



# THE FLOWING WELL



## **Elder Abuse and Exploitation Awareness**

**One in Four Elders in the US will experience abuse or exploitation**

**Know the facts**

**#Justice4ed    #poisoned4money**

**If it can happen to my father, it can happen to yours.  
Never in a million years would I have ever believed this could  
happen.**

# New Message

Cancel

To: Florida Elder Abuse

Wed, Jul 16, 8:32 AM

Good morning. This is Kathy sanders. My father is back in the hospital. I am requesting a amiodarone level/ toxicology to be ran on him. If you want to know why please call me. This is very important. And I expect follow up. Thank you

Ed Johnson is his name

## **Hospital Record July 2014:**

One week to our father's passing he was hospitalized with diagnosis of cardiotoxic poisoning. They had NO idea or record that he would have AMIODARONE (A drug used to treat atrial fibrillation) in his system. He was being treated with other drugs for his atrial fibrillation.

Post Hospital Order 07/17/2014 (144899703)  
 Johnson, Edward (1360)  
 In Addition to CMS 485 Episode: 06/17/14 - 08/15/14  
 Resumption of Care Date 07/17/2014

Nirvana Home Health Care  
 700 Sterhaus Dr.  
 Ormond Beach, FL 32174 (386) 677-7006

### Inpatient Information

Hospital Stay From: 07/13/2014 to 07/16/2014

Surgical Diagnosis a.  
 Surgical Diagnosis b.  
 Surgical Diagnosis c.  
 Surgical Diagnosis d.

Date: --/--/---  
 Date: --/--/---  
 Date: --/--/---  
 Date: --/--/---

(M1010) List each Inpatient Diagnosis and ICD-9-C M code at the level of highest specificity for only those conditions treated during an inpatient stay within the last 14 days (no E-codes or V-codes).

#### Inpatient Facility Diagnosis

- a. Poisoning-cardiotonics  
 b. Syncope and collapse  
 c. IMH w/o comp nt st uncntr  
 d. Psychotic epil w/o int epi  
 e. Atrial fibrillation  
 f.

\*\*KJS Note: Major diagnosis  
 from ho- Poisoning-  
 Cardiotonic

#### ICD-9-C M Code

972.1  
 780.2  
 250.00  
 345.4  
 427.31

#### (M1020a) Primary Diagnosis:

#### (M1022b) Secondary Diagnosis:

#### Medication- Dose, Frequency, Route, New, Changed

GlyBURIDE Oral 5 MG 2 Tab(s) daily (N)  
 Atenolol Oral 25 MG one Tab(s) daily (N)  
 Cyanocobalamin Oral 1000 MCG one Tab(s) daily (N)  
 Fortab Oral 7.5-500 MG one Tab(s) every 6 hours if needed for pain (N)  
 Levothyroxine Sodium Oral 25 MCG one Tab(s) daily (N)  
 Hydrochlorothiazide Oral 25 MG one Tab(s) daily (N) (Continued)

\*\*KJS Note: Discharge medications from hospital, show  
 no Amiodarone which was found in toxic levels in my  
 fathers body

#### DME/Supplies

- ☐ Bedside Commode  
☐ Nebulizer  
 Other:

- ☐ Cane  
☐ Oxygen

- ☐ Elevated Toilet Seat  
☐ Tub/Shower Bench

- ☒ Grab Bars  
☒ Walker

- ☒ Hospital Bed  
☐ Wheelchair

- ☐ ABDs  
☐ Drainage Bag  
☐ Gauze Pads  
☐ Leg Bag  
☐ Sterile Gloves  
 Other:

- ☐ Ace Wrap  
☐ Dressing Supplies  
☐ Insertion Kit  
☐ Needles  
☐ Syringe

- ☒ Alcohol Pads  
☐ Duoderm  
☐ Irrigation Set  
☐ NG Tube  
☐ Tape

- ☐ Chux/Underpads  
☒ Exam Gloves  
☐ Irrigation Solution  
☒ Probe Covers

- ☒ Diabetic Supplies  
☐ Foley Catheter  
☐ Kerlix Rolls  
☐ Sharps Container

### Orders for Discipline and Treatments

The attached Face to Face document is an addendum to this Plan of Care.  
 Signature below denotes acceptance of all pages.

SN Frequency: 1w1, 2w1, 1w2

PT Frequency: 1w1 effective week of 7/17/2014.

Homebound Status: Requires max assistance/taxing effort to leave (Continued)

### Goals/Rehabilitation Potential/Discharge Plans

Patient/Caregiver will verbalize understanding of disease process of Syncope, Diabetes and HTN within 4 weeks.  
 Patient/Caregiver will verbalize understanding and demonstrate compliance with medication regimen within 4 weeks.  
 (Continued)

### Updated Frequencies for Skilled and Non-Skilled Services

SN: 1w1, 2w1, 1w2

PT: 1w1 effective week of 7/17/2014

OT:

ST:

MSW:

HHA:

|  |   |                        |
|--|---|------------------------|
| Signature & Title: (Marks, Michele)              |   | Date                   |
| Digitally Signed by Michele Marks, RN, COS-C DON |   | 07/16/2014             |
| Physician's Name                                 | Physician's Address   | (386) 736-4912 (Phone) |
| Andrew Feldman                                   | 600 N. S. one Street DELAND FL<br>32720-<br>DELAND FL 32720 | (386) 738-0016 (Fax)   |
| Physician Signature:                             |   | Date                   |

## **Florida Death Record & Statement from physician**

Report from physician stating he would have never signed death record if he had known my father had toxic levels of a drug not prescribed that he had a history of being allergic to in his body

Jul 28, 2014 10:59AM

Andrew C Feldman

No. 8563 P. 1/1

# FLORIDA DEATH RECORD

## Fax Attestation



| Confidential and Time Sensitive Information - Please TYPE or PRINT   |                                   |                                       |   |                                    |                                |
|--|-----------------------------------|---------------------------------------|---|------------------------------------|--------------------------------|
| Tracking Number: 2014108630  |                                   |                                       | Date & Time Sent: 7/28/2014 9:11:58 AM    |                                    | Ver. 1                         |
| TO (Certifying Physician): ANDREW C FELDMAN OS4575   |                                   |                                       | phone number:                             |                                    |                                |
| FROM (Funeral Facility): LANKFORD FUNERAL HOME F040329   |                                   |                                       | phone number: 3867342244                  |                                    |                                |
| To certify the cause of death, complete medical & disposition sections below starting with TIME OF DEATH (item 32). Then PRINT name & license number, SIGN & DATE at bottom of page, and FAX to Vital Statistics at 1-855-323-6655. For information about completing the cause of death, please visit <a href="http://www.floridavitalstatisticsonline.com">www.floridavitalstatisticsonline.com</a> |                                   |                                       |   |                                    |                                |
| DECEDENT'S NAME (First, Middle, Last, Suffix)<br>EDWARD W JOHNSON JR   |                                   |                                       |   | SEX<br>M                           | DATE OF DEATH<br>July 24, 2014 |
| AGE AT DEATH<br>077 YEARS  | DATE OF BIRTH<br>January 20, 1937 | SOCIAL SECURITY NUMBER<br>400-46-5281 | COUNTY OF DEATH<br>VOLUSIA                | PLACE OF DEATH<br>DECEDENT'S HOME  |                                |
| FACILITY NAME (if not institution, give street and number)<br>2638 FLOWING WELL ROAD   |                                   |                                       | CITY, TOWN OR LOCATION OF DEATH<br>DELAND |                                    | ZIP CODE OF DEATH<br>32720     |
| NAME AND LICENSE NUMBER OF FUNERAL FACILITY<br>LANKFORD FUNERAL HOME F040329 F040329   |                                   |                                       |   | METHOD OF DISPOSITION<br>CREMATION |                                |

The Medical Examiner is charged by s. 406.11, F.S., to investigate all deaths where the remains are to be cremated, donated or buried at sea. Ensure the Cause of Death indicates the principal diagnosis and any pertinent underlying conditions.

| COMPLETE MEDICAL ITEMS BELOW  |  |  |  |
|---|--|--|--|
| Section 382.008 F.S. allows 72 hours for medical certification of the cause of death  | 32. TIME OF DEATH (24 hr.)   | 35. NAME OF ATTENDING PHYSICIAN (if other than Certifier)  |  |
|   | 33. MANNER OF DEATH<br>Natural   | The following are under the jurisdiction of the medical examiner and will be reported to their office:<br>Accident      Suicide      Homicide      Pending investigation      Could not be determined                                    |  |
| 41. CAUSE OF DEATH - PART I   | Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. |  |  |
| IMMEDIATE CAUSE<br>(Final disease or condition resulting in death)<br><br>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death)   | a. Presumed Myocardial Infarction<br>Due to (or as a consequence of):  |  | Approximate interval:<br>Onset to Death                          |
|   | b. Due to (or as a consequence of):  |  |  |
|   | c. Due to (or as a consequence of):  |  |  |
|   | d. Due to (or as a consequence of):  |  |  |
| PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.  |  |  |  |
| 42a. WAS AN AUTOPSY PERFORMED? Yes No   |  | 42b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No  |  |
| 43a. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY   |  | 43b. DATE OF SURGERY (Mo., Day, Yr.)   | 44. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes No Possibly Unknown |
| 45. IF FEMALE:<br>Not pregnant within past year<br>Unknown if pregnant within past year   |  | Yes, pregnant within past year (Select one below)<br>Pregnant at time of death<br>Not pregnant at time of death, but pregnant within 1 to 42 days of death<br>Not pregnant at time of death, but pregnant 43 days to 1 year before death |  |
| Did any external cause, trauma, fracture, toxicity or other non-natural factor, whether immediate or delayed, directly cause or contribute to the death? Yes No<br>If YES, the death must be reported to the medical examiner office immediately, as required under s.406.12, F.S. Explain the circumstances below: |  |  |  |
| Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.  |  |  |  |
| CERTIFIER'S NAME (Type or Print)<br>Andrew C Feldman MD   |  | LICENSE NUMBER (of Certifier)<br>054575  |  |
| (Signature and Title of Certifier)  |  | DATE SIGNED (mm/dd/yyyy)<br>7/28/2014  |  |



010047378918

ADVANCED FAMILY MEDICINE  
ONCE COMPLETED AND SIGNED, fax to Vital Statistics at 1-855-323-6655



**Advanced Family Medicine**  
Hours By Appointment

**Andrew C Feldman DO**  
Board Certified Family Physician

800 North Stone Street  
Deland, FL 32720  
(386)736-4912

July 7, 2016

RE: Edward Johnson  
DOB: 01/20/1937

To Whom It May Concern,

Mr. Edward Johnson was a former patient of mine that passed away on July 24, 2014. At that time I listed the cause of death as presumed myocardial infarction.

The autopsy report done by Dr. William R. Anderson on August 2, 2014 showed that Mr. Johnson had toxic levels of the drug amiodarone in his system. Amiodarone was not a medication prescribed by me, and it is listed in his chart as a medication that he is allergic to.

Given these facts, I would have never signed the death certificate using a natural cause diagnosis had I known that Mr. Edward Johnson had toxic levels of amiodarone in his system.

If you have any further questions, please contact my office to discuss this matter further.

Sincerely,

Andrew C. Feldman DO



# **Volusia County Sheriff's Office Incident Report and Death Investigation Report**

**Note ALL prescriptions were collected on site-  
Amiodarone was NOT collected**

**She also tells detectives per their documentation that she was his girlfriend and lived on premises for several years. This information is false. She had lived on property for several months.**

**When she first met my father she told him she was an RN. Review of Florida Board of Nursing did not show her listed or ever listed as an RN She tells police on site she is his medical caregiver.**

## VOLUSIA COUNTY SHERIFF'S OFFICE

## INCIDENT REPORT

Page 1 of 5 Pages

|   |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |   |  |                             |  |              |  |
|---|--|---|--|---|--|--|--|--|--|---|--|--|--|--|--|---|--|---|--|-----------------------------|--|--------------|--|
| <input type="checkbox"/> Juvenile<br><input type="checkbox"/> Gang<br><input type="checkbox"/> Domestic Violence<br><input type="checkbox"/> Endangered/Other |  | <input type="checkbox"/> Hate Crime<br><input type="checkbox"/> Elderly Abuse / Exploitation<br>VDR _____ |  | Confidential  |  | District 02  |  | Agency Report Number<br>140020131  |  |   |  |  |  |  |  |   |  |   |  |                             |  |              |  |
| Agency ORI Number<br>FLD640000  |  |   |  | Zone #<br>24  |  | Telephone Handled<br>1 Yes<br>2 No   |  | Call? (T.H.C.)<br>2  |  |   |  |  |  |  |  |   |  |   |  |                             |  |              |  |
| Reported Day<br>Thursday  |  | Date<br>07-24-2014  |  | Time (mil)<br>2333  |  | Time Dispatched (mil)<br>2336  |  | Time Arrived (mil)<br>2345   |  | Time Completed (mil)<br>7   |  | Nature of Call (Report Type)<br>Dead Person                                      |  |  |  |   |  |   |  |                             |  |              |  |
| Incident Type<br>1 Felony<br>2 Traffic Felony   |  | 3 Misdemeanor<br>4 Traffic Misdemeanor  |  | 5 Ordinance<br>9 Other  |  | Incident Day<br>Thursday   |  | Date<br>07-24-2014   |  | Time (mil)<br>2330  |  | Day<br>TO  |  | Date<br>Time (mil)<br>Occurred During<br>D - Day<br>N - Night                              |  | U - Unknown<br>N  |  |   |  |                             |  |              |  |
| Offense #1  |  | Type  |  | Statute Violation Number  |  | Description  |  | A - Attempted<br>C - Committed   |  |   |  |  |  |  |  |   |  |   |  |                             |  |              |  |
| Offense #2  |  |   |  | Statute Violation Number  |  | Description  |  | A - Attempted<br>C - Committed   |  |   |  |  |  |  |  |   |  |   |  |                             |  |              |  |
| Incident Location (Street, Apt. Number)<br>2638 FLOWING WELL ROAD   |  |   |  |   |  |  |  |  |  |   |  | City<br>DELAND   |  | Zip<br>32720   |  |   |  |   |  |                             |  |              |  |
| Business Name / Area Identifier   |  |   |  | # Prem. Entered   |  | Drug Related<br>0 N/A 1 Yes<br>2 No 0  |  | Alcohol Related<br>0 N/A 1 Yes<br>2 No 0   |  | Forced Entry<br>1 Yes 3 Attempted<br>2 No   |  | Arson-Inhabited<br>1 Occupied 3 Abandoned<br>2 Unoccupied                        |  | Arson Attempted<br>1 Yes<br>2 No   |  |   |  |   |  |                             |  |              |  |
| Location Type<br>01   |  | Location Type Codes<br>C1 Residence-Single<br>02 Apartment/Condo<br>03 Residence/Other<br>04 Hotel/Motel  |  | 05 Convenience Store<br>06 Gas Station<br>07 Liquor Sales<br>08 Bar/Nightclub |  | 09 Supermarket<br>10 Dept/Discount Store<br>11 Specialty Store<br>12 Drug Store/Hospital |  | 13 Bank/Financial Inst<br>14 Commercial/Office Bldg<br>15 Industrial/Mfg<br>16 Storage |  | 17 Gov't/Public Bldg<br>18 School/University<br>19 Jail/Prison<br>20 Religious Bldg |  | 21 Airport<br>22 Bus/Rail Terminal<br>23 Construction Site<br>24 Other Structure |  | 25 Parking Lot/Garage<br>26 Highway/Roadway<br>27 Park/Woodlands/Field<br>28 Lane/Waterway |  | 29 Motor Vehicle<br>30 Other Mobile<br>31 Unknown<br>32 Other |  |   |  |                             |  |              |  |
| VW Code<br>V Victim<br>W-Witness<br>R-Reporting Person  |  | N-Next of Kin<br>O-Other  |  | Victim/Subject Type<br>0 N/A<br>1 Juvenile<br>2 L.E. Officer<br>3 Adult       |  | Business/Work<br>C Cell<br>H Home  |  | M. Message<br>N Next of Kin<br>O Other   |  | P. Pager<br>S School<br>V Vacation  |  | Race<br>W-White<br>B-Black<br>I-American Indian                                  |  | Sex<br>M-Male<br>F-Female<br>U-Unknown   |  | Residence Type<br>0 N/A<br>1 City<br>2 County                 |  | Residence Status<br>0 N/A<br>1 Full Year<br>2 Par. Year<br>3 Non-Resident |  |                             |  |              |  |
| Means of Attack<br>F-Firearm<br>K-Knife/Cutting Inst.   |  | O-Other Dangerous<br>H-Hands, Fists, Feet, Etc.   |  | Extent of Injury<br>00 N/A<br>01 Gunshot<br>02 Stabbed                        |  | 03 Laceration<br>04 Unconscious<br>05 Poss Broken Bones                                  |  | 06 Poss. Internal Injury<br>07 Loss of Teeth<br>08 Burns                               |  | 09 Abrasions/Bruses<br>10 No Visible Injury<br>99 Other Serious Injury              |  | Domestic Violence<br>1 Yes<br>2 No   |  | Victim Relationship to Offender<br>S-Spouse<br>P-Parent<br>C-Child                         |  | B-Sibling<br>O-Other Family<br>H-Co-Habitant                  |  | Z-Other   |  |                             |  |              |  |
| Offense Indicator<br>1 #1<br>2 #2   |  | VW Code<br>V  |  | #<br>1  |  | V Type<br>3  |  | Nature of Call (for Victim, if different from Incident)                                |  | Name (Last/Business)<br>JOHNSON   |  | (First)<br>EDWARD  |  | (Middle)<br>W  |  |   |  |   |  |                             |  |              |  |
| Address (Street, Apt. Number)<br>2638 FLOWING WELL ROAD   |  |   |  |   |  |  |  |  |  |   |  | City<br>DELAND   |  | State<br>FL  |  | Zip<br>32720  |  | Residence Phone<br>(386) 717-9819   |  |                             |  |              |  |
| Business/School/Other Address (Street, Apt. Number)   |  |   |  |   |  |  |  |  |  |   |  | City   |  | State  |  | Zip   |  | Address Type  |  | Business/School/Other Phone |  | Phone Type   |  |
| Other Contact Info (Time Available, Interpreter, etc.)  |  |   |  |   |  |  |  |  |  |   |  | Synopsis of Involvement<br>DECEASED  |  |  |  |   |  |   |  |                             |  |              |  |
| If Victim Type<br>1, 2, or 3  |  | Race<br>W   |  | Sex<br>M  |  | Date of Birth<br>01-20-1937  |  | Age<br>77  |  | Ethnicity<br>N  |  | Res. Type<br>2   |  | Res. Status<br>1   |  | Means of Attack   |  | Extent of Injury  |  | Domestic Violence           |  | Relationship |  |
| Offense Indicator<br>1 #1<br>2 #2   |  | VW Code<br>R  |  | #<br>1  |  | V Type<br>3  |  | Nature of Call (for Victim, if different from Incident)                                |  | Name (Last/Business)<br>WHOLLEY   |  | (First)<br>MARYANN   |  | (Middle)   |  |   |  |   |  |                             |  |              |  |
| Address (Street, Apt. Number)<br>2638 FLOWING WELL ROAD   |  |   |  |   |  |  |  |  |  |   |  | City<br>DELAND   |  | State<br>FL  |  | Zip<br>32720  |  | Residence Phone<br>(386) 717-9819   |  |                             |  |              |  |
| Business/School/Other Address (Street, Apt. Number)   |  |   |  |   |  |  |  |  |  |   |  | City   |  | State  |  | Zip   |  | Address Type  |  | Business/School/Other Phone |  | Phone Type   |  |
| Other Contact Info (Time Available, Interpreter, etc.)  |  |   |  |   |  |  |  |  |  |   |  | Synopsis of Involvement<br>LIVE IN GIRLFRIEND OF DECEASED                        |  |  |  |   |  |   |  |                             |  |              |  |
| If Victim Type<br>1, 2, or 3  |  | Race<br>W   |  | Sex<br>F  |  | Date of Birth<br>06-04-1947  |  | Age<br>67  |  | Ethnicity<br>N  |  | Res. Type<br>2   |  | Res. Status<br>1   |  | Means of Attack   |  | Extent of Injury  |  | Domestic Violence           |  | Relationship |  |
| Offense Indicator<br>1 #1<br>2 #2   |  | VW Code   |  | #   |  | V Type   |  | Nature of Call (for Victim, if different from Incident)                                |  | Name (Last/Business)  |  | (First)  |  | (Middle)   |  |   |  |   |  |                             |  |              |  |
| Address (Street, Apt. Number)   |  |   |  |   |  |  |  |  |  |   |  | City   |  | State  |  | Zip   |  | Residence Phone   |  |                             |  |              |  |
| Business/School/Other Address (Street, Apt. Number)   |  |   |  |   |  |  |  |  |  |   |  | City   |  | State  |  | Zip   |  | Address Type  |  | Business/School/Other Phone |  | Phone Type   |  |
| Other Contact Info (Time Available, Interpreter, etc.)  |  |   |  |   |  |  |  |  |  |   |  | Synopsis of Involvement  |  |  |  |   |  |   |  |                             |  |              |  |
| If Victim Type<br>1, 2, or 3  |  | Race  |  | Sex   |  | Date of Birth  |  | Age  |  | Ethnicity   |  | Res. Type  |  | Res. Status  |  | Means of Attack   |  | Extent of Injury  |  | Domestic Violence           |  | Relationship |  |
| Offense Indicator<br>1 #1<br>2 #2   |  | VW Code   |  | #   |  | V Type   |  | Nature of Call (for Victim, if different from Incident)                                |  | Name (Last/Business)  |  | (First)  |  | (Middle)   |  |   |  |   |  |                             |  |              |  |
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| Other Contact Info (Time Available, Interpreter, etc.)  |  |   |  |   |  |  |  |  |  |   |  | Synopsis of Involvement  |  |  |  |   |  |   |  |                             |  |              |  |
| If Victim Type<br>1, 2, or 3  |  | Race  |  | Sex   |  | Date of Birth  |  | Age  |  | Ethnicity   |  | Res. Type  |  | Res. Status  |  | Means of Attack   |  | Extent of Injury  |  | Domestic Violence           |  | Relationship |  |
| Offense Indicator<br>1 #1<br>2 #2   |  | VW Code   |  | #   |  | V Type   |  | Nature of Call (for Victim, if different from Incident)                                |  | Name (Last/Business)  |  | (First)  |  | (Middle)   |  |   |  |   |  |                             |  |              |  |
| Address (Street, Apt. Number)   |  |   |  |   |  |  |  |  |  |   |  | City   |  | State  |  | Zip   |  | Residence Phone   |  |                             |  |              |  |
| Business/School/Other Address (Street, Apt. Number)   |  |   |  |   |  |  |  |  |  |   |  | City   |  | State  |  | Zip   |  | Address Type  |  | Business/School/Other Phone |  | Phone Type   |  |
| Other Contact Info (Time Available, Interpreter, etc.)  |  |   |  |   |  |  |  |  |  |   |  | Synopsis of Involvement  |  |  |  |   |  |   |  |                             |  |              |  |
| If Victim Type<br>1, 2, or 3  |  | Race  |  | Sex   |  | Date of Birth  |  | Age  |  | Ethnicity   |  | Res. Type  |  | Res. Status  |  | Means of Attack   |  | Extent of Injury  |  | Domestic Violence           |  | Relationship |  |
| Offense Indicator<br>1 #1<br>2 #2   |  | VW Code   |  | #   |  | V Type   |  | Nature of Call (for Victim, if different from Incident)                                |  | Name (Last/Business)  |  | (First)  |  | (Middle)   |  |   |  |   |  |                             |  |              |  |
| Address (Street, Apt. Number)   |  |   |  |   |  |  |  |  |  |   |  | City   |  | State  |  | Zip   |  | Residence Phone   |  |                             |  |              |  |
| Business/School/Other Address (Street, Apt. Number)   |  |   |  |   |  |  |  |  |  |   |  | City   |  | State  |  | Zip   |  | Address Type  |  | Business/School/Other Phone |  | Phone Type   |  |
| Other Contact Info (Time Available, Interpreter, etc.)  |  |   |  |   |  |  |  |  |  |   |  | Synopsis of Involvement  |  |  |  |   |  |   |  |                             |  |              |  |
| If Victim Type<br>1, 2, or 3  |  | Race  |  | Sex   |  | Date of Birth  |  | Age  |  | Ethnicity   |  | Res. Type  |  | Res. Status  |  | Means of Attack   |  | Extent of Injury  |  | Domestic Violence           |  | Relationship |  |

# INCIDENT REPORT (CONT.)

Page 2 of 5 Pages

SUBJECT / MISSING SECTION

|  |  |  |                        |  |                                     |   |                                   |  |   |                                   |
|--|--|--|------------------------|--|-------------------------------------|---|-----------------------------------|--|---|-----------------------------------|
| Offense Indicator<br>1 #1<br>2 #2  | Subject Code<br>S-Suspect<br>D-Defendant | V-Victim<br>(Missing Person)   | Code #                 | Subj Type  | Name (Last)                         | (First)                                       | (Middle)                          | Race                                     | Sex   | Ethnicity                         |
| Date of Birth  | Age                                      | To Age   | Height                 | To Height  | Weight                              | To Weight                                     | Eye Color                         | Hair Color                               | Maiden Name                                     |                                   |
| Nickname / Street Name   |  |  | Place of Birth - City  |  | County                              | State   | Employer/Other School             | Occupation                               |   |                                   |
| Last Known Address (Street, Apt. Number)   |  |  |                        |  | City                                | State   | Zip                               | Address Type                             | Phone   | Phone Type                        |
| Other Address (Street, Apt. Number)  |  |  |                        |  | City                                | State   | Zip                               | Address Type                             | Phone   | Phone Type                        |
| Driver's License State/Number  |  |  | Social Security Number |  |                                     | Other ID Number                               |                                   |  | ID Type   |                                   |
| Clothing (Describe)  |  |  |                        |  | Scars/Marks/Tattoos (Type/Describe) |   |                                   | Scars/Marks/Tattoos (Type/Describe)      |   |                                   |
| Hair Length /Style   |  | Skin   | Build                  | Facial Features                                    |                                     | Speech/Voice                                  | Deformity                         | Glasses                                  |   |                                   |
| If Subject   | Demeanor                                 | Mask   | Weapon Type            | If Arrested:                                       |                                     |   | Subject Was Already in Custody?   | 1 Yes<br>2 No                            | Warrant From<br>1 This Agency<br>2 Other Agency |                                   |
| Date of Last Contact   |  | Date of Emancipation   |                        | Caution  | Caution Reason                      |   | Personal Habits (Drugs / Alcohol) |  |   |                                   |
| May Be With  |  | Physical Condition   |                        | Mental Condition                                   |                                     | Doctor Name                                   |                                   | Dentist Name                             |   |                                   |
| Incident Type<br>1 Runaway<br>2 Parents<br>3 Involuntary<br>4 Disabled<br>5 Endangered |  | 6 Disaster Victim<br>7 Voluntary Adult<br>8 Unknown  |                        | Foul Play Suspected?<br>1 Yes<br>2 No<br>3 Unknown |                                     | Missing Before?<br>1 Yes<br>2 No<br>3 Unknown |                                   | Fingerprints Available?<br>1 Yes<br>2 No |   | Photo Available?<br>1 Yes<br>2 No |
| Dental Record Available?<br>1 Yes<br>2 No  |  | I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person, and this agency has my permission to enter this person in a statewide alert. |                        |  |                                     |   |                                   |  |   |                                   |

SUBJECT / MISSING SECTION

|  |  |  |                        |  |                                     |   |                                   |  |   |                                   |
|--|--|--|------------------------|--|-------------------------------------|---|-----------------------------------|--|---|-----------------------------------|
| Offense Indicator<br>1 #1<br>2 #2  | Subject Code<br>S-Suspect<br>D-Defendant | V-Victim<br>(Missing Person)   | Code #                 | Subj Type  | Name (Last)                         | (First)                                       | (Middle)                          | Race                                     | Sex   | Ethnicity                         |
| Date of Birth  | Age                                      | To Age   | Height                 | To Height  | Weight                              | To Weight                                     | Eye Color                         | Hair Color                               | Maiden Name                                     |                                   |
| Nickname / Street Name   |  |  | Place of Birth - City  |  | County                              | State   | Employer/Other School             | Occupation                               |   |                                   |
| Last Known Address (Street, Apt. Number)   |  |  |                        |  | City                                | State   | Zip                               | Address Type                             | Phone   | Phone Type                        |
| Other Address (Street, Apt. Number)  |  |  |                        |  | City                                | State   | Zip                               | Address Type                             | Phone   | Phone Type                        |
| Driver's License State/Number  |  |  | Social Security Number |  |                                     | Other ID Number                               |                                   |  | ID Type   |                                   |
| Clothing (Describe)  |  |  |                        |  | Scars/Marks/Tattoos (Type/Describe) |   |                                   | Scars/Marks/Tattoos (Type/Describe)      |   |                                   |
| Hair Length /Style   |  | Skin   | Build                  | Facial Features                                    |                                     | Speech/Voice                                  | Deformity                         | Glasses                                  |   |                                   |
| If Subject   | Demeanor                                 | Mask   | Weapon Type            | If Arrested:                                       |                                     |   | Subject Was Already in Custody?   | 1 Yes<br>2 No                            | Warrant From<br>1 This Agency<br>2 Other Agency |                                   |
| Date of Last Contact   |  | Date of Emancipation   |                        | Caution  | Caution Reason                      |   | Personal Habits (Drugs / Alcohol) |  |   |                                   |
| May Be With  |  | Physical Condition   |                        | Mental Condition                                   |                                     | Doctor Name                                   |                                   | Dentist Name                             |   |                                   |
| Incident Type<br>1 Runaway<br>2 Parents<br>3 Involuntary<br>4 Disabled<br>5 Endangered |  | 6 Disaster Victim<br>7 Voluntary Adult<br>8 Unknown  |                        | Foul Play Suspected?<br>1 Yes<br>2 No<br>3 Unknown |                                     | Missing Before?<br>1 Yes<br>2 No<br>3 Unknown |                                   | Fingerprints Available?<br>1 Yes<br>2 No |   | Photo Available?<br>1 Yes<br>2 No |
| Dental Record Available?<br>1 Yes<br>2 No  |  | I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person, and this agency has my permission to enter this person in a statewide alert. |                        |  |                                     |   |                                   |  |   |                                   |

NARRATIVE

1 On 07/24/2014 at approximately 2345 hours Deputy Shields responded to 2638 Flowing Well Road, Deland, Florida in reference to a CPR in  
2 progress medical call. Upon arrival contact was made with EVAC and VCFR personnel who determined to victim was deceased at approximately  
3 2345 hours this date. The aforementioned was determined by VCFR DID#7275 and 7451.

4 Deputy Shields additionally made contact with the Reporting Party Mary-Ann Whoolley(R1). Whoolley was later identified as the Victim's Edward  
5 Johnson(V1) live in girlfriend of several years and a medical caregiver. Whoolley advised the following over the past year Johnson has been  
6 hospitalized on numerous occasions for a plethora of medical health issues to include complications from cardiac and diabetes related issues. Most  
7 recently Johnson was hospitalized for a total of seven(7) days during the prior two(2) weeks. To assist with Johnson's health issues nurses from  
8 NIRVANA had been hired for daily in home visitation. On this date at approximately 2030 hours Johnson went to bed with the assistance of  
9 Whoolley. Whoolley returned to the dwelling's master bedroom to check on Johnson only to find he appeared to be deceased. Whoolley

ADMINISTRATIVE

|   |                         |   |  |                                  |                                  |                                   |  |  |                               |                                      |
|---|-------------------------|---|--|----------------------------------|----------------------------------|-----------------------------------|--|--|-------------------------------|--------------------------------------|
| Final Case Status                           | Final Case Status Codes | 1 Arrest/Adult                                | 2 Arrest/Juv                               | 3 Exceptional Adult              | 4 Exceptional Juv                | 5 Closed                          | 6 Unlocated                            | <input type="checkbox"/> Victim Advocate | <input type="checkbox"/> Trad | <input type="checkbox"/> SA Referral |
| <input type="checkbox"/> DCF Hotline        | Date                    | Time  | <input type="checkbox"/> FCIC / NCIC Entry | <input type="checkbox"/> TT BOLO | Date                             | By                                |  |  |                               |                                      |
| <input type="checkbox"/> CAC                | Spoke With              | Additional Forms Attached                     | <input type="checkbox"/> Narrative         | <input type="checkbox"/> SA 707  | <input type="checkbox"/> Persons | <input type="checkbox"/> Property | <input type="checkbox"/> Veh/Tow/Sheet | <input type="checkbox"/> Other Describe  |                               |                                      |
| Connecting Report Number                    | Agency                  | Officer Reporting - Printed                   | Officer Reporting - Signature              | ID Number                        | Unit                             | Date                              |  |  |                               |                                      |
| Shields, Kenneth                            |                         |   |  | 7397                             | 1D24                             | 07-25-2014                        |  |  |                               |                                      |
| Officer Reviewing - Printed (if Applicable) |                         | Officer Reviewing - Signature (if Applicable) |  | ID Number                        | Unit                             | Date                              |  |  |                               |                                      |

## VOLUSIA COUNTY SHERIFF'S OFFICE

## NARRATIVE / SUPPLEMENT

Page 3 of 5 Pages

|     |             |             |                     |                               |                      |            |              |   |
|-----|-------------|-------------|---------------------|-------------------------------|----------------------|------------|--------------|---|
| EWT | Report Date | Report Time | Orig. Reported Date | Nature of Call (for Incident) | Agency Report Number | 1 Original | 2 Supplement | 3 |
|     | 07-24-2014  | 2333        | 07-24-2014          | 7                             | 140020131            |            |              | 1 |

11 attempted CPR however she was unsuccessful.

12

13 Deputy Shields observations of the scene were as follows: the dwelling is a water front concrete block structure with a Western exposure entrance.

14 Upon entering the front door the master bedroom and bathroom are found to the right/North/East side of the dwelling. Entering the master

15 bedroom Deputy Shields found Johnson laying on his back clad only with an adult diaper, a wrist watch and two(2) rings on his left wrist and

16 fingers, head to the East feet to the West his limbs were straight arms to his side head on a pillow. Johnson was found on the right side of the king

17 size bed which is situated within the master bedroom centered on the East wall. The dwelling is climate controlled with A/C and was found to be

18 approximately 78 degrees. The master bedroom was well illuminated by numerous lighting sources. Johnson was found with no visible injuries

19 and other wise appeared to have been well cared for. Deputy Shields observed slight lividity over most the back side of his body.

20

21 At the request of Deputy Shields VCSO Chaplain Carroll was contacted and responded. Whooley provided Deputy Shields with Johnson's

22 primary care Physician Andrew Feldman M.D. (386-736-4912). At approximately 0053 hours on 07/25/2014 Doctor Feldman was contacted

23 stating he would sign the death certificate. With assistance from Chaplain Carroll, Whooley located and provided Deputy Shields with Lankford

24 Funeral Home information and a copy Johnson's Last Will and Testament. Lankford's Livery service responded at which time Johnson was

25 removed from the scene. Said Last Will and Testament were submitted with this document.

26

27 Several photographs were taken and up loaded into the VCSO Digital Evidence data base. All prescription medications were collected,

28 documented and placed into the VCSO Evidence locker located within the VCSO District Two(2) offices.

29

30 Aforementioned collected prescription medications are as follows:


31

|                                    |                    |                   |
|------------------------------------|--------------------|-------------------|
| 32 ALENDRONATE SODIUM 70MG         | LISINOPRIL 20MG    | TAMSULOSIN 0.4MG  |
| 33 METOPROLOL TART 50MG            | LEVOTHYROXINE 25MG | METFORMIN 1000MG  |
| 34 OMEPRAZOLE 25MG                 | BACLOFEN 10MG      | HYDROCHLOROT 25MG |
| 35 HYDROCODONE/ACETAMINOPHEN 500MG | LABETALOL 100MG    | ATORVASTATIN 10MG |
| 36 DIGOXIN 0.25MG                  | PREDNISONE 20MG    | DELZICOL 400MG    |
| 37 ELIQUIS 5MG                     |                    |                   |

38

39 Case status: Inactive

ADMINISTRATIVE / CONTINUATION

|   |  |   |
|---|--|---|
| Final Case Status   | Final Case Status Codes: 1 Arrest/Adult 2 Arrest/Juv 3 Exceptional/Adult 4 Exceptional/Juv 5 Closed 6 Unfounded  | <input type="checkbox"/> Victim Advocate <input type="checkbox"/> Triad <input type="checkbox"/> SA Referral            |
| <input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC | Date _____ Time _____  | <input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> TT BOLO <input type="checkbox"/> FCIC / NCIC Cancel |
| Connecting Report Number _____ Agency _____                       | Additional Forms Attached: <input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh Flow Sheet <input type="checkbox"/> Other Describe _____ |   |
| Officer Reporting - Printed<br>Shields, Kenneth                   | Officer Reporting - Signature<br>   | ID Number<br>7397 Unit<br>1024 Date<br>07-25-2014   |
| Officer Reviewing - Printed (if Applicable)                       | Officer Reviewing - Signature (if Applicable)  | ID Number _____ Unit _____ Date _____   |

## VOLUSIA COUNTY SHERIFF'S OFFICE

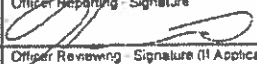
## PROPERTY REPORT

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|  |              |   |                                |  |            |  |   |
|--|--------------|---|--------------------------------|--|------------|--|---|
| Report Date:   | Report Time: | Original Incident Date:   | Nature of Call (for Incident): | Agency Report Number:  | 1 Original | 2 Supplement   | 3 |
| 07-24-2014   | 2333         | 07-24-2014  | 7                              | 140020131  |            |  |   |
| Type Theft: 00 N/A, 01 Burglary, 02 Robbery, 03 Shoplifting, 04 Pocket Picking, 05 Purse Snatching, 06 Embezzlement, 07 From Coin Oper Machine, 08 From Public Access Bldg, 09 From Vehicle, 10 Extortion, 11 By Computer, 12 Fraud, 13 Bicycle, 14 Motor Vehicle Parts, 99 Other  |              |   |                                |  |            |  |   |
| Person Code:<br>V-Victim, S-Suspect, D-Defendant, W-Witness<br>N-Next of Kin, O-Other, R-Reporting Party   |              | Person Involvement Code:<br>1-Finder, 2-Owner, 3-Suspect, 4-Other |                                | Status Code:<br>1-Evidence, 2-Damaged Prop, 3-Arson/Burned, 4-Photo & Release, 5-Lost, 6-Recovered, 7-Recovered (Outside Agency Recovered), 8-Found, 9-Found/Contraband, 10-Prisoners Pers Prop, 11-Stolen |            | 12-Stolen And Recovered, 13-Disposal, 14-Prop. Of Deceased, 15-Return to Owner, 16-Vehicle Inventory Prop, 17-Baker Act, 18-Seized/Confiscated, 19-Abandoned |   |
| Category Code:<br>B-Bicycle, C-Camera/Photo Equipment, D-Delta Processing Equipment, E-Equipment/Measuring Devices/Tools, F-Furniture and Furnishings, G-Games and Gambling Apparatus, H-Household Appliance/Housewares, I-Items of Identification, J-Special Docs/Food Stamps/Tickets, K-Keepsakes and Collectibles, L-Livestock, M-Musical Instrument, O-Office Equipment, P-Personal Accessories, R-Radio/TV/Sound Devices, S-Sports/Camping/Rec Equip, T-Toxic Chemicals, V-Viewing Equip (Binoculars), W-Well-drilling Equipment, Y-All Other Items and Equipment (GUNS, DRUGS, JEWELRY, Etc.)  |              |   |                                |  |            |  |   |
| DRUG CODES:<br>Activity: P-Possess, S-Sell, B-Buy, T-Traffic, R-Smuggle, D-Deliver, E-Use, K-Dispense/Distribute, M-Manufacture/Product/Cultivate, Z-Other, Type: A-Amphetamine, B-Barbiturates, C-Cocaine, E-Heroin, H-Hallucinogen, M-Marijuana, O-Opium/Derivative, P-Paraphernalia/Equipment, S-Synthetic, U-Unknown, Z-Other, Unit: 1-Gram, 2-Miligram, 3-Kilogram, 4-Ounce, 5-Pound, 6-Ton, 7-Liter, 8-Milliliter, 9-Dose Unit/Term, 99-Other  |              |   |                                |  |            |  |   |
| Leave Blank: Person Code # Pers. Inv. Item # Status Category Article Description<br>V 1 2 1 13 Y DRUGS 16 CONTAINERS OF PRESCRIPTION MEDICATION<br>Serial Number: Owner Applied Number: Value Recovered: \$ Date Recovered: Forfeiture Y/N: F.W.T.C. (Y/N): Value \$<br>\$1.00<br>If Article Qty Brand Model Jewelry Type If Drug Activity Type Quantity Unit Estimated Street Value \$<br>16 99<br>If Gun Make Model Caliber Type/Cat Action Finish Barrel Length Barrel Type   |              |   |                                |  |            |  |   |
| Leave Blank: Person Code # Pers. Inv. Item # Status Category Article Description<br>Serial Number: Owner Applied Number: Value Recovered: \$ Date Recovered: Forfeiture Y/N: F.W.T.C. (Y/N): Value \$<br>Estimated Street Value \$<br>If Article Qty Brand Model Jewelry Type If Drug Activity Type Quantity Unit Estimated Street Value \$<br>If Gun Make Model Caliber Type/Cat Action Finish Barrel Length Barrel Type  |              |   |                                |  |            |  |   |
| Leave Blank: Person Code # Pers. Inv. Item # Status Category Article Description<br>Serial Number: Owner Applied Number: Value Recovered: \$ Date Recovered: Forfeiture Y/N: F.W.T.C. (Y/N): Value \$<br>Estimated Street Value \$<br>If Article Qty Brand Model Jewelry Type If Drug Activity Type Quantity Unit Estimated Street Value \$<br>If Gun Make Model Caliber Type/Cat Action Finish Barrel Length Barrel Type  |              |   |                                |  |            |  |   |
| Leave Blank: Person Code # Pers. Inv. Item # Status Category Article Description<br>Serial Number: Owner Applied Number: Value Recovered: \$ Date Recovered: Forfeiture Y/N: F.W.T.C. (Y/N): Value \$<br>Estimated Street Value \$<br>If Article Qty Brand Model Jewelry Type If Drug Activity Type Quantity Unit Estimated Street Value \$<br>If Gun Make Model Caliber Type/Cat Action Finish Barrel Length Barrel Type  |              |   |                                |  |            |  |   |
| Chain of Custody:<br>Item # Date Time Released by (Printed): DEPUTY KEN SHIELDS Released by (Signature): Received by (Printed): EVIDENCE LOCKER D2 Received by (Signature):<br>Leave Blank: Reason for Change:<br>DECEASED PROPERTY/ DISPOSAL<br>Item # Date Time Released by (Printed): Released by (Signature): Received by (Printed): Received by (Signature):<br>Leave Blank: Reason for Change:<br>Item # Date Time Released by (Printed): Released by (Signature): Received by (Printed): Received by (Signature):<br>Leave Blank: Reason for Change:<br>Item # Date Time Released by (Printed): Released by (Signature): Received by (Printed): Received by (Signature):<br>Leave Blank: Reason for Change:<br>Item # Date Time Released by (Printed): Released by (Signature): Received by (Printed): Received by (Signature):<br>Leave Blank: Reason for Change:<br>Item # Date Time Released by (Printed): Released by (Signature): Received by (Printed): Received by (Signature):<br>Leave Blank: Reason for Change: |              |   |                                |  |            |  |   |
| ADMIN: Officer Reporting - Printed: Shields, Kenneth Officer Reporting - Signature: [Signature] ID Number: 7397 Unit: 1D24 Date: 07-25-2014<br>Officer Reviewing - Printed (if Applicable): Officer Reviewing - Signature (if Applicable): ID Number: Unit: Date:  |              |   |                                |  |            |  |   |

**VOLUSIA COUNTY SHERIFF'S OFFICE**  
**DEATH INVESTIGATION REPORT**

Page 5 of 5 Pages

|                             |   |   |   |                               |                      |                  |                    |               |                 |
|-----------------------------|---|---|---|-------------------------------|----------------------|------------------|--------------------|---------------|-----------------|
| DEATH INVESTIGATION SECTION | Report Date                                 | Report Time   | Orig. Reported Date   | Nature of Call (for Incident) | Agency Report Number | 1 Original       | 2 Supplement       | 1             |                 |
|                             | G7-24-2014                                  | 2333  | 07-24-2014  | 7                             | 140020131            |                  |                    |               |                 |
|                             | Person Code #                               | Where Victim Found  | Position of Body  |                               | Vehicle Involved?    |                  |                    |               |                 |
|                             | V 1   | ON BED-MASTER BEDROOM   | ON BACK   |                               | N                    |                  |                    |               |                 |
|                             | Condition of Body                           | General Appearance  | Any Injury?   |                               | NONE PRESENT         |                  |                    |               |                 |
|                             | NORMAL/LIVIDITY                             |   |   |                               |                      |                  |                    |               |                 |
|                             | Weather Conditions When Victim Found        | Temp Outside  | Temp Inside   |                               |                      |                  |                    |               |                 |
|                             | CLIMATE CONTROLLED A/C                      | 80  | 75  |                               |                      |                  |                    |               |                 |
|                             | Autopsy Request?                            | Medical Examiner Called?  | Name M.E. / Investigator  |                               |                      |                  |                    |               |                 |
|                             | N   | N   |   |                               |                      |                  |                    |               |                 |
| DEATH INVESTIGATION SECTION | Time Med Examiner Called                    | Time Med Examiner Arrived   | Attending Physician Name  |                               |                      |                  |                    |               |                 |
|                             |   |   | FELDMAN, ANDREW M D   |                               |                      |                  |                    |               |                 |
|                             | Physician at Scene?                         | Date Last Attended Victim   | Treatment   | Nature of Illness             |                      |                  |                    |               |                 |
|                             | N   | 07-20-2014  | MULTIPLE  | CARDIAC/DIABETES              |                      |                  |                    |               |                 |
|                             | Will Sign Death Certificate?                | Pronounced Dead By (Name)   | Time  |                               |                      |                  |                    |               |                 |
|                             | Y   | VCFR-7275 AND 7451  | 2346  |                               |                      |                  |                    |               |                 |
|                             | Location                                    | Ambulance Used (Name)   | Unit ID   |                               |                      |                  |                    |               |                 |
|                             | 2636 FLOWING WELL ROAD                      |   |   |                               |                      |                  |                    |               |                 |
|                             | Attendant's Name(s)                         | Transported To  | Time  |                               |                      |                  |                    |               |                 |
|                             |   |   |   |                               |                      |                  |                    |               |                 |
| DEATH INVESTIGATION SECTION | Funeral Home (Name)                         | Address   | <input type="checkbox"/> Rotation <input checked="" type="checkbox"/> Requested |                               |                      |                  |                    |               |                 |
|                             | LANGFORD/DELAND                             |   |   |                               |                      |                  |                    |               |                 |
|                             | Notified Next of Kin?                       | Next of Kin Name  | Relationship  | Will Located?                 | Other Documents?     | Meds. Collected? | Property Retained? | Photos Taken? | Premise Sealed? |
|                             | Y   | WHOOLEY, MARY   | Z   | Y                             | N                    | Y                | N                  | 1             | N               |
|                             | Other Agency                                | O A. Officer  | O A. Case Number  |                               |                      |                  |                    |               |                 |
|                             |   |   |   |                               |                      |                  |                    |               |                 |
|                             | Person Code #                               | Where Victim Found  | Position of Body  |                               | Vehicle Involved?    |                  |                    |               |                 |
|                             |   |   |   |                               |                      |                  |                    |               |                 |
|                             | Condition of Body                           | General Appearance  | Any Injury?   |                               |                      |                  |                    |               |                 |
|                             |   |   |   |                               |                      |                  |                    |               |                 |
| DEATH INVESTIGATION SECTION | Weather Conditions When Victim Found        | Temp Outside  | Temp Inside   |                               |                      |                  |                    |               |                 |
|                             |   |   |   |                               |                      |                  |                    |               |                 |
|                             | Autopsy Request?                            | Medical Examiner Called?  | Name M.E. / Investigator  |                               |                      |                  |                    |               |                 |
|                             |   |   |   |                               |                      |                  |                    |               |                 |
|                             | Time Med Examiner Called                    | Time Med Examiner Arrived   | Attending Physician Name  |                               |                      |                  |                    |               |                 |
|                             |   |   |   |                               |                      |                  |                    |               |                 |
|                             | Physician at Scene?                         | Date Last Attended Victim   | Treatment   | Nature of Illness             |                      |                  |                    |               |                 |
|                             |   |   |   |                               |                      |                  |                    |               |                 |
|                             | Will Sign Death Certificate?                | Pronounced Dead By (Name)   | Time  |                               |                      |                  |                    |               |                 |
|                             |   |   |   |                               |                      |                  |                    |               |                 |
| DEATH INVESTIGATION SECTION | Location                                    | Ambulance Used (Name)   | Unit ID   |                               |                      |                  |                    |               |                 |
|                             |   |   |   |                               |                      |                  |                    |               |                 |
|                             | Attendant's Name(s)                         | Transported To  | Time  |                               |                      |                  |                    |               |                 |
|                             |   |   |   |                               |                      |                  |                    |               |                 |
|                             | Funeral Home (Name)                         | Address   | <input type="checkbox"/> Rotation <input type="checkbox"/> Requested            |                               |                      |                  |                    |               |                 |
|                             |   |   |   |                               |                      |                  |                    |               |                 |
|                             | Notified Next of Kin?                       | Next of Kin Name  | Relationship  | Will Located?                 | Other Documents?     | Meds. Collected? | Property Retained? | Photos Taken? | Premise Sealed? |
|                             |   |   |   |                               |                      |                  |                    |               |                 |
|                             | Other Agency                                | O A. Officer  | O A. Case Number  |                               |                      |                  |                    |               |                 |
|                             |   |   |   |                               |                      |                  |                    |               |                 |
| DEATH INVESTIGATION SECTION | Person Code #                               | Where Victim Found  | Position of Body  |                               | Vehicle Involved?    |                  |                    |               |                 |
|                             |   |   |   |                               |                      |                  |                    |               |                 |
|                             | Condition of Body                           | General Appearance  | Any Injury?   |                               |                      |                  |                    |               |                 |
|                             |   |   |   |                               |                      |                  |                    |               |                 |
|                             | Weather Conditions When Victim Found        | Temp Outside  | Temp Inside   |                               |                      |                  |                    |               |                 |
|                             |   |   |   |                               |                      |                  |                    |               |                 |
|                             | Autopsy Request?                            | Medical Examiner Called?  | Name M.E. / Investigator  |                               |                      |                  |                    |               |                 |
|                             |   |   |   |                               |                      |                  |                    |               |                 |
|                             | Time Med Examiner Called                    | Time Med Examiner Arrived   | Attending Physician Name  |                               |                      |                  |                    |               |                 |
|                             |   |   |   |                               |                      |                  |                    |               |                 |
| DEATH INVESTIGATION SECTION | Physician at Scene?                         | Date Last Attended Victim   | Treatment   | Nature of Illness             |                      |                  |                    |               |                 |
|                             |   |   |   |                               |                      |                  |                    |               |                 |
|                             | Will Sign Death Certificate?                | Pronounced Dead By (Name)   | Time  |                               |                      |                  |                    |               |                 |
|                             |   |   |   |                               |                      |                  |                    |               |                 |
|                             | Location                                    | Ambulance Used (Name)   | Unit ID   |                               |                      |                  |                    |               |                 |
|                             |   |   |   |                               |                      |                  |                    |               |                 |
|                             | Attendant's Name(s)                         | Transported To  | Time  |                               |                      |                  |                    |               |                 |
|                             |   |   |   |                               |                      |                  |                    |               |                 |
|                             | Funeral Home (Name)                         | Address   | <input type="checkbox"/> Rotation <input type="checkbox"/> Requested            |                               |                      |                  |                    |               |                 |
|                             |   |   |   |                               |                      |                  |                    |               |                 |
| ADMIN                       | Notified Next of Kin?                       | Next of Kin Name  | Relationship  | Will Located?                 | Other Documents?     | Meds. Collected? | Property Retained? | Photos Taken? | Premise Sealed? |
|                             |   |   |   |                               |                      |                  |                    |               |                 |
|                             | Other Agency                                | O A. Officer  | O A. Case Number  |                               |                      |                  |                    |               |                 |
|                             |   |   |   |                               |                      |                  |                    |               |                 |
|                             | Officer Reporting - Printed                 | Officer Reporting - Signature   | ID Number   | Unit                          | Date                 |                  |                    |               |                 |
|                             | Shields, Kenneth                            |  | 7397  | 1D24                          | 07-25-2014           |                  |                    |               |                 |
|                             | Officer Reviewing - Printed (If Applicable) | Officer Reviewing - Signature (If Applicable)                                       | ID Number   | Unit                          | Date                 |                  |                    |               |                 |
|                             |   |   |   |                               |                      |                  |                    |               |                 |
|                             |   |   |   |                               |                      |                  |                    |               |                 |
|                             |   |   |   |                               |                      |                  |                    |               |                 |

## **Toxicology Results and Statement from Dr. Anderson:**

Family met with VCSO on July 28, 2014. Telling our concerns and requesting investigation. ~~Pat~~ ~~XXXX~~  
~~XXXXXXXX~~ refused for an investigation or toxicology so the family paid Dr. Anderson to perform toxicology analysis. Dr. Anderson was referred to us by Bryan Lankford Deland funeral home.

# Forensicdimensions

June 16, 2016

To:  
Whom it may Concern

From:  
William R. Anderson MD

re: Johnson, Edward PVT-14

As you are aware, I performed an autopsy examination and evaluation on Mr. Johnson on 08.02/14, and have made the following observations and conclusions:

The results of that autopsy indicated that the death was directly related to inflammation in the lung and occurred in the setting of high levels of the drug Amiodarone—a medication that is used in certain cases of cardiac arrhythmia, but with known complications, including Lung injury both directly, and secondary to the development of neurological deficits that may interfere with the proper handling of secretions from the upper gastrointestinal tract.

In this case, the etiology of the pneumonia appears most likely due to the latter mechanism, although a direct toxic effect from the medication is in the differential diagnosis. In any event, these lung changes are, in my opinion, the consequence of the fact that Mr. Johnson had received sufficient amounts of the medication to result in levels that were clearly, well above the therapeutic levels, and were in fact, toxic.

The fact that we found toxic levels of Amiodarone indicates that there was a deviation from proper medical care in both the supervision and monitoring of the amount of drug that was being administered—either by Mr. Johnson himself, and/or from any individual in charge of his medical care.

Consequently, based upon my many years experience as a Medical Examiner in Florida, I would consider this death as suspicious, pointing out that not only the proximate cause of death, i.e. the ‘Aspiration Pneumonitis’ needs to be considered, but also it is critical, as a standard of practice in forensic pathology, to consider the potential contributing factors—in this case, the presence of a medication overdose.

If you have further questions, please don’t hesitate to contact me.

Thank you.



**Addendum:**

July 10, 2016

As per request of law enforcement investigators, I will attempt to further clarify the opinions provided in the above report.

1. The death should be considered suspicious in that medication was discovered upon toxicology testing that was, apparently, not prescribed to Mr. Johnson, and had the potential for causing both lung injury and inability to properly handle respiratory secretions. The aspiration of this material was the cause of the pneumonitis which led to the death.
2. The delivery of the medication to Mr. Johnson, whose medical care was being provided by another healthcare provider, is in question, as to whether he accessed the Amiodarone himself (while being allegedly supervised), or administered by the provider.
3. In either case, the facts are presently unknown, and this is the area that requires an investigation beyond what the pathologist, not having law enforcement authority, is in a position to ascertain.
4. As a physician in private practice, not presently a part of the Florida Medical Examiner system, I cannot 'officially' make a determination of Manner of Death in cases other than 'Natural', and was not, in this case, a signatory to the official Death Certificate—signed by Dr. Andrew Feldman, the attending physician.
5. I would like to reiterate, however, that in my experience as a Medical Examiner, this is a case in which I would direct law enforcement to carry out a complete investigation into the death, in order to provide the information needed to make an accurate determination. This cooperative approach is the standard of practice for Medical Examiners and Law Enforcement agencies throughout the country.
6. If indeed, it is shown that someone other than Mr. Johnson provided him with, or directly administered a medication, either acutely or over a period of time, with medication that resulted in complications leading to his death, this would be considered by most forensic pathologists as 'death at the hands of another' and consequently meet the definition of 'Homicide'.
7. Historically, it is certainly not a precedent to prosecute people for delivery of drugs to another—a common practice when 'illicit' drugs are involved. The same standard would apply in the case of any drug, including prescription medications—particularly if those were not specifically prescribed to the individual involved.
8. At this point, I would look forward to the results of the law enforcement investigation in the further determination of the manner of death in this case.

Addendum 2: Toxicology Report/ Toxic levels of drug not prescribed in fathers system

0802

Johnson, Edward  
PVT-14

DR. WILLIAM ANDERSON REQUISITION  
1630 BRIDGEWATER DR.  
HEATHROW, FL 32746  
OFFICE : (407) 333-3512  
CELL PHONE (407) 256-2171

POSSIBLE MANNER OF DEATH: H S A N PENDING

MEDICAL EXAMINER:

CASE INFORMATION/SPECIAL INSTRUCTIONS:

SPECIMENS Blood ( ) Urine ( ) Bile ( ) Vitreous Fluid ( ) Nasal Swab ( )  
SUBMITTED Gastric ( ) Liver ( ) Brain ( ) Kidney ( ) CSF ( )  
Other ( ) pulled hair / nail clippings

Please Indicate Number of Containers

TOXICOLOGY PANEL

Volatiles

VOLATILES IF BLOOD POSITIVE

Carbon Monoxide

Drug Screening

Quantitation

Electrolyte Panel

Other:

Please fax volatiles:

Blood

Urine

Vitreous

Gast.

Other

Please Specify

SEROLOGY/

MICROBIOLOGY

HIV EIA

Hepatitis Prof

Culture

Source: lung

Culture

Source:

HISTOLOGY

H & E Stains

Special Stains

Cytology

Source:

SEALED BY: (ME)

RELEASED BY: (ME)

SEAL INTACT?

YES

NO

DATE/TIME:

DATE/TIME:

\*Histology/Cytology Chain of Custody on Pink and Goldenrod copies of form

OPENED BY:

SEAL INTACT?

YES

NO

SPECIMEN:

RECEIVED BY:

SPECIMEN:

RECEIVED BY:

SPECIMEN:

RECEIVED BY:

SPECIMEN:

RECEIVED BY:

HISTOLOGY RELEASED BY:

BLOCKS #

SLIDES #

WUESTHOFF REFERENCE LABORATORY

6800 Spyglass Court, Melbourne, FL 32940

(877) 599-7975 X628039

Dr. William Anderson Requisition

Issued by: L. Sullivan

Issue Date: 3/10/2010

File Location: \\pegasus\wrl\TOX\FORMS\T-ANDREQ 0

WRL Document T-ANDREQ 0

Revision 0

Page 1 of 1



# Wuesthoff Reference Laboratory

6800 Spyglass Court  
Melbourne, Florida 32940  
Julie Bell, M.D., Laboratory Director

Patient: JOHNSON, EDWARD  
Client Patient ID: FVT-14 0802  
Physician: ANDERSON, WILLIAM

Age: 99 Sex: M  
Account#: VX55273  
Client: ANDERSON, WILLIAM, M.D.

## TOXICOLOGY

Specimen Collected: 08/02/2014

Lab Order No: 453000512

Reg Date: 10/30/14

| Test Name | Result | Units | Cutoff/Reporting Limits |
|-----------|--------|-------|-------------------------|
|-----------|--------|-------|-------------------------|

### MISCELLANEOUS TEST - TXMIS

#### SPECIMEN TYPE

BLOOD

#### MISCELLANEOUS TEST

AMIODARONE 2.8 mcg/mL  
Reporting limit 0.010 mcg/mL

Therapeutic range: 0.5-2.0 mcg/mL  
Toxicity reported at concentrations greater than  
2.5 mcg/mL.

DESETHYLAMIODARONE 7.4 mcg/mL  
Reporting limit 0.10 mcg/mL

Following chronic administration of Amiodarone, plasma  
concentrations of Desethylamiodarone are approximately  
0.5-2 times those of Amiodarone.

(My father was  
not prescribed  
Amiodarone -  
highly allergic to  
it)

Testing performed by NMS Labs, 3701 Welsh Rd, Willow Grove, PA 19090-2910

Specimens were intact upon receipt. Chain of custody, specimen security and integrity has  
been maintained. Testing has been performed as requested

Reviewed by: Jan Rad Date: 11-7-14

FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE

TOXICOLOGY REPORT

JOHNSON, EDWARD

Form: NMS Single RLIT

Page 1 of 1

Printed: 11/07/14 10:49



# Wuesthoff Reference Laboratory

6800 Spyglass Court  
Melbourne, Florida 32940  
Julia Bell, M.D., Laboratory Director

Patient: JOHNSON, EDWARD  
Client Patient ID: pvt14 0802  
Physician: ANDERSON, WILLIAM

Age: 99 Sex: M  
Account#: VX49702  
Client: ANDERSON, WILLIAM, M.D.

## TOXICOLOGY

Specimen Collected : 08/02/2014

Lab Order No: 442500359

Reg Date: 08/04/14

| Test Name | Result | Units | Cutoff/Reporting Limits |
|-----------|--------|-------|-------------------------|
|-----------|--------|-------|-------------------------|

### MORPHINE, METOPROLOL, CAFFEINE, CAFFEINE METABOLITE

#### BLOOD IMMUNOASSAY SCREEN

|                    |          |      |       |
|--------------------|----------|------|-------|
| BARBITURATES       | NEGATIVE | mg/L | 0.100 |
| BENZODIAZEPINES    | NEGATIVE | mg/L | 0.050 |
| BUPRENORPHINE      | NEGATIVE | mg/L | 0.001 |
| CANNABINOIDS       | NEGATIVE | mg/L | 0.050 |
| COCAINE METABOLITE | NEGATIVE | mg/L | 0.100 |
| FENTANYL           | NEGATIVE | mg/L | 0.001 |
| METHADONE          | NEGATIVE | mg/L | 0.050 |
| OPIATES            | POSITIVE | mg/L | 0.050 |
| SALICYLATES        | NEGATIVE | mg/L | 50.0  |

#### FREE OPIATES PANEL - OPFF

##### SPECIMEN TYPE

##### BLOOD

|         |               |      |       |
|---------|---------------|------|-------|
| CODEINE | NONE DETECTED | mg/L | 0.025 |
|---------|---------------|------|-------|

|          |       |      |       |
|----------|-------|------|-------|
| MORPHINE | 0.330 | mg/L | 0.025 |
|----------|-------|------|-------|

Lethal range (non-tolerant users):

0.070 - 0.350 mg/L

|             |               |      |       |
|-------------|---------------|------|-------|
| HYDROCODONE | NONE DETECTED | mg/L | 0.025 |
|-------------|---------------|------|-------|

|                      |               |      |       |
|----------------------|---------------|------|-------|
| 6-MONOACETYLMORPHINE | NONE DETECTED | mg/L | 0.005 |
|----------------------|---------------|------|-------|

|               |               |      |       |
|---------------|---------------|------|-------|
| HYDROMORPHONE | NONE DETECTED | mg/L | 0.005 |
|---------------|---------------|------|-------|

|           |               |      |       |
|-----------|---------------|------|-------|
| OXYCODONE | NONE DETECTED | mg/L | 0.025 |
|-----------|---------------|------|-------|

|             |               |      |       |
|-------------|---------------|------|-------|
| OXYMORPHONE | NONE DETECTED | mg/L | 0.010 |
|-------------|---------------|------|-------|

Analysis by GC/MS

#### TOTAL OPIATES PANEL - OPPT

##### SPECIMEN TYPE

##### BLOOD

|         |               |      |       |
|---------|---------------|------|-------|
| CODEINE | NONE DETECTED | mg/L | 0.025 |
|---------|---------------|------|-------|

## TOXICOLOGY REPORT

JOHNSON, EDWARD

Form: NM Single RLIT

Page 2 of 3

Printed: 09/30/14 13:46



# Wuesthoff Reference Laboratory

6800 Spyglass Court  
Melbourne, Florida 32940  
Julie Bell, M.D., Laboratory Director

Patient: JOHNSON, EDWARD  
Client Patient ID: PVT-14 0802  
Physician: ANDERSON, WILLIAM

Age: 99 Sex: M  
Account#: VX55273  
Client: ANDERSON, WILLIAM, M.D.

## TOXICOLOGY

Specimen Collected :08/02/2014

Lab Order No: 463000512

Reg Date: 10/30/14

| Test Name | Result | Units | Cutoff/Reporting Limits |
|-----------|--------|-------|-------------------------|
|-----------|--------|-------|-------------------------|

### MISCELLANEOUS TEST - TXMIS

#### SPECIMEN TYPE

BLOOD

#### MISCELLANEOUS TEST

AMIODARONE 2.8 mcg/mL  
Reporting limit 0.010 mcg/mL

Therapeutic range:0.5-2.0 mcg/mL  
Toxicity reported at concentrations greater than  
2.5 mcg/mL.

DESETHYLAMIODARONE 7.4 mcg/mL  
Reporting limit 0.10 mcg/mL

Following chronic administration of Amiodarone, plasma  
concentrations of Desethylamiodarone are approximately  
0.5-2 times those of Amiodarone.

Testing performed by NMS Labs, 3701 Welsh Rd, Willow Grove, PA 19090-2910

Specimens were intact upon receipt. Chain of custody, specimen security and integrity has  
been maintained. Testing has been performed as requested

Reviewed by: Juan R. Adams

Date: 11-7-14

FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE

TOXICOLOGY REPORT

JOHNSON, EDWARD

Form: MM Single RLIT

Page 1 of 1

Printed: 11/07/14 10:49

**Sanders, Kathy J (CHFS PH)**

---

**To:** Thoman, Patrick; jgallagher@vcso.us; pkammerer@vcso.us  
**Subject:** Edward W. Johnson, Jr.  
**Importance:** High

I spoke with one of you Lt's earlier concerning the concerns over series of events which lead to my fathers death. I did not get his email address, so if you can forward this information to him for his records.

During our conversation, we discussed the ruling of pneumonia as the cause of death... DESPITE toxic levels of a drug not prescribed, not given while my father was hospitalized for six weeks out of the last 3 months out of his life... and they were not giving him amiodarone.

<https://www.verywell.com/amiodarone-lung-toxicity-1745988>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2687560/>

Regardless. Please see the link below, which clearly documents:

- amiodarone should only be used by patients with life-threatening or severely disabling arrhythmias, and who have no other likely treatment options.
- Amiodarone lung toxicity probably affects about 5% of patients taking this drug, and can take at least four forms.
- The most dangerous is a sudden, life-threatening, diffuse lung problem called. Patients with ARDS rapidly develop severe shortness of breath and difficulty getting sufficient oxygen into the bloodstream.
- Pulmonary toxicity usually manifests as an acute or subacute pneumonitis, typically with diffuse infiltrates on chest x-ray and high-resolution computed tomography.

Kathy J. Sanders, RN MSN  
KY Adult Viral Hepatitis Prevention and Control Program Coordinator  
275 East Main Street  
Frankfort, KY 40621  
502-564-3261 ext. 4236



**CDC RECOMMENDS ANYONE  
BORN FROM 1945-1965  
GET TESTED FOR HEPATITIS C**

**NO**

**HEPATITIS B™**

**"You will have much opposition to encounter. But great works do not prosper without opposition" Florence Nightingale**

Kentucky Department for Public Health \* 275 E. Main Street \* Frankfort, KY 40621 \* Mail Stop HS2E-B

**Kentucky**  
UNBRIDLED SPIRIT

## **Home Health Report:**

Please note the recording from Nirvana Home Health Care on 7-23-2014 (one day before he passed away) and medications prescribed and he was taking from July 17, 2014 hospitalization

Additional records available upon request

## Patient Communication:

Patient: Johnson, Edward (1360)

Principal: Andrew Feldman (NPI: 1780667848)

Date of Contact: 800 N. Stone Street

DELAND, FL 32720

Phone: (386) 736-4912

Fax: (386) 738-0016

Nirvana Home Health Care

700 Sterthaus Dr.

Ormond Beach, FL, 32174

Phone: (386) 677-7006 Fax: (386) 677-7096

During this visit on 7-23-2014, Maryann (significant other) told this therapist that the patient had an accident early in the morning (diarrhea) and she helped the patient and gave him a good shower. She reported that she was investigated by the DCF in the past of suspected abuse charged by the patient daughter but found nothing after the investigation. (Patient and daughter are not getting along together ever since he met his significant other).

Maryann left us to go to Orlando for a very important appointment to her lawyer. This therapist told this patient about the diarrhea accident early in the morning but denied that he was being helped by Maryann. He also told this therapist that when he came home from the ER last Sunday morning, Maryann left him alone whole day. He said that he needs to get better and stronger so he can get a lawyer and able to manage his finances again. Also claims that when he got investigated by the DCF, he did not disclosed everything. He was offered to have a social services to assist him with this issue but declined because he don't want Maryann to know this. Told the patient that he needs to have a caregiver when Maryann go out for any appointment. He agreed that he needs someone to be with him to assist because he still weak. He said that he will tell Maryann about getting an aide.

Between 6:30-6:45 PM, Maryann called this therapist very upset that she asked this therapist to quit with Nirvana and sit down with the patient. She said that she was told by the patient that I am concerned about the patient being left alone. This therapist told her about the patient charges against her but she denied claimed that the patient not in a good mind that he has dementia (recently diagnosed). I told Maryann that I should not hear anything like this report from the patient. Told her that I reported this incident to the case manager, Elaine, RN who agreed to this therapist that the patient still have a clear of mind. Patient and significant other contradict each other with their report to this therapist. Maryann said that she will call nursing agency and asked about the aide but not sure if the patient wanting to pay this.

Please see:

Home Health Note 1 day before father passed away

Signature:

Digitally Signed by: Eleus Alipio . PT

Date:

07/25/2014



Post Hospital Order 07/17/2014 (144899203)  
 Johnson, Edward (1360)  
 In Addition to CMS 485 Episode: 06/17/14 - 08/15/14  
 Resumption of Care Date 07/17/2014

Nirvana Home Health Care  
 700 Sterthaus Dr.  
 Ormond Beach, FL 32174 (386) 677-7006

### Inpatient Information

Hospital Stay From: 07/13/2014 to 07/16/2014

Surgical Diagnosis a.  
 Surgical Diagnosis b.  
 Surgical Diagnosis c.  
 Surgical Diagnosis d.

Date: ---/---/---  
 Date: ---/---/---  
 Date: ---/---/---  
 Date: ---/---/---

(M1010) List each Inpatient Diagnosis and ICD-9-C M code at the level of highest specificity for only those conditions treated during an inpatient stay within the last 14 days (no E-codes or V-codes):

#### Inpatient Facility Diagnosis

a. Poisoning-cardiotonics

b. Syncope and collapse

c. DMII w/o comp nt st unent

d. Psymotr epil w/o int epi

e. Atrial fibrillation

f.

*See meds he went home with*  
**\*\*KJS Note: Major diagnosis from ho- Poisoning-Cardiotonic**

#### ICD-9-C M Code

972.1

790.2

250.00

345.40

427.31

(M1020a) Primary Diagnosis:

(M1022b) Secondary Diagnosis:

#### Medication- Dose, Frequency, Route, New, Changed

GlyBURIDE Oral 5 MG 2 Tab(s) daily (N)

Atenolol Oral 25 MG one Tab(s) daily (N)

Cyanocobalamin Oral 1000 MCG one Tab(s) daily (N)

Lortab Oral 7.5-500 MG one Tab(s) every 6 hours every 6 hours if needed for pain (N)

Levothyroxine Sodium Oral 25 MCG one Tab(s) daily (N)

Hydrochlorothiazide Oral 25 MG one Tab(s) daily (N) (Continued)

**\*\*KJS Note: Discharge medications from hospital, show no Amiodarone which was found in toxic levels in my fathers body**

#### DME/Supplies

☐ Bedside Commode

☐ Nebulizer

Other:

☐ Cane

☐ Oxygen

**DME**  
☐ Elevated Toilet Seat  
☐ Tub/Shower Bench

☒ Grab Bars

☒ Walker

☒ Hospital Bed

☐ Wheelchair

☐ ABDs

☐ Drainage Bag

☐ Gauze Pads

☐ Leg Bag

☐ Sterile Gloves

Other:

☐ Ace Wrap

☐ Dressing Supplies

☐ Insertion Kit

☐ Needles

☐ Syringe

**Supplies**  
☒ Alcohol Pads  
☐ Duoderm  
☐ Irrigation Set  
☐ NG Tube  
☐ Tape

☐ Chux/Underpads

☒ Exam Gloves

☐ Irrigation Solution

☒ Probe Covers

☒ Diabetic Supplies

☐ Foley Catheter

☐ Kerlix Rolls

☐ Sharps Container

### Orders for Discipline and Treatments

The attached Face to Face document is an addendum to this Plan of Care.

Signature below denotes acceptance of All pages.

SN Frequency: 1w1, 2w1, 1w2.

PT Frequency: 1w1 effective week of 7/17/2014.

Homebound Status: Requires max assistance/taxing effort to leave (Continued)

### Goals/Rehabilitation Potential/Discharge Plans

Patient/Caregiver will verbalize understanding of disease process of Syncope, Diabetes and HTN within 4 weeks.

Patient/Caregiver will verbalize understanding and demonstrate compliance with medication regimen within 4 weeks.

(Continued)

### Updated Frequencies for Skilled and Non-Skilled Services

SN: 1w1, 2w1, 1w2

OT:

MSW:

PT: 1w1 effective week of 7/17/2014

ST:

HHA:

|   |  |                        |
|---|--|------------------------|
| Signature & Title: (Marks, Michele)               |  | Date                   |
| Digitally Signed by: Michele Marks, RN, COS-C DON |  | 07/16/2014             |
| Physician's Name                                  | Physician's Address                                  | (386) 736-4912 (Phone) |
| Andrew Feldman                                    | 800 N. Stone Street DELAND FL 32720- DELAND FL 32720 | (386) 738-0016 (Fax)   |
| Physician Signature:                              |  | Date                   |

**Addendum Page**

Post Hospital Order 07/17/2014

Johnson, Edward (1360)

Date of Birth: 01/20/1937

**Medication- Dose, Frequency, Route, New, Changed (Continued)**

Digoxin Oral 125 MCG one Tab(s) every other day (C)  
 Hydralazine HCl Oral 10 MG one Tab(s) 3x's a day (N)  
 Lisinopril Oral 20 MG one Tab(s) daily (N)  
 MetFORMIN HCl Oral 1000 MG one Tab(s) twice daily (C)  
 Eliquis Oral 5 MG One Tab(s) One tab twice a day  
 Labetalol HCl Oral 100 MG 2 Tab(s) three time a day  
 Prednisolone Oral 5 MG one Tab(s) daily  
 Omeprazole Oral 20 MG one Cap(s) daily  
 Asacol Oral 400 MG one Tab(s) twice daily  
 Rapifen Oral 10 MG one Tab(s) twice daily  
 Lipitor Oral 10 MG one Tab(s) daily

*These are hospital  
 meds  
 date of 7/17/2014  
 show on father  
 taking  
 No Amiodarone!*

**Orders for Discipline and Treatments (Continued)**

home, Residual weakness, Unable to safely leave home unassisted, Severe SOB or SOB upon exertion.  
 May accept orders from primary physician and all attending/consulting physicians involved in patient's care.  
 Notify physician of: temperature greater than 100.6 or less than 94; pulse greater than 100 or less than 58;  
 respirations greater than 26 or less than 14; systolic BP greater than 200 or less than 90; diastolic BP  
 greater than 90 or less than 58; fasting blood sugar greater than 150 or less than 80; random blood sugar  
 greater than 200 or less than 80.  
 SN observation/assessment/educate patient/caregiver in disease process of Syncope, Diabetes and HTN including,  
 signs and symptoms of complications, interventions, management and when to report to MD/SN.  
 SN to assess/instruct patient/caregiver in medication regimen including, side effects, route, time of dosage,  
 interactions and compliance. SN to assess/instruct patient/caregiver to assess effectiveness of medication  
 regimen and report issues to MD/SN.  
 SN to perform Oxygen Saturation via Pulse Oximetry PRN for dyspnea. Report to physician less than 90%  
 SN to assess/instruct patient/caregiver in diabetic management including, signs and symptoms of  
 hypo/hyperglycemia, compliance with diet and skin care/monitoring and to report to MD.

**Goals/Rehabilitation Potential/Discharge Plans (Continued)**

Patient will maintain Oxygen Saturation greater than 90% for certification period.  
 Patient/Caregiver will verbalize understanding of diabetic management within 4 weeks.  
 Rehab potential: Good to achieve stated goals with skilled intervention and patient's compliance with the plan  
 of care.  
 Discharge plans: Discharge when medical condition is stable and patient is no longer in need of skilled  
 services.

**PT Visit Addendum Page 07/21/2014**

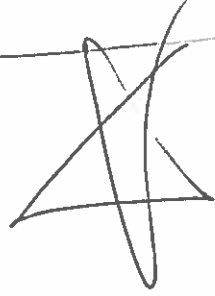
Johnson, Edward (1360)

**Additional Narrative Summary**

Further said that the next time this therapist comes, the patient will be up and running again. Instructed not to leave the patient alone and assist him when he walks due to at high risk for falling right now patient also instructed not to attempt to walk by himself and he needs to call for assistance when he tries to walk. Both were agreed.

**\*\*KJS Note: Elder Neglect & Abuse: Mary Ann did not take to ER as recommended.**

Stating he would be up and running around when they arrived again. Despite being told not to leave my father alone due to risk on this visit, on 7/23 documentation clearly shows that she left my father to go to her attorneys office.



Johnson, Edward (1360)

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|   |  |
|---|--|
| <b>Skilled Nurse Visit: 07/24/2014</b><br><b>Johnson, Edward (1360)</b>   |  |
| <b>Digestive Nutrition</b><br><input type="checkbox"/> WNL <input type="checkbox"/> Nausea / Vomiting <input type="checkbox"/> NPO<br><input type="checkbox"/> Reflux / Indigestion <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation<br><input checked="" type="checkbox"/> Bowel Incontinence <input type="checkbox"/> Decreased Appetite <input type="checkbox"/> Dysphagia<br><b>Weight Loss / Gain: Amount:</b><br><b>Bowel Sounds: Normal</b><br><b>Abd Girth:</b><br><b>Last BM: 07/23/2014</b><br><b>As per Pt / CG Report</b><br><input checked="" type="checkbox"/> WNL<br><input type="checkbox"/> Abnormal Stool: <input type="checkbox"/> Gray <input type="checkbox"/> Tarry <input type="checkbox"/> Fresh Blood <input type="checkbox"/> Black<br><input type="checkbox"/> Constipation <input type="checkbox"/> Chronic <input type="checkbox"/> Acute <input type="checkbox"/> Occasional<br><input type="checkbox"/> Lax / Enema Use<br><input type="checkbox"/> Hemorrhoids <input type="checkbox"/> Internal <input type="checkbox"/> External |  |
| <b>Ostomy:</b><br><b>Ostomy Type(s):</b><br><input type="checkbox"/> Stoma Appearance:<br><input type="checkbox"/> Stool Appearance:<br><input type="checkbox"/> Surrounding Skin:<br><input type="checkbox"/> Intact<br><input checked="" type="checkbox"/> Meals Prepared & Administered Appropriately<br><input checked="" type="checkbox"/> Diet: <input checked="" type="checkbox"/> HAS NCS <input type="checkbox"/> Diet Inadequate<br><b>Tube Feeding</b><br><input type="checkbox"/> Formula:<br><input type="checkbox"/> Bolus      -- cc      every -- hour(s)<br><input type="checkbox"/> Continuous @      -- cc / hour<br><input type="checkbox"/> Placement Checked<br><input type="checkbox"/> Residual Checked Amount:<br><b>Comments:</b>   |  |
| <p><b>**KJS Note: see July 23rd documentation, when Home Health confronts "special friend" with fathers allegations, the next day... see below which shows my father so confused he is using a urinal as a telephone. he passed away later sometime that evening at his home, no one was called and my father was not taken to ER for evaluation.</b></p>   |  |
| <b>Skilled Intervention</b><br><b>Assessment / Instruction / Performance</b><br>At time of SN visit patient was confused Talking and acting irrationally Picked up urinal for telephone CG states he has periods of confusion at different times of day Instructed CG that there are many reasons for increased confusion-blood sugar may be high or low, Oxygen level may be low, patient may have UTI or level of digoxin is still high According to assessment O2, blood sugar are normal and urine was normal last week in ER SN communicated with MD for repeat dig level to be drawn as this may be the reason. (Continued)   |  |
| <b>Response To Skilled Intervention</b><br>Verbalized Understanding: <input type="checkbox"/> Pt      --      1 <input checked="" type="checkbox"/> CG      100 %<br>Return Demonstration: <input type="checkbox"/> Pt      --      1 <input checked="" type="checkbox"/> CG      --      1<br>Requires Further Teaching: <input checked="" type="checkbox"/> Pt <input checked="" type="checkbox"/> CG   | <b>Comments:</b><br>Title of Teaching Tool Used / Given: |
| <b>Coordination Plan</b><br><b>Progress to Goals:</b> increase understanding of disease process<br><b>Conferenced with:</b> Name:<br><b>Regarding:</b><br><b>Physician Contacted Re:</b><br><b>Order Changes:</b><br><b>Plans for Next Visit:</b> instruct in disease process<br><b>Next Physician Visit:</b><br><b>Discharge Planning:</b><br><input type="checkbox"/> Written notice of discharge provided to patient. Discharge scheduled for<br><b>Update to Nursing Care Plan</b><br><b>Problem:</b><br><b>Intervention:</b><br><b>Goal:</b>   |  |
| <p><i>Next Day he died! So confused using urinal as telephone</i></p>   |  |
| <b>Nurse Signature &amp; Title: (Elaine Dettmer, RN)</b><br><b>Digitally Signed by: Elaine Dettmer, RN</b>  |  |
| <b>Time In: 10:45</b>   | <b>Time Out: 11:30</b>                                   |
| <b>Date: 07/24/2014</b>   |  |

From: Marie Zettlemoyer <zmarie54@yahoo.com>

To: RNcontractpro <RNcontractpro@aol.com>

Subject: Danielle

Date: Tue, Jul 5, 2016 9:46 pm

Hi Kathy,

Just wanted to fill you in on info about danielle.

I have known her since 2004. She has been close friend of ours. Her husband worked with mine. He passed in 2009. Mary Ann was already in picture at that time and taking care of him. She told us she was a reg. Nurse. After JP went home from facility he passed about a week later. We remained in contact with danielle and our granddaughter even called her Nana. Her and JP thought of her as that.

On January 6 2016 Danielle had a nurse from fla Hosp call me, danielle told me she needed 'Help'. She said that woman is double crossing me. There are people in my house. I told her I would do all I could do to help her. She asked if my husband would CHG locks on her house. On Jan 10 we had a locksmith CHG locks. We took keys and gave them to Danielle at regents nursing home. Maryann was so upset with us that she wouldn't bring danielle cell phone. She then told us that that house was hers and we had no right to CHG locks.

We visited Danielle on jan 17. We took danielle to her home for a few hours to look for phone and checkbook. We did not find either. I spoke to danielle a few more times over next two weeks but seemed worse. On jan 24 I went to see her and while we were there we noticed a bottle of rasp tea and danielle told us maryann brought it but didn't taste good so I threw it away. While we were there maryann came in and asked where tea was and got upset when I told her danielle didn't want it. I called danielle on Jan 26 she told me she was very upset of all that was happening. On Feb 1 maryann told me danielle was stopping dialysis. Went to see danielle on Feb 14. she told me maryann told her that dialysis wasn't good and told her to stop. I spoke on phone to danielle on Feb 17. Her words were slurred and she told me she was very tired. I tried

to call her room several times next 2 weeks and never got answered. On Feb 28 I went to see danielle with my granddaughter. Danielle's face was bruised and when I asked maryann who was there also she told me danielle fell out of bed. The nurse told me it did not happen there!

Maryann told me that day that she was taking danielle home because she had no more money to pay after the 29th. Mary Ann told me that danielle was not up for visitors.

The next few days. She passed on march 7. Mary Ann never called me till next day. She told me danielle had a mess from bloody nose. And she didn't want me to see all that. She had a friend "Tammy" that helped her with danielle. Mary Ann called me on mar 9 to inform me of funeral on mar 11. After the funeral I never heard from maryann.

So sad to not have been there for my friend. Looking back all very suspicious circumstances.

JULY 8, 2016

KATHY SANDERS

## **Danita's Story (Danielle Enschede)**

JULY 8, 2016

KATHY SANDERS

Another victim of AM. AM was Quick Deeded on Danita's property in January 2014.

Marie Z. wrote:

I have known Danita since 2004. She has been a close friend of ours since that time. Her husband worked with my husband. He passed away in 2009.

AM was in the picture and was "taking care of him". AM told us she was a RN. After Danita's husband went home from the rehab facility, he passed away about one week later. We remained in contact with Danita and our granddaughter was very close with her and called her Nana.

On January 6 2016 Danita had a nurse from Florida Hospital call me. Danita told me she needed 'Help'. She said that "AM is double crossing me. She is taking my money. There are people in my house and I need them out".

I told her I would do all I could do to help her. She asked if my husband would change the locks on her house. On Jan 10, we had a locksmith change the locks on her home. We took the keys and gave them to Danita at the nursing home so she would have access to her home. we later found out, AM went to the nursing rehab, made a copy of the new key while Danita was out of the room. AM then went to Danita's home, and took \$25,000 worth of checks and CASHED them.

AM was so upset with us that she wouldn't bring Danita her cell phone, so Danita had no numbers or access to her friends that she needed to contact . AM then told us that Danita's home was hers and we had no right to change the locks. When Danita was asked if she had put AM on her home, Danita DID NOT know that she had signed her home to AM.

My husband and I visited Danita on Jan 17 and took danielle to her home for a few hours to look for her cell phone and checkbook. We did not find either. I spoke with Danita a few more times over the next two weeks but she seemed worse.

On Jan 24 i went to Danita and while we were there we noticed a bottle of raspberry tea-

Danita did not like raspberry tea. Danita told us AM brought it to her in the nursing home but it didn't taste good... so I threw it away. While we were therewith Danita, AM came in and asked where the tea was. AM got upset when I told her Danita didn't want it and I threw it out.

I called Danita on Jan 26 she told me she was very upset of all that was happening. On Feb 1. AM told me Danita was stopping dialysis. I went to visit Danita on Feb 14 . she told me AM

told her that dialysis wasn't good and she told her to stop. I spoke on the phone with Danita on Feb 17. Her words were slurred and she told me she was very tired. Keep in mind, AM was medical surrogate, so despite my efforts, I could get no additional information or make any changes. At this point, Danita was becoming more confused.

I tried to call her room several times over the next 2 weeks and never got answered. On Feb 28 I went to see Danita with my granddaughter. Danita's face was bruised and when I asked AM who was there at the rehab, she told me that Danita had fallen out of bed. When I went out to the front desk the nurse told me she could not talk to me because I was not her medical surrogate. As I was leaving, a nurse chased me out and told me it did not happen there!

Two women came forward and reported they went to the rehab with AM one day. They waited in the car. AM was very upset that Danita was trying to get her removed from her accounts and property. AM went in to the facility, was inside for about 20 minutes. When she came out, she was laughing, saying that she had threatened Danita and she was curled up in a fetal position, she was afraid, and she would not be changing anything.

AM told me that day that she was taking Danita home because she had no more money to pay after the 29 th. Keep in mind, she had cashed out \$25,000 in checks. AM also told me that danielle was not up for visitors.

Danielle passed away on March 7, 2016. AM did not call until the next day. AM told me Danita had a mess from a bloody nose. She had several bad bloody noses over the last few weeks of her life. AM said she didn't want me to see all the blood. She had a friend "Lammy" that helped her with Danielle. Lammy is a felon with a 2012 conviction of Elder Abuse and Exploitation charges. How many more... we need justice! Vulnerable Elders being preyed upon. Know the facts. Know it is happening!

