. Because he didn't have any open wounds
5 or cuts or abrasions that I had noted that was
6 under the restraint.

7 Q. Okay. If you go to the next page and
8 that's -- at the top it says 0217. Are you on
9 that page?

10 A. Yes, sir.

11 Q. Okay. And the first line is preventive
12 skin care measures. Do you see that?

13 A. Uh-huh.

14 Q. Is that a "yes"?

15 A. Yes.

16 Q. Okay. And you put yes for that one,
17 right?

18 A. Okay. That -- to me that yes was --
19 the preventative skin measure was me doing the
20 check and making sure nothing happened.

21 Q. Okay. And you saw that his skin was
22 intact, right?

23 A. Correct.

24 Q. Okay. And then the next one is

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1 circulatory status intact, right?

2 **A. Yeah.**

3 Q. Okay.

4 **A. I guess I do.**

5 Q. And do you know why that says no?

6 **A. Inconsistency again.**

7 Q. Okay. So you -- why do you think
8 that's inconsistent?

9 **A. Because it was intact. There wasn't**
10 **any problems.**

11 Q. Okay.

12 **A. And then, once again, I didn't feel**
13 **safe to do any range of motion because the shot**
14 **hadn't fully taken effect yet.**

15 Q. Okay. Because of Mr. Cruz's
16 behavior --

17 **A. Correct.**

18 Q. And let me ask the whole question.

19 Because of Mr. Cruz's behavior, safety
20 didn't permit you to do the range of motion
21 exercises at 2:06 a.m.?

22 **A. Correct.**

23 Q. Okay. And the reason you know that
24 circulatory status intact is an inconsistency,

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1 is that because you would have taken some action
2 if his circulatory status was not intact?

3 A. Yes.

4 Q. And you would have remembered that?

5 A. Right.

6 Q. Okay.

7 A. Say if he had a cut or something, I
8 would have, you know, taken care of it, cleaned
9 it up and badged it up or something.

10 Q. And would you have documented that?

11 A. Yes.

12 Q. All right. So -- so the reason that he
13 wasn't repositioned and the reason that none of
14 the restraints were released is because of the
15 safety concern, right?

16 A. Correct.

17 Q. What about toileted/toilet offered, why
18 is that no?

19 A. Inconsistency again. I would have -- I
20 know I would have offered him the toilet. I
21 always offer the toilet.

22 Q. So you know that you would have done
23 that because you always do it, right?

24 A. Right.

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1 Q. What about hygiene measures provided,
2 can you tell me why that's a no?

3 A. Since he refused to use the toilet, he
4 basically was peeing on himself. But at that
5 time the bed was dry, so I didn't have to really
6 do anything.

7 So say if he had wet himself, I would
8 have changed the sheets made sure he was dry.

9 Q. But at 2:06 a.m. that wasn't necessary?

10 A. Correct.

11 Q. Do you know if you had changed his
12 sheets before?

13 A. No.

14 Q. You hadn't?

15 A. You mean earlier in the shift?

16 Q. Yeah.

17 A. No, I didn't have to. He was dry.

18 Q. Is that something you would have
19 documented?

20 A. True, yes.

21 Q. Where would you document you had
22 changed sheets?

23 A. The progress note.

24 Q. And did his -- so did his mattress have

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1 a sheet on it?

2 **A. It was a blanket.**

3 Q. There's a blank under --

4 **A. Right.**

5 Q. Sorry. There is a blank underneath
6 him?

7 **A. Correct.**

8 Q. And what was he wearing, if you
9 remember?

10 **A. I think nothing. Because usually we**
11 **put a -- like a snap down on him, like an IV**
12 **gown on him. But I think he had moved around so**
13 **much that had came off.**

14 Q. And so were you able to see that he was
15 very obese?

16 **A. Yes.**

17 Q. The next thing is ROM exercises done.
18 And is that no because of safety concerns?

19 **A. Correct.**

20 Q. Okay. Food/fluid offered meaning that
21 -- it says yes, meaning that you offered fluid
22 to Mr. Cruz?

23 **A. True, yes.**

24 Q. Do you remember if he accepted the

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1 fluid?

2 **A. That particular time, no.**

3 Q. Okay. Let me just ask you about
4 underneath the box, there is a list of textual
5 results. Do you see that?

6 **A. Okay.**

7 Q. Does the first one reflect that you
8 spoke with Mr. Cruz in a calm, quiet manner?

9 **A. Yes.**

10 Q. And the next one reflects that Mr. Cruz
11 was unable to understand or respond to
12 directions or reason?

13 **A. Yes.**

14 Q. And then the next one reports that his
15 right wrist, left wrist, right ankle, left ankle
16 and chest, waist were restraint?

17 **A. And this one I put chest and waist on**
18 **it.**

19 Q. And the previous one should have had
20 chest and waist on it?

21 **A. Correct.**

22 Q. All right. Do you remember what you
23 did after you did this assessment at 2:06 a.m.?

24 **A. Just continued to monitor him.**

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1 Q. Okay. Was it -- would you have talked
2 to the doctor after this assessment?

3 A. No. I had already talked to the
4 doctor.

5 Q. When? When would you have -- I'm
6 sorry, go ahead.

7 A. Like I say, I don't remember exactly
8 the time I exactly spoke to Dr. Paschos now.
9 But after the shot was given, I didn't speak to
10 him anymore. I spoke to him before I gave the
11 shot.

12 Q. Right.

13 A. And so I didn't speak to him anymore
14 after the shot was given. So at 2:06 I had
15 talked to him already, spoken with him already.

16 Q. Okay. So I understand you don't
17 exactly remember the exact time. But I want to
18 make it absolutely clear on the record, before
19 giving the two shots to Mr. Cruz you had a
20 conversation with Dr. Paschos; is that right?

21 A. Yes. I wanted to keep him abreast of
22 what was going on.

23 Q. Okay. But between the time of the
24 shots and this assessment at 2:06 a.m., you

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1 didn't speak to Dr. Paschos, right?

2 **A. No.**

3 MR. RAGEN: Correct? Do you know what I
4 mean?

5 MR. FLAXMAN: I do.

6 BY MR. FLAXMAN:

7 Q. After you gave him the shot -- during
8 the time between -- well, from the time you gave
9 Mr. Cruz the shot to this assessment at 2:06
10 a.m., did you speak to Dr. Paschos?

11 **A. No.**

12 Q. Okay. After this assessment at 2:06
13 a.m. going all the way to the end of your shift,
14 did you talk to Dr. Paschos?

15 **A. No.**

16 Q. All right. Let me show you another
17 nursing note.

18 MR. RAGEN: Could we take a break real quick?

19 MR. FLAXMAN: Oh, sure.

20 MR. RAGEN: I imagine you're doing fine, but
21 I bet you have like 30, 40 minutes based on how
22 long the notes go.

23 MR. FLAXMAN: I hope 30, 40 minutes.

24 THE VIDEOGRAPHER: Going off the video record

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1 at 11:44.

2 (Short pause.)

3 THE VIDEOGRAPHER: This concludes media unit
4 one at 1:40 -- 11:45.

5 (Whereupon, a recess was had at
6 11:44 a.m., after which the
7 deposition was resumed at
8 11:55 a.m. as follows:)

9 THE VIDEOGRAPHER: Going back on the video
10 record. This is the start of media unit two at
11 11:55.

12 (Whereupon, Chatman Deposition
13 Exhibit 6 was marked for
14 identification.)

15 BY MR. FLAXMAN:

16 Q. I'm going to give you what we marked as
17 Exhibit Number 6.

18 MR. RAGEN: Thanks, Joel.

19 MR. FLAXMAN: You're welcome.

20 BY MR. FLAXMAN:

21 Q. Do you recognize Exhibit 6 as a record
22 of Mr. Cruz's vital signs from 3/19/16 at 3:35
23 a.m.?

24 A. Yes.

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1 Q. And this is a record that you made; is
2 that right?

3 A. Yes.

4 Q. To take Mr. Cruz's vital signs did you
5 go into his cell?

6 A. Yes.

7 Q. And is that -- would a correctional
8 officer have to open up the door for you?

9 A. Yes.

10 Q. Would a correctional officer or
11 officers accompany you into the cell?

12 A. Yes.

13 Q. Do you remember who was with you in the
14 cell at 3:35 a.m.?

15 A. Don't recall.

16 Q. And did you take his temperature the
17 same way that you took his temperature -- that
18 you told me you took his temperature before?

19 A. Yes.

20 Q. And what about pulse rate, was that
21 also taken by the machine as before?

22 A. Yes.

23 Q. And did the machine do the blood
24 pressure?

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1 **A. Yes.**

2 Q. And then did you measure respiratory
3 rate?

4 **A. Yeah, I counted his respirations.**

5 Q. Okay. Did you measure oxygenation at
6 3:35 a.m. too?

7 **A. I don't recall on that one. I know the**
8 **first time.**

9 Q. Is there some reason you remember it
10 for the first time?

11 **A. No.**

12 Q. Okay. Why did you take Mr. Cruz's
13 vitals at 3:35 a.m.?

14 **A. I know I'm supposed to take them about**
15 **every two hours. So since he had calmed down at**
16 **this time, I was able to take his vitals with no**
17 **problem.**

18 MR. FLAXMAN: Mark this as number 7.

19 (Whereupon, Chatman Deposition
20 Exhibit 7 was marked for
21 identification.)

22 BY MR. FLAXMAN:

23 Q. Do you have Exhibit Number 7 in front
24 of you? Are you looking at Exhibit 7?

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1 **A. Yes.**

2 Q. Okay. And that's -- at the top it says
3 County 0176?

4 **A. Yes.**

5 Q. Do you see that halfway down it lists
6 the -- well, I'm sorry, halfway down the page do
7 you see your name?

8 **A. Yes.**

9 Q. And underneath that, it lists the vital
10 signs that you took of Mr. Cruz at 12:39 a.m.?

11 **A. Yes.**

12 Q. And underneath that, does it list the
13 vital signs that you took at 3:35 a.m.?

14 **A. Yes.**

15 Q. And then on the next page, if you flip
16 it over, and this -- do you see the top left
17 this, one says County 1077?

18 **A. Yes.**

19 Q. Does this list vitals that you took of
20 Mr. Cruz at 5:05 a.m.?

21 **A. Yes.**

22 Q. And then for all three of these times
23 that you took vitals, did you go into Mr. Cruz's
24 cell to take the vitals?

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1 **A. Yes, I did.**

2 Q. Do you remember if you took oxygenation
3 at 5:05 a.m.?

4 **A. I don't really recall, no.**

5 Q. You don't recall?

6 **A. No.**

7 Q. Okay. Let me mark -- is there anything
8 else on that?

9 **A. Uhn-uhn.**

10 MR. FLAXMAN: Let's mark this next one
11 Exhibit 8.

12 (Whereupon, Chatman Deposition
13 Exhibit 8 was marked for
14 identification.)

15 BY MR. FLAXMAN:

16 Q. Do you see that Exhibit 8 lists orders?

17 **A. Yes.**

18 Q. And at the top of the first page, it
19 says County 0119?

20 **A. Yes.**

21 Q. Okay. And the last order on this first
22 page is an order into psychiatric/violent
23 restraints for Mr. Cruz, right?

24 **A. Yes.**

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1 Q. And then -- and this one doesn't have
2 your name on it, correct?

3 A. Correct.

4 Q. The -- if you turn it over, from
5 looking at County 0120, do you see your name on
6 the first order on this page?

7 A. Yes.

8 Q. And this is an order at 3/19/2016 --
9 I'm sorry. Is this -- did you make this order
10 on 3/19/2016 at 3:55 a.m.?

11 A. Yes.

12 Q. And was your order to continue Mr. Cruz
13 on the restraints?

14 A. Yes.

15 Q. Okay. What did you -- what did you do
16 to determine that -- well, were you the one who
17 determined to make this order?

18 A. Yes.

19 Q. And how did you determine that?

20 A. I assessed the patient again.

21 Q. What did you do to assess him?

22 A. Went into the room, talked to him.
23 Even though he had improved, the prn was
24 effective and he did note -- was noted to be

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1 calmer, I still didn't feel like he was ready to
2 be released out of restraints. I don't think
3 he -- he wasn't able to contract the safety.

4 Q. Based on your communication with him?

5 A. Exactly.

6 Q. And the -- Exhibit Number 2, which had
7 the lists, I want to ask you to take a look at.

8 MR. RAGEN: Do you want me to help her?

9 MR. FLAXMAN: Sure, if your counsel can help
10 her.

11 MR. RAGEN: Which page?

12 MR. FLAXMAN: 0217, which we stopped before.

13 BY MR. FLAXMAN:

14 Q. Do you recall we talked about the
15 assessment reflected on page 0217 at 2:06 a.m.?

16 A. Uh-huh.

17 Q. Is that a "yes"?

18 A. Yes.

19 Q. Okay. And between that assessment at
20 02:06 a.m. and the order at 3:55 a.m., did you
21 make another assessment of Mr. Cruz?

22 A. I don't recall.

23 Q. Okay. And if you had made another
24 assessment during that time, would you have

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1 documented it?

2 **A. Yes.**

3 Q. Okay. The order lists Dr. Paschos as
4 the ordering physician.

5 MR. RAGEN: He's -- he's now back on this,
6 right?

7 BY MR. FLAXMAN:

8 Q. I'm sorry, yeah, I'm going back to --
9 you can put that aside, that -- we'll go back to
10 it.

11 Now, I'm at the page that says County
12 0120, which is the back of page Exhibit 8. Are
13 you there?

14 **A. Yeah.**

15 Q. Okay. And the order that we were
16 talking about to continue Mr. Cruz in restraints
17 entered at 3:55 a.m. lists Dr. Paschos as the
18 ordering physician; is that right?

19 **A. Yes.**

20 Q. Did you talk to Dr. Paschos before you
21 made that order?

22 **A. I know I talked to him. But everything**
23 **was so hectic and busy that night -- I had to**
24 **talk to him to put the order in.**

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1 Q. Well, was that before you gave the
2 shots or at a different time?

3 A. Different time. I had to call to get
4 this order, so...

5 Q. Okay. So when you told me before you
6 hadn't talked to him again, was that a mistake?

7 A. Definitely.

8 Q. Other than this order, which is County
9 0120, did you document your conversation with
10 Dr. Paschos?

11 A. Don't recall.

12 Q. Was it your practice to document a
13 conversation like that?

14 A. Yes.

15 Q. Okay. If you had talked to Dr. Paschos
16 before entering this order, what would you have
17 talked to him about?

18 A. The presentation of the patient, about
19 his mental status, you know, about what was
20 going on with him.

21 Q. Okay.

22 A. And that I didn't feel comfortable with
23 him being let out of restraints.

24 Q. And by this time at 3:55 a.m., had you

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1 taken off the chest restraint?

2 **A. No. Now I do have documentation**
3 **somewhere that I did take it off.**

4 Q. Oh, okay. Is that in papers that are
5 in front of you?

6 **A. I don't see it.**

7 Q. Okay. We'll get to that in a few
8 moments.

9 All right. Let me give you the next
10 exhibit that we're going to mark as Exhibit 9.

11 (Whereupon, Chatman Deposition
12 Exhibit 9 was marked for
13 identification.)

14 BY MR. FLAXMAN:

15 Q. Is Exhibit 9 a record of the vital
16 signs that you took of Mr. Cruz on 3/19/2016 at
17 5:05 a.m.?

18 **A. Yes.**

19 Q. And this -- again, to take his vital
20 signs, you would have gone into his cell with a
21 correctional officer?

22 **A. Yes.**

23 Q. Do you remember which correctional
24 officer was with you at 5:05 a.m.?

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1 **A. No.**

2 Q. And did you take these vital signs the
3 same way as the previous two we discussed?

4 **A. Yes.**

5 Q. Do you remember if you took oxygenation
6 at 5:05 a.m.?

7 **A. No, I don't -- I don't recall.**

8 Q. All right. Let me show you Exhibit
9 Number 10.

10 (Whereupon, Chatman Deposition
11 Exhibit 10 was marked for
12 identification.)

13 BY MR. FLAXMAN:

14 Q. Is Exhibit 20 a record from Mr. Cruz's
15 chart of your progress note for service date and
16 time of 3/19/16 at 5:16 a.m.?

17 **A. Yes.**

18 Q. And is this the one that documents the
19 removal of the chest restraint?

20 **A. Right, correct.**

21 Q. I'm sorry?

22 **A. Yes.**

23 Q. Okay. All right. This one also has
24 some text that's crossed out. Do you know why

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1 that is?

2 A. I don't know. I felt the need to -- I
3 don't know.

4 Q. Okay. All right. So this one you
5 started with S/O, meaning subjective and
6 objective, right?

7 A. Correct.

8 Q. And you recorded that Mr. Cruz had his
9 right hand released to eat breakfast.

10 A. Correct.

11 Q. And did you release his right hand?

12 A. Yes, I did.

13 Q. And you recorded that he ate a small
14 amount?

15 A. Correct.

16 Q. And did you see him eat that?

17 A. Yes.

18 Q. Do you know what he ate?

19 A. I don't know. Probably some -- a Pop
20 Tart or something to give him.

21 Q. The next sentence says patient noted
22 remaining drowsy from earlier given prn?

23 A. Right.

24 Q. How did you observe that Mr. Cruz was

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1 drowsy?

2 A. I was trying to talk to him. He kept
3 wanting to fall asleep, so I had to like take
4 the Pop Tart and literally try to feed it to
5 him. He was taking a few bites and he did take
6 a few sips of water, so...

7 Q. All right. And that's the next
8 sentence?

9 A. Right.

10 Q. Okay. And the next sentence says
11 patient remains disorientated and making
12 references about his mother. Do you remember
13 what the references about his mother were?

14 A. No.

15 Q. And what made you think he was
16 disorientated?

17 A. Because he didn't -- he didn't know
18 person, place, time.

19 Q. And how did you tell that? Were you
20 asking him questions?

21 A. Because I asked him what the date was,
22 about what time is it, you know.

23 Q. Is that what you meant by attempted
24 reality orientation?

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1 **A. Right.**

2 Q. The next sentence says ROM done at this
3 time?

4 **A. Right, range of motion.**

5 Q. Those are the exercises we talked about
6 before?

7 **A. Right. So that's the time I made the**
8 **assessment he didn't need the chest restraints**
9 **anymore.**

10 Q. Okay. So -- and at this time you were
11 not concerned about safety so much that you did
12 do the range of motion exercises?

13 MR. RAGEN: Objection. Form.

14 BY MR. FLAXMAN:

15 Q. I'm sorry. I'll ask it in a better
16 way.

17 You noted that you did range of motion
18 exercises with Mr. Cruz, right?

19 **A. Right.**

20 Q. Why did you do range of motion
21 exercises at this time?

22 **A. Because I didn't feel like he was a**
23 **danger to himself any longer. He was sleepy.**
24 **He was drowsy. But then I made the decision he**

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1 didn't need the chest restraint anymore, so I
2 took it off. And after I took it off, you know,
3 we went through the range of motion.

4 Q. And you wrote since patient is calmer
5 than earlier, chest restraint removed; is that
6 right?

7 A. Correct.

8 Q. What did you mean when you said you
9 sensed the patient is calmer?

10 A. Well, he -- it was a fact. He actually
11 was calmer. Like I say, he was drowsy, wasn't
12 really making sense, anything he said. But I
13 didn't feel he was -- he wasn't any longer a
14 danger to himself.

15 Q. Was he moving around less than before?

16 A. Correct. Definitely.

17 Q. And was he still straining against the
18 restraints?

19 A. No.

20 Q. Were you the one who removed the chest
21 restraint?

22 A. Yes.

23 Q. Did you take it out of the room after
24 you took it off?

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1 **A. Yes.**

2 Q. Is there a special place that you store
3 those?

4 **A. Yes.**

5 Q. Where is that?

6 **A. I would take it to the dirty utility**
7 **because dayshift would have to sanitize.**

8 Q. And I just didn't understand the word
9 you said, the what utility room.

10 **A. The day --**

11 Q. Oh, the word was dirty?

12 **A. Dirty, right. The dirty utility room.**

13 Q. I just misheard the word dirty.

14 **A. I'm sorry. They -- they got to get**
15 **cleaned for the next person.**

16 Q. Do you know who cleans it?

17 **A. Nurse assistant on the dayshift.**

18 Q. The next sentence was patient remains
19 unpredictable and unable to contract for safety;
20 is that right?

21 **A. Right.**

22 Q. And why did you think he was
23 unpredictable?

24 **A. Because his whole presentation, even**

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1 going back to the previous shift. So I really
2 didn't trust him, but -- so that's why he got
3 placed on -- I think dayshift one took him out
4 of restraints and they put him on close
5 observation for unpredictable behavior.

6 Q. Okay. But based on your observation,
7 you -- you didn't want him to be taken off?

8 A. Correct.

9 Q. Because he was unpredictable?

10 A. Exactly.

11 Q. Okay. And the reason that you wanted
12 to take the chest restraint off was that you
13 were concerned about his circulation?

14 A. No. I just took it off because he was
15 calmer and I really didn't feel he needed it any
16 longer. He wasn't trying to pull against the
17 restraints. Vitals were stable. I mean, I
18 didn't feel he needed it. Plus I knew that
19 would be a step toward getting him out of total
20 restraints.

21 Q. The next line is A/P. What is A/P?

22 A. Assessment/plan.

23 Q. And you wrote alteration in sensory --

24 A. -- perception related to -- responding

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1 to internal stimuli.

2 Q. Can you tell me what that means?

3 A. Okay. He responded to internal stimuli
4 and his perception was off. You know, like he
5 wasn't perceiving reality like he should. So --
6 he wasn't perceiving reality like he should have
7 that I felt that was comfortable to him be
8 released from restraints. Then plus what
9 happened to him before he got in restraints, I
10 didn't want him to go back to that behavior, so
11 I felt he was needed to be watched longer.

12 Q. What do you mean when you say what
13 happened before he was in restraints?

14 A. When he was trying to hurt himself,
15 banging his head and smearing feces all over the
16 cell.

17 Q. And the -- in terms of his perceptions,
18 was that based on what he was saying to you?

19 A. Yeah, because he wasn't saying anything
20 really sensical.

21 Q. Do you remember any specifics about
22 what he was saying other than his reference to
23 his mother?

24 A. No, I don't remember anything about

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1 **references to his mother.**

2 Q. So the last thing written here is will
3 continue of FLRs for protection of self/others;
4 is that right?

5 **A. Right.**

6 Q. And the next line with q-15 minute
7 checks per protocol, does that mean with checks
8 every 15 minutes?

9 **A. Correct.**

10 Q. And that was the responsibility of the
11 nursing staff to do those checks?

12 **A. Right.**

13 Q. If we go back to Exhibit Number 2 --
14 and that was the packet of lists -- and we left
15 off on County 0217.

16 **A. You say number 2.**

17 Q. The reporter can help you find the
18 page.

19 **A. Thank you.**

20 Q. Are you on the page that has 0217 at
21 the top?

22 **A. Yes.**

23 Q. And we talked about before about the
24 information for the recorded time 2:06 a.m. Do

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1 you remember that?

2 **A. Yes.**

3 Q. And at the bottom of this page, it has
4 information with the recorded time of 4:22 a.m.
5 Do you see that?

6 **A. Yes.**

7 Q. Is that the time that you did an
8 assessment of Mr. Cruz?

9 **A. Yes.**

10 Q. Okay. Do you know why the -- is that
11 the same assessment that we talked about from
12 the nursing note we marked as Exhibit 10?

13 MR. RAGEN: This is 10.

14 **THE WITNESS: Okay.**

15 MR. RAGEN: Listen to his questions.

16 **THE WITNESS: Okay. So when I assessed him**
17 **at 0422, he still was restless. And then at**
18 **0527, he wasn't as restless. So it was an**
19 **improvement during that time.**

20 BY MR. FLAXMAN:

21 Q. Okay. And -- so I was confused about
22 whether these were two different assessments.
23 And that's --

24 **A. No. They -- they are two different**

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1 **assessments.**

2 Q. Okay.

3 **A. So he was restless here. He was better**
4 **at 0527.**

5 Q. Okay. So let me just get it right. At
6 -- at or about 4:22 a.m. and, again, at or about
7 5:16 a.m., you did two separate assessments of
8 Mr. Cruz, correct?

9 **A. Correct.**

10 Q. And for each of those assessments, a
11 correctional officer let you into the cell; is
12 that right?

13 **A. Yes.**

14 Q. And you went in and assessed Mr. Cruz;
15 is that right?

16 **A. Yes.**

17 Q. Okay. Let me ask you about the 4:22
18 assessment. The first thing you noticed on it
19 is it stated that Mr. Cruz was restless?

20 **A. Yes.**

21 Q. And you noticed that by 5:16 he was not
22 quite as restless, right?

23 **A. Correct.**

24 Q. This assessment from 4:22 says that the

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1 restraints were released and that range of
2 motion exercises were done. Do you see that?

3 **A. Yes.**

4 Q. Does that mean you did range of motion
5 exercises at both 4:22 and 5:16?

6 **A. Yes.**

7 Q. And range of motion exercises are
8 something that you do with the patient, right?

9 **A. Yes.**

10 Q. It's not something the correctional
11 officers would do?

12 **A. No. They stand there and observe.**

13 MR. FLAXMAN: Bill has more advice for me.

14 BY MR. FLAXMAN:

15 Q. Did the correctional officers ever do
16 range of motion exercises?

17 **A. No.**

18 Q. Who would do -- who would be in charge
19 of doing the range of motion exercises?

20 **A. Nurse.**

21 Q. And on this shift you were the nurse,
22 right?

23 **A. Correct, yes.**

24 Q. Do you recall anything that Mr. Cruz

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1 said to you during the assessment at 4:22 a.m.?

2 **A. No.**

3 Q. One thing you said about the 5:16 note
4 was that you remembered Mr. Cruz was very
5 drowsy, right?

6 **A. Uh-huh.**

7 Q. Is that a "yes"?

8 **A. Yes.**

9 MR. RAGEN: Just make sure you are looking at
10 the --

11 MR. FLAXMAN: I'm jumping back and forth.

12 BY MR. FLAXMAN:

13 Q. My question was about Exhibit 10, the
14 5:16 assessment.

15 **A. Okay.**

16 Q. And at that time Mr. Cruz was drowsy?

17 **A. Correct.**

18 Q. And was he also drowsy at the
19 assessment you did at 4:22 a.m.?

20 **A. Yes.**

21 Q. Do you remember, did you have to wake
22 him up at that time too?

23 **A. He was woke but really like drowsy.**

24 **But he was okay enough for me to do his range of**

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1 motion. So I had to take his limb and, you
2 know, what they call active range of motion
3 where you actually have to do it to the patient.

4 Q. And that's something you did to his
5 right arm, his left arm --

6 A. Correct.

7 Q. -- his right leg and his left leg?

8 A. Right.

9 Q. And did you -- and you did it again at
10 5:16 a.m.?

11 A. I'm trying to see -- go back and see
12 what time I released him out of the chest
13 restraints.

14 Q. Oh, okay. That was the note at 5:16
15 a.m.

16 A. Okay. So what was the question again?

17 Q. It was that you repeated the range of
18 motion exercises around the time that you took
19 off the chest restraint, correct?

20 A. He can really do them himself. I was
21 talking to him. It was like, move -- I said
22 move around for me, move your legs.

23 Q. And by -- at that time, at 5:16 a.m.,
24 he was able to cooperate with you?

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1 **A. Correct.**

2 Q. But the -- okay.

3 Do you remember -- so staying with
4 Exhibit 10, that's the note with the service
5 time of 5:16 a.m., do you recall anything else
6 that Mr. Cruz said to you at that time?

7 **A. No, I don't.**

8 Q. Was there anything else that he was
9 able to cooperate with besides the range of
10 motion exercises?

11 **A. Okay. But I didn't -- I felt**
12 **uncomfortable releasing him totally out of**
13 **restraints, so -- and he wasn't really -- too**
14 **drowsy to contract for safety, so I didn't feel**
15 **comfortable letting him out. So I still felt**
16 **that he was unpredictable and remained a**
17 **potential danger to himself and others.**

18 Q. Was there something he said to you that
19 made you think that?

20 **A. No, not I -- not that I can think of.**
21 **But I just didn't feel comfortable with letting**
22 **him out at the time.**

23 Q. And this assessment at 5:16 a.m.,
24 that's pretty close to the end of your shift,

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1 right?

2 A. Correct.

3 Q. Did you give information about Mr. Cruz
4 to the nurse who came on for the next shift?

5 A. Yes, I did.

6 Q. Do you remember what you communicated?

7 A. You know, I just told him a brief
8 scenario of the night, you know, how I received
9 him pulling against the restraints and stuff and
10 how I gave him the prn medicine and the effect
11 that it had on him and that I was able to
12 release his chest belts at about 5:16 and he was
13 drowsy after that. So that was about the
14 scenario of the night.

15 Q. And that's something you communicated
16 orally, right?

17 A. Correct.

18 Q. Would you ever give information to the
19 nurse on the next shift in writing?

20 A. We have report sheets that we write
21 information on. But -- yeah, I mean, I wrote
22 the -- on the report sheet, I write the time the
23 restraint was removed and maybe some brief
24 information, that I gave him some prn medicine.

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1 But it's not, to me, as thorough as the one I
2 give verbally.

3 Q. I want to show you some video which is
4 not going to take very long but it will take me
5 a minute to set up. So let's take a short
6 break?

7 A. Okay.

8 MR. RAGEN: Sure.

9 THE VIDEOGRAPHER: Going off the video record
10 at 12:24.

11 (Whereupon, a recess was had at
12 12:24 p.m., after which the
13 deposition was resumed at
14 12:26 p.m. as follows:)

15 THE VIDEOGRAPHER: Going back on the video
16 record at 12:26.

17 (Whereupon, Chatman Deposition
18 Exhibit 11 was marked for
19 identification.)

20 BY MR. FLAXMAN:

21 Q. There is a screen in front of you and
22 there is also a piece of paper showing -- it
23 should show the same thing. Is that what it's
24 showing?

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1 **A. I don't see anything on the screen.**

2 MR. RAGEN: Yeah, the screen is not up yet.

3 MR. FLAXMAN: You don't see anything?

4 MR. RAGEN: It's black.

5 (Short pause.)

6 **THE WITNESS: Now I see it.**

7 MR. FLAXMAN: Okay.

8 BY MR. FLAXMAN:

9 Q. You see the image on the screen is the
10 same as what's on Exhibit Number 11?

11 **A. Yes.**

12 Q. And do you recognize this as two north?

13 **A. Yes.**

14 Q. Do you see yourself?

15 **A. Yeah. Yes.**

16 Q. Okay. And you're pushing -- what are
17 you pushing there?

18 **A. The vitals, blood pressure machine.**

19 Q. Are you standing in front of the
20 nurse's station?

21 **A. Yes.**

22 Q. And do you see somebody sitting in
23 front of the computer at the nurse's station?

24 **A. Yes.**

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1 Q. Do you know who that is?

2 A. Not a hundred percent. But I believe
3 that's the mental health specialist.

4 Q. Okay. Let me just -- so I'm just going
5 to start this video. And are you pushing the
6 monitor to Mr. Cruz's cell?

7 A. Uh-huh.

8 Q. Is that --

9 A. Yes.

10 Q. And all I wanted to do is I'll just
11 play it quickly and you will --

12 MR. RAGEN: Did you get the time on that?

13 MR. FLAXMAN: Well, it's on the exhibit.

14 MR. RAGEN: No, no, I don't know if you want
15 the record. It's up to you.

16 MR. FLAXMAN: If I can see the exhibit.

17 MR. RAGEN: Yeah, for sure.

18 MR. FLAXMAN: For the record, this is a
19 video. The file name is on Exhibit Number 11.
20 We started playing it at 12:20 and 46.939 a.m.

21 MR. RAGEN: Yeah, yeah, thanks.

22 BY MR. FLAXMAN:

23 Q. And what I'm going to do is just play
24 this video and speed it up because I have some

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1 very quick questions from when you're out of his
2 cell. And I'll pause it there and ask you those
3 very quick questions.

4 **A. So what time was this taken?**

5 Q. So you can see the time at the bottom
6 of the screen, it's at 12:24 a.m.

7 **A. Oh, okay.**

8 (Video played.

9 BY MR. FLAXMAN:

10 Q. And I've just paused it at 12:32 and 30
11 seconds .476. Do you see that you're now
12 sitting at the nurse's station?

13 A. Yes.

14 Q. Okay. Is the computer sitting in
15 front, the one where you would make notes in the
16 medical chart?

17 A. Yes.

18 Q. And is one of the monitors that's at
19 the desk the one that you would use to see video
20 in cells?

21 **A. Yes. But I was -- had it turned around**
22 **the other way.**

23 Q. So the monitor that's facing --

24 **A. Right.**

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1 Q. -- away from the desk, that's the one
2 that shows inside of each of the cells?

3 A. Exactly.

4 Q. And it looks like there's four
5 different correctional officers standing with
6 you or standing at the desk in front of you?

7 A. Yeah.

8 Q. Do you know any of those officers'
9 name?

10 A. Yes.

11 Q. Okay. Which one do you know?

12 A. The sergeant -- okay. This guy over
13 here, that's Officer Anderson.

14 MR. RAGEN: Is that the --

15 MR. FLAXMAN: Please, just go ahead.

16 MR. RAGEN: So the person in the white shirt
17 you mentioned is a sergeant?

18 THE WITNESS: Right.

19 MR. RAGEN: Okay. Do you know her name?

20 THE WITNESS: I can't remember her last name.

21 MR. RAGEN: And then the person standing to
22 her right, is that what you're saying is --

23 THE WITNESS: Yeah, Officer Anderson.
24

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1 BY MR. FLAXMAN:

2 Q. He's the one who is leaning against the
3 desk?

4 A. Correct.

5 Q. Okay. And then there is an officer who
6 is bending over that looks like he has a shaved
7 head?

8 A. Him (indicating)? I'm not a hundred
9 percent, but I think that might be Officer Reed.

10 Q. Okay. And then one more officer that
11 looks like he's touching his chin, do you see
12 that?

13 A. Don't know him.

14 MR. RAGEN: If you can like play it for like
15 ten seconds, maybe she can help see. Go back
16 ten seconds.

17 MR. FLAXMAN: Sure, if we see those officers
18 moving around. I'm just going to play it for a
19 few seconds.

20 (Video played.)

21 BY MR. FLAXMAN:

22 Q. Does that help you identify any of the
23 officers whose name you can't remember?

24 A. I don't know him.

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1 MR. RAGEN: When you say "him," you mean --

2 **THE WITNESS: Right, this gentleman here.**

3 BY MR. FLAXMAN:

4 Q. One thing we talked about before was
5 talking to Dr. Paschos on the phone. Do you
6 remember that?

7 **A. Yes.**

8 Q. Would you have made that from a phone
9 at the nurse's station?

10 **A. Yes.**

11 Q. Was there a phone that was at the place
12 where you're sitting in this image?

13 **A. Yes. But you can't see it because it's**
14 **sort of back up under the desk.**

15 Q. Is that the phone you would use to talk
16 to Dr. Paschos?

17 **A. Yes, yes. The supervisor -- the**
18 **coordinator was Nurse Madonna, Madonna Makitas.**

19 Q. That's the person that made the
20 scheduling?

21 **A. Yeah.**

22 MR. RAGEN: Yes. Going from question one
23 to --

24 **THE WITNESS: Oh, I'm sorry.**

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1 MR. FLAXMAN: Don't be sorry.

2 **THE WITNESS: It just dawned on me.**

3 BY MR. FLAXMAN:

4 Q. Okay. We're done with the video.

5 Was there anything else that you
6 couldn't remember that just dawned on you?

7 **A. No. I'm trying to concentrate on the**
8 **sergeant here.**

9 Q. Oh, okay. Well, that's all right. We
10 can turn that off.

11 And is there anything else that you
12 recall about your care of Mr. Cruz that we
13 haven't talked about?

14 **A. When I came in on the shift, when I**
15 **initially saw him, it's like -- can I just be**
16 **honest?**

17 Q. Please.

18 **A. I felt he's a big kid and it just**
19 **touched me, so I wanted to make sure that I took**
20 **care of him properly. I might have missed some**
21 **dots and didn't cross some Ts, but I took it --**
22 **I really wanted to do my best by him.**

23 Q. And when you say missing dots and
24 crossing Ts, is that what we talked about

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1 before?

2 **A. Right.**

3 Q. Is there any other missed dots or
4 crossed Ts that we haven't talked about?

5 **A. No.**

6 MR. FLAXMAN: Okay. I don't have anything
7 else.

8 MR. RAGEN: A couple.

9 THE VIDEOGRAPHER: Do you want to put your
10 mic on.

11 MR. RAGEN: I apologize.

12 **THE WITNESS: Do I --**

13 MR. RAGEN: He talking about to me, I think.

14 EXAMINATION

15 BY MR. RAGEN:

16 Q. You mentioned at some point in time
17 during Mr. Flaxman's questioning of you, that in
18 order to put a patient into restraints, a nurse
19 -- a nurse needs to make that decision. Do you
20 remember that?

21 **A. Correct, yes.**

22 Q. Can a psychiatrist also make that
23 decision?

24 **A. Yes.**

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1 Q. And can a nurse begin the process and
2 make -- finish the process with a psychiatrist
3 meaning like -- never mind.

4 A. Okay. Put him in, make the decision to
5 put him in?

6 Q. Yes.

7 A. Yeah.

8 Q. Okay. And in this case you were not
9 involved -- strike that.

10 In this case were you involved in the
11 decision to initially put Mr. Cruz in
12 restraints?

13 A. No. Because I wasn't there. Kanel
14 did.

15 Q. I want to go back to a certain exhibit.
16 I don't know the numbers that well. It's --

17 MR. FLAXMAN: If you tell me the County
18 number.

19 MR. RAGEN: -- the service date 12:43. It's
20 a one pager.

21 MR. FLAXMAN: What's the County number at the
22 top?

23 MR. RAGEN: 200.

24 MR. FLAXMAN: Exhibit 4.

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1 BY MR. RAGEN:

2 Q. So Exhibit 4 here, do you have it in
3 front of you?

4 A. Working on it.

5 Q. Okay. It's a one pager.

6 A. Oh, okay.

7 Q. It's a nursing progress note. It might
8 be the one that's right in your hand here?

9 A. That's 10. That's 6. Oh, okay. Here
10 we go, 4.

11 Q. I'm going to go through the timeline of
12 this note. You see at the top of the note
13 the -- what I'm -- do you see where I'm -- it
14 says Nursing Progress Note in bold about halfway
15 down?

16 A. Uh-huh, yes.

17 Q. Okay. I'm interested in going below
18 that. Do you see how at the top five lines
19 there is not a line through it? Do you see
20 that? So under Nursing Progress Note, do you
21 know where it's in bold?

22 A. Okay.

23 Q. The next five lines, there is no lines
24 through the text; is that correct?

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1 **A. Yes.**

2 Q. Okay. And then lines six, seven,
3 eight, nine, 10, 11, 12, there is lines through
4 the text?

5 **A. Yes.**

6 Q. And if you look at the times that the
7 ones -- you see where the lines go through it?

8 **A. Yes.**

9 Q. Okay. Is it -- whenever a note is
10 modified, does -- does -- does it then later
11 get -- so it looks like to me the bottom three
12 lines were entered at 12:43?

13 **A. Yes.**

14 Q. And you can tell that because that's
15 where the -- it says previously charted by
16 Chatman, R.N., Lorraine, at 03/19/2016 0043; is
17 that correct?

18 **A. Correct.**

19 Q. And that would pertain -- and so then
20 I'll walk you through it. But it says S/O,
21 which stands for subjective/objective, right?

22 **A. Yes.**

23 Q. Received in FLRs, five point; does it
24 say that?

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1 **A. Uh-huh, yes.**

2 Q. Noted restless and irritable on
3 approach; does it say that?

4 **A. Yes.**

5 Q. ROM done; does it say that?

6 **A. Yes.**

7 Q. Vitals stable; does it say that?

8 **A. Yes.**

9 Q. A/P, does that stand for assessment and
10 plan?

11 **A. Yes.**

12 Q. Ineffective impulse control; does it
13 say that?

14 **A. Yes.**

15 Q. Prn meds given; does it say that?

16 **A. Yes.**

17 Q. Will continue to monitor per protocol?

18 **A. Yes.**

19 Q. And then so would this have been
20 charted at 12:43?

21 **A. Yes.**

22 Q. Okay. And then the part above that,
23 which says S/O, subjective/objective, received
24 in FLRs five point -- does it say that?

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1 **A. Yes.**

2 Q. Noted restless and irritable on
3 approach; does it say that?

4 **A. Yes.**

5 Q. ROM done; does it say that?

6 **A. Yes.**

7 Q. Vitals stable?

8 **A. Yes.**

9 Q. It says that. Unable to contract for
10 safety; does it say that?

11 **A. Yes.**

12 Q. Refuse toileting; does it say that?

13 **A. Yes.**

14 Q. Accepted 24 cc water/juice; does it say
15 that?

16 **A. Yes.**

17 Q. Assessment/plan, ineffective impulse
18 control; does it say that?

19 **A. Yes.**

20 Q. Prn meds given; does it say that?

21 **A. Yes.**

22 Q. Will continue to monitor per protocol?

23 **A. Yes.**

24 Q. And all that information then was

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1 entered at 2:04 a.m.?

2 **A. Yes.**

3 Q. Okay. And I'm just -- I'm asking you
4 that because if you look at the fourth line up,
5 it says 2:04.

6 **A. Okay.**

7 Q. Well --

8 **A. I see it.**

9 Q. Yeah, okay. Does that, to you, mean
10 that you -- and it doesn't have to. It's -- do
11 you -- if you look at those four lines -- and
12 I'm looking at the first four lines that are
13 crossed out -- it looks like to me like the time
14 for those four lines is 2:04 a.m. Does that
15 sound right to you?

16 **A. Yes.**

17 Q. Okay. And then at 6:11 a.m. -- now I'm
18 going up to lines that are not crossed through.

19 **A. Okay.**

20 Q. -- that's when -- if you look at the
21 part that's not crossed through, okay?

22 **A. Okay.**

23 Q. It appears it's the combination of both
24 of the 12:43 and 2:04 notes?

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1 **A. Okay.**

2 Q. Well, is that your understanding or is
3 it not your understanding?

4 **A. Yes, that's what it seems.**

5 Q. Okay. And you combined the note to put
6 the parts of the 12:43 that you entered and 2:04
7 that you just -- well, strike that.

8 MR. FLAXMAN: I mean --

9 MR. RAGEN: What am I doing? Go ahead. I'm
10 just trying to lay the --

11 MR. FLAXMAN: We're not going to dispute what
12 the text says.

13 MR. RAGEN: No, right. Yeah, yeah, yeah.

14 MR. FLAXMAN: I think there is a sentence in
15 the top one that's not in the bottom two.

16 MR. RAGEN: Exactly, and that's what --
17 right.

18 MR. FLAXMAN: I mean, we'll stipulate to --

19 MR. RAGEN: We know what it says. To
20 counsel's point, I'm inviting him to answer --
21 to ask -- to chime in.

22 BY MR. RAGEN:

23 Q. Is since -- so we'll just kind of go
24 through it.

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1 If you kind of look -- and, again, this
2 is kind of cumbersome, Lorraine, so just kind of
3 stay with me.

4 **A. Okay.**

5 Q. But it's important. We talked about
6 how there is the bottom three lines that are
7 crossed out, right?

8 **A. Okay.**

9 Q. That's the 12:43. That's one. The
10 bottom three lines that are crossed out --

11 **A. Okay.**

12 Q. -- you entered that at 12:43; is that
13 true?

14 **A. Right.**

15 Q. And the next four lines entered 2:04
16 and they got crossed out, right?

17 **A. Right.**

18 Q. Okay. What Mr. Flaxman was saying is
19 that it appears that patient noted to become
20 winded upon exertion, struggling against belts,
21 that part is new; that's not in either of these.
22 And you make sure that -- you make sure that
23 that's correct.

24 So look at 12:43 and 2:04, I don't

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1 think I missed that but that doesn't appear to
2 be in either 12:43 or 2:04 crossed out portions;
3 is that true?

4 **A. Yeah, correct.**

5 Q. And then I think everything else -- I
6 don't think there is any other portion that's --
7 okay. So then --

8 **A. So I felt that needed to be in there.**

9 Q. No, I know. And so I'm just saying,
10 that's the only part, the patient noted to
11 become winded upon exertion, struggling against
12 belts, that's the only part that's not reflected
13 in the 12:43 portion that's stricken out or the
14 2:04 portion that's stricken out; is that true?

15 **A. True.**

16 Q. Okay. And so it mentions that ROM done
17 at 12:43. So if you look at both those portions
18 of the stricken part of the note, the 12:43
19 portion and the 2:04 portion, in this
20 documentation, you write range of motion done in
21 both; is that correct?

22 **A. Correct.**

23 Q. And I know you testified earlier that
24 some points in time you did not feel he was safe

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1 to do range of motion?

2 **A. Correct.**

3 Q. Do you know if at one of these times he
4 would have been safe to do range of motion and
5 you would have done range of motion exercises?

6 MR. FLAXMAN: Object to the form.

7 **THE WITNESS: Yes.**

8 BY MR. RAGEN:

9 Q. Okay. Can you say which one he did
10 feel safe, which time of either of these he
11 did -- you did feel safe to do range of motion
12 and you did do them?

13 MR. FLAXMAN: Object to the form.

14 **THE WITNESS: Well, I would if he was stable**
15 **enough. So...**

16 BY MR. RAGEN:

17 Q. Right now, and you can't -- as you sit
18 here today, you can't tell me which time you did
19 the range of motion, whether it's 12:43 or 2:04?

20 MR. FLAXMAN: Objection. Form.

21 **THE WITNESS: I don't know.**

22 BY MR. RAGEN:

23 Q. But seeing it's up in the main part
24 that didn't get crossed out, range of motion

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1 done, that signified that you would have done it
2 at either of those times?

3 MR. FLAXMAN: Objection. Form.

4 **THE WITNESS: Yes.**

5 MR. RAGEN: Okay. That's all I have.

6 **THE WITNESS: Okay.**

7 EXAMINATION

8 BY MS. HAIDARI:

9 Q. Okay. Ms. Chatman, you testified --
10 you testified earlier that you were not the
11 person who ordered the full leather restraints;
12 is that correct?

13 **A. Correct.**

14 Q. Based on your knowledge and the medical
15 records that you've looked at, do you know if a
16 correctional officer ever ordered those medical
17 restraints?

18 **A. No.**

19 Q. And based on your experience, can a
20 correctional officer order medical full leather
21 restraints?

22 **A. No.**

23 Q. And can a correctional officer
24 determine that medically ordered full leather

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1 restraints need to be removed from a patient?

2 **A. No.**

3 MS. HAIDARI: I have no further questions.

4 EXAMINATION (FURTHER)

5 BY MR. FLAXMAN:

6 Q. Do you still have Exhibit Number 4 in
7 front of you?

8 **A. Yes.**

9 Q. Did I understand your testimony about
10 this to be that you modified this note two
11 different times?

12 **A. That's what it shows.**

13 Q. Well, we're looking at the nursing
14 notes that are printed out on paper, right?

15 **A. Right. This Exhibit 4?**

16 Q. Yeah.

17 **A. Okay.**

18 Q. Do you ever look at nursing notes on
19 paper in your regular employment at Cermak?

20 **A. What you mean looking at my past notes
21 on the computer?**

22 Q. Well, if you want to look at a past
23 note, you look at it on the computer, right?

24 **A. Right.**

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1 Q. Are you accustomed to looking at it in
2 the format that we've been looking at it in
3 today's deposition?

4 A. No.

5 Q. And are you familiar what it means when
6 text gets crossed out in the way it is on
7 Exhibit Number 4?

8 A. Okay. I know this has -- shows when
9 it's printed out. But on the computer you don't
10 see it. So I really didn't know that it got
11 totally crossed out like this.

12 Q. Is it your understanding that that
13 sentence that counsel read to you, that patient
14 noted to become winded upon exertion, struggling
15 against belts, was something that you added to
16 the note later on during your shift?

17 A. Yes.

18 Q. Do you know why you added it later?

19 A. Obviously because I thought it was
20 important.

21 Q. Okay.

22 A. I mean, most patients don't do -- don't
23 do that. I mean, he's like -- he was just
24 really fighting it. So I don't know. I felt it

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1 **was important.**

2 Q. And you wanted the chart to be as
3 accurate as possible, right?

4 **A. Yes.**

5 Q. Okay. And when you added it, did you
6 mean that he was exhibiting that behavior at or
7 around what's listed as the service date/time on
8 this note?

9 **A. The 0047.**

10 Q. Well, that's what --

11 MR. RAGEN: 0043.

12 **THE WITNESS: Oh, oh, that was his behavior**
13 **then.**

14 BY MR. FLAXMAN:

15 Q. Okay. And I want to make -- be
16 absolutely sure I understand, that the text
17 that's not crossed out has a time of 0611 a.m.
18 Do you see that?

19 **A. Yes.**

20 Q. That's not the time that you're -- you
21 made that observation, right?

22 **A. Right. I don't --**

23 Q. What time did you make that
24 observation?

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1 **A. 043.**

2 Q. Okay. And -- and that's this entire
3 note is about your observations and your
4 assessment at 0043, right?

5 **A. Correct.**

6 MR. FLAXMAN: Okay. I don't have anything
7 else. Thank you.

8 EXAMINATION (FURTHER)

9 BY MR. RAGEN:

10 Q. Well, I guess then, if you look at
11 where it says range of motion done, and it's
12 listed in all three different parts of this
13 exhibit, can you say one way or the other then
14 at around when you're providing care to
15 Mr. Cruz, on or around 12:43 a.m., did you do
16 range of motion exercises?

17 MR. FLAXMAN: Objection. Asked and answered.

18 **THE WITNESS: Okay. You say -- repeat it**
19 **once more.**

20 BY MR. RAGEN:

21 Q. Okay. So counsel has established that
22 this note is reflecting care that was provided
23 on or around 12:43. Do you remember that?

24 **A. Yes.**

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1 Q. Okay. And so range of motion done is
2 part of all three parts of this broken down
3 chart.

4 A. Okay. Yes.

5 Q. Can you say one way or the other
6 whether range of motion exercises were done on
7 or around 12:43 March 19?

8 MR. FLAXMAN: Objection. Asked and answered.

9 THE WITNESS: No. Because I wouldn't have
10 released somebody that was struggling against
11 the belts and pulling and being agitated and
12 just -- I wouldn't have did that.

13 MR. RAGEN: Okay.

14 EXAMINATION (FURTHER)

15 BY MR. FLAXMAN:

16 Q. Meaning?

17 A. I wouldn't have let him loose.

18 Q. Meaning you didn't do the range of
19 motion exercises?

20 A. Did not.

21 MR. FLAXMAN: Okay. Thank you.

22 THE VIDEOGRAPHER: Hold on a second.

23 This concludes the video deposition of
24 Lorraine Chatman. The time is now 12:49.

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1 MR. RAGEN: And we'll order Etran.
2 THE COURT REPORTER: And signature?
3 MR. RAGEN: Yeah, reserve it.
4 THE COURT REPORTER: Okay.
5 (Whereupon, the witness was
6 excused.)
7 (The proceedings concluded at
8 12:50 p.m.)
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Exhibit 6

**IN THE UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION**

Leticia Vargas, Administrator of	)	
The Estates of Angel Cruz,	)	
	)	
Plaintiff,	)	
	)	
v.	)	18-cv-1865
	)	
Sheriff of Cook County, et al.	)	
	)	
Defendants.	)	

**LORRAINE CHATMAN'S ANSWERS TO
INTERROGATORIES**

Lorraine Chatman answers Plaintiff's interrogatories as follows:

1. State your full name, professional, and residence addresses, and attach a current copy of your curriculum vitae ("CV"). In the event you do not have a CV, state in detail your professional qualifications, including your education by identifying schools from which you graduated and the degrees granted and dates thereof, your medical internships and residencies, fellowships and a bibliography of your professional writing(s).

ANSWER: This Defendant has no objection to the production of a CV, but does not have one at this time. Investigation continues.

2. State whether you have held any position on a committee or with an administrative body at any hospital. If so, state when you held such position(s) and the duties and responsibilities involved in such position(s).

ANSWER: I have not held any position on a committee or administrative body at any hospital.

3. Have you ever been named as a defendant in a lawsuit arising from alleged malpractice, professional negligence, or deliberate indifference to a serious medical need?

If so, state the court, the caption, and the case number for each lawsuit.

ANSWER: None that I am aware of.

4. Since the institution of this action, have you been asked to appear before or attend any meeting of a medical committee or official board of any medical society or other entity for the purpose of discussing this case? If so, state the date(s) of each such meeting and the name and address of the committee, society or other entity conducting each meeting.

ANSWER: I have not been asked to attend any meeting to discuss this case.

5. Have you ever testified in court in a medical malpractice case or case involving allegations of deliberate indifference to a serious medical need? If so, state the court, the caption, and the case number of each such case, the approximate date of your testimony, whether you testified as a treating physician, expert, or percipient witness¹, and whether you testified on your own behalf or on behalf of the defendant or the plaintiff.

ANSWER: I have not testified in Court.

6. State all of your professional licenses, when you obtained them, and whether they are current.

ANSWER: I am licensed in Illinois as a registered nurse. The license is current. It was obtained in 1988.

7. Have any of your professional licenses ever been suspended or has any disciplinary action ever been taken against you in reference to a license? If so, state the specific disciplinary action taken, the date of the disciplinary action, the reason for the disciplinary action, the period of time for which the disciplinary action was effective, and the name and address of the disciplinary entity taking the action.

ANSWER: No.

¹ A percipient witness is an eyewitness, such as a treating physician.

8. State the exact dates and places on and at which you saw plaintiff's decedent for the purpose of providing care or treatment.

ANSWER: I cared for Mr. Cruz on March 19, 2016.

9. State the name, author, publisher, title, date of publication and specific provision of all medical texts, books, journals or other medical literature which you or your attorney intend to use as authority or reference in defending any of the allegations set forth in the complaint.

ANSWER: I have not yet identified what materials I intend to use to defend the allegations in the Complaint.

10. Were you named or covered under any policy or policies of liability insurance at the time of the care and treatment alleged in the complaint? If so, state for each policy:

- a. The name of the insurance company;
- b. The policy number;
- c. The effective policy period;
- d. The maximum liability limits for each person and each occurrence, including umbrella and excess liability coverage; and
- e. The named insured(s) under the policy.

ANSWER: County of Cook has a self-insured retention of \$25,000,000 per claim on excess insurance policy no. C015827004 issued by Allied World Assurance Company (AWAC) on a claims-made basis for \$25,000,000 per claim, effective dates 07/01/15 – 07/01/16, retroactive to December 31, 2000. Additionally, County of Cook secures excess coverage above AWAC, issued by Lexington Insurance Company (AIG) under policy no. 6797436, with limits of \$20,000,000 per claim, retroactive to December 31, 2000; Ironshore Specialty Insurance Company (Ironshore) under policy no. 001294603, with limits of \$20,000,000 per claim, retroactive to December 31, 2000; and Endurance American Specialty Insurance Company (Endurance) under policy no. HLC10007336200, with limits of \$10,000,000 per claim, retroactive to December 31, 2000.

11. Were you at any time an employee, agent, servant, shareholder, or partner of Cook County? If so, state the date(s) and nature of your relationship.

ANSWER: I was an employee of Cook County at all times relevant to Plaintiff's Complaint.

12. State whether there were any policies, procedures, guidelines, rules or protocols for the use of emergency psychiatric restraints at the Cook County Jail in March 2016. If so, state:

Whether such policies, guidelines, rules or protocols are published and by whom;

- a. The effective date of said policies, guidelines, rules or protocols;
- b. Which medical professionals are bound by said policies, guidelines, rules or protocols;
- c. Who is the administrator of any such policies, procedures, guidelines, rules and/or protocols; and
- d. Whether the policies, guidelines, rules or protocols in effect at the time of the occurrence alleged in the complaint have been changed, amended, or altered since the occurrence. If so, state the change(s) and the date(s) of any such change(s).

ANSWER: I am aware that there was a restraint policy at that time and am aware that there is currently a policy regarding the same. I cannot remember with specificity what was in the policy at the time of the occurrence.

13. Were any photographs, movies and/or videotapes taken of plaintiff's decedent or of the procedures complained of? If so, state the date(s) on which such photographs, movies and/or videotapes were taken, who is displayed therein, who now has custody of them, and the name, address, occupation and employer of the person taking them.

ANSWER: **None that I know of.**

14. Do you know of any statements made by any person relating to the care and treatment or the damages described in the complaint? If so, give the name and address of each such witness and the date of the statement, and state whether such statement was written or oral and if written the present location of each such statement.

ANSWER: **None other than what is contained in Plaintiff's decedent's medical records.**

15. Do you have any information:

a. That plaintiff's decedent was, within the 10 years immediately prior to the care and treatment described in the complaint, confined in a hospital and/or clinic, treated by a physician and/or other health professional, or x-rayed for any reason other than personal injury? If so, state the name of each plaintiff so involved, the name and address of each such hospital and/or clinic, physician, technician and/or health-care professional, the approximate date of such confinement or service and state the reason for such confinement or service.

b. That plaintiff's decedent has suffered any serious personal injury and/or illness within 10 years prior to the date of the occurrence? If so, state when, where and how plaintiff's decedent was ill and describe the injuries and/or illness suffered.

ANSWER: **No.**

16. Have you (or has anyone acting on your behalf) had any conversations with any person at any time with regard to the manner in which the care and treatment described in the complaint was provided, or have you overheard any statement made by any person at any time with regard to the injuries complained

of by the plaintiff or the manner in which the care and treatment described in the complaint was provided? If so, state the following:

- a. The date or dates of such conversation(s) and/or statement(s);
- b. The place of such conversation(s) and/or statements(s);
- c. All persons present for the conversation(s) and/or statement(s);
- d. The matters and things stated by the person in the conversation(s) and/or statement(s);
- e. Whether the conversation(s) was oral, written and/or recorded; and
- f. Who has possession of the statement(s) if written and/or recorded.

ANSWER: None other than what is contained in Plaintiff's decedent's medical records.

17. List the name and addresses of all persons (other than yourself and persons heretofore listed) who have knowledge of the facts regarding the care and treatment complained of in the complaint filed herein and/or of the injuries claimed to have resulted therefrom.

ANSWER: None other than what is contained in Plaintiff's decedent's medical records.

VERIFICATION

I, Lorraine Chatman, being first duly sworn upon oath do hereby certify pursuant to Rule 33(b) that DEFENDANT LORRAINE CHATMAN'S ANSWERS TO INTERROGATORIES are true and complete to the best of my knowledge.

As to the matters therein stated to be on information and belief, the undersigned certifies as aforesaid that he verily believes the same to be true.

Dated: 9/6/19

Signed: Lorraine Chatman RN

Lorraine Chatman

CERTIFICATE OF SERVICE

PLEASE TAKE NOTICE that I, William R. Ragen, Assistant State's Attorney, hereby certify that I sent a copy of Lorraine Chapman's Answers to Plaintiff's First Set of Interrogatories which are unsigned to all counsel of record via electronic mail on September 9, 2019.

By: /s/ William R. Ragen
William R. Ragen

Exhibit 7

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

LETICIA VARGAS,
Administrator of the
Estate of ANGEL CRUZ,
Plaintiff,

vs.

SHERIFF OF COOK COUNTY,
COUNTY OF COOK, AUGUSTUS
ALABI, AVIS CALHOUN,
LORRAINE CHATMAN, ANITA
JOHNSON, HELEN KANEL,
CHERRI KRZYZOWSKI,
ELIZABETH P. LASSEN,
MANUEL MANALASTAS,
DR. STEVE PASCHOS, JASON
SPRAGUE and JARUWAN
SUPASANGUAN,
Defendants.

Case No. 18 CV 1865

The video discovery deposition of HELEN
KANEL, taken in the above-entitled cause, before
Karen Fatigato, a notary public of Cook County,
Illinois, on the 18th day of December, 2019,
beginning at 12:25 p.m., and concluding at
2:39 p.m., at 2650 South California Avenue,
Chicago, Illinois.

Reported By: Karen Fatigato, CSR

License No.: 084-004072

Plaintiff's Exhibit 07



1 APPEARANCES:

2 LAW OFFICE OF KENNETH N. FLAXMAN, by
3 MR. JOEL FLAXMAN,
4 MR. ANDREW SEGALL, (Paralegal)
5 200 South Michigan Avenue
6 Suite 201
7 Chicago, Illinois 60604
8 (312) 427-3200
9 jaf@kenlaw.com
10 Representing the Plaintiff;

11 COOK COUNTY STATE'S ATTORNEY, by
12 MR. WILLIAM R. RAGEN,
13 302 Richard J. Daley Center
14 Chicago, Illinois 60602
15 (312) 603-6317
16 william.ragen@cookcountyil.gov
17 Representing Augustus Alabi,
18 Avis Calhoun, Lorraine Chatman,
19 Anita Johnson, Helen Kanel, Cherri
20 Krzyzowski, Elizabeth P. Lassen,
21 Manuel Manalastas, Dr. Steve
22 Paschos, Jason Sprague and Jaruan
23 Supasanguan;

24 COOK COUNTY STATE'S ATTORNEY, by
ASSISTANT STATE'S ATTORNEY, by
MS. RAANA V. HAIDARI,
50 West Washington Street
Suite 2760
Chicago, Illinois 60602
(312) 603-1424
raana.haidari@cookcountyil.gov
Representing Sheriff of Cook County;

ALSO PRESENT
Ms. Kelly Woods, Videographer:

I N D E X

WITNESS	EXAMINATION
HELEN KANEL	
By Mr. Flaxman	5
By Mr. Ragen	127
By Ms. Haidari	130
By Mr. Flaxman (Further)	131

E X H I B I T S

NUMBER	IDENTIFICATION
Plaintiff's Deposition	
Exhibit No. 1	4
Exhibit No. 2	4
Exhibit No. 3	4
Exhibit No. 4	4
Exhibit No. 5	4
Exhibit No. 6	4
Exhibit No. 7	125

1 (whereupon, Plaintiff's
2 Deposition Exhibit Nos. 1-6
3 were marked for
4 identification.)

5 VIDEOGRAPHER WOODS: My name is Kelly
6 Woods, certified legal video specialist with
7 McCorkle Litigation Services, 200 North LaSalle,
8 Suite 2900, Chicago, Illinois, 60601. I am the
9 videographer on December 18th, 2019 for the
10 recording of the deposition of Helen Kanel being
11 taken at 2650 South California Avenue, 11th
12 Floor, Chicago, Illinois, at the time of 12:25
13 p.m. in the matter of Leticia Vargas, et al.,
14 Plaintiff, versus Sheriff of Cook County,
15 et al., Defendants, filed in the United States
16 District Court for the Northern District of
17 Illinois, Eastern Division, Case No. 18 CV 1865.

18 will counsel please identify themselves
19 for the record beginning with plaintiff's
20 counsel?

21 MR. FLAXMAN: Joel Flaxman for the
22 plaintiff. And Andrew Segall, my paralegal, is
23 also present.

24 MR. RAGEN: Bill Ragen on behalf of



1 Cook County, Helen Kanel and a number of other
2 Cook County individually named defendants.

3 MS. HAIDARI: Raana Haidari on behalf
4 of the Sheriff.

5 VIDEOGRAPHER WOODS: Thank you.

6 will the court reporter please identify
7 herself and swear in the witness?

8 MS. COURT REPORTER: Karen Fatigato
9 with McCorkle Litigation Services.

10 Please raise your right hand.

11 (Whereupon, the witness was
12 duly sworn.)

13 HELEN KANEL,
14 having been first duly sworn, was examined and
15 testified as follows:

16 EXAMINATION

17 BY MR. FLAXMAN:

18 Q. Can you please state and spell your
19 name?

20 A. Helen Kanel, H-e-l-e-n, K-a-n-e-l.

21 Q. My name is Joel Flaxman, I'm an
22 attorney that is going to ask you some questions
23 in a case called Vargas versus Sheriff.

24 A. Okay.



1 Q. Do you understand that?

2 A. Yes.

3 Q. Okay. And have you ever had your
4 deposition taken before?

5 A. First time.

6 Q. Okay. Well, the most important things
7 are for me to let you finish your answers before
8 I ask a question.

9 A. Okay.

10 Q. And for you to do the same to me, to
11 let me finish my question, is that okay?

12 A. Yes.

13 Q. Okay. And as you've been doing, give
14 verbal answers instead of shaking your head --

15 A. Yes.

16 Q. Do you understand that?

17 A. Yes.

18 Q. Okay. Is there any reason that you
19 would not be able to truthfully and accurately
20 answer my questions --

21 A. No.

22 Q. -- today?

23 okay. What's your -- how are you
24 currently employed?



1 A. I'm a clinical nurse 1 at Cermak Health
2 Services of Cook County.

3 Q. And Cermak Health Services is at the
4 Cook County Jail?

5 A. That's at Cook County Jail.

6 Q. How long have you been a clinical nurse
7 1 at Cermak?

8 A. From July 1999.

9 Q. Have you had any other employment since
10 1999?

11 A. Be -- prior.

12 Q. But since then you haven't had --

13 A. No.

14 Q. -- any outside employment?

15 A. No. No.

16 Q. Okay. Where did you go to nursing
17 school?

18 A. Loyola University, Chicago.

19 Q. Okay. And when did you get your
20 degree?

21 A. 1998.

22 MR. RAGEN: Go Ramblers.

23 THE WITNESS: Go Ramblers.



1 BY MR. FLAXMAN:

2 Q. what degree did you get?

3 A. Bachelor of Science in Nursing.

4 Q. And are you currently certified?

5 A. Yeah, registered nurse. Yes.

6 Q. Have you had any training since you
7 graduated from Loyola?

8 A. Additional training as in?

9 Q. Outside of any training for your job,
10 have you had any education since you
11 graduated --

12 A. From there, no.

13 Q. -- from Loyola?

14 A. No.

15 Q. Okay. As a clinical nurse 1 at Cermak,
16 have you done training within the jail?

17 A. Yearly training.

18 Q. When was the last yearly training?

19 A. Various. Last year, 2018. 2018.

20 Q. Okay. So you haven't done any training
21 in 2019?

22 A. No. No. Not that I could recall.

23 Q. What's your current assignment within
24 the -- within Cermak?



1 A. I am on the Acute Psychiatric Unit. I
2 work with the females mostly.

3 Q. Is there a number/letter combination
4 for that unit?

5 A. PSCU they call it now, Psychiatric
6 Specialty Care Unit.

7 Q. Okay. What was it called before?

8 A. ACU, Acute Care Unit.

9 Q. Okay. And is that within Cermak?

10 A. That is in Cermak.

11 Q. And how long have you been assigned to
12 that unit?

13 A. Going on 21 years. I was hired for
14 that unit.

15 Q. And what is your -- what shift do you
16 regularly work?

17 A. 3 to 11.

18 Q. The questions I want to ask you about
19 are from March of 2016, and did you have the
20 same assignment -- did you have the same regular
21 assignment in March of 2016?

22 A. I would have, yes.

23 Q. And the questions I'm going to be
24 asking you about are from I guess on that



1 certain day you were assigned to 2 North, is
2 that right?

3 A. Yes.

4 Q. And that was -- was that different than
5 your regular assignment?

6 A. That is different than my -- I work
7 mostly with the females, so the RN was off
8 apparently and I was over there.

9 Q. Okay. Were you -- if you remember,
10 were you getting overtime for that shift?

11 A. No.

12 Q. Do you know who assigned you to work in
13 2N?

14 A. No, I don't recall.

15 Q. Who was your supervisor in March of
16 2016?

17 A. My manager or my shift supervisor or
18 both?

19 Q. Who was your manager?

20 A. Madonna Mikaitis.

21 Q. Do you know how to spell that?

22 A. M-i-k-a-i-t-i-s. She was our nurse
23 manager.

24 Q. Is she still the nurse manager?



1 A. NO.

2 Q. Who is the nurse manager currently?

3 A. Ginah Haynes, G-i-n-a-h, H-a-y-n-e-s.

4 Q. And the -- when I asked you about
5 supervisor, you said one was your manager, and
6 what was the other, I'm sorry?

7 A. We have shift supervisors there for
8 either day shift, 3 to 11 or 11 to 7. Shift
9 supervisor that day I do not recall.

10 Q. Okay. And that would have been the
11 shift supervisor within 2N, right?

12 A. The entire compound.

13 Q. The entire compound?

14 A. The entire compound.

15 Q. And is the Acute Psychiatric Unit
16 within the same building as 2N?

17 A. It is. It's on the 2nd floor of
18 Cermak, if that helps you.

19 Q. Is 2N the 2nd floor?

20 A. 2 North is the -- is on the 2nd floor.

21 Q. Okay. And what floor is the Acute
22 Psychiatric Unit?

23 A. 2 North.

24 Q. Okay. So what I'm mixed up about is

1 that you normally were assigned to the females?

2 A. 2 West, if that helps.

3 Q. Do you know if in March of 2016 when
4 you were covering in 2 North were you also
5 assigned to 2 West?

6 A. I -- I don't recall my assignments.

7 Q. But so I understand, your normal
8 assignment then and now --

9 A. Is 2 West. Is 2 West.

10 Q. Let me just -- let me finish the
11 question so we get it clear.

12 A. Sorry.

13 Q. In March of 2016 and currently your
14 normal assignment is to 2 West, correct?

15 A. Yes. Correct.

16 Q. Okay. And I'm going to ask you some
17 questions about March 17th and 18th of 2016, on
18 those days you were assigned to 2 North, right?

19 A. Yeah.

20 Q. Okay. We marked this as Exhibit No. 1.

21 A. Thank you.

22 Q. The top left this page is marked
23 County 0191, do you recognize Exhibit 1?

24 A. Yes, that's my note.



1 Q. And this is a nursing note that you
2 entered on March 17th, 2016 at 19:06 hours?

3 MR. RAGEN: 19:03. It's not a big
4 difference. You said 19:06. Sorry for the
5 speaking objection.

6 THE WITNESS: Yes.

7 BY MR. FLAXMAN:

8 Q. Looking at this note, do you see what
9 time it states that it was entered on?

10 A. Entered on 19:06, but it was signed at
11 19:03.

12 Q. Do you know what that --

13 A. I don't know.

14 Q. -- difference means?

15 A. Computer. I don't know.

16 Q. And this is something that you entered
17 into a computer system at the jail, right?

18 A. Yes.

19 Q. Is that what people call Cerner?

20 A. Yes.

21 Q. C-e-r-n-e-r?

22 A. N-e-r, yes.

23 Q. And when you enter a note is there a
24 button or a box that you click to sign that



1 note?

2 A. There is a checkmark that you check.

3 Q. Okay. And when do you check that?

4 A. When you're finished writing your note.

5 Q. And that's the -- is that the
6 equivalent of signing?

7 A. That's the equivalent of a signature, I
8 believe.

9 Q. Okay. And this note says that it's for
10 a service date of -- date time of 15:39, right?

11 A. Yes.

12 Q. Okay. Do you know why the -- why there
13 was the difference between 15:39 and 19:03?

14 A. That I don't know.

15 Q. Okay. I mean, is it common that you're
16 busy with other things and you don't make a note
17 until later?

18 A. I'm one nurse to the unit so probably
19 when it was feasible to sit down and do
20 charting.

21 Q. Okay. And when you would do that,
22 would you rely on your memory to create the
23 chart entry?

24 A. Yes.



1 Q. would you ever take notes that you
2 would then use to put into the chart entry?

3 A. Yes.

4 Q. And what would you do with your notes
5 after you made the entry?

6 A. We have a nursing report sheet which
7 has every patient listed on there and room for,
8 quote, unquote, notes or any patient care that
9 was given.

10 Q. And that's something that covers all
11 the patients in the --

12 A. Every patient in and out of the unit.

13 Q. Okay. And what do you -- after you've
14 used that sheet, what do you normally do with
15 it?

16 A. Fax it to the shift supervisor, that's
17 our, quote, unquote, report sheet.

18 Q. Is that something that you're faxing to
19 the shift supervisor at the end of every shift?

20 A. Before the end of every shift.

21 Q. Before the end.

22 Is there any other place that you would
23 have made notes before making a chart entry?

24 A. No.



1 Q. Okay. You don't carry around a
2 notebook?

3 A. No. No.

4 Q. Okay. Lawyers carry around these
5 notebooks.

6 A. Yes. No.

7 Q. All right. Let me just ask you about
8 the note here that's under Nursing Progress
9 Note, do you see that?

10 A. Yes.

11 Q. And this is a narrative that you
12 entered into the chart, right?

13 A. Yes.

14 Q. My questions are -- a lot of them are
15 just going to be about abbreviations.

16 The first thing on here is S/O, what
17 does that mean?

18 A. Subjective/objective.

19 Q. And can you tell us what that means?

20 A. Subjective is per what the patient
21 reports to you. Objective is what you see
22 objectively as a nurse.

23 Q. And so what did -- what did putting
24 that at the beginning of your note mean?



1 A. That's just an abbreviation that
2 nursing used to combine if there is not, say, a
3 direct quote or a direct report from a patient.

4 Q. And so did you write after that S/O
5 were you writing --

6 A. This is all my objective then.

7 Q. That's all objective?

8 A. That would be mostly objective, yes.

9 Q. Okay. And if there were subjective
10 information?

11 A. It would have been included before.

12 Q. Oh, I see. Okay.

13 A. I would have included that before.

14 Q. Okay. So nothing in here is
15 subjective?

16 A. Not at that time, no.

17 Q. Okay. Then let me just go through
18 this. PT means patient, right?

19 A. Patient, yes.

20 Q. And this is -- at the top it says
21 patient name, Cruz, Angel, that's who this is
22 about, right?

23 A. Yes.

24 Q. Okay. Do you remember Mr. Cruz?



1 A. Not much.

2 Q. Okay. What do you remember?

3 A. I remember from the day after so...

4 Q. Meaning you heard that he died?

5 A. When we put reason for putting him in
6 restraints.

7 Q. I'm sorry, I don't understand.

8 A. That's what -- that's what stands out
9 in my mind.

10 Q. Is the reason --

11 A. Reason for putting him in restraints,
12 yes.

13 Q. And what do you remember about that
14 episode?

15 A. I remember him jumping off of a bed.
16 And I remember being covered in feces. And
17 those are what stand out to me --

18 Q. Did you --

19 A. -- memory-wise.

20 Q. I'm sorry. And did you learn later
21 that he died in the jail?

22 A. When I returned to work.

23 Q. Okay. All right. So let me ask you
24 about the next line -- the second line, the



1 first full sentence says very poor, and then it
2 has an abbreviation?

3 A. Insight, judgment, impulse control.

4 Q. So I stands for insight?

5 A. J is for judgment. IPC is impulse
6 control.

7 Q. Okay. And how did you determine that
8 his -- those things were very poor?

9 A. Due to his behavior and him being
10 unresponsive to verbal redirection from staff
11 and his behavior before.

12 Q. The next line says received orders for
13 emergency medications, do you see that?

14 A. Yes.

15 Q. Do you know who made those orders?

16 A. I do not offhand.

17 Q. Okay. But would it --

18 A. That --

19 Q. I'm sorry, go ahead.

20 A. That would be included in the orders.

21 Q. Okay.

22 A. Power orders. And that would be shown
23 on the MAR, the Medication Administration
24 Record.



1 Q. Okay. This is --

2 A. Okay.

3 Q. -- all the records.

4 A. Oh, my. Okay.

5 MR. RAGEN: I don't need them. I have
6 them memorized.

7 THE WITNESS: Are the orders in here
8 listed?

9 BY MR. FLAXMAN:

10 Q. I'm going to point you to the date.

11 A. Okay. Thank you.

12 Q. I'm not going to make you read the
13 whole thing.

14 The Medical Administration Records
15 start at Page 106.

16 A. Okay. Okay.

17 Q. And so if we match up the time from
18 your note to just something on here, I think
19 we're on the next page, 107.

20 A. 107, yes.

21 Q. And so the Chlorpromazine, is that one
22 of the orders?

23 A. Yes. Yes.

24 Q. And the next one, the Diphenhydramine?



1 A. Yes.

2 Q. And then the next page, Page 108, also
3 has medications that were -- well, the first one
4 was also administered at 3/17/16 at 20:15,
5 right?

6 A. Not on Page 108.

7 Q. Okay. I'm looking at the wrong
8 exhibit, forgive me.

9 On 107 there are three medications
10 listed as being administered at the same time as
11 the nursing note in Exhibit 1?

12 A. Yes.

13 Q. Okay. And are those the medications
14 that --

15 A. Yes.

16 Q. -- you received the emergency orders
17 for?

18 A. Yes.

19 Q. And having looked at this, does it
20 refresh your recollection that Dr. Steve Paschos
21 ordered those medications?

22 A. Well, the documentation states it was
23 Dr. Steve Paschos, yes.

24 Q. Okay. But you don't independently



1 recall that?

2 A. Not that date, no, sir.

3 Q. Okay. And you listed the medications
4 also in the note as Thorazine, Benadryl and
5 Ativan, right?

6 A. Yes.

7 Q. Okay. And the next thing you wrote
8 was, as staff was exiting cell, patient
9 attempted to push past officers, do you see
10 that?

11 A. Yes.

12 Q. Do you remember what the patient did?

13 A. I'm assuming he attempted to push past
14 the officers.

15 Q. Beyond what's written there?

16 A. I'm assuming he was trying to exit
17 cell.

18 Q. Okay. Do you know who the officers
19 were?

20 A. I don't remember, no.

21 Q. Okay. Just talking about this note
22 about your -- with the service date time of
23 3/17/16, 15:39.

24 A. Uh-huh.



1 Q. This interaction that it documents --
2 I'm sorry.

3 During this interaction that it
4 documents you would have entered the cell,
5 right?

6 A. Yes.

7 Q. And there's -- it also refers to staff
8 who were exiting the cell, but as you said,
9 which is very reasonably, you don't remember
10 exactly who it was, right?

11 A. I do not.

12 Q. Okay. And do you recall if any other
13 medical staff was in the cell during this
14 interaction?

15 A. I'm the only nurse.

16 Q. Okay. But do you know if Dr. Paschos
17 was in the cell?

18 A. I do not remember.

19 Q. Okay. And based on the documentation
20 we see that Dr. Paschos was the one who ordered
21 the medication, right?

22 A. Yes.

23 Q. And he could have done that by
24 examining Mr. Cruz, correct?



1 A. I don't remember.

2 Q. Well, and I can understand that.

3 A. Yeah.

4 Q. And I just wanted to --

5 A. I don't remember. I don't, yeah.

6 Q. -- that he might have done that by
7 being in the cell and examining him, right?

8 A. Yes, he might have.

9 Q. But he also could have relied on
10 your -- you telling him what was happening to
11 make that order, right?

12 A. That is also a possibility, yes, per
13 the nurse's assessment.

14 Q. Right. And in general often you get
15 orders from a doctor based on your assessment,
16 right?

17 A. Yes.

18 Q. And is that -- and sometimes you give
19 information to a doctor in person?

20 A. Yes.

21 Q. And do you sometimes give information
22 to the doctor over the phone?

23 A. Yes.

24 Q. Okay.



1 A. Yes.

2 Q. That's all. I'm just asking in a very
3 confusing way, but thank you for answering.

4 Let me show you what --

5 MR. RAGEN: No objection.

6 MR. FLAXMAN: Okay. You want to move
7 to strike that too.

8 MR. RAGEN: I was -- what are you
9 talking about?

10 BY MR. FLAXMAN:

11 Q. This is marked as Exhibit No. 2.

12 MS. HAIDARI: Counsel, are you entering
13 this?

14 MR. FLAXMAN: I'm not going to do that.

15 BY MR. FLAXMAN:

16 Q. Do you recognize Exhibit No. 2 as your
17 nursing note from 3/17/2016 with per the service
18 date time of 20:15?

19 A. Yes.

20 Q. And this one has a signed time of
21 21:51, do you see that?

22 A. Yes.

23 Q. And I suspect your answer is the same,
24 but do you know why there's a difference between



1 20:15 and 21:51?

2 A. There would be a lag between patient
3 care and documentation, especially one nurse on
4 the unit.

5 Q. Because you had other responsibilities?

6 A. So that's not uncommon.

7 Q. Okay. And this one again starts with
8 s/o, right?

9 A. Yes.

10 Q. And is this the same as the last one
11 where everything in here is subjective?

12 A. Yes. It's a combination. If I can say
13 it's a combination. The patient did give a
14 quote.

15 Q. Okay.

16 A. The patient did report --

17 Q. That's the --

18 A. -- further in the note.

19 Q. I didn't mean it. Is that it?

20 A. Yes.

21 Q. Okay. This note reports that Mr. Cruz
22 was escorted to therapeutic isolation?

23 A. Yes.

24 Q. What is therapeutic isolation?



1 A. Therapeutic isolation is also known as
2 the quiet room. It is a room -- decreased
3 stimuli, padded cells.

4 Q. And are you -- is that -- does the jail
5 have policies about using therapeutic isolation?

6 A. Therapeutic seclusion -- yes.

7 Q. Okay. Is seclusion another word used
8 for this?

9 A. It is another word, yes.

10 Q. Is that something you received training
11 on?

12 A. Yes.

13 Q. Does -- can a nurse order someone into
14 seclusion?

15 A. Yes.

16 Q. And probably if we look at the orders
17 in the medical record we would see that, right?

18 A. Uh-huh.

19 Q. So those are -- start at Page 117?

20 A. 17?

21 Q. 117, so a few pages after the
22 medication records.

23 A. Okay.

24 Q. And on that Page 117 do you see the



1 order for locked door seclusion?

2 A. Yes, I do.

3 Q. And that's the same time as the nursing
4 note, Exhibit 2, that we've been looking at?

5 A. Yes.

6 Q. And that states that Dr. Steve Paschos
7 was the ordering physician, right?

8 A. Yes.

9 Q. And it states that the order -- the
10 order was entered by you, right?

11 A. Uh-huh.

12 Q. Is that yes?

13 A. Yes. Yes. Sorry.

14 Q. Does that mean that you conferred with
15 Dr. Paschos before entering the order?

16 A. Yes.

17 Q. And do you know how you conferred with
18 him?

19 A. Telephone order.

20 Q. How do you know it was a telephone
21 order?

22 A. I'm -- it was entered. The order was
23 entered by me, not the actual doctor.

24 Q. So if he had been on site, he would



1 have entered it?

2 A. It would be both him, yes.

3 Q. Okay. I understand. And am I right
4 that you don't recall your conversation with
5 Dr. Paschos?

6 A. I do not.

7 Q. Okay. But you would have told him what
8 you wrote in the note, right?

9 A. What had happened, yes.

10 Q. And when a patient is escorted to
11 therapeutic isolation, is that something that
12 the officers help with?

13 A. The officers, yes.

14 Q. And is -- on 2N do you always need an
15 officer to open a cell door for you?

16 A. Yes.

17 Q. Okay. And that's for your safety,
18 right?

19 A. Yes.

20 Q. The last line of this note says A/P,
21 can you tell us what that means?

22 A. Assessment/plan.

23 Q. Okay. And the first thing was monitor
24 behavior closely?



1 A. Closely.

2 Q. Okay. And the next was provide patient
3 with safety smock and safety blanket when
4 patient returns to cell?

5 A. Yes.

6 Q. Did I read that right?

7 A. Yes.

8 Q. What's a safety smock?

9 A. Safety smock and safety blanket, it is
10 a -- for all intents purposes a very thick,
11 heavy, dark green in color of material, a
12 hospital gown with velcro snaps that is very
13 difficult to tear or try to place around
14 someone's neck or self-injure with. And the
15 blanket is the same material as the safety
16 smock.

17 Q. When a patient is in therapeutic
18 isolation --

19 A. Yes.

20 Q. -- do they have any kind of blanket?

21 A. Depends on the incident they're usually
22 in.

23 Q. Okay.

24 A. Yeah, depends on the incident.



1 Q. And then this nursing note referred to
2 other medications, do you see that?

3 A. Yes.

4 Q. I'll just point you to the -- back to
5 the Medication Administration Record at 107.

6 A. Okay.

7 Q. And those three medications are listed,
8 the two at the bottom of 107 and the third at
9 the top of 108?

10 A. Yes.

11 Q. And again the record reflects that
12 those were ordered by Dr. Steve Paschos?

13 A. Yes.

14 Q. The next medication listed here is
15 3/17/16 at 20:39, so --

16 A. Okay.

17 Q. -- 24 minutes later?

18 A. Okay. Uh-huh.

19 Q. Do you understand why this one says not
20 given?

21 A. Patient refused.

22 Q. Okay. And so this --

23 A. Patient refused the pill.

24 Q. So this reflects --



1 A. Yes.

2 Q. -- that you had attempted to give him
3 this and he refused?

4 A. Yes.

5 MR. RAGEN: And by this, just, sorry.
6 Risperidone, is that correct?

7 THE WITNESS: Risperidone, 1 milligram.
8 BY MR. FLAXMAN:

9 Q. Okay. Did you say that's a pill?

10 A. That's a pill.

11 Q. Okay. And do you have any recollection
12 of Mr. Cruz refusing that medication?

13 A. I do not.

14 Q. Okay. When a patient refuses
15 medication --

16 A. Yes.

17 Q. -- is there any other record that
18 you're required to --

19 A. Refusal form.

20 Q. Okay. And that gets -- goes -- is that
21 a form that you fill out by hand?

22 A. Fill out by hand, yes.

23 Q. Okay. And then gets scanned into the
24 medical record?



1 A. Yes.

2 Q. Okay. Just going back to Exhibit 2,
3 the note, you mentioned --

4 A. Back to the note.

5 Q. Oh, I'm sorry. Yeah, try to keep the
6 pages straight. This may be a challenge.

7 A. Sorry.

8 Q. The subjective observation here was the
9 quote from Mr. Cruz of I didn't mean it?

10 A. Yes.

11 Q. Do you know what he was referring to?

12 A. I do not, not at this time, no.

13 Q. Okay. And then the last line about the
14 analysis, I'm sorry -- was it -- assessment --

15 A. Assessment/plan.

16 Q. Was that -- did that come from the
17 doctor or did that come from you?

18 A. Monitor behavior closely. Provide with
19 smock and safety blanket. That was the order.

20 Q. That was the order from Dr. Paschos?

21 A. That was Dr. Paschos, yeah.

22 Q. All right. Let me show you what we
23 marked as Exhibit No. 3.

24 A. Okay.



1 Q. Exhibit 3 is the Page County 193, do
2 you recognize this as your note about Mr. Cruz
3 from 3/17/16 at 22:15 hours?

4 A. Yes.

5 Q. Okay. And the signed time for this one
6 is 22:56, do you see that?

7 A. Yes.

8 Q. And --

9 A. 59, 22:59. Oh, yeah, there's --

10 Q. I mean, there's a signed information
11 time and then there's a note entered on -- and
12 you're probably not the right person to ask what
13 that means?

14 A. I don't know. Cerner.

15 Q. Well, let me ask you about your note --

16 A. Yes.

17 Q. -- which I think you are probably the
18 right person to ask.

19 You wrote that the patient was removed
20 from therapeutic seclusion?

21 A. Uh-huh -- yes.

22 Q. And that's something that would have
23 been done by you and by officers?

24 A. And the officers, yeah.



1 Q. Okay. And placed into cell 2241, is
2 that right?

3 A. Yes.

4 Q. And is 2241 on 2N?

5 A. 2 North, yes.

6 Q. 2 North. And is the seclusion room
7 also part of 2 North?

8 A. Yes.

9 Q. And then you wrote patient is calm and
10 quiet?

11 A. Yes.

12 Q. Do you know why he was removed from
13 therapeutic seclusion?

14 A. Calm and quiet.

15 Q. Okay. When a patient is in therapeutic
16 seclusion, do you as the nurse have to monitor
17 him?

18 A. Yes.

19 Q. And how do you monitor somebody when
20 they're in seclusion?

21 A. Physically. And there is a specific
22 monitor set on therapeutic seclusion or the
23 quiet room at the nursing station.

24 Q. And I think I understand what you mean,



1 but you mean there's a video camera?

2 A. There's a video camera on that cell.

3 Q. And you can see --

4 A. And its own monitor.

5 Q. And when you're sitting at the nurse's
6 station --

7 A. Yes.

8 Q. -- you have a --

9 A. Visual.

10 Q. -- video and you can see that?

11 A. Yes.

12 Q. Okay. You wrote voices no concerns for
13 nursing, correct?

14 A. Yes.

15 MS. COURT REPORTER: Could you repeat
16 that?

17 MR. FLAXMAN: I'm sorry.

18 BY MR. FLAXMAN:

19 Q. You wrote voices no concerns for
20 nursing, right?

21 A. Yes.

22 Q. And then you wrote patient placed in
23 safety smock and safety blanket?

24 A. Yes.



1 Q. And then the assessment/plan was to
2 monitor behavior closely and medicate as needed,
3 right?

4 A. Yes.

5 Q. Do you know if at around the time of
6 this interaction you were in contact with
7 Dr. Paschos?

8 A. I don't remember.

9 Q. Okay. would you have documented that
10 in the nursing note?

11 A. I would have.

12 Q. You said there's a special monitor for
13 the seclusion room, is that right?

14 A. Yes.

15 Q. Are there also monitors at the nursing
16 station for the other cells --

17 A. Every cell.

18 Q. And --

19 A. Audio as well.

20 Q. Okay. And does each -- does each cell
21 have its own screen or are there multiple video
22 feeds per screen?

23 A. Both.

24 Q. How does that work?



1 A. We change it out behind the nursing
2 station. I can watch cell 41. I can watch cell
3 35. I can watch cell 67. I can also listen and
4 talk to them.

5 Q. Oh, okay. Oh, you can speak to them?

6 A. Yes.

7 Q. Okay. And do you -- would you normally
8 watch more than one cell on a single screen?

9 A. Can I speak on an average day?

10 Q. Well, I'm sorry, I'll back up.

11 Is it possible --

12 A. On an average day you would have it
13 with all the cells.

14 Q. Okay. Meaning --

15 A. If you had anyone in specific, you
16 could change it out to watch them.

17 Q. Okay. Meaning that the -- there's a
18 screen that can show video from multiple cells?

19 A. Yes. Yes.

20 Q. And you can select --

21 A. Which cell you want to see
22 specifically.

23 Q. Okay.

24 A. Does that help?



1 Q. Yes, I understand now.

2 A. Okay.

3 Q. And that's something that you use to
4 monitor patients?

5 A. Always, yeah.

6 Q. Okay.

7 A. To listen to them too, yes.

8 MR. RAGEN: Maybe we should build a
9 fire in here.

10 THE WITNESS: It's so cold.

11 MR. FLAXMAN: We can run around.

12 MR. RAGEN: Let the record reflect
13 Mr. Flaxman has purposely had the temperature
14 lowered in here.

15 THE WITNESS: Turned the heat down.

16 MR. RAGEN: That was a joke.

17 MR. FLAXMAN: That's your office.

18 MR. RAGEN: Joke. Joke.

19 THE WITNESS: And my coffee is cold
20 too.

21 Yes, sir.

22 BY MR. FLAXMAN:

23 Q. For that system where you can see into
24 the --



1 A. Cells.

2 Q. -- cells, is there more than one
3 computer setup like that at the nursing station?

4 A. One.

5 Q. Okay.

6 A. And one separate for the quiet room has
7 its own monitor.

8 Q. That has its own monitor?

9 A. So there's two monitors.

10 Q. Okay. And did you say it's possible to
11 change the seclusion room one to a different --

12 A. The seclusion room you cannot change.

13 Q. Okay.

14 A. The one that monitors the cells on the
15 unit you can change --

16 Q. Okay.

17 A. -- to individual cells, group cells,
18 four cells at a time. And you can listen to
19 them and you can talk to them, it has a speaker.

20 Q. And there's like a microphone --

21 A. Yep.

22 Q. -- with a computer?

23 A. Yes.

24 Q. And on this -- I'm talking about March



1 17, 2016 --

2 A. Yes. Which note?

3 Q. Well, the --

4 A. Or --

5 Q. I want to ask you about your assignment
6 that day.

7 A. Okay.

8 Q. Do you know if you were assigned to
9 cover anything other than 2 North?

10 A. That is possible. I don't recall.

11 Q. Okay. Okay.

12 A. It -- yeah.

13 Q. I mean, would there be a roster
14 somewhere that showed your assignment?

15 A. If I was charge nurse I'm responsible
16 for the entire 2nd floor. So if any other
17 problems arise on other units, then yes, I would
18 have to go and help those nurses.

19 Q. Okay.

20 A. Or get orders for them or do
21 assessments for them. That's possible. I don't
22 recall.

23 Q. Okay. And so there were -- in March of
24 2016 you could have been assigned as a charge



1 nurse --

2 A. I could have been.

3 Q. -- but you don't know if you were on
4 this day?

5 A. I don't remember, no. No.

6 Q. Do you serve as a charge nurse now?

7 A. Yes.

8 Q. Are you sometimes assigned to something
9 different?

10 A. Your assignment is to be, quote,
11 unquote, in charge of the whole 2nd floor. So
12 you are given a full assignment assigned to a
13 unit. And then the other units, either be it
14 2 West or 2 South or 2 Southeast or 2 East,
15 there's a total of five units, if problems arise
16 there, you need to go there as well and assist
17 those nurses, who are most likely LPNs, Licensed
18 Practical Nurses.

19 Q. Okay. And I just -- I'm sorry, if I
20 misunderstood.

21 A. That gives you a little how to see it,
22 yeah.

23 Q. Yeah. I mean, are you -- do you always
24 have that assignment as charge nurse?



1 A. We rotate who is in charge.

2 Q. I understand.

3 A. To be fair we rotate who is in charge.

4 Q. Let me -- this is Exhibit No. 4.

5 A. Just keep these all going?

6 Q. Why don't you just keep them in a stack
7 and we'll attach them to the transcript?

8 A. Okay.

9 Q. Exhibit No. 4 at the top is numbered
10 County 197, do you recognize Exhibit 4 as your
11 nursing note about Mr. Cruz from March 18th,
12 2016 at 18:00 hours?

13 A. Yes.

14 Q. Okay. And the previous three notes we
15 looked at were from the day before, right, March
16 17th?

17 A. Yes.

18 Q. And so based on this you were assigned
19 to 2 North again on March 18th?

20 A. Yes.

21 Q. And am I right that you also don't
22 remember your exact assignment on that day?

23 A. I do not.

24 Q. Okay. This note has a signed



1 information time of 18:38, and the next line
2 says it was entered on -- at 18:50, do you see
3 that?

4 A. Yes.

5 Q. Okay. And again you don't --

6 A. Un-uhn.

7 Q. You're not the one to explain that,
8 right?

9 A. No.

10 Q. Okay. So then let me ask you about the
11 note. I think this is what you were referring
12 to that you had a recollection of, is that
13 right?

14 A. Yes.

15 Q. Okay.

16 A. Yes.

17 Q. And you -- so you do remember Mr. Cruz
18 standing on his bunk naked and covered in feces?

19 A. And jumping off the bed.

20 Q. Okay. And do you remember that he was
21 a large man?

22 A. I don't remember what Mr. Cruz really
23 looked like.

24 Q. Okay.



1 A. I don't.

2 Q. I need to ask you about the sentence
3 that says patient is unresponsive to any and all
4 verbal redirection from staff.

5 A. Yes.

6 Q. Do you know what verbal redirection
7 staff would have been trying?

8 A. To deescalate the patient and to
9 getting him to cease his self-injurious
10 behavior.

11 Q. When you say deescalate, what do you
12 mean?

13 A. Mental health, officers, nursing would
14 be attempting to talk to the patient to calm him
15 down, get him to stop this behavior.

16 Q. Okay.

17 A. He was a harm to himself.

18 Q. Right. You wrote the line below that
19 he was evaluated by Dr. Paschos?

20 A. Yes.

21 Q. Meaning that Dr. Paschos had met
22 with --

23 A. Yes.

24 Q. -- Mr. Cruz?



1 A. Yes.

2 Q. And then the next sentence says,
3 patient to be placed in 5-point FLRs for his
4 protection?

5 A. Yes.

6 Q. What is FLR?

7 A. Full leather restraints.

8 Q. And what does that mean?

9 A. There are leather and/or hard plastic
10 straps, look like belt straps, that attach to
11 the bunks and that secures the patient to the
12 bed so they're not a harm to themselves and
13 others.

14 Q. And that's what it says here, it was
15 for his protection, right?

16 A. Yes. Yes.

17 Q. Okay. And is using restraints
18 something that you received training in?

19 A. Yes.

20 Q. And do you remember what your training
21 was about restraints?

22 A. At Cermak? In nursing school? In
23 which?

24 Q. At Cermak.



1 A. At Cermak yearly training was given.
2 Training was given during orientation when I
3 started working the 2nd floor. You learn by --
4 case-by-case, by experience alone, the more and
5 more you do it, unfortunately, the more you
6 become familiar with it, I should say.

7 Q. Okay. Is there something called a
8 restraint trained nurse at the jail?

9 A. Everyone on that 2nd floor is trained
10 for restraints.

11 Q. Okay. And that included you?

12 A. Yes. Yes.

13 Q. I'm just going down in this note where
14 you wrote restraints applied securely, do you
15 see that?

16 A. Give me one second. Okay, yes. Yes.

17 Q. Restraints applied securely and
18 non-constricting to chest and B/L ankles/wrists,
19 did I read that right?

20 A. Yes.

21 Q. Okay. What is B/L?

22 A. Bilateral.

23 Q. And what does that mean?

24 A. Both sides.



1 Q. Okay. Meaning --

2 A. Right and left.

3 Q. Meaning his right and left ankle?

4 A. Yes.

5 Q. And his right and left wrist?

6 A. And his wrist, yes.

7 Q. And the fifth point was his chest?

8 A. Chest, yes.

9 Q. And who applied the restraints?

10 A. Me.

11 Q. What do you assist -- I'm sorry.

12 A. Me and the officers are in there
13 assisting you.

14 Q. Okay. Do you know what assistance the
15 officers gave you?

16 A. I assume they would help secure the
17 patient to the bunk so there's no injury, so --
18 but I don't know who.

19 Q. Okay. Next you wrote that the patient
20 is tearful, stating I want to masturbate, also
21 asking for his family to visit him?

22 A. Uh-huh.

23 Q. Offered patient PRNs?

24 A. Uh-huh.



1 Q. what is PRNs?

2 A. PRNs are medications that are ordered
3 by the doctor for the patient to have when they
4 have anxiety or agitation. The patient can ask
5 for them at any time or they can be offered any
6 time. PRN is pro re nata as the patient
7 requests.

8 Q. okay. And according to your note he
9 was able to agree to take the medication?

10 A. Yes.

11 Q. And is that the Thorazine and --

12 A. Ativan.

13 Q. -- Ativan and Benadryl?

14 A. Yes. Here.

15 Q. We may as well match it up, what page
16 are you on?

17 A. Bottom 109.

18 Q. okay.

19 A. These are so confusing to read, I'm
20 sorry.

21 Q. And this is not -- you don't see them
22 in this format, right?

23 A. Not at all.

24 Q. -- you see it on a computer?



1 A. NO.

2 Q. Okay. But those three medications are
3 the last two on 109 and the first one on 110, do
4 I have that right?

5 A. The last -- last one on 109, the
6 Diphenhydramine. 110 it would be the first
7 one -- oh, no, excuse me, you're right, it is
8 the last two.

9 Q. Okay.

10 A. Yes.

11 Q. So it's the --

12 A. I was looking at the date they
13 re-ordered. I'm sorry. I'm sorry.

14 Q. No, it's fine. Thank you. I'm glad
15 we're getting it right. It's the last --

16 A. It's the last two and the first one on
17 110.

18 Q. Okay. So the three medications
19 referred to in the note that's Exhibit 4 are
20 listed as the last two orders on 109 --

21 A. And the first one.

22 Q. -- and the first one on 110?

23 A. Yes. Yes.

24 Q. All right. Let me just keep going



1 through, the next sentence says, patient given
2 240 cc of juice?

3 A. Uh-huh.

4 Q. Is that -- did I read that right?

5 A. Yes.

6 Q. Okay. What does -- what does cc mean?

7 A. Cc is milliliters. That's equivalent
8 to 8 ounces or a cup worth maybe.

9 Q. And how do you give juice to --

10 A. I have paper cups. I have paper cups
11 or cups, have them hold their head up, have an
12 officer assist me to hold their head up or hold
13 their head up myself and help them.

14 Q. Okay. Because his hands were
15 restrained, right?

16 A. Exactly.

17 Q. Okay. And then the next sentence says,
18 cleaned hands, legs and face of patient --

19 A. Yes.

20 Q. -- light purple bruising noted to upper
21 right arm, inner left arm and B/L is bilateral?

22 A. Bilateral again, yes, sir.

23 Q. Bilateral thighs. Did I read that all
24 right?



1 A. Yes.

2 Q. Okay. And does this mean that you were
3 the one who cleaned his hands, legs and face?

4 A. Yes, I'm the only nurse, so yes.

5 Q. Right. Do you know where that bruising
6 came from?

7 A. I do not know. I do not know.

8 Q. And then the next thing in here is VS,
9 what does VS mean?

10 A. Vital signs.

11 Q. And so what do those vital signs refer
12 to?

13 A. Temperature, heart rate, respiration,
14 blood pressures.

15 Q. So his temperature was 98.1?

16 A. Uh-huh.

17 Q. Is that a yes?

18 A. Yes.

19 Q. His heart rate was 90?

20 A. Yes.

21 Q. And I don't -- what is respiration?

22 A. 18.

23 Q. And what is that?

24 A. His breathing rate.

1 Q. Breathing rate?

2 A. Breathing rate.

3 Q. And then his blood pressure was 130
4 over 80?

5 A. Over 80, yes.

6 Q. And is there -- is there a machine that
7 you use to take those vitals?

8 A. We have of a machine. I have manual.
9 There's a variety, so yes.

10 Q. Okay. But -- so that's -- and that's
11 something that you do with the patient?

12 A. Yes.

13 Q. I mean, there's no way to remotely get
14 his blood pressure, right?

15 A. Yes.

16 Q. Okay. The next is the assessment/plan,
17 and it says, monitor Q 15 minutes, does that
18 mean every 15 minutes?

19 A. Every 15 minutes.

20 Q. And is that always required when
21 someone is in restraints?

22 A. Yes.

23 Q. And is that your responsibility as the
24 nurse?



1 A. Yes.

2 Q. The next one is medicate as ordered,
3 right?

4 A. Yes.

5 Q. Increase fluid intake?

6 A. Yes.

7 Q. Monitor VS?

8 A. vital signs.

9 Q. And Q 2 hours means every 2 hours?

10 A. Yes.

11 Q. And then encourage verbalization --

12 A. Yes.

13 Q. And what did you mean by encourage
14 verbalization --

15 A. Whenever I have a patient in
16 restraints, I encourage them to try to speak
17 with them. So that's how I put that in there.

18 Q. And do you remember if he --

19 A. Do I remember, no.

20 Q. I understand.

21 A. No. No.

22 Q. So there's medical records I want to
23 ask you some questions starting at Page 18.

24 A. 18 now?



1 Q. Yes.

2 A. Okay. Is this 18?

3 Q. That's 18, yes.

4 A. Okay.

5 Q. In the top left it says County 0018?

6 A. Yes.

7 Q. Okay. Do you recognize what this page
8 is?

9 A. Yes, Door Sheet.

10 Q. And what's a Door Sheet?

11 A. Door Sheet is posted outside of the
12 patient's cell to let people know that that
13 person in there is either, A, on close
14 observation or in restraints.

15 Q. And did you complete this Door Sheet?

16 A. Yes.

17 Q. And what is -- this says close
18 observation, requires 15 minute staggered
19 checks --

20 A. Yes.

21 Q. -- slash nursing? what does that mean?

22 A. Your 15-minute checks are staggered
23 with the officer. So nursing goes, officer
24 goes. So you're monitoring them with the



1 officer.

2 Q. I understand. And that's -- you're
3 always working --

4 A. That's monitoring with the officer,
5 yes.

6 Q. Okay. I understand. And this is your
7 handwriting under special instructions?

8 A. Yes, 5-point --

9 Q. Yes.

10 A. -- FLR, yes. And that's the time --
11 date and time.

12 Q. Okay. And under items allowed you
13 checked out of cell alone?

14 A. Oh, yes, out of cell alone.

15 Q. Am I right that you checked that?

16 A. That the -- these print up from the
17 power orders, so that's how those print up. And
18 anything in addition I handwrite here.

19 Q. Okay. And what does it mean out of
20 cell alone?

21 A. He would have been out of cell house
22 alone, out alone.

23 Q. Can you tell me --

24 A. He's housed alone in a single cell.



1 And if he were to be out in the day room he
2 would have to be out alone by himself.

3 Q. So he shouldn't be around others?

4 A. Should not be around others.

5 Q. Okay.

6 A. That's what out alone, house alone
7 means.

8 Q. I understand. Okay. Let me -- the
9 next page is County 0019, and can you tell me
10 what this document is?

11 A. That is our notification to the
12 director that a patient was placed in
13 restraints.

14 Q. Okay. And is this your signature?

15 A. Yes.

16 Q. In two places, I guess?

17 A. Yes.

18 Q. And what did you do with this document
19 after you completed it?

20 A. These go to medical records and faxed
21 to the director at that time.

22 Q. And so was that your responsibility to
23 fax it to the director?

24 A. Yeah. Yes. Yes.



1 Q. And who was the director at that time?

2 A. 2016 I'm assuming Dr. Kelner.

3 Dr. Kelner has been here a while. I'm assuming
4 Dr. Kelner. I'm not 100 percent.

5 Q. Sure, that answers that. That's fine.

6 How would you have known the fax number
7 for who to send it to?

8 A. They have their names already inputted
9 on the fax machine.

10 Q. I see. And is that something that --

11 A. Dr. Kelner or whoever.

12 Q. Okay. And the fax machine is at the
13 nurse's station?

14 A. In the hallway.

15 Q. In the hallway?

16 A. Behind the nursing station you could
17 say.

18 Q. Oh, okay.

19 A. Yeah.

20 Q. So that's a different place?

21 A. And the -- not to interrupt you, and
22 the nursing manager would have been faxed as
23 well.

24 Q. Okay.



1 A. My nursing manager.

2 Q. I understand.

3 So we talked before about the video
4 monitor that you can see at the nursing station?

5 A. Yes.

6 Q. The fax machine is behind that?

7 A. Yes.

8 Q. And where are the -- go ahead.

9 A. Before you enter the unit.

10 Q. Okay. And where are the computers
11 where you can enter --

12 A. On the unit.

13 Q. -- the big entries?

14 A. On the unit.

15 Q. Okay. And there's more than one of
16 those?

17 A. I'm trying to picture 2 North. 2 North
18 I believe has four computers.

19 Q. Is there one at the nursing station?

20 A. Four computers. Yeah, they're all
21 behind the nursing station. Nursing, mental
22 health and the doctors are all behind the
23 nursing station.

24 Q. Okay.

1 A. It's about the size of this room.

2 Q. Okay. It's crowded like this room.

3 All right. Let me go to the next page
4 after this is County 0020.

5 A. Okay.

6 Q. It looks like there's a sticker on
7 here --

8 A. Yes.

9 Q. -- that's covering up the page -- the
10 title?

11 A. The name.

12 Q. But it's a notice something of rights
13 of an individual, right?

14 A. Yes.

15 Q. Do you know what it says under that?

16 A. Notice of Restriction of Rights of an
17 Individual.

18 Q. Okay. And is this another form that
19 you completed?

20 A. Yes.

21 Q. And is this a form that you always have
22 to complete when somebody is put into
23 restraints?

24 A. When someone is put into restraints,



1 yes.

2 Q. Okay. And you checked restraint device
3 applied, right?

4 A. Yes.

5 Q. And next to that you wrote 5-point FLR?

6 A. Yeah.

7 Q. And then you wrote something after D2,
8 can you read that for us?

9 A. Oh, boy. When you write in a hurry
10 attempting to self -- to harm self, I don't
11 know, by jumping off bed, unpredictable,
12 smearing feces.

13 Q. Okay. And then that's your signature
14 under the certifications?

15 A. The date and the time, yes.

16 Q. And then again at the bottom signature
17 and title --

18 A. Yes.

19 Q. -- that's your signature?

20 A. Yes.

21 Q. Okay. Let me ask you about the next
22 page, No. 21?

23 A. This one? Okay.

24 Q. This is the page marked County 0021.



1 A. Okay.

2 Q. I think that this is something
3 protocol, do you know what it says?

4 A. Restraint protocol.

5 Q. Okay. And this is -- again, this is a
6 form that you fill out whenever somebody is put
7 into restraints?

8 A. Yes.

9 Q. And this says that the order was
10 obtained from Dr. Paschos?

11 A. Yes.

12 Q. And --

13 A. Date and time.

14 Q. And you filled out this form, right?

15 A. Yes.

16 Q. And this is your signature at the
17 bottom?

18 A. Yes.

19 Q. Okay. Can you just read under
20 behaviors leading up to use of restraints?

21 A. Smearing feces on himself in cell,
22 punching walls, jumping off of bunk onto floor.

23 Q. And you checked interventions, right?

24 A. Yes, one-on-one contact, stimuli



1 reduction, verbal limits, expression of
2 feelings.

3 Q. And then what did you write under --
4 for results of above --

5 A. Were non effective.

6 Q. And then the next line?

7 A. Patient no longer harmful to self and
8 others.

9 Q. And that -- that was -- that's the
10 criteria to terminate use of restraint, is that
11 right?

12 A. Yes. Yes.

13 Q. The next section is the physical
14 assessment by registered nurse, do you see that?

15 A. Okay.

16 Q. Do you know why you checked history
17 unknown?

18 A. I'm assuming I didn't know the history.
19 History was unknown to me.

20 Q. And then you entered the vitals that we
21 had --

22 A. Uh-huh.

23 Q. And these are -- these are the same as
24 what we saw in Exhibit 4 --



1 A. Uh-huh.

2 Q. -- is that right?

3 A. Yes.

4 Q. And then what did you write after
5 circulation?

6 A. Good times four.

7 Q. And what does that mean?

8 A. Circulation to both arms, both legs.

9 Q. Okay. Those are the four things,
10 right?

11 A. Uh-huh.

12 Q. Is that a yes?

13 A. Yes, I'm sorry.

14 Q. And how did you tell that circulation
15 to both arms and both legs was good?

16 A. After you restrain a patient with the
17 belts you make sure you could fit two fingers in
18 and make sure they wiggle their fingers, wiggle
19 their toes, nothing looks red or swelling.

20 Q. And the next thing here is ROM?

21 A. Yes.

22 Q. What is that?

23 A. Range of motion.

24 Q. And what does that mean?



1 A. Good times four, that's how long a
2 patient is able to move about.

3 Q. Meaning you were able to see him --

4 A. Yes.

5 Q. -- move those limbs?

6 A. Yes.

7 Q. Okay. The next line says, based upon
8 MD and/or RN consultation the --

9 MS. COURT REPORTER: Could you slow
10 down?

11 THE WITNESS: MD.

12 MR. FLAXMAN: I'm sorry, I'll read it
13 more slowly for you.

14 BY MR. FLAXMAN:

15 Q. Based upon M.D. and/or RN consultation,
16 the determination is as follows: And you
17 checked restraint seclusion does not pose an
18 undue risk, may continue restraints, is that
19 right?

20 A. Yes.

21 Q. Okay. why did you check that one?

22 A. Because there was no risk to the
23 patient.

24 Q. And what were --



1 A. So you could continue with FLRs.

2 Q. And what kind of risk would there be to
3 the patient?

4 A. What type of risk? Injury. Can I use
5 that as an example?

6 Q. Okay.

7 A. Patient could have injured themselves.
8 It could have been some kind of distress or
9 something. At that point you would not
10 restrain.

11 Q. I understand.

12 And for the name of physician consulted
13 it was Dr. Paschos?

14 A. Dr. Paschos.

15 Q. And then there's a restraint checklist?

16 A. Yes.

17 Q. And the first one is search done --

18 A. Yes.

19 Q. What does that mean?

20 A. Search is done usually per the
21 correctional officer, they make sure they search
22 the patient.

23 Q. Oh, search the person?

24 A. For any items, yes. Search cell. They



1 search the person.

2 Q. Okay. Patient placed in gown?

3 A. Yeah.

4 Q. I don't think I need that explained.

5 Director of Psychiatric Services
6 notified, was that the fax --

7 A. That's that fax form, yes.

8 Q. Okay. And then the documentation sheet
9 started, what is that?

10 A. 15-minute check sheets.

11 Q. Okay. Let's move to Page 141, which I
12 think is the 15-minute check sheets.

13 A. 1?

14 Q. 141.

15 A. Okay.

16 Q. The first page we're looking at is
17 county 0141, do you recognize this as a
18 15-minute observation form?

19 A. Yeah.

20 Q. And is that the -- are these the forms
21 that you were referring to when you checked
22 documentation sheet started on Page 21?

23 A. Yes.

24 Q. Okay. At the top there's some writing



1 all the way at the top, it says, 2243 FLR, do
2 you see that?

3 A. The cell number.

4 Q. 2243 was his cell number?

5 A. Yes.

6 Q. Okay. And then -- and did you fill
7 out --

8 A. No.

9 Q. What portion of this --

10 A. No.

11 Q. -- did you fill out, if any?

12 A. This is not filled out by me.

13 Q. Okay. Do you know who filled this out?

14 A. I can't make out the signatures here,
15 no.

16 Q. Okay. And are any of the letters or
17 notes created by you?

18 A. These on this one, no.

19 Q. Okay. Is the 15-minute observation
20 form a document that you have used --

21 A. Yes.

22 Q. -- at the jail?

23 A. Daily almost.

24 Q. Okay. Because there's almost always



1 somebody on observation, is that right?

2 A. Yes.

3 Q. Okay. And you said that there's
4 staggered checks?

5 A. Yes.

6 Q. Is this a form that --

7 A. So you would do a check, the officer
8 would do a check, you would do a check, the
9 officers would do a check.

10 Q. And would you both -- both you and the
11 officer use this form?

12 A. You can both use the form or the
13 officers can have their own form, depending
14 on --

15 Q. Okay.

16 A. -- dependent.

17 Q. Okay. So the first 15-minute
18 observation form is County 141, and then after
19 that there are one, two, three, four more?

20 A. Yes.

21 Q. Did you write anything on any of these
22 five pages?

23 A. Yes, on 0143.

24 Q. Is that the only one that you



1 contributed to?

2 A. That I see. Oh, no, no, 0144, turn the
3 page.

4 Q. Oh, okay.

5 A. So, yeah.

6 Q. All right. Well, let's start with 143,
7 what did you -- what's your writing on this
8 page?

9 A. To the corner to the left of the page
10 5-point FLR. Do you see that where it says
11 3/18/16, down at 6 p.m., up at 10 p.m.?

12 Q. Okay.

13 A. And then I have 5-point FLR renewed,
14 left center equal to four hours, 10 p.m. to come
15 up at 2 a.m. 3/19 or expires at 2 a.m. 3/19.
16 And then from 15:00, which is 3:00 on.

17 Q. Those are your notes?

18 A. Yeah.

19 Q. And each 15 minute one is yours?

20 A. Yeah. I think so, yeah.

21 Q. Okay. And the -- you used a notation
22 with down arrows and up arrows, what does that
23 mean?

24 A. Placed in restraints is down. And the



1 up arrow is for release, release of restraint.

2 Q. Okay. And then -- so for each of these
3 starting at 15:00 and going through 23:45, you
4 put a letter in each box --

5 A. Yes.

6 Q. -- to --

7 A. What was happening then.

8 Q. You put a letter to explain what was
9 happening with Mr. Cruz at that time?

10 A. Yes.

11 Q. Okay. And it was based on these codes
12 at the bottom of the page?

13 A. Yes.

14 Q. Okay. How did you observe Mr. Cruz
15 during this time period?

16 A. Through the cell door or on camera or
17 up at the -- on the unit.

18 Q. Does up on the unit mean something
19 different --

20 A. Walking around the unit, I should say.

21 Q. Okay. But that would be you would look
22 through the cell door?

23 A. Yeah.

24 Q. So each time you either looked through



1 the cell door or observed him on video?

2 A. On camera.

3 Q. Okay. And the first are starting at
4 15:00, H for walking?

5 A. Yes.

6 Q. That's before he was in restraints,
7 correct?

8 A. Yes.

9 Q. And the next at 15:30, is that -- what
10 letter is that?

11 A. That is he was sitting and he was -- I,
12 J, lying down or sitting. J is quiet. So he
13 was quiet at that time.

14 Q. Okay. And then the 15:45, can you tell
15 us?

16 A. Was the same, lying down or sitting,
17 quiet.

18 Q. Okay. And then the next three are B
19 for crying?

20 A. B, B, crying, crying, crying.

21 Q. Okay. And then G for standing still?

22 A. Standing still.

23 Q. Okay. And then are the next two T?

24 A. T, which is moving about in cell.



1 Q. And then starting at 18:00 what's that,
2 what letter is there?

3 A. That would be when restraints were
4 placed.

5 Q. And can you just tell me what letters
6 are in that box?

7 A. Crying, threatening.

8 Q. B and N?

9 A. Uh-huh.

10 Q. Oh, and a down arrow?

11 A. Uh-huh, and a down arrow before the B,
12 yes.

13 Q. Okay, thank you. And then what is
14 18:15, what letters are those?

15 A. Lying and medication. And V, which is
16 restless, CMS good times four.

17 Q. Okay. So V means other?

18 A. Other. It means other.

19 Q. And next to other you wrote -- what did
20 you write?

21 A. Restless.

22 Q. And then what is CMS?

23 A. Circulation motion sensation, good
24 times four.



1 Q. Okay. Meaning circulation was good?

2 A. And restraints weren't constricting.

3 Q. I see. Okay. And the next ones are I
4 for lying down or sitting?

5 A. Yes, quiet.

6 Q. A for yelling and screaming?

7 A. Yes.

8 Q. Okay. And then what's the 20:00?

9 A. I, lying. And then yelling.

10 Q. You're at 20:00?

11 A. Lying, yeah.

12 Q. No, I'm sorry, which number are you at?

13 A. At 19:00.

14 Q. Okay, 19:00. I for lying.

15 Let's just go to the next line starting
16 at 20:00, what's that?

17 A. 20:00, fluids, medications.

18 Q. And?

19 A. Then yelling.

20 Q. And would you -- for fluids, meaning
21 that you gave fluids to Mr. Cruz?

22 A. Fluids.

23 Q. Is that a yes?

24 MR. RAGEN: He's just asking you if



1 you --

2 THE WITNESS: Yeah, I would either give
3 fluids or if he ate at that time he would have
4 had fluids. I don't -- I don't remember. Yeah.

5 BY MR. FLAXMAN:

6 Q. Right. I understand. Okay.

7 A. The officers could have gave him a milk
8 with dinner. I don't remember. Yeah.

9 Q. And I can read everything until I get
10 to 23:00, can you tell us --

11 A. That's 11 to 7 shift.

12 Q. So starting at 23:00 that's somebody
13 else's --

14 A. That's somebody else's.

15 Q. Okay. But the notes from 15:00 to
16 22 --

17 A. 45.

18 Q. -- 45 --

19 A. Yeah, is my shift. That's my shift.

20 Q. Let me just ask the whole question for
21 the record.

22 For the notes in the boxes from 15:00
23 through 22:45, you were the one who made those
24 notes, correct?



1 A. Yes.

2 Q. Okay. And did you say there's
3 something on the next page, number 144, that's
4 your notes?

5 A. Yes.

6 Q. And where are your notes on this page?

7 A. 15:00.

8 Q. Okay. And then the 15:00 and 15:15 are
9 both A, right?

10 A. Yes.

11 Q. And what's the -- what's 15:30?

12 A. Crying. Medication.

13 Q. You can just tell me the letters.

14 A. Oh, just tell you the letters?

15 Q. Yeah.

16 A. I, J.

17 Q. I, J -- so 15:45 is I, J?

18 A. 15:45. 16:00 I, J. 16:15, I, J.
19 16:30, I, J. 16:45, I, J. 17:00, I, J. 17:15
20 is R. 17:30 I, J. 17:45, I, J. 18:00, I, J
21 18:15, I, J. 18:30, I, J. 18:45, I, J. 19:00,
22 B. 19:15, B. 19:30, B. 19:45, B. 20:00, B.
23 20:15, S. 20:30, I, J. 20:45, I, J. 21:00, I,
24 J. 21:15, I, J. 21:30 is a G. 21:15, G.



1 22:00, G. 22:15, G. 22:30, I, J. 22:45, I, J.

2 MR. RAGEN: The one thing is when she
3 said 20 -- you said 21:15 twice.

4 THE WITNESS: Oh, did I?

5 MR. RAGEN: And then were you paying
6 attention?

7 MR. SEGALL: She said A, G.

8 MR. RAGEN: Yeah, the second 21:15
9 probably should have been 21:45, which she said
10 G. You got that too?

11 THE WITNESS: I'm sorry.

12 MR. SEGALL: She said A, G.

13 MR. RAGEN: Right.

14 BY MR. FLAXMAN:

15 Q. So 21:15 was I, J?

16 A. 21:15 was I, J.

17 Q. 21:30 through 22:15 are G?

18 A. G.

19 Q. 22:30 and 22:45 are I, J?

20 A. I, J. I, J.

21 Q. And that's it for your notes?

22 A. That's it for me.

23 Q. So on Page 144 your notes span from
24 15:00 to 22:45, correct?

1 A. Yes. And this is 3/17.

2 Q. Right. No. No. This is --

3 A. This is 3/17. The date of this is
4 3/17.

5 Q. Well, I see 3/16 at the top of this?

6 A. It continues on. There's one close
7 observation shift that goes through the day.
8 This is when he was placed in the smock.

9 Q. Okay.

10 A. On 3/17. It was right here above it.
11 If you go to right here where you see all the
12 scribbling here, it says, close observation for
13 unpredictable behavior with safety smock, safety
14 blanket started 3/17/16 at 8 p.m.

15 Q. I understand. Okay. So you're --

16 A. And that was good until the next day --

17 Q. Okay. So you're note --

18 A. -- 8 p.m.

19 Q. So your notes on Page 144 are from
20 3/17?

21 A. This is 3/17. This is the safety smock
22 quiet room day.

23 Q. And the previous page was the --

24 A. The FLR.



1 Q. The FLR day?

2 A. Yes.

3 Q. And what day was that?

4 A. 3/18.

5 Q. Okay.

6 A. 3/18? 3/18, yes. It's very confusing.

7 Q. Yes.

8 A. I'm confused myself.

9 Q. I think we've cleared it up.

10 And the other pages about 15-minute
11 checks were all created by people other than
12 you?

13 A. Other staff, yes. Other staff.

14 Q. And then on 144 --

15 A. 144? Yeah.

16 Q. The notes that you were looking at
17 about the safety smock, is that your
18 handwriting?

19 A. That was my handwriting up there, yes,
20 because I initiated it, yes.

21 Q. Can you just read to us what that says?

22 A. Close observation Q 15 for
23 unpredictable behavior with safety smock, safety
24 blanket. And was started at 3/17/16 at 8.



1 Order was good until 3/18/16, 8 p.m. I'm sorry
2 for the abbreviations.

3 Q. I understand.

4 And that's what's around where it says
5 officer, Cermak staff?

6 A. Yes, that's where we all --

7 Q. I understand.

8 A. -- put our notes in. I'm sorry, it's
9 confusing.

10 Q. Do you know whose signature is at the
11 bottom of 144 for the officer slash Cermak staff
12 signature?

13 A. I see mine. The one above I don't
14 recognize.

15 Q. Okay. Yours is the one below?

16 A. Yeah. I don't recognize that one.

17 Q. And same question on 143?

18 A. Yeah, I don't know who that is.

19 Q. Yours is the one below?

20 A. Below. Mine is on the bottom.

21 Q. Okay.

22 A. Yeah.

23 Q. Let me show you this is Exhibit No. 5.
24 Exhibit 5 has a label at the top of County 0198,



1 do you recognize this as a nursing note created
2 by you --

3 A. Yes.

4 Q. -- with a service time of 3/18/16,
5 19:27?

6 A. Yes.

7 Q. Okay. And the sign information here is
8 for 23:01, do you see that?

9 A. Yes.

10 Q. Is that the end of your shift at 11
11 p.m.?

12 A. Yes.

13 Q. Okay. So you didn't have time to
14 complete this until the end of your shift,
15 right?

16 A. Yes. Apparently I was there past my
17 shift, yes.

18 MR. RAGEN: It says 23:03 so we'll put
19 in for overtime. Just kidding.

20 THE WITNESS: Right.

21 MR. RAGEN: Another bad deposition
22 joke, probably the worst one I made today.

23 BY MR. FLAXMAN:

24 Q. So then let me ask you about what you



1 wrote in nursing progress note. Again, the S/O,
2 this is all your objective?

3 A. Subjective/Objective, yes.

4 Q. And is the note all your objective
5 observation?

6 A. Yes.

7 Q. Okay. You wrote that the patient was
8 seen in 5-point FLRs?

9 A. Uh-huh.

10 Q. Is that right?

11 A. Yes.

12 Q. And when you say seen, does that mean
13 that you went into the cell and interacted with
14 him?

15 A. Either/or or I had my screen at the
16 time.

17 Q. Okay. And you wrote that he remains
18 agitated?

19 A. Uh-huh.

20 Q. Is that yes?

21 A. Yes.

22 Q. And is thrashing about in bed, is that
23 right?

24 A. Yes.



1 Q. And screaming?

2 A. Yes.

3 Q. Do you remember what he was screaming?

4 A. I do not remember. I don't remember
5 him screaming.

6 Q. I understand.

7 And then you wrote Dr. Paschos ordered
8 emergency medications, do you see that?

9 A. Yes.

10 Q. So this is at a service time of 19:27,
11 so 7:27 p.m.?

12 A. Yes.

13 Q. Would you have talked to Dr. Paschos
14 over the phone at that time?

15 A. Dr. Paschos may or may not have been
16 there.

17 Q. Oh, okay.

18 A. Dr. Paschos I'd -- that could have been
19 a telephone order or it could have been
20 Dr. Paschos there. I don't know.

21 Q. I see. And those are the medications
22 that Dr. Paschos ordered?

23 A. Yes.

24 Q. What does IM stat mean?



1 A. Intramuscular stat, right now.

2 Q. Meaning a shot?

3 A. Shot.

4 Q. Okay. And remind me what CMS means?

5 A. Circulation motion sensation.

6 Q. And the last sentence says restraints
7 are secure?

8 A. Secure and non-constricting.

9 Q. And so based on having given him
10 shots --

11 A. Yes.

12 Q. -- and checking his circulation?

13 A. Yes.

14 Q. -- you must have done this inside the
15 cell, right?

16 A. Yes.

17 Q. Okay.

18 A. Yes.

19 Q. And given that you completed this note
20 at 11:01 p.m., how did you know the service date
21 time of 19:27?

22 A. I would have referred to my nursing
23 report sheet.

24 Q. Oh, I see.



1 A. I write down what times.

2 Q. And that's the form that you fax to the
3 manager every day?

4 A. And also the medication --

5 Q. Oh, the medication --

6 A. -- record tells you what time you
7 signed your medications out.

8 Q. I see. Okay.

9 A. To get a time.

10 Q. Got it. All right. Let me show you
11 Exhibit No. 6.

12 A. Okay.

13 Q. Exhibit No. 6 is labeled at the top
14 County 0199, do you recognize Exhibit 6 as your
15 nursing note from 3/18/2016 at 22:29?

16 A. Yes.

17 Q. And this one has the same time for the
18 service date and for the sign information,
19 right?

20 A. Uh-huh.

21 Q. Is that correct?

22 A. Yes.

23 Q. Meaning that you would have made this
24 note right after you did the service?



1 A. End of shift, yes.

2 Q. I don't mean end of shift.

3 A. I mean, yeah, towards the end.

4 Q. Let me ask the question again.

5 My question is that -- this is towards
6 the end of your shift, which ended at 11 p.m.,
7 right?

8 A. Uh-huh.

9 Q. Is that a yes?

10 A. Yes.

11 Q. Okay. But I'm just asking because this
12 has the same service date and the same sign
13 information time, that means that you would have
14 completed it right after doing the service,
15 right?

16 A. I would assume so.

17 Q. Okay.

18 A. I don't know.

19 Q. I understand --

20 A. I would assume so.

21 Q. I understand you don't remember sitting
22 down at the computer.

23 A. Yes, but I assume so.

24 Q. Okay. And then let me just ask you



1 about this note, you wrote that the patient
2 remains in 5-point FLRs, right?

3 A. Uh-huh.

4 Q. Is that a yes?

5 A. Yes.

6 Q. And remains disorganized and confused?

7 A. Yes.

8 Q. And is yelling I'm in a movie, right?

9 A. Yes.

10 Q. Do you remember if you heard that in
11 the cell or if you heard that over the monitor?

12 A. I don't remember.

13 Q. Okay. The next -- can you read the
14 next sentence for me?

15 A. Alert, oriented times one.

16 Q. And what does that mean?

17 A. Meaning he was alert, oriented times
18 one, which means his person, that he knew who he
19 was, most likely not alert to exactly where he
20 was or exactly what the date was.

21 Q. Okay. And if he was aware to those
22 things, it would have been times --

23 A. Three. I would have put times three.

24 MR. RAGEN: Can you get four ever?



1 THE WITNESS: You can get --

2 MR. RAGEN: Sorry, another joke. I'll
3 stop.

4 THE WITNESS: We ask who the president
5 is, and that would be four.

6 BY MR. FLAXMAN:

7 Q. To determine if he was oriented times
8 one, would you have had to speak to him in
9 person?

10 A. Yeah, in person or through the --

11 Q. Or it could have been through the
12 intercom?

13 A. Uh-huh.

14 Q. Okay. The next line is very poor --

15 A. Insight judgment, impulse control.

16 Q. And the next line is unable to respond
17 appropriately to staff's questions, is that
18 right?

19 A. Yes.

20 Q. Do you remember what the questions
21 were?

22 A. I would not.

23 Q. Okay. The next line is that the
24 5-point restraints are secure and



1 non-constricting times five, do you see that?

2 A. Yes.

3 Q. And that's something you would have had
4 to do inside the cell to check, right?

5 A. Yes.

6 Q. And then you wrote, skin, warm, dry?

7 A. Warm, dry, yes.

8 Q. Again, that's an observation you had to
9 make inside the cell, right, you would have to
10 touch his body to tell that?

11 A. Yes.

12 Q. Okay. What was the significance of
13 writing down that his skin was warm and dry?

14 A. If he was diaphoretic. If he was
15 sweating.

16 Q. And what does diaphoretic mean?

17 A. That could show something. That could
18 show maybe an increased heart rate or blood
19 pressure or something going on. Your skin
20 should be, you know, warm, dry, you're not
21 sweaty.

22 Q. It should be warm, dry?

23 A. Yeah.

24 Q. Okay.



1 A. Yeah, that's normal. That's a normal
2 determination.

3 Q. Thank you.

4 A. Okay. I'm sorry.

5 Q. No.

6 And then the next is -- what does VS
7 means?

8 A. Vital signs within normal limits,
9 that's what WNL means.

10 Q. Okay. And again those are -- you would
11 have taken those in person in the cell?

12 A. Uh-huh.

13 Q. Is that a yes?

14 A. Yes.

15 Q. Okay. Can you tell me the next
16 sentence?

17 A. Patient tolerating PO fluids well.

18 Q. And what's PO?

19 A. By mouth.

20 Q. And the next sentence is?

21 A. Denies need to void.

22 Q. Meaning he doesn't have to go to the
23 bathroom?

24 A. Doesn't have to go to the bathroom,



1 urinate and/or defecate.

2 Q. okay. And then CMS?

3 A. Circulation motion sensation again
4 that's good times four.

5 Q. okay. And that' another one -- another
6 measurement you'd have to take in person in the
7 cell?

8 A. For all limbs, yes.

9 Q. okay. And then the assessment/plan is
10 to continue to monitor every 15 minutes?

11 A. Uh-huh.

12 Q. Is that right?

13 A. Yes.

14 Q. And then to continue with the 5-point
15 FLRs as per Dr. Paschos?

16 A. Yes.

17 Q. And that -- meaning that you conferred
18 with Dr. Paschos to continue the order?

19 A. I would assume that, yes. When I write
20 as per that's usually I telephone or something.

21 Q. okay. Do you remember what you told
22 Dr. Paschos?

23 A. I do not.

24 Q. okay. would you have told him the same



1 information that you put in the note?

2 A. Yes.

3 Q. And to continue a patient in
4 restraints, do you as the nurse have to get the
5 doctor's approval?

6 A. Yes.

7 Q. Would you ever enter a continuation
8 order before getting a doctor's approval?

9 A. Your initial restraint order a
10 registered nurse can put an order in for an hour
11 that then has to be signed by a physician, has
12 to be assessed by a physician. But this would
13 have been a telephone order to continue or to
14 renew FLRs.

15 Q. And as the nurse could you continue an
16 order without first conferring with the doctor?

17 A. I would not. I would confer with the
18 doctor.

19 Q. Do you know if that's required by the
20 jail's policy?

21 A. Yes, you have to confer with the doctor
22 within an hour.

23 Q. Well --

24 A. If you as an RN -- this is more of



1 initiating restraints, you can give an order for
2 up to an hour before a doctor has time to sign
3 an order, give you an order from a physician.

4 As a renewal you would go directly to
5 your physician as a telephone order or if the
6 doctor is on unit or on compound.

7 Q. Okay. So there's a difference between
8 the first order and the renewal?

9 A. There's a difference, yes.

10 Q. Okay.

11 MR. FLAXMAN: I need to take a quick
12 break.

13 VIDEOGRAPHER WOODS: Okay. We are
14 going off the record at 1:52.

15 (Whereupon, a short break was
16 taken.)

17 VIDEOGRAPHER WOODS: We are going back
18 on the record at 1:59. This is the beginning of
19 media number two.

20 BY MR. FLAXMAN:

21 Q. The last exhibit was Exhibit 6, and I
22 want to --

23 A. Okay.

24 Q. -- stick with that time period but go



1 to the orders and the medical records.

2 A. Okay.

3 Q. I'm specifically looking at --
4 somewhere around 117. I'll tell you the exact
5 page number.

6 A. 117?

7 Q. Okay. So 118 -- well, let's just start
8 with the first. Are you on 118?

9 A. 118, yes.

10 Q. So at the bottom of 118 do you see an
11 order for psychiatric slash violent restraints?

12 A. Yes.

13 Q. Okay. And that order says that it
14 was -- the ordering physician is Dr. Paschos and
15 it was entered by Dr. Paschos, correct?

16 A. Yes.

17 Q. The next page, Page 119, at the bottom
18 has an order for psychiatric slash violent
19 restraints?

20 A. Yes.

21 Q. And this one was entered by you,
22 correct?

23 A. Yes.

24 Q. And this corresponds to the nursing



1 note that we looked at, Exhibit 6, which said
2 continue with 5-point FLRs?

3 A. Yes.

4 Q. Do you know why the time for this order
5 is 21:55 but the nursing note time is 22:29?

6 A. I do not. Like I said, there's always
7 a lag between actual care and the documentation.

8 Q. Okay. Well, would you have done the --
9 entered the order close in time to when
10 Dr. Paschos gave you that order?

11 A. The orders, yes.

12 Q. Okay. And it's the nursing note that
13 you would have possibly made later?

14 A. I would have done my charting later.

15 Q. Okay.

16 A. Yes.

17 Q. And the order is at 21:55, correct?

18 A. Yes.

19 Q. And would you have assessed Mr. Cruz
20 before that?

21 A. Yes.

22 Q. And it would have been sometime close
23 in time to 21:55?

24 A. Yes, that's why you call for the



1 renewal. Yes.

2 Q. okay. would it be within 15 minutes
3 before then?

4 A. I'm not sure of the exact time.

5 Q. okay. But it wouldn't have been two
6 hours before?

7 A. I don't think so, no.

8 Q. would it have been something like 30
9 minutes or less before?

10 A. I'm not sure.

11 Q. okay.

12 A. I'm not sure exactly. I'm assuming
13 around the time.

14 Q. It would be close in time --

15 A. Close to the time, yes. Sometime
16 before 10:00, yes.

17 Q. And when we say it, what I think -- let
18 me start -- let me just ask the question and get
19 it clear on the record.

20 A. Yes.

21 Q. Based on the entry of the order to
22 renew restraints at 21:55 --

23 A. Yes.

24 Q. -- you would have done a face-to-face



1 assessment before that time --

2 A. Yes.

3 Q. -- correct?

4 And you would have done that assessment
5 close in time to 21:55?

6 A. Yes.

7 Q. Okay. And in addition to the
8 face-to-face assessment, you also would have
9 conferred with Dr. Paschos, correct?

10 A. Yes.

11 Q. And you would have done that before
12 entering the order on -- at 21:55?

13 A. Yes.

14 Q. You would have done it close in time to
15 21:55?

16 A. Yes.

17 Q. The -- there's another set of materials
18 in the medical records called assessments which
19 start at 163.

20 A. 163?

21 Q. Yes.

22 Do you recognize starting about a third
23 of the way down there's information about
24 Mr. Cruz that was -- says recorded by Helen --



1 A. Yes.

2 Q. -- Kane1, RN?

3 A. Yes.

4 Q. And is this a list of information you
5 enter into the system about somebody in
6 restraints?

7 A. Yes.

8 Q. Does the computer run through these
9 questions in order, how does that work?

10 A. I'm trying to see how it -- this looks
11 different than it does to the computer.

12 Q. I understand.

13 A. It prints out different. But the
14 questions appear all to be the same, just a
15 little bit different.

16 Q. And do the questions all appear on one
17 screen?

18 A. The restraint proto -- the restraint
19 assessment does. It is an iview (phonetic) --
20 it is called iview. And through iview you can
21 access the restraint assessments. And it opens
22 up as check-boxes and drop-boxes, if that helps
23 you out. You right click to choose your options
24 in the drop-boxes.



1 Q. Okay. And are the different fields
2 shown with other fields at the same time?

3 A. Your options are.

4 Q. Okay. So it's not that you enter one
5 piece of information, click and then enter
6 another piece of information?

7 A. You do, you enter one, then you go to
8 the next box.

9 Q. Okay.

10 A. Then you go to -- consecutive.

11 MR. RAGEN: Just to clarify, you can
12 tell me to stop, but he wants to know is it all
13 on the same screen at once or do you have to
14 like --

15 THE WITNESS: It is all on the same
16 screen at once, yes. Yes, sir.

17 MR. FLAXMAN: Thank you.

18 BY MR. FLAXMAN:

19 Q. Okay. And then from that screen you
20 entered this information at 18:20 that we're
21 looking at starting on 163 going on to 164?

22 A. Yes. Yes, 18:20.

23 Q. Do you know -- so the first thing in
24 here is Mr. Cruz's blood pressure, right?



1 A. Uh-huh.

2 Q. Is that a yes?

3 A. Yes.

4 Q. And the next thing is direct
5 observation, no?

6 A. No.

7 Q. Do you know why it says direct
8 observation, no?

9 A. Apparently he was not on direct
10 observation.

11 Q. Do you know why?

12 A. Direct -- I do not know why, but no.

13 Q. Should he have been under direct
14 observation?

15 A. I don't believe so. I don't believe
16 so. Direct observation, no.

17 Q. What does it mean to be under direct
18 observation?

19 A. Officer is assigned one-on-one to the
20 door.

21 Q. Okay.

22 A. That's direct observation.

23 Q. Okay. The next box is restraint
24 alternatives attempted, and it says see below



1 T12?

2 A. Okay.

3 Q. And then there's some information on
4 the next page at T12?

5 A. Okay.

6 Q. Do you see that?

7 A. Yes.

8 Q. And that's information that you put
9 into the system?

10 A. Yes.

11 Q. Okay. The next box is restraint
12 patient behavior, and that says see below T15,
13 and then on the next page there's some
14 information at T15?

15 A. Yes.

16 Q. And that's also information that you
17 entered?

18 A. Yes.

19 Q. When your filling out these -- these
20 informations that have the T letter and number,
21 are you creating that information or is it from
22 check-boxes?

23 A. It has check-boxes and then you can
24 check other for certain things.



1 Q. Okay.

2 A. So as in how it says other, I have
3 feces smeared on body in cell, so that would be
4 an example of the other.

5 Q. I understand.

6 MR. RAGEN: For the other that's
7 something you would type in?

8 THE WITNESS: You can type -- you can
9 free type, yes.

10 BY MR. FLAXMAN:

11 Q. So for each of these rows where it says
12 see below and there's a T, you then put that
13 information in after the T?

14 A. Yes.

15 Q. The bottom -- getting to the bottom on
16 this page of 163, the third from the bottom is
17 skin under restraints?

18 A. Yes.

19 Q. And you've entered intact?

20 A. Yes.

21 Q. What does that mean?

22 A. No breakage in the skin.

23 Q. The next is preventive -- preventative
24 skin care measures?



1 A. Yes.

2 Q. What does that mean?

3 A. Making sure those restraints aren't too
4 tight.

5 Q. Circulatory status intact is the next
6 one, what does that mean?

7 A. He has good circulation, good mobility.
8 He's able to feel me. Good capillary refill you
9 can check.

10 Q. How can you tell he can feel you?

11 A. The nail bed, see if the blood refills.

12 Q. Can you explain that in more detail?

13 A. You would press down on the nail bed
14 and see how fast it takes for it to become pink
15 again, that means you got good blood flow.

16 Q. Okay.

17 A. One of the things we check in
18 restraints.

19 Q. These are concerns about the patient's
20 circulation?

21 A. Yeah, especially -- yes.

22 Q. The next page starts with patient
23 reposition and you wrote no?

24 A. Yes.



1 Q. Is that because he was just being put
2 into restraints for the first time?

3 A. That was initiated at that time FLR,
4 so, yeah, that would be no.

5 Q. Okay. And the next four are all about
6 limbs being released and those are also no?

7 A. No.

8 Q. And is that because he was starting --

9 A. Yes.

10 Q. Toileted, toilet offered is no?

11 A. I checked no, okay.

12 Q. And why is that no?

13 A. It was not seen for that time. This
14 was again FLR initiation.

15 Q. The next is hygiene measures provided,
16 what is that? And that one is yes, correct?

17 A. That would be a yes.

18 Q. Why is that yes?

19 A. I believe in my documentation.

20 Q. Oh, this is where you referred to
21 cleaning his arms?

22 A. I cleaned him, yes.

23 Q. Okay. The next line is ROM exercises
24 done, what's that?



1 A. Range of motion.

2 Q. And why weren't those exercises --

3 A. FLRs were just initiated then.

4 Q. And what are range of motion exercises?

5 A. Range of motion is -- range of motion
6 is the mobility of the patient while they're in
7 restraints. Range of motion exercises you do in
8 the hospitals for bedridden patients. So any
9 time you have a patient who is going to be
10 sedentary or to the bed for a prolonged period
11 of time, you want to do range of motion. You
12 want to make sure that blood flow is going. You
13 want to make sure there's nothing injured. You
14 want to make sure that they're feeling and
15 they're able to move their extremities if they
16 have any pain or discomfort anywhere.

17 Q. And I understand that you wouldn't do
18 that when you're first putting somebody into
19 restraints?

20 A. Right.

21 Q. But if he remained in restraints you
22 would offer range of motion exercises?

23 A. Yes.

24 Q. And what would those exercises be?



1 A. Oh, you want me to go down the --

2 Q. Sure.

3 A. -- list? I start from the top, I have
4 my patient move their necks -- move their neck
5 around, any pain with the head. If it is safe
6 to do so at that time you release a limb at that
7 time and you work with one limb at a time. You
8 would rotate your limbs one at a time, you're
9 not going to release all restraints at one time
10 for safety reasons, especially if you have a
11 patient who is self-injurious.

12 You would work the shoulder. I would
13 rotate the shoulder. I would do abduction. I
14 would do adduction, moving the arm out and in.
15 I have them bend at their elbow. I have them
16 move their wrist. I have them squeeze my hand.

17 Then we move down to the hips. You
18 bend at the knee, push the leg up, bring the leg
19 out, abduction, adduction. I rotate -- have
20 them rotate their ankles, move their ankles. I
21 tell them to move their foot like they're
22 working a car, driving the pedal. I have them
23 bend the knee and I check their calf, see if
24 they have any pain there. So...



1 Q. And how often --

2 A. When they're doing dorsiflexion of the
3 foot, if they would have pain they would let you
4 know. So...

5 Q. And the reason to give range of motion
6 exercises is to maintain blood circulation?

7 A. Maintain blood circulation.

8 Q. And how long does that -- the exercise
9 process take?

10 A. Every patient is different, depending
11 on how cooperative the patient is or if you can
12 do it at that time, depending on the patient. I
13 say, my experience, 2-and-a-half minutes, 3
14 minutes maybe each limb, minimum of maybe 10
15 minutes for range of motion, 8 to 10 minutes, 12
16 minutes range of motion.

17 Q. Okay.

18 A. I try to do about 2-and-a-half -- 2
19 minutes at least per limb.

20 Q. And that's something that you do
21 regularly for a patient who is in restraints?

22 A. Who is in restraints, who you are able
23 to do it with, yes.

24 Q. Okay. The next row here is fluid



1 offered, and you said yes.

2 what is the responsible learner present
3 restraints?

4 A. Responsible learner is basically saying
5 who is responsible learning of the reasons for
6 FLRs, things that would help get the patient up
7 from FLRs, and that is always the patient. So
8 that would be the patient.

9 Q. For the next two you also -- you
10 entered extra information that's below, right?

11 A. Yes.

12 Q. Tools, resources used, restraints, what
13 does that mean?

14 A. Tools -- the education.

15 Q. There's a box that says tools slash
16 resources used, restraints?

17 A. You discuss the patient -- you
18 verbalize with the patient.

19 Q. Okay.

20 A. Why they were placed in restraints.

21 Q. And the next --

22 A. How long an order is.

23 Q. The next row is educational outcome
24 restraints?



1 A. Uh-huh.

2 Q. Is that a yes?

3 A. And that would be initiated. That's a
4 yes.

5 Q. Well, I think you have initiated for
6 education status restraints?

7 A. Per status restraints, yes.

8 Q. For the previous row it was educational
9 outcome restraints, and it states unable to
10 verbalize slash demonstrate?

11 A. Unable to verbalize/demonstrate.

12 Q. Did I read --

13 A. Patient did not do it at that time.

14 Q. Meaning what did the patient not do?

15 A. The patient was not able to verbalize
16 his understanding of why he was placed in
17 restraints or verbalize his understanding of
18 things that may assist in getting restraints
19 released.

20 Q. And then the last one is ED dash unable
21 to educate dash restraints, what does that mean?

22 A. Unable to educate restraints, that
23 would be I believe a yes or a no, either you did
24 it or you didn't.



1 Q. Oh, and you were -- because of his
2 communication he was unable to --

3 A. Unable to do it at that time.

4 Q. Okay. The next page, which is County
5 165 --

6 A. Okay.

7 Q. -- has the same set of information for
8 recorded time -- well, it's 3/18/2016, and the
9 recorded time is 20:34, do you --

10 A. Yes.

11 Q. Is that right?

12 A. Yes.

13 Q. And the purpose of this was to assess
14 Mr. Cruz about two after -- two hours after --

15 A. Yeah.

16 Q. -- he went into restraints?

17 A. Two hours, every two hours you need to
18 do the assessment.

19 Q. Please try to let me finish my question
20 so that we can make --

21 A. I'm sorry.

22 Q. -- the cleanest record we can.

23 MR. RAGEN: Like while he's doing it
24 you still got to wait. It's just like --



1 THE WITNESS: I'll slow it down.

2 BY MR. FLAXMAN:

3 Q. So again you took Mr. Cruz's blood
4 pressure, right?

5 A. Yes.

6 Q. And that -- you would have done that in
7 his cell close in time to 20:34, correct?

8 A. Yes.

9 Q. And there's -- for the information here
10 that says see below, do you know if it would
11 have copied over from the previous assessment or
12 if you retyped everything?

13 A. Has to be retyped at that time.

14 Q. Okay. And would you look back at what
15 you had written the previous assessment?

16 A. Most likely. I may or may not.

17 Q. Okay.

18 A. You go on what is there at the time.

19 Q. Sure.

20 This one again has the preventative
21 skin care measures, yes? Right?

22 A. Yes.

23 Q. And again you checked Mr. Cruz's
24 circulatory status?



1 A. Yes.

2 Q. The next -- or the patient
3 repositioned, and it says no?

4 A. No.

5 Q. And for all the limbs released you have
6 no --

7 A. No.

8 Q. And do you know why his limbs were not
9 released?

10 A. According to T16 he was agitated,
11 confused, disoriented, restless, thrashing,
12 threatening to hurt self, so that would be
13 contraindicated at that time --

14 Q. Sure.

15 A. -- to release a limb.

16 Q. And lower down it says ROM exercises
17 done, and it says yes?

18 A. Just what I could do, yes.

19 Q. So you were able to do some --

20 A. So not a prolonged period of time they
21 would not be released.

22 MR. RAGEN: Let him finish the
23 question. A lot of times the conversation you
24 know where it's going to go, but just let him



1 finish the question.

2 BY MR. FLAXMAN:

3 Q. You marked on here that ROM exercises
4 were done, correct?

5 A. Yes.

6 Q. And because you were unable to release
7 Mr. Cruz's limbs, you weren't able to do the
8 full range of ROM exercises?

9 A. I don't know.

10 Q. Well --

11 A. I don't know. I don't know.

12 Q. Well, you wouldn't have marked that all
13 the limbs were not released if you were able to
14 do all of the range of motion exercises, is that
15 right?

16 A. I mark myself when certain limbs are
17 released if I'm able to do the full gamut of the
18 range of motion.

19 If I'm doing a quick repositioning or a
20 quick check, I usually don't put released
21 because I'm not releasing that limb for an
22 extended period of time. That's how I document
23 on the iView.

24 Q. And based on this document, we can tell



1 that you weren't able to do the full --

2 A. I wasn't able to do the full --

3 Q. Let me -- let me -- let me just --

4 A. I'm sorry.

5 Q. Based on this document --

6 A. Yes.

7 Q. -- you can tell that you were not able
8 to do the full range of range of motion
9 exercises, right?

10 A. Yes.

11 Q. Okay. Let me go to the next page,
12 which is County 166, and it looks like there's a
13 separate box for 3/18/2016 at 22:13 recording
14 only blood pressure, do you see that?

15 A. Yes.

16 Q. And under that there's the box with the
17 iView information about the restraints, and
18 that's at 3/18/16, 22:14, do you see that?

19 A. Yes.

20 Q. Do you know -- have any idea why
21 they're separated here but not in the previous
22 ones?

23 A. I don't -- I don't know.

24 Q. Well, based on this record you took



1 Mr. Cruz's blood pressure shortly before 22:13,
2 right?

3 A. Yes.

4 Q. Okay. And then you also assessed him
5 about the restraints shortly before 22:14?

6 A. Yes.

7 Q. And it looks like this time the patient
8 was repositioned, do you see that?

9 A. Yes.

10 Q. Okay. Do you recall how he was
11 repositioned?

12 A. No, I don't.

13 Q. Okay. And again his limbs were not
14 released, correct?

15 A. Patient arm released says no.

16 Q. And -- now, when a patient is
17 repositioned, is that something that you
18 physically do?

19 A. With assistance of the officers in
20 there.

21 Q. But you and the officers would be in
22 the cell to do that repositioning?

23 A. Yes.

24 Q. The next page at 170 -- 167 continues



1 this list, and ROM exercises done has a yes for
2 this one, right?

3 A. Yes. Yes.

4 Q. And is it correct that because you were
5 unable to release Mr. Cruz's limbs, you weren't
6 able to do the full range of ROM exercises?

7 A. Yes. I don't know. I don't know, but
8 according to this documentation I put yes so...

9 Q. The -- I'm sorry, what are you looking
10 at?

11 A. No, I'm just looking at the numbers.

12 Q. You said that you would do the
13 repositioning and correctional officers might
14 assist you?

15 A. Yeah.

16 Q. What about range of motion exercises,
17 do correctional officers assist you?

18 A. No.

19 Q. And they would never do that by
20 themselves?

21 A. No, they would be there with me.

22 Q. Would correctional officers ever
23 reposition a patient?

24 A. Not without the nurse there.



1 Q. Just a couple other things in the
2 record. I want to go to Page 182. At the
3 bottom there's something called intake and
4 output, do you see that?

5 A. Yes.

6 MR. FLAXMAN: Do you need a second to
7 get there?

8 BY MR. FLAXMAN:

9 Q. And as the nurse on the tier would you
10 record the fluid intake and fluid output of a
11 patient?

12 A. Yes.

13 Q. And this doesn't say -- this doesn't
14 say who made each record, but this would be
15 based on your recording and other nurses'
16 recordings, right?

17 A. Of the day, yes.

18 Q. Okay. And let's go to Page 223 -- you
19 know, actually, I'm sorry, on 183 -- I'm sorry
20 about that. Are you still looking at the intake
21 and output?

22 A. Yes.

23 Q. Where do you record that information?

24 A. IView has an intake and output, but



1 there's also an intake and output sheet that is
2 included in the FLR package so that's usually --

3 Q. Oh, okay.

4 A. -- done.

5 Q. Is that something that we looked at
6 earlier?

7 A. I don't think so.

8 Q. Okay. Is it something that you would
9 do by hand?

10 A. Yeah.

11 Q. And it's a separate sheet than the
12 15-minute check?

13 A. It's a separate -- yeah, it's a
14 separate intake and output that has boxes.

15 Q. Okay. This intake/output list has in
16 two of the squares -- I'm sorry, two of the
17 rectangles no documented output results for this
18 date range, do you see that? Do you know why it
19 says that?

20 A. Could be one of many reasons, either,
21 A, the patient is up and using the bathroom on
22 his own accord.

23 Q. Okay.

24 A. Or if the patient is urinating on



1 themselves, there's no way that you can record
2 an amount.

3 Q. So the output amounts would only be
4 recorded when a patient is using a bedpan?

5 A. Using the bedpan.

6 Q. Okay. And the intake and output form
7 that you mentioned, does that form have a name?

8 A. Intake and output on it, right on the
9 top, yes.

10 Q. Okay.

11 A. And it looks like a graph.

12 Q. And when you enter an order to put
13 somebody into restraints, how do you get all
14 those forms?

15 A. We have -- back then, not anymore, all
16 our things are computers now.

17 Q. Okay.

18 A. FLR packages already made that include
19 the paperwork that you have to use.

20 Q. Okay. And that -- so there was a few
21 of the papers we looked at?

22 A. Uh-huh.

23 Q. Some other papers that you completed
24 when the order was entered, correct?



1 A. Right. Yes.

2 Q. All right. Let me go to 223 of this
3 record. At the bottom of 223 --

4 A. Yes. Yes.

5 Q. -- and then on the top of 224 there are
6 some vital signs for Mr. Cruz that you entered,
7 correct?

8 A. Yes.

9 Q. There's one set from 3/18/16 at 20:34
10 and one set at 22:13, do you see that?

11 A. Yes.

12 Q. Oh, and above that there's also one
13 from the same day from 18:20, correct?

14 A. Yes.

15 Q. And these are all vital signs that you
16 got from a face-to-face interaction with
17 Mr. Cruz, right?

18 A. Yes.

19 Q. And that would have been shortly before
20 the time that's listed here, correct?

21 A. Yes.

22 Q. Okay. Is there a machine that measures
23 pulse rate or do you do that manually?

24 A. We have manual. We have a machine.



1 Q. Okay. And you can't tell from the
2 record what you used?

3 A. No.

4 Q. Okay. Same question for the
5 respiratory rate?

6 A. You do that yourself. That you do
7 yourself. You count how many breaths it is in a
8 minute, rise and fall of the chest.

9 Q. And the blood pressure is -- I think
10 you told me before there's a machine or you can
11 do it --

12 A. Or you can do it manual.

13 Q. I just wanted to -- there was the
14 notification to the -- there was a notification
15 form, we don't need to look at it, but that was
16 something you said that you would fax to two
17 different people, right?

18 A. To the -- notification of the
19 restriction of rights to the director?

20 Q. Yes.

21 A. And to the nurse manager?

22 Q. Right.

23 A. Yes.

24 Q. Were there any other forms that you --



1 from that FLR packet that you needed to fax to
2 anyone?

3 A. No.

4 Q. Okay. And --

5 A. No. Today's date, yes. A few years
6 ago, no.

7 Q. What's the new forms that you need to
8 fax?

9 A. We fax it to the manager and to the
10 guardianship, Patient Advocacy Commission, we
11 fax it to them too now.

12 Q. Do you know when that started?

13 A. Maybe the past year or so, year, year
14 and a half maybe.

15 Q. And is there a separate form for them
16 or is it the same notification?

17 A. Those are all from the computer. All
18 our forms are on the computer now so we would
19 print it up from the computer and then fax it
20 and the copy goes to medical records.

21 Q. And is the form that goes --

22 A. That's now, that's today.

23 Q. Right. As of today --

24 A. Yes.



1 Q. -- the form that you fax to the
2 manager, is it the same form that you would fax
3 to the guardian?

4 A. Yes. Yes.

5 Q. Okay. And you told me the fax machine
6 is behind the nurse's station, right?

7 A. Yes, in the hallway.

8 Q. Okay. And at the nurse's station there
9 are computers that you can use to enter -- make
10 entries in the medical chart?

11 A. Yes.

12 Q. There are also computers that you can
13 use to see into cells?

14 A. Yes.

15 Q. Are there any other computers available
16 at the nurse's station?

17 A. If you want to include our medication
18 cart, which is computerized, our Pixus
19 (phonetic).

20 Q. That's a separate computer for
21 information?

22 A. Yeah, that's a comp -- that's an
23 automated medication dispensing.

24 Q. And there also are -- are there also



1 phones at the nursing station?

2 A. Yes.

3 Q. And is that where you would call the
4 physician on duty?

5 A. Yes.

6 Q. Was there any other place you could
7 make a phone call to the physician on duty?

8 A. No.

9 Q. No, the phones are at the nursing
10 station?

11 A. The phones are at the nursing station.
12 Two phones.

13 Q. There are two phones at the nursing
14 station?

15 A. Two phones.

16 Q. And how would you know who the
17 physician on duty was?

18 A. We have a preprinted on-call --

19 Q. And that's --

20 A. -- list.

21 Q. Okay. Is there a name for that list?

22 A. The on-call psychiatrist list.

23 Q. Would that have the psychiatrist's home
24 phone number?



1 A. Yes.

2 Q. And when you needed to renew a
3 restraint order, were you ever concerned about
4 calling the on-call psychiatrist in the middle
5 of the night?

6 A. Was I ever concerned about calling a
7 psychiatrist did you ask?

8 Q. That's the question.

9 A. Oh, no. No. No.

10 Q. There's something called a restraint
11 log book?

12 A. Yes.

13 Q. Is that something that you've ever put
14 information into?

15 A. Yes.

16 Q. Okay. Well, let me mark one exhibit as
17 No. 7. I promised only 6, sorry.

18 (Whereupon, Plaintiff's
19 Deposition Exhibit No. 7 was
20 marked for identification.)

21 MR. RAGEN: You're almost done, right?

22 MR. FLAXMAN: Oh, yes. Sorry.

23 MR. RAGEN: No one is perfect.
24



1 BY MR. FLAXMAN:

2 Q. Looking at what we marked as Exhibit
3 No. 7, do you recognize this as a portion of the
4 restraint log book?

5 A. Yes.

6 Q. Okay. Is any of the handwriting on
7 this page in front of you your handwriting?

8 A. No.

9 Q. Okay. Do you know if you made an entry
10 in the restraint log book about Mr. Cruz?

11 A. I'm pretty sure.

12 Q. As the --

13 A. I would always, yeah, my restraint,
14 yes, in the book, yes.

15 Q. As the nurse who entered the order, it
16 would have been your responsibility to make that
17 entry?

18 A. To put in the entry, yes.

19 MR. RAGEN: I don't have them either,
20 segall. For the record Bill Ragen is saying the
21 name Segall, for the record Andrew might have
22 pointed in a way, maybe not.

23 MR. FLAXMAN: I don't have anything
24 else. Thank you for your time today.



1 THE WITNESS: Thank you.

2 EXAMINATION

3 BY MR. RAGEN:

4 Q. Going to Page 197, which I think is
5 Exhibit 1 or 2, so it would be one of the loose
6 ones in the stack.

7 A. These?

8 Q. Yes. Keep them together.

9 A. 197, yes.

10 Q. Do you see where --

11 MR. FLAXMAN: That's Exhibit 4 if you
12 want to put that on the record.

13 MR. RAGEN: Thank you. Appreciate it.

14 BY MR. RAGEN:

15 Q. Turning to Exhibit 4, Page 197, do you
16 see where you wrote clean hands, legs and face
17 of patient, leg purple bruising noted to upper
18 right arm, inner left arm and bilateral thighs?

19 A. Yes.

20 Q. The -- you noticed that the bruising
21 was of light purple color?

22 A. Yes.

23 Q. And this was done on or around 6 p.m.
24 on March 18, 2016?



1 A. Yes.

2 Q. And what does the color light purple
3 signify to you in terms of timing of bruises?

4 A. Well, timeline of -- I've got a few
5 myself from my dog. First day, two, they're
6 usually pink and red. Then day three to seven
7 they could be purplish in color.

8 Q. And so --

9 A. And then after that they go to a green
10 or yellow up to about day 14. You could have a
11 bruise about 14 days.

12 Q. So in any event, that bruising that you
13 noted would not be -- have any relation to
14 restraints placed on Mr. Cruz, is that fair?

15 A. Correct. Correct.

16 Q. You talked about how you used an
17 indication CMS when you were talking about a
18 patient's circulation when they're in
19 restraints?

20 A. Yes.

21 Q. Would you have also checked their pulse
22 when you do that?

23 A. Yes.

24 Q. And how would you do that?



1 A. Radial, pedals, pedal pulses. You
2 check at the inner ankle, you check at the
3 inside of the wrist. You're checking to see
4 mostly for strength too.

5 Q. Okay. And when we were looking at the
6 Q 15 pages which were in the medical record.

7 MR. SEGALL: 141 -- 143.

8 BY MR. RAGEN:

9 Q. On Page 143 do you see where you wrote
10 in handwriting on -- kind of the middle to the
11 left?

12 A. Yes.

13 Q. And you explained to counsel what that
14 handwriting meant, right?

15 A. Yes.

16 Q. And part of it meant that at 10 p.m.
17 you would have -- you know, the restraints would
18 have been continued?

19 A. The order was good -- your orders are
20 good for four hours, that's why it's written
21 from 6 to 10 p.m. And then when you renew it,
22 it was good from 10 to 2, so that's why those
23 times are there.

24 Q. And so you wrote it that it was renewed



1 from 10 to 2, so you would have talked to
2 Dr. Paschos to get those orders renewed, is that
3 fair?

4 A. Correct.

5 Q. And do you as a registered nurse
6 understand the standard of care to be what a
7 reasonably careful nurse would do under the same
8 and similar circumstances?

9 MR. FLAXMAN: Objection, foundation.

10 THE WITNESS: Yes.

11 BY MR. RAGEN:

12 Q. And did you comply with the standard of
13 care when you treated Mr. Cruz?

14 MR. FLAXMAN: Objection, foundation.

15 THE WITNESS: Yes.

16 MR. RAGEN: That's all I have.

17 VIDEOGRAPHER WOODS: Anyone else?

18 MS. HAIDARI: Yeah, I just have a
19 couple.

20 EXAMINATION

21 BY MS. HAIDARI:

22 Q. The restraints applied to Mr. Cruz on
23 March 18th and 19th, 2016, were those ever
24 ordered by Sheriff staff?

1 A. NO.

2 MS. HAIDARI: Thank you.

3 VIDEOGRAPHER WOODS: Anyone else?

4 FURTHER EXAMINATION

5 BY MR. FLAXMAN:

6 Q. The order for restraints was carried
7 out in part by you, correct?

8 A. Yes, I placed the restraints.

9 Q. And Sheriff's staff assisted you in
10 carrying out the order, correct?

11 A. In holding the patient, yes, and the
12 nurse applies the restraints.

13 MR. FLAXMAN: Okay. Thank you.

14 VIDEOGRAPHER WOODS: Anyone else.

15 MR. RAGEN: Yeah, a bunch. No, I'm
16 just killing, I don't. More deposition humor.

17 VIDEOGRAPHER WOODS: Okay. We are
18 going off the record at 2:39. This is the end
19 of media number two and the conclusion of
20 today's deposition.

21 (FURTHER DEPONENT SAITH NAUGHT.)
22
23
24



1 STATE OF ILLINOIS)
2) SS:
3 COUNTY OF C O O K)

4 I, Karen Fatigato, a notary public within
5 and for the County of Cook County and State of
6 Illinois, do hereby certify that heretofore,
7 to-wit, on the 18th day of December, 2019,
8 personally appeared before me, at 2650 South
9 California Avenue, Chicago, Illinois, HELEN
10 KANEL, in a cause now pending and undetermined
11 in the United States District Court for the
12 Northern District of Illinois, Eastern Division,
13 wherein LETICIA VARGAS, Administrator of the
14 Estate of ANGEL CRUZ, is the Plaintiff, and
15 SHERIFF OF COOK COUNTY, COUNTY OF COOK, AUGUSTUS
16 ALABI, AVIS CALHOUN, LORRAINE CHATMAN, ANITA
17 JOHNSON, HELEN KANEL, CHERRI KRZYZOWSKI,
18 ELIZABETH P. LASSEN, MANUEL MANALASTAS,
19 DR. STEVE PASCHOS, JASON SPRAGUE and JARUWAN
20 SUPASANGUAN, are the Defendants.

21 I further certify that the said HELEN
22 KANEL was first duly sworn to testify the truth,
23 the whole truth and nothing but the truth in the
24 cause aforesaid; that the testimony then given



1 by said witness was reported stenographically by
2 me in the presence of the said witness, and
3 afterwards reduced to typewriting by
4 Computer-Aided Transcription, and the foregoing
5 is a true and correct transcript of the
6 testimony so given by said witness as aforesaid.

7 I further certify that the signature to
8 the foregoing deposition was waived by counsel
9 for the respective parties.

10 I further certify that I am not counsel
11 for nor in any way related to the parties to
12 this suit, nor am I in any way interested in the
13 outcome thereof.

14 IN TESTIMONY WHEREOF: I have hereunto
15 set my hand and affixed my notarial seal this
16 24th day of January, 2020.

17
18
19 
20
21

22 NOTARY PUBLIC, COOK COUNTY, ILLINOIS
23 LIC. NO. 084-004072
24



Exhibit 8

**IN THE UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION**

Leticia Vargas, Administrator of	)	
The Estates of Angel Cruz,	)	
	)	
Plaintiff,	)	
	)	
v.	)	18-cv-1865
	)	
Sheriff of Cook County, et al.	)	
	)	
Defendants.	)	

HELEN KANEL’S ANSWERS TO INTERROGATORIES

Helen Kanel answers Plaintiff’s interrogatories as follows:

1. State your full name, professional, and residence addresses, and attach a current copy of your curriculum vitae (“CV”). In the event you do not have a CV, state in detail your professional qualifications, including your education by identifying schools from which you graduated and the degrees granted and dates thereof, your medical internships and residencies, fellowships and a bibliography of your professional writing(s).

ANSWER: I obtained my BSN from Loyola University in 1998.

2. State whether you have held any position on a committee or with an administrative body at any hospital. If so, state when you held such position(s) and the duties and responsibilities involved in such position(s).

ANSWER: I have not held any position on a committee or administrative body at any hospital.

3. Have you ever been named as a defendant in a lawsuit arising from alleged malpractice, professional negligence, or deliberate indifference to a serious medical need? If so, state the court, the caption, and the case number for each lawsuit.

ANSWER: No.

4. Since the institution of this action, have you been asked to appear before or attend any meeting of a medical committee or official board of any medical society or other entity for the purpose of discussing this case? If so, state the date(s) of each such meeting and the name and address of the committee, society or other entity conducting each meeting.

ANSWER: I have not been asked to attend any meeting to discuss this case.

5. Have you ever testified in court in a medical malpractice case or case involving allegations of deliberate indifference to a serious medical need? If so, state the court, the caption, and the case number of each such case, the approximate date of your testimony, whether you testified as a treating physician, expert, or percipient witness¹, and whether you testified on your own behalf or on behalf of the defendant or the plaintiff.

ANSWER: I have not testified in Court.

6. State all of your professional licenses, when you obtained them, and whether they are current.

ANSWER: I am licensed as a registered nurse in Illinois. My license is current and was in effect in March 2016.

7. Have any of your professional licenses ever been suspended or has any disciplinary action ever been taken against you in reference to a license? If so, state the specific disciplinary action taken, the date of the disciplinary action, the reason for the disciplinary action, the period of time for which the disciplinary action was effective, and the name and address of the disciplinary entity taking the action.

ANSWER: No.

8. State the exact dates and places on and at which you saw plaintiff's

decedent for the purpose of providing care or treatment.

ANSWER:

9. State the name, author, publisher, title, date of publication and specific provision of all medical texts, books, journals or other medical literature which you or your attorney intend to use as authority or reference in defending any of the allegations set forth in the complaint.

ANSWER: I have not yet identified what materials I intend to use to defend the allegations in the Complaint.

10. Were you named or covered under any policy or policies of liability insurance at the time of the care and treatment alleged in the complaint? If so, state for each policy:

- a. The name of the insurance company;
- b. The policy number;
- c. The effective policy period;
- d. The maximum liability limits for each person and each occurrence, including umbrella and excess liability coverage; and
- e. The named insured(s) under the policy.

ANSWER: County of Cook has a self-insured retention of \$25,000,000 per claim on excess insurance policy no. C015827004 issued by Allied World Assurance Company (AWAC) on a claims-made basis for \$25,000,000 per claim, effective dates 07/01/15 – 07/01/16, retroactive to December 31, 2000. Additionally, County of Cook secures excess coverage above AWAC, issued by Lexington Insurance Company (AIG) under policy no. 6797436, with limits of \$20,000,000 per claim, retroactive to December 31, 2000; Ironshore Specialty Insurance Company (Ironshore) under policy no. 001294603, with limits of \$20,000,000 per claim, retroactive to December 31, 2000; and Endurance American Specialty Insurance Company (Endurance) under policy no. HLC10007336200, with limits of \$10,000,000 per claim, retroactive to December 31, 2000.

¹ A percipient witness is an eyewitness, such as a treating physician.

11. Were you at any time an employee, agent, servant, shareholder, or partner of Cook County? If so, state the date(s) and nature of your relationship.

ANSWER: I was an employee of Cook County at all times relevant to Plaintiff's Complaint.

12. State whether there were any policies, procedures, guidelines, rules or protocols for the use of emergency psychiatric restraints at the Cook County Jail in March 2016. If so, state:

Whether such policies, guidelines, rules or protocols are published and by whom;

- a. The effective date of said policies, guidelines, rules or protocols;
- b. Which medical professionals are bound by said policies, guidelines, rules or protocols;
- c. Who is the administrator of any such policies, procedures, guidelines, rules and/or protocols; and
- d. Whether the policies, guidelines, rules or protocols in effect at the time of the occurrence alleged in the complaint have been changed, amended, or altered since the occurrence. If so, state the change(s) and the date(s) of any such change(s).

ANSWER: There was a policy in effect in March 2016 that concerned the emergent restraints on patients within the Cook County Department of Corrections. As I do not have that version of the policy in my possession, I am unable to answer the specific questions in subparagraphs (a) through (d).

13. Were any photographs, movies and/or videotapes taken of plaintiff's decedent or of the procedures complained of? If so, state the date(s) on which such photographs, movies and/or videotapes were taken, who is displayed therein, who now has custody of them, and the name, address, occupation and employer of the person taking

them.

ANSWER: None that I know of.

14. Do you know of any statements made by any person relating to the care and treatment or the damages described in the complaint? If so, give the name and address of each such witness and the date of the statement, and state whether such statement was written or oral and if written the present location of each such statement.

ANSWER: None other than what is contained in Plaintiff's decedent's medical records.

15. Do you have any information:

a. That plaintiff's decedent was, within the 10 years immediately prior to the care and treatment described in the complaint, confined in a hospital and/or clinic, treated by a physician and/or other health professional, or x-rayed for any reason other than personal injury? If so, state the name of each plaintiff so involved, the name and address of each such hospital and/or clinic, physician, technician and/or health-care professional, the approximate date of such confinement or service and state the reason for such confinement or service.

b. That plaintiff's decedent has suffered any serious personal injury and/or illness within 10 years prior to the date of the occurrence? If so, state when, where and how plaintiff's decedent was ill and describe the injuries and/or illness suffered.

ANSWER: No.

16. Have you (or has anyone acting on your behalf) had any conversations with any person at any time with regard to the manner in which the care and treatment described in the complaint was provided, or have you overheard any

statement made by any person at any time with regard to the injuries complained of by the plaintiff or the manner in which the care and treatment described in the complaint was provided? If so, state the following:

- a. The date or dates of such conversation(s) and/or statement(s);
- b. The place of such conversation(s) and/or statements(s);
- c. All persons present for the conversation(s) and/or statement(s);
- d. The matters and things stated by the person in the conversation(s) and/or statement(s);
- e. Whether the conversation(s) was oral, written and/or recorded; and
- f. Who has possession of the statement(s) if written and/or recorded.

ANSWER: None other than what is contained in Plaintiff's decedent's medical records.

17. List the name and addresses of all persons (other than yourself and persons heretofore listed) who have knowledge of the facts regarding the care and treatment complained of in the complaint filed herein and/or of the injuries claimed to have resulted therefrom.

ANSWER: None other than what is contained in Plaintiff's decedent's medical records.

Respectfully Submitted,
KIMBERLY M. FOXX
State's Attorney of Cook County

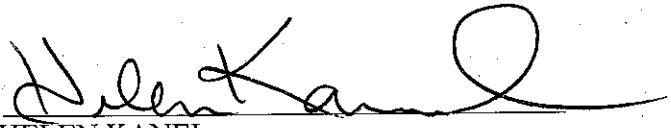
By: /s/ William R. Ragen
William R. Ragen
Assistant State's Attorney
500 Richard J. Daley Center
Chicago, IL 60602
(312) 603-7944
William.ragen@cookcountyil.gov

VERIFICATION

I, HELEN KANEL, being first duly sworn upon oath do hereby certify pursuant to Rule 33(b) that DEFENDANT HELEN KANEL'S ANSWERS TO INTERROGATORIES are true and complete to the best of my knowledge.

As to the matters therein stated to be on information and belief, the undersigned certifies as aforesaid that she verily believes the same to be true.

Dated: 2/28/19

Signed: 

HELEN KANEL

CERTIFICATE OF SERVICE

PLEASE TAKE NOTICE that I, William R. Ragen, Assistant State's Attorney, hereby certify that I sent a copy of Helen Kanel's Answers to Plaintiff's First Set of Interrogatories to all counsel of record via electronic mail on March 1, 2019.

By: /s/ William R. Ragen
William R. Ragen

Exhibit 9

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

LETICIA VARGAS,
Administrator of the
Estate of ANGEL CRUZ,
Plaintiff,

vs.

SHERIFF OF COOK COUNTY,
COUNTY OF COOK, AUGUSTUS
ALABI, AVIS CALHOUN,
LORRAINE CHATMAN, ANITA
JOHNSON, HELEN KANEL,
CHERRI KRZYZOWSKI,
ELIZABETH P. LASSEN,
MANUEL MANALASTAS,
DR. STEVE PASCHOS, JASON
SPRAGUE and JARUWAN
SUPASANGUAN,
Defendants.

Case No. 18 CV 1865

The video-recorded discovery deposition
of MANUEL MANALASTAS, taken in the
above-entitled cause, before Karen Fatigato, a
notary public of Cook County, Illinois, on the
4th day of March, 2020, beginning at 1:13 p.m.,
and concluding at 3:15 p.m., at 2650 South
California Avenue, Chicago, Illinois.

Reported By: Karen Fatigato, CSR

License No.: 084-004072

Plaintiff's Exhibit 09



1 APPEARANCES:

2 LAW OFFICE OF KENNETH N. FLAXMAN, by
3 MR. JOEL FLAXMAN,
4 MR. ANDREW SEGALL, (Paralegal)
5 200 South Michigan Avenue
6 Suite 201
7 Chicago, Illinois 60604
8 (312) 427-3200
9 jaf@kenlaw.com
10 Representing the Plaintiff;

11 COOK COUNTY STATE'S ATTORNEY, by
12 MR. WILLIAM R. RAGEN,
13 302 Richard J. Daley Center
14 Chicago, Illinois 60602
15 (312) 603-6317
16 william.ragen@cookcountyil.gov
17 Representing County of Cook,
18 Augustus Alabi, Avis Calhoun,
19 Lorraine Chatman,
20 Anita Johnson, Helen Kanel, Cherri
21 Krzyzowski, Elizabeth P. Lassen,
22 Manuel Manalastas, Dr. Steve
23 Paschos, Jason Sprague and Jaruan
24 Supasanguan;

15 COOK COUNTY STATE'S ATTORNEY, by
16 ASSISTANT STATE'S ATTORNEY, by
17 MS. RAANA V. HAIDARI,
18 50 West Washington Street
19 Suite 2760
20 Chicago, Illinois 60602
21 (312) 603-1424
22 raana.haidari@cookcountyil.gov
23 Representing Sheriff of Cook County;

21 ALSO PRESENT
22 Slawomir Kojro, Videographer
23 Kairra Brazley, Intern at Cook County
24 State's Attorney's Office

I N D E X

WITNESS EXAMINATION

MANUEL MANALASTAS

By Mr. Flaxman	5
By Mr. Ragen	106
By Ms. Haidari	108
By Mr. Flaxman (Further)	110

E X H I B I T S

NUMBER IDENTIFICATION

Deposition

Exhibit No. 1	30
Exhibit No. 2	45
Exhibit No. 3	73
Exhibit No. 4	78
Exhibit No. 5	80
Exhibit No. 6	83
Exhibit No. 7	92
Exhibit No. 8	98

1 VIDEOGRAPHER KOJRO: We are on the
2 video record. My name is Slawomir Kojro, legal
3 video specialist with McCorkle Litigation
4 Services, 200 North LaSalle, Suite 2900,
5 Chicago, Illinois, 60601. I am the videographer
6 on March 4, 2020 for the recording of the
7 deposition of Manuel Manalastas being taken at
8 2650 South California Avenue, Chicago, Illinois,
9 at the time of 1:13 p.m. in the matter of Vargas
10 for Cruz versus Cook County Sheriff, et al.,
11 filed in the United States District Court,
12 Northern District of Illinois, Case No. 18 CV
13 1865.

14 will counsel identify themselves for
15 the record?

16 MR. FLAXMAN: Joel Flaxman for the
17 plaintiff. And my paralegal Andrew Segall is
18 also present.

19 MR. RAGEN: William Ragen for Manuel
20 Manalastas, Cook County and a number of
21 individually named defendants. And our legal
22 intern Kairra Brazley is here as well.

23 MS. HAIDARI: Raana Haidari on behalf
24 of the Sheriff.



1 VIDEOGRAPHER KOJRO: Will the court
2 reporter please swear in the witness?

3 (Whereupon, the witness was
4 duly sworn.)

5 MR. FLAXMAN: Did you say yes?

6 THE WITNESS: I do. Yes.

7 MR. FLAXMAN: So please speak up so
8 that we can all hear you, is that all right?

9 THE WITNESS: I have a mic already down
10 here you can hear me.

11 VIDEOGRAPHER KOJRO: The microphone
12 goes to the camera.

13 THE WITNESS: Oh. All right.

14 MANUEL MANALASTAS,
15 having been first duly sworn, was examined and
16 testified as follows:

17 EXAMINATION

18 BY MR. FLAXMAN:

19 Q. Could you state and spell your name for
20 the record please?

21 A. My name is Manuel Manalastas.

22 Q. And how do you spell that?

23 A. M-a-n-u-e-l, and my last name is
24 M-a-n-a-l-a-s-t-a-s.



1 Q. And how are you currently employed?

2 A. I'm a full-time registered nurse at
3 Cermak Health Services.

4 Q. Is Cermak Health Services in the Cook
5 County Jail?

6 A. Cook County Jail, right.

7 Q. Do you have any outside employment?

8 A. None.

9 Q. How long have you worked at Cermak?

10 A. How long? 20 -- it will be 21 this
11 year.

12 Q. So you started in 1999?

13 A. 1999, yes.

14 Q. Have you been a nurse for all those
15 years?

16 A. Yes.

17 Q. Okay. Have you ever given a deposition
18 before?

19 A. One time. I don't remember how long
20 that was ago but, yeah, I have one.

21 Q. Okay. Well, first let me ask you if
22 you could keep your hands down so the video
23 picks up your mouth and so we can hear you, is
24 that okay?



1 A. Sure.

2 Q. And I'll also ask that you in answering
3 questions wait until I finish my question before
4 you give an answer, is that okay?

5 A. Sure.

6 Q. Okay. And I'll do the same for you,
7 when you're speaking I'll wait until you're
8 finished, okay?

9 A. Okay.

10 Q. And when you're responding please give
11 verbal yes or no rather than a shaking your head
12 or uh-huh, okay?

13 A. Yes.

14 Q. And if you don't understand anything
15 that I say, please let me know, and I'll try to
16 rephrase it, okay?

17 A. I will.

18 Q. All right. You said you gave a
19 deposition, but you don't remember when it was?

20 A. I don't exactly remember how long it
21 was ago.

22 Q. Okay. What -- why did you give that
23 deposition?

24 A. It was -- I think it was like sexual



1 assault. I don't exactly remember, but I think
2 that's -- a sexual assault from another inmate,
3 you know, inmate to inmate.

4 Q. Oh, okay. And you had some information
5 about what had happened?

6 A. Well, it just happened to be that it
7 was reported during the change of shift. It
8 didn't happen on my shift actively. And during
9 the rounds, you know, one of the officer
10 mentioned that so I was there.

11 Q. I see. Do you understand that you're a
12 defendant in a lawsuit that we're here on today
13 called Vargas versus Sheriff?

14 A. Yes.

15 Q. And you understand it's about the death
16 of a man named Angel Cruz on March 20th, 2016?

17 A. Yes.

18 Q. Is there any reason you would not be
19 able to answer my questions truthfully and
20 accurately today?

21 A. No.

22 Q. Did you meet with your lawyer to
23 prepare for the deposition?

24 A. Did I meet with lawyer?



1 Q. Did you meet with your lawyer?

2 A. Yes.

3 Q. Mr. Ragen is sitting next to you --

4 A. Mr. Ragen.

5 Q. -- he's your lawyer, right?

6 And without telling me the contents of
7 your conversation with Mr. Ragen, how many times
8 did you meet with him?

9 A. Twice.

10 Q. Okay. When was the most recent one?

11 A. Last -- two weeks ago.

12 Q. Okay. And did you --

13 A. Three weeks ago.

14 Q. I'll take his deposition next and ask
15 him.

16 A. Okay.

17 Q. That's a joke I'll put on the record.

18 Did you review any documents when you
19 met with Mr. Ragen?

20 A. He gave me documentation of what
21 clearly happened -- what was my participation.

22 Q. Meaning medical records?

23 A. Medical records, yes.

24 Q. Okay. And you reviewed the records



1 that you had created?

2 A. Yes.

3 Q. Okay. And as a nurse at the jail, do
4 you regularly create medical records?

5 A. Yes.

6 Q. How do you -- how do you create medical
7 records?

8 A. By -- now we are using the computer to
9 record everything. Before that, it was probably
10 about ten years ago, we were using manual -- I
11 mean, we write everything in the chart.

12 Q. So when you started in 1999 you were
13 writing things by hand?

14 A. Yes.

15 Q. And now everything is entered into the
16 computer?

17 A. On the computer.

18 Q. What is your highest level of
19 education?

20 A. I'm a BSN nurse Bachelor of Science in
21 Nursing.

22 Q. And where did you get that degree?

23 A. Philippines.

24 Q. In what year?



1 A. 1987, yeah.

2 Q. what's the name of the school?

3 A. Manila Central University in the
4 Philippines.

5 Q. Manila Central University?

6 A. Yeah.

7 Q. Did you work as a nurse in the
8 Philippines?

9 A. For six months, then after that I went
10 to Middle East. worked as a nurse also, yeah --

11 MS. COURT REPORTER: what? Could you
12 repeat what you said?

13 THE WITNESS: I work in Middle East,
14 Saudi Arabia, for two years after that six
15 months in the Philippines.

16 BY MR. FLAXMAN:

17 Q. And after Saudi Arabia where did you
18 go?

19 A. Here.

20 Q. And what was your first job in the
21 United States?

22 A. I was a nurse in a nursing home.

23 Q. And did you have other jobs between
24 that and Cermak?



1 A. I work as a home health nurse also.

2 Q. why did you want to work at Cermak?

3 A. Good benefits.

4 Q. And has your position been the same the
5 whole time you've been at Cermak?

6 A. Yes.

7 Q. where are you currently assigned in
8 Cermak?

9 A. On 2nd floor in Cermak, psychiatric
10 unit.

11 Q. And what shift do you work currently?

12 A. 7:00 in the morning to 3:30 p.m.

13 Q. Did you work part of that shift today?

14 A. Yes.

15 Q. And how long have you had that same
16 shift?

17 A. Ever since --

18 Q. The whole time?

19 A. Always, yeah. Ever since I got
20 employed.

21 Q. And am I right that the building you're
22 currently at wasn't -- didn't exist when you
23 first started working there?

24 A. No, it's already there.



1 Q. I'm sorry?

2 A. Yeah. You mean the Cermak?

3 Q. Is the -- are you -- have you worked in
4 the same building -- physical building since
5 1999?

6 A. Yes.

7 Q. Okay. I might --

8 MR. RAGEN: I think it was 1998.

9 THE WITNESS: Yeah, because it was a
10 new building when I came in.

11 BY MR. FLAXMAN:

12 Q. It was new in '98, okay, I had my years
13 wrong.

14 Have you always worked on the 2nd
15 floor?

16 A. On the 2nd floor, yes.

17 Q. And you've always worked in
18 psychiatric?

19 A. Psychiatric unit. Well, once in a
20 while I'll go to another unit for, you know,
21 like overtime.

22 Q. Okay. And do you have set days that
23 you work?

24 A. Five days a week.



1 Q. which five days?

2 A. Well, I have every other weekend, you
3 know, like this coming weekend I'm off. And
4 it's been like that ever since. And then on the
5 weekdays I have Tuesday and Friday off.

6 Q. Okay. I'm sorry, but I didn't
7 understand that.

8 So am I right you'll work Monday
9 through Friday?

10 A. Well, like I said, every other weekend,
11 right. If I'm working this weekend I'm off
12 Friday before the weekend.

13 Q. Okay.

14 A. And then if I'm working the weekend I'm
15 off Tuesday.

16 MR. RAGEN: The next Tuesday?

17 And again, you tell me to stop. I'm
18 just trying to understand it myself.

19 BY MR. FLAXMAN:

20 Q. So do you work every other weekend?

21 A. Every other weekend, yes.

22 Q. Okay. And are you working -- today is
23 wednesday --

24 A. Today is wednesday.



1 Q. -- and so are you going to be working
2 this coming weekend?

3 A. No, I'm off. So I'm working Friday
4 this week.

5 Q. okay. So then you'll come back after
6 the weekend and work on Monday?

7 A. Uh-huh -- yes.

8 Q. And then will you work on Tuesday of
9 next week?

10 A. Yes.

11 Q. will you work on Wednesday of next
12 week?

13 A. Of course, yes.

14 Q. will you work on Thursday of next week?

15 A. Yes.

16 Q. will you work on Friday of next week?

17 A. If they give me overtime I'll work on
18 Friday.

19 Q. But if -- without an overtime you would
20 not work next Friday?

21 A. Yes. Yeah, that's my regular day off.

22 Q. And then the weekend that's coming up
23 you said you're not going to work, but the
24 weekend after that you work Saturday and Sunday?



1 A. Yes.

2 Q. Okay. I understand that enough.

3 All right. What are your
4 responsibilities as a nurse at Cermak?

5 A. Cermak -- I'm in charge of the unit
6 where I'm working, pass medication, assess my
7 patient, do nursing care, work with my doctors.
8 What else? I guess depends what's going on in
9 the unit, you know, nursing care, I'll do that.

10 Q. Some of that nursing care is reactive
11 to whatever is happening, right?

12 A. Yes.

13 Q. Okay. Did you say you -- you said you
14 worked on the 2nd floor, right?

15 A. On the 2nd floor.

16 Q. Are you always in the same unit on the
17 2nd floor?

18 A. Yes.

19 Q. And which unit?

20 A. 2 North -- I mean, the 2nd floor, the
21 whole 2nd floor. We rotate every month, by the
22 way. Every month we rotate. This month I'm on
23 2 South. And next month is going to be another
24 unit but still going to be on 2nd floor, and



1 it's psyche unit, all psyche unit on the 2nd
2 floor.

3 Q. How many units are on the 2nd floor?

4 A. 2 North, 2 West, 2 South, 2 Southeast
5 and East, five units.

6 Q. Okay. And those are all psyche units?

7 A. Male psyche units.

8 Q. They're all male psyche units?

9 A. I mean, West is female, and then the
10 rest all male.

11 Q. Okay. And please tell me if I have
12 this right, the five units are 2 North, 2 West,
13 2 South, 2 Southeast?

14 A. Uh-huh.

15 Q. And 2 East?

16 A. And 2 East, yes.

17 Q. That's correct?

18 A. That's correct.

19 Q. And those are all male except for
20 2 West?

21 A. West.

22 Q. And you are -- you rotate so that
23 you're in each month assigned to a different one
24 of those?

1 A. Yes.

2 Q. When you're serving on your shift, are
3 you the only nurse on the unit?

4 A. There's always a PCA working with me.

5 Q. What's a PCA?

6 A. CNA, nursing care assistant -- CNA,
7 certified nursing assistant, CNA, I'm sorry.

8 Q. CNA?

9 A. Yeah.

10 Q. But you're the only registered nurse?

11 A. Most of the time, yes.

12 Q. Are there ever times that there are
13 multiple registered nurses on a unit?

14 A. They have extra shifts, they do. And
15 it depends on the acuity of the unit. Let's say
16 I have 50 or more -- 40 patients in the unit, if
17 they can they provide us, you know, an extra.

18 Q. So there might be too many people on
19 the unit and you need extra?

20 A. Yeah.

21 Q. Is that right?

22 A. Yeah.

23 Q. When you -- you said you looked at your
24 medical records about Mr. Cruz?



1 A. Yes.

2 Q. Okay. Having looked at those, do you
3 remember treating Mr. Cruz?

4 A. Yes.

5 Q. And what do you remember about
6 Mr. Cruz?

7 A. Giving him the medication. Assessing
8 him when I came into the unit because he was in
9 full leather restraint. I guess whatever is the
10 full leather restraint protocol that we were
11 doing I did that. Vital signs. Checking
12 circulation of the inmate -- of Mr. Cruz,
13 whatever. And ask him if he needs fluids or if
14 he needs to use the urinal or bedpan.

15 Q. Do you remember speaking to him?

16 A. That time to be honest, no, because --
17 I mean, I didn't get any response probably
18 because my documentation he was sleeping. Most
19 probably he just moaned or tell me something yes
20 or no, I don't remember exactly.

21 Q. Okay. And I just want to make sure I
22 understand whether you're answering based on
23 your memory or based on what's in the documents?

24 A. What's in the document right now



1 because I can't remember that.

2 MR. RAGEN: And so he's just asking you
3 like what you remember.

4 THE WITNESS: what I remember?

5 BY MR. FLAXMAN:

6 Q. I mean, so do you have an independent
7 memory of actually speaking to Mr. Cruz?

8 A. No.

9 Q. Okay. And do you have an independent
10 memory of anything that he said to you?

11 A. No.

12 Q. Do you have an independent memory of
13 seeing him and interacting with him at all?

14 A. Not -- to be honest, no.

15 Q. Okay. And having reviewed your records
16 that doesn't bring back any memory of it?

17 A. Not really.

18 Q. Okay. You mentioned the restraint --
19 well, you mentioned that when you came on your
20 shift Mr. Cruz was in restraints, right?

21 A. Yes.

22 Q. Okay. And what -- what's your
23 understanding of what restraints are?

24 A. Restraint is we put patient -- inmate



1 or patient in the restraint when they are at
2 risk of hurting themselves or hurting anybody.

3 Q. Okay. And can you describe what it
4 means to put an inmate in restraints?

5 A. I just did, right. I said if they are
6 at risk of hurting themselves, suicidal or
7 homicidal, we put them in there. They are
8 getting out of control and they are --
9 potentially can hurt themselves or hurt somebody
10 we put them on restraint.

11 Q. Okay. And -- okay, I understand that.
12 And what does it mean to put them in
13 the restraints, what physically are you or
14 somebody else doing to put them in restraints?

15 A. Well, me with the officers, officer, of
16 course, will restrain them. While they're
17 putting them in restraint I make sure that
18 restraint doesn't pose any risk to him, you know,
19 just like checking the circulation or, you know,
20 the restraint is too tight. So I have to check
21 all of that, that he's going to have, you know,
22 good circulation while he's in restraint.

23 Q. And when detainees at the jail are put
24 in restraints, is it done with them on a bed?



1 A. On a bed, yeah, on a restraint bed.

2 Q. okay. Is there a special bed for
3 restraints?

4 A. Actually, all the bed that we have on
5 2nd floor in 2 North are designed for restraint.
6 But we don't use the group room, we just use the
7 single room, the single bed, the single cells.

8 Q. And was that true in 2016 also?

9 A. 2016?

10 Q. Yes.

11 A. Yes, we just changed the bed, I
12 guess -- I mean, change -- it's still the same,
13 it's still the same for full leather restraint.

14 Q. And so when a detainee is being put
15 into restraints, they're put into a single room,
16 is that what you said?

17 A. Single room, yes.

18 Q. And are they laid down on the bed on
19 their back?

20 A. On their back, yes.

21 Q. And then are straps applied to their
22 arms and legs?

23 A. Yes.

24 Q. And there's also a strap for chest?



1 A. And the chest, yeah. If it's order,
2 they say 5-point restraint, that's the -- which
3 is chest restraint. If it is 4 points, it's
4 just the extremities.

5 Q. Okay. There could be a restraint
6 for -- there could be -- excuse me. There could
7 be an order for only four?

8 A. Yes.

9 Q. And that would mean no chest?

10 A. No chest restraint.

11 Q. And I think did you say the officers
12 are responsible for putting the restraints on?

13 A. They hold them for -- yeah. Yeah.
14 They help us to restrain the patient, of course,
15 especially if they are violently moving they
16 have to be there. So they check them, they put
17 them in restraint while somebody -- while like
18 me, nurse, is in there so we can check it that
19 it's being done correctly.

20 Q. And you said you check to make sure
21 that the restraints are not too tight?

22 A. Uh-huh.

23 Q. Is that a yes?

24 A. Yes.



1 Q. why do you check to make sure the
2 restraints are not too tight?

3 A. It's one of my responsibility, that's
4 the reason why we are down there, the nurses,
5 right, to make sure that these restraint or
6 whatever action we're -- they're doing to the
7 inmate is not going to hurt them, you know what
8 I'm --

9 Q. And what's your understanding of the
10 medical risk if restraints were too tight?

11 A. Well, if it is too tight of course it
12 will cut the circulation, you know.

13 Q. Is there anything else that you would
14 be concerned about if restraints were too tight?

15 A. I guess that's about it. It will cut
16 your circulation for sure.

17 Q. Okay. And have you had a lot of
18 experience with detainees being put into
19 restraints?

20 A. Oh, yes, sir. Yes.

21 Q. Do you have special training on
22 restraints?

23 A. Yes.

24 Q. And how often -- when was the last time



1 you had that training?

2 A. Once a year they renew that -- I mean,
3 we have our refresh -- like a refresher course
4 they call it.

5 Q. And that's a -- a refresher course only
6 on restraints?

7 A. No, there's a lot, you know, happening.

8 Q. So it's a re --

9 A. Multiple things is going on in that
10 refresh.

11 Q. Can you remember the last time you had
12 training about restraints?

13 A. Don't know. Last year. I don't
14 exactly remember.

15 Q. Sometime in 2019?

16 A. Yes. It's mandatory every year, they
17 won't let us work without that.

18 MR. RAGEN: Could we take a quick
19 break?

20 MR. FLAXMAN: Sure.

21 VIDEOGRAPHER KOJRO: Off the record at
22 1:33.

23 (Whereupon, a short break was
24 taken.)



1 VIDEOGRAPHER KOJRO: On the record

2 1:37.

3 BY MR. FLAXMAN:

4 Q. We just talked about your
5 responsibilities when a detainee is first placed
6 into restraints?

7 A. Yes.

8 Q. What are your responsibilities as the
9 nurse on the tier after a detainee is placed
10 into restraints?

11 A. Monitor them every 15 minutes and then
12 check every two hours vitals and, you know, all
13 those circulation, give them a little exercise,
14 I guess, release them. And they need some
15 fluids, we provide that. And if they need to
16 use the urinal or bedpan we offer that. And
17 then we assess them also for readiness to be --
18 if they can -- ready to be released.

19 Q. I'm just going to ask you to put your
20 hands down again.

21 A. I'm sorry.

22 Q. I know it's a struggle.

23 How do you monitor every 15 minutes?

24 A. We have flow sheet that we use every 15



1 minutes.

2 Q. And so that's how you record that
3 you're monitoring, is that right?

4 A. Yes. To be honest I don't remember if
5 we are using -- no. No. No. We are using the
6 paper during that time too because we -- yeah,
7 I'm sure it's the paper that we use in every 15
8 minute checks. Because now is the officers who
9 do the every 15 minutes, the flow sheet.

10 MR. RAGEN: And he was just asking you
11 how you go about doing the monitoring.

12 THE WITNESS: How? We check -- we go
13 down to check them or we have monitor in the
14 unit that we use to check them. Sometimes I ask
15 my officer or my PCA if I'm busy.

16 BY MR. FLAXMAN:

17 Q. Okay. So the one option is that you
18 could go to the detainee's cell yourself, right?

19 A. Uh-huh.

20 Q. Is that a yes?

21 A. Yes.

22 Q. Another option is that you have a
23 monitor where you can see a video --

24 A. Yeah, you can see the video up on the



1 screen.

2 Q. Okay. And please let me finish my
3 question before you answer it, is that okay? Do
4 you understand that?

5 A. Sure.

6 Q. Okay. And you also said you can ask an
7 officer to check in --

8 A. Sometimes I do that.

9 Q. And you also could ask a PCA?

10 A. PCA.

11 Q. And did you say that at some time the
12 procedure switched so that the officers are
13 making notes of the 15-minute checks?

14 A. No. What I'm saying trying to say
15 before we do the every 15 minutes, the nurses,
16 we do that. Now they changed it. So the
17 officer hold this, you know, the flow sheet, and
18 they fill it out themselves every 15 minutes.

19 Q. And are you still doing the checks?

20 A. We're doing -- we're still doing the
21 checks. We're still checking them out.

22 Q. And then how does the officer know what
23 to write down?

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



1 Q. Is the officer writing down your
2 observation or is the officer making --

3 A. No, they have the --

4 Q. -- his own observation?

5 I'm sorry, please let me finish my
6 question or we're going to be here for a very
7 long time.

8 A. Okay.

9 Q. As the system is now presently, is the
10 officer writing down your observation or his own
11 observation?

12 A. On the flow sheet they have those
13 explanation of their observation that say if
14 they're sleeping, maybe there's a letter
15 designated on that, and then they will put it on
16 that little box on the flow sheet. My
17 observation is my document -- you know, I
18 document them every two hours also.

19 MR. RAGEN: I guess his question is --
20 again, you can tell me, Joel, I'm just trying
21 to -- what he's saying is if the officer makes a
22 notation in the current system, do you know if
23 the officer is basing it off his or her own
24 assessment or is it based on your assessment?



1 THE WITNESS: The officer is just --
2 you know, they just document what they see on
3 the time that they look at it, what's going --
4 if they're sleeping, that's all they have to put
5 in there is sleeping.

6 BY MR. FLAXMAN:

7 Q. Okay. All right. Let me show you an
8 exhibit.

9 A. There you go, that's the one I'm
10 talking about.

11 (Whereupon, Deposition Exhibit
12 No. 1 was marked for
13 identification.)

14 THE WITNESS: Okay.

15 BY MR. FLAXMAN:

16 Q. All right. The reporter has just
17 handed you Exhibit 1, which is County 0141
18 through County 0145. Do you understand -- I'm
19 sorry, do you recognize what this form is?

20 A. Yes.

21 Q. Is this what you're referring to as the
22 flow chart?

23 A. Yes.

24 Q. And this is -- there's five pages of



1 these, can you tell which ones, if any, have
2 your notations on them?

3 A. The one on the first page, the one on
4 the top page is mine because I see my signature
5 down at the bottom.

6 Q. Is your signature -- which is your
7 signature?

8 A. The one on the bottom with 7 to 3 on
9 it.

10 Q. Yours is the lowest one?

11 A. Yeah.

12 Q. And, I'm sorry, what does it say next
13 to it?

14 A. CN1, 7 to 3.

15 Q. What's CN1?

16 A. Charge nurse -- I mean, oh, my God,
17 circulating nurse one.

18 Q. So that's your signature. Did you --
19 and did you fill in any of these boxes --

20 A. Yes.

21 Q. -- on this page?
22 which boxes are yours?

23 A. Starting from 7:15 to 11 -- 3:30,
24 15:00, 15:15 -- I mean, 14:45, I'm sorry. Yeah,



1 that's me.

2 Q. And can you tell that based on your
3 shift or can you recognize your handwriting?

4 A. I recognize my handwriting.

5 Q. Okay. And so what is written in that
6 first one you wrote at 07:15?

7 A. 07:15, JV, that means that he's quiet,
8 and V up in the circulation satisfactory, you
9 know, check the circulation, of course, that's
10 the most important. So that's what it means.

11 Q. And what did you mean that the
12 circulation was satisfactory?

13 A. That the circulation in his extremities
14 are flowing very well.

15 Q. And how did you tell that?

16 A. By checking them visually, holding and
17 checking -- I mean, holding them. I don't know
18 what to say. Yeah, visually, and I hold them,
19 you know, if they're warm, of course. If they
20 are cold, of course, there is no circulation.

21 Q. Did you write that his cir -- I'm
22 sorry, what you wrote, so this is your
23 handwriting next to the other?

24 A. Yes.



1 Q. And what did you write?

2 A. JV, JV, JV.

3 Q. No, I'm sorry. I just want to know at
4 the bottom of the page the last code is V other,
5 do you see that?

6 A. Oh, yeah, that's mine. Yeah, that's my
7 signature.

8 Q. Okay. And next to V other you wrote
9 something by hand, right?

10 A. Circulation satisfactory.

11 Q. Okay. How did you tell that Mr. Cruz's
12 circulation was satisfactory?

13 A. Like I said, I will go to the room,
14 check the circulation, you know, assess them
15 visually. And also one of the -- part of the
16 assessment is to touch them, like I said, if
17 they are cold or warm.

18 Q. Okay. And just -- and what does cold
19 or warm mean in that context?

20 A. If it's warm there is very good
21 circulation. Of course, if it is cold, you
22 know, there is not good circulation because it's
23 cold.

24 Q. Okay. And if the circulation was not



1 good, what would you have done?

2 A. Well, we have to -- you know, initially
3 I'm going to release the restraint.

4 Q. And did you write JV in every box going
5 to -- through 11:15?

6 A. Yes.

7 Q. Okay. You didn't check his circulation
8 every 15 minutes, right?

9 A. Not actually. Like I said, you can see
10 it. I mean, I don't have to touch him, but
11 during the visual you can see it.

12 Q. So every 15 minutes you did a visual
13 check?

14 A. To be honest not every 15 minutes, no,
15 to be honest with you with that.

16 Q. Okay. Do you know how --

17 A. Probably every 20 or something like
18 that. I don't know, not exact.

19 Q. Okay.

20 A. 15 minutes, yeah.

21 Q. And do you know how many times you went
22 into the cell for those checks?

23 A. No, I don't remember how many times.

24 Q. Did you ever go into the cell to do



1 these 15-minute checks?

2 A. Yes, I do, but like I said, we have a
3 monitor also that we look, and I ask my officer
4 and my PCA go down there, you know, we alternate
5 because he's not the only patient down there,
6 you know that.

7 Q. Of course. And I just want to be clear
8 that you're not telling me exactly what happened
9 with Mr. Cruz, you're telling me your general
10 practice for doing these checks, right?

11 A. Yes.

12 Q. Okay. I was right then at 11:15 was
13 the last JV, is that right?

14 A. Yes.

15 Q. Okay. And if you don't mind just
16 putting the paper down so we don't have it in
17 the picture.

18 what does the next box 11:30 say?

19 A. C.

20 Q. And what does C mean?

21 A. Right there, restraints released.

22 Q. Okay. And do you remember releasing
23 Mr. Cruz's restraints?

24 A. I don't remember exactly that, you



1 know --

2 Q. Sure.

3 A. -- how that happened. But I did for
4 sure -- I did release them because we are the
5 one allowed -- because we are the only one we
6 have a -- we have keys to release the restraint.

7 Q. And when you say we, do you mean
8 nurses?

9 A. Nurses.

10 Q. And then the next box is 11:45, what
11 did you write in that box?

12 A. J.

13 Q. And what does J mean?

14 A. It says quiet.

15 Q. Okay. And are the remainder of your
16 notations on this form going from 12:00 through
17 14:45 all J?

18 A. Yes.

19 Q. And these were based on possibly going
20 to the cell, possibly looking at the monitor or
21 the other possibilities you mentioned before?

22 A. All of them, yes.

23 Q. The other -- okay. And the -- did you
24 say that -- so this is -- I'm sorry, I'll start



1 this question again.

2 This is a notation on a form that was
3 made in 2016, right?

4 A. This -- I'm sorry, which one are you
5 asking?

6 Q. Yeah, I'm looking at Exhibit No. 1
7 which has -- which you made notes on you made in
8 March of 2016, right?

9 A. 2016.

10 MR. RAGEN: Yes?

11 THE WITNESS: Yes.

12 BY MR. FLAXMAN:

13 Q. Okay. Is this form still in use?

14 A. The form -- we use the computer, yes --
15 oh, this one?

16 Q. Yes.

17 A. This one, yeah. But like I said, it's
18 the officer now who fill this out, not us.

19 Q. So it's not your responsibility to fill
20 out --

21 A. Not anymore.

22 Q. Do you know when that changed?

23 A. Just recently, probably a couple of
24 years ago because it's just impossible for the



1 nurse to monitor the close observation. Because
2 we use this for close observation also, you have
3 15 close observation with one nurse, it's just
4 not, you know, real -- realistic for one nurse
5 to monitor, that's why they changed it I guess.

6 Q. And so what you mean is that when
7 someone is in restraints they have to be
8 monitored every 15 minutes but another
9 possibility would be an order of close
10 observation and that would require 15-minute
11 checks too, right?

12 A. 15-minute checks. If it's ordered,
13 yes.

14 MR. RAGEN: Could we take a quick
15 break?

16 MR. FLAXMAN: Sure.

17 VIDEOGRAPHER KOJRO: Off the record at
18 1:51.

19 (Whereupon, a short break was
20 taken.)

21 VIDEOGRAPHER KOJRO: On the record at
22 1:53.

23 BY MR. FLAXMAN:

24 Q. Is there anything about Exhibit 1 that



1 we also needed to cover?

2 A. No.

3 Q. Okay. You also mentioned in addition
4 to the 15-minute checks checking vitals of a
5 patient in restraints every two hours?

6 A. Yes.

7 Q. Is that correct?

8 A. Yes.

9 Q. Okay. And what do you check when you
10 check vitals?

11 A. What do we check? I'm sorry, can you
12 rephrase?

13 Q. What vitals do you check every two
14 hours?

15 A. The blood pressure, heart rate,
16 respiration, temperature.

17 Q. And do you record that in the medical
18 records?

19 A. In the medical records, yes.

20 Q. Do you check circulation when you're
21 checking vitals?

22 A. Yes.

23 Q. Okay. The same way that you told me
24 before?



1 A. The same way, yeah. They're in
2 restraint, yes.

3 Q. Do you ever check oxygen levels when
4 you check vitals?

5 A. Yes.

6 Q. How often do you check oxygen levels?

7 A. The -- it's almost the same time, but
8 it's not really very -- not all the time that we
9 check the vital signs.

10 Q. You don't check oxygen every time?

11 A. We do not every -- that's --

12 Q. How do you choose when you check oxygen
13 levels?

14 A. The oxygen level, if it is -- if it is
15 ordered, you know.

16 Q. So a doctor might say check oxygen
17 levels?

18 A. Check the oxygen level as well as the
19 vital signs, yes.

20 Q. Okay. Would you ever take oxygen
21 levels if it was not ordered?

22 A. Sometimes.

23 Q. Why would you do that?

24 A. Well, just to document it.



1 Q. And if you took the oxygen level then
2 you would document it?

3 A. You document it.

4 Q. How do you take oxygen levels?

5 A. We have the pulse oximeter that we use.

6 Q. And when you take vital signs with a
7 pulse oximeter, is it automatically put into the
8 computer or do you have to enter it separately?

9 A. You have to enter it -- yeah, enter it
10 separately.

11 Q. Okay. Is the same thing for the other
12 vital signs?

13 A. For the other vital signs, yes, it's
14 the same thing.

15 Q. You also said that when a patient is in
16 restraints you assess them to see if they're
17 ready to be released?

18 A. Yes.

19 Q. Okay. Put your hands down please.
20 How can you tell when a patient is
21 ready to be released?

22 A. If they are -- start to cooperate, they
23 are -- you know, they're not -- they verbalize
24 they're not in danger of themselves or others



1 anymore. They contract for safety.

2 MS. COURT REPORTER: They what for
3 safety?

4 THE WITNESS: Contract for safety of
5 the unit and -- safety for themselves and safety
6 of the others.

7 BY MR. FLAXMAN:

8 Q. And that's a phrase I've been learning,
9 that's contract for safety?

10 A. Yeah.

11 Q. Meaning that they're agreeing?

12 A. Agreeing, yes.

13 Q. Let me just ask the question.

14 Contract for safety means that the
15 patient is capable of agreeing to act safely?

16 A. Yes.

17 Q. Okay. And when you determine that a
18 patient is ready to be released, can you release
19 them from restraints?

20 A. Yes.

21 Q. Okay. Do you have to consult with a
22 doctor about that?

23 A. If there's no doctor in the unit, at
24 least a mental health worker working with me, I



1 will confer with them.

2 Q. I'm sorry, can you say that again?

3 A. Ask them, you know, to -- you know,
4 confer.

5 Q. Did you say if there's a doctor on the
6 unit --

7 A. If there's a doctor on the unit, I'll
8 let them know what's my assessment.

9 Q. Okay. And what if there's no doctor on
10 the unit?

11 A. I confer with the mental health worker
12 and we can independently release the patient as
13 long as there is documentation.

14 Q. What do you mean by documentation?

15 A. Document the behavior of the inmate
16 prior to the release, yes.

17 Q. And that's something you do?

18 A. That's what we do.

19 Q. Are there also times when you would
20 extend a restraint order?

21 A. Yes.

22 Q. And why would you extend a restraint
23 order?

24 A. If patient is not -- can -- still



1 threat to themselves, like I said, suicidal or
2 still violent or unable to contract for the
3 safety, yes, we do extend it, call the doctor
4 and tell them that behavior of the inmate and of
5 being an extension of the restraint.

6 Q. And is that -- would you make a
7 documentation of that?

8 A. Yes.

9 Q. And you said that if a doctor is not on
10 the unit you would call the doctor for that?

11 A. We call the doctor.

12 Q. Is there always an on-call
13 psychiatrist?

14 A. Yes, but on my shift -- yes.

15 Q. Okay. And, I'm sorry, is there
16 something different on your shift?

17 A. Well, I work in the morning, most of
18 the time there is a doctor in the unit, somebody
19 will come on my shift.

20 Q. Okay. What about when you're there on
21 weekends, is there a doctor all the time?

22 A. Yes, on the weekends also, yes.

23 MR. FLAXMAN: Let's mark this as
24 Exhibit 2.



1 (Whereupon, Deposition Exhibit
2 No. 2 was marked for
3 identification.)

4 BY MR. FLAXMAN:

5 Q. Do you recognize Exhibit 2 as medical
6 records for Mr. Cruz that you made?

7 A. Yes.

8 Q. And are these the records you would
9 make every time you did an assessment when he
10 was in restraints?

11 A. Yes.

12 Q. Okay. The first one --

13 MR. FLAXMAN: And for the record
14 Exhibit 2 is County 0219 through 0222.

15 BY MR. FLAXMAN:

16 Q. The first part of this on the first
17 page has a date of 3/19/2016 and a recorded time
18 of 07:55, do you see that?

19 A. Yes.

20 Q. Do you know what recorded date and
21 recorded time mean?

22 A. Yes.

23 Q. Does that mean that's when you put it
24 into the computer?



1 A. Yes.

2 Q. So the information here is from your
3 assessment sometime shortly before 7:55, is that
4 right?

5 A. Yes.

6 Q. And so the first item here is for
7 restraint alternatives attempted, and you put in
8 reduced environmental stimuli, is that right?

9 A. Yes.

10 Q. What does that mean?

11 A. It means to be -- to avoid any further
12 escalation of the problem -- I mean, to have it
13 quiet, you know, quiet -- as much possible quiet
14 environment for the inmate.

15 Q. Okay. Is that why -- is that meaning
16 he was in his own cell?

17 A. He's in his own cell.

18 Q. The next section says restraint
19 patient's behavior, and you put in sedated, is
20 that right?

21 A. Sedated, yes.

22 Q. Okay. And you observed Mr. Cruz and
23 you could tell he was sedated?

24 A. Yes.



1 Q. Did you -- well, did you know what
2 medication he had been given?

3 A. If I can see the medication list.

4 Q. Well, okay, my question is in general
5 when you were working as a nurse and you would
6 come on for a shift, would you be aware of what
7 medication the inmates had received earlier?

8 A. They will give -- they will mention
9 that on the report.

10 Q. On the -- what report?

11 A. Shift report, you know.

12 Q. Okay. So when you come onto a shift,
13 does -- do you get a written report?

14 A. Verbal.

15 Q. Okay. And that comes from the nurse
16 from the previous shift?

17 A. Yes.

18 Q. And what's the purpose of that verbal
19 report?

20 A. Let you know what's going on with
21 the -- in the unit.

22 Q. Okay. And in this case the nurse on
23 the previous shift would have given you that
24 information, right?



1 A. Yes.

2 Q. And at the end of your shift you would
3 have communicated with the next nurse?

4 A. Yes.

5 Q. And as the nurse coming on would you
6 ever have occasion to review notes made by the
7 nurse on the previous shift?

8 A. After the report, yeah, we do. After
9 the -- you know, after it's the change of report
10 I do my own -- in my physical assessment, yes,
11 then I go to the chart and see what happened.

12 Q. You would look at prior notes?

13 A. Yeah, what happened on the -- what
14 exactly happened, whatever is the note on the
15 previous shift.

16 Q. And is that something you do for every
17 patient?

18 A. Not for -- yes, for every patient,
19 yeah.

20 Q. For every patient you look at the notes
21 from the previous --

22 A. For every patient, yes.

23 Q. The next line says innervation --
24 excuse me, intervention safety measures, and you



1 put in other restraints inspected?

2 A. Yeah.

3 Q. What does that mean?

4 A. The restraint that he has on, that
5 means I inspected it for circulation and others,
6 you know, if it is on the right -- I mean, if it
7 is -- yeah, if the circulation is good.

8 Q. Okay. The next box says patient status
9 deterioration, and it says see below T32, do you
10 see where T32 is below this box?

11 A. Yes.

12 Q. And did you put in other, unable to
13 assess at this time?

14 A. Unable to assess at this time.

15 Q. And why did you put that in?

16 A. He was sedated. I mean, I'm talking
17 about the behavior --

18 Q. Okay.

19 A. -- of the patient. I cannot assess
20 that at that time because he was sedated.

21 Q. Okay. And the next one says reason for
22 restraints, and you put violent slash
23 psychiatric?

24 A. That was the reason, that's why he was



1 put in the restraint.

2 Q. okay. And that was -- you learned that
3 from the nurse on the previous shift?

4 A. Yes.

5 Q. The next one says restraint status
6 continue, what does that mean?

7 A. Continue the restraint that he was --
8 he's on, you know, whatever is -- the current
9 situation that he has -- that he is on, you
10 know, continue the restraint.

11 Q. And did you decide to continue the
12 restraint at this time?

13 A. At this time, yes.

14 Q. why did you do that?

15 A. Because I can't -- you know, like I
16 said, unable to assess the behavior of the --
17 unable to assess at this time, so I really don't
18 have anything -- well, I can't, you know, I'm
19 sorry, it's not -- I don't know what's going on,
20 he's probably just sleeping down there or
21 probably he is -- because he's sedated I don't
22 have anything to document in his behavior that
23 he is ready to come out of the restraint.

24 Q. okay. The next line says restraint



1 type, and it has leather, do you see that?

2 A. Leather, yeah, that's the leather
3 restraint we use.

4 Q. Okay. Was there any other type in use?

5 A. We use -- there is a plastic one that
6 we use.

7 Q. And when would you use plastic instead
8 of leather?

9 A. No, they're all the same. They're all
10 the same. We use --

11 Q. Were restraints -- were detainees ever
12 put into restraint chairs?

13 A. Not in my unit.

14 Q. Okay. The next line says restraint
15 location, and this one also says see below, do
16 you see that?

17 A. Yes.

18 Q. And it says below to T39, do you see
19 where that is at the bottom?

20 A. Uh-huh.

21 Q. Is that a yes?

22 A. Yes. I'm sorry.

23 Q. That's okay.

24 And did you record that Mr. Cruz's



1 right wrist, left wrist, right ankle and left
2 ankle were restrained?

3 A. Yes.

4 Q. Does this mean that his chest wasn't
5 restrained at this time?

6 A. Not in here, no.

7 Q. So meaning that -- based on your record
8 did he have a chest restraint?

9 A. No.

10 Q. Okay. The next line says discontinue
11 order obtained, and you wrote no, is that right?

12 A. Yes.

13 Q. Okay. And that's for the reasons that
14 we just discussed a moment ago?

15 A. Yes.

16 Q. Okay. The next line says skin under
17 restraints, and this again says see below with
18 number T41, is that right?

19 A. Yes.

20 Q. And I think you -- to read what's under
21 T41 you have to go to the next page.

22 MR. RAGEN: Do you see?

23 BY MR. FLAXMAN:

24 Q. If you turn --



1 MR. RAGEN: Do you mind if I help?

2 BY MR. FLAXMAN:

3 Q. And it's at the top of the next page,
4 do you see T41?

5 A. T41 is right here.

6 MR. RAGEN: Do you mind if I -- that's
7 an additional one. Do you mind -- so if you
8 look here, so this is T41, do you see that?

9 THE WITNESS: Yeah.

10 MR. RAGEN: Then he's saying go to the
11 part that says T41.

12 THE WITNESS: I was looking at this one
13 because this is T41 too.

14 BY MR. FLAXMAN:

15 Q. Yes, it does list T41 twice, I'm not
16 sure why, but it says the same thing.

17 Do you see where your note is on the
18 second page --

19 A. Yes.

20 Q. -- that beings bruising?

21 A. Bruising, redness, other notable
22 bruises noted at the abdominal area.

23 Q. And it says in between fold?

24 A. You know when they are big --



1 Q. Yes.

2 A. -- they have folds.

3 Q. And so you noticed that Mr. Cruz had
4 rashes?

5 A. Yeah, I saw that there is a rash.

6 Q. Okay. Do you know how he got bruising
7 and redness?

8 A. No.

9 Q. And do you know -- was this -- what T41
10 says is it has the date and time and it says
11 skin under restraints, do you see that?

12 A. Skin under restraint, yes.

13 Q. So were you noting that he had bruising
14 and redness on the skin under the restraints?

15 A. No, this is just other, yeah. All of
16 this is bruising and redness. Yeah, probably I
17 saw -- I'm not pretty sure, but probably I saw
18 some bruising and redness around the -- which is
19 not uncommon, you know, because they move too
20 much.

21 Q. So if somebody moves when they're in
22 the restraints they might develop redness?

23 A. Yeah, if they're struggling.

24 Q. Did you ever see Mr. Cruz struggling?



1 A. I don't remember.

2 Q. okay. would you have noted that in
3 your records if you saw that?

4 A. If I did, yes.

5 Q. okay. All right. Going back to the
6 first page, the next line says preventive skin
7 care measures, and you wrote yes, what does that
8 mean?

9 A. Preventive skin measures is just like,
10 you know, cleaning him a little bit, especially
11 under the restraint if there is any -- or
12 anything that will compromise the skin, like the
13 wetness, something like that. And sometimes we
14 do clean them.

15 Q. So this means that you did some
16 cleaning at this time, right?

17 A. Yes.

18 Q. And the next line is circulatory status
19 intact, and you put yes, does that mean that you
20 checked the circulation as we discussed --

21 A. Yes.

22 Q. -- before?

23 And please let me finish the question
24 okay.



1 A. I'm sorry.

2 Q. The next line is patient repositioned,
3 and it says yes, what does that mean?

4 A. It means we, you know, just turned him
5 on side to side, you know, to give them a little
6 air on the back especially and give them some
7 range of motion and something, range of motion.

8 Q. What does range of motion mean?

9 A. It's like a little exercise on their
10 extremities, especially if they're in that
11 position for a long period of time.

12 Q. And how often do you do the range of
13 motion?

14 A. Every two hours.

15 Q. Are you able to do range of motion
16 exercises for a patient who is sedated?

17 A. Yes.

18 Q. How do you do that?

19 A. It's more easy because, you know, you
20 can't -- rather than -- you release them from
21 restraint and do it -- you know, move them a
22 little bit.

23 Q. So you're the one doing the moving?

24 A. Doing, yeah.



1 Q. Okay. Just put your hands down. Sorry
2 about that.

3 MR. RAGEN: You know, you're doing
4 fine, you know, just like listen to his
5 questions, we'll tell you when your hands go up,
6 it's not a big deal, it's natural, but just --
7 you know, you're doing fine. Just listen to the
8 attorney and wait for him to finish before you
9 answer.

10 BY MR. FLAXMAN:

11 Q. This lists that the right arm, right
12 leg, left arm and left leg restraints were
13 released, is that right?

14 A. Where are we at?

15 Q. I'm sorry, below patient repositioned.

16 A. Okay. Yes.

17 Q. And did you release --

18 A. Yes.

19 Q. I'm sorry, let me ask.

20 Did you release those extremities in
21 order to do the range of motion exercises?

22 A. Yes.

23 MR. RAGEN: And again, make sure --
24 you're doing great, but just make sure -- let



1 him finish. Even though you know probably what
2 he's going to say to finish his question, the
3 court reporter has a hard --

4 THE WITNESS: Oh.

5 MR. RAGEN: -- has a hard time typing
6 two different voices at once. So please just
7 wait until you're sure Mr. Flaxman is done and
8 then you can answer.

9 BY MR. FLAXMAN:

10 Q. How long would you exercise each limb
11 when you were doing range of motion exercises?

12 A. At least one minute, two minutes,
13 something like that, maybe less.

14 Q. And would you do one limb at a time?

15 A. One limb at a time.

16 Q. And who would be responsible for
17 releasing each limb?

18 A. Me with officer present in the room.

19 Q. And you were the one who would do the
20 exercises, right?

21 A. Yes.

22 Q. The next one after the release is
23 toilet slash toilet offered, and it says yes,
24 do you know what that means?



1 A. Yes.

2 Q. What does that mean?

3 A. That means I offered him, you know.

4 Q. If he was sedated do you believe that
5 you probably --

6 A. You still have to.

7 Q. Right.

8 The next one says hygiene measures
9 provided, what does that mean?

10 A. Just oral hygiene, especially if they
11 are having a dry mouth, something like that,
12 just put some gauze, wet it, you know.

13 Q. Okay. We talked about ROM means range
14 of motion --

15 A. Range of motion.

16 Q. Please let me finish the question,
17 okay?

18 A. I'm sorry.

19 MR. RAGEN: Maybe what you could do is
20 just like wait for -- if you look him in the eye
21 and then you'll know when he's done.

22 THE WITNESS: Okay.

23 MR. RAGEN: But you're doing fine.
24



1 BY MR. FLAXMAN:

2 Q. The next line says food slash fluid
3 offered, and it says yes, what does that mean?

4 A. Offered the fluids, maybe at that time
5 juice or water.

6 Q. Can a sedated patient have food or
7 fluid?

8 A. We have to try, yeah.

9 Q. Okay. But --

10 A. You know, you can wake --

11 Q. But if a patient is sedated, would he
12 be able to have food or fluid?

13 A. If they are sedated and they wake up
14 and then wake them up.

15 Q. Do you know if Mr. Cruz woke up at this
16 time?

17 A. I can assume right now that he's --
18 that he's -- that he's on -- he respond, but
19 he's just easily fall asleep. I did that
20 before, yeah.

21 Q. What do you mean, did what?

22 A. You know, wake them up, give them some
23 fluids, they'll wake up, put their head up,
24 drink the water and then go back to sleep again.



1 Q. The next line says responsible learner
2 present hyphen restraint, and it says patient,
3 do you know what that means?

4 A. Yes.

5 Q. What does that mean?

6 A. That means that he is the responsible
7 learner, he's the only one who can have -- who
8 can understand the instruction, I guess.

9 MS. COURT REPORTER: Who can what?

10 THE WITNESS: The instruction.

11 BY MR. FLAXMAN:

12 Q. And what else could you put in that box
13 besides patient?

14 A. I'm sorry?

15 Q. Who else might be responsible to
16 understand?

17 A. Well, in this case he's the only one,
18 there's nobody else. I mean, responsible
19 learner, patient. I guess there's --

20 Q. Can you think of a situation where the
21 answer to that wouldn't be patient?

22 A. No, we always put patient in that one
23 because they are the only one -- remember, we
24 are in jail and they don't have any family down



1 there, no cousin, no one else except them.

2 Q. The next line says barrier to learning
3 hyphen restraints, and you put in here other,
4 sedated, comma, sleeping, is that right?

5 A. Uh-huh.

6 Q. Is that a yes?

7 A. Yes. I'm sorry.

8 Q. And so -- and that's because Mr. Cruz
9 was sedated and sleeping at that time?

10 A. Yes.

11 Q. Okay. The next one says ED hyphen
12 restraints, content taught, does ED stand for
13 education?

14 A. Education.

15 Q. And did you write other, none at this
16 time because he was sedated and sleeping?

17 A. Yes.

18 Q. Okay. Why don't we just skip to the
19 last one, which is comments, restraints, and
20 then another see below, and it says T53, do you
21 see that? Do you see that it says T53?

22 A. 53, yes.

23 Q. Okay. And do you see T53 on the next
24 page?



1 A. Yes.

2 Q. And is this your note at T53 that says
3 receive on FLR, sleeping at this arousable but
4 easily fall asleep, unable to assess at this
5 time, FLR care done, continue restraints, refer
6 to attending psychiatrist for further care and
7 management?

8 A. Yes.

9 Q. What does sleeping at this arousable
10 but easily fall asleep mean?

11 A. I probably mean sleeping at this time.

12 Q. Okay. So meaning that he was sleeping,
13 right?

14 A. He was sleeping when I approach him,
15 but he's arousable. When you walk in and
16 probably tap him or call his name he will
17 respond, but that's about it, fall asleep again.

18 Q. And that's the reason you were unable
19 to assess him because you couldn't speak to him?

20 A. Yes, one of the reason. Yeah, that's
21 the reason.

22 Q. And the last sentence -- or, I'm sorry,
23 the last part of the sentence says refer to
24 attending psychiatrist?



1 A. Yes.

2 Q. Do you know who the attending
3 psychiatrist was?

4 A. At this time to be honest I don't know
5 who was on call that day or maybe I have
6 somebody down there, I don't know.

7 Q. For the range of motion exercises,
8 would you ever not do those if you had a safety
9 concern about the patient?

10 A. Yes, if the patient is violent or
11 struggle -- I would not do -- even though I want
12 it, the officer will not allow me just for our
13 own safety.

14 Q. And if a safety concern prevented you
15 from doing the range of motion exercises, that's
16 something you would write down in the medical
17 records?

18 A. Yes.

19 Q. The next part of this record, we're
20 still on that second page, was made at 9:55, do
21 you see that?

22 A. Yes.

23 Q. And that's -- again, that's the
24 recorded time, right?



1 A. Yes.

2 Q. Meaning that the assessment that it
3 documents is something you made shortly before
4 9:55 a.m.?

5 A. Yes.

6 Q. In this one, restraint patient
7 behavior, you wrote sleeping, is that right?

8 A. Yes.

9 Q. And how -- what does sleeping mean
10 different from sedated?

11 A. What's the difference? Well, sleeping
12 is, you know, I put sleeping when I approached
13 him he was sleeping. Sedation is -- I guess you
14 can see them if they are responding they're kind
15 of groggy, like drunk, that's what sedated mean,
16 you know, behavior.

17 Q. And at 9:55 or thereabouts he wasn't
18 responding that way?

19 A. No. I mean, he's sleeping, that's all
20 I put down there, he's sleeping.

21 Q. After that is intervention safety
22 measures, and you put other restraints in place,
23 can you tell me what that means?

24 A. What I'm trying to say down there is



1 the restraint is in proper place, circulation
2 are good, nothing else, you know, nothing wrong
3 is going on.

4 Q. Okay. The next is patient status
5 deterioration, and you put other, unable to
6 assess, what does that one mean?

7 A. Because he was still sleeping.

8 Q. So you weren't able to assess him?

9 A. No, because he's still sleeping,
10 probably wasn't up. He's still sleeping.

11 Q. Okay. And then -- well, the reason for
12 restraints we talked about, that's from the
13 previous shift, right?

14 A. Yes.

15 Q. And then the next is restraint status,
16 and you wrote continue, right?

17 A. Yes.

18 Q. And why did you continue Mr. Cruz?

19 A. Because like I said I can't properly
20 assess his behavior yet after two hours of the
21 initial, no.

22 Q. Because Mr. Cruz was sleeping you
23 couldn't assess his behavior?

24 A. Yes.



1 Q. Okay. The -- okay. Skipping down to
2 skin under restraints, do you see that section?

3 A. Skin under restraints, yes.

4 Q. And you recorded bruising and redness,
5 right?

6 A. Yes.

7 Q. Meaning that like before you observed
8 some bruising and redness in the area where the
9 restraints were?

10 A. Yes.

11 Q. All right. This also records that you
12 did the range of motion exercises, right?

13 A. Yes.

14 Q. And if Mr. Cruz was sleeping would you
15 be the one doing the exercises to him?

16 A. Yes.

17 Q. If you go to the next page, this --
18 we're on County 0221 now, this records
19 information about restraints from 11:30 a.m.,
20 right?

21 A. Yes.

22 Q. So that's the recorded time, right?

23 A. Yes.

24 Q. Meaning that you did this assessment



1 shortly before 11:30 a.m.?

2 A. Yes.

3 Q. This time the restraint patient
4 behavior is calm, do you see that?

5 A. Yes.

6 Q. And the next one, intervention safety
7 measures, see below, and it points to T24, do
8 you see T24?

9 A. Yes.

10 Q. And does T24 report that you spoke with
11 patient in a calm quiet manner?

12 A. Yes.

13 Q. And does that mean that you had a calm
14 quiet manner or Mr. Cruz had a calm quiet
15 manner?

16 A. Mr. Cruz.

17 Q. And underneath T24 is T25, it states,
18 patient is able to control behavior and calm
19 down?

20 A. Yes.

21 Q. Okay. How did you determine that
22 Mr. Cruz was able to control behavior and calm
23 down?

24 A. He was cooperative, calm and able to



1 respond verb -- I mean, respond appropriately to
2 the question, yes.

3 Q. And is that why you determined that you
4 could discontinue the restraints?

5 A. Yes.

6 Q. Do you remember what Mr. Cruz said at
7 this time?

8 A. No.

9 Q. Okay.

10 A. I don't exactly remember the words.

11 Q. Right. And can I ask you to keep your
12 hands down again.

13 A. Sorry.

14 Q. That's all right.

15 So you don't remember the exact words,
16 but what was your practice for what you would
17 say to a patient when you were assessing them
18 for continued restraints?

19 A. If I were asking -- well, you know, I
20 ask them if you are -- if he's ready to come out
21 of restraint. Are you going to be okay? Are
22 you going to hurt yourself or hurt somebody?
23 They said, no, I'll be fine, and that's all,
24 that's it. That's all we want to hear.



1 Q. The head restraints content taught also
2 has a see below for T51, do you see that?

3 A. Yes.

4 Q. And under T51 it says reason for
5 restraint behavior slash condition that warrant
6 discontinuance of restraint?

7 A. Yes.

8 Q. Does that summarize what you spoke to
9 Mr. Cruz about?

10 A. Yes.

11 Q. Educational outcome hyphen restraints
12 also has a see below and T52, do you see where
13 T52 is down there?

14 A. T52, yes.

15 Q. And does that say educational -- I'm
16 sorry, does that say additional education slash
17 reinforcement required?

18 A. Yes.

19 Q. And what does that mean?

20 A. That means that you have to remind him,
21 so like telling him what to do from time to
22 time.

23 Q. And what did you have to remind him to
24 do?

1 A. That he needed to be quiet. He need to
2 follow direction. And also remind him of what's
3 the rule with -- what are we expecting of him in
4 the unit.

5 Q. And do you expect him to act safely,
6 was that -- what did you expect of him on the
7 unit?

8 A. To follow direction, participate in the
9 unit activities.

10 Q. The last box here is comments,
11 restraints, and this one says T (sic) below, and
12 it says T54, C1, R4. So I -- so T54 says inmate
13 is quiet and able to contract for safety,
14 released from FLR. I think we've already talked
15 about that, right?

16 A. Yes.

17 Q. The C1 says a result comment was added
18 at 11:43, do you see that?

19 A. Yes.

20 Q. And then the next page has result
21 comment R4, do you see that R4 says inmate able
22 to contract for safety?

23 A. R4, yes.

24 Q. And so do you understand this to mean



1 that you made a note at 11:30 with some
2 information and added a comment at 11:43?

3 MR. RAGEN: Do you mind if I --

4 MR. FLAXMAN: Sure, you can show it to
5 him.

6 MR. RAGEN: So what he's looking at is
7 you see there's a different time for the C1.
8 And I'll have the question read back, you know
9 what I mean, because now you're looking at the
10 context.

11 Can you read the question back?

12 (Whereupon, the record was read
13 as requested.)

14 THE WITNESS: Oh, that's me? Yes.

15 BY MR. FLAXMAN:

16 Q. Okay. Do you know why you added that
17 comment at 11:43?

18 A. To be honest with you I don't know why
19 I made an entry like that. Inmate able to
20 contract for safety, I don't know.

21 Q. Let me show you another exhibit. We'll
22 mark this as No. 3.



(Whereupon, Deposition Exhibit
No. 3 was marked for
identification.)

BY MR. FLAXMAN:

Q. Do you recognize -- well, Exhibit 3 is
County 0225 through 226, do you recognize this
as the vital signs that you recorded for
Mr. Cruz?

A. Yes.

Q. Okay. And this shows that you took his
vital signs at 7:55, 900 hours, 9:55 and 11:30,
is that right?

A. Yes.

Q. The first set has heart rate,
respiratory rate and blood pressure, right?

A. Yes.

Q. How did you take heart rate?

A. We have Dinamap, automatically you
check the blood pressure, it records the heart
rate also.

Q. I missed the first word, something with
a D.

A. The Dinamap, we call -- you know, the
machine they call Dinamap.



1 Q. It's like a machine that rolls on
2 wheels?

3 A. Yes, we got that. And we also have the
4 manual in there, you know, manual blood pressure
5 machine. We do the manual pulse check, you
6 know.

7 Q. And which one was your practice to use
8 in 2016?

9 A. Whatever is available at that time.

10 Q. So you could take blood pressure
11 without that machine?

12 A. Yes, with the manual. We have, you
13 know, the old one that we use.

14 Q. Okay. If the machine was available
15 would you use the machine?

16 A. Yeah, because there's only one machine
17 in the unit.

18 MR. RAGEN: And just --

19 MR. FLAXMAN: Please.

20 MR. RAGEN: I'm saying we're doing
21 fine, the testimony is coming in, but it's
22 really hard for the court reporter to take down
23 two people at the same time. So even though you
24 know where Mr. Flaxman is going, you just wait



1 for him to finish and then you can respond.

2 Thanks.

3 BY MR. FLAXMAN:

4 Q. These all record -- state recorded
5 time, right?

6 A. Yes.

7 Q. Meaning that you would have taken the
8 vitals shortly before the time it's recorded?

9 A. Yes.

10 Q. Okay. At 9 a.m. it records Mr. Cruz's
11 temperature, do you see that?

12 A. Yes.

13 Q. Do you know how you took temperature?

14 A. By mouth, orally.

15 Q. Was it a machine also?

16 A. It's in the machine.

17 Q. It's in the same machine?

18 A. We have the Dinamap -- the Dinamap that
19 I mentioned, they have the temperature machine
20 down there, all of them, everything is down
21 there. Plus we have separate one also that you
22 can, you know, like a portable manual.

23 Q. Do you know why you took his
24 temperature at around 9 a.m. and not at around



1 7:55 a.m.?

2 A. At 9 a.m. why? I guess because at
3 9 a.m. he is more -- I can do it, you know, he's
4 more responsive to me. I don't know. I don't
5 know why.

6 Q. Okay.

7 A. But it's recorded, it's in there. Like
8 I said, it is oral.

9 Q. And there may have been a reason that
10 you couldn't take his oral temperature?

11 A. Yeah, sometimes you don't, like
12 especially if they're sleeping, you don't want
13 them to swallow, you know, safety.

14 Q. Sure. Is pulse rate the same as heart
15 rate?

16 A. Pulse rate and heart rate, yes.

17 Q. We mentioned before measuring blood
18 oxygen levels, do you remember that?

19 A. Yes.

20 Q. And if you had measured those would you
21 have recorded them?

22 A. If I measured it, yes.

23 Q. Okay. The last time you took
24 Mr. Cruz's vitals is listed on here as 11:30, do



1 you see that?

2 A. Yes.

3 Q. And that was also the last record on
4 those restraint records that we marked as
5 Exhibit 2 at 11:30?

6 A. Yes.

7 Q. Do you know why you didn't take his
8 vitals after 11:30?

9 A. 11:30, after we release him?

10 Q. Right.

11 A. We don't have to after.

12 Q. I'm sorry?

13 A. These are for the FLR protocols while
14 they're in FLR before and after release. But
15 before you release you have to have a record of
16 vital signs. After that you don't have to, you
17 don't need to.

18 Q. Is there anything else that -- is there
19 anything that you do need to do to monitor a
20 patient after they've been released from FLRs?

21 A. Just their behavior.

22 Q. All right. Let me show you -- I think
23 we're on No. 4.



(Whereupon, Deposition Exhibit
No. 4 was marked for
identification.)

BY MR. FLAXMAN:

Q. Exhibit No. 4 is one page, it's marked
County 0100. Do you recognize a note that you
made on 3/19/2016 with a -- do you recognize
this as your note that has a service date time
of 3/19/2016, 0900?

A. Yeah. Yes.

Q. And this shows that you took Mr. Cruz's
vitals, right?

A. Yes.

Q. I think it matches the -- I mean,
it's -- it has a service time of 9 a.m. and it
has -- do you see it has a perform information
time of 7:17?

MR. RAGEN: Do you see what he's
talking about?

THE WITNESS: Oh, here, yes.

BY MR. FLAXMAN:

Q. Do you know why the -- do you know why
it has those two different times?

A. I probably recorded it at 9:00 and



1 taken at 7:17.

2 Q. So you think this means that you took
3 these vitals at 7:17?

4 A. Yes.

5 Q. Okay. Do you know why you made just
6 one note of the vitals?

7 A. I mean --

8 MR. RAGEN: Objection, form, vague.

9 BY MR. FLAXMAN:

10 Q. Sure. I'm sorry.

11 Exhibit No. 3 we looked at lists
12 several different vitals, right?

13 A. Uh-huh.

14 Q. Yes?

15 A. Yes.

16 Q. And Exhibit No. 4 is a note made for
17 one of those times you took vitals, right?

18 A. Yes.

19 Q. Why did you make this note that's
20 marked as Exhibit No. 4?

21 A. You mean why did I have a separate
22 vital sign -- record of vital sign?

23 Q. That's my question, yes.

24 A. I have no idea. This is probably from



1 the computer thing. I don't know why because
2 this is only one entry I'm sure.

3 Q. Right. Was it your practice to make a
4 separate note --

5 A. No.

6 Q. -- when you took vitals?

7 A. No, there's only one, you know, one --
8 I mean, one entry.

9 Q. Okay. When would you make nursing
10 notes?

11 A. Nursing notes usually at the end of the
12 shift. If they're not in full leather
13 restraint, if there's nothing going on, at the
14 end of the shift.

15 Q. Okay.

16 A. I mean -- yeah.

17 MR. FLAXMAN: Can you mark this as the
18 next one?

19 (Whereupon, Deposition Exhibit
20 No. 5 was marked for
21 identification.)

22 BY MR. FLAXMAN:

23 Q. Exhibit No. 5 is marked County 0112, do
24 you recognize this as a Medication



1 Administration Record from Cermak?

2 A. Yes.

3 Q. And does it show that you gave Mr. Cruz
4 two medications on 3/19/16 at 9:37?

5 A. Yes.

6 Q. The first one is D-i-a-z-e-p-a-m?

7 A. Yes.

8 Q. Okay. Do you know what that is?

9 A. Diazepam is Valium.

10 Q. Okay. And the box that says admin
11 details, it says PO, do you see that?

12 A. Yes.

13 Q. What does that mean?

14 A. Per -- orally.

15 Q. Orally, okay.

16 Do you know why you gave Mr. Cruz this
17 medication?

18 A. It's standard order from Dr Paschos.

19 Q. Is that -- and you can tell that by
20 looking at this record?

21 A. Yes.

22 Q. Because Dr Paschos' name is after --

23 A. Every 9 -- yeah, every 9:00 -- or every
24 a.m. mostly.



1 Q. Well, that's not something he orders
2 for every patient, right?

3 A. I'm sorry?

4 Q. You said every 9 a.m.?

5 A. Well, I'm just telling you how they put
6 the order in the computer, how you will see it
7 in the order. It's either daily or every 9 a.m.

8 Q. And can you tell which one it was just
9 based on this record?

10 A. It's probably daily or 9 a.m. No, I
11 don't tell.

12 Q. And the next medication is RSP -- I'm
13 sorry, the next medication is
14 R-i-s-p-e-r-i-d-o-n-e, do you see that?

15 A. Yes, sir.

16 Q. Do you know what that medication is
17 for?

18 A. Risperidone is for -- they use it for
19 depression, for schizophrenia.

20 MS. COURT REPORTER: For what?

21 BY MR. FLAXMAN:

22 Q. Schizophrenia?

23 A. Uh-huh.

24 Q. Okay. And were you -- you were



1 following Dr Paschos' order to give that one
2 too, is that right?

3 A. Yes.

4 Q. Okay. And the PO means it was given
5 orally, right?

6 A. Yes.

7 MR. FLAXMAN: Let me take a quick
8 break, I'm sorry.

9 MR. RAGEN: Yeah, go ahead.

10 VIDEOGRAPHER KOJRO: Off the record at
11 2:40.

12 (Whereupon, a short break was
13 taken.)

14 VIDEOGRAPHER KOJRO: On the record at
15 2:46.

16 BY MR. FLAXMAN:

17 Q. All right. I'm going to give you --
18 there's a screen set up in front of you. I'm
19 also going to give you an exhibit.

20 (Whereupon, Deposition Exhibit
21 No. 6 was marked for
22 identification.)

23 MS. HAIDARI: What is this, No. 6?

24 MR. FLAXMAN: Right.



1 BY MR. FLAXMAN:

2 Q. Can you see the image on that screen?

3 A. Yes.

4 Q. Okay. And is that a view of 2 North?

5 A. Of 2 North, yes.

6 Q. Okay. And is the exhibit is an
7 image -- is that the same as what you're looking
8 at on the screen?

9 A. Yes.

10 MR. FLAXMAN: And just for the record
11 this is -- the name of this video is at the top
12 of Exhibit 6, I'm starting it at 7 minutes 23 --
13 I'm sorry, I'm starting it at 07:23:20.521 a.m.
14 That's also reflected on the exhibit.

15 MR. RAGEN: I'm sorry, point me there,
16 I just wasn't following.

17 MR. FLAXMAN: Sure. At the bottom of
18 the image there's the time of where this video
19 begins.

20 MR. RAGEN: Yes. Thank you.

21 MR. FLAXMAN: And it's reflected on
22 Exhibit 6. I also just read it into the record.

23 BY MR. FLAXMAN:

24 Q. Do you see yourself in this --



1 A. Yes.

2 Q. -- on the screen?

3 And is that you pushing the blood
4 pressure machine we talked about before?

5 A. Dinamap, yeah.

6 Q. Do you know how to spell that?

7 A. D-i-n-a-m-a-p, I guess.

8 Q. Okay. Do you see that there are two
9 guards sitting at the bottom right hand of the
10 screen?

11 A. Yes.

12 Q. Do you know who those are?

13 A. Yes, I know them.

14 Q. Who are -- who is the one that's
15 furthest to the right?

16 MR. RAGEN: If you know.

17 MR. FLAXMAN: I'm sorry?

18 MR. RAGEN: If you know his name is
19 what he's asking.

20 THE WITNESS: It's Officer Lopez.

21 BY MR. FLAXMAN:

22 Q. Do you know how to spell that?

23 A. The one that -- the one near the door.

24 Q. Do you know how to spell that name?



1 A. L-o-p-e-z.

2 Q. Okay. Please take your hand is away
3 from your mouth so we can hear you.

4 And then there's an officer whose elbow
5 is on the table, do you know that officer's
6 name?

7 A. Officer Kelly, K-e-l-l-y.

8 Q. And on the left-hand part of this
9 there's a big desk, do you see that? Well, is
10 there something called -- there's a desk and
11 there's computers and there's -- it looks like
12 there's a woman in green sitting at it?

13 A. Yes.

14 Q. Is that the nurse's station?

15 A. Nursing station, yes.

16 Q. Okay. Do you know who the woman in
17 green is?

18 A. I can't recognize them -- her from
19 the --

20 Q. Okay. I'm just going to play a little
21 bit and maybe if the moving --

22 And do you recall that you're looking
23 in the cell where Mr. Cruz was housed?

24 A. Yes.



1 Q. And that's you who is looking in the
2 window?

3 A. Yes.

4 Q. And I'm just pausing it here at
5 7:23:51.161.

6 There's an officer coming towards you
7 who has a shaved head, did you see him?

8 A. Yes.

9 Q. Do you know that officer's name?

10 A. Yes, I know, but I don't remember his
11 name anymore. I know -- because it's been a
12 while. I know him if I see his face. I mean, I
13 don't know his -- I know him.

14 Q. Okay. I understand. It looks like you
15 have some toilet paper on top of some kind of
16 dispenser, do you see that?

17 A. Yeah.

18 Q. Do you know what's going on there?

19 A. I have no idea.

20 Q. Okay. Now, the woman who is sitting at
21 the desk, did you see her move her face to
22 the -- closer to the camera?

23 A. I can see her face, but still I can't
24 recognize her.



1 Q. Okay. I'm at 7:24:08.050, what I'm
2 going to do is just zoom in and play it for a
3 few seconds and tell me if you can recognize who
4 that woman is.

5 A. No.

6 Q. Okay.

7 A. She's probably an orient -- orient new
8 nurse. Really, I don't recognize her at all. I
9 don't remember her.

10 Q. What was the word, orient new nurse?

11 A. Orientation, you know, just that we're
12 giving them an orientation new nurse.

13 Q. Okay. So it's somebody who could have
14 been never assigned to that unit?

15 A. Yeah, never assigned, just there for
16 orientation.

17 Q. So it looks like the door is open and
18 you're going in with that Dinamap machine,
19 right?

20 A. The blood pressure machine.

21 Q. Okay. And I think what you told me
22 before was that you are able to take blood
23 pressure without that machine, right?

24 A. Yeah, if it is not available we can use



1 the manual, we have that on this cart right
2 there in the corner if you can see that.

3 Q. Well, let me stand up so I see what
4 you're pointing to. Where is the cart you are
5 describing?

6 A. Right there.

7 Q. Okay.

8 A. Yeah, that's the blood pressure
9 machine.

10 Q. But if the blood pressure -- oh, I'm
11 sorry, let me know when you're ready.

12 A. Oh, I'm sorry.

13 Q. If the blood pressure machine on wheels
14 is available, you would use that one, right?

15 A. Yes.

16 Q. Okay. Can you -- I may not have
17 understood what you were saying about where the
18 cart is that has the manual blood pressure
19 machine, can you tell me what it looks like?

20 A. It's like right there.

21 MR. RAGEN: Can he circle it?

22 BY MR. FLAXMAN:

23 Q. Oh, sure. Can you circle it on the
24 exhibit?



1 A. You won't see down there because it's
2 inside the drawer.

3 Q. So inside one of those drawers?

4 A. Yeah.

5 Q. So is it a cart?

6 A. It's a cart.

7 Q. So it's something that you would roll
8 into the room?

9 A. Before that's what we use, you know, in
10 the old times. We put the medications right
11 there, the narcotics down there, yeah, long time
12 ago.

13 MR. RAGEN: Do you mind if I?

14 MR. FLAXMAN: Please. Could you
15 clarify?

16 MR. RAGEN: So obviously you circled a
17 cart, right?

18 THE WITNESS: Yes.

19 MR. RAGEN: So we're trying to figure
20 out if you use -- you usually use the rolling
21 cart, the Dinamap, right, but if you choose to
22 use the blood pressure equipment from that cart,
23 is that something that you wheel the whole cart
24 into the room or do you take the blood pressure



1 machine or the individual thermometer and bring
2 it and carry it with you?

3 THE WITNESS: No. What I was saying is
4 the blood pressure machine, the manual one, is
5 kept inside. I don't have to -- I have to open
6 it, it's inside the drawer.

7 MR. RAGEN: And you wouldn't move --

8 THE WITNESS: I don't need to push the
9 whole cart.

10 MR. FLAXMAN: Okay. Thank you.

11 BY MR. FLAXMAN:

12 Q. And that's for the blood pressure and
13 the thermometer, right?

14 A. Thermometer, yes. Thermometer we have
15 one down there too, yes.

16 Q. You mean in that cart?

17 A. No, actually it's right there, it's
18 hanging right -- you're asking me --

19 Q. Can you circle where it's -- actually,
20 can you put a box over where it's hanging on
21 that piece of paper?

22 A. It's actually -- this is the nurse's
23 station, it's actually -- it's right here.
24 There is where we hang it to charge it at the



1 same time, it's rechargeable.

2 Q. okay. And -- well, if you can look at
3 this, for the record you drew a big circle first
4 and then you drew a small circle, right?

5 A. Yes.

6 Q. All right. We can put the video aside.
7 Let me give you another paper exhibit.

8 (Whereupon, Deposition Exhibit
9 No. 7 was marked for
10 identification.)

11 BY MR. FLAXMAN:

12 Q. All right. Exhibit No. 7 is two pages,
13 County 0119 through 0120. Do you recognize
14 these as orders kept in the Cermak medical
15 record system?

16 A. Yes.

17 Q. okay. And I don't see your name
18 anywhere on the first page, right?

19 A. Yeah, I don't see my name.

20 Q. okay. On the second page the second
21 order for psychiatric violent restraints lists
22 you as entered by, do you see that?

23 A. Yes.

24 Q. And does this mean that you entered



1 this order at 8:08 --

2 A. Yes.

3 Q. -- on --

4 MR. RAGEN: Let him finish, but you're
5 doing great.

6 BY MR. FLAXMAN:

7 Q. You entered an order for psychiatric
8 violent restraints on 3/19/2016 at 8:08, right?

9 A. Yes.

10 Q. And did you choose the end state date
11 time for this?

12 A. Say it -- I'm sorry?

13 Q. Two lines down from the order start
14 there's something that says end state, do you
15 see that?

16 A. End state, oh, yes.

17 Q. And do you know what -- why 3/19, 12:07
18 is there for the end state?

19 A. On the order for full leather restraint
20 is four hours. From 8:08 to 12:07 is exactly
21 four hours.

22 Q. And is that something the computer
23 automatically puts in or that you put in?

24 A. Yes, computer will.



1 Q. The computer does that?

2 A. Computer automatically input it right
3 now.

4 Q. The next line under that says ordering
5 physician Dr. Lassen, L-a-s-s-e-n, do you see
6 that?

7 A. Yes.

8 Q. Did Dr. Lassen order you to put this
9 into the system?

10 A. Yes.

11 Q. So did you speak to her at around 8:08
12 a.m.?

13 A. 8:08 a.m.? No, it's a telephone order.

14 Q. And how can you tell that?

15 A. Because if they are in there they can
16 write the order by themselves. They can put the
17 order by themselves.

18 Q. So if you had -- so if Dr. Lassen had
19 been present it would say --

20 A. She will put the order.

21 Q. Let me -- I'm sorry.

22 A. I'm sorry.

23 Q. If Dr. Lassen had been present to talk
24 to you in person, she is the one who would have



1 made the entry and her name would be under
2 entered by?

3 A. Yes.

4 Q. But because your name is under entered
5 by and she's the ordering physician you can tell
6 that you spoke to her on the phone?

7 A. On the phone.

8 Q. Okay. Do you remember speaking to her
9 on the phone?

10 A. Now, yes.

11 Q. Based on this record?

12 A. Based on this record.

13 Q. Okay. Was it your practice when you
14 spoke to a doctor by phone to make a note of
15 that?

16 A. Yes.

17 Q. And are we looking at the note or would
18 you make a separate note?

19 A. This one, this is the note, yeah.

20 Q. Okay. So it wasn't your practice to
21 make a separate progress note of that
22 conversation?

23 A. I don't see anything down there, but
24 sometimes I do that, the time they were



1 informed. But since it's -- everything is time
2 stamped in here anyway.

3 Q. So sometimes you'd make a separate
4 progress note --

5 A. In the progress note.

6 Q. I'm sorry, let me just ask the
7 question.

8 Sometimes you'd make a separate
9 progress note but not every time?

10 A. Not every time.

11 Q. And so based on the times and based on
12 Dr. Lassen's name, was she the on-call doctor at
13 this time?

14 A. On that day she is -- may I ask what
15 day is this?

16 Q. Well, I see the order start date of
17 3 --

18 A. No, the day of the week.

19 Q. Sure. So 3/19 of 2016 was a Saturday,
20 does that help you tell who the on-call
21 physician was?

22 A. Yeah. Well, Dr. Lassen is a moonlight,
23 she's not full time. So every weekend -- every
24 other weekend they work down there. So that's



1 why I ask. But they can be on call also during
2 the weekdays.

3 So this one she is -- I'm sure she is
4 coming down late. She's coming to the unit
5 later.

6 Q. I'm sorry, so when would she come to
7 the unit?

8 A. On that day.

9 Q. And was she present at 8:08?

10 A. No, she is not present at that date,
11 she's on the way. I reassessed the patient so I
12 called her to add to because the order obviously
13 expired so I call her and let her know that
14 she -- we need to extend the full leather
15 restraint.

16 Q. And was she the on-call psychiatrist
17 when you called her?

18 A. I don't remember if she's the one on
19 call, but I know she's the one coming that day,
20 that's why I called her.

21 Q. Okay. If she was the one coming might
22 a different doctor be the on-call psychiatrist?

23 A. Yeah, can be.

24 Q. Okay.



1 A. Yeah. But, you know, their shift of
2 on-call, they stop during my shift.

3 Q. So is there ever a time on your shift
4 when there's no on-call psychiatrist and you're
5 waiting for a moonlighting psychiatrist like
6 Dr. Lassen to arrive?

7 A. No, there's always on-call.

8 Q. Okay. And do you know who the on-call
9 psychiatrist was on 3/19/2016 --

10 A. No.

11 Q. I'm sorry, let me just ask.
12 Do you know who the on-call
13 psychiatrist was on 3/19/2016 at 8:08 a.m.?

14 A. No.

15 Q. But based on this note you spoke to
16 Dr. Lassen shortly before 8:08 a.m., right?

17 A. Before 8:08 a.m.

18 Q. Is that a yes?

19 A. Yes.

20 Q. Okay. Let me show you the next
21 exhibit.

22 (Whereupon, Deposition Exhibit
23 No. 8 was marked for
24 identification.)



1 BY MR. FLAXMAN:

2 Q. The reporter has handed you Exhibit
3 No. 8, which is marked County 0202. And do you
4 recognize this as a nursing note with a service
5 date time of 3/19/2016 at 14:57 hours?

6 A. Yes.

7 Q. Okay. And was there something special
8 you noticed about this when you were looking at
9 it?

10 A. The time it was entered.

11 Q. Oh, okay. I thought you had made some
12 connection when you looked at it.

13 okay. And this note records that --
14 well, let's look under nursing progress note,
15 the first letters you wrote are SO, do you see
16 that?

17 A. Yes.

18 Q. And, I'm sorry, this is your nursing
19 note, correct? Yes?

20 A. Yes.

21 Q. Okay. What does SO mean?

22 A. Subjective and objective.

23 Q. And what does that mean?

24 A. Symptoms or observation. Subjective



1 observation. Objective observation.

2 Q. And you wrote that Mr. Cruz was seen by
3 Dr. Lassen?

4 A. Yes.

5 Q. Do you know if you also saw Mr. Cruz?

6 A. I saw Mr. Cruz also that day.

7 Q. Okay. Well, do you know --

8 A. For sure, yes.

9 Q. I understand, we looked at those other
10 records before.

11 Do you know if you saw him at the same
12 time as Dr. Lassen did?

13 A. I don't remember.

14 Q. Do you know why you would make a note
15 of somebody else seeing Mr. Cruz?

16 A. Because I saw him coming in and seeing
17 this patient, assess -- you know, saw him
18 coming -- going into -- talking to Mr. Cruz for
19 sure. And aside from that I'm sure she made a
20 note.

21 Q. Well, that's -- if she made her own
22 note, why would you also make a note?

23 MR. RAGEN: Objection, argumentative.
24 You can answer.



1 THE WITNESS: why do I make a note?

2 BY MR. FLAXMAN:

3 Q. Right. why did you make a note about
4 Dr. Lassen's assessment?

5 A. Just to acknowledge everything, what's
6 going on, that I'm aware of what's going on in
7 the unit.

8 Q. okay. It says close observation Q 15
9 minutes, does that mean every 15 minutes?

10 A. Every 15 minutes, yes.

11 Q. And was that reflected on that
12 handwritten sheet you looked at first?

13 A. Yes.

14 Q. The next thing on this says check for
15 UB with safety gown and blanket, what does UB
16 mean?

17 A. Unpredictable behavior.

18 Q. okay. And do you know why you wanted
19 to check for unpredictable behavior?

20 A. That's the -- why? why do we have to
21 check? So that we can -- part of assessment,
22 you know. why do we need to check? I don't
23 understand it. It is a psyche unit, that's the
24 reason, that's why he's in the psyche unit to

1 observe this kind of behavior. Now, if there's
2 an unpredictability in his behavior I have to
3 document what time of unpredictable behavior and
4 from there we deal with it.

5 Q. The next thing you noted was inmate is
6 quiet at this time, do you see that?

7 A. Yes.

8 Q. And was that based on your observation
9 or --

10 A. Based on my observation. I'm sorry.
11 I'm sorry.

12 MR. RAGEN: That's okay. Just try to
13 let him finish.

14 BY MR. FLAXMAN:

15 Q. And would that be an observation that
16 you made in Mr. Cruz's cell?

17 A. Yes.

18 Q. Okay. The next one says no distress,
19 what does no distress mean?

20 A. He's not in respiratory distress,
21 nothing -- no complaints, nothing is going on --
22 unusual going on with him.

23 Q. The next thing says no C slash O, what
24 does C slash O mean?



1 A. We -- I repeat the complaints of.

2 Q. Okay. So this means that Mr. Cruz had
3 no complaint of any discomfort?

4 A. Any discomfort, yes.

5 Q. Does this mean that Mr. Cruz had no
6 complaint of any discomfort?

7 A. Yes.

8 Q. All right. The next line starts with
9 the letter A, what does A mean?

10 A. Assessment.

11 Q. And the assessment here is alteration
12 and thought process, paranoid schizophrenia?

13 A. Paranoid schizophrenia.

14 Q. Was that your assessment?

15 A. The assessment we can put in the
16 diagnosis of the inmate. And the altercation
17 thought process is a nursing diagnosis that we
18 put because schizophrenia is for the doctor to
19 give a diagnosis.

20 Q. So for the --

21 A. Yeah, the altercation and thought
22 process, that's my nursing, you know, diagnosis,
23 just like that.

24 Q. And do you remember what you observed



1 to come to that diagnosis?

2 A. To be -- it's on his chart that he is
3 schizophrenia. Maybe he's not presenting any
4 symptoms at that time, but that is his
5 diagnosis, that is what we are trying to
6 observe.

7 Q. And then the next line starts with the
8 letter P, what does P mean?

9 A. Plan.

10 Q. And the plan -- am I right the plan was
11 to continue to observe in the unit, continue to
12 administer medication as ordered and monitor
13 compliance?

14 A. Yes.

15 Q. And the timing of this, this is at the
16 end of your shift, right?

17 A. Yes.

18 Q. Was it your practice to make notes on
19 all the patients at the end of your shift?

20 A. At the end of the shift.

21 Q. Would you also make notes at the
22 beginning of your shift?

23 A. On this kind of case, yes, but if there
24 is -- let's say I have 40 -- 10 patients, I



1 don't make a note on everybody. It's just
2 because he is on full leather restraint,
3 otherwise all of them at the end of the shift.

4 Q. One of the observations we talked about
5 maybe an hour ago was -- I'm sorry, just a
6 second.

7 One of the observations from one of
8 your notes was that Mr. Cruz had rashes at the
9 abdominal area in between folds, do you remember
10 that?

11 A. Yes.

12 Q. Do you remember that Mr. Cruz was an
13 obese man?

14 A. Yeah -- yes, I remember he's a big kid.

15 Q. Is there anything else that you
16 remember about him that we haven't talked about?

17 A. Nothing really, no.

18 Q. There's nothing else about the care
19 that you can recall?

20 A. No, except for what I have down here,
21 that's it.

22 MR. FLAXMAN: Okay. I don't have
23 anything else. Thanks for your time.

24 MR. RAGEN: I have a couple.



EXAMINATION

BY MR. RAGEN:

Q. Counsel asked you, you may remember, a number of questions about range of motion, do you remember that?

A. Yes.

Q. Okay. So when you do range of motion can you tell me which extremities you do range of motion on?

A. All four limbs.

Q. Okay. And so let's just say we're talking about the right upper extremity, right arm, and you're doing range of motion on that, okay?

A. Yes.

Q. Would you visually look at the limb too to make sure that there's no bruising or redness on it?

A. Yes.

Q. Okay. Would you do the same thing for if you're moving around the left arm?

A. Yes.

Q. Would you do the same thing for the right leg?



1 A. Yes.

2 Q. And would you do the same thing for the
3 left leg?

4 A. Yes.

5 Q. When you do circulation checks, do you
6 check for the patient's pulse?

7 A. Yes.

8 Q. Can you explain how you do that for
9 each extremity?

10 A. You touch them, you know, hold them,
11 check the pulse.

12 Q. Well, could you -- are you looking for
13 a vein, an artery, explain that process?

14 A. Well, check the pulse right here and
15 then the temperature of the extremities and the
16 color.

17 Q. Okay. And then for the same thing for
18 the legs, where would you check?

19 A. For the legs, I mean, right here on the
20 top of the --

21 Q. We can't see on the screen so you could
22 explain using like anatomy where you'd be
23 checking.

24 A. It's -- can I just -- this is your



1 feet, it's right here, what we call the --

2 MS. COURT REPORTER: what we would call
3 what?

4 THE WITNESS: Pedal, pedal pulses.
5 Pedal pulses.

6 MR. RAGEN: Okay. Thank you. Nothing
7 further.

8 MS. HAIDARI: I have a couple
9 questions.

10 VIDEOGRAPHER KOJRO: You need a
11 microphone.

12 MR. RAGEN: You can use mine.

13 EXAMINATION

14 BY MS. HAIDARI:

15 Q. When you were talking about the full
16 leather restraints, does an officer ever order
17 these restraints for a patient?

18 A. No.

19 Q. You testified that sometimes an officer
20 restrains the patient with a full leather
21 restraint?

22 A. They help us. They don't order it, no.

23 Q. How do they help you?

24 A. Holding the patient. Hold them. They



1 put the restraints sometimes, like I said, with
2 our presence, you know. And before we leave the
3 patient down there I make sure that it was
4 properly secured or put in there, it won't cut
5 the circulation of the patient, inmate.

6 Q. Do the officers ever put the restraints
7 on without --

8 A. No.

9 Q. -- sorry, without a nurse or a I think
10 PCN -- do they put -- sorry, strike that.

11 Do the officers ever apply the
12 restraints without the assistance of any of the
13 medical personnel?

14 A. No.

15 Q. When you were talking about the flow
16 sheets, you said that now the officers they do
17 those 15-minute checks and fill out the flow
18 sheets, correct?

19 A. Yes.

20 Q. Were they doing that in 2016?

21 A. No.

22 Q. And you said that it was only medical
23 personnel who could take off the restraints?

24 A. Yes.



1 Q. Do officers have the keys to remove
2 those restraints?

3 A. I don't believe so.

4 Q. And an officer is present during the
5 range of motion exercises, that's correct?

6 A. Yes.

7 Q. Does the officer release the restraints
8 for the range of motion exercises?

9 A. No.

10 Q. Does the officer do anything for the
11 range of motion exercises?

12 A. No.

13 Q. Why is the officer present?

14 A. For security, just to watch.

15 MS. HAIDARI: I have no further
16 questions. Thank you.

17 FURTHER EXAMINATION

18 BY MR. FLAXMAN:

19 Q. Counsel asked you about the officers
20 using the 15-minute check sheets currently,
21 right?

22 A. Currently, yes.

23 Q. In 2016 are you aware of any records
24 that officers kept of inmates under close



1 observation?

2 MR. RAGEN: Objection, speculation.

3 THE WITNESS: No.

4 BY MR. FLAXMAN:

5 Q. Okay. Do you know what a Morse
6 watchman is?

7 A. No.

8 MR. FLAXMAN: Okay. I don't have
9 anything else.

10 THE WITNESS: Is this mine?

11 MR. FLAXMAN: The reporter keeps those.

12 MR. RAGEN: We'll waive. E-tran.

13 VIDEOGRAPHER KOJRO: This concludes the
14 deposition. Off the record at 3:15.

15 (FURTHER DEPONENT SAITH NAUGHT.)
16
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24



1 STATE OF ILLINOIS)
2) SS:
3 COUNTY OF C O O K)

4 I, Karen Fatigato, a notary public within
5 and for the County of Cook County and State of
6 Illinois, do hereby certify that heretofore,
7 to-wit, on the 4th day of March, 2020,
8 personally appeared before me, at 2650 South
9 California Avenue, Chicago, Illinois, MANUEL
10 MANALASTAS, in a cause now pending and
11 undetermined In The United States District
12 Court, for the Northern District of Illinois,
13 Eastern Division, wherein LETICIA VARGAS,
14 Administrator of the Estate of ANGEL CRUZ, is
15 the Plaintiff, and SHERIFF OF COOK COUNTY,
16 COUNTY OF COOK, et al., are the Defendants.

17 I further certify that the said MANUEL
18 MANALASTAS was first duly sworn to testify the
19 truth, the whole truth and nothing but the truth
20 in the cause aforesaid; that the testimony then
21 given by said witness was reported
22 stenographically by me in the presence of the
23 said witness, and afterwards reduced to
24 typewriting by Computer-Aided Transcription, and

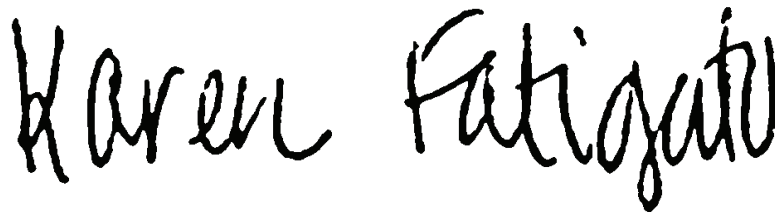


1 the foregoing is a true and correct transcript
2 of the testimony so given by said witness as
3 aforesaid.

4 I further certify that the signature to
5 the foregoing deposition was waived by counsel
6 for the respective parties.

7 I further certify that I am not counsel
8 for nor in any way related to the parties to
9 this suit, nor am I in any way interested in the
10 outcome thereof.

11 IN TESTIMONY WHEREOF: I have hereunto
12 set my hand and affixed my notarial seal this
13 27th day of March, 2020.

14
15
16 
17
18

19 NOTARY PUBLIC, COOK COUNTY, ILLINOIS
20 LIC. NO. 084-004072
21
22
23
24



Exhibit 10

**IN THE UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION**

Leticia Vargas, Administrator of	)	
The Estates of Angel Cruz,	)	
	)	
Plaintiff,	)	
	)	
v.	)	18-cv-1865
	)	
Sheriff of Cook County, et al.	)	
	)	
Defendants.	)	

**MANUEL MANALASTAS' ANSWERS TO
INTERROGATORIES**

Manuel Manalastas' answers Plaintiff's interrogatories as follows:

1. State your full name, professional, and residence addresses, and attach a current copy of your curriculum vitae ("CV"). In the event you do not have a CV, state in detail your professional qualifications, including your education by identifying schools from which you graduated and the degrees granted and dates thereof, your medical internships and residencies, fellowships and a bibliography of your professional writing(s).

ANSWER: This Defendant has no objection to the production of a CV, but does not have one at this time. Investigation continues.

2. State whether you have held any position on a committee or with an administrative body at any hospital. If so, state when you held such position(s) and the duties and responsibilities involved in such position(s).

ANSWER: I have not held any position on a committee or administrative body at any hospital.

3. Have you ever been named as a defendant in a lawsuit arising from alleged malpractice, professional negligence, or deliberate indifference to a serious medical need?

If so, state the court, the caption, and the case number for each lawsuit.

ANSWER: No.

4. Since the institution of this action, have you been asked to appear before or attend any meeting of a medical committee or official board of any medical society or other entity for the purpose of discussing this case? If so, state the date(s) of each such meeting and the name and address of the committee, society or other entity conducting each meeting.

ANSWER: I have not been asked to attend any meeting to discuss this case.

5. Have you ever testified in court in a medical malpractice case or case involving allegations of deliberate indifference to a serious medical need? If so, state the court, the caption, and the case number of each such case, the approximate date of your testimony, whether you testified as a treating physician, expert, or percipient witness¹, and whether you testified on your own behalf or on behalf of the defendant or the plaintiff.

ANSWER: I have not testified in Court.

6. State all of your professional licenses, when you obtained them, and whether they are current.

ANSWER: Licensed as a Registered Nurse in Illinois in 1993 or 1994. It is current. Licensed as a Registered Nurse in Phillipenes from 1987 to 1993 or 1994. It is no longer current.

7. Have any of your professional licenses ever been suspended or has any disciplinary action ever been taken against you in reference to a license? If so, state the specific disciplinary action taken, the date of the disciplinary action, the reason for the disciplinary action, the period of time for which the disciplinary action was effective, and the name and address of the disciplinary entity taking the action.

¹ A percipient witness is an eyewitness, such as a treating physician.

ANSWER: No.

8. State the exact dates and places on and at which you saw plaintiff's decedent for the purpose of providing care or treatment.

ANSWER: I saw the patient on March 19, 2016 and provided nursing care to him.

9. State the name, author, publisher, title, date of publication and specific provision of all medical texts, books, journals or other medical literature which you or your attorney intend to use as authority or reference in defending any of the allegations set forth in the complaint.

ANSWER: I have not yet identified what materials I intend to use to defend the allegations in the Complaint.

10. Were you named or covered under any policy or policies of liability insurance at the time of the care and treatment alleged in the complaint? If so, state for each policy:

- a. The name of the insurance company;
- b. The policy number;
- c. The effective policy period;
- d. The maximum liability limits for each person and each occurrence, including umbrella and excess liability coverage; and
- e. The named insured(s) under the policy.

ANSWER: County of Cook has a self-insured retention of \$25,000,000 per claim on excess insurance policy no. C015827004 issued by Allied World Assurance Company (AWAC) on a claims-made basis for \$25,000,000 per claim, effective dates 07/01/15 – 07/01/16, retroactive to December 31, 2000. Additionally, County of Cook secures excess coverage above AWAC, issued by Lexington Insurance Company (AIG) under policy no. 6797436, with limits of \$20,000,000 per claim, retroactive to December 31, 2000; Ironshore Specialty Insurance Company (Ironshore) under policy no. 001294603, with limits of \$20,000,000 per claim, retroactive to December 31, 2000; and Endurance American Specialty Insurance Company (Endurance) under policy no. HLC10007336200, with limits of \$10,000,000 per claim, retroactive to

December 31, 2000.

11. Were you at any time an employee, agent, servant, shareholder, or partner of Cook County? If so, state the date(s) and nature of your relationship.

ANSWER: I was an employee of Cook County at all times relevant to Plaintiff's Complaint.

12. State whether there were any policies, procedures, guidelines, rules or protocols for the use of emergency psychiatric restraints at the Cook County Jail in March 2016. If so, state:

Whether such policies, guidelines, rules or protocols are published and by whom;

- a. The effective date of said policies, guidelines, rules or protocols;
- b. Which medical professionals are bound by said policies, guidelines, rules or protocols;
- c. Who is the administrator of any such policies, procedures, guidelines, rules and/or protocols; and
- d. Whether the policies, guidelines, rules or protocols in effect at the time of the occurrence alleged in the complaint have been changed, amended, or altered since the occurrence. If so, state the change(s) and the date(s) of any such change(s).

ANSWER: There were policies involving the restraint of patients. I am not aware of the particulars of the policy in effect at the time of the occurrence, and am generally aware that the policy involving the restraint of patients changed from the time of the occurrence to date. As for the specifics as to what the policy from the time of the occurrence provided, that would be found in the policy itself.

13. Were any photographs, movies and/or videotapes taken of plaintiff's decedent or of the procedures complained of? If so, state the date(s) on which such photographs, movies and/or videotapes were taken, who is displayed therein, who now has

custody of them, and the name, address, occupation and employer of the person taking them.

ANSWER: None that I know of.

14. Do you know of any statements made by any person relating to the care and treatment or the damages described in the complaint? If so, give the name and address of each such witness and the date of the statement, and state whether such statement was written or oral and if written the present location of each such statement.

ANSWER: None other than what is contained in Plaintiff's decedent's medical records.

15. Do you have any information:

a. That plaintiff's decedent was, within the 10 years immediately prior to the care and treatment described in the complaint, confined in a hospital and/or clinic, treated by a physician and/or other health professional, or x-rayed for any reason other than personal injury? If so, state the name of each plaintiff so involved, the name and address of each such hospital and/or clinic, physician, technician and/or health-care professional, the approximate date of such confinement or service and state the reason for such confinement or service.

b. That plaintiff's decedent has suffered any serious personal injury and/or illness within 10 years prior to the date of the occurrence? If so, state when, where and how plaintiff's decedent was ill and describe the injuries and/or illness suffered.

ANSWER: No.

16. Have you (or has anyone acting on your behalf) had any conversations with any person at any time with regard to the manner in which the care and

treatment described in the complaint was provided, or have you overheard any statement made by any person at any time with regard to the injuries complained of by the plaintiff or the manner in which the care and treatment described in the complaint was provided? If so, state the following:

- a. The date or dates of such conversation(s) and/or statement(s);
- b. The place of such conversation(s) and/or statements(s);
- c. All persons present for the conversation(s) and/or statement(s);
- d. The matters and things stated by the person in the conversation(s) and/or statement(s);
- e. Whether the conversation(s) was oral, written and/or recorded; and
- f. Who has possession of the statement(s) if written and/or recorded.

ANSWER: None other than what is contained in Plaintiff's decedent's medical records.

17. List the name and addresses of all persons (other than yourself and persons heretofore listed) who have knowledge of the facts regarding the care and treatment complained of in the complaint filed herein and/or of the injuries claimed to have resulted therefrom.

ANSWER: None other than what is contained in Plaintiff's decedent's medical records.

VERIFICATION

I, Manuel Manalastas, being first duly sworn upon oath do hereby certify pursuant to Rule 33(b) that DEFENDANT MANUEL MANALASTAS' ANSWERS TO INTERROGATORIES are true and complete to the best of my knowledge.

As to the matters therein stated to be on information and belief, the undersigned certifies as aforesaid that he verily believes the same to be true.

Dated: 8/28/2019

Signed: _____

Manuel Manalastas

CERTIFICATE OF SERVICE

PLEASE TAKE NOTICE that I, William R. Ragen, Assistant State's Attorney, hereby certify that I sent a copy of Manuel Manalastas's Answers to Plaintiff's First Set of Interrogatories which are unsigned to all counsel of record via electronic mail on September 3, 2019.

By: /s/ William R. Ragen
William R. Ragen

Exhibit 11

Inmate Name: CRUZ, ANGEL

Inmate #: 741784

Booking #: 20160315122

Monday, March 26, 2018

4:01:21 PM

COOK COUNTY SHERIFF'S OFFICE BOOKING CARD

Prisoner Type: Pre-Trial

Bkg Date/Time: 3/15/2016 9:21 AM

Hair Color: Brown

Citizen Of: USA

Age: 20

Eye Color: Brown

Birth Place: USA

DOB: [REDACTED]

Height: 5 ft 9 in

Religion: None

SSN #: [REDACTED]

Weight: 298

Gang:

FBI #:

Build: Medium

Cell Location:

SID #:

Complex: Light

IR #: 2315732



Arrest Address: [REDACTED]

Home Address: [REDACTED]

City: COUNTRYSIDE

State: IL

Zip: 60525

Phone #:

Emergency Name: NA NA

Relationship:

CCOMS Case	Type	Docket #	Current Bond	Last Court Date	Court ID

CRUZ, ANGEL

Alias Full Name	Date of Birth	SSN	Associated Booking	Date	Alias Type
CRUZ, ANGEL	[REDACTED]	[REDACTED]	20160315122	3/15/2016	Commit Name