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State of California
DEPARTMENT OF JUSTICE



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August 9, 2012

Marc B. Hankin
Attorney at Law
Law Offices of Marc B. Hankin, Inc.
P. O. Box 3668
Beverly Hills, CA 90212

RE: Balboa Care Center / Jerry Kayle, deceased

Dear Mr. Hankin:

This letter is in response to your email of August 8, 2012 to Chief of Prosecutions, Mark Zahner, in which you requested investigative records of the Bureau of Medi-Cal Fraud and Elder Abuse concerning the death of resident Jerry Kayle, at the Balboa Care Center, on January 21, 2011.

Specifically, you requested the report of Kathryn Locatell, M.D., and the report of Special Agent J. Timothy Fives in this matter.

Documents responsive to your request are enclosed. Your request for records has generated 17 pages of discloseable records. Pursuant to Government Code section 6253, subdivision (b), our office charges \$.10/page as the direct cost for duplication of public records. Due to the nominal costs in this instance, the Department waives the duplication and postage charge in this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Linda McCrackin".

Linda McCrackin
Senior Legal Analyst
Bureau of Medi-Cal Fraud and Elder Abuse

For KAMALA D. HARRIS
Attorney General

Enclosures

REPORT OF INVESTIGATION

PAGE 2-1

CASE NAME LAKE BALBOA CARE CENTER

MATTER ID. LA2011100973

FIELD REPORT NO. 2

CONTACT:

Name: Kathryn Locatell, MD
Address: 3450 Palmer Drive, Suite 4-403
Cameron Park, CA 95682
Phone: (530) 676-5367

On March 16, 2011, Supervising Deputy Attorney General Mark Zahner received an email from Kathryn Locatell, MD (hereafter Dr. Locatell). The e-mail provided an outline of Dr. Locatell's findings and opinions concerning the care and treatment of Jerry Kayle. Dr. Locatell's Curriculum Vitae is also included.

Both documents will be attached to this report.

Date Prepared: August 9, 2012



Approved By: Mark Zahner
Chief of Prosecutions

REPORT OF INVESTIGATION**PAGE** 1-1**CASE NAME** Lake Balboa Care Center**MATTER ID.** LA2011100973**FIELD REPORT NO. 1****CONTACT:**

Name: Jerry Kayle
Address: 16944 Vanowen St.
Van Nuys 91406

This report is a summary of what I, Special Agent J. Timothy Fives of the California Dept. of Justice's Bureau of Medi-Cal Fraud and Elder Abuse, have learned about the death of Jerry Kayle at the Lake Balboa Care Center on 1/21/11. This report is based on several interviews with Jerry Kayle's son, Stewart Kayle, Jerry's widow, Celia Kayle, the family attorney, Marc Hankin, the administrator of Lake Balboa, Craig Barron, and the director of nursing, Carina Arceo-Vergara R.N. I have also visited Lake Balboa Care Center three times since being assigned this case on 7/01/11.

Since Jerry Kayle's death eight months ago, considerable acrimony has developed between Lake Balboa Care Center and Stewart Kayle. In this report I will attempt to separate what I have been able to establish as facts versus allegations each side has made against the other. Jerry Kayle's death precipitated numerous letters and notifications from Stewart Kayle and attorney Marc Hankin to a variety of local and state agencies that range from the Los Angeles County Coroner's office to the California Dept. of Public Health and ultimately to the California Dept. of Justice Bureau of Medi-Cal Fraud and Elder Abuse.

First, the facts:

Jerry Kayle was an 88-year-old patient/resident of Lake Balboa Care Center when he died in Room 126 on 1/21/11. Jerry shared the room with his wife, Celia, who has also been a resident of Lake Balboa Care Center for years. Jerry's medical records indicate he suffers from Parkinson's disease, atrial fibrillation, congestive heart failure, chronic obstructive pulmonary disorder (COPD), depression, and dementia. In addition, Jerry had a history of fainting spells due to low blood pressure when he stands, called Orthostatic Hypotension. Closely linked to these

fainting spells, Jerry suffered from another type of fainting spells called Vasovagal Syncope. In laymen's terms, Vasovagal Syncope means that Jerry was prone to fainting whenever he grunted, strained, or bore down in muscular effort such as a bowel movement. This muscular straining stimulates the vagal nerve, which in turn controls consciousness. Pressure on the vagal nerve can bring on a fainting episode. Standard medical care for a fainting episode is to lower the patient's head, so that blood flow is increased to the brain, raising blood pressure. When blood pressure is increased, the brain receives more oxygenated blood and consciousness is restored.

Both Lake Balboa staff, Stewart Kayle, and Marc Hankin agree that Jerry had suffered a number of fainting episodes while a resident at Lake Balboa. Many of these occurred when Jerry was making a bowel movement. His medical records indicate chronic constipation, which would increase the muscular effort he needed to exert while making a bowel movement. He would start to defecate and then faint in the process. In late 2010, the Lake Balboa staff had summoned LA City Fire paramedics several times to help resuscitate Jerry after these fainting episodes. Each 911 called resulted in Jerry being transported to a hospital emergency room for evaluation. Stewart Kayle and the Lake Balboa staff reached an understanding that a simple fainting episode did not require a paramedic response. The Lake Balboa medical staff worked out a simple protocol to deal with Jerry's fainting, which included immediately lowering his head below the rest of his body and administering low-flow oxygen through nasal cannula, which are plastic prongs inserted into the patient's nostril and hooked up to plastic tubing to an oxygen tank. Jerry lay in a specialized bed that could be tilted around a pivot point at hip level to either elevate his head or feet. During these fainting spells, Jerry would lose consciousness and muscular control, but would continue to breathe normally. As blood pressure to the brain increased by lowering his head, Jerry would awaken from the fainting spell after a few minutes and resume his normal activities.

Stewart Kayle had applied for and was awarded conservatorship of his father and mother. Stewart has been a frequent visitor to Lake Balboa and actively engaged the medical staff and administration on behalf of his parents. I saw copies of numerous E-mails from Stewart to the Lake Balboa administrator and nursing director about his parents' care. Stewart's concern for his parents' care led him to install a digital video camera in Room 126 to monitor their condition and care. The camera was mounted on a small pedestal underneath the television on the north wall of their room. The video camera would scan back and forth, both recording and transmitting the digital imagery to a computer that Stewart kept at his residence in Sherman Oaks. This digital video camera is a commercial product that is widely available. It is commonly called a "Granny Cam" or an "Infant Cam." Some parents purchase and install them so they can watch their small children in the care of a nanny or babysitter.

Initially the Lake Balboa administration was not aware of the digital video camera. But after its discovery in late 2010, Stewart and Lake Balboa administrator Craig Barron came to an

agreement that the digital camera could stay. Barron told me that he and the nursing director felt that allowing the camera to stay operational make assuage some of Stewart's concerns about his parents' care. The nursing staff was aware that there was a digital video camera in Room 126 recording all the activity there. This was in addition to a video camera system belonging to Lake Balboa that monitored and recorded activity in the hallways. Lake Balboa's camera did not record activity in the individual patient rooms. But because Jerry and Celia Kayle were the sole occupants of Room 126 and Stewart was there conservator, the administration believed that no other patient's privacy was compromised.

On 1/21/11, the digital video camera recorded and transmitted the last minutes of Jerry Kayle's life. At this point the Lake Balboa's administration and Stewart Kayle's version of events, and their significance, begin to differ widely. I have seen the digital videotape of Jerry's death and the nursing staff's response multiple times. The digital video recording differs significantly from the Lake Balboa administration's report on several key points. The Lake Balboa administration, namely Craig Barron and Carina Arceo-Vergara, have not seen the digital video recording. Stewart had confronted them over the discrepancies several times in person and many times in writing to various agencies, but has not shown it to them.

The critical period on the videotape runs from between 5:20 pm to about 6:30pm. I have watched the videotape numerous times myself, comparing it to both the notes that Stewart Kayle compiled and timing it myself. The following is a summary of the key events during the final hour of Jerry Kayle's life:

About 5:20 pm, a restorative nursing assistant, Melanie, wheels Jerry Kayle's wife, Celia, out of Room 126 and into another room for dinner. Jerry appears agitated and uncomfortable, squirming in his bed. A Certified Nursing Assistant, Tarandeep Kaur, uses a remote control to elevate the head of Jerry's bed and lower the foot end. Kaur begins feeding Jerry dinner from a food tray on a table to the left of the bed in the camera's perspective.

About 5:32 another CNA, Norma, walks into Room 126 and begins talking with Kaur. Norma is not taking care of Jerry. CNA Norma talks to Kaur for about 15 minutes as she is feeding Jerry. CNA Norma walks out of the room about 5:47. CNA Kaur continues feeding Jerry from the tray and gives him a drink. The head of the bed is elevated and foot of the bed is angled down, which is convenient for feeding but can lower Jerry's blood pressure and bring about a fainting episode. Kaur leaves the room briefly, returns with a food tray, and then walks out again about 5:51pm.

When CNA Kaur leaves Jerry this time, the head of the bed is elevated and foot end is down. Jerry is alone in the room. Jerry appears in the video to be agitated. He is squirming on his back in the hospital bed. His legs scissor and kick back and forth, as if he is trying to pull off his shorts with his feet. Kaur had left Jerry's shorts pulled down around his ankles when she left his room. Jerry's legs flail around and he is grabbing the bed rail with his right hand. At times Jerry

kicks his right leg up so that it is hooked on the railing on the right side of the bed. The expression on Jerry's face appears to be a grimace. Jerry continues kicking his legs, pulling at his shorts with his feet, and grabbing at the railing for about 11 minutes. During this period Jerry is left alone in the room. There is no nursing staff visible in the video as he rolls around in his bed.

At about 6:03, Kaur returns to the room with a food tray in hand. She pulls Jerry's shorts off his legs with her right hand and puts them on the table next to his bed. The bed is still elevated. Jerry has slid down to the bottom end of the bed. CNA Kaur puts down the food tray and straightens Jerry in the bed. She then uses the remote to lower the head end of the bed slightly. On the wall of Jerry's room there is a sign that instructs the CNAs to lower the head end of Jerry's bed to increase blood flow to his brain so as to prevent a fainting episode. Jerry is still agitated, waving one arm around and scissoring his legs back and forth.

Jerry is alone in his bed for the next 7 1/2 minutes. During this time he continues to thrash around, kicking his legs back and forth, throwing first one leg and then another over the bed railing, and rolling from side to side. His mouth opens and closes like a fish out of water. In the video he appears agitated and distressed. The head end of his bed is still elevated about 25 degrees and the foot end is lower the same amount, the opposite of what the physician instructions order to maintain adequate perfusion to his brain and prevent another fainting episode.

About 6:11 pm a Licensed Vocational Nurse, Kunnikar Viwattanapanich, walks into the room. At this point Jerry is sitting upright in the bed. He is motionless. On the video his face appears pale, which is a clinical sign of inadequate perfusion. Jerry's right leg is slumped over the railing on the right side of his bed—the left side in the camera's perspective. The agitation has stopped. LVN Viwattanapanich uses the remote control and lowers the head end of Jerry's bed to about 10-15 degrees above horizontal. She reaches for a nasal cannula, (two plastic prongs on a plastic tube), which she inserts into Jerry's nostrils. The nasal cannula is attached to an oxygen concentrator next to Jerry's bed. From my own experience, an oxygen concentrator provides low flow oxygen to patients with respiratory ailments, such as emphysema. The oxygen concentrator enriches ambient air. It is not used in a resuscitation or critical situation. Typically an oxygen concentrator would be used for a patient with Chronic Obstructive Pulmonary Disorder (COPD) to allow them to sleep without interruption.

In the video, LVN Viwattanapanich turns Jerry from a supine position on his back to his left side. She positions one pillow under his torso and one between his legs. The head end of the bed is still elevated 10-15 degrees above horizontal. LVN Viwattanapanich loosens Jerry's diaper and appears to be cleaning up a bowel movement he had just had after eating. This most likely happened during the period of agitation visible in the video. In the video Jerry appears limp and motionless as LVN Viwattanapanich wipes his legs and buttocks.

About 6:12 and 30 seconds, Siony Rosales RN, the nursing supervisor on duty, and Kaur

walk into Jerry's room. He is still motionless. Rosales walks to the table next to Jerry's bed and pulls on a pair of protective gloves. Kaur also puts on a pair of gloves. Kaur pulls a compression stocking off Jerry's right leg. (A compression stocking is an elastic stocking that squeezes the lower leg to increase venous blood flow back to the torso and prevent pooling of blood in the lower extremities).

CNA Kaur uses the remote to lower the bed to an approximately horizontal plane. Jerry is lying motionless on his left side. LVN Viwattapanich appears to be looking down at the controls for the oxygen concentrator, which can provide a low flow of oxygen from between .5 liters and 5 liters per minute. (Standard prehospital care protocols require high flow of oxygen, 15 liters per minute, for patients with a critical injury. Non-breathing patients must be manually or mechanically ventilated.) LVN Viwattapanich leaves the room at about 6:15 and 51 seconds on the video. A few seconds later, RN Rosales gestures with her finger to the door and CNA Kaur walks out, leaving Rosales alone with Jerry.

A few seconds later CNA Kaur returns and gives something to RN Rosales. Jerry is still lying motionless on his left side. RN Rosales and CNA Kaur are holding Jerry up on his left side. CNA Kaur is holding Jerry's right arm and hand. It appears that Jerry now has a pulse oximeter on one of his fingers. (A pulse oximeter measures the percentage of oxygen in the bloodstream in extremities, such as a finger. It provides a measure of perfusion.)

LVN Viwattapanich reenters the room at 6:17 pm and 23 seconds on the video. She is pushing a red metal cart, known as a crash cart. It would typically have a variety of drugs, airway adjuncts, and other equipment to use during an emergency when a patient is not breathing. LVN Viwattapanich hands RN Rosales an oxygen face mask from the cart. The face mask is connected by a length of plastic tubing to an oxygen tank on the side of the cart. RN Rosales puts the mask on Jerry's face. Jerry is still motionless, lying on his left side. LVN Viwattapanich leaves the room again.

RN Rosales and Kaur are still holding Jerry on his left side. RN Rosales appears to talk into the microphone on her handheld radio. She walks out of the room, leaving CNA Kaur alone with Jerry, who is not moving. About a minute later, 6:19 and 35 seconds, another LVN, Luisa Aquino, walks into the room. She uses the remote to lower the head end of the bed and elevate Jerry's legs. Jerry is still positioned on his left side.

In the next approximately two minutes, there is a flurry of activity on the video. LVN Aquino is seen turning the oxygen concentrator and is looking down at its flow controls. Another CNA enters the room and puts on gloves. LVN Viwattapanich, who has been gone for a little more than three minutes, reenters the room. She hands what appears to some sort of an oxygen mask to Aquino, who puts it on Jerry's face. LVN Viwattapanich appears to be looking down at the oxygen tank on the side of the crash cart. Jerry is still lying on his side. RN Rosales reenters the room with another nursing aide.

RN Rosales and LVN Aquino go to the crash cart and pull out an orange plastic board known as a CPR board. This plastic board is the length of a person's torso and provides a rigid surface under a patient lying in a bed so that a rescuer can perform Cardio Pulmonary Resuscitation (CPR). CPR requires a rigid surface under a person's back so that a rescuer can compress the heart between the sternum and spine to artificially pump blood through the circulatory system.

At 6:22 and 26 seconds, LVN Viwattanapancih begins doing chest compressions on Jerry, who is now positioned on his back with his face up. He is motionless in the video. No one is performing ventilations on him. I see that LVN Viwattanapanich's elbows are bent, not locked out. She is standing off to Jerry's left side. Her chest compressions are at an oblique angle, about 45 degrees, instead of pushing down vertically on Jerry's chest. Most of her body weight is positioned to one side of Jerry instead of directly over him.

Meanwhile LVN Aquino and another nursing aide are struggling with the controls of the oxygen tank on the crash cart. RN Rosales joins them at the crash cart. LVN Aquino rapidly pulls open drawers on the crash cart. No one is positioned at Jerry's head to maintain an open airway or to ventilate him. LVN Aquino pulls something out of a lower drawer and hands it to one of the nursing aides closer to Jerry.

CNA Kaur reenters the room at 6:23 and 57 seconds, pulling in a large green oxygen tank on wheels. She hands a length of plastic tubing from the oxygen tank to RN Rosales, who has a plastic oxygen mask positioned over Jerry's face. Jerry is not moving. No one is ventilating him. RN Rosales connects the tubing from the oxygen tank to the face mask. CNA Kaur appears to be trying to adjust the control on the large tank. LVN Aquino is standing by Jerry's right side as he lies supine (the left side of the camera's perspective.) LVN Viwattanpanich is standing on Jerry's left side, attempting to do chest compressions with her arms bent at the elbows and positioned at an oblique angle on Jerry's chest instead of vertically above him.

At 6:24 and 16 seconds, two Los Angeles City Fire Department paramedics and a fireman enter the room. The paramedics bring in a portable defibrillator/cardiac monitor and begin to set it up. The fireman immediately goes to Jerry's left side, interlaces his fingers, positions his hands on the center of Jerry's chest, and locks his arms out. The fireman leans over Jerry so that his arms are vertical. He begins rapid, vigorous chest compressions, using his upper body weight to push straight down on Jerry's chest.

When the paramedics have the cardiac monitor hooked up to Jerry, the fireman momentarily stops doing chest compressions. The firemen roll Jerry to his left side and examine with a stethoscope, most likely listening for lung sounds if any are present. The paramedics study the monitor, (Chest compressions must stop for this interval, otherwise the cardiac monitor will reflect an artificial reading), In the video I can see streaks of dark color in Jerry's lower legs, which may be post mortem lividity, the pooling of blood at the lowest point in the body after the

heart ceases pumping. After a short time the paramedics disconnect the monitor and pull a sheet up over Jerry's face. They make no further effort to resuscitate him.

About 6:32 pm, RN Rosales telephones Stewart Kayle to tell him his father died. Stewart arrives at Lake Balboa about 25 minutes later. Stewart later talks to one of the paramedics from LA City Fire Station 100. Paramedic Gabriel tells Stewart that they did not resuscitate Jerry because he had been dead for some time before they arrived, as evidenced by the lividity in his lower legs. Their cardiac monitor detected no spontaneous activity in Jerry's heart, which was in a condition known as "asystole." That means the heart is simply not beating on its own. The paramedics' defibrillator is ineffective in that situation. The defibrillator can only shock a beating heart out of an uncontrolled rhythm back into a natural rhythm. It is useless when the heart is not beating at all. The paramedic tells Stewart that the nursing staff had been performing continuous CPR on Jerry for about 15 minutes before they arrived.

Jerry's wife, Celia, is brought back into the room shortly before 10pm. She is able to view his body for a few minutes until the staff from Mount Sinai Memorial Park takes it away to the mortuary.

Stewart does not view the videotape of his father's last moments until some days after his funeral. When he does, he is outraged at the discrepancies he sees versus what the nursing staff and Lake Balboa administrator Craig Barron had told him, particularly about "continuous CPR for 15 minutes."

The very first time that I viewed the videotape I was struck by how inadequate, delayed, and confused were the nursing staff's efforts to resuscitate Jerry Kayle. In the United States national standards for CPR, whether by the American Heart Association or the Red Cross, follow an orderly series of actions based on the premise that a non-breathing person can suffer irreparable brain damage after 4-6 minutes. The first step is to assess a person's level of consciousness and determine whether they are breathing. That involves first calling them by name. If unresponsive to verbal stimuli, the rescuer must shake the person to see if they can be aroused. If there is no response the rescuer must immediately check for breathing. The rescuer must open the victim's airway, which is done by tilting the head back with one hand and pulling open the chin with the other. The rescuer positions his face over the victim's face, looking to see if the chest rises, feeling for any exhalations on his own face, and listening for breath sounds. The simple act of opening an airway by tilting the head back can save a life if a person is having trouble breathing on their own. Before initiating CPR, a rescuer must activate the Emergency Medical System (EMS) by calling for help, dialing 911, or having someone else call 911. A rescuer cannot hope to save someone without activating the EMS system immediately.

During this entire video of Jerry Kayle's death, I never saw anyone open Jerry's airway. His head is slumped over, which can block his airway. No one rolls him on his back, tilts his head back, and opens his mouth. At no time during the video did I see anyone on the Lake

Balboa nursing staff mechanically ventilate or inflate Jerry's lungs. This could have been done by simply one nurse pinching his nostrils shut with her fingers and positioning her lips over his and breathing steadily into his lungs. There are a variety of mechanical adjuncts for CPR, including several types of face masks and also a device known as an ambu bag. At no time in the video do I see any of these devices being used. The ambu bag would have been unmistakable in the video. It is about the size and shape of a football. The bag is attached to a plastic face mask which must be seated firmly and held in place over a victim's nose and mouth. The rescuer squeezes the bag firmly, forcing a liter or so of air into the victim's lungs. If bottled oxygen is available, it can be connected to the ambu bag so that each squeeze delivers about a liter of 100 % oxygen instead of merely air, which has an oxygen content of about 15-16 %.

The nasal cannula I saw the nursing staff attach to Jerry provides only low flow oxygen to a person who is breathing on their own. It is utterly worthless for a person who is not breathing. Similarly, even an oxygen face mask with high flow oxygen is useless for a person who is not breathing. A non-breathing patient must be externally ventilated, either by pumping or blowing air into their lungs. Their airway must be opened and kept opened. An unconscious patient can lose their airway as their head slumps forward. Typically, trained rescuers will insert an adjunct to maintain an open airway. One of the most common is an Oral Pharyngeal Airway, known as an OPA, a curved plastic stick that is slid into an unconscious patient's mouth to keep the tongue in place. At no time in the video do I see anyone of the nursing staff insert such an airway into Jerry's mouth.

As the acronym CPR suggests, resuscitation requires both rescue efforts for the heart and for the pulmonary system or lungs. Out of the approximately 20 minutes that the Lake Balboa nursing staff tended to Jerry after he stopped moving in the video, about 18 minutes and 30 seconds pass without any effort to perform chest compressions. During only the last approximately 90 seconds, does LVN Viwattapanich attempt chest compressions. As an Emergency Medical Technician for the past 30 years and as a POST certificated instructor in first aid and CPR for police officers, I found it painful to watch Viwattapanich attempt CPR. Besides doing nothing to maintain an open airway or ventilate Jerry, LVN Viwattapanich committed several fundamental errors in CPR. First her arms were not locked out. Her elbows were bent instead of being braced. This prevented her arms from being used to transmit the energy from her upper torso to Jerry's chest. Most of her energy was wasted in trying to compress Jerry's chest because her arms flexed like shock absorbers instead of remaining rigid. Additionally, LVN Viwattapanich stood at an oblique angle to Jerry's chest instead of positioning herself directly over him. The energy from her already mushy compressions was not directed straight down. Effective CPR requires the rescuer to push straight down on the victim's chest, compressing the heart and major blood vessels between the sternum and the spine while the victim is supported by a rigid surface, such as the floor. LVN Viwattapanich's oblique chest compressions functioned

more like a chest massage instead of a vigorous compression of Jerry's heart. Effective CPR can fracture ribs or cartilage. Her chest compressions appeared to me to be weak, slow, and ineffective.

In contrast the LA City Fireman performed textbook correct CPR. He positioned himself directly over Jerry's chest, locked his elbows, and pushed straight down vigorously, using his torso to add power to each compression. The fireman's compressions were rapid while LVN Viwattanapanich's were tentative, slow, and misdirected. While working at UCLA Medical Center's Trauma Center, I have seen nurses climb up onto hospital beds and kneel next to a patient to do CPR. I have also seen rescuers pull a patient off a soft couch or bed to do CPR on the floor. I have done the same myself a number of times. LVN Viwattanapanich would never have passed a basic CPR course with such poor technique.

The nursing notes that RN Rosales wrote up after Jerry's death do not reflect the many defects I see in the video tape in the Lake Balboa nursing staff's effort to resuscitate Jerry. Without belaboring every detail, there are two fundamental misstatements in the nursing notes. One note said that CPR was started at 6:15. CPR did not start until about 90 seconds prior to the paramedics' arrival at 6:24. The notes say that CPR was performed with an ambu bag connected to oxygen. At no time did I see an ambu bag in use. It would be difficult for me to miss because it is as large as a football and must be squeezed vigorously to be effect. The nursing notes say that CPR was done at a ratio of 20:1. That is puzzling because the current CPR guidelines adhere to a ratio of 30:2. I have never heard of a CPR ratio of 20:1. At no time in the video did I see anyone ventilate Jerry Kayle. So there is no ratio of compressions to ventilations. Low flow oxygen through nasal cannula is useless for a non-breathing patient.

On a final note, the Lake Balboa administration did not take the initiative in reporting these issues about Jerry Kayle's death to the California Department of Public Health. Jerry's son, Stewart, made that report. An autopsy was not done because Jerry had already been buried for some time before Stewart saw the videotape of his father's death.

Setting aside for the moment the other contentious issues between Stewart Kayle and the Lake Balboa administration, the videotape documents a series of gross lapses in patient care that constitute neglect of an elder. Whether Jerry Kayle, with his many serious health issues, would have survived this incident with more competent care will probably never be known for sure. What is certain is that the current standard of care for a non-breathing patient requires immediate, effective CPR. When the nursing staff did not open up Jerry's airway, ventilate his lungs, or perform vigorous chest compressions, they failed to measure up to the current standard of care.

Date Completed

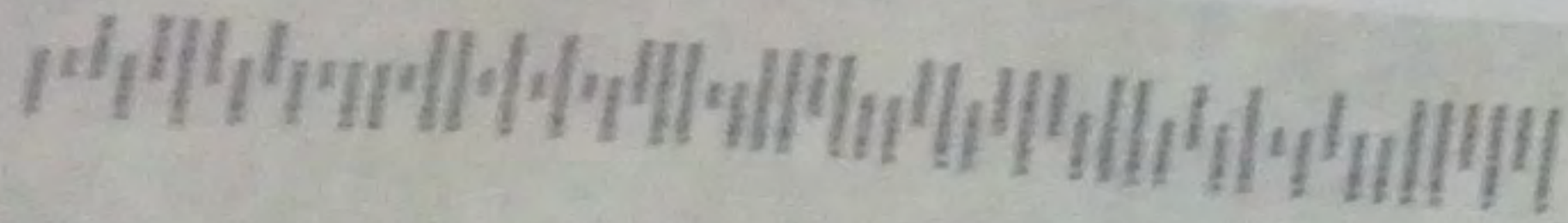
November 6, 2010

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CASE NAME Lake Balboa Care Center

MATTER ID LA2011100973

Date Prepared: September 30, 2011



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US

STATE OF CALIFORNIA
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