

STATE OF FLORIDA  
DIVISION OF ADMINISTRATIVE HEARINGS  
DOAH CASE NO. 17-005769

STATE OF FLORIDA, AGENCY FOR HEALTH  
CARE ADMINISTRATION,

Petitioner,

v.

REHABILITATION CENTER AT  
HOLLYWOOD HILLS, LLC,

Respondent.

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CONFIDENTIAL

DEPOSITION OF DR. RANDY KATZ

Friday, December 15, 2017  
9:06 a.m. - 10:33 a.m.

Memorial Regional Medical Center Corporate Offices  
3111 Stirling Road  
Hollywood, Florida 33312

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1 P R O C E E D I N G S

2 - - -

3 Thereupon,

4 DR. RANDY KATZ

5 acknowledged having been duly sworn to tell the truth  
6 and testified upon his oath as follows:

7 THE WITNESS: I do.

8 DIRECT EXAMINATION

9 BY MS. SMITH

10 Q Can you please state your name for the record.

11 A Randy Katz.

12 Q Dr. Katz, have you had your deposition taken  
13 before?

14 A Yes.

15 Q And in what kind of context?

16 A It was a malpractice lawsuit.

17 Q Okay. That is the only time you have had it  
18 taken before?

19 A I think so, yeah.

20 Q The rules of engagement are probably going to  
21 be pretty similar. If you need to take a break at any  
22 time, just let me know. I will ask that you allow me to  
23 finish my question before you give your answer so that  
24 we can get a full record of the deposition today.

25 If you don't understand any of my questions,

1 just let me know, and if there is anything that you  
2 don't understand about the process, I will do my best to  
3 try to explain it to you. Okay?

4 A Okay.

5 Q All right. Very good. Tell me what -- just  
6 give me sort of an oral résumé, if you could.  
7 High-level medical education, and ...

8 A Yes. So I went to -- I have a four-year  
9 degree from the University of Florida, went to Nova  
10 Southeastern for medical school, and trained in New York  
11 City. I did an internship at the Maimonides Medical  
12 Center in Brooklyn, a one-year internship, and then I  
13 did a four-year combined internal medicine/emergency  
14 medicine at St. Barnabus Hospital in the South Bronx.

15 I came back to South Florida in 2004, started  
16 working with TeamHealth at the current, you know,  
17 facility I work at now, which is Memorial Regional  
18 Hospital, became the assistant director in 2006 and  
19 became the medical director in 2008 for Memorial  
20 Regional Hospital Adult Emergency Room Department. I  
21 have been in that position since then.

22 Q What are your job responsibilities as the  
23 medical director?

24 A You know, supervise the physicians, you know,  
25 we call them APCs, but, basically, PAs, and the nurse

1 practitioners that work for TeamHealth, work with  
2 nursing on protocols and emergency department  
3 operations, HR, and pretty much clinical oversight of  
4 medical care in the emergency department.

5 Q I don't know if you are being offered here  
6 today as a fact witness or an expert witness, and one of  
7 the things that I need to find out is if you are an  
8 expert witness, which, obviously, you would have --

9 MR. IMPERATO: Fact witness only.

10 MS. SMITH: Okay. So he's a fact witness  
11 only.

12 MR. IMPERATO: Yes. Yes.

13 MR. SMITH: That will shorten things  
14 considerably.

15 BY MS. SMITH

16 Q And just for clarity, just -- I know your  
17 counsel has said that, but just so we have a clear  
18 record from you, you haven't formulated any expert  
19 opinions that you are here to testify to today?

20 A No.

21 MR. MENTON: Object to form.

22 BY MS. SMITH

23 Q You said "no"?

24 A No.

25 Q Thank you.

1           So I'm just going to jump right into the --  
2 well, I guess I need to ask you a little bit of  
3 background. Prior to September 13, did you have any  
4 experience with Hollywood Hills Rehab facility?

5           A     When you say "experience," one can you be more  
6 specific?

7           Q     Sure. What was your knowledge and factual  
8 interaction with Hollywood Hills?

9           A     Are we --

10          Q     I am just going to refer to it is "Hollywood  
11 Hills"; is that okay?

12          A     Are you talking about since 2004 since I have  
13 been working at Memorial Regional Hospital?

14          Q     Yes.

15          A     Okay. I believe we received patients from the  
16 facility in the emergency department from time to time.

17          Q     And any problems with those patients?

18               MR. MENTON: Object to the form.

19 BY MS. SMITH

20          Q     I mean, obviously, they are coming to the  
21 hospital.

22               I say "problems," did you notice anything  
23 wrong with the care that was provided to that patients?

24          A     No.

25          Q     So you didn't have any concerns about the

1 facility prior to September 13 of 2017?

2 A The day before, we received a patient. It  
3 was, I believe, September 12th.

4 Q Okay.

5 A Which I happened to be working in the  
6 emergency department that day, clinically, doing a  
7 clinical shift and cared for a patient that was brought  
8 over from the nursing home, and there was some concerns  
9 about that patient and the environment over there.

10 Q Okay. We will come back to that, but I just  
11 want to sort of get the general scope of the testimony  
12 and then we will go into the specific details of that  
13 instance and any others; but prior to September 12,  
14 2017, did you have any concerns about care provided to  
15 any patients at Hollywood Hills Rehab?

16 A Not that I know of.

17 Q Okay. And, generally, no complaints about the  
18 facility that you were aware of prior to September 12,  
19 2017?

20 A Not that I am aware of.

21 Q Okay. So tell me the facts that you are aware  
22 of related to the patient that came from Hollywood Hills  
23 on September 12 or -- September 12, yes.

24 A **PHI** was an **PHI**, brought to the  
25 emergency department with, I believe, **PHI**



1        [PHI] and [PHI]. I believe [PHI] had  
2        [PHI]. [PHI] was [PHI] when I saw [PHI].  
3                I spoke to [PHI], who lived elsewhere,  
4        out of state, I don't remember where [PHI] lived, but I  
5        spoke to [PHI]. [PHI] was the [PHI] and  
6        executed a [PHI] on the patient,  
7        and [PHI] was admitted to the hospital in basically in  
8        [PHI].

9                Q        And approximately what time did [PHI] arrive at  
10        Memorial Regional Hospital?

11              A        I believe it was [PHI], approximately.

12              Q        And did you take [PHI] vital signs? Were you  
13        aware of what [PHI] vital signs were at that point?

14              A        I did.

15              Q        Do you recall what those are?

16              A        I can't give you specific, exact numbers. I  
17        can give you ballpark figures, if you would like.

18              Q        Sure.

19              A        I believe [PHI] had a [PHI] of [PHI],  
20        [PHI] in the [PHI], [PHI],  
21        probably [PHI] a [PHI], and I believe [PHI]  
22        [PHI] was okay when [PHI] came in ---

23              Q        You said [PHI] had [PHI]?

24              A        [PHI] did.

25              Q        Would a [PHI] of [PHI], an [PHI]

1     **PHI** of **PHI** and **PHI** be consistent with a  
2     diagnosis of **PHI**?

3             A     Yes.

4             Q     Was there -- if no other incidents had  
5     occurred, was there anything that triggered in your mind  
6     that it was something other than **PHI** that was  
7     causing the patient's emergency condition?

8             A     Can you repeat the question?

9             Q     Sure. At that point, before anything else  
10    happened, did you have concerns that it was something  
11    other than **PHI**?

12            I mean, in retrospect, it's easy to look back  
13    and say, well, it had to be something else; but before  
14    anything else happened, did you believe this patient's  
15    symptoms were related to **PHI**?

16            A     I would say that, you know, the scenario --  
17    you know, when the patient came in, the initial  
18    presentation, I would say, was typical of a patient of  
19    that age with **PHI**. As far as the symptoms and  
20    vital signs, **PHI** definitely, in my mind, could  
21    explain the patient's presentation.

22            Q     And so given that, did you put **PHI** on a course  
23    of treatment that you would typically do under a  
24    **PHI** protocol, or something like that?

25            A     Yes.

1 Q And would that include giving [PHI] to  
2 [PHI] the [PHI]?

3 A Not the first thing on my list.

4 Q Well, you tell me, what did you do?

5 A We have a [PHI] protocol, which is basically,  
6 you know, for [PHI], you know, initiating  
7 [PHI], [PHI], [PHI], [PHI], [PHI],  
8 you know.

9 Q I can't write that fast. You said you did [PHI]  
10 [PHI]?

11 A [PHI].

12 Q [PHI]?

13 A [PHI]

14 Q Okay.

15 A You know, and then, at that point, [PHI]  
16 [PHI], you know, [PHI] or [PHI], if the  
17 [PHI] is, you know, above a certain level: [PHI],  
18 [PHI].

19 Q Okay. And so do you recall if this patient  
20 did get [PHI]?

21 A I don't recall.

22 Q Do you recall if this patient had [PHI]  
23 [PHI]?

24 A I don't recall.

25 Q Okay.

1 A I would have to review the chart.

2 Q Sure.

3 If a patient like that responds from **PHI**  
4 and their **PHI**, does that tell you anything  
5 about whether it's **PHI** or **PHI**?

6 A No.

7 MR. MENTON: Object to the form.

8 BY MS. SMITH

9 Q Why not?

10 A Because I don't think there is any way to  
11 differentiate with just a **PHI** whether it's  
12 **PHI** or **PHI**.

13 BY MS. SMITH

14 Q Right. But I guess my question is a little  
15 bit different.

16 Do you know whether or not **PHI** reduces the  
17 **PHI** that is caused by **PHI**?

18 MR. MENTON: Object to the form.

19 A I don't think there has ever been any study  
20 that I am aware of that answers that question.

21 Common sense would say yes, but I'm not aware  
22 of any literature that supports me saying definitely for  
23 sure that that is true.

24 BY MS. SMITH

25 Q Okay. Why do you say "common sense would say

1 yes"?

2 A Because **PHI** reduces **PHI**, reduces  
3 **PHI**, in general.

4 Q And so your belief is that the **PHI**  
5 **PHI** raised by **PHI** has the same reaction  
6 to something like **PHI** as a **PHI**?

7 MR. MENTON: Object to the form.

8 THE WITNESS: Can you rephrase the question  
9 again?

10 BY MS. SMITH

11 Q Sure. Do you think that **PHI** would have  
12 the same impact on a **PHI** caused by **PHI** as it  
13 would to an **PHI** caused by  
14 **PHI**?

15 MR. MENTON: Object to the form.

16 A I think **PHI** reduces **PHI** regardless  
17 of where the **PHI** is coming from.

18 You know, pathology between -- you know, if  
19 you compare **PHI** and **PHI**, the physiology is  
20 a little bit different, but, you know, **PHI** reduces  
21 **PHI**. It may work a little quicker with one  
22 versus the other, but I'm not aware of the differences  
23 in -- I can't answer that question specifically to one  
24 versus the other.

25

1 BY MS. SMITH

2 Q With regard to [REDACTED] PHI, what has been your  
3 professional exposure to patients who were suffering  
4 from [REDACTED] PHI? Can you give us a sense of that?

5 A I mean, we see them from time to time in the  
6 emergency department.

7 Q Can you give me, you know, is it monthly? A  
8 couple a year? I mean --

9 A I would say, you know, depending on the time  
10 of the year, monthly in the summer months.

11 Q And meaning like once a month?

12 A I mean that I -- that I see personally?

13 Q Yes.

14 A Yeah, I would say once a month, maybe, in the  
15 summertime.

16 Q And "summer" is what in your mind? Three,  
17 four months?

18 A Yeah, July to, let's say, you know, September.

19 Q So maybe you see three or four a year?

20 MR. MENTON: Object to the form.

21 A I -- yeah. I mean, I don't know. I  
22 couldn't -- ballpark, sounds about right.

23 BY MS. SMITH

24 Q And when you see them, are they [REDACTED] PHI  
25 [REDACTED] PHI patients or are they [REDACTED] PHI?

1 Do you know the difference between the -- I  
2 might not be articulating well, but you understand the  
3 difference I am trying to articulate?

4 A Most of the time, it's people out in the sun,  
5 working. I mean, that's typically what you see, either  
6 athletes out in the heat, or, you know, people out  
7 working in the heat in the middle of summer. That's the  
8 typical scenario.

9 Q So it's more of an [PHI] kind of [PHI]  
10 as opposed to the [PHI] got to such a point that  
11 it just raised their overall [PHI]?

12 MR. MENTON: Object to the form.

13 A I think it's a combination of all of those  
14 things.

15 BY MS. SMITH

16 Q Okay.

17 A Environment, exertion, all of those things  
18 together.

19 Q And in the cases that you can recall where you  
20 have had [PHI] patients, what were the [PHI]  
21 [PHI] when those were occurring; do you know?

22 A The [PHI] in the environment,  
23 so --

24 Q Yes.

25 A -- you know, sometimes the [PHI] here,

1 you know, can reach [REDACTED] PHI [REDACTED], and then the humidity,  
2 and, you know, fluid loss and that type of thing. So  
3 it's a combination of the [REDACTED] PHI [REDACTED] and the [REDACTED] PHI [REDACTED]  
4 and losing fluids.

5 Q What is the lowest [REDACTED] PHI [REDACTED] that you recall  
6 a patient having [REDACTED] PHI [REDACTED] -- the lowest [REDACTED] PHI [REDACTED]  
7 [REDACTED] PHI [REDACTED] that you recall?

8 MR. MENTON: Object to the form.

9 A I -- I couldn't answer that. I don't know.  
10 BY MS. SMITH

11 Q Do you know if there is any threshold that a  
12 [REDACTED] PHI [REDACTED] has to be for a patient to have [REDACTED] PHI [REDACTED]?

13 A It's a constellation of symptoms, so there is  
14 no one [REDACTED] PHI [REDACTED] the [REDACTED] PHI [REDACTED] has to be to diagnose  
15 [REDACTED] PHI [REDACTED].

16 Q But I am just wondering, is there any  
17 threshold? You know, if it's [REDACTED] PHI [REDACTED] PHI [REDACTED], can  
18 someone suffer from [REDACTED] PHI [REDACTED]?

19 A It's very unlikely.

20 Q And that's what I am getting at. Is there  
21 some level that it has to be above a certain amount?

22 A Not that I am aware of.

23 Q Okay. So it could be [REDACTED] PHI [REDACTED], and if a  
24 person is [REDACTED] PHI [REDACTED] and the [REDACTED] PHI [REDACTED] is high, they  
25 could have a [REDACTED] PHI [REDACTED]?



1           A       I don't know. I couldn't answer that  
2 question.

3           Q       So the patient -- let's go back to the patient  
4 on the 12th. At the point where you saw the patient,  
5 you said he came in around [PHI] ?

6           A       I believe it was [PHI] .

7           Q       Oh, [PHI] ?

8           A       Between [PHI] and [PHI] .

9           Q       [PHI] and [PHI] , and at that point, there was  
10 nothing that triggered your mind to report to DCF or any  
11 other reporting agency that you thought this patient had  
12 been neglected or abused by Hollywood Hills Rehab  
13 Center, correct?

14          A       That's not correct.

15          Q       You did report to Hollywood Hills -- I mean,  
16 you did report Hollywood Hills to DCF at that point?

17          A       I did not.

18          Q       Did you ask someone else to?

19          A       So we were informed by the paramedic that  
20 brought the patient in that there was no  
21 air-conditioning in the building. The temperatures were  
22 very hot there, and the patient was clearly very sick.

23                   I had a discussion with our charge nurse, and  
24 we contacted our social worker; and the social worker --  
25 at the time, we had an incident command center set up

1 for the hurricane.

2 Q Right.

3 A So the social worker brought the information  
4 up the chain of command to the command center, and where  
5 that information went from that point on, I don't know,  
6 and who called who, and, you know, where the information  
7 went from there -- but we did get the social worker  
8 involved to, you know, investigate further as far as  
9 what was going on over there and whether they needed  
10 anything or patients were in jeopardy.

11 Q Did you personally talk to the charge nurse?

12 A I did.

13 Q And at what time did you personally talk to  
14 the charge nurse?

15 A Probably within a half an hour of the patient  
16 arriving to the hospital.

17 Q So at least by **PHI**?

18 A I would say sometime between **PHI** and let's  
19 say **PHI**, somewhere in that range.

20 Q And who was that person?

21 A Cindy.

22 Q Cindy's last name?

23 A Hahn. H-a-h-n.

24 I believe her last name may have changed  
25 recently, but her -- I think her maiden name is Hahn.

1 Q H-a-h-n?

2 A H-a-h-n.

3 Q Is she still an employee --

4 A She is.

5 Q -- working -- I'm sorry, I have to get the  
6 question out -- working at Memorial Regional Hospital?

7 A She is.

8 Q And is she with TeamHealth, or is she an  
9 employee of the hospital?

10 A She is employed by Memorial Healthcare System.

11 Q Okay. And do you know which social worker she  
12 spoke with?

13 A I believe it was Betty.

14 Q Betty who?

15 A I don't know Betty's last name.

16 Q Do you know what time she spoke with Betty?

17 A I don't.

18 Q Were you witness to the conversation with  
19 Betty?

20 A I did not witness the conversation between the  
21 nurse and Betty, no.

22 Q And by "witness," I mean did you overhear it  
23 or --

24 A I did not.

25 Q And so how do you know that conversation

1 occurred?

2 A Because I asked her who she spoke with, and  
3 she said she spoke with Betty.

4 Q And what time approximately did you ask her  
5 who she spoke with?

6 A I don't remember.

7 Q And what was the plan at that point when she  
8 spoke with Betty? What was Betty supposed to do?

9 A Betty was taking the information to the  
10 administrator on call and then bringing the information  
11 to the command center.

12 Q And who was the administrator on call?

13 A I don't know who was on call at that hour.  
14 You know, they -- I think they had different shifts: A  
15 shift and B shift.

16 Q Sorry.

17 A So I don't know who they -- I don't know who  
18 she brought the information to that day.

19 Q As a physician, do you have a duty to report  
20 any instances where you believe patients are being  
21 abused or neglected or where their safety is  
22 compromised?

23 A We do.

24 Q And tell me, what is that? What is your  
25 responsibility?

1           A       The responsibility is to report any abuse or  
2 neglect of a patient.

3           Q       And who are you supposed to report that to?

4           A       Directly to my superior and my administrator  
5 and, you know, the health care system.

6           Q       And do you know of any other regulatory duty  
7 imposed by the State to report incidents of abuse or  
8 neglect of patients?

9           A       I believe information would need to get to  
10 DCF.

11          Q       Okay. And do you believe that you have a duty  
12 to report directly to DCF, or that reporting to your  
13 internal administration is adequate to meet your  
14 responsibility?

15          A       As long as they reporting -- you know,  
16 following through and reporting to DCF, then I believe  
17 it's appropriate.

18          Q       And did you believe that the patient who came  
19 in on the 12th, and we are talking about initially when  
20 it was between 1:30 and 4:30 before anything else  
21 happened, did you believe that that instance warranted  
22 reporting to DCF?

23          A       At that point, no. I think the way things  
24 transpired, we weren't sure what was going on, and, you  
25 know, it's a hurricane and nobody has power. And so,

1 you know, the information from the paramedic that  
2 brought the patient is what triggered our -- you know,  
3 the paramedic brought us information; they were  
4 concerned.

5 You know, we -- we had potential concern. We  
6 really didn't know what was going on, so it was really  
7 more of just a fact-finding, you know, endeavor to bring  
8 information to the command center and just get more  
9 information to see if there were any issues that we  
10 could either address or, you know, bring up the chain of  
11 command to DCF or whatever, you know, at that point, but  
12 didn't have a lot of information at that point.

13 Q Okay. So when Ms. Hahn told you that she had  
14 spoken with Betty, the social worker, did you she give  
15 you any indication of what Betty, the social worker, was  
16 going to do?

17 A She was bringing the information to the  
18 command center.

19 Q But beyond that, do you know what the plan  
20 was? Was there a plan for someone to go over and survey  
21 the facility? Was there any additional steps --

22 A I think it was attempted to call --

23 Q Sorry, you have --

24 A Go ahead.

25 Q -- or was it just providing information?

1 MR. MENTON: Object to form.

2 A I think they were trying to call, you know,  
3 basically call the facility and find out if everything,  
4 you know, what they needed or if there were any issues  
5 there.

6 BY MS. SMITH

7 Q Are you aware, were any calls made to the  
8 facility?

9 A I was told by somebody, I believe an  
10 investigator, the police investigator after the fact  
11 that there was a message left on a voice mail by  
12 somebody, but I don't know who and what and whether it  
13 was related to that. So I don't know who they spoke  
14 with or, you know, who they called.

15 Q And did they give you any more factual  
16 information about what that voice mail said?

17 A No.

18 Q Just identified that it was someone from  
19 Memorial Regional Healthcare, attempting to check on  
20 the --

21 A Correct.

22 Q -- status?

23 And did they give you any indication whether  
24 that was the 12th or the 13th?

25 A I don't know.

1 Q But other than what the EMS person told you  
2 about the facility being hot, there was nothing else  
3 that indicated to you that this was a [REDACTED] PHI patient  
4 as of that point in time?

5 MR. MENTON: Object to the form.

6 A On presentation, [REDACTED] PHI was definitely  
7 part of the differential diagnosis with the patient with  
8 the information I had.

9 BY MS. SMITH

10 Q What is "differential diagnosis"?

11 A Differential diagnosis is a list of potential  
12 causes of the illness. It can include a number of  
13 things. It doesn't have to be one thing.

14 Q So, and you are going to have to break this  
15 down for me because I don't have the medical experience.  
16 When you are saying [REDACTED] PHI is part of the  
17 differential diagnosis, are you saying that the  
18 [REDACTED] PHI could have caused the [REDACTED] PHI?

19 A I don't think you can use cause and effect in  
20 that, you know, discussion. It's a differential  
21 diagnosis, so you come up with a number of things that  
22 may be contributing to the patient's condition, and  
23 sometimes there's one thing, sometimes there's two or  
24 three things, you know, that are sort of going on at the  
25 same time.



1 Q With this patient, we know that they had  
2 [PHI], right?

3 Is there a way that you can categorize how bad  
4 their [PHI] was? Is there like a --

5 A I -- from what I remember, [PHI] had a [PHI]  
6 [PHI], a [PHI], some [PHI] in  
7 the [PHI].

8 Q And anything else you can tell me about the  
9 severity of that type of [PHI]? I mean, if I was  
10 asking you, Doctor, this is my dad, you know, how  
11 serious is this.

12 A Yeah. so [PHI] was in [PHI] from  
13 what I remember. [PHI] was [PHI]. [PHI] needed  
14 to be [PHI] and put on a [PHI], but because of  
15 [PHI] status that was, I believe, known -- and I don't  
16 remember one hundred percent whether or not [PHI] had a [PHI]  
17 before [PHI] came in or whether that was just information  
18 with [PHI], so I contacted [PHI] [PHI]  
19 [PHI], who was out of state, spoke to [PHI] over the  
20 phone.

21 [PHI] did not want [PHI]; she wanted to  
22 execute a [PHI] in the hospital, which we did, and we did  
23 not [PHI]. So [PHI] was managed medically.

24 But in another patient who is not a [PHI]  
25 patient, I would say, yes, severe [PHI] because [PHI]

1 was in [PHI] and needed to be [PHI].

2 Q And just so I understand, [PHI] them  
3 would be putting them on the [PHI]?

4 A Correct.

5 Q Okay. But because [PHI] had the [PHI], you didn't  
6 put [PHI] on the [PHI]?

7 A Correct.

8 Q How old was this patient?

9 A I believe [PHI] was [PHI]. Approximately, [PHI].

10 Q If you were contacting the [PHI]  
11 [PHI] about a [PHI], did you feel like if this patient  
12 wasn't put on a [PHI], they were going to die?

13 MR. MENTON: Object to the form.

14 A I mean, there's no way for me to determine  
15 that.

16 BY MS. SMITH

17 Q But you felt it was dire enough circumstances  
18 that you needed to understand whether or not you should  
19 put [PHI] on a [PHI]?

20 A Yeah, [PHI] was critically ill.

21 Q [PHI] was critically ill, okay.

22 And had you put [PHI] on the [PHI], would it have  
23 been a lifesaving measure?

24 MR. MENTON: Object to the form.

25 A I mean, it's just a treatment modality, so,

1 you know, I guess if you are not [PHI] and, you  
2 know, we don't put you on a [PHI], then, yeah, you  
3 could die. So ...

4 BY MS. SMITH

5 Q And you can't give us any kind of idea about  
6 the prognosis, whether it would have been better or more  
7 likely that [PHI] would have survived or how long had [PHI]  
8 gone on the [PHI]?

9 A I don't know.

10 Q Okay.

11 A Just do what we are supposed to do and ...

12 Q Do you know within a reasonable degree of  
13 medical probability whether or not the patient would  
14 have died if he -- if he was not put on a [PHI] at  
15 that point in time?

16 MR. MENTON: Object to the form.

17 A You know, [PHI] was critically ill, so there is a  
18 high likelihood [PHI] could die regardless.

19 Q You mentioned -- I want to get my terminology  
20 right -- differential diagnosis, and you said [PHI] could  
21 have one, two, or three; and you said [PHI] might  
22 have been one and [PHI] was certainly one.

23 Were there any other differential diagnoses  
24 with this patient?

25 A I would say those were the two main things I

1 was concerned about when I treated **PHI**, and **PHI**,  
2 which is basically a **PHI** through the  
3 **PHI**.

4 Q Okay. And quantify for us, tell -- I mean, I  
5 have heard of **PHI**, but it seems like if someone told  
6 me that my loved one had **PHI**, I would be extremely  
7 concerned that they were going to be, you know, like you  
8 said, in critical near-death condition.

9 Is that an accurate perception?

10 A Yeah. There's different degrees of **PHI**.

11 Q And what was **PHI** degree?

12 A **PHI** had **PHI**.

13 Q And what does it mean medically when someone  
14 has **PHI**?

15 A There is a constellation of vital signs that  
16 in addition to a source of infection that meet criteria  
17 for **PHI**.

18 **PHI** definitely met criteria based on **PHI**  
19 clinical presentation.

20 Q Is **PHI** something that you get in the  
21 hospital or nursing-home-type environment, or can you  
22 get it anywhere?

23 A You can get it anywhere from any type of  
24 infection.

25 Q Does the fact that **PHI** came into the hospital

1 with [PHI] give you any, you know, concerns  
2 about was [PHI] being properly treated at the nursing home?

3 A It's a fairly common issue with patients of  
4 that age with multiple medical problems.

5 Q Okay. And that's a good point to bring up.  
6 [PHI] did have multiple medical problems, didn't [PHI]?

7 A [PHI] did.

8 Q Can you tell me what some of those are, or  
9 were? Sorry.

10 A I believe [PHI] had [PHI]  
11 [PHI]. That's probably all I  
12 remember off the top of my head. Those were the main  
13 issues.

14 Q With or without Hurricane Irma and the impacts  
15 of losing the AC, this was a very sick patient, right?

16 MR. MENTON: Object to the form.

17 A I don't know how sick [PHI] was before [PHI] came  
18 in, but I do know that [PHI] was sick when I saw [PHI].

19 BY MS. SMITH

20 Q Well, [PHI] was [PHI], [PHI] had [PHI], [PHI]  
21 had [PHI], [PHI] had [PHI]

22 --

23 A [PHI] had --

24 (Multiple crosstalk.)

25 (Court reporter interruption.)

1 MS. SMITH: I'll restart the question. I  
2 apologize.

3 A It depends on your definition of "sick." I  
4 mean, my son is home, he is sick right now.

5 You know, what is "sick"?

6 I mean, "sick," so, you know.

7 BY MS. SMITH

8 Q Poor terminology from a lawyer's perspective.

9 A "Sick" is just, you know --

10 Q Okay. Bad terminology.

11 But what I am getting at is, this is a

12 [REDACTED] PHI [REDACTED] who had [REDACTED] PHI [REDACTED], who had [REDACTED] PHI [REDACTED]

13 [REDACTED] PHI [REDACTED], who had [REDACTED] PHI [REDACTED], who had [REDACTED] PHI [REDACTED]

14 [REDACTED] PHI [REDACTED], and who had [REDACTED] PHI [REDACTED], right?

15 A Right.

16 Q Absent Hurricane Irma or power failure or  
17 anything else, there is a reasonable likelihood that  
18 this is a patient that is going to be critically ill?

19 A With all of those things, correct.

20 Q All right. So what hours did you work on the  
21 12th, if you can recall?

22 A Yeah. I mean, I know I started at 7:00 a.m.  
23 I don't know -- I mean, we have different shifts. I  
24 don't know if it was the 7:00 to 4:00, 7:00 to 5:00.  
25 One of those, either 7:00 to 4:00 or 7:00 to 5:00.

1 Q Okay. And that would be 7:00 a.m. to either  
2 4:00 or 5:00 p.m.?

3 A Correct.

4 Q And so you were back on normal shifts, or did  
5 you --

6 A This was a scheduled shift that I was  
7 scheduled to work.

8 Q Okay. Let me back up for a minute. During  
9 the hurricane, did you do -- I assume you did an  
10 alpha/bravo team?

11 A Correct. We stationed a number of our  
12 physicians who live fairly far away nearby at a hotel --

13 Q Okay.

14 A -- off of I95.

15 I stayed at the city command center --

16 Q Which is where?

17 A -- walking -- it's on Sheridan and Park Road  
18 in the City of Hollywood.

19 So I stayed there, which is within walking  
20 distance from the hospital, through the hurricane, and  
21 came in Monday morning at 7:00 a.m.

22 Q Okay. And when you say "through the  
23 hurricane," that would have been Friday the 9th?

24 A I stayed there from -- I don't know if it was  
25 Friday night or Saturday morning -- through Sunday

1 night.

2 Q Okay. And approximately what time Sunday  
3 night did you go home?

4 A I stayed there.

5 Q Oh. You stayed all through the night?

6 A I didn't go home.

7 Q So you went home Monday morning?

8 A I slept there through the weekend.

9 Q Okay. And did you go home Monday morning?

10 A No. I went straight to work.

11 Q Went straight to work.

12 Okay. So you went straight into a scheduled  
13 shift at 7:00 a.m. on Monday morning?

14 A I don't believe I was scheduled to work  
15 Monday, but I know as the medical director, my  
16 responsibility is to be there. So I came in at  
17 7:00 a.m, and it was a little bit of a zoo.

18 Q And just so I get my days straight, let me put  
19 it here, Friday was the 9th, Saturday was the 10th,  
20 Sunday was the 11th, Monday was the 12th, and Tuesday  
21 was the 13th?

22 A Is that correct?

23 Q No.

24 A I don't think that's correct.

25 Q I think I'm wrong.



1           A       I think Monday was the 11th; Tuesday was the  
2 12th. That's when I was scheduled to work, when I saw  
3 the patient from Hollywood Hills.

4           Q       Okay.

5           A       So Monday was the 11th.

6           Q       Okay. So Monday the 11th, how long did you  
7 stay at work on Monday the 11th; do you know?

8           A       All day.

9           Q       All day. So until 4:00 or 5:00?

10          A       I believe I was there probably until about  
11 9:00 or 10:00 at night.

12          Q       Okay. And then you went home that night?

13          A       I went home that night.

14          Q       Okay. And I had heard from another witness, I  
15 believe you had closed down one of your command centers  
16 and opened another or transitioned into one command  
17 center for the storm, or something like that?

18          A       I mean, I know they -- the health care system,  
19 the system command center was based out of our hospital.

20                 I'm not -- I'm not part of the command center  
21 team, so I -- I do know that when I went there on  
22 Wednesday -- I mean, Wednesday was the first time I was  
23 actually physically in the command center. I don't know  
24 where it was before that, but it was in my hospital, in  
25 the administrative offices, in the trauma area.

1 Q Okay. You said you are not part of the  
2 command team. Is there someone that you designate to  
3 serve that role from an emergency physician perspective  
4 or --

5 A Well, I mean, I'm part of the team, but I am  
6 not physically in the room at the command center,  
7 manning the telephones.

8 Q Okay.

9 A I mean, technically we are all part of the  
10 team if you were there in the hospital.

11 Q Okay. So you went in on Monday the 11th from  
12 about 7:00 a.m. until 9:00 or 10:00 at night, and  
13 nothing from Hollywood Hills Rehab Center on that date,  
14 correct?

15 A Not that I am aware of.

16 Q And then on Tuesday the 12th, you said you  
17 went in at what time?

18 A 7:00 a.m.

19 Q 7:00 to 4:00 or 5:00?

20 A Correct.

21 Q And the only incident was the one patient that  
22 we have talked about from Hollywood Hills Rehab Center?

23 A I mean, that's the only patient that day that  
24 I am aware of that came from Hollywood Hills.

25 Q Okay. And anything else related to Hollywood

1 Hills Rehab Center?

2 I am sure it was a critical day in general for  
3 you, but related to Hollywood Hills Rehab Center in this  
4 proceeding, is there any other factual information  
5 related to the 12th that you are aware of?

6 A No.

7 Q Okay. So what was your next involvement with  
8 the incident that occurred on the 13th?

9 A So I received a phone call from my nursing  
10 director at approximately 6:45, somewhere around there,  
11 6:30, 6:45, he told me that there was a green alert  
12 activated, they were evacuating Hollywood Hills Nursing  
13 Home. They had a number of critically ill patients in  
14 the ER.

15 He sounded pretty worried, so I immediately  
16 woke up -- I live about 20 minutes away -- so I brushed  
17 my teeth, put my scrubs on and ran out of the house, and  
18 I probably got there around 7:15 to 7:30, somewhere in  
19 that range.

20 Q I want to break that down just a little bit.  
21 You said you got a phone call from your RN director; who  
22 is that?

23 A David Starns.

24 Q And what is a green alert?

25 A It's a mass casualty event.

1 Q Is there any distinction in your mind between  
2 a mass casualty event and a mass casualty incident?

3 A No.

4 Q So they are one in the same?

5 A Correct.

6 Q Okay. And you said that he told you that  
7 there was a number of critically ill patients in the ED.  
8 Were those patients from Hollywood Hills Rehab Center or  
9 just generically?

10 A You know, I -- I don't know at the time, you  
11 know, at the time when he told me that, I really didn't  
12 have much information as far as who was from where. It  
13 just sounded like I needed to get to the emergency  
14 department, so, and, you know, that they were evacuating  
15 the nursing home next door to the hospital.

16 Q So did he tell you they were evacuating the  
17 nursing home?

18 A He did.

19 Q And was it your understanding from that  
20 discussion that the evacuation was already underway at  
21 that point, or was a future event?

22 A That was my perception of what he told me, was  
23 that things were already underway.

24 Q Okay. And do you have any idea of how far  
25 they had progressed at that point?

1           A     At that point, I don't -- I mean, at that  
2 point of the conversation on the phone, I had no idea.

3           Q     Okay. Did he tell you whether or not the  
4 police or fire rescue were already involved in the  
5 situation?

6           A     No. The conversation was very brief.

7           Q     Okay. Anything else you can recall about that  
8 conversation factually?

9           A     That's about it.

10          Q     Okay. So you said you got into the facility  
11 by 7:00 --

12          A     I would say probably closer to 7:30.

13          Q     7:30, okay.

14                   Was it daylight when you got there?

15          A     It was.

16          Q     And you went straight to the ED at Memorial  
17 Regional Hospital?

18          A     Yeah. So I parked my car in the physician  
19 parking garage, walked into the EMS entrance, which is  
20 the back entrance of the ER, which is what I typically  
21 do every morning, walked in and immediately ran into my  
22 nursing director; and then I had three physicians on  
23 staff at that time; and then there were three physicians  
24 that were actually leaving at this time, so I think we  
25 had maybe four physicians there managing critically ill

1 patients when I came in.

2 And I spoke to my nursing director briefly.

3 He told me that there were a lot of patients being

4 evacuated at the nursing home.

5 My physicians continued to manage the patients

6 that were in the ER, and I walked down the west end of

7 the hospital towards the nursing home at that point.

8 Q Okay. Couple of questions. You said there  
9 were a number of critically ill patients in the ED at  
10 that point. Are those patients that were already  
11 transferred from Hollywood Hills?

12 A Correct.

13 Q Okay. And by a number, can you quantify that  
14 in any way, or is it more than ten?

15 A I would say a little more than -- I would say  
16 10 to 20, somewhere in that range.

17 Q So there were already 10 to 20 patients --

18 A Well, you know, to be honest with you, I don't  
19 know how many patients were there at that time. I --  
20 you know, it would be pure speculation to give you a  
21 number, but I do know that each of my physicians had a  
22 patient they were managing. I do know that one of the  
23 patients had already expired, so they were already, you  
24 know, basically putting the patient in the body bag, you  
25 know, which we typically do a white bag, so I saw them

1 zipping up the bag when I walked in.

2 I saw another physician doing chest  
3 compressions on a patient, and then I saw a couple of  
4 patients on ventilators.

5 So how many more there were that were related  
6 to the nursing home, it would be speculation to give you  
7 a number, but I do know that there were enough  
8 critically ill to keep my physicians pretty busy at the  
9 moment.

10 Q And you know they were all from Hollywood  
11 Hills?

12 A I believe they were. I don't know for a fact,  
13 but it seemed to me -- I mean, their ages and just the  
14 environment, and they were kind of all cohorted in one  
15 section, so I believe they were all from the nursing  
16 home.

17 Q Did you provide any care to those patients?

18 A No, I did not.

19 Q Have you reviewed any medical records of those  
20 patients?

21 A I did not.

22 Q Do you know anything about the facts or  
23 circumstances of those patients?

24 A I do not.

25 Q And then you said that you walked over to the

1 nursing home. So what time -- how long were you in the  
2 ED, do you think?

3 A I mean, less than a minute.

4 Q Oh, really? So you really --

5 A Two minutes.

6 Q Okay. Less than one minute in the ED?

7 A Maybe two minutes, I was there.

8 Q Okay. All right.

9 A No. I surveyed, spoke to my nursing director,  
10 looked around, took a brief picture in my mind of what  
11 was going on, and then immediately went down the street,  
12 knowing that, you know, there is probably 100 or 200  
13 patients there that are being evacuated.

14 And I need to know -- and at the time, we  
15 really had a lot of capacity issues in our ER because of  
16 the hurricane. So, you know, we are kind of a tertiary  
17 care of the critical receiving facility, so a lot of  
18 patients were occupying space in our hospital at the  
19 time, so we were at critical capacity before this  
20 incident.

21 So I kind of -- you know, my -- I felt my job,  
22 you know, with my level of expertise would be better  
23 served down the street to coordinate the mass casualty:  
24 If there were a lot of patients coming in, how are we  
25 going to take care of these patients?



1 Q Did you try to do anything to try to get more  
2 physicians to come in?

3 A No. I think we had enough, and we had  
4 intensive care physicians from upstairs, so we -- you  
5 know, at the time this occurred, I changed shifts. So  
6 we had extra bodies, extra nurses, extra physicians,  
7 because people that were leaving and coming in, all --  
8 it all kind of happened at the same time.

9 Q Okay. You said that you were having capacity  
10 issues in the ED because of the hurricane. Can you kind  
11 of put some meat on the bone of that and tell me what do  
12 you mean by that?

13 A Yeah. So in Broward County, there is special  
14 needs patients -- not every hospital takes them before  
15 the hurricane, but our hospital took more than most. So  
16 we had a lot of patients that were either  
17 ventilator-dependent patients or, you know, chronic  
18 medical conditions, you know, whether it's ventilator  
19 support or medications or nursing care, and they apply  
20 through the County for placement.

21 And I don't know how many of those patients we  
22 had, but I know there were close to 100, I believe, in  
23 the hospital.

24 In addition, Monday and Tuesday were extremely  
25 busy. I think Monday was our busiest day we have ever

1 had -- saw close to 400 patients that day in the ER. So  
2 we had a lot of patients those first two days after the  
3 hurricane, and we didn't have a lot of space to begin  
4 with and those patients consumed a lot of our resources.

5 Q I have heard that elderly hospitalizations and  
6 elderly deaths go up during the hurricane; have you  
7 heard that before?

8 A I have.

9 MR. MENTON: Object to the form.

10 BY MS. SMITH

11 Q And in what context did you hear that; do you  
12 recall?

13 A Just, in general, just statistical  
14 information, you know, from mass casualties and  
15 hurricanes and things of that nature.

16 Q You have been here since 2004. You have been  
17 through a few hurricanes, right?

18 A Correct.

19 Q Have you seen that from your own personal  
20 observation?

21 A I think mortality, in general, goes up.  
22 Morbidity goes up during hurricanes and mass casualties,  
23 so I think it's fairly consistent across the board,  
24 regardless of your age.

25 Q Oh, really? Okay.

1           What is "morbidity"?

2           A     "Morbidity" is basically other medical  
3 conditions that contribute to a mortality.

4           Q     Do you have any idea of the magnitude by which  
5 mortality and morbidity go up during a hurricane?

6           A     I don't.

7           Q     You said that it was your busiest day in the  
8 ED; you had over 400 patients?

9           A     I don't know the exact number, but close to  
10 400 on Monday.

11          Q     And what would be a typical day in your ED,  
12 how many patients?

13          A     We average 300 a day.

14          Q     So you had 100 more than you are used to?

15          A     Correct.

16          Q     And you already had 100 who had applied for  
17 special care in a hospital because they were very sick  
18 patients?

19          A     Correct.

20          Q     I am using that word "sick" again, but how did  
21 that process work? How did you get approval or how --  
22 not "you" -- but how did these patients, who needed  
23 hospital care for vent support or because they had so  
24 many conditions, how did they go through that  
25 application process and who was approved?

1           A       It's a County process.

2           Q       Okay. How far ahead do they have to apply?

3           A       These -- annually there's a form that goes out  
4 to these patients. The County, I believe, distributes  
5 those forms. They are filled out, they go into a  
6 database, I guess, and then, you know, when a hurricane  
7 approaches, they basically -- if their application has  
8 been submitted, they can call the hotline for the  
9 County. The County tells them where to go, where to  
10 report to. The County sends us a list of patients and  
11 says, you know, these are the 60 patients that will be  
12 reporting to you.

13                   And as they show up, we place them somewhere  
14 in the hospital. I don't know where they go upstairs,  
15 but different units.

16           Q       Now, are those patients who are typically in a  
17 health care environment, such as a nursing home, or are  
18 they more like in a single-family home or something like  
19 that?

20           A       More likely, a single-family home.

21           Q       Because the nursing home patients already have  
22 some kind of medical care, is that the logic behind it?

23           A       I guess so, yeah.

24           Q       Okay. You would agree with me that it  
25 wouldn't be appropriate to, just generally, for nursing

1 homes to evacuate to a hospital as a hurricane shelter?  
2 Not based upon the conditions of the patient, but just  
3 because it's a hospital and they have got power and you  
4 don't -- you shouldn't be able to use it as an  
5 evacuation center, correct?

6 MR. MENTON: Object to the form.

7 A I don't know. It's not my job role.

8 BY MS. SMITH

9 Q Well, let me ask you, since 2004, since you  
10 have been here, has any nursing home completely  
11 evacuated and come to Memorial Regional Hospital as  
12 their hurricane shelter?

13 A Not that I am aware.

14 Q Has any nursing home mostly evacuated all of  
15 its critical patients to Memorial Regional Hospital,  
16 other than the Hollywood Hills incident we are talking  
17 about?

18 A Not that I am aware of.

19 Q Do you know whether or not Memorial Regional  
20 Hospital discharged any patients during the hurricane --  
21 not during the hurricane, but let's say immediately  
22 after the hurricane. So Sunday, Monday, Tuesday?

23 A From the emergency department or from --

24 Q From the hospital.

25 A From the hospital, I don't know. I mean, I

1 would assume so, but I don't know. I don't really track  
2 discharges from the hospital.

3 Q In your mind, would it be inappropriate for  
4 Memorial Regional Hospital to discharge patients to a  
5 nursing home that did not have AC?

6 MR. MENTON: Object to the form.

7 BY MS. SMITH

8 Q And by "AC," I mean air-conditioning.

9 A I mean, I -- I don't know. I guess it  
10 depends, depends on the patient, their medical issues.  
11 I mean, I don't do discharge planning with, you know,  
12 the hospital.

13 Q So there are circumstances where it might be  
14 appropriate and circumstances where it might not be  
15 appropriate, right?

16 MR. MENTON: Object to the form.

17 A Again, I don't know. I mean, I guess, yeah, I  
18 guess it would be appropriate sometimes and sometimes  
19 not appropriate.

20 I don't know.

21 BY MS. SMITH

22 Q And in terms of nursing homes without  
23 air-conditioning, should every nursing home whose  
24 air-conditioning goes out for any period of time after a  
25 hurricane, evacuate?

1 MR. MENTON: Object to the form.

2 A I -- I don't know the answer to that question.

3 BY MS. SMITH

4 Q Are you aware of any data showing that it's  
5 better to shelter in place for nursing home residents  
6 than to evacuate because of the transfer trauma that  
7 occurs to patients?

8 MR. MENTON: Object to the form.

9 A I'm not aware of any data.

10 BY MS. SMITH

11 Q Okay. Are you generally aware of that  
12 concept?

13 A There has been a few published studies that I  
14 have read that have looked at that topic, but I'm not  
15 aware of the specific data and, you know, what the real,  
16 true outcome of those studies were.

17 Q Do you recall any facts from those studies?

18 A No.

19 Q Or any information from those studies? Any  
20 conclusions?

21 A I read one study that was published. I didn't  
22 read the whole article but I read the abstract; but I  
23 don't remember details of the article, but it sort of  
24 addressed that question best.

25 Q Do you recall what the conclusion was?

1           A       I don't.

2           Q       Have you done any independent research on the  
3       impacts on mortality in hospitalization based upon  
4       evacuating nursing homes for --

5           A       No.

6           Q       -- hurricanes or that type of thing?

7           A       I have not done any independent investigation  
8       myself.

9           Q       Okay. So you were telling me that you had  
10       walked over to the facility -- let me just make sure --  
11       you were telling me you had walked over to the facility,  
12       and you had got there in a couple of minutes, so  
13       sometime between 7:30 and 8:00?

14          A       I would say that's about right.

15          Q       Okay. And what did you observe?

16                   First of all, was it daylight out?

17          A       It was daylight.

18          Q       And how hot was it outside, in your  
19       estimation?

20          A       Probably the high 80s.

21          Q       With the sun rising, did it appear to be  
22       getting hotter or cooler?

23          A       Seemed to be getting hotter.

24          Q       I am talking about outdoors, right?

25          A       Correct.



1 Q And so what did you observe when you arrived  
2 on the scene at Hollywood Hills?

3 A A large number of people outside of the  
4 facility, including staff from the hospital, some of the  
5 EMS providers, and a handful of nursing home patients  
6 that were sort of being evacuated out of the front door  
7 of the facility.

8 Q You said "front door." Is that on the side of  
9 the building?

10 A I guess it's on the side of the building. The  
11 south side of the building.

12 Q You said "a large number of people." Were  
13 there already media and observers, or was it all --

14 A This was more the first responders.

15 Q First responders, okay.

16 A This was before the media arrived.

17 Q Okay. So it was all the first responder-type  
18 people?

19 A Police, EMS.

20 Q Okay.

21 A Hospital employees.

22 Q Okay. And I know it's going to be hard to  
23 give me a full range, but I just want, sort of, your  
24 sense of things. How many police cars or police  
25 officers did you observe from your initial -- just

1 guesstimate is fine. I'm just trying to get a sense of  
2 the scene.

3 A Ten.

4 Q Ten cars or ten people?

5 A No. Ten vehicles.

6 Q Ten vehicles, okay.

7 And then EMS, how many trucks? Ambulances?

8 A I mean, that includes EMS.

9 Q Oh. So ten total?

10 A Yes. Police, EMS, yes.

11 Q Okay. And you said you saw some Memorial  
12 Regional Hospital employees. Can you give me a sense of  
13 how many?

14 A Probably 30 to 40.

15 Q And you said you saw a handful of patients.  
16 More than a dozen? Less than a dozen?

17 A When I got there, less than a dozen.

18 Q Okay. Less than six?

19 A Probably about six.

20 Q Okay. Were they in wheelchairs or stretchers?

21 A Most of them were in wheelchairs.

22 Q Where were the patients located when you saw  
23 them?

24 A They were directly in front of the building  
25 along the sidewalk, and at the time, there were a

1 handful.

2 Q Do you know whether those patients were from  
3 the second floor or the first floor?

4 A I don't.

5 Q Do you know, had they started evacuating the  
6 first floor at that point, or were these just second  
7 floor patients?

8 A I don't know what --

9 MR. MENTON: Object to the form.

10 A -- floor they were from, but the evacuation  
11 was, essentially, in process when I got there, so I  
12 don't know how many came from which floors.

13 BY MS. SMITH

14 Q Okay. Was it frenzied or what was the  
15 atmosphere like?

16 A It was controlled chaos.

17 Q And what does that mean?

18 A There were a number of people organizing  
19 things, but at the same time, there was a lot of noise  
20 and movement of people.

21 Q Did the residents seem to be upset?

22 A No.

23 Q At some point, residents got moved from beside  
24 the building on the sidewalk into the road; were you  
25 there when that happened?

1           A       Well, what we did was, the initial phase of  
2 the incident -- and I don't know if it was nursing or  
3 EMS or who started to label patients as a mass casualty,  
4 you know, with armbands, but that was something that was  
5 in process when I got over to the facility.

6                    So we started to segregate patients based on  
7 their color --

8           Q       Okay.

9           A       -- and anybody I directed.

10                   So when I got there, I met Judy, who seemed to  
11 be in charge of the incident at the time, with one of  
12 the battalion chiefs for the City of Hollywood Fire  
13 Rescue.

14           Q       That is Judy Frum, and she is the chief  
15 nursing officer from Memorial Regional Health System?

16           A       Correct. Correct.

17                    She had a list of -- she had already started  
18 tabulating a list of numbers as far as, you know, colors  
19 and how many we had. So she had a -- I believe she had  
20 a piece of paper and a pen, and she was already starting  
21 to calculate how many patients that were from, you know,  
22 each color group.

23           Q       You said her, and there was someone else you  
24 mentioned that was also in charge of command.

25           A       The battalion chief.

1 Q Who was that?

2 A I keep forgetting his name, but I can pull it  
3 up for you, if you like.

4 Q Sure.

5 A Give me one second.

6 Because somebody asked me that the other day  
7 and I didn't know.

8 His name is Robert Ladwig. L-a-d-w-i-g.

9 Q And he was the commander at that point?

10 A Correct.

11 Q And --

12 A So --

13 Q -- he was with fire rescue?

14 A City of Hollywood Fire Rescue.

15 Q Okay. And do you know his rank?

16 A He is a battalion chief.

17 Q You told me that. Sorry.

18 Okay. So was he near Ms. Frum, or did he talk  
19 to them individually?

20 A So the three of us got together. Judy had  
21 already started to tabulate a list. We started in -- I  
22 believe it was fairly early in the evacuation process,  
23 so the patients were just starting to come out, and  
24 there were a number of patients that they identified  
25 that were critically ill that were either transferred

1 immediately or as soon as they got out, took them to the  
2 ER.

3 And my initial direction to them was that any  
4 red patient needs to go immediately to the ER at our  
5 facility. So anybody that was designated red was over  
6 there already, for the most part.

7 Q Okay. So let's go -- the six or so patients  
8 that were outside when you got there that were in  
9 wheelchairs, were any of those red patients?

10 A No.

11 Q I am taking from the time line, but please  
12 correct me if this is inaccurate -- is not an accurate  
13 statement, I am taking from the time line that you were  
14 not a person who was consulted or involved in the  
15 decision to evacuate the facility.

16 A That is correct.

17 Q That decision was made before you got  
18 involved?

19 A Correct.

20 Q And you were also not the person who  
21 determined that this was a mass casualty incident?

22 A Correct.

23 Q Were you involved in the decision to evacuate  
24 the entire building versus just evacuating the first or  
25 second floor?

1 A I was not involved in that decision.

2 Q Do you know who was involved in that decision?

3 A I don't.

4 Q Was that decision made prior to you arriving  
5 on the scene?

6 A Correct.

7 Q It was?

8 A Correct.

9 Q Okay. Did anyone that you are aware of  
10 discuss the possibility of not evacuating the facility?

11 A Not that I am aware of.

12 Q Triageing in place or something like that?

13 A Again, I got there when the evacuation was in  
14 process.

15 Q Okay.

16 A So what happened before that time, I don't  
17 know.

18 Q So you just started helping out, getting  
19 patients to the right location?

20 A Correct.

21 I mean, knowing that -- I didn't know how many  
22 patients were in the facility, but we did know how many  
23 we were going to -- they were still coming out of the  
24 facility.

25 Q And did you go into the facility at that

1 point?

2 A I went to the lobby area.

3 Q Immediately upon arriving or after you talked  
4 with the commander and Ms. Frum?

5 A A few minutes afterwards. I mean, I don't  
6 remember time frame-wise. I mean, things happened  
7 pretty quickly, so within 15, 20 minutes.

8 Q So you went into the lobby and what did you  
9 observe?

10 A Evacuation of the facility. It was hot  
11 inside. People were coming out in wheelchairs, and we  
12 had a number of people going through the rooms upstairs.  
13 So there was -- you know, there was still a number of  
14 people coming in and out of the building.

15 Q Were the doors propped open?

16 A They were.

17 Q Were the windows open?

18 A I don't remember.

19 Q Were there spot coolers on?

20 A I don't remember.

21 Q Were they still evacuating patients from the  
22 second floor at that point?

23 A I don't know. I didn't go up to the second  
24 floor.

25 Q You never went to the second floor?



1 A No.

2 Q You said it was hot inside. Can you quantify  
3 that in any terms?

4 A It felt hotter inside than it did outside.  
5 Other than that, I couldn't give you a number.

6 Q By what magnitude?

7 A A little more.

8 Q Okay. You said you saw patients in  
9 wheelchairs; can you approximate how many?

10 A Well, when I got there, there were probably  
11 six; but by the time, you know, 20, 30 minutes rolled  
12 by, there were a lot more than six.

13 I mean, numbers-wise, you know, 40, 50  
14 patients, but we quickly made a decision to move the  
15 patients to the parking garage across the street on the  
16 first floor, which was shaded and cooler than the side  
17 of the building.

18 So once we had about 10 or 12 patients lined  
19 up, and they were all greens, we knew, you know, the  
20 building was being evacuated, I felt obligated to get a  
21 secondary triage performed, check vital signs, make sure  
22 that we didn't miss a patient who potentially was a red  
23 or yellow.

24 So we moved them into the packing garage, and  
25 we staged the parking garage as the triage area; and we

1 brought all the patients to that area to figure out,  
2 basically, where to send them. Because, you know, at  
3 that point, my role was really, more or less, logistics  
4 and trying to figure out how to get all these patients  
5 to a place of safety.

6 Q Fair to say you weren't there to question the  
7 wisdom of the decision, you were just there to  
8 effectuate the transfer --

9 MR. MENTON: Object to the form.

10 BY MS. SMITH

11 Q -- as safely as possible?

12 MR. MENTON: Object to the form.

13 A I wasn't there to make the decision to  
14 activate a green alert. The rest of it, I was just  
15 performing my duty as the director of the ER in a mass  
16 casualty.

17 BY MS. SMITH

18 Q You said there were people going through rooms  
19 upstairs. You know that because you heard that from  
20 someone? If you didn't go --

21 A Yeah, I ran into a number of our staff members  
22 who had gone upstairs, and ...

23 Q What did they tell you?

24 A Well, I spoke to some of the fire rescue  
25 providers who were up there, and they said that there

1 were two patients that expired upstairs. It was very  
2 hot up there. There were a number of patients that they  
3 had already evacuated that were critically ill earlier  
4 in the evening, which, at the time, you know, I was just  
5 sort of putting together the time line.

6 So I wasn't aware that there were two patients  
7 in the middle of the night that came over to the ER.

8 Q And you said you spoke with someone from fire  
9 rescue; do you recall who that was?

10 A I don't remember.

11 Q Was it male or female?

12 A Both.

13 Q You said there were people coming in and out  
14 of the building. They were moving patients in and out  
15 of the building?

16 A Taking the patients out and going back in and  
17 getting more from the back.

18 Q You said that there's a coding system and you  
19 mentioned "green."

20 Tell me, what are the codes for triaging the  
21 patients?

22 A Basically, the standard is green, yellow, red,  
23 and black.

24 Q And tell me what each of those mean.

25 A Black means that there is no chance for

1 survival, and red means critically ill, immediate  
2 attention -- medical attention. Yellow is intermediate,  
3 and green means no acute medical issues. You know,  
4 basically those patients have time to get to secondary  
5 triage.

6 Q And when you say "yellow" is immediate, can  
7 you ferret that out for me a little bit? I mean, are  
8 these --

9 A These are patients with potential acute issues  
10 that sort of are attended to following the red patients.  
11 So the immediate attention always goes to the red  
12 patients; then yellow and then green.

13 Q And in terms of quantities, do you have any  
14 sense of how many were green versus yellow versus red  
15 versus black?

16 A I mean, I could guess. I don't know the exact  
17 numbers off the top of my head.

18 Q That's fine. Give me a ballpark.

19 A I would say two-thirds of the patients were  
20 green, and the other third were red, and a handful of  
21 yellows.

22 Q And you said you moved patients to the parking  
23 garage. Those were only green patients?

24 A Correct.

25 I would say I don't know of any red patients,

1 other than the two that I remember were re-triaged and  
2 upgraded from a green to a red.

3 Q And that happened over in the parking lot?

4 A Correct.

5 Q In the parking garage, I mean.

6 A Correct.

7 Q So there were two patients who were originally  
8 green patients who became red patients --

9 A During secondary triage.

10 Q -- during secondary triage?

11 And tell me about those patients. What  
12 conditions did you observe?

13 A You know, I didn't evaluate the patients, so  
14 we had nursing staff checking vital signs, checking  
15 blood sugars on patients, and as the -- you know, I sort  
16 of -- at the same time that was going on, I was bringing  
17 in different vehicles because we had city buses, we had  
18 ambulances, we had various different vehicles; and then  
19 I was calling my counterparts at the other hospitals to  
20 find out or to give them updates on how many patients  
21 they were getting.

22 So I was doing that, and then, as I am doing  
23 that, the nursing staff that's re-triaging, would run  
24 and say, Hey, I have a patient here with a blood sugar  
25 of -- you know, one of them was a blood sugar that was

1 low, it was in the 40s.

2 So I said, Make that patient a red and take  
3 them to the ER here.

4 So they moved that patient over.

5 Q Do you know, did that patient survive?

6 A I don't.

7 Q Okay. Sorry. I didn't mean to interrupt you.

8 So --

9 A I don't know.

10 Q I had seen some EMS notes from where they are  
11 talking on the radio, and there was actually a patient  
12 that passed out in the parking garage. Are you aware of  
13 that?

14 A I don't think that happened, as far as I know.

15 Q Okay.

16 A Unless it happened before I got over there.

17 Q So that would have been in addition to the two  
18 patients that changed to red? It wasn't one of those  
19 two patients that passed out?

20 A I guess if there is a third patient, then it  
21 would be an additional patient.

22 Q There was also some 9-1-1 calls/  
23 communications -- not -- 9-1-1 logs, communications are  
24 in the EMS -- and fire rescue back and forth between  
25 each other; and it says: "Dr. Katz orders four critical

1 patients out of the parking garage now."

2 Do you recall that? Like there were four  
3 patients that needed to get out of the parking garage?

4 A No.

5 Q Were there four patients somewhere that you  
6 needed to get critically moved?

7 A No. But I would say that a lot of times  
8 information that you hear through fire rescue may or may  
9 not be accurate. Usually it's secondary information  
10 coming from somebody else.

11 So I don't remember four patients. I know of  
12 two that I am aware of that were upgraded from green to  
13 red.

14 Q But you don't know the end result for either  
15 of those patients?

16 A I don't.

17 Q Okay. And were there any yellow patients in  
18 the parking garage area?

19 A I believe there were a few.

20 Q And do you know what happened to any of those  
21 patients?

22 A I -- I believe they were transported to other  
23 facilities, or a number of them were -- you know, we  
24 reached a certain point where -- I don't know how far  
25 along we were into the incident, but I felt that after

1 about an hour, the vehicles that transported patients  
2 took a fair number to other facilities; and I think all  
3 of our facilities were in the -- as every other hospital  
4 in the area during the hurricane -- at capacity.

5 So we distributed what I thought -- you know,  
6 knowing capacity, you know, one of the things that I  
7 knew was each facility and what they can, in theory,  
8 handle as far as a number of patients based on  
9 conversation with my counterparts there and just knowing  
10 the size of the hospital and what was going on.

11 So once we hit a certain point and we had, I  
12 would say, somewhere between 30 and 40 patients left, I  
13 made a decision to bring those patients, you know, into  
14 the auditorium. They were all greens. We brought them  
15 into our auditorium, and then, from there, staged the  
16 rest of the transports from the auditorium to the other  
17 facilities.

18 Q And that was around 9:30 or 10:00?

19 A I don't remember what time, but, you know,  
20 this -- you know, an hour, hour and a half into the  
21 incident from when I got there, so probably around 9:00.

22 Q And the concept was, you were going to have  
23 air conditioning in the auditorium, it was going to be  
24 cooler and better for the patients than the parking  
25 garage?



1           A       Yeah, it's just a more controlled environment  
2 for these patients that were, in theory, not in any --  
3 they didn't have any acute medical issues that needed  
4 attention. They were greens.

5           Q       If they didn't have any acute medical  
6 conditions, then why did they need to be evacuated; do  
7 you know?

8           A       I don't know.

9                   MR. MENTON: Object to the form.

10          A       But in a mass casualty, it's very common to  
11 have greens which don't have acute medical problems, but  
12 are, nevertheless, in the environment that is being  
13 evacuated. So it's not uncommon to have a lot of  
14 patients that don't have acute medical issues in a mass  
15 casualty. That's the norm.

16 BY MS. SMITH

17          Q       Do you know what facilities you distributed  
18 patients to?

19          A       Memorial Pembroke, Memorial West, Memorial  
20 South. Those are the ones that we distributed patients  
21 to, and then I believe, from what I understand, a number  
22 of patients were taken to other facilities: Cleveland  
23 Clinic, Broward General got a few patients. And a lot  
24 of that was probably directed by EMS once they took the  
25 patients, they decided to go elsewhere, you know, or

1 maybe, you know, just change course.

2 Q Okay.

3 A Did that on their own.

4 Q Were there patients that were not discharged  
5 to another hospital that went to some other environment  
6 because they didn't meet hospital criteria?

7 A I believe some of the patients had family  
8 members come and take them, some were boarded in the ER  
9 until they found either another facility or family took  
10 them home and then found a facility for them.

11 Q And you said "until they found another  
12 facility," you are talking about another skilled nursing  
13 facility?

14 A I don't know what places they went to, but I  
15 do know a lot of them were placed in other facilities;  
16 whether it was a SNF or, you know, an ALF, I don't know.

17 Q But it wouldn't have been a hospital for those  
18 green patients because they wouldn't have met criteria?

19 MR. MENTON: Object to form.

20 A No. The green patients, unless an issue was  
21 identified, you know, and addressed, I mean most of them  
22 were -- had gone elsewhere at some point.

23 BY MS. SMITH

24 Q And by "gone elsewhere," you mean somewhere  
25 other than a hospital?

1 A Correct.

2 Q So two-thirds of the patients ended up getting  
3 discharged to a location -- not discharged -- but  
4 getting placed in a place other than a hospital?

5 MR. MENTON: Object to the form.

6 A I don't know. I mean, some of those patients  
7 may have wound up in the hospital if something was  
8 identified either during a tertiary triage -- I don't  
9 know -- or maybe they couldn't get in touch with family  
10 and they were admitted. I don't know how many, and, you  
11 know, it's probably a handful.

12 Q To your knowledge, you only know of two that  
13 were converted to red status?

14 A Correct.

15 Q So it seems like the majority of the patients  
16 were discharged to a location other than a hospital?

17 MR. MENTON: Object to the form.

18 A They were evacuated to hospitals.

19 BY MS. SMITH

20 Q But not admitted?

21 A You would have to review the records. I don't  
22 know.

23 I mean, I sent them out and don't know how  
24 many were admitted and how many actually went home that  
25 day.

1 Q Okay. And you don't know that information  
2 even for the patients that went to Memorial Regional  
3 Hospital?

4 A I don't. I haven't seen that information.

5 Q Do you know how many red patients were treated  
6 by Memorial Regional?

7 A I don't know exactly how many.

8 Q Do you know approximately how many?

9 A I would guess 20.

10 I don't know. I would be guessing.

11 Q And do you know -- first of all, did you  
12 provide the care to any of those patients?

13 A Other than the two that we upgraded from green  
14 to red, no. Those patients were, again, immediately  
15 transported to the ER and cared for by our ER staff.

16 Q And the two that were upgraded from green to  
17 red, the extent of your care was to order them to be  
18 converted to red and sent to the hospital, right?

19 A Correct.

20 Q You didn't even personally see them; you are  
21 relying upon what your nurse told you?

22 A I visually saw the patients, but immediately  
23 they were taken over to the ER.

24 Q Okay. So you didn't provide very much care to  
25 them other than sending them out to the hospital, right?

1           A       Correct.

2           Q       Okay.  So you weren't -- that's what I am  
3     trying to get at.  Do you have any factual information  
4     about those patients' conditions that you observed?

5           A       What the nurse was telling me that was  
6     checking -- you know, it's really based on vital signs.

7           Q       Can you tell me who those were?

8           A       I don't remember off the top of my head.

9           Q       Okay.  And you don't have an approximate or  
10    a -- they were -- I mean, you said the one blood sugar;  
11    I got that.

12          A       Yeah.  The other one had a low oxygen  
13    saturation, I don't remember exactly what it was, but,  
14    you know, anything below 95 we consider, you know,  
15    requiring supplemental oxygen.

16          Q       Okay.

17          A       And it was below 95 percent.  I don't know --  
18    I don't remember exactly what number it was, but enough  
19    that I felt the patient needed to be treated in the ER.

20          Q       Is low blood sugar a vital sign that would be  
21    indicative of heatstroke, or is it indicative of some  
22    other problem or issue the patient is having?

23                   MR. MENTON:  Object to the form.

24          A       I mean, it can be a symptom of many different  
25    things.

1 BY MS. SMITH

2 Q But it's not typically a symptom of  
3 heatstroke, right?

4 A I would say no.

5 Q And, similarly, a low O2 saturation can be  
6 indicative of several different causes, correct?

7 A Correct.

8 Q Based upon your interaction with the patients  
9 and your lack of review of the medical records for any  
10 of the patients, you are not prepared to make a  
11 determination of any causes of death for the patients  
12 that died, are you?

13 A No.

14 Q You don't have adequate information to do  
15 that, correct?

16 A No.

17 Q You said "no," right?

18 A No.

19 Q You didn't bring any medical records with you  
20 here today, did you?

21 A No.

22 Q You didn't bring any documents with you here  
23 today, did you?

24 A No.

25 Q You haven't reviewed any documents to prepare

1 for this deposition, have you?

2 A I read the deposition that Judy Frum gave.

3 Q I'm sorry, one more time.

4 A I read the deposition that Judy Frum gave.

5 Q Was there any opinions or, I guess, you --

6 A I thought it was way too long.

7 Q Fair enough.

8 A I got about a third of the way through and  
9 then I stopped reading.

10 Q Was there anything that -- any new information  
11 you gained from reading that document?

12 A No. No.

13 Q Okay. It was pretty much consistent with what  
14 you observed and what you told us here today?

15 A Yeah. I mean, a lot of it was just legal talk  
16 that, you know, kind of basic things.

17 I got about a third of the way through it and  
18 stopped reading it.

19 Q Did you have any patients that you cared for  
20 post Hurricane Irma from any other nursing homes besides  
21 Hollywood Hills?

22 A Not that I can tell you.

23 I mean, I'm sure I probably did, but I don't  
24 remember, to be honest with you.

25 Q And why do you say you are sure you probably

1 did?

2           A     It was busy, and, you know, that Tuesday that  
3 I worked, we got a lot of patients, a lot of rescue  
4 patients. There were other nursing home patients that  
5 came in. I can't remember how many or which ones I took  
6 care of, but, you know, we had, for the busy part of the  
7 day -- I mean, that day we had seven or eight physicians  
8 working, so, you know, fire rescue is coming in one  
9 after the other, and, you know, we saw a ton of nursing  
10 home patients coming through the front door.

11                   How many -- I mean, it may have been a  
12 handful. I mean, it may have been -- I don't remember  
13 how many I took care of that day.

14           Q     And you use a term that I have actually heard,  
15 but I want you to define it for our record. You say  
16 "rescue patients"; what is that?

17           A     Patients brought to the hospital by an EMS  
18 transporting agency.

19           Q     I have also heard it's pretty common for  
20 nursing homes, if they have a patient that is about to  
21 die, to hurry up and transfer him to the hospital so  
22 they die at the hospital and not the nursing home. Has  
23 that been your experience?

24           A     I don't know what happens in nursing homes.

25           Q     Do you get a lot of patients -- not from



1 Hollywood Hills, but from other facilities -- that show  
2 up at the ED basically dead or immediately dying?

3 MR. MENTON: Object to the form.

4 A I would say that we have patients that show up  
5 all the time through all various different entrances to  
6 the hospital in distress with imminent death. It  
7 happens in triage; it happens in fire rescue. It really  
8 depends on the circumstances.

9 BY MS. SMITH

10 Q And that's inclusive of nursing home patients?

11 A Correct.

12 Q Did you text or -- I don't know what all the  
13 forms of written communication are these days,  
14 Instagram, group chat, those kind of things -- with  
15 anyone about the incident at Hollywood Hills?

16 A No.

17 Q Did you send any emails or receive any emails  
18 about the incident at Hollywood Hills?

19 A Not that I am aware of.

20 I think there was one email that I sent to the  
21 hospital administrator, you know, the incident command  
22 center with time lines of EMS transports.

23 Q And what were the time lines of the EMS  
24 transport?

25 A It was, you know, basically a, you know, I had

1 asked fire rescue to send me a list of patients that  
2 they transported. We were trying to track patients back  
3 to family and that type of thing, so we were trying to  
4 get a list.

5 You know, part of the issue was we didn't have  
6 medical records, and a lot of them were paper records,  
7 so they had them in a big sort of thing on wheels.

8 So trying to marry, you know, the patients  
9 with their family members and obtain their records, so  
10 there was an email I sent that had basically a time  
11 line.

12 Q And what did the time line have to do with  
13 getting --

14 A Not so much a time line but a list of  
15 transports, you know, that the City of Hollywood Fire  
16 Rescue agency sent over.

17 Q You said something interesting. You said that  
18 you didn't have any medical records. Did you have any  
19 medical records when patients were being triaged?

20 And I don't mean you, but whoever was doing  
21 the triage, did they have any access to medical records?

22 A Yeah, the medical records were brought over to  
23 the garage, so, actually, charts on wheels. So we tried  
24 to marry the charts to the patients so that if they were  
25 taken to another facility, the chart went with them

1 there.

2 Q Okay. And as far as the patients who were the  
3 red patients who immediately went to the hospital at the  
4 time that the decision was made to transfer those  
5 patients, did anyone have access to the medical records?

6 MR. MENTON: Object to the form.

7 THE WITNESS: Can you say the question again?

8 BY MS. SMITH

9 Q Sure. The people who were making the decision  
10 that this was a red patient and needs to be transferred  
11 immediately, whoever is making that triage decision?  
12 Who was that?

13 A There were a number of people, I mean,  
14 including myself.

15 Q Okay. So all of those people who were making  
16 those decisions for the red patients, did you have  
17 access to that patient's medical records --

18 MR. MENTON: Object to the form.

19 BY MS. SMITH

20 Q -- as part of that decision?

21 A Not necessarily, and, you know, triaging  
22 patients in a mass casualty would not involve review of  
23 medical records.

24 Q Right. And not only "not necessarily," you  
25 just didn't have them?

1 MR. MENTON: Object to the form.

2 A I didn't have them personally, no.

3 BY MS. SMITH

4 Q You are not aware of anyone else that did have  
5 them?

6 A I did see them on a -- saw them -- and I don't  
7 remember at what point, it's sort of later in the  
8 incident I remember seeing a rack with, you know, a  
9 bunch of charts.

10 Q And that was in the parking garage?

11 A I remember them trying to, you know, go  
12 through the list of -- you know, they all had armbands  
13 with names on them and trying to figure out, you know,  
14 whose chart goes to which patient.

15 I wasn't doing that. I saw it in the  
16 periphery and --

17 Q Right. And --

18 A -- didn't have those -- that information.

19 Q That was in the parking garage, right?

20 A Correct.

21 Q And so we know that was for all green patients  
22 and a handful of yellows, right?

23 A Yeah. I -- I don't know. I mean, I don't  
24 know whose charts they were. They could have been red  
25 charts, yellow -- I don't know. They were just

1 basically all the charts on the rack.

2 Q So do you know, did the patients have their  
3 morning medications, for example?

4 A I don't know. I mean, there is no way for me  
5 to determine that.

6 Q And was anybody looking to see: Are there  
7 patients in this evacuation that needed to have their  
8 morning meds before they were evacuated?

9 Was that even considered?

10 A Not during a mass casualty triage. That is  
11 not something -- med reconciliation is not part of mass  
12 casualty triage.

13 I'm sure when the patients got to the  
14 emergency department and they obtained records, they  
15 reconciled their medications as soon as possible.

16 Q And I have seen this where patients transfer  
17 from different health care types, from a nursing home to  
18 a hospital to a hospice to an ALF, all those types of  
19 things, where they have different drug formularies and  
20 you have to figure out what's the equivalent medication  
21 because you might have one that is on your drug  
22 formulary at Memorial Regional Hospital that is not on,  
23 say, Hollywood Hills' drug formulary.

24 Where and when did that process occur, or did  
25 it occur?

1           A       I don't know.

2           Q       Does that routinely occur when you get  
3 patients in and you have to give them different types of  
4 medication that's the equivalent but different?

5           A       It depends on the medication and what the  
6 issue is.

7           Q       But it does happen?

8           A       I would say so.

9                    Very infrequently. I mean, I would say I  
10 can't remember the last time we didn't have a medication  
11 in the hospital that a patient was taking that we didn't  
12 have. It's pretty infrequent.

13          Q       You don't know what time for any of the  
14 patients that were transferred to Memorial Regional  
15 Hospital, what time the medical reconciliation was done  
16 for those patients, do you?

17          A       I don't know.

18          Q       So you don't know how long they would have  
19 been delayed in getting their medicines?

20          A       I don't know.

21          Q       Were any of the patients given any nutrition  
22 that morning before the transfer?

23          A       Does water include nutrition? Juice?

24          Q       I was thinking of food, but okay.

25                    Were they given juice?

1           A     Juice, water, and then once we moved a bunch  
2 of patients into the auditorium, I believe some of them  
3 were given food and fed.

4           Q     Do you know approximately what time they were  
5 fed?

6           A     I think 9:00, 9:30. I guess whenever they got  
7 over to the auditorium, and then the remainder, you  
8 know, that were transported to other hospitals, I don't  
9 know. I mean, I'm assuming that when they got there,  
10 they probably did that, but I don't know when.

11          Q     Did you speak with any of police investigators  
12 with regard to this incident?

13          A     I was interviewed a few weeks back.

14          Q     And what were you asked?

15          A     A lot of the same questions you are asking me.  
16 You know, where I was, what time did I get there, how  
17 hot was the lobby, did the patients look sick. You  
18 know, general questions similar to what you are asking  
19 me.

20          Q     Are there any questions that you recall that  
21 they asked you that I haven't asked you?

22                   Is there something that comes to your mind  
23 that you recall?

24          A     No.

25          Q     Did they provide you --

1 MR. IMPERATO: He was done in 45 minutes.

2 MS. SMITH: I am working on it.

3 BY MS. SMITH

4 Q Did they provide you with any new factual  
5 information that you weren't aware of prior to that?

6 MR. MENTON: Object to the form.

7 A Let me think.

8 I don't think so. Not that I can recall.

9 BY MS. SMITH

10 Q Did you learn any facts from discussions with  
11 other people?

12 We have sort of walked through your firsthand  
13 information, but have you learned of any factual  
14 information that other people have told you about  
15 Hollywood Hills and the incident that occurred on  
16 September 13th?

17 MR. MENTON: Object to the form.

18 A I just -- you know, other than what is in the  
19 paper, you know, nothing that was brought to me that I  
20 didn't know during that first 24 hours of what happened.

21 BY MS. SMITH

22 Q And specifically with regard to temperatures,  
23 has anybody told you anything with regard to the  
24 temperatures inside of the facility?

25 A No.



1 Q And also specifically with the cause of the  
2 elevated temperature in the building, has anyone told  
3 you anything about that?

4 A The cause? I mean, you know, I don't know. I  
5 am assuming that it's because there was no ventilation  
6 and no air-conditioning, and the temperatures outside  
7 were hot, I imagine; and I felt that the temperature  
8 inside was hotter than the temperature outside.

9 Q And we talked about that. You can't quantify  
10 that in any way?

11 A I can't quantify it. Subjectively.

12 Q Did you speak with anyone from AHCA, including  
13 the attorneys from AHCA, with regard to the incidents at  
14 Hollywood Hills?

15 A I did.

16 Q And who did you speak with?

17 A The gentleman sitting across the table from  
18 me.

19 Q Mr. Steve Menton.

20 What did Mr. Steven Menton ask you?

21 A Just general questions about the incident, my  
22 involvement, and what I did.

23 Q Did he come up with any brilliant questions  
24 that I forgot to ask you?

25 A No.

1 Q Okay.

2 A You are pretty good.

3 Q With regard to Mr. Menton, did he provide you  
4 with any factual information that you were not aware of  
5 prior to your discussions with him?

6 A Not that I know of.

7 Q Did you have any discussions with anyone from  
8 the medical examiner's office?

9 A I have not.

10 Q Have you reviewed any reports or data or any  
11 information from the medical examiner?

12 A I have not.

13 Q Have you met with any other agencies, state or  
14 federal, with regard to the Hollywood Hills incident?

15 A I have not, other than the Hollywood police  
16 officer, the detective. I think his name was Sparkman.

17 Q All right. Were your answers to the Hollywood  
18 Police Department the same as the answers you have given  
19 here today?

20 MR. MENTON: Object to the form.

21 A If you asked me the same question, I gave the  
22 same answer.

23 BY MS. SMITH

24 Q Okay. Are you aware of any things that have  
25 changed between your testimony here today and what you

1 told the --

2 A No.

3 Q -- police officer?

4 Okay. Did you have any impressions of what  
5 the detectives were trying to elicit with regard to  
6 certain information?

7 A I believe they were doing an investigation to  
8 determine cause or responsibility.

9 Q And did you tell them, like you have told us  
10 here today, that you don't have an opinion on those type  
11 of things?

12 A He didn't ask me that question.

13 MR. MENTON: Object to the form.

14 BY MS. SMITH

15 Q He didn't ask you that question. Okay.

16 A Or maybe he did. He asked me if any of these  
17 patients potentially had heat-related issues, and I said  
18 that, yes, heat played a part in their medical  
19 conditions. He did ask me that.

20 Q And you said "heat played a part," but you  
21 can't make any medical determination based upon the  
22 interaction you had with the patients and the  
23 interaction that you had looking at their medical  
24 records as to how big or small of a part heat played in  
25 the patients' conditions, can you?

1 MR. MENTON: Object to the form.

2 THE WITNESS: Can you simplify that question?

3 BY MS. SMITH

4 Q Sure.

5 A Or shorten it?

6 Q Sure.

7 You didn't look -- I can give you two  
8 predicates.

9 A Yes.

10 Q You didn't look at any medical records?

11 A Correct.

12 Q And you have, you know, basically saw patients  
13 from a distance and heard a little bit about their vital  
14 signs for two patients that converted from green to red.

15 As to the patients that died, you cannot tell  
16 us what part, if any, that heat played in their deaths,  
17 can you?

18 MR. MENTON: Object to the form.

19 A I do know that -- and this is more after the  
20 fact, you know, reading articles and, you know, some  
21 information from our staff that the patients that were  
22 transported earlier in the evening had temperatures in  
23 the range of 105 to 106, 107. I heard -- I even heard  
24 108 at one point.

25 I'm not sure if I have ever seen a temperature

1 that high, but that information makes me believe that  
2 heat played a significant part in these patients'  
3 deaths.

4 Q But you don't know whether it was heat caused  
5 by a fever or heat caused by environmental conditions,  
6 do you?

7 A I mean, typically from an infection, you don't  
8 see temperatures that high. Heat exhaustion with a  
9 superimposed infection would be more realistic for a  
10 temperature of 106.

11 Q You said something I wasn't familiar with:  
12 Superimposed infection?

13 A Correct. You know, you could have pneumonia  
14 and heat exhaustion at the same time, and I think in  
15 that scenario, it would be likely to see a temperature  
16 that high.

17 If it was just pneumonia, you know, you may  
18 see a -- you know, temperature of 102, 103. That is  
19 more common.

20 Q So without seeing these patients personally  
21 and without looking at their medical records, based upon  
22 the one temperature of heat, you are willing to say that  
23 heat played a significant role in these patients'  
24 deaths?

25 MR. MENTON: Object to the form.

1           A       I would tell you that based on my care of a  
2 patient on the 12th, based on the information I received  
3 after the incident, and based on what I know, I think  
4 heat played a significant role in their death.

5                   Was it the primary cause, I don't know.

6 BY MS. SMITH

7           Q       Okay. Let's break that down a little bit.  
8 You said your care of the patient on the 12th; have we  
9 fully covered the facts on that.

10                   Info you received after, you are talking about  
11 just the temperature, or was there other information?

12           A       Temperatures of the patients that were  
13 transported from the facility to the nursing home --  
14 from the nursing home facility to the ER between  
15 3:00 a.m. and 7:00 a.m., and I believe there were two or  
16 three patients with elevated temperatures who were  
17 either in respiratory failure or cardiac arrest that  
18 were transported based on the information.

19           Q       Anything else you know about those patients?

20           A       No. Just the general, you know, consensus on  
21 their temperature and their condition when they got to  
22 the hospital.

23                   I do know --

24           Q       What do you mean "their condition when they  
25 got to the hospital"?

1           A       In other words, one of them, I think, was in  
2 cardiac arrest when they arrived. The other one was in  
3 respiratory failure, had to be intubated.

4           Q       But you don't know what comorbidities they  
5 had, correct?

6           A       Correct. I did not review their medical  
7 records.

8           Q       You don't know what preexisting conditions  
9 they had going into it, correct?

10          A       Correct.

11          Q       You don't know, for example, if they, you  
12 know, were a hospice patient that was on crisis care and  
13 was imminently about to die? You don't know that, do  
14 you?

15          A       I don't know that.

16          Q       And if there was a patient that was on hospice  
17 care or critical care that was -- basically, the doctor  
18 put her on crisis care, meaning 24-hour nursing care,  
19 and the hospice nurse was sitting at her side when she  
20 died in the facility, are you willing to say that, in  
21 that death, too, that heat was a significant role in her  
22 death?

23                   MR. MENTON: Object to the form.

24          A       I don't know. I don't even know what you just  
25 asked me.

1 BY MS. SMITH

2 Q Okay. Do you know what "crisis care" is?

3 A Crisis care?

4 Q For a hospice patient.

5 A I don't know what "crisis care" is.

6 Q Assume for me that it means a patient has  
7 reached a critical status where they -- you know, it can  
8 be periodically, if they hit a point and come out of it,  
9 but most of the time it's at the end of life when they  
10 put them in crisis care.

11 A Okay.

12 Q So a VITAS doctor -- the medical director for  
13 VITAS was in the facility on the 12th and had a patient  
14 on the second floor and determined that it was in the  
15 patient's best interest to stay in the facility without  
16 the AC because it would be more traumatic to that  
17 patient to move her and she was imminently dying, and  
18 you are going to second-guess his judgment and say that  
19 heat played a significant role in that patient's death?

20 MR. MENTON: Object to the form.

21 A I don't know anything about that patient.

22 I do know that 9-1-1 was called by the staff  
23 from the hospital -- from the facility to transport a  
24 critically ill patient. So my answer would be if they  
25 were in crisis -- what is it called, "crisis care"?



1 BY MS. SMITH

2 Q This isn't a patient that was transferred,  
3 this is one that died at the facility.

4 A Oh. I don't know anything about that patient.

5 Q Okay. So assume for me that AHCA's complaint  
6 that we are here to talk about today includes that  
7 patient as one of the incidents, do you think that's  
8 appropriate?

9 MR. MENTON: Object to the form.

10 BY MS. SMITH

11 Q Can you say that that patient --

12 A I don't know anything about -- I mean, I don't  
13 know anything about the patient. I would have to review  
14 the record, and, you know, understand what's going on  
15 with the patient to make that, you know, decision to  
16 tell you, you know, it's right or wrong to transport the  
17 patient.

18 I mean, I would assume if a patient is DNR, in  
19 hospice, unless you are, you know, worried that, you  
20 know, the decision is not appropriate, in other words,  
21 in that scenario you have got a physician who is caring  
22 for a patient in hospice, who's DNR, and if the  
23 patient is critically ill and they don't want to move  
24 the patient to the hospital to receive, you know, care,  
25 that happens all the time.

1           You know, I mean, it's pretty common.

2           If you call 9-1-1, it means that something is  
3 wrong and you need immediate attention.

4           So the patient, at midnight, I guess, or  
5 whenever that patient expired, it was under the care of  
6 a hospice physician, that's the decision they made.

7           Whether that was right or wrong, I don't know.  
8 I don't know the details of that case.

9           I do know there were two patients between  
10 3:00 a.m. and 5:00 a.m. that were transported via 9-1-1  
11 in critical condition because the staff at the nursing  
12 home called the fire rescue agency to transport those  
13 patients. So ...

14           Q       And so when you are saying it played a  
15 significant role, you are talking about in those two  
16 patients?

17           A       Correct.

18           MR. MENTON: Object to the form.

19 BY MS. SMITH

20           Q       You are not talking about all the deaths.

21           I will give you another example: One of the  
22 patients, they were performing **PHI** on the patient in the  
23 bed beside **PHI**. **PHI** woke up, had a **PHI**. **PHI** had  
24 a **PHI**, so they couldn't even do **PHI**, and **PHI**  
25 **PHI** on the spot.

1                   That can happen, right?

2                   Someone is **PHI** in the middle of the night;  
3 they wake up.

4                   MR. MENTON: Object to the form.

5                   A     It sounds a little odd.

6 BY MS. SMITH

7                   Q     EMS was standing right there when it happened.

8                   A     I mean, the patient woke up, was talking, and  
9 then suddenly went into **PHI**?

10                  Q     They weren't talking. They woke up and had a  
11 **PHI** right there on the spot, and they had a **PHI**  
12 so they couldn't do anything.

13                  A     Right.

14                  Q     That was another one of the deaths in the  
15 facility; did you know that?

16                  MR. MENTON: Object to the form.

17                  A     Didn't know that.

18                  MS. SMITH: Can I have a minute?

19                         (Thereupon, a recess was taken.)

20 BY MS. SMITH

21                  Q     Wrapping up here.

22                         You haven't reviewed any medical records for  
23 any patients from Hollywood Hills, right?

24                  A     Other than the one that I cared for, no.

25                  Q     And which -- oh, the one that you cared for on

1 the 12th?

2 A [REDACTED] PHI .

3 Q [REDACTED] PHI .

4 Okay. And we'll just mark that name  
5 confidential in this record, but leave it in there.

6 But other than that patient, you didn't review  
7 any medical records of any other patients, correct?

8 A Correct.

9 Q And you haven't formulated any opinions, any  
10 expert opinions on the cause of deaths of any of the  
11 patients, correct?

12 A No.

13 Q And that would include any contributing causes  
14 of death, correct? You haven't formulated any expert  
15 opinions on that?

16 MR. MENTON: Object to the form.

17 A I mean, I have an opinion, I think.

18 BY MS. SMITH

19 Q Well, the reason why I am asking is your  
20 counsel told me at the beginning of the deposition you  
21 weren't going to offer expert opinions. So if you are  
22 going to offer expert opinions, then we need to go  
23 through and ferret it out.

24 So if you have an expert opinion on it --

25 MR. IMPERATO: We won't be offering expert

1 opinions.

2 A I will not be offering expert opinions.

3 I don't know.

4 BY MS. SMITH

5 Q Okay. Is there any other factual information  
6 that we haven't discussed here today related to the  
7 incidents at Hollywood Hills after Hurricane Irma that  
8 you believe are pertinent and relevant that we haven't  
9 fully explored?

10 MR. MENTON: Object to the form.

11 A No.

12 BY MS. SMITH

13 Q Prior to this incident, you didn't have any  
14 negative experiences with Hollywood Hills, correct,  
15 prior to the 12th?

16 A Not that I am aware of.

17 MS. SMITH: Thank you. That's all the  
18 questions I have.

19 THE WITNESS: Okay.

20 MR. MENTON: I have no questions today.

21 THE COURT REPORTER: Read or waive?

22 MR. IMPERATO: We will read.

23 THE COURT REPORTER: Is this being ordered?

24 MS. SMITH: Yes, please.

25

1                   (Thereupon, at 10:19 a.m., the deposition was  
2                   concluded.)

3                   (Witness excused.)

4   - - - - -

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C E R T I F I C A T E

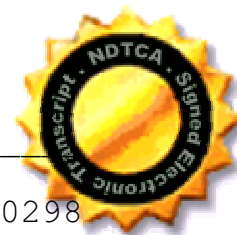
THE STATE OF FLORIDA, )  
COUNTY OF BROWARD. )

I, the undersigned authority, certify that  
Dr. Randy Katz personally appeared before me and was  
duly sworn.

WITNESS my hand and official seal this 26th  
day of December, 2017.



\_\_\_\_\_  
Michele L. Savoy, RMR  
My Commission No. FF 900298  
Expires August 6, 2019



## C E R T I F I C A T E

1  
2 THE STATE OF FLORIDA, )  
3 COUNTY OF BROWARD. )

4 I, Michele L. Savoy, Shorthand Reporter, do  
5 hereby certify that I was authorized to and did report  
6 said deposition in stenotype; and that the foregoing  
7 pages, numbered from 1 to 95, inclusive, are a true and  
8 correct transcription of my shorthand notes of said  
9 deposition.

10 I further certify that I am not an attorney or  
11 counsel of any of the parties, nor am I a relative or  
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20

21 

22 \_\_\_\_\_  
23 Michele L. Savoy, RMR  
24 My Commission No. FF 900298  
25 Expires August 6, 2019



DATE: December 26, 2017

TO: Dr. Randy Katz  
C/O Gabriel L. Imperato, Esquire  
Broad and Cassel  
1 Financial Plaza  
Suite 2700  
Fort Lauderdale, Florida 33394

IN RE:: State of Florida, Agency for Health v  
Rehabilitation Center at Hollywood Hills, LLC

The transcript of your deposition taken on  
12/15/2017 has been completed and awaits reading and  
signing.

9:00 Please call our office at the below-listed number  
to schedule an appointment between the hours of  
a.m. and 4:30 p.m., Monday through Friday.

The original of this deposition has been  
forwarded to the ordering party, and your errata once  
received, will be forwarded to all ordering parties as  
listed below.

If you wish to waive your signature, please sign  
your name in the blank at the bottom of this letter and  
return it to us.

Sincerely,



\_\_\_\_\_  
Michele L. Savoy, RMR  
Signature Court Reporting, Inc.  
105 South Narcissus Avenue  
West Palm Beach, Florida 33401  
(561) 659-2120

cc: Geoffrey D. Smith, Esquire  
cc: J. Stephen Menton, Esquire



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