

1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE DISTRICT OF COLORADO

3
4 Civil Action No: 16-CV-00629 WJM

5
6 THE ESTATE OF JOHN PATRICK WALTER,
7 by and through its special administrator, DESIREE'Y
8 KLODNICKI, Plaintiff,

9 v.

10 CORRECTIONAL HEALTHCARE COMPANIES, INC.;
11 CORRECT CARE SOLUTIONS, LLC;
12 CORRECTIONAL HEALTHCARE PHYSICIANS, P.C.;
13 CHC COMPANIES, INC.;
14 THE BOARD OF COUNTY COMMISSIONERS OF THE COUNTY OF FREMONT;
15 JAMES BECK, individually and in his official capacity as
16 Fremont County Sheriff;
17 TY MARTIN, individually;
18 RAYMOND HERR, M.D., individually;
19 STEPHANIE REPSHIRE, LPN, individually;
20 KATHLEEN MAESTAS, LPN, individually;
21 SHARON ALLEN, M.D., individually;
22 JOHN RANKIN, individually;
23 CARRIE HAMMEL, individually;
24 MICHAEL GIRTEN, individually;
25 MICHAEL ULRICH, individually;
ROBERT MILLER, individually;
JUSTIN GREEN, individually;
GREG OWEN, individually;
DUSTIN MASS, individually;
RICHARD SALANO, individually;
BILLIE BELL, individually;
ANTHONY TURNER, individually;
BALEY SANDEFUR, individually;
ELOYSA TRUJILLO, individually;
LILA CLEMMERSON, individually;
BRAXTON BUFFINGTON, individually;
CHARLENE COMBS, individually;
JORDAN PENN, individually;
SARA LIGHTCAP, individually;
DAVID GREEN, individually;
JOSHUA POHL, individually;
MACKENZIE RQUEMORE, individually;
ASHLEY RAMEY, individually;

1 RANDALL CULLEN, individually;
2 PERRY BURFORD, individually;
3 CAMERON GONZALES, individually;
4 LEE COOK, individually;
5 JAMES WHEATON, individually;
6 JOHN DOES 1-10, individually;
7 JANE DOES 1-10, individually;
8 DOES CORPORATIONS 1-10;
9 Defendants.

10 *****

11 ORAL VIDEOTAPED DEPOSITION

12 MONICA DOUGHTY

13 AUGUST 24, 2016

14 *****

15
16 ORAL VIDEOTAPED DEPOSITION of MONICA DOUGHTY,
17 produced as a witness at the instance of the Plaintiff,
18 and duly sworn, was taken in the above-styled and
19 numbered cause on the 24th day of August, 2016, from
20 9:06 a.m. to 5:20 p.m., before Tim Fails, CSR in and for
21 the State of Texas, reported stenographically, at the
22 offices of Continental Court Reporters, 1412 Main Street,
23 Suite 900, Dallas, Texas, pursuant to the Colorado Rules
24 of Civil Procedure and the provisions stated on the
25 record or attached hereto.

A P P E A R A N C E S

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ALSO PRESENT:

Doug Haynie, videographer

I N D E X

Appearances	2
Stipulations	1
MONICA DOUGHTY	
Examination by Mr. Budge	7
Examination by Mr. Tiemeier	155
Examination by Mr. O'Connell	267
Reporter's Certificate	281

E X H I B I T S

NUMBER	DESCRIPTION	IDENTIFIED
1	CHC Healthcare Policies and Procedures, Confidential -- Subject to Protective Order	38
2	CHC Healthcare Policies and Procedures, Confidential -- Subject to Protective Order	29
3	CHC Clinical Protocols, Confidential -- Subject to Protective Order	40
4	CHC Healthcare Policies and Procedures, Confidential -- Subject to Protective Order	40
5	CHC Healthcare Policies and Procedures, Confidential -- Subject to Protective Order	42
6	CHC Healthcare Policies and Procedures, Confidential -- Subject to Protective Order	49
7	CHC Healthcare Policies and Procedures, Confidential -- Subject to Protective Order	51
8	CHC Healthcare Policies and Procedures, Confidential -- Subject to Protective Order	54

(EXHIBIT INDEX CONTINUED)

1		
2		
3	9 CHC Healthcare Policies and Procedures,	
4	Confidential -- Subject to Protective Order	55
5	10 CHC Healthcare Policies and Procedures,	
6	Confidential -- Subject to Protective Order	57
7	11 CHC Healthcare Policies and Procedures,	
8	Confidential -- Subject to Protective Order	58
9	12 CHC Healthcare Policies and Procedures,	
10	Confidential -- Subject to Protective Order	63
11	13 CHC Healthcare Policies and Procedures,	
12	Confidential -- Subject to Protective Order	63
13	14 CHC Clinical Protocols, Confidential -- Subject	
14	to Protective Order	64
15	15 CHC Clinical Protocols, Confidential -- Subject	
16	to Protective Order	65
17	16 CHC Clinical Protocols, Confidential -- Subject	
18	to Protective Order	66
19	17 Clinical Protocols, Confidential -- Subject	
20	to Protective Order	67
21	18 CHC Clinical Protocols, Confidential -- Subject	
22	to Protective Order	72
23	19 CHC Healthcare Policies and Procedures,	
24	Confidential -- Subject to Protective Order	73
25		

(EXHIBIT INDEX CONTINUED)

20 Fremont County Sheriff's Office Booking Report	90
21 April 2014 Calendar	94
22 Fremont County Sheriff's Office Inmate Property List Report	146

P R O C E E D I N G S

VIDEO TECHNICIAN: This is the video recorded deposition of Monica Doughty. The date is August 24th, 2016. The time is 9:06 a.m. and we are now on the record.

If the attorneys attending this deposition will please announce their name for the record.

MR. O'CONNELL: This is Ed Budge, attorney for the plaintiff, the estate of John Patrick Walter.

MR. TIEMEIER: This is Greg Tiemeier on behalf of Defendant CHC and the nurses.

MR. O'CONNELL: William T. O'Connell for the Fremont County defendants.

MR. BUDGE: We have agreed that if one defendant's counsel objects, that it will count as an objection for both sets of defendants.

MONICA DOUGHTY,
having been first duly sworn, testified as follows:

EXAMINATION

BY MR. BUDGE:

Q. Good morning, Ms. Doughty.

A. Good morning.

Q. My name is Ed Budge and I represent the estate of John Patrick Walter as you know in a case against Correctional Healthcare Companies, et al. arising from

09:06 1 Mr. Walter's confinement and death in the Fremont County
2 Detention Center in Canyon City, Colorado in April of
3 2014.

4 Could you please state your name and your
09:07 5 address for the record.

6 A. Monica Doughty. My address is 106 PR 2453,
7 Decatur, Texas 76234.

8 Q. Thank you.

9 Ms. Doughty, did you used to work as a nurse
09:07 10 for Correctional Healthcare Companies of the Fremont
11 County Detention center in Canyon City, Colorado?

12 A. Yes.

13 Q. Before I get into the substantive areas of my
14 questioning I should go over a few things on the record.
09:07 15 Today is Wednesday, August 24th, 2016 and we are in
16 Dallas, Texas at the office of continental Court
17 Reporters for your videotaped deposition. Here in the
18 room is the court reporter, the videographer, the
19 attorney for the CHC defendants and CHC providers as well
09:07 20 as the attorney for the Fremont County defendants.

21 Are you here today pursuant to a subpoena that
22 you received?

23 A. Yes.

24 Q. I would like to make sure that you have an
09:08 25 understanding of the process today. This procedure is

09:08 1 called a deposition, and during the deposition I'll be
2 asking you a variety of questions. The questions are
3 being put to you under oath just as if you had taken an
4 oath in a court of law.

09:08 5 Do you understand that?

6 A. Yes.

7 Q. The function of the court reporter who's seated
8 to your right is to transcribe my questions and also your
9 answers so there's a permanent record of the questions
09:08 10 that I ask and the answers that you give.

11 Do you understand that?

12 A. Yes.

13 Q. This deposition is also being video and audio
14 recorded.

09:08 15 Do you understand that?

16 A. Yes.

17 Q. All right. It's important for us to do our
18 best to speak clearly so that there is an accurate
19 transcription of the questions that I ask and the answers
09:08 20 that I get. We are doing pretty good so far, but as we
21 go on you should do your best to wait until I finish a
22 question before you provide an answer and I'll do my best
23 to wait until you finish your answer before I ask the
24 next question.

09:09 25 Does that sound agreeable?

09:09 1 A. Yes.

2 Q. Occasionally, one of the lawyers may object to
3 a question that I ask. When that happens you will
4 generally be required to answer the question despite the
09:09 5 objection unless there is an instruction to the contrary.
6 It's my goal to ask questions today that are clear to
7 you. If.

8 I ask a question that you do not understand
9 please ask me to clarify the question for you or rephrase
09:09 10 it so that you can understand it, okay?

11 A. Okay.

12 Q. And if you need a break at any time please just
13 let me know and I'll be happy to take that break so long
14 as it's not between a question and an answer, all right?

09:09 15 A. All right.

16 Q. And, finally, I need to know whether there is
17 any reason that you can think of such as medications that
18 you might be taking or an illness that you might be
19 suffering from or anything else that I should be aware of
09:10 20 that could interfere with your ability to give truthful
21 sworn testimony today.

22 Is there anything that you can think of why you
23 would not be able to give your best testimony today?

24 A. No.

09:10 25 Q. Okay. Before I ask you about your work for CHC

09:10 1 at the Fremont County jail in Canyon City I would like to
2 start off by asking you some background questions.

3 First of all, what medical licenses or
4 certificates do you hold?

09:10 5 A. I hold a LVN license in the State of Texas. I
6 hold a -- I'm IV certified --

7 Q. Okay.

8 A. -- in Colorado and my Colorado license is still
9 current.

09:10 10 Q. All right.

11 A. And I also hold the CPR.

12 Q. And what does LVN stand for?

13 A. Licensed vocational nurse.

14 Q. And so do you hold a license to be a licensed
09:11 15 vocational nurse both in Texas and also in Colorado?

16 A. Well, Texas and Colorado are a compact state.

17 Q. Okay. And how long have you been licensed as a
18 licensed vocational nurse?

19 A. Since May of '97.

09:11 20 Q. Could you summarize your educational background
21 for us, please?

22 A. From the beginning?

23 Q. Well, let's say after high school, any post
24 high school education that you may have received.

09:11 25 A. I waited until I was 41 and then I went and

09:12 1 started going to college at North Central Texas College
2 for approximately two and a half years, and that's pretty
3 much all I have gone.

4 Q. All right. And did you receive an associate's
09:12 5 degree?

6 A. I didn't receive an associate's degree. I was
7 in a licensed vocational nursing program and got a
8 certificate for my license.

9 Q. And what year did you finish your schooling at
09:12 10 North Central Texas?

11 A. '97.

12 Q. Okay. So how long have you worked in the
13 nursing profession, then?

14 A. Since '97.

09:12 15 Q. Have you worked continuously since 1997 without
16 any breaks let's say of more than a year or so?

17 A. Yes.

18 Q. Okay. Could you please give me an overview of
19 your career in the nursing field and tell me where you
09:13 20 have worked as a licensed vocational nurse, and if you
21 can remember approximately when you worked at the
22 different places?

23 A. I started out when I graduated in the newborn
24 nursery at Gainesville Memorial Hospital, which is in
09:13 25 Texas, and then I moved to Denton Community Hospital in

09:13 1 Denton and worked the med-surg floor.

2 Then from there I went to Cook Children's
3 Physician Network and worked for Dr. David Goff and
4 Associates in a pediatric clinic and that was also in
09:13 5 Denton, and I was there until 2001.

6 And then I moved to Colorado and I went to work
7 at the El Paso County jail in June of 2001. I worked
8 there for approximately maybe 11 months and I bought a
9 home. Then I started working at St. Thomas More Hospital
09:14 10 in Canyon City and I stayed only like 11 months maybe and
11 I went back to the El Paso County jail. I think I worked
12 there for like a total of seven and a half years.

13 Somewhere in there I got on at Colorado
14 Department of Corrections and -- well, it was in '03. I
09:15 15 think it was after I had left St. Thomas More hospital
16 before I went back, but I only stayed three months. I
17 didn't care for it at all. And then I worked at El Paso
18 County jail until 2010, and then I went to Cheyenne
19 Mountain Re-Entry Center.

09:15 20 Q. I'm sorry. Cheyenne Mountain --

21 A. -- Re-Entry Center.

22 Q. Okay.

23 A. And I left there in probably the summer of
24 2013, July maybe, and went to the Fremont County jail,
09:16 25 and then I left the Fremont County jail and went back to

09:16 1 Cheyenne Mountain Re-Entry Center.

2 Q. Approximately when did you leave the
3 Fremont County jail?

4 A. I think it was September of 2014.

09:16 5 Q. All right. And then you went back to the
6 Cheyenne Mountain Re-Entry Center?

7 A. Yes.

8 Q. And from there?

9 A. I -- I left Cheyenne Mountain Re-Entry Center
09:17 10 in December of 2015.

11 Q. Okay. Are you working in nursing now?

12 A. Yes.

13 Q. All right. And what is your present position?

14 A. I'm employed at the Wise County jail in
09:17 15 Decatur, Texas.

16 Q. Oh, okay. That was a good overview. Let me
17 just see if I can clarify just a little bit of
18 information.

19 Between 1997 and 2001 it sounds as if you were
09:17 20 working as a nurse but not in the area of correctional
21 nursing.

22 A. Right.

23 Q. All right. And then was your job at the
24 El Paso County jail in approximately June of 2001 your
09:18 25 first job in correctional nursing?

09:18 1 A. Yes.

2 Q. And you worked there for the initial stint --
3 let's say a little bit less than a year -- before taking
4 a job at St. Thomas Hospital in Canyon City, Colorado; is
09:18 5 that correct?

6 A. Yes.

7 Q. And from there was -- was that job in
8 correctional nursing or --

9 A. No.

09:18 10 Q. All right. And it sounds as if -- if my math
11 is correct that you may have left St. Thomas Hospital in
12 approximately 2003 or so.

13 Does that sound about right?

14 A. Pretty close --

09:18 15 Q. Okay.

16 A. -- yes.

17 Q. And have all of your jobs in nursing since 2003
18 been in the area of correctional nursing?

19 A. Yes.

09:19 20 Q. Okay. So you had an additional lengthy period
21 of time where you worked at the El Paso County jail; is
22 that correct?

23 A. Yes.

24 Q. And you worked very briefly at the Colorado
09:19 25 Department of Corrections as a correctional nurse as

09:19 1 well; is that right?

2 A. Yes.

3 Q. And you also worked at the Cheyenne Mountain
4 Re-Entry Center as a correctional nurse; is that correct?

09:19 5 A. Yes.

6 Q. Is that a Colorado State facility?

7 A. It's a private prison for the Colorado
8 Department of Corrections.

9 Q. I see.

09:19 10 Where is that located?

11 A. It's in Colorado Springs.

12 Q. Okay. And then you took the job at the Fremont
13 County jail in approximately the summer of 2013; is that
14 right?

09:20 15 A. Yes.

16 Q. And then you left the Fremont County jail a
17 little bit more than a year after you took the job in
18 approximately September of 2014; is that right?

19 A. Yes.

09:20 20 Q. Okay. And now you are working at the
21 Wise County jail in -- is it Denton, Texas?

22 A. Decatur.

23 Q. Decatur.

24 I would like to focus for my next series of
09:20 25 questions on the nature of the work that you did at the

09:20 1 Fremont County jail in Canyon City.

2 First of all, when you worked at the Fremont
3 County jail in Canyon City were you working as an
4 employee for a company called Correctional Healthcare
09:21 5 Companies or CHC for short?

6 A. Yes.

7 Q. Was the Fremont County jail job the first time
8 you had been working for CHC, or had you worked for CHC
9 at another facility such as the El Paso County jail, for
09:21 10 example?

11 A. I had.

12 Q. All right. So the El Paso county jail was
13 operated by Correctional Healthcare Companies?

14 A. It could have been listed under a different
09:21 15 name back then.

16 Q. Okay. All right. Such as Correctional
17 Healthcare Management?

18 A. Yes.

19 Q. Okay.

09:22 20 A. CHM.

21 Q. Have you worked for any CHC or CHM other than
22 the Fremont County jail and potentially the El Paso
23 County jail?

24 A. No.

09:22 25 Q. Okay. What led up to your decision to take the

09:22 1 job at the Fremont County jail in Canyon City?

2 How did you --

3 A. When --

4 Q. -- come to be employed there?

09:22 5 A. When I worked in The Springs I spent -- I
6 stayed in a hotel when I worked because of where I lived,
7 and the Fremont County jail was like 20 something miles
8 from my house. And my husband had had a hip replacement
9 that had left him with nerve damage and I needed to be
09:22 10 home at night to help him get around, so that's why I
11 went to the Fremont County jail.

12 Q. All right. So the Fremont County jail was much
13 more conveniently located than the El Paso County jail?

14 A. Correct.

09:23 15 Q. And is the El Paso County jail located in
16 Colorado Springs?

17 A. Yes.

18 Q. So when you worked at the Fremont County jail
19 were you living near to Canyon City?

09:23 20 A. I lived like 29 miles from the jail.

21 Q. What town did you live in?

22 A. I didn't live in a town, but my address was
23 Cotopaxi.

24 Q. All right. I'm going to again ask you some
09:23 25 more detailed questions about your employment in a moment

09:23 1 but just to clarify, you worked as a nurse at the
2 Fremont County jail from approximately June of 2013 to
3 September of 2014; is that right?

4 A. Yes.

09:24 5 Q. And you were working as a nurse at the
6 Fremont County jail in April of 2014 in the general
7 timeframe when John Patrick Walter was confined in that
8 jail?

9 A. Yes.

09:24 10 Q. Did you work a regular schedule of certain days
11 of the week?

12 A. Yes.

13 Q. To the best of your recollection what was your
14 schedule?

09:24 15 A. I worked Sunday, Monday, and Tuesday.

16 Q. And was that always the case during the course
17 of your work at the Fremont County jail?

18 A. Yes.

19 Q. And what hours did you work Sunday, Monday, and
09:24 20 Tuesday?

21 A. I worked 12-hour shifts. I think I started at
22 7:00 in the morning until 7:30 at night.

23 Q. Okay. And then you had the balance of the week
24 off?

09:25 25 A. Yes.

09:25 1 Q. All right. So although you only worked three
2 days a week it was a full-time job?

3 A. Yes.

4 Q. Okay. During your work as a nurse at the
09:25 5 Fremont County jail did you come to know who James Beiker
6 was?

7 A. Yes.

8 Q. Did you understand Mr. Beiker to be the county
9 sheriff?

09:25 10 A. Yes.

11 MR. BUDGE: And that's spelled
12 B-E-I-K-E-R.

13 Q. (By Mr. Budge) Did you also come to know who
14 Ty Martin was?

09:25 15 A. Yes.

16 Q. Did you understand Ty Martin to be the
17 undersheriff?

18 A. Yes.

19 Q. And did you also come to know a woman named
09:25 20 Kathy Maestas?

21 A. Yes.

22 Q. Who was Kathy Maestas?

23 A. She was the supervisor in medical.

24 Q. Was she also a nurse?

09:25 25 A. Yes.

09:26 1 Q. Was Kathy Maestas your boss at the
2 Fremont County jail?

3 A. Yes.

4 Q. To your understanding was Kathy Maestas like
09:26 5 you, an employee of CHC?

6 A. Yes.

7 Q. Did Kathy Maestas have the title of Health
8 Services Administrator?

9 Is that a title that's familiar to you?

09:26 10 A. Yes.

11 Q. Is that the title she had?

12 A. Yes.

13 Q. Okay. And is that referred to as the HSA for
14 short?

09:26 15 A. Yes.

16 Q. What was your understanding so far as you
17 observed it of the duties and responsibilities of
18 Kathy Maestas as the HSA at the Fremont County jail?

19 What -- what did she do?

09:26 20 What was her role?

21 A. I mean, I'm not really sure. I mean, I never
22 was told what her role was.

23 Q. Well --

24 A. I mean --

09:27 25 Q. -- let me ask a more specific question.

09:27 1 Was Ms. Maestas the one in charge of health
2 care for the inmates at the Fremont County jail?

3 A. Yes.

4 Q. And was she the supervisor of the other nurses
09:27 5 on-site at the Fremont County jail?

6 A. Yes.

7 Q. And was Kathy Maestas the person to whom you
8 reported?

9 A. Yes.

09:27 10 Q. And was Kathy Maestas the person from whom you
11 were required to take direction?

12 A. Yes.

13 Q. Did Kathy Maestas call the shots, so to speak,
14 when it came to determining the health care that inmates
09:27 15 received at the Fremont County jail?

16 A. Yes.

17 Q. Did Kathy Maestas make the final determinations
18 about the nature and type of medical care to be provided
19 to inmates at the Fremont County jail?

09:28 20 A. Yes.

21 Q. All right. Ms. Doughty, at some point did you
22 go to Sheriff Beiker and Undersheriff Martin and tell
23 will them in substance that you feared that people at the
24 jail were going to die because of Kathy Maestas?

09:28 25 A. Yes.

09:28 1 Q. What was it about Kathy Maestas that made you
2 decide to go to the sheriff and undersheriff and express
3 your concerns about her?

4 A. Well, the one particular day that I did go and
09:28 5 talk to them we had had a inmate that had been sent out
6 because he had a broke hip. And I think it was an old
7 fracture but Dr. Patterson, the orthopedic doctor, was
8 needing to know -- I mean, Mr. -- I can't remember the
9 inmate's name but he was in the hospital. They had sent
09:29 10 him out and Dr. Patterson was waiting to find out: Do
11 you-all want me to do surgery on him or send him back to
12 the jail?

13 And I couldn't make that call. That wasn't my
14 place to say, Yes, do surgery on him. And I tried to
09:29 15 call Kathy and she has two different numbers and she
16 wouldn't return my calls all morning, and so -- and it
17 had kind of been known that she wouldn't answer calls
18 coming out of medical, but if one of the officers up
19 front would call she would answer their phone calls.

09:30 20 So, finally, this one deputy, he came in and
21 asked me, Well, have you heard anything from Kathy yet?
22 And I said no. And he said, Well, let me go call up
23 front, and he did and she answered. And, I mean, I had
24 been trying to get ahold of her all day. The doctor had
09:30 25 already called twice and -- I mean -- so that's the

09:31 1 way --

2 Q. Had you had issues with Kathy Maestas being
3 unresponsive to inmate healthcare needs prior to this
4 time that had sort of been building up?

09:31 5 A. I've had -- I can't remember anything really
6 outstanding as that, you know.

7 Q. Let me ask you some very specific questions.

8 From what you observed were there occasions
9 where Kathy Maestas was neglectful of inmate medical
09:31 10 needs?

11 A. I would say yes.

12 Q. Can you tell us in general terms why you say
13 that?

14 A. Well, mainly just on our diabetics, because we
09:32 15 had protocols that on all insulin dependent diabetics
16 that were on insulin they got evening snacks, you know,
17 for if their blood sugars dropped during the night they
18 have food there to eat, and she would -- she wouldn't let
19 us issue anybody a diabetic snack the whole time I was
09:32 20 there. They didn't -- they didn't do that, but --

21 Q. Was there a medical reason or justification
22 that you knew of --

23 A. No.

24 Q. -- for why?

09:32 25 A. No.

09:32 1 Q. Were there occasions where Ms. Maestas would
2 not provide inmates with necessary medications?

3 A. I can't recall any.

4 Q. All right. Were there ever occasions where in
09:33 5 your professional judgment inmates needed to be
6 transported to the hospital for treatment where
7 Kathy Maestas would not approve the transport?

8 MR. TIEMEIER: Object to lack of
9 foundation.

09:33 10 A. I can't recall any.

11 Q. (By Mr. Budge) Okay. Did Ms. Maestas ever
12 exceed the scope of her practice by making medical
13 decisions that required the attention of a provider with
14 a higher level of medical license from your observation?

09:34 15 MR. TIEMEIER: Object to lack of
16 foundation.

17 A. Yes.

18 Q. (By Mr. Budge) Could you please tell us about
19 that?

09:34 20 A. If we would see an inmate that had a possible
21 abscess or a boil or something similar to that you were
22 told to put them on a certain antibiotic and write the
23 order for it and the PA would sign off on it when he came
24 in.

09:34 25 Q. And how was that exceeding the scope of her

09:34 1 license?

2 A. An LVN does not have a license to write an
3 order.

4 Q. I see.

09:35 5 So from your observation was Ms. Maestas simply
6 writing the orders and instituting a course of treatment
7 beyond the scope of her license and then later it would
8 be approved by the physician's assistant?

9 A. Correct.

09:35 10 Q. What was the recordkeeping --

11 MR. TIEMEIER: I'm sorry. I didn't hear
12 that answer.

13 THE WITNESS: Correct.

14 MR. TIEMEIER: Okay.

09:35 15 Q. (By Mr. Budge) What was the recordkeeping
16 system like at the Fremont County jail with regard to
17 inmate medical needs?

18 Was it adequate in your view?

19 A. It was -- yes.

09:35 20 Q. All right. Did inmates ever complain to you
21 that their medical needs were not being met by
22 Kathy Maestas?

23 A. Yes.

24 Q. Did corrections officers or non-medical jail
09:36 25 staff ever complain to you that inmate medical needs were

09:36 1 not being met by Ms. Maestas?

2 A. Yes.

3 Q. Did anybody associated with jail management
4 such as the sheriff, undersheriff, or Commander Rankin
09:36 5 ever complain that inmate medical needs were not being
6 met by Kathy Maestas?

7 A. No.

8 Q. What was the reaction of Sheriff Beiker when
9 you went to him and said something to the effect that you
09:36 10 feared that Kathy Maestas was going to kill someone at
11 the jail?

12 A. He just pretty much sat there and listened --
13 he -- you know. There really wasn't much of a reaction.

14 Q. Did Undersheriff Martin react to what you said,
09:37 15 and if so, how did he react?

16 A. He didn't. He just listened. I mean, I don't
17 remember what Sheriff Beiker said, but Undersheriff
18 Martin -- he -- he just listened.

19 Q. Where did that conversation take place?

09:37 20 A. In Undersheriff Martin's office.

21 Q. Did you go there for the purpose of talking
22 with them about Ms. Maestas?

23 A. Yes.

24 Q. How would you describe Ms. Maestas's management
09:38 25 style with regard to her supervision over you?

09:38 1 A. I didn't -- I didn't see her a lot, you know.
2 We worked opposite days. There was one day, for
3 instance, that they were calling me at home to cover a
4 shift because she was a no-call, no-show.

09:38 5 Q. So you didn't have a lot of interaction with
6 her on a daily basis?

7 A. No.

8 Q. Were there times when you needed to get her
9 approval to do something or institute some type of
09:39 10 medical treatment?

11 A. Yes.

12 Q. And if you needed to get her approval to
13 institute some type of medical treatment how -- how did
14 you -- what was the procedure for contacting her?

09:39 15 A. I would call her on the phone.

16 Q. And was she readily available?

17 A. No.

18 Q. Was it consistently difficult to get ahold of
19 her?

09:39 20 A. Yes. We had a pass-on log that we could write
21 stuff on.

22 Q. Okay. What does that mean, a pass-on log?

23 A. That was just like a white tablet on the desk
24 that you can write your concerns on.

09:40 25 Q. And did you make use of that?

09:40 1 A. Yes.

2 Q. Did you make use of that because you were not
3 able to get ahold of her sometimes?

4 A. Yeah. I mean, like if you needed something to
09:40 5 be done like the next day like, you know, say a
6 particular lab or something you could write that on, you
7 know. It's just a general pass-on log that if you
8 couldn't speak in person you could write it on that --

9 Q. Would --

09:40 10 A. -- pass-on log.

11 Q. Were there --

12 A. And the next nurse can come in and read that
13 pass-on log.

14 Q. All right.

09:40 15 A. It's from one nurse to the other.

16 Q. Okay.

17 A. It's not a medical record or anything.

18 Q. But it sounds as if there were times where you
19 needed to get in touch with Ms. Maestas and speak with
09:41 20 her verbally; is that correct, concerning inmate medical
21 needs?

22 A. Yes.

23 Q. All right. And would Kathy Maestas call you
24 back?

09:41 25 A. I mean, there were times that she did and then

09:41 1 there were times that she didn't.

2 Q. What did -- what did you do during those times
3 where she would not call you back and you needed
4 information or approval or direction with regard to
09:41 5 inmate medical needs?

6 A. I would just handle the situation the best I
7 could, you know.

8 Q. Did you ever work the same shift as
9 Kathy Maestas?

09:41 10 A. When I first started there just training.

11 Q. And for how many days would you have worked the
12 same shift?

13 A. I don't recall.

14 Q. But after your initial hire did you ever work
09:42 15 the same shift as Kathy Maestas?

16 A. No. We only worked one nurse a shift.

17 Q. And so, therefore, you were never in a position
18 to directly observe her interaction with inmates; is that
19 correct?

09:42 20 A. Other than right at first.

21 Q. Okay. Could you tell me a little bit about
22 what concerns were expressed by correctional staff with
23 regard to Ms. Maestas's attentiveness to inmate medical
24 needs?

09:42 25 A. I don't recall any particular situation.

09:42 1 Q. What led to giving the answer that you recall
2 information from jail staff expressing concerns about
3 Ms. Maestas in general?

4 What do you recall?

09:43 5 A. I don't recall. I can just remember officers,
6 you know, making state -- mainly likely the blood sugars,
7 them dropping, and then they not having the snack. So
8 then at night the officers deal with the low blood
9 sugars.

09:43 10 Q. The officers were dealing with the low blood
11 sugars?

12 A. Well, at night when the inmates would complain
13 that their blood sugars are low the officers would have
14 to check the blood sugars.

09:43 15 Q. Non-medical licensed officers checking inmate
16 blood sugars?

17 A. Correct, because medical is not on staff 24/7.

18 Q. So at the Fremont County jail when was the jail
19 staffed by a medical person and when was the jail not
09:44 20 staffed by a medical person?

21 A. The jail was staffed with medical from 7:00 in
22 the morning until 7:30 in the morning.

23 Q. And from 7:30 in the evening until 7:00 in the
24 morning there was no medical person on staff?

09:44 25 A. Correct.

09:44 1 Q. Approximately how many inmates were in that
2 jail on an average day?

3 A. I would say 200 in that area.

4 Q. Did it end up that corrections officers were
09:44 5 making medical judgments from 7:30 p.m. until 7:00 in the
6 morning when a medical person came on staff?

7 MR. TIEMEIER: Object to lack of
8 foundation.

9 A. They -- they had a typed up sheet from medical
09:45 10 that if the blood sugar was so low -- and I -- and I
11 can't remember like the parameters of it -- they're to do
12 this or that. You know, like if it falls below 60 you
13 give so many glucose tabs or --

14 Q. (By Mr. Budge) Did Ms. Maestas to your
09:45 15 observation have a romantic relationship with the
16 commander of the jail, Commander Rankin?

17 A. Yes.

18 Q. Was there another nurse at the jail named
19 Stephanie Repshire?

09:46 20 A. Yes.

21 Q. And was she also required to follow
22 Kathy Maestas's directives with regard to inmate care?

23 In other words, was she under Kathy Maestas?

24 A. Yes.

09:46 25 Q. What did you observe if anything of the working

09:46 1 relationship between Ms. Repshire and Ms. Maestas?

2 A. Well, I didn't see them work together
3 because --

4 Q. Did you ever express any concerns or say
09:47 5 anything to Ms. Repshire about Ms. Maestas?

6 A. No.

7 Q. What role did PA Roy Havens play with regard to
8 inmate health care at the jail?

9 A. He came in once a week normally and usually in
09:47 10 the evening.

11 Q. Do you know which day he came in, or was there
12 a set day?

13 A. Not necessarily a set day.

14 Q. Did Mr. Havens see inmates directly?

09:47 15 A. If we had somebody that he -- that needed to be
16 seen he would, but a lot of times he would just sign off
17 on the charts.

18 Q. Other than PA Roy Havens one day a week and
19 then Kathy Maestas, Stephanie Repshire, and yourself was
09:48 20 there any other medical person on-site at the
21 Fremont County jail?

22 A. There was a mental health lady.

23 Q. Sharon Allen?

24 A. Yes.

09:48 25 Q. How often did she come in?

09:48 1 A. I can't recall if it was just once a week or --

2 Q. You are not sure?

3 A. Not sure.

4 Q. And other than Ms. Allen and then Ms. Repshire
09:48 5 and Ms. Maestas and PA Havens and yourself was there any
6 other medical person on-site at the Fremont County jail?

7 A. They had a mental health tech that came in. I
8 don't know -- I don't recall their set -- was it once a
9 week or every two weeks.

09:49 10 Q. Somebody in addition to Sharon Allen?

11 A. Yes.

12 Q. Who was this person?

13 A. At one time there was a lady named Denise.

14 Q. Do you know her last name?

09:49 15 A. I don't recall what it was.

16 Q. Do you know when she worked there?

17 A. She worked there when I did.

18 Q. Do you know how often she appeared at the jail?

19 A. I think she was coming once a week.

09:50 20 Q. Do you know what her -- if she had any other
21 employment or any other job besides coming to the
22 Fremont County jail once a week?

23 A. She did.

24 Q. What was that?

09:50 25 A. She worked at Cheyenne Mountain Re-Entry

09:50 1 Center.

2 Q. Okay. Was there any other medical person that
3 came to the Fremont County jail other than the people
4 that we have discussed?

09:50 5 A. No.

6 Q. Who was Raymond Herr?

7 A. He was the doctor that -- the head of CHC.

8 Q. And what was his role and involvement with
9 providing inmate care at the Fremont County jail if any?

09:51 10 A. You could call him if -- if you needed, you
11 know. If you had a problem there at the jail you could
12 always call Dr. Herr.

13 Q. Did Dr. Herr ever come to the jail so far as --

14 A. I have never seen him in person.

09:51 15 Q. Was there a procedure that needed to happen or
16 somebody's approval that was required if an inmate in
17 your judgment should be taken to the hospital?

18 In other words, if you were caring for an
19 inmate and in your judgment the inmate should go to the
09:52 20 hospital for care what procedural hoops did you have to
21 go through in order to make that happen?

22 A. Well, I would notify Kathy.

23 Q. And why would you notify Kathy?

24 A. Because she's the HSA.

09:52 25 Q. And was it required that you notify Kathy

09:52 1 before an inmate was taken to the hospital to get her
2 approval?

3 A. I don't recall if it was required, but -- I
4 mean, I would do it because she was the supervisor.

09:53 5 Q. Were there ever any occasions where in your
6 judgment -- in your professional judgment an inmate
7 required a certain course of care or a certain medical
8 treatment or something of that nature and you sought to
9 inform Ms. Maestas and she overruled you or didn't give
09:53 10 her approval?

11 A. Not that I can recall.

12 Q. Did anybody at CHC or anybody associated with
13 CHC ever provide you with any training on the risks and
14 dangers associated with benzodiazepine withdrawal?

09:54 15 A. No.

16 Q. Did anybody at CHC or associated with CHC ever
17 provide you with any training on the signs and symptoms
18 of benzo withdrawal?

19 A. No.

09:54 20 Q. Were you provided with any training about the
21 different types of benzodiazepine?

22 A. No.

23 Q. Were you provided with any training about the
24 difference between short-acting and long-acting
09:54 25 benzodiazepines?

09:54 1 A. No.

2 Q. Were you provided with any training about the
3 importance of tapering inmates from benzodiazepine
4 medications?

09:54 5 A. No.

6 Q. Were you provided with any training about the
7 importance of medical monitoring of inmates who may be at
8 risk of benzodiazepine withdrawal?

9 A. No.

09:54 10 Q. Were you provided with any training about the
11 importance of taking vital signs for inmates that were
12 withdrawing from benzodiazepines?

13 A. No.

14 Q. Were you provided with any training about how
09:55 15 to manage benzodiazepine withdrawal?

16 A. No.

17 Q. Were you provided with any training about
18 opiate withdrawal?

19 A. No.

09:55 20 Q. Were you provided with any training about
21 alcohol withdrawal?

22 A. No.

23 Q. Were you provided with any training about
24 initial health assessments of incoming inmates?

09:55 25 A. No.

09:55 1 Q. Were you provided with any training about
2 14-day health assessments of inmates?

3 A. No.

4 Q. Were you provided with any training about when
09:55 5 to arrange for inmates to be transported to a hospital?

6 A. No.

7 Q. Okay. I'm now going to ask the court reporter
8 to mark an exhibit, and we'll be doing this a few times
9 during your deposition and these are documents that I'm
09:56 10 going to be asking you some questions about. And before
11 I ask you the question the court reporter is going to put
12 a number on the exhibit so that we know what we are
13 referring to.

14 A. Okay.

09:56 15 (Exhibit 1 marked)

16 Q. (By Mr. Budge) So I have handed you or through
17 the court reporter Exhibit 1 to your deposition which is
18 a document from CHC titled under the subject Health
19 Training for Correctional Officers.

09:56 20 Could you please take a minute and review this
21 document and let me know if you have ever seen this
22 before?

23 A. No.

24 Q. Were you ever trained on this policy?

09:57 25 A. No.

09:57 1 Q. If I could draw your attention to Section 1B
2 which is right there on the first page under B where it
3 says policy statement. Yes, where it says: The RHA will
4 establish a training program in cooperation with the
09:58 5 facility administration to guide health-related training
6 for security staff who work with patients, and then it
7 goes on to describe the procedure for that.

8 Let me just ask you: Did you ever see any
9 evidence of a training program by CHC or CHC personnel to
09:58 10 guide health-related training for security staff?

11 A. Not that I recall.

12 MR. TIEMEIER: I'm sorry. Not --

13 THE WITNESS: Not that I recall.

14 (Exhibit 2 marked)

09:58 15 Q. (By Mr. Budge) Okay. Now I'm going to hand you
16 Exhibit No. 2 to your deposition which is another
17 document --

18 MR. TIEMEIER: Thank you.

19 Q. (By Mr. Budge) -- which bears Production
09:59 20 No. 82 through 38 in the lower right-hand corner. This
21 is a policy on the subject of medication administration
22 training.

23 Were you ever trained on this policy?

24 A. I was trained on how to go through all the
10:00 25 units in the jail and I was trained on how when I pass

10:00 1 meds -- when I give an inmate the med I document on the
2 MAR that I gave it, yes.

3 Q. Okay.

4 (Exhibit 3 marked)

10:01 5 Q. (By Mr. Budge) And now I'm handing you
6 Exhibit 3 to your deposition which is a document that
7 bears Production Nos. 88 through 89 in the lower
8 right-hand corner on the subject of medication
9 guidelines.

10:01 10 Were you ever trained on this policy?

11 A. No.

12 Q. And if I could draw your attention to the
13 section about halfway down the first page under 2B where
14 it says: If the patient is refusing medications a note
10:03 15 to this effect should be charted and the patient should
16 sign a refusal of treatment form.

17 Were you ever trained about that?

18 A. No.

19 Q. Okay.

10:03 20 (Exhibit 4 marked)

21 Q. (By Mr. Budge) And now I'm going to hand you
22 Exhibit 4 to your deposition, another policy bearing
23 Production Nos. 92 to 93 in the lower right-hand corner.
24 This is a policy on orientation for health staff.

10:04 25 Could you tell me whether you have ever seen

10:04 1 this policy before?

2 MR. TIEMEIER: Ed, we have been going
3 about an hour.

4 Could we take a break when you are done
10:04 5 with this?

6 MR. BUDGE: Yes.

7 MR. TIEMEIER: Thank you.

8 A. No.

9 Q. (By Mr. Budge) okay. Let me just ask a couple
10:04 10 of follow-up questions before we take a break. There is
11 a section here under 2A that describes the basic
12 orientation to be provided on the first day of
13 employment.

14 Do you see that down under Section 2E?

10:05 15 A. Okay.

16 Q. Did you receive basic orientation as described?

17 A. Yes.

18 Q. Okay. And then there is a second section that
19 talks about in-depth orientation and then it goes on to
10:05 20 describe the requirements.

21 Did you receive in-depth orientation after
22 basic orientation?

23 A. No.

24 Q. Okay. All right.

10:05 25 MR. BUDGE: Let's go ahead and take that

10:05 1 break that you asked for, Greg.

2 MR. TIEMEIER: Okay.

3 VIDEO TECHNICIAN: The time is 10:06 a.m.
4 We are off the record.

10:05 5 (Recess from 10:06 to 10:12)

6 VIDEO TECHNICIAN: The time is 10:12 a.m.
7 We're back on the record.

8 (Exhibit 5 marked)

9 Q. (By Mr. Budge) All right. Ms. Doughty, after
10:11 10 that little break we are going to continue with some
11 exhibits. I'm handing you now what's been marked as
12 Exhibit 5 which is a policy on medication services
13 bearing Production Nos. 102 through 110.

14 Could you take a minute and review that,
10:12 15 please, and let me know if this is a policy that you have
16 seen before?

17 A. I don't recall seeing this. I don't recall
18 seeing this.

19 Q. Were you ever trained on this policy?

10:13 20 A. Yes.

21 Q. Okay. And in particular, drawing your
22 attention to the second page under Section F5 toward the
23 bottom where it says: Patients on medication prior to
24 incarceration, parentheses, bridging policy, I would like
10:13 25 to ask you some questions about this section of the

10:13 1 policy. It says: Patients entering the facility on
2 prescription medication continue to receive the
3 medication in a timely fashion as prescribed, or
4 acceptable alternate medications are provided as
10:13 5 clinically indicated pursuant to the following procedure:
6 a. When a patient indicates at intake that
7 they are on medication health care staff or
8 health-trained security staff shall obtain the following
9 information:
10:14 10 I. The name of the medication;
11 II. The diagnosis for which it was prescribed;
12 III. The dosage and times of administration;
13 IV. When the last dose was taken;
14 V. The prescribing clinician or clinic; and
10:14 15 VI. The pharmacy where it was last obtained.
16 Were you trained about that portion of the
17 policy?
18 A. Yes.
19 Q. And who trained you about that?
10:14 20 Would it have been Kathy Maestas or somebody
21 else?
22 A. I'm going to change my answer.
23 Q. Okay.
24 A. I'm going to say no. That's just -- maybe I
10:14 25 learned it from the El Paso County jail. You just

10:14 1 always --

2 Q. Was it your understanding that these were the
3 policies to be followed when an inmate came into the jail
4 on a medication?

10:15 5 A. Yes.

6 Q. All right. And continuing on to the next page
7 under Section D where it says: Patients who enter the
8 facility on an established and verified as set forth
9 above regimen of medications, especially antipsychotic or
10:15 10 antidepressant medications, shall be continued on this
11 regimen until seen by the responsible physician.

12 Was that your understanding of how it was
13 supposed to work at the Fremont County jail?

14 A. No.

10:15 15 Q. How did it work at the Fremont County jail?

16 A. If they were on narcotics they didn't get them.

17 Q. Tell me about that.

18 A. They were just put in their property.

19 Q. When inmates came into the jail on medications
10:16 20 such as Klonopin were the inmates continued on the
21 Klonopin until seen by a responsible physician?

22 A. Not that I recall.

23 Q. Were inmates bridged according to the bridging
24 policy when they came in with a prescription for a
10:16 25 benzodiazepine medication such as Klonopin?

10:16 1 A. There was a withdrawal protocol that we had up
2 on the board, and if it was alcohol they were put on the
3 alcohol withdrawal protocol and then if it was a benzo or
4 opiate they were put on an opiate withdrawal protocol and
10:17 5 they weren't given their medicines.

6 Q. Was it standard procedure that inmates who came
7 in with benzodiazepine were not given their
8 benzodiazepine medication?

9 A. Correct.

10:17 10 Q. Under Kathy Maestas while you worked at the
11 Fremont County jail were inmates who came in with a benzo
12 bridged according to this policy?

13 A. Meaning did they continue to stay on their
14 benzos?

10:17 15 Q. Correct, until --

16 A. -- seen by a responsible physician?

17 Q. Correct.

18 A. No.

19 Q. Was it standard procedure that their benzos
10:18 20 would be discontinued upon admission to the jail?

21 A. Yes.

22 Q. Was it pol -- was it the case that when an
23 inmate came in on a benzo that there would always be the
24 following information obtained from the inmate: The name
10:18 25 of the medication, the diagnosis for which it was

10:18 1 prescribed, the dosage and times of administration, when
2 the last dose was taken, the prescribing clinician or
3 clinic, and the pharmacy where it was last obtained?

4 Was that done at the Fremont County jail?

10:18 5 A. No.

6 Q. And drawing your attention to Section E in the
7 policy where it says: For medications not on the
8 preferred medication list after the patient is seen by
9 the responsible physician a clinically appropriate
10:18 10 therapeutic equivalent may be substituted, did that
11 happen at the Fremont County jail in the case of
12 benzodiazepines?

13 A. I don't recall.

14 Q. Can you say with certainty that there was
10:19 15 something on the board that talked about a benzodiazepine
16 withdrawal?

17 A. Yes.

18 Q. All right. Now, drawing your attention to
19 Section F toward the bottom of the page that you are
10:19 20 on -- yes -- it states: If a patient brings their own
21 medications to the facility the following additional
22 procedures shall be followed by healthcare staff or if
23 unavailable health-trained security staff:

24 I. The prescription shall be verified as set
10:20 25 forth in II.5.a -- II.F.5.a through e above;

10:20 1 II. The medications must be in pharmacy-issued
2 containers clearly labeled with the patient's name,
3 current prescription date, and other appropriate
4 information;

10:20 5 III. The number of doses of medication of the
6 container shall be counted and compared against the
7 prescribed dosage amounts and date the prescription was
8 filled to determine if the patient has been compliant
9 with the medication -- with the prescribed medication
10:20 10 dosages. Staff shall complete a medication verification
11 form and document the personal medications, quantity, any
12 discrepancies, and the prescribing clinician contacted
13 and the approval or the denial of the medication.

14 With what I have read so far, did that -- did
10:20 15 that policy -- was that policy adhered to at the
16 Fremont County jail?

17 A. We followed all of that but if the med was
18 current and, you know, the doses in that bottle were
19 correct and all of that -- but I don't recall having to
10:21 20 contact the prescribing clinician before we started it.

21 Q. What -- and was the medication started, or
22 would the medication be discontinued if it was a benzo?

23 A. Are you -- no, it wouldn't have been started if
24 it was a benzo.

10:21 25 Q. Okay.

10:21 1 A. I'm talking of just general meds.

2 Q. Did inmates at the Fremont County jail ever get
3 benzos?

4 A. I don't remember any.

10:21 5 Q. If an inmate came in on a benzo would there be
6 a substitute benzo prescribed at the Fremont County jail?
7 Do you ever recall that happening?

8 A. I think maybe at one time we may have had a guy
9 on phenobarb.

10:22 10 Q. Is phenobarb a benzo?

11 A. I would have to doublecheck. I know it's --

12 Q. You will have to speak up just a little bit.
13 I'm sorry.

14 Did you say, I'll have to --

10:22 15 A. I'm not a hundred percent sure, but I know
16 it's -- it's a locked up drug.

17 Q. Lock up meaning --

18 A. -- with a key.

19 Q. So other than this potential occasion where you
10:22 20 have just mentioned can you recall any occasion where an
21 inmate came in with a benzo and there would be a
22 substitute benzo prescribed at the jail?

23 A. No.

24 Q. Inmates at the Fremont County jail just did not
10:23 25 get benzos; is that right?

10:23 1 A. The best that I recall they didn't.

2 Q. Okay.

3 (Exhibit 6 marked)

4 Q. (By Mr. Budge) And I'm going to be handing you
10:23 5 now what's been marked as Exhibit No. 6 to your
6 deposition.

7 Would you please review that and let me know
8 whether you were ever trained on this policy which is
9 entitled Receiving Screening?

10:24 10 A. No, I did not.

11 Q. You were not trained on this policy?

12 A. No.

13 Q. If you look at the requirements section under
14 Section F which is on the second page of this document,
10:25 15 down under Section 6, F6, where it says: Reception
16 personnel using a RHA approved form conduct a basic
17 receiving screening inquiry on -- and then it lists (a)
18 through (n), 14 things that are supposed to be contained
19 within that basic receiving screening including currently
10:26 20 prescribed medications including psychotropic
21 medications, was this policy adhered to at the
22 Fremont County jail?

23 Were all of these things done as part of a
24 receiving screening with all new incoming inmates?

10:26 25 A. The booking deputies done the initial

10:26 1 screening.

2 Q. Do you know if they did all of the things that
3 are required by this policy?

4 A. I know a lot of those questions that are -- or
10:26 5 the things there were on that initial screening.

6 Q. And did the jail healthcare staff do the
7 receiving screening, or was it always done by the
8 deputies?

9 A. The deputies always did it.

10:26 10 Q. Okay. And were the deputies -- did the
11 deputies also do the things indicated in Section 9 toward
12 the end of this Page 9(a) through (f) documenting or
13 recording their observation of the patient on the
14 receiving screening form: Appearance, behavior, state of
10:27 15 consciousness, ease of movement, breathing, skin, or do
16 you know?

17 A. I don't recall.

18 Q. And under Section 15 toward the end of this
19 document it states: Prescribed medications are reviewed
10:27 20 and appropriately maintained according to the medication
21 schedule the patient was following before admission in
22 accordance with policy D-02, medication services.

23 Was that done in the Fremont County jail?

24 A. The new intakes that would come in, medical
10:27 25 would get those, and they would be just little packets

10:27 1 like this (indicating).

2 Q. They would get the form that the receptionist
3 personnel filled out?

4 A. Correct.

10:28 5 Q. Okay.

6 A. And we would review them.

7 Q. Okay. And --

8 A. And we would sign off on them down on the
9 bottom.

10:28 10 Q. So whatever they said was what you signed off
11 on?

12 A. Correct.

13 Q. In the case of benzodiazepines were the
14 prescribed medications maintained according to the
10:28 15 medication schedule the patient was following before
16 admission?

17 A. Do you mean were they continued if they said
18 they were on Klonopin?

19 Q. Correct.

10:28 20 A. No.

21 Q. Okay.

22 (Exhibit 7 marked)

23 Q. (By Mr. Budge) I'm handing you now what's been
24 marked Exhibit 7 to your deposition.

10:29 25 Is this a document that you have seen before?

10:30 1 A. I think I have seen this before.

2 Q. Were with you trained on this policy?

3 A. No.

4 Q. The subject of the policy is initial health
 10:30 5 assessments and it bears Production Nos. 128 through 132
 6 in the lower right-hand corner. I'll direct your
 7 attention to the language on the first page under the
 8 policy, Section IB, where it states: All patients shall
 9 have a health assessment performed by a qualified health
 10:30 10 care professional as soon as possible but no later than
 11 14 calendar days after the patient's admission to the
 12 facility to assess and plan for meeting the health needs
 13 of the patient, and then the policy goes on to state what
 14 these health assessments are supposed to consist of and
 10:31 15 give other details about them.

16 Under Kathy Maestas when you worked at the
 17 Fremont County jail were the initial health assessments
 18 required by the policy actually done for all inmates?

19 A. Not that I recall.

10:31 20 Q. And directing your attention to the language on
 21 the second page under requirements where it begins: All
 22 patients receive a health assessment as soon as possible
 23 but no later than 14 calendar days after the patient is
 24 admitted at the facility, and then it goes on under
 10:32 25 Section 3 to describe what that initial health assessment

10:32 1 shall include at a minimum: A review of the receiving
2 screening results, a qualified healthcare professional
3 collecting additional data to complete the medical,
4 dental if applicable, and mental health histories taken
10:32 5 at the receiving screening and subsequent encounters;

6 (c) vital signs (height, weight, pulse,
7 temperature, respiration and blood pressure) taken and
8 recorded by a qualified healthcare professional and then
9 the physical examination described in Section (d).

10:32 10 Did this initial health assessment as described
11 occur in the case of detainees at the Fremont County
12 jail?

13 A. Not that -- not while I was there.

14 Q. Okay. And then drawing your attention to the
10:33 15 last page under training where it says under 6a --
16 actually, the last page of the exhibit. I think you are
17 on the second to last page. Whoops. The other
18 direction.

19 MR. TIEMEIER: Did you say 6a?

10:33 20 MR. BUDGE: Yes, under Section --

21 MR. TIEMEIER: That isn't the second to
22 last page.

23 MR. BUDGE: Oh, my mistake. I apologize.
24 You are right.

10:34 25 Q. (By Mr. Budge) 6a. It says Training:

10:34 1 Qualified health care professionals performing physical
2 examinations as set forth above shall receive training
3 approved or provided by the responsible physician.
4 Documentation of this training shall be maintained by the
10:34 5 HSA/Site Supervisor.

6 Did you receive that training?

7 A. No. No. Excuse me.

8 (Exhibit 8 marked)

9 Q. (By Mr. Budge) Okay. Moving on now to the
10:34 10 document that I have just marked as Exhibit 8 to your
11 deposition which is titled Mental Health Screening and
12 Evaluation bearing Production Nos. 133 to 136, could you
13 please review this and tell if you were ever trained on
14 this policy?

10:35 15 A. No.

16 Q. Under Section 1B on the first page it states:
17 All patients receive a mental health screening within 14
18 calendar days of admission to the facility in order to
19 ensure a patient's serious mental health needs including
10:35 20 those related to developmental disability and/or
21 addictions are identified.

22 When you worked at the Fremont County jail
23 under Kathy Maestas were the mental health assessments
24 required by this policy done in the case of detainees
10:35 25 within 14 calendar days of admission or, indeed, at any

10:36 1 time on a regular basis?

2 A. I don't know.

3 Q. Do you have any recollection of that occurring
4 while you worked at the Fremont County jail?

10:36 5 MR. TIEMEIER: Objection; misstates.

6 A. I don't know what -- when the mental health
7 lady, Denise -- when she would come in. I don't know
8 what she was giving, if she was doing these assessments
9 or -- so I don't know.

10:36 10 Q. (By Mr. Budge) Do you know from your review of
11 patient charts whether the mental health screenings
12 required by these policies were performed in the case of
13 all detainees?

14 A. I don't know.

10:36 15 Q. Did you ever perform mental health assessments?

16 A. The screenings that are required?

17 Q. Yes.

18 A. No.

19 Q. Okay. And if you could look at the last page
10:37 20 of the document there's a signature by Raymond Herr,
21 chief medical officer, and then another signature under
22 that where it says chief mental health officer.

23 Do you know whose signature that is?

24 A. No.

10:37 25 (Exhibit 9 marked)

10:37 1 Q. (By Mr. Budge) All right. Now I'm handing you
2 Exhibit 9 to your deposition which is a document on the
3 subject of emergency services bearing Production Nos. 143
4 to 148.

10:37 5 Could you please review this policy and tell me
6 if you were ever trained on this policy?

7 A. No.

8 Q. Okay. Under Section IIA at the very beginning
9 of the document it says: The purposes -- the purpose of
10:39 10 this policy is to establish a uniform written procedure
11 to ensure that emergency health care is provided to
12 patients in a timely manner.

13 When you worked at the Fremont County jail was
14 there an actual practice, adherence to a uniform written
10:40 15 procedure, as laid out in this policy to ensure that
16 emergency healthcare is provided to patients in a timely
17 manner?

18 A. I mean, I responded immediately if that's --
19 I'm confused.

10:40 20 Q. Sure.

21 A. Sorry.

22 Q. My question is whether when you worked at the
23 Fremont County --

24 A. Yes.

10:40 25 Q. -- jail there was adherence to a uniform

10:40 1 written procedure in the form and nature laid out in this
2 policy to ensure that emergency health care is provided
3 to patients in a timely manner.

4 A. Yes.

10:41 5 Q. And so these procedures as laid out in this
6 policy were followed at Fremont County when you worked
7 there?

8 A. To the best of my knowledge, yes.

9 (Exhibit 10 marked)

10:41 10 Q. (By Mr. Budge) All right. I'm handing you now
11 what's been marked as Exhibit 10 to your deposition,
12 another policy on the subject of basic mental health
13 services bearing Production Nos. 178 through 182.

14 Were you ever trained on this policy?

10:42 15 A. To actually have sat down in a class and be
16 trained --

17 Q. I'm --

18 A. -- no.

19 Q. -- wondering if anybody at CHC ever trained you
10:42 20 on this policy --

21 A. No.

22 Q. -- whether it was in a class or otherwise.

23 A. No.

24 Q. The policy purports under Section IIA to
10:42 25 establish a uniform written procedure to ensure that

10:42 1 patients with mental health needs are identified and
2 provided appropriate referral and treatment.

3 Was there a uniform written procedure in place
4 that was actually adhered to in practice whereby patients
10:43 5 with mental health needs were identified and provided
6 appropriate referral and management, or do you know?

7 A. No.

8 Q. The answer is no?

9 A. Correct.

10:43 10 Q. All right. Okay. Moving on to the next the
11 exhibit which will be Exhibit 10 to your deposition --
12 excuse me -- Exhibit 11 --

13 (Exhibit 11 marked)

14 Q. (By Mr. Budge) -- the title of this policy is
10:43 15 Intoxication and Withdrawal and the document bears
16 Production Nos. 191 through 193.

17 Were you ever trained on this policy?

18 A. No.

19 Q. Looking at Subsection II.F.1.a on the first
10:44 20 page toward the bottom where it says: Patients
21 experiencing severe, life-threatening intoxication,
22 parens, overdose or withdrawal, parens, e.g., the
23 inability to ambulate without assistance, upon arrival to
24 the facility should not be accepted in the facility and
10:44 25 should be immediately transferred to a licensed acute

10:44 1 care facility.

2 Was this section of the policy consistently
3 followed when you worked there?

4 A. I don't know that answer because I didn't work
10:45 5 in booking.

6 Q. Okay. And now looking at the next Subsection b
7 on the next page toward the top it says: Qualified
8 health care professionals or health trained security
9 staff conducting the receiving screening shall inquire
10:45 10 into the patient's past and present drug and alcohol use
11 and history of withdrawal, was that policy -- portion of
12 the policy followed consistently when you worked there?

13 A. Yes.

14 Q. And so, therefore, if John Patrick Walter was
10:45 15 coming into the facility would you expect that a
16 qualified health care professional or health-trained
17 security staff conducting a receiving screening for
18 Mr. Walter would have inquired into his past and present
19 drug and alcohol history and history of drug withdrawal?

10:45 20 A. Can you repeat that?

21 Q. Would you have expected in the case of
22 John Patrick Walter that a qualified healthcare
23 professional or health-trained security staff would have
24 at the time of his receiving screening inquired into his
10:46 25 past and present drug and alcohol use and history of

10:46 1 withdrawal?

2 A. Yes.

3 Q. That should have happened?

4 A. Yes.

10:46 5 Q. Okay. And then if you look at Section F3 about
6 halfway down that same page we were just looking at it
7 says: A qualified health care professional shall follow
8 the appropriate clinical protocols for the assessment,
9 observation, and treatment of patients who screen
10:46 10 positive, who report heavy, daily, or nearly daily use of
11 alcohol or daily use of opioids, or are manifesting
12 symptoms of intoxication or withdrawal.

13 Was that policy consistently followed at the
14 Fremont County jail?

10:47 15 A. No.

16 Q. Under Section 4 it says: A patient does not --
17 if a patient does not improve or worsens in spite of
18 treatment provided the qualified health care professional
19 or, if not available, security staff shall contact the
10:47 20 responsible physician or prescribing clinician.

21 Was that policy consistently followed at the
22 Fremont County jail?

23 A. No.

24 Q. And then under Section 5 it states: Patients
10:47 25 at risk for progression to more severe levels of

10:47 1 intoxication or withdrawal are to be kept under constant
2 observation by qualified health care professionals or
3 trained security staff and whenever severe withdrawal
4 symptoms are observed their responsible physician or
10:48 5 prescribing clinician is consulted promptly.

6 Was that section followed at the Fremont County
7 jail?

8 A. Yes.

9 Q. Was it consistently followed?

10:48 10 A. Do you mean with other people other than
11 Mr. Walter?

12 Q. Yes.

13 A. I don't recall any other instances in
14 particular other than his.

10:48 15 Q. And what do you recall about his and whether
16 this policy was followed in his case?

17 A. I know that he was up in booking and that was
18 in view of the security staff, and he was in a T-pod
19 which is up there also. It is behind a closed door.

10:49 20 Q. In Section 6 it says: Patients experiencing
21 severe, life-threatening intoxication, parens, overdose
22 or withdrawal, shall be immediately transferred to a
23 licensed acute care facility.

24 Was that section of the policy consistently
10:49 25 followed?

10:49 1 A. No.

2 Q. Under Section 8 it says -- excuse me -- Section
3 9: Detoxification shall be performed only under the
4 supervision of a prescribing clinician in accordance with
10:50 5 local, state, and federal rules.

6 Was that section of the policy consistently
7 followed?

8 A. No.

9 Q. And under Subsection 11 on the last page it
10:50 10 says: Health care staff shall follow the clinical
11 protocol on opiate withdrawal for all patients on
12 methadone or similar substances.

13 Was that section of the policy consistently
14 followed?

10:50 15 A. Mr. Walter was the only person that I can
16 recall at the moment that was on methadone.

17 Q. Okay. And then Section 13 where it says
18 Training for -- Training: Training for security staff
19 shall include recognizing the signs and symptoms of
10:51 20 intoxication and withdrawal.

21 Was that section of the policy followed?

22 MR. TIEMEIER: Object to lack of
23 foundation.

24 A. Do you mean that we were trained?

10:51 25 Q. (By Mr. Budge) No.

10:51 1 I mean, were security staff trained on
2 recognizing the signs and symptoms of intoxication and
3 withdrawal, security staff?

4 A. I do not know if security staff was.

10:51 5 Q. Okay.

6 (Exhibit 12 marked)

7 Q. (By Mr. Budge) I'm handing you now what's been
8 marked as Exhibit 12, a policy on patients with alcohol
9 and other drug problems.

10:52 10 Were you ever trained on this policy?

11 A. No.

12 Q. Under Kathy Maestas when you worked at the
13 Fremont County jail were patients with alcohol or other
14 drug problems assessed and properly managed to ensure
10:52 15 that patients with alcohol and other drug problems are
16 medically assessed and referred to appropriate services
17 or treatment?

18 A. There weren't any services offered. If they
19 were withdrawing from alcohol we did have an alcohol
10:53 20 withdrawal protocol.

21 (Exhibit 13 marked)

22 Q. (By Mr. Budge) All right. I'm handing you
23 Exhibit 13 to your deposition which is a document on the
24 subject of restraint and seclusion bearing Production
10:53 25 Nos. 216 through 217.

10:53 1 Were you ever trained on this policy?

2 A. No.

3 Q. The policy sets out requirements under
4 Section E whereby an inmate being restrained is supposed
10:54 5 to be monitored by a qualified health professional, and
6 then there are the forms of the monitoring that are set
7 out in this document.

8 Under Ms. Maestas were restrained inmates
9 monitored as set forth in this policy when you worked
10:54 10 there?

11 A. No.

12 Q. All right. We are going to move on now to
13 Exhibit 14 --

14 (Exhibit 14 marked)

10:54 15 Q. (By Mr. Budge) -- which is a document on the
16 subject of change in behavior.

17 Were you ever trained on these protocols?

18 A. No.

19 Q. Looking more specifically at these protocols it
10:55 20 states at the top: Any patient presenting with a
21 significant, acute change in behavior should have
22 simultaneous referrals to medicine and psychiatry, and
23 then the protocol goes on to set out questions to be
24 asked of the patient and things that the patient is to be
10:55 25 checked for:

10:55 1 Ask the patient 1 through 8;
2 Check the patient 1 through 10 on a variety of
3 topics.

4 When you worked at the Fremont County jail was
10:56 5 this protocol followed for patients presenting with
6 significant, acute changes in behavior?

7 A. No.

8 Q. The protocol includes as an attachment a blank
9 problem-oriented record presumably to be completed as
10:56 10 part of the evaluation.

11 Was this pre-prepared problem oriented record
12 completed in the case of inmates presenting acute changes
13 in behavior at the -- at the Fremont County jail?

14 A. No.

10:56 15 (Exhibit 15 marked)

16 Q. (By Mr. Budge) All right. I'm handing you now
17 what's been marked as Exhibit 15 to your deposition which
18 is a document on the subject of mini-mental status exam.

19 Were you ever trained on these protocols?

10:57 20 A. No.

21 Q. Toward the top the document says that the
22 mini-mental status exam is a formalized way of
23 documenting the severity and nature of mental status
24 changes, and then there are questions, instructions, and
10:57 25 tests to be administered as part of the mini-mental

10:57 1 status exam.

2 When you worked at the Fremont County jail
3 under Kathy Maestas were inmates experiencing mental
4 status changes given status exams consistent with these
10:57 5 protocols?

6 A. No.

7 Q. Okay.

8 (Exhibit 16 marked)

9 Q. (By Mr. Budge) I'm handing you now what's been
10:58 10 marked as Exhibit 16 to your deposition which is a
11 protocol on the subject of acutely psychotic patients
12 bearing Production Nos. 305 through 307 in the lower
13 right-hand corner.

14 Were you ever trained on this protocol?

10:59 15 A. No.

16 Q. According to this protocol it says that when
17 mental -- excuse me -- when medical staff becomes aware
18 of a patient who cannot function in current housing unit
19 because of mental health issues the patient should be
10:59 20 evaluated in the infirmary unit if available. And then
21 it goes on to list various things that should be done:
22 Nine things under the section called Determine, ten
23 things under the section called Examine the Patient, and
24 then six things under the section entitled Treatment.
10:59 25 And then it includes as part of the document a blank

11:00 1 problem -- blank problem-oriented record.

2 When you worked at the Fremont County jail
3 under Kathy Maestas was this clinical protocol followed
4 in the case of inmates whose mental health issues
11:00 5 present -- prevented them from functioning in their
6 housing units?

7 A. No.

8 Q. Was the problem-oriented record completed in
9 the case of inmates who cannot function in their current
11:00 10 housing unit in the preprinted form that we see attached
11 to the protocol?

12 A. No.

13 (Exhibit 17 marked)

14 Q. (By Mr. Budge) I'm handing you now what's been
11:01 15 marked as Exhibit 17 to your deposition which is a
16 clinical protocol on the subject of benzodiazepine
17 addiction. This document bears Production Nos. 318 to
18 319 -- excuse me -- yes, 318 to 319. The first page of
19 the document is the protocol formed signed by Dr. Herr
11:01 20 and then the second page is a problem-oriented record and
21 preprinted form.

22 Were you ever trained on these protocols in the
23 form that we have here in Exhibit 17?

24 A. Not at the Fremont County jail, but I have been
11:02 25 at the El Paso County jail.

11:02 1 Q. Right.

2 As to the Fremont County jail, however, were
3 you trained on these protocols?

4 A. No.

11:02 5 Q. It states at the top: When a patient is
6 verified as having been on any of the following
7 benzodiazepines for over two weeks -- and then it lists
8 seven benzodiazepines, the last one being Klonopin -- ask
9 the patient name of the medication, dose of the
11:02 10 medication, frequency taken, when last dose was taken,
11 duration of use, who prescribed and why, parents,
12 diagnosis; 7, which pharmacy.

13 In the case of John Walter who came in with a
14 prescription for Klonopin would you have expected these
11:03 15 seven things to be asked of him?

16 A. Yes.

17 Q. Then it goes on to say, Check the patient:
18 Obtain vital signs complete -- excuse me -- obtain vital
19 signs complete: Blood pressure, pulse, respirations,
11:03 20 temp, and SPO2 if available.

21 Would you have expected those things to be done
22 in the case of John Walter?

23 A. Yes.

24 Q. And then under Treatment it says verify
11:03 25 medications: If medications can be verified as current,

11:03 1 parens, 30 days, and with chronic use and these are not
2 for seizures contact the psychiatrist or medical provider
3 on call for a taper off these medications.

4 Would you have expected that to occur in the
11:03 5 case of John Walter?

6 A. Yes.

7 Q. And what do you understand it to mean when it
8 says taper off?

9 A. Wean down.

11:04 10 Q. Wean down through a gradual dose reduction?

11 A. Correct.

12 Q. At the Fremont County jail were there -- was
13 there a tapering off or a gradual dose reduction in the
14 case of inmates who came in on benzos?

11:04 15 A. No.

16 Q. And then it says under treatment: Monitor for
17 withdrawal symptoms using the benzodiazepine withdrawal
18 monitoring sheet.

19 Would you have expected that the sheet,
11:04 20 presumably the problem-oriented record, which is attached
21 to this protocol be completed in the case of Mr. Walter
22 who came in on Klonopin?

23 A. Yes.

24 Q. In fact, at the Fremont County jail was this
11:04 25 sheet consistently filled out for inmates who came in on

11:04 1 benzodiazepines?

2 A. No.

3 Q. And then it goes on to say under the clinical
4 protocol section of this document: The provider on call
11:05 5 should be notified immediately if there are any signs or
6 symptoms of withdrawal.

7 In the case of Fremont County when you worked
8 at the jail was it the case that the provider on call
9 would be notified immediately if there were any signs or
11:05 10 symptoms of withdrawal?

11 A. No.

12 Q. Moving on to the problem-oriented record
13 portion of this towards the lower right-hand corner
14 there's a Section P, presumably the SOAP section -- the P
11:05 15 section of the SOAP acronym that we're all familiar with
16 where it says: Call the provider for orders if shows
17 signs of withdrawal or known patient. Notify
18 psychiatrist or medical provider on call for taper off
19 benzodiazepines.

11:06 20 Was that done in the case of the Fremont County
21 jail when you worked there?

22 A. No.

23 Q. And it also says: Notify provider immediately
24 if there are signs of withdrawal.

11:06 25 Was that done at the Fremont County jail?

11:06 1 A. No.

2 Q. And then it says: Monitor for signs and
3 symptoms of withdrawal. Include vital signs TID for 2
4 days.

11:06 5 Was that done at the Fremont County jail?

6 A. No.

7 Q. Was this problem-oriented record completed in
8 the case of patients at the Fremont County jail who came
9 in on benzodiazepines?

11:06 10 A. No.

11 Q. Okay. There's also a conversion chart on the
12 right-hand portion of this problem-oriented record where
13 it talks about dose equivalencies and the manner in which
14 one would calculate the equivalent dose of Tranxenes to
11:06 15 replace one of these benzodiazepines including Klonopin.

16 Were inmates at the Fremont County jail moved
17 on to Tranxene when they came in on a benzodiazepine such
18 as Klonopin or the other listed benzos?

19 A. I know we gave Librium and Tranxene but I can't
11:07 20 a hundred percent say, and I want to say it was only for
21 alcohol withdrawal.

22 Q. Because the one method of treatment for alcohol
23 withdrawal is to give benzodiazepines, correct?

24 A. (Indicating).

11:08 25 Q. Yes?

11:08 1 A. I think so.

2 MR. BUDGE: Okay. I have been informed
3 that the videotape is about to expire, so we should
4 probably take a break and let the videographer go ahead
11:08 5 and do that.

6 And that would be a good time for us all
7 to take a break and we will all reconvene in a few
8 minutes, okay?

9 A. Okay.

11:08 10 VIDEO TECHNICIAN: The time is 11:08 a.m.
11 We are off the record.

12 (Recess from 11:08 to 11:17)

13 VIDEO TECHNICIAN: The time is 11:17 a.m.
14 We are back on the record.

11:17 15 Q. (By Mr. Budge) All right. After that short
16 break, Ms. Doughty, I'll be handing you Exhibit 18 to
17 your deposition which are clinical protocols on the
18 subject of opiate withdrawal, slash, treatment.

19 (Exhibit 18 marked)

11:17 20 Q. (By Mr. Budge) This document bears Production
21 Nos. 326 to 333.

22 Were you ever trained on these protocols?

23 A. No.

24 Q. The protocols set forth detailed procedures on
11:17 25 the subject of opiate withdrawal and treatment and then

11:17 1 include a problem-oriented record in a blank but
2 preprinted form toward the end of the document along with
3 on the last two pages the Clinical Opiate Withdrawal
4 Scale, COWS.

11:18 5 Under Kathy Maestas when you worked at the
6 Fremont County jail was this protocol and the
7 accompanying problem-oriented record and COWS sheet,
8 C-O-W-S, followed in the case of inmates withdrawing from
9 opiates?

11:18 10 A. No.

11 (Exhibit 19 marked)

12 Q. (By Mr. Budge) I'm handing you now the next
13 exhibit to your deposition which is Exhibit 19. This is
14 a document on the subject of procedure in the event of
11:19 15 patient death. This document has Production Nos. 43 to
16 49 marked in the lower right-hand corner.

17 Have you ever seen this policy before?

18 A. I think I've seen it in a book.

19 Q. Okay. Were you ever interviewed or asked to
11:19 20 provide any information to any person connected with CHC
21 in connection with any internal investigation or review
22 into the death of Mr. Walter?

23 A. No.

24 Q. All right. I understand your job at the
11:20 25 Fremont County jail ended in approximately September of

11:20 1 2014.

2 Could you tell me, please, what the reasons
3 were that you left the Fremont County jail?

4 A. I was kind of concerned. I was concerned.

11:20 5 Q. What were you concerned about?

6 A. I just didn't -- I didn't feel like Ms. Maestas
7 was a good HSA. And like the day that I spoke with

8 Sheriff Beiker and Undersheriff Underwood -- or

9 Undersheriff Martin I couldn't get ahold of her when I --

11:21 10 when I needed her. I mean, it's just -- you know, I --

11 when I needed a boss -- you know, I wasn't the boss

12 there. I wasn't the one making the decisions for some

13 man to be operated on and she wasn't there, either in

14 person or by phone, and she was on call. And I couldn't

11:22 15 work like that.

16 Q. Were you concerned that your inmates, that is,
17 your patients --

18 A. Yes.

19 Q. -- were at risk?

11:22 20 A. Yes.

21 Q. Did -- did you know of Ms. Maestas to have any
22 involvement in creating a budget or being involved with
23 the budget creation process for the Fremont County jail
24 facility?

11:23 25 A. I have no idea. I mean, I have no insight into

11:23 1 that.

2 Q. Okay. Did you ever see a budget or see her
3 working on a budget or hear her discussing a budget or
4 anything of that nature?

11:23 5 A. No.

6 Q. Did you have any conversations concerning
7 budgetary issues with anybody else associated with
8 Fremont County management?

9 A. No.

11:23 10 Q. Okay. Did you ever directly observe -- other
11 than your very initial training period did you ever
12 directly observe Ms. Maestas's interaction with patients,
13 that is, with inmates there at the Fremont County jail?

14 A. Yes.

11:24 15 Q. And why would you have had occasion to observe
16 her interactions with inmates at the Fremont County jail
17 given that your shifts did not overlap?

18 A. On occasion she would come in and have to do
19 something on the computer and there may have been an
11:24 20 inmate in the medical unit that day or --

21 Q. Okay. But if that occurred --

22 A. -- just for brief periods.

23 Q. If that occurred that would have been a rare
24 occasion?

11:24 25 A. Right.

11:24 1 Q. Okay. If you could just briefly describe for
2 me the job that you have now.

3 You're still in correctional nursing; is that
4 correct?

11:24 5 A. Yes.

6 Q. Do you work directly for Wise County, or do you
7 work through a private contracted or healthcare provider
8 similar to CHC?

9 A. I work directly for Wise County.

11:25 10 Q. And in taking that job with Wise County did you
11 relocate your family and your family home from
12 Fremont County to Texas?

13 A. I took the job after we moved here.

14 Q. I see.

11:25 15 Generally speaking, how would you compare the
16 training that you received as a part of your job at
17 Wise County with the training that you received if any as
18 part of your job at the Fremont County jail?

19 A. I have only been at the Wise County jail since
11:25 20 July.

21 Q. July of this year?

22 A. Yes.

23 Q. Oh, I see.

24 A. I -- I just moved back to it.

11:25 25 Q. I see.

11:26 1 A. And they do training monthly.

2 Q. Is your training at the Wise County jail more
3 comprehensive than any training that you received at
4 Fremont County?

11:26 5 A. Yes.

6 Q. Generally speaking, how would you consider or
7 how would you compare the level of inmate care at the
8 facility that you work at now compared to the
9 Fremont County jail?

11:26 10 A. Remarkably better.

11 Q. In what sense or senses?

12 A. We have a nurse practitioner that comes in
13 every week. She schedules patients that she sees every
14 week. We call her on the phone numerous times of the
11:27 15 day. I called her -- I worked until 10:00 last night. I
16 called her last night on a guy that we sent out for labs
17 yesterday and she gave me telephone orders over the phone
18 for two antibiotics. I mean, that's --

19 Q. Do inmates at the Wise County jail receive in
11:27 20 your judgment better care than they received at the
21 Fremont County jail?

22 A. Yes.

23 Q. Did you feel that the Fremont County jail was
24 adequately staffed to respond to the serious medical
11:27 25 conditions of inmates that were confined there?

11:27 1 MR. TIEMEIER: Object to lack -- lack of
2 foundation.

3 A. Yes.

4 Q. (By Mr. Budge) What happened between the hours
11:28 5 of 7:30 p.m. and 7:00 a.m. when there was no medical
6 person on staff at the Fremont County jail if an inmate
7 had a medical condition?

8 A. A lot of times they were sent to the ER or
9 they -- if they were out in the regular pods they would
11:28 10 move them up to the booking area.

11 Q. By jail staff?

12 A. Yes.

13 Q. Is your current supervisor at the Wise County
14 jail more responsive to your inquiries than Ms. Maestas
11:28 15 was when you worked at the Fremont County jail?

16 A. Yes.

17 Q. At your present facility are there policies and
18 procedures that are followed for inmates at risk of
19 withdrawal from benzodiazepines?

11:29 20 A. Yes.

21 Q. At your current facility are inmates who come
22 in on a verified prescription for benzodiazepines tapered
23 off of their benzo?

24 A. Yes.

11:29 25 Q. And is there a procedure in place for

11:29 1 accomplishing that tapering?

2 A. You call the provider at home.

3 Q. And what does the provider do?

4 A. She will either tell you to continue them on
11:29 5 that dose until she comes in and then she will decide
6 then how she's going to do it.

7 Q. At your current facility does the provider
8 institute a tapering regimen, that is, a regimen of
9 gradual dose reduction in the case of benzodiazepines and
11:30 10 inmates who come in with a prescription for such benzos?

11 A. Yes.

12 Q. Are inmates at your jail cold-turkeyed from
13 benzos?

14 A. Are they cold -- cold-turkeyed?

11:30 15 Q. Cold-turkeyed --

16 A. No.

17 Q. -- cut off immediately.

18 A. No.

19 Q. At the Fremont County jail were they
11:30 20 cold-turkeyed?

21 A. Yes.

22 Q. At your current facility are inmates who are
23 tapered from benzodiazepines nevertheless monitored for
24 signs and symptoms of withdrawal?

11:30 25 A. My current facility?

11:30 1 Q. Yes.

2 A. Yes.

3 Q. And what about at the Fremont County jail?

4 A. I don't recall if they were put on -- I don't
11:31 5 recall.

6 Q. As you sit here today, are you aware of the
7 dangers associated with benzodiazepine withdrawal?

8 A. Yes.

9 Q. Is Klonopin which is generically known as
11:31 10 Clonazepam a benzodiazepine?

11 A. Yes.

12 Q. And from your training I would ask you this
13 question: When a person uses Klonopin over time can he
14 or she become physically dependent on the drug?

11:31 15 A. Yes.

16 MR. TIEMEIER: Objection; lack of
17 foundation.

18 Q. (By Mr. Budge) When a person who has regularly
19 taken six milligrams of Klonopin per day over the course
11:31 20 of two or more years abruptly stops taking the medication
21 would that person be at risk for going into withdrawal?

22 A. Yes.

23 MR. TIEMEIER: Object to foundation.

24 Q. (By Mr. Budge) Can benzodiazepine withdrawal
11:32 25 be a serious medical condition?

11:32 1 A. Yes.

2 MR. TIEMEIER: Object to foundation.

3 Q. (By Mr. Budge) From your training can
4 benzodiazepine withdrawal be life-threatening if
11:32 5 untreated?

6 A. Yes.

7 Q. And I would ask a question I asked earlier but
8 in a slightly different form.

9 From your training received at Wise County can
11:32 10 benzodiazepine withdrawal be a serious medical condition?

11 A. Yes.

12 Q. From your training can the signs of
13 benzodiazepine withdrawal include abnormal vital signs?

14 A. Yes.

11:32 15 Q. Which abnormal vital signs?

16 A. Elevated blood pressure and heart rate.

17 Q. Can -- from your training do the signs of
18 benzodiazepine withdrawal include GI distress?

19 A. Nausea, vomiting.

11:33 20 Q. Loss of appetite?

21 A. Sometimes diarrhea.

22 Q. Weight loss?

23 A. Over time.

24 Q. Insomnia?

11:33 25 A. Yes.

11:33 1 Q. Anxiety?
2 A. Yes.
3 Q. Panic?
4 A. Yes.
11:33 5 Q. Mood swings?
6 A. Yes.
7 Q. Paranoia?
8 A. Yes.
9 Q. Restlessness?
11:33 10 A. Yes.
11 Q. Agitation?
12 A. Yes.
13 Q. Tremors?
14 A. Yes.
11:33 15 Q. Hyperthermia, that is, being too hot?
16 Elevated temperature?
17 A. I've never really seen that. I have seen all
18 the others.
19 Q. Diaphoresis or --
11:33 20 A. Yes, sweating.
21 Q. -- excessive sweating?
22 A. Yes.
23 Q. Bizarre behavior?
24 A. Yes.
11:34 25 Q. Cognitive difficulties?

11:34 1 A. Yes.

2 Q. Confusion?

3 A. Yes.

4 Q. Auditory hallucinations?

11:34 5 A. Yes.

6 Q. Visual hallucinations?

7 A. Yes.

8 Q. Delirium?

9 A. Yes.

11:34 10 Q. Psychosis?

11 A. Yes.

12 Q. Seizures?

13 A. Yes.

14 Q. Deaf?

11:34 15 A. Yes.

16 Q. Are the risks, signs, and symptoms of
17 benzodiazepine withdrawal according to your training at
18 Wise County similar in many ways to alcohol withdrawal?

19 A. Yes.

11:34 20 MR. TIEMEIER: Objection; lack of
21 foundation.

22 Q. (By Mr. Budge) Is the treatment for benzo
23 withdrawal from your training similar in many ways to the
24 treatment for alcohol withdrawal?

11:34 25 A. Yes.

11:34 1 Q. And how is the treatment for alcohol withdrawal
2 similar to the treatment for benzo withdrawal?

3 A. Well, by the monitoring of the vital signs
4 daily, more than once a day, by the meds you give them,
11:35 5 weaning them.

6 Q. And what are the meds that are given to treat
7 alcohol withdrawal?

8 A. Some places I think give Librium. Some give
9 Tranxene.

11:35 10 Q. Both of which are benzos?

11 A. Uh-huh.

12 Q. Yes?

13 A. Yes. I'm sorry.

14 Q. That's all right.

11:35 15 From your training do you understand that the
16 symptoms of benzodiazepine withdrawal can wax and wane
17 over the course of the withdrawal period?

18 A. Yes.

19 Q. From your training does the peak time for
11:35 20 benzodiazepine withdrawal vary depending on the kind of
21 benzo?

22 A. Yes.

23 Q. And does the peak period for withdrawal
24 depending -- excuse me -- does the peak period for
11:35 25 withdrawal vary depending on whether it's a short-acting

11:36 1 or long-acting benzo?

2 A. I think so.

3 Q. Do you understand that with long-acting benzos
4 that the withdrawal period can be drawn out over the
11:36 5 course of days or even several weeks?

6 A. I think so.

7 MR. TIEMEIER: Objection; lack of
8 foundation.

9 Q. (By Mr. Budge) And are you led to understand
11:36 10 through your training that acute late stage benzo
11 withdrawal -- acute late stage benzo withdrawal is a
12 medical emergency?

13 A. Yes.

14 Q. As a correctional nurse do you understand that
11:36 15 late stage acute benzo withdrawal requires prompt medical
16 attention including hospitalization?

17 A. Yes.

18 Q. When a person enters a jail with a verified
19 history of taking prescribed benzos on a daily basis over
11:37 20 a long period of time is it appropriate in your judgment
21 to abruptly discontinue the benzo without a plan of
22 gradual tapering or dose reduction?

23 MR. TIEMEIER: Objection; lack of
24 foundation, outside her area of expertise.

11:37 25 A. No.

11:37 1 Q. (By Mr. Budge) Are you familiar with the
2 standard of care required of reasonable and competent
3 nurses working in the correctional setting?

4 A. Can you repeat that?

11:37 5 Q. Sure. Sometimes we lawyers refer to it as the
6 standard of care.

7 Are you familiar with the standard of care
8 required of -- of a correctional nurse of reasonable and
9 competent skill working in the correctional setting?

11:37 10 A. Yes.

11 Q. When a -- under the standard of care that
12 applies to your profession when a person enters a jail
13 with a history of taking prescribed benzos on a daily
14 basis over a period of years is it appropriate to
11:38 15 abruptly discontinue the benzo without a plan of gradual
16 tapering or dose reduction?

17 A. No.

18 MR. TIEMEIER: Objection; lack of
19 foundation, outside her area of expertise.

11:38 20 Q. (By Mr. Budge) And under the standard of care
21 with which you are familiar should a medical provider
22 institute a tapering plan for a incoming inmate with a
23 verified prescription for benzos?

24 A. Yes.

11:38 25 MR. TIEMEIER: Same objection.

11:38 1 You might want to repeat that answer.

2 Q. (By Mr. Budge) The answer was yes?

3 A. Yes.

4 MR. TIEMEIER: Yeah, I -- I didn't hear.

11:38 5 THE WITNESS: I'm sorry.

6 MR. TIEMEIER: I was objecting while you
7 were talking.

8 Q. (By Mr. Budge) Under the standard of care
9 should a person entering a jail with a benzo prescription
11:38 10 be asked questions about the kind of benzo, the dose that
11 he or she has been taking, and the duration of use?

12 A. Yes.

13 Q. And should that information be documented?

14 A. Yes.

11:39 15 Q. And under the standard of care what other
16 questions should be asked on the subject of benzo use
17 when a person enters a jail with a prescription for
18 benzodiazepines?

19 A. How long they have been on it, why are they
11:39 20 prescribed it, what for, who prescribed it for them,
21 when's the last time you took it, what -- what milligram
22 do you take.

23 Q. Should the person be asked is if they have ever
24 gone off it, and if so, what type of --

11:39 25 A. Have you had withdrawals before? How quick do

11:39 1 you usually start withdrawing?

2 Q. Should a person who is being tapered from a
3 benzo in the correctional setting according to the
4 standard of care be regularly monitored for signs and
11:40 5 symptoms of withdrawal?

6 A. Yes.

7 Q. And should that monitoring be documented?

8 A. Yes.

9 Q. And what should that monitoring consist of?

11:40 10 A. Complete set of vitals. You should be
11 monitoring their mental status. Are they alert,
12 oriented?

13 Are they having nausea, vomiting, diarrhea?

14 Their pupils.

11:40 15 You need to be looking at them.

16 Q. Under the standard of care is it important for
17 medical personnel in the correctional setting who know
18 that a person is at risk for withdrawal from a benzo to
19 document that in the person's medical record so that
11:41 20 other medical staff charged with monitoring the person
21 are aware of the history and risks?

22 A. Yes.

23 Q. At your facility are there scales or score
24 sheets that are used to monitor a person's reaction to
11:41 25 the tapering process similar, for example, to the CIWA

11:41 1 protocol that might be used for alcohol withdrawal?

2 A. Where I'm at right now?

3 Q. Yes.

4 A. I -- I'm sure there is but I have only been
11:41 5 there a short time.

6 Q. Okay.

7 A. So I hadn't --

8 Q. -- had occasion to use it?

9 A. -- hadn't had to, because they're really
11:41 10 thorough. I mean --

11 Q. Are you familiar with scales or score sheets
12 that are used to monitor a person's reaction to the
13 tapering process in the case of benzodiazepine
14 withdrawal?

11:42 15 A. Yes.

16 Q. If a person who's benzo is being tapered shows
17 significant withdrawal symptoms indicating serious
18 withdrawal what is the proper course of action in order
19 to comply with the standard of care as a correctional
11:42 20 nurse?

21 A. Notify their physician.

22 Q. As a nurse in a correctional setting if you are
23 are examining a patient with signs of confusion, mental
24 disturbance, and abnormal vital signs would it be
11:42 25 important for you to know as a correctional nurse if the

11:42 1 person had been discontinued from a benzo upon admission
2 to the jail?

3 A. Yes.

4 Q. Do you expect that a nurse who discontinues a
11:43 5 patient from a benzo upon the person's entry into the
6 jail will document that discontinuance in the person's
7 chart?

8 A. Yes.

9 Q. And why is that documentation important?

11:43 10 A. Every encounter you have with a patient you
11 should document it.

12 Q. Whenever you had any contact with an inmate for
13 medical purposes at the Fremont County jail was it your
14 practice to document that contact?

11:43 15 A. Yes.

16 Q. All right. I'm going to be handing you now
17 Exhibit 20 to your deposition.

18 (Exhibit 20 marked)

19 Q. (By Mr. Budge) And I'll ask you to take a look
11:44 20 through these records and I'll represent to you that
21 these are medical records related to Mr. Walter, John
22 Patrick Walter, during the 18-day period from --

23 MR. TIEMEIER: What number is this,
24 please?

11:44 25 MR. BUDGE: 20.

11:44 1 MR. TIEMEIER: 20.

2 Q. (By Mr. Budge) I'll represent that these are
3 the medical records related to Mr. Walter during the
4 18-day period from April 2, 2014 until his death 18 days
11:44 5 later on April 20, 2014.

6 The first thing I would like you to do,
7 Ms. Doughty, is to take a look through these pages and
8 highlight for me if you could any notations, marks, or
9 writings that appear to have been made by you.

11:44 10 A. (Witness complying).

11 Q. All right. So you have completed that?

12 A. (Indicating).

13 Q. Yes?

14 A. Yes.

11:46 15 Q. Okay. So if you could just take a look -- and
16 then for the record it appears that you have highlighted
17 some information toward the bottom half of the page
18 that's marked with Production No. CHC000005 and also
19 information on the M-A-R, the MAR, which is at CHC000009.

11:47 20 MR. TIEMEIER: Excuse me, Counsel.

21 Could I see the one --

22 MR. BUDGE: Yeah. Just give me a second.

23 MR. TIEMEIER: Sure.

24 MR. BUDGE: I'll do that myself. Okay.

11:48 25 (Indicating).

11:48 1 MR. TIEMEIER: Thank you.

2 MR. O'CONNELL: Thanks.

3 MR. BUDGE: All right.

4 Q. (By Mr. Budge) So now I'll return Exhibit 20
11:49 5 to you.

6 So is it fair to say that you have highlighted,
7 then, any documentation that you made, and any
8 documentation that was made by somebody else you have not
9 highlighted; is that right?

11:49 10 A. Yes.

11 Q. From these materials can you tell me to the
12 best of your ability which days and which times between
13 April 2 and April 20th, 2014 you had any contact with
14 Mr. Walter?

11:50 15 A. I saw him on the 6th and 7th and the 8th and
16 the 13th, 14th, and 15th.

17 Q. Okay. Anything else?

18 A. No.

19 Q. Did you see him after the 15th?

11:51 20 A. No.

21 Q. I see that there's some highlights that you
22 marked on the page that you are looking at, CHC 9, the
23 MAR, some X's that appear in the lower right-hand corner
24 where it appears from my review of this -- and I'll admit
11:51 25 that I'm not real good at deciphering this MAR -- four

11:51 1 X's under the 19th.

2 Is that right?

3 A. Well, I did mark four X's. I put him on blood
4 pressure check.

11:51 5 Q. Okay.

6 A. And that's when I put him on checks for five
7 days, and the 19th is when these checks would have ended.

8 Q. I see.

9 A. But I didn't actually see him on the 19th.

11:52 10 Q. I see.

11 So you made the marks that he should be checked
12 through the 19th?

13 A. Correct.

14 Q. But you made those marks earlier in time?

11:52 15 A. Yes.

16 Q. All right. And so you had no contact with
17 Mr. Walter after the 15th even though the last series of
18 X's that you have highlighted on Page 9 you made in
19 advance, prospectively --

11:52 20 A. Yes.

21 Q. -- so to speak?

22 All right. And the 6th, 7th, 8th, 13th, 14th,
23 and 15th would have been consistent with the days that
24 you worked?

11:52 25 A. Yes.

11:53 1 Q. Okay. I'm going to hand you a blank calendar
2 page for April of 2014 which we have marked as Exhibit 21
3 to your deposition.

4 (Exhibit 21 marked)

11:53 5 Q. (By Mr. Budge) And if I could just ask you to
6 make an -- make an X through any days between the 2nd and
7 the 20th that you did not work. You can just make an X
8 through the date between the 2nd and the 20th when you
9 did not work -- actually, let's do that in reverse.

11:54 10 Why don't you make a -- why don't you write
11 worked on the days between the 2nd and the 20th when you
12 did work.

13 A. (Witness complying).

14 Q. And then you could just X out any -- the days
11:55 15 between the 2nd and the 20th when you did not work.

16 A. (Witness complying).

17 Q. All right. Thank you very much. The 20th of
18 April was Easter Sunday.

19 Given that you normally worked Sunday, Monday,
11:55 20 and Tuesday why did you not work on Sunday the 20th?

21 A. I was on vacation.

22 Q. Okay. And would you have worked the 21st or
23 22nd which would have been the Monday or Tuesday
24 following the 20th?

11:55 25 A. I think I did.

11:56 1 Q. Okay. So it was that one day, the 20th, when
2 you were on vacation?

3 A. (Indicating).

4 Q. Yes?

11:56 5 A. Yes. I'm sorry.

6 Q. That's okay.

7 All right. Going back to Exhibit 20 now which
8 is the group of medical records that you have in front of
9 you, if I could direct your attention to the first page
11:56 10 where you have marked your own writing, Page 5, and ask
11 you to please read that entry to me.

12 A. Okay. Per Corporal Owen Inmate Walter appears
13 to be confused. Inmate stated that his brother was going
14 to bond him out. Inmate told deputies he had talked to
11:56 15 his brother on the phone. Phone records were checked and
16 he had not made any calls today. This nurse called
17 inmate out of the pod to inquire how he was doing.

18 A+O X 3 means alert and oriented times 3.
19 Doesn't appear to be confused at this time. I questioned
11:57 20 him about his methadone dose and he said he was doing
21 okay now with being tapered off. He knew he had a big
22 bottle and it would take awhile. Will continue to
23 monitor. M. Doughty.

24 Q. Okay. And I will stop you there.
11:57 25 What time was that entry made?

11:57 1 A. I don't know if all of it didn't print but it
2 should have been at 15:50 which would have been 3:50 in
3 the afternoon, because I don't work at 5:50 in the
4 morning.

11:58 5 Q. Right.
6 And when it says alert and oriented times three
7 what does the times three mean?

8 A. He -- person, place, and time.

9 Q. Okay. So he knew who he was. He knew what
11:58 10 time it was and he knew where he was?

11 A. Yes.

12 Q. All right. Okay. And then if I could ask you
13 to read the balance of what you have written on this
14 page, please.

11:58 15 A. Inmate to med cart for meds. Asked to have his
16 BP checked and pulse. BP checked due to possible
17 withdrawal. BP, 160 over 100; heart rate, 88.
18 Clonidine, 0.1 milligrams. PO meaning by mouth given
19 times one dose. BP checked qd meaning q day for five
11:59 20 days.

21 And then you can't read it all but it looks
22 like I was writing: Will continue to monitor.

23 Q. Okay. So it says BP checked due to possible
24 withdrawal.

11:59 25 What is the withdrawal that you are referring

11:59 1 to there?

2 A. The Klonopin.

3 Q. Klonopin or methadone?

4 A. More than likely both.

11:59 5 Q. Did you know that he was on Klonopin when he
6 came into the jail?

7 A. I don't think I knew it. I just knew the
8 methadone.

9 Q. I see.

11:59 10 So just so we have this absolutely clear, as of
11 the 13th did you have any information that Mr. Walter was
12 withdrawing from Klonopin?

13 A. No.

14 Q. All right. Is that something that you would
12:00 15 have wanted to know?

16 A. Yes.

17 Q. So you thought that he was possibly withdrawing
18 but you did not know that it was from a benzodiazepine;
19 is that correct?

12:00 20 A. Correct.

21 Q. All right. So if he was withdrawing you felt
22 that he may be withdrawing from methadone?

23 A. Yes.

24 Q. All right. And what is the time of that entry?

12:00 25 A. 16:45, which would have been a quarter until

12:00 1 5:00 in the afternoon.

2 Q. All right. And you checked his blood pressure
3 and it was 160 over 100?

4 A. Yes.

12:00 5 Q. Is that normal?

6 A. No. It's elevated.

7 Q. Okay. And then you ordered that he be given
8 Clonidine?

9 A. We have a protocol for elevated blood pressure
12:01 10 and there were certain parameters that if it's above a
11 certain point you give them Clonidine.

12 Q. Is Clonidine a blood pressure reducing
13 medication?

14 A. Yes.

12:01 15 Q. And so you put him on Clonidine?

16 A. Just a one-time dose.

17 Q. A one-time does?

18 A. Yes.

19 Q. Okay.

12:01 20 A. PO given times one. You can barely read one
21 dose.

22 Q. I see.

23 And then it says: BPV's qd times 5 days; is
24 that right?

12:01 25 A. It's BP checks.

12:01 1 Q. BP checks?

2 A. Qd meaning q day.

3 Q. Q day meaning four times a day?

4 A. No. Q day means daily for five days.

12:01 5 Q. I see. Daily for five days.

6 Will -- and you think it says: Will continue
7 to monitor even though you are not sure --

8 A. Correct.

9 Q. -- because it's cut off.

12:02 10 Okay. All right. So this would have been the
11 13th and you worked on the 14th and 15th but not on the
12 16th or the 17th.

13 Given that you wanted his blood pressure to be
14 checked every day for five days did you expect that the
12:02 15 other nurses would take his blood pressure on the 16th
16 and 17th?

17 A. Yes.

18 Q. Did you receive a report from Corporal Owen on
19 the 13th that led you to go and check on Mr. Walter?

12:03 20 A. I don't recall.

21 Q. Do you have any independent recollection of
22 your interaction with Mr. Walter other than what is
23 written in this exhibit that we have just gone over?

24 A. No.

12:03 25 Q. Do you have any picture in your mind of what he

12:03 1 looked like or how he was acting or where it was that you
2 checked on him?

3 A. I mean, I remember what he looked like. I
4 don't remember anything else about him at that time.

12:03 5 Q. Did he have any significant injuries that you
6 could see such as bruising or abrasions?

7 A. No. I don't recall anything.

8 Q. If you had seen bruises or abrasions on his
9 body would you have made a note of it?

12:04 10 A. I would have documented it.

11 Q. Okay. Did he appear to be in any pain?

12 A. No.

13 Q. Did he appear to have any potential broken
14 bones or any internal injuries?

12:04 15 A. Not that I recall.

16 Q. And if you had seen any indication that he had
17 any broken bones or internal injuries or anything of that
18 sort would you have documented that?

19 A. Yes.

12:04 20 Q. Do you independently recall your conversation
21 with Corporal Owen leading up to your examination of
22 Mr. Walter on the 13th?

23 A. No.

24 Q. Do you independently recall any communication
12:04 25 from any other person on the 13th or before the 13th

12:04 1 concerning Mr. Walter?

2 A. No.

3 Q. Do you know where the check occurred on the
4 13th, what -- where physically within the jail facility?

12:05 5 A. You mean the blood pressure check?

6 Q. Yes.

7 A. I was up in the holding area in the booking.

8 Q. You were in the booking.
9 Had he been removed from the T-pod then?

12:05 10 A. Well, that's all kind of one area.

11 Q. I see.

12 A. You just -- the door gets opened and then he's
13 right there.

14 Q. I see.

12:05 15 Would you have done the blood pressure check
16 while he was seated or standing?

17 A. Standing.

18 Q. So he would have been removed from his cell by
19 a corrections officer and you would have taken his blood
12:05 20 pressure right there in the booking area while he was
21 standing?

22 A. Yeah. They just barely come out of the door
23 from T-pod and they stand right at the med cart.

24 Q. And would you have given him his dose of
12:05 25 Klonopin right then and there as well -- or excuse me.

12:05 1 Not Klonopin. Clonidine -- or would you have been
2 ordering that it be given at the next med pass?

3 A. No. I would -- I don't recall at what moment I
4 gave it. I more than likely would have looked at the
12:06 5 protocol first.

6 Q. But the Clonidine would be something that you
7 would have given him at this same basic time?

8 A. Yes.

9 Q. And I did say Clonidine I hope, not Klonopin.
12:06 10 Did any person before -- well, did any person
11 at any time tell you that Mr. Walter had entered the jail
12 with an active Klonopin prescription or that he had been
13 on a benzo?

14 A. I don't recall anyone telling me that.

12:07 15 Q. Did you have any information as of the 13th or
16 even subsequently to suggest to you that Mr. Walter had
17 been on a benzo prescription?

18 A. No.

19 Q. And in treating Mr. Walter and examining him
12:07 20 for the symptoms that he was demonstrating on the 13th, a
21 week before his death, would you have wanted to know that
22 he had been taking Klonopin and discontinued from the
23 Klonopin upon entering the jail?

24 A. Yes.

12:07 25 Q. Why would that have been important information

12:07 1 for you to have?

2 A. To understand what was going on with him.

3 Q. In seeing Mr. Walter on the 13th wouldn't you
4 have with you in Mr. Walter's chart or for any other
12:08 5 reason Mr. Walter's own handwritten preadmission screen
6 from April 2 where he indicated that he was on Klonopin
7 and was carrying it with him when he entered the jail,
8 which is the second page of the exhibit that you have?

9 Wouldn't you have had this with you when you
12:08 10 saw Mr. Walter?

11 A. No.

12 Q. Why not?

13 A. Well, we didn't take their charts out of
14 medical.

12:09 15 Q. It just wasn't done?

16 A. No --

17 Q. Okay.

18 A. -- it wasn't.

19 Q. All right. So now I would like to ask you some
12:09 20 questions about -- well, before I do that under -- under
21 normal circumstances in order to have a full
22 understanding of why a patient might be presenting with a
23 certain set of symptoms how would you normally expect
24 that it would be communicated from previous medical staff
12:09 25 to subsequent medical staff that Mr. Walter indicated

12:09 1 when he came into the jail that he was on a medication
2 prescribed by a doctor that included Klonopin and that he
3 was carrying the Klonopin when he came into the jail?

4 Under normal circumstances how should it have
12:10 5 been communicated or documented in such a way that that
6 information is passed down to later providers such as
7 yourself?

8 A. He should have had a flow sheet in the book
9 monitoring him for signs and symptoms of benzo
12:10 10 withdrawal.

11 Q. But in this case that did not occur, correct?

12 A. No.

13 Q. No --

14 A. No.

12:10 15 Q. No, it did not occur?

16 A. No, it did not.

17 Q. Are you independently aware of any other
18 medical records relating to Mr. Walter during his
19 confinement at the Fremont County jail on April of 2014
12:10 20 other than what is contained within this set of materials
21 marked as Exhibit 20?

22 A. No.

23 Q. Okay. I would like to ask you some questions
24 about the MAR. If you could please help me try to
12:11 25 understand the MAR to the best of your ability. Under

12:11 1 the left-hand column there's a column that says
2 Medications.

3 A. Yes.

4 Q. And it is extraordinarily difficult to read.

12:11 5 Are you able to tell me what medications are
6 listed under this MAR --

7 A. Yes.

8 Q. -- in the left-hand column?

9 Okay. What are they?

12:11 10 A. The first one is methadone --

11 Q. Okay.

12 A. -- 10 milligrams. I can't tell you how many
13 tabs, but it says tabs PO, meaning by mouth. B.i.d. is
14 twice a day.

12:11 15 Q. All right.

16 A. The next line -- and that's the tapering
17 process. So methadone, ten milligrams, so many tabs, PO
18 by mouth twice a day for seven days.

19 Q. Okay.

12:12 20 A. So then you come over here (indicating) and he
21 starts it here (indicating). And then when that ends
22 there then we go to this (indicating), methadone,
23 ten milligrams, tabs by mouth twice a day for ten days.
24 So we have got the ten days there.

12:12 25 Q. Okay. And then the next entry, also methadone?

12:12 1 A. Yes, methadone, ten milligrams, so many tabs.
2 Here he was only going to get it once a day until the
3 meds are gone.

4 Q. All right.

12:12 5 A. And then the last one is Prilosec,
6 20 milligrams by mouth daily.

7 Q. Okay. And what about the last entry where it
8 says -- it looks like G-A-M times five days.

9 A. That's where I put him on blood pressure
12:13 10 checks --

11 Q. I see.

12 A. -- every morning for five days.

13 Q. So that's not a medication. That's just --

14 A. Correct.

12:13 15 Q. -- blood pressure checks.

16 So under the first entry for medications we
17 have methadone, ten milligrams.

18 We don't know how many tabs because we can't
19 read that, correct?

12:13 20 A. Yes.

21 Q. And we don't know how many days. However, we
22 see that there --

23 A. Well, it would have been six days.

24 Q. Six days because --

12:13 25 A. -- of the X's -- no.

12:13 1 It's seven. I'm sorry.

2 Q. Yes.

3 A. Because -- see, it's numbered out seven?

4 Q. Yes.

12:13 5 A. So it was seven.

6 Q. Okay. And would this -- would this MAR have
7 been filled out in advance there in order to document a
8 plan of dose reduction for the methadone?

9 A. Yeah, it was filled out and then -- I mean,
12:14 10 after he came in it was filled out.

11 Q. Right, but what I mean --

12 A. Yes.

13 Q. -- is it filled out as you go, or is it filled
14 out --

12:14 15 A. No. It's filled out in advance.

16 Q. So at the time that the decision was made to
17 institute a plan for a gradual dose reduction for
18 methadone the MAR would have been filled out in advance
19 so that the nursing staff knew what the plan of gradual
12:14 20 dose reduction was?

21 A. Yes.

22 Q. I see.

23 So if there had been any type of plan related
24 to the Klonopin would that have also normally been
12:14 25 according to standard practice indicated in the MAR that

12:14 1 was also filled out in advance?

2 A. Yes.

3 Q. I see.

4 So then when you are seeing a patient are you
12:14 5 relying on the MAR in order to direct your activities
6 with regard to the patient and the plan?

7 A. Yes.

8 Q. So we have that first set of methadone, ten
9 milligrams. We don't know how many tabs but we know it's
12:15 10 for seven days, and then we have a next entry for
11 methadone, ten milligrams.

12 Again, we don't know how many tabs; is that
13 correct?

14 A. Correct.

12:15 15 Q. We know that that's also twice a day for seven
16 days; is that right?

17 A. Yes.

18 Q. And then we have another entry for methadone,
19 again ten milligrams.

12:15 20 Again, we don't know how many tabs, correct?

21 A. Correct.

22 Q. Again, by mouth. Again, twice a day for ten
23 days; is that right?

24 A. Yes. Yes, it's twice a day.

12:15 25 Q. And then the final entry for methadone is,

12:15 1 again, ten milligrams.

2 Again, we don't know how many tabs but we know
3 that it's once a day and not twice a day, until the meds
4 are gone, correct?

12:16 5 A. Yes.

6 Q. And then as the medication is given is there an
7 indication in the MAR to document that the medication was
8 actually administered?

9 A. Yes.

12:16 10 Q. And how is that documented in the MAR?

11 A. By your initials.

12 Q. Okay. So anytime I see somebody's initials
13 that shows that the medication was given?

14 A. Yes.

12:16 15 Q. And if I -- if we do not see somebody's
16 initials then the medication was not given; is that
17 correct?

18 A. Either that or they don't sign their MAR.

19 Q. Okay.

12:16 20 A. It doesn't mean it wasn't given.

21 Q. All right. So they either didn't sign the MAR
22 to document it or they just didn't give it, correct?

23 A. Correct.

24 Q. So we have your initials indicating that he was
12:16 25 given methadone twice a day on the 6th and the 7th and

12:16 1 the 8th?

2 A. Yes.

3 Q. And we have -- do we have Stephanie Repshire's
4 initials to show that it was given once on the 5th --

12:17 5 excuse me -- twice on the 4th, correct?

6 A. Yes.

7 Q. Once on the 5th, correct?

8 A. Yes.

9 Q. Then it was given twice on the 6th, twice on
12:17 10 the 7th, twice on the 8th by you, correct?

11 A. Yes.

12 Q. None at all was given on the 9th?

13 A. It's not documented that it was given.

14 Q. Okay. And then it's documented as being given
12:17 15 twice on the 10th; is that right, by Stephanie Repshire?

16 A. Yes.

17 Q. And then it's documented as being given twice
18 on the 11th by Stephanie Repshire?

19 A. Yes.

12:17 20 Q. And then there is no documentation that it's
21 given on the 12th, correct?

22 A. Correct.

23 Q. And then it's documented by you to have been
24 given twice on the 13th, correct?

12:17 25 A. Correct.

12:17 1 Q. Twice on the 14th, correct?

2 A. Yes.

3 Q. Once on the 15th, correct?

4 A. Yes.

12:18 5 Q. Twice on the 16th by Stephanie Repshire,
6 correct?

7 A. Yes.

8 Q. And then once on the 17th by
9 Stephanie Repshire, correct?

12:18 10 A. Year.

11 Q. And then it's documented as being given -- I
12 see Stephanie Repshire's initials once on the 18th and
13 then there's what appears to be a one under the 18th.

14 Do you know what that means?

12:18 15 A. I'm not sure.

16 Q. Okay. And it's, again, similarly on the 19th
17 documented that it has been given by Stephanie Repshire
18 once on the 19th and then there's that same one as
19 another entry on the 19th, correct?

12:18 20 A. Correct.

21 Q. And it's not documented as being given on the
22 20th, correct?

23 A. Correct.

24 Q. Okay. And then later down we have the
12:19 25 documentation relating to Prilosec that shows that it was

12:19 1 given on the 4th, 5th, 6th, 7th, 8th, not on the 9th but
2 then on the 10th, not on the 11th or 12th, but then on
3 the 13th, 14th, 16th, not on the 17th but then again on
4 the 18th and the 19th but not on the 20th, correct?

12:19 5 A. Yes.

6 Q. Okay. Then, finally, with regard to the blood
7 pressure checks that you wrote as the final entry in the
8 column titled Medications, how many times was his blood
9 pressure checked after the 13th?

12:19 10 A. I checked it or I documented I checked it once.

11 Q. Okay. So you checked it once on the 14th; is
12 that correct?

13 A. Yes.

14 Q. And was his blood pressure checked on the 15th,
12:20 15 16th, or 17th?

16 A. No.

17 Q. Okay. So although you had said that his blood
18 pressure should be checked for five days it was actually
19 only checked for one additional day, correct?

12:20 20 A. Yes.

21 Q. Do you know why his blood pressure was only
22 checked once when you had indicated that it should be
23 checked for five days?

24 A. No.

12:20 25 MR. BUDGE: Let's go off the record for a

12:20 1 second.

2 VIDEO TECHNICIAN: The time is 12:21 p.m.
3 We're off the record.

4 (Lunch recess from 12:21 to 1:07)

01:06 5 VIDEO TECHNICIAN: The time is 1:07 p.m.
6 we're back on the record.

7 Q. (By Mr. Budge) All right. Ms. Doughty, we
8 have reconvened after the lunch break and I would like to
9 just ask you a few more questions about some of the
01:07 10 materials contained within the exhibits that you have
11 before you which is Exhibit 20. In particular you will
12 note that a number of the documents are difficult to
13 read. There's some material that's cut off that we have
14 been trying to understand and you have been helpful about
01:07 15 trying to fill in some blanks.

16 Do you know why some of the materials that are
17 part of this package are in some cases cut off and in
18 other cases somewhat illegible?

19 A. You mean like this here (indicating).

01:07 20 Q. Yes, for example, on the left-hand side of
21 Page 9 of Exhibit 20.

22 A. No.

23 Q. Obviously when you have the papers there at the
24 jail they are not cut off, right?

01:08 25 I mean, you are working --

01:08 1 A. Correct.

2 Q. You are working with the originals?

3 A. Yes.

4 Q. And if I could draw your attention to the final
01:08 5 page of this exhibit, Page 10, this is the document that
6 is very difficult to understand.

7 Do you know why this document is largely
8 illegible?

9 A. Well, it's just a guess but these forms are
01:08 10 carbons. There will be another copy when it's -- and
11 then when they write on one they have got another one --
12 they're writing on top of other ones.

13 Q. I see.

14 A. So that when they got a new one, you know, they
01:09 15 are writing over, so that's why they keep getting --

16 Q. Okay.

17 A. -- all of that.

18 Q. Okay. Gotcha.

19 A. And the reason I know that, I've seen it
01:09 20 before.

21 Q. Okay. Looking at the MAR, Page 9 of Exhibit --
22 I'm having to remind myself -- Exhibit 20, do you know
23 who originally filled out the MAR, in particular the
24 methadone information on the left-hand column?

01:09 25 Do you recognize that handwriting?

01:09 1 A. I do.
2 Q. Whose is it?
3 A. Kathy Maestas's handwriting.
4 Q. And so would you expect that she would have
01:09 5 filled out this MAR in advance upon -- you know, on an
6 early date after Mr. Walter's intake?
7 A. She would have more -- she would have more than
8 likely filled it out after the order was written.
9 Q. For the methadone taper?
01:10 10 A. Correct.
11 Q. And in the lower right-hand corner of that same
12 page there is your signature.
13 Why did you sign this as opposed to either
14 Nurse Repshire or Nurse Maestas?
01:10 15 A. Every nurse that documents on this MAR is
16 supposed to sign their signature and initial.
17 Q. And do you know why neither Nurse Repshire nor
18 Nurse Maestas's signature appears on this document?
19 A. I do not.
01:11 20 Q. Looking at the fourth page of the exhibit which
21 is the paper called Provider Orders do you recognize the
22 handwriting in the first top half of this document?
23 A. Yes.
24 Q. Whose is it?
01:11 25 A. Roy Havens.

01:11 1 Q. Does anybody else's handwriting appear on this
2 document?

3 A. Yes.

4 Q. Whose?

01:11 5 A. Kathy Maestas.

6 Q. And are you able to read the portion of her
7 handwriting?

8 A. Yes.

9 Q. What does it say?

01:11 10 A. It says: Noted, Kay Maestas, LPN 4-13 --
11 4-3-14 at 18:20.

12 Q. If I could just draw your attention to just a
13 little bit below the middle of the page where it appears
14 to say: Start benzo protocol to DC benzodiazepines, how
01:12 15 do you interpret that?

16 A. There should have been a benzo protocol started
17 to -- as the benzodiazepines were discontinued.

18 Q. And what would that protocol have consisted of?
19 Do you mean the tapering schedule?

01:12 20 A. No.

21 Q. Can you explain your answer?

22 A. I don't know if they are considering the
23 methadone as the benzo.

24 Q. Well, methadone is not a benzo, is it?

01:13 25 A. I know. I don't think it is but I don't know

01:13 1 if they are considering it as a benzo, but if that would
2 have -- they should have started -- by that order there
3 should have been an order started for a narcotic as
4 our -- for your withdrawal of the benzo.

01:13 5 Q. Do you mean that there should have been an
6 order started to taper Mr. Walter from a benzodiazepine?

7 A. Or --

8 MR. TIEMEIER: Objection; misstates
9 testimony, asked and answered.

01:14 10 A. Not a narcotic, but you would go back to that
11 protocol in whatever exhibit it is and you would follow
12 that protocol of his signs and symptoms on the benzo
13 protocol. If it gave you a narcotic to start him on for
14 the withdrawal then you would start it, but if not you
01:14 15 would monitor his blood pressure, his -- his nausea,
16 vomiting, diarrhea, his -- if he's alert and oriented,
17 his C-O-W scale, COW scale. If he's way off the tables
18 you would notify the provider.

19 Q. (By Mr. Budge) Are you able to interpret in
01:15 20 any more specificity other than what you just said what
21 it means when it says: Start benzo protocol to DC or
22 discontinue benzodiazepines?

23 A. Well, he's writing to discontinue the
24 benzodiazepine and then he's saying to start the benzo
01:15 25 protocol.

01:15 1 Q. Are you suggesting that he's referring to one
2 or more of the CHC policies that we have gone through?

3 A. That's what I -- I mean, that's how I'm reading
4 it. I don't know if that's what he meant because I
01:15 5 didn't write that, but that's how I would interpret it.

6 Q. That you would then defer or turn your
7 attention as a provider to these CHC protocols in order
8 to determine what protocols to be followed?

9 A. Correct.

01:16 10 Q. I see.

11 Do -- when a -- when there's a patient at the
12 jail, at the Fremont County jail, and you go to see that
13 patient do you typically that have patient's chart with
14 you?

01:16 15 A. No. If they come into medical and you see them
16 in there in the exam room you have their chart, but to go
17 out into the pods you don't take their charts with you.

18 Q. So it simply wasn't the case at the
19 Fremont County jail that when you saw an inmate for a
01:16 20 medical purpose outside of the actual nurse's office you
21 did not have their chart with you?

22 A. No.

23 Q. What about the other nurses?

24 What was the typical procedure if you know?

01:17 25 A. I never saw anybody -- well, I normally didn't

01:17 1 work with Kathy, but in the short time I oriented you
2 didn't take the chart.

3 Q. And were you orienting with Kathy Maestas?

4 A. Yes.

01:17 5 Q. Okay. So it was your understanding pursuant to
6 whatever brief orientation that you received at the
7 beginning that when you would go see a patient outside of
8 the actual nursing office in their pod, outside one of
9 their cells, or in a common area, for example, for a
01:17 10 medical purpose that you did not have their chart with
11 you?

12 A. Correct.

13 Q. And that was pursuant to Kathy Maestas?

14 That was the pursuant to the orientation that
01:17 15 you had with her?

16 A. No one ever told me you can't take the chart.

17 Q. But she did not have the chart with you when
18 you were being trained?

19 A. Correct.

01:18 20 Q. Back at medical would the booking report have
21 been part of the chart?

22 A. Yes.

23 Q. Back at medical would the preadmission medical
24 screen have been part of the chart?

01:18 25 A. Yes.

01:18 1 Q. And back at medical would the entirety of the
2 documents that we have marked as Exhibit 20 have been
3 part of Mr. Walter's chart?

4 A. The MAR would not have been in the medical
01:18 5 chart.

6 Q. Where would the MAR be?

7 A. It would be in a separate book on the med cart
8 if it was that current month. Say like if we were in
9 April the April MAR would be in a MAR book on the med
01:18 10 cart.

11 Q. And were meds always administered by a -- one
12 of the nurses?

13 A. Yes.

14 Q. So when you would go around within the facility
01:19 15 in order to administer meds on the med cart you would
16 have each inmate's MAR with you on that cart?

17 A. Yes.

18 Q. And then you would be referencing only the MAR
19 in determining what the plan was for that inmate as you
01:19 20 saw them?

21 A. Yes.

22 Q. And since in this case the MAR had no plan for
23 anything other than methadone and Prilosec whenever you
24 or another nurse saw Mr. Walter in order to administer
01:19 25 meds the only thing that would be indicated that he would

01:19 1 be getting would be methadone and Prilosec?

2 A. Yes.

3 Q. Was Mr. Walter's entire chart nevertheless
4 available for the nurses at the nursing station to
01:20 5 reference at any time they wanted?

6 A. Yes.

7 Q. So if a nurse wanted to understand what
8 Mr. Walter had indicated when he came into the jail the
9 nurse could simply access the patient's chart back at
01:20 10 medical and see that information?

11 A. Yes.

12 Q. How are the charts organized?

13 A. There was a file cabinet right there at the
14 nurse's desk and they were filed in alphabetical order.

01:20 15 Q. And as an inmate would leave the jail was the
16 chart taken out?

17 A. Yes.

18 Q. And as an inmate came into the jail was a new
19 chart put in?

01:20 20 A. Yes. A new chart was made.

21 Q. And was it always done in a timely manner where
22 a new chart would be put in for an incoming inmate and an
23 old chart would be taken out for an outgoing inmate?

24 A. Yes.

01:21 25 Q. Suppose an inmate was a frequent flier and came

01:21 1 to the jail on a number of occasions prior and a nurse
2 wanted to see what the inmate's prior chart was.

3 Was there a procedure for accessing that prior
4 chart?

01:21 5 A. Yes.

6 Q. What was that?

7 A. We had files in the pharmacy. We could just go
8 to the file and pull his prior charts.

9 Q. Is that where all of the old prior charts were
01:21 10 kept?

11 A. Yes.

12 Q. And for how long were they kept?

13 A. I can't recall. I know it's a certain time but
14 I can't --

01:22 15 Q. Do you know if they were kept for a period of
16 years?

17 A. They are kept in medical for so long, and then
18 after that then they are put in another storage.

19 Q. Within the jail facility?

01:22 20 A. I don't know if it's in the jail, but I know
21 there is another storage.

22 Q. And who takes them out and puts them there for
23 storage?

24 A. We used to have a medical records clerk who did
01:22 25 that.

01:22 1 Q. Do you know who he or she was?

2 A. Her name was Rita Degarmo.

3 Q. Did she work for CHC?

4 A. I don't think she worked for CHC. I think she
01:22 5 just worked for the jail. I'm not a hundred percent. I
6 don't know who she was employed under. She only worked a
7 couple of hours a week.

8 Q. If Mr. Walter had been in the jail in 2012 and
9 2011 would you expect that his medical record would exist
01:23 10 somewhere from those prior occasions?

11 MR. TIEMEIER: Objection; lack of
12 foundation.

13 A. When they would -- when people would come into
14 the jail you would have so many -- like you would have
01:23 15 these three sheets I think, just those three, and --

16 Q. (By Mr. Budge) Just those three meaning the
17 first three pages of Exhibit 20?

18 A. Those three, and then there's one where --
19 yeah. I think it's those three. If they came in and
01:23 20 they didn't have any medical issues, weren't on any meds
21 after so many days we wouldn't make them a chart. They
22 would get put on a pile and then we would go back through
23 the computer, and if they were released we would put them
24 in the shred box. We wouldn't keep their booking paper
01:24 25 at all.

01:24 1 Q. Okay.

2 A. But if they -- like say this chart
3 (indicating).

4 Q. Yeah.

01:24 5 A. There's documentation. He had some notes to
6 his chart. He got made a chart.

7 Q. And that chart would be kept --

8 A. Correct.

9 Q. -- even after he would leave the facility?

01:24 10 A. Yes.

11 Q. So continuing on through Exhibit 20 to Page 5,
12 at the top of the page do you recognize that handwriting
13 as PA Havens' handwriting?

14 A. Yes.

01:25 15 Q. And then in the middle of the page is that
16 Nurse Repshire's handwriting?

17 A. Yes.

18 Q. And then going on to the next page, Page 6, at
19 the top of the page is that Nurse Repshire's handwriting?

01:25 20 A. Yes.

21 Q. And then is it PA Havens' handwriting?

22 A. Yes.

23 Q. And then whose handwriting is it if you know
24 when it says "noted 4/17/14" about halfway down?

01:25 25 A. Ms. Repshire's.

01:25 1 Q. Okay. And then continuing on the balance of
2 the page is --

3 A. Ms. Repshire.

4 Q. -- Ms. Repshire's?

01:26 5 And then the next page, Page 7, other than the
6 little bit of handwriting on the lower right-hand section
7 do you recognize this as Sharon Allen's handwriting?

8 A. Yes.

9 Q. And then on the next page after that, Page 8,
01:26 10 do you recognize this handwriting as Kathy Maestas's
11 handwriting?

12 A. Yes.

13 Q. According to the MAR it appears that you -- and
14 according to your prior testimony I believe you said that
01:26 15 you saw Mr. Walter on the 14th and 5th of April; is that
16 correct?

17 A. I gave meds to him.

18 Q. Right.

19 You gave meds to him twice on the 14th and once
01:26 20 on the 15th; is that right?

21 A. Yes.

22 Q. And where would you have given him those meds
23 on the 14th and 15th?

24 A. He was either in a cell up in holding or he was
01:27 25 in T-pod. I don't remember at that point which area he

01:27 1 was in.

2 Q. At any time that you saw Mr. Walter on the
3 13th, 14th, or 15th would you describe him as being
4 combative?

01:27 5 A. I never did see him combative.

6 Q. Did you see him acting in any way that was --
7 that made it impossible or impractical to do a health
8 assessment?

9 A. Not at my -- not at the point where I saw him.

01:27 10 Q. Right.

11 So on the 13th, 14th, and 15th when you saw
12 Mr. Walter he was not behaving in such a way that it was
13 not practical to do a health assessment, correct?

14 A. No.

01:28 15 Q. Ms. Doughty, have you spoken before today with
16 any of the attorneys for any of the defendants in this
17 case?

18 A. Yes.

19 Q. Okay. Who have you spoken with?

01:28 20 A. Mr. Meiere (sic).

21 Q. Mr. Tiemeier?

22 A. Yes.

23 Q. And when did you speak with Mr. Tiemeier?

24 A. They contacted me several weeks ago.

01:28 25 Q. And when you say "they" who do you mean?

01:28 1 A. Well, I guess just him. Sorry.
2 Q. He called you on the telephone?
3 A. Yes.
4 Q. And did you speak with him?
01:28 5 A. Yes, I did.
6 Q. All right. Did you talk about the substance of
7 your knowledge?
8 A. A little.
9 Q. And how long do you think that you spent with
01:29 10 Mr. Tiemeier on the telephone?
11 A. 20 minutes maybe. I'm -- I don't recall.
12 Q. Did -- could you please tell me what you
13 recollect telling Mr. Tiemeier in that conversation?
14 A. I remember telling him about we had a board --
01:29 15 or not we -- there was a board in medical where that if
16 somebody had an infection it was written up there what
17 antibiotic you needed to start them on.
18 Q. Anything else that you told Mr. Tiemeier about?
19 A. I'm sure I said other things, but that's the
01:30 20 only thing that I can remember telling him.
21 Q. Okay. Did you tell Mr. Tiemeier about your
22 feelings about Ms. Maestas?
23 A. I don't recall.
24 Q. Did you tell Mr. Tiemeier words to the effect
01:30 25 that you thought Ms. Maestas was evil or something of

01:30 1 that nature?

2 A. I don't recall.

3 Q. Do you recall telling me about it on the
4 telephone when I called you?

01:30 5 A. I think I did.

6 Q. All right. And when you told me that on the
7 telephone that you felt that Ms. Maestas was evil were
8 you being honest about your feelings toward Ms. Maestas?

9 A. Yes.

01:31 10 Q. And what was it that led you to have that
11 opinion?

12 A. Just her practices of how she was with the
13 inmates.

14 Q. Okay. And could you please be as specific as
01:31 15 you can with regard to those practices and what led you
16 to form that opinion about Ms. Maestas?

17 A. Well, we had one particular inmate that was a
18 young female diabetic and she -- I mean, she was insulin
19 dependent since she was little, and it was just
01:32 20 continually -- Kathy wasn't going to let her have
21 anything, you know. If Kathy checked her commissary and
22 she had bought a Honey Bun that made it just that much
23 more of a fight that she wasn't going to get an evening
24 snack, you know, because -- because her protocol,
01:32 25 diabetic, was supposed to get an evening snack and -- I

01:32 1 don't know. It was just constantly a battle.

2 Q. Did you ever feel as though Ms. Maestas's --
3 the way in which Ms. Maestas -- Ms. Maestas behaved
4 towards inmates was driven by something other than
01:32 5 medical concerns?

6 MR. TIEMEIER: Object; lack of foundation.

7 A. Yes.

8 MR. TIEMEIER: Speculation.

9 Q. (By Mr. Budge) And what caused you to form
01:33 10 that impression?

11 A. I just think she just wanted everything to
12 be -- I -- I don't know. I had one particular inmate
13 that -- he had had a stroke. I don't think she thought
14 he had a stroke. It was kind of like, Well, he's just
01:33 15 faking, and I had sent him out to the hospital. And he
16 had given me handwritten consent because we had a form
17 that if they give you consent you can notify their family
18 and he gave me one for his mother and his sister, and he
19 had got sent out several different times.

01:34 20 Well, one of the times he had just came back
21 and his family had called while he was out and I told
22 them, you know, I couldn't give them any information
23 that -- either that he was out or in or whatever, but
24 that day when I left out I had stopped by to see -- and I
01:34 25 didn't know he was back yet that particular day, and he

01:34 1 was back in his cell. And it was -- I had already worked
2 a couple of hours over that day, so I notified his
3 family, called his sister, and I called from my cell
4 phone because I wasn't going to go back into the medical
01:35 5 unit and -- which I shouldn't have called from my cell
6 phone but I did, but she tried to say I called while he
7 was out of the facility, and I didn't. I mean, he was --
8 I saw him right before I made the call, you know. And
9 she wrote me up and then she said I didn't have consent
01:35 10 from him to even call his family, but I did. It was
11 right there in the chart.

12 Q. This --

13 A. So, you know --

14 Q. This inmate that you described with the
01:35 15 diabetic issues and the discussion you -- we had earlier
16 about the evening snack, did Ms. Maestas ever indicate
17 anything to you through your interactions with her to
18 indicate a dismissive attitude towards the inmates and
19 their health needs?

01:36 20 MR. TIEMEIER: Object to the form; calls
21 for speculation.

22 A. I don't -- I don't recall anything in
23 particular that she said, you know.

24 Q. (By Mr. Budge) Anything else you can recall
01:36 25 telling Mr. Tiemeier other than what we just talked

01:36 1 about --

2 MR. TIEMEIER: Objection; form.

3 Q. (By Mr. Budge) -- Mr. Tiemeier?

4 A. I can't recall anything else.

01:37 5 Q. Have you spoken with anybody else who
6 represents any of the parties in this case?

7 A. No.

8 Q. All right. If I could ask you to please take a
9 look at Exhibit 3 which would be medication guidelines,
01:37 10 medical protocols, and in particular I would draw your
11 attention to the section that says -- under 2B: If the
12 patient is refusing medications a note to this effect
13 should be charted and the patient should sign a refusal
14 of treatment form.

01:38 15 Do you see that?

16 A. Yes.

17 Q. Is there any refusal of treatment form or any
18 similar form among the materials in Exhibit 20 that is
19 John Walter's medical records?

01:38 20 A. No.

21 Q. Okay. If Mr. Walter was not asked to sign a
22 refusal of treatment form for any medication he allegedly
23 refused would that be a violation of the protocols we
24 have marked as Exhibit 3?

01:38 25 A. Yes.

01:38 1 Q. Was there a refusal of treatment form available
2 at the Fremont County jail for nurses such as yourself to
3 use if an inmate was refusing medication?

4 A. I never saw one. That one -- those ones, I
01:39 5 think that's what those are, is that he refused those.

6 Q. You don't know that for sure, though, right?

7 A. No.

8 MR. TIEMEIER: I'm sorry. I didn't hear
9 what you were saying.

01:39 10 What ones were you talking about?

11 THE WITNESS: The ones on that MAR, on
12 the -- on the original MAR's.

13 MR. TIEMEIER: Oh.

14 Q. (By Mr. Budge) Did Mr. Walter make those ones?

01:39 15 A. No.

16 Q. Did he ever refuse any medication that you
17 endeavored to administer --

18 A. No.

19 Q. -- to him?

01:39 20 I'm sorry?

21 A. No.

22 Q. All right. If you could please take a look at
23 Exhibit 5 which is the exhibit on medication services, in
24 particular drawing your attention to Section II.F.5,
01:40 25 II.F.5 on the second page, patients on medication prior

01:40 1 to incarceration, bridging policy. It says: Patients
2 entering the facility on prescription medication continue
3 to receive the medication in a timely fashion as
4 prescribed or acceptable alternate medications are
01:40 5 provided as clinically indicated pursuant to the
6 following procedure, and then it goes on to describe that
7 when a patient indicates at intake that they are on
8 medication health care staff or health-trained security
9 staff shall obtain the following information, and then
01:41 10 there are six Roman numeral entries.

11 Did any of that occur according to the
12 information contained in Mr. Walter's medical records
13 other than the name of the medication?

14 A. No.

01:41 15 Q. Was that a violation of the policy?

16 A. Yes.

17 Q. Do you know why that policy was violated in the
18 case of Mr. Walter?

19 A. I don't.

01:41 20 Q. In Subsection d, F.5.d on the next page it
21 says: Patients who enter the facility on an established
22 and verified (as set forth above) regimen of medications,
23 especially antipsychotic or antidepressant medication
24 shall be continued on this regimen until seen by the
01:42 25 responsible physician.

01:42 1 Was that policy followed in the case of
2 Mr. Walter?

3 A. No.

4 Q. Do you know why that policy was violated?

01:42 5 A. I do not.

6 Q. Okay. And now looking at Subsection (e): For
7 medications not on the preferred medication list after
8 the patient is seen by the responsible physician a
9 clinically appropriate therapeutic equivalent may be
01:42 10 substituted.

11 Was that policy followed in the case of
12 Mr. Walter?

13 A. No.

14 Q. Do you know why that policy was violated?

01:42 15 A. I do not.

16 Q. Did the jail keep a stock of Tranxene on hand?

17 A. Yes.

18 Q. Why was -- or excuse me.

19 Where was the Tranxene located?

01:43 20 A. In the bottom of the med cart.

21 Q. And when you would go to see patients for med
22 pass was that Tranxene always right there on the cart?

23 A. Yes.

24 Q. In clearly labeled containers?

01:43 25 A. Yes.

01:43 1 Q. Why was the Tranxene kept on the med cart?

2 A. There was a locked box on the med cart in the
3 bottom drawer.

4 MR. TIEMEIER: I'm sorry?

01:43 5 MR. BUDGE: A locked box.

6 A. There was a locked box in the bottom drawer of
7 the med cart.

8 Q. (By Mr. Budge) Do you know why there was never
9 an order instituted to substitute Tranxene for the
01:44 10 Klonopin that Mr. Walter came in on?

11 A. I do not.

12 MR. TIEMEIER: Objection; foundation.

13 Q. (By Mr. Budge) Do you know why Mr. Walter was
14 cut off from all benzodiazepine medication on his entry
01:44 15 into the jail?

16 A. I do not.

17 Q. Do you know whose decision it was?

18 A. I don't.

19 Q. Continuing on in this same exhibit it says: If
01:44 20 the patient brings their own medication to the facility
21 the following additional procedures shall be followed by
22 health care staff, or if unavailable, health-trained
23 security staff, and this is under subsection (f) and then
24 going down to Roman numerals I, II, III, IV, and V. The
01:45 25 prescription shall be verified --

01:45 1 MR. TIEMEIER: Which one are you on that
2 you are reading from?

3 MR. BUDGE: The page marked 104.

4 MR. TIEMEIER: Right, but you mentioned
01:45 5 five different paragraphs.

6 Which one are you reading from?

7 MR. BUDGE: Well, I'll just start with
8 Subsection Roman numeral I.

9 Q. (By Mr. Budge) The prescription shall be
01:45 10 verified as set forth in II.5.a through e above.

11 Was the prescription ever verified in the case
12 of Mr. Walter according to his records?

13 A. Not that I'm aware of.

14 Q. Okay. And would that have been a violation of
01:45 15 policy?

16 A. Yes.

17 Q. And then it says under Subsection III: The
18 number of doses of medication in the container shall be
19 counted and compared against the prescribed dosage
01:45 20 amounts and dates the prescription was filled to
21 determine if the patient has been compliant with the
22 prescribed medication dosage.

23 According to the records that we have did that
24 ever occur in the case of Mr. Walter?

01:45 25 A. Yes.

01:45 1 Q. Is that a violation of policy?

2 A. Yes.

3 Q. And then it want goes on to say in that same
4 subsection: Staff shall complete a medication
01:46 5 verification form and document the personal medication
6 quantity, any discrepancies, the prescribing
7 clinician contacted, and the approval or denial of the
8 the medication.

9 Did that occur in this case with Mr. Walter
01:46 10 according to the records that we have?

11 A. No.

12 Q. Was that a violation of policy?

13 A. Yes.

14 Q. Under Section 4: The medication shall be
01:46 15 checked against a medication photo guide (if available)
16 to determine the contents of the container -- if the
17 contents of the container match the description.

18 Is there any indication in the records that
19 that occurred in the case of Mr. Walter?

01:46 20 A. No.

21 Q. Was that a violation of policy?

22 A. Yes.

23 Q. Subsection V: The responsible physician should
24 be contacted and approval or denial of the medication
01:46 25 obtained.

01:46 1 According to the records we have did that occur
2 the case of Mr. Walter?

3 A. No.

4 Q. And was that a violation of policy?

01:47 5 A. Yes.

6 Q. All right. Continuing on in this exact same
7 exhibit on Page 107, in the lower right-hand corner the
8 pages are marked in dark black ink. Toward the middle of
9 the page under refusal of medication it says: Patients
01:47 10 who refuse to take their medication as directed may have
11 them discontinued pursuant to the following procedure:

12 (a). A patient's first refusal of medication
13 shall be documented in the medical record and MAR.

14 (b). Upon a patient's second refusal of
01:47 15 medication, a qualified health care professional will
16 counsel the patient on the risks and benefits of
17 noncompliance and will document the refusal in the MAR
18 and the counseling in the medical record.

19 Did that occur in the case of Mr. Walter?

01:48 20 A. No.

21 Q. And was that a violation of the policy?

22 A. Yes.

23 Q. And continue on to (c). After a patient's
24 third or subsequent refusal of medication the patient
01:48 25 will be asked to sign a refusal of medical services and

01:48 1 release form. If the patient refuses to sign the form
2 two witnesses shall sign the form document -- documenting
3 the refusal.

4 Did that occur in the case of Mr. Walter?

01:48 5 A. No.

6 Q. And was that a violation of policy?

7 A. Yes.

8 Q. And then continuing on to the next page marked
9 108 under Section 12, Documentation, Subsection (b). If
01:48 10 a patient refuses or otherwise misses their medications
11 the staff passing the medication shall timely document
12 the refusal or missed medication on the patient's MAR by
13 placing a circle around their initials in the appropriate
14 box with the date and time of the refusal or missed
01:49 15 medication. The reason for any non-administered
16 medications shall be documented on the back of the MAR
17 using the designated codes.

18 Is there any such documentation contained
19 within the MAR in the case of Mr. Walter?

01:49 20 A. Those ones is refused by patient, and if they
21 stated the reason the reason would have been documented
22 on the back of that MAR, which you don't have the back of
23 the MAR because they just copied the front.

24 Q. Should there be a back of the MAR?

01:50 25 A. Yes.

01:50 1 Q. What would the back of the MAR have on it?

2 A. It would just have lines where it would give
3 you --

4 Q. -- a space to write?

01:50 5 A. Yes.

6 Q. So there's -- there's preprinted information on
7 the back of the MAR?

8 A. Uh-huh.

9 Q. Okay.

01:50 10 MR. BUDGE: So we don't have that,
11 Counsel, so I would definitely ask that that be produced.

12 MR. TIEMEIER: We don't -- for the record
13 we don't have it, either, and we will ask to see if there
14 is something on the back of the MAR.

01:50 15 MR. BUDGE: Well, "we" meaning you or your
16 clients don't have it?

17 MR. TIEMEIER: Well, I don't have it. I
18 just said that.

19 MR. BUDGE: Okay.

01:50 20 MR. TIEMEIER: I will ask my client.

21 MR. BUDGE: Okay. Great.

22 Q. (By Mr. Budge) And is there anyplace on the
23 MAR where there's a circle around the initials of the
24 nurse who's supposed to be administering the medication?

01:50 25 A. Well, if they would have refused a medication.

01:51 1 Now, on these days (indicating) --

2 Q. Yeah.

3 A. -- where there's nothing there they -- I don't
4 know if the meds were given, refused because I wasn't
01:51 5 there.

6 Q. And we can't tell from the MAR?

7 A. Correct.

8 Q. Okay. All right. Thank you.

9 Now, if I could please draw your attention to
01:51 10 Exhibit 6 this is the receiving screen form, and in
11 particular drawing your attention to Page 124 in the
12 bottom right-hand corner where -- under Section 9 where
13 it says: Reception personnel record their observation of
14 the patient on the receiving screening form, and then it
01:52 15 goes on to talk about appearance, behavior, state of
16 consciousness, ease of movement, breathing, skin, were
17 any of those recordings made on any receiving screening
18 form in the case of Mr. Walter?

19 A. No.

01:53 20 Q. Was that a violation of policy?

21 A. Yes.

22 Q. And then drawing your attention to the next
23 page of the exhibit we were just looking at, the policy
24 on receiving screening, under Section 15 it says:
01:53 25 Prescribed medications are reviewed and appropriately

01:53 1 maintained according to the medication schedule the
2 patient was following before admission in accordance with
3 Policy D, dash, 02 medication services, did that occur in
4 the case of Mr. Walter?

01:53 5 A. No.

6 Q. Was that a violation of policy?

7 A. Yes.

8 Q. And now drawing your attention if I could to
9 the next exhibit, Exhibit 7, this is the policy on
01:54 10 initial health assessments, and we have been through this
11 policy earlier but if I could just draw your attention to
12 Page 129 which is the second page of the document under
13 Requirements: All patients receive a health assessment
14 as soon as possible but no later than 14 calendar days
01:54 15 after the patient is admitted at the facility.

16 And then 3, Health Assessment: The initial
17 health assessment shall include at a minimum -- and then
18 it goes on to describe what it should include: Review of
19 receiving screening results, the collection of additional
01:55 20 data, vital signs, and a physical examination.

21 Did any of that occur in the case of Mr. Walter
22 as required by this policy?

23 A. No.

24 Q. And was that a violation of policy?

01:55 25 A. Yes.

01:55 1 Q. Is there any reason that you can think of from
2 anything that occurred in the jail when you were working
3 there in April of 2014 that would have prevented
4 Nurse Repshire or Nurse Maestas from conduct -- or
01:55 5 yourself from conducting the initial health assessment?

6 A. No.

7 Q. All right. And turning your attention now to
8 Exhibit 8, this is the policy on the subject of mental
9 health screening and evaluation and the policy statement
01:56 10 is on the first page says: All patients receive a mental
11 health screening within 14 calendar days of admission
12 to -- to the facility in order to ensure a patient's
13 serious mental health needs including those related to
14 development -- developmental disability and/or addictions
01:56 15 are identified. And then it goes on under the
16 requirement section on the following page to indicate in
17 some detail what that mental health assessment is to
18 encompass.

19 Did Mr. Walter receive a mental health
01:56 20 assessment within 14 days after his admission to the
21 facility in accordance with this policy?

22 A. No, he did not.

23 MR. TIEMEIER: I'm sorry.

24 No what?

01:57 25 THE WITNESS: No, he did not.

01:57 1 Q. (By Mr. Budge) Was that a violation of policy?

2 A. Yes.

3 Q. Okay. Drawing your attention now to
4 Exhibit 19 -- no. I apologize. Let me get the right
01:58 5 exhibit number for you.

6 MR. TIEMEIER: I've forgotten.

7 Are we on Exhibit 8?

8 MR. BUDGE: I'm working on it.

9 MR. TIEMEIER: Okay.

01:58 10 MR. BUDGE: It's the change in behavior
11 Exhibit, Exhibit 14.

12 Q. (By Mr. Budge) Drawing your attention to
13 Exhibit 14 this exhibit relates to change in behavior and
14 it states that any patient presenting with a significant
01:59 15 acute change in behavior should have simultaneous
16 referrals to medicine and psychiatry, and then it goes on
17 to describe what the patient should be asked. There are
18 eight things; and how to check the patient, there are ten
19 things.

01:59 20 Were those policies followed in the case of
21 Mr. Walter?

22 A. I didn't do them.

23 Q. Do you know if anybody did according to the
24 records that we have?

02:00 25 A. Not according to the records.

02:00 1 Q. Okay. Was that a violation of policy?

2 A. Yes.

3 Q. Okay. Going now to the next exhibit,
4 Exhibit 15, is there anything in the records to suggest
02:00 5 that Mr. Walter received a mini-mental status exam?

6 A. No.

7 Q. And then going on to the next exhibit,
8 Exhibit 16 relating to acutely psychotic patients, is
9 there anything in the record to suggest that the clinical
02:00 10 protocols relating to acutely psychotic patients was
11 followed in the case of Mr. Walter?

12 A. No.

13 Q. And then moving on to Exhibit 17, which are the
14 clinical protocols related to benzodiazepine addiction,
02:01 15 this is the protocol that begins by stating: When a
16 patient is verified as having been on any of the
17 following benzodiazepines for over two weeks including
18 Klonopin that seven things should be asked of the
19 patient, that the patient's vital signs complete --
02:01 20 excuse me -- that the patient's vital signs including
21 blood pressure, pulse, respiration, temperature, and SPO2
22 if available should be checked, and then there is a
23 treatment section of the document which includes
24 monitoring for withdrawal symptoms using the
02:02 25 benzodiazepine withdrawal monitoring sheet.

02:02 1 Were those policies followed in the case of
2 Mr. Walter?

3 A. No.

4 Q. Was that a violation of policy?

02:02 5 A. Yes.

6 Q. And then turning to the next exhibit, which is
7 Exhibit O -- excuse me. Not Exhibit O -- the exhibit on
8 the subject of opiate withdrawal and treatment, do you
9 have that in front of you?

02:02 10 A. Yes.

11 Q. Is that Exhibit 18?

12 A. 18.

13 Q. All right. And is there any indication in the
14 record that either the problem oriented record or the
02:02 15 COWS flow sheet that's attached to the clinical protocols
16 was followed in the case of Mr. Walter?

17 A. No.

18 Q. Okay. I'm going to hand you another exhibit.
19 We are getting close to the end of documents. This is --
02:03 20 you are doing a great job with the exhibits, by the way,
21 keeping them organized. I appreciate it. It can be
22 difficult sometimes.

23 (Exhibit 22 marked)

24 Q. (By Mr. Tiemeier) Exhibit 22, the inmate
02:03 25 property list report. If I could draw your attention to

02:03 1 the final entry in the property list which says: 4
2 bottles meds (forwarded to medical,) was it standard that
3 when an inmate came in with bottles of medication that
4 those actual bottles would be forwarded to medical?

02:04 5 A. Yes.

6 Q. And in what way?

7 Would they actually be delivered to the nurse's
8 office?

9 A. Yes.

02:04 10 Q. Would they be delivered to a nurse?

11 A. If they came in during the night or from
12 7:30 to 7:00 a.m. they were put on the desk in medical.

13 Q. And they were just plopped on the desk, so to
14 speak?

02:04 15 A. They were put in ziplock bags or whatever they
16 came in.

17 Q. And would there be some sort of form or note or
18 a document of some form or another to draw the attention
19 of the nurse if she was incoming the next morning to who
02:05 20 the medications belonged to?

21 A. Well, his name -- his name would be on the
22 prescription bottles --

23 Q. Okay.

24 A. -- plus this paperwork should be there with it.

02:05 25 Q. This paperwork meaning the actual preadmission

02:05 1 medical screening --

2 A. Screen.

3 Q. -- that we have as part of Exhibit 20 in which
4 Mr. Walter --

02:05 5 A. The initial intake screening with his picture
6 on it.

7 Q. The booking report?

8 A. Yes.

9 Q. And the screening form that accompanies it?

02:05 10 A. This one (indicating), and then the MRSA where
11 they sign.

12 Q. Okay. So let me just make sure we have this
13 clear for the record so that we know which documents that
14 were indicated.

02:05 15 When the bottles would be delivered to medical
16 they would be put on the desk in the nurse's office along
17 with the intake documents from the patient which would
18 include the booking report, the preadmission medical
19 screen, and the MRSA, methicillin-resistant
02:06 20 staphylococcus aureus, form, correct?

21 A. Yes.

22 Q. And the bottles would be placed together with
23 that documentation on the nurse's desk so that if there
24 was a time when the nurse is not there that she would see
02:06 25 it when she came in the next morning?

02:06 1 A. Yes.

2 Q. And what was nurse's duty when she came on
3 shift with regard to taking note of the medication and
4 the accompanying forms?

02:06 5 What was the procedure?

6 A. Well, if it's -- if it's medication that you
7 are allowed to start you start the medication.

8 Q. Okay.

9 A. You count how many's in the bottle. You write
02:07 10 up an order.

11 Q. And then what would the nurse do with the
12 medications?

13 A. Put them in the med cart.

14 Q. Was there a compartment of some sort that was
02:07 15 specific for medications that inmates brought in with
16 them?

17 A. Sometimes they -- if they just had maybe one
18 bottle they maybe put one bottle up in the top drawer or
19 the third drawer depending where the space was at in the
02:07 20 med cart.

21 Q. So that when the nurse then came around to do
22 med pass that the actual bottles --

23 A. Were there.

24 Q. -- were there?

02:08 25 So that it did occur at the jail that inmates

02:08 1 would be administered their meds at med pass from their
2 actual bottles that they brought in?

3 A. Yes.

4 Q. Okay. I see.

02:08 5 And what if it was a medication that for
6 whatever reason the nurse determined not to start or not
7 to give to the inmate while he or she was confined there
8 what would happen to those bottles?

9 Where would they go?

02:08 10 A. They would go back in their property. You
11 would take them back up to the booking deputy and ask
12 them to put them back in the inmate's property.

13 Q. So you were not working at the jail on the 3rd
14 of April of 2014.

02:09 15 Would you have expected in the normal course
16 the way things worked at the Fremont County jail that
17 Mr. Walter's four bottles of medication plus the booking
18 report, preadmission medical screen that he filled out
19 and signed, and the MRSA form would have been delivered
02:09 20 either to Nurse Repshire or Ms. Maestas if they were
21 there or left on the nurse's desk for them to see when
22 they came in?

23 A. Yes.

24 Q. Was there a specific -- just as you had a
02:10 25 specific schedule did Nurse Repshire also have a specific

02:10 1 schedule?

2 MR. TIEMEIER: Specific what?

3 MR. BUDGE: Schedule.

4 MR. TIEMEIER: Schedule.

02:10 5 A. She did but --

6 Q. (By Mr. Budge) My next question was: Do you
7 remember it?

8 A. No.

9 Q. Okay. And do you remember Nurse Maestas's
02:10 10 schedule?

11 A. No.

12 Q. Did she also have a specific schedule?

13 A. No. I don't -- I don't recall really on hers,
14 but I --

02:10 15 Q. Did you ever actually see a physician on-site
16 at the Fremont County jail, a physician?

17 A. PA or a physician?

18 Q. A doctor, a PA -- I mean -- excuse me -- an
19 M.D., a doctor --

02:11 20 A. No.

21 Q. -- a physician.

22 A. No.

23 Q. Did you ever meet Dr. Herr?

24 A. No.

02:11 25 Q. Do you have any recollection of any occasion

02:11 1 where you know Dr. Herr to have visited the jail while
2 you worked there?

3 A. No.

4 Q. When PA Havens came to the jail -- I believe
02:11 5 you said one day a week -- was there a base of
6 operations, a place that he would go?

7 A. He would come into medical.

8 Q. To the nurses' station?

9 A. Yes.

02:11 10 Q. When you talk about medical in the nurses'
11 station was that a single room within the jail?

12 A. It's like three rooms within the jail --

13 Q. Okay.

14 A. -- all adjoining to each other.

02:12 15 Q. Were any of the medical records back in 2014 or
16 the inmates' medications at the jail kept in electronic
17 form?

18 A. No.

19 Q. Were they ever scanned and entered into a
02:12 20 computer in any way?

21 A. No.

22 Q. Were there a number of holding cells near the
23 booking area that had glass windows?

24 A. There was approximately three.

02:12 25 Q. Was one of those Holding Cell 2?

02:12 1 Did they -- did they have numbers like Holding
2 Cell 1, 2, 3?

3 A. I don't recall the numbering of them.

4 Q. Did the holding cells have glass windows and/or
02:13 5 glass in the door?

6 A. All of them had some glass. Three of them were
7 half glass and then there was some more that just had
8 like a -- like this wide (indicating) and maybe, you
9 know, so tall, two foot tall, but it was narrow.

02:13 10 Q. Did you see Mr. Walter on any occasion where
11 you know him to have been confined in one of the holding
12 cells?

13 A. Yes.

14 Q. Do you know which holding cell it was?

02:13 15 A. I don't -- I don't recall the numbers of them
16 but I know wasn't in one that had the full glass.

17 Q. Okay. It was one that had partial glass?

18 A. Right.

19 Q. And was it possible to see into the cell from
02:13 20 the booking area?

21 A. I don't think so.

22 Q. What about --

23 A. I --

24 Q. What about from the common area there outside
02:14 25 of the cell? I mean -- let me strike the question and

02:14 1 ask it a better way.

2 It was possible for somebody outside the cell
3 to look into the cell through the glass in order to see
4 the --

02:14 5 A. If you --

6 Q. -- inmate?

7 A. If he was laying down you would have to go up
8 to the door to see in.

9 Q. All right.

02:14 10 A. If he was standing up back up against the wall
11 in the cell you could see him from across the room if he
12 was at a right angle.

13 Q. Okay. And if you went up to the door to look
14 into the cell could you clearly see all the parts of the
02:14 15 cell and anybody inside?

16 A. If you were at the door?

17 Q. Yes.

18 A. Yes.

19 Q. Do you have any familiarity with the video
02:15 20 recorded -- excuse me -- the video feed system that
21 allowed the corrections officers in master control to
22 monitor what was happening in certain other parts of the
23 jail through a video?

24 A. No.

02:15 25 Q. How often during the course of your little bit

02:15 1 more than a year at the Fremont County jail would you see
2 Sheriff Beiker at the jail?

3 A. I probably saw him maybe -- I would be guessing
4 to say five times.

02:15 5 Q. Five times in total?

6 A. Yes.

7 Q. And how about Undersheriff Martin?

8 How often would you see Undersheriff Martin at
9 the jail?

02:15 10 A. I probably saw him approximately once a month.

11 Q. All right.

12 MR. BUDGE: That's all I have subject to
13 follow-up from the other attorneys. I appreciate it very
14 much, Ms. Doughty.

02:16 15 A. Okay.

16 MR. TIEMEIER: Let's take a break before
17 you proceed.

18 VIDEO TECHNICIAN: The time is 2:16. We
19 are off the record.

02:16 20 (Recess from 2:16 to 2:24)

21 VIDEO TECHNICIAN: The time is 2:24 p.m.
22 We are back on the record.

23 EXAMINATION

24 BY MR. TIEMEIER:

02:24 25 Q. Ms. Doughty, we have spoken as you pointed out

02:24 1 on the telephone. It was actually on August 8th of this
 2 year, two and a half, three weeks ago, and I'm going to
 3 be asking a number of follow-up questions to the
 4 questions that Mr. Budge was asking you on behalf of the
 02:24 5 plaintiffs in this case. I'm going to go pretty much
 6 backward through the responses and the questions that we
 7 have been given just to give you an idea of how we are
 8 going through this. I don't know you have the exhibits
 9 organized, but first I want to talk a little bit about
 02:24 10 your -- your training as a nurse.

11 And I think you said you had your
 12 certificate -- you got your certificate in 1997; is that
 13 right?

14 A. Yes.

02:24 15 Q. And after that you went to work at a hospital
 16 working in pediatrics?

17 A. Yes.

18 Q. And how long did you do that in pediatrics?

19 A. At the hospital, around a year.

02:25 20 Q. Okay. And then you did med-surg --

21 A. Yes.

22 Q. -- med-surg after that?

23 And that was a hospital in Denton, correct?

24 A. Yes.

02:25 25 Q. Saint Joseph's?

02:25 1 Is that where you worked?

2 A. Denton Community Hospital.

3 Q. Denton Community Hospital. My mistake. I
4 apologize.

02:25 5 In that hospital did they have any policies or
6 procedures that they wanted you to follow when taking
7 care of pediatric patients or medical-surgical patients?

8 A. I'm sure they did, yes.

9 Q. Do you remember what they were?

02:25 10 A. No.

11 Q. Okay. Were they written out on sheets like the
12 ones that Mr. Budge was going over with you for
13 Correctional Healthcare Companies?

14 A. I don't remember.

02:25 15 Q. Maybe they were. Maybe they weren't. You
16 don't know?

17 A. Possibly. It's been nearly 20 years.

18 Q. 15. Yeah. I guess almost 20. It's 2001.
19 That's kind of -- 2001. You're counting from 1997 so
02:26 20 that's almost 20 years.

21 A. Yeah. I'm counting from '97.

22 Q. Okay. So they may have been written. They may
23 not have been written.

24 You just don't remember --

02:26 25 A. Correct.

02:26 1 Q. -- right?

2 And then you went to work at the El Paso County
3 jail, and that was in 2001?

4 A. Yes.

02:26 5 Q. And that's in Colorado Springs?

6 A. Yes.

7 Q. And what company were you working for at the
8 El Paso County jail when you started there in 2001?

9 A. CH -- it may have been CMS originally,
02:26 10 Correction Medical Services, and then I think it changed
11 to CHM.

12 Q. And CHM is --

13 A. -- Correctional Healthcare Management --

14 Q. Okay.

02:26 15 A. -- which is not the same company. It is -- it
16 just was bought out by another company or changed names,
17 and then the name changed to CHC.

18 Q. All right. So you were working for CHC at
19 El Paso County probably at one point after it changed
02:27 20 from CHM to CHC?

21 A. Yes.

22 Q. Okay.

23 A. Uh-huh.

24 Q. And when you were -- started work at El Paso
02:27 25 County jail in 2001 tell about your orientation that you

02:27 1 did.

2 A. You know, it's been a long time. I don't even
3 remember the orientation.

4 Q. Okay. Do you know if you had one?

02:27 5 A. I'm sure I did, yes.

6 Q. When you started at the El Paso County jail in
7 2001 did they -- did the company, CHM, or whatever the
8 predecessor was that you were speaking of -- did they
9 provide you with policies and procedures to review before
02:27 10 you started working there?

11 A. We would have sometimes training in the main
12 part of the jail.

13 Q. Okay. I appreciate that.

14 My question was a little different and that is:
02:28 15 Did they provide you, the company -- and what was the
16 other company you said? Not CHM. You said there was
17 perhaps another company before C --

18 A. CMS.

19 Q. Did CMS provide you with written policies and
02:28 20 procedures for you to review before you started working
21 on the floor of the jail?

22 A. We had videos, yes, and we had manuals.

23 Q. Okay. Thank you.

24 You had manuals. Do you know what -- do you
02:28 25 remember what was in those manuals?

02:28 1 A. I can't tell you everything what was in those
2 manuals.

3 Q. Can you tell me anything about what was in the
4 manuals?

02:28 5 A. No, I can't.

6 Q. Were they written policies and procedures that
7 you received?

8 A. Yes.

9 Q. Okay. Were there written policies and
02:29 10 procedures that you received from CMS that you were asked
11 to review before you started working on the floor?

12 A. Yes.

13 Q. And I assume today you don't remember what
14 those policies and procedures were.

02:29 15 Is that right?

16 A. Yes.

17 Q. Okay. Do you remember any of the policies
18 and procedures when you started work for CMS in 2001?

19 A. I can't tell you per word what they were.

02:29 20 Q. Just generally?

21 A. But like if a patient came in with a blood
22 pressure, 140 over 90, you start them on blood pressure
23 checks.

24 Q. Uh-huh. Do you recall if there was a
02:29 25 withdrawal protocol from -- for alcohol withdrawal?

02:30 1 A. We did have a withdrawal protocol.

2 Q. And did you review that protocol before
3 starting work for CMS?

4 A. I did.

02:30 5 Q. Did CMS provide you be a benzodiazepine
6 withdrawal protocol?

7 A. We did have a benzodiazepine and we had it in
8 intake.

9 Q. And what do you mean: We had it in intake?

02:30 10 A. In the intake area if the nurse has done the
11 intake there.

12 Q. And the El Paso County jail by the way is quite
13 a bit bigger than the Fremont County jail, correct?

14 A. Yes.

02:30 15 Q. And was there also a opiate withdrawal protocol
16 that CMS had that you reviewed before starting work in
17 El Paso County jail in 2001?

18 A. Yes.

19 Q. Do you recall what was on the opiate withdrawal
02:30 20 protocol?

21 A. I don't recall what was on it.

22 Q. Okay. Do you recall what was on the
23 benzodiazepine withdrawal form that you reviewed before
24 starting work in 2001?

02:30 25 A. I can remember we gave Tranxene.

02:31 1 Q. Okay. Did the protocol have anything about
2 signs and symptoms of withdrawal from benzodiazepines?

3 A. Yes.

4 Q. And that was the one you reviewed back in 2001,
02:31 5 right?

6 A. Yes.

7 Q. Okay. When -- backing up just a little bit,
8 even before this did you as a nurse when you got your LVN
9 here in Texas -- did you have any training on
02:31 10 benzodiazepines and what they do to the human body?

11 A. We touched on it in pharmacology --

12 Q. Okay.

13 A. -- but nothing extensively.

14 Q. Did you learn anything in your nursing training
02:31 15 about withdrawal from benzodiazepines?

16 A. No.

17 Q. So the first training you had in taking care of
18 patients who were withdrawing from benzodiazepines would
19 have been probably in 2001 when you received the
02:32 20 protocols from CMS?

21 A. Correct.

22 Q. Okay. Thank you.

23 And that included signs and symptoms of
24 benzodiazepine withdrawal, how and when to administer the
02:32 25 the Tranxene; is that right?

02:32 1 A. Yes.

2 Q. Did you, over the years that you were at the
3 El Paso County Jail, receive new protocols from the
4 companies that first -- the company that first purchased
02:32 5 CMS and then the company that purchased CHM or merged
6 with it?

7 I don't know what the business transaction was.

8 But when that happened -- when those events
9 occurred, when the companies would merge or get bought
02:32 10 out or whatever and the name changed -- did you get new
11 policies and procedures?

12 A. Yes, for the new company. They wouldn't
13 just --

14 Q. And did you -- I'm sorry. I didn't mean to
02:32 15 interrupt.

16 A. They wouldn't just pick up the old -- the old
17 company.

18 Q. So when the new company came in, did they --
19 were you provided with a new handbook that contained the
02:33 20 new policies and procedures -- for example,
21 benzodiazepine withdrawal, alcohol withdrawal, opiate
22 withdrawal -- and you were asked to review those policies
23 and protocols for the new company?

24 A. Yes.

02:33 25 Q. And you did that?

02:33 1 A. Yes.

2 Q. So while you were at El Paso County Jail, you
3 probably reviewed protocols for withdrawal from
4 benzodiazepines, from opiates, from alcohol at least
02:33 5 three times.

6 Would that be fair?

7 MR. BUDGE: I object to the form.

8 Q. (By Mr. Tiemeier) Once for CMS, once for CHM,
9 and once for CHC?

02:33 10 A. Yes.

11 Q. Okay. Were they -- do you recall the -- when
12 you were reviewing them that: Oh, my goodness. This is
13 a lot different than the last one, or were they
14 substantially the same?

02:34 15 A. I don't recall.

16 Q. Okay. But your understanding of benzodiazepine
17 withdrawal did not change over the years that you were at
18 El Paso County Jail, correct?

19 You were aware of the signs and symptoms.

02:34 20 You were aware of the treatment, the tapering
21 off, correct?

22 A. Yes.

23 Q. And that was the case when you went to the
24 Fremont -- you were still familiar with that when you
02:34 25 went to the Fremont County Jail in June of 2013?

02:34 1 A. Yes.

2 Q. And I think you said when -- Mr. Budge went
3 through a number of these policies and protocols and
4 procedures, I think about -- we've got 19 of them marked
02:34 5 here as exhibits. And for the majority of them you said
6 you were not trained in them.

7 Do you remember that testimony?

8 A. Yes, I do.

9 Q. And I'm going to do this from time to time, ask
02:34 10 you: Do you remember Mr. Budge asking you?

11 A. Yes.

12 Q. This is just to lay the foundation for the
13 questions I'm going to ask --

14 A. Yes.

02:35 15 Q. -- so you know.

16 A. I can -- I've read a lot of these policies, but
17 to actually sit in a class -- classroom is what I
18 considered being trained.

19 Q. Okay.

02:35 20 A. We had no class training.

21 Q. So, in fact, when you started working at the
22 Fremont County Jail, you were given a manual and asked
23 to -- of the policies and procedures and asked to review
24 them on your own, correct?

02:35 25 A. Nobody asked me. I just -- I knew where the

02:35 1 the policy book was and I read a lot of them.

2 Q. Okay. Did you read the benzodiazepine
3 withdrawal?

4 A. I can't recall if I did or not. I'm sure I
02:35 5 probably did because that's a pretty major one.

6 Q. That's just what I was going to ask.

7 But benzodiazepine withdrawal is something that
8 occurs with frequency in the El Paso County Jail, right?

9 A. Yes.

02:35 10 Q. And it occurs with -- regularly, like every day
11 or a couple of times a week, at the Fremont County Jail
12 also, true?

13 A. Maybe not that regular, but it does occur.

14 Q. If a month went -- went by and you didn't get a
02:36 15 benzodiazepine withdrawal, that would be unusual?

16 A. Correct.

17 Q. Am I right?

18 When at El Paso County, it was even more
19 frequent, correct?

02:36 20 A. Yes.

21 Q. Okay. And the same is true with opiate
22 withdrawal and alcohol withdrawal?

23 Those were things that happened if not every
24 day certainly a few times a week at El Paso County jail?

02:36 25 A. Daily.

02:36 1 Q. Okay. Daily.

2 So when you went to the Fremont County jail
3 even though by your testimony no one asked you to review
4 the binder that had the CHC policies and procedures in it
02:36 5 you did that on your own, at least with respect to the
6 things that you commonly saw like benzodiazepine
7 withdrawal, opiate withdrawal, alcohol withdrawal,
8 medication administration, the things that you knew you
9 would have to do every day, right?

02:37 10 A. Correct.

11 Q. Okay. So going through the -- the Exhibits 1
12 through 19 that Mr. Budge was showing you, would it be
13 fair to say that you probably reviewed most of if not all
14 of these on your own even though no one sat you down in a
02:37 15 classroom and said: Okay. We're going to go through
16 this?

17 A. I reviewed a lot of them.

18 Q. Okay. Why don't we do this?

19 Why don't we just go through those one at a
02:37 20 time now and you tell me which ones you think you did or
21 did not review. We'll just start with No. 1. I've got
22 mine upside down here so you can turn them over.

23 No. 1, Exhibit No. 1, is the medication
24 administration training policy and procedure. If -- if
02:37 25 you just flip them over -- oh, I guess you do have them

02:37 1 that way. My apologies. Okay. Let's start with No. 1.
2 Did you read this policy and procedure on your
3 own?

4 A. I would say yes.

02:38 5 Q. Okay. And also I believe you testified when
6 Mr. Budge was asking questions that you were trained on
7 passing medications going through the jail so, yes, you
8 were also trained on Exhibit 1, true?

9 A. Yes.

02:38 10 Q. All right. And then Exhibit 2 is the Health
11 Training for Correctional Officers?

12 MR. BUDGE: That's Exhibit 1.

13 MR. TIEMEIER: Oh, is it? Oh. I was
14 backwards. Exhibit -- I apologize.

02:38 15 Q. (By Mr. Tiemeier) Exhibit 1 is the health -- is
16 the Health Training for Correctional Officers.

17 Did you review that one?

18 A. I doubt it.

19 Q. Okay. So the questions I was asking you
02:38 20 earlier and I mistakenly referred to it as Exhibit 1 was
21 actually Exhibit 2, the Medication Administration
22 Training, and the answers you gave to me were -- a few
23 moments ago were that, yes, you were trained in that and,
24 yes, you read it on your own; is that right?

02:39 25 MR. BUDGE: I'm sorry.

02:39 1 Trained?

2 MR. TIEMEIER: Yeah.

3 A. I read it on my own.

4 Q. (By Mr. Tiemeier) Okay. And did you testify --

02:39 5 MR. BUDGE: Excuse me. Go ahead.

6 MR. TIEMEIER: I'm sorry.

7 Q. (By Mr. Tiemeier) You were going to say

8 something?

9 A. When someone asked me have I been trained,

02:39 10 that's like if you're sitting here giving a class.

11 You're training me. That's how I interpret the word

12 "training."

13 Q. Okay. When you --

14 A. So -- and I answered him, Were you trained on

02:39 15 that, and I said, No, because I didn't sit in a

16 classroom.

17 Do you understand what I'm saying?

18 Q. I do understand what you're -- what you're

19 saying. You testified with respect to Exhibit 2 that you

02:39 20 were trained on passing medications and going through the

21 jail, and you then responded that, Yes, I was trained on

22 this. And if I mistake -- if I'm mistaken then the

23 record will show that, but let me just ask you --

24 A. I would say I was oriented.

02:40 25 Q. Okay. Do you consider someone taking you

02:40 1 around the jail and showing you what to do to be
2 training?

3 A. Yes.

4 Q. Okay. And that was what was done with respect
02:40 5 to the medication administration training?

6 Someone took you around the jail and said:
7 This is the medication cart. This is where you stand.
8 This is where you ask the guard to come out and be while
9 you're administering medications and -- and it's
02:40 10 essentially a hands-on type of procedure; is that right?

11 A. Yes.

12 Q. And you consider that training, don't you?

13 A. Pretty much.

14 Q. Why do you use the words "pretty much?"

02:40 15 Is it training or isn't it training?

16 A. It is training.

17 Q. Okay. And, in fact, would you say that as --
18 as opposed to sitting in a classroom and having someone
19 lecture to you, that it is probably easier to remember
02:41 20 things if you're doing them while you're at the station
21 and actually at the med cart and at the jail door and
22 at -- with the guards, that it's easier to remember if
23 you are trained things that way as opposed to sitting in
24 a classroom and listening to a lecture?

02:41 25 A. Would I say it's easier to remember --

02:41 1 Q. Yes.

2 A. -- if I'm sitting in a classroom --

3 Q. No.

4 A. -- or --

02:41 5 Q. Other way around. That it's easier to
6 remember --

7 A. To me it's easier to remember doing it.

8 Q. Right. If you're actually doing it --

9 A. Correct.

02:41 10 Q. -- as opposed to having someone lecture you in
11 a classroom, right?

12 A. Yes.

13 Q. Okay. And -- okay. Let's go on to No. 3,
14 then, the Medication Guidelines.

02:41 15 Were you -- and -- and when I -- since you said
16 that you consider someone walking you through the jail
17 and actually showing you on a hands-on basis how to do
18 things that you consider that training, were you trained
19 in the Medication Guidelines, Exhibit No. 3?

02:42 20 A. Yes.

21 Q. Okay. And with respect to question -- excuse
22 me -- Exhibit No. 4, Orientation for Health Staff, were
23 you -- I don't know if that's a good question for this
24 one.

02:42 25 Why don't you read through this real quick just

02:42 1 to -- so you can see what's in it. Let me know when
2 you're done.

3 Did you get a chance to look it over?

4 A. Yes.

02:43 5 Q. Okay. Now, I -- I made some notes here in the
6 margin while you were testifying earlier.

7 And with respect to Subparagraph E on Page 92,
8 which is the first page of Exhibit 4, it says -- if I
9 recall correctly, you said you did receive the basic
02:44 10 orientation that's listed here; is that right?

11 A. Yes.

12 Q. All right. But you said you did not receive
13 the -- what's characterized as the in-depth orientation;
14 is that right?

02:44 15 Was that your testimony earlier today?

16 A. I don't recall.

17 Q. Okay. Well, did you receive that in-depth
18 orientation when you started work at Fremont?

19 A. What do you consider an in-depth orientation?

02:44 20 Q. Well, it says -- what it says here on the last
21 paragraph on Exhibit 4.

22 You can go ahead and read it over again if you
23 need to.

24 A. I would say no.

02:44 25 Q. Okay. That's what I recalled. Let's go

02:44 1 through this. It says: A full familiarization with the
2 health services delivery system at the facility.

3 Were you shown around the facility and shown
4 the health services delivery system they have there like
02:45 5 where the offices were or the med cart, the medical
6 records, charts --

7 A. Yes.

8 Q. -- where things were all kept, all that stuff?

9 A. Yes.

02:45 10 Q. Okay. The next sentence: Focuses on the
11 similarities as well as the differences between providing
12 health care in the community and in a correctional
13 facility.

14 Would it be fair to say you were already
02:45 15 familiar with that from your working at El Paso County
16 for over ten years by the time you got to Fremont County?

17 A. Yes.

18 Q. Okay. If you at any time felt that you had
19 not -- there was something you didn't understand about
02:45 20 the way the operation was run there at Fremont County, I
21 assume you're the kind of person that would ask, you
22 know: Look, I don't understand this. Can you please
23 explain it to me?

24 Would you have done that?

02:46 25 A. Yes.

02:46 1 Q. Okay. You wouldn't just try and bluff your way
2 through your job --

3 A. No.

4 Q. -- without asking questions if you didn't know
02:46 5 what you were doing, right?

6 A. No.

7 Q. Okay. And then it says: At a minimum this
8 includes all health services policies and procedures not
9 addressed in the basic orientation.

02:46 10 And I'm going to stop there for just a second.
11 We'll finish the rest in a minute, but if -- if I recall
12 correctly you testified a few minutes ago that you would
13 have reviewed policies and procedures on your own even
14 though people didn't ask you to?

02:46 15 A. Yes.

16 Q. Okay. And then continuing on: Health and
17 age-specific needs of the patient population.

18 Do you think you were already familiar with
19 that from your ten years of work at El Paso County jail,
02:46 20 the health and age-specific needs of the patient
21 population in the jail?

22 A. Yes.

23 Q. And then: Infection control including use of
24 standard precautions, and confidentiality of records and
02:47 25 health information.

02:47 1 You already knew all that, didn't you --

2 A. Yes.

3 Q. -- as -- from your training as a nurse and your
4 training as a correctional health care nurse?

02:47 5 A. Yes.

6 Q. And your ten years of experience as a
7 healthcare nurse, right?

8 A. Yes.

9 Q. Would it be fair to say, then, that although
02:47 10 you don't think you were ever given this in-depth
11 orientation that you probably already knew what's listed
12 here, anyway?

13 Is that right?

14 MR. BUDGE: Object to the form.

02:47 15 A. Yes.

16 Q. (By Mr. Tiemeier) Let's not get mixed up here.
17 I'm done with No. 4. Let's go on to -- on to Exhibit
18 No. 5, and that is the Health Care Policies and
19 Procedures for Medication Services.

02:48 20 Is this -- did you review this on your own when
21 you started at Fremont?

22 A. I don't recall.

23 Q. So maybe you did, maybe you didn't?

24 A. I don't recall.

02:48 25 Q. That's what I -- well, when you say the phrase,

02:48 1 "I don't recall," it can mean one of two things. It can
2 mean either you don't have a recollection and maybe it
3 happened and maybe it didn't, or it could mean I have a
4 recollection and my recollection is that it did not
02:48 5 happen. And that's what I'm -- why I'm asking for a
6 clarification here.

7 Are you saying you did not review this, or are
8 you saying you don't remember whether you did or you did
9 not --

02:48 10 A. I don't remember if I did or if I didn't.

11 Q. I will start the question over.

12 Are you saying that you do not recall one way
13 or another whether you did or did not review Exhibit 5
14 when you started at Fremont County?

02:49 15 A. I do not recall reviewing this policy.

16 Q. Right, and I -- I heard that and I'm asking you
17 a slightly different question now.

18 Are you saying you recall specifically that you
19 did not review this or that you don't have a recollection
02:49 20 of whether you did or didn't review it?

21 A. I don't have a recollection if I did or didn't
22 review it.

23 Q. Thank you.

24 It -- it sounds like -- I may be sounding silly
02:49 25 to you but it can be an important difference as to

02:49 1 whether you remember something not happening or you just
2 don't remember at all. That's why I was asking that.

3 Okay. Now, Medication Services, what --
4 what -- about what percentage of the time would you say
02:49 5 your job at the jail is spent taking care of patient --
6 your patients' medications?

7 A. Do you mean actually administering the
8 medication?

9 Q. Well, that's part of it.

02:50 10 You do much more than just administer
11 medications with respect to patient medications, don't
12 you?

13 A. Yes.

14 Q. You have to --

02:50 15 A. But I'm --

16 Q. Sorry. Go ahead.

17 A. But I'm asking you: Do you mean actually
18 standing in front of the inmate handing them the
19 medication, or do you mean like handling the pills,
02:50 20 getting them ready, or total?

21 Q. Total, all of those things and anything else --

22 A. Okay.

23 Q. -- you can think of that involves medications.
24 Logging medications in when there's a new inmate.

02:50 25 A. Possibly four hours a day.

02:50 1 Q. All right. So out of what, an 8-hour shift or
2 a 12-hour shift?

3 A. 12.

4 Q. So about a third of your time is spent on
02:50 5 medications one way or another?

6 A. Yes.

7 Q. Given that so much of your time is spent on
8 taking care of a patient's medications, do you think that
9 you probably would have looked at a policy that said
02:51 10 Medication Services since that's such a big part of your
11 job?

12 A. Yes.

13 Q. Let's go on to Exhibit 5. I'm just going
14 through these now to see if you think you probably
02:51 15 reviewed them or not. We'll come back to them for more
16 questions later, so I'm done with that one for now.

17 A. Okay.

18 Q. Exhibit No. 6, the Receiving Screening. I
19 think you said you were not trained in this policy.
02:51 20 Did you ever do receiving screenings?

21 A. I did not.

22 Q. The whole time you were there at Fremont, you
23 never did a receiving screening?

24 A. I don't know if this is what they're
02:52 25 considering the receiving screening.

02:52 1 Q. What do you consider a receiving screening when
2 you -- when you were answering my question?

3 A. This is what I'm thinking they're talking about
4 as the receiving screening.

02:52 5 Q. Okay. And just for clarification, we're --
6 you're referring to Exhibit 20, Page -- Page 2; is that
7 right?

8 A. Yes.

9 Q. Okay. So you never did that?

02:53 10 A. No. The booking deputies done those.

11 Q. All right. Now, I see at the bottom of
12 Exhibit 20, Page 2 that in this one it was reviewed by
13 Medical, signed by Stephanie Repshire.

14 Do you see that?

02:53 15 A. Yes.

16 Q. You never did that?

17 You never signed off as a medical --

18 A. You reviewed them but you didn't -- you didn't
19 question them. You didn't ask the questions or -- now,
02:53 20 we reviewed them.

21 Q. Why did you review them?

22 A. If there were any -- say like on his, like if
23 he said he was a diabetic --

24 Q. Uh-huh.

02:53 25 A. -- or anything then you need to be talking to

02:53 1 him and getting more information.

2 Q. Okay. And how did you know to do that?

3 A. It's just --

4 Q. How did you know to do that?

02:54 5 A. You just -- I mean, I just know.

6 Q. And how did you know?

7 A. I've been trained.

8 Q. Okay. You just don't remember being trained on

9 that at Fremont?

02:54 10 A. No. I mean --

11 Q. Do you think maybe you were trained on that at

12 Fremont and that's how you knew how to do it?

13 A. I mean, I've done it at the El Paso County

14 jail.

02:54 15 Q. Sure. They use a different form for that,

16 though, don't they?

17 A. Yes.

18 Q. Okay. So at some point, somebody trained you

19 to -- how to fill out and how to sign off on the

02:54 20 Fremont County form for the initial screening, right?

21 A. Yes.

22 MR. BUDGE: Object to the form.

23 Q. (By Mr. Tiemeier) Now, let's go on. We're done

24 with that one. I'm now moving on to Exhibit 7. I'm done

02:55 25 with Exhibit 6 for now. Exhibit 7 is the Health Care

02:55 1 Policy and Procedure for Initial Health Assessments.

2 Do you have that in front of you?

3 A. I do.

4 Q. Okay. And I believe you said you were not
02:55 5 trained on that; is that correct?

6 A. Yes.

7 Q. Okay. Now, this is a CHC policy and procedure
8 that has an effective date of April 1 of 2010?

9 Do you see that in the upper right-hand part?

02:55 10 A. Yes.

11 Q. You were working for CHC at that time, true?

12 A. Yes.

13 Q. At the El Paso County Jail?

14 A. Yes.

02:55 15 Q. You were doing initial health assessments at
16 the Arapaho County Jail, weren't you?

17 A. I didn't work at the Arapaho County jail.

18 Q. I'm sorry. I'm sorry. I apologize.

19 At the El Paso County jail?

02:56 20 A. Yes.

21 Q. Okay. Just to make sure I'm clear, you were
22 doing initial health assessments when working for CHC at
23 the El Paso County jail, correct?

24 A. No. RN's done the initial health assessments.

02:56 25 Q. Okay. So when you were at -- at El Paso County

02:56 1 jail, you never did the initial health assessments?

2 A. No. I'm not an RN. RN's done the initial
3 health assessments.

4 Q. Did you ever do the initial health assessments
02:56 5 at Fremont County?

6 A. I would say I have done some there.

7 Q. And is there -- and you can look this over.
8 Take your time.

9 Is there anything in here that says that an LPN
02:56 10 can't do an initial health assessment, that it has to be
11 an RN or a physician?

12 A. It says: A qualified health care professional.
13 I don't know what they consider a qualified health care
14 professional at the El Paso County Jail. They would only
02:58 15 let RN's do it.

16 Q. Okay.

17 A. They said LPN's couldn't do it.

18 Q. Are you a healthcare professional?

19 A. Yes, I am.

02:58 20 Q. Do you consider yourself to be a qualified
21 healthcare professional?

22 A. I do.

23 Q. You know how to do a health assessment?

24 A. Yes.

02:58 25 Q. How many times do you estimate in your career

02:58 1 you've done those?

2 Hundreds?

3 A. Yes.

4 Q. Any reason to think that you couldn't do a
02:58 5 health assessment?

6 A. No.

7 Q. And you say you were not -- you did not receive
8 any training on how to do a 14-day health assessment, or
9 did you?

02:59 10 A. Other than -- no, other than reading this
11 (indicating).

12 Q. So you read this when you started working at
13 Fremont, right, Exhibit 7, the Initial Health Assessment
14 protocol -- or policy and procedure?

02:59 15 A. I don't recall reading it. I could have read
16 it, but --

17 Q. When you started -- I'm sorry.
18 Were you finished?

19 A. Yes.

02:59 20 Q. Okay. When you started working at Fremont, it
21 was at some point pointed out to you that you had to do
22 initial health assessments, wasn't it?

23 A. No.

24 Q. I thought you said you did them.

02:59 25 A. I have done some.

02:59 1 Q. At Fremont?

2 A. But you said when I first started it was
3 pointed out to me.

4 Q. I said: At Fremont was it pointed out to you
02:59 5 at some point that you needed do an initial health
6 assessment?

7 A. No, it was not pointed out to me.

8 Q. How did you come to do one if no one told you
9 to do it?

03:00 10 A. After I had worked there a while there was a
11 stack of charts and it had a sign underneath it: 14-day
12 health assessments. And that stack kept getting bigger
13 and bigger, so I questioned what were we to do with
14 those.

03:00 15 Q. Okay. And who did you ask that question of?

16 A. Ms. Maestas.

17 Q. And what did she tell you?

18 A. Whenever you get time, you can do those.

19 Q. And did you say -- did you ask her at that
03:00 20 point: What am I -- how am I supposed to do them?

21 A. I don't recall asking her. I'm sure I did if
22 she told me I could because I can remember doing some.

23 Q. And -- and you wouldn't just run off with the
24 patient's chart if you didn't know what it was you were
03:00 25 supposed to be doing, correct?

03:00 1 A. Correct.

2 Q. So would you -- do you think it's probable that
3 you either read this or Ms. Maestas, at the time you
4 asked her about doing these initial health assessments,
03:01 5 explained to you how to do one?

6 A. I don't know that I read this (indicating). I
7 figure I'm -- we had a form, more than likely, that you
8 fill out for the health assessments --

9 Q. So you --

03:01 10 A. -- like a check-off list.

11 Q. Right.

12 And you thought that was good enough?

13 A. That's all there was to fill out for the 14-day
14 health -- health assessment.

03:01 15 Q. And did you ask Ms. Maestas: What am I
16 supposed to do with -- to do these 14-day health
17 assessments?

18 A. I don't recall.

19 Q. Did you ask her: Is there something I can read
03:01 20 so I know how to do a 14-day health assessment?

21 A. I don't recall if I did or not.

22 Q. Do you consider yourself to be a conscientious
23 nurse?

24 A. Yes, I do.

03:01 25 Q. Okay. Do you think in order to do a good job

03:02 1 for your patients there at Fremont County you probably
2 did ask or -- either to be trained or to read something
3 to know that you -- how do a 14-day health assessment as
4 a conscientious nurse?

03:02 5 A. I probably did ask.

6 Q. Okay.

7 A. And I worked by myself most of the time so it
8 was pretty much you'd feel your way through.

9 Q. You would not -- you would probably not have
03:02 10 done a 14-day health assessment without either reading
11 this or getting some kind of training on what it is
12 you're supposed to be doing, right?

13 A. Correct.

14 Q. You mentioned a stack of records and that it
03:02 15 was getting -- that had 14-day assessments on it.

16 How did -- how did that process work for you to
17 know what patients needed a 14-day assessment at
18 Fremont County Jail?

19 A. You could go by their book-in date.

03:03 20 Q. Meaning?

21 A. If they had came in on the 10th and it was the
22 24th, they should have already had one done.

23 Q. Or you should do it that day, right?

24 A. Correct.

03:03 25 Q. And, in fact, the way that worked is there was

03:03 1 a list that was redrawn or added to every day, and at the
2 top it's crossed off and at the bottom they had the new
3 book-ins.

4 So you could look at that sheet and tell you
03:03 5 who is going to need a 14-day assessment, right?

6 A. I don't recall.

7 Q. You don't remember that?

8 A. I don't.

9 Q. You do remember there was a stack of records --
03:03 10 of patient records in a pile that said 14-day
11 assessments, right?

12 A. Yes.

13 Q. And every day, if -- if it was coming up to 14
14 days, they would put that next file in at the bottom and
03:04 15 then you would take one off the top and go in and do the
16 14-day assessment, and so on and so forth, right?

17 A. I mean, that stack got pretty jumbled up
18 because you would go through that stack because a lot of
19 those people would get released. People would be hunting
03:04 20 for medical charts they would pull out of it, and then
21 those charts would never get filed back into that 14-day
22 stack.

23 Q. Now, you keep using the word "you" or "someone"
24 would do this.

03:04 25 As a matter of fact, you worked by yourself

03:04 1 most of the time, correct?

2 A. Correct.

3 Q. So that if the stack of 14-day records was
4 getting jumbled up, that was because you were the one
03:04 5 jumbling them up, right?

6 A. Oh. Yeah.

7 Q. Okay. Did you ever think that maybe you should
8 go back and -- and reorganize them so the next person who
9 does the next shift would be able to figure out who needs
03:05 10 the 14-day assessment?

11 A. Yes.

12 Q. All right. So although the stack may have
13 gotten jumbled, you kept it organized to the point that
14 you or any of the other nurses working there could figure
03:05 15 out who needed to get their 14-day assessments, right?

16 A. Yes.

17 Q. And that was the procedure that was followed
18 the entire time you were there at Fremont?

19 A. Yes.

03:05 20 Q. When you first did a 14-day health assessment,
21 that was some -- the things that you did for that on
22 check-off list that you went through, those were all
23 things you were familiar with as a nurse, weren't they?

24 A. Yes.

03:05 25 Q. You weren't -- you didn't feel that you were in

03:05 1 over your head or being asked to do things that you
2 didn't know how to do, correct?

3 A. No.

4 Q. Is what I said correct? I asked a negative
03:05 5 question and you said no, so I'm just trying to clarify
6 it.

7 You felt comfortable about doing the -- the
8 things that were on that check-off list for the 14-day
9 assessment, true?

03:06 10 A. Yes.

11 Q. That was all within your licensure?

12 A. Yes.

13 Q. In Mr. Walter's case, his -- he was booked into
14 the jail I think the evening of the 2nd or the morning of
03:06 15 the 3rd, so April 17 would have been 14 days.

16 You weren't working that day, were you?

17 A. No.

18 Q. That was -- the 17th would have been a
19 Thursday, and you worked Monday through Tuesday, right?

03:06 20 A. Sunday through Tuesday.

21 Q. Sunday through Tuesday. Thank you.

22 And on that Tuesday, which was his 12th day
23 there, did you see his chart in the stack of 14-day
24 initial health assessment files?

03:07 25 A. I didn't look for it.

03:07 1 Q. Is there a reason you didn't?

2 A. I didn't have any reason to look for it.

3 Q. Well, when would you start looking for the
4 14-day assessments to know whether you were supposed to
03:07 5 do them or not?

6 A. Can you repeat that?

7 Q. Sure.

8 When would you look for the charts for the
9 patients who needed a 14-day assessment?

03:07 10 A. That 14-day assessment was not my priority at
11 the time.

12 Q. That wasn't what I asked. I appreciate that
13 response, though.

14 You did do them, though, correct, 14-day
03:08 15 assessments?

16 A. I rarely did them.

17 Q. Okay. Well, I understand. You've said that.
18 You said you've done probably hundreds, but --

19 A. No, I didn't say I did hundreds.

03:08 20 Q. All right. I apologize if I misheard. I
21 thought that's what you testified to about five minutes
22 ago.

23 A. No, I didn't.

24 Q. Well, let's revisit that.

03:08 25 In the course of your career, you haven't even

03:08 1 done a hundred health assessments on a patient?

2 A. Not health assessments like the jail requires,
3 a 14-day health assessment.

4 Q. What kind of health assessments have you done
03:08 5 in your career where you said you've done hundreds of
6 them?

7 A. Of just seeing patients, just assessing them
8 when they say they've got a cold.

9 Q. Okay.

03:08 10 A. That's an assessment.

11 Q. Okay.

12 A. You go see them. Then you assess them. A
13 14-day health assessment, I've maybe done five and that
14 was at the Fremont County jail.

03:09 15 Q. So when you're the only nurse working there in
16 a day and there's a stack of 14-day assessments sitting
17 in that pile, you did not feel compelled to do any of
18 those 14-day assessments?

19 A. We were told to do them on the weekend.

03:09 20 Q. You worked on Sunday, right?

21 A. Yes, I did.

22 Q. That was a weekend day, right?

23 A. Yes.

24 Q. And in the entire -- how many months were you
03:09 25 there, June to September -- so 15 months you were there,

03:09 1 you only did 5 initial health assessments out of those
2 stacks of 14-day health assessments that were waiting for
3 you on the weekend?

4 Is that what your testimony is?

03:09 5 A. You know, I could go back through the records
6 of that time and count them up. I -- I mean, I can't
7 tell you for sure how many I did.

8 Q. Do you think maybe it was more than 5 since you
9 were working there for 13 months --

03:09 10 A. I have no idea.

11 Q. -- or 15 months?

12 A. I have no idea.

13 Q. That would be about one health assessment every
14 three months.

03:10 15 Is that you -- all you felt compelled to do on
16 the weekends when you were working in this big stack of
17 14-days assessments that you had in front of you?

18 You can answer.

19 A. I don't have a response to that.

03:10 20 Q. You think you probably did do more than five,
21 right?

22 A. Possibly.

23 Q. Okay. It would be inappropriate of you as a
24 conscientious nurse knowing that you're supposed to do
03:10 25 these 14-day health assessments to ignore the stack

03:10 1 sitting on your desk even though you were specifically
2 told it was supposed to be done on a weekend and you
3 worked on Sunday, true?

4 That would not be appropriate for you to do,
03:11 5 would it?

6 And if it would be, just say so.

7 A. I know some did get done.

8 Q. I'm not asking about some. I'm talking about
9 the ones that were sitting there on a Sunday when you
03:11 10 were working.

11 Would you agree it would be inappropriate for
12 you to ignore that stack of 14-day assessments when that
13 was part of your job?

14 A. I didn't ignore the stack.

03:11 15 Q. Was there only one file in the stack every
16 three months that you were working on Sundays?

17 A. I couldn't tell you how many was in that stack.

18 Q. Well, earlier you held your hand up --

19 A. Yeah, sometimes it -- but a lot of that stack
03:11 20 was people that had already been released.

21 Q. So what I'm trying to figure out now here, this
22 stack that's eight to ten inches tall as you indicated
23 earlier, were there a lot of 14-day assessments that
24 needed to be done or was there only one per three months
03:12 25 on the Sundays that you worked?

03:12 1 A. I couldn't tell you. I --

2 Q. So maybe it was just one every three months
3 like you recall?

4 Could you answer the question, please?

03:12 5 A. Possibly.

6 Q. Let's go on to the next exhibit. It's No. 8.
7 That is the Mental Health Screening and Evaluation,
8 Mental Health services provided.

9 You had worked in corrections for about ten
03:13 10 years by the time you came to Fremont, a little over,
11 right?

12 A. Yes.

13 Q. And in those ten plus years working in
14 corrections, you were -- you learned that a significant
03:13 15 percentage -- and by that I mean more than
16 five percent -- of the inmates that come in actually have
17 mental health problems, right?

18 A. Yes.

19 Q. Okay. It's actually fairly common, isn't it?

03:13 20 A. Yes.

21 Q. What number would you put on it
22 percentage-wise?

23 And I understand you're not a psychiatrist, but
24 just people that you thought: Wow. They need to see a
03:13 25 mental health person?

03:13 1 A. I couldn't give you a number.

2 Q. More than five percent?

3 A. Yeah.

4 Q. Less than 50 percent or more than 50 percent?

03:13 5 A. Less than 50.

6 Q. Okay. Do you think this is -- since mental
7 health screening and evaluation is something that's
8 commonly done in a jail, that you probably would have
9 read this policy and procedure, Exhibit 9 -- Exhibit 8?

03:14 10 Excuse me.

11 A. I probably read it, yes.

12 Q. And this also has an effective date of April 1,
13 2010, and you were working for CHC then at El Paso Jail,
14 right?

03:14 15 A. Yes.

16 Q. So you probably would have read it then when
17 they introduced it, right?

18 A. Yes.

19 Q. Okay. Let's go on to Exhibit 9, Emergency
03:14 20 Services.

21 You have read over this, right, Exhibit 9
22 when -- when it was entered, when it was shown to --

23 A. Yes.

24 Q. -- you in the deposition?

03:15 25 You said, I think, you were not trained on this

03:15 1 policy?

2 A. I did not sit in a classroom.

3 Q. Okay. You were trained on it, though,
4 actually, weren't you?

03:15 5 A. Yes.

6 Q. Just not in a classroom?

7 A. Yes.

8 Q. Okay. Tell me about your training in emergency
9 services at Fremont.

03:15 10 A. Do you mean what training did I receive?

11 Q. Yes.

12 A. I'm sure I was shown where the AED was.

13 Q. Okay. And they showed you where the AMBU bag
14 was, right?

03:15 15 A. Yes.

16 Q. Showed you where the oxygen was, right?

17 A. Yes. The crash cart.

18 Q. Okay. So they had a crash cart.
19 What's on a crash cart?

03:15 20 A. We had a -- there was like -- I think there was
21 an epi.

22 Q. An EpiPen?

23 A. Yeah.

24 Q. That's epinephrine?

03:16 25 A. Yes.

03:16 1 Q. And that's to help people who are in
2 anaphylactic shock, right?

3 A. Correct.

4 Q. What else was on the crash cart?

03:16 5 A. I can't recall what all was in it.

6 Q. Was the crash cart at Fremont County that much
7 different from the ones at the jail you're working at now
8 or at El Paso County jail?

9 A. It didn't have a lot in it.

03:16 10 Q. What did it have in it?

11 A. It had a sharps container on the side of it.
12 It had a blood pressure cuff. It had a pulse ox.

13 Q. What else?

14 A. I don't recall any drugs other than the
03:16 15 epinephrine, the epi shot.

16 Q. Where was the AED kept?

17 That would be the defibrillator paddles, the
18 things you put on their chest to shock someone to start
19 their heart up.

03:17 20 A. I don't recall where -- I don't recall if it
21 was in the main reception or the booking area.

22 Q. You knew where it was then, though, right?

23 A. Yes.

24 Q. You knew how to administer resuscitation?

03:17 25 A. Yes.

03:17 1 Q. You knew how to use the drugs that were on the
2 crash cart?

3 A. I have never used the drugs.

4 Q. Did you ever use the crash cart?

03:17 5 A. No.

6 Q. So the entire time you were at Fremont, no one
7 needed a crash cart?

8 A. No.

9 Q. Is what I said correct?

03:17 10 A. No one ever needed a crash cart.

11 Q. Okay. Did any inmate ever die while you were
12 at Fremont County other than Mr. Walter?

13 A. No.

14 Q. That was -- he was the only death that you were
03:17 15 aware of while you were there?

16 A. Yes.

17 Q. You mentioned a -- a young gal that -- I think
18 you said she was young -- that had diabetes since she was
19 a child. You were describing that in response to the
03:18 20 questions about Ms. Maestas being evil.

21 Do you remember that?

22 A. Yes.

23 Q. Okay. And she was a diabetic, right?

24 A. Yes.

03:18 25 Q. And Ms. Maestas would withhold her snacks when

03:18 1 Ms. Maestas found out that the young woman had been
2 buying things like Honey Buns from the commissary?

3 A. All diabetics got their snacks held, not just
4 that particular lady --

03:18 5 Q. Thank you.

6 A. -- all insulin-dependent diabetics.

7 Q. Back to my question.

8 Do you recall testifying earlier that
9 Ms. Maestas would withhold her evening snacks when she
03:19 10 found out that -- when Ms. Maestas found out this young
11 woman had bought things from the commissary that she
12 would eat?

13 A. Yes.

14 Q. Is that right?

03:19 15 A. Yes.

16 Q. Do you know much about diabetes?

17 A. Yes.

18 Q. Okay. Do you know that diabetics are
19 probably -- are not supposed to eat sugary snacks?

03:19 20 A. Yes.

21 Q. Do you think it would be appropriate for a
22 nurse who knew that a diabetic was buying sugary snacks
23 that were not part of the diet they were supposed to have
24 to eat those in addition to the diet they were supposed
03:19 25 to have?

03:19 1 A. Yes.

2 Q. So was it -- what bothered you about the fact
3 that Ms. Maestas was trying to keep this diabetic on a
4 diet that wouldn't kill her?

03:19 5 A. That wasn't the only time that she held it.
6 She held it from ever giving any diabetic coming in that
7 was on insulin, and the protocol said they're to get an
8 HS snack, an evening snack. They didn't get it.

9 Q. Did you ever tell Ms. Maestas that, You're
03:19 10 supposed to be giving these people their evening snacks?

11 A. Yes.

12 Q. And what did she say?

13 A. Nobody gets an evening snack here.

14 Q. Did they get an evening snack while you were
03:20 15 there?

16 A. No.

17 Q. So you didn't give them their evening snacks,
18 either?

19 A. No.

03:20 20 Q. Why not?

21 A. Because she said we couldn't.

22 Q. Did you think that was good for the patient, to
23 not give them an evening snack?

24 A. No.

03:20 25 Q. Then why did you not give them an evening snack

03:20 1 if you thought it was good for them to have their evening
2 snack?

3 A. Because Ms. Maestas was my supervisor.

4 Q. Did you think that it was more important to do
03:20 5 what's best for the patient or do what Ms. Maestas was
6 telling you do?

7 A. It was either do what she said to do or walk
8 out the door.

9 Q. Okay. And your choice was to stay there and do
03:21 10 things that you thought were not good for your patients?

11 A. Until I finally knew I had to walk out the
12 door.

13 Q. And that was fairly shortly after she had
14 disciplined you for using your cell phone to talk to
03:21 15 inmates' families with, which was prohibited by the rules
16 of the facility, correct?

17 A. I don't remember what month that was that she
18 wrote me up.

19 Q. It was shortly before you left, correct?

03:21 20 A. It was a little bit before I left.

21 Q. And that was the -- the time you used your cell
22 phone which was in violation of the jail's policy --
23 regulations, rather, that -- that was for the calling the
24 family of the patient that you thought was having a
03:22 25 stroke?

03:22 1 A. He did have a stroke.

2 Q. He did have a stroke.

3 Was -- were you the one that sent the patient
4 to the emergency room for the stroke?

03:22 5 A. Yes.

6 Q. Okay. Tell me what happened with that inmate.

7 A. You mean how he ended up?

8 Q. No.

9 How -- how did it come to your attention that
03:22 10 he needed to be sent to the hospital?

11 Was it during --

12 A. There was another nurse that had sent him out
13 prior to me, that he was having slurred speech. She had
14 sent him out and he stayed -- I don't know how long. I
03:23 15 don't remember. He was sent out more than once.

16 Q. Okay. Where was he sent out to?

17 A. St. Thomas More Hospital.

18 Q. And that's Pueblo?

19 A. Canon City.

03:23 20 Q. Canon City.

21 And so another nurse sent him out when he was
22 having slurred speech, right?

23 A. Yes.

24 Q. And you sent him out when he was having what
03:23 25 symptoms?

03:23 1 A. Chest pain, slurred speech. Same thing,
2 another day.

3 Q. Chest pain from a stroke?

4 A. Yes.

03:23 5 Q. Is that a common symptom of a stroke, chest
6 pain?

7 A. I mean, I didn't know he was having a stroke at
8 the time.

9 Q. Okay. Is chest pain a common symptom of a
03:24 10 stroke?

11 A. Not necessarily, no.

12 Q. That's more consistent with an MI, correct?

13 A. Yes.

14 Q. Okay. Now back to this patient.

03:24 15 Do you remember what his name was?

16 A. Yes.

17 Q. All right. When he was -- so another nurse
18 sent him out and you sent him out.

19 Was there another time that he was sent out?

03:24 20 A. He was sent out several times.

21 Q. Okay. And by different nurses?

22 A. Yes.

23 Q. So would it be fair to say that it was a policy
24 at the facility at Fremont that was being followed to
03:24 25 send a patient out if they were having signs or symptoms

03:24 1 of a stroke?

2 A. Yes.

3 Q. And everyone that you knew at Fremont was
4 actually doing that, right?

03:24 5 A. Yes.

6 Q. You knew about the regulation to not use your
7 personal cell phone to call inmate families, correct?

8 A. Actually, no.

9 Q. Back to the exhibits. I kind of got off on a
03:25 10 tangent there -- well, not a tangent. We were talking
11 about emergency services.

12 When you sent this patient out -- what was the
13 patient's name?

14 A. The first name -- or his last name was
03:25 15 Versillo. I don't remember his first name.

16 Q. Ver, V-E-R, Versillo, or like Frank?

17 A. V as in Victor.

18 Q. Versillo.

19 When you sent this gentleman out to St. Thomas
03:26 20 More for treatment of what appeared to be a stroke to
21 you, did you have to call and get permission first from
22 Ms. Maestas?

23 A. Yes.

24 Q. And she gave you that permission, correct?

03:26 25 A. Yes, I assume. I -- I don't recall.

03:26 1 Q. Okay.

2 A. I would have to look in his medical records to
3 see how I documented it.

4 Q. Well, he did end up going to the emergency
03:26 5 room, right?

6 A. Yes.

7 Q. Okay. If you called her up to get permission
8 to do that and -- and he actually ended up going to the
9 emergency room, she probably did give you permission to
03:26 10 do that, right?

11 A. I would assume he did -- she did.

12 Q. The same thing probably happened for when she
13 saw the same symptoms in this patient or other nurses saw
14 the same symptoms in this patient, right?

03:27 15 A. Yes.

16 Q. We -- next we have Exhibit 10, Basic Mental
17 Health Services, and I think you testified you were not
18 trained on this policy.

19 Is that right?

03:27 20 A. I've read it. To sit in a classroom, no.

21 Q. So you read this -- at least read this on your
22 own, right?

23 A. Yes.

24 Q. And, in fact, given again the date -- the
03:27 25 effective date of April 1, 2010, you probably read it

03:27 1 when it came out when you were employed with CHC at
2 El Paso County, right?

3 A. Yes.

4 Q. Okay. Any reason to think you wouldn't have
03:27 5 been familiar with what's in here when you were taking
6 care of Mr. Walter in 2014, four years later?

7 A. No.

8 Q. Going on to Exhibit 11, Intoxication and
9 Withdrawal policy and procedure, the same effective date
03:28 10 here, April 1, 2010.

11 Again, you were not trained in a classroom on
12 this, true?

13 A. Correct.

14 Q. Okay. But you did receive training on this,
03:28 15 right?

16 A. Yes.

17 Q. Both at Fremont and at El Paso County?

18 A. Yes.

19 Q. And you -- looking down at the Intake
03:29 20 Procedures, I think you said you weren't sure if
21 section -- under Procedure, Paragraph F, Subparagraph 1a,
22 I think you said you don't know if this was followed
23 because you didn't work in booking.

24 Is that right?

03:29 25 A. Yes.

03:29 1 Q. That's with patients having severe
2 life-threatening intoxication or withdrawal, correct?

3 A. Yes.

4 Q. And then with respect to d, you testified that
03:29 5 that part was consistently followed, true?

6 A. You mean b that's on the top of the second
7 page?

8 Q. Sure. That would be Page CHC P&P No. 192.

9 A. Yes.

03:30 10 Q. That was consistently followed, right?

11 A. Yes.

12 Q. Okay. Now, when you testify about whether a
13 policy or procedure is consistently followed, you would
14 agree that what you have knowledge of is what you
03:30 15 yourself do, right --

16 A. Yes.

17 Q. -- because you don't work with the other
18 nurses?

19 A. Correct.

03:30 20 Q. Are you saying, then, that you did not -- you
21 did not consistently follow these procedures when you say
22 they weren't consistently followed when you were
23 testifying earlier when Mr. Budge was asking questions?

24 Is that what you meant, that you did not
03:30 25 consistently follow these procedures?

03:30 1 A. I followed these procedures. I don't know what
2 anybody else does.

3 Q. Okay. So you followed them consistently,
4 right?

03:31 5 A. Yes.

6 Q. And you don't know whether the other nurses
7 followed them consistently or not, true?

8 A. I do not.

9 Q. Okay. And that would be pretty much -- that
03:31 10 would be the same for any of the policies and procedures
11 we're talking about, correct --

12 A. Yes.

13 Q. -- since you didn't work with those other
14 nurses?

03:31 15 A. Yes.

16 Q. And let me just kind of detour back a little
17 bit here. You were talking earlier about your
18 conversation with Mr. Budge where you said Ms. Maestas
19 was evil.

03:32 20 And did you ever tell PA Havens when you worked
21 with him that you thought that she was evil and she was
22 endangering the patients?

23 A. No.

24 Q. Why not?

03:32 25 A. I didn't say she was endangering the patients.

03:32 1 Q. Did you tell PA Havens that she was evil?

2 A. No, I didn't.

3 Q. Did you tell him anything negative about
4 Ms. Maestas?

03:32 5 A. No.

6 Q. Why not, if you thought she was evil and
7 endangering patients?

8 A. I didn't say she was endangering patients.

9 Q. Okay. I -- I apologize. I shouldn't have said
03:32 10 that. I -- I thought that was what you said.

11 What did you think she was doing aside from
12 being evil?

13 A. Just the practices at the jail, or --

14 Q. What about them?

03:33 15 A. Just like you're expected to write orders for
16 medications.

17 Q. Let's talk about that for a minute.

18 Anything else before I talk about that?

19 Anything else that she was doing aside from
03:33 20 being evil and having you write orders for medications?

21 A. No.

22 Q. Now, you said there was a chart on the wall of
23 the medical -- one of the medical rooms that had a list
24 of infections and what types of medications to use for
03:34 25 them.

03:34 1 Did I hear that correctly?

2 A. It was a dry erase board in the pharmacy.

3 Q. Tell me what you remember being on that dry
4 erase board in the pharmacy as specifically as you can.

03:34 5 A. It was an antibiotic. I don't recall which
6 antibiotic but it was written on there how to give it,
7 like twice a day for so many days.

8 Q. Do you remember what antibiotic -- was it just
9 one antibiotic?

03:34 10 A. Yes.

11 Q. Okay. Do you remember what antibiotic?

12 A. I don't remember which antibiotic it was.

13 Q. And what was it supposed to be used for?

14 A. Like if somebody had an infection like MRSA,
03:34 15 like if they had a -- we saw a lot of abscesses on the
16 skin.

17 Q. Anything else you remember about this dry erase
18 board in the pharmacy?

19 A. No. That was the only thing that was on it.

03:35 20 Q. Did Ms. Maestas put up that dry erase board in
21 the pharmacy?

22 A. I don't know who put it up there. It was up
23 there when I went to work there.

24 Q. Now, one of the things that was hanging on the
03:35 25 wall in the medical -- one of the three medical rooms was

03:35 1 a list of on-call providers, correct, doctors and PA's?

2 A. Yes.

3 Q. So if you ever had a patient that you felt had
4 an abscess or an infection, you could call that provider
03:35 5 that was on that list and ask them to prescribe that
6 medication, correct?

7 A. Yes.

8 Q. And they would give you the go-ahead of a
9 verbal order, if you will, over the telephone to
03:36 10 prescribe that medication based on the signs and symptoms
11 and your assessments as a nurse, correct?

12 A. Yes.

13 Q. And then you would write that in because the
14 doctor had given you that vocal order over the phone, and
03:36 15 then when the doctor or the PA came in they would sign
16 off on it, true?

17 A. Yes.

18 Q. So if you felt uncomfortable with looking up on
19 the dry erase board and prescribing or writing an order
03:36 20 for that medication, why didn't you just call one of the
21 several doctors or PA's that is on that list and ask them
22 to do it?

23 A. And I have.

24 Q. Okay. Why didn't you do that all the time?

03:36 25 A. Because I was told by her to do this.

03:36 1 Q. Ms. Maestas told you to not call a provider if
2 you felt a -- the patient needed a medication?

3 A. She would tell us to use that, what she wrote
4 on the board in the back.

03:37 5 Q. For what?

6 A. Like if they had an abscess that looked like it
7 might be MRSA.

8 Q. And so it was your understanding that she was
9 telling you to not -- Ms. Maestas was telling you to not
03:37 10 call the doctor but just to write the order yourself?

11 A. Yes.

12 Q. And you're sure of that?

13 A. I'm positive.

14 Q. Did you ever tell PA Havens or any of the
03:37 15 doctors that came into the facility that you were being
16 asked to do that and that made you uncomfortable?

17 A. Mr. Havens knew we did that.

18 Q. And you told -- did you tell Mr. Havens that
19 you were not comfortable doing that?

03:38 20 A. I did not tell him I was not comfortable doing
21 that.

22 Q. Why not?

23 A. I --

24 Q. If you knew you could call PA Havens or a
03:38 25 doctor at any time to get their order for -- whether it's

03:38 1 for an abscess or a UTI or a cough or whatever, why
2 didn't you just do that?

3 A. I should have.

4 Q. Why didn't you?

03:39 5 A. I have no response.

6 Q. You don't know?

7 Okay. Earlier when I was asking you about
8 Ms. Maestas and whether -- and assuming that you had
9 testified that she was endangering patients, which is I
03:39 10 was incorrect on, would you agree with me, then, that you
11 never saw Ms. Maestas do anything that you felt was
12 endangering the patients?

13 A. I have never seen her do anything that
14 endangered the patients.

03:39 15 Q. And she never asked you to do anything that
16 endangered a patient, did she?

17 A. No.

18 Q. No, she didn't?

19 A. No, she didn't.

03:40 20 Q. With respect to a patient getting a mental
21 health treatment would being seen by a psychiatrist be
22 appropriate?

23 A. Can you repeat that?

24 Q. If a patient -- well, first of all, did you
03:40 25 think that when you were taking care of Mr. Walter that

03:40 1 he needed mental health care?

2 A. Anytime that I saw him, he didn't.

3 Q. And --

4 A. He wasn't at that point.

03:40 5 Q. I'm sorry.

6 And you saw him up and through the 15th of
7 April, correct?

8 A. I believe.

9 Q. You can also look on Exhibit 20 --

03:41 10 A. Yes.

11 Q. -- Page 9 if you like.

12 And so as of the last time you saw Mr. Walter
13 on the 15th, you didn't think he had any condition that
14 required a mental health examination or referral,
03:41 15 correct?

16 A. I'm not saying he didn't require any mental
17 health.

18 Q. Okay. Well, what mental --

19 A. But --

03:41 20 Q. -- health exam did you order?

21 A. I didn't order a mental health exam.

22 Q. Well, when did you ask for one?

23 A. I didn't ask for one.

24 Q. What mini-health exam did you conduct?

03:41 25 A. I didn't.

03:41 1 Q. Was that because you didn't think he needed
2 one?

3 A. Medical didn't do the mental mini-health exams.

4 Q. True, but there were two mental health people
03:41 5 that came in, a technician and a psychiatrist, correct?

6 A. Yes.

7 Q. And if you wanted to, you could ask them to see
8 Mr. Walter, correct?

9 A. Yes.

03:41 10 Q. And you never did that, did you?

11 A. I don't recall if I did. I don't --

12 Q. You've looked through the records, right?

13 A. Yes.

14 Q. It's Exhibit 20. Take a look at it now --

03:42 15 A. Okay.

16 Q. -- and you let me know if any of those yellow
17 highlighted things that you have written in there, that
18 you said that he needs to be seen by mental health.

19 A. There's nothing in there. In the medical unit
03:42 20 there was two little boxes, one for PA Havens and one for
21 mental health. If you wanted them to see PA Havens you
22 stuck their chart in his box, or if you wanted them to
23 see mental health you put their chart in mental health's
24 box. If I put Mr. Walter's chart in mental health's box,
03:42 25 I do not recall if I did or I didn't.

03:42 1 Q. Why don't you take a look at Exhibit 20 and
2 take a look at that note you made on the 13th and let me
3 know if you saw anything on the 13th that leads you to
4 believe you would have put him in Dr. Allen's in-box --
03:42 5 his file in Dr. Allen's in-box for a mental health
6 evaluation.

7 A. There's nothing.

8 Q. Okay. And when -- you saw him the 15th, right?
9 It's on Page 9 of that Exhibit 20 there in
03:43 10 front of you if you want to look. It's the MAR, the
11 Medical Administration Record.

12 Is there anything on there that suggests to you
13 that you would have wanted him to be seen by mental
14 health?

03:43 15 A. No.

16 Q. Okay. Another thing you testified to earlier
17 is that that one that's in the boxes above where your
18 initials are -- I think it's when Ms. Repshire was seeing
19 the patient -- those indicate that the patient had
03:43 20 refused medication?

21 A. Yes.

22 Q. Okay. And that -- was that the nomenclature,
23 the abbreviation that was used at Fremont to put in the
24 record if a patient refused medication?

03:43 25 A. Yes.

03:43 1 Q. Did you ever do that for the one if the patient
2 refused medication?

3 A. Yes.

4 Q. Okay. Now, one of the things I notice is that
03:44 5 on the 15th in the morning you show that you administered
6 Mr. Walter's methadone, right?

7 A. Yes.

8 Q. In the evening, though, there's nothing.

9 A. Yes.

03:44 10 Q. Okay. Did he refuse medication that -- in that
11 evening med pass?

12 A. I would say he took it and I didn't document
13 that I gave it.

14 Q. Why didn't you document it?

03:44 15 A. I'm not sure why.

16 Q. And you had -- you would have had the MAR and
17 checked it on the med chart -- or excuse me -- the med
18 cart, correct?

19 A. Yes.

03:44 20 Q. Did you just forget to do it?

21 A. Possibly.

22 Q. Did that happen from time to time when you were
23 taking care of your patients, that you might do something
24 but forget to put it in the chart?

03:44 25 A. No.

03:44 1 Q. That never happened to you?

2 A. I mean, I'm sure it has.

3 Q. Okay. And you think that's probably what
4 happened on the 15th when you think you gave Mr. Walter
03:45 5 his medication but didn't write down that you gave him
6 his medication?

7 A. Yes. I missed one documentation here out of --

8 Q. Six?

9 A. I missed 1 out of 15.

03:45 10 Q. You saw him 15 times?

11 Oh, yeah, that's right.

12 A. Yes.

13 Q. More than --

14 A. Yes.

03:45 15 Q. Okay. Let's talk about another one that you
16 didn't write down.

17 At the bottom of Page 9 of Exhibit 20 --

18 A. Uh-huh.

19 Q. -- do you see that?

03:45 20 On the left-hand side you wrote down that the
21 patient needed to have their -- was it their vital signs
22 checked --

23 A. Yes.

24 Q. -- every morning?

03:45 25 Is that right?

03:45 1 A. Yes.

2 Q. And you have written down on -- per your
3 examination on the 14th a blood pressure, correct?

4 A. Yes.

03:45 5 Q. And I think your blood pressure that you wrote
6 on the 13th was actually recorded in another part of the
7 chart, right?

8 Not on the MAR but on another part --

9 A. Yeah. The 13th is in another part of the
03:46 10 chart.

11 Q. Right.

12 And then on the 15th, the third day into the
13 five days that you wrote in the chart he should have his
14 vital signs checked every morning, you have nothing
03:46 15 entered, correct?

16 A. Correct.

17 Q. Does that mean you did not take his vital signs
18 that morning as you thought it needed to be done?

19 A. No. It probably got transcribed on a little
03:46 20 piece of paper and never did get transcribed onto here.

21 Q. Okay. Well, you're taking that MAR with you
22 when you see Mr. Walter, correct?

23 A. Yes.

24 Q. And you took it with you and wrote an X that
03:46 25 morning when you gave him his methadone, correct?

03:46 1 A. We document it. We signed out our MAR's after
2 we got through passing meds.

3 Q. And when you were passing meds to Mr. Walter,
4 you wrote an X for the box for that morning when you saw
03:47 5 him indicating you had given him his methadone, correct?

6 A. Yes.

7 Q. And it's your testimony that that morning in
8 addition to giving him his methadone you also did his
9 blood pressure?

03:47 10 A. I can't guarantee I did it.

11 Q. Okay. So -- well, if you wrote in the chart
12 there that he had to have that checked every morning, why
13 wouldn't you do it?

14 A. I don't know that I didn't. I don't know that
03:47 15 I did.

16 Q. Well, I understand that.

17 My question --

18 A. It's not documented here that I did it.

19 Q. I understand that and now I'm trying to figure
03:47 20 out whether you probably did it or didn't do it
21 regardless of whether you wrote it down, okay?

22 Are you with me?

23 A. Yes.

24 Q. Okay. And I apologize. I know this can be
03:47 25 confusing at times.

03:47 1 But since you, two days earlier, wrote down
2 that Mr. Walter should have his blood pressure and other
3 vitals taken every morning for five days -- you wrote
4 that down, right?

03:48 5 A. I just wrote: Blood pressure check.

6 Q. Okay.

7 A. Blood pressure and pulse.

8 Q. Blood pressure and pulse every morning.

9 Is there a reason that you probably would not
03:48 10 have bothered to do that the morning of the 15th?

11 A. I don't know that I didn't do it.

12 Q. That's what I'm asking.

13 Can you think of -- of any reason that you
14 wouldn't do it --

03:48 15 A. No.

16 Q. -- if you knew he needed to have it?

17 A. No.

18 Q. So you would agree with me that you probably
19 did check his blood pressure and pulse the morning of the
03:48 20 15th?

21 A. Honestly, I probably did do it.

22 Q. Probably did?

23 A. Yes.

24 Q. Yes. Okay. That's fine.

03:48 25 And if that blood pressure and pulse were

03:48 1 abnormal, you probably would have written it down, too,
2 correct?

3 A. Yes.

4 Q. And the fact that you didn't write it down
03:48 5 means that there was probably nothing unusual going on
6 that morning like there had been the morning before?

7 A. Yes.

8 Q. Okay. Does that sometimes happen as a nurse,
9 if you check something and it's normal you don't
03:49 10 necessarily write it down?

11 A. No.

12 Q. That's not normal -- or excuse me.
13 That's not common?

14 A. Are you saying --

03:49 15 Q. Let me rephrase the question.

16 A. Yes.

17 Q. That wasn't a good question.

18 As a nurse, do you write down every single
19 thing you do with every single patient?

03:49 20 A. Not every single thing.

21 Q. Okay. And, for example, here you didn't write
22 down the blood pressure and pulse for Mr. Walter even
23 though you think you probably took it the morning of the
24 15th, right?

03:49 25 A. Yes.

03:49 1 Q. And you said earlier that that's probably
2 because it -- the blood pressure and pulse were normal on
3 the morning of the 15th?

4 A. No, I didn't -- I didn't not write it down
03:49 5 because -- I don't know why I didn't write it down.

6 Q. Let me ask a different question, then.
7 If his blood pressure was high like it had been
8 the day before, would you have probably have written that
9 in the chart?

03:50 10 A. It doesn't matter what the blood pressure was.
11 I would have written it in the chart if it was high or
12 low.

13 Q. But you didn't?

14 A. Correct.

03:50 15 Q. If -- what was the medication you gave him for
16 the high blood pressure?

17 A. Klonopin.

18 Q. Klonopin.

19 Did you give him Klonopin the morning of the
03:50 20 15th?

21 A. No.

22 Q. If his blood pressure was high the morning of
23 the 15th, you think you probably would have asked to
24 give -- for an order to give him Klonopin?

03:50 25 A. Yes, if it followed those parameters, if it was

03:50 1 high enough.

2 Q. Okay. And you didn't give him Klonopin that
3 day, right, on the 15th?

4 A. No.

03:50 5 Q. Okay. And you didn't call the PA or a doctor
6 the morning of the 15th to get an order for Klonopin,
7 correct?

8 A. Correct.

9 Q. So the reason you didn't do those things is
03:51 10 probably because his blood pressure was normal when you
11 checked it the morning of the 15th, right?

12 A. I have no idea.

13 Q. Do you think if you checked -- well, do you
14 think you probably checked his blood pressure the morning
03:51 15 of the 15th?

16 A. I do --

17 Q. Okay.

18 A. -- feel like I checked his blood pressure.

19 Q. And if you checked his blood pressure and it
03:51 20 was bad like it had been the day before, you probably
21 would have done something about it, right?

22 A. Yes.

23 Q. You would have called the doctor to get an
24 order?

03:51 25 A. Yes.

03:51 1 Q. And you didn't do that, did you?

2 A. Or I would have had a protocol to follow.

3 Q. Which was to give him Klonopin?

4 A. Correct.

03:51 5 Q. And you didn't give him any Klonopin, did you?

6 A. Not that I've document -- not that I recall.

7 Q. So if you took the blood pressure and you

8 didn't follow anything that you -- didn't do anything you

9 would have done if it was high, then you probably thought

03:51 10 it wasn't high that day?

11 A. I can't really tell you what I did. I don't

12 have a blood pressure written down so I don't know if it

13 was high or low.

14 Q. You would agree that if you had done the blood

03:52 15 pressure and it was high and you didn't do anything about

16 it, that would be below the standard of care, right?

17 A. Yes.

18 Q. Is it generally your practice to practice

19 within the standard of care?

03:52 20 A. Yes.

21 Q. So it would be generally your practice to do

22 something if you took a high blood pressure reading and

23 it was abnormal?

24 A. Yes. That's why he was put on blood pressure

03:52 25 checks in the beginning, because when he came out to the

03:52 1 med cart and asked me about the blood pressure it was
2 elevated. And I put him on blood pressure checks and I
3 followed the protocol and I started him on the -- or I
4 gave him the one-time dose of Klonopin.

03:52 5 Q. The -- going on to the next exhibit,
6 Exhibit 12. I'm done with 20 for now.

7 I think you testified that you had not been
8 trained in the classroom on this policy, correct?

9 A. I think that's correct.

03:53 10 Q. Again, given the effective date of April 1,
11 2010, you probably read this and you were trained on it
12 at least while you were at El Paso County, correct?

13 A. Yes.

14 Q. And you may have read it again when you came
03:53 15 back to Fremont?

16 A. Yes.

17 Q. Maybe not?

18 Let's go on to the next one, Exhibit 13,
19 Restraint and Seclusion policy and procedure.

03:53 20 You were not trained in the classroom on this
21 policy, right?

22 A. No.

23 Q. And the -- did -- do you think you ever read
24 this -- it, again, has an April 1, 2010 date -- when you
03:54 25 were working for CHC in El Paso County?

03:54 1 A. I'm sure I did.

2 Q. Okay. Do you know how to use restraints
3 appropriately on patients or how to ask that restraints
4 be applied?

03:54 5 A. I have never put restraints on but I've checked
6 a lot of restraints.

7 Q. Do you know whether in this case when the
8 restraints were put on Mr. Walter the surveillance was --
9 a DVD was put in to monitor him?

03:54 10 A. I never saw him in restraints.

11 Q. I think the restraints were put on shortly
12 after you saw him. That might explain why.

13 When you saw him on the 15th, you didn't think
14 he needed restraints, did you?

03:55 15 A. There was nothing.

16 Q. Huh?

17 A. There was nothing brought up to me about him
18 needing restraints.

19 Q. Well, if you saw something and you thought he
03:55 20 needed restraints, you'd ask someone to put him in
21 restraints, correct?

22 A. Correct.

23 Q. Let's go on to Exhibit 14 which is the protocol
24 for Changes in Behavior.

03:55 25 I believe you were not trained in a classroom

03:55 1 on this one, correct?

2 A. Correct.

3 Q. This one has a review date -- a revised date of
4 January 1, 2012, created September of 2007.

03:55 5 Were you still at El Paso County in 2007 and
6 2012?

7 A. I was in 2007 but I wasn't in 2012.

8 Q. Where were you in 2012?

9 A. Cheyenne Mountain Re-Entry Center.

03:56 10 Q. How about January of 2013?

11 A. Cheyenne Mountain Re-Entry Center.

12 Q. You're saying you were not trained in the
13 classroom on this?

14 A. No.

03:56 15 Q. And I think you said in response to a question
16 by Mr. Budge that the first eight questions listed there
17 under Section 1, Roman numeral 1, "Ask the patient," you
18 said the records show -- don't show that he was asked any
19 of these things.

03:56 20 Do you remember that testimony?

21 A. Can you repeat the last --

22 Q. You see the section here where it says: Ask
23 the patient --

24 A. Yes.

03:56 25 Q. -- and then there's eight questions under that?

03:56 1 And I wrote down here in my notes that you testified a
2 few minutes ago that the records don't show that
3 Mr. Walter was asked these questions.

4 Do you remember testifying to that?

03:56 5 A. Yes, I do remember that.

6 Q. Were you aware that a psychiatrist saw
7 Mr. Walter on the 17th because of his change in behavior?

8 MR. BUDGE: Object to the form.

9 A. I know there's documentation in here where
03:57 10 Dr. Allen saw --

11 Q. (By Mr. Tiemeier) Sure. It's Page 7 in there.

12 A. Okay.

13 Q. Do you know whether Dr. Allen asked the patient
14 any of these questions that are listed on the -- under
03:57 15 the clinical protocol?

16 A. I don't know what her questions were to him. I
17 can only read what she documented. She doesn't say what
18 questions she asked him to get any of these -- any of
19 this documentation.

03:58 20 Q. Does she indicate in that that he was standing
21 naked in the middle of his cell?

22 A. She does.

23 Q. And that he was saying -- what's that say -- I
24 am the -- she quotes him there at the bottom. It's like:
03:58 25 I'm a rock star?

03:58 1 MR. BUDGE: Object to the form.

2 MR. TIEMEIER: I'll whip it out here so we

3 get this right.

4 Q. (By Mr. Tiemeier) It's at the bottom there

03:59 5 under Thought Content. It says: Grandiose delusions

6 about, quote, high intelligence and power, close quote,

7 quote, Biggest star in the world, close quotes.

8 Do you see that?

9 A. Yes.

03:59 10 Q. Typically, if you -- if a medical person puts

11 something in quotes, does that mean that's what the

12 patient said?

13 A. Yes.

14 Q. Okay. Assuming that to be the case here, if

03:59 15 Mr. Walter is standing in the -- naked in the middle of

16 his cell saying that he has high intelligence and power

17 and is the biggest star in the world, would that suggest

18 to you that perhaps questions such as those listed in the

19 clinical protocol under Section 1 might not elicit

03:59 20 helpful response?

21 MR. BUDGE: Object to the form.

22 A. Might not elicit --

23 Q. (By Mr. Tiemeier) -- a helpful response?

24 For example, Question 4: Have there been any

04:00 25 changes in sleep or eating patterns?

04:00 1 A. Could be part of his hallucinating.

2 Q. Okay. In your experience, if patients are
3 having a psychotic break or hallucinating, is the
4 information they provide reliable generally or do you
04:00 5 know?

6 A. I'm not a mental health professional.

7 Q. Okay. So you would probably defer to Dr. Allen
8 who is a psychiatrist as to whether these questions in
9 the clinical protocol, Exhibit 14, needed to be asked to
04:00 10 learn about Mr. Walter's change in behavior?

11 Would you defer to her on that subject?

12 A. I would.

13 Q. Let's go on to Exhibit 15, please. Again, you
14 said you were not trained in the classroom on this.

04:01 15 But given the date of its creation is September
16 of 2007, you likely would have been exposed to it in its
17 previous form when you were at El Paso County working for
18 CHC?

19 A. I've never seen this before.

04:01 20 Q. Okay. When you examined him, you did ask him
21 things like what -- what's the year, date, day, and
22 month, right?

23 A. Yes.

24 Q. And you did ask him where he was, correct?

04:01 25 A. Yes, if he knew where he was.

04:01 1 Q. And he knew, right?

2 A. Yes.

3 Q. And you did ask -- did you ask him to name
4 three objects or ask him to repeat the names of three
04:02 5 objects?

6 A. No.

7 Q. You did note he was alert and oriented times
8 three, correct?

9 A. Yes.

04:02 10 Q. Had you ever -- so your testimony is you've
11 never seen this mini-mental status exam before?

12 A. Yes.

13 Q. Have you seen it since?

14 A. No.

04:02 15 Q. Have you seen anything like it?

16 A. I've never seen it until today.

17 Q. Have you ever heard of a mini-mental status
18 exam?

19 A. No.

04:02 20 Q. So at the Wise County Jail where you work now
21 they don't have a form or a protocol for a mini-mental
22 status exam, do they?

23 A. Not that I've seen.

24 Q. Or that you have been trained in?

04:02 25 A. Correct.

04:03 1 Q. Looking at Exhibit 16 now, please, Acutely
2 Psychotic Patients, again, you were not trained in the
3 classroom on this, correct?

4 A. Correct.

04:03 5 Q. It starts off talking about the patient being
6 examined in the infirmary or medical unit, but you didn't
7 have an infirmary at El -- at Fremont, did you?

8 A. No.

9 Q. Okay. Did you have a medical unit?

04:03 10 A. Just the clinic.

11 Q. Okay. You never saw him in a -- Mr. Walter in
12 a situation where you felt you needed to refer him for
13 acute psychosis?

14 A. No.

04:03 15 Q. So you have no idea whether he needed to be put
16 on this protocol or not?

17 A. No.

18 Q. You would agree that the record shows that he
19 was evaluated by a psychiatrist --

04:04 20 A. Do I agree --

21 Q. -- on the 17th?

22 A. -- that he was evaluated?

23 Q. Yes, on the 17th.

24 A. Yes.

04:04 25 Q. As -- and I'm not sure if you have the

04:04 1 background for this, and if you don't just tell me. But
2 under this protocol, for example, under Section II,
3 Examine the Patient it says: Vital signs, Blood
4 Pressure, Pulse, Respirations, and Temperature.

04:04 5 If a patient is standing naked in the middle of
6 the room saying they're the biggest star in the world and
7 had been placed into restraints earlier that day for
8 violent behavior, would it be appropriate to perhaps not
9 do the blood pressure, pulse, respirations, and
04:05 10 temperature at that time?

11 MR. BUDGE: Object to the form.

12 A. Well, was he in -- he was in restraints earlier
13 in that day --

14 Q. (By Mr. Tiemeier) I believe that's correct.

04:05 15 A. -- and then they took him out.

16 Q. I know he was in restraints the day before.

17 I -- and I can't remember if at the time she, Dr. Allen,
18 examined him --

19 A. Well --

04:05 20 Q. -- he was in restraints. Let me -- well, let
21 me just get the record out and I'll tell you exactly when
22 this was.

23 Dr. Allen saw him at 8:30 in the morning of the
24 14th and he was -- I apologize for the delay. I was
04:06 25 mistaken. It looks as though -- oh, no. He was at -- on

04:06 1 the 15th, actually, the day that you saw him, at
2 8:25 p.m. looks like three -- two deputies and a corporal
3 handcuffed Walter who was resisting their attempts to
4 secure him and that they brought in the emergency
04:07 5 restraint chair and he was secured and moved so video
6 could be started. And this is all noted in FCSO 55 at
7 8:25 p.m. on the 15th. And what I don't know is whether
8 that continued on until the next day, but it looks as
9 though at some point he was -- the next morning of the
04:07 10 16th, he was standing in his cell talking to himself,
11 laying down talking to himself, refusing his breakfast,
12 sitting down without clothes on.

13 If a -- if a patient is in that type of a
14 situation, is it sometimes appropriate to defer things
04:08 15 like checking the blood pressure or pulse?

16 MR. BUDGE: I object to the preface of the
17 question. Object to the form.

18 A. If he's in restraints?

19 Q. (By Mr. Tiemeier) Well, let's start with that.

04:08 20 A. Most places that I have worked at, you check
21 their blood pressure when they're in restraints every 15,
22 30 minutes depending.

23 Q. Has there ever been a situation in all your
24 years of correctional healthcare nursing that you've ever
04:08 25 not taken a blood pressure or vital signs of a patient

04:08 1 because of the condition that they were in, whether it be
2 violence or psychosis?

3 A. You wouldn't take it if they're violent.

4 Q. I asked about you.

04:08 5 A. I wouldn't take it if they're violent.

6 Q. And you've done that in the past?

7 A. If they are in a restraint chair restrained
8 down you take their blood pressure because they're
9 restrained, but if they're standing up free and they're
04:09 10 violent you don't go in the cell. But just him being
11 naked doesn't -- that wouldn't be a deterrent from you
12 taking his blood pressure.

13 Q. As a nurse, do you feel it is appropriate to
14 use your clinical experience in interpreting and applying
04:09 15 the protocols that are provided to you by the jail you're
16 working at?

17 A. Yes.

18 Q. In what way?

19 A. You follow them to the best of your ability.

04:10 20 Q. And sometimes the clinical situation is such
21 that you shouldn't or can't follow them?

22 A. All jails I would say do not use every protocol
23 that they have in their book just because they're there.

24 Q. Now let's go to Exhibit 17, please, which has
04:10 25 to do with benzodiazepine addiction.

04:10 1 And again, you were not trained in this
2 protocol at Fremont but you were at El Paso County; is
3 that right?

4 A. Yes.

04:10 5 Q. And --

6 MR. BUDGE: Greg, I'll need a break in
7 the --

8 MR. TIEMEIER: Oh, yeah.

9 MR. BUDGE: -- next five minutes or so.

04:10 10 MR. TIEMEIER: We can really take one now
11 if you like.

12 VIDEO TECHNICIAN: The time is 4:11 p.m.
13 We are off the record.

14 (Recess from 4:11 to 4:15)

04:16 15 VIDEO TECHNICIAN: The time is 4:15 p.m.
16 We are back on the record.

17 Q. (By Mr. Tiemeier) When we took the break I had
18 just started asking you questions about Exhibit 17.

19 Do you have that in front of you?

04:16 20 A. Yes.

21 Q. Okay. This is the protocol for benzodiazepine
22 addiction, correct?

23 A. Yes.

24 Q. And you were trained in these at El Paso
04:16 25 County?

04:16 1 A. Yes.

2 Q. Do you think you would have read them again
3 when you came to Fremont?

4 A. Yes.

04:17 5 Q. Did you follow this protocol?

6 A. At Fremont County?

7 Q. Yes.

8 A. We didn't give benzo. They didn't --

9 Q. This is for patients who have benzodiazepine
04:17 10 addictions, correct?

11 A. We --

12 Q. Do you understand my question?

13 A. Yes, I do.

14 Q. Okay.

04:17 15 A. I'm -- I can't remember ever starting anybody
16 on this.

17 Q. You see on the second page there's a problem
18 oriented record?

19 A. Yes.

04:18 20 Q. Is that the withdrawal monitoring sheet?

21 A. Yes.

22 Q. And I think you said that that was not used at
23 Fremont?

24 A. I don't ever remember using this at
04:18 25 Fremont County.

04:18 1 Q. Okay. Do you know whether any people at
2 Fremont might have used it?

3 A. I never -- no, I don't remember anybody ever
4 using it.

04:18 5 Q. Well, you would only know about whether you had
6 used it, right, since you worked alone?

7 A. I never saw it in the -- in any charts.

8 Q. Okay. Did you ask the patient any of the
9 questions that are listed under Roman numeral I?

04:19 10 A. About his medication?

11 Q. Yeah, Mr. Walter or anyone else.

12 A. No.

13 Q. Okay.

14 A. I have asked -- well, no. That would be an
04:19 15 opiate. I don't recall ever asking anybody on benzo.

16 Q. Why didn't you?

17 A. There wasn't an -- an occasion. I didn't
18 have --

19 Q. Didn't have any benzo withdrawal patients?

04:19 20 A. I don't recall any that were on benzo.

21 Q. Okay. Mr. Walter was.

22 Did you ask him any of these questions?

23 A. No, I didn't ask him.

24 Q. Why not?

04:19 25 A. Because he had already been there like three

04:19 1 days before I ever came in and that should have already
2 been completed or assessed. And there wasn't any
3 withdrawal protocol started because --

4 Q. Because?

04:20 5 A. I don't know why it wasn't.

6 Q. I'm looking at --

7 A. I wasn't there on those, I think, three days.

8 Q. I apologize for interrupting you. Looking at
9 Exhibit 20, Page 4, CHC 4 --

04:20 10 A. Is it this (indicating)?

11 Q. Yeah. That's the medical record. It's the
12 fourth page.

13 Do you have that in front of you?

14 A. Yes.

04:21 15 Q. What is that?

16 What does it say at the top?

17 A. Inmate has his own medications.

18 Q. No, no, no.

19 At the -- at the -- the printed part: Provider
04:21 20 Orders, right?

21 A. Yes.

22 Q. Okay. And provider orders mean the orders that
23 a doctor or a PA give --

24 A. Yes.

04:21 25 Q. -- for the patient's care, right?

04:21 1 A. Yes.

2 Q. And this is something you're used to looking
3 at, right?

4 A. Yes.

04:21 5 Q. Because as a nurse --

6 A. Yes.

7 Q. -- that's one of things you're supposed to do
8 is --

9 A. Correct.

04:21 10 Q. I'm putting my hand up because you need to wait
11 until I'm done with my question.

12 A. Okay.

13 Q. I apologize. It happens all the time. Let me
14 start over again.

04:21 15 Provider orders are something you are used to
16 looking at as a nurse, correct?

17 A. Uh-huh. Yes.

18 Q. And that's because one of your jobs as a nurse
19 is to carry out these provider orders, correct?

04:21 20 A. Yes.

21 Q. And this provider order was in Mr. Walker's
22 chart, right?

23 A. Yes.

24 Q. And that chart was in the medical section of
04:22 25 the jail, right?

04:22 1 A. Yes.

2 Q. And you -- I think you testified earlier you
3 would have access to these charts at any time?

4 A. Yes.

04:22 5 Q. And in here under 4/3/14 it says: Start benzo
6 protocol to discontinue benzodiazepines, right?

7 A. Yes.

8 Q. Did you ever look at this order?

9 A. Do you understand what "noted" means?

04:22 10 Q. Well, I do but that wasn't my question.

11 My question is: Did you ever look at this
12 provider order?

13 A. I don't recall looking at that.

14 Q. You were aware, though, that Mr. -- when you
04:22 15 were taking care of him that Mr. Walter was going --
16 that -- had been using benzodiazepines, right?

17 A. I didn't know from -- I just thought he was on
18 methadone.

19 Q. Well, I thought you testified earlier today
04:23 20 that -- when Mr. Budge was asking you questions that you
21 knew he was -- probably knew he was withdrawing from
22 both.

23 MR. BUDGE: No. That misstates the
24 testimony. I object to that question.

04:23 25 MR. TIEMEIER: Go right ahead. The record

04:23 1 says what it says. If I got it wrong, I'm wrong but I'm
2 pretty sure I heard that right.

3 A. I thought he was withdrawing from methadone.

4 MR. BUDGE: You said that after he
04:23 5 corrected you.

6 Q. (By Mr. Tiemeier) No, the first time you
7 said -- well, we'll just let the record speak for itself.

8 MR. BUDGE: Agreed.

9 Q. (By Mr. Tiemeier) Would you agree that had you
04:23 10 looked at this provider order you could have learned that
11 your patient was withdrawing from benzodiazepines?

12 A. Yes.

13 Q. And you did not do that?

14 A. I don't know that -- if I looked at it or not.

04:23 15 Q. And at one point you had the chart because you
16 wrote in the chart the notes that are on Page 5 of
17 Mr. Walter's medical record, correct?

18 A. Say that again, please.

19 Q. Okay. Turn to Page 5.

04:24 20 A. Yes.

21 Q. It's the next page.

22 That's your handwriting, correct?

23 A. Yes.

24 Q. And this was in Mr. Walter's chart, correct?

04:24 25 A. Yes.

04:24 1 Q. So you would have been able to look at these
2 provider orders that are on the previous page --

3 A. Yes.

4 Q. -- when you were making this note, right?

04:24 5 A. Yes.

6 Q. And if you had looked at the provider order,
7 you would have found that Mr. Walter was withdrawing from
8 benzodiazepine?

9 A. Yes.

04:24 10 Q. And you -- did you not do that?

11 A. The order had already been taken off by
12 Ms. Maestas.

13 Q. Okay. I understand that.

14 But the order was still on the chart, right?

04:24 15 A. Yes.

16 Q. And you didn't look at it?

17 A. I can't tell you if I did or I didn't.

18 Q. So if you looked at it, you would have been
19 aware that he was withdrawing from benzodiazepines,
04:24 20 correct?

21 A. Yes.

22 Q. You just don't know whether you looked at it or
23 not?

24 A. I don't recall at that time if I did or not.

04:25 25 Q. On January 13th of 2014 you made a note. It's

04:25 1 on Page 5 of Exhibit 20.

2 Do you have that in front of you?

3 It's the next page.

4 A. January 13th?

04:25 5 Q. Next -- I'm sorry. I -- I keep looking at
6 this. The part of the -- part of the 4 was cut off so it
7 looks like a 1. It should be 4/13/14.

8 A. Okay.

9 Q. Do you have that?

04:25 10 A. Yes.

11 Q. Okay. And this is your handwriting on the
12 bottom?

13 A. Yes.

14 Q. And when you made this entry, Mr. Walter had an
04:25 15 elevated blood pressure?

16 A. Yes.

17 Q. Did he have an elevated pulse?

18 A. Slightly.

19 Q. And where is that recorded?

04:26 20 A. His heart rate was 88.

21 Q. Can you point to where that is?

22 A. It's right there (indicating).

23 Q. Oh, thank you. Thank you. Right after the
24 blood pressure.

04:26 25 That's a normal pulse, isn't it?

04:26 1 A. 60 to 80 is normal, so it's slightly elevated.

2 Q. What's tachycardia?

3 A. Increased heart rate.

4 Q. And what is the generally accepted definition
04:26 5 of tachycardia in terms of numbers?

6 A. I couldn't tell you.

7 Q. Have you ever heard of 100 as being the
8 definition for -- or above 100 as being tachycardic?

9 A. Depends on the situation. Mine's probably
04:26 10 pretty high right now.

11 Q. And it's your testimony that a heart rate of 88
12 is abnormal or normal?

13 A. It's slightly elevated.

14 Q. Is that --

04:27 15 A. It's just above normal.

16 Q. So it's abnormal?

17 A. 60 to 80. It's abnormal. It's not in the
18 normal range.

19 Q. Did you think Mr. Walter at that time was
04:27 20 experiencing some signs or symptoms of withdrawal?

21 A. It's possible. He was getting there.

22 Q. At the time do you recall thinking --

23 A. I don't recall.

24 Q. All right. If you thought he was having signs
04:27 25 or symptoms of withdrawal would you probably have written

04:27 1 that down at the time?

2 A. Yes.

3 Q. Do you see that in there in this note on
4 Page 5?

04:28 5 A. No.

6 Q. Is it common to have inmates in a jail with
7 elevated heart rate and blood pressure just because they
8 have been incarcerated?

9 A. Yes.

04:28 10 Q. And let's look at Exhibit 18 now, please. Oh,
11 sorry. We already did that one. Let's go to 19.

12 And this is the Opiate Withdrawal/Treatment
13 protocol, right?

14 A. Did you say 19?

04:29 15 Q. I'm sorry. 18. I -- I apologize. I'm not
16 sure how it got out of order here. Yes, 18. We finished
17 17. Now we're on 18. My bad.

18 Do you have that?

19 A. Yes.

04:29 20 Q. Okay. This is the clinical protocol for Opiate
21 Withdrawal/Treatment, correct?

22 A. Yes.

23 Q. And I think you said you were not trained in
24 the classroom on this but you were aware of this protocol
04:29 25 from working for CHC at El Paso?

04:29 1 A. Yes.

2 Q. And through the predecessor to CHC and that
3 predecessor, they all had opiate withdrawal protocols,
4 right?

04:29 5 A. Yes.

6 Q. And you probably would have read this, I think
7 you testified earlier, when you came to work at Fremont?

8 A. Yes.

9 Q. Just looking through this -- you looked through
04:29 10 it when you were being asked questions by Mr. Budge,
11 right?

12 A. Yes.

13 Q. You didn't see anything in here that you didn't
14 understand, did you?

04:30 15 A. No.

16 Q. Okay. So if you would have read this when you
17 started working at Fremont, you probably understood it
18 then, too, correct?

19 A. Yes.

04:30 20 Q. And I think you testified that under
21 Ms. Maestas this protocol was not followed.

22 Do you remember that testimony?

23 A. Yes.

24 Q. And is that what you believe to be true?

04:30 25 A. Yes.

04:30 1 Q. You would agree that you didn't work with --
2 excuse me -- Ms. Maestas except on rare occasions?

3 A. Yes.

4 Q. And so you really don't know whether
04:30 5 Ms. Maestas followed this protocol or not, do you?

6 A. On this particular person?

7 Q. Well, first off, we'll start off just overall
8 with anyone and then we're going to get to Mr. Walter.

9 A. I don't know about anyone else.

04:30 10 Q. All you know about is what you did, right, with
11 respect to following this protocol?

12 A. Yes.

13 Q. And are you saying, then, that you did not
14 follow this protocol when you were taking care of
04:30 15 patients?

16 A. I did.

17 Q. Okay. So the protocol was followed as far as
18 you know, right?

19 A. I didn't have anybody at Fremont County jail to
04:31 20 start that protocol on.

21 Q. PA Havens, who -- you just saw the order on
22 Page 4 of Exhibit 20, right?

23 A. Yes, I did.

24 Q. And PA Havens did order that this protocol be
04:31 25 started, correct?

04:31 1 A. Yes, he did. And Ms. Maestas wrote that she
2 noted the order, and that means that if the order was
3 going to be started she would have started the order for
4 the withdrawal protocol --

04:31 5 Q. Right.

6 A. -- but she didn't want it started.

7 Q. Well, actually, it was started.

8 It's on the MAR, isn't it?

9 A. That's methadone.

04:31 10 Q. Okay. Well --

11 A. There is nothing on the MAR for benzo
12 withdrawal.

13 Q. Okay. Can you take a look at Page 18, please,
14 and read to me what the subject of this clinical protocol
04:31 15 is?

16 Exhibit 18, the one we're talking about.

17 A. Read the subject of it?

18 Q. Yeah, Exhibit 18.

19 A. What is the drug used?

04:32 20 Q. Are you looking at the same Exhibit 18 I'm
21 looking at?

22 Yeah. Read that.

23 A. Opiate Withdrawal/Treatment.

24 Q. Okay. Are you talking about opiates or
04:32 25 benzodiazepines with respect to Exhibit 18?

04:32 1 A. This here is opiate.
2 Q. And that's what I'm talking about.
3 A. Okay.
4 Q. All right. And I apologize if I was confused
04:32 5 before -- was confusing you before, but this is
6 Exhibit 18, correct?
7 A. Okay. Yes.
8 Q. And this is the protocol for opiate withdrawal,
9 correct?
04:32 10 A. Yes.
11 Q. And Ms. Maestas did write out on the MAR the
12 protocol for withdrawal from methadone, correct?
13 Correct?
14 A. Yes, for methadone.
04:32 15 Q. And methadone is an opiate, correct?
16 A. Yes.
17 Q. Okay. So that is the protocol that you're
18 supposed to follow for opiate withdrawal, right?
19 A. Yes.
04:32 20 Q. So this protocol was followed by Ms. Maestas?
21 A. This one was.
22 Q. Okay. So referring to Exhibit 18, Exhibit 18
23 was followed in Mr. Walter's case, right?
24 A. Correct.
04:33 25 Q. Okay. Let's go on to Exhibit 19, the health

04:33 1 policies and procedures --

2 A. Can -- can I interrupt just a moment?

3 Q. Sure.

4 A. This protocol, the opiate withdrawal
04:33 5 protocol --

6 Q. Uh-huh.

7 A. -- and Mr. Walter being on the methadone, they
8 were just weaning him off of the methadone. But the
9 protocol, none of this -- this was followed (indicating).

04:34 10 Q. And by "this" you're referring to what?

11 A. The problem oriented record.

12 Q. Can you turn to Page 4 of Exhibit 20, please.
13 What is that?

14 A. This, they're weaning him off of it.

04:34 15 Q. What is that, please?

16 A. Provider orders.

17 Q. Okay. Is a nurse -- would it -- is it
18 appropriate for a nurse to follow provider orders?

19 A. Yes.

04:34 20 Q. Is it appropriate for a nurse to not follow
21 provider orders?

22 A. Is it appropriate for her not to follow?

23 Q. Right.

24 A. No.

04:34 25 Q. Okay. So what she wrote down in the MAR for

04:34 1 weaning Mr. Walter off of his methadone is exactly what
2 Dr. -- or excuse me -- Mr. Havens, the PA, the physician
3 assistant, wrote for her to do, correct?

4 A. Yes.

04:34 5 Q. So what she did is exactly what the doctor
6 ordered, correct?

7 A. Yes.

8 Q. Okay. Is there anything in that order that you
9 didn't -- that she did not do in terms of filling out the
04:35 10 the MAR, the medication administration record?

11 A. When he wrote: To start benzo protocol --

12 Q. Okay.

13 A. -- that was never done.

14 Q. All right. Right now we're talking about the
04:35 15 the opiate withdrawal.

16 A. Okay.

17 Q. We already talked about the --

18 A. Okay.

19 Q. We're on the opiate withdrawal. Open it back
04:35 20 up to Page 4, please.

21 And looking at that -- and if you'd like you
22 can compare it to the MAR which is on Page 9 -- is there
23 anything that Ms. Maestas did that is not -- with respect
24 to opiate withdrawal, which is what we're talking about
04:35 25 now, that is not consistent with PA Havens' order.

04:35 1 A. No. This is perfectly fine.

2 Q. Okay. So --

3 A. But --

4 Q. -- would you agree --

04:36 5 MR. BUDGE: No. Let her finish the
6 answer.

7 Q. (By Mr. Tiemeier) Oh, sorry. Go ahead.

8 A. But when you say: Was the opiate withdrawal
9 protocol followed, looking at this and looking at this
04:36 10 little flow sheet, this was never followed where you
11 monitor their -- their blood pressure, if he's got
12 diarrhea, nausea, vomiting, any of that. None of that
13 was ever followed.

14 Q. Why didn't she --

04:36 15 A. It wasn't initiated --

16 Q. Then why didn't she --

17 A. -- in the beginning.

18 Q. Then why didn't she do that?

19 A. Because --

04:36 20 Q. Why didn't she follow the protocol?

21 A. They don't use these.

22 Q. Are you saying that this clinical protocol does
23 not exist at Fremont County?

24 A. It's in there.

04:36 25 Q. Okay. Did you get this problem oriented record

04:36 1 out when you saw that someone else hadn't done it since
2 you knew Mr. Walter was withdrawing from opiates?

3 Did you take it upon yourself to do that?

4 A. No, I didn't.

04:37 5 Q. Why not?

6 A. I have in the past and I've been told we don't
7 do these.

8 Q. Who told you that?

9 A. Ms. Maestas has.

04:37 10 Q. So your testimony is Ms. Maestas specifically
11 told you not to fill out -- fill out a problem oriented
12 record for a patient withdrawing from opiates?

13 A. Not on Mr. Walter. I've seen it on
14 other like -- just say like on any general illness we
04:37 15 never -- we didn't use these forms.

16 Q. Well, we're not talking about a general illness
17 now. I'm talking specifically about the opiate
18 withdrawal protocol. And you said that this problem
19 oriented record, which is CHC Protocols 331 -- that you
04:38 20 didn't get this out for Mr. Walter because Ms. Maestas
21 had told you in the past not to use this form; is that
22 correct?

23 A. Yes.

24 Q. Did you tell PA Havens that?

04:38 25 A. No.

04:38 1 Q. Did you tell Dr. Herr that?

2 A. No.

3 Q. Did you tell the sheriff that?

4 A. No.

04:38 5 Q. Did you tell the undersheriff that?

6 A. No.

7 Q. Did you use the POR when you were at El Paso?

8 A. I don't know that we did it. On our benzo and
9 alcohol withdrawal we did.

04:38 10 Q. We're talking about the opiate withdrawal right
11 now, so just stick with that if we can.

12 A. And -- I mean, the opiates, too, we did.

13 Q. Okay. So you did use that?

14 A. Yes.

04:38 15 Q. So the CHC policy was to use the POR as far as
16 you knew?

17 MR. BUDGE: Object to the form. Excuse
18 me.

19 Could I ask a clarification?

04:39 20 MR. TIEMEIER: No. When it's your turn.

21 Q. (By Mr. Tiemeier) When you worked at El Paso,
22 you were working for CHC, correct?

23 A. Yes.

24 Q. And you used this POR, which is CHC Protocol
04:39 25 331, correct?

04:39 1 A. Yes.

2 Q. For opiate withdrawal, correct?

3 A. We used it for alcohol, opiates, and benzo.

4 Q. So as far as you know, CHC was training the
04:39 5 nurses, at least at El Paso County, that this is what
6 you're supposed to use --

7 A. Yes.

8 Q. -- for withdrawing patients?

9 But at Fremont County it's your testimony that
04:39 10 Ms. Maestas said don't do that, correct?

11 A. Correct.

12 Q. Okay. And as far as you recall you didn't
13 bring up her instruction to tell you not to use it with
14 the sheriff, the undersheriff, Dr. Herr, or Deputy -- or
04:39 15 excuse me -- PA Havens, correct?

16 A. Correct.

17 Q. Were you concerned that the POR wasn't being
18 followed at Fremont County?

19 A. No.

04:40 20 Q. Why not?

21 A. You can -- there's ways without actually using
22 that piece of paper that you can assess people without
23 actually using the paper.

24 Q. And that's what you did at Fremont, correct?

04:40 25 A. Correct.

04:40 1 Q. Okay. Did you feel that you were giving your
2 patients good care --

3 A. Yes.

4 Q. -- even though you weren't using the POR?

04:40 5 A. Yes.

6 Q. Thank you.

7 Are you -- are we done now with Exhibit 18 --

8 A. Yes.

9 Q. -- or was there anything more?

04:40 10 A. We're done.

11 Q. Okay. Let's go on to Exhibit 19, then. And
12 thank you for bringing up that clarification.

13 Procedure in the Event of Patient Death. This
14 is dated April 1, 2010, and I think you said you were not
04:41 15 contacted by anyone from CHC or interviewed about
16 Mr. Walter.

17 Is that right?

18 A. Yes.

19 Q. You were not -- you were on vacation when
04:41 20 Mr. Walter died; is that correct?

21 A. Yes.

22 Q. And you left after the 15th?

23 A. Yes.

24 Q. That was your last day?

04:41 25 And, in fact, the day he died was

04:41 1 Easter Sunday, correct?

2 A. Yes.

3 Q. And Ms. Maestas had covered the shifts for
4 Easter Sunday?

04:42 5 A. Yes.

6 Q. I'm done with 19 and we covered 20, so I guess
7 that's all the protocols. Then let's take a quick look
8 at Exhibit 22. That's the Inmate Property List Report.
9 And it says on there that four bottles of medications
04:42 10 were forwarded to medical. Well, actually it says: 4
11 bottles meds (forwarded to medical).

12 Do you have that?

13 A. Yes.

14 Q. Okay. When a patient comes in with medications
04:43 15 they're supposed to be asked a number of questions about
16 it, right?

17 A. Yes.

18 Q. And according to health -- the medication
19 services protocol -- or excuse me -- policy and
04:43 20 procedure, Exhibit 5, that includes the name of the
21 medication, the diagnosis for which it was prescribed,
22 dosage and times of administration, when the last dose
23 was taken, the prescribing clinician or clinic, and the
24 pharmacy where it was last obtained.

04:43 25 Most of those questions can be answered from

04:43 1 looking at the bottle; is that right?

2 A. Yes.

3 Q. The last -- the date the last dose was taken,
4 is that something that's in Mr. Walter's initial
04:44 5 screening?

6 A. I never did see it documented anywhere.

7 Q. It looks like you're correct. It just says the
8 medications he is taking are methadone, Klonopin, and --
9 I'm having trouble riding the handwriting.

04:45 10 What is the COWS Scale used for?

11 A. It --

12 Q. Opiates, alcohol, or benzodiazepine withdrawal?

13 A. I think it's opiates.

14 Q. In -- you were -- when you were asked some
04:45 15 questions shortly after the lunch break, Page 10 of
16 Exhibit 20 -- or no. Wait. It was the MAR which is
17 Page 9 of Exhibit 20. You said every nurse should
18 initial and sign the document and you didn't know why
19 Nurse Maestas and Nurse Repshire did not.

04:46 20 Do you remember that testimony?

21 A. Yes.

22 Q. Nurse Repshire did initial the document, didn't
23 she?

24 A. She initialed the MAR, just not the bottom --

04:46 25 Q. Oh, okay.

04:46 1 A. -- of the --

2 Q. So her initials are on the document?

3 A. You're supposed to sign your signature and your
4 initials.

04:46 5 Q. Did you have any -- was there any confusion in
6 your mind as to who SR was?

7 A. No.

8 Q. All right. With respect to --

9 THE REPORTER: I'm sorry. May we pause
04:46 10 for just one second? My screen froze.

11 VIDEO TECHNICIAN: The time is 4:47 p.m.
12 We're off the record.

13 (Recess from 4:47 to 4:48)

14 VIDEO TECHNICIAN: The time is 4:48 p.m.
04:47 15 We're back on the record.

16 Q. (By Mr. Tiemeier) With respect to orders on a
17 patient who is withdrawing from alcohol, benzodiazepines,
18 or opiates, is -- are those orders that a physician
19 should give or -- or a physician assistant?

04:48 20 A. Either one can give.

21 Q. Okay. And as a nurse you're supposed to follow
22 those orders?

23 A. Correct.

24 Q. You don't write orders on your own for patients
04:48 25 who need medication treatment or regimens for

04:48 1 benzodiazepine, alcohol, or opiate withdrawal, correct,
2 as a nurse?

3 A. You can follow the protocol.

4 Q. But the doctor has to order the protocol first,
04:49 5 right?

6 A. I mean, it's -- no.

7 Q. Is it --

8 A. If it's on here, they've already -- you don't
9 have to call them and get them to okay it because it's
04:49 10 already on here.

11 Q. That protocol includes prescribing
12 medications -- or giving medications to the patient,
13 right?

14 A. Yes.

04:49 15 Q. You would never give medications to a patient
16 without a doctor order saying, Start this protocol or
17 start these medications, true?

18 A. Based on their symptoms, you can start these
19 medications without calling a physician.

04:49 20 Q. But only if the doctor has already said to
21 start that -- ordered that you start that protocol,
22 correct?

23 A. This one, you do have to call a provider.

24 Q. Is it the same as far as you know for
04:50 25 benzodiazepine withdrawal, that you do not administer

04:50 1 medications without a doctor order?

2 A. Correct.

3 Q. And the same thing with alcohol withdrawal,
4 correct?

04:50 5 A. Correct.

6 Q. What size is the Wise County jail where you now
7 work in terms of inmate population?

8 A. We have approximately 170 inmates.

9 Q. Okay. And what size is the medical staff at
04:50 10 Wise County Jail?

11 A. We have three people.

12 Q. And they're all nurses or --

13 A. There's two nurses and one tech.

14 Q. Jumping to another subject, you mentioned that
04:51 15 you at one point observed Ms. Maestas's interactions with
16 an inmate. Occasionally she would come in to do
17 something on the computer and if an inmate needed to be
18 seen she would see them.

19 Do you remember that testimony --

04:51 20 A. She would --

21 Q. -- from when Mr. Budge was asking the question?

22 A. She would be in the room, not necessarily that
23 she was seeing them as a patient.

24 Q. Okay. Were you talking about her -- when you
04:51 25 said her interactions with an inmate, did you mean just

04:51 1 passing the time of day or as a nurse?

2 A. Just passing the time of day.

3 MR. TIEMEIER: That's all the questions I
4 have -- oh, I do have another question.

04:52 5 Q. (By Mr. Tiemeier) You mentioned that
6 Ms. Maestas was having a romantic relationship with the
7 commander of the jail?

8 A. I didn't bring it up. I just answered the
9 question "was she," and I said yes.

04:52 10 Q. How did you know that?

11 A. She told me.

12 Q. What did she tell you?

13 And "she" is Ms. Maestas?

14 A. Yes.

04:52 15 Q. Okay. And what did Ms. Maestas tell you?

16 A. I can't remember her particular words, but they
17 dated.

18 Q. Okay. For what period of time?

19 A. I have no idea.

04:52 20 Q. Was it --

21 A. I don't know when it started and I don't know
22 when it ended. I just knew that they dated.

23 Q. Do you recall the context of the conversation,
24 how she happened to bring it up?

04:53 25 A. No.

04:53 1 Q. Did you feel that that relationship had any
2 impact on her care as a nurse?

3 A. No.

4 Q. You spoke with Mr. Budge or his partner,
04:53 5 Mr. Heipt, before -- someone at their office before
6 today, right?

7 A. Yes.

8 Q. When was that?

9 A. Probably three months ago maybe.

04:53 10 Q. Okay. And how long did that conversation last?

11 A. Pardon?

12 Q. How long did that conversation last?

13 I apologize.

14 A. 20 minutes maybe.

04:53 15 Q. Okay. And did you cover with Mr. Budge or --
16 who was it you talked to?

17 A. Mr. Budge.

18 Q. Okay. And did you cover with Mr. Budge the
19 things that he has brought up today in the deposition?

04:54 20 A. Yes.

21 Q. Now, I spoke with you since then, correct?

22 A. Yes.

23 Q. And was I polite to you during that phone
24 conversation?

04:54 25 A. Yes.

04:54 1 Q. Did I ask you any inappropriate questions?

2 A. No.

3 Q. Did I insult or abuse you in any way?

4 A. No.

04:54 5 Q. Have I done that in the deposition today --

6 A. No.

7 Q. -- in the course of this?

8 And have I been respectful of you?

9 A. Yes.

04:54 10 Q. Do you know how it is that Mr. Budge came to
11 contact you?

12 A. I don't.

13 Q. Do you know where he got your name or phone
14 number?

04:54 15 A. I do.

16 Q. From whom?

17 A. A private investigator.

18 Q. Did you talk to the private investigator?

19 A. No.

04:55 20 Q. And did you ever talk to Mr. Budge about why it
21 is that you are the only healthcare provider involved in
22 Mr. Walter's care that did not get sued in this case?

23 A. I didn't know that fact.

24 Q. You didn't make any kind of a deal with him to
04:55 25 provide testimony in return for not getting sued?

04:55 1 A. I didn't know that there was anybody getting
2 sued.

3 Q. Thank you.

4 MR. TIEMEIER: That's all the questions I
04:55 5 have for now. Thanks.

6 Do you want to changes chairs, Bill?

7 MR. O'CONNELL: I'm good.

8 MR. TIEMEIER: Okay.

9 EXAMINATION

04:55 10 BY MR. O'CONNELL:

11 Q. Ms. Doughty, is your Colorado nursing license
12 still active?

13 A. It runs out the end of this month.

14 Q. Are you going to renew it?

04:55 15 A. Possibly.

16 Q. Based on what?

17 A. You know, probably not. I'm building a house
18 here and I don't think I'll ever move back to Colorado.

19 Q. So it sounds like you probably won't renew it?

04:56 20 A. Yeah.

21 Q. Is there any real difference between an LPN and
22 an LVN?

23 A. There's none. It's just different states call
24 it different things.

04:56 25 Q. Do you hold a nursing license in any other

04:56 1 states besides Texas and Colorado?

2 A. No.

3 Q. Have you ever been disciplined by either Texas'
4 or Colorado's nursing licensing board?

04:56 5 A. No.

6 Q. You testified earlier today that Ms. Maestas
7 gave you a write-up I think --

8 A. Yes.

9 Q. -- as a result of this communication with the
04:56 10 inmate's family?

11 A. Yes.

12 Q. Is that the only time you were disciplined at
13 CHC or any of its predecessor companies?

14 A. Yes.

04:56 15 Q. You were just asked a couple of questions about
16 your communications with Mr. Budge.

17 Did you have any communications with Mr. Budge
18 or anyone from his office in writing?

19 A. No.

04:57 20 Q. You testified this morning that a deputy asked
21 you if you had heard from Ms. Maestas, and your testimony
22 prior to this was you were trying to get ahold of
23 Ms. Maestas I believe for a diabetic -- or excuse me --
24 for an inmate who had a broken hip.

04:57 25 Do you recall that testimony?

04:57 1 A. Yes.

2 Q. Do you recall the name of the deputy who asked
3 you if you had heard from Ms. Maestas?

4 A. I think his last name is Mass.

04:57 5 Q. Mass?

6 A. M-A-A-S (sic) maybe.

7 Q. Was it Deputy Mass who then contacted
8 Ms. Maestas and was able to get ahold of her?

9 A. Yes.

04:57 10 Q. You testified this morning that Fremont County
11 jail deputies complained that Ms. Maestas was not meeting
12 inmate medical needs.

13 Do you recall that?

14 A. Yes.

04:58 15 Q. Which deputies or which personnel stationed at
16 the Fremont County jail complained to your knowledge?

17 A. Well, just like -- let me think. I know there
18 was a Deputy Scott.

19 Q. I'll ask you some follow-ups after you
04:58 20 identify --

21 A. Okay.

22 Q. -- the deputies, but let's just stay on if you
23 can recall any names.

24 A. Okay.

04:59 25 Q. So Scott.

04:59 1 Anybody else?

2 A. I mean, like that Deputy Mass, you know,
3 complained that -- like not getting their calls, you
4 know.

04:59 5 Q. Is Scott, by the way, a first name or a last
6 name?

7 A. Scott. It's a last name.

8 Q. So we have Scott, Mass.
9 Anybody else that you can recall now?

04:59 10 A. I'll think a minute.

11 Q. I'm sorry?

12 A. I'll think a minute.

13 Q. While you're thinking --

14 A. Okay.

04:59 15 Q. -- to whom did they complain if you know?

16 A. It would just be like -- like you go to the pod
17 to pass meds and they may just complain to me like just
18 in general and nothing in specific.

19 Q. So at least these two deputies complained to
05:00 20 you specifically about Maestas not meeting inmates'
21 medical needs; is that correct?

22 A. Yes.

23 Q. Let me know if you think of any other names
24 before we conclude today.

05:00 25 A. Okay. And on Mass, it's only on the phone call

05:00 1 situation.

2 Q. So what specifically what would Mass complain
3 to you about about Maestas and phone calls?

4 A. About not -- her not returning the phone calls.

05:00 5 Q. Phone calls that he made to her?

6 A. No, that I made to her, you know. I don't
7 think it was the first time it happened just from the way
8 he talked.

9 Q. That Maestas would not return phone calls?

05:00 10 A. Correct.

11 Q. I believe you also testified this morning that
12 the sheriff and the undersheriff as well as
13 Captain Rankin did not complain about Ms. Maestas not
14 meeting inmate medical needs.

05:01 15 Is that correct?

16 A. Correct.

17 Q. Now, you testified this morning about your
18 meeting with the sheriff and the undersheriff in the
19 undersheriff's office about Ms. Maestas; is that correct?

05:01 20 A. Yes.

21 Q. And the subject of that meeting -- correct me
22 if I'm wrong -- was Ms. Maestas' failure to read phone
23 calls; is that right -- excuse me -- failure to return
24 phone calls, or did I not get that correct?

05:01 25 A. They had that guy that had broke his hip. The

05:01 1 doctor twice called that day. They were waiting either
2 to do surgery on him or send him back to the jail. And
3 the doctors needed answers and I can't get answers of
4 what to do with him. And I tried Kathy's cell phone, her
05:02 5 home phone, and she wouldn't answer. She wouldn't return
6 my calls. I'd leave messages.

7 And so finally that Deputy Mass came and he
8 asked me: Have you heard anything from Kathy yet? I
9 said: No. She won't return my calls.

05:02 10 So then he leaves and goes up into the booking
11 area and he calls her and then she answers then. So
12 that's when I went and talked to Sheriff Beiker and
13 Undersheriff Martin.

14 Q. All right. Understood.

05:02 15 So that was the incident that prompted you to
16 go to them, correct?

17 A. Correct.

18 Q. Had you -- during your 15 months working for
19 CHC at the Fremont County sheriff's office, was that the
05:03 20 only time you went to the sheriff and/or the
21 undersheriff --

22 A. Yes.

23 Q. Let me just finish, ma'am -- to complain about
24 Nurse Maestas or any other of the -- any of other inmate
05:03 25 medical needs?

05:03 1 A. Yes.

2 Q. I just want to make sure my notes are correct.

3 You testified that Martin just listened, Beiker
4 listened, but you do not recall if he gave any response;

05:03 5 is that correct?

6 A. Correct.

7 Q. Do you know if either one of them followed up
8 with Ms. Maestas?

9 A. I don't know.

05:03 10 Q. Do you know if either one of them followed up
11 with anybody at CHC?

12 A. I don't know.

13 Q. When did this occur approximately?

14 A. It was probably sometime in September.

05:03 15 Q. September of --

16 A. -- 2014.

17 Q. So shortly before you left?

18 A. Correct.

19 Q. Did you provide anything in writing to either
05:04 20 the sheriff or the undersheriff about your concerns?

21 A. No.

22 Q. You testified this morning in relation to
23 diabetic inmates that Fremont County deputies check the
24 blood sugars; is that correct?

05:04 25 A. Yes.

05:04 1 Q. From what I understood of your testimony, the
2 Fremont County deputies did so pursuant to a typed sheet
3 from medical about blood sugars and what they should do
4 if they dropped below a certain level.

05:04 5 Is that correct?

6 A. Correct.

7 Q. To your knowledge, did the Fremont County
8 deputies follow that typed sheet from medical?

9 A. Yes.

05:04 10 Q. To your knowledge, did any of the
11 Fremont County deputies disregard that typed sheet from
12 medical in any respect?

13 A. Not that I'm aware of.

14 Q. Back to this relationship that Mr. Tiemeier
05:05 15 asked you about between Rankin and Maestas, did you find
16 anything inappropriate with that relationship?

17 A. No.

18 Q. Did you have any concerns one way or the other
19 whether Maestas and Rankin were having some sort of
05:05 20 romantic relationship?

21 A. No.

22 Q. Do you know why Maestas shared this information
23 with you?

24 A. No.

05:05 25 Q. Were either married at the time to your

05:05 1 knowledge?

2 A. No. He would come by medical so maybe -- I
3 don't --

4 Q. Rankin, you mean?

05:05 5 A. Yes.

6 Q. Captain Rankin was in charge of the jail,
7 correct?

8 A. Yes.

9 Q. I assume you saw him a fair amount while you
05:05 10 were on duty, correct?

11 A. Yes.

12 Q. Nothing about him stopping by medical struck
13 you as strange, I assume?

14 A. No.

05:06 15 Q. Have you given deposition testimony before
16 today?

17 A. I -- no.

18 Q. So in other words, this is the first time
19 you've been questioned under oath by attorneys in an
05:06 20 informal setting outside of court?

21 A. Yes.

22 Q. Have you given trial testimony before?

23 A. Yes.

24 Q. How many times?

05:06 25 A. Once.

05:06 1 Q. When was that?
2 A. Years ago.
3 Q. Was it -- I'm sorry. Go ahead.
4 A. Probably '80s or '90s.
05:06 5 Q. Was it in your capacity as a nurse?
6 A. No.
7 Q. What type of case was it?
8 A. A guy had -- was charged with stealing railroad
9 ties.
05:06 10 Q. Railroad what?
11 A. Ties.
12 Q. Ties?
13 Okay. I'm not quite sure what that is but we
14 can move on.
05:07 15 A. Wait. Okay.
16 MR. TIEMEIER: Pieces of wood.
17 Q. (By Mr. O'Connell) Have you ever been sued
18 before?
19 A. No.
05:07 20 Q. Have you ever sued anybody?
21 A. No.
22 Q. Exhibit 13 relates to the restraint and
23 seclusion policies and procedures. You testified to this
24 earlier but I can't recall what you said.
05:07 25 Did you ever check inmates when they were

05:08 1 restrained in a chair?

2 A. Yes.

3 Q. What are you checking for in those instances?

4 A. Circulation. Mainly circulation.

05:08 5 Q. To your knowledge, do the jail deputies also
6 check for circulation when an inmate --

7 A. You know --

8 Q. -- is in a restraint chair?

9 A. -- I don't know that deputies check. They
05:08 10 would -- it was normal to call medical and it was -- it
11 was a medical thing that medical had to check.

12 Q. So the deputies called medical pursuant to that
13 policy, correct, 13 --

14 A. Yes.

05:08 15 Q. -- to advise medical that they've put an inmate
16 in a restraint chair?

17 A. Yes.

18 Q. And then armed with that knowledge, then, you
19 would periodically check circulation, right?

05:08 20 A. Yes.

21 Q. You didn't check Mr. Walter during his
22 occasions in the restraint chair?

23 A. I never saw him in restraints.

24 Q. Is there another form of restraints used at the
05:08 25 jail other than the restraint chair?

05:08 1 A. Well, you could say handcuffs are restraints.

2 Q. Okay. Other than handcuffs?

3 A. Not that I'm aware of.

4 Q. Exhibit 20, which you've testified to at length
05:09 5 today, the fifth page, CHC 05, recounts your conversation
6 with Corporal Owen on April 13th, 2014.

7 Did Corporal Owen say anything else to you that
8 you did not document in this problem oriented record?

9 A. I don't recall anything else.

05:10 10 Q. Anything of substance he told you you would
11 have recorded, correct?

12 A. Yes.

13 Q. During -- or between April 2nd and April 20th,
14 did any other Fremont County Sheriff deputy, corporal,
05:10 15 sergeant, all the way up the chain communicate with you
16 about Mr. Walter?

17 A. No.

18 Q. Did you ever communicate in any respect with
19 either the sheriff or undersheriff about Mr. Walter
05:10 20 during April of 2014 or anytime thereafter?

21 A. No.

22 Q. Back for a moment to Deputy Mass contacting
23 Ms. Maestas about the inmate with the broken hip, do you
24 know why Ms. Maestas answered Deputy Mass's calls but not
05:11 25 yours?

05:11 1 A. I don't.

2 Q. Did you ever ask her?

3 A. No.

4 Q. Did you ever complain to her about not picking
05:11 5 up your phones -- or not responding to your calls?

6 A. No.

7 Q. Why not?

8 A. I don't like confrontation.

9 Q. Did you ever complain to anybody else at CHC
05:11 10 about Ms. Maestas's failure to return your calls?

11 A. No.

12 Q. Is there anything about any actions taken by
13 any Fremont County Sheriff's employees with respect to
14 Mr. Walter that caused you any concern during April of
05:12 15 2014 all the way through today?

16 A. No.

17 MR. O'CONNELL: I have no further
18 questions. Thank you.

19 MR. TIEMEIER: Do you want this chair?

05:12 20 MR. BUDGE: I don't -- I just need about
21 five minutes or so, if that.

22 VIDEO TECHNICIAN: The time is 5:13 p.m.
23 We're off the record.

24 (Recess from 5:13 to 5:20)

25 MR. BUDGE: I have no more questions and

1 we can conclude the deposition.

2 MR. TIEMEIER: I have no more questions.

3 MR. O'CONNELL: I don't, either.

4 (Proceedings concluded at 5:20 p.m.)

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1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE DISTRICT OF COLORADO

3
4 Civil Action No: 16-CV-00629 WJM

5
6 THE ESTATE OF JOHN PATRICK WALTER,
7 by and through its special administrator, DESIREE'Y
8 KLODNICKI,
9 Plaintiff,

10 v.

11 CORRECTIONAL HEALTHCARE COMPANIES, INC.;
12 CORRECT CARE SOLUTIONS, LLC;
13 CORRECTIONAL HEALTHCARE PHYSICIANS, P.C.;
14 CHC COMPANIES, INC.;
15 THE BOARD OF COUNTY COMMISSIONERS OF THE COUNTY OF FREMONT;
16 JAMES BECK, individually and in his official capacity as
17 Fremont County Sheriff;
18 TY MARTIN, individually;
19 RAYMOND HERR, M.D., individually;
20 STEPHANIE REPSHIRE, LPN, individually;
21 KATHLEEN MAESTAS, LPN, individually;
22 SHARON ALLEN, M.D., individually;
23 JOHN RANKIN, individually;
24 CARRIE HAMMEL, individually;
25 MICHAEL GIRTEN, individually;
 MICHAEL ULRICH, individually;
 ROBERT MILLER, individually;
 JUSTIN GREEN, individually;
 GREG OWEN, individually;
 DUSTIN MASS, individually;
 RICHARD SALANO, individually;
 BILLIE BELL, individually;
 ANTHONY TURNER, individually;
 BALEY SANDEFUR, individually;
 ELOYSA TRUJILLO, individually;
 LILA CLEMMERSON, individually;
 BRAXTON BUFFINGTON, individually;
 CHARLENE COMBS, individually;
 JORDAN PENN, individually;
 SARA LIGHTCAP, individually;
 DAVID GREEN, individually;
 JOSHUA POHL, individually;
 MACKENZIE RQQUEMORE, individually;
 ASHLEY RAMEY, individually;

1 RANDALL CULLEN, individually;
2 PERRY BURFORD, individually;
3 CAMERON GONZALES, individually;
4 LEE COOK, individually;
5 JAMES WHEATON, individually;
6 JOHN DOES 1-10, individually;
7 JANE DOES 1-10, individually;
8 DOES CORPORATIONS 1-10;
9 Defendants.

10 REPORTER'S CERTIFICATION
11 DEPOSITION OF MONICA DOUGHTY
12 AUGUST 24, 2016

13 I, TIM FAILS, Certified Shorthand Reporter,
14 hereby certify to the following:

15 That the witness, MONICA DOUGHTY, was duly sworn by
16 the officer and that the transcript of the oral deposition
17 is a true record of the testimony given by the witness;

18 That examination and signature of the witness to the
19 deposition transcript was waived by the witness and
20 agreement of the parties at the time of the deposition;

21 That the original deposition was delivered to

22 _____;

23 That pursuant to information given to the deposition
24 officer at the time said testimony was taken, the following
25 includes counsel for all parties of record:

26 Mr. Edwin S. Budge - attorney for Plaintiff
27 Mr. C. Gregory Tiemeier - attorney for Defendants
28 CHC and the Nurses
29 Mr. William T. O'Connell - attorney for Fremont
30 County Defendants

31 I further certify that I am neither counsel for,
32 related to, nor employed by any of the parties or

1 attorneys in the action in which this proceeding was
2 taken, and further that I am not financially or
3 otherwise interested in the outcome of the action.

4 Certified to by me this _____ day of
5 _____, 2016.

6
7
8
9 _____
10 Tim Fails, CSR
11 Texas CSR 2931
12 Expiration: 12/31/16
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14 Firm Registration No. 349
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A	across (1) 154:11	162:24;177:10; 197:24;262:25	242:25;254:7;276:3	7:7
A+O (1) 95:18	acting (2) 100:1;126:6	administered (5) 65:25;109:8; 120:11;150:1;217:5	ahold (6) 23:24;28:18;29:3; 74:9;268:22;269:8	answered (6) 23:23;117:9; 169:14;259:25;264:8; 278:24
abbreviation (1) 216:23	action (1) 89:18	administering (3) 140:24;170:9;177:7	al (1) 7:25	antibiotic (8) 25:22;127:17; 210:5,6,8,9,11,12
ability (4) 10:20;92:12; 104:25;236:19	actions (1) 279:12	administration (11) 39:5,21;43:12;46:1; 167:8,24;168:21; 170:5;216:11;253:10; 259:22	alcohol (30) 37:21;45:2,3;59:10; 19,25;60:11;63:8,13, 15,19,19;71:21,22; 83:18,24;84:1,7;89:1; 160:25;163:21;164:4; 166:22;167:7;256:9; 257:3;260:12;261:17; 262:1;263:3	antibiotics (1) 77:18
able (8) 10:23;29:3;105:5; 116:6;117:19;188:9; 244:1;269:8	active (2) 102:12;267:12	Administrator (1) 21:8	alert (5) 88:11;95:18;96:6; 117:16;232:7	antidepressant (2) 44:10;133:23
abnormal (8) 81:13,15;89:24; 222:1;225:23;246:12, 16,17	activities (1) 108:5	admission (10) 45:20;50:21;51:16; 52:11;54:18,25;90:1; 142:2;143:11,20	allegedly (1) 131:22	antipsychotic (2) 44:9;133:23
above (9) 44:9;46:25;54:2; 98:10;133:22;136:10; 216:17;246:8,15	actual (7) 56:14;118:20; 119:8;147:4,25; 149:22;150:2	admit (1) 92:24	Allen (8) 33:23;34:4,10; 229:10,13;231:7; 234:17,23	Anxiety (1) 82:1
abrasions (2) 100:6,8	actually (30) 52:18;53:16;57:15; 58:4;93:9;94:9;109:8; 112:18;147:7;151:15; 156:1;165:17;168:21; 170:21;171:8,17; 177:7,17;194:16,19; 196:4;204:4,8;205:8; 219:6;235:1;250:7; 257:21,23;259:10	advised (1) 277:15	allowed (2) 149:7;154:21	anyplace (1) 140:22
abruptly (3) 80:20;85:21;86:15	acute (10) 58:25;61:23;64:21; 65:6,12;85:10,11,15; 144:15;233:13	AED (2) 196:12;197:16	almost (2) 157:18,20	apologies (1) 168:1
abscess (4) 25:21;211:4;212:6; 213:1	acutely (4) 66:11;145:8,10; 233:1	afternoon (2) 96:3;98:1	alone (1) 239:6	apologize (14) 53:23;144:4;157:4; 168:14;181:18; 190:20;209:9;220:24; 234:24;240:8;241:13; 247:15;251:4;265:13
abscesses (1) 210:15	added (1) 187:1	again (22) 18:24;108:12,19, 20,22,22;109:1,2; 111:16;112:3;172:22; 205:24;206:11; 226:10,14,24;231:13; 233:2;237:1;238:2; 241:14;243:18	along (2) 73:2;148:16	appear (6) 91:9;92:23;95:19; 100:11,13;116:1
absolutely (1) 97:10	addiction (4) 67:17;145:14; 236:25;237:22	against (5) 7:24;47:6;136:19; 137:15;154:10	alphabetical (1) 121:14	Appearance (2) 50:14;141:15
abuse (1) 266:3	additions (3) 54:21;143:14; 238:10	age-specific (2) 174:17,20	alternate (2) 43:4;133:4	appeared (2) 34:18;204:20
acceptable (2) 43:4;133:4	addition (3) 34:10;199:24;220:8	Agitation (1) 82:11	although (4) 20:1;112:17;175:9; 188:12	appears (7) 91:16;92:24;95:12; 111:13;115:18; 116:13;125:13
accepted (2) 58:24;246:4	additional (6) 15:20;46:21;53:3; 112:19;135:21; 142:19	ago (8) 126:24;156:2; 168:23;174:12; 190:22;229:2;265:9; 276:2	always (9) 19:16;35:12;44:1; 45:23;50:7,9;120:11; 121:21;134:22	appetite (1) 81:20
access (2) 121:9;242:3	address (3) 8:5,6;18:22	agree (10) 193:11;207:14; 213:10;221:18; 225:14;233:18,20; 243:9;249:1;254:4	AMBU (1) 196:13	applicable (1) 53:4
accessing (1) 122:3	addressed (1) 174:9	agreeable (1) 9:25	ambulate (1) 58:23	applied (1) 227:4
accompanies (1) 148:9	adequate (1) 26:18	agreed (2) 7:14;243:8	among (1) 131:18	applies (1) 86:12
accompanying (2) 73:7;149:4	adequately (1) 77:24	ahead (8) 41:25;72:4;169:5; 172:22;177:16;	amount (1) 275:9	applying (1) 236:14
accomplishing (1) 79:1	adhered (3) 47:15;49:21;58:4		amounts (2) 47:7;136:20	appreciate (4) 146:21;155:13; 159:13;190:12
accordance (4) 50:22;62:4;142:2; 143:21	adherence (2) 56:14,25		anaphylactic (1) 197:2	appropriate (19) 46:9;47:3;58:2,6; 60:8;63:16;85:20; 86:14;134:9;139:13; 193:4;199:21;213:22; 234:8;235:14;236:13; 252:18,20,22
according (19) 44:23;45:12;50:20; 51:14;66:16;83:17; 88:3;107:25;125:13, 14;133:11;136:12,23; 137:10;138:1;142:1; 144:23,25;259:18	adjoining (1) 152:14		and/or (4) 54:20;143:14; 153:4;272:20	appropriately (3) 50:20;141:25;227:3
accurate (1) 9:18	administer (7) 120:15,24;132:17;		angle (1) 154:12	approval (9) 28:9,12;30:4;35:16; 36:2,10;47:13;137:7, 24
acronym (1) 70:15			announce (1)	

<p>approve (1) 25:7</p> <p>approved (3) 26:8;49:16;54:3</p> <p>approximately (15) 12:2,21;13:8;14:2, 24;15:12;16:13,18; 19:2;32:1;73:25; 152:24;155:10;263:8; 273:13</p> <p>April (29) 8:2;19:6;91:4,5; 92:13,13;94:2,18; 103:6;104:19;120:9, 9;125:15;143:3; 150:14;181:8;189:15; 195:12;205:25; 206:10;214:7;226:10, 24;258:14;278:6,13, 13,20;279:14</p> <p>Arapaho (2) 181:16,17</p> <p>area (17) 14:20;15:18;32:3; 78:10;85:24;86:19; 101:7,10,20;119:9; 125:25;152:23; 153:20,24;161:10; 197:21;272:11</p> <p>areas (1) 8:13</p> <p>arising (1) 7:25</p> <p>armed (1) 277:18</p> <p>around (10) 18:10;120:14; 139:13;140:23; 149:21;156:19;170:1, 6;171:5;173:3</p> <p>arrange (1) 38:5</p> <p>arreus (1) 148:20</p> <p>arrival (1) 58:23</p> <p>aside (2) 209:11,19</p> <p>assess (3) 52:12;191:12; 257:22</p> <p>assessed (3) 63:14,16;240:2</p> <p>assessing (1) 191:7</p> <p>assessment (36) 52:9,22,25;53:10; 60:8;126:8,13; 142:13,16,17;143:5, 17,20;182:10,23; 183:5,8,13;184:6; 185:14,20;186:3,10, 17;187:5,16;188:10,</p>	<p>20;189:9,24;190:9, 10;191:3,10,13; 192:13</p> <p>assessments (38) 37:24;38:2;52:5,14, 17;54:23;55:8,15; 142:10;181:1,15,22, 24;182:1,3,4;183:22; 184:12;185:4,8,17; 186:15;187:11; 188:15;190:4,15; 191:1,2,4,16,18; 192:1,2,17,25;193:12, 23;211:11</p> <p>assistance (1) 58:23</p> <p>assistant (3) 26:8;253:3;261:19</p> <p>associated (6) 27:3;36:12,14,16; 75:7;80:7</p> <p>Associates (1) 13:4</p> <p>associate's (2) 12:4,6</p> <p>assume (6) 160:13;173:21; 204:25;205:11;275:9, 13</p> <p>assuming (2) 213:8;230:14</p> <p>attached (3) 67:10;69:20;146:15</p> <p>attachment (1) 65:8</p> <p>attempts (1) 235:3</p> <p>attending (1) 7:6</p> <p>attention (27) 25:13;39:1;40:12; 42:22;46:6,18;52:7, 20;53:14;85:16;95:9; 114:4;116:12;118:7; 131:11;132:24;141:9, 11,22;142:8,11; 143:7;144:3,12; 146:25;147:18;202:9</p> <p>attentiveness (1) 30:23</p> <p>attitude (1) 130:18</p> <p>attorney (3) 7:8;8:19,20</p> <p>attorneys (4) 7:6;126:16;155:13; 275:19</p> <p>audio (1) 9:13</p> <p>Auditory (1) 83:4</p> <p>August (3) 7:4;8:15;156:1</p>	<p>available (8) 28:16;60:19;66:20; 68:20;121:4;132:1; 137:15;145:22</p> <p>average (1) 32:2</p> <p>aware (15) 10:19;66:17;80:6; 88:21;104:17;136:13; 164:19,20;198:15; 229:6;242:14;244:19; 247:24;274:13;278:3</p> <p>awhile (1) 95:22</p>	<p>28:6;55:1;85:19; 86:14;171:17</p> <p>battle (1) 129:1</p> <p>bearing (7) 40:22;42:13;54:12; 56:3;57:13;63:24; 66:12</p> <p>bears (6) 39:19;40:7;52:5; 58:15;67:17;72:20</p> <p>become (1) 80:14</p> <p>becomes (1) 66:17</p> <p>beginning (5) 11:22;56:8;119:7; 225:25;254:17</p> <p>begins (2) 52:21;145:15</p> <p>behalf (2) 7:11;156:4</p> <p>behaved (1) 129:3</p> <p>behaving (1) 126:12</p> <p>behavior (14) 50:14;64:16,21; 65:6,13;82:23; 141:15;144:10,13,15; 227:24;229:7;231:10; 234:8</p> <p>behind (1) 61:19</p> <p>Beiker (9) 20:5,8;22:22;27:8, 17;74:8;155:2; 272:12;273:3</p> <p>B-E-I-K-E-R (1) 20:12</p> <p>belonged (1) 147:20</p> <p>below (4) 32:12;116:13; 225:16;274:4</p> <p>benefits (1) 138:16</p> <p>benzo (50) 36:18;45:3,11,23; 47:22,24;48:5,6,10, 21,22;78:23;83:22; 84:2,21;85:1,10,11, 15,21;86:15;87:9,10, 16;88:3,18;89:16; 90:1,5;102:13,17; 104:9;116:14,16,23, 24;117:1,4,12,21,24; 238:8;239:15,19,20; 242:5;250:11;253:11; 256:8;257:3</p> <p>benzodiazepine (46) 36:14,21;37:3,8,15; 44:25;45:7,8;46:15;</p>	<p>67:16;69:17;71:17; 80:7,10,24;81:4,10, 13,18;83:17;84:16, 20;89:13;97:18; 117:6,24;135:14; 145:14,25;161:5,7,23; 162:24;163:21; 164:16;166:2,7,15; 167:6;236:25;237:21; 238:9;244:8;260:12; 262:1,25</p> <p>benzodiazepines (31) 36:25;37:12;46:12; 51:13;68:7,8;70:1,19; 71:9,15,23;78:19,22; 79:9,23;87:18; 116:14,17;117:22; 145:17;162:2,10,15, 18;164:4;242:6,16; 243:11;244:19; 250:25;261:17</p> <p>benzos (13) 45:14,19;48:3,25; 69:14;71:18;79:10, 13;84:10;85:3,19; 86:13,23</p> <p>besides (2) 34:21;268:1</p> <p>best (12) 9:18,21,22;10:23; 19:13;30:6;49:1;57:8; 92:12;104:25;201:5; 236:19</p> <p>better (3) 77:10,20;154:1</p> <p>beyond (1) 26:7</p> <p>Bid (1) 105:13</p> <p>big (3) 95:21;178:10; 192:16</p> <p>bigger (3) 161:13;184:12,13</p> <p>Biggest (3) 230:7,17;234:6</p> <p>Bill (1) 267:6</p> <p>binder (1) 167:4</p> <p>bit (13) 14:17;15:3;16:17; 30:21;48:12;116:13; 125:6;154:25;156:9; 161:13;162:7;201:20; 208:17</p> <p>Bizarre (1) 82:23</p> <p>black (1) 138:8</p> <p>blank (5) 65:8;66:25;67:1; 73:1;94:1</p>
--	---	--	--	---

blanks (1) 113:15	148:15,22;149:22; 150:2,8,17;259:9,11	7:8,14,20,23;20:11, 13;25:11,18;26:15; 32:14;38:16;39:15; 19;40:5,21;41:6,9,25; 42:9;49:4;51:23; 53:20,23,25;54:9; 55:10;56:1;57:10; 58:14;62:25;63:7,22; 64:15;65:16;66:9; 67:14;72:2,15,20; 73:12;78:4;80:18,24; 81:3;83:22;85:9;86:1, 20;87:2,8;90:19,25; 91:2,22,24;92:3,4; 94:5;112:25;113:7; 117:19;123:16;129:9; 130:24;131:3;132:14; 135:5,8,13;136:3,7,9; 140:10,15,19,21,22; 144:1,8,10,12;151:3, 6;155:12;156:4; 157:12;164:7;165:2, 10;167:12;168:6,12, 25;169:5;175:14; 180:22;207:23; 208:18;228:16;229:8; 230:1,21;234:11; 235:16;237:6,9; 242:20,23;243:4,8; 248:10;254:5;256:17; 263:21;265:4,15,17, 18;266:10,20;268:16, 17;279:20,25	21;211:4,20;212:1,10, 24;224:5;262:9,23; 267:23;270:25; 277:10 called (20) 9:1;17:4;23:25; 66:22,23;77:15,16; 95:16;115:21;127:2; 128:4;129:21;130:3, 3,5,6;205:7;224:23; 272:1;277:12 calling (3) 28:3;201:23;262:19 calls (18) 23:16,17,19;95:16; 130:20;270:3;271:3, 4,5,9,23,24;272:6,9, 11;278:24;279:5,10 came (55) 22:14;23:20;25:23; 32:6;33:9,11;34:7; 35:3;44:3,19,24;45:6, 11,23;48:5,21;68:13; 69:14,22,25;71:8,17; 97:6;104:1,3;107:10; 121:8,18,25;123:19; 129:20;135:10;147:3, 11,16;148:25;149:2, 21;150:22;152:4; 160:21;163:18; 186:21;194:10;206:1; 211:15;212:15;215:5; 225:25;226:14;238:3; 240:1;248:7;266:10; 272:7 can (76) 10:10,17,22;12:21; 14:17;24:12;28:24; 29:12;31:5;36:11; 46:14;48:20;59:20; 62:15;68:25;80:13, 24;81:3,9,12,17; 84:16;85:4;86:4; 92:11;94:7;98:20; 116:21;127:20; 128:15;129:17; 130:24;143:1;146:21; 160:3;161:25;165:16; 167:22;172:1,22; 173:22;176:1,1,25; 177:23;182:7;184:18, 22;185:19;190:6; 192:18;210:4;213:23; 214:9;220:24;221:13; 228:21;229:17; 237:10;245:21; 250:13;252:2,2,12; 253:22;256:11; 257:21,22;259:25; 261:20;262:3,18; 269:23;270:9;276:14; 280:1 Canon (2)	202:19,20 Canyon (9) 8:2,11;11:1;13:10; 15:4;17:1,3;18:1,19 capacity (1) 276:5 Captain (2) 271:13;275:6 carbons (1) 114:10 care (59) 13:17;22:2,14,18; 32:22;33:8;35:9,20; 36:7;43:7;52:10;54:1; 56:11;57:2;59:1,8,16; 60:7,18;61:2,23; 62:10;77:7,20;86:2,6, 7,11,20;87:8,15;88:4, 16;89:19;133:8; 135:22;138:15;157:7; 162:17;173:12;175:4, 18;177:5;178:8; 180:25;182:12,13; 206:6;213:25;214:1; 217:23;225:16,19; 240:25;242:15; 249:14;258:2;265:2; 266:22 career (4) 12:19;182:25; 190:25;191:5 caring (1) 35:18 carry (1) 241:19 carrying (2) 103:7;104:3 cart (27) 96:15;101:23; 120:7,10,15,16; 134:20,22;135:1,2,7; 149:13,20;170:7,21; 173:5;196:17,18,19; 197:4,6;198:2,4,7,10; 217:18;226:1 case (56) 7:24;19:16;45:22; 46:11;51:13;53:11; 54:24;55:12;59:21; 61:16;65:12;67:4,9; 68:13,22;69:5,14,21; 70:7,8,20;71:8;73:8; 79:9;89:13;104:11; 118:18;120:22; 126:17;131:6;133:18; 134:1,11;136:11,24; 137:9,19;138:2,19; 139:4,19;141:18; 142:4,21;144:20; 145:11;146:1,16; 156:5;164:23;189:13; 227:7;230:14;251:23; 266:22;276:7
blood (71) 24:17;31:6,8,10,13, 14,16;32:10;53:7; 68:19;81:16;93:3; 98:2,9,12;99:13,15; 101:5,15,19;106:9,15; 112:6,8,14,17,21; 117:15;145:21; 160:21,22;197:12; 219:3,5;220:9;221:2, 5,7,8,19,25;222:22; 223:2,7,10,16,22; 224:10,14,18,19; 225:7,12,14,22,24; 226:1,2;234:3,9; 235:15,21,25;236:8, 12;245:15,24;247:7; 254:11;273:24;274:3	bottom (17) 42:23;46:19;51:9; 58:20;91:17;134:20; 135:3,6;141:12; 179:11;187:2,14; 218:17;229:24;230:4; 245:12;260:24 bought (5) 13:8;128:22; 158:16;163:9;199:11 box (9) 123:24;135:2,5,6; 139:14;215:22,24,24; 220:4 boxes (2) 215:20;216:17 BP (7) 96:16,16,17,19,23; 98:25;99:1 BPV's (1) 98:23 break (15) 10:12,13;41:4,10; 42:1,10;72:4,7,16; 113:8;155:16;231:3; 237:6,17;260:15 breakfast (1) 235:11 breaks (1) 12:16 breathing (2) 50:15;141:16 bridged (2) 44:23;45:12 bridging (3) 42:24;44:23;133:1 brief (2) 75:22;119:6 briefly (2) 15:24;76:1 bring (3) 257:13;264:8,24 bringing (1) 258:12 brings (2) 46:20;135:20 broke (2) 23:6;271:25 broken (4) 100:13,17;268:24; 278:23 brother (2) 95:13,15 brought (5) 149:15;150:2; 227:17;235:4;265:19 bruises (1) 100:8 bruising (1) 100:6 Budge (124)	budget (5) 74:22,23;75:2,3,3 budgetary (1) 75:7 building (2) 24:4;267:17 Bun (1) 128:22 Buns (1) 199:2 business (1) 163:7 buying (2) 199:2,22 C cabinet (1) 121:13 calculate (1) 71:14 calendar (7) 52:11,23;54:18,25; 94:1;142:14;143:11 call (33) 22:13;23:13,15,19, 22;28:15;29:23;30:3; 35:10,12;69:3;70:4,8, 16,18;74:14;77:14; 79:2;130:8,10;204:7,		

cases (2) 113:17,18	118:13,16,21;119:2, 10,16,17,21,24;120:3, 5;121:3,9,16,19,20, 22,23;122:2,4;	93:6,7;98:25;99:1; 106:10,15;112:7; 160:23;225:25;226:2	13:4;43:14;46:3; 233:10;259:23	59:15;187:13;200:6
caused (2) 129:9;279:14	123:21;124:2,6,6,7; 130:11;184:24; 189:23;209:22; 215:22,23,24;217:17, 24;219:7,10,13; 220:11;223:9,11; 241:22,24;243:15,16, 24;244:14	chest (5) 197:18;203:1,3,5,9	clinical (18) 60:8;62:10;67:3,16; 70:3;72:17;73:3; 145:9,14;146:15; 229:15;230:19;231:9; 236:14,20;247:20; 250:14;254:22	Commander (4) 27:4;32:16,16; 264:7
cell (23) 101:18;125:24; 130:1,3,5;152:25; 153:2,14,19,25;154:2, 3,11,14,15;201:14,21; 204:7;229:21;230:16; 235:10;236:10;272:4	charted (2) 40:15;131:13	Cheyenne (9) 13:18,20;14:1,6,9; 16:3;34:25;228:9,11	clinician (9) 43:14;46:2;47:12, 20;60:20;61:5;62:4; 137:7;259:23	commissary (3) 128:21;199:2,11
cells (4) 119:9;152:22; 153:4,12	charts (14) 33:17;55:11; 103:13;118:17; 121:12;122:8,9; 173:6;184:11;187:20, 21;190:8;239:7;242:3	chief (2) 55:21,22	clinically (4) 43:5;46:9;133:5; 134:9	common (7) 119:9;153:24; 194:19;203:5,9; 222:13;247:6
Center (11) 8:2,11;13:19,21; 14:1,6,9;16:4;35:1; 228:9,11	CHC (52) 7:11;8:19,19;10:25; 17:5,8,8,21;21:5; 35:7;36:12,13,16,16; 38:18;39:9,9;57:19; 73:20;76:8;92:22; 118:2,7;123:3,4; 158:17,18,20;164:9; 167:4;181:7,11,22; 195:13;206:1;207:8; 226:25;231:18;240:9; 247:25;248:2;255:19; 256:15,22,24;257:4; 258:15;268:13; 272:19;273:11;278:5; 279:9	child (1) 198:19	Clonazepam (1) 80:10	commonly (2) 167:6;195:8
Central (2) 12:1,10	CHC000005 (1) 91:18	Children's (1) 13:2	Clonidine (8) 96:18;98:8,11,12, 15;102:1,6,9	communicate (2) 278:15,18
certain (10) 19:10;25:22;36:7,7; 98:10,11;103:23; 122:13;154:22;274:4	CHC00009 (1) 91:19	CHM (9) 17:20,21;158:11, 12,20;159:7,16; 163:5;164:8	close (4) 15:14;146:19; 230:6,7	communicated (2) 103:24;104:5
certainly (1) 166:24	check (20) 31:14;65:2;68:17; 93:4;99:19;101:3,5, 15;144:18;221:5,19; 222:9;235:20;273:23; 276:25;277:6,9,11,19, 21	choice (1) 201:9	closed (1) 61:19	communication (2) 100:24;268:9
certainty (1) 46:14	checked (32) 64:25;93:11;95:15; 96:16,16,19,23;98:2; 99:14;100:2;112:9; 10,10,11,14,18,19,22, 23;128:21;137:15; 145:22;217:17; 218:22;219:14; 220:12;224:11,13,14, 18,19;227:5	chronic (1) 69:1	clothes (1) 235:12	communications (2) 268:16,17
certificate (3) 12:8;156:12,12	checking (3) 31:15;235:15;277:3	circle (2) 139:13;140:23	CMS (11) 158:9;159:18,19; 160:10,18;161:3,5,16; 162:20;163:5;164:8	Community (4) 12:25;157:2,3; 173:12
certificates (1) 11:4	check-off (3) 185:10;188:22; 189:8	circulation (4) 277:4,4,6,19	codes (1) 139:17	compact (1) 11:16
certified (1) 11:6	checks (10)	circumstances (2) 103:21;104:4	Cognitive (1) 82:25	Companies (8) 7:25;8:10;17:5,13; 157:13;163:4,9; 268:13
CH (1) 158:9		City (11) 8:2,11;11:1;13:10; 15:4;17:1,3;18:1,19; 202:19,20	cold (2) 79:14;191:8	company (14) 17:4;158:7,15,16; 159:7,15,16,17;163:4, 5,12,17,18,23
chain (1) 278:15		CIWA (1) 88:25	cold-turkeyed (4) 79:12,14,15,20	compare (3) 76:15;77:7;253:22
chair (8) 235:5;236:7;277:1, 8,16,22,25;279:19		clarification (4) 176:6;179:5; 256:19;258:12	collecting (1) 53:3	compared (3) 47:6;77:8;136:19
chairs (1) 267:6		clarify (4) 10:9;14:17;19:1; 189:5	collection (1) 142:19	compartment (1) 149:14
chance (1) 172:3		class (5) 57:15,22;165:17, 20;169:10	College (2) 12:1,1	compelled (2) 191:17;192:15
change (9) 43:22;64:16,21; 144:10,13,15;164:17; 229:7;231:10		classroom (18) 165:17;167:15; 169:16;170:18,24; 171:2,11;196:2,6; 205:20;206:11;226:8, 20;227:25;228:13; 231:14;233:3;247:24	Colorado (18) 8:2,11;11:8,8,15, 16;13:6,13;15:4,24; 16:6,7,11;18:16; 158:5;267:11,18; 268:1	competent (2) 86:2,9
changed (5) 158:10,16,17,19; 163:10		clear (4) 10:6;97:10;148:13; 181:21	Colorado's (1) 268:4	complain (11) 26:20,25;27:5; 31:12;270:15,17; 271:2,13;272:23; 279:4,9
changes (7) 65:6,12,24;66:4; 227:24;230:25;267:6		clearly (4) 9:18;47:2;134:24; 154:14	column (5) 105:1,1,8;112:8; 114:24	complained (4) 269:11,16;270:3,19
characterized (1) 172:13		clerk (1) 122:24	combative (2) 126:4,5	complete (7) 47:10;53:3;68:18, 19;88:10;137:4; 145:19
charge (2) 22:1;275:6		client (1) 140:20	comfortable (3) 189:7;212:19,20	completed (7) 65:9,12;67:8;69:21; 71:7;91:11;240:2
charged (2) 88:20;276:8		clients (1) 140:16	coming (6) 23:18;34:19,21;	compliant (2) 47:8;136:21
chart (49) 71:11;90:7;103:4;		clinic (5)		comply (1) 89:19
				complying (3) 91:10;94:13,16

comprehensive (1) 77:3	116:22;117:1; 178:25	contracted (1) 76:7	7:15;149:9;192:6	covered (2) 259:3,6
computer (4) 75:19;123:23; 152:20;263:17	consist (2) 52:14;88:9	contrary (1) 10:5	47:6;136:19	COW (1) 117:17
concern (1) 279:14	consisted (1) 116:18	control (2) 154:21;174:23	counting (2) 157:19,21	C-O-W (1) 117:17
concerned (5) 74:4,4,5,16;257:17	consistent (4) 66:4;93:23;203:12; 253:25	conveniently (1) 18:13	County (188) 7:13;8:1,11,20; 11:1;13:7,11,18,24, 25;14:3,14,24;15:21; 16:13,16,21;17:1,3,7, 9,12,22,23;18:1,7,11, 12,13,15,18;19:2,6, 17;20:5,8;21:2,18; 22:2,5,15,19;26:16; 31:18;33:21;34:6,22; 35:3,9;43:25;44:13, 15;45:11;46:4,11; 47:16;48:2,6,24; 49:22;50:23;52:17; 53:11;54:22;55:4; 56:13,23;57:6;60:14, 22;61:6;63:13;65:4, 13;66:2;67:2,24,25; 68:2;69:12,24;70:7, 20,25;71:5,8,16;73:6, 25;74:3,23;75:8,13, 16;76:6,9,10,12,17, 18,19;77:2,4,9,19,21, 23;78:6,13,15;79:19; 80:3;81:9;83:18; 90:13;104:19;118:12, 19;132:2;150:16; 151:16;155:1;158:2, 8,19,25;159:6;161:12, 13,17;163:3;164:2,18, 25;165:22;166:8,11, 18,24;167:2;173:15, 16,20;174:19;176:14; 180:13,20;181:13,16, 17,19,23,25;182:5,14; 186:1,18;191:14; 197:6,8;198:12; 206:2,17;226:12,25; 228:5;231:17;232:20; 237:2,25;238:6,25; 249:19;254:23;257:5, 9,18;263:6,10;269:10, 16;272:19;273:23; 274:2,7,11;278:14; 279:13	COWS (4) 73:4,7;146:15; 260:10
concerning (3) 29:20;75:6;101:1	consistently (18) 28:18;59:2,12; 60:13,21;61:9,24; 62:6,13;69:25;207:5, 10,13,21,22,25;208:3, 7	conversation (9) 27:19;100:20; 127:13;208:18; 264:23;265:10,12,24; 278:5		C-O-W-S (1) 73:8
concerns (8) 23:3;28:24;30:22; 31:2;33:4;129:5; 273:20;274:18	constant (1) 61:1	conversations (1) 75:6		CPR (1) 11:11
conclude (2) 270:24;280:1	constantly (1) 129:1	conversion (1) 71:11		crash (9) 196:17,18,19; 197:4,6;198:2,4,7,10
concluded (1) 280:4	consulted (1) 61:5	Cook (1) 13:2		created (1) 228:4
condition (5) 78:7;80:25;81:10; 214:13;236:1	contact (8) 47:20;60:19;69:2; 90:12,14;92:13; 93:16;266:11	cooperation (1) 39:4		creating (1) 74:22
conditions (1) 77:25	contacted (6) 47:12;126:24; 137:7,24;258:15; 269:7	copied (1) 139:23		creation (2) 74:23;231:15
conduct (3) 49:16;143:4;214:24	contacting (2) 28:14;278:22	copy (1) 114:10		crossed (1) 187:2
conducting (3) 59:9,17;143:5	contained (6) 49:18;104:20; 113:10;133:12; 139:18;163:19	corner (11) 39:20;40:8,23;52:6; 66:13;70:13;73:16; 92:23;115:11;138:7; 141:12		cuff (1) 197:12
confidentiality (1) 174:24	container (5) 47:6;136:18; 137:16,17;197:11	Corporal (7) 95:12;99:18; 100:21;235:2;278:6, 7,14		current (12) 11:9;47:3,18;66:18; 67:9;68:25;78:13,21; 79:7,22,25;120:8
confined (4) 19:7;77:25;150:7; 153:11	containers (2) 47:2;134:24	corrected (1) 243:5		currently (1) 49:19
confinement (2) 8:1;104:19	Content (1) 230:5	Correction (1) 158:10		cut (7) 79:17;99:9;113:13, 17,24;135:14;245:6
confrontation (1) 279:8	contents (2) 137:16,17	Correctional (30) 7:25;8:10;14:20,25; 15:8,18,25;16:4;17:4, 13,16;30:22;38:19; 76:3;85:14;86:3,8,9; 88:3,17;89:19,22,25; 157:13;158:13; 168:11,16;173:12; 175:4;235:24		
confused (4) 56:19;95:13,19; 251:4	context (1) 264:23	Corrections (9) 13:14;15:25;16:8; 26:24;32:4;101:19; 154:21;194:9,14		D
confusing (2) 220:25;251:5	continental (1) 8:16	correctly (3) 172:9;174:12;210:1		D-02 (1) 50:22
Confusion (3) 83:2;89:23;261:5	continually (1) 128:20	Cotopaxi (1) 18:23		daily (12) 28:6;60:10,10,11; 84:4;85:19;86:13; 99:4,5;106:6;166:25; 167:1
connected (1) 73:20	continue (9) 42:10;43:2;45:13; 79:4;95:22;96:22; 99:6;133:2;138:23	cough (1) 213:1		Dallas (1) 8:16
connection (1) 73:21	continued (5) 44:10,20;51:17; 133:24;235:8	counsel (4) 7:15;91:20;138:16; 140:11		damage (1) 18:9
conscientious (3) 185:22;186:4; 192:24	continuing (7) 44:6;124:11;125:1; 135:19;138:6;139:8; 174:16	counseling (1) 138:18		dangers (2) 36:14;80:7
consciousness (2) 50:15;141:16	continuously (1) 12:15	count (3)		dark (1) 138:8
consent (3) 129:16,17;130:9				dash (1) 142:3
consider (10) 77:6;169:25; 170:12;171:16,18; 172:19;179:1;182:13, 20;185:22				data (2) 53:3;142:20
considered (1) 165:18				date (19) 7:3;47:3,7;94:8; 115:6;139:14;181:8; 186:19;195:12; 205:24,25;206:9; 226:10,24;228:3,3;
considering (3)				

231:15,21;260:3 dated (3) 258:14;264:17,22 dates (1) 136:20 David (1) 13:3 day (66) 23:4,24;28:2;29:5; 32:2;33:11,12,13,18; 41:12;74:7;75:20; 77:15;80:19;84:4; 95:1;96:19;99:2,3,3,4, 14;105:14,18,23; 106:2;108:15,22,24; 109:3,3,25;112:19; 129:24,25;130:2; 152:5;166:10,24; 167:9;177:25;186:23; 187:1,13;189:16,22; 191:16,22;203:2; 210:7;219:12;223:8; 224:3,20;225:10; 231:21;234:7,13,16; 235:1,8;258:24,25; 264:1,2;272:1 days (49) 19:10;20:2;28:2; 30:11;52:11,23; 54:18,25;69:1;71:4; 85:5;91:4;92:12;93:7; 23:94:6,11,14;96:20; 98:23;99:4,5,14; 105:18,23,24;106:8, 12,21,23,24;108:10, 16,23;112:18,23; 123:21;141:1;142:14; 143:11,20;187:14; 189:15;210:7;219:13; 221:1,3;240:1,7 DC (2) 116:14;117:21 Deaf (1) 83:14 deal (2) 31:8;266:24 dealing (1) 31:10 death (7) 8:1;73:15,22;91:4; 102:21;198:14; 258:13 Decatur (4) 8:7;14:15;16:22,23 December (1) 14:10 decide (2) 23:2;79:5 deciphering (1) 92:25 decision (3) 17:25;107:16; 135:17	decisions (2) 25:13;74:12 Defendant (1) 7:11 defendants (5) 7:13,16;8:19,20; 126:16 defendant's (1) 7:15 defer (4) 118:6;231:7,11; 235:14 defibrillator (1) 197:17 definitely (1) 140:11 definition (2) 246:4,8 Degarmo (1) 123:2 degree (2) 12:5,6 delay (1) 234:24 Delirium (1) 83:8 delivered (4) 147:7,10;148:15; 150:19 delivery (2) 173:2,4 delusions (1) 230:5 demonstrating (1) 102:20 denial (3) 47:13;137:7,24 Denise (2) 34:13;55:7 dental (1) 53:4 Denton (7) 12:25;13:1,5;16:21; 156:23;157:2,3 Department (3) 13:14;15:25;16:8 dependent (3) 24:15;80:14;128:19 depending (5) 84:20,24,25; 149:19;235:22 Depends (1) 246:9 deposition (30) 7:3,6;8:17;9:1,1,13; 38:9,17;39:16;40:6, 22;49:6;51:24;54:11; 56:2;57:11;58:11; 63:23;65:17;66:10; 67:15;72:17;73:13; 90:17;94:3;195:24; 265:19;266:5;275:15; 280:1	deputies (19) 49:25;50:8,9,10,11; 95:14;179:10;235:2; 269:11,15,22;270:19; 273:23;274:2,8,11; 277:5,9,12 deputy (12) 23:20;150:11; 257:14;268:20;269:2, 7,18;270:2;272:7; 278:14,22,24 describe (9) 27:24;39:7;41:20; 52:25;76:1;126:3; 133:6;142:18;144:17 described (4) 41:16;53:9,10; 130:14 describes (1) 41:11 describing (1) 198:19 description (1) 137:17 designated (1) 139:17 desk (8) 28:23;121:14; 147:12,13;148:16,23; 150:21;193:1 despite (1) 10:4 detail (1) 143:17 detailed (2) 18:25;72:24 details (1) 52:15 detainees (3) 53:11;54:24;55:13 Detention (2) 8:2,11 determinations (1) 22:17 determine (5) 47:8;66:22;118:8; 136:21;137:16 determined (1) 150:6 determining (2) 22:14;120:19 deterrent (1) 236:11 detour (1) 208:16 Detoxification (1) 62:3 development (1) 143:14 developmental (2) 54:20;143:14 diabetes (2) 198:18;199:16	diabetic (11) 24:19;128:18,25; 130:15;179:23; 198:23;199:22;200:3, 6;268:23;273:23 diabetics (5) 24:14,15;199:3,6, 18 diagnosis (4) 43:11;45:25;68:12; 259:21 Diaphoresis (1) 82:19 diarrhea (4) 81:21;88:13; 117:16;254:12 die (2) 22:24;198:11 died (2) 258:20,25 diet (3) 199:23,24;200:4 difference (3) 36:24;176:25; 267:21 differences (1) 173:11 different (16) 12:22;17:14;23:15; 36:21;81:8;129:19; 136:5;159:14;164:13; 176:17;180:15;197:7; 203:21;223:6;267:23, 24 difficult (5) 28:18;105:4; 113:12;114:6;146:22 difficulties (1) 82:25 direct (3) 52:6;95:9;108:5 directed (1) 138:10 directing (1) 52:20 direction (3) 22:11;30:4;53:18 directives (1) 32:22 directly (6) 30:18;33:14;75:10, 12;76:6,9 disability (2) 54:20;143:14 disciplined (3) 201:14;268:3,12 discontinuance (1) 90:6 discontinue (5) 85:21;86:15; 117:22,23;242:6 discontinued (6) 45:20;47:22;90:1;	102:22;116:17; 138:11 discontinues (1) 90:4 discrepancies (2) 47:12;137:6 discussed (1) 35:4 discussing (1) 75:3 discussion (1) 130:15 dismissive (1) 130:18 disregard (1) 274:11 distress (1) 81:18 disturbance (1) 89:24 doctor (19) 23:7,24;35:7;104:2; 151:18,19;211:14,15; 212:10,25;224:5,23; 240:23;253:5;262:4, 16,20;263:1;272:1 doctors (4) 211:1,21;212:15; 272:3 document (54) 38:18,21;39:17; 40:1,6;47:11;49:14; 50:19;51:25;54:10; 55:20;56:2,9;58:15; 63:23;64:7,15;65:18, 21;66:25;67:17,19; 70:4;72:20;73:2,14, 15;88:19;90:6,11,14; 107:7;109:7,22; 114:5,7;115:18,22; 116:2;137:5;138:17; 139:2,11;142:12; 145:23;147:18; 217:12,14;220:1; 225:6;260:18,22; 261:2;278:8 Documentation (13) 54:4;90:9;92:7,8; 110:20;111:25;124:5; 139:9,18;148:23; 218:7;229:9,19 documented (21) 87:13;88:7;100:10, 18;104:5;109:10; 110:13,14,17,23; 111:11,17,21;112:10; 138:13;139:16,21; 205:3;220:18;229:17; 260:6 documenting (3) 50:12;65:23;139:2 documents (7) 38:9;113:12;
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115:15;120:2;146:19; 148:13,17 done (56) 29:5;41:4;46:4; 49:23,25;50:7,23; 52:18;54:24;66:21; 68:21;70:20,25;71:5; 101:15;103:15; 121:21;161:10;170:4; 172:2;173:24;175:17; 178:16;179:10; 180:13,23,24;181:24; 182:2,6;183:1,25; 186:10,22;190:18; 191:1,4,5,13;193:2,7, 24;195:8;219:18; 224:21;225:9,14; 226:6;236:6;241:11; 253:13;255:1;258:7, 10;259:6;266:5 door (10) 61:19;101:12,22; 153:5;154:8,13,16; 170:21;201:8,12 dosage (6) 43:12;46:1;47:7; 136:19,22;259:22 dosages (1) 47:10 dose (24) 43:13;46:2;68:9,10; 69:10,13;71:13,14; 79:5,9;85:22;86:16; 87:10;95:20;96:19; 98:16,21;101:24; 107:8,17,20;226:4; 259:22;260:3 doses (3) 47:5,18;136:18 doublecheck (1) 48:11 doubt (1) 168:18 Doughty (15) 7:3,17,21;8:6,9; 22:21;42:9;72:16; 91:7;95:23;113:7; 126:15;155:14,25; 267:11 down (37) 40:13;41:14;49:15; 51:8;57:15;60:6;69:9, 10;104:6;111:24; 124:24;135:24;154:7; 167:14,22;206:19; 218:5,16,20;219:2; 220:21;221:1,4; 222:1,4,10,18,22; 223:4,5;225:12; 229:1;235:11,12; 236:8;247:1;252:25 Dr (18) 13:3;23:7,10;35:12,	13;67:19;151:23; 152:1;216:4,5; 229:10,13;231:7; 234:17,23;253:2; 256:1;257:14 draw (9) 39:1;40:12;114:4; 116:12;131:10;141:9; 142:11;146:25; 147:18 drawer (4) 135:3,6;149:18,19 drawing (10) 42:21;46:6,18; 53:14;132:24;141:11, 22;142:8;144:3,12 drawn (1) 85:4 driven (1) 129:4 dropped (2) 24:17;274:4 dropping (1) 31:7 drug (10) 48:16;59:10,19,19, 25;63:9,14,15;80:14; 250:19 drugs (3) 197:14;198:1,3 dry (5) 210:2,3,17,20; 211:19 due (2) 96:16,23 duly (1) 7:18 duration (2) 68:11;87:11 during (18) 9:1;19:16;20:4; 24:17;30:2;38:9; 90:22;91:3;104:18; 147:11;154:25; 202:11;265:23; 272:18;277:21; 278:13,20;279:14 duties (1) 21:17 duty (2) 149:2;275:10 DVD (1) 227:9	248:7;268:6;276:24 early (1) 115:6 ease (2) 50:15;141:16 easier (5) 170:19,22,25; 171:5,7 Easter (3) 94:18;259:1,4 eat (4) 24:18;199:12,19,24 eating (1) 230:25 Ed (3) 7:8,23;41:2 education (1) 11:24 educational (1) 11:20 effect (4) 27:9;40:15;127:24; 131:12 effective (5) 181:8;195:12; 205:25;206:9;226:10 eg (1) 58:22 eight (4) 144:18;193:22; 228:16,25 either (25) 74:13;79:4;109:18, 21;115:13;125:24; 129:23;140:13; 146:14;150:20;176:2; 185:3;186:2,10; 200:18;201:7;261:20; 268:3;272:1;273:7, 10,19;274:25;278:19; 280:3 El (48) 13:7,11,17;14:24; 15:21;17:9,12,22; 18:13,15;43:25; 67:25;158:2,8,19,24; 159:6;161:12,17; 163:3;164:2,18; 166:8,18,24;173:15; 174:19;180:13; 181:13,19,23,25; 182:14;195:13;197:8; 206:2,17;226:12,25; 228:5;231:17;233:7; 237:2,24;247:25; 256:7,21;257:5 electronic (1) 152:16 Elevated (10) 81:16;82:16;98:6,9; 226:2;245:15,17; 246:1,13;247:7 elicit (2)	230:19,22 else (25) 10:19;43:21;75:7; 92:8,17;100:4; 127:18;130:24;131:4, 5;177:21;197:4,13; 208:2;209:18,19; 210:17;239:11;249:9; 255:1;270:1,9;278:7, 9;279:9 else's (1) 116:1 emergency (12) 56:3,11,16;57:2; 85:12;195:19;196:8; 202:4;204:11;205:4, 9;235:4 employed (4) 14:14;18:4;123:6; 206:1 employee (2) 17:4;21:5 employees (1) 279:13 employment (3) 18:25;34:21;41:13 encompass (1) 143:18 encounter (1) 90:10 encounters (1) 53:5 end (7) 32:4;50:12,18;73:2; 146:19;205:4;267:13 endangered (2) 213:14,16 endangering (6) 208:22,25;209:7,8; 213:9,12 endeavored (1) 132:17 ended (5) 73:25;93:7;202:7; 205:8;264:22 ends (1) 105:21 enough (2) 185:12;224:1 ensure (7) 54:19;56:11,15; 57:2,25;63:14;143:12 enter (2) 44:7;133:21 entered (5) 102:11;103:7; 152:19;195:22; 219:15 entering (4) 43:1;87:9;102:23; 133:2 enters (3) 85:18;86:12;87:17	entire (4) 121:3;188:18; 191:24;198:6 entirety (1) 120:1 entitled (2) 49:9;66:24 entries (1) 133:10 entry (15) 90:5;95:11,25; 97:24;105:25;106:7, 16;108:10,18,25; 111:19;112:7;135:14; 147:1;245:14 epi (2) 196:21;197:15 epinephrine (2) 196:24;197:15 EpiPen (1) 196:22 equivalencies (1) 71:13 equivalent (3) 46:10;71:14;134:9 ER (1) 78:8 erase (5) 210:2,4,17,20; 211:19 especially (2) 44:9;133:23 essentially (1) 170:10 establish (3) 39:4;56:10;57:25 established (2) 44:8;133:21 estate (2) 7:9,23 estimate (1) 182:25 et (1) 7:25 evaluated (3) 66:20;233:19,22 Evaluation (6) 54:12;65:10;143:9; 194:7;195:7;216:6 even (16) 85:5;93:17;99:7; 102:16;124:9;130:10; 159:2;162:8;166:18; 167:3,14;174:13; 190:25;193:1;222:22; 258:4 evening (18) 24:16;31:23;33:10; 128:23,25;130:16; 189:14;199:9;200:8, 10,13,14,17,23,25; 201:1;217:8,11 event (2)
--	--	---	---	--

73:14;258:13 events (1) 163:8 everyone (1) 204:3 evidence (1) 39:9 evil (9) 127:25;128:7; 198:20;208:19,21; 209:1,6,12,20 exact (1) 138:6 exactly (3) 234:21;253:1,5 exam (11) 65:18,22;66:1; 118:16;145:5;214:20, 21,24;232:11,18,22 EXAMINATION (8) 7:19;53:9;100:21; 142:20;155:23; 214:14;219:3;267:9 examinations (1) 54:2 Examine (2) 66:23;234:3 examined (3) 231:20;233:6; 234:18 examining (2) 89:23;102:19 example (8) 17:10;88:25; 113:20;119:9;163:20; 222:21;230:24;234:2 exams (2) 66:4;215:3 exceed (1) 25:12 exceeding (1) 25:25 except (1) 249:2 excessive (1) 82:21 Excuse (27) 54:7;58:12;62:2; 66:17;67:18;68:18; 84:24;91:20;101:25; 110:5;134:18;145:20; 146:7;151:18;154:20; 169:5;171:21;195:10; 217:17;222:12;249:2; 253:2;256:17;257:15; 259:19;268:23; 271:23 exhibit (162) 38:8,12,15,17; 39:14,16;40:4,6,20, 22;42:8,12;49:3,5; 51:22,24;53:16;54:8, 10;55:25;56:2;57:9,	11;58:11,11,12,13; 63:6,8,21,23;64:13, 14;65:15,17;66:8,10; 67:13,15,23;72:16,19; 73:11,13,13;90:17,18; 92:4;94:2,4;95:7; 99:23;103:8;104:21; 113:11,21;114:5,21, 22;115:20;117:11; 120:2;123:17;124:11; 131:9,18,24;132:23, 23;135:19;138:7; 141:10,23;142:9,9; 143:8;144:4,5,7,11, 11,13,13;145:3,4,7,8, 13;146:6,7,7,11,18, 23,24;148:3;167:23; 168:8,10,12,14,15,20, 21;169:19;171:19,22; 172:8,21;175:17; 176:13;178:13,18; 179:6,12;180:24,25, 25;183:13;194:6; 195:9,9,19,21;205:16; 206:8;214:9;215:14; 216:1,9;218:17; 226:5,6,18;227:23; 231:9,13;233:1; 236:24;237:18;240:9; 245:1;247:10;249:22; 250:16,18,20,25; 251:6,22,22,25; 252:12;258:7,11; 259:8,20;260:16,17; 276:22;278:4 exhibits (7) 42:11;113:10; 146:20;156:8;165:5; 167:11;204:9 exist (2) 123:9;254:23 expect (6) 59:15;90:4;99:14; 103:23;115:4;123:9 expected (7) 59:21;68:14,21; 69:4,19;150:15; 209:15 experience (3) 175:6;231:2;236:14 experiencing (4) 58:21;61:20;66:3; 246:20 expertise (2) 85:24;86:19 expire (1) 72:3 explain (3) 116:21;173:23; 227:12 explained (1) 185:5 exposed (1)	231:16 express (2) 23:2;33:4 expressed (1) 30:22 expressing (1) 31:2 extensively (1) 162:13 extraordinarily (1) 105:4 F F3 (1) 60:5 F5 (1) 42:22 F5d (1) 133:20 F6 (1) 49:15 facility (39) 16:6;17:9;39:5; 43:1;44:8;46:21; 52:12,24;54:18; 58:24,24;59:1,15; 61:23;74:24;77:8; 78:17,21;79:7,22,25; 88:23;101:4;120:14; 122:19;124:9;130:7; 133:2,21;135:20; 142:15;143:12,21; 173:2,3,13;201:16; 203:24;212:15 fact (10) 69:24;165:21; 170:17;186:25; 187:25;200:2;205:24; 222:4;258:25;266:23 failure (3) 271:22,23;279:10 fair (7) 92:6;164:6;167:13; 173:14;175:9;203:23; 275:9 fairly (2) 194:19;201:13 faking (1) 129:15 falls (1) 32:12 familiar (11) 21:9;70:15;86:1,7, 21;89:11;164:24; 173:15;174:18; 188:23;206:5 familiarity (1) 154:19 familiarization (1) 173:1 families (2) 201:15;204:7	family (8) 76:11,11;129:17, 21;130:3,10;201:24; 268:10 far (9) 9:20;21:16;35:13; 47:14;249:17;256:15; 257:4,12;262:24 fashion (2) 43:3;133:3 FCSO (1) 235:6 feared (2) 22:23;27:10 federal (1) 62:5 feed (1) 154:20 feel (10) 74:6;77:23;129:2; 186:8;188:25;191:17; 224:18;236:13;258:1; 265:1 feelings (2) 127:22;128:8 felt (10) 97:21;128:7; 173:18;189:7;192:15; 211:3,18;212:2; 213:11;233:12 female (1) 128:18 few (8) 8:14;38:8;72:7; 113:9;166:24;168:22; 174:12;229:2 field (1) 12:19 fifth (1) 278:5 fight (1) 128:23 figure (5) 185:7;188:9,14; 193:21;220:19 file (5) 121:13;122:8; 187:14;193:15;216:5 filed (2) 121:14;187:21 files (2) 122:7;189:24 fill (6) 113:15;180:19; 185:8,13;255:11,11 filled (16) 47:8;51:3;69:25; 107:7,9,10,13,13,15, 18;108:1;114:23; 115:5,8;136:20; 150:18 filling (1) 253:9	final (5) 22:17;108:25; 112:7;114:4;147:1 finally (5) 10:16;23:20;112:6; 201:11;272:7 find (2) 23:10;274:15 fine (2) 221:24;254:1 finish (6) 9:21,23;12:9; 174:11;254:5;272:23 finished (2) 183:18;247:16 first (42) 7:18;11:3;14:25; 17:2,7;30:10,20;39:2; 40:13;41:12;52:7; 54:16;58:19;67:18; 91:6;95:9;102:5; 105:10;106:16;108:8; 115:22;123:17; 138:12;143:10;156:9; 162:17;163:4,4; 172:8;184:2;188:20; 204:14,15,21;213:24; 228:16;243:6;249:7; 262:4;270:5;271:7; 275:18 five (21) 93:6;96:19;99:4,5, 14;106:8,12;112:18, 23;136:5;155:4,5; 190:21;191:13; 192:20;194:16;195:2; 219:13;221:3;237:9; 279:21 flier (1) 121:25 flip (1) 167:25 floor (3) 13:1;159:21;160:11 flow (3) 104:8;146:15; 254:10 focus (1) 16:24 Focuses (1) 173:10 follow (21) 32:21;60:7;62:10; 117:11;157:6;207:21, 25;225:2,8;236:19, 21;238:5;249:14; 251:18;252:18,20,22; 254:20;261:21;262:3; 274:8 followed (51) 44:3;46:22;47:17; 57:6;59:3,12;60:13, 21;61:6,9,16,25;62:7,
---	---	---	--	---

14,21;65:5;67:3;73:8; 78:18;118:8;134:1, 11;135:21;144:20; 145:11;146:1,16; 188:17;203:24; 206:22;207:5,10,13, 22;208:1,3,7;223:25; 226:3;248:21;249:5, 17;251:20,23;252:9; 254:9,10,13;257:18; 273:7,10	199:1,10,10;244:7 foundation (16) 25:9,16;32:8;62:23; 78:2;80:17,23;81:2; 83:21;85:8,24;86:19; 123:12;129:6;135:12; 165:12 four (7) 92:25;93:3;99:3; 150:17;177:25;206:6; 259:9 fourth (2) 115:20;240:12 fracture (1) 23:7 Frank (1) 204:16 free (1) 236:9 Fremont (154) 7:13;8:1,10,20; 11:1;13:24,25;14:3; 16:12,16;17:1,2,7,22; 18:1,7,11,12,18;19:2, 6,17;20:5;21:2,18; 22:2,5,15,19;26:16; 31:18;33:21;34:6,22; 35:3,9;44:13,15; 45:11;46:4,11;47:16; 48:2,6,24;49:22; 50:23;52:17;53:11; 54:22;55:4;56:13,23; 57:6;60:14,22;61:6; 63:13;65:4,13;66:2; 67:2,24;68:2;69:12, 24;70:7,20,25;71:5,8, 16;73:6,25;74:3,23; 75:8,13,16;76:12,18; 77:4,9,21,23;78:6,15; 79:19;80:3;90:13; 104:19;118:12,19; 132:2;150:16;151:16; 155:1;161:13;164:24, 25;165:22;166:11; 167:2;172:18;173:16, 20;175:21;176:14; 178:22;180:9,12,20; 182:5;183:13,20; 184:1,4;186:1,18; 188:18;191:14; 194:10;196:9;197:6; 198:6,12;203:24; 204:3;206:17;216:23; 226:15;233:7;237:2; 238:3,6,23,25;239:2; 248:7,17;249:19; 254:23;257:9,18,24; 269:10,16;272:19; 273:23;274:2,7,11; 278:14;279:13 frequency (2) 68:10;166:8 frequent (2)	121:25;166:19 front (12) 23:19,23;95:8; 139:23;146:9;177:18; 181:2;192:17;216:10; 237:19;240:13;245:2 froze (1) 261:10 full (3) 103:21;153:16; 173:1 full-time (1) 20:2 function (3) 9:7;66:18;67:9 functioning (1) 67:5 further (1) 279:17	211:14;220:5;226:10; 231:15;275:15,22 giving (8) 31:1;55:8;169:10; 200:6,10;220:8; 258:1;262:12 glass (8) 152:23;153:4,5,6,7, 16,17;154:3 glucose (1) 32:13 go-ahead (1) 211:8 goal (1) 10:6 goes (15) 39:7;41:19;52:13, 24;64:23;66:21; 68:17;70:3;133:6; 137:3;141:15;142:18; 143:15;144:16; 272:10 Goff (1) 13:3 Good (16) 7:21,22;9:20;14:16; 72:6;74:7;92:25; 171:23;185:12,25; 200:22;201:1,10; 222:17;258:2;267:7 goodness (1) 164:12 Gotcha (1) 114:18 gradual (7) 69:10,13;79:9; 85:22;86:15;107:17, 19 graduated (1) 12:23 Grandiose (1) 230:5 Great (2) 140:21;146:20 Greg (3) 7:10;42:1;237:6 group (1) 95:8 guarantee (1) 220:10 guard (1) 170:8 guards (1) 170:22 guess (5) 114:9;127:1; 157:18;167:25;259:6 guessing (1) 155:3 guide (3) 39:5,10;137:15 guidelines (4) 40:9;131:9;171:14,	19 guy (4) 48:8;77:16;271:25; 276:8 H half (6) 12:2;13:12;91:17; 115:22;153:7;156:2 halfway (3) 40:13;60:6;124:24 hallucinating (2) 231:1,3 hallucinations (2) 83:4,6 hand (7) 39:15;40:21;94:1; 134:16;146:18; 193:18;241:10 handbook (1) 163:19 handcuffed (1) 235:3 handcuffs (2) 278:1,2 handed (1) 38:16 handing (15) 40:5;42:11;49:4; 51:23;56:1;57:10; 63:7,22;65:16;66:9; 67:14;72:16;73:12; 90:16;177:18 handle (1) 30:6 handling (1) 177:19 hands-on (2) 170:10;171:17 handwriting (18) 114:25;115:3,22; 116:1,7;124:12,13,16, 19,21,23;125:6,7,10, 11;243:22;245:11; 260:9 handwritten (2) 103:5;129:16 hanging (1) 210:24 happen (7) 35:15,21;46:11; 150:8;176:5;217:22; 222:8 happened (11) 60:3;78:4;163:8; 166:23;176:3;202:6; 205:12;218:1,4; 264:24;271:7 happening (3) 48:7;154:22;177:1 happens (2) 10:3;241:13
following (16) 43:5,8;45:24;46:21; 50:21;51:15;68:6; 94:24;133:6,9; 135:21;138:11;142:2; 143:16;145:17; 249:11 follows (1) 7:18 follow-up (3) 41:10;155:13;156:3 follow-ups (1) 269:19 food (1) 24:18 foot (1) 153:9 forget (2) 217:20,24 forgotten (1) 144:6 form (51) 40:16;47:11;49:16; 50:14;51:2;57:1; 67:10,21,23;73:2; 81:8;128:16;129:9, 16;130:20;131:2,14, 17,18,22;132:1; 137:5;139:1,1,2; 141:10,14,18;147:17, 18;148:9,20;150:19; 152:17;161:23;164:7; 175:14;180:15,20,22; 185:7;229:8;230:1, 21;231:17;232:21; 234:11;235:17; 255:21;256:17; 277:24 formalized (1) 65:22 formed (1) 67:19 forms (4) 64:6;114:9;149:4; 255:15 forth (8) 44:8;46:25;54:2; 64:9;72:24;133:22; 136:10;187:16 forwarded (4) 147:2,4;259:10,11 found (4)		G Gainesville (1) 12:24 gal (1) 198:17 G-A-M (1) 106:8 gave (19) 40:2;71:19;77:17; 102:4;117:13;125:17, 19;129:18;161:25; 168:22;204:24; 217:13;218:4,5; 219:25;223:15;226:4; 268:7;273:4 general (8) 19:6;24:12;29:7; 31:3;48:1;255:14,16; 270:18 generally (8) 10:4;76:15;77:6; 160:20;225:18,21; 231:4;246:4 generically (1) 80:9 gentleman (1) 204:19 gets (2) 101:12;200:13 GI (1) 81:18 given (44) 45:5,7;66:4;75:17; 84:6;94:19;96:18; 98:7,20;99:13; 101:24;102:2,7; 109:6,13,16,20,25; 110:4,9,12,13,14,17, 21,24;111:11,17,21; 112:1;125:22;129:16; 141:4;156:7;165:22; 175:10;178:7;205:24;		

happy (1) 10:13	268:21;269:3;272:8	221:21	identify (1) 269:20	104:2;162:23
Havens (19) 33:7,14,18;34:5; 115:25;152:4;208:20; 209:1;212:14,17,18, 24;215:20,21;249:21, 24;253:2;255:24; 257:15	heart (7) 81:16;96:17; 197:19;245:20;246:3, 11;247:7	Honey (2) 128:22;199:2	ignore (3) 192:25;193:12,14	includes (6) 65:8;66:25;145:23; 174:8;259:20;262:11
Havens' (3) 124:13,21;253:25	heath (1) 183:5	hoops (1) 35:20	II (4) 43:11;47:1;135:24; 234:2	including (9) 49:19,20;54:19; 71:15;85:16;143:13; 145:17,20;174:23
head (2) 35:7;189:1	heavy (1) 60:10	hope (1) 102:9	II5a (2) 46:25;136:10	incoming (5) 37:24;49:24;86:22; 121:22;147:19
Health (131) 21:7;22:1,14;33:8, 22;34:7;37:24;38:2, 18;40:24;43:7;52:4,9, 9,12,14,17,22,25; 53:4,10;54:1,11,17, 19,23;55:6,11,15,22; 56:11;57:2,12;58:1,5; 59:8,8,16;60:7,18; 61:2;62:10;64:5; 66:19;67:4;126:7,13; 130:19;133:8;135:22; 138:15;142:10,13,16, 17;143:5,9,11,13,17, 19;168:10,15,16; 171:22;173:2,4,12; 174:8,16,20,25;175:4, 18;180:25;181:1,15, 22,24;182:1,3,4,10, 12,13,23;183:8,13,22; 184:5,12;185:4,8,14, 14,16,20;186:3,10; 188:20;189:24;191:1, 2,3,4,13;192:1,2,13, 25;194:7,8,17,25; 195:7;205:17;213:21; 214:1,14,17,20,21; 215:4,18,21,23;216:5, 14;231:6;251:25; 259:18	height (1) 53:6	Hospital (21) 12:24,25;13:9,15; 15:4,11;23:9;25:6; 35:17,20;36:1;38:5; 129:15;156:15,19,23; 157:2,3,5;202:10,17	IIA (2) 56:8;57:24	incorrect (1) 213:10
Healthcare (20) 7:25;8:10;17:4,13, 17;24:3;46:22;50:6; 53:2,8;56:16;59:22; 76:7;157:13;158:13; 175:7;182:18,21; 235:24;266:21	Heipt (1) 265:5	hospitalization (1) 85:16	IIF1a (1) 58:19	Increased (1) 246:3
health-related (2) 39:5,10	held (4) 193:18;199:3; 200:5,6	hot (1) 82:15	IIF5 (2) 132:24,25	indeed (1) 54:25
health's (2) 215:23,24	help (3) 18:10;104:24;197:1	hotel (1) 18:6	IIF5a (1) 46:25	independent (1) 99:21
health-trained (6) 43:8;46:23;59:16, 23;133:8;135:22	helpful (3) 113:14;230:20,23	hour (1) 41:3	III (4) 43:12;47:5;135:24; 136:17	independently (3) 100:20,24;104:17
hear (5) 26:11;75:3;87:4; 132:8;210:1	Herr (9) 35:6,12,13;55:20; 67:19;151:23;152:1; 256:1;257:14	hours (5) 19:19;78:4;123:7; 130:2;177:25	illegible (2) 113:18;114:8	in-depth (6) 41:19,21;172:13, 17,19;175:10
heard (8) 23:21;176:16; 232:17;243:2;246:7;	high (15) 11:23,24;223:7,11, 16,22;224:1;225:9,10, 13,15,22;230:6,16; 246:10	house (2) 18:8;267:17	illness (3) 10:18;255:14,16	indicate (5) 130:16,18;143:16; 216:19;229:20
	higher (1) 25:14	housing (3) 66:18;67:6,10	immediately (7) 56:18;58:25;61:22; 70:5,9,23;79:17	indicated (11) 43:5;50:11;103:6, 25;107:25;112:22; 120:25;121:8;133:5; 148:14;193:22
	highlight (1) 91:8	HS (1) 200:8	impact (1) 265:2	indicates (2) 43:6;133:7
	highlighted (5) 91:16;92:6,9;93:18; 215:17	HSA (4) 21:13,18;35:24; 74:7	importance (3) 37:3,7,11	indicating (21) 51:1;71:24;89:17; 91:12,25;95:3; 105:20,21,22;109:24; 113:19;124:3;141:1; 148:10;153:8;183:11; 185:6;220:5;240:10; 245:22;252:9
	highlights (1) 92:21	HSA/Site (1) 54:5	important (7) 9:17;88:16;89:25; 90:9;102:25;176:25; 201:4	indication (4) 100:16;109:7; 137:18;146:13
	himself (2) 235:10,11	Huh (1) 227:16	impossible (1) 126:7	infection (4) 127:16;174:23; 210:14;211:4
	hip (5) 18:8;23:6;268:24; 271:25;278:23	human (1) 162:10	impractical (1) 126:7	infections (1) 209:24
	hire (1) 30:14	hundred (4) 48:15;71:20;123:5; 191:1	impression (1) 129:10	infirm (1) 66:20;233:6,7
	histories (1) 53:4	Hundreds (4) 183:2;190:18,19; 191:5	improve (1) 60:17	inform (1) 36:9
	history (7) 59:11,19,19,25; 85:19;86:13;88:21	hunting (1) 187:19	inability (1) 58:23	informal (1) 275:20
	hold (6) 11:4,5,6,11,14; 267:25	husband (1) 18:8	inappropriate (4) 192:23;193:11; 266:1;274:16	information (24) 14:18;30:4;31:2; 43:9;45:24;47:4; 73:20;87:13;91:17, 19;97:11;102:15,25; 104:6;114:24;121:10; 129:22;133:9,12;
	holding (8) 101:7;125:24; 152:22,25;153:1,4,11, 14	Hypothermia (1) 82:15	in-box (2) 216:4,5	
	home (6) 13:9;18:10;28:3; 76:11;79:2;272:5	I	incarcerated (1) 247:8	
	honest (1) 128:8	IB (1) 52:8	incarceration (2) 42:24;133:1	
	Honestly (1)	idea (7) 74:25;156:7; 192:10,12;224:12; 233:15;264:19	inches (1) 193:22	
		identified (4) 54:21;58:1,5; 143:15	incident (1) 272:15	
			include (9) 53:1;62:19;71:3; 73:1;81:13,18; 142:17,18;148:18	
			included (2)	

140:6;174:25;180:1; 231:4;274:22 informed (1) 72:2 initial (33) 15:2;30:14;37:24; 49:25;50:5;52:4,17, 25:53;10:75:11; 115:16;142:10,16; 143:5;148:5;180:20; 181:1,15,22,24;182:1, 2,4,10;183:13,22; 184:5;185:4;189:24; 192:1;260:4,18,22 initialed (1) 260:24 initials (11) 109:11,12,16,24; 110:4;111:12;139:13; 140:23;216:18;261:2, 4 initiated (1) 254:15 injuries (3) 100:5,14,17 ink (1) 138:8 inmate (69) 23:5;24:3,9;25:20; 26:17,25;27:5;29:20; 30:5,23;31:15;32:22; 33:8;35:9,16,19,19; 36:1,6;40:1,44:3; 45:23,24;48:5,21; 64:4;75:20;77:7;78:6; 86:22;90:12;95:12, 13,14,17;96:15; 118:19;120:19; 121:15,18,22,23,25; 128:17;129:12; 130:14;132:3;146:24; 147:3;150:7;154:6; 177:18,24;198:11; 202:6;204:7;240:17; 259:8;263:7,16,17,25; 268:24;269:12; 271:14;272:24;277:6, 15;278:23 inmates (54) 22:2,14,19;25:2,5; 26:20;30:18;31:12; 32:1;33:14;37:3,7,11, 24;38:2,5;44:19,20, 23;45:6,11;48:2,24; 49:24;52:18;64:8; 65:12;66:3;67:4,9; 69:14,25;71:16;73:8; 74:16;75:13,16; 77:19,25;78:18,21; 79:10,12,22;128:13; 129:4;130:18;149:15, 25;194:16;247:6; 263:8;273:23;276:25	inmates' (3) 152:16;201:15; 270:20 inmate's (5) 23:9;120:16;122:2; 150:12;268:10 inquire (2) 59:9;95:17 inquired (2) 59:18,24 inquiries (1) 78:14 inquiry (1) 49:17 inside (1) 154:15 insight (1) 74:25 Insomnia (1) 81:24 instance (1) 28:3 instances (2) 61:13;277:3 institute (5) 28:9,13;79:8;86:22; 107:17 instituted (1) 135:9 instituting (1) 26:6 instruction (2) 10:5;257:13 instructions (1) 65:24 insulin (4) 24:15,16;128:18; 200:7 insulin-dependent (1) 199:6 insult (1) 266:3 intake (10) 43:6;115:6;133:7; 148:5,17;161:8,9,10, 11;206:19 intakes (1) 50:24 intelligence (2) 230:6,16 interaction (4) 28:5;30:18;75:12; 99:22 interactions (4) 75:16;130:17; 263:15,25 interfere (1) 10:20 internal (3) 73:21;100:14,17 interpret (4) 116:15;117:19; 118:5;169:11	interpreting (1) 236:14 interrupt (2) 163:15;252:2 interrupting (1) 240:8 interviewed (2) 73:19;258:15 into (32) 8:13;44:3,19;59:10, 15,18,24;73:22; 74:25;80:21;90:5; 97:6;104:1,3;118:15, 17;121:8,18;123:13; 130:4;135:15;152:7, 19;153:19;154:3,14; 187:21;189:13; 212:15;219:12;234:7; 272:10 Intoxication (9) 58:15,21;60:12; 61:1,21;62:20;63:2; 206:8;207:2 introduced (1) 195:17 investigation (1) 73:21 investigator (2) 266:17,18 involved (2) 74:22;266:21 involvement (2) 35:8;74:22 involves (1) 177:23 issue (1) 24:19 issues (6) 24:2;66:19;67:4; 75:7;123:20;130:15 IV (3) 11:6;43:13;135:24	22;61:7;63:13;65:4, 13;66:2;67:2,24,25; 68:2;69:12,24;70:8, 21,25;71:5,8,16;73:6, 25;74:3,23;75:13,16; 76:18,19;77:2,9,19, 21,23;78:6,11,14,15; 79:12,19;80:3;85:18; 86:12;87:9,17;90:2,6, 13;97:6;101:4; 102:11,23;103:7; 104:1,3,19;113:24; 118:12,12,19;121:8, 15,18;122:1,19,20; 123:5,8,14;132:2; 134:16;135:15;143:2; 149:25;150:13,16; 151:16;152:1,4,11,12, 16;154:23;155:1,2,9; 158:3,8,25;159:6,12, 21;161:12,13,17; 163:3;164:2,18,25; 165:22;166:8,11,24; 167:2;168:7;169:21; 170:1,6,21;171:16; 174:19,21;177:5; 180:14;181:13,16,17, 19,23;182:1,14; 186:18;189:14;191:2, 14;195:8,13;197:7,8; 209:13;232:20; 236:15;241:25;247:6; 249:19;263:6,10; 264:7;269:11,16; 272:2;275:6;277:5,25 jails (1) 236:22 jail's (1) 201:22 James (1) 20:5 January (4) 228:4,10;244:25; 245:4 job (22) 14:23,25;15:4,7; 16:12,17;17:7,18;1; 20:2;34:21;73:24; 76:2,10,13,16,18; 146:20;174:2;177:5; 178:11;185:25; 193:13 jobs (2) 15:17;241:18 John (10) 7:9,24;19:7;59:14, 22;68:13,22;69:5; 90:21;131:19 Joseph's (1) 156:25 judgment (7) 25:5;35:17,19;36:6, 6;77:20;85:20	judgments (1) 32:5 July (3) 13:24;76:20,21 jumbled (3) 187:17;188:4,13 jumbling (1) 188:5 Jumping (1) 263:14 June (5) 13:7;14:24;19:2; 164:25;191:25 justification (1) 24:21
				K
				Kathy (46) 20:20,22;21:1,4,7, 18;22:7,10,13,17,24; 23:1,15,21;24:2,9; 25:7;26:22;27:6,10; 29:23;30:9,15;32:22, 23;33:19;35:22,23, 25;43:20;45:10; 52:16;54:23;63:12; 66:3;67:3;73:5;115:3; 116:5;119:1,3,13; 125:10;128:20,21; 272:8 Kathy's (1) 272:4 Kay (1) 116:10 keep (6) 114:15;123:24; 134:16;187:23;200:3; 245:5 keeping (1) 146:21 kept (12) 61:1;122:10,12,15, 17;124:7;135:1; 152:16;173:8;184:12; 188:13;197:16 key (1) 48:18 kill (2) 27:10;200:4 kind (13) 23:17;74:4;84:20; 87:10;101:10;129:14; 157:19;173:21; 186:11;191:4;204:9; 208:16;266:24 Klonopin (38) 44:20,21,25;51:18; 68:8,14;69:22;71:15, 18;80:9,13,19;97:2,3, 5,12;101:25;102:1,9, 12,22,23;103:6;104:2, 3;107:24;135:10;

145:18;223:17,18,19, 24:224:2,6;225:3,5; 226:4;260:8 knew (30) 24:22;95:21;96:9,9, 10:97:7,7;107:19; 165:25;167:8;175:1, 11;180:12;197:22,24; 198:1;199:22;201:11; 204:3,6;212:17,24; 221:16;231:25;232:1; 242:21,21;255:2; 256:16;264:22 knowing (1) 192:24 knowledge (9) 57:8;127:7;207:14; 269:16;274:7,10; 275:1;277:5,18 known (3) 23:17;70:17;80:9	9:4 lawyers (2) 10:2;86:5 lay (1) 165:12 laying (2) 154:7;235:11 leading (1) 100:21 leads (1) 216:3 learn (2) 162:14;231:10 learned (3) 43:25;194:14; 243:10 least (6) 164:4;167:5; 205:21;226:12;257:5; 270:19 leave (4) 14:2;121:15;124:9; 272:6 leaves (1) 272:10 lecture (3) 170:19,24;171:10 led (6) 17:25;31:1;85:9; 99:19;128:10,15 left (14) 13:15,23,25;14:9; 15:11;16:16;18:9; 74:3;129:24;150:21; 201:19,20;258:22; 273:17 left-hand (5) 105:1,8;113:20; 114:24;218:20 length (1) 278:4 lengthy (1) 15:20 less (3) 15:3;195:4,5 level (3) 25:14;77:7;274:4 levels (1) 60:25 Librium (2) 71:19;84:8 license (10) 11:5,8,14;12:8; 25:14;26:1,2,7; 267:11,25 Licensed (9) 11:13,14,17,18; 12:7,20;31:15;58:25; 61:23 licenses (1) 11:3 licensing (1) 268:4	licensure (1) 189:11 life-threatening (3) 58:21;61:21;81:4 life-threatening (1) 207:2 likely (6) 31:6;97:4;102:4; 115:8;185:7;231:16 line (1) 105:16 lines (1) 140:2 list (14) 46:8;66:21;134:7; 146:25;147:1;185:10; 187:1;188:22;189:8; 209:23;211:1,5,21; 259:8 listed (9) 17:14;71:18;105:6; 172:10;175:11; 228:16;229:14; 230:18;239:9 listened (5) 27:12,16,18;273:3, 4 listening (1) 170:24 lists (2) 49:17;68:7 little (21) 14:17;15:3;16:17; 30:21;42:10;48:12; 50:25;116:13;125:6; 127:8;128:19;154:25; 156:9;159:14;162:7; 194:10;201:20; 208:16;215:20; 219:19;254:10 live (2) 18:21,22 lived (2) 18:6,20 living (1) 18:19 local (1) 62:5 located (4) 16:10;18:13,15; 134:19 Lock (1) 48:17 locked (4) 48:16;135:2,5,6 log (5) 28:20,22;29:7,10, 13 Logging (1) 177:24 long (13) 10:13;11:17;12:12; 85:20;87:19;122:12,	17;127:9;156:18; 159:2;202:14;265:10, 12 long-acting (3) 36:24;85:1,3 look (30) 49:13;55:19;60:5; 90:19;91:7,15;131:9; 132:22;154:3,13; 172:3;173:22;182:7; 187:4;189:25;190:2, 8;205:2;214:9; 215:14;216:1,2,10; 242:8,11;244:1,16; 247:10;250:13;259:7 looked (12) 100:1,3;102:4; 178:9;212:6;215:12; 243:10,14;244:6,18, 22;248:9 Looking (27) 58:19;59:6;60:6; 64:19;88:15;92:22; 114:21;115:20;134:6; 141:23;190:3;206:19; 211:18;233:1;240:6, 8;241:2,16;242:13; 245:5;248:9;250:20, 21;253:21;254:9,9; 260:1 looks (7) 96:21;106:8; 234:25;235:2,8; 245:7;260:7 Loss (2) 81:20,22 lot (15) 28:1,5;33:16;50:4; 78:8;164:13;165:16; 166:1;167:17;187:18; 193:19,23;197:9; 210:15;227:6 low (6) 31:8,10,13;32:10; 223:12;225:13 lower (11) 39:20;40:7,23;52:6; 66:12;70:13;73:16; 92:23;115:11;125:6; 138:7 LPN (3) 116:10;182:9; 267:21 LPN's (1) 182:17 Lunch (3) 113:4,8;260:15 LVN (5) 11:5,12;26:2;162:8; 267:22	ma'am (1) 272:23 M-A-A-S (1) 269:6 Maestas (118) 20:20,22;21:1,4,7, 18;22:1,7,10,13,17, 24;23:1;24:2,9;25:1, 7,11;26:5,22;27:1,6, 10,22;29:19,23;30:9, 15;31:3;32:14,23; 33:1,5,19;34:5;36:9; 43:20;45:10;52:16; 54:23;63:12;64:8; 66:3;67:3;73:5;74:6, 21;78:14;115:14; 116:5,10;119:3,13; 127:22,25;128:7,8,16; 129:3,3;130:16; 143:4;150:20;184:16; 185:3,15;198:20,25; 199:1,9,10;200:3,9; 201:3,5;204:22; 208:18;209:4;210:20; 212:1,9;213:8,11; 244:12;248:21;249:2, 5;250:1;251:11,20; 253:23;255:9,10,20; 257:10;259:3;260:19; 264:6,13,15;268:6,21, 23;269:3,8,11; 270:20;271:3,9,13,19; 272:24;273:8;274:15, 19,22;278:23,24 Maestas' (1) 271:22 Maestas's (11) 27:24;30:23;32:22; 75:12;115:3,18; 125:10;129:2;151:9; 263:15;279:10 main (2) 159:11;197:21 mainly (3) 24:14;31:6;277:4 maintained (4) 50:20;51:14;54:4; 142:1 major (1) 166:5 majority (1) 165:5 making (5) 25:12;31:6;32:5; 74:12;244:4 man (1) 74:13 manage (1) 37:15 managed (1) 63:14 Management (6) 17:17;27:3,24;58:6;
L				
lab (1) 29:6 labeled (2) 47:2;134:24 labs (1) 77:16 lack (13) 25:8,15;32:7;62:22; 78:1,1;80:16;83:20; 85:7,23;86:18; 123:11;129:6 lady (4) 33:22;34:13;55:7; 199:4 laid (3) 56:15;57:1,5 language (2) 52:7,20 largely (1) 114:7 last (35) 34:14;43:13,15; 46:2,3;53:15,16,17, 22;55:19;62:9;68:8, 10;73:3;77:15,16; 87:21;93:17;106:5,7; 164:13;172:20; 204:14;214:12; 228:21;258:24; 259:22,24;260:3,3; 265:10,12;269:4; 270:5,7 late (3) 85:10,11,15 later (9) 26:7;52:10,23;91:5; 104:6;111:24;142:14; 178:16;206:6 law (1)				
M				

75:8;158:13 manifesting (1) 60:11 manner (5) 56:12,17;57:3; 71:13;121:21 manual (1) 165:22 manuals (5) 159:22,24,25; 160:2,4 many (23) 30:11;32:1,13; 83:18,23;105:12,17; 106:1,18,21;108:9,12, 20;109:2;112:8; 123:14,21;182:25; 191:24;192:7;193:17; 210:7;275:24 many's (1) 149:9 MAR (53) 40:2;91:19;92:23, 25;104:24,25;105:6; 107:6,18,25;108:5; 109:7,10,18,21; 114:21,23;115:5,15; 120:4,6,9,9,16,18,22; 125:13;132:11; 138:13,17;139:12,16, 19,22,23,24;140:1,7, 14,23;141:6;216:10; 217:16;219:8,21; 250:8,11;251:11; 252:25;253:10,22; 260:16,24 M-A-R (1) 91:19 margin (1) 172:6 mark (2) 38:8;93:3 marked (43) 38:15;39:14;40:4, 20;42:8,11;49:3,5; 51:22,24;54:8,10; 55:25;57:9,11;58:13; 63:6,8,21;64:14; 65:15,17;66:8,10; 67:13,15;72:19; 73:11,16;90:18; 91:18;92:22;94:2,4; 95:10;104:21;120:2; 131:24;136:3;138:8; 139:8;146:23;165:4 marks (3) 91:8;93:11,14 married (1) 274:25 MAR's (2) 132:12;220:1 Martin (10) 20:14,16;22:22;	27:14,18;74:9;155:7, 8;272:13;273:3 Martin's (1) 27:20 Mass (9) 269:4,5,7;270:2,8, 25;271:2;272:7; 278:22 Mass's (1) 278:24 master (1) 154:21 match (1) 137:17 material (1) 113:13 materials (5) 92:11;104:20; 113:10,16;131:18 math (1) 15:10 matter (2) 187:25;223:10 may (19) 10:2;11:19,24; 15:11;37:7;46:10; 48:8;75:19;97:22; 134:9;138:10;157:22, 22;158:9;176:24; 188:12;226:14;261:9; 270:17 maybe (27) 13:8,10,24;43:24; 48:8;127:11;149:17, 18;153:8;155:3; 157:15,15;166:13; 175:23,23;176:2,3; 180:11;188:7;191:13; 192:8;194:2;226:17; 265:9,14;269:6;275:2 MD (1) 151:19 mean (64) 21:21,21,24;23:8, 23,25;27:16;28:22; 29:4,25;36:4;51:17; 56:18;61:10;62:24; 63:1;69:7;74:10,25; 77:18;89:10;96:7; 100:3;101:5;107:9, 11;109:20;113:19,25; 116:19;117:5;118:3; 126:25;128:18;130:7; 151:18;153:25;161:9; 163:14;176:1,2,3; 177:7,17,19;180:5,10, 13;187:17;192:6; 194:15;196:10;202:7; 203:7;207:6;218:2; 219:17;230:11; 240:22;256:12;262:6; 263:25;270:2;275:4 Meaning (11)	45:13;48:17;96:18, 19;99:2,3;105:13; 123:16;140:15; 147:25;186:20 means (7) 95:18;99:4;111:14; 117:21;222:5;242:9; 250:2 meant (2) 118:4;207:24 med (23) 40:1;47:17;96:15; 101:23;102:2;120:7, 9,15;134:20,21;135:1, 2,7;149:13,20,22; 150:1;170:21;173:5; 217:11,17,17;226:1 medical (125) 11:3;20:23;22:18; 23:18;24:9,21;25:12, 14;26:17,21,25;27:5; 28:10,13;29:17,20; 30:5,23;31:17,19,20, 21,24;32:5,6,9;33:20; 34:6;35:2;36:7;37:7; 50:24;53:3;55:21; 66:17;69:2;70:18; 75:20;77:24;78:5,7; 80:25;81:10;85:12, 15;86:21;88:17,19, 20;90:13,21;91:3; 95:8;103:14,24,25; 104:18;118:15,20; 119:10,20,23,23; 120:1,4;121:10; 122:17,24;123:9,20; 127:15;129:5;130:4; 131:10,19;133:12; 138:13,18,25;147:2,4, 12;148:1,15,18; 150:18;152:7,10,15; 158:10;173:5;179:13, 17;187:20;205:2; 209:23,23;210:25,25; 215:3,19;216:11; 230:10;233:6,9; 240:11;241:24; 243:17;259:10,11; 263:9;269:12;270:21; 271:14;272:25;274:3, 8,12;275:2,12;277:10, 11,11,12,15 medically (1) 63:16 medical-surgical (1) 157:7 medication (101) 39:21;40:8;42:12, 23;43:2,3,7,10;44:4, 25;45:8,25;46:8;47:5, 9,9,10,13,21,22; 50:20,22;51:15;68:9, 10;80:20;98:13;	104:1;106:13;109:6, 7,13,16;131:9,22; 132:3,16,23,25;133:2, 3,8,13,23;134:7; 135:14,20;136:18,22; 137:4,5,8,14,15,24; 138:9,10,12,15,24; 139:11,12,15;140:24, 25;142:1,3;147:3; 149:3,6,7;150:5,17; 167:8,23;168:21; 170:5,7;171:14,19; 175:19;177:3,8,19; 178:10;211:6,10,20; 212:2;216:20,24; 217:2,10;218:5,6; 223:15;239:10; 253:10;259:18,21; 261:25 medications (57) 10:17;25:2;37:4; 40:14;43:4;44:9,10, 19;46:7,21;47:1,11; 49:20,21;50:19; 51:14;68:25,25;69:3; 105:2,5;106:16; 112:8;131:12;133:4, 22;134:7;139:10,16; 141:25;147:20; 149:12,15;152:16; 168:7;169:20;170:9; 177:6,11,11,23,24; 178:5,8;209:16,20,24; 240:17;259:9,14; 260:8;262:12,12,15, 17,19;263:1 medicine (2) 64:22;144:16 medicines (1) 45:5 meds (21) 40:1;48:1;84:4,6; 96:15;106:3;109:3; 120:11,15,25;123:20; 125:17,19,22;141:4; 147:2;150:1;220:2,3; 259:11;270:17 med-surg (3) 13:1;156:20,22 meet (1) 151:23 meeting (6) 52:12;269:11; 270:20;271:14,18,21 Meiere (1) 126:20 Memorial (1) 12:24 mental (48) 33:22;34:7;53:4; 54:11,17,19,23;55:6, 11,15,22;57:12;58:1, 5;65:23;66:3,17,19;	67:4;88:11;89:23; 143:8,10,13,17,19; 194:7,8,17,25;195:6; 205:16;213:20;214:1, 14,16,18,21;215:3,4, 18,21,23,23,24;216:5, 13;231:6 mentioned (6) 48:20;136:4; 186:14;198:17; 263:14;264:5 merge (1) 163:9 merged (1) 163:5 messages (1) 272:6 met (3) 26:21;27:1,6 methadone (39) 62:12,16;95:20; 97:3,8,22;105:10,17, 22,25;106:1,17;107:8, 18;108:8,11,18,25; 109:25;114:24;115:9; 116:23,24;120:23; 121:1;217:6;219:25; 220:5,8;242:18; 243:3;250:9;251:12, 14,15;252:7,8;253:1; 260:8 methicillin-resistant (1) 148:19 method (1) 71:22 MI (1) 203:12 middle (6) 116:13;124:15; 138:8;229:21;230:15; 234:5 might (11) 10:18,18;87:1;89:1; 103:22;212:7;217:23; 227:12;230:19,22; 239:2 miles (2) 18:7,20 milligram (1) 87:21 milligrams (12) 80:19;96:18; 105:12,17,23;106:1,6, 17;108:9,11,19;109:1 mind (2) 99:25;261:6 mine (1) 167:22 Mine's (1) 246:9 mini-health (2) 214:24;215:3 mini-mental (7)
--	--	---	---	--

65:18,22,25;145:5; 232:11,17,21 minimum (3) 53:1;142:17;174:7 minute (6) 38:20;42:14; 174:11;209:17; 270:10,12 minutes (9) 72:8;127:11; 174:12;190:21;229:2; 235:22;237:9;265:14; 279:21 misheard (1) 190:20 missed (4) 139:12,14;218:7,9 misses (1) 139:10 misstates (3) 55:5;117:8;242:23 mistake (3) 53:23;157:3;169:22 mistaken (2) 169:22;234:25 mistakenly (1) 168:20 mixed (1) 175:16 moment (5) 18:25;62:16;102:3; 252:2;278:22 moments (1) 168:23 Monday (5) 19:15,19;94:19,23; 189:19 Monica (3) 7:3,17;8:6 Monitor (11) 69:16;71:2;88:24; 89:12;95:23;96:22; 99:7;117:15;154:22; 227:9;254:11 monitored (4) 64:5,9;79:23;88:4 monitoring (12) 37:7;64:6;69:18; 84:3;88:7,9,11,20; 104:9;145:24,25; 238:20 month (6) 120:8;155:10; 166:14;201:17; 231:22;267:13 monthly (1) 77:1 months (13) 13:8,10,16;191:24, 25;192:9,11,14; 193:16,24;194:2; 265:9;272:18 Mood (1)	82:5 more (42) 12:16;13:9,15; 16:17;18:13,25; 21:25;60:25;64:19; 77:2;78:14;80:20; 84:4;97:4;102:4; 113:9;115:7,7; 117:20;118:2;128:23; 153:7;155:1;166:18; 177:10;178:15;180:1; 185:7;192:8,20; 194:15;195:2,4; 201:4;202:15,17; 203:12;204:20; 218:13;258:9;279:25; 280:2 morning (41) 7:21,22;19:22; 23:16;31:22,22,24; 32:6;96:4;106:12; 147:19;148:25; 189:14;217:5;218:24; 219:14,18,25;220:4,7, 12;221:3,8,10,19; 222:6,6,23;223:3,19, 22;224:6,11,14; 234:23;235:9;268:20; 269:10;271:11,17; 273:22 most (5) 167:13;186:7; 188:1;235:20;259:25 mother (1) 129:18 Mountain (9) 13:19,20;14:1,6,9; 16:3;34:25;228:9,11 mouth (6) 96:18;105:13,18, 23;106:6;108:22 move (4) 64:12;78:10; 267:18;276:14 moved (6) 12:25;13:6;71:16; 76:13,24;235:5 movement (2) 50:15;141:16 Moving (5) 54:9;58:10;70:12; 145:13;180:24 MRSA (5) 148:10,19;150:19; 210:14;212:7 much (16) 12:3;18:12;27:12, 13;94:17;128:22; 155:14;156:5;170:13, 14;177:10;178:7; 186:8;197:6;199:16; 208:9 must (1)	47:1 myself (3) 91:24;114:22;186:7 N naked (4) 229:21;230:15; 234:5;236:11 name (29) 7:7,23;8:4;17:15; 23:9;34:14;43:10; 45:24;47:2;68:9; 123:2;133:13;147:21, 21;158:17;163:10; 203:15;204:13,14,14, 15;232:3;259:20; 266:13;269:2,4; 270:5,6,7 named (3) 20:19;32:18;34:13 names (4) 158:16;232:4; 269:23;270:23 narcotic (3) 117:3,10,13 narcotics (1) 44:16 narrow (1) 153:9 nature (7) 16:25;22:18;36:8; 57:1;65:23;75:4; 128:1 Nausea (4) 81:19;88:13; 117:15;254:12 near (2) 18:19;152:22 nearly (2) 60:10;157:17 necessarily (4) 33:13;203:11; 222:10;263:22 necessary (1) 25:2 need (11) 10:12,16;88:15; 172:23;179:25;187:5; 194:24;237:6;241:10; 261:25;279:20 needed (34) 18:9;25:5;28:8,12; 29:4,19;30:3;33:15; 35:10,15;74:10,11; 127:17;184:5;186:17; 188:15;190:9;193:24; 198:7,10;202:10; 212:2;214:1;215:1; 218:21;219:18; 221:16;227:14,20; 231:9;233:12,15; 263:17;272:3	needing (2) 23:8;227:18 needs (23) 24:3,10;26:17,21, 25;27:5;29:21;30:5, 24;52:12;54:19;58:1, 5;130:19;143:13; 174:17,20;188:9; 215:18;269:12; 270:21;271:14; 272:25 negative (2) 189:4;209:3 neglectful (1) 24:9 neither (1) 115:17 nerve (1) 18:9 Network (1) 13:3 nevertheless (2) 79:23;121:3 new (15) 49:24;50:24; 114:14;121:18,20,22; 163:3,10,12,18,19,20, 23;177:24;187:2 newborn (1) 12:23 next (40) 9:24;16:24;29:5,12; 44:6;58:10;59:6,7; 73:12;102:2;105:16, 25;108:10;124:18; 125:5,9;133:20; 139:8;141:22;142:9; 145:3,7;146:6; 147:19;148:25;151:6; 173:10;187:14;188:8, 9;194:6;205:16; 226:5,18;235:8,9; 237:9;243:21;245:3,5 night (8) 18:10;19:22;24:17; 31:8,12;77:15,16; 147:11 Nine (1) 66:22 Nobody (2) 165:25;200:13 no-call (1) 28:4 nomenclature (1) 216:22 non-administered (1) 139:15 noncompliance (1) 138:17 None (4) 110:12;252:9; 254:12;267:23 non-medical (2)	26:24;31:15 nor (1) 115:17 normal (14) 98:5;103:21;104:4; 150:15;222:9,12; 223:2;224:10;245:25; 246:1,12,15,18; 277:10 normally (5) 33:9;94:19;103:23; 107:24;118:25 North (2) 12:1,10 Nos (13) 40:7,23;42:13;52:5; 54:12;56:3;57:13; 58:16;63:25;66:12; 67:17;72:21;73:15 no-show (1) 28:4 notations (1) 91:8 note (11) 40:14;100:9; 113:12;131:12; 147:17;149:3;216:2; 232:7;244:4,25;247:3 Noted (5) 116:10;124:24; 235:6;242:9;250:2 notes (5) 124:5;172:5;229:1; 243:16;273:2 notice (1) 217:4 notified (3) 70:5,9;130:2 notify (8) 35:22,23,25;70:17, 23;89:21;117:18; 129:17 number (14) 38:12;47:5;90:23; 113:12;122:1;136:18; 144:5;152:22;156:3; 165:3;194:21;195:1; 259:15;266:14 numbered (1) 107:3 numbering (1) 153:3 numbers (4) 23:15;153:1,15; 246:5 numeral (4) 133:10;136:8; 228:17;239:9 numerals (1) 135:24 numerous (1) 77:14 nurse (82)
--	--	---	--	---

8;9;11;13,15,18; 12:20;14:20;15:25; 16:4;19:1,5;20:4,24; 29:12,15;30:16; 32:18;77:12;85:14; 86:8;89:20,22,25; 90:4;95:16;115:14; 14,15,17,18;120:24; 121:7,9;122:1; 124:16,19;140:24; 143:4,4;147:10,19; 148:24;149:11,21; 150:6,20,25;151:9; 156:10;161:10;162:8; 175:3,4,7;185:23; 186:4;188:23;191:15; 192:24;199:22; 202:12,21;203:17; 211:11;222:8,18; 236:13;241:5,16,18; 252:17,18,20;260:17; 19,19,22;261:21; 262:2;264:1;265:2; 272:24;276:5 nursery (1) 12:24 nurses (17) 7:11;22:4;86:3; 99:15;118:23;120:12; 121:4;132:2;188:14; 203:21;205:13; 207:18;208:6,14; 257:5;263:12,13 nurses' (2) 152:8,10 nurse's (7) 118:20;121:14; 147:7;148:16,23; 149:2;150:21 nursing (18) 12:7,13,19;14:11, 21,25;15:8,17,18; 76:3;107:19;119:8; 121:4;162:14;235:24; 267:11,25;268:4	86:18,25;117:8; 123:11;131:2;135:12 objects (3) 7:15;232:4,5 observation (7) 25:14;26:5;32:15; 50:13;60:9;61:2; 141:13 observe (5) 30:18;32:25;75:10, 12,15 observed (4) 21:17;24:8;61:4; 263:15 obtain (4) 43:8;68:18,18; 133:9 obtained (5) 43:15;45:24;46:3; 137:25;259:24 Obviously (1) 113:23 occasion (9) 48:19,20;75:15,18, 24;89:8;151:25; 153:10;239:17 Occasionally (2) 10:2;263:16 occasions (8) 24:8;25:1,4;36:5; 122:1;123:10;249:2; 277:22 occur (15) 53:11;69:4;104:11, 15;133:11;136:24; 137:9;138:1,19; 139:4;142:3,21; 149:25;166:13; 273:13 occurred (6) 75:21,23;101:3; 137:19;143:2;163:9 occurring (1) 55:3 occurs (2) 166:8,10 O'CONNELL (9) 7:8,12,12;92:2; 267:7,10;276:17; 279:17;280:3 off (44) 11:2;19:24;25:23; 33:16;42:4;51:8,10; 69:3,8,13;70:18; 72:11;78:23;79:17; 87:24;95:21;99:9; 112:25;113:3,13,17, 24;117:17;135:14; 155:19;164:21; 179:17;180:19; 184:23;187:2,15; 204:9;211:16;233:5; 237:13;244:11;245:6;	249:7,7;252:8,14; 253:1;261:12;279:23 offered (1) 63:18 office (10) 8:16;27:20;118:20; 119:8;147:8;148:16; 265:5;268:18;271:19; 272:19 officer (3) 55:21,22;101:19 officers (12) 23:18;26:24;31:5,8, 10,13,15;32:4;38:19; 154:21;168:11,16 offices (1) 173:5 often (4) 33:25;34:18; 154:25;155:8 old (5) 23:6;121:23;122:9; 163:16,16 on-call (1) 211:1 once (24) 33:9;34:1,8,19,22; 84:4;106:2;109:3; 110:4,7;111:3,8,12, 18;112:10,11,22; 125:19;155:10;164:8, 8,9;202:15;275:25 one (114) 7:14;10:2;22:1; 23:4,18,20;28:2; 29:15;30:16;33:18; 34:13;48:8;68:8; 71:14,15,22;74:12; 91:21;95:1;96:19; 98:20,20;101:10; 105:10;106:5;111:13, 18;112:19;114:11,11, 14;118:1;119:8,16; 120:11;123:18; 128:17;129:12,18,20; 132:4,4;136:1,6; 148:10;149:17,18; 152:5,25;153:11,16, 17;158:19;159:4; 162:4;164:13;166:5; 167:3,14,19;168:17; 171:24;176:1,12; 178:5,16;179:12; 180:24;184:8,8; 185:5;186:22;187:15; 188:4;192:13;193:15, 24;194:2;198:6,10; 202:3;209:23;210:9, 24,25;211:20;214:22, 23;215:2,20,20; 216:17;217:1,4; 218:7,15;226:18; 228:1,3;237:10;	241:7,18;243:15; 247:11;250:16; 251:21;261:10,20; 262:23;263:13,15; 273:7,10;274:18 ones (10) 114:12;132:4,10, 11,14;139:20;157:12; 167:20;193:9;197:7 one-time (3) 98:16,17;226:4 only (31) 13:10,16;20:1; 30:16;62:3,15;71:20; 76:19;89:4;106:2; 112:19,21;120:18,25; 123:6;127:20;182:14; 191:15;192:1;193:15, 24;198:14;200:5; 210:19;229:17;239:5; 262:20;266:21; 268:12;270:25; 272:20 on-site (4) 22:5;33:20;34:6; 151:15 onto (1) 219:20 Open (1) 253:19 opened (1) 101:12 operated (2) 17:13;74:13 operation (1) 173:20 operations (1) 152:6 opiate (31) 37:18;45:4,4;62:11; 72:18,25;73:3;146:8; 161:15,19;163:21; 166:21;167:7;239:15; 247:12,20;248:3; 250:23;251:1,8,15,18; 252:4;253:15,19,24; 254:8;255:17;256:10; 257:2;262:1 opiates (10) 73:9;164:4;250:24; 255:2,12;256:12; 257:3;260:12,13; 261:18 opinion (2) 128:11,16 opioids (1) 60:11 opposed (4) 115:13;170:18,23; 171:10 opposite (1) 28:2 order (49)	25:23;26:3;35:21; 54:18;89:18;103:21; 107:7;108:5;115:8; 117:2,3,6;118:7; 120:15,24;121:14; 135:9;143:12;149:10; 154:3;185:25;211:9, 14,19;212:10,25; 214:20,21;223:24; 224:6,24;241:21; 242:8,12;243:10; 244:6,11,14;247:16; 249:21,24;250:2,2,3; 253:8,25;262:4,16; 263:1 ordered (3) 98:7;253:6;262:21 ordering (1) 102:2 orders (19) 26:6;70:16;77:17; 115:21;209:15,20; 240:20,22,22;241:15, 19;244:2;252:16,18, 21;261:16,18,22,24 organized (4) 121:12;146:21; 156:9;188:13 orientation (17) 40:24;41:12,16,19, 21,22;119:6,14; 158:25;159:3;171:22; 172:10,13,18,19; 174:9;175:11 oriented (15) 65:11;88:12;95:18; 96:6;117:16;119:1; 146:14;169:24;232:7; 238:18;252:11; 254:25;255:11,19; 278:8 orienting (1) 119:3 original (1) 132:12 originally (2) 114:23;158:9 originals (1) 114:2 orthopedic (1) 23:7 others (1) 82:18 otherwise (2) 57:22;139:10 out (98) 12:23;23:5,10,10, 18;51:3;56:15;57:1,5; 64:3,7,23;69:25; 77:16;78:9;85:4; 94:14;95:14,17; 101:22;103:13;107:3, 7,9,10,13,14,15,18;
O				
oath (3) 9:3,4;275:19 object (21) 10:2;25:8,15;32:7; 62:22;78:1;80:23; 81:2;129:6;130:20; 164:7;175:14;180:22; 229:8;230:1,21; 234:11;235:16,17; 242:24;256:17 objecting (1) 87:6 objection (13) 7:16;10:5;55:5; 80:16;83:20;85:7,23;				

108:1;114:23;115:5; 8;118:17;121:16,23; 122:22;129:15,19,21, 23,24;130:7;150:18; 155:25;157:11; 158:16;163:10;170:8; 178:1;180:19;183:21; 184:3,4,7;185:8,13; 187:20;188:9,15; 192:1;193:21;199:1, 10,10;201:8,11; 202:12,14,15,16,21, 24;203:18,18,19,20, 25;204:12,19;206:1; 218:7,9;220:1,20; 225:25;230:2;234:15, 21;241:19;247:16; 251:11;253:9;255:1, 11,11,20;267:13 outgoing (1) 121:23 outside (8) 85:24;86:19; 118:20;119:7,8; 153:24;154:2;275:20 outstanding (1) 24:6 over (35) 8:14;27:25;68:7; 77:17;80:13,19; 81:23;84:17;85:4,19; 86:14;96:17;98:3; 99:23;105:20;114:15; 130:2;145:17;157:12; 160:22;163:2;164:17; 167:22,25;172:3,22; 173:16;176:11;182:7; 189:1;194:10;195:21; 211:9,14;241:14 overall (1) 249:7 overdose (2) 58:22;61:21 overlap (1) 75:17 overruled (1) 36:9 overview (2) 12:18;14:16 Owen (5) 95:12;99:18; 100:21;278:6,7 own (15) 46:20;95:10;103:5; 135:20;165:24;167:5, 14;168:3,24;169:3; 174:13;175:20; 205:22;240:17; 261:24 ox (1) 197:12 oxygen (1) 196:16	P P&P (1) 207:8 PA (24) 25:23;33:7,18;34:5; 124:13,21;151:17,18; 152:4;208:20;209:1; 211:15;212:14,24; 215:20,21;224:5; 240:23;249:21,24; 253:2,25;255:24; 257:15 package (1) 113:17 packets (1) 50:25 paddles (1) 197:17 page (88) 39:2;40:13;42:22; 44:6;46:19;49:14; 50:12;52:7,21;53:15, 16,17,22;54:16; 55:19;58:20;59:7; 60:6;62:9;67:18,20; 91:17;92:22;93:18; 94:2;95:9,10;96:14; 103:8;113:21;114:5, 5,21;115:12,20; 116:13;124:11,12,15, 18,18,19;125:2,5,5,9, 9;132:25;133:20; 136:3;138:7,9;139:8; 141:11,23;142:12,12; 143:10,16;172:7,8; 179:6,6,12;207:7,8; 214:11;216:9;218:17; 229:11;238:17;240:9, 12;243:16,19,21; 244:2;245:1,3;247:4; 249:22;250:13; 252:12;253:20,22; 260:15,17;278:5 pages (4) 73:3;91:7;123:17; 138:8 pain (5) 100:11;203:1,3,6,9 Panic (1) 82:3 paper (5) 115:21;123:24; 219:20;257:22,23 papers (1) 113:23 paperwork (2) 147:24,25 paragraph (2) 172:21;206:21 paragraphs (1) 136:5	parameters (3) 32:11;98:10;223:25 Paranoia (1) 82:7 Pardon (1) 265:11 parens (5) 58:22,22;61:21; 68:11;69:1 parentheses (1) 42:24 part (25) 49:23;65:10,25; 66:25;76:16,18; 113:17;119:21,24; 120:3;148:3;159:12; 177:9;178:10;181:9; 193:13;199:23;207:5; 219:6,8,9;231:1; 240:19;245:6,6 partial (1) 153:17 particular (17) 23:4;29:6;30:25; 42:21;61:14;113:11; 114:23;128:17; 129:12,25;130:23; 131:10;132:24; 141:11;199:4;249:6; 264:16 parties (1) 131:6 partner (1) 265:4 parts (2) 154:14,22 PA's (2) 211:1,21 Paso (47) 13:7,11,17;14:24; 15:21;17:9,12,22; 18:13,15;43:25; 67:25;158:2,8,19,24; 159:6;161:12,17; 163:3;164:2,18; 166:8,18,24;173:15; 174:19;180:13; 181:13,19,23,25; 182:14;195:13;197:8; 206:2,17;226:12,25; 228:5;231:17;237:2, 24;247:25;256:7,21; 257:5 pass (7) 39:25;102:2; 134:22;149:22;150:1; 217:11;270:17 passed (1) 104:6 passing (7) 139:11;168:7; 169:20;220:2,3; 264:1,2	pass-on (5) 28:20,22;29:7,10, 13 past (6) 59:10,18,25;236:6; 255:6,21 patient (101) 40:14,15;43:6;46:8, 20;47:8;50:13,21; 51:15;52:13,23; 55:11;60:16,17; 64:20,24,24;65:1,2; 66:18,19,23;68:5,9, 17;70:17;73:15; 89:23;90:5,10; 103:22;108:4,6; 118:11,13;119:7; 131:12,13;133:7; 134:8;135:20;136:21; 138:16,24;139:1,10, 20;141:14;142:2,15; 144:14,17,18;145:16, 19;148:17;160:21; 174:17,20;177:5,11; 187:10;191:1;200:22; 201:5,24;202:3; 203:14,25;204:12; 205:13,14;211:3; 212:2;213:16,20,24; 216:19,19,24;217:1; 218:21;222:19; 228:17,23;229:13; 230:12;233:5;234:3, 5;235:13,25;239:8; 243:11;255:12; 258:13;259:14; 261:17;262:12,15; 263:23 patients (61) 39:6;42:23;43:1; 44:7;52:8,22;54:17; 56:12,16;57:3;58:1,4, 20;60:9,24;61:20; 62:11;63:8,13,15; 65:5;66:11;71:8; 74:17;75:12;77:13; 132:25;133:1,21; 134:21;138:9;142:13; 143:10;145:8,10; 157:7,7;162:18; 186:1,17;190:9; 191:7;201:10;207:1; 208:22,25;209:7,8; 213:9,12,14;217:23; 227:3;231:2;233:2; 238:9;239:19;249:15; 257:8;258:2;261:24 patients' (1) 177:6 patient's (17) 47:2;52:11;54:19; 59:10;118:13;121:9; 138:12,14,23;139:12;	143:12;145:19,20; 178:8;184:24;204:13; 240:25 Patrick (6) 7:9,24;19:7;59:14, 22;90:22 patterns (1) 230:25 Patterson (2) 23:7,10 pause (1) 261:9 peak (3) 84:19,23,24 pediatric (2) 13:4;157:7 pediatrics (2) 156:16,18 people (15) 22:23;35:3;61:10; 123:13;174:14; 187:19,19;193:20; 194:24;197:1;200:10; 215:4;239:1;257:22; 263:11 per (5) 80:19;95:12; 160:19;193:24;219:2 percent (7) 48:15;71:20;123:5; 194:16;195:2,4,4 percentage (2) 177:4;194:15 percentage-wise (1) 194:22 perfectly (1) 254:1 perform (1) 55:15 performed (3) 52:9;55:12;62:3 performing (1) 54:1 perhaps (3) 159:17;230:18; 234:8 period (12) 15:20;75:11;84:17, 23,24;85:4,20;86:14; 90:22;91:4;122:15; 264:18 periodically (1) 277:19 periods (1) 75:22 permanent (1) 9:9 permission (4) 204:21,24;205:7,9 person (38) 22:7,10;29:8;31:19, 20,24;32:6;33:20; 34:6,12;35:2,14;
--	--	--	---	---

62:15;73:20;74:14; 78:6;80:13,18,21; 85:18;86:12;87:9,17, 23;88:2,18,20;89:16; 90:1;96:8;100:25; 102:10,10;173:21; 188:8;194:25;230:10; 249:6 personal (3) 47:11;137:5;204:7 personnel (6) 39:9;49:16;51:3; 88:17;141:13;269:15 person's (5) 88:19,24;89:12; 90:5,6 pharmacology (1) 162:11 pharmacy (9) 43:15;46:3;68:12; 122:7;210:2,4,18,21; 259:24 pharmacy-issued (1) 47:1 phenobarb (2) 48:9,10 phone (24) 23:19;28:15;74:14; 77:14,17;95:15,15; 130:4,6;201:14,22; 204:7;211:14;265:23; 266:13;270:25;271:3, 4,5,9,22,24;272:4,5 phones (1) 279:5 photo (1) 137:15 phrase (1) 175:25 physical (3) 53:9;54:1;142:20 physically (2) 80:14;101:4 Physician (21) 13:3;44:11,21; 45:16;46:9;54:3; 60:20;61:4;89:21; 133:25;134:8;137:23; 151:15,16,17,21; 182:11;253:2;261:18, 19;262:19 physician's (1) 26:8 pick (1) 163:16 picking (1) 279:4 picture (2) 99:25;148:5 piece (2) 219:20;257:22 Pieces (1) 276:16	pile (3) 123:22;187:10; 191:17 pills (1) 177:19 place (6) 23:14;27:19;58:3; 78:25;96:8;152:6 placed (2) 148:22;234:7 places (3) 12:22;84:8;235:20 placing (1) 139:13 plaintiff (1) 7:9 plaintiffs (1) 156:5 plan (11) 52:12;85:21;86:15, 22;107:8,17,19,23; 108:6;120:19,22 play (1) 33:7 please (33) 7:7;8:4;10:9,12; 11:21;12:18;25:18; 38:20;42:15;49:7; 54:13;56:5;74:2; 90:24;95:11;96:14; 104:24;127:12; 128:14;131:8;132:22; 141:9;173:22;194:4; 231:13;233:1;236:24; 243:18;247:10; 250:13;252:12,15; 253:20 plopped (1) 147:13 plus (3) 147:24;150:17; 194:13 pm (13) 32:5;78:5;113:2,5; 155:21;235:2,7; 237:12,15;261:11,14; 279:22;280:4 PO (4) 96:18;98:20; 105:13,17 pod (3) 95:17;119:8;270:16 pods (2) 78:9;118:17 point (15) 22:21;98:11; 125:25;126:9;158:19; 180:18;183:21;184:5, 20;188:13;214:4; 235:9;243:15;245:21; 263:15 pointed (5) 155:25;183:21;	184:3,4,7 pol (1) 45:22 policies (26) 44:3;55:12;78:17; 118:2;144:20;146:1; 157:5;159:9,19; 160:6,9,14,17;163:11, 20,22;165:3,16,23; 167:4;174:8,13; 175:18;208:10;252:1; 276:23 policy (109) 38:24;39:3,21,23; 40:10,22,24;41:1; 42:12,15,19,24;43:1, 17;44:24;45:12;46:7; 47:15,15;49:8,11,21; 50:3,22;52:2,4,8,13, 18;54:14,24;56:5,6, 10,15;57:2,6,12,14, 20,24;58:14,17;59:2, 11,12;60:13,21;61:16, 24;62:6,13,21;63:8, 10;64:1,3,9;73:17; 133:1,15,17;134:1,4, 11,14;136:15;137:1, 12,21;138:4,21; 139:6;141:20,23; 142:3,6,9,11,22,24; 143:8,9,21;144:1; 145:1;146:4;166:1; 167:24;168:2;176:15; 178:9,19;181:1,7; 183:14;195:9;196:1; 201:22;203:23; 205:18;206:9;207:13; 226:8,19,21;256:15; 259:19;277:13 polite (1) 265:23 population (3) 174:17,21;263:7 POR (5) 256:7,15,24; 257:17;258:4 portion (5) 43:16;59:11;70:13; 71:12;116:6 position (2) 14:13;30:17 positive (2) 60:10;212:13 possible (9) 25:20;52:10,22; 96:16,23;142:14; 153:19;154:2;246:21 possibly (7) 97:17;157:17; 177:25;192:22;194:5; 217:21;267:15 post (1) 11:23	potential (2) 48:19;100:13 potentially (1) 17:22 power (2) 230:6,16 PR (1) 8:6 practical (1) 126:13 practice (8) 25:12;56:14;58:4; 90:14;107:25;225:18, 18,21 practices (3) 128:12,15;209:13 practitioner (1) 77:12 preadmission (5) 103:5;119:23; 147:25;148:18; 150:18 precautions (1) 174:24 predecessor (4) 159:8;248:2,3; 268:13 preface (1) 235:16 preferred (2) 46:8;134:7 pre-prepared (1) 65:11 preprinted (4) 67:10,21;73:2; 140:6 prescribe (2) 211:5,10 prescribed (21) 43:3,11;46:1;47:7, 9;48:6,22;49:20; 50:19;51:14;68:11; 85:19;86:13;87:20, 20;104:2;133:4; 136:19,22;141:25; 259:21 prescribing (11) 43:14;46:2;47:12, 20;60:20;61:5;62:4; 137:6;211:19;259:23; 262:11 prescription (19) 43:2;44:24;46:24; 47:3,7;68:14;78:22; 79:10;86:23;87:9,17; 102:12,17;133:2; 135:25;136:9,11,20; 147:22 present (6) 14:13;59:10,18,25; 67:5;78:17 presenting (5) 64:20;65:5,12;	103:22;144:14 pressure (61) 53:7;68:19;81:16; 93:4;98:2,9,12;99:13, 15;101:5,15,20;106:9, 15;112:7,9,14,18,21; 117:15;145:21; 160:22,22;197:12; 219:3,5;220:9;221:2, 5,7,8,19,25;222:22; 223:2,7,10,16,22; 224:10,14,18,19; 225:7,12,15,22,24; 226:1,2;234:4,9; 235:15,21,25;236:8, 12;245:15,24;247:7; 254:11 presumably (3) 65:9;69:20;70:14 pretty (13) 9:20;12:2;15:14; 27:12;156:5;166:5; 170:13,14;186:8; 187:17;208:9;243:2; 246:10 prevented (2) 67:5;143:3 previous (3) 103:24;231:17; 244:2 Prilosec (4) 106:5;111:25; 120:23;121:1 print (1) 96:1 printed (1) 240:19 prior (12) 24:3;42:23;122:1,2, 3,8,9;123:10;125:14; 132:25;202:13; 268:22 priority (1) 190:10 prison (1) 16:7 private (4) 16:7;76:7;266:17, 18 probable (1) 185:2 probably (54) 13:23;72:4;155:3, 10;158:19;162:19; 164:3;166:5;167:13; 170:19;175:11;178:9, 14;186:1,5,9;190:18; 192:20;195:8,11,16; 199:19;205:9,12,25; 218:3;219:19;220:20; 221:9,18,21,22;222:1, 5,23;223:1,8,23; 224:10,14,20;225:9;
---	--	---	---	---

226:11;231:7;242:21; 246:9;25;248:6,17; 265:9;267:17,19; 273:14;276:4 problem (10) 35:11;65:11;67:1; 146:14;238:17; 252:11;254:25; 255:11,18;278:8 problem-oriented (10) 65:9;67:1,8,20; 69:20;70:12;71:7,12; 73:1,7 problems (4) 63:9,14,15;194:17 procedural (1) 35:20 procedure (33) 8:25;28:14;35:15; 39:7;43:5;45:6,19; 56:10,15;57:1,25; 58:3;73:14;78:25; 118:24;122:3;133:6; 138:11;149:5;167:24; 168:2;170:10;181:1, 7;183:14;188:17; 195:9;206:9,21; 207:13;226:19; 258:13;259:20 procedures (27) 46:22;57:5;72:24; 78:18;135:21;157:6; 159:9,20;160:6,10,14, 18;163:11,20;165:4, 23;167:4;174:8,13; 175:19;206:20; 207:21,25;208:1,10; 252:1;276:23 proceed (1) 155:17 Proceedings (1) 280:4 process (6) 8:25;74:23;88:25; 89:13;105:17;186:16 produced (1) 140:11 Production (15) 39:19;40:7,23; 42:13;52:5;54:12; 56:3;57:13;58:16; 63:24;66:12;67:17; 72:20;73:15;91:18 profession (2) 12:13;86:12 professional (16) 25:5;36:6;52:10; 53:2,8;59:16,23;60:7, 18;64:5;138:15; 182:12,14,18,21; 231:6 professionals (3) 54:1;59:8;61:2	program (3) 12:7;39:4,9 progression (1) 60:25 prohibited (1) 201:15 prompt (1) 85:15 prompted (1) 272:15 promptly (1) 61:5 proper (1) 89:18 properly (1) 63:14 property (6) 44:18;146:25; 147:1;150:10,12; 259:8 prospectively (1) 93:19 protocol (86) 45:1,3,4;62:11; 63:20;64:23;65:5,8; 66:11,14,16;67:3,11, 16,19;69:21;70:4; 73:6;89:1;98:9;102:5; 116:14,16,18;117:11, 12,13,21,25;128:24; 145:15;160:25;161:1, 2,6,15,20;162:1; 183:14;200:7;225:2; 226:3;227:23;229:15; 230:19;231:9;232:21; 233:16;234:2;236:22; 237:2,21;238:5; 240:3;242:6;247:13, 20,24;248:21;249:5, 11,14,17,20,24;250:4, 14;251:8,12,17,20; 252:4,5,9;253:11; 254:9,20,22;255:18; 256:24;259:19;262:3, 4,11,16,21 protocols (27) 24:15;60:8;64:17, 19;65:19;66:5;67:22; 68:3;72:17,22,24; 118:7,8;131:10,23; 145:10,14;146:15; 162:20;163:3,23; 164:3;165:3;236:15; 248:3;255:19;259:7 provide (12) 9:22;25:2;36:13,17; 73:20;159:9,15,19; 161:5;231:4;266:25; 273:19 provided (25) 22:18;36:20,23; 37:2,6,10,14,17,20, 23;38:1,4;41:12;43:4;	54:3;56:11,16;57:2; 58:2,5;60:18;133:5; 163:19;194:8;236:15 provider (31) 25:13;69:2;70:4,8, 16,18,23;76:7;79:2,3, 7;86:21;115:21; 117:18;118:7;211:4; 212:1;240:19,22; 241:15,19,21;242:12; 243:10;244:2,6; 252:16,18,21;262:23; 266:21 providers (3) 8:19;104:6;211:1 providing (2) 35:9;173:11 psychiatrist (8) 69:2;70:18;194:23; 213:21;215:5;229:6; 231:8;233:19 psychiatry (2) 64:22;144:16 Psychosis (3) 83:10;233:13;236:2 psychotic (5) 66:11;145:8,10; 231:3;233:2 psychotropic (1) 49:20 Pueblo (1) 202:18 pull (2) 122:8;187:20 pulse (16) 53:6;68:19;96:16; 145:21;197:12;221:7, 8,19,25;222:22; 223:2;234:4,9; 235:15;245:17,25 pupils (1) 88:14 purchased (2) 163:4,5 purports (1) 57:24 purpose (4) 27:21;56:9;118:20; 119:10 purposes (2) 56:9;90:13 pursuant (9) 8:21;43:5;119:5,13, 14;133:5;138:11; 274:2;277:12 put (41) 9:3;25:22;38:11; 44:18;45:2,4;80:4; 93:3,6;98:15;106:9; 121:19,22;122:18; 123:22,23;147:12,15; 148:16;149:13,18; 150:12;187:14;	194:21;197:18; 210:20,22;215:23,24; 216:4,23;217:24; 225:24;226:2;227:5, 8,9,11,20;233:15; 277:15 puts (2) 122:22;230:10 putting (1) 241:10 Q qd (3) 96:19;98:23;99:2 qualified (15) 52:9;53:2,8;54:1; 59:7,16,22;60:7,18; 61:2;64:5;138:15; 182:12,13,20 quantity (2) 47:11;137:6 quarter (1) 97:25 quick (3) 87:25;171:25;259:7 quite (2) 161:12;276:13 quote (3) 230:6,6,7 quotes (3) 229:24;230:7,11 R railroad (2) 276:8,10 range (1) 246:18 Rankin (7) 27:4;32:16;271:13; 274:15,19;275:4,6 rare (2) 75:23;249:2 rarely (1) 190:16 rate (6) 81:16;96:17; 245:20;246:3,11; 247:7 rather (1) 201:23 Raymond (2) 35:6;55:20 react (2) 27:14,15 reaction (4) 27:8,13;88:24; 89:12 read (43) 29:12;47:14;95:11; 96:13,21;98:20; 105:4;106:19;113:13;	116:6;165:16;166:1, 2;168:2,24;169:3; 171:25;172:22; 183:12,15;185:3,6,19; 186:2;195:9,11,16,21; 205:20,21,21,25; 226:11,14,23;229:17; 238:2;248:6,16; 250:14,17,22;271:22 readily (1) 28:16 reading (7) 118:3;136:2,6; 183:10,15;186:10; 225:22 ready (1) 177:20 real (3) 92:25;171:25; 267:21 really (9) 21:21;24:5;27:13; 82:17;89:9;151:13; 225:11;237:10;249:4 reason (16) 10:17;24:21;103:5; 114:19;139:15,21,21; 143:1;150:6;183:4; 190:1,2;206:4;221:9, 13;224:9 reasonable (2) 86:2,8 reasons (1) 74:2 recall (95) 25:3,10;30:13,25; 31:1,4,5;34:1,8,15; 36:3,11;39:11,13; 42:17,17;44:22; 46:13;47:19;48:7,20; 49:1;50:17;52:19; 61:13,15,62:16;80:4, 5;99:20;100:7,15,20, 24;102:3,14;122:13; 127:11,23;128:2,3; 130:22,24;131:4; 151:13;153:3,15; 160:24;161:19,21,22; 164:11,15;166:4; 172:9,16;174:11; 175:22,24;176:1,12, 15,18;183:15;184:21; 185:18,21;187:6; 194:3;197:5,14,20,20; 199:8;204:25;210:5; 215:11,25;225:6; 239:15,20;242:13; 244:24;246:22,23; 257:12;264:23; 268:25;269:2,13,23; 270:9;273:4;276:24; 278:9 recalled (1)
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172:25 receive (22) 12:4,6;41:16,21; 43:2;52:22;54:2,6,17; 77:19;99:18;133:3; 142:13;143:10,19; 163:3;172:9,12,17; 183:7;196:10;206:14 received (13) 8:22;11:24;22:15; 76:16,17;77:3,20; 81:9;119:6;145:5; 160:7,10;162:19 Receiving (22) 49:9,17,19,24;50:7, 14;53:1,5;59:9,17,24; 141:10,14,17,24; 142:19;178:18,20,23, 25;179:1,4 Reception (3) 49:15;141:13; 197:21 receptionist (1) 51:2 Recess (7) 42:5;72:12;113:4; 155:20;237:14; 261:13;279:24 recognize (5) 114:25;115:21; 124:12;125:7,10 recognizing (2) 62:19;63:2 recollect (1) 127:13 recollection (9) 19:13;55:3;99:21; 151:25;176:2,4,4,19, 21 reconvene (1) 72:7 reconvened (1) 113:8 record (58) 7:5,7;8:5,14;9:9; 29:17;42:4,7;65:9,11; 67:1,8,20;69:20; 70:12;71:7,12;72:11, 14;73:1,7;88:19; 91:16;112:25;113:3, 6;123:9;138:13,18; 140:12;141:13;145:9; 146:14,14;148:13; 155:19,22;169:23; 216:11,24;233:18; 234:21;237:13,16; 238:18;240:11; 242:25;243:7,17; 252:11;253:10; 254:25;255:12,19; 261:12,15;278:8; 279:23 recorded (7)	7:3;9:14;53:8; 154:20;219:6;245:19; 278:11 recording (1) 50:13 recordings (1) 141:17 recordkeeping (2) 26:10,15 records (29) 90:20,21;91:3;95:8, 15;104:18;122:24; 131:19;133:12; 136:12,23;137:10,18; 138:1;144:24,25; 145:4;152:15;173:6; 174:24;186:14;187:9, 10;188:3;192:5; 205:2;215:12;228:18; 229:2 recounts (1) 278:5 redrawn (1) 187:1 reducing (1) 98:12 reduction (8) 69:10,13;79:9; 85:22;86:16;107:8, 17,20 Re-Entry (9) 13:19,21;14:1,6,9; 16:4;34:25;228:9,11 refer (2) 86:5;233:12 reference (1) 121:5 referencing (1) 120:18 referral (3) 58:2,6;214:14 referrals (2) 64:22;144:16 referred (3) 21:13;63:16;168:20 referring (6) 38:13;96:25;118:1; 179:6;251:22;252:10 refusal (14) 40:16;131:13,17, 22;132:1;138:9,12,14, 17,24,25;139:3,12,14 refuse (3) 132:16;138:10; 217:10 refused (8) 131:23;132:5; 139:20;140:25;141:4; 216:20,24;217:2 refuses (2) 139:1,10 refusing (4) 40:14;131:12;	132:3;235:11 regard (10) 26:16;27:25;30:4, 23;32:22;33:7;108:6; 112:6;128:15;149:3 regardless (1) 220:21 regimen (6) 44:9,11;79:8,8; 133:22,24 regimens (1) 261:25 regular (4) 19:10;55:1;78:9; 166:13 regularly (3) 80:18;88:4;166:10 regulation (1) 204:6 regulations (1) 201:23 related (6) 54:20;90:21;91:3; 107:23;143:13; 145:14 relates (2) 144:13;276:22 relating (4) 104:18;111:25; 145:8,10 relation (1) 273:22 relationship (7) 32:15;33:1;264:6; 265:1;274:14,16,20 release (1) 139:1 released (3) 123:23;187:19; 193:20 reliable (1) 231:4 relocate (1) 76:11 relying (1) 108:5 Remarkably (1) 77:10 remember (58) 12:21;23:8;24:5; 27:17;31:5;32:11; 48:4;100:3,4;125:25; 127:14,20;151:7,9; 157:9,14,24;159:3,25; 160:13,17;161:25; 165:7,10;170:19,22, 25;171:6,7;176:8,10; 177:1,2;180:8; 184:22;187:7,9; 198:21;201:17; 202:15;203:15; 204:15;210:3,8,11,12, 17;228:20;229:4,5;	234:17;238:15,24; 239:3;248:22;260:20; 263:19;264:16 remind (1) 114:22 removed (2) 101:9,18 renew (2) 267:14,19 reorganize (1) 188:8 repeat (7) 59:20;86:4;87:1; 190:6;213:23;228:21; 232:4 rephrase (2) 10:9;222:15 replace (1) 71:15 replacement (1) 18:8 report (8) 60:10;99:18; 119:20;146:25;148:7, 18;150:18;259:8 reported (1) 22:8 reporter (6) 8:18;9:7;38:7,11, 17;261:9 Reporters (1) 8:17 represent (3) 7:23;90:20;91:2 represents (1) 131:6 Repshire (20) 32:19;33:1,5,19; 34:4;110:15,18; 111:5,9,17;115:14,17; 125:3;143:4;150:20, 25;179:13;216:18; 260:19,22 Repshire's (6) 110:3;111:12; 124:16,19,25;125:4 require (1) 214:16 required (17) 10:4;22:11;25:13; 32:21;35:16,25;36:3, 7;50:3;52:18;54:24; 55:12,16;86:2,8; 142:22;214:14 requirement (1) 143:16 requirements (5) 41:20;49:13;52:21; 64:3;142:13 requires (2) 85:15;191:2 resisting (1) 235:3	respect (16) 167:5;169:19; 170:4;171:21;172:7; 177:11;207:4;213:20; 249:11;250:25; 253:23;261:8,16; 274:12;278:18; 279:13 respectful (1) 266:8 respiration (2) 53:7;145:21 respirations (3) 68:19;234:4,9 respond (1) 77:24 responded (2) 56:18;169:21 responding (1) 279:5 response (8) 190:13;192:19; 198:19;213:5;228:15; 230:20,23;273:4 responses (1) 156:6 responsibilities (1) 21:17 responsible (10) 44:11,21;45:16; 46:9;54:3;60:20;61:4; 133:25;134:8;137:23 responsive (1) 78:14 rest (1) 174:11 Restlessness (1) 82:9 restrained (5) 64:4,8;236:7,9; 277:1 restraint (9) 63:24;226:19; 235:5;236:7;276:22; 277:8,16,22,25 restraints (20) 227:2,3,5,6,8,10,11, 14,18,20,21;234:7,12, 16,20;235:18,21; 277:23,24;278:1 result (1) 268:9 results (2) 53:2;142:19 resuscitation (1) 197:24 return (8) 23:16;92:4;266:25; 271:9,23;272:5,9; 279:10 returning (1) 271:4 reverse (1)
--	---	---	--	---

<p>94:9 review (28) 38:20;42:14;49:7; 51:6;53:1;54:13; 55:10;56:5;73:21; 92:24;142:18;159:9; 20:160:11;161:2; 163:22;165:23;167:3; 21:168:17;175:20; 176:7,13,19,20,22; 179:21;228:3 reviewed (13) 50:19;141:25; 161:16,23;162:4; 164:3;167:13,17; 174:13;178:15; 179:12,18,20 reviewing (2) 164:12;176:15 revised (1) 228:3 revisit (1) 190:24 RHA (2) 39:3;49:16 riding (1) 260:9 right (222) 9:8,17;10:14,15; 11:10;12:4;14:5,13, 22,23;15:10,13;16:1, 14,18;17:12,16,18,12, 24;19:3;20:1,22,21; 25:4;26:20;29:14,23; 30:20;39:2;41:24; 42:9;44:6;46:18; 48:25;53:24;56:1; 57:10;58:10;63:22; 64:12;65:16;68:1; 72:15;73:24;75:25; 84:14;89:2;90:16; 91:11;92:3,9;93:2,16, 22;94:17;95:7;96:5, 12;97:14,21,24;98:2, 24;99:10;101:13,20, 23,25;103:19;105:15; 106:4;107:11;108:16, 23;109:21;110:15; 113:7,24;121:13; 125:18,20;126:10; 127:6;128:6;130:8, 11;131:8;132:6,22; 134:22;136:4;138:6; 141:8;143:7;144:4; 146:13;153:18;154:9, 12;155:11;156:13; 158:1,18;160:15; 162:5,25;166:8,17; 167:9;168:10,24; 170:10;171:8,11; 172:10,12,14;174:5; 175:7,13;176:16; 178:1;179:7,11;</p>	<p>180:20;183:13; 185:11;186:12,23; 187:5,11,16;188:5,12, 15;189:19;190:20; 191:20,22;192:21; 194:11,17;195:14,17, 21;196:14,16;197:2, 22;198:23;199:14; 202:22;203:17;204:4; 205:5,10,14,19,22; 206:2,15,24;207:10, 15;208:4;215:12; 216:8;217:6;218:11, 25;219:7,11;221:4; 222:24;224:3,11,21; 225:16;226:21;230:3; 231:22;232:1;237:3; 239:6;240:20,25; 241:3,22,25;242:6,16, 25;243:2;244:4,14; 245:22,23;246:10,24; 247:13;248:4,11; 249:10,18,22;250:5; 251:4,18,23;252:23; 253:14,14;256:10; 258:17;259:16;260:1; 261:8;262:5,13; 265:6;271:23;272:14; 277:19 right-hand (14) 39:20;40:8,23;52:6; 66:13;70:13;71:12; 73:16;92:23;115:11; 125:6;138:7;141:12; 181:9 risk (6) 37:8;60:25;74:19; 78:18;80:21;88:18 risks (4) 36:13;83:16;88:21; 138:16 Rita (1) 123:2 RN (2) 182:2,11 RN's (3) 181:24;182:2,15 rock (1) 229:25 role (4) 21:20,22;33:7;35:8 Roman (5) 133:10;135:24; 136:8;228:17;239:9 romantic (3) 32:15;264:6;274:20 room (9) 8:18;118:16; 152:11;154:11;202:4; 205:5,9;234:6;263:22 rooms (3) 152:12;209:23; 210:25</p>	<p>Roy (3) 33:7,18;115:25 rules (2) 62:5;201:15 run (2) 173:20;184:23 runs (1) 267:13 S Saint (1) 156:25 same (23) 30:8,12,15;60:6; 86:25;102:7;111:18; 115:11;135:19;137:3; 138:6;158:15;164:14; 166:21;203:1;205:12, 13,14;206:9;208:10; 250:20;262:24;263:3 sat (3) 27:12;57:15;167:14 saw (40) 92:15;103:10; 118:19,25;120:20,24; 125:15;126:2,9,11; 130:8;132:4;155:3, 10;167:6;205:13,13; 210:15;213:11;214:2, 6,12;216:3,8;218:10; 220:4;227:10,12,13, 19;229:6,10;233:11; 234:23;235:1;239:7; 249:21;255:1;275:9; 277:23 saying (18) 117:24;132:9; 169:17,19;176:7,8,12, 18;207:20;214:16; 222:14;228:12; 229:23;230:16;234:6; 249:13;254:22; 262:16 Scale (4) 73:4;117:17,17; 260:10 scales (2) 88:23;89:11 scanned (1) 152:19 schedule (12) 19:10,14;50:21; 51:15;116:19;142:1; 150:25;151:1,3,4,10, 12 schedules (1) 77:13 school (2) 11:23,24 schooling (1) 12:9 scope (3)</p>	<p>25:12,25;26:7 score (2) 88:23;89:11 Scott (5) 269:18,25;270:5,7, 8 screen (8) 60:9;103:5;119:24; 141:10;148:2,19; 150:18;261:10 Screening (33) 49:9,17,19,24;50:1, 5,7,14;53:2,5;54:11, 17;59:9,17,24;141:14, 17,24;142:19;143:9, 11;148:1,5,9;178:18, 23,25;179:1,4; 180:20;194:7;195:7; 260:5 screenings (3) 55:11,16;178:20 seated (2) 9:7;101:16 seclusion (3) 63:24;226:19; 276:23 second (17) 41:18;42:22;49:14; 52:21;53:17,21; 67:20;91:22;103:8; 113:1;132:25;138:14; 142:12;174:10;207:6; 238:17;261:10 Section (58) 39:1;40:13;41:11, 14,18;42:22,25;44:7; 46:6,19;49:13,14,15; 50:11,18;52:8,25; 53:9,20;54:16;56:8; 57:24;59:2;60:5,16, 24;61:6,20,24;62:2,2, 6,13,17,21;64:4; 66:22,23,24;70:4,14, 14,15;125:6;131:11; 132:24;137:14;139:9; 141:12,24;143:16; 145:23;206:21; 228:17,22;230:19; 234:2;241:24 secure (1) 235:4 secured (1) 235:5 security (16) 39:6,10;43:8;46:23; 59:8,17,23;60:19; 61:3,18;62:18;63:1,3, 4;133:8;135:23 seeing (7) 42:17,18;103:3; 108:4;191:7;216:18; 263:23 sees (1)</p>	<p>77:13 seizures (2) 69:2;83:12 send (3) 23:11;203:25;272:2 sense (1) 77:11 senses (1) 77:11 sent (20) 23:5,9;77:16;78:8; 129:15,19;202:3,10, 12,14,15,16,21,24; 203:18,18,19,20; 204:12,19 sentence (1) 173:10 separate (1) 120:7 September (9) 14:4;16:18;19:3; 73:25;191:25;228:4; 231:15;273:14,15 sergeant (1) 278:15 series (2) 16:24;93:17 serious (6) 54:19;77:24;80:25; 81:10;89:17;143:13 Services (23) 21:8;42:12;50:22; 56:3;57:13;63:16,18; 132:23;138:25;142:3; 158:10;173:2,4; 174:8;175:19;177:3; 178:10;194:8;195:20; 196:9;204:11;205:17; 259:19 set (16) 33:12,13;34:8;44:8; 46:24;54:2;64:6,9,23; 72:24;88:10;103:23; 104:20;108:8;133:22; 136:10 sets (2) 7:16;64:3 setting (6) 86:3,9;88:3,17; 89:22;275:20 seven (10) 13:12;68:8,15; 105:18;107:1,3,5; 108:10,15;145:18 several (5) 85:5;126:24; 129:19;203:20; 211:21 severe (5) 58:21;60:25;61:3, 21;207:1 severity (1) 65:23</p>
--	--	--	---	--

shall (30) 43:8;44:10;46:22; 24:47:6,10;52:8;53:1; 54:2,4;59:9;60:7,19; 61:22;62:3,10,19; 133:9,24;135:21,25; 136:9,18;137:4,14; 138:13;139:2,11,16; 142:17	70:16;89:16; 109:13;111:25; 233:18	sitting (8) 169:10;170:18,23; 171:2;191:16;193:1, 9;235:12	13:20;26:11;39:12; 48:13;56:21;84:13; 87:5;95:5;107:1; 127:1;132:8,20; 135:4;143:23;163:14; 168:25;169:6;177:16; 181:18,18;183:17; 214:5;245:5;247:11, 15;254:7;261:9; 270:11;276:3	261:6
shared (1) 274:22	shred (1) 123:24	situation (8) 30:6,25;233:12; 235:14,23;236:20; 246:9;271:1	sort (5) 24:4;100:18; 147:17;149:14; 274:19	St (6) 13:9,15;15:4,11; 202:17;204:19
Sharon (3) 33:23;34:10;125:7	sic (2) 126:20;269:6	six (6) 66:24;80:19; 106:23,24;133:10; 218:8	sought (1) 36:8	stack (19) 184:11,12;186:14; 187:9,17,18,22;188:3, 12;189:23;191:16; 192:16,25;193:12,14, 15,17,19,22
sharps (1) 197:11	side (3) 113:20;197:11; 218:20	size (2) 263:6,9	sound (2) 9:25;15:13	stacks (1) 192:2
sheet (14) 32:9;69:18,19,25; 73:7;104:8;145:25; 146:15;187:4;238:20; 254:10;274:2,8,11	signature (7) 55:20,21,23; 115:12,16,18;261:3	skill (1) 86:9	sounding (1) 176:24	staff (41) 26:25;30:22;31:2, 17,24;32:6;39:6,10; 40:24;43:7,8;46:22, 23;47:10;50:6;59:9, 17,23;60:19;61:3,18; 62:10,18;63:1,3,4; 66:17;78:6,11;88:20; 103:24,25;107:19; 133:8,9;135:22,23; 137:4;139:11;171:22; 263:9
sheets (4) 88:24;89:11; 123:15;157:11	signed (6) 51:10;67:19; 150:19;179:13,17; 220:1	skin (3) 50:15;141:16; 210:16	sounds (5) 14:19;15:10;29:18; 176:24;267:19	staffed (4) 31:19,20,21;77:24
sheriff (17) 20:9;22:22;23:2; 27:4,8,17;74:8;155:2; 256:3;257:14;271:12, 18;272:12,20;273:20; 278:14,19	significant (6) 64:21;65:6;89:17; 100:5;144:14;194:14	slash (1) 72:18	space (2) 140:4;149:19	stage (3) 85:10,11,15
sheriff's (2) 272:19;279:13	signs (40) 36:17;37:11;53:6; 62:19;63:2;68:18,19; 70:5,9,17,24;71:2,3; 79:24;81:12,13,15,17; 83:16;84:3;88:4; 89:23,24;104:9; 117:12;142:20; 145:19,20;162:2,23; 164:19;203:25; 211:10;218:21; 219:14,17;234:3; 235:25;246:20,24	sleep (1) 230:25	speak (10) 9:18;22:13;29:8,19; 48:12;93:21;126:23; 127:4;147:14;243:7	stand (3) 11:12;101:23;170:7
shift (9) 28:4;30:8,12,15,16; 149:3;178:1,2;188:9	signs (40) 36:17;37:11;53:6; 62:19;63:2;68:18,19; 70:5,9,17,24;71:2,3; 79:24;81:12,13,15,17; 83:16;84:3;88:4; 89:23,24;104:9; 117:12;142:20; 145:19,20;162:2,23; 164:19;203:25; 211:10;218:21; 219:14,17;234:3; 235:25;246:20,24	slightly (5) 81:8;176:17; 245:18;246:1,13	speaking (3) 76:15;77:6;159:8	standard (17) 45:6,19;86:2,6,7,11, 20;87:8,15;88:4,16; 89:19;107:25;147:2; 174:24;225:16,19
shifts (3) 19:21;75:17;259:3	signs (40) 36:17;37:11;53:6; 62:19;63:2;68:18,19; 70:5,9,17,24;71:2,3; 79:24;81:12,13,15,17; 83:16;84:3;88:4; 89:23,24;104:9; 117:12;142:20; 145:19,20;162:2,23; 164:19;203:25; 211:10;218:21; 219:14,17;234:3; 235:25;246:20,24	snack (12) 24:19;31:7;128:24, 25;130:16;200:8,8,13, 14,23,25;201:2	specific (10) 21:25;24:7;128:14; 149:15;150:24,25,25; 151:2,12;270:18	standing (10) 101:16,17,21; 154:10;177:18; 229:20;230:15;234:5; 235:10;236:9
shock (2) 197:2,18	signs (40) 36:17;37:11;53:6; 62:19;63:2;68:18,19; 70:5,9,17,24;71:2,3; 79:24;81:12,13,15,17; 83:16;84:3;88:4; 89:23,24;104:9; 117:12;142:20; 145:19,20;162:2,23; 164:19;203:25; 211:10;218:21; 219:14,17;234:3; 235:25;246:20,24	snacks (8) 24:16;198:25; 199:3,9,19,22;200:10, 17	specifically (8) 64:19;176:18; 193:1;210:4;255:10, 17;270:20;271:2	staphylococcus (1) 148:20
short (5) 17:5;21:14;72:15; 89:5;119:1	signs (40) 36:17;37:11;53:6; 62:19;63:2;68:18,19; 70:5,9,17,24;71:2,3; 79:24;81:12,13,15,17; 83:16;84:3;88:4; 89:23,24;104:9; 117:12;142:20; 145:19,20;162:2,23; 164:19;203:25; 211:10;218:21; 219:14,17;234:3; 235:25;246:20,24	SOAP (2) 70:14,15	specification (2) 129:8;130:21	star (4) 229:25;230:7,17; 234:6
short-acting (2) 36:24;84:25	signs (40) 36:17;37:11;53:6; 62:19;63:2;68:18,19; 70:5,9,17,24;71:2,3; 79:24;81:12,13,15,17; 83:16;84:3;88:4; 89:23,24;104:9; 117:12;142:20; 145:19,20;162:2,23; 164:19;203:25; 211:10;218:21; 219:14,17;234:3; 235:25;246:20,24	somebody (8) 33:15;34:10;43:20; 92:8;127:16;154:2; 180:18;210:14	specificity (1) 117:20	start (29) 11:2;88:1;116:14; 117:13,14,21,24; 127:17;136:7;149:7, 7;150:6;160:22; 167:21;168:1;176:11; 190:3;197:18;235:19; 241:14;242:5;249:7, 20;253:11;262:16,17, 18,21,21
shortly (5) 201:13,19;227:11; 260:15;273:17	signs (40) 36:17;37:11;53:6; 62:19;63:2;68:18,19; 70:5,9,17,24;71:2,3; 79:24;81:12,13,15,17; 83:16;84:3;88:4; 89:23,24;104:9; 117:12;142:20; 145:19,20;162:2,23; 164:19;203:25; 211:10;218:21; 219:14,17;234:3; 235:25;246:20,24	somebody's (3) 35:16;109:12,15	Speculation (2) 129:8;130:21	started (38) 12:1,23;13:9;19:21; 30:10;47:20,21,23; 116:16;117:2,3,6; 158:8,24;159:6,10,20; 160:11,18;165:21; 172:18;175:21; 176:14;183:12,17,20;
shot (1) 197:15	signs (40) 36:17;37:11;53:6; 62:19;63:2;68:18,19; 70:5,9,17,24;71:2,3; 79:24;81:12,13,15,17; 83:16;84:3;88:4; 89:23,24;104:9; 117:12;142:20; 145:19,20;162:2,23; 164:19;203:25; 211:10;218:21; 219:14,17;234:3; 235:25;246:20,24	someone (12) 27:10;169:9,25; 170:6,18;171:10,16; 187:23;197:18; 227:20;255:1;265:5	speech (3) 202:13,22;203:1	
shots (1) 22:13	signs (40) 36:17;37:11;53:6; 62:19;63:2;68:18,19; 70:5,9,17,24;71:2,3; 79:24;81:12,13,15,17; 83:16;84:3;88:4; 89:23,24;104:9; 117:12;142:20; 145:19,20;162:2,23; 164:19;203:25; 211:10;218:21; 219:14,17;234:3; 235:25;246:20,24	sometime (1) 273:14	spelled (1) 20:11	
show (6) 110:4;169:23; 217:5;228:18,18; 229:2	signs (40) 36:17;37:11;53:6; 62:19;63:2;68:18,19; 70:5,9,17,24;71:2,3; 79:24;81:12,13,15,17; 83:16;84:3;88:4; 89:23,24;104:9; 117:12;142:20; 145:19,20;162:2,23; 164:19;203:25; 211:10;218:21; 219:14,17;234:3; 235:25;246:20,24	sometimes (10) 29:3;81:21;86:5; 146:22;149:17; 159:11;193:19;222:8; 235:14;236:20	spent (5) 18:5;127:9;177:5; 178:4,7	
showed (2) 196:13,16	signs (40) 36:17;37:11;53:6; 62:19;63:2;68:18,19; 70:5,9,17,24;71:2,3; 79:24;81:12,13,15,17; 83:16;84:3;88:4; 89:23,24;104:9; 117:12;142:20; 145:19,20;162:2,23; 164:19;203:25; 211:10;218:21; 219:14,17;234:3; 235:25;246:20,24	soon (3) 52:10,22;142:14	spite (1) 60:17	
showing (3) 167:12;170:1; 171:17	signs (40) 36:17;37:11;53:6; 62:19;63:2;68:18,19; 70:5,9,17,24;71:2,3; 79:24;81:12,13,15,17; 83:16;84:3;88:4; 89:23,24;104:9; 117:12;142:20; 145:19,20;162:2,23; 164:19;203:25; 211:10;218:21; 219:14,17;234:3; 235:25;246:20,24	somewhat (1) 113:18	SPO2 (2) 68:20;145:21	
shown (4) 173:3,3;195:22; 196:12	signs (40) 36:17;37:11;53:6; 62:19;63:2;68:18,19; 70:5,9,17,24;71:2,3; 79:24;81:12,13,15,17; 83:16;84:3;88:4; 89:23,24;104:9; 117:12;142:20; 145:19,20;162:2,23; 164:19;203:25; 211:10;218:21; 219:14,17;234:3; 235:25;246:20,24	Somewhere (2) 13:13;123:10	spoke (3) 74:7;265:4,21	
shows (5)	signs (40) 36:17;37:11;53:6; 62:19;63:2;68:18,19; 70:5,9,17,24;71:2,3; 79:24;81:12,13,15,17; 83:16;84:3;88:4; 89:23,24;104:9; 117:12;142:20; 145:19,20;162:2,23; 164:19;203:25; 211:10;218:21; 219:14,17;234:3; 235:25;246:20,24	sorry (29)	spoken (4) 126:15,19;131:5; 155:25	
	signs (40) 36:17;37:11;53:6; 62:19;63:2;68:18,19; 70:5,9,17,24;71:2,3; 79:24;81:12,13,15,17; 83:16;84:3;88:4; 89:23,24;104:9; 117:12;142:20; 145:19,20;162:2,23; 164:19;203:25; 211:10;218:21; 219:14,17;234:3; 235:25;246:20,24		Springs (4) 16:11;18:5,16; 158:5	
	signs (40) 36:17;37:11;53:6; 62:19;63:2;68:18,19; 70:5,9,17,24;71:2,3; 79:24;81:12,13,15,17; 83:16;84:3;88:4; 89:23,24;104:9; 117:12;142:20; 145:19,20;162:2,23; 164:19;203:25; 211:10;218:21; 219:14,17;234:3; 235:25;246:20,24		SR (1)	

184:2;226:3;235:6; 237:18;240:3;248:17; 249:25;250:3,3,6,7; 264:21 starting (4) 161:3,16,24;238:15 starts (2) 105:21;233:5 state (9) 8:4;11:5,16;16:6; 31:6;50:14;52:13; 62:5;141:15 stated (2) 95:13;139:21 statement (2) 39:3;143:9 states (10) 46:20;50:19;52:8; 54:16;60:24;64:20; 68:5;144:14;267:23; 268:1 stating (1) 145:15 station (4) 121:4;152:8,11; 170:20 stationed (1) 269:15 status (11) 65:18,22,23;66:1,4, 4;88:11;145:5; 232:11,17,22 stay (3) 45:13;201:9;269:22 stayed (4) 13:10,16;18:6; 202:14 stealing (1) 276:8 Stephanie (10) 32:19;33:19;110:3, 15,18;111:5,9,12,17; 179:13 stick (1) 256:11 still (6) 11:8;76:3;164:24; 228:5;244:14;267:12 stint (1) 15:2 stock (1) 134:16 stop (2) 95:24;174:10 stopped (1) 129:24 stopping (1) 275:12 stops (1) 80:20 storage (3) 122:18,21,23 strange (1)	275:13 strike (1) 153:25 stroke (12) 129:13,14;201:25; 202:1,2,4;203:3,5,7, 10;204:1,20 struck (1) 275:12 stuck (1) 215:22 stuff (2) 28:21;173:8 style (1) 27:25 subject (23) 38:18;39:21;40:8; 52:4;56:3;57:12; 63:24;64:16;65:18; 66:11;67:16;72:18, 25;73:14;87:16; 143:8;146:8;155:12; 231:11;250:14,17; 263:14;271:21 Subparagraph (2) 172:7;206:21 subpoena (1) 8:21 Subsection (11) 58:19;59:6;62:9; 133:20;134:6;135:23; 136:8,17;137:4,23; 139:9 subsequent (3) 53:5;103:25;138:24 subsequently (1) 102:16 substance (3) 22:23;127:6;278:10 substances (1) 62:12 substantially (1) 164:14 substantive (1) 8:13 substitute (3) 48:6,22;135:9 substituted (2) 46:10;134:10 sued (5) 266:22,25;267:2; 276:17,20 suffering (1) 10:19 sugar (1) 32:10 sugars (9) 24:17;31:6,9,11,13, 14,16;273:24;274:3 sugary (2) 199:19,22 suggest (4) 102:16;145:4,9;	230:17 suggesting (1) 118:1 suggests (1) 216:12 summarize (1) 11:20 summer (2) 13:23;16:13 Sunday (12) 19:15,19;94:18,19, 20;189:20,21;191:20; 193:3,9;259:1,4 Sundays (2) 193:16,25 supervision (2) 27:25;62:4 supervisor (6) 20:23;22:4;36:4; 54:5;78:13;201:3 Suppose (1) 121:25 supposed (25) 44:13;49:18;52:14; 64:4;115:16;128:25; 140:24;184:20,25; 185:16;186:12;190:4; 192:24;193:2;199:19, 23,24;200:10;210:13; 241:7;251:18;257:6; 259:15;261:3,21 sure (36) 8:24;21:21;34:2,3; 48:15;56:20;86:5; 89:4;91:23;99:7; 111:15;127:19;132:6; 148:12;157:8;159:5; 166:4;180:15;181:21; 184:21;190:7;192:7; 196:12;206:20;207:8; 212:12;217:15;218:2; 227:1;229:11;233:25; 243:2;247:16;252:3; 273:2;276:13 surgery (3) 23:11,14;272:2 surveillance (1) 227:8 sweating (2) 82:20,21 swings (1) 82:5 sworn (2) 7:18;10:21 symptom (2) 203:5,9 symptoms (30) 36:17;60:12;61:4; 62:19;63:2;69:17; 70:6,10;71:3;79:24; 83:16;84:16;88:5; 89:17;102:20;103:23; 104:9;117:12;145:24;	162:2,23;164:19; 202:25;203:25; 205:13,14;211:10; 246:20,25;262:18 system (4) 26:16;154:20; 173:2,4 T tables (1) 117:17 tablet (1) 28:23 tabs (11) 32:13;105:13,13, 17,23;106:1,18;108:9, 12,20;109:2 tachycardia (2) 246:2,5 tachycardic (1) 246:8 talk (11) 23:5;127:6;141:15; 152:10;156:9;201:14; 209:17,18;218:15; 266:18,20 talked (7) 46:15;95:14; 130:25;253:17; 265:16;271:8;272:12 talking (22) 27:21;48:1;87:7; 132:10;179:3,25; 193:8;204:10;208:11, 17;233:5;235:10,11; 250:16,24;251:2; 253:14,24;255:16,17; 256:10;263:24 talks (2) 41:19;71:13 tall (3) 153:9,9;193:22 tangent (2) 204:10,10 taper (5) 69:3,8;70:18;115:9; 117:6 tapered (5) 78:22;79:23;88:2; 89:16;95:21 tapering (12) 37:3;69:13;79:1,8; 85:22;86:16,22; 88:25;89:13;105:16; 116:19;164:20 tech (2) 34:7;263:13 TECHNICIAN (15) 7:2;42:3,6;72:10, 13;113:2,5;155:18, 21;215:5;237:12,15; 261:11,14;279:22	telephone (7) 77:17;127:2,10; 128:4,7;156:1;211:9 telling (9) 102:14;127:13,14, 20;128:3;130:25; 201:6;212:9,9 temp (1) 68:20 temperature (5) 53:7;82:16;145:21; 234:4,10 ten (19) 66:22;105:17,23, 23,24;106:1,17;108:8, 11,19,22;109:1; 144:18;173:16; 174:19;175:6;193:22; 194:9,13 terms (4) 24:12;246:5;253:9; 263:7 testified (24) 7:18;168:5;169:19; 174:12;190:21; 205:17;207:4;213:9; 216:16;226:7;229:1; 242:2,19;248:7,20; 268:6,20;269:10; 271:11,17;273:3,22; 276:23;278:4 testify (2) 169:4;207:12 testifying (4) 172:6;199:8; 207:23;229:4 testimony (24) 10:21,23;117:9; 125:14;165:7;167:3; 172:15;192:4;220:7; 228:20;232:10; 242:24;246:11; 248:22;255:10;257:9; 260:20;263:19; 266:25;268:21,25; 274:1;275:15,22 tests (1) 65:25 Texas (13) 8:7,16;11:5,15,16; 12:1,10,25;14:15; 16:21;76:12;162:9; 268:1 Texas' (1) 268:3 Thanks (2) 92:2;267:5 therapeutic (2) 46:10;134:9 thereafter (1) 278:20 therefore (2) 30:17;59:14
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<p>thinking (3) 179:3;246:22; 270:13</p> <p>third (4) 138:24;149:19; 178:4;219:12</p> <p>Thomas (6) 13:9;15;15:4,11; 202:17;204:19</p> <p>thorough (1) 89:10</p> <p>though (19) 93:17;99:7;129:2; 132:6;167:3,14; 174:14;180:16; 190:13,14;193:1; 196:3;197:22;217:8; 222:23;234:25;235:9; 242:14;258:4</p> <p>thought (21) 97:17;127:25; 129:13;183:24; 185:12;190:21; 194:24;201:1,10,24; 208:21;209:6,10; 219:18;225:9;227:19; 230:5;242:17,19; 243:3;246:24</p> <p>three (28) 13:16;20:1;96:6,7; 123:15,15,16,17,18, 19;152:12,24;153:6; 156:2;164:5;192:14; 193:16,24;194:2; 210:25;232:4,4,8; 235:2;239:25;240:7; 263:11;265:9</p> <p>Thursday (1) 189:19</p> <p>TID (1) 71:3</p> <p>TIEMEIER (97) 7:10,10;25:8,15; 26:11,14;32:7;39:12, 18;41:2,7;42:2;53:19, 21;55:5;62:22;78:1; 80:16,23;81:2;83:20; 85:7,23;86:18,25; 87:4,6;90:23;91:1,20, 23;92:1;117:8; 123:11;126:21,23; 127:10,13,18,21,24; 129:6,8;130:20,25; 131:2,3;132:8,13; 135:4,12;136:1,4; 140:12,17,20;143:23; 144:6,9;146:24; 151:2,4;155:16,24; 164:8;168:13,15; 169:2,4,6,7;175:16; 180:23;229:11;230:2, 4,23;234:14;235:19; 237:8,10,17;242:25;</p>	<p>243:6,9;254:7; 256:20,21;261:16; 264:3,5;267:4,8; 274:14;276:16; 279:19;280:2</p> <p>ties (3) 276:9,11,12</p> <p>timeframe (1) 19:7</p> <p>timely (7) 43:3;56:12,16;57:3; 121:21;133:3;139:11</p> <p>times (35) 28:8;29:18,25;30:1, 2;33:16;38:8;43:12; 46:1;77:14;78:8; 92:12;95:18;96:6,7, 19;98:20,23;99:3; 106:8;112:8;129:19, 20;155:4,5;164:5; 166:11,24;182:25; 203:20;218:10; 220:25;232:7;259:22; 275:24</p> <p>title (4) 21:7,9,11;58:14</p> <p>titled (3) 38:18;54:11;112:8</p> <p>Today (21) 8:15,21,25;10:6,21, 23;80:6;95:16; 126:15;160:13; 172:15;232:16; 242:19;265:6,19; 266:5;268:6;270:24; 275:16;278:5;279:15</p> <p>together (2) 33:2;148:22</p> <p>told (20) 21:22;25:22;95:14; 119:16;127:18;128:6; 129:21;184:8,22; 191:19;193:2;211:25; 212:1,18;255:6,8,11, 21;264:11;278:10</p> <p>took (12) 16:12,17;76:13; 87:21;170:6;217:12; 219:24;222:23;225:7, 22;234:15;237:17</p> <p>top (13) 59:7;64:20;65:21; 68:5;114:12;115:22; 124:12,19;149:18; 187:2,15;207:6; 240:16</p> <p>topics (1) 65:3</p> <p>total (4) 13:12;155:5; 177:20,21</p> <p>touch (1) 29:19</p>	<p>touched (1) 162:11</p> <p>toward (11) 42:22;46:19;50:11, 18;58:20;59:7;65:21; 73:2;91:17;128:8; 138:8</p> <p>towards (3) 70:13;129:4;130:18</p> <p>town (2) 18:21,22</p> <p>T-pod (4) 61:18;101:9,23; 125:25</p> <p>trained (65) 38:24;39:23,24,25; 40:10,17;42:19; 43:16,19;49:8,11; 52:2;54:13;56:6; 57:14,16,19;58:17; 59:8;61:3;62:24;63:1, 10;64:1,17;65:19; 66:14;67:22;68:3; 72:22;119:18;165:6, 18;168:6,8,23;169:1, 9,14,20,21;170:23; 171:18;178:19;180:7, 8,11,18;181:5;186:2; 195:25;196:3;205:18; 206:11;226:8,11,20; 227:25;228:12; 231:14;232:24;233:2; 237:1,24;247:23</p> <p>training (71) 30:10;36:13,17,20, 23;37:2,6,10,14,17, 20,23;38:1,4,19;39:4, 5,9,10,22;53:15,25; 54:2,4,6;62:18,18,18; 75:11;76:16,17;77:1, 2,3;80:12;81:3,9,12, 17;83:17,23;84:15, 19;85:10;156:10; 159:11;162:9,14,17; 165:20;167:24; 168:11,16,22;169:11, 12;170:2,5,12,15,15, 16;171:18;175:3,4; 183:8;186:11;196:8, 10;206:14;257:4</p> <p>transaction (1) 163:7</p> <p>transcribe (1) 9:8</p> <p>transcribed (2) 219:19,20</p> <p>transcription (1) 9:19</p> <p>transferred (2) 58:25;61:22</p> <p>transport (1) 25:7</p> <p>transported (2)</p>	<p>25:6;38:5</p> <p>Tranxene (10) 71:17,19;84:9; 134:16,19,22;135:1,9; 161:25;162:25</p> <p>Tranxenes (1) 71:14</p> <p>treat (1) 84:6</p> <p>treating (1) 102:19</p> <p>treatment (30) 25:6;26:6;28:10,13; 36:8;40:16;58:2;60:9, 18;63:17;66:24; 68:24;69:16;71:22; 72:18,25;83:22,24; 84:1,2;131:14,17,22; 132:1;145:23;146:8; 164:20;204:20; 213:21;261:25</p> <p>Tremors (1) 82:13</p> <p>trial (1) 275:22</p> <p>tried (3) 23:14;130:6;272:4</p> <p>trouble (1) 260:9</p> <p>true (13) 166:12,21;168:8; 181:11;189:9;193:3; 206:12;207:5;208:7; 211:16;215:4;248:24; 262:17</p> <p>truthful (1) 10:20</p> <p>try (2) 104:24;174:1</p> <p>trying (8) 23:24;113:14,15; 189:5;193:21;200:3; 220:19;268:22</p> <p>Tuesday (8) 19:15,20;94:20,23; 189:19,20,21,22</p> <p>turn (5) 118:6;167:22; 243:19;252:12; 256:20</p> <p>turning (2) 143:7;146:6</p> <p>twice (21) 23:25;105:14,18, 23;108:15,22,24; 109:3,25;110:5,9,9, 10,15,17,24;111:1,5; 125:19;210:7;272:1</p> <p>two (18) 12:2;23:15;34:9; 68:7;73:3;77:18; 80:20;139:2;145:17; 153:9;156:2;176:1;</p>	<p>215:4,20;221:1; 235:2;263:13;270:19</p> <p>Ty (2) 20:14,16</p> <p>type (8) 22:18;28:9,13; 87:24;107:23;170:10; 235:13;276:7</p> <p>typed (4) 32:9;274:2,8,11</p> <p>types (2) 36:21;209:24</p> <p>typical (1) 118:24</p> <p>typically (2) 118:13;230:10</p>
U				
<p>unavailable (2) 46:23;135:22</p> <p>uncomfortable (2) 211:18;212:16</p> <p>under (80) 9:3;17:14;32:23; 38:18;39:2;40:13; 41:11,14;42:22;44:7; 45:10;49:13,15; 50:18;52:7,16,21,24; 53:15,15,20;54:16,23; 55:21;56:8;57:24; 60:16,24;61:1;62:2,3, 9,63;12;64:3,8;66:3, 22,23,24;67:3;68:24; 69:16;70:3;73:5; 86:11,20;87:8,15; 88:16;93:1;103:20, 20;104:4,25;105:6; 106:16;111:13;123:6; 131:11;135:23; 136:17;137:14;138:9; 139:9;141:12,24; 142:12;143:15; 206:21;228:17,25; 229:14;230:5,19; 234:2,2;239:9;242:5; 248:20;275:19</p> <p>underneath (1) 184:11</p> <p>undersheriff (19) 20:17;22:22;23:2; 27:4,14,17,20;74:8,9; 155:7,8;256:5; 257:14;271:12,18; 272:13,21;273:20; 278:19</p> <p>undersheriff's (1) 271:19</p> <p>understood (3) 248:17;272:14; 274:1</p> <p>Underwood (1) 74:8</p>				

uniform (5) 56:10,14,25;57:25; 58:3	80:13	violation (16) 131:23;133:15; 136:14;137:1,12,21; 138:4,21;139:6; 141:20;142:6,24; 144:1;145:1;146:4; 201:22	132:14;133:18;134:2, 12;135:10,13;136:12, 24;137:9,19;138:2, 19;139:4,19;141:18; 142:4,21;143:19; 144:21;145:5,11; 146:2,16;148:4; 153:10;198:12;206:6; 213:25;214:12;215:8; 218:4;219:22;220:3; 221:2;222:22;227:8; 229:3,7;230:15; 233:11;235:3;239:11, 21;242:15;244:7; 245:14;246:19;249:8; 252:7;253:1;255:2, 13,20;258:16,20; 277:21;278:16,19; 279:14	126:24;145:17;156:2
unit (8) 66:18,20;67:10; 75:20;130:5;215:19; 233:6,9	using (12) 49:16;69:17; 139:17;145:24; 187:23;201:14; 238:24;239:4;242:16; 257:21,23;258:4			weight (2) 53:6;81:22
units (2) 39:25;67:6	usually (2) 33:9;88:1	violence (1) 236:2		weren't (12) 45:5;63:18;123:20; 157:15;181:16; 188:23,25;189:16; 196:4;206:20;207:22; 258:4
unless (1) 10:5	UTI (1) 213:1	violent (4) 234:8;236:3,5,10		what's (17) 42:11;49:5;51:23; 57:11;63:7;65:17; 66:9;67:14;172:1,13; 175:11;196:19;201:5; 206:5;229:23;231:21; 246:2
unresponsive (1) 24:3	V	visited (1) 152:1		
untreated (1) 81:5	vacation (3) 94:21;95:2;258:19	Visual (1) 83:6		
unusual (2) 166:15;222:5	variety (2) 9:2;65:2	vital (17) 37:11;53:6;68:18, 18;71:3;81:13,15; 84:3;89:24;142:20; 145:19,20;218:21; 219:14,17;234:3; 235:25	Walter's (18) 8:1;103:4,5;115:6; 120:3;121:3;131:19; 133:12;150:17; 189:13;215:24;217:6; 231:10;243:17,24; 251:23;260:4;266:22	whenever (4) 61:3;90:12;120:23; 184:18
up (59) 17:25;23:18,22; 24:4;32:4,9;45:1; 48:12,16,17;61:17,19; 78:10;100:21;101:7; 125:24;127:16;130:9; 149:10,18;150:11; 154:7,10,10,13;162:7; 163:16;175:16; 187:13,17;188:4,5; 192:6;193:18;197:19; 201:18;202:7;205:4, 7,8;210:20,22,22; 211:18;214:6;227:17; 236:9;241:10;253:20; 257:13;258:12;264:8, 24;265:19;272:10; 273:7,10;278:15; 279:5	various (1) 66:21	vitals (2) 88:10;221:3		when's (1) 87:21
	vary (2) 84:20,25			whereby (2) 58:4;64:4
	Ver (1) 204:16	vocal (1) 211:14		whip (1) 230:2
	V-E-R (1) 204:16	vocational (5) 11:13,15,18;12:7, 20		white (1) 28:23
	verbal (1) 211:9	vomiting (4) 81:19;88:13; 117:16;254:12		whole (2) 24:19;178:22
	verbally (1) 29:20	W		Whoops (1) 53:17
	verification (2) 47:10;137:5	wait (5) 9:21,23;241:10; 260:16;276:15		who's (3) 9:7;89:16;140:24
	verified (12) 44:8;46:24;68:6,25; 78:22;85:18;86:23; 133:22;135:25; 136:10,11;145:16			whose (7) 55:23;67:4;115:2, 24;116:4;124:23; 135:17
upon (8) 45:20;58:23;90:1,5; 102:23;115:5;138:14; 255:3	verify (1) 68:24	waited (1) 11:25		wide (1) 153:8
	Versillo (3) 204:15,16,18	waiting (3) 23:10;192:2;272:1		William (1) 7:12
upper (1) 181:9	VI (1) 43:15	walk (2) 201:7,11	ways (3) 83:18,23;257:21	windows (2) 152:23;153:4
upside (1) 167:22	Victor (1) 204:17	Walker's (1) 241:21	Wean (2) 69:9,10	Wise (15) 14:14;16:21;76:6,9, 10,17,19;77:2,19; 78:13;81:9;83:18; 232:20;263:6,10
use (31) 28:25;29:2;59:10, 25;60:10,11;68:11; 69:1;87:11,16;89:8; 132:3;170:14;174:23; 180:15;198:1,4; 204:6;209:24;212:3; 227:2;236:14,22; 254:21;255:15,21; 256:7,13,15;257:6,13	video (20) 7:2,2;9:13;42:3,6; 72:10,13;113:2,5; 154:19,20,23;155:18, 21;235:5;237:12,15; 261:11,14;279:22	walking (1) 171:16	weaning (4) 84:5;252:8,14; 253:1	withdrawal (124) 36:14,18;37:8,15, 18,21;45:1,3,4;46:16; 58:15,22;59:11,19; 60:1,12;61:1,3,22; 62:11,20;63:3,20; 69:17,17;70:6,10,17, 24;71:3,21,23;72:18, 25;73:3;78:19;79:24; 80:7,21,24;81:4,10, 13,18;83:17,18,23,24; 84:1,2,7,16,17,20,23, 25;85:4,11,11,15; 88:5,18;89:1,14,17, 18;96:17,24,25;
	videographer (2) 8:18;72:4	wall (3) 154:10;209:22; 210:25	Wednesday (1) 8:15	
used (19) 8:9;88:24;89:1,12; 122:24;198:3;201:21; 210:13;216:23; 238:22;239:2,6; 241:2,15;250:19; 256:24;257:3;260:10; 277:24	videos (1) 159:22	Walter (98) 7:9,24;19:7;59:14, 18,22;61:11;62:15; 68:13,22;69:5,21; 73:22;90:21,22;91:3; 92:14;93:17;95:12; 97:11;99:19,22; 100:22;101:1;102:11, 16,19;103:3,10,25; 104:18;117:6;120:24; 121:8;123:8;125:15; 126:2,12;131:21;	week (16) 19:11,23;20:2;33:9, 18;34:1,9,19,22; 77:13,14;102:21; 123:7;152:5;166:11, 24	
	videotape (1) 72:3		weekend (4) 191:19,22;192:3; 193:2	
	videotaped (1) 8:17		weekends (1) 192:16	
	view (2) 26:18;61:18		weeks (6) 34:9;68:7;85:5;	
uses (1)	violated (3) 133:17;134:4,14			

104:10;117:4,14; 145:24,25;146:8; 160:25,25;161:1,6,15, 19,23;162:2,15,24; 163:21,21,22;164:3, 17;166:3,7,15,22,22; 167:7,7,7;206:9; 207:2;238:20;239:19; 240:3;246:20,25; 248:3;250:4,12; 251:8,12,18;252:4; 253:15,19,24;254:8; 255:18;256:9,10; 257:2;260:12;262:1, 25;263:3 Withdrawal/Treatment (3) 247:12,21;250:23 withdrawals (1) 87:25 withdrawing (18) 37:12;63:19;73:8; 88:1;97:12,17,21,22; 162:18;242:21;243:3, 11;244:7,19;255:2, 12;257:8;261:17 withhold (2) 198:25;199:9 within (15) 49:19;54:17,25; 101:4;104:20;113:10; 120:14;122:19; 139:19;143:11,20; 152:11,12;189:11; 225:19 without (12) 12:15;58:23;85:21; 86:15;174:4;186:10; 235:12;257:21,22; 262:16,19;263:1 WITNESS (8) 26:13;39:13;87:5; 91:10;94:13,16; 132:11;143:25 witnesses (1) 139:2 woman (3) 20:19;199:1,11 wondering (1) 57:19 wood (1) 276:16 word (3) 160:19;169:11; 187:23 words (6) 32:23;35:18; 127:24;170:14; 264:16;275:18 work (47) 8:9;10:25;13:6; 16:25;19:10,17,19; 20:4;30:8,14;33:2; 39:6;44:13,15;59:4;	74:15;76:6,7,9;77:8; 94:7,9,12,15,20;96:3; 119:1;123:3;156:15; 158:2,24;160:18; 161:3,16,24;172:18; 174:19;181:17; 186:16;206:23; 207:17;208:13; 210:23;232:20;248:7; 249:1;263:7 worked (73) 12:12,15,20,21; 13:1,3,7,11,17;15:2, 21,24;16:3;17:2,8,21; 18:5,6,18;19:1,15,21; 20:1;28:2;30:11,16; 34:16,17,25;45:10; 52:16;54:22;55:4; 56:13,22;57:6;59:3, 12;63:12;64:9;65:4; 66:2;67:2;70:7,21; 73:5;77:15;78:15; 93:24;94:11,19,22; 99:11;123:4,5,6; 130:1;150:16;152:2; 157:1;184:10;186:7, 25;187:25;189:19; 191:20;193:3,25; 194:9;208:20;235:20; 239:6;256:21 working (45) 13:9;14:11,20; 16:20;17:3,8;19:5; 32:25;75:3;86:3,9; 113:25;114:2;143:2; 144:8;150:13;156:16; 158:7,18;159:10,20; 160:11;165:21; 173:15;181:11,22; 183:12,20;188:14; 189:16;191:15;192:9, 16;193:10,16;194:13; 195:13;197:7;226:25; 231:17;236:16; 247:25;248:17; 256:22;272:18 world (3) 230:7,17;234:6 worsens (1) 60:17 Wow (1) 194:24 write (25) 25:22;26:2;28:20, 24;29:6,8;94:10; 114:11;118:5;140:4; 149:9;209:15,20; 211:13;212:10;218:5, 16;222:4,10,18,21; 223:4,5;251:11; 261:24 write-up (1) 268:7	writing (9) 26:6;95:10;96:22; 114:12,15;117:23; 211:19;268:18; 273:19 writings (1) 91:9 written (23) 56:10,14;57:1,25; 58:3;96:13;99:23; 115:8;127:16;157:11, 22,23;159:19;160:6, 9;210:6;215:17; 219:2;222:1;223:8, 11;225:12;246:25 wrong (3) 243:1,1;271:22 wrote (20) 112:7;130:9; 201:18;212:3;218:20; 219:5,13,24;220:4,11, 21;221:1,3,5;229:1; 243:16;250:1;252:25; 253:3,11 X X's (5) 92:23;93:1,3,18; 106:25 Y year (10) 12:9,16;15:3;16:17; 76:21;111:10;155:1; 156:2,19;231:21 years (17) 12:2;13:12;80:20; 86:14;122:16;157:17, 20;163:2;164:17; 173:16;174:19;175:6; 194:10,13;206:6; 235:24;276:2 yellow (1) 215:16 yesterday (1) 77:17 you-all (1) 23:11 young (5) 128:18;198:17,18; 199:1,10 Z ziplock (1) 147:15 0 0.1 (1) 96:18	02 (1) 142:3 03 (1) 13:14 05 (1) 278:5 1 1 (27) 38:15,17;65:1,2; 153:2;167:11,21,23, 23;168:1,8,12,15,20; 181:8;195:12;205:25; 206:10;218:9;226:10, 24;228:4,17,17; 230:19;245:7;258:14 1:07 (2) 113:4,5 10 (8) 57:9,11;58:11;65:2; 105:12;114:5;205:16; 260:15 10:00 (1) 77:15 10:06 (2) 42:3,5 10:12 (2) 42:5,6 100 (4) 96:17;98:3;246:7,8 102 (1) 42:13 104 (1) 136:3 106 (1) 8:6 107 (1) 138:7 108 (1) 139:9 10th (3) 110:15;112:2; 186:21 11 (6) 13:8,10;58:12,13; 62:9;206:8 11:08 (2) 72:10,12 11:17 (2) 72:12,13 110 (1) 42:13 11th (2) 110:18;112:2 12 (5) 63:6,8;139:9;178:3; 226:6 12:21 (2) 113:2,4 124 (1) 141:11 128 (1)	52:5 129 (1) 142:12 12-hour (2) 19:21;178:2 12th (3) 110:21;112:2; 189:22 13 (7) 62:17;63:21,23; 192:9;226:18;276:22, 277:13 132 (1) 52:5 133 (1) 54:12 136 (1) 54:12 13th (24) 92:16;93:22;97:11; 99:11,19;100:22,25, 25;101:4;102:15,20; 103:3;110:24;112:3, 9;126:3,11;216:2,3; 219:6,9;244:25; 245:4;278:6 14 (16) 49:18;52:11,23; 54:17,25;64:13,14; 142:14;143:11,20; 144:11,13;187:13; 189:15;227:23;231:9 140 (1) 160:22 143 (1) 56:3 148 (1) 56:4 14-day (32) 38:2;183:8;184:11; 185:13,16,20;186:3, 10,15,17;187:5,10,16, 21;188:3,10,15,20; 189:8,23;190:4,9,10, 14;191:3,13,16,18; 192:2,25;193:12,23 14-days (1) 192:17 14th (13) 92:16;93:22;99:11; 111:1;112:3,11; 125:15,19,23;126:3, 11;219:3;234:24 15 (13) 50:18;65:15,17; 141:24;145:4;157:18; 191:25;192:11;218:9, 10;231:13;235:21; 272:18 15:50 (1) 96:2 15th (31) 92:16,19;93:17,23;
--	--	---	--	--

99:11;111:3;112:14; 125:20,23;126:3,11; 214:6,13;216:8; 217:5;218:4;219:12; 221:10,20;222:24; 223:3,20,23;224:3,6, 11,15;227:13;235:1, 7;258:22 16 (4) 66:8,10;145:8; 233:1 16:45 (1) 97:25 160 (2) 96:17;98:3 16th (6) 99:12,15;111:5; 112:3,15;235:10 17 (8) 67:13,15,23; 145:13;189:15; 236:24;237:18; 247:17 170 (1) 263:8 178 (1) 57:13 17th (9) 99:12,16;111:8; 112:3,15;189:18; 229:7;233:21,23 18 (18) 72:16,19;91:4; 146:11,12;247:10,15, 16,17;250:13,16,18, 20,25;251:6,22,22; 258:7 18:20 (1) 116:11 182 (1) 57:13 18-day (2) 90:22;91:4 18th (3) 111:12,13;112:4 19 (10) 73:11,13;144:4; 165:4;167:12;247:11, 14;251:25;258:11; 259:6 191 (1) 58:16 192 (1) 207:8 193 (1) 58:16 1997 (4) 12:15;14:19; 156:12;157:19 19th (8) 93:1,7,9,12;111:16, 18,19;112:4 1a (1)	206:21 1B (2) 39:1;54:16 2 2 (13) 39:14,16;71:3;91:4; 92:13;103:6;152:25; 153:2;168:10,21; 169:19;179:6,12 2:16 (2) 155:18,20 2:24 (2) 155:20,21 20 (39) 18:7;90:17,18,25; 91:1,5;92:4;95:7; 104:21;106:6;113:11, 21;114:22;120:2; 123:17;124:11; 127:11;131:18;148:3; 157:17,18,20;179:6, 12;214:9;215:14; 216:1,9;218:17; 226:6;240:9;245:1; 249:22;252:12;259:6; 260:16,17;265:14; 278:4 200 (1) 32:3 2001 (15) 13:5,7;14:19,24; 157:18,19;158:3,8,25; 159:7;160:18;161:17, 24;162:4,19 2003 (2) 15:12,17 2007 (4) 228:4,5,7;231:16 2010 (8) 13:18;181:8; 195:13;205:25; 206:10;226:11,24; 258:14 2011 (1) 123:9 2012 (5) 123:8;228:4,6,7,8 2013 (5) 13:24;16:13;19:2; 164:25;228:10 2014 (20) 8:3;14:4;16:18; 19:3,6;74:1;91:4,5; 92:13;94:2;104:19; 143:3;150:14;152:15; 206:6;244:25;273:16; 278:6,20;279:15 2015 (1) 14:10 2016 (2) 7:4;8:15	20th (12) 92:13;94:7,8,11,15, 17,20,24;95:1; 111:22;112:4;278:13 21 (2) 94:2,4 216 (1) 63:25 217 (1) 63:25 21st (1) 94:22 22 (3) 146:23,24;259:8 22nd (1) 94:23 24/7 (1) 31:17 2453 (1) 8:6 24th (3) 7:4,8;15;186:22 29 (1) 18:20 2A (1) 41:11 2B (2) 40:13;131:11 2E (1) 41:14 2nd (6) 94:6,8,11,15; 189:14;278:13 3 3 (11) 40:4,6;52:25;95:18, 18;131:9,24;142:16; 153:2;171:13,19 3:50 (1) 96:2 30 (2) 69:1;235:22 305 (1) 66:12 307 (1) 66:12 318 (2) 67:17,18 319 (2) 67:18,18 326 (1) 72:21 331 (2) 255:19;256:25 333 (1) 72:21 38 (1) 39:20 3rd (2) 150:13;189:15	4 4 (17) 40:20,22;60:16; 137:14;147:1;171:22; 172:8,21;175:17; 230:24;240:9,9; 245:6;249:22;252:12; 253:20;259:10 4/13/14 (1) 245:7 4/17/14 (1) 124:24 4/3/14 (1) 242:5 4:11 (2) 237:12,14 4:15 (2) 237:14,15 4:47 (2) 261:11,13 4:48 (2) 261:13,14 41 (1) 11:25 4-13 (1) 116:10 43 (1) 73:15 4-3-14 (1) 116:11 49 (1) 73:16 4th (2) 110:5;112:1 5 5 (17) 42:8,12;60:24; 95:10;98:23;124:11; 132:23;175:18; 176:13;178:13;192:1, 8;243:16,19;245:1; 247:4;259:20 5:00 (1) 98:1 5:13 (2) 279:22,24 5:20 (2) 279:24;280:4 5:50 (1) 96:3 50 (3) 195:4,4,5 55 (1) 235:6 5th (4) 110:4,7;112:1; 125:15	6 6 (8) 49:3,5,15;61:20; 124:18;141:10; 178:18;180:25 60 (3) 32:12;246:1,17 6a (3) 53:15,19,25 6th (5) 92:15;93:22; 109:25;110:9;112:1 7 7 (9) 51:22,24;68:12; 125:5;142:9;180:24, 25;183:13;229:11 7:00 (6) 19:22;31:21,23; 32:5;78:5;147:12 7:30 (6) 19:22;31:22,23; 32:5;78:5;147:12 76234 (1) 8:7 7th (5) 92:15;93:22; 109:25;110:10;112:1 8 8 (9) 54:8,10;62:2;65:1; 125:9;143:8;144:7; 194:6;195:9 8:25 (2) 235:2,7 8:30 (1) 234:23 80 (2) 246:1,17 80s (1) 276:4 82 (1) 39:20 88 (4) 40:7;96:17;245:20; 246:11 89 (1) 40:7 8-hour (1) 178:1 8th (6) 92:15;93:22;110:1, 10;112:1;156:1 9 9 (17)
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50:11;55:25;56:2; 62:3;92:22;93:18; 113:21;114:21; 141:12;195:9,19,21; 214:11;216:9;218:17; 253:22;260:17 9:06 (1) 7:4 90 (1) 160:22 90s (1) 276:4 92 (2) 40:23;172:7 93 (1) 40:23 97 (4) 11:19;12:11,14; 157:21 9a (1) 50:12 9th (2) 110:12;112:1				
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