

## **Exhibit N**

### **Katia Koleva Deposition**

**Vargas**

***Koleva Katia***

***11/13/2020***

**Condensed Transcript**

**Prepared by:**

Bill Ragen  
CCSAO

Tuesday, August 31, 2021

<p style="text-align: right;">Page 1</p> <p>1 UNITED STATES DISTRICT COURT  2 NORTHERN DISTRICT OF ILLINOIS  3 EASTERN DIVISION  4 LETICIA VARGAS, Administrator of )  5 the Estate of ANGEL CRUZ, )  6 Plaintiff, )  7 vs. ) 18 CV 1865  8 SHERIFF OF COOK COUNTY, COUNTY OF )  9 COOK, AUGUSTUS ALABI, AVIS CALHOUN, )  10 LORRAINE CHATMAN, ANITA JOHNSON, )  11 HELEN KANEL, CHERRI KRZYZOWSKI, )  12 ELIZABETH P. LASSEN, MANUEL )  13 MANALASTAS, DR. STEVE PASCHOS, JASON)  14 SPRAGUE and JARUWAN SUPASANGUAN, )  15 Defendants. )  16 The videoconference deposition of  17 KATIA KOLEVA, taken in the above-entitled cause,  18 before Barbara Manning, on the 13th day of  19 November, 2020, at the hour of 2:00 p.m. via  20 videoconference, pursuant to subpoena.  21  22  23 Reported by: Barbara Manning, CSR  24 License No.: 084-003277</p>	<p style="text-align: right;">Page 3</p> <p>1 APPEARANCES (Cont.):  2 COOK COUNTY STATE'S ATTORNEY  3 BY: MR. JOHN M. POWER  4 john.power@cookcountyil.gov  5 and  6 BY: MR. FRANCIS J. CATANIA  7 francis.catania@cookcountyil.gov  8 50 West Washington Street, Suite 2760  9 Chicago, Illinois 60602  10 (312) 603-1424  11 Representing the Defendants Sheriff of  12 Cook County and County of Cook.  13  14 ALSO PRESENT:  15 MS. ROBIN WILLIAMS  16  17  18  19  20  21  22  23  24</p>
<p style="text-align: right;">Page 2</p> <p>1 APPEARANCES:  2 LAW OFFICES OF KENNETH N. FLAXMAN, PC  3 BY: MR. KENNETH N. FLAXMAN  4 knf@kenlaw.com  5 200 South Michigan Avenue, Suite 201  6 Chicago, Illinois 60604  7 (312) 427-3200  8 Representing the Plaintiff;  9  10 STATE'S ATTORNEY'S OFFICE OF COOK COUNTY  11 BY: MR. WILLIAM RAGEN  12 william.ragen@cookcountyil.gov  13 302 Richard J. Daley Center  14 Chicago, Illinois 60602  15 (312) 603-6317  16 Representing the Defendants Augustus  17 Alabi, Avis Calhoun, Lorraine Chatman,  18 Anita Johnson, Helen Kanel, Cherri  19 Krzyzowski, Elizabeth P. Lassen, Manuel  20 Manalastas, Dr. Steve Paschos, Jason  21 Sprague and Jaruan Supasanguan;  22  23  24</p>	<p style="text-align: right;">Page 4</p> <p>1 INDEX  2 WITNESS EXAMINATION  3 KATIA KOLEVA  4 BY MR. RAGEN 6, 52  5 BY MR. POWER 43  6 BY MR. FLAXMAN 50  7  8  9  10 EXHIBITS  11 NUMBER MARKED FOR ID  12  13 (No Exhibits Marked)  14  15  16  17  18  19  20  21  22  23  24</p>

<p style="text-align: right;">Page 5</p> <p>1 COURT REPORTER: This deposition is being  2 taken by means of Zoom video teleconference.  3 The attorneys participating in this deposition  4 acknowledge that I am not physically present in  5 the deposition, and the oath will be  6 administered remotely.  7 The parties and their counsel consent  8 to this arrangement and waive any objections to  9 this manner of reporting.  10 Will all counsel present please state  11 your name and indicate your agreement on the  12 record.  13 MR. FLAXMAN: Kenneth Flaxman for the  14 plaintiff. We agree.  15 MR. POWER: John Power for the Sheriff's  16 Office. We agree.  17 MR. RAGEN: Bill Ragen on behalf of Cook  18 County on the individually named Cook County  19 defendants. We agree.  20 MR. TOMASIK: T.J. Tomasik on behalf of the  21 witness. I agree.  22 MR. RAGEN: Great. Can you swear in the  23 witness, please.  24 (Witness sworn)</p>	<p style="text-align: right;">Page 7</p> <p>1 Q. Where do you work currently?  2 A. Amita Adventist LaGrange Hospital.  3 Q. Okay. In 2014 when you became a nurse  4 where did you first work?  5 A. I was at Amita Health Adventist  6 Hinsdale Hospital.  7 Q. Okay. And since 2014 to date are those  8 the two places you worked as a nurse, Hinsdale  9 Hospital and LaGrange Hospital?  10 A. Yes.  11 Q. Okay. We are going to talk about care  12 and treatment you rendered to a patient named  13 Mr. Cruz in March, 2016.  14 In March, 2016 were you working at both  15 Hinsdale Hospital in LaGrange or just Hinsdale  16 Hospital?  17 A. Just Hinsdale.  18 Q. Okay. On what floors might you work in  19 March, 2016?  20 A. Two medical is the unit.  21 Q. Okay. So you just work on the general  22 medical floor?  23 A. Correct.  24 Q. Okay. And how long has that been the</p>
<p style="text-align: right;">Page 6</p> <p>1 KATIA KOLEVA,  2 called as a witness herein, having been first  3 duly sworn, was examined and testified as  4 follows:  5 EXAMINATION  6 BY MR. RAGEN:  7 Q. Your name is Katia Koleva?  8 A. Correct.  9 Q. That's spelled K-a-t-i-a, first name?  10 A. Yep.  11 Q. Last name K-o-l-e-v-a?  12 A. Yes.  13 Q. Okay. And you are a nurse?  14 A. Yes.  15 Q. What type of nurse?  16 A. Registered nurse.  17 Q. Okay. And when did you become a  18 registered nurse?  19 A. 2014.  20 Q. Where did you go to school to get your  21 nursing degree?  22 A. Chamberlain College of Nursing.  23 Q. And that was in 2014?  24 A. Correct.</p>	<p style="text-align: right;">Page 8</p> <p>1 case? You know, we just established March of  2 2016. How long prior to that would you only  3 have been assigned to a general medical floor?  4 A. I started working on that unit February  5 of 2015.  6 Q. Okay. One of the things -- I looked --  7 I am going to ask you what you did to prepare  8 for your deposition. Looks like you have some  9 documents in front of you?  10 A. Yes.  11 Q. Can you tell me what they are?  12 A. It is the after hospital care plan.  13 Q. Say it again.  14 A. The after hospital care plan packet.  15 Q. Okay. And do they have page numbers on  16 yours?  17 A. Yes.  18 Q. What are the page numbers?  19 A. It starts at page 2 through 294.  20 Q. And then what does it go to?  21 A. 273 of 294.  22 Q. You have select pages there. It  23 doesn't look like that's that many pages.  24 A. Yes.</p>

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1 Q. Do you have some nursing notes?  
 2 A. I do.  
 3 Q. Okay. You probably -- this is the  
 4 fifth dep or so that's gone. I think you will  
 5 probably have all of the documents I am going to  
 6 go over, but if not, I want to find out now  
 7 before, you know, later.  
 8 So I am just going to make sure the  
 9 screen sharing function works. Can you see the  
 10 screen that I just put up?  
 11 A. Yes.  
 12 Q. Okay. Great. So it shows just the  
 13 medical record right now, right?  
 14 A. Yeah.  
 15 Q. Okay. Good. I am going to stop that.  
 16 Do you have page 249 of 294 in your stack?  
 17 A. Yes.  
 18 Q. Okay. Does that appear to be  
 19 documentation you entered on March 14th, 2016 at  
 20 8:00 a.m. concerning restraint initiation?  
 21 A. Yes.  
 22 Q. Okay. Can you tell me what this entry  
 23 into the chart means?  
 24 A. It looks like there is a medical

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1 restraint initiation time when the restraint was  
 2 actually ordered and what time the face-to-face  
 3 assessment was completed.  
 4 Q. Okay. And I guess one thing to go  
 5 through is do you have any independent  
 6 recollection of Mr. Cruz?  
 7 A. I do not.  
 8 Q. Okay. So everything as far as -- well,  
 9 let me know -- if we go through these medical  
 10 records and then it jars some memory like, oh, I  
 11 actually remember this and it's something beyond  
 12 what's in the medical records, would you let me  
 13 know?  
 14 A. Sure.  
 15 Q. Okay. So this documentation shows that  
 16 you recorded this March 14, 2016 at 8:12 a.m.?  
 17 A. Yes.  
 18 Q. Okay. And you indicated that you  
 19 completed it face-to-face?  
 20 A. That's what it seems like, yes.  
 21 Q. Okay. And what is a face-to-face?  
 22 A. It is an assessment done at bedside to  
 23 determine whether the patient qualifies for this  
 24 type of restraint.

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1 Q. Okay. And it appears that he did  
 2 qualify for the use of restraints at that time?  
 3 A. I don't know based on my charting.  
 4 Q. Okay. But it does show that in fact  
 5 when you were caring for him he was in  
 6 restraints?  
 7 A. Yes.  
 8 Q. Okay. What are restraints in a  
 9 patient -- that would be used in a patient like  
 10 Mr. Cruz?  
 11 A. It looks like violent restraints were  
 12 ordered which is a four-point, metal,  
 13 lock-and-key restraint.  
 14 Q. Okay. On the admission initiation time  
 15 it says March 13, 2016 at 1:24 which was, you  
 16 know, like a day-and-a-half prior to when you  
 17 saw him.  
 18 Can you say for certain that he was in  
 19 restraints that whole time?  
 20 A. I would not know that.  
 21 Q. And I will just say -- I mean, your  
 22 attorney's there, but it appears from all of the  
 23 other medical records by different nurses and  
 24 different physicians that he was not in

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1 restraints that whole time. Then if you look at  
 2 that entry right below you, do you see that?  
 3 A. Yes.  
 4 Q. There is a Tiago Soltes who is an RN?  
 5 A. Yes.  
 6 Q. The name is Tiago, T-i-a-g-o, Soltes,  
 7 S-o-l-t-e-s. And do you see that -- do you know  
 8 Tiago Soltes?  
 9 A. Yes. I worked with him at that time.  
 10 Q. Okay. And he indicates that Mr. Cruz  
 11 was restrained from March 3rd, 2016 at 1:24 to  
 12 March 13, 2016 at 10:05. Do you see that?  
 13 A. Yes.  
 14 MR. TOMASIK: You said March 3rd. Do you  
 15 want to reask that to clean that it up. I don't  
 16 mean to step on your toes.  
 17 MR. RAGEN: Oh, okay. So I just screwed up  
 18 the dates?  
 19 MR. TOMASIK: Yeah, you said March 3rd.  
 20 MR. RAGEN: Oh, yeah, thanks. I appreciate  
 21 that. That does help. Please do that in the  
 22 future.  
 23 BY MR. RAGEN:  
 24 Q. So it appears from the record below the

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1 one that you -- your entry is that Tiago Soltes  
 2 indicated that restraint initiation time for  
 3 Mr. Cruz was March 13, 2016 at 1:24 a.m. and  
 4 discontinued March 13, 2016 at 10:05 a.m. Do  
 5 you see that?  
 6 A. Yes.  
 7 Q. Okay. So then would it be fair to say  
 8 that the initiation occurrence you were  
 9 documenting on page 249 would not be the same as  
 10 what Tiago Soltes was documenting; is that fair?  
 11 A. Yes.  
 12 Q. Okay. If you turn to page 246 of 294,  
 13 do you have that?  
 14 A. I'm sorry. What page?  
 15 Q. 246 of 294.  
 16 MR. TOMASIK: I don't think we do, Bill.  
 17 Sorry.  
 18 MR. RAGEN: Okay. That's fine. I will pull  
 19 it up.  
 20 BY MR. RAGEN:  
 21 Q. Do you see for the record at the bottom  
 22 it says 246 to 294? Do you see that?  
 23 A. Yes.  
 24 Q. Okay. And then in the middle of the

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1 page there is an entry that appears that you  
 2 made on March 14th, 2016 on or around 8:00 a.m.?  
 3 A. Yes.  
 4 Q. Okay. And does that appear true, that  
 5 you made an entry at 8:00 a.m. on March 14, 2016  
 6 that's found on page 246 of 294?  
 7 A. Based on what I am seeing, yes.  
 8 Q. Okay. And this is a debriefing note?  
 9 A. Correct.  
 10 Q. What is a debriefing?  
 11 A. Typically after a code BERT there is a  
 12 debriefing with the team involved in that code  
 13 to discuss what happened, what went well, what  
 14 didn't go well.  
 15 Q. And then in your note you see, for  
 16 example, it says, "Events leading to episode."  
 17 Do you see that?  
 18 A. Yes.  
 19 Q. Okay. And then there is a sub -- like  
 20 a footnote says T182 that leads to text that you  
 21 entered into the medical record?  
 22 A. I am sorry. Repeat that.  
 23 Q. So I am looking at where it says,  
 24 "Events leading to episode." Do you see that?

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1 A. Yes.  
 2 Q. And then you go next to it, and it  
 3 says, "See below," and there is a little  
 4 identifier. It has T182. Do you see that?  
 5 A. Yes.  
 6 Q. When you go to T182, is this text you  
 7 would have entered into the medical record?  
 8 A. Yes.  
 9 Q. And it says, "Code BERT called on night  
 10 shift. Patient displayed violent behavior  
 11 towards staff. Staff unavailable to reorient,  
 12 redirect patient behavior." Do you see that?  
 13 A. Yes.  
 14 Q. And that's something you entered into  
 15 the medical record March 14th around 8:00 a.m.?  
 16 A. Based on that charting, yes.  
 17 Q. And so since it showed that the patient  
 18 displayed violent behavior, you know, in the  
 19 past, it's reasonable to assume he was not  
 20 restrained prior to March 14th at 8:00 a.m. for  
 21 a long period of time; is that fair?  
 22 A. I wouldn't have any way of knowing  
 23 that.  
 24 Q. Okay. So we can't say how long he was

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1 restrained for?  
 2 A. I am sorry?  
 3 Q. So can we say how long prior to when  
 4 you documented that he was restrained on  
 5 March 14th at 8:00, how long prior to that he --  
 6 MR. FLAXMAN: I will object to the form of  
 7 the question because it's assumes he was  
 8 restrained which is in fact not in evidence.  
 9 MR. TOMASIK: Can you reask it, Bill. I  
 10 think it got lost there.  
 11 MR. RAGEN: That's fine.  
 12 BY MR. RAGEN:  
 13 Q. What were you -- can you tell me your  
 14 debriefing note you entered on March 14th at  
 15 8:00 a.m.?  
 16 A. I missed that first part of your  
 17 question.  
 18 Q. I am sorry. I will try to speak up.  
 19 Can you tell me what your debriefing note that  
 20 you entered on March 14th, at 8:00 a.m. was?  
 21 A. You want me to read the note?  
 22 Q. Yeah, please.  
 23 A. "Patient stabbed mother and father  
 24 prior to admission. No family at bedside."



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1 Q. And that's something you would have  
2 entered March 14th on or around 8:00 a.m.,  
3 correct?  
4 A. Correct.  
5 Q. And now turning back to -- well, I will  
6 go to 247 in a second, but going back to 246 --  
7 or 249, excuse me. Looking at 249 of 294 we are  
8 looking at this note that you entered in the  
9 middle of the page on or around March 14th at  
10 around 8:00 a.m.  
11 And this shows that there was  
12 restraints that were in place on or around that  
13 time; is that fair?  
14 MR. TOMASIK: Around what time? Can you  
15 clarify?  
16 BY MR. RAGEN:  
17 Q. Yeah. So around 8:12 a.m.?  
18 A. Based on that it's not that it was  
19 restraint in place. It was the face-to-face  
20 completed.  
21 COURT REPORTER: Hold on. Ma'am, because  
22 you have the face mask on, can you speak up, and  
23 can you please say that last answer again?  
24 THE WITNESS: It doesn't specify anything

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1 regarding restraint. It's a face-to-face time  
2 and date.  
3 BY MR. RAGEN:  
4 Q. Okay. What's the name of the type of  
5 note that's listed above?  
6 A. Restraint initiation notifications.  
7 Q. And then you entered something into  
8 that particular part of the flow chart,  
9 correct?  
10 A. Correct.  
11 Q. And it said that the restraint was  
12 initiated on March 13th at 1:24 a.m. Is that  
13 what it says?  
14 A. Yes.  
15 Q. Okay. And so from this document can we  
16 say that at some point in time when you are  
17 caring for him on March 14th, he was restrained?  
18 A. Based on what I am seeing here, no, I  
19 wouldn't know what time it was discontinued on  
20 my note.  
21 Q. Okay. But I am just asking -- there is  
22 one I guess foundational question. When you  
23 were caring for Mr. Cruz based on these medical  
24 records -- well, I will turn to the other page.

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1 It might help shed some light on it.  
2 It appears -- I am looking now on page  
3 247 of 294. I don't know if you have it in  
4 front of you, but can you see it on the screen I  
5 am sharing?  
6 A. Yes.  
7 Q. Do you see that you entered something  
8 in the chart about restraints being  
9 discontinued?  
10 A. I don't see anything under my name for  
11 discontinued time.  
12 Q. Okay. Do you see something for a  
13 medical restraint initiation time?  
14 A. Yes.  
15 Q. And then what does that say?  
16 A. March 13th, 2016 at 01:24.  
17 Q. Okay. Why would you have been entering  
18 something about discontinuation, you know, more  
19 than 24 hours later about restraints?  
20 A. It doesn't seem like I charted any  
21 discontinuation time.  
22 Q. Right. Turning to page 271 and 272 --  
23 I guess 272 and 273, do you see I'm scrolling to  
24 272 of 294? Do you see that?

Page 20

1 A. Yes.  
2 Q. Okay.  
3 MR. TOMASIK: She has it in front of her,  
4 too, just so you know.  
5 MR. RAGEN: Okay. Thanks.  
6 BY MR. RAGEN:  
7 Q. And you made an entry into the medical  
8 record on March 14th at 8:00 a.m.?  
9 A. Yes.  
10 Q. Okay. And it starts on page 272 and  
11 finishes on page 273; is that correct?  
12 A. Yes.  
13 Q. And then just below that there is an  
14 entry from Meghan Weger. Do you see that?  
15 A. Yes.  
16 Q. Do you know Meghan Weger?  
17 A. I do.  
18 Q. Who is Meghan Weger.  
19 A. She is a nurse that worked on the same  
20 unit at that time.  
21 Q. From my understanding the shift change  
22 happens on or around 7:15 a.m. every day?  
23 A. Correct.  
24 Q. Okay. So would you have been taking

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1 care of the patient that prior to was being  
 2 cared for by Nurse Weger?  
 3 MR. TOMASIK: Can you reask that? It got  
 4 kind of lost.  
 5 MR. RAGEN: Yeah. Sorry.  
 6 BY MR. RAGEN:  
 7 Q. So it appears from this record, and  
 8 maybe my assumption is wrong, but that Mr. Cruz  
 9 was under Nurse Weger's care, and then it went  
 10 to your care in the morning of March 14,  
 11 sometime between 7:00 and 8:00 a.m.?  
 12 A. Correct.  
 13 Q. Would you have spoken to Ms. Weger in  
 14 terms of like a nursing handoff?  
 15 A. Yes, we give verbal report.  
 16 Q. Sure. And that's something that you  
 17 just know you do because of custom and practice;  
 18 is that fair?  
 19 A. Correct.  
 20 Q. So you might have had 10 to 20 patients  
 21 so there is no way you are going to document all  
 22 of those different handoffs.  
 23 It's just when one nurse signs off and  
 24 another nurse signs on, they talk about all of

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1 the salient information, correct?  
 2 A. Yes.  
 3 Q. Do you see Ms. Weger's note here on  
 4 page 273 that she received orders for four-point  
 5 restraints?  
 6 A. Yes.  
 7 Q. Okay. And then in being fair, if you  
 8 look, she has a three-line note that says, "When  
 9 resident arrived, received orders for four-point  
 10 restraints. Called attending. Explained that  
 11 patient is more of a safety risk for staff and  
 12 others, and if he needs to be released to police  
 13 custody, he agreed with discharge orders." Do  
 14 you see that?  
 15 A. Yes.  
 16 Q. Do you see that?  
 17 A. Yes.  
 18 Q. So from that it's not clear if Mr. Cruz  
 19 was in restraints; is that fair?  
 20 A. Yes.  
 21 Q. But the fact that we just went over  
 22 some of the documentation you made on pages, for  
 23 example, 249 -- on page 249 you made an entry in  
 24 the chart on March 14th of '16 at 8:00 a.m.

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1 about restraint initiation. Do you see that?  
 2 A. Yes.  
 3 Q. So can we say that Mr. Cruz was  
 4 restrained at least at some point in time on the  
 5 morning of March 14th?  
 6 MR. FLAXMAN: Object to the form of the  
 7 question.  
 8 MR. TOMASIK: Answer if you can.  
 9 THE WITNESS: I did not chart initiation  
 10 time. As far as this continuing or initiating a  
 11 restraint, I documented on the face-to-face  
 12 completion.  
 13 BY MR. RAGEN:  
 14 Q. This portion of the chart here -- do  
 15 you see page 249 through 257, the top of 257.  
 16 Do you see the topic of the note is Restraint  
 17 Initiation Notifications. Do you see that?  
 18 A. Yes.  
 19 Q. And so I guess why would you enter  
 20 something to the medical record under Restraint  
 21 Initiation Notifications if the patient never  
 22 was under restraints? Do you know why?  
 23 A. I'm documenting against restraint  
 24 notifications, and that's being a face-to-face

Page 24

1 completion.  
 2 Q. But couldn't you put face-to-face under  
 3 some other note? Like there is --  
 4 A. It's a type of document that you have  
 5 been open and document face-to-face under, and I  
 6 am not sure how the system files that.  
 7 Q. Okay. So I guess looking at all of  
 8 this, can you say one way or the other whether  
 9 Mr. Cruz was in restraints on the morning of  
 10 March 14th?  
 11 A. No, I cannot.  
 12 Q. Okay. It's possible he was, but it's  
 13 also possible he wasn't; is that fair?  
 14 A. Correct.  
 15 Q. Okay. Let's go to some of the  
 16 discharge documentation -- well, I guess --  
 17 strike that.  
 18 When a patient's restrained, are there  
 19 any protocols that need to be followed?  
 20 A. Yeah, the protocols are set by the  
 21 physician.  
 22 Q. Okay. And do you know what the  
 23 protocols are for a patient in restraints as you  
 24 sit here today?



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1 A. I can't say for sure.

2 Q. Okay. And then that goes -- that  
3 question was as far as you sit here today.

4 Would there have been protocols in  
5 place in March of 2016 concerning patients in  
6 restraints?

7 A. According to policy, yes, but I'm not  
8 sure if there was ever one placed by the  
9 physician.

10 Q. Exactly. And I am not assuming there  
11 was. I think we are clear from the record that  
12 you can't say whether restraints were in place  
13 at any point in time on March 14th in the  
14 morning when you cared for the patient; is that  
15 fair?

16 A. Correct, yes.

17 Q. It's possible that he was in  
18 restraints, but it's also possible that he  
19 wasn't in restraints, fair?

20 A. Yes.

21 Q. Okay. Looking at the discharge  
22 instructions, turn to page -- do you have -- it  
23 appears from the records there is two sets.

24 So do you have the one that's

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1 enumerated starting on page 283?

2 A. No, I don't.

3 Q. Let's start with the ones you do have.  
4 So you have the ones that start on page 2 of  
5 294; is that correct?

6 A. Yes.

7 Q. Okay. And it goes into page 11 of 294.  
8 Do you see that?

9 A. Yes.

10 Q. Okay. Can you tell me what this  
11 document is?

12 A. It looks like discharge reports and  
13 education information.

14 MR. TOMASIK: I think he was asking you  
15 about the pages collectively.

16 THE WITNESS: It's the packet we give  
17 patients and what their discharge is after  
18 leaving the hospital.

19 MR. RAGEN: I'd object to your speaking  
20 objection, Tom, but it was helpful. I am just  
21 joking. I appreciate it.

22 MR. POWER: Can I get that page range again?

23 MR. RAGEN: 2 through 11 of 294.

24 MR. POWER: Thank you.

Page 27

1 BY MR. RAGEN:

2 Q. And this is information that's -- I am  
3 sorry. If I heard it wrong -- I was thinking  
4 about the next question. So anyone feel free to  
5 say you remember the record wrong.

6 Did you say that this is information  
7 that's designed to go with a patient to where he  
8 or she goes next after being discharged?

9 A. Yes.

10 Q. Okay. I am going to go share my screen  
11 again. Okay. I am looking now it's 283 of 294.  
12 Do you see that?

13 A. Yes.

14 Q. Okay. And this appeared to be similar  
15 or the same as what we just covered that was on  
16 page 2 of 11, and you can just look at the  
17 beginning because obviously I am not going to  
18 ask you to be, you know, a nine-page-document  
19 memorizer.

20 But just looking at like the first  
21 couple entries does it appear to have the same  
22 information?

23 A. As page 11?

24 Q. As page 2. So to me it looks like page

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1 283 coincides with the information on page 2.

2 A. Yes.

3 Q. Okay. So just for the record to make  
4 sure it's clear because I keep scrolling through  
5 pages but the words ticking down, I am comparing  
6 page 2 of 294 to page 283 of 294.

7 And the information, at least the  
8 beginning part, starting from Adventist Hinsdale  
9 Hospital, and there is, you know, maybe 15 or  
10 16, maybe 10 or 12, lines of text in different  
11 fonts down to, "No immunizations documented at  
12 this visit," it appears to be the same  
13 information; is that fair?

14 A. Yes.

15 Q. Okay. Now, I am going to be scrolling  
16 through. That's page 283. See at the bottom of  
17 it there is information that's -- there is a bar  
18 code, and then it's got Angel Cruz's name and  
19 then some other -- his birthdate, May 31st,  
20 1995. Do you see that?

21 A. Yes.

22 Q. And you see how that's not on the same  
23 horizontal line. It appears to be eschew a  
24 little bit from the horizontal plain?

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1 A. Yes.  
 2 Q. Does that mean that a sticker was  
 3 placed on this document?  
 4 A. Yes.  
 5 MR. TOMASIK: Speculation. Answer if you  
 6 can. Foundation.  
 7 THE WITNESS: Yes. I am sorry. Go ahead.  
 8 BY MR. RAGEN:  
 9 Q. No, no. So to the -- and I forget  
 10 whose objection it was, and that's fine. So  
 11 from a foundational standpoint, from time to  
 12 time when you issue patients' discharge  
 13 instructions, do you put a sticker on discharge  
 14 instructions ever?  
 15 A. Not typically, no.  
 16 Q. Okay. Have you ever done it?  
 17 A. I can't be sure.  
 18 Q. Okay. Does this appear to be -- well,  
 19 can you tell me why -- I am highlighting now,  
 20 and for the record, it's the information that  
 21 includes two bar codes, and then there is three  
 22 lines of information. That's what I want to  
 23 focus on. Okay?  
 24 A. Okay.

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1 Q. Would you say that this is a patient  
 2 sticker?  
 3 A. It could be.  
 4 Q. Okay. Looking at page 284 do you see  
 5 that similar information between two bar codes  
 6 is there?  
 7 A. Yes.  
 8 Q. Okay. Same thing on 285. Do you see  
 9 that?  
 10 A. Yes.  
 11 Q. Same thing on 286. Do you see that?  
 12 A. Yes.  
 13 Q. Same thing on 287. Do you see that?  
 14 A. Yes.  
 15 Q. Okay. And on 287 there is information  
 16 that is in there via handwriting. Do you see  
 17 that?  
 18 A. Yes.  
 19 Q. Okay. Do you see your signature?  
 20 A. I do.  
 21 Q. Okay. And can you tell me what you  
 22 wrote?  
 23 A. "Patient unable to sign due to mental  
 24 state. No legal rep at bedside."

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1 Q. And that was entered March 14, 2016,  
 2 time 8:00 a.m.?  
 3 A. Yes.  
 4 Q. Okay. And so what we just talked  
 5 about, that was in handwriting, correct?  
 6 A. Yes.  
 7 Q. Is there any way to put handwriting  
 8 into the medical record unless it's been printed  
 9 out and you write on the printed sheet?  
 10 A. That would be the only way.  
 11 Q. Okay. And as you can see here, on the  
 12 bottom it says -- I am highlighting near the  
 13 bottom of 287 of 294. Do you see where it says,  
 14 "Scanning room. Did not receive pages 6 through  
 15 12 of 12"?  
 16 A. Yes.  
 17 Q. Do you know if that's your handwriting?  
 18 A. It is not.  
 19 Q. Okay. And if you see here on 287 of  
 20 294, there is some identification in this  
 21 document that's 5 of 12. Do you see that?  
 22 A. Yes.  
 23 Q. Okay. So would you say starting on  
 24 page -- so we just finished on 287. Do you see

Page 32

1 that?  
 2 A. Yes.  
 3 Q. Let me go to the beginning which is now  
 4 on page 283 of 294. It's also enumerated one of  
 5 12. Do you see that?  
 6 A. Yes.  
 7 Q. So from 283 down to 287, that appears  
 8 to be the first five pages of a 12-page document  
 9 that got scanned into the medical record; is  
 10 that correct?  
 11 A. It looks that way, yes.  
 12 Q. Okay. Now, you see how -- on page 287  
 13 of 294 do you see how here there is information  
 14 about laboratory. One paragraph underneath  
 15 there is a paragraph about I Cruz, Angel  
 16 understand the treatment, dot, dot, dot.  
 17 Underneath that there is a signature  
 18 block, and underneath there there is a paragraph  
 19 that says, "Creation health as a whole person  
 20 lifestyle."  
 21 I just talked about one, two, you know,  
 22 three, four different parts of what's in this  
 23 record on page 287 of 294, correct?  
 24 A. Yes.

<p style="text-align: right;">Page 33</p> <p>1 Q. Okay. Now, going back to the records 2 you do have, on page four do you see that it's 3 in the same sequence. You have a paragraph on 4 laboratory. 5 The next paragraph is I Cruz, Angel 6 understand the treatment, dot, dot, dot, and you 7 have a signature block, and then going on the 8 next page it says, "Creation health as a whole 9 person, lifestyle, dot, dot, dot. Do you see 10 that? 11 A. Yes. 12 Q. So would you say that what's in the 13 next preceding information would be the part of 14 the chart that was not, you know, scanned into 15 the record? 16 MR. TOMASIK: Speculation. Answer if you 17 can. 18 THE WITNESS: I am sorry. I didn't 19 understand the question. 20 BY MR. RAGEN: 21 Q. Okay. You saw how we just covered at 22 the end of this 294-page document there was a 23 12-page document where 5 of the 12 pages got 24 printed out. You wrote some information on it,</p>	<p style="text-align: right;">Page 35</p> <p>1 started? 2 A. Yes. 3 Q. Okay. Do you play any role in the 4 information that goes into discharge 5 instructions? 6 A. I can, yes. 7 Q. Okay. If we look at -- and I am 8 calling it discharge instructions what's entered 9 on pages 2 through 11 of 294. Is that a fair 10 characterization of the document? 11 A. Yes. 12 Q. Okay. Can you tell looking at this 13 particular document what you would have put in 14 there versus what anyone else would have put in 15 there? 16 A. Typically the nurse would be 17 responsible for the education piece of the 18 instructions. 19 Q. Okay. So like looking at page 11, that 20 has information about discharge education 21 information? 22 A. Yes. 23 Q. Is that what you are referring to? 24 A. Yes.</p>
<p style="text-align: right;">Page 34</p> <p>1 and it got scanned into the medical record. Do 2 you remember that? 3 A. Yes. 4 Q. So all I am trying to think is what 5 would be pages, you know, 6 through 12. And you 6 have in front of you pages 2 through 11 of 294. 7 And I am just trying to wonder if after 8 it cut off -- you know, we just established if 9 everything that would be on pages 5, 6, 7, 8, 9, 10 10, and 11 would have been what would have been 11 the 6 through 12 pages that are at the end of 12 this 294-page medical record. Can you say one 13 way or the other? 14 A. I believe they would be, yes. 15 Q. Okay. And so do you prepare the 16 discharge instructions or does -- who prepares 17 the discharge instructions? 18 A. The physician does. 19 Q. So to discharge a patient a physician 20 has to enter an order to discharge a patient, 21 correct? 22 A. Yes. 23 Q. Okay. And he or she enters that order 24 and then discharge instruction papers are</p>	<p style="text-align: right;">Page 36</p> <p>1 Q. Okay. So in this case on page 11 of 2 294 it indicates that as part of the follow-up 3 instructions the patient is to follow up with 4 his or her primary care provider? 5 A. Yes. 6 Q. Okay. And more likely than not you 7 would have entered that into the record? 8 A. It could be the physician as well so 9 I'm not sure if I did. 10 Q. Okay. Same thing for discharge 11 instructions power plan. Do you see that 12 information? 13 A. Yes. 14 Q. You say it indicates -- you see that it 15 indicates the patient's discharge to law 16 enforcement forensic custody and that the 17 patient's condition at discharge is stable. Do 18 you see that? 19 A. Yes. 20 Q. Can you tell whether you or the 21 physician would have entered this into the 22 record -- into the discharge instructions? 23 A. It could have been either one of us. 24 Q. Okay. Moving up to the Encounter</p>

<p style="text-align: right;">Page 37</p> <p>1 Diagnoses, do you see that?</p> <p>2 A. Yes.</p> <p>3 Q. What does it say under the Encounter</p> <p>4 Diagnoses?</p> <p>5 A. "Acute febrile illness, homicidal</p> <p>6 ideation, psychosis."</p> <p>7 Q. Okay. Do you know would you be</p> <p>8 entering diagnosis information into the</p> <p>9 discharge instructions?</p> <p>10 A. That would be out of my scope of</p> <p>11 practice.</p> <p>12 Q. Okay. And that's kind of why I asked</p> <p>13 it that way. So is it more probably true than</p> <p>14 not that the physician who ordered the discharge</p> <p>15 entered this information into the record?</p> <p>16 MR. FLAXMAN: Objection. She is not</p> <p>17 competent to answer what somebody else did.</p> <p>18 MR. TOMASIK: You can answer if you can.</p> <p>19 THE WITNESS: I'm not sure if they would</p> <p>20 have.</p> <p>21 BY MR. RAGEN:</p> <p>22 Q. Okay. So we just know for under</p> <p>23 Encounter Diagnoses someone from Hinsdale</p> <p>24 Hospital entered this into the discharge</p>	<p style="text-align: right;">Page 39</p> <p>1 MR. RAGEN: Sure.</p> <p>2 BY MR. RAGEN:</p> <p>3 Q. Okay. So you can see I am on page 283</p> <p>4 of 294. Do you see that -- sorry. I went too</p> <p>5 quick. Do you see I am on page 283 of 294?</p> <p>6 A. Yes.</p> <p>7 Q. Okay. So I am just going to see if the</p> <p>8 Encounter Diagnoses we just discussed are part</p> <p>9 of this version of the discharge instructions.</p> <p>10 Is it on page 283?</p> <p>11 A. Yes.</p> <p>12 Q. It is?</p> <p>13 A. You are showing us 283.</p> <p>14 Q. Yeah. But, you know, just one second</p> <p>15 ago -- I don't know about one second. Maybe 40</p> <p>16 seconds ago we talked about the Encounter</p> <p>17 Diagnoses that were found on page 11 of 294 that</p> <p>18 are, "Acute febrile illness, homicidal ideation</p> <p>19 and psychosis." Do you remember that?</p> <p>20 A. Yes.</p> <p>21 Q. So I am just trying to establish</p> <p>22 whether that information is part of the</p> <p>23 discharge instructions that are at the end of</p> <p>24 this 294-page document. So do you see those</p>
<p style="text-align: right;">Page 38</p> <p>1 instructions, correct?</p> <p>2 A. Yes.</p> <p>3 Q. And you can say more probably true than</p> <p>4 not that it was not you; is that fair?</p> <p>5 A. Yes.</p> <p>6 Q. But you just can't say who would have</p> <p>7 entered this into the medical record?</p> <p>8 A. Correct.</p> <p>9 Q. Okay. What other people would be</p> <p>10 entering information into a discharge</p> <p>11 instruction?</p> <p>12 A. It could be multiple people.</p> <p>13 Q. Okay. Okay. And we talked earlier</p> <p>14 about the, you know, discharge instructions at</p> <p>15 the end of this 294-page document that only</p> <p>16 pages 1 through 5 were within this medical</p> <p>17 record. Do you see that? Do you remember that?</p> <p>18 A. Yes.</p> <p>19 Q. And this information about the</p> <p>20 Encounter Diagnoses, that was not in part of the</p> <p>21 discharge instructions at the end. And if you</p> <p>22 want me to look -- to go there, I can go there.</p> <p>23 Should I do that?</p> <p>24 MR. TOMASIK: Yes, please.</p>	<p style="text-align: right;">Page 40</p> <p>1 Encounter Diagnoses on page 283 anywhere?</p> <p>2 A. No.</p> <p>3 Q. Do you see them on page 284?</p> <p>4 A. No.</p> <p>5 Q. Do you see them on page 285?</p> <p>6 A. No.</p> <p>7 Q. Do you see them on page 286?</p> <p>8 A. No.</p> <p>9 Q. Do you see them on page 287?</p> <p>10 A. No.</p> <p>11 Q. Okay. And the next page, 288, is</p> <p>12 something totally different; is that fair?</p> <p>13 A. Yes.</p> <p>14 Q. These appear to be billing codes or</p> <p>15 something like that?</p> <p>16 A. I wouldn't be able to know that.</p> <p>17 Q. Okay. But whatever it is on page 288,</p> <p>18 these are not a continuation of the discharge</p> <p>19 instructions; is that fair?</p> <p>20 A. Yes.</p> <p>21 Q. Okay. So the encounter diagnoses do</p> <p>22 not appear to be a part of this page, part of</p> <p>23 the discharge instructions that are found on</p> <p>24 pages 283 to 287; is that correct?</p>



<p style="text-align: right;">Page 41</p> <p>1 A. Yes.</p> <p>2 Q. So these -- the version that was found</p> <p>3 on page 2 through 11 of 294, you have those in</p> <p>4 front of you, correct?</p> <p>5 A. Yes.</p> <p>6 Q. And those don't appear to be printed</p> <p>7 out first and then scanned and then placed back</p> <p>8 in the medical record. Does that seem fair?</p> <p>9 A. That what was printed and not placed in</p> <p>10 the medical records?</p> <p>11 Q. Okay. So all I am trying to</p> <p>12 establish -- you see here on pages 283 and 287 I</p> <p>13 think we established that these pages were</p> <p>14 printed out, and then they may or may not get a</p> <p>15 sticker on them.</p> <p>16 And then there certainly were some</p> <p>17 things handwritten onto them, and then they were</p> <p>18 scanned back in the system. Do you remember we</p> <p>19 established that?</p> <p>20 A. Yes.</p> <p>21 Q. Okay. The information from pages 2</p> <p>22 through 11, those do not appear to be pages that</p> <p>23 were printed out and then scanned back in the</p> <p>24 medical record; is that a fair assessment?</p>	<p style="text-align: right;">Page 43</p> <p>1 better attorneys than me go ahead.</p> <p>2 MR. POWER: I have got just a couple.</p> <p>3 EXAMINATION</p> <p>4 BY MR. POWER:</p> <p>5 Q. Nurse Koleva, am I saying that right,</p> <p>6 Koleva?</p> <p>7 A. Yes.</p> <p>8 Q. Can you turn to page 249 of the medical</p> <p>9 records, 249 of 283?</p> <p>10 A. Okay.</p> <p>11 Q. And that is your note for a</p> <p>12 face-to-face at 8:12 a.m. on March 14, 2016; is</p> <p>13 that correct?</p> <p>14 A. Yes.</p> <p>15 Q. And so that means that you met with and</p> <p>16 had a face-to-face with Mr. Cruz at 8:12 on</p> <p>17 March 14th; is that right?</p> <p>18 A. That's what it appears to be, yeah.</p> <p>19 Q. What is a face-to-face?</p> <p>20 A. A physical assessment of the patient's</p> <p>21 condition.</p> <p>22 Q. Were there any special procedures done</p> <p>23 or special tests conducted at that time?</p> <p>24 A. I do not remember.</p>
<p style="text-align: right;">Page 42</p> <p>1 A. I'm not sure if they are scanned in or</p> <p>2 not.</p> <p>3 Q. Okay. Either way though on page 287 of</p> <p>4 294 it shows that this segment of the discharge</p> <p>5 instructions they were pages 6 through 12 of 12</p> <p>6 that did not make it; is that correct?</p> <p>7 A. Based on that stamp, yes.</p> <p>8 Q. Okay. Turn to page 190. Do you have</p> <p>9 190 with you? I put the wrong page somewhere.</p> <p>10 That's not good.</p> <p>11 I have just one more like line of</p> <p>12 questioning that may be one question, may be</p> <p>13 four. But I've got to go through the records</p> <p>14 and find it.</p> <p>15 I don't know if you guys want to go</p> <p>16 with whatever Ken or Frank want to do, and then</p> <p>17 I can go back?</p> <p>18 MR. TOMASIK: Why don't we do that to save</p> <p>19 some time. Let's go through your notes and find</p> <p>20 that question, and let the other folks ask</p> <p>21 questions if they have any.</p> <p>22 MR. RAGEN: Is that okay with you, Ken?</p> <p>23 MR. FLAXMAN: That's fine.</p> <p>24 MR. RAGEN: One of you more experienced and</p>	<p style="text-align: right;">Page 44</p> <p>1 Q. Do you know how long that that</p> <p>2 face-to-face lasted?</p> <p>3 A. I do not.</p> <p>4 Q. And then if you could turn to page 247</p> <p>5 of 294?</p> <p>6 MR. TOMASIK: That's the one I don't have.</p> <p>7 I can go print it out real quick.</p> <p>8 MR. RAGEN: I can share it. What page?</p> <p>9 MR. POWER: 247. Okay, Bill. Thank you.</p> <p>10 BY MR. POWER:</p> <p>11 Q. And so first off, I don't believe this</p> <p>12 is your note, but up above it says, "Code BERT."</p> <p>13 What is a code BERT? Could you just define</p> <p>14 that?</p> <p>15 A. I believe it's spelled incorrectly.</p> <p>16 It's BRT, behavioral response team.</p> <p>17 Q. So it should be just BRT?</p> <p>18 A. Yes.</p> <p>19 Q. And what is a code BRT?</p> <p>20 A. Behavioral response team is initiated</p> <p>21 whenever a patient is either physically or</p> <p>22 verbally abusive to staff or suicidal in any way</p> <p>23 or a harm to themselves.</p> <p>24 Q. And what happens when you call that</p>

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1 code?

2 A. It's usually announced overhead, and  
3 appropriate staff members respond.

4 Q. And what is appropriate staff members?

5 A. The behavioral nurse so like a psych  
6 nurse, a resident doctor and fellow staff on the  
7 unit.

8 Q. So approximately how many people show  
9 up when a BRT is called?

10 A. It can vary anywhere from 5 to 20 that  
11 I have seen in the past.

12 Q. Were you present with Mr. Cruz at any  
13 time when a BRT was called?

14 A. I can't recall.

15 Q. It also said a code gray was called  
16 previously. What's a code gray?

17 A. I'm not sure.

18 Q. Back to the BRT. Are there any  
19 standards for when a BRT is called? I mean, you  
20 mentioned suicidal. You mentioned a few other  
21 things. What qualifies for calling a BRT?

22 A. It's just based on the staff's  
23 judgment, whether or not they feel safe with the  
24 patient.

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1 Q. And a BRT is called when the staff does  
2 not feel safe with the patient?

3 A. Right.

4 Q. And also on 247 we looked at your note  
5 a little bit regarding restraints for Mr. Cruz;  
6 is that right?

7 A. Yes.

8 Q. And it looks like you have a note  
9 indicating that restraints were initiated on  
10 March 13, 2016 at 1:24?

11 A. Yes.

12 Q. That's 1:24 a.m., correct?

13 A. Yes.

14 Q. And next to your note, is that note  
15 from Tiago Soltes?

16 A. Yes.

17 Q. Do you know why this is formatted this  
18 way? Why is his note next to yours like this?

19 A. I'm not sure. I've never seen it  
20 formatted that way.

21 Q. Okay. He also indicates that  
22 restraints were initiated for Mr. Cruz at  
23 1:24 a.m. on March 13 of 2016. Do you see that?

24 A. Yes.

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1 Q. And then beneath that there is a total  
2 restraint time, and he indicates seven hours.  
3 Do you see that?

4 A. Yes.

5 Q. And then it discontinues -- strike  
6 that.

7 It indicates restraint discontinue time  
8 March 13, 2016 at 10:05 a.m. central time; is  
9 that right?

10 A. Yes.

11 Q. And so would this note indicate to you  
12 that Mr. Cruz was restrained from 1:24 a.m.  
13 until 10:05 a.m. for seven hours continuously on  
14 that date?

15 A. Based on that charting, yes.

16 Q. And you just said based on that  
17 charting. Are you aware of anything to indicate  
18 that he was not restrained for seven hours  
19 continuously on that date?

20 MR. TOMASIK: Calls for speculation. Answer  
21 if you can.

22 THE WITNESS: I wouldn't know.

23 BY MR. POWER:

24 Q. Were you still -- strike that.

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1 What was your shift on March 13, 2016  
2 if you know?

3 A. I don't recall.

4 Q. Are there typical kind of overnight  
5 hours or day hours, typical different shifts  
6 that are worked by nurses at Hinsdale Hospital?

7 A. A day shift is typically 6:45 a.m. to  
8 7:15 p.m.

9 Q. And what's a typical night shift?

10 A. 6:45 p.m. through the night into the  
11 next morning at 7:15 a.m.

12 Q. So there are only two shifts a day, two  
13 12-hour shifts?

14 A. Correct.

15 Q. So this note on page 247 that we have  
16 been looking at, you met with him with  
17 Mr. Vargas at 8:00 a.m.; is that right?

18 A. Yes, based on my charting.

19 Q. So that would have been the day shift?

20 A. Yes.

21 Q. Do you know if you were working the day  
22 shift that day or if you were working the  
23 overnight shift?

24 A. I only work day shift.



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1 Q. Okay. So that would have been a day  
2 shift that you interacted with the plaintiff --  
3 strike that.  
4 That would have been a day shift that  
5 you interacted with Mr. Cruz?  
6 A. Yes.  
7 Q. Okay. So Nurse Tiago Soltes, when he  
8 notes that 10:00 the restraints were  
9 discontinued, based on what we just discussed,  
10 theoretically you would have been on shift. You  
11 would have been working at that time on  
12 March 13th; is that correct?  
13 MR. TOMASIK: Sorry. You cut out a little  
14 bit. Can you reask that? Sorry.  
15 BY MR. POWER:  
16 Q. Sure. I am just trying to -- the  
17 restraint discontinue time indicates the  
18 restraints were discontinued March 13 of 2016,  
19 right? Do you see that?  
20 A. Yes.  
21 Q. At 10:00 a.m.?  
22 A. Yes.  
23 Q. And you would have been working at  
24 10:00 a.m.?

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1 A. I am not sure if I would have worked on  
2 the 13th of March.  
3 Q. Okay. And then, I am sorry, I also  
4 note -- so the restraint discontinue time there  
5 is March 13 at 10:00 a.m. -- strike that.  
6 Nevermind.  
7 Was all the care that you rendered  
8 Mr. Cruz within the standard of care?  
9 A. I believe so.  
10 MR. POWER: Nothing further for me. Thank  
11 you.  
12 EXAMINATION  
13 BY MR. FLAXMAN:  
14 Q. Good afternoon. You talked about you  
15 did a face-to-face at -- you started at  
16 8:12 a.m. on March 14th of 2016; is that right?  
17 A. Yes.  
18 Q. Could you tell us what a face-to-face  
19 means?  
20 A. It means that I was physically at  
21 bedside with the patient to complete an  
22 assessment.  
23 Q. And does an assessment require more  
24 than a minute to get done?

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1 A. Depending on the type of assessment.  
2 Q. Now, the entries here says that you  
3 started the assessment at -- well, what time  
4 does it say you started the assessment?  
5 A. I don't see a start time.  
6 Q. There is an entry for contact for  
7 face-to-face date, time. What does contact  
8 mean?  
9 A. I'm not sure what the verbage means. I  
10 believe it's what time I was present in the  
11 room.  
12 Q. How did you enter that time?  
13 A. It's what time the form was  
14 completed.  
15 Q. So did you type in numbers? Or did you  
16 press enter or did you use dropdown menus? How  
17 does it physically work?  
18 A. I don't exactly recall the way the form  
19 looks.  
20 Q. Is it incorrect that the face-to-face  
21 took less than one minute on March 14, 2016?  
22 A. I don't recall how long it took.  
23 Q. Is it possible that the face-to-face  
24 took less than a minute on March 14, 2016?

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1 A. It's possible.  
2 MR. FLAXMAN: Okay. Thank you. Nothing  
3 further.  
4 MR. RAGEN: I found what I wanted to -- can  
5 you hear me?  
6 MR. TOMASIK: Yep.  
7 MR. RAGEN: I found -- I think I found what  
8 I wanted to get to.  
9 EXAMINATION  
10 BY MR. RAGEN:  
11 Q. Do you have page 172 in front of you  
12 now?  
13 A. Yes.  
14 Q. Okay. Great. And do you have page  
15 17 -- nevermind. So page 172, can you tell me  
16 what information you put into the medical record  
17 that's found on this page?  
18 A. It looks like discharge vital times --  
19 or vital signs, excuse me, pain assessment and  
20 nursing discharge form.  
21 Q. Okay. So for the pain assessment,  
22 this was performed by you at 7:57 a.m. on  
23 March 14th?  
24 A. Yes.

<p style="text-align: right;">Page 53</p> <p>1 Q. And can you tell me what -- how --</p> <p>2 based on your assessment what level of pain you</p> <p>3 did or did not find Mr. Cruz in?</p> <p>4 A. I charted an acute pain score of zero.</p> <p>5 Q. Okay. And for vitals can you tell me</p> <p>6 what information you entered for Mr. Cruz's</p> <p>7 vitals on March 14 at 7:57 a.m.?</p> <p>8 A. I don't see any vitals.</p> <p>9 Q. And does it say that repeat vital signs</p> <p>10 not indicated?</p> <p>11 A. Yes.</p> <p>12 Q. Can you tell me what that means?</p> <p>13 A. I typically select the option that they</p> <p>14 had been taken within the last 30 minutes of</p> <p>15 discharge.</p> <p>16 Q. Okay. And you see the discharge form</p> <p>17 at the bottom?</p> <p>18 A. Yes.</p> <p>19 Q. What does AHS Nursing Discharge Form</p> <p>20 mean?</p> <p>21 A. I think it's something like Adventist</p> <p>22 Hinsdale -- I'm not really sure what all of that</p> <p>23 stands for.</p> <p>24 Q. Okay. But it shows that -- would</p>	<p style="text-align: right;">Page 55</p> <p>1 plan of care information for him at that point</p> <p>2 in time?</p> <p>3 A. Not necessarily with the patient.</p> <p>4 Q. Okay. Who else would it have been done</p> <p>5 with?</p> <p>6 A. It's usually the nurses review the plan</p> <p>7 of care within the chart. That could have been</p> <p>8 entered in by other nurses.</p> <p>9 Q. Got you. Just a couple follow-ups on</p> <p>10 what Mr. Power and Flaxman talked about.</p> <p>11 We talked a little bit about the</p> <p>12 documentation about you did a -- let me make</p> <p>13 sure I have the words right. A contact for</p> <p>14 face-to-face, do you remember that?</p> <p>15 A. Yes.</p> <p>16 Q. So turning back to the record we know</p> <p>17 in fact that a face-to-face was completed by you</p> <p>18 on or around March 14, 2016 at 8:12 a.m.,</p> <p>19 correct?</p> <p>20 A. Yes.</p> <p>21 Q. And is there any way to say it</p> <p>22 documents what was said during this</p> <p>23 face-to-face?</p> <p>24 A. I am not sure how the form transfers</p>
<p style="text-align: right;">Page 54</p> <p>1 you -- there is an entry that says, "Core</p> <p>2 measures done no." Do you know what core</p> <p>3 measures done means?</p> <p>4 A. I do not.</p> <p>5 Q. And this is something you would have</p> <p>6 entered into the chart?</p> <p>7 A. It's possible.</p> <p>8 Q. Okay. And it says something about,</p> <p>9 "IPOC's reviewed at discharge," and it's entered</p> <p>10 yes. Do you see that?</p> <p>11 A. Yes.</p> <p>12 Q. Do you know what IPOC's means?</p> <p>13 A. IPOC is a nurse-driven care plan for</p> <p>14 the patient.</p> <p>15 Q. Is that a plan of care?</p> <p>16 A. Sorry?</p> <p>17 Q. Is that something -- is the POC part</p> <p>18 plan of care?</p> <p>19 A. Yes.</p> <p>20 Q. What's the I part if you know?</p> <p>21 A. I think it's individualized plan of</p> <p>22 care.</p> <p>23 Q. Okay. And so this would reflect you</p> <p>24 would have gone over with Mr. Cruz all of the</p>	<p style="text-align: right;">Page 56</p> <p>1 into the system.</p> <p>2 Q. If you wanted to type into a medical</p> <p>3 record information that was ascertained during</p> <p>4 face-to-face, are medical records able to do</p> <p>5 that?</p> <p>6 A. Possibly.</p> <p>7 Q. Okay. So if you wanted to write a note</p> <p>8 about the face-to-face, you could have; is that</p> <p>9 fair?</p> <p>10 A. Yes.</p> <p>11 Q. Okay. Same thing for the debriefing</p> <p>12 which was on page 246. On 246 you see that</p> <p>13 there is a debriefing note you entered at</p> <p>14 March 14, 2016 on or around 8:00 a.m.?</p> <p>15 A. Yes.</p> <p>16 Q. Okay. And this does provide context,</p> <p>17 actual information, about what was said during</p> <p>18 the debriefing, fair?</p> <p>19 A. Yes.</p> <p>20 Q. Okay.</p> <p>21 MR. RAGEN: I am done. I didn't mean to</p> <p>22 interrupt you, Ken.</p> <p>23 MR. FLAXMAN: Nothing.</p> <p>24 MR. POWER: No, nothing.</p>

<p style="text-align: right;">Page 57</p> <p>1 MR. TOMASIK: All right. We will waive  2 signature. Thank you very much.  3 (The deposition concluded  4 at 3:13 p.m.)  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24</p>	<p style="text-align: right;">Page 59</p> <p>1 I further certify that the taking of this  2 deposition was pursuant to subpoena, and that  3 there were present at the deposition the  4 attorneys hereinbefore mentioned.  5 I further certify that I am not counsel for  6 nor in any way related to the parties to this  7 suit, nor am I in any way interested in the  8 outcome thereof.  9 I have hereunto set my hand this 23rd day  10 of November, 2020.  11  12  13  14  15  16  17  18  19  20  21  22  23  24</p> <hr style="width: 20%; margin-left: auto; margin-right: 0;"/> <p style="text-align: right;">BARBARA MANNING  CERTIFIED SHORTHAND REPORTER</p>
<p style="text-align: right;">Page 58</p> <p>1 STATE OF ILLINOIS )  2 ) SS:  3 COUNTY OF WILL )  4 I, BARBARA A. MANNING, do hereby certify  5 that heretofore, to-wit, on the 13th day of  6 November, 2020, personally appeared via  7 videoconference, KATIA KOLEVA, in a cause now  8 pending and undetermined in the United States  9 District Court, Northern District of Illinois,  10 wherein LETICIA VARGAS is the Plaintiff and COOK  11 COUNTY, et al. are the Defendants.  12 I further certify that the said witness was  13 first duly sworn to testify to the truth, the  14 whole truth and nothing but the truth in the  15 cause aforesaid; that the testimony then given  16 by said witness was reported stenographically by  17 me via videoconference, and afterwards reduced  18 to typewriting by computer-aided transcription,  19 and the foregoing is a true and correct  20 transcript of the testimony so given by said  21 witness as aforesaid.  22 I further certify that the signature to the  23 foregoing deposition was waived by counsel for  24 the respective parties.</p>	

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