South Coast Regional Project

Serving Regional Solutions

April 22, 1996

SCRP REGION PARTICIPANTS

TO: Dawn Marie Lemonds, SCRP Director

FROM: Phil Guardabascio, SCRP Associate Director

SUBJECT: Treatment Team Meeting Regarding Cynthia Reinsen

I would like to preface this memo by stating that it is not my habit to write letters of complaint regarding members of the Fairview community. While SCRP's mission is definitely not always perceived by members of this community as being aligned with that of Fairview's, I was welcomed as a new member of the Fairview community several years ago and have always felt that I was treated with respect and understanding. It is with regret, then, that I feel the need to inform you of what I view as unacceptable behavior by Dr. Cable at an April 29, 1996 treatment team meeting on Program 4.

The meeting was called by Barry Lord, Cynthia's social worker from San Diego Regional Center. The intent of the meeting was to gather information from Fairview staff regarding Cynthia's readiness for community placement, whether it was advisable to purse community placement at this time, whether at a future date if necessary services and supports could be provided, and/or how Fairview and SDRC might work together to prepare her for placement at some later date. Other persons present at the meeting included Dr. Sharon McGilvery, Ph.D., SDRC's Psychologist, Rebecca Helgeson, Regional Director of Independent Options, Incorporated, Independent Options' Psychologist, Karen Larson, Program 4 Director and Terry Eakin, Program 4 Psychologist.

Mr. Eakin provided an excellent and informative profile of Cynthia's current behavioral status. The next questions were to be medical in nature and the meeting then shifted focus to Dr. Cable. At that point he began a series of statements and accusations against Cynthia's social worker and the service provider that can be best described as reflective of a personal, rather than consumer-oriented, agenda. At worst, the statements were unprofessional, mean spirited and not reflective of the Fairview community's culture with respect to treatment of other human beings. The following are some highlights of Dr. Cable remarks. I would like to commend Karen Larson for

making every effort to redirect Dr. Cable during this meeting as well as Barry Lord for remaining calm throughout.

1. Dr. Cable's first remark was to ask Mr. Lord why the mother was not present. He subsequently attempted to cancel the meeting, despite reminders from Karen Larson that the mother had not attended any meetings at Fairview regarding her daughter in several years. Dr. Cable then asked Mr. Lord to tell him how many times he had attempted to contact the mother and whether siblings (who to anyone's knowledge had never been involved with Cynthia) had been contacted. Karen reminded Doctor Cable that as a representative of Cynthia's case management agency, Mr. Lord had every right to request information with regard to his client, and that the meeting would not be canceled.

2. Dr. Cable asked Mr. Lord if he knew that the perception here is that regional centers go after consumers who have no parental involvement. Mr. Lord stated that was not true. Dr. Cable then asked him for a list of all consumers he was considering for community placement so that he could review it. Karen Larson informed him this was an inappropriate request. I provided Dr. Cable with information that there is, in fact, a high level of parental involvement with consumers moving to the community and informed him that this was tracked by SCRP monthly.

3. Regarding Cynthia's medical issues, Dr. Cable stated that she had medical issues and that he wanted to go on record as opposed to any placement for her outside Fairview as she was safer here. That is to say, he went on record as opposed to placement for unspecified medical reasons. These were never discussed.

4. Rebecca Helgeson of Independent Options provided a very thorough and accurate summary of the kinds of services that their organization can and cannot provide. Dr. Cable then asked her if she was aware that the mortality rate for our consumers was higher in the community than it is at Fairview. He subsequently asked her if she had the data on that, and also asked if Independent Options is a for-profit organization.

I believe this is sufficient to provide you with a feel for Dr. Cable's impact on the meeting. Most of the persons in attendance appeared to me to be appalled at his behavior. A subsequent "post" meeting with the staff on San Diego Regional Center and Independent Options revealed that they were highly upset. Ms. Helgeson, unsolicited, stated that Dr. Cable was the most unprofessional person that she had met in her career and that he had actually implied that we are killing people by moving

them to the community. By the following morning, the SDRC social worker, psychologist and the service provider had called and complained to Judy Borchert, SDRC's Consult Manager. I found myself in the position of asking Judy Borchert not to file a letter of complaint with Mr. Kobler, and let her know this was atypical behavior at Fairview and that I was certain the matter would be handled internally.

I firmly believe that individuals should never be subjected to the treatment that these attendance at the meeting were subjected to and, therefore, I feel it necessary to respectfully bring this matter to your attention.

Memo

To: Mr. Lou Sarrao
Clinical Director, Fairview Developmental Center

From: William Cable, M.D.
Physician, Program 4

Re: Cynthia Reinseth Treatment Team Meeting

In attendance: Phil. Guardibasio and Karen Hudson from SCRP, Barry Lord and Sharon McGilroy from San Diego Regional Center, Rebecca Helgunson and Dr Peterson (a consulting psychologist) for Independent Options, a community placement organization. Fairview staff included the Program Director, Ms Karen Larson, the recorder, Susan Peters, the social worker, Gloria Limon, psychologist, Dr. Terry Eakin, psych tech, Marilla Knapik, unit supervisor, Bethel Reeves, and myself.

Date: April 24, 1996

I received from Karen Larson a copy of the memo she forwarded to you 4/22/96 about the above meeting on 4/18/96. I hope you will accept my response.

Karen has indicated to me that her memo was written in response to "SCRP concerns", which I have not seen, and consequently cannot address.

Approximately 30 min. before Cynthia Reinseth's meeting on 4/18/96, I was informed there would be a meeting on Cynthia, and my presence was requested. I was given no background on who was to be there, why the meeting was to be held, or what input was required of me. The meeting was opened by Barry Lord (San Diego RC) who indicated it was arranged to discuss Cynthia being transferred to a community home. He announced that no family was present. It was clear from his response that no major effort had been taken to involve the family at this meeting. At that point I suggested the family be contacted to participate in this important decision - this was declined.

The Program Director, Karen Larson, then spoke about Cynthia, and raised concerns about the transfer. This was not surprising as the treatment team was of the unanimous decision that Cynthia situation was inappropriate for the community living. I was asked to speak next and I expressed my concerns about Cynthia health if she placed in a community home. The representative from Independent Options, Rebecca Halgunson, indicated that Cynthia would be seen by a physician about once every 59 days, in contrast to daily visits now. I was concerned that this did not represent adequate care for an individual with Cynthia's multiple health problems. After further discussion with the Fairview psych tech, psychologist, and unit supervisor it was clear no-one supported her community placement, and questioned why she was selected. The Regional Center and SCRP staff accepted the recommendation and the meeting was terminated.

In reflection several conclusions can be drawn from this meeting that can be beneficial to all concerned.

1. Perhaps the program director should meet with the Fairview residence staff and develop a consensus before the meeting with SCRP and Regional Center staff.
2. With better communication with SCRP and Regional Center personnel, the concerns of the treating staff could have been transmitted by the program director, by phone or letter, thus negating the need to tie up so many state workers - some of whom had travelled a considerable distance to attend.
3. At the meeting it was revealed that clients are being visited by, and selected by, the for-profit community home staff. This raises serious issues of client confidentiallity. The Regional Center staff that are charged by law as the conservators of her care appeared unfamiliar with her needs.. To my knowledge they had not visited her at any time recently before the meeting and had not sought my advise on her health needs.

In summary, there are serious deficits in the current system of identifiying the needs of clients by the staff at SCRP and Regional Center. What is required of them is greater involvement in their clients' lives, and better communication with the Fairview staff. Hopefully this case will identify and lead to correction of these deficiencies. Our clients deserve better.

INDEPENDENT OPTIONS, INC. 1180 OLYMPIC DRIVE • SUITE 101 • CORONA,
MAILING ADDRESS: P O BOX 2197 • CORONA, CA 9
(909) 279-2585 • FAX (909) 279-4850

April 30, 1996

Hugh Kohler, Executive Director
Fairview Developmental Center
2501 South Harbor Blvd.
Costa Mesa, California 92626

Dear Mr. Kohler:

I am writing you in reference to a treatment team meeting that one of our Administrators, our Psychologist and myself attended at Fairview on April 18, 1996. The purpose of this meeting was to discuss the possible community placement of an individual residing there and the barriers to this placement. This particular individual had been referred to our agency for placement in the community by San Diego Regional Center and I visited her at her residence on January 22, 1996.

I have been employed by Independent Options Inc. for 12 years and have participated in moving many individuals into the community since my employment in 1984. I realize that Fairview justifiably has concerns about all movement from the developmental center and has a vested interest in the success of each and every community placement. I want to firstly acknowledge my respect and support for this concern and dedication. However, the behavior of Dr. Cable during this meeting, needs to be brought to your attention.

Throughout the meeting it was apparent that Dr. Cable was not only opposed to Cynthia's possible placement in the community but ALL community placements. He was not hostile to me as an individual or a representative of Independent Options, Inc., but was hostile to me as a private residential provider. He specifically asked if I represented a "for profit" organization, leaving the insinuation that making money was the sole purpose of our organization. He also asked me if I was aware that the mortality rate was higher in the community then in the Developmental Centers.

Dr. Cable also directly stated that Regional Center(s) were specifically targeting individuals in the Developmental Centers that had no family involvement and were not capable of expressing residential preferences for placement in the community. He wanted the meeting adjourned because no family was present, even though there had been NO family involvement for approximately seven years.

It was evident to me, that Dr. Cable is very upset about the community providing services to individuals that have developmental disabilities, questioning our ability to provide medical services, adequate physician care and basic provisions for individual safety. I do need to say that I left the meeting feeling that Dr. Cable was on a "one man" mission to eliminate community placements. Let me also state that all other Fairview staff seemed as shocked by his statements as we were (and also embarrassed). The feeling of team planning was apparent with the exception of Dr. Cable.

I know you will not take this correspondence lightly, and I appreciate your concern in this matter. If you have any specific questions regarding Independent Options, Inc.'s participation in this meeting, please do not hesitate to call me.

Sincerely,

Rebecca A. Helgeson
Regional Director

cc: Dawn Lemonds, South Coast Regional Project
Judy Borchert, Coffelt Unit, San Diego Regional Center
Dennis Mattson, Executive Director, Independent Options, Inc.

FAIRVIEW DEVELOPMENTAL CENTER
2501 Harbor Blvd.
Costa Mesa, CA 92626
(714) 957-5000

August 12, 1996

NOTICE OF ADVERSE ACTION

William Cable, M. D.
Physician and Surgeon
Fairview Developmental Center
2501 Harbor Boulevard
Costa Mesa, CA 92626

SS# [redacted]

Original sent by certified mail
Copy sent by regular mail

Home Address: [redacted]

I

NATURE OF ACTION

YOU ARE HEREBY NOTIFIED that pursuant to Government Code section 19574, you are reprimanded in your position of Physician and Surgeon with the Department of Developmental Services, Fairview Developmental Center, effective at the beginning of your shift on August 19, 1996.

II

STATEMENT OF CAUSES

This action is being taken against you for the following causes specified in the following subsections of Government Code Section 19572:

(d) Inexcusable neglect of duty

(m) Discourteous treatment of the public or other employees

(t) Other failure of good behavior either during or outside of duty hours which is of such a nature that it causes discredit to the agency or the employment

III

STATEMENT OF FACTS

You were appointed as Physician and Surgeon at Fairview Developmental Center on May 9, 1994. You are currently assigned to Program 2 and 6 at Fairview Developmental Center.

The causes set forth in paragraph II above are based on the following facts:

1. On April 18, 1996, at approximately 2:30 p.m. at Fairview Developmental Center, while you were attending a treatment team meeting for client Cynthia R., FDC #3784-6, you attempted to cancel the meeting after accusing Barry Lord, from the San Diego Regional Center, of failing to contact Cynthia's family. You did this despite reminders from Karen Larson, Program Director, that Cynthia's mother had not attended such meetings on her daughter's behalf for several years.

2. At this same meeting, you told Mr. Lord that the perception at Fairview Developmental Center is that regional centers go after clients who have little family involvement, targeting these individuals who are incapable of expressing residential preferences for community placement.

3. Later, during the meeting, you stated you were opposed to Cynthia's placement i the community. However, your opposition was based on unspecified medica reasons.

4. Again during the meeting, you were hostile towards Rebecca Hegelson o Independent Options, Inc., and insinuated that making money was the sole purpos of the organization.

5. Finally, you stated that the mortality rate for Fairview clients was higher in the community than at Fairview Developmental Center.

You knew, or should have known, that on April 18, 1996, it was not your role as a member of the Interdisciplinary Team to question the competence, or attempt to demean, regional center staff, care providers, or regional project staff.

In addition, you knew, or should have known, that the regional center is responsible for identifying an appropriate facility to provide residential services for individuals who leave Fairview Developmental Center. Your conduct demonstrates your disregard of the Department's well-established goal of community placement of clients.

Additionally, your behavior on April 18, 1996, is indicative of your failure to give the public proper service, and is considered discourteous treatment of the public.

Finally, your actions on April 18, 1996 brought discredit to Fairview Developmental Center, and are considered other failures of good behavior.

Based upon all of the above facts, management has determined it necessary to take this action for an official reprimand.

IV

RIGHT TO RESPOND TO APPOINTING AUTHORITY

As an employee with permanent civil service status, you are entitled to five (5) working days within which to respond to this notice. You may respond either orally or in writing to Hugh Kohler, Executive Director, Fairview Developmental Center. You are entitled to a reasonable amount of state time to prepare your response to the charges. You are not entitled to a formal hearing with examination of witnesses at this stage of the proceedings. However, you may be represented by another in presenting your response. This appointing power may amend, modify, or revoke any or all of the foregoing charges, including the adverse action.

V

RIGHT TO APPEAL TO THE STATE PERSONNEL BOARD

Regardless of whether you respond to these charges to the appointing power, you are advised that you have the right to file a written answer to this notice with the State Personnel Board, 801

Capitol Mall, Sacramento, California 95814, not later than thirty (30) days after service of this notice. If this notice was personally served on you, the effective date of service is the day that it was given to you. If service on you was made through the mail, service was effective on the date of mailing as ascertained by the postmark.

An answer shall be deemed to be a request for a hearing or investigation as provided in Section 19575 of the Government Code. If you file an answer as provided, the Board or its authorized representative shall, within a reasonable time, hold a hearing and shall notify the parties of the time and place thereof. If you fail to answer within the time specified, the adverse action taken by the appointing power shall be final.

V I

RIGHT TO INSPECT RELEVANT DOCUMENTATION

If you desire to inspect any documentation that is on file relevant to the above charges, you may do so by contacting Karen Stump, Personnel Officer. Please note that your right to respond in writing to your appointing power authority is separate and distinct from your formal State Personnel Board appeal rights which are explained in paragraph V above. You may exercise both rights as long as you do so within the limits provided.

Documentation:

1. Letter dated April 22, 1996 (3 pages)

2. Letter dated April 30, 1996 (2 pages)

Aug. 12, 1996
Date

Dr. Tan-Figueroa
Medical Director
Fairview Developmental Center

LA/bl
cc: State Personnel Board Hearing Office
DDS/ Labor Relations Branch
Linda Anderson, Labor Relations Coordinator
Personnel

Memo

To: Lilia Tan-Figueroa, M.D.
Medical Director, Fairview Developmental Center

From: William Cable, M.D.
Physician, Program 4

Re: Placement of Valdina Robinette into a community residence

Date: June 21, 1996

On June 19th the exit conference concerning the above client was held with the interdisciplinary team on Program 4. Others present included a representative San Diego Regional Center, "Todd", SCRP, Mr. Chuck Neal, and members of the Velasco Homes, Louis and Kathy Terados into which Valdina is scheduled to be placed. Many medical issues came up at the meeting which were of concern to me. Others at the meeting also expressed concern. These concerns had previously been discussed at the pre-exit meeting and with Program 4 administration. Valdina has a history of behavioral problems for which she has been living on the Behavioral Unit at Fairview. These include chronic pica with brush bristles, rocks, strips of sheets, etc., which has resulted in serious medical problems in the past. This year alone she has been admitted to the FDC Infirmary twice and has been transferred to the UCI Medical Center. She has a history of compulsive behaviors, smearing feces, and getting up at night wandering and stripping other beds. She has been aggressive and can hit and kick at times and has suffered broken bones. There is a history of an intracardiac conduction block. She has needed a jump-suit in the past. She has spent most of her life in an institution, from 1954 - 1959 she lived at the Porterville Developmental Center, and from 1959 to the present she has lived at Fairview. In recent years she has lived in a locked facility. Her conservators, San Diego Regional Center staff, visit infrequently, and do not appear familiar with her problems.

The following information about her new home was provided by Louis and Kathy Terrados representing Velasco Homes. The level 3 communty home to which she is going is not a locked facility. The windows are glass, not plexiglass. She has one caretaker, Thelma Domingo who has not had special training in *mental retardation behavioral problems. There may be as many as 5 other clients* in this facility with one attendant. There is no behavioral specialist present in the home. Dr. Martin Linder, a family physician, provides medical care, but there are no scheduled visits by him to the home. A psychiatrist or psychologist may visit the home once per month.

In summary, there is a clear and present danger to Valdina living at the new home. These concerns were discussed frankly with the representatives of SCRP and SD Regional Center who chose to discard them. As Medical Director at Fairview please advise me what you recommend should be done. If Valdina is discharged how much of this information should be placed in the discharge summary?

A speedy response is requested as she is due for discharge June 29th.

FAIRVIEW DEVELOPMENTAL CENTER
M E M O R A N D U M

To: Karen Larson
Program 4 Director

From: Paulette Gonzales
Program 4 Nursing Coordinator

Date: 6-24-96

Subject: Placement of Valdina Robinette into a Community Residence.

The team applauds the tremendous strides Valdina has made in the past few years. We would also hope that in her new home she will continue to receive the supervision, medical support and consistency in training that will allow her to be successful.

In response to the memo dated 6-21-96 from Dr. William Cable to Dr. Lilia Tan Figueroa several of the team members agree that it is an accurate picture of Miss. Robinette. Dr. William Cable feels there is a "clear and present danger" to living in this home. I do not feel that strongly, but the team and I certainly do have serious concerns regarding her supervision, especially at night, when she will have access to the kitchen, food (is on diced diet and has choked twice this year), stove and exit doors. She is often up at night.

Thought might be given to a home that may provide a more structured environment in which she will be successful.

cc: Lou Sarrao
Bethel Reeves

ROBINETTE, Valdina FDC #0266 - Res. 443

6/25/96 MEDICAL DISCHARGE SUMMARY

Valdina is a 50-year-old ambulatory DD female who is nonverbal. She can see and hear without difficulty. She has a long history of disrobing, resistiveness, combativeness, choking, pica behavior and aspiration.

CDER DIAGNOSIS
Profound mental retardation, cause unknown. IQ: 11. Adaptive behavior 4 profound, epilepsy: grand mal.

HISTORICAL DATA
Valdina was born 4/13/46 in San Diego, California. Valdina's mother had nine pregnancies with 5 miscarriages and 4 surviving children. Valdina was born at full term and appeared normal at birth. At 7 months, she developed seizures and was diagnosed as having epilepsy. She sat up at 6 months and walked at age 4 years. She spoke a few words at age 6. Behavioral problems posed a great problem for the family. These included refusing to remain dressed, hyperactivity, temper tantrums, property destruction, running away, tearing bedding and climbing over gates. The family was unable to control Valdina which subsequently resulted in her admission to Porterville Hospital in 1954 at age 8 years. While at Porterville State Hospital, she was hospitalized and treated for bacillary dysentery on 3/14/55, acute cellulitis of right arm 7/1/55 and amoebic dysentery 9/10/57. On 3/14/58, she was again hospitalized for acute amoebic colitis. Laceration of right ear on 2/19/55. No medication history prior to admission to Fairview is available. Seclusion was utilized on numerous occasions while at Porterville. Her official diagnosis at Porterville on 10/4/54 was mental deficiency, idiot, IQ: 14 undifferentiated due to defective fetal development, symptomatic epilepsy due to definite brain diseases (agenesis), generalized seizures, grand mal.

COURSE AT FAIRVIEW & CONDITION AT RELEASE
Valdina was transferred from Porterville State Hospital and admitted to Fairview Developmental Center on 3/11/59. She was eventually placed in Program 7 (now Program 4) 6/30/68.

SIGNIFICANT PHYSICAL CONDITIONS/ILLNESSES WHILE AT FAIRVIEW
Constipation: Problem opened 2/10/82. Problem closed 12/16/86.

She received birth control pills due to menstrual irregularity from 2/10/82 to 3/4/82.

Continued on Page _____

SUMMARY

- [ ] Discharge/Transfer
- [ ] Release
- [ ] Other _____

CONFIDENTIAL
CLIENT INFORMATION
See W & I Code Sections 4514 and 5328

RES 443
ROBINETTE, VALDINA C.
FDC 00266-7 F WH 04/13
03/11/ SD MR 5258
03/21/9 CR JUDH
UI 6216833 62

History of bilateral fibroid cysts.

Received mass treatment for amebiasis 9/20/82.

She has received at least 15 lacerations while at Fairview.

Left shoulder pain with decreased range of motion. Problem opened 8/22/83 and closed 9/19/83.

Pinworms: She has been infested at least 10 times.

Cellulitis of left ankle (Staphylococcus aureus on 8/22/83.

Dysmenorrhea 6/25/85 through 10/2/95.

Fracture mid shaft of the second metacarpal right hand 9/29/86.

Left lung collapse secondary to foreign body obstruction 3/18/89.

Fracture of right humerus 12/5/94.

History of EPS 3/6/89 through 5/29/90.

Impetigo 3/26/90.

Hyperlipidemia from 6/12/90 through 5/2/95.

Respiratory infection 3/1/91, 11/22/91 and 8/1/95.

Skin infection 11/6/92 and 12/21/93.

Anemia 3/8/93 through 5/2/95.

Hematoma 7/31/93.

Weight loss 5/4/94.

Pneumonia 2/23/96 through 3/20/96.

CURRENT MEDICAL PROBLEMS

Epilepsy: Valdina has had 8 seizures since 3/18/89. The 1989 seizure occurring during an aspiration episode. All seizures are generalized tonic-clonic type. Previous recorded seizure was on 7/20/81. She presently receives Tegretol 1400 mg per day. Anticonvulsant level on 2/1/95 was 7.6. Normal being between 4-12. Last EEG 11/30/87 was normal with no epileptiform discharges.

Public disrobing: She receives no medical intervention at this time (see psychological discharge summary dated 6/17/96). Jump suits have been worn in the past.

Weight loss: Weight has fluctuated between 107 pounds and 135 pounds since 12/1/89. Present weight 122 1/2 pounds. Recommended weight range 115-125 lbs. She receives a general diced triple high density diet with soaked bread. An apple is provided at breakfast and lunch. A multivitamin with minerals tab one po is given daily.

ROBINETTE, Valdina FDC #0266 - Res. 443
Page three
6/25/96 MEDICAL DISCHARGE SUMMARY--(continued)

Podiatry: History of ingrown right great toenail. Last seen in Podiatry Clinic 9/13/95 for reduction of mycotic toenails and reduction of ingrown toenail. She receives griseofulvin 250 mg at 0800, 1200 and 2000 hours daily for chronic fungal nails. SGOT and SGPT on 4/2/96 was within normal limits.

History of choking: Prevention of pica behavior by staff continues. Diced diet with soaked bread continues and effective to prevent choking. As previously mentioned, history of left lung collapse secondary to foreign body obstruction 3/18/89.

DISEASES OR CONDITIONS NOT REQUIRING TREATMENT AT THIS TIME

1. Pica, chews on strings, magazines, rocks, clothing, etc.

2. Intermittent cardiac arhythmia: Last EKG on 11/3/89 with "prolonged QRS duration, otherwise within normal deviation. Previous tracing suggests prolonged QRS. May be due to incomplete right bundle branch block."

OTHER MEDICATIONS RECEIVED WHILE AT FAIRVIEW
Mebendazole 100 mg po (pinworms), cephradine 250 mg qid, ibuprofen (dysmenorrhea), polysporin ointment, povidone solution, urea lotion, diazepam injection 10 mg IM, haldol, chloral hydrate 3 gm po (sedation), morphine sulfate 8 mg, atropine 0.3 mg 250 mg sodium, thiopental with additional 175 mg sodium thiopental for dental sedation 1/7/94, norethindrone 1 mg and mestranol 0.05 mg (21 day cycle), and birth control pills, Dilantin, phenobarbital, primidone, ferrous sulfate 324 mg bid with meals, ascorbic acid, Dulcolax suppository, fleets enema, Bisacodyl tabs, Cloradryn, Guaifenesin syrup, Cogentin, iodoquinol, Bactrim, and vitamin E.

SIGNIFICANT LAB FINDINGS
Stool for ova and parasites on 4/4/96. No pathogens.

SMA 20 on 4/2/96 within normal limits except alkaline phosphatase was 129, normal being between 42 and 121. LDH was 211, normal being between 91 and 180. Cholesterol was 304, normal being under 200.

CBC on 4/1/96 within normal limits except RBC 4.07, normal being between 4.2 and 5.4.

Rectal swab on 3/11/96 was negative. Swube paddle on 3/11/96 negative.

HBsAg nonreactive, anti HBs reactive, anti HBc reactive on 12/1/95. Urinalysis on 11/13/95 within normal limits. Swube paddle test on 11/13/95 positive for pinworms.

Last gynecological exam 1/7/94 was normal.

ROBINETTE, Valdina FDC #0266 - Res. 443
Page four
6/25/96 MEDICAL DISCHARGE SUMMARY--(continued)

Last retinal exam on 3/30/90 normal.

Last dental 6/24/96 with extraction of #29.

ALLERGIES
1. Mellaril (water intoxication dated 8/14/90).

2. Bactrim/erythromycin (rash on 2/29/96).

ADAPTIVE EQUIPMENT

Jump suit laced and tied in the back to prevent disrobing was discontinued 3/19/96 and presently with no adaptive equipment usage. Concerns at the exit conference dated 6/21/96. Valdina has a history of behavioral problems for which she has been living under the behavioral unit at Fairview. These include chronic pica with brush bristles, rocks, strips of sheets, etc. and as previously mentioned, which has resulted in serious medical problems in the past year. This year alone, she has been admitted to Fairview Developmental Center infirmary twice and has been transferred to the UCI Medical Center. She has a history of compulsive behaviors of smearing feces and getting up at night and wandering and stripping other beds. She has been aggressive and can hit and kick at times and has suffered broken bones. There is a history of an intracardiac conduction block. She has needed a jumpsuit in the past. She has spent most of her life in an institution. 1954 to 1959, she lived at the Porterville Developmental Center and from 1959 to the present, she has lived at Fairview. In recent years, she has lived in a locked facility. Dr. Martin Linder, a family physician, provides medical care at his office but there are no scheduled visits by him to the home. A psychiatrist or psychologist may visit the home once per month.

RECOMMENDATIONS

1. Periodic liver enzyme screens while receiving griseofulvin for onychomycoses.
2. Diced or other appropriate diet including soaked bread to prevent choking/aspiration.
3. Periodic CBC and SMA's while receiving Tegretol to rule out blood dyscrasias.
4. Behavioral specialist to observe and recommend proper behavioral interventions in regards to pica, insomnia, bed stripping, smearing, etc.

Pete Metchikoff RNP
Pete Metchikoff, R.N.P.
PM:ko
DD: 6/24/96 DT: 6/25/96

L. Tan Figuerda, M.D.

RES 443
ROBINETTE, VALDINA C. P
FC 0266-7 F DR C4/13
03/13/56 SD MR 5258
03/21/56 OR JUDH
DI 6/15/33 62

Memo

To: Lilia Tan-Figueroa, M.D.
Medical Director, Fairview Developmental Center

From: William Cable, M.D. WC
Physician, Program 4

Re: Placement of Valdina Robinette into a community residence.

Date: June 26, 1996

On June 24th a memo was sent to you requesting guidance on the discharge of the above client. So far neither the program 4 office staff nor I have received any response. Valdina is scheduled to leave today. The concerns for her health and safely remain. As Medical Director at Fairview, please advise me what you recommend should be done. If Valdina is discharged how much of our concerns should be placed in the discharge summary?

An urgent response is requested.

WC Program 4 director

FAIRVIEW DEVELOPMENTAL CENTER
INTRAFACILITY MEMORANDUM
June 26, 1996

To: Dr. William Cable
Staff Physician

From: Dr. Lilia Tan-Figueroa
Medical Director

Re: Placement of Valdina Robinette into a community residence.

Per your request, and after soliciting input from your Program Management and your ID Team, may I suggest that you be as thorough and precise when addressing the medical issues of your client. Emphasize medical conditions that are of concern to you and include all therapeutic modalities that had been successful in your experience caring for this client. When you are making your recommendation, I suggest that you enumerate all the medical concerns that you have with the specialist and time table for follow-up. Be as specific as possible to the therapeutic intervention and environment that will ensure your clients' health and safety.

I have enclosed the format for the Discharge Summary (medical) to help you remember certain key areas when you are doing your dictation.

LTF/sd

OUTLINE

DISCHARGE/TRANSFER SUMMARY (MEDICAL)

Dictate one week prior to release.
One copy accompanies client to placement facility.

I. IDENTIFICATION
- A. Name
- B. Fairview number
- C. Program/residence
- D. Brief description of client

II. DIAGNOSIS
- A. Mental Retardation (level, due to, etc.)
- B. Physical
- C. Adaptive
- D. IQ

III. HISTORICAL DATA
- A. Reason for admission (birth history, history of trauma, etc.)
- B. Physical and mental history prior to admission to F.D.C.
- C. Medication history prior to admission to F.D.C.

IV. COURSE AT FAIRVIEW AND CONDITION ON RELEASE
- A. Significant physical conditions/illnesses:
  1. While at F.D.C.
     (include nutritional status, dental conditions)
  2. Current physical condition
     (includes nutritional status, dental conditions)
  3. Current medical problems and treatment
- B. Medication received while at F.D.C.
  1. Effectiveness
  2. Include behavior medications and side effects
- C. Significant lab findings
  1. During stay at F.D.C.
  2. Current lab findings
- D. Allergies
  1. Include allergic reactions to medications
- E. Adaptive equipment used in past and currently in use
  1. Wheelchair, feeding pump, braces, glasses, etc.

OUTLINE

DISCHARGE/TRANSFER SUMMARY (MEDICAL)

V. RECOMMENDATIONS
   A. Specific recommendations for future programming and follow-up services
      1. Medication
      2. Diet
      3. Physical needs and considerations (blind, deaf, etc.)
      4. Need for follow-up treatment services
         (such as dental care, physical therapy, ongoing treatment of diabetes, etc.)

VI. DATE OF DISCHARGE/PLACEMENT

VII. TYPE OF PLACEMENT
   A. 6-month provisional placement
   B. Direct Discharge
   C. Transfer to another state facility

VIII. If client is discharged against facility recommendations, add
   A. Reason for discharge
   B. Evaluation of appropriateness of reason

IX FOLLOW-UP SERVICES: Name of (Regional Center, case worker), name of (Regional Center), address and telephone number of (Regional Center) will be responsible for providing follow-up services ensuring program continuity. ~~Within three months of client's departure from Fairview Developmental Center, Fairview's Community Liaison Representative will be telephoning (name of facility) to determine if the services meet (name of client's) needs.~~

FAIRVIEW DEVELOPMENTAL CENTER
2501 Harbor Blvd.
Costa Mesa, CA 92626
(714) 957-5000

Memo

To: Raymond Peterson, M.D.
Executive Director, San Diego Regional Center
From: William Cable, M.D., Program 4
Fairview Developmental Center
Re: Deletion of Information in the Medical Discharge Summary of Fairview client Valdina [redacted]
Date: July 14, 1996

Valdina [redacted] is a 50 year old severely retarded woman, conserved by the SD Regional Center, who has spent most of her life in an institution. She was discharged on 6/26/96 to a community residence despite concerns of the Fairview Residential Team that the placement was not suitable. Despite this, her case coordinator Mr. Todd Lordson authorized her transfer.

I have been Valdina's treating physician for the past 18 months. She has significant health problems. Unknown to me, my discharge summary for Valdina covering these concerns was altered to remove problems I had identified and signed by another physician, Dr. Lilia Tan-Figueroa, who had never examined or treated Valdina, and did not know Valdina's health problems at the time. Valdina was thus discharged with an incomplete summary of her situation.

The deletion was made clumsily, such that the concerns of the exit conference appear on page 4 of the discharge summary under the heading "Adaptive Equipment". (See highlight area)

There are two issues of concern in this matter.
1. Unacknowledged altering of a medical record.
2. The staff at the community home do not have a complete record to adequately care for this client. It is alarming that key information was denied to the community staff caring for Valdina. Who would be responsible for this omission if Valdina should become ill?

I have enclosed a copy of the information that was deleted from the discharge summary so that your staff may be more fully informed about the needs of this client.

Concerns raised at the Exit Conference on Valdina [redacted]

Date: June 21, 1996

Valdina has a history of behavioral problems for which she has been living on the Behavioral Unit at Fairview. These include chronic pica with brush bristles, rocks, strips of sheets, etc., which has resulted in serious medical problems in the past. This year alone she has been admitted to the FDC Infirmary twice and has been transferred to the UCI Medical Center. She has a history of compulsive behaviors, smearing feces, and getting up at night wandering and stripping other beds. She has been aggressive and can hit and kick at times and has suffered broken bones. There is a history of an intracardiac conduction block. She has needed a jump-suit in the past. She has spent most of her life in an institution - from 1954 - 1959 she lived at the Porterville Developmental Center, and from 1959 to the present she has lived at Fairview. In recent years she has lived in a locked facility.

Deleted section

"From Louis and Kathy Terrados of Velasco Homes we learned that her new home is a level 3 community facility. She is not in a locked facility. The windows are glass, not plexiglass. She has one caretaker, Thelma Domingo who has not had special training in mental retardation behavioral problems. Valdina will be one of as many as 5 other clients in this facility with one attendant. The attendant sleeps at the home at night. There are no awake night staff to observe her and prevent injuries".

There is no behavioral specialist present in the home. Dr. Martin Linder, a family physician, provides medical care at his office, but there are no scheduled visits by him to the home. A psychiatrist or psychologist may visit the home once per month.

San Diego
Regional Center for the Developmentally Disabled

4355 Ruffin Road, Suite 204, San Diego, California 92123-1648 • (619) 576-2996
Telecommunication Device for the Deaf (TDD) • (619) 292-5821

July 23, 1996

Hugh Kohler, Executive Director
Fairview Developmental Center
2501 Harbor Boulevard
Costa Mesa CA 92626

Dear Hugh:

Enclosed is a memorandum and attachments, from a Fairview Developmental Center physician, regarding Valdina R[redacted], received on July 19.

After receiving the memo, I spoke with Regional Center staff who have been involved in the placement and supervision of Ms. R[redacted] and, at my request, Dr. Howard Wolfinger, Chief of Medical Services and Mr. Ron Royer, Service Coordinator, visited Ms. R[redacted] at he residence in the Crowe Home (ARM level 4) in El Cajon on the evenir of July 19. It was their determination that the placement is appro priate and that Ms. R[redacted]'s needs are being met.

Our primary concern is for Ms. R[redacted]'s health and safety and th assurance that her move to San Diego will result in a stable, quality living arrangement with program to meet her needs. As Ms. R[redacted] is a conservatee of the Director of Developmental Services, there is a special duty to make certain that her rights are protected. Dr. Cable's allegations that the medical record and the discharge summary were altered, and his statement that information was denied to community staff caring for Ms. R[redacted], are serious and need to be addressed.

I would appreciate your reviewing this matter to determine the basi of Dr. Cable's statements and to resolve any areas of error or omis sion. It may be appropriate to notify the Director of Dr. Cable's letter regarding his conservatee and the actions that have been taken.

Thank you for arranging follow-up. Please let me know if you have questions, or if you would like additional information.

Sincerely yours,

Max

Raymond M. Peterson, M.D.
Executive Director

RMP:jb(admin/joan/desk/daily/kohler.ltr)

xc: Judy S. Borchert
Ron Royer
Howard L. Wolfinger Jr, M.D.
Judy Wallace-Patton
Christina Engel Brewster, Consumer Rights Advocate

FAIRVIEW DEVELOPMENTAL CENTER
INTRAFACILITY MEMORANDUM
July 31, 1996

To: Mr. Hugh Kohler,
Executive Director, Fairview Developmental Center

From: William Cable, M.D., Program 4

Re: Alteration of the Medical Discharge Summary
on Fairview client Valdina Robinette

I was Valdina's treating physician prior to her being transferred from Fairview to a community home on 6/26/96. I had cared for Valdina for the past 18 months and knew she had significant health problems which raised serious concerns about her suitability for community living. These concerns were discussed with her new care providers at the exit conference. Despite the risks she was discharged. The discharge summary was prepared and included my concerns about her community residence. Unknown to me, at the time of discharge, the discharge summary I had prepared for Valdina covering these concerns was altered to remove the problems and signed by another physician, Dr. Lilia Tan-Figueroa. Dr. Lilia Tan-Figueroa had not examined or treated Valdina and thus could not know, or understand the concerns about Valdina's health problems. Valdina was thus discharged with an incomplete summary of her situation.

There are two issues of grave concern in this matter.
1. Unacknowledged tampering with a medical record is a criminal offense.
2. The staff at the community home were denied information about the risks of her placement, unnecessarily jeopardizing her health and welfare.

As you are aware, the mortality rate is higher for individuals with mental retardation who have been transferred from California Developmental Centers to the community, and we have unfortunately seen Fairview clients die after discharge. In these circumstances it is especially alarming that key information was denied to the community staff caring for Valdina. Who will be responsible for this omission when Valdina becomes ill?

Please indicate how this matter should be handled as the legal ramifications are pressing. I believe there is also a violation of Title 42. I do not know if Dr. Tan-Figueroa alter the record alone or at the instigation of others.

Your response is awaited.

FAIRVIEW DEVELOPMENTAL CENTER
INTRAFACILITY MEMORANDUM
August 7, 1996

To: William Cable, M.D.

From: Hugh Kohler
Executive Director

Re: Your Memo of July 31

I received your memo of July 31 on the topic of alleged alteration of the medical discharge summary of Valdina Robinette yesterday. Please be advised that the information and allegations in your memo are already under review. Dr. Raymond Peterson, Executive Director of San Diego Regional Center, kindly provided me with a copy of your July 14 letter to him. Immediately upon Dr. Peterson bringing these matters to my attention, I asked our Special Investigator, Stephani Valencia, and the Clients' Rights Advocate, Jeffrey Helfer, to independently review your allegations. In addition, Ms. Valencia, on consultation with the Department of Developmental Services in Sacramento, has referred the matter to the California Medical Board for their investigation. Fairview had thus taken all necessary steps to fully evaluate this situation long before you brought the matter to my attention on July 31.

Please be further advised that you will be held personally accountable for your failure to follow department and Fairview policy with regard to the unauthorized release of confidential client information, as well as the accuracy of the allegations, information, and materials you inappropriately provided to Dr. Peterson. Your letter to Dr. Peterson being printed on Fairview letterhead suggests that you are communicating to him in some official capacity, when in fact your correspondence was unauthorized, unnecessary, and inappropriate, and resulted in the regional center wasting considerable time, energy, and manpower investigating a situation that they already well understood and were fully conversant with. Ms. Robinette has made a successful transition back into her home community and continues to do well there.

In conclusion, your behavior in this matter is most disappointing and highly unprofessional as a staff physician at Fairview Developmental Center. You have shown your disdain for Fairview administration and continue to demonstrate through your behavior that you feel the rules and policies established by Fairview and the Department do not apply to you. The tactic you have chosen, of bringing your concerns to the attention of Dr. Peterson without informing me first or even providing me with a courtesy copy of the letter, I find personally affronting; it shows again the disregard and disdain that you have for the administration at Fairview. Your behavior in this instance is unacceptable and is under review by management. If you engage in similar conduct in the future, you may subject yourself to adverse action for the incident cited in this memo as well as any future incidents.

HFK/lsh
cc: Dr. Lilia Tan-Figueroa
Tom Camarella
Betti Dolezal

Fairview Developmental Center
Memorandum

TO: Hugh Kohler, Executive Director

FROM: Jeffrey Helfer, Rights Advocate
Stephani K. Valencia, Special Investigator

DATE: August 09, 1996

SUBJECT: Valdina R[redacted]-Exit Conference and Medical Discharge Summary

The concerns raised regarding Ms. R[redacted]'s transfer to a community home included the tampering of her medical records, and the community care staff were denied pertinent information. After reviewing the documents provided, medical records, and interviewing several FDC staff members, our findings are:

1. Appropriate information was included in the exit conference and the medical discharge summary. No medical or behavioral concerns were deleted or left out. Both documents were sent to San Diego Regional Center as part of the community transfer process.

2. Appropriate procedure was followed, and pertinent information was provided to the community care staff at the exit conference, and by the subsequent exit conference and medical discharge summary documents. It also appears that all the concerns brought up by the ID Team were addressed at the exit conference, with SDRC agreeing to provide supports as needed to facilitate the community placement.

It does not appear that any rights of the individual were infringed upon within the context of the transfer process. However, this current release of information, which was previously sent to SDRC, appears to violate Fairview Policy and Procedure 2.3.1 Confidentiality: Release of Information, and thereby may infringe on the right of Ms. R[redacted] to be assured of confidentiality of records, per Fairview Policy 1.5.2 Residents Rights: Specific Rights. Also, there appears to be violations of the Welfare and Institutions Code, sections 4516-Record of disclosure, and 5328-Confidential information and records, disclosure, and consent.

We agree additional inquiry may be needed to address the above issues.

FAIRVIEW DEVELOPMENTAL CENTER

2501 Harbor Blvd.
Costa Mesa, CA 92625
(714) 957-5000

October 2, 1996

NOTICE OF ADVERSE ACTION

William Cable, M. D.
Physician and Surgeon
Fairview Developmental Center
2501 Harbor Boulevard
Costa Mesa, CA 92626

SS# [redacted]

Original sent by certified mail
Copy sent by regular mail

Home Address: [redacted]

I

NATURE OF ACTION

YOU ARE HEREBY NOTIFIED that pursuant to Government Code section 19574, you are Suspended for ten (10) working days in your position of Physician and Surgeon with the Department of Developmental Services, Fairview Developmental Center, effective at the beginning of your shift on October 15, 1996 and concluding at the end of your shift October 28, 1996.

II

STATEMENT OF CAUSES

This action is being taken against you for the following causes specified in the following subsections of Government Code Section 19572:

(c) Inefficiency

(d) Inexcusable neglect of duty

(f) Dishonesty

(m) Discourteous treatment of the public or other employees

(r) Violations of the prohibitions set forth in accordance with Section 19990.

Section 19990: "A state officer or employee shall not engage in any employment, activity, or enterprise which is clearly inconsistent, incompatible, in conflict with, or inimical to his or her duties as a state officer or employee.

c) Using, or having access to, confidential information available by virtue of state employment for private gain or advantage or providing confidential information to persons to whom issuance of the information has not been authorized.

(t) Other failure of good behavior either during or outside of duty hours which is of such a nature that it causes discredit to the agency or the employment

III

STATEMENT OF FACTS

You were appointed as Physician and Surgeon at Fairview Developmental Center on May 9, 1994. You are currently assigned to Program 2 and 6 at Fairview Developmental Center.

The causes set forth in paragraph II above are based on the following facts:

1. On July 14, 1996 you sent a letter to Raymond Peterson, M.D. Director of San Diego

Regional Center. In this letter, written on Fairview letterhead, you held yourself out as a medical representative of the facility charging that Fairview altered and withheld key client record information in discharging client, Valdina R. to a community facility.

2. In this letter, you also charged that Fairview or its representative employees deleted from Valdina's discharge summary concerns and problems identified by you as her treating physician, and authorized another physician, Dr. Lilia Tan-Figueroa to sign the discharge summary although Dr. Tan-Figueroa never examined or treated Valdina or knew of her health problems.

You knew or should have known that the information you claim was deleted from the discharge summary was actually a description of the community facility placement mentioned during Valdina's exit conference, and that this information was <u>not</u> appropriate for the discharge document. Further, the facts contained in the information you claim was deleted was not known by Fairview to be accurate.

3. In the same letter you claim that Valdina was discharged by Fairview despite concerns from her treatment team that placement was not suitable. As a member of this team you knew or should have known that the team decision was that Valdina's community placement was proper and in her best interests.

4. In this same letter you accused Todd Lordson, Valdina's case coordinator and a Regional Center employee of authorizing the discharge against the treatment team's recommendations and advice. As a member of this team you knew or should have known that the transfer was not against the advice of the team.

You knew or should have known that the serious charges you made against Fairview could bring discredit to the facility, its employees and to the Regional Center employee.

You further knew or should have known that your actions under color of your official capacity as a Fairview physician would be taken seriously by Dr. Peterson. As a direct consequence of your letter Dr. Peterson found it necessary to review Valdina's placement with his staff who had participated in the placement. Further, he requested his Chief of Medical Services and the Service Coordinator to visit Valdina and re-assess her placement. It was their independent assessment that Valdina's health and safety needs were indeed met in her new placement.

5. In your July 14, 1996 letter to Dr. Peterson, not only did you charge Fairview with intentionally altering the client record, you provided Dr. Peterson with a copy of the deleted section, in violation of Fairview's procedure for the release of client information.

You knew or should have known that your release of information from Valdina's record to Dr. Peterson violated Fairview's policy number 2.3 "Confidentiality - Release of Client Information" because:

a. You failed to obtain approval for the release;

b. You failed to note in Valdina's record what information was released;

c. You failed to place a copy of your letter in the client record;

d. Your release was made without a request for such information from the Regional Center, or others who would be authorized to request additional information;

Based upon all of the above facts, management has determined it necessary to take this actior for a ten (10) working day suspension.

I V

RIGHT TO RESPOND TO APPOINTING AUTHORITY

As an employee with permanent civil service status, you are entitled to five (5) working days within which to respond to this notice. You may respond either orally or in writing to Hugh Kohler, Executive Director, Fairview Developmental Center. You are entitled to a reasonable amount of state time to prepare your response to the charges. You are not entitled to a formal hearing with examination of witnesses at this stage of the proceedings. However, you may be represented by another in presenting your response. This appointing power may amend, modify, or revoke any or all of the foregoing charges, including the adverse action.

V

RIGHT TO APPEAL TO THE STATE PERSONNEL BOARD

Regardless of whether you respond to these charges to the appointing power, you are advised that you have the right to file a written answer to this notice with the State Personnel Board, 801 Capitol Mall, Sacramento, California 95814, not later than thirty (30) days after service of this notice. If this notice was personally served on you, the effective date of service is the day that it was given to you. If service on you was made through the mail, service was effective on the date of

mailing as ascertained by the postmark.

An answer shall be deemed to be a request for a hearing or investigation as provided in Section 19575 of the Government Code. If you file an answer as provided, the Board or its authorized representative shall, within a reasonable time, hold a hearing and shall notify the parties of the time and place thereof. If you fail to answer within the time specified, the adverse action taken by the appointing power shall be final.

V I

RIGHT TO INSPECT RELEVANT DOCUMENTATION

If you desire to inspect any documentation that is on file relevant to the above charges, you may do so by contacting Karen Stump, Personnel Officer. Please note that your right to respond in writing to your appointing power authority is separate and distinct from your formal State Personnel Board appeal rights which are explained in paragraph V above. You may exercise both rights as long as you do so within the limits provided.

Documentation:

1. Peterson Letter dated July 23, 1996, one page.
2. Cable memo dated July 14, 1992, one page, plus Attachment, one page.
3. Helfer memo dated August 9, 1996, one page.
4. Anderson memo dated August 15, 1996, four pages, plus Attachment, fifteen pages.

October 1, 1996
Date

Dr. Tan-Figueroa
Medical Director
Fairview Developmental Center

LA/bl
cc: State Personnel Board Hearing Office
DDS/ Labor Relations Branch
Linda Anderson, Labor Relations Coordinator
Personnel