

1 Paula Letherbaire  
2 1731 Howe Avenue # 333  
3 Sacramento, CA 95815  
4 (916) 692-8310

5 Plaintiffs In Pro Per

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7  
8 SUPERIOR COURT OF THE STATE OF CALIFORNIA  
9 FOR THE COUNTY OF SACRAMENTO  
10

11 PAULA LETHERBLAIRE, an individual, On her )  
12 own behalf, and as Conservator of )  
13 ADRIENNE L. POWELL CONSERVATORSHIP, )

14 Plaintiffs,  
15 vs.

CASE No.

16 VERIFIED COMPLAINT  
17 [DEMAND FOR JURY TRIAL]

18 KAISER FOUNDATION HEALTH PLAN, INC., )  
19 A California nonprofit corporation; THE )  
20 PERMANENTE MEDICAL GROUP, INC., a )  
21 For-Profit professional corporation; KAISER )  
22 FOUNDATION HOSPITALS, a California )  
23 Nonprofit organization; MARGARET S. BRAR, )  
24 MD, an individual; and DOES 1 through 20, )  
25 Inclusive, )

26 Defendants  
27  
28

29 Plaintiff complains and for causes of action alleges as follows:

30 **The Interested Parties**

31 1. Plaintiff **Paula Letherblaire**, an individual of successor interest in the estate of deceased  
32 mother the co-Plaintiff A, is acting on her own behalf (hereinafter referred to as "Plaintiff A"), and is  
33 now, and at all times mentioned in this complaint was, a resident of Sacramento County, California.  
34

1 Plaintiff A, as Executor and Conservator, is also appearing on behalf of the Adrienne L. Powell  
2 Conservatorship (Plaintiff B).

3  
4 2. Plaintiff **Adrienne L Powell Conservatorship**, an open conservatorship of the person and  
5 estate of decedent Adrienne L. Powell. The conservatorship is represented by the conservator, Plaintiff  
6 A, as a conservatorship concurrently before the jurisdiction of the Sacramento Superior Court, State of  
7 California (hereinafter referred to as "Plaintiff B"). Decedent Adrienne L. Powell, Plaintiff B, was at all  
8 times mentioned in this complaint a resident of Sacramento County, California. The surviving heirs of the  
9 estate of decedent Adrienne L. Powell (Plaintiff B) are: Paula Letherblaire (decedent's daughter herein  
10 named as Plaintiff A), and Donald Clifford Howard (decedent's son, whose consent to be joined as a  
11 plaintiff in this action was sought and refused, and he is therefore not named as a plaintiff in this  
12 complaint (CCP §382).

13  
14 3. Defendant **Kaiser Foundation Health Plan, Inc.**, a California nonprofit corporation, is now,  
15 and at all times mentioned in this complaint, was a corporation organized and existing under the laws of  
16 the State of California, with its principal place of business in Alameda County, State of California  
17 (hereinafter referred to as "Defendant K"). Defendant K, at all times mentioned in this complaint.  
18 Plaintiffs, based on information and beliefs allege Defendant K, in addition to their individual actions, had  
19 assumed a liability of a *respondeat superior defendant*, as the employer of Defendant MD and certain  
20 DOES 1 through 50, inclusive, to this action.

21  
22 4. Defendant **The Permanente Medical Group**, a California for-profit professional corporation,  
23 is now, and at all times mentioned in this complaint was, a professional corporation organized and  
24 existing under the laws of the State of California, with its principal place of business in Alameda County,  
25 State of California (hereinafter referred to as "Defendant P"). Plaintiffs, based on information and beliefs  
26 allege Defendant P, in addition to their individual actions, had assumed a liability of a *respondeat*  
27  
28

1 *superior defendant*, as the employer of Defendant MD and certain DOES 1 through 50, inclusive, to this  
2 action.

3  
4 5. Defendant **Kaiser Foundation Hospitals**, a California nonprofit corporation, is now, and at  
5 all times mentioned in this complaint was, a corporation organized and existing under the laws of the  
6 State of California, with its principal place of business in Alameda County, State of California  
7 (hereinafter referred to as "Defendant H"). Plaintiffs, based on information and beliefs ~~allege~~ Defendant  
8 H, in addition to their individual actions, had assumed a liability of a *respondeat superior defendant*, as  
9 the employer of Defendant MD and certain DOES 1 through 50, inclusive, to this action.

10  
11 6. Defendant **Mangreet S. Brar, MD**, is an individual and a physician licensed to practice within  
12 the State of California, who at all times relevant to this action had a place of business at Kaiser  
13 Foundation Hospital in Sacramento, California (hereinafter referred to as "Defendant MD ").

14  
15 7. Defendant **DOE 1**, on information and belief, is a practicing registered nurse in the  
16 employment of Defendant H, and is now, and at all times mentioned in this complaint was, a resident and  
17 licensed nurse practitioner in Sacramento County, California.

18  
19 8. Defendant **DOE 2**, on information and belief, is the in-house pharmaceutical department (or  
20 division) of Defendant H, who is now, and at all times mentioned in this complaint was, the in-house  
21 pharmacy at Kaiser Hospital South, of the Kaiser Foundational Hospitals, in Sacramento County,  
22 California.

23  
24 9. Defendant **DOE 3**, on information and belief, is a state designated mandatory reporter under  
25 the Elder Abuse and Adult Protection Act, who had a mandated duty to report known or suspected elder  
26 abuses, and to whom Plaintiffs formally made known such alleged abuses in the course of events  
27 described in this complaint, to those Defendants K, H, P, and DOES 1 through 50, inclusive.  
28



10. The true names of defendants **DOES 1 through 50**, inclusive, are unknown to plaintiffs at this time. Plaintiffs sue those defendants by such fictitious names pursuant to section 474 of the Code of Civil Procedure, and the DOES identities are likely to become known and have evidentiary support for claims alleged as to the unnamed defendants after a reasonable opportunity for further investigation or discovery. Plaintiffs are informed and believe, and based on that information and belief allege, that each defendant designated as a DOE is legally responsible for the events and happenings referred to in this complaint, and unlawfully caused the injuries and damages to plaintiffs alleged in this complaint.

11. Plaintiff is informed and believes, and based on that information and belief allege, that at all times mentioned in this complaint, all said defendants were agents and employees of their codefendants, and in doing the things alleged in this complaint were acting within the course and scope of such agency and employment. Plaintiffs are further informed and believe and on the basis of that information and belief allege, that each of those defendants were in some manner negligently and proximately responsible for the events and happenings alleged in this complaint and for plaintiffs' damages.

## Jurisdiction and The Parties

12. The civil jurisdiction of the state court exists to hear all unlimited civil claims for common law relief, and the enhanced statutory relief on claims brought under California Elder Abuse and Adult Protections Act (Welf. & Inst. C §§15600-15763), Business and Professional Code, and the California Civil Code.

### Preliminary Statement

13. For the period January 2009 through October 2011, Plaintiff B's medical records of The Permanente Medical Group, Kaiser Foundation Health Plan, Inc., and Kaiser Foundation Hospitals, find all healthcare providers actively engaged in addressing a host Plaintiff B's medical symptoms with a short list of persistent sulfa or sulfate ingredient drugs with no record of allergy--as particular attention to dedicated manipulation of Prednisone dosage.



1 14. For 2009-2011, Plaintiff B's medical attention consisted of nonsurgical treatments ER-related  
2 complaints, but Plaintiff B's long term medical record had a predominant list of medical problems that did  
3 include: complex eye injection treatments, progressive chronic and anemic kidney failure, frequent  
4 painful rashes, hepatitis C, persistent adverse prescription drug reactions, bouts of mental confusion,  
5 fluctuating complex visual impairments (stroke in the eye, cataracts, glaucoma), dehydration, depression,  
6 hospitalized episodes of intense body tingling or itching, persistent urinary tract infections, gout, sharp  
7 body aches, frequent episodes of strained joint/muscle /body pain, and hypoparathyroidism.

8  
9 15. By October 2011, no less than fifteen (15) of Plaintiff B's total prescription drugs regiment  
10 contained undisclosed sulfa or sulfate ingredients, and the patient's sulfa and sulfate allergies had not been  
11 diagnosed until Plaintiff B transferred from interim convalescent care in a Kaiser-owned facility to  
12 reinstated the patient's membership in The Permanente Group--Northern California's Kaiser Foundation  
13 Health Plan, Inc. Plaintiff B lived 10-months before she died of a delayed, missed or undiagnosed  
14 Stevens Johnsons Syndrome--a sulfa and sulfate allergic reaction to prescription drugs--a disease of  
15 symptoms described at paragraph 14 of this complaint, above.

16  
17 16. Plaintiffs contend Defendants K, H and P, and Defendant DOE 2 in-house pharmacy, each of  
18 them and inclusively, failed professional standards of duty to care, for the failure of a *delayed, missed or*  
19 *misdiagnosis* of Plaintiff B's sulfa and sulfate drug allergy for the health care plan period from January  
20 2009-October 2011, and for the medical errors and omissions for the health care plan period from  
21 November 2011- October 4, 2012, where Defendant H's in-house pharmacy issued prescription drug  
22 monographs that failed to disclose the sulfa and sulfate drug ingredients dispensed to Plaintiff B, who the  
23 pharmacy knew or should have known such omission would pose a foreseeable risk of critical physical  
24 injury or wrongful death to patients with known sulfa or sulfate allergies. Plaintiffs contend of all in-  
25 house pharmacy monograms for the prescription drugs regiment for Plaintiff B, no less than sixteen (16)  
26 prescription drugs contained sulfa/sulfate-based ingredients that were simultaneously dispensed to  
27 Plaintiff B routinely from November 2011- October 4, 2012--the date Plaintiff B died at Kaiser Hospital  
28

1 of the previously *delayed, missed or misdiagnosis* of Stevens Johnsons Syndrome (fatal sulfa/sulfate drug  
2 reaction).

3 17. Plaintiffs contend Defendants K, H and P, and Defendant DOE 2 in-house pharmacy, have  
4 severed and joint failures of professional standards duty of care, for medical errors and acts of omission  
5 borne out of a direct relationship between pharmacist-patient that independently exists but coincides with  
6 a physician-patient relationship of a "corresponding responsibility" to monitor the patient's use of  
7 medication, to generally know about a drug and the reason for its prescription. Plaintiffs contend  
8 Defendants K, H and P have common law liability for delayed, missed or no-diagnosis of Plaintiff B's  
9 Stevens Johnsons Syndrome as a cause of death that first appeared on the decedent's death certificate  
10 (which defendants subsequently modified priority of causes of death to evade autopsy and appease  
11 mortuary refusal to release the decedent's body)--now a wrongful death allegation. Defendants K, H and  
12 P, then have *respondeat superior liability*, for medical errors and omissions and acts medical  
13 practitioners' and staff committed as failures of a reasonable duty of care not requiring professional  
14 discretion--that contributed to the elderly dementia patient--Plaintiff B's--endangerment, abandonment,  
15 premises risk of harm, physical and mental injury, emotional distress, and wrongful death which occurred  
16 in the course of hospitalization.

17 18. Plaintiffs further contend Defendant DOE 2 (in-house pharmacy) failed a professional  
18 standard duty of care--a licensed duty *independent of the physician's duty*, to monitor the patient's use of  
19 medication; to generally know about a drug and the reason for its prescription; to monitor drug use and  
20 intervene when a problem becomes evident *as expertise the pharmacist should have known and then*  
21 *should have exercised* to prevent the patient's physician from ordering the medication be dispensed for  
22 any obvious conflict, including age or allergic drug reaction; the duty to evaluate the medication therapy;  
23 to determine whether medications correlate to patient's diagnosis; to observe length of therapy; to discern  
24 adverse drug interaction, or any contraindications for use--all before dispensing the medication. As the  
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28



1 pharmacy should have discerned and resolved all duty components--*that failure to meet this expanding*  
2 *responsibility, res ipsa loquitur, constitutes pharmaceutical negligence.*

3 19. Plaintiffs contend, apart from those acts of each named Defendant, Defendants K, H and P  
4 have a *respondeat superior defendants* liability for the acts and omissions of those named Defendants and  
5 Defendant DOES 1 through 30, inclusive, who acted in a capacity of agents and employees of Defendants  
6 K, H and P. The Plaintiffs submit the true identity of Defendant DOES 1 through 30, inclusive, and their  
7 acts of a proximate cause for any injury or claims described in this complaint, are likely to have  
8 evidentiary support after a reasonable opportunity for further investigation or discovery.  
9

10 Plaintiffs seek all relief of common law, and all relief of an enhanced statutory remedy at law, for  
11 compensatory damages, punitive damages, including the court's operation of enhanced civil or penal  
12 penalty for special jurisdiction afforded the conservatorship of an abused elder's estate's claims and  
13 protections under the Elder Abuse and Adult Protection Act.  
14

#### 15 **STATEMENT OF FACTS**

16 20. On or about 2008, Defendant H performed surgery to remove Plaintiff B's parathyroids,  
17 whereupon a resulting medical record indicate the patient's future treatment of hypoparathyroidism  
18 included a new diagnosis of hepatitis C.

19 21. For the period January 2009 through October 2011, Plaintiff B's medical records address a  
20 short list of host of medical symptoms: free of any adverse heart condition, with disagnosed fibromyalgia,  
21 hepatitis C, osteoarthritis, progressive vision failure (diabetic stroke in the eye, cataracts, glaucoma,  
22 retinal trauma), frequent urinal tract infection, severe joint and muscle pains and tingling episodes,  
23 hypoparathyroidism, chronic and anemic kidney disease, nephrolithiasis. The patient's medication  
24 regiment involved a persistent dedication to adjustments in PREDNISONE (deltasone) dosage--a sulfa or  
25 sulfate ingredient-based prescriptions drug with no record of allergy.  
26

27 (a) Prior to October 2011, Plaintiff B's prescription drug regiment containing **undisclosed sulfa**  
28 **or sulfate-based ingredients** included: ALLOPURINOL, RISPERDAL (risperidone),  
CIPROFLOXACIN (cipro), LEVOBUNOLOL (Betagan), and PREDNISONE (deltasone) subject to  
aggressive monthly adjustments. NORTRIPTYLINE was added, then removed on or about October 2011.

1 (b) From November 2011 to October 2012, Plaintiff B's sulfa/sulfate drug allergies were  
2 diagnosed and documented in her medical record, while the patient's prescription drug regiment that  
3 continued to contain **undisclosed sulfa or sulfate-based ingredients** included sixteen (16) drugs:  
4 ROCALTROL, ALLOPURINOL, CIPROFLOXACIN (cipro), RISPERDAL (respiridone), GLIPIZIDE  
5 (Glucotrol), LEVOBUNOLOL (Betagan), LASIX (furosemide), LEVOBUNOLOL (Betagan),  
6 HYDRALAZINE (apresoline), BENADRYL (diphenhydramine), ALBUTEROL (airet, proventil/ventolin),  
7 NORTRIPTYLINE (Aventil/Pamelor), VICODIN (acetaminophen--Norco), LEVOFLOXACIN (levaquin),  
8 and PREDNISONE (deltasone), and FUROSEMIDE. A true and correct list of Plaintiff Bs prescription  
9 drug regiment list is marked **EXHIBIT A** hereto. A true and correct copy of Defendants H and P  
10 pharmacy's prescription drug monographs corresponding to the aforementioned drugs (omitting disclosure  
11 of sulfa and sulfate ingredients) on the patient's drug list, are collectively marked **EXHIBIT B** hereto.

12 (c) On August 13-30, 2012, the prescription drugs **removed** from the medications regiment that  
13 contained **undisclosed sulfa or sulfate-based ingredients** included: ALLOPURINOL, GLIPIZIDE  
14 (Glucotrol), LASIX (furosemide), while the remaining sulfa/sulfate-based ingredient drugs remained.

15 22. On October 14, 2011, Plaintiff B was terminated and discharged from Defendant P's  
16 health care plan membership to a Kaiser-owned Los Angeles convalescent home.

17 23. On or about November 2, 2011, Plaintiff B was discharged from the Kaiser-owned  
18 convalescent facility, and transferred (by daughter, Plaintiff A) to Sacramento County residency  
19 and conservatorship. Plaintiff B's retirement health care plan benefit of Defendants K, P and H  
20 was reinstated (guest membership), whereupon Plaintiff B resumed treatment for a range of  
21 severe illnesses, that resumed the health care plan and prescription drug regiment of Defendant  
22 DOE 2's medical record. Defendant P's in-house pharmacy became the exclusive dispensary for  
23 Plaintiff B's prescription drug regiment and charged to monitor any patient's allergy risk for drug  
24 ingredients.

25 24. On May 5, 2012, Plaintiff B was diagnosed for dementia which involved the  
26 complete review and reassessment of the patient's medical treatment and prescription drugs  
27 regiment--which had documented the patients  
28 sulfa and sulfate allergy to drugs.

29 25. For a medical treatment period from November 2, 2011 through October 4, 2012,  
30 made frequent modifications to Plaintiff Bs prescription drug regiment; however, the list of  
31 prescriptions at all times contained undisclosed sulfa and sulfate ingredients that Defendants K,



1 H and Ps in-house pharmacy, Defendant DOE 2, knew or should have known documented the  
2 sulfa and sulfate drug allergies of Plaintiff B. Plaintiffs had good cause to rely, and so did rely on  
3 the defendants medical expertise and judgment exercised, and had no independent means to  
4 correlate the Plaintiff B's progressive organ failure, hepatitis C, dementia, failing vision, or other  
5 progressive symptoms to an then undiagnosed Stevens Johnson Syndrome that would soon  
6 caused the wrongful death of Plaintiff B on October 4, 2012, at Kaiser Hospital South, in  
7 Sacramento, CA.  
8

9  
10 26. On or about August 3, 2012, in the course of hospitalization, an attendant nurse,  
11 Defendant DOE 1, abandoned elderly dementia patient, Plaintiff B, left on a medical device  
12 (porta-pottie) where Plaintiff A discovered the patient in panic, demonstrative anger, frustration,  
13 and covered in her own excrement, for a period of extended time, however short. Plaintiff A also  
14 observed the fact the entire hospital admittance staff for the floor (Defendant DOES 1-30,  
15 inclusive) had also abandoned Plaintiff B and all patients on the floor, for a simultaneous period  
16 of time at or around midnight, however short. Plaintiff A took cell phone photographs of the  
17 staff absence event, and awaited the return of Plaintiff B's attendant nurse to photograph her.  
18 True real time photographic evidence of the incident are marked **EXHIBIT C** hereto. The true  
19 identity of attendant nurse, Defendant DOE 1, is presently unknown but is likely to become  
20 known and have evidentiary support upon reasonable opportunity for further investigation or  
21 discovery.  
22  
23

24 27. On or just prior to September 21, 2012, Plaintiff B experienced an ER-to-hospital  
25 admittance to scrutinize suspected prescription drug allergic reactions. The emergency room  
26 requested consent to medically flush the patient of all drugs to reintroduce the patient's vital  
27 medications one-at-a-time to discover the allergic reaction. However, on the first morning of  
28

1 hospitalization, Plaintiff A discovered the attendant nurse coaxing the patient to take the full  
2 regiment of regular medications. Plaintiff A queried the nurse, asking she withhold drugs to  
3 confirm the treatment plan and consent.

4  
5 Plaintiff simultaneously reported the incident to Defendant P's membership services,  
6 whose representative waited on the phone for me to ask the staff to contact and identify the  
7 patient's attendant physician. After the physician begrudgingly accepted the call and heard  
8 questions whether he was performing the treatment consented to--the physician answered: *"Well*  
9 *how would you like it if I just didn't do anything--or if I refused to give her any drugs at all..."*  
10 Plaintiff A responded *"...what did you say to me? Doctor, what is your name?"* The physician  
11 offered a name Plaintiff A could not pronounce which she asked him to spell. The physician  
12 spelled out his reply as: *"Dr. S-i-a-n-i-t-i"*--a false identification according to an admittance  
13 staffer who overheard the exchanged and recognized the physician as not the physician directly  
14 contacted by phone at Plaintiff A's request. As Plaintiff A returned to report the given physician's  
15 name to membership services (waiting on the patient's room telephone), an anonymous  
16 admittance staff nurse followed Plaintiff A to the patient's room, offering a note bearing a name  
17 *"Mangreet Brar,"* who the anonymous staffer whispered to Plaintiff A: *"...that was not the*  
18 *doctor you were talking to...this is his real name (she handed Plaintiff A the note and left)...."*  
19 These events were noted by the membership service representative (only known as *"Emelda"*),  
20 who agreed to initiate a formal investigation to address the physician's medical negligence, his  
21 threats and act of fraudulent misidentification. After submitting a requested Statement of  
22 Representation (of patient), Plaintiff A was induced to rely on Defendant P's good faith promise  
23 of administrative investigation.

24  
25  
26  
27  
28 //



1 True and correct copies of the "anonymous staff note," Plaintiff A's real time hand notes  
2 of the incident, Defendant P's written affirmations administrative investigations would  
3 commence (Permanente letters dated 8/21/12 and 10/12/12), are collectively marked **EXHIBIT**  
4 **D** hereto

5  
6 28. On or about August 4, September 13, and September 21, 2102, respectively, Plaintiff  
7 A initiated contact with Defendant H administrators to direct complaint evidence of hospital  
8 patient abuses, to report a physician episode of alleged medical errors and omissions  
9 accompanied by the physicians verbal threat to withhold his medical treatment in response to a  
10 treatment query; and to request re-evaluation of medical treatment for Plaintiff B. In direct  
11 reliance of administrative representations "appropriate departments" would investigate and  
12 resolve the issues raised, defendants induced Plaintiff A to act with a forbearance to await  
13 outcomes--even as Plaintiff B had died in the hospital. True and correct copies of the business  
14 cards of Defendant P representatives attending the administrative investigation meetings, are  
15 collectively marked **EXHIBIT E** hereto.

16  
17  
18 29. On October 2, 2012, Plaintiff A requested Defendant DOE 2's in-house pharmacy  
19 manager to conduct a complete prescription drug review of Plaintiff B's medication regiment, to  
20 mitigate further drug allergy issues. A true and correct copy of the in-house pharmacy response  
21 is marked **EXHIBIT F** hereto.

22  
23 30. On or around Summer 2013, after numerous inquires made for which Defendant P  
24 requested numerous declarations of Plaintiff A's patient representation, any purported  
25 investigations were terminated without notice, disclosure or resolution.

26  
27 31. On or about October 10, 2012, the Los Angeles mortuary and cemetery handling  
28 Plaintiff B's funeral and burial, each notified Plaintiff A the original Certificate of Death

prevented release of the body, due to autopsy requirements based on ambiguous medical language for causes of death. Plaintiff A frantically employed Defendant H's immediate resolution of problems with the original Certificate Death issued by Defendant H's agent, that stated in part:

"107. CAUSE OF DEATH

- Immediate Cause (A) Cardiac Arrest  
(B) Severe Dehydration  
(C) Exfoliative Dermatitis, Stevens-Johnson Syndrome  
(D) Probable Drug Reaction

112. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTIONS TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107

DEMENTIA, DIABETES WITH CHRONIC KIDNEY DISEASE 4, HEPATITIS C WITH CIRRHOSIS"

32. On October 11, 2012, Defendant H's death certificate agent then restated modified priority causes of death on the certificate, for which Plaintiff A incurred additional delayed funeral costs. The second death certificate modified cause of death to minimize previously undiagnosed Stevens Johnson Syndrome, for reasons Plaintiffs contend sought to evade a medical error or missed diagnosis liability for a prognosis the illness(es) onset was "1-2 months" which placed Plaintiff B in the hospital's care. The death certification modified to alter priority causes of death stated:

"107. CAUSE OF DEATH

- Immediate Cause (A) Cardiac Arrest  
(B) Severe Dehydration  
(C) Dementia

112. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTIONS TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107

EXFOLIATIVE DERMATITIS, STEVENS-JOHNSON SYNDROME, DIABETES WITH CHRONIC KIDNEY DISEASE 4, HEPATITIS C WITH CIRRHOSIS"

33. On October 4, 2012, Plaintiff B's final medical record disclosed a missed diagnosis of Stevens Johnsons Syndrome, that only first appeared in the medical record in notes on the date event of death, as follows:

Autopsy Requested? No

Immediate Cause of Death: Cardiac arrest.

Time interval between onset and death: Hours

B. Due to: Severe dehydration Time interval between onset and death: Days

C. Due to: Exfoliative dermatitis (**Stevens-Johnson syndrome**) *Time interval between onset and death: 1- 2 Months (italics and emphasis added)*

D. *Due to: Probable drug reaction Time interval between onset and death: 1-2 months (italics and emphasis added)*



1 Death reported to coroner: Yes: Referral Number 040  
2 Biopsy Performed: NO  
3 Autopsy Performed: NO  
4 Used in determining cause? NO  
5 Other significant conditions contributing to death but not resulting in underlying cause given above:  
6 Dementia, diabetes with CKD 4, hepatitis C with cirrhosis  
7 Was operation performed for any condition listed above? No  
8 If female, pregnant in last year? NO  
9 Decedent attended since? 10/4/2012 Date last seen alive? 10/4/2012  
10 Certifier: NORMAN SYN-LAI CHOW MD  
11 License # of certifier: G 55486  
12 Date: 10/4/2012  
13 Death certificate signed? NO

14 True and correct copies of original (working copy) and final Certificates of Death, and the medical record  
15 excerpt from October 4, 2012, are marked **EXHIBIT G** hereto.

16 **Causes of Action**

17 **Count One**

18 (Statutory elderly patient abuse of endangerment, by health care provider(s),  
19 As against Defendants K, H and P, Defendant MD, and Defendant DOES 1 and 3)

20 The Plaintiffs reiterate and incorporate by reference herein all allegations contained in paragraphs 1-  
21 33 above, and here allege:

22 34. That on or about August 3, 2012, and thereafter, attendant nurse Defendant DOE 1  
23 abandoned an elderly dementia patient, Plaintiff B, in the circumstances described at paragraph 26 and 27  
24 above. Where the nurse failed a duty to exercise a reasonable standard duty of care that a reasonable  
25 person (nurse or not) in a like position would exercise by continuing a care without desertion or forsaking  
26 the patient, and the act of abandoning the elder patient left without the presence or immediate proximity  
27 of Defendant DOE 1 for an extended period, however short, was an unreasonable act qualitatively  
28 different than professional negligence, and involved a reckless neglect of intentional abuse by the  
custodian of an elder, Defendant DOE 1's act of abandonment is simply not encompassed within  
'professional negligence. On grounds the vulnerable elderly dementia patient, Plaintiff B, is a member  
of a state-protected class, Plaintiffs request all relief that draws the victim's enhanced statutory remedy the

1 elder abuse by a health care provider's act of abandonment (Welf.&Inst.C. §15610.05), as against  
2 Defendant Doe 3.

3 35. That Defendant DOE 1's act of abandonment for an extended period of time, however  
4 short, created for Plaintiff B an imminent danger where a substantial probability the elder was in such  
5 immediate risk of serious physical harm, including death, which the elderly dementia patient had no  
6 means of her own action or inaction, or that assistance of anyone else, resolve her own safety, hygiene,  
7 hydration or transition from the medical device that restrained her. While the elder's abandonment  
8 subjected her to an imminent danger of immediate risks of serious physical harm, or death, Plaintiff B  
9 suffered the mental injury of an exacerbated dementia as her forward fear and refusal to submit to any  
10 hospitalization, and the injury of mental trauma and humiliation directly caused by the nurse's actions (as  
11 described at paragraph 26, above).  
12

13 Plaintiffs seek the victim's enhanced statutory relief at Welf.&Inst.C. §15610.39 and §15610.57  
14 (a)(1), for each act, for punitive damages in the amount of \$3,000, in favor of Plaintiff B and as against  
15 Defendant DOE 1, and the court's operation of civil and penal penalty with respect to Defendant DOE 1  
16 under the Act.  
17

18 36. That on or about August 3, 2012, Defendant MD intentionally endangered Plaintiff B to  
19 deprive the elderly patient of health services of the care custodian the patient consented to as the critical  
20 justification for her hospitalization (see, paragraph 27 above). Defendant MD's negligent disregard for  
21 the medical treatment his patient consented to, constituted his deliberate deprivation of a controlled  
22 setting for emergency scrutiny of previously prescribed medication allergies his patient consented to,  
23 which was a proximate cause of a wrongful death that ensued within days of the incident described at  
24 paragraph 27 above. Defendant MD acted knowing his conscious and expressed indifference involved  
25 extreme degrees of risk and probability of patient harm--the very risks Defendant MD took anyway.  
26

27 Plaintiffs seek the victim's enhanced statutory relief, for each act at Welf.&Inst.C. §15610.07,  
28 §15610.35, §15610.37, §15610.39, and §15610.57 (a)(1), consecutively, for punitive damages in the



1 amount of \$10,000, and for the court's operation of civil and penal penalty with respect to Defendant MD  
2 under the Act.

3 Plaintiff A seeks all relief of the Defendant MD's intentional infliction of her emotional  
4 distress, and relief for loss of consortium, on all enhanced statutory relief available for the acts of elder's  
5 abuse by the health practitioner, at Welf.&Inst.C. §15610.07, §15610.35, §15610.37, §15610.39, and  
6 §15610.57 (a)(1), for each statute affording relief, for punitive damages in the amount of \$400,000, in  
7 favor of Plaintiff A, as against Defendant MD.  
8

9 37. That on or about August 3, 2012, Defendant DOES 3-30, inclusive, who are unnamed  
10 hospital admittance staff who abandoned the entire hospital floor of patients, including Plaintiff B, were  
11 acts that intentionally endangered Plaintiff B to deprive the elderly patient of health services of the care  
12 custodian the patient consented to as a critical justification for her hospitalization (see, paragraph 26  
13 above). Defendant DOES' negligent disregard for the medical treatment their patients consented to,  
14 constituted a deliberate deprivation of a controlled setting for medical services, as acts of Defendant  
15 DOES admittance staff knew were of a conscious and expressed indifference would create such extreme  
16 degrees of risk and probability of collective patient harm--it was the very risks they collectively took  
17 anyway.  
18

19 For Defendant DOES' proximate cause of a Plaintiff B's endangerment, physical and mental  
20 injury described at paragraph 26 above, Plaintiffs seek the victim's enhanced statutory relief, for each act,  
21 at Welf.&Inst.C. §15610.07, §15610.35, §15610.37, §15610.39, and §15610.57 (a)(1), consecutively, for  
22 punitive damages in the amount of \$100,000, and further seek the court's operation of civil and penal  
23 penalty under the Act, with respect to Defendant DOES yet to be named.

24 Plaintiff A seeks all relief of the Defendant DOES' intentional infliction of her emotional  
25 distress, and statutory relief for loss of consortium for all enhanced statutory relief available for the elder's  
26 abuse by these health practitioners, for each act, at Welf.&Inst.C. §15610.07, §15610.35, §15610.37,  
27  
28

§15610.39, and §15610.57 (a)(1), for punitive damages in favor of Plaintiff A, and as against DOES 3-30, inclusive, for a total amount of \$1,000 assessed each unnamed defendant.

38. That Defendants K, H and P have *respondeat superior* defendants liability for the acts of defendant r physicians, attendant nurse, and the hospital admittance staff who are in their employ, and whose acts described at paragraphs 26 and 27 of this complaint, were acts of their abuse of job-authority, as well as their failed reasonable duty to care.

Plaintiffs seek all the victim's enhanced statutory relief at Welf.&Inst.C. §15610.07, §15610.35, §15610.37, §15610.39, and §15610.57 (a)(1), consecutively, for each act, for punitive damages in the amount of \$500,000.

Plaintiffs seek the court's operation of civil and penal penalty under the Act, at to Defendants K, H and P. Plaintiff A seeks all relief as against Defendant K, H and P, for intentional infliction of emotional distress, and loss of consortium as to Plaintiff A, on all enhanced statutory relief for elder's abuse by health practitioners, at Welf.&Inst.C. §15610.07, §15610.35, §15610.37, §15610.39, and §15610.57 (a)(1), for each act, for punitive damages in the amount of \$1,000,000.

### **Count Two**

(Statutory elderly patient abuse of medical battery, by health care provider,

As against Defendants K, H and P, Defendant MD)

The Plaintiffs reiterate and incorporate by reference herein all allegations contained in paragraphs 1-33 above, and here allege:

39. That Mangreet S. Brar, MD, Defendant MD, for acts constituting the physician's medical battery, and medical errors, and threats to withhold medical services by omission which the physician recited with an intent to frighten, intimidate or assert undue influences against the elderly dementia patient and the patient's representative, the Plaintiffs allege, for the acts described at paragraph 27 above, Defendant MD acted knowing his conscious and expressed indifference involved an extreme degree of



1 risks and probability of his patient's harm, physical or mental injury or even death--the very risks  
2 Defendant MD took anyway.

3 Plaintiffs seek the victim's enhanced statutory relief, for each act at Welf.&Inst.C. §15610.07,  
4 §15610.35, §15610.37, §15610.39, and §15610.57 (a)(1), consecutively, for punitive damages in the  
5 amount of \$250,000, and Plaintiffs also seek the court's operation of civil and penal penalty with respect  
6 to Defendant MD under the Act. Plaintiff A seeks all relief of the Defendant MD's intentional infliction of  
7 her emotional distress, and relief for loss of consortium, on all enhanced statutory relief available for the  
8 acts of elder's abuse by the health practitioner.

9  
10 Plaintiffs seek all enhanced statutory relief at: Welf.&Inst.C. §15610.07, §15610.35,  
11 §15610.37, §15610.39, and §15610.57 (a)(1), per each statute for abuse afforded relief, for punitive  
12 damages in an amount of punitive damages of \$250,000.

13 40. That Mangreet S. Brar, MD, Defendant MD, for acts constituting the physician's gross  
14 negligence with malice, had falsely misrepresented his true identity to the patient in his direct care to  
15 conceal himself, with intent to deceive, from a disclosure of his threats to withhold medical services by  
16 undue influence of his job-related authority and abuse of his medical practice discretion. Plaintiffs allege  
17 for the physician's recitations that had intent to frighten, intimidate or assert undue influences against the  
18 elderly dementia patient and the patient's representative, the Plaintiffs allege, for the acts described at  
19 paragraph 27 above. Defendant MD had acted knowing his conscious and expressed indifference involved  
20 an extreme degree of risks and probability of his patient's harm, physical or mental injury or even death--  
21 the very risks Defendant MD took anyway.

22  
23 41. That Defendant MD physician who knew or reasonably should have known his actions  
24 against the elder patient's circumstance and medical condition would cause or permit the elder to suffer all  
25 manner of unjustifiable physical pain for lack of a wanton professional standard of care the physician  
26 threatened to withhold, that included potential death. For the physical injury that did result, and the  
27 statutory injury to the elder's afforded state-protections from abuse by a health care provider, Plaintiffs  
28

1 seek all relief for the physician's gross negligence, concealment, fraud and deceit, as the risks for the  
2 physician's actions Defendant MD took anyway. (Plaintiffs allege the doctor incurred liability for  
3 punitive damages for medical battery not akin to a malpractice claim limited by MICRA, which does not  
4 apply to enhanced relief the Act affords these Plaintiffs.)

5 Plaintiffs seek the victim's enhanced statutory relief, for each act, at Welf.&Inst.C. §15656(a)  
6 and (b), in the amount of \$250,000.

7  
8 Plaintiffs seek the victim's enhanced statutory relief, for each act at Welf.&Inst.C. §15610.07,  
9 §15610.35, §15610.37, §15610.39, and §15610.57 (a)(1), as consecutive counts for statutory relief, of  
10 punitive damages in the amount of \$100,000, together with the court's operation of civil and penal penalty  
11 with respect to Defendant MD under the Act.

12 Plaintiff A seeks all relief of the Defendant MD's intentional infliction of her emotional  
13 distress, and relief for loss of consortium, on all enhanced statutory relief available for the acts of elder's  
14 abuse by the health practitioner, at Welf.&Inst.C. §15610.07, §15610.35, §15610.37, §15610.39, and  
15 §15610.57 (a)(1), on consecutive counts for each statutory act, for punitive damages in the amount of  
16 \$100,000.

17  
18 42. That Defendants K, H and P have *respondeat superior* defendants liability for the acts of  
19 the physicians, who are in their employ, and whose acts described at paragraphs 26 and 27 of this  
20 complaint, were acts of the physician's abuse of job-authority, as well as a failed reasonable duty to care.

21 Plaintiffs seek all the victim's enhanced statutory relief at Welf.&Inst.C. §15656(a) and (b),  
22 and related abuses at §15610.07, §15610.35, §15610.37, §15610.39, and §15610.57 (a)(1), on consecutive  
23 counts for each statutory act, for total punitive damages in the amount of \$600,000.

24 Plaintiffs seek the court's operation of civil and penal penalty under the Act, at to Defendants  
25 K, H and P.

26 Plaintiff A seeks all relief as against Defendant K, H and P, for intentional infliction of  
27 emotional distress, and loss of consortium as to Plaintiff A, on all enhanced statutory relief for elder's  
28



1 abuse by health practitioners, at Welf.&Inst.C. §15610.07, §15610.35, §15610.37, §15610.39, and  
2 §15610.57 (a)(1), for each act, for punitive damages in the amount of \$500,000.

3 **Count Three**

4 (Statutory elderly patient abuse of negligent failures of duty of care, by health care provider(s),  
5 As against Defendants K, H and P, and Defendant DOES 1, 2 and 3, inclusive)

6  
7 The Plaintiffs reiterate and incorporate by reference herein all allegations contained in paragraphs 1-  
8 33 above, and here allege:

9  
10 43. That on or about August 3, 2012, and thereafter, attendant nurse Defendant DOE 1 acts of  
11 abandonment of elderly dementia patient, Plaintiff B, as described at paragraph 26 and 27 above,  
12 constituted the negligent failure of a professional standard for health care providers who take custody and  
13 controlled medical care of an elderly patient subject to the Act's protection, caused Plaintiff B an  
14 actionable neglect for the failure of that duty. Plaintiffs contend the elderly patient, for abandonment for  
15 a period of time, however short, involved the health provider's failure to assist Plaintiff B in her personal  
16 hygiene, or to provide the medical care requisite to the patient's mental or physical health needs, and  
17 failed to prevent or protect the patient from health and safety hazards which then ensued were  
18 circumstances the patient lacked a mental or physical capacity to relieve herself of (see paragraphs 26, 27  
19 above).

20  
21 44. That for the periods described at paragraphs 20-25 of this complaint, Defendant DOE 2, as  
22 Defendant H's in-house pharmaceutical department, independently failed a professional standards duty of  
23 care, for the medical errors and omissions set forth at paragraphs 20-25, above. Where the pharmacy had  
24 failed a duty of care independent of the physician-patient relationship, the pharmacy failed to exercise that  
25 corresponding responsibility" a pharmacy/pharmacist owes under California law (Health and Safety Code  
26 section 11153(a)), to monitor the patient's use of medication, to generally know about a drug and the  
27 reason for its prescription, and to monitor drugs use and dispensary with diligent intervention when a  
28

1 problem becomes evident based on their unique expertise. Plaintiffs allege the pharmacy, as custodian of  
2 Plaintiff B drug prescription list, knew or should have known--and then should have exercised to prevent--  
3 the patient's obvious sulfa and sulfate allergy history--to monitor these ingredients or any pharmaceutical  
4 omission or foreseeable risk to the patient unwary of these ingredients in the prescription Defendant DOE  
5 2 dispensed. The pharmacy had licensed duty being *independent of the physician's duty* to resolve a  
6 physician from ordering medication be dispensed for such an "obvious conflict" as sulfa and sulfate  
7 allergic drug reactions which the pharmacist should have known (see paragraphs 20-23 above), or should  
8 have exercised the professional expertise to discover. ***That failure to meet this expanding responsibility***  
9 ***constituted the pharmaceutical negligence of Defendant DOE 2, as to pharmacy's omission or***  
10 ***nondisclosure the medication regiment would risk or directly cause physical injuries and death which***  
11 ***came to fruition for Plaintiff B. caused physical injury that led to wrongful death of Plaintiff B.***

13 Plaintiffs seek all enhanced statutory remedy afforded the deceased elderly patient's class  
14 protection from the abuses prolonged physical or mental injury, or prolonged medical errors and  
15 omissions that resulted in organ failure and wrongful death. Plaintiffs seek a cumulative enhanced  
16 remedy at: Welf.&Inst.C. §15610.57(a) [gross neglect of physical abuse], §15610.60 [failed duty of care  
17 of health provider], §15657 [abuse for practitioners deliberate disregard, recklessness], §15610.65 [duty of  
18 care not severed from a reasonable suspicion drawn from training or expertise]; §15610.67 [foreseeable  
19 duration of serious bodily injury], for punitive damages in the amount of \$2,000,000.

21 45. That Defendants K, H and P have a *respondeat superior defendant* liability for the acts of  
22 the in-house pharmacy in their employ, and whose undue influence of pharmaceutical expertise, and for  
23 all acts described at paragraphs 20-25 of this complaint, were acts of the pharmacy's medical error and  
24 omission throughout the Defendants' health care system. For this pharmaceutical error that risks the  
25 medical well-being of the elder Plaintiff B and all patients similarly situated with an exclusive reliance on  
26 the expertise, disclosures and authority of the pharmacies of Defendants K, H and P's health care system,  
27 this alleged failure of duty to care is so lethal as to warrant the pharmacy and its employers be made a  
28



1 punitive example. Plaintiffs seek this enhanced remedy, of punitive example, where failure *to meet this*  
2 *expanding responsibility constituted the pharmaceutical negligence of Defendant DOE 2, caused*  
3 *prolonged physical and mental injury that led to wrongful death of Plaintiff B.* Plaintiffs seek  
4 exemplary punitive damages: remedy at: Welf.&Inst.C. §15610.57(a) [gross neglect of physical abuse],  
5 §15610.60 [failed duty of care of health provider], §15657 [abuse for practitioners deliberate disregard,  
6 recklessness], §15610.65 [duty of care inseverable from professional's reasonable suspicion drawn from  
7 training]; §15610.67 [forseeable duration of serious bodily injury], for punitive damages in the amount of  
8 \$2,000.000, as against each of Defendants K, H, and P, respectively.

10 Plaintiffs seek all the victim's enhanced statutory relief at Welf.&Inst.C. .§15656(a) and (b),  
11 and related abuses at §15610.07, §15610.35, §15610.37, §15610.39, and §15610.57 (a)(1), consecutively,  
12 for each act, in favor of Plaintiffs, and as against each of Defendants K, H, and P, respectively, for  
13 punitive damages in the amount of \$2,000,000.

14 Plaintiffs seek the court's operation of civil and penal penalty under the Act, at to Defendants  
15 K, H and P. Plaintiff A seeks all relief as against Defendant K, H and P, for intentional infliction  
16 of emotional distress, and loss of consortium as to Plaintiff A, on all enhanced statutory relief for elder's  
17 abuse by health practitioners, at Welf.&Inst.C. §15610.07, §15610.35, §15610.37, §15610.39, and  
18 §15610.57 (a)(1), for each act, for punitive damages, in favor of Plaintiff A, and as against each of  
19 Defendants K, H, and P, respectively, in the amount of \$500,000.

21 Plaintiff B seeks all enhanced statutory remedy for economic and noneconomic recovery, for  
22 costs incurred in the course of purchases of all prescription drugs as the basis of Plaintiff B wrongful  
23 death from direct acts of Defendant DOE 2 and Defendants K, H and P, as against each of them, for  
24 economic recovery of all drug costs incurred for the period described at paragraphs 20-25 in this  
25 complaint, for economic recovery damages in favor of Plaintiff B, and as against Defendant DOE 2 and  
26 Defendants K, H and P, in the amount of \$300,000, as to each of them.

28 //

1 Plaintiff B seeks all enhanced statutory remedy for economic recovery of the pre-death  
2 liquidation of her estate assets (house, its content, expenditure of all retirement and pension funds)  
3 expended in the course of sustaining her independent liberty, convalescence, assisted homehealth care,  
4 relocation for conservatorship of her person and estate--all damages of economic injury that Plaintiff B  
5 sustained for all the long term of medical errors and omissions, nondisclosure of medications that led to  
6 her prolonged illnesses. Plaintiff B's request for enhanced remedy punitive damages are requested for the  
7 estimated economic damages of \$3,000.000, as against Defendants K, H and P, and for each of them,  
8 respectively.  
9

10 **Count Four**

11 (Statutory Fraud, Undue Influences In Deceit, Failed Duty of Patients Advocate,

12 As to Defendant K)  
13

14 The Plaintiffs reiterate and incorporate by reference herein all allegations contained in paragraphs 1-  
15 33 above, and here allege:

16 46. That for the period of or about August 4, September 13, and September 21, 2102,  
17 respectively, Defendant H administrators made false representations with intent to induce the Plaintiffs'  
18 reliance and to forebear taking certain available legal recourse, that Defendant H might direct reported  
19 hospital patient abuses, and a report of physician medical error and omissions accompanied by a threat to  
20 withhold medical treatment, to re-evaluate the medical treatment strategy applied to Plaintiff B, and to  
21 initiate administrative investigations in "appropriate departments" to discover and resolve the full extent  
22 of the issues raised. Defendant H had induced Plaintiff A to act with a forbearance to await such  
23 administrative outcomes--even as Plaintiff B died in the hospital. (See **EXHIBIT E** hereto). Defendant  
24 H, at some time unknown, then effectively terminated all purported "appropriate department"  
25 investigations, despite applying an undue influence to gain the Plaintiffs' reliance and to delay  
26 independent recourse.  
27  
28



1 Plaintiffs request statutory relief for Defendant H's failure to perform a fiduciary it had  
2 assumed, by asserting the undue influence of its unique authority to dictate the good faith and fair  
3 dealings of their agents and employees, on whose representations Plaintiffs were reposed to rely. On  
4 grounds of failed duty to care in breach of the elder patient's right to advocacy from Defendant H who  
5 offered the elder this administrative responsibility, Plaintiffs request all relief at: Welf.&Inst.C.  
6 §15610.60 [failed fiduciary breach of care], for punitive damages, in favor of Plaintiff A and B, and each  
7 of them, and as against Defendant H, in the amount of \$100,000 per plaintiff.  
8

9 47. That Defendant H, having caused the unnoticed termination of purported administrative  
10 investigations, which included reevaluation of Plaintiff B's medical treatment plan, the defendant caused  
11 the elder dementia patient's medical crisis to proceed unaddressed, contrary to a fiduciary duty Defendant  
12 H independently assumed more fully described at paragraphs 26-28 above. Plaintiffs allege Defendant H,  
13 failed a fiduciary duty of a health care provider in the course of the custody and care of Plaintiff B, with  
14 intent by deceptive acts performed or by false or misleading statements (based on events described  
15 (paragraphs 26-28)--to assert an undue influence that caused the patient's frustration, fear, agitation and  
16 emotional distress---when the administrative representations to immediately deal with acts of the  
17 physician and attendant nurse, left a fear in the dementia patient's mind of the physician and nurse's later  
18 retributions should she be re-admitted to the hospital. Plaintiff A was then forced to secure the  
19 accommodation of homecare givers' accompanying Plaintiff B to remain during all ER and hospital visits.  
20

21 Plaintiffs seek statutory relief for both the patient's mental suffering derived from Defendant H's  
22 fiduciary acts or omissions, for which Plaintiffs incurred the extraordinary supplement expense of  
23 independent patient staffing to secure the elder patient's hospital safety, security, emotional and physical,  
24 and medical well-being.  
25

26 Plaintiffs request all enhanced remedy at law, for relief Plaintiff B's mental suffering  
27 [Welf.&Inst.C §15610.53], for a statutory economic recovery of hospital caregivers expense incurred to  
28 mitigate the elder's mental fear and suffering [Welf.&Inst.C. §15757] , for punitive damages the Plaintiffs

1 contend warrant setting Defendant H out as an example. Plaintiffs request statutory relief on the two  
2 statutory counts, consecutive to each Plaintiff, and as against Defendant H, in the amount of \$2,000,000  
3 per plaintiff.

4  
5 **Count Five**

6 (Statutory elderly patient abuse by health care provider for failure of mandatory reporting,  
7 As against each of Defendants K, H and P, Defendant DOES 3 through 30, inclusive)

8  
9 The Plaintiffs reiterate and incorporate by reference herein all allegations contained in paragraphs 1-  
10 33 above, and here allege:

11 48. That Defendants K, H and P, constituted a "multidisciplinary personnel team" as the Act  
12 defines Welf.&Inst.C. §15610.55 (a), and further defines the role Defendants' patients' rights advocates  
13 perform [§15610.60]. On grounds the Act then compels mandatory reporters of known or suspected elder  
14 abuses as a component of Defendant H multidisciplinary personnel team [§15630(a), (b)(1)(F)] , Plaintiffs  
15 seek all enhanced statutory relief for Defendants K, H and P's failure of duty to make the elder abuse  
16 report of mandate, with respect to the Plaintiff B's abuses made known in the happenings and events  
17 described at pargrap 28, above.

18  
19 49. That Defendants K, H and P, and Defendant DOES 3 through 30, inclusive, and each of  
20 them, who had such mandatory duty and knowledge of Plaintiff B's elder abuse in the course of ER-to-  
21 Hospital admittances with Kaiser Foundation Hospitals. Plaintiffs allege the defendantns failure of  
22 mandatory reporting constituted their intent to conceal and defer their liability for such abuses for the run  
23 of statutory limits and a limited liability under MICRA.

24  
25 Plaintiffs seek all enhanced statutory remedy for the fraud, concealment and deceit in acts  
26 Defendants K, H and P's multidisciplinary personnel team acted to withhold, in violation of Plaintiff B's  
27 right of protection under the Elder Abuse and Adult Protection Act (Welf.&Inst.C. §§15600-15678).

28 //



1 Plaintiffs seek punitive damages which they contend warrant the Defendants' specific punitive  
2 example for this breach of the State's express interest in Plaintiff B's class, and request punitive damages,  
3 in favor of Plaintiff B, and as against each of Defendants K, H and P separately, in the amount of  
4 \$2,000,000 per defendant.

5  
6 **Count Six**

7 (Medical Errors and Omissions)

8 As Against Defendants K, H and P)

9  
10 The Plaintiffs reiterate and incorporate by reference herein all allegations contained in paragraphs 1-  
11 33 above, and here allege:

12 50. That Defendants K, H and P, for the medical errors and omissions more fully described at  
13 paragraphs 20-32, inclusively, the defendants have inflicted emotional distress of an immeasurable factor  
14 over the course of nearly fifteen (15) years of the Plaintiff B's continuous medical treatment and  
15 medication regiment.  
16

17 For the causes of risks of harm, and such physical and mental injury, all of which over this  
18 prolonged period of treatment errors and omissions, Plaintiffs contend Plaintiff B had suffered the  
19 permanently degraded and diminished capacity, notwithstanding dementia, that resulted from all  
20 cumulative acts of Defendants K, H and P, that the legal scrutiny of common law torts must conclude if  
21 such triable facts were before a jury to take relief, the common law finding would conclude the grounds  
22 for this tort recovery requires no showing of proof for a reasonable presumption all defendants injurious  
23 conduct was devoid of proofs across the 15-year period of medical errors and omissions or other injuries.  
24 (Civ.C. §3360).  
25

26 51. That Defendants K, H and P, for the medical errors and omissions more fully described at  
27 paragraphs 20-32, inclusively, had caused such injury and a correspondent immeasurable emotional  
28 distress as the direct result of Defendants indifference, malice, and a reckless disregard sufficient to

1 justify nonevidentiary relief (CivC §3294a), including relief for the ultimate resulting fatal injuries  
2 declared the priority cause of Plaintiff B's wrongful death.

3 52. That for all reasons the happenings and events described at paragraphs 20-33 of this  
4 complaint, the Plaintiffs seek all common law relief for the cumulative medical errors and omissions that  
5 ran the span of 15-years, in favor of each Plaintiff A and B, respectively, and as against Defendants K, H  
6 and P, and each of them respectively, for punitive damages in the amount f \$1,000,000, each.

8 **Count Seven**

9 (Wrongful Death,

10 As to Defendants K, H and P, and each of them)

11  
12  
13 The Plaintiffs reiterate and incorporate by reference herein all allegations contained in paragraphs 1-  
14 52 above, as if fully set forth in this section, and here allege:

15  
16 53. That Defendants K, H and P, for the medical errors and omissions more fully described at  
17 paragraphs 20-32, inclusively, the defendants caused, by acts of a failed duty of any reasonable nor akin  
18 to any professional standards of care, did cause the immeasurable factors over the course of nearly fifteen  
19 (15) years of Plaintiff B's continuous medical treatment and medication regiment in the defendants  
20 unbroken professional control.

21 54. That, for the causes of risks of harm, and such physical and mental injury, all of which  
22 over this prolonged period of treatment errors and omissions, Plaintiffs contend Plaintiff B had suffered  
23 the permanently degraded and diminished capacity, notwithstanding dementia, that resulted in her  
24 wrongful death of causes of all cumulative acts of Defendants K, H and P, that defy for passage of time a  
25 full legal scrutiny of common law findings would require the span of such acts to be dissected to reach the  
26 point the dementia patient, Plaintiff B, might declare an earliest opportunity to discover.  
27  
28



1 On grounds for this tort recovery that require no showing of proof due to both the extended  
2 passage of time devoid of knowledge, disclosure or discovery--and also for reasonable presumption all  
3 defendants injurious conduct were devoid of discoverable proofs attributable to any specific evidentiary  
4 event or specific injury. (Civ.C. §3360).

5  
6 55. That Defendants K, H and P, for the medical errors and omissions more fully described at  
7 paragraphs 20-32, inclusively, had caused such injury and a correspondent immeasurable emotional  
8 distress as the direct result of Defendants indifference, malice, and a reckless disregard sufficient to  
9 justify nonevidentiary relief (CivC §3294a), including relief for the ultimate resulting fatal injuries  
10 declared the priority cause of Plaintiff B's wrongful death.

11 56. That for all reasons the happenings and events described at paragraphs 20-33 of this  
12 complaint, the Plaintiffs seek all common law relief for the cumulative medical errors and omissions that  
13 ran the span of 15-years, in favor of each Plaintiff A and B, respectively, and as against Defendants K, H  
14 and P, and each of them respectively, for punitive damages in the amount f \$1,000,000, each.

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1 **WHEREFORE**, Plaintiffs prayers for all relief are as follows:

2 1. That the court hear all allegations on demand for jury trial;

3 2. For the court's judgment on all statutory reliefs at Welf.&Inst.C. §15610.39 and §15610.57  
4 (a)(1), for punitive damages in the amount of \$3,000, in favor of Plaintiff B and as against Defendant  
5 DOE 1, and the court's operation of civil and penal penalty with respect to Defendant DOE 1 under the  
6 Act.

7 3. For the court's judgment on all enhanced statutory relief to Plaintiff A and B, and each of  
8 them, for each statute of relief at: Welf.&Inst.C. §15610.07, §15610.35, §15610.37, §15610.39, and  
9 §15610.57 (a)(1), consecutively, for punitive damages in the amount of \$50,000 per plaintiff, as against  
10 Defendant MD; and for the court's operation of civil and penal penalty as against Defendant MD.

11 4. For the court's judgment on all enhanced statutory relief to Plaintiff A, for intentional  
12 infliction of her emotional distress, and relief for loss of consortium, by the health practitioner, pursuant  
13 to Welf.&Inst.C. §15610.07, §15610.35, §15610.37, §15610.39, and §15610.57 (a)(1), for each statute  
14 affording relief of punitive damages in the amount of \$400,000, in favor of Plaintiff A, as against  
15 Defendant MD.

16 5. For the court's judgment on all enhanced statutory relief to victim Plaintiff B, on Defendant  
17 DOES' proximate cause of elder Plaintiff B's endangerment, physical and mental injury, for each statute  
18 affording relief, at Welf.&Inst.C. §15610.07, §15610.35, §15610.37, §15610.39, and §15610.57 (a)(1),  
19 consecutively, for punitive damages in the amount of \$100,000, in favor of Plaintiff B, and as against  
20 Defendants K, H and P, *respondeat superior*, for Defendant DOES yet to be named; and the court's  
21 operation of civil and penal penalty under the Act.

22 6. For the court's judgment on all enhanced statutory relief to Plaintiff A, on relief of intentional  
23 infliction of her emotional distress, and statutory relief for loss of consortium by health care providers, for  
24 each act, at Welf.&Inst.C. §15610.07, §15610.35, §15610.37, §15610.39, and §15610.57 (a)(1), in  
25 punitive damages in favor of Plaintiff A, and as against DOES 3-30, inclusive, in the total amount of  
26 \$5,000 assessed per DOE defendant.

27 7. For the court's judgment on all enhanced statutory relief to victim Plaintiff B, at  
28 Welf.&Inst.C. §15610.07, §15610.35, §15610.37, §15610.39, and §15610.57 (a)(1), consecutively, for  
statute of relief, for punitive damages in the amount of \$500,000, in favor of Plaintiff B, as against each  
of Defendants K, H and P; and each of them; and for the court's operation of civil and penal penalty under  
the Act, as to Defendants K, H and P, respectively.

8. For the court's judgment on all enhanced statutory relief of Plaintiff A, for intentional  
infliction of emotional distress, and loss of consortium, for elder's abuse by health practitioners, at  
Welf.&Inst.C. §15610.07, §15610.35, §15610.37, §15610.39, and §15610.57 (a)(1), for statute of relief, ,  
for total punitive damages in the amount of \$1,000,000, as against each of Defendant K, H and P

9. For the court's judgment on all enhanced statutory to Plaintiff B, at Welf.&Inst.C. §15610.07,  
§15610.35, §15610.37, §15610.39, and §15610.57 (a)(1), consecutively, for punitive damages in the  
amount of \$250,000, and the court's operation of civil and penal penalty with respect to Defendant MD  
under the Act.



1 10. For the court's judgment on all enhanced statutory to Plaintiff A, for the Defendant MD's  
2 intentional infliction of her emotional distress, and loss of consortium by the health practitioner at:  
3 Welf.&Inst.C. §15610.07, §15610.35, §15610.37, §15610.39, and §15610.57 (a)(1), for each statute  
4 relief, for punitive damages in an amount of punitive damages of \$250,000.

5 11. For the court's judgment on all enhanced statutory to Plaintiff A and B, respective, at  
6 Welf.&Inst.C. §15656(a) and (b), in the amount of \$250,000, as against Defendants K, H and P, and each  
7 of them.

8 12. For the court's judgment on all enhanced statutory to Plaintiff A and B, at Welf.&Inst.C.  
9 §15610.07, §15610.35, §15610.37, §15610.39, and §15610.57 (a)(1), as consecutive counts for statutory  
10 relief, of punitive damages in the amount of \$100,000, as against Defendant MD, together with the  
11 court's operation of civil and penal penalty with respect to Defendant MD under the Act.

12 13. For the court's judgment on all enhanced statutory to Plaintiff A, for intentional infliction of  
13 her emotional distress, and relief for loss of consortium, by the health practitioner, at Welf.&Inst.C.  
14 §15610.07, §15610.35, §15610.37, §15610.39, and §15610.57 (a)(1), on each statutory relief, for punitive  
15 damages in the amount of \$100,000, as against Defendant MD.

16 14. For the court's judgment on all enhanced statutory to Plaintiff A and B, respectively, at  
17 Welf.&Inst.C. §15656(a) and (b), and related abuses at §15610.07, §15610.35, §15610.37, §15610.39,  
18 and §15610.57 (a)(1), for each statutory act, for total punitive damages in the amount of \$600,000, as  
19 against Defendants K, H and P, as to each of them; and seek the court's operation of civil and penal  
20 penalty under the Act, at to Defendants K, H and P.

21 15. For the court's judgment on all enhanced statutory to Plaintiff A, for intentional infliction of  
22 emotional distress, and loss of consortium, by health practitioners, at Welf.&Inst.C. §15610.07,  
23 §15610.35, §15610.37, §15610.39, and §15610.57 (a)(1), for statute relief, for total punitive damages in  
24 the amount of \$500,000, in favor of Plaintiff A, as against Defendant K, H and P, and each of them.

25 16. For the court's judgment on all enhanced statutory to Plaintiff A and B, respectively, at:  
26 Welf.&Inst.C. §15610.57(a) [gross neglect of physical abuse], §15610.60 [failed duty of care of health  
27 provider], §15657 [abuse for practitioners deliberate disregard, recklessness], §15610.65 [duty of care not  
28 severed from a reasonable suspicion drawn from training or expertise]; §15610.67 [foreseeable duration  
of serious bodily injury], for punitive damages in the amount of \$2,000,000, as against Defendant K, H  
and P, and each of them

17 17. For the court's judgment on all enhanced statutory to Plaintiff A and B, at Welf.&Inst.C.  
18 §15656(a) and (b), (and related abuses) at §15610.07, §15610.35, §15610.37, §15610.39, and §15610.57  
19 (a)(1), for each statute relief, for punitive damages in favor of Plaintiff A and B, respectively, and as  
20 against each of Defendants K, H, and P, respectively, in the amount of \$2,000,000. Plaintiffs seek the  
21 court's operation of civil and penal penalty under the Act, at to Defendants K, H and P.

22 18. For the court's judgment on all enhanced statutory to Plaintiff A, for intentional infliction of  
23 emotional distress, and loss of consortia by health practitioners, at Welf.&Inst.C. §15610.07, §15610.35,  
24 §15610.37, §15610.39, and §15610.57 (a)(1), for statute relief, for punitive damages, in favor of Plaintiff  
25 A, and as against each of Defendants K, H, and P, respectively, in the amount of \$500,000.

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1 19. For the court's judgment on all enhanced statutory to Plaintiff A, for economic and  
2 noneconomic recovery of costs incurred in the course of purchases of all prescription drugs as the basis of  
3 Plaintiff B wrongful death, for economic compensatory damages, in the amount of \$300,000, in favor of  
4 Plaintiff B, and as against Defendant DOE 2 and Defendants K, H and P, as to each of them.

5 20. For the court's judgment on all enhanced statutory to Plaintiff B, for statutory economic  
6 recovery of the pre-death liquidation of her estate assets, of estimated economic damages of \$3,000.000,  
7 as against Defendants K, H and P, and for each of them, respectively.

8 21. For the court's judgment all enhanced statutory to Plaintiff B, at: Welf.&Inst.C. §15610.60  
9 [failed fiduciary breach of care], for punitive damages, in favor of Plaintiff A and B, and each of them  
10 respectively, and as against Defendant H, in the amount of \$100,000 (per plaintiff).

11 22. For the court's judgment all enhanced statutory to Plaintiff A and B, respectfully, for mental  
12 suffering [Welf.&Inst.C §15610.53], economic recovery for expenses incurred to mitigate the elder's  
13 mental fear and suffering [Welf.&Inst.C. §15757] , for punitive damages the Plaintiffs contend warrant  
14 setting Defendant H out as an example, in favor of Plaintiff A and B, respectively and as against  
15 Defendant H, in the amount of \$2,000,000 per plaintiff.

16 23. For the court's judgment all enhanced statutory to Plaintiff A and B, respectfully, for  
17 punitive damages and exemplary punitive example, in favor of Plaintiff B, as against each of Defendants  
18 K, H and P, respectively, in the amount of \$2,000,000 per defendant.

19 24. For the court's judgment all enhanced statutory to Plaintiff A and B, respectfully, for  
20 medical errors and omissions, inflicted extreme immeasurable emotional distress across fifteen (15) years  
21 (Civ.C. §3360), and all nonevidentiary relief (CivC §3294a), for wrongful death. in favor of each Plaintiff  
22 A and B, respectively, and as against Defendants K, H and P, and each of them respectively, for punitive  
23 damages in the amount f \$1,000,000, against each Defendant.

24 Respectfully submitted,

25 

26 Dated January 4, 2015

27 Paula Letherblaire, Plaintiff In Pro Per  
28 And as Conservator on behalf of  
Plaintiff, Conservatorship of Adrienne L. Powell



VERIFICATION

I, PAULA LETHERBLAIRE, declare and say:

I have read the foregoing **Verified Complaint**, and know the contents thereof,

I am informed and believe that the matters stated therein are true and correct to the best of my knowledge, and on the ground, therefore allege that the matters stated therein are true.

Executed this 4th day of January, 2015, at Sacramento, California.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.



PAULA LETHERBLAIRE, Declarant