STATE OF NEW MEXICO
COUNTY OF SANTA FE
FIRST JUDICIAL DISTRICT COURT

SCOTT FUQUA, wrongful death personal representative of the ESTATE OF LARRY WILLIAMS, and LENORA WILLIAMS,

Plaintiffs,

v. Case No. D-101-CV-2021-00146

SAN JUAN REGIONAL MEDICAL CENTER, INC., and GRAHAM TULL, M.D.,

Defendants.

MOTION FOR PARTIAL SUMMARY JUDGMENT AGAINST SJRMC ON BREACH

Plaintiffs, through counsel, hereby and respectfully submit the following *Motion for Partial Summary Judgment against SJRMC on Breach*. Plaintiffs assert that there exists no genuine issue of material fact on whether San Juan Regional Medical Center ("SJRMC") breached the standard of care when Plaintiffs' decedent, Larry Williams, first presented to SJRMC on February 7, 2018. In support of this motion, Plaintiffs submit the following.

Introduction

Plaintiffs have brought claims of medical malpractice against Defendant SJRMC, claiming among other things that it breached the standard of care for offering language assistance and information about language assistance to Mr. Williams when he presented to the emergency department on February 7, 2018. At trial, Plaintiffs will argue that this failure resulted in a missed diagnosis of sepsis, and Mr. Williams' death the next day. Below, Plaintiffs establish that there is no genuine issue of material fact on SJRMC's breach of these standards of care.

Assertions of Material Fact

1. With the exception of some simple English, Mr. Williams was "not really" able to read or write in the language [*Deposition of Lenora Williams*, attached as Ex. A, at 46:18 - 47:1].

2. Larry Williams' widow, Lenora, does not think of him as having being "fluent" in English:

> Q. And why do you say that he was not fluent in English? What did you observe?
> A. He wasn't because when I'm with him, you know, he talked to me in Navajo and then if he's stuck on something or didn't understand in English, you know, he needed somebody to verify or whatever. He'll say in Navajo, "I don't know what you mean" or, "what they mean." He'll say it to them in Navajo, too, you know, "I don't know what you mean."

[*Id*. at 47:2 - 11].

3. Mr. Williams spoke Navajo in the home, at his workplace, and to his children [*Id*. at 55: 3-5, 16-18; 58:1-3].

4. SJRMC's own intake record, generated when Mr. Williams first presented to SJRMC on February 7, 2018, notes that Navajo was his "primary language" [*See* Excerpt of SJRMC Medical Records, attached as Ex. B at SJRMC 0290].

5. According to Lenora, communication between Mr. Williams and his medical providers would typically "go through her" [Ex. A at 47:25 - 48:22].

6. Even when Lenora was present, it was difficult for Mr. Williams to communicate with doctors at his medical appointments because sometimes she could not successfully interpret English to Navajo for him [*Id*. at 48:24 - 49:21].

7. During Mr. Williams' first visit on February 7, 2018, Lenora could not stay with her husband at SJRMC because she had to attend her own medical appointment [*Id*. at 82:4-15].

8. In addition to other subjects, Plaintiffs' expert Spero Manson, Ph.D. is an expert on the CLAS Standards and their application to health care providers [*Affidavit of Spero Manson, Ph.D.*, attached as Ex. C at ¶¶ 1-6].

9. At the time of Mr. Williams' presentation to San Juan Regional Medical Center ("SJRMC") on February 7, 2018, CLAS Standards 4-7 applied to all healthcare organizations who were eligible for, and actually received, reimbursement or other funding from Centers for Medicare & Medicaid Services ("CMS") [*Id*. at ¶ 7].

10. On February 7, 2018, SJRMC was a healthcare organization that was eligible for, and did receive, reimbursement or other funding from CMS [*SJRMC 990 Fiscal Year 2018*, attached as Ex. D].

11. SJRMC was therefore required by CMS regulation to comply with the CLAS Standards [Ex. C at ¶ 8].

12. The CLAS Standards also applied to SJRMC because, within the medical community, they are accepted as describing a minimum level of medical care that must be delivered by a health care provider [Ex. C. at ¶ 9].

13. SJRMC's own 2021 Policy entitled "Interpreter Services for Non-English Speaking and Hearing Impaired Individuals" lists the CLAS Standards as one of two "references" it relied on [*Defendant SJRMC's Discovery Responses*, attached as Ex. E at 0341].

14. SJRMC's expert witness disclosure [attached as Ex. F] does not describe any expert testimony that would contradict Dr. Manson's testimony on the application of the CLAS Standards to SJRMC.

15. CLAS Standard 5 required SJRMC to "offer language assistance to individuals

who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services" [*See CLAS Standards* attached as Ex. G; Ex. C at ¶ 11].

16. As set forth in ¶¶ 1-6 above, Mr. Williams had limited English proficiency at the time of the alleged negligence.

17. SJRMC was therefore expected to offer him language assistance on February 7, 2018 [Ex. C at ¶ 12].

18. CLAS Standard 6 required SJRMC to "inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing." [*See* Ex. G; Ex. C at ¶ 14].

19. Lenora and/or Lynlaria were with Mr. Williams during all of his interactions with SJRMC staff [*Affidavit of Lenora Williams*, attached as Ex. H at ¶¶ 2-6; *Affidavit of Lynlaria Dickson*, attached as Ex. I at ¶¶ 2-4].

20. SJRMC did not offer Mr. Williams language assistance and did not clearly inform him of the availability of language assistance in spoken and written Navajo during his first February 7, 2018 visit, as required by CLAS Standards 5 and 6 respectively [*Id*.].

21. Consistent with Lenora and Lynlaria's testimony, SJRMC's medical records show no indication that SJRMC offered Mr. Williams language assistance or clearly informed him of the availability of language assistance in spoken and written Navajo during his first February 7, 2018 visit [Ex. C at ¶¶ 13, 15].

22. It was standard of care for a provider to document the verbal and written communication of the information described in CLAS Standards 5 and 6 [*Id*. at ¶ 16].

23. CLAS Standards 9 and 10 called for SJRMC to "establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations" and to "conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities" [*Id*. at ¶ 17; Ex. G].

24. Given the age of the CLAS Standards (2000, revised 2013), SJRMC should have had policies and ongoing assessments in place well before the 2018 date of incident [*Id*. at ¶ 18].

25. However, in response to Plaintiffs' request for a description of all measures that SJRMC took in the four years leading up to 2/7/18 to comply with the CLAS Standards, SJRMC identified only a two-page policy statement created in 2021, long after the time frame in question [Ex. E].

26. Mr. Williams was discharged from his first visit to SJRMC on or about 3:01 p.m. on February 7, 2018 [Ex. B at SJRMC 0021]

27. After Mr. Williams returned home from the hospital, Lenora observed that his confusion had worsened since the morning, and she accompanied him back to SJRMC that evening [Ex. A at 85:10-86:17].

28. Mr. Williams was admitted to SJRMC for the second time at approximately 10:11 p.m. on 2/7/18 and found to be suffering from acute encephalopathy and hypoxia [Ex. B at SJRMC 0099].

29. Over the course of the next day, 2/8/18, Mr. Williams' hypoxia worsened and he was eventually pronounced dead as the result of respiratory failure secondary to septic shock at 7:47 p.m. on 2/8/18 [*Id.* at SJRMC 0109, 0236-37, 0214].

Argument

Summary judgment "shall be rendered forthwith if the pleadings, depositions, answers to interrogatories and admissions on file, together with the affidavits, if any, show that there is no genuine issue as to any material fact and that the moving party is entitled to judgment as a matter of law." Rule 1-056(C) NMRA. The moving party must first make a prima facie showing of entitlement to summary judgment. *Peck v. Title USA Ins. Corp.*, 1988-NMSC-095, ¶ 11, 108 N.M. 30. If a prima facie case is made, the burden shifts to the party opposing summary judgment to demonstrate a genuine issue of material fact. *Koenig v. Perez*, 1986-NMSC-066, ¶ 9, 104 N.M. 664. The nonmoving party may not rely upon pleadings, and must make an affirmative showing that a material issue of fact is in dispute. *Oschwald v. Christie*, 1980-NMCA-136, ¶ 6, 95 N.M. 251. Partial summary judgment is appropriate when there is no genuine issue of material fact on a particular element of a claim but factual disputes remain on other elements of the claim. *See e.g. Primetime Hosp., Inc. v. City of Albuquerque*, 2009-NMSC-011, ¶¶ 5, 9, 146 N.M. 1; *Wilson v. Galt*, 1983-NMCA-074, ¶¶ 34, 37, 100 N.M. 227.

A. There is no genuine issue of material fact on SJRMC's breach of language assistance standards.

SJRMC cannot dispute that CLAS Standards 5 and 6 represented medical standards of care that applied to its treatment of Mr. Williams on February 7, 2018. By virtue of its receipt of federal Medicare and Medicaid funding through CMS, SJRMC was bound to comply with them [*Plaintiffs' Assertions of Material Facts* ("AMF") above at ¶¶ 9-11, 15, 17-18].

> 5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
>
> 6. Inform all individuals of the availability of language assistance services clearly

and in their preferred language, verbally and in writing.

[Ex. G] Even setting aside CMS requirements, these standards were generally accepted within the medical community as a minimum level of medical care that must be delivered by a healthcare provider [AMF ¶ 12]. SJRMC's 2021 policy on language assistance references the CLAS Standards as one of two authorities [AMF ¶ 13]. In any case, even if SJRMC were inclined to argue that CLAS Standards 5 and 6 did not constitute an applicable standard of care at the time of the incident, it has failed to designate an expert who would be qualified to, or who intends to, assert such a thing [AMF ¶ 14].

Nor is there a genuine issue of material fact on the question of whether Mr. Williams was a Limited English Proficiency (LEP) patient on February 7, 2018. There is no evidence to contradict Lenora's testimony that his dominant language was Navajo, and that he relied on her to interpret for him–particularly in medical settings–due to his profoundly limited English skills [AMF ¶¶ 1-3, 5-6]. SJRMC's own records at the time of the incident describes Navajo as Mr. Williams' "primary language" [AMF ¶ 4]. Accordingly, there can be no dispute that SJRMC was required to offer language assistance and information about language assistance to Mr. Williams under CLAS Standards 5 and 6. Because there is affirmative evidence that SJRMC breached these standards by failing to offer Mr. Williams language assistance and failing to inform him of the availability of such assistance in his preferred language [AMF ¶¶ 19-20], and no evidence of its compliance [AMF ¶¶ 21-22], the element of breach can and should be resolved as a matter of law by summary judgment.

B. There is no genuine issue of material fact on SJRMC's breach of programmatic standards.

As set forth above, CLAS Standards 9 and 10 established standards of care for the

development and implementation of programs at healthcare organizations for providing culturally and linguistically appropriate services:

> 9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
>
> 10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

[Ex. G]. These standards were generally accepted within the medical community as a minimum level of medical care that must be delivered by a healthcare provider [AMF ¶¶ 12, 23]. Here, in response to Plaintiff's broad request for a description of all measures that SJRMC took in the four years leading up to 2/7/18 to comply with the CLAS Standards, SJRMC identified only a two-page policy statement created in 2021 [AMF ¶ 25]. This response amounts to an admission that SJRMC had failed to establish goals, policies, management accountability, or quality assessments related to the CLAS Standards prior to its 2018 encounter with Mr. Williams. Such a failure constitutes a breach of CLAS Standards [AMF ¶ 24].

Conclusion

WHEREFORE, for the reasons stated above, Plaintiffs respectfully request that the Court grant partial summary judgment against SJRMC on the issue of breach. Plaintiffs have advised Defendant SJRMC of their intent to file this motion, and SJRMC opposes it.

Respectfully submitted,

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I HEREBY CERTIFY that on the 1st day of March, 2023, the foregoing was served via email to counsel for Defendants as follows:

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/s/ Mark Fine

STATE OF NEW MEXICO
COUNTY OF SANTA FE
FIRST JUDICIAL DISTRICT

NO: D-101-CV-2021-00146

SCOTT FUQUA, wrongful death
personal representative of the
ESTATE OF LARRY WILLIAMS, and
LENORA WILLIAMS,

Plaintiffs,

-vs-

SAN JUAN REGIONAL MEDICAL
CENTER, INC., and GRAHAM TULL, M.D.,

Defendants.

DEPOSITION OF LENORA WILLIAMS

9:07 a.m.
January 9, 2023
Fairfield Inn & Suites by Marriott Farmington
2850 E Main Street
Farmington, New Mexico 87402

PURSUANT TO THE NEW MEXICO RULES OF CIVIL PROCEDURE, this DEPOSITION was:

TAKEN BY: MINAL P. UNRUH
ATTORNEY FOR DEFENDANTS

REPORTED BY: BERNADETTE C. PEREA CCR#123
AdvancedOne LEGAL
2777 North Stemmons Freeway,
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Dallas, TX 75207
855-204-8184

CERTIFIED TRANSCRIPT

Q. And then was your husband able to read and write Navajo?
A. No, he couldn't read or write Navajo, no.
Q. Okay -- was he able --
A. No.
Q. Was he able -- I didn't mean to cut you off, if I did.
A. Yeah. Well, I was just going to say, there was no such thing as reading, writing for us, I guess is just what I was trying to say.
Q. What do you mean by that?
A. Well, we couldn't read or write in Navajo. We could speak it, yes, you know.
Q. Uh-huh.
A. That's what I'm trying to say.
Q. Okay.
Was he able -- was your husband able to read and write in English?
A. Um, not really. Probably just simple English. If he didn't understand, then he would ask. He wasn't big on his words.
Q. Okay.
And was your husband fluent in English, as well?

A. No, not really.
Q. And why do you say that he was not fluent in English? What did you observe?
A. He wasn't because when I'm with him, you know, he talked to me in Navajo and then if he's stuck on something or didn't understand in English, you know, he needed somebody to verify or whatever. He'll say in Navajo, "I don't know what you mean" or, "what they mean." He'll say it to them in Navajo, too, you know, "I don't know what you mean."
Q. And would you be with him when he would say that?
A. Oh, yes, I would, yes.
Q. Did you serve as an interpreter for him, then?
MR. FINE: Object to form.
A. No, not at all times.
Q (By Ms. Unruh) Okay.
During what time did you serve as an interpreter for your husband?
MR. FINE: Object to form.
A. I don't know. I don't recall what times or when.
Q. (By Ms. Unruh) Would you go with him to his medical appointments?

A. Oh, yes.
Q. Okay.
A. Because he doesn't like to go by himself.
Q. Okay.
And so would you communicate with his medical providers, or would he communicate with his medical providers?
MR. FINE: Object to form.
A. It would probably take two of us.
Q. (By Ms. Unruh) And why do you say that, that it would take two of you?
A. Well, just like clarifying something, that would be two, right?
Q. Uh-huh.
A. And it goes through me, but if I can't, then I'll say, "I don't know how to interpret this from your English to Navajo." And it is hard trying to interpret an English word to a Navajo. There's certain way of pronouncing it and meaning it.
Q. Did you believe Mr. Williams had a hard time communicating with his doctors at his medical appointments?

A. Yeah, he did.
Q. Okay.
And I'm talking before his hospital visit that we're going to talk about in a little bit, but before February of 2018, do you believe that Mr. Williams had trouble communicating with his healthcare providers?
A. Oh, yes.
Q. Okay.
And is that because, in your opinion, he spoke Navajo, and you were unable to interpret a lot of terms for him?
A. Yeah. A lot of the fancy words I couldn't interpret, yes. And then he went to Northern Medical Center for his health, talked to a provider, and they had nurses, Navajo-speaking nurses available, so if he didn't understand, I didn't know how to, then the doctor called in the Navajo-speaking nurses into the room and she would clarify the question that he didn't understand and I didn't understand.
Does that an answer your question?
Q. It did, and then some. Thank you.
A. Hum.
Q. And so how often had Larry gone to San

and, you know, how they give him medications and different treatments.

Q. Okay.

So when he was there admitted to the hospital, you had requested an interpreter previously?

A. Yeah, if needed.

Q. And you recall doing that at least once?

A. Yes.

Q. And what happened when you requested an interpreter?

A. Um -- what happened? Oh, they have a Navajo-speaking nurse on the floors, because she's the one that came in.

Q. Okay.

So they provided you with someone that spoke Navajo.

A. Yes.

Q. Did you ever request any healthcare provider at San Juan Regional before February of 2018, ever explain it, I think you call it, "simple English" explain it a little more basically, as opposed to requesting a interpreter?

A. You know, I never -- I don't know.

Q. You don't remember if you asked them to

explain it in a more basic language?

A. No, I don't; I just don't.

Q. What language was spoken in your home with Mr. Williams?

A. Navajo.

Q. Okay.

Do your children speak Navajo?

A. Unfortunately not.

Q. Are they able to read and write Navajo?

A. Some of them are picking up and learning, yes.

Q. And in 2018, your children did not speak Navajo?

A. Um, they need to. They try.

Q. Okay.

What is your understanding of what language your husband spoke at work?

A. Navajo.

Q. Where did he work?

A. He was a union boilermaker and he had Navajo members that were also Union and he worked with them and he -- I guess the people that he talked to and got along with, I guess.

Q. Did he have any degrees or certifications, or licenses --

A. Um, he graduated out of a BIA elementary -- BIA school just the basic, just to get them out of school or something, you know. They didn't learn like today on how they are. And then he went to school for welding, welding, and he got a certificate for welding.

Q. Okay.

Where did he get his certificate in welding from?

A. I don't know. I wasn't with him then.

Q. Okay.

Just the conversation, did you ever learn that?

A. Huh.

Q. In your conversations with your husband, did you ever learn where he got his welding certificate?

A. Somewhere in Los Angeles.

Q. Do you know what year that was?

A. No, I don't.

Q. Okay.

And the BIA high school that you had mentioned earlier, do you know where that was located?

A. It was Brigham City, Utah.

Q. Oh, okay.

A. That's when they kicked the kids off to boarding school.

Q. Okay.

Did you and your husband file joint taxes?

A. Yes. Because we were married.

Q. Did you have someone prepare those taxes for you, the returns, or did you do them yourselves?

A. He had somebody that he used to work with.

Q. Okay.

When did your husband retire from the Union?

A. Oh, gosh, I really don't recall, maybe 2000 -- around 2008.

Q. Okay.

Did he have a physical office at which he worked when was with the Boilermakers?

A. He moved around wherever there was work available. He moved around from states. He moved from New Mexico, Arizona, Louisiana, Illinois, Montana. He worked with the outage with the power plant.

Q. And did he speak Navajo to the children or English?
A. Navajo.
Q. And the children would respond back in English?
A. Oh, yes. They understand Navajo, they understand English, or they don't understand, they'll say, "What do you mean?"
Q. Do you know if Larry, Sr., had any involvement in any cases, either civil or criminal?
A. No, I don't -- I don't recall except for whenever he wanted a -- I don't recall. Not while I was with him.
Q. Okay.
And you said whenever he might have, you sort of trailed off?
A. I was going to say child support.
Q. Did he have a child support case?
A. Oh, yes.
Q. Okay.
And that was with regards to one of the four other children; isn't that right?
A. Uh-huh.
Q. Do you know when that case was opened or when it was going on?
A. (Shaking head.) I don't --
Q. You shook your head, "No." That's a no, right?
A. I don't recall, yeah. I can't gave you the years, I'm sorry.
Q. Okay. That's okay.
Let's take a quick five-minute break and then I do want to talk about what your memory was of the hospitalization and all of that, okay?
MR. FINE: You know, can I ask you to ballpark? And I know it's annoying to get these questions, but I have to figure out like extending the room; do you have a ballpark sense of how long it will be going?
MS. UNRUH: I mean, I think we are moving a lot faster than we were at the beginning, so I'm hoping to be done by lunch, by noon.
MR. FINE: Okay. Thanks.
MS. UNRUH: All right. We'll take five minutes and be back.
(Recess taken from 10:50 to 10:59.)
Q (By Ms. Unruh) Mrs. Williams, I want to revisit a couple of issues that I failed to get information from you on before we get into the care that was provided in February of 2018.
We had talked about your coursework in elementary education with Ft. Lewis College, were those courses taught in English or Navajo?
A. Both.
Q. Okay.
And when you say, "both," what percentage would you say of the coursework was taught in Navajo, versus English?
A. What percent?
Q. Or, I can rephrase it by asking, were there certain classes that were taught in Navajo, only and other classes that were taught in English?
A. Yeah, I'll say yes.
Q. Okay.
And what courses were taught in Navajo, only?
A. Biling- -- learning how to talk bilingual and trying to read it.
Q. Okay.
A. And then my philosophy, that was both Navajo and English put together. So, like I said, we could understand if there's words that you cannot interpret from English to Navajo, from Navajo to English, it's hard to interpret a word. You just do the best you can.
Q. Right.
A. But, anyway that's how it is.
Q. Okay.
And in your elementary education coursework, was the professor speaking to you in Navajo, or were they speaking in English?
A. In some courses, it was English and then others, it was both English and Navajo.
Q. Okay.
A. Because they were emphasizing bilingual.
Q. Okay.
And then, it looks like you also studied liberal arts at Santa Fe College; is that right?
A. Liberal arts? I just took basic courses, but I never got my degree and I just left because of, I guess the work.
Q. Okay.
What do you mean you left because of the work?
A. Well, I didn't have money to go to college. You have to work in order to pay for your college tuition fees and I didn't have the money so I had to just kind of drop out and just

Q. Or was that the first one -- okay.
A. Second.
Q. Okay.
And then when you had to leave and then your daughter, Lynlaria, came in, was that the second visit or the first?
A. The first.
Q. Okay.
And so you said you had medical conditions you had to deal with those and that's why you left.
A. Yes.
Q. What was the specific reason why you had to leave?
A. I go to dialysis; I'm a patient.
Q. Okay.
A. Uh-huh.
Q. And did you have a dialysis appointment?
A. Yes. I have to get my treatment; I have to take care of myself, too.
Q. Right.
And do you recall what time that appointment was?
A. No, I don't. It's in the afternoon, though.

Q. Okay.
And so you don't recall then, I take it, what time your daughter came to relieve you?
A. Oh, I don't remember what time, but she did relieve us in order for me to go to my treatment.
Q. Right.
So, from the time that you got to the emergency room until the time that you had to leave for your appointment, did you speak with any nurses, medical staff or the doctors about your husband's condition?
A. Well, they knew he was confused, I told them that, and he wasn't in his right state of mind. I mean, I didn't know what was going on with him and I brought him there to the ER to the physicians thinking that they know more than I do, and that's why I brought him there --
Q. Uh-huh.
A. -- but I didn't -- the CAT scanning, I got my answer, but the rest of his lab work they said was all okay and good and what -- it was the urinary, that's the part that was stuck, I mean, he wouldn't -- couldn't I guess.
Q. Okay.

So you know they did a CAT scan of his head.
A. Um-hum.
Q. Is that a yes?
A. Yes.
Q. Okay.
And who told you it was fine? Was it a nurse or --
A. The doctor told me that.
Q. And do you recall it being Dr. Tull?
A. No. I don't remember the doctor's name.
Q. Okay.
A. I can't recall the doctor's name. There's all kinds of different doctors in the ER.
Q. And the lab work they told you came back as okay or good; who told you that?
A. Oh, man, I don't recall, but I was told that.
Q. Okay.
So you don't recall if it was a nurse or staff member or doctor?
A. Doctors, yes.
Q. Okay.
And then do you recall who told you it was a urinary issue?

A. My daughter was told that because she was there, still there waiting with her father, and I don't know what they finally did to get his urinary and then that's what they told her. And she was told to get oral medication, so she got that prescribed and she got it.
Q. Okay.
A. I came -- I guess I'll keep talking.
Q. Sure.
A. I came home that evening from my treatment.
Q. Uh-huh.
A. I walked in to my living room, and I hear all this moaning and groaning going on I said, "What's going on?"
Q. Uh-huh.
A. My daughter told me, she said, "It's dad, he's in pain. He won't, you know." I said, "What?" I said, "I thought he was okay, that's why they discharged him. They should have kept him," because they usually give him oral medication through the IV.
Q. Okay.
Which daughter told you he was in pain?
A. Um, my kids were all there.

Q. Okay.

A. And I tried to talk to him, talked to him and he was really in pain and just moaning and just, "Oh, Honey, what's wrong? We need to go back," you know. "They should have known better than just to discharge you like this."

So I have -- I want to say it was Lavanah again, and I don't recall which daughter, but we took him back to ER again, and that's why I told, "My husband was here today and you guys just discharged him. He's in pain and he's in a lot of pain. You shouldn't have discharged him."

And I told them once before, he had a UTI and they gave him his medications through the IV and that's how he pulled out of it, you know. I said, "That's what you guys should have done to him," you know. But that was the second visit.

Q. Who did you tell about the last UTI and the IV medicine that's how he pulled out of it?

A. Who did I tell?

Q. Yeah, was it the registration people when you came back to the hospital or was it a doctor?

A. It was the staff that was there. I don't know who the staff were. They were just

coming in and out and just introduce and they're gone and then I guess it's like between shifts that you go or something, then another doctor comes in or whatever and all this commotion goes on in the ER, you're just, "Okay." And they tell you this and that, and you say, "Okay." If they tell you to leave the room, you have to leave the room. Just one of those things, and just worried about him and ...

Q. So, when you came home in the evening after your appointment, do you recall what time that was?

A. No, I don't. It was in the evening, probably around 6, 5:00, somewhere around there, I don't know, somewhere in that time.

Q. Okay.

And when you were talking to him asking him what's going on, was he responding to you?

A. Not really. He was -- he wasn't.

Q. Was that different than when you left him in the emergency room to go to your appointment?

A. Oh, yes.

Q. Do you want to take a couple of minutes, Mrs. Williams? I know this is very hard. I'm

sorry I'm making you re-live it. I really apologize for asking you those details, so if you want a few minutes just to take a minute?

A. Just go on and finish it. I don't want to ...

Q. Are you sure?

A. Yes. I don't want to come back and just start all over and go over it again. Just finish it.

Q. Okay.

And you said the first visit when you went the first time, they gave him oral meds and your daughter picked up that prescription?

A. Um-hum.

Q. Is that a yes?

A. Yeah. Pills.

Q. Okay.

And was that Lynlaria?

A. Yes.

Q. Okay.

A. Yes.

Q. Okay.

Were you aware that they did a scan or an X-ray of your husband's chest, also, at that time, the first visit?

A. No.

Q. Do you recall if anyone ever told you -- I'm going to rephrase this.

Do you remember anyone telling you the results of that X-ray?

A. Of his head CAT scanning, yeah.

Q. But not the chest?

A. No.

Q. Okay.

Do you know what, if anything else, they did for your husband during the first emergency room visit?

A. No, I don't recall, just the CAT scan on his head and lab taking out his blood to see what's going on and he tried to get his "ear" and that's when he was trying to, I guess.

Q. And you said when you saw him, it was different than when you left him at the hospital.

A. Um-hum.

Q. What was he like at the time that you left him at the hospital to go to your dialysis appointment?

A. He wasn't in pain and moaning as bad.

Q. Was he talking and responsive to you?

A. He wasn't really talking much.

TAX ID NO.
85-0127924

PATIENT

MEDICAL RECORD NO	SOCIAL SECURITY NO	ADV DIRECTIVE	REGISTRATION NO.	ADMIT DATE	TIME
N140472	528-76-6151	❑ YES X NO	**D42665463**		

PATIENT NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	SEX	AT	AS	ARRIVAL DATE	TIME
WILLIAMS,LARRY ROY SR	01/14/51	67	M			02/07/18	0842

ADDRESS	CLERK: BUCLI	MARITAL STATUS	RACE	ROOM NO	SERVICE DATE	TIME
PO BOX 984 HS 2 58 OLD N36 UPPER FRUI FRUITLAND,NM 87416		M	AI		02/07/18	0842

PHONE NO.	PT STATUS REG ER LOCATION ERA	DISCHARGE DATE	TIME
(505)801-3858	MED SERV LOC EMERGENCY ROOM PAT		

GUARANTOR

GUARANTOR NAME (LAST, FIRST, MI)	PHONE NUMBER	SOCIAL SECURITY NO	RELATIONSHIP
WILLIAMS,LARRY ROY SR	(505)801-3858	528-76-6151	SELF

ADDRESS
PO BOX 984
FRUITLAND,NM 87416

EMPLOYER

EMPLOYER NAME AND ADDRESS
NONE

PHONE NO.

NEAREST RELATIVE NAME AND ADDRESS **WILLIAMS,LENORA** PHONE NO. (505)801-3858 RELATIONSHIP WIFE

PO BOX 984 FRUITLAND,NM 87416

INSURANCE

1.	2.	3.
INS 1 CO: MEDICARE	INS 2 CO:	INS 3 CO:
CLAIM # 0	CLAIM #	CLAIM #
POLICY # 528766151A	POLICY #	POLICY #
SUBSCRIBER WILLIAMS,LARRY R PO BOX 3113 MECHANICSBURG, PA 17055-1828	SUBSCRIBER ,	SUBSCRIBER ,
EMP STATUS R	EMP STATUS	EMP STATUS
PHONE #: (855)252-8782	PHONE #:	PHONE #:
REL TO PATIENT SELF	REL TO PATIENT	REL TO PATIENT

PHY

ADMITTING DR	ATTENDING DR / EMERGENCY ROOM	PRIMARY CARE DR
	ED PHYSICIANS	NORTHERN NAVAJO MEDICAL CENTER

ADMITTING DX	OCCURRENCE CODE	OCCURRENCE DATE / TIME
FALL:CONFUSION	05	02/07/18

COMMENTS

VISIT DIAGNOSIS						

PRIMARY LANGUAGE
NAVAJO

PRINCIPAL DIAGNOSIS	CODE	PRINCIPAL PROCEDURE	ICU-9 CODE	CPTCODE
SECONDARY DIAGNOSIS		SECONDARY PROCEDURE		
1.				
2.				
3.				
4.				

ERADMW6.1 BUCLI

APPROVALS
Med Dir:NA
P&T:NA
HIM:03/14
MEC:NA
Orig:2005
Revised:01/14

FS

SAN JUAN REGIONAL MEDICAL CENTER
801 West Maple Street
Farmington, New Mexico 87401

San Juan Regional Medical Center - Farmington, NM 87401

Name	WILLIAMS, LARRY ROY	**DOB**	1/14/1951
MR #:	N140472	**Age/Gender:**	67y M
DOS:	2/7/2018 08:42	**Acct #:**	D42665463
Private Phys:	NNMC - NORTHERN NAVAJO MEDICAL CENTER,	**ED Phys:**	Graham D. Tull, MD

Dictated on 02/07/18 0939 by WEAVER,ROBERT R III MD
Transcribed on 02/07/18 0939 by EDITOR,SELF
Sign by WEAVER,ROBERT R III MD on 02/07/18 0945

Sign by:

WEAVER,ROBERT R III MD

Reviewed By: Graham D. Tull, MD 2/7/2018 09:46

PROGRESS NOTES

Patient is ready to go home. Patient and/or family member/parent verbalizes understanding of results, diagnosis and plan.
GTULL 02/07/18 15:01 < GTULL 2/7/2018 15:01>

DIAGNOSIS

UTI (urinary tract infection)
< Graham D. Tull, MD 2/7/2018 12:43>
Concussion
< Graham D. Tull, MD 2/7/2018 12:43>
Altered mental state
< Graham D. Tull, MD 2/7/2018 12:44>

DISPOSITION

Nursing

Disposition is Home
< MORNE 2/7/2018 13:38>
No, this is not a Level I or a Level II Trauma. <MORNE 02/07/18 13:38 >
No, CPR was not performed on this patient on this visit. <MORNE 02/07/18 13:38 >
I have documented my IV/ IV Med Start/Stop times as dictated by policy. <MORNE 02/07/18 13:38 >
The registration process has been completed on this patient. <MORNE 02/07/18 13:38 >
Care items discontinued: IV catheter(s) discontinued dressing applied,. no redness noted, bleeding controlled and intact < MORNE 2/7/2018 13:38>
The patient was discharged to home . The patient is alert and oriented and is in no respiratory distress . Patient's condition: stable . Discharge mode is via wheelchair . Patient accompanied by family member . The patient's diagnosis, condition and treatment were explained to patient or parent/guardian. The patient/responsible party expressed understanding. Patient teaching given on the use and side effects of medication(s). Aftercare instructions were given to the patient. A discharge plan has been developed.
< MORNE 2/7/2018 13:38>
Discharge vital signs done. See VS record. <MORNE 02/07/18 13:39 >
Vital Signs are within normal limits. <MORNE 02/07/18 13:39 >
Required signatures obtained. <MORNE 02/07/18 13:39 >
Discharge done. Patient physically departed from the Emergency Department. <MORNE 02/07/18 13:39 >

TAX ID NO.
85-0127924

PATIENT

MEDICAL RECORD NO	SOCIAL SECURITY NO	ADV DIRECTIVE	REGISTRATION NO.	ADMIT DATE	TIME
N140472	528-76-6151	☐ YES X NO	**D42672857**	02/08/18	0141

PATIENT NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	SEX	AT	AS	ARRIVAL DATE	TIME
WILLIAMS,LARRY ROY SR	01/14/51	67	M			02/07/18	2211

ADDRESS	CLERK: CARLC	MARITAL STATUS	RACE	ROOM NO	SERVICE DATE	TIME
PO BOX 984 HS 2 58 OLD N36 FRUITLAND,NM 87416		M	AI	7-A	02/07/18	2211

PHONE NO.	PT STATUS	LOCATION	DISCHARGE DATE	TIME
(505)801-3858	DIS IN	ICU	02/08/18	1947

MED SERV LOC INTENSIVE CARE TRA

GUARANTOR

GUARANTOR NAME (LAST, FIRST, MI)	ADDRESS	PHONE NUMBER	SOCIAL SECURITY NO	RELATIONSHIP
WILLIAMS,LARRY ROY SR	PO BOX 984 FRUITLAND,NM 87416	(505)801-3858	528-76-6151	SELF

EMPLOYER

EMPLOYER NAME AND ADDRESS: NONE

PHONE NO.

EXPIRED

NEAREST RELATIVE NAME AND ADDRESS **WILLIAMS,LENORA** PO BOX 984 FRUITLAND,NM 87416 | PHONE NO. (505)801-3858 | RELATIONSHIP WIFE

INSURANCE

1.	2.	3.
INS 1 CO: MEDICARE	INS 2 CO: IHS SHIPROCK PND	INS 3 CO:
CLAIM # 0	CLAIM # 59395	CLAIM #
POLICY #528766151A	POLICY #528766151	POLICY #
SUBSCRIBER WILLIAMS,LARRY R PO BOX 3113 MECHANICSBURG, PA 17055-1828	SUBSCRIBER WILLIAMS,LARRY R PO BOX 160 SHIPROCK, NM 87420	SUBSCRIBER ,
EMP STATUS R	EMP STATUS R	EMP STATUS
PHONE #: (855)252-8782	PHONE #: (800)225-0241	PHONE #:
REL TO PATIENT SELF	REL TO PATIENT SELF	REL TO PATIENT

PHY

ADMITTING DR	ATTENDING DR / EMERGENCY ROOM	PRIMARY CARE DR
SHARMA,VIVEK MD	SHARMA,VIVEK MD	NORTHERN NAVAJO MEDICAL CENTER

ADMITTING DX	OCCURRENCE CODE	OCCURRENCE DATE / TIME
ACUTE ENCEPHALOPTHY/HYPOXEMIC/HYPER	11	02/07/18

COMMENTS: ER ADMIT

VISIT DIAGNOSIS						

PRIMARY LANGUAGE: NAVAJO

PRINCIPAL DIAGNOSIS	CODE	PRINCIPAL PROCEDURE	ICU-9 CODE	CPTCODE
SECONDARY DIAGNOSIS		SECONDARY PROCEDURE		
1.				
2.				
3.				
4.				

ZFACE

MRT13.2 BREKE

APPROVALS
Med Dir:NA
P&T:NA
HIM:03/14
MEC:NA
Orig:2005
Revised:01/14

FS

SAN JUAN REGIONAL MEDICAL CENTER
801 West Maple Street
Farmington, New Mexico 87401

San Juan Regional Medical Center - Farmington, NM 87401

Name	WILLIAMS, LARRY ROY	**DOB**	1/14/1951
MR #:	N140472	**Age/Gender:**	67y M
DOS:	2/7/2018 22:11	**Acct #:**	D42672857
Private Phys:	NNMC - NORTHERN NAVAJO MEDICAL CENTER,	**ED Phys:**	Angela Bell, MD

HISTORY OF PRESENT ILLNESS

Vital signs per nurses notes.
Historian: patient.
The patient presents with a complaint of altered mental status. The onset was gradual. The symptoms have been increasing. The symptoms have been occurring for 1 day(s). The symptom severity is moderate. The context/precipitating factors are unknown. 67 y/o male with hx chronic lung disease. Seen in ED earlier today for AMS. Had fall and hit head yesterday. Per chart and family, pt had negative workup, thought likely UTI, improved and discharged home iwth abx. Now with increased AMS again. More confused, less active. usually conversant, not talking to family. On O2 at home at baseline, 2L. Increased to 4L without effect. Has been compliant with O2. Family could not get pt to take abx today due to mental status. No new trauma.. <AB 2/8/2018 00:04>

REVIEW OF SYSTEMS

Except as noted elsewhere in the record, all other systems are negative. <AB 2/8/2018 00:04>

EXAM

CONSTITUTIONAL: Distress: Mild. Patient appears elderly and frail. Patient is poorly responsive.
EYES: PERRL, lids and conjunctivae are normal on exam, no acute pathological process.
ENT: Pharynx: Normal.
CARDIOVASCULAR: Rate: Tachycardia. Rhythm: Regular. Murmur: None.
RESPIRATORY: (-) Respiratory distress. Wheezing: Absent. Rales: Absent. Rhonchi: Bilaterally. Diminished BS: None.
coarse bilaterally, no retractions, good effort
GI/ABDOMEN: Palpation: Soft, non-tender, no guarding or rebound tenderness. Bowel Sounds: normal.
thin, no edema
INTEGUMENTARY: Color normal for race, warm and dry, no rash.
NEURO: moans to name, protecting airway, nonverbal
<AB 2/8/2018 00:04>

RESPIRATORY

Vapotherm Hi-Flow Therapy Documentation:Vapotherm Hi-Flow Therapy has been initiated with a flow rate of 40L/min.FIO2 = 80%. Unit temperature = 36 degrees C.Patient's SpO2 = 89%. Patient is tolerating the Vapotherm Hi-VNI Therapy well. < LONGL 2/8/2018 01:08>

Respiratory treatment completed. <LONGL 02/08/18 01:08 >
Treatment Provided: Assessment Initial and Oxygen Setup < LONGL 2/8/2018 01:08>
Pre Assessment Lung Sounds:RUL Coarse, RML Coarse, RLL Coarse, LUL Coarse, LLL Coarse, Respiratory Effort with Tachypneic < LONGL 2/8/2018 01:08>
Cough: Yes <LONGL 02/08/18 01:08 >

Departmental Report

REFERRING PHYSICIAN:
Dr. Angela Bell.

REASON FOR ADMISSION:
Worsening confusion.

HISTORY OF PRESENT ILLNESS:
Mr. Larry Williams is a 67-year-old gentleman with past medical history significant for invasive pulmonary aspergillosis, diabetes mellitus type 2, pulmonary hypertension, history of spontaneous pneumothorax, was seen earlier in the morning of 02/07/2018 with complaints of confusion and a fall. His wife stated that he had some hallucinations. She then brought him to the hospital. Patient has been having some increasing cough. He did not have any complaints of dysuria. At presentation was largely nonverbal and could not give me much history, but could just angrily say that I what do I want on being asked repeatedly his name. His daughter was at the bedside felt that this is a change the whole day.

He was brought back, his wife felt that he is having increasing confusion. After his fall in the morning, he was able to walk and was evaluated in the ER by Dr. Graham Tull. He felt that he had concussion only. CT of the head was done, which was remarkable and was reported a negative noncontrast CT evaluation of the brain. He was found to be having evidence of possible urinary tract infection as he had had 11 WBCs and 15 RBCs. He was given a prescription for Keflex 500 mg 1 tab p.o. q.i.d. for 7 days, but now when he is back in the ER, he was hypotensive. His initial blood pressure was 66/42, this was a change from morning, he was tachycardic up to 146 per minute. He has been resuscitated with IV fluids and IV Rocephin was given. He has been given 30 mL per kilogram bolus on the lines of sepsis. His blood pressure did not resolve and then he had to be started on norepinephrine. Chest x-ray was done, which does not appear much than what it was in the morning. He has significant scarring and patchy opacities. He has history of ILD. Now, patient has been referred to IMS for further management. He was put on high flow for his hypoxemic and hypercarbic failure. His VBG pCO_2 has come down after this intervention.

His wife as well as daughter have been wavering as far as his code status is concerned. They conveyed to not compel that they do not want intubation, but when I explained to them that that would essentially mean that patient may pass away in an event of further respiratory distress,

Patient Name: WILLIAMS,LARRY ROY SR
Admit date: 02/07/18 ADM IN 900-16
Dictated by: SHARMA,VIVEK MD
PCP: NORTHERN NAVAJO MEDICAL CENTER
Attending: KUMAR,RANJIT MD
R#: 0208-0007

MR #: N140472
Account: D42672857
Age/Sex: 67M
DOB: 01/14/51

they said they wanted us to put a tube as well.

REVIEW OF SYSTEMS:
Unobtainable as patient is largely nonverbal and please see HPI for review with the help of patient's wife.

ALLERGIES:
LORTAB.

PAST MEDICAL HISTORY:
1. See HPI, chronic invasive pulmonary aspergillosis on Voriconazole.
2. Diabetes mellitus type 2 (not on insulin, wife was very particular in stating this).
3. History of pulmonary hypertension.
4. Diastolic heart failure.

PAST SURGICAL HISTORY:
Laparoscopic cholecystectomy in 2016 and history of chest tube placement for spontaneous pneumothorax.

FAMILY HISTORY:
Noncontributory.

SOCIAL HISTORY:
He is married, lives with his wife and daughter. His wife is visually impaired. He has no history of any tobacco abuse or alcohol abuse, or drug abuse. He has history of being a welder which probably led to his lung disease.

HOME MEDICATIONS:
As per the Allscripts list:
1. Albuterol via inhalation.
2. B12 sublingual.
3. Ferrous sulfate oral.
4. Voriconazole.
5. Glipizide.

PLEASE PRINT OR TYPE CLEARLY

DEATH CERTIFICATE

State of New Mexico
United States of America
New Mexico Vital Records and Health Statistics

STATE USE ONLY	
Case ID No.:	2853880
State File No.:	<<<>>>
State File Date:	<<<>>>

Date of Death: February 08, 2018

OMI No:

Registrar _____ Date of Signature _____

Note: If death is due to accident, homicide, suicide, trauma, or unknown causes, refer case to Medical Investigator.

Farmington — City of Death

San Juan — County of Death

To Be Completed/Verified By Funeral Director

1a. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): <<<Larry Roy Williams Sr>>>

1b. IF DECEDENT IS FEMALE - Give maiden name. (Last name prior to first marriage.): <<<>>>

2. SEX: Male

3. SOCIAL SECURITY NUMBER: 528-76-6151

4a. AGE - *Last Birthday (Years)*: 67

4b. INFANT - If under 1 year: Months <<<>>> Days <<<>>>

4c. INFANT - If under 1 day: Hours <<<>>> Minutes <<<>>>

5. DATE OF BIRTH (Month/Day/Year): January 14, 1951

6a. CITY OF BIRTH: White Cone

6b. STATE OF BIRTH: Arizona

6c. COUNTRY OF BIRTH: United States

7. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

8a. RESIDENCE STREET and NUMBER OR LOCATION: ## Old Hwy N-36 #258

8b. RESIDENCE CITY: Upper Fruitland

8c. RESIDENCE COUNTY: San Juan

8d. RESIDENCE STATE: New Mexico

8e. RESIDENCE COUNTRY: United States

8f. RESIDENCE ZIP CODE: 87416

8g. IS RESIDENCE INSIDE CITY LIMITS? ☐ Yes ☒ No ☐ Unknown

9. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death.
- ☐ 8th grade or less
- ☐ 9th - 12th grade; no diploma
- ☐ High school graduate or GED completed
- ☒ Some college credit, but no degree
- ☐ Associate degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
- ☐ Unknown

10. DECEDENT'S HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish / Hispanic / Latino. Check the "NO" box if decedent is not Spanish / Hispanic / Latino.
- ☒ No, not Spanish/Hispanic/Latino
- ☐ Yes, Spanish/Hispanic
- ☐ Yes, Mexican/Mexican American
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, Latino
- ☐ Yes, Other Hispanic Origin — If other (Specify): <<<>>>
- ☐ Unknown

11. DECEDENT'S RACE - Check one or more races to indicate what the decedent considered him/herself to be.
- ☐ White ☐ Black or African American
- ☒ American Indian or Alaska Native — Specify name of the Tribe(s): Navajo
- ☐ Asian Indian ☐ Japanese ☐ Korean
- ☐ Chinese ☐ Samoan ☐ Filipino
- ☐ Vietnamese ☐ Native Hawaiian ☐ Unknown
- ☐ Other Asian (Specify): <<<>>>
- ☐ Guamanian or Chamorro <<<>>>
- ☐ Other Pacific Islander (Specify) _____
- ☐ Other (Specify): <<<>>>

12a. DECEDENT'S USUAL OCCUPATION - Indicate type of work done during most of working life. Do not use retired as an occupation.: Welder

12b. KIND OF BUSINESS OR INDUSTRY: Boilermaking

13. MARITAL STATUS - At time of death: ☒ Married ☐ Never Married ☐ Divorced ☐ Widowed ☐ Unknown

14. SURVIVING SPOUSE - If wife, give maiden name (name prior to first marriage).: <<<Lenora Benally>>>

15. FATHER'S FULL NAME: <<<Alfred Williams>>>

16. MOTHER'S FULL MAIDEN NAME Give name prior to first marriage.: <<<Annie Begay>>>

17a. INFORMANT - NAME *(First and Last)*: <<<Lynlaria Dickson>>>

17b. INFORMANT'S RELATIONSHIP TO DECEDENT: Daughter

17c. INFORMANT'S MAILING ADDRESS (Address, City, State, Zip Code): ## P.O. Box 1096, Fruitland, New Mexico 87416

18. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify): <<<>>> ☐ Unknown

19. PLACE OF DISPOSITION - *Name of Cemetery / Crematory or Other Place*: Kirtland-Fruitland Cemetery

20. DISPOSITION LOCATION (City, State and Country): Kirtland, New Mexico, USA

21a. FUNERAL SERVICE FACILITY NAME: Cope Memorial Kirtland Chapel, LLC

21b. FUNERAL SERVICE FACILITY ADDRESS: 458 County Road 6100, Kirtland, New Mexico 87417

22a. NAME OF FUNERAL DIRECTOR or PERSON ACTING AS AUTHORITY: <<<Martin Ferre>>>

22b. TITLE of AUTHORITY: ☒ FSP ☐ DD ☐ ASSOC. ☐ Other (Specify): _____

23. FUNERAL DIRECTOR LICENSE NUMBER: FSP662

24. DATE SUBMITTED (Month/Day/Year): <<<>>>

To Be Completed By Medical Certifier

MEDICAL CERTIFICATION - Items 25 through 40 must be completed by the person who certifies the Cause of Death

25. DATE PRONOUNCED DEAD (Month/Day/Year): February 08, 2018

26. TIME PRONOUNCED DEAD: 07:47 ☐ AM ☒ PM

27. TIME OF DEATH: 07:47 ☐ AM ☒ PM

28a. CITY OF OCCURRENCE: Farmington

28b. COUNTY OF OCCURRENCE: San Juan

28c. ZIP CODE OF OCCURRENCE: 87401

29a. PLACE OF DEATH OCCURRENCE - *Give Name of Hospital or Other Facility* (If neither, give Street Address or Location): San Juan Regional Medical Center

29b. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ Emergency Room / Outpatient ☐ Dead on Arrival

29c. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☐ Decedent's Residence ☐ Nursing Home/Long Term Care ☐ Assisted Living Facility ☐ Other (Specify): _____ ☐ Unknown

30. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Pending Investigation ☐ Homicide ☐ Undetermined

31. WAS THE MEDICAL INVESTIGATOR CONTACTED? ☐ Yes ☐ No ☒ Unknown

COMPLETE INJURY SECTION FOR ACCIDENT, HOMICIDE, SUICIDE OR UNDETERMINED

32a. DATE OF INJURY (Month/Day/Year):

32b. TIME OF INJURY: ☐ AM ☐ PM

32c. PLACE OF INJURY - (Specify decedent's home, street, interstate, farm, ranch, arroyo, restaurant, etc.)

32d. LOCATION OF INJURY - (Address, City, State, Zip Code)

32e. INJURY AT WORK: ☐ Yes ☐ No ☐ Unknown

32f. DESCRIBE HOW INJURY OCCURRED

32g. IF TRANSPORTATION INJURY - Specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other, Specify: _____ ☐ Unknown

33 CAUSE OF DEATH (Type or print clearly)

PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, stroke, or ventricular fibrillation without showing the etiology. DO NOT enter "Old Age". DO NOT abbreviate. Enter only one cause on a line. Add additional lines if necessary.

Approximate interval: Onset to death

IMMEDIATE CAUSE (Final disease or condition resulting in death) →
- a. ACUTE HYPOXIC RESPIRATORY FAILURE — Due to (or as a consequence of): _____ — DAYS
- b. SEPTIC SHOCK — Due to (or as a consequence of): _____ — DAYS
- c. PNEUMONIA — Due to (or as a consequence of): _____ — DAYS
- d. _____ — Due to (or as a consequence of): _____

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the **UNDERLYING CAUSE** (disease or injury that initiated the events resulting in death) **LAST.**

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.: CHRONIC PULMONARY ASPERGILLOSIS, PULMONARY FIBROSIS

34. DID ALCOHOL USE CONTRIBUTE TO DEATH? ☐ Yes ☐ No ☐ Probably ☒ Unknown

35. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ No ☐ Probably ☒ Unknown

36a. WAS AUTOPSY PERFORMED? ☐ Yes ☐ No ☒ Unknown

36b. IF YES, were findings considered in determining cause of death? ☐ Yes ☐ No

36c. LOCATION WHERE AUTOPSY PERFORMED (City, State)

37a. WAS RECENT SURGICAL PROCEDURE PERFORMED? ☐ Yes ☒ No

37b. IF YES, *Specify Type of Procedure*

37c. Date of Procedure (Month/Day/Year)

38a. IF DECEDENT WAS FEMALE, WAS DECEDENT PREGNANT WITHIN THE LAST YEAR?
- ☐ Not pregnant within 1 year of death
- ☐ Pregnant at time of death
- ☐ Not pregnant, but pregnant within 42 days of death
- ☐ Not Pregnant, but pregnant 43 days to 1 year before death
- ☐ Unknown if pregnant within 1 year of death

38b. IF PREGNANT AT TIME OR NEAR THE TIME OF DEATH, ESTIMATED LENGTH OF PREGNANCY IN WEEKS

39. CERTIFIED BY:
- ☐ Certified Physician
- ☒ Doctor of Osteopathy
- ☐ Office of the Medical Investigator
- ☐ Tribal Authority
- ☐ Military Authority
- ☐ Other (Specify): _____

40a. NAME OF CERTIFIER (Please type or print clearly): DR. DAVID DEVITRE, DO

40b. ADDRESS OF CERTIFIER (Please type or print clearly): 801 W. MAPLE FARMINGTON, N.M. 87401

CERTIFIER STATEMENT: On the basis of examination and/or investigation, in my opinion, this death occurred at the time, date and place, and due to the cause(s) and manner stated.

40c. SIGNATURE OF CERTIFIER

40d. DATE SIGNED (Month/Day/Year): MARCH 12, 2018

efile GRAPHIC print | Submission Date - 2019-05-07 | DLN: 93493127002329

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990.

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
San Juan Regional Medical Center
% JOHN PARIGI

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 801 West Maple Street
Room/suite

City or town, state or province, country, and ZIP or foreign postal code: Farmington, NM 87401

D Employer identification number: 85-0127924

E Telephone number: (505) 609-6114

G Gross receipts $ 387,640,412

F Name and address of principal officer:
JEFF BOURGEOIS CEO
801 West Maple Street
Farmington, NM 87401

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.SANJUANREGIONAL.COM

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1953

M State of legal domicile: NM

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SAN JUAN REGIONAL MEDICAL CENTER'S MISSION IS TO PERSONALIZE HEALTH CARE AND CREATE ENTHUSIASM AND VITALITY IN HEALING.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	2,161
6	Total number of volunteers (estimate if necessary)	**6**	141
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	41,454

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	118,568	1,035,636
9	Program service revenue (Part VIII, line 2g)	318,043,617	321,154,927
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,347,355	6,714,201
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,508,762	2,369,752
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	328,018,302	331,274,516
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	220,707	166,346
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	190,197,180	180,788,417
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	125,535,406	133,265,391
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	315,953,293	314,220,154
19	Revenue less expenses. Subtract line 18 from line 12	12,065,009	17,054,362

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	399,451,532	420,125,704
21	Total liabilities (Part X, line 26)	109,713,595	112,963,415
22	Net assets or fund balances. Subtract line 21 from line 20	289,737,937	307,162,289

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date: 2019-05-15

JEFF BOURGEOIS CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Adam R Smith CPA	Preparer's signature: Adam R Smith CPA	Date	Check ☐ if self-employed	PTIN: P00958966
Firm's name ▶ BKD LLP			Firm's EIN ▶	
Firm's address ▶ 111 South Tejon Suite 800, Colorado Springs, CO 809039848			Phone no. (719) 471-4290	

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part II **Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	18,273,524		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	8,223,086		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	79,828,928		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	80,871,865		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-1,042,937		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:				

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes		
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes		

Part IV **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

SAN JUAN REGIONAL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☑	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C.		

STATE OF NEW MEXICO
COUNTY OF SANTA FE
FIRST JUDICIAL DISTRICT COURT

SCOTT FUQUA, wrongful death personal representative of the ESTATE OF LARRY WILLIAMS, and LENORA WILLIAMS,

Plaintiffs,

v. Case No.: D-101-CV-2021-00146

SAN JUAN REGIONAL MEDICAL CENTER, INC., and GRAHAM TULL, M.D.,

Defendants.

SAN JUAN REGIONAL MEDICAL CENTER'S OBJECTIONS AND RESPONSES TO PLAINTIFF'S FIRST SET OF DISCOVERY

COMES NOW, San Juan Regional Medical Center, Inc. (hereinafter "SJRMC"), by and through its counsel of record, BUTT THORNTON & BAEHR, PC, and, pursuant to Rules 1-033 and 1-034 NMRA, hereby provides its *Objections and Responses to Plaintiff's First Set of Discovery.*

INTERROGATORIES

INTERROGATORY NO. 1: Between February 7, 2013 and February 7, 2018 what if any training did you require of, or provide to, your medical providers and staff regarding the following subjects: [a] medical communication with patients; [b] cultural awareness and competence; [c] linguistic awareness and competence; [d] under what circumstances to seek the assistance of a Navajo interpreter or other person trained to assist with the medical communication between non-Navajo-speaking providers and Navajo patients.

ANSWER:

Objection to this Interrogatory as overbroad as to the time period and providers requested, unduly burdensome, irrelevant, and not reasonably calculated to lead to the discovery of admissible evidence.

Without intending a waiver of the foregoing objections, SJRMC states that its staff are educated in New Caregiver Orientation regarding the availability of interpreter services. *See* SJRMC 000335-000337, produced herein. Information relating to interpretation services can also be found on the SJRMC intranet homepage. *See* SJRMC 000334, produced herein. SJRMC also refers to its Patient Rights Brochure, in effect from the year 2016 to the present date, produced herein as SJRMC 000338-000339. SJRMC further refers to its Policy regarding Interpreter Services for Non-English Speaking and Hearing Impaired Individuals, produced herein as SJRMC 000340-000341. Finally, please see template of the signs posted at registration during the year in question, provided herein as SJRMC 000342.

INTERROGATORY NO. 2: Between February 7, 2013 and February 7, 2018 what measures, if any, did your hospital undertake to comply with the Health and Human Services National CLAS Standards (2013) (hereafter "CLAS Standards") and the Joint Commission's Roadmap for Hospitals Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care (2010) (hereafter "Joint Commission's Roadmap")?

ANSWER:

Objection to this Interrogatory as overbroad, unduly burdensome, irrelevant, and not reasonably calculated to lead to the discovery of admissible evidence. SJRMC states that it is not subject to the requirements of the Joint Commission since it is not accredited by the Joint Commission. SJRMC will further respond to this Interrogatory after receipt of clarification of the specific "CLAS Standards" referenced in this Interrogatory. However, SJRMC states that its Interpreter Services for Non-English Speaking and Hearing Impaired Individuals Policy (SJRMC 000338-000339) references CLAS.

INTERROGATORY NO. 3: Between February 7, 2016 and February 7, 2018, whom, if anyone, did you employ or otherwise contract with to assist with the medical communication between non-Navajo-speaking providers and Navajo patients?

ANSWER:

Objection to this Interrogatory as overbroad as to the time period and providers requested, unduly burdensome, irrelevant, and not reasonably calculated to lead to the discovery of admissible evidence. In Answer to this Interrogatory, SJRMC refers to its Interpreter Services for Non-English Speaking and Hearing Impaired Individuals Policy/Procedure (SJRMC 000340-000341), wherein it refers SJRMC's interpretation services.

Reporting Abuse, Neglect & Exploitation

San Juan Regional Medical Center believes that individuals should have a quality of life that is free of abuse, neglect or exploitation. All suspected abuse, neglect or exploitation will be reported to the appropriate agency by San Juan Regional Medical Center staff as required by regulatory requirements and hospital policy.

Family members, caregivers, and patients also have the right to report. Please report immediately any suspected cases of:

- **Physical Abuse**
- **Sexual Abuse**
- **Emotional or Psychological Abuse**
- **Neglect**
- **Exploitation**

- This information will be kept confidential -

Reports may be made to:

San Juan Regional Medical Center

- **Report immediately to your caregiver, or ask for the manager;**
- **Patient Experience Department:**
  Monday through Friday • During business hours
  505.609.6963
- **Administrator on Call:**
  Call the hospital operator.

Dept. of Health Incident Reporting Hot Lines:
1.800.752.8649 or 1.800.445.6242
Incident Reporting Fax: **1.800.584.6057**
Adult Protective Services: **1.866.654.3219**

Incident Reporting Forms may be obtained at San Juan Regional Medical Center from any admissions clerk, any clinical unit, the Information Desk, the Compliance Office, or the Case Management Department.

Download forms or complete online at
http://dhi.health.state.nm.us/imb/imb_irform.php

Your Safety is Our Highest Priority

San Juan Regional Medical Center's Safety and Security Department provides a wide range of services to protect you while you are on any of the hospital properties. Some of these services, such as uniformed officer patrol and the video monitoring system, are highly visible, while other security services take place behind the scenes. This explanation of those services is provided because we want you to take advantage of the services as often as you feel the need.

Escort to the parking lot. You may arrange for an escort to your vehicle. Just call the operator and ask for an escort. If you are not at the main hospital at 801 West Maple Street, you may have to wait a few minutes for the escort to arrive.

Entrance security. A security officer is stationed at the entrance to the Emergency Room at all times. A security officer is also stationed at the main entrance to the hospital during the night hours. Don't hesitate to approach the officer if you have any safety or security concerns.

Lost and found. If you have lost an item in the hospital, you may check at the Security office located near the Emergency Department or call the operator and ask for the security office.

Drills. Fire drills, bomb drills and other drills are conducted from time to time for training purposes and to comply with regulations. During these drills, certain doors may be locked for a limited period of time. Please comply with any directions given to you by hospital staff.

Limited Access. If the Safety and Security Department determines that access to SJRMC buildings have to be limited to provide for patient safety, then you may not be allowed into the building for a period of time. Please comply with any directions given to you by hospital staff.

Contact: Safety and Security Department
If on-campus: dial "O" from any courtesy phone or hospital extension. If off-campus: call 609.2000 and ask for "Security"

Accessing your Medical Records

Your medical records are available for inspection to you or your representative by calling 609.6121 and setting up an appointment with our Health Information Management Department.

If you need a copy of your medical records, please come to the Health Information Management Department and complete a simple Disclosure of Information Authorization form and provide proof of identification. Please be aware that depending on the accessibility of the medical record,it may not be available for up to one week after your request is made. There may be a minimal charge for your medical record of $10.00 and a .25 per page after the first four pages.

If you have any questions, please feel free to call the Health Information Management Department at 609.6121.

If you have been treated at any clinic or physician's office, you may obtain copies of your records from them.

SAN JUAN REGIONAL MEDICAL CENTER

801 West Maple Street
Farmington, New Mexico 87401
505.609.2000
sanjuanregional.com

09.2016

San Juan Regional Medical Center

Patient Rights and Responsibilities

SAN JUAN REGIONAL MEDICAL CENTER

sanjuanregional.com

Your Right as a Patient*

We consider you a partner in your hospital care. When you are well-informed, participate in treatment decisions, and communicate openly with your doctor and other health professionals, you help make your care as effective as possible. This hospital encourages respect for the personal preferences and values of each individual, regardless of age, race, sex, creed, language, national origin, or source of payment.

1. You have the right to considerate and respectful care.

2. You have the right to, and are encouraged to, obtain from physicians and other direct care-givers relevant, current and understandable information concerning diagnosis, treatment and prognosis. You have the right to know the names and roles of people treating you.

3. You have the right to consent to or refuse a treatment, as permitted by law, throughout your hospital stay. If you refuse a recommended treatment, you will be informed of the medical consequences of this action and receive other needed and available care.

4. You have the right to be informed about unanticipated outcomes of care. The responsible licensed independent practitioner or his or her designee should clearly explain the outcome of any treatments whose outcomes differ significantly from the anticipated outcomes.

5. You have the right to have an advance directive, such as a living will or health care proxy. These documents express your choices about your future care or name someone to decide if you cannot speak for yourself. If you have a written advance directive, you should provide a copy to the hospital, your family, and your doctor.

6. You have the right to privacy and to receive care in a safe setting. The hospital, your doctor, and others caring for you will protect your personal privacy.

7. You have the right to expect that treatment records are confidential unless you have given permission to release information or reporting is required or permitted by law.

8. You have the right to review your medical records and to have the information explained, except when restricted by law.

9. You have the right to expect that the hospital will give you necessary health services to the best of its ability. Treatment, referral or transfer may be recommended. If transfer is recommended or requested, you will be informed of risks, benefits and alternatives. You will not be transferred until the other institution agrees to accept you.

10. You have the right to know if this hospital has relationships with outside parties that may influence your treatment and care. These relationships may be with educational institutions, other health care providers, or insurers.

11. You have the right to consent or decline to take part in research affecting your care. If you choose not to take part, you will receive the most effective care the hospital otherwise provides.

12. You have the right to be told of realistic care alternatives when hospital care is no longer appropriate.

13. You have the right to know about hospital rules that affect you and your treatment and about charges and payment methods. You have the right to know about hospital resources, such as patient representatives or ethics committees, that can help you resolve problems and questions about your hospital stay and care.

14. You have the right to request a consultation with the hospital Ethics Committee by contacting customer service at 505.609.6963. The purpose of the Ethics Committee is to *educate*, consider, *advise*, and assist in resolving only the most difficult ethical issues that have failed to be resolved elsewhere.

15. As a patient it is your right to have your pain addressed by your health care provider. You have the right to information about pain and pain relief measures. Treating your pain is a partnership between you and your health care provider. We are committed to work with you in obtaining the best management of your pain as possible.

16. You have the right to receive care in the least restrictive environment that is appropriate for your treatment plan. You will not be restrained or placed in seclusion unless it is determined that such restrictions are necessary to protect you or others from harm.

17. Every patient shall be allowed to designate who may be permitted to visit during the hospital stay in accordance with the hospitals policy.

*Taken from 1992 American Hospital Association "A Patient's Bill of Rights"

Patient Responsibilities*

As a patient, you also have responsibilities. You are responsible for providing information about your health, including past illnesses, hospital stays, and use of medicine. You are responsible for asking questions when you do not understand information or instructions. If you believe you can't follow through with your treatment, you are responsible for telling your doctor.

San Juan Regional Medical Center works to provide care efficiently and fairly to all patients and the region. You and your visitors are responsible for being considerate of the needs of other patients, staff and the hospital. You are responsible for providing information for insurance and for working with the hospital to arrange payment, when needed.

Your health depends not just on your hospital care, but, in the long term, on the decisions you make in your daily life. You are responsible for recognizing the effect of life-style on your personal health.

A hospital serves many purposes. Hospitals work to improve people's health; treat people with injury and disease; educate health professionals, patients and community members; and improve understanding of health and disease. In carrying out these activities, this institution works to respect your values and dignity.

You are responsible for telling your nurse, therapist or physician when you are having pain. Ask your doctor or nurse what to expect concerning pain and discuss pain relief options with them. We want you to work with us to develop a pain relief plan. Report your pain when it first begins; report pain that is unrelieved by pain relief measures already tried.

Patient Satisfaction

San Juan Regional Medical Center strives to provide quality and compassionate care to all of our patients and their families. If you do have concerns, please let us know because we view this as an opportunity for improvement. While all staff members are empowered to assist you with difficulties, we understand that other channels are sometimes necessary. Our Patient Experience Manager serves as a liaison between the patient, the care team, and the hospital.

Your Options for Reporting a Concern

Monday through Friday from 8:00 a.m. to 4:30 p.m.
Call Patient Experience Manager at 609.6963

After hours or on weekends or holidays:

For a hospital concern:
You may contact the Management Resource Nurse at 609.2913. You may also request to speak to the individual unit manager or the Administrator on Call by contacting our hospital operator at 609.2000.

For a clinic concern:
You may contact the clinic manager.

You may always leave a message on our Hotline at 609.6180.
For information on how to address your concerns in Navajo, call the Hotline number and press "2". For information on how to address your concerns in Spanish press "3".

Address written complaints to:
San Juan Regional Medical Center
ATTENTION: Patient Experience Department
801 West Maple Street
Farmington, New Mexico 87401

email address: patientsatisfaction@sjrmc.net

If you have an unresolved concern with a physician, you may contact Medical Staff Services at 609.6063.

You may file a grievance directly with the New Mexico Department of Health regardless of whether you have first used the hospital's grievance process. Call 1.800.752.8649 or write to:

New Mexico Department of Health
2040 South Pacheco Street, Room 211
Santa Fe, New Mexico 87505

Our Response to Your Concern

We will attempt to resolve your concern immediately. If we are unable to resolve your concern to your satisfaction during your visit, we will continue to investigate. You will receive a written response within seven days of the date reported.

SAN JUAN REGIONAL MEDICAL CENTER	Policy / Procedure Title: Interpreter Services for Non-English Speaking and Hearing Impaired Individuals	
Originator(s): PATIENT EXPERIENCE		
Date Created: 03/09/2021	**Reference #: 3262**	**Version #: 8**
Date Approved: 4/26/2021	**Next Review Date: 04/27/2024**	**Effective Date: 04/27/2021**

POLICY:
It is the policy of San Juan Regional Medical Center to provide interpreter services for patients whom English is not their primary language or provide alternative communication aides for those who are hearing impaired, blind, or otherwise impaired.

PURPOSE:
To establish guidelines for interpreter services for non-English, limited English speaking patients, or for a patient with a hearing impairment.

EQUIPMENT:
- TDD
- Closed Caption TV
- Assistive listening devices
- Splitters
- Stratus IPad (Video and Audio Interpreter Services)
- Transperfect Remote Interpreting (Telephone Interpreter Services)

PROCEDURE:
1. For publicizing the right to and availability of free interpreter services
   a. SJRMC will notify its patients of their right to and availability of free interpreter services with the following statements which are posted throughout the facility and stated in facility publications:
      i. "SJRMC provides free interpreter services to its patients and families for healthcare information."
      ii. Ask SJRMC employee for assistance or dial "0" from any SJRMC courtesy phone.
   b. With signage posted in appropriate patient access locations.
   c. With written communication in/on:
      i. Patients' rights brochure
      ii. SJRMC web page
2. For identifying the language needs of patients
   a. When a patient or their representative presents to a SJRMC staff member with a language interpretation need, the staff member will inform the patient or their representative that SJRMC provides free interpreter services to its patients and family for healthcare information, and will ask in what language the patient prefers to receive his or her information.
   b. If the SJRMC staff member is unable to establish what language the patient speaks and requires interpretation from, and the patient's language is not noted in the patient medical record, the SJRMC staff member will use:
      i. Language identification sheet attached to this policy and located on the intranet under Patient Experience/Interpreter Services to assist in establishing the patient's language.
      ii. If the patient is illiterate or if the patient's language does not appear on the chart, staff will call Transperfect Remote Interpreting, or use the audio icon on the Stratus IPad for assistance in identifying the language.
3. Appropriate use of interpretive services
   For Stratus iPad interpreting select the green stratus button on the IPad then select your language from the blue icons.
   If the language is not available in video utilize the Audio languages button at the bottom of the screen for more options or you may choose to utilize Transperfect Remote Interpreting
   ~~c.~~ For Transperfect Remote Interpreting You will be prompted to provide Client ID and PIN # for Language Services: Please see intranet under Patient Experience/Interpreter Services for Client ID and PIN numbers for your department.
   d. Unit based interpreters are allowed when education has been completed and competency established. Unit based interpreters are manager selected. Competency will be renewed annually.
   e. Use of family members for interpretation is not preferred, but may be used as necessary.
   f. It is never appropriate to use minors, less than 18 years of age, for medical interpretation.
   g. If assistance with Transperfect voice interpretation is needed call (855) 886-2909.
   h. If assistance is needed with the Stratus iPad please log a ticket with Cerner. .

DOCUMENTATION:

1. The following will be documented in the patient's medical record when completing "Admission Agreement and Consent to Treat" and "Informed Consent and Authorization Form":
   a. Patient's language
   b. Name of the interpreter used or service used (Transperfect Remote Interpreting)
   c. If the patient refused a hospital interpreter.
   d. If a non-hospital interpreter was used and the relationship of the interpreter to the patient.
2. Use of interpreter for patient education will be documented in the Medical Record.

REFERENCES:
Title VI of the Civil Rights Act; DNV PR.3; CMS Guidelines 482.13(a) (1);
National Standards on Culturally and Linguistically Appropriate Services (CLAS).

KEY SEARCH WORDS:
- Interpreter Services
- Translators
- Language
- LEP
- Navajo
- Spanish
- Hearing Impaired
- Video
- American Sign Language

POLICY HISTORY REFERENCE:
Date of Origin: 11/09/2007
Last Reviewed/Revised: 3/19/2009, 9/8/2010, 2/7/2011, 8/27/12, 11/24/2014
Committee Approval:

Ops Council 1/3/2008, 3/17/2011, 9/6/2012, 6/6/2013, 12/4/2014 – committee name changed 11/2016
Sr. Leadership 2/6/2018, 2/9/2021, 4/6/2021
MEC 5/17/2011, 9/18/2012, 6/18/2013, 12/17/2014, 2/20/2018, 2/16/2021, 4/20/2021
Board of Directors 5/23/2011, 9/26/2012, 6/26/2013, 12/22/2014, 2/28/2018, 2/24/2021, 4/26/2021

SJRRH MEC 10/30/2017, 2/26/2018 Transitioned to SJRMC Oversight on 7/1/2020
SJRRH BOD 10/31/2017, 2/27/2018 Transitioned to SJRMC Oversight on 7/1/2020

STATE OF NEW MEXICO
COUNTY OF SANTA FE
FIRST JUDICIAL DISTRICT COURT

SCOTT FUQUA, Wrongful Death Personal Representative of the ESTATE OF LARRY WILLIAMS and LENORA WILLIAMS,

Plaintiffs,

v. No. D-101-CV-2021-00146

SAN JUAN REGIONAL MEDICAL CENTER INC. and GRAHAM TULL, M.D.,

Defendants.

DEFENDANTS' PRELIMINARY EXPERT WITNESS DISCLOSURE

COMES NOW, Defendants San Juan Regional Medical Center, Inc. and Graham Tull, M.D., by and through their counsel of record, Rodey, Dickason, Sloan, Akin & Robb P.A., and pursuant to this Court's Order Extending Certain Deadlines, hereby provides its *Preliminary Expert Witness Disclosure*.

1. **Todd Parker, MD**
   2113 Woodlawn Ave.
   Virginia Beach, VA 23455
   Tel: (727) 270-1397

Dr. Parker is an expert in the field of emergency medicine and is board certified in emergency medicine. Dr. Parker is presently the Medical Director of the Riverside Health Coordinated Care and Patient Transfer Center and also serves as an emergency medicine physician in community emergency departments in Williamsburg, Virginia and Eastern Shore of Virginia.

Dr. Parker will testify regarding his review of the care provided by Dr. Tull and whether it met the applicable standard of care. Specifically, Dr. Parker is expected to testify that Mr.

Williams presented with multiple signs of dehydration and responded appropriately to IV fluids. Dr. Parker is further expected to testify that the care and treatment provided by Dr. Tull on February 7, 2018 met the applicable standard of care. He is expected to testify the imaging performed was appropriate as part of the care Mr. Williams received in the emergency department and no further imaging was indicated. Dr. Parker will further testify that the choice of antibiotic was appropriate for the clinical signs presented. Dr. Parker will also testify to a reasonable degree of medical probability, that there were no clinical indications of an acute respiratory illness that required further testing or treatment beyond that provided by Dr. Tull in morning of February 7, 2018. Finally, it is expected Dr. Parker will testify that the discharge from emergency department was the appropriate disposition for Mr. Williams and met the standard of care. There was no indication that Mr. Williams required any further inpatient treatment. Dr. Parker is also expected to rebut the testimony of the experts designated by Plaintiffs.

This is disclosure is only a summary of Dr. Parker's opinions. Dr. Parker bases his opinions on his experience, knowledge, and training, his review of the records of Larry Williams, Sr., depositions and other discovery material produced, created, or generated in connection with this litigation. A copy of Dr. Parker's CV reflecting his qualifications, experience, and training is produced under separate cover, bates labeled SJRMC 000975-000985.

2. James Lineback, MD
400 Newport Center Drive, Suite 301
Newport Beach, CA 92660-5303
Tel: (949) 760-8600

Dr. Lineback is an expert in the area of pulmonary medicine and life expectancy. Dr. Lineback is board certified in internal medicine and pulmonary medicine. He specializes in the practice of cardiopulmonary medicine and chest diseases. Dr. Lineback is currently an associate

clinical professor of medicine at the University of California School of Medicine in Riverside and previously served as an associate clinical professor of medicine at UCLA.

Dr. Lineback will testify regarding his review of the care provided by Dr. Tull and whether such care caused any injuries or damages to Larry Williams, Sr. Specifically, Dr. Lineback is expected to testify that, to a reasonable degree of medical probability, no alleged negligence by Dr. Tull or SJRMC caused the injuries or damages alleged by Plaintiffs. There was nothing that SJRMC or Dr. Tull could have done that would have changed the outcome.

Dr. Lineback is further expected to testify that Mr. Williams had an extensive history of pulmonary disease, which severely affected his health. He will testify that any injury or damage suffered by Mr. Williams was due to the progression of a number of medical conditions from which Mr. Williams suffered prior to Dr. Tull's care and treatment on February 7, 2018. Dr. Lineback is expected to testify that despite the chronic fungal disease invading Mr. Williams' lungs, Mr. Williams exceeded his life expectancy by approximately one year at the time of his death. Dr. Lineback is also expected to rebut the testimony of the experts designated by Plaintiffs, including any issues raised regarding diagnostic testing, diagnosis, and antibiotic treatment.

Dr. Lineback bases his opinions on his experience, knowledge, and training, his review of the records of Larry Williams, Sr., depositions and other discovery material produced, created, or generated in connection with this litigation. A copy of Dr. Lineback's CV reflecting his qualifications, experience, and training is produced under separate cover, bates labeled SJRMC 000986-000989.

This is disclosure is only a summary of Dr. Lineback's opinions. Dr. Lineback specifically reserves his right to supplement this designation and/or offer additional opinions at

trial in response to any opinions of any healthcare provider and/or expert, which are currently not known, or in response to any additional information discovered over the course of litigation and not otherwise objected to by Defendants.

3. Plaintiff's medical providers may be called to testify regarding the care provided and the nature and extent of Plaintiff's injuries related to the alleged accident.

4. Any lay witness who has been identified in this case who may have scientific, technical, or other specialized knowledge regarding the issues that have presented in this matter or is otherwise permitted to provide opinion testimony pursuant to the New Mexico Rules of Civil Procedure.

5. Defendants hereby cross-designate and reserve the right to call and/or elicit testimony from individuals designated by any other party as expert witnesses, although by doing so, Defendants do not admit or vouch for the qualifications or credentials of those persons and requires strict proof that such persons qualify as expert witnesses and of the basis for their opinions.

6. Defendants may call to testify as expert witnesses in this cause any and all custodian of records for any and all records in question, who may testify as to the authenticity of any and all such records, and whose records will serve as their reports. None of these expert witnesses have been specifically retained by Defendants.

7. Defendants reserve the right to call un-designated rebuttal expert witnesses, whose testimony cannot reasonably be foreseen until the presentation of the evidence against Defendants.

8. Defendants reserve the right to withdraw its designation of any expert witness or other person designated herein, to aver positively that such designated expert will not be called

as an expert to testify at trial, and to re-designate such expert as a consulting expert who cannot be called to testify by opposing counsel. Defendants specifically reserve this right because Plaintiffs' experts have not been deposed fully.

9. Defendants reserve whatever additional rights it may have with regard to experts, pursuant to the applicable Rules of Civil Procedure, the Rules of Evidence, the case law construing same, the agreements of the parties and/or scheduling order in effect, and the rulings of the trial court.

These disclosures are made in accordance with the Court's scheduling of this matter and order of the court. As applicable, this designation supplements Defendants' responses to discovery. As discovery is continuing, Defendants reserve the right to amend and supplement this list, and the opinions of the identified experts, up to and including the time of trial.

Respectfully submitted,

RODEY, DICKASON, SLOAN, AKIN & ROBB P.A.

By: _____

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I HEREBY CERTIFY that the foregoing was electronically filed through the First Judicial District Court Odyssey File & Serve system, which caused the following counsel to be served by electronic means, and that a courtesy copy was emailed to counsel on the 31st day of January, 2023:

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.