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Elizabeth A. Brown
Clerk of Supreme Court

17 **IN THE SUPREME COURT OF THE STATE OF NEVADA**

18 IN THE MATTER OF THE
19 GUARDIANSHIP OF: CHRISTINE B.
20 JOHNSON, A/K/A CHRISTINE B.
21 WEIDERMAN, AN ADULT
22 PROTECTED PERSON.

Supreme Court No.: 83912
District Court Case No. G055340

23 CHRISTINE B. JOHNSON, A/K/A
24 CHRISTINE B. WEIDERMAN,
25 Appellant,

26 vs.

27 KAREN KELLY, CLARK COUNTY
28 PUBLIC GUARDIAN; AND
MOUNTAIN VIEW CARE CENTER,

Respondents,

EMERGENCY MOTION UNDER NRAP 27(e)

1 Christine Johnson requests that this Court take action and stay the district
2 court's Amended Order Establishing Guardianship of the Person and Estate and
3 for Issuance of Letters of General Guardianship (Summary Administration),
4 filed on November 10, 2021, as soon as possible given Christine's dire
5 conditions, or at the very least sometime within 14 days as stated under NRAP
6 27(e).
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9 Christine Johnson, Appellant, by and through counsel, Katie Anderson,
10 Esq., Elizabeth Mikesell, Esq., and Scott Cardenas, Esq., of Legal Aid Center
11 Of Southern Nevada, Inc., hereby submits this Emergency Motion Under
12 NRAP 27(e), and requests that this Court issue a stay of the district court's
13 Amended Order Establishing Guardianship of the Person and Estate and for
14 Issuance of Letters of General Guardianship (Summary Administration).
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I. INTRODUCTION

For months now, Christine Johnson (“Christine”) has been fighting to maintain her autonomy. A little over a month ago, the district court placed Christine under a guardianship against her will. In doing so, the district court made a finding that Christine is “incapacitated” as defined under NRS 159.019 even though there was no evidence to support that finding, and also denied Christine her due process right to present favorable evidence and confront adverse witnesses.

Christine suffers from amyotrophic lateral sclerosis (“ALS”); she does not have much time left and wants to live her last days free from the constraints of an unwanted and unnecessary guardianship. Christine has done everything she can to convince the district court that it erred. Christine filed a motion to stay with the district court, but rather than rule on the motion, the district court has left it in limbo, and decided that it needs additional briefing on ancillary issues. The issues the district court asked for more briefing on have no bearing on the merits of the motion to stay, and do nothing but delay a ruling, all while Christine nears her last days.

This Court should stay the district court’s erroneous order appointing guardian, so that Christine can live her last days with dignity and respect.

II. BACKGROUND

On August 23, 2021, Petitioner filed its Petition for Appointment of Clark

1 County Public Guardian as a General Guardian of the Person and Estate and for
2 Issuance of Letters of Guardianship (“Petition”).¹ Christine, the protected person,
3 filed her Opposition on September 17, 2021.² At the September 23, 2021 Citation
4 Hearing, the district court appointed an investigator and continued the hearing. The
5 Amended Order to Appoint Investigator was later entered on October 21, 2021.³
6 The investigator filed her report on November 02, 2021. The investigator’s report
7 described one APS report in North Dakota and one in Clark County, and that the
8 North Dakota guardianship case regarding Christine appeared to be closed.⁴
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12 The Physician’s Certificate (“PC) stated that Christine was diagnosed with,
13 among other things, ALS, and Major Depressive Disorder.⁵ Aside from major
14 depressive disorder, the other diagnoses are physical diagnoses, but there is no
15 explanation of Christine’s capacity relative to her physical diagnoses. The same
16 physician determined that Christine had capacity to execute a POLST (Provider
17 Order for Life Sustaining Treatment), about two months prior. The physician,
18 Craig Jorgenson, did not opine that Christine is unable to receive and evaluate
19 information; instead, he opined that she “is unable to make or communicate
20 decisions to such an extent that the patient lacks the ability to meet essential
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25 ¹ See *Petition*, attached hereto as **Exhibit 1**.

26 ² See *Opposition and accompanying Exhibits* attached hereto, as **Exhibit 2**.

27 ³ See *Amended Order Appointing Investigator*, attached hereto as **Exhibit 3**.

28 ⁴ See *Investigator’s Report*, attached hereto as **Exhibit 4**.

⁵ See *Physician’s Certificate*, attached hereto as **Exhibit 5**.

1 requirements for physical health, safety, or self-care without proper assistance.”⁶

2 However, the record is void as to what steps medical providers took to
3 communicate effectively with Christine.
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5 To refute the conclusive allegations in the PC, Christine provided exhibits
6 to her opposition. She provided documents from the Petitioner’s facility showing
7 that Christine voluntarily signed herself in and signed various documents relevant
8 to her medical care like the POLST that was certified by Dr. Craig Jorgenson; that
9 medical staff at the facility described her as “alert and oriented” and stated that she
10 “answers all questions appropriately;” and that she was administered a BIMS
11 (Brief Interview of Mental Status) test in which she “scored a 15/15 indicating no
12 cognitive impairment.” Importantly, the PC, and other information, do not assert
13 that there was a sudden decline in Christine’s health necessitating a guardianship.
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18 At the continued citation hearing, Christine’s counsel argued that the record
19 demonstrated that she has capacity. Thus, Petitioner failed to meet its burden to
20 show by clear and convincing evidence that guardianship was necessary; and
21 alternatively, if the district court would not dismiss the Petition, it should at least
22 set an evidentiary hearing. Despite the conflicting information regarding capacity,
23 the district court concluded that Petitioner had met its burden, and that, Christine
24 is “incapacitated” under NRS 159.019. The district court entered its order on
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28 ⁶ See **Exhibit 5**, at 2.

1 November 10, 2021.⁷

2 Christine appealed the district court's order, and filed a motion to stay
3 pending appeal on December 13, 2021.⁸ Neither the Clark County Public Guardian
4 ("CCPG") nor the Petitioner opposed Christine's motion to stay. The CCPG filed
5 a response stating that it would take no position on the motion to stay, but requested
6 instruction from the court on other issues regarding placing Christine on a
7 DNR/DNI and releasing medical information/location to her family members.⁹ The
8 motion to stay was heard on an order shortening time on December 16, 2021. At
9 that hearing, the district court refused to rule on the motion and instead requested
10 briefing from Christine's counsel on the ancillary issues raised in the CCPG's
11 Response. The district court gave no indication as to when it would rule on
12 Christine's motion to stay, leaving the motion to stay in limbo while she is nearing
13 the end of her life.
14

15 As recently as October 28, 2021, medical providers opined that Christine's
16 ALS diagnosis "will most likely result in her death within the next 6 to 12
17 months[.]"¹⁰ Even more concerning, on December 05, 2021, Christine was
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19 ⁷ See *Amended Order Establishing Guardianship of the Person and Estate and for*
20 *Issuance of Letters of General Guardianship (Summary Administration)*, attached
21 hereto as **Exhibit 6**.

22 ⁸ See *Motion to Stay and accompanying Exhibits*, attached hereto as **Exhibit 7**.

23 ⁹ See *Response to Motion to Stay and Petition for Advice and Instructions*, attached
24 hereto as **Exhibit 8**.

25 ¹⁰ See *Discharge Documentation*, attached hereto as **Exhibit 9**.

1 transported to Spring Valley Hospital for treatment of pneumonia.¹¹ The CCPG
2 has advised, “she’s not doing well,” doctors are recommending that her “code
3 status be changed to DNR,” and that she is “appropriate for inpatient hospice
4 services.”¹²

6 Given the district court’s delay, Christine will likely be left to die under the
7 constraints of an unwanted guardianship that was granted in error.¹³

9 **III. LEGAL STANDARD**

10 NRAP 27(e) allows a party to file an emergency motion to be ruled on within
11 14 days to avoid irreparable harm. A movant must meet the requirements under
12 NRAP 27(e)(1)–(5). Pursuant to NRAP 27(e)(4), Christine asserts that she
13 advanced all grounds in support of her motion to stay in the district court, but the
14 court delayed ruling on it by requesting briefing on issues unrelated to the merits
15 of the motion.
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19 Typically, a party must move in the district court for a stay pending appeal
20 before requesting a stay from this Court. NRAP 8(a)(1)(A). When determining
21 whether to grant a request for stay, the Court must consider the following factors:
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- 23 (1) whether the object of the appeal will be defeated if the stay is
24 denied; (2) whether appellant will suffer irreparable or serious injury

25 ¹¹ See *Email from Clark County Public Guardian*, attached hereto as **Exhibit 10**.

26 ¹² See *Email from Clark County Public Guardian*, attached hereto as **Exhibit 11**.

27 ¹³ Given the emergency at hand, Christine’s counsel has not been able to obtain
28 transcripts for the hearings in the case prior to filing this Motion, and the minutes
from the December 16, 2021, hearing have not yet been posted.

1 if the stay is denied; (3) whether respondent will suffer irreparable or
2 serious injury if the stay is granted; and (4) whether appellant is likely
3 to prevail on the merits in the appeal.

4 *Mikohn Gaming Corp. v. McCrea*, 120 Nev. 248, 251, 89 P.3d 36, 38 (2004).

5 **IV. ARGUMENT**

6 **A. The Object of the Appeal Will be Defeated if a Stay is Denied.**

7 Christine currently remains in Spring Valley Hospital battling pneumonia,
8 which is one of the leading causes of death for people with ALS given their
9 decreased respiratory ability.¹⁴ ALS is an always-fatal neurodegenerative disease
10 that will result in a person's brain losing connection with their muscles, and
11 eventually the person will "lose their ability to walk, talk, eat, and eventually
12 breathe."¹⁵ Based on Christine's current condition, there is a likelihood that she
13 will either lose her ability to communicate, or even pass away while the appeal is
14 pending. However, she did execute a POLST that clarifies her end of life wishes.
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16 This appeal continues Christine's fight for freedom and pleas for dignity,
17 and if a stay is denied, Christine may spend the last of her days under a
18 guardianship that she never wanted and that was granted in error.
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20 **B. Christine will Suffer Irreparable Harm if a Stay is Denied.**

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26 ¹⁴ See ALS Worldwide, *Avoiding Pneumonia*, <https://alsworldwide.org/care-and-support/article/avoiding-pneumonia> (last visited on December 8, 2021).

27 ¹⁵ See ALS Association, *What is ALS?*, <https://www.als.org/understanding-als/what-is-als> (last visited on November 30, 2021).
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1 The irreparable harm to Christine snowballs each day that she remains
2 restrained under a guardianship against her wishes. With what little time Christine
3 has left, she would like to live her life as she sees fit. Christine should have the
4 freedom to live her last days without the unwanted intrusion of a guardianship. As
5 this Court is aware, guardianship strips a person of their liberty and autonomy, and
6 allows a court-appointed guardian to dictate their life. With each passing day,
7 Christine must live with both the inevitable fate of her diagnosis and the weight of
8 a guardianship imposed against her will. The harm to Christine is irreparable.

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12 **C. The Respondents Will Suffer No Harm if This Court Enters a Stay.**

13 The Clark County Public Guardian is a governmental entity that serves when
14 appointed by the district court. It has no particular interest in serving as guardian,
15 and will likely take no position it should have been appointed. And Mountain View
16 Care Center certainly will suffer no harm if the district court's order is stayed.

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19 **D. Christine is Likely to Prevail on the Merits Because the District Court**
20 **Abused its Discretion and Denied Her Right to Due Process.**

21 1. The district court abused its discretion.

22 The district court abuses its discretion when its decision rests on “on a
23 clearly erroneous factual determination or it disregards controlling law.” *MB*
24 *America, Inc. v. Alaska Pac. Leasing*, 132 Nev. 78, 88, 367 P.3d 1286, 1292
25 (2016). Factual findings are clearly erroneous if there is not substantial evidence
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1 to support them. *In re Guardianship of N.M.*, 131 Nev. 751, 754, 358 P.3d 216,
2 218 (2015). While this Court “reviews a district court’s discretionary
3 determinations deferentially, deference is not owed to legal error, or to findings so
4 conclusory that they mask legal error[.]” *Davis v. Ewalefo*, 131 Nev. 445, 450, 352
5 P.3d 1139, 1142 (2015).
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8 Relevant here, the definition for “incapacitated” under NRS 159.019 breaks
9 down into two separate prongs: either 1) a person is unable to receive or evaluate
10 information, or 2) a person is unable to make or communicate decisions, to such
11 an extent that the person lacks the ability to meet essential requirements for
12 physical health safety or self-care without appropriate assistance.
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15 Here, there is no substantial evidence to support the Court’s finding that
16 Christine is “incapacitated.” ALS alone does not establish incapacity given that it
17 mainly affects a person’s ability to control voluntary muscle movements. The PC
18 does not state that her thinking and/or behavior is impaired. All that the PC states
19 is that Christine is allegedly unable to make or communicate decisions, but it does
20 not state that she is unable to “receive or evaluate information.” No information
21 was presented about what measures, if any, medical providers took to effectively
22 communicate with Christine. Moreover, nothing in the record explains why Dr.
23 Craig Jorgenson believed that Christine required a guardian even though a little
24 over a month before filling out the PC, he certified that she had the capacity to
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1 execute a POLST. Also, Mountain View Care Center’s own medical records show
2 that on July 02, 2021, Christine got a perfect score on a BIMS examine. The records
3 showed she had “no cognitive impairment,” was “alert” and “oriented,” and did
4 not suddenly decline such that a guardianship was needed.
5

6 The PC does not state that Christine is “unable to receive and evaluate
7 information,” yet the district court explicitly rested its “incapacitated” finding on
8 the “receive and evaluate information” prong of NRS 159.019. Ironically, during
9 the citation hearing, the district court specifically acknowledged that, while ALS
10 affects Christine’s speech, she is still “able to communicate” and has “the capacity
11 to weigh in” about her care. Thus, the district court abused its discretion because
12 there is no substantial evidence to support its “incapacitated” finding.¹⁶
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16 2. Christine was denied her right to due process.
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18 Constitutional challenges are reviewed de novo. *Grupo Famsa v. Eighth*
19 *Jud. Dist. Ct.*, 132 Nev. 334, 337, 371 P.3d 1048, 1050 (2016). “Due process is not
20 a rigid concept: ‘due process is flexible and calls for such procedural protections
21 as the particular situation demands.’” *Watson v. Housing Authority of City of North*
22 *Las Vegas*, 97 Nev. 240, 242, 627 P.2d 405, 407 (1981). A court must balance three
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25 ¹⁶ Also, the district court abused its discretion when it did not hold an evidentiary
26 hearing while there were conflicting facts regarding Christine’s alleged incapacity.
27 *Willmes v. Reno Mun. Court*, 118 Nev. 831, 835, 59 P.3d 1197, 1200 (2002)
28 (holding that a court’s failure to exercise its discretion can constitute an abuse of discretion).

1 factors when determining whether due process was satisfied: 1) the private interest
2 affected, 2) whether procedures used will result in an improper deprivation of the
3 private interest, and 3) the government's interest and the cost of further procedural
4 protections. *Mathews v. Eldridge*, 424 U.S. 319, 334–35 (1997).

6 First, the private interest at stake here—personal autonomy—is as profound
7 as an interest can be. That interest becomes even more resounding when, like here,
8 the person the court is placing under guardianship is objecting. Second, the
9 procedure used can and did result in a deprivation of that interest. In a guardianship
10 case, the finding that a person is “incapacitated” is one of the most significant
11 aspects of the case. When the district court received conflicting facts regarding
12 Christine's alleged incapacity, it should have held an evidentiary hearing and
13 allowed her to confront adverse witnesses. Third, the government's interest in
14 Christine's case is minimal. There was no finding from a governmental agency that
15 Christine was in need of a guardian, and the only APS case in Nevada, was
16 unsubstantiated. Therefore, there was no governmental interest in having
17 Christine's guardianship case proceed. Further, while there is a cost to the court in
18 holding an evidentiary hearing, it is not something that is out of the ordinary in
19 adult guardianship cases.
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1 Therefore, Christine was denied her right to due process.¹⁷

2 **V. CONCLUSION**

3 Accordingly, this Court should grant Christine's emergency motion to stay.
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6 DATED this 17th day of December, 2021.
7

8 **LEGAL AID CENTER OF**
9 **SOUTHERN NEVADA, INC.**

10 /s/ Katie Anderson

11 Katie Anderson, Esq.

12 Nevada Bar No. 15153C

13 Elizabeth Mikesell, Esq.

14 Nevada Bar No. 08034

15 Scott Cardenas, Esq.

16 Nevada Bar No. 14851

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24 *Attorneys for Appellant, Christine*
25 *Johnson*

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27 ¹⁷ The district court also erred by interpreting *Matter of Guardianship of Rubin*,
28 137 Nev. Adv. Op. 27, 491 P.3d 1 (2021) in a manner that contributed to both its
abuse of discretion and violation of Christine's due process rights.

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NRAP 27(e) CERTIFICATE

Pursuant to NRAP 27(e)(3) counsel for the Appellant, Christine Johnson, provides the following information:

1. **Counsel for Appellant:** Katie Anderson, Esq; Elizabeth Mikesell, Esq.; Scott Cardenas, Esq.; Legal Aid Center of Southern Nevada, Inc., 725 East Charleston Boulevard, Las Vegas, NV 89104; 702-386-1539.

Counsel for Respondent, Karen Kelly, Clark County Public Guardian: Matthew Carling, Esq.; Carling Law Office, PC, 703 South 8th Street, Las Vegas, NV 89101; 702-419-7330.

Counsel for Respondent, Mountain View Care Center: Kim Boyer, Esq.; Boyer Law Group, 10785 West Twain Avenue, Suite 210, Las Vegas, NV 89135; 702-255-2000.

2. The facts showing the existence of the claimed emergency are as follows:

Christine was diagnosed with ALS on or around January 2021, and on October 28, 2021, medical professional opined that she may only have 6 to 12 months to live. More recently, on December 05, 2021, Christine was transported to Spring Valley Hospital for treatment of pneumonia, which is one of the main causes of death for people suffering from ALS. The CCPG has stated that Christine is “not doing well” and that physicians are recommending that her “code status be changed to DNR” and that she be placed on “inpatient hospice services.” Christine has made clear that she does not want to die under the constraints of an unwanted and unnecessary

guardianship. But given her current condition, she might pass away any day now without receiving justice. Nonetheless, the district court delayed ruling on Christine's motion to stay, and has not provided any indication when it might rule. Finally, on December 16, 2021, Christine's counsel was informed that Christine was moved to the ICU, and is intubated and sedated for her comfort. In the interest of having the matter heard before Christine dies, the instant emergency motion under NRAP 27(e) is necessary.

3. Counsel for Christine Johnson emailed counsel for Respondent Karen Kelly, and counsel for Mountain View Care Center, the morning of December 17, 2021, prior to filing the instant motion to inform them that counsel would be filing this motion and to provide them a copy of the motion. Counsel for Christine will serve both Respondents upon the filing of this motion.

Dated: December 17, 2021

**LEGAL AID CENTER OF
SOUTHERN NEVADA, INC.**

/s/ Katie Anderson

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Nevada Bar No. 15153C

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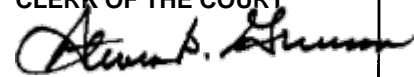
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EXHIBIT 1

**Petition for Appointment of Clark County Public Guardian as a General Guardian
of the Person and Estate and for Issuance of Letters of Guardianship, filed on
08/23/2021**

Case No: 83912



PAG
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Attorney for Facility

CASE NO: G-21-055340-A
Department: To be determined

DISTRICT COURT
CLARK COUNTY, NEVADA

In the Matter of the Guardianship of

CHRISTINE B. JOHNSON aka
CHRISTINE B. WEIDERMAN,

An Adult Protected Person.

Case No.:
Dept. No.:

**PETITION FOR APPOINTMENT OF CLARK COUNTY PUBLIC GUARDIAN AS A
GENERAL GUARDIAN OF THE PERSON AND ESTATE AND FOR ISSUANCE OF
LETTERS OF GUARDIANSHIP**

☐ **TEMPORARY GUARDIANSHIP**

- ☐ Person
☐ Estate
☐ Person and Estate

☒ **GENERAL GUARDIANSHIP**

- ☐ Person
☐ Estate ☐ Summary Admin.
☒ Person and Estate

☐ **SPECIAL GUARDIANSHIP**

- ☐ Person
☐ Estate
☐ Person and Estate

☒ **NOTICES / SAFEGUARDS**

- ☐ Blocked Account Required
☐ Bond Required
☒ Public Guardian's Bond

KIM BOYER, ESQ., on behalf of a facility licensed to do business in the State of Nevada, respectfully petitions this Court for appointment of KAREN KELLY, as the Clark County Public Guardian ("CCPG"), as General Guardian of the Person and Estate of CHRISTINE B. JOHNSON aka CHRISTINE B. WEIDERMAN (hereinafter known as the "Proposed Protected Person"), and for issuance of Letters of Guardianship, in accordance with NRS Chapter 159 and NRS 253.150 - NRS 253.250, and alleges the following:

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1. **Information on Proposed Protected Person.**

(i) CHRISTINE B. JOHNSON aka CHRISTINE B. WEIDERMAN, the proposed adult Protected Person (“Proposed Protected Person”), was born in 1958, and is 63 years old. The Proposed Protected Person is a resident of the State of Nevada, and resides at a facility in Las Vegas, Nevada. The Proposed Protected Person has requested that her location remains unknown to her family. The contact information will be provided to the Court confidentially and to the attorney for the Proposed Protected Person and to the CLARK COUNTY PUBLIC GUARDIAN.

(ii) The names and addresses of the Proposed Protected Person’s relatives within the second degree, and those entitled to notice, to the extent known by Petitioner, are as follows:

<u>NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>
Christine B. Johnson aka Christine B. Wiederman Confidential Address	Proposed Protected Person
Administrator Confidential Address	Administrator of Facility
Anthony Anchondo c/o Las Vegas Dentition Center Inmate #0695524 3300 Stewart Avenue Las Vegas, Nevada 89101	Significant Other
Robert Weiderman 9800 Virginia Woods Circle Las Vegas, Nevada 89117	Son
Richard Weiderman 4828 Minturn Avenue Las Vegas, Nevada 89130	Son
Edward Weiderman 9025 W. Desert Inn Road, Apt. #267 Las Vegas, Nevada 89117	Son
Valerie Weiderman 8777 W. Maule Avenue, Unit #2109 Las Vegas, Nevada 89148	Daughter
Allison Weiderman	Daughter

1	Address Unknown	
2	Richard Johnson	Possible Relative
3	2255 E. Sunset Road, Apt. #120	
4	Las Vegas, Nevada 89119	
5	Lisa Johnson	Possible Relative
6	116 McKinnon Avenue NE	
7	Concord, North Carolina 28025	
8	Karen Johnson	Possible Relative
9	2724 Golf Ball Circle	
10	Concord, North Carolina 28025	
11	Richard Johnson	Possible Relatives
12	Linda Johnson	
13	350 Lance Drive	
14	Grants Pass, Oregon 97526	
15	Legal Aid Center of Southern Nevada, Inc.	Legal Aid
16	725 E. Charleston Blvd.	
17	Las Vegas, Nevada 89104	
18	Karen Kelly	Clark County Public Guardian
19	Clark County Public Guardian's Office	
20	515 Shadow Lane	
21	Las Vegas, Nevada 89106	
22	Division of Welfare and Supportive Services	Medicaid
23	Medicaid Chief, Eligibility and Payments	
24	1470 College Parkway	
25	Carson City, Nevada 89706	
26	(iii) On information and belief, the Proposed Protected Person has no spouse. It is unknown whether the Proposed Protected Person has grandchildren or siblings. On August 16, 2021, a representative of Kim Boyer's office did a search for family through Lexis Nexis. The search provided the contact information for the Proposed Protected Person's children and other possible relatives.	
	(iv) The Proposed Protected Person's assets, to the extent known by Petitioner, consists of a Wells Fargo Bank Checking Account #x-6823 in an unknown amount. The Proposed Protected Person receives income from Social Security in the approximate amount of \$1,821.00 per month. On information and belief, the Proposed Protected Person does not receive any benefits from the Department of Veterans Affairs.	

1 (v) It is unknown whether the Proposed Protected Person is a party to
2 any pending criminal or civil litigation.

3 (vi) The guardianship is not sought for the purpose of initiating
4 litigation.

5 2. **Need for General Guardian.**

6 (i) On or around August 6, 2021, a licensed physician, stated the
7 Proposed Protected Person was suffering from Amyotrophic lateral sclerosis (ALS),
8 quadriplegia, neuromuscular dysfunction of bladder, loss of appetite and major depressive
9 disorder. According to the physician, the Proposed Protected Person has sufficient loss of
10 executive function resulting in a barrier to meaningful understanding or rational response. The
11 patient is unable to execute on desires, preferences, or stated goals, preventing the ability to
12 pursue the patient's own best interest and is unable to make or communicate decisions to such an
13 extent that the patient lacks the ability to meet essential requirements for physical health, safety,
14 or self-care without proper assistance. The Physician's Certificate with Needs Assessment will
15 be submitted confidentially to the Court.

16 (ii) The Proposed Protected Person requires 24-hour long-term care.
17 ANTHONY ANCHONDO, the Proposed Protected Person's significant other is currently in the
18 Las Vegas Detention Center on charges of domestic violence and battery. It is unknown whether
19 the alleged allegations involved the Proposed Protected Person. According to the facility, there
20 is an open adult protective services case against a number of the Proposed Protected Person's
21 children. There is no one with legal authority to make medical decisions or to obtain Medicaid
22 benefits to pay for the Proposed Protected Person's medically necessary care.

23 (iii) The Proposed Protected Person's medical condition is such that
24 she would benefit from a general guardian. Petitioner is unaware of any nominated person,
25 relative or friend who is suitable and willing to serve as guardian. Petitioner believes that it is in
26 the best interest of the Protected Person to have the CCPG serve as the general guardian of the

1 Person and Estate of CHRISTINE B. JOHNSON aka CHRISTINE B. WEIDERMAN.

2 3. **Request for Appointment of Public Guardian.** Petitioner is requesting
3 the CCPG to become the guardian of the Proposed Protected Person pursuant to NRS 253.200.
4 and that the CCPG's general bond as the Public Guardian be accepted in lieu of the bonds and
5 oath required of private guardians, pursuant to NRS 253.160(2). KAREN KELLY is the Public
6 Guardian for Clark County, Nevada who is authorized to act as the Public Guardian pursuant to
7 NRS 253.150 - 253.250 and NRS 159.024. KAREN KELLY resides within Clark County,
8 Nevada with the mailing address of 515 Shadow Lane, Las Vegas, Nevada 89106. Petitioner
9 respectfully submits that both the CCPG and the Proposed Protected Person meet all the
10 necessary requirements under NRS 253.200 for this Court to approve this Petition.

11 4. **Qualifications of the Proposed Guardian.** The CCPG is an adult
12 competent person and has never been convicted of a felony or been judicially determined to have
13 committed abuse, neglect or exploitation of a child spouse, parent or other person. She has not
14 filed for bankruptcy protection within the last seven (7) years immediately preceding the date of
15 this Petition. That the CCPG has not been suspended for misconduct or disbarred from the
16 practice of law, the practice of accounting or any other profession which involves the
17 management or sale of money, investments, securities or real property and requires a licensure in
18 the State of Nevada or any other State.

19 5. **Powers Requested.** Petitioner desires for the CCPG to receive its standard
20 powers as a general guardian of the Proposed Protected Person's person and estate, including,
21 but not limited to the following:

22 (i) Petitioner desires for the CCPG to have the authority to receive access to
23 any and all historical account information for any and all of the Proposed Protected Person's
24 assets for investigative purposes. Furthermore, Petitioner desires for the CCPG to be authorized
25 and directed to open, inventory, and take possession of all contents of any and all safe deposit
26

1 box(es) in the name of the Proposed Protected Person as well as close any such box(es) and to be
2 able to take possession of any and all investment and financial accounts of any type.

3 (ii) Petitioner further desires for the CCPG, pursuant to NRS 159.105, to be
4 able to receive reasonable and necessary expenses for payment of guardianship case manager
5 fees for services rendered.

6 (iii) Pursuant to NRS 159.183, 159.105, 159.107 and 159.109, Petitioner
7 requests that this Court allow reasonable and necessary expenses for payment of attorney's fees
8 associated with the commencement and administration of the guardianship of the Estate in this
9 matter to any law firm who assists the CCPG.

10 (iv) Petitioner further requests that this Court terminate all of the Proposed
11 Protected Person's general power of attorney, financial power of attorney, or durable power of
12 attorney for health care decision documents that may have been previously executed by the
13 Protected Person, pursuant to NRS 162A.250(2) and 162A.800(2). Pursuant to NRS
14 162A.800(2), the Guardian should follow any provisions contained in the power of attorney for
15 healthcare delineating the Proposed Protected Person's wishes for medical and end-of-life care.

16 (v) Petitioner also seeks the CCPG to be declared as the Proposed Protected
17 Person's personal representative for the purposes of the Health Insurance Portability and
18 Accountability Act of 1996, Public Law 104-191, and any applicable regulations. Petitioner
19 further desires for this Court to order that the CCPG shall be authorized to obtain and be
20 permitted to receive any and all medical records and information concerning the past and
21 present condition and historical treatment of the Proposed Protected Person, including but not
22 limited to, medical charts, examination reports and notes, which are or may be lodged with any
23 persons, family members, government agencies, businesses, medical providers, physicians,
24 hospitals, care facilities, institutions, or third parties.

25 ///

26 ///

1 (vi) Petitioner desires for the CCPG to have the authority to take all necessary
2 steps to obtain, modify or maintain Medicare or Medicaid coverage for the Proposed Protected
3 Person, to obtain or maintain any benefits the Proposed Protected Person may be entitled to from
4 any public agency.

5 6. **Information on Facility.** The facility has been a 24-hour care provider for
6 the Proposed Protected Person. As such, the facility has standing to petition for appointment of a
7 guardian under NRS 159. The facility is paying the law firm of Boyer Law Group for its
8 services. If the facility does choose to seek payment for the Proposed Protected Person's estate,
9 a Notice of Intent will be filed. The facility believes it is appropriate to request the CCPG be
10 appointed so that the Proposed Protected Person has a decision-maker and that any discharge or
11 transfer is safe.

12 **Wherefore, Petitioner prays:**

13 1. That KAREN KELLY, Clark County Public Guardian, be appointed to act
14 as the General Guardian of the Person and Estate of the Proposed Protected Person and that the
15 general bond and oath of the Public Guardian be used in lieu of the bonds and oaths required of
16 private guardianship pursuant to NRS 253.160(2).

17 2. That Letters of Guardianship be issued to the CCPG.

18 3. That the powers, rights and authorities sought for in paragraph 5 of this
19 petition above for the CCPG, as guardian of the Proposed Protected Person, be awarded in an
20 order for this Court.

21 ///

22 ///

23 ///

24 ///

25 ///

26 ///


1 4. For such other further relief as the Court may deem just and proper in the
2 premises.

3 DATED this 19 day of Aug, 2021.

4 
5 By An Authorized Representative (signature)

6 PRINT NAME: Michael Fowler, LSW

7
8 Respectfully submitted,

9 
10 KIM BOYER, ESQ.
11 Nevada Bar #5587
12 10785 W. Twain Ave., Suite 210
Las Vegas, Nevada 89135
Attorney for Facility

1
2 **VERIFICATION**3 **STATE OF NEVADA**4 **COUNTY OF CLARK**5 The undersigned as an authorized representative of the licensed facility, being
6 first duly sworn, deposes and says:7 It is the Petitioner in the above-entitled action; it has read the foregoing Petition
8 and knows the contents thereof; the same are true to the best of its own personal knowledge,
9 except for those statements made upon information and belief, and as to those matters, it believes
10 them to be true.11 *State: NV*
12 *County: Clark*

By An Authorized Representative

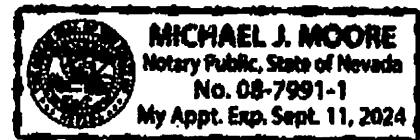
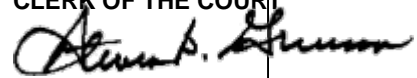
13 SUBSCRIBED and SWORN to before
14 me this 19 day of Aug., 2021, by *Michael Fowler*15
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NOTARY PUBLIC

EXHIBIT 2

Opposition to Petition, filed on 09/17/2021

Case No: 83912



OPPS

Katie Anderson, Esq.
Nevada Bar No. 15153C
kanderson@lacsnsn.org

**LEGAL AID CENTER OF
SOUTHERN NEVADA, INC.**

725 E. Charleston Blvd
Las Vegas, NV 89104
Telephone: (702) 386-1537
Facsimile: (702) 386-1537

*Attorney for Christine Johnson
Proposed Adult Protected Persons*

**EIGHTH JUDICIAL DISTRICT COURT
FAMILY DIVISION
CLARK COUNTY, NEVADA**

In the Matter of the Guardianship of the Person
and Estate of:

CHRISTINE B. JOHNSON aka
CHRISTINE B. WEIDERMAN

Adult Protected Person.

**Case No.: G-21-055340-A
Dept. No.: B**

**CHRISTINE JOHNSON'S OPPOSITION TO PETITION FOR APPOINTMENT OF
CLARK COUNTY PUBLIC GUARDIAN AS GUARDIAN OF THE PERSON AND
ESTATE AND FOR ISSUANCE OF LETTERS OF GUARDIANSHIP**

Christine Johnson, proposed adult protected person ("Christine"), by and through her counsel, Katie M. Anderson, Esq., of Legal Aid Center of Southern Nevada, Inc., hereby submits her opposition to the Petition for Appointment of Clark County Public Guardian as Guardian of the Person and Estate and for Issuance of Letters of Guardianship ("Petition") filed by a facility licensed to do business in the state of Nevada ("Petitioner") on August 23, 2021. This opposition is made and based upon the following memorandum of points and authorities, the pleadings and papers on file, and oral argument at the time of the hearing on this matter.

DATED this 17th day of September, 2021.

**LEGAL AID CENTER OF SOUTHERN
NEVADA, INC.**

1 /s/ Katie M. Anderson
2 Katie M. Anderson, Esq.
3 Nevada Bar No. 15153C
4 kanderson@lacs.n.org
5 725 E. Charleston Blvd.
6 Las Vegas, Nevada 89104
7 Telephone: (702) 386-1537
8 Facsimile: (702) 386-1537
9 Attorney for Christine Johnson,
10 Proposed Adult Protected Person

11 **MEMORANDUM OF POINTS AND AUTHORITIES**

12 **I. FACTUAL AND PROCEDURAL BACKGROUND**

13 Christine was living with her fiancé, Anthony Anchondo (“Anthony”) in rural North
14 Dakota until a few months ago. While living in North Dakota, Christine was diagnosed with
15 Amyotrophic Lateral Sclerosis (“ALS”). Her condition has deteriorated such that she is now
16 quadriplegic, experiences difficulty swallowing and slurred speech. But according to her
17 medical providers, she would have better treatment options in a metropolitan area. So Christine
18 moved back to Las Vegas, Nevada recently. Once in Nevada, and at her children’s insistence,
19 Christine moved in with her sons. It became clear to Christine, however, that her children did
20 not want her to continue seeing Anthony. During that same timeframe, Christine fell out of her
21 wheelchair, and was hospitalized at University Medical Center. While at University Medical
22 Center, Christine and Anthony decided that they would live together again upon her discharge.
23 Christine then transitioned to another facility licensed to do business in Nevada¹ to receive
24 further treatment while Anthony looked for suitable housing in Las Vegas.

25
26
27 ¹ The specific facility is not public information at the present time, so throughout this

Christine remains living at the facility at the present time. Christine voluntarily signed herself into the facility on June 25, 2021.² At or near the time of her admission, Christine was presented with and executed Physician Orders for Life Sustaining Treatment (“POLST”). Said POLST was validated by Dr. Craig Jorgenson who certified that Christine had “decisional capacity.”³ At the time of her admission, Christine was apparently “alert and oriented” and “answered all questions appropriately.”⁴ The admission physical further noted that Christine displayed some “anxiety” but in general was in “good spirits” despite her “physical decline.”⁵ Christine further identified her fiancé as her Power of Attorney.⁶ In Kellen Anderson’s notes from June 30, 2021, Christine had “low mumbled speech. BIMS⁷ was conducted on 7/2/21 and resident scored 15/15 indicating no cognitive impairment. Resident did not display any signs or symptoms of delirium. PHQ-9⁸ conducted 7/2/21 and resident scored 00/27 indicating a minimal risk of depression...Resident expects to remain in facility for rehab and then return home with fiancé Tony in an apartment in Las Vegas.”⁹ throughout her stay, Christine has remained

Opposition, Christine will refer to the same as the “facility.”

² See Admission Documents filed contemporaneously with this Opposition and under Confidential Exhibit 1.

³ See executed POLST form filed contemporaneously with this Opposition and under Confidential Exhibit 2.

⁴ See Admission History and Physical filed contemporaneously with this Opposition and under Confidential Exhibit 3.

⁵ *Id* at 2 of 4.

⁶ *Id.* at 3 of 4. It is not known whether Christine ever actually executed a legally recognized Power of Attorney, but the facility was put on notice that one may exist. Additionally, the facility was put on notice that Christine intended Anthony to be involved in her health and living decisions.

⁷ This acronym stands for Brief Interview for Mental Status.

⁸ This acronym stands for Patient Health Questionnaire 9.

⁹ See Activity Comprehensive Data Set dated June 30, 2021 filed contemporaneously with this Opposition and under Confidential Exhibit 4.

oriented to name, time, and place.¹⁰ Notably, Christine has also made frequent and substantial medical decisions for herself concerning medications and sustenance throughout her stay.¹¹ By all accounts, the facility treated Christine as competent and reflected the same in her records.

Questions of competency arose a short time later, when Christine voiced a desire to leave the facility to live with Anthony. At that point, staff requested an “emergency competency evaluation.” A neuropsychologist performed a bedside “evaluation” on July 9, 2021 and formalized his findings through a handwritten note.¹² He found that Christine what they called a “shallow understanding of her condition and physical needs.”¹³ He related that that she “makes decisions with Anthony.”¹⁴ The doctor further lamented that Christine “refused to acknowledge that she was homeless prior to being hospitalized.”¹⁵

Petitioner filed their Petition for Clark County Public Guardian be Guardians of the Person and Estate and for Issuance of Letters of Guardianship on August 30, 2021.¹⁶ Petitioner further filed a Physician’s Certificate completed by Dr. Craig Jorgenson on August 6, 2021. This Dr. was the very same who determined Christine to have “decisional capacity” on June 28, 2021, just 38 days prior. The Physician’s Certificate indicates that Christine is in need of “24 hour supervision.”¹⁷ The Certificate goes on to say that Christine needs support or substantial

¹⁰ See Progress Notes spanning from June to August of 2021 filed contemporaneously with this Opposition and under Confidential Exhibit 5.

¹¹ See Physical Medicine and Rehabilitation Follow Ups filed contemporaneously with this Opposition and under Confidential Exhibit 6.

¹² See Physician’s Progress Note dated July 9, 2021 filed contemporaneously with this Opposition and under Confidential Exhibit 7.

¹³ *Id.*

¹⁴ *Id.*

¹⁵ *Id.*

¹⁶ See Petition filed herein.

¹⁷ See Physician’s Certificate filed August 23, 2021 on page 4 of 6, Section 3, Paragraph A.

1 assistance in all areas except her physical needs such as bathing and walking.¹⁸ The physician's
2 certificate does **not** indicate that Christine lacks capacity to enter into a contract, make a will,
3 or make power of attorney.¹⁹ Despite this assessment, Christine continued to be consulted and
4 make medical decisions for herself up to and including the present.

5 The Petition does not address whether or not Christine has designated someone as her
6 Power of Attorney. But, the Petition alleges that Christine's fiancé is in the Las Vegas Detention
7 Center on "charges of domestic violence and battery."²⁰ The Petition questions whether or not
8 the alleged allegations involved Christine.²¹ According to the City of Las Vegas Inmate search,
9 Anthony was arrested on July 21, 2021 pursuant to Battery and Domestic Violence Charges
10 dating back to 2018, before he met Christine.²² He was sentenced to 120 days and will be
11 released in early October²³ Each defendant report lists the name of the victim, and neither victim
12 is Christine. Christine reports that Anthony has never been violent to her, and that she feels safe
13 and loved in his care.
14
15

16 On August 30, 2021, the Court appointed counsel for Christine.²⁴

17 To date, Petitioner has failed to present any evidence, thus far, that the appointment of a
18 guardian is necessary, or that less restrictive alternatives have been attempted, pursuant to NRS.
19 159.055. For those reasons, Christine requests that the Petition be denied.
20
21

22 ¹⁸ *Id* at pages 4-5 of 6, Section 3, Paragraph B.

23 ¹⁹ *Id* at page 5 of 6, Section 4, Paragraph A.

24 ²⁰ *See* Petition for CCPG to be Appointed as Guardian of Person and Estate and for Issuance of
Letters of Guardianship filed herein, 4:16-20.

25 ²¹ *Id.*

26 ²² *See* Case No: C1201508A and C1201316A.

27 ²³ *See* Case No: C1201508A and C1201316A

28 ²⁴ *See* Order Appointing Counsel filed on May 5, 2021.

II. LEGAL ARGUMENT

A. The Guardianship is not necessary pursuant to NRS 159.055.

NRS 159.044(2) requires a Petition to include “whether the proposed protected person has executed a durable power of attorney for health care, a durable power of attorney for financial matters or a written nomination of guardian.” Additionally, NRS 159.055 provides that the “petitioner has the burden of proving by clear and convincing evidence that the appointment of a guardian of the person, of the estate, or of the person and estate is necessary.” Nothing contained in this Petition addresses either one of those requirements. The Court has not been informed whether a Power of Attorney exists, even though Christine indicated at one point that there may be one. Should this matter be resolved in her favor, Christine intends to name Anthony as her Health Care and Financial Power of Attorney. Thus, the necessity of the Guardianship is not supported by the present filings. And in fact, is not necessary because Christine is ready and willing to execute a Power of Attorney.

B. Christine is not incapacitated pursuant to NRS 159.019.

The Court shall only appoint a guardian for persons who are incapacitated.²⁵ NRS 159.019 defines incapacity as a person who is “unable to receive and evaluate information or make or communicate decisions to such an extent that the person lacks the ability to meet essential requirements for physical health, safety or self-care without assistance.”

As described above, Christine is not incapacitated. At the end of June, Christine performed a mental status evaluation in which she scored 15 out of a possible 15. She also answered mental status questions indicating that her risk of depression was low. Throughout her stay, she has consistently remained oriented to person, place and time. Although her speech is

²⁵See NRS 159.048.

1 weak, she is able to communicate her needs and wants to staff. Dr. Jorgenson described her as
2 having decisional capacity just a few weeks before he said the opposite in a physician's
3 certificate.

4 The only tension, or change in Christine's demeanor or behavior, revolved around her
5 desire to be discharged from skilled nursing, and reside under the 24 hour care of Anthony. When
6 Christine started talking about leaving, the facility requested the competency evaluation. The
7 initial note/evaluation give details about what questions the doctor asked or the responses she
8 Christine gave, and what tests or metrics led the Doctor to the conclusion that her desire to go
9 home and live with Anthony, meant that she was not competent to make decisions for herself.
10 Or that her optimism regarding her diagnosis meant that she didn't have a full understanding of
11 her condition. To be blunt, ALS is terminal whether Christine lives out her days in the facility,
12 or in a home with her loved one. Decisional capacity does not go away just because one disagrees
13 with the decision.
14

15
16 Christine does not object or disagree with the concept that she needs assistance, as the
17 need for assistance is obvious given her physical condition. But Christine has selected Anthony
18 as her caregiver, as he has been for 2 years, and does not wish to have a guardian. Together, she
19 and Anthony have been able to manage their own finances and pay bills when they are due for
20 several years. Despite the facilities suggestion that they didn't know whether Christine was a
21 "victim" of Anthony's crimes, those were readily answered with a quick google search.
22 Ultimately, Christine has the capacity to choose where to live, who to live with, and when and
23 which doctors to see. She further has the right be optimistic about her condition, and believe it
24 won't get worse. If she doesn't want to face what is a terminal diagnosis, that is her prerogative.
25
26
27
28

1 To date, Petitioner fails to present clear and convincing evidence that Christine is unable
2 to take in, evaluate and communicate her decisions. Further, there is no information to suggest
3 that Christine is unable to manage her own finances. Finally, Christine has assistance and support
4 now, without a guardianship, to maintain herself and her lifestyle. She has and will continue to
5 be in a long term relationship with Anthony, and Anthony has the means and willingness to
6 provide 24 hour care to Christine that has been recommended.

7
8 **III. CONCLUSION**

9 For the aforementioned reasons, Christine respectfully request that the Court deny
10 Petitioner's Petition for Clark County Public Guardian as a General Guardian of Person and
11 Estate and for Issuance of Letters of Guardianship.

12 DATED this 17th day of September, 2021.

13
14
15 **LEGAL AID CENTER OF
SOUTHERN NEVADA, INC.**

16 /s/ Katie M. Anderson
17 Katie M. Anderson, Esq.
18 Nevada Bar No. 15153C
19 kanderson@lacsns.org
20 725 E. Charleston Blvd
21 Las Vegas, NV 89104
22 Telephone: (702) 386-1537
23 Facsimile: (702) 386-1537
24 *Attorney for Christine Johnson,*
25 *Proposed Adult Protected Persons*
26
27
28

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on the 17th day of September 2021, I deposited in the United States Mail at Las Vegas, Nevada, a copy of the foregoing document entitled **CHRISTINE JOHNSON'S OPPOSITION TO PETITION FOR APPOINTMENT OF CLARK COUNTY PUBLIC GUARDIAN AS GUARDIAN OF THE PERSON AND ESTATE AND FOR ISSUANCE OF LETTERS OF GUARDIANSHIP** in a sealed envelope, mailed regular U.S. mail, upon which first class postage was fully prepaid, addressed to the following:

None.

AND I FURTHER CERTIFY that on the same date I electronically served the same document to the following via ODYSSEY, the Court's electronic filing system, pursuant to NEFCR 9:

Kim Boyer kimboyer@elderlawnv.com

Matthew D Carling cedarlegal@gmail.com

/s/ Kimli Nguyen
Employee of Legal Aid Center of Southern Nevada

CISG

Katie Anderson, Esq.
Nevada Bar No. 15153C
kanderson@lacsns.org

**LEGAL AID CENTER OF
SOUTHERN NEVADA, INC.**

725 E. Charleston Blvd
Las Vegas, NV 89104
Telephone: (702) 386-1537
Facsimile: (702) 386-1537

*Attorney for Christine Johnson
Proposed Adult Protected Persons*

**EIGHTH JUDICIAL DISTRICT COURT
FAMILY DIVISION
CLARK COUNTY, NEVADA**

In the Matter of the Guardianship of the Person
and Estate of:

CHRISTINE B. JOHNSON aka
CHRISTINE B. WEIDERMAN

Adult Protected Person.

**Case No.: G-21-055340-A
Dept. No.: B**

EXHIBITS

The attached confidential medical documents are filed in support of Christine Johnson's
Opposition to Petition for Appointment of Clark County Public Guardian as Guardian of the
Person and Estate and for Issuance of Letters of Guardianship filed on September 17, 2021.

DATED this 17th day of September, 2021.

Submitted by:

**LEGAL AID CENTER OF
SOUTHERN NEVADA, INC.**

/s/ Katie Anderson, Esq.

Katie Anderson, Esq.
Nevada Bar No. 15153C
kanderson@lacsns.org

725 E. Charleston Blvd
Las Vegas, NV 89104
Telephone: (702) 386-1537
Facsimile: (702) 386-1537

Attorney for Christine Johnson, Adult Protected Person

EXHIBIT 1
Admissions Document

Case No: G-21-055340-A

**CHRISTINE JOHNSON'S OPPOSITION TO PETITION FOR APPOINTMENT OF CLARK COUNTY
PUBLIC GUARDIAN AS GUARDIAN OF THE PERSON AND ESTATE AND FOR ISSUANCE OF LETTERS
OF GUARDIANSHIP**

Mountain View Care Center

Consent to Treat

By executing the Mountain View Care Center's Admission Agreement and/or by signing this Consent to Treat form, the resident represents that the resident's condition is such that the resident requires the care and treatment services provided by Mountain View Care Center and is requesting admission to Mountain View Care Center of his or her own free will for purposes of receiving the care and treatment services normally provided by Mountain View Care Center for his or her level of care including but not limited to:

- a) nursing services;
- b) dietary services;
- c) activities program services;
- d) room/bed maintenance services;
- e) routine personal hygiene services;
- f) medically related social services; and
- g) medical care services recommended by his or her physician.

By executing this consent, the resident authorizes the Mountain View Care Center and the Resident's physician or physician's designee to administer the above described care and treatment services. The resident acknowledges that no warranty or guarantee has been made by Mountain View Care Center concerning the Resident's condition or any changes related thereto.

The undersigned acknowledge that each of them has read and understood this consent, and that each of them voluntarily consents to all of its terms

*Due to hand contractions
Verbal consent given*

Resident Signature

and / or

Christine Johnson
Printed Name

Responsible Party Signature

Date

6/25/21 1450hrs

Printed Name & Title

M. Driscoll, RN / Harrison

MOUNTAIN VIEW CARE CENTER
RESIDENT INFLUENZA VACCINATION CONSENT
FOR 2020-2021

The following is a consent form for giving you or the person you are signing for the Fluzone Vaccine. 2020-2021. A physician's order for the influenza vaccine is still required prior to the vaccine being given to anyone. If a resident has had an allergic reaction to the serum, the flu injection will not be given without the consent of the resident's physician.

CONSENT

I have read the above information and have had an opportunity to ask questions.

I understand the benefits and of influenza vaccine as described. I request that the vaccine is given to me or to the person named below for whom I am authorized to sign.

Christine Johnson 9/20/1958 62
Name (please print) Date of Birth Age

XXX-XX-
SS: 1393 Address: _____ City _____ State _____ Zip _____

Signature of the person to receive vaccine or guardian

Date

REFUSAL:

I have read the above information and have had an opportunity to ask questions. I understand the benefits and risks of influenza as described. I request that the vaccine NOT be given to me or to the person name below for whom I am authorizer to sign.

X Due to hand contractions verbal non-consent given.

Name (please print)

Date of Birth

Age

SS:

Address:

City

State

Zip

Signature of person or guardian refusing the vaccine

Date

6/25/21
1450 hrs

Medication Information

Mountain View Care Center (MV)

Page 4 of 4
7/21/21 1:21AM
QA6300A

Resident:	JOHNSON, CHRISTINE B	Res. No.:	998756567
Physician:	JORGENSEN, CRAIG	NDC:	00093526256
Drug Name:	FLUOXETINE HCL 60 MG TABLET <i>Prozac</i>	Order No.:	
Generic Name:	FLUOXETINE HCL		

HOW TO USE: Read the Medication Guide provided by your pharmacist before you start using fluoxetine and each time you get a refill. If you have any questions, ask your doctor or pharmacist. Take this medication by mouth as directed by your doctor, usually once daily in the morning. If you are taking this medication twice a day, your doctor may direct you to take it in the morning and at noon. If you are taking fluoxetine for premenstrual problems, your doctor may direct you to take it every day of the month or just for the 2 weeks before your period through the first full day of your period. To help you remember, mark your calendar. If you are using the liquid form of this medication, measure the dose carefully using a special measuring device/spoon. Do not use a household spoon because you may not get the correct dose. The dosage is based on your medical condition and response to treatment. To reduce your risk of side effects, your doctor may direct you to start this medication at a low dose and gradually increase your dose. Follow your doctor's instructions carefully. Take this medication regularly to get the most benefit from it. To help you remember, take it at the same time each day. Keep taking this medication even if you feel well. Do not stop taking this medication without first consulting your doctor. Some conditions may become worse when the drug is abruptly stopped. Your dose may need to be gradually decreased. You should see some improvement in 1 to 2 weeks. It may take 4 to 5 weeks before you feel the full benefit. Tell your doctor if your condition does not improve or if it worsens.

National Drug Data File (TM)
First Databank
Copyright 2012 The Hearst Corporation

If refused, give reason and alternate therapeutic plan:

I have been informed and understand the possible side effects and/or adverse reactions associated with the use of this drug. The consequences of refusal have also been explained and I understand them.

☒ I agree to this medication.
Resident unable to sign due to hands / fingers being contracted.

Resident or Responsible Party / Date

☐ I refuse this medication.
Lisa McG 4-7/21/21 / NM McNellis RN
Facility Representative / Title / Date

If family/Responsible Party notified by phone, indicate Name and Date

Proposed Course/Duration of Drug Therapy

PNEUMOCOCCAL IMMUNIZATION INFORMED CONSENT

Pneumococcal disease is a serious disease that causes much sickness and death. Anyone can get pneumococcal disease.

RESIDENTS AT RISK FOR SERIOUS COMPLICATIONS

- Residents 65 years of age and older
- Residents with special health problems such as:
 - Alcoholism
 - Diabetes
 - Heart disease
 - HIV infection
 - Lung disease
 - Certain types of cancer
 - Kidney failure

COMPLICATIONS

- Pneumococcal disease can lead to:
- Serious infections of the lungs (pneumonia)
 - Infection of the blood (bacteremia)
 - Infection of the covering of the brain (meningitis)

VACCINATION

Usually one dose of PPV is all that is needed. However, under some circumstances, a second dose may be given.

- A second dose is recommended for those people aged 65 and older who got their first dose when they were under 65, if 5 or more years have passed since that dose.
- A second dose is also recommended for people who:
 - Have a damaged spleen or no spleen
 - Have sickle-cell disease
 - Have HIV infection or AIDS
 - Have cancer, leukemia, lymphoma, multiple myeloma
 - Have kidney failure
 - Have nephrotic syndrome
 - Have had an organ or bone marrow transplant
 - Are taking medication that lowers immunity (such as chemotherapy or long-term steroids)

SIDE EFFECTS OF PNEUMOCOCCAL VACCINE

Side effects of PPV are usually very mild. The experienced side effects may include:

- Slight discomfort or pain
- Muscle aches (occasionally)
- Redness where the shot is given
- Joint aches (rarely)
- Soreness of the arm
- Rash (rarely)
- Slight fever (occasionally)

☐ I hereby give the facility permission to administer a pneumococcal vaccination. I have been educated on the benefits and risks associated with the pneumococcal vaccine.

Resident/Legal Representative

Date Signed

Signature/Title - Witness

Date Signed

☒ I hereby decline my permission for the facility to administer a pneumococcal vaccination. I have been educated on the benefits of receiving the pneumococcal vaccination and the risks associated with not receiving the pneumococcal vaccination.

Due to hand contractions verbal consent given

Resident/Legal Representative
Signature/Title - Witness

Date Signed

Date Signed

NAME - Last

First

Middle

MR #

JOHNSON Christine

PNEUMOCOCCAL IMMUNIZATION
INFORMED CONSENT

Medication Information

Mountain View Care Center (MV)

Page 3 of 4
6/28/21 12:47PM
QA6300A

Resident:	JOHNSON, CHRISTINE B	Res. No.:	998756567
Physician:	JORGENSEN, CRAIG	NDC:	00024540131
Drug Name:	AMBIEN 5 MG TABLET	Order No.:	
Generic Name:	ZOLPIDEM TARTRATE		

HOW TO USE: Read the Medication Guide and, if available, the Patient Information Leaflet provided by your pharmacist before you start taking zolpidem and each time you get a refill. If you have any questions, ask your doctor or pharmacist. Take this medication by mouth on an empty stomach as directed by your doctor, usually once a night. Since zolpidem works quickly, take it right before you get into bed. Do not take it with or after a meal because it will not work as quickly. Do not take a dose of this drug unless you have time for a full night's sleep of at least 7 to 8 hours. If you have to wake up before that, you may have some memory loss and may have trouble safely doing any activity that requires alertness, such as driving or operating machinery. (See also Precautions section.) Dosage is based on your gender, age, medical condition, other medications you may be taking, and response to treatment. Do not increase your dose, take it more often, or use it for longer than prescribed. Do not take more than 10 milligrams a day. Women are usually prescribed a lower dose because the drug is removed from the body more slowly than in men. Older adults are usually prescribed a lower dose to decrease the risk of side effects. If you suddenly stop using this medication, you may have withdrawal symptoms (such as nausea, vomiting, flushing, stomach cramps, nervousness, shakiness). To help prevent withdrawal, your doctor may lower your dose slowly. Withdrawal is more likely if you have used zolpidem for a long time or in high doses. Tell your doctor or pharmacist right away if you have withdrawal. Though it helps many people, this medication may sometimes cause addiction. This risk may be higher if you have a substance use disorder (such as overuse of or addiction to drugs/alcohol). Take this medication exactly as prescribed to lower the risk of addiction. Ask your doctor or pharmacist for more details. When this medication is used for a long time, it may not work as well. Talk with your doctor if this medication stops working well. Tell your doctor if your condition persists after 7 to 10 days, or if it worsens. You may have trouble sleeping the first few nights after you stop taking this medication. This is called rebound insomnia and is normal. It will usually go away after 1-2 nights. If this effect continues, contact your doctor.---

IMPORTANT: HOW TO USE THIS INFORMATION: This is a summary and does NOT have all possible information about this product. This information does not assure that this product is safe, effective, or appropriate for you. This information is not individual medical advice and does not substitute for the advice of your health care professional. Always ask your health care professional for complete information about this product and your specific health needs.

Medication Information

Mountain View Care Center (MV)

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6/28/21 12:47PM
QA6300A

Resident: JOHNSON, CHRISTINE B

Res. No.: 998756567

Physician: JORGENSEN, CRAIG

NDC: 00024540131

Drug Name: AMBIEN 5 MG TABLET

Order No.:

Generic Name: ZOLPIDEM TARTRATE

If refused, give reason and alternate therapeutic plan:

I have been informed and understand the possible side effects and/or adverse reactions associated with the use of this drug. The consequences of refusal have also been explained and I understand them.

☒ I agree to this medication.

☐ I refuse this medication.

Verbal Consent
Christine Johnson
Resident or Responsible Party / Date

Umaty for / noy
Facility Representative / Title / Date

6/28/21

If family/Responsible Party notified by phone, indicate Name and Date

Proposed Course/Duration of Drug Therapy

Medication Information

Mountain View Care Center (MV)

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QA6300A

Resident:	JOHNSON, CHRISTINE B	Res. No.:	998756567
Physician:	JORGENSEN, CRAIG	NDC:	00310027510
Drug Name:	SEROQUEL 25 MG TABLET	Order No.:	
Generic Name:	QUETIAPINE FUMARATE		

If refused, give reason and alternate therapeutic plan:

I have been informed and understand the possible side effects and/or adverse reactions associated with the use of this drug. The consequences of refusal have also been explained and I understand them.

 b I agree to this medication.

 I refuse this medication.

verbal consent
Christine B. Johnson
Resident or Responsible Party / Date

Matthew / 1/20/21
Facility Representative / Title / Date

6/28/21

If family/Responsible Party notified by phone, indicate Name and Date

Proposed Course/Duration of Drug Therapy

Medication Information

Mountain View Care Center (MV)

Page 3 of 4
6/28/21 12:46PM
QA6300A

Resident:	JOHNSON, CHRISTINE B	Res. No.:	998756567
Physician:	JORGENSEN, CRAIG	NDC:	00093719801
Drug Name:	FLUOXETINE HCL 40 MG CAPSULE	Order No.:	
Generic Name:	FLUOXETINE HCL		

OVERDOSE: If someone has overdosed and has serious symptoms such as passing out or trouble breathing, call 911. Otherwise, call a poison control center right away. US residents can call their local poison control center at 1-800-222-1222. Canada residents can call a provincial poison control center. Symptoms of overdose may include: fast/irregular heartbeat, severe dizziness, fainting.

NOTES: Do not share this medication with others. Keep all regular medical and psychiatric appointments.

MISSED DOSE: If you miss a dose, take it as soon as you remember. If it is near the time of the next dose, skip the missed dose. Take your next dose at the regular time. Do not double the dose to catch up.

STORAGE: Store at room temperature away from light and moisture. Do not store in the bathroom. Keep all medications away from children and pets. Do not flush medications down the toilet or pour them into a drain unless instructed to do so. Properly discard this product when it is expired or no longer needed. Consult your pharmacist or local waste disposal company.

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WARNING: Antidepressant medications are used to treat a variety of conditions, including depression and other mental/mood disorders. These medications can help prevent suicidal thoughts/attempts and provide other important benefits. However, studies have shown that a small number of people (especially people younger than 25) who take antidepressants for any condition may experience worsening depression, other mental/mood symptoms, or suicidal thoughts/attempts. Therefore, it is very important to talk with the doctor about the risks and benefits of antidepressant medication (especially for people younger than 25), even if treatment is not for a mental/mood condition. Tell the doctor right away if you notice worsening depression/other psychiatric conditions, unusual behavior changes (including possible suicidal thoughts/attempts), or other mental/mood changes (including new/worsening anxiety, panic attacks, trouble sleeping, irritability, hostile/angry feelings, impulsive actions, severe restlessness, very rapid speech). Be especially watchful for these symptoms when a new antidepressant is started or when the dose is changed.

USES: Fluoxetine is used to treat depression, panic attacks, obsessive compulsive disorder, a certain eating disorder (bulimia), and a severe form of premenstrual syndrome (premenstrual dysphoric disorder). This medication may improve your mood, sleep, appetite, and energy level and may help restore your interest in daily living. It may decrease fear, anxiety, unwanted thoughts, and the number of panic attacks. It may also reduce the urge to perform repeated tasks (compulsions such as hand-washing, counting, and checking) that interfere with daily living. Fluoxetine may lessen premenstrual symptoms such as irritability, increased appetite, and depression. It may decrease bingeing and purging behaviors in bulimia.

OTHER USES: This section contains uses of this drug that are not listed in the approved professional labeling for the drug but that may be prescribed by your health care professional. Use this drug for a condition that is listed in this section only if it has been so prescribed by your health care professional. This drug may also be used for other eating disorders (anorexia nervosa, binge eating disorder-BED), post traumatic stress disorder (PTSD), certain nervous system/sleep disorders (cataplexy, narcolepsy), or hot flashes that occur with menopause.

IMPORTANT: HOW TO USE THIS INFORMATION: This is a summary and does NOT have all possible information about this product. This information does not assure that this product is safe, effective, or appropriate for you. This information is not individual medical advice and does not substitute for the advice of your health care professional. Always ask your health care professional for complete information about this product and your specific health needs.

Medication Information

Mountain View Care Center (MV)

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6/28/21 12:46PM

QA6300A

Resident: JOHNSON, CHRISTINE B
Physician: JORGENSEN, CRAIG
Drug Name: FLUOXETINE HCL 40 MG CAPSULE
Generic Name: FLUOXETINE HCL

Res. No.: 998756567
NDC: 00093719801
Order No.:

HOW TO USE: Read the Medication Guide provided by your pharmacist before you start using fluoxetine and each time you get a refill. If you have any questions, ask your doctor or pharmacist. Take this medication by mouth as directed by your doctor, usually once daily in the morning. If you are taking this medication twice a day, your doctor may direct you to take it in the morning and at noon. If you are taking fluoxetine for premenstrual problems, your doctor may direct you to take it every day of the month or just for the 2 weeks before your period through the first full day of your period. To help you remember, mark your calendar. If you are using the liquid form of this medication, measure the dose carefully using a special measuring device/spoon. Do not use a household spoon because you may not get the correct dose. The dosage is based on your medical condition and response to treatment. To reduce your risk of side effects, your doctor may direct you to start this medication at a low dose and gradually increase your dose. Follow your doctor's instructions carefully. Take this medication regularly to get the most benefit from it. To help you remember, take it at the same time each day. Keep taking this medication even if you feel well. Do not stop taking this medication without first consulting your doctor. Some conditions may become worse when the drug is abruptly stopped. Your dose may need to be gradually decreased. You should see some improvement in 1 to 2 weeks. It may take 4 to 5 weeks before you feel the full benefit. Tell your doctor if your condition does not improve or if it worsens.

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If refused, give reason and alternate therapeutic plan:

I have been informed and understand the possible side effects and/or adverse reactions associated with the use of this drug. The consequences of refusal have also been explained and I understand them.

☒ I agree to this medication.

☐ I refuse this medication.

Verbal Consent
Christine B. Johnson
Resident or Responsible Party / Date

Uma Taylor / M.D.
Facility Representative / Title / Date

6/28/21

If family/Responsible Party notified by phone, indicate Name and Date

Proposed Course/Duration of Drug Therapy

EXHIBIT 2

POLST

Case No: G-21-055340-A

**CHRISTINE JOHNSON'S OPPOSITION TO PETITION FOR APPOINTMENT OF CLARK COUNTY
PUBLIC GUARDIAN AS GUARDIAN OF THE PERSON AND ESTATE AND FOR ISSUANCE OF LETTERS
OF GUARDIANSHIP**

NEVADA POLST (Provider Order for Life-Sustaining Treatment)
HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY

SIDE 1: Medical Orders

Consult this form ONLY when patient lacks decisional capacity. First follow these orders, then contact physician/APRN/PA. Any section not completed implies full treatment for that section.

Last Name/First/Middle Initial: JOHNSON - Christine
 Date of Birth (mm/dd/yyyy): 09/20/1952 Last 4 SSN: 1393 Gender: MF

A
Choose 1
CARDIOPULMONARY RESUSCITATION (CPR) - Patient/resident has no pulse and is not breathing.
☒ Attempt Resuscitation (CPR) ☐ Do Not Resuscitate (Allow Natural Death)
 When not in cardiopulmonary arrest, follow orders in Section B and C.

B
Choose 1
MEDICAL INTERVENTIONS - Check only one - Patient/resident has pulse and/or is breathing.
☒ **Full Treatment. Goal - prolong life by all medically effective means.**
 Full life support measures provided, including intubation, mechanical ventilation and advanced airway intervention in addition to treatment described in Comfort-Focused Treatment and Selective Treatment. Transfer to hospital/admit to ICU as indicated.
 Other Instructions: _____
☐ **Selective Treatment. Goal - treat medical conditions as directed below:**
 In addition to Comfort-Focused Treatment, use medical treatment/IV antibiotics/IV fluids/cardiac monitor as indicated. No intubation, advanced airway interventions or mechanical ventilation. May use non-invasive positive airway pressure. Hospital transfer as indicated. Generally, avoid ICU.
 Other Instructions: _____
☐ **Comfort-Focused Treatment. Goal - maximize comfort through symptom management.**
 Relieve pain and suffering with medication by any route as needed; may use oxygen or suctioning and manual treatment of airway obstruction as needed for comfort. Transfer to hospital only if comfort needs cannot be met in current location.
 Other Instructions: _____

C
ARTIFICIALLY ADMINISTERED NUTRITION & FLUIDS - offer food & fluids by mouth if feasible or desired.
☒ Long-term artificial nutrition or feeding tube ☐ IV fluids trial no longer than _____
☐ Artificial nutrition/feeding tube trial no longer than _____ ☐ No IV fluids
☐ No artificial nutrition or feeding tube
 Other Instructions: _____

D
Required
CAPACITY DETERMINATION - Completion required by Provider (MD, APRN or PA).
 At the time of completion of this medical order, the patient:
☒ Has decisional capacity ☐ Lacks decisional capacity
 to understand and communicate their health care preferences for options in this medical order.

VALIDATING SIGNATURES (Required) - Advance Directive & Surrogate information on Side 2

Date (Required): 6/1/11 Physician/APRN/PA Signature (Required): [Signature] Physician/APRN/PA License # (Required): 9529

Physician/APRN/PA Name (Printed, Required): Chris Johnson MD Physician/APRN/PA Phone: _____

E
Boldest Items Required
Patient / Agent (DPOA-HC) / Parent of Minor / Legal Guardian (circle one)
 I have discussed this form, its treatment options and their implications for sustaining life with my/the patient's health care provider. This form reflects my wishes/the patient's best-known wishes.
 Signature: [Signature] Print Name: Christine Johnson Date: 6/1/11
 OR if the patient lacks capacity and has no known Agent (DPOA-HC) or guardian, complete the following:
Health Care Surrogate Authorization - Also Requires Completion of Side 2, #1.C.
 Signature: _____ Date: _____

Send original with patient when discharged or transferred

NEVADA POLST (Provider Order for Life-Sustaining Treatment)

Patient Name: Johnson, Christine DOB: 9/19/58

SIDE 2: Supplementary Information

1. Representative/Surrogate Information – The following may have further information regarding patient's preferences:

A. Advance Directive (AD): Living Will, Declaration, Durable Power of Attorney for Health Care (DPOA-HC) ☐ NO ☐ YES

AD filed with Living Will Lockbox: ☐ NO ☐ YES – Registration #: if known: _____

Other AD location: _____

DPOA-HC – This information must be taken directly from the patient's valid DPOA-HC, not verbally

Appointed agent #1: _____ Telephone No: _____

Appointed agent #2: _____ Telephone No: _____

B. Court-Appointed Guardian ☒ NO ☐ YES Name: _____ Phone: _____

C. Health Care Surrogate: Name (printed): _____

Relationship: _____ Phone: _____

2. PREPARER: Preparer's Name (print): Michelle Deters Title/Position (MSW, RN, etc.): RN

3. REGISTRY: Provider initial box to right to verify that information has been provided to the patient to submit their completed and signed POLST form to the Living Will Lockbox at: www.LivingWillLockbox.com

4. ORGAN DONATION

☐ I have documented on my license or state issued ID that I would like to donate my organs

Terms of Use

- The POLST is ALWAYS VOLUNTARY and may not be mandated for a patient.
- The POLST is intended for the seriously ill or frail, and for whom a health care professional would not be surprised if they died within a year; others should be offered an AD with DPOA-HC designation.
- This medical order is to be honored in all care settings. In-patient order sets should reflect these POLST orders. The POLST is to be followed until replaced by new orders.
- Should a patient have both a DNR Identification and POLST, the most recent order should be followed.
- Photocopied, faxed or electronic versions are valid as long as required signatures (Section E) are included.
- When comfort cannot be achieved in the current setting, the patient should be transferred to a setting that is able to provide comfort.

Completing a POLST

- If a patient lacks decisional capacity, their legal representative (DPOA-HC, guardian or parent of a minor) may complete a POLST. If the patient has no legal representative and lacks decisional capacity, then a surrogate may complete a POLST for the patient. Surrogates are (in this order): a spouse, the majority of adult child(ren), parent(s), a majority of adult sibling(s), the nearest other adult relative of the patient by blood or adoption who is reasonably available, or "an adult who has exhibited special care or concern for the patient, is familiar with the values of the patient and willing and able to make health care decisions for the patient."
- A POLST does not replace an Advance Directive. An AD may designate a decision-maker (DPOA-HC) in the event the patient becomes incapacitated; documents additional treatment preferences and should be encouraged to be completed. Always check for inconsistencies between End-of-Life documents and make corrections as appropriate.
- Completion of a POLST should follow a discussion of the patient's goals, values and how their treatment preferences will impact both their longevity and quality of life.
- Any section not completed creates no presumption about the patient's preferences for treatment for that section.
- Patients discharged home should place the POLST next to their bed or on their refrigerator where EMS is trained to look.

POLST Review – This POLST should be reviewed periodically, and if:

- The patient is transferred from one care setting or level to another, or
- There is a substantial change in patient health status, or
- The patient's treatment preferences change.

Voiding POLST

- If the patient has decisional capacity, only the patient may void a POLST.
- Without decisional capacity, the patient's legal representative may revoke a POLST, or the patient's surrogate may revoke the POLST *only* if the POLST was completed by the patient's surrogate (see Completing a POLST, first bullet, above).

Send original with patient when transferred or discharged

EXHIBIT 3
History and Admission

Case No: G-21-055340-A

**CHRISTINE JOHNSON'S OPPOSITION TO PETITION FOR APPOINTMENT OF CLARK COUNTY
PUBLIC GUARDIAN AS GUARDIAN OF THE PERSON AND ESTATE AND FOR ISSUANCE OF LETTERS
OF GUARDIANSHIP**

116B
PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Craig Jorgenson, MD
DOS: 6/28/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 343695431)
CONTACT: 702-380-2484

HISTORY AND PHYSICAL HISTORY

Chief Complaint / Nature of Presenting Problem: History and physical visit

History Of Present Illness: This is an unfortunate 62-year-old female with a past medical history of ALS with quadriparesis patient was admitted to UNLV school of medicine UMC hospital on 4/30/2021 after falling out of her wheelchair 2 days earlier. She was noted to be homeless. She was trying to transfer she found her left shoulder did not hit her head. Patient excruciating pain neurological the hospital right away. She was diagnosed with ALS 4 months earlier. She has progressive gotten worse she is wheelchair and bedbound is loss of bowel and bladder function mild trouble slurred speech. Patient recently moved to Vegas from North Dakota few months ago. She was started on Riluzole for ALS. Palliative care consult was obtained but she wanted to remain category 1. She was seen by physical therapy and Occupational Therapy. I recommended placement. Work-up revealed an acute mildly displaced fracture of the proximal humerus secondary to the fall. Ortho was consulted recommended continue nonweightbearing but okay to remove sling for passive range of motion no surgical intervention needed. Follow-up x-ray showed shoulder alignment stable. Plan is to follow-up with Ortho Dr. Nelson in about 2 weeks. Check constipation control with meds. She had mood disorder managed with Prozac and Seroquel. She had episode of hypoglycemia in the 60s due to decreased p.o. intake I order double portions and have sugar tablets available. She has a history of substance abuse and cessation was discussed on several occasions.

Medication List: Baclofen 5 mg 3 tablets or 15 mg twice a day Riluzole 50 mg daily capsaicin cream topically 3 times a day Flexeril 5 mg 3 times a day fluoxetine 40 mg daily gabapentin 300 mg 3 times a day lidocaine patch on 12 hours off 12 hours left knee MS Contin 15 mg every 12 Afrin nasal spray as needed polyethylene glycol 335 17 g in 8 ounces water daily Seroquel 25 mg nightly sennoside twice daily zolpidem 5 mg nightly

Narcotics: Norco
Morphine

Allergy List: No known medication allergies.

Past Medical History: ALS

Quadriparesis

Mildly displaced fracture of the proximal humerus

History of falls

Hypoglycemia

Alcohol and meth abuse

Oral dysphagia

Past Surgical History: Ack

Social History: History of alcohol and meth abuse
Moved to Las Vegas with her fiancé few months ago

Family History: No CAD, HTN, DM or Cancer

REVIEW OF SYSTEMS

General: Weak diffuseness c/w ALS

Fair appetite

Frail

Eyes: Some blurred vision

Ears/Nose/Mouth/Throat: Left ear decreased hearing.

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Craig Jorgenson, MD
DOS: 6/28/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 343695431)
CONTACT: 702-380-2484

Respiratory: No wheezing.
Does not require O2

Positive dyspnea on exertion

Cardiovascular: No chest pain, tightness or palpitations.

Gastrointestinal: No abdominal pain, nausea, vomiting, or change in bowel habits.

Genitourinary: Occasional urine incontinence
No dysuria or hematuria

Musculoskeletal: Non-ambulatory
Diffuse weakness

Neurological: Diffuse weakness consistent with ALS
Dysarthric speech but is alert and oriented answers all questions appropriately

Skin/Breast: No itching

Psychiatric: Some anxiety shows a fairly good spirits despite her physical decline

Endocrine: No hyper or hypoglycemic episodes

Hematological/Lymphatic: No reported bleeding or excess bruising.

VITAL SIGNS/CONSTITUTIONAL

Pulse: 70 BPM; **Blood Pressure:** 105/72; **O2 Saturation:** 94 Room Air; **Temperature:** 98 Fahrenheit;
Respiratory Rate: 18 Breaths per minute;

PHYSICAL EXAM

General: Thin
Normocephalic
Weak and frail

Eyes: Conjunctivae and lids appear normal.
Extraocular muscles intact

Ears/Nose/Mouth/Throat: Moist mucous membranes

Neck: Supple, trachea midline

Respiratory: symmetrical expansion
No use of accessory muscles
No coughing during visit

Cardiovascular: Regular rhythm; no murmurs, rubs, or gallops.

Arterial: Normal pedal pulses.

Edema/Varicosities of Extremities: No edema or varicosities.

Chest: No chest deformity.

Gastrointestinal: Abdomen: Soft, nontender, and without masses. Bowel sounds active.

Genitourinary: Non-distended bladder
No foley

Musculoskeletal: Quadriplegia

Skin: Reviewed and concur with nursing assesment

Neurological: Diffuse weakness
Dysarthria

EXHIBIT 4
Activity Comprehensive Data Set

Case No: G-21-055340-A

**CHRISTINE JOHNSON'S OPPOSITION TO PETITION FOR APPOINTMENT OF CLARK COUNTY
PUBLIC GUARDIAN AS GUARDIAN OF THE PERSON AND ESTATE AND FOR ISSUANCE OF LETTERS
OF GUARDIANSHIP**

Activity Comprehensive Data Set

Mountain View Care Center (MV)

Page 1 of 3
9/7/2021 9:10 AM
QA7000A

JOHNSON, CHRISTINE B. (9987565

1 110 B

Date: 06/30/2021

Activity Comprehensive Data Set

♦ TYPE OF EVALUATION

- ☒ Admission
- ☐ Re- Admission
- ☐ Annual
- ☐ Significant Change
- ☐ Other

Resident Profile

- ♦ A1300C: Name by which resident prefers to be addressed
CHRISTINE
- ♦ A1200: Marital status
 - ☐ Never married
 - ☐ Married
 - ☒ Widowed
 - ☐ Separated
 - ☐ Divorced
- ♦ Name of Spouse/Significant Other
- ♦ Children? If yes, How many ? Names?
STATS SHE HAS CHILDREN BUT DOES NOT WANT TO TALK ABOUT THEM
- ♦ A1300D: Lifetime occupation(s)
- ♦ Place of Birth
ENGLAND
- ♦ Last Place of Residence / # of Years
NORTH DAKOTA 1 YEAR
- ♦ Language(s) Spoken
ENGLISH
- ♦ Highest Level of education
COLLEGE
- ♦ Veteran? If yes, Branch:
NO
- ♦ Clubs/Organizations
- ♦ Registered Voter?
 - ☐ Yes
 - ☐ No
- ♦ Interested in Voting:
 - ☐ Yes
 - ☐ No
 - ☐ Absentee
 - ☐ Poll
- ♦ Finds strength in faith?
 - ☒ Yes
 - ☐ No
- ♦ Religious/Faith Identity:
CHRISTIAN
- ♦ Church Affiliation:
- ♦ Actively participates?
 - ☒ Yes
 - ☐ No
 - ☐ N/A
- ♦ More Support Desired?
 - ☒ Yes
 - ☐ No
- ♦ Was church notified of Admission
 - ☐ Yes
 - ☒ No
- ♦ If no, Should Facility Contact?
 - ☐ Yes
 - ☐ No
- ♦ If yes, Name and Number of Contact

Resident Activity Preferences

- ♦ Check all that Apply

Activity Comprehensive Data Set

Mountain View Care Center (MV)

Page 2 of 3
9/7/2021 9:10 AM
QA7000A

JOHNSON, CHRISTINE B. (9987565)

1 110 B

Date: 06/30/2021

- | | |
|--|--|
| <input checked="" type="checkbox"/> Animals / Pets | <input checked="" type="checkbox"/> Group Discussions |
| <input checked="" type="checkbox"/> Arts / Crafts | <input checked="" type="checkbox"/> Movies |
| <input type="checkbox"/> Beauty / Barber | <input checked="" type="checkbox"/> Music |
| <input checked="" type="checkbox"/> Bingo | <input checked="" type="checkbox"/> Radio |
| <input checked="" type="checkbox"/> Cards | <input checked="" type="checkbox"/> Reading |
| <input type="checkbox"/> Community Outings | <input checked="" type="checkbox"/> Religious Services |
| <input checked="" type="checkbox"/> Computer | <input checked="" type="checkbox"/> Religious Studies |
| <input checked="" type="checkbox"/> Cooking | <input type="checkbox"/> Resident Council |
| <input checked="" type="checkbox"/> Creative Writing | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Cultural Events | <input type="checkbox"/> Sing - Alongs |
| <input checked="" type="checkbox"/> Current Events | <input type="checkbox"/> Social / Parties |
| <input checked="" type="checkbox"/> Dominoes | <input checked="" type="checkbox"/> Television |
| <input checked="" type="checkbox"/> Educational Programs | <input type="checkbox"/> Volunteering |
| <input checked="" type="checkbox"/> Exercise | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Family / Friend Visits | <input type="checkbox"/> Writing |
| <input checked="" type="checkbox"/> Gardening | |
- ♦ Other Activity Preferences: (Indicate if it is a Current Interest or a Past Interest)
ENJOYS KNITTING
 - ♦ Preferred Time of Activity Participation
 - ☐ Morning
 - ☒ Afternoon
 - ☐ Evenings
 - ☐ None- Explain in comment areas
 - ♦ Preferred Wake up time in the Morning
VARIES
 - ♦ Preferred time to Retire
VARIES
 - ♦ Comments:
 - ♦ PARTICIPATION IN ACTIVITIES:
 - ☐ Participates in: all activities
 - ☐ 6 or more activities/week
 - ☐ 3-5 activities/week
 - ☐ 2 activities/week
 - ☐ 1 activity/week
 - ☐ Unable to participate in group activities (large/small)
 - ☐ Chooses not to participate in group activities (large/small)
 - ☒ Participates in: independent activities of choice
 - ☐ one-to-one programs
 - ☐ one-to-one visits
 - ♦ PARTICIPATION LEVEL IN ACTIVITIES
 - ☐ Attends activities independently
 - ☒ Requires reminding to attend activities
 - ☐ Requires assistance to attend activities
 - ☐ Is an active participant
 - ☐ Is a passive participant
 - ☐ Participates: independently
 - ☐ with assistance
 - ☐ Behavior in activities is: appropriate
 - ☐ inappropriate
 - ☐ Responsive to one-to-one programs
 - ☐ Unresponsive to one-to-one programs
 - ☐ Responsive to one-to-one visits
 - ♦ SOCIALIZATION PATTERNS:
 - ☐ Prefers to be alone
 - ☒ Prefers to be with people
 - ☐ Makes friends easily
 - ☐ Has difficulty in making friends
 - ☐ Initiates conversations
 - ☐ Rarely initiates conversations
 - ☐ Prefers to stay in room
 - ☐ Prefers to be out of room
 - ☐ Enjoys large groups
 - ☒ Enjoys small groups
 - ☐ Visits with family and friends
 - ☒ Communicates verbally
 - ☐ Communicates nonverbally
 - ☒ Able to make needs known
 - ☐ Unable to make needs known
 - ☐ Short Attention Span
 - ♦ MOBILITY:
 - ☐ Ambulates independently
 - ☐ Ambulates with walker/cane/assist of others
 - ☒ Wheelchair mobile
 - ☐ Dependent on others for wheelchair transport
 - ☐ Roombound
 - ♦ VISION:

Activity Comprehensive Data Set

Mountain View Care Center (MV)

Page 3 of 3

9/7/2021 9:10 AM

QA7000A

JOHNSON, CHRISTINE B. (9987565)

1 110 B

Date: 06/30/2021

- Vision is adequate
- Vision is poor
- ♦ COMMUNICATION
 - ☐ Makes self Understood
 - ☐ Usually Understood
 - ☐ Sometimes Understood
 - ☐ Rarely / Never Understood
 - ☐ Speech Clear
 - ☒ Speech Un- Clear
 - ☐ Absence of Speech
 - ☒ Understands others
 - ☐ Usually Understands others
 - ☐ Sometimes Understands others
 - ☐ Rarely / Never Understands others
- ♦ HEARING:
 - Hearing is adequate
 - Hearing is poor
 - Wears hearing aid
 - Deaf
- ♦ COGNITIVE:
 - ☒ Oriented to: person
 - ☒ place
 - ☒ time
 - ☐ Disoriented X3
 - ☐ Forgetful/requires reminders/cues
 - ☒ Alert
 - ☐ Non-responsive/cannot comprehend instructions
 - ☐ Adequate concentration level
 - ☐ Short attention span
- ♦ PSYCHOSOCIAL NEEDS:
 - ☐ Adjustment to placement
 - ☒ Group interaction
 - ☐ One to one interaction
 - ☐ Intellectual stimulation
 - ☐ Creativity
 - ☐ Competition
 - ☐ Spiritual growth
 - ☐ Responsibility
 - ☐ Independence
 - ☐ Sensory stimulation
- ♦ EATING
 - Independent
 - Needs Assist
- ♦ Type Of Eating Assist
- ♦ ADAPTIVE EQUIPMENT:
 - ☐ Magnifying glass
 - ☐ Large Print
 - ☐ Talking books
 - ☐ Book holders
 - ☐ Built-up handles
 - ☐ Head sets
 - ☐ C-clamps
 - ☐ Communication board
 - ☐ Sensory Stimulation
 - ☐ Other
- ♦ ADDITIONAL CONSIDERATIONS
 - ☐ Special Diet
 - ☐ Socially Inappropriate Behaviors
 - ☐ Sun - Sensitive Medications
 - ☐ Restraints
 - ☐ Wanderer
 - ☐ Verbally Abusive
 - ☐ Physically Abusive
 - ☐ Prone to Seizures
 - ☐ Pain Management
 - ☐ Task Segmentation
 - ☐ Other / Habits (i.e.,Smoking, ect.)? list below:
- ♦ ☐ For Additional Information, Refer to Activity Plan and Progress Notes
- ♦ COMMENTS:

ADMISSION ASSESSMENT:
CHRISTINE IS ALERT AND ORIENTED X3. HER SPEECH IS UN-CLEAR IT CAN BE HARD TO UNDERSTAND HER WHEN TALKING TO HER. SHE IS ABLE TO UNDERSTAND OTHERS. VSION AND HEARING ARE ADEQUATE. SHE ENJOYS RELIGIOUS STUDIES AND VARIOUS ACTIVITIES AND IS CURRENTLY WAITING FOR AN EVAL. FOR AN ELECTRIC SCOOTER. HAS A FIANCE ANTHONY WHO SHE STATS SHE TALKS TO. SHE ALSO STATS SHE HAS KIDS WHO SHE STATS TRIED TO KILL HER AND HAS DISOWNED THEM. ADJUSTMENT TO PLACEMENT.

COMPLETION INFORMATION

Date/Time	Activity	Name
6/30/2021 9:01:00AM	Completed By	Kellen Anderson

Social Services Adm Data Set (per ROP 12/19)

Mountain View Care Center (MV)

Page 1 of 4

9/7/2021 9:10 AM

QA7000A

JOHNSON, CHRISTINE B. (9987565)

1 110 B

Date: 07/02/2021

Social Services:**Additional Information**

- ♦ A1800: Entered from
 - ☐ Community (private home/apt., board/care, assisted living, group home)
 - ☐ Another nursing home or swing bed
 - ☒ Acute hospital
 - ☐ Psychiatric hospital
 - ☐ Inpatient rehabilitation facility
 - ☐ MR/DD facility
 - ☐ Hospice
 - ☐ Long Term Care Hospital (LTCH)
 - ☐ Other
- ♦ If Other, Please list.

Resident has adequate hearing AEB responding to SW's questions without requiring an increase in volume. Resident has adequate vision AEB being able to read small print with glasses. Resident has low and mumbled speech. BIMS was conducted on 7/2/21 and resident scored 15/15 indicating no cognitive impairment. Resident did not display any signs or symptoms of delirium. PHQ-9 conducted 7/2/21 and resident scored 00/27 indicating a minimal risk of depression. Resident has not had behaviors during this look back period. Resident has not rejected care. Resident does not wander. Resident expects to remain in facility for rehab and then return home with fiancé Tony in an apartment in Las Vegas.

Mental Status

- ♦ Orientation of resident
 - ☒ Person
 - ☒ Place
 - ☒ Time
 - ☒ Situation
- ♦ Affect
 - ☒ flat
 - ☐ appropriate
 - ☐ irritable
 - ☐ other
- ♦ If other chosen, entry appropriate answer
- ♦ Any notable changes in mental awareness or mood state?
 - ☐ Yes
 - ☐ No
- ♦ If yes explain .
- ♦ C0700: Staff asmt mental status: short-term memory OK
 - ☒ Memory OK
 - ☐ Memory problem
- ♦ C0800: Staff asmt mental status: long-term memory OK
 - ☒ Memory OK
 - ☐ Memory problem
- ♦ C1000: Cognitive skills for daily decision making
 - ☒ Independent-decisions consistent/reasonable
 - ☐ Moderately impaired-decisions poor; cues/supervision required
 - ☐ Severely impaired-never/rarely made decisions
 - ☐ Modified independence-some difficulty in new situations only

Socialization

- ♦ Resident interacts with
 - ☒ Staff
 - ☐ Volunteers
 - ☒ Family
 - ☐ Residents
 - ☐ Friends or other acquaintances
- ♦ Resident is visited by
 - ☐ Volunteers
 - ☐ Family
 - ☐ Residents
 - ☐ Clergyman
 - ☐ Acquaintances
- ♦ Frequency of visits
 - ☐ Daily
 - ☐ Weekly
 - ☐ Biweekly
 - ☐ Monthly
 - ☐ Rarely

EXHIBIT 5
Progress Notes

Case No: G-21-055340-A

**CHRISTINE JOHNSON'S OPPOSITION TO PETITION FOR APPOINTMENT OF CLARK COUNTY
PUBLIC GUARDIAN AS GUARDIAN OF THE PERSON AND ESTATE AND FOR ISSUANCE OF LETTERS
OF GUARDIANSHIP**

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 6/29/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 344071041)
CONTACT: 702-380-2484

PROGRESS NOTE

HISTORY

Room: 116B

Chief Complaint / Nature of Presenting Problem: Skilled follow up

History Of Present Illness: 62 year old female patient with a primary diagnosis of ALS, visited today for a skilled follow up. She presents A&O x 3 and pleasant. She has very limited muscle movement and difficulty with speech. She present no s/s of infection; no fever, no chills, no cough. She reports pain in her legs, neck, and shoulders and is requesting pain medication. Her RN reports her pain is better controlled with tramadol, norco, and morphine given on schedule.

Medication List: See MAR

Narcotics: Tramadol
Morphine ER
Norco

Past Medical History: ALS
Quadriplegia
Neurogenic bladder

REVIEW OF SYSTEMS

General: Appetite is satisfactory. No significant weight change.

Eyes: No vision changes.

Ears/Nose/Mouth/Throat: No hearing change or change in dental status.
Dysphagia

Respiratory: No upper respiratory infections, dyspnea, cough or wheezing.

Cardiovascular: No chest pain, tightness or palpitations.

Gastrointestinal: No abdominal pain, nausea, vomiting, or change in bowel habits.

Genitourinary: Incontinence

Musculoskeletal: No reported redness or swelling.
Difficulty with muscle movement; general

Neurological: No loss of consciousness, transient ischemic symptoms, or seizures.

Skin/Breast: No rashes or skin breakdown.

Psychiatric: Memory intact

Endocrine: No hyper or hypoglycemic episodes

Hematological/Lymphatic: No reported lymph node enlargement.

Allergic/Immunologic: No environmental allergies.

VITAL SIGNS/CONSTITUTIONAL

Pulse: 72 BPM; **Blood Pressure:** 94/67; **O2 Saturation:** 91 Room Air; **Temperature:** 97 Fahrenheit;
Respiratory Rate: 14 Breaths per minute;

PHYSICAL EXAM

General: Thin, weak, frail

Eyes: Conjunctivae and lids appear normal.

Ears/Nose/Mouth/Throat: Dysphagia

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 6/29/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 344071041)
CONTACT: 702-380-2484

Neck: Supple, trachea midline

Respiratory: Symmetrical expansion

No use of accessory muscles

No coughing during visit

Cardiovascular: Regular rhythm; no murmurs, rubs, or gallops.

Arterial: Normal carotids.

Edema/Varicosities of Extremities: No edema or varicosities.

Chest: No chest deformity.

Gastrointestinal: Non distended, no tenderness upon palpation by nursing

Genitourinary: Neurogenic bladder

Musculoskeletal: Muscle weakness

Muscle wasting with difficulty in movement

Skin: Reviewed and concur with nursing assesment

Neurological: Alert

Oriented - Person

Oriented - Place

Psychiatric: Oriented to person, place, month and year.

DIAGNOSIS AND ASSESSMENT

Assessment:

CPT Codes:

99308

ICD Codes:

335.20 / G12.21: ALS (amyotrophic lateral sclerosis)

344.00 / G82.50: Quadriplegia

V15.88 / Z91.81: History of fall

787.20 / R13.10: Dysphagia

812.00 / S42.209A: Proximal humerus fracture

596.54 / N31.9: Neurogenic bladder

Plan: 6/29/2021

Continue skilled care at MVCC

Reviewed medications and orders

Bowel regimen

Fall precautions

Skin care

Dietary monitor

Continue PT / OT

Continue pain control, monitor

Monitor dysphagia

***** Document e-signed by Sandee Hill on Jul 4 2021 9:47PM PDT *****
Craig M Jorgenson, MD, LTD

1103
PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/1/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 344657161)
CONTACT: 702-380-2484

PROGRESS NOTE

HISTORY

Room: 116B

Chief Complaint / Nature of Presenting Problem: Skilled follow up

History Of Present Illness: 62 year old female patient with a primary diagnosis of ALS, visited today for a skilled follow up. She presents A&O x 3 and pleasant. She has very limited muscle movement and difficulty with speech. She present no s/s of infection; no fever, no chills, no cough. She reports pain in her legs, neck, and shoulders and is requesting pain medication. Her RN reports her pain is better controlled with tramadol, norco, and morphine given on schedule.

Medication List: See MAR

Narcotics: Tramadol

Morphine ER

Norco

Past Medical History: ALS

Quadriplegia

Neurogenic bladder

REVIEW OF SYSTEMS

General: Appetite is satisfactory. No significant weight change.

Eyes: No vision changes.

Ears/Nose/Mouth/Throat: No hearing change or change in dental status.

Dysphagia

Respiratory: No upper respiratory infections, dyspnea, cough or wheezing.

Cardiovascular: No chest pain, tightness or palpitations.

Gastrointestinal: No abdominal pain, nausea, vomiting, or change in bowel habits.

Genitourinary: Incontinence

Musculoskeletal: No reported redness or swelling.

Difficulty with muscle movement; general

Neurological: No loss of consciousness, transient ischemic symptoms, or seizures.

Skin/Breast: No rashes or skin breakdown.

Psychiatric: Memory intact

Endocrine: No hyper or hypoglycemic episodes

Hematological/Lymphatic: No reported lymph node enlargement.

Allergic/Immunologic: No environmental allergies.

VITAL SIGNS/CONSTITUTIONAL

Pulse: 68 BPM; **Blood Pressure:** 105/72; **O2 Saturation:** 92 Room Air; **Temperature:** 97.5 Fahrenheit;
Respiratory Rate: 16 Breaths per minute;

PHYSICAL EXAM

General: Thin, weak, frail

Eyes: Conjunctivae and lids appear normal.

Ears/Nose/Mouth/Throat: Dysphagia

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/1/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 344657161)
CONTACT: 702-380-2484

Neck: Supple, trachea midline

Respiratory: Symmetrical expansion

No use of accessory muscles

No coughing during visit

Cardiovascular: Regular rhythm; no murmurs, rubs, or gallops.

Arterial: Normal carotids.

Edema/Varicosities of Extremities: No edema or varicosities.

Chest: No chest deformity.

Gastrointestinal: Non distended, no tenderness upon palpation by nursing

Genitourinary: Neurogenic bladder

Musculoskeletal: Muscle weakness

Muscle wasting with difficulty in movement

Skin: Reviewed and concur with nursing assessment

Neurological: Alert

Oriented - Person

Oriented - Place

Psychiatric: Oriented to person, place, month and year.

ADVANCED CARE PLANNING

Time Spent: 17 minutes or more spent discussing Advance Care Planning CPT 99497

DIAGNOSIS AND ASSESSMENT

Assessment:

CPT Codes:

99308

ICD Codes:

335.20 / G12.21: ALS (amyotrophic lateral sclerosis)

344.00 / G82.50: Quadriplegia

V15.88 / Z91.81: History of fall

787.20 / R13.10: Dysphagia

812.00 / S42.209A: Proximal humerus fracture

596.54 / N31.9: Neurogenic bladder

Plan: 6/29/2021

Continue skilled care at MVCC

Reviewed medications and orders

Bowel regimen

Fall precautions

Skin care

Dietary monitor, monitor dysphagia

Continue PT / OT

Continue pain control, monitor

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/1/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 344657161)
CONTACT: 702-380-2484

***** Document e-signed by Sandee Hill on Jul 4 2021 10:39PM PDT *****
Craig M Jorgenson, MD, LTD

110-B
PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/6/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 345945881)
CONTACT: 702-380-2484

PROGRESS NOTE

HISTORY

Room: 116B

Chief Complaint / Nature of Presenting Problem: Skilled follow up visit

History Of Present Illness: 62 year old female patient with a primary diagnosis of ALS, visited today for a skilled follow up. She presents A&O x 3 and pleasant. She has very limited muscle movement and difficulty with speech. She present no s/s of infection; no fever, no chills, no cough. She reports pain in her legs, neck, and shoulders and is requesting pain medication. Her RN reports her pain is better controlled with tramadol, norco, and morphine given on schedule.

7/6/2021 Pt reports pain uncontrolled with current doses of norco, tramadol, and morphine ER. Norco dose increased from 5/325 to 10/325; pt is accepting and eager to try new dose. Diet has increased to advanced solids as patient is refusing mechanical soft. RN reports no problems and no dysphagia with new diet. No s/s of infection; no chills, no fevers, no cough, no sob.

Medication List: Baclofen 5 mg 3 tablets or 15 mg twice a day Riluzole 50 mg daily capsaicin cream topically 3 times a day Flexeril 5 mg 3 times a day fluoxetine 40 mg daily gabapentin 300 mg 3 times a day lidocaine patch on 12 hours off 12 hours left knee MS Contin 15 mg every 12 Afrin nasal spray as needed polyethylene glycol 335 17 g in 8 ounces water daily Seroquel 25 mg nightly sennoside twice daily zolpidem 5 mg nightly

Narcotics: Tramadol

Morphine 15 mg ER

Norco 10/325 mg

Allergy List: No known medication allergies.

Past Medical History: ALS

Quadriplegia

Mildly displaced fracture of the proximal humerus

History of falls

Hypoglycemia

Alcohol and meth abuse

Oral dysphagia

Past Surgical History: Ack

Social History: History of alcohol and meth abuse

Moved to Las Vegas with her fiancé few months ago

Family History: No CAD, HTN, DM or Cancer

REVIEW OF SYSTEMS

General: Appetite is satisfactory. No significant weight change.

Eyes: No vision changes.

Ears/Nose/Mouth/Throat: No hearing change or change in dental status.

No dysphagia reported on advanced solids diet

Respiratory: No upper respiratory infections, dyspnea, cough or wheezing.

Cardiovascular: No chest pain, tightness or palpitations.

Gastrointestinal: No abdominal pain, nausea, vomiting, or change in bowel habits.

Genitourinary: Incontinence

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/6/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 345945881)
CONTACT: 702-380-2484

Musculoskeletal: No reported redness or swelling.
Difficulty with muscle movement; general
Neurological: No loss of consciousness, transient ischemic symptoms, or seizures.
Skin/Breast: No rashes or skin breakdown.
Psychiatric: Memory intact
Endocrine: No hyper or hypoglycemic episodes
Hematological/Lymphatic: No reported lymph node enlargement.
Allergic/Immunologic: No environmental allergies.

VITAL SIGNS/CONSTITUTIONAL

Pulse: 68 BPM; **Blood Pressure:** 119/80; **O2 Saturation:** 92 Room Air; **Temperature:** 98 Fahrenheit;
Respiratory Rate: 18 Breaths per minute;

PHYSICAL EXAM

General: Thin, weak, frail

Eyes: Conjunctivae and lids appear normal.
Ears/Nose/Mouth/Throat: No dysphagia reported with diet change to advanced solids
Neck: Supple, trachea midline
Respiratory: Symmetrical expansion
No use of accessory muscles
No coughing during visit
Cardiovascular: Regular rhythm; no murmurs, rubs, or gallops.
Arterial: Normal carotids.
Edema/Varicosities of Extremities: No edema or varicosities.
Chest: No chest deformity.
Gastrointestinal: Non distended, no tenderness upon palpation by nursing
Genitourinary: Neurogenic bladder
Musculoskeletal:
ALS dx
Muscle weakness
Muscle wasting with difficulty in movement
Skin: Reviewed and concur with nursing assesment
Neurological: Alert
Oriented - Person
Oriented - Place
Psychiatric: Oriented to person, place, month and year.

ADVANCED CARE PLANNING

ACP Date Reviewed/Completed: 6/20/2021
Who was present: Patient and myself
Advanced Directive or POLST: Yes
Full code
CPR?: Yes

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/6/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 345945881)
CONTACT: 702-380-2484

Do you want to be sent to ER or hospital?: Yes

The comfort level preferred by the patient is:: Current

How aggressive of care do you want?: Fairly aggressive

How much detail do you want to know about medical care, diagnoses, prognosis, etc.?: Detailed discussion of recent hospitalization related to chronic medical conditions. Discusses process of CPR, chest compression, defibrillators, and intubation. Discussed issues that would require rehospitalization and desires for rehospitalization.

Discussed difference between emergent intubation and non-emergent intubation. Discussed difference between short term mechanical ventilation and long term ventilation requiring tracheostomy. Discussed risks of future surgeries.

Person designated to make decisions for the patient if the patient cannot speak for him or herself:: POA Fiance

Time Spent: 17 minutes or more spent discussing Advance Care Planning CPT 99497

DIAGNOSIS AND ASSESSMENT

Assessment:

CPT Codes:

99308

ICD Codes:

335.20 / G12.21: ALS (amyotrophic lateral sclerosis)

344.00 / G82.50: Quadriplegia

V15.88 / Z91.81: History of fall

787.20 / R13.10: Dysphagia

812.00 / S42.209A: Proximal humerus fracture

596.54 / N31.9: Neurogenic bladder

Plan: 7/6/2021

Continue skilled care at MVCC

Reviewed medications and orders

Bowel regimen

Fall precautions

Skin care

Dietary monitor

Monitor dysphagia due to recent change in diet from mechanical soft to advanced solids

Continue ST 5 x weekly

Continue PT

Continue pain control, monitor; increased morphine to 10/325

***** Document e-signed by Sandee Hill on Jul 7 2021 10:17PM PDT *****

Craig M Jorgenson, MD, LTD

110-B
PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Craig Jorgenson, MD
DOS: 7/7/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 345894521)
CONTACT: 702-380-2484

PROGRESS NOTE

HISTORY

Room: 116B

Chief Complaint / Nature of Presenting Problem: Skilled follow up

History Of Present Illness: 62 year old female patient with a primary diagnosis of ALS, visited today for a skilled follow up. She presents A&O x 3 and pleasant. She has very limited muscle movement and difficulty with speech. She present no s/s of infection; no fever, no chills, no cough. She reports pain in her legs, neck, and shoulders and is requesting pain medication. Her RN reports her pain is better controlled with tramadol, norco, and morphine given on schedule.

7/7/2021 patient mains weak and frail from ALS. Patient eating poorly. Reviewed with nursing and patient refuses meals often. Discussed with patient she is very dysarthric speech but she was able to spell out words and spent over 20 minutes with her she is asking for Ensure and appears easily loses things to eat for her. There is no abdominal pain no nausea vomiting.

Medication List: Baclofen 5 mg 3 tablets or 15 mg twice a day Riluzole 50 mg daily capsaicin cream topically 3 times a day Flexeril 5 mg 3 times a day fluoxetine 40 mg daily gabapentin 300 mg 3 times a day lidocaine patch on 12 hours off 12 hours left knee MS Contin 15 mg every 12 Afrin nasal spray as needed polyethylene glycol 335 17 g in 8 ounces water daily Seroquel 25 mg nightly sennoside twice daily zolpidem 5 mg nightly

Narcotics: Tramadol
Morphine ER
Norco

Allergy List: No known medication allergies.

Past Medical History: ALS

Quadriplegia

Mildly displaced fracture of the proximal humerus

History of falls

Hypoglycemia

Alcohol and meth abuse

Oral dysphagia

Past Surgical History: Ack

Social History: History of alcohol and meth abuse
Moved to Las Vegas with her fiancé few months ago

Family History: No CAD, HTN, DM or Cancer

REVIEW OF SYSTEMS

General: Weak

Poor appetite

Frail

No fever, chills, or sweats reported.

Eyes: No vision changes.

Ears/Nose/Mouth/Throat: No hearing change or change in dental status.

No dysphagia reported on advanced solids diet

Respiratory: No upper respiratory infections, dyspnea, cough or wheezing.

Cardiovascular: No chest pain, tightness or palpitations.

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Craig Jorgenson, MD
DOS: 7/7/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 345894521)
CONTACT: 702-380-2484

Gastrointestinal: No abdominal pain, nausea, vomiting, or change in bowel habits.

Genitourinary: Incontinence

Musculoskeletal: No reported redness or swelling.
Difficulty with muscle movement; general

Neurological: No loss of consciousness, transient ischemic symptoms, or seizures.

Skin/Breast: No rashes or skin breakdown.

Psychiatric: Memory intact

Endocrine: No hyper or hypoglycemic episodes

VITAL SIGNS/CONSTITUTIONAL

Pulse: 68 BPM; **Blood Pressure:** 98/63; **O2 Saturation:** 92 Room Air; **Temperature:** 97.4 Fahrenheit;

Respiratory Rate: 16 Breaths per minute;

PHYSICAL EXAM

General: Thin, weak, frail

Eyes: Conjunctivae and lids appear normal.

Ears/Nose/Mouth/Throat: No dysphagia reported with diet change to advanced solids

Neck: Supple, trachea midline

Respiratory: Symmetrical expansion

No use of accessory muscles

No coughing during visit

Cardiovascular: Regular rhythm; no murmurs, rubs, or gallops.

Arterial: Normal carotids.

Edema/Varicosities of Extremities: No edema or varicosities.

Chest: No chest deformity.

Gastrointestinal: Non distended, no tenderness upon palpation by nursing

Genitourinary: Neurogenic bladder

Musculoskeletal:

ALS dx

Muscle weakness

Muscle wasting with difficulty in movement

Skin: Reviewed and concur with nursing assesment

Neurological: Diffuse weakness

Dysarthria

Oriented - Person

Oriented - Place

Oriented - time

Psychiatric: Oriented to person, place, month and year.

DIAGNOSIS AND ASSESSMENT

Assessment:

CPT Codes:

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Craig Jorgenson, MD
DOS: 7/7/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 345894521)
CONTACT: 702-380-2484

99308

ICD Codes:

335.20 / G12.21: ALS (amyotrophic lateral sclerosis)

V15.88 / Z91.81: History of fall

812.00 / S42.209A: Proximal humerus fracture

596.54 / N31.9: Neurogenic bladder

783.0 / R63.0: Anorexia

Plan: Continue skilled care at Mountain View Care Center

Reviewed all medication orders and records
Continue the following medications

Baclofen 5 mg 3 tablets or 15 mg twice a day Riluzole 50 mg daily capsaicin cream topically 3 times a day
Flexeril 5 mg 3 times a day fluoxetine 40 mg daily gabapentin 300 mg 3 times a day lidocaine patch on 12
hours off 12 hours left knee MS Contin 15 mg every 12 Afrin nasal spray as needed polyethylene glycol 335
17 g in 8 ounces water daily Seroquel 25 mg nightly sennoside twice daily zolpidem 5 mg nightly

Bowel regimen
Fall precautions
Skin care
Dietary monitor

Discussed risks and benefits of opioids on admit and patient consents has had good relief in the past.
We will continue long-acting MS Contin 15 mg every 12 hours and slowly titrate as needed
Add norco continue muscle relaxers and gabapentin and lidocaine patch

S/p Debrox eardrops and then irrigate left ear

7/7/2021

Continue skilled care at MVCC
Reviewed medications and orders
Bowel regimen
Fall precautions
Skin care
Dietary monitor
Monitor dysphagia due to recent change in diet from mechanical soft to advanced solids
Continue ST 5 x weekly
Continue PT

Continue pain control, monitor; increased norco to 10/325 with good relief

monitor mood on Seroquel and fluoxetine

Asking for ensure so ordered TID

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Craig Jorgenson, MD
DOS: 7/7/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 345894521)
CONTACT: 702-380-2484

Asking for 4 bowls of oatmeal daily. Discussed with nursing and dietician will reevaluate for this request

***** Document e-signed by Craig Jorgenson, MD on Jul 8 2021 9:02AM PDT *****
Craig M Jorgenson, MD, LTD

110B

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/8/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 346569721)
CONTACT: 702-380-2484

PROGRESS NOTE

HISTORY

Room: 116B

Chief Complaint / Nature of Presenting Problem: Skilled follow up visit

History Of Present Illness: 62 year old female patient with a primary diagnosis of ALS, visited today for a skilled follow up. She presents A&O x 3 and pleasant. She has very limited muscle movement and difficulty with speech. She present no s/s of infection; no fever, no chills, no cough. She reports pain in her legs, neck, and shoulders and is requesting pain medication. Her RN reports her pain is better controlled with tramadol, norco, and morphine given on schedule.

7/7/2021 patient mains weak and frail from ALS. Patient eating poorly. Reviewed with nursing and patient refuses meals often. Discussed with patient she is very dysarthric speech but she was able to spell out words and spent over 20 minutes with her she is asking for Ensure and appears easily loses things to eat for her. There is no abdominal pain no nausea vomiting.

7/8/2021 Skilled follow up visit. Pt A&O x 3. Primary diagnosis of ALS; presents weak with very limited muscle movement of upper left extremity to no muscle movement of her lower extremities. She has difficulty with speech and is difficult to understand during most of our conversation. She states her pain is better controlled after increasing her dose of norco. She reports no dysphagia with her current diet except with vegetables as they are "not cooked enough." She reports no other problems and is pleasant.

Medication List: Baclofen 5 mg 3 tablets or 15 mg twice a day Riluzole 50 mg daily capsaicin cream topically 3 times a day Flexeril 5 mg 3 times a day fluoxetine 40 mg daily gabapentin 300 mg 3 times a day lidocaine patch on 12 hours off 12 hours left knee MS Contin 15 mg every 12 Afrin nasal spray as needed polyethylene glycol 335 17 g in 8 ounces water daily Seroquel 25 mg nightly sennoside twice daily zolpidem 5 mg nightly

Narcotics: Tramadol
Morphine ER
Norco

Allergy List: No known medication allergies.

Past Medical History: ALS

Quadriplegia

Mildly displaced fracture of the proximal humerus

History of falls

Hypoglycemia

Alcohol and meth abuse

Oral dysphagia

Past Surgical History: Ack

Social History: History of alcohol and meth abuse
Moved to Las Vegas with her fiancé few months ago

Family History: No CAD, HTN, DM or Cancer

REVIEW OF SYSTEMS

General: Weak

Poor appetite

Frail

No fever, chills, or sweats reported.

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/8/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 346569721)
CONTACT: 702-380-2484

Eyes: No vision changes.

Ears/Nose/Mouth/Throat: No hearing change or change in dental status.
No dysphagia reported on advanced solids diet

Respiratory: No upper respiratory infections, dyspnea, cough or wheezing.

Cardiovascular: No chest pain, tightness or palpitations.

Gastrointestinal: No abdominal pain, nausea, vomiting, or change in bowel habits.
Reports BM today

Genitourinary: Incontinence

Musculoskeletal: No reported redness or swelling.
Difficulty with muscle movement; general

Neurological: No loss of consciousness, transient ischemic symptoms, or seizures.

Skin/Breast: No rashes or skin breakdown.

Psychiatric: Memory intact

Endocrine: No hyper or hypoglycemic episodes

Hematological/Lymphatic: No reported lymph node enlargement.

Allergic/Immunologic: No environmental allergies.

VITAL SIGNS/CONSTITUTIONAL

Pulse: 64 BPM; **Blood Pressure:** 100/57; **O2 Saturation:** 92 Room Air; **Temperature:** 97.9 Fahrenheit;
Respiratory Rate: 18 Breaths per minute;

PHYSICAL EXAM

General: Thin, weak, frail

Eyes: Conjunctivae and lids appear normal.

Ears/Nose/Mouth/Throat: No dysphagia reported with diet change to advanced solids

Neck: Supple, trachea midline

Respiratory: Symmetrical expansion

No use of accessory muscles

No coughing during visit

Cardiovascular: Regular rhythm; no murmurs, rubs, or gallops.

Arterial: Normal carotids.

Edema/Varicosities of Extremities: No edema or varicosities.

Chest: No chest deformity.

Gastrointestinal: Non distended, no tenderness upon palpation by nursing

Genitourinary: Neurogenic bladder

Musculoskeletal:

ALS dx

Muscle weakness

Muscle wasting with difficulty in movement

Skin: Reviewed and concur with nursing assesment

Neurological: Diffuse weakness

Dysarthria

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/8/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 346569721)
CONTACT: 702-380-2484

Oriented - Person
Oriented - Place
Oriented - time

Psychiatric: Oriented to person, place, month and year.

ADVANCED CARE PLANNING

ACP Date Reviewed/Completed: 6/20/2021

Who was present: Patient and myself

Advanced Directive or POLST: Yes
Full code

CPR?: Yes

Do you want to be sent to ER or hospital?: Yes

The comfort level preferred by the patient is:: Current

How aggressive of care do you want?: Fairly aggressive

How much detail do you want to know about medical care, diagnoses, prognosis, etc.?: Detailed discussion of recent hospitalization related to chronic medical conditions. Discusses process of CPR, chest compression, defibrillators, and intubation, Discussed issues that would require rehospitalization and desires for rehospitalization.

Discussed difference between emergent intubation and non-emergent intubation. Discussed difference between short term mechanical ventilation and long term ventilation requiring tracheostomy. Discussed risks of future surgeries.

Person designated to make decisions for the patient if the patient cannot speak for him or herself:: POA
Fiance

Time Spent: 17 minutes or more spent discussing Advance Care Planning CPT 99497

DIAGNOSIS AND ASSESSMENT

Assessment:

CPT Codes:
99308

ICD Codes:

335.20 / G12.21: ALS (amyotrophic lateral sclerosis)

344.00 / G82.50: Quadriplegia

V15.88 / Z91.81: History of fall

787.20 / R13.10: Dysphagia

812.00 / S42.209A: Proximal humerus fracture

596.54 / N31.9: Neurogenic bladder

783.0 / R63.0: Anorexia

Plan: 7/6/2021

Continue skilled care at MVCC

Reviewed medications and orders

Bowel regimen

Fall precautions

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/8/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 346569721)
CONTACT: 702-380-2484

Skin care

Dietary monitor, requested softer vegetables for easier swallowing; requested by patient

Monitor dysphagia due to recent change in diet from mechanical soft to advanced solids

Continue ST 5 x weekly

Continue PT

Continue current pain control regimen; norco, MS Contin ER, gabapentin, and lidocaine patch

***** Document e-signed by Sandee Hill on Jul 12 2021 8:09PM PDT *****
Craig M Jorgenson, MD, LTD

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/13/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 348672661)
CONTACT: 702-380-2484

PROGRESS NOTE

HISTORY

Room: 110B

Floor: 100 Hall

Chief Complaint / Nature of Presenting Problem: Skilled follow up visit

History Of Present Illness: 62 year old female patient with a primary diagnosis of ALS, visited today for a skilled follow up. She presents A&O x 3 and pleasant. She has very limited muscle movement and difficulty with speech. She present no s/s of infection; no fever, no chills, no cough. She reports pain in her legs, neck, and shoulders and is requesting pain medication. Her RN reports her pain is better controlled with tramadol, norco, and morphine given on schedule.

7/7/2021 patient mains weak and frail from ALS. Patient eating poorly. Reviewed with nursing and patient refuses meals often. Discussed with patient she is very dysarthric speech but she was able to spell out words and spent over 20 minutes with her she is asking for Ensure and appears easily loses things to eat for her. There is no abdominal pain no nausea vomiting.

7/8/2021 Skilled follow up visit. Pt A&O x 3. Primary diagnosis of ALS; presents weak with very limited muscle movement of upper left extremity to no muscle movement of her lower extremities. She has difficulty with speech and is difficult to understand during most of our conversation. She states her pain is better controlled after increasing her dose of norco. She reports no dysphagia with her current diet except with vegetables as they are "not cooked enough." She reports no other problems and is pleasant.

7/13/2021 Skilled follow up visit. Pt laying in bed. A&O x 3. Primary diagnosis ALS. Weak with very limited muscle movement affecting speech, which is very slurred and difficult to understand. She reports her pain is uncontrolled and would like to increase her morphine ER. Discussed with Laarni, NP, with pain management who will assess. She continues to eat a regular diet with no dysphagia.

Medication List: Baclofen 5 mg 3 tablets or 15 mg twice a day Riluzole 50 mg daily capsaicin cream topically 3 times a day Flexeril 5 mg 3 times a day fluoxetine 40 mg daily gabapentin 300 mg 3 times a day lidocaine patch on 12 hours off 12 hours left knee MS Contin 15 mg every 12 Afrin nasal spray as needed polyethylene glycol 335 17 g in 8 ounces water daily Seroquel 25 mg nightly sennoside twice daily zolpidem 5 mg nightly

Narcotics: Tramadol
Morphine ER
Norco

Allergy List: No known medication allergies.

Past Medical History: ALS

Quadriplegia
Mildly displaced fracture of the proximal humerus
History of falls
Hypoglycemia
Alcohol and meth abuse
Oral dysphagia

Past Surgical History: Ack

Social History: History of alcohol and meth abuse
Moved to Las Vegas with her fiancé few months ago

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/13/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 348672661)
CONTACT: 702-380-2484

Family History: No CAD, HTN, DM or Cancer

REVIEW OF SYSTEMS

General: Weak

Poor appetite

Frail

No fever, chills, or sweats reported.

Eyes: No vision changes.

Ears/Nose/Mouth/Throat: No hearing change or change in dental status.

No dysphagia reported on advanced solids diet

Respiratory: No upper respiratory infections, dyspnea, cough or wheezing.

Cardiovascular: No chest pain, tightness or palpitations.

Gastrointestinal: No abdominal pain, nausea, vomiting, or change in bowel habits.

Genitourinary: Incontinence

Musculoskeletal: No reported redness or swelling.

Difficulty with muscle movement; general

Neurological: No loss of consciousness, transient ischemic symptoms, or seizures.

Skin/Breast: No rashes or skin breakdown.

Psychiatric: Memory intact

Endocrine: No hyper or hypoglycemic episodes

Hematological/Lymphatic: No reported lymph node enlargement.

Allergic/Immunologic: No environmental allergies.

PHYSICAL EXAM

General: Thin, weak, frail, difficulty with muscle movement

Eyes: Conjunctivae and lids appear normal.

Ears/Nose/Mouth/Throat: No dysphagia reported with diet change to advanced solids

Neck: Supple, trachea midline

Respiratory: Symmetrical expansion

No use of accessory muscles

No coughing during visit

Cardiovascular: Regular rhythm; no murmurs, rubs, or gallops.

Arterial: Normal carotids.

Edema/Varicosities of Extremities: No edema or varicosities.

Chest: No chest deformity.

Gastrointestinal: Non distended, no tenderness upon palpation

Genitourinary: Neurogenic bladder

Musculoskeletal:

ALS dx

Muscle weakness

Muscle wasting with difficulty in movement

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/13/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 348672661)
CONTACT: 702-380-2484

Skin: Reviewed and concur with nursing assesment

Neurological: Diffuse weakness

Dysarthria

Oriented - Person

Oriented - Place

Oriented - time

Psychiatric: Oriented to person, place, month and year.

ADVANCED CARE PLANNING

ACP Date Reviewed/Completed: 6/20/2021

Who was present: Patient and myself

Advanced Directive or POLST: Yes

Full code

CPR?: Yes

Do you want to be sent to ER or hospital?: Yes

The comfort level preferred by the patient is:: Current

How aggressive of care do you want?: Fairly aggressive

How much detail do you want to know about medical care, diagnoses, prognosis, etc.?: Detailed discussion of recent hospitalization related to chronic medical conditions. Discusses process of CPR, chest compression, defibrillators, and intubation, Discussed issues that would require rehospitalization and desires for rehospitalization.

Discussed difference between emergent intubation and non-emergent intubation. Discussed difference between short term mechanical ventilation and long term ventilation requiring tracheostomy. Discussed risks of future surgeries.

Person designated to make decisions for the patient if the patient cannot speak for him or herself:: POA Fiance

Time Spent: 17 minutes or more spent discussing Advance Care Planning CPT 99497

DIAGNOSIS AND ASSESSMENT

Assessment:

CPT Codes:

99308

ICD Codes:

335.20 / G12.21: ALS (amyotrophic lateral sclerosis)

344.00 / G82.50: Quadriparesis

V15.88 / Z91.81: History of fall

787.20 / R13.10: Dysphagia

812.00 / S42.209A: Proximal humerus fracture

596.54 / N31.9: Neurogenic bladder

783.0 / R63.0: Anorexia

Plan: 7/13/2021

Continue skilled care at MVCC

Reviewed medications and orders

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/13/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 348672661)
CONTACT: 702-380-2484

Bowel regimen
Fall precautions
Skin care
Dietary monitor for dysphagia, currently on a regular diet with thin liquids
Continue ST 5 x weekly
Continue PT
Continue current pain control regimen; norco, MS Contin ER, gabapentin, and lidocaine patch.
Pt requesting increase in MS Contin ER, pain management will assess

***** Document e-signed by Sandee Hill on Jul 19 2021 9:19PM PDT *****
Craig M Jorgenson, MD, LTD

110B
PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/15/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 352406181)
CONTACT: 702-380-2484

PROGRESS NOTE

HISTORY

Room: 110B

Floor: 100 Hall

Chief Complaint / Nature of Presenting Problem: Skilled visit

History Of Present Illness: 62 year old female patient with a primary diagnosis of ALS, visited today for a skilled follow up. She presents A&O x 3 and pleasant. She has very limited muscle movement and difficulty with speech. She present no s/s of infection; no fever, no chills, no cough. She reports pain in her legs, neck, and shoulders and is requesting pain medication. Her RN reports her pain is better controlled with tramadol, norco, and morphine given on schedule.

7/7/2021 patient mains weak and frail from ALS. Patient eating poorly. Reviewed with nursing and patient refuses meals often. Discussed with patient she is very dysarthric speech but she was able to spell out words and spent over 20 minutes with her she is asking for Ensure and appears easily loses things to eat for her. There is no abdominal pain no nausea vomiting.

7/8/2021 Skilled follow up visit. Pt A&O x 3. Primary diagnosis of ALS; presents weak with very limited muscle movement of upper left extremity to no muscle movement of her lower extremities. She has difficulty with speech and is difficult to understand during most of our conversation. She states her pain is better controlled after increasing her dose of norco. She reports no dysphagia with her current diet except with vegetables as they are "not cooked enough." She reports no other problems and is pleasant.

7/13/2021 Skilled follow up visit. Pt laying in bed. A&O x 3. Primary diagnosis ALS. Weak with very limited muscle movement affecting speech, which is very slurred and difficult to understand. She reports her pain is uncontrolled and would like to increase her morphine ER. Discussed with Laarni, NP, with pain management who will assess. She continues to eat a regular diet with no dysphagia.

7/15/2021

Skilled visit. Patient sitting up in bed. Primary diagnosis ALS. Remains weak with very limited muscle movement. Speech is slurred patient is difficult to understand. Reports her pain is managed with Laarni, pain management. She continues to eat a regular diet. Speech therapy is following. She is very concerned about her boyfriend, Anthony, who was recently put in jail for outstanding warrants, but she has no medical concerns of her own.

Medication List: Baclofen 5 mg 3 tablets or 15 mg twice a day Riluzole 50 mg daily capsaicin cream topically 3 times a day Flexeril 5 mg 3 times a day fluoxetine 40 mg daily gabapentin 300 mg 3 times a day lidocaine patch on 12 hours off 12 hours left knee MS Contin 15 mg every 12 Afrin nasal spray as needed polyethylene glycol 335 17 g in 8 ounces water daily Seroquel 25 mg nightly sennoside twice daily zolpidem 5 mg nightly

Narcotics: Tramadol

Morphine ER

Norco

Allergy List: No known medication allergies.

Past Medical History: ALS

Quadriplegia

Mildly displaced fracture of the proximal humerus

History of falls

Hypoglycemia

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/15/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 352406181)
CONTACT: 702-380-2484

Alcohol and meth abuse
Oral dysphagia

Past Surgical History: Ack

Social History: History of alcohol and meth abuse
Moved to Las Vegas with her fiancé few months ago

Family History: No CAD, HTN, DM or Cancer

REVIEW OF SYSTEMS

General: Weak

Frail

No fever, chills, or sweats reported.

Eyes: No vision changes.

Ears/Nose/Mouth/Throat: No hearing change or change in dental status.
No dysphagia reported on advanced solids diet

Respiratory: No upper respiratory infections, dyspnea, cough or wheezing.

Cardiovascular: No chest pain, tightness or palpitations.

Gastrointestinal: No abdominal pain, nausea, vomiting, or change in bowel habits.

Genitourinary: Incontinence

Musculoskeletal: No reported redness or swelling.

Difficulty with muscle movement; general

Neurological: No loss of consciousness, transient ischemic symptoms, or seizures.

Skin/Breast: No rashes or skin breakdown.

Psychiatric: Memory intact

Endocrine: No hyper or hypoglycemic episodes

Hematological/Lymphatic: No reported lymph node enlargement.

Allergic/Immunologic: No environmental allergies.

VITAL SIGNS/CONSTITUTIONAL

Pulse: 81 BPM; **Blood Pressure:** 99/66; **O2 Saturation:** 90 Room Air; **Temperature:** 98.1 Fahrenheit;
Respiratory Rate: 16 Breaths per minute;

PHYSICAL EXAM

General: Thin, weak, frail, difficulty with muscle movement

Eyes: Conjunctivae and lids appear normal.

Ears/Nose/Mouth/Throat: No dysphagia reported with diet change to advanced solids

Neck: Supple, trachea midline

Respiratory: Symmetrical expansion

No use of accessory muscles

No coughing during visit

Cardiovascular: Regular rhythm; no murmurs, rubs, or gallops.

Arterial: Normal carotids.

Edema/Varicosities of Extremities: No edema or varicosities.

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/15/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 352406181)
CONTACT: 702-380-2484

Chest: No chest deformity.
Gastrointestinal: Non distended, no tenderness upon palpation
Genitourinary: Neurogenic bladder
Musculoskeletal:
ALS dx
Muscle weakness
Muscle wasting with difficulty in movement
Skin: Reviewed and concur with nursing assesment
Neurological: Diffuse weakness
Dysarthria
Oriented - Person
Oriented - Place
Oriented - time
Psychiatric: Oriented to person, place, month and year.

ADVANCED CARE PLANNING

ACP Date Reviewed/Completed: 6/20/2021
Who was present: Patient and myself
Advanced Directive or POLST: Yes
Full code
CPR?: Yes
Do you want to be sent to ER or hospital?: Yes
The comfort level preferred by the patient is:: Current
How aggressive of care do you want?: Fairly aggressive
How much detail do you want to know about medical care, diagnoses, prognosis, etc.?: Detailed discussion of recent hospitalization related to chronic medical conditions. Discusses process of CPR, chest compression, defibrillators , and intubation, Discussed issues that would require rehospitalization and desires for rehospitalization.

Discussed difference between emergent intubation and non-emergent intubation. Discussed difference between short term mechanical ventilation and long term ventilation requiring tracheostomy. Discussed risks of future surgeries.
Person designated to make decisions for the patient if the patient cannot speak for him or herself:: POA
Fiance
Time Spent: 17 minutes or more spent discussing Advance Care Planning CPT 99497

DIAGNOSIS AND ASSESSMENT

Assessment:
CPT Codes:
99308
ICD Codes:
335.20 / G12.21: ALS (amyotrophic lateral sclerosis)
344.00 / G82.50: Quadriplegia
V15.88 / Z91.81: History of fall
787.20 / R13.10: Dysphagia

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/15/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 352406181)
CONTACT: 702-380-2484

812.00 / S42.209A: Proximal humerus fracture
596.54 / N31.9: Neurogenic bladder
783.0 / R63.0: Anorexia
311 / F32.9: Depression
338.29 / G89.29: Chronic pain

Plan: 7/15/2021

Continue skilled care at MVCC

Reviewed medications and orders

Bowel regimen

Fall precautions

Skin care

Dietary monitor for dysphagia, currently on a regular diet with thin liquids

Continue ST 5 x weekly

Continue PT

Continue current pain control; norco, MS Contin ER, gabapentin, and lidocaine patch.

Norco increased to 10 mg every 4 hours pain management

***** Document e-signed by Sandee Hill on Aug 16 2021 7:49PM PDT *****
Craig M Jorgenson, MD, LTD

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/20/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 352410951)
CONTACT: 702-380-2484

PROGRESS NOTE

HISTORY

Room: 110B

Floor: 100 Hall

Chief Complaint / Nature of Presenting Problem: 7/20/2021
Skilled visit

History Of Present Illness: 62 year old female patient with a primary diagnosis of ALS, visited today for a skilled follow up. She presents A&O x 3 and pleasant. She has very limited muscle movement and difficulty with speech. She present no s/s of infection; no fever, no chills, no cough. She reports pain in her legs, neck, and shoulders and is requesting pain medication. Her RN reports her pain is better controlled with tramadol, norco, and morphine given on schedule.

7/7/2021 patient mains weak and frail from ALS. Patient eating poorly. Reviewed with nursing and patient refuses meals often. Discussed with patient she is very dysarthric speech but she was able to spell out words and spent over 20 minutes with her she is asking for Ensure and appears easily loses things to eat for her. There is no abdominal pain no nausea vomiting.

7/8/2021 Skilled follow up visit. Pt A&O x 3. Primary diagnosis of ALS; presents weak with very limited muscle movement of upper left extremity to no muscle movement of her lower extremities. She has difficulty with speech and is difficult to understand during most of our conversation. She states her pain is better controlled after increasing her dose of norco. She reports no dysphagia with her current diet except with vegetables as they are "not cooked enough." She reports no other problems and is pleasant.

7/13/2021 Skilled follow up visit. Pt laying in bed. A&O x 3. Primary diagnosis ALS. Weak with very limited muscle movement affecting speech, which is very slurred and difficult to understand. She reports her pain is uncontrolled and would like to increase her morphine ER. Discussed with Laarni, NP, with pain management who will assess. She continues to eat a regular diet with no dysphagia.

7/15/2021
Skilled visit. Patient sitting up in bed. Primary diagnosis ALS. Remains weak with very limited muscle movement. Speech is slurred patient is difficult to understand. Reports her pain is managed with Laarni, pain management. She continues to eat a regular diet. Speech therapy is following. She is very concerned about her boyfriend, Anthony, who was recently put in jail for outstanding warrants, but she has no medical concerns of her own.

7/20/2021 skilled visit. Patient sitting up in bed. Alert and oriented x3, pleasant, speech slurred difficult to understand. Primary diagnosis ALS. Patient is weak with limited muscle movement at baseline. Reports no problems today but still worried about her boyfriend, Anthony. Nursing reports no problems or concerns. Pain is well managed with current regimen.

Medication List: Baclofen 5 mg 3 tablets or 15 mg twice a day Riluzole 50 mg daily capsaicin cream topically 3 times a day Flexeril 5 mg 3 times a day fluoxetine 40 mg daily gabapentin 300 mg 3 times a day lidocaine patch on 12 hours off 12 hours left knee MS Contin 15 mg every 12 Afrin nasal spray as needed polyethylene glycol 335 17 g in 8 ounces water daily Seroquel 25 mg nightly sennoside twice daily zolpidem 5 mg nightly

Narcotics: 7/20/2021
Tramadol
Morphine ER
Norco

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/20/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 352410951)
CONTACT: 702-380-2484

Allergy List: No known medication allergies.

Past Medical History: ALS

Quadriparesis

Mildly displaced fracture of the proximal humerus

History of falls

Hypoglycemia

Alcohol and meth abuse

Oral dysphagia

Past Surgical History: Ack

Social History: History of alcohol and meth abuse

Moved to Las Vegas with her fiancé few months ago

Family History: No CAD, HTN, DM or Cancer

REVIEW OF SYSTEMS

General: Weak

Frail

No fever, chills, or sweats reported.

Eyes: No vision changes.

Ears/Nose/Mouth/Throat: No hearing change or change in dental status.

No dysphagia reported on advanced solids diet

Respiratory: No upper respiratory infections, dyspnea, cough or wheezing.

Cardiovascular: No chest pain, tightness or palpitations.

Gastrointestinal: No abdominal pain, nausea, vomiting, or change in bowel habits.

Genitourinary: Incontinence

Musculoskeletal: No reported redness or swelling.

Difficulty with muscle movement; general

Neurological: No loss of consciousness, transient ischemic symptoms, or seizures.

Skin/Breast: No rashes or skin breakdown.

Psychiatric: Memory intact

Endocrine: No hyper or hypoglycemic episodes

Hematological/Lymphatic: No reported lymph node enlargement.

Allergic/Immunologic: No environmental allergies.

VITAL SIGNS/CONSTITUTIONAL

Pulse: 64 BPM; **Blood Pressure:** 106/67; **O2 Saturation:** 92 Room Air; **Temperature:** 97.3 Fahrenheit;

Respiratory Rate: 16 Breaths per minute;

PHYSICAL EXAM

General: Thin, weak, frail, difficulty with muscle movement

Eyes: Conjunctivae and lids appear normal.

Ears/Nose/Mouth/Throat: No dysphagia reported with diet change to advanced solids

Neck: Supple, trachea midline

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/20/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 352410951)
CONTACT: 702-380-2484

Respiratory: Symmetrical expansion

No use of accessory muscles

No coughing during visit

Cardiovascular: Regular rhythm; no murmurs, rubs, or gallops.

Arterial: Normal carotids.

Edema/Varicosities of Extremities: No edema or varicosities.

Chest: No chest deformity.

Gastrointestinal: Non distended, no tenderness upon palpation

Genitourinary: Neurogenic bladder

Musculoskeletal:

ALS dx

Muscle weakness

Muscle wasting with difficulty in movement

Skin: Reviewed and concur with nursing assesment

Neurological: Diffuse weakness

Dysarthria

Oriented - Person

Oriented - Place

Oriented - time

Psychiatric: Oriented to person, place, month and year.

ADVANCED CARE PLANNING

ACP Date Reviewed/Completed: 6/20/2021

Who was present: Patient and myself

Advanced Directive or POLST: Yes

Full code

CPR?: Yes

Do you want to be sent to ER or hospital?: Yes

The comfort level preferred by the patient is:: Current

How aggressive of care do you want?: Fairly aggressive

How much detail do you want to know about medical care, diagnoses, prognosis, etc.?: Detailed discussion of recent hospitalization related to chronic medical conditions. Discusses process of CPR, chest compression, defibrillators, and intubation, Discussed issues that would require rehospitalization and desires for rehospitalization.

Discussed difference between emergent intubation and non-emergent intubation. Discussed difference between short term mechanical ventilation and long term ventilation requiring tracheostomy. Discussed risks of future surgeries.

Person designated to make decisions for the patient if the patient cannot speak for him or herself:: POA Fiance

Time Spent: 17 minutes or more spent discussing Advance Care Planning CPT 99497

DIAGNOSIS AND ASSESSMENT

Assessment:

CPT Codes:

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/20/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 352410951)
CONTACT: 702-380-2484

99308

ICD Codes:

335.20 / G12.21: ALS (amyotrophic lateral sclerosis)
344.00 / G82.50: Quadriparesis
V15.88 / Z91.81: History of fall
787.20 / R13.10: Dysphagia
812.00 / S42.209A: Proximal humerus fracture
596.54 / N31.9: Neurogenic bladder
783.0 / R63.0: Anorexia
311 / F32.9: Depression
338.29 / G89.29: Chronic pain

Plan: 7/20/2021

Continue skilled care at MVCC

Reviewed medications and orders

Bowel regimen

Fall precautions

Skin care

Dietary monitor for dysphagia, currently on a regular diet with thin liquids

Continue ST 5 x weekly

Continue current pain control; norco, MS Contin ER, gabapentin, and lidocaine patch.

***** Document e-signed by Sandee Hill on Aug 26 2021 7:06PM PDT *****
Craig M Jorgenson, MD, LTD

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/22/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 352411831)
CONTACT: 702-380-2484

PROGRESS NOTE

HISTORY

Room: 110B

Floor: 100 Hall

Chief Complaint / Nature of Presenting Problem: 7/22/2021
Skilled visit

History Of Present Illness: 7/22/2021

62-year-old female with primary diagnosis of ALS seen today for a skilled visit. She presents at baseline, very weak muscle movements, slurred speech with difficulty. She reports pain is controlled with current medication regimen. Nursing reports no problems or concerns today.

Medication List: Baclofen 5 mg 3 tablets or 15 mg twice a day Riluzole 50 mg daily capsaicin cream topically 3 times a day Flexeril 5 mg 3 times a day fluoxetine 40 mg daily gabapentin 300 mg 3 times a day lidocaine patch on 12 hours off 12 hours left knee MS Contin 15 mg every 12 Afrin nasal spray as needed polyethylene glycol 335 17 g in 8 ounces water daily Seroquel 25 mg nightly sennoside twice daily zolpidem 5 mg nightly

Narcotics: 7/22/2021

Tramadol

Morphine ER

Norco

Allergy List: No known medication allergies.

Past Medical History: ALS

Quadriplegia

Mildly displaced fracture of the proximal humerus

History of falls

Hypoglycemia

Alcohol and meth abuse

Oral dysphagia

Past Surgical History: Ack

Social History: History of alcohol and meth abuse

Moved to Las Vegas with her fiancé few months ago

Family History: No CAD, HTN, DM or Cancer

REVIEW OF SYSTEMS

General: Weak

Frail

No fever, chills, or sweats reported.

Eyes: No vision changes.

Ears/Nose/Mouth/Throat: No hearing change or change in dental status.
No dysphagia reported on advanced solids diet

Respiratory: No upper respiratory infections, dyspnea, cough or wheezing.

Cardiovascular: No chest pain, tightness or palpitations.

Gastrointestinal: No abdominal pain, nausea, vomiting, or change in bowel habits.

Genitourinary: Incontinence

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/22/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 352411831)
CONTACT: 702-380-2484

Musculoskeletal: No reported redness or swelling.
Difficulty with muscle movement; general
Neurological: No loss of consciousness, transient ischemic symptoms, or seizures.
Skin/Breast: No rashes or skin breakdown.
Psychiatric: Memory intact
Endocrine: No hyper or hypoglycemic episodes
Hematological/Lymphatic: No reported lymph node enlargement.
Allergic/Immunologic: No environmental allergies.

VITAL SIGNS/CONSTITUTIONAL

Pulse: 62 BPM; **Blood Pressure:** 108/63; **O2 Saturation:** 90 Room Air; **Temperature:** 97.2 Fahrenheit;
Respiratory Rate: 18 Breaths per minute;

PHYSICAL EXAM

General: Thin, weak, frail, difficulty with muscle movement

Eyes: Conjunctivae and lids appear normal.

Ears/Nose/Mouth/Throat: No dysphagia reported with diet change to advanced solids

Neck: Supple, trachea midline

Respiratory: Symmetrical expansion

No use of accessory muscles

No coughing during visit

Cardiovascular: Regular rhythm; no murmurs, rubs, or gallops.

Arterial: Normal carotids.

Edema/Varicosities of Extremities: No edema or varicosities.

Chest: No chest deformity.

Gastrointestinal: Non distended, no tenderness upon palpation

Genitourinary: Neurogenic bladder

Musculoskeletal:

ALS dx

Muscle weakness

Muscle wasting with difficulty in movement

Skin: Reviewed and concur with nursing assesment

Neurological: Diffuse weakness

Dysarthria

Oriented - Person

Oriented - Place

Oriented - time

Psychiatric: Oriented to person, place, month and year.

ADVANCED CARE PLANNING

ACP Date Reviewed/Completed: 6/20/2021

Who was present: Patient and myself

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/22/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 352411831)
CONTACT: 702-380-2484

Advanced Directive or POLST: Yes
Full code

CPR?: Yes

Do you want to be sent to ER or hospital?: Yes

The comfort level preferred by the patient is:: Current

How aggressive of care do you want?: Fairly aggressive

How much detail do you want to know about medical care, diagnoses, prognosis, etc.?: Detailed
discussion of recent hospitalization related to chronic medical conditions. Discusses process of CPR, chest compression, defibrillators, and intubation. Discussed issues that would require rehospitalization and desires for rehospitalization.

Discussed difference between emergent intubation and non-emergent intubation. Discussed difference between short term mechanical ventilation and long term ventilation requiring tracheostomy. Discussed risks of future surgeries.

Person designated to make decisions for the patient if the patient cannot speak for him or herself:: POA
Fiance

Time Spent: 17 minutes or more spent discussing Advance Care Planning CPT 99497

DIAGNOSIS AND ASSESSMENT

Assessment:

CPT Codes:
99308

ICD Codes:
335.20 / G12.21: ALS (amyotrophic lateral sclerosis)
344.00 / G82.50: Quadriplegia
V15.88 / Z91.81: History of fall
812.00 / S42.209A: Proximal humerus fracture
787.20 / R13.10: Dysphagia
596.54 / N31.9: Neurogenic bladder
783.0 / R63.0: Anorexia
311 / F32.9: Depression
338.29 / G89.29: Chronic pain

Plan: 7/22/2021

Continue skilled care at MVCC

Reviewed medications and orders

Bowel regimen

Fall precautions

Skin care

Dietary monitor for dysphagia, currently on a soft diet with thin liquids

Continue ST 5 x weekly

Continue current pain control; norco, MS Contin ER, gabapentin, and lidocaine patch.

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/22/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 352411831)
CONTACT: 702-380-2484

***** Document e-signed by Sandee Hill on Aug 27 2021 11:53AM PDT *****
Craig M Jorgenson, MD, LTD

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/27/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 350382721)
CONTACT: 702-380-2484

PROGRESS NOTE

HISTORY

Room: 110B

Floor: 100 Hall

Chief Complaint / Nature of Presenting Problem: Skilled follow up visit

History Of Present Illness: 62 year old female patient with a primary diagnosis of ALS, visited today for a skilled follow up. She presents A&O x 3 and pleasant. She has very limited muscle movement and difficulty with speech. She present no s/s of infection; no fever, no chills, no cough. She reports pain in her legs, neck, and shoulders and is requesting pain medication. Her RN reports her pain is better controlled with tramadol, norco, and morphine given on schedule.

7/7/2021 patient mains weak and frail from ALS. Patient eating poorly. Reviewed with nursing and patient refuses meals often. Discussed with patient she is very dysarthric speech but she was able to spell out words and spent over 20 minutes with her she is asking for Ensure and appears easily loses things to eat for her. There is no abdominal pain no nausea vomiting.

7/8/2021 Skilled follow up visit. Pt A&O x 3. Primary diagnosis of ALS; presents weak with very limited muscle movement of upper left extremity to no muscle movement of her lower extremities. She has difficulty with speech and is difficult to understand during most of our conversation. She states her pain is better controlled after increasing her dose of norco. She reports no dysphagia with her current diet except with vegetables as they are "not cooked enough." She reports no other problems and is pleasant.

7/13/2021 Skilled follow up visit. Pt laying in bed. A&O x 3. Primary diagnosis ALS. Weak with very limited muscle movement affecting speech, which is very slurred and difficult to understand. She reports her pain is uncontrolled and would like to increase her morphine ER. Discussed with Laarni, NP, with pain management who will assess. She continues to eat a regular diet with no dysphagia.

7/27/2021 Skilled visit. Pt sitting up in bed. A&O x 3. Primary diagnosis ALS with severe muscle limitations. Speech is very slurred and difficult to understand. Her norco frequency has been increased to q4h by pain management with strict pain assessments q4h. Nursing reports increased dysphagia with ST evaluation and treatment prompting an order for an MBSS. The patient complains of decreased hearing bilaterally; debrox and irrigation ordered. Otherwise, the patient is pleasant and reports no other problems. She reports no s/s of infection; no fevers or chills.

Medication List: Baclofen 5 mg 3 tablets or 15 mg twice a day Riluzole 50 mg daily capsaicin cream topically 3 times a day Flexeril 5 mg 3 times a day fluoxetine 40 mg daily gabapentin 300 mg 3 times a day lidocaine patch on 12 hours off 12 hours left knee MS Contin 15 mg every 12 Afrin nasal spray as needed polyethylene glycol 335 17 g in 8 ounces water daily Seroquel 25 mg nightly sennoside twice daily zolpidem 5 mg nightly

Narcotics: Tramadol
Morphine ER
Norco

Allergy List: No known medication allergies.

Past Medical History: ALS

Quadriplegia

Mildly displaced fracture of the proximal humerus

History of falls

Hypoglycemia

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/27/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 350382721)
CONTACT: 702-380-2484

Alcohol and meth abuse
Oral dysphagia

Past Surgical History: Ack

Social History: History of alcohol and meth abuse
Moved to Las Vegas with her fiancé few months ago

Family History: No CAD, HTN, DM or Cancer

REVIEW OF SYSTEMS

General: Weak and frail
No fever, chills, or sweats reported.

Eyes: No vision changes.

Ears/Nose/Mouth/Throat: Decreased hearing reported bilaterally
Increased dysphagia reported by nursing

Respiratory: No upper respiratory infections, dyspnea, cough or wheezing.

Cardiovascular: No chest pain, tightness or palpitations.

Gastrointestinal: No abdominal pain, nausea, vomiting, or change in bowel habits.

Genitourinary: Incontinence

Musculoskeletal: No reported redness or swelling.
Difficulty with muscle movement; general

Neurological: No loss of consciousness, transient ischemic symptoms, or seizures.

Skin/Breast: No rashes or skin breakdown.

Psychiatric: Memory intact

Endocrine: No hyper or hypoglycemic episodes

Hematological/Lymphatic: No reported lymph node enlargement.

Allergic/Immunologic: No environmental allergies.

PHYSICAL EXAM

General: Thin, weak, frail, difficulty with muscle movement

Eyes: Conjunctivae and lids appear normal.

Ears/Nose/Mouth/Throat: Dysphagia reported by nursing and ST, MBSS ordered

Neck: Supple, trachea midline

Respiratory: Symmetrical expansion

No use of accessory muscles

No coughing during visit

Cardiovascular: Regular rhythm; no murmurs, rubs, or gallops.

Arterial: Normal carotids.

Edema/Varicosities of Extremities: No edema or varicosities.

Chest: No chest deformity.

Gastrointestinal: Non distended, no tenderness upon palpation

Genitourinary: Neurogenic bladder

Musculoskeletal:

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/27/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 350382721)
CONTACT: 702-380-2484

ALS dx
Muscle weakness
Muscle wasting with difficulty in movement
Skin: Reviewed and concur with nursing assesment
Neurological: Diffuse weakness
Dysarthria
Oriented - Person
Oriented - Place
Oriented - time
Psychiatric: Oriented to person, place, month and year.

ADVANCED CARE PLANNING

ACP Date Reviewed/Completed: 6/20/2021
Who was present: Patient and myself
Advanced Directive or POLST: Yes
Full code
CPR?: Yes
Do you want to be sent to ER or hospital?: Yes
The comfort level preferred by the patient is:: Current
How aggressive of care do you want?: Fairly aggressive
How much detail do you want to know about medical care, diagnoses, prognosis, etc.?: Detailed discussion of recent hospitalization related to chronic medical conditions. Discusses process of CPR, chest compression, defibrillators , and intubation, Discussed issues that would require rehospitalization and desires for rehospitalization.

Discussed difference between emergent intubation and non-emergent intubation. Discussed difference between short term mechanical ventilation and long term ventilation requiring tracheostomy. Discussed risks of future surgeries.
Person designated to make decisions for the patient if the patient cannot speak for him or herself:: POA
Fiance
Time Spent: 17 minutes or more spent discussing Advance Care Planning CPT 99497

DIAGNOSIS AND ASSESSMENT

Assessment:
CPT Codes:
99309
ICD Codes:
335.20 / G12.21: ALS (amyotrophic lateral sclerosis)
344.00 / G82.50: Quadriplegia
V15.88 / Z91.81: History of fall
787.20 / R13.10: Dysphagia
812.00 / S42.209A: Proximal humerus fracture
596.54 / N31.9: Neurogenic bladder
783.0 / R63.0: Anorexia

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Sandee Hill
DOS: 7/27/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (PID: 350382721)
CONTACT: 702-380-2484

Plan: 7/27/2021

Continue skilled care at MVCC

Reviewed medications and orders

Bowel regimen

Fall precautions

Skin care

ST eval for recent dysphagia, MBSS ordered

Continue PT

Continue current pain control regimen; norco, MS Contin ER, gabapentin, and lidocaine patch.

Norco frequency increased by pain management to q4h

Decreased hearing bilaterally; debrox and irrigation ordered, monitor for pain, s/s of infection

***** Document e-signed by Sandee Hill on Jul 27 2021 7:50PM PDT *****
Craig M Jorgenson, MD, LTD

110B
PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Craig Jorgenson, MD
DOS: 8/6/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 352876362)
CONTACT: 702-380-2484

PROGRESS NOTE

HISTORY

Room: 110B

Floor: 100 Hall

Chief Complaint / Nature of Presenting Problem: Skilled follow up visit

History Of Present Illness: 62 year old female patient with a primary diagnosis of ALS, visited today for a skilled follow up. She presents A&O x 3 and pleasant. She has very limited muscle movement and difficulty with speech. She present no s/s of infection; no fever, no chills, no cough. She reports pain in her legs, neck, and shoulders and is requesting pain medication. Her RN reports her pain is better controlled with tramadol, norco, and morphine given on schedule.

7/7/2021 patient mains weak and frail from ALS. Patient eating poorly. Reviewed with nursing and patient refuses meals often. Discussed with patient she is very dysarthric speech but she was able to spell out words and spent over 20 minutes with her she is asking for Ensure and appears easily loses things to eat for her. There is no abdominal pain no nausea vomiting.

7/8/2021 Skilled follow up visit. Pt A&O x 3. Primary diagnosis of ALS; presents weak with very limited muscle movement of upper left extremity to no muscle movement of her lower extremities. She has difficulty with speech and is difficult to understand during most of our conversation. She states her pain is better controlled after increasing her dose of norco. She reports no dysphagia with her current diet except with vegetables as they are "not cooked enough." She reports no other problems and is pleasant.

7/13/2021 Skilled follow up visit. Pt laying in bed. A&O x 3. Primary diagnosis ALS. Weak with very limited muscle movement affecting speech, which is very slurred and difficult to understand. She reports her pain is uncontrolled and would like to increase her morphine ER. Discussed with Laarni, NP, with pain management who will assess. She continues to eat a regular diet with no dysphagia.

7/27/2021 Skilled visit. Pt sitting up in bed. A&O x 3. Primary diagnosis ALS with severe muscle limitations. Speech is very slurred and difficult to understand. Her norco frequency has been increased to q4h by pain management with strict pain assessments q4h. Nursing reports increased dysphagia with ST evaluation and treatment prompting an order for an MBSS. The patient complains of decreased hearing bilaterally; debrox and irrigation ordered. Otherwise, the patient is pleasant and reports no other problems. She reports no s/s of infection; no fevers or chills.

8/06/21. Tolerating physical therapy. Pain better controlled with medication changes. Asked to fill out paperwork for guardianship. Low patient's memory cognitive status is intact her neurologic weakness x-ray communication skills and physical ability to handle neighbor affairs nearly impossible

Medication List: Baclofen 5 mg 3 tablets or 15 mg twice a day Riluzole 50 mg daily capsaicin cream topically 3 times a day Flexeril 5 mg 3 times a day fluoxetine 40 mg daily gabapentin 300 mg 3 times a day lidocaine patch on 12 hours off 12 hours left knee MS Contin 15 mg every 12 Afrin nasal spray as needed polyethylene glycol 335 17 g in 8 ounces water daily Seroquel 25 mg nightly sennoside twice daily zolpidem 5 mg nightly

Narcotics: Tramadol

Morphine ER

Norco

Allergy List: No known medication allergies.

Past Medical History: ALS

Quadripareisis

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Craig Jorgenson, MD
DOS: 8/6/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 352876362)
CONTACT: 702-380-2484

Mildly displaced fracture of the proximal humerus

History of falls

Hypoglycemia

Alcohol and meth abuse

Oral dysphagia

Past Surgical History: Ack

Social History: History of alcohol and meth abuse

Moved to Las Vegas with her fiancé few months ago

Family History: No CAD, HTN, DM or Cancer

REVIEW OF SYSTEMS

General: Weak and frail

No fever, chills, or sweats reported.

Eyes: No vision changes.

Ears/Nose/Mouth/Throat: Decreased hearing reported bilaterally

Increased dysphagia reported by nursing

Respiratory: No upper respiratory infections, dyspnea, cough or wheezing.

Cardiovascular: No chest pain, tightness or palpitations.

Gastrointestinal: No abdominal pain, nausea, vomiting, or change in bowel habits.

Genitourinary: Incontinence

Musculoskeletal: No reported redness or swelling.

Difficulty with muscle movement; general

Neurological: Diffuse weakness and bedbound from ALS

Skin/Breast: No rashes or skin breakdown.

Psychiatric: Memory intact

Endocrine: No hyper or hypoglycemic episodes

VITAL SIGNS/CONSTITUTIONAL

Pulse: 65 BPM; **Blood Pressure:** 100/57; **Temperature:** 97.6 Fahrenheit; **Respiratory Rate:** 18 Breaths per minute;

PHYSICAL EXAM

General: Thin, weak, frail, difficulty with muscle movement

Eyes: Conjunctivae and lids appear normal.

Ears/Nose/Mouth/Throat: Dysphagia reported by nursing and ST, MBSS ordered

Neck: Supple, trachea midline

Respiratory: Symmetrical expansion

No use of accessory muscles

No coughing during visit

Cardiovascular: Regular rhythm; regular rate

Arterial: Normal pedal pulses.

Edema/Varicosities of Extremities: No edema or varicosities.

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Craig Jorgenson, MD
DOS: 8/6/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 352876362)
CONTACT: 702-380-2484

Chest: No chest deformity.

Gastrointestinal: Non distended, no tenderness upon palpation

Genitourinary: Neurogenic bladder

Musculoskeletal:

ALS dx

Muscle weakness

Muscle wasting with difficulty in movement

Skin: Reviewed and concur with nursing assesment

Neurological: Diffuse weakness

Dysarthria

Oriented - Person

Oriented - Place

Oriented - time

Psychiatric: Oriented to person, place, month and year.

DIAGNOSIS AND ASSESSMENT

Assessment:

CPT Codes:

99308

ICD Codes:

311 / F32.9: Depression

344.00 / G82.50: Quadriplegia

812.00 / S42.209A: Proximal humerus fracture

783.0 / R63.0: Anorexia

787.20 / R13.10: Dysphagia

338.29 / G89.29: Chronic pain

Plan: 7/27/2021

Continue skilled care at MVCC

Reviewed medications and orders

Bowel regimen

Fall precautions

Skin care

ST eval for recent dysphagia, MBSS ordered

Continue PT

Continue current pain control regimen; norco, MS Contin ER, gabapentin, and lidocaine patch.
Norco frequency increased by pain management to q4h

Decreased hearing bilaterally; debrox and irrigation ordered, monitor for pain, s/s of infection

8/06/21. Filled out referral for guardianship

Continue skilled care at MVCC

Reviewed medications and orders

Bowel regimen

PATIENT: JOHNSON, CHRISTINE (9/20/1958)
CREATED BY: Craig Jorgenson, MD
DOS: 8/6/2021
COMPANY: Craig M Jorgenson, MD, LTD

FACILITY: MOUNTAIN VIEW CARE & REHAB - NF
GPM MRN: 42595051 (DID: 352876362)
CONTACT: 702-380-2484

Fall precautions
Skin care
ST for recent dysphagia, MBSS ordered
Continue PT

Continue current pain control regimen; norco, MS Contin ER, gabapentin, and lidocaine patch.
Norco frequency increased by pain management to q4h with improved results

***** Document e-signed by Craig Jorgenson, MD on Aug 9 2021 11:14AM PDT *****
Craig M Jorgenson, MD, LTD

EXHIBIT 6
PM & R Follow Ups

Case No: G-21-055340-A

**CHRISTINE JOHNSON'S OPPOSITION TO PETITION FOR APPOINTMENT OF CLARK COUNTY
PUBLIC GUARDIAN AS GUARDIAN OF THE PERSON AND ESTATE AND FOR ISSUANCE OF LETTERS
OF GUARDIANSHIP**



MOUNTAIN VIEW CARE CENTER

PM&R Follow up	
PATIENT NAME	Johnson, Christine B
DATE OF VISIT	7/24/2021
ATTENDING PHYSICIAN	Craig Jorgenson MD
CONSULTING PHYSICIAN	Farhang Farzin MD/ MD Doddy
REASON FOR CONSULTATION	Rehab and pain follow up
HISTORY	Patient is a 62-year-old female with Amyotrophic lateral sclerosis with quadriparesis. Patient has acute mildly displaced fracture of proximal humeral neck after fall on her left shoulder. Patient has history of oral dysphagia and was able to speak with me, however patient needs time to respond. Patient is wheelchair bound and is a fall risk.
ALLERGIES	No known allergies
MEDICATIONS	Reviewed, <u>see MAR for complete list.</u> Morphine ER 15 mg 1 tab PO q 12 hrs for pain Norco 10/325 mg q6 hrs prn for pain
PAST MEDICAL HISTORY	Other past medical history, as I mentioned above.
SOCIAL HISTORY	History of illicit drug and alcohol use. No smoking
FAMILY HISTORY	Noncontributory
REVIEW OF SYSTEMS	Eleven systems reviewed. There is no sign of chest pain, SOB, nausea, vomiting, fever, chills and cough.
PHYSICAL EXAMINATION	
VITAL SIGNS	BP: 102/66 RR: 18
GENERAL	In no acute distress
NEUROLOGICAL	Alert and awake
HEENT	Atraumatic, normocephalic, Hearing intact
GASTROINTESTINAL	Soft, nontender, bowel sounds active
SKIN	Reviewed and concur with nursing assessment.
PSYCHIATRIC	No hallucinations reported

ASSESSMENT

Z91.81 - History of falling
R52 - Pain, unspecified
S42.293A - Other displaced fracture of upper end of unspecified humerus
G12.21 - Amyotrophic lateral sclerosis
G82.50 - Quadriplegia, unspecified
R53.1 - Weakness
R13.12 - Dysphagia, oropharyngeal phase

PLAN

Continue rehab
FIM scores reviewed
No refill needed at this time
Patient is aware of the risks and benefits of the pain medication

I spoke to the patient, patient looked very lively, in a positive mood. Patient verbalized appreciation for her pain med adjustment. She feels better and she is not in any pain.

Self-feeding = Max (A)

Hygiene / grooming = Max (A)

Patient was discharged from therapy on 07/22/2021

Discharge functional level:

2+/5 muscular strength BLE's

Rolling R <> L at TA

Supine <> Side lying <> Sit EOB at TA

EOB / OOB transfers at TA

I explained the patients discharged functional level; patient verbalized understanding

Skin, bowel, and bladder program

Monitor V/S



Laarni Banawel FNP-C

7/24/2021



MOUNTAIN VIEW CARE CENTER

PM&R Follow up	
PATIENT NAME	Johnson, Christine B 110 B
DATE OF VISIT	7/20/2021
ATTENDING PHYSICIAN	Craig Jorgenson MD
CONSULTING PHYSICIAN	Farhang Farzin MD/ MD Doddy
REASON FOR CONSULTATION	Rehab and pain follow up
HISTORY	Patient is a 62-year-old female with Amyotrophic lateral sclerosis with quadriparesis. Patient has acute mildly displaced fracture of proximal humeral neck after fall on her left shoulder. Patient has history of oral dysphagia and was able to speak with me, however patient needs time to respond. Patient is wheelchair bound and is a fall risk.
ALLERGIES	No known allergies
MEDICATIONS	Reviewed, <u>see MAR for complete list.</u> Morphine ER 15 mg 1 tab PO q 12 hrs for pain Norco 10/325 mg q6 hrs prn for pain
PAST MEDICAL HISTORY	Other past medical history, as I mentioned above.
SOCIAL HISTORY	History of illicit drug and alcohol use. No smoking
FAMILY HISTORY	Noncontributory
REVIEW OF SYSTEMS	Eleven systems reviewed. There is no sign of chest pain, SOB, nausea, vomiting, fever, chills and cough.
PHYSICAL EXAMINATION	
VITAL SIGNS	BP: 112/72 RR: 20
GENERAL	In no acute distress
NEUROLOGICAL	Alert and awake
HEENT	Atraumatic, normocephalic, Hearing intact
GASTROINTESTINAL	Soft, nontender, bowel sounds active, no constipation reported
SKIN	Reviewed and concur with nursing assessment.
PSYCHIATRIC	No hallucinations reported

ASSESSMENT

Z91.81 - History of falling
R52 - Pain, unspecified
S42.293A - Other displaced fracture of upper end of unspecified humerus
G12.21 - Amyotrophic lateral sclerosis
G82.50 - Quadriplegia, unspecified
R53.1 - Weakness
R13.12 - Dysphagia, oropharyngeal phase

PLAN

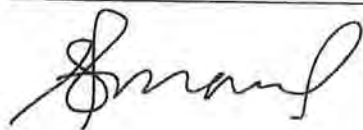
Continue rehab
FIM scores reviewed

I spoke to the patient regarding pain level. Patient noted to be in pain during conversation, when asked the level of pain; patient verbalized 8/10 and it is all over her body. I made a clinical decision to change NORCO 10/325 MG Q6 to Q4 hours. I informed the nurses of the new changes and ordered to assess level of pain every 4 hours and inform me of any new signs of pain or discomfort. I also informed the attending NP regarding changes in pain medication for this patient.

I spoke to the therapist regarding patient's case. I was informed that she will be discharged from therapy soon. I informed patient regarding my conversation with the therapist; patient verbalized understanding.

Patient is aware of the risks and benefits of the pain medication.

No constipation reported
Skin, bowel, and bladder program
Monitor V/S



Laarni Banawel FNP-C

7/20/2021



MOUNTAIN VIEW CARE CENTER

PM&R Follow up	
PATIENT NAME	Johnson, Christine B 110 B
DATE OF VISIT	7/16/2021
ATTENDING PHYSICIAN	Craig Jorgenson MD
CONSULTING PHYSICIAN	Farhang Farzin MD/ MD Doddy
REASON FOR CONSULTATION	Rehab and pain follow up
HISTORY	Patient is a 62-year-old female with Amyotrophic lateral sclerosis with quadriparesis. Patient has acute mildly displaced fracture of proximal humeral neck after fall on her left shoulder. Patient has history of oral dysphagia and was able to speak with me, however patient needs time to respond. Patient is wheelchair bound and is a fall risk.
ALLERGIES	No known allergies
MEDICATIONS	Reviewed, <u>see MAR for complete list.</u> Morphine ER 15 mg 1 tab PO q 12 hrs for pain Norco 10/325 mg q6 hrs prn for pain
PAST MEDICAL HISTORY	Other past medical history, as I mentioned above.
SOCIAL HISTORY	History of illicit drug and alcohol use. No smoking
FAMILY HISTORY	Noncontributory
REVIEW OF SYSTEMS	Eleven systems reviewed. There is no sign of chest pain, SOB, nausea, vomiting, fever, chills and cough.
PHYSICAL EXAMINATION	
VITAL SIGNS	BP: 115/85 RR: 20
GENERAL	In no acute distress
NEUROLOGICAL	Alert and awake
HEENT	Atraumatic, normocephalic, Hearing intact, hoarse voice
GASTROINTESTINAL	Soft, nontender, bowel sounds active x 4
SKIN	Reviewed and concur with nursing assessment.
PSYCHIATRIC	No hallucinations reported

ASSESSMENT

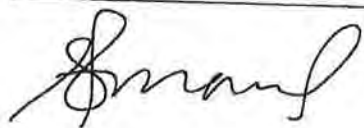
Z91.81 - History of falling
R52 - Pain, unspecified
S42.293A - Other displaced fracture of upper end of unspecified humerus
G12.21 - Amyotrophic lateral sclerosis
G82.50 - Quadriplegia, unspecified
R53.1 - Weakness
R13.12 - Dysphagia, oropharyngeal phase

PLAN

Continue rehab
FIMS reviewed
I spoke to attending NP regarding patients request to her to increase morphine at 30MG
Before going to the patients room, I spoke to the nurse regarding patients pain level. According to the nurse, patients pain level is well controlled. According to the nurse every time a provider asks the patient if she is in pain, the patient will always want to increase the pain medication, also after talking to the boyfriend, the patient will ask for medications
I spoke to the patient regarding pain, per patient she would like morphine to be increased to 30MG BID.
During the conversation with the patient there is no subjective and objective signs of pain that I can see that would require the increase; the patient also did not verbalize that she was in pain. When I told the patient, based on my clinical decision that I would not increase the morphine to 30MG patient verbalized understanding. She then asked for NORCO to be given every 4 hours instead of every 6 hours.
I went back to the nurse and asked if the patient is taking the NORCO every 6 hours. According to the nurse the patient does not take it every 6 hours, patient can go up to 8-10 hours without asking for it. I told the nurse to assess the patient for level of pain every 6 hours. I then went back to the patient and explained to patient that I cannot change the NORCO to every 4 hours because she is not taking it every 6 hours as needed. Patient verbalized understanding.
Will continue to monitor for any signs of increasing pain
Hold pain medication for sedation
Skin, bowel and bladder program
Vital signs monitoring
Pt. is aware of the risks, benefits and side effects of pain medication
If there is a new sign of pain the nurse will let me know
Fall risk precaution

Continue on bed mobility training to increase functional skills
No pain noted during therapy

Self-feeding task = Max (A)
Hygiene / grooming task = Max (A)
Patient demonstrates good rehab potential as evidence by motivation to participate and motivated to return to prior level of living; discussed patient progress with her



Laarni Banawel FNP-C

7/16/2021



**MOUNTAIN VIEW
CARE CENTER**

PM&R Follow up	
PATIENT NAME	Johnson, Christine B 110 B
DATE OF VISIT	7/12/2021
ATTENDING PHYSICIAN	Craig Jorgenson MD
CONSULTING PHYSICIAN	Farhang Farzin MD/ MD Doddy
REASON FOR CONSULTATION	Rehab and pain follow up
HISTORY	Patient is a 62-year-old female with Amyotrophic lateral sclerosis with quadriparesis. Patient has acute mildly displaced fracture of proximal humeral neck after fall on her left shoulder. Patient has history of oral dysphagia and was able to speak with me, however patient needs time to respond. Patient is wheelchair bound and is a fall risk.
ALLERGIES	No known allergies
MEDICATIONS	Reviewed, <u>see MAR for complete list.</u> Morphine ER 15 mg 1 tab PO q 12 hrs for pain Norco 10/325 mg q6 hrs prn for pain
PAST MEDICAL HISTORY	Other past medical history, as I mentioned above.
SOCIAL HISTORY	History of illicit drug and alcohol use. No smoking
FAMILY HISTORY	Noncontributory
REVIEW OF SYSTEMS	Eleven systems reviewed. There is no sign of chest pain, SOB, nausea, vomiting, fever, chills and cough.
PHYSICAL EXAMINATION	
VITAL SIGNS	BP: 101/73 RR: 19
GENERAL	In no acute distress
NEUROLOGICAL	Alert and awake
HEENT	Atraumatic, normocephalic, Hearing intact, hoarse voice
GASTROINTESTINAL	Soft, nontender, bowel sounds active x 4
SKIN	Reviewed and concur with nursing assessment.
PSYCHIATRIC	No hallucinations reported

ASSESSMENT

Z91.81 - History of falling
R52 - Pain, unspecified
S42.293A - Other displaced fracture of upper end of unspecified humerus
G12.21 - Amyotrophic lateral sclerosis
G82.50 - Quadriplegia, unspecified
R53.1 - Weakness
R13.12 - Dysphagia, oropharyngeal phase

PLAN

Continue rehab
Fims reviewed
Per pt. pain is well controlled with the new medication
Will continue to monitor for any signs of increasing pain
Hold pain medication for sedation
Skin, bowel and bladder program
Vital signs monitoring
Pt. is aware of the risks, benefits and side effects of pain medication
If there is a new sign of pain the nurse will let me know
Fall risks
Continue training on self feeding abilities
No pain during therapy



Laarni Banawel FNP-C

7/12/2021



MOUNTAIN VIEW CARE CENTER

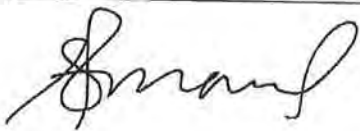
PM&R Follow up	
PATIENT NAME	Johnson, Christine B
DATE OF VISIT	7/8/2021
ATTENDING PHYSICIAN	Craig Jorgenson MD
CONSULTING PHYSICIAN	Farhang Farzin MD/ MD Doddy
REASON FOR CONSULTATION	Rehab and pain follow up
HISTORY	Patient is a 62-year-old female with Amyotrophic lateral sclerosis with quadriparesis. Patient has acute mildly displaced fracture of proximal humeral neck after fall on her left shoulder. Patient has history of oral dysphagia and was able to speak with me, however patient needs time to respond. Patient is wheelchair bound and is a fall risk.
ALLERGIES	No known allergies
MEDICATIONS	Reviewed, <u>see MAR for complete list.</u> Morphine ER 15 mg 1 tab PO q 12 hrs for pain Norco 5/325 mg q6 hrs prn for pain
PAST MEDICAL HISTORY	Other past medical history, as I mentioned above.
SOCIAL HISTORY	History of illicit drug and alcohol use. No smoking
FAMILY HISTORY	Noncontributory
REVIEW OF SYSTEMS	Eleven systems reviewed. There is no sign of chest pain, SOB, nausea, vomiting, fever, chills and cough.
PHYSICAL EXAMINATION	
VITAL SIGNS	BP: 109/73 RR: 19
GENERAL	In no acute distress
NEUROLOGICAL	Alert and awake
HEENT	Atraumatic, normocephalic, Hearing intact
GASTROINTESTINAL	Soft, nontender, bowel sounds active.
SKIN	Reviewed and concur with nursing assessment.
PSYCHIATRIC	No hallucinations reported

ASSESSMENT

Z91.81 - History of falling
R52 - Pain, unspecified
S42.293A - Other displaced fracture of upper end of unspecified humerus
G12.21 - Amyotrophic lateral sclerosis
G82.50 - Quadriplegia, unspecified
R53.1 - Weakness
R13.12 - Dysphagia, oropharyngeal phase

PLAN

Continue rehab
Fims reviewed
Pain medication recently adjusted by attending NP
Will continue to monitor pt's pain
Hold pain medication for sedation
Skin, bowel and bladder program
Vital signs monitoring
Pt. is aware of the risks, benefits and side effects of pain medication
If there is a new sign of pain the nurse will let me know
2+5/5 muscular strength BLE's
0 in on modified functional reach test
Rolling R/L at TA
Supine/side lying/sit EOB at TA
Continue training to increase LE ROM and strength, functional activity tolerance, increase coordination, improve tone in LE
Continue exercises to improve static and dynamic balance
Pt. demonstrates fair rehab potential



Laarni Banawel FNP-C

7/8/2021



MOUNTAIN VIEW CARE CENTER

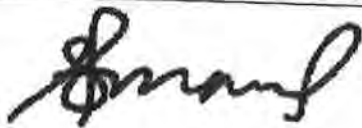
PM&R Follow up	
PATIENT NAME	Johnson, Christine B 110 B
DATE OF VISIT	7/4/2021
ATTENDING PHYSICIAN	Craig Jorgenson MD
CONSULTING PHYSICIAN	Farhang Farzin MD / MD Dooxy
REASON FOR CONSULTATION	Rehab and pain follow up
HISTORY	Patient is a 62-year-old female with Amyotrophic lateral sclerosis with quadriparesis. Patient has acute mildly displaced fracture of proximal humeral neck after fall on her left shoulder. Patient has history of oral dysphagia and was able to speak with me, however patient needs time to respond. Patient is wheelchair bound and is a fall risk.
ALLERGIES	No known allergies
MEDICATIONS	Reviewed, <u>see MAR for complete list.</u> Morphine ER 15 mg 1 tab PO q 12 hrs for pain Norco 5/325 mg PO q 4 prn for pain
PAST MEDICAL HISTORY	Other past medical history, as I mentioned above.
SOCIAL HISTORY	History of illicit drug and alcohol use. No smoking
FAMILY HISTORY	Noncontributory
REVIEW OF SYSTEMS	Eleven systems reviewed. There is no sign of chest pain, SOB, nausea, vomiting, fever, chills and cough.
PHYSICAL EXAMINATION	
VITAL SIGNS	BP: 138/73 RR: 18
GENERAL	In no acute distress
NEUROLOGICAL	Alert and awake
HEENT	Atraumatic, normocephalic, Hearing intact
GASTROINTESTINAL	Soft, nontender, bowel sounds active.
SKIN	Reviewed and concur with nursing assessment.
PSYCHIATRIC	No hallucinations reported

ASSESSMENT

Z91.81 – History of falling
R52 – Pain, unspecified
S42.293A – Other displaced fracture of upper end of unspecified humerus
G12.21 – Amyotrophic lateral sclerosis
G82.50 – Quadriplegia, unspecified
R53.1 – Weakness
R13.12 – Dysphagia, oropharyngeal phase

PLAN

Continue rehab
Fim score reviewed
Pain well controlled with new scheduled pain medication
Hold for sedation
Skin, bowel and bladder protocol
Pain medication risks, benefits and side effects reviewed with pt. Pt verbalized understanding.
If there's new signs of pain the nurse will let me know
LUE, left wrist and left phalanges with 1 through 5 digits flexed contractures PROM
Self-feeding tasks with Mod A activities with use of long handled utensils
Hygiene and grooming exercises
Continue on BLE PROM exercises



Laarni Banawel FNP-C

7/4/2021



MOUNTAIN VIEW CARE CENTER

PM&R Follow up					
PATIENT NAME	Johnson, Christine B 110 B				
DATE OF VISIT	6/30/2021				
ATTENDING PHYSICIAN	Craig Jorgenson MD				
CONSULTING PHYSICIAN	Farhang Farzin MD				
REASON FOR CONSULTATION	Rehab and pain follow up				
HISTORY	Patient is a 62-year-old female with Amyotrophic lateral sclerosis with quadriparesis. Patient has acute mildly displaced fracture of proximal humeral neck after fall on her left shoulder. Patient has history of oral dysphagia and was able to speak with me, however patient needs time to respond. Patient is wheelchair bound and is a fall risk.				
ALLERGIES	No known allergies				
MEDICATIONS	Reviewed, <u>see MAR for complete list.</u> Morphine ER 15 mg 1 tab PO q 12 hrs for pain Norco 5/325 mg 1 tab q 4 hr prn for pain				
PAST MEDICAL HISTORY	Other past medical history, as I mentioned above.				
SOCIAL HISTORY	History of illicit drug and alcohol use. No smoking				
FAMILY HISTORY	Noncontributory				
REVIEW OF SYSTEMS	Eleven systems reviewed. There is no sign of chest pain, SOB, nausea, vomiting, fever, chills and cough.				
PHYSICAL EXAMINATION					
VITAL SIGNS	BP: 103/67	HR: 66	TEMP 97.3	RR: 19	O2 SAT: 95
GENERAL	In no acute distress				
NEUROLOGICAL	Alert and awake				
HEENT	Atraumatic, normocephalic, Hearing intact				
GASTROINTESTINAL	Soft, nontender, bowel sounds active.				
SKIN	Reviewed and concur with nursing assessment.				
PSYCHIATRIC	No hallucinations reported				

ASSESSMENT

Z91.81 - History of falling
R52 - Pain, unspecified
S42.293A - Other displaced fracture of upper end of unspecified humerus
G12.21 - Amyotrophic lateral sclerosis
G82.50 - Quadriplegia, unspecified
R53.1 - Weakness
R13.12 - Dysphagia, oropharyngeal phase

PLAN

Pain Management: I spoke to the nurse regarding the pt. current pain medications. According to the nurse the pt. pain is well controlled, but she was asking for Morphine routinely. I spoke to the pt. and pt verbalized that her pain is well controlled with the current pain medications.
I made a clinical decision to change Morphine Er prn to Morphine ER 15 mg 1 tab PO q 12 hrs for pain. This will also help pt. perform in therapy without any pain. I discussed the new order to the pt. and pt. is agreeable. I explained the risks and benefits of pain medication and pt. verbalized understanding.
Primary MD ordered Norco for the pt. I did discontinue the current tramadol order. Per pt. her pain is well controlled with Norco rather than tramadol.

- Hold for sedation
- Skin, bowel and bladder program
- If there's new sign of pain the nurse will let me know

Rehab:

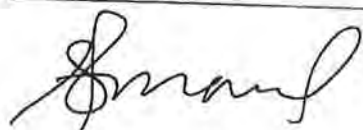
Continue rehab

LUE fracture on a sling

Max assist x 2

Skilled interventions focused on bed mobility training

Nevada PMP: ---



Laarni Banawel FNP-C

6/30/2021

EXHIBIT 7
Handwritten Progress Note

Case No: G-21-055340-A

CHRISTINE JOHNSON'S OPPOSITION TO PETITION FOR APPOINTMENT OF CLARK COUNTY
PUBLIC GUARDIAN AS GUARDIAN OF THE PERSON AND ESTATE AND FOR ISSUANCE OF LETTERS
OF GUARDIANSHIP

PHYSICIAN'S PROGRESS NOTES

DATE

7/9/21

PROGRESS NOTES & COMMENTS

SIGNATURE

Received urgent request for competency eval.
Pt. seen @ bedside. She was emotional, crying
a lot as perseverated on wanting to talk to
Anthony. She was initially confused thinking I
was trying to prevent her from being w/ her
frank. She reported Anthony is currently
looking for a rental home; however, there
was mention by a nurse that he was
hospitalized today. Ms Johnson has a
shallow understanding of her condition
and physical needs. She indicated she
makes decisions w/ Anthony. She wants
to go home. She did not acknowledge that she
was homeless prior to being hospitalized.
At this time, I do not believe she has
the capacity to make decisions regarding
leaving AMH. Full narrative to follow.
One page form emailed to Mr. Michael Fowler.

[Signature] MD
Lic. Psychologist / Neuropsychologist
DHS

Form # GP1401 (Rev. 09/06)

Reorder From: MED-PASS 800-438-8884

Resident/Patient Name

Johnson Christine

ID #

Room #

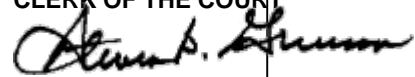
Physician

Jorgenson

EXHIBIT 3

Amended Order Appointing Investigator, entered on 10/21/2021

Case No: 83912



OAI

**DISTRICT COURT
CLARK COUNTY, NEVADA**

In the Matter of the Guardianship

of:

Christine Johnson,

Protected Person(s)

Case No.: G-21-055340-A

Department: B

Return Hearing:

November 4, 2021

at 10:30 AM

AMENDED ORDER TO APPOINT INVESTIGATOR

This matter has been reviewed by the Court. The Court, having jurisdiction of the subject matter, finds an investigation is required in this matter.


IT IS HEREBY ORDERED:

1. The Court appoints the following as investigator in this matter:
Kate McCloskey, State Guardianship Compliance Officer, or
designee
201 S. Carson Street, Suite 250
Carson City, NV 89701-4702
Phone: 775-684-1783
Fax: 775-684-1723
2. The State Guardianship Compliance Officer shall conduct an investigation into the Protected Person's personal circumstances including, but not limited to, the Protected Person's medical and psychiatric/psychological condition, care and maintenance, educational status, placement, and financial status.

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3. Specifically, the State Guardianship Compliance Officer shall obtain the APS records and court files from North Dakota (case number 532021TR00052) and Clark County relative to the Proposed Protected Person.
 4. Upon presentation of this Order to any hospital, medical care facility, health care provider, educational institution, human service agency, financial institution, or other agency or individual providing placement, care, treatment, services, or benefits to the Protected Person, including records of protected health information under the provision of the Federal Health Insurance Portability and Accountability Act of 1996, the State Guardianship Compliance Officer shall be authorized to access, review, and/or copy any record relating to the Protected Person, within the scope of this investigation.
 5. The State Guardianship Compliance Officer shall file a written report with the Court, documenting the results of this investigation. The investigative report shall be sent to the parties in this matter, by the State Guardianship Compliance Officer.

20 IT IS SO ORDERED.

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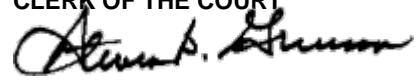


DISTRICT COURT JUDGE LGH
LINDA MARQUIS
October 21, 2021

EXHIBIT 4

Investigator's Report, filed on 11/02/2021

Case No: 83912



IN THE FAMILY DIVISION
OF THE EIGHTH DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF CLARK

In the Matter of the Guardianship of:)	Case No. G-21-055340-A
the Person and Estate of:)	
)	
CHRISTINE JOHNSON		
aka CHRISITINE WEIDERMAN)	
)	Dept. B
A Protected Person.)	

CONFIDENTIAL REPORT OF INVESTIGATOR

SCOPE:

Judge Linda Marquis ordered the Guardianship Compliance Office to conduct an investigation and obtain and review the Adult Protective Services for the Proposed Protected Person from North Dakota and Clark County. Additionally, Judge Marquis ordered this office to obtain the North Dakota Court records for Case Number 53-2021-PR-00052.

APPROACH:

State Guardianship Compliance Office

Kathleen McCloskey, Guardianship Compliance Office Manager and Investigator

Procedures

As part of the examination into this matter, the Financial Forensic Specialist took the following actions:

- Reviewed guardianship case files for the Protected Person.
- Obtained and Reviewed Adult Protective Services records from the States of North Dakota and Nevada.

- Obtained and reviewed the court records from Case No. 53-2021-PR-00052

ADULT PROTECTIVE SERVICES REPORTS

North Dakota Intake Number 17798

Date of Report: 10/30/2020

Allegation Type: Not Specified in Summary Report

Allegation Subtype: Not Specified in Summary Report

Decision Information: Not Specified in Summary Report. However the report did indicate the case was resolved on Tuesday November 3, 2020. The Summary Report did not indicate if any allegation was substantiated, rather, the report provided a series of case management notes that indicated Adult Protective Services provided direct services related to placement, medical intervention, and guardianship. Below will summarize the description of the initial event and the interventions provided by Adult Protective Services.

Description of Event:

The description of the event indicated that Ms. Johnson needed 24 hour care and was wheelchair bound. Her care takers name was Anthony Anchongo, and he lived with her at the time. The note indicated that when Ms. Johnson was ready for discharge that Mr. Anchongo stated he would not take care of Ms. Johnson anymore unless he was paid to care for her and he “refused to be her slave anymore.” The description note also indicates that home and community based services was set up to complete an assessment in the home “this Wednesday at 2:00 p.m.” but that Mr. Anchonga refused to take Ms. Johnson back home. The note documented that Mr. Anchonga stated that if Ms. Johnson came home he would not be there to help her out of the taxi cab and help her. The note also documents Ms. Johnson paid the rent, that Mr. Anchonga was engaged to be married to Ms. Johnson and that he is using her funds to pay the rent.

Summary of Interventions:

“APS Chronological Investigation Notes” begin on 11/3/2020 and run through 3/22/2021. The investigation notes reference “Investigation ID 9273.” Notes on 11/3/2020, the not indicates an APS worker attempted to contact the reporter, but was unsuccessful. On 11/4/2020, a note was entered that documented that Ms. Johnson and Mr. Anchongo moved from the Grandview Motel to the Super 8 Motel. The note indicated that home and community based services (HCBS) were notified of the move, and that HCBS had difficulty contacting Ms. Johnson, leaving several messages on her cell phone. The note also documented that Ms. Johnson was sent to an unnamed location (redacted in the note) because she had informed her nurse that she was going to “slit her wrists because she didn’t feel she was getting the help she needed with her medications.” The note then states she was transferred for suicidal ideations, and that her primary care physician, Dr. Small, had concerns related to Mr. Anchongo being overbearing and controlling, that Ms. Johnson tested positive for methamphetamine, that Ms. Johnson had made “wild accusations” of going into Bethel Lutheran Nursing Home, but that this facility had no knowledge of Ms. Johnson. Finally, the note documented that Ms. Johnson was on North Dakota Medicaid in the Sanford Expansion.

On 11/4/2020, the APS worker documented that she contacted HCBS to inquire about services and was informed that Ms. Johnson would need to be on traditional Medicaid and would need to be out of a motel and in her own place for services. HCBS also voiced concerns related to Ms. Johnson testing positive for methamphetamine and questioned if drug abuse was prevalent for her. On 11/6/2020, the APS worker documents that she conducted a home visit with Ms. Johnson and Mr. Anchongo at their room at the Super 8 Motel. Law enforcement was present due to Ms. Johnson testing positive for methamphetamine. While Mr. Anchongo met with Law enforcement in, the APS worker and Ms. Johnson met separately. Ms. Johnson informed the worker that she did not use drugs and that she got the meth from the previous manager “Bob” at the Grandview Motel to help out with her pain levels because she could not stand it anymore. The note indicated that she spoke candidly about her admission to the hospital and was not happy with how her provider was working her medical case. The note documents that her medical issues began in May when she fell and became partially paralyzed. Ms. Johnson

explained to her APS worker that she was unable to go to the Bethel because she had NN Medicaid Sanford Expansion, and that would only cover 30 days in the nursing home. She told her APS worker that she came to North Dakota because she had inherited mineral rights to her grandparents in Williams and Divide Counties. She stated she receives SSDI and gets 1700.00 per month and that is her only source of income. She provided banking information and stated she did not have a POA established and that she had capacity to make her own decisions. She explained she and Mr. Anchongo had been together for over a year, that her family is in Las Vegas and that she was hoping to move back to Las Vegas there after they figure out the mineral rights. The APS worker explained that HCBS would not be able to provide services to her unless they moved to their own apartment. It was documented that Ms. Johnson refused services because Mr. Anchongo was taking care of her and that she would reach out if needed in the future.

The next note occurs on 1/6/2021 and it documents that the APS worker was informed that Ms. Johnson was recently diagnosed with ALS by a Dr. Marburger, a neurologist in town (reporter's name was redacted). The note also indicates that Ms. Johnson missed her 12/24/2020 medical appointment, and when the reporter called Ms. Johnson for the reminder appointment, Mr. Anchonga became verbally aggressive and then hung up on the reporter. The reporter explained that Dr. Marburger was attempting to find placement for Ms. Johnson because of her progressive ALS diagnosis. On 1/6/2021, a follow up phone call by the APS worker was documented. The reporter's name was redacted. The reporter informed the APS worker that Dr. Small had recommended that Ms. Johnson would be most suitably placed and cared for in a nursing home due to her deteriorating condition, that Bethel Lutheran Nursing Home denied her placement because they felt she required more care than they could provide to meet her needs, and in addition, due to the type of Medicaid Ms. Johnson had she would only qualify for 30 days of placement. A "Teams Meeting" was documented on 1/22/2021, where by the team shared the following information:

- Ms. Johnson was diagnosed with ALS and Dr. Marburger recommended nursing home placement;

- Ms. Johnson was her own decision maker;
- Dr. Marburger advocated Ms. Johnson return to Las Vegas, as she has family there and that there were more options for ALS in Nevada compared to western North Dakota;
- Ms. Johnson was denied admission at Bethel Lutheran Nursing Home due to her previous behaviors and because her Medicaid type would only cover 30 days of placement;
- Dr. Marburger stated Ms. Johnson needed additional testing and evaluations to determine how long she has, and that providing all of these tests locally cannot be done;
- Ms. Johnson has not attended the pain clinic for appointments because Mr. Anchonga has refused to allow her to go;
- Dr. Marburger shared with the team the progressive nature of ALS, stating Ms. Johnson's condition will worsen over time, and that she will need more care than Mr. Achongo could provide on his own.
- Dr. Marburger and Dr. Small shared concern related to Ms. Johnson's pain levels and questioned why she is always requesting opioids. It was explained this is why the others on the team recommended the pain clinic and scheduled for more tests to determine if her body could handle those medications.
- The APS social worker offered to conduct a MoCA test on Ms. Johnson to see where her cognition is if she allowed it.

On 1/25/2021 there were two notes. One documented a home visit conduct with Ms. Johnson and Mr. Anchonga at their hotel room. They advised her that they applied for Section 8 housing a month prior, but had not heard back. Ms. Johnson related she like her physical therapy, provided her cell number, birth date and Medicaid number. She also related that she refused nursing care placement or hospice because she did not want to be separated from Mr. Achongo or her family because of the pandemic. They also discussed pain management clinic, obtaining Social Security and Ms. Johnson and Mr. Achongo's desire to obtain their own apartment. Ms. Johnson related that her daughter was going

to be visiting from Maine. The second note that date, as well notes on 1/26/2021, 1/29/2021 documents the APS worker assisting with rental applications from apartments, financial assistance, and obtaining funding through Money Follows the Person program to help fund housing. Also on 1/29/2021, the APS worker documents that she spoke with Jennifer Weiderman about her mother and learned that she and another sibling were traveling to Williston for the weekend to visit with their mother, and that they were unaware of her mother's medical condition until they spoke with their mother. Ms. Weiderman stated she would like to talk with her mother's medical providers. The APS worker arranged for a Zoom meeting between Ms. Weiderman, the APS worker and medical providers (with Ms. Johnson's verbal permission). The Zoom meeting was conducted on 1/29/2021. The following were topics were discussed and documented:

- Ms. Weinberger stated she learned of her mother's condition when Mr. Anchonga called her asking her to help get POA for her mother. Ms. Weinberger brought the POIA paperwork with her;
- Dr. Marburger provided the daughter with an explanation of ALS, discussed the type of care she would need and her current health. Ms. Weinberger asked about the best type of transportation for Ms. Johnson if she were to move back to Las Vegas and Dr. Marburger recommended a flight would be better than driving.
- Dr. Small discussed Ms. Johnson's hospitalizations at the end of March for pneumonia, her fall on May 13th, and that Ms. Johnson did not show for her follow up appointment on 6/24/202. Dr. Small also indicated that after complaints of back pain, Ms. Johnson had an MRI, which showed she had arthritis in her back. AT the end of November, Ms. Johnson was again hospitalized in November 2020 due to not walking well. Dr. Small stated referrals were made to home health, PT, OT, and neurology.
- A 12/30/2020 consultation was discussed. The note documented that an EMG was done with Dr. Marburger and that Ms. Johnson also had a swallow evaluation completed and they had set

up breathing tests, but respiratory therapy was having a difficult time in getting these appointments lined up with Ms. Johnson because Mr. Anchonga would yell at the staff, refuse to allow them to speak with Ms. Johnson, and would hang up on them.

- Dr. Marburger explained two different types of treatments that would slow down ALS for Ms. Johnson (Riluzole medication and infusion treatment). Dr. Marburger explained that Ms. Johnson could potentially be eligible for both treatments at the same time, but Ms. Johnson would need to be seen at an ALS clinic. Dr. Marburger explained that North Dakota does not have an ALS Clinic, but that Nevada does. Dr. Marburger has another appointment scheduled with Ms. Johnson on 2/21/2021 to again discuss information with her related to her ALS diagnoses.
- The APS worker discussed Ms. Johnson's decision to have capacity to consent to her own medical needs and she had refused all nursing home placements. The APS worker recommended that a POA be in place so that when the time comes there is someone able to speak for her, and her wishes.
- Dr. Small explained that the lack of pain medication is because of not knowing what her breathing capacity is and how medication will affect her breathing. They explained this is why they wanted the respiratory therapy, so that breathing tests could be set up, but Mr. Anchonga interfered with this, and therapy was not set up.
- The conclusion of the team meeting was that they were hoping Ms. Weinberger would be able to get her mother back to Las Vegas because there are more medication interventions for ALS in Las Vegas. Dr. Marburger would make all medical referrals that were needed.

A conversation between the APS worker and Dr. Marburger on 2/2/2021 was documented. During this conversation, Dr. Marburger related concerns about the 2/1/2021 appointment with Ms. Johnson. Dr. Marburger reported to the APS worker that Mr. Anchonga yelled at her during the appointment, continuously called her a liar about Ms. Johnson's prognosis, and did not allow Ms. Johnson to talk for herself. Additionally, Dr. Marburger related that home health was refusing to work with Ms. Johnson

due to Mr. Anchonga's behavior, and that he keeps blocking respiratory therapy from setting up appointments for further testing. Dr. Marburger stated she was not able to get through 90% of what she needed to discuss with Ms. Johnson due to Mr. Anchonga's behaviors. The APS worker told Dr. Marburger that with how badly the appointment went, and with Mr. Anchonga's behaviors, she was going to discuss with her supervisor the possibility of filing for an emergency guardianship. On that date, the APS worker spoke with Ms. Weiderman, who agreed to take on the responsibility of guardian.

On 2/18/2021, the APS worker conducted a home visit with Ms. Johnson and Mr. Anchonga at their hotel room and informed them of her intentions to go ahead with emergency guardianship. She explained that she wanted Ms. Johnson to have help from her children so that all of the burden is not put on Mr. Anchonga, and that the responsibilities can be shared. The note documented Ms. Johnson did not protest the guardianship, however it did document that Mr. Anchonga was "belligerent with me and for 25 minutes proceeded to yell at me with profanity and degrading language." A note documented later that date, stated the social worker had a discussion with Ms. Weiderman about her conversation with her mother and Mr. Anchonga, and that she would contact Attorney Tom Kalil about when to file the petition and ask the question of what happens when her mother relocates to Nevada during the 90 day emergency guardianship.

On 3/8/2021, the APS worker documents a conversation with Ms. Weiderman indicated that she Ms. Weiderman has been unable to see or talk to her mother since she arrived in Las Vegas. Ms. Weiderman told the APS worker that the last time she spoke with Mr. Anchongo that he had dropped her mother off at a hospital on 3/5/2021, but would not tell her which one or when she was dropped or under what name. A missing person report was filed with a Detective Conover with the Las Vegas Police Department Missing Person's unit.

A conversation on 3/22/2021 with Ms. Weiderman was documented, who reported that Ms. Johnson had been located. Ms. Weiderman also stated that Mr. Anchongo had "gone silent" and no one has heard from him, including Ms. Johnson. The social worker explained to Ms. Weiderman that the

emergency guardianship is being dismissed because Ms. Johnson moved out of state, and the APS case would be closed for the same reason.

Nevada Adult Protective Services Investigation ID 36759

Date of Report: 5/4/2021

Allegation Type: Exploitation

Allegation Subtype: A person in a position of trust has taken, hidden or used money or property

Person of Interest 1: Don Weirderman

Person of Interest 2: Robbie Weirderman

Substantiation Decision: Unsubstantiated

Description of Event and Investigation:

The intake summary documents that APS was notified that the client and her significant other recently paid \$1,400.00 for a LYFT ride from North Dakota so the patient would be closer to her children given the patient's prognosis. It was noted that patient had met with the palliative care team and her significant other Anthony. The patient was described in the intake summary as alert and oriented, but had limited verbalization, but she was able spell words and shake her head yes or no to questions. The patient reported to the team failed attempts at living with her children, stating her children prevented her from seeing her significant other and taking all of her month. It was reported that her children provided the hospital an incorrect name in order to keep her significant other away. It was reported that the patient believes her children drained her accounts in the past, stating they used Venmo to transfer themselves money from her account.

On 5/11/2021, the APS social worker conducted a visit with Ms. Johnson at UMC Medical Center regarding the allegations of exploitation. The note indicates that Ms. Johnson was difficult to understand due to her limited verbalizations. The social worker explained why she was there and the reason for the visit. The social worker documented that she was interrupted in her explanation by Ms. Johnson asking when he was coming to visit. The social worker asked for clarification on who and Ms. Johnson stated Anthony. The social worker again attempted to explain the reason for her visit regarding the possible

financial exploitation. Ms. Johnson denied wanting to speak with the social worker regarding the allegation, and when again asked if she wanted to discuss the allegation, Ms. Johnson told the social worker that she would need to speak with Anthony, and that Anthony was going to come visit her. The social worker asked if she needed any assistance regarding any financial exploitation or any issues regarding her banking and Ms. Johnson shook her head no. The social worker then asked if she wanted to speak with the social worker and she answered she did not. This case was closed by APS because they were unsuccessful with discussing the information with Ms. Johnson.

NORTH DAKOTA COURT RECORDS

Case Number 53-2021-PR-00052

The case file for the above guardianship case were obtained, as well as the Register of Actions. On 2/26/2021, the Vulnerable Adult Protective Services in Stanley, North Dakota filed an Ex Parte Petition of an Emergency Guardian and Conservator over Christine Johnson in the District Court of Williams County, North Dakota (Exhibit A). The Petition asked the court to grant emergency guardianship to her children, Jennifer and Robert Weiderman. On 2/26/2021, the Court filed an Order Appointing Emergency Guardian and Conservator (Exhibit B), and Emergency Letters of Guardian and Conservator were also issued that date (Exhibit C). The Letters indicate the Emergency Guardian and Conservatorship were valid for 10 days. Jennifer Weiderman and Robert Weiderman were appointed Emergency Guardian and Conservator for Christine Johnson. These letters were not signed by the guardians. On 2/26/2021, the Court also filed an Order Appointing Guardian Ad Litem (Exhibit D). Jeff Nehring and/or Hernando Perez, of Williston, North Dakota were appointed as Guardian Ad Litem. On 2/26/2021, Proposed Amended Letters were filed with the court, and the Amended Letters, which were signed by the guardians, were filed with the Court on 3/1/2021 (Exhibit E). The Letters indicate they were valid for 10 days from the date of the order, which was dated 3/1/2021. On 3/5/2021, a Motion to Dismiss was filed with the Court, and on 3/5/2021 (Exhibit F), the Court issued an Order of

Dismissal (Exhibit G). The Register of Actions indicate the Guardianship/Conservatorship Hearing was cancelled and the case was dismissed (Exhibit H).

FINDINGS

1. North Dakota Adult Protective Services returned one investigation report, which did not include allegation type, or determination. APS did record through their note system various interventions related to medical treatment, social support (rental assistance) and guardianship.
2. Nevada Adult Protective services returned one investigation of exploitation by Persons of Interest Don and Robbie Weideman. The allegation of exploitation was unsubstantiated.
3. The District Court of Williams County North Dakota has one Guardianship/Conservatorship Case for Ms. Christina Johnson, Case Number 53-2021-PR-0052. This case appears to be closed, and the Guardianship dismissed.

Respectfully submitted,


Kathleen McCloskey, Guardianship Compliance Manager, Investigator

EXHIBIT A

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Attorney for Petitioner

Civil No. 53-2021-PR-00052

IN THE DISTRICT COURT OF WILLIAMS COUNTY, NORTH DAKOTA

In the Matter of the Guardianship and Conservatorship
of **Christine Bertina Johnson f/k/a Christine Weiderman f/k/a Christine Haugsdal**
an Allegedly Incapacitated Person

**EX PARTE PETITION FOR APPOINTMENT OF AN EMERGENCY
GUARDIAN AND CONSERVATOR**

Name of proposed ward/protected person: Christine Bertina Johnson f/k/a Christine Weiderman f/k/a Christine Haugsdal

Age: 62

Address: Super 8 Motel, Room 122, 2324 2nd Ave W, Williston, ND 58801

Name of Petitioner: Kayla Fenster, HSPA III

Address: Vulnerable Adult Protective Services
Mountrail Williams Human Service Zone
18 2nd Ave SE, P.O. Box 39
Stanley, ND 58784

Relationship to proposed ward/protected person: None, Employee of Vulnerable Adult Protective Services.

Name of Proposed Co-Guardian/Conservator: Jennifer Weiderman

Address: P.O. Box 527, Yarmouth, ME 04096

Relationship to proposed ward/protected person: Daughter

Name of Proposed Co-Guardian/Conservator: Robert Weiderman

Address: 9800 Virginia Woods Circle, Las Vegas, NV 89117

Relationship to proposed ward/protected person: Son

The Petitioner respectfully presents the following to the Court:

[¶1] The information listed above pertaining to the named above-named proposed ward is accurate.

[¶2] The ex parte appointment of an emergency guardian is necessary because substantial

harm has already occurred to the proposed ward's health, safety, and welfare, and harm will likely continue to occur. No other person appears to have authority or willingness to act in the circumstances.

[¶3] Christine Bertina Johnson ("Christine") requires a guardian and conservator because she is unable to properly care for herself. She suffers from Amyotrophic Lateral Sclerosis (ALS), also known as Lou Gehrig's Disease, significant arthritis at several levels in her back, inability to walk, and alcohol addiction.

[¶4] Christine requires daily medical care and needs to be in a facility equipped to handle her daily needs. Christine is currently living in a hotel and is not getting to her appointments and tests as scheduled.

[¶5] On February 2, 2021, Dr. William Curtis Small wrote a letter addressing his concerns regarding Christine's medical condition, lack of care, and abusive behavior of her significant other, Anthony Anchondo ("Anthony"). Due to Mr. Anchondo's behavior, Dr. Small has had to have the Williston Police Department on standby and in the building during Christine's appointments. Dr. Small is concerned over Anthony's recent comment when addressed how to manage Christine's pain. Anthony responded that "Christine and I have a plan, we aren't telling anyone what the plan is, though..." Dr. Small has concerns over some kind of mercy-killing/suicide pact. See Exhibit 1 attached.

[¶6] Christine's neurologist, Dr. Tessa Marburger, also wrote a letter addressing her concerns about Christine's medical condition, lack of care, and the abusive behavior of her significant other, Anthony Anchondo. Dr. Marburger recommends Christine to be in a facility equipped to handle her ALS. Dr. Marburger and her staff have also experienced abusive behavior from Anthony. Dr. Marburger tried to explain the type of care that Christine requires and tried to get

her to understand, but Anthony repeatedly interfered with the conversation by loudly interrupting with insults, accusations and vague and/or unrealistic demands directed towards Dr. Marburger. Anthony accused Dr. Marburger of lying several times. Dr. Marburger is concerned about Anthony's influence over Christine. Dr. Marburger confronted Anthony about his behavior toward the health care team and Anthony acknowledged no wrong doing, claiming that they needed to be "called out". Anthony further claimed that Dr. Marburger had no right to make recommendations about Christine's living situation because that is personal. Dr. Marburger explained that Christine's living situation is very relevant to her health. From Dr. Marburger's perspective, Anthony has been systematically alienating Christine from healthcare team members that have been trying to provide her care. See Exhibit 2 attached.

[¶7] Kayla Fenster with Vulnerable Adult Protective Services ("VAPS") had a face-to-face visit with Christine and Anthony. Kayla had concerns over Anthony's behavior as well. She was greeted by him yelling at her through the door. Anthony talked for Christine throughout the entire conversation and did not give Christine the ability to answer Kayla's questions on her own. Anthony berated Kayla's professionalism and called her a liar numerous times. Kayla is concerned about Christine residing in a Motel and not having the resources she requires for her ALS. Christine is unable to get out of bed or use the bathroom unassisted. During the visit, Kayla witnessed Christine laying in bed cringing in pain every time Anthony would reposition her. During this visit, Christine started to choke on three different occasions due to her swallowing issues. Kayla noted that Christine's health had rapidly declined since she saw her in 2020. VAPS also has concerns about Anthony leaving Christine in the Motel room alone for an undisclosed amount of time; during this time, Christine is not able to do anything for herself and if she doesn't have the only cell phone, she is incapable of calling out for help should something go

wrong. Kayla feels that an Emergency Guardianship would be the best during this time to have family with a sound mind to help Christine make decisions that will affect her medically as well as respect Christine's wishes for the little time she has left. See Exhibit 3 attached.

[¶8] Dr. Marburger stated in her letter that there is documentation that a local home health provider will not go to Christine's hotel room due to Anthony's behavior. See Exhibit 2 attached.

[¶9] Dr. Marburger also stated in her letter that there is documentation that the respiratory team members have called to schedule Christine for her breathing test, and Anthony would not let them talk to her and hung up on them. Anthony is barring Christine from getting important diagnostic tests to assess her respiratory status. See Exhibit 2 attached.

[¶10] The only source of income is Christine's Social Security income. There are concerns over Anthony's influence of Christine and him not having any income other than Christine's Social Security.

[¶11] Christine's husband passed away May 2019. In April 2020, Anthony had indicated to Dr. Small that he was here in Williston to track down an inheritance of his mineral acres. Anthony indicated that he had come up from Las Vegas to track these down. In June, 2020, Christine had reported to Dr. Small that she was on a quest to find her inheritance, oil mineral acres from her Grandfather in Divide County, which motivated her to enlist Anthony's help in helping her move here. See Exhibit 1 attached.

[¶12] There are concerns that the only reason Christine is not getting the healthcare that she needs is because Anthony is determined to find this "inheritance" in Divide County and will not allow Christine to move back to Las Vegas where there are resources available and where her children reside. Anthony has driven Christine's family members away and has isolated her. Anthony's control over Christine's Social Security money, her unfound "inheritance", attempting

to seek Power of Attorney, and her healthcare in the little time that Christine has known him is very concerning.

[¶13] Christine's needs are greater than the care she is receiving at this time. She is unable to care for herself and requires 24 hour care.

[¶14] Christine has been hospitalized twice for conditions related to her inability to walk. In July, while being hospitalized for weakness and inability to walk, Dr. Small applied for Christine to be accepted by Bethel Lutheran Home, but they refused to undertake her care, for reasons Dr. Small does not know. Dr. Small then referred Christine to their Home Care division and the home care nurses became scared of Anthony and refused to do further visits on her as they did not feel safe. See Exhibit 1 attached.

[¶15] It is necessary, in order to protect Christine's well-being, that an emergency guardian and conservator be appointed to look after her affairs until a permanent guardian and conservator can be appointed.

[¶16] The petitioner requests Christine's daughter, Jennifer Weiderman, whose post office address is P.O. Box 527, Yarmouth, ME 04096, and Christine's son, Robert Weiderman, whose post office address is 9800 Virginia Woods Circle, Las Vegas, NV 89117 be appointed the temporary co-guardians and co-conservators and have the qualifications which justify their appointment as the temporary guardian and conservator. It is in the ward's best interests that Jennifer Weiderman and Robert Weiderman be guardian and conservator.

[¶17] The petitioner has considered less intrusive alternatives to guardianship and conservatorship and has reviewed possibilities for alternative resource plans, as specified by N.D.C.C. § 30.1-26-01, and believes that no alternative resource plan is available to Christine Bertina Johnson.

[¶18] The names and addresses of persons entitled to notice in this matter are listed below:

Spouse: **Deceased**

Parents: **Deceased**

Adult Children:

Jennifer Weiderman, P.O. Box 527, Yarmouth, ME 04096

Robert Weiderman, 9800 Virginia Woods Circle, Las Vegas, NV 89117

Don Leadbeter, 1204 Silver Prospect Dr., Las Vegas, NV 89108

Edward Weiderman, 1200 Redwood St. Apt. E96, Las Vegas, NV 89146

Valerie Weiderman, 8777 W Maule Ave #15-2109, Las Vegas, NV 89148

Richard Weiderman, 5817 Rae Dr, Las Vegas, NV 89108

Allison Weiderman, 6232 Timberwolf Ct., Las Vegas, NV 89130

[¶19] I request that the Court authorize the guardian and conservatorship decision-making ability in the following areas and to the following degrees:

	<i>Full</i>	<i>Limited</i>	<i>None</i>
Place of residence, including long-term care facility placement	X		
Education and/or training	X		
Legal matters	X		
Vocation	X		
Financial Matters	X		
Medical treatment	X		

[¶20] I request that Christine Bertina Johnson's rights to vote, seek change in marital status, and obtain or retain a motor vehicle operator's license be restricted.

[¶21] The cost of this proceeding will be paid by North Dakota Human Services, Aging Services Division, 1237 W. Divide Ave, Ste 6, Bismarck, ND 58501-1208.

[¶22] Given Anthony Anchondo's erratic and unpredicted behavior, Petitioner further requests that the Williams County Sheriff's Office assist the Emergency Co-Guardians and Co-


Conservators with removing the ward from the Super 8 Motel.

[¶23] For the reasons set forth above, Petitioner respectfully requests the following:

1. That the Court appoint Jennifer Weiderman and Robert Weiderman as Emergency co-guardian and co-conservator of Christine Bertina Johnson;
2. That a hearing be held promptly on this Petition and that the Court appoint the above-indicated persons as the guardian and conservator of Christine Bertina Johnson;
3. That the Court appoint an expert examiner to examine Christine Bertina Johnson, and a visitor to interview Christine Bertina Johnson, the proposed guardian, and other persons interested in the welfare of Christine Bertina Johnson;
4. That a guardian ad litem be appointed to advocate for the best interests of Christine Bertina Johnson;
5. That the Court order the Williams County Sheriff's Office immediately locate Christine Bertina Johnson and remove her from the Super 8 Motel, Room 122, 2324 2nd Ave W, Williston, ND 58801, and place her in the care of the Guardians, or their designee.

I DECLARE, CERTIFY, VERIFY, AND STATE, UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT.

Dated this 26th day of February, 2021.



Kayla Fenster, HSPA III, Petitioner
Vulnerable Adult Protective Services
Mountrail McKenzie Human Service Zone
18 2nd Ave SE, P.O. Box 39
Stanley, North Dakota 58784

EXHIBIT B

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Attorney for Petitioner

Civil No. 53-2021-PR-00052

IN THE DISTRICT COURT OF WILLIAMS COUNTY, NORTH DAKOTA

In the Matter of the Guardianship and Conservatorship
of **Christine Bertina Johnson f/k/a Christine Weiderman f/k/a Christine Haugsdal**
an Allegedly Incapacitated Person

ORDER APPOINTING EMERGENCY GUARDIAN AND CONSERVATOR

[¶1] The Court having reviewed Section 30.1-28-10.1 N.D.C.C., and having considered the Petition and other matter, makes the following findings:

[¶2] The Court has jurisdiction over this matter based on Christine Bertina Johnson's permanent residence in Williams County, North Dakota.

[¶3] Petitioner, as an employee of the Mountrail Williams Human Service Zone, Vulnerable Adult Protective Services, is familiar with Christine Bertina Johnson and her case file.

[¶4] Christine Bertina Johnson is 62 years of age and currently lives in Williston, North Dakota.

[¶5] As a result of her mental and physical condition, Christine Bertina Johnson is unable to look after herself and her own affairs.

[¶6] An emergency exists in that Christine Bertina Johnson's health, safety and personal affairs are at risk in light of this inability to properly handle her affairs.

[¶7] Christine Bertina Johnson has no other guardian or conservator. Jennifer Weiderman and Robert Weiderman are willing and able to serve as emergency guardian and conservator of Christine Bertina Johnson.

[¶8] Pursuant to the authority granted under Section 30.1-28-10.1 N.D.C.C., Jennifer Weiderman and Robert Weiderman shall be appointed as emergency co-guardians and co-conservators of Christine Bertina Johnson f/k/a Christine Weiderman f/k/a Christine Haugsdal and Emergency Letters of Guardianship and Conservatorship shall be issued to them which allow them to act independently of the other.

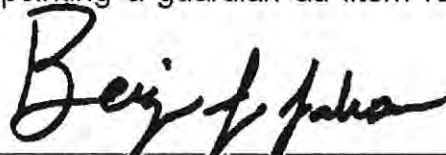
[¶9] The Court orders that the Williams County Sheriff's Office immediately locate Christine Bertina Johnson and remove her from the Super 8 Motel, Room 122, 2324 2nd Ave W, Williston, ND 58801.

[¶10] The Court further orders that the Williams County Sheriff's Office be provided with a copy of this Order and that they employ any and all necessary means to retrieve Christine Bertina Johnson immediately through whatever lawful means are available to law enforcement, and that she be placed in the care of the guardians appointed herein, or any party they may designate.

The Letters and Order must be served upon the Ward within 48 hours of the date of the Order. A hearing on the petition for ex parte emergency appointment of petitioner shall be held within 10 days.

BY THE COURT:

The petitioner shall immediately file an order appointing a guardian ad litem for the Ward.



Williams County District Court Judge

EXHIBIT C

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Attorney for Petitioner

Civil No. 53-2021-PR-00052

IN THE DISTRICT COURT OF WILLIAMS COUNTY, NORTH DAKOTA

In the Matter of the Guardianship and Conservatorship
of **Christine Bertina Johnson f/k/a Christine Weiderman f/k/a Christine Haugsdal**
an Allegedly Incapacitated Person

EMERGENCY LETTERS OF GUARDIANSHIP AND CONSERVATORSHIP

TO: JENNIFER WEIDERMAN AND ROBERT WEIDERMAN, CO-GUARDIAN AND CO-CONSERVATOR OF CHRISTINE BERTINA JOHNSON, AN INCAPACITATED PERSON

[¶1] In the District Court of Williams County on the ____ day of February, 2021, Jennifer Weiderman and Robert Weiderman were appointed to be the emergency Co-Guardian and Co-Conservator of Christine Bertina Johnson f/k/a Christine Weiderman f/k/a Christine Haugsdal.

[¶2] Jennifer Weiderman and Robert Weiderman, as Co-Guardian and Co-Conservator has the authority for Christine Bertina Johnson f/k/a Christine Weiderman f/k/a Christine Haugsdal in each of the following areas:

	<i>Full</i>	<i>Limited</i>	<i>None</i>
Place of residence	X		
Education and/or training	X		
Legal matters	X		
Vocation	X		
Financial matters	X		
Medical treatment	X		

[¶3] These Emergency Letters of Guardianship and Conservatorship are valid for **ten (10)** ~~ninety (90)~~ days from the date of this Order, or upon further Order of the Court. Each co-guardian and co-conservator may act independently of the other.

BY THE COURT
Signed 2/26/2021 2:20:49 PM



Williams County District Court Judge

STATE OF _____)
) ss
COUNTY OF _____)

I, **Jennifer Weiderman**, hereby accept the duties of Co-Guardian and Co-Conservator of the person of Christine Bertina Johnson, an incapacitated person, and will perform my duties according to law.

Dated this ____ day of February, 2021.

Jennifer Weiderman

STATE OF _____)
) ss
COUNTY OF _____)

I, **Robert Weiderman**, hereby accept the duties of Co-Guardian and Co-Conservator of the person of Christine Bertina Johnson, an incapacitated person, and will perform my duties according to law.

Dated this ____ day of February, 2021.

Robert Weiderman

EXHIBIT D

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Attorney for Petitioner

Civil No. 53-2021-PR-00052

IN THE DISTRICT COURT OF WILLIAMS COUNTY, NORTH DAKOTA

In the Matter of the Guardianship and Conservatorship
of **Christine Bertina Johnson f/k/a Christine Weiderman f/k/a Christine Haugsdal**
an Allegedly Incapacitated Person

ORDER APPOINTING GUARDIAN AD LITEM

[¶1] The Petition of Kayla Fenster, for the appointment of Jennifer Weiderman and Robert Weiderman as Co-Guardians and Co-Conservators of Christine Bertina Johnson f/k/a Christine Weiderman f/k/a Christine Haugsdal, alleged to be an incapacitated person, having come before the Court, and it appearing that the alleged incapacitated person is not represented by legal counsel of her own choice, Jeff Nehring and/or Hernando Perez, of Williston, North Dakota 58801, is hereby appointed to represent said alleged incapacitated person in the proceedings before the Court, and shall have the powers and duties of a guardian ad litem. The duties of the Guardian Ad Litem are as follows:

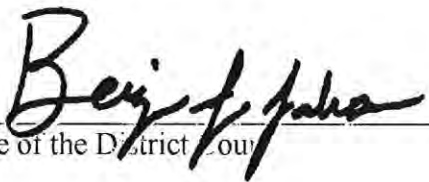
[¶2] Interview the proposed ward. The interview can be by phone or video conference due to the COVID-19 restrictions.

[¶3] Explain the guardianship proceeding to the proposed ward in the language, mode of communication, and in terms that the proposed ward is most likely to understand, including the nature and possible consequences of the proceeding, the right to which the proposed ward is entitled, and the legal options that are available.

[¶4] Represent the proposed ward as a Guardian Ad Litem. If the appointed attorney or other

attorney is retained by the proposed ward to act as an advocate, the attorney shall promptly notify the Court, and the Court may determine whether the attorney should be discharged from the duties of Guardian Ad Litem.

BY THE COURT
Signed 2/26/2021 2:19:34 PM



Judge of the District Court

EXHIBIT E

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Civil No. 53-2021-PR-00052

IN THE DISTRICT COURT OF WILLIAMS COUNTY, NORTH DAKOTA

In the Matter of the Guardianship and Conservatorship
of **Christine Bertina Johnson f/k/a Christine Weiderman f/k/a Christine Haugsdal**
an Allegedly Incapacitated Person

AMENDED EMERGENCY LETTERS OF GUARDIANSHIP AND CONSERVATORSHIP

TO: JENNIFER WEIDERMAN AND ROBERT WEIDERMAN, CO-GUARDIAN AND CO-CONSERVATOR OF CHRISTINE BERTINA JOHNSON, AN INCAPACITATED PERSON

[¶1] In the District Court of Williams County on the 26th day of February, 2021, Jennifer Weiderman and Robert Weiderman were appointed to be the emergency Co-Guardian and Co-Conservator of Christine Bertina Johnson f/k/a Christine Weiderman f/k/a Christine Haugsdal.

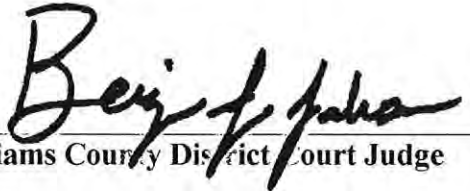
[¶2] Jennifer Weiderman and Robert Weiderman, as Co-Guardian and Co-Conservator has the authority for Christine Bertina Johnson f/k/a Christine Weiderman f/k/a Christine Haugsdal in each of the following areas:

	<i>Full</i>	<i>Limited</i>	<i>None</i>
Place of residence	X		
Education and/or training	X		
Legal matters	X		
Vocation	X		
Financial matters	X		
Medical treatment	X		

[¶3] These Emergency Letters of Guardianship and Conservatorship are valid for ten (10) days from the date of this Order, or upon further Order of the Court. Each co-guardian and co-conservator may act independently of the other.

BY THE COURT:

Signed: 3/1/2021 1:48:47 PM


Williams County District Court Judge

STATE OF MAINE)
) ss
COUNTY OF CUMBERLAND)

I, **Jennifer Weiderman**, hereby accept the duties of Co-Guardian and Co-Conservator of the person of Christine Bertina Johnson, an incapacitated person, and will perform my duties according to law.

Dated this 26th day of February, 2021.

/s/ Jennifer Weiderman
Jennifer Weiderman

STATE OF NEVADA)
) ss
COUNTY OF CLARK)

I, **Robert Weiderman**, hereby accept the duties of Co-Guardian and Co-Conservator of the person of Christine Bertina Johnson, an incapacitated person, and will perform my duties according to law.

Dated this 26th day of February, 2021.

/s/ Robert Weiderman
Robert Weiderman

EXHIBIT F

Thomas E. Kalil (ID #06918)

Kalil Law Firm, PLLC

1802 13th Ave W

P.O. Box 2355

Williston, ND 58802-2355

(701) 572-0395

tom@kalillawfirm.com

Attorney for Petitioner

Civil No. 53-2021-PR-00052

IN THE DISTRICT COURT OF WILLIAMS COUNTY, NORTH DAKOTA

In the Matter of the Guardianship and Conservatorship
of **Christine Bertina Johnson f/k/a Christine Weiderman f/k/a Christine Haugsdal**
an Allegedly Incapacitated Person

MOTION TO DISMISS

[¶1] COMES NOW, Kayla Fenster, Petitioner, and Jennifer Weiderman and Robert Weiderman, Co-Guardians and Co-Conservators, by and through their attorney, Thomas E. Kalil, and hereby respectfully moves the Court for an Order dismissing the above-described action without prejudice.

Dated this 5th day of March, 2021.

KALIL LAW FIRM, PLLC

1802 13th Ave W

P.O. Box 2355

Williston, ND 58802

tom@kalillawfirm.com

Telephone: (701) 572-0395

ATTORNEY FOR PETITIONER

/s/ Thomas E. Kalil

BY: Thomas E. Kalil
N.D. Id. # 06918

EXHIBIT G

Thomas E. Kalil (ID #06918)
Kalil Law Firm, PLLC
1802 13th Ave W
P.O. Box 2355
Williston, ND 58802-2355
(701) 572-0395
tom@kalillawfirm.com
Attorney for Petitioner

Civil No. 53-2021-PR-00052

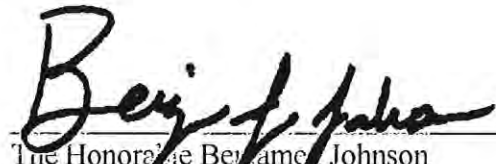
IN THE DISTRICT COURT OF WILLIAMS COUNTY, NORTH DAKOTA

In the Matter of the Guardianship and Conservatorship
of **Christine Bertina Johnson f/k/a Christine Weiderman f/k/a Christine Haugsdal**
an Allegedly Incapacitated Person

ORDER OF DISMISSAL

[¶1] Upon review and consideration of the Motion to Dismiss without prejudice filed by the Petitioner, IT IS HEREBY ORDERED that the above-captioned action is dismissed without prejudice.

BY THE COURT:



The Honorable Benjamin Johnson
Signed: 3/5/2021 2:33 PM
Williams County District Court Judge

EXHIBIT H

REGISTER OF ACTIONS

CASE NO. 53-2021-PR-00052

In the Matter of the Conservatorship and Guardianship of Christine Bertina Johnson

§
53-2-1
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53-2-99
53-2-100

Case Type: Conservatorship and Guardianship
Date Filed: 02/26/2021
Location: -- Williams County
Judicial Officer: Johnson, Benjamin J

PARTY INFORMATION

Guardian / Conservator Weiderman, Jennifer
Yarmouth, ME 04096

Attorneys
Thomas E. Kalil
Retained
701-572-0395 x0000(W)

Guardian / Conservator Weiderman, Robert
Las Vegas, NV 89117

Thomas E. Kalil
Retained
701-572-0395 x0000(W)

Petitioner Vulnerable Adult Protective Services
Stanley, ND 58754

Thomas E. Kalil
Retained
701-572-0395 x0000(W)

Ward Johnson, Christine Bertina f.k.a. Haugsdal,
Christine f.k.a. Weiderman, Christine
Williston, ND 58801

DOB: 1958
SSN: XXX-XX-1393

Pro Se

EVENTS & ORDERS OF THE COURT

03/05/2021 **DISPOSITIONS**
Termination (Guardianships / Conservatorships) (Judicial Officer: Johnson, Benjamin J)

02/26/2021 **OTHER EVENTS AND HEARINGS**
Petition Index # 1
Ex Parte Petition for Appointment of an Emergency Guardian and Conservator
02/26/2021 **Exhibit Index # 2**
Exhibit 1 - Letter from Dr. William Curtis Small
02/26/2021 **Exhibit Index # 3**
Exhibit 2 - Letter from Dr. Tessa Marburger, Neurologist
02/26/2021 **Exhibit Index # 4**
Exhibit 3 - Letter from Kayla Fenster with Vulnerable Adult Protective Services
02/26/2021 **Proposed Order Index # 5**
Proposed Order Appointing Emergency Guardian and Conservator (Kalil)
02/26/2021 **Proposed Letters Index # 6**
Proposed Emergency Letters of Guardianship and Conservatorship (Kalil)
02/26/2021 **Confidential Information Form Index # 7**
02/26/2021 **Notice of Assignment and Case Number Index # 8**
02/26/2021 **Order Index # 9**
Appointing Emergency Guardian and Conservator
02/26/2021 **Proposed Order Index # 10**
Appointing Guardian Ad Litem (Kalil)
02/26/2021 **Order Index # 11**
Appointing Guardian Ad Litem
02/26/2021 **Letters for Guardianship/Conservatorship Index # 12**
Emergency Letters of Guardianship and Conservatorship (Not Signed by Guardians)
02/26/2021 **Proposed Letters Index # 13**
Proposed Amended Letters
03/01/2021 **Letters for Guardianship/Conservatorship Index # 14**
Amended Emergency Letters
03/05/2021 **Motion Index # 15**
to Dismiss
03/05/2021 **Proposed Order Index # 16**
of Dismissal without Prejudice (Kalil)
03/05/2021 **Service Document Index # 17**
Certificate of Service on Attorney Perez (GAL)
03/05/2021 **Order Index # 18**
of Dismissal without Prejudice
03/08/2021 **CANCELED Guardianship / Conservatorship Hearing (10:00 AM) (Judicial Officer Johnson, Benjamin J)**
Dismissed

FINANCIAL INFORMATION

		Petitioner Vulnerable Adult Protective Services	
		Total Financial Assessment	80.00
		Total Payments and Credits	80.00
		Balance Due as of 10/22/2021	0.00
02/26/2021	Transaction Assessment		80.00
02/26/2021	E-File Payment	Receipt # 53-2021-1769	Vulnerable Adult Protective Services (80.00)

IN THE FAMILY DIVISION
OF THE EIGHTH DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF CLARK

In the Matter of the Guardianship of
the Person and Estate of:

CHRISTINA JOHNSON

A Protected Person

)
)
)
)
)
)

Case No. G-21-055340-A

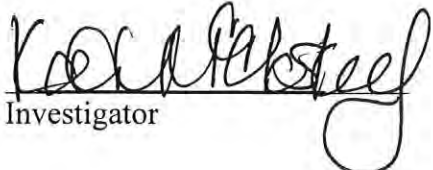
Dept. B

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I certify that I am an employee of the Guardianship Compliance Office, and that on the _____ day of _____ I served through the United States Postal Service, a true and correct copy of the CONFIDENTIAL REPORT OF INVESTIGATOR to:

Pursuant to NCRP 5(b), I certify that I am an employee of the Guardianship Compliance Office, and that on the 2nd Day of November, 2021 I electronically filed the foregoing with the Clerk of the Court by using the ECF system, which will send a notice of electronic filing to the following:

Kim Boyer, Esq.	kimboyer@elderlaw.com
Matthew D Carling, Esq.	cedarlegal@gmail.com
Kimli Nguyen	knguyen@lacs.org
Katie Anderson, Esq.	kanderson@lacs.org


Investigator

EIGHTH JUDICIAL DISTRICT COURT
COUNTY OF CLARKE, STATE OF NEVADA

AFFIRMATION
Pursuant to NRS 239B.030 and 603A.040

The undersigned does hereby affirm that the preceding document, _____

CONFIDENTIAL REPORT OF INVESTIGATOR

(Title of Document)

filed in case number: G-21-055340-A

☒

Document does not contain the personal information of any person.

- OR -

☐

Document contains the social security number of a person as required by:

☐

A specific state or federal law, to wit:

(State specific state or federal law)

- or -

☐

For the administration of a public program

- or -

☐

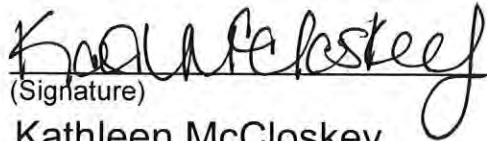
For an application for a federal or state grant

- or -

☐

Confidential Family Court Information Sheet
(NRS 123.130, NRS 125.230, and NRS 125B.055)

Date: November 2, 2021


(Signature)

Kathleen McCloskey

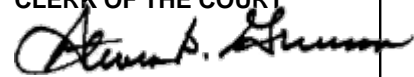
(Print Name)

(Attorney for)

EXHIBIT 5

Physician's Certificate, filed on 08/23/2021

Case No: 83912



CISG
KIM BOYER, ESQ.
Nevada Bar #5587
10785 W. Twain Ave., Suite 210
Las Vegas, Nevada 89135
(702) 255-2000
Email: kimboyer@elderlawnv.com
Attorney for Facility

DISTRICT COURT
CLARK COUNTY, NEVADA

In the Matter of the Guardianship of

CHRISTINE B. JOHNSON aka
CHRISTINE B. WEIDERMAN,

An Adult Protected Person.

Case No.: G-21-055340-A
Dept. No.: B

CONFIDENTIAL PHYSICIAN'S CERTIFICATE WITH NEEDS ASSESSMENT

☐ **TEMPORARY GUARDIANSHIP**

- ☐ Person
☐ Estate
☐ Person and Estate

☒ **GENERAL GUARDIANSHIP**

- ☐ Person
☐ Estate
☒ Person and Estate
☐ Summary Admin.

☐ **SPECIAL GUARDIANSHIP**

- ☐ Person
☐ Estate
☐ Person and Estate

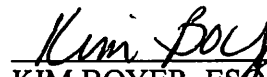
☒ **NOTICES / SAFEGUARDS**

- ☐ Blocked Account Required
☐ Bond Required
☒ Public Guardian's Bond

Attached is the Physician's Statement completed by Dr. Criag Jorgenson, a physician with privileges at Mountain View Care Center. Mountain View Care Center is located at 601 Adams Blvd., Boulder City, Nevada 89005 and the telephone number is (702) 293-5151.

DATED this 23rd day of August, 2021.

Submitted By:


KIM BOYER, ESQ.
Nevada Bar #5587
10785 W. Twain Ave., Suite 210
Las Vegas, Nevada 89135

PHYSICIAN'S CERTIFICATE WITH NEEDS ASSESSMENT

(Please answer all questions)

I, Craig Jensen, am qualified to complete this form because:
Physician's Full Name (please print legibly)

(☒ check one)

- ☒ I am a physician licensed to practice in the State of Nevada.
☐ I am a physician employed by the Department of Veterans Affairs.
☐ I am employed by the following Nevada governmental agency that conducts investigations (agency name): _____
☐ I am a person who is otherwise qualified to execute this certificate (subject to the court's determination).^{*} My qualifications are as follows:

SECTION 1: Examination Information, Diagnosis and Condition

I last examined Christine Johnson, an adult, on 8/6/21
Patient's Full Name ("Patient") Date of Exam

at Mountain View Care Center. I have been the Patient's physician
Name of Facility or Address of Office or Residence

since 6/28/21; Patient (☒ check one) ☐ is / ☐ is not under my continuing care/treatment.
Date of First Encounter

A. Prior to the examination, I informed the Patient that my communications with him or her would not be privileged: (☒ check one) ☐ Unable to Comprehend ☒ Yes ☐ No

B. In addition to examining the Patient, I reviewed the following documents: medical records

C. I (☒ check one) ☐ AM / ☒ AM NOT aware of the existence of a healthcare directive, living will, power of attorney, guardian nomination, or other similar document executed by the Patient.

If you ARE aware of such a document, provide additional information (location of document, identity of designated agent, etc.): _____

D. Was the Patient given or diagnosed using any generally accepted cognitive assessment exam or tool, including but not limited to Folstein's mini-mental status exam? If YES, please attach a copy. ☐ Yes ☐ No

^{*} Before the court can appoint a guardian, a licensed physician must complete an assessment of the Patient's needs that identifies limitations of capacity and how such limitations affect the Patient's ability to maintain safety and basic needs.

E. The Patient's physical diagnosis (DSM or ICD Diagnoses) and condition is: _____

512.121 M31.9
582.50 A63

Prognosis is: _____

Severity/Degree is: (☒ check one) ☐ Mild ☐ Moderate ☐ Severe

F. The Patient's mental diagnosis (DSM or ICD Diagnoses) and condition is: _____

I32.9

Prognosis is: poor

Severity/Degree is: (☒ check one) ☐ Mild ☐ Moderate ☒ Severe

G. Which of the following descriptions apply to the patient's degree of cognitive impairment (☒ check all that apply)?

- ☐ The patient has a ☒ sufficient loss or ☐ total loss of executive function resulting in a barrier to meaningful understanding or rational response.
- ☐ The Patient is able to make independently some but not all of the decisions necessary for his or her own care and management of property.
- ☒ The patient is unable to execute on desires, preferences, or stated goals, preventing the ability to pursue the patient's own best interest.
- ☐ The patient is unable to receive or evaluate information.
- ☒ The patient is unable to make or communicate decisions to such an extent that the patient lacks the ability to meet essential requirements for physical health, safety, or self-care without proper assistance.
- ☐ None of the above.

H. Is the Patient facing an immediate need for medical attention? ☐ Yes ☒ No
If YES, is the Patient unable to respond to the need for medical attention? ☐ Yes ☐ No
If YES, explain the immediate attention needed and why the Patient is unable to respond:

I. Is the Patient facing a substantial and immediate risk of physical harm? ☐ Yes ☒ No
If YES, is the Patient unable to respond to that risk of physical harm? ☐ Yes ☒ No
If YES, explain the immediate risk and why the Patient is unable to respond:

- J. Is the Patient facing a substantial and immediate risk of financial loss? ☐ Yes ☒ No
If YES, is the Patient unable to respond to that risk of financial loss? ☐ Yes ☐ No
If YES, explain the immediate risk and why the Patient is unable to respond:

- K. Does the Patient present a danger to himself/herself? ☐ Yes ☒ No
Does the Patient present a danger to others? ☐ Yes ☐ No
If YES, explain:

- L. Has the Patient been subjected to abuse, neglect, or exploitation? ☐ Yes ☒ No
If YES, explain:

- M. Is the Patient capable of living independently? (☒ check one)
☐ Yes, without assistance ☐ Yes, with assistance ☒ No
If WITH ASSISTANCE, describe the assistance needed; if NO, explain why not:

- N. Attached to this certificate is (☒ check all that apply, if applicable):
- ☐ A copy of my report of the above exam which includes my findings, opinion, and diagnosis regarding the Patient and his/her mental condition and/or capacity.
 - ☐ A copy of the Patient's chart notes which support and/or detail my findings, opinion, and diagnosis regarding the Patient and his/her mental condition and/or capacity.
 - ☐ A letter, signed by me, detailing my findings, opinion, and diagnosis regarding the Patient and his/her mental condition and/or capacity.

SECTION 2: Ability to Appear at Hearing

- A. Would the Patient's attendance at a hearing for appointment of a guardian be detrimental to the Patient's mental health? ☒ Yes ☐ No
If YES, why?

Confused, Doesn't understand certain
topic, emotionally dependent on me

- B. Would attending the hearing for appointment of a guardian be detrimental to the Patient's physical health? ☒ Yes ☐ No
If YES, why?

Bed Bound

- C. Is the patient able to appear at a court hearing? ☐ Yes ☒ No
If NO, why not?

Has to travel by stretcher

- D. Would the patient comprehend the reason for a hearing? ☐ Yes ☒ No

- E. Would the patient contribute to a hearing? ☐ Yes ☒ No

SECTION 3: Limitations, Abilities, and Needs

- A. The Patient's level of needed supervision is as follows:
- ☐ Locked Facility
 - ☒ 24-hour supervision
 - ☐ Independent living with some supervision
 - ☐ No supervision
 - ☐ No supervision when taking medication

- B. My opinion as to the Patient's everyday functions is as follows:

	Independent	Needs Support	Needs Substantial Assistance	Needs Total Care	Unknown
CARE OF SELF (Activities of Daily Living (ADLs) and related activities)					
Bathe and shower				X	
Personal hygiene and grooming (e.g., brushing teeth, hair)				X	
Dress self				X	
Toilet hygiene (getting to toilet, cleaning self, getting back up)				X	
Functional mobility (e.g., walking, transferring to/from bed or chair)				X	
Feed self and eat for adequate nutrition				X	
Identify physical abuse or neglect and protect self from harm		X			
FINANCIAL					
Manage, deposit, withdraw, dispose of, and invest money and assets			X		
Protect, and spend small amounts of cash			X		
Employ persons to advise or assist him/her			X		
Identify financial exploitation, coercion, undue influence			X		
Protect self from financial exploitation, coercion, undue influence			X		
Give gifts and donations			X		

	Independent	Needs Support	Needs Substantial Assistance	Needs Total Care	Unknown
MEDICAL					
Give/withhold medical consent to medical, dental, psychological		X			
Admit self to health facility			X		
Make or change an advance directive or healthcare power of attorney		X			
Manage medications		X			
Contact help if ill or in medical emergency		X			
HOME AND COMMUNITY LIFE					
Choose/establish residence			X		
Maintain reasonably safe and clean shelter			X		
Drive or use public transportation			X		
Prepare food/meals, cleanup			X		
Shop for groceries and necessities			X		
Use telephone or other forms of communication			X		
Make and communicate choices about roommates			X		
Avoid environmental dangers such as stove, poisons			X		
Maintain and pay household bills, utilities, mortgage/rent, taxes			X		

SECTION 4: Civil and Legal

- A. In my opinion, the Patient lacks the capacity necessary to (☒ check all that apply):
- ☐ Enter into a contract, financial commitment, or lease arrangement
 - ☐ Make or modify a will or power of attorney
 - ☐ Participate in mediation
- B. Is the Patient capable of driving? ☐ Yes ☒ No ☐ Uncertain
- C. Would the Patient present a risk or threat to self or others if Patient were to own or purchase a firearm? ☒ Yes ☐ No ☐ Uncertain
- D. Does the Patient have the capacity necessary to understand and complete voter registration forms and vote? ☐ Yes ☒ No ☐ Uncertain


SECTION 5: Remarks and Recommendations

A. If you have any remarks concerning other sections, or if you believe the court should be aware of other concerns about the Patient which are not included above, please explain:

B. If you have any recommendations for needed treatment or services which are not included above, please explain:

(This certificate must be signed by the physician, agency employee, or other person identified at the top of page 1 of the certificate.)

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Date: 7/26/11 Signature: 
Print Name: Ray Jensen
Address: _____
Telephone: _____

The following psychologist, nurse, nurse practitioner, physicians' assistant, social worker, case manager, or other assisted in completion of this form (print all names below, if applicable):


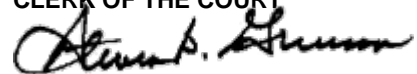
Mike Fowler  Social Worker (LSW)

EXHIBIT 6

**Amended Order Establishing Guardianship of the Person and Estate and
for Issuance of Letters of General Guardianship (Summary Administration),
entered on 11/10/2021**

Case No: 83912



1 **GOAGS**
2 **CARLING LAW OFFICE, PC**
3 **MATTHEW D. CARLING, ESQ.**
4 Nevada Bar No.: 007302
5 703 S. 8th Street
6 Las Vegas, NV 89101
7 (702) 419-7330 (Office)
8 (702) 446-8065 (Fax)
9 CedarLegal@gmail.com
10 *Attorney for Karen Kelly,*
11 **CLARK COUNTY PUBLIC GUARDIAN**

12
13 **DISTRICT COURT**
14 **FAMILY DIVISION**
15 **CLARK COUNTY, NEVADA**

16 * * * * *

17
18
19 In the Matter of the Guardianship of: Case No.: G-21-055340-A
20 CHRISTINE JOHNSON aka CHRISTINE Dept. No.: B
21 WEIDERMAN, an Adult Protected Person. DATE: 11/04/21 @ 10:30am

22 **AMENDED**

23 **ORDER ESTABLISHING GUARDIANSHIP OF THE PERSON AND ESTATE AND**
FOR ISSUANCE OF LETTERS OF GENERAL GUARDIANSHIP
(SUMMARY ADMINISTRATION)

<input type="checkbox"/> TEMPORARY GUARDIANSHIP	<input checked="" type="checkbox"/> GENERAL GUARDIANSHIP
<input type="checkbox"/> Person	<input type="checkbox"/> Person
<input type="checkbox"/> Estate	<input type="checkbox"/> Estate <input checked="" type="checkbox"/> Summary Admin.
<input type="checkbox"/> Person & Estate	<input checked="" type="checkbox"/> Person & Estate
<input type="checkbox"/> SPECIAL GUARDIANSHIP	<input checked="" type="checkbox"/> NOTICES/SAFEGUARDS
<input type="checkbox"/> Person	<input type="checkbox"/> Blocked Account Required
<input type="checkbox"/> Estate <input type="checkbox"/> Summary Admin.	<input type="checkbox"/> Bond Required
<input type="checkbox"/> Person & Estate	<input checked="" type="checkbox"/> Public Guardian Bond
	<input type="checkbox"/> Adult Protected Person Passed Away

24
25 The Court, having reviewed the Petition of Kim Boyer for the Appointment of Clark
26 County Public Guardian as General Guardian of the Person and Estate of CHRISTINE JOHNSON,
27 Protected Person, and for Summary Administration, the hearing upon which was set by the Clerk

1 of the above entitled Court and the Court having considered the Petition and examined the
2 evidence: (i) proper notice of the hearing was duly given as required by law; (ii) the facts alleged
3 in the Petition are true and correct; (iii) the Protected Person is a resident of Clark County, Nevada
4 and the Guardian is the Public Guardian in the county where the Protected Person resides, and (iv)
5 the Petition ought to be granted. Accordingly, it is hereby:

6 **ORDERED, ADJUDGED AND DECREED** that a Guardianship of the Person and Estate
7 of CHRISTINE JOHNSON, Protected Person, be established, and the Clerk of the Court is order
8 to issues Letters of Guardianship;

9 **IT IS HEREBY ORDERED, ADJUDGED AND DECREED** that pursuant to NRS
10 152A.250 and 162A.800 any previous Powers of Attorney executed by the Adult Protected Person
11 or prior Guardianship instruments prepared on behalf of the Adult Protected Person are suspended
12 at this time. Additionally, all representative payees are hereby relieved so that the Clark County
13 Public Guardian may secure any pay sources for the Protected Person;

14 **IT IS HEREBY ORDERED, ADJUDGED AND DECREED** that Karen Kelly, Clark
15 County Public Guardian, have authority to notice parties within the second degree of consanguinity
16 by publication if addresses are not available;

17 **IT IS FURTHER ORDERED, ADJUDGED AND DECREED** that, to carry out the
18 function of Guardian of the Person and the Estate of CHRISTINE JOHNSON, Karen Kelly, Clark
19 County Public Guardian, is vested with all the powers set forth in NRS Chapters 159 and 253 as
20 required to carry out Guardianship duties;

21 **IT IS HEREBY ORDERED, ADJUDGED AND DECREED** that Karen Kelly, Clark
22 County Public Guardian ("CCPG"), is appointed to act as General Guardian of the Person and
23 Estate of CHRISTINE JOHNSON and that pursuant to NRS 253.160:

1 1. Upon taking office, a public guardian shall file with the county clerk a general bond in
2 an amount fixed by the board of county commissioners payable to the State of Nevada with sureties
3 approved by the board of county commissioners. The premium for the bond shall be paid from the
4 general funds of the county and be conditioned upon the public guardian's faithful performance of
5 his or her duties;

6 2. The general bond and oath of office of a public guardian are in lieu of the bonds and
7 oaths required of private guardians; and

8 3. The oath and bond of an elected or appointed public officer designated public guardian
9 or designated to execute the powers and duties of the public guardian pursuant to paragraph (b) or
10 (c) of subsection 2 of NRS 253.150 are in lieu of the bonds and oaths required of private guardians.
11 The court may require such a designee to execute a separate bond for any guardianship in the
12 manner prescribed in NRS 159.065;

13 **IT IS FURTHER ORDERED, ADJUDGED AND DECREED** that the CCPG is the
14 Protected Person's personal representative for purposes of the Health Insurance Portability and
15 Accountability Act of 1996, Public Law 104-191 and any applicable regulations. The CCPG is
16 authorized to obtain and is permitted to receive any and all medical records and information
17 concerning the past and present condition and historical treatment of the Protected Person,
18 including, but not limited to, medical charts, examination reports and notes, which are or may be
19 lodged with any persons, family members, government agencies, businesses, medical providers,
20 physicians, hospitals, care facilities, institutions and/or third parties;

21 **IT IS FURTHER ORDERED, ADJUDGED AND DECREED** that the CCPG be
22 authorized and directed to close and/or freeze as well as take possession of any and all assets of

1 the Protected Person, including, but not limited to, funds on deposit in accounts bearing the
2 Protected Person's name with any and all banking and/or brokerage institutions;

3 **IT IS FURTHER ORDERED, ADJUDGED AND DECREED** that the CCPG be
4 authorized and directed to open, inventory and take possession of the contents of any and all safe
5 deposit box(es) in the name of the Protected Person;

6 **IT IS FURTHER ORDERED, ADJUDGED AND DECREED** that Karen Kelly, Clark
7 County Public Guardian, is hereby given full access to all historical and current financial
8 information for the above-named Protected Person for investigative purposes. Such information
9 shall include, but not be limited to, statements, cancelled checks, withdrawal authorizations and
10 other information from banks, financial institutions, brokerage or mutual fund firms, the United
11 States Social Security Administration, the Department of Veteran's Affairs, any pension source
12 and/or other persons and agencies which have engaged in transactions concerning the financial
13 affairs of the Protected Person, whether said accounts or records reflect the name of the Protected
14 Person individually or with one or more other persons;

15 **IT IS FURTHER ORDERED, ADJUDGED AND DECREED** that the CCPG has the
16 authority to expend reasonable funds, not to exceed \$300.00 per year, providing the Protected
17 Person's estate is financially stable and the request is appropriate under the circumstances, for the
18 purchase of gifts for the Protected Person and on behalf of the Protected Person so that the
19 presentation of gifts and exchanging of gifts with friends and/or relatives can be enjoyed by the
20 Protected Person, pursuant to NRS 159.125 and 159.113;

21 **IT IS FURTHER ORDERED, ADJUDGED AND DECREED** that should funds
22 become available, the Guardian is granted authority to invest the Protected Person's assets pursuant
23 to the provisions of NRS 159.113(l)(a) and (h) and NRS 159.117(1)(a). Should funds become

1 available, the Protected Person's assets shall be invested in accordance with an Investment
2 Recommendation developed by the registered investment advisor, Prudent Investors Network,
3 Inc., ("PIN"), a copy of which will take into consideration the Protected Person's age and normal
4 life expectancy, physical condition, current and potential needs and expenses and all other sources
5 of income;

6 **IT IS FURTHER ORDERED, ADJUDGED AND DECREED** that should funds
7 become available, the PIN set-up fee of \$125.00 along with a management fee based upon account
8 size, according to the schedule summarized in the Investment Recommendation shall be approved
9 and the Guardian shall be granted authority to exercise discretionary control over the assets within
10 the Protected Person's portfolio in managing not only the returns, but also the investment risks;

11 **IT IS FURTHER ORDERED, ADJUDGED AND DECREED** that pursuant to NRS
12 159.344(3) the CCPG reserves the right to seek payment of attorney's fees and costs from the
13 guardianship estate based upon the following factors:

14 (a) Counsel for the CCPG is compensated from the Clark County General Fund and in
15 most cases compensation for counsel is based upon a flat fee; should fees and/or costs in this matter
16 be deemed extraordinary to the extent that said fees and/or costs exceed the flat fee compensation,
17 the CCPG and/or its attorney may file a separate petition explaining the need for additional fees
18 and costs that exceed the flat fee arrangement;

19 (b) Pursuant to NRS 7.125, the hourly billing rate for counsel is \$100 per hour and for
20 office staff including paralegals and law clerks is \$50 per hour. These rates are applied when the
21 guardianship estate does not have enough funds to pay for extraordinary fees and costs.
22 Extraordinary fees and costs are paid from the Clark County General Fund;

1 (c) Should the guardianship estate have funds to pay for fees and/or costs the CCPG and/or
2 its attorney may file a separate petition requesting payment of fees and costs from the guardianship
3 estate. The hourly billing rate for counsel is \$250 per hour, \$100 per hour for law clerks, \$75 per
4 hour for paralegals, and \$50 per hour for secretaries;

5 (d) The services of the attorney are necessary to further the best interests of the Protected
6 Person because the matter is unusually complex and cannot be resolved in the normal course.

7 (e) Upon notice of entry of this order, all persons entitled to notice shall be served pursuant
8 to NRS 159.034 and 159.047;

9 **IT IS FURTHER ORDERED, ADJUDGED AND DECREED** that the CCPG may
10 immediately destroy the personal property of the Protected Person without notice if:

11 (a) The CCPG determines that the property has been contaminated by vermin or biological
12 or chemical agents;

13 (b) The expenses related to the decontamination of the property cause salvage to be
14 impractical;

15 (c) The property constitutes an immediate threat to public health or safety;

16 (d) The handling, transfer or storage of the property might endanger public health or safety
17 or exacerbate contamination; and

18 (e) The value of the property is less than \$100 or, if the value of the property is \$100 or
19 more, a state or local health officer has endorsed the destruction of the property;¹

¹ Pursuant to AB 130, Section 32 which amends NRS 159.1515 with the language stated herein.

1 **IT IS FURTHER ORDERED, ADJUDGED AND DECREED AND THE PARTIES**
2 **ARE PUT ON NOTICE** that the CCPG may sell or dispose of personal property of the Protected
3 Person that has a total value of less than \$10,000 by providing notice of intent to sell or dispose of
4 the property by certified mail to the Protected Person, their attorney and the persons specified in
5 NRS 159.034 and sale or disposal will be made within 15 days after such notice is received if no
6 party objects thereto;²

7 **IT IS FURTHER ORDERED, ADJUDGED AND DECREED** that pursuant to NRS
8 253.240 the Public Guardian's services rendered without cost to the protected person shall be
9 allowed as a claim against the estate of the protected person upon approval of the court. Pursuant
10 to NRS 159.105, the Public Guardian may pay from the guardianship estate such claims against
11 the estate without complying with the provisions of NRS 159.107 and 159.109. Copies of claims
12 paid will be provided immediately to the protected person's attorney or to the protected person if
13 unrepresented and a copy will be filed with the court. The Public Guardian will account for the
14 payment of claims pursuant to NRS 159.105 in the next required accounting.

15 **IT IS FURTHER ORDERED, ADJUDGED AND DECREED** that the guardianship
16 matter of CHRISTINE JOHNSON remain a summary administration pursuant to NRS 159.076 as
17 the Protected Person's assets are believed to be less than \$10,000. As such, the Guardian shall be
18 relieved from the duty to file an accounting until assets of the Estate exceed the statutory maximum
19 for summary administration or a final accounting becomes due to the Court upon termination of
20 the guardianship for any reason;

² Pursuant to AB 130, Section 32 which amends NRS 159.1515

1 **IT IS FURTHER ORDERED, ADJUDGED AND DECREED** if necessary, Petitioner
2 is authorized and the Las Vegas Metropolitan Police Department, other law enforcement agencies
3 or paramedics should be directed to remove the Protected Person from their residence to transport
4 them to a medical facility;

5 **IT IS FURTHER ORDERED, ADJUDGED AND DECREED** that the Protected Person
6 has a mental defect (lacks capacity to contract or manage their own affairs) and pursuant to NRS
7 159.0593 and 18 U.S.C. 922 is prohibited from possessing a firearm and that a record of the order
8 establishing this guardianship should be transferred to the Central Repository for Nevada Records
9 of Criminal History, along with a statement that the record is being transmitted for inclusion in
10 each appropriate database of the Nevada Instant Criminal Background Check System; and

11 **IT IS FURTHER ORDERED, ADJUDGED AND DECREED** that a General
12 Acknowledgement covering all guardianships to which the Clark County Public Guardian may be
13 appointed by the Court has been filed and, pursuant to NRS 159.073(2), Petitioner be exempted
14 from having to file an acknowledgment in this case.

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21 Submitted by:

22 **CARLING LAW OFFICE, PC**

23 *Matthew D. Carling, Esq.*
24

25 **MATTHEW D. CARLING, ESQ.**

26 Nevada Bar No.: 007302

27 *Attorney for Karen Kelly,*

28 **CLARK COUNTY PUBLIC GUARDIAN**

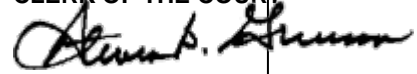
Linda Marquis

DISTRICT COURT JUDGE
LINDA MARQUIS

EXHIBIT 7

Motion to Stay and attached exhibits, filed on 12/13/2021

Case No: 83912



1 MSTY

2 Katie Anderson, Esq.
Nevada Bar No. 15153C

3 kanderson@lacs.org

4 **LEGAL AID CENTER OF
SOUTHERN NEVADA, INC.**

5 725 E. Charleston Blvd

6 Las Vegas, NV 89104

7 Telephone: (702) 386-1537

8 Facsimile: (702) 386-1537

9 *Attorney for Christine B. Johnson aka Christine B. Weiderman, Adult Protected Person*

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**EIGHTH JUDICIAL DISTRICT COURT
FAMILY DIVISION
CLARK COUNTY, NEVADA**

In the matter of the Guardianship of the Person
and Estate of:

CHRISTINE B. JOHNSON aka
CHRISTINE B. WEIDERMAN,

Adult Protected Person.

Case No.: G-21-055340-A

Dept. No.: B

HEARING REQUESTED

**MOTION TO STAY AMENDED ORDER ESTABLISHING GUARDIANSHIP OF THE
PERSON AND ESTATE AND FOR ISSUANCE OF LETTERS OF GENERAL
GUARDIANSHIP (SUMMARY ADMINISTRATION) PENDING APPEAL**

Adult Protected Person, Christine B. Johnson ("Christine"), by and through her counsel,
Katie Anderson, Esq., of Legal Aid Center of Southern Nevada, Inc., respectfully requests this
Court to stay its Amended Order Establishing Guardianship of the Person and Estate and for
Issuance of Letters of General Guardianship ("Order Appointing Guardian") filed on November
10, 2021 pending resolution of the appeal filed on December 07, 2021.

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1 This Motion is based on NRAP 8(a)(1), the following Memorandum of Points and
2 Authorities, and any other evidence this Court may wish to consider.

3 DATED this 13th day of December 2021.

4 **LEGAL AID CENTER OF**
5 **SOUTHERN NEVADA, INC.**

6 /s/ Katie Anderson

7 Katie Anderson, Esq.

8 Nevada Bar No. 15153C

9 725 E. Charleston Blvd.

10 Las Vegas, Nevada 89104

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13 kanderson@lacsnc.org

14 *Attorney for Christine B. Johnson aka Christine*
15 *B. Weiderman, Adult Protected Person*
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MEMORANDUM OF POINTS AND AUTHORITIES

I. INTRODUCTION

How one chooses to spend their last days is perhaps the most intimate and personal set of decisions that they can make in their lifetime. A person may be faced with choices like whether to spend their last days in the comfort of their home surrounded by loved ones, or perhaps in a facility/hospital; whether to receive or deny life-sustaining treatment if there is no hope for recovery; and what will happen with their remains upon their passing. Deeply personal decisions like these are oftentimes shaped by a person's life experiences and morals, and therefore, in many ways are a culmination of the life they lived. Sadly, in this case, Christine must live the last of her days keenly aware that this Court stripped her of the autonomy to make these profound decisions for herself and instead handed someone she has never met before, a public guardian, the authority to make those decisions for her.

Christine vehemently objected to the Court appointing a guardian over her person and estate, nonetheless, the Court appointed the Clark County Public Guardian over Christine's objection and without giving Christine the opportunity to present favorable evidence and confront adverse witnesses at an evidentiary hearing. Put simply, the Court robbed Christine of her autonomy without due process just as she is nearing the end of her life.

To make matters worse, this Court's order rests on a fundamental misunderstanding of what ALS (amyotrophic lateral sclerosis) entails. ALS is a neurodegenerative disease that affects nerve cells that are responsible for controlling voluntary muscle movements, like those that dictate our ability to walk, talk, and chew.¹ "Because people with ALS usually can perform

¹ See National Institute of Neurological Disorders and Strokes, *Amyotrophic Lateral Sclerosis (ALS) Fact Sheet*, National Institute of Neurological Disorders and Strokes, <https://www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/Fact-Sheets/Amyotrophic-Lateral-Sclerosis-ALS-Fact-Sheet> (last visited December 7, 2021).

1 higher mental processes such as reasoning, remembering, understanding, and problem solving,
2 they are aware of their progressive loss of function and may become anxious and depressed.”²
3 Eventually, most people with ALS lose control over the muscles in their chest and die from
4 respiratory failure. The record here simply does not support the finding that Christine is “unable
5 to receive and evaluate information” such that she is incapacitated.

6 Christine is well aware of the autonomy that she has lost now that she the Court has
7 forced into a guardianship against her will. The paternalistic act of appointing a guardian over
8 Christine does nothing but take her freedom and sense of personhood away from her as she nears
9 the end of her life. Christine deserves the dignity to dictate how she spends what little time she
10 has left. Therefore, this Court should stay its order appointing guardian pending appeal.

12 II. BACKGROUND

13 On August 23, 2021, Petitioner filed its Petition for Appointment of Clark County Public
14 Guardian as a General Guardian of the Person and Estate and for Issuance of Letters of
15 Guardianship (“Petition”). Christine Johnson, the protected person, filed her Opposition to the
16 Petition on September 17, 2021. At the September 23, 2021 Citation Hearing, this Court stated
17 that it would appoint an investigator and continue the Citation Hearing. The Order to Appoint
18 Investigator was entered on September 27, 2021, and a subsequent Amended Order to Appoint
19 Investigator was later entered on October 21, 2021. This Court appointed the investigator to
20 obtain APS records from North Dakota and Clark County regarding Christine. The investigator
21 filed her report on November 02, 2021. The investigator’s report described one APS report in
22 North Dakota and one in Clark County, and that the North Dakota guardianship case regarding
23 Christine appeared to be closed. The only exhibits to the investigator’s report were filings from
24 the brief North Dakota case.

28 ² *Id.*

1 The Physician's Certificate in this case stated that Christine was diagnosed with
2 Amyotrophic Lateral Sclerosis (ICD code G12.21); Quadriplegia, unspecified (ICD code
3 G82.50); Neuromuscular dysfunction of bladder, unspecified (ICD code N31.9); Abnormal
4 findings of cerebrospinal fluid (ICD code R83); and Major Depressive Disorder (ICD code
5 F32.9). Aside from major depressive disorder, the other diagnoses are listed as physical
6 diagnoses, and it cannot be ascertained from the Physician's Certificate what the physician
7 believed affected Christine's capacity. What's more, that same physician determined that
8 Christine had the capacity to execute a POLST (Provider Order for Life Sustaining Treatment),
9 about two months before the Petitioner filed for guardianship. *See POLST*, attached hereto as
10 **Exhibit 1**. The physician, Craig Jorgenson, did not opine that Christine is unable to receive and
11 evaluate information; instead, the physician opined that Christine "is unable to make or
12 communicate decisions to such an extent that the patient lacks the ability to meet essential
13 requirements for physical health, safety, or self-care without proper assistance." *See Physician's*
14 *Certificate*, attached hereto as **Exhibit 2**, at 2. However, it is not clear from the record what steps,
15 if any, medical providers took to communicate effectively with Christine. It is common for
16 people with ALS to experience difficulties speaking, but when that happens, assistive
17 technologies can provide an avenue for people with ALS to communicate.³ The record does not
18 demonstrate whether assistive technologies were used nor how much time Dr. Craig Jorgenson
19 spent trying to communicate with Christine.
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23 To refute the conclusive allegations in the Physician's Certificate regarding her capacity,
24 Christine provided exhibits demonstrating that she did not lack capacity. For instance, Christine
25

26 ³ *See Augmentative Communication*, ALS Association, [https://www.als.org/navigating-](https://www.als.org/navigating-als/living-with-als/therapies-care/augmentative-communication)
27 [als/living-with-als/therapies-care/augmentative-communication](https://www.als.org/navigating-als/living-with-als/therapies-care/augmentative-communication) (last visited December 08,
28 2021); *Assistive Technology*, ALS Association, [https://www.als.org/research/research-we-](https://www.als.org/research/research-we-fund/scientific-focus-areas/assistive-technology)
[fund/scientific-focus-areas/assistive-technology](https://www.als.org/research/research-we-fund/scientific-focus-areas/assistive-technology) (last visited December 08, 2021) (describing
means such as speech generating devices, eye gaze control systems, writing tablets, etc.).

1 provided documents from the Petitioner’s facility showing that Christine voluntarily signed
2 herself in and signed various documents relevant to her medical care like the POLST that was
3 certified by Dr. Craig Jorgenson; that medical staff at the facility described Christine as “alert
4 and oriented” and stated that she “answers all questions appropriately” as recently as June 28,
5 2021; and that Christine was administered a BIMS (Brief Interview of Mental Status) test in
6 which she “scored a 15/15 indicating no cognitive impairment.” Importantly, the Physician’s
7 Certificate, and other filings from Petitioner, do not assert that there was a sudden decline in
8 Christine’s health necessitating a guardianship. Coincidentally, it was not until Christine began
9 stating that she wanted to leave Petitioner’s facility and return home with her fiancé that the
10 facility suddenly decided to file its Petition.
11

12 At the continued citation hearing, Christine’s counsel argued that the medical information
13 available to the Court demonstrated that Christine has capacity. Therefore, counsel argued,
14 Petitioner failed to meet its burden to show by clear and convincing evidence that a guardianship
15 was necessary; and alternatively, that if this Court was not inclined to dismiss the petition, it
16 should set an evidentiary hearing so that Christine can confront adverse witnesses and present
17 favorable evidence. Nonetheless, with conflicting information regarding Christine’s capacity,
18 this Court still held that Petitioner met its burden to show by clear and convincing evidence that
19 a guardianship is necessary, and that, Christine is “incapacitated” as defined by NRS 159.019.
20 Without having the opportunity to fully present her side, this Court forced Christine under the
21 constraints of an unwanted guardianship.
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23

24 **III. LEGAL STANDARD FOR MOTION TO STAY**

25 Typically, a party must first move in the district court for stay of an order pending appeal
26 before it can request a stay from the appellate court. NRAP 8(a)(1)(A). When determining
27 whether to grant a request for stay, the Court must consider the following factors:
28

1 (1) whether the object of the appeal will be defeated if the stay is denied; (2)
2 whether appellant will suffer irreparable or serious injury if the stay is denied; (3)
3 whether respondent will suffer irreparable or serious injury if the stay is granted;
4 and (4) whether appellant is likely to prevail on the merits in the appeal.

5 *Mikohn Gaming Corp. v. McCrea*, 120 Nev. 248, 251, 89 P.3d 36, 38 (2004). No one factor
6 carries more weight than another, but the Nevada Supreme Court has recognized that if one or
7 two factors are especially favorable to the appellant, they may counterbalance other weak factors.
8 *See id.* (citing *Hansen v. Eighth Judicial Dist. Court*, 116 Nev. 650, 659, 6 P.3d 982, 987 (2000)).

9 These factors weigh heavily in Christine's favor. Christine is currently suffering from
10 ALS, a progressive nervous system disease for which there is currently no cure. To be blunt,
11 Christine might have little time left depending on how the disease progresses, and so the object
12 of the appeal will ultimately be defeated if Christine passes while the appeal is pending. Ignoring
13 Christine's wishes at a time when her wishes should be vehemently honored is causing
14 irreparable harm to Christine. She might inevitably spend the last of her days under a
15 guardianship that she does not want nor need. Conversely, there is no harm at all to the Clark
16 County Public Guardian or the Petitioner if this Court grants a stay. Finally, Christine is likely
17 to prevail on the merits of her appeal because her due process rights were violated when this
18 Court appointed a guardian despite the existence of disputed facts regarding Christine's capacity,
19 and before Christine had an opportunity to confront adverse witnesses at an evidentiary hearing,
20 and because this Court abused its discretion. Moreover, this Court's order is based on a flawed
21 interpretation of *Matter of Guardianship of Rubin*, 137 Nev. Adv. Op. 27, 491 P.3d 1 (2021).⁴

22 23 IV. ARGUMENT

24 A. The Object of the Writ Petition Will Be Defeated if the Stay is Denied.

25 While there is no telling whether Christine will pass away or whether her condition will
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⁴ Hereinafter referred to as "*Rubin*."

1 worsen to the point where she cannot express her wishes during the pendency of the appeal, her
2 medical information from providers demonstrates that her condition will only continue to worsen
3 as time goes on. Most concerning, on December 05, 2021, Christine was transported to Spring
4 Valley Hospital for treatment of pneumonia. *See Email from Clark County Public Guardian,*
5 attached hereto as **Exhibit 3**. Christine’s case manager with the Clark County Public Guardian
6 has stated, “she’s not doing well,” doctors are recommending that her “code status be changed
7 to DNR,” and that she is “appropriate for inpatient hospice services.” *See Email from Clark*
8 *County Public Guardian,* attached hereto as **Exhibit 4**. As of the filing of this motion, Christine
9 remains in Spring Valley Hospital battling pneumonia, which is one of the leading causes of
10 death for people with ALS given their decreased respiratory capacity.⁵

12 Christine is well aware of how dire her conditions are. ALS is an always-fatal
13 neurodegenerative disease that will result in the person’s brain losing connection with their
14 muscles, and eventually a person with ALS will “lose their ability to walk, talk, eat, and
15 eventually breathe.”⁶ Christine is aware that there is no cure for ALS and that the average life
16 expectancy for someone with ALS is anywhere from 2-5 years.⁷ Christine was diagnosed with
17 ALS on or around January 2021, and while she is currently able to communicate, express her
18 wishes, and direct counsel regarding the guardianship case, there might come a time soon when
19 she will not be able to do those things, or she might pass away. To this point, medical
20 professionals involved in Christine’s care have opined that her ALS diagnosis “**will most likely**
21 **result in her death within the next 6 to 12 months[.]**” *See Discharge Documentation from*
22 *Boulder City Hospital,* attached as **Exhibit 5** (emphasis added); *see also History and Physical*

26 ⁵ See ALS Worldwide, *Avoiding Pneumonia*, <https://alsworldwide.org/care-and-support/article/avoiding-pneumonia> (last visited on December 8, 2021).

27 ⁶ See ALS Association, *What is ALS?*, <https://www.als.org/understanding-als/what-is-als> (last visited on November 30, 2021).

28 ⁷ See *id.*

1 *Reports from Boulder City Hospital*, attached as **Exhibit 6**. And her recent diagnosis of
2 pneumonia is an obvious cause for serious concern.

3 If this Court denies a stay, Christine will be left under the constraints of a guardianship
4 to which she vehemently objects for what little time she has left. Moreover, precious time is now
5 passing during which Christine could put alternatives to guardianship in place to ensure that
6 everyone involved in her care understands and respects her wishes. Instead, she is now stripped
7 of her autonomy and her decisions are at the behest of the Clark County Public Guardian, which
8 Christine has made clear she does not want. During the pendency of the appeal, it is likely that
9 Christine's condition will worsen to the point where she no longer can express her wishes
10 (although she is not at that point yet), or she could pass away. If that were the case, the purpose
11 of this appeal would be defeated because Christine will have been stripped of what little time
12 she had left to exercise her autonomy. A victory on appeal would then be nothing more than a
13 moral victory that provides no tangible benefit to Christine who wants nothing more than to have
14 her wishes honored as she nears the end of her life.
15
16

17 Therefore, the purpose of this appeal—to release Christine from the constraints of
18 guardianship and allow her to remain autonomous during the end of her life—will be defeated if
19 this Court does not issue a stay, considering the severity of Christine's condition.
20

21 **B. Christine Will Suffer Irreparable Harm if the Stay is Denied**
22 **Because She Will be Forced to Spend What Might Little Time She**
23 **Has Left Forced Into a Guardianship She Does Not Want.**

24 The irreparable harm to Christine snowballs each day that she remains restrained under
25 the current guardianship against her wishes. With what little time Christine has left, she would
26 like to live her life as she sees fit, even if the Clark County Public Guardian, this Court, and/or
27 the original petitioner, disagree with her decisions. Regardless of whether anyone agrees or
28 disagrees with her decisions, Christine should have the freedom to live her last days the way that
she wants without the unwanted intrusion of a court-ordered guardianship. *See Planned*

1 *Parenthood of Southeastern Pennsylvania v. Casey*, 505 U.S. 833, 851 (1992) (“At the heart of
2 liberty is the right to define one’s own concept of existence, of meaning, of the universe, and of
3 the mystery of human life. Beliefs about these matters could not define the attributes of
4 personhood were they formed under compulsion of the State.”).

5 As this Court is aware, placing a person under guardianship essentially strips them of
6 their personhood and liberty, and allows a court-appointed guardian to dictate their life. While
7 the Nevada Legislature has put statutory protections in place in recent years to preserve the rights
8 and freedoms of protected persons, this Court should not take lightly the impact that a
9 guardianship has on the protected person’s life and sense of personhood. Especially in a case
10 like Christine’s, where the protected person can understand and participate in the proceedings
11 and can express her wishes.

12
13 As one court put it, a person placed under guardianship is robbed of “[m]any decisions
14 that define the essence of an individual, such as where she resides, what medical treatment she
15 undergoes or refuses, whom she marries, where she works, what she purchases.” *In re Zhuo*, 42
16 N.Y.S.3d 530, 536 (2016). Once placed under a guardianship, the person will “have lost the
17 freedom to govern her own affairs, to shape her own life as she thinks best, and to participate
18 fully in society without the permission of another.” *Id.* Those liberties were taken from Christine
19 not at a time when she is incapacitated, but rather, at a time when she fully understands the
20 deprivation she is experiencing. With each passing day, Christine must live with both the
21 inevitable fate of her diagnosis and the weight of a guardianship imposed against her will.

22
23 The harm to Christine and her psyche is irreparable, and continues to be irreparable, each
24 day that she is restrained under this guardianship.

25
26 **C. The Clark County Public Guardian and the Facility Will Suffer No Harm**
27 **if This Court Stays its Order.**

28 The Clark County Public Guardian is a governmental entity that serves when appointed

1 by the district court. It has no particular interest in serving as guardian in this case, and will likely
2 take no position in regards to whether or not this Court should have appointed it as guardian.
3 And Petitioner certainly will suffer no harm if this Court's order is stayed.

4 **D. Christine is Likely to Prevail on the Merits of Her Appeal Because Her Due**
5 **Process Rights were Violated Considering that She Was Never Given an**
6 **Opportunity to Refute Petitioner's Evidence, and Because this Court Abused**
7 **its Discretion When it Found that Christine was "Incapacitated."**

8 When moving for a stay, the appellant does not have to show a probability of success on
9 the merits, but rather, has to "present a substantial case on the merits when a serious legal
10 question is involved and show that the balance of equities weighs heavily in favor of granting
11 the stay." *Hansen*, 116 Nev. at 659, 6 P.3d at 987 (quoting *Ruiz v. Estelle*, 650 F.2d 555, 565
12 (5th Cir. 1981)). Here, Christine presents a substantial case on the merits, and the equities weigh
13 in her favor given that this appeal centers on her pleas for the district court to respect her wishes
14 as she nears the end of her life.

15 1. **This Court abused its discretion when it found that Christine was**
16 **"incapacitated."**

17 The district court abuses its discretion when its decision rests on "on a clearly erroneous
18 factual determination or it disregards controlling law." *MB America, Inc. v. Alaska Pac. Leasing*,
19 132 Nev. 78, 88, 367 P.3d 1286, 1292 (2016). The district court's factual determinations are
20 clearly erroneous if there is not substantial evidence to support those findings. *In re*
21 *Guardianship of N.M.*, 131 Nev. 751, 754, 358 P.3d 216, 218 (2015). "Substantial evidence is
22 'evidence that a reasonable person may accept as adequate to sustain a judgment.'" *Id.* (quoting
23 *Ellis v. Carucci*, 123 Nev. 145, 149, 161 P.3d 239, 242 (2007)). While the appellate court
24 "reviews a district court's discretionary determinations deferentially, deference is not owed to
25 legal error, or to findings so conclusory that they mask legal error[.]" *Davis v. Ewalefo*, 131 Nev.
26 445, 450, 352 P.3d 1139, 1142 (2015). Relevant here, the definition for "incapacitated" under
27 NRS 159.019 breaks down into two separate prongs: either 1) a person is unable to receive or
28

1 evaluate information, or 2) a person is unable to make or communicate decisions, to such an
2 extent that the person lacks the ability to meet essential requirements for physical health safety
3 or self-care without appropriate assistance.⁸

4 Here, there is no substantial evidence to support the Court’s finding that Christine is
5 “incapacitated” as defined by NRS 159.019. As stated previously, ALS is a neurodegenerative
6 disease that affects nerve cells in the brain and spinal cord, and thereby, diminishes a person’s
7 ability to conduct voluntary movements. ALS progressively affects a person’s motor neuron
8 system until it causes death. Importantly, a diagnosis of ALS alone does not establish that a
9 person lacks capacity. In fact, the ALS Association’s website has materials stating that up to 50
10 percent of people with ALS never develop changes in thinking or behavior, while of the other
11 50 percent who do experience some change, only approximately 25 develop dementia.⁹ Here,
12 Christine was never diagnosed with dementia, and neither the Physician’s Certificate nor any
13 other medical information on the record state that her thinking and/or behavior is allegedly
14 impaired. All that the Physician Certificate opines about is that Christine is allegedly unable to
15 make or communicate decisions related to her physical needs, and it never states that Christine
16 is unable to “receive or evaluate information.” The thrust of the Physician’s Certificate is
17 Christine’s alleged inability to communicate.

20 However, even if Christine’s ability to communicate is impaired in some way, it is not
21 clear what measures if any Dr. Craig Jorgenson used to communicate effectively with Christine.
22 Nothing in the record shows how many times Dr. Craig Jorgenson examined Christine or how
23 long those examinations took before he executed the Physician’s Certificate; whether Dr. Craig
24

26 ⁸ For the sake of brevity, these will be referred to separately as the “unable to receive and evaluate
27 information prong” and the “unable to make or communicate decisions prong” in this Motion.

28 ⁹ ALS Association, *FYI: Cognitive and Behavioral Changes in ALS: A Guide for People with
ALS and their Families*, <https://www.als.org/navigating-als/resources/fyi-cognitive-and-behavioral-changes-als-guide-people-als-and-their> (last visited December 08, 2021).

1 Jorgenson used any assistive technologies to communicate with Christine; nor explains why Dr.
2 Craig Jorgenson believed that Christine now required a guardian even though a little over a
3 month before filling out the Physician's Certificate, he certified that she had the capacity to
4 execute a POLST. Moreover, as mentioned earlier, Mountain View Care Center's own medical
5 records demonstrate that on July 02, 2021, Christine got a perfect score on a BIMS examine and
6 showed "no cognitive impairment," and staff described her as being "alert" and "oriented."¹⁰
7

8 The medical information in the record indicates that Christine has capacity, and the only
9 possible support for this Court's finding of incapacity is Dr. Craig Jorgenson checking a box on
10 the Physician's Certificate that just parrots the language under NRS 159.019's "unable to make
11 or communicate decisions" prong. Worst of all, even though the Physician's Certificate only
12 provides an opinion regarding the "unable to make or communicate decisions" prong, and omits
13 any opinion regarding the "unable to receive and evaluate information" prong, this Court
14 nonetheless explicitly rested its "incapacitated" finding on the "receive and evaluate
15 information" prong. Specifically, this Court found that Christine is incapacitated because she
16 cannot "receive and evaluate information," but it did not reference what portion of the record
17 supports that finding. Likely because there is nothing in the record supporting that finding, and
18 at best, there is conflicting information relevant to the "unable to make or communicate
19 decisions" prong. Ironically, this Court then went on to specifically acknowledge that while ALS
20 affects Christine's speech she is still "able to communicate" and still has "the capacity to weigh
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24 ¹⁰ Mountain View Care Center's response likewise does not present any evidence to support the
25 finding that Christine is "incapacitated." *See Response*, filed on September 23, 2021. All that it
26 attached to its Response are filings from the North Dakota guardianship case and some letters
27 from medical providers in North Dakota. However, those documents merely express a concern
28 in regards to Christine's boyfriend and the alleged care he is providing, and generally discuss
her ALS diagnosis. They do not provide information that supports a finding that Christine is
"incapacitated," and in fact, one letter that Petitioner provided even states that "Christine has
capacity to be making her own decisions[.]" *See Exhibit 3*, attached to Petitioner's Response.

1 in” about her care, and specifically ordered that Christine be included in decision-making.

2 Additionally, a court’s failure to exercise its available discretion can itself be an abuse of
3 discretion. *See Willmes v. Reno Mun. Court*, 118 Nev. 831, 835, 59 P.3d 1197, 1200 (2002)
4 (holding that a court’s failure to exercise its available discretion can constitute a manifest abuse
5 of discretion). Here, given the information that Christine provided with her Objection showing
6 that she does not lack capacity, this Court should have exercised its discretion to hold an
7 evidentiary hearing and resolve the factual dispute. This is especially so in light of the high “clear
8 and convincing” standard that a petitioner must meet under NRS 159.055. This failure alone
9 constitutes a manifest abuse of discretion.
10

11 Therefore, this Court’s finding that the “unable to receive and evaluate information”
12 prong under NRS 159.019 was met is not supported by substantial evidence, and is actually
13 contradicted by the record. Also, this Court failed to make findings regarding what portions of
14 the record demonstrate that Christine is “unable to receive and evaluate information,” and should
15 have at least held an evidentiary hearing. Thus, this Court abused its discretion when it found
16 that Christine is “incapacitated.”
17

18 2. This Court denied Christine her right to due process.

19 Constitutional challenges are reviewed de novo. *Grupo Famsa v. Eighth Jud. Dist. Ct.*,
20 132 Nev. 334, 337, 371 P.3d 1048, 1050 (2016). Procedural due process requires that interested
21 parties be given notice and an opportunity to present their objections. *Id.* “Due process is not a
22 rigid concept: ‘due process is flexible and calls for such procedural protections as the particular
23 situation demands.’” *Watson v. Housing Authority of City of North Las Vegas*, 97 Nev. 240, 242,
24 627 P.2d 405, 407 (1981) (quoting *Morrissey v. Brewer*, 408 U.S. 471, 481 (1972)). A court
25 must balance three factors when determining whether due process was satisfied: 1) the private
26 interest affected by the governmental action, 2) the chance that procedures used will result in an
27 improper deprivation of the private interest, and 3) the government’s interest and the additional
28

1 cost of further procedural protections. *See Mathews v. Eldridge*, 424 U.S. 319, 334–35 (1997).

2 For instance, in applying this standard, the court in *Weaver v. State, Dept. of Motor*
3 *Vehicles*, held that a person at the very least should be “permitted to submit evidence that they
4 consumed alcohol only after driving” prior to their driver’s license being revoked because the
5 revocation of one’s license “implicated a protectable property interest entitling the license holder
6 to due process.” 121 Nev. 494, 502, 117 P.3d 193, 199 (2005). It should go without saying that
7 an adult facing the imposition of a guardianship should likewise have the opportunity to present
8 favorable evidence and confront adverse witnesses, especially when essential facts regarding the
9 proposed protected person’s capacity are in dispute. *See* 16D C.J.S. Constitutional Law § 1968
10 (“When issues of fact are necessary to the determination of a court’s jurisdiction, due process
11 requires that a trial-like hearing be held, in which an opportunity is provided to present evidence
12 and to cross-examine adverse witnesses.”); *see also United States v. Jordan*, 742 F.3d 276, 279
13 (7th Cir. 2014) (“Where, as here, a person's liberty is at stake, the opportunity to confront
14 witnesses and reveal problems with their testimony is an important component of due process.”)

15
16
17 **When liberty is at stake, the limited right to confront and cross-examine adverse witnesses**
18 **should not be denied without a strong reason.**) (emphasis added).

19 Each of the factors outlined in *Mathews* weigh in Christine’s favor here. First, as this
20 Court is aware, the private interest affected in a guardianship case is substantial. Some have
21 described the loss of freedom resulting from a guardianship as resembling “the loss of freedom
22 following a criminal conviction.” *In re Conservatorship of Groves*, 109 S.W. 3d 317, 329 (Tenn.
23 Ct. App. 2003). That liberty interest becomes even more resounding when, like here, the person
24 the court is placing under guardianship is objecting. Christine fully understands the loss of
25 freedom she is experiencing, and is adamant that she does not want a guardianship forced on her.
26 The private interest at stake here—personal autonomy—is as profound as any interest can be.
27
28

Second, the procedure used here can and did result in a deprivation of the private interest.

1 In a guardianship proceeding, the finding that a proposed protected person is “incapacitated” is
2 one of the most significant aspects of the case. So, when this Court received conflicting
3 information regarding Christine’s alleged incapacity, it should have held an evidentiary hearing
4 to resolve the dispute and to provide Christine a chance to confront adverse witnesses. Instead,
5 this Court in effect accepted Petitioner’s allegations as true, ignored Christine’s exhibits showing
6 that she did not lack capacity, and then decided to make a finding that was not supported by
7 anything in the record—that Christine is “unable to receive and evaluate information.” At best,
8 the information that Petitioner submitted to this Court provides conflicting accounts regarding
9 Christine’s alleged inability to communicate, nothing states that she is “unable to receive and
10 evaluate information.” Holding an evidentiary hearing and allowing Christine to be fully heard
11 on the issue of her alleged incapacity would have satisfied due process, but the procedure, or
12 lack thereof, applied in this case did not satisfy due process.
13

14 Third, the government’s interest in Christine’s case is minimal. There was no finding
15 from a governmental agency that Christine was in need of a guardian, and the only APS case for
16 Christine here in Nevada, was unsubstantiated. Therefore, there was no governmental interest in
17 having Christine’s guardianship case proceed. In fact, it was Mountain View Care Center, a
18 private facility, not any governmental agency, that pursued guardianship. The government of
19 course has a *parens patriae* interest in protecting the well-being of its citizens, however, in
20 Christine’s case all that there was when this Court appointed a guardian is conflicting evidence
21 regarding Christine’s alleged incapacity. The government’s interest is minimal. Further, while
22 there is a cost to the court in holding an evidentiary hearing, it is not something that is out of the
23 ordinary in adult guardianship cases. In Christine’s case, this was the first time she had requested
24 an evidentiary hearing, so this was not some heavily litigated issue that was draining resources.
25 To the contrary, this was Christine’s first attempt at fighting the allegations made about her.
26
27
28

Accordingly, Christine’s due process rights were violated because she was not given an

1 opportunity to be fully heard on her objection when facts relevant to her alleged incapacity were
2 very much in dispute.

3 3. This Court misinterpreted the *Rubin* case.

4 This Court's refusal to set an evidentiary hearing rests on a flawed interpretation of
5 *Rubin*, that in effect, constituted an abuse of discretion because it is legal error, and it denied
6 Christine her right to due process. This Court implied at Christine's citation hearing that the
7 *Rubin* court held that the district court erred when it "did not consider hearsay evidence at the
8 citation hearing," and then this Court went on to state that *Rubin* allows the district court to
9 consider the North Dakota records for purposes other than determining jurisdiction. However,
10 the *Rubin* court never made the sweeping proclamation that the district court claims.¹¹

12 The *Rubin* court held the district court did not abuse its discretion when it dismissed the
13 petition by concluding that a physician's certificate is required with the petition and refused to
14 hold an evidentiary hearing before dismissing the petition. *Rubin*, 491 P.3d at 4. First, the *Rubin*
15 court held that NRS 159.044(2) requires that a physician's certificate be included with the
16 petition, and that NRS 159.044(2)(i)(1)(I)–(V) simply outlines the contents of what must be in
17 the certificate. *Id.* at 5. Second, the *Rubin* court concluded that the district court erred when it
18 found that the physician's certificate was insufficient because it was completed without an in-
19 person examination and was based on hearsay evidence. *Id.*

20 The portion of the *Rubin* decision regarding hearsay evidence is most relevant here
21 because it appears that is what this Court relied on at Christine's citation hearing. To be clear,
22 this part of the *Rubin* decision focused not on what evidence *the court* can consider, but rather
23 what evidence *the physician or other qualified professional* can consider when executing a
24

25
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28 ¹¹ The *Rubin* court began by expressing an opinion regarding jurisdiction to consider the appeal,
which is not relevant here, and therefore, will not be discussed.

1 physician's certificate. The *Rubin* court cited to NRS 50.285(2), which is the evidentiary rule
2 governing expert opinions, and stated “**experts** may, and commonly do, rely on hearsay when
3 making expert opinions.” *Id.* (emphasis added). The *Rubin* court was opining about the
4 parameters around the sufficiency of a physician's certificate to meet NRS 159.044(2)(i)(1)'s
5 requirements, it was not making a sweeping conclusion as to every piece of evidence the district
6 court may consider at a citation hearing. Essentially, this Court determined that because *Rubin*
7 reinforces the rule that an expert can rely on facts or data that are not admissible into evidence
8 when forming an opinion, the district court could also independently rely on inadmissible
9 evidence and grant a guardianship over the proposed protected person's objection. However, the
10 *Rubin* court did not grant district courts the leeway to disregard rules of evidence.

12 This Court's misinterpretation of *Rubin* contributed to both its abuse of discretion in
13 finding that Christine is “incapacitated” and its violation of Christine's due process rights. It was
14 clear error on the law, which is a textbook abuse of discretion. Moreover, it contributed to the
15 deprivation of Christine's due process rights because this Court's flawed interpretation of *Rubin*
16 allowed it to accept the information in the case at face value, and not allow Christine the
17 opportunity to confront adverse witnesses. Further, this Court used *Rubin* to consider the
18 investigator's report that was filed two days before the citation for any purpose, not just to
19 determine jurisdiction, even though Christine was never given an opportunity to respond to the
20 contents of the report.¹²

23 This Court's misinterpretation of *Rubin* appears to have been the driving force behind its
24 abuse of discretion and violation of Christine's due process rights.

25 V. CONCLUSION

27 ¹² To be clear, the investigator's report mainly just showed that medical providers in North
28 Dakota had issues with Christine's fiancé, the North Dakota APS case and guardianship were
closed, and the Nevada APS case was closed.

1 Based on the foregoing, Christine respectfully requests that this Court stay its Amended
2 Order Appointing Guardian pending the Nevada Supreme Court's ruling on the appeal thereof.

3 DATED this 13th day of December 2021.

4 **LEGAL AID CENTER OF**
5 **SOUTHERN NEVADA, INC.**

6 /s/Katie Anderson

7 Katie Anderson, Esq.

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14 *Attorney for Christine B. Johnson aka Christine*
15 *B. Weideman, Adult Protected Person*
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None.

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/s/ Kimli Nguyen
Employee of Legal Aid Center of Southern Nevada

EXHIBIT 1

POLST

Case No: G-21-055340-A

MOTION TO STAY AMENDED ORDER ESTABLISHING GUARDIANSHIP OF THE PERSON AND ESTATE AND FOR
ISSUANCE OF LETTERS OF GENERAL GUARDIANSHIP (SUMMARY ADMINISTRATION) PENDING APPEAL

NEVADA POLST (Provider Order for Life-Sustaining Treatment)
 (NPA-1000) IS DISCLOSED TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY

SIDE 1: Medical Orders

Use this form ONLY when patient lacks decision-making capacity. First, follow these orders when patient is capable. If not, then follow these orders when patient lacks capacity. If section not completed, it does not affect treatment for that section.

NAME (Print Middle Initial)
JOHNSON, L. Christine
 Date of Birth (MM/DD/YYYY) LBS: 150 HT: 5'10"
04/20/1953 159 160

A **CARDIOPULMONARY RESUSCITATION (CPR)** — Patient/resident has no pulse and is not breathing
 Choose 1: ☒ I Attempt Resuscitation (CPR) ☐ II Do Not Resuscitate (Allow Natural Death)
 When not in cardiopulmonary arrest, follow orders in Section B and C.

B **MEDICAL INTERVENTIONS** — Check only one — Patient/resident has pulse and/or is breathing
 Choose 1: ☒ Full Treatment: Goal — *prolong life by all medically effective means*
 Full life support measures provided, including intubation, mechanical ventilation and advanced airway intervention in addition to treatment described in Comfort Focused Treatment and Selective Treatment. Transfer to hospital/admit to ICU as indicated.
 Other instructions:
☐ Selective Treatment: Goal — *treat medical conditions as directed below*
 In addition to Comfort Focused Treatment, use medical treatment/IV antibiotics/IV fluid/other as indicated. No intubation, advanced airway interventions or mechanical ventilation. May use non-invasive positive airway pressure. Hospital transfer as indicated. Generally, avoid ICU.
 Other instructions:
☐ Comfort Focused Treatment: Goal — *maximize comfort through symptom management*
 Remove pain and suffering with medication by any route as needed. May use suction or suctioning and manual treatment of airway obstruction as needed for comfort. Transfer to hospital only if comfort needs cannot be met in current location.
 Other instructions:

C **ARTIFICIALLY ADMINISTERED NUTRITION & FLUIDS** — offer food & fluids by mouth if feasible or possible
☒ Long-term artificial nutrition or feeding tube ☐ IV fluids trial no longer than _____
☐ Artificial nutrition/feeding tube trial no longer than _____ ☐ No IV fluids
☐ No artificial nutrition or feeding tube
 Other instructions:

D **CAPACITY DETERMINATION** — Completion required by Provider (MD, APRN or PA)
 Required: At the time of completion of this medical order, the patient:
☒ Has decisional capacity ☐ Lacks decisional capacity
 to understand and communicate their health care preferences for options in this medical order.

E **VALIDATING SIGNATURES (Required)** — Advance Directive & Surrogate Information on Side 2
 Required Items: Date (Required) Physician/APRN/PA Signature (Required) Physician/APRN/PA License # (Required)
04/20/2014 [Signature] 9327
 Physician/APRN/PA Name (Printed, Required) Physician/APRN/PA Phone
Christine Johnson, MD _____
 Patient / Agent (DPOA-HC) / Parent of Minor / Legal Guardian (circle one)
 I have discussed this form, its treatment options and their implications for sustaining life with my/our patient's health care provider. This form reflects my / our wishes for the patient's best known wishes.
 Signature: [Signature] Date: 04/20/2014
 OR if the patient lacks capacity and has no known agent (DPOA-HC) or guardian, complete the following:
 Health Care Surrogate Authorization — Also requires completion of Side 2, #1 C
 Signature: _____ Date: _____

Send original with patient when discharged or transferred

NEVADA POLST (Provider Order for Life-Sustaining Treatment)

Patient Name: Schaefer, Christine DOB: 4/17/58

SIDE 2: Supplementary Information

1. Representative/Surrogate Information – See following for further information regarding patient's preferences.

A. Advance Directive (AD): Living Will, Declaration, Durable Power of Attorney for Health Care (DPOA-HC) ☒ NO ☐ YES

AD filed with Living Will Lockbox: ☐ NO ☐ YES - Registration #: if known: _____

Other AD location: _____

DPOA-HC – This information must be taken directly from the patient's valid DPOA-HC, not verbally

Appointed agent #1: _____ Telephone No: _____

Appointed agent #2: _____ Telephone No: _____

B. Court-Appointed Guardian ☒ NO ☐ YES Name: _____ Phone: _____

C. Health Care Surrogate: Name (printed): _____

Relationship: _____ Phone: _____

2. PREPARER: Preparer's Name (print): Michelle Adams Title/Position (MSW, RN, etc.): SN

3. REGISTRY: Provider initials box to right to verify that information has been provided to the patient to submit their completed and signed POLST form to the Living Will Lockbox at: www.livingwilllockbox.com

4. ORGAN DONATION

☐ I have documented on my license or state license ID that I would like to donate my organs

Terms of Use

- The POLST IS ALWAYS VOLUNTARY and may not be mandated for a patient.
- The POLST is intended for the seriously ill or frail, and for whom a health care professional would not be surprised if they died within a year; others should be offered an AD with DPOA-HC designation.
- This medical order is to be honored in all care settings. In patient order sets should reflect these POLST orders. The POLST is to be followed until replaced by new orders.
- Should a patient have both a DNR Identification and POLST, the most recent order should be followed.
- Photocopied, faxed or electronic versions are valid as long as required signatures (Section E) are included.
- When comfort cannot be achieved in the current setting, the patient should be transferred to a setting that is able to provide comfort.

Completing a POLST

- If a patient lacks decisional capacity, their legal representative (DPOA-HC, guardian or parent of a minor) may complete a POLST. If the patient has no legal representative and lacks decisional capacity, then a surrogate may complete a POLST for the patient. Surrogates are (in this order): a spouse, the majority of adult child(ren), parent(s), a majority of adult sibling(s), the nearest other adult relative of the patient by blood or adoption who is reasonably available, or "an adult who has exhibited special care or concern for the patient, is familiar with the values of the patient and willing and able to make health care decisions for the patient."
- A POLST does not replace an Advance Directive. An AD may designate a decision-maker (DPOA-HC) in the event the patient becomes incapacitated, documents additional treatment preferences and should be encouraged to be completed. Always check for inconsistencies between End-of-Life documents and make corrections as appropriate.
- Completion of a POLST should follow a discussion of the patient's goals, values and how their treatment preferences will impact both their longevity and quality of life.
- Any section not completed creates no presumption about the patient's preferences for treatment for that section.
- Patients discharged home should place the POLST next to their bed or on their refrigerator where EMS is trained to look.

POLST Review - This POLST should be reviewed periodically, and if:

- The patient is transferred from one care setting or level to another, or
- There is a substantial change in patient health status, or
- The patient's treatment preferences change.

Voiding POLST

- If the patient has decisional capacity, only the patient may void a POLST.
- Without decisional capacity, the patient's legal representative may revoke a POLST, or the patient's surrogate may revoke the POLST only if the POLST was completed by the patient's surrogate (see Completing a POLST, first bullet, above).

Send original with patient when transferred or discharged

EXHIBIT 2

PHYSICIAN'S CERTIFICATE WITH NEEDS ASSESSMENT

Case No: G-21-055340-A

MOTION TO STAY AMENDED ORDER ESTABLISHING GUARDIANSHIP OF THE PERSON AND ESTATE AND FOR
ISSUANCE OF LETTERS OF GENERAL GUARDIANSHIP (SUMMARY ADMINISTRATION) PENDING APPEAL

PHYSICIAN'S CERTIFICATE WITH NEEDS ASSESSMENT

(Please answer all questions)

I, Craig Jensen, am qualified to complete this form because:
Physician's Full Name (please print legibly)

(☒ check one)

- ☒ I am a physician licensed to practice in the State of Nevada.
☐ I am a physician employed by the Department of Veterans Affairs.
☐ I am employed by the following Nevada governmental agency that conducts investigations* (agency name): _____
☐ I am a person who is otherwise qualified to execute this certificate (subject to the court's determination)*. My qualifications are as follows:

SECTION 1: Examination Information, Diagnosis and Condition

I last examined Christine Johnson, an adult, on 8/6/21,
Patient's Full Name ("Patient") Date of Exam
at Mountain View Care Center. I have been the Patient's physician
Name of Facility or Address of Office or Residence
since 6/28/21; Patient (☒ check one) ☐ is / ☐ is not under my continuing care/treatment.
Date of First Encounter

A. Prior to the examination, I informed the Patient that my communications with him or her would not be privileged: (☒ check one) ☐ Unable to Comprehend ☒ Yes ☐ No

B. In addition to examining the Patient, I reviewed the following documents: _____
medical records

C. I (☒ check one) ☐ AM / ☒ AM NOT aware of the existence of a healthcare directive, living will, power of attorney, guardian nomination, or other similar document executed by the Patient.

If you ARE aware of such a document, provide additional information (location of document, identity of designated agent, etc.): _____

D. Was the Patient given or diagnosed using any generally accepted cognitive assessment exam or tool, including but not limited to Folstein's mini-mental status exam? If YES, please attach a copy. ☐ Yes ☐ No

* Before the court can appoint a guardian, a licensed physician must complete an assessment of the Patient's needs that identifies limitations of capacity and how such limitations affect the Patient's ability to maintain safety and basic needs.

E. The Patient's physical diagnosis (DSM or ICD Diagnoses) and condition is: _____

912.21 M31.9
982.50 R63

Prognosis is: _____

Severity/Degree is: (☒ check one) ☐ Mild ☐ Moderate ☐ Severe

F. The Patient's mental diagnosis (DSM or ICD Diagnoses) and condition is: _____

E32.9

Prognosis is: poor

Severity/Degree is: (☒ check one) ☐ Mild ☐ Moderate ☒ Severe

G. Which of the following descriptions apply to the patient's degree of cognitive impairment (☒ check all that apply)?

- ☐ The patient has a ☒ sufficient loss or ☐ total loss of executive function resulting in a barrier to meaningful understanding or rational response.
- ☐ The Patient is able to make independently some but not all of the decisions necessary for his or her own care and management of property.
- ☒ The patient is unable to execute on desires, preferences, or stated goals, preventing the ability to pursue the patient's own best interest.
- ☐ The patient is unable to receive or evaluate information.
- ☒ The patient is unable to make or communicate decisions to such an extent that the patient lacks the ability to meet essential requirements for physical health, safety, or self-care without proper assistance.
- ☐ None of the above.

H. Is the Patient facing an immediate need for medical attention? ☐ Yes ☒ No
If YES, is the Patient unable to respond to the need for medical attention? ☐ Yes ☐ No
If YES, explain the immediate attention needed and why the Patient is unable to respond:

I. Is the Patient facing a substantial and immediate risk of physical harm? ☐ Yes ☒ No
If YES, is the Patient unable to respond to that risk of physical harm? ☐ Yes ☐ No
If YES, explain the immediate risk and why the Patient is unable to respond:

- J. Is the Patient facing a substantial and immediate risk of financial loss? ☐ Yes ☒ No
If YES, is the Patient unable to respond to that risk of financial loss? ☐ Yes ☐ No
If YES, explain the immediate risk and why the Patient is unable to respond:

- K. Does the Patient present a danger to himself/herself? ☐ Yes ☒ No
Does the Patient present a danger to others? ☐ Yes ☐ No
If YES, explain:

- L. Has the Patient been subjected to abuse, neglect, or exploitation? ☐ Yes ☒ No
If YES, explain:

- M. Is the Patient capable of living independently? (☒ check one)
☐ Yes, without assistance ☐ Yes, with assistance ☒ No
If WITH ASSISTANCE, describe the assistance needed; if NO, explain why not:

- N. Attached to this certificate is (☒ check all that apply, if applicable):

- ☐ A copy of my report of the above exam which includes my findings, opinion, and diagnosis regarding the Patient and his/her mental condition and/or capacity.
- ☐ A copy of the Patient's chart notes which support and/or detail my findings, opinion, and diagnosis regarding the Patient and his/her mental condition and/or capacity.
- ☐ A letter, signed by me, detailing my findings, opinion, and diagnosis regarding the Patient and his/her mental condition and/or capacity.

SECTION 2: Ability to Appear at Hearing

- A. Would the Patient's attendance at a hearing for appointment of a guardian be detrimental to the Patient's mental health? ☒ Yes ☐ No
If YES, why?

Confused, Doesn't understand certain
topic, emotionally dependent on me

- B. Would attending the hearing for appointment of a guardian be detrimental to the Patient's physical health? ☒ Yes ☐ No
If YES, why?

Bed Bound

C. Is the patient able to appear at a court hearing? ☐ Yes ☒ No

If NO, why not?

Has to travel by stretcher

D. Would the patient comprehend the reason for a hearing? ☐ Yes ☒ No

E. Would the patient contribute to a hearing? ☐ Yes ☒ No

SECTION 3: Limitations, Abilities, and Needs

A. The Patient's level of needed supervision is as follows: ☐ Locked Facility
☒ 24-hour supervision
☐ Independent living with some supervision
☐ No supervision
☐ No supervision when taking medication

B. My opinion as to the Patient's everyday functions is as follows:

	Independent	Needs Support	Needs Substantial Assistance	Needs Total Care	Unknown
CARE OF SELF (Activities of Daily Living (ADLs) and related activities)					
Bathe and shower				X	
Personal hygiene and grooming (e.g., brushing teeth, hair)				X	
Dress self				X	
Toilet hygiene (getting to toilet, cleaning self, getting back up)				X	
Functional mobility (e.g., walking, transferring to/from bed or chair)				X	
Feed self and eat for adequate nutrition				X	
Identify physical abuse or neglect and protect self from harm		X			
FINANCIAL					
Manage, deposit, withdraw, dispose of, and invest money and assets			X		
Protect, and spend small amounts of cash			X		
Employ persons to advise or assist him/her			X		
Identify financial exploitation, coercion, undue influence			X		
Protect self from financial exploitation, coercion, undue influence			X		
Give gifts and donations			X		

	Independent	Needs Support	Needs Substantial Assistance	Needs Total Care	Unknown
MEDICAL					
Give/withhold medical consent to medical, dental, psychological		X			
Admit self to health facility			X		
Make or change an advance directive or healthcare power of attorney		X			
Manage medications		X			
Contact help if ill or in medical emergency		X			
HOME AND COMMUNITY LIFE					
Choose/establish residence			X		
Maintain reasonably safe and clean shelter			X		
Drive or use public transportation			X		
Prepare food/meals, cleanup			X		
Shop for groceries and necessities			X		
Use telephone or other forms of communication			X		
Make and communicate choices about roommates			X		
Avoid environmental dangers such as stove, poisons			X		
Maintain and pay household bills, utilities, mortgage/rent, taxes			X		

SECTION 4: Civil and Legal

- A. In my opinion, the Patient lacks the capacity necessary to (☒ check all that apply):
- ☐ Enter into a contract, financial commitment, or lease arrangement
 - ☐ Make or modify a will or power of attorney
 - ☐ Participate in mediation
- B. Is the Patient capable of driving? ☐ Yes ☒ No ☐ Uncertain
- C. Would the Patient present a risk or threat to self or others if Patient were to own or purchase a firearm? ☒ Yes ☐ No ☐ Uncertain
- D. Does the Patient have the capacity necessary to understand and complete voter registration forms and vote? ☐ Yes ☒ No ☐ Uncertain

SECTION 5: Remarks and Recommendations

A. If you have any remarks concerning other sections, or if you believe the court should be aware of other concerns about the Patient which are not included above, please explain:

B. If you have any recommendations for needed treatment or services which are not included above, please explain:

(This certificate must be signed by the physician, agency employee, or other person identified at the top of page 1 of the certificate.)

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Date: 7/06/11

Signature: _____

Print Name: _____

Address: _____

Telephone: _____

The following psychologist, nurse, nurse practitioner, physicians' assistant, social worker, case manager, or other assisted in completion of this form (print all names below, if applicable):

Mike Fowler MSW Social Worker (LSW)

EXHIBIT 3

EMAIL DATED 12/7/2021 RE PLACEMENT

Case No: G-21-055340-A

MOTION TO STAY AMENDED ORDER ESTABLISHING GUARDIANSHIP OF THE PERSON AND ESTATE AND FOR
ISSUANCE OF LETTERS OF GENERAL GUARDIANSHIP (SUMMARY ADMINISTRATION) PENDING APPEAL

Scott Cardenas

From: Katie Anderson
Sent: Tuesday, December 7, 2021 12:09 PM
To: Scott Cardenas; Debra Bookout; Elizabeth Mikesell
Subject: FW: Christine Johnson



Katie Anderson, Esq.
Attorney, Consumer Rights Project
Legal Aid Center of Southern Nevada, Inc.
725 E. Charleston Blvd.
Las Vegas, NV 89104
702-386-1537 direct/fax
702-386-1070 ext. 1537
kanderson@lacs.org
www.lacs.org

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From: Matthew Carling <cedarlegal@gmail.com>
Sent: Tuesday, December 7, 2021 12:01 PM
To: Katie Anderson <KAnderson@lacs.org>
Subject: Fwd: Christine Johnson

This sender is trusted.

----- Forwarded message -----

From: **Terrill Judie** <Terrill.Judie@clarkcountynv.gov>
Date: Tue, Dec 7, 2021 at 12:18 PM
Subject: Christine Johnson
To: Public Guardian <PublicGuardian@clarkcountynv.gov>
Cc: cedarlegal@gmail.com <cedarlegal@gmail.com>

Please be advised that **Christine Johnson** was transferred to **Boulder City Hospital** on **12/4/2021** and subsequently to **Spring Valley Hospital** located at **5400 S. Rainbow Blvd, Las Vegas, NV 89118** and phone number **(702) 853-3000** on **12/5/2021**. The reason for the transfer is for treatment of pneumonia.

This is a **new** placement.

This is considered a **temporary** move.

This facility **is not** secured.

The facility is a **hospital**

Matthew, please inform the protected person's attorney, Katie Anderson.

The following family/friends of natural affection were notified:

Anthony Anchondo-Via Phone

Edward Weiderman-Via Mail

Richard Weiderman-Via Mail

Robert Weiderman-Via Mail

Valerie Weiderman-Via Mail

Are there any auto-pays? ☐ Yes ☒ No

Is a Work Order needed regarding personal property? ☐ Yes ☒ No

Has the Work Order been submitted? ☐ Yes ☒ No

TERRILL JUDIE

Senior Deputy Public Guardian-Estate Case Manager

Clark County Public Guardian

515 Shadow Lane

Las Vegas, NV 89106

Phone:(702)455-4332

Fax: (702)455-4797

Email: terrell.judie@clarkcountynv.gov

Public Guardian Office Hours: Monday-Thursday, 7:30AM to 5:30PM Closed every Friday and on all observed holidays.

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EXHIBIT 4

EMAIL DATED 12/07/2021 RE CLIENT'S STATUS

Case No: G-21-055340-A

MOTION TO STAY AMENDED ORDER ESTABLISHING GUARDIANSHIP OF THE PERSON AND ESTATE AND FOR
ISSUANCE OF LETTERS OF GENERAL GUARDIANSHIP (SUMMARY ADMINISTRATION) PENDING APPEAL

Scott Cardenas

From: Katie Anderson
Sent: Tuesday, December 7, 2021 12:11 PM
To: Scott Cardenas; Debra Bookout; Elizabeth Mikesell
Subject: FW: Christine Johnson



Katie Anderson, Esq.
Attorney, Consumer Rights Project
Legal Aid Center of Southern Nevada, Inc.
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Please remember Legal Aid Center of Southern Nevada in your estate plan.

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From: Matthew Carling <cedarlegal@gmail.com>
Sent: Tuesday, December 7, 2021 12:02 PM
To: Katie Anderson <KAnderson@lacs.org>
Subject: Fwd: Christine Johnson

This sender is trusted.

----- Forwarded message -----

From: Terrill Judie <Terrill.Judie@clarkcountynv.gov>
Date: Tue, Dec 7, 2021 at 12:31 PM
Subject: Christine Johnson
To: cedarlegal@gmail.com <cedarlegal@gmail.com>
Cc: Karen Kelly <KellyK@clarkcountynv.gov>

Hello Mr. Carling,

Please be aware that Christine Johnson is currently at Spring Valley Hospital and it's said that she's not doing well. We only have addresses for her relatives and no phone numbers. Can you reach out to Katie Anderson, Christine's attorney and inquire if she has any phone numbers for the family so that we're able to provide them updates concerning Christine?

Also please advise her that the doctors recommending that Christine's code status be changed to DNR. They also indicate that she's appropriate for inpatient hospice services. Once we receive the medical documentation, we will determine how we'll move forward.

Thank you

TERRILL JUDIE

Senior Deputy Public Guardian-Estate Case Manager

Clark County Public Guardian

515 Shadow Lane

Las Vegas, NV 89106

Phone: (702)455-4332

Fax: (702)455-4797

Email: terrill.judie@clarkcountynv.gov

Public Guardian Office Hours: Monday-Thursday, 7:30AM to 5:30PM Closed every Friday and on all observed holidays.

WARNING! BE ADVISED the contents of this email are not intended to constitute legal advice, legal opinions, legal suggestions, nor legal representations of any kind between you, the recipient, and the case

manager. The case manager is not an attorney and is not providing any legal advice or representation of any kind. The contents of this email are informational only. The contents of this email do not replace or substitute the advice of legal counsel or representation. You are advised to obtain and seek your own legal counsel and/or financial or tax advisor.

EXHIBIT 5

DISCHARGE DOCUMENTATION DATED 10/28/2021

Case No: G-21-055340-A

MOTION TO STAY AMENDED ORDER ESTABLISHING GUARDIANSHIP OF THE PERSON AND ESTATE AND FOR
ISSUANCE OF LETTERS OF GENERAL GUARDIANSHIP (SUMMARY ADMINISTRATION) PENDING APPEAL

Boulder City Hospital

Patient: JOHNSON, CHRISTINE B
MRN: 616481
FIN: 3098549
DOB/Age/Sex: 9/20/1958 63 years Female

Admit: 10/24/2021
Discharge: 10/26/2021
Admitting: HARRINGTON, WILLIAM Z

Discharge Documentation

Document Name: Discharge Instructions
Service Date/Time: 10/28/2021 09:01 PDT
Result Status: Auth (Verified)

*** The external document could not be loaded. ***

Document Name: Discharge Summary
Service Date/Time: 10/25/2021 09:58 PDT
Result Status: Auth (Verified)

Patient: Christine Johnson

Admission Date: 10/24/2021
Discharge Date: 10/25/2021

Admission Diagnosis:

1. Urosepsis.
2. Leukocytosis.
3. Amyotrophic lateral sclerosis.

Discharge Diagnosis:

1. Urosepsis, much improved.
2. Leukocytosis, resolved.
3. Hypoxia, chronic but stabilizing.
4. Mild hypokalemia, being replaced.
5. Blood and urine cultures still pending.

Medications on Discharge: Resume her previous medications as before, which include -

1. Senna 50/8.6 twice a day.
2. Lidocaine patch 5% to left knee, on 12, off 12.
3. MS Immediate release 15 q.12 routine.
4. Riluzole 50 mg q.12.
5. Zolpidem 5 mg q.h.s. p.r.n.
6. Norco 10/325 q.4 p.r.n.
7. Vitamin C 500 twice a day.

Patient: JOHNSON, CHRISTINE B

MRN: 616481

FIN: 3098549

DOB/Age/Sex: 9/20/1958 63 years Female

Admit: 10/24/2021

Discharge: 10/26/2021

Admitting: HARRINGTON, WILLIAM Z

Discharge Documentation

8. Baclofen 15 mg t.i.d.
9. Prozac 60 mg daily.
10. Gabapentin 300 three times a day.
11. Polyethylene glycol 17 gm daily.
12. Continue her previous p.r.n. doses of medications.
13. Augmentin 875 twice a day for 7 days pending final culture results.

At the time of discharge, she is alert, she is breathing comfortably on 3 liters of oxygen, which I would continue. She is eating with assist.

Physical Examination:

Vital Signs- Temperature 37.1, blood pressure 129/72, pulse 55, respiration 18. Saturation 90% on 3 liters.

General -This is a thin, cachectic female with neurologic disease but is less toxic.

HEENT - Normocephalic, atraumatic.

Neck - Supple.

Heart - Regular rate and rhythm.

Lungs - Shallow but clear.

Abdomen - Benign.

Extremities - No edema.

Laboratory: Sodium 143, potassium 3.3, chloride 109, bicarb 27, BUN 12, creatinine 0.38, glucose 93. WBC 10.54, H and H 10 and 34. Platelets 273,000.

Hospital Course: An unfortunate 63-year-old female came in with a history of ALS from Mountain View Care Center for weakness, fever, hypoxia. She was found to have a severe complicating UTI with leukocytosis. Chest x-ray actually clear. She was admitted, cultures were done and are pending. She has improved markedly with Zosyn and fluids. White count has normalized. No further fevers. She is more alert, nearing her baseline. Patient still remains very debilitated and has a progressive neurologic disease which will most likely result in her death within the next 6 to 12 months but she is stabilized the best she can from an infection standpoint. Patient has remained category 1. Several discussions were held with her in the past. We will continue these discussions ongoing at Mountain View Care Center as she has extremely high likelihood of having increasing episodes of infections and without the meticulous care, she would have even worsening skin conditions now. At this time, we will complete antibiotics, continue current medications, continue the excellent care she receives at Mountain View Care Center.

Boulder City Hospital

Patient: JOHNSON, CHRISTINE B

MRN: 616481

FIN: 3098549

DOB/Age/Sex: 9/20/1958 63 years Female

Admit: 10/24/2021

Discharge: 10/26/2021

Admitting: HARRINGTON, WILLIAM Z

Discharge Documentation

CJ/ncss/jmn

D: 10/25/2021

T: 10/25/2021

J: 219619

Signature Line

JORGENSEN, CRAIG M MD

[Electronically Signed by: 10/31/2021 21:02 PDT]

JORGENSEN, CRAIG M MD

[Verified on: 10/31/2021 21:02 PDT]

JORGENSEN, CRAIG M MD

[Transcribed on: 10/26/2021 09:58 PDT]

MB

Document Name:

Service Date/Time:

Result Status:

Inpatient Patient Summary

10/26/2021 23:23 PDT

Modified

Inpatient Patient Summary

Boulder City Hospital

901 Adams Blvd.

Boulder City, Nevada 89005

(702) 293-4111

(702) 293-0430

Patient Discharge Instructions

Name: JOHNSON, CHRISTINE B

DOB: 9/20/1958 **MRN:** 616481 **FIN:** 3098549

Patient Address: 601 ADAMS BLVD # 110B BOULDER CITY NV 890052219

EXHIBIT 6

HISTORY AND PHYSICAL REPORTS DATED 10/25/2021

Case No: G-21-055340-A

MOTION TO STAY AMENDED ORDER ESTABLISHING GUARDIANSHIP OF THE PERSON AND ESTATE AND FOR
ISSUANCE OF LETTERS OF GENERAL GUARDIANSHIP (SUMMARY ADMINISTRATION) PENDING APPEAL

Patient:	JOHNSON, CHRISTINE B	Admit:	10/24/2021
MRN:	616481	Discharge:	10/26/2021
FIN:	3098549	Admitting:	HARRINGTON, WILLIAM Z
DOB/Age/Sex:	9/20/1958 63 years Female		

History and Physical Reports

Document Name:	History and Physical
Service Date/Time:	10/25/2021 09:56 PDT
Result Status:	Auth (Verified)
Perform Information:	BUSSEY, MICHELE as proxy for JORGENSEN, CRAIG M (10/26/2021 09:57 PDT)
Sign Information:	JORGENSEN, CRAIG M (10/31/2021 21:02 PDT)

PATIENT: Christine Johnson

Date of Admission: 10/24/2021

Reason for Admission: Altered mental status, hypoxia.

History: This is an unfortunate 63-year-old female with a past medical history of ALS causing quadriplegia who lives at Mountain View Care Center for placement. She had been at UMC hospital back in April of 2021 where she had fallen out of her wheelchair and she was noted to be homeless. She had hit her shoulder and head at that time. She had ALS diagnosed back approximately January of 2021 which had been rapidly progressive. She is now totally bed bound, dependent upon others for all ADLs despite being on Riluzole for ALS. She has remained category 1.

During her previous hospitalizations, she had a mildly displaced fracture of the proximal humerus. Orthopedics recommended non-weightbearing. She has chronic pain issues but had been fairly stable but with steady decline from her neurologic disease. When she became very altered, she had low blood pressure, hypoxia, decreased responsiveness overall so she was sent out to the hospital for evaluation. In the emergency room, she was found to have elevated white count and a positive UA and recommended for admission.

Past Medical History:

1. Quadriplegia.
2. ALS.
3. Mildly displaced fracture of the proximal humerus in April of 2021.
4. History of falls.
5. Hypoglycemia.
6. Alcohol and meth abuse.
7. Oral dysphagia.

Medications:

1. Baclofen 5 mg 3 tablets or 15 mg twice a day.

Patient: JOHNSON, CHRISTINE B

MRN: 616481

FIN: 3098549

DOB/Age/Sex: 9/20/1958 63 years Female

Admit: 10/24/2021

Discharge: 10/26/2021

Admitting: HARRINGTON, WILLIAM Z

History and Physical Reports

2. Riluzole 50 mg daily.
3. Capsaicin cream topically p.r.n.
4. Fluoxetine 40 mg daily.
5. Gabapentin 300 mg three times a day.
6. Lidocaine patch p.r.n.
7. MS Contin 15 q.12.
8. Afrin nasal spray as needed.
9. Polyethylene glycol daily.
10. Seroquel 25 daily.
11. Sennoside daily.
12. Zolpidem 5 mg at nighttime.

Social History: She is disabled, lives at Mountain View Care Center. No current tobacco, alcohol or drugs. History of meth and alcohol abuse.

Family History: None.

Review of Systems: She is becoming more alert now, status post antibiotics and fluids. She remains weak, difficulty with speech, bed bound, totally dependent upon others for all ADLs.

Physical Examination:

Vital Signs - Temperature 37.2, blood pressure 122/73, pulse 83, respiration 20, saturation 95% on 3 liters.

General - Very thin, cachectic female who is ill-appearing but now arousing, less toxic overall. Generally very thin.

HEENT - Normocephalic, atraumatic. Mucous membranes are now moist. No thrush.

Neck - Supple. Trachea midline.

Heart - Currently regular rate and rhythm, was tachycardic on admission.

Lungs - Clear but shallow. Poor inspiratory effort. Some upper secretions.

Abdomen - Soft, nontender, nondistended. Bowel sounds present and active.

No CVA tenderness.

Extremities - Muscle wasting. No clubbing, cyanosis.

Neurologic - She has diffuse weakness, alert, track, tries to answer questions but answers slowly.

Patient: JOHNSON, CHRISTINE B

MRN: 616481

FIN: 3098549

DOB/Age/Sex: 9/20/1958 63 years Female

Admit: 10/24/2021

Discharge: 10/26/2021

Admitting: HARRINGTON, WILLIAM Z

History and Physical Reports

Laboratory: Sodium 141, potassium 3.8, chloride 105, bicarb 26, BUN 15, creatinine 0.56. AST 14, ALT 23, albumin 3.6, white blood cells 11.27, H and H 11.1 and 34.8. Platelets 267,000. Lactic acid 0.5. UA positive for nitrates, moderate leukocyte esterase, many bacteria.

Chest x-ray is hyperinflation.

Assessment:

1. UTI with sepsis.
2. Hypoxia.
3. Leukocytosis.
4. ALS.
5. Quadriparesis.
6. Oral dysphagia.

PLAN: Meds/orders have been reviewed in detail. We will admit at this time. Await final cultures. We will place on broad spectrum IV antibiotics with Zosyn, DVT prophylaxis. Hold opioids with recent sedation but this is most likely due to infection. We will monitor her pain and resume when needed. We will follow and replace electrolytes. Oxygen, nebulizers.

CJ/ncss/jmn

D: 10/25/2021

T: 10/25/2021

J: 219618

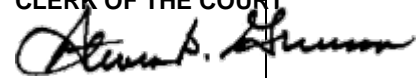
Signature Line

JORGENSON, CRAIG M MD

EXHIBIT 8

**Response to Motion to Stay and Petition for Advice and
Instruction, filed on 12/15/2021**

Case No: 83912



RSPN
CARLING LAW OFFICE, PC
MATTHEW D. CARLING, ESQ.
Nevada Bar No.: 007302
703 S. 8th Street
Las Vegas, NV 89101
(702) 419-7330 (Office)
(702) 446-8065 (Fax)
CedarLegal@gmail.com
Attorney for Karen Kelly,
CLARK COUNTY PUBLIC GUARDIAN

DISTRICT COURT
FAMILY DIVISION
CLARK COUNTY, NEVADA

* * * * *

In the Matter of the Guardianship of:
CHRISTINE JOHNSON aka CHRISTINE
WEIDERMAN, an Adult Protected Person.

Case No.: G-21-055340-A
Dept. No.: B
Date: 12/16/21 @ 9:00am

RESPONSE TO MOTION TO STAY AND
PETITION FOR ADVICE AND INSTRUCTIONS

<input type="checkbox"/> TEMPORARY GUARDIANSHIP	<input checked="" type="checkbox"/> GENERAL GUARDIANSHIP
<input type="checkbox"/> Person	<input type="checkbox"/> Person
<input type="checkbox"/> Estate	<input type="checkbox"/> Estate <input checked="" type="checkbox"/> Summary Admin.
<input type="checkbox"/> Person & Estate	<input checked="" type="checkbox"/> Person & Estate
<input type="checkbox"/> SPECIAL GUARDIANSHIP	<input checked="" type="checkbox"/> NOTICES/SAFEGUARDS
<input type="checkbox"/> Person	<input type="checkbox"/> Blocked Account Required
<input type="checkbox"/> Estate <input type="checkbox"/> Summary Admin.	<input type="checkbox"/> Bond Required
<input type="checkbox"/> Person & Estate	<input checked="" type="checkbox"/> Public Guardian Bond
	<input type="checkbox"/> Protected Person Passed Away

COMES NOW, Karen Kelly, Clark County Public Guardian (“CCPG”), Guardian of the Person and Estate of Christine Johnson and submits this Response to the Motion to Stay filed on December 13, 2021, and seeks advice and instructions regarding the continued care of the Protected Person and responds as follows:

Motion to Stay Amended Order for Guardianship

1 The CCPG takes no position on the Motion to Stay. The sole purpose of the CCPG is to
2 provide the best possible care for the Protected Person. The Protected Person is currently receiving
3 the proper medical attention for her needs. *See* Confidential Medical Records filed 12/14/21. The
4 CCPG wants what is best the Protected Person.

5 **POLST Status vs. DNR/DNI**

6 According to the Confidential Medical Records filed on 12/14/21, at least 2 attending
7 physicians opine that the Protected Person should be designated as DNR/DNI. Based on the
8 Protected Person's POLST and acknowledgement regarding lifesaving treatment to Case Manager
9 Terrill Judie, the CCPG has rejected medical professionals' opinions in this regard. One attending
10 physician indicates that heroic lifesaving measures will be extremely painful and most likely will
11 not likely increase the Protected Person's quality of life. Nevertheless, the CCPG feels it is bound
12 by the Protected Person's wishes. The CCPG seeks instructions, advice or approval of its
13 continued position to honor the Protected Person's POLST even if it is against medical advice.

14 **Confidential Medical Information & Location**

15 Prior to her inability to communicate, the Protected Person did not want any of her family
16 to know where she was or what her medical condition may be. The only person she authorized to
17 visit and be informed of her medical condition is her fiancé, Anthony Anchondo. The CCPG has
18 confirmed that Mr. Anchondo was able to visit the Protected Person prior to her being intubated.
19 Family members have inquired about seeing their mother and the nature of her condition. Chapter
20 159 requires that we notify family when the Protected Person is moved. However, the CCPG
21 desires to honor the wishes of the Protected Person. As such, the CCPG seeks instructions or
22 advice regarding notifying the family of the Protected Person's location and her medical condition.
23 To date, the CCPG has kept this information confidential.

WHEREFORE, the CCPG seeks instructions, advice and/or approval of acts of Guardian regarding:

1. Honoring the Protected Person's POLST in light of contrary medical opinions;
2. What information, if any, the CCPG may share with family in light of the Protected Person's wishes and guardianship statutes; and
3. Any of the instructions or advice that the Court deems appropriate under the circumstances.

DATED December 15, 2021.

CARLING LAW OFFICE, PC

Matthew D. Carling, Esq.

MATTHEW D. CARLING, ESQ.

Nevada Bar No.: 007302

Attorney for Karen Kelly,

CLARK COUNTY PUBLIC GUARDIAN

CERTIFICATE OF SERVICE

I hereby certify that, on December 15, 2021, I sent a true and correct copy of **Response** to the following parties *via* the method indicated below:

PLEASE CONTACT CEDARLEGAL@GMAIL.COM IF YOU
WOULD LIKE TO RECEIVE NOTICES VIA EMAIL IN THE FUTURE

Christine Johnson
c/o CONFIDENTIAL
Protected Person

Katie Anderson
kanderson@lacs.org
Attorney for Protected Person

Kim Boyer, Esq.
kimboyer@elderlawnv.com
Attorney for Petitioner

Anthony Anchondo

Address Unknown

Significant Other

Robert Weiderman

9800 Virginia Woods Circle

Las Vegas, Nevada 89117

Son

Richard Weiderman

4828 Minturn Avenue

Las Vegas, Nevada 89130

Son

Edward Weiderman

9025 W. Desert Inn Road, Apt. #267

Las Vegas, Nevada 89117

Son

Valerie Weiderman

8777 W. Maule Avenue, Unit #2109

Las Vegas, Nevada 89148

Daughter

Jennifer Weiderman

Jennifer.Weiderman@gmail.com

Daughter

Allison Weiderman

Unknown Whereabouts

Daughter

CARLING LAW OFFICE, PC

Matthew D. Carling, Esq.

MATTHEW D. CARLING, ESQ.

Nevada Bar No.: 007302

Attorney for Karen Kelly,

CLARK COUNTY PUBLIC GUARDIAN

EXHIBIT 9

Discharge Documentation dated 10/28/2021

Case No: 83912

Boulder City Hospital

Patient: JOHNSON, CHRISTINE B
MRN: 616481
FIN: 3098549
DOB/Age/Sex: 9/20/1958 63 years Female

Admit: 10/24/2021
Discharge: 10/26/2021
Admitting: HARRINGTON, WILLIAM Z

Discharge Documentation

Document Name: Discharge Instructions
Service Date/Time: 10/28/2021 09:01 PDT
Result Status: Auth (Verified)

*** The external document could not be loaded. ***

Document Name: Discharge Summary
Service Date/Time: 10/25/2021 09:58 PDT
Result Status: Auth (Verified)

Patient: Christine Johnson

Admission Date: 10/24/2021
Discharge Date: 10/25/2021

Admission Diagnosis:

1. Urosepsis.
2. Leukocytosis.
3. Amyotrophic lateral sclerosis.

Discharge Diagnosis:

1. Urosepsis, much improved.
2. Leukocytosis, resolved.
3. Hypoxia, chronic but stabilizing.
4. Mild hypokalemia, being replaced.
5. Blood and urine cultures still pending.

Medications on Discharge: Resume her previous medications as before, which include -

1. Senna 50/8.6 twice a day.
2. Lidocaine patch 5% to left knee, on 12, off 12.
3. MS Immediate release 15 q.12 routine.
4. Riluzole 50 mg q.12.
5. Zolpidem 5 mg q.h.s. p.r.n.
6. Norco 10/325 q.4 p.r.n.
7. Vitamin C 500 twice a day.

Patient: JOHNSON, CHRISTINE B

MRN: 616481

FIN: 3098549

DOB/Age/Sex: 9/20/1958 63 years Female

Admit: 10/24/2021

Discharge: 10/26/2021

Admitting: HARRINGTON, WILLIAM Z

Discharge Documentation

8. Baclofen 15 mg t.i.d.
9. Prozac 60 mg daily.
10. Gabapentin 300 three times a day.
11. Polyethylene glycol 17 gm daily.
12. Continue her previous p.r.n. doses of medications.
13. Augmentin 875 twice a day for 7 days pending final culture results.

At the time of discharge, she is alert, she is breathing comfortably on 3 liters of oxygen, which I would continue. She is eating with assist.

Physical Examination:

Vital Signs- Temperature 37.1, blood pressure 129/72, pulse 55, respiration 18. Saturation 90% on 3 liters.

General -This is a thin, cachectic female with neurologic disease but is less toxic.

HEENT - Normocephalic, atraumatic.

Neck - Supple.

Heart - Regular rate and rhythm.

Lungs - Shallow but clear.

Abdomen - Benign.

Extremities - No edema.

Laboratory: Sodium 143, potassium 3.3, chloride 109, bicarb 27, BUN 12, creatinine 0.38, glucose 93. WBC 10.54, H and H 10 and 34. Platelets 273,000.

Hospital Course: An unfortunate 63-year-old female came in with a history of ALS from Mountain View Care Center for weakness, fever, hypoxia. She was found to have a severe complicating UTI with leukocytosis. Chest x-ray actually clear. She was admitted, cultures were done and are pending. She has improved markedly with Zosyn and fluids. White count has normalized. No further fevers. She is more alert, nearing her baseline. Patient still remains very debilitated and has a progressive neurologic disease which will most likely result in her death within the next 6 to 12 months but she is stabilized the best she can from an infection standpoint. Patient has remained category 1. Several discussions were held with her in the past. We will continue these discussions ongoing at Mountain View Care Center as she has extremely high likelihood of having increasing episodes of infections and without the meticulous care, she would have even worsening skin conditions now. At this time, we will complete antibiotics, continue current medications, continue the excellent care she receives at Mountain View Care Center.

Boulder City Hospital

Patient: JOHNSON, CHRISTINE B

MRN: 616481

FIN: 3098549

DOB/Age/Sex: 9/20/1958 63 years Female

Admit: 10/24/2021

Discharge: 10/26/2021

Admitting: HARRINGTON, WILLIAM Z

Discharge Documentation

CJ/ncss/jmn

D: 10/25/2021

T: 10/25/2021

J: 219619

Signature Line

JORGENSEN, CRAIG M MD

[Electronically Signed by: 10/31/2021 21:02 PDT]

JORGENSEN, CRAIG M MD

[Verified on: 10/31/2021 21:02 PDT]

JORGENSEN, CRAIG M MD

[Transcribed on: 10/26/2021 09:58 PDT]

MB

Document Name:

Service Date/Time:

Result Status:

Inpatient Patient Summary

10/26/2021 23:23 PDT

Modified

Inpatient Patient Summary

Boulder City Hospital

901 Adams Blvd.

Boulder City, Nevada 89005

(702) 293-4111

(702) 293-0430

Patient Discharge Instructions

Name: JOHNSON, CHRISTINE B

DOB: 9/20/1958 **MRN:** 616481 **FIN:** 3098549

Patient Address: 601 ADAMS BLVD # 110B BOULDER CITY NV 890052219

EXHIBIT 10

Email Regarding Client Placement dated 12/07/2021

Case No: 83912

Scott Cardenas

From: Katie Anderson
Sent: Tuesday, December 7, 2021 12:09 PM
To: Scott Cardenas; Debra Bookout; Elizabeth Mikesell
Subject: FW: Christine Johnson



Katie Anderson, Esq.
Attorney, Consumer Rights Project
Legal Aid Center of Southern Nevada, Inc.
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Las Vegas, NV 89104
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From: Matthew Carling <cedarlegal@gmail.com>
Sent: Tuesday, December 7, 2021 12:01 PM
To: Katie Anderson <KAnderson@lacs.org>
Subject: Fwd: Christine Johnson

This sender is trusted.

----- Forwarded message -----

From: **Terrill Judie** <Terrill.Judie@clarkcountynv.gov>
Date: Tue, Dec 7, 2021 at 12:18 PM
Subject: Christine Johnson
To: Public Guardian <PublicGuardian@clarkcountynv.gov>
Cc: cedarlegal@gmail.com <cedarlegal@gmail.com>

Please be advised that **Christine Johnson** was transferred to **Boulder City Hospital** on **12/4/2021** and subsequently to **Spring Valley Hospital** located at **5400 S. Rainbow Blvd, Las Vegas, NV 89118** and phone number **(702) 853-3000** on **12/5/2021**. The reason for the transfer is for treatment of pneumonia.

This is a **new** placement.

This is considered a **temporary** move.

This facility **is not** secured.

The facility is a **hospital**

Matthew, please inform the protected person's attorney, Katie Anderson.

The following family/friends of natural affection were notified:

Anthony Anchondo-Via Phone

Edward Weiderman-Via Mail

Richard Weiderman-Via Mail

Robert Weiderman-Via Mail

Valerie Weiderman-Via Mail

Are there any auto-pays? ☐ Yes ☒ No

Is a Work Order needed regarding personal property? ☐ Yes ☒ No

Has the Work Order been submitted? ☐ Yes ☒ No

TERRILL JUDIE

Senior Deputy Public Guardian-Estate Case Manager

Clark County Public Guardian

515 Shadow Lane

Las Vegas, NV 89106

Phone:(702)455-4332

Fax: (702)455-4797

Email: terrell.judie@clarkcountynv.gov

Public Guardian Office Hours: Monday-Thursday, 7:30AM to 5:30PM Closed every Friday and on all observed holidays.

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EXHIBIT 11

Email Regarding Client Status dated 12/07/2021

Case No: 83912

Scott Cardenas

From: Katie Anderson
Sent: Tuesday, December 7, 2021 12:11 PM
To: Scott Cardenas; Debra Bookout; Elizabeth Mikesell
Subject: FW: Christine Johnson



Katie Anderson, Esq.
Attorney, Consumer Rights Project
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From: Matthew Carling <cedarlegal@gmail.com>
Sent: Tuesday, December 7, 2021 12:02 PM
To: Katie Anderson <KAnderson@lacs.org>
Subject: Fwd: Christine Johnson

This sender is trusted.

----- Forwarded message -----

From: Terrill Judie <Terrill.Judie@clarkcountynv.gov>
Date: Tue, Dec 7, 2021 at 12:31 PM
Subject: Christine Johnson
To: cedarlegal@gmail.com <cedarlegal@gmail.com>
Cc: Karen Kelly <KellyK@clarkcountynv.gov>

Hello Mr. Carling,

Please be aware that Christine Johnson is currently at Spring Valley Hospital and it's said that she's not doing well. We only have addresses for her relatives and no phone numbers. Can you reach out to Katie Anderson, Christine's attorney and inquire if she has any phone numbers for the family so that we're able to provide them updates concerning Christine?

Also please advise her that the doctors recommending that Christine's code status be changed to DNR. They also indicate that she's appropriate for inpatient hospice services. Once we receive the medical documentation, we will determine how we'll move forward.

Thank you

TERRILL JUDIE

Senior Deputy Public Guardian-Estate Case Manager

Clark County Public Guardian

515 Shadow Lane

Las Vegas, NV 89106

Phone: (702)455-4332

Fax: (702)455-4797

Email: terrill.judie@clarkcountynv.gov

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