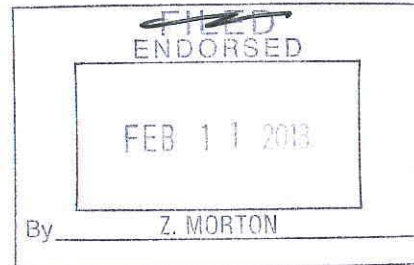


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9  
10 SUPERIOR COURT OF THE STATE OF CALIFORNIA  
11 COUNTY OF SACRAMENTO  
12

13  
14 **PEOPLE OF THE STATE OF CALIFORNIA,**

15 Plaintiff,

16 v.

17 **SILVIA CATA**

18 Defendant.  
19

Case No.: 13F00783

**DECLARATION IN SUPPORT OF  
ARREST WARRANT**

AG Dkt. No.: SA2012107565

20  
21 The undersigned declares:

22 **I. INTRODUCTION**

23 I, Tina Khang, am a Special Agent for the State of California, Department of Justice,  
24 Office of the Attorney General, Bureau of Medi-Cal Fraud and Elder Abuse. In this declaration, I  
25 will set forth facts showing that Silvia Cata (hereafter Cata), d.b.a Super Home Care, failed to  
26 properly care for Georgia Holzmeister (hereafter Holzmeister), an elder dependant adult, who was  
27 placed in Cata's care. This failure resulted in Holzmeister being neglected and suffering  
28 unjustifiable physical pain and great bodily injury, while a resident at Super Home Care, in

1 violation of Penal Code section 368(b)(1) (Elder Abuse) and 368(b)(2). Additionally, evidence  
2 will show that this lack of care resulted in injuries and complications to Holzmeister, which was  
3 the proximate cause of her death, in violation of Penal Code section 368(b)(3). Evidence will  
4 also show that Cata's deliberate and complete reckless disregard for performing the essential  
5 duties as Holzmeister's caretaker, Administrator, and owner of Super Home Care, ultimately  
6 resulted Holzmeister's death, violation of Penal Code section 192(b) – Involuntary Manslaughter.  
7

## 8 **II. SUMMARY**

9 In April 2007, Holzmeister, who was ambulatory and able to communicate, was placed in  
10 the care of Cata. Cata was the Administrator, licensee, and owner of Super Home Care, a  
11 Residential Care Facility for the Elderly (RCFE). Super Home Care, located at 341 Bowman  
12 Avenue, Sacramento, California, is a small RCFE which houses, at most, six residents.  
13 Holzmeister had been diagnosed with dementia and her condition had worsened over the years  
14 prior to her death. In June 2012, while under Cata's care, Holzmeister developed pressure  
15 wounds on her coccyx area, which worsened in the days that followed as a result of Cata not  
16 obtaining proper medical treatment for Holzmeister. On June 19, 2012, Holzmeister arrived via  
17 ambulance to the Emergency room at Sutter General Hospital, where hospital staff discovered a  
18 massive stage IV pressure wound on her coccyx. Holzmeister was also diagnosed with sepsis.  
19 Holzmeister never recovered from her wounds and was placed on comfort care. She was  
20 discharged to Rosewood Terrace, a local area skilled nursing facility, where she died four days  
21 later, on June 23, 2012.  
22

## 23 **III. RESIDENTIAL CARE FACILITY FOR THE ELDERLY (RCFE)**

24 All RCFE's are governed by the California Residential Care Facilities for the Elderly Act  
25 (Health & Safety Code Sections 1569-1569.87). A "residential care facility for the elderly" is  
26 defined as a housing arrangement chosen voluntarily by persons 60 years of age or over, or their  
27 authorized representatives, in which varying levels of care and supervision, protective  
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1 supervision, or personal care are provided, based on the resident's varying needs. Persons under  
2 60 years of age, with compatible needs, may also qualify for admission to an RCFE.  
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#### 4 **IV. BACKGROUND**

5 The California Department of Justice, Bureau of Medi-Cal Fraud and Elder Abuse  
6 (BMFEA) received an "SOC 341" (Report of Suspected Dependant Adult/Elder Abuse) referral  
7 from Linda Johnson (hereafter Johnson). Johnson is an Ombudsman with the "Ombudsman  
8 Services of Northern California." The referral stated the victim, Holzmeister, was found with  
9 "bed sores on her buttocks." The "suspected abuser," listed on the SOC 341, was "Silvia Cata."

10 I obtained medical records from Sutter General Hospital, Rosewood Terrace, as well as  
11 records from Holzmeister's primary care physician, which were forwarded to Dr. Kathryn  
12 Locatell (hereafter Dr. Locatell) for review. Dr. Locatell prepared a summary report of her  
13 findings, which were provided to BMFEA.

14 Dr. Locatell is a physician licensed by the State of California, and board certified in  
15 internal and geriatric medication. She currently serves as an attending physician for nursing  
16 home residents, as a nursing home medical director and teaches nursing home medicine to  
17 physician trainees in internal medicine. She has previously served as Chief of Elder Care  
18 Services at the University of California, Davis School of Medicine, in the section of geriatric  
19 medicine. She has qualified as an expert witness in nursing home care in state courts in  
20 California, Washington, Florida, Arizona, Arkansas, Oklahoma, Kentucky, and Alabama. Dr.  
21 Locatell has participated in inspections of skilled nursing facilities with BMFEA personnel and  
22 reviewed documents and drafted expert opinions for BMFEA criminal cases.  
23

#### 24 **V. DR. LOCATELL PRELIMINARY FINDINGS**

25 On October 22, 2012, I received a preliminary report from Dr. Locatell regarding her  
26 findings based on the records she reviewed. The following is a summary of Dr. Locatell's  
27 findings:  
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1 Holzmeister was 88 years old at the time of her death. She had advanced dementia and  
2 was unable to converse or recognize family members as of the last doctor's office visit on April  
3 21, 2011. Holzmeister had been residing at Cata's RCFE for approximately six years. At the  
4 time paramedics were called to Cata's RCFE, Holzmeister had an "altered level of  
5 consciousness." She was transported to Sutter General Hospital and given intravenous fluids and  
6 antibiotics. While in the ER at Sutter General Hospital, hospital staff discovered a "large,  
7 necrotic pressure sore over the buttocks region, which was felt to be the source of "sepsis"  
8 (systemic bacterial infection) that Holzmeister was diagnosed with. Dr. Locatell determined  
9 that laboratory results, including an elevated white blood cell count, elevated lactic acid level, and  
10 evidence of acute kidney failure, were all supportive of the sepsis diagnosis. "There did not  
11 appear to be a source other than the pressure sore" (for the sepsis). Holzmeister's family decided  
12 to place her on "comfort care," and focus on pain management as opposed to curative treatment at  
13 the hospital. Holzmeister was transported from Sutter General Hospital to a skilled nursing  
14 facility (Rosewood Terrace), where she died two days later (June 23, 2012).

15 Dr. Locatell concluded that: 1) Holzmeister's wound, an infected pressure sore, which was  
16 infected, was the "underlying cause of her death on June 23, 2012," 2) Holzmeister was "clearly  
17 suffering from sepsis due to the wound and clearly "would not have died when she did but for the  
18 severity of these conditions," 3) Holzmeister was neglected at the RCFE (Super Home Care), 4)  
19 the pressure ulcer/sore over the buttocks must have been present for weeks, if not longer, 5) there  
20 was no indication that any medical care was sought for the wound until Holzmeister was near  
21 death, 6) Holzmeister suffered "great bodily injury and death" at Super Home Care in June 2012.  
22 Dr. Locatell summarized her findings and stated Holzmeister was "neglected, deprived of needed  
23 medical attention, in addition to the basic personal care, which would have prevented such a sore  
24 from developing at all. Had she (Holzmeister) received adequate care at the RCFE (Super Home  
25 Care), she would not have developed this wound and would not have died when she did."  
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**VI. WITNESS INTERVIEWS**

**Rene French, DSS Licensing Program Analyst**

On August 29, 2012, I interviewed Rene French (hereafter French), Department of Social Services (DSS) Licensing Program Analyst (LPA) regarding Cata's facility, Super Home Care. French told me she was assigned to this case and met with Silvia Cata (hereafter Cata), the licensee of Super Home Care (a residential care facility).

During French's visit to the facility on July 3, 2012, French reviewed Holzmeister's facility records, which were provided by Cata. French determined, from her review of Holzmeister's records, that there were documents missing from Holzmeister's file. Specifically, French stated the "Form 809 (Facility Evaluation Form)" was missing from the file. French told me she asked Cata for the missing form and Cata responded by saying the form was in the file. French told me the document was missing and not part of what was provided to her by Cata. French also stated there was no documentation in Holzmeister's file regarding any doctor's visits. French stated, based on her experience, the amount of documentation provided by Cata during this visit was "lacking" and "not sufficient" for care provided to Holzmeister, given that Holzmeister had been a resident at Cata's facility for approximately five years.

I spoke with French regarding past compliance history for Cata's facility. French told me Cata has been cited by DSS in the past for violations. French summarized a number Cata's citations, which included but were not limited to the following:

- 1) March 21, 2007 - Not having documented "care plans" in the resident's files.
- 2) August 10, 2007 - "Prohibited Health Conditions" (having a resident at the facility that was "full care" and therefore not allowed to be a resident at the facility). This resident should have been admitted to a skilled nursing facility instead.
- 3) May 3, 2010 - Cited for not logging and updating resident medications.  
Cited for "poor record keeping." Cata did not have any

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proof of training, criminal history checks completed, and tuberculosis (TB) tests done.

- 4) May 24, 2010 - Cited for providing residents with “over-the-counter” medications without a doctor’s order.
- 5) May 3, 2012 - DSS “Random Annual Comprehensive Audit” done, which resulted in citation for “poor record keeping.”
- 6) June 4, 2012 - (Part of 5/3/2012 Annual Comprehensive Audit)  
Facility in violation of Title 22, section 87467(a)1:  
“licensee shall arrange meeting with resident’s family regarding any significant change in the resident’s condition and complete a “Re-Appraisal” of the resident’s condition.

**Holzmeister Family Members**

On September 12, 2012, I interviewed Richella Lynn Mackey Carlson (aka Shelly Carlson, hereafter Carlson), Sandra Holzmeister (hereafter Sandra), Paul Holzmeister (hereafter Paul), and Dennet Cowan (hereafter Dennet), granddaughter, daughter-in-law, grandson, and granddaughter (of Holzmeister), respectively. The following is a summary of the interview:

Holzmeister had been diagnosed with Alzheimer’s disease sometime in the “late 1990’s to early 2000’s.” Prior to living at Super Home Care (Silvia Cata’s facility), Holzmeister had previously lived with her son and daughter-in-law (Sandra). Due to Holzmeister’s progressing Alzheimer’s disease, she was unable to care for herself, and the family had agreed to place her in a facility where she would receive care. Carlson stated she received a recommendation from a family friend to place Holzmeister at Cata’s facility, Super Home Care. The family stated they had no reason to doubt the quality of care provided by Cata because the recommendation came from a family friend. Additionally, prior to placing Holzmeister at the facility, the family visited the facility and were given a tour. They stated the facility was clean and they did not have any reservations about the quality of care provided there. The family also stated they did not want to

1 move Holzmeister out of Cata's facility because she (Holzmeister) felt comfortable and enjoyed  
2 living there.

3 The family stated Holzmeister was ambulatory (able to walk unassisted and get around  
4 by herself) when she was first admitted to Cata's facility. Holzmeister was continent during the  
5 first few years at Cata's facility. In January 2011, Holzmeister became "incontinent" and became  
6 dependant on adult diapers.

7 Carlson told me Dr. Swathi Reddy was Holzmeister's primary care physician. Dr. Reddy  
8 is a physician with Sutter Roseville Hospital. Holzmeister visited the doctor once a year, unless  
9 otherwise needed. According to Carlson, Holzmeister had the standard tests run and blood drawn  
10 during each annual examination. Carlson stated Holzmeister "did well at each annual  
11 examination."

12 The family told me they visited Holzmeister at Cata's facility often during the first few  
13 years she was there. Once her mental condition started to deteriorate, during the last couple of  
14 years at the facility, their visits were limited to just "all the major holidays." The family stated it  
15 was difficult to visit Holzmeister because she could no longer communicate effectively, make eye  
16 contact, or recognize them.

17 The family stated Holzmeister was taken by ambulance to the emergency room at Sutter  
18 General Hospital on June 18, 2012 and died on June 23, 2012. Holzmeister had "gotten sepsis"  
19 from her wounds and believed she died from the sepsis. I asked the family to tell me about the  
20 events of June 18, 2012 that led up to Holzmeister's ER visit.

21 Carlson said she received a call from Cata during the morning hours on June 18, 2012.  
22 Carlson stated Cata told her Holzmeister was not doing well, and needed to see a doctor. Carlson  
23 said she advised Cata that she (Carlson) would contact Holzmeister's doctor directly to try to get  
24 an appointment for Holzmeister. Carlson stated during this telephone conversation, Cata never  
25 explained to her in detail what Holzmeister's condition was. Carlson stated Holzmeister's annual  
26 physical examination was already scheduled for sometime later that week. Because Cata had not  
27 given Carlson any indication there was an urgent medical need for Holzmeister to immediately  
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1 see the doctor, Carlson decided she would attempt to re-schedule Holzmeister's appointment for  
2 earlier in the week.

3 Carlson told me she spoke with Holzmeister's doctor, who recommended that a hospice  
4 nurse be sent to Cata's facility, and to determine her condition. Carlson stated she told Cata that  
5 Holzmeister's doctor had recommended a hospice nurse visit to examine Holzmeister. Carlson  
6 told me Cata did not want the nurse to come to the facility, and instead told Carlson that  
7 Holzmeister needed to go to the hospital, and that she (Cata) would meet her at the hospital.

8 At approximately 3:00 P.M., the same day (June 18, 2012), Cata called Carlson again, and  
9 stated Holzmeister needed to go to the emergency room. Carlson told me the family arrived at  
10 Cata's facility around 4:00 P.M., and found Holzmeister seated in a recliner in the living area.  
11 Her head was down and she was unresponsive. The family stated Cata's husband, John, was at  
12 the facility to meet them when they arrive and Cata was not. The family stated they felt  
13 something was unusual when they arrived because none of the other residents were present.  
14 During all other visits, the other residents were all present. The family told me when Cata arrived  
15 a short time later, Cata's husband left. Cata had told the family that Holzmeister had just finished  
16 eating and drinking her juice. Carlson told me when they checked on Holzmeister, they noticed  
17 that Holzmeister's body was "stiff and as if her body had been in the same position for a while."  
18 Carlson told me Cata asked if "9-1-1" should be called and Carlson said "Yes."

19 Cowan, who was also present, said Cata told her Holzmeister had a small pressure ulcer  
20 on her (Holzmeister's) left heel. Cowan stated Cata took off Holzmeister's sock and pointed to a  
21 "pea-size" pressure ulcer on Holzmeister's left heel. The pressure ulcer was "black" in color.  
22 Other than the pressure ulcer on Holzmeister's left heel, Cata never mentioned that Holzmeister  
23 had any other pressure ulcers on her body. The family stated they took a photo of Holzmeister  
24 when they first arrived at the facility. The family stated the paramedics had arrived at the facility  
25 and attended to Holzmeister. Holzmeister was transported to Sutter General Hospital via  
26 ambulance. The family told me their observations and conversation with Cata during this visit all  
27 transpired in less than ten minutes.  
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1 The family said when Holzmeister arrived at the ER, they noticed a foul odor coming  
2 from her. The family stated the odor “smelled like dead, decaying flesh.” The family  
3 told me the odor was so strong that the entire ER waiting room smelled. They also stated the  
4 smell was so bad, they noticed hospital nurses spraying the hallways with air freshener to try  
5 cover it.

6 Cowan told me a male nurse, who examined Holzmeister, informed her about the pressure  
7 ulcer on Holzmeister’s coccyx. Cowan stated she told the nurse she did not know  
8 Holzmeister had a pressure ulcer on her backside.

9 The family stated, they met with a male doctor in the ER who attended to Holzmeister.  
10 The doctor told them Holzmeister had “severe sepsis” and believed Holzmeister was “not going  
11 to beat this.” He advised them the course of treatment for Holzmeister’s pressure ulcer on her  
12 backside would require him to surgically remove all of the dead tissue. He told the family that  
13 there was a possibility that “removal of this dead tissue may be as deep as to the bone, and leave  
14 her (body) exposed and deformed.” He also told the family that Holzmeister would then also  
15 require additional skin grafts to cover the “open and exposed areas.” The family stated the doctor  
16 told them Holzmeister was also “severely dehydrated” and added that Holzmeister’s wounds were  
17 “One of the worst wounds he’s seen in his life.” The doctor suggested “comfort care” as another  
18 option for the family if they decided not to go through with surgery. The family discussed the  
19 options and decided to put Holzmeister on comfort care because they did not want Holzmeister to  
20 have to endure any pain associated with the surgery. Holzmeister was admitted to the hospital  
21 from the ER. The family stated Holzmeister was completely unresponsive from her arrival to the  
22 hospital until her death on June 23, 2012.

23 Carlson said Cata visited Holzmeister at the hospital. During the visit, Cata blurted out  
24 loud, “They always blame the caretaker” and added “John (Cata’s husband) said to stop doing  
25 this kind of business because there’s too much liability.” Carlson stated she told Cata the ER  
26 doctor informed them that the black tissue on Holzmeister’s pressure wound on her coccyx was  
27 dead tissue. Carlson told me Cata responded and said, “It (the black coloration on the tissue) was  
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1 caused by silver medicine” that Cata had placed on Holzmeister’s wound. Carlson told me Cata  
2 explained that the “medicine” was what had caused Holzmeister’s wound to “turn black.”

3  
4 The next day, June 20, 2012, Holzmeister was discharged from Sutter General Hospital  
5 and sent to Roseville Terrace, a Skilled Nursing Facility (SNF). Holzmeister was transported  
6 from Sutter Hospital to Roseville Terrace via ambulance. Carlson said Holzmeister stayed at  
7 Rosewood Terrace from June 20, 2012 until her death on June 23, 2012. Holzmeister never  
8 regained consciousness while at Rosewood Terrace.

9 I showed the family a copy of the “Unusual Incident/Injury Report” filed by Cata on June  
10 22, 2012 and asked them to review the document. The document stated Holzmeister “had  
11 stomach flu” on the weekend of June 16, 2012. The family told me Cata never advised them that  
12 Holzmeister had the stomach flu. They also stated Cata never told them about the pressure sores  
13 on Holzmeister’s backside. The family stated Holzmeister was not “napping in the recliner” as  
14 Cata had stated and was instead “unresponsive.”

15 I reviewed, with Holzmeister’s family, Cata’s statement she provided to the Department  
16 of Social Services (DSS) Investigator during a July 3, 2012 unannounced visit to Cata’s facility  
17 regarding Holzmeister. The family stated Holzmeister was not on hospice while she was living at  
18 Cata’s facility. The family stated Cata never notified them of any change in Holzmeister’s  
19 medical condition prior to June 18, 2012, even though Cata informed DSS she had known about  
20 Holzmeister’s pressure ulcer two days prior, on June 16, 2012. Carlson told me Holzmeister did  
21 not have “stomach cancer” as indicated in Cata’s statement provided to DSS. Carlson has no idea  
22 why Cata would say Holzmeister had stomach cancer, when it was not true. The family also  
23 stated Cata lied in her statement to DSS when she said Holzmeister “opened her eyes and smiled  
24 at me” because Holzmeister was unresponsive the entire time they were there.

25 The family told me they believed Cata was the only caretaker at the facility, and her  
26 husband (John Cata) “helped out.” They also stated Cata charged them \$2,800 per month for a  
27 private room for Holzmeister. However, the amount was later reduced to \$2,000 because the  
28 family discovered, during a visit to the facility, that Holzmeister had been moved to a different

1 room, where she had a roommate. Carlson said Cata explained that Holzmeister was moved to a  
2 “double room” because she (Holzmeister) was “getting up at night.”  
3

4  
5 **Dr. William Hatten**

6 On December 20, 2012, I interviewed Dr. William Hatten (hereafter Dr. Hatten). Dr.  
7 Hatten was Holzmeister’s admitting physician in the ER when Holzmeister was at Sutter General  
8 Hospital. Dr. Hatten has worked at Sutter General Hospital since 2010. Dr. Hatten told me it is  
9 standard procedure for nursing staff to take photos of any abrasions etc., that are found on a  
10 patient’s body when they first arrive at the hospital, if the abrasions do not appear to “look  
11 normal.” He stated the ER staff does a “full skin exam” on patients when they are examined.  
12 The photos, once taken, are placed in the patient’s medical chart. Sutter ER staff took photos of  
13 Holzmeister’s wounds when she arrived at the ER.

14 Dr. Hatten told me he saw Holzmeister and examined her pressure wounds. Dr. Hatten  
15 only examined Holzmeister once. He told me he turned Holzmeister over on her side to examine  
16 her wounds and had an extensive conversation with Holzmeister’s family afterwards regarding  
17 treatment for her wounds. Dr. Hatten described her wounds as “stage 4, large, deep, full tissue  
18 thickness, purulent drainage (with puss), foul smelling, and containing some fecal material (due  
19 to recent bowel movement Holzmeister had). Dr. Hatten stated Holzmeister had “severe septic  
20 shock.” Holzmeister was not responsive, was mostly non-verbal, except when she said “ouch” to  
21 nursing staff when they attempted to insert a Foley catheter. Holzmeister’s extremities did not  
22 show any movement. Dr. Hatten stated Holzmeister was “very ill” and he was surprised she  
23 “made it to discharge” because he initially felt she was going to “pass away that night.” Dr.  
24 Hatten stated Holzmeister’s pressure wounds were “one of the worst he has ever seen.”

25 Dr. Hatten told me he discussed treatment options with Holzmeister’s family. One course  
26 of treatment would be to undergo “surgical debridement,” which would entail surgically  
27 removing the dead tissue from Holzmeister’s wounds. Dr. Hatten stated this treatment would be  
28 very painful and he did not believe Holzmeister would have recovered from the surgery. Dr.

1 Hatten told me Holzmeister's family decided to place Holzmeister on comfort care measures  
2 instead of surgery.

3 Dr. Hatten told me pressure ulcers are caused when a person is lying in one position for a  
4 prolonged period of time. He stated pressure ulcers usually take a long time to develop and starts  
5 off as painful and uncomfortable. Once the person's nerves die from the wounds the person feels  
6 less pain.

7 I showed Dr. Hatten the photos of Holzmeister's wounds. Dr. Hatten recognized the  
8 wounds as those belonging to Holzmeister. He stated Holzmeister had to have been lying on her  
9 back for a long period of time for her wounds to get to the point that they did. He believed  
10 Holzmeister's wounds had to have developed over a period of weeks. He told me Holzmeister  
11 had to have been "non-ambulatory and bed-bound" prior to her arrival in the ER.

12  
13 **Jocelyn Reyes, Registered Nurse**

14 On December 5, 2012, at 1005 hours, I interviewed Jocelyn Reyes (hereafter Reyes)  
15 regarding Holzmeister. Reyes provided hospice care to Holzmeister after she (Holzmeister) was  
16 admitted to Rosewood Terrace, a Skilled Nursing Facility (SNF).

17 Reyes currently works for "Sutter Care at Home," a company that contracts with Sutter  
18 Hospital to provide patient services such as hospice care. Reyes is a Registered Nurse (RN), and  
19 first obtained her RN license 30 years ago.

20 Reyes stated she saw Holzmeister once, on June 21, 2012, while Holzmeister was a  
21 resident at Rosewood Terrace. Reyes stated Holzmeister was "actively dying, semi-comatose,  
22 and non-verbal." Reyes recalled that Holzmeister's eyes were closed. Reyes also stated  
23 Holzmeister had a foul smelling pressure ulcer, and recalled that Holzmeister was "stiff and had  
24 no facial expression." Reyes was unable to tell if Holzmeister was able to feel any pain on June  
25 21, 2012, because Holzmeister lacked any facial expressions. Holzmeister was placed on  
26 "comfort care."

27 Reyes told me when she examined Holzmeister, her (Holzmeister's) blood pressure was  
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1 low, at 50/30, and she was not eating or drinking. Reyes stated Holzmeister required “maximum  
2 assistance with all of her Activities of Daily Living (ADL’s). Based on Holzmeister’s poor  
3 condition, Reyes believed that Holzmeister was “going to pass away that night.”

4 I showed Reyes photos of Holzmeister’s wounds. Reyes recognized the wounds because  
5 she was present when the wound care nurse at the skilled nursing facility was dressing (cleaning)  
6 the wounds. Reyes believed, based on her training and experience, that the wounds were either  
7 “stage 3 or stage 4” ulcers. Reyes told me, in her 30 years in nursing, she has never seen a patient  
8 with a pressure ulcer such as Holzmeister’s, recover from their wound.

9 I asked Reyes how someone such as Holzmeister may have gotten such a wound. Reyes  
10 believed Holzmeister was receiving “poor nutrition, had been immobile and bed-bound for some  
11 time, and had been neglected by staff, who were suppose to care for her.” Reyes told me she  
12 believed if the patient was eating, drinking, and was mobile, the pressure ulcer could have been  
13 prevented. Reyes told me she believed, based on her experience, that Holzmeister’s pressure  
14 ulcer would have taken “weeks and even up to a month” to get as bad as they were in the photos I  
15 showed her.

16 **Theresa Grano, Registered Nurse**

17 On December 5, 2012, I interviewed Theresa Stuart Grano (hereafter Grano) regarding  
18 Holzmeister. Grano has been a Registered Nurse (RN) since 1981. She is currently working at  
19 Sutter Care Home and has worked as an RN there since April 2012. Grano told me she only saw  
20 Holzmeister once, at Rosewood Terrace on June 22, 2012, while Holzmeister was a resident  
21 there. Grano stated she took Holzmeister’s vital signs, provided medication, and comfort care to  
22 Holzmeister. Grano never actually observed Holzmeister’s pressure ulcer because her wounds  
23 were already “dressed” by the time Grano saw her. Grano stated pressure ulcers occur when the  
24 individual “remains in one position for an extended period of time.” I showed Grano copies of  
25 color photos of Holzmeister’s wounds.

26 Grano told me pressure ulcers initially “are vey painful but after the patient’s nerves  
27 (surrounding the wound) are dead, the patient is no longer able to feel the pain.” Grano told me  
28

1 she believed Holzmeister probably would not have recovered from her wounds. She also told me  
2 Holzmeister's pressure ulcer "could not have happened overnight."

3 Grano stated she mainly spent her time on June 22, 2012, talking to Holzmeister's family  
4 about the signs and symptoms of death or "active phase of dying." She stated this is a role of  
5 hospice nurses. Grano stated she spent approximately one hour with the family. She stated the  
6 entire time she was there, Holzmeister was "semi-comatose and unresponsive."

7  
8 **Silvia Cata**

9 On November 15, 2012, a search warrant was executed at 341 Bowman Avenue and at  
10 331 Bowman Avenue, Sacramento, CA. During the course of the search warrant, I interviewed  
11 Cata. Cata told me she "doesn't have anything to hide."

12 Cata stated Holzmeister had been a resident at her facility for the past five years. Cata is  
13 the owner and Administrator of the facility (Super Home Care). She told me her husband, John  
14 Cata (hereafter John), and her daughter, Ionela Lup (hereafter Ela) also work at the facility.  
15 There are no other employees at the facility. She told me both John and Ela are not paid for  
16 working at the facility. She told me John's primary job at the facility included maintenance,  
17 while Ela's job duties included supervising the residents when Cata was not available. Cata told  
18 me she is the primary caretaker for the residents, and provided bathing services for the residents.

19 Cata told me her duties as the Administrator at the facility include: providing 24 hour care  
20 for the residents, administering medications, calling 9-1-1 (if necessary), changing patient's  
21 bedding, and to assist the residents with bathing, feeding, cooking, and laundry. Cata told me she  
22 has been in the RCFE business for the past twelve years. She has owned the facility (Super Home  
23 Care) since 2000. She is licensed for up to six residents, however, she stated she normally  
24 maintains about two to three residents at one time. She stated some residents have mild dementia  
25 and all of her residents are ambulatory and able to move around.

26 Cata told me, every two years, she is required to attend forty hours of training because she  
27 is an "administrator" at the facility. Topics covered during this required training include  
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1 medications, dementia, stress, elder abuse, and pressure ulcers (wounds). Cata told me she does  
2 not possess any medical licenses and has no medical/nursing background. The only training  
3 related to patient care she has was covered in the required training she has to complete every two  
4 years.

5 Cata told me Holzmeister was sent to the hospital on June 18, 2012. Cata told me she  
6 called Holzmeister's family on the morning of June 18, 2012, and asked them if they wanted to  
7 send Holzmeister to the hospital. Cata stated she told Shelly (Carlson), Holzmeister's  
8 granddaughter and Power of Attorney, that the "wounds Holzmeister had were strange and asked  
9 Carlson what she wanted to do. According to Cata, Carlson told her she would call Holzmeister's  
10 doctor. Sometime later that afternoon, Cata spoke with Carlson again. According to Cata,  
11 Carlson spoke with the doctor, who offered to send a "hospice" nurse to check on Holzmeister.  
12 Holzmeister would then be placed on hospice care. Cata told me Holzmeister was "very alert  
13 from June 16, 2012 to June 18, 2012 and was able to communicate." Cata added that Holzmeister  
14 never told her she was in any pain.

15 On June 16, 2012, Cata noticed Holzmeister had a "little blister" on her right heel. The  
16 next day, the blister was okay. The next day, June 17, 2012, Cata noticed that Holzmeister began  
17 to have diarrhea. When Cata took Holzmeister to the bathroom to clean her, Cata noticed that  
18 Holzmeister had two pressure ulcers on her backside (right above her tailbone area). Cata stated  
19 the wounds were about the size of a "quarter" and resembled "water blisters." She gave  
20 Holzmeister a shower, and placed bandages over the wounds (Holzmeister was wearing adult  
21 diapers). Cata told me on the night of June 17, 2012, Cata "rolled" Holzmeister over on her side  
22 every two hours, because that was something she had learned from the pressure wound training  
23 she had received. Cata told me she was also trained in taking patient "vital signs." Cata told me  
24 she gave Holzmeister two baths on June 17, 2012 and believed Holzmeister had the stomach flu.  
25 She admitted she did not notify the Holzmeister family to inform them about Holzmeister's  
26 stomach flu.

27 Cata told me the wounds "started off as red or pink" before the skin peeled off. Cata  
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1 believed the development of Holzmeister's wounds were not her fault because they had  
2 "developed overnight." Cata told me she put bandages on the wounds to try to keep the wounds  
3 dry, and did not place any type of cream/ointment/or anything else on the wound.  
4

5 On the morning of June 18, 2012, Cata stated as she began to take the bandages off from  
6 Holzmeister's wounds, Holzmeister's skin around the wound peeled off with the bandages. Cata  
7 told me Holzmeister never expressed to her about being in any pain from the wounds. Cata told  
8 me Holzmeister was ambulatory (able to get around with some assistance) on June 16, 2012 and  
9 June 17, 2012.

10 Cata told me around 4:00 P.M. on June 18, 2012, Holzmeister's family came to the  
11 facility to see Holzmeister. Holzmeister was seated in a recliner at the facility when the family  
12 arrived. Cata told me Holzmeister had "opened her eyes and smiled" at her. During the visit, "9-  
13 1-1" was called when Holzmeister was found unresponsive.

14 Cata told me unless the doctor instructed Cata to take a patient's vital signs, she did not  
15 take the resident's vitals. She later told me if she "knows a patient is sick, then she knows to take  
16 (the patient's) vital signs."

17 Cata told me she believes pressure wounds are painful. Cata told me she believes people  
18 develop wounds (pressure wounds) before they die. She cited an example of a prior male resident  
19 she had at her facility, who, shortly before he died, developed pressure wounds. Cata believes it  
20 is "normal" for the body to die first. Cata told me she believes a pressure wound can "go from  
21 around a quarter size" then to a large wound in "five hours." Cata told me she has "heard this  
22 from speaking with other people."

23 Cata denied seeing any "black discoloration" on Holzmeister's wounds. She also told me  
24 she did not believe Holzmeister's wounds were infected, even though she (Cata) has no medical  
25 training/background. Cata told me she did everything in her power to "save her (Holzmeister's)  
26 life." She also said Holzmeister's wounds developed "so fast."

27 I advised Cata that the Holzmeister family stated Cata never told them about any of the  
28 wounds that Holzmeister had. Additionally, I told Cata that the family claims they first learned of



1 the Holzmeister's pressure wounds on the backside when they arrived in the ER at Sutter General.  
2 Cata disagrees with this and stated she informed the family when she called them on June 18,  
3 2012.

4 I asked Cata why she did not called "9-1-1" and have Holzmeister taken to the hospital  
5 when she first learned of the wounds. Cata told me Carlson was in "charge" of taking  
6 Holzmeister to the doctor. Cata also told me she did not believe Holzmeister's wounds were bad  
7 enough to send her to the hospital. She stated, "they were not open wounds." Cata also said  
8 Hozlmeister was "not sick" yet.

9 I asked Cata if she recalled Carlson telling her that a hospice nurse would be sent to the  
10 facility to check on Holzmeister. Cata told me she did recall having a conversation with Carlson,  
11 and stated Carlson never told her (Cata) that the hospice nurse was going to check on Holzmeister  
12 on June 18, 2012, prior to the Holzmeister family arriving at the facility. Cata told me she did not  
13 send Holzmeister to the hospital because Carlson told her they (Holzmeister family) had already  
14 agreed to place Holzmeister on hospice. Cata told me if a patient is on hospice, then "you don't  
15 need to send them to the hospital."

16 I asked Cata what she knew about resident "annual re-appraisals and assessments." Cata  
17 told me she knows, as an Administrator, each resident is required to have an assessment done at  
18 least once a year. I told Cata given this is the case, and the number of years Holzmeister was a  
19 resident at her facility, then there should have been several assessments in Holzmeister's patient  
20 file at Cata's facility. Cata admitted that she only has one assessment in Holzmeister's file and  
21 did not have any other assessments on file. Cata told me she did not have assessments done for  
22 Holzmeister because it was Holzmeister's family who took her (Holzmeister's) doctor  
23 appointments.

24 Cata initially told me the assessment forms were in Holzmeister's file, but were never  
25 completed because Holzmeister's family did not sign the forms. I told Cata that is was her  
26 responsibility to ensure that the assessments and reappraisals were completed by Holzmeister's  
27 physician. I also told Cata that Holzmeister's physician is supposed to complete the re-  
28

1 appraisals/assessments when he/she examines the patient. Cata confirmed that Holzmeister's  
2 facility file does not contain five years worth of patient assessments and re-appraisals. Cata  
3 looked directly at me and admitted it was her (Cata's) fault for not getting the appraisals and re-  
4 assessments done for Holzmeister. She told me she did not believe Holzmeister was sick.

5 Cata told me the Administrator training she attended covered the requirements for resident  
6 appraisals and assessments. I advised Cata of the importance for yearly assessments to be done,  
7 particularly for elderly residents, because their condition changes so often that the doctor needs to  
8 assess the patient in order to evaluate the patient's condition. These assessments will determine if  
9 the patient requires more skilled level of care, such as that offered at a skilled nursing facility  
10 (SNF). Cata nodded in agreement.

## 11 12 **VII. RECORDS REVIEW**

### 13 **Department of Social Services (DSS) Community Care Licensing (CCL)**

14 I received and reviewed a copy of the Department of Social Services (DSS) Community  
15 Care Licensing (CCL) file for Cata's RCFE, Super Home Care. The file contained both the DSS  
16 Investigation file pertaining to Holzmeister, as well as the licensing file for Super Home Care.

### 17 18 **CCL Licensing File – Super Home Care**

19 The CCL file contains documentation regarding Super Home Care's licensure. Included  
20 in this documentation is the "State of California Department of Social Services" license for Super  
21 Home Care. The "facility number" for Super Home Care is "347000529" and became effective  
22 June 26, 1996. The total "capacity" or allowed number of residents at the facility is six. The  
23 license was issued to Silvia Cata with the address of "341 Bowman Avenue, Sacramento, CA  
24 95833."

### 25 **Application for a Community Care Facility or RCFE License (LIC 200)**

26 The licensing file also contained the initial "Application for a Community Care Facility or  
27 Residential Care Facility for the Elderly License" (LIC 200). The LIC 200 was completed by  
28

1 Cata and dated September 18, 1995. Cata's "title" stated on the form was "Administrator and  
2 Licensee." The address, 341 Bowman Avenue, Sacramento, CA 95833, was listed as both the  
3 mailing and facility address. The hours of operation, for the facility, lists "7 days – 24 hours" and  
4 serves elderly residents over 60 years of age. The LIC 200 indicated the property was owned by  
5 Cata.

### 6 **Super Home Care - Administrator Job Description**

7 The file included the "Administrator Job Description" for Cata's facility. The job  
8 description included, but was not limited to the following Administrator responsibilities:

- 9 1) To supervise all care and services rendered to the residents.
- 10 2) To handle all daily transactions with doctors and relate the changes to the resident's  
11 responsible parties and log in the resident record changes and progress notes.
- 12 3) Make daily rounds throughout the facility/home and assess any problems with residents or  
13 other conditions and correct.
- 14 4) Complete all resident assessments, and maintain resident records.
- 15 5) To monitor vital signs and physical conditions and regularly converse with residents to  
16 establish their needs.

### 17 **DSS Investigation File - Holzmeister**

18 Included in the DSS investigation file were the following documents:

- 19 1) "Civil Penalty Assessment – Immediate \$150" (LIC 421C)
  - 20 2) "Preplacement Appraisal Information" (LIC 603)
  - 21 3) Super Home Care "House Rules"
  - 22 4) Super Home Care "Admission Agreement"
  - 23 5) "Client Weight Record" (LIC 618)
  - 24 6) "Unusual Incident/Injury Report" (LIC624)
  - 25 7) DSS "Detail Supportive Information" (LIC 812)
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**Civil Penalty Assessment – Immediate \$150 (LIC 421C)**

According to the “Civil Penalty Assessment” (LIC 421C), dated August 15, 2012, Super Home Care, located at 341 Bowman Avenue, Sacramento, CA 95833, was assessed a civil penalty of \$150 for “violations which result in injury, sickness or death of a client in care.” The licensee on the LIC 421C was Silvia Cata (hereafter Cata). The form was signed and dated by Cata on August 15, 2012.

**Preplacement Appraisal Information (LIC 603)**

The “Preplacement Appraisal Information” (LIC 603), dated April 30, 2007 and completed by Shelly Carlson (hereafter Carlson) indicated as of April 30, 2007, Holzmeister was in “overall good” health and was ambulatory. Carlson is Holzmeister’s granddaughter and has “Power of Attorney” (POA) over her (Holzmeister’s) affairs.

**Super Home Care House Rules**

The Super Home Care “House Rules,” signed by Carlson and dated April 30, 2007, stated among other rules the following:

1. If the resident is admitted to the hospital, we (Super Home Care) reserve the right to re-assess him/her prior to the re-admission process to ensure we can properly care for him/her. “If a significant change has occurred, he/she might not be accepted back.”
2. Should the resident become ill, the home is authorized to call his/her physician, or in his or her absence, the on-call physician (if any) or the local ER room physician. If the illness or accident needs to be checked out or become acute or requires inpatient care at a Health Facility, the resident will have to be transferred to an appropriate nursing facility or hospital, at the expense of the resident.
3. We ask that the family or responsible party take the resident to his/her doctor, dentist and other appointments outside the facility. It is our policy to call an ambulance in case of an emergency.

1 4. The facility shall maintain the right to have access to all resident's medical and laboratory  
2 information, including testing for contagious disease.  
3

#### 4 **Super Home Care Admission Agreement**

5 The Super Home Care "Admission Agreement," signed by Carlson and Cata and dated  
6 April 30, 2007, lists Cata as the "Administrator/Manager." The form states the facility is a  
7 "non-medical care facility which normally is not allowed to provide medical or nursing care"  
8 and included, among other things, the "Basic General Services" and "Basic Personal Services," as  
9 well as, the "monthly rates" charged for the resident. Holzmeister was charged \$2,000 per  
10 month by Super Home Care. The "BASIC GENERAL SERVICES" provided by the facility  
11 included, but was not limited to the following:

- 12 1) Lodging
- 13 2) Planning and arranging/or providing transportation to medical and dental appointments
- 14 3) "Notification to family and other appropriate person/agency of client's/resident's needs."

15 The "BASIC PERSONAL SERVICES" included but was not limited to the following:

- 16 1) "Continuous observation, care and supervision, as required"
- 17 2) "Assistance with bathing and personal needs, as required"
- 18 3) "Assistance in meeting necessary medical and dental needs"
- 19 4) "Bedside care for minor temporary illness"
- 20 5) "Monitoring and appropriate reporting of resident needs and condition"

#### 21 **Client Weight Record (LIC 618)**

22 The two-page "Client Weight Record" (LIC 618) for Holzmeister for 2007 to 2012 was  
23 incomplete and appeared to be charted on average of once every 2 to 3 months, from 2007 to  
24 2009. It appears that Holzmeister's recorded weight was missing from January 2010 until it was  
25 recorded in June 2010. No specific dates/months were listed (on page 1) after the June 2010  
26 weight measurement on the form. The weight measurements for all of 2011 were also missing.  
27  
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1 Page 1 of this document was recorded on the LIC 618 form. Page 2 of the weight record was not  
2 recorded on the LIC 618 form and instead contained what appeared to be a “hand-drawn” table on  
3 plain white paper, with handwritten weight measurements for January 2012, March 2012, and  
4 April 2012. Weight measurements for May 2012, June 2012, and July 2012 were missing.  
5

#### 6 **Unusual Incident/Injury Report (LIC 624)**

7 The “Unusual Incident/Injury Report” (LIC 624), completed by Cata on June 22, 2012,  
8 contained Cata’s description of the events that led up to Holzmeister’s admission to the ER. In  
9 this report, Cata stated Holzmeister had “stomach flu over the weekend of June 16, 2012 and  
10 developed sores (pressure ulcers) on her “bottom.” Cata stated she called the family to let them  
11 know about Holzmeister’s condition and requested Holzmeister be taken to the doctor.  
12 According to Cata, the family “called me back and told me they decided to get hospice services  
13 for Georgia, and that they will come over on Monday and talk to me (Cata) about it.” Cata stated  
14 when the family came over to see Holzmeister, she (Holzmeister) was “napping” in the recliner.  
15

#### 16 **Detail Supportive Information (LIC 812)**

17 The DSS “Detail Supportive Information” (LIC 812), completed by DSS Licensed  
18 Program Analyst, Rene French (hereafter French), who was assigned to conduct the DSS  
19 investigation into this case. According to this document, on July 3, 2012, French conducted an  
20 unannounced visit to Super Home Care to follow up on a complaint that pertained to Holzmeister  
21 being admitted to the ER with pressure ulcers. French met with Cata and Cata provided French  
22 with her account of what happened to Holzmeister. Cata stated Holzmeister had been a resident  
23 at her facility since May 1, 2007 and had stomach cancer. Holzmeister was “not on hospice.”  
24 Cata admitted she had noticed that “Georgia had a pink sore on her buttocks” on June 16, 2012  
25 (two days prior to going to the ER). The following day, June 17, 2012, the “sores were a little  
26 bigger and started to slough off.” The following day, June 18, 2012, Cata observed that “small  
27 water blisters had formed and the skin had blackened.” Cata described the size of the blisters as  
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1 that of a "quarter." Cata stated she then contacted the family because Holzmeister had symptoms  
2 similar to the "stomach flu" and that "diarrhea irritated the blisters."

3 Cata also stated she had "experience in bed sores and applied gauze to the blisters to keep  
4 them dry." Cata admitted she did not have any medical training. Cata stated she had twelve  
5 years of experience caring for seniors. Cata stated she "has observed that ulcers (pressure ulcers)  
6 develop right before the client passes because of their very bad circulation." Cata was corrected  
7 by French, who informed her that it was the "pressure that stops the circulation." Cata then  
8 responded and said that all of her patients were "moving all the time." Cata told French that she  
9 (Super Home Care) was only allowed to have patients with "stage 1 and stage 2" pressure ulcers.  
10 Cata stated Holzmeister's pressure ulcers "developed so fast that they were never staged."

### 11 12 **VIII. SEARCH WARRANT**

13 On November 15, 2012, myself and Agents from the California Department of Justice  
14 (DOJ), Bureau of Medi-Cal Fraud and Elder Abuse (BMFEA), executed a search warrant at  
15 Super Home Care, located at 341 Bowman Avenue and at 331 Bowman Avenue, Sacramento,  
16 CA. Evidence was seized from the location. Items seized from the location included but was not  
17 limited to the following:

- 18 1) Training records for Cata (SW item 14-1)
  - 19 2) RCFE Title 22 Regulations (SW item 14-2)
  - 20 3) Copy of DSS LIC 809 (SW item 14-5)
  - 21 4) Policies and Procedures, RCFE Abuse Prevention Curriculum, Super Home Care  
22 "Orientation Specific to Dementia," DSS LIC 809 (dated 8/10/07) (SW item 14-6)
  - 23 5) "House Rules," and Abuse Prevention Training Manual for RCFE (SW item 14-7)
  - 24 6) Patient file for Georgia Holzmeister (SW item 14-8)
  - 25 7) Pressure Ulcer information sheet (SW item 14-9)
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**IX. EVALUATION OF SEARCH WARRANT EVIDENCE**

I reviewed records seized from the search warrant (SW items: 14-1, 14-2, 14-5, 14-6, 14-7, 14-8, and 14-9) and found the following:

Training records (SW item 14-1) showed Cata’s Administrator license from DSS was current and set to expire on May 31, 2013. These records also revealed that Cata, dba Super Home Care, was issued a citation from DSS, stemming from a November 19, 2012, onsite visit. Cata was cited during this visit for failing to “ensure that each resident with dementia had an annual medical assessment and a reappraisal done at least annually” (Title 22, section 87705(c)(5)). Two out of the three resident files reviewed showed that the MD reports contained in the resident’s files were more than a year old (July 12, 2011 and December 25, 2009). Also included in these documents was the DSS LIC 500 (Personnel Report) for Super Home Care. The personnel report listed Silvia Cata, John Cata, and Ionela Lup as Administrator/Licensee, Manager/Caregiver, and Caregiver, respectively.

Included within the Title 22 Regulations found (SW item 14-2) were Article 12, sections 87705 relating to “Dementia” and section 87405 (Administrator Qualifications and Duties). Also included in these documents was Article 8 (Resident Assessments, Fundamental Services and Rights). Article 8 Section 87458 and 87463 covered resident assessments and requirements for resident “reappraisals.” Per section 87463, the “pre-admission appraisal” shall be updated, in writing as frequently as necessary to note significant changes and to keep the appraisal accurate. The reappraisals “shall document changes in the resident’s physical, medical, mental, and social condition.” Significant changes shall include but not be limited to “any illness, injury, trauma, or change in the health care needs of the resident that results in a circumstance or condition specified in Section 87455(c) or 87615.”

Section 87455(c)(2) stated “no resident shall be accepted or retained (at an RCFE) if the resident requires 24 hour, skilled nursing or intermediate care...” Section 87615(a)(1) - (Prohibited Health Conditions) stated “persons who require health services or have a health condition including stage 3 or stage 4 pressure sores, shall not be admitted or retained in an



1 RCFE.”

2 Records in SW item 14-5 reviewed revealed that an “Annual Random” visit was  
3 conducted by DSS at Super Home Care on May 3, 2012. The visit resulted in a deficiency issued  
4 for failing to “arrange a meeting with the resident and appropriate individuals to review and  
5 revise (the resident’s) written records when there is a significant change in the resident’s  
6 condition, or once every 12 months, whichever occurs first.” (Title 22, section 87457(a)(3)). Cata  
7 was required to provide DSS with a “Plan of Correction” in response to the deficiency. Per the  
8 DSS LIC 809 (Facility Evaluation Report), which Cata signed on May 3, 2012, Cata agreed to  
9 “ensure that written documentation be kept in all resident files regarding services and plan of care  
10 every 12 months or when there is a significant change (in condition).”

11 The “RCFE Abuse Prevention Curriculum” (SW item 14-6) defined “an untreated medical  
12 condition” as an “indicator of physical abuse.” Additionally, it also defined “neglect” as the  
13 “failure of any person having the care and custody of an elder or dependant adult to not provide  
14 the degree of care that a reasonable person in a similar situation would exercise, and failure to  
15 provide medical care.” Indicators of neglect included “neglected bedsores and untreated or  
16 unattended medical conditions.” The curriculum provided an example of neglect as “failure to  
17 ensure a bedridden resident receives range of motion, position turning, nutrition, and hydration to  
18 prevent decubitus ulcers (pressure wounds).”

19 Also included in SW item 14-6 was a DSS LIC 809 (Facility Evaluation Report), dated  
20 August 10, 2007. According to this report, Cata dba Super Home Care, received a deficiency for  
21 retaining a resident in her facility that was bedridden and therefore should have been excluded.  
22 Per the document, which was signed by Cata on August 10, 2007, Cata agreed, to give the  
23 resident a “30 day notice” (to vacate the facility).

24 The “House Rules” document contained in SW item 14-7 stated “should the resident  
25 become ill, the home (facility/Super Home Care) is authorized to call his/her physician.....or the  
26 local ER room physician. If the illness or accident needs to be checked out or become acute or  
27 required inpatient care at a Health Facility, the resident will have to be transferred to an  
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1 appropriate nursing facility or hospital, at the expense of the resident.”

2 I reviewed SW item 14-8 (Georgia Holzmeister’s patient file) and found that Cata dba  
3 Super Home Care received deficiencies related to care issues DSS discovered during their  
4 investigation of Holzmeister’s care at Super Home Care. DSS issued an “immediate civil penalty  
5 of \$150 due to the severity of the neglect” (of Holzmeister). According to the LIC 809 (Facility  
6 Evaluation Report) dated August 15, 2012, found in Holzmeister’s patient file, DSS concluded  
7 their investigation and cited Cata for the following deficiencies:

- 8 1) Personal Rights – (Title 22, section 87468(a)(2) and 87468(a)(8)). Each resident  
9 shall be accorded safe, healthful, and comfortable accommodations, furnishings,  
10 and equipment. The resident was not accorded safe, healthful, and comfortable  
11 accommodations because she (Holzmeister) developed bed sores and no medical  
12 treatment was sought by the staff. Staff did not notify the resident’s responsible  
13 party about the wounds.
- 14 2) Reappraisals (Title 22, section 87463(c)). The licensee shall arrange a meeting  
15 with the resident, the resident’s representative, if any, appropriate facility staff, and  
16 a representative of the resident’s home health agency, if any, when there is a  
17 significant change in the resident’s condition, or once every 12 months, whichever  
18 occurs first. The Administrator (Cata) did not reappraise the resident every twelve  
19 months or when her condition changed. The only appraisal found in the resident’s  
20 file was dated 2007. Additionally this appraisal was not signed by the facility  
21 representative.
- 22 3) Administrator Qualifications and Duties (Title 22, section 87405(d)(2)). The  
23 Administrator (Cata) has failed to prove she knows the rules and regulations  
24 because of the resident’s condition when the resident was admitted to the hospital.  
25 The Administrator (Cata) failed to seek medical treatment for the resident.
- 26 4) Personnel Requirements – General (Title 22, section 87411(d)(5)). The  
27 Administrator (Cata) did not ensure that staff were provided with training to  
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1 ensure they can recognize early signs of illness and the need for professional help.  
2 The wounds were severely infected by the time the resident was admitted to the  
3 hospital.

- 4 5) Observation of the Resident (Title 22, section 87466). The licensee shall ensure  
5 that residents are regularly observed for changes in physical, mental, emotional  
6 and social functioning and that appropriate assistance is provided when such  
7 observation reveals unmet needs. When changes such as unusual weight gains or  
8 losses or deterioration of mental ability or physical health conditions are observed,  
9 the licensee shall ensure that such changes are documented and brought to the  
10 attention of the resident's physician and the resident's responsible person, if any.  
11 Staff failed to seek medical attention when the resident (Holzmeister) developed  
12 wounds and sepsis.

13 Also included in Holzmeister's patient file (SW item 14-8) was a two-page, handwritten  
14 note, detailing the events surrounding Holzmeister's development of her pressure wounds in June  
15 2012. The note was not signed and therefore I was unable to determine the author of the note. I  
16 noted that the document stated "noticed 2 little inflamed circles, the size of a dime" on "Saturday  
17 the 5th." There was a notation in the document that Holzmeister had stomach flu and slight  
18 diarrhea on June 16, 2012 and was "not feeling well." The document further goes on to say that  
19 "the bottom of her (Holzmeister) buttocks area was getting bigger, the size of a quarter." The  
20 author of the document stated (someone) "applied antiseptic to her bottom area." The next day,  
21 June 17, 2012, the wounds were "getting bigger." The next day, June 18, 2012, Holzmeister's  
22 family was contacted. On this day, the author wrote that Holzmeister was "very much alert and in  
23 good spirit, but very weak." Holzmeister's family arrived around 4:00 P.M. on June 18, 2012 and  
24 an ambulance was called to transport Holzmeister to the hospital.

25 I reviewed the documents contained in SW item 14-9. These documents contained copies  
26 of pressure ulcer/wound information. Specifically the documents provided the reader with  
27 specific differences between four stages of pressure wounds.  
28

1 In addition to the evidence items which were seized from the facility, I noted that there  
2 were items which were clearly absent from Holzmeister's patient file. Specifically, I noted that  
3 there was no log or entries detailing Holzmeister's daily overall health condition, what her vital  
4 signs were, or notations regarding any significant changes to her health. Also absent from her file  
5 was any documentation regarding any physician visits.  
6

#### 7 **X. DR. LOCATELL SUPPLEMENTAL REPORT**

8 On January 11, 2013, I received a supplemental report from Dr. Locatell regarding her  
9 findings. Prior to this date, I provided Dr. Locatell with additional documentation I obtained,  
10 which included Holzmeister's hospice records and copies of records seized from the search  
11 warrant executed at Super Home Care. Dr. Locatell's supplemental report detailed her findings  
12 after her review of these additional records. Dr. Locatell concluded in her supplemental report  
13 that she believed, the statements documented in the handwritten note found in Holzmeister's  
14 patient file (SW item 14-8), was "not credible in the least." Dr. Locatell stated, "It is virtually  
15 impossible that the skin breakdown on the buttocks region was the size of a quarter on June 16,  
16 2012. Dr. Locatell also believes that an "Appraisals/Needs and Services Plan," which was also  
17 found in Holzmeister's patient file and purportedly completed on May 8, 2012, was "likely false."  
18 Dr. Locatell stated the form indicated Holzmeister "does ok with short distance and uses a  
19 wheelchair for long distance," which she believed referred to Holzmeister's ambulatory status.  
20 Dr. Locatell also believed this was a false statement, based on other medical records and  
21 information she reviewed. Dr. Locatell believed Holzmeister was bedridden as of at least May 8,  
22 2012 and likely much earlier than that, and thus Holzmeister should not have been retained at  
23 Super Home Care.

24 Dr. Locatell's report also stated Super Home Care had been cited by DSS previously for  
25 inappropriately retaining a bedridden resident in August 2007, and therefore Cata should have  
26 known that once Holzmeister needed physical assistance with transferring, Cata should have  
27 taken necessary action. These actions included giving a 30 day notice to move, notifying DSS  
28

1 CCL of Holzmeister's bedridden status, seeking an exemption (if possible) to retain a bedridden  
2 resident, and notifying Holzmeister's family of the situation. Dr. Locatell believed that had Cata  
3 taken these actions, "in the context of an honest appraisal of Holzmeister on or before May 8,  
4 2012, Holzmeister would not have developed severe and infected bedsores and death."  
5

## 6 **XI. CONCLUSION**

7 Based upon the findings of Dr. Locatell, witness statements, Cata's statement, DSS CCL  
8 records, and search warrant evidence obtained from Super Home Care, there is probable cause to  
9 believe that resident, Georgia Holzmeister, was clearly neglected and suffered from a painful and  
10 massive pressure wound she developed and ultimately died as a result of, while a resident at  
11 Super Home Care, in violation of PC 368(b)(1), PC368(b)(2), and PC 368(b)(3). Furthermore, I  
12 believe that the evidence shows that Silvia Cata, the owner/operator, licensee, and Administrator  
13 of Super Home Care, who had been licensed in California to operate her RCFE (Super Home  
14 Care) since June 26, 1996, had acted recklessly when she completely disregarded all her duties  
15 and responsibilities as the licensee and Administrator, which ultimately led to Holzmeister  
16 developing massive pressure wounds and her death, in violation of PC192(b).

17 The evidence also showed that Holzmeister's condition had worsened over the years, yet  
18 there was no documentation in Holzmeister's file from Super Home Care to reflect those changes  
19 in Holzmeister's condition. Cata violated the terms of the "Admission Agreement" she signed in  
20 April 2007, when she failed to monitor Holzmeister's condition and needs. Cata failed to notify  
21 Holzmeister's family when her (Holzmeister's) needs changed. Cata failed to provide essential  
22 patient services, which were specifically covered in Super Home Care's 2007 Admission  
23 Agreement, which she was paid to provide. There is no documentation to show that Cata took  
24 any action to monitor and prevent Holzmeister from developing pressure wounds. From the  
25 initial moment Holzmeister became bedbound and non-ambulatory, to the discovery of the  
26 pressure wounds and up to the day Holzmeister was transferred to the ER, Cata had numerous  
27 opportunities seek the necessary medical attention Holzmeister required. Evidence shows Cata  
28

1 failed to protect and provide care to Holzmeister.

2           Cata, who had been in the RCFE industry for well over fifteen years should have known,  
3 that her continued failure to fulfill her essential duties, as stated in Title 22 Regulations,  
4 jeopardized the health, welfare, and safety of Holzmeister. The evidence clearly shows that  
5 Cata's prior citations, from DSS, which start in 2007 and continue up to November 2012, show a  
6 pattern of repeated offenses, specifically for failing to monitor and provide resident  
7 assessments/reappraisals and notifying the necessary individuals of the resident's condition. This  
8 failure shows a complete disregard for the well being of the residents in her care. Evidence also  
9 shows that Cata, through numerous deficiencies from DSS, was made aware there were serious  
10 care issues at her facility. Cata made no effort to take any additional measures to ensure the  
11 necessary policies and procedures were not only in place, but were effectively implemented at her  
12 facility to remedy those issues. This was clearly evident when Cata continued to receive  
13 deficiencies from DSS during the visits that occurred after the initial citation was issued in 2007.  
14 All of these failures led to the development of Holzmeister's wounds as well as complications  
15 from the wounds, which ultimately led to her death in June 2012.

16           Based on my experience and training and the facts set forth in this declaration, I believe  
17 Silvia Cata committed the crimes described herein, and, therefore, I request the court's issuance  
18 of a warrant for the arrest of Silvia Cata.  
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**DECLARATION**

I declare uneder penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signed on the 11<sup>TH</sup> day of FEBRUARY, 2013, in Sacramento, California.



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Tina Khang  
Special Agent  
Bureau of Medi-Cal Fraud and Elder Abuse  
California Department of Justice

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**ARREST WARRANT REQUESTED FOR:**

Silvia Cata

D.O.B: 06/14/1960 SSN: 563-  
CII No.: A96211072 CDL: A200  
Sex: Female Race: Unknown  
Hair: Brown Eyes: Green  
Height: 5'02" Weight: 112  
Address: 341 Bowman Avenue, Sacramento, CA 95833

**BAIL RECOMMENDATIONS:**

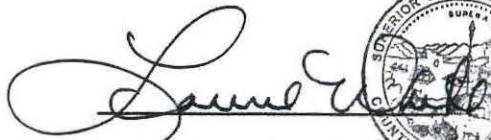
Silvia Cata

\$ \_\_\_\_\_

IT IS ORDERED that an arrest warrant shall issue for the above referenced person, who are to be admitted to bail in the sum of:

\$ 300,000

Dated this 11<sup>th</sup> day of February, 2013 at Sacramento, California

  
Judge of the Superior Court 