

## **Exhibit N**

### **Katia Koleva Deposition**

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

**Vargas**

***Koleva Katia***

**11/13/2020**

**Condensed Transcript**

**Prepared by:**

Bill Ragen  
CCSAO

Tuesday, August 31, 2021

<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>	Page 1	Page 3
<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@cookcountylil.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 Jaruwan Supasanguan;  22  23  24 </p>	Page 2	Page 4



<p>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</p>	Page 9	<p>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</p>
<p>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.</p>	Page 10	<p>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 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</p>

<p>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?</p> <p>6 A. Yes.</p> <p>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?</p> <p>11 A. Yes.</p> <p>12 Q. Okay. If you turn to page 246 of 294,  13 do you have that?</p> <p>14 A. I'm sorry. What page?</p> <p>15 Q. 246 of 294.</p> <p>16 MR. TOMASIK: I don't think we do, Bill.  17 Sorry.</p> <p>18 MR. RAGEN: Okay. That's fine. I will pull  19 it up.</p> <p>20 BY MR. RAGEN:</p> <p>21 Q. Do you see for the record at the bottom  22 it says 246 to 294? Do you see that?</p> <p>23 A. Yes.</p> <p>24 Q. Okay. And then in the middle of the</p>	<p>Page 13</p> <p>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?</p> <p>5 A. Yes.  6 Q. When you go to T182, is this text you  7 would have entered into the medical record?</p> <p>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?</p> <p>13 A. Yes.  14 Q. And that's something you entered into  15 the medical record March 14th around 8:00 a.m.?</p> <p>16 A. Based on that charting, yes.</p> <p>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?</p> <p>22 A. I wouldn't have any way of knowing  23 that.</p> <p>24 Q. Okay. So we can't say how long he was</p>
<p>1 page there is an entry that appears that you  2 made on March 14th, 2016 on or around 8:00 a.m.?</p> <p>3 A. Yes.</p> <p>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?</p> <p>7 A. Based on what I am seeing, yes.</p> <p>8 Q. Okay. And this is a debriefing note?</p> <p>9 A. Correct.</p> <p>10 Q. What is a debriefing?</p> <p>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.</p> <p>15 Q. And then in your note you see, for  16 example, it says, "Events leading to episode."  17 Do you see that?</p> <p>18 A. Yes.</p> <p>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?</p> <p>22 A. I am sorry. Repeat that.</p> <p>23 Q. So I am looking at where it says,  24 "Events leading to episode." Do you see that?</p>	<p>Page 14</p> <p>1 restrained for?</p> <p>2 A. I am sorry?</p> <p>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 --</p> <p>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.</p> <p>9 MR. TOMASIK: Can you reask it, Bill. I  10 think it got lost there.</p> <p>11 MR. RAGEN: That's fine.</p> <p>12 BY MR. RAGEN:</p> <p>13 Q. What were you -- can you tell me your  14 debriefing note you entered on March 14th at  15 8:00 a.m.?</p> <p>16 A. I missed that first part of your  17 question.</p> <p>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?</p> <p>21 A. You want me to read the note?</p> <p>22 Q. Yeah, please.</p> <p>23 A. "Patient stabbed mother and father  24 prior to admission. No family at bedside."</p>

<p>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</p>	<p>Page 17</p> <p>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?</p>
<p>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.</p>	<p>Page 18</p> <p>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</p>

<p>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</p>	<p>Page 21</p> <p>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</p>
<p>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.</p>	<p>Page 22</p> <p>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?</p>

<p>1 A. I can't say for sure.</p> <p>2 Q. Okay. And then that goes -- that</p> <p>3 question was as far as you sit here today.</p> <p>4 Would there have been protocols in</p> <p>5 place in March of 2016 concerning patients in</p> <p>6 restraints?</p> <p>7 A. According to policy, yes, but I'm not</p> <p>8 sure if there was ever one placed by the</p> <p>9 physician.</p> <p>10 Q. Exactly. And I am not assuming there</p> <p>11 was. I think we are clear from the record that</p> <p>12 you can't say whether restraints were in place</p> <p>13 at any point in time on March 14th in the</p> <p>14 morning when you cared for the patient; is that</p> <p>15 fair?</p> <p>16 A. Correct, yes.</p> <p>17 Q. It's possible that he was in</p> <p>18 restraints, but it's also possible that he</p> <p>19 wasn't in restraints, fair?</p> <p>20 A. Yes.</p> <p>21 Q. Okay. Looking at the discharge</p> <p>22 instructions, turn to page -- do you have -- it</p> <p>23 appears from the records there is two sets.</p> <p>24 So do you have the one that's</p>	<p>Page 25</p> <p>1 BY MR. RAGEN:</p> <p>2 Q. And this is information that's -- I am</p> <p>3 sorry. If I heard it wrong -- I was thinking</p> <p>4 about the next question. So anyone feel free to</p> <p>5 say you remember the record wrong.</p> <p>6 Did you say that this is information</p> <p>7 that's designed to go with a patient to where he</p> <p>8 or she goes next after being discharged?</p> <p>9 A. Yes.</p> <p>10 Q. Okay. I am going to go share my screen</p> <p>11 again. Okay. I am looking now it's 283 of 294.</p> <p>12 Do you see that?</p> <p>13 A. Yes.</p> <p>14 Q. Okay. And this appeared to be similar</p> <p>15 or the same as what we just covered that was on</p> <p>16 page 2 of 11, and you can just look at the</p> <p>17 beginning because obviously I am not going to</p> <p>18 ask you to be, you know, a nine-page-document</p> <p>19 memorizer.</p> <p>20 But just looking at like the first</p> <p>21 couple entries does it appear to have the same</p> <p>22 information?</p> <p>23 A. As page 11?</p> <p>24 Q. As page 2. So to me it looks like page</p>
<p>1 enumerated starting on page 283?</p> <p>2 A. No, I don't.</p> <p>3 Q. Let's start with the ones you do have.</p> <p>4 So you have the ones that start on page 2 of</p> <p>5 294; is that correct?</p> <p>6 A. Yes.</p> <p>7 Q. Okay. And it goes into page 11 of 294.</p> <p>8 Do you see that?</p> <p>9 A. Yes.</p> <p>10 Q. Okay. Can you tell me what this</p> <p>11 document is?</p> <p>12 A. It looks like discharge reports and</p> <p>13 education information.</p> <p>14 MR. TOMASIK: I think he was asking you</p> <p>15 about the pages collectively.</p> <p>16 THE WITNESS: It's the packet we give</p> <p>17 patients and what their discharge is after</p> <p>18 leaving the hospital.</p> <p>19 MR. RAGEN: I'd object to your speaking</p> <p>20 objection, Tom, but it was helpful. I am just</p> <p>21 joking. I appreciate it.</p> <p>22 MR. POWER: Can I get that page range again?</p> <p>23 MR. RAGEN: 2 through 11 of 294.</p> <p>24 MR. POWER: Thank you.</p>	<p>Page 26</p> <p>1 283 coincides with the information on page 2.</p> <p>2 A. Yes.</p> <p>3 Q. Okay. So just for the record to make</p> <p>4 sure it's clear because I keep scrolling through</p> <p>5 pages but the words ticking down, I am comparing</p> <p>6 page 2 of 294 to page 283 of 294.</p> <p>7 And the information, at least the</p> <p>8 beginning part, starting from Adventist Hinsdale</p> <p>9 Hospital, and there is, you know, maybe 15 or</p> <p>10 16, maybe 10 or 12, lines of text in different</p> <p>11 fonts down to, "No immunizations documented at</p> <p>12 this visit," it appears to be the same</p> <p>13 information; is that fair?</p> <p>14 A. Yes.</p> <p>15 Q. Okay. Now, I am going to be scrolling</p> <p>16 through. That's page 283. See at the bottom of</p> <p>17 it there is information that's -- there is a bar</p> <p>18 code, and then it's got Angel Cruz's name and</p> <p>19 then some other -- his birthdate, May 31st,</p> <p>20 1995. Do you see that?</p> <p>21 A. Yes.</p> <p>22 Q. And you see how that's not on the same</p> <p>23 horizontal line. It appears to be eschew a</p> <p>24 little bit from the horizontal plain?</p>

<p>1 A. Yes.</p> <p>2 Q. Does that mean that a sticker was</p> <p>3 placed on this document?</p> <p>4 A. Yes.</p> <p>5 MR. TOMASIK: Speculation. Answer if you</p> <p>6 can. Foundation.</p> <p>7 THE WITNESS: Yes. I am sorry. Go ahead.</p> <p>8 BY MR. RAGEN:</p> <p>9 Q. No, no. So to the -- and I forget</p> <p>10 whose objection it was, and that's fine. So</p> <p>11 from a foundational standpoint, from time to</p> <p>12 time when you issue patients' discharge</p> <p>13 instructions, do you put a sticker on discharge</p> <p>14 instructions ever?</p> <p>15 A. Not typically, no.</p> <p>16 Q. Okay. Have you ever done it?</p> <p>17 A. I can't be sure.</p> <p>18 Q. Okay. Does this appear to be -- well,</p> <p>19 can you tell me why -- I am highlighting now,</p> <p>20 and for the record, it's the information that</p> <p>21 includes two bar codes, and then there is three</p> <p>22 lines of information. That's what I want to</p> <p>23 focus on. Okay?</p> <p>24 A. Okay.</p>	<p>Page 29</p> <p>1 Q. And that was entered March 14, 2016,</p> <p>2 time 8:00 a.m.?</p> <p>3 A. Yes.</p> <p>4 Q. Okay. And so what we just talked</p> <p>5 about, that was in handwriting, correct?</p> <p>6 A. Yes.</p> <p>7 Q. Is there any way to put handwriting</p> <p>8 into the medical record unless it's been printed</p> <p>9 out and you write on the printed sheet?</p> <p>10 A. That would be the only way.</p> <p>11 Q. Okay. And as you can see here, on the</p> <p>12 bottom it says -- I am highlighting near the</p> <p>13 bottom of 287 of 294. Do you see where it says,</p> <p>14 "Scanning room. Did not receive pages 6 through</p> <p>15 12 of 12"?</p> <p>16 A. Yes.</p> <p>17 Q. Do you know if that's your handwriting?</p> <p>18 A. It is not.</p> <p>19 Q. Okay. And if you see here on 287 of</p> <p>20 294, there is some identification in this</p> <p>21 document that's 5 of 12. Do you see that?</p> <p>22 A. Yes.</p> <p>23 Q. Okay. So would you say starting on</p> <p>24 page -- so we just finished on 287. Do you see</p>
<p>1 Q. Would you say that this is a patient</p> <p>2 sticker?</p> <p>3 A. It could be.</p> <p>4 Q. Okay. Looking at page 284 do you see</p> <p>5 that similar information between two bar codes</p> <p>6 is there?</p> <p>7 A. Yes.</p> <p>8 Q. Okay. Same thing on 285. Do you see</p> <p>9 that?</p> <p>10 A. Yes.</p> <p>11 Q. Same thing on 286. Do you see that?</p> <p>12 A. Yes.</p> <p>13 Q. Same thing on 287. Do you see that?</p> <p>14 A. Yes.</p> <p>15 Q. Okay. And on 287 there is information</p> <p>16 that is in there via handwriting. Do you see</p> <p>17 that?</p> <p>18 A. Yes.</p> <p>19 Q. Okay. Do you see your signature?</p> <p>20 A. I do.</p> <p>21 Q. Okay. And can you tell me what you</p> <p>22 wrote?</p> <p>23 A. "Patient unable to sign due to mental</p> <p>24 state. No legal rep at bedside."</p>	<p>Page 30</p> <p>1 that?</p> <p>2 A. Yes.</p> <p>3 Q. Let me go to the beginning which is now</p> <p>4 on page 283 of 294. It's also enumerated one of</p> <p>5 12. Do you see that?</p> <p>6 A. Yes.</p> <p>7 Q. So from 283 down to 287, that appears</p> <p>8 to be the first five pages of a 12-page document</p> <p>9 that got scanned into the medical record; is</p> <p>10 that correct?</p> <p>11 A. It looks that way, yes.</p> <p>12 Q. Okay. Now, you see how -- on page 287</p> <p>13 of 294 do you see how here there is information</p> <p>14 about laboratory. One paragraph underneath</p> <p>15 there is a paragraph about I Cruz, Angel</p> <p>16 understand the treatment, dot, dot, dot.</p> <p>17 Underneath that there is a signature</p> <p>18 block, and underneath there there is a paragraph</p> <p>19 that says, "Creation health as a whole person</p> <p>20 lifestyle."</p> <p>21 I just talked about one, two, you know,</p> <p>22 three, four different parts of what's in this</p> <p>23 record on page 287 of 294, correct?</p> <p>24 A. Yes.</p>

<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.</p> <p>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?</p> <p>11 A. Yes.</p> <p>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?</p> <p>16 MR. TOMASIK: Speculation. Answer if you 17 can.</p> <p>18 THE WITNESS: I am sorry. I didn't 19 understand the question.</p> <p>20 BY MR. RAGEN:</p> <p>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>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>Page 37</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>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>Page 38</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>

Page 41	Page 43
<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>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>
Page 42	Page 44
<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>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 themself.</p> <p>24 Q. And what happens when you call that</p>

<p>1 code?</p> <p>2 A. It's usually announced overhead, and</p> <p>3 appropriate staff members respond.</p> <p>4 Q. And what is appropriate staff members?</p> <p>5 A. The behavioral nurse so like a psych</p> <p>6 nurse, a resident doctor and fellow staff on the</p> <p>7 unit.</p> <p>8 Q. So approximately how many people show</p> <p>9 up when a BRT is called?</p> <p>10 A. It can vary anywhere from 5 to 20 that</p> <p>11 I have seen in the past.</p> <p>12 Q. Were you present with Mr. Cruz at any</p> <p>13 time when a BRT was called?</p> <p>14 A. I can't recall.</p> <p>15 Q. It also said a code gray was called</p> <p>16 previously. What's a code gray?</p> <p>17 A. I'm not sure.</p> <p>18 Q. Back to the BRT. Are there any</p> <p>19 standards for when a BRT is called? I mean, you</p> <p>20 mentioned suicidal. You mentioned a few other</p> <p>21 things. What qualifies for calling a BRT?</p> <p>22 A. It's just based on the staff's</p> <p>23 judgment, whether or not they feel safe with the</p> <p>24 patient.</p>	<p>Page 45</p> <p>1 Q. And then beneath that there is a total</p> <p>2 restraint time, and he indicates seven hours.</p> <p>3 Do you see that?</p> <p>4 A. Yes.</p> <p>5 Q. And then it discontinues -- strike</p> <p>6 that.</p> <p>7 It indicates restraint discontinue time</p> <p>8 March 13, 2016 at 10:05 a.m. central time; is</p> <p>9 that right?</p> <p>10 A. Yes.</p> <p>11 Q. And so would this note indicate to you</p> <p>12 that Mr. Cruz was restrained from 1:24 a.m.</p> <p>13 until 10:05 a.m. for seven hours continuously on</p> <p>14 that date?</p> <p>15 A. Based on that charting, yes.</p> <p>16 Q. And you just said based on that</p> <p>17 charting. Are you aware of anything to indicate</p> <p>18 that he was not restrained for seven hours</p> <p>19 continuously on that date?</p> <p>20 MR. TOMASIK: Calls for speculation. Answer</p> <p>21 if you can.</p> <p>22 THE WITNESS: I wouldn't know.</p> <p>23 BY MR. POWER:</p> <p>24 Q. Were you still -- strike that.</p>
<p>Page 46</p> <p>1 Q. And a BRT is called when the staff does</p> <p>2 not feel safe with the patient?</p> <p>3 A. Right.</p> <p>4 Q. And also on 247 we looked at your note</p> <p>5 a little bit regarding restraints for Mr. Cruz;</p> <p>6 is that right?</p> <p>7 A. Yes.</p> <p>8 Q. And it looks like you have a note</p> <p>9 indicating that restraints were initiated on</p> <p>10 March 13, 2016 at 1:24?</p> <p>11 A. Yes.</p> <p>12 Q. That's 1:24 a.m., correct?</p> <p>13 A. Yes.</p> <p>14 Q. And next to your note, is that note</p> <p>15 from Tiago Soltes?</p> <p>16 A. Yes.</p> <p>17 Q. Do you know why this is formatted this</p> <p>18 way? Why is his note next to yours like this?</p> <p>19 A. I'm not sure. I've never seen it</p> <p>20 formatted that way.</p> <p>21 Q. Okay. He also indicates that</p> <p>22 restraints were initiated for Mr. Cruz at</p> <p>23 1:24 a.m. on March 13 of 2016. Do you see that?</p> <p>24 A. Yes.</p>	<p>Page 48</p> <p>1 What was your shift on March 13, 2016</p> <p>2 if you know?</p> <p>3 A. I don't recall.</p> <p>4 Q. Are there typical kind of overnight</p> <p>5 hours or day hours, typical different shifts</p> <p>6 that are worked by nurses at Hinsdale Hospital?</p> <p>7 A. A day shift is typically 6:45 a.m. to</p> <p>8 7:15 p.m.</p> <p>9 Q. And what's a typical night shift?</p> <p>10 A. 6:45 p.m. through the night into the</p> <p>11 next morning at 7:15 a.m.</p> <p>12 Q. So there are only two shifts a day, two</p> <p>13 12-hour shifts?</p> <p>14 A. Correct.</p> <p>15 Q. So this note on page 247 that we have</p> <p>16 been looking at, you met with him with</p> <p>17 Mr. Vargas at 8:00 a.m.; is that right?</p> <p>18 A. Yes, based on my charting.</p> <p>19 Q. So that would have been the day shift?</p> <p>20 A. Yes.</p> <p>21 Q. Do you know if you were working the day</p> <p>22 shift that day or if you were working the</p> <p>23 overnight shift?</p> <p>24 A. I only work day shift.</p>

Page 49	Page 51
<p>1 Q. Okay. So that would have been a day 2 shift that you interacted with the plaintiff -- 3 strike that.</p> <p>4 That would have been a day shift that 5 you interacted with Mr. Cruz?</p> <p>6 A. Yes.</p> <p>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?</p> <p>13 MR. TOMASIK: Sorry. You cut out a little 14 bit. Can you reask that? Sorry.</p> <p>15 BY MR. POWER:</p> <p>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?</p> <p>20 A. Yes.</p> <p>21 Q. At 10:00 a.m.?</p> <p>22 A. Yes.</p> <p>23 Q. And you would have been working at 24 10:00 a.m.?</p>	<p>1 A. Depending on the type of assessment.</p> <p>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?</p> <p>5 A. I don't see a start time.</p> <p>6 Q. There is an entry for contact for 7 face-to-face date, time. What does contact 8 mean?</p> <p>9 A. I'm not sure what the verbage means. I 10 believe it's what time I was present in the 11 room.</p> <p>12 Q. How did you enter that time?</p> <p>13 A. It's what time the form was 14 completed.</p> <p>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?</p> <p>18 A. I don't exactly recall the way the form 19 looks.</p> <p>20 Q. Is it incorrect that the face-to-face 21 took less than one minute on March 14, 2016?</p> <p>22 A. I don't recall how long it took.</p> <p>23 Q. Is it possible that the face-to-face 24 took less than a minute on March 14, 2016?</p>
Page 50	Page 52
<p>1 A. I am not sure if I would have worked on 2 the 13th of March.</p> <p>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.</p> <p>7 Was all the care that you rendered 8 Mr. Cruz within the standard of care?</p> <p>9 A. I believe so.</p> <p>10 MR. POWER: Nothing further for me. Thank 11 you.</p> <p>12 EXAMINATION</p> <p>13 BY MR. FLAXMAN:</p> <p>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?</p> <p>17 A. Yes.</p> <p>18 Q. Could you tell us what a face-to-face 19 means?</p> <p>20 A. It means that I was physically at 21 bedside with the patient to complete an 22 assessment.</p> <p>23 Q. And does an assessment require more 24 than a minute to get done?</p>	<p>1 A. It's possible.</p> <p>2 MR. FLAXMAN: Okay. Thank you. Nothing 3 further.</p> <p>4 MR. RAGEN: I found what I wanted to -- can 5 you hear me?</p> <p>6 MR. TOMASIK: Yep.</p> <p>7 MR. RAGEN: I found -- I think I found what 8 I wanted to get to.</p> <p>9 EXAMINATION</p> <p>10 BY MR. RAGEN:</p> <p>11 Q. Do you have page 172 in front of you 12 now?</p> <p>13 A. Yes.</p> <p>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?</p> <p>18 A. It looks like discharge vital times -- 19 or vital signs, excuse me, pain assessment and 20 nursing discharge form.</p> <p>21 Q. Okay. So for the pain assessment, 22 this was performed by you at 7:57 a.m. on 23 March 14th?</p> <p>24 A. Yes.</p>

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

<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>Page 57</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</p> <hr/> <p>15 BARBARA MANNING  16 CERTIFIED SHORTHAND REPORTER  17  18  19  20  21  22  23  24</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>	<p>Page 58</p>

## Transcript Word Index

[01:24 - afternoon]

0	2	287 30:13,15 31:13,19,24 32:7 32:12,23 40:9,24 41:12 42:3	7 7 34:9
<b>01:24</b> 19:16	<b>2</b> 8:19 26:4,23 27:16,24 28:1 28:6 34:6 35:9 41:3,21	<b>288</b> 40:11,17	<b>7:00</b> 21:11
<b>084-003277</b> 1:24	<b>2:00</b> 1:19	<b>294</b> 8:19,21 9:16 13:12,15,22 14:6 17:7 19:3,24 26:5,7,23 27:11 28:6,6 31:13,20 32:4 32:13,23 33:22 34:6,12 35:9 36:2 38:15 39:4,5,17 39:24 41:3 42:4 44:5	<b>7:15</b> 20:22 48:8,11
1 38:16	<b>20</b> 21:20 45:10	<b>3</b>	<b>7:57</b> 52:22 53:7
<b>1:24</b> 11:15 12:11 13:3 18:12 46:10,12,23 47:12	<b>200</b> 2:5	<b>8</b> 34:9	8
<b>10</b> 21:20 28:10 34:10	<b>201</b> 2:5	<b>8:00</b> 9:20 14:2,5 15:15,20 16:5 16:15,20 17:2,10 20:8 21:11 22:24 31:2 48:17 56:14	
<b>10:00</b> 49:8,21,24 50:5	<b>2014</b> 6:19,23 7:3,7	<b>8:12</b> 10:16 17:17 43:12,16 50:16 55:18	
<b>10:05</b> 12:12 13:4 47:8,13	<b>2015</b> 8:5	<b>9</b>	
<b>11</b> 26:7,23 27:16,23 34:6,10 35:9,19 36:1 39:17 41:3,22	<b>2016</b> 7:13,14,19 8:2 9:19 10:16 11:15 12:11,12 13:3,4 14:2 14:5 19:16 25:5 31:1 43:12 46:10,23 47:8 48:1 49:18 50:16 51:21,24 55:18 56:14	<b>9:00</b> 34:9	
<b>12</b> 28:10 31:15,15,21 32:5,8 33:23,23 34:5,11 42:5,5 48:13	<b>2020</b> 1:19 58:6 59:10	<b>a</b>	
<b>13</b> 11:15 12:12 13:3,4 46:10 46:23 47:8 48:1 49:18 50:5	<b>23rd</b> 59:9	<b>a.m.</b> 9:20 10:16 13:3,4 14:2,5 15:15,20 16:15,20 17:2,10 17:17 18:12 20:8,22 21:11 22:24 31:2 43:12 46:12,23 47:8,12,13 48:7,11,17 49:21,24 50:5,16 52:22 53:7 55:18 56:14	
<b>13th</b> 1:18 18:12 19:16 49:12 50:2 58:5	<b>24</b> 19:19		
<b>14</b> 10:16 14:5 21:10 31:1 43:12 51:21,24 53:7 55:18 56:14	<b>246</b> 13:12,15,22 14:6 17:6 56:12,12	<b>able</b> 40:16 56:4	
<b>14th</b> 9:19 14:2 15:15,20 16:5,14 16:20 17:2,9 18:17 20:8 22:24 23:5 24:10 25:13 43:17 50:16 52:23	<b>247</b> 17:6 19:3 44:4,9 46:4 48:15	<b>abusive</b> 44:22	
<b>15</b> 28:9	<b>249</b> 9:16 13:9 17:7,7 22:23,23 23:15 43:8,9	<b>acknowledge</b> 5:4	
<b>16</b> 22:24 28:10	<b>257</b> 23:15,15	<b>actual</b> 56:17	
<b>17</b> 52:15	<b>271</b> 19:22	<b>acute</b> 37:5 39:18 53:4	
<b>172</b> 52:11,15	<b>272</b> 19:22,23,24 20:10	<b>administered</b> 5:6	
<b>18</b> 1:7	<b>273</b> 8:21 19:23 20:11 22:4	<b>administrator</b> 1:4	
<b>1865</b> 1:7	<b>2760</b> 3:8	<b>admission</b> 11:14 16:24	
<b>190</b> 42:8,9	<b>283</b> 26:1 27:11 28:1,6,16 32:4,7 39:3,5,10,13 40:1,24 41:12 43:9	<b>adventist</b> 7:2,5 28:8 53:21	
<b>1995</b> 28:20	<b>284</b> 30:4 40:3	<b>aforesaid</b> 58:15,21	
	<b>285</b> 30:8 40:5	<b>afternoon</b> 50:14	
	<b>286</b> 30:11 40:7		

## [ago - concluded]

ago	assessment	bert	certified
39:15,16	10:3,22 41:24 43:20 50:22	14:11 15:9 44:12,13	59:16
agree	50:23 51:1,3,4 52:19,21	better	certify
5:14,16,19,21	53:2	43:1	58:4,12,22 59:1,5
agreed	assigned	beyond	chamberlain
22:13	8:3	10:11	6:22
agreement	assume	bill	change
5:11	15:19	5:17 13:16 16:9 44:9	20:21
ahead	assumes	billing	characterization
29:7 43:1	16:7	40:14	35:10
ahs	assuming	birthdate	chart
53:19	25:10	28:19	9:23 18:8 19:8 22:24 23:9
aids	assumption	bit	23:14 33:14 54:6 55:7
58:18	21:8	28:24 46:5 49:14 55:11	charted
al	attending	block	19:20 53:4
58:11	22:10	32:18 33:7	charting
alabi	attorney	bottom	11:3 15:16 47:15,17 48:18
1:9 2:17	3:2	13:21 28:16 31:12,13 53:17	chatman
amita	attorneys	brt	1:10 2:17
7:2,5	5:3 43:1 59:4	44:16,17,19 45:9,13,18,19	cherri
angel	attorney's	45:21 46:1	1:11 2:18
1:5 28:18 32:15 33:5	2:10 11:22	<b>c</b>	chicago
anita	augustus	calhoun	2:6,14 3:9
1:10 2:18	1:9 2:16	1:9 2:17	clarify
announced	avenue	call	17:15
45:2	2:5	44:24	clean
answer	avis	called	12:15
17:23 23:8 29:5 33:16	1:9 2:17	6:2 15:9 22:10 45:9,13,15	clear
37:17,18 47:20	aware	45:19 46:1	22:18 25:11 28:4
appear	47:17	calling	code
9:18 14:4 27:21 29:18	<b>b</b>	35:8 45:21	14:11,12 15:9 28:18 44:12
40:14,22 41:6,22	back	calls	44:13,19 45:1,15,16
appearances	17:5,6 33:1 41:7,18,23	47:20	codes
2:1 3:1	42:17 45:18 55:16	care	29:21 30:5 40:14
appeared	bar	7:11 8:12,14 21:1,9,10 36:4	coincides
27:14 58:6	28:17 29:21 30:5	50:7,8 54:13,15,18,22 55:1	28:1
appears	barbara	55:7	collectively
11:1,22 12:24 14:1 19:2	1:18,23 58:4 59:15	cared	26:15
21:7 25:23 28:12,23 32:7	based	21:2 25:14	college
43:18	11:3 14:7 15:16 17:18	caring	6:22
appreciate	18:18,23 42:7 45:22 47:15	11:5 18:17,23	comparing
12:20 26:21	47:16 48:18 49:9 53:2	case	28:5
appropriate	bedside	8:1 36:1	competent
45:3,4	10:22 16:24 30:24 50:21	catania	37:17
approximately	beginning	3:6	complete
45:8	27:17 28:8 32:3	cause	50:21
arrangement	behalf	1:17 58:7,15	completed
5:8	5:17,20	center	10:3,19 17:20 51:14 55:17
arrived	behavior	2:13	completion
22:9	15:10,12,18	central	23:12 24:1
ascertained	behavioral	47:8	computer
56:3	44:16,20 45:5	certain	58:18
asked	believe	11:18	concerning
37:12	34:14 44:11,15 50:9 51:10	certainly	9:20 25:5
asking	beneath	41:16	concluded
18:21 26:14	47:1		57:3

## [condition - excuse]

condition	currently	discharged	either	
36:17 43:21	7:1	27:8	36:23 42:3 44:21	
conducted	custody	discontinuation	elizabeth	
43:23	22:13 36:16	19:18,21	1:12 2:19	
consent	custom	discontinue	encounter	
5:7	21:17	47:7 49:17 50:4	36:24 37:3,23 38:20 39:8	
cont	cut	discontinued	39:16 40:1,21	
3:1	34:8 49:13	13:4 18:19 19:9,11 49:9,18	enforcement	
contact	cv	discontinues	36:16	
51:6,7 55:13	1:7	47:5	enter	
context	d			
56:16	daley	discuss	23:19 34:20 51:12,16	
continuation	2:13	14:13	entered	
40:18	date	discussed	9:19 14:21 15:7,14 16:14	
continuing	7:7 18:2 47:14,19 51:7	39:8 49:9	16:20 17:2,8 18:7 19:7 31:1	
23:10	dates	displayed	35:8 36:7,21 37:15,24 38:7	
continuously	12:18	15:10,18	53:6 54:6,9 55:8 56:13	
47:13,19	day	district	entering	
cook	1:18 11:16 20:22 48:5,7,12	1:1,2 58:9,9	19:17 37:8 38:10	
1:8,9 2:10 3:2,12,12 5:17	48:19,21,22,24 49:1,4 58:5	division	enters	
5:18 58:10	59:9	1:3	34:23	
cookcountyil.gov	debriefing	doctor	entitled	
2:12 3:4,7	14:8,10,12 16:14,19 56:11	45:6	1:17	
core	56:13,18	document	entries	
54:1,2	defendants	18:15 21:21 24:4,5 26:11	27:21 51:2	
correct	1:15 2:16 3:11 5:19 58:11	27:18 29:3 31:21 32:8	entry	
6:8,24 7:23 14:9 17:3,4	define	33:22,23 35:10,13 38:15	9:22 12:2 13:1 14:1,5 20:7	
18:9,10 20:11,23 21:12,19	44:13	39:24	20:14 22:23 51:6 54:1	
22:1 24:14 25:16 26:5 31:5	degree	documentation	enumerated	
32:10,23 34:21 38:1,8	6:21	9:19 10:15 22:22 24:16	26:1 32:4	
40:24 41:4 42:6 43:13	dep	55:12	episode	
46:12 48:14 49:12 55:19	9:4	documented	14:16,24	
58:19	depending	16:4 23:11 28:11	eschew	
counsel	51:1	documenting	28:23	
5:7,10 58:23 59:5	deposition	13:9,10 23:23	establish	
county	1:16 5:1,3,5 8:8 57:3 58:23	documents	39:21 41:12	
1:8,8 2:10 3:2,12,12 5:18	59:2,3	8:9 9:5 55:22	established	
5:18 58:3,11	designed	dot	8:1 34:8 41:13,19	
couple	27:7	32:16,16,16 33:6,6,6,9,9,9	estate	
27:21 43:2 55:9	determine	dr	1:5	
court	10:23	1:13 2:20	et	
1:1 5:1 17:21 58:9	diagnoses	driven	58:11	
covered	37:1,4,23 38:20 39:8,17	54:13	events	
27:15 33:21	40:1,21	dropdown	14:16,24	
creation	diagnosis	51:16	evidence	
32:19 33:8	37:8	due	16:8	
cruz	different	30:23	exactly	
1:5 7:13 10:6 11:10 12:10	11:23,24 21:22 28:10 32:22	duly	25:10 51:18	
13:3 18:23 21:8 22:18 23:3	40:12 48:5	6:3 58:13	examination	
24:9 32:15 33:5 43:16	discharge	e		
45:12 46:5,22 47:12 49:5	22:13 24:16 25:21 26:12,17	earlier	4:2 6:5 43:3 50:12 52:9	
50:8 53:3 54:24	29:12,13 34:16,17,19,20,24	38:13	examined	
cruz's	35:4,8,20 36:10,15,17,22	eastern	6:3	
28:18 53:6	37:9,14,24 38:10,14,21	1:3	example	
csr	39:9,23 40:18,23 42:4	education	14:16 22:23	
1:23	52:18,20 53:15,16,19 54:9	26:13 35:17,20	excuse	

## [exhibits - independent]

exhibits	flaxman (cont.)	further	hear
4:13	55:10 56:23	50:10 52:3 58:12,22 59:1,5	52:5
experienced	floor	future	heard
42:24	7:22 8:3	12:22	27:3
explained	floors	<b>g</b>	<b>helen</b>
22:10	7:18	general	1:11 2:18
<b>f</b>	flow	7:21 8:3	<b>help</b>
face	18:8	give	12:21 19:1
10:2,2,19,19,21,21 17:19	focus	21:15 26:16	<b>helpful</b>
17:19,22 18:1,1 23:11,11	29:23	given	26:20
23:24,24 24:2,2,5,5 43:12	folks	58:15,20	<b>hereinbefore</b>
43:12,16,16,19,19 44:2,2	42:20	go	59:4
50:15,15,18,18 51:7,7,20	follow	6:20 8:20 9:6 10:4,9 14:14	<b>heretofore</b>
51:20,23,23 55:14,14,17,17	36:2,3 55:9	15:2,6 17:6 24:15 27:7,10	58:5
55:23,23 56:4,4,8,8	followed	29:7 32:3 38:22,22 42:13	<b>hereunto</b>
fact	24:19	42:15,17,19 43:1 44:7	59:9
11:4 16:8 22:21 55:17	follows	goes	<b>highlighting</b>
fair	6:4	25:2 26:7 27:8 35:4	29:19 31:12
13:7,10 15:21 17:13 21:18	fonts	going	<b>hinsdale</b>
22:7,19 24:13 25:15,19	28:11	7:11 8:7 9:5,8,15 17:6	7:6,8,15,15,17 28:8 37:23
28:13 35:9 38:4 40:12,19	footnote	21:21 27:10,17 28:15 33:1	48:6 53:22
41:8,24 56:9,18	14:20	33:7 39:7	<b>hold</b>
family	foregoing	good	17:21
16:24	58:19,23	9:15 42:10 50:14	<b>homicidal</b>
far	forensic	gray	37:5 39:18
10:8 23:10 25:3	36:16	45:15,16	<b>horizontal</b>
father	forget	great	28:23,24
16:23	29:9	5:22 9:12 52:14	<b>hospital</b>
febrile	form	guess	7:2,6,9,9,15,16 8:12,14
37:5 39:18	16:6 23:6 51:13,18 52:20	10:4 18:22 19:23 23:19	26:18 28:9 37:24 48:6
february	53:16,19 55:24	24:7,16	<b>hour</b>
8:4	formatted	guys	1:19 48:13
feel	46:17,20	42:15	<b>hours</b>
27:4 45:23 46:2	found	<b>h</b>	19:19 47:2,13,18 48:5,5
fellow	14:6 39:17 40:23 41:2 52:4	half	<b>i</b>
45:6	52:7,7,17	11:16	<b>ideation</b>
fifth	foundation	hand	37:6 39:18
9:4	29:6	59:9	<b>identification</b>
files	foundational	handoff	31:20
24:6	18:22 29:11	21:14	<b>identifier</b>
find	four	handoffs	15:4
9:6 42:14,19 53:3	11:12 22:4,9 32:22 33:2	21:22	<b>illinois</b>
fine	42:13	handwriting	1:2 2:6,14 3:9 58:1,9
13:18 16:11 29:10 42:23	francis	30:16 31:5,7,17	<b>illness</b>
finished	3:6	handwritten	37:5 39:18
31:24	francis.catania	41:17	<b>immunizations</b>
finishes	3:7	happened	28:11
20:11	frank	14:13	<b>includes</b>
first	42:16	happens	29:21
6:2,9 7:4 16:16 27:20 32:8	free	20:22 44:24	<b>incorrect</b>
41:7 44:11 58:13	27:4	harm	51:20
five	front	44:23	<b>incorrectly</b>
32:8	8:9 19:4 20:3 34:6 41:4	health	44:15
flaxman	52:11	7:5 32:19 33:8	<b>independent</b>
2:2,3 4:6 5:13,13 16:6 23:6	function	10:5	
37:16 42:23 50:13 52:2	9:9		

## [indicate - middle]

indicate	john	leading	manning
5:11 47:11,17	3:3 5:15	14:16,24	1:18,23 58:4 59:15
indicated	john.power	leads	manuel
10:18 13:2 53:10	3:4	14:20	1:12 2:19
indicates	johnson	leaving	march
12:10 36:2,14,15 46:21	1:10 2:18	26:18	7:13,14,19 8:1 9:19 10:16
47:2,7 49:17	joking	legal	11:15 12:11,12,14,19 13:3
indicating	26:21	30:24	13:4 14:2,5 15:15,20 16:5
46:9	judgment	leticia	16:14,20 17:2,9 18:12,17
individualized	45:23	1:4 58:10	19:16 20:8 21:10 22:24
54:21	<b>k</b>		23:5 24:10 25:5,13 31:1
individually	kanel	level	43:12,17 46:10,23 47:8
5:18	1:11 2:18	53:2	48:1 49:12,18 50:2,5,16
information	katia	license	51:21,24 52:23 53:7 55:18
22:1 26:13 27:2,6,22 28:1,7	1:17 4:3 6:1,7 58:7	56:14	56:14
28:13,17 29:20,22 30:5,15	keep	lifestyle	marked
32:13 33:13,24 35:4,20,21	28:4	32:20 33:9	4:11,13
36:12 37:8,15 38:10,19	ken	light	mask
39:22 41:21 52:16 53:6	42:16,22 56:22	19:1	17:22
55:1 56:3,17	kenlaw.com	line	mean
initiated	2:4	22:8 28:23 42:11	11:21 12:16 29:2 45:19
18:12 44:20 46:9,22	kenneth	lines	51:8 53:20 56:21
initiating	2:2,3 5:13	28:10 29:22	means
23:10	key	listed	5:2 9:23 43:15 50:19,20
initiation	11:13	18:5	51:9 53:12 54:3,12
9:20 10:1 11:14 13:2,8 18:6	kind	little	measures
19:13 23:1,9,17,21	21:4 37:12 48:4	15:3 28:24 46:5 49:13	54:2,3
instruction	knf	55:11	medical
34:24 38:11	2:4	lock	7:20,22 8:3 9:13,24 10:9,12
instructions	know	11:13	11:23 14:21 15:7,15 18:23
25:22 29:13,14 34:16,17	8:1 9:7 10:9,13 11:3,16,20	19:13 20:7 23:20 31:8 32:9	
35:5,8,18 36:3,11,22 37:9	12:7 15:18 18:19 19:3,18	34:1,12 38:7,16 41:8,10,24	
38:1,14,21 39:9,23 40:19	20:4,16 21:17 23:22 24:22	43:8 52:16 56:2,4	
40:23 42:5	27:18 28:9 31:17 32:21	meghan	
interacted	33:14 34:5,8 37:7,22 38:14	20:14,16,18	
49:2,5	39:14,15 40:16 42:15 44:1	members	
interested	46:17 47:22 48:2,21 54:2	45:3,4	
59:7	54:12,20 55:16	memorizer	
interrupt	knowing	27:19	
56:22	15:22	memory	
involved	koleva	10:10	
14:12	1:17 4:3 6:1,7 43:5,6 58:7	mental	
ipoc	krzyzowski	30:23	
54:13	1:11 2:19	mentioned	
ipoc's	<b>I</b>		45:20,20 59:4
54:9,12	laboratory	menus	
issue	32:14 33:4	51:16	
29:12	lagrange	met	
<b>j</b>		43:15 48:16	
jars	7:2,9,15	metal	
10:10	lassen	11:12	
jaruwan	1:12 2:19	michigan	
1:14 2:21	lasted	2:5	
jason	44:2	middle	
1:13 2:20	law	13:24 17:9	
	2:2 36:15		

## [minute - police]

minute	nurse (cont.)	orders	patient (cont.)
50:24 51:21,24	45:5,6 49:7 54:13	22:4,9,13	54:14 55:3
minutes	nurses	outcome	patients
53:14	11:23 48:6 55:6,8	59:8	21:20 25:5 26:17 29:12
missed	nursing	overhead	patient's
16:16	6:21,22 9:1 21:14 52:20	45:2	24:18 36:15,17 43:20
morning	53:19	overnight	pc
21:10 23:5 24:9 25:14	<b>o</b>	48:4,23	2:2
48:11			pending
mother	<b>oath</b>	<b>p</b>	58:8
16:23	5:5	<b>p.m.</b>	people
moving	<b>object</b>	1:19 48:8,10 57:4	38:9,12 45:8
36:24	16:6 23:6 26:19	<b>packet</b>	performed
multiple	<b>objection</b>	8:14 26:16	52:22
38:12	26:20 29:10 37:16	<b>page</b>	period
<b>n</b>	<b>objections</b>	8:15,18,19 9:16 13:9,12,14	15:21
name	5:8	14:1,6 17:9 18:24 19:2,22	person
5:11 6:7,9,11 12:6 18:4	<b>obviously</b>	20:10,11 22:4,23 23:15	32:19 33:9
19:10 28:18	27:17	25:22 26:1,4,7,22 27:16,18	personally
named	<b>occurrence</b>	27:23,24,24 28:1,6,6,16	58:6
5:18 7:12	13:8	30:4 31:24 32:4,8,12,23	physical
near	<b>office</b>	33:2,8,22,23 34:12 35:19	43:20
31:12	2:10 5:16	36:1 38:15 39:3,5,10,17,24	physically
necessarily	<b>offices</b>	40:1,3,5,7,9,11,17,22 41:3	5:4 44:21 50:20 51:17
55:3	2:2	42:3,8,9 43:8 44:4,8 48:15	physician
need	<b>oh</b>	52:11,14,15,17 56:12	24:21 25:9 34:18,19 36:8
24:19	10:10 12:17,20	<b>pages</b>	36:21 37:14
needs	<b>okay</b>	8:22,23 22:22 26:15 28:5	physicians
22:12	6:13,17 7:3,7,11,18,21,24	31:14 32:8 33:23 34:5,6,9	11:24
nevermind	8:6,15 9:3,12,15,18,22 10:4	34:11 35:9 38:16 40:24	piece
50:6 52:15	10:8,15,18,21 11:1,4,8,14	41:12,13,21,22 42:5	35:17
night	12:10,17 13:7,12,18,24	<b>pain</b>	place
15:9 48:9,10	14:4,8,19 15:24 18:4,15,21	52:19,21 53:2,4	17:12,19 25:5,12
nine	19:12,17 20:2,5,10,24 22:7	<b>papers</b>	placed
27:18	24:7,12,15,22 25:2,21 26:7	34:24	25:8 29:3 41:7,9
northern	26:10 27:10,11,14 28:3,15	<b>paragraph</b>	places
1:2 58:9	29:16,18,23,24 30:4,8,15	32:14,15,18 33:3,5	7:8
note	30:19,21 31:4,11,19,23	<b>part</b>	plain
14:8,15 16:14,19,21 17:8	32:12 33:1,21 34:15,23	16:16 18:8 28:8 33:13 36:2	28:24
18:5,20 22:3,8 23:16 24:3	35:3,7,12,19 36:1,6,10,24	38:20 39:8,22 40:22,22	plaintiff
43:11 44:12 46:4,8,14,14	37:7,12,22 38:9,13,13 39:3	54:17,20	1:6 2:8 5:14 49:2 58:10
46:18 47:11 48:15 50:4	39:7 40:11,17,21 41:11,21	<b>participating</b>	plan
56:7,13	42:3,8,22 43:10 44:9 46:21	5:3	8:12,14 36:11 54:13,15,18
notes	49:1,7 50:3 52:2,14,21 53:5	<b>particular</b>	54:21 55:1,6
9:1 42:19 49:8	53:16,24 54:8,23 55:4 56:7	18:8 35:13	play
notifications	56:11,16,20	<b>parties</b>	35:3
18:6 23:17,21,24	<b>ones</b>	5:7 58:24 59:6	please
november	26:3,4	<b>parts</b>	5:10,23 12:21 16:22 17:23
1:19 58:6 59:10	<b>open</b>	32:22	38:24
number	24:5	<b>paschos</b>	poc
4:11	<b>option</b>	1:13 2:20	54:17
numbers	53:13	<b>patient</b>	point
8:15,18 51:15	<b>order</b>	7:12 10:23 11:9,9 15:10,12	11:12 18:16 22:4,9 23:4
nurse	34:20,23	15:17 16:23 21:1 22:11	25:13 55:1
6:13,15,16,18 7:3,8 20:19	<b>ordered</b>	23:21 24:23 25:14 27:7	police
21:2,9,23,24 35:16 43:5	10:2 11:12 37:14	30:1,23 34:19,20 36:3	22:12
		44:21 45:24 46:2 50:21	

## [policy - scanned]

<b>policy</b> 25:7	<b>put</b> 9:10 24:2 29:13 31:7 35:13 35:14 42:9 52:16	<b>recorded</b> 10:16	<b>responsible</b> 35:17
<b>portion</b> 23:14	<b>q</b>	<b>records</b> 10:10,12 11:23 18:24 25:23 33:1 41:10 42:13 43:9 56:4	<b>restrained</b> 12:11 15:20 16:1,4,8 18:17 23:4 24:18 47:12,18
<b>possible</b> 24:12,13 25:17,18 51:23 52:1 54:7	<b>qualifies</b> 10:23 45:21	<b>redirect</b> 15:12	<b>restraint</b> 9:20 10:1,1,24 11:13 13:2 17:19 18:1,6,11 19:13 23:1 23:11,16,20,23 47:2,7 49:17 50:4
<b>possibly</b> 56:6	<b>qualify</b> 11:2	<b>reduced</b> 58:17	<b>restraints</b> 11:2,6,8,11,19 12:1 17:12 19:8,19 22:5,10,19 23:22 24:9,23 25:6,12,18,19 46:5 46:9,22 49:8,18
<b>power</b> 3:3 4:5 5:15,15 26:22,24 36:11 43:2,4 44:9,10 47:23 49:15 50:10 55:10 56:24	<b>question</b> 16:7,17 18:22 23:7 25:3 27:4 33:19 42:12,20	<b>referring</b> 35:23	<b>review</b> 55:6
<b>practice</b> 21:17 37:11	<b>questioning</b> 42:12	<b>reflect</b> 54:23	<b>reviewed</b> 54:9
<b>preceding</b> 33:13	<b>questions</b> 42:21	<b>regarding</b> 18:1 46:5	<b>richard</b> 2:13
<b>prepare</b> 8:7 34:15	<b>quick</b> 39:5 44:7	<b>registered</b> 6:16,18	<b>right</b> 9:13,13 12:2 19:22 43:5,17 46:3,6 47:9 48:17 49:19 50:16 55:13 57:1
<b>prepares</b> 34:16	<b>r</b>	<b>related</b> 59:6	<b>risk</b> 22:11
<b>present</b> 3:14 5:4,10 45:12 51:10 59:3	<b>ragen</b> 2:11 4:4 5:17,17,22 6:6 12:17,20,23 13:18,20 16:11 16:12 17:16 18:3 20:5,6 21:5,6 23:13 26:19,23 27:1 29:8 33:20 37:21 39:1,2 42:22,24 44:8 52:4,7,10 56:21	<b>released</b> 22:12	<b>rn</b> 12:4
<b>press</b> 51:16	<b>range</b> 26:22	<b>remember</b> 10:11 27:5 34:2 38:17 39:19 41:18 43:24 55:14	<b>robin</b> 3:15
<b>previously</b> 45:16	<b>read</b> 16:21	<b>remotely</b> 5:6	<b>role</b> 35:3
<b>primary</b> 36:4	<b>real</b> 44:7	<b>rendered</b> 7:12 50:7	<b>room</b> 31:14 51:11
<b>print</b> 44:7	<b>really</b> 53:22	<b>reorient</b> 15:11	<b>s</b>
<b>printed</b> 31:8,9 33:24 41:6,9,14,23	<b>reask</b> 12:15 16:9 21:3 49:14	<b>rep</b> 30:24	<b>safe</b> 45:23 46:2
<b>prior</b> 8:2 11:16 15:20 16:3,5,24 21:1	<b>reasonable</b> 15:19	<b>repeat</b> 14:22 53:9	<b>safety</b> 22:11
<b>probably</b> 9:3,5 37:13 38:3	<b>recall</b> 45:14 48:3 51:18,22	<b>report</b> 21:15	<b>salient</b> 22:1
<b>procedures</b> 43:22	<b>receive</b> 31:14	<b>reported</b> 1:23 58:16	<b>save</b> 42:18
<b>protocols</b> 24:19,20,23 25:4	<b>received</b> 22:4,9	<b>reporter</b> 5:1 17:21 59:16	<b>saw</b> 11:17 33:21
<b>provide</b> 56:16	<b>recollection</b> 10:6	<b>reporting</b> 5:9	<b>saying</b> 43:5
<b>provider</b> 36:4	<b>record</b> 5:12 9:13 12:24 13:21 14:21 15:7,15 20:8 21:7 23:20 25:11 27:5 28:3 29:20 31:8 32:9,23 33:15 34:1,12 36:7,22 37:15 38:7 38:17 41:8,24 52:16 55:16 56:3	<b>representing</b> 2:8,16 3:11	<b>says</b> 11:15 13:22 14:16,20,23 15:3,9 18:13 22:8 31:12,13 32:19 33:8 44:12 51:2 54:1 54:8
<b>psych</b> 45:5		<b>require</b> 50:23	<b>scanned</b> 32:9 33:14 34:1 41:7,18,23 42:1
<b>psychosis</b> 37:6 39:19		<b>resident</b> 22:9 45:6	
<b>pull</b> 13:18		<b>respective</b> 58:24	
<b>pursuant</b> 1:20 59:2		<b>respond</b> 45:3	
		<b>response</b> 44:16,20	

## [scanning - things]

scanning	showed	staff's	sure (cont.)
31:14	15:17	45:22	50:1 51:9 53:22 55:13,24
school	showing	stamp	swear
6:20	39:13	42:7	5:22
scope	shows	standard	sworn
37:10	9:12 10:15 17:11 42:4	50:8	5:24 6:3 58:13
score	53:24	standards	system
53:4	sign	45:19	24:6 41:18 56:1
screen	30:23	standpoint	t
9:9,10 19:4 27:10	signature	29:11	t.j.
screwed	30:19 32:17 33:7 57:2	stands	5:20
12:17	58:22	start	t182
scrolling	signs	26:3,4 51:5	14:20 15:4,6
19:23 28:4,15	21:23,24 52:19 53:9	started	taken
second	similar	8:4 35:1 50:15 51:3,4	1:17 5:2 53:14
17:6 39:14,15	27:14 30:5	starting	talk
seconds	sit	26:1 28:8 31:23	7:11 21:24
39:16	24:24 25:3	starts	talked
seeing	soltes	8:19 20:10	31:4 32:21 38:13 39:16
14:7 18:18	12:4,6,8 13:1,10 46:15 49:7	state	50:14 55:10,11
seen	somebody	states	team
45:11 46:19	37:17	5:10 30:24 58:1	14:12 44:16,20
segment	sorry	1:1 58:8	teleconference
42:4	13:14,17 14:22 16:2,18	state's	5:2
select	21:5 27:3 29:7 33:18 39:4	2:10 3:2	tell
8:22 53:13	49:13,14 50:3 54:16	stenographically	8:11 9:22 16:13,19 26:10
sequence	south	58:16	29:19 30:21 35:12 36:20
33:3	2:5	step	50:18 52:15 53:1,5,12
set	speak	12:16	terms
24:20 59:9	16:18 17:22	steve	21:14
sets	speaking	1:13 2:20	testified
25:23	26:19	sticker	6:3
seven	special	29:2,13 30:2 41:15	testify
47:2,13,18	43:22,23	stop	58:13
share	specify	9:15	testimony
27:10 44:8	17:24	street	58:15,20
sharing	speculation	3:8	tests
9:9 19:5	29:5 33:16 47:20	strike	43:23
shed	spelled	24:17 47:5,24 49:3 50:5	text
19:1	6:9 44:15	sub	14:20 15:6 28:10
sheet	spoken	14:19	thank
31:9	21:13	subpoena	26:24 44:9 50:10 52:2 57:2
sheriff	sprague	1:20 59:2	thanks
1:8 3:11	1:14 2:21	suicidal	12:20 20:5
sheriff's	ss	44:22 45:20	themselves
5:15	58:2	suit	44:23
shift	stabbed	59:7	theoretically
15:10 20:21 48:1,7,9,19,22	16:23	suite	49:10
48:23,24 49:2,4,10	stable	2:5 3:8	thereof
shifts	36:17	supasanguan	59:8
48:5,12,13	stack	1:14 2:21	thing
shorthand	9:16	sure	10:4 30:8,11,13 36:10
59:16	staff	9:8 10:14 21:16 24:6 25:1,8	56:11
show	15:11,11 22:11 44:22 45:3	28:4 29:17 36:9 37:19 39:1	things
11:4 45:8	45:4,6 46:1	42:1 45:17 46:19 49:16	8:6 41:17 45:21

## [think - zoom]

think	trying	video	works
9:4 13:16 16:10 25:11 26:14 34:4 41:13 52:7 53:21 54:21	34:4,7 39:21 41:11 49:16	5:2	9:9
thinking	turn	videoconference	write
27:3	13:12 18:24 25:22 42:8 43:8 44:4	1:16,20 58:7,17	31:9 56:7
three	turning	violent	wrong
22:8 29:21 32:22	17:5 19:22 55:16	11:11 15:10,18	21:8 27:3,5 42:9
tiago	type	visit	wrote
12:4,6,8 13:1,10 46:15 49:7	6:15 10:24 18:4 24:4 51:1 51:15 56:2	28:12	30:22 33:24
ticking	typewriting	vital	y
28:5	58:18	52:18,19 53:9	yeah
time	typical	vitals	9:14 12:19,20 16:22 17:17 21:5 24:20 39:14 43:18
10:1,2 11:2,14,19 12:1,9 13:2 15:21 17:13,14 18:1 18:16,19 19:11,13,21 20:20 23:4,10 25:13 29:11,12 31:2 42:19 43:23 45:13 47:2,7,8 49:11,17 50:4 51:3 51:5,7,10,12,13 55:2	48:4,5,9	53:5,7,8	yep
times	typically	vs	6:10 52:6
52:18	14:11 29:15 35:16 48:7 53:13	1:7	z
today	u	w	zero
24:24 25:3	unable	waive	53:4
toes	30:23	5:8 57:1	zoom
12:16	unavailable	waived	5:2
tom	15:11	58:23	
26:20	underneath	want	
tomasik	32:14,17,18	9:6 12:15 16:21 29:22 38:22 42:15,16	
5:20,20 12:14,19 13:16 16:9 17:14 20:3 21:3 23:8 26:14 29:5 33:16 37:18 38:24 42:18 44:6 47:20 49:13 52:6 57:1	understand	wanted	
top	32:16 33:6,19	52:4,8 56:2,7	
23:15	understanding	washington	
topic	20:21	3:8	
23:16	undetermined	weger	
total	58:8	20:14,16,18 21:2,13	
47:1	unit	weger's	
totally	7:20 8:4 20:20 45:7	21:9 22:3	
40:12	united	went	
transcript	1:1 58:8	14:13 21:9 22:21 39:4	
58:20	ups	west	
transcription	55:9	3:8	
58:18	use	william	
transfers	11:2 51:16	2:11	
55:24	usually	william.ragen	
treatment	45:2 55:6	2:12	
7:12 32:16 33:6	v	williams	
true	vargas	3:15	
14:4 37:13 38:3 58:19	1:4 48:17 58:10	wit	
truth	vary	58:5	
58:13,14,14	45:10	witness	
try	verbage	4:2 5:21,23,24 6:2 17:24 23:9 26:16 29:7 33:18 37:19 47:22 58:12,16,21	
16:18	51:9	wonder	
	verbal	34:7	
	verbally	words	
	44:22	28:5 55:13	
	version	work	
	39:9 41:2	7:1,4,18,21 48:24 51:17	
	versus	worked	
	35:14	7:8 12:9 20:19 48:6 50:1	
		working	
		7:14 8:4 48:21,22 49:11,23	