



Lyne England, Affidavit #2
Sworn on September /6 , 2010

NO. 08 0327
VICTORIA REGISTRY

IN THE SUPREME COURT OF BRITISH COLUMBIA
IN THE MATTER OF THE *PATIENTS PROPERTY ACT*
R.S.B.C. 1996, CHAPTER 349 AS AMENDED

-AND-

IN THE MATTER OF KATHLEEN PALAMAREK, PATIENT

AFFIDAVIT #2, MRS. LYNE ENGLAND

I, MARYLYNE (LYNE) G. ENGLAND, RETIRED REGISTERED NURSE OF 4989 GEORGIA PARK TERRACE, CITY OF VICTORIA, BRITISH COLUMBIA, MAKE OATH AND SAY THAT:

1. I am a Registered Nurse and although I have retired from my job as a Clinical Instructor in the Home Support Residential Care Attendant program, at Camosun College, I remain on call.
2. I am also the Chair, Vancouver Island Association of Family Councils, a Director of the Advocates for Care Reform of BC, a Director and Past Chair of the Saanich Peninsula Health Association, and an Advocate with Seniors Entitlement Services.
3. I've known Mrs. Kathleen Palamarek since 2007 when she was a resident at the Saanich Peninsula Hospital at the same time my Mother resided there. During 2008 I met Kathleen again, while she was out with her daughter Lois Sampson, and have continued to visit her thereafter. I was later contacted by her daughter Lois who asked my advice relating to the care of her mother.
4. In my 52 years of nursing and the training of nurses and health care workers, accuracy of note taking is an essential component of nursing and paramount to the proper care of the patients. I have taught note taking and I have reviewed the notes taken in regards to Mrs. Palamarek as set out below, sometimes as against

my personal knowledge, sometimes to point out obvious inconsistencies and technical errors or omissions.

5. I have been provided with and have read the nursing notes from Broadmead Lodge dated from 8/30/08 to 9/9/09 (“Progress Notes”), the records from the Royal Jubilee Hospital Emergency Department, and of Elderly Outreach Services, both agencies of VIHA. The latter records pertain to the involuntary apprehension of Kathleen Palamarek that was conducted by VIHA EOS on October 31, 2008, during which I was present.
6. Upon reviewing the Elderly Outreach Services (EOS) – records that I did not have access to when preparing my previous affidavit – I noted the following concerns and errors. The entire set of EOS records is some 47 pages long. In the interests of economy of size, I have exhibited only those extracts relevant to my affidavit – at **Exhibit A**.
7. I am incorrectly identified in the EOS handwritten notes of Dr. Mak, p. 18 Oct. 31/08 “RN Lynn English (hired by daughter)”. My name is Marylyne (Lyne) England, RN. I am not and never have been in the employ of Lois Sampson, as has been stated on page Page 22 of the EOS records by Jessica Celeste (Exhibit B). Dr. Mak writes “attended by another friend who said she is the RN hired to look after Mrs. Palamarek.” I never made this statement, and I have never been hired by anyone to care for Mrs. Palamarek.
8. At Page 9 of the EOS notes (Exhibit A), Dr. Cooper makes a comment about the Sampsons not being willing to comply, in reference to the police attending their home to apprehend Mrs. Palamarek. Mrs. Palamarek, Lois Sampson and her husband Gil Sampson, and I were waiting for Mrs. Palamarek’s sons to arrive for a visit. Mrs. Palamarek was pleased that she was going to introduce me to her sons. The surprise, alarm and confusion that ensued when uniformed police arrived at the door was not because of an unwillingness to comply; it was a reaction of utter shock, fear and disbelief on the part of everyone inside the apartment, including myself.
9. At Page 18, (Exhibit A) Dr. Mak states that “Gil requested myself to enter the suite to speak to Kathleen.” That statement is not correct. It was me who asked Dr. Mak, and the unidentified woman in plain clothes who I see from the records is a person named Jessica Celeste of the EOS, to come in to the apartment, by themselves, to confirm that Mrs. Palamarek was well and not in need of any assistance. Ms. Celeste refused my request, but Dr. Mak agreed and came in to the living room where Mrs. Palamarek was sitting.
10. Dr. Mak states in the EOS records, Page 19 notes, (Exhibit A) that one of the reasons she believed Mrs. Palamarek needed to be apprehended was because Kathleen did not know where her medications were. I was present when Dr. Mak asked Mrs. Palamarek that question, and while it is true Kathleen said she did not

know where her medications were, Dr. Mak fails to record why she did not know, and she also fails to record what Lois Sampson said at this time about this subject.

11. Mrs. Sampson told Dr. Mak that she had not told her mother the location of the medications for safety reasons. Mrs. Sampson then brought the medications out immediately and showed Dr. Mak that the medications had been provided according to prescription schedules, which the blister pac indicated that they had been. In the EOS records however Dr. Mak gives the (erroneous) impression that Mrs. Palamarek's inability to say where her medications were was evidence of dementia. If a person hasn't been told where something is, their lack of knowledge about the location should not be described as or considered a symptom of dementia.
12. I also note in these records that the reason for the EOS visit to determine if Mrs. Palamarek needed to be apprehended was that a complaint had been made by Lois Sampson's brother that Mrs. Palamarek had not been getting her medications while she was living with Lois (Page 5, Focus of Care Referral, Exhibit A). Dr. Mak did not check to see if Mrs. Palamarek's transdermal skin patch medications containing Fentanyl and Nitroglycerin medications were affixed to her body – even though Lois showed us the medications, including the manner in which she had safely stored a spent Fentanyl (narcotic) patch for proper disposal at a pharmacy. I cannot imagine why a doctor in these circumstances would not make that very simple check to determine if Kathleen's medication patches were in place.
13. Further, Dr. Mak's notes appear to give the impression that Lois' response to the matter of Mrs. Palamarek's medications was inappropriate, even defensive. At Page 19 (Exhibit A), Dr. Mak states "Lois responded with this series of actions after I simply asked Kathleen to show me her meds." Mrs. Sampson's actions were responsible, appropriate and intelligent. I am very surprised that Dr. Mak's notes would contain such unwarranted innuendo.
14. On Page 20 (Exhibit A), Dr. Mak again mischaracterizes the actions of Lois Sampson, compared with what I observed at the time. Mrs. Sampson's request for the ParaMedic to remove her jacket was a sensitive and considerate one, as she did not want her mother to be unduly alarmed. It was intimidating to both myself, and I could see to Mrs. Palamarek as well, when the police officers and paramedics entered into their home, and into our visual field, unannounced. There is a reference to "a lawyer came to the suite". This is false. The lawyer, Mr. John Jordan, never entered the building.
15. Dr. Mak told Mrs. Palamarek, Mrs. and Mrs. Sampson and myself, that Kathleen was only going to be away for a short while, so that her health could be assessed at the hospital, and that she would then be able to return to her daughter's home. Mrs. Palamarek asked Dr. Mak directly if she could "come back to my daughter's home", and Dr. Mak answered, yes. I was concerned that Dr. Mak had not given

enough consideration to this question and so I asked Dr. Mak the same question, and Dr. Mak replied clearly and succinctly, “Yes, she can return”. However, when I reviewed the *Mental Health Act* apprehension form signed by Dr. Nicoll on October 30, 2008, I realized that a decision that Mrs. Palamarek was to be returned to Broadmead Lodge had already been made before the apprehension itself even took place. Dr. Mak works for EOS, and should have known that it was not likely Mrs. Palamarek would be allowed to return to her daughter’s home as Dr. Mak stated.

16. Upon reviewing the nursing progress records of Broadmead Lodge (76 pages, exhibited to the affidavit of Lois Sampson’s Affidavit #8 and which I have now reviewed) – records that I had not had the opportunity to review prior to my previous affidavit – I have the following comments.
17. I noted frequent entries in these nursing notes about delusional behaviour attributed to Mrs. Palamarek in the summer and fall of 2008. I saw Mrs. Palamarek quite frequently during this period of time (prior to her being apprehended and restrictions imposed on her ability to go out and to have visitors). I never saw Kathleen exhibit any inappropriate or delusional behaviour, or make any comments that would be considered delusional. The only evidence of dementia in Mrs. Palamarek that I have observed then, or at any time before or since, is short-term memory loss. She is a well-mannered and delightful person with whom I have had many lovely visits and conversations.
18. I see in the nursing notes that Mrs. Palamarek repeatedly asked, for months after she was apprehended and returned to the Lodge, why she was back at the Lodge, and attempted to assert her desire to leave the facility and live in her own home. Examples include: 11/02/2008 at 07:50 and at 09:00, 11/03/2008 at 08:10, 11/20/2008 at 22:19, 11/22/2008 at 21:29, 11/27/2008 at 22:08 and 11/28/2008 at 20:28). I also note that after March or April of 2009, there are no further records of Kathleen saying she wants to leave Broadmead. However, I can confirm that almost every time I’ve visited with Kathleen she has told me that she wants to live at home and doesn’t know why she can’t. She has said these things consistently, and well into 2010 she continues to express the desire to live in her own home, although more wistfully now than before she was apprehended.
19. The nursing notes also show Mrs. Palamarek asking where her phone is and/or going to the nursing station to ask to use the telephone. I learned that her telephone was removed after she was apprehended and returned to Broadmead Lodge. Kathleen has said to me that she misses having a telephone, and wonders why it was taken away.
20. I have concerns about the entry “9/5/08: (10:27) HCW (health care worker) reported, “Resident rebuffed Male attendant who offered to provide any assistance required.” This is disturbing for several reasons. I am aware that the resident (Mrs. Palamarek) had previously complained of being sexually assaulted

by two male staff in June 2008 and suffered related trauma, so I question why a male staff member was offering “any assistance required” only a few months after the alleged assault.

21. Further on the above-noted entry, HCW’s are taught during their training program to be specific and succinct in their approach to residents, especially residents with short-term memory challenges. “Any assistance required” does not meet the standards for HCW practice. This leads me to question the veracity of this documented statement, being, as it is very unspecific in nature. If it is accurate, then I would recommend additional education for the HCW involved.
22. The entries of “9/8/08” raise issues. Either the entries are inaccurate or the conclusions arrived at by the staff are in error. One entry “9/8/08 (13:36) states: “Kathleen wrote a note”. On the same date at 14:30 another entry says “Staff do not believe Kathleen would be able to write a note”. Still on the same day, the entry of 9/8/08 (15:21) (4) states: “When asked to write a complete sentence Kathleen wrote the word: ‘sentence’.” Mrs. Palamarek had been residing at Broadmead Lodge for over a year at this point. Surely someone has considered that, given her poor hearing, it is very likely that Kathleen may not have heard the full request to write a sentence, but perhaps just the words “Write sentence”? I am personally aware that Mrs. Palamarek is quite capable of writing a sentence.
23. In the nursing notes of Broadmead Lodge (“Progress Notes”), I noted documented medication errors: 9/17/08 at 22:11, 9/30/08 at 13:19, 4/18/09 at 10:51, and 5/13/09 at 08:00. Medication errors can have serious consequences for the resident and especially so with the medications noted: Fentanyl (pain medication), and Nitroglycerine (heart medication).
24. In the entry 7/25/2008 21:28, the Progress Notes state that Kathleen “appeared to try and hide seroquel”. I find it most unlikely, that Mrs. Palamarek would know which pill was seroquel and knowingly pick one pill out from another when presented with multiple medications in a cup. To know which pill was which would be a challenge for most elderly residents in care facilities.
25. During one of my visits with Kathleen I noted her wheezing and stridor (shrill, harsh, sound) during respirations. Now, after reading the Broadmead Lodge nursing notes that mention symptoms of chest tightness, pain in jaw, wheeziness, shortness of breath, buttock pain, numbness in left arm, and chest pain, I note that there is no documentation of any request for or evidence of a cardiology workup.
26. In regards to 9/8/08 (15:21) (3): Unfortunately, it is not uncommon in residential care facilities for a resident to run out of these supplies and for staff to borrow from other residents with the intent to return the product, but that does not always happen. The entry gives the impression that incontinence products are always available when they are not. The supply of incontinence products is a problem across BC, of which the provincial government is well aware. A provincial

committee was struck at least three or four years ago to look into this matter to try to improve this situation. There has been no resolution to date and practice and charges for these products remains inconsistent within the Health Care System.

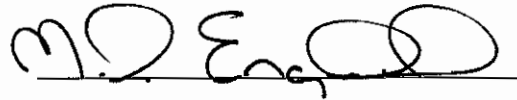
27. I was surprised to read the entry 9/11/08 (05:26) – in which the Nursing Coordinator, responding to a direct question from a family member, documents “probably had medication”. I question why this entry was documented at all if it wasn’t followed up, checked, related to the family member and later documented as fact, or otherwise.
28. On 11/5/08 (15:43) I noted that F. Sudbury records that she is confused about who Mrs. Palamarek’s representative is at this time. This “confusion” on the part of Broadmead Lodge appears not to have been expressed to Lois Sampson, or to Mrs. Palamarek’s lawyer, who the records show, personally delivered the legal documents to Broadmead Lodge’s CEO, and advised the CEO that Mrs. Palamarek would be leaving Broadmead Lodge later that day to live with her daughter.
29. There are entries recording solicitous, suggestive comments made by Mrs. Palamarek’s sons sprinkled throughout Broadmead Lodge’s nursing notes that I believe are inappropriate in nursing notes, and that should have been given consideration as to intent before being recorded. In the entry of 9/4/08 (10:58), at issue is the apparent eagerness of Mrs. Sampson’s brother to have police remove Lois, and expressing support of this to staff. No assessment or other data is provided to justify the recording of this information in nursing notes. In the entry 9/3/08 (09:30), the notes record comments made by the Son (Ernie) of their support for lodge staff. Comments of this type are gratuitous and it is unusual to see something of this nature documented in nursing notes. These comments are generally written in a communication book for all staff to read.
30. In the entry 7.26.09 (11:30), a specific call is made by R. Cabrera LPN to Ralph reporting Mrs. Palamarek’s cough. Ralph requests that Lodge staff be reminded to encourage Kathleen to attend church. This is surprising because Kathleen has shared with me that she was never a regular church attendee, and did not wish to become one despite visits to her room by various religious representatives encouraging her to join them. Also, her daughter Lois had spoken to me in late spring 2008 about her mother being distressed by members of religious organizations frequently urging her to convert, and wondered who she could speak to at the Lodge to resolve her mother’s concerns. I recommended she speak with the Social Worker. Mrs. Sampson later informed me that she did contact the Social Worker for her mother, Sheilagh McIvor, on several occasions but never did receive a return phone call or email from the Social Worker, as requested.
31. In the entry by F. Sudbury at 5/26/09 (13:22) in relation to a “Family Conference”, we see the statement “He (Ralph) will consider and advise if a conference is desired.” There are multiple Family Conferences mentioned in the

Broadmead Lodge nursing notes with multiple family members present, but I don't see Lois Sampson's name included as a participant in any of them. Was it an oversight, was she not welcome, or was there an order to bar her from attending? This is most unusual, even when there are differences of opinion within the family.

SWORN BEFORE ME at Victoria,)
British Columbia on this 16th day)
of September, 2010.)


_____)

A Commissioner for taking)
Affidavits for British Columbia)


_____)

Lyne England

Lloyd Duhalmo
Barrister & Solicitor
345 Vancouver Street
Victoria, BC V8V 3T3

This is Exhibit A referred to in
the Affidavit of L. England
made before me on 16 Sept. 10

5

Client Name (last, first): A Commissioner for taking affidavits within BC

SERVICES CURRENTLY ENGAGED

- Check all that apply:
- Home and Community Care - Name of Case Manager: _____ GRT Transition EOS
 - VISTA Inpatient
 - Outpatient: (Adult Psychiatry / Geriatric / Psych-Geriatric) _____
 - Day Program: (Describe) _____ Counselling _____
 - Other _____

RISK FACTORS

- | | |
|--|--|
| <p>For Client:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Danger to Self _____ <input type="checkbox"/> Danger to Others _____ <input type="checkbox"/> Unintentional High Risk Behaviour (e.g. walking into traffic) _____ <input type="checkbox"/> Self Neglect _____ <input type="checkbox"/> Substance Use _____ <input type="checkbox"/> Abuse by Others _____ <input type="checkbox"/> Environment _____ <p>Other: _____</p> | <p>For Attending Service:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dogs/Animals _____ <input type="checkbox"/> Firearms/Weapons _____ <input type="checkbox"/> Drug Use/Traffic/Paraphernalia _____ <input type="checkbox"/> Location Isolated _____ <input type="checkbox"/> Environmental Hazards/Exterior/Interior _____ <input type="checkbox"/> Insects (fleas, ringworm, etc.) _____ <input type="checkbox"/> Disease (e.g. shingles, T.B., etc.) _____ <input type="checkbox"/> Other (aggressive person, police req'd): _____ |
|--|--|

FOCUS OF CARE ON REFERRAL

Reason For Referral/Expected Outcome:

CLIENT HAS BEEN REMOVED FROM LODGE AT BROAD MEAD BY DAUGHTER OCT 27/08 DR NICHOL IS CONCERNED AS CLIENT IS NO LONGER RECEIVING PRESCRIBED MEDS COULD HASTEN DEATH, ALSO UNMANAGEABLE PAIN AND WITH DEWAL SYMPTOMS

* Please fax any consultations, lab values, assessments to 356-9342. Thorough completion of referral will assist with timely processing.

SERVICE ANTICIPATED

Consultations / Services (Check all that apply)			
<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Physician	<input type="checkbox"/> CNS	<input type="checkbox"/> CNE
<input type="checkbox"/> Social Worker	<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Recreational Therapist
<input type="checkbox"/> Nurse	<input type="checkbox"/> Transition	<input type="checkbox"/> Group (see Focus of Care)	<input type="checkbox"/> Other

Programs (Check all that apply)		
<input type="checkbox"/> EOS	<input type="checkbox"/> VISTA	<input type="checkbox"/> Inpatient Program
<input type="checkbox"/> Outpatient Program	<input type="checkbox"/> Transition Team	<input type="checkbox"/> Outreach Needed

OFFICE USE ONLY:
indicate if client does not meet service criteria and explain: _____

Was client referred to another service outside of OAMHAS? (Indicate where): _____

Referral Accepted: Y / N Referral Sent to Assigned Service: Y / N Initial: Date:

Name: Palamarek, Kathleen
MRN: 05876982
ENC#: 92003903656

9

C o n s u l t a t i o n

Document Name: Geriatric Consult
Dictated By: Cooper, Michael Charles
Result Date/Time: 01-Nov-2008 17:57

There were some concerns with regard to the daughter's ability to look after Ms. Palamarek. Previously she has expressed opposition to her mother receiving psychotropic medications. The information from Dr. Leishman suggests that Ms. Palamarek has responded well to these medications and should continue with them. It should be noted, however, there was no confirmed information that indeed she was not receiving these medications at the daughter's home. There were also additional concerns that the influence of the daughter may have been agitating to Ms. Palamarek. This is based on observations from the staff at The Lodge at Broadmead that Ms. Palamarek appeared more agitated after visits at The Lodge although it was also noted that since she had been started on the antipsychotic medication recently, this problem had decreased.

After considerable discussions, referral was made to the older adult mental health and addiction program for further assessment of the patient. There was a concern due to the nature of the patient leaving the facility essentially against medical advise that there was a need to assess the situation. Dr. R. Nicoll completed a Form 4 under the Mental Health Act indicating that Ms. Palamarek suffers from dementia complicated by anxiety disorder. Dr. Nicoll stated that the patient requires facility care to ensure that she is treated appropriately medically for management of chronic pain, heart disease, and anxiety which he states is paramount to her wellbeing.

Dr. J. Mak and Jessica Celeste from the Elderly Outreach Service attended on Ms. Palamarek in her daughter's home on the afternoon of October 31. Arrangements were then made for the patient to be brought to Royal Jubilee Hospital under the Mental Health Act in order to proceed with leave authorization to return her to The Lodge at Broadmead. I understand from Dr. Mak's description of events at the daughter's home, there was a considerable amount of difficulty and the daughter and her husband were not initially willing to comply with the police request and authorization to apprehend Ms. Palamarek and bring her to the nearest facility for further evaluation.

Dr. Mak completed a Form 4 under the Mental Health Act stating that "Ms. Palamarek is an 86-year-old lady with a history of dementia and cerebrovascular disease complicated by psychosis and depression. She also has a significant past medical history including myocardial infarction, stroke, congestive heart failure, hypertension, diabetes, and chronic pain. Ms. Palamarek has been living at The Lodge at Broadmead until October 27, 2008, when her daughter took her to the daughter's home. Collateral history indicates Ms. Palamarek has been doing well at The Lodge at Broadmead. On examination Ms. Palamarek was not oriented to time or place. She was unable to locate her medications. Collateral history includes one is uncertain of the level of care Ms. Palamarek is currently receiving. Given that Ms. Palamarek is a frail, elderly woman, I would recommend her to be assessed at a designated facility".

I then met with Ms. Palamarek at Royal Jubilee Hospital Emergency Room at 1630 on October 31. Initially I requested to meet with Ms. Palamarek alone but her daughter, Lois Sampson (Samson), was insistent that she accompany her mother and indicated that I would not likely be able to communicate effectively with her because of her hearing loss. Ms. Palamarek could understand my questions quite clearly and responded

9.

CLIENT NAME

Palamarek

DATE
Y/M/D

PROGRESS NOTES

Oct 31, 08

Home visit - chart reviewed prior to H.V.

Purpose: to bring Mrs Palamarek to RJA OR for assessment under the mental health Act.

Form 4 filled out by Dr Nicoll.

Present: 3 police officers, 2 paramedics, Jessica Celeste myself

Mrs Kathleen Palamarek, dtr Lois, Son-in-law Gil, RN Lynn English (hired by dtr)

Police officer knocked on the door of suite 303 1015 Pandora - home of Lois & Gil. Gil answered the door. He declined our request to enter the suite initially. Gil brought the telephone to the door requesting the police officer to speak to his lawyer.

Form 4 was shown to Gil. Despite the form 4, Gil initially declined to allow Kathleen to go to RJA for assessment. Family indicated Dr Nicoll is no longer Kathleen's GP. It was explained to Gil that we are obligated to bring Kathleen to a facility for ~~care~~ an assessment under the mental health act.

Gil requested myself to enter the suite to speak to Kathleen.

When asked "what's today's date", Kathleen reported "I haven't read the paper today yet." She looked at the paper and answered "October." She reported "it's 2009" She reported "it's Wednesday".

Kathleen's answers were vague when I asked her

CLIENT NAME
Palamarek

DATE Y/M/D	PROGRESS NOTES
	<p>questions re orientation to place. She reported she was at her dtr's home. She did not know the street name, suite #, floor etc. Kathleen reported she was at the hospital prior to coming to her dtr's home.</p>
	<p>Kathleen was unable to locate her medications.</p>
	<p>Lois was quite involved during the interview. She requested me to leave my folder/portfolio on the table because it's "too official". She instructed me to speak slowly + loudly. Lois brought out Kathleen's medications in a blister pack. She also showed me a box of nitro patch and a fentanyl patch. She requested me to note one used fentanyl patch kept in a glass jar as "evidence" that she has been giving Kathleen her meds. Lois also reported I can speak to the pharmacist to confirm she has been giving Kathleen her meds as instructed. Lois responded with this series of actions after I simply asked Kathleen to show me her meds.</p>
	<p>During my brief assessment of Kathleen, she presented as a frail elderly woman with poor short term memory and executive dysfunction. It also appeared there is complex family dynamics. Given the uncertainty of the situation, I would recommend Kathleen be brought to a designated facility for an assessment.</p>
	<p>Second form 4 filled out Police and paramedics brought Kathleen to VSI ER Dr Cooper will assess Kathleen in ER. Above observations communicated to Dr Cooper</p>

[Handwritten signature]

CLIENT NAME
Palamanek

DATE Y/M/D	PROGRESS NOTES
	<p>P.S. The transfer process after my brief initial home assessment took a significant amount of time. One female paramedics was allowed to enter the suite. Lois requested her to take off her jacket because "it's too official". A lawyer came to the suite. Police + paramedics eventually transferred Kamen to room with her family.</p>
	<p style="text-align: right;">M</p>

CLIENT NAME
Palamarck, Kathleen

DATE Y/M/D	PROGRESS NOTES
Oct. 31/08	<p>To have police officer to speak to his lawyer on the phone. Form 4 was presented to son in law. This writer stayed outside of the apartment while Dr. Pak attended to the client, Mrs. Palamarck. When I was outside, I was asked to speak to his lawyer, Andrew Gray from Vancouver. He was informing me that the reason there are some care issue discrepancies were due to medications presumably held by Lois. To this point, I cannot comment on anything as it was very difficult to understand what he was saying or referring to. There were several discussions between son in law & police officers and the cell phone services/connections were poor. Writer unable to hear what clearly was stated. I immediately gave the phone back to his son in law. Most of the interaction was happening inside the apartment while Dr. Pak interviewed the pt & Lois, attended by another friend who said she is the RN hired to look after Mrs. Palamarck.</p> <p>1600: Client sent to R/H ER dept. to meet Dr. M. Cooper for further assessment. Writer notified sons (Ralph, Bob Bob) to meet @ R/H ER. Lois & husband also went to ambulance.</p> <p>1730 hrs: While in the ER dept. other information obtained from the 2 sons, Ralph & Bob. Ralph & wife looked after mom x 2 yrs. before admission to Lodge of Broadmead. Mother had a private nurse 24/7. Ralph stated no matter how well her mother is, Lois always finds something wrong w/ her, & yet she was not capable of looking after her @ that time. Nevertheless, these informations, as I suggested, are better heard in court between the siblings.</p> <p>Dr. M. Cooper saw pt for assessment. She will be sent to the Lodge of Broadmead.</p>
Nov 3/08	<p>Rec'd a phone call from Alan Campbell's administrative office indicating a request for review</p>