

MARJORIE PARTCH

Exiled From
20 Devil's Garden Road
Norwalk, CT 06854
203.912.3528 / map@marjoriepartch.com

March 28, 2014

State Senator Anthony J. Musto
Member, Judiciary Committee
Chair, Government Administration & Elections Committee
Senate Democrats
Legislative Office Building, Room 3900
Hartford, CT 06106

Re: HB #6685; SB #494; HB #5524:
Legal Industry Exploitation of Vulnerable Connecticut Families;
Case-in-Point: Mrs. Dorothy S. Partch, Retired Public School Teacher

Dear Senator Musto:

Thank you for returning my call so quickly last Tuesday, when I was frantically trying to visit my nursing-home bound mother – a visit I had been attempting to reschedule since the previous Friday, when I knew a trip to Hartford (on her behalf) would interfere with my pre-arranged “supervised visit” on Monday. Due to the mayhem-inducing communication issues at Aurora Senior Living in Norwalk, where my mother is currently held, the time was not adjusted with my mother’s (third) Probate Court-Appointed Conservator, Attorney David Stewart, and capping it all off, the facility gave me your number to call, given his former position on your staff.

These restricted and supervised visits are a cruel interference in my extremely close relationship with my mother, who has always been my best friend. In addition to that, I took care of her at home following a mini-stroke from 2003/4 to 2010, without incident or complaint, before her Fraudulently Procured Involuntary Conservatorship. I am only able to see my mother for half-an-hour at a time during the week now, and not at all over the weekends, so I hate for her to feel [even more] abandoned when I have to tend to something urgent regarding her liberation and miss a visit. So I was very upset when I couldn’t even see her on *Tuesday*, after calling the facility all day, and asking the Monday night supervisor to pass on the message the night before.

– I know that the subject of Conflicts of Interest in our State Government comes up frequently in the course of your work, and that it is one that you prefer to avoid as distasteful and, in your view, unnecessary to investigate. (I am seeing that our Legislature does not have an Ethics Committee.)

However, I have to say, I feel there is a very disturbing Conflict in the Probate Court’s appointment of your (now former) staff member / but current tenant / protégé, the very young Attorney David Stewart, when it was known that I have already testified concerning the Constitutionality of Probate procedures before the Judiciary Committee, twice. Our State Senator, Bob Duff, was also following up from last year, and re-introduced a Bill to strengthen the authority of a Durable Power of Attorney so that it cannot be so easily defrauded without Due Process behind closed doors, as occurred in our family’s case. The Judiciary Committee has declined to raise that Bill again during this session. And so far, I don’t see any Constitutionality Review on the horizon.

I also have wondered why SWCAA’s previously green light for my mother to go home is now turning yellow. I have wondered if there is a Senator on this Committee, say, who might also be on that Board, say, with “undo” influence. Should citizens have to wonder about that? Do you?

Meanwhile, I am very glad that the Family Court Reform advocates are carrying the Guardian Ad Litem gauntlet so well, and I do hope the Judiciary Committee will be more diligent this time around than they were in previous attempts at Probate Reform. I am wondering where you stand on these questions of Conflicts of Interest, and whether you feel that the appointment of the very inexperienced, 25-year-old Attorney David Stewart was and remains appropriate?

As Yale Law Professor John Langbein recently attested on Forbes.com, updating his 2007 advice to the Legislature, the recent "Reforms" of Probate practices have *NOT* cured the historic ills in this archaic and "independent" Court one iota. These pre-Constitution demi-"Courts" still seem to function as a fourth branch of Government, without any checks or balances from the "other three." Professor Langbein correctly states that, if anything, the concerns have only intensified in the current economy, with the reduction in the number of Probate "franchises" and the "New Rules."

The Guardian Ad Litem problem being exposed and examined in the context of the Family Court is just the tip of the iceberg in the closely related Probate system. My mother's "Estate" (a pre-tentious term in our case) was at one time billed approximately \$900+ an hour by the multiple attorneys protecting their own interests far more than my mother's: e.g., my mother's first Court Appointed Conservator and *his* attorney actually billed my mother for their discussions concerning a *WAIVER* they were extorting me to sign in exchange for the Conservator's resignation! [Please see enclosed.] After the liquidation of more than \$400,000 in less than two years, where exactly does "Fiduciary Duty" fit into that equation ??? And what about the Medicaid Fraud ?

At the current time, my mother's Guardian Ad Litem (another "rubber stamp" to feed in many cases) and your close business associate are blocking any questions of Fraud from being brought to the higher courts for my mother. [Exhibit A: Isn't this improper "Estoppel"? Why not let the Superior Court determine if there is a Cause of Action?] Your close business associate has to date refused to explore the feasibility of my mother's return to our home, which has been approved by her private (pre-Conservatorship) physicians – who have also known me for many years; and The Money Follows the Person (MFP), now that she is destitute enough to qualify for Medicaid. Your associate is now suddenly demanding a written proposal, as if it is a novel concept of his own, and not something on file with the Probate Court for 15 months. The nursing home's Company Quack, Dr. Martin Perlin – under whose care my mother nearly died last year – who is now being sued for the same (fatal) malpractice the State cited him for in 2008 – says No. But my mother's private physicians (one since 1979) say: Yes, Dorothy Can Go Home.

Attorney Stewart simply refuses to follow the Court's Order *meet with* my mother's "Transition Team," which includes experts in this kind of transfer, and home modification and care process, such as my mother's Coordinator at MFP; and our concerned community, which includes contractors, therapists, and the Director of Social Justice at the Unitarian Church in Westport, where we belong. Many of these professionals of good conscience have attended virtually all of our Probate hearings held in the past two to three years – in which I have been vilified by the nursing home that initially procured my mother's Conservatorship (first by denying my POA) – and fully support the Plan of Care proposed for my mother, endorsing me as her longtime devoted caregiver.

We hope that you and your good colleagues will take this tragic case, one of many in the state, into consideration. Enclosed please find documentation of my mother's abuse and neglect, and my efforts to save her and our home; also at: <http://bringingdorothyhome.blogspot.com>; and <http://www.scribd.com/collections/3469181/Dorothy-S-Partch-Victim-of-Systemic-Elder-Abuse>.

Sincerely,
Marjorie Partch

CC: State Senator Eric Coleman
State Representative Gerald Fox
State Representative Arthur O'Neill
State Representative Terric Wood
The Entire Judiciary Committee
State Senator Bob Duff
State Senator Carlo Leone
State Senator Toni Boucher
State Representative Jack Hennessy
Marilyn Moore
Commissioner Edith Prague, Connecticut Department on Aging
Joseph Stango, Dora's Hope: Choice-Centered Medicaid

MARJORIE PARTCH

Exiled From
20 Devil's Garden Road
Norwalk, CT 06854
203.912.3528 / map@marjoriepartch.com

March 31, 2014

State of Connecticut General Assembly
Legislative Committee on Judiciary
Legislative Office Building
Hartford, CT 06106

Re: HB #6685; SB #494; HB #5524:
Legal Industry Exploitation of Vulnerable Connecticut Families;
Case-in-Point: Mrs. Dorothy S. Partch, Retired Public School Teacher

Dear Co-Chairs Coleman and Fox, and Committee Members;
And Advocates for Connecticut Family Court Reform:

Thank you for this third opportunity to testify before this Committee on inter-related issues concerning what the chair of the National Parents Organization, Judge Thomas Weissmuller, calls "the nepotism in the Family Law system."

Last year I testified twice concerning the need for ongoing Probate Reform, and this year I am here to support the proposed Family Court Legislative Reforms – particularly Raised Senate Bill #494, as amended by the group of parents working in Southern Fairfield County, and presented by Senator Minnie Gonzalez. This Bill is proposed to bring much-needed control and oversight to the appointment and removal processes, and fee structures, for Court-Appointed Guardians Ad Litem and Attorneys for minor children. There are many parallels to the issues surrounding our vulnerable senior and / or disabled citizens – siblings, parents, elders – and the "sandwich generation" is working together to level the playing field in both arenas.

When these "Officers of the Court" can be so easily forced into the lives of troubled families, at their most vulnerable times, such as the incapacity of an adult or child, or divorce, without thorough Due Diligence and transparent Due Process, there is nothing whatsoever to protect Connecticut families from the wanton exploitation often engendered by these inherent Conflicts of Interest. That is: If these Court-Appointed "Fiduciaries" stand to make \$300 per hour or more, indefinitely, at the expense of the family in question, it is nothing short of miraculous that any family anywhere is ever found to be capable of managing its own affairs and resources, if there is no carefully proscribed and monitored procedure for the appointment and removal of these potentially self-interested "evaluators" and "experts," who have everything to gain from finding the families (with assets) to be flawed or at fault. And meanwhile, so many families without assets are permitted to sink or swim on their own. (And they may be much better off.)

As Yale Law Professor John Langbein recently attested on Forbes.com, updating his 2007 advice to the Legislature, the recent "Reforms" of Probate practices have *NOT* cured the historic ills in this archaic and "independent" Court one iota. These pre-Constitution "Family Courts" still seem

to function as a fourth branch of Government, without any checks or balances from the "other three." Professor Langbein correctly states that, if anything, the concerns have only intensified in the current economy, with the consolidation of the number of Probate "franchises" and the "New Rules."

I hope that greater attention will be paid to the profound and systemic Guardian Ad Litem problems being exposed and examined in the context of children in the Family Court, just the tip of the iceberg in the closely related Probate Court system.

By way of example: My mother's "Estate" (a pretentious term in our case) was at one time billed approximately \$900+ an hour by the multiple attorneys protecting their own interests far more than my mother's: e.g., my mother's first Court-Appointed Conservator and *his* attorney actually billed my mother for their discussions concerning a *WAIVER* they were extorting me to sign in exchange for the Conservator's resignation! [Please see Exhibit A.] After the liquidation of more than \$400,000 in less than two years, where exactly does "Fiduciary Duty" fit into that equation ??? And what about the Medicaid question ?

My mother's Guardian Ad Litem was then appointed at the request of her first Conservator, who oversaw the Liquidation of those assets I had safeguarded for close to a decade as her Durable Power of Attorney, etc. At the current time, my mother's Guardian Ad Litem (another "rubber stamp" to feed in many cases) and her current (third) Conservator (a former staff member / current tenant of Senator Anthony Musto's, on this Committee) and the Probate Judge, are blocking any questions of Fraud from being brought to the higher courts regarding my mother's questionable Conservatorship. This Conservatorship was Fraudulently Procured by a nursing home that first misrepresented in 2010 that she had no Health Care Representative or POA. Wilton Meadows then reversed that position when it sued my mother (via her Conservator) for payment in 2011 – suddenly producing her Admissions Documents, which I had in fact signed as her Attorney-in-Fact and "Responsible Party," etc. Then, in Round Three, they proceeded to vilify me before the Probate Court they had initially defrauded, with Perjury upon Perjury in order to overshadow all the recommendations I had from my six-year history of caring for my stroke-patient mother at home, in order to portray me as unfit for the authority that they initially simply denied.

In the Conservator's Application [Exhibit A] for a Guardian Ad Litem, he denied any knowledge of the underlying facts concerning my defrauded authority. But he represented my mother in the 2011 apparently collusive suit for payment, in which Wilton Meadows provided evidence of my suddenly binding authority, which it had previously overlooked and denied. So, if the Conservator represented my mother, he had to know of Wilton Meadows' Affidavit evincing my authority to sign my mother in to the facility, and creating her obligation to pay for its services, *in April 2010*. And therefore, he knew full well of the valid Cause of Action for my mother's Claims, from which he sought to protect himself as well as the partner nursing home in his Motion for the Appointment of a Guardian Ad Litem. So far all the paid Fiduciaries are only protecting the nursing home and the first Conservator, and doing everything in their power to keep me from protecting my mother.

Exhibit A: Isn't this improper "Estoppel"? Why not let the Superior Court determine if there is a Cause of Action concerning my mother's potential Claims? Why a Guardian Ad Litem?

The Probate Court has to date also refused to seriously explore the feasibility of my mother's return to our home, which has been approved by her private (pre-Conservatorship) physicians – who have also known me for many years; and The Money Follows the Person (MFP) since 2012, now that she is destitute enough to qualify for Medicaid.

My mother's Conservators, including the current Attorney David Stewart, a former employee / current tenant of Senator Anthony Musto's, have simply refused to explore this. At the present time, Attorney Stewart is refusing to follow the Court's January 23, 2014, Order *meet with* my mother's "Transition Team," which includes experts in this kind of transfer, and home modification and care process, such as my mother's Coordinator at MFP; and our concerned community, which includes contractors, therapists, and the Director of Social Justice at the Unitarian Church in Westport, where we have belonged for 10 years.

Many of these professionals of good conscience have attended virtually all of our Probate hearings held in the past two to three years – in which I have been vilified by the nursing home that initially procured my mother's Conservatorship (first by denying my POA) – and our community fully supports the Plan of Care proposed for my mother, endorsing me as her longtime devoted caregiver. Are they all wrong? After witnessing my care for my mother first-hand for years?

There was never a single complaint or negative report – let alone a single finding – regarding my care for my mother at home. However, there have been multiple Citations against her institutional caregivers, for violations such as an inexcusable dislocated shoulder; neglected carcinomas (despite my pointing them out for months); and finally, neglected pneumonia and dehydration which nearly killed her a year ago.

We hope that you and your good colleagues will take this tragic case, one of many in the state, into your consideration of the necessary Reforms of any assumptions that Court-Appointed attorneys and other "experts" charging exorbitant fees for their questionable and self-prescribed "services" are any more fit than immediate family members, especially the concerned parents and adult children of the most vulnerable members of our Civilized Society. In other words, who is evaluating the evaluators? Who is monitoring the monitors? Who is reviewing cases like my mother's and so many that we are hearing about today and in recent months? It is the responsibility of the Legislature to oversee the Judiciary branch, and to protect the Citizens.

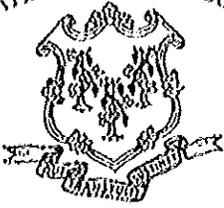
Included in the electronic file, please find copious documentation of my mother's institutional abuse and neglect (physical, emotional, and financial), and my efforts to save her and our home; also available online at:

<http://bringingdorothyhome.blogspot.com>; and <http://www.scribd.com/collections/3469181/Dorothy-S-Partch-Victim-of-Systemic-Elder-Abuse>.



/for/ Dorothy S. Partch and countless voiceless victims.

STATE OF CONNECTICUT



SENATOR BOB DUFF
Norwalk & Darien
Assistant President Pro Tempore

Chair
Energy & Technology
Vice Chair
Childrens
Member
Regulations Review • Appropriations
Appropriations Subcommittee Chair
Results-Based Accountability
Conservation & Development
General Government A

January 15, 2014

Senator Eric Coleman
Representative Gerry Fox
Co-Chairmen
Joint Committee on Judiciary
LOB, Room 2500

Dear Senator Coleman and Representative Fox,

Per Joint Rule 9(i), I would like to respectfully request your consideration of a reintroduction of a section of 2013 Senate Bill 1162, Sec. 33.

As you may be aware, this component of SB-1162 was by the request of a constituent of mine, Marjorie Partch of Norwalk. I have enclosed the relevant section of this bill for your review.

Thank you for your consideration of this request. Should you have any questions, please do not hesitate to contact me or my staff.

Sincerely,

A handwritten signature in black ink, appearing to read "Bob Duff".

Bob Duff
Connecticut Senate

Enclosure
CC: Marjorie Partch

EXHIBIT A

My mother's first Court-Appointed Conservator,
a real estate attorney by the name of Matthew A. Caputo,
after billing her – along with *his* attorney – to extort me
to sign a Waiver in exchange for his resignation (?) –

Filed a Motion for a Guardian Ad Litem
to be appointed for the express purpose
of determining whether there was a
Cause of Action for my mother
to bring Claims against the nursing home that
Fraudulently Procured her Involuntary Conservatorship.
[His answer?: No. Of course not.]

Why not let the Superior Court
make that determination?

Oh. Here's why:

The Conservator represented my mother in an
apparently collusive suit that "Wilton Meadows"
brought against her [via the Conservator] in 2011,
for payment for their unwanted "services."

And gee, they suddenly found the evidence of my authority
to admit her there, as her contract-binding "Attorney-in-Fact."

But wait, in July 2010,
and at every point thereafter, in Probate Court,
they all said that authority did not exist;
and that I did not have it; or it was "Unknown."

– Which one was it? –
And, did the Conservator know? In March 2013? He knew.

I believe the correct term is:
"Judicial Estoppel."

For what *should have* happened in 2011; but not in 2013.

HOW LONG DOES DOROTHY S. PARTCH HAVE TO WAIT ???

From: "Raphlaw220@aol.com" <Raphlaw220@aol.com>
To: nijbarbanulaw@gmail.com
Cc: mapartch@yahoo.com
Sent: Wednesday, April 18, 2012 2:01 PM
Subject: Language re: consent

I propose the following language:

MaRjorie Partch waives any claim against the Conservator for his /proper/ actions /performed in the best interests of her mother, Dorothy S. Partch/ pursuant to his appointment as said Conservator /for Mrs. Partch/. However, said waiver by Marjorie Partch is not deemed to be approval that the payments made to Wilton Meadows for the care of her Mother Dorothy Partch were in any way authorized by Marjorie Partch nor that said payments are properly due to Wilton Meadows based on claims Marjorie Partch believes /she and/ her mother has /have/ against Wilton Meadows for damages suffered by her Mother /mother ~ lower case/ and herself.

Please call me after review. Rich

Law Offices Michael Jon Barbarula
 11 Isaacs Street
 Norwalk, CT 06850-4107
 (203) 855-1177

August 08, 2012

Matthew A. Caputo, Esq., Conservator
 Estate of Dorothy Partch
 8 Larkspur Lane
 Norwalk, CT 06850

In Reference To: In the Matter of Dorothy Partch - Conservatorship Matter
 Invoice #13098

Professional Services

	<u>Hrs/Rate</u>	<u>Amount</u>
11/7/2011 Reviewed faxes from Matt Caputo, Esq.	0.20 300.00/hr	60.00
11/8/2011 Telephone conferences with Assistant Attorney General re: ombudsman concerns; Telephone conference with client and reply re: status	0.70 300.00/hr	210.00
11/9/2011 E-mailed documents to Assistant Attorney General	0.20 300.00/hr	60.00
11/10/2011 Telephone conference with client; Reviewed e-mails and accounting	0.80 300.00/hr	240.00
11/16/2011 Reviewed letter from opposing counsel (Maragos)	0.10 300.00/hr	30.00
11/17/2011 Legal research; Reviewed correspondence; Prepared fax and e-mail to client	1.30 300.00/hr	390.00
11/18/2011 Telephone conference with client re: status; Telephone conference with Attorney Heculin	0.80 300.00/hr	240.00
11/21/2011 Telephone conference with opposing counsel (Raphael) and client re: status; Telephone conference with Michael Rubino, Esq. re: status	0.50 300.00/hr	150.00
Telephone conference re: Money Follows Person program re: program information; Reviewed e-mail re: FOI	0.50 300.00/hr	150.00
11/22/2011 Court appearance - Status Conference; Prepared for Status Conference	3.00 300.00/hr	900.00

Matthew A. Caputo, Esq., Conservator

	Hours/Rate	Amount
3/2/2012 Telephone conference with Matt Caputo re: real estate sale contract modification	0.10 300.00/hr	30.00
3/9/2012 Telephone conferences with opposing counsel (Raphael); Telephone conference with Gabriella re: decision on Mellon to Rectus	0.20 300.00/hr	60.00
3/19/2012 Reviewed Decree	0.30 300.00/hr	90.00
3/23/2012 Reviewed forwarded e-mails	0.10 300.00/hr	30.00
3/27/2012 Reviewed forwarded e-mails; Telephone conference with client re: status	0.30 300.00/hr	90.00
3/29/2012 Office conference with opposing counsel (Raphael); Telephone conference with client re: status	0.20 300.00/hr	60.00
4/2/2012 Reviewed client e-mails; Telephone conference with client re: status	0.20 300.00/hr	60.00
4/3/2012 Reviewed fax and message from client	0.20 300.00/hr	60.00
4/6/2012 Telephone conference with client re: consent, waiver and status	0.10 300.00/hr	30.00
4/9/2012 Reviewed forwarded e-mail	0.10 300.00/hr	30.00
4/10/2012 Telephone conference with opposing counsel (Raphael) re: status	0.10 300.00/hr	30.00
4/12/2012 Telephone conference with client re: status	0.10 300.00/hr	30.00
4/13/2012 Faxed consent and waiver to opposing counsel	0.10 300.00/hr	30.00
4/17/2012 Telephone conference with client re: status	0.10 300.00/hr	30.00
4/18/2012 Telephone conferences with client and opposing counsel; Reviewed proposed language; Forwarded e-mail to client	0.30 300.00/hr	90.00
4/20/2012 Telephone conference with Diane Ely re: status	0.10 300.00/hr	30.00
4/23/2012 Telephone conference with opposing counsel (Raphael)	0.10 300.00/hr	30.00

Mullhow A. Caputo, Esq., Conservator

	His/Rate	Amount
4/25/2012 Reviewed fax from Matt Caputo, Esq.	0.20 300.00/hr	60.00
4/26/2012 Telephone conference with opposing counsel (Raphael); Telephone conference with opposing counsel (Rubino)	0.20 300.00/hr	60.00
X 4/30/2012 Telephone conference with client re: status of language for consent and waiver	0.20 300.00/hr	60.00
5/1/2012 Telephone conference with client re: status	0.10 300.00/hr	30.00
5/3/2012 Reviewed three faxes	0.20 300.00/hr	60.00
6/8/2012 Telephone conference with client re: status	0.10 300.00/hr	30.00
6/16/2012 Reviewed file to prepare for hearing; Attended Probate Court hearing	2.00 300.00/hr	600.00
6/30/2012 Reviewed fax re: follow-up visit	0.10 300.00/hr	30.00
6/6/2012 Reviewed e-mail	0.10 300.00/hr	30.00
6/13/2012 Reviewed fax from Matt Caputo, Esq. re: Wilton Meadows bill	0.10 300.00/hr	30.00
6/20/2012 Reviewed fax from Matt Caputo, Esq. re: doctor visit	0.20 300.00/hr	60.00
7/13/2012 Telephone conference and reviewed message from client	0.10 300.00/hr	30.00
7/16/2012 Telephone conference with client and opposing counsel re: substitution and litigation	0.20 300.00/hr	60.00
7/25/2012 Telephone conference with opposing counsel (Raphael); Telephone conference with Matt Caputo, Esq.	0.20 300.00/hr	60.00

\$8,210.00

For professional services rendered
Accounts receivable transactions

STATE OF CONNECTICUT
COURT OF PROBATE

To: Court of Probate, Norwalk -- Wilton Probate District District No. PD51

In The Matter of Dorothy Partch (10-0404C) March 22, 2013

MOTION FOR THE APPOINTMENT OF A GUARDIAN-AD-LITEM

Pursuant to Public Act 12-25 effective October 1, 2012, the Conservator of the Estate and Person of Dorothy Partch, Matthew A. Caputo, represents the following:

1. That his resignation as Conservator of Person and Estate of Dorothy Partch, the conserved person, has been accepted by this Court effective upon the appointment of a Successor Conservator of Person and Estate;

2. That Marjorie Partch has petitioned this Court seeking appointment as the Successor Conservator of Estate and Person. Jessica Partch has also expressed an interest in being approved as Successor Conservator of Person and Estate. Marjorie Partch and Jessica Partch are the daughters of the conserved person. Three hearings have been held thus far by this Court at which evidence has been presented to determine who will be appointed as the Successor Conservator of Estate and Person;

3. That the next hearing date is March 22, 2013 and it is doubtful as to the presentation of evidence will be concluded on that date;

4. That Marjorie Partch has recently petitioned the Court to immediately appoint a Successor Conservator of Estate to pursue a cause of action or causes of action against Wilton Meadows arising from alleged misrepresentations made by Wilton Meadows in its application for the appointment of an involuntary conservator of estate and person for Dorothy Partch. Based upon the application filed with the Probate Court, a Conservator of the Person and Estate was appointed on July 27, 2010;

5. That the statute of limitations on an action that sounds in tort and is based on fraud and misrepresentation is three years, and Marjorie Partch is seeking the immediate appointment of a successor conservator of the estate to preserve claims that may exist in favor of the conserved person, Dorothy Partch, against Wilton Meadows;

6. That Marjorie Partch's attorney has put Matthew A. Caputo in his capacity as Conservator of Person and Estate and his attorney, Michael Jon Barbarula, on notice of potential personal liability that may arise if no action is commenced on behalf of the conserved person prior to the expiration of the statute of limitations. A copy of the notice referred to in this paragraph is marked as Exhibit A and is attached hereto and incorporated herein by reference;

7. That the factual basis underlying the cause of action or causes of action Marjorie Partch wants to prosecute on behalf of the conserved person, Dorothy Partch, are not personally known by the Conservator, Matthew A. Caputo, and are only known to Marjorie Partch and/or the employees of Wilton Meadows;

]



8. That the Conservator of Estate and Person, Matthew A. Caputo, believes that an independent person should be appointed guardian-ad-litem for the following purposes:

- a. Evaluate whether a cause of action or causes of action exist;
- b. Determine whether there is a factual basis to support a cause of action or causes of action;
- c. To recommend to this Court whether an action should be prosecuted; and,
- d. Whether the prosecution of such an action is in the best interest of the conserved person and should be authorized by this Court.

9. That the appointment of a guardian-ad-litem should not be delayed as the statute of limitations could have begun to run on the date the alleged misrepresentation was made, i.e. the date the application for the appointment of involuntary conservator was signed and not the date the Court entered a decree appointing an involuntary conservator of estate and person.

WHEREFORE, the Conservator of Person and Estate, Matthew A. Caputo, respectfully requests that the Court exercise its discretion and appoint an independent guardian-ad-litem.

Matthew A. Caputo, Conservator
of Estate and Person


by _____
Michael John Barbarula, Esq.
His Attorney
11 Isaacs Street
Norwalk, CT 06850
(203) 855-1177
Juris No. 403814

ORDER

The foregoing motion having been heard, it is hereby granted/denied, and is appointed as guardian-ad-litem and the granted the following authority:

Judge of Probate
Date:

CERTIFICATION

I hereby certify that a copy of the foregoing has been hand delivered to Charles Hulin, Esq., Asst. Attorney General's Office, 55 Elm Street, Hartford, CT 06106, Richard H. Raphael, Esq., 19 Ludlow Road, Westport, CT 06880, Michael Rubino, Jr., Esq., 196 North Street, Stamford, CT 06901 and Angelo Maragos, Esq., Goldman, Gruder & Woods LLC, 200 Connecticut Avenue, Norwalk, CT 06854 this 22nd day of March, 2013.



Commissioner of the Superior Court

EXHIBIT A

RICHARD H. RAPHAEL

ATTORNEY AT LAW

19 Ludlow Road

Westport, CT 06880

Phone: (203) 226-6168

Fax: (203) 226-6605

Email: raphlaw220@aol.com

March 18, 2013

Certified Mail & Regular Mail

Matthew A. Caputo, Esquire
Michael Jon Barbarula, Esquire
11 Isaacs Street
Norwalk, CT 06850

Re: Marjorie Partch vs. Wilton Meadows

Gentlemen:

For some time we have been discussing the fact that the Estate of Dorothy Partch has a claim against Wilton Meadows based on the fact that the misrepresentations of Wilton Meadows caused her to be conserved against her wishes and her Estate drained

At the time of the "hearing" which clearly did not comply with the Statutes concerning an evidentiary hearing regarding qualifications of any Conservator, Wilton Meadows had in their possession the Power of Attorney, Designation of Conservatorship and Healthcare Proxy in favor of Marjorie Partch.

I have repeatedly talked to you about having Matt Caputo as the Conservator and hire me to pursue the claims. In the event that either (a) a decision is not made by this Court appointing Marjorie Partch or another Conservator who will pursue the claims prior to the expiration of the Statue of Limitations in July of 2013 or (b) in the event the Conservator is appointed who chooses not to pursue the claims (i.e. the State of Connecticut has indicated they may not be interested in their position or think it appropriate to pursue the claims) or (c) if Jessica Partch is appointed, then the claims will be lost.

Despite what you might think about the ultimate outcome and distribution of the proceeds of any judgment or settlement, clearly, there is a colorable claim on behalf of Dorothy Partch's Estate.

Failure to commence suit in an attempt to recover the assets paid from the Estate (in the amount of in excess of \$500,000) would be malfeasance by the



State of Connecticut Judicial Branch



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FBT-CV11-5029523-S WILTON MEADOWS v. PARTCH, DOROTHY ET AL

Prefix/Suffix: [none] Case Type: C40 File Date: 06/02/2011 Return Date: 06/02/2011

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Information Updated as of: 08/29/2013

Case Information

Case Type: C40 - CONTRACTS - COLLECTIONS
Court Location: BRIDGEPORT
List Type: No List Type
Trial List Claim:
Referral Judge or Magistrate:
Last Action Date: 03/07/2013 (The "last action date" is the date the information was entered in the system)

Disposition Information

Disposition Date: 03/07/2013
Disposition: WITHDRAWAL OF ACTION
Judge or Magistrate:

Party & Appearance Information

Party	No Fee Party
P-01 WILTON MEADOWS LIMITED PARTNERSHIP Attorney: GOLDMAN GRUDER & WOODS LLC (411134) 200 CONNECTICUT AVENUE NORWALK, CT 06854	File Date: 06/02/2011
D-50 DOROTHY PARTCH Non-Appearing	
D-51 MATTHEW CAPUTO CONSERVATOR Attorney: MICHAEL JON BARBARULA (403814) 11 ISAACS STREET NORWALK, CT 068504107	File Date: 07/05/2011

Viewing Documents on Civil Cases: You can look at court orders and judicial notices that are paperless by selecting the link to the document in the list below. To look at pleadings or other documents that are paperless in the case, you can go to any judicial district courthouse and to some geographical area courthouses during normal business hours. To look at pleadings or other documents that are not paperless, you must go to the Clerk's Office in the Judicial District where the case is. Some documents, which display as "Document Sealed", are protected by court order and can be seen at the Clerk's Office in the Judicial District where the case is, only by attorneys or parties on the case.

Motions / Pleadings / Documents / Case Status

Entry No	File Date	Filed By	Description	Arguable
	07/05/2011	D	APPEARANCE Appearance	
100.30	06/02/2011	P	NOTICE OF APPLICATION FOR PREJUDGMENT REMEDY / HEARING (JD-CV-53)	Yes
100.31	06/02/2011	P	CONTINUATION OF PARTIES	No
100.32	06/02/2011	P	APPLICATION FOR PREJUDGMENT REMEDY RESULT: Granted 7/18/2011 HON BARBARA BELLIS	Yes
100.33	06/02/2011	P	PROPOSED WRIT SUMMONS AND COMPLAINT	No
100.34	06/02/2011	P	PRE-SERVICE ORDER FOR HEARING AND NOTICE	No
100.35	06/02/2011	P	SUMMONS FOR HEARING	No

4. On or about April 7, 2010, the Defendant Dorothy Partch aka Dorothy S. Partch (hereinafter the Defendant) was admitted as a resident patient of the Plaintiff.

5. On or about April 25, 2010, the Defendant executed a Resident Admissions Agreement through her attorney-in fact, and agreed and accepted the obligations contained within the Admissions Agreement.

6. Commencing on April 7, 2010, the Plaintiff provided the Defendant with goods and services including general nursing care, help with adult daily living activities, room and board, meals, and linens (hereinafter collectively known as goods and services).

7. Medicare paid in full for the goods and services provided between April 7, 2010 through April 26, 2010 and Medicare and private payments paid for the goods and services provided between April 27, 2010 through December 22, 2010.

8. The Plaintiff provided goods and services to the Defendant using licensed individuals at the daily per diem rate of \$440.00 per day between December 23, 2010 through April 26, 2011 and at \$414.00 per day from April 27, 2011 through May 31, 2011.

9. On or about July 27, 2010, the Probate Court for the district of Norwalk appointed the Defendant, Matthew A. Caputo as Conservator of the Estate and Person of Dorothy Partch aka Dorothy S. Partch (hereinafter referred to as "the Defendant Conservator").

10. After crediting all payments received, the outstanding principal amount due for goods and services rendered through May 31, 2011 is \$69,084.50.

11. The Defendant and the Defendant Conservator have failed to pay the Plaintiff in full for goods and services provided to the Defendant between December 23, 2010 through May 31, 2011.

12. The Defendant has breached the Resident Admissions Agreement and the Plaintiff has engaged services of attorneys for collection.

13. The Defendant's breach of the Resident Admissions Agreement has caused the Plaintiff to suffer harm in the outstanding principal amount of \$69,084.50, along with reasonable attorney's fees and costs of collection.

14. The Defendant remains a resident of the Plaintiff's facility and her balance will continue to increase.

WHEREFORE, the Plaintiff respectfully requests this court grant an attachment against the Defendant, Dorothy Partch aka Dorothy S. Partch in the principal amount of \$69,084.50 through May 31, 2011, plus three additional months of care and services of \$38,088.00, \$1,752.00 in reasonable attorney's fees, and \$475.00 court costs for a total attachment in the amount of \$109,399.50.


Romayne Sherriff
Plaintiff, Competent Affiant

Subscribed and sworn to before me
this 3rd day of May, 2011


Notary Public/
Commissioner of the Superior Court
my Commission Expires 3/31/12

Wilton Meadows Health Care Center

RESIDENT ADMISSIONS AGREEMENT

This is an agreement between Wilton Meadows Health Care Center (the "facility"), Dorothy Paratch (the "resident") and Marjorie Paratch (the "responsible party"). In consideration of the mutual promises set forth in this agreement, the facility, the resident (if capable of managing his or her affairs) and the responsible party hereby agree as follows.

The resident authorizes the facility to use the following providers of service during his/her stay:

Physician: Dr. Perlin Pharmacy: VALUE HEALTH

Podiatrist: _____

Optometrist: Randy Schulman ^{Norwalk}

Audiologist: _____

Dentist: Dr. Presti, Darien

* Funeral Service: N/A

Hospital: NORWALK HOSPITAL

Address: _____

Address: _____

* Religion: Unitarian

Other: _____

The resident may direct the facility to change any of these providers.

I. GENERAL PROVISIONS REGARDING RESIDENT CARE AND SERVICES

1. **Alternate Physician or Professional Provider of Service:** The resident and responsible party agree that if the physician or any other professional provider of services designated by the resident or responsible party is not available to serve the resident, fails to serve the resident, or fails to comply with any applicable provision of the federal or state law, including but not limited to the provisions of the Connecticut Public Health Code, the facility is authorized to obtain the services of a substitute physician or professional provider of service. Payment for such services will be made in accordance with Section II of this agreement.
2. **Transfer to the Hospital:** The facility will arrange for the transfer of the resident to a hospital or other health care facility when any such transfer is ordered by the attending physician or a substitute physician as specified in Section I, Paragraph 1 of this agreement. The facility is not

Etc.

V. Partch

IV. OBLIGATIONS OF THE PARTIES

1. The execution of this agreement will constitute an acceptance on the part of the facility, the resident and the responsible party to undertake faithfully all of obligations of this agreement.
2. The responsible party does not personally guarantee or serve as surety for payment for the care provided to the resident by the facility. The responsible party acknowledges and agrees that he or she wants the resident to be admitted to and to receive the care and services provided by the facility; that he or she is making certain promises in this agreement; and that the facility is admitting the resident and will provide care and services in reliance upon these promises. The responsible party is personally liable for any damages incurred by the facility due to the responsible party's failure to fulfill these promises.

THE UNDERSIGNED CERTIFY THAT THEY HAVE READ AND AGREE TO THE FOREGOING, TO THE WHOLE AND ENTIRE AGREEMENT BETWEEN THE PARTIES, AND THAT THEY HAVE RECEIVED A COPY OF THIS AGREEMENT.

Witness	Signature of Resident (If the resident is managing his or her affairs)	Date

<i>L. Johnson</i>	<i>Marjorie Partch</i>	<i>4/25/10</i>
Witness	Signature and Title of Party Acting for Resident (Conservator of Estate or POA, if resident is not managing his/her affairs)	Date

<i>L. Johnson</i>	<i>Marjorie Partch</i>	<i>4/25/10</i>
Witness	Signature of Responsible Party	Date

<i>Stephen Luster Johnson</i>		
Witness	Signature of Admissions Director	Date

APPENDIX A

The resident and responsible party agree to notify a member of the Social Services Department immediately if and when:

1. The resident enrolls in a Medicare managed care plan;
2. The resident disenrolls from a Medicare managed care plan; or
3. The resident changes from one Medicare managed care plan to another.

Signature of resident (if the resident is managing his or her affairs)

Date

X Margie Parker
Signature and title of party
Acting for resident (conservator of estate or power of attorney if the resident is not managing his or her affairs)

4/25/10
Date

X Margie Parker
Signature of responsible party

4/25/10
Date

Billing Address:

Dorothy S.
~~Marjorie~~ Parson
20 Park's Garden Rd.
S. Norwalk, CT 06854

* Please Complete

In case of emergency, contact the following persons in the following sequence:

1. Marjorie Parson POA/PROXY 203.570.0196

Name

Relationship

Telephone

OFFICE OF THE CLERK
SUPERIOR COURT

2014 MAR 11 P 12: 27

DOCKET NO: FBT CV-12-6029435-9
JUDICIAL DISTRICT OF SUPERIOR COURT
FAIRFIELD AT BRIDGEPORT
STATE OF CONNECTICUT

MARJORIE PARTCH
Plaintiff

: J.D. OF FAIRFIELD
: AT BRIDGEPORT

v.

WILTON MEADOWS HEALTH CARE
CENTER CORPORATION
Defendant

:
:
: MARCH 10, 2014

PLAINTIFF'S MOTION TO REARGUE
JUDGEMENT IN FAVOR OF
DEFENDANT'S MOTION TO STRIKE

Pursuant to Connecticut Practice Book §11-11, Plaintiff respectfully moves this Court for an Order Permitting Reargument of the February 18, 2014, Decision for Judgment (Sommer, J.) in favor of Defendant's Motion to Strike Plaintiff's Claims against Meadows Health Care Center.

Plaintiff believes the Court has erred in its interpretation of Plaintiff's relationship with Defendant, ignoring the "Resident's Admissions Agreement" into which the two parties entered on April 25, 2010. In signing her own name to this Agreement, Plaintiff was acting not only as her mother's Agent, but also as the *personally* legally "Responsible Party," therefore dealing directly with Wilton Meadows as a service provider, and facing her own personal liabilities as a result of entering into this mutual Agreement and direct legal relationship with mutually

binding responsibilities between the two parties. This Agreement between Plaintiff and Defendant is currently on file with this Court.

Furthermore, Plaintiff points out that this is not a case of remote, or indirect "bystander" distress caused by questions of Medical Malpractice in the services (forcibly) provided by Defendant for Plaintiff's mother, Dorothy S. Partch. This is not about Defendant's specialized services, nor their spuriously denied "Duty of [Medical] Care" toward Plaintiff. That "red herring" is clearly not Plaintiff's Claim.

What is at question in the present case is a matter of Class D Felony Fraud committed in the act of bringing a deliberately inaccurate Application for Involuntary Conservatorship for Plaintiff's mother, thereby defrauding *Plaintiff of her* proper Authority, Standing and Rights.

Surely Defendant has a "Public Duty of Good Faith and Fair Dealing" to refrain from committing criminal acts in connection with its provision of care for a helpless stroke patient, entrusted to their facility by not only her closest loving family member and caregiver of many years, but also the individual who *WAS* her legal Health Care Representative, with Durable Power of Attorney.

While of course the Damages to Plaintiff's mother were and are far more egregious, it is an alarming precedent to consider that nursing homes (or nursery schools) are deemed to owe no Duty whatsoever to parents or adult children, to refrain from committing Class D Felony Fraud regarding the LEGAL AUTHORITY

Of such "Responsible Parties" – authority exercised in the signing in of their vulnerable loved ones – whether their preschool children or post-acute medical-treatment elderly parents.

If such State-licensed facilities are permitted to declare that they are only entering into a "business relationship" with the potentially unconscious senior citizen or pre-majority toddler entrusted to their care, what is the purpose of the whole notion of Guardianship?

Are families to be put on notice that there is no requirement for these services to be performed within the bounds of not only "the Social Contract," but also State and Federal Laws regarding Fair Trade Practices and Felony Offences? Because once one's rightful authority is [appallingly easily] circumvented, only the elder or the toddler victims, or their perhaps wrongfully appointed Guardian, has the "standing" to Complain and request a Jury Trial regarding such Criminal and Civil Fraud?

Plaintiff does not, as the Court correctly affirmed, purport to bring any claims on behalf of the Defrauded Probate Court, or in the present case, on behalf of her mother. However, Plaintiff does assert that the Defendant abused the jurisdiction of the Probate Court as its own *instrument* in achieving its own ends: At one and the same time acquiring access to the assets in question, and neutralizing any potential legal action by Plaintiff, and thereby forcibly removing her from the "playing field."

In the present case, it so happens that these actions also resulted in direct injury to Plaintiff in the form of not only the extremely cruel disruption of her relationship with her mother, as set forth in Plaintiff's attached Memorandum of Fact, but also: The Tortious Interference With Plaintiff's Economic Expectancy of the Inter-Vivos Gift of the Transfer of the assets in question, including the rightful Title to the Property of the family home in Norwalk. This *pre-inheritance* Gift to Plaintiff was her mother's clearly expressed Intention, as delineated in Dorothy S. Patch's Durable Power of Attorney, executed in Appellant's favor in 2005, and on record with this Court.

If Defendant honestly felt that an outside Conservator was in the best interests of Plaintiff's mother, why did they first deny Plaintiff's authority at all, and only a year later assert their "reasons" to allege that Plaintiff was unfit for the authority she actually did hold?

Plaintiff hereby prays this Court to provide her with the opportunity to argue her points, concerning her own Claims of Fraud, regarding her own authority and her own identity. Plaintiff respectfully requests the opportunity to submit a brief regarding her claims sounding in Tort, rather than a direct medical care contract, which clearly did not exist between Plaintiff and Defendant.

Respectfully submitted,

PLAINTIFF MARJORIE PARTCH

BY: 
Marjorie Partch
Self-Represented

c/o David Vita
Director of Social Justice
The Unitarian Church in Westport
10 Lyons Plains Road
Westport, CT 06880
203.912.3528

DOCKET NO: FBT CV-12-6029435-S

MARJORIE PARTCH
Plaintiff

v.

WILTON MEADOWS HEALTH CARE
CENTER CORPORATION
Defendant

SUPERIOR COURT

J.D. OF FAIRFIELD
AT BRIDGEPORT

MARCH 10, 2014

PLAINTIFF'S MEMORANDUM OF FACT

**[IN RESPONSE TO DEFENDANT'S REPLY TO PLAINTIFF'S
MOTION TO PROBATE COURT TO REVISE
RESTRICTIONS ON VISITATIONS]**

On February 26, 2014, Wilton Meadows denied to the Norwalk-Wilton Probate Court that they "in any way rendered inadequate treatment causing harm, injury or loss to Dorothy Partch, denies that they misinformed, withheld, or otherwise misrepresented to Aurora or any health care provider Dorothy Partch's conditions, medical or otherwise or any other relevant information" **[Exhibit A]**.

Fact 1:

Forced Isolation / Regional Ombudsman Intervention

In November 2010, Wilton Meadows' staff observed Plaintiff Marjorie Partch recording perfectly lucid statements **[AVAILABLE UPON REQUEST]** by her mother expressing her wish to return to her home in time for Christmas.

At that point, without a hearing, much less a Court Order, Wilton Meadows curtailed all visitation between Dorothy S. Partch and her daughter Marjorie, even though at that time, subsequent to Wilton Meadows' Fraudulently Procured Involuntary Conservatorship of Dorothy S. Partch on July 27, 2010, her daughter Marjorie Partch still held the authority of her Health Care Representative.

Despite the fact that Plaintiff still retained this authority, which takes legal precedence over that of the Conservator of Person, for six anguished weeks over the 2010 holiday season, Plaintiff did not know whether her mother was dead or alive; and Dorothy S. Partch did not know that (or why) her caregiver-daughter was being kept away from her, a terrible cruelty to both women. They had no personal or telephone contact for this entire period, for the first time in Marjorie's entire life.

When Plaintiff reached out to the Regional Ombudsman, Daniel Lerman, in January of 2011, he responded quickly and immediately condoned and arranged additional visitations.

Fact 2:

Severe Bruising / Dislocated Shoulder

Upon seeing her mother again for the first time, in January 2011, Plaintiff was horrified to see her shivering in a skimpy "Johnny coat," which revealed the extent of her horrendous bruising – black, and not blue – all over her mother's fragile right arm – marks that looked like hand prints. Plaintiff had cared for her mother for more than six years at home, and although she had seen her bruise more easily due to blood-thinning medication, the degree and extent of this bruising was extreme, and consistent in appearance with the rough handling that always concerned Plaintiff about her mother's care at Wilton Meadows.

When Plaintiff demanded to know what had happened, she was told with cold indifference: "We'll look into it," as if it was none of Plaintiff's business to even ask.

Dorothy S. Partch was too drowsy (or over-medicated) at that time to give any explanation, but a week later she did describe an assault to both Plaintiff and Attorney Jeanne Aranha, referred by the Ombudsman.

Plaintiff reported her mother's severe bruising to Mr. Lerman, who promptly investigated: He soon learned that Dorothy Partch's shoulder had in fact been dislocated, and that this "incident" had necessitated a trip to the Emergency Room. He encouraged Plaintiff to file a Complaint with the State Department of Public Health, under his auspices, which she did.

Plaintiff, Dorothy S. Partch's Health Care Representative, was not notified of this incident and injury at the time that it occurred. It would never have been discovered or properly reported if not for the January 2011 intervention of the Ombudsman.

Dorothy S. Partch's description of the assault the following week was consistent with the bruises as well as the findings of both the Norwalk Hospital radiologist, and the Department of Public Health: "Excessive tugging on the limb."

In April 2011, the Department of Public Health finally investigated the shoulder dislocation and issued a Citation and an additional fine against the facility for its negligence [Exhibit B-4, 5].

This was direct bodily harm to Dorothy S. Partch. This was an injury to her body, and a trauma to her psyche, which preoccupied her for many months. Her daughter (Plaintiff) and Health Care Representative also felt terrorized and menaced by this display of ruthless brutality toward her helpless and fragile mother, which she perceived as a threat to discourage further complaints.

Fact 3:

Neglected Carcinomas

Another example of Wilton Meadows' misrepresentation regarding harm, injury, neglect and jeopardy to Dorothy S. Partch's person and well being lies in the 2011 history of her neglected and untreated carcinomas [Exhibit C-3, 4]. In June 2011, Plaintiff began pointing out a festering sore behind her mother's right ear. The first response of the Wilton Meadows Administration was to **curtail all visitations**, once again, by both Plaintiff and family friend Marcia Kosstrin, a licensed Occupational Therapist also politely pointing out the open sore to the staff.

The Ombudsman's heroic efforts reopened visitations once again, and led to the second Complaint that Plaintiff filed with the Department of Public Health. This resulted in a second Citation, which led to the diagnosis, nearly four months later, at the end of September, of an untreated carcinoma – see Medical Report from dermatologist – behind Mrs. Partch's right ear [Exhibit D]. There were multiple smaller untreated carcinomas on Mrs. Partch's legs as well.

Are we to suppose that these carcinomas would have *ever* been treated without the intervention of the Plaintiff, acting as Dorothy S. Partch's Health Care Representative, and subsequent pressure from the Department of Public Health?

Wilton Meadows has clearly misrepresented the facts – again – concerning their care for Mrs. Dorothy S. Partch, as well as the various duly conferred authorities of her daughter and former caregiver, Plaintiff Marjorie Partch.

Wilton Meadows knew full well that Plaintiff lived with and had cared for Dorothy S. Partch in their shared home for more than six years prior to the senior Partch's admission to the facility for short-term stroke rehabilitation. Wilton Meadows also knew that Plaintiff was by her mother's side virtually around the clock for the first 90 days that she was first admitted to the facility.

To separate this extremely close mother and daughter in this manner was indeed Deliberately Inflicted Emotional Distress, which their entire community considers to be as outrageous as Wilton Meadows' opportunistic and self-serving misrepresentations.

Further Deliberate Misrepresentations of Fact:

Continuing the pattern of deliberate misrepresentations of facts, on September 1, 2011, Assistant Attorney General Charles Hulin wrote to the Administrator of Wilton Meadows requesting the retraction of a false statement concerning the role and actions of the Regional Ombudsman, Mr. Daniel Lerman **[Exhibit E]**.

On August 18, 2011, Wilton Meadows alleged that Mr. Lerman was involved in instituting Plaintiff's supervised visitations, when in fact it was just the opposite: Mr. Lerman was responsible for intervening in Dorothy S. Partch's enforced isolation, and allowing mother and daughter to see one another at all **[Exhibit F]**.

However, rather than honor this admonishment and request for correction from the Assistant Attorney General and his client, the Connecticut Long Term Care Ombudsman, Ms. Nancy Shaffer – on September 7, Wilton Meadows defiantly promulgated their false statements even further, to the Wilton Police **[Exhibit G]**.

Wilton Meadows had already involved the Police under false pretenses, once alleging that Dorothy Partch's Health Care Representative (Plaintiff) had attempted to remove Mrs. Partch from the facility.

- 1) It was within the scope of the authority of Dorothy Partch's Health Care Representative to remove Dorothy Partch from the facility.
- 2) This never occurred on this date. Rather, Plaintiff had simply attempted to *visit* her mother, and the Police were called without cause.
- 3) There was no Court Order in place at that or any other time restricting the visits of Dorothy Partch's Health Care Representative. There had never been any hearing on the subject at that point.

Fact 4:
Dorothy Partch's Health Care Representative
Complained of Medical Director's Brutality,
and Removed as Attending Physician

Let it be noted that Dorothy S. Partch's duly designated Health Care Representative, Plaintiff Marjorie Partch, had previously fired the Medical Director at Wilton Meadows, Dr. Alan Radin, as her mother's initial attending physician in April 2010, because of his brutality toward Mrs. Partch during an intake examination, causing her to scream in pain. That is when Dr. Perlin became the attending physician.

Fact 5:
April 2010 Dislodging of Feeding Tube

The above conflict, along with the dislodging of Dorothy Partch's first feeding tube in early April 2010, due to rough handling by Wilton Meadows' staff, marked the beginning of the animosity between Dorothy Partch's Health Care Representative and the facility's Administration. This extremely dangerous, bloody "mishap" also necessitated a trip to the local Emergency Room, and emergency surgery to replace the feeding tube, which had been violently torn out of Dorothy Partch's abdomen, despite the inflated balloon installed to keep the tube in place. These 2010 records should be available from both the facility and the hospital.

Fact 6:
April 22, 2013, Severe Dehydration

Dorothy Partch nearly died of dehydration under Wilton Meadows' care approximately one year ago **[Exhibit H]**: Extremely severe dehydration that was neglected for approximately four days, according to Norwalk Hospital. This was caused by pneumonia, caused in turn by aspirated food at the hands of Wilton Meadows' staff. Plaintiff has yet to receive the Report on this Complaint to the Department of Public Health.

Fact 7:
Support of Health Care Providers

In all the years that Plaintiff cared for Dorothy Partch at home, and brought her to multiple medical and therapeutic appointments every week, as well as various social outings, there were never *any* claims, reports or accusations, much less any actual findings, of any actual harm to Dorothy Partch under the care of her Health Care

Representative, Plaintiff Marjorie Partch, between the years of 2003 and 2010. Rather, Plaintiff has multiple letters of recommendation from her mother's private (pre-Conservatorship) physicians and therapists (mandated reporters), already on file with the Probate Court, and included herewith as **Exhibit I**.

Wilton Meadows only made its first false allegations concerning Plaintiff's "endangering" of her mother in 2011, after previously misrepresenting that Dorothy Partch simply had no Health Care Representative; and had never designated Plaintiff (or anyone else) as her legal representative, with Durable Power of Attorney.

In direct contravention of Wilton Meadows' patently false misrepresentations in its above-mentioned Reply [**Exhibit A**], there have been multiple objective and official findings of serious harm to Dorothy S. Partch under the forced, unnecessary, and inferior, at best "custodial" institutional care of Wilton Meadows.

Fact 8:

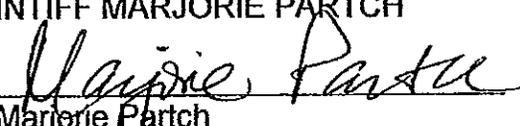
**Denial of Dorothy S. Partch's
Fundamental Human Rights**

Wilton Meadows' Fraudulent Procurement of Dorothy S. Partch's Involuntary Conservatorship has deprived her of her Freedom and Rights to: return to her own home (despite medical approval); receive private rehabilitative therapies; fulfill her own potential; the use of her assets and property (close to \$1M); and her Right to her own close personal relationships – the loss is beyond enumeration or restitution.

Respectfully submitted,

PLAINTIFF MARJORIE PARTCH

BY:


Marjorie Partch
Self-Represented

c/o David Vita
Director of Social Justice
The Unitarian Church in Westport
10 Lyons Plains Road
Westport, CT 06880
203.912.3528

EXHIBIT A

IN RE: DOROTHY PARTCH aka
DOROTHY S. PARTCH

COURT OF PROBATE

INCAPABLE

DISTRICT OF NORWALK-WILTON

FILE NO. 10-0404C

DISTRICT NO. 51

FEBRUARY 26, 2014

WILTON MEADOWS' REPLY TO MARJORIE PARTCH'S REQUEST TO REVISE
RESTRICTIONS TO VISITATION

Wilton Meadows denies that they in any way directly or indirectly caused any harm, injury or loss to Dorothy Partch, denies that they in any way rendered inadequate treatment causing harm, injury or loss to Dorothy Partch, denies that they misinformed, withheld, or otherwise misrepresented to Aurora or any health care provider Dorothy Partch's conditions, medical or otherwise or any other relevant information.

This court has previously entered decrees, citing relevant law which refutes the allegations contained by Marjorie Partch in her motion to revise restrictions on visitation, as they concern Wilton Meadows.

WILTON MEADOWS

By: 
Angelo Maragos, Esq.
Goldman, Gruder & Woods, LLC
200 Connecticut Avenue
Norwalk, CT 06854
203-899-8900
Juris No. 411134

EXHIBIT A

EXHIBIT B



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

IMPORTANT NOTICE - PLEASE READ CAREFULLY

May 11, 2011

Andrew Kiochko, Administrator
Wilton Meadows Health Care Center
139 Danbury Rd Rt 7
Wilton, CT 06897

Dear Mr. Kiochko:

On April 28, 2011 multiple investigations were conducted at your facility by the State of Connecticut, Department of Public Health, Facility Licensing & Investigations Section to determine if your facility was in compliance with Federal requirements for nursing homes participating in the Medicare and Medicaid programs. This survey found the most serious deficiency(ies) in your facility to be:

Isolated deficiencies that constitute actual harm that is not immediate jeopardy whereby significant corrections are required (6).

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

An Enforcement Cycle has been initiated based on the citation of deficiencies at a "D" level or greater at your facility. All statutory/mandatory enforcement remedies are effective based on the beginning survey of the Enforcement Cycle. Your Enforcement Cycle began with the April 28, 2011 survey. All surveys conducted after April 28, 2011 with deficiencies at a "D" level or greater become a part of this Enforcement Cycle. The enforcement cycle will not end until substantial compliance is achieved for all deficiencies from all surveys within an enforcement cycle. Facilities are expected to achieve and maintain continuous substantial compliance.

A Plan of Correction (PoC) for the deficiencies must be submitted by the 10th day after the facility receives its Statement of Deficiencies (Form CMS-2567). Your PoC serves as your written allegation of compliance. Failure to submit a signed and dated acceptable PoC by May 24, 2011 may result in the imposition of the remedies listed below by the 20th day after the due date for submission of a PoC.



Phone: (860) 509-7400
Telephone Device for the Deaf (860) 509-7101
410 Capitol Avenue - MS # 121SR
P.O. Box 540308 Hartford, CT 06154
An Equal Opportunity Employer

Each plan of correction must be written on the Statement of Deficiencies, with identification of the staff member by title who has been designated the responsibility for monitoring the individual plan of correction. A completion date is required for each item for each deficiency and shall be documented in the designated column.

The plan of correction for each deficiency shall include the following components:

- " What correction action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- " How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;
- " What measures will be put into place or systemic changes made to ensure that the deficient practice does not recur; and,
- " How the facility will monitor its corrective action(s) to ensure that the deficient practice will not recur, (i.e., what quality assurance or other program will be put into place to monitor the continued effectiveness of the systemic change).
- " Identify the staff member, by title, who has been designated the responsibility for monitoring the individual plan of correction for each deficiency and the completion date for each component.

Your facility has an "opportunity to correct" the deficiencies noted. Remedies will be recommended for imposition by the Centers for Medicare and Medicaid Services (CMS) Regional Office and the State of Connecticut Department of Social Services if your facility has failed to achieve substantial compliance by June 9, 2011. Informal dispute resolution for the cited deficiencies will not delay the imposition of the enforcement actions recommended or revised as appropriate, on June 9, 2011. A change in the seriousness of the deficiencies on June 9, 2011 may result in a change of the remedy selected. When this occurs, you will be advised of any changes in remedy.

The remedies which will be recommended if substantial compliance has not been achieved by June 9, 2011 include the following:

- " Civil money penalty will be recommended.

If you do not achieve substantial compliance within 3 months after the last day of the survey identifying noncompliance, the CMS Regional Office and the State of Connecticut Department of Social Services must deny payments for new admissions

Andrew Korchos
Wilton Meadows Health Care Cen
Page 3

We are also recommending to the CMS Regional Office and State of Connecticut Department of Social Services that your provider agreement be terminated on 10/23/2011 if substantial compliance is not achieved by that time.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with separate formal notification of that determination.

Allegation of Compliance

The Plan of Correction serves as your allegation of compliance. We may accept the written allegation of compliance and presume compliance until substantiated by a revisit or other means. In such a case, neither the CMS Regional Office nor the State of Connecticut Department of Social Services will impose the previously recommended remedy(ies) at that time.

If, upon the subsequent revisit, your facility has not achieved substantial compliance, we will recommend that the remedies previously mentioned in this letter be imposed by the CMS Regional Office and the State of Connecticut Department of Social Services beginning on April 28, 2011 and to continue until substantial compliance is achieved. Additionally, the CMS Regional Office or State of Connecticut Department of Social Services may impose a revised remedy(ies), based on changes in the seriousness of the noncompliance at the time of the revisit, if appropriate.

Informal Dispute Resolution

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of Substandard Quality of Care (SQC) or immediate jeopardy. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies (or why you are disputing the scope and severity assessments of deficiencies which have been found to constitute SQC or immediate jeopardy), to this office. This request must be sent during the same 10 day period you have for submitting a PoC for the cited deficiencies. Informal dispute resolution may be accomplished by telephone, review of submitted documentation or a meeting held at the Department. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Informal dispute resolution in no way is to be construed as a formal evidentiary hearing. It is an informal administrative process to discuss deficiencies. If you will be accompanied by counsel, you must indicate this in your request for informal dispute resolution. You will be advised in writing of the decision related to the informal dispute process.

P 3

CERTIFIED MAIL

CITATION

In Re Citation No. 2011-16

Classification of Violation
Pursuant to Connecticut
General Statutes Section 19a-527

Date: May 11, 2011

Class: B
Ref Capacity: 148 CCNH
License Number: 2032 C

Licensee: Wilton Meadows Health Care Center
Facility Name: Wilton Meadows Health Care Center
Facility Address: 439 Danbury Road Rt 7
Wilton, CT 06897

The following citation is issued pursuant to Sections 19a-524 through 19a-528, inclusive of the Connecticut General Statutes:

A. Nature and Scope of Violation(s):

- I. An inspection of this facility concluded on April 28, 2011 revealed the following:
 - a. R #3's diagnoses included cardiovascular accident, seizure disorder and hypertension. Review of the Minimum Data Set dated 12/31/10 identified an inability to complete the Brief Interview for Mental Status, short and long term memory deficits with inattention and altered level of consciousness. Review of the resident care plan dated 1/7/11 identified total care in activities of Daily Living with extensive assistance for transfers, ambulation, bathing, personal care and toileting. Review of the nurse's notes dated 1/11/11 identified that R #3 complained of shoulder pain and upon assessment, dimpling was noted and the resident developed increased pain on range of motion. Review of the clinical record identified an x-ray dated 1/11/11 which identified a slight anterior inferior displacement of the humerus in relationship to the glenoid fossa. Subsequently, R #3 was hospitalized and underwent a reduction of the right shoulder. Interview with NA #3 on 4/27/11

7:30 PM, it identified that he/she had positioned R 23 in the morning before breakfast and set him/her to feed self. When R/A 23 returned, he/she observed that R 23 was unable to feed self and when attempting to wash R 23, he/she complained of pain and the Charge Nurse was immediately informed. The facility initiated an investigation of an injury of unknown origin which was inconclusive. Although the investigation was inconclusive, interview with the radiologist on 4/22/11 at 1:15 PM identified that generally an anterior dislocation to the shoulder would not occur unless there was a direct blow to the shoulder, a fall or forceful mugging. This type of injury would not occur spontaneously unless the resident had a previous history with dislocation of this shoulder and would cause immediate pain.

- B. Statutes and/or Regulations Violated:
Regulation of Connecticut State Agencies (Public Health Code) violated is, Section 19-13-1381 (j)(2) and/or (m)(2)(A) and/or (C).
- C. Classification of Violation(s)
Class B in accordance with Section 19a-527-1 (b)(6) and/or (b)(8) of the Regulations of Connecticut State Agencies (Public Health Code).
- D. Amount of Civil Penalty to be imposed in accordance with Connecticut General Statutes Sections 19a-527 and 19a-528: \$545.00

NOTIFICATION OF ELECTION TO CONTEST CITATION

If the licensee wishes to contest this Citation, the administrator or his designee must within three days, excluding Saturdays, Sundays and holidays, of receipt of the Citation by the licensee, shall notify the Supervising Nurse Consultant who signed the citation by contacting Facility Licensing and Investigations Section (FLIS), Department of Public Health, 410 Capitol Avenue, MS#12 HSR, P.O. Box 340508, Hartford, Connecticut 06134-0508, telephone number (860) 509-7400 or any Supervising Nurse Consultant within FLIS (same address, same telephone number).

B-5

Licenses: Wilton Meadow Health Care Center

Page: 3

ELECTION NOT TO CONTEST CITATION

Should the licensee not wish to contest this Citation and pay the civil penalty, check or money order should be made payable to: Treasurer, State of Connecticut, attention Janet M. Williams, PHS&I and sent to the above identified address.

IF THE ADMINISTRATOR FAILS TO SO NOTIFY THE DEPARTMENT, THE CITATION SHALL BE DEEMED A FINAL ORDER OF THE COMMISSIONER OF PUBLIC HEALTH, EFFECTIVE UPON THE EXPIRATION OF THE THREE DAY PERIOD REFERENCED ABOVE. CONNECTICUT GENERAL STATUTES SECTION 19a-525(a).

INFORMAL CONFERENCE

If the administrator has notified the Department in accordance with the procedure set forth above, an informal conference will be conducted as required by Section 19a-525(b) between the licensee and the Commissioner or his designee. The facility may wish to be represented by an attorney.

POSTING REQUIREMENT

Each Class A or Class B Citation shall be prominently posted in the nursing home cited so as to be visible to any resident, including those in wheelchairs and to any employee or visitor of the nursing home until the violation has been corrected to the satisfaction of the Commissioner of Public Health or the Citation has been vacated by the Commissioner. Failure to comply with this requirement constitutes a violation of Connecticut General Statutes Section 19a-540.

Signature:

Donna Ortelle, RN, MSN

Date:

5/11/11

DMO:jpf

cc: Andrew Krochko, Administrator
Henry Salton, Assistant Attorney General
Barbara Cass, Section Chief, FLIS
Janet M. Williams, Public Health Services Manager
Donna Ortelle, Supervising Nurse Consultant
Diane D'Addabbo, Nurse Consultant
David DeMaio, Health Program Associate

B-6

Andrew Kirochko
Wilton Meadows Health Care Cen
Page 1

Please return your response to the Supervising Nurse Consultant at State of Connecticut
Department of Public Health, 110 Capitol Avenue, MS-1123R, P.O. Box 340308,
Hartford, CT 06137-0308 and direct your questions regarding other deficiencies and any
questions concerning the instructions contained in this letter to the Supervising Nurse
Consultant at (860) 509-7400.

Sincerely,

Donna Otelle, RN, MSN

Donna Otelle, RN, MSN
Supervising Nurse Consultant
Facility Licensing & Investigations Section

cc: CMS Regional Office
State of Connecticut Department of Social Services

Enclosure

Complaints # CT 11900, 12052, 12194

R-7

EXHIBIT C



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

IMPORTANT NOTICE - PLEASE READ CAREFULLY

October 6, 2011

Andrew Krochko, Administrator
Wilton Meadows Health Care Cen
439 Danbury Rd Rm 7
Wilton, CT 06897

Dear Mr. Krochko:

On September 28, 2011 multiple complaint investigations visits were concluded at your facility by the State of Connecticut, Department of Public Health, Facility Licensing & Investigations Section to determine if your facility was in compliance with Federal requirements for nursing homes participating in the Medicare and Medicaid programs. This survey found the most serious deficiency(ies) in your facility to be:

Isolated deficiencies that constitute actual harm that is not immediate jeopardy whereby significant corrections are required (G).

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

An Enforcement Cycle has been initiated based on the citation of deficiencies at a "D" level or greater at your facility. All statutory/mandatory enforcement remedies are effective based on September 28, 2011 the beginning survey of the Enforcement Cycle. Your Enforcement Cycle began with the September 28, 2011 survey. All surveys conducted after September 28, 2011 with deficiencies at a "D" level or greater become a part of this Enforcement Cycle. The enforcement cycle will not end until substantial compliance is achieved for all deficiencies from all surveys within an enforcement cycle. Facilities are expected to achieve and maintain continuous substantial compliance.

A Plan of Correction (PoC) for the deficiencies must be submitted by the 10th day after the facility receives its Statement of Deficiencies (Form CMS-2567). Your PoC serves as your written allegation of compliance. Failure to submit a signed and dated acceptable PoC by October 20, 2011 may result in the imposition of additional remedies by the 10th day after the due date for submission of a PoC.



Phone: (860) 569-7400
Telephone Device for the Deaf (860) 569-7777
410 Capitol Avenue - MS # 12HSP
P.O. Box 340378 Hartford, CT 06134
An Equal Opportunity Employer



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

October 11, 2011

Mr. Andrew Krocenko, Administrator
Wilton Meadows Health Care Center
139 Danbury Rd Rt 7
Wilton CT 06897

Dear Mr. Krocenko:

This is an amended edition of the violation letter originally dated October 6, 2011. Unannounced visits were made to Wilton Meadows Health Care Center concluding on September 28, 2011 by 2 representatives of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting multiple investigations.

Attached are the violations of the Regulations of Connecticut State Agencies and of General Statutes of Connecticut which were noted during the course of the visits.

You may wish to dispute the violations and you may be provided with the opportunity to be heard. If the violations are not responded to by October 20, 2011 or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

Please address each violation with a prospective plan of correction which includes the following components:

1. Measures to prevent the recurrence of the identified violation, (e.g., policy/procedure, inservice program, repairs, etc.)
2. Date corrective measure will be effected.
3. Identify the staff member, by title, who has been designated the responsibility for monitoring the individual plan of correction submitted for each violation.

We do not anticipate making any practitioner referrals at this time.

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

Respectfully,

Maureen H. Klett, R.N., C., M.S.N.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

MHK:DD:mk

Complaint # CT 12254, CT 12560, CT 12591, CT 12623, CT 12621, CT 12678, CT 12719 & CT 12865



Phone: (860) 509-7400
Telephone Device for the Deaf (860) 509-7401
410 Capitol Avenue - MS # 12HSR
P O Box 340308 Hartford CT 06134
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C-2

DATE(S) OF VISIT: September 28, 2011

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT
STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES
WERE IDENTIFIED

both the nursing staff and physician about his/her concern. Interview with MD#2 on 9/26/11 at 2:10 PM identified that he/she was aware of Person #2's concern and had educated Person #2 on the necessity of the medication. Interview with RN#2 on 9/27/11 at 11:30 AM identified that Person #2 objected to the administration of the Keppra and the situation was discussed with MD#2. Staff continued to administer the medication as ordered. However, when Person #2 was present R#6 would refuse. Review of the Resident Care Plan failed to address the issue with medication compliance and/or measures to the responsible person's concern and/or the resident's refusal.

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-DM
(m) Nursing Staff (2)(A).

3. Based on clinical record reviews, observation and interview for one resident of three residents (R#6) reviewed for skin issues. The findings include:
 - a. R#6's diagnoses included cardiovascular accident, dysphagia and seizure disorder. The Minimum Data Set (MDS) dated 4/14/10 identified short term memory loss, intact long term memory and moderately impaired cognition. Review of the Resident Care Plan (RCP) dated 6/20/11 identified potential for alteration in skin integrity/breakdown with related interventions for weekly skin checks. Review of weekly body audits dated 6/7/11 through 8/9/11 failed to identify a skin issue behind the right ear. Review of Social Work documentation dated 6/28/11 identified that Person #1 reported to the Social Worker that there was a scab behind R#6's ear. Review of nurse's notes dated 8/11/11 identified that R#6 had numerous pin-point scabbed areas behind the right ear with some redness. Interview with Person #2 on 9/26/11 at 11:00 AM identified that he/she had noted an open sore behind the ear of R#6 and reported it to the SW#1 at the end of June. Interview with SW#1 on 10/6/11 at 11:45AM identified that the area had been reported to him/her on 6/28/11 and he/she can't recall who he/she reported it to. Review of the nurse's notes and physician orders from 6/26/11 through 8/11/11 failed to identify that the area was assessed by nursing until 8/11/11, physician notified and a treatment ordered.

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-DM
(m) Nursing Staff (2)(C).

4. Based on clinical record reviews, observations and interviews for one of seven residents who required staff assistance for transfers (R#9) and/or one of three residents observed for positioning in bed, the facility failed to ensure that residents were transferred in accordance with the plan of care to prevent injury. The findings include:
 - a. R#9 was admitted to the facility on 1/31/2011 for short term rehabilitation and skilled nursing after a hospitalization for muscle weakness. The Minimum Data Set (MDS) dated 2/26/2011 indicated that R#9 required the assistance of two or more staff for transfers and to walk in his/her room. Physician orders dated March 2011 directed the resident's activity to be

DATE(S) OF VISIT: September 28, 2011

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT
STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES
WERE IDENTIFIED

were unsuccessful.

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-198
(c) Medical Records (2)(1).

5. Based on clinical record review and interview for one R#6 of three residents reviewed for the provision of care the facility failed to maintain a clinical record that contained sufficient information that addressed a continued medication issue. The findings include:
- a. R#6's diagnoses included cardiovascular accident, dysphagia and seizure disorder. The Minimum Data Set dated 4/14/10 identified short term memory loss, intact long term memory and moderately impaired cognition. Review of the Resident Care Plan (RCP) dated 4/26/10 identified at risk for injury due to seizure disorder with interventions to medicate with an anticonvulsant as ordered and to notify the physician of any seizure disorder. Physician orders dated 5/20/10 directed the administration of Keppra 250 mg two times daily. Review of the Medication Administration Record (MAR) dated 8/3/10 through 6/25/10 identified the refusal of 51 doses of Kappa out of a scheduled 122 dose. Interview with Person #2 on 9/26/11 at 11:00AM identified that he/she wanted the Keppra discontinued and had spoken to both the nursing staff and physician about his/her concern. Interview with MD# 2 on 9/26/11 at 2:10PM identified that he/she was aware of Person #2's concern and had educated Person#2 with the necessity of the medication. Interview with RN#2 on 9/27/11 at 11:30 AM identified that Person #2 objected to the administration of the Keppra and the situation was discussed with MD#2. Staff continued to administer the medication as ordered. However, when Person #2 was present R#6 would refuse. Review of the clinical record failed to identify a physician progress note that reflects that the medication issue was addressed and the family educated about the utilization of the Keppra.



POC for violation of regulations of Connecticut Agencies Section 19-1308t (a) Medical Records (2) (1):

Resident # 6 is receiving Keppa medications as entered by the attending physician.

Residents who refuse medication have the potential to be affected by the identified deficient practice.

To assure that this identified deficient practice does not recur we are taking the following corrective measures:

Attending physicians will be contacted according to our Policy & Procedure when a resident and or family member is refusing administration of prescribed medications to ensure the physician educates the resident and or family member about the importance of accepting the prescribed medication. A corresponding progress note from the physician will be obtained.

Random audits will be conducted weekly for 2 months to ensure the clinical records are complete with physician progress note documentation.

The results of the audit will be reported to the Quality Assurance Assessment Committee, which will recommend any further corrective measures, indicated.

The Director of Nursing will implement this plan of correction.

Complete Date: November 2, 2011

If you need any further information, please contact me at (203) 834-0199.

Sincerely,

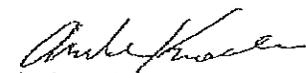

Andrew S. Krachko
Administrator

EXHIBIT D

Frank J. Pinto, M.D.
 Connecticut Dermatology Group, P.C.
 781 Main Ave., Suite 102
 Norwalk, CT 06851
 (203) 610-4151

September 30, 2011

Atty Matthew Caputo
 6 Larkspur Lane
 Norwalk, CT 06850
 Re: Dorothy Patch

Dear Mr. Caputo:

As per our discussion this morning, Mrs. Patch has a biopsy-confirmed skin cancer called basal cell carcinoma on the back of her right ear. She is scheduled to have this removed on 10/29/11. The procedure is called Mohs micrographic surgery. It is an outpatient procedure done in the office using local anesthetic. Potential risks include adverse reaction to the anesthetic, bleeding, infection and residual scarring and/or deformity of the ear. Generally, however, this is a very safe procedure and serious complications are rare. Mohs surgery is generally accepted as the treatment of choice for this type of skin cancer in the head and neck region.

Please call if you need any further information.

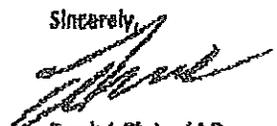
Sincerely,

 Frank J. Pinto, M.D.

EXHIBIT D

EXHIBIT E

GEORGE C. JEPSEN
ATTORNEY GENERAL



55 Elm Street
P.O. Box 120
Hartford, CT 06111-0120

Office of The Attorney General
State of Connecticut

TEL: (860) 808-5355
FAX: (860) 808-5391

September 1, 2011

Andrew Krochko, Administrator
Wilton Meadows Rehabilitation and Healthcare Center
439 Danbury Road, (Route 7)
Wilton, CT 06897

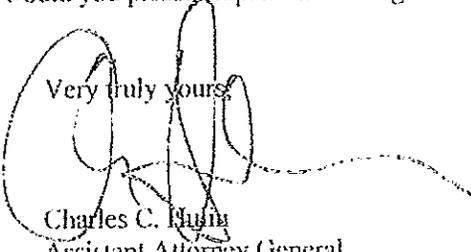
RE: Marjorie Partch

Dear Mr. Krochko:

I represent Nancy Shaffer, the Connecticut Long Term Care Ombudsman. Ms. Shaffer has asked me to contact you regarding your August 19, 2011 letter to Marjorie Partch, a copy of which was sent to Dan Lerman, the Regional Ombudsman. Ms. Shaffer and Mr. Lerman are concerned about a serious inaccuracy in your August 19th letter that requires amendment. You state that "Unfortunately, we had to institute a supervised visiting policy with you, in concert with the local ombudsman, because of your behavior in wanting to enforce your own view of treatment." In fact, however, the supervised visiting policy at issue was established by the resident's conservator and Wilton Meadows; no member of the Long Term Care Ombudsman Program took any part in that decision.

Ms. Shaffer is concerned that there be no misunderstanding about the role her Office has played in the Partch case. With that in mind, would you please respond in writing and clarify the facts? Thank you.

Very truly yours,


Charles C. Fujita
Assistant Attorney General

CCH/sm

cc: Nancy Shaffer, Connecticut State Ombudsman
Dan Lerman, Regional Ombudsman
Marjorie Partch, 20 Devil's Garden Road, Norwalk, CT 06854
Marjorie Partch, 516 East 11th Street, Apt. 5-B, New York, NY 10009

Handwritten signature

EXHIBIT F



August 19, 2011

Marjorie Partch
20 Devil's Garden Road
Norwalk, CT 06854

Marjorie Partch
516 East 11th Street, Apt. 5-B
NY, NY 10009

Dear Ms. Partch:

Your letter to Laurie Pompa was referred to me. You should know that on July 29, 2011 I had our attorney, Angelo Maragos, contact your attorney, Richard Raphael, for the purposes of inviting both you and Richard Raphael to a conference here to address your care concerns. Attorney Maragos never heard back. That offer still remains open to you and your attorney.

You are welcome to visit your mother at Wilton Meadows, in accordance with our supervised visiting policy. Unfortunately, we had to institute a supervised visiting policy with you, in concert with the local ombudsman, because of your behavior and wanting to enforce your own view of treatment.

I do not agree with the contents of your letter dated August 6, 2011. For example, this facility arranged for your mother to be evaluated by Dr. Story at his office on both March 11, 2011 and May 11, 2011, yet you do not mention any such visits in your letter. Dr Story did not make any recommendations identified in your letter. At the same time, there were evaluations done regarding Dorothy Partch's splint. The splint was and is placed correctly.

I do not address, and my letter does not mean to address, all of the points raised in your letter; suffice it to say that we did not bypass your legal authority, but took action that we deemed to be in the best interest of Dorothy Partch with the Norwalk Probate Court, all with your knowledge.

Wilton Meadows

By *Andrew Krochko*
Andrew Krochko, Its Administrator

Cc: Dan Lerman, Ombudsman
Mathew Caputo, Esq.

EVH: [unclear]

EXHIBIT G

Wilton Police Department
 240 Danbury Road, Wilton, CT 06897-4006
 (203) 534-8260

CASE/INCIDENT REPORT

SUPPLEMENTARY

REPORT NUMBER: 100-2005

OFFICER NO.	DATE OF INCIDENT	TIME OF REPORT	TYPE OF INCIDENT	INVESTIGATING OFFICER	BADGE NO.
100-2005	19-07-2011	18:40	Investigation - Assisted Living	Patrol Officer Gerald Steven	44
DISPATCH DIVISION NO.	REFERENCE DIVISION NO.	CASE X-REFERENCE	UNIT ID	STATUS	TOWN CD
			44	SOBULEAU	19-40
STREET NO.	STREET NAME AND TYPE	APARTMENT NO / LOCATION	INTERSECTING STREET NAME AND TYPE	REPORT	161
20052	Danbury Rd, Wilton				

STATUS CODE COMPLAINT VICTIM A=ARRESTEE J=JUVENILE H=OTHER M=MISSING W=WITNESS O=OFFENDER D=DRIVER S=SUSPECT P=POLICE OFFICER T=TOT
 STATUS NAME SEX RACE D.O.B. TELEPHONE ADDRESS
 M William Osborne F W 01/18/1952 Hom (203) 255-1899 52 East Av Norwich CT
 M Pamela Lane F W 07/17/1962 Bus (203) 634-2692 210 Wilton Meadows H O C Wilton CT
 M (203) 245-2692
 M (203) 634-0199
 439 Danbury Rd WILTON, Apt # 265 CT
 20 Davis Garden Rd Norwich CT

Complaint: On 09-07-11 at approximately 1840 Hrs. I was dispatched to 439 Danbury Rd. The Wilton Meadows Healthcare facility for a report of Elder Abuse.

Color Taken: On 09-07-11 at approximately 1840 Hrs. I was dispatched to the Wilton Meadows Healthcare facility on a complaint faxed to the Wilton Police Department. Wilton Police Headquarters had received a fax from Wilton Meadows explaining Dorothy Paron was being medically, physically, mentally and financially abused. The fax was written by Laurie Pompa and reported Marjorie Paron made this complaint about the facility.

At Wilton Meadows I spoke with Christine Mogurn who reported Laurie Pompa had gone home for the day. Ms. Mogurn explained that Dorothy Paron had a stroke and had full left side paralysis. She explained Dorothy also has dementia with weak faculties. She is a total care patient meaning she must be bathed, tended to and cared for completely by the staff at Wilton Meadows. She is in a secure area of the facility due to her mental and physical capacities. Ms. Mogurn provided me with Ms. Pompa's contact number. Ms. Mogurn stated she is a RN and believed in her professional opinion that Marjorie Paron was making complaints about her mother's care due to animosity she has with Wilton Meadows and that the complaints lacked merit.

During the facility, I spoke with Ms. Pompa by phone. She explained that Dorothy was admitted to the facility in April, 2010. She explained that

OFFICER'S SIGNATURE: Gerald Steven
 SUPERVISOR SIGNATURE: Terner, William
 SUBSCRIBED AS SWORN BEFORE ME, NOTARY: THIS DAY OF 19

EXHIBIT

Wilton Police Department
240 Danbury Road, Wilton, CT 06597-4505
(203) 234-0250

SUPPLEMENTARY

CASE/INCIDENT REPORT

Report #: 1100010915 - 00042280

Dorothy's daughter, Marjorie would come to the facility and visit Dorothy. The staff learned that during these visits, Marjorie was providing Dorothy with packing hazards and doing other things which were not in the best interest of Dorothy. When told of this Marjorie became very irrational and had to be removed from the facility. In July 2010 the Norwalk Probate Court conserved Dorothy to an independent attorney named Matthew Caputo and granted supervised visits to the facility by Marjorie to see her mother. Ms. Pompa stated Atty Caputo handles all of Dorothy's finances to ensure Wilton Meadows is paid properly. When Marjorie visits her mother twice a week she is escorted by a state Ombudsman named Dan Lerman who works for the state Department of Social Services. Ms. Pompa stated that Marjorie has since become hostile to the facility and that she has made these complaints of abuse to several different state agencies including the Dept. of Social Services and the State Department of Health. Ms. Pompa further explained that it is currently being reviewed in the Stamford Court before a judge at this time. Ms. Pompa stated although this is a old complaint which is currently being investigated, she wanted to report it again per the Wilton Meadows policy after speaking with Dan Lerman about this case today.

When I went to speak with Dorothy Patch in her room. There she was in a wheelchair, awake and sitting up. She said hi after being introduced. After this Hi, the only other response I was able to verbally get from Marjorie was "who knows". She appeared to be cared for no different than other observed residents at the facility.

Action Pending: Due to this complaint being old in nature and currently being resolved at the court level, no further action by this officer at this time. I request this case be closed.

OFFICER'S SIGNATURE
Gathreau, Steven

SUPERVISOR SIGNATURE
Tanner, William

SUBSCRIBED & SWORN BEFORE ME, NOTARY
THIS DAY OF VE

EXHIBIT H

Discharge Summary

PARTCH, DOROTHY - 149624

Result type: Discharge Summary
 Result date: 07 May 2013 10:28
 Result status: Unauth
 Encounter info: 1002666637, NORWALKHOSP, Inpatient, 04/22/2013 -

Date of Admission: April 22, 2013
 Date of Discharge: May 17, 2013
 Hospital Attending: Dr. Diego Valencia,
 Dr. Wotherhill,
 Dr. Harisis
 Consulting Physicians: Dr. Ruskin, hematology/oncology

Reason for Admission: Unresponsiveness, difficulty breathing
 History of Present Illness: Patient is an 83-year-old Caucasian female, aphasic at baseline as per nursing staff at the ECF, with history of cerebrovascular accident in 2003 and in 2010 with left sided hemiparesis and aphasia, found unresponsive with difficulty breathing this morning by the house staff of Wilton Meadows extended care facility with fever of 101.6 and O2 sats in the 80s. She also had low blood pressure with 80s systolic and tachycardia of 116.

Physical Examination:

Vital signs on admission: temperature 99.9, heart rate 86, respiratory rate 26, blood pressure 105/45, saturation 92% on room air.

Gen.: Elderly Caucasian female in no acute distress, not responsive to voice, not following commands, responsive to painful stimuli.

HEENT: Pupils reaction difficult to assess as the patient doesn't open her eyes to command and keep them closed.

Dry mucous membranes, absent 2 frontal teeth.

Neck: No lymphadenopathy, JVD

Heart: Regular rate and rhythm, S1-S2, no rubs gallops or murmurs

Lungs: poor inspiratory effort, no crackles, sporadic rhonchi.

Abdomen: Soft nontender nondistended, bowel sounds appreciated, no guarding or rebound.

Extremities: Chronic venous stasis changes bilaterally, no edema, weak pulses palpable bilaterally on dorsalis pedis

Skin: Dry and pale with chronic changes, venous stasis changes on both lower extremities.

Neuro: Difficult to perform as the patient doesn't follow commands and is not responsive to voice. Absent reflex in the left upper and left lower extremities, right arm: contracted reflexes difficult to elicit, normal 2+ reflex in the right knee.

Data: UA, Leukocyte Ester: Trace, Protein-Urinaly: 1+, 04/22/13 08:07 WBC Count: 5.1 K/UL, Hemoglobin: 9.8 g/dL, Platelet Count: 63 K/UL, INR: 1.9 (Low), Sodium: 177 mmol/L, Potassium: 2.2 mmol/L, Chloride: >140 mmol/L, Calcium: 5.7 mg/dl, CO2: 19 mmol/L, BUN: 63 mg/dL, CREATININE: 0.8 mg/dL, TSH: 0.29 uIU/mL

Hospital Course:

1. Hyponatremia/ altered mental status- secondary to severe dehydration

Was treated initially with isotonic fluids and then changed to hypotonic fluids to decrease the hyponatremia progressively over the course of days. Patient had multiple strokes, at baseline aphasia and left sided hemiparesis. After IV fluid and correction of hyponatremia, patient is now back to baseline mental status. She was on Keppra 250mg BID for seizure precaution before admission, Keppra level was measured to be 12.7 at lower end of therapeutic level, keppra was temporarily increased to 500 mg b.i.d. and now changed back to 250 b.i.d. after discussed with neurology Dr. Story verbally.

2. E. Coli Pyelonephritis

Printed by: Thompson, Jean
 Printed on: 05/17/2013 14:36

Page 1 of 3
 (Continued)

EXHIBIT H

Discharge Summary

PARTCH, DOROTHY - 149624

Was treated with ceftriaxone IV, no complications

3. MRSA pneumonia

Was treated with Vancomycin IV for 14 days however still positive for MRSA nasal screen so must remain on contact precautions.

4. Oropharyngeal dysphagia

Patient was deemed unsafe to take medications/nutrition PO, she had a PEG placed and Tube feeds have been running at goal with no residuals.

5. Acute Kidney Injury

Most likely due to hypovolemia, resolved with fluids, patient remains at her baseline Creat.

6. Elevated INR

Most likely due to vitamin K deficiency as it came back to normal after vitamin K was provided. Since transferred out of ICU, it has been stable.

7. Low TSH

Most likely due to levothyroxine, it was decreased from 100mcg/day to 75mcg/day upon admission, will need f/u TSH within 1 week.

8. macrocytic anemia: Patient presented with elevated MCV (113.4), low Hb (9.6), normal B12 and folate, Iron study reveals a pattern of anemia of chronic disease, mildly elevated LDH but mildly elevated haptoglobin are against hemolytic anemia, normal to low reticular count was 0.2%. As pt condition improving, MCV is also decreasing to close to normal range of 99.4. The etiology of macrocytic anemia is unclear at this point, it is not due to folate or B12 deficiency, not due to reticulocytosis, the underlying etiology of hypothyroidism, which can cause macrocytic anemia, however patient was on levothyroxine supplementation and TSH was severely suppressed on admission, indicating adequate thyroxine. We are unsure what's the cause of macrocytic anemia. Over the entire hospital stay, patient's hemoglobin has been stable and improving, guaiac tests has been negative.

Nutrition: Jevity 1 cal, 50cc/hr for 22 hrs (to be stopped 1 hr before and 1 after levothyroxine is given)

OOB to chair, and received DVT prophylaxis with heparin SC TID

PICC line was c/d 5 days ago as antibiotic course was complete.

Social issues: patient's daughter has a lawsuit against nursing home, at first it was not clear if daughter still have POA or if the pt was conserved by state, after several attempts- POA/judge was set in place and then changed with legal documentation was pending for several days.

Discharge Diagnoses:

1. Hyponatremia
2. Toxic-Metabolic encephalopathy
3. Hypokalemia
4. Hypocalcemia
5. Acute Kidney Injury
6. Low TSH secondary to over treatment with levothyroxine
7. Oropharyngeal dysphagia s/p PEG
8. MRSA pneumonia
9. E. coli urinary tract infection
10. Thrombocytopenia secondary to sepsis
11. Severe Sepsis
12. Elevated INR secondary to vitamin K deficiency

Discharge Summary

PARICH, DOROTHY - 149624

Discharge Medications List:

- aspirin (aspirin), 81 mg, PEG Tube, once a day
- levotiracetam (Keppra), 250 mg, PEG Tube, every 12 hour
- levothyroxine (levothyroxine 75 mcg (0.075 mg) oral tablet), PEG Tube, once a day

Disposition: stable for discharge to FCF

Patient Instructions: please follow up with PCP (Dr. Perlin) within 1 week and repeat Chem and FSH within 1 week

Lauren Baumann, MD
831-4785

Please call me with any questions

Signature Line:

(Electronically Signed on 05/07/13)

CASTROPEREIRA, DANIEL, House Officer, MD

Completed Action List:

- * Perform by CASTROPEREIRA, DANIEL, House Officer, MD on 07 May 2013 10:41
- * Modify by CASTROPEREIRA, DANIEL, House Officer, MD on 07 May 2013 10:43
- * Sign by CASTROPEREIRA, DANIEL, House Officer, MD on 07 May 2013 10:43 Requested by CASTROPEREIRA, DANIEL, House Officer, MD on 07 May 2013 10:43
- * Modify by Baumann, Lauren, House Officer, MD on 10 May 2013 10:06
- * Modify by Baumann, Lauren, House Officer, MD on 11 May 2013 11:32
- * Modify by Baumann, Lauren, House Officer, MD on 11 May 2013 11:32
- * Modify by Baumann, Lauren, House Officer, MD on 11 May 2013 11:33
- * Modify by Baumann, Lauren, House Officer, MD on 11 May 2013 11:34
- * Modify by Baumann, Lauren, House Officer, MD on 11 May 2013 11:35
- * Modify by Baumann, Lauren, House Officer, MD on 11 May 2013 11:38
- * Modify by Baumann, Lauren, House Officer, MD on 11 May 2013 11:38
- * Sign by Baumann, Lauren, House Officer, MD on 11 May 2013 11:38
- * Modify by Baumann, Lauren, House Officer, MD on 17 May 2013 14:29
- * Sign by Baumann, Lauren, House Officer, MD on 17 May 2013 14:29

Inter-agency Patient Nursing Summary

Name: PARTCH, DOROTHY
 Date of Birth: 11/29/1929
 Attending Physician: WETHERILL, PATRICIA MD
 MRN/IN: 149624 / 1002666537

Vital Signs:

T: 38.6 P: 88 R: 18 SBP/DBP: 110 mmHg / 62 mm BP Source: Left Leg SpO2: 96

Eyes/Ears/Nose/Throat

Sensory Devices/Dentures: None
 Sensory Defects: Nonverbal

Gastrointestinal

Diet: No dietary restrictions following hospitalization
 Tube Feedings: Jevity
 Enteral/Gastric Tube: PEG (Percutaneous endoscopic gastrostomy)
 Last BM: 05/12/13 14:05
 Stool Incontinence: Yes

Genitourinary

Urinary Incontinence: Yes
 Elimination: Voiding, no difficulties

Respiratory

Respiratory Symptoms: No abnormalities
 Cough: None

Circulatory

Cardiovascular Symptoms: No abnormalities
 Edema: Localized

Neurological

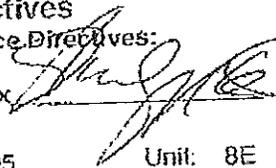
Neurological Symptoms: Aphasic, Weakness
 LOC: Lethargic
 Orientation: Unable to Determine
 Speech Characteristics: Unable to assess

Musculoskeletal

Activity Assistance: Two person assistance
 Gait: Unable to assess
 Functional Limitations:
 Neuromuscular Findings: No abnormalities
 Extremity Movement: Unequal, Other: left arm hemiparesis
 ADL's: Reposition every 2 hours
 Safety: Bed alarm

Advanced directives

Advance Directives: Yes

Nurse Signature: x 

Date: 05/17/13 14:05

Unit: 8E

Telephone Number: x. (203) 855-3720

Patient Care Transfer Summary

PARTCH, DOROTHY - 149624

Result type: Patient Care Transfer Summary
 Result date: 26 April 2013 16:08
 Result status: Unauth
 Encounter info: 1002666537, NORWALKHOSP, Inpatient, 04/22/2013 -

Admission Date: 4/22/2013

Transfer Date: 4/26/2013

Hospital Attending: ICU attending, Dr. Manfredi

Consultants: Hematology, Dr. Ruskin

Transfer Diagnosis: Severe dehydration and hypernatremia, Severe Sepsis with UTI with Escherichia coli and HAP with MRE, AKI, macrocytic anemia, thrombocytopenia, elevated INR,

Secondary Diagnoses:

Acute dense right middle cerebral artery stroke in 2010 with left hemiplegia
 Hypothyroidism
 Right occipital stroke in 2003
 Normal pressure hydrocephalus
 Seizure disorder
 Myocardial infarction in 2004
 History of breast cancer for which the patient underwent lumpectomy and radiation
 Pulmonary embolism
 Depression
 Hypertension
 Hysterectomy
 Degenerative disc disease
 Diverticulitis
 Bilateral cataracts
 Bowel and bladder incontinence

Transfer Medication List: Current Medications

04/25/13 14:13 -cefTRIAXone (cefTRIAXone) 1 gm, Intravenous Piggyback, every twenty four hours
 04/23/13 11:19 -Change Enteral Medication Route (Change Enteral Medication Route) , 1 ea, topical, one time, 1 dose(s)
 04/23/13 16:38 -Dextrose 5% in Water (D5W (Hypoglycemia Protocol)) , 600 ml, Intravenous Piggyback, as ordered, AS NEEDED, Hypoglycemia
 04/23/13 16:38 -glucose (Dextrose 50%) , 20 ml, IV Push, as ordered, AS NEEDED, Hypoglycemia
 04/23/13 19:38 -glucagon (glucagon) , 1 ml 1 mg, intra-muscular, as ordered, 1 dose(s), AS NEEDED, Hypoglycemia
 04/23/13 19:38 -glucose (Glucose Chew Tab) , 4 tab 16 gm, By mouth, as ordered, AS NEEDED, Hypoglycemia
 04/23/13 19:38 -glucose (Glucose Gel 15 Gm) 15 gm, By mouth, as ordered, AS NEEDED, Hypoglycemia
 04/25/13 12:17 -heparin (heparin) , 1 ml 5,000 unit, subcutaneous, twice a day
 04/22/13 20:15 -insulin lispro (LISPRO Insulin Coverage (Rapid Acting)) 2-10 unit, subcutaneous, every 6 hours
 04/23/13 20:04 -potassium acid phosphate (K-Phos Original Tab) , 2 tab, Dobhoff Tube, four time a day
 04/26/13 14:59 -levothyroxine (levothyroxine) 75 mcg, Dobhoff Tube, once a day
 04/26/13 14:24 -magnesium sulfate (magnesium sulfate) , 100 ml 1 gm, Intravenous Piggyback, one time, 1 dose(s)
 04/26/13 06:11 -potassium chloride (KCL) , 30 ml 40 mEq, Dobhoff Tube, once a day
 04/25/13 15:36 -sodium chloride (Saline Flush) , 10 ml, IV Push, every 8 hours

Printed by: Anastasia, Nancy
 Printed on: 04/29/2013 8:27

Page 1 of 4
 (Continued)

Patient Care Transfer Summary

PARTCH, DOROTHY - 149024

04/26/13 09:40 -sodium chloride (Saline Flush) , 10 ml, IV Push, every 8 hours
04/26/13 09:40 -sodium chloride (Saline Flush) , 10 ml, IV Push, as ordered, AS NEEDED, Other
04/22/13 14:46 -sodium chloride (Saline Flush) , 2.5 ml, IV Push, as ordered, AS NEEDED, Other
04/22/13 12:32 -vancomycin (Vancomycin dosing per pharmacy) , 50 ml 1 app, Intravenous Piggyback, one time
04/25/13 08:56 -vancomycin (vancomycin) 1.25 gm, Intravenous Piggyback, every twenty four hours
04/25/13 13:44 -Water (Free Water) , 200 ml, nasogastric tube, four time a day
04/26/13 5:04 -levetiracetam (Keppra) 250 mg, Dobhoff Tube, twice a day

Allergies: Sulfa, Lamictal, Erythromycin

Reason for Transfer: ICU transfer to team care

Hospital Course:**1. Altered mental status, increased lethargy:**

Likely secondary to severe hyponatremia and dehydration. Patient had multiple strokes, at baseline aphasia and left sided hemiparesis. After IV fluid and correction of hyponatremia, patient is now back to baseline mental status. She was on Keppra 250mg BID for seizure precaution before admission, Keppra level was measured to be 12.7 at lower end of therapeutic level, keppra was temporarily increased to 500 mg b.i.d. and now changed back to 250 b.i.d. after discussed with neurology Dr. Story verbally.

2. Severe Hyponatremia:

On admission, patient appears to be severely dehydrated with sodium level of 101, with free water deficit of 7-8L. Urine osmolality of 871 which indicating the etiology of severe hyponatremia is likely secondary to dehydration and unlikely diabetic insipidus. Patient was aggressively hydrated with normal saline boluses, subsequently changed to D5W 1/2 NS, pt was also given free water 200ml QID per dobhoff. Sodium was gradually corrected. Now Na⁺ is 144-147. Will need to continue monitor.

3. Severe Sepsis with MRSA+ pneumonia and Ecoli UTI

On admission, patient was in severe sepsis, with bacteremia, fever, hypotension and tachycardia. Respirations culture later revealed MRSA pneumonia, and urinary culture revealed Escherichia coli UTI. Patient was covered with broad-spectrum antibiotics vancomycin and cefepime for 5 days, switched to ceftriaxone for another 2 days for a total of 7 days antibiotics for E Coli UTI, and continue vancomycine for 9 days for a total of 14 day treatment of MRSA PNA.

4. Elevated INR of 1.9

Likely secondary to vitamin K depletion in the setting of patient's poor nutrition. She has not been on any anticoagulative medications. Patient received 5 mg of vitamin K IV and INR is now at 1.2

5. Macrocytic anemia

Patient presents with elevated MCV (113.4), low Hb (9.8), normal B12 and folate, iron study reveals a pattern of anemia of chronic disease, mildly elevated LDH but mildly elevated haptoglobin are against hemolytic anemia, normal to low reticular count was 0.2%. As pt condition improving, MCV is also decreasing to close to normal range of 99.4. The etiology of macrocytic anemia is unclear at this point, it is not due to folate or B12 deficiency, not due to reticulosis, the underlying etiology of hypothyroidism, which can cause macrocytic anemia, however patient was on levothyroxine supplementation and TSH was severely suppressed on admission, indicating adequate thyroxine. We are unsure what's the cause of macrocytic anemia. Over the entire hospital stay, patient's hemoglobin has been stable and improving, guaiac tests has been negative.

6. Thrombocytopenia

On admission, platelet was 63 and trending down to 47, then gradually coming up to 69 today. As per Wilton meadow nursing record, patient platelet in February was around 160, her acute thrombocytopenia is likely secondary to sepsis

Patient Care Transfer Summary

PARTCH, DOROTHY - 149624

She does not have signs of bleeding, no platelet transfusion required. Dr. Ruskin has been following the case and agrees with current management. Please continue monitoring platelet count.

7. AKI

Likely secondary to prerenal and volume depletion, after IV fluid patient BUN and creatinine gradually come down to normal level.

8. ? C-diff -diarrhea: On April 25, patient had 9 loose bowel movement, WBC was trending up, patient received 5 days of cefepime, c-diff was sent.

9. Decreased TSH

Euthyroid sick syndrome vs Levothyroxin overdose, we empirically decreased levothyroxine dose to 75 mcg daily (home dose 100mcg). Patient will need recheck TSH and T3, T4 in one month after acute illness resolved and adjust levothyroxine dosage.

10. Social issues: patient's daughter have a lawsuit against nursing home, not clear if daughter still have POA or pt is conserved by state, please f/u with case manager closely, obtain league document if needed. if daughter need medical document, please have her obtain through medical record.

Things to Follow:

1. F/u with chemistry for hypernatremia and K+ level. CBC for thrombocytopenia and Hb.
2. Continue ceftriaxone for another 2 days for a total of 7 days antibiotics for E Coli UTI. and vancomycine for 9 days for a total of 14 day treatment of MRSA PNA.
3. PICC line inserted today and femoral line removed.
4. Please f/u on the c-diff result and improvement of diarrhea
5. Pt is still on Dobhoff tube feed, please consider swallow evaluation and place pt back on PO diet once stable.
6. As for dft position. daughter dose not want to go to wilton meadow, however, not sure if she still have POA, please f/u with CM.

Wen Yang, PGY1

#831-2464, Please page me with any questions. Thanks.

Signature Line

(Electronically Signed on 04/26/13)

 YANG, WEN House Officer, MD

Completed Action List:

- * Performed by YANG, WEN House Officer, MD on 26 April 2013 16:22
- * Modified by YANG, WEN House Officer, MD on 26 April 2013 20:39

Printed by: Anastasia, Nancy
 Printed on: 04/29/2013 8:27

Page 3 of 4
 (Continued)

EXHIBIT I

Internal Medicine Associates of Darien, P.C.

*36 Old Kings Highway South
Darien, CT 06820
203-655-8749
Fax: 203-656-0701*

September 17, 2013

Mrs. Margery Partch
C/o David Vita, Director of Social Justice
The Unitarian Church in Westport
10 Lyons Plains Road
Westport, CT 06880

To whom it may concern:

Mrs. Dorothy Partch has been a patient of mine since 1979. Mrs. Partch suffered a severe stroke several years ago and has been in a nursing home for some time. She is currently at Aurora Senior Living of Norwalk in Norwalk, CT.

The patient also has a seizure disorder and is on medication for this and followed by Dr. Darryl Story for her neurologic problems.

I saw Mrs. Partch in my office September 9, 2013 at which time she was brought in by a stretcher from the nursing home. The patient would open her eyes when I spoke to her but was not verbal. Her examination did not reveal any new acute problems. Her daughter would like to take the patient home on the "Money Follows the Patient" state program. I see no reason not to do this as the nursing home is not providing anything that could not be done in the home. The patient has long made it known to me that she would like to remain at home and her daughter is also very much in favor of this.

If there are any specific questions or I can be of help, please contact me.

Yours,



Philip E. Negus, M.D.

*Philip E. Negus, M.D. • Charles Miner III, M.D. • Amanda Collins-Baine, M.D.
Susan M. Collins, M.D. • Donald Stangler, M.D.*

EXHIBIT II

Neurology Progress Note

Partch, Dorothy - 159

Neurology Visit *

Neurology Associates of Norwalk, P.C.

Patient: Partch, Dorothy MRN: 160 FIN: 44040
Age: 83 years Sex: Female DOB: 11/29/1929
Associated Diagnoses: None
Author: Story MD, Daryl

NEUROLOGY ASSOCIATES of NORWALK, P.C.
Follow-up Visit

Visit Information

Date of Service: 09/24/2013 02:10 pm Performing Location: Neurology Associates of Norwalk Encounter#: 44040
Visit type: Scheduled follow-up.
Accompanied by: ~~Staff member from Willen Meadows~~, daughter Marjorie.

Chief Complaint

Followup status post stroke, seizure.

DJ 9/24/13

History of Present Illness

I last saw the patient in October 2012.
In Norwalk Hospital in Spring 2013 with pneumonia.

Information from daughter:

Daughter says she is up every day in a tilted wheelchair 3-4 hours per day.
Not eating any meals. Fed by G-tube. Failed swallow evaluations at Norwalk Hospital in May.
Currently she has a cough.
Says yes and no. No sentences. She said "ow you're hurling me" once.
Keppra 250 bid and no known seizures.

The current effort on the part of Marjorie is to have her mother return home. Plans and funding for construction in the house are underway. Staffing to provide 24/7 total care at home through funding by "Money Follows the Patient."

the patient was cared for at home by her daughter, Marjorie from approximately 2005 (which is when I met the patient) until the time of the stroke in 2010 after which she has been in nursing home care.

Review of Systems

the patient cannot communicate and a full review of systems could not be obtained.

Health Status

Allergies:

Allergic Reactions (Selected)

Severity Not Documented

Lamotrigine (No reactions were documented)
Sulfa drug (No reactions were documented)

Medications: (Selected)

Documented Medications

Documented

Keppra 250 mg oral tablet: 250 mg, 1 tab(s), po, bid
Synthroid: daily
aspirin 81 mg oral tablet: 81 mg, 1 tab(s), po, daily

Problem list:

All Problems

Breast Ca / 174.9 / Confirmed
Dementia / 294.20
Depression / 311 / Confirmed
HTN (Hypertension) / 401.9 / Confirmed

Printed by: Story MD, Daryl
Printed on: 9/24/2013 3:21 PM EDT

Page 1 of 3
(Continued)

Hypothyroidism / 244.9 / Confirmed
 Late effect of stroke / 438.9 / Confirmed
 Seizure / 780.39 / Confirmed
 "2004"
 Stroke / 434.91
 " RIGHT OCCIPITAL STROKE 2003"
 RIGHT MCA STROKE 2010

Histories

Past Medical History:

No active or resolved past medical history items have been selected or recorded.

Family History:

No family history items have been selected or recorded.

Procedure history:

No active procedure history items have been selected or recorded.

Social History:

Alcohol Assessment: Denies Alcohol Use
 Tobacco Assessment: Denies Tobacco Use

Physical Examination

VS/Measurements

Vital Signs

9/24/2013 3:14 PM EDT	Peripheral Pulse Rate	76 bpm
	Systolic Blood Pressure	90 mmHg
	Diastolic Blood Pressure	60 mmHg
	Mean Arterial Pressure	70 mmHg

Measurements from flowsheet : Measurements

9/24/2013 3:14 PM EDT	Height	62 in
	Weight	130 lb
	BSA	1.6 m2
	Body Mass Index	23.77 kg/m2

Documented vital signs: Blood Pressure (Sitting, Cuff)

the patient was in a wheelchair. Her eyes are closed during the majority of the visit. She was nonverbal. She did not follow any commands. She has some intermittent eye opening and regards, for a few seconds only. She resisted eye opening and no and during attempted examination of the eyes. Pupils appeared to be round but reactive he could not be tested because of poor cooperation. Visual fields could not be tested. Motility was grossly conjugate but not formally tested. The face was grossly symmetric. The left side of the body was plegic with an extended rigid left arm. there was some semi-purposefully movement of the right arm. Withdrawal to noxious right leg. Deep tendon reflexes were hypoactive throughout, partially due to hypertonicity. There was a Babinski sign and left lower extremity triple flexion.

Wet sounding cough - DJ 9/24/13

Impression and Plan

This 83-year-old woman has severe neurological deficits due to stroke episodes, with the last significant event in 2010 causing her to be in need for total care. She has left-sided hemiplegia poor arousability and poor interactivity based on exam today. She is fed by G-tube.

She has a prior history of a seizure disorder, presumably due to an earlier stroke in the left occipital lobe. she has not had recent seizures on Keppra. She is on as low a dose as I am comfortable with, 250 mg b.i.d.. I think that her risk of seizure off of medication would be significant.

The desire from the patient's daughter is to have her home. Patient does need 24-hour care and the assistance of 2 individuals for transfers using a Hoyer lift. If all this is available in the patient's home along with all the necessary equipment, then from a neurological standpoint I would have no reason to oppose this effort. Her daughter Marjorie has at least 5 years experience caring for the patient at home up until the more severe stroke incident in 2010. My impression was that the care provided at home during

Neurology Progress Note

Partch, Dorothy - 159

this time was attentive and comprehensive.

I will continue to see the patient periodically for neurological followup.

Signature Line

Signed and Authored by Daryl Story MD on 09/24/2013 03:20 PM EDT

Charted Date: September 24, 2013 2:46 PM EDT
Subject / Title: Neurology Visit *
Performed By: Story MD, Daryl on September 24, 2013 2:52 PM EDT
Electronically Signed By: Story MD, Daryl on September 24, 2013 3:20 PM EDT
Visit Information: 44040, Neurology Associates of Norwalk, Outpatient, 9/24/2013 -

Dr. Randy L. Schulman
Dr. Juanita D. Collier
Behavioral Optometrists

139 Main Street
Norwalk, CT 06851
Phone: (203) 840-1991
Fax: (203) 840-1980
www.vfofworks.com



December 20, 2010

To whom it may concern:

I write this letter as a character reference on behalf of Marjorie Partch. I have known Marjorie for over 5 years both professionally and as a friend.

Marjorie's dedication to both her spirituality and her family is to be commended. She goes above and beyond in her approach to her work as well as her commitment to her mother in particular. She helped her mother through her illnesses and supported her in her vision therapy program at my office and in her home therapy program. Marjorie made sure her mother came to therapy sessions and did her home activities and was instrumental in Dorothy's forward progress.

I trust that Marjorie has her mother's best interests at heart.

Sincerely,

A handwritten signature in cursive script that reads "Randy L. Schulman".

Randy L. Schulman, MS, OD, FCOVD