Case No. 7975

Morey Clerk

Justice of the Peace

11-2/, 1997

IN THE JUSTICE COURT OF THE TONOPAH TOWNSHIP

AND FOR THE COUNTY OF NYE,

STATE OF NEVADA

STATE OF NEVADA,

12 vs.

BERNICE FAY ANDERSON,
PATRICIA PERRY PAUL and JANE
RUDOLPH,

Defendants.

Plaintiff.

CRIMINAL COMPLAINT

Personally appeared before the undersigned notary public this 20 day of November, 1997, Barbara Backman, an Investigator for the Office of the Attorney General, Medicaid Fraud Control Unit, who being first duly sworn and within her knowledge, information and belief, complains and charges BERNICE FAY ANDERSON, PATRICIA PERRY PAUL and JANE RUDOLPH, the above named Defendants, with each having committed the offense(s) of:

- (1) Criminal Neglect of Patient, one (1) count, a felony, in violation of NRS 200.495, within Tonopah Township, Nye County; and
 - (2) Abuse, Neglect and Exploitation of Older Persons, one (1)

count, a felony in violation of 200.5099(3) and (7) and NRS 200.5092(3) within Tonopah Township, Nye County, as follows:

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COUNT 1 - (Felony) CRIMINAL NEGLECT OF PATIENT (NRS 200.495)

(Defendants ANDERSON, PAUL and RUDOLPH)

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That within her knowledge, information and belief, BERNICE FAY ANDERSON, PATRICIA PERRY PAUL and JANE RUDOLPH, as professional caretakers, did between November 23, 1996 and November 27, 1996, fail to provide such service, care or supervision as was reasonable and necessary to maintain the health or safety of a patient, Sarah ;, age 92 with medical diagnoses including senile dementia, rheumatoid arthritis and an unhealed fracture of her left distal femur, in the following manner:

Specifically, as to BERNICE FAY ANDERSON (ANDERSON):

Defendant BERNICE FAY ANDERSON, between the hours of 11:00 a.m. to 2:00 p.m., November 23, 1996, while employed as a professional registered nurse/caretaker at Nye Regional Medical Center, a medical facility pursuant to NRS 449.0151, located within Tonopah Township, Nye County, did fail to provide such service, care or supervision as was reasonable and necessary to maintain the health or safety of patient, Ms. Sarah , in the following manner:

Defendant ANDERSON while acting as Charge Nurse did commit an aggravated, reckless or gross act by failing to follow facility protocol, the instructions of supervisory staff, notes in the facilities communications book, Ms. s patient care plan and her patient chart when transporting Ms. Specifically, Defendant ANDERSON knowingly chose not to use a mechanical

transport method, commonly referred to as a Hoyer Lift, when 1 2 transporting Ms. within the shower room. ANDERSON knowingly chose to utilize a contraindicated two person 3 manual transport method, commonly referred to as a Towel Lift. 4 5 The act of using the Towel Lift was such a departure from the conduct of an ordinarily prudent and careful person under like 7 circumstances that it constituted failure to perform her duties as prescribed in the Regulations of the Board of Nursing Chapter 632 8 of the Nevada Administrative Code and Chapter V of the Medicaid 9 Services Manual. The act also constituted a disregard for danger 10 11 to Ms. i Furthermore, it was reasonably foreseeable that substantial bodily harm could occur from ANDERSON'S use of the 12 13 contraindicated Towel Lift transport method. ANDERSON'S use of the contraindicated Towel Lift method, Ms. 14

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. was dropped in the shower room, subjecting her to prolonged physical pain and impairment/separation of her left arm from her shoulder. Such resulting injuries were a natural and probable result of Defendant ANDERSON'S use of the contraindicated manual Towel Lift.

Defendant

In fact, by

After dropping Sarah , , ANDERSON then knowingly failed to take the proper actions to assess Ms. for injury, and knowingly failed to render appropriate aid and care to Ms. . Defendant ANDERSON, upon obtaining assistance from co-workers lifted Ms. : up from the shower room floor, placed her in a geri chair, and instructed co-workers not to report the incident or mention it to others. Defendant ANDERSON repeated this instruction to co-workers after one co-worker advised ANDERSON that Ms. .. was in pain and her left arm hurt. ANDERSON'S actions and failure

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to assess were in direct contradiction to the instructions, policies and protocol of her employer, constituting aggravated, reckless or gross negligence. Her actions and omissions were such a departure from the conduct of an ordinarily prudent and careful person under like circumstances that it constituted a failure to perform her duties as prescribed in the Regulations of the Board of Nursing Chapter 632 of the Nevada Administrative Code and Chapter Vof the Medicaid Services Manual. The acts and omissions also constituted disregard for danger to Ms. ! Defendant ANDERSON'S omissions and affirmative attempts to thwart the proper reporting of the incident prevented Sarah from receiving reasonable and necessary care. Ms. M remained in prolonged severe physical pain and did not receive treatment for her injuries for an additional 24 to 36 hours. On November 27, 1996, x-rays were conducted and her dislocated left shoulder was fully diagnosed.

The consequences of Defendant ANDERSON'S acts and omissions were reasonably foreseeable and the physical danger and prolonged severe pain were natural and probable results of Defendant ANDERSON'S actions and omissions.

All of this constitutes a felony offense of CRIMINAL NEGLECT OF A PATIENT in violation of NRS 200.495.

Specifically as to PATRICIA PERRY PAUL (PAUL):

Defendant PATRICIA PERRY PAUL, between the hours of 11:00 a.m. to 2:00 p.m. on November 23, 1996, while employed as a professional Certified Nurse Assistant/Caretaker at Nye Regional Medical Center, a medical facility pursuant to NRS 449.0151, located within Tonopah Township, Nye County, did fail to provide such service, care or

supervision as was reasonable and necessary to maintain the health or safety of patient, Ms. Sarah M , in the following manner:

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Defendant PAUL did commit an aggravated, reckless or gross act by failing to follow facility protocol, the instructions noted in the facility communications book, Ms. M s patient care plan and patient chart when transporting Ms. M . Specifically, Defendant PAUL knowingly chose not to use a mechanical transport method, commonly referred to as a Hoyer Lift, when transporting Ms.

within the shower room. Defendant PAUL knowingly chose to utilize a contraindicated two person manual transport method, commonly referred to as a Towel Lift. The act of using a Towel Lift was such a departure from the conduct of an ordinarily prudent and careful person under like circumstances that it constituted failure to perform her duties as prescribed in the Regulations of the Board of Nursing Chapter 632 of the Nevada Administrative Code and Chapter V of the Medicaid Services Manual. The act also constituted a disregard for danger to Ms. Furthermore it was reasonably foreseeable that substantial bodily harm could occur from PAUL'S use of the contraindicated Towel Lift transport method. In fact, by PAUL'S use of the contraindicated Towel Lift method, was dropped in the shower room, subjecting her to Ms. . prolonged physical pain and impairment/separation of her left arm from her shoulder. Such resulting injuries are a natural and probable result of PAUL'S use of the contraindicated manual Towel Lift.

All of which constitutes a felony offense of CRIMINAL NEGLECT OF A PATIENT in violation of NRS 200.495.

Specifically as to Defendant JANE RUDOLPH (RUDOLPH):

Defendant JANE RUDOLPH, between the hours of 11:00 a.m. to 4:00 p.m., November 23, 1996, while employed as a professional registered nurse/caretaker in a supervisory capacity at Nye Regional Medical Center, a medical facility pursuant to NRS 449.0151, located within Township, Nye County, did fail to provide such service, care or supervision as was reasonable and necessary to maintain the health or safety of patient, Ms.

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Defendant RUDOLPH did commit aggravated, reckless or gross acts by failing to follow facility protocol and reporting requirements; and by failing to adhere to required duties as prescribed in the Regulations of the Board of Nursing Chapter 632 of the Nevada Administrative Code and Chapter V of the Medicaid Services Manual in her provision of service, care or supervision of Defendant RUDOLPH arrived at the facility in her Ms. M supervisory nurse/caretaker capacity to respond to an incident involving Ms. being dropped in the shower room by two coworkers who at the time were utilizing a non-approved transportation method. RUDOLPH did not properly assess or examine for injuries or physical pain. RUDOLPH did not conduct Ms. M a thorough physical examination or inspect or palpate Sarah McMurry's extremities. RUDOLPH did not contact Nye Regional's emergency room or contact a physician. RUDOLPH'S omissions and failure to act occurred with knowledge of 5.0 s existing medical conditions.

Defendant RUDOLPH'S acts and omissions in failing to properly assess, examine or report Ms. ________'s injuries constituted such a departure from the conduct of an ordinarily prudent, careful person

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under the same circumstances as to be a disregard for danger to Ms.

With all of Defendant RUDOLPH'S training and experience, it was reasonably foreseeable that her failure to properly assess, examine or report Ms s physical condition would lead to prolonged physical pain and/or medical complications. By being dropped in the shower room, Ms. was in fact subjected to prolonged physical pain, and an impairment/separation of her left arm from her shoulder, and this injury was not properly diagnosed for an additional 24 to 36 hours. Such resulting prolonged severe physical pain was a natural and probable result of RUDOLPH'S aggravated, reckless or grossly negligent acts and omissions of knowingly failing to properly assess, examine or report Ms.

injuries, and of RUDOLPH'S failure to properly carry out

her duties.

All of which constitutes a felony offense of CRIMINAL NEGLECT OF A PATIENT in violation of NRS 200.495.

COUNT 2-(Felony)

ABUSE, NEGLECT AND EXPLOITATION OF OLDER PERSONS

(NRS 200.5099(3) and (7); NRS 200.5092(3))

(Defendants ANDERSON, PAUL and RUDOLPH)

That within her knowledge, information and belief, BERNICE FAY ANDERSON, PATRICIA PERRY PAUL and JANE RUDOLPH, as professional caretakers who assumed a legal responsibility or a contractual obligation for caring for an older person ______, age 92 with medical diagnoses including senile dementia, rheumatoid arthritis and an unhealed fracture of the left distal femur, to provide services which are necessary to maintain the physical or

mental health of the older person failed to do so in the following manner:

Specifically as to BERNICE FAY ANDERSON (ANDERSON):

Defendant ANDERSON, as a registered nurse employed at Nye Regional Medical Center, did on November 23, 1996 through November 27, 1996, in Tonopah Township, County of Nye, Nevada, cause and permit S: to suffer unjustifiable physical pain and/or mental suffering as a result of neglect, or did permit Ms. to be placed in a situation in which she may, and in fact, did suffer unjustifiable physical pain and/or mental suffering as a result of neglect in that ANDERSON failed to provide services necessary for the physical and mental health of Ms. N a person over the age of 60 years, and for whom Defendant ANDERSON had assumed a legal responsibility and/or a contractual obligation to care for, in the following manner:

While working at Nye Regional Medical Center, ANDERSON chose not to follow facility protocol, instructions of supervisors, notes in the facility communications book, Ms. N spatient care plan and patient chart when transporting Ms. ANDERSON failed to perform her duties as prescribed in the Regulations of the Board of Nursing Chapter 632 of the Nevada Administrative Code and Chapter V of the Medicaid Services Manual.

ANDERSON failed to provide ambulation services and other services as required in the patient's care plan. On November 23, 1996, ANDERSON failed to use a mechanical transport method, commonly referred to as a Hoyer Lift, when transporting Ms. M within the shower room. ANDERSON knowingly utilized a contraindicated two person manual transport method, commonly

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referred to as a Towel Lift. Through ANDERSON'S use of the contraindicated Towel Lift method, Ms. was dropped in the shower room, causing her unjustified prolonged physical pain and impairment/separation of her left arm from her shoulder. ANDERSON then obtained assistance from co-workers, lifted Ms. , from the shower room floor and placed her in a geri chair. Upon doing so, ANDERSON did not properly examine or assess Ms. Instead, ANDERSON instructed co-workers not to report the incident or mention it to others. Defendant ANDERSON repeated this instruction to co-workers after one co-worker advised ANDERSON that Ms. was in pain and her left arm hurt. Defendant ANDERSON'S actions and efforts to thwart the proper reporting of the incident prevented Ms. from receiving the proper care or services necessary to maintain the physical or mental health of These same actions caused Sa. to suffer physical pain or mental suffering and allowed Ms. to continue to suffer unjustifiable physical pain or mental suffering until her separated shoulder was properly diagnosed 24 to 36 hours after being dropped.

All of which constitutes a felony offense of ABUSE, NEGLECT AND EXPLOITATION OF OLDER PERSON in violation of NRS 200.5099(3) and (7).

Specifically as to PATRICIA PERRY PAUL (PAUL):

PAUL, as a certified nurse assistant employed at Nye Regional Medical Center in Tonopah Township, County of Nye, Nevada, did on November 23, 1996 through November 27, 1996 cause and permit Ms.

S to suffer unjustifiable physical pain and/or mental suffering as a result of neglect, or did permit Ms. N. to be

placed in a situation in which she may, and in fact, did suffer unjustifiable physical pain and/or mental suffering as a result of neglect in that PAUL failed to provide services necessary for the physical and mental health of:

a person over the age of 60 years, and for whom Defendant PAUL had assumed a legal responsibility and/or a contractual obligation to care for, in the following manner:

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While working at Nye Regional Medical Center, PAUL with coworker BERNICE FAY ANDERSON, a registered nurse, chose not to follow facility protocol, instructions of supervisors, notes in the facility communications book, Ms. ... s patient care plan and patient chart when transporting Ms . Defendant PAUL failed to perform her duties as prescribed in the Regulations of the Board of Nursing Chapter 632 of the Nevada Administrative Code and Chapter V of the Medicaid Services Manual.

Defendant PAUL failed to provide ambulation services and other services as required in the patient's care plan. On November 23, 1996, PAUL with co-worker ANDERSON, chose not to use a mechanical transport method, commonly referred to as a Hoyer Lift, when transporting Ms. within the shower room. Defendant PAUL knowingly utilized a contraindicated two person manual transport method, commonly referred to as a Towel Lift. Through Defendant PAUL's use of the contraindicated Towel Lift method, Ms. was dropped in the shower room, causing her unjustified prolonged physical pain and impairment/separation of her left arm from her shoulder. ANDERSON then obtained assistance from other co-worker(s), including PAUL, and lifted Ms. M from the shower

room floor and placed her in a geri chair. Shortly after being dropped, Ms.! complained to PAUL that she was in pain.

All of which constitutes a felony offense of ABUSE, NEGLECT AND EXPLOITATION OF OLDER PERSON in violation of NRS 200.5099(3) and (7).

Specifically as to Defendant JANE RUDOLPH (RUDOLPH):

Defendant RUDOLPH, as a registered nurse supervisor employed at Nye Regional Medical Center, in Tonopah Township, County of Nye, Nevada, did on November 23, 1996 through November 27, 1996 cause and permit Sa to suffer unjustifiable physical pain and/or mental suffering as a result of neglect, or did permit Ms.

to be placed in a situation in which she may, and in fact, did suffer unjustifiable physical pain and/or mental suffering as a result of negligence in that Defendant RUDOLPH failed to provide services necessary for the physical and mental health of Ms.

_, a person over the age of 60 years, and for whom Defendant RUDOLPH had assumed a legal responsibility and/or a contractual obligation to care for, in the following manner:

Defendant RUDOLPH did commit neglect by failing to follow facility protocol, or reporting requirements; and by failing to adhere to required duties as prescribed in the Regulations of the Board of Nursing Chapter 632 of the Nevada Administrative Code and Chapter V of the Medicaid Services Manual in her provision of care or services necessary to maintain the physical or mental health of Ms.

On November 23, 1996, RUDOLPH was summoned to the facility in her supervisory nurse/caretaker capacity to respond to an incident involving Ms.

being dropped in the shower room by two co-workers, who at the time were utilizing a non-approved

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transportation method. Upon her arrival, RUDOLPH evaluated the situation, but did not properly assess or examine Ms. . injuries or physical pain, nor did she direct others to do so. Defendant RUDOLPH also failed to report the incident to Ms.

Defendant RUDOLPH'S neglect in failing to properly provide care or necessary services in assessing, examining or reporting Ms. 's injuries caused, allowed and/or permitted Sarah . to suffer severe prolonged physical pain and substantial bodily or mental harm for an additional 24 to 36 hours when an

impairment/separation of her left arm from her shoulder was properly diagnosed. RUDOLPH'S failure to properly assess and/or diagnose injuries allowed Ms. . to be neglected until she was properly diagnosed. These same neglectful failures of duty or responsibility by RUDOLPH caused or permitted Ms

to

receive services in a manner that a reasonable person would not have allowed if information from a proper assessment, examination or reporting had been provided.

All of which constitutes a felony offense of ABUSE, NEGLECT AND EXPLOITATION OF OLDER PERSON in violation of NRS 200.5099(3) and (7).

All of the above is contrary to the form, force and effect of the statutes as such cases made and provided, and the peace and dignity of the State of Nevada.

Said complainant prays that Arrest Warrants be issued for Defendants BERNICE FAY ANDERSON, PATRICIA PERRY PAUL, and JANE RUDOLPH; and that Defendants be dealt with according to law.

DATED this <u>20</u> day of November, 1997.

FRANKIE SUE DEL PAPA Attorney General

Investigator

SUBSCRIBED AND SWORN to before me this <u>20</u> day of Neverthan, 1997 by: BARBARA BACKMÁN.

Notary Public in and for the County

of Clark, State of Nevada

NOTARY PUBLIC STATE OF NEVADA County of Clark Doris Y. Williams My Appointment Expires June 21, 1999

SUBMITTED BY:

FRANKIE SUE DEL PAPA Attorney General

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STATE OF NEVADA

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