

California Rehabilitation, Inc.
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361 Hospital Road
Newport Beach, CA
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MEDICAL REVIEW

Patient: Calvert, Evelyn
Report: 6/26/06
Date of Birth: 8/26/28
Date of Death: 7/16/04
Social Security: 252-32-4589

MEDICAL RECORDS REVIEWED

ANAHEIM MEMORIAL MEDICAL CENTER MEDICAL RECORDS

4/14/03 Hospitalization.

HOAG HOSPITAL MEDICAL RECORDS

12/11/03 through 7/16/04

SUNBRIDGE NEWPORT NURSING -AKA Newport Rehabilitation and Nursing and Skilled Nursing Facility Records

8/1/02 through 7/16/04

HISTORY

In summary this patient was born 8/26/28. The patient was hospitalized at Sunbridge Newport (AKA Newport Rehabilitation and Nursing) according to the medical records beginning in 8/1/02. This patient's medical condition has been complex, but to summarize, the patient had been placed in rehabilitation skilled nursing care following stroke in 1996. The patient was treated as best for her rehabilitation but eventually required 24 hour skilled nursing care. She had been suffered a major stroke event 4/14/03 rendering her bedfast. The patient was no longer able to care for herself. She was for most of the time; however, remain able to make her needs known after the stroke. She was aware of her surroundings and psychiatry also treated her for depression and anxiety following the stroke.

Medically, she had been evaluated and treated by internists, cardiologists and neurologists at HOAG hospital in Newport Beach.

This patient also has underlying coronary artery disease; she has had previous cardiac artery bypass grafting. She had congestive cardiomyopathy with a documented loss of cardiac ejection fraction to 30% by 2004 (normal is over 55%). This was a severe finding as this meant this patient required medications to regulate her heart rate and blood pressure had to be monitored closely. Her treatments required anti hypertensive medications, and medications to control heart function to be given several times daily.

This patient also had mild renal insufficiency, that is, her kidneys were not functioning well and she required close monitoring for hydration and blood pressure..

This patient has no history of alcoholism or drug use, and she stopped smoking in 1987.

Her course was complicated in the medical records by multiple admissions for pneumonia after a development of methicillin and oxycillin resistant staphylococcus pneumonia while a resident at Sunbridge convalescent home in December 2003. The patient's initial HOAG hospitalization due to this resistant organism began 12/11/03, upon ER evaluation this patient was found to be hypertensive and febrile. She was found to be "severely de-conditioned" upon arrival to from Sunbridge Newport to HOAG hospital 12/11/03 according to the admitting records of Dr Rick Kenney, a hospitalist specialist at HOAG. She subsequently required multiple repeat hospitalizations due to recurrence of this resistant pneumonia. Specifically the pneumonia and episodes of bacteremia (pneumonia seeding into the bloodstream) became more frequent requiring recurring hospitalization 2/12/04, 4/5/04, and 4/22/04 pneumonia.

The patient was never able to fully recover from the deterioration of December 2003. Medically since her hospitalization in December 2003 the deterioration of her status proceeded rapidly, which involved the need for gastric tube feeding in April 2004. She also lost cardiac function with ejection fraction falling to 30%. Despite appropriate medical orders, this patient even required emergent admission to HOAG 5/20/04 with delirium, dehydration and severe metabolic acidosis.

The patient was re-hospitalized at HOAG again on 7/16/04 due to respiratory distress. A decision by the Durable Power of Attorney was to involve no heroic measures as the patient's quality of life deteriorated to an undesirable state. The patient died on that date 7/16/04.

DISCUSSION

This patient had completed appropriate rehabilitation including physical therapy, occupational therapy and speech therapies.

There are several incidences of concern in this patients' case which should be noticed. The patient did suffer severe stroke rendering her bedfast for many years. The patient was unable to swallow eventually and required tube feeding. She did, however, maintain a quality of life which was interactive and sufficient to the satisfaction of her daughter, the durable power of attorney in this case. However, the frequency of her recurrent pneumonia is concerning as well as the type of pneumonia which she developed were concerning. The infection incidence at Sunbridge Newport was monitored quarterly and it was noted over the national average during infection control meeting in the final quarter of the year 2003. As I was medical director for this facility I had requested further evaluation by the staff to the etiology of this occurrence within the facility. It was subsequently found that Sunbridge Rehabilitation was made aware by family members of other patients that the ventilation and heating system at Sunbridge Newport was not working. Multiple families had complained about this problem. Unfortunately, the administration did not take due diligence in ameliorating this problem in 2003. Lack of sufficient ventilation contributes to pneumonia (reference #1). This was a sentinel event, however, the administration continued to give both patient's families and the undersigned a variety of excuses why it was "taking some time" to fix this problem. Upon review of the medical record, it is medically probable that this patient's recurrent pneumonia (especially methacillin resistant and staphylococcus resistant pneumonia) was related to the physical facility of Sunbridge Newport. (reference #1).

There is another incidence of concern. Blood pressure monitoring cuffs which were not working in Sunbridge Newport in 2003. This, again, was a sentinel event and of grave concern. (reference #2). As medical director, this was an extraordinary event which prompted my immediate reaction as Medical Director to request the administration immediately order new blood pressure equipment for the safety of the patients within the facility. I was subsequently directly in contact from my Newport Beach private practice office on 3/6/04 with Bureau of Medi-Cal Fraud and Elder Abuse Special Agent Supervisor Joseph Fendrick (619-688-4200) to discuss this matter.

Unfortunately this was too late for Mrs. Evelyn Calvert; she arrived 7/16/04 to the emergency room in again respiratory distress; and she died.

Due to the limited response of the administration to meet patient needs, I resigned from Sunbridge Newport Rehabilitation in March 2004 and gave sixty day notice of my

termination as Medical Director from the facility. The administration did in fact go without a medical director for several months after my leave as medical director from that facility.

It is my opinion, as a Board Certified physician in Physical Medicine and Rehabilitation, an unrestricted license to practice medicine in the State of California, as well as my extensive experience and training in the position as Medical Director of rehabilitation centers, that this patient's death is within medical probability aggravated or in causation by the failure of the ventilatory system within Sunbridge Newport as well as the failure of the blood pressure monitoring devices within the facility. The decline in health status began to deteriorate rapidly after the course of events occurring in December 2003.

One comment of note is this patient's Durable Power of Attorney, Deborah Calvert. Deborah has been an advocate for this patient since Evelyn's severe stroke. She has been the durable power of attorney and has proceeded accordingly within those guidelines. There has never been any interaction with Deborah Calvert which has let me to believe that Deborah Calvert has any mental illness. She has at various times asked numerous questions regarding her mother's care, and at times those questions have appeared uneducated. This is understandable as Deborah has no degree in medicine. This should not deter from the facts that Deborah Calvert has always been in strong support that her mother receive appropriate medical care.

REFERENCES

1. Upper Respiratory Symptoms Associated with Aging of the Ventilation System In Artificially Ventilated Offices In Sao Paulo, Brazil

By Graudenz, Gustavo S; Kallil, Jorge; Saldiva, Paulo H; Gambale, Walderez; Et al Chest
Available on MerckMedicus September 01, 2002

2. W. B. Saunders Press. Harcourt Health Sciences. Michael J. Aminoff, MD. Neurology and General Medicine. Chapter 7. Epidemiology. S. Claiborne Johnson, MD. Copyright 2002 W. B. Saunders. All Rights Reserved

'Of all the identified modifiable risk factors for stroke, hypertension appears to be the most important, owing to its high prevalence and strong association with stroke risk. Based on epidemiological data, approximately 50 percent of strokes could be prevented if hypertension were eliminated (Table 7-1). (S)

DISCLOSURE

This report has been performed by a physician Board Certified in Physical Medicine and Rehabilitation, licensed in the State of California. This recommendation is that of a physician licensed in the state of California and should be considered as a recommendation for treatment only within the State of California. The record review, diagnostic impressions and recommendations were performed by the undersigned without assistance. The opinions expressed are based upon review of the materials presented and on reasonable medical probability. The history was taken from the review of available medical records, and review of the pertinent medical literature. This evaluation has been performed to interpret the patient's condition as it relates to the illness described. This evaluation has been based upon review of current published peer reviewed literature and review of available medical records to render medical probability predications. Should medical record be provided which objects to the conclusions in this report, I would be available to review such record if it were provided in the future to this patient's case. This statement is made under the penalty of perjury.

Dated this 26 day of June, 2006
at Orange County, California.



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and Rehabilitation