

2012 WL 10647131 (Mich.Cir.Ct.) (Trial Filing)
Circuit Court of Michigan.
Wayne County

PATRICIA ALESSANDRINI, As Personal Representative of the Estate of Veronica Teasdale, Deceased, Plaintiff,

v.

GARDEN CITY HOSPITAL, Osteopathic, Garden City Hospital, Osteopathic-in-Patient Rehabilitation, and
Project Compassion, Inc., D/B/A Livonia Woods Nursing and Rehabilitation; Jointly and Severally, Defendants.

No. 10013334.
March 29, 2012.

Joint Final Pretrial Order

[Frederic M. Rosen](#) (P19625), [Steffani Chocron](#) (P45335), 535 Griswold, Suite 2040, Detroit, MI 48226-3423, (313) 961-8900,
for plaintiff.

By: [Michael R. Janes](#) (P33838), 44 First St., Mt. Clemens, MI 48043, (586) 979-6500, for Project Compassion, Inc.

Hon. [Robert L. Ziolkowski](#).

1. PLAINTIFF'S CLAIM

On or about August 24, 2007, the deceden, Veronica Teasdale, presented to the Emergency Room of Defendant, Garden City Hospital Osteopathic, with what appeared to be gastroenteritis or food poisoning, with a guaiac positive stool. She complained of abdominal pain, diarrhea, nausea and vomiting. She had a mildly elevated white blood count and mildly elevated lipase.

Mrs. Teasdale's buttocks were noted to be "pinkened" upon admission. Her Braden Skin Assessment Score was noted to be 16, which is "At Risk" for tissue breakdown. "At Risk" is defined as "if other major risk factors are present (advanced age, fever, poor dietary intake of protein, diastolic pressure below 60, hemodynamic instability) advance to the next level of risk". This would have placed Ms. Teasdale at "Moderate Risk" for tissue breakdown, due to the facts that Ms. Teasdale had advanced age, fever and poor dietary intake.

On August 28, 2007 while still in the hospital, Ms. Teasdale suffered a stroke. After inpatient rehabilitation she was transferred to Project Compassion, Inc., d/b/a Livonia Woods Nursing and Rehabilitation to increase functional status. It was noted then that Nystatin powder to peri area BID, DAB to peri area. Despite her right hemiparesis, left leg weakness, incontinence of bladder and bowel and debilitated state, only three documentations were made regarding range of motion and turning Ms. Teasdale every two hours, barrier cream application and the Mepilex dressing that was applied to her coccyx. One time it is mentioned that "the dressing is intact on her sacrum."

Project Compassion, Inc., d/b/a Livonia Woods Nursing and Rehabilitation failed to make the avoidance of tissue breakdown a priority, nor did they follow their own Care Plans. Documentation and assessment of her coccyx area was **neglected**. The Livonia Woods Nursing and Rehabilitation Care Plan reads as follows:

RESIDENT AT RISK FOR FURTHER SKIN BREAKDOWN RELATED TO INABILITY TO MAKE FREQUENT CHANGES IN BODY/EXTREMITY POSITIONING, DECREASED SENSATION TO RIGHT SIDED EXTREMITIES RELATED TO RECENT CVA, INCONTINENCE OF BOWELS AND ALTERATION IN SKIN INTEGRITY TO COCCYX.

TO MINIMIZE THE RISK FACTORS WHICH MAY LEAD TO FURTHER SKIN BREAKDOWN:

1. Assess for pressure sore's size depth and color every week
2. Assist resident out of bed several times daily
3. Turn and reposition frequently to reduce pressure points
4. Avoid tight fitting shoes/socks
5. Encourage adequate food and fluid intake
6. Encourage visitors to promote resident's food consumption
7. Heel to be up off of bed when in bed
8. High protein diet and vitamins to promote healing as ordered
9. Maintain good body alignment with weight distributed evenly
10. Moisturize skin with lotion during care
11. Notify ID team members if skin becomes compromised to encourage prompt intervention
12. Low air mattress to bed
13. Gel cushion to w/c
14. Prompt peri care after each incontinence episode, utilize protective barrier cream
15. Skin assessment weekly an daily notifying treatment nurse as necessary
16. Treatment per MD orders
17. Indwelling catheter to promote urinary "continence"

On or about October 25, 2007, Ms. Teasdale was transferred back to main Garden City Hospital with several infections and sepsis, the most serious being a sacral decubitus ulcer. There, she was treated by a Dr. Tegmeyer. He performed a bedside debridement and application of Accuzyme, although the tissue destruction was deep. During her hospitalization, it was felt that her UTI and pneumonia were adequately treated, improved and that no further therapy would be necessary. She had Staph and Pseudomonas in her urine prior to treatment. It was also stated that "the preexisting indwelling Foley catheter is a risky endeavor, given the frequency and fairly resistant strains of urinary tract infection; however, diversion of urine for protection of the coexistent sacral decubitus ulcer is felt paramount. The benefit of the Foley catheter outweighs the risk to some degree."

During Ms. Teasdale's stay Project Compassion, Inc., d/b/a Livonia Woods Nursing and Rehabilitation, the nursing care was extremely below the standard of care in regards to oral hygiene, bathing, administering position changes and attention to her already well on the way to being established coccyx decubitus. Nursing interventions should have been instituted in view of her wound condition and documentation of position changes should have been done for same. Little personal hygiene was

ever provided to Ms. Teasdale, an atrocity in view of the fact that Ms. Teasdale could not provide activities of daily living independently after her CVA's.

Due to the severe and inexcusable **neglect** at Project Compassion, Inc., d/b/a Livonia Woods Nursing and Rehabilitation, Ms. Teasdale continued to take a progressive downhill course. On or about October 28, 2007, her sacral decubitus was noted to be Stage IV with erythematous borders and pus, contributing to her sepsis.

On or about December 4, 2007, Ms. Teasdale expired due to Septicemia.

2. DEFENDANT'S DEFENSES AND CLAIMS

When Plaintiff decedent became a resident at Livonia Woods, she already had a sacral decubitus ulcer (bedsore). During the brief period of time when she was a resident at Livonia Woods, she was under an aggressive ulcer treatment plan implemented by a wound care team. Her dietary needs were addressed. Her ulcer was cleaned and dressed on multiple occasions throughout each day. She was on a turning schedule to relieve pressure from the area. She was on an air mattress specifically designed as a pressure reducing mattress. As is not uncommon in an **elderly** patient going through the active phase of dying, Ms. Teasdale's organs, including her skin, failed. Ultimately, she developed a urinary tract infection that was refractory to IV antibiotic therapy, which caused her death. The bedsore did not cause or contribute to her death. The allegations of negligence, proximate cause and damages are denied.

3. FACTS OR OTHER MATTERS TO WHICH PARTIES HAVE STIPULATED

None

4. ISSUES OF FACT TO BE LITIGATED

Was the staff of Project Compassion, Inc., d/b/a Livonia Woods Nursing and Rehabilitation negligent in the care and treatment rendered to Veronica Teasdale?

Did this negligence cause or contribute to the worsening of the sacral decubitus ulcers?

Did the sacral decubitus ulcers cause/contribute to the cause of death of Veronica Teasdale?

5. ISSUES OF LAW TO BE LITIGATED

None

6. EVIDENCE PROBLEMS LIKELY TO ARISE AT TRIAL

No anticipated evidence problems.

7. WITNESSES TO BE CALLED

A. PLAINTIFF'S WITNESSES

1. LIVE LAY WITNESSES

Patricia Allesandrini - will call

Marlene Kosmalski - will call

Daniel Teasdale - may call

Ronald Teasdale - may call

Mrs. Daniel Teasdale - may call

Sumpter Community Center - employees and members - may call

Crystal Gardens- employees and members - may call

LAY DEPOSITIONS

LIVE EXPERT WITNESSES

Georgette Zickefoose, RN Nursing Expert -will call

May Call

All treating medical personnel and custodian of records Dr. Wolf

Duvernoy M.D.

All treating medical personnel and custodian of records Dr.Degiezman M.D.

All treating medical personnel and custodian of records Dr. Michael Mandell, M.D.

Any and all physicians, nurses, nurses aid, technicians and any and all other individuals involved in the treatment and care of Veronica Teasdale at Garden City Hospital and custodian of records

Any and all physicians, nurses, nurses aid, technicians and any and all other individuals involved in the treatment and care of Veronica

Teasdale at Livonia Woods Nursing And Rehabilitation Records (Project

Compassion) and custodian of records.

Any and all physicians, nurses, nurses aid, technicians and any and all other individuals involved in the treatment and care of Veronica Teasdale at Garden City Rehabilitation and custodian of records.

Any and all physicians, nurses, nurses aid, technicians and any and all other individuals involved in the treatment and care of Veronica Teasdale Angela Hospice and Custodian of Records.

Any and all physicians, nurses, nurses aid, technicians and any and all other individuals involved in the treatment and care of Veronica Teasdale

St. Mary's Hospital and Custodian of Records.

Any and all physicians, nurses, nurses aid, technicians and any and all other individuals involved in the treatment and care of Veronica Teasdale Clinton Health Center and Custodian of Records.

Any and all physicians, nurses, nurses aid, technicians and any and all other individuals involved in the treatment and care of Veronica Teasdale Botsford Hospital and Custodian of Records

EXPERT DEPOSITIONS

Georgette Zickefoose, RN Nursing Expert - will call
REBUTTAL WITNESSES

LIST OF PLAINTIFFS EXHIBITS

1. Medical Records from the following
Dr. Wolf Duvernoy M.D.

Dr. Degiezman M.D.

Dr. Michael Mandell, M.D.

Garden City Hospital

Livonia Woods Nursing And Rehabilitation Records (Project Compassion)

Garden City Rehabilitation and custodian of records.

Angela Hospice and Custodian of Records.

St. Mary's Hospital and Custodian of Records.

Clinton Health Center and Custodian of Records.

Botsford Hospital and Custodian of Records

2. Photographs of Veronica Teasdale

B. DEFENDANT'S WITNESSES

1. LIVE LAY WITNESSES

Christina Meredith, BSW
S., Hilard

L. Lewis, R.N.

Melanie Shaw, LPN

L. Ehrenfeld

C. Richards

D. Bauer

Wallace, LPN*

M. Leahy, R.N.

Adrifem, LPN

G. Errigo, D.C.P.A.*

Jon Beard, Ph.D.*

M. Perry

J. Walker

L. Barnett

D. Holt

C. McGhee

R. Sharpe

L. Scott

V. Klay

Stephanie Green

Mary Beth Besinger

2. LAY DEPOSITIONS

None anticipated.

3. LIVE EXPERT WITNESSES

Scott Paxton, DO

Michelle Marie Trudeau, RN

4. EXPERT DEPOSITIONS

Only if live testimony is unavailable.

5. REBUTTAL WITNESSES

None anticipated

6. LIST OF DEFENDANT'S EXHIBITS

Records from:

Livonia Woods Nursing and Rehabilitation

Clinton Health Center

Garden City Hospital

St. Mary's Hospital

Angela Hospice

Botsford Hospital

Traveling Medical Services

8. ITEMIZED LIST OF SPECIAL DAMAGES

None

9. ESTIMATED LENGTH OF TRIAL

A. TIME FOR PLAINTIFF'S PROOFS

2 days

B. TIME FOR DEFENDANT'S PROOFS

1-2 days

C. IF A JURY TRIAL DO YOU STIPULATE TO A UNANIMOUS VERDICT OF NOT LESS THAN FIVE JURORS MUST BE EXCUSED DURING THE TRIAL?

PLAINTIFF - No

DEFENDANT - No

10. STATEMENT THAT COUNSEL HAVE MET

Counsel have met and discussed resolution on a number of occasions via telephone conversations as well.

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