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THE STATE OF SOUTH CAROLINA

In The Court of Appeals

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SC Court of Appeals

APPEAL FROM LEXINGTON COUNTY

Court of Common Pleas

William P. Keesley, Circuit Court Judge

Case No. 2007-CP-00-01981

Martha Lewin Argoe,

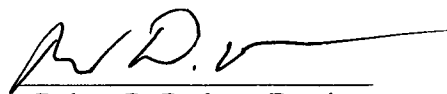
v.

Appellant,

Three Rivers Behavioral Health,
LLC and Psychiatric Solutions,
Inc., its successor; Phyllis Bryan-
Mobley, MD; David A. Steiner,
MD; Cheryl C. Dodds, MD;
Doris Ann Burrell, RN; and
Carolina Care Plan,

Respondents,

RECORD ON APPEAL
VOLUME IV



Robert D. Dodson, Esquire
Law Offices of Robert Dodson, P.A.
1722 Main Street, Suite 200
Columbia, South Carolina 29201
Telephone: 803.252.2600
Facsimile: 803.771.2259
Attorney for Appellant

April 1, 2015
Columbia, South Carolina

Andrew N. Cole, Esquire
Christian Stegmaier, Esquire
Collins & Lacy
PO Box 12487
Columbia, SC 29211
(803) 771-4484
Attorney for Respondents, Three Rivers Behavioral
Health, LLC and Doris Ann Burrell, RN

William H. Davidson, II, Esquire
Andrew F. Lindemann, Esquire
Davidson & Lindemann, P.A.
PO Box 8568
Columbia, SC 29202
(803) 806-8222
Attorney for Respondents, Phyllis Bryan Mobley, MD

James E. Parham, Jr., Esquire
Law Office of James E. Parham, Jr.
PO Box 1576
Irmo, SC 29063
(803) 749-8555
Attorney for Respondent, Cheryl C. Dodds, MD

Kenneth Norman Shaw, Esquire
J. Ben Alexander, Esquire
Sarah Patrick Spruill, Esquire
Haynsworth Sinkler Boyd, P.A.
PO Box 2048
Greenville, SC 29602
(864) 240-3200
Attorney for Respondent, Cheryl C. Dodds, MD

Elloree A. Ganes, Esquire
Mary Angles Hood Craig, Esquire
Deborah Harrison Sheffield, Esquire
Hood Law Firm, LLC
PO Box 1508
Charleston, SC 29402
(843) 577-4435
Attorney for Respondent, David A. Steiner, MD

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STATE OF SOUTH CAROLINA) COURT OF COMMON PLEAS
COUNTY OF LEXINGTON) C/A #: 2007-CP-32-1981

Martha Lewin Argoe,

Plaintiff,

v.

Three Rivers Behavioral Health,
LLC, and Psychiatric Solutions,
Inc., Its Successor; Phyllis
Bryant-Mobley, M.D.; Glenn Hooker,
M.D.; Aiken Regional Medical
Center; Aurora Pavilion; David A.
Steiner, M.D.; Cheryl C. Dodds,
M.D.; Doris Ann Burrell, R.N.,;
and Carolina Care Plan,

Defendants.

(COPY)

DEPOSITION OF
DAVID A. STEINER, M.D.

Friday, May 11, 2012
10:09 a.m. - 1:08 p.m.

The deposition of DAVID A. STEINER, M.D., taken on behalf of the Plaintiff at Aiken County Council Building, 736 Richland Avenue West, Aiken, South Carolina, on the 11th day of May, 2012 before Andrea R. Taylor, Court Reporter and Notary Public in and for the State of South Carolina, pursuant to Notice of Deposition and/or agreement of counsel.

CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

APPEARANCES:

Robert D. Dodson, Esquire
LAW OFFICES OF ROBERT DODSON, PA
1722 Main Street, Suite 200
Columbia, South Carolina 29201
Rdodson@RdodsonLaw.com
Attorney for the Plaintiff

Andrew N. Cole, Esquire
COLLINS & LACY, PC
1330 Lady Street, Sixth Floor
Columbia, South Carolina 29201
acole@collinsandlacy.com
Attorney for the Defendants, Three Rivers
Behavioral Health, LLC and Doris
N. Burrell, R.N.

Sterling G. Davies, Esquire
McANGUS, GOUDELOCK & COURIE, LLC
1320 Main Street, 10th Floor
Columbia, South Carolina 29201
sdavies@mqclaw.com
Attorney for the Defendant, Psychiatric
Solutions, Inc.

William H. Davidson, II, Esquire
DAVIDSON & LINDEMANN, PA
1611 Devonshire Drive, 2nd Floor
Post Office Box 8568
Columbia, South Carolina 29202-8568
wdavidson@DML-LAW.com
Attorney for the Defendants,
Phyllis Bryant-Mobley, M.D.
and Glenn Hooker, M.D.

George C. Beighley, Esquire
RICHARDSON, PLOWDEN, CARPENTER & ROBINSON, PA
1900 Barnwell Street
Columbia, South Carolina 29201
gbeighley@richardsonplowden.com
Attorney for the Defendants, Aiken
Regional Medical Center and Aurora Pavilion

Elloree A. Ganes, Esquire
HOOD LAW FIRM, LLC
172 Meeting Street
Post Office Box 1508
Charleston, South Carolina 29401

Elloree.Ganes@hoodlaw.com
 Attorney for the Defendant,
 David A. Steiner, M.D.

Tracy S. Dubey, Esquire
 JAMES E. PARHAM, JR., PA.
 220 Ministry Drive
 Irmo, South Carolina 29063
tdubeym@jparhamlaw.com
 Attorney for the Defendant,
 Cheryl C. Dodds, M.D.

Noah M. Hicks, Esquire
 THE LAW OFFICE OF NOAH M. HICKS, II, LLC
 Post Office Box 7996
 Columbia, South Carolina 29202
chicks@nmhlawfirm.com
 Attorney for the Defendant,
 Carolina Care Plan

Also present:
 Martha Argoe

Lois T. El, RN, MSN
 Aiken Regional Medical Centers

Renee Bouye
 Carolina Care Plan

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(Defendant David A. Steiner, M.D.'s Answer to
Plaintiff's Second Amended Complaint)

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Steiner, MD)

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and Re-Certification dtd. 6/9/05)

STIPULATIONS

It is stipulated and agreed that this deposition is being taken pursuant to the South Carolina Rules of Civil Procedure.

It is stipulated by and between counsel and the witness that the reading and signing of the following deposition be, and the same are, hereby not waived. Signature sheet is attached at page 103.

1 (Plaintiff's Exhibit Number One was marked for
2 identification purposes prior to the beginning of the
3 deposition.)

4 DAVID A. STEINER, M.D., having been duly sworn,
5 deposes and testifies as follows:

6 DR. STEINER - EXAMINATION BY MR. DODSON:

7 Q: State your full legal name for the record,
8 please.

9 A: David Andrew Steiner.

10 Q: Dr. Steiner, have you ever gone by any other
11 legal name or alias or had any name changes?

12 A: No.

13 Q: My name is Robert Dodson. I introduced myself
14 to you earlier, but I'm here to take your
15 deposition today. I represent Martha Argoe in
16 an action in which you are a defendant. Have
17 you ever given a deposition before?

18 A: Not as a defendant, but in other cases, yes.

19 Q: How many times have you been deposed?

20 A: Dozens.

21 Q: Okay. Nonetheless, I'm supposed to go through
22 the rules with you. I'm going to be asking you
23 a series of questions; you'll be giving me
24 answers under oath. If you don't understand
25 one of my questions, please let me know and

1 I'll rephrase it. If you answer a question,
2 I'll assume that you understood my questions.
3 Is that fair enough?

4 A: Yes.

5 Q: We'll probably take some breaks throughout the
6 morning and afternoon. If we do that,
7 understand that you are not permitted to
8 discuss your testimony with anybody, including
9 your lawyer. When we come back from a break,
10 the first question that I will ask you is have
11 you discussed your testimony or this case or
12 Martha Argoe with anyone, including your
13 attorney. Do you understand that?

14 A: Yes.

15 Q: I'm going to show you what we've marked as
16 Plaintiff's Exhibit Number One.

17 **MR. DODSON:** This is just a copy of his CV. I
18 didn't bring a whole bunch of copies, but if
19 anybody wants an extra one, I've got one.

20 Q: Doctor, looking at Exhibit Number One, is this
21 a copy of your curriculum vitae?

22 A: Yes.

23 Q: And it indicates on the last page that it was
24 updated on May 7th, 2012; is that correct?

25 A: Yeah.

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- 1 Q: So this is a current CV for you?
- 2 A: Yes.
- 3 Q: Okay. You're board certified in psychiatry?
- 4 A: Correct.
- 5 Q: Have you ever been re-certified?
- 6 A: No, I'm grandfathered in.
- 7 Q: Did you pass your boards the first time?
- 8 A: No, I did not.
- 9 Q: How many times did you have to take your boards
- 10 before you passed?
- 11 A: The written boards I passed on the first. The
- 12 oral boards I passed on the third.
- 13 Q: Okay. So you had to take the oral -- did you
- 14 have to retake the written part, too, or just
- 15 the --
- 16 A: No.
- 17 Q: -- just the oral part?
- 18 A: Correct.
- 19 Q: So you retook the oral part, you took it a
- 20 total of three times before you passed?
- 21 A: Correct.
- 22 Q: Okay. When did you first take it?
- 23 A: 1988 or '89.
- 24 Q: Okay.
- 25 A: Maybe '89 probably.

1 Q: Okay.

2 A: I don't recall off the top of my head for sure.

3 Q: How often could you retake it? How often is it

4 offered?

5 A: I don't recall what -- I don't know what the

6 rules are now because I think you don't even do

7 the oral boards anymore now. My understanding

8 is, when I was taking it, you could take it

9 three times.

10 Q: Yeah, three times a year?

11 A: No, no, no, no.

12 Q: How many times a year was it offered?

13 A: I don't know.

14 Q: When you did not pass your boards, was there

15 any particular reason for that?

16 A: I could speculate, but I don't know. They

17 don't give you feedback in terms of -- they

18 just tell you you either passed or you didn't,

19 so I don't know why I didn't.

20 Q: You're not given an actual score?

21 A: No.

22 Q: They just say pass or fail?

23 A: Correct.

24 Q: Was there anything going on in your life at

25 that time that would have distracted you?

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- 1 A: No.
- 2 Q: What's your date of birth and age?
- 3 A: My date of birth is _____ and I'm 52
- 4 years old.
- 5 Q: And is your CV that we've marked as Exhibit
- 6 One, does this have both your home and your
- 7 work address?
- 8 A: Yes, it does.
- 9 Q: Okay. Other than your immediate family who
- 10 you've listed here on your CV, do you have any
- 11 relatives that live in Lexington County who are
- 12 over 18 years old?
- 13 A: No.
- 14 Q: And I gather your wife and your children live
- 15 in -- well, where do they live; what county?
- 16 A: I have two sons that live in Aiken County. I
- 17 have a daughter that actually just moved from
- 18 Aiken County to Louisville, Kentucky, this past
- 19 week. And I have a son that lives in Hilton
- 20 Head. I'm not sure what county that is.
- 21 Q: Okay.
- 22 A: South Carolina.
- 23 Q: Doctor, where were you born?
- 24 A: Columbus, Georgia.
- 25 Q: What is your social security number?

1 A: It's on the CV, but it's --
2 Q: Okay. Never mind, you don't have to give it to
3 me.
4 MS. GANES: Yeah, we don't want it in the
5 transcript.
6 Q: I didn't see it on there. Do you know -- do
7 you have a South Carolina driver's license?
8 A: Yes, I do.
9 Q: What is that number?
10 A: I don't know it off the top of my head.
11 Q: Most people don't. That's okay.
12 A: You want me to read it?
13 Q: Yes.
14 A:
15 Q: And that's a South Carolina driver's license?
16 A: Correct.
17 Q: Does that have any restrictions on it of any
18 kind other than maybe I see you're wearing
19 glasses? Other than having to wear corrective
20 lenses, does that have any restrictions on it?
21 A: No.
22 Q: Have you ever been arrested or convicted of a
23 crime other than a minor traffic violation?
24 A: No.
25 Q: Have you ever done any military service?

- 1 A: No.
- 2 Q: Does your CV that's Exhibit One, and feel free
- 3 to look at it, does that contain all of the
- 4 publications that you're responsible for?
- 5 A: Yeah. Yes.
- 6 Q: Does your CV list all of the seminars that you
- 7 have taught or co-taught?
- 8 A: Probably not. I know there was a seminar I
- 9 gave January of 2010, I believe. That was a
- 10 lecture, and that's not in there.
- 11 Q: And what was that on?
- 12 A: The treatment of behavioral disorders in
- 13 nursing homes for NHC, National HealthCare
- 14 Center's annual winter conference.
- 15 Q: Okay.
- 16 A: And I've given multiple lectures through the
- 17 hospital. They'll set up lectures and just to
- 18 various groups in the area that I don't list
- 19 routinely on here. I kind of quit doing that
- 20 a few years ago.
- 21 Q: Okay. Are those --
- 22 A: In terms of listing them.
- 23 Q: As far as those lectures, you said given at the
- 24 hospital; is that Aurora?
- 25 A: There are some that have been given there, but

1 they're -- usually it's somewhere in the
2 community.

3 Q: Who are the typical participants at some of
4 those lectures?

5 A: Participants are the -- you're talking about
6 the people that are actually giving the --

7 Q: No, I guess I'm asking the people who are there
8 listening to the lecture.

9 A: Sometimes they are physicians. There are other
10 professionals. It's often people in the
11 community.

12 Q: Okay. Just laypeople in the community?

13 A: Correct.

14 Q: Okay.

15 A: Some of them are designed for that audience.
16 Some of them are designed for professional
17 audiences.

18 Q: Okay.. And what are the subjects that you
19 talked about in those lectures?

20 A: Most recently most of them have focused on
21 issues in geriatric psychiatry, treatment of
22 depression, dementia-related psychiatric
23 issues. Those are the typical issues that are
24 focused on.

25 Q: Depression and what was the other thing you

1 said?

2 A: Dementia-related psychiatric problems.

3 Q: Okay. In geriatric patients?

4 A: Yeah.

5 Q: Any other subjects or topics that you have
6 covered in those lectures or talks?

7 A: Not recently, off the top of my head.

8 Q: Okay. Any other seminars that we've not talked
9 about here this morning that are not listed on
10 your CV?

11 A: Not to my recollection.

12 Q: Do you have any kind of faculty appointments at
13 a college, a university, a medical school or
14 anything of that nature that's not listed on
15 your CV?

16 A: No.

17 Q: Do you have any type of administrative
18 appointment at a hospital, a medical facility,
19 a medical school, a university, a college
20 that's not listed on your CV?

21 A: No.

22 Q: Are you a member of any professional
23 organization other than what's listed on your
24 CV?

25 A: No.

1 Q: Now, I noticed on your CV it looks like at one
2 point you were a member of the American Medical
3 Association but that ended, I guess, in 2011.
4 How come you're no longer a member of the ABA,
5 or AMA, I should say?

6 A: We joined because, in order to get insurance
7 through South Carolina Medical Association, you
8 had to be a member of the American Medical
9 Association, and my office group chose to go
10 that route to get insurance. You no longer
11 have to be a member of the AMA, so I chose not
12 to continue that membership. You don't have to
13 be a member of the AMA to get the insurance, so
14 I chose not to be a member.

15 Q: And why did you choose not to be a member?

16 A: Because I didn't feel the need to pay the money
17 to the AMA for a service that I didn't need to
18 pay them for.

19 Q: How much were the membership dues to the AMA?

20 A: I don't recall exactly, but I think it was
21 something like \$800 a year.

22 Q: Are you a member of any church or house of
23 worship?

24 A: No.

25 Q: Are you a member of any social clubs,

1 fraternities, civic organizations, anything of
2 that kind?

3 A: No.

4 Q: What types of professional journals or
5 periodicals do you regularly read?

6 A: The Journal of the American Psychiatric
7 Association, the Journal of the American
8 Geriatric Psychiatric Association. We get,
9 there's the Psychiatric News, Psychiatric
10 Times, and Clinical Psychiatry News and the
11 Journal of Clinical Psychiatry. Those are the
12 primary journals I get on a monthly basis and
13 periodicals that I get on a monthly basis that
14 I review.

15 Q: Okay. What is your typical work week like?

16 A: I begin my day by rounding at the hospital. I
17 have anywhere from five to 15 patients
18 typically in the hospital. I make rounds
19 there, then I go to my office on Monday,
20 Tuesdays, Thursdays, and Fridays. I spend the
21 remainder of the day at the office, typically
22 till about 5:30. In the evenings I often have
23 to write my hospital notes. Wednesdays I go to
24 nursing homes as well as an organization in
25 town here called the -- well, it's the Aiken

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1 County Board of Disabilities, Tri-Development
2 Center. I help, I consult there. So that's
3 what I do on Wednesdays. Two weekends out of
4 the month I'm on call at the hospital and I
5 spend whatever is required there in terms of
6 hours rounding on the patients and writing
7 notes. Currently, about four days a month,
8 which typically is two weekend days and two
9 weeknight days, I spend at the VA in Augusta,
10 the Charlie Norwood VA Medical Center, what
11 they call the Uptown VA, which has psychiatric
12 units on it. And I'm a consulting physician
13 there. The weekend days are 24 hour coverages
14 from eight a.m. to -- or from eight a.m. to
15 eight a.m. the following day and eight a.m.
16 Saturday. So weekend days are eight a.m.
17 Saturday to eight a.m. Sunday or eight a.m.
18 Sunday to eight a.m. Monday. Weeknights are
19 4:30 till eight a.m. the following day.

20 Q: Now, all of these positions or things that you
21 do that you just listed for me, do you receive
22 monetary compensation for those?

23 A: I receive fee for service for the hospital and
24 office work. I mean, I bill for it and I get
25 whatever the patients or insurance will pay.

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1 The nursing home is similar and the VA is paid
2 on an hourly basis.

3 Q: Okay. So none of those things that you just
4 listed for me you're doing gratuitously?

5 A: Well, some of it I end up not getting paid for,
6 so.

7 Q: Okay. I understand that. But none of those
8 are volunteer type positions where you don't
9 expect to get paid for any of that?

10 A: There are clients that I'll take on that I know
11 I'm not going to get paid for.

12 Q: Okay.

13 A: It's not scheduled into my time.

14 Q: That wasn't my question. The things that you
15 were telling me about, the rounds at the
16 hospital, the office visits, the VA hospital,
17 the nursing home, you typically seek and
18 receive compensation for those services?

19 A: Correct.

20 Q: Okay. You mentioned the hospital. Which
21 hospital are you referring to?

22 A: Aiken Regional Medical Centers.

23 Q: And do you -- when you're referring to Aiken
24 Regional Medical Centers, does that also
25 include Aurora?

1 A: Yes.

2 Q: Okay. So when you're referring to Aiken
3 Regional, you're including Aurora as part of
4 Aiken Regional?

5 A: Correct.

6 Q: Okay. I just want to make sure I'm clear. How
7 many hours a week do you typically work?

8 A: Seventy.

9 Q: Have you ever been a party, either as a
10 plaintiff or a defendant, in a case before
11 other than this case that we're here about
12 today?

13 A: No.

14 Q: To the best of your knowledge, has any hospital
15 or other organization been sued for something
16 that you were have alleged to done wrong?

17 A: Not to my knowledge.

18 Q: Have you ever lost privileges at a hospital or
19 other medical facility?

20 A: No.

21 Q: Have you ever been denied privileges at a
22 hospital or medical facility that you sought
23 privileges at?

24 A: No.

25 Q: To the best of your knowledge, have you ever

1 had a malpractice claim settled prior to a
2 lawsuit being filed?

3 A: No.

4 Q: Throughout your career have you ever had any
5 disciplinary action taken against you by any
6 regulatory body such as the medical board?

7 A: No.

8 Q: Do you know if anyone has ever filed a formal
9 complaint against you with any medical board or
10 other regulatory body?

11 A: Not to my knowledge.

12 Q: Do you know if this case was peer reviewed?

13 A: No, I don't.

14 Q: Do you know any of the other physicians or
15 nurses who were named in this lawsuit?

16 A: I know the -- by name, I know some of the
17 physicians at Three Rivers. I believe there
18 were some nurses that were named. I don't know
19 if they're still defendants. People that
20 worked at Aurora and those people, I do know.
21 If you have a list, I might be able to refer to
22 it.

23 Q: And that's what I'm going to ask you about. Do
24 you know Cheryl Dodds?

25 A: No. I may have met her at a professional

1 meeting somewhere along the way, but really
2 don't recall her at all.

3 Q: Do you know Phyllis Bryant-Mobley?

4 A: No.

5 Q: Do you know Ann Burrell?

6 A: No.

7 Q: Do you know any of the lawyers who are involved
8 in this case?

9 A: Yes.

10 Q: Who do you know?

11 A: My attorney. Also know Mr. Beighley.

12 Q: How do you know Mr. Beighley?

13 A: My office, my professional office has used his
14 law firm for matters of business.

15 Q: Tell me briefly what matters you have retained
16 Mr. Beighley's law firm about.

17 **MS. GANES:** I'm going to instruct him not to answer.
18 And it's really George's privilege; it's his
19 privilege also. But I don't think he has to
20 tell you what type of business matters he has
21 sought legal counsel for.

22 Q: Has Mr. Beighley's office ever represented you
23 or your practice group in other malpractice
24 lawsuits?

25 A: No.

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1 Q: Other than Mr. Beighley and his law firm, do
2 you know any -- and your lawyer, of course, do
3 you know any of the other lawyers involved in
4 this case?

5 A: No.

6 Q: Now, I asked you earlier if you had ever given
7 a deposition before and you indicated that you
8 had but not as a defendant. Let's talk about
9 the cases that you have testified in. Tell me
10 about those.

11 A: That's an open-ended question. I'm not sure
12 what you want to know.

13 Q: Well, how many cases have you testified in?

14 A: I could not quantify it. Most of the cases
15 that I have testified in have been workmen's
16 comp claims where I've been the treating
17 physician in a workmen's comp case. There have
18 been one or two criminal cases in the past.

19 Q: Okay. Is that a large part of your practice,
20 workers' compensation?

21 A: Clarify what you mean by large.

22 Q: Well, about what percentage of your patients or
23 clients or whatever you want me to refer to
24 that as are workers' comp?

25 A: Five percent maybe.

1 Q: Okay.

2 A: That's really a guess. I honestly don't know
3 off the top of my head.

4 Q: Okay.

5 A: It's small.

6 Q: Okay. And you mentioned that you had also
7 given some depositions or testimony in the
8 context of some criminal cases?

9 A: And I may have to correct that. I'm thinking
10 of a case that I testified in in the early '90s
11 shortly after I got here, and I can't remember
12 the specifics other than going to Allendale
13 County and testifying as a witness in a case in
14 which a patient that I had treated was suing
15 somebody else for monetary -- for money related
16 to -- I don't even remember what it was related
17 to, but I think -- I don't remember if there
18 was actually a crime involved, if somebody was
19 being charged with something. I think it was
20 actually more a lawsuit over money. But I
21 actually don't think I've testified in a case
22 where somebody was being charged with a crime.

23 Q: Okay. And other than that case from the early
24 '90s and the workers' compensation matters that
25 you referenced a minute ago, what other kinds

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1 of cases have you given testimony in, either at
2 a deposition like we're here about today or in
3 open court?

4 A: I don't recall any other types of cases.

5 Q: Have you ever served as an expert witness in a
6 malpractice case?

7 A: No.

8 Q: Have you ever testified in a case either for a
9 plaintiff or a defendant in a malpractice case?

10 A: No.

11 Q: Have you ever been asked by lawyers to review
12 medical records and render an informal opinion
13 about the standard of care or care and
14 treatment of a particular patient?

15 A: In a malpractice case?

16 Q: I'm thinking in the context of a malpractice
17 case.

18 A: No.

19 Q: The same question but outside the context of a
20 malpractice case. Have you ever been asked to
21 review patients' records and give an opinion
22 outside the context of a medical malpractice
23 action?

24 A: For workmen's comp cases, yes.

25 Q: Who are some of the attorneys that you have

1 reviewed cases with?

2 A: Don't recall names.

3 Q: Do you recall the law firms that were involved?

4 A: No.

5 Q: What is your current, the name of your current
6 practice group?

7 A: Aiken Psychiatric and Psychotherapy Associates.

8 Q: And I gather from your website you were one of
9 the founders of that organization?

10 A: Yes.

11 Q: How do you kind of go about getting your book
12 of business, as it were?

13 A: We get referrals in several ways. Physicians
14 will refer to us. We are in a number of
15 insurance panels, so the insurance companies
16 will give -- somebody will call their insurance
17 company, they'll be given our name and they
18 contact us that way. I see patients
19 occasionally that are referred in follow up
20 from the hospital that were seen by other
21 doctors, word of mouth.

22 Q: What did you do to prepare for your deposition
23 today?

24 A: I reviewed my history and physical that was
25 done, dictated on admission of Ms. Argoe.

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- 1 Q: Anything else that you did?
- 2 A: No.
- 3 Q: Did you review any other notes or any other
- 4 documents in preparation for your deposition
- 5 today?
- 6 A: One other document. There was a form, I don't
- 7 remember what it's called, but it's an
- 8 attestation form for Medicare that I signed as
- 9 part of the medical record.
- 10 Q: Other than those two documents that you just
- 11 told me about, did you prepare any other
- 12 written documents or notes or anything of that
- 13 nature in connection with your evaluation of
- 14 Martha Argoe?
- 15 A: No.
- 16 Q: I know that we're going back a fairly long time
- 17 in history. Do you have any independent
- 18 recollection of your evaluation of Ms. Argoe
- 19 other than what is contained in the medical
- 20 records?
- 21 A: No.
- 22 Q: She's seated to my left, to your right. Does
- 23 seeing her face and seeing her jog your memory
- 24 as to your evaluation of her some seven years
- 25 ago?

1 A: No.

2 Q: Doctor, do you plan to render any opinions that
3 any of the other physicians, physicians
4 assistants, nurses involved in Ms. Argoe's case
5 did anything in their care and treatment that
6 fell below accepted standards of medical care?

7 A: I have no knowledge of any of their care, so I
8 can't render an opinion.

9 Q: So is the answer to my question no?

10 A: Yes, the answer is no.

11 Q: Do I understand it correctly that your only
12 interaction or evaluation of Ms. Argoe was at
13 Aiken Regional or Aurora Pavilion?

14 A: That's my recollection, yes.

15 Q: After she was transferred to Three Rivers, did
16 you see her again after that?

17 A: No.

18 Q: After she was transferred to Three Rivers, did
19 you talk with any of the other physicians or
20 nurses or medical providers at Three Rivers?

21 A: No, not to my recollection.

22 Q: If you had had a conversation with one of the
23 other physicians or nurses at Three Rivers, is
24 that something that there would be a medical
25 record of in the charts?

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1 **MR. DAVIES:** Objection to form.

2 Q: You still answer.

3 A: I don't know how they would document it. If I
4 had a -- if I had a conversation, I would
5 document it in the medical record.

6 Q: So is it safe for me to assume that because I
7 don't see any documentation in your medical
8 records about conversations that you had with
9 anybody at Three Rivers that those
10 conversations did not occur?

11 **MR. DAVIES:** Objection to form.

12 A: Yes, it is safe to assume that those
13 conversations didn't occur.

14 Q: Did you ever appear in court and give testimony
15 about Ms. Argoe's mental state?

16 A: No.

17 Q: Do you know if you submitted any written
18 reports about Martha Argoe for court purposes?

19 A: I -- I mean, perhaps my initial evaluation may
20 have been used, but I didn't submit it.

21 Q: Okay. How long was your evaluation of Ms.
22 Argoe?

23 A: How long was it?

24 Q: Yes.

25 A: How much time did I spend with her face to

1 face?

2 Q: Yes.

3 A: I don't have a recollection of the exact amount
4 of time.

5 Q: Doctor, I'm going to show you just the chart
6 that I have from Aiken Regional. I'm not going
7 to make it an exhibit yet, but I'd like for you
8 to tell me -- in there I have a document that
9 appears to be authored by you. I'll just show
10 it to you. But other than that document, did
11 you write or author any of those records? And
12 take your time to look at them.

13 A: This is a physician attestation form that I
14 signed.

15 Q: Okay. Can you identify that document by Bates
16 number at the bottom, please?

17 **MS. GANES:** Right here (indicating).

18 A: Argoe-00002, four zeros and a two. So you have
19 the history and physical.

20 Q: I do.

21 A: There's also this -- this one, you have that?
22 That was --

23 Q: Is that page 24?

24 A: Twenty-five.

25 Q: Okay.

1 A: It was -- the phone system we had then at that
2 time, if somebody would overhead page it would
3 sometimes cut off the dictation because you had
4 to push, I think it was eight or something to
5 hit the overhead page, and that was the -- also
6 the button you pushed on the phone to stop the
7 dictation. And for whatever reason it would do
8 it, so a lot of our dictations got cut off in
9 the middle, and that's what that is.

10 Q: So page 25 is just a partial document --

11 A: Right.

12 Q: -- that's recreated elsewhere?

13 A: Correct.

14 Q: Okay.

15 A: Page 26 is my signature. Okay. Page 28 is a
16 set of orders which I have signed and
17 submitted, as is page 29 and page 30. Page 33
18 and 34 have my handwritten initial note. Okay.
19 Page 86 is an initial treatment plan that I
20 signed. And that's all I see in there.

21 Q: Let's mark this as Exhibit Two.

22 **(Plaintiff's Exhibit Number Two was marked for**
23 **identification purposes.)**

24 Q: This is pages 22, 23, and 24. Doctor, I'm
25 going to show you what we've marked as

1 Plaintiff's Exhibit Number Two and just ask you
2 if you can tell me what this document is?

3 A: This is a dictated history and physical that I
4 authored after I saw Ms. Argoe. It's dictated
5 on June 9th, 2005.

6 Q: Okay. What portions of the medical records did
7 you rely on in dictating this three-page
8 report? And you're welcome to look at them.
9 I'm not trying to trick you.

10 A: What portion of the medical record? Okay.

11 Q: Identify them by page numbers if you want.

12 A: Pages 6 and 7, which is the Certification for
13 Emergency Admission, as well as page 8, which
14 is the Application for Involuntary
15 Hospitalization. Pages 6 and page 10 are
16 duplicates, so same thing. Now, and that's
17 what's in this medical record that I believe I
18 relied on. Hang on. That's all I see in here
19 in this document.

20 Q: So in dictating your history and physical that
21 we have marked as Exhibit Number Two, the only
22 parts of the medical record that you relied on
23 were pages 6 through 8; is that correct?

24 A: No.

25 Q: Okay.

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1 A: You asked me what I saw in here that I relied
2 on, and that's what I -- the answer to that is
3 6 through 8.

4 Q: Okay.

5 A: What I don't see in this document are, and I'm
6 going through it again, I reference in here
7 some handwritten information notes that were
8 sent with her and it's referenced in there.
9 They were with her. We reviewed them. I don't
10 see them as part of this document.

11 Q: Okay.

12 A: So I don't know where they are or what happened
13 to them.

14 Q: Okay. Do you know who those handwritten notes
15 were authored by? Does your note indicate
16 that?

17 A: Well, what I wrote was, in addition the family
18 -- I presume it's the family, it says but a
19 list was sent of her daily behavior. So that
20 was a typo there, but sent a list of her daily
21 behavior that was dated 8/27/05. It's in the
22 chart. I don't see it in this record. But I,
23 you know, I was presuming it was authored by
24 family, but I don't recall. I didn't -- you
25 know, I didn't state if it was signed by

1 anybody or anything like that.

2 Q: Other than pages 6 through 8 in these records
3 and the handwritten notes that was presumably
4 authored by the family, was there anything else
5 that you relied on in dictating this history
6 and physical that is Exhibit Two?

7 A: Well, I relied on my interview with Ms. Argoe
8 as well as observations and notes from the
9 staff on the unit.

10 Q: Okay. Are the observations of the staff part
11 of the records that I just asked you to look
12 at?

13 A: I don't see it in the written notes.

14 Q: So would those have been oral communications
15 that you had with the staff?

16 A: Yes.

17 Q: And which staff members did you communicate
18 with orally?

19 A: I have no recollection of which specific staff
20 members I communicated with.

21 Q: Why wouldn't that be recorded in the medical
22 records?

23 **MR. DAVIES:** Objection to form.

24 A: I have -- I mean, I recorded what I was told in
25 my part of the medical record. I cannot speak

1 as to why things were not recorded in other
2 parts of the medical record.

3 Q: Are there any tests, assessments, clinical
4 observations that you made or that you
5 performed that are not a part of the medical
6 records you just looked at?

7 A: No.

8 Q: Okay. What tests and assessments did you
9 perform on Ms. Argoe?

10 A: I did a mental status exam, and I did a
11 physical evaluation. We ordered laboratory
12 studies.

13 Q: Was her physical examination normal?

14 A: It was unremarkable.

15 Q: And when you say unremarkable, tell me what you
16 mean by that.

17 A: There were no specific physical findings on the
18 exam to indicate any acute pathology.

19 Q: What laboratory studies did you perform?

20 A: A urine drug screen was done, a urinalysis was
21 done. Other laboratory studies were ordered
22 but they were not drawn because she was not
23 present the following day at the facility, but
24 comprehensive metabolic profile was -- CBC with
25 differential, a thyroid stimulating hormone

1 were also ordered.

2 Q: Was the urine drug screen negative for drugs?

3 A: It was negative.

4 Q: Were the other lab -- was the other lab work
5 normal?

6 A: Urinalysis was unremarkable.

7 Q: Now, you mentioned a mental status exam. What
8 did the --

9 A: I'm sorry, I take that back. On the urinalysis
10 she did have some abnormalities. She had some
11 bacteria and it was nitrate positive, which --

12 **MS. GANES:** Is that hard to read?

13 A: Yeah, it's really hard, it's a bad -- I'm not
14 that near-sighted. But it didn't show elevated
15 white blood cell counts. What we're looking
16 for is possibly urinary tract infection and
17 some evidence of it but not full evidence of
18 it. So it wasn't completely normal, is what
19 I'm saying.

20 Q: That might have been some evidence of, I think
21 you used the term urinary --

22 A: Tract infection, yes.

23 Q: -- tract infection, but nothing else? Not
24 positive for any kind of drugs or alcohol or
25 anything of that nature?

1 A: Correct. I mean, well, the urinalysis doesn't
2 test for that.
3 Q: Right.
4 A: Urine drug screen does. That was negative.
5 Q: Now, you mentioned to me a minute ago that you
6 did a mental status exam. Did I understand
7 that correctly?
8 A: Yes, you did.
9 Q: A mental status exam, what is a mental status
10 exam?
11 A: A mental status exam is an evaluation of
12 various domains of cognitive and mental
13 functioning that assess appearance, speech,
14 memory, thought processes, thought content,
15 insight, judgment and various other aspects of
16 mental function.
17 Q: Is this a test that is outlined in any type of
18 medical literature?
19 A: Yes.
20 Q: What medical literature would you refer me to
21 to learn more about a mental status exam?
22 A: Any standard psychiatric textbook would have
23 it. The "Textbook of Psychiatry" by Kaplan and
24 Sadock is considered a reference source for
25 psychiatry, so that should tell you.

1 Q: Is that a reliable, that textbook you just
2 mentioned, is that a reliable source of medical
3 information as it pertains to psychiatry?

4 MS. GANES: Object to form.

5 A: It is a standard textbook that's used in most
6 residency programs, or at least when I trained.
7 Things may be online now. I don't know.

8 Q: All right. So you were listing them off fairly
9 quickly and I didn't have a chance to write
10 down everything you said. So tell me again the
11 things that you were looking for in the mental
12 status exam. I caught some of them but you
13 talk fast and I wasn't able to get them all.
14 You mentioned speech, insight. Let's go
15 through these one by one.

16 A: Okay. The first thing that you typically
17 notice is an individual's appearance. You are
18 looking to see whether they are neat, well
19 groomed or potentially disheveled, unshaven,
20 malodorous, that sort of thing that would
21 indicate neglect, not caring for themselves,
22 that sort of thing. Then you want to assess
23 their attention and memory. If somebody is
24 inattentive and unable to remember things then
25 much of the rest of the history is going to be

1 unreliable. So that you want to test fairly
2 quickly, as well as orientation to time, place,
3 and situation. After that, then you're testing
4 what their mood is. Are they in a good mood'
5 are they depressed; are they anxious; are they
6 euphoric. And then you're looking at thought
7 processes and thought content, do they have --
8 are they experiencing hallucinations,
9 delusions, paranoia, grandiose thoughts, is
10 there --

11 Q: Hang on. Let me get you to just stop. I know
12 you know this stuff like the back of your
13 hands, but let me get some of this down. Okay.
14 Go ahead.

15 A: So we talked about thought process and thought
16 content. Thought processes, are their thoughts
17 organized, are they logical one thought after
18 another. Are they loose, meaning that they
19 jump from one subject to another without any
20 clear connection. Then you're wanting to test
21 do they have suicidal thoughts; do they have
22 homicidal thoughts, issues of safety. And then
23 insight and judgment into what's going on.

24 Q: Now, you mentioned, the last one you mentioned
25 was insight and judgment into what was going

1 on.

2 A: Uh-huh (affirmative response).

3 Q: And what do you mean by what is going on? You
4 mean what is going on in their surroundings?

5 A: Yeah, insight into their situation, you know,
6 why they're there, what if any problems they
7 have, how they see it. You know, is it -- does
8 somebody take ownership of their problem; do
9 they blame it on somebody else. And then
10 judgment has to do with their ability to take
11 information and come to reasonable conclusions
12 based on the information presented.

13 Q: Okay. So I heard you list the seven things for
14 me, appearance of the patient, attention and
15 memory, orientation to time and place, mood,
16 thought process, safety issues, and insight and
17 judgment. Are there other, other than those
18 seven things I just listed, are there other
19 parts of a mental status exam?

20 A: Yeah. Affect is the outward representation of
21 mood. And I mentioned thought content but you
22 didn't list that.

23 Q: Okay.

24 A: Thought content is just what it says.

25 Q: What they're actually thinking at the time?

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1 A: Yeah.

2 Q: Okay. And I think you told me for affect their
3 outward appearance of mood; did I understand
4 that correctly?

5 A: Correct. Mood is what you say in terms of how
6 you feel. I feel happy. I feel said. Affect
7 is what you display. You may say I feel happy
8 while you're crying. Then your affect is not
9 consistent with what you're saying.

10 Q: Are there any other things other than those
11 nine things now that you've talked about that
12 are a part of a mental status exam?

13 A: Those are the things that are screened for in
14 an initial mental status exam. You can -- some
15 people include more in-depth cognitive testing
16 other than just simple questions on orientation
17 and memory. It depends on the specific case,
18 but those are the typical screening things that
19 are addressed in an initial mental status
20 evaluation.

21 Q: Would in-depth cognitive testing, would that
22 involve like answering simple math problems?
23 What would in-depth cognitive testing involve?

24 A: Well, there are screening tests. For instance,
25 something called the mini-mental state exam of

1 Folstein, which is a 30-question test which
2 asks five questions regarding orientation to
3 place, to time; six questions regarding
4 immediate and recent recall and other kinds of
5 questions. Then you can get into very in-depth
6 neuropsychological evaluation which there are
7 the Halstead-Reitan which are tests that take
8 hours if not days to do. So I mean it's --

9 Q: Did you perform any of those tests?

10 A: No.

11 Q: Why not?

12 A: Because they weren't indicated on the initial
13 evaluation.

14 Q: What do you mean they weren't indicated on the
15 initial evaluation?

16 A: When we initially evaluate someone, we do --
17 take the information that we have, we screen
18 it, and then we come up with some decision
19 making process as to how we're going to
20 proceed. Based on the information we have we
21 may order further testing down the road. We
22 may say this person may have a dementia, we
23 want to get neuropsychological testing. This
24 person may need a CT scan of the brain because
25 I suspect they have a brain tumor, something

1 like that. So when you walk into your doctor's
2 office and you complain of a cough, they're
3 going to listen to your lungs, they're going to
4 listen to your heart, but they may not order a
5 chest x-ray right away. They may evaluate you
6 and decide well, I think you have an allergy,
7 we're going to try this; if not, we may do a
8 chest x-ray down the road, that sort of thing.

9 Q: Doctor, would it be fair to say you did not do
10 any in-depth cognitive testing of Ms. ARgoe?

11 A: Yes.

12 Q: That would be a fair statement?

13 A: Yes.

14 Q: Would it be fair to say you did not administer
15 any kind of written mental test to her?

16 A: In the 24 hours that she was at our facility,
17 correct, we did not.

18 Q: Now, anything that is done in a mental status
19 exam that you've not told me about already?
20 Have we covered what a mental status exam is?

21 A: I believe we have.

22 Q: Now, you indicated to me earlier that the first
23 part of a mental status exam was the patient's
24 appearance, were they neat and well groomed,
25 were they disheveled and dirty. I think you

1 used the term malodorous.

2 A: Uh-huh (affirmative response).

3 Q: Meaning I gather that the patient was stinky
4 and hadn't bathed, that kind of thing?

5 A: Correct.

6 Q: Okay. So my question to you is this. Was Ms.
7 Argoe neat and well groomed when she presented
8 to you at Aiken Regional or Aurora Pavilion?

9 A: Yes.

10 Q: So you would agree with me that her appearance
11 was normal and appropriate?

12 A: Correct.

13 Q: Was there anything out of the ordinary in her
14 attention and memory?

15 A: She did appear to be inattentive, and I
16 documented that in my mental status exam. I
17 didn't document, and that's in the exam,
18 specifically what led me to say that, but
19 further down I indicated that she laughed off
20 things. So she appeared to be not paying that
21 much attention to what was going on. So
22 inattentiveness was documented as something
23 that was not normal in terms of memory and
24 other aspects of cognitive functioning.

25 **MR. DAVIES:** Dr. Steiner, will you speak up a little

1 please.

2 **DR. STEINER:** You want me to re-answer the question?

3 **MR. DAVIES:** No, no.

4 A: Okay. I'll try.

5 Q: You indicated that -- well, let me ask you
6 this. Was there anything wrong with Ms.
7 Argoe's memory?

8 A: No.

9 Q: Okay. So Ms. Argoe's memory, based on your
10 mental status exam, was normal?

11 A: Yes.

12 Q: Now, you indicated that she was somewhat
13 inattentive and laughed off certain things.
14 What things specifically did she, to use your
15 words, laugh off?

16 A: We went through some of the things that I had
17 referenced in the list, things that her family
18 said she did, spending money on things, hiding
19 a car, something -- those sorts of things, and
20 that's what I recollect that I was referencing
21 when I said she laughed off -- laughs off
22 others and denies other problems or any
23 problems.

24 Q: You mentioned hiding a car. Well, strike that.
25 Let me ask this question. As a physician, is

1 it important for you to get an accurate and
2 complete picture from a patient or those that
3 are around a patient in doing a mental status
4 exam?

5 A: The mental status exam is specific to the
6 patient. Okay. We're observing things about
7 the patient. So in order to get the complete
8 history and come to a judgment in terms of
9 diagnosis and treatment, yes, we need history
10 from, potentially from other people, other
11 sources, other documentation. But as far as
12 the specifics of the mental status exam, that
13 is -- that is the individual that we're dealing
14 with, the patient.

15 Q: You mentioned that you may need to get
16 information from a patient's family --

17 A: Uh-huh (affirmative response).

18 Q: -- as part as a mental status exam.

19 A: No, not as part of the exam. The exam is
20 specific to the patient. We're assessing their
21 appearance, their cognitive function, their
22 thought content, their thought process, that
23 sort of thing.

24 Q: Okay.

25 A: Now, we may make judgments as to their insight

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1 or judgment based on if somebody's telling us
2 something else and they're saying something
3 different, then we may infer that their
4 judgment is lacking or their insight is lacking
5 based on collateral information.

6 Q: That collateral information coming from a
7 source other than the patient?

8 A: Correct.

9 Q: Coming from a family member or somebody else
10 who may know the patient?

11 A: Correct.

12 Q: Okay. Now, my question is simple. Is it
13 important that that collateral information be
14 accurate and complete and correct? I mean it's
15 a yes or no question.

16 A: No --

17 Q: You can answer and explain, but I'd like for
18 you to answer my question yes or no.

19 **MR. DAVIES:** Object to the form.

20 **MR. DAVIDSON:** Object to the form.

21 **MS. GANES:** I think he was formulating his response,
22 Robert.

23 A: Right. Okay. The answer is no, it is not
24 important that the accurate -- that the
25 information is, I think you phrased it as

1 accurate, complete, and there was a third
2 thing.

3 Q: Correct.

4 A: Correct. Everything in the information that we
5 get doesn't necessarily have to be accurate,
6 complete, and correct in order to be helpful in
7 making a diagnosis and coming up with a
8 treatment plan.

9 Q: Okay. So it's not important that the
10 information you're receiving from a family
11 member about a patient be accurate?

12 **MS. GANES:** Object to the form.

13 A: No. Let me make sure I phrase this correctly.
14 It is important for us to assess the
15 information that we get from all sources in
16 terms of its accuracy. I'll leave it at that.

17 Q: Okay. I'm just going to ask my question again
18 because I don't think you answered it. But my
19 question is this. Is it important that the
20 information you get from a patient's family be
21 accurate?

22 **MS. GANES:** Same objection.

23 A: Clarify what you mean by important and in what
24 context.

25 Q: I don't know that I can clarify what I mean by

1 important.

2 A: Well, then I'm not sure.

3 Q: Well, I mean, I thought it was a simple
4 question. Did you not understand my question?

5 A: And I thought I answered it but I will try
6 again. In making, in determining a diagnosis
7 and formulating a treatment plan, we use what
8 information is available to us. We try and
9 determine its accuracy through talking with
10 family, talking with police in some cases,
11 talking with other individuals that are
12 involved in the situation in order to make a
13 diagnosis. Many times we have a he said, she
14 said kind of situation and we can never
15 determine is this accurate or is that accurate.
16 So we have to use our own judgment.

17 Q: Okay. You mentioned to me that one of the
18 components of the mental status exam was the
19 orientation of the patient to the time and
20 place.

21 A: Yes.

22 Q: Okay. Was Martha Argoe's orientation to time
23 and place normal?

24 A: When I saw her at that time, yes.

25 Q: What was her mood?

1 A: The mental status exam here does not document
2 what she said her mood was.

3 Q: So you can't answer my question what her mood
4 was at the time that you did the mental status
5 exam?

6 A: No. I can answer the question of what her
7 affect was like, how she presented, but I can't
8 answer you in terms of what she was feeling
9 inside of her.

10 Q: Did she convey to you what she was feeling
11 inside of her?

12 A: Not that I documented.

13 Q: So you told me that a patient's mood was a part
14 of a mental status exam; is that correct?

15 A: Correct.

16 Q: But for Ms. Argoe, you did not document what
17 her mood was in your history and physical?

18 A: I did not document what she said her mood was.

19 Q: If that's part of a mental status exam, why
20 didn't you document that? Did you document
21 that anywhere in the medical records?

22 A: No, I did not.

23 Q: Okay. I think you mentioned to me earlier that
24 one of the things that you looked at in a
25 mental status exam were what I will refer to as

1 safety related issues, is the patient suicidal
 2 or homicidal?
 3 A: Correct.
 4 Q: Was Ms. Argoe suicidal?
 5 A: No.
 6 Q: Was Ms. Argoe homicidal?
 7 A: No.
 8 Q: Did Ms. Argoe ever express to you any desire to
 9 harm herself or another person?
 10 A: No.
 11 Q: Based on your examination of Ms. Argoe, did she
 12 exhibit any clinical signs that she was
 13 suicidal?
 14 A: No.
 15 Q: Did she -- in your examination of Ms. Argoe,
 16 did she exhibit any signs that she was
 17 homicidal?
 18 A: She did not demonstrate any signs that she was
 19 homicidal.
 20 Q: Okay. So would it be fair to say, Doctor, that
 21 based on your observations of Ms. Argoe on June
 22 8th, 2005, she was not a danger to herself or
 23 other people?
 24 **MR. DAVIDSON:** Object to the form.
 25 **MS. GANES:** Object to the form.

1 **MR. DAVIES:** Same objection.

2 A: It would -- it would not be fair to say that.

3 Q: Why?

4 A: You asked if she had expressed any homicidal
5 thoughts. The allegations that were presented
6 to us on admission was that she was potentially
7 a harm to others. She carried a gun. She was
8 allegedly paranoid thinking her house was
9 bugged, hallucinations, witches and warlocks.
10 Those were the allegations. So there was
11 information that was presented to us that she
12 was potentially a harm to others, based on the
13 allegations.

14 Q: Are people that carry a gun, are they
15 necessarily a potential danger to themselves or
16 others?

17 A: Individuals that carry weapons that are
18 paranoid are.

19 Q: Okay. We're going to get to that. But my
20 question was simple. Are people that carry
21 guns, legally carry guns, necessarily a danger
22 to themselves or others?

23 **MR. DAVIES:** Objection to form.

24 **MR. DAVIDSON:** Objection to form.

25 A: From a medical perspective, you are four and a

1 half times more likely to die a violent death
2 if you carry a gun. So to answer your
3 question, if you carry a gun, you are more
4 likely a danger to yourself or others than if
5 you didn't carry a gun.

6 Q: Do you own any weapons, Doctor?

7 A: No, I don't.

8 Q: You don't ever carry a gun?

9 A: No.

10 Q: You've never carried a gun?

11 A: I've never owned a gun. Never owned a --

12 Q: Now, I want to know this, Doctor. Based on
13 your clinical observations, not on what
14 somebody told you, but based on what you
15 observed, was Ms. Argoe a danger to herself or
16 other people when you examined her on June 8th,
17 2005?

18 **MR. DAVIDSON:** Object to the form.

19 **MS. GANES:** Object to the form.

20 A: I had not formulated a conclusion as to
21 dangerousness after my initial evaluation.

22 Q: So when you evaluated her on June 8th, 2005,
23 you couldn't say that most probably and to a
24 reasonable degree of medical certainty Martha
25 Argoe was a danger to herself or other people,

1 could you?

2 **MS. GANES:** Object to form.

3 A: I couldn't say that she was and I couldn't say
4 that she wasn't.

5 Q: So when you evaluated Martha Argoe on June 8th,
6 2005, I want to make sure I've got this
7 straight, you could not say she was a danger to
8 herself or other people? You were not able to
9 draw that conclusion, were you, Doctor?

10 **MR. DAVIES:** Objection to form.

11 **MS. GANES:** Object to form.

12 A: I was not able to determine whether she was or
13 was not safe to herself or others.

14 **MS. GANES:** Robert, can we take a break? We've been
15 going over an hour.

16 **MR. DODSON:** We can.

17 **(Break from 11:26 a.m. until 11:36 a.m.)**

18 BY MR. DODSON:

19 Q: Doctor, we took a short break a minute ago.
20 Have you discussed your deposition, Martha
21 Argoe, or this case with anybody during the
22 break?

23 A: No, I did not.

24 Q: Now, before we took a break we were talking
25 about the safety, what I'll refer to as the

1 safety components of the mental status exam
2 that you did. You indicated in your previous
3 answers that you relied on some information
4 that was provided to you by Ms. Argoe's family;
5 is that correct?

6 A: I included the information as part of the
7 assessment.

8 Q: Did you rely on the information?

9 A: Rely on for what purpose?

10 Q: Well, in drawing your conclusions on the mental
11 status exam, did you rely on the information
12 provided to you by the family?

13 A: I included the information as part of my
14 formulation.

15 Q: What does that mean you included the
16 information? I see that you quoted what the
17 family said.

18 A: The formulation is when we take the
19 information, the information the patient gives
20 us, information we get from the mental status
21 exam, information we get from other sources,
22 put it all together and formulate a diagnostic
23 hypothesis, and then based on that diagnostic
24 hypothesis, we will formulate a potential
25 treatment. So the formulation relies on

1 information from the patient, the evaluation
2 and then other sources.

3 Q: Okay. Well, you quote in here in your history
4 and physical, which is Exhibit Number Two, some
5 stuff that was in the commitment papers that
6 says, Martha carries a handgun on her left hip
7 all the time. Okay. Did you rely on that
8 statement in formulating a treatment plan for
9 her?

10 A: I included that statement -- I included that
11 information in the formulation.

12 Q: Well, let me ask you this. When you saw Martha
13 Argoe, did she have a handgun on her left hip?

14 A: No.

15 Q: Okay. Did you ask Martha if she often carried
16 a handgun on her left hip? Feel free to look
17 at any of your notes. It's not a trick
18 question.

19 A: Yes, I did ask her about the gun. I report in
20 my note, and I'm reading from my note, "She
21 says she has a license to carry the gun and she
22 has it in the car. She states she took a
23 course and that is why she carries the gun."

24 Q: Okay.

25 A: So I did talk to her about it.

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1 Q: Did you have any reason to disbelieve that what
2 she was telling you was truthful and accurate?

3 **MR. DAVIES:** Objection to form.

4 A: I did not have any reason to disbelieve that
5 she had a license, that she carried it in her
6 car, or that she took a course.

7 Q: Did you have any reason to disbelieve anything
8 that Martha told you as it related to the
9 handgun?

10 A: I had reasons to be skeptical because others
11 were saying other things about it.

12 Q: What had other people told you about the
13 handgun specifically?

14 A: That she carries it on her left hip all the
15 time.

16 Q: Okay.

17 A: And I don't recall, I didn't read everything
18 into the medical record that was on this list.
19 Let me review this. Yeah, there was nothing
20 that I read in specific to the handgun, so.
21 Okay. So it was based on the commitment --
22 what was in the commitment paper.

23 Q: Did anybody ever tell you that Martha had ever
24 threatened them with the handgun, had ever
25 pointed it at them, had ever fired it at them,

1 anything of that nature?

2 A: No.

3 Q: Did Martha herself give you any indication that
4 she had ever pointed the handgun at anybody,
5 had ever fired the handgun at anybody, had ever
6 threatened anybody with a handgun?

7 A: No.

8 Q: Did Martha give you any indication that she
9 intended to shoot herself with a handgun?

10 A: No.

11 Q: I understand you don't own a gun. Is it
12 reasonable for someone to carry a concealed
13 weapon if they go through the proper legal
14 channels to do so?

15 **MS. GANES:** Object to the form.

16 **MR. DAVIES:** Objection to form.

17 Q: Is that reasonable, Doctor?

18 A: I don't have an opinion as to the
19 reasonableness of carrying a gun. You're
20 asking my personal opinion, not my medical
21 opinion. Are you asking my medical opinion or
22 my personal opinion?

23 Q: Well, let's do both. What's your medical
24 opinion? Medically speaking, is it reasonable
25 for somebody that has a permit to carry a

1 concealed weapon to do so?

2 **MR. DAVIES:** Objection to form.

3 **MS. GANES:** Object to the form.

4 A: My medical and my personal opinion is that it
5 is not reasonable for anybody to carry a
6 handgun on them. That's my medical and my
7 personal opinion.

8 Q: So your medical opinion is that it is
9 unreasonable for somebody to carry a handgun
10 even if they have a permit for it?

11 **MS. GANES:** Object to form.

12 Q: I just want to make sure I understand your
13 opinion.

14 A: Right. My opinion based on medical evidence
15 from evidence related to suicide, evidence
16 related to homicide, evidence related to
17 medical accidents is that individuals that
18 carry handguns are at increased risk from
19 medical complications due to those guns. So it
20 is my medical opinion that one is at increased
21 risk for health-related problems if they carry
22 a handgun.

23 Q: Okay. But that wasn't my question. My
24 question was this. You think it's unreasonable
25 in your medical opinion for someone to carry a

1 handgun even when they have a permit to do so?

2 **MR. DAVIES:** Object to the form.

3 **MS. GANES:** Object to the form.

4 **MR. DAVIDSON:** Same objection.

5 **MR. BEIGHLEY:** Objection, asked and answered.

6 A: Yeah, I thought -- I answered the question as
7 best I can.

8 Q: Well, you -- it's a yes or no answer. And you
9 can answer --

10 **MS. GANES:** It does not have to be a yes or no
11 answer, Robert.

12 Q: -- and you can explain your --

13 **MR. DODSON:** Don't make speaking objections.

14 Q: And you can explain your answer to me all you
15 want. That's fine. But I'd like for you to
16 answer my question yes or no and you can tell
17 me whatever else you want to.

18 **MR. DAVIES:** Objection.

19 **MS. GANES:** I'm going to allow him to answer the
20 question one more time and I'm going to
21 instruct him not to answer it because you're
22 harassing him with this line of questions.
23 Answer the question if you can, Doctor.

24 **MR. DODSON:** Don't make speaking objections.

25 **MR. DAVIDSON:** Note an objection for the record.

1 A: Based on medical evidence that carrying a
2 handgun increases your risk for injuries and
3 death and suicide, my medical opinion is that
4 it is not reasonable to carry a handgun,
5 whether you're licensed to carry it or not.

6 Q: Okay. Does riding in a car increase your
7 likelihood of being involved in a car accident?

8 A: Yes.

9 Q: Is it unreasonable for people to ride in
10 automobiles because they might be involved in
11 an automobile accident?

12 A: No. May I explain the difference?

13 Q: Go ahead.

14 A: Driving in an automobile is often necessary in
15 our day-to-day lives. Carrying a handgun,
16 while some people may think it's necessary,
17 most in the medical field feel it's
18 unnecessary. It's not something you have to do
19 to live in our society now.

20 Q: So most in the medical --

21 A: So I think the analogy doesn't play out.

22 Q: All right. Doctor, you indicated to me earlier
23 that one of the parts of the mental status exam
24 was a patient's affect.

25 A: Uh-huh (affirmative response).

1 Q: Or their outward appearance of mood.

2 A: Correct.

3 Q: When you did your mental status exam of Martha
4 Argoe, what was her affect?

5 A: It at times appeared to be inappropriate. I
6 didn't specifically state that in here, but in
7 the context of the sentence that says, she
8 laughs off others and denies any problems. She
9 was being presented with some serious
10 allegations and she didn't seem to take it very
11 seriously. And so in that context, her affect
12 was somewhat inappropriate to the situation.
13 That answers the question. She also -- also,
14 there's a sentence in there that says she seems
15 to be a little anxious. So her affect was also
16 a bit anxious.

17 Q: Do you think that somebody who is involuntarily
18 committed to a mental institution might feel a
19 little bit anxious by the simple fact that they
20 are committed to a mental institution against
21 their will?

22 A: That's possible.

23 Q: In fact, that's very likely, isn't it, Doctor?

24 A: I can't speak to how most people would feel in
25 that situation. Most ...

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1 Q: No, go ahead. You said most, what were you
2 going to say?
3 A: Huh-uh (negative response).
4 Q: What do you mean huh-uh?
5 A: I don't have anything else to add to that.
6 Q: Now, show me in your history and physical here
7 where you recorded anywhere that her affect was
8 inappropriate?
9 A: As I said earlier, those words were not
10 mentioned in the actual mental status exam, the
11 dictation, but it's implied in the sentence
12 that says she laughs off others. So she's
13 laughing at serious allegations and not -- and
14 not appearing to take the issue seriously.
15 Q: Doctor, do you see witches and warlocks?
16 A: Excuse me?
17 Q: Do you see witches and warlocks?
18 A: Are you talking about if I'm watching a TV
19 show?
20 Q: No, I'm talking about right now. Do you see
21 witches and warlocks?
22 A: No, I don't.
23 Q: Well, you're smiling at me when I ask that
24 question.
25 **MR. DAVIES:** Objection.

1 MS. GANES: Objection.

2 MR. COLE: Objection.

3 MR. DAVIDSON: I'm smiling also.

4 Q: And so --

5 MS. GANES: I'm laughing, too.

6 Q: I agree. Because you would agree with me,
7 Doctor, this, if I were to accuse you of seeing
8 witches and warlocks, that would be a laughable
9 allegation against you, wouldn't it?

10 A: In the context of what we're talking about now,
11 me sitting here, it would be. In the context
12 of somebody being involuntarily hospitalized
13 with a long list of allegations, most people do
14 not laugh it off. Most people, in my
15 experience, cooperate and address those and try
16 to cooperate so that we can come to a
17 reasonable conclusion and answer the questions.
18 So in that context, it was unusual and odd.

19 Q: Did you ask Martha Argoe if she saw witches and
20 warlocks?

21 A: I don't recall if I asked her that specific
22 question.

23 Q: Did Martha Argoe ever report to you or tell you
24 or give you any indication that she claimed she
25 had seen witches and warlocks?

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- 1 A: I'm sorry. Ask the question again.
- 2 Q: Yes, sir. Did Martha Argoe directly ever tell
3 you, volunteer to you, convey to you that she
4 saw witches and warlocks?
- 5 A: Not to my recollection.
- 6 Q: And you would agree with me that if she had
7 done that, that would be a pretty serious
8 hallucination?
- 9 A: Serious is a relative term. It would be
10 documented as probably hallucinations.
- 11 Q: Okay. Did you document anywhere in your
12 history or physical or elsewhere any
13 hallucination --
- 14 A: No.
- 15 Q: Hang on. Let me finish my question.
- 16 A: All right.
- 17 Q: Let me just start over. Did you document
18 anywhere in your history and physical or
19 elsewhere any hallucination that Martha Argoe
20 had that she reported to you?
- 21 A: No.
- 22 Q: When you examined Martha Argoe as part of this
23 mental status exam for -- I guess this was the
24 only time you saw her; is that correct?
- 25 A: Correct.

1 Q: So when you saw Ms. Argoe this one time, did
2 she report any kinds of hallucinations to you
3 at all?

4 A: No.

5 Q: She reported to you that her husband had abused
6 her, correct?

7 A: In reading from my history, quoting, she states
8 that he drinks excessively and has hit her and
9 that when she is driving he grabs the wheel.
10 So I documented that she said he hits her.

11 Q: Okay. Did you ever report those allegations to
12 any law enforcement officer or agency?

13 A: No, I did not. She is an adult.

14 Q: Well, that wasn't my question. I asked if you
15 reported it. You're an adult, too.

16 A: Correct. But we're only obligated to report in
17 children.

18 Q: Okay. So you didn't feel you had any
19 obligation, any legal obligation to report Ms.
20 Argoe's complaints of spousal abuse?

21 A: Correct.

22 Q: Now, Doctor, what in Martha Argoe's affect gave
23 you reason to think that she was a danger to
24 herself or other people?

25 A: I have not stated that anything in Martha

1 Argoe's affect made me think she was a danger
2 to herself or anybody else.

3 Q: Okay. So maybe I should have asked a better
4 question. Was there anything in Martha Argoe's
5 affect which gave you reason to believe that
6 she was a danger to herself or other people?

7 A: No.

8 Q: What in Martha Argoe's thought content -- you
9 told me earlier that thought content was
10 another part of the mental status exam,
11 correct?

12 A: Correct.

13 Q: What in Martha Argoe's thought content did you
14 believe made her a danger to herself or other
15 people?

16 A: Nothing in the content -- in the content of
17 what she told me made me think that she was a
18 danger to herself or anyone else.

19 Q: Okay. In the history and physical, you had
20 quoted from the, I guess, commitment papers
21 that the family had signed about her, what they
22 allege her problem was -- were. My question is
23 this, Doctor. What did you do to verify that
24 the specific allegations were either true or
25 false?

1 A: At the time of the evaluation we hadn't done
2 anything. We have a period of time in which we
3 have, the court allows us to do the evaluation.
4 So if she had stayed, we would have done more.
5 Specifically, and it's mentioned in the plan,
6 her son was supposed to be coming in that
7 afternoon and we would have talked to him, the
8 social services staff, nursing staff there
9 would have talked to him to begin that process
10 of determining what the allegations were and
11 begin to sort that out. She was transferred to
12 another facility. We didn't have that
13 opportunity.

14 Q: So would it be fair to say you could not verify
15 the truth of the specific allegations against
16 her?

17 A: Yes.

18 Q: Okay. Based on your mental status exam, what
19 in Martha Argoe's thought process gave you
20 reason to believe that she was a danger to
21 herself or other people?

22 A: I haven't stated that based on her thought
23 processes I felt she was a danger to anybody or
24 herself.

25 Q: Okay. Would it be fair to say that based on

1 the thought process component of your mental
2 status exam, you were not able to conclude that
3 Martha Argoe was a danger to herself or other
4 people?

5 A: I wasn't able to draw any conclusions as to
6 whether she was or was not dangerous.

7 Q: Okay.

8 A: To herself or anybody else.

9 Q: And with regard to her insight and judgment,
10 based on the mental status exam and the insight
11 and judgment component of that mental status
12 exam that you performed, were you able to
13 conclude that Martha Argoe was a danger to
14 herself or others?

15 A: I did not make any conclusions as to
16 dangerousness based on any component of the
17 mental status exam.

18 Q: Okay. Now, you told me earlier that attention
19 and memory was another component of a mental
20 status exam. And I asked you if her memory was
21 normal, and you told me that her memory was
22 normal. Do you recall that?

23 A: Yes, I do.

24 Q: Okay. What with regard to her attention gave
25 you a reason to believe that she was a danger

1 to herself or other people?

2 A: As I just stated, no component of the mental
3 status exam led me to draw any conclusion as to
4 whether she was or was not dangerous to herself
5 or anyone else.

6 Q: Okay. So let me make sure that I understand
7 this. Based on the entirety of your mental
8 status exam of Martha Argoe, you were unable to
9 conclude that she was a danger to herself or
10 other people?

11 A: Based on my initial evaluation, I drew no
12 conclusions as to whether she was or was not
13 dangerous to herself or anyone else.

14 Q: Doctor, what is the Global Assessment of
15 Functioning?

16 A: The Global Assessment of Functioning is a 90
17 point scale that is used in psychiatry to
18 determine, as it says, an assessment of
19 functioning. And the various numbers represent
20 a level of functioning.

21 Q: The higher the number, the better the level of
22 functioning?

23 A: Correct.

24 Q: What is the leading textbook or medical
25 literature on the Global Assessment of

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1 Functioning?

2 **MS. GANES:** Object to form.

3 Q: And if there are multiple ones, you can tell me
4 that.

5 A: Well, the Global -- the diagnostic tree, Axis
6 I through V, is based on the Diagnostic and
7 Statistic Manual that's published by the
8 American Psychiatric Association. It's
9 currently in its fourth edition revised and the
10 GAF, or Global Assessment of Functioning, comes
11 from that.

12 Q: You indicated that's currently in its fourth
13 edition. I'm not trying to -- if that's not
14 correct, that's not correct. I'm not trying to
15 --

16 A: I know they're working on the fifth, so it's --
17 whether it's fourth edition, they go through
18 fourth edition revised and then text edition,
19 it's in the fourth edition.

20 Q: Yeah, that's fine. I know they've got to come
21 up with different editions so they can sell
22 more books; I understand that. At the time
23 that you saw Martha Argoe in 2005, do you know
24 if it was the fourth edition or if it was only
25 on the second or third at that point?

1 A: No, it was -- I'm fairly certain it was on the
2 fourth edition.

3 Q: Okay. You saw Ms. Argoe in connection with an
4 involuntary commitment, and my question is
5 this. Does the fact that she was there
6 involuntarily change any of your duties and
7 responsibilities with regard to performing the
8 mental status exam which you performed?

9 A: When someone is admitted involuntarily, we are
10 charged with responsibility of evaluating
11 whether they are dangerous to themselves or
12 others or substantially unable to care for
13 themselves based on a mental illness. So it
14 does impact how we go about evaluating someone.
15 The mental status examination is part of the
16 overall evaluation process. So we do, we would
17 pay attention to issues related to
18 dangerousness perhaps more than issues related
19 to something else.

20 Q: Well, Doctor, what are the criteria to keep a
21 patient involuntarily committed?

22 A: In the state of South Carolina somebody can be
23 involuntarily detained for an evaluation based
24 on anybody's alleging that they are dangerous
25 to themselves or others or unable to care for

1 themselves based on a mental illness. So they
2 can be detained for an evaluation. My
3 understanding, and I'm not a lawyer so I can't
4 speak to the legal aspects, but once they're
5 involuntarily detained, then the evaluating
6 facility, the team that's evaluating them has
7 the duty to perform what's called a designated
8 evaluation. Those designated evaluations need
9 to be done within seven days of their
10 admission. And in those designated
11 evaluations, there's two designated evaluators;
12 one is typically -- well, one has to be a
13 physician, and the other may or may not be a
14 physician. Those evaluations are reported to
15 the court and the court makes a decision using
16 whatever eval -- whatever information is
17 available to them to determine whether or not
18 someone meets criteria for involuntary
19 hospitalization.

20 Q: Were you one of those evaluators?

21 A: We had not reached the evaluation process. We
22 were beginning it. I was not appointed a
23 designated evaluator in the one day she was at
24 the facility.

25 Q: Other than the mental status exam that you

1 performed on Ms. Argoe, did you provide any
2 other care or treatment to her?

3 A: Well, I wrote the admitting orders. You know,
4 I ordered her diet, those sorts of things. I
5 did prescribe a medication, but she did not
6 want to take it and I did not force her to take
7 it. We didn't try to make her take it against
8 her will. We offered it to her, she declined.
9 So other than that, I did not offer, or did not
10 do any other care or treatment.

11 Q: What medication did you offer her? And feel
12 free to look at your notes. It's not a trick
13 question.

14 A: Abilify.

15 Q: And what was that for?

16 A: Was for what appeared to be a paranoid
17 psychosis.

18 Q: And what is paranoid psychosis?

19 A: Well, based on the initial information that we
20 had, and again, this was going to be confirmed
21 or refuted based on what we got from the
22 family, there appeared to be symptoms of
23 paranoia, hallucinations. And Abilify is a
24 medicine that treats that.

25 Q: When you saw her on June 8th, 2005, are you

1 able to make the conclusion to a reasonable
2 degree of medical -- strike that. When you saw
3 Ms. Argoe on June 8th, 2005, are you able to
4 state most probably and to a reasonable degree
5 of medical certainty that she was suffering
6 paranoid psychosis?

7 **MR. DAVIES:** Objection to form.

8 **MS. GANES:** Object to form.

9 **MR. COLE:** Object to form.

10 A: My initial impression was that she was
11 suffering from a psychotic disorder not
12 otherwise specified, paranoid sub-type.

13 Q: Okay. That really wasn't my question.

14 A: I understand.

15 Q: My question was --

16 A: That was the initial formulation and the
17 diagnosis was, or the treatment plan was based
18 on that formulation. If you frame it as a
19 reasonable degree of medical certainty, there
20 is no objective test for that. So we can't say
21 that there is a 95 percent chance based on this
22 test or a 30 percent chance based on this test
23 that we have a reasonable degree of medical
24 certainty, so.

25 Q: Okay. So you can't tell me that on June 8th,

1 2005, you were able to diagnosis Ms. Argoe with
2 paranoid psychosis to a reasonable degree of
3 medical certainty?

4 **MS. GANES:** Object to form.

5 **MR. DAVIDSON:** Same objection.

6 A: As I answered before, what I can tell you is
7 that based on the initial evaluation, the
8 initial formulation and diagnosis was that she
9 was suffering from a psychosis not otherwise
10 specified and the symptoms were based in
11 paranoia.

12 Q: What symptoms of paranoia did you see?

13 A: What was reported to me by the staff which they
14 observed were things such as wanting her shower
15 cleaned before she would go into it. So those
16 were some things that we observed in the
17 facility. And then the others were listed by
18 the family and in the evaluating physician who
19 observed them, or who documented them.

20 Q: So --

21 A: Dr. Hooker.

22 Q: Okay. One of the things that you told me that
23 you were able to say that she was paranoid
24 about was that she wanted her shower cleaned
25 before she got in it?

- 1 A: That was a symptom, yes.
- 2 Q: Okay. The other things came from the family?
- 3 A: The court papers that were sent with her.
- 4 Q: Which would have included what the family said?
- 5 A: I don't know where they got their information.
- 6 I mean, some of it I think does possibly --
- 7 Q: Well, what did you observe that led you to
- 8 believe Ms. Argoe was paranoid?
- 9 A: I did not observe any specific delusions or
- 10 hallucinations. She didn't voice any
- 11 hallucinations to me. She was somewhat guarded
- 12 and didn't want to talk about some of the
- 13 things, which suggests paranoia. And sort of
- 14 the denial and the lack of answering questions
- 15 often will suggest paranoia in individuals,
- 16 too. So that supported the diagnosis.
- 17 Q: Based on your observations of her, were you
- 18 able to conclude on June 8th, 2005, that she
- 19 was paranoid?
- 20 A: That was the initial impression, yes.
- 21 Q: And were you able to draw that conclusion to a
- 22 reasonable degree of medical certainty on June
- 23 8th, 2005?
- 24 A: The initial formulation was that she was
- 25 paranoid.

1 Q: Were you able to make that claim to a
2 reasonable degree of medical certainty? Yes or
3 no?

4 A: Based on the information --

5 **MR. DAVIES:** Objection to form.

6 A: Based on the information available, yes.

7 Q: And what was the information available?

8 A: Observations by my staff, report from the
9 commitment papers, a long list of allegations
10 from her husband and her son. We had four
11 separate sources.

12 Q: So the separate sources were the observations
13 of the staff, the commitment papers?

14 A: Uh-huh (affirmative response).

15 Q: The list from the family?

16 A: Uh-huh (affirmative response).

17 Q: And what else?

18 A: Well, two separate family members. Husband and
19 son were the -- those were the two.

20 Q: Okay. And so the two family members?

21 A: Uh-huh (affirmative response).

22 Q: Did you speak with the husband?

23 A: No.

24 Q: Did you speak with the son?

25 A: No.

1 Q: Do you know if any of your staff or the
2 hospital staff spoke with the husband or the
3 son?

4 A: To my recollection, they did. I don't know the
5 timing of it in terms of whether it was before
6 admission or not. I know somebody spoke to the
7 son after I had seen the patient in terms of
8 the process of getting her transferred to the
9 other facility.

10 Q: Now, you mentioned the observations by staff
11 earlier and we talked about the cleaning the
12 shower, the dirty shower, whatever. Were there
13 other observations by the staff that you relied
14 on in determining that Ms. Argoe was paranoid?

15 **MR. COLE:** Object to the form.

16 A: Well, the other issue that I documented was
17 that she wouldn't put her feet on the -- her
18 bare feet on the floor.

19 Q: Okay. So she wouldn't put her bare feet on the
20 floor and you thought that was some evidence of
21 paranoia?

22 A: Could be.

23 Q: Could be?

24 A: Yes.

25 Q: Okay. Any other observations by you or the

1 staff that led you to a diagnosis of paranoia?

2 A: Not to my recollection.

3 Q: Okay. So there are essentially the two
4 observations, the dirty shower and her not
5 putting her bare feet on the floor?

6 **MS. GANES:** Objection to form.

7 **MR. DAVIES:** Object to form.

8 Q: Well, if there were others, let me know.

9 **MR. DAVIES:** Same objection.

10 A: I didn't say anything about a dirty shower. It
11 was that she wanted it cleaned before she would
12 go in. As far as other observations by the
13 staff, not to my knowledge.

14 Q: Now, you told me earlier that Ms. Argoe seemed
15 appropriately groomed.

16 A: Yes, I did.

17 Q: Was she able to feed herself?

18 A: I didn't observe her doing that. I don't -- I
19 don't know.

20 Q: Was she at an appropriate weight when you saw
21 her? She wasn't malnourished, was she?

22 A: Not to my recollection.

23 Q: None of her blood work would have indicated
24 that she was neglecting her physical well-
25 being, would it?

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- 1 A: We did not get the blood work because she left,
2 so I don't have results that would indicate one
3 way or the other.
- 4 Q: I think you told me you also did a physical
5 examination of her, right?
- 6 A: Correct.
- 7 Q: Anything in her physical examination of her
8 that was abnormal?
- 9 A: No.
- 10 Q: Based on your physical examination of her, she
11 was able to feed herself, care for herself,
12 that kind of thing, correct?
- 13 A: Based on what I observed, I have no reason to
14 believe that she could not do that.
- 15 Q: The physician attestation report is dated June
16 26, 2005. Why did you sign that several days
17 after you saw Ms. Argoe? Why then as opposed
18 to some other time?
- 19 A: We actually don't do that anymore, so I don't
20 recall the whole process, but my recollection
21 is that those were forms that appeared on the
22 charts after they were discharged and we would
23 get -- now we have electronic medical record,
24 but we used to get the physical chart days or
25 weeks after and we would, you know, sign orders

1 that hadn't been signed or notes that hadn't
2 been signed, and that was one of those things
3 that was left to be signed at that time.

4 Q: Mark this as, I don't know what we're on.

5 **COURT REPORTER: Three.**

6 **(Plaintiff's Exhibit Number Three was marked for**
7 **identification purposes.)**

8 Q: Doctor, I'm going to show you what we've marked
9 as Exhibit Number Three to your deposition.
10 I'm just going to ask you to identify that?

11 A: These are physician order sheets.

12 Q: Now, there's some different handwriting on
13 there. Were there different physicians that
14 signed off on these orders; is that the reason
15 for that?

16 A: No. I signed off on all the orders.

17 Q: Were the orders written by somebody else and
18 signed off on by you, or --

19 A: Yeah. The initial orders were transcribed by
20 a nurse, and the discharge orders were also
21 transcribed by a different nurse, hence the
22 different handwriting. But they are signed off
23 by me.

24 Q: Let's go through it kind of page by page. Page
25 28, the beginning at the top where it appears

1 to be dated 6/9/05 at 7:25; is that your
2 handwritten note?

3 A: Yes.

4 Q: Can you read that to me, please?

5 A: It says, level II, DC Q 15 minute checks.
6 Patient requests that her belongings she came
7 with not be given to her husband.

8 Q: Okay. Now, I understand the patient requests
9 the belongings that she came with not be given
10 to her husband, I understand that part of it.
11 Tell me what -- translate in English for me the
12 other parts of it.

13 A: When somebody is first admitted they are put on
14 what we call level I, which means that they
15 don't leave the unit until they've been
16 evaluated. So once they've been evaluated, we
17 will often increase their level. She was
18 placed on a level II. We actually don't use
19 that level system anymore, so to the best of my
20 recollection, level II meant that she could
21 participate in off-unit activities, go to the
22 dining hall, go to the gym, whatever groups and
23 those things that were off the actual physical
24 unit.

25 Q: Okay. Level II or the leveling system was sort

1 of a how confined was the person within the
2 facility?

3 A: In a sense, yes.

4 Q: All right. And then what is the --

5 A: DC Q 15 minute checks, many times when people
6 are admitted they are put on a observation
7 system. If they are admitted because they are
8 allegedly suicidal or homicidal or aggressive
9 or whatever, they may be put on a one-to-one
10 observation where somebody is physically with
11 them, what's called a line of sight, or they
12 may simply be checked every few minutes, and
13 her initial -- the protocol back then, and
14 again, that's changed, but the protocol back
15 then was that unless there was a reason to put
16 them on a closer observation, they initially
17 got checked every 15 minutes. So after I saw
18 her, I felt that was not necessary and I
19 stopped the 15 minute check.

20 Q: During these 15 minute checks, which I gather
21 would have been performed by nurses; is that
22 correct?

23 A: Nursing technicians typically.

24 Q: Okay. So nurse techs?

25 A: Uh-huh (affirmative response).

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1 Q: Any indication in any of the medical records
2 that during these 15 minute checks Martha Argoe
3 exhibited any kind of behavior which
4 demonstrated she was a danger to herself or
5 other people?

6 A: I have not read each technician's report, so I
7 can't tell you what is in the medical record.
8 I can tell you that what was reported to me,
9 nothing of that nature was reported to me.

10 Q: If there had been, if Martha Argoe had, for
11 example, tried to commit suicide, that is
12 something that would have almost certainly been
13 reported to you, correct?

14 A: Almost certainly, yes.

15 Q: If there was any indication that she tried to
16 hurt herself or another person, whether that
17 person be a staff member or another patient,
18 that would have almost certainly been reported
19 to you?

20 A: Yes.

21 Q: None of that was reported to you?

22 A: To the best of my recollection, none of it was
23 reported to me.

24 Q: Let's go down to the next entry which appears
25 to be at 8:35 on June 9th, 2005.

- 1 A: Uh-huh (affirmative response).
- 2 Q: Is that your entry or is that someone else's
- 3 entry?
- 4 A: That's mine.
- 5 Q: Can you read that to me.
- 6 A: Abilify ten milligrams PO qhs. Place her on
- 7 her home hormones.
- 8 Q: And the Abilify is what we talked about earlier
- 9 she did not take that medication?
- 10 A: Correct.
- 11 Q: Go ahead, I'm sorry.
- 12 A: To my understanding, she didn't. In fact, I
- 13 think she left before it was actually due to be
- 14 given to her anyway and it was a nighttime
- 15 medicine and she left later that day.
- 16 Q: And then there's a note, it doesn't have a time
- 17 but the third sort of entry on this page, page
- 18 28, transfer patient to Three Rivers, send copy
- 19 of H&P, which I gather stands for history and
- 20 physical, VO Dr. Steiner/Miller RN. Was that
- 21 an oral --
- 22 A: Yeah, VO stands for verbal order.
- 23 Q: Okay.
- 24 A: So it was over the telephone.
- 25 Q: So you gave that and the nurse recorded what

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1 you --

2 A: Correct.

3 Q: -- reported over the telephone? Flipping to

4 page, the second page with Bates numbered Argoe

5 29 at the bottom, are there any notes there

6 that are your handwritten notes?

7 A: My signature and date and time is the only

8 thing I put on there.

9 Q: Are the slash marks on here, is that your --

10 are those yours, or can you even tell me that?

11 A: No, those are not mine.

12 Q: Do you know whose those are?

13 A: I don't for a fact know whose they are.

14 Usually it's the nurse that signed the orders.

15 Q: All right. And flipping over to the last page

16 or what's Bates numbered Argoe 30. What is

17 written here that you wrote?

18 A: Signature, date, time at the bottom.

19 Q: Doctor, have you read Martha Argoe's deposition

20 in this case?

21 A: No, I have not.

22 Q: Gave you reviewed her deposition in any way,

23 shape, or form?

24 **MS. GANES:** Other than you may not -- you do not

25 have to tell him anything that you and I have

1 talked about.

2 A: No, I have not.

3 Q: I'm asking you have you seen her deposition
4 transcript?

5 A: No, I don't think so.

6 Q: Okay. Have you seen the answer to the
7 Plaintiff's Second Amended Complaint in this
8 case?

9 A: I'm not sure what you're referring to, so I
10 can't answer that.

11 Q: Let's mark this as whatever number we're on.

12 **COURT REPORTER: Four.**

13 **(Plaintiff's Exhibit Number Four was marked for**
14 **identification purposes.)**

15 Q: Doctor, I'm going to show you what we have
16 marked as Plaintiff's Exhibit Number Four.
17 Have you ever seen this document prior to
18 today?

19 A: I believe I have. My law firm has forwarded me
20 pretty much everything of these type. So I am
21 going to have to say I probably have.

22 Q: Okay. Flip to page 4 of that document, please.
23 Paragraph 16 states, in part, "The Plaintiff's
24 alleged injuries and damages, if any, resulted
25 from or were due to the negligence of the

1 Plaintiff or third parties." Do you see that?

2 A: Yes.

3 Q: So how was Martha Argoe negligent?

4 **MS. GANES:** Object to form.

5 A: I have -- I have made no such specific
6 allegation.

7 Q: Okay. Well, who else was negligent? Who are
8 these third parties?

9 **MS. GANES:** Same objection.

10 A: I have made no specific allegation.

11 Q: Flip to the next page, please. And I'm looking
12 at paragraph 19, sort of the fifth line,
13 intervening and superseding negligence of third
14 parties. Who were the third parties who were
15 negligent?

16 **MS. GANES:** Object to form.

17 A: I did not write that, so I can't speak to --

18 Q: Well, it's filed with the court on your behalf,
19 so I want to know who the third parties are
20 that you're saying were negligent.

21 **MS. GANES:** Same objection.

22 Q: Do you know?

23 A: No.

24 Q: What was the negligence of the third parties?

25 **MS. GANES:** Object to form.

1 A: I have no knowledge of that allegation.

2 Q: So you're not saying anyone, including Ms.
3 Argoe, was negligent?

4 MS. GANES: Object to form.

5 A: I am not saying that anybody, including Ms.
6 Argoe, was negligent.

7 Q: This is, I guess, Five.

8 (Plaintiff's Exhibit Number Five was marked for
9 identification purposes.)

10 Q: Doctor, I'm going to show you what we've marked
11 as Plaintiff's Exhibit Number Five, and I will
12 represent to you that this is interrogatory
13 responses, and that's just lawyer's speak for
14 we ask each other questions. And these are
15 your lawyer's answers to those questions. Flip
16 to page 3, 4 -- well, we'll start on page 3.
17 There's some folks listed there, J. Miller,
18 Laura Engleby, B. Hight, Lisa Redder. Do you
19 know who these folks are?

20 A: I know who several of them are, yes.

21 Q: Okay. Who is J. Miller, what is --

22 A: I don't recall. I guess it's a Ms. Miller, so
23 it's her.

24 Q: Okay. Do you know where Ms. Miller is now?

25 A: No.

- 1 Q: Do you know Ms. Miller's first name?
- 2 A: No.
- 3 Q: Does Ms. Miller -- never mind. Laura Engleby,
- 4 do you know Ms. Engleby?
- 5 A: There was a Laura Engleberg that worked there,
- 6 okay. And yes, I do know her.
- 7 Q: Does she still work there?
- 8 A: No.
- 9 Q: Do you know where she is now?
- 10 A: No.
- 11 Q: Do you know why she doesn't work there?
- 12 A: No.
- 13 Q: What about B. Hight? It indicates that she's
- 14 a Ms. Do you know Ms. Hight?
- 15 A: No.
- 16 Q: And so you don't know where she is?
- 17 A: No.
- 18 Q: Do you have any independent recollection of Ms.
- 19 Hight?
- 20 A: No.
- 21 Q: Lisa Redder is the next name. Do you know Ms.
- 22 Redder?
- 23 A: Yes. I mean, I recall her, yeah.
- 24 Q: Does she still work there?
- 25 A: No.

1 Q: Do you know where she is now?

2 A: No.

3 Q: Do you know why she doesn't work there?

4 A: No.

5 Q: Do you know Heather -- flipping to the next

6 page. Do you know Heather Hanner?

7 A: Yes.

8 Q: Does Ms. Hanner still work there?

9 A: Yes.

10 Q: Okay. And next one is Robert Jacobs. Do you

11 know a Mr. Jacobs?

12 A: Yes.

13 Q: Does he still work there?

14 A: Yes.

15 Q: What about the next name, Shanique Holmes? I

16 may be mispronouncing that.

17 A: Yeah.

18 Q: I don't think I'm mispronouncing Holmes, but I

19 may be mispronouncing the first name.

20 A: I recall her. I don't believe she works there

21 anymore. But I really don't know.

22 Q: Do you know where she is now?

23 A: No.

24 Q: And do you know why she no longer works there?

25 A: No.

1 Q: And what about the next name, Josephine
2 Patterson? Do you know Ms. Patterson?
3 A: Yes.
4 Q: Does she still work there?
5 A: I don't think so. Some of these people are
6 sort of PRN, come and go. But I don't think
7 she's -- I haven't seen her in a while.
8 Q: And do you know -- you don't know where she is
9 now?
10 A: No.
11 Q: Don't know why she's not there any longer?
12 A: No.
13 Q: Same question for Ms. Brow, C. Brow; do you
14 know Ms. Brow?
15 A: No.
16 Q: Okay.
17 A: No.
18 Q: I'm just asking. If you don't know --
19 A: I mean, I don't remember her, like I don't
20 remember a lot of these people. Obviously I
21 may have had interactions with them back in
22 2005 if they were working there at the time,
23 but I don't remember them.
24 Q: That's fine. I'm not -- it's not a test. I'm
25 not deducting points if you don't know where

1 they are. I'm just trying to find that out,
2 that's why I'm asking. Do you know Shelley
3 Ross?

4 A: No.

5 Q: Okay. And what Vernell F. Sistrunk?

6 A: No.

7 Q: Okay. Doctor, do you know if there has been
8 any investigation into this matter by anyone at
9 the hospital?

10 **MR. DAVIES:** Objection to form.

11 A: No, not to my knowledge. If you define
12 investigation as a formal inquiry, no, that I'm
13 aware of. I was not asked to participate in
14 any kind of formal inquiry. And I was not
15 asked to participate in any informal inquiry,
16 so just to clarify that.

17 Q: Okay.

18 A: And I don't believe we've had any discussions.

19 Q: Okay. Doctor, I'm going to show you something.
20 I'm not going to make it an exhibit right off
21 the bat, but it's a 24, 25 page intake
22 assessment. My question is, and take your
23 time, I don't think you authored any of these
24 pages.

25 A: Typically I would not have.

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1 Q: Okay. And my question is who would have
2 authored these pages?

3 MR. DAVIES: Robert, do you have Bates numbers for
4 those?

5 MR. DODSON: I do. It's our Bates number 53 through
6 77.

7 A: And again, it's done differently now, so I'm
8 doing this to my recollection. This was a form
9 that we used that was a multi-disciplinary form
10 that was often initiated by the what were
11 called response staff. These are people that
12 are taking the calls from the referral sources,
13 so and so wants somebody admitted because of X,
14 Y, and Z, and they will begin that
15 documentation process. The remainder of the
16 form, various different disciplines, including
17 nursing, and the other therapy aspects, like
18 there's a nursing assessment part of it and
19 there's a RT part of it that -- and a social
20 services part of it that are all authored by
21 the different disciplines or filled in by the
22 different disciplines.

23 Q: Okay. Can I have that back. Doctor, I'm going
24 to ask you to look at what we've Bates numbered
25 here as pages Argoe 33 and Argoe 34. Actually,

1 let's just do this, make them an exhibit.
2 Actually, this is going to be 33 through 35.

3 (Plaintiff's Exhibit Numbers Six was marked for
4 identification purposes.)

5 MR. DAVIES: What's the range again, Robert?

6 MR. DODSON: It's Bates numbers Argoe 33 through 35.

7 MR. DAVIES: That's your numbers, right?

8 MR. DODSON: That's our numbers.

9 Q: Are these -- I think you indicated to me
10 earlier these were some of your handwritten
11 notes, or did you?

12 A: There's one specific note, yes.

13 Q: Okay. Can you just point to the specific note
14 that's yours, please.

15 A: It's dated 6/9/05 at 8:35. It says psych under
16 the discipline, and it actually begins on page
17 33 and ends halfway down page 34.

18 Q: Okay. Would you read slowly that note so the
19 court reporter can take that down.

20 A: "Sixty-two," and it says Y slash O, which
21 stands for year old, and WF, which stands for
22 white female, "admitted involuntarily due to
23 alleged danger behaviors for several years.
24 See papers and list of examples on chart
25 provided by family. H&P dictated. MSE," which

1 stands for mental status exam, "alert oriented
2 times three. Memory inattentive. No insight;
3 no A/V," which stands for auditory/visual
4 hallucinations, "mood is 'fine'." So I
5 actually did document mood. "Speech a little
6 pressured. No SI/HI," which is no suicidal or
7 homicidal ideation. And diagnosis, Roman
8 Numeral I, psychosis NOS, rule out mania. Axis
9 II, none. Axis III, denies. Axis IV -- these
10 are all Roman numerals -- severe. Axis V, GAF
11 22. Plan number one, SS, which is Social
12 Services, to talk to son who trusts patient
13 and is POA and try and get information. Two,
14 she is refusing to take meds. Hopefully son
15 can convince her. My signature. And then
16 there's a number below it which references the
17 dictation, the dictated history and physical.

18 **MS. GANES:** Robert, can I just note, I think he
19 misread -- I think he misread number one.

20 A: What did I do? Social Services --

21 **MS. GANES:** Under your plan.

22 A: -- to talk to son who, PT is patient trusts and
23 is POA to try and get -- I guess I didn't
24 finish that sentence.

25 Q: Okay. So her mood, you reported her mood was

1 actually fine?

2 A: What she said, her quote was fine, yes. It
3 didn't get transcribed in the dictation.

4 Q: And you didn't find anything in her affect that
5 was inconsistent with that, did you?

6 A: No.

7 Q: Okay. Let's mark this. This is page 26.

8 **(Plaintiff's Exhibit Number Seven was marked for**
9 **identification purposes.)**

10 Q: I'm going to show you what we've marked as
11 Plaintiff's Exhibit Number Seven. Is that your
12 signature on that document in the middle of the
13 page?

14 A: Yes.

15 **MR. DAVIDSON:** What's that number, Robert?

16 **MR. DODSON:** It's Exhibit Number Seven --

17 **DR. STEINER:** Twenty-six.

18 **MR. DODSON:** -- and it's Bates numbered Argoe 26.
19 It's the Physician Certification and Re-
20 Certification Form.

21 Q: You indicate -- are these checkmarks where it
22 says, "I certify that the inpatient psychiatric
23 hospital admission was medically necessary for
24 either," and then it's checked psychiatric; is
25 that -- would you have put that checkmark in

1 that box?

2 A: Yes.

3 Q: And then it says, "I estimate ten days of
4 hospitalization is necessary for proper
5 treatment of the patient." Would you have
6 written in that ten days?

7 A: Yes.

8 Q: So you recommended on that form that she remain
9 inpatient?

10 A: This form is not a recommendation. This form
11 grew out of Medicare's requirements for a
12 physician to certify the need for inpatient
13 hospitalization. This was simply a form that
14 the hospital developed for us to sign in order
15 to meet that Medicare requirement. The
16 estimated ten days is really an estimate based
17 on the initial evaluation. I believe, and my
18 recollection was that since this was -- wasn't
19 a clear case that, you know, there was
20 conflicting information that it was going to
21 take some time to evaluate her, and that it was
22 also going to probably go to the court, the
23 probate court to determine whether she was safe
24 or not. Typically, that is about a ten to 14
25 day process. So that's why I put ten days.

1 Q: Was this form solely completed for billing
2 purposes?

3 A: It's not for -- my understanding, and I don't
4 do the billing, but my understanding is that
5 Medicare or HMS or whatever they are now was
6 requiring Medicare patients to be certified as
7 to the necessity of heir admission. So this
8 was a form that got put on everybody's chart
9 regardless of what insurance they had, whether
10 it was Medicare, Medicaid, private insurance or
11 they had no insurance. And we were to treat
12 everybody the same, so we had to sign form and
13 determine whether or not, you know, what we
14 estimated their length of stay was going to be.

15 MR. DODSON: Let's take just a short break.

16 (Break from 12:54 p.m. until 1:01 p.m.)

17 BY MR. DODSON:

18 Q: Doctor, have you understood all of my questions
19 today?

20 A: Yes.

21 Q: Have you answered all of my questions
22 truthfully, honestly, and to the best of your
23 ability?

24 A: Yes.

25 Q: Have you given full and complete answers to my

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1 questions?

2 A: To the best of my ability, yes.

3 Q: Have we fully and completely discussed all of
4 your opinions in this case?

5 **MR. DAVIES:** Objection to form.

6 **MS. GANES:** Object to form.

7 A: Ask the question again, please.

8 Q: Have we fully and completely discussed all of
9 your opinions with regard to Martha Argoe?

10 **MR. DAVIES:** Objection to form.

11 **MS. GANES:** Object to form.

12 **MR. DAVIDSON:** Same objection.

13 A: Do I have to answer the question because it's
14 one of those where you answer yes, you're
15 opening yourself up; if you answer no, you're
16 opening yourself up. And I'm not sure -- I
17 don't quite follow the question.

18 Q: Well, we've discussed all of your medical
19 documentation in this --

20 A: Correct.

21 Q: -- case?

22 A: Yes.

23 Q: Do you have any other observations or opinions
24 about Martha Argoe that was not in the medical
25 literature we've looked at today that you plan

1 to testify about at trial?

2 **MS. GANES:** Object to form.

3 **MR. DAVIDSON:** Same objection.

4 **MR. DAVIES:** Same.

5 A: No.

6 Q: Do you want to change any of your sworn
7 testimony other than the point that we talked
8 about a few minutes ago about the mood?

9 A: No.

10 Q: Okay. I don't have any further questions at
11 this time subject to redirect.

12 **MS. GANES:** And he'll read and sign the transcript.
13 You can send it to his address, which is on the
14 CV.

15 **MR. DAVIDSON:** On behalf of Dr. Mobley, I don't have
16 a thing.

17 **MS. DUBEY:** On behalf of Dr. Dodds, we don't have a
18 thing.

19 **MR. DAVIES:** Sterling Davies, no questions.

20 **MR. BEIGHLEY:** Nothing by the Hospital.

21 **DR. STEINER - EXAMINATION BY MR. HICKS:**

22 Q: Dr. Steiner, I'm Chip Hicks. I represent
23 Carolina Care Plan. I just have maybe two
24 questions. Do you know who Carolina Care Plan
25 is?

1 A: Yes.

2 Q: What are they?

3 A: They're an insurance entity, from my
4 understanding.

5 Q: And do you treat patients that have insurance?

6 A: Yes.

7 Q: Do you base any of your decisions about how to
8 treat a patient based on whether they have
9 insurance or not?

10 A: No.

11 Q: Okay. Thank you. No more questions.

12 **DR. STEINER - EXAMINATION BY MR. COLE:**

13 Q: Doctor, I've got a quick question that -- I
14 don't have the documents that have the same
15 Bates numbers the last attorney was referring
16 to before. What I have is a document with
17 Bates number 7456-H-001 through 89. Could you
18 just flip through that and tell me if that
19 appears to be the Aiken Regional Medical Center
20 file as far as you know if that's the file.

21 A: (Witness does as instructed.) It appears to be
22 the Aiken Regional Medical Centers' file. I
23 can't attest to whether it's complete or not
24 because I don't know what's not there. But
25 what is there appears to be from Aiken

1 Regional.

2 Q: And the documents that you were asked about
3 earlier today appear to be in this stack?

4 A: Yes.

5 Q: All right. Thank you.

6 MS. GANES: I have no questions.

7 (There being no further questions, the deposition was
8 concluded at 1:08 p.m.)

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SIGNATURE

I have read the foregoing deposition and confirm that it is a true and accurate transcript of my testimony. Any errors I may have noticed have been listed below and returned to the court reporter for checking against the tapes.

DAVID A. STEINER, M.D.

Date: _____

<u>Page</u>	<u>Line</u>	<u>Correction</u>	<u>Reason for Change</u>

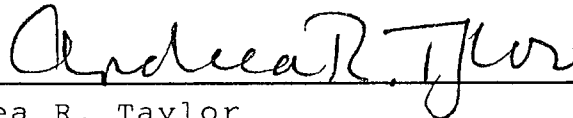
Re: Argoe vs. Three Rivers Behavioral Health, et
al. 5-11-12
at

CERTIFICATE

This is to certify that the deposition of **DAVID A. STEINER, M.D.**, consisting of One Hundred Two (102) pages, is a true and correct transcript of the testimony given by said deponent after being duly sworn; said deposition was reported by the method of Stenomask with Backup.

I further certify that I am neither employed by nor related to any of the parties in this matter or their counsel; nor do I have any interest, financial or otherwise, in the outcome of same.

IN WITNESS WHEREOF I have hereunto set my hand and seal on May 14, 2012.



Andrea R. Taylor
Court Reporter

Notary Public for South Carolina
My Commission Expires: April 27, 2014

CURRICULUM VITAE

STEINER, DAVID ANDREW
SOCIAL SECURITY NUMBER:
DATE OF BIRTH:

Spouse: Steiner, Vanessa Johnson

Children: Chad Alan-
Jeremy Aaron-
Rachel Elyse-
Alex Matthew-

Home Address and Telephone:

803-643-0388

Work Address and Telephone:

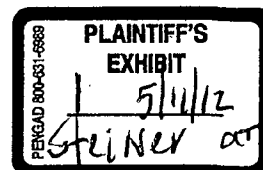
803-642-3801
Fax 803 642-5538

EDUCATION:

1. Cornell University, College of Arts and Sciences
Ithaca, New York
Biology, B.A., 1976-1980
2. University of Louisville, School of Medicine
Louisville, Kentucky
M.D., 1980-1984

TRAINING:

1. Internship and Residency
General Psychiatry, University of Virginia, Department of Behavioral Medicine
and Psychiatry
Charlottesville, Virginia
1984-1988
2. Fellowship, Geriatric Neuropsychiatry
University of Virginia Department of Behavioral Medicine and Psychiatry and
Western State Hospital
Charlottesville and Staunton, Virginia
10-87 to 9-88



3. Mini-fellowship in Electroconvulsive Therapy
Duke University
Durham, North Carolina
10-94

LICENSURE:

Virginia, 1985 - 1993
Virginia Forensic Evaluation, 1987
South Carolina, 9/30/1992 – ongoing license # 96256
Georgia, 2/28/1996 – ongoing license # 04188

CERTIFICATION:

American Board of Psychiatry and Neurology, 1992

EMPLOYMENT AND APPOINTMENTS:

1. Western State Hospital, Staunton, Virginia: Attending Physician, Western State Hospital Dementia Unit, 10-88 to 5-15-92
2. University of Virginia Department of Behavioral Medicine and Psychiatry, Assistant Professor, 10-88 to 5-15-92
3. University of Virginia Department of Behavioral Medicine and Psychiatry, Outpatient Geriatric Neuropsychiatry Clinic, attending Physician, 7-90 to 5-15-92
4. Private Practice in Psychiatry with Carolina Psychiatric Associates, Aiken, South Carolina, 5-22-92 to 12-31-93
5. Medical Staff Aiken Regional Medical Center, 5-92 to present
6. Private Practice in Psychiatry with Aiken Psychiatric and Psychotherapy Associates, Aiken, South Carolina 1-3-94 to present
7. Medical Director, Aurora Pavilion, Aiken Regional Medical Center 5/98 to 10/01
8. Medical Director, Aurora Pavilion, Geriatric Services, Aiken Regional Medical Center 10/2001 to 6/2005
9. Charlie Norwood VAMC, Augusta, GA – Contract physician 10/09 – ongoing. Provide weekend and night coverage to the Uptown Division of the Charlie Norwood VAMC.

PROFESSIONAL SOCIETIES:

American Psychiatric Association, 1984 to present
American Medical Association 2005 to 2011
Medical Society of Virginia, 1984
Blue Ridge Psychiatric Society, 1986 to 1992
South Carolina Psychiatric Association, current

PROFESSIONAL ACTIVITIES:

1. Member of the Impaired Residents Committee, University of Virginia Medical Center, 1985
2. Virginia Forensic Training, University of Virginia Institute of Law and Psychiatry, May 1987, certified to do forensic evaluations in the State of Virginia, August 1987
3. Western State Hospital Human Investigation Committee, 1988 to 5-92
4. Western State Hospital Pharmacy and Therapeutics Committee, 1989 to 5-92
5. Western State Hospital Medical Staff Secretary/Treasurer, 7-90 to 5-92
6. Virginia Department of Mental Health, Mental Retardation and Substance Abuse services Peer Review Surveyor for Intermediate Care Facility, Eastern State Hospital, 6-11-91 to 6-13-92
7. Western State Hospital Continuing Medical Education Committee, Treasurer, 7-91 to 5-92
8. Aiken Regional Medical Center Medical Executive Committee, 1993 to 1994
9. Aiken Regional Medical Center Chairman Department of Psychiatry, 6-93 to 10-93
10. President, Aiken Psychiatric and Psychotherapy Associates, 1-94 to present

GRANTS:

1. University of Louisville Summer Scholar NIMH Grant, 1979 to 1982 with Robert Levy, Ph.D., Department of Biochemistry, University of Louisville, Louisville, Kentucky.
2. Clinical Faculty of NIMH Grant MH 89-04 Institutional Clinical Training-General Professional Training #154001796A1: Multidisciplinary Education in Schizophrenia and Psychogeriatrics.

3. Marcopulos, B.A. and Steiner, D.A.: Co-Principal Investigators: Virginia Center on Aging, Alzheimer's Disease Research Award Fund, 7-91 to 6-92; Periodicity of Agitated Behaviors in Patients with Alzheimer's Disease and Related Dementias: Relationship to Circadian Changes in Cognition, Physiologic Variables and Environmental Milieu.

PRESENTATIONS:

1. Steiner, D.: Poster Presentation, University of Louisville Health Sciences Center, Student Research Day, 1982: An Investigation Into the Possible Causes of Monoamine Oxidase Inhibition in Chronic Schizophrenia.
2. P. Lichtenberg, B. Marcopulos, D. Steiner, J. Tabscott: Comparison of Ham D and GDS Ability to Detect Depression in Dementia Patients. Poster Presentation, Gerontological Society of America, 11-18-90.
3. D. Steiner, B. Marcopulos, I. Abraham: Correlation of the Hamilton Depression Rating Scale and the Dementia Mood Assessment Scale. University of Virginia School of Nursing Verhonick Research Conference, 4-4-91.
4. Moderator for Paper Presentation on Nursing Homes for the University of Virginia School of Nursing Verhonick Research Conference, 4-5-91.

LECTURES:

1. University of Virginia Department of Behavioral Medicine and Psychiatry Grand Rounds: Dementia, Depression, and Pseudopseudodepression, April 19, 1988.
2. Western State Hospital Continuing Medical Education Seminars: Pharmacologic Treatment of the Complications of Dementia, August 31, 1988.
3. Guest Lecturer: University of Virginia School of Nursing GNUR 770, The Biological Basis of Mental Health and Mental Illness; Mood Disorders, 1989, 1990, 1991.
4. Western State Hospital Symposium Advances in the Care of Patients with Alzheimer's Disease and Related Dementias, November 15, 1989: The Evaluation of Dementia.
5. Western State Hospital Symposium Advances in the Care of Patients with Alzheimer's Disease and Related Dementia, November 15, 1989: Pharmacologic Treatment of the Complications of Dementia.

6. Community Forum in Staunton, Virginia on Alzheimer's Disease, November 6, 1989.
7. Guest Lecturer: University of Virginia School of Nursing NUFW 444: Advanced Nursing Strategies for the Chronically Ill; Alzheimer's Disease, 1990, 1991, 1992.
8. Western State Hospital Alzheimer's Disease and Related Disorders Symposium: Diagnosis and Treatment of Depression in Dementia Patients, 11-9-90.
9. Guest Lecturer: University of Virginia, Continuing Education Program on Health and Aging: Alzheimer's Disease and Related Dementias: What to Expect, 4-6-91.
10. Northern Virginia Mental Health Institute: Continuing Medical Education Seminar: Treatment of the Psychiatric and Behavioral Complications of Dementia, 4-18-91.
11. Charlottesville, Virginia Community Forum on Depression: Aging and Depression, 5-2-91.
12. University of Virginia School of Nursing Continuing Education Seminar: Depression in the Elderly. Manassas, Virginia, 10-13-91.
13. Aiken Regional Medical Center Medical Seminars: Complications of Dementia: Evaluation and Treatment, 10-9-92.
14. Aiken, South Carolina Council on Aging. Update on Alzheimer's Disease.
15. Community Forum: Holiday Depression: Fact or Fiction. Aurora Pavilion, Aiken, South Carolina, 12-15-92.
16. Multiple lectures since 1992- to the community and physician groups.

ACADAMIC RESPONSIBILITIES:

1. Supervision of and lectures to University of Virginia Resident Physicians in the Department of Behavioral Medicine and Psychiatry.
2. Supervision of University of Virginia Medical Students on clinical psychiatry rotations at Western State University.

Curriculum Vitae

Steiner, David A.

Page 6

3. Supervision of University of Virginia and Western State Hospital Fellows in Geriatric Neuropsychiatry.
4. Supervision of University of Virginia School of Nursing Master Degree candidates on clinical rotation in the Shenandoah Geriatric Treatment Center at Western State Hospital.
5. Clinical training site for USC Aiken Department of Psychology Masters students – 2007 to present

PUBLICATIONS:

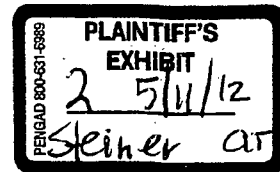
1. Abraham I., Fox J., Harrington D., Snusted D., Steiner D., Abraham L., Brashear H.R.: A Psychogeriatric Nursing Assessment Protocol for Multidisciplinary Practice. Archives of Psychiatric Nursing. 4:242-259, 1990
2. Steiner D. and Marcopulos B.: Depression in the Elderly: Characteristics and Clinical Management. Nursing Clinics of North America, Vol. 26, No. 3:85-600, September 1991

Updated: May 7, 2012,

AIKEN REGIONAL MEDICAL CENTER
302 UNIVERSITY PARKWAY
AIKEN, SOUTH CAROLINA 29802

PATIENT: ARGOE, MARTHA L
ATTENDING: David A. Steiner, M.D.
ADMISSION DATE: 06/08/2005
CC:

MR#: 228094
ACCT#: 101484616



CHIEF COMPLAINT: None voiced.

HISTORY OF PRESENT ILLNESS: This is a 62-year-old, married, Caucasian woman admitted involuntarily from Orangeburg Mental Health. She denies any problems. She states that her husband is being vengeful because she has moved out of the bedroom and will not have sex with him. She states that he drinks excessively and has hit her and that when she is driving he grabs the wheel from her and that this is why he has tried to commit her. The involuntary papers state "Martha carries a handgun on her left hip all the time. Martha is a danger to herself and others. She is suspicious of others and as a result has moved silverware and other items out of the house. She refuses to touch or clean anything in the house. She locks herself in the room at night. She is fidgety and drives late at night. Martha is fearful of people. She is paranoid. She states that her house is bugged. She has hallucinations of seeing witches and warlocks. She spends money excessively. She accuses her husband of having an affair and having another family. Clothes are stacked everywhere. Martha refuses treatment." The patient denies any of these problems. She says she has a license to carry the gun and she has it in the car. She states that she took a course and that is why she carries the gun. She states that her husband told her the house was bugged and then he later denied it. She states that things have been removed from the house and that is why she took things out, to protect herself. She denies hallucinations. She denies spending money excessively. She is in denial of any problems. In addition, the family, I presume it is the family, but a list was sent in of her daily behavior. This was dated 08/27/05. It is on the chart. There are about 20 different items listed. I am not going to read them all. Some similar things were mentioned in the commitment papers but also things like watches TV news if Louis is present but switches to religion TV if Louis leaves. Louis is her husband. She is apparently gone much of the day, comes home at 6:00 p.m. They do not know where she has been. She will not eat from the refrigerator and brings no food in the house that requires any preparation. She always insists on playing gospel tapes and CDs in the car. Apparently, this is different from what she was like several years ago. Another separate sheet listing 22 different items talks about a lot of excessive spending, wanted a \$19,000 watch which is identical to the one that she has. She apparently had \$60,000 worth of jewelry on her when she came to the hospital. She reportedly has hidden an antique Corvette from her husband. That is his car. She called a sister to come and get a chest that is a family heirloom. She has removed the curtains from certain parts of the house. She refused to let anyone in the house to clean and apparently the house is dirty. She denies any problems with sleep, appetite, and energy. She denies any hallucinations.

PAST PSYCHIATRIC HISTORY: None reported.

SUBSTANCE ABUSE: She denies any drug or alcohol use.

FAMILY HISTORY: She denies any family psychiatric history.

PAST MEDICAL HISTORY: History of appendectomy, cholecystectomy, hysterectomy, and tonsillectomy. The hysterectomy was about 15 years ago.

HISTORY AND PHYSICAL

Page 1 of 3

Argoe-00022

AIKEN REGIONAL MEDICAL CENTER
302 UNIVERSITY PARKWAY
AIKEN, SOUTH CAROLINA 29802

PATIENT: ARGOE, MARTHA L
ATTENDING: David A. Steiner, M.D.
ADMISSION DATE: 06/08/2005
CC:

MR#: 228094
ACCT#: 101484616

She is on progesterone and estrogen replacement. She does not know the specific doses or what medicine. She denies any allergies. She has no complaints on review of systems.

SOCIAL HISTORY: She has been married for 40 years. She has a son who, I think, she said was 37 and he has power of attorney. She has been a housewife and has not worked. Apparently, her husband owns a business and somebody mentioned he was a lawyer. I did not ask her.

MENTAL STATUS EXAM: She is alert and well groomed, looking younger than her stated age. She is oriented to person, place and time. She has no insight as to why she is here. Memory does appear intact although she is inattentive. She denies any auditory, visual, olfactory, or tactile hallucinations. There are no delusions, no paranoia, no grandiosity. Insight is absent. Judgment is impaired. Speech is a little bit pressured. She laughs and seems a little bit anxious. She is rather guarded and will not talk much about some of these allegations. She laughs off others and denies any problems. There is no loosening of associations or flight of ideas. Of note, is that she requested that her shower be cleaned before she utilizes it and during her physical assessment she would not put her bare feet on the floor.

PHYSICAL EXAMINATION: GENERAL: Well-developed, well-nourished woman looking younger than her stated age.

VITAL SIGNS: Blood pressure 117/77; pulse 80 and regular; respirations 16.

HEENT: Head is normocephalic and atraumatic. Eyes, PERLLA. EOMs intact. Sclerae anicteric. Oral cavity is free of erythema or lesions.

NECK: Supple without JVD, thyromegaly, or lymphadenopathy.

LUNGS: Clear to auscultation.

CARDIOVASCULAR: Regularly regular rhythm without murmurs or gallops.

ABDOMEN: Soft and nontender. Bowel sounds positive. No palpable organomegaly or masses.

EXTREMITIES: Free of cyanosis, clubbing, or edema.

NEUROLOGIC: Normal extraocular movements. Normal pupillary reflexes. Normal facial sensation and motor strength. Normal tongue protrusion and swallow reflex. Bilaterally symmetrical shoulder shrug. Bilaterally symmetric hearing. Motor strength 5/5 and symmetric in upper extremities. Deep tendon reflexes 2+ and symmetric. Babinski's are bilaterally plantar flexor. Station is steady. Gait is steady.

LABORATORY DATA: Pending.

DIAGNOSES:

AXIS I:

1. Based on the information given by family, she is diagnosed with a psychosis, not otherwise specified (NOS).
2. Rule out bipolar mania with psychotic features.
3. Rule out delusional disorder.

AXIS II: Deferred.

HISTORY AND PHYSICAL
Page 2 of 3

Argoe-00023

AIKEN REGIONAL MEDICAL CENTER
302 UNIVERSITY PARKWAY
AIKEN, SOUTH CAROLINA 29802

PATIENT: ARGOE, MARTHA L
ATTENDING: David A. Steiner, M.D.
ADMISSION DATE: 06/08/2005
CC:

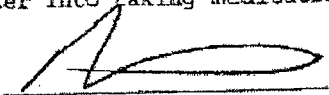
MR#: 228094
ACCT#: 101484616

AXIS III: Hysterectomy with hormone replacement.

AXIS IV: Stressors severe.

AXIS V: Current global assessment of functioning (GAF) 22.

PLAN: The patient was admitted to the Aurora Pavilion Adult Treatment Program. She is involuntary. Right now she is refusing any medicines. I explained to her why she was here and what the medicines might do but she is in complete denial. Her son is power of attorney and she says that she trusts her son. He is apparently coming today. We will see if he can talk her into taking medications. Screening laboratory studies have been ordered.


David A. Steiner, M.D.

686720/MedQ
DD: 06/09/2005 08:55:48
DT: 06/09/2005 10:27:34

00000000

~~☐~~ FULL ADMISSION

PLAINTIFF'S
EXHIBIT
3 5/11/12
Steiner at

NKA

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

101484616

ARGOP -- MARTHA L

DOB: 62 6X: F PSX

MRN: 32-_____ ADM/RBO DT: 06/08/05

AIKEN REGIONAL MEDICAL CENTER

PHYSICIAN'S ORDER FORM

50:40

10.2053

ACEI

White: CHART COPY - Yellow: NURSING

Argoe-00028

01684

GENERAL ADULT PSYCH ADMISSION ORDERS (Page 2 of 2)
(Circle orders desired)

☒	09. CXR/Reason _____
☒	10. EKG/Reason _____
	Other: _____
☒	11. Consult _____ for medical evaluation.
	Other: _____
☒	12. MEDICATIONS:
	-Tylenol 650mg. po Q 4 hrs. prn pain.
	-MOM 30ml. Po prn constipation
	-Mylanta 30 ml. (or pharmacy's equivalent to) po Q 3 hrs. prn GI distress
	-Hydroxyzine (Vistaril) 50 mg. PO or 25 mg. IM Q 4 hrs. Prn mild/moderate agitation
	Home/Additional Medications:
	<i>Left Abilify on list of current meds</i>
	<i>* PC on no med at home</i>
☒	13. Contraband Search
	14. Obtain all POA, guardianship and legal custody papers if applicable.
	☐ not applicable.
	15. Obtain release of information for referral source, employer, family.
	other (specify) _____
	16. Obtain records form. ☐ not applicable.
	17. If applicable, copies of following from inpatient records: Multidisciplinary
	treatment, assessments, consults, H & P's, recent lab and x-ray results, signed
	ROI forms and discharge orders. ☐ not applicable
	Physician Signature _____
	Date _____ Time _____

Noted
A. J. [Signature]
6/9/05
0200

ALLERGIES:

NKA

6/9/05
2430



ARGOE 101484616
DOB: 62 SEX: F PSY
MRN: 225094 ADM/REG DT: 06/08/05
AIKEN REGIONAL MEDICAL CENTER

PHYSICIAN'S ORDER FORM

Argoe-00029

GENERAL ADULT PSYCH ADMISSION ORDERS (Page 1 of 2)
(Circle orders desired)

1. Admit to Adult Unit (circle program)			
☒ Inpatient	☐ Inpatient Dual Track (ADU ED/ PSYCH)		
☐ Partial Hospital	☐ Partial Hospital Dual Track (ADU ED / PSYCH)		
2. Service: Dr. <u>Stegener</u>			
3. Diagnosis: Axis I: <u>Depressive Major</u>			
Axis II: _____			
Axis III: _____			
Axis IV: _____ Axis V: _____			
4. Diet: <u>ASA</u>			
5. VS Q Shift Other: <u>ASA</u>			
6. Activity Level <u>RTA</u>			
7. Weight on admission _____ Other _____			
8. LABS: <u>#1</u> <u>#3</u>			
☒ Comprehensive metabolic panel - CBC - SBC - Diff - BPR			
☒ GGT - T3uptake - T4 - TSH - Urine Preg.			
☒ Clean catch U/A - UDS - HIV (obtain consent)			
☐ Call MD for confirmation on + UDS			
☐ Other: _____			
Weight on admission <u>102 lbs</u>			

ALLERGIES:

NKA

PHYSICIAN'S ORDER FORM

B17.12 (Rev 12/00)

10-16361

101484616

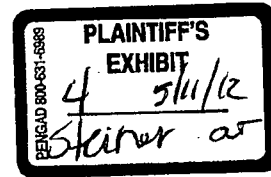
ARGOE MARSHA L. SX: F PSY
DOB: [redacted] ADM/REG DT: 06/08/05
ALLEN REGIONAL MEDICAL CENTER

Argoe-00030

01686

12312

STATE OF SOUTH CAROLINA) IN THE COURT OF COMMON PLEAS
COUNTY OF LEXINGTON) ELEVENTH JUDICIAL CIRCUIT
Martha Lewin Argoe,) C/A No. 07-CP-32-1981
Plaintiff,)
Versus) **DEFENDANT DAVID A. STEINER,**
) **M.D.'S ANSWER TO PLAINTIFF'S**
) **SECOND AMENDED COMPLAINT**
) **(Jury Trial Requested)**
Three Rivers Behavioral Health, LLC)
and Psychiatric Solutions, its successor,)
Phyllis Bryant-Mobley, MD; Aiken)
Regional Medical Center-Aurora)
Pavilion, David A. Steiner, MD, Cheryl)
C. Dodds, MD, Doris Ann Burrell, RN)
and Carolina Care Plan,)
Defendants.)



The Defendant, David A. Steiner, M.D. (hereafter "this Defendant"), hereby answers the Plaintiff's Second Amended Complaint, subject to any and all affirmative defenses, qualifications, motions and any other pleadings, as follows:

1. This Defendant denies each and every allegation in the Plaintiff's Second Amended Complaint which is not hereinafter specifically admitted.

AS TO NATURE OF CASE

2. In response to the allegations contained in Paragraph 1 of the Plaintiff's Second Amended Complaint, this Defendant admits only so much as alleges that this is a medical negligence case. Further responding, the allegations contained in Paragraph 1 of the Plaintiff's Second Amended Complaint state conclusions of law to which no response is required. To the extent that a response is required, those allegations are denied as written.

AS TO PARTIES, JURISDICTION, AND VENUE

3. This Defendant lacks sufficient knowledge or information at this time to form a belief as to the truth of the allegations contained in Paragraphs 2, 3, 4, 5,

and 6 of the Plaintiff's Second Amended Complaint and therefore, those allegations are denied.

4. This Defendant admits the allegations contained in Paragraph 7 of the Plaintiff's Second Amended Complaint.

5. This Defendant lacks sufficient knowledge or information at this time to form a belief as to the truth of the allegations contained in Paragraphs 8, 9 and 10 of the Plaintiff's Second Amended Complaint and therefore, those allegations are denied.

6. The allegations contained in Paragraphs 11 and 12 of the Plaintiff's Second Amended Complaint state conclusions of law to which no response is required. To the extent that a response is required, those allegations are denied.

AS TO FACTUAL ALLEGATIONS

7. This Defendant lacks sufficient knowledge or information at this time to form a belief as to the truth of the allegations contained in Paragraphs 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25 and 26 of the Plaintiff's Second Amended Complaint and therefore, those allegations are denied.

8. In response to the allegations contained in Paragraphs 27, 28, 29, 30, 31, 32 and 33 of the Plaintiff's Second Amended Complaint, this Defendant admits only so much as alleges that he saw Plaintiff on or about June 8, 2005. Further responding, this Defendant refers to the medical records of Plaintiff for a description of all complaints, diagnosis and treatment. All remaining and inconsistent allegations contained in Paragraphs 27, 28, 29, 30, 31, 32 and 33 of the Plaintiff's Second Amended Complaint are denied.

9. This Defendant lacks sufficient knowledge or information at this time to form a belief as to the truth of the allegations contained in Paragraphs 34, 35, 36,

37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55 and 56 of the Plaintiff's Second Amended Complaint and therefore, those allegations are denied.

ANSWERING THE FIRST CAUSE OF ACTION
(Medical Negligence)

10. In response to the allegations contained in Paragraph 57 of the Plaintiff's Second Amended Complaint, this Defendant reiterates and realleges each of the above paragraphs as if fully set forth herein verbatim.

11. The allegations contained in Paragraphs 58 and 59 of the Plaintiff's Second Amended Complaint state conclusions of law to which no response is required. To the extent that a response is required, those allegations are denied as written.

12. This Defendant denies the allegations contained in Paragraphs 60 (including subparts a, b, c, d, e, f, g, h, i, j and k), 61, 62 and the WHEREFORE paragraph, being the remaining allegations of the Plaintiff's Second Amended Complaint.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE,
THIS DEFENDANT ALLEGES:
(No Deviation from the Standard of Care)

13. The care and treatment administered by this Defendant conformed to and was in full compliance with the standard of care. All care and treatment administered by this Defendant was within acceptable medical standards and methods, and, at no time pertinent hereto, did this Defendant deviate from any medical standard while caring for or tending to the Plaintiff. Consequently, the Plaintiff is barred from recovery against this Defendant.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE,
THIS DEFENDANT ALLEGES:
(No Proximate Cause)

14. Even if this Defendant was negligent, as alleged in the Plaintiff's Second Amended Complaint, which is specifically denied, the negligence of this Defendant is not the direct or proximate cause of any injury alleged of the Plaintiff and therefore this Defendant is not liable for any damages allegedly sustained by the Plaintiff.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE,
THIS DEFENDANT ALLEGES:
(Punitive Damages Unconstitutional)

15. Any award or assessment of punitive damages as prayed for by the Plaintiff would violate this Defendant's constitutional rights under the Fifth, Sixth and Fourteenth Amendments of the United States Constitution and comparable provisions of the Constitution of the State of South Carolina.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE,
THIS DEFENDANT ALLEGES:
(Comparative Negligence)

16. That, upon information and belief, even if this Defendant was negligent as described in the Complaint, which is specifically denied, the Plaintiff's alleged injuries and damages, if any, resulted from, or were due to the negligence of the Plaintiff and/or third parties, which combined and concurred with any negligence on the part of this Defendant, which is specifically denied, to bring about the claimed damages, if any, as a proximate cause thereof and without which the same would not have occurred.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE,
THIS DEFENDANT ALLEGES:
(Noneconomic Damage Awards)

17. No award for noneconomic damages shall exceed the statutory limits contained in the Noneconomic Damages Awards Act of 2005, South Carolina Code Ann. §15-32-200, et. seq. This Defendants is a health care providers or health care institutions as defined by S.C. Code Ann. § 15-32-210 and pursuant to §15-32-220 of the Noneconomic Damage Awards Act of 2005, any potential recovery of noneconomic damages is limited to the amounts stated therein.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE,
THIS DEFENDANT ALLEGES:
(Collateral Estoppel)

18. That the issue of the legality of the Plaintiff's involuntary commitment, which is the subject of this suit has been finally determined against the Plaintiff in another court and therefore, the Plaintiff is precluded from re-litigating that issue in this case.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE,
THIS DEFENDANT ALLEGES:
(Intervening Negligence/Negligence of a Third Party)

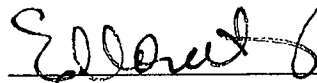
19. That, upon information and belief, even if this Defendant was negligent in the manner described in the Second Amended Complaint, which is specifically denied, whatever injuries and damages, if any, which may have been sustained by the Plaintiff as a result of the accident were the direct and proximate result of the intervening and superseding negligence of third parties, for whose conduct this Defendant bears no responsibility. Therefore, the Plaintiff is barred from recovery against this Defendant.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE.
THIS DEFENDANT ALLEGES:
(Reservation and Non-Waiver)

20. This Defendant reserves any additional and further defenses as may be revealed by additional information during the course of discovery and investigation, and as is consistent with the applicable Rules of Civil Procedure.

WHEREFORE, having answered the Plaintiff's Second Amended Complaint, subject to any motions and having asserted his affirmative defenses, this Defendant, David A. Steiner, M.D. prays that he be dismissed from this action and be awarded costs, fees and other relief that this Court deems just and proper.

HOOD LAW FIRM, LLC
172 Meeting Street
Post Office Box 1508
Charleston, SC 29402
Phone: (843) 577-4435
Facsimile: (843) 722-1630
Email: Info@hoodlaw.com



Robert H. Hood (SC #2599)
Molly H. Craig (SC #6960)
Elloree A. Ganes (SC #70509)

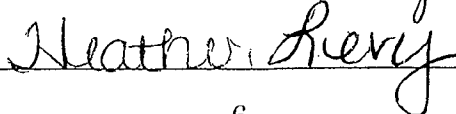
Attorneys for the Defendant
David A. Steiner, MD

1/23, 2012
Charleston, South Carolina
J:\docs\242.044\Answer (2nd Amd Complaint).doc

CERTIFICATE OF SERVICE

I certify that on this date a copy of the foregoing was served on each party or counsel of record by ☒ mailing, ☐ e-mailing, ☐ facsimile, or ☐ hand delivery in the manner prescribed by the applicable Rule of Civil Procedure.

This 23 day of January, 2012.



42

STATE OF SOUTH CAROLINA) IN THE COURT OF COMMON PLEAS
COUNTY OF LEXINGTON) ELEVENTH JUDICIAL CIRCUIT
Martha Lewin Argoe,) C/A No. 07-CP-32-1981
Plaintiff,)
Versus) ANSWERS TO PLAINTIFF'S FIRST
SET OF INTERROGATORIES TO
DEFENDANT DAVID A. STEINER,
MD
Three Rivers Behavioral Health, LLC)
and Psychiatric Solutions, its successor,)
Phyllis Bryant-Mobley, MD; Aiken)
Regional Medical Center-Aurora)
Pavilion, David A. Steiner, MD, Cheryl)
C. Dodds, MD, Doris Ann Burrell, RN)
and Carolina Care Plan,)
Defendants.)



TO: ROBERT D. DODSON, ATTORNEY FOR THE PLAINTIFF:

Pursuant to Rule 33 of the South Carolina Rules of Civil Procedure, the Defendant, David A. Steiner, MD (hereinafter "this Defendant"), answers Plaintiff's First Set of Interrogatories to Defendant David A. Steiner, MD as follows:

1. Give the names and addresses of persons known to the parties or counsel to be witnesses concerning the facts of the case and indicate whether or not written or recorded statements have been taken from the witnesses and indicate who has possession of such statements.

ANSWER:

a) Martha Lewin Argoe

Ms. Argoe is the Plaintiff in this action and is expected to testify regarding her knowledge of the facts of the case. Upon information and belief no written or recorded statements have been taken from this witness other than those found in the medical records.

- b) Phyllis Bryant-Mobley, M.D.

Dr. Bryant-Mobley is a Defendant in this action and is expected to testify regarding her knowledge of the facts of the case and her care and treatment of the Plaintiff. Upon information and belief no written or recorded statements have been taken from this witness other than those found in the medical records.

- c) Glenn Hooker, M.D.

Dr. Hooker is a Defendant in this action and is expected to testify regarding his knowledge of the facts of the case and his care and treatment of the Plaintiff. Upon information and belief no written or recorded statements have been taken from this witness other than those found in the medical records.

- d) David A. Steiner, M.D.
Aiken Psychiatric and Psychotherapy Associates, P.A.
33 Varden Drive
P.O. Box 7337 (29804)
Aiken, SC 29803

- e) Cheryl C. Dodds, M.D.

Dr. Dodds is a Defendant in this action and is expected to testify regarding her knowledge of the facts of the case and her care and treatment of the Plaintiff. Upon information and belief no written or recorded statements have been taken from this witness other than those found in the medical records.

- f) Doris Ann Burrell, RN

Ms. Burrell is a Defendant in this action and is expected to testify regarding her knowledge of the facts of the case and her care and treatment of the Plaintiff. Upon information and belief no written or recorded statements have been taken from this witness other than those found in the medical records.

- g) James F. Walsh, Jr.

Mr. Walsh is a former Defendant in this action and is expected to testify regarding his knowledge of the facts of the case. Upon information and belief no written or recorded statements have been taken from this witness.

- h) G. Lewis Argoe, Jr.

Mr. Argoe was a former Defendant in this action and offered deposition testimony in the related case, Argoe v. Argoe in Beaufort County, South Carolina, C/A # 06-CP-07-2013. Mr. Argoe subsequently passed away on February 13, 2010. Upon information and belief no written or recorded statements have been taken from this witness aside from the aforementioned deposition testimony.

- i) George L. Argoe, III

Mr. Argoe is a former Defendant in this action and is expected to testify regarding his knowledge of the facts of the case. Upon information and belief no written or recorded statements have been taken from this witness.

- j) J. Miller, RN
Aurora Pavilion

Ms. Miller is expected to testify regarding her care and treatment of the Plaintiff. Upon information and belief no written or recorded statements have been taken from this witness other than those found in the medical records.

- k) Laura Engleby
Aurora Pavilion

Ms. Engleby is expected to testify regarding her care and treatment of the Plaintiff. Upon information and belief no written or recorded statements have been taken from this witness other than those found in the medical records.

- l) B. Hight
Aurora Pavilion

Ms. Hight is expected to testify regarding her care and treatment of the Plaintiff. Upon information and belief no written or recorded statements have been taken from this witness other than those found in the medical records.

- m) Lisa Redder, RN
Aurora Pavilion

Ms. Redder is expected to testify regarding her care and treatment of the Plaintiff. Upon information and belief no written or recorded statements have been taken from this witness other than those found in the medical records.

- n) Heather Hanner, RT
Aurora Pavilion

Ms. Hanner is expected to testify regarding her care and treatment of the Plaintiff. Upon information and belief no written or recorded statements have been taken from this witness other than those found in the medical records.

- o) Robert Schwaitz-Jacobs, SS
Aurora Pavilion

Mr. Scwaitz-Jacobs is expected to testify regarding his care and treatment of the Plaintiff. Upon information and belief no written or recorded statements have been taken from this witness other than those found in the medical records.

- p) Shanique Holmes, LPN
Aurora Pavilion

Ms. Holmes is expected to testify regarding her care and treatment of the Plaintiff. Upon information and belief no written or recorded statements have been taken from this witness other than those found in the medical records.

- q) Josephine W. Patterson, MHT
Aurora Pavilion

Ms. Patterson is expected to testify regarding her care and treatment of the Plaintiff. Upon information and belief no written or recorded statements have been taken from this witness other than those found in the medical records.

- r) C. Brow, MHT
Aurora Pavilion

Ms. Brow is expected to testify regarding her care and treatment of the Plaintiff. Upon information and belief no written or recorded statements have been taken from this witness other than those found in the medical records.

- s) Shelly H. Ross
Aurora Pavilion

Ms. Ross is expected to testify regarding her care and treatment of the Plaintiff. Upon information and belief no written or recorded statements have been taken from this witness other than those found in the medical records.

- t) Vernell F. Sistrunk, MHC
Orangeburg Area Mental Health Center

Mr. Sistrunk is expected to testify regarding his care and treatment of the Plaintiff. Upon information and belief no written or recorded statements have been taken from this witness other than those found in the medical records.

- u) Dr. Gonzales
Orangeburg Area Mental Health Center

Dr. Gonzales is expected to testify regarding his care and treatment of the Plaintiff. Upon information and belief no written or recorded statements have been taken from this witness other than those found in the medical records.

- v) Frank L. Quinn, Ph.D.
Carolina Psychiatric Services

Dr. Quinn is expected to testify regarding his care and treatment of the Plaintiff. Upon information and belief no written or recorded statements have been taken from this witness other than those found in the medical records.

- w) Julius W. Babb, III, M.D.
Regional Medical Center of Orangeburg

Dr. Babb is expected to testify regarding his care and treatment of the Plaintiff. Upon information and belief no written or recorded statements have been taken from this witness other than those found in the medical records.

- x) Kinney Gause
Coastal Empire Community Mental Health Center

Ms./Mr. Gause is expected to testify regarding his/her knowledge of the facts of the case. Upon information and belief no written or recorded statements have been taken from this witness other than those found in the medical records.

- y) Shirley Talbert
Coastal Empire Community Mental Health Center

Ms. Talbert is expected to testify regarding her knowledge of the facts of the case. Upon information and belief no written or recorded statements have been taken from this witness other than those found in the medical records.

- z) Natalie S. Trow, RN
Coastal Empire Community Mental Health Center

Ms. Trow is expected to testify regarding her care and treatment of the Plaintiff. Upon information and belief no written or recorded statements have been taken from this witness other than those found in the medical records.

- aa) Dr. Charles Reamy
Coastal Empire Community Mental Health Center

Dr. Reamy is expected to testify regarding his care and treatment of the Plaintiff. Upon information and belief no written or recorded statements have been taken from this witness other than those found in the medical records.

- bb) Dr. James Elmore
Coastal Empire Community Mental Health Center

Dr. Elmore is expected to testify regarding his care and treatment of the Plaintiff. Upon information and belief no written or recorded statements have been taken from this witness other than those found in the medical records.

- cc) Dr. Judith Treadway
Coastal Empire Community Mental Health Center

Dr. Treadway is expected to testify regarding her care and treatment of the Plaintiff. Upon information and belief no written or recorded statements have been taken from this witness other than those found in the medical records.

- dd) C. McDaniel, RN
Coastal Empire Community Mental Health Center

Ms. McDaniel is expected to testify regarding her care and treatment of the Plaintiff. Upon information and belief no written or recorded statements have been taken from this witness other than those found in the medical records.

- ee) Carey Washington, Ph.D.
245 Business Park Blvd.
Columbia, SC 29203

Dr. Washington is expected to testify regarding her care and treatment of the Plaintiff. Upon information and belief no written or recorded statements have been taken from this witness other than those found in the medical records.

ff) Dr. Graves
Address Unknown

Dr. Graves is expected to testify regarding her care and treatment of the Plaintiff. Upon information and belief no written or recorded statements have been taken from this witness other than those found in the medical records.

gg) Dr. DeWitt
Address Unknown

Dr DeWitt is expected to testify regarding her care and treatment of the Plaintiff. Upon information and belief no written or recorded statements have been taken from this witness other than those found in the medical records.

In addition to those persons listed by the Plaintiff and co-Defendants, those persons listed in the medical records (including all treating physicians), and those persons who may in the future be listed or deposed, this Defendant refers counsel to the Plaintiff's medical records and reserves the right to call any and all of the caregivers and/or treating physicians appearing in the medical records or other documents produced by any party, including documents received pursuant to subpoena, as witnesses at the trial of this case. This Defendant may also utilize any and all witnesses named by the Plaintiff or co-Defendants.

This Defendant reserves the right to supplement this response as discovery progresses. Further, this Defendant reserves the right to call at trial any unanticipated witnesses, of whom timely notice will be given.

2. Set forth a list of photographs, plats, sketches or other prepared documents in possession of Defendant Dodds or her counsel that relate to the claim or defense in the case.

ANSWER: Objection. This Interrogatory is not directed to the proper Defendant. Further responding and without waiving this objection, Defendant Dr. Steiner is in possession of the following records produced by co-Defendants in this matter:

Orangeburg Area Mental Health Center/Dr. Hooker.....	7456-A-001-025
Carolina Psychiatric Services, P.A.	7456-F-001-132
The Regional Medical Center of Orangeburg.....	7456-G-001-138
Coastal Empire Community Mental Health Center	7456-G-139-249
Aiken Regional Medical Center/Aurora Pavilion	7456-H-001-0089
Carey A. Washington, Ph.D.....	7456-I-001-024
SC Department of Mental Health.....	7456-J-001
Letter from Orangeburg Area Mental Health Ctr	7456-K-001
Records from Grove Park Pharmacy in Orangeburg.....	7456-L-001-002
Walgreens Pharmacy.....	7456-M-001-008
Three Rivers Behavioral Health.....	7456-N-001-178
Orangeburg Regional Mental Health Center.....	7456-A-026-049
Regional Medical Center in Orangeburg.....	7456-G-139-151

This Defendant reserves the right to supplement this response as the case progresses.

3. List the name and address of any expert witnesses whom Defendant Dodds proposes to use as a witness at the trial of the case and for each state in detail.

- a. The expert's qualifications to testify
- b. A description of the subject matter on which each such expert is expected to testify;
- c. Identification of the documents on which such expert is expected to testify;
- d. A description of the opinions and conclusions each such expert is expected to testify;
- e. A summary of grounds for each such opinion and conclusion; and,

- f. List the caption, jurisdiction, year of filing and attorneys for plaintiff and defendant in any civil action in which the expert has given court of deposition testimony in which an expert medical opinion was rendered.

ANSWER: Objection. This Interrogatory is not directed to the proper Defendant. Further responding and without waiving this objection, Defendant Dr. Steiner intends to call expert witnesses at the trial of this case. This Defendant specifically reserves the right to call as experts any of the treating physicians and any experts identified by the Plaintiff or co-Defendants. At this time, this Defendant has not retained any additional expert witnesses. This Defendant reserves the right to supplement this response as the case progresses.

4. For each person known to the Defendant or her counsel to be a witness concerning the facts of the case, set forth either a summary sufficient to inform the other party of the important facts known to or observed by such witness, or provide a copy of any written or recorded statements taken from such witnesses.

ANSWER: Please see Answer to Interrogatory Number 1. This Defendant reserves the right to supplement this response as the case progresses.

5. Set forth the names and addresses of all insurance companies which have liability insurance coverage relating to the Plaintiff's claim set forth in her Second Amended Complaint and set forth the number or numbers of the policies involved and the amount or amounts of liability coverage provided in each policy.

ANSWER: This Defendant maintains professional liability insurance through the Medical Protective Company, P.O. Box 29204,

Shawnee Mission, KS 66201 under policy number 674779 with limits of \$1,000,000 per claim and \$3,000,000 annual aggregate.

6. If you contend that the injuries, losses and/or damages claimed by the Plaintiff in this suit resulted in whole or in part from a sickness, condition, activity, injury or other factor unrelated to the negligence alleged in the Second Amended Complaint, state specifically the sickness, condition, activity, or injury referred to and its appropriate dates and name all persons having knowledge of any of these alleged facts.

ANSWER: Objection. This Interrogatory is a premature contention Interrogatory. Further responding, this Defendant has asserted numerous affirmative defenses in his Answer and reserves the right to use any and all of those defenses. This Defendant reserves the right to supplement this response as discovery progresses.

7. Provide the following information concerning any instance in which you have been named as a Defendant in a medical malpractice action or in which a claim has been filed with your medical malpractice insurance carrier.

- a. Full title of case, civil action number, court of jurisdiction and year filed;
- b. Attorneys for plaintiff and all defendants;
- c. Nature of malpractice alleged; and,
- d. Outcome (including specific amount of any judgment or settlement paid)

ANSWER: This Defendant objects to this Interrogatory as overly broad, unduly burdensome, duplicative, and not reasonably calculated to lead to the discovery of admissible evidence. Further responding and

without waiving this objection, this Defendant responds that any action filed against this Defendant is a public record readily available to the Plaintiff.

8. If you have ever had any staff privileges at any hospital, state the name and address of each such hospital, the nature of your relationship to it, the description of each staff privilege granted to you, the inclusive dates of such privilege. If said privileges have terminated or otherwise have been restricted, please state the reason for the termination and/or restriction and give the date(s) for same.

ANSWER: This Defendant objects to this Interrogatory as overly broad, unduly burdensome, and not reasonably calculated to lead to the discovery of admissible evidence. Further responding and without waiving this objection, this Defendant responds that he has never had his privileges terminated or restricted.

9. If you contend any person other than yourself acted in such a manner as to cause or contribute to the negligence and/or injuries allegedly suffered by Plaintiff, please express your contention and state the particularity of all facts upon which you rely in support of this contention, including within your answer, the identity of each such person whom you contend caused or contributed to the negligence and/or injuries, the identify of all documents referring or relating to any of the said facts, and the identity of all persons with personal knowledge of said facts.

ANSWER: Objection. This Interrogatory is a premature contention Interrogatory. Further responding, this Defendant has asserted numerous

affirmative defenses in his Answer and reserves the right to use any and all of those defenses. This Defendant reserves the right to supplement this response as discovery progresses.

10. Describe in detail the nature and substance of each and every conversation of which you are aware, including conversations with the family members and other health care professionals, concerning the care and treatment rendered to Plaintiff except those between yourself and legal counsel. Include in your answer the date, time and location of each such conversation and the names (and last known addresses) of all persons present.

ANSWER: This Defendant objects to this Interrogatory as overly broad, unduly burdensome, and not reasonably calculated to lead to the discovery of admissible evidence. Further responding, any information responsive to this Interrogatory is contained within Ms. Argoe's medical records and deposition testimony. This Defendant reserves the right to supplement this response as discovery progresses.

11. If you received any information, written or oral, with respect to Plaintiff from any other health care provider, please identify the health care provider who furnished such information, describe the information provided and the date such information was furnished.

ANSWER: This Defendant objects to this Interrogatory as overly broad, unduly burdensome, and not reasonably calculated to lead to the discovery of admissible evidence. Further responding, any information responsive to this Interrogatory is contained within Ms. Argoe's medical

identify the person or persons who made each report and the persons presently in whose custody each report.

ANSWER: This Defendant objects to this Interrogatory as it is overly broad, vague, unduly burdensome, and may call for information protected by statute and/or privileges. Without waiving said objection, to the extent it seeks to obtain information produced as a result of the undersigned counsel's work in connection with this lawsuit, that information is protected by the work product doctrine and attorney client privilege. To the extent it seeks Peer Review information and/or Quality Assurance information, this Defendant objects, since that information is privileged pursuant to S.C. Code Ann. § 40-71-10 et. seq, Medicare statute 42 U.S.C. § 1395-3(b)(1)(B) and Medicaid statute 42 U.S.C. § 1396r(b)(1)(B). Without waiving said objection, and upon information and belief, no Peer Review or Quality Assurance investigation occurred in connection with Dr. Steiner's care and treatment of Ms. Argoe. This Defendant reserves the right to supplement or amend this response as discovery progresses.

15. If you have any opinion within a reasonable degree of medical certainty as to the cause of Plaintiff's injuries, please state what your opinion is and the facts upon which you base your opinion.

ANSWER: Objection. This Interrogatory is a premature contention Interrogatory. Further responding, this Defendant has asserted numerous affirmative defenses in his Answer and reserves the right to use any and all of those defenses. This Defendant reserves the right to supplement this response as discovery progresses.

16. Provide the following information for each instance in which you have taken an oral and/or written exam for Board Certification:

- a. Type of Board;
- b. Date;
- c. Result (if separate results given for oral and written exams, provide for each).

ANSWER: This Defendant responds that he is Board Certified in the field of Psychiatry.

17. If you maintain that the care and treatment you rendered to Plaintiff did not deviate in any way from the applicable standard of care, please affirmatively state your opinion and the factual and medical basis for it.

ANSWER: Objection. This Interrogatory is a premature contention Interrogatory. Further responding, this Defendant has asserted numerous affirmative defenses in his Answer and reserves the right to use any and all of those defenses. This Defendant specifically maintains he at all times complied with the applicable standard of care in his care and treatment of Ms. Argoe. This Defendant reserves the right to supplement this response as discovery progresses.

18. If you maintain that there are any medical observations, physical findings, treatments, proposed interventions, or other medical information regarding Plaintiff that are not in the medical records, please describe such information in detail and explain, to the best of your knowledge, why such information was omitted from the record.

ANSWER: Objection. This Interrogatory is a premature contention Interrogatory. Further responding and upon information and belief, none. This Defendant reserves the right to supplement this response as discovery progresses and as more information is available.

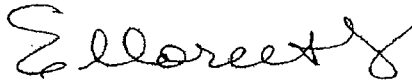
19. In your answer you have pleaded, "Plaintiffs alleged injuries and damages, if any, resulted from, or were due to the negligence of the Plaintiff and/or third parties." Which third parties are you referring to and how do you contend these third parties were negligent?

ANSWER: Objection. This Interrogatory is a premature contention Interrogatory. Further responding, this Defendant has asserted numerous affirmative defenses in his Answer and reserves the right to use any and all of those defenses. This Defendant reserves the right to supplement this response as discovery progresses.

20. How do you contend the Plaintiff was negligent and how do you contend her alleged negligence caused or contributed to her injuries?

ANSWER: Objection. This Interrogatory is a premature contention Interrogatory. Further responding, this Defendant has asserted numerous affirmative defenses in his Answer and reserves the right to use any and all of those defenses. This Defendant reserves the right to supplement this response as discovery progresses.

HOOD LAW FIRM, LLC
172 Meeting Street/Post Office Box 1508
Charleston, SC 29402
Phone: (843) 577-4435/Fax: (843) 722-1630
Email: Info@hoodlaw.com



Robert H. Hood (SC #2599)
Molly H. Craig (SC #6960)
Elloree A. Ganes (SC #70509)

Attorneys for the Defendant
David A. Steiner, MD

April 2, 2012

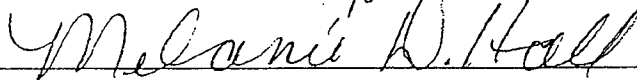
Charleston, South Carolina

J:\docs\242.044 (Steiner)\ATIs.doc

CERTIFICATE OF SERVICE

I certify that on this date a copy of the foregoing was served on each party or counsel of record by ☒ mailing, ☐ e-mailing, ☐ facsimile, or ☐ hand delivery in the manner prescribed by the applicable Rule of Civil Procedure.

This 2 day of April, 2012.

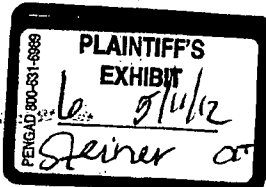


Aurora PAVILION

Date	Time	Discipline	NOTES
6/8/05	(Cont)		understand why she is hot. Husbands explain long hx of manic/bizarre behavior - but they never asked for any help/assistance She spends money excessive and OCD about dirt. Husband is fearful and sad - says wife will talk ill of him and PT affect is happy c "I feel free" mood PT placed on SP 95V as per protocol. (Refer to)
6/9/05	0835	Psych	62y/o WF admitted inpatient due to alleged dangerous behavior for several years - see papers & list of examples on chart provided by family HxP dictated MSB - alert, OX 3, memory - intact; No insight; no P/V hallucinations, mood "blue"

PROGRESS NOTES

ADDRESSOGRAPH DATA



101484616

ASQDZ
DOB: 62 Argde-00093
MRN: 448094 ADM/REG DT: 06/08/05
ATKIN REGIONAL MENTAL CENTER

Aurora

PAVILION

Date	Time	Discipline	NOTES
6/8/05	(cont)		speech - a little improved; no SE/EE as on I Psychosis NOS r/o mania II none III dimer IV severe V 22 P1) S.S. to talk to son who is to trust - is POA to try & get if she is refusing to take meds hopefully son can convince her
6/9/05	1110	RTM	RTM - met with ASCP RTM was placed in per chart with Continue to monitor and encourage full participation. Healer Hinnerman
6/9/05	1130	SS #1	S.S. Note - Admission - Goal to participate in the development of the discharge safety plan & intervention. to discuss discharge options and discharge plans 62 year old female admitted

PROGRESS NOTES

ADD

101484616

ARGOZ
DOB: 62 SX: F Arg8500034
MRN: 228094 AZM/RBC DT: 06/08/05

Aurora
PAVILION

Date	Time	Discipline	NOTES
6-9-05	(4:16)	SS H/	with a diagnosis of psychosis has paranoid mania. Spoke with son, P.O.A. to discuss treatment goals and discharge plans. Son- George, reported patient has been demanding, disorganizing, & hoarding belongings in room. Son reported there has been no abuse, violence and so great treatment and nearly discharge plan. Discussed removing all weapons from home - Son stated he has been working on placing them in a safe place. Patient remains demanding & delusional. ① Patient will return to care with family ② Patient will follow up with primary care unless otherwise specified - Richard M. Blum

PROGRESS NOTES

ADDRI



101484616

ARGO®

5X: F

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Argo-00035

Aiken Regional Medical Center
Aurora Pavilion Behavioral Health Services

Physician Certification and Re-Certification

Initial Certification

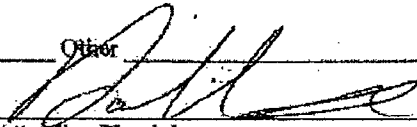
Date Due _____

I certify that the inpatient psychiatric hospital admission was medically necessary for either: ☒ psychiatric and/or ☐ substance abuse treatment, which could reasonably be expected to improve the patient's condition. OR

_____ diagnostic study.

I estimate 10 days _____ weeks of hospitalization is necessary for proper treatment of the patient. My plans for post hospital care for this patient:

☒ return home ☐ return to nursing home
☐ nursing home placement ☐ follow up with PCP
☐ return to assisted living/NH ☐ follow up with outpatient MH

Other _____

Attending Physician

6, 9, 05
Date

First Re-Certification
Day 12

Date Due _____

I certify that the inpatient psychiatric hospital services furnished since the previous certification were, and continue to be, medically necessary for, either treatment which could reasonably be expected to improve the patient's condition or diagnostic study and that the hospital records indicate that the services furnished were either intensive treatment services, admission and related services necessary for the diagnostic study, or equivalent services.

I estimate an additional _____ days _____ weeks of hospitalization is necessary for proper treatment of the patient. My plans for post hospital care for this patient:

☐ return home ☐ return to nursing home
☐ nursing home placement ☐ follow up with PCP
☐ return to assisted living/NH ☐ follow up with outpatient MH

Other _____

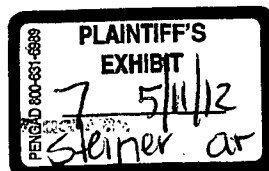
Attending Physician Date

Physician Certification and Re-Certification

ADDRESS FOR ADL

101484616

ARGOE, MARTHA T.
DOB: 02 SK: F PSY
NPN: 240021 ADM/REG DT: 06/08/05
AIKEN REGIONAL MEDICAL CENTER
Argoe-00026



APPEARANCES:

Robert D. Dodson, Esquire
LAW OFFICES OF ROBERT DODSON, PA
1722 Main Street, Suite 200
Columbia, South Carolina 29201
Rdodson@RdodsonLaw.com
Attorney for the Plaintiff

Andrew N. Cole, Esquire
COLLINS & LACY, PC
1330 Lady Street, Sixth Floor
Columbia, South Carolina 29201
acole@collinsandlacy.com
Attorney for the Defendants, Three Rivers
Behavioral Health, LLC and Doris
N. Burrell, R.N.

Andrew L. Richardson, Jr., Esquire
McANGUS, GOUDELOCK & COURIE, LLC
1320 Main Street, 10th Floor
Post Office Box 12519
Columbia, South Carolina 29211-2519
drew.richardson@mqclaw.com
Attorney for the Defendant, Psychiatric
Solutions, Inc.

Joel S. Hughes, Esquire
DAVIDSON & LINDEMANN, PA
1611 Devonshire Drive, 2nd Floor
Post Office Box 8568
Columbia, South Carolina 29202-8568
jhughes@DML-LAW.com
Attorney for the Defendants,
Phyllis Bryant-Mobley, M.D.
and Glenn Hooker, M.D.

Shelton W. Haile, Esquire
RICHARDSON, PLOWDEN, CARPENTER & ROBINSON, PA
1900 Barnwell Street
Post Office Drawer 7788
Columbia, South Carolina 29202
shaile@rpcrlaw.com
Attorney for the Defendants, Aiken
Regional Medical Center and Aurora Pavilion

Elizabeth W. Ballentine, Esquire
 Ashley Karst, Law Clerk
 HOOD LAW FIRM, LLC
 172 Meeting Street
 Post Office Box 1508
 Charleston, South Carolina 29401
elizabeth.ballentine@hoodlaw.com
 Attorney for the Defendant,
 David A. Steiner, M.D.

Tracy S. Dubey, Esquire
 JAMES E. PARHAM JR., PA
 220 Ministry Drive
 Post Office Box 1576
 Irmo, South Carolina 29063
tdubey@jparhamlaw.com
 Attorney for the Defendant,
 Cheryl C. Dodds, M.D.

Noah M. Hicks, Esquire
 THE LAW OFFICE OF NOAH M. HICKS, II, LLC
 Post Office Box 7996
 Columbia, South Carolina 29202
chicks@nmhlawfirm.com
 Attorney for the Defendant,
 Carolina Care Plan

Also present:
 Martha L. Argoe

Renee Bouye
 Carolina Care Plan

Leah Walker, Risk Manager
 Three Rivers

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EXHIBITS

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(Handwritten notes)	

STIPULATIONS

It is stipulated and agreed that this deposition is being taken pursuant to the South Carolina Rules of Civil Procedure.

It is stipulated by and between counsel and the witness that the reading and signing of the following deposition be, and the same are, hereby not waived. Signature sheet is attached at page 68.

1 DORIS ANN BURRELL, R.N., having been duly sworn,
2 deposes and testifies as follows:

3 MS. BURRELL - EXAMINATION BY MR. DODSON:

4 Q: Ms. Burrell, I introduced myself to you earlier
5 when you came in, but again, my name is Robert
6 Dodson. I'm a lawyer here in town. I
7 represent Ms. Argoe in the case we're here
8 about today. I'm here to take your deposition,
9 meaning that I'm going to be asking you a
10 series of questions. You're going to be giving
11 me answers under oath. Do you understand that?

12 A: Yes.

13 Q: Have you ever given a deposition before?

14 A: No.

15 Q: Okay. Well, let me give you a few ground rules
16 then. If you don't understand one of my
17 questions, if you think my question doesn't
18 make sense, then please let me know that and
19 I'll try to rephrase it. If you answer one of
20 my questions, I will assume that you've
21 understood my question. Is that fair enough?

22 A: Yes.

23 Q: Another thing I'm going to get you to do is
24 please give me oral or verbal responses to my
25 questions. I'll understand you here today if

1 you shake your head, nod your head or gesture

2 --

3 A: Yes.

4 Q: -- to me in some non-verbal, non-oral way, but
5 it's hard on our court reporter, and then
6 she'll punch me under the table and it'll hurt,
7 and I don't want to be hurt this morning. So
8 I'll try to remind you of that.

9 A: Okay.

10 Q: I don't know how long we'll be here. I'm
11 really bad at estimating that, so I won't even
12 venture a guess. But I will say if you need a
13 break for any reason then just finish answering
14 the question that I've asked and we'll take a
15 break any time you want. We can take as many
16 breaks as you want.

17 A: Okay.

18 Q: Now that your deposition has started, if we do
19 take a break, you can't discuss your testimony
20 of this case or Martha Argoe's care and
21 treatment with your attorney or anybody else.

22 A: Okay.

23 Q: If you do discuss that with your attorney
24 during a break then I'm entitled to ask you
25 about that. Okay. So keep that in mind as

1 well. Let me get your full legal name.

2 A: Doris Ann Burrell.

3 Q: And have you ever gone by any other legal name
4 or alias?

5 A: No. I may be called Ann or Doris, but that's
6 my legal name.

7 Q: Okay. What's your date of birth?

8 A:

9 Q: And that makes you?

10 A: Sixty-six.

11 Q: What's your address?

12 A: 2814 Hardwicke Road, Columbia 29210.

13 Q: Do you have any relatives in Lexington County
14 over 18 years old? The reason I'm asking you
15 that question is I don't want to put a brother
16 or a sister or a brother-in-law or cousin on
17 the jury.

18 A: Do I -- would you repeat?

19 Q: Yes, ma'am. Do you have any relatives who live
20 in Lexington County who are over 18 years old?

21 A: I do, but they're in-laws aspect.

22 Q: Okay. Tell me their names, please.

23 A: I'm not close with them, but Sutton Sinclair.

24 Q: Okay.

25 A: I'm trying to think where else they live. And

1 a Lois Sinclair. I think that's all.

2 Q: Okay. If you think of any other in the
3 deposition, if you'll just jump in and tell me.
4 Where were you born?

5 A: Greenville.

6 Q: South Carolina?

7 A: Yes.

8 Q: Okay. And what's your social security number?
9 And our court reporter is only going to record
10 the last four digits, and I'm going to keep it
11 confidential myself.

12 A: I don't really want to say it out anyway.

13 Q: Well, you don't have a -- that's the way our
14 court rules are. You have to answer it.

15 A: I'll be glad to write it.

16 Q: Okay. I'll take the written.

17 A: You never know if anybody has a memory or not.

18 Q: So the last four digits of your social --

19 A:

20 Q: Thank you. Now, just to make you happy
21 I'm going to do this.

22 A: I'll take it back.

23 Q: If anybody else here at the table wants it I'll
24 let them --

25 A: Do it, right.

1 Q: How about that?

2 A: And I'll see you here later. Okay.

3 Q: And that way if it gets -- if something happens

4 you know it wasn't me. What's your driver's

5 license number?

6 A: Oh, God.

7 Q: It's all right, nobody ever remembers their

8 driver's license, including me.

9 A: You're right. I'm still going to write it on

10 the same piece of paper --

11 Q: All right.

12 A: -- and give it to you.

13 Q: Fair enough. You can just hand it to me if you

14 want to.

15 A: (Witness complies.)

16 Q: Thank you.

17 A: The back's coming off.

18 Q: It's a South Carolina driver's license?

19 A: Yes. Uh-huh.

20 Q: Do you have any restrictions on that other than

21 maybe corrective lenses?

22 A: Correct lens and that's it.

23 Q: Okay. Have you ever done any military service?

24 A: No.

25 Q: Let me ask you some questions about your

1 educational background. I assume you graduated
2 high school?

3 A: Yes.

4 Q: Where did you go to high school?

5 A: Hillcrest. I went to two, Greenwood High
6 School and Hillcrest High School.

7 Q: And you graduated from Hillcrest?

8 A: Hillcrest.

9 Q: Did you go to college?

10 A: Yes, Midlands Tech.

11 Q: And did you get a degree from Midlands Tech?

12 A: Associate degree in nursing.

13 Q: Do you have any other degrees other than your
14 associate's degree from Midlands Tech?

15 A: No.

16 Q: Do you have any other formal education or
17 training beyond your associate's degree at
18 Midlands Tech?

19 A: I was a bookkeeper, but I mean, that was just
20 previous jobs. But no aspect of education.

21 Q: And so the work -- I may ask you about your
22 work history in a minute. But the work you did
23 as a bookkeeper, is that something you kind of
24 just picked up and learned on your own?

25 A: Oh, I worked -- right, taught on the job.

1 Q: When I take physician's depositions I usually
2 ask them if they're board certified, and I
3 don't think nurses really have that.

4 A: You just have a degree in nursing.

5 Q: Okay. So there's no specialization that you
6 have in nursing; is that fair enough?

7 A: Uh-huh.

8 Q: Okay. Do you have any professional
9 publications?

10 A: No.

11 Q: Do you teach any classes or seminars related to
12 nursing?

13 A: No.

14 Q: Do you have any faculty appointments at a
15 nursing school or anything of that nature?

16 A: Faculty appointments?

17 Q: Yes. Do you teach nursing to anybody?

18 A: No. No.

19 Q: Do you have any kind of administrative offices
20 or appointments?

21 A: No.

22 Q: Are you a member of any professional
23 associations?

24 A: Just the Nursing Association.

25 Q: And is that a national organization or state

1 organization or both?

2 A: It's basically -- it's both magazine's aspects,
3 not -- you're just a member of it. You get the
4 magazine publications and that's it.

5 Q: Are you in anything other than that?

6 A: No.

7 Q: Are you a member of any church or house of
8 worship?

9 A: Yes.

10 Q: And where do you go to church?

11 A: Cornerstone Presbyterian Church.

12 Q: Okay.

13 A: Bush River.

14 Q: Is that in Lexington or Richland County?

15 A: It's in Lexington County.

16 Q: What about any clubs, anything of that nature?

17 A: I'm part of Shriners.

18 Q: Shriners. Okay. Anything else?

19 A: Red Hats.

20 Q: Is Red Hats part of Shriners, or is that --

21 A: No.

22 Q: No? What is Red Hats?

23 A: Social club.

24 Q: What is -- oh, okay.

25 A: It's just, it's a national thing of red hats.

1 You basically eat, go out to eat or you do --

2 Q: Are these the ladies I see out to lunch always
3 wearing like red hats?

4 A: Red hats and purple.

5 Q: Oh, okay. I know what it is now. Is there any
6 --well, now I'm curious. I mean, is it just a
7 club that y'all meet and have lunch --

8 A: Yeah.

9 Q: -- and that kind of thing?

10 A: You meet usually once a month. It's dinner
11 meet, you go out to eat or go to a movie or
12 play or whatever.

13 Q: So it's just a social club basically?

14 A: Uh-huh.

15 Q: Okay. Anything else?

16 A: Huh-uh.

17 Q: What type of professional licenses do you hold?

18 A: Just the R.N. license.

19 Q: Did you have to pass an exam --

20 A: Yes.

21 Q: -- to get your R.N. license? Did you pass that
22 on your first time?

23 A: Yes.

24 Q: Have you ever had to be relicensed or
25 recertified?

- 1 A: Well, you get your renewals, but that's all.
- 2 Q: Right. You don't have to take another exam?
- 3 A: No.
- 4 Q: Once you pass it once, that's it?
- 5 A: Uh-huh.
- 6 Q: Okay. Have you ever been denied a professional
- 7 license in anything?
- 8 A: No.
- 9 Q: Has anyone ever filed any kind of a complaint
- 10 or grievance or anything of that nature with
- 11 any regulating authority that would be related
- 12 to your license?
- 13 A: No.
- 14 Q: Have you ever been disciplined by any kind of
- 15 licensing board?
- 16 A: No.
- 17 Q: Have you ever lost privileges at a hospital or
- 18 healthcare facility?
- 19 A: No.
- 20 Q: Have you ever had a malpractice claim settled
- 21 prior to a lawsuit being filed?
- 22 A: Never had one at all.
- 23 Q: Have you ever -- other than this case, have you
- 24 ever a party to another lawsuit?
- 25 A: No.

1 Q: You've never sued anyone or been sued?

2 A: (Shakes head negatively.)

3 Q: Let's talk about your work history. Did you go
4 to Midlands Tech straight out of high school?

5 A: No.

6 Q: Okay. What did you do right after high school?

7 A: I was the bookkeeper. I worked in accounting.

8 Q: Where did you work?

9 A: Modern Storage in Greenville, and then
10 Greenwood, Satterfield Construction. And then
11 here I first worked at Baptist in human
12 resources, then I went to work with American
13 Business Machines, and that's when I had
14 started going back to school.

15 Q: And all of those were bookkeeper-type jobs?

16 A: Accounting. Uh-huh.

17 Q: Okay. Were you ever fired or terminated or
18 forced to resign from any of those positions?

19 A: No.

20 Q: And tell me what your reasons were for leaving
21 each one of those positions?

22 A: Let's see. Basic -- we moved. I had two
23 places in Greenwood, and I had -- I had a
24 child. And then when I was ready to go back to
25 work, they didn't -- well, I won't say they

1 didn't have a position. I chose to go to
2 Satterfield Construction. And then we moved
3 from Greenwood to Greenville, and I worked
4 there. Well, the Greenville job was first. We
5 were there, that was first job, and then we
6 went to Greenwood, and then back to Greenville.
7 And then we went to Augusta. I forgot that
8 place, First of Georgia Insurance, keypunch.
9 And then we moved to Columbia, and we've been
10 here since.

11 Q: Okay. Please don't take offense at this. I
12 ask this question of everybody. Do you have
13 any kind of criminal record?

14 A: No.

15 Q: Never been arrested or --

16 A: No.

17 Q: -- convicted of a crime other than a traffic
18 ticket or something like that?

19 A: That's --

20 Q: Okay.

21 A: Very few of those.

22 Q: And so after those jobs you went to school for
23 nursing?

24 A: Right.

25 Q: What prompted you to go into nursing?

1 A: When my daughter graduated Clemson in '92, I
2 chose my time to go back to school.

3 Q: Okay. And how long were you in school? Were
4 you in full time or working part time going to
5 school --

6 A: Part time until you got all your prerequisites.
7 Then I went full time and graduated in '95.

8 Q: When you graduated in '95, let's talk about
9 your work history. Where did you go to work
10 after that?

11 A: Dialysis, and then left there and went to Heart
12 at Providence. And from there I went to
13 Charter, and then when Charter closed I went
14 back to dialysis until we reopened.

15 Q: And when it was reopened, was it reopened as --

16 A: As Three --

17 Q: Three Rivers?

18 A: It's not reopened, but when we opened again
19 it's Three Rivers.

20 Q: Okay. So essentially it was the same place, it
21 just kind of changed names?

22 A: Right. Uh-huh.

23 Q: Now, which dialysis place did you work? There
24 may be only one --

25 A: Fresenius.

1 Q: -- and I don't know that.

2 A: Fresenius.

3 Q: Okay. And so would you essentially help
4 patients with kidney dialysis there?

5 A: Uh-huh. Put them in and off the machines, took
6 them, I mean off.

7 Q: And how long the first time did you work there?

8 A: Probably -- that was my first job, so I
9 graduated December, I can't remember now when
10 I graduated, '97, I guess. And then -- I think
11 it was '97. Then I worked there almost a year,
12 went to Providence, and Providence was part
13 time. Even though I liked it, it was -- I knew
14 it was going to be 24 to 32 hours, and then
15 when we had the director of nursing was doing
16 a site consult up there she gave me an
17 application, I went, and I took that one.

18 Q: Any particular reason that you left the
19 dialysis place?

20 A: Yeah, you get too close to the patients. It's
21 very easy for them to die out or have a lot of
22 medical problems.

23 Q: Okay.

24 A: And it was just, it's really -- at my age I was
25 wanting something more.

1 Q: Okay. You weren't terminated? You weren't
2 fired --
3 A: No.
4 Q: -- or anything of that nature?
5 A: Huh-uh.
6 Q: And so then you went to work at Providence
7 where you worked part time?
8 A: Uh-huh.
9 Q: Was that Providence Downtown or Northeast?
10 A: Providence Downtown on the pre and post heart
11 cath.
12 Q: Okay. And what did you -- I have a pretty good
13 idea, but tell me kind of what your job
14 responsibilities were at Providence.
15 A: Getting patients set up and ready to go for
16 heart cath, and then recovery after the heart
17 cath.
18 Q: Okay.
19 A: Or get them on to the open heart.
20 Q: And that was an essentially part-time position,
21 but how long did you work there?
22 A: Probably about six months. And I was not
23 termed, I chose to leave.
24 Q: Okay.
25 A: It was an evening position, two till whenever

1 the last patient was off the floor because this
2 is an outpatient floor.

3 Q: And then you went to work at Charter?

4 A: Uh-huh.

5 Q: Roughly when did you start at Charter?

6 A: I've been there about 15 years, so what's that?
7 '98, '97, somewhere right in there. '98, '99.
8 I can't remember exactly.

9 Q: Okay. And then I gather there was a short
10 period of time --

11 A: About two months, two and a half months.

12 Q: -- that you went back to the dialysis place for
13 a couple of months, and then went back to
14 Charter, but it had become Three Rivers?

15 A: I had stayed PRN with the dialysis when I did
16 it --

17 Q: Okay.

18 A: -- all the length of time, and I would do once
19 in a while fill in on a Saturday.

20 Q: And you're still employed by Three Rivers?

21 A: Uh-huh.

22 Q: Have you ever -- when you've been at Three
23 Rivers, have you ever been written up, have you
24 ever been reprimanded, any kind of negative
25 employment evaluation?

1 A: Have I -- we had a conference one time in
2 reference to getting off early when it was not
3 clear, but not really written up. So I would
4 say no.

5 Q: Tell me what your job duties and
6 responsibilities have been throughout the years
7 at Charter/Three Rivers.

8 A: Basically the same thing, I work in the
9 admitting department. We take calls from
10 referrals or outside source. We do assessments
11 and work up the admissions, or in this aspect,
12 when you're given the DES to do from random
13 people that come in.

14 Q: Did you say DES?

15 A: That's designated examiners.

16 Q: Okay. What specifically do you do with regard
17 to your work in the admitting department?

18 A: You -- saying the call has come in, our
19 assessment is set up. You -- actually, this
20 one-on-one assessment to determine the level of
21 treatment that a patient may need, you gather
22 information. Not one person makes a
23 recommendation. Once we gather the
24 information, usually talked over with another -
25 - usually the manager of the department, and

1 you make a level of recommendation, whether it
2 be inpatient, outpatient partial or referral to
3 an outpatient psychiatry. And then if they're
4 admitted, you call a doctor, get them accepted,
5 get them through the business office, and then
6 you pre-cert with the insurance company.

7 Q: Did you play any role in admitting Martha
8 Argoe?

9 A: No.

10 Q: Okay.

11 **MR. DODSON:** Let's mark this as Exhibit One.

12 **(Plaintiff's Exhibit Number One was marked for**
13 **identification purposes.)**

14 Q: This is just the -- if anybody needs an extra
15 copy.

16 A: I have one.

17 Q: You have a copy.

18 A: Uh-huh.

19 Q: All right. Well, let me get you to look at my
20 copy.

21 A: Okay.

22 Q: You can compare it with yours.

23 A: Okay.

24 Q: And then you can look at yours if you would
25 prefer.

- 1 A: That's all right. I'll go with yours. That is
2 my writing and I did do it.
- 3 Q: So I've showed you what we've marked as Exhibit
4 Number One, which purports to be a Report of
5 Designated Examiner for Mental Illness.
- 6 A: Yes.
- 7 Q: Are the handwritten portions of this document,
8 are those your handwritten portions?
- 9 A: Yes.
- 10 Q: Okay. Nobody else -- to your knowledge, nobody
11 else's handwriting is on this?
- 12 A: All except for the first part where it's the
13 aspect of who it is, and the first line aspect
14 is somebody else --
- 15 Q: Okay. Just the patient's name --
- 16 A: Yeah.
- 17 Q: -- the date and all that basic stuff?
- 18 A: Right.
- 19 Q: Okay.
- 20 A: Uh-huh.
- 21 Q: Okay. In regard to Martha Argoe, did you write
22 or author any other notes or anything related
23 to her?
- 24 A: I'm sorry.
- 25 Q: Yeah. Okay. So you wrote these parts we were

1 just talking about?

2 A: Yes.

3 Q: And my question is just simple. Other than
4 this, did you write anything else related to
5 Martha Argoe?

6 A: No. No.

7 Q: So what we're looking at as Exhibit One is the
8 total thing that you wrote?

9 A: Right.

10 Q: Okay. Now, I gather that because there was
11 nothing else written, there were no other
12 nurse's notes that you wrote, would it be fair
13 for me to conclude that you didn't play any
14 role in her care, treatment, while she was at
15 Three Rivers other than to prepare this report?

16 A: Can I ask you a question? Are you saying did
17 I do anything other than write this paper as
18 taking care of her on the floor?

19 Q: Yeah, that's what I'm asking. Did you take
20 care of her --

21 A: No, I did not.

22 Q: -- on the floor?

23 A: No.

24 Q: Sorry. That's a better question. Okay. Did
25 you have any interactions with her on the

1 floor?

2 A: Just this one time.

3 Q: Just this one time. Okay. And I gather since
4 Ms. Argoe was discharged from Three Rivers
5 you've had no interaction with her since then?

6 A: I'd like to go back to one thing.

7 Q: Okay.

8 A: When you said have I had any interaction, this
9 time and the day of the court, when the court
10 -- she was court ordered for inpatient. That,
11 I was present then.

12 Q: Okay. So you've had a total of basically --

13 A: Two.

14 Q: -- two interactions with her?

15 A: Uh-huh.

16 Q: And there was this report that you filled out,
17 and then you had some interaction the day of
18 the court hearing?

19 A: Only -- not interact -- I was in the same room.
20 I did not ...

21 Q: I understand. Okay. Now, tell me what you did
22 to prepare this Report of Designated Examiner
23 for Mental Illness, what we've marked as
24 Exhibit One.

25 A: Okay. These are given out, these sheets are

1 given out random by the court appointee. And
2 then prior to do this DE, I have read her
3 assessment that was done on her admission; I
4 read her commitment that was sent with her that
5 day; I read the nurses' notes that were from
6 each day forth; and I read the internal doctor
7 who had done something on this case; and then
8 I talked with the patient herself.

9 Q: Did you do anything else other than what you
10 just told me about?

11 A: No.

12 Q: How long did that take?

13 A: I probably spent maybe ten minutes with her,
14 ten -- about 40 minutes all together from the
15 things. Because some of this is, to my
16 knowledge, I know I've got this before me and
17 I can read some of that beforehand and kind of
18 make my own notes as to what happened, what got
19 her in. Because the call, we do an initial
20 call. Say she came to us from wherever, and we
21 take the call, and then we get a doctor to
22 accept. Well, we get the labs; we get
23 information from that facility, then we get a
24 doctor to accept. That's what I have left in
25 our office to read before I even start. I know

1 a little bit of what's going on that got her
2 there beforehand.

3 Q: You spent approximately ten minutes actually
4 interviewing her?

5 A: Probably about ten, fifteen at the max.

6 Q: Okay. So it would be fair to say you spent
7 approximately ten to 15 minutes --

8 A: Yes.

9 Q: -- actually talking, interviewing her?

10 A: Uh-huh.

11 Q: It would be fair to say you did not spend more
12 than 15 minutes talking or interviewing her?

13 A: As designated examiners we don't.

14 Q: Did you perform any kind of testing on her
15 during this ten to 15 minute --

16 A: We do not.

17 Q: Okay.

18 A: The questions are asked, how are you feeling,
19 how are you helping out, what's going on, are
20 you going to groups, any hallucinations, any
21 homicidal, suicidal, and that's about all. We
22 don't do any kind of test or anything in aspect
23 of that.

24 Q: So you don't do any kind of independent
25 testing?

1 A: No.

2 Q: And with regard to Martha Argoe, you didn't do
3 any independent testing?

4 A: We don't -- DE's do -- we do not do that.

5 Q: And I think you told me this earlier, but just
6 so that I'm clear. The total amount of time,
7 the total process of reviewing, reading the
8 assessment, reading the commitment papers,
9 looking at nurses' notes, reading the internal
10 documentation at Three Rivers, and talking with
11 the patient herself, that took approximately 40
12 minutes?

13 A: I did say that, but I also said it's privy --
14 I still, when I get these DEs I start looking
15 at them, what got them in here first and
16 foremost. When I get a DE, I know when that
17 DE's put on my desk I know what got that
18 patient in here. I know how they were, what
19 was going on with them. So that part is yeah,
20 you're looking at that as the same 30 minutes.
21 It's not in that same 30 minutes. I already
22 knew that when it's put up on my board.

23 Q: Okay. Well, was it 30 minutes or 40 minutes to
24 complete this?

25 A: Well, 30, 40 minutes -- to complete that, but

1 now that's gathered from all this other stuff
2 that I've previously read. The nurses' notes,
3 when I go back on the unit I talk with the
4 nurses, usually the director of nursing or one
5 who's done the immediate inpatient care with
6 her. And then I look at the chart, the most
7 recent charts, then I go back, and then I write
8 that after I go back up to my office.

9 Q: Okay. So here's my question. I want to know
10 how much time you spent doing whatever to
11 complete Exhibit Number One?

12 A: Are you asking for the day or for the whole
13 length of time from the time I first got my DE?

14 Q: Both.

15 A: Probably in around about of two hours then --

16 Q: Okay.

17 A: -- if you talk about what's gone on before in
18 that aspect, because you can't spend all that
19 two hours at one time. You have to do some up
20 front.

21 Q: Did some up front?

22 A: Uh-huh.

23 Q: And then you spent, I guess, approximately what
24 you told me earlier 40 minutes --

25 A: About 30 -- uh-huh.

1 Q: Well, is it 30 to 40 minutes?

2 A: That's about when you go back on the unit to
3 actually stay back there.

4 Q: Okay. And of that 30 to 40 minutes, ten to 15
5 was actually devoted to talking to Ms. Argoe
6 herself?

7 A: Right.

8 Q: And that was your only conversation with Ms.
9 Argoe?

10 A: Until the day of -- well, I didn't have any
11 conversation until I saw her on the court --

12 Q: You saw her in court, but you only had this one
13 ten to 15 minute --

14 A: Yes.

15 Q: -- conversation with her?

16 A: Yes.

17 Q: And I want you to do this for me too. We're
18 beginning to talk over each other, so you're
19 going to know the answer to some of my
20 questions before I'm through --

21 A: Okay.

22 Q: -- asking them. Let me finish my question --

23 A: Okay.

24 Q: -- before you answer it --

25 A: Sorry.

1 Q: No, it's okay. But when we talk over one
2 another, it makes it tough on our court
3 reporter. In ordinary conversation we do that
4 all the time, that's just part of interacting.
5 That's fine. But here I have to be a little
6 more formal with you only because I have a
7 court report, okay? Do you recall which nurses
8 you talked with as sort of part of your
9 predesignated examiner work?

10 A: No.

11 Q: Would you have kept any records or notes of
12 those conversations?

13 A: No.

14 Q: Would there be any independent documentation of
15 those conversations whatsoever?

16 A: No.

17 Q: Let's take a look at the contents of the
18 document itself down here. It starts, "patient
19 is alert and oriented to person and place."
20 That's where your handwriting begins?

21 A: Uh-huh.

22 Q: Is that normal that she is alert and oriented
23 --

24 A: Yes.

25 Q: -- to person and place?

- 1 A: Yes.
- 2 Q: Okay. The next sentence indicates that she
3 denies suicide/homicide.
- 4 A: Uh-huh.
- 5 Q: Is that normal?
- 6 A: Yes.
- 7 Q: And then there's a dash and it says, "Denies
8 any hallucination." You see that?
- 9 A: Yes.
- 10 Q: Is that normal that she was denying that she
11 was hallucinating?
- 12 A: Yes.
- 13 Q: Now, did you see any evidence that Ms. Argoe,
14 when you interviewed her, was not, in fact,
15 alert and oriented to person or place?
- 16 A: No.
- 17 Q: Did you see any evidence when you interviewed
18 her that she was suicidal?
- 19 A: No.
- 20 Q: Did you see any evidence when you interviewed
21 her that she was homicidal or presented a
22 danger to other people?
- 23 A: Not in the -- where she was. She was very
24 adamant in reference to her husband, but she
25 was not where she could hurt him, so she was

1 not at that place. I gathered she would not --
2 she didn't. She was just very angry and upset
3 about that. So you're asking me did I get that
4 she was homicidal, no. But if she were out do
5 I think she could have done anything, I don't
6 know. But she was in a place, safe place, that
7 nothing was going on.

8 Q: Did she ever tell you at any point that she was
9 going to hurt her husband?

10 A: No.

11 Q: Well, what did she do during this interview
12 that gave you reason to believe that she was
13 going to hurt her husband or anybody else if
14 she got out?

15 A: Now, I'm reading beforehand where she was
16 carrying a pistol, and her psychotic aspect and
17 her feelings towards her husband. And then you
18 have to look at the whole picture when you're
19 in the aspect of where I'm making my session.
20 She's in the hospital and she's not going --
21 can hurt anyone in there, and she's not wanting
22 to hurt herself.

23 Q: Okay. Well, I'm asking about your ten to 15
24 minute interview with Ms. Argoe. During that
25 ten to 15 minute interview, did she ever say

1 that she was going to hurt her husband?

2 A: No.

3 Q: Did she ever say she was going to hurt anyone
4 else?

5 A: No.

6 Q: Did she ever say that she was going to hurt
7 herself or commit suicide?

8 A: No.

9 Q: Okay. Now, based on this ten to 15 minute
10 interview, what in that ten to 15 minute
11 interview gave you concern that she was a
12 danger to herself?

13 A: That is part of the questions that I, myself
14 ask when I'm doing an -- doing an addendum, I
15 mean, doing a DE, just how are they feeling,
16 are they hearing anything, are they want to
17 hurt anyone else, do you -- how are you
18 feeling, are you going to groups. I mean, you
19 ask them a whole bunch of questions, but you're
20 not just randomly, they're giving you feedback
21 as you ask these. And when it was coming to
22 hurting anyone else, she said no, but I don't
23 want to go back home to my husband. But I
24 mean, I don't know -- she never said anything
25 aspect. That's when I pick up what I've read

1 from previous charts, previous information that
2 came in.

3 Q: She said that she did not want to go back --

4 A: Go back.

5 Q: -- to her husband?

6 A: Uh-huh.

7 Q: Okay. And what in that statement that she
8 didn't want to go back to her husband gave you
9 concern that she was going to harm her husband
10 or someone else?

11 A: That's why I said denies homicidal and
12 suicidal.

13 Q: Yeah. I know she denied it.

14 A: Right.

15 Q: And so my question is this. Did you have any
16 reason to disbelieve her when she said she was
17 --

18 A: Not at what I'm saying here, no, denies.

19 Q: Okay.

20 A: Because if I'd had anything else I would have
21 put more in there. If I'd had a reason that
22 she was feeling that way either way, suicidal,
23 homicidal, I would have noted that.

24 Q: So even if you believed that she was suicidal
25 or homicidal, you would have noted that in

1 this, what you're referring to as DE,
2 designated examiner report?

3 A: Yes. Yes.

4 Q: Okay. And the fact that I don't see that, may
5 I conclude that you did not believe that she
6 was a suicidal threat or a homicidal threat?

7 A: Not at that time, no.

8 Q: And you didn't believe at that time that she
9 was a danger to herself or other people?

10 A: That's what -- yes.

11 Q: The next sentence here states, tell me if I'm
12 reading this incorrectly, but the next sentence
13 states, "Patient is very adamant about nothing
14 wrong with her and she doesn't need any meds."
15 Did I read that correctly?

16 A: Right.

17 Q: Okay. If, in fact, Ms. Argoe was not mentally
18 ill, and I know you may disagree with that, but
19 I'm asking you to assume that to be true, if in
20 fact, she was not mentally ill, would there be
21 anything abnormal about her denying that there
22 was anything wrong with her and denying that
23 she needed medication?

24 A: I'm not following.

25 Q: Well, let me try to rephrase it then. I'm not

1 trying to be a smart aleck, but do you suffer
2 from any kind of mental illness?

3 A: That's not questionable to what we're in right
4 now.

5 Q: No, no, I'm asking you the -- I can ask you the
6 question. Do you suffer from any kind of
7 mental illness?

8 A: No.

9 Q: Okay. If I were to accuse you of suffering
10 from a mental illness, what would your response
11 to that be?

12 A: I don't follow why you're asking me this.

13 Q: Well, I get to ask the questions.

14 A: I know you do.

15 Q: I'm sorry.

16 A: But I would not -- I am not a doctor, and I
17 couldn't say if you or anybody else has a
18 mental illness. I'm only a nurse can follow
19 doctor's orders.

20 Q: So you're telling me here today that you don't
21 make diagnosis of whether somebody's mentally
22 ill or not?

23 A: No, I do not.

24 Q: Okay.

25 A: I can tell you some of the symptoms that come

1 up from it, but I can't diagnosis it. Nurses
2 do not diagnose.

3 Q: Nurses don't diagnose mental illnesses?

4 A: Right.

5 Q: Okay. You did not diagnose a mental illness
6 with Ms. Argoe?

7 A: No.

8 Q: Now, let me go back to the question I was
9 asking you a minute ago. If I were to accuse
10 you of being bipolar, what would your response
11 to me be?

12 **MS. DUBEY:** Object to form.

13 Q: That just means they don't like my question.
14 You still have to answer it.

15 A: What if you accused me -- you can accuse me of
16 anything, but what am I going to do? Unless it
17 hurts me, it doesn't matter.

18 Q: Well, if I were to say, Ms. Burrell, you're
19 bipolar, would you deny that or would you admit
20 that you were bipolar?

21 **MS. DUBEY:** Object to the form.

22 A: Yeah, I'd deny it until it's proven.

23 Q: Okay. So if I were to accuse you of being
24 bipolar, you would deny that you were bipolar?

25 **MS. DUBEY:** Object to form.

1 A: I just answered that, right.

2 Q: And do you think there would be anything
3 abnormal in your denial that you're bipolar?

4 MS. DUBEY: Object to form.

5 A: Pardon me?

6 Q: Well, you just told me that if I accuse you of
7 being bipolar, you would deny that accusation
8 because you're not bipolar, right?

9 A: Right. Well, who knows, I might be down the
10 line, but you could be yourself. So that's not
11 saying -- bipolar can come at any time.

12 Q: Okay.

13 A: Psychosis can come at any time. But at this
14 present time, no, I'm not bipolar. And would
15 I take offense? No, because just you saying
16 that I'm bipolar is not anything.

17 Q: The next sentence says, "She is constantly
18 refusing any medications."

19 A: Right.

20 Q: If I were to tell you that you needed to take
21 medications for bipolar, would you want to take
22 those medications?

23 A: You're not a doctor, so you couldn't tell me
24 that. But you're -- may I say that you're
25 taking this out of context. This is in a

1 hospital now, and I'm following what the doctor
2 said that says she had to have meds. You're
3 telling me if you tell me, and I know what your
4 position is, no, I'd say I don't need them.

5 Q: If a doctor were sitting here and were to say
6 you need to take medications for bipolar --

7 **MS. DUBEY:** Object to form.

8 A: And if I had that diagnosis, I would agree.

9 Q: You would take -- ven if you don't believe you
10 suffered from bipolar --

11 **MS. DUBEY:** Same objection.

12 Q: -- you would take the medications?

13 **MS. DUBEY:** Same objection.

14 A: There's a lot of people out there that does not
15 suffer from, say they have depression or
16 anything, and that's why we see them come in
17 and out of the hospital, because they become
18 non-compliant with their medications.

19 Q: Okay. I want to move on to the sentence there
20 that says, "At this time I feel that patient
21 needs to be restrained for her --" --

22 A: Retained.

23 Q: Retained, I'm sorry, "Retained for her safety."

24 A: Uh-huh.

25 Q: "To get stable and to become more educated in

1 her diagnosis."

2 A: Uh-huh.

3 Q: Okay. Why did she need to be retained for her
4 safety?

5 A: And this is picking back up from the commitment
6 that came in, and from her own actions that she
7 was displaying on the information prior to
8 coming in. She was -- and may I proceed on?

9 Q: Yes, ma'am.

10 A: She was going out late at night wearing
11 expensive jewelry, spending lots of money.

12 Q: All right. Let's do this. Let's make a list
13 of the things. Going out late at night.

14 A: All right. Now this is gathered from the
15 commitment.

16 Q: Okay. Okay.

17 A: She's going out late at night, and late is an
18 aspect of 11, 10, 11, 12 o'clock.

19 Q: She's wearing you told me --

20 A: Wearing expensive --

21 Q: Okay.

22 A: -- jewelry. Spending lots of money.

23 Q: Okay.

24 A: Sleeping behind locked doors. Very -- carrying
25 the gun, having a concealed weapon. So do I

1 think she'd be a harm to herself? She's not
2 been evaluated and gotten ...

3 Q: So I want to -- oh, I'm sorry, I didn't mean to
4 interrupt you.

5 A: No, go ahead.

6 Q: I want to make a complete list of everything
7 that you saw, and you've got the notes in front
8 of it, you're welcome to look at those, okay.
9 It's not a trick question.

10 A: What I saw was just right here (indicating)..

11 Q: Okay.

12 A: Whether I actually saw it from her.

13 Q: I understand. But I want you to tell me
14 everything -- you wrote in there that she, that
15 you felt she needed to be retained for her
16 safety.

17 A: Uh-huh.

18 Q: Okay. And so my question is, based on your
19 designated examiner duties, what did you see
20 that she displayed which made her a danger to
21 herself?

22 A: At the time I did this, there was nothing going
23 on.

24 Q: At the time you did your interview there was
25 nothing going on --

- 1 A: Right.
- 2 Q: -- but you were telling me about going out late
- 3 at night, wearing expensive jewelry.
- 4 A: Right. I had read that from the commitment.
- 5 Q: Okay. Spending money, sleeping behind locked
- 6 doors.
- 7 A: House is bugged.
- 8 Q: Carrying a gun. Okay. House is bugged. What
- 9 else? Let's make a complete list so I know
- 10 what your --
- 11 A: Seeing witches and warlocks.
- 12 Q: Okay.
- 13 A: She had moved stuff out of the house. Refusing
- 14 to touch or clean anything in the house and
- 15 locking herself in the room at night.
- 16 Q: Is that the same as sleeping behind locked
- 17 doors?
- 18 A: Basically.
- 19 Q: Okay.
- 20 A: Could be all ...
- 21 Q: So refusing to clean?
- 22 A: Uh-huh.
- 23 Q: What else?
- 24 A: Hoarding clothes.
- 25 Q: Okay.

1 A: And well, this talked about her handgun on the
2 left hip.

3 Q: Okay. But that's carrying a gun, isn't it?

4 A: Yes.

5 Q: So does that pretty much cover the things that
6 were --

7 A: That I --

8 Q: -- of concern to you?

9 A: Yes.

10 Q: All right. So ...

11 A: But I'd like to add also that I read in there
12 where the doctor did meet with the husband and
13 the son who was very adamant, made the -- those
14 were delusions that were going on with her in
15 reference to the house being bugged, witches
16 and warlocks. And that I knew prior to going
17 in also, that there had been a conference with
18 the -- I was not part of it, it's part of my
19 reading before I go in there.

20 Q: Okay. So that list of things that we just --
21 you just gave me, you didn't get any of that
22 information directly from Ms. Argoe, did you?

23 A: No.

24 Q: You didn't get any of that information -- where
25 did you get that information from?

1 A: From the commit paper. I did not ask her. And
2 from the doctor's assessment.

3 Q: So you didn't talk to her specifically about
4 going out late at night?

5 A: No.

6 Q: You didn't talk to her about wearing expensive
7 jewelry?

8 A: No.

9 Q: You didn't talk to her about spending money?

10 A: No.

11 Q: You didn't talk to her about sleeping behind
12 locked doors?

13 A: No.

14 Q: You didn't talk to her about carrying a gun?

15 A: Oh, I did ask her. She said she did.

16 Q: She said she did?

17 A: Uh-huh.

18 Q: Okay. So you did talk to her about that. Did
19 she tell you that she had a concealed weapons
20 permit?

21 A: I couldn't tell you that because I didn't
22 really ask that.

23 Q: Okay. So you didn't ask her if she had any
24 formal training on how to use that gun?

25 A: No.

1 Q: Whether she was licensed to carry it with her
2 or anything like that?

3 A: No.

4 Q: You just asked her if she carried a gun, and
5 she said yes, and you didn't really follow up
6 on that?

7 A: I don't do any following up. I mean, I just
8 asked her, she said yeah. Usually that's one
9 stipulation, when somebody comes in, the guns
10 are removed from the home. Now I wasn't a part
11 of all that other, and I wasn't going to ask
12 her because it wasn't part of what I had to do.

13 Q: Did you ask her if she believed her house was
14 bugged?

15 A: No.

16 Q: Okay. Did you talk with her about seeing
17 witches and warlocks?

18 A: No.

19 Q: During your interview with her, did she give
20 you any kind of indication that she was
21 actually seeing witches and warlocks?

22 A: She gave me no indication of hallucinations.

23 Q: And if she had given you any indication of
24 hallucinations that's something you would have
25 put in the DE?

1 A: Yes, I would.

2 Q: You indicated another thing was she moved
3 property out of her house. Did you ever ask
4 her about moving property out of her house?

5 A: No.

6 Q: Did you talk with her in any way about that?

7 A: No.

8 Q: You indicated that she refused to clean the
9 house?

10 A: No. The DEs are -- really just whether or not
11 -- we don't go into all this. It's not a
12 counseling; it's not a treatment. It's just
13 aspect of how she's doing, how she's responding
14 to treatment, what's going on with her then,
15 and whether or not compliant with treatment, I
16 mean, if she needs to be held for court or
17 she's getting along well, meds are working, and
18 she can be discharged.

19 Q: Well, did you ever ask her if she refused to
20 clean her house?

21 A: No.

22 Q: Okay. With regard to cleaning the house, did
23 you ask -- did you see any photographs of her
24 house?

25 A: No.

1 Q: Okay. Did you ask to look at any photographs
2 of her house?

3 A: No.

4 Q: Did you ask her anything about hoarding
5 clothes?

6 A: No.

7 Q: Did you look at any photographs or videotapes
8 which would evidence that she was, in fact,
9 hoarding clothes?

10 A: No.

11 Q: What did you do, if anything, to verify the
12 truth or falsity that she was reporting that
13 she was seeing witches and warlocks?

14 A: We don't do anything like that.

15 Q: So you didn't do anything?

16 A: We don't go back and go back through all these,
17 no. We just talk with her, how alert and
18 oriented, if she's taking her meds, if she
19 thinks she needs any meds, any feelings of harm
20 to herself or others, if she's going to group.

21 Q: So this list of the things we've been talking
22 about, the going out late at night, hoarding
23 clothes, and everything in between that, what
24 did you do to independently verify that any of
25 those things were in fact true?

1 **MS. DUBEY:** Object to form.

2 A: I don't do anything like that. That's not --
3 that is from the family conference with the
4 doctor.

5 Q: Okay. Let's take a short break.

6 **(Break from 10:00 a.m. until 10:05 a.m.)**

7 Q: Have you ever been an expert witness in a case?

8 A: I've never.

9 Q: Medical malpractice or anything of that nature?

10 A: No.

11 Q: Did you testify at the hearing on Ms. Argoe's
12 case?

13 A: No. Oh, you mean when the court came in? No,
14 I had nothing -- I didn't have to say anything
15 when she was retained. If that's the one
16 you're talking about the court came, was on the
17 21st, no, I didn't have to say anything.

18 Q: You were there at the hearing, you just didn't
19 testify?

20 A: Right.

21 Q: How long did the hearing last?

22 A: I don't know.

23 Q: You don't have any recollection at all?

24 A: No.

25 Q: Do you recall if there was a court reporter

1 there, sort of something -- we have a court
2 reporter here taking it down. Do you recall
3 any nice lady or man that had all kinds of
4 microphones and wires?

5 A: The judge does the tape, judge does that
6 herself with a tape.

7 Q: Just like a regular tape recorder?

8 A: Uh-huh.

9 Q: Would you have any idea where those tapes would
10 be from Ms. Argoe's hearing?

11 A: No.

12 Q: Well, help me out here, how would I get a copy
13 of those tapes? Tell me what I'd do.

14 A: I couldn't even tell you who the judge was. I
15 don't know if you'd go back through -- I don't
16 know, Probate. I don't know.

17 Q: You told me earlier that as a nurse you don't
18 make independent diagnosis of medical, of
19 mental illness, correct?

20 A: No.

21 Q: You didn't do that with Ms. Argoe?

22 A: No.

23 Q: I think you told me that you do recognize
24 symptoms of various mental illnesses, correct?

25 A: Yes, you can show some symptoms, true.

1 Q: During your actual interaction with Ms. Argoe,
2 what symptoms did you witness her exhibiting of
3 a mental illness?

4 A: As we were speaking there was none except, you
5 know, the denial, and you've already pointed
6 that out, that denial, anybody can deny it. So
7 no, she was not exhibiting any aspect right at
8 that time.

9 Q: Well, let me ask you this. You prepared this
10 designated examiner report. What would Ms.
11 Argoe have had to say or done for you to give
12 a different opinion that she didn't need to be
13 involuntarily committed?

14 A: I don't -- that's not my opinion is to say
15 involuntary committed. Mine would be to say
16 whether or not to retain her, and I did because
17 just her behaviors aspect, and there's no
18 medications been done yet, nothing had changed,
19 even though she was not presenting that on
20 face-to-face with me then, that had happened to
21 get her there. And there's been no treatment,
22 even though she'd been going to groups, there's
23 been no meds to help change anything that was
24 going on beforehand.

25 Q: So when you interviewed her on June 15th, 2005,

1 there was nothing at that point that she could
2 have said or done that would have changed your
3 mind with regard to which box on this form you
4 checked?

5 **MR. COLE:** Object to the form.

6 A: Pardon?

7 **MR. COLE:** I'm just putting an objection on the
8 record. You can keep going. You can answer if
9 you can.

10 A: No.

11 Q: Okay. I mean, you checked on here,
12 "Involuntary hospitalization is recommended."
13 Do you see that?

14 A: Yes.

15 Q: You're telling me that there was nothing that
16 Ms. Argoe could have said or done in her
17 interaction with you that would have convinced
18 you or changed your mind to check another box
19 on here like the one below it that says,
20 involuntary outpatient treatment is
21 recommended?

22 A: That did follow in the court aspect,
23 involuntary outpatient, but no, because this
24 first one is picked up from the commitment come
25 in that she is there on involuntary because of

1 her behaviors could have put her in jeopardy.
2 Very risky behavior. And then did I think she
3 needs still there, yes, I did.

4 Q: So your recommendation of involuntary
5 hospitalization was based not on your
6 interaction with Ms. Argoe, but was based on
7 other peoples' interaction with Ms. Argoe?

8 A: Yes.

9 Q: You relied on other peoples' interaction with
10 Ms. Argoe to recommend that she be
11 involuntarily hospitalized?

12 A: Yes, when other people are more qualified to
13 make those accusations and get her in there,
14 yes, and some of that being her immediate
15 family.

16 Q: Her husband? Her son? You relied on what her
17 husband and her son told you?

18 A: No, that was also coming from the commit who
19 previously had been examined by doctors at
20 another hospital and came to us from that. And
21 she had been examined at other hospitals that
22 got her involuntary there.

23 Q: Did you rely in any way -- in your
24 recommendation that she be involuntarily
25 hospitalized, did you rely in any way on what

1 her immediate family purportedly said?

2 A: That took into account, yes.

3 Q: So you did rely on what her son and her husband
4 said?

5 A: Not only that.

6 Q: Not only that, but in part you relied on --

7 A: Yes.

8 Q: -- what her son and her husband said?

9 A: Yes.

10 Q: But you didn't actually talk with her husband
11 and her son directly?

12 A: No. That is not part of our job. That's
13 beyond the scope of treatment for us.

14 Q: Now, you say it's beyond the scope of treatment
15 --

16 A: Of where I'm at. It goes back --

17 Q: You didn't provide any treatment. did you?

18 A: No, that's -- I mean, for the service that I
19 did on the DE, we do not go out and interview
20 families. I don't. That comes from the unit
21 themselves.

22 Q: Aside from what is in the medical records at
23 Three Rivers, did you keep any independent
24 journal or log or anything of that nature
25 related to Ms. Argoe?

- 1 A: No, I did not.
- 2 Q: Ms. Burrell, what are the criteria to keep a
- 3 patient involuntarily committed?
- 4 A: Of course the suicidal, homicidal; the
- 5 behaviors conducted before or before coming to
- 6 the hospital and also could be while in the
- 7 hospital, definitely while in the hospital.
- 8 Whether they're a harm to themselves or others
- 9 basically.
- 10 Q: So basically the criteria in your mind is that
- 11 if they're a danger to themselves or others?
- 12 A: That is much a commitment, yes.
- 13 Q: What did you do to prepare for your deposition
- 14 today? Did you meet with your lawyer?
- 15 A: Last month, yes. I read the chart.
- 16 Q: You read the chart, that was going to be my
- 17 next question. What documents or things have
- 18 you reviewed in preparation?
- 19 A: Just the stuff that was pertinent to the time
- 20 I did this DE.
- 21 Q: Would that have been the medical records from
- 22 Three Rivers?
- 23 A: Uh-huh.
- 24 Q: Anything else?
- 25 A: Nothing, just what's at Three Rivers.

1 Q: Do you plan to render any opinions that any
2 other physicians, nurses, physicians
3 assistants, any other medical care providers or
4 mental healthcare providers in this case did
5 anything in their treatment that fell below
6 accepted standards of care?

7 A: I'm sorry.

8 Q: I'm sorry. It's kind of a long question. I
9 really want to know this. Do you plan to
10 render any opinions at trial that some other
11 doctor or nurse did something that was
12 negligent or fell below accepted standards of
13 care?

14 A: No. The only opinion I'd say is why my name is
15 on there is the only thing.

16 Q: I just want to make sure that you're not going
17 to blame another person.

18 A: No.

19 Q: Okay. Let's take a short break.

20 (Break from 10:19 a.m. until 10:24 a.m.)

21 Q: At the hearing on June 21st, 2005, did you
22 testify at all at that hearing?

23 A: I don't think I did, but if I did, this is what
24 usually happens, a doctor testifies, and the
25 judge used to say, do you concur, and I'd say

- 1 yeah. But I can't say if that was even said
2 then or not.
- 3 Q: Do you recall how many family members were
4 there at that hearing?
- 5 A: I made my note. The brother, sister, son and
6 husband.
- 7 Q: Your notes that you're looking at right now,
8 are those part of the medical records, because
9 I don't recall seeing those?
- 10 A: This comes just from -- if you've got the
11 chart, it tells you on there.
- 12 Q: Okay. Did you prepare --
- 13 A: I just wrote some notes of what I -- anything
14 right here is only from where it came from the
15 beginning to the end because I did not remember
16 the cases.
- 17 Q: The first two pages that you're looking at
18 there --
- 19 A: This is my writing.
- 20 Q: When did you write that?
- 21 A: Just probably over the weekend.
- 22 Q: Okay.
- 23 A: Because I went and got the chart from my office
24 knowing this --
- 25 Q: Have you shown that to your attorney at all?

1 A: No. This is for me. This is what I made this
2 weekend. Sunday I read the chart. Not read
3 the chart, but read some of it.

4 Q: Let's get a copy of that. We'll make that an
5 exhibit. While we're making copies of that, do
6 you remember anything else about the hearing
7 other than what you've told me?

8 A: If I hadn't read it here, I couldn't -- I
9 cannot -- that's years down the road. I didn't
10 get the chart until last month. Well, it might
11 have been part of June. Because when we met
12 that month I did not have --

13 **MR. COLE:** Don't tell him what we talked about.

14 A: When I met for the pre thing, I did not have
15 the chart, so I couldn't even tell you really
16 what was going on.

17 Q: Other than your attorney or anybody that works
18 in your attorney's office, like a paralegal or
19 something, have you talked with anyone else
20 about this case or Martha Argoe?

21 A: No.

22 Q: Do you own a gun?

23 A: No.

24 Q: Does your husband?

25 A: No.

1 Q: Any particular reason?

2 A: Just don't believe in guns.

3 Q: Do you think that citizens ought to be able to
4 own and carry a gun if they --

5 A: That's opinions and everyone has one.

6 **MR. COLE:** Object to form.

7 **MR. HUGHES:** Same objection.

8 **MR. RICHARDSON:** Object to the form.

9 Q: Yeah, I'm asking your opinion.

10 A: I don't have to answer.

11 Q: Yeah, you do. You have to answer my question.

12 A: As far as myself and my husband and my family,
13 no, we don't have a gun, and we don't think we
14 need to own a gun. Everyone else can to their
15 own likes and dislikes. I don't really have an
16 opinion for everyone else.

17 Q: I just want to get those copies, I'll look at
18 that and then be done. Anybody else have any
19 follow up they want to ask her?

20 **MR. RICHARDSON:** I do.

21 **MR. DODSON:** Go ahead. We'll go out of order just
22 to move things along if that's okay.

23 **MR. RICHARDSON:** Okay.

24 **MR. COLE:** That's fine.

25 **MS. BURRELL - EXAMINATION BY MR. RICHARDSON:**

1 Q: How are you doing?

2 A: All right.

3 Q: My name is Drew Richardson, and I'm here on
4 behalf of Psychiatric Solutions. I've got to
5 ask you just a couple of follow-up questions,
6 okay? Exhibit One is labeled the Report of
7 Designated Examiner for Mental Illness. What's
8 the purpose of completing this document?

9 A: What's the purpose of this?

10 Q: Yes, ma'am.

11 A: I really -- I don't really know. It just has
12 to be done. That's given to you by the
13 probate. It has to be done by the designated
14 examiner. These papers are done by two people,
15 one of them is your doctor, and one could be
16 anyone in the hospital.

17 Q: Okay. And you would be the other person in the
18 hospital that does it?

19 A: In this aspect, yes.

20 Q: Okay. Do you know any specific reason as to
21 why you do it?

22 A: They say I have to do it.

23 Q: You just take your marching orders and do it,
24 right?

25 A: Uh-huh.

1 Q: Okay. Do you have any independent knowledge as
2 it relates to Psychiatric Solutions?
3 A: Do what now?
4 Q: Do you know what the company Psychiatric
5 Solutions is?
6 A: Yes.
7 Q: Do you have an independent knowledge of that
8 yourself?
9 A: Psychiatric Solutions used to own Three Rivers.
10 Q: Do you have any independent knowledge as it
11 relates to the purchase of Psychiatric
12 Solutions of the assets of Three Rivers?
13 A: I don't know, that's not -- I'm not in that --
14 Q: You weren't involved in negotiations?
15 A: Huh-uh.
16 Q: You weren't involved with the negotiations of
17 that?
18 A: No.
19 Q: Okay. That's all I have.
20 **MR. COLE:** Anyone else?
21 **MR. HICKS:** No.
22 **MS. DUBEY:** Not at this time.
23 **MR. COLE:** Let me check on those copies.
24 **(Plaintiff's Exhibit Number Two was marked for**
25 **identification purposes.)**

MS. BURRELL - RE-EXAMINATION BY MR. DODSON:

Q: Let me show you what we've marked as Exhibit Two. Are these the notes that you prepared a few weeks ago?

A: No, this weekend.

Q: Oh, this weekend. I'm sorry. Okay. So it says, if I'm reading correctly, "prior to doing DE done on 06/15/05, read chart MDs --"

A: MD's, sorry.

Q: "Read info in" -- what is that word computer?

A: In the computer.

Q: Okay.

A: The nurses' notes aspect.

Q: Okay. And then the next little dash is, "Talked to staff per RN"

A: The RN's on the unit, that's what I was saying. It's not anyone in particular.

Q: Well, do you have any recollection of your discussions with the RNs?

A: Not at this time, I do not.

Q: This says, "Commit, patient was paranoid especially toward husband." Did I read that correctly?

A: "Was paranoid especially towards husband," right. That's from the commit paper. That's

1 where those are gathered.

2 Q: So all of these four or five bullets here --

3 A: Yeah.

4 Q: -- were from the commit papers?

5 A: Uh-huh.

6 Q: That's just your summation of what was in the
7 commit papers?

8 A: Yes. Well, see, it goes to commit paper there,
9 then it goes to the notes back here.

10 Q: Right. Then it goes to the note on 06/13?

11 A: Yes. Uh-huh.

12 Q: And you're just -- this part of your notes that
13 says, "On 06/13 patient was refusing meds, very
14 manic, poor insight as to her illness,
15 paranoid." What's that next word?

16 A: "Paranoid sometimes, spending large amounts of
17 money."

18 Q: No, I'm down here under the 6/13 one. It says,
19 paranoid.

20 A: "Very manic, poor insight as to her illness,
21 paranoid but pleasant and intelligent."

22 Q: Okay. And that was just your summation of a
23 note on 6/13?

24 A: That was what that note said on that day.

25 Q: Okay. And then below that it says, "6/11, MD

1 and son met with Dr. Mobley."

2 A: Uh-huh.

3 Q: And then can you read the rest of that on that
4 page for me?

5 A: "They say and confirm patient is delusional and
6 paranoid for sometime. Spending large amounts
7 of money, not sleeping, son and husband/father
8 confirm that accusations of husband being
9 abusive are delusions. Husband and son agreed
10 to force meds on patient."

11 Q: Is that you just summarizing what you read in
12 the medical records?

13 A: No, it's on there.

14 Q: I mean, that's a direct quote?

15 A: I didn't pick -- I didn't pick out just words.
16 I mean, I picked out some things, but that's
17 not my paraphrase or anything. Those notes are
18 in there.

19 Q: Those are actual quotes from the medical
20 records?

21 A: Yes.

22 Q: All right. Let's flip to page two of Exhibit
23 Two. "6/12, patient was highly manic,
24 delusional, brisk speech." That's what you --
25 just popping out of records?

1 A: That's in the note. That's a note. Uh-huh.

2 Q: And then 06/21, "In court, came to court
3 hearing. Brother, who is a physician, sister,
4 son, husband."

5 A: Uh-huh. "All confer patient has been manic,
6 paranoid, delusion."

7 Q: Okay. What about where in this note that says,
8 "During her time here delusional, paranoid all
9 the time"?

10 A: That's in there. That's in there. That's from
11 the --

12 Q: You're just copying the medical records?

13 A: Uh-huh.

14 Q: Okay. Other than what we've marked as Exhibit
15 Two, have you prepared any other notes or
16 emails or --

17 A: No.

18 Q: -- anything on a computer?

19 A: This is it.

20 Q: This is it. Okay. Have you answered all of my
21 questions truthfully, honestly, and to the best
22 of your ability?

23 A: Yes.

24 Q: Have you given full and complete answers to my
25 questions?

1 A: Yes.

2 Q: Have we fully and completely discussed your
3 opinions in this case?

4 **MS. DUBEY:** Object to form.

5 Q: That just means she doesn't like my question.

6 A: What do you -- about the opinions aspect, the
7 gun, yes.

8 Q: Well, about anything. Your interactions with
9 Ms. Argoe, anything like that?

10 A: Yes.

11 **MS. DUBEY:** Object to form.

12 Q: Do you want to change any of your sworn
13 testimony from today?

14 A: No.

15 Q: Do you want to add anything to your sworn
16 testimony today?

17 **MS. DUBEY:** Object to form.

18 A: I don't have anything to add.

19 Q: I don't have any further questions at this
20 time.

21 **MS. BALLENTINE:** I have no questions.

22 **MR. COLE:** Anyone else?

23 **MS. DUBEY:** No questions.

24 **MR. HICKS:** No questions.

25 **MR. HAILE:** No questions.

1 **MR. HUGHES:** I don't have any.

2 **MS. BURRELL - EXAMINATION BY MR. COLE:**

3 Q: All right. I've got two very short questions
4 for you. First, Exhibit Number One, when you
5 performed the designated exam, was Ms. Argoe
6 compliant with the treatment plan at Three
7 Rivers?

8 A: No.

9 Q: Was Ms. Argoe the first patient to come into
10 Three Rivers involuntarily that said that she
11 did not have a problem?

12 A: No.

13 Q: Than you.

14 **MR. DODSON:** Nothing further.

15 **(There being no further questions, the deposition was**
16 **concluded at 10:41 a.m.)**

SIGNATURE

I have read the foregoing deposition and confirm that it is a true and accurate transcript of my testimony. Any errors I may have noticed have been listed below and returned to the court reporter for checking against the tapes.

DORIS ANN BURRELL, R.N.

Date: _____

<u>Page</u>	<u>Line</u>	<u>Correction</u>	<u>Reason for Change</u>

Re: rgoe v. Three Rivers, et al. (8.7.12)
/at

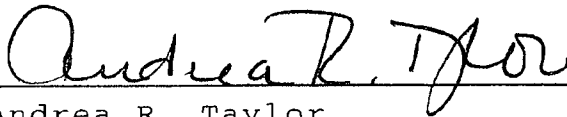
CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

CERTIFICATE

This is to certify that the deposition of **DORIS ANN BURRELL, R.N.**, consisting of Sixty-Seven (67) pages, is a true and correct transcript of the testimony given by said deponent after being duly sworn; said deposition was reported by the method of Stenomask with Backup.

I further certify that I am neither employed by nor related to any of the parties in this matter or their counsel; nor do I have any interest, financial or otherwise, in the outcome of same.

IN WITNESS WHEREOF I have hereunto set my hand and seal on August 16, 2012.



Andrea R. Taylor
Court Reporter

Notary Public for South Carolina
My Commission Expires: April 27, 2014

REPORT OF DESIGNATED EXAMINER FOR MENTAL ILLNESS

PAGE 1

Name of Person Examined <i>Natasha Arge</i>	Sex <i>F</i>	Height	Weight	Age <i>62</i>	Hair	Eyes	DOB	SS#	County of Residence <i>Orange</i>
Place of Examination <i>Three Rivers</i>	Hour and Date of Examination <i>6/15/05 8:20 AM</i>				Name of Designated Examiner <i>Dr. Daniel</i>				
Degree <i>RN</i>				Place of Professional Employment <i>THREE RIVERS CENTER FOR BEHAVIORAL HEALTH 2900 SUNSET BOULEVARD WEST COLUMBIA, SC 29169</i>					

I, THE UNDERSIGNED EXAMINER, having been directed by Probate Court Order to do so, have examined the above-named person, considered previous hospitalization records and am of the opinion that the said individual:
(Check appropriate boxes.)

☒ IS MENTALLY ILL, NEEDS INVOLUNTARY TREATMENT AND BECAUSE OF THIS MENTAL ILLNESS:

Lacks sufficient insight or capacity to make responsible decisions with respect to his/her treatment;

AND / OR

There is a likelihood of serious harm to self or others:

AND THEREFORE,

(1) ☒ INVOLUNTARY HOSPITALIZATION IS RECOMMENDED.

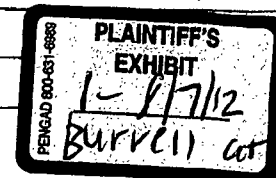
(2) ☐ INVOLUNTARY OUTPATIENT TREATMENT IS RECOMMENDED.

My recommendation is based on the following symptoms and specific examples of behavior:

*Patient is alert & oriented to person Place. Denies
suicide / Homicide - denies any hallucination
Patient is very adamant about nothing wrong
with her and she doesn't need any
meds. She is constantly refusing any
meds. They had to start forcing her
meds on 6/13/05. At this time I
feel that patient needs to be retained
for her safety to get stable and become
more educated on her diagnosis.*

(See reverse side which must be completed.)

All Information MUST be typed or clearly printed.



REPORT OF DESIGNATED EXAMINER FOR MENTAL ILLNESS

PAGE 2

II. ☐ IS NOT MENTALLY ILL to such an extent that involuntary treatment is presently required.

My recommendation is based on the following observations and opinions:

[Handwritten notes and signature area, crossed out with a large X]

My recommendation for additional treatment on a voluntary basis is:

[Handwritten notes and signature area, crossed out with a large X]

SIGNATURE OF DESIGNATED EXAMINER D Ann Burrell DEGREE RN MEDICAL OR PROFESSIONAL LICENSE NO. _____

TYPED OR PRINTED NAME OF DESIGNATED EXAMINER D ANN BURRELL PHONE NUMBER _____
 THREE RIVERS CENTER FOR BEHAVIORAL HEALTH
 2900 SUNSET BOULEVARD
 WEST COLUMBIA, SC 29169

STREET ADDRESS _____ CITY _____ COUNTY _____ ZIP _____

NOTE: (1) "Mentally ill person" means a person afflicted with a mental disease to such an extent that, for his own welfare or the welfare of others or of the community, he requires care, treatment or hospitalization;

(2) "Likelihood of serious harm" means because of mental illness there is (1) a substantial risk of physical harm to the person himself as manifested by evidence of threats of, or attempts at, suicide or serious bodily harm; (2) a substantial risk of physical harm to other persons as manifested by evidence of homicidal or other violent behavior and serious harm to them or (3) a very substantial risk of physical impairment or injury to the person himself as manifested by evidence that the person's judgment is so affected that he is unable to protect himself in the community and that reasonable provision for his protection is not available in the community;

All Information MUST be typed or clearly printed.

7456-N-024
CONFIDENTIAL



in Am.

Prior to doing DE - - done on 6/15/05 -
- Read chart - mo's -
- Read info in computer - (nurse notes -
- talked to staff (he RN) w notes)

commit
pt was paranoid - esp. toward husband
leaving house late at night -
with lots of expensive jewelry
spending large sums of money
sleep behind locked bedroom door
not cleaning / afraid of dirt -
pt carried a firearm - she
was very
DE don -

on 6/13 pt was refusing meds - very manic
poor enough as to her illness -
paranoid - but pleasant & intelligent

6/11 mid son met c. Dr. Mobley -
they say / confirm it is delusional
& paranoid for some time -
spending lg. amounts of money -
not sleeping - son & husband / father
confirm that accusations
of husband being abusive are
delusional -
husband & son agree to force meds

6/12 pt was highly manic -
delusional - brisk speech -

6/21 in court

- Came to court hearing -
- brother who is a physician
- sister
- son
- husband.

/ all confer
pt has been
manic -
paranoid
delusional -
= Wards throat
house - talk

During her time here
delusional
paranoid / all the time

APPEARANCES:

Robert D. Dodson, Esquire
LAW OFFICES OF ROBERT DODSON, PA
1722 Main Street, Suite 200
Columbia, South Carolina 29201
Rdodson@RdodsonLaw.com
Attorney for the Plaintiff

Andrew N. Cole, Esquire
COLLINS & LACY, PC
1330 Lady Street, Sixth Floor
Columbia, South Carolina 29201
acole@collinsandlacy.com
Attorney for the Defendants, Three Rivers
Behavioral Health, LLC and Doris
N. Burrell, R.N.

Andrew L. Richardson, Jr., Esquire
McANGUS, GOUDELOCK & COURIE, LLC
1320 Main Street, 10th Floor
Columbia, South Carolina 29201
drichardson@mgclaw.com
Attorney for the Defendant, Psychiatric
Solutions, Inc.

William H. Davidson, II, Esquire
DAVIDSON & LINDEMANN, PA
1611 Devonshire Drive, 2nd Floor
Post Office Box 8568
Columbia, South Carolina 29202-8568
wdavidson@DML-LAW.com
Attorney for the Defendants,
Phyllis Bryant-Mobley, M.D.
and Glenn Hooker, M.D.

Shelton W. Haile, Esquire
RICHARDSON, PLOWDEN, CARPENTER & ROBINSON, PA
1900 Barnwell Street
Columbia, South Carolina 29201
shaile@richardsonplowden.com
Attorney for the Defendants, Aiken
Regional Medical Center and Aurora Pavilion

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Elloreë A. Ganes, Esquire
 HOOD LAW FIRM, LLC
 172 Meeting Street
 Post Office Box 1508
 Charleston, South Carolina 29401
Elloreë.Ganes@hoodlaw.com
 Attorney for the Defendant,
 David A. Steiner, M.D.

Tracy S. Dubey, Esquire
 JAMES E. PARHAM, JR., PA.
 220 Ministry Drive
 Irmo, South Carolina 29063
tdubey@jparhamlaw.com
 Attorney for the Defendant,
 Cheryl C. Dodds, M.D.

Noah M. Hicks, Esquire
 THE LAW OFFICE OF NOAH M. HICKS, II, LLC
 Post Office Box 7996
 Columbia, South Carolina 29202
chicks@nmhlawfirm.com
 Attorney for the Defendant,
 Carolina Care Plan

Also present:
 Martha Argoe
 Cheryl C. Dodds, M.D.
 Renee Bouye, Carolina Care Plan

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STIPULATIONS

It is stipulated and agreed that this deposition is being taken pursuant to the South Carolina Rules of Civil Procedure.

It is stipulated by and between counsel and the witness that the reading and signing of the following deposition be, and the same are, hereby not waived. Signature sheet is attached at page 113.

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1 PHYLLIS M. MOBLEY, M.D., having been duly sworn,
2 deposes and testifies as follows:

3 DR. MOBLEY - EXAMINATION BY MR. DODSON:

4 Q: Dr. Mobley, I introduced myself to you a moment
5 ago when you walked in, but again, my name is
6 Robert Dodson. I represent Martha Argoe in the
7 action that we're here about today. I'm here
8 to take you deposition, which means I'm going
9 to be asking you a series of questions. You'll
10 be giving me answers under oath. Have you ever
11 given a deposition before?

12 A: I have not.

13 Q: You've never given a deposition before?

14 A: No, sir.

15 Q: Okay. Well, let me give you some ground rules
16 for a deposition so that we'll understand each
17 other a bit better. I'm going to be asking you
18 a series of questions. You'll be giving me
19 answers. Let me ask you to give me oral or
20 verbal responses to my questions as opposed to
21 nodding your head, shaking your head, uh-huh or
22 huh-uh or anything like that. That just makes
23 it easier for the court reporter to take down
24 on everything. She's creating a transcript of
25 what we say and your nod, I'll know what you

1 mean when you nod you're head, I'll know what
2 you mean when you shake you're head, but it
3 won't show up on the transcript, so can you do
4 that for me?

5 A: Yes.

6 Q: The other thing I'm going to ask you to do is
7 you may know the answer to some of my questions
8 before I'm finished asking my question. Let me
9 go ahead and finish asking my question as
10 opposed to you jumping in and giving me an
11 answer. In other words, let's not speak over
12 each other because if we do that also will make
13 it harder on our court reporter, and I'll try
14 not to talk over you when you're giving me an
15 answer. If you do not understand one of my
16 questions, please let me know, and I'll be
17 happy to rephrase it. Okay?

18 A: Okay.

19 Q: If you answer a question that I asked, I will
20 assume that you understood the question. Is
21 that fair enough?

22 A: That's fair.

23 Q: We may take, and probably will take breaks
24 throughout the course of the day. If we do
25 take breaks, and we can take one anytime you

1 want one, if we do take a break you can't
2 discuss this case, your testimony, or Martha
3 Argoe with anyone, including your lawyer. So
4 I tell people this, when we come back from a
5 break, the first question I will ask you is
6 have you discussed your testimony in this case
7 or anything about Martha Argoe with anyone
8 including your lawyer, okay?

9 A: Okay.

10 Q: We make take a lunch break and even during that
11 lunch break we will not -- you will not be
12 allowed to discuss your testimony with anyone,
13 okay?

14 A: Okay.

15 Q: Once we're done with the deposition, when it's
16 fully complete, then, of course, you are free
17 to communicate with anybody including your own
18 lawyer. What is your full legal name?

19 A: Phyllis Marie Bryant-Mobley.

20 Q: Okay. And Dr. Mobley, have you ever gone by
21 any other legal name or alias?

22 A: I have not, other than maiden name, Phyllis
23 Marie Bryant.

24 Q: What is your age and date of birth?

25 A: I am 47.

1 Q: And what is your home and professional address?

2 A: My home address is 3 Stockton Court,
3 Blythewood, South Carolina 29016, and my work
4 address is 1800 Colonial Drive, Columbia, South
5 Carolina 29203.

6 Q: Do you have any relatives by blood or marriage
7 in Lexington County who are over 18 years old?

8 A: I do not.

9 Q: Where were you born?

10 A: I was born in Columbia, South Carolina.

11 Q: And I'm going to ask you for your social
12 security number.

13 **MR. DODSON:** Madame court reporter you know just to
14 record the last four digits of that.

15 A: XXX-XX

16 Q: Do you have a South Carolina driver's license?

17 A: I do.

18 Q: Do you have it with you?

19 A: I do.

20 Q: Nobody ever remembers their number, including
21 me.

22 A:

23 Q: Do you have any restrictions on your license?

24 A: I wear corrective lenses.

25 Q: Other than the corrective lenses restriction

1 we'll call it --

2 A: No. No, sir.

3 Q: -- do you have any restrictions? Have you ever

4 been in the military?

5 A: I have not.

6 Q: What is your marital status?

7 A: Married, but separated.

8 Q: And who is your husband?

9 A: John Terrence Mobley.

10 Q: Is he a lawyer here in town?

11 A: He is.

12 Q: His office is over on Richland Street behind

13 the federal courthouse?

14 A: On Calhoun.

15 Q: Calhoun Street, I'm sorry. Okay. How long

16 have you been separated from Mr. Mobley?

17 A: Since February of this year.

18 Q: Have you filed for divorce?

19 A: I have not.

20 Q: Is there a family court action pending?

21 A: We're in the process of working out a

22 separation agreement. We both have retained

23 attorneys.

24 Q: And who is your attorney in that action?

25 A: Ms. Harrelson, Yulee Harrelson.

1 Q: And who is Mr. Mobley's attorney in that
2 action?

3 A: I don't, I don't remember. I don't remember
4 who his lawyer is.

5 Q: Did you --

6 A: Masella. Masella.

7 Q: Masella?

8 A: Masella.

9 Q: Robert Masella?

10 A: Yes. Yes.

11 Q: So you don't have a formal separation
12 agreement?

13 A: We do not. We're in the process of working one
14 out.

15 Q: Is he paying you alimony, or are you paying him
16 alimony?

17 A: He's paying me -- he's paying me alimony. Not
18 alimony, I'm sorry. He's paying child support.

19 Q: Child support.

20 A: And health insurance.

21 Q: Okay.

22 A: His portion of health insurance for himself and
23 his portion for our children.

24 Q: And who are your children?

25 A: Brandon Jerrard Mobley, who is nine years old,

1 and Caitlin Johne Mobley. She's 13.

2 Q: Do they both live with you?

3 A: They do.

4 Q: And is John Mobley their natural father?

5 A: He is.

6 Q: Do you have any other children?

7 A: I do not.

8 Q: Does Mr. Mobley have any other children?

9 A: He does not.

10 Q: Okay. This is just her CV. Let's mark this as
11 Exhibit Number One.

12 **(Plaintiff's Exhibit Number One was marked for**
13 **identification purposes.)**

14 Q: Dr. Mobley, I'm going to show you what we've
15 marked as Plaintiff's Exhibit Number One, and
16 ask you for the record if you can identify this
17 document?

18 A: This is my updated CV.

19 Q: And when was this last updated?

20 A: This morning.

21 Q: So there would be no changes or additions that
22 would need to be made to this to make it
23 current?

24 A: No.

25 Q: Are you board certified?

- 1 A: I'm board certified in general adult
2 psychiatry.
- 3 Q: Have you ever sought to be board certified in
4 anything else but denied?
- 5 A: I have not.
- 6 Q: Did you pass your boards on the first time?
- 7 A: I passed on the second time.
- 8 Q: Okay. What portion -- when you took the boards
9 the first time, what portion of the exam did
10 you not pass?
- 11 A: I didn't pass the written, so having not passed
12 the written I wasn't allowed to try the oral.
- 13 Q: Okay. Was there any particular reason that you
14 did not pass the boards your first time?
- 15 A: Not that was shared with me. We only get a
16 pass/fail grade.
- 17 Q: Yeah, and I guess let me specify my question.
18 Was there anything going on in your life at
19 that time personally that was affecting your
20 ability to study and prepare for your boards?
- 21 A: There was not.
- 22 Q: Does your CV list all of your professional
23 publications?
- 24 A: It does.
- 25 Q: Does your CV list all of the seminars or

1 lectures that you've taught or given?

2 A: Well, I haven't given any lectures or talks in
3 the last several -- not since residency
4 actually.

5 Q: Do you have any faculty or administrative
6 appointments that aren't listed on your resume?

7 A: I do not.

8 Q: Are you a member of any professional
9 organizations like the AMA that are not on your
10 resume?

11 A: I am not. I'm a member of the American
12 Psychiatric Association, but that's listed.

13 Q: You're not a member of the AMA?

14 A: I am not.

15 Q: Can you tell me why you're not a member of the
16 AMA?

17 A: I'm a psychiatrist and I felt that it was more
18 prudent for me to be a member of the American
19 Psychiatric Association, and it doesn't really
20 serve me to be a member of both.

21 Q: Okay. Are you a member of any church or house
22 of worship?

23 A: Yes, I am.

24 Q: And what is that?

25 A: First Northeast Baptist Church. It's out on

1 Sparkleberry Road, but I also attend North Star
2 Baptist Church -- I mean, North Star Christian
3 Center on Killian Road.

4 Q: Are you in any kind of social clubs, or I'll
5 say fraternities, but that may not be the
6 appropriate word for female?

7 A: I am not.

8 Q: Are there any journals or periodicals that you
9 -- professional journals or periodicals that
10 you typically read or review?

11 A: Just the Journal of the American Psychiatric
12 Association, the green journal.

13 Q: That's called the Green Journal?

14 A: No, but I mean, it's commonly referred to it as
15 that, but it's the Journal of the American
16 Psychiatric Association.

17 Q: Okay. That's just sort of the street name for
18 it, for lack of a better term?

19 A: Yes.

20 Q: Let's talk about your typical work week. Tell
21 me what kinds of things you do on a typical
22 work week starting on Monday and taking me
23 through Sunday.

24 A: Well, currently I'm medical director at the
25 William S. Hall Psychiatric Institute. I've

1 been there for about two years, and I work a 37
2 and a half hour work week. Most days are about
3 the same. It starts at 8:30. 8:30 in the
4 morning I have a morning report where I meet
5 with the hospital administrator and nursing
6 staff and we go over, you know, what happened
7 the day before overnight, census, staffing,
8 those type of issues. And I have
9 administrative duties, meetings that I attend,
10 and on a regular basis; however, I do still
11 engage in patient care because we're often
12 short, you know, doctors out on vacation or
13 doctors have left. So there have been times
14 when I have been actually covering units. And
15 that hospital is a child and adolescent
16 hospital, children ages five to 17 are admitted
17 there.

18 Q: So you don't do any -- do you see any adult
19 psychiatric patients?

20 A: I do not. I have not in two years.

21 Q: How long have you specialized in child
22 psychiatry, I'll call it?

23 A: I am trained in child psychiatry. I did a
24 child psychiatry fellowship, but I did not --
25 I did not seek board certification in child.

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1 Q: How come?

2 A: Because for a while I had worked in child and
3 honestly had gotten a little bit burned out
4 with it, and I had -- I started just seeing
5 adults. I'd seen adults at the Orangeburg
6 Mental Health Center, and I'd been at forensics
7 where I was only seeing adults, but there was
8 a need at William S. Hall for a child trained
9 medical director when their director resigned.
10 And so I was administratively moved.

11 Q: Who made that decision to administratively move
12 you?

13 A: It was made within the Department of Mental
14 Health, I mean.

15 Q: Was that something you were in favor of,
16 opposed to?

17 A: I liked where I was working, but in retrospect,
18 it's been a good move for me.

19 Q: Okay. Other than your job as a medical
20 director, do you have any other full-time or
21 part-time jobs or consulting duties where you
22 are paid or compensated for your work?

23 A: I do not.

24 Q: Have you ever been a party to a lawsuit either
25 as a plaintiff or a defendant?

- 1 A: No.
- 2 Q: Other than this case obviously. Have you ever
- 3 lost privileges at a hospital or other medical
- 4 or mental health facility?
- 5 A: I have not.
- 6 Q: Have you ever sought privileges at a hospital,
- 7 medical center, or mental health facility and
- 8 been denied?
- 9 A: No.
- 10 Q: To the best of your knowledge, have you ever
- 11 had a malpractice claim settled prior to a
- 12 lawsuit being filed?
- 13 A: I have not.
- 14 Q: Now, you are currently employed by the
- 15 Department of Mental Health?
- 16 A: Yes.
- 17 Q: So has the Department of Mental Health ever
- 18 been sued where the allegations against it have
- 19 been allegations that are essentially made
- 20 against you?
- 21 A: No.
- 22 Q: Do you know if this case, Martha Argoe, was
- 23 peer reviewed?
- 24 A: I am not aware. I don't know.
- 25 Q: You don't one way or another?

1 A: I don't know one way or the other.

2 Q: Do you know any of the lawyers involved in this

3 case?

4 A: Other than my own, no.

5 Q: Okay. And how did you come to hire Mr.

6 Davidson and his law firm?

7 A: I believe Mr. Davidson was hired through my

8 medical malpractice insurance.

9 Q: Did you know him before that?

10 A: I did not.

11 Q: Do you know any of the other doctors or nurses

12 who are named individually in this lawsuit?

13 A: I know Dr. Cheryl Dodds, and I recall working

14 with Ms. Burrell when I was employed by Three

15 Rivers.

16 Q: And are you friends with Dr. Dodds or Ms.

17 Burrell?

18 A: I am not.

19 Q: Have you ever been friends with them; done

20 anything with them on a social basis?

21 A: Yes, I have in the past with Dr. Dodds when we

22 -- because we worked at Three Rivers and we

23 also had an office sharing arrangement when I

24 was in private practice because I worked at

25 Three Rivers in the mornings and had an

1 outpatient practice in the afternoons.

2 Q: Are you still friendly with Dr. Dodds?

3 A: Yeah, we're still friendly, but we don't -- I
4 mean, we both have busy lives, children, we
5 don't work in the same place, so we don't see
6 one another and we don't -- we don't go out.

7 Q: Have y'all ever had any kind of a falling out
8 with one another?

9 A: It was tense when I left the practice because
10 our practice had gone through a lot of changes
11 prior to my leaving. Another member of our
12 office sharing agreement had left and -- but
13 that was back years ago.

14 Q: You said it was tense. What was the -- what
15 was tense about it?

16 A: It was tense because it was difficult because
17 I was leaving for personal reasons, and I felt
18 like it was the best move for me, but of
19 course, it left her in a predicament because,
20 you know, we're in an office sharing agreement,
21 we're sharing expenses, and it was not, you
22 know, it was something that it was difficult
23 for both of us.

24 Q: Did you have any kind of a written office
25 sharing agreement or was it a verbal or oral

1 agreement?

2 A: I don't really -- I don't really recall. I
3 know that sounds odd, but I think at one point
4 we were just sharing office space and sharing
5 expenses, and then when the head of the
6 practice left, we purchased the practice from
7 him and -- but it was such a short period of
8 time. But anyway, Dr. Dodds and I, you know,
9 we settled monetarily and everything and it was
10 fine. It was just tense during that process.

11 Q: So you had some sort of agreement or settlement
12 with Dr. Dodds?

13 A: Yes.

14 Q: Did you have lawyers for that?

15 A: No.

16 Q: Did your husband, were you married to John
17 Mobley at the time?

18 A: I was.

19 Q: Did he sort of represent you in that?

20 A: He did not. It was not that serious.

21 Q: Did Dr. Dodds have an attorney?

22 A: She did not.

23 Q: What was the monetary settlement?

24 A: I can't remember, but I -- but I had to pay
25 her.

1 Q: Okay.

2 A: I do remember that. But I can't remember how
3 much it was.

4 Q: You mentioned that you left this office sharing
5 arrangement for personal reasons. What were
6 those personal reasons?

7 A: Those personal reasons were my kids getting
8 older, and I was in private practice, and I was
9 looking to get out of private practice, that
10 was both Three Rivers and the outpatient
11 practice. I was looking for a salaried
12 position with vacation, insurance, medical
13 insurance, those type things.

14 Q: Okay. Other than Dr. Dodds and, I guess, Nurse
15 Burrell, do you know any of the other folks
16 involved in this case?

17 A: I knew --

18 Q: Dr. Hooker, Dr. Steiner or any of those?

19 A: I knew Dr. Hooker because I had worked with him
20 in residency having done a rotation at the
21 Orangeburg Mental Health Center.

22 Q: Okay.

23 A: But that was back in my training.

24 Q: Were you a resident and he was in charge of a
25 residency program? How did that work?

1 A: He wasn't in charge of a residency program, but
2 he was employed at Orangeburg Mental Health
3 Center, and I had a training experience under
4 him.

5 Q: Have you listed all your employment on your CV?

6 A: I have.

7 Q: Have you ever been terminated or fired from any
8 of the jobs that you've held?

9 A: Well, I was let go from Crossroads Counseling
10 Center.

11 Q: Okay.

12 A: But leading up to that, I had discussed with
13 the owner the fact that there was some -- there
14 was some billing issues, and basically I had
15 been working for a few months and not getting
16 paid. And I shared with her that if those
17 billing issues had not been resolved that, you
18 know, I would give her, you know, six months
19 basically, because of course I couldn't walk
20 out the door because I had patients and you
21 can't just, you know, abandon your patients.
22 But, you know, I'd given her due notice that if
23 the situation did not correct itself that I
24 would be seeking other employment. So I guess
25 she was not happy with that, so two days later

1 she gave me a termination letter.

2 Q: Who was -- you keep referring to she or her.
3 Who was that?

4 A: Oh, I can't remember her name. I cannot recall
5 her name.

6 Q: Okay. Is --

7 A: But she is the owner, I'm assuming it's still
8 there --

9 Q: Okay.

10 A: -- but she's the owner of Crossroads Counseling
11 Center.

12 Q: Any other employment positions that you've been
13 terminated before or asked to resign?

14 A: No.

15 Q: Have you ever been the subject of any kind of
16 disciplinary proceeding by any medical board or
17 licensing body?

18 A: I have not been.

19 Q: As far as you know, no one has filed a
20 complaint or grievance against you with any
21 medical board or anything of that nature?

22 A: As far as I know, no.

23 Q: Okay. You mentioned at the Crossroads
24 Counseling Center that there were some billing
25 issues, I think the term you used was billing

1 issues. What were the billing issues?

2 A: Well, they'd had an issue with one of their
3 billing people had actually been stealing
4 money. And I don't know what other issues
5 there were, but like I said, they were, you
6 know, collecting insurance and I was not
7 getting paid. I was seeing patients. I was
8 seeing like 20 patients a day possibly, and I
9 was not getting paid.

10 Q: Okay. Did you ever settle up with them in the
11 sense that they eventually paid you for the
12 work that you were doing?

13 A: Well, after I was -- after I left, after I was
14 terminated, they did send me -- they did send
15 me some checks over an eight, nine month
16 period, I guess, when they did get it straight
17 or get their insurance -- or get insurance
18 billing in. So they did send me that even
19 though I was not still employed there.

20 Q: Who was the billing person there that was
21 stealing?

22 A: I do not recall her name.

23 Q: Do you know if any type of criminal
24 investigation of her was conducted?

25 A: The owner told me that she was planning on

1 pressing charges.

2 Q: Have you ever testified against a doctor or
3 nurse in a medical malpractice action?

4 A: I have not.

5 Q: Have you ever served as an expert witness in
6 some type of malpractice case?

7 A: I have not.

8 Q: And by malpractice I'm including essentially
9 psychiatric malpractice as part of that.

10 A: I have not.

11 Q: Dr. Mobley, what did you do to prepare for your
12 deposition today?

13 A: I reviewed my -- the hospital records that were
14 provided to me, and I reviewed Dr. Steiner's
15 deposition that was given on Friday.

16 Q: You read Dr. Steiner's deposition?

17 A: I did.

18 Q: What other documents or things have you
19 reviewed in relation to your evaluation of Ms.
20 Argoe?

21 A: Repeat the question, please.

22 Q: Yes, ma'am. You told me you had reviewed Dr.
23 Steiner's deposition. You told me you had
24 reviewed some other documents.

25 A: Uh-huh (affirmative response).

1 Q: What other things have you looked at in this
2 case other than what you just told me about,
3 whether it was in connection with your
4 deposition today or not?

5 A: Just those things. The records from Three
6 Rivers, including my initial history and
7 physical, my notes, and those of Dr. Desai and
8 Dr. Dodds and Dr. Steiner's deposition.

9 Q: Do you plan to render any opinions that any
10 other physicians, physician's assistants,
11 nurses involved in Ms. Argoe's care and
12 treatment did anything that fell below accepted
13 standards of care?

14 A: I do not.

15 Q: Do I understand it correctly that your
16 involvement in this case started at Three
17 Rivers?

18 A: It did.

19 Q: You never saw Ms. Argoe at Aurora?

20 A: I did not.

21 Q: And I gather that you had never seen her before
22 she was admitted to Three Rivers?

23 A: That's correct.

24 Q: After she was discharged from Three Rivers, did
25 you see her again?

1 A: I did not.

2 Q: Did you ever appear in any court to testify
3 related to Martha Argoe's involuntary
4 admission?

5 A: That would have been her probate hearing at
6 Three Rivers.

7 Q: Did you testify at that hearing?

8 A: Yeah, we are -- yes, we are called to testify
9 if we are -- I was a designated examiner, so I
10 was in attendance at the hearing and had to
11 give testimony.

12 Q: Was it a single hearing that you testified in?

13 A: Yes.

14 Q: Was there a court reporter there at the
15 hearing?

16 A: I do not recall. I know that now at probate
17 hearings there is a tape recorder, but I don't
18 recall whether or not there was a court
19 reporter back then.

20 Q: When do you first recall seeing Ms. Argoe?

21 A: Well, it's not really my recollection, but the
22 notes, according to my initial history and
23 physical, I think that would have been on the
24 10th of June 2005. But I don't recall from
25 memory when.

1 Q: Okay. Would you have prepared an initial
2 psychiatric evaluation based on that initial
3 encounter with her?

4 A: This was my initial psychiatric evaluation.

5 Q: Let's mark this as Exhibit Number Two.

6 **(Plaintiff's Exhibit Number Two was marked for**
7 **identification purposes.)**

8 Q: I don't know, there's some Bates numbers on
9 this thing, but I don't -- it's 7456-N-045, and
10 it's Three Rivers for Behavioral Health Initial
11 Psychiatric Evaluation. Dr. Mobley, I'm going
12 to show you what we've marked as Exhibit Two
13 and ask you if you can identify this document
14 and tell me what it is?

15 A: This is my initial psychiatric evaluation of
16 Ms. Argoe.

17 Q: Would you have prepared that report or document
18 in connection with the first time you saw Ms.
19 Argoe?

20 A: Yes.

21 Q: Can you -- since this is handwritten, can you
22 begin reading to me what you have written there
23 under history of present illness and symptoms?

24 A: "62 year old married, white female who per
25 family has long been ill, but has had no

1 treatment. On commitment application secondary
2 to psychotic and manic symptoms. Paranoid and
3 delusional. Always carries gun on hip, sleeps
4 in room separate from husband with the door
5 locked. Goes out late at night, has been
6 spending tremendous amounts of money, seeing
7 witches and warlocks. Believes house is
8 bugged. Afraid of dirt, hoards clothes.
9 Patient denies all. Says husband is concocting
10 a tale. Accuses him of being physically and
11 emotionally abusive alcoholic. Trusts only her
12 only child, a son who is her power of attorney.
13 Patient refused to take meds at Aurora Pavilion
14 from where she was transferred, but says if son
15 believes she needs medication, she will take
16 them voluntarily. Family session scheduled for
17 today."

18 Q: Let me stop you there. Let's go down to the
19 part that says, always carries gun on her hip.
20 Where did that information come from?

21 A: That information either came from the referral
22 source or from her commitment application.

23 Q: What did you do to verify the accuracy of that
24 information?

25 A: When I met with Ms. Argoe I asked her about

1 these specific things, the specific complaints
2 that were in the -- on the commitment papers
3 and what had been said about her. And as I
4 said, she stated she denied all. And I had
5 questions about that because in the assessment
6 that was done in intake, there were some things
7 that she did admit to, so. But this is an
8 initial evaluation. In the initial evaluation,
9 we look at all, you know, information that we
10 are given from our referral source, we get from
11 family, we get from third parties, and then we
12 talk to the patients, and we make a
13 formulation. Was I able to verify any of this
14 initially? No.

15 Q: Did you talk with the family prior to or in
16 close proximity to your initial meeting with or
17 evaluation of Ms. Argoe?

18 A: I did not speak with them prior to speaking
19 with Ms. Argoe, but according to my notes, they
20 either came in later this day or the next day,
21 and either I or the social worker did talk to
22 her family.

23 MR. DAVIDSON: If you need to take -- I don't know
24 if that was your phone or not, but if you need
25 to take a break to answer the phone, that's

1 fine.

2 **DR. MOBLEY:** No, I'm good.

3 Q: Dr. Mobley, do you own any kind of gun or
4 firearm?

5 A: I do not.

6 Q: Did anybody during -- at any point during Ms.
7 Argoe's involuntary commitment, did anybody
8 ever tell you that Ms. Argoe had a concealed
9 weapons permit which allowed her to carry a
10 gun?

11 A: I think that I read it in the intake assessment
12 that she had reported that to the intake
13 person.

14 Q: Now, if she had, if she did, in fact, have a
15 concealed weapons permit, does that cause you
16 any concern that she carries a gun if she's
17 gone through the proper procedures and obtained
18 a license to carry that gun?

19 A: All that tells me is that she's carrying the
20 gun legally. But whether or not she should be
21 carrying a gun based on her mental status, I
22 can't speak to that. I mean, she has a gun
23 legally, but I think whether or not she should
24 have been in possession of a gun and whether
25 it's legal are kind of mutually exclusive in my

1 mind.

2 Q: How are they mutually exclusive? Because I
3 don't understand that.

4 A: Well, I mean, she could have gotten -- I don't
5 know what's all involved in getting a gun
6 permit. I don't know anything about firearms
7 or having firearms, but you know, at the time
8 she had gotten a gun permit, it could have been
9 that she wasn't having any particular mental or
10 cognitive issues. And you know, I don't
11 believe in carrying guns, but if it's -- but if
12 you're carrying it legally, that's your
13 prerogative. But if there's a question as to
14 whether or not there's paranoia or delusional
15 thinking present, is it reasonable for her to
16 carry a gun even though it's legal, I would say
17 not.

18 Q: Okay. Did you ever take any action to have her
19 concealed weapons permit revoked?

20 A: I did not.

21 Q: The next thing that you wrote here is, sleeps
22 in room separate from husband with the door
23 locked. Now, if, in fact, her husband was an
24 alcoholic and had physically and verbally
25 abused her, would the fact that she sleeps in

1 a room separate from her husband with the door
2 locked, as you wrote in your report, give you
3 any concern for her mental health?

4 **MR. COLE:** Object to the form.

5 **MR. DAVIDSON:** Same objection.

6 A: Can you repeat that again, please?

7 Q: Yes, ma'am.

8 A: Repeat the question.

9 Q: You wrote in your report that she sleeps in a
10 room separate from husband with the door
11 locked. If Ms. Argoe, if her husband was an
12 alcoholic who had a history of physical and
13 verbal abuse, would that fact that she sleeps
14 in a room separate from her husband with the
15 door locked give you any concern?

16 **MR. COLE:** Object to form.

17 A: Well, that speaks to her being paranoid, and
18 whether or not the paranoia is founded in, is
19 based in truth or delusion was yet to be
20 determined as I, you know, said on the next
21 page that we had to determine whether or not
22 her thinking was delusional. But in the
23 initial psychiatric evaluation we're forming an
24 opinion based on information we're getting from
25 Ms. Argoe, based on what we see when we're

1 evaluating her, what she tells us, and
2 initially all of that speaks to paranoia. But
3 again, I conceded on the next page that there
4 was a need to follow up on whether or not her
5 paranoia about her husband was based in truth
6 or delusion..

7 Q: You wrote in here that she goes out late at
8 night.

9 A: Uh-huh (affirmative response).

10 Q: Okay. Let's assume that she did go out late at
11 night. Let's assume that that is true, Dr.
12 Mobley. Does the fact that she goes out late
13 at night, does that make her a danger to
14 herself or other people?

15 A: Not necessarily if you're looking at that
16 outside of the context of everything else.

17 Q: So you would agree with me the fact that she
18 goes out late at night does not make her a
19 danger to herself or other people?

20 A: I would agree that in and of itself, but
21 there's other information that she's not
22 exercising good judgment or good insight, and
23 that one statement does not stand alone --

24 Q: Okay.

25 A: -- in the assessment.

1 Q: What is that other information?

2 A: What's listed here, I mean.

3 Q: Okay. All right. Well, tell me -- when you
4 say what's listed here, let's be specific.

5 A: Okay. There's a question of her being
6 paranoid; if she has delusions.

7 Q: All right. Paranoid. Let's list these out.
8 Delusions.

9 A: Whether or not she's seeing witches and
10 warlocks.

11 Q: All right. Witches and warlocks.

12 A: Spending tremendous amounts of money.

13 Q: Okay. All right. So is that all the other
14 information that goes along with that?

15 **MR. DAVIDSON:** Object as to the form.

16 A: In the initial assessment, yes.

17 Q: Okay. Let me ask you this, Dr. Mobley. Did
18 you ever ask Ms. Argoe if she was seeing
19 witches and warlocks or had seen witches and
20 warlocks?

21 A: I did.

22 Q: And what did she tell you?

23 A: She denied it.

24 Q: Now, you saw and treated her for how long?

25 A: I believe two weeks.

1 Q: Two weeks. Okay. And during that two weeks,
2 did she ever, at any time, express to you that
3 she had seen witches and warlocks?

4 A: She did not.

5 Q: Okay. Other than what was told to you by her
6 family, did you ever find any other evidence
7 where she was seeing witches and warlocks?

8 A: I did not, but there was other evidence that
9 she was delusional.

10 Q: Well, what were her delusions, Dr. Mobley?

11 A: Well, I know one delusion, I mean, she told me
12 herself and stated in the courtroom that she
13 carried a gun because she had been trained by
14 the FBI.

15 Q: Well, what was delusional about that? What did
16 you consider delusional about that statement?

17 A: She wasn't trained by the FBI.

18 Q: And how did you verify that?

19 A: I verified that with her family.

20 Q: So you relied on family to verify that she had
21 not been trained by the FBI?

22 A: I relied on her family, I relied on her
23 husband, her son, and a sister who came to the
24 probate hearing, as well as a brother who is a
25 physician who came to the probate hearing.

1 Q: Other than relying on her family, other than
2 talking to her family, what did you do to
3 verify that she had not been trained by the FBI
4 to carry a gun?

5 A: I verified with her family because these are
6 the people who are --

7 Q: I know --

8 A: -- closest to her.

9 Q: I know about the family. You've told me about
10 the family.

11 MR. DAVIDSON: Let her --

12 Q: What other than --

13 MR. DAVIDSON: Robert, objection as to the question.
14 You allow her --

15 MR. DODSON: She's not answering it.

16 MR. DAVIDSON: No, sir.

17 MR. DODSON: Quit making speaking objections, Will.

18 MR. DAVIDSON: I'll make whatever I need to, Robert.

19 MR. DODSON: No, you won't.

20 MR. DAVIDSON: Yes, I will.

21 MR. DODSON: The rules --

22 MR. DAVIDSON: We'll call the judge. You're not
23 going to cut her off. Let her finish answering
24 the question.

25 MR. DODSON: You're going to stop making speaking --

1 MR. DAVIDSON: No, sir.

2 MR. DODSON: -- objections or we are going to call
3 the judge, Will, because --

4 MR. DAVIDSON: Let's call him then.

5 MR. DODSON: -- the rules don't allow you to make --

6 MR. DAVIDSON: Robert, call the judge.

7 MR. DODSON: -- speaking objections. Send the
8 witness out of the room if you want to argue
9 about this --

10 MR. DAVIDSON: Call the --

11 MR. DODSON: -- because you're not going to disrupt
12 --

13 MR. DAVIDSON: Step out for a minute.

14 (Dr. Mobley left the deposition.)

15 MR. DODSON: You are not going to disrupt my
16 deposition, Will.

17 MR. DAVIDSON: Robert --

18 MR. DODSON: Don't snap at me.

19 MR. DAVIDSON: I'll snap at you because you snapped
20 at my client and number one --

21 MR. DODSON: Don't snap at me.

22 MR. DAVIDSON: -- and number one --

23 MR. DODSON: Don't bark at me like some kind of a
24 dog in the junk yard either, Will.

25 MR. DAVIDSON: Number one, from now on when she is

1 answering the question you will not cut her
2 off.

3 **MR. DODSON:** You don't instruct me --

4 **MR. DAVIDSON:** It makes it difficult for her --

5 **MR. DODSON:** -- you do not instruct me on --

6 **MR. DAVIDSON:** Then we'll stop the deposition and
7 we'll call the judge right now.

8 **MR. DODSON:** You can do whatever you want to do, but
9 you do not -- you do --

10 **MR. DAVIDSON:** You cut her off one more time --

11 **MR. DODSON:** And you don't threaten me either, okay?

12 **MR. DAVIDSON:** You cut her off one more time we'll
13 call the judge, Robert.

14 **MR. DODSON:** You can call anybody you want to, but
15 I'm telling you right now I'm not going to sit
16 here --

17 **MR. DAVIDSON:** It is not appropriate under the rule
18 --

19 **MR. DODSON:** It is not appropriate --

20 **MR. DAVIDSON:** -- to cut off an answer.

21 **MR. DODSON:** -- under the rules for you to make
22 speaking objections and interrupt my
23 deposition. That's not appropriate under the
24 rules.

25 **MR. DAVIDSON:** It is -- it is appropriate to

1 instruct a lawyer to allow the witness to
2 finish answering the question.

3 **MR. DODSON:** When she starts answering the question
4 that I asked --

5 **MR. DAVIDSON:** She was answering.

6 **MR. DODSON:** -- not the one that I didn't ask, I'll
7 be --

8 **MR. DAVIDSON:** I'll be glad have the court reporter
9 play it back

10 **MR. DODSON:** -- I'll be happy to let her finish her
11 answer.

12 **MR. DAVIDSON:** You want to let her play it back?

13 **MR. DODSON:** I know what she said. I don't need her
14 to have --

15 **MR. DAVIDSON:** I know you cut her off. You cut her
16 off again, we'll call the court.

17 **MR. DAVIDSON:** Are you done?

18 **MR. DAVIDSON:** I'm done, but you don't cut her off,
19 you understand?

20 **MR. DODSON:** You don't interrupt my deposition,
21 will.

22 **MR. DAVIDSON:** You cut her off one more time, I
23 will.

24 **MR. DODSON:** You don't interrupt my deposition
25 again.

1 MR. DAVIDSON: Robert, you do it by the rules. You
2 do not --

3 MR. DODSON: You do it by the rules, Will.

4 MR. DAVIDSON: You do not cut her off.

5 (Dr. Mobley reentered the deposition.)

6 BY MR. DODSON:

7 Q: All right. Dr. Mobley, let me ask my question
8 again since your lawyer interrupted me as I was
9 asking it before. My question is this. Other
10 than speaking with the family, who you've told
11 me about already, my question is this. I want
12 to know what else you did to verify that she
13 had not been trained by the FBI in carrying a
14 firearm?

15 A: I spoke with her family. That's all I did, but
16 I felt that was sufficient considering it did
17 not come just from her husband of whom she, you
18 know, was -- who she felt was, you know, trying
19 to hurt her. I got it from her son, who was
20 listed as the only person she trusted; I got it
21 from a sister and a brother.

22 Q: All right. You've told me about the family,
23 but would it be fair to say that other than
24 speaking with the family that you've just told
25 me about, you didn't do anything else to

1 independently verify whether or not it was true
2 or false that she had been trained by the FBI
3 to carry a fire arm?

4 **MR. DAVIDSON:** Objection.

5 A: No, I did not.

6 Q: What did you do at any time during your care
7 and treatment of Ms. Argoe to verify that she
8 had been "spending tremendous amounts of
9 money"?

10 A: Ms. Argoe herself admitted to spending
11 tremendous amounts of money.

12 Q: And when did she admit that?

13 A: She admitted -- she admitted that in her intake
14 assessment.

15 Q: Okay. Now, does spending tremendous amounts of
16 money, did that make her a danger to herself or
17 other people?

18 A: Again, I'm looking at an entire picture here of
19 different actions, different symptoms she's
20 explaining, and I am formulating a preliminary
21 diagnosis.

22 Q: All right.

23 A: That in and of itself, that being the only
24 thing going on, no, it does not. But that's
25 not the only thing that was reported to have

1 been going on with Ms. Argoe.

2 Q: Okay. When you first saw Ms. Argoe, was she
3 able to feed herself?

4 A: Yes.

5 Q: When you first saw Ms. Argoe, was she able to
6 care for her daily needs such as bathing
7 herself, dressing herself, those types of
8 things?

9 A: As far as I know.

10 Q: Was there any point during her hospitalization
11 where you were treating her -- I recognize
12 there were other doctors who were treating her
13 -- where she was not able to feed herself, care
14 for her personal hygiene, those types of
15 things?

16 A: There was not.

17 Q: Did her family ever report to you that she was
18 not able to feed herself, care for her personal
19 hygiene, anything of that nature?

20 A: We never had that conversation about whether or
21 not she was able to do those things.

22 Q: So would it be fair to say that no one ever
23 reported to you that she wasn't able to feed
24 herself, wasn't able to care for her personal
25 hygiene, wasn't able to take care of her daily

1 needs?

2 A: That's true.

3 Q: And you never made any independent inquiry of
4 the family or anyone else to find out if she
5 was able to feed herself, care for her personal
6 hygiene and her other personal needs?

7 A: I did not because the complaint was mainly
8 based on the concern that she might be a danger
9 to herself or others or not being able to
10 reasonably take care of herself. That doesn't
11 just -- that's not just about taking care of
12 activities of daily living. It's about, you
13 know, making sound decisions and being safe
14 yourself.

15 Q: You have here believes house is bugged. Did
16 you ever talk with Ms. Argoe about whether or
17 not she believed her house was bugged?

18 A: Yes, and she denied that she believed that.

19 Q: Did you ever observe any behavior when you were
20 treating her where she believed that she was
21 being bugged? And do you know what I mean by
22 being bugged, recorded?

23 A: I do. I don't know what you mean by observed
24 any behavior that would -- can you clarify the
25 question, please?

1 Q: Yes, ma'am. My question is simple. You saw
2 her several times during her involuntary
3 commitment at Three Rivers, correct?

4 A: Yes.

5 Q: During her time and during the times that you'd
6 observed her, did you observe any behavior on
7 her behalf where she demonstrated that she
8 thought she was being bugged?

9 A: Well, she was not at her house. The report was
10 that --

11 Q: I understand.

12 A: -- she believed her house was bugged. She was
13 in the hospital, she was in a locked facility,
14 she was in, for all accounts, a safe facility.
15 No, I did not -- you know, I didn't have any
16 indication that she felt like she was being
17 bugged in the hospital.

18 Q: So you would agree with me that during her
19 hospitalization she gave you no indications
20 that she was being bugged?

21 **MR. DAVIDSON:** Object to the form.

22 A: That she was being bugged in the hospital.

23 Q: The hospital. And when you questioned her
24 about whether or not she had been bugged at her
25 home, she denied that she believed that?

1 A: Yes.

2 Q: Okay. The afraid of dirt statement, did you
3 ever question Ms. Argoe about whether or not
4 she was afraid of dirt?

5 A: I don't recall.

6 Q: Did she ever demonstrate any behavior in the
7 hospital that would indicate she was afraid of
8 dirt?

9 A: I don't recall.

10 Q: So you have no recollection of whether or not
11 she demonstrated anything to suggest she was
12 afraid of dirt?

13 A: I don't have any recollection.

14 Q: Did you in the hospital, did you observe any
15 hoarding behavior?

16 A: Not that I recall.

17 Q: Now, on the second page of your report, I'm
18 looking about -- well, let me get you to
19 actually just read to me what you have written
20 on the entire page on the second page of this
21 report.

22 A: "Smallish, attractive white female. Hair is a
23 bit disheveled, otherwise casually and
24 appropriately dressed. Pleasant and
25 cooperative. Good eye contact. Affect if

1 expansive, euphoric. Speech brisk and
2 pressured. Thought processes logical and goal-
3 directed. Denies auditory hallucinations or
4 visual hallucinations, but she's paranoid.
5 Need to rule out whether or not beliefs about
6 husband are delusional. Denies suicidal
7 ideation or homicidal ideation. Alert and
8 oriented times four. Memory intact. Average
9 intelligence. Poor insight and judgment.
10 Patient assets. Supportive son, who's power of
11 attorney, and husband. Patient liabilities.
12 Long history illness with no treatment, lack of
13 insight. Provisional diagnoses. Bipolar I,
14 manic with psychotic features. Rule out OCD.
15 Axis II, differed. Axis III, none active.
16 Axis IV, long history of illness with no
17 treatment. Axis V, 25. Estimated length of
18 inpatient treatment, seven to ten days.
19 Initial discharge plans, home." Read the rest?

20 Q: Read everything that you wrote on this page.

21 A: "Admit level II labs and physical exam. Mood-
22 stabilizing and antipsychotic medications,
23 supportive group and individual therapy. Will
24 wait until after family session today before
25 prescribing meds to determine if family can

1 convince her to take meds by mouth rather than
2 having to be forced medicated as patient is
3 committed. Phyllis Mobley."

4 Q: Okay.

5 A: June 10, 2005.

6 Q: Now, you wrote here, need to RO whether or not
7 belief about husband are delusional." What
8 does the RO stand for?

9 A: Rule out.

10 Q: And what did you do to rule that out?

11 A: Well, I talked to the family. The social
12 worker talked to the family, not just the
13 husband, but the son whom she trusts and who I
14 assumed knows the relationship, and to a
15 brother and a sister. Her brother, her sister.

16 Q: Okay. Other than talking to the family, did
17 you do anything else to rule out whether or not
18 her beliefs about her husband were based in
19 fact or based on a delusion?

20 A: Other than observe his and their interactions
21 with her when he came to the hospital, I mean,
22 you know, I observed his demeanor with her, and
23 from what I observed, he seemed to be caring
24 and concerned for her welfare.

25 Q: And what did he do, in your opinion, that made

1 him caring and concerned for her welfare?

2 A: Well, from what I recall, he tried to visit her
3 often, and to me, he was trying to get her help
4 by getting her into the hospital. He seemed
5 genuinely distressed by her characterizations
6 of him.

7 Q: What, in your opinion, made him genuinely
8 distressed?

9 A: There were times when he would become tearful
10 when visiting her.

11 Q: Okay.

12 A: And this wasn't just, you know, my observation,
13 it's been -- it was the observation of --
14 because I only see patients in the morning at
15 Three Rivers, so there are other people who are
16 treating the patients, including Ms. Argoe, you
17 know, all day, 24 hours, and they see things
18 that we don't see.

19 Q: Okay.

20 A: That includes nursing, mental health
21 specialists staff.

22 Q: If, in fact, Mr. Argoe was physically abusive
23 of Ms. Argoe, would you still consider him to
24 be a supportive husband?

25 **MR. DAVIDSON:** Object as to the form.

1 Q: You still have to answer my question.

2 A: No.

3 Q: Okay. What is the definition, the medical
4 definition of bipolar?

5 A: Bipolar disorder is a mood disorder that's
6 often -- it's characterized by mood swings.
7 There are periods of time when a patient can
8 display symptoms of depression, and other times
9 when they display symptoms of mania. In order
10 to have a diagnosis of bipolar disorder you
11 have to have had at least one manic episode of
12 a week duration treatable with medication.

13 Q: Okay. And what is your definition of manic?
14 You used the word manic.

15 A: There are certain symptoms that define mania.
16 Some of them include slight of ideas; rapid,
17 brisk, speech' increase in goal-directed
18 activities. That means, you know, just doing
19 a lot of things. And sometimes you have racing
20 thoughts; sometimes you engage in activities
21 that have a high potential for danger or risk.
22 It's a DSM-IV diagnosis, and a patient doesn't
23 have to have all of the symptoms that are
24 listed, just a certain number of them.

25 Q: And what is the certain number of them? What

1 is the number?

2 A: Well, they have to have had a manic -- a manic
3 episode that lasted at least a week, and you
4 know, there could be a mixed episode where you
5 have depressive symptoms and manic symptoms at
6 the same time. But you can't get a diagnosis
7 of bipolar disorder without having had mania
8 for at least a week.

9 Q: Can you be bipolar with just a diagnosis of
10 depression?

11 A: Yes, you can because you can -- a person can be
12 diagnosed with depression for years because
13 they have not exhibited a manic episode, but
14 it's not until you actually have a manic
15 episode that you can have the diagnosis of
16 bipolar disorder.

17 Q: Did Ms. Argoe exhibit depression?

18 A: From what -- from what I recall, Ms. Argoe had
19 more of a hypomanic or a manic field. I did
20 not identify symptoms of depression when she
21 was in the hospital.

22 Q: So you did not identify symptoms of depression
23 while Ms. Argoe was hospitalized at Three
24 Rivers?

25 A: I did not.

1 Q: Okay. And what was her mania?

2 A: Often when I would talk to Ms. Argoe -- now,
3 initially in her initial assessment, her
4 thought processes were logical. She was, you
5 know, appropriate eye contact. She didn't seem
6 attentive but, you know, that's a short
7 assessment. I had Ms. Argoe for two weeks,
8 and then every day it was something different
9 that was manifesting itself. But she had brisk
10 speech; her thought processes seemed to be
11 racing. She had some loose associations where
12 she would talk about, you know, she would jump
13 from subject to subject when she would talk, so
14 even outside of the concern that her problems
15 with her husband may have been delusionally
16 based, there was also a concern that she might
17 be manic.

18 Q: She had brisk speech, that was one of the
19 things you told me?

20 A: Uh-huh (affirmative response).

21 Q: And that was one of the things you relied on in
22 making a diagnosis that she had some sort of
23 manic episode or mania?

24 A: One of the things, yes.

25 Q: And the other one that I thought I heard you

1 say was her thought processes were racing, she
2 was jumping from subject to subject?

3 A: Uh-huh (affirmative response).

4 Q: Did I understand that?

5 A: Yes.

6 Q: And did we cover the reasons that you diagnosed
7 her as manic?

8 **MR. DAVIDSON:** Object as to the form.

9 Q: Were there other things? You told me about the
10 brisk speech; you told me about the thought
11 process.

12 A: Her affect -- her affect was often expansive
13 and euphoric, and expansive in that it, you
14 know, her expressions over the top and euphoric
15 in that she often seemed, you know, happy in
16 situations where she shouldn't have been happy.

17 Q: Okay. Anything else?

18 A: I would have to look at my -- I would have to
19 look at notes.

20 Q: Well, go ahead, look at your notes. Your
21 attorney has a copy and you're welcome to look
22 at them. I'm not trying to trick you.

23 **MR. DAVIDSON:** You got all the records from Three
24 Rivers?

25 **MR. DODSON:** I've got the ones that I'm going to

1 make exhibits, but if she wants to look at
2 them, it is not a closed book exam.

3 **MR. DAVIDSON:** I didn't know if you wanted her to
4 look at her notes or not.

5 **MR. DODSON:** She can look at her notes as long as
6 it's her notes and not your notes, Will.

7 **MR. DAVIDSON:** Well, that's what I'm saying. I've
8 got mine, yeah, I can go get yours. Do you
9 want me to go get yours from the car?

10 **DR. MOBLEY:** Or I can look at yours if I can. No, I
11 can go get mine.

12 **MR. DAVIDSON:** I've got writing on mine. Why don't
13 you go get yours. We'll take a five-minute
14 break.

15 **(Break from 11:21 a.m. until 11:30 a.m.)**

16 Q: All right. Dr. Mobley, we took a break, and I
17 told you you could look at your records, and
18 you brought in a three-ring binder which
19 appears to have certain medical records for
20 Martha Argoe. Is there anything else in that
21 notebook that you have before you other than
22 medical records or psychiatric records for
23 Martha Argoe?

24 A: My affidavit.

25 Q: When did you give an affidavit?

1 A: I don't remember.

2 Q: Can you look at the date on that affidavit.

3 A: Oh, I'm sorry, I thought you said when did I
4 get it.

5 Q: No, no, no, when did you give it? You can look
6 at the last page where you signed and it should
7 be dated where you've signed it.

8 **MR. DAVIDSON:** April 2008.

9 A: April 16, 2008.

10 Q: Anything other -- in that notebook that you're
11 looking at, other than the affidavit that you
12 just told me about and medical records for
13 Martha Argoe?

14 A: I think my designated examiner form is in here.

15 Q: Okay. Which would have been the form that you
16 filled out and submitted to the probate court?

17 A: Yes. And affidavit of Dr. -- I mean, Dr.
18 Hooker, Cheryl Dodd, affidavit of Dave M.
19 Davis, a doctor's affidavit regarding capacity,
20 and that's it.

21 Q: Have you now told me about everything in that
22 notebook that you're looking at?

23 A: I have. And I have Dr. Hooker's examination
24 for emergency admission.

25 Q: Okay. So that would be a medical record,

1 correct?

2 A: Yes, that's it.

3 (Plaintiff's Exhibit Number Three was marked for
4 identification purposes.)

5 Q: Now, I'm going to show you what we've marked as
6 Plaintiff's Exhibit Number Three, which appears
7 it's Physician's Progress Records. I
8 understand you didn't author all of these, but
9 did you author part of these Physician Progress
10 Records?

11 A: I did.

12 Q: Were these the records that you were referring
13 to earlier in your deposition?

14 A: Yes.

15 Q: That you said you needed to review?

16 A: Yes.

17 MR. COLE: Could you give us the Bates numbers on
18 that?

19 MR. DODSON: Yeah, let me --

20 MR. DAVIDSON: 64, I'm checking them now.

21 MR. COLE: It'll be 7456-N-64?

22 MR. DAVIDSON: 64 through -- it looks like through
23 89.

24 Q: Would these have been progress records you
25 would have filled out after each encounter that

1 you had with Ms. Argoe?

2 A: Yes.

3 Q: Okay. Now, I was asking you earlier what her
4 symptoms of mania were, and you had indicated
5 to me, among other things, brisk speech,
6 thought processes racing, jumping from subject
7 to subject, and her affect being that she was
8 euphoric and overly expressive and over the
9 top.

10 A: (Nods head affirmatively.)

11 Q: Were there any other symptoms of mania which
12 you diagnosed? Now, you can look at your
13 records; it's not a trick question.

14 A: Okay. Well, other symptoms of mania that had
15 been reported, yes, by her family, would also
16 include the spending of huge amounts of money,
17 being hyper-religious, not sleeping, and in my
18 note on the 11th at 10:45 a.m., you know, I say
19 in speaking -- in talking to her that day that
20 her speech was rapid and pressured and she had
21 racing thoughts.

22 Q: What were her thoughts -- you're talking about
23 June 11th, 2005?

24 A: I can't recall what her thoughts were, just
25 that they were racing and they were -- and it

1 came out in her speech. I mean, her thoughts
2 were just one after the other, they were not --
3 they had no connection; they were -- had loose
4 associations.

5 Q: What were her thoughts racing between?

6 A: I can't recall.

7 Q: Did you record that anywhere in the records,
8 what her thoughts were racing between?

9 A: I recorded that her thoughts were racing.

10 Q: Yeah, I understand that. Did you record
11 anywhere in the medical records what her
12 thoughts were racing between?

13 A: I did not.

14 Q: Why not? Did that not seem important to you?

15 **MS. DUBEY:** Object to form.

16 **MR. DAVIDSON:** Same objection.

17 Q: You still have to answer my question.

18 A: I'm thinking. We don't put everything in the
19 record that a patient states. I mean, a mental
20 status exam, you know, there are certain
21 aspects of cognition and mental capacity that
22 we observe and that we write down, and it's
23 common to write "racing thoughts," it's common
24 to write "memory intact" or "not intact." It's
25 not a common practice to write, you know, what

1 her thoughts were racing between. It's an
2 observation.

3 Q: Was her memory intact?

4 A: Her memory was -- I noted that her memory was
5 intact on her initial assessment, but I don't
6 -- I don't have noted in here anything about
7 her memory on the 11th.

8 Q: When was the last time that you saw Ms. Argoe?
9 And you can look at the records, I'm not -- you
10 can look at the records for any of my
11 questions. It's not a closed book exam. And
12 I will tell you those may not be in
13 chronological order, so carefully look at each
14 page. I just gave them to you the order they
15 were given to me in.

16 A: I think my last note was on June 24, 2005.

17 Q: So to the best of your recollection, you did
18 not see Ms. Argoe after June 24th, 2005?

19 A: To the best my recollection.

20 Q: And that is what is recorded in the medical
21 records?

22 A: Yes.

23 Q: Is there a particular reason for that? Were
24 you going on vacation or something like that?

25 A: Yes. Yes, I went on vacation.

- 1 Q: Okay. And when you went on vacation who was --
- 2 who essentially took over her care and
- 3 treatment?
- 4 A: Dr. Cheryl Dodds.
- 5 Q: Do you recall how long your vacation was?
- 6 A: I don't recall.
- 7 Q: Where did you go on vacation?
- 8 A: I don't recall that either.
- 9 Q: Did you go with your family?
- 10 A: I don't recall. I may have just taken time off
- 11 and been at home. I don't remember.
- 12 Q: But you know you were on some sort of vacation
- 13 leave time?
- 14 A: Yes.
- 15 Q: Now, what were her other symptoms of mania that
- 16 you personally observed, other than what
- 17 you've told me about earlier, which was the
- 18 brisk speech, the thought process racing, and
- 19 the affect being euphoric and expansive?
- 20 A: There were times in the hospital when she
- 21 became demanding and grandiose, which are also
- 22 listed as possible symptoms of mania.
- 23 Q: She became, I'm sorry, demanding and grandiose?
- 24 A: Yes.
- 25 Q: When was that?

1 A: Well, that's what I have noted on June 12,
2 2005.

3 Q: What were her demands?

4 A: I don't recall.

5 Q: When you say being grandiose, what does that
6 mean?

7 A: Grandiose means feeling like or acting like
8 you're larger than life, that you have more
9 power than you necessarily have, that people
10 should, I don't know, I guess, kowtow to your
11 every whim.

12 Q: And what was she doing to act larger than life?

13 A: I don't recall specifically.

14 Q: What was she demanding?

15 A: I don't recall.

16 Q: You didn't record that in the records?

17 A: I did not.

18 Q: Did anyone record it in the records?

19 A: I can't speak for anyone else. I mean, I'm
20 sure there are nursing notes and social work
21 notes that I was not -- I'm not privy to.

22 Q: On what days was her affect euphoric? Where is
23 that recorded in the records?

24 A: Well, I recorded that on her initial
25 assessment, the day after, affect very

1 expansive and euphoric. That was on the 11th.

2 Q: So she seemed euphoric and happy to you on the
3 11th and on your initial evaluation on the
4 10th?

5 A: Yes, despite her situation.

6 Q: How did you deem she should have been acting?

7 A: I don't -- I don't imagine that a person who's
8 been involuntarily committed to a hospital, and
9 she's saying that it was wrongly done, would be
10 euphoric and happy in their affect.

11 Q: What specifically was she doing that you
12 considered euphoric or happy?

13 A: Well, it was -- it was the way she expressed
14 herself. I mean, like I do recall when asking
15 her about going out late at night, and you
16 know, her saying, yeah, you know, going out
17 late at night, 12 o'clock, oh, I do that all
18 the time. I mean, it's just an expansive just
19 she didn't seem distressed particularly about
20 being in a hospital, but she was just adamant
21 in letting us know that she was not taking any
22 medication; she was not, you know, she was not
23 supposed to be here. But it didn't seem like
24 she took her situation seriously.

25 Q: Well, if she was telling you she shouldn't be

1 there, how was it that she wasn't taking the
2 situation seriously? I don't understand that.
3 Can you explain that to me?

4 **MR. DAVIDSON:** Object as to the form.

5 **MS. DUBEY:** Same objection.

6 A: I guess people who are not happy, who are
7 wrongly hospitalized, and who are not happy
8 about being in the hospital don't talk about
9 the -- they don't talk about what's been
10 reported about them in a flip kind of manner as
11 if laughing things off, oh, I do this all the
12 time; I don't see any problem with it. And
13 even if, you know, and I can recall asking her
14 okay, well, even if -- can you not understand
15 your family's concern that you, being 62 years
16 old, being out 12 o'clock at night, spending a
17 lot of money, can you not understand why
18 someone would have some concern? And she
19 didn't understand why that would be concerning.

20 Q: During your care and treatment of Ms. Argoe,
21 did you observe any suicidal tendencies?

22 A: I did not.

23 Q: During your care and treatment of Ms. Argoe,
24 did you observe any homicidal tendencies?

25 A: She did not voice any suicidal or homicidal

1 ideations.

2 Q: Did you observe anything, whether she voiced
3 them or not, that she indicated that she was
4 going to hurt somebody else?

5 A: She did not.

6 Q: At no point during your care and treatment of
7 Ms. Argoe did she ever voice to you any desire
8 to physically hurt another human being?

9 A: She did not.

10 Q: During your care and treatment of her, Ms.
11 Argoe never demonstrated any behavior that she
12 was going to hurt herself?

13 A: Not that I can recall.

14 Q: She didn't, for example, talk about taking the
15 gun that she had and shooting herself?

16 A: She did not.

17 Q: She didn't at any point talk about taking the
18 gun and shooting another person?

19 A: She didn't.

20 Q: Did you see anything in her history where she
21 had ever shot at somebody else with the gun,
22 pointed the gun at somebody else?

23 A: No.

24 Q: Now, I understand she did not herself voice any
25 suicidal or homicidal tendencies; is that

1 correct?

2 A: That's correct.

3 Q: Did any of her family members indicate that she
4 intended to hurt herself or hurt one of them?

5 A: They did not.

6 Q: Did you -- in your observations of her during
7 her hospitalization from June 10th through I
8 guess it would have been the 14th, did you
9 observe any clinical presentation of homicidal
10 or suicidal tendencies on her behalf?

11 A: I did not.

12 Q: And during her hospitalization, was Ms. Argoe
13 able to attend to her personal needs? Was she
14 able to feed herself? Was she able to bathe,
15 clothe herself, that kind of thing?

16 A: Yes.

17 Q: At any time during her hospitalization, was she
18 not able to do those things: feed herself,
19 clothe herself, take care of her personal
20 hygiene?

21 A: Not that I can recall.

22 Q: Did her family at any point indicate that she
23 was unable to take care of her personal needs
24 such as bathing herself, other personal
25 hygiene, feeding herself, clothing herself?

1 A: No, that wasn't their concern.

2 Q: Other than the witches and warlocks, what were
3 the other delusions that were reported to you
4 by the family?

5 A: The only delusions I can recall noting myself
6 are the what I considered the delusion of
7 having been trained by the FBI, the
8 hallucinations of witches and warlocks, and the
9 family's feeling that her paranoid -- her
10 paranoia of her husband was delusionally based.

11 Q: Okay.

12 A: But once again, she was not just hospitalized
13 based on the supposed delusions, but also based
14 on, you know, manic symptomatology and the
15 concern that she, even though not suicidal or
16 homicidal, could be a danger to herself in a
17 manic episode.

18 Q: Did Ms. Argoe have any history of ever being a
19 danger to herself?

20 **MR. DAVIDSON:** Object as to the form.

21 A: The only history I have of that is that given
22 to me by the family. I don't have any
23 knowledge of Ms. Argoe prior to her
24 hospitalization.

25 Q: And the family never reported that she had a

1 history of being a danger to herself?

2 **MR. DAVIDSON:** Object as to the form.

3 A: They reported that she -- they started noticing
4 behaviors that concerned them within the year
5 or two prior to her hospitalization.

6 Q: And those specific behaviors are what?

7 A: Are what's listed in the record. This is --
8 these are behaviors that they had been saying
9 had been worsening over the last one to two
10 years prior to her hospitalization.

11 Q: And these were the things that you've listed in
12 the initial intake which is Exhibit Number Two?

13 A: Yes.

14 Q: Okay.

15 A: By their report they felt like she had been
16 sick for some time and had not been -- had not
17 gotten treatment -- but had not gotten
18 treatment. So that's all I can speak to as to
19 history.

20 Q: Now, looking at your physician progress record
21 from June 11th, you indicated in here, I'm
22 quoting, "Wearing thousands of dollars worth of
23 jewelry." Do you see that?

24 **MR. DAVIDSON:** What page?

25 **MR. DODSON:** It's on the June 11, 2005, entry at

1 10:45 a.m.

2 **MR. DAVIDSON:** What's the Bates number?

3 **MR. DODSON:** I don't -- I have a different Bates
4 number than you, I don't know.

5 **MR. COLE:** Sixty-four.

6 A: Yes, I see it.

7 Q: Would a patient like Ms. Argoe, would she be
8 allowed to bring jewelry into the facility?

9 A: No.

10 Q: That would be taken from her and locked in a
11 safe place; is that fair to say?

12 A: Yes.

13 Q: Did you ever go to look at her personal effects
14 that were taken and locked in a safe place to
15 see if she had thousands of dollars worth of
16 jewelry on her when she was admitted?

17 A: I did not.

18 Q: Did you make any effort to do that?

19 A: I did not.

20 Q: What effort did you make, if any, to verify
21 this statement that she's wearing thousands of
22 dollars worth of jewelry?

23 **MR. DAVIDSON:** Object as to the form.

24 **MS. DUBEY:** Same objection.

25 A: I felt that her family was a reliable source of

1 what she had been doing outside of the
2 hospital. She would not have come from Aurora
3 Pavilion with thousands of dollars worth of
4 jewelry.

5 Q: You put in here hyper-religious. What does
6 that mean, hyper-religious?

7 A: Well, it's noted somewhere in the records that
8 her family reported that she had become overly
9 involved with religious groups that cast out
10 demons and that type of thing, so in their
11 estimation it was a change in her -- it was a
12 change for them. And hyper-religiosity is also
13 one of the possible symptoms that's listed in
14 the DSM-IV as, you know, a possible symptom of
15 mania.

16 Q: Okay. When you observed Ms. Argoe and you
17 talked with her, did she seem hyper-religious
18 to you?

19 A: I don't recall.

20 Q: You don't have any recollection of her acting
21 hyper-religious in your interaction with her?

22 A: I don't recall.

23 Q: I'm looking at your note from June 12, 2005, at
24 3:45. Do you want to get to that?

25 A: I'm there.

1 Q: In the third line of that note you indicated
 2 that she's delusional; you see that, Dr.
 3 Mobley?

4 A: I do.

5 Q: What were her delusions?

6 A: I don't recall from that day.

7 Q: You didn't record what those delusions were?

8 A: I did not.

9 Q: And a few lines down you say plans to consult
 10 lawyers.

11 A: Yes.

12 Q: Why was that clinically significant?

13 A: I wish I had not put it there, but it was
 14 significant to me because my concern is this --
 15 this -- Ms. Argoe, it was still a difficult
 16 case for me because all of her delusions were
 17 not necessarily, you know, at this point, I was
 18 not sure whether all of her delusions with
 19 regard to her husband were based in fact or
 20 fiction. And this is a woman who I don't know
 21 -- I don't know if I inferred or someone told
 22 me from the records, talking of jewelry and
 23 stuff, that she had money and means to retain
 24 lawyers, and I wanted nothing more at this
 25 point that to be able discharge Ms. Argoe

1 because I was afraid of being exactly where I
2 am today, but the problem was I could not get
3 a clear picture of her. I could not say within
4 any medical certainty that she would not have
5 been a danger to herself outside of the
6 hospital. So either way you cut it, Ms. Argoe
7 was going to have me in court -- I was going to
8 be in court with this case whether it had to do
9 with her feeling like she was wrongly
10 hospitalized, or if she had gone out into the
11 community and harmed herself somewhere else and
12 then I'd been in court for that. So that was
13 my own personal thing.

14 Q: Well, you said earlier, you said you wished you
15 hadn't written, plans to consult lawyers. Why
16 did you say that?

17 **MR. RICHARDSON:** Object to form.

18 **MS. GANES:** Object to form.

19 **MS. DUBEY:** Same objection.

20 **MR. COLE:** Objection.

21 Q: You still have to answer my question.

22 A: Basically, I mean, I already said I wish I
23 hadn't said it because it's not medically
24 relevant, but in my mind it was relevant to my
25 decision making with regard to treating Ms.

1 Argoe. I mean, was I going to render opinion
2 that this patient was ready to be discharged
3 because I'm worried about her suing me, or was
4 I going to keep her in the hospital because,
5 based on my medical assessment of her, she
6 could still possibly be a danger to herself.

7 Q: Okay. Can you say it's probable you say most
8 probably and to a reasonable degree of medical
9 certainty that during your care and treatment
10 of Ms. Argoe she was a danger to herself or
11 other people?

12 A: I can say that the possibility existed for her
13 to be a danger to herself and others.

14 Q: Okay. The possibility existed. I'm asking
15 this, is it probable? Was it probable that she
16 was going to be danger to herself or others?

17 A: Yes, it's probable.

18 Q: You're saying it's more likely than not that
19 she was going to be a danger to herself or
20 other people in June --

21 A: In my medical --

22 Q: -- of 2005?

23 A: In my medical opinion, yes. She was still
24 showing -- even outside of the delusions, she
25 was still showing symptoms of mania, and she

1 was still not amenable to taking medications on
2 her own.

3 Q: What were her delusions during her
4 hospitalization that you observed? Not what
5 was reported to you by the family, but what
6 were her delusions that you observed?

7 A: I was concerned that she had grandiose
8 delusions based on the fact that she said that
9 she had been trained by the FBI to carry a gun.
10 The other delusions, yes, they were reported by
11 the family. But once again, I did not keep her
12 in the hospital just based on her delusions,
13 but her symptoms of mania as well. And those
14 were observed in the hospital by me and by
15 other staff.

16 Q: You wrote here, "Patient does have resources,
17 'is a woman of wealth and means.'" Why is that
18 clinically significant, Doctor?

19 A: That's clinically significant because above I'm
20 saying -- I'm making a statement that she's
21 demanding and grandiose, but I have to qualify
22 that just like with the delusions you have to
23 qualify whether they are based in truth or
24 based in fiction. Grandiose, there are some
25 things that she says that are clearly -- that

1 were clearly grandiose in my mind, I can't
2 recall what they were, but her saying that
3 she's going to retain lawyers, and she's going
4 to do those things, those weren't necessarily
5 grandiose because she had means to do so. So
6 that's why, in my mind, that was -- that was
7 relevant to put in the record.

8 Q: Okay. What were her grandiose visions, if you
9 were?

10 A: I can't recall other than this being trained by
11 the FBI.

12 Q: So other than the being trained by the FBI --

13 A: And whatever else was reported to me from other
14 people.

15 Q: Well, let me finish my question. Other than
16 the being trained by the FBI, you can't give
17 me another example of a grandiose idea or
18 example that she had when you saw her from
19 roughly June 10th through June 24th, 2005?

20 A: Not that I can recall from seven years ago.

21 Q: Okay. Well, you have your medical records to
22 look at, too, did you --

23 A: Yes, and it was --

24 Q: Let me finish my question. Did you record any
25 of these grandiose ideas anywhere in the

1 medical records that you wrote?

2 A: I did not.

3 Q: Did you, and take your time to look at your
4 medical records. Did you use the word
5 "grandiose" anywhere in your description of
6 her?

7 A: I did.

8 Q: Okay. Show me where that is.

9 A: June 12, demanding, grandiose, 3:45.

10 Q: Okay. But you can't tell me here what the
11 grandiose ideas were other than the statements
12 about being trained to use a gun by the FBI?

13 A: I cannot.

14 Q: I may have asked you this question before, and
15 if I did, I apologize. Can you tell me what
16 any of her delusions were during her
17 hospitalization?

18 A: The FBI is a delusion. It was a delusion in my
19 mind.

20 Q: Okay.

21 A: And the other delusions were just those that
22 were reported by her family.

23 Q: Did she have any hallucinations?

24 A: She denied having any hallucinations.

25 Q: Did you observe her having any kinds of

1 hallucinations?

2 A: I did not.

3 Q: Doctor, there is a note that is dated June 13,
4 2005, in these Physician Progress Records.
5 Based on the handwriting, that doesn't appear
6 to be your note and doesn't appear to have your
7 signature. Can you tell me whose that is? I'm
8 looking at this page right here (indicating).
9 You're looking at it.

10 A: That would appear to be the internal medicine
11 doctor, Dr. Desai.

12 Q: When she was hospitalized, did Ms. Argoe ever
13 attempt to hurt you?

14 A: She did not.

15 Q: Did she ever threaten you in any kind of way?

16 A: She did not.

17 Q: Did she ever, to the best of your knowledge and
18 recollection, did she ever hurt another staff
19 member at Three Rivers?

20 A: Not that I recall. Not that I know of.

21 Q: To the best of your knowledge and recollection,
22 did Ms. Argoe ever attempt to hurt a staff
23 member at Three Rivers?

24 A: I have no knowledge of that.

25 Q: To the best of your knowledge and recollection,

1 did Ms. Argoe ever hurt another patient at
2 Three Rivers?

3 A: No knowledge of that.

4 Q: To the best of your knowledge and recollection,
5 did Ms. Argoe ever try to hurt another patient
6 while she was at Three Rivers?

7 A: No knowledge of that.

8 Q: Did you ever observe any violent tendencies
9 with Ms. Argoe during your interaction?

10 A: I did not.

11 Q: Did anyone else at Three Rivers ever report
12 that Ms. Argoe had demonstrated any violent
13 tendencies?

14 A: Not that I recall.

15 Q: Dr. Mobley, I'd like to direct your attention
16 to a note that is dated June 20th, 2005, at 12
17 noon.

18 A: Uh-huh (affirmative response).

19 Q: Sort of midway through there you wrote, "Still
20 assuming what husband and son report is
21 delusional thinking and paranoia on her part,
22 has these same delusions and paranoia as
23 pertains to husband in particular." Is that
24 what you did, you just assumed the information
25 that you were getting from the son and from the

1 husband was accurate information?

2 A: From the son, the husband, her brother, and her
3 sister, yes.

4 Q: And how many times did you talk with her
5 brother and her sister?

6 A: Her brother and sister would have been at the
7 probate hearing. Prior to and during the
8 probate hearing because they attended.

9 Q: While you were employed at Three Rivers, how
10 was your compensation determined?

11 A: I wasn't employed by Three Rivers. I was
12 contract, so the billing was done out of my
13 outpatient office. Insurance was billed.

14 Q: So you were not, while you worked at Three
15 Rivers, you were not a salaried employee?

16 A: I was not.

17 Q: Your compensation, the money that you received
18 depended in part on the number of patients you
19 saw and treated?

20 A: Yes, I was paid fee for service.

21 Q: Doctor, I'm just going to show you this page.
22 You see what I'm showing you?

23 A: Uh-huh (affirmative response).

24 Q: This is from Three Rivers' medical records.

25 A: Okay.

1 Q: There's some electronically recorded records
2 there. Would any of these be your notes?

3 A: No.

4 Q: Or would these be nurses' notes?

5 A: Those are nurses' notes.

6 **MR. DODSON:** Let's take a five or ten minute break.

7 (Break from 12:12 p.m. until 12:20 p.m.)

8 Q: Dr. Mobley, during Ms. Argoe's involuntary
9 commitment from June 6th, I'm sorry, from June
10 10th, 2005, through June 24th, 2005, were you
11 the only psychiatrist that was seeing and
12 treating her?

13 A: She saw the medical director of the hospital,
14 Dr. Charles Heath, on consultation.

15 Q: Were you her primary psychiatrist during that
16 time?

17 A: Yes.

18 Q: During this two week period from June 10th,
19 2005, through June 24th, 2005, did you
20 administer any kind of psychiatric tests or
21 evaluation to Ms. Argoe?

22 A: I consulted Dr. Tammy Leonhardt for a second
23 opinion as to her diagnosis and for any testing
24 she would do or recommend.

25 Q: And Dr. Leonhardt, is Dr. Leonhardt a

1 psychiatrist or a psychologist?

2 A: She's a psychologist.

3 Q: Ph.D. psychologist?

4 A: Yes.

5 Q: And so did you yourself administer any
6 psychological or psychiatric tests to Ms.
7 Argoe?

8 A: Nothing formal other than her mental status
9 exam.

10 Q: And what is a mental status exam?

11 A: A mental status exam, it evaluates different
12 domains of cognition and mental status of the
13 patient. It looks at things like appearance,
14 speech, thought processing, memory, thought
15 content, mood and affect, judgment, insight.

16 Q: Other than the mental status exam, did you
17 perform any other kinds of psychiatric tests to
18 Ms. Argoe?

19 A: Formal testing, no, but my initial history and
20 physical, I mean, history -- initial history
21 was based on my interview with Ms. Argoe,
22 collateral information from family and from the
23 probate papers and from mental status exam.
24 And based on my initial impressions, I did
25 consult Dr. Tammy Leonhardt, a psychologist,

1 who does psychological testing.

2 Q: Okay.

3 A: And she did do psychological testing on Ms.
4 Argoe.

5 Q: You indicated that the mental status exam is a
6 test for various domains of cognition. What
7 are those domains of cognition? What were you
8 referring to there?

9 A: Those things that I listed. Looking at her
10 affect, her mood, how she's thinking, the
11 thought processes, what she's thinking about,
12 whether or not there's any suicidal or
13 homicidal thoughts, any hallucinations,
14 anything that might point to a possible
15 aberration in her cognition or her mental
16 status.

17 Q: And where did you record the -- where did you
18 record the results of that mental status exam?

19 A: The mental status exam was done on the initial
20 assessment, second page.

21 Q: You indicated earlier that her personal
22 appearance was part of the mental status exam.
23 What in her personal appearance was abnormal?

24 A: Nothing other than that I noted her hair was a
25 bit disheveled, but otherwise, she was casually

1 and appropriately dressed.

2 Q: And I think you told us earlier that you
3 weren't -- she was not, from your observations,
4 hallucinating?

5 A: No.

6 Q: No, she was --

7 A: No, that's correct, she was not hallucinating
8 from my observations and from her report.

9 Q: She was not suicidal or homicidal?

10 A: She was not at the time of my assessment.

11 Q: Did you perform a different mental status exam
12 every day or --

13 A: Not that --

14 Q: I'm sorry, let me finish my question. Did you
15 perform a mental status exam every day, or
16 just on her initial presentation on, I guess it
17 was, June 10th?

18 A: Every day she was questioned about elements of
19 the mental status exam.

20 Q: But you did not perform a new mental status
21 exam every day you examined her?

22 A: Every day she was asked certain elements of the
23 mental status exam based on the first mental
24 status exam, things that were -- that were
25 aberrant or abnormal she was questioned about

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1 on a daily basis, but to ask everything in the
2 mental status exam, everything was not asked
3 every day.

4 Q: So other than the initial mental status exam
5 that you performed on June 6th, 2005, you never
6 performed a second and complete mental status
7 exam after that?

8 A: Pertinent questions relating to the mental
9 status exam were asked of her every day that I
10 saw her.

11 Q: Did you perform a full and complete mental
12 status exam of her on June 11, 2005?

13 A: Full and complete, no.

14 Q: Did you perform a full and complete mental
15 status exam on Ms. Argoe on June 12th, 2005?

16 A: No, but her mental status was assessed every
17 day.

18 Q: Did you perform a full and complete mental
19 status exam on Ms. Argoe on June 13th, 2005?

20 A: Her mental status was assessed every day.

21 Q: Did you perform a complete mental status exam
22 on Ms. Argoe on June 13th, 2005? Yes or no,
23 and you can explain if you want to explain, but
24 please answer my question.

25 A: It was not a complete mental status exam, but

1 pertinent negatives and positives were followed
2 up on a daily basis. She was asked questions
3 about her mental status every day.

4 Q: During her hospitalization from June 14th
5 through June 24th, did you perform any complete
6 mental status exams on any of the dates that
7 you saw her?

8 A: I did not perform any complete mental status
9 exam after the initial assessment, but
10 pertinent negatives and positives were followed
11 up every day with Ms. Argoe.

12 Q: And other than the mental status exam, you
13 didn't yourself perform any other kinds of
14 psychiatric tests on Ms. Argoe?

15 A: No, but I consulted a Ph.D. psychologist who
16 does psychological testing to do testing on Ms.
17 Argoe based on my provisional diagnosis and to
18 give her opinion.

19 Q: Now, you indicated to me earlier that you had
20 diagnosed her as bipolar based on her manic
21 symptoms; is that correct?

22 A: Based on what appeared to be manic symptoms
23 from what I observed in Ms. Argoe and the
24 history that I received from the family, yes.

25 Q: What other diagnosis did you make of her other

1 than bipolar and manic?

2 A: I didn't make any other diagnosis. I had a
3 rule out diagnosis of obsessive compulsive
4 disorder, and that again was just a rule out
5 because it came out of two observations that
6 may have -- that may have spoken to some
7 compulsive behavior, but that, you know, those
8 are just isolated symptoms and I didn't feel
9 that she was obsessive compulsive. That was
10 the preliminary diagnosis.

11 Q: The obsessive compulsive was something that was
12 in essentially a differential diagnosis that
13 you were able to rule out?

14 A: Correct.

15 Q: So other than bipolar and manic, were you able
16 to diagnose her with suffering from any other
17 psychiatric issues?

18 A: I still considered her to be -- to have a
19 delusional disorder, so I diagnosed her with
20 bipolar mania with psychotic features.

21 Q: Anything else?

22 A: That's it.

23 Q: Now, for these things that you were able to
24 diagnose her for, the bipolar, the mania or
25 manic, and the delusional disorder, what did

1 you do to treat these three things?

2 A: I wanted to put Ms. Argoe on medication, but
3 she was not amenable to that. She was
4 committed so it would have been -- we could
5 have force medicated her, but I felt it prudent
6 to get a second opinion from another doctor as
7 to her symptoms and whether or not he or she
8 felt like the risks or benefits or force
9 medicating Ms. Argoe would be -- whether it
10 would be appropriate.

11 Q: And who was the second opinion from?

12 A: It was Dr. Charles Heath, who was the medical
13 director at the hospital.

14 Q: Did you -- after that second opinion, did you
15 force medicate Ms. Argoe?

16 A: I'm going to have to look at the orders. I
17 know we offered Ms. Argoe medication by mouth,
18 and I think there was a point in her treatment
19 where she was agreeable to that, and she took
20 it. I just need to find it in my notes. I had
21 ordered Risperdal Consta, which is an injection
22 which probably would have been force medicated
23 -- I mean, because she would not have been
24 agreeable to that, but Dr. Heath on his --
25 recommended that we try offering her Geodon,

1 which is by mouth.

2 Q: Okay.

3 A: I'm trying to see if she -- it was offered to
4 her on the 15th. She refused to take it -- it
5 was offered on the 14th, she refused to take it
6 on the 15th, and so she was given -- was given
7 -- she was given the Geodon by injection.

8 Q: So both the Risperdal and the Geodon can be
9 given by injection?

10 A: Yes.

11 Q: And they can also be given orally?

12 A: Yes.

13 Q: At some point in her stay at Three Rivers, you
14 prescribed both of these medications for Ms.
15 Argoe; is that correct?

16 A: I prescribed the Risperdal, which I don't think
17 she got initially because we were waiting on
18 the second opinion as to whether to give it,
19 and then Dr. Heath's opinion was to offer
20 Geodon. So the Risperdal was discontinued and
21 she was offered Geodon. She was prescribed
22 Geodon.

23 Q: Were there other medications that you
24 prescribed for Ms. Argoe during your care and
25 treatment of her? You can look at the records.

1 **MR. DAVIDSON:** Just to speed things up, look around
2 page 50, I think that's the physician's orders.

3 A: Okay. You said 50?

4 **MR. DODSON:** I tell you what, let do this, Madam
5 Court Reporter, let's just mark this as the
6 next exhibit.

7 **(Plaintiff's Exhibit Number Four was marked for**
8 **identification purposes.)**

9 Q: Well, I'm just going to give her the exhibit.
10 We'll do it this way. Doctor, I'm going to
11 show you what I represent to you are
12 physician's orders out of the Three Rivers
13 records.

14 A: Yes.

15 Q: And --

16 **MR. COLE:** If those have Bates numbers could you
17 give those.

18 Q: Would you read the -- you see the Bates number
19 on the bottom?

20 A: Yes, 52.

21 Q: And then what's the last page of that page of
22 that, please?

23 A: It's out of order. Fifty-two. Fifty-nine.
24 Well, it actually starts at 50, it's out of
25 order.

1 Q: It is out of order, but just tell me the page
2 numbers that --

3 A: The first and the last are 52 and 51.

4 Q: Let me see this.

5 **MR. DAVIDSON:** It should be 7456-N-50 through 59.

6 **MR. COLE:** Through?

7 **MR. DAVIDSON:** Fifty-nine.

8 **MR. DODSON:** It's not in order, but we'll put it in
9 order.

10 Q: There you go. All right. Just for the record,
11 Doctor, I'm going to show you what's been
12 marked as Plaintiff's Exhibit Four. It's Bates
13 numbered 7456-N, as in Nancy, -050 through
14 059. These are physician's orders. All I'm
15 trying to find out is what medications you
16 prescribed for Ms. Argoe during your care and
17 treatment of her at Three Rivers?

18 A: I ordered Risperdal Consta, which I don't --
19 I'm not -- anyway, I ordered Risperdal Consta
20 and Geodon, Ativan as a PRN, an as needed
21 medication for anxiety of agitation. That
22 wasn't something she was getting on a scheduled
23 basis. And Haldol, but they weren't all
24 prescribed at the same time.

25 Q: Did you prescribe any other medications other

1 than the Risperdal Consta, Geodon, Ativan as
2 needed, and Haldol?

3 A: And Risperdal M-Tab, which is the by mouth
4 medication, by mouth form of Risperdal Consta.

5 Q: Any other medications that you prescribed?

6 A: That's all I see in the orders.

7 Q: Is Risperdal commonly used to treat bipolar
8 disorder?

9 A: It is. It's commonly used as a mood stabilizer
10 and as an antipsychotic medication.

11 Q: Is Risperdal commonly used to treat delusional
12 disorder?

13 A: Yes, it is.

14 Q: Is Risperdal used commonly to treat mania or
15 manic patients?

16 A: Yes, it is.

17 Q: Is Geodon commonly used to treat bipolar
18 disorder?

19 A: It is.

20 Q: Is Geodon commonly used to treat delusional
21 disorder?

22 A: Yes.

23 Q: Is Geodon commonly used to treat mania?

24 A: It is.

25 Q: Is Ativan commonly used to treat bipolar

1 disorder?

2 A: No. Ativan was prescribed as an as needed
3 medication for any anxiety or agitation Ms.
4 Argoe might have experienced during her
5 hospitalization.

6 Q: I know it was ordered. Was it ever given? I
7 gather the order was written that the nurses
8 had discretion to give the medication if need
9 be.

10 A: Yes. Yes.

11 Q: Okay.

12 A: So, I don't know.

13 Q: All right. You don't have to answer that
14 question. Is Haldol commonly used to treat
15 bipolar disorder?

16 A: Haldol is not commonly used to treat bipolar
17 disorder. It's commonly used for delusions and
18 psychosis, hallucinations.

19 Q: Okay.

20 A: It's not a mood stabilizing medication.

21 Q: Is Haldol used to treat mania?

22 A: It is not.

23 Q: Now, other than these medications, did you
24 provide any other treatment to Ms. Argoe for
25 what you had diagnosed her with?

1 A: There's treatment programming in the hospital
2 where the patients received individual and
3 group therapy, but I did not -- my role in her
4 treatment was the medication management.

5 Q: So your role in her treatment was limited to
6 medication management?

7 A: Medication management and meeting with Ms.
8 Argoe every day to assess her status, meeting
9 with social workers, and nurses and those who
10 were also involved in her treatment to get
11 information as to how she was doing in the
12 hospital. But yes, my main role was the
13 management of her medications.

14 Q: During your individual meetings with Ms. Argoe,
15 were those meetings for diagnostic purposes to
16 determine what she had, or were those meetings
17 to provide her with essentially counseling and
18 care and treatment, or both?

19 A: They were mainly for diagnostic purposes.

20 Q: Now, you indicated there was individual and
21 group counseling; did I understand that
22 correctly?

23 A: Right, as a part of the -- as a part of the
24 programming from what I recall.

25 Q: Is that something that you recommended for her,

1 the individual and/or group counseling?

2 A: Supportive group and individual therapy, yes.

3 Q: And who at the hospital actually did that
4 individual and group counseling?

5 A: I wouldn't -- I don't recall.

6 Q: Other than the medication management and the
7 recommendation for individual and group
8 counseling, did you provide any other care and
9 treatment to Ms. Argoe during the time that you
10 saw her at Three Rivers?

11 A: No.

12 **MR. DODSON:** I think this might be a good time to
13 break for lunch.

14 **MR. DAVIDSON:** Any idea how long you've got left?

15 **MR. DODSON:** Probably an hour.

16 **MR. DAVIDSON:** Okay.

17 **MR. DODSON:** So we'll take a short break, say maybe
18 45 minutes or so for lunch. Dr. Mobley, I will
19 tell you what I told you at the beginning of
20 your deposition. You may not discuss this
21 case, Ms. Argoe, your deposition testimony with
22 anybody including your lawyer. Do you
23 understand that?

24 **DR. MOBLEY:** I do.

25 **MR. DODSON:** All right.

1 (Break form 12:48 p.m. until 2:05 p.m.)

2 Q: All right. Dr. Mobley, we took a brief lunch
3 break from your deposition. During the lunch
4 break did you discuss Ms. Argoe's care and
5 treatment, this case, or anything to do with
6 this deposition with anyone?

7 A: I did not.

8 Q: Dr. Mobley, are all bipolar patients with mania
9 in need of inpatient psychiatric treatment?

10 A: No, they are not.

11 Q: What is the criteria for whether somebody
12 should be inpatient versus outpatient for
13 treatment of bipolar with mania?

14 A: I think it would be the same criteria for any
15 diagnosis, if you have a concern that the
16 patient's symptoms might make them a danger to
17 themselves or others, or if they're not
18 exercising good judgment and would put
19 themselves in harm's way.

20 Q: Did you ever ask any of the family if the
21 police were ever called to the Argoe residence
22 for domestic abuse and domestic violence?

23 A: I don't recall.

24 Q: Ms. Argoe did report domestic abuse and
25 domestic violence, did she not?

1 MR. DAVIDSON: Object as to form of the question.

2 A: To me, or to the --

3 Q: Yes.

4 A: Yes, she reported that.

5 Q: And if I understood some of your earlier
6 testimony, you said one of the things you were
7 trying to determine was whether or not her
8 paranoia or fear of her husband was grounded in
9 reality or fiction?

10 A: Correct.

11 Q: Did you ever contact the police in Orangeburg
12 to see if there had been any reports of
13 criminal domestic violence at the Argoe
14 household?

15 A: I did not.

16 Q: You indicated earlier that, in addition to the
17 medication you prescribed, you recommended that
18 Ms. Argoe do some individual and group
19 counseling at Three Rivers?

20 A: Correct.

21 Q: Was everyone at Three Rivers required to do the
22 group counseling?

23 A: It was a part of the programming, yes.

24 Q: Was everyone at Three Rivers required to do the
25 individual counseling?

1 A: It was a part of the programming. Yes, it was
2 required.

3 Q: Your daily meetings with Ms. Argoe, were they
4 daily?

5 A: Yes, they were, daily.

6 Q: How long did those meetings typically last?

7 A: I can't recall, but it ranged I would say
8 anywhere from ten minutes to 30 minutes
9 depending on the symptomatology. But that's
10 meeting individually with Ms. Argoe. But every
11 day we checked in with nursing staff, social
12 work, what -- all of the other staff that's
13 involved her care on a daily basis to get
14 reports from them as to what they've observed
15 and how they -- how they feel she's doing.

16 Q: You indicated to me earlier that your payment
17 for your services would have gone directly
18 through your office.

19 A: The billing was handled at my office, yes.

20 Q: And my question is this. To the best of your
21 knowledge, have all of the bills that you have
22 submitted been paid?

23 A: I would not know that. The only thing I would
24 submit to my office is a list of the patients
25 that I saw every morning at the hospital and

1 when they were discharged.

2 Q: So at this time you have no reason to believe
3 that any of the bills that would have been
4 generated for your care and treatment of Ms.
5 Argoe from June 10th, 2005, through June 24th,
6 2005, would not have been paid?

7 A: I have no knowledge of whether all of them had
8 been paid or had not been paid. I don't know
9 if there were days that were denied. I don't
10 have any knowledge of that.

11 Q: As far as you know, bills would have been
12 submitted for each day that you saw Ms. Argoe?

13 A: Yes. And they would not have been submitted
14 for the weekends because -- unless I was on
15 call.

16 Q: Dr. Mobley, would all of your clinical
17 observations of Ms. Argoe be contained in the
18 records from Three Rivers?

19 A: Yes.

20 Q: Would you have generated any other medical
21 records or psychiatric records that would not
22 be a part of the Three Rivers records, other
23 than the billing statements that you told me
24 about a few minutes ago?

25 A: I did not.

1 MR. DODSON: Mark this as Number Five.

2 (Plaintiff's Exhibit Number Five was marked for
3 identification purposes.)

4 Q: This is the Report of Designated Examiner for
5 Mental Illness. It's Bates numbered 7456-N, as
6 in Nancy, -021 through 022.

7 Q: Would this -- Doctor, can you take a look at
8 Exhibit Five and identify this for me?

9 MR. DAVIDSON: Let's see which one is that?

10 A: This is my designated examiner report.

11 Q: Is this what you submitted to the probate court
12 hearing?

13 A: This is what I submitted prior to the hearing.

14 Q: Prior to the hearing, okay. Did you testify at
15 the hearing consistently with this report?

16 A: This reported reflected what was going on with
17 Ms. Argoe from the time she was admitted until
18 the 16th of June. I don't know that my
19 testimony on the 21st of June at the time of
20 the probate hearing would have been the same.
21 I don't recall what it was.

22 Q: Did you testify at the hearing on June 21st,
23 2005, that in your opinion, Ms. Argoe should be
24 involuntarily committed?

25 A: I honestly don't recall what my testimony was

1 at the court. I mean, I wrote a note as to
2 what went on at court, but I don't -- I don't
3 remember -- I don't recall what my testimony
4 was.

5 Q: And what was -- read to me your note about what
6 went on in court.

7 A: "Patient seen. Discussed with staff as well as
8 the family at probate hearing where she was
9 ultimately retained. Family, including brother
10 who is a physician, as well as her sister, in
11 addition to son and husband, corroborate the
12 patient has been manic and continues to be
13 paranoid and delusional. Family recounted how
14 patient stays up all night, watches religious
15 TV on three different televisions throughout
16 the house all day, talks rapidly with
17 disordered thoughts, claims she is casting out
18 demons and is seeing witches and warlocks.
19 Patient herself in court admitted to carrying
20 a gun, says she has been trained by the FBI.
21 Doesn't want to talk about her having hidden a
22 \$75,000 Corvette from her family, or her belief
23 that husband has a second family, open quotes,
24 because these are not medical issues, close
25 quotes. Patient represents danger to self and

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1 others secondary to her paranoia and fear of
 2 husband and the fact she always carries a gun
 3 'to protect myself from him.' She has no
 4 insight. Said in court she is not ill and will
 5 not take medicine when discharged." And I go
 6 on to say will discontinue Geodon administer
 7 Risperdal Consta today and start Risperdal M-
 8 Tab by mouth, Cogentin as needed, for any side
 9 effects, extrapyramidal symptoms. "Family also
 10 are in possession of patient's 'secret' cell
 11 phone on which she's been receiving a lot of
 12 restricted phone calls they suspect from people
 13 advising patient against listening to family or
 14 complying with medical advice. They know for
 15 sure of one woman who is into demonic worship
 16 with whom patient is in constant contact. Will
 17 place patient on phone restriction at family's
 18 request as this indeed may be counter-
 19 therapeutic."

20 Q: All right. Now, you indicated in there a
 21 danger to self and others. I heard that read
 22 out. Did I understand that correctly?

23 A: Uh-huh (affirmative response.) Yes.

24 Q: And my question is this. Was that what you
 25 told the court, or was that what the family

1 relayed to the court, or both?

2 A: I don't recall. I know that I presented
3 testimony, but the family was also allowed to
4 speak at court. And the reason I say I don't
5 recall is because the day before when I saw Ms.
6 Argoe, I mean, she was -- you know, her manic
7 symptoms were improved and, you know, the only
8 remaining -- everything was improved except for
9 she still had these delusions. So I'm not
10 quite -- I can't recall what it was my
11 intention to present at court the next day,
12 whether or not I considered that she was a
13 danger to herself. But the court took into
14 account the family's testimony as well. So I
15 don't -- I don't recall what my testimony was
16 or what I had intended it to be. But it was
17 the judge who retained Ms. Argoe.

18 MR. COLE: Robert, excuse me a second. Could you
19 just tell us what Bates number you just into
20 the record.

21 MR. DAVIDSON: Seventy, 70 and 71.

22 MR. COLE: All right. Thank you.

23 Q: Have you ever seen a probate judge retain
24 somebody when you testified that they did not
25 need to be involuntarily committed?

1 A: I most certainly have.

2 Q: And how many times has that happened?

3 A: I can't recall. But it has happened,
4 especially when there are other people who are
5 in attendance and who are testifying other than
6 myself.

7 Q: When was the last time you'd seen that happen?

8 A: I don't recall.

9 Q: How many times have you seen that happen?

10 A: I don't recall.

11 Q: How many times approximately have you testified
12 in court?

13 A: Probate hearings?

14 Q: Uh-huh (affirmative response).

15 A: I can't -- I can't quantify it. I've been in
16 practice for ten years now and, you know, I go
17 to probate hearings just about every week.
18 Even in my capacity as a medical director there
19 are times, like I said, I cover when other
20 doctors are out, and I have to do designated
21 examiner reports, and I have to go to probate
22 hearings.

23 Q: Would you say that you have attended more than
24 two dozen probate hearings in your career?

25 A: Yes.

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1 Q: More than you think 100 probate hearings in
2 your career?

3 A: Probably.

4 Q: Do you think maybe more than 200 probate
5 hearings in your career?

6 A: I can't continue to speculate. I mean, I just,
7 I can't quantify it.

8 Q: Is it rare or unusual that if you give
9 testimony that you don't believe somebody needs
10 to be involuntarily committed that they would
11 be involuntarily committed?

12 A: I'm sorry. Can you repeat that, please?

13 Q: Sure. Based on your 100 plus -- estimated 100
14 plus appearances in probate court, in your
15 experience, is it rare or unusual that the
16 probate court orders somebody to be
17 involuntarily committed when your opinion and
18 your testimony in court is that they don't need
19 to be committed?

20 A: If there are other people -- if there are other
21 people testifying, particular family --
22 particularly family members, it's not rare. If
23 I'm the only -- family members and third
24 parties don't always come to probate hearing.
25 If I'm the only person in the hearing, then

1 most often, yes, the judge is going to take my
2 testimony. But in this particular hearing I
3 was not the only one there. And if families
4 have something to present, the judge listens to
5 all of it.

6 Q: Do you know if that hearing was recorded? I
7 know you told me earlier you didn't know if
8 there was a court reporter there. Do you know
9 if it was recorded with just a regular tape
10 recorder?

11 A: I don't recall. I know that's how the ones
12 that I attend now at William S. Hall are done,
13 they're recorded. They're tape recorded.

14 Q: Was there some period in time that it went --
15 are they tape recorded with a court reporter
16 now?

17 A: No, actually the -- I mean, the judge has the
18 tape and turns it on and turns it off, the
19 probate judge.

20 Q: Was that done back in 2005 in general, to the
21 best of your knowledge and recollection?

22 A: I honestly cannot recall.

23 Q: Other than what we've marked as Exhibit Number
24 Five, were there other reports that you
25 prepared to submit to the court?

1 A: No, there weren't.

2 Q: You indicated to me earlier that Ms. Argoe
3 complained to you that she was the victim of
4 spousal abuse; is that correct?

5 A: Yes.

6 Q: Did you ever report that to any law enforcement
7 agency?

8 A: I did not, I'm not required to.

9 Q: Ms. Argoe was at Three Rivers under involuntary
10 commitment papers. Does the fact that she was
11 involuntarily committed change any of your
12 duties and responsibilities towards her?

13 A: It was my duty to assess her and make a
14 judgment as to her dangerousness whether, you
15 know, there was a danger to herself or others
16 outside of suicide or homicidal ideation, and
17 if there was any concern for her own safety
18 with regard to being able to take care of
19 herself, not just activities of daily living,
20 dressing, cleaning, washing, that kind of
21 thing, but also whether or not she was able to
22 make sound decisions.

23 Q: What did you observe in her behavior that
24 demonstrated to you she was not able to make
25 sound judgments?

1 A: Once again, it wasn't so much what I observed
2 as it was what was reported to me by her
3 family.

4 **MR. DODSON:** Let's mark this as whichever number
5 we're on. This is your Answer.

6 **(Plaintiff's Exhibit Number Six was marked for**
7 **identification purposes.)**

8 Q: Doctor, I'm going to direct your attention to
9 Exhibit Number Six. This is a document that
10 your attorney filed in court on your behalf,
11 and you don't have to read the whole thing. I
12 want to direct your attention to paragraph
13 number 28.

14 **MS. DUBEY:** Robert, can you tell us what this
15 document is?

16 **MR. DODSON:** This is Will's Answer.

17 **MS. DUBEY:** Okay.

18 Q: It says, "This defendant alleges that the
19 plaintiff has failed to mitigate her damages."
20 Do you know what mitigate damages means?

21 A: I don't -- I don't know what that means.

22 Q: Well, it means to lessen your damages. And so
23 my question is this. What do you know or what
24 do you believe that Ms. Argoe failed to do to
25 lessen the extent of her damages?

1 A: I'm not familiar with Mr. Davidson's answer or
2 the legal terms that are being used in this
3 document, so I don't know that I can speak to
4 that. I mean, he prepared this answer for me.

5 Q: Have you ever seen this answer prior to today?

6 A: I probably -- I probably read through it.

7 Q: Turn to paragraph 31. What do you claim that
8 Ms. Argoe did that was negligent?

9 A: I have not claimed that Ms. Argoe was
10 negligent.

11 Q: Look at paragraph number 32. It talks about
12 the "Intervening negligence, recklessness,
13 willfulness, and wantonness of a third party."
14 What third party do you contend was negligent?

15 A: I can't speak to that.

16 Q: Do you have insurance coverage through the
17 Patient's Compensation Fund?

18 A: I do not currently. I'm covered through the
19 State.

20 Q: Did you have it through -- when you were at
21 Three Rivers?

22 A: I did.

23 Q: And did you have unlimited coverage through the
24 PCF?

25 A: Yes, I did.

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1 Q: Was Ms. Argoe psychotic?

2 A: Was Ms. Argoe psychotic when?

3 Q: When you saw her for the two weeks that you saw
4 her during June of 2005?

5 A: It was my opinion that Ms. Argoe had some
6 delusional thinking and delusions are a form of
7 psychosis.

8 Q: So the delusional thinking is a part of
9 psychosis in your mind?

10 A: Yes.

11 **MR. DODSON:** Let's take just a very quick break.

12 (Break from 2:30 p.m. until 2:35 p.m.)

13 Q: All right. Doctor, have you answered all of my
14 questions truthfully, honestly, and to the best
15 of your ability?

16 A: Yes.

17 Q: Have you given me full and complete answers to
18 all of my questions?

19 **MR. DAVIDSON:** Object as to form.

20 A: To the best of my ability, yes.

21 Q: Have we fully and completely discussed all of
22 your medical opinions relating to your care and
23 treatment of Ms. Argoe?

24 **MR. DAVIDSON:** Same objection.

25 A: To the best of my ability and knowledge, yes.

1 Q: Do you want to change any of your sworn
2 testimony?

3 A: I do not.

4 Q: I don't have any further questions at this time
5 subject to redirect.

6 MS. DUBEY: No questions.

7 MR. HAILE: No questions.

8 MR. COLE: I have a couple questions.

9 DR. MOBLEY - EXAMINATION BY MR. COLE:

10 Q: First, would you pull up Exhibit Three for me,
11 please, just on the front page. All right. At
12 the bottom of that first page, which is Bates
13 number 64, is that your signature at the bottom
14 of the page?

15 A: Yes, it is.

16 Q: And is this your handwritten note?

17 A: Yes, it is.

18 Q: Are all of the handwritten notes with your
19 signature on them in Exhibit Three your notes
20 that you took at Three Rivers?

21 A: Yes, they are.

22 Q: And were all these notes made contemporaneous
23 with the time that you were visiting and
24 treating with Ms. Argoe?

25 A: Yes.

- 1 Q: Did your consultation with Tammy Leonhardt, did
2 she confirm your treatment of Ms. Argoe?
- 3 A: She did not. She determined that her testing
4 was inconclusive.
- 5 Q: And if the testing is inconclusive, does that
6 mean that -- does that corroborate or not
7 corroborate or just mean you can't say anything
8 about it?
- 9 A: You can't say anything. It means you can't say
10 anything about it.
- 11 Q: On the 21st when the hearing, the probate
12 hearing took place --
- 13 A: Yes.
- 14 Q: -- do you remember who actually testified at
15 that hearing?
- 16 A: I know I would have been required to testify,
17 and I can't recall, but I know that it was --
18 I recall it being a lengthy hearing and that
19 several, if not all, of her family members
20 testified or offered information.
- 21 Q: Okay. And when you said family members, was
22 that her late husband?
- 23 A: Yes, her husband, her son, her brother and
24 sister were all in attendance.
- 25 Q: Thank you. That all the questions I have.

DR. MOBLEY - EXAMINATION BY MR. HICKS:

Q: Doctor, my name is Chip Hicks. I represent Carolina Care Plan. I have just a couple questions for you. The first one is you testified earlier that you were unaware of whether or not the claims that were being submitted on behalf of Ms. Argoe were being paid; is that true?

A: Correct.

Q: Do you base your decision on whether to treat or not treat someone on whether their bills are being paid?

A: I do not.

Q: That's all. Thank you.

MR. RICHARDSON: No questions.

MS. GANES: I have no questions.

DR. MOBLEY - RE-EXAMINATION BY MR. DODSON:

Q: I have a couple of questions on redirect. The hearing on the 21st, would Ms. Argoe have been in the hearing room during the entire length of the hearing? Actually let me -- don't answer that. Let me ask another question instead. Was Ms. Argoe in the hearing room for the entire length of the hearing, to the best of your knowledge or recollection?

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(803) 252-3445 / (800) 822-0896

1 A: To the best of my knowledge and recollection,
2 yes, she was.

3 Q: No further questions.

4 MR. DAVIDSON: I don't have anything.

5 (There being no further questions, the deposition was
6 concluded at 2:39 p.m.)

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SIGNATURE

I have read the foregoing deposition and confirm that it is a true and accurate transcript of my testimony. Any errors I may have noticed have been listed below and returned to the court reporter for checking against the tapes.

PHYLLIS M. MOBLEY, M.D.

Date: _____

<u>Page</u>	<u>Line</u>	<u>Correction</u>	<u>Reason for Change</u>

Re: Argoe v. Three Rivers, et al. (5.16.12)
/at

CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

CERTIFICATE

This is to certify that the deposition of PHYLLIS M. MOBLEY, M.D., consisting of One Hundred Twelve (112) pages, is a true and correct transcript of the testimony given by said deponent after being duly sworn; said deposition was reported by the method of Stenomask with Backup.

I further certify that I am neither employed by nor related to any of the parties in this matter or their counsel; nor do I have any interest, financial or otherwise, in the outcome of same.

IN WITNESS WHEREOF I have hereunto set my hand and seal on May 24, 2012.

A handwritten signature in cursive script, reading "Andrea R. Taylor", is written over a horizontal line.

Andrea R. Taylor
Court Reporter

Notary Public for South Carolina
My Commission Expires: April 27, 2014

PHYLLIS BRYANT-MOBLEY, M.D.

William S. Hall Psychiatric Institute
1800 Colonial Drive
Columbia, S.C. 29203
(803) 898-1593
(803) 898-1637 (fax)
pbm32@scdmh.org



EDUCATION

1997. M.D., University of South Carolina School of Medicine, Columbia, S.C.
- 1987 S.B. Electrical Engineering and Humanities, Massachusetts Institute of Technology, Cambridge Massachusetts.

POST GRADUATE TRAINING

- 2000-02 Child and Adolescent Psychiatry Residency Training Program, Palmetto Health Alliance/University of South Carolina School of Medicine, Columbia, S.C.
- 1997-2001 Residency in General Psychiatry, Palmetto Health Alliance/University of South Carolina School of Medicine, Columbia, S.C.

EMPLOYMENT

July 2010 –
present

Medical Director

William S. Hall Psychiatric Institute, South Carolina Department of Mental Health, Columbia, SC

Supervision of three (3) Child and Adolescent Psychiatrist and two (2) Nurse Practitioners of a 50-bed Child and Adolescent inpatient psychiatric hospital, both clinical and administrative duties.

April 2008 –
July 2010

Medical Chief

Just Care, Inc., Columbia, SC

Inpatient Medical Chief of high management unit of adult Forensic patients, Not Guilty by Reason of Insanity, 21-bed unit.

August 2007 –
April 2008

Locum Tenens, Inc.

Camden Mental Health Center, Camden, SC

Provided outpatient psychiatric care to both adult and child patients.

August 2006 –
August 2007

Caring Hands, Inc.

Imo, SC

Sole psychiatrist performing initial evaluations primarily for Medicaid and Medicare patients as well as staffing and case management, for a non-profit organization of three (3) counselors.

November 2006 –
May 2007

Crossroads Counseling Center

Lexington, SC

Managed medications for children, adolescents, and adults as a sole psychiatrist of an outpatient counseling center of nine (9) therapists

September 2002 –
November 2006

Private Outpatient Practice

West Columbia, SC

Practiced General, Child and Adolescent psychiatry

September 2002 –
November 2006

Three Rivers Center for Behavioral Health

West Columbia, SC

Cared for acutely and chronically mentally ill adult patients as well as those detoxing from substance abuse in an inpatient setting

August 2005 – November 2006 – Adult Services Director

March 2003 –
November 2006

New Hope of the Midlands Residential Treatment Center

West Columbia, SC

Psychiatrically assessing and managing medications of at-risk youths.

September 2002 –
November 2006

Lexington Medical Center
West Columbia, SC

Consulting General, Child and Adolescent Psychiatrist
Psychiatrically assessing medically ill patients and making
treatment and/or disposition recommendations when applicable

June -
August 1994

William S. Hall Psychiatric Institute
Columbia, SC

Summer Internship in Psychiatric Research
Interviewed and tested elderly volunteers 55-79 years of age for a
study on the effects of aging on memory and learning/cognitive
skills

October 1987 –
July 1993

South Carolina Electric and Gas Company
Columbia, SC

*Electrical Engineering, Distribution Engineering and Planning
Department, January 1990 – July 1993*

Planned, coordinated and designed distribution power line service
for Charleston, SC and its outlying districts.

*Electrical Engineering Materials, Equipment and Standards
Department, January 1989 – January 1990*

Wrote and updated construction standards and specifications,
performed equipment evaluations and field tests, trained field
personnel and negotiated with vendors

*SCANA Professional Professionals Development Program, October
1987 – January 1989*

Trained in the areas of Power Generation, Transmission and
Distribution; also trained in Customer Service, Accounting,
Treasury and Finance, and Management

Hewlett-Packard
Rohnert Park, California

Signal Analysis Division, Summer 1986

Learned to operate HP spectrum analyzers, updated and revised the HP Application Note 150, "Spectrum Analyzer Basics"

Network Measurement Division, Summer 1985

Assembled printed circuit boards, performed microwave measurements on the HP 8505 and HP 8510 Network

Microwave Technology Division, Summer 1984

Developed heat treatment system for the Thin Film Test. Conducted experiments and tests on existing system. Evaluated equipment, ergonomics and practices. The new heat treating over design incorporated improvements in safety, capacity and process control.

South Carolina Department of Highways and Public Transportation
Columbia, SC

Civil Engineering Assistant, Summer 1983

Prepared concrete and asphalt samples to be tested in the laboratory

BOARD CERTIFICATIONS AND ACTIVITIES

2006	Diplomate, Psychiatry , American Board of Psychiatry and Neurology, May 2006, Certificate No. 55862
1999	Licensed in the State of South Carolina, SC License No. 20798

ACTIVITIES/HONORS

University of South Carolina School of Medicine

David A. Pillinger Clinical Psychiatry Award, 1996-1997

Christian Medical Fellowship; Help for Aids; Free Medical Clinic; Epworth Children's Home tutor; Soprano Section Leader, Charles B. Jackson Singers of Brookland Baptist Church; racquetball, weight training and aerobics

Massachusetts Institute of Technology

Allied Corporation Scholarship

Exxon Corporation Scholarship

High School

National Achievement Scholar

Harvard and Brown Book Awards

Salutatorian

MEDICAL LICENSE South Carolina #20798



THREE RIVERS
for BEHAVIORAL HEALTH

ARGOE MARTHA L SS#
062 WF P MR#:000024396
Adm date: 2005-06-09 DOB:
MOBLEY PHYLLIS
Act#: 1018795

INITIAL PSYCHIATRIC EVALUATION

Patient Identification

HISTORY OF PRESENT ILLNESS AND SYMPTOMS (to support diagnosis and severity of illness):

62 yo married WF who per family has long been ill but has had no treatment. On commitment application application 2 psychotic and manic symptoms. Paranoid delusional, always carries gun over her, sleeps in room separate from husband with the door locked. She eat late at night, has been spending tremendous amounts of money, seeing witches and warlocks.

JUSTIFICATION FOR 24 HOUR CARE (check all that apply):

- ☒ Inability to meet basic life and health needs
- ☒ Dangerous to self, others, or property with need for controlled environment
- ☒ Toxic effect of therapeutic psychotropic drugs
- ☒ Failure of treatment at lower level of care
- ☒ Needs treatment for acute intoxication or withdrawal
- ☒ Biomedical conditions and complications requiring 24 hour medical and nursing care
- ☒ Need for ECT, special drug therapy, or other specific therapeutic program requiring continuous hospitalization
- ☒ Emotional or behavioral conditions and complications requiring 24 hour medical and nursing care
- ☒ High relapse potential due to inability to control substance abuse despite active participation in less restrictive care
- ☒ Recovery environment includes detrimental family
- ☒ Patient's occupation presents danger to public safety if they continue to use drugs or alcohol
- ☒ Failure of social or occupational functioning
- ☒ Legally mandated admission
- ☒ Impaired mood, depression, mood swings, suicidal ideation
- ☒ Psychosis, hallucinations, delusions, ideas of reference
- ☒ Cognitive impairment, orientation, judgement, memory
- ☒ Other (Specify)

PAST PSYCHIATRIC HISTORY:

None

ETOH AND SUBSTANCE HISTORY:

None

PAST MEDICAL HISTORY:

Cholecystectomy, appendectomy, hysterectomy. No active chronic illnesses.

PERSONAL AND DEVELOPMENTAL HISTORY:

See psychological assessment

MENTAL STATUS EXAMINATION: Smallish, attractive W.F. Hair a bit disheveled, otherwise casually and appropriately dressed. Pleasant & cooperative, good eye contact. Affect is expansive, euphoric. Speech brisk & pressured. Thought processes logical & goal-directed. Denies AH/VH but she is paranoid. Need to R/O whether or not beliefs about husband are delusional. Denies SI/HI. A: O x 4. WORLD: > maximum intact to all spheres. Avg. intelligence. Poor insight and judgement.
PATIENT ASSETS: Supportive Son (POA) and husband

PATIENT LIABILITIES: Long hyp illness & no treatment, lack of insight

PROVISIONAL DIAGNOSIS:
AXIS I: Bipolar I, Manic & Psychotic Features; R/O OCD
AXIS II: depressed
AXIS III: none active
AXIS IV: Long hyp illness & no treatment
AXIS V: 25

ESTIMATED LENGTH OF INPATIENT TREATMENT: 7-10 days

INITIAL DISCHARGE PLANS: ☒ HOME ☐ PLACEMENT
☐ OTHER

INITIAL TREATMENT PLAN: Admit / Level II / Labia: physical exam / mood stabilizing and antipsychotic medications / supportive group and individual therapy. Will wait until after family session today before prescribing meds to determine if family can convince her to take meds by mouth rather than having to be force medicated (pt. is committed).
I believe this patient requires Inpatient Hospitalization. I do not believe this patient could be adequately and appropriately treated in a less restrictive environment. My decision is based on the preceding clinical information.

Phyllis Mobley, MD
PHYSICIAN'S SIGNATURE

6/10/05 10:30A
DATE/TIME

7456-N-046
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THREE RIVERS FOR BEHAVIORAL HEALTH

PHYSICIAN'S PROGRESS RECORD

ARGOE MARTHA L SS#:
062 WF P MR#000024396
Adm date: 2005-06-09 DOB:
MOBIFY PHYLLIS
Act#: 1018795

PATIENT IDENTIFICATION

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

PROBLEM:
Diagnosed Condition
Presenting Complaint
Complication
New Management
Problem
New Condition Present
Side Effects

EVALUATION:
Discussion with Patient
Consultation with Other
Clinicians
Physical Examination
Discussion of Risk /
Benefits of Medication
Formal Conference
Conference with Family /
Review of Lab /
Testing Results

**ASSESSMENT /
FINDINGS**
Patient Progress:
Change in Sx / Behavior
Change in Relationships
Change in Medical Status
Need for Continued
Treatment
Necessity for Level of
Care

THERAPEUTIC PLAN:
Medication
Laboratory Tests
Specialty Consultation
Psychotherapies:
Group
Family
Individual
Change in Privilege
Status
Discharge Planning

**NURSING PROCESS
DOCUMENTATION**
Patient Behavior
Interventions Provided
Patient Response to
Interventions Plan

Date	Time	Prob.#	Disc	Progress Notes
6/11/05	10:55A	MD		Pt. seen, discussed with staff, met with pt's husband and son yesterday. They confirm that she has been paranoid and delusional for some time now. Also spending huge amounts of money, has become hyper-organized, not sleeping and is going out late at night wearing thousands of dollars' worth of jewelry. Today she is still chronically manic with rapid, pressured speech and racing thoughts. Son fathered confusion that accusations of husband being abusive are delusions, she is still adamant they are not affect very expensive and expensive. Son husband and agreeable to pt. being forced medicated as pt. is adamant she will take nothing by mouth. Best option for her will be Risperdal, Const. as I suspect she is Bipolar, manic, with psychotic features. Risperdal is indicated for mania as addition to psychosis where Haldol and Prolixin are pure

PLAINTIFF'S
EXHIBIT
3-5/10/12
Mobley as

AP #7027-1

7456-N-064
CONFIDENTIAL

Phyllis Mobley, MD

THREE RIVERS FOR BEHAVIORAL HEALTH

PHYSICIAN'S PROGRESS RECORD

ARGOE MARTHA L
062 WF P
Adm date: 2005-06-09
MOBLEY PHYLLIS
Act#: 1018795

SS#: 000024396
MR#: 000024396
DOB: 1

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Clinicians
Physical Examination
Discussion of Risk /
Benefits of Medication
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Review of Lab /
Testing Results

ASSESSMENT / FINDINGS

Patient Progress
Change in Sx / Behavior
Change in Relationships
Change in Medical Status
Need for Continued
Treatment
Necessity for Level of
Care

THERAPEUTIC PLAN:

Medication
Laboratory Tests
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Psychotherapies
Group
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Status
Discharge Planning

NURSING PROCESS DOCUMENTATION

Patient Behavior
Interventions Provided
Patient Response to
Interventions Plan

Date	Time	Prob.#	Disc	Progress Notes
6/11/05	12:55A	MD		neuropsychiatry. In addition, pt's family will assure compliance once discharged. Sleeping well, appetite good. She is pleasant & cooperative. Respiratory constant per orders upon receipt of appropriate approvals. Phyllis Mobley, MD
6/14/05	3:45P	MD		Pt seen, discussed with staff. Continues to be highly anxious and delusional. Brief speech. Demanding, grandiose. Still adamant that she will not take meds, that she does not need them. Wants to speak with pt-advocate in AM, plans to consult lawyers, etc. Cf note pt does have resources, is a woman of wealth and means. Nonetheless, clinically she is delusional & manic, has been so for some time according to accounts given by son & husband of her behavior. Offered to provide pt with diagnostic criteria for Bipolar disorder, son as well who is visiting currently. Phyllis Mobley, MD (continued)

7456-N-065
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**THREE RIVERS
FOR BEHAVIORAL HEALTH**

ARGOE MARTHA L SS#:
062 W F P MR# 000024398
Adm date: 2005-06-09 DOI
MOBLEY PHYLLIS
Act#: 1018795

**PHYSICIAN'S
PROGRESS RECORD**

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Complication
New Management
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**ASSESSMENT /
FINDINGS**

Patient Progress:
Change in Sx / Behavior
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**NURSING PROCESS
DOCUMENTATION**

Patient Behavior
Interventions Provided
Patient Response to
Interventions Plan

Date	Time	Prob.#	Disc	Progress Notes
6/12/05	3:50P	141		Sleep & appetite are good. Review AH/PH as well as ST/HT. Pending approval to start Risperdal Const.
				Phyllis Mobley, MD
6/13/05	12:30P	142		Pt. seen, discussed with staff. Pt. met with Janet Holmberg, pt. advocate, this PM. She is still adamant she does not want to and will refuse to be, however, - medicated. Pt. is obviously still manic, delusional, and paranoid, but nonetheless intelligent. Pleasant, cooperative in this hospital despite her mania, presents no problems in milieu, attends groups, etc. Feel strongly that pt. needs to be on medication, however, 2 nd behavior at home that put her and others at risk, i.e. her illness severely compromises her judgement. Pt. has no insight with regard to her suspected disorder. Nonetheless as pt. is safe environment, will delay starting medication until 2 nd opinion as to the need for the same is rendered
				Phyllis Mobley, MD

APR #7027-1

7456-N-066
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THREE RIVERS FOR BEHAVIORAL HEALTH

ARGOE MARTHA L SS#
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MOBLEY PHYLLIS
Act#: 1018795

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NURSING PROCESS

DOCUMENTATION
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Interventions Plan

Date	Time	Prob.#	Disc	Progress Notes
6/15/05	12:45P	MD		by medical director, Dr. Heath. Phyllis Mobley, MD
8/13/05				1st. and 2nd. (present) w/ 2nd TFS (not her) see previous notes for details. 2nd. 1st. and 2nd. found Hx of hyperthyroid - physical findings in R off Aland, Gland, and. with 2nd AFI W. 90 70, 16, 41, 26 found thyroid gland in breast. 1st. and 2nd. TFS: TSH slightly high - free T4, T4 - UA / VD / W. (1) AS - 1 TFS. Also subcutaneous. Hypothyroidism. w/ free TFS (outpl) 1.1 am w/ 3-4 w/ 1.1 am (2) Bipolar / Psychosis. don't know organic cause. will be consistently

7456-N-067
CONFIDENTIAL

ARGOE MARTHA L
062 WF P
Adm date: 2005-06-09
MOBLEY PHYLLIS
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PATIENT IDENTIFICATION

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 New Condition Present
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NURSING PROCESS DOCUMENTATION:
Patient Behavior
Interventions Provided
Patient Response to Interventions
Plan

Date	Time	Prob.#	Disc	Progress Notes
6/16/05	11 AM	ND		Pt. seen, discussed with staff. Affect: mood euthymic. Continues to feel she does not need medication because doesn't believe she is ill. Nonetheless she has taken two doses of Geodon voluntarily this month. Paranoid delusions remains. Sleep and appetite "are not a problem, never have been" per pt. No further complaint of medication S.E.s. Continue current tx. Phyllis Mobley, MD
6/17/05	9:30 AM	ND		Pt. seen, discussed with staff. Affect: mood euthymic. Speech not as brisk. Thought processes logical & goal directed. Sleep & appetite good. Now taking meds by mouth. Still delusional: paranoid, however. Instructed Geodon per orders. Phyllis Mobley, MD
6/18/05	D	P		Stats & has Geodon secondary to Geodon. Mrs. D to 40 mg B.D. Thank you greatly. Phyllis Mobley, MD

49 47027 1

THREE RIVERS FOR BEHAVIORAL HEALTH

ARGOE MARTHA L SS.
062 WF P MR#: 000024396
Adm date: 2005-06-09 DOB:
MOBLEY PHYLLIS
Act#: 1018795

PHYSICIAN'S PROGRESS RECORD

PATIENT IDENTIFICATION

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

PROBLEM:	Date	Time	Prob.#	Disc	Progress Notes
Diagnosed Condition	6/16	11am	0	0	Much more cooperative and pleasant today. 5 tabs that is due to her. Goodbye very out there. M
Presenting Complaint					
Complication					
New Management					
Problem					
New Condition Present					
Side Effects					
EVALUATION:					
Discussion with Patient					
Consultation with Other Clinicians					
Physical Examination					
Discussion of Risk / Benefits of Medication					
Formal Conference					
Conference with Family / Review of Lab / Testing Results					
ASSESSMENT / FINDINGS					
Patient Progress:					
Change in Sx. / Behavior:					
Change in Relationships					
Change in Medical Status					
Need for Continued Treatment:					
Necessity for Level of Care					
THERAPEUTIC PLAN:					
Medication					
Laboratory Tests					
Specialty Consultation					
Psychotherapies:					
Group					
Family					
Individual					
Change in Privilege Status					
Discharge Planning					
NURSING PROCESS DOCUMENTATION					
Patient Behavior					
Interventions Provided					
Patient Response to Interventions Plan					
	6/30/05	12 noon		MD	Rt. seen, discussed with staff. Affect & mood euthymic. Continued to sleep well, have good appetite. Thought processes logical, goal directed, appropriate. No overtly psychotic symptoms. Speech normal rate & volume. Still, requiring what husband and son report is delusional thinking and paranoia on her part, has these same delusions and paranoia as pertains to husband in particular. Tolerating Prodon at 40 milligrams twice daily, medication compliant. Probate hearing in AM. Shyler Moley, MD

7456-N-069
CONFIDENTIAL

**THREE RIVERS
FOR BEHAVIORAL HEALTH**

**PHYSICIAN'S
PROGRESS RECORD**

ARGOE MARTHA L SS#
062 WF P MR#: 000024396
Adm date: 2005-06-09 DOB
MOBLEY PHYLLIS
Act#: 1018795

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**NURSING PROCESS
DOCUMENTATION**
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Interventions Provided
Patient Response to
Interventions Plan

Date	Time	Prob.#	Disc	Progress Notes
6/21/05	10:45A	MD		Pt. seen, discussed with staff as well as with family at probate hearing where she was ultimately retained. Family, including brother who is a physician as well as her sister, in addition to son & husband, corroborate that pt. has been manic and continues to be paranoid & delusional. Family recounted how pt. stays up all night, watches religious TV on 3 different televisions throughout the house all day, talks rapidly with disordered thoughts, claims she is casting out demons and is seeing witches and warlocks. Pt. herself in court admitted to carrying a gun, says she has been trained by the FBI. Doesn't want to talk about her having hidden a \$75,000 Corvette from her family or her belief that husband has a 2nd family "because these are not medical issues". Pt. represent danger to self and others 2° her paranoia & fear of husband.

Phyllis Mobley, MD

AP 87027-1

7456-N-070
CONFIDENTIAL

THREE RIVERS FOR BEHAVIORAL HEALTH

ARGOE MARTHA L
062 W F P
Adm date: 2005-06-0
MOBLEY PHYLLIS
Act#: 1018795

SS:
MR#:000024396
DOB

PHYSICIAN'S PROGRESS RECORD

PATIENT IDENTIFICATION

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

PROBLEM

Diagnosed Condition
Presenting Complaint
Complication
New Management
Problem
New Condition Present
Side Effects

EVALUATION:

Discussion with Patient
Consultation with Other
Clinicians
Physical Examination
Discussion of Risk/
Benefits of Medication
Formal Conference
Conference with Family/
Review of Lab I...
Testing Results

ASSESSMENT /

FINDINGS

Patient Progress:
Change in Sx. / Behavior
Change in Relationships
Change in Medical Status
Need for Continued
Treatment
Necessity for Level of
Care

THERAPEUTIC PLAN:

Medication
Laboratory Tests
Specialty Consultation
Psychotherapies:
Group
Family
Individual
Change in Privilege
Status
Discharge Planning

NURSING PROCESS

DOCUMENTATION

Patient Behavior
 Interventions Provided
 Patient Response to
 Interventions Plan

Date	Time	Prob.#	Disc	Progress Notes
6/21/05	11:05A	MD		and the fact she always carries a gun "to protect myself from him." She has no insight, said in court she is not ill and will not take medicine when discharged. Will discontinue Ecodon, administer Kefepidal Conata today and start Kefepidal M-Statis by mouth. Cozintin as needed for EPS. Family also are in possession of pt's "secret" cell phone in which she has been receiving a lot of restricted phone calls. They suspect from people advising pt. against listening to family or complying with medical advice. They know for sure of one woman who is into demonic worship with whom pt. is in constant contact. Will place pt. on phone restriction at family's request as this is indeed why he countertherapeutic. Phyllis Mobley, MD

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THREE RIVERS FOR BEHAVIORAL HEALTH

ARGOE MARTHA L SS#
062 W F P MR#000024396
Adm date: 2005-06-09 DOB
MOBLEY PHYLLIS
Act#: 1018795

PHYSICIAN'S PROGRESS RECORD

PATIENT IDENTIFICATION

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

PROBLEM:
Diagnosed Condition
Presenting Complaint
Complication
Now Management
Problem
New Condition Present
Side Effects

EVALUATION:
Discussion with Patient
Consultation with Other
Clinicians
Physical Examination
Discussion of Risk /
Benefits of Medication
Formal Conference
Conference with Family /
Review of Lab /
Testing Results

ASSESSMENT /
FINDINGS
Patient Progress:
Change in Sx. / Behavior
Change in Relationships
Change in Medical Status
Need for Continued
Treatment
Necessity for Level of
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THERAPEUTIC PLAN:
Medication
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Specialty Consultation
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Group
Family
Individual
Change in Privilege
Status
Discharge Planning

NURSING PROCESS
DOCUMENTATION
Patient Behavior
Interventions Provided
Patient Response to
Interventions Plan

Date	Time	Prob.#	Disc	Progress Notes
6/22/05	12:30P	MD		Pt. seen, discussed with staff. Guarded, constricted affect. "You turned on me in court yesterday" Pt. not happy with outcome of private hearing yesterday as with med changes. Still delusional. Sleep & appetite good. Exhibiting independence for. Continue current Rx. Phyllis Mobley, MD
6/23/05	10:10A	MD		Pt. seen, discussed with staff. Affect flat today. Pleasant but guarded. Husband came to bring pt. some items today. SW able to coax her into speaking with him and herself for 40 min, which is an improvement in itself. Is unable to conceal her paranoid delusions for such a length of time, however. But she was able to entertain the idea that she and husband may be able to reconcile given certain compromises, which is, again, a sign of improvement. Before she had been adamant she would not return to Phyllis Mobley, MD

7456-N-072
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THREE RIVERS FOR BEHAVIORAL HEALTH

ARGOE MARTHA L SS#
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MOBLEY PHYLLIS
Act#: 1018795

PHYSICIAN'S PROGRESS RECORD

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Complication
New Management
Problem
New Condition Present
Side Effects

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Discussion with Patient
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Physical Examination
Discussion of Risk /
Benefits of Medication
Formal Conference
Conference with Family /
Review of Lab /
Testing Results

ASSESSMENT /

FINDINGS

Patient Progress
Change in Sx / Behavior
Change in Relationships
Change in Medical Status
Need for Continued
Treatment
Necessity for Level of
Care

THERAPEUTIC PLAN:

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Discharge Planning

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Interventions Plan

Date	Time	Prob.#	Disc	Progress Notes
6/23/05	10:20A	MD		live with him once discharged from the hospital. Sleeping well. Borderline ECG - QTc interval 415, but will consult internal medicine to be sure continued treatment with Aripiprazole is okay. Will need to recheck ECG personally nonetheless. Awaiting results of lipid panel. Continue current tx.
				Phyllis Mobley, MD
	6/24/05	Am		Intmed: 7456-N-073 CONFIDENTIAL
				Attnd to Eval EKG as pt on anti-epileptics.
				pt asymptomatic No br. w. abd. pain, no fever, no nausea no N/V/D.
				Re: Hx of 2 hrs of Al. in 10/04
				Re: no more B. & gas
				EKG - CR RER! No acute AS
				CRP 0.7, QTc 415ms.
				ECG EKG noted No acute AS.
				QTc 415ms - Do not see
				Contraindicated to use of Aripiprazole.
				Recommend Provider EKG & ECG

Discontinue of QTc prolongs.

him - not SMAR, call (unlike)

THREE RIVERS FOR BEHAVIORAL HEALTH

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Interventions Plan

Date	Time	Prob.#	Disc	Progress Notes
6/24/05	11:45A	MD		Pt. seems distressed with staff. Appear overly sweet and accommodating as per usual until I attempted to discuss conference she had with her husband yesterday. Became almost belligerent. "I said these things, that I would consider going back to him, because you're drugging me! You place me in a room with him where I'm cornered! Ridiculously, now paranoid and distrusting of her family including son she trusted, and so ambivalent at best about having any further contact with them." That remains to be seen. Increase Respectal per orders. Phyllis Mobley, MD
6/25/05	1:15P			Pt. seem confused about her medication. I feel she is taking too much and doesn't like feeling drowsy and numb. I told her from 1st to 2nd night. Pt. still of good. Pt. only for 2nd given orally. There must be

7456-N-074
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THREE RIVERS
FOR BEHAVIORAL HEALTH

PHYSICIAN'S
PROGRESS RECORD

ARGOE MARTHA L SS#
062 W F P MR# 0000000000
Adm date: 2005-06-09 DOB
MOBLEY PHYLLIS
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ASSESSMENT /

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Date	Time	Prob.#	Disc	Progress Notes
6/6/05	1255		P	Pt. seen for heretofore being released down. No insight at all into her behavior or reason for admission. Apparent delirium and incoherence. Incoherence and incoherence noted. Thymol protein levels being checked.
6/27/05	0900		MD	Psychiatry Pt. seen in coverage for Dr. Moore. A FUS. Pt. A + C + recently released. Pt. denies hallucinations. VISIT 4 K. Pt. is very delusional & believes husband placed her here to take her money. Pt. is very suspicious of medication effort in institution. No insight. Pt. is a pediatrician & insists she does not need meds. Plan As Psychosis. Switch Risperidone to 4 mg tablets to decrease sedation. Repeat EKG today.
				addition

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ARGOE MARTHA L SS#
062 WF P MR#:000024396
Adm date: 2005-06-09 DOB
MOBLEY PHYLLIS
Act#: 1018795

PROBLEM:
Diagnosed Condition
Presenting Complaint
Complication
New Management
Problem
New Condition Present
Side Effects

- Discussion with Patient
- Consultation with Other Clinicians
- Physical Examination
- Discussion of Risk / Benefits of Medication
- Formal Conference
- Conference with Family / Review of Lab / Testing Results

Patient Progress:
Change in Sx. / Behavior
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Date	Time	Prob.#	Disc	Progress Notes
		6/27/65 PM		<u>Formed:</u> Flu LKA flm / cfm A. No archaic physical complex reported MRS 126/65 woman of about 40 yrs MRS. not known. LKA - MRS. immediate LKA MRS. QTC 356 sec. (normal) no ad 2. W 4 QTC (Bulim) - 126/65. Report LKA to be on mg m 15, 1st m 42 cfm m 9.7 off 1 from 15m. Write or Start by
6/28/65	11:15		MD	P. psychomotor Re seen + discussed + staff. Pt is very isolated + adjustment in and pt is still very delusional + believe husband is trying to kill her. Pt wants to believe to avoid home rather than live on her own because then her husband will not have a stable wife

7456-N-076
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THREE RIVERS FOR BEHAVIORAL HEALTH

PHYSICIAN'S PROGRESS RECORD

ARGOE MARTHA L
062 WF P
Adm date: 2005-06-09
MOBLEY PHYLLIS
Act#: 1018795

SS#
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Conference with Family /
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Date	Time	Prob.#	Disc	Progress Notes
6/2/05				Re Rello has Pt is suspicious of meds. Pt describes bizarre behavior of going out to eat late at night alone, so she can meet up with other "Christians" Psych testing not valid Plan No hallucinations. No SE. HC D) Psychosis - add medication Haldol C. Dodson
6/29/05	10:20		MD	Psychiatry Pt seen + discussion of treatment plan. A/EUSS. Pt is still very paranoid. Pt worried if she leaves hospital on her meds husband will use them to poison her. No hallucinations No SE/HT History per family Consistent a Report D/O well stop oral Haldol + add Haldol Dec. C. Dodson
6/30/05	10:20		MD	Psychiatry Pt seen + discussed to staff A/EUSS. Pt still extremely paranoid. Thoughts are illogical. No hallucinations No SE/HT Haldol Dec today C. Dodson

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**THREE RIVERS
FOR BEHAVIORAL HEALTH**

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Adm date: 2005-06-09 DOB
MOBLEY PHYLLIS
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**PHYSICIAN'S
PROGRESS RECORD**

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Benefits of Medication
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Review of Lab /
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**NURSING PROCESS
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Date	Time	Prob.#	Disc	Progress Notes
7/1/05	1030		ad	Psychiatry Pt seems decreased & staff - Pt more believed husband is less likely to hurt her because more people are "on the line" Pt still planning to divorce & start over. Pt remains very paranoid about husband and son. Pt for exam on meds USE Pt A.O. affect bright thoughts paranoid. No hallucinations No SI/HT Plan a) Psychiatry - Confusion pt gets Medial Rec. continue hospital a) Boardman 7/2/05 1 P Pt seen during pt's case & staff. Pt continue to have paranoid ideas. Pt remains compliant w/ med. Slight weight loss. Still HT. Continue meds to 7/3/05 1 P Pt seen during pt's case & staff. Pt remains problem & med to day some paranoia present but stable. Still home. Continue current med. & SI/HT.

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THREE RIVERS FOR BEHAVIORAL HEALTH

ARGOE MARTHA L
062 WF P
Adm date: 2005-06-09
MOBLEY PHYLLIS
Act#: 1018795

SSA
MR#:000024396
DO:
1

PHYSICIAN'S PROGRESS RECORD

PATIENT IDENTIFICATION

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

	Date	Time	Prob.#	Disc	Progress Notes
PROBLEM: Diagnosed Condition Presenting Complaint Complication New Management Problem New Condition Present Side Effects	7/9/60		1	8	Went down case of Haldol. At dinner 1/4/60 Bleeding SE/HZ. At feels much less downy for med - still feels suspicion of her husband At still hopeful for the long run. VBS
EVALUATION: Discussion with Patient Consultation with Other Clinicians Physical Examination Discussion of Risk / Benefits of Medication Formal Conference Conference with Family / Review of Lab / Testing Results					
ASSESSMENT / FINDINGS Patient Progress Change in Sx / Behavior Change in Relationships Change in Medical Status Need for Continued Treatment Necessity for Level of Care	7/15/65			n/d	psychiatry. Pt seems case discussed & treatment done. Pt received Haldol Dec on 7/12/65. Pt reports today that she does not believe husband is plotting to kill her, but still fears he might hurt her in a drunken rage. C still paranoid, but slightly improved. Pt A+O. affect bright. No hallucinations No SE/HZ. No insight Relax C Bipolar I c Psychosis. Continue Risperdal Const Haldol Dec + po Risperdal C.D.O. dds n/d
THERAPEUTIC PLAN: Medication Laboratory Tests Specialty Consultation Psychotherapies: Group Family Individual Change in Privilege Status Discharge Planning					
NURSING PROCESS DOCUMENTATION Patient Behavior Interventions Provided Patient Response to Interventions Plan					

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MR#:000024396
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THREE RIVERS FOR BEHAVIORAL HEALTH

PHYSICIAN'S PROGRESS RECORD

ARGOE MARTHA L
082 WF P
Adm date: 2005-06-09
DODDS CHERYL
Act#: 1018795

SS#: _____
MR#: 000024396
DOB
I

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

PROBLEM:

Diagnosed Condition
Presenting Complaint
Complication
New Management
Problem
New Condition Present
Side Effects

EVALUATION:

Discussion with Patient
Consultation with Other
Clinicians
Physical Examination
Discussion of Risk /
Benefits of Medication
Formal Conference
Conference with Family /
Review of Lab /
Testing Results

ASSESSMENT /

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Patient Progress
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NURSING PROCESS

DOCUMENTATION

Patient Behavior
Interventions Provided
Patient Response to
Interventions Plan

Date	Time	Prob.#	Disc	Progress Notes
7/8/05	noon	MD	Psychiatry	Pt seen + discussed w staff Pt continues to be very paranoid about husband + states he only tells lies Pt does not feel he will harm her but is still very delusional about his beliefs. Pt is tolerating meds. Cooperative on unit. No hallucinations No SI/HI Plan (1) Bipolar I + Psychosis Continue Risperdal + Haldol. Family is working on becoming conservator so pt can go to assisted living. C. W. Dodds MD
7/9/05	1045	MD	Psychiatry	Pt seen + discussed w staff. Pt is still extremely paranoid + unable to realistically participate in discharge planning. Pt resist assisted living so paranoid about neighbors. Tolerating meds AFUSS C. W. Dodds MD

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THREE RIVERS FOR BEHAVIORAL HEALTH

PHYSICIAN'S PROGRESS RECORD

ARGOE MARTHA L
062 WF P
Adm date: 2005-06-09
DODDS CHERYL
Act#: 1018795

SS:
MR# 000024396
DOB: 1

PATIENT IDENTIFICATION

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

PROBLEM:	Date	Time	Prob.#	Disc	Progress Notes
Diagnosed Condition	7/18/05			MD	Psychiatry
Presenting Complaint		0835			Placenta discussed a staff. Pt
Complication					still very paranoid. Pt refuses
New Management					to believe she could be
Problem					safe in assisted living
New Condition Present					Pt is cooperative on unit. No
Side Effects					hallucinations. No 3F/HT.
					Continue Risperdal + Haldol.
					C. Daddup
EVALUATION:	7/11/05			MD	Psychiatry
Discussion with Patient		0945			Placenta discussed a staff. Pt
Consultation with Other					is still very paranoid about
Clinicians					husband. Pt resistant to
Physical Examination					considering assisted living.
Discussion of Risk /					Pt is not as concerned husband
Benefits of Medication					well. Has no. No hallucinations
Formal Conference					No 3F/HT. Continue
Conference with Family /					Risperdal + Haldol. Saw Rung
Review of Lab /					on placenta
Testing Results					C. Daddup
ASSESSMENT /	7/11/05			MD	Psychiatry
FINDINGS		0945			Placenta discussed a staff. Pt
Patient Progress:					is still very paranoid about
Change in Sx. / Behavior					husband. Pt resistant to
Change in Relationships					considering assisted living.
Change in Medical Status					Pt is not as concerned husband
Need for Continued					well. Has no. No hallucinations
Treatment					No 3F/HT. Continue
Necessity for Level of					Risperdal + Haldol. Saw Rung
Care					on placenta
					C. Daddup
THERAPEUTIC PLAN:	7/12/05			MD	Psychiatry
Medication		1020			Placenta discussed a staff. Pt
Laboratory Tests					continues to be paranoid about
Specialty Consultation					husband. Pt rationalizes not
Psychotherapies:					coming for home for past
Group					year as showing husband
Family					how much work she normally
Individual					did. Pt expressing paranoia
Change in Privilege					to see about riding in cars
Status					with other family concerns
Discharge Planning					how they will get her to
NURSING PROCESS	7/12/05			MD	Psychiatry
DOCUMENTATION		1020			Placenta discussed a staff. Pt
Patient Behavior					continues to be paranoid about
Interventions Provided					husband. Pt rationalizes not
Patient Response to					coming for home for past
Interventions Plan					year as showing husband
					how much work she normally
					did. Pt expressing paranoia
					to see about riding in cars
					with other family concerns
					how they will get her to

**THREE RIVERS
FOR BEHAVIORAL HEALTH**

**PHYSICIAN'S
PROGRESS RECORD**

ARGOE MARTHA L SS#1
062 WF P MR#: 000024396
Adm date: 2005-06-09 DOB
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ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

PROBLEM:

Diagnosed Condition
Presenting Complaint
Complication
New Management
Problem
New Condition Present
Side Effects

EVALUATION:

Discussion with Patient
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**ASSESSMENT /
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Patient Progress:
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THERAPEUTIC PLAN:

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Interventions Plan

Date	Time	Prob.#	Disc	Progress Notes
7/12/05				admitted during Pt meeting discussed portrait of husband in groups. Pt reports efforts to discuss placement + expressed paranoia about neighbors in apartment building. No hallucinations No SE / Hx Plan ① Bipolar I + Psychosis - Continue current meds SW working on placement C. Dodson MD
7/13/05	0920		MD	Psychiatry Pt's sister discussed a staff Pt is still paranoid about husband. Believes he was stealing jewelry + furniture. Pt does not believe he will ever do anything to hurt her now. Pt opening up to option of family session. No hallucinations No SE / Hx Plan ① Bipolar I + Psychosis Continue current meds. will discuss possible family session @ SW C. Dodson MD

7456-N-083
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THREE RIVERS FOR BEHAVIORAL HEALTH

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PHYSICIAN'S PROGRESS RECORD

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ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

PROBLEM:	Date	Time	Prob.#	Disc	Progress Notes
Diagnosed Condition	7/17	05	wn		Pt seen on case discussed
Presenting Complaint					unseen. She is quite
Complication					unstable. No ant psychosis in
New Management					seen patient thru a hospital.
Problem					Still looks unwell.
New Condition Present					Needing more psychiatric.
Side Effects					
EVALUATION:					
Discussion with Patient					
Consultation with Other					
Clinicians					
Physical Examination					
Discussion of Risk /					
Benefits of Medication					
Formal Conference					
Conference with Family /					
Review of Lab /					
Testing Results					
ASSESSMENT /	7/18/05			MD	Psychiatry
FINDINGS	0930				Pt seen - discussed with staff. Pt
Patient Progress:					still very delusional. He interprets
Change in Sx / Behavior					everything husband does as
Change in Relationships					delirious - threatening, despo
Change in Medical Status					husband bringing her gifts
Need for Continued					to home when she is in
Treatment					home. No hallucinations.
Necessity for Level of					NOSE/HT. Continuing Responded
Care					to the hospital.
THERAPEUTIC PLAN:					
Medication					
Laboratory Tests					
Specialty Consultation					
Psychotherapies:					
Group					
Family					
Individual					
Change in Privilege					
Status					
Discharge Planning					
NURSING PROCESS	7/19/05			MD	Psychiatry
DOCUMENTATION	1 PM				Pt seen - discussed a treatment
Patient Behavior					team - Pt still paranoid
Interventions Provided					about husband - Pt
Patient Response to					misinterpreting illustrations
Interventions Plan					from group in paranoid
					fashion. No hallucinations
					NO SE/HT. Responded
					Continue today

7456-N-084
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THREE RIVERS
FOR BEHAVIORAL HEALTH

ARGOE MARTHA L SS
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Interventions Plan

Date	Time	Prob.#	Disc	Progress Notes
7/4/05	0910		MD	Psychiatry Pt seen + discussed a staff Pt is still paranoid about husband. Delusion appears partly fixed, but pt now does feel safer around husband. Denies hallucinations now. No SE/HI. No changed Plan ① Bipolar I + Psychosis - Continue current meds. Have SW attempt to involve family again. (C) add to SW
7/15/05	114m		MD	Psychiatry Pt seen + discussed + staff - Pt continues to be paranoid about husband. Attempting to prepare patient that she may not be able to return home. No hallucinations No SE/HI - Continue Haldol + Risperidol. Family session possibly next week.
8/11/2005	10am			H. seen. Paranoia still. (C) add to SW trying to find clues like to become a better person Eg at home with her problems now.

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**THREE RIVERS
FOR BEHAVIORAL HEALTH**

**PHYSICIAN'S
PROGRESS RECORD**

ARGOE MARTHA L SS#
062 WF P MR#000024396
Adm date: 2005-06-09 DOB:
MOBLEY PHYLLIS
Act#: 1018795

PATIENT IDENTIFICATION

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

PROBLEM:	Date	Time	Prob.#	Disc	Progress Notes
Diagnosed Condition	6/14/2005		mm		Medication Abuse
Presenting Complaint					
Complication					
New Management					
Problem					
New Condition Present					
Side Effects					
EVALUATION:					
Discussion with Patient					
Consultation with Other Clinicians					
Physical Examination					
Discussion of Risk / Benefits of Medication					
Formal Conference					
Conference with Family / Review of Lab / Testing Results					
ASSESSMENT / FINDINGS:					
Patient Progress:					
Change in Sx / Behavior					
Change in Relationships					
Change in Medical Status					
Need for Continued Treatment					
Necessity for Level of Care					
THERAPEUTIC PLAN:					
Medication					
Laboratory Tests					
Specialty Consultation					
Psychotherapies:					
Group					
Family					
Individual					
Change in Privilege Status					
Discharge Planning					
NURSING PROCESS DOCUMENTATION:					
Patient Behavior					
Interventions Provided					
Patient Response to Interventions Plan					

AP #7027-1

7456-N-086
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THREE RIVERS FOR BEHAVIORAL HEALTH

PHYSICIAN'S PROGRESS RECORD

ARGOE MARTHA L SS#
062 W F P MR#:000024396
Adm date: 2005-06-09 DOB
MOBLEY PHYLLIS
Act#: 1018795

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

PATIENT IDENTIFICATION

PROBLEM:
Diagnosed Condition
Presenting Complaint
Complication
New Management
Problem
New Condition Present
Side Effects

EVALUATION:
Discussion with Patient
Consultation with Other
Clinicians
Physical Examination
Discussion of Risk /
Benefits of Medication
Formal Conference
Conference with Family /
Review of Lab /
Testing Results

**ASSESSMENT /
FINDINGS**
Patient Progress
Change in Sx / Behavior
Change in Relationships
Change in Medical Status
Need for Continued
Treatment
Necessity for Level of
Care

THERAPEUTIC PLAN:
Medication
Laboratory Tests
Specialty Consultation
Psychotherapies:
Group
Family
Individual
Change in Privilege
Status
Discharge Planning

**NURSING PROCESS
DOCUMENTATION**
Patient Behavior
Interventions Provided
Patient Response to
Interventions Plan

Date	Time	Prob.#	Disc	Progress Notes
6/14/05	11 AM	MD		Pt. seen, discussed with staff, spoke with and referenced note written by Dr. Neath. Pt. remains adamant that any medication administered would have to be forcefully done so. Pt. son and husband called me again yesterday afternoon, saying that she began medication sooner rather than later as they have discovered further evidence of her illness / disordered thinking since she has been hospitalized. In reviewing some previous affairs they have found that she had not paid taxes on certain properties in those years, had hidden a car from them, and had done or not done various other things that speak to her poor judgement. In speaking with Dr. Neath responds that we start her on Elavon rather than Misperdal. Costa 2° the longer period of time it will take for Misperdal Costa to be effective. Also, she can be

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Phyllis Mobley, MD
(continued)

THREE RIVERS
FOR BEHAVIORAL HEALTH

PHYSICIAN'S
PROGRESS RECORD

ARGOE MARTHA L SSA
062 WF P MR#:000024396
Adm date: 2005-06-09 DOB: _____
MOBLEY PHYLLIS
Act#: 1018795

PATIENT IDENTIFICATION

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

PROBLEM:
Diagnosed Condition
Presenting Complaint
Complication
New Management
Problem
New Condition Present
Side Effects

EVALUATION:
Discussion with Patient
Consultation with Other
Clinicians
Physical Examination
Discussion of Risk /
Benefits of Medication
Formal Conference
Conference with Family /
Review of Lab /
Testing Results

ASSESSMENT /
FINDINGS
Patient Progress
Change in Sx / Behavior
Change in Relationships
Change in Medical Status
Need for Continued
Treatment
Necessity for Level of
Care

THERAPEUTIC PLAN:
Medication
Laboratory Tests
Specialty Consultation
Psychotherapies:
Group
Family
Individual
Change in Privilege
Status
Discharge Planning

NURSING PROCESS
DOCUMENTATION
Patient Behavior
Interventions Provided
Patient Response to
Interventions Plan

Date	Time	Prob.#	Disc	Progress Notes
6/14/05	11:55A	MD		offered Lexdon by mouth as an option prior to force medication by injection. It is hoped that with the more rapid onset of action of the Lexdon pt. will at some point 3 rd med effectiveness gain insight, judgement will improve to the point that she will voluntarily take them. Phyllis Mobley, MD
6/15/05	12 PM	MD		Pt seen, discussed with staff. Affect very calm, euthymic. Mood "fine", considering "Very concerned about her appearance, nails not being groomed, hair "a mess". Pt refused to take Lexdon by mouth yesterday, was given in injection form. Tells me this AM her throat began closing up and she couldn't breathe, heart started racing, immediately after it was given. Had nursing note, however pt complained only of dizziness some 3 hours later. Off note, pt had been given prn Lexdon which listed its possible side effects. Phyllis Mobley, MD

AP #7027-1

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**THREE RIVERS
FOR BEHAVIORAL HEALTH**

ARGOE MARTHA L SS.
062 WF P MR#:000024396
Adm date: 2005-06-09 DOB:
MOBLEY PHYLLIS I
Act#: 1018795

**PHYSICIAN'S
PROGRESS RECORD**

PATIENT IDENTIFICATION

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

PROBLEM:
Diagnosed Condition
Presenting Complaint
Complication
New Management
Problem
New Condition Present
Side Effects

EVALUATION:
Discussion with Patient
Consultation with Other
Clinicians
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Review of Lab /
Testing Results

**ASSESSMENT /
FINDINGS**
Patient Progress
Change in Sx. / Behavior
Change in Relationships
Change in Medical Status
Need for Continued
Treatment
Necessity for Level of
Care

THERAPEUTIC PLAN:
Medication
Laboratory Tests
Specialty Consultation
Psychotherapies:
Group
Family
Individual
Change in Privilege
Status
Discharge Planning

**NURSING PROCESS
DOCUMENTATION**
Patient Behavior
Interventions Provided
Patient Response to
Interventions Plan

Date	Time	Prob.#	Disc	Progress Notes
6/15/05	12:05P	MD		Tells me she plans to continue to refuse to take meds voluntarily, not particularly upset when I explained she will, then, be getting more injections today, despite SF's she reports. VSS at time of complaint of dizziness last night.
				Pt. still delusional & paranoid. I testing inconclusive 2° her ability to minimize her symptoms. Her organization argues against Bipolar Disorder. All of her reported behaviors in fact, can be explained by her fears: paranoid delusional & ST/HI.
				Diagnosis: Psychosis NOS
				Continue Ixodon, awaiting results of organic work-up.
				Phyllis Mobley, MD

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THREE RIVERS
BEHAVIORAL HEALTH

PHYSICIAN'S ORDERS

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ARGOE MARTHA L
062 W F P
Adm date: 2005-06-09
MOBLEY PHYLLIS
Act#: 1018795

SS#
MR#: 000024396
DOB:
1

Patient Identification

DIAGNOSIS: Psychosis NOS, 40 Manic ALLERGIES: NKDA
AGE: 62 HEIGHT: 63" WEIGHT: 123 DIABETES: ☐ YES ☒ NO ROOM NUMBER:

PHYSICIAN'S ORDERS

RATIONALE (As Indicated)

DATE	TIME	PHYSICIAN'S ORDERS	RATIONALE (As Indicated)
6/9/05	2:00	Therazine 50 milligrams every 4 hours by mouth/intramuscularly as needed psychosis/anxiety/agitation Oxycodone 2 milligrams every 4 hours by mouth/intramuscularly as needed psychosis/anxiety/agitation RBV T.O. Dr. Dodds, M.D. Phyllis Mobley, M.D. 6/9/05 @ 2:15	2:15 6/9/05 @ 2:15
6/10/05	10:45	Resperdal Consta 25 milligrams intramuscularly on 6/13/05, if approved by pharmacy/ physician. Phyllis Mobley, M.D.	6/13/05 6/13/05
6/12/05	3:55 PM	Consult, IM 2° TSH elevation (7.37). Significant? Phyllis Mobley, M.D.	6/12/05 6/12/05 16:40

PLAINTIFF'S
EXHIBIT
4 5/16/12
Mobley at

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THREE RIVERS
BEHAVIORAL HEALTH

PHYSICIAN'S ORDERS

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ARGOE MARTHA L SS#
062 W F P MR#:000024396
Adm date: 2005-06-09 DOB:
MOBLEY PHYLLIS
Act#: 1018795

Patient Identification

DIAGNOSIS: Bipolaris NOS, 2nd manic ALLERGIES: NKOT

AGE: 62 HEIGHT: 6'3" WEIGHT: 123 DIABETES: ☐ YES ☒ NO ROOM NUMBER:

PHYSICIAN'S ORDERS

RATIONALE
(As Indicated)

DATE	TIME	PHYSICIAN'S ORDERS	RATIONALE (As Indicated)
6/13/05	12:25P	Hold Misperdal Conata injection until 2nd opinion rendered by Dr. Heath.	2nd 6/14/05 JEC
		2nd opinion (ASAP, please) by Dr. Heath or appropriate person of force - meekating (pt. is committed) Phyllis Mobley, MD	
		Noted 13 Jun 05 1420 Discharge for 5' low no on dls no abnormal TEP	2nd 6/14/05 JEC
		Noted 13 Jun 05 1420 Discharge for 5' low no on dls no abnormal TEP	
6/14/05	HAM	Psychological testing for differential diagnosis, to include rule out Dementia (cortical atrophy on head CT) Organic workup (late-onset psychosis): RPR, B12, folate, heavy metal screens, hepatitis panel.	
		Leodon 40 milligrams by mouth twice daily.	
		Leodon 20 milligrams by mouth intramuscularly twice daily if pt. refuses 40mg offered by mouth	
		Phyllis Mobley, MD	

CS007A Rev. 498 Noted 14 Jun 05 12N

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THREE RIVERS
BEHAVIORAL HEALTH

PHYSICIAN'S ORDERS

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ARGOE MARTHA L SS#
062 WF P MR#:000024396
Adm date: 2005-06-09 DOB
MOBLEY PHYLLIS
Act#: 1018795

Patient Identification

DIAGNOSIS: *Psychosis NOS R/o manic* ALLERGIES: *NKA*
AGE: *62* HEIGHT: *63"* WEIGHT: *123* DIABETES: ☐ YES ☒ NO ROOM NUMBER:

PHYSICIAN'S ORDERS		RATIONALE (As Indicated)
DATE	TIME	
6/16/05	11:41 AM	
<i>Ativan 2 milligrams by mouth or intramuscularly every 4 hours as needed for anxiety or agitation.</i> <i>Phyllis Mobley, MD</i>		<i>200 5/17/05 6/16/05</i>
6/16/05	11:05 AM	
<i>Level III</i> <i>Phyllis Mobley, MD</i>		<i>200 5/17/05 6/16/05</i>
6/17/05	9:30 AM	
<i>Increase Geodon to 60 milligrams by mouth twice daily.</i> <i>Phyllis Mobley, MD</i>		<i>200 5/17/05 6/16/05</i>
<i>Notes: (7 JUN 05) 10:35 Anxiety symptoms</i>		
6/18/05	12:00 PM	
<i>Decrease Geodon to 40 milligrams by mouth twice daily</i> <i>Phyllis Mobley, MD</i>		<i>200 5/17/05 6/16/05</i>

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THREE RIVERS
BEHAVIORAL HEALTH

ARGOE MARTHA L
062 WF P
Adm date: 2005-06-09
MOBLEY PHYLLIS
Act#: 1018795

SS#
MR#: 000024396
DOB:

PHYSICIAN'S ORDERS

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Patient Identification

DIAGNOSIS: *Psychosis NOS R/O manic* ALLERGIES: *NKA*
AGE: *62* HEIGHT: *63"* WEIGHT: *123* DIABETES: ☐ YES ☒ NO ROOM NUMBER:

PHYSICIAN'S ORDERS

RATIONALE (As Indicated)

DATE	TIME	PHYSICIAN'S ORDERS	RATIONALE (As Indicated)
6/21/05	10:45A	<i>Discontinue Geodon</i> <i>Risperdal Consta 25 milligrams</i> <i>i. intramuscularly today</i> <i>Risperdal M-tab 2 milligrams</i> <i>by mouth twice daily (check</i> <i>for choking)</i> <i>Haldol 5 milligrams intramuscularly</i> <i>twice daily if pt. refuses by</i> <i>mouth Risperdal</i> <i>Cogentin 1 milligram by mouth or</i> <i>intramuscularly every 4 hours</i> <i>as needed for EPS.</i> <i>Phone restriction: pt. to receive</i> <i>no incoming calls from persons</i> <i>other than family members,</i> <i>may place no outgoing calls.</i> <i>Phyllis Mobley, MD</i>	<i>Done</i> <i>MD</i> <i>6/21/05</i>
6/21/05	12:45PM	<i>Discontinue Thorazine</i> <i>Geodon FKG</i> <i>Lipid panel</i> <i>Phyllis Mobley, MD</i>	<i>Done</i> <i>MD</i> <i>6/21/05</i>
		<i>Noted 21 Jun 05 1:30</i> <i>Alvin S. Sykes, MD</i>	

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PHYSICIAN'S ORDERS

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ARGOE MARTHA L
082 WF P
Adm date: 2005-06-09
MOBLEY PHYLLIS
Act#: 1018795

SS#:
MR#: 000024396
DOI:
1

Patient Identification

DIAGNOSIS: *Psychosis Nos manic* ALLERGIES: *NKA*

AGE: *62* HEIGHT: *6'3"* WEIGHT: *123* DIABETES: ☐ YES ☒ NO ROOM NUMBER:

PHYSICIAN'S ORDERS

RATIONALE
(As Indicated)

DATE	TIME	PHYSICIAN'S ORDERS	RATIONALE (As Indicated)
6/23/05	10:05A	<i>Ativan 2 milligrams by mouth or intramuscularly every 4 hours as needed for anxiety or agitation.</i> <i>Phyllis Mobley, MD</i>	<i>2107 B10 6/24/05</i>
6/23/05	10:05A	<i>Noted 23 Jun 05 1030 Patient & Specimen for Internal medicine consult ~ Borderline EKG. Okay to continue Risperdal.</i> <i>Phyllis Mobley, MD</i>	<i>2107 B10 6/24/05</i>
6/23/05		<i>Noted 23 Jun 05 1030 Patient & Specimen for</i>	
6/23/05		<i>(1) OK to Continue Risperdal.</i>	<i>2107 B10 6/24/05</i>
6/23/05		<i>(2) ✓ EKGs next Monday</i>	<i>2107 B10 6/24/05</i>
6/23/05		<i>(3) Outpatient labs growl for ✓ EKGs, & for abnormal lipids.</i>	
6/23/05		<i>(4) ✓ myo, ✓ SMT7, Ca2+ tomorrow. Call us if abnormal. Re: SMT7.</i>	
6/23/05		<i>NOTED 24 Jun 05 0915 Patient Specimen for</i>	
6/24/05	11:05A	<i>Increase Risperdal M-Tab to 11 milligrams by mouth every morning & 11 milligrams by mouth every night.</i> <i>Phyllis Mobley, MD</i>	<i>2107 B10 6/24/05</i>

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*Noted 24 Jun 05 1210
Patient Specimen for*

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PHYSICIAN'S ORDERS

SS#
MR#:000024396
DOB

INSTRUCTIONS:

- DIAGNOSIS: *Typhoid No. 5* *70 name* ALLERGIES: *NKA*
AGE: *62* HEIGHT: *63"* WEIGHT: *123* DIABETES: ☐ YES ☒ NO ROOM NUMBER: *4*

RATIONALE
(As Indicated)

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THREE RIVERS
BEHAVIORAL HEALTH

PHYSICIAN'S ORDERS

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ARGOE MARTHA L
062 WF P
Adm date: 2005-06-09
DODDS CHERYL
Act#: 1018795

SS#: MR#000024396
DOE

DIAGNOSIS: *Psychosis NOS* *to manic* ALLERGIES: *NKA*

AGE: *62* HEIGHT: *63"* WEIGHT: *123* DIABETES: ☐ YES ☒ NO ROOM NUMBER:

PHYSICIAN'S ORDERS

RATIONALE
(As Indicated)

DATE	TIME	PHYSICIAN'S ORDERS	RATIONALE (As Indicated)
7/7	11:11 AM	stop Ativan <i>C. Dodds MD</i>	<i>stop Ativan 7/7</i>
		Notes 7 July 05 1125 <i>Minist Spence</i>	<i>stop Ativan 7/7</i>
7/11	09:15	Harris SW discuss having pain <i>with patient</i> <i>Noted 14 July 05 1040</i> <i>Minist Spence</i>	<i>Maria M. notified</i> <i>stop Ativan 7/11</i>
		<i>Reported</i>	
7/14	05:30 PM	2 step PPD. <i>Det. 1/4</i> <i>noted by Vicki Gray RN</i> <i>7-18-05 1830</i>	<i>stop Ativan 07/14/05</i>

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THREE RIVERS
BEHAVIORAL HEALTH

PHYSICIAN'S ORDERS

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ARGOE MARTHA L
062 WF P
Adm date: 2005-06-09
MOBLEY PHYLLIS
Act#: 1018795

SS#
MR#: 000024396
DO#

DIAGNOSIS: *Depression NOS No manic* ALLERGIES: *NKA*
AGE: *62* HEIGHT: *163'* WEIGHT: *123* DIABETES: YES ☐ NO ☒ ROOM NUMBER:

PHYSICIAN'S ORDERS

RATIONALE
(As Indicated)

PROGRAM TRACK

☒ PSYCH. ☐ ADDICTION ☐ PSYCH. DUAL ☐ ADDICTION DUAL

AXIS I DIAGNOSES:

Date	Time	Notes
6/27/05	0900	Stop Responder
		Responder MTab 4 milligrams by mouth at bedtime
		NOTED 27 JUN 05 0900
		Don't forget to take
6/27/05	1100	Transfer patient to Dr. Dadds service
		Dr. Dadds M.D. 6/28/05
		6/28/05 1100
6/28/05	1100	Halal 5 milligrams by mouth at bedtime
		NOTED 28 JUN 05 1100
		Don't forget to take

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PHYSICIAN'S ORDERS

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ARGOE MARTHA I.
062 WF P
Adm date: 2005-06-09
MOBLEY PHYLLIS
Act#: 1018795

SS#: MR#:000024396
DOB: 1

Patient Identification

DIAGNOSIS: Psychosis NOS R/o manic ALLERGIES: NEA
AGE: 62 HEIGHT: 63" WEIGHT: 123 DIABETES: ☐ YES ☒ NO ROOM NUMBER:

PHYSICIAN'S ORDERS

RATIONALE
(As Indicated)

DATE	TIME	PHYSICIAN'S ORDERS	RATIONALE (As Indicated)
6/29/05	1020	Haldol 50mg Decanoate 50mg. Intramuscular today Stop scheduled oral Haldol. Tell pt this is what I discussed to her <i>at home</i> Noted 29 Jun 05 1045 Nurse R. Spillane	<i>at home</i> <i>at home</i>
6/29/05	1pm	~~Dispridel Consta - 25 milligrams~~ ~~Haldol Decanoate~~ ~~Start Haldol 5 milligrams by mouth~~ ~~at bedtime~~ ~~RBV Tr. De Dicks / V. Elliott Jr~~	~~ERROR 6/29/05~~
6/30/05	1020	Ativan 2 milligrams by mouth as intramuscular even. 4 hours as needed for agitation / psychosis Please confirm we are out of house <i>at home</i> Noted 30 Jun 05 1020 Nurse R. Spillane	<i>at home</i> <i>at home</i>

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ARGOE MARTHA L
062 WF P
Adm date: 2005-06-09
DODDS CHERYL
Act#: 1018795

SS#
MR#:000024396
DOB:

DIAGNOSIS: *Lymphoma NOS R/O Malign* ALLERGIES: *NKA*
AGE: *62* HEIGHT: *63"* WEIGHT: *173* DIABETES: ☐ YES ☒ NO ROOM NUMBER: _____

PHYSICIAN'S ORDERS

RATIONALE
(As Indicated)

DATE TIME

9/05 Risperdal Consta 25 milligrams need
withamus cula today 1/19/05
may stop oral risperdal after 1400
pt receives consta

C. Daddup

REORDER
Cogentin 1mg po/qm
DATE 7-20-05

UAL PH237

2400
V6

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01942

REPORT OF DESIGNATED EXAMINER FOR MENTAL ILLNESS

PAGE 1

Name of Person Examined <i>Martha Anger</i>	Sex <i>F</i>	Height	Weight	Age <i>62</i>	Hair	Eyes	DOB	SS#	County of Residence <i>Burg</i>
Place of Examination <i>Blue River</i>					Hour and Date of Examination <i>6/16/05 11 AM</i>				
Name of Designated Examiner <i>Angie Mobley</i>		Degree <i>MD</i>			Place of Professional Employment <i>THREE RIVERS CENTER FOR BEHAVIORAL HEALTH 2900 SUNSET BOULEVARD WEST COLUMBIA, SC 29169</i>				

I, THE UNDERSIGNED EXAMINER, having been directed by Probate Court Order to do so, have examined the above-named person, considered previous hospitalization records and am of the opinion that the said individual:
(Check appropriate boxes.)

☒ IS MENTALLY ILL, NEEDS INVOLUNTARY TREATMENT AND BECAUSE OF THIS MENTAL ILLNESS:

Lacks sufficient insight or capacity to make responsible decisions with respect to his/her treatment;

AND / OR

There is a likelihood of serious harm to self or others:

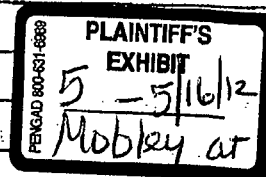
AND THEREFORE,

(1) ☒ INVOLUNTARY HOSPITALIZATION IS RECOMMENDED.

(2) ☒ INVOLUNTARY OUTPATIENT TREATMENT IS RECOMMENDED.

My recommendation is based on the following symptoms and specific examples of behavior:

Pt. continues to exhibit floridly psychotic symptoms, mainly extreme paranoia and delusional thinking. She has no insight in that does not believe she is ill. Just beginning to take meds voluntarily, adjustments to the same are continuing. Will need involuntary outpt. treatment once clinically stable.



(See reverse side which must be completed.)

All information **MUST** be typed or clearly printed.

PAGE 2

My recommendation is based on the following observations and opinions:

My recommendation for ~~additional~~ treatment on a voluntary basis is:

DEGREE

MEDICAL OR PROFESSIONAL LICENSE NO.

796-9911
PHONE NUMBER

STREET ADDRESS

CITY

COUNTY

ZIP

NOTE: (1) "Mentally ill person" means a person afflicted with a mental disease to such an extent that, for his own welfare or the welfare of others or of the community, he requires care, treatment or hospitalization;

(2) "Likelihood of serious harm" means because of mental illness there is (1) a substantial risk of physical harm to the person himself as manifested by evidence of threats of, or attempts at, suicide or serious bodily harm; (2) a substantial risk of physical harm to other persons as manifested by evidence of homicidal or other violent behavior and serious harm to them or (3) a very substantial risk of physical impairment or injury to the person himself as manifested by evidence that the person's judgment is so affected that he is unable to protect himself in the community and that reasonable provision for his protection is not available in the community;

All Information **MUST** be typed or clearly printed.

1.19.12

STATE OF SOUTH CAROLINA)

COUNTY OF LEXINGTON)

Martha Lewin Argoe,)

Plaintiff,)

v.)

Three Rivers Behavioral Center, LLC and)
Psychiatric Solutions, Inc., It's Successor;)
Phyllis Bryant-Mobley, M.D.; Aiken)
Regional Medical Center, Aurora)
Pavilion; David A. Steiner, M.D.; Cheryl)
C. Dodds, M.D.; Doris Ann Burrell, R.N.;)
Carolina Care Plan,)

Defendants.)

IN THE COURT OF COMMON PLEAS

Civil Action No. 07-CP-32-1981

**ANSWER TO SECOND AMENDED
COMPLAINT ON BEHALF OF PHYLLIS
BRYANT-MOBLEY, M.D.**

The Defendant Phyllis Bryant-Mobley, M.D. answers the Second Amended Complaint of the Plaintiff as follows:

FOR A FIRST DEFENSE

1. The Second Amended Complaint fails to state a claim upon which relief can be granted.

FOR A SECOND DEFENSE

2. The Defendant denies each and every paragraph not hereinafter admitted, qualified, or explained.

3. As to paragraph 1, setting forth the Plaintiff's "Nature of Case" the Defendant would admit that this action is alleged to be a medical negligence case. As to the remaining allegations, the Defendant would deny any liability to the Plaintiff or that a cause of action exist against her in this matter.

[Handwritten signature]



4. As to paragraphs 2, 3, 4, 6, 7, 8, 9, and 10, the Defendant would allege that such allegations are directed to co-defendants which require no response on the part of this Defendant. In so far as such allegations attempt to establish liability on the part of this Defendant, this Defendant would deny same and demand strict proof thereof.

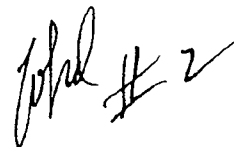
5. As to paragraph 5, the Defendant would admit same.

6. As to paragraphs 11 and 12, the Defendant would admit that jurisdiction has been alleged to exist in Lexington County along with venue.

7. As to paragraphs 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32 and 33, the Defendant lacks sufficient information upon which to form a belief as to the truth and veracity of same, and therefore denies same and demands strict proof thereof. The Defendant would crave reference to the medical records and the probate records of Orangeburg County in regard to the actions taken which resulted in the hospitalization and treatment of Plaintiff and the Defendant would allege that such allegations do not establish liability on her part.

8. As to paragraph 34, the Defendant would admit that she did see and evaluate the Plaintiff on or about June 10, 2005 and that such evaluation was complete and that based on such evaluation it was the Defendant's position that the Plaintiff was suffering from bi-polar disorder (I), with manic and psychotic features along with other disorders and that her judgment was impaired.

9. As to paragraph 35, 36, 37, 38, 39 and 40, the Defendant would deny same as stated and demand strict proof thereof. By way of explanation, the Defendant alleges that her evaluation was adequate and complete and at the time of her evaluation the Defendant believed that the Plaintiff's behavior was such that it did, in fact, present a danger to herself and others and such findings were later presented to the Darlington County Probate Court and that such

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findings were later ratified by the Court pursuant to an order which committed the Plaintiff to a mental health facility for in-patient care and treatment because of her lack of insight and capacity to make reasonable decisions with respect to her treatment and because she was a danger to herself and others.

10. As to paragraph 41, the Defendant would crave reference to the records concerning any evaluation performed by Leslie C. Morey, Ph.D. and any conclusions she had. The Defendant would, however, deny that such finding establish any liability on the part of this Defendant.

11. As to paragraph 42, the Defendant would deny same as stated and demand strict proof thereof.

12. As to paragraph 43, the Defendant would deny same as stated. By way of explanation, the Defendant would admit that the Probate Court did issue an order for continued hospitalization and involuntary commitment based on the evidence presented to the Court.

13. As to paragraphs 44, 45, and 46 the Defendant would deny same and demand strict proof thereof.

14. As to paragraphs 47, 48, 49, 50, 51, 52, 53, 54, 55 and 56, the Defendant would allege that such allegations are directed to co-defendants which require no response on the part of this Defendant. In so far as such allegations attempt to establish liability on the part of this Defendant, this Defendant would deny same and demand strict proof thereof.

15. As to paragraph 57, the Defendant would reiterate and reallege each and every paragraph and affirmative defense as if set forth herein verbatim..

16. As to paragraph 58, the Defendant would allege that such allegations set forth legal conclusions which can neither be admitted nor denied. In so far as such allegations attempt to

WHL #3

establish liability on the part of this Defendant, this Defendant would deny same and demand strict proof thereof.

17. As to paragraph 59, the Defendant would allege that such allegations are directed to co-defendants which require no response on the part of this Defendant. In so far as such allegations attempt to establish liability on the part of this Defendant, this Defendant would deny same and demand strict proof thereof.

18. As to paragraphs 60, 61 and 62 the Defendant would deny same and demand strict proof thereof.

FOR A THIRD DEFENSE

19. The Defendant would allege that at all times herein where presenting evidence to the Probate Court the Defendant would enjoy absolute immunity as a witness.

FOR A FOURTH DEFENSE

20. The Defendant would allege that based on the proceedings in the Probate Court that this action is barred under the doctrine of issue preclusion.

FOR A FIFTH DEFENSE

21. The Defendant would allege that the Plaintiff has failed to exhaust certain judicial remedies available to her and that therefore this action should be barred.

FOR A SIXTH DEFENSE

22. The Defendant would allege that this action is barred by the findings of the Probate Court which ratified the determination that the Plaintiff presented a danger to herself and others and was subject to judicial commitment.

A handwritten signature, possibly "John", followed by the initials "JH" and the number "4".

FOR A SEVENTH DEFENSE

23. This action is barred against this Defendant, since this Defendant is entitled to judicial immunity or quasi judicial immunity.

FOR AN EIGHTH DEFENSE

24. At all times pertinent, this Defendant's actions was made in good faith and in a reasonable manner and therefore the Defendant is immune from suit.

FOR A NINTH DEFENSE

25. At all times pertinent, this Defendant was acting as medical practitioners in regards to her evaluations and treatment of Plaintiff pursuant to South Carolina Law with the actual and/or implied consent of Plaintiff pursuant to South Carolina Law.

FOR A TENTH DEFENSE

26. Plaintiff's Second Amended Complaint should be dismissed for Plaintiff's failure to file a Notice of Intent to File Suit, an expert affidavit, or to mediate this matter presuit as required by S.C. Code Ann. Section 15-36-100.

FOR AN ELEVENTH DEFENSE

27. Defendant pleads complete and absolute privilege as a defense.

FOR A TWELTH DEFENSE

28. This Defendant alleges that the Plaintiff has failed to mitigate her damages.

FOR A THIRTEENTH DEFENSE

29. This action is barred by S.C. Code Ann. Section 44-17-900.

FOR A FOURTEENTH DEFENSE

30. This action is barred by the doctrine of consent.



FOR A FIFTEENTH DEFENSE

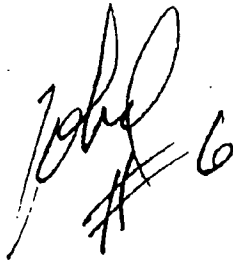
31. The Defendant, upon information and belief, alleges that any injuries or damages allegedly suffered by the Plaintiff, without admitting same to be true, were due to and caused entirely by the negligence of the Plaintiff or the Plaintiff's negligence which is more than the Defendant's negligence, and that such is a complete bar to the Plaintiff's recovery herein. Further, the Defendant, upon information and belief, alleges that if the Plaintiff's negligence was less than the Defendant's negligence, that such negligence should be compared to that negligence of the Defendant, so as to apportion the relative fault as to each party.

FOR A SIXTEENTH DEFENSE

32. That upon information and belief, any damages or injuries alleged in the Second Amended Complaint were due to and proximately caused by the intervening negligence, recklessness, willfulness, and wantonness of a third party over which the Defendant had no control and these Defendant is not liable to the Plaintiff for such actions in any way.

FOR A SEVENTEENTH DEFENSE

33. The Defendant would allege that any claims for punitive damages are in violation of the South Carolina Constitution and United States Constitution.

A handwritten signature, possibly reading "John", with the number "6" written below it.

STATE OF SOUTH CAROLINA)

COUNTY OF LEXINGTON)

Martha Lewin Argoe,)

Plaintiff,)

v.)

Three Rivers Behavioral Center, LLC and)
Psychiatric Solutions, Inc., It's Successor;)
Phyllis Bryant-Mobley, M.D.; Aiken)
Regional Medical Center, Aurora)
Pavilion; David A. Steiner, M.D.; Cheryl)
C. Dodds, M.D.; Doris Ann Burrell, R.N.;)
Carolina Care Plan,)

Defendants.)

IN THE COURT OF COMMON PLEAS

Civil Action No. 07-CP-32-1981

**DEFENDANT PHYLLIS BRYANT-
MOBLEY'S FIRST SET OF
INTERROGATORIES TO PLAINTIFF**

TO: COUNSEL FOR PLAINTIFF

The Defendant Phyllis Bryant-Mobley, M.D. serves the following written Interrogatories upon the Plaintiff to be answered separately and in writing by the Plaintiff within thirty (30) days after the service hereof, pursuant to South Carolina Rules of Civil Procedure, Rule 33:

1. Give the names and addresses of persons known to the parties or counsel to be witnesses concerning the facts of the case and indicate whether or not written or recorded statements have been taken from the witnesses and indicate who has possession of such statements.
2. Please provide the social security number and month, date, and year of birth for the Plaintiff.
3. Set forth a list of photographs, plats, sketches, or other prepared documents in possession of the party that relate to the claim or defense in this case.



4. In cases involving personal injury, set forth the names and addresses of all physicians who have treated the party and all hospitals to which the party has been committed in connection with said injuries and also set forth a statement of all medical costs involved.

5. Set forth the names and addresses of all insurance companies which have liability insurance coverage relating to the claim and set forth the number or numbers of the policies involved and the amount or amounts of liability coverage provided in each policy.

6. Set forth an itemized statement of all damages, exclusive of pain and suffering, claimed to have been sustained by the party.

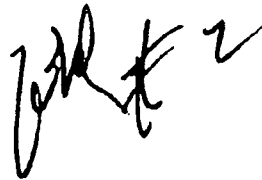
7. For each person known to the parties or counsel to be a witness concerning the facts of the case, set forth either a summary sufficient to inform the other party of the important facts known to or observed by such witness, or provide a copy of any written or recorded statements taken from such witnesses.

8. Please identify in complete detail each person whom the Plaintiff expects to call as an expert witness at the trial stating as to each such person:

- (a) Name, occupation, title, business address, area of specialization, if any, and professional relationship to the Plaintiff.
- (b) The manner in which such person became familiar with the facts of this case.

9. As to each person the Plaintiff has identified or intends to identify as an expert witness in this matter, state in full detail:

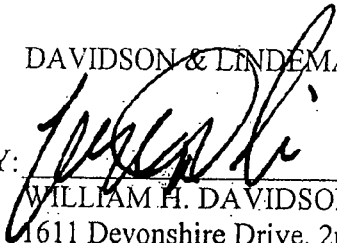
- (a) The subject matter or area in which such person is to testify.
- (b) The substance of the facts and opinions in which such person is to testify.
- (c) A summary of the grounds or basis for each opinion and fact.

A handwritten signature in black ink, appearing to be "John K. 2", is written over the bottom right portion of the text.

- (d) A list of books, treatises, articles, and other works which such person regards as authoritative on the subject matter on which he is expected to testify.

The foregoing Interrogatories shall be deemed to continue from the time of service until the trial of the case and any information obtained, whether by the Plaintiff or counsel for the Plaintiff, shall be promptly submitted to the undersigned.

DAVIDSON & LINDEMANN, P.A.

BY: 

WILLIAM H. DAVIDSON, II
1611 Devonshire Drive, 2nd Floor
Post Office Box 8568
Columbia, South Carolina 29202
wdavidson@dm1-law.com
(803) 806-8222
Facsimile: (803) 806-8855

ATTORNEY FOR DEFENDANT PHYLLIS
BRYANT-MOBLEY, M.D.

COLUMBIA, SOUTH CAROLINA

JANUARY 19, 2012

STATE OF SOUTH CAROLINA

COUNTY OF LEXINGTON

Martha Lewin Argoe,

Plaintiff,

v.

Three Rivers Behavioral Center and
Psychiatric Solutions, It's Successor;
Phyllis Bryant-Mobley, M.D.; Glenn
Hooker, M.D.; Aiken Regional Medical
Center, Aurora Pavilion; David A.
Steiner, M.D.; Cheryl C. Dodds, M.D.;
Doris Ann Burrell, R.N.; Carolina Care
Plan,

Defendants.

IN THE COURT OF COMMON PLEAS

Civil Action No. 07-CP-32-1981.

CERTIFICATE OF SERVICE

The undersigned employee of Davidson & Lindemann, P.A., attorneys for the Defendant Phyllis Bryant-Mobley, does hereby certify that service of the **ANSWER OF THE SECOND AMENDED COMPLAINT ON BEHALF OF DEFENDANT, PHYLLIS BRYANT-MOBLEY, M.D. along with DEFENDANT MOBLEY'S FIRST SET OF INTERROGATORIES TO PLAINTIFF** in the above-captioned action was made upon all counsel of record by placing same in the United States Mail, first class postage prepaid, at the below listed address clearly indicated on said envelope this the 19th day of January, 2012, addressed as follows:

Robert D. Dodson, Esquire
1722 Main Street, Suite 200
Columbia, South Carolina 29201

CERTIFICATE OF SERVICE
ANSWER TO SECOND AMENDED COMPLAINT
JANUARY 19, 2012
PAGE TWO

Lisa A. Delzotti, Esquire
Gray T. Culbreath, Esquire
Collins & Lacy, P.C.
Post Office Box 12487
Columbia, South Carolina 29211

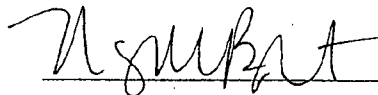
James E. Parham, Jr., Esquire
220 Ministry Drive
Post Office Box 1576
Irmo, South Carolina 29063

George C. Beighley, Esquire
Richardson, Plowden, Carpenter & Robinson, P.A.
Post Office Drawer 7788
Columbia, South Carolina 29202

Donna S. Givens, Esquire
Harry H. Stokes, Jr., Esquire
McAngus, Goudelock & Courie, LLC
Post Office Box 12519
Columbia South Carolina 29211-2519

Noah M. Hicks, II, Esquire
Law Offices of Noah M. Hicks II, LLC
Post Office Box 7996
Columbia, South Carolina 29202

Molly H. Craig, Esquire
Hood Law Firm, LLC
Post Office Box 1508
Charleston, South Carolina 29402



STATE OF SOUTH CAROLINA) COURT OF COMMON PLEAS
COUNTY OF LEXINGTON) C/A #: 2007-CP-32-1981

Martha Lewin Argoe,

Plaintiff,

v.

Three Rivers Behavioral Health,
LLC, and Psychiatric Solutions,
Inc., Its Successor; Phyllis
Bryant-Mobley, M.D.; Glenn Hooker,
M.D.; Aiken Regional Medical
Center; Aurora Pavilion; David A.
Steiner, M.D.; Cheryl C. Dodds,
M.D.; Doris Ann Burrell, R.N.,;
and Carolina Care Plan,

Defendants.

(COPY)

DEPOSITION OF
CHERYL C. DODDS, M.D.

Wednesday, May 16, 2012
2:48 p.m. - 3:47 p.m.

The deposition of CHERYL C. DODDS, M.D., taken on behalf of the Plaintiff at Creel Court Reporting, 1230 Richland Street, Columbia, South Carolina, on the 16th day of May, 2012 before Andrea R. Taylor, Court Reporter and Notary Public in and for the State of South Carolina, pursuant to Notice of Deposition and/or agreement of counsel.

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1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

APPEARANCES:

Robert D. Dodson, Esquire
LAW OFFICES OF ROBERT DODSON, PA
1722 Main Street, Suite 200
Columbia, South Carolina 29201
Rdodson@RdodsonLaw.com
Attorney for the Plaintiff

Andrew N. Cole, Esquire
COLLINS & LACY, PC
1330 Lady Street, Sixth Floor
Columbia, South Carolina 29201
acole@collinsandlacy.com
Attorney for the Defendants, Three Rivers
Behavioral Health, LLC and Doris
N. Burrell, R.N.

Andrew L. Richardson, Jr., Esquire
McANGUS, GOUDELOCK & COURIE, LLC
1320 Main Street, 10th Floor
Columbia, South Carolina 29201
drichardson@mgclaw.com
Attorney for the Defendant, Psychiatric
Solutions, Inc.

William H. Davidson, II, Esquire
DAVIDSON & LINDEMANN, PA
1611 Devonshire Drive, 2nd Floor
Post Office Box 8568
Columbia, South Carolina 29202-8568
wdavidson@DML-LAW.com
Attorney for the Defendants,
Phyllis Bryant-Mobley, M.D.
and Glenn Hooker, M.D.

Shelton W. Haile, Esquire
RICHARDSON, PLOWDEN, CARPENTER & ROBINSON, PA
1900 Barnwell Street
Columbia, South Carolina 29201
shaile@richardsonplowden.com
Attorney for the Defendants, Aiken
Regional Medical Center and Aurora Pavilion

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(803) 252-3445 / (800) 822-0896

Elloree A. Ganes, Esquire
 HOOD LAW FIRM, LLC
 172 Meeting Street
 Post Office Box 1508
 Charleston, South Carolina 29401
Elloree.Ganes@hoodlaw.com
 Attorney for the Defendant,
 David A. Steiner, M.D.

Tracy S. Dubey, Esquire
 JAMES E. PARHAM, JR., PA.
 220 Ministry Drive
 Irmo, South Carolina 29063
tdubey@jparhamlaw.com
 Attorney for the Defendant,
 Cheryl C. Dodds, M.D.

Noah M. Hicks, Esquire
 THE LAW OFFICE OF NOAH M. HICKS, II, LLC
 Post Office Box 7996
 Columbia, South Carolina 29202
chicks@nmhlawfirm.com
 Attorney for the Defendant,
 Carolina Care Plan

Also present:
 Martha Argoe

Renee Bouye
 Carolina Care Plan

INDEX

<u>DR. DODDS:</u>	<u>PAGE:</u>
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Certificate	44

EXHIBITS

Plaintiff's Exhibit Number One	8
(Curriculum Vitae)	
Plaintiff's Exhibit Number Two	17
(Physician's Progress Record)	
Plaintiff's Exhibit Number Three	17
(Physician's Orders)	

STIPULATIONS

It is stipulated and agreed that this deposition is being taken pursuant to the South Carolina Rules of Civil Procedure.

It is stipulated by and between counsel and the witness that the reading and signing of the following deposition be, and the same are, hereby not waived. Signature sheet is attached at page 43.

1 CHERYL C. DODDS, M.D., having been duly sworn,
2 deposes and testifies as follows:

3 DR. DODDS - EXAMINATION BY MR. DODSON:

4 Q: Dr. Dodds, my name is Robert Dodson. We met
5 earlier and you sat in on Dr. Mobley's
6 deposition. I'm going to give you the same
7 basic instructions that I gave to her, even
8 though I know you've heard them once before and
9 I'm sure you understand, but the court rules
10 say I'm supposed to tell you all this, so I'll
11 go through them briefly. I'm here to take your
12 deposition, meaning I'm going to ask you
13 questions; you'll be giving me answers under
14 oath. If you don't understand one of my
15 questions, please let me know and I'll be happy
16 to rephrase it. If you answer one of my
17 questions, I will assume that you understood
18 it. Is that fair enough?

19 A: That is fair.

20 Q: I'm going to ask you to give me oral or verbal
21 responses to my questions as opposed to shaking
22 your head or nodding your head.

23 A: Okay.

24 Q: If you need to take a break for any reason, if
25 you have a pager or cell phone that goes off

1 and you've got to attend to that, that's no
2 problem. If we do take a break though you're
3 not permitted to discuss your testimony with
4 anyone or to talk about this case or your care
5 and treatment of Ms. Argoe; do you understand
6 that?

7 A: I do.

8 Q: Let me get your full legal name.

9 A: It's Cheryl Connor, C-O-N-N-O-R, Dodds.

10 Q: And have you ever gone by any other legal name
11 or alias?

12 A: My maiden name, Cheryl Lynn Connor.

13 Q: Okay. Other than those names, have you ever
14 gone by anything else?

15 A: No, sir.

16 Q: Never had a legal name ~~change~~ change or anything --

17 A: No.

18 Q: -- other than when you got married?

19 A: Just when I got married.

20 Q: How old are you and what's your date of birth?

21 A: I'm 45, and my date of birth is ~~12/12/1945~~ 12/12/1945

22

23 Q: Where were you born?

24 A: Columbia, South Carolina.

25 Q: What is your home address and professional

1 address?

2 A: My home address is 3412 Devereaux Road, and
3 that's Columbia, South Carolina 29205. And
4 then my professional address is Three Rivers
5 Behavioral Health, 2900 Sunset Boulevard, West
6 Columbia 29169.

7 Q: Do you have any relatives who live in Lexington
8 County that are over 18 years old either by
9 blood or marriage?

10 A: Yes.

11 Q: What are their names, please?

12 A: Linda and Newman Connor.

13 Q: Okay. Anyone else?

14 A: No.

15 Q: What is your social security number?

16 A: XXX-XX-XXXX

17 **MS. DUBEY:** May I ask that you not put the whole
18 thing on the record. Thank you.

19 Q: Do you have a South Carolina driver's license?

20 A: Uh-huh (affirmative response).

21 Q: Can you read us that number?

22 A: Let me dig it out. It's XXX-XX-XXXX

23 Q: And I assume that's a South Carolina driver's
24 license?

25 A: It is, yes.

1 Q: Are there any restrictions on that license?

2 A: No.

3 Q: Have you ever been in the military?

4 A: No.

5 **MR. DODSON:** Mark this as Exhibit Number One.

6 **(Plaintiff's Exhibit Number One was marked for**
7 **identification purposes.)**

8 Q: Let me just show you what your attorneys have
9 given me as your CV and ask you if that's what
10 you recognize Exhibit One as?

11 A: Yes, I do.

12 Q: Okay. When did you last update your CV?

13 A: In the past couple months, but I couldn't tell
14 you specifically what date.

15 Q: What changes or additions need to be made to
16 update it? Take your time and look at it.

17 A: I don't think there are any that need to be
18 made since we've done it here recently. I
19 think it's appropriate as is.

20 Q: Okay. You're board certified?

21 A: I am.

22 Q: Did you pass your boards on your first try?

23 A: I did.

24 Q: And you've been recertified?

25 A: I have.

1 Q: And did you pass your recertification exam the
2 first time?

3 A: Yes.

4 Q: Okay. And what is your board certification in?

5 A: I'm board certified in general psychiatry and
6 in child and adolescent psychiatry.

7 Q: Okay. Are those two separate certifications or
8 the same thing?

9 A: They are, they're two different board
10 processes.

11 Q: Are all of your professional publications on
12 your CV?

13 A: I don't have any professional publications.

14 Q: Okay. Any seminars or lectures that you've
15 given, are those all on your CV?

16 A: They are not. I do those frequently and I have
17 just never kept track of them. They're just
18 kind of part of my position.

19 Q: What do you lecture on or give seminars on?

20 A: Well, really it just kind of depends on the
21 audience and what's appropriate for them. I do
22 kind of regular trainings with the staff at
23 Three Rivers on different topics in psychiatry
24 that might be meds or management of addiction
25 withdrawal and those kinds of things. And then

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1 I do have intensive training in dialectical
2 behavioral therapy, so I do give talks on that.
3 I have in the past done lectures for the
4 residents, both on private practice management
5 and on dialectical behavioral therapy.

6 Q: What is dialectical behavioral therapy?

7 A: It is a specialized type of therapy that's used
8 for multiply-disordered, chronically suicidal
9 patients.

10 Q: Would that only be used on what you just
11 referred to chronically suicidal patients?

12 A: It is used in other populations, but typically
13 that is the population it is used for.

14 Q: Okay. Do you have any faculty or
15 administrative appointments that are not listed
16 on your CV?

17 A: I don't believe so. I'm medical director at
18 Three Rivers Behavioral Health and medical
19 director or Saluda Cove Residential Treatment
20 Center. Those are my main --

21 Q: Are you --

22 A: -- appointments.

23 Q: I'm sorry. I didn't mean to interrupt you.
24 Did I interrupt you? I did.

25 A: I was finished.

1 Q: I'm sorry. All right. Do you have any
2 professional organizations that aren't listed
3 on your CV?
4 A: Let me check what's listed. I don't believe
5 so.
6 Q: Okay. Are you a member of the AMA?
7 A: I am not.
8 Q: Is there any particular reason why?
9 A: It's expensive and I never found it to be
10 useful.
11 Q: Are you a member of any church or house of
12 worship?
13 A: I am a member of Shandon Presbyterian Church.
14 Q: Okay. Is that the one on the corner of Woodrow
15 and --
16 A: Woodrow and Devine and Blossom. It's kind of
17 that whole block.
18 Q: Yeah. Are you a member of any kind of social
19 clubs or organizations?
20 A: No.
21 Q: Okay. Tell me about your typical work week,
22 sort of starting through Monday and going
23 through Sunday.
24 A: Okay. I -- well, I, you know, work at the
25 hospital Monday through Friday. I usually come

1 in between 7:00 and 7:30, depending on my
2 caseload, and leave between 4:30 and 5:00. I
3 might work longer if I have a particularly
4 heavy load. I see inpatients every day, and I
5 run a partial program. So I see patients in
6 that program depending on who needs to be seen.
7 I also have a 20-bed adolescent residential
8 treatment program for adolescent girls. I see
9 those children at least once a week, and I have
10 treatment teams with all of those services. I
11 also am medical director of Three Rivers, so I
12 have regularly scheduled administrative
13 meetings and meetings with the CEO. I take
14 call for the 20-bed unit pretty much 24/7, so
15 even in the evenings I'm on cal for that. And
16 then I take weeknight call as the call rotation
17 dictates and weekend call as the call schedule
18 dictates. So I might be, you know, working
19 full days pretty much on the weekend if I'm on
20 call.

21 Q: Are all of these paid positions?

22 A: They are all part of my position as medical
23 director at Three Rivers. I mean, I am an
24 employee of Three Rivers and they are all
25 services dictated within my contract as an

1 employee.

2 Q: How many hours a week do you typically work?

3 A: Probably anywhere between 40 and 60 hours a

4 week depending on what's --

5 Q: Have you ever --

6 A: -- going on.

7 Q: I'm sorry.

8 A: Just depending on what's going on.

9 Q: Have you ever been a party to any other

10 litigation either as a plaintiff or a

11 defendant?

12 A: No.

13 Q: Are you married?

14 A: I am.

15 Q: Do you have children?

16 A: I do.

17 Q: What are their names?

18 A: Kaitlin Carswell Dodds, Patrick Burns Dodds,

19 and Keira Grace Dodds.

20 Q: And what's your husband's name?

21 A: Douglas Alan Dodds.

22 Q: Okay. Have you ever been married to anyone

23 other than --

24 A: No.

25 Q: -- Mr. -- is he a mister or a doctor?

1 A: Doctor.

2 Q: Okay. Have you ever been married to anyone
3 other than Dr. Dodds?

4 A: No, I have not.

5 Q: Okay. Have you ever lost privileges in a
6 hospital, a medical treatment facility, a
7 psychiatric treatment facility, anything of
8 that nature?

9 A: No.

10 Q: Have you ever been denied privileges at one of
11 those types of facilities?

12 A: No.

13 Q: Have you -- has anybody that you ever worked
14 for been sued and the basis of the suit has
15 been something that you allegedly did wrong?

16 A: No.

17 Q: Have you ever had a malpractice claim settled
18 prior to a lawsuit being filed?

19 A: No.

20 Q: Do you know if this case was peer reviewed?

21 A: I do not know.

22 Q: Other than the attorneys with your office, do
23 you know any of the other lawyers involved in
24 this case?

25 A: No, not other than meeting people today.

1 Q: Right. Have you ever been an expert witness in
2 a case before?

3 A: I reviewed a case for Mr. Parham. I did not
4 testify or do a written report, but I did
5 review a case.

6 Q: And when did that review happen?

7 A: Probably two years ago, but I really couldn't
8 tell you.

9 Q: You were never deposed in connection with that
10 case?

11 A: Huh-uh (negative response). No. I just
12 reviewed the chart.

13 Q: Have you ever given a deposition prior to
14 today?

15 A: I have not.

16 Q: Okay. Have you ever testified that a doctor,
17 nurse, or other medical provider committed
18 malpractice?

19 A: No.

20 Q: What did you do to prepare for your deposition
21 today?

22 A: I reviewed the chart, and I reviewed Ms.
23 Argoe's deposition and Dr. Steiner's
24 deposition.

25 Q: How long did you spend preparing for your

1 deposition by reviewing their depositions and
2 your chart?

3 A: I probably read through everything once, which
4 took a while, but I don't know exactly how
5 long.

6 Q: Did you do anything else to prepare for your
7 deposition today?

8 A: I did meet with my attorney last week.

9 Q: Okay. Other than those things, meeting with
10 your attorney, reading through the two
11 deposition transcripts you told me about and
12 reviewing your chart, did you do anything to
13 prepare for your deposition?

14 A: No.

15 Q: Other than those things you just told me about,
16 have you looked at any other documents or
17 things in this case?

18 A: No.

19 Q: Dr. Dodds, do you plan to render any opinions
20 that any of the other physicians, nurses,
21 anybody else who was involved in the care and
22 treatment of Ms. Argoe did anything in their
23 treatment that fell below accepted standards of
24 medical care?

25 A: No.

1 Q: When did you -- well, let's do this. Let me
2 ask you this. Would all of your notes and
3 medical documentation on Martha Argoe, would
4 those be in the Three River medical records?

5 A: Yes, they would.

6 Q: You would not have created any other notes that
7 wouldn't be a part of those medical records?

8 A: No.

9 Q: Okay. I'm going to -- this is Number Two.

10 **(Plaintiff's Exhibit Number Two was marked for**
11 **identification purposes.)**

12 A: Okay.

13 Q: I'll tell you what, let's go ahead and mark
14 this as Number Three.

15 **(Plaintiff's Exhibit Number Three was marked for**
16 **identification purposes.)**

17 Q: I'm going to show you Exhibits Two and Three.

18 A: Okay.

19 Q: And I'm just going to ask you first, can you
20 identify what these documents are?

21 A: Yes. This is the physician notes section of
22 the chart.

23 Q: You're referring to Exhibit Two now?

24 A: Yes.

25 Q: Okay.

- 1 A: Exhibit Two. And Exhibit Three are the
2 physician order sheets from the chart.
- 3 Q: Would all of your daily notes be contained in
4 the physician --
- 5 A: The Physician Progress Record?
- 6 Q: Yes.
- 7 A: They should be.
- 8 Q: Okay.
- 9 A: Yes, sir.
- 10 Q: When did you, and you can look at these
11 documents to answer my questions.
- 12 A: Okay.
- 13 Q: It's not a closed book exam. When did you
14 first see Ms. Argoe?
- 15 A: I first saw her on June 27th, 2005.
- 16 Q: Now, I understand from Dr. Mobley's deposition
17 that you sort of took over Ms. Argoe's care and
18 treatment because Dr. Mobley was going on a
19 vacation of some sort?
- 20 A: Yes.
- 21 Q: Okay. I gathered that you did not appear and
22 testify in court against Ms. Argoe?
- 23 A: I did not. She was already court ordered to
24 treatment at the point I assumed her care.
- 25 Q: Okay.

1 A: So I was court ordered to continue that
2 treatment.

3 Q: During the course of your treatment of Ms.
4 Argoe, what psychiatric tests did you perform
5 or administer on her?

6 A: Well, I did not do any formal testing because
7 she'd already had a psychological consult done
8 by Dr. Leonhardt. I did see her daily and
9 assess her and do components of the mental
10 status exam and meet with her to see how she
11 was doing in general.

12 Q: So you did not do any formal psychiatric
13 testing of Ms. Argoe?

14 A: Formal testing in psychiatry is done by
15 psychologists. It's not part of the
16 psychiatric training, so it had already been
17 done by Dr. Leonhardt and there was no reason
18 to repeat it at that point.

19 Q: Did you order any other testing done?

20 A: Not of a psychiatric nature. I think I ordered
21 an EKG on her. Let me look at the orders and
22 I can tell you what other things I ordered.

23 Q: Do that.

24 A: Let's see here. I ordered a PPD on her.

25 Q: What is a PPD?

- 1 A: It's a test for tuberculosis.
- 2 Q: Oh. Any other tests that you ordered other
3 than the EKG and the PPD?
- 4 A: That was it.
- 5 Q: Did you yourself ever do a complete -- did you
6 yourself ever do a complete mental status exam?
- 7 A: I did components, but I did not do the formal
8 mental status that we do at admission.
- 9 Q: What components did you do?
- 10 A: I think I probably -- well, depending, I
11 usually assessed her affect, I assessed her
12 thought processes and insight, her general
13 appearance and whether she was suicidal or
14 homicidal, whether she had hallucinations in
15 the thought content assessing her for
16 psychosis.
- 17 Q: Okay. So you did affect, thought process, and
18 then you listed a couple more and I didn't get
19 them.
- 20 A: Affect, thought content, thought process,
21 general appearance, whether she was alert and
22 oriented, orientation and -- did I say insight?
- 23 Q: I think you did.
- 24 A: Okay.
- 25 Q: I think you also told me whether she was

1 suicidal or homicidal?

2 A: Right. Which is part of thought content.

3 Q: Okay.

4 A: So psychosis and suicidal/homicidal symptoms
5 are part of thought content, so it may not say
6 thought content blank, it may just say patient
7 paranoid, patient denies suicidal ideation.

8 Q: At any time during your care and treatment of
9 Ms. Argoe, was she ever suicidal or homicidal?

10 A: She did not endorse being suicidal or homicidal
11 to me. She did tell me that she wanted to
12 return home because she thought her husband
13 would eventually kill her and then he would not
14 have an alibi. And that, I guess it depends on
15 how you interpret it, that did not sound like
16 that was intact with reality that she wanted to
17 return to that type of circumstance.

18 Q: So did you think that she was suicidal based on
19 that?

20 A: I thought that she was of danger to herself if
21 she was willing to put herself in that
22 dangerous a situation, that she was not making
23 good decisions that would help preserve her
24 safety.

25 Q: Did she report to you that her husband was

1 abusive?

2 A: She reported to me that she thought he was
3 trying to kill her and that she thought he
4 would try to poison her. You know, I have to
5 look at my -- it is all through the chart that
6 she said he was abusive towards her. But I
7 don't know that I remember specifically having
8 that -- most of it was about him wanting to
9 kill her, which I mean, I guess that would be
10 abusive if someone tries to kill you. Let me
11 just look through my notes real quick. She
12 talked about him wanting to hurt her and kill
13 her. Oh, okay, here we go. Feels -- does not
14 feel he's trying to hurt her, kill her now, but
15 still fears he might hurt her in a drunken
16 rage. So that's pretty much the same content
17 she was telling other people.

18 Q: So you thought she was a danger to herself
19 because she expressed that when she was
20 released she would go back to an abusive
21 household?

22 A: My fear was that she would go home convinced
23 that he was trying to kill her and that she
24 would harm him or harm herself with the gun
25 since she had worn a concealed weapon for such

1 a long period of time.

2 Q: Okay.

3 A: And in one part of the record she says that she
4 had it for protection from him. I don't think
5 that was to me, but I do remember seeing that
6 in the record.

7 Q: All right. My question is this, Doctor. Did
8 you ever take any action to have her concealed
9 weapons permit revoked?

10 A: I did not.

11 Q: Did you ever take any action to see that the
12 gun that she carried, that she not have access
13 to that when she was discharged?

14 A: I asked the social worker to see if the family
15 could remove the gun from the home so that she
16 would not have access to it when she returned
17 home.

18 Q: Did you ever report to any law enforcement
19 agency the reports of spousal abuse?

20 A: No, it is not reportable in adults, only in
21 children.

22 Q: When you say it is not reportable, what do you
23 mean?

24 A: They would not take a report. If I called them
25 and said this woman says she's being abused,

1 the police would not take a report. She would
2 have to make that report herself.

3 Q: Okay. With all due respect, how do you know
4 what the police would take and what they
5 wouldn't take?

6 A: We've tried in other cases and they would not
7 take that report.

8 Q: So it was your recommendation that she be
9 retained as an inpatient because she was a
10 danger to herself and others --

11 A: My job --

12 Q: -- that -- well, let me --

13 A: I'm sorry.

14 Q: Yeah.

15 A: I'll let you finish.

16 Q: And that was based at least in part on her
17 reports that her husband was abusive to her; is
18 that right?

19 **MR. DAVIDSON:** Object as to the form.

20 **MS. DUBEY:** Same objection.

21 A: I'm not sure I understand the question.

22 Q: Okay. Did you report or was it your opinion
23 that Ms. Argoe was a danger to herself or
24 others?

25 **MR. DAVIDSON:** Object as to the form.

1 MS. DUBEY: Same objection.

2 A: I did feel that she posed some threat to
3 herself or others, yes.

4 Q: Okay. What was the basis for that?

5 A: That she was paranoid and believed her husband
6 was trying kill her and she genuinely believed
7 that and that she would pose a danger returning
8 to that environment.

9 Q: Did you form any opinions about whether or not
10 her reports that her husband was abusive were
11 true or false?

12 A: I thought it was highly unlikely that they were
13 true.

14 Q: Okay. And what did you do to confirm or deny
15 that belief?

16 A: When I first came on the case I asked the
17 social worker was this true, was this woman's
18 husband trying to kill her because, of course,
19 that's a possibility, and her response was that
20 was very difficult to ascertain initially
21 because Mrs. Argoe would not give them consent
22 to communicate with anyone other than her son.
23 But he had substantiated it and, of course, the
24 husband had, for what that was worth, and then
25 at her hearing her sister and her brother had

1 come, and we didn't have releases for them, but
2 they had testified on their own, which of
3 course you don't need releases for them to
4 speak for themselves. And they had both
5 corroborated what the rest of, what the husband
6 and the son had said. So at that point we felt
7 fairly certain that we had multiple views. She
8 -- I asked her if she had tried to get other
9 perspectives and she said that Mrs. Argoe would
10 not give her consent to talk to anyone other
11 than the son.

12 Q: Who was the social worker?

13 A: Maria Marin.

14 Q: Can you spell her last name?

15 A: I don't know that I can accurately.

16 Q: Do the best you can.

17 A: I think it's M-A-R-I-N. I think it is probably
18 in one of your documents because there's a
19 chart that goes through the initials.

20 Q: Did Ms. Argoe express any paranoia other than
21 the belief that her husband would hurt her?

22 A: Yes, she did. At one point we were looking at
23 placing her in assisted living because we
24 wanted her to be in a place where she would
25 feel safe. And she stated that she did not

1 want to go there. It's in one of my notes, let
2 me read it to you. "Patient resists assisted
3 living secondary to paranoia about neighbors,"
4 which were the neighbors in the assisted
5 living. She didn't think the other people in
6 assisted living would be safe to be around.
7 She also talked about him having a second
8 family, and she expressed a lot of fears about
9 driving in cars with other people driving or
10 riding in cars with other people driving.

11 Q: And why did you want to put her in assisted
12 living?

13 A: I wanted to find a place where she would feel
14 safe. I did not think discharging her back to
15 this home was a reasonable, safe discharge
16 plan. When I am court ordered to treatment, as
17 I was in this case, I am responsible not only
18 to see that the person's not dangerous to
19 themselves or others but that they would
20 complete inpatient care to a reasonable degree
21 to have some success outpatient, and that I
22 have a safe discharge plan for them. I could
23 not discharge her to the street. I had to have
24 a safe place for her to go to. So the option
25 we had at that point was assisted living, but

1 she was not willing to consider that.

2 Q: Physically, was Ms. Argoe healthy?

3 A: She appeared fairly healthy. She was a little
4 thinner then, but I think she was a reasonable
5 weight for her size.

6 Q: Did you ever ask the social worker, or did you
7 yourself ever ask the Orangeburg police if they
8 had ever had any reports of domestic violence
9 at her house?

10 A: Not that I recall.

11 Q: What do you define paranoia as?

12 A: Interpreting events, people, objects in a
13 fashion of fear or persecution or conspiratory.

14 Q: If, in fact, her husband was abusive and her
15 family -- and if, in fact, her family was
16 trying to steal her money and her assets and
17 she feared that, would that be considered
18 paranoid thoughts or behavior?

19 **MS. DUBEY:** Object to form.

20 A: I would not necessarily see that as paranoid if
21 I had that evidence.

22 Q: Okay. So is it fair for me to assume that the
23 paranoia has an element or component to it that
24 the fear is based on something that isn't
25 grounded in reality?

1 **MR. DAVIDSON:** Object as to the form.

2 **MS. DUBEY:** Same objection.

3 A: I think that I saw elements of paranoia in her
4 that were above and beyond her concerns about
5 her husband.

6 Q: Yeah. And that really wasn't the question I
7 asked. And I'm not trying to be flip about
8 this, but everybody's heard the phrase, well,
9 if they really are after you and if they really
10 are out to get you, you're not paranoid. And
11 so that's really what my question is geared
12 towards. If her fears, her concerns for her
13 safety and for her property and assets are, in
14 fact, grounded in reality, somebody really is
15 trying to hurt her, somebody really is trying
16 to take her money and her assets, does that
17 qualify in your mind as paranoia?

18 **MR. DAVIDSON:** Object as to the form.

19 **MS. DUBEY:** Same objection.

20 A: I still her see her presentation as having been
21 paranoid had all those factors been the case.

22 Q: So you think she would have been paranoid even
23 if there was evidence of spousal abuse and even
24 if there was evidence that her spouse and her
25 son were taking her money and assets; you think

1 she would have still been paranoid even under
2 those circumstances?

3 **MS. DUBEY:** Object to the form.

4 A: There were symptoms of paranoia that were above
5 and beyond those events, yes.

6 Q: And what were those symptoms?

7 A: That she was afraid of the elderly people that
8 would be living at the assisted living. That
9 -- well, I guess it's not -- I don't know that
10 it's paranoia, but it is certainly a psychotic
11 thought process that she would rather return
12 home and be killed rather than her husband, you
13 know, so that her husband wouldn't have an
14 alibi. I'm not -- I don't know that that falls
15 into a paranoid rage.

16 Q: All right. Well, when did she say that she
17 would rather return home and be killed?

18 A: It's in my notes.

19 Q: Yeah, tell me where that is.

20 A: It's on the 28th. Patient seen and discussed
21 with staff. Patient is less sedated and
22 adjusting, with adjustment and meds. Patient
23 is still very delusional and believes husband
24 is trying to kill her. Patient wants to return
25 to marital home rather than live on her own

1 because then her husband will not have an alibi
2 when he eventually kills her.

3 Q: And that's what you're telling me she told you?

4 A: Yes, sir. Patient is suspicious of medication.

5 Q: Let's continue with that note. It goes on to
6 read, patient describes bizarre behavior of
7 going out to eat late at night alone so she can
8 meet up with other Christians. Did I read that
9 correctly?

10 A: You did.

11 Q: What is bizarre about that, Doctor?

12 A: I think it's very unusual for a lady who is 62
13 years old to go out late at night to meet with
14 Christians. That's not a common behavior in my
15 church.

16 Q: Okay. Does that make her paranoid?

17 A: No. I'm not --

18 Q: Does that make her delusional?

19 A: No. No, I think it's possibly a --

20 Q: Does that --

21 A: -- manic symptom.

22 Q: Does that make her a danger to herself or
23 others?

24 **MR. DAVIDSON:** Let's let her finish the question.

25 **MR. DODSON:** Will, hush and quit interrupting my

1 deposition.

2 **MR. DAVIDSON:** Note an objection. Let her finish.

3 A: No.

4 Q: Okay. You think that that is evidence of, what
5 did you tell me?

6 A: Of her manic behaviors.

7 Q: Okay. You think that that the fact that she
8 goes out to eat late at night by herself to
9 meet other Christians is evidence of manic
10 behavior?

11 A: I think it is part of a larger picture of
12 behaviors that are symptomatic of mania.

13 Q: I just want to make sure I'm clear though. You
14 think that that is a part of her manic
15 behavior?

16 A: It is possible that it is.

17 Q: Well, I'm -- it is possible that it is.

18 A: Uh-huh (affirmative response).

19 Q: What's your opinion? Is that part of her --

20 A: It is possible that it is.

21 Q: Well --

22 A: That's my opinion.

23 Q: Well, is it or isn't it?

24 A: It is possible that it is.

25 **MR. COLE:** Can you give us the Bates number of the

1 note you were reading from, please? Is it 76?

2 MS. DUBEY: Yes.

3 MR. COLE: Okay. Thank you.

4 A: Okay. I'm sorry. I didn't know what those
5 numbers meant.

6 Q: There's a note the next day it looks like on
7 the 29th, "Patient worried if she leaves
8 hospital on oral meds husband will use them to
9 poison her." Is that what she told you?

10 A: Yes, sir.

11 Q: Why aren't these notes in quotes if this is
12 what she told you?

13 A: This is how I recorded the note.

14 Q: Did Ms. Argoe ever attempt to hurt you?

15 A: No.

16 Q: Did she ever attempt to hurt another staff
17 member?

18 A: No.

19 Q: Did she ever attempt to hurt another patient?

20 A: No, not to my knowledge.

21 Q: Did you ever hear or review any documentation
22 of any kind where it was reported that Ms.
23 Argoe ever tried to hurt herself or another
24 person before her admission to Three Rivers?

25 A: Not that I recall.

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1 Q: The gun that we were talking about earlier, do
2 you have anything in your notes where it was
3 ever reported that she fired that gun at
4 another person?

5 A: No, not that I'm aware of.

6 Q: Do you have any reports that she ever pointed
7 that gun at another person?

8 A: Not that I recall.

9 Q: Do you have anything in your records where she
10 ever orally threatened anybody with a gun?

11 A: Not that I recall.

12 Q: And by orally threatened, I mean something of
13 the extent of I've got a gun and I'll use it
14 against you without actually pulling it out or
15 showing it to them?

16 A: I have a vague recollection that in the notes
17 somewhere she said she carried the gun for
18 protection from her husband. That would be the
19 most that way.

20 Q: But you don't have anything where she ever
21 threatened orally to shoot anybody with the
22 gun?

23 A: No.

24 Q: She never threatened to shoot you?

25 A: No.

1 Q: She never threatened to shoot anybody else with
2 the gun?

3 A: No.

4 Q: Now, since her discharge, have you ever heard
5 of Ms. Argoe ever hurting herself?

6 A: I've really not heard anything about Mrs. Argoe
7 until this lawsuit.

8 Q: Do you have any information that after she was
9 discharged she ever hurt another person?

10 A: No.

11 Q: After she was discharged, do you have any
12 information that she ever used the gun in a
13 threatening manner towards anyone else?

14 A: No.

15 Q: Did any of her family ever report that she used
16 the gun to threaten them?

17 A: Not that I'm aware of.

18 Q: Other than the fact that she carried the gun on
19 her, did any of her family ever report any
20 other unusual behavior with a gun?

21 A: Not that I'm aware of.

22 Q: Do you have a gun yourself?

23 A: I do not.

24 Q: Does your husband have a firearm?

25 A: He does not.

1 Q: Okay. In general, do you believe that people
2 should be allowed to carry guns for self-
3 protection?

4 **MR. RICHARDSON:** Object to the form.

5 A: I don't have an opinion.

6 Q: Did you change Ms. Argoe's medication regimen
7 at all?

8 A: I did.

9 Q: What did you change it from and to?

10 A: When I took over the case she told me that she
11 felt sedated from her Risperdal, so I decreased
12 the dose and moved it all to nighttime. And
13 she reported feeling less sedated after I did
14 that. And then she continued to -- well, she
15 told me that she wanted to be sent home so her
16 husband could kill her and then not have an
17 alibi, and I was concerned that even though her
18 mood had stabilized a great deal, she still had
19 a good bit of paranoia. So I added oral
20 Haldol. That was when she told me that she was
21 afraid her husband would use the medication to
22 poison her. So we agreed to put her on a long-
23 acting injectable Haldol at a very low dose and
24 get rid of the oral Haldol, which we did. And
25 then I continued her Risperdal Consta which was

1 due every two weeks. And then before I
2 discharged her I stopped all of her oral Haldol
3 -- oh, I'm sorry, all of her oral Risperdal, so
4 she was only on the long-acting injectable
5 medications. I renewed some Ativan for her,
6 but I don't think she ever actually received
7 it. It was just an order that had been there
8 that I renewed.

9 Q: Did you ever appear in court -- I think I've
10 asked you this. Did you ever appear in court
11 and testify about Ms. Argoe's mental condition?

12 A: I did not.

13 Q: Did you ever submit any paperwork to be used in
14 a court proceeding?

15 A: I had a court order to complete a form
16 regarding conservatorship and guardianship, and
17 I did fill that out for the court.

18 Q: When you were seeing and treating Ms. Argoe,
19 were you a salaried employee of Three Rivers,
20 or did you bill separately for seeing and
21 treating her?

22 A: I was self-employed and did my -- my office did
23 my billing for me.

24 Q: Okay. On your CV I noticed that you did it
25 looks like a couple of years of residency in an

1 OB/GYN residency?

2 A: I did. Uh-huh (affirmative response).

3 Q: Did you not complete that residency?

4 A: I transferred into psychiatry after a year and
5 ten months.

6 Q: And what was the reason for that?

7 A: I liked to sleep more than four hours a night.

8 Q: The OB/GYN was too intense?

9 A: It was a very demanding schedule and I was
10 newly married.

11 Q: Okay. Did your time in the OB/GYN essentially
12 count towards your time in the psychiatry
13 residency?

14 A: Some of it did, not all of it. You had to have
15 I think four months of primary care, and so I
16 think I had two months of that that I could
17 count towards that and then I had to do two
18 months of pediatrics before I could start in
19 psychiatry, and then I had to do some neurology
20 once I transitioned over.

21 Q: When you would see Ms. Argoe on a daily basis,
22 how long were your visits with her?

23 A: I really do not recall. I typically see
24 patients between 15 and 30 minutes a day, you
25 know, per patient, but I do not recall

1 specifically how much time I spent with her.

2 Q: How many patients did you have at this time?

3 A: I really don't recall.

4 Q: Are there any tests, assessments, clinical
5 observations that you made that are not part of
6 the medical records for Three Rivers?

7 A: No.

8 Q: Let's take a break.

9 (Break from 3:33 p.m. until 3:44 p.m.)

10 Q: When was Ms. Argoe discharged from Three
11 Rivers?

12 A: I think she was discharged July 20th, was my
13 understanding, but I don't see the discharge
14 sheet.

15 Q: Well, that's what I was going to ask, was she
16 discharged July 20th?

17 MR. DAVIDSON: I don't think the discharge summary
18 is in there.

19 A: There's a discharge order sheet that's not with
20 the other physician orders.

21 Q: That's what's on the discharge date, the
22 discharge summary.

23 A: As the discharge date. Yeah, my last note here
24 is the 18th, but I don't know where the
25 discharge --

1 Q: Well, it's not part of what I gave you as that
2 exhibit.

3 A: Oh, okay.

4 Q: So this is my question.

5 A: That's my recollection was July 20th.

6 Q: Here's my question.

7 A: Okay.

8 Q: If the discharge summary is dated with a
9 discharge date of July 20th, 2005, would that
10 be accurate?

11 A: Yes.

12 Q: Prior to her discharge, was she ever allowed
13 telephone privileges or allowed to call people
14 outside of the Three Rivers facility?

15 A: She had telephone privileges up until the date
16 of her hearing, and then she was placed on
17 telephone restriction for outgoing phone calls
18 but could receive incoming from family.

19 Q: Okay. So from -- her hearing was on June 21st.

20 A: Yes.

21 Q: Okay. From June 21st until her discharge in
22 July, was she able to make any outgoing phone
23 calls?

24 A: She did make an outgoing phone call to her son
25 with the assistance of the staff, that I saw in

1 the records, but I'm not sure when that was.

2 Q: Would she have been allowed to call anyone
3 other than her family?

4 A: I don't know. Typically if a patient asks me
5 that -- she never approached me about making
6 any outside phone calls, so typically if
7 patient approaches me, I'll work with them on
8 how to do that. But I can't speak for what I
9 would have done in that circumstance because
10 she did not approach me about it.

11 Q: Did you ever ask her if her husband was going
12 to try to come through the air conditioning
13 vent and get her?

14 A: I do not recall that.

15 Q: Okay. Have you answered all of my questions
16 truthfully, honestly, and to the best of your
17 ability?

18 A: I have.

19 Q: Have you given me full and complete answers?

20 A: Yes.

21 Q: Have we fully and completely discussed all of
22 your medical opinions as it pertains to Ms.
23 Argoe's care and treatment?

24 A: I believe so.

25 **MR. DAVIDSON:** Note an objection.

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(803) 252-3445 / (800) 822-0896

1 Q: Do you want to change any of your sworn
2 testimony?

3 A: I do not.

4 Q: No further questions subject to redirect.

5 **MS. GANES:** I have no questions.

6 **MR. RICHARDSON:** I have no questions.

7 **MR. COLE:** On behalf of Three Rivers and Nurse
8 Burrell, no questions.

9 **MR. HAILE:** No questions.

10 **MR. DAVIDSON:** No questions.

11 **MS. DUBEY:** No questions.

12 (There being no further questions, the deposition was
13 concluded at 3:47 p.m.)
14
15
16
17
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23
24
25

SIGNATURE

I have read the foregoing deposition and confirm that it is a true and accurate transcript of my testimony. Any errors I may have noticed have been listed below and returned to the court reporter for checking against the tapes.

CHERYL C. DODDS, M.D.

Date: _____

<u>Page</u>	<u>Line</u>	<u>Correction</u>	<u>Reason for Change</u>

Re: Argoe v. Three Rivers, et al. (5.16.12)
/at

CREEL COURT REPORTING, INC.
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(803) 252-3445 / (800) 822-0896

CERTIFICATE

This is to certify that the deposition of **CHERYL C. DODDS, M.D.**, consisting of Forty-Two (42) pages, is a true and correct transcript of the testimony given by said deponent after being duly sworn; said deposition was reported by the method of Stenomask with Backup.

I further certify that I am neither employed by nor related to any of the parties in this matter or their counsel; nor do I have any interest, financial or otherwise, in the outcome of same.

IN WITNESS WHEREOF I have hereunto set my hand and seal on May 24, 2012.



Andrea R. Taylor
Court Reporter

Notary Public for South Carolina
My Commission Expires: April 27, 2014

CHERYL C. DODDS, M.D.
THREE RIVERS BEHAVIORAL HEALTH
2900 SUNSET BOULEVARD
WEST COLUMBIA, SOUTH CAROLINA 29169

- EDUCATION

August 1989-May 1993
University of South Carolina School of Medicine, Columbia, S.C.

- Doctor of Medicine

September 1985-May 1989
Davidson College, Davidson, N.C. 28036

- Bachelor of Arts, Cum Laude, High Honors in English
- Major: English

August 1982-June 1985
Irmo High School, Columbia, S.C.

- S.C. High School Diploma

- WORK HISTORY

Medical Director, Three Rivers Behavioral Health
August 2005- present

Medical Director, Saluda Cove Residential Treatment Center
August 2005- present

Partner, Vista Psychiatric Consultants
August 2005- January 2011

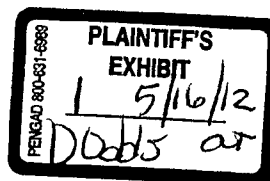
Private Practice
Adult, Adolescent, and Child Psychiatry
1904 Sunset Boulevard, Suite D, West Columbia, S.C. 29169
1999-January 2011

Attending Psychiatrist
Three Rivers Behavioral Health
November 2003—current

Attending Psychiatrist
Charter Rivers
October 1999-March 2000

Consultant Psychiatrist
Carolina Childrens Home
August 2001- July 2005

Consultant Psychiatrist



Lexington Medical Center
August 2005--current

Resident Physician
Child and Adolescent Psychiatry
William S. Hall Psychiatric Institute, Columbia, S.C.
July 1997-June 1999

Resident Physician
Child and Adolescent Psychiatry
William S. Hall Psychiatric Institute, Columbia, S.C.
May 1995-October 1997

CHERYL C. DODDS, M.D.
PAGE TWO

Resident Physician
Obstetrics and Gynecology
Richland Memorial Hospital, Columbia, S.C.
June 1993-April 1995

- BOARD CERTIFICATIONS

American Board of Psychiatry and Neurology
General Psychiatry
Certified: October 13, 2000
Certificate Number: 48820

Recertification 2009

American Board of Psychiatry and Neurology
Child and Adolescent Psychiatry
Certified: December 17, 2001
Certificate Number: 5018

Recertification 2011

- ADDITIONAL PROFESSIONAL ACTIVITIES

Dialectical Behavioral Treatment Intensive Training
January 2006

President Medical Staff
Three Rivers Behavioral Health
January 2004--January 2006

Chief Resident, General Psychiatry Residency Program
William S. Hall Psychiatric Institute
1996-1997

Member, American Academy of Child and Adolescent Psychiatry
1997 to current

Member, American Psychiatric Association
1995 to current
Diplomat status

Member Alpha Omega Alpha
1992

American Medical Student Association Chapter President
1990-1991

CHERYL C. DODDS, M.D.
PAGE THREE

U.S.C. School of Medicine Financial Aid and Scholarship Committee Member
1990-1991

S.C. Academy of Family Physicians Rural Preceptorship

- AWARDS AND SCHOLARSHIPS RECEIVED

Richland Springs and Columbia Area Mental Health Center Psychiatric Resident of the Year, 1996-1997

Pfizer Resident of the Year for General Psychiatry Residency Program, William S. Hall Psychiatric Institute, 1996-1997

Fullerton Foundation Scholarship for Medical Students, 1989-1993

U.S.C. Faculty Dependent Scholarship, 1989-1993

Ob-Gyn Medical Student, Student Award, 1992

THREE RIVERS FOR BEHAVIORAL HEALTH

PHYSICIAN'S PROGRESS RECORD

ARGOE MARTHA L SS#
062 WF P MR#:000024396
Adm date: 2005-06-09 DOB:
MOBLEY PHYLLIS
Act#: 1018795

PATIENT IDENTIFICATION

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

PROBLEM:
Diagnosed Condition
Presenting Complaint
Complication
New Management
Problem
New Condition Present
Side Effects

EVALUATION:
Discussion with Patient
Consultation with Other
Clinicians
Physical Examination
Discussion of Risk /
Benefits of Medication
Formal Conference
Conference with Family /
Review of Lab /
Testing Results

**ASSESSMENT /
FINDINGS**
Patient Progress:
Change in Sx. / Behavior
Change in Relationships
Change in Medical Status
Need for Continued
Treatment
Necessity for Level of
Care

THERAPEUTIC PLAN:
Medication
Laboratory Tests
Specialty Consultation
Psychotherapies:
Group
Family
Individual
Change in Privilege
Status
Discharge Planning

**NURSING PROCESS
DOCUMENTATION**
Patient Behavior
Interventions Provided
Patient Response to
Interventions Plan

Date	Time	Prob.#	Disc	Progress Notes
6/11/05	10:45A	MD		Pt. seen, discussed with staff, met with pt's husband and son yesterday. They confirm that she has been paranoid and delusional for some time now. Also spending huge amounts of money, has become hyper-religious, not sleeping and is going out late at night wearing thousands of dollars' worth of jewelry. Today she is still obviously manic with rapid, pressured speech and racing thoughts. Son's father confirm that accusations of husband being abusive are delusions, she is still adamant they are not. affect very expansive and euphoric. Son's husband and agreeable to pt. being forced medicated as pt. is adamant she will take nothing by mouth. Best option for her will be Risperidol Const. as I suspect she is Risperidol, manic, with psychotic features. Risperidol indicated for mania in addition to psychosis where Haldol and Mellarin are pure

PLAINTIFF'S
EXHIBIT
2 5/16/12
Dadds at

7456-N-064

CONFIDENTIAL

AP #7027-1

02003

THREE RIVERS FOR BEHAVIORAL HEALTH

PHYSICIAN'S PROGRESS RECORD

ARGOE MARTHA L
062 WF P
Adm date: 2005-06-09
MOBLEY PHYLLIS
Act#: 1018795

SS#: _____
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NURSING PROCESS DOCUMENTATION

Patient Behavior
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Patient Response to
Interventions Plan

Date	Time	Prob.#	Disc	Progress Notes
6/11/05	10:55A	MD		neuroleptics. In addition, pt's family will assure compliance once discharged. Sleeping well, appetite good. She is pleasant & cooperative. Responder (ensta); per orders upon receipt of appropriate approvals. Phyllis Mobley, MD
6/12/05	3:45P	MD		Pt. seen, discussed with staff. Continues to be highly manic and delusional. Bright speech. Demanding, grandiose. Still adamant that she will not take meds, that she does not need them. Wants to speak with pt-advocate in AM, plans to consult lawyers, etc. C of note pt- does have resources; is a woman of wealth and means. Nonetheless, clinically she is delusional & manic, has been so for some time according to accounts given by son & husband of her behavior. Offered to provide pt. with diagnostic criteria for Bipolar disorder, son as well who is waiting currently. Phyllis Mobley, MD

7456-N-065

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THREE RIVERS FOR BEHAVIORAL HEALTH

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Date	Time	Prob.#	Disc	Progress Notes
6/12/05	3:50P	MT		Sleep & appetite are good. Patient AH/H as well as ST/H.I. Pursuing approval to start Risperdal const.
				Phyllis Mobley, MD
6/13/05	12:30P	MD		Pt. seen, discussed with staff. Pt. met with Janet Holmes, pt. advocate, this PM. She is still adamant she does not want to and will refuse to be force-medicated. Pt. is obviously still manic, delusional, and paranoid, but nonetheless intelligent. Pleasant & cooperative in the hospital despite her mania, presents no problems in milieu, attends groups etc. Feel strongly that pt. needs to be on medication, however, 2° behavior at home that put her and others at risk, i.e. her illness severely compromised her judgement. Pt. has no insight with regard to her suspected disorder. Nonetheless as pt. is safe environment, will delay starting medication until 2nd opinion as to the need for the same is rendered
				Phyllis Mobley, MD

THREE RIVERS FOR BEHAVIORAL HEALTH

ARGOE MARTHA L
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MOBLEY PHYLLIS
Act#: 1018795

SS#
MR#: 000024330
DOB:
1

PHYSICIAN'S PROGRESS RECORD

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NURSING PROCESS

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Patient Response to
Interventions Plan

Date	Time	Prob.#	Disc	Progress Notes
6/13/05	12:45P	MD		by medical director, Dr. Health. Phyllis Mobley MD
6/13/05	1:00pm			Int. med ph. (consult) re: about TFS (Int. med) see prev. notes for details. disc. lab. med. found Hemo c-hypertension - physical findings in 3 C/O Alend, ambly. med. WMDG AF/W. 9g 74, 16, 141, 76 found hypertension in heart. labs. med. TFS: TIM slightly high - Fico. ml. - UA 1 UDI. ml. (1) ASmt TFS. Obs. subclinical Hypothyroidism. re. ph. TFS (ultr) i 1' aming. w. 3-4 whs. & admin. all. (2) Bipolar / Birethm. doubt about organic causes. will be on standby

7456-N-067
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THREE RIVERS FOR BEHAVIORAL HEALTH

PHYSICIAN'S PROGRESS RECORD

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Act#: 1018795

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NURSING PROCESS

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Interventions Plan

Date	Time	Prob.#	Disc	Progress Notes
6/16/05	11 AM	ND		Pt. seen, discussed with staff affect: mood euthymic. Continues to feel she does not need medication because doesn't believe she is ill. Nonetheless she has taken two doses of Zosyn voluntarily, by mouth. Paranoia's delusions remains. Sleep and appetite "are not a problem, never have been" per pt. No further complaint of medication SE's. Continue current tx. Phyllis Mobley, MD
6/17/05	9:30 AM	ND		Pt. seen, discussed with staff. Affect: mood euthymic. Speech not as brisk. Thought processes logical. Goal directed. Sleep: appetite good. Has taken meds by mouth. Still delusional: paranoid, however. Insens Zosyn per orders. Phyllis Mobley, MD
6-18-05	12:00	D	P	State's has been secondary to Zosyn. Has ID to 40 mg B.D. Thinking gradually clearing. Phyllis Mobley, MD

7456-N-068
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THREE RIVERS FOR BEHAVIORAL HEALTH

ARGOE MARTHA L SS#
062 WF P MR#:000024396
Adm date: 2005-06-09 DOB
MOBLEY PHYLLIS I
Act#: 1018795

PHYSICIAN'S PROGRESS RECORD

PATIENT IDENTIFICATION

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

PROBLEM:	Date	Time	Prob.#	Disc	Progress Notes
Diagnosed Condition	6-19	am	D	D	Much more cooperative and pleasant today. 5 tabs per day due to her blood being out back.
Presenting Complaint					
Complication					
New Management					
Problem					
New Condition Present					
Side Effects					
EVALUATION:					
Discussion with Patient					
Consultation with Other Clinicians					
Physical Examination					
Discussion of Risk / Benefits of Medication					
Formal Conference					
Conference with Family / Review of Lab / Testing Results					
ASSESSMENT / FINDINGS:					
Patient Progress:					
Change in Sx. / Behavior					
ge in Relationships					
ge in Medical Status					
Need for Continued Treatment					
Necessity for Level of Care					
THERAPEUTIC PLAN:					
Medication					
Laboratory Tests					
Specialty Consultation					
Psychotherapies:					
Group					
Family					
Individual					
Change in Privilege Status					
Discharge Planning					
NURSING PROCESS DOCUMENTATION					
Patient Behavior					
Interventions Provided					
Patient Response to Interventions Plan					
	6/20/05	12 noon	MD		Rt. seen, discussed with staff. Affect & mood euthymic. Continues to sleep well, have good appetite. Thought processes logical, goal directed, appropriate. No overtly psychotic symptoms. Speech normal rate & volume. Still, assuming what husband and son's report is delusional thinking and paranoia on her part, has these same delusions and paranoia as pertains to husband in particular. Tolerating Prodon at 40 milligrams twice daily, medication compliant. Probate hearing in AM.
					Phyllis Mobley, MD

7456-N-069
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THREE RIVERS FOR BEHAVIORAL HEALTH

ARGOE MARTHA L SS#
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Adm date: 2005-06-09 DOB:
MOBLEY PHYLLIS
Act#: 1018795

PHYSICIAN'S PROGRESS RECORD

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Complication
New Management
Problem
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Side Effects

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Physical Examination
Discussion of Risk /
Benefits of Medication
Formal Conference
Conference with Family /
Review of Lab /
Testing Results

ASSESSMENT / FINDINGS

Patient Progress:
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Change in Relationships
Change in Medical Status
Need for Continued
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Family
Individual
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NURSING PROCESS

DOCUMENTATION
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Patient Response to
Interventions Plan

Date	Time	Prob.#	Disc	Progress Notes
6/21/05		10:45A	MD	pt. seen, discussed with staff as well as with family at probate hearing where she was ultimately retained. Family, including brother who is a physician as well as her sister in addition to son & husband, corroborate that pt. has been manic and continues to be paranoid & delusional. Family recounted how pt. stays up all night, watches religious TV on 3 different televisions throughout the house all day, talks rapidly with disordered thoughts, claims she is casting out demons and is seeing witches and warlocks. Pt. herself in court admitted to carrying a gun, says she has been trained by the FBI. Doesn't want to talk about her having hidden a \$75,000 Corvette from her family or her belief that husband has a 2nd family. "Because these are not medical issues. Pt. represent danger to self and others 2. Her paranoia & fear of husband."
				Phyllis Mobley, MD

7456-N-070

CONFIDENTIAL

AP #7027-1

02009

THREE RIVERS FOR BEHAVIORAL HEALTH

ARGOE MARTHA L
062 WF P
Adm date: 2005-06-09
MOBLEY PHYLLIS
Act#: 1018795

SS#:
MR#:000024396
DOE

PHYSICIAN'S PROGRESS RECORD

PATIENT IDENTIFICATION

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

	Date	Time	Prob.#	Disc	Progress Notes
PROBLEM: Diagnosed Condition Presenting Complaint Complication New Management Problem New Condition Present Side Effects	6/20/05	11:05A	MD		and the fact she always carries a gun "to protect myself from him." She has no insight, said in court she is not ill and will not take medicine when discharged. Will discontinue Lorazepam, administer Risperdal Consta today and start Risperdal M-Stats for mouth. Cozintin as needed for EPS.
EVALUATION: Discussion with Patient Consultation with Other Clinicians Physical Examination Discussion of Risk / Benefits of Medication Formal Conference Conference with Family / Review of Lab / Testing Results					Family also are in possession of pt's "secret" cell phone on which she has been receiving alot of restricted phone calls. They suspect from people advising pt. against returning to family or complying with medical advice. They know for sure of one woman who is into demonic worship with whom pt. is in constant contact. Will place pt. on phone restriction at family's request as this indeed may be countertherapeutic.
ASSESSMENT / FINDINGS Patient Progress: Change in Sx. / Behavior ye in Relationships, ye in Medical Status Need for Continued Treatment Necessity for Level of Care					Phyllis Mobley, MD
THERAPEUTIC PLAN: Medication Laboratory Tests Specialty Consultation Psychotherapies: Group Family Individual Change in Privilege Status Discharge Planning					
NURSING PROCESS DOCUMENTATION Patient Behavior Interventions Provided Patient Response to Interventions Plan					

7456-N-071
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THREE RIVERS FOR BEHAVIORAL HEALTH

ARGOE MARTHA L SS#
062 W F P MR#:000024396
Adm date: 2005-06-09 DOB:
MOBLEY PHYLLIS
Act#: 1018795

PHYSICIAN'S PROGRESS RECORD

PATIENT IDENTIFICATION

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

PROBLEM:	Date	Time	Prob.#	Disc	Progress Notes
Diagnosed Condition	6/22/05	12:30P	M.D.		Pt. seen, discussed with staff. Guarded, constructed affect. "You turned on me in court yesterday." Pt. not happy with outcome of private hearing yesterday as with med changes. Still delusional. Sleep appetite good. Celebrating birthday so far. Continue current Rx.
Presenting Complaint					
Complication					
New Management					
Problem					
New Condition Present					
Side Effects					
EVALUATION:					
Discussion with Patient					
Consultation with Other Clinicians					
Physical Examination					
Discussion of Risk / Benefits of Medication					
Formal Conference					
Conference with Family / Review of Lab / Testing Results					
ASSESSMENT / FINDINGS					
Patient Progress:					
Change in Sx. / Behavior					
Change in Relationships					
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Need for Continued Treatment					
Necessity for Level of Care					
THERAPEUTIC PLAN:					
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Laboratory Tests					
Specialty Consultation					
Psychotherapies:					
Group					
Family					
Individual					
Change in Privilege Status					
Discharge Planning					
NURSING PROCESS DOCUMENTATION					
Patient Behavior					
Interventions Provided					
Patient Response to Interventions Plan					
	6/23/05	10:10A	MD		Pt. seen, discussed with staff. Affect flat today. Pleasant but guarded. Husband came to bring pt. some items today. SW able to coax her into speaking with him and herself for 40 min, which is an improvement in itself. Was unable to conceal her paranoid delusions for such a length of time, however. But she was able to entertain the idea that she and husband may be able to reconcile given certain compromises, which is, again, a sign of improvement. Reported she had been adamant she would not return to

7456-N-072
CONFIDENTIAL

ARGOE MARTHA L
062 W F P
Adm date: 2005-06-09
MOBLEY PHYLLIS
Act#: 1018795

SS#:
MR#: 000024396
DOB:

PATIENT IDENTIFICATION

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

	Date	Time	Prob.#	Disc	Progress Notes
PROBLEM: Diagnosed Condition Presenting Complaint Complication New Management Problem New Condition Present Side Effects	6/23/05	10:20A	MD		live with him once discharged from the hospital. Sleeping well. Borderline ECG - QTc interval 415, but will consult internal medicine to be sure continued treatment with Hisperdal is okay. Will need to recheck ECG periodically nonetheless. Awaiting results of lipid panel. Continue current th.
EVALUATION: Discussion with Patient Consultation with Other Clinicians Physical Examination Discussion of Risk / Benefits of Medication Formal Conference Conference with Family / Review of Lab / Testing Results					Rhyll Mchly, MD
ASSESSMENT / FINDINGS Patient Progress: Change in Sx. / Behavior Change in Relationships Change in Medical Status Need for Continued Treatment Necessity for Level of Care					
THERAPEUTIC PLAN: Medication Laboratory Tests Specialty Consultation Psychotherapies: Group Family Individual Change in Privilege Status Discharge Planning		6/24/05 <u>Am</u>			+ -ntmed: Adm to Eval LKs as pt on antipsychotics. Pt. Anxious about his old job, where he has no money no MVI's. Res. After hours of M.A.L.I.N.S. Res. no more to do give LKH - CR doc! No acute AS. CRABE; QTc 415ms. LKH noted No acute AS. QTc upper m - No int fac confirmed to use of Risperdal. Recommend Provider LKH & family
NURSING PROCESS DOCUMENTATION Patient Behavior Interventions Provided Patient Response to Interventions Plan					

THREE RIVERS FOR BEHAVIORAL HEALTH

PHYSICIAN'S PROGRESS RECORD

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**NURSING PROCESS
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Patient Behavior
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Patient Response to
Interventions Plan

Date	Time	Prob.#	Disc	Progress Notes
6/24/05	11:45A	MD		Pt. seen, dismissed with staff. Affected overly sweet and accommodating as per usual until I attempted to discuss conference she had with her husband yesterday. Became almost belligerent. "I said these things, that I would consider going back to him, because you're drugging me! You place me in a room with him where I'm cornered." Additionally, new paranoia and distrust of her family including son she trusted, and is ambivalent at best about having any further contact with them. "That remains to be seen." Increase Responder per orders. Phyllis Mobley, MD
6/25/05	1:25P		P	Pt. seen. Confirmed about her medication, but feels she is taking too much and doesn't like feeling jittery. Agreed to take a break from meds to see if she feels better. Pt. only for 2nd opinion on whether this is a good idea.

7456-N-074
CONFIDENTIAL

0-551210

ARGOE MARTHA L SS#:
 062 W F P MR#: 000024396
 Adm date: 2005-06-09 DOB:
 MOBLEY PHYLLIS I
 Act#: 1018795

PROBLEM:

EVALUATION:

ASSESSMENT I.

THERAPEUTIC PLAN:

NURSING PROCESS

Patient Behavior
 Interventions Provided
 Patient Response to
 Interventions Plan

Date	Time	Prob.#	Disc	Progress Notes
6/26/65	1355		P	Placed his demand letter being handed down. He insisted on all criteria for behavior as reason for admission. Apparent stable and respectable. Inability and frustration noted. I kept promises while they were made.
6/27/65	0900		MD	Psychiatry Pt seen in coverage for Dr. Mott, A. R. U. S. Pt. A + G + monthly given. Pt. shows hallucinations on 5T. Pt. is very delusional & believes husband placed her here to take her money. Pt. is very suspicious of medications & effect on mind. No insight. Pt. is a sedation + unstable she does not need meds. Plan D. Psychosis. Switch to Risperidone 16 mg. to night time. to decrease sedation. Repeat EKG today. C. Rodden

02014

2020

ARGOE MARTHA L SS#:
062 W F P MR#:000024396
Adm date: 2005-06-09 DOE
MOBLEY PHYLLIS
Act#: 1018795

Date	Time	Prob.#	Disc	Progress Notes
		6/27/05 AM		<u>Informed:</u> Plm EXKs Plm / Ch R. No archaic physical complaint reported MSK 126/88 Wound of Abdom. in MS MS: not here. EXKs - MSK Inhibitors MSK R/R QTC 356 msec (Normal) No arrhythmias. QTC (Pulmon) - 12/28/04 Report EXKs today in mg m 1.5, K⁺ m 4.2, Ca⁺⁺ m 9.7 Off / John (John) Went to St. Mary's
6/28/05	11:15		MD	P. psychiatric PT seen + discussed to staff. PT is now scheduled for adjustment in and PT is still very depressed + believe husband is trying to kill her. PT wants to return to work to home rather than live on her own because then her husband will not know a whole where

AP 47047-1

THREE RIVERS FOR BEHAVIORAL HEALTH

PHYSICIAN'S PROGRESS RECORD

ARGOE MARTHA L
062 WF P
Adm date: 2005-06-09
MOBLEY PHYLLIS
Act#: 1018795

SS#1
MR#: 000024396
DOI
1

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

PROBLEM:	Date	Time	Prob.#	Disc	Progress Notes
Diagnosed Condition	6/24/05				he killed her. Pt is suspicious of people. Pt describes bizarre behavior of going out to eat alone at night alone, so she can meet up with other "Christians".
Presenting Complaint					Psych thinking not valid
Complication					Plan No hallucinations. No SE/HI
New Management					(D) Psychosis - add medication
Problem					Haldol
New Condition Present					
Side Effects					
EVALUATION:					
Discussion with Patient					
Consultation with Other Clinicians					
Physical Examination					
Discussion of Risk / Benefits of Medication					
Formal Conference					
Conference with Family / Review of Lab / Testing Results					
ASSESSMENT / FINDINGS					
Patient Progress:	6/29/05			MD	Psychiatry
Change in Sx / Behavior		1020			Pt seen & discussed treatment plan. AFUSS. Pt is still very paranoid. Pt worried if she leaves hospital on own.
Change in Relationships					made husband use them to poison her. No hallucinations.
Change in Medical Status					No SE/HT History per family
Need for Continued Treatment					Consistent & Bipolar D/O. Will stop oral Haldol + add Haldol Dec.
Necessity for Level of Care					
THERAPEUTIC PLAN:					
Medication					
Laboratory Tests					
Specialty Consultation					
Psychotherapies:					
Group					
Family					
Individual					
Change in Privilege Status					
Discharge Planning					
NURSING PROCESS DOCUMENTATION					
Patient Behavior	6/30/05			MD	Psychiatry
Interventions Provided		1020			Pt seen - discussed & staff
Patient Response to Interventions Plan					AFUSS. Pt still extremely paranoid. Thoughts are illogical. No hallucinations.
					No SE/HT Haldol Dec today

7456-N-077
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THREE RIVERS FOR BEHAVIORAL HEALTH

ARGOE MARTHA L SS#:
062 W F P MR#: 000024396
Adm date: 2005-06-09 DOB:
MOBLEY PHYLLIS
Act#: 1018795

PHYSICIAN'S PROGRESS RECORD

PATIENT IDENTIFICATION

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

	Date	Time	Prob.#	Disc	Progress Notes
PROBLEM: Diagnosed Condition Presenting Complaint Complication New Management Problem New Condition Present Side Effects	7/1/05	1030		ad	Psychiatry
EVALUATION: Discussion with Patient Consultation with Other Clinicians Physical Examination Discussion of Risk / Benefits of Medication Formal Conference Conference with Family / Review of Lab / Testing Results					Pt seen - discussed a story - Pt's mother believes husband is less likely to hurt her because more people are "on board" - Pt still planning to divorce + start over. Pt remains very paranoid about husband and son. Pt for exam on meds USE
ASSESSMENT / FINDINGS Patient Progress: Change in Sx / Behavior Change in Relationships Change in Medical Status Need for Continued Treatment Necessity for Level of Care					Pt A+C. affect bright. Thoughts paranoid. No hallucinations? No SI/HT. Plan
THERAPEUTIC PLAN: Medication Laboratory Tests Specialty Consultation Psychotherapies: Group Family Individual Change in Privilege Status Discharge Planning					1) Psycho - Confering pt gets Harold Dec. continue suspended
NURSING PROCESS DOCUMENTATION Patient Behavior Interventions Provided Patient Response to Interventions Plan	7/2/05	1300	1	P	cf. Harold Dec. Pt seen - discussed pt's case & staff. Pt continues to have paranoid ideas. Pt remains compliant w/ meds. Slight improvement in SI/HT. Continue current tx.
	7/3/05	1213	1	P	Pt seen - discussed pt's case & staff. Pt's paranoid ideas present but slightly better. Home appointment current tx. & SI/HT.

7456-N-078

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THREE RIVERS FOR BEHAVIORAL HEALTH

ARGOE MARTHA L SS#: 062 W F P MR#: 000024396
Adm date: 2005-06-09 DOE
MOBLEY PHYLLIS
Act#: 1018795

PHYSICIAN'S PROGRESS RECORD

PATIENT IDENTIFICATION

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

PROBLEM:	Date	Time	Prob. #	Disc	Progress Notes
Diagnosed Condition	7/1/05	220	1	8	Wear down case 2
Presenting Complaint					Staff. Pt. disorder 14/1/05
Complication					Disorder 5/1/05. Pt
New Management					feels much less down of
Problem					for med - 5/1/05 feels
New Condition Present					suspicion of her husband
Side Effects					Pt still hopeful for DR
					from 1/05
EVALUATION:					
Discussion with Patient					
Consultation with Other Clinicians					
Physical Examination					
Discussion of Risk / Benefits of Medication					
Formal Conference					
Conference with Family / Review of Lab / Testing Results					
ASSESSMENT:	7/15/05			MD	Psychiatry
FINDINGS		1630			
Patient Progress:					Pt seen + case discussed &
Change in Sx / Behavior					treatment given. Pt received
Change in Relationships					Haldol Dec on 7/12/05. Pt
Change in Medical Status					reports today that she does
Need for Continued Treatment					not believe husband is
Necessity for Level of Care					plotting to kill her, but
					still fears he might hurt
					her is a drunken rage. Pt
					still paranoid, but slightly
					improved. Pt A-O. affect
					bright. No hallucinations
					No SF/HZ. No insight
					Plan
					Q Bipolar I & Psychosis
					Continue Risperdal Const
					Haldol Dec + po Risperdal
					CRD. dls. m. p.

7456-N-079
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Abstract

ARGOE MARTHA L
062 W F P
Adm date: 2005-06-09
DODDS CHERYL
Act#: 1018795

SS#:
MR#:000024396
DOB:

PROBLEM:

EVALUACIÓN:

ASSESSMENT / FINDINGS

THERAPEUTIC PLAN:

NURSING PROCESS

DOCUMENTATION
Patient Behavior
Interventions Provided
Patient Response to
Interventions Plan

Date	Time	Prob.#	Disc	Progress Notes
7/6/05	1040		MD	Psychiatry Pt seen + discussed c staff. Pt is tolerating meds + is agreeable to 2 nd Respondal Conster today. Pt does frightened of husband but is still very delusional + paranoid about relationship MSE. Pt A + O. Affect bright. Speech quick. Pt denies hallucinations. No SI/HI. Pt has no insight into behavior or diagnosis. Plan a) Bipolar I to Psychosis Continue Respondal + Haldol C. Woodson
7/7/05	11 AM		MD	Psychiatry Pt seen + discussed c staff. Pt had visit c husband last night but interacted minimally. Pt still delusional but now feels safer with husband + does not believe he will harm her. No hallucinations. No SI/HI. No suicidal. Continue current meds. C. Woodson

7456-N-080
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THREE RIVERS FOR BEHAVIORAL HEALTH

PHYSICIAN'S PROGRESS RECORD

ARGOE MARTHA L
062 WF P
Adm date: 2005-06-09
DODDS CHERYL
Act#: 1018795

SS#: _____
MR#: 000024396
DOB: _____
I

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

PROBLEM:

Diagnosed Condition
Presenting Complaint
Complication
New Management
Problem
New Condition Present
Side Effects

EVALUATION:

Discussion with Patient
Consultation with Other
Clinicians
Physical Examination
Discussion of Risk /
Benefits of Medication
Formal Conference
Conference with Family /
Review of Lab /
Testing Results

ASSESSMENT /

FINDINGS:

Patient Progress
C in Sx / Behavior
C in Relationships
Change in Medical Status
Need for Continued
Treatment
Necessity for Level of
Care

THERAPEUTIC PLAN:

Medication
Laboratory Tests
Specialty Consultation
Psychotherapies:
Group
Family
Individual
Change in Privilege
Status
Discharge Planning

NURSING PROCESS

DOCUMENTATION

Patient Behavior
Interventions Provided
Patient Response to
Interventions Plan

Date	Time	Prob.#	Disc	Progress Notes
7/8/05	noon	MD	Psychiatry	Pt seen + discussed w staff Pt continues to be very paranoid about husband + states he only believes Pt does not feel he will harm her but is still very delusional about his behaviors. Pt is tolerating meds. Cooperative on unit. No hallucinations NO SI/HI Plan C Bipolar I + Psychosis Continue Risperdal + Haldol. Family is working on becoming conservative so pt can go to assisted living. C Waddams
7/19/05	1045	MD	Psychiatry	Pt seen + discussed w staff. Pt is still extremely paranoid + unable to realistically participate in discharge planning. Pt resists assisted living so paranoid about neighbors. Tolerating meds AFUSS C Waddams MD

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THREE RIVERS FOR BEHAVIORAL HEALTH

PHYSICIAN'S PROGRESS RECORD

ARGOE MARTHA L
062 WF P
Adm date: 2005-06-09
DODDS CHERYL
Act#: 1018795

SS#: 000024396
DOB: 11

PATIENT IDENTIFICATION

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

PROBLEM:

Diagnosed Condition
Presenting Complaint
Complication
New Management
Problem
New Condition Present
Side Effects

EVALUATION:

Discussion with Patient
Consultation with Other
Clinicians
Physical Examination
Discussion of Risk /
Benefits of Medication
Formal Conference
Conference with Family /
Review of Lab /
Testing Results

ASSESSMENT / FINDINGS

Patient Progress:
Change in Sx. / Behavior
Change in Relationships
Change in Medical Status
Need for Continued
Treatment
Necessity for Level of
Care

THERAPEUTIC PLAN:

Medication
Laboratory Tests
Specialty Consultation
Psychotherapies:
Group
Family
Individual
Change in Privilege
Status
Discharge Planning

NURSING PROCESS

DOCUMENTATION
Patient Behavior
Interventions Provided
Patient Response to
Interventions Plan

Date	Time	Prob.#	Disc	Progress Notes
7/10/05			MD	Psychiatry
	0935			Pt seems depressed & staff. Pt still very paranoid. Pt refuses to believe she could be safe in assisted living. Pt is cooperative in unit. No hallucinations. No SF/HIT. Continue. Risperdal + Haldol. (C. Dodson)
7/11/05			MD	Psychiatry
	0943			Pt seems depressed & staff. Pt is still very paranoid about husband. Pt resistant to considering assisted living. Pt is not as concerned husband will harm her. No hallucinations. No SF/HIT. Continue. Risperdal + Haldol. SA working on placement. (C. Dodson)
7/12/05			MD	Psychiatry
	1020			Pt seems depressed & staff. Pt continues to be paranoid about husband. Pt rationalizes not caring for home for past year as showing husband how much work she normally did. Pt expressive paranoid to see about riding in cars with other family members how they will get her to

7456-N-082

THREE RIVERS FOR BEHAVIORAL HEALTH

PHYSICIAN'S PROGRESS RECORD

ARGOE MARTHA L
062 W F P
Adm date: 2005-06-09
DODDS CHERYL
Act#: 1018795

SS#: MR#000024396
DOB: 1

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

PROBLEM:

Diagnosed Condition
Presenting Complaint
Complication
New Management
Problem
New Condition Present
Side Effects

EVALUATION:

Discussion with Patient
Consultation with Other
Clinicians
Physical Examination
Discussion of Risk /
Benefits of Medication
Formal Conference
Conference with Family /
Review of Lab /
Testing Results

ASSESSMENT / FINDINGS

Patient Progress:
Change in Sx / Behavior
Change in Relationships
Change in Medical Status
Need for Continued
Treatment
Necessity for Level of
Care

THERAPEUTIC PLAN:

Medication
Laboratory Tests
Specialty Consultation
Psychotherapies:
Group
Family
Individual
Change in Privilege
Status
Discharge Planning

NURSING PROCESS DOCUMENTATION

Patient Behavior
Interventions Provided
Patient Response to
Interventions Plan

Date	Time	Prob.#	Disc	Progress Notes
7/12/05				assisted during Pt medication started portrait of husband in groups. Pt resists efforts to discuss placement + expresses paranoia about neighbors in assisted living. No hallucinations No SI/HI Plan ① Bipolar I & Psychosis - continue current meds SW working on placement C. Dodds MD
7/13/05	0920		MD	Psychiatry Pt recent discussed a staff Pt is still paranoid about husband. Received no was stealing jewelry + furniture. Pt does not believe he will ever do anything to hurt her now. Pt opening up to option of family sessions. No hallucinations No SI/HI Plan ① Bipolar I & Psychosis continue current meds. will discuss possible family session @ SW C. Dodds MD

7456-N-083

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THREE RIVERS FOR BEHAVIORAL HEALTH

ARGOE MARTHA L SS#
062 WF P MR# 000024395
Adm date: 2005-06-09 DC
DODDS CHERYL I
Act#: 1018795

PHYSICIAN'S PROGRESS RECORD

PATIENT IDENTIFICATION

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

PROBLEM:	Date	Time	Prob.#	Disc	Progress Notes
Diagnosed Condition	7/17/05	am			Pt seen at Car. clinic
Presenting Complaint					unsm. She is quite
Complication					unrel. No ant psychos.
New Management					See parent from a hospital.
Problem					Still looks unsm.
New Condition Present					No other psych med.
Side Effects					
EVALUATION:					
Discussion with Patient					
Consultation with Other Clinicians					
Physical Examination					
Discussion of Risk / Benefits of Medication					
Formal Conference					
Conference with Family / Review of Lab / Testing Results					
ASSESSMENT / FINDINGS	7/18/05	0930		mp	Psychiatry
Patient Progress					Pt seen - discussed w staff. Pt
Change in Sx / Behavior					still very delusional. He interprets
Change in Relationships					everything husband does as
Change in Medical Status					delusional - threatening, despots
Need for Continued Treatment					husband bringing her gifts
Necessity for Level of Care					+ teasing when she rejects him.
THERAPEUTIC PLAN:					No hallucinations
Medication					No SE/H-T. Continue Risperdal
Laboratory Tests					+ Haloperidol.
Specialty Consultation					
Psychotherapies:					
Group					
Family					
Individual					
Change in Privilege Status					
Discharge Planning					
NURSING PROCESS DOCUMENTATION:	7/19/05	11AM		mp	Psychiatry
Patient Behavior					Pt seen - discussed a treatment
Interventions Provided					team - Pt still paranoid
Patient Response to Interventions Plan					about husband. Pt
					misinterpreting illustrations
					from group in paranoid
					fashion. No hallucinations
					No SE/H-T. Risperdal
					Continue today

7456-N-084
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THREE RIVERS FOR BEHAVIORAL HEALTH

ARGOE MARTHA L SS#
062 WF P MR# 00004399
Adm date: 2005-06-09 DOB
DODDS CHERYL
Act#: 1018795

PHYSICIAN'S PROGRESS RECORD

PATIENT IDENTIFICATION

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

PROBLEM:
Diagnosed Condition
Presenting Complaint
Complication
New Management
Problem
New Condition Present
Side Effects

EVALUATION:
Discussion with Patient
Consultation with Other
Clinicians
Physical Examination
Discussion of Risk /
Benefits of Medication
Formal Conference
Conference with Family /
Review of Lab /
Testing Results

ASSESSMENT /
FINDINGS
Patient Progress:
Change in Sx. / Behavior
Change in Relationships
Change in Medical Status
Need for Continued
Treatment
Necessity for Level of
Care

THERAPEUTIC PLAN:
Medication
Laboratory Tests
Specialty Consultation
Psychotherapies:
Group
Family
Individual
Change in Privilege
Status
Discharge Planning

NURSING PROCESS
DOCUMENTATION
Patient Behavior
Interventions Provided
Patient Response to
Interventions Plan

Date	Time	Prob.#	Disc	Progress Notes
7/4/05	0910		MD	Psychiatry Pt seen + discussed a staff Pt is still paranoid about husband. Delusion appears partly fixed, but pt now does feel safer around husband. Denies hallucinations now. No SE/ITC. No change in Plan. ① Bipolar I + Psychosis Continue current meds. Have SW attempt to contact family sooner. C.W. DODDS MD
7/15/05	114am		MD	Psychiatry Pt seen + discussed + staff. Pt continues to be paranoid about husband attempting to prepare patient that she may not be able to return home. No hallucinations No SE/ITC. Continue Haloperidol & Risperidone. Family resee possibly next week.
7/14/2005	10am			Pt seen. Para is shy. C.W. DODDS MD residing in family home. 1.124 to be in public area. Will stay. Eh at staying with. He is public area.

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THREE RIVERS FOR BEHAVIORAL HEALTH

ARGOE MARTHA L SS#:
062 W F P MR# 000024396
Adm date: 2005-06-09 DOB:
MOBLEY PHYLLIS
Act#: 1018795

PHYSICIAN'S PROGRESS RECORD

PATIENT IDENTIFICATION

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

PROBLEM:

Diagnosed Condition
Presenting Complaint
Complication
New Management
Problem
New Condition Present
Side Effects

EVALUATION:

Discussion with Patient
Consultation with Other
Clinicians
Physical Examination
Discussion of Risk /
Benefits of Medication
Formal Conference
Conference with Family /
Review of Lab /
Testing Results

ASSESSMENT /

FINDINGS

Patient Progress:
Change in Sx. / Behavior
Change in Relationships
Change in Medical Status
Need for Continued
Treatment
Necessity for Level of
Care

THERAPEUTIC PLAN:

Medication
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Specialty Consultation
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Family
Individual
Change in Privilege
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NURSING PROCESS

DOCUMENTATION

Patient Behavior
Interventions Provided
Patient Response to
Interventions Plan

Date	Time	Prob.#	Disc	Progress Notes
6/14/2005		nm		Medication Abuse
				This is a 12 year old white female
				presenting a personal identity and very
				unusual behavior. The behavior is
				well documented. She is proud this as
				acknowledges openly with saying
				"because I needed some new clothes
				and the clothes needed to come down."
				Yes I carry a gun but I
				have been found by the FBI."
				USE Alert. Mood is hypomanic.
				Appetite. Expansion of time.
				DRS. Debaund and personal identity
				presented. From the house is
				disagreed and that her husband
				is extremely concerned about her.
				He really feels is important and
				she presents a clear, present and
				is my opinion, unusual down to earth.
				It is my opinion that the behavior
				is not just the kind of behavior that
				marks and side effects. Coping is
				difficult and per. change. Consultation by
				BB/John or use due as well as RPR.
				Consider Psych. testing.

7456-N-086
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THREE RIVERS FOR BEHAVIORAL HEALTH

PHYSICIAN'S PROGRESS RECORD

ARGOE MARTHA L SS#:
062 W F P MR#:000024396
Adm date: 2005-06-09 DOB:
MOBLEY PHYLLIS
Act#: 1018795

PATIENT IDENTIFICATION

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

PROBLEM:

Diagnosed Condition
Presenting Complaint
Complication
New Management
Problem
New Condition Present
Side Effects

EVALUATION:

Discussion with Patient
Consultation with Other
Clinicians
Physical Examination
Discussion of Risk /
Benefits of Medication
Formal Conference
Conference with Family /
Review of Lab /
Testing Results

ASSESSMENT /

FINDINGS

Patient Progress
Change in Sx / Behavior
Change in Relationships
Change in Medical Status
Need for Continued
Treatment
Necessity for Level of
Care

THERAPEUTIC PLAN:

Medication
Laboratory Tests
Specialty Consultation
Psychotherapies:
Group
Family
Individual
Change in Privilege
Status
Discharge Planning

NURSING PROCESS:

DOCUMENTATION
Patient Behavior
Interventions Provided
Patient Response to
Interventions Plan

Date	Time	Prob.#	Disc	Progress Notes
6/14/05	11 AM	MD		Pt. seen, discussed with staff, spoke with and referenced note written by Dr. Neath. Pt. remains adamant that any medicines administered would have to be forcefully done so. Pt's son and husband called me again yesterday afternoon, saying that she began medication sooner rather than later as they have discovered further evidence of her illness / disordered thinking since she has been hospitalized. In reviewing some previous affairs they have found that she had not paid trips on certain properties in two years, had hidden a car from them, and had done or not done various other things that speak to her poor judgement. In speaking with Dr. Neath, he responds that we start her on Depo rather than Risperdal Const 2° the longer period of time it will take for Risperdal Const to be effective. Also, she can be

Phyllis Mobley, MD

7456-N-087

**THREE RIVERS
FOR BEHAVIORAL HEALTH**

ARGOE MARTHA L SS#: 062 W F P MR# 000024396
Adm date: 2005-06-09 DOB: 1
MOBLEY PHYLLIS
Act#: 1018795

**PHYSICIAN'S
PROGRESS RECORD**

PATIENT IDENTIFICATION

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

PROBLEM:	Date	Time	Prob.#	Disc	Progress Notes
Diagnosed Condition	6/15/05		12,058	MD	Tells me she plans to
Presenting Complaint					continue to refuse to take
Complication					meds voluntarily, not
New Management					particularly upset when
Problem					I explained she will, then,
New Condition Present					he getting more injections
Side Effects					today, despite SE's she
					reports VSS at time of
					complaint of dizziness last
					night.
EVALUATION:					SPT still delusional &
Discussion with Patient					paranoid. Y testing
Consultation with Other					inconclusive 2° her ability
Clinicians					to minimize her symptoms.
Physical Examination					Her organization argues
Discussion of Risk /					against Bipolar Disorder.
Benefits of Medication					All of her reported behaviors,
Formal Conference					in fact, can be explained
Conference with Family /					by her fears & paranoid
Review of Lab /					delusions. D ST/HT.
Testing Results					Diagnosis: Psychosis NOS
ASSESSMENT /					Continue to monitor awaiting
FINDINGS:					results of organic work-
Patient Progress:					up.
Change in Sx / Behavior					Phyllis Mobley, MD
Change in Relationships					
Change in Medical Status					
Need for Continued					
Treatment					
Necessity for Level of					
Care					
THERAPEUTIC PLAN:					
Medication					
Laboratory Tests					
Specialty Consultation					
Psychotherapies:					
Group					
Family					
Individual					
Change in Privilege					
Status					
Discharge Planning					
NURSING PROCESS					
DOCUMENTATION					
Patient Behavior					
Interventions Provided					
Patient Response to					
Interventions Plan					

7456-N-089
CONFIDENTIAL

THREE RIVERS
BEHAVIORAL HEALTH

PHYSICIAN'S ORDERS

INSTRUCTIONS:

1. USE IMPRINTER PLATE
2. SEND PART 2 TO PHARMACY AFTER FIRST MEDICATION ORDER IS NOTED. PARTS 3 & 4 ARE FOR SUBSEQUENT ORDERS.
3. RULE OFF UNUSED LINES AFTER LAST COPY HAS BEEN SENT TO PHARMACY, IMPRINT NEW SET - PLACE ON CHART.

ARGOE MARTHA L
062 W F P
Adm date: 2005-06-09
MOBLEY PHYLLIS
Act#: 1018795

SS#: 1
MR#: 000024330
DOB: 1

Patient Identification

DIAGNOSIS: Psychosis NOS, 2nd Manic

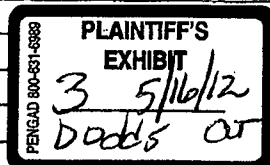
ALLERGIES: NKDM

AGE: 62 HEIGHT: 63" WEIGHT: 123 DIABETES: ☐ YES ☒ NO ROOM NUMBER:

PHYSICIAN'S ORDERS

RATIONALE
(As Indicated)

DATE	TIME	PHYSICIAN'S ORDERS	RATIONALE (As Indicated)
6/9/05	2:00	Therazine 50 milligrams every 4 hours by mouth/intramuscularly as needed psychosis/anxiety/agitation Ativan 2 milligrams every 4 hours by mouth/intramuscularly as needed psychosis/anxiety/agitation RBV T.O. Dr. Dodds / M. Mobley Phyllis Mobley, M.D. 6/9/05 @ 2:15 6/10/05 10 AM	
6/11/05	10:45A	Risperdal Consta 25 milligrams intramuscularly on 6/13/05, if approved by pharmacy/pharmacy. Phyllis Mobley, M.D.	
6/12/05	3:55PM	Consult IM 2 nd TSH elevation (7.37). Significant. Phyllis Mobley, M.D.	 Noted PS 6/12/05 1640



CS007A Rev. 4/98

DO NOT USE THIS SHEET
UNLESS RED NUMBER SHOWS

7456-N-050
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02028

THREE RIVERS
BEHAVIORAL HEALTH

PHYSICIAN'S ORDERS

INSTRUCTIONS:

1. USE IMPRINTER PLATE
2. SEND PART 2 TO PHARMACY AFTER FIRST MEDICATION ORDER IS NOTED. PARTS 3 & 4 ARE FOR SUBSEQUENT ORDERS.
3. RULE OFF UNUSED LINES AFTER LAST COPY HAS BEEN SENT TO PHARMACY, IMPRINT NEW SET - PLACE ON CHART.

ARGOE MARTHA L
062 W F P
Adm date: 2005-06-09
MOBLEY PHYLLIS
Act#: 1018795

SS#:
MR#: 000024396
DOB:
I

Patient Identification

DIAGNOSIS: Psychosis NOS, 2d manic ALLERGIES: NKDs

AGE: 62 HEIGHT: 6'3" WEIGHT: 123 DIABETES: ☐ YES ☒ NO ROOM NUMBER:

PHYSICIAN'S ORDERS

RATIONALE
(As Indicated)

DATE
TIME

6/13/05 12:25P Hold Meprobamate injection until 2nd opinion rendered by Dr. Heath.

2nd opinion (ASAP, please) by Dr. Heath or appropriate person of force - mediating (pt. is committed). Phyllis Mobley, MD

Noted 13 June 05 AZO

Arrange for 1' low on ankle w/ abnormal TPO

NOTED 13 June 05 AZO

Shunt Sp. 10/10/05

6/14/05 11AM Psychological testing for differential diagnosis, to include rule out Dementia (cortical atrophy on head CT). Organics workup (late-onset psychosis): RPR, B12, folate, heavy metal screen, hepatitis panel.

Prescribe 40 milligrams by mouth twice daily.

Prescribe 20 milligrams by mouth intermittently twice daily if pt. refuses 40mg offered by mouth.

CS007A Rev. 4/98 Noted 14 June 05 12N

Shunt Sp. 10/10/05

Phyllis Mobley, MD

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THREE RIVERS
BEHAVIORAL HEALTH

PHYSICIAN'S ORDERS

INSTRUCTIONS:

1. USE IMPRINTER PLATE
2. SEND PART 2 TO PHARMACY AFTER FIRST MEDICATION ORDER IS NOTED. PARTS 3 & 4 ARE FOR SUBSEQUENT ORDERS.
3. RULE OFF UNUSED LINES AFTER LAST COPY HAS BEEN SENT TO PHARMACY, IMPRINT NEW SET - PLACE ON CHART.

ARGOE MARTHA L SSN
062 WF P MR#: 000024396
Adm date: 2005-06-09 DOB: 1
MOBLEY PHYLLIS
Act#: 1018795

Patient Identification

DIAGNOSIS: *Psychosis NOS R/o manic* ALLERGIES: *NKA*
AGE: *62* HEIGHT: *63"* WEIGHT: *123* DIABETES: ☐ YES ☒ NO ROOM NUMBER:

PHYSICIAN'S ORDERS

RATIONALE
(As Indicated)

DATE	TIME	PHYSICIAN'S ORDERS	RATIONALE
6/16/05	11:41 AM	<i>Ativan 2 milligrams by mouth or intramuscularly every 4 hours as needed for anxiety or agitation</i> <i>Phyllis Mobley, MD</i>	<i>229</i> <i>6/17/05</i> <i>4/17/05</i>
6/16/05	11:05 AM	<i>Level III</i> <i>Phyllis Mobley, MD</i>	<i>11/12/05</i> <i>11/20</i> <i>11/20</i> <i>11/20</i>
6/17/05	9:50 AM	<i>Increase Goodson to 60 milligrams by mouth twice daily</i> <i>Phyllis Mobley, MD</i>	<i>229</i> <i>6/18/05</i>
6/18	12:40	<i>Increase Goodson to 80 milligrams by mouth twice daily</i> <i>Phyllis Mobley, MD</i>	<i>229</i> <i>6/18/05</i> <i>11/20</i>

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THREE RIVERS
BEHAVIORAL HEALTH

PHYSICIAN'S ORDERS

ARGOE MARTHA L
062 WF P
Adm date: 2005-06-09
MOBLEY PHYLLIS
Act#: 1018795

SS#
MR#: 000024396
DOB

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Patient Identification

DIAGNOSIS: *Psychosis NOS R/O manic* ALLERGIES: *NKA*
AGE: *62* HEIGHT: *63"* WEIGHT: *123* DIABETES: ☐ YES ☒ NO ROOM NUMBER:

PHYSICIAN'S ORDERS		RATIONALE (As Indicated)
DATE	TIME	
6/21/05	10:45A	
<i>Discontinue Geodon</i>		
<i>Risperdal Consta 25 milligrams</i>		
<i>intramuscularly today</i>		
<i>Risperdal M-tab 17 milligrams</i>		
<i>by mouth twice daily (check</i>		
<i>for chewing)</i>		
<i>Halol 5 milligrams intramuscularly</i>		
<i>twice daily if pt. refuses by</i>		
<i>mouth Risperdal</i>		
<i>Cogentin 1 milligram by mouth or</i>		
<i>intramuscularly every 4 hours</i>		
<i>as needed for EPS.</i>		
<i>Phone restriction: pt. to receive</i>		
<i>no incoming calls from persons</i>		
<i>other than family members,</i>		
<i>may place no outgoing calls.</i>		
<i>Phyllis Mobley, MD</i>		
NOTED 21 JUN 05 1135		
<i>Christa S. Spillane</i>		
6/21/05	12:45PM	
<i>Discontinue Thorazine</i>		
<i>Baseline EKG</i>		
<i>Rapid panel</i>		
<i>Phyllis Mobley, MD</i>		
NOTED 21 JUN 05 1335		
<i>Christa S. Spillane</i>		

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THREE RIVERS
BEHAVIORAL HEALTH

PHYSICIAN'S ORDERS

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ARGOE MARTHA L
062 W F P
Adm date: 2005-06-09
MOBLEY PHYLLIS
Act#: 1018795

SS4
MR#: 000024396
DOE
1

Patient Identification

DIAGNOSIS: *Psychosis NOS manic* ALLERGIES: *NKA*
AGE: *62* HEIGHT: *63"* WEIGHT: *123* DIABETES: ☐ YES ☒ NO ROOM NUMBER:

PHYSICIAN'S ORDERS

RATIONALE
(As Indicated)

DATE	TIME	PHYSICIAN'S ORDERS	RATIONALE (As Indicated)
6/23/05	10:05A	<i>Ativan 2 milligrams by mouth or intramuscularly every 4 hours as needed for anxiety or agitation.</i>	<i>210 6/24/06</i>
6/23/05	10:05A	<i>Noted 23 Jun 05 1030 Patient & Specimen Integral medicine consult ~ Borderline EKG. Okay to continue Risperdal 2 Phyllis Mobley, MD</i>	<i>210 6/24/06</i>
6/23/05	10:05A	<i>Noted 23 Jun 05 1030 Patient & Specimen</i>	
6/24/05		<i>(1) OK to Continue Risperdal (2) ✓ EKG Next Monday (3) Outpatient as gross ✓ EKG, & for abnormal lipids. (4) ✓ Myo, ✓ SmA7, Ca2+ } tomorrow. Call me if abnormal. Run it STAT.</i>	<i>210 6/24/06</i>
6/24/05	11:45A	<i>NOTED 24 Jun 05 0015 Patient Specimen</i>	
6/24/05	11:45A	<i>Increase Risperdal M-Tab to 4 milligrams by mouth every morning & 2 milligrams by mouth every night.</i>	<i>210 6/24/06</i>

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*Noted 24 Jun 05 1210
Patient Specimen*

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THREE RIVERS
BEHAVIORAL HEALTH

PHYSICIAN'S ORDERS

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ARGOE MARTHA L
062 W F P
Adm date: 2005-06-09
MOBLEY PHYLLIS
Act#: 1018795

SS#
MR# 000024396
DOB:
1

DIAGNOSIS: *Paraphrenia No's Ho manic*

ALLERGIES: *NKA*

AGE: *62* HEIGHT: *63"* WEIGHT: *12.3* DIABETES: ☐ YES ☒ NO ROOM NUMBER:

PHYSICIAN'S ORDERS

RATIONALE
(As Indicated)

DATE
TIME

7/1/05 1030
Please confirm patient has gotten
Haldol Rec
noted Vicki Gray RN 7-01-05 1030

24
7/1/05

7/6/05 1030
Risperdal Consta 25 milligrams
intramuscular 7/6/05
Noted 5 July 05 1050
Miss M. Spiller

24
7/6/05

7/6/05 1040
Please give pt handouts on meds
please cut pt's hang nails
Noted 6 July 05 1355
Miss M. Spiller

24
7/7/05

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PHYSICIAN'S ORDERS

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ARGOE MARTHA L
062 W F P
Adm date: 2005-06-09
DODDS CHERYL
Act#: 1018795

SS#: _____
MR#: 000024396
DOB: _____

DIAGNOSIS: *Psychosis Nos R/Manic* ALLERGIES: *NKA*

AGE: *62* HEIGHT: *6'3"* WEIGHT: *123* DIABETES: ☐ YES ☒ NO ROOM NUMBER: _____

PHYSICIAN'S ORDERS

RATIONALE
(As Indicated)

DATE	TIME	PHYSICIAN'S ORDERS	RATIONALE (As Indicated)
7/7/05	11:00 AM	stop <i>Ativan</i> <i>C. Dodds MD</i>	<i>7/7/05</i> <i>11:00 AM</i> <i>stop</i> <i>7/1/05</i>
		Noted 7/7/05 11:28 <i>don't X. Supplement Sun</i>	
7/14/05	09:15	Have SW discuss having family session with patient <i>C. Dodds MD</i>	<i>7/14/05</i> <i>09:15</i> <i>discuss</i> <i>7/15/05</i>
		Noted 14 July 05 10:40 <i>don't Supplement Sun</i>	
		<i>Respondent</i>	
7/14/05	3:30 PM	2 step PPD. <i>De. Dodds / Y. [signature]</i> <i>noted - Vickie Gray RN</i> <i>7-18-05 1530</i>	<i>7/14/05</i> <i>3:30 PM</i> <i>PPD</i> <i>07/19/05</i> <i>0000</i>

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THREE RIVERS
BEHAVIORAL HEALTH

PHYSICIAN'S ORDERS

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ARGOE MARTHA L
062 WF P
Adm date: 2005-06-09
MOBLEY PHYLLIS
Act#: 1018795

SSA
MR#: 000024396
DOF

DIAGNOSIS: *Depression NOS*

ALLERGIES: *NKA*

AGE: *62*

HEIGHT: *6'3"*

WEIGHT: *123*

DIABETES: YES ☐ NO ☒

ROOM NUMBER:

PHYSICIAN'S ORDERS

RATIONALE
(As Indicated)

PROGRAM TRACK

☒ PSYCH.

☐ ADDICTION

☐ PSYCH. DUAL

☐ ADDICTION DUAL

AXIS I DIAGNOSES:

Date	Time	Order
6/27/05	0900	Stop Respondol
		Respondol MTab 4 milligrams by mouth at bedtime
		NOTED 27 Jun 05 0900 Amount is different
		Chaddis MD
6/27/05	1115	Transfer patient to Dr. Dadds service
		Chaddis MD 6/28/05 1115
6/28/05	1115	Haldal 5 milligrams by mouth at bedtime
		NOTED 28 Jun 05 1140 Amount is different
		Chaddis MD

AP-29235-1

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THREE RIVERS
BEHAVIORAL HEALTH

PHYSICIAN'S ORDERS

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ARGOE MARTHA L
062 WF P
Adm date: 2005-06-09
MOBLEY PHYLLIS
Act#: 1018795

SS#:
MR# 000024396
DOB:
1 2

Patient Identification

DIAGNOSIS: Psychosis NOS R/o manic ALLERGIES: NEA

AGE: 62 HEIGHT: 63" WEIGHT: 123 DIABETES: ☐ YES ☒ NO ROOM NUMBER:

PHYSICIAN'S ORDERS

RATIONALE
(As indicated)

DATE	TIME	PHYSICIAN'S ORDERS	RATIONALE (As indicated)
6/29/05	1020	<u>Haldol 50mg PO Decanoate 50mg intramuscular today</u> <u>Stop scheduled oral Haldol.</u> <u>Tell pt this is what I discussed to her</u> <u>at home</u>	
6/29/05	1pm	<u>Noted 29 Jun '05 1045</u> <u>discontinued 2.5mg Haldol</u> <u>Give Risperidol Consta - 25 milligrams</u> <u>Stop Haldol Decanoate</u> <u>Start Haldol 5 milligrams by mouth</u> <u>at bedtime</u> <u>RBV T.S. DeBede / J. Elliott Jr</u>	<u>ERROR</u> <u>6/29/05</u>
6/30/05	1020	<u>Ativan 2 milligrams by mouth as</u> <u>intramuscular every 4 hours as needed</u> <u>for agitation / psychosis</u> <u>Please confirm we are out of</u> <u>power</u> <u>at home</u> <u>Noted 30 Jun '05 1020</u> <u>discontinued 2.5mg Haldol</u>	<u>MARIA M NOTIFIED</u>

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02036

PHYSICIAN'S ORDERS

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3. RULE OFF UNUSED LINES AFTER LAST COPY HAS BEEN SENT TO PHARMACY, IMPRINT NEW SET - PLACE ON CHART.

SS#
MR# 000024396
DOB.

DIAGNOSIS: Lymphatic Nos R/O Malign ALLERGIES: NKA
AGE: 62 HEIGHT: 63" WEIGHT: 173 DIABETES: ☐ YES ☒ NO ROOM NUMBER: 101

[illegible]

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STATE OF SOUTH CAROLINA
COUNTY OF LEXINGTON

) IN THE COURT OF COMMON PLEAS
) FOR THE ELEVENTH JUDICIAL CIRCUIT
) CIVIL ACTION NO.: 2007-CP-32-1981

MARSHA LEWIN ARGOE,

PLAINTIFF,

VS.

THREE RIVERS BEHAVIORAL HEALTH,
LLC, AND PSYCHIATRIC SOLUTIONS,
INC., ITS SUCCESSOR, PHYLLIS
BRYAN-MOBLEY, MD, GLENN HOOKER,
MD, AIKEN REGIONAL MEDICAL
CENTER-AURORA PAVILION, DAVID
A. STEINER, MD, CHERYL C. DODDS
MD, DORIS ANN BURRELL, RN AND
CAROLINA CARE PLAN,

DEFENDANTS.

DEPOSITION

OF

BARBARA ANN SEIGNIOUS

DEPOSITION OF BARBARA ANN SEIGNIOUS, TAKEN BEFORE LORI
BOGGS REILLY, PROFESSIONAL VERBATIM REPORTER, AND NOTARY
PUBLIC IN AND FOR THE STATE OF SOUTH CAROLINA, COMMENCING AT
THE HOUR OF 10:00 A.M., TUESDAY, THE 30TH DAY OF OCTOBER,
2012, AT THE WACCAMAW NECK BRANCH LIBRARY, 24 COMMERCE DRIVE,
PAWLEYS ISLAND, SOUTH CAROLINA.

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APPEARANCES

FOR THE PLAINTIFF

ROBERT D. DODSON, ESQUIRE
LAW OFFICES OF ROBERT DODSON, PA
1722 MAIN STREET, SUITE 200
COLUMBIA, SOUTH CAROLINA 29201

FOR THE DEFENDANT

CHERYL C. DODDS, MD

JAMES E. PARHAM, JR., ESQUIRE
JAMES E. PARHAM, JR., PA
220 MINISTRY DRIVE
IRMO, SOUTH CAROLINA 29063

FOR THE DEFENDANT

GLENN HOOKER, MD AND PHYLLIS BRYAN-MOBLEY, MD

DAVID A. DeMASTERS, ESQUIRE
DAVIDSON & LINDEMANN, PA
1611 DEVONSHIRE DRIVE, SECOND FLOOR
COLUMBIA, SOUTH CAROLINA 29202-8568

FOR THE DEFENDANT

AIKEN REGIONAL MEDICAL CENTERS

SHELTON W. HAILE, ESQUIRE
RICHARDSON PLOWDEN
1900 BARNWELL STREET
COLUMBIA, SOUTH CAROLINA 29201

FOR THE DEFENDANT

CAROLINA CARE PLAN

NOAH M. HICKS, II, ESQUIRE
LAW OFFICES OF NOAH HICKS, II, LLC
1722 MAIN STREET, SUITE 200
COLUMBIA, SOUTH CAROLINA 29201

RENEE BOUYE

MEDICAL MUTUAL

LITIGATION MANAGEMENT ANALYST
201 EXECUTIVE CENTER DRIVE
COLUMBIA, SOUTH CAROLINA 29210

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**FOR THE DEFENDANT
PSYCHIATRIC SOLUTIONS**

ANDREW L. RICHARDSON, ESQUIRE
MCANGUS GOUDELOCK & COURIE
1320 MAIN STREET, 10TH FLOOR
COLUMBIA, SOUTH CAROLINA 29211

**FOR THE DEFENDANT
DR. DAVID STEINER**

BRIAN E. JOHNSON, ESQUIRE
HOOD LAW FIRM, LLC
172 MEETING STREET
CHARLESTON, SOUTH CAROLINA 29401

**FOR THE DEFENDANT
THREE RIVERS BEHAVIORAL HEALTH**

DORIS ANN BURRELL, RN
ANDREW N. COLE, ESQUIRE
COLLINS AND LACY
1330 LADY STREET, 6TH FLOOR
COLUMBIA, SOUTH CAROLINA 29201

ALSO PRESENT

MARTHA LEWIN ARGOE

INDEX

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EXHIBITS

PLAINTIFF'S EXHIBIT NUMBER 1	
APPLICATION FOR INVOLUNTARY EMERGENCY HOSPITALIZATION FOR MENTAL ILLNESS -----	14



1 If you don't understand a word or question that I'm
2 asking --

3 A Uh-huh.

4 Q -- let me know that and I'll try to rephrase it.

5 A Sure.

6 Q These other attorneys may have questions for you when
7 I'm done.

8 A Okay.

9 Q And I don't think I'm going to be very long.

10 A Okay.

11 Q I can't anticipate how long their questioning is going
12 to be or what they might ask you.

13 A Okay.

14 Q But if you have a question with regard to something
15 they are asking you, you can direct that to them.

16 Okay?

17 A Okay.

18 Q How did you know Martha Argoe? Were you friends?

19 A Yes.

20 Q Okay. And I want to ask you some questions about how
21 Martha was in 2004, and sort of the first six months of
22 2005.

23 A Uh-huh.

24 Q First of all, what kinds of things would you and Martha
25 do together as friends?

1 A We basically, probably -- well, I don't know whether we
2 first met through going to the same church or whether
3 we met through the boys first. She has a son that is
4 one year older than my son, and they were just the
5 dearest of friends all through high school and college,
6 and roomed together and were inseparable.

7 Q Okay.

8 A They -- my son graduated in '87, and Bus graduated in
9 '86, I think, from high school.

10 Q Okay.

11 A Then they both went to Clemson. They roomed together
12 at Clemson. And Martha and I were also friends through
13 a Bible study that we were doing at Trinity
14 Presbyterian Church. So we were thrown together quite
15 much because our sons played sports together --

16 Q Okay.

17 A -- and were so inseparable that she and I saw each
18 other a lot.

19 Q Okay. Now, let me kind of direct your attention back
20 to 2004, and maybe that first six months in 2005. Did
21 you ever see Martha brandish a gun of any kind during
22 that time?

23 A No. I saw her son brandish one, but not her.

24 Q Okay.

25 A And my son.

1 Q Okay.

2 A They were hunters.

3 Q Okay. Did you ever see Martha point a gun at anyone?

4 A No, I never even saw a gun in the house.

5 Q Well, that was going to be my next question. Did you

6 ever -- did she ever show you a handgun --

7 A No.

8 Q -- that she owned?

9 A No.

10 Q Did Martha ever tell you that she owned a gun?

11 A No.

12 Q And did you even know that Martha had a handgun during

13 that time?

14 A Huh-uh.

15 Q Okay. When you were with Martha, did she ever threaten

16 to kill herself?

17 A Oh, my heavens, no.

18 Q Did she ever talk about suicide, maybe not threaten to

19 kill herself, but just talk about it?

20 A No. I mean, we were friends. We didn't talk about

21 stuff like that. I mean, I would have known if Martha

22 were depressed because I knew her that well.

23 Q Okay.

24 A You know, when you are good friends with somebody, you

25 can sense the change in mood.

1 Q Did you ever sense that change in mood?

2 A No.

3 Q Did she ever talk about not wanting to live?

4 A No, quite the opposite. She talked about wanting to
5 make herself look very nice, and dieting and, you know,
6 working on her appearance. Was a very pretty woman and
7 always dressed very nicely, so I would say quite the
8 opposite.

9 Q Did Martha ever talk about hurting herself?

10 A No.

11 Q Okay. Did you ever witness Martha engage in any kind
12 of unreasonably dangerous activity?

13 A No.

14 Q Was she a risk taker?

15 A Absolutely not.

16 Q Did you ever witness Martha engaged in any kind of
17 self-destructive behavior, like abusing drugs or
18 alcohol?

19 A Not at all.

20 Q Did you ever witness Martha threaten to hurt another
21 person?

22 A No.

23 Q Did you ever talk with Martha where she seemed angry or
24 like she wanted to harm somebody else?

25 A No. I could interject something here. I don't know if

1 you are supposed to do that.

2 Q Sure.

3 A But I, multiple times, witnessed Lewis Argoe being
4 verbally abusive to her.

5 Q Okay.

6 A But Martha never said a word, and I often wondered how
7 she didn't.

8 Q Can you describe how Mr. Argoe was verbally abusive to
9 Martha?

10 A He would command her to do things that did not make
11 sense. If she needed to stop and get gas in the
12 automobile and it was on empty, he would not let her
13 stop until it was -- I mean, it would have driven
14 somebody -- you know, it would be very extremely hard
15 to know you might run out of gas any second and he
16 wouldn't let you stop.

17 Q Okay.

18 A Just -- he was demeaning to her in his talk.

19 Q Okay. And can you describe in more detail how he was
20 demeaning to her?

21 A Almost as if he was -- well, I would say he was a male
22 chauvinist just that talked down to women.

23 Q Did he specifically talk down to Martha?

24 A Yes. Never to me.

25 Q Okay.

- 1 A But to her, like she was less than all the time.
- 2 Q Did you consider him verbally or emotionally abusive of
- 3 Martha?
- 4 A Verbally, yes.
- 5 Q Based on your personal observations of Martha in 2004,
- 6 and the early part of 2005, did it seem to you that she
- 7 was a danger to herself or other people?
- 8 A No.
- 9 Q During your interactions with Martha, and specifically
- 10 during your interactions with her in 2004 and the first
- 11 half of 2005, did she seem suspicious to you?
- 12 A Huh-uh.
- 13 Q Did she seem paranoid to you?
- 14 A No. She was on quite a health kick.
- 15 Q Did she believe everyone was out to get her?
- 16 A Heavens, no.
- 17 Q Did she ever tell you that she thought people were
- 18 spying on her?
- 19 A No.
- 20 Q Did she ever tell you that people were bugging her
- 21 house?
- 22 A There could have been a time when she was maybe
- 23 suspicious of what Lewis was doing to overhear.
- 24 Oftentimes, Martha and I would talk more freely to each
- 25 other in a car or somewhere away from the home.

1 Q Okay. Other than Mr. Argoe, did Martha seem overly
2 fearful of people, like she was afraid people were
3 going to get her?

4 A No.

5 Q Do you know what hallucinations are --

6 A Yes.

7 Q -- seeing and hearing things --

8 A Yes.

9 Q -- that aren't really there?

10 A Yes.

11 Q Did you ever witness Martha hallucinating in any way?

12 A No.

13 Q Did she ever claim to see witches and warlocks?

14 A No.

15 Q Did Martha ever mention, even mention witches and
16 warlocks to you at all?

17 A Huh-uh. She mentioned angels.

18 Q Okay. When you interacted with Martha, how was her
19 personal hygiene? I mean, did she appear neat and
20 clean or was she unkempt and disheveled?

21 A No, I just told you, she took great pains to be very
22 attractive and -- had some plastic surgery, which you
23 are not going to do if you don't want to look nice.
24 You're not going to go through that.

25 Q Did you ever go by the Argoe household in 2004, and the

1 first half of 2005?

2 A Uh-huh. Quite often. I wasn't living in Orangeburg at
3 that time, and so quite often we would meet at the
4 home.

5 Q Okay.

6 A I would visit with Martha there.

7 Q How did her home appear to you?

8 A It was very nice.

9 Q Was the home generally clean and sanitary or was it --

10 A Uh-huh.

11 Q -- dirty and unsanitary?

12 A It was very nice.

13 Q Okay. In 2004, and that first half of 2005, did you
14 ever witness any other behavior from Martha that you
15 thought was odd or unusual?

16 A Never.

17 Q In your personal observations, did Martha seem rational
18 and sane?

19 A Absolutely.

20 Q Did you ever personally witness any behavior that you
21 thought was insane on her part?

22 A No. If I -- if I had, I would have definitely gone to
23 her, you know, to see what was wrong. But no, I never
24 noticed any -- that's why I was very shocked in 2005.

25 All of a sudden I couldn't get her on the phone, I

1 couldn't find her. I was very surprised.

2 Q Based on your personal observations of Martha, do you
3 think she needed to be locked up for her own safety or
4 for the safety of others?

5 MR. PARHAM: Object to the form.

6 MR. COLE: Object to the form.

7 A No.

8 Q That just means they don't like my question.

9 A Oh, okay.

10 Q That doesn't mean you don't answer.

11 A Okay.

12 Q I should have told you that earlier.

13 A Okay.

14 Q Can you explain why not?

15 MR. PARHAM: Object to form.

16 MR. COLE: Object to form.

17 A All I can say about my relationship with Martha is that
18 we were friends. We were friends for years, many
19 years. Had I noticed any unusual behavior or any of
20 these things that are being described, the first thing
21 I would have done would have been to go to Martha to
22 try and help her, to see if something was wrong. So
23 obviously, to me, as long as I knew her during those
24 periods of time, there was no difference until all of a
25 sudden, you know, in the middle of 2005, I couldn't

1 find her. And I had no reason -- I mean, I had no way
2 to know what had happened to her. I was very disturbed
3 about it because I could not find her.

4 MR. DODSON: Let me get you to mark this as
5 an exhibit. This is just the Application for
6 Involuntary Emergency Hospitalization for Mental
7 Illness.

8 (MARKED AS PLAINTIFF EXHIBIT NUMBER 1, FOR IDENTIFICATION
9 PURPOSES, APPLICATION FOR INVOLUNTARY EMERGENCY
10 HOSPITALIZATION FOR MENTAL ILLNESS)

11 MR. DODSON: Does anybody want a copy?

12 MR. COLE: I'm going to put an objection to
13 the form for you entering that, with her. Just to
14 preserve that objection.

15 BY MR. DODSON:

16 Q I'm going to show you what we've marked as Exhibit
17 Number 1, and I will represent to you that this is an
18 Application for Involuntary Emergency Hospitalization
19 for Mental Illness and that it was completed by her
20 husband, Mr. Argoe, and I'm going to direct your
21 attention to the handwritten part that starts, Martha
22 carries a handgun, and just ask you to read through
23 that.

24 A Okay. I saw none of this.

25 Q Well, and that's what I was going to ask you is do the

1 things that are written there, do these things sound
2 true to you?

3 MR. PARHAM: Object to form.

4 MR. HAILE: Object to form.

5 MR. COLE: Object to form.

6 BY MR. DODSON:

7 Q Did anyone ever call you and ask you if these things
8 that were written on this Application for Involuntary
9 Emergency Hospitalization were true?

10 A No.

11 Q What about Dr. David Steiner, did you ever get a call
12 from Dr. Steiner asking you about the things that were
13 written on this paper, Exhibit 1?

14 A I did not because, see, I didn't even know where she
15 was.

16 Q Okay. What about a doctor named Phyllis Mobley, did
17 Dr. Mobley ever call you and ask you if the things on
18 this paper were true?

19 A No.

20 Q Did you ever get a call from a doctor named Cheryl
21 Dodds? Did Dr. Dodds ever ask you about the things on
22 this paper?

23 A Huh-uh.

24 Q Did you ever get a call from a nurse named Doris Ann
25 Burrell?

1 A No.

2 Q Okay. What about any other doctors or nurses from
3 Aurora, Pavilion or Three Rivers, did anybody from
4 there ever call you?

5 A No, because I didn't know she was there, so I would
6 have -- you know, I would have noted such.

7 Q Had any of these people picked up the phone and called
8 you and asked you about things that are written on this
9 paper, what would you have told them?

10 MR. PARHAM: Object to form.

11 MR. JOHNSON: Object to form.

12 A I certainly -- I certainly would have wanted to see
13 Martha myself because I certainly never saw any of
14 this, ever.

15 Q All right.

16 MR. DODSON: Barbara Ann, thank you for your
17 time this morning. I don't think I have any further
18 questions. If you would, please, answer any questions
19 that the other lawyers may have for you.

20 EXAMINATION

21 BY MR. PARHAM:

22 Q Why didn't you know she was in the hospital?

23 A Well, I was not living in Orangeburg at the time, and
24 so I -- I just -- I had no clue where she was. I mean,
25 I went from -- and we didn't see each other during that

1 time because I was, you know, not in Orangeburg. When
2 I was going to Orangeburg, I would call Martha and we
3 would plan to meet and we would have lunch and visit,
4 but it was not like we talked every week or every day.
5 So when this happened, obviously, was one of those
6 times when we weren't talking every week.

7 Q So when is the last time you saw her before June of
8 2005?

9 A The last time I saw her was probably that time at the
10 Catch 'n Cleaver in 2005.

11 Q What month was that?

12 A That was probably March, I would say.

13 Q I mean, things can change between March and June pretty
14 quick, can't they?

15 MR. DODSON: Object to the form.

16 A In my relationship with Martha over the years, things
17 can change in two or three months, but I never saw any
18 previous behavior that would suspect -- that I would
19 suspect that something would happen in two months.

20 Q If you were such close friends and you never think she
21 would do this, why -- did she reach out to you and get
22 you to come to the hospital?

23 A No, I did not hear from her.

24 Q Did she or her attorney reach out to you and ask you to
25 come be a witness at the probate hearings where they

1 were involuntarily committing her?

2 A No.

3 Q I mean, you are giving this testimony today saying
4 she's not like this at all and you have never seen it.
5 Do you have any idea why you weren't a witness?

6 A I don't.

7 Q I mean, do you have any training in psychology, or
8 psychiatry or mental health counseling?

9 A I have a major in psychiatry from Converse.

10 Q Have you ever done anything with it?

11 A No.

12 Q When did you get that major?

13 A In 1966.

14 Q Have you ever been licensed in any kind of specialty --

15 A No.

16 Q -- like social work or --

17 A No.

18 Q -- a licensed counselor?

19 A The only thing I have ever done has been through the
20 church and prayer counseling.

21 Q Were you going to church with her?

22 A Yes.

23 Q Okay. Did anybody at the church ever have any contact
24 with her about coming to her in the hospital or
25 reaching out to her when all this probate court hearing

1 was going on?

2 A Excuse me, but I wasn't at that church in 2005, so I
3 wouldn't know. I was out of town by that time.

4 Q Would you have expected Martha, being so close to you,
5 to have reached out to you?

6 A If she was under the type drugs, I don't know that
7 Martha would have been able to.

8 Q How do you know that?

9 A Because I'm familiar with some of the psychotic drugs,
10 just through reading.

11 Q Reading what?

12 A Well, I hope I'm an intelligent person.

13 Q I mean, why would you be reading about those drugs? I
14 do these cases. I don't read about them.

15 A Well, I read about them in novels.

16 Q Do you have members in your family that have any mental
17 health issues?

18 A No. But Anne Rivers Siddons, in particularly, writes a
19 lot about some mental illnesses in her fiction.

20 Q But that's fiction, right, that's not peer review?

21 A That's fiction, yes.

22 Q Okay. Did anyone in her family contact you about her
23 being in the hospital, if you think she couldn't
24 contact you if she was under those drugs?

25 A No.

1 Q Do you know if there was any reference in any of the
2 Three Rivers' records when she was committed there that
3 referenced you as a best friend and her wanting to have
4 contact with you?

5 A I don't know.

6 MR. DODSON: Object to the form.

7 MR. PARHAM: That's all I have.

8 MR. DeMASTERS: I have no questions.

9 EXAMINATION

10 BY MR. HAILE:

11 Q Ms. Seignious, my name is Shelton Haile. I represent
12 Aiken Regional Medical Centers.

13 A Uh-huh.

14 Q I think I heard you say you had no contact with anyone
15 from Aiken Regional while Ms. Argoe was there; is that
16 correct?

17 A Uh-huh. Correct.

18 Q Do you know what role Aiken Regional played in her
19 commitment?

20 A No.

21 Q When did you move away from Orangeburg?

22 A I moved away in 1994.

23 Q Okay. Where did you move?

24 A I moved to Pawleys Island.

25 Q Do you still live here?

1 A I have been to Greenville and come back. My children
2 are in Greenville.

3 Q Okay. But you haven't lived in Orangeburg since 1994?

4 A '94.

5 Q '94. Before today, when is the last time you saw Ms.
6 Argoe?

7 A 2005.

8 MR. HAILE: No more questions. Thank you.

9 EXAMINATION

10 BY MR. HICKS:

11 Q I'm Chip Hicks. I represent Carolina Care Plan. I
12 just have two quick questions.

13 A Uh-huh.

14 Q And you may have already answered this. But when you
15 saw her in 2005, was that before or after she had been
16 instituted or hospitalized?

17 A Before.

18 Q So, after that, is today the first day that you are
19 seeing her since then?

20 A Uh-huh.

21 Q Have you had any communication with her at all since
22 her release?

23 A Briefly.

24 Q Okay. And how did you find her demeanor and those
25 things to be following her -- following her --



1 A Absolutely normal.

2 Q Okay. And are your sons still friends?

3 A Yes. They have lost a lot of contact because of
4 moving. Buss was -- they contacted each other probably
5 in -- I want to say maybe 2008. They were both in
6 Charleston, and my son received -- and wife --
7 daughter-in-law received a card from Buss and Jenny at
8 that time, a Christmas card.

9 Q Has your son ever passed along to you any concerns
10 about Ms. Argoe's behavior?

11 A Never. And he was in that house a lot.

12 MR. HAILE: I have no more questions.

13 EXAMINATION

14 BY MR. RICHARDSON:

15 Q How you doing?

16 A Hi.

17 Q My name is Drew Richardson. I represent Psychiatric
18 Solutions. Do you know who that is?

19 A No.

20 Q Do you know anything about the asset transfer sale that
21 happened between Three Rivers and Psychiatric
22 Solutions?

23 A Huh-uh.

24 Q Let me ask you a couple more questions. You said you
25 moved away in 1994, and the last time that you saw the

1 plaintiff was in 2005 --

2 A Uh-huh.

3 Q -- before her commitment.

4 A Uh-huh.

5 Q How often would you see the plaintiff per year between
6 1994 and 2005?

7 A A lot. She came down to Pawleys to see me after I
8 moved down here. And I have family in Orangeburg, so I
9 went back I would say every two to three months, and
10 most of those times I would have lunch with Martha.

11 Q So you would see her for lunch, approximately being
12 about an hour --

13 A Uh-huh.

14 Q -- about six times a year?

15 A And we also talked on the phone.

16 Q So you talked on the phone randomly and saw each
17 other --

18 A Uh-huh.

19 Q -- for about an hour six times per year?

20 A Uh-huh.

21 MR. RICHARDSON: That's all I have.

22 EXAMINATION

23 BY MR. JOHNSON:

24 Q Good morning, Ms. Seignious, I'm Brian Johnson,
25 representing Dr. David Steiner. Do you know Dr.

1 Steiner?

2 A (SHAKES HEAD)

3 Q Never heard of him?

4 A (SHAKES HEAD)

5 Q Do you know his role in Ms. Argoe's care?

6 A (SHAKES HEAD)

7 Q She never mentioned anything about Dr. Steiner to you?

8 A (SHAKES HEAD)

9 Q Is that a no?

10 A That's a no.

11 MR. JOHNSON: That's all the questions I
12 have. Thank you.

13 EXAMINATION

14 BY MR. COLE:

15 Q My name is Andrew Cole. I'm here for Nurse Burrell and
16 Three Rivers. Are you familiar with either of those?

17 A No.

18 Q Do you know where Three Rivers is located?

19 A That's in Aiken.

20 Q Do you have any family members over the age of 18 in
21 Lexington County? And I'll tell you why I'm asking
22 this. We'll be drawing a jury from there. I just want
23 to know we're not putting your brother or sister or
24 something like that up on --

25 A No. My brother is in Mount Pleasant.

- 1 Q Okay. So any family members or distant cousins or
2 anything like that --
- 3 A Uh-huh.
- 4 Q -- in Lexington County? Is that a no?
- 5 A No. I have a first cousin, Peggy LeFie, (sic) that
6 lives in Columbia. I don't know whether it's Lexington
7 County or --
- 8 Q If she's over the river, she's in Richland, so that
9 might help.
- 10 A She's downtown.
- 11 Q Okay.
- 12 A Yes.
- 13 Q All right. How many phone calls have you had with Ms.
14 Argoe since 2006?
- 15 A Probably, I would say two.
- 16 Q When were those?
- 17 A Recently.
- 18 Q When you say recently, was that within the last day,
19 week, month?
- 20 A Within the last, you know, two or three months.
- 21 Q What did you all talk about?
- 22 A We caught up from where we had last -- I was asking her
23 about her brother and different things in her life and
24 she was in Beaufort at the time. Just catching up on
25 things, about children.

- 1 Q What did she say about her husband?
- 2 A Well, her husband had died in the meantime, so I mean
- 3 it wasn't really a whole lot to talk about.
- 4 Q Did you know that he had passed?
- 5 A Yes, I did.
- 6 Q How did you know he had passed?
- 7 A From being in Orangeburg a lot.
- 8 Q Did you attend any funeral services or anything like
- 9 that?
- 10 A Huh-uh.
- 11 Q Did you send a card or anything like that?
- 12 A No.
- 13 Q Do you think Buss loves his mother?
- 14 MR. DODSON: Object to the form.
- 15 A I have talked to -- I'm trying to think if I've talked
- 16 to Buss. I talked to Buss' wife.
- 17 Q When did you speak with her?
- 18 A I would say within the last year. And I actually
- 19 didn't speak with her; it was more of a communication
- 20 on Facebook.
- 21 Q All right. What did you all --
- 22 A Well, we were talking about the child they've had.
- 23 Q So that's Martha's grandchild?
- 24 A Uh-huh.
- 25 Q Do you know if Martha has ever met her grandchild?

1 A I don't. To my knowledge, Buss and Jenny are in North.
2 That was the last I heard. But see, it's been splotchy
3 between my son and Buss, so that would be my main
4 source of knowing anything.

5 Q Have you ever met the grandchild?

6 A No.

7 Q But you know about it because you saw --

8 A Saw it on Facebook.

9 Q Okay. Did you initiate that or did she initiate the
10 contact with you?

11 A I initiated befriending her.

12 Q So you and she are friends on Facebook?

13 A Uh-huh.

14 Q Okay. Have you had any other conversations with her
15 after that?

16 A Huh-uh.

17 Q Again, do you think Buss loves his mother?

18 MR. DODSON: Object to the form.

19 A All I can say is the last time I saw Buss, which would
20 have been years ago, he loved his mother then. I can't
21 say -- I mean, the last time I saw Jenny was in 19 --
22 was in 2001, when my grandson was being born in
23 Greenville and Jenny happened to be in the hospital,
24 and nothing was out of order at that time.

25 Q Did you have a conversation with anyone other than Ms.

1 Argoe about this lawsuit?

2 A No, because I didn't know there was a lawsuit.

3 Q Okay. When did you know that you were going to be

4 giving a deposition today?

5 A Probably, three weeks ago, a month.

6 Q And how were you given that notice?

7 A I talked to Martha and talked to the attorney's office.

8 Q All right. What did you and the attorney talk about?

9 A He was just bringing me up to form as to -- or asking

10 me some questions about my personal relationship with

11 Martha. Bringing me up to form on what was going on.

12 Q And what did he tell you?

13 A Well, then he told me about the lawsuits.

14 Q Well, and specifically, what did he tell you is going

15 on about the lawsuit?

16 A That Martha was committed against her will, and she was

17 protesting that now.

18 Q Did he tell you that the Supreme Court has ruled twice

19 that it was a proper incarceration through the law?

20 MR. DODSON: Object to the form.

21 A Huh-uh.

22 Q No. And you weren't a part of the -- any of the prior

23 probate proceedings?

24 A Huh-uh.

25 MR. DODSON: Object to the form.

1 Q And you hadn't seen her for at least a couple months
2 prior to the hospitalization?

3 A Correct.

4 Q Do you have any independent knowledge about the
5 lawsuit, other than what Mr. Dodson told you?

6 A Huh-uh.

7 Q Is that a no?

8 A No.

9 Q And I'm not trying to be rude.

10 A No, I know. She needs to hear it.

11 Q She's the court reporter. She can't --

12 A Yes, I know.

13 Q I don't want her to interpret your answer, and that's
14 why I do that.

15 A Right, right.

16 Q Have you spoken with anyone else about the litigation?

17 A No.

18 Q I just want to know a little bit more about your
19 background. We were talking off the record beforehand
20 that you grew up in Kingstree?

21 A Uh-huh.

22 Q And then, did you graduate from high school in
23 Kingstree?

24 A I did. I went to Converse, and I graduated from
25 Converse and married an Orangeburg boy, as we would say



1 back then, and had two children. And they grew up in
2 Orangeburg, so I was there for 30 years.

3 Q Who was that person you were married to?

4 A Hamp Culler, C-U-L-L-E-R.

5 Q Okay. Are you still married with him?

6 A We are divorced. And I married Reeves Gressette, G-R-
7 E-S-S-E-T-T-E, and we were married until 1989.

8 Q And you have a different last name now so I assume --

9 A That's my maiden name, yes.

10 Q Oh, okay. And you said at Converse College you
11 graduated with a psychology degree?

12 A Uh-huh.

13 Q After you graduated from college, did you go to work
14 anywhere?

15 A I taught school. I had -- at Converse we had to have a
16 liberal arts major and I got a dual degree in
17 elementary education, so I taught school.

18 Q Where did you teach?

19 A I taught in Charleston and I taught in Orangeburg.

20 Q How long were you teaching?

21 A Probably, six years. I was mostly a stay-at-home mom.

22 Q And so, from what time period was that when you were
23 teaching?

24 A My first job was in 1966. I would say the last time I
25 taught -- let's see, I was burned, it would have been

1 '89.

2 Q It sound like you might have gone for a little bit,
3 stopped, gone back?

4 A Yes.

5 Q Okay.

6 A I was mainly a stay-at-home mom.

7 Q Okay. Other than the teaching, have you had any other
8 careers or jobs?

9 A Yes. I should have brought my resume. I have been a
10 church secretary three different times. I most
11 recently have been working in the home healthcare area
12 and I -- my most recent job was I had the care of an
13 Alzheimer's patient, working through Comfort Keepers in
14 Greenville, South Carolina.

15 Q How long have you been doing the home healthcare?

16 A About four years.

17 Q Did you receive any training for that?

18 A Yes.

19 Q What kind of training?

20 A Basically, non medical. I am not a CNA. I am just a
21 companion.

22 Q Okay. So you show up for a certain time during the
23 day --

24 A Uh-huh.

25 Q -- to -- it's probably not the right term, but baby-sit

1 the person?

2 A Well, a little bit more than that, because with
3 Alzheimer's you have got to kind of know what you are
4 dealing with, so you -- it's more of a -- I had some
5 training through Comfort Keepers, but then I also
6 picked up a lot through the clients that I had. At one
7 time, I had three Alzheimer's patients, and they are
8 all different, and so it's a lot of on-hand training.

9 Q Okay.

10 A But we are not allowed to dispense medicine. That's
11 the rule of these home care companies. We can remind
12 patients to take the medicine, but we cannot dispense
13 it.

14 Q Okay.

15 A Because I'm not a nurse.

16 Q Okay. Have you ever had any nurse training or any
17 other training like that for a practicing doctor,
18 nurse --

19 A Huh-uh.

20 Q -- or something like that?

21 A Huh-uh.

22 Q That's a no?

23 A No.

24 Q Are you required to be licensed to do your home
25 healthcare service?

1 A We are required to have training. There is a
2 background check for me. We are required to have
3 personal references, insurance on our car. There are
4 certain qualifications that have to be met, especially
5 the background check.

6 Q Okay. When you were asked earlier about how many times
7 you have had contact with Ms. Argoe since 2006, the
8 majority of that was on the tele- -- well, twice on the
9 telephone, you said?

10 A Right. It has not been face to face.

11 Q And then this is the first time, face to face, that you
12 have seen her since 2006?

13 A Uh-huh.

14 Q That's a yes?

15 A Yes.

16 Q Prior to mid point 2005, you spoke on the phone
17 occasionally and you saw her occasionally?

18 A Right, quite frequently. I have an older cousin in
19 Orangeburg that I am mostly a surrogate daughter for,
20 so I was checking up on her quite frequently, and quite
21 often Martha was in her shop. She at that time had a
22 gift shop in Orangeburg and Martha was in there
23 frequently. Ann Ramsey was the name of the shop. And
24 quite often we ate -- the Catch 'n Cleaver was
25 downstairs from the -- in the same shopping center

1 where my cousin's shop is, so it was just a good place
2 to meet.

3 MR. COLE: Thank you, that's all the
4 questions I have.

5 MR. PARHAM: Can we take a small break? Do
6 you mind if we just step outside for a minute?

7 MS. SEIGNIOUS: No.

8 MR. PARHAM: I won't hold you up.

9 (OFF THE RECORD)

10 FURTHER EXAMINATION

11 BY MR. DODSON:

12 Q I just have one or two follow-up questions, Barbara.
13 When Martha was involuntarily committed, do you know
14 whether or not she even had telephone privileges that
15 would have allowed her to call you if she wanted to?

16 A No.

17 MR. DODSON: I don't think I have any further
18 questions. Thank you for your time.

19 (WHEREUPON, THE DEPOSITION CONCLUDED AT 11:00 A.M.)

20

21

22

23

24

25

RECEIVED
35

APR 01 2015

CERTIFICATE

SC Court of Appeals

This is to certify that the foregoing deposition of BARBARA ANN SEIGNIOUS, consisting of 34 pages is a true and correct transcript of the testimony given by said deponent after first being duly sworn; said deposition was reported by method of Stenomask utilizing speech recognition with digital backup. This transcript may contain quoted material; said material is transcribed as read or quoted by the speaker.

I further certify that I am neither employed by nor related to any of the parties in this matter nor their counsel; nor do I have any interest, financial or otherwise, in the outcome of the same.

IN WITNESS WHEREOF I have hereunto set my hand and seal this 8TH day of NOVEMBER, 2012.



Lori Boggs Reilly
Professional Verbatim
Reporter

Notary in and for the State of South Carolina
My Commission Expires: May 14, 2014

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02072

APPLICATION FOR INVOLUNTARY EMERGENCY HOSPITALIZATION
FOR MENTAL ILLNESS

(Complete in Triplicate)
STATE OF SOUTH CAROLINA
COUNTY OF Orangeburg



FOR HOSPITAL USE ONLY	
Date Admitted	
Hospital Register No.	
Approval of Hospital Official	
Signature	Date

IN THE MATTER OF:

Martha L. Argoe F 62 W Married
 Person alleged to be mentally ill Sex Age Race Marital Status
1155 Putter Path Orangeburg SC 29115 568-2111 Since
 Street Address City State Zip Phone # Length of Time
 Residing There

TO THE HOSPITAL DIRECTOR:

Application is hereby made for the INVOLUNTARY EMERGENCY ADMISSION of the above-named person to a SCDMH Psychiatric Hospital

or to _____
NAME OF NON-SCDMH HOSPITAL

the following reasons:

That the undersigned believes that the above-named person is mentally ill, and because of this mental condition is likely to cause serious harm to self or others if not immediately hospitalized.

1. The specific type of serious harm thought probable is:

Martha carries a handgun on her left hip all the time.
Martha is a danger to herself and others. She is suspicious of others and as a result has moved silverware and other items out of the house. She refuses to touch or clean anything in the house. She locks herself in the room at night. She is fidgety and drives late at night.
That the applicant bases his/her belief on the following grounds:

Martha is fearful of people. She is paranoid. She stated that her house is bugged. She has hallucinations of seeing witches and warlocks. She spends money excessively. She accuses her husband of having an affair and of having another family. Clothes are stacked everywhere.
 3. That the applicant understands that for involuntary Emergency Admission to occur that the said person must be examined and certified by at least one licensed physician (Part II, Certificate of Licensed Physician for Mental Illness) as required by Section 44-17-410, S.C. Code, 1976, as amended. If the said person has not been examined, listed below are the reasons:

Martha refuses treatment.

4. That next-of-kin of allegedly mental ill person is G. Lewis Argoe
 Relation Husband Whose address is 1155 Putter Path, Orangeburg, SC 29115 803-
 RFD or Street City and State Zip Phone Number
 In case of next-of-kin cannot be contacted, notify George Argoe
Son 7 Glen Court, Greer, SC (864) 901-4600
 Relation Address City and State Zip Phone Number

SWORN to before me this
6th day of June, 2005
Nancy D. Jacobs
 Notary Public for South Carolina or Probate Judge
 Commission Expires: 07/07/2008

WHEREFORE, the undersigned requests that the person named above be admitted to a psychiatric hospital for treatment as authorized by law.

G. Lewis Argoe Jr.
 Applicant's Signature
G. Lewis Argoe Jr.
 Name of Applicant (typed or printed)
1155 Putter Path Orangeburg, SC
 Address of Applicant
Business: 803-568-2111 Cell: 803-515-485
 Telephone Number of Applicant
Spouse:
 Relation to Patient or Title, if any

(See reverse side which must be completed)