

Dear Sir or Ma'am,

I am writing to request the revocation of Deborah L. Klock's nursing license (RN198863L) due to endangering the life of a person under her care, impersonating family members, and unprofessional conduct. Her unprofessionalism and misconduct is so extensive that I have included a table of contents in this document.

She is currently, the sole court appointed health guardian of my uncle, F. Harvey Whitten. I would appreciate if this matter could be dealt with swiftly, since not only is she guardian of my uncle, but I have heard through the grapevine that she is the guardian of 70 elder people, and they are all at risk. By revoking her license, the family of the other 70 people would have grounds for removing her from caring for their loved ones. Furthermore, it would be a deterrent for her to be a guardian of any other unsuspecting elderly persons.

Sincerely,

Mary Whitten, PhD

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Background and Overview

F. Harvey Whitten had a major stroke in the summer of 2010. He made a remarkable recovery for a while, but after 6 months, his condition gradually declined. He was diagnosed with vascular dementia. F. Harvey Whitten was appointed two co-health guardians. The first one was his niece (and my sister), Cosmas Skaife. The second was his best friend, Robert Sprau. The arrangement of co-guardianship worked well, until Robert Sprau died. Prior to Robert Sprau’s death, Mr. Sprau made arrangements for F. Harvey Whitten to have 24/7 aides to ensure he ate and bathed, and to escort him to community events in the Shannondell and the exercise room. Robert Sprau handpicked the aides, so that he would have the peace of mind that the cream of the crop was caring for his best friend after he died. F. Harvey Whitten’s court appointed attorney, Diane Zabowski and the judge, Stanley Ott, thought a local person should be available to put pills in a pillbox, since Cosmas Skaife resided in Wisconsin and F. Harvey Whitten was residing in an independent living facility in Pennsylvania. Therefore, Deborah Klock was

appointed as a co-health guardian to F. Harvey Whitten, in the orphan's courts of Montgomery County, PA in November of 2012 to replace Robert Sprau.

In November of 2012, Deborah Klock was spoken to by an attorney that represents the Whitten Family through Cosmas Skaife, because the Whitten Family was dissatisfied with Deborah Klock's level of communication concerning F. Harvey Whitten.

F. Harvey Whitten had a psychotic outbreak in December, possibly due to adverse side effects from all the medication changes that were occurring behind my sister's back. This led him through a series of stays in hospitals and he finally ended up moving to an assisted living facility at the Meadows at Shannondell.

The aides who were caring for F. Harvey Whitten 24/7 alerted the family to the fact that F. Harvey Whitten was being chemically restrained and that he was suffering from the side effects of Haldol. This fact coupled with talking with a family that had a horrifying experience with Deborah Klock prompted Cosmas Skaife to go through enormous obstacles to obtain F. Harvey Whitten's medical documentation. Upon reviewing the documents, F. Harvey Whitten's medication and doctor selections were changed without the knowledge or consent of Cosmas Skaife, co-health guardian. Deborah Klock, and the medical staff and administrators at The Meadows at Shannondell in Audubon, PA have chosen to ignore the Whitten Family's concern for F. Harvey Whitten, since he is being administered an inappropriate drug for his condition, as well as at a level that has caused side effects and overdose symptoms. F. Harvey Whitten was being and possibly still is being chemically restrained by the administration of 5 mg of Haldol daily. The CMS Manual system has a threshold limit of 2 mg a day of Haldol. Additional review of his medical records show that vitamins and folic acid were removed from his daily prescription, which are important nutrients, especially since F. Harvey Whitten was diagnosed with a vitamin B12 deficiency.

The medical documents and admission documents at the Meadows at Shannondell show on several occasions Deborah L. Klock signing paperwork claiming to be family of F. Harvey Whitten. Additionally, F. Harvey Whitten was without his dentures, glasses, and hearing aides for months and months, since Deborah Klock had them in her possession or locked in his previous apartment.


Further investigation into her background shows questionable activities concerning the estates of who I believe were her former clients that certainly warrant further review for unprofessional conduct, since allegations have been made that Deborah Klock coerced an elderly woman into signing over her Power of Attorney, and then Deborah Klock drained all her accounts to the sum of 2 million dollars.

Deborah Klock, Diane Zabowski, and Uninvest Bank (via Julianna Van Duyne-King) are routinely handed cases in the courtroom of Judge Stanley Ott from Montgomery County Orphan's Court as guardian and attorney for incapacitated people. Deborah Klock is rumored to be the guardian of 70 clients. These clients are at risk, because of Deborah Klock's unprofessional conduct. Revoking her nursing license could end her creditability of being a professional guardian and spare potential future clients from her neglect and abuse.

Deborah Klock Endangers F. Harvey Whitten's Life

Upon Deborah Klock being granted co-health guardianship of F. Harvey Whitten, without Cosmas Skaife's knowledge or consent as the other co-health guardian, she identified herself as the "emergency contact" at the facility where F. Harvey Whitten resides, The Shannondell in Audubon, PA. She states in the paperwork that F. Harvey Whitten has no known allergies, when in fact he has skin allergies to certain soaps to the extent he scratches until he bleeds when exposed to it. As a result of her negligence, F. Harvey Whitten was exposed to inappropriate soap, and as a result was scratching himself until he bled.

Shannondell at Valley Forge 610-728-5200		EMERGENCY MEDICAL INFORMATION	
Name	F Harvey Whitten	610-728-5255	
Address	13224 Shannondell Drive Audubon, PA 19403		
Date of Birth	6/5/1930	Social Security No.	577-42-3738 A
		Secondary Ins	Keystone 65
		ID No.	
		Group No.	
Emergency Contact	Deborah Klock		
Relationship	care manager		
Address	Norrstown 1		
Phone	c-610-416-5773		
Primary Doctor	Dr Raffi Megerian / Main Line Health @ Shannondell		
Phone	610-728-5241		
Hospital of Choice	Paoli Memorial Hospital		
Allergies	no known drug allergies		



MRN: 101006527
 WHITTEN, HARVEY F
 DOB: 06/05/1930 82 Y M
 DOS: 01/07/2013
 ATT: Gansberg MD, Susan
 FLN: 29064404

Einstein Healthcare Network Stay

F. Harvey Whitten had a violent outbreak, which was very unusual for him, since he spent decades meditating and preaching love. The outbreak could be a result of medication changes that were occurring without the knowledge or consent of Cosmas Skaife. He was admitted to the Einstein Healthcare Network on January 7th, 2013.

Upon review of the documentation, on January 7th, 2013, F. Harvey Whitten's medication had been "recently changed."

History of Present Illness

The patient presents with 82 y/o m w/ hx psychosis, DM, HTN, dementia, worsening psychosis for the last 3 days, unable to care for self, EMS called for AMS. No specific symptoms per case manager, attempting to get him into mercy suburban geriatric psych unit, however diverted to here for med clearance. Pt acutely psychotic, calm, unable to provide hx. The onset was 3 days ago. The course/duration of symptoms is worsening. The character of symptoms is disoriented, confused and combative. Baseline status: mild dementia. Risk factors consist of diabetes mellitus and recent medication change. Therapy today: none.

Deborah Klock was aware of the changes of medication as identified in the interview that she gave to Dr. Susan Ginsburg during a consultation at Einstein Healthcare Networks. However, Deborah Klock did not tell "the daughter who she thinks lives in Wisconsin, Sokie Cosmas" about any changes in medication.

HISTORY OF PRESENT ILLNESS

The patient is an 82-year-old white male who is confused, disoriented, and is not able to participate productively in the interview. There is documentation on the chart that on November 26, 2012, the Court of Common Pleas at Montgomery County Pennsylvania, the orphan's court division, appointed as co-guardian, DLK Managed Care Solutions, Inc., for this patient as he was declared incapacitated. The other co-guardian is his daughter, Sokie Cosmas. However, I believe she lives in Wisconsin. I personally spoke to his care manager at DLK Managed Care Solutions; her name is Debra Klock, 610-416-5773, and she was able to give me detailed information. She stated that he had been living

In the same consultation, Deborah Klock gave inaccurate personal and family medical history. Deborah Klock stated that F. Harvey Whitten had a CVA in 2011, when in fact, he had a CVA in 2010.

to give me detailed information. She stated that he had been living independently in California until a CVA in 2011. At that time he moved

Deborah Klock also stated that F. Harvey Whitten's mother had dementia, when in fact she did not. F. Harvey Whitten's mother died of pancreatic cancer and was of sound mind before her passing, as the Whitten Family can attest.

PAST PSYCHIATRIC HISTORY

Per Debra Klock, denied.

DRUG AND ALCOHOL HISTORY

Per Debra Klock, denied.

FAMILY HISTORY

Psychiatric disturbance or drug or alcohol abuse: Debra Klock was aware of dementia in the patient's mother.

Note in the medical history reported to Einstein Healthcare Networks, a B12 deficiency is mentioned. F. Harvey Whitten's B12 deficiency was also verified by a Home Instead Aid who worked with F. Harvey

Whitten prior to Deborah Klock being a court appointed health guardian. This will be mentioned again later.

MEDICAL HISTORY
Diabetes mellitus, history of past CVA. Ambulates with walker normally. Hyperlipidemia, B12 deficiency, dementia.

The Einstein Medical Report also conducted a Morse Fall Risk assessment while he was there. An example, of what the fall risks say is below. In this example, his score is 30.

Morse Fall Risk
History of Falling Immediate or Within Last 3 Months : No
Presence of Secondary Diagnosis : Yes
Use of Ambulatory Aid : None, bedrest, wheelchair, nurse
IV/Heparin Lock : No
Gait/Transferring : Normal, bedrest, immobile
Mental Status : Forgets limitations
Score : 30

The average of his assessments places him in the “Low Risk” range.

Sample Risk Level		
Risk Level	MFS Score	Action
No Risk	0 - 24	Good Basic Nursing Care
Low Risk	25 - 50	Implement Standard Fall Prevention Interventions
High Risk	≥ 51	Implement High Risk Fall Prevention Interventions

The fall risk scores seen were 30, 50, 50, and 70, which average to 50, low risk.

Haldol is seen in F. Harvey Whitten’s medical records on January 8th, 2013. The administering of Haldol was completed without Cosmas Skaife’s knowledge or consent.

The administering of haloperidol (Haldol is the brand name) was approved as a liquid injection for a single day. The dose was 2 mg.

haloperidol 5 mg/mL Inj 1mL(Haldol) 0.4 mL = 2 mg (Order Id = 253664879.00)			
2 mg, IM, Injection, Once, NOW, Start date 01/08/13 14:28:00 EST, Stop date 01/08/13 14:28:00 EST			
Order Entered By: Kalita, Kaitlyn			
Dr. TRACHTENBERG, JACOB accepted on 01/08/13 14:58 EST			
Pharmacist: Peltier, Lori accepted on 01/08/13 14:30 EST			
ACTION(S)	CHARTED AT	ADMIN TIME(S)	ADMIN DETAIL(S)
Med Given	01/08/13 14:41 EST	01/08/13 14:30 EST	haloperidol 2 mg / 0.4 mL IM Right Deltoid
Complete		01/08/13 14:41 EST	Performed by: Kalita, Kaitlyn
			Performed by: Kalita, Kaitlyn

On the same day, an oral form of haloperidol was ordered. The dose was 0.5 mg, and 2.5 mg was administered over approximately a 27 hour time span.

haloperidol 0.5 mg Tab(Haldol) 1 tab(s) = 0.5 mg (Order Id = 253677516.00)			
0.5 mg, Oral, Tab, q4 hours, PRN Agitation, Routine, 30 day(s), Start date 01/08/13 15:14:00 EST, Stop date 02/07/13 15:13:00 EST			
Order Entered By: TRACHTENBERG, JACOB			
Nurse: Kalita, Kaitlyn accepted on 01/08/13 15:18 EST			
Pharmacist: Odenell, Hugh accepted on 01/08/13 15:17 EST			
ACTION(S)	CHARTED AT	ADMIN TIME(S)	ADMIN DETAIL(S)
Med Given	01/08/13 17:10 EST	01/08/13 17:10 EST	haloperidol 0.5 mg Oral
Response	01/08/13 17:49 EST	01/08/13 17:55 EST	Reason for Medication: Agitation Performed by: Kalita, Kaitlyn PRN Response Form PRN Medication Response PRN Medication Effectiveness: Yes Performed by: Kalita, Kaitlyn at 01/08/13 17:49 EST
Med Given	01/08/13 21:55 EST	01/08/13 21:50 EST	haloperidol 0.5 mg Oral
Response	01/09/13 00:46 EST	01/08/13 22:35 EST	Reason for Medication: Agitation Performed by: Diaz, Lisa M PRN Response Form PRN Medication Response PRN Medication Effectiveness: Yes Performed by: Diaz, Lisa M at 01/09/13 00:46 EST
Med Given	01/09/13 07:00 EST	01/09/13 07:00 EST	haloperidol 0.5 mg Oral
Response	01/09/13 07:51 EST	01/09/13 07:51 EST	Reason for Medication: Agitation Performed by: Diaz, Lisa M PRN Response Form PRN Medication Response PRN Medication Effectiveness: Yes Performed by: Zimba, Samantha T. at 01/09/13 07:51 EST
Med Given	01/09/13 15:36 EST	01/09/13 15:36 EST	haloperidol 0.5 mg Oral
Response	01/09/13 16:32 EST	01/09/13 16:32 EST	Reason for Medication: Agitation Performed by: Zimba, Samantha L PRN Response Form PRN Medication Response PRN Medication Effectiveness: Yes Performed by: Zimba, Samantha T. at 01/09/13 16:32 EST
Med Given	01/09/13 20:36 EST	01/09/13 20:42 EST	haloperidol 0.5 mg Oral
Response	01/09/13 20:46 EST	01/09/13 20:46 EST	Reason for Medication: Agitation Performed by: Zimba, Samantha L PRN Response Form PRN Medication Response PRN Medication Effectiveness: Yes

Although Haldol is not advised as a medicine for persons suffering from dementia, Einstein Health Networks, only administered the drug when F. Harvey Whitten was restless on January 8th and 9th, 2013. When F. Harvey Whitten no longer showed signs of agitation on January 10th, 2013, the Haldol was not administered. Note in the next box, under the behavior column, it is mostly 2's, which corresponds to awake/alert. The two previous days had numerous 3's for awake/restless.

Behavior Codes:				Location:			
0 - Asleep	7 - Laughing	0 - Patient room	5 - Outside				
1 - Awake/Lethargic	8 - Mumbling	1 - Hallway	6 - Studies/Diagnostic Test				
2 - Awake/Alert	9 - Yelling/Screaming	2 - Bathroom	7 - Other: _____				
3 - Awake/Restless	10 - Combative/Aggressive	3 - Therapy					
4 - Beating/Kicking	11 - Threatening	4 - Dining room/ Day room					
5 - Crying	12 - Voicing Suicidal Ideation						
6 - Cursing							

Date: _____

Time	Behavior	Location	Initials	Time	Behavior	Location	Initials	Time	Behavior	Location	Initials	Time	Behavior	Location	Initials
2400	0	0	TM	0800	2	0	TM	1200	2	0	SB	1800			
15	0	0	TM	15	2	0	TM	15	2	0	SB	15			
30	0	0	TM	30	2	0	TM	30	2	0	SB	30			
45	0	0	TM	45	2	0	TM	45	2	0	SB	45			
0100	0	0	TM	0700	0	0	SB	1300	2	0	SB	1900			
15	0	0	TM	15	0	0	SB	15	2	0	SB	15			
30	0	0	TM	30	0	0	SB	30	2	0	SB	30			
45	0	0	TM	45	0	0	SB	45	2	0	SB	45			
0200	0	0	TM	0800	0	0	SB	1400	2	0	SB	2000			
15	0	0	TM	15	0	0	SB	15	2	0	SB	15			
30	0	0	TM	30	0	0	SB	30	2	0	SB	30			
45	0	0	TM	45	0	0	SB	45	2	0	SB	45			
0300	0	0	TM	0900	0	0	SB	1500	2	0	SB	2100			
15	0	0	TM	15	0	0	SB	15	2	0	SB	15			
30	0	0	TM	30	0	0	SB	30	2	0	SB	30			
45	0	0	TM	45	0	0	SB	45	2	0	SB	45			
0400	0	0	TM	1000	0	0	SB	1600	0	0	SB	2200			
15	0	0	TM	15	0	0	SB	15	2	0	SB	15			
30	0	0	TM	30	0	0	SB	30	2	0	SB	30			
45	2	0	TM	45	0	0	SB	45	0	0	SB	45			
0500	2	0	TM	1100	0	0	SB	1700	discharged			2300			
15	2	0	TM	15	0	0	SB	15				15			
30	2	0	TM	30	0	0	SB	30				30			
45	2	0	TM	45	0	0	SB	45				45			

In my opinion, Einstein Healthcare Network used Haldol as it was meant to be used to alleviate brief psychotic disorders.

From: <http://www.webmd.com/drugs/drug-8661-Haloperidol+Oral.aspx?drugid=8661&drugname=Haloperidol+Oral>

Haloperidol may be used in hospitalized patients who have severe behavior problems or confusion for short periods of time.

The Haldol was not made a regular medicine, since January 9th, 2013, Haldol was not listed on his lists of medication.

Nutritional/Additional Information: Initial assessment complete. Pt is a 82 yr old male admitted with change in mental status. PMH includes: Dementia, pt currently in restraints on 1:1. Meds include: Aricept, B12, Folic Acid, Sertraline, SS1, Trazodone. Diet: 1800 Carb Control/LFLC diet, pt eating 50 - 75% of meals, no N/V/D, no issues chewing/swallowing. Wt: (1/7) 76 kg, no weight changes noted, pt unable to provide UBW range. Skin intact. Labs from (1/8) albumin 3.8, adequate protein stores. BS 139, 132, 117. Pt unable to provide usual po intake, will monitor.

On January 10th, 2013, Haldol was ordered in 0.5 mg doses. However, it was not recommended as a daily medicine to be taken at specific intervals, but only “as needed for agitation.”

Order Date/Time:	01/10/2013 15:34 EST			
Order Name:	haloperidol			
User Name:	Milanese, Renee	Page 174 of 178	Print Date/Time: 05/16/2013 14:51	
Department Status:	Type of Order:	Order Status: Ordered		
Ordered	Pharmacy			
Action Date/Time	Action	Ordering Physician	Action Personnel	Communication Type
01/10/2013 15:35 EST	Order	Miller PA-C, Kristine	Miller PA-C, Kristine	Written
Order Details: 0.5 mg = 1 tab(s), Oral, q4 hours, PRN as needed for agitation, # 24 tab(s), 0 Refill(s), other reason (Rx)				
Review Information: N/A				

On January 10th, 2013, F. Harvey Whitten was discharged from Einstein Health Care, and the list of medication to take included Haldol, but only “as needed.”

Medications

This is the list of medications that you are to take after you leave the hospital:

If you have questions about these medications or intend to take other medications that you have at home, please discuss this with your physician, before you leave the hospital.

haloperidol (Haldol 5 mg/mL injectable solution) 5 mg, Intramuscular, every 4 hours, As Needed, Agitation, Refills: 0

haloperidol (haloperidol 0.5 mg oral tablet) 1 tab(s), Oral, every 4 hours, As Needed, as needed for agitation, Refills: 0

Again, Cosmas Skaife was unaware of any changes in prescriptions for F. Harvey Whitten, even though she was co-health guardian. I am alarmed at the prescription of injectable haloperidol (Haldol), since it is not approved for patients with dementia according to the National Institute of Health.

From <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=73754c96-1442-455e-8724-9e6d4e796b04>

WARNINGS

Increased Mortality in Elderly Patients with Dementia-Related Psychosis

Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. HALDOL Injection is not approved for the treatment of patients with dementia-related psychosis

Furthermore, the Mayo Clinic doesn't suggest any form of Haldol being administered to patients with dementia.

From <http://www.mayoclinic.com/health/drug-information/DR600751>

Description

Haloperidol is used to treat nervous, emotional, and mental conditions (e.g., schizophrenia). It is also used to control the symptoms of Tourette's disorder. This medicine should not be used to treat behavior problems in older adult patients who have dementia.

Haloperidol is also used to treat severe behavioral problems (e.g., aggressive, impulsive behavior) or hyperactivity in children who have already been treated with psychotherapy or other medicines that did not work well.

The doctors who contribute to WebMD also do not approve of Haldol for administration to persons with dementia.

From: <http://www.webmd.com/drugs/drug-5419-Haldol+Oral.aspx?drugid=5419&drugname=Haldol+Oral&source=1>

HALDOL ORAL WARNINGS

There may be a slightly increased risk of serious, possibly fatal side effects (e.g., [pneumonia](#), [heart failure](#)) when this [medication](#) is used in older adults with [dementia](#). This medication is not approved for the treatment of dementia-related behavior problems. Discuss the risks and benefits of this medication, as well as other effective and possibly safer treatments for dementia-related behavior problems, with the doctor.

Haldol was not administered on January 10th, 2013, when F. Harvey Whitten wasn't agitated as shown in the medical records. The medicine was not meant to be administered on a daily bases at set intervals. F. Harvey Whitten was not always agitated, but given that he was tied to a bed, a certain level of agitation should be expected. F. Harvey Whitten did not demonstrate agitation on a daily bases prior to being admitted to Einstein Healthcare Network. Therefore, there would be no need for a daily dose of Haldol, even if its prescription was appropriate.

Initiation				
Extremity/Torso Restraint Type				
	Left Upper Extremity Restraint	Right Upper Extremity Restraint	Left Lower Extremity Restraint	Right Lower Extremity Restraint
<i>Type of Extremity/Torso Restraints :</i>	Locked restraint	Locked restraint	Locked restraint	Locked restraint
	Rank, Alyssa - 01/08/2013 0:01 EST	Rank, Alyssa - 01/08/2013 0:01 EST	Rank, Alyssa - 01/08/2013 0:01 EST	Rank, Alyssa - 01/08/2013 0:01 EST

The following is the summary of medication for F. Harvey Whitten upon discharge from Einstein Healthcare Network:

Medications

This is the list of medications that you are to take after you leave the hospital:

If you have questions about these medications or intend to take other medications that you have at home, please discuss this with your physician, before you leave the hospital.

cholecalciferol (Vitamin D3 400 intl units oral tablet) , Refills: 0

cyanocobalamin (Vitamin B12 50 mcg oral tablet) 1 tab(s), Oral, every day, Refills: 0

docusate (Colace 50 mg oral capsule) 1 cap(s), Oral, 2 times a day, As Needed, for constipation, Refills: 0

donepezil (Aricept 5 mg oral tablet) 1 tab(s), Oral, at bedtime, Refills: 0

folic acid (folic acid 1 mg oral tablet) 1 tab(s), Oral, every day, Refills: 0

haloperidol (Haldol 5 mg/mL injectable solution) 5 mg, Intramuscular, every 4 hours, As Needed, Agitation, Refills: 0

haloperidol (haloperidol 0.5 mg oral tablet) 1 tab(s), Oral, every 4 hours, As Needed, as needed for agitation, Refills: 0

lorazepam (lorazepam 0.5 mg oral tablet) 1 tab(s), Oral, 3 times a day, As Needed, for anxiety, Refills: 0

multivitamin with minerals (Centrum Silver oral tablet) 1 tab(s), Oral, every day, Refills: 0

rosuvastatin (Crestor 20 mg oral tablet) 1 tab(s), Oral, every day, Refills: 0

sertraline (sertraline 50 mg oral tablet) 1 tab(s), Oral, every day, Refills: 0

sitagliptin (Januvia 50 mg oral tablet) 1 tab(s), Oral, every day, Refills: 0

tamsulosin (Flomax 0.4 mg oral capsule) 1 cap(s), Oral, every day, Refills: 0

timolol (timolol 5 mg oral tablet) 1 tab(s), Oral, 2 times a day, Refills: 0

traZODONE (trazodone 50 mg oral tablet) 0.5 tab(s), Oral, at bedtime, Refills: 0

Stop Taking These Medications:

Additional Medication Instructions: Haldol ordered by psychiatrist for agitation as needed.

Mercy Suburban Hospital Stay

Upon release from Einstein Healthcare Network, F. Harvey Whitten was transferred to Mercy Suburban Hospital.

While at Mercy Suburban, Dr. Miquel Agulio-Seara was F. Harvey Whitten's physician. Dr. Miquel Agulio-Seara had F. Harvey Whitten, an incapacitated person sign a form stating that he was aware of

the risks of the medicine that he was taking. Next Dr. Miquel Aguillo-Seara signs that the patient is capable of making an informed decision. The Whitten Family has been to visit F. Harvey Whitten on numerous occasions, and he does not recognize his own family members, and he can't remember his brother, sister-in-law, or best friend had passed. In my opinion, this is preposterous that a doctor would claim that F. Harvey Whitten is capable of making an informed decision, or that he signed a document at all. F. Harvey Whitten's signature is far to the right from where a person would normally sign, and he clearly couldn't write a date, or notice that the wrong date was written, since it was presumably January 11th and not June 5th. In my opinion, the year sure isn't 2013 that F. Harvey Whitten is capable of making a sound medical choice concerning his medication.

3. I understand that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me concerning the results of the proposed treatment.

In acknowledgement of the above terms, I agree to the administration of the medications listed above.

Patient's signature X Harvey Whitten Date 6/5/13

Witness signature Michelle Y. [unclear] Date 6/5/13

Physician's certification

I hereby certify that I have explained to the patient the nature of his/her condition, the purpose, nature, dosage and method of administration; the anticipated benefits, risk and side effects of the medication; the patient's prognosis with and without medication; and any alternatives. Based on my assessment of this patient, I have concluded that the patient is capable of making an informed decision and providing consent to medication and is willing to do so.

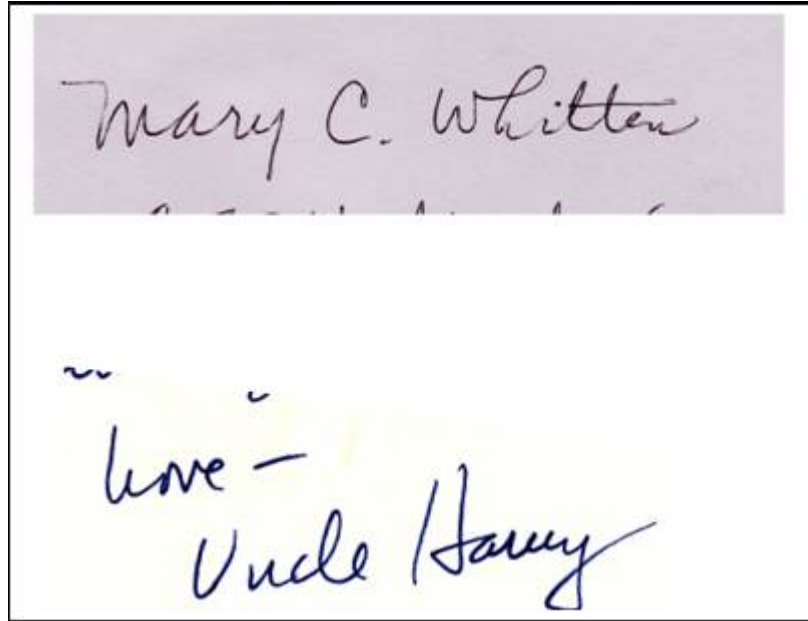
Signature: [Signature] Date: 1/11/13

Physician's Name (Printed): Seara

Medication information sheet given Yes Yes No No Date: _____


Signature: _____

The following is an example of F. Harvey Whitten writing his first name and last name when he was a lucid, capable man. The signature above doesn't even represent a vital man. When F. Harvey Whitten had his cognitive skills, he spelled his last name *Whitten*, not *Whuttemm*.



Dr. Seara signed that F. Harvey Whitten is capable of understanding the risks and side effects of the medication that he is taking. During the same visit to Mercy Suburban Hospital, F. Harvey Whitten scored 4/27 on a “mini-mental state examination.”

Mini-Mental State Examination (MMSE)

Maximum Score	Score	
5	(1)	ORIENTATION What is the (year) (season) (date) (day) (month)?
5	(1)	Where are we: (state) (county) (town or city) (hospital) (floor)?
3	(0)	REGISTRATION Name 3 common objects (eg, "apple," "table," "penny"): Take 1 second to say each. Then ask the patient to repeat all 3 after you have said them. Give 1 point for each correct answer. Then repeat them until he/she learns all 3. Count trials and record.
		Trials:
5	(0)	ATTENTION AND CALCULATION Spell "world" backwards. The score is the number of letters in correct order (D ___ L ___ R ___ O ___ W ___).
3	(0)	RECALL Ask for the 3 objects repeated above. Give 1 point for each correct answer. [Note: recall cannot be tested if all 3 objects were not remembered during registration]
2	(0)	LANGUAGE Name a "pencil," and "watch."
1		Repeat the following. "No ifs, ands, or buts."
3		Follow a 3-stage command: "Take a paper in your right hand, fold it in half, and put it on the floor."
1	()	Read and obey the following: Close your eyes.
1	()	Write a sentence.
1	()	Copy the following design.
		 <p style="text-align: center;">No construction problem.</p>
Total Score	<u>4/27</u>	

CLOSE YOUR EYES
 } refused to answer questions on Admission

MILD TO MODERATE DEMENTIA
 26 > TOTAL SCORE > 10

Cosmas Skaife had no knowledge of F. Harvey Whitten being presented this document to sign nor did she consent for F. Harvey Whitten to sign any medical paperwork.

Upon release from Mercy Suburban Hospital, Dr. Seara had changed the following medications of F. Harvey Whitten without Cosmas Skaife's knowledge or consent.

Medications
Start taking the following new medications:
 Venlafaxine Hcl 25 Mg Tablet
 25 Milligram Oral Twice A Day 30 Days

Trazodone Hcl (Desyrel) 100 Mg Tablet
 100 Milligram Oral Bedtime 30 Days

Haloperidol 2 Mg Tablet
 2 Milligram Oral Twice A Day 30 Days

Continue taking these medications:
 Tamsulosin Hcl (Flomax) 0.4 Mg Capsule
 0.4 Milligram Oral Daily # 30 Capsule

Sitagliptin Phosphate (Januvia) 50 Mg Tablet
 50 Milligram Oral Daily 28 Days


Stop taking these medications:
 Donepezil Hcl 10 Mg Tablet
 10 Milligram Oral Bedtime 14 Days

Rosuvastatin Calcium (Crestor) 20 Mg Tablet
 20 Milligram Oral Bedtime 60 Days

The following table compares the two sets of medicine that Einstein Healthcare Network and Mercy Suburban Hospital have recommended upon release from their facilities. There are nine recommended doses from Einstein Healthcare that didn't make the list from Dr. Seara (i.e. "start taking," "continue taking," "stop taking"). The existence of the previous medical protocol vanished. In the table, the cells with "See Note 1" under the Mercy Suburban Hospital header for the column in the table are the medicines not addressed at all. If it was a legitimate oversight, a competent co-health guardian should have noticed the error and addressed it, after all Deborah Klock had been putting F. Harvey Whitten's pills in pill boxes for months. Especially alarming to me is the missing vitamin pills, especially since Deborah Klock had listed at Einstein Healthcare Network that F. Harvey Whitten had a B12 deficiency. Vitamin B12 was removed from his medication list. Cosmas Skaife was unaware of any changes to F. Harvey Whitten's medicine, so she would have been unable to decipher the discrepancy.

Medicine	Dose	Frequency	Total daily dose	Einstein Healthcare Network	Mercy Suburban Hospital
Cholecalciferol (Vitamin D3)	400 int units	not specified	not specified	Yes	See Note 1
cyanocobalamin (Vitamin B12)	50 mcg	1 per day	50 mcg	Yes	See Note 1
docusate (Colace)	50 mg	2 times a day, as needed	as needed	Yes	See Note 1
donepezil (Aricept)	5 mg	1 per day	5 mg	Yes	See Note 2
folic acid	1 mg	1 per day	1 mg	Yes	See Note 1
haloperidol (Haldol)	5 mg/mL injectable	every 4 hours, as needed	as needed	Yes	See Note 1
haloperidol	0.5 mg	every 4 hours, as needed	as needed	Yes	See Note 2
Haldol	2 mg	2 per day	4 mg	--	Yes
lorazepam	0.5 mg	3 times a day, as needed	as needed	Yes	See Note 1
multivitamin with minerals	--	1 per day	1 per day	Yes	See Note 1
rosuvastatin (Crestor)	20 mg	1 per day	20 mg	Yes	See Note 2
sertraline	50 mg	1 per day	50 mg	Yes	See Note 1
sitagliptin (Januvia)	50 mg	1 per day	50 mg	Yes	Yes
tamsulosin (Flomax)	0.4 mg	1 per day	0.4 mg	Yes	Yes
timolol	5 mg	2 per day	10 mg	Yes	See Note 1
traZODONE	50 mg	1 per day	50 mg	Yes	See Note 2
traZODONE	100 mg	1 per day	100 mg	--	Yes
venlafexine (Effexor)	25 mg	2 per day	50 mg	--	Yes
Note 1: Dr. Seara does not mention these medications at all, (i.e. under start taking, continue taking, or stop taking.)					
Note 2: Dr. Seara specifically states to stop taking these medications.					

The pharmacist at Mercy Suburban Hospital alerted Dr. Seara to adverse effects of mixing two drugs, one of them being Haldol. These two drugs are listed on the suggested medication list upon F. Harvey Whitten's release from Mercy Suburban Hospital. Cosmas Skaife was not made aware that these two medicines were being administered to F. Harvey Whitten.

 **Mercy Suburban Hospital**
A member of Mercy Health System

Pharmacy Memo

Patient Name: Whitten, Harvey
To Dr. Seara Room #: 148-1
Acct #: SA1320561097

Regarding: Haldol + Effexor
Combination of Haldol and Effexor may result in an increase in the Qtc interval
Please consider obtaining an EKG and please monitor patient. Thank you.

Pharmacist: A. Rothbart Date/Time: 1/11/12 1PM
(Print name)

For further information or questions please contact the Pharmacy at 4-2025.
Thank you.

Although, the pharmacist recommended an EKG, no EKG was given.

During F. Harvey Whitten's stay at Mercy Suburban Hospital, he was given 4 mg a day of Haldol. One of the side effects of Haldol is loss of balance. He was classified as a high fall risk at Mercy.

The Meadows at Shannondell Stay

According to the medical records, no EKGs were given at The Meadows at Shannondell, after leaving Mercy Suburban Hospital, per mentioned by the pharmacist at Mercy Suburban Hospital.

Upon checking into The Meadows, Deborah Klock continued to give false accounts concerning medical information of F. Harvey Whitten. In the following excerpt she claimed that F. Harvey Whitten had multiple falls in the last 6 months, too numerous to count. Recall, that just weeks before Einstein Healthcare Networks evaluated F. Harvey Whitten as a low fall risk. Home Instead Employees would also classify him as a low fall risk.

Awake and alert, orientated only to self. Able to state name. Unable to state date or location. Personal Guardian, Debbie at bedside which this RN obtain history from. Resident has had multiple falls in last 6 months, too numerous to count. Resident has glasses, no with resident, Debbie unsure of location at time of assessment. Upper dentures unable to fit properly due to weight loss, resident unable to wear them. Resident has natural lower teeth. Debbie states resident is on a chopped diet at home due to dentures. B/L hearing aids, not with resident, resident not wearing during recent times. Adequate hearing observed.

The above excerpt also mentions that F. Harvey Whitten doesn't have his glasses, dentures, or hearing aids with him. Deborah Klock was repeatedly asked to retrieve these items for F. Harvey Whitten for numerous months, and she wouldn't. F. Harvey Whitten had a lower quality of life due to Deborah Klock's refusing to retrieve these items. In fact, under oath on a July 8th hearing concerning F. Harvey Whitten, she stated that these items are only secondary. The questions are from attorney Diane Zabowski, and the answers from Deborah Klock.

Q. So some of the differences that you had with Cosmas Skaife were her complaints about the fact that his dentures were not fitting, that he was not wearing his hearing aides, and that he wasn't wearing his eyeglasses all the time, right?

A. Tragically, it makes us feel better because we have given them all of these resources.

Q. But were these issues she was complaining to you about?

A. Yes.

Q. And in your experience, those issues are secondary, and there are more critical issues that you have to deal with, with Harvey, right?

A. Correct.

On January 22nd, 2013 Deborah Klock mentions the changes in medication from Mercy Hospital, but fails to mention the nine medications that were omitted completely from his list with no explanation, even though she had been putting his pills in pillboxes previously and should have noticed the missing medication.

Hx from guardian - he was sent out to Phoenixville for evaluation of a possible UTI, was given five days of antibiotics before stopping due to negative cultures, returned to II at Shannondell where he lives with 24 hr aides but he had decline in mental status, was out of control, refused ativan prn's, was taken by police to Montgomery where he was in four point restraints, before being moved to Mercy Suburban where he has been stabilized on current meds. His meds are now venlafaxine 25mg bid, trazadone 100mg at hs, haldol 2mg bid - these meds are new, He is to continue taking sitagliptin 50mg and tamsulosin 0.4mg daily

Deborah Klock continues to give inaccurate medical history to the Meadows at Shannondell. F. Harvey Whitten's father died from complications of a stroke, not emphysema. His mother died at the age of 93,

and his brother did not die from bladder cancer. His brother died from a combination of multiple myeloma and Parkinson disease. Furthermore, F. Harvey Whitten's older brother Leslie H. Whitten, Jr's medical history failed to be conveyed.

FH father emphysema, mother died at 90, brother died of bladder cancer.

F. Harvey Whitten's dose of Haloperidol was increased again on January 23rd, 2013. Again, this medication change occurred without Cosmas Skaife's knowledge or consent. Notice the last row is the 2 mg of Haloperidol that Dr. Seara prescribed twice a day, and the first row sums to an extra 1mg per day of Haldol over what Dr. Seara recommended. There is no documentation that F. Harvey Whitten had unusual psychotic behavior on this day to warrant such an increase, setting aside that the drug is completely inappropriate for F. Harvey Whitten's condition anyway.

Orders	Feb	1	2	3	4	5	6
haloperidol 0.5 mg tablet Dispensed: haloperidol 0.5 mg tablet SIG: give 1 tablet (0.5 mg) by oral route 2 times per day Start Date: 01/23/2013 05:00 pm	9:00a	ND	YS	YS	AM	ND	ND
	5:00p	EG	EG	EG	EG	DM2	EG
Document any signs/symptoms of depression or behaviors noted and any side effects of psychoactive medication in comment field. Start Date: 01/23/2013 12:15 am	7:00a-3:00p	ND	YS	YS	AM	ND	ND
	3:00p-11:00p	EG	EG	EG	EG	DM2	EG
	11:00p-7:00a	DM2	DM2	DC	DC	DC	DM2
trazodone 100 mg tablet Dispensed: trazodone 100 mg tablet SIG: give 1 tablet (100 mg) by oral route once daily at bedtime Start Date: 01/23/2013 12:00 am	9:00p	EG	EG	EG	EG	DM2	EG
Januvia 50 mg tablet Dispensed: Januvia 50 mg tablet SIG: give 1 tablet (50 mg) by oral route once daily Start Date: 01/22/2013 04:08 pm	9:00a	ND	YS	YS	AM	ND	X
haloperidol 2 mg tablet Dispensed: haloperidol 2 mg tablet SIG: give 1 tablet (2 mg) by oral route 2 times per day Start Date: 01/22/2013 04:08 pm	9:00a	ND	YS	YS	AM	ND	ND
	5:00p	EG	EG	EG	EG	DM2	EG

The doctor whose name is associated with the extra milligram of haloperidol a day on January 23rd, 2013 was Dr. Raffi Megerian (License number MD421091).

1/23/2013 1:44 pm	haloperidol 0.5 mg tablet SIG: give 1 tablet (0.5 mg) by oral route 2 times per day Dx: 296.34-Rec depr psych-psychotic Schedule: Every Day at 9:00 am; 5:00 pm, PHONE Entered By: Miller, William	New Order	Renewed/ N/A	Megerian, Raffi
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According to the CMS Manual System Pub. 100-07 State Operation Provider Certification from the Department of Health and Human Services, the daily dose threshold is 2 mg per day for haloperidol.

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1SOM.pdf>

Dosage

- Doses for acute indications (for example, delirium) may differ from those used for long-term treatment, but should be the lowest possible to achieve the desired therapeutic effects

Daily Dose Thresholds for Antipsychotic Medications Used to Manage Behavioral Symptoms Related to Dementing Illnesses

Generic Medication	Dosage
First Generation	
chlorpromazine	75 mg
fluphenazine	4 mg
haloperidol	2 mg
loxapine	10 mg
molindone	10 mg
perphenazine	8 mg
pimozide	*
prochloroperazine	*
thioridazine	75 mg
thiothixene	7 mg
trifluoperazine	8 mg
Second Generation	
aripiprazole	10 mg
clozapine	50 mg
olanzapine	7.5 mg
quetiapine	150 mg
risperidone	2 mg
ziprasidone	*

* Not customarily used for the treatment of behavioral symptoms

Additionally, recall Deborah Klock refused to retrieve F. Harvey Whitten's glasses, dentures, and hearing aids. According to the CMS Manual System, antipsychotic medication (i.e. haloperidol) should have never been initiated in the first place, and certainly not increased without ruling out the cause of the behavior being from his lack of hearing aids and glasses, or from being in a new environment. All of these scenarios were pertinent for F. Harvey Whitten.

o *Enduring Psychiatric Conditions*

Antipsychotic medications may be used to treat an enduring (i.e., non-acute, chronic, or prolonged) condition, if the clinical condition/diagnosis meets the criteria in #1 above. In addition, before initiating or increasing an antipsychotic medication for enduring conditions, the target behavior must be clearly and specifically identified and monitored objectively and qualitatively, in order to ensure the behavioral symptoms are:

A. Not due to a medical condition or problem (e.g., headache or joint pain, fluid or electrolyte imbalance, pneumonia, hypoxia, unrecognized hearing or visual impairment) that can be expected to improve or resolve as the underlying condition is treated; and

B. Persistent or likely to reoccur without

continued treatment; and

C. Not sufficiently relieved by non-pharmacological interventions; and

D. Not due to environmental stressors (e.g., alteration in the resident's customary location or daily routine, unfamiliar care provider, hunger or thirst, excessive noise for that individual, inadequate or inappropriate staff response, physical barriers) that can be addressed to improve the psychotic symptoms or maintain safety; and

E. Not due to psychological stressors (e.g., loneliness, taunting, abuse), or anxiety or fear stemming from misunderstanding related to his or her cognitive impairment (e.g., the mistaken belief that this is not where he/she lives or inability to find his or her clothes or glasses) that can be expected to improve or resolve as the situation is addressed

The following is an excerpt from an advertisement for DLK Managed Care Solutions that Deborah Klock wrote that can be found at <http://www.mypcadv.org/spotlight/deborah-l-klock>. According to Deborah Klock, she was a nurse for emergency psychiatric services. In my opinion, of all types of nurses, she should be the first kind to know how inappropriate haloperidol is for F. Harvey Whitten, especially at 5 mg a day.

In today's health care it's a challenge to be a knowledgeable consumer. I traveled the path from nursing school through public health to emergency psychiatric services to rehabilitation nurse for catastrophic injuries to insurance company case manager to longterm quality improvement and customer service.

F. Harvey Whitten's medical records also noted that he had an increase in incontinence.

Prior Level(s)	PLOF: Problem Solving = Marked - Patient attempts to initiate/participate; Self Feeding = Min (A); Hygiene / Grooming = Max (A) (Pt.'s aide reported that his ability to complete grooming tasks without physical A fluctuates); Bathing = Mod (A); Toileting = Min (A) (pt.'s aide reported new onset of incontinence (over last few months)); UB Dressing = Mod (A); LB Dressing = Max (A); Bed Mobility = Supervised (A); Community ADLs = N/A - Not Applicable at this time; Functional Mobility During ADLs = Supervised (A)
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F. Harvey Whitten had a B12 deficiency, but the administration of B12 stopped after the medication vanished from Mercy Suburban Hospital. According to a Harvard Medical Report, severe B12 deficiency can lead to incontinence, as well as depression and paranoia. Deborah Klock knew that F. Harvey Whitten had a B12 deficiency and failed to ensure he was given this vitamin daily.

From <http://www.health.harvard.edu/blog/vitamin-b12-deficiency-can-be-sneaky-harmful-201301105780>

Vitamin B12 deficiency can be sneaky, harmful

POSTED JANUARY 10, 2013, 10:03 AM

Patrick J. Skerrett, Executive Editor, *Harvard Health*

What harm can having too little of a vitamin do? Consider this: Over the course of two months, a 62-year-old man developed numbness and a "pins and needles" sensation in his hands, had trouble walking, experienced severe joint pain, began turning yellow, and became progressively short of breath. The cause was lack of vitamin B₁₂ in his bloodstream, according to [a case report](#) from Harvard-affiliated Massachusetts General Hospital published in *The New England Journal of Medicine*. It could have been worse—a severe vitamin B₁₂ deficiency can lead to deep depression, paranoia and delusions, memory loss, incontinence, loss of taste and smell, and more, according to [another article in today's *New England Journal*](#).

A B12 deficiency is nothing to take lightly and should be monitored. The administration of folic acid and vitamin B12 were removed from F. Harvey Whitten's medication list. The following is from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2738337/>. Clearly, the effectiveness of any antidepressant F. Harvey Whitten was taking no longer had the added benefit from his folic acid supplement.

Folate

It has been observed that patients with depression have blood folate levels, which are, on an average, 25% lower than healthy controls. Low levels of folate have also been identified as a strong predisposing factor of poor outcome with antidepressant therapy. A controlled study has been reported to have shown that 500 mcg of folic acid enhanced the effectiveness of antidepressant medication. Folate's critical role in brain metabolic pathways has been well recognized by various researchers who have noted that depressive symptoms are the most common neuropsychiatric manifestation of folate deficiency. It is not clear yet whether poor nutrition, as a symptom of depression, causes folate deficiency or primary folate deficiency produces depression and its symptoms.

On January 25, 2013 Deborah Klock filed a "Consent for Treatment and Release of Information" without Cosmas Skaife's knowledge. In this paperwork, Deborah Klock stated that she should be the only person that receives any information concerning F. Harvey Whitten's medical records. If Cosmas Skaife was aware of this document, she would have allowed the entire Whitten Family to have access to F. Harvey Whitten's medical records as well as herself, since after all, she was the co-health guardian.

I give permission for The Meadows to disclose information contained in my medical records to those family members or friends listed below:

Deb Klock - POA

Deborah Klock mentioned to the nurse that F. Harvey Whitten took timolol, which was one of the 9 medications that was omitted from F. Harvey Whitten's list of drugs upon discharge from Mercy Suburban Hospital. However, Deborah Klock failed to mention all the medicine that was omitted, including F. Harvey Whitten's B12 prescription for his B12 deficiency and folic acid.

1/28/2013 22:23 Type: Nurses Note

Note Text:

Note Text : Resident is AAOxself with confusion. Assist x1 for transfers and ADLs. Assistance x1 when ambulating. Companion with resident throughout shift. Tolerates chopped/thin liquid diet, ate meal in dining room. Continent of B&B. Watchmate remains on right ankle. No agitation noted this shift. This RN spoke resident's POA, Deborah Klock, who informed this RN that resident takes timolol maleate 0.5% eye gtt once daily to both eyes for glaucoma. MD notified and verified orders. No c/o pain at this time. Call bell within reach. Bed in lowest position. Will continue to monitor.

Author: Emily Guent - RN [ESOF]

On January 29th, 2013 Deborah Klock participated in an “Assessment and Goal Setting” meeting, without Cosmas Skaife’s knowledge. Cosmas Skaife was never given the opportunity to participate in the meeting. If Cosmas Skaife was aware of this meeting, she would have participated.

Enter Code <input type="text" value="1"/>	A. Resident participated in assessment 0. No 1. Yes
Enter Code <input type="text" value="0"/>	B. Family or significant other participated in assessment 0. No 1. Yes 9. No family or significant other available
Enter Code <input type="text" value="1"/>	C. Guardian or legally authorized representative participated in assessment 0. No 1. Yes 9. No guardian or legally authorized representative available

On January 30th, 2013, the increased amount of Haldol being administered to F. Harvey Whitten was documented at the Meadows by William Miller.

1/30/2013 11:59	Type: physician notes
Note Text:	
<p>Note Text : [90832, 30 minutes] The Pt is seen in F/U psychotherapy session for tx Psychosis. He is resting in be, A+A. A companion is in the room. The Pt was started on the increased Haldol and is tolerating same without adverse S/Es. He is pleasant and cooperative in session. Affect is appropriate. Mood is fair. He gets momentarily suspicious with my asking him questions, but he is easily re-directed. Appetite has generally been good. He denies problems with sleep at night. No overt psychotic sxs are noted. Supportive psychotherapy is provided to assist the Pt in dealing with his underlying anxiety.</p>	
Author: William Miller [ESOF]	

February 3rd, 2013 and February 18th were the next scheduled assessment and goal meeting, no family or guardian participated, since Cosmas Skaife was unaware the meeting existed.

The Meadows at Shannondell, notified Deborah Klock concerning medication administered to F. Harvey Whitten as is clearly demonstrated on February 1st and 5th, 2013, when she was contacted about new medication. Cosmas Skaife, co-health guardian, was never notified of any changes in medication, ever. Changes to F. Harvey Whitten’s medication were taking place without Cosmas Skaife’s knowledge or consent.

2/1/2013 16:47	Type: Nurses Note
Note Text:	
<p>Contact Debbie to inform her of new order of Proscar. Msg left on cell phone. Resident took medication whole at recommended without difficulty. Resident has not expressed difficulty voiding. Will continue to monitor.</p>	
Author: Nicole DeSantis - RN [ESOF]	

2/5/2013 15:49 Type: Nurses Note

Note Text:

Note Text : Due to resident's cognitive impairment, Debbie POA for Care was contacted and informed of new medications:
Doxazosin 4 mg PO one tab q hs.
Accuchecks BID x 4 days.
Colace 25 ml PO q day.
Personal companions have voiced to this RN that resident appears to be having difficulty with brms and use to take colace at home BID. Spoke with Dr. Galinsky and new order received as stated above. All orders placed in sigmacare. Will continue to monitor.

Author: Nicole DeSantis - RN [ESOF]

Cosmas Skaife was outraged when she discovered that Deborah Klock was having meetings with F. Harvey Whitten's social worker without her knowledge. Deborah Klock failed to mention that Cosmas Skaife even existed. Heather Stube, F. Harvey Whitten's social worker, didn't know that Cosmas Skaife existed until February 6th, 2013. Below is the email from Cosmas Skaife alerting the family to the fact that F. Harvey Whitten's social worker didn't know we existed.

From: Coz Skaife <bakercoz@hotmail.com>

To: Pat David <pdavid@mcdlawfirm.com>; Les Whitten 3 <lestermo7@aol.com>; andrew whitten <andrewwhittenc@gmail.com>; Daniel Whitten <danwhitten@verizon.net>; Mary Whitten <merry_merry_84@yahoo.com>

Sent: Wednesday, February 6, 2013 7:50 PM

Subject: Uncle Harvey Update

Hi all, I have been on the phone a lot today. I talked to Heather the social worker this morning. She just found out I existed and that Uncle Harvey even had any family yesterday. Legal documents were faxed to her and she received them. Heather seemed real sweet when I spoke to her but I went off about the fact that Deb did not inform her of myself or the fact that there was family involved. The social worker agreed with me that that was not professional behavior to keep secrets from family members.

A note in the Meadows system from the social worker is also documented on the same day, acknowledging that Cosmas Skaife is a co-guardian.

2/6/2013 16:23 Type: Social Service Note

Note Text:

Note Text : Care Conference held with resident's POA via telephone, SS, DOR and DON. Care plans and progress reviewed. D/C plans uncertain at this time and POA is looking into several options, as his deceased partner's family is coming to the IL apartment to take out all of the furniture, belongings etc. and there will not be much left in the home, so it will not be familiar. SS will cont. to f/u as needed. Niece, Cos, is also named co-guardian and will be updated via telephone.

Author: Heather Stube - Social Worker [ESOF]

One of the side effects of Haldol is documented in the Meadows report dated February 13, 2013, shuffling when walking. The side effect is clearly identified in the following "Summary of Skill", however, in my opinion, neither the Meadows or Deborah Klock addressed the issue or concerned themselves with the issue that a side effect of Haldol was present.

Date of Service: 2/13/2013	
Summary of Skill	
97116	97116: To improve gait mechanics, indep, safety awareness, & endurance for amb: Pt amb 200ft w/ Rollator, CGA, & w/ch follow. Pt amb w/ forward flex 2* not amb close enough to the rollator, VC provided to inc safety awareness, however pt unable to correct. Pt amb w/ shuffling gait pattern & demonstrates dec foot clearance, dec gait speed, & dec step length. VC provided to inc foot clearance & inc step length, however pt not compliant.

Cosmas Skaife first heard of concerns about Haldol at the end of February through one of the aids employed by Home Instead who are with F. Harvey Whitten seven days a week, 24 hours a day at The Meadows at Shannondell. In an email dated February 20th, 2013. The pertinent portion of the email to Haldol is highlighted in yellow.

From: Coz Skaife <bakercoz@hotmail.com>

To: Pat David <pdavid@mcclawfirm.com>; Les Whitten 3 <lestermo7@aol.com>; andrew whitten <andrewwhittenc@gmail.com>; Daniel Whitten <danwhitten@verizon.net>; Mary Whitten <merry_merry_84@yahoo.com>

Sent: Wednesday, February 20, 2013 9:52 PM

Subject: another UH update

Hi all, I just got off the phone with Carrie one of UH aids. She is going to school for RN so she is very qualified. She called me tonight, she knew nothing of all that is going on. She is getting so frustrated with the glasses situation. She said that they went to the library to look at books and he just got frustrated because he couldn't see the pictures. She did call and leave Deb a message to voice her frustration over the glasses. She said he is so bored there. She is also concerned that he may be having a bad reaction to a medication called Haladol (unsure of spelling?) I know last week Stacey had asked the Meadows staff to please not give him that medication until after he has dinner as it knocks him out. This week he is still getting the medication before dinner and it just knocks him out and he is so out of it that he will not get up and eat dinner. She also said his eye is hurting him and she thinks it could be a reaction from this medication. She reported this at the nurse station. She told Deb this also in her voicemail she left. She told me the staff at the Meadows can go a whole day and never check in on UH as they just see that Home Instead aids are there so they don't have to do it.

The note to the nurse station follows from February 19th, 2013. The Meadows began giving F. Harvey Whitten the medicine at 6 pm instead of 5 pm, but they failed to address that the medication was making him so drowsy, which is a symptom of overdose on Haldol.

Resident Name: Harvey Whitten (SNF1706)	Location: -	Admission Date: 1/22/2013
<p>Note Text : At approx 2240 this evening the residents aide alerted this RN that the resident was on the floor. This RN entered the room and the resident was laying on his back in the walkway by the bathroom door. This RN assessed the resident with no noted injury. VSS. The aide stated that the resident was ambulating from the bathroom, got weak and the aide lowered him to the ground. The resident did not hit his head. When asked what happened the residents response is "I don't know." CNA and residents aide assisted resident into his w/c and then transferred him into bed. Resident is currently resting in bed at this time. This RN spoke with residents aide about residents HS medication which causes drowsiness. Aide stated that resident request to be toileted throughout the night, regards of HS medication administered time. No injury noted. Aide at bed side. MD notified. Continue to monitor.</p> <p>Author: Jennifer Joyce - RN/LPN [ESOF]</p>		

For clarification of the portion of the email above concerning "frustration over the glasses," it should be noted that the email is from the end of February, and Deborah Klock still had not retrieved F. Harvey Whitten's glasses, dentures, and hearing aids from his apartment.

Based on concerns about Haldol raised by Home Instead Aids (i.e. not Deborah Klock or any medical staff at the Meadows), the Whitten Family researched this medication. Clearly, F. Harvey Whitten was suffering from the side effects of Haldol, and demonstrated symptoms of overdose. Whitten Family members have seen F. Harvey Whitten intermittently between Fall of 2012 and Spring of 2013. In the Fall of 2012, F. Harvey Whitten could walk on his own, occasionally using his walker for long distances. He would ride the exercise bike every morning. His body was more capable than his mind though, since he couldn't recognize family members; he couldn't remember that his brother and sister-in-law were dead; he couldn't remember that his best friend and former roommate Robert Sprau had recently died; and he would like to wear formal attire while exercising in the gym. He was unable to live independently and had 24/7 help from Home Instead aides for dressing, making sure he didn't wander off, ensuring he was fed, escorting him to events sponsored by the Shannondell, etc. The decline in his physical state since the Fall of 2012 is reflected in side effects of Haldol, and Haldol overdose. An extremely respectable institution, The Mayo Clinic, recommends that if the side effects of Haldol are seen, to see a doctor immediately. F. Harvey Whitten had loss of balance and control, mask-like face, shuffling walk, and trembling and shaking fingers and hands when the Whitten Family visited in the Spring of 2013. These symptoms were not evident in the Fall of 2012. The Mayo Clinic also recommends that if symptoms of overdose appear to get emergency help immediately. F. Harvey Whitten suffered from the symptoms of overdose as he was severely drowsy and extremely stiff. Again, in the Fall of 2012, F. Harvey Whitten was not extremely drowsy and stiff.

From: <http://www.mayoclinic.com/health/drug-information/DR600751/DSECTION=side-effects>

Haloperidol (Oral Route)

Side Effects

Along with its needed effects, a medicine may cause some unwanted effects. Although not all of these side effects may occur, if they do occur they may need medical attention.

Check with your doctor immediately if any of the following side effects occur:

More common

Difficulty with speaking or swallowing

Inability to move the eyes

Loss of balance control

Mask-like face

Muscle spasms, especially of the neck and back

Restlessness or need to keep moving (severe)

Shuffling walk

Stiffness of the arms and legs

Trembling and shaking of the fingers and hands

Twisting movements of the body

Weakness of the arms and legs

Get emergency help immediately if any of the following symptoms of overdose occur:

Symptoms of overdose

Difficulty with breathing (severe)

Dizziness (severe)

Drowsiness (severe)

Muscle trembling, jerking, stiffness, or uncontrolled movements (severe)

Unusual tiredness or weakness (severe)

Although F. Harvey Whitten was being administered a dose in excess of the CMS Manual System of Haldol daily, Deborah Klock suggested that any monthly blood draws were not in his best interest and that his care should be focused on comfort measures.

From: klockdl@aol.com
To: smorris@shannondell.com
CC: bakercoz@hotmail.com; zabowskilawllc@verizon.net
Subject: RE: Harvey Whitten care
Date: Thu, 18 Apr 2013 11:08:13 -0400

Shirley

Thank you for your email regarding allergies, dermatology and hematology consults and the Stairwell Assessment Form. Dr. Megerian's thoughts on specialists follow up for Harvey's chronic medical problems are reasonable. I concur that Dr. Zeger's monthly blood draws to monitor his thrombocytopenia appear invasive as intervention may not be in Harvey's best interests in light of his progressing dementia. I don't wish to subject Harvey to any more discomfort or irritation than he must endure.

The dermatology consultations appear to also potentially subject him to invasive procedures, biopsy and excisions as stated by Dr. Megerian. But if other dermatological conditions, troubling rash or unresolved skin irritations should recur, by all means, he should be referred for the dermatologist's recommendations and treatment.

References in Harvey's past medical records and contact with his pharmacy revealed no allergies stated until a possible reaction to Senna in the form of a skin rash in November. The Rosuvastatin Calcium *Crestor* showed up later on the doctor's notes as an allergy but had been discontinued for other reasons by the cardiologist.

I've enclosed my signed copy of the Stairwell Assessment. Coz can forward hers so both of our signatures are in your file.

My observation during recent visit led me to wonder if therapy might evaluate and order Harvey with regards to a gait belt to assist the aides when walking with him for his and their safety. Harvey used to have the wax removed at ENT office. Since he already has compromised hearing and won't wear hearing aid consistently, are there orders for Debrox to help with wax buildup and could we get a referral for him to see local ENT for wax removal? Or does Dr. Megerian follow up on wax removal?

I believe Primary Medical Care for Harvey should be focused on quality of life, benevolence and symptom relief and comfort measures.

Thanks for your care of Harvey.

Deborah

Deborah L. Klock, MS, CDMS, CCM, RN BC
DLK Managed Care Solutions, Inc.
34 East Germantown Pike #287
Norristown, PA 19401
Office: 610-631-5689
Fax: 610-631-9040
Email: klockdl@aol.com

The suggestion from Deborah Klock to stop blood draws is in violation of the CMS Manual System, since when antipsychotics are used monitoring of cholesterol, triglycerides, and blood sugar are necessary, otherwise the administration of the antipsychotic is considered an unnecessary medication. In my opinion, in the case of F. Harvey Whitten, the administration of 5 mg a day of Haldol was definitely an unnecessary medication.

<i>Monitoring/Adverse Consequences</i>	
<ul style="list-style-type: none"> • <i>The facility assures that residents are being adequately monitored for adverse consequences such as:</i> <ul style="list-style-type: none"> ○ <i>anticholinergic effects (see Table II)</i> ○ <i>akathisia</i> ○ <i>neuroleptic malignant syndrome (NMS)</i> ○ <i>cardiac arrhythmias</i> ○ <i>death secondary to heart-related events (e.g., heart failure, sudden death)</i> ○ <i>falls</i> ○ <i>lethargy</i> ○ <i>increase in total cholesterol and triglycerides</i> ○ <i>parkinsonism</i> ○ <i>blood sugar elevation (including diabetes mellitus)</i> ○ <i>orthostatic hypotension</i> ○ <i>cerebrovascular event (e.g., stroke, transient ischemic attack (TIA)) in older individuals with dementia</i> ○ <i>tardive dyskinesia</i> ○ <i>excessive sedation</i> 	
<i>Issues and Concerns</i>	
<ul style="list-style-type: none"> • <i>When antipsychotics are used without monitoring they may be considered unnecessary medications because of inadequate monitoring.</i> 	

After the Whitten Family was alerted to F. Harvey Whitten demonstrating the symptoms for overdose of Haldol, Cosmas Skaife began questioning the Meadows and asking for second opinions. Dan Freed from the Meadows was not proactive in the Whitten Family’s request.

The following is an excerpt from Dan Freed’s response to Cosmas Skaife (i.e. not Cosmos Skaiffe). Dan Freed claimed that the amount of Haldol being prescribed was ordered by Mercy Suburban Hospital, but the medical records do not support this claim. Mercy Suburban Hospital prescribed 4 mg per day, and the Meadows at Shannondell increased the medication to 5 mg per day. Furthermore, “stop orders” were in place for the medication, and the medication was continually renewed.

April 30, 2013

To: Cosmos Skaiffe, Co-Guardian for Harvey Whitten
Cc: Deborah Klock, Co-Guardian for Harvey Whitten
From: Dan Freed
Re: Response to April 24, 2013 Email to Shirley Morris
Response to April 29, 2013 Email to Dan Freed

Mr. Whitten was admitted to his current apartment on March 1, 2013. Upon his admission to Berwyck Personal Care, he was taking Haldol 2.5mg (twice per day) and Venelaxafine 25mg (twice per day). These doses are consistent with the doses that he had been taking while he was a Resident on the 2nd floor of The Meadows for "skilled nursing". In fact, both of these medications were ordered for your Uncle on his arrival from Mercy Suburban Behavioral Health Unit on January 22, 2013. I am including a list of Mr. Whitten's current medications for your review.

Your Uncle's primary care physician is Dr. Rafi Megerian. His partner's Dr. Galinsky and Dr. Breish may also treat your Uncle in the event that Dr. Megerian is not available. Your Uncle is also being followed by Dr. William Miller (Psychologist) at The Meadows and Dr. Miller provides consultative input for behavioral therapy to your Uncle's primary care physicians. Dr. Miller and Dr. Megerian are co-managing Mr. Whitten's medications (both psychotropic and routine medications), including Haldol and Venelaxafine. Both of these physicians agree that currently these medications continue to benefit Mr. Whitten as his behavioral challenges have been minimized on this medication.

Furthermore in the same response, Dan Freed claims that it would be unlikely for F. Harvey Whitten to have cardiac failure, when in fact the literature states that older people with dementia being administered Haldol have an increased chance of cardiac failure, and the pharmacist at Mercy Suburban Hospital also warned Dr. Seara of interaction of drugs prescribed to F. Harvey Whitten causing cardiac failure.

Neither the staff at The Meadows or your Uncle's Physicians have discussed and/or elected to pursue "comfort care" for Mr. Whitten. Your Uncle's "code status" in the unlikely event of Cardiac Failure is "full code". He is NOT a DNR.

Dan Freed's claim concerning DNR (do not resuscitate) vs. Full code is also contradicted. The following comments were in the records on February 14th, 2013.

Comments	Subjective/Objective: **falls** **behavioral issues** **combativeness at times** **agitation at times** **dementia with delirium and outbursts** **DNR**
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I am concerned that the Meadows or Deborah Klock do not remain abreast of rulings made in the Supreme Court of PA in what is supposed to be their areas of expertise. Since F. Harvey Whitten has not been diagnosed with a terminal condition, the Meadows has the responsibility to try to resuscitate him, based on a ruling on August 17th, 2010. The following is an excerpt from:
<http://www.defenseofmedicine.com/2010/08/29/pennsylvania-supreme-court-addresses-end-of-life-decisions/>

The Court observed that the Health Care Agent and Representatives Act provides certain powers to guardians and health care representatives, but does not specifically authorize either surrogate to object to life-preserving care where the patient neither has an end-stage medical condition nor is permanently unconscious. The Court indicated that the statute "more sharply regulates the situation in which the incompetent person suffers from a life-threatening but treatable condition, obviously reflecting the Legislature's assertion of a policy position of greater state involvement to preserve life in such circumstances." Succinctly stated by the Court, "the Act simply does not allow for the refusal of life-preserving care to one who has never had the ability to appoint a health care agent and does not suffer from an end-stage condition or permanent unconsciousness."

Deborah Klock and the Meadows at Shannondell were alerted to the concerns the Whitten Family and his aides had about the effects of Haldol on F. Harvey Whitten and that he was demonstrating the symptoms of overdose. The symptoms of side effects and overdose from Haldol are concretely evident in documentation as far back as February of 2013. However, no changes in F. Harvey Whitten's medication were made.

Cosmas Skaife, Edward Skaife, and Mary Whitten appeared in Pennsylvania to discuss the continued dissatisfaction with Deborah Klock and to enquire what a document signed on March 12, 2013 pertained to, a few weeks after the document signing. During this trip, a Whitten family member talked on the phone with another family dissatisfied with Deborah Klock. As a result of this conversation, Cosmas Skaife was prompted to go through the obstacles of obtaining F. Harvey Whitten's medical records. The medical records slowly started trickling in piece by piece in April and May.

Tired of nothing being done to address the administration of Haldol and the lack of administration of vitamins and folic acid, in desperation, Cosmas Skaife called F. Harvey Whitten's former neurologist to

see if she could get an appointment. The plan was for Whitten Family members to drive to Audubon, PA to take F. Harvey Whitten to get a second opinion ourselves. When Cosmas Skaife told F. Harvey Whitten's previous neurologist, Dr. Caplin, that F. Harvey Whitten had been administered 5 mg per day of Haldol since January of 2013, the doctor said he was surprised that F. Harvey Whitten was alive, and it's enough Haldol to "kill a horse."

In the meantime, the Whitten Family was tired of all the shenanigans surrounding Deborah Klock. (e.g. keeping F. Harvey Whitten's medical information to herself; not retrieving clothes, dentures, hearing aids, and glasses from his home to bring to the hospital; requesting Home Instead Aides do laundry instead of attending to F. Harvey Whitten; referring to Home Instead Aides as grunts; filling out negligent paperwork concerning allergies causing F. Harvey Whitten to break out in a rash, etc.) The Whitten Family recognized that Deborah Klock was no longer required to put pills in a pillbox for F. Harvey Whitten, since he was now living in an assisted living facility. The Whitten Family politely thanked her for her services and asked her to step down as co-health guardian.

From: Andrew Whitten [mailto:andrewwhittenc@gmail.com]
Sent: Friday, May 03, 2013 9:25 PM
To: Deborah Klock
Cc: Cosmas Whitten; Daniel Whitten; LesterMo7@aol.com; Mary Whitten
Subject: FHW GOP

Ms. Klock:

Pursuant to our phone conversation on 5/1/2013 regarding your resignation as GOP for my uncle Mr. F. Harvey Whitten, based on our agreement that you sleep on your decision, I was anticipating a response from you today. As it is now close of business PST, I can only assume you need additional time for thought.

To be blunt, The Whitten Family would like very much for you to abdicate your position. As I stated on the phone, there are too many people involved in decision making for our uncle. We look forward to your amicable departure with our appreciation for your efforts on his behalf. Please let me know as soon as possible that you will be notifying Judge Ott of your intention to resign.

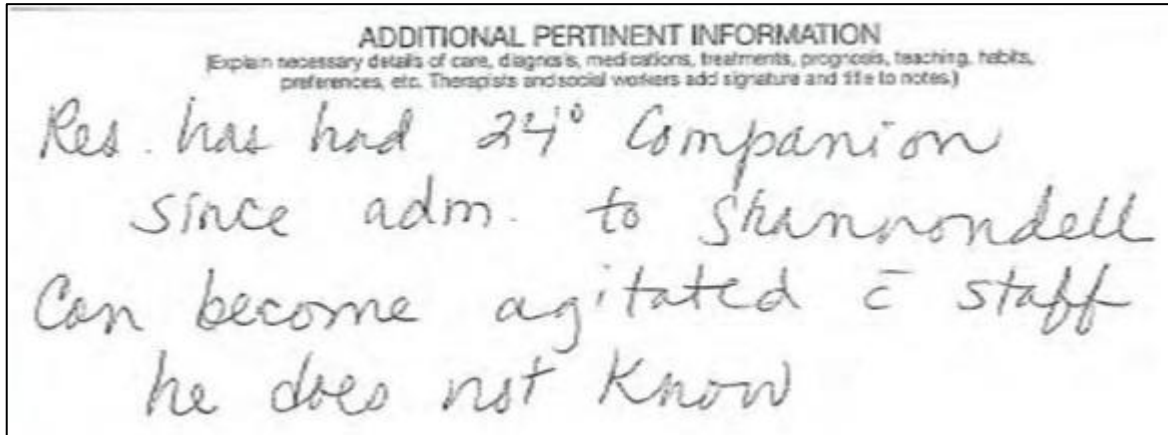
Very truly,

For The Whitten Family
Andrew Whitten, Principal
Fallen Leaf Custom Construction
Construction Management
11459 E. La Junta Rd.
Scottsdale, AZ 85255-8700
480-299-4105
AndrewWhittenC@gmail.com

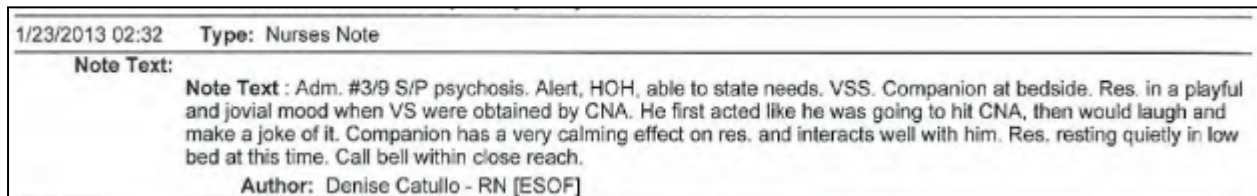
Instead of stepping down, Julianna Van Duyne-King from Univest Bank, the financial guardian, who in my opinion can financially gain by petitioning the court, petitioned the court for Cosmas Skaife to be removed from her position as co-health guardian. In my opinion, the fact that an employee from Univest Bank would petition the court is unethical in and of itself. Julianna Van Duyne-King never once

contacted the Whitten Family to ask why we were concerned about the medication that our uncle was being administered, which in my opinion, wasn't in the best interest of F. Harvey Whitten.

Immediately, Dan Freed from The Meadows at Shannondell, replaced Home Instead Employees with all parties accept the Whitten's approval. This was not in the best interest of F. Harvey Whitten, since in The Meadows at Shannondell's records, it states that he gets agitated with staff he doesn't know. Reflective of the email Cosmas Skaife received previously, based on information and belief, F. Harvey Whitten still doesn't "know" the staff of the Meadows.



Furthermore, the calming effect the Home Instead aides had on F. Harvey Whitten is also documented.



I believe that Dan Freed replaced the Home Instead aides in retaliation for alerting the family that F. Harvey Whitten was being chemically restrained.

Deborah Klock was fully aware that F. Harvey Whitten was not being administered folic acid or Vitamin B12 and has the symptoms of side effects and overdose from Haldol, she continues to assert that there is nothing wrong with the medication being administered to F. Harvey Whitten, and she also was supportive of replacing the Home Instead Aides with a different company.

CC: bakercoz@hotmail.com; Zabowskilawllc@verizon.net; VanDuyne-KingJ@univest.net
From: klockdl@aol.com
Subject: Re: Companion Follow Up
Date: Wed, 15 May 2013 17:50:05 -0400
To: dfreed@shannondell.com

Dan :

In reply to your request for approval of Angel Companions, I am willing to give them a chance. I am not comfortable with a change of medicine in the midst of another significant change in his care. Perhaps this could be revisited after he's adjusted to the change in caregivers.. Please call if you have any further questions.

Deborah Klock #610-416-5773

Since Deborah Klock is F. Harvey Whitten's guardian, she has the authority to refuse the administration of this drug to F. Harvey Whitten, but she chooses to not advocate for his health or his wellbeing. F. Harvey Whitten was (and possibly still is) being administered 5 mg of haloperidol a day, when the threshold value stated in the CMS Manual System is 2 mg a day.

Additionally, F. Harvey Whitten would only allow his aide Cindy Ramsey from Home Instead to give him a bath. It is not unusual for a dementia patient to be peculiar about who gives them a bath, which should be known at elder care facilities and known by Deborah Klock, who is a self-proclaimed expert in elder care. As a result of the firing of Home Instead aides and replacing them with strangers, which was fully supported by Deborah Klock, it was suggested that F. Harvey Whitten be dosed additional medicine so a new person can give him a bath. The literature has several articles concerning bathing dementia patients, and the recommendation is not to overmedicate, but instead to use non-pharmacological techniques such as "Person-Centered Showering."¹ Cindy Ramsey had perfected a non-pharmacological technique for bathing F. Harvey Whitten, and Deborah Klock approved that she be replaced by supporting the decision to replace the astute, caring aides from Home Instead with strangers.

¹ Philip D. Sloane, MD, MPH, Beverly Hoeffler, DNSc, RN, C. Madeline Mitchell, MURP, Darlene A. McKenzie, PhD, RN, Ann Louise Barrick, PhD, Joanne Rader, MN, RN, Barbara J. Stewart, PhD, Karen Amann Talerico, PhD, RN, Joyce H. Rasin, PhD, RN,§ Richard C. Zink, MS, and Gary G. Koch, PhD, Effect of Person-Centered Showering and the Towel Bath on Bathing-Associated Aggression, Agitation, and Discomfort in Nursing

From: Deborah Klock <klockdl@aol.com>
To: Pat David; Jim Maza
Cc: VanDuyneJ@univest.net <VanDuyneJ@univest.net>; 'Diane Zabowski'
<zabowskilawllc@verizon.net>
Sent: Mon Jun 03 10:42:59 2013
Subject: F H Whitten update 6.3.13

Dear Whitten Family:

Harvey continues to benefit from the weekly massage and his response to music therapy varies depending on his level of drowsiness. His appetite has declined for textured food. He appears to prefer softer smoother food substances. We'll follow-up with Nursing regarding possible change of diet to improve his eating. The dentures were adjusted but he frequently resists wearing them.

Recent reports from nursing staff and aides have noted increased physical aggression, such as punching with personal care activities such as showering or changing clothes. If his behavior becomes disruptive to his care or caregivers, an additional dose of medication is available if necessary. He has two primary caregivers which helps with continuity of care. Supplemental coverage is provided to relieve primary aides.

Goals of his care are to maintain his hydration, nutrition, hygiene and skin integrity, elimination and sense of security. Activities are included in his daily routine based on his responsiveness such as watching movies, listening to music and wheelchair rides outside or to scheduled activities at the Meadows.

We'll keep you posted on Harvey's status.

Deborah L. Klock, MS, CDMS, CCM, RN BC
DLK Managed Care Solutions, Inc.
34 East Germantown Pike #287
Norristown, PA 19401
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Fax: 610-631-9040
Email: klockdl@aol.com

Also, note in the email above that the date is June of 2013, so it took over five months to correct the situation concerning F. Harvey Whitten's dentures, since his "dentures were adjusted."

In the email below, it appears that F. Harvey Whitten still has not adjusted to the new aides from Angel Companions. By Dan Freed firing the Home Instead aides and Deborah Klock supporting the effort, F. Harvey Whitten still is not accommodating to the new staff, and as a result has a lesser quality of life.

From: Deborah Klock <klockdl@aol.com>

To: Pat David; Jim Maza

Sent: Mon Jun 17 15:30:30 2013

Subject: H Whitten UPdates 6.17.13

Dear Whitten Family

Due to Harvey's continued agitation most frequently during bathing, dressing and toileting, the discussion of medication regimen continues. The urinalysis did not reveal a Urinary Tract Infection. As Dr. Seara of Mercy Suburban is not available to come to The Meadows and earliest appointment at his office is in September, I've contacted another geriatric psychiatrist, Dr. Rona Pasternak, to come evaluate Harvey in his environment, review his medical records and consult his physicians. Your request to reconsider Haldol in favor of a different antipsychotic will be raised. His dietary intake has improved with the change to "chopped diet" and snacks will be given that comply with the diet.

Harvey is experiencing an increase in skin purpura. His monthly lab results have been forwarded to his hematologist, Dr. Zeger. To my knowledge, no recommendations have been made. A care plan meeting is scheduled for Wednesday morning, June 19. I will share any additional updates as a result of this meeting.

Deborah L. Klock, MS, CDMS, CCM, RN BC

DLK Managed Care Solutions, Inc.

34 East Germantown Pike #287

Norristown, PA 19401

Office: 610-631-5689

This choice of psychiatrist will be revisited under the "Questionable Comments under Oath" section of this complaint.

Deborah Klock Represents Herself as Family

Phoenixville Hospital

While F. Harvey Whitten was at Phoenixville Hospital, Deborah Klock misrepresented herself as his daughter. Deborah Klock is essentially a stranger to F. Harvey Whitten. She had met him for the first time only a few months prior to his stay at Phoenixville Hospital.

1310 spoke to pt Daughter and gaurdian Deb Klock who would like once pt is medically cleared to be transferred to a geriatric psych ward preferrably at Mercy Suburban or Eagleville. She can be reached for any concerns at Cell 610-416-5773, or at Home 610-631-5689


Mercy Suburban Hospital

Deborah Klock submitted paperwork as both "next of kin" and "person to notify". She signed that she was "next of kin" in full knowledge that Cosmas Skaife, co-health guardian, was F. Harvey Whitten's niece.

Mercy Suburban Hospital A member of Mercy Health System East Norriton, PA 19401		ADMISSION RECORD	
Account No: SA1300561097	Date: 01/10/13	Time: 1828	Unit No: H000533691
PATIENT INFORMATION			
Name: WHITTEN, HARVEY	DOB: 06/05/1930	AGE: 82	Pt Status: DIS IN
Address: 13224 SHANNONDELL DR SHANNONDALE NORRISTOWN, PA 19403	SEX: M	MS: M	LOC/Srvc: SU1FLA PSY
Phone: (610) 728-5255	RACE: WK		Room/Bed: 148-1
SSN: XXX-XX-3738	LANG: ENGLISH		Accommodation: PSTS
	ADM Src/Prior: PHY /UR		Last DC Date:
	Religion: NONE		
	Church:		
Occurrence Code: 11	Occurrence Date: 01/10/13		
PHYSICIAN INFORMATION			
Admitting Physician AGUILO-SEARA, MIGUEL, MD (610) 277-5022 Att Group: .	Attending or ER Physician AGUILO-SEARA, MIGUEL, MD (610) 277-5022	Primary Care Physician MEGERIAN, RAFFI, MD (215) 879-8786	
NEXT OF KIN		PERSON TO NOTIFY	
Name: KLOCK, DEBBIE	Name: KLOCK, DEBBIE		
Addr:	Addr:		
Phone: (609) 575-6852	Phone: (609) 575-6852		
Other: (610) 416-5773	Other: (610) 416-5773		
Relat: OTHER	Relat: OTHER		
EMPLOYER INFORMATION			

The Meadows at Shannondell

Deborah Klock signed paperwork at the Meadows at Shannondell claiming to be a family member of F. Harvey Whitten. Had the Whitten family known about this form, we certainly would have consented to have our uncle's pictures taken.


The Meadows
— at —
SHANNONDELL

Whitten
241

CONSENT TO PHOTOGRAPH

As part of the admission process to The Meadows, your photograph will be taken and loaded into our electronic medical record / pharmacy system. This is necessary so that your identity can be confirmed by our licensed staff prior to providing you with any medications and/or completing any physician ordered clinical treatments on you.

In addition, the facility keeps an ongoing inventory of resident photos for safety measures that may be required in the case of an emergency. These records are only accessible by facility staff and they are discarded when you are no longer a Resident at this facility.

As part of The Meadows' efforts to communicate with our Residents family members, we are also proud to have "family only" section of our website (www.shannondell.com). This site will be updated periodically with photographs from facility events such as group activities, resident outings and additional social gatherings. The facility will provide access to the family members that you have identified through your medical record only. No additional family members will be provided with this access unless you approve it. Your photograph will not be posted on any other section of our web site and it will not be used in any other manner without your specific consent.

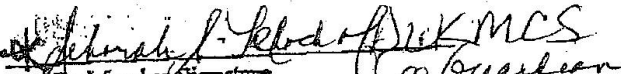
The participation in the family only section of our web site is completely optional. Please let us know your decision your decision on this area only, in the space provided below.

_____ I agree to allow The Meadows to periodically post photographs of me on the "family only" section of the Shannondell at Valley Forge website

I decline to have my photograph posted on the "family only" section of the Shannondell at Valley Forge website.

Resident Signature

Date


Family Member Signature
(On behalf of the Resident, if Resident unable)

1/23/13
Date

Unprofessional Conduct of Deborah L. Klock

The Case of the Missing Grill

The Whitten Family was prepared to move F. Harvey Whitten from his two bedroom apartment to his one bedroom unit at The Meadows. Before the Whitten family knew it, Deborah Klock was orchestrating moving the items herself, since the move-in date and place were perpetually changing. In a phone conversation Cosmas Skaife had with Deborah Klock, Deborah Klock stated that she wanted to give items away to the Good Will, including a grill that was on the balcony. Cosmas Skaife told Deborah Klock that it was not Deborah Klock's concern to determine where extra possessions go, especially since the possessions remaining were a combination of Bob Sprau's and F. Harvey Whitten's. Deborah Klock would have no way of knowing what items belonged to which person. Upon arrival on March 1st, 2013, I saw that indeed the grill was missing from F. Harvey Whitten's apartment and was not present on his balcony.



Furthermore, there was no need for Deborah Klock to bag up and box remaining items in the two bedroom apartment after she had already moved the items required to F. Harvey Whitten's one bedroom apartment. In my opinion, Deborah Klock overstepped her bounds touching anything that belonged to Robert Sprau. She had no reason to even step foot in his room, let alone bag up his belongings.



Since F. Harvey Whitten was already moved into his assisted living apartment, and I was alarmed at the belongings being boxed and bagged and the grill missing, I requested Deborah Klock leave the keys to the apartment at F. Harvey Whitten's new assisted living apartment for Julianna Van Duyne-King to retrieve, if required. Deborah Klock stated that she was not allowed to leave F. Harvey Whitten's keys with F. Harvey Whitten. Additionally, a file cabinet and a dresser appear to be missing from F. Harvey Whitten's residence.

Questionable Comments Under Oath

Deborah Klock stated under oath on a July 8th, 2013 hearing to remove Cosmas Skaife as co-health guardian that she had to research psychiatrists to find one. She made it sound like a huge endeavor. The Q is questions by F. Harvey Whitten's court appointed attorney, Diane Zabowski. Deborah Klock is the answer.

Q. And when was Dr. Seara available to see Harvey?

A. This coming September.

Q. So as a result of that, what did you do?

A. I then researched psychiatrists, numerous, out of the area, in the area, to explore coming out to see him, so that they could evaluate him in his setting, his living setting.

Q. Were you successful in doing that?

A. Finally.

Q. Who did you get to see Harvey?

A. Dr. Robin Pasternak (Ph.) saw him this past week.

The court reporter meant to write "Rona Pasternak." The email below is from Deborah Klock concerning the visit from Dr. Pasternak.

From: klockdl@aol.com
To: bakercoz@hotmail.com
CC: zabowskilawllc@verizon.net
Subject: Harvey Whitten updates 7/12/13
Date: Fri, 12 Jul 2013 09:58:35 -0400

Coz
Please distribute to the Whitten Family.
Thank you.

Harvey was seen by psychiatrist, Dr. Rona Pasternak, on June 26 at Shannondell. One recommendation was to include a standing dose of Tylenol for pain relief as pain may be a contributing factor to agitation behaviors. Liver studies will be drawn beforehand to verify Tylenol can be started. Other recommendations have been offered and shared with Dr. Megerian and Dr. Miller regarding possible changes of antipsychotics and antidepressant doses. Dr. Megerian has begun a schedule of slowly tapering the Haldol and increasing the Venlafaxine. Dr. Pasternak will return to reevaluate him after being on the regimen for a month.

Staff reports a small skin tear on his left hand above his thumb. It was cleansed, antibiotic applied and Steri-Strips. I have contacted the music therapist to check availability to add an additional session weekly since we all know how important music is to Harvey. His eating varies but he does still feed himself with some set up and cuing. Harvey had a good appetite during my visit this week and enjoyed a pomegranate/ blueberry frozen smoothie. It's been too oppressive weather wise to go outside too much but it is part of his routine if weather cooperates.

I will keep you apprised of Harvey's status.

Deborah
Deborah L. Klock, MS, CDMS, CCM, RN BC
DLK Managed Care Solutions, Inc.
34 East Germantown Pike #287
Norristown, PA 19401
Office: 610-631-5689

Fax: 610-631-9040

In my opinion, what Deborah Klock says under oath seems odd, since she didn't have to look far and wide to find Dr. Pasternak, since she had just used Dr. Pasternak's services to have a daughter removed as a co-health guardian, with Diane Zabowski as the court appointed guardian in 2010. Below gives background on the case.

Tarquini, Incapacitated

Removal of co-guardian of person

Removal of daughter of incapacitated mother as co-guardian of mother's person, leaving DLK Managed Care Solutions, Inc., as sole guardian of the person reviewed and approved. (Hunter — Incapacitated Persons 8).

In the Orphans' Court Division of the Court of Common Pleas of Montgomery County. Marie Verna Tarquini, incapacitated person. Opinion sur appeal. No. 08-2040.

Diane M. Zabowski, court appointed counsel for Marie Verna Tarquini.

Michael T. van der Veen, for appellant.

Gerald J. Mullaney, Sr., for Francis J. Tarquini, Jr.

Kimberly Ann McNamara, pro se.

OPINION BY OTT, J., FEB. 17, 2010:

On June 20, 2008, Kimberly Ann McNamara filed a petition to have her mother, Marie Verna Tarquini, declared an incapacitated person and to be appointed plenary guardian of her person and estate. On August 7, 2008, Francis J. Tarquini, Jr., one of Mrs. Tarquini's sons, filed an answer and new matter, contesting the issue of incapacity and requesting, in the alternative, that he be appointed guardian. The undersigned appointed Diane M. Zabowski, Esquire, as counsel for Mrs. Tarquini, and directed Paul R. Moyer, M.D., to conduct an independent medical examination of her. Counsel were granted leave to take discovery. After several conferences *in camera*, the matter proceeded to a hearing on May 7, 2009, which resulted in an agreed order whereby the Court found Mrs. Tarquini to be totally incapacitated and appointed DLK Managed Care Solutions, Inc., and Kimberly Ann McNamara co-guardians of her person. The Court also appointed Univest National Bank as guardian of her estate.

Later in the trial summary, it states that Deborah Klock went to see Rona Pasternak on August 19, 2009.

After ruling on this motion, we heard testimony from Rona Eve Pasternak, M.D., a geriatric psychiatrist who saw Mrs. Tarquini after attorney Zabowski obtained an order authorizing the examination.⁵ Dr. Pasternak conducted the examination on August 19, 2009, and both of the co-guardians of her person accompanied Mrs. Tarquini there. From the co-guardians, the doctor learned that the issues prompting the exam were the appropriateness of Mrs. Tarquini's living situation, and the allegations that she was being "brainwashed," that certain family members were being denied access to her, and that Frank, Jr., was exploiting his mother finan-

Additionally, she was asked medical questions under oath, in which she gave inaccurate testimony. In the email below, she is made aware that Cosmas Skaife preferred switching F. Harvey Whitten's medication to 0.5 mg of Risperdal daily instead of 5 mg of Haldol.

From: dfreed@shannondell.com
To: klockdl@aol.com
CC: bakercoz@hotmail.com
Date: Thu, 16 May 2013 10:16:17 -0400
Subject: RE: Companion Follow Up

Just in a follow up to the medication recommendations from yesterday –

At this time, we are going to hold on making the medication changes that were recommended by Dr. Miller and Dr. Megerian yesterday to give Mr. Whitten some time to adjust to his new companions as has been requested by Deb. I discussed this suggestion with Dr. Miller and he agreed that it made sense to delay any medication changes until after we can evaluate Mr. Whitten's demeanor with his new companion service.

Also, just as an additional point regarding these medication changes –

Cos – please keep in mind that you and the physicians have a different understanding as to what was recommended. The physicians both indicate that they have recommended Risperdal .5mg two times per day to replace the Haldol. This information is also contained in Mr. Whitten's medical record as both physicians documented yesterday.

You stated that the dose was supposed to be .25 twice a day.

I suggest that we follow back up on this topic on Monday so we can evaluate how Mr. Whitten has done with his new companion service

If that appears to be going well, we'll need to address the discrepancy in the dose of Risperdal before we initiate the medication change that Cos requested.

Please let me know if you don't agree with this plan

Under oath, her nursing license was given weight, and she stated essentially that 0.5 mg a day of Risperdal would be worse for F. Harvey Whitten than 5 mg a day of Haldol. The "Q" is questions from F. Harvey Whitten's court appointed attorney, while the "A" is answers from Deborah Klock under oath. Since this letter is going to a nursing board, I don't think that I have to explain how ridiculous the

statement that Deborah Klock made under oath is. However, the footnotes provide literature if required.^{2,3,4,5,6}

BY MS. ZABOWSKI:

Q. Miss Klock, there's been discussion about Haldol, ad nauseam. There was another drug that was referenced by Miss Skaife with Dr. Magerian and Dr. Miller, and that was Risperdal; is that correct?

A. Correct.

Q. Now, if they tapered Harvey off Haldol, and used Risperdal, would there have been side effects to Risperdal?

A. Yes, it increases --

If Deborah Klock's nursing license were revoked, her creditability in a court of law would permanently be questioned and stripped by cross-examination, which would be a huge benefit for the citizens of Pennsylvania and the United States.

Questionable Probate Cases

Attorney Robert M. Slutsky only has two testimonials at his website (<http://www.slutskyelderlaw.com/Firm-Overview/Testimonials.asp>) , but one is from Deborah Klock.

² P.P. De Deyn, MD, K. Rabheru, MD, A. Rasmussen, MD, J.P. Bocksberger, MD, P.L. J. Dautzenberg, MD, S. Eriksson, MD and B.A. Lawlor, MD, A randomized trial of risperidone, placebo, and haloperidol for behavioral symptoms of dementia, *Neurology* September 1, 1999 vol. 53 no. 5 946, <http://www.neurology.org/content/53/5/946.short>

³ Peter Tyrer, Patricia C Oliver-Africano, Zed Ahmed, Nick Bouras, Sherva Cooray, Shoumitro Deb, Declan Murphy, Monica Hare, Michael Meade, Ben Reece, Risperidone, haloperidol, and placebo in the treatment of aggressive challenging behaviour in patients with intellectual disability: a randomised controlled trial *The Lancet*, Volume 371, Issue 9606, Pages 57-63

<http://linkinghub.elsevier.com/retrieve/pii/S0140673608600720?via=sd&cc=y>

⁴ Volavka, Jan MD, PhD*; Czobor, Pal PhD*; Nolan, Karen PhD*; Sheitman, Brian MD†; Lindenmayer, Jean-Pierre MD‡; Citrome, Leslie MD, MPH*; McEvoy, Joseph P. MD§; Cooper, Thomas B. MA*; Lieberman, Jeffrey A. MD†||, *Journal of Clinical Psychopharmacology*: April 2004 - Volume 24 - Issue 2 - pp 225-228, http://journals.lww.com/psychopharmacology/Abstract/2004/04000/Overt_Aggression_and_Psychotic_Symptom_s_in.18.aspx

⁵ Henry A. Nasrallah, Thantween White, Amelia T. Nasrallah, Lower Mortality in Geriatric Patients Receiving Risperidone and Olanzapine Versus Haloperidol: Preliminary Analysis of Retrospective Data *The American Journal of Geriatric Psychiatry*, Volume 12, Issue 4, Pages 437-439, <http://linkinghub.elsevier.com/retrieve/pii/S1064748112618016?via=sd>

⁶ Barton Frenchman a1 and Theodore Prince a1, Clinical Experience With Risperidone, Haloperidol, and Thioridazine for Dementia-Associated Behavioral Disturbances, *International Psychogeriatrics* / Volume 9 / Issue 04 / December 1997, pp 431-435,

<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=272646>

"As a geriatric care manager I often need assistance with capacity issues and guardianships. Rob understands the Medicaid maze. I am glad we met."

Deborah L. Klock, R.N., President DLK Managed Care Solutions, Inc.

I'm not sure what the "Medicaid maze" is that she refers to, but I don't think it was the appropriate administration of Haldol. In Deborah Klock's review, she failed to mention his assistance in probate issues.

In my opinion, a woman who doesn't bring an incapacitated man his glasses, dentures, and hearing aids, and allows him to be overmedicated on 5 mg of Haldol a day, and isn't concerned with his taking vitamin B12 and folic acid shouldn't be high on anyone's list to leave all your money to when you die. However, Deborah Klock is both the sole "executrix" and sole "interested party" in SIX cases in the probate court in Montgomery County, PA.

The following cases can be found at

<http://webapp.montcopa.org/PSI3/Viewer/Search.aspx?c=ProbateSearch> by typing in "Klock" as the last name.

In this first case, Hazel Belle Shuman died on March 1st, 2000. Deborah Klock was the sole interested party and her counsel was Robert Slutsky.

Orphans' Court Case Details				
Case Number	2000-X1676			
Commencement Date	5/17/2000			
Status	Open			
Caption	SHUMAN, HAZEL BELLE			
Case Foundation Party	SHUMAN, HAZEL BELLE			
Case Type				
Initial Filing	PROBATE FOR SHUMAN, HAZEL BELLE			
Judge				
Township	NORTH WALES BOROUGH			
Sealed	No			
Docket Date Range: <input type="text"/> Docket Entries <input type="button" value=""/>				
Case Foundation Parties				
Name	Date of Death	Date of Birth	Address	Counsel
SHUMAN, HAZEL BELLE	3/1/2000		205 NORTH MAIN STREET NORTH WALES, PA 19454	
Personal Representatives				
Name	Representative	Address	Counsel	
KLOCK, DEBORAH L	ADMINISTRATRIX	73 ESSEX COURT NORRISTOWN, PA 19403	SLUTSKY, ROBERT M	
Interested Parties				
Name	Address	Counsel		
KLOCK, DEBORAH L	73 ESSEX COURT NORRISTOWN, PA 19403	SLUTSKY, ROBERT M		

In the second case when Deborah Klock was the sole “executrix” and sole “interested party,” she didn’t use Robert Slutsky as her council. The second case concerned Homer H. Mest’s estate.

Orphans' Court Case Details				
Case Number	2000-X3497			
Commencement Date	11/1/2000			
Status	Open			
Caption	MEST, HOMER H			
Case Foundation Party	MEST, HOMER H			
Case Type				
Initial Filing	PROBATE FOR MEST, HOMER H			
Judge				
Township	LANSDALE BOROUGH			
Sealed	No			
Docket Date Range: <input type="text"/> Docket Entries <input type="button" value=""/>				
Case Foundation Parties				
Name	Date of Death	Date of Birth	Address	Counsel
MEST, HOMER H	10/15/2000		211 SCHOOL LANE NORTH WALES, PA 19454	
Personal Representatives				
Name	Representative	Address	Counsel	
KLOCK, DEBORAH LYNN	EXECUTRIX	73 ESSEX COURT FAIRVIEW VLG, PA 19403		
Interested Parties				
Name	Address	Counsel		
KLOCK, DEBORAH LYNN	73 ESSEX COURT FAIRVIEW VLG, PA 19403			

The third case Deborah Klock and Robert Slutsky are teamed together again concerning the probate case for Dorothy Super's estate. Again, Deborah Klock is the sole "executrix" and sole "interested party."

Orphans' Court Case Details				
Case Number	2003-X2197			
Commencement Date	7/21/2003			
Status	Open			
Caption	SUPER, DOROTHY			
Case Foundation Party	SUPER, DOROTHY			
Case Type				
Initial Filing	PROBATE FOR SUPER, DOROTHY			
Judge				
Township	HORSHAM TOWNSHIP			
Sealed	No			
Docket Date Range: <input type="text"/> Docket Entries <input type="text"/>				
Case Foundation Parties				
Name	Date of Death	Date of Birth	Address	Counsel
SUPER, DOROTHY	7/1/2003		1091 HORSHAM ROAD NORTH WALES, PA 19454	
Personal Representatives				
Name	Representative	Address	Counsel	
KLOCK, DEBORAH L	EXECUTRIX	73 ESSEX COURT NORRISTOWN, PA 19403	SLUTSKY, ROBERT M	
Interested Parties				
Name	Address	Counsel		
KLOCK, DEBORAH L	73 ESSEX COURT NORRISTOWN, PA 19403	SLUTSKY, ROBERT M		

The fourth case that Deborah Klock is the sole "executrix" and sole "interest party" concerns the estate of Margaret Friel. Margaret Friel died in March of 2005.

Orphans' Court Case Details				
Case Number	2005-X1373			
Commencement Date	4/21/2005			
Status	Open			
Caption	FRIEL, MARGARET C			
Case Foundation Party	FRIEL, MARGARET C			
Case Type				
Initial Filing	PROBATE FOR FRIEL, MARGARET C			
Judge				
Township	LIMERICK TOWNSHIP			
Sealed	No			
Docket Date Range: <input type="text"/> Docket Entries <input type="text"/>				
Case Foundation Parties				
Name	Date of Death	Date of Birth	Address	Counsel
FRIEL, MARGARET C	3/26/2005		SANATOGA MANOR POTTSTOWN, PA 19464	
Personal Representatives				
Name	Representative	Address	Counsel	
KLOCK, DEBORAH L	EXECUTRIX	73 ESSEX COURT FAIRVIEW VLGE, PA 19409		
Interested Parties				
Name	Address	Counsel		
KLOCK, DEBORAH L	73 ESSEX COURT FAIRVIEW VLGE, PA 19409			

The fifth case has Deborah Klock as the sole “executrix” and sole “interested party,” and Robert Slutsky represents her again. This time the probate case concerns the estate of Fay Pasco-Glasgow.

Orphans' Court Case Details				
Case Number	2006-X0571			
Commencement Date	2/16/2006			
Status	Open			
Caption	PASCO-GLASGOW, FAY			
Case Foundation Party	PASCO-GLASGOW, FAY			
Case Type				
Initial Filing	PROBATE FOR PASCO-GLASGOW, FAY			
Judge				
Township	WHITEMARSH TOWNSHIP			
Sealed	No			
Docket Date Range: <input type="text" value="Docket Entries"/>				
Case Foundation Parties				
Name	Date of Death	Date of Birth	Address	Counsel
PASCO-GLASGOW, FAY	1/27/2006		801 RIDGE PIKE LAFAYETTE HILL, PA 19444	
Personal Representatives				
Name	Representative	Address	Counsel	
KLOCK, DEBORAH	EXECUTRIX	73 ESSEX COURT FAIRVIEW VILLAGE, PA 19409	SLUTSKY, ROBERT M	
Interested Parties				
Name	Address	Counsel		
KLOCK, DEBORAH	73 ESSEX COURT FAIRVIEW VILLAGE, PA 19409	SLUTSKY, ROBERT M		

Deborah Klock is teamed up with Robert Slutsky once again in the last case seen on Montgomery County, Pennsylvania's probate cases. The last case has Deborah Klock as the sole "executrix" and sole "party of interest" for the estate of Jesse Metzger.

Orphans' Court Case Details				
Case Number	2013-X0064			
Commencement Date	1/4/2013			
Status	Open			
Caption	ESTATE OF METZGER, JESSE W, DECEASED			
Case Foundation Party	METZGER, JESSE W			
Case Type	DECEDENT'S ESTATE			
Initial Filing	Letters Testamentary			
Judge				
Township	UPPER MERION TOWNSHIP			
Sealed	No			
Docket Date Range: <input type="text"/> Docket Entries <input type="button" value=""/>				
Case Foundation Parties				
Name	Date of Death	Date of Birth	Address	Counsel
METZGER, JESSE W	12/12/2012	5/28/1925	MANOR CARE HEALTH SERVICES 620 W VALLEY FORGE ROAD KING OF PRUSSIA, PA 19406 UNITED STATES	
Personal Representatives				
Name	Representative	Address	Counsel	
KLOCK, DEBORAH L	EXECUTRIX	34 E GERMANTOWN PIKE, #287 NORRISTOWN, PA 19401 UNITED STATES	SLUTSKY, ROBERT M	
Interested Parties				
Name	Address	Counsel		
KLOCK, DEBORAH L	34 E GERMANTOWN PIKE, #287 NORRISTOWN, PA 19401 UNITED STATES	SLUTSKY, ROBERT M		

In my opinion, it is very alarming and certainly would constitute “unprofessional conduct” when these probate cases are coupled with the following negative review that was found on the internet concerning Deborah Klock bleeding a woman’s account of 2 million dollars after the elderly woman signed over her power of attorney (POA) to Deborah Klock. The following review was found at <http://www.mojopages.com/biz/pottstown-pa-manatawny-manor-8175016>

BEWARE*****
 A woman named Debra L. Klock owner of company called DLK Managed Care Solutions located in Pennsylvania has taken full advantage of my family. She manipulated my grandmother (Dorothy Summers) whom had alzheimer’s into signing a POA while in Manatawny Manor Nursing Home and then cleaned out all of our families accounts. Over 2 million dollars Her husband was disbarred as attorney for helping her.

Upon investigating Deborah Klock’s husband, his license to practice law was suspended. The following was found at <http://www.padisciplinaryboard.org/look-up/pa-attorney-info.php?id=57688&pdcount=0>

PA Attorney Information

David G. Pascucci

PA Attorney ID:	57688
Current Status:	Administrative Suspension
Date of Admission:	12/08/1989
Lawfirm:	Neil Sagot, P.C.
Other Organization:	
District:	1
County:	Philadelphia
Public Access Address:	SAGOT JENNINGS & SIGMOND 510 WALNUT ST 16TH FLOOR PHILADELPHIA, PA 191063683
Tel:	215 351-0641
Fax:	215 922-3524
Comment:	
Discipline:	

Signs of Guardianship Abuse

The following is an excerpt from The National Association to Stop Guardian Abuse (NASGA), <http://stopguardianabuse.org/warningsignals.htm>, that outlines warning signals. The web site states, "There are always signals of BAD guardians.....we usually just don't see them until it's too late."

The guardian and/or conservator treats you as an

- outsider instead of a relative, friend, or loved one.

- Your loved one doesn't get his/her mail.

- The guardian/conservator sees to it that your loved one doesn't have a phone.

When you visit, the guardian "hovers" or even

- employs someone to hover so you're not alone with your loved one.

If your loved one is in a nursing home, you're

- only allowed to visit in the dining room or recreation room.

- Your loved one appears to be more sluggish, perhaps even dazed.

You start seeing questionable documents and

- realize financial accounts are closed or changed and the statements have been diverted to the guardian/conservator.

- You discover the taxes haven't been paid -- or even filed.

- The nursing facility tells you when you visit, you "upset" your family member or upset the staff.

- You are denied input about your loved one's care - the doctor won't talk to you - you are shut out.

- Items are missing from your loved one's home.

- The guardian/conservator refuses to take your call or answer your questions.

I am alarmed at the number of warning signals, which we have been subjected. Clearly, the Whitten Family has been treated like outsiders, since we were not made aware of medical changes, meetings with social workers, etc.; our loved one is more sluggish, as a result of medication; and the Whitten family has been denied input about our loved one's care. Additionally, F. Harvey Whitten was not receiving his mail and has received exorbitant bills from Deborah Klock. On average, she is billing him \$127 a day, when the time put toward his care is extremely minimal, especially considering she is rumored to be the guardian of 70 clients. Questionable documents have been seen, since we have copies of two documents that F. Harvey Whitten signed after he was deemed incapacitated in a court of law. He was witnessed to have signed paperwork on March 12th, 2013, which still hasn't surfaced, and

we are not aware of the contents of this particular document. All we know is that Deborah Klock had also signed this document. Items are missing from F. Harvey Whitten's home as well.

Elder abuse is so prevalent in Pennsylvania the Supreme Court has initiated a task force to remedy the problem. <http://pennrecord.com/news/9803-pa-supreme-court-forms-task-force-to-address-elder-abuse>. Unfortunately, the abuse and neglect that my uncle has endured is not an isolated incident in the state of Pennsylvania. However, by revoking Deborah Klock's license immediately, you can do your part in stopping this atrocity that is occurring in the state. If her license is immediately revoked, all the people she is guardian of can petition the court to have her replaced with someone more ethical and who actually care for the elderly.

Summary

Deborah Klock has the authority to stop the illegal chemical restraining of F. Harvey Whitten, instead she allows an elderly man to be chemically abused with a drug that is physically debilitating. Deborah Klock knowingly allowed a man with a vitamin B12 deficiency to have vitamins and folic acid removed from being administered daily. Deborah Klock supported the removal of aids that had been working with F. Harvey Whitten for over a year, who gave him exceptional care resulting in a loss of quality of life for F. Harvey Whitten, since he was forced to become accustomed to new faces abruptly. Deborah Klock on more than one occasion has misrepresented herself as a family member of F. Harvey Whitten's when she is of no relation. She misrepresented herself as family at Phoenixville Hospital, Mercy Suburban Hospital, and the Meadows at Shannondell. Deborah Klock's nursing license gives her undeserved credibility in a court of law. In my opinion, circumstantial evidence shows that she fully takes advantage of elder people by stealing their material items and fleecing their estates. In my opinion, the sooner Deborah Klock's nursing license is revoked the better. I think she is a menace to the people of Pennsylvania and the people of the United States, and she has made a mockery of the nursing profession and our judicial system.