

Exhibit M

Meghan Weger Deposition

*Vargas v. Cook County
18 CV 1865
Exhibits to Defendants Statement of Facts*

Vargas

Weger Meghan

11/10/2020

Condensed Transcript

Prepared by:

Bill Ragen
CCSAO

Tuesday, August 31, 2021

1	IN THE UNITED STATES DISTRICT COURT	Page 1	Page 3
2	NORTHERN DISTRICT OF ILLINOIS		
3	EASTERN DIVISION		
4			
5	LETICIA VARGAS,)		
	Administrator of the)		
6	Estate of ANGEL CRUZ,)		
	Plaintiff,)		
7	vs.) Case No. 18 CV 1865		
	SHERIFF OF COOK COUNTY,)		
8	COUNTY OF COOK, AUGUSTUS)		
	ALABI, AVIS CALHOUN,)		
9	LORRAINE CHATMAN, ANITA)		
	JOHNSON, HELEN KANEL,)		
10	CHERRI KRZYZOWSKI,)		
	ELIZABETH P. LASSEN,)		
11	MANUEL MANALASTAS, DR.)		
	STEVE PASCHOS, JASON)		
12	SPRAGUE, and JARUWAN)		
	SUPASANGUAN,)		
13	Defendants.)		
	The deposition of MEGHAN WEGER, called for		
14	examination pursuant to the Rules of Civil		
15	Procedure for the United States District Courts		
16	pertaining to the taking of depositions, taken		
17	before CHRISTINE M. PINA, a Certified Shorthand		
18	Reporter remotely via Zoom, within and for the		
19	County of Cook and State of Illinois in Chicago,		
20	Illinois, on November 10, 2020 at the hour of		
21	2:00 o'clock p.m.		
22	(Deposition concluded at 2:48 p.m.)		
23	Reported by: CHRISTINE M. PINA, CSR, RPR		
24	License No.: 084-003785		

1	APPEARANCES:	Page 2	Page 4
2	KENNETH N. FLAXMAN, P.C.		
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16	on behalf of Augustus Alabi, Lorraine		
17	Chatman, Helen Kanel, Elizabeth		
18	Lassen, Manuel Manalastas, Jason		
19	Sprague, and Jaruwan Supasanguan;		
20			
21			
22			
23			
24			

<p>1 THE COURT REPORTER: This deposition is being 2 taken by means of videoconferencing, and the oath 3 will be administered remotely by the court reporter 4 pursuant to Governor Pritzker's Executive Order 5 2020-14. Are all parties in agreement with this 6 procedure?</p> <p>7 MR. FLAXMAN: Yes for Plaintiff.</p> <p>8 MR. RAGEN: For Defendant Cook County and all 9 the individually-named Cook County employees, yes.</p> <p>10 MR. CATANIA: The Sheriff of Cook County, yes.</p> <p>11 MR. TOMASIK: Tom Tomasiak on behalf of the 12 witness, we agree.</p> <p>13 (Whereupon, the witness was 14 duly sworn.)</p> <p>15 MR. RAGEN: Your name is Meghan, M-e-g-h-a-n, 16 Weger, W-e-g-e-r?</p> <p>17 THE WITNESS: Yes.</p> <p>18 MR. RAGEN: Just to go through a couple of 19 ground rules. Conversationally, we can talk over 20 each other and usually you know what I'm going to 21 say, but please wait for me to finish what I'm 22 going to say; otherwise, Christy, our court 23 reporter, will have a hard time taking it down, 24 okay?</p>	<p style="text-align: right;">Page 5</p> <p>1 Q. That was 2016, correct? 2 A. Correct. 3 Q. Where are you currently employed? 4 A. At Adventist Hinsdale Hospital. 5 Q. In 2016, you were employed at Adventist 6 Hinsdale Hospital? 7 A. Yes. 8 Q. When did you start working at Adventist 9 Hinsdale Hospital? 10 A. In 20 -- well, I first started in 2008 as 11 a phlebotomist, and then, when I graduated nursing 12 school, I went up to the unit on the second floor 13 in 2014 when I was hired on as a nurse. 14 Q. And then in 2014, that's when you became 15 an R.N., right? 16 A. Yes. 17 Q. Even though you obtained an additional 18 degree as a B.S.N. in 2016, did your role stay the 19 same for the most part? 20 A. Yes. 21 Q. When you say the second floor, what does 22 that mean to me whose only been to Hinsdale 23 Hospital a couple of times? 24 A. It's at medical-surgical oncology floor.</p>
<p>1 THE WITNESS: Uh-huh.</p> <p>2 MR. RAGEN: Was that a "yes"?</p> <p>3 THE WITNESS: Yes. Sorry.</p> <p>4 MR. RAGEN: Also, too, from time to time, I'll 5 ask a question you don't understand. If you don't 6 understand my question, would you please tell me?</p> <p>7 THE WITNESS: Yes.</p> <p>8 MR. RAGEN: If you answer my question, I will 9 assume you understood it, is that fair?</p> <p>10 THE WITNESS: Yes.</p> <p>11 MEGHAN WEGER, 12 having been first duly sworn, was examined and 13 testified as follows:</p> <p>14 EXAMINATION</p> <p>15 BY MR. RAGEN:</p> <p>16 Q. You are a Registered Nurse?</p> <p>17 A. Yes.</p> <p>18 Q. Where did you go to undergrad?</p> <p>19 A. I went to Morton College. I graduated 20 with my Associates in Applied Science in Nursing in 21 2014, and then, I went on for my bachelors at 22 Purdue University and I graduated in 2016.</p> <p>23 Q. Is that a Bachelors of Nursing?</p> <p>24 A. Bachelor of Science in Nursing.</p>	<p style="text-align: right;">Page 6</p> <p>1 Q. We're here to talk about the care you 2 rendered to Mr. Cruz, and it looks to me from the 3 medical records that all happened on the general 4 medical floor?</p> <p>5 A. Yes.</p> <p>6 Q. Did you review anything for your 7 deposition today?</p> <p>8 A. I reviewed my chart.</p> <p>9 Q. The one thing I will say is I hope not to 10 ask you a question that would trigger what you and 11 your attorney spoke about, but in the event that I 12 do, don't talk about what you discussed with your 13 attorney, okay?</p> <p>14 A. Yes.</p> <p>15 Q. How many pages did you look at? Do you 16 have it there?</p> <p>17 A. We have it here, yes.</p> <p>18 Q. Those are the documents? About how many 19 pages are they?</p> <p>20 A. Like almost 300.</p> <p>21 MR. TOMASIK: He wants to know in front of you 22 right now how many pages are there.</p> <p>23 THE WITNESS: Well, there's Page 40 of 294, so 24 I don't know.</p>

<p>1 BY MR. RAGEN:</p> <p>2 Q. Just to me it looks like looking at the 3 stack 294 tends to be a stack like I think high, 4 you know what I mean, and so that's less than that, 5 correct?</p> <p>6 A. Correct.</p> <p>7 Q. Is it like 25 pages because then I would 8 just get the page numbers down?</p> <p>9 A. No.</p> <p>10 Q. Can you just pick up the paper so I can 11 take a look how thick the stack is? All right. 12 Well, does it appear to be your nursing notes?</p> <p>13 A. Yes.</p> <p>14 Q. In reviewing those documents, did you feel 15 the need to look at anything else?</p> <p>16 A. As opposed to what, anything else?</p> <p>17 Q. Well, for example, from time to time when 18 you're providing nursing care, have you ever looked 19 at laboratory results?</p> <p>20 A. When I'm providing care for a patient?</p> <p>21 Q. Yes.</p> <p>22 A. Yes, in the chart.</p> <p>23 Q. Right. Okay. And so you don't have 24 laboratory results there, is that fair?</p>	<p>Page 9</p> <p>1 lactic acid was elevated, and that's all I 2 remember.</p> <p>3 Q. It appears from the records that you 4 treated this gentleman on the evening of March 13 5 going into the morning of March 14?</p> <p>6 A. Yes.</p> <p>7 Q. What time would your shift have started 8 and ended?</p> <p>9 A. We start at 6:45 p.m. and work until 10 7:15 a.m.</p> <p>11 Q. Did you say 7:15 a.m.?</p> <p>12 A. Correct.</p> <p>13 Q. Could you turn to Page 237 or 238, if you 14 have it there?</p> <p>15 A. What page, 237?</p> <p>16 Q. I do want to go to 237, but where it says 17 like 237 of 294. You might have multiple like page 18 numbers on there.</p> <p>19 MR. TOMASIK: She's there.</p> <p>20 BY MR. RAGEN:</p> <p>21 Q. So, that's something you reviewed in 22 preparation for this deposition?</p> <p>23 A. Yes.</p> <p>24 Q. Can you tell me what you observed in</p>
<p>1 A. I think I do. I don't know. I don't 2 think it's on here.</p> <p>3 Q. So, my question is real general. When you 4 were reviewing what you reviewed, did you think oh, 5 maybe I should look at something else or I need to 6 look at the labs or I would like to look at the 7 doctor's notes or I want to look at the eMAR to the 8 extent that you don't have all the eMARs?</p> <p>9 A. In reviewing this, no.</p> <p>10 Q. When we go through this deposition, if at 11 any point in time you say, you know what, in order 12 to answer a question, I'd like to look at the whole 13 medical records, we can do that. Tom might have a 14 set there. It looks like you're at the CMV 15 spaceship, and when I say CMV spaceship, it's their 16 offices. And then, also, too, I can provide it on 17 the share screen, okay?</p> <p>18 A. Okay.</p> <p>19 Q. Do you have any independent recollection 20 of Mr. Cruz?</p> <p>21 A. I remember that he was a patient that was 22 admitted for psychosis, and allegedly he was under 23 arrest for apparently stabbing his parents. So, he 24 was admitted for psychosis, and I believe his</p>	<p>Page 10</p> <p>1 Mr. Cruz on March 14, 2016 at 2:00 a.m.?</p> <p>2 A. On March 14 at 2:00 a.m., this is</p> <p>3 Page 238, it's whatever my charting says. So, he</p> <p>4 was sitting in the bed agitated.</p> <p>5 Q. And then you see there's a drop-down about 6 your observation note?</p> <p>7 A. Okay.</p> <p>8 Q. Do you see that?</p> <p>9 A. Yes.</p> <p>10 Q. So, for one of them, behavior, where it</p> <p>11 says T-11, do you see that?</p> <p>12 A. Yes.</p> <p>13 Q. Did that reflect that on March 14, 2016 at</p> <p>14 2:00 a.m. he was aggressive, agitated, disruptive,</p> <p>15 explosive, inappropriate, and uncooperative?</p> <p>16 A. Yes.</p> <p>17 Q. Is that consistent with your recollection</p> <p>18 that he was psychotic?</p> <p>19 A. Yes.</p> <p>20 Q. So, under your observation note, there's a</p> <p>21 link to T-173 that says code BRT called, see</p> <p>22 special comments note; do you see that?</p> <p>23 A. Yes.</p> <p>24 Q. That's something you entered into the</p>

<p>1 medical chart on March 14, 2016 at 2:00 a.m.?</p> <p>2 A. Yes.</p> <p>3 Q. What's a BRT?</p> <p>4 A. It's a Behavioral Response Team.</p> <p>5 Q. And so that's a code that can be called at</p> <p>6 Hinsdale Hospital?</p> <p>7 A. Yes.</p> <p>8 Q. What does it mean?</p> <p>9 A. When a nurse will call a code Behavioral</p> <p>10 Response Team, we call it overhead for assistance</p> <p>11 to come to a situation. So, a nurse from the</p> <p>12 psychiatric department will come, generally</p> <p>13 speaking, and security will also attend, the house</p> <p>14 director, and then, one of the residents from the</p> <p>15 medical team would respond, also.</p> <p>16 Q. Can you tell from your records who</p> <p>17 responded to the BRT code?</p> <p>18 A. I don't recall.</p> <p>19 Q. Do you know the names of the psychiatric</p> <p>20 nurses who may respond to a BRT code?</p> <p>21 A. I do not recall.</p> <p>22 Q. I'm saying this in general. So, the</p> <p>23 medical records you've looked at, you've I'm sure</p> <p>24 seen Tiago Salte's name, right?</p>	<p>Page 13</p> <p>1 entries that appear on Pages 152 and 153 of 294?</p> <p>2 A. Yes.</p> <p>3 Q. Can you tell me what you wrote at</p> <p>4 6:31 a.m. on March 14, 2016?</p> <p>5 A. On March 14, 2016 at 6:31, I wrote code</p> <p>6 BRT, code BRT was called again, patient jumped to</p> <p>7 side of bed --</p> <p>8 Q. Why don't I read it and make sure I read</p> <p>9 it okay, okay?</p> <p>10 A. Okay.</p> <p>11 MR. RAGEN: I mean I know the question is</p> <p>12 pending, but you don't care, do you, Tom?</p> <p>13 MR. TOMASIK: No. That's fine. Go ahead.</p> <p>14 BY MR. RAGEN:</p> <p>15 Q. So, it appears from this medical record</p> <p>16 found on Page 152 of 294 on March 14, 2016 at</p> <p>17 6:31 a.m. you entered into the record that a code</p> <p>18 BRT called again, patient jumped to side of bed</p> <p>19 while still handcuffed trying to get hand out of</p> <p>20 handcuff, two police officers went into room, were</p> <p>21 able to get patient back into bed and handcuffed</p> <p>22 his other hand to the bed, is that correct?</p> <p>23 A. Correct.</p> <p>24 Q. That's something you entered into the</p>
<p>1 A. Yes.</p> <p>2 Q. And Tiago Salte is the nurse on the</p> <p>3 general floor?</p> <p>4 A. I don't remember.</p> <p>5 Q. Do you know who Tiago Salte is?</p> <p>6 A. I don't know who that is.</p> <p>7 Q. Do you know who Aiste Barkaiskaite is?</p> <p>8 A. Yes.</p> <p>9 Q. Who is that?</p> <p>10 A. She is a nurse that worked with me on the</p> <p>11 second floor.</p> <p>12 Q. So, Tiago Salte's name may not be a</p> <p>13 psychiatric nurse, is that fair?</p> <p>14 A. That's fair.</p> <p>15 Q. Anyway, just for the record, the last</p> <p>16 number of questions that corresponds to entries you</p> <p>17 made in the chart on Page 238 of 294, is that</p> <p>18 correct?</p> <p>19 A. Can you repeat the question?</p> <p>20 Q. Yes. This is more for the record, but</p> <p>21 when I asked you about your entry in the chart,</p> <p>22 those entries were found on Page 238 of 294?</p> <p>23 A. Yes.</p> <p>24 Q. Can you go to Page 152? Did you make</p>	<p>Page 14</p> <p>1 medical record, like I said, March 14, 6:31 a.m.?</p> <p>2 A. Yes.</p> <p>3 Q. That would have been based on what you</p> <p>4 observed in Mr. Cruz around that same time?</p> <p>5 A. Yes.</p> <p>6 Q. Do you know who made the decision to --</p> <p>7 well, based on this note, two of his hands were</p> <p>8 handcuffed to the bed, correct?</p> <p>9 A. Based on my charting, I said trying to get</p> <p>10 hand, I used a single word, so it must have been</p> <p>11 just one hand.</p> <p>12 Q. And then at the end of it, it says were</p> <p>13 able to get patient back into bed and handcuffed</p> <p>14 his other hand to the bed?</p> <p>15 A. So, then at that time, yes, so then he</p> <p>16 must have had two hands.</p> <p>17 Q. And so when a patient is handcuffed to the</p> <p>18 bed, where on the bed are they handcuffed to?</p> <p>19 A. I don't -- that's not -- you have to ask</p> <p>20 the police officers. Based on my observation, it</p> <p>21 was to the side rail, but I don't know which one, I</p> <p>22 don't remember.</p> <p>23 Q. Well, are there two side rails on a</p> <p>24 standard bed on the general medical floor of</p>

<p>1 Hinsdale Hospital?</p> <p>2 A. There's generally four side rails, two at 3 the top, two at the feet.</p> <p>4 Q. Would this note one way or the other, 5 would that reflect that he was handcuffed 6 bilaterally to the rails that are on the upper side 7 of the bed?</p> <p>8 A. I don't remember.</p> <p>9 Q. Can you say whether this note says that 10 one way or the other?</p> <p>11 A. I can't infer that from my note.</p> <p>12 Q. And then on March 14, 2016 at 7:00 a.m., 13 you make a note that says when resident arrived, 14 received orders for four-point restraints, called 15 attending, explained that patient is more of a 16 safety risk for staff and others and that he needs 17 to be released to pre-leased custody, he agreed 18 with that, he agreed with discharge orders; do you 19 see that?</p> <p>20 A. Yes.</p> <p>21 Q. Is that what you entered into the medical 22 record on March 14, 2016 at 7:00 a.m.?</p> <p>23 A. Yes.</p> <p>24 Q. Do you know who the resident was?</p>	<p>Page 17</p> <p>1 A. I didn't -- I don't remember. It's not 2 charted. I didn't chart it in this note 3 specifically.</p> <p>4 Q. When you said you received the orders for 5 four-point restraints, do you know who gave those 6 orders?</p> <p>7 A. I don't know off the top of my head, no.</p> <p>8 Q. But would it have to have come from a 9 physician?</p> <p>10 A. Yes.</p> <p>11 Q. Because only a physician could make an 12 order to place a patient in four-point restraints, 13 is that fair?</p> <p>14 A. Correct.</p> <p>15 Q. When you received the orders for 16 four-point restraints, do you know what Mr. Cruz 17 was doing that would call for him to be placed in 18 the four-point restraints?</p> <p>19 A. Well, based on my charting right here that 20 he was trying to jump out of bed and trying to get 21 his hand out of the handcuff, and I also wrote that 22 he was more of a safety risk to staff and others; 23 therefore, that's why he must have received an 24 order for four-point restraints.</p>
<p>1 A. I don't remember.</p> <p>2 Q. Is there anywhere in the medical record 3 that you could look at to determine who was the 4 resident?</p> <p>5 A. You could look at notes from the 6 physicians at that time, but I don't remember and I 7 don't have the information in front of me.</p> <p>8 Q. When you say you could look at notes, 9 would it be possible that the resident, him or 10 herself, wrote a corresponding note?</p> <p>11 A. I don't know if they did.</p> <p>12 Q. Because you don't have that documentation 13 in front of you, is that fair?</p> <p>14 A. Correct. Yes.</p> <p>15 Q. But if we wanted to find out who the 16 resident was, you said we could look at the notes, 17 right?</p> <p>18 A. Correct.</p> <p>19 Q. Would that be because maybe a resident 20 would write a note?</p> <p>21 A. Correct.</p> <p>22 Q. This note says you called the attending?</p> <p>23 A. Yes.</p> <p>24 Q. Do you know who the attending was?</p>	<p>Page 18</p> <p>1 Q. I see that you indicate that he's more of 2 a safety risk for staff and others. Is there 3 anything else to explain what behavior he was doing 4 that was a risk to staff and others?</p> <p>5 A. Based on my charting, that's what I -- why 6 I would say that because he was trying to get out 7 of bed.</p> <p>8 Q. Was he placed in the four-point 9 restraints, if you can recall?</p> <p>10 A. I don't recall.</p> <p>11 Q. So, when you were caring for this patient, 12 were you the primary nurse caring for Mr. Cruz when 13 he was on the general medical floor at Hinsdale 14 Hospital?</p> <p>15 A. Like I said, yes.</p> <p>16 Q. I saw a lot of the care you provided. I 17 just didn't see anything in the documentation that 18 showed that you assessed his vitals. Did you see 19 anything that showed you assessed his vitals?</p> <p>20 A. I don't see anything, but we have a care 21 tech that would -- on that floor, a care tech would 22 have taken the vitals for this patient.</p> <p>23 Q. And so it looks like there was Regina 24 Gilchrist, CRT. You may not have that page. Look</p>

<p style="text-align: right;">Page 21</p> <p>1 at Page 177 of 294. I don't know if you have that. 2 You might not have it. Give me a second, I'll try 3 and pull it up. 4 MR. TOMASIK: He's going to put it up on the 5 screen for us. 6 THE WITNESS: Okay. 7 BY MR. RAGEN: 8 Q. Okay. Can you see that? 9 A. Yes. 10 Q. Why we came to this is because I asked if 11 you showed in your records if you measured this 12 guy's vitals, and you indicated that you didn't, 13 but the CRT may have, correct? 14 A. CNA is the nurse assistant -- certified 15 nurse assistant which would be the entry below. 16 Q. My point is these are people -- and if I 17 remember correctly, your shift would have began on 18 March 13, 6:45 p.m. extended to March 14 on or 19 around 7:15 a.m., right? 20 A. Yes. 21 Q. So, if you look at the first one on 22 March 14, 2016 by Regina Gilchrist, that person 23 provided some information about vitals, correct? 24 A. Yes.</p>	<p style="text-align: right;">Page 23</p> <p>1 A. Can you repeat the question? 2 Q. Yes. Could you tell me what times based 3 on your medical records you found Mr. Cruz to be 4 assessed as a plus four as combative in the 5 Richmond Agitation-Sedation Scale? 6 A. Yes. You can see at these times that 7 that's what I charted plus four. 8 Q. I can read it, but this is for the court 9 reporter to take down. Can you tell me the times 10 that you assessed Mr. Cruz as a plus four on that 11 scale? 12 A. I assessed him at 06:19, 01:55, and the 13 01:36. 14 Q. And so the 06:19 and 01:55, those times 15 were all the morning of March 14? 16 A. Yes. 17 MR. RAGEN: Those are all the questions I have. 18 Thanks. 19 MR. CATANIA: Just very briefly. I represent 20 the Sheriff of Cook County. My name is Frank 21 Catania.</p>
<p style="text-align: right;">Page 22</p> <p>1 Q. During the time that you were caring for 2 Mr. Cruz, right? 3 A. Yes, but CRT is a respiratory therapist. 4 Q. And then the CNA is Jurate Martkevicius, 5 is that correct? 6 A. Yes. 7 MR. RAGEN: Okay, I'll stop sharing the screen. 8 I'm just looking for one more line of questioning. 9 I can't find my notes on it. So we're real close 10 to being done. 11 BY MR. RAGEN: 12 Q. Do you have Page 196 of 294 there? 13 A. Yes. 14 Q. There's some notes you entered in the 15 medical record concerning a Richmond 16 Agitation-Sedation Scale? 17 A. Yes. 18 Q. What is that? 19 A. That's our sedation and agitation scale 20 that we assess every shift or as-needed, and it 21 ranges from negative five, unresponsive, to a plus 22 four if a patient is extremely combative. 23 Q. At this time, can you tell me at what 24 times you thought that Mr. Cruz was a plus four?</p>	<p style="text-align: right;">Page 24</p> <p>1 the sedation risk assessment that you were doing 2 and you found plus four meaning that he was 3 combative, did you consider that to be something 4 that required you to get help? 5 A. Yes. 6 Q. That is why you called the code BRT? 7 A. Yes. 8 Q. In terms of help, you were looking for 9 people to physically help you, assist you with a 10 combative patient, right? 11 A. Yes. 12 Q. There were police present during that? 13 A. Yes. 14 Q. Did you consider that the behavior was an 15 issue for police intervention? 16 A. What the police do is on the -- we 17 don't -- I can't tell the police what to do, I 18 don't know their protocols. But based on the 19 hospital, I would follow our policies and 20 procedures which would be to call a code BRT. 21 Q. In one of your notes, you described the 22 police officer as placing him back on the bed and 23 then applying a second handcuff; do you recall 24 that?</p>

<p>1 A. Yes.</p> <p>2 Q. That was police intervention, is that</p> <p>3 right?</p> <p>4 A. Yes.</p> <p>5 Q. That's completely distinct from medical</p> <p>6 interventions, is that right?</p> <p>7 A. Yes.</p> <p>8 MR. CATANIA: I have no further questions.</p> <p>9 Thank you.</p> <p>10 EXAMINATION</p> <p>11 BY MR. FLAXMAN:</p> <p>12 Q. Good afternoon, I guess.</p> <p>13 A. Good afternoon.</p> <p>14 Q. Do you have Page 96 of your records in</p> <p>15 front of you?</p> <p>16 A. Yes.</p> <p>17 Q. Did you make any of those notations?</p> <p>18 A. I did, yes.</p> <p>19 Q. Could you read to us the beginning of what</p> <p>20 you wrote?</p> <p>21 A. So, this entry is part of our plan of care</p> <p>22 for nursing on a discharge power plan. I wrote</p> <p>23 progressing as it related to knowledge of discharge</p> <p>24 instructions.</p>	<p>Page 25</p> <p>1 option that's in the computer.</p> <p>2 Q. What does it mean that he was progressing?</p> <p>3 A. So, just progressing towards discharge.</p> <p>4 Q. Do you have Page 94?</p> <p>5 A. Yes.</p> <p>6 Q. Is there any reference to you on Page 94?</p> <p>7 A. Yes.</p> <p>8 Q. Is that at the bottom?</p> <p>9 A. Yes.</p> <p>10 Q. Could you tell us what that reference is?</p> <p>11 A. This is to an order for Geodon.</p> <p>12 Q. Is that a medication?</p> <p>13 A. Yes.</p> <p>14 Q. Do you know what kind of medication it is?</p> <p>15 A. An antipsychotic.</p> <p>16 Q. Did you get a verbal order to administer</p> <p>17 that?</p> <p>18 A. Yes.</p> <p>19 Q. Could you tell us from whom you got that</p> <p>20 verbal order?</p> <p>21 A. From Dr. Zoheb Osman.</p> <p>22 Q. Is that O-s-m-a-n?</p> <p>23 A. Yes.</p> <p>24 Q. And his first name is Z-o-h-e-b?</p>
<p>1 Q. So, that's at the bottom where -- and then</p> <p>2 you wrote charted at 3-14, 2016 2:56 CDT?</p> <p>3 A. Yes.</p> <p>4 Q. Does that mean 2:56 a.m.?</p> <p>5 A. Yes.</p> <p>6 Q. What does it mean that the outcome was</p> <p>7 knowledge of discharge instructions?</p> <p>8 A. So, under this care plan, there's</p> <p>9 different entries; there's discharge planning which</p> <p>10 is knowledge of discharge instructions, knowledge</p> <p>11 of medication management which goes onto the next</p> <p>12 page, 197, the participation and care planning.</p> <p>13 This is the same outcomes that are in every power</p> <p>14 plan for discharge power plan for every patient.</p> <p>15 Q. Did you give Mr. Cruz discharge</p> <p>16 instructions?</p> <p>17 A. No. So, when a patient is admitted,</p> <p>18 everyone has a discharge power plan already in</p> <p>19 place at the time of admission. So, on every</p> <p>20 shift, we all chart how they're progressing towards</p> <p>21 discharge.</p> <p>22 Q. Did you write anything at 2:56 a.m. about</p> <p>23 how Mr. Cruz was progressing?</p> <p>24 A. I wrote progressing because that's the</p>	<p>Page 26</p> <p>1 A. Yes.</p> <p>2 Q. Was that at about 1:45 a.m. on March 14,</p> <p>3 2016?</p> <p>4 A. Yes.</p> <p>5 Q. Do you recall how that medication was</p> <p>6 administered; was it IV, was it a pill, was it an</p> <p>7 injection?</p> <p>8 A. It was intramuscular, IM.</p> <p>9 Q. What does intramuscular mean?</p> <p>10 A. In the muscle.</p> <p>11 Q. Is that an injection?</p> <p>12 A. Yes.</p> <p>13 Q. Do you have Page 115 in front of you?</p> <p>14 A. Yes.</p> <p>15 Q. Did you make any entries or is there any</p> <p>16 reference to you on Page 115?</p> <p>17 A. Yes.</p> <p>18 Q. Where is the first reference to you?</p> <p>19 A. Under interventions, safety precautions in</p> <p>20 place, I chose these following options. Would you</p> <p>21 like me to read them?</p> <p>22 Q. Did you make that entry which ends with</p> <p>23 Weger, R.N. comma, Meghan L; are those your</p> <p>24 entries?</p>

Page 29	Page 31
<p>1 A. Yes.</p> <p>2 Q. Could you read it slowly, please?</p> <p>3 A. Intervention, safety precautions in place.</p> <p>4 Results, absence of signs, symptoms injury at present, bed crib in low position, bed wheels locked, close to nurse station, eliminate clutter in room pathways, ID band check, instructed patient visitor to call for help to get out of bed, night-light, non-footwear -- absence of signs, symptoms injury at present, bed crib in low position, bed wheels locked, close to nurse station, eliminate clutter in room pathways, ID band check, instructed patient visitor to call for help to get out of bed, night-light non-slip footwear, 02 Ambu bag, resuscitation equipment at bedside, oriented to room, bathroom location, and use of call bell, upper half length side rails up.</p> <p>18 Q. What did you mean when you wrote oriented to room, bathroom location, and use of call bell?</p> <p>20 A. That I oriented the patient to his room, where the bathroom was, and the use of his call bell.</p> <p>23 Q. Was this a conversation you have had with the patient?</p>	<p>1 Q. Why?</p> <p>2 A. Based on his --</p> <p>3 Q. I'm sorry, I paused. It's my fault.</p> <p>4 Could you tell us why you gave him that medication?</p> <p>5 A. Based on his Richmond Agitation-Sedation Scale of a plus four combative.</p> <p>7 Q. Could you tell us what plus four combative means?</p> <p>9 A. It means the patient is combative, he's violent, and he's in immediate danger to staff.</p> <p>11 Q. When he was combative plus four, was he was in restraints?</p> <p>13 A. I don't know.</p> <p>14 Q. Was he handcuffed to the bed?</p> <p>15 A. I don't know at this exact time.</p> <p>16 Q. Is there anything that you could look at that would refresh your recollection?</p> <p>18 A. I would have to review the chart to know the exact time.</p> <p>20 Q. If you could go to the next page, Page 120, did you administer other medication --</p> <p>22 A. Yes.</p> <p>23 Q. -- shown on this page?</p> <p>24 Could you tell us what you administered?</p>
Page 30	Page 32
<p>1 A. Yes.</p> <p>2 Q. Did he act like he understood what you were telling him?</p> <p>4 A. I don't remember.</p> <p>5 Q. Did you make these entries at about 10:01 p.m. on March 13 of 2016?</p> <p>7 A. Yes.</p> <p>8 Q. If we go to Page 119, does this refer to medications that you administered to Mr. Cruz?</p> <p>10 A. Yes.</p> <p>11 Q. Which medications did you administer to him that are shown on this page?</p> <p>13 A. I administered Haldol at 01:39 on March 14, 2016 and administered the same medication again, Haldol, on March 14, 2016 at 3:43 a.m.</p> <p>16 Q. Is Haldol an antipsychotic medication?</p> <p>17 A. Yes.</p> <p>18 Q. When you administered it, was that verbal or was that at the direction of a physician?</p> <p>20 A. It was a PRN order which means as-needed which was already in this chart.</p> <p>22 Q. Did you make a determination that it was needed to give Mr. Cruz Haldol?</p> <p>24 A. Yes.</p>	<p>1 A. I administered Haldol on March 14, 2016 at 6:21 a.m.</p> <p>3 Q. Was that also a PRN decision?</p> <p>4 A. It was a PRN medication, and I gave it based on his Richmond Agitation-Sedation Scale, the plus four.</p> <p>7 Q. Is there any other medication that you administered that's shown on this page?</p> <p>9 A. No.</p> <p>10 Q. Go to Page 123. Does this show any medications that you administered?</p> <p>12 A. Yes.</p> <p>13 Q. Could you tell us what they are or is?</p> <p>14 A. I administered Risperdal, it's an antipsychotic.</p> <p>16 Q. When did you administer that?</p> <p>17 A. On March 13, 2016 at 20:37.</p> <p>18 Q. Is that 8:37 p.m.?</p> <p>19 A. Yes.</p> <p>20 Q. Why did you administer that medication?</p> <p>21 A. I would have administered the -- let me look at the -- this was -- I don't know for certain, but this must have been an order medication, a scheduled medication to be given to</p>

1 the patient. 2 Q. Anything else on this page that relates to 3 work that you did? 4 A. No. 5 Q. Let's go back to 121. Do you know a 6 physician named Dr. Nishad Nadkarni? 7 A. I don't recall. 8 Q. Have you ever come across Dr. Nadkarni? 9 A. I don't recall. 10 Q. Do you see his name on Page 121? 11 A. I do. 12 Q. Did he give you any instructions or orders 13 on March 12 of 2016? 14 A. No. 15 Q. On Page 152, you wrote I think more of the 16 safety risk on your entry for 7:00 a.m.? 17 A. Yes. 18 Q. What did you mean by that? 19 A. What did I mean by what? 20 Q. What did you mean when you wrote he's more 21 of a safety risk; what were you trying to convey 22 with that phrase? 23 A. That he was a danger to staff and to -- a 24 danger to other patients in the hospital, to even	Page 33 1 talked about administering Geodon? Oh, no, it was 2 the one before on Page 94, I think. 3 Do you remember being asked whether or not 4 you administered Geodon intramuscularly on or 5 around 1:45 a.m. on March 14? 6 A. I don't see that. Okay. Yes, I 7 administered it at 1:46 a.m. -- 1:48, it's hard to 8 read it on here. 9 Q. Geodon is an antipsychotic, we covered 10 that, right? 11 A. Yes. 12 Q. What affect do you expect it to have on a 13 patient if it's going to have any affect? 14 A. For the patient to be calm. 15 Q. Can you say with whether or not Geodon had 16 the affect you wanted on this patient? 17 A. I have to review my charting. I don't 18 recall. 19 Q. Then one little thing to clear up on 20 Page 115. I thought I heard -- we talked about the 21 safety precautions in place, that Plaintiff care 22 that you guys covered; remember that? 23 A. Yes. 24 Q. I thought I heard the record say that that
Page 34 1 himself. Based on my charting, I said that he was 2 trying to get out of his handcuff and needed to be 3 put -- asked for restraints. And I was scared, I 4 remember being very scared. 5 Q. Could you explain to us what restraints 6 are? 7 A. There's different types of restraints. A 8 four-point would mean both his wrists and ankles 9 would be restrained with a lock-and-key type of 10 restraint or there's soft wrist restraints that we 11 use at the wrist that tie to the bed. 12 Q. When you wrote that he was more of a 13 safety risk, was he in restraints at that time? 14 A. No. It does not -- I did not write that 15 in my charting. 16 MR. FLAXMAN: I have nothing further. Thank 17 you. 18 MR. TOMASIK: Bill, anything based on that? 19 MR. RAGEN: Yes, just a couple. 20 FURTHER EXAMINATION 21 BY MR. RAGEN: 22 Q. Going back to 95 of 294, you talked about 23 how you administered -- wait. Is that the one? 24 It's a different time. Was this the one where we	Page 36 1 was entered at 10:01 p.m. and maybe I misheard it, 2 but I'll just try to reestablish it. 3 MR. TOMASIK: No. You're right. 4 MR. RAGEN: What? 5 MR. TOMASIK: Keep going. 6 MR. RAGEN: I'm not crazy, right? 7 MR. TOMASIK: You're not crazy. 8 BY MR. RAGEN: 9 Q. It's probably not a big deal anyway, but 10 just on Page 115 of 294, you made one entry to the 11 medical record on that page, correct? 12 A. Correct. 13 Q. That's the one you went over with 14 Mr. Flaxman? 15 A. Correct, at 20:01 on March 13, 2016. 16 Q. So, that would be 8:01 p.m., correct? 17 A. Yes. 18 MR. RAGEN: That's all I have. 19 MR. TOMASIK: Anything else? 20 FURTHER EXAMINATION 21 BY MR. CATANIA: 22 Q. Just a point of clarification. Geodon is 23 Ziprasidone, is that right? 24 A. Yes.

<p>1 MR. CATANIA: Okay. Thank you. Nothing 2 further. 3 MR. FLAXMAN: Nothing. 4 MR. TOMASIK: We'll waive signature. 5 (Whereupon, the deposition 6 concluded at 2:48 o'clock p.m.) 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24</p>	<p>Page 37</p> <p>1 I further certify that the taking of this 2 deposition was pursuant to notice and that there 3 were present at the deposition the attorneys 4 hereinbefore mentioned. 5 I further certify that I am not counsel 6 for nor in any way related to the parties to this 7 suit, nor am I in any way interested in the outcome 8 thereof. 9 10 IN TESTIMONY WHEREOF: I have hereunto set 11 my hand this 24th day of November, 2020. 12 13 14 15 CERTIFIED SHORTHAND REPORTER 16 LICENSE NO. 084-003785 17 18 19 20 21 22 23 24</p>
<p>1 STATE OF ILLINOIS) 2) SS: 3 COUNTY OF C O O K) 4 I, CHRISTINE M. PINA, do hereby certify 5 that heretofore, to-wit, on November 2, 2020 6 personally appeared before me remotely via Zoom in 7 Illinois, MEGHAN WEGER, in a cause now pending and 8 undetermined in the United States District Court 9 For The Northern District of Illinois, wherein 10 LETICIA VARGAS is the Plaintiff, and SHERIFF OF 11 COOK COUNTY, ET AL., are the Defendants. 12 I further certify that the said MEGHAN 13 WEGER was first duly sworn to testify the truth, 14 the whole truth and nothing but the truth in the 15 cause aforesaid; that the testimony then given by 16 said witness was reported stenographically by me in 17 the presence of the said witness, and afterwards 18 reduced to typewriting by Computer-Aided 19 Transcription, and the foregoing is a true and 20 correct transcript of the testimony so given by 21 said witness as aforesaid. 22 I further certify that the signature to 23 the foregoing deposition was waived by counsel for 24 the respective parties.</p>	<p>Page 38</p>

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[& - agitated]

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