LEGAL DOCUMENTS No. Five

1. VA Medical Record Excerpts, August 2016, Psychiatry Note
2. VA Medical Record Excerpts for Paul Albert McCelland (handtyped with Annotations by Theresa Torricellas) dated July 6/2015 - August 1/2016.*

* These notes and annotations are the best source for identifying the problems in connection with McClelland's VA medical/mental health appointments and assessing the significance of the continuous privacy violations by the doctors and other issues arising in the course of matters; Rebuttal and context are provided by my annotations, since I am in the best position to know what information cited therein is false, whomever the source.

back as soon as possible.

Thank you,

Teleretinal Imaging Clinic

MCCLELLAND,PAUL ALBERT

LOCAL TITLE: General Psychiatry Geriatric Clinic
STANDARD TITLE: PSYCHIATRY NOTE
DATE OF NOTE: AUG 01, 2016@12:38 ENTRY DATE: AUG 01, 2016@12:38:13
AUTHOR: NGUYEN,HOANG A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

GERIATRIC PSYCHIATRY OUT-PATIENT CLINIC - FOLLOW UP VISIT

S. (ID, Age, Informant, HPI)
70 year-old Caucasian male, married but separated, currently living in a studio apt in Vista as his wife Teresa is incarcerated at the California Institution for Women (CIW) in Corona.
He is a retired electronic repairman. His landlord/neighbor Mr Rob Green (760-727-1902) is the DPOA.
He seen for his dementia. His CG ms Lydia Perez and Mr Rob Green accompany him.

Psychiatry Sx:
The pt was last seen in May'16. In the interval the pt is said to have good and bad days. The team feels that the wife's phone calls tend to be upsetting to the pt. In fact the Ms Perez also noted that there were times wheich pt voiced suicidal thoughts after getting off hte phone w/ his wife.
Notes provided by Ms Perez show that the wife has been psuhing the pt to get records regarding the finances as to what was "stolen" from her. She feels that as the wife, 50% of hte asset is hers.
Mr Green on the other hand feels that the expenses were made to take care of the pt: rent, CG fees, food etc. Both he and Ms Perez feel very upset by the accusatory stance by the wife.
Writer tried to reassure the team that based on what had transpired, all the investigation by 3rd party agencies, be it the APS or the Vista police have thus far found no wrong-doing by the team so everyone should keep to the task at hand: keeping the pt safe.
Functionally the pt has been needing Ms Perez to assist him w/ hands-on showering since early '16. He's known to put his shirt on inside out. She also assists w/ his pressure stockings related to his leg cellulitis. Completed his 2nd course of antibx.
They still await the decision regarding the Aid and Attendance.
Mr Green also informed me that they tried to accommodate pt's request to visit his wife. The written response from CIW in early '16 was a denial.

Wife on her part had written writer again, this team airing her grievances and recounting her frustration w/ the various entities that she beleives had failed her: the APS and the Vista Police. Apparently she felt that the deputy was amissed his work so she appealed to the sergeant, only to see nothing in her favor either.

PAST PSYCH Hx:
The pt's first contact w/ this writer was in Jul'15. He was previously seen by Dr A Bhattacharjee w/ initial contact in Aug'14 and last seen in Apr'15. Pt is dxed w/ dementia, prob mixed EtOH plus Alz.
Pt was started on DONEPEZIL but due to GI impact and likely associated wt loss was switched to MEMANTINE as of Nov'14.
In Apr'15 he was in a MVA and his car was totaled. He was not ticketed as the incident was deemed a not his fault but the pt agreed to stop driving entirely at that point. He did nonetheless bought himself a new car w/ insurance coverage for his friend/landlord Mr Green to drive.
Sober since '11.
Mr Green had setup the online payments/automatic deductions (car payments) since '15. The pt's wife Teresa is very involved in his care but being incarcerated, she is limited as to what can be done.

No known psychiatric illness predating the dementia.
ALCOHOL/DRUG USE/ABUSE AND TREATMENT:
Pt reportedly drank for a long span of time. No DUI. Clean since '11.
+h/o use of illicit drugs "nothing heavy".

SLUMS =X (20/Apr'15) unable to perform due to anxiety
=20/30 (26/Aug'14). Pt remembers 2 out of 5 objects, failed to calculated how much left after spending $23 from $100, could name 7 animals in 1 min, unable to give 8537 backwards, failed to draw a clock, and correctly answered three questions from the story.
CDT =1/4 (15/Mar'16)
Pt's reckoning of the clock is very poor. He drew a circle. The vertex is labeled "A". Running clockwise are the numbers 1, 2, 3, 4, 5 then two inverted Ts, 81, 9, 10, 11, 112, 13, 14, 15, 16. The 15 is located undere the vertex A, thus completing the numbers. The axes are off w/ vertical axes being A and 81. Horizontal axes being 4 and 112.
Pt was unable to set the hands. He drew a single hand to the number 14 when asked to set the hands at "five after four". Pt also labeled the center of hte clock A.
MMSE =16/30 by PCP (22/Aug'14)

NEUROIMAGING
BRAIN MRI (20/Aug'14)
Impression:
1. Moderate cerebellum and cerebral parenchymal volume loss, with cerebellar volume loss greater than cerebrum. Bilateral atrophy of the hippocampi and mammary bodies.
2. Mild chronic hypertensive or microvascular ischemic changes.

DAY FOR HEART
4) LISINOPRIL 5MG TAB TAKE ONE TABLET BY MOUTH ONCE A DAY FOR HYPERTENSION *REPLACES BENAZEPRIL* — ACTIVE
5) MEMANTINE HCL 5MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY — ACTIVE
6) NUTRITION SUPL GLYTROL 1.0 CAL VAN LIQ USE 1 CAN BY MOUTH TWICE A DAY FOR SUPPLEMENT (REPLACES GLUCERNA) — ACTIVE
7) SIMVASTATIN 5MG TAB TAKE ONE TABLET BY MOUTH EVERY EVENING FOR CHOLESTEROL LEVEL REDUCTION — ACTIVE
8) SULFAMETHOXAZOLE 800/TRIMETH 160MG TAB TAKE 1 TABLET BY MOUTH TWICE A DAY FOR INFECTION — ACTIVE

Active Non-VA Medications	Status
1) Non-VA ASCORBIC ACID 500MG TAB 500MG MOUTH EVERY DAY	ACTIVE
2) Non-VA ASPIRIN 81MG EC TAB 81MG MOUTH EVERY DAY	ACTIVE
3) Non-VA CHOLECALCIFEROL (VIT D3) 1,000UNIT TAB 1000UNIT MOUTH EVERY DAY	ACTIVE
4) Non-VA CHONDROITIN/GLUCOSAMINE CAP/TAB 1500MG MOUTH EVERY DAY	ACTIVE
5) Non-VA CINNAMON POWDER,ORAL 500MG MOUTH EVERY DAY	ACTIVE
6) Non-VA ECHINACEA CAP/TAB 1140MG MOUTH EVERY DAY	ACTIVE
7) Non-VA GARLIC OIL CAP,ORAL 1000MG MOUTH EVERY DAY	ACTIVE
8) Non-VA GINGKO CAP/TAB 60MG MOUTH EVERY DAY	ACTIVE
9) Non-VA GINSENG CAP/TAB 100MG MOUTH EVERY DAY	ACTIVE
10) Non-VA MULTIVITS W/MINERALS TAB/CAP (NO VIT K) 1 TABLET MOUTH	ACTIVE
11) Non-VA SAW PALMETTO CAP/TAB 450MG MOUTH EVERY DAY	ACTIVE
12) Non-VA VITAMIN E 400 UNT CAP 400UNIT MOUTH EVERY DAY	ACTIVE

20 Total Medications

ALL: SOAPS

PAIN ASSESSMENT:

1. During the past 6 months has the patient had a problem with pain, such as back pain, headache or chest pain? (Exclude minor pains like brief headache or sore muscles after exercise). n
2. Was this pain bad enough to limit the patient's usual activities or change his/her routine for more than one day? N
3. On a 0 to 10 scale where 0 = "no pain" and 10 = "most severe pain imaginable", what is the patient's present pain intensity? 0 (08/01/2016 12:37)
4. If answer is "yes" to item #1 and #2, or if item #3 > 4, refer to Primary Care for further assessment of pain needs and document the referral.

MENTAL STATUS EXAM:
The pt is an older male, balding, white hair w/ thick mustache. Rather thin.

MEDICAL Hx:
ACTIVE PROBLEM(S):
HTN, Hyperlipidemia
DM2
Kyphosis (acquired) (postural)
Snhl Combined Type Bilateral
Vitamin D Deficiency

SOCIAL HISTORY: (Gleaned from Dr Bhattacharjee's notes)
Born in Kansas City, MO. Older of 2 boys.
Father was in the US Navy, part of the submarine team. He killed himself when the pt was 10. Raised by mother.
+HS
Served in US Army after having been drafted in 1964-1966, Non-combat.
Discharged as E4.
He previously worked in Silicon Valley in electronic testing/assembly plant.
Pt was married x 2.
#1 was to wife Nancy. Lasted 6-8y. There was no children. Wife sought the divorce. Limited contact.
#2 is to current wife Teresa Torricellas. She was convicted in '92 of a murder and sentenced to prison for 30y (?). They were married in prison. No children. She remains at California Institution for Women (CIW) in Corona.
Pt lives at the current rented-room in Vista for last 20+ yrs.
Mr Rob Green has stepped in to help the pt w/ a number of IADLs.
Dr Bahattacharjee's notes indicated that the pt was barred for a yr as a visitor in early '15 b/c he was caught bringing in contraband cigarettes into the prison.
As of '15, they started the application process for the Vet Home.

VITAL SIGNS:

HT 70 in [177.8 cm] (04/13/2016 11:17)
WT 146 lb [66.4 kg] (08/01/2016 12:37)
BMI Body Mass Index: 21
P 60 (08/01/2016 12:37)
R 18 (08/01/2016 12:37)
T 97.6 F [36.4 C] (04/28/2016 12:21)
BP 114/67 (08/01/2016 12:37)
PAIN 0 (08/01/2016 12:37)

ACTIVE MEDICATION:
Active Outpatient Medications (including Supplies):

	Active Outpatient Medications	Status
1)	CEPHALEXIN 500MG CAP TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY FOR INFECTION	ACTIVE
2)	DIGOXIN (LANOXIN) 0.25MG TAB TAKE ONE TABLET BY MOUTH ONCE A DAY FOR HEART	ACTIVE
3)	DIGOXIN 0.25MG TAB TAKE ONE TABLET BY MOUTH ONCE A	HOLD

+glasses.
+kyphosis/stooped posture.
No visible bruising.
He is casually dressed in street clothes. Clothes are clean.
No odor. No stain.
Pt is ambulatory w/o assistive device but gait is wide based and neck is flexed.
No dyspnea.
Pt is alert and conversant but speech is rambling. Unable to get a clear point across.
Seems perpelxed/bewildered. Response are disjointed.
Can't really waht he wants to do w/ his marriage. He did say that he would like to see his wife again at some point.
He does not know his age. Today he tells me he's "38".
No paranoia. No s/a/hi's.
No voiced a/vh's.
Limited insight and judgment

LABS:
SCLU - Lab Cum Selected
  No data available for VITAMIN B-12
SCLU - Lab Cum Selected
  No data available for FOLATE

TSH_HS:	1.42	(07/18/14 13:11)
CHOL:	149	(10/14/15 10:08)
HDL:	45	(10/14/15 10:08)
TRIG:	48	(10/14/15 10:08)
AST:	27	(10/14/15 10:08)
ALT:	26	(10/14/15 10:08)

CHEM 7

AGAP:	8	(04/05/16 15:15)
BUN:	15	(04/05/16 15:15)
CALCIUM:	8.9	(04/05/16 15:15)
CL:	102	(04/05/16 15:15)
CRE:	0.80	(04/05/16 15:15)
EGFR:	96	(04/05/16 15:15)
GLU:	133	(04/05/16 15:15)
HCO3:	28	(04/05/16 15:15)
K:	4.7	(10/14/15 10:08)
NA:	138	(04/05/16 15:15)

CBC & DIFF

ANRBC:	0.0	(04/05/16 15:15)
Abs NRBC:	0.0	(04/05/16 15:15)
BASO:	0.4	(04/05/16 15:15)
BASO #:	0.0	(04/05/16 15:15)
EOSINO:	2.6	(04/05/16 15:15)
EOSINO #:	0.3	(04/05/16 15:15)
HCT:	34.2	(04/05/16 15:15)
HGB:	11.6	(04/05/16 15:15)
IG #:	0.0	(04/05/16 15:15)
IG %:	0.4	(04/05/16 15:15)

LYMPH #:	1.6	(04/05/16 15:15)
LYMPHS:	16.4	(04/05/16 15:15)
MCH:	33.5	(04/05/16 15:15)
MCHC:	33.9	(04/05/16 15:15)
MCV:	98.8	(04/05/16 15:15)
MONO #:	1.1	(04/05/16 15:15)
MONOS:	11.3	(04/05/16 15:15)
MPV:	10.2	(04/05/16 15:15)
PLT:	237	(04/05/16 15:15)
RBC:	3.46	(04/05/16 15:15)
RDW-CV:	12.9	(04/05/16 15:15)
RDW-SD:	46.2	(04/05/16 15:15)
SEG #:	6.7	(04/05/16 15:15)
SEGS:	68.9	(04/05/16 15:15)
WBC:	9.7	(04/05/16 15:15)
HCT:	34.2	(04/05/16 15:15)
HGB:	11.6	(04/05/16 15:15)

ASSESSMENT:
70 year-old male w/ h/o EtOH use d/o, clean since '11. Cognitive hx is unclear as pt was the sole informant until '15.
Brain MRI confirmed volume loss Cerebellum>cerebrum and mammillary body which could possibly 2/2 heavy alcohol use. He also has bilateral atrophy of the hippocampi (suggestive of Alz), and Mild chronic hypertensive or microvascular ischemic changes.
SLUMS score shows significant deficits in all domains.
Functional losses were noted toward late '14. Landlord has stepped in to assist as pt's wife is incarcerated.
Initial trial w/ DONEPEZIL correlated w/ wt loss and was thus replaced w/ MEMANTINE in Nov'14. CG was hired to coem onto the scene to help w/ pt's ADLs sice early '16 including showering/dressing/meals.

DSM 5 Dx
Neurocognitive d/o, major, mixed EtOH and Alz

PLAN:
1. Dementia:
-Pt is to continue w/ MEMANTINE 5mg BID. Last Rx is dated Mar'16. The CheI was added in late '14. Will keep dose unchanged.
-Await Aid and Assistance.
-Pt had reiterated his choice for Mr Green to be the DPOA in May'16.
2. Wt loss
-Pt has lost some wt most recently but in the bigger picture he's still 10-lbs heavier than his nadir of 136-lb in late '15. Mr Green and ms Perez should continue w/ current course of food/nutrition.
3. Legal situation:
-Given the less than perfect situation, writer sees no need to change the workable arrangement w/ Mr Green being the DPOA. Wife's position is clear in her opposition of it but she is in no position to carry out any of his care so her objections has no place in the care formulation. Furthermore all the outside

agencies like APS and the Vista Police have found nothing to support her claim of abuse, thus there's no need to dissemble the current care arrangement.
3. F/u care:
-This was a 45 min session for EM and PS Thx w/ 25min in counseling and care coordination.
-RTC in 2-3 months. CG to call.

/es/ Hoang A Nguyen, MD
Staff Psychiatrist
Signed: 08/01/2016 20:23

LOCAL TITLE: Podiatry Consult
STANDARD TITLE: PODIATRY CONSULT
DATE OF NOTE: JUL 18, 2016@14:31 ENTRY DATE: JUL 18, 2016@14:31:46
AUTHOR: PATEL,CHIRAG M EXP COSIGNER:
URGENCY: STATUS: COMPLETED

S:
70 y/o MALE with Alzheimer's disease, DM, cognitive decline presents for routine foot care with c/o painful, elongated toenails. Tx to date has consisted of palliative care. Patient wears compression stockings on both LE. Patient denies any other pedal complaints.

PMH:
ACTIVE PROBLEM(S):
Dementia associated with alcoholism F10.97
Alzheimer's disease (SNOMED CT 26929004) G30.9
Tobacco user 305.1
Cognitive decline 780.97
Hearing loss (SNOMED CT 15188001) H91.8X3
Pain in joint involving lower leg (ICD-9-CM 719.46) 719.46
Medical examinations/reports status (SNOMED CT 310366008) Z00.01
Kyphosis (acquired) (postural) (ICD-9-CM 737.10) 737.10
Vitamin D Deficiency (ICD-9-CM 268.9) 268.9
Hyperlipidemia (SNOMED CT 55822004) E78.2
Hypertension (SNOMED CT 38341003) I10.
Diabetes mellitus (SNOMED CT 73211009) E11.9
ALLERGIES:
SOAPS

O: Foot:
derm: skin is warm, dry, with normal turgor. No open lesions, rashes.
callus medial aspect of right hallux & plantar aspect of right 5th metatarsal head. Nails toes 1-5 b/l are elongated & mycotic.

VA (VETERANS AFFAIRS)

MEDICAL RECORDS EXCERPTS

FOR

PAUL ALBERT McCLELLAND

DOB: 05/27/1946

FOR PERIOD OF

July 6, 2015

through

August 1, 2016

With Annotations by

Theresa Torricellas

VA MEDICAL RECORD EXCERPTS

10/06/15	Vitals
10/15/15	Vitals
11/20/15	Vitals
07/06/15	Psychiatry Note - Nguyen
07/06/15	Advance Directive Discussion - Klinefelter
08/04/15	Advance Directive - Entry into Record - Kupka
10/01/15	Nursing Telephone Encounter - Florea
10/06/16	Psychiatry Note - Nguyen
10/15/15	Primary Care Note - Tran
11/20/15	Nutrition Dietetics Consult - Walsh
12/15/15	Psychiatry Note - Nguyen
03/10/16	Primary Care Note - Tran
03/16/16	Psychiatry Note - Nguyen
03/16/16	Social Worker Consult - Klinefelter
04/05/16	Emergency Dept. Note - O'Sullivan
04/05/16	Nursing Emergency Dept. Note - Krug
04/05/16	Triage Note - Hampton
05/05/16	Nursing Telephone Encounter - Amial
05/09/16	Psychiatry Note - Nguyen
05/16/16	Social Worker Telephone Encounter - Klinefelter
07/18/16	Podiatry Consult - Patel
08/01/16	Psychiatry Note - Nguyen

July 6, 2016
Psychiatry Note
Nguyen, Hoang A

S.
69 year-old Caucasion male, married, currently living in a studio apt in Vista as his wife Teresa is incarcerated at the California Institution for Women (CIW) in Corona.

He is seen for his dementia.
Mr Rob Green (760-727-1902), his friend, accompanies him.

Psych Sx:
This is the pt's first contact w/this writer. He was previously seen by Dr. A Bhattacharjee w/ initial contact in Aug'14 and last seen in April'15. Pt is dxed w/ dementia, prob. mixed EtOH plus Alz.

(1) The pt today tells me that he was in a MVA approx: 3 months ago. The incident was His car was totaled. He was not ticketed as the incident was deemed a no fault accident.

(2) The pt has since bought himself a new car but agreed to give up his driving. Pt did obtain insurance coverage for the new car w/his friend/landlord Mr Green is added as the driver.

(3) Mr Green has also assited in settingup the online payments/automatic deductions (car payments). He was also the one to set up the Meals-on-Wheels program.

In hindsight Mr. Green describes apparent changes over the past 12 months esp w/ the pt's language but nothing overt otherwise. "If you go into his apt, everything is very neat and clean."

Mr. Green now drives the pt to the grocery store. "We make a trip to do the laundry every 2 weeks."

The pt's wife Teresa is very invclved in his care but being incarcerated, she is limited as to what can be done.

(4) They started the application process for the Vet Home and reportedly he is on the waiting list for 2 at this point.

The pt tells me he's doing well. Has no concern. Denies sadness, worries, anger, fears. He does go for walks. Eating OK. Not too fond of the Meals-on-Wheels food but based on his wt he's leveled out in his wt loss.

Pt. no longer drives.
(5) Does Use his smart phone
Dr. Bahattacharjee's notes indicated that the pt was barred for a year as a visitor in early '15 b/c he was caught bringing in cigarettes.

MENTAL STATUS EXAM:
Pt is alert and conversant but speech is hampered by significant word-finding problems. Looks to Mr Green for assistance.
Processing is otherwise sequential. No FOI.

Fair insight and judgment

PLAN: (2)

1. Dementia:

-Pt's friend/landloard Mr Rob Green has stepped in very timely to stabelize the pt's living situation by setting up the Meals on Wheels along w/the online automatic payments. He's also mediating the pt's transportation now that the license was revoked.

-We discussed other ramifications. However the options are limited as pt's wif is still incarcerated. Pt's relocation w/ depend on his wife geographic parole.

-Educated pt and his friend on the illness and progression.

-Will keep MEMANTINE intact 5 mg BID at this point.

-Neuropsych testing was considered but pt scored too low on the SLUMS.

3. F/u care:

-This was a 45 min session for EM and PS Thx ww/ 50% time in counseling.

-RTC in 2-3 months.

July 6, 2015 @ 11:17
Advance Directive Discussion
Klinefelter, Arlene

Offic 25 min

69 y/o NSC Caucasion married male w Cognitive disorder, Moderate-multi etiological (like 2/2 Alcohol induced, vs. Alzheimer's [TT's Note: this dx is WRONG. Paul has no substantial drinking history, but the VA keeps trying to put that on him for diagnosis purposes, even though they have no evidence]. He is accompanied by his landlord, Rob.

Informed patient that writer received communication from LCSW Kupka/PACT SWer that spouse has been attempting to coordinate Vet Home admission. Rob stated
(6) that they applied to Vet Home (unsure which ones), but they have the letter at home. They will f/u. Spouse will be released from prison in less than 1 year. Couple hope to coordinate, spouse's parole to Vet Home location where patient will be accepted.

Patient also compleed the Durable power of Attorney for Healthcare, appointing spouse as primary healthcare agent. Patient has a copy at home and will forward to clinic to process into his chart.

Rob also assisted patient w/upgrading to an iPhone, so patient was not receiving
(7) calls over the last few weeks, since he was learning how to use his new phone. He is now comfortable using this technology.

Patient is able to stay at current location, until he is accepted to the
(8) Veteran's home. He is content and his basic needs are being met. Patient receives a daily call from spouse and Rob brings patient to the prison, to visit spouse on monthly basis.

No other psychsocial issues identified. No reported evidence of SI/HI.

August 4, 2015
Advance Directive
Kupka, Karin J

ADVANCE DIRECTIVE (3)
LIVING WILL AND DURABLE POWER OF ATTORNEY FOR HEALTH CARE

Please see the original Advance Directive document for the Living Will and Treatment Preferances/Other Direction information in veteran's medical record.

Please see the original Advance Directive document located in the veteran's medical record for the signature of the veterand and two witnesses.

DURABLE POWER OF ATTORNEY FOR HEALTH CARE (DPAHC)
On this date, June 29, 2015, the veteran DID ASSIGN a Durable Power of Attorney for Health Care Primary agent, who is listed below:

Primary DPAHC Name Theresa Annette Torricellas CDR ID#W-21722

Address: California Institution for Women
16756 Chino-Corona Road, Emmons A 414L
Corona CA 92880-9508

Telephone Numbers CIW mainline 909-597-1771 x 6366, 6370, 4920

Comments: non-VA form

October 1, 2015
Florea, Crystal L
Nursing Telephone Encounter Note

Pt's caregiver requesting call back regarding IM Danielle sent Renee today.

David is not on the advance directive. will call vet to find out what is going on in hopes that he will give the phone to the caregiver.

called vet he did not have a good clear idea why he was here yesterday and his
(9) caregiver was not with him. Vet kept asking if i have talked to his wife. Vet's wife is currently in jail she only writs us letter and we are unable to call her.

vet was informed of both upcoming appointments. He still did not have a good understanding of what I was telling him. However he was given a hand out of appointment yesterday and I told him to keep paper with appointment dates on frig so it does not get lost.

will call vet the day before appointment to help remind him of appointment

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October 6, 2015
Psychiatry Note
Nguyen, Hoang A

S.
69 year old Caucasion male, married, currently living in studio apt in Vista as his wife Teresa is incarcerated at the California Institution for Women (CIW)

He is seen for his dementia. His neighbor David Orozco accompanies him. Mr Orozco is an associate of Mr Rob Green (760-727-1902).

Psych Sx:
The pt was last seen in Jul'15. In the interval the pt has been losing weight.
(10) Despite efforts by the neighbors Mr. Green and the Meals-on-Wheels, PO intake has been poor.

His friend Mr. Orozco who helps the pt w/ the groceries noted that the pt's
(11) purchases have changed, both in terms of quality and quantity. "He use to buy more things now he'll buy a little of trail mix and that's it."

the pt himself describes the wt loss as a consequence of his dysphagia. "I can't
(12) swallow things. It's not all the time. It comes and goes ... "

Mr Orozco is willing to cook and help the pt shop but wants the pt to have the
(13) initiative.

(14) The pt denies sadness, worries, anger, fears. He does go for walks in the neighborhood. Does use his smartphone.

MENTAL STATUS EXAM:
The pt is an older male, balding, white hair w/mustache. Significant wt loss apparent. He appears more gaunt. + glasses

Clothes are clean but w/ his wt loss, they are ill-fitting.

Pt is alert and conversant but speech is hamperewd by significant word-finding problems. rambling in his speech, making it hard to figure out what is his point.

Fair insight, limited judgment

PLAN:
1. Dementia
    - Pt is on MEMANTINE 5 mg BID since late '14. Will keep dose unchanged.
    -As for bigger issues of care, the options are limited as pt's wife is still incarcerated. Pt's relocation will depend on wife's geographic parole.
    -Soc Work was asked to assist w/ poss Aid and Attendance
    -Neuropsych testing was considered by pt scored too low on the SLUMS
2. Wt Loss
    -Pt to see PCP as he'd complained for poss dysphagia.
(15) -We talked at length about the logistics, trying to figure out is it the acess to food, the procurement of food or the actual eating.
    -Mr Orozco agrees to assist in the care. Writer would rather have this
(16) formalized into an actual contract in which the pt pays Mr. Orozco for the care. A written agreement was thus drafted but pt balked at signing it, wanting to talk to his wife instead.
    -I believe such an arrangement would be best for the pt as it can bridge the gaps in his care while allowing him to live in his current home.
    -Updated Mr Green via phone as to the plans.
3. F/u care:
    -This was a 45 min session for EM and PS Thx w/ 50% time in counseling.
    -RTC in 2-3 months.

McClelland's VA doctors never contacted me or responded to my communications, I could have provided them much useful information on his circumstances and condition from my direct communications with McClelland over regular phone calls and observations.

n.16 - This section here reveals a fundamentally erroneous sense of judgment on the part of Dr. Nguyen, and his first attempt to push McClelland into entering an ill-advised "contract" with a third party (who's reputation was unknown to him) for "caregiver services." This was extremely irresponsible and professionally reckless on the part of Dr. Nguyen, given McClelland was not only incompetent to enter into contracts due to his unsound mind condition, but there was no way to monitor, supervise, or control the provision of services and it was not Dr. Nguyen's place or prerogative to be attempting to "bridge" any perceived gaps in his care through reckless action w/lack of awareness of relevant considerations. As a matter of fact, not only was Orozco an irresponsible, drug addicted youth, unfit for provision of unsupervised caregiver service pursuant to a contract that could not be monitored and depended on resources that only the wife was entitled to control (and which no one consulted with about any 'contract'), but he was also a prior abuser of McClelland and for that reason should not be entrusted with McClelland's care. As noted by the doctor, McClelland balked at the effort to press him into an ill-advised contract but indicated his desire for his wife's counsel. This behavior on the part of Nguyen was dangerous to the patient and reckless, as demonstrated by the later events in March 2016 and afterwords when Nguyen subsequently forced McClelland into accepting a caregiver arrangement with several criminals out to exploit him and his wife financially (i.e., Lydia Perez and Robert Green).

n.17 - This section relates to McClelland's annual physical with Dr. Tran. Most notable of the information is the fact that it reflects false and erroneous information related to McClelland's cognitive abilities and falsely claims McClelland "had no limitations on his daily activities including financial management" at a time when McClelland was not only completely incompetent and unable to manage finances in anyway (and depended on the combined efforts of myself and Robert Green to keep his bills paid and stay afloat) but was also incompetent to perform most tasks. McClelland could not make outgoing phone calls (unless an automatic dial back), could not recite numbers, was verbally, cognitively and communicatively handicapped, was typically unaware of his surroundings and environment, unable to describe the things going on in his life, could not send or address mail (I had to do this for him), etc. McClelland's medication refills were being made by persons other than him as he was not competent to call the VA or place a request for refills. He also denied dysphagia to Dr. Tran, contrary to information asserted by Dr. Nguyen on 10/6/15.

n.18 - This shows McClelland's life time low adult weight contemporaneous to the period in which he had regular problems securing food supplies due to Robert Green's refusals and failures to take him shopping. 136 lbs. When I met McClelland in 1992 he was in the neighborhood of 220 lbs. He was stocky but not fat. When I saw McClelland last in January 2014 his weight was around 145 lbs. He had been losing about 10 lbs per year average for a number of years, then leveling off at about 145 lbs, during his recent elderly years.

n.19 - These notes by the dietician demonstrate McClelland's difficulties in communicating and explaining himself, i.e., "little understandable information provided." The content of quoted comments sounds nearly incoherent. I do recall phone discussions with him over the "Ensure" or other nutritional supplements

October 15, 2015
Primary Care Note
Tran, Kien C

(5)

CC: 69 yo MALE for Annual examp, hyperlipid, DM, Htn, and Alzheimer

HPI: Annual exam and doing well overall. Pt remains active, independent, and
(17) no limitations to daily activities including financial management. Patient has been taking his medication routinely without side effect and requesting for continuation and refills. Patient has lost weight over the past year however denies having any swalling difficulties, nausea, vomiting, pain, or fullness sensation in the throat or chest area during meals.

Social history:
Marital Status: Married however wife in jail (Corona, Riverside) for numerous years, lives at home and shares a room w/family. Mr Orozco who lives on the 3 acre property is helping to care of him. Previously had falling out with his brother and still w/ issue presently. Father committed suicide when pt was 12.

Alcohol: once per year
Recreational Drugs: No
Exercise: walking

The patient presents the following medical problems:
ACTIVE PROBLEMS:
Alzheimer's disease 331.0
Snhl Combined Type Bilateral 389.18
Hyperlipidemia
Hypertension
Diabetes Mellitus

(18) EXAM: Vitals: Wt: 136 lbs
BMI: 20
Hgt: 70 inches
Temp 98F
BP: 114/74
HR 61
RR: 15
Pain Score: 0

Mental Status: alert, affect appropriate, good eye contact,

November 20, 2015
Nutrition Dietetics Consult
Walsh, Carol J.

Social history: Living/housing situation: lives alone but on property with others that provide some help.

Wt: 138 (11/20/15)

Food/nutrient intake: (6)

Food intake: little understandable information provided

(19) gets meals on wheels but not sure how much he eats as friend says patient doesn't care for it and patient syas tastes better has been using ensure recently once daily and in regards to yesterday patient says "not much anything as cold".

inadequate intake of all nutrients per recall. Supplement appropriate but glucerna better choice as has diabetes and not on meds at this time.

Nutrition Diagnosis

Inadequate oral intake

related to dementia as evidenced by BMI of 20, 7% weight loss 4 months medical hx and patient/friend statements

Nutrition Status: Moderately compromised

December 15, 2015 @10:00
Psychiatry Note
Nguyen, Hoang A

S.
69 year-old Caucasion male, married, currently living in a studio apt in Vista as his wife Teresa is incarcerated at the California Institution for Women (CIW) in Corona.

He seen for his dementia. His neighbor David Orozco accompanies him. Mr Orozco is an assocaite of Mr Rob Green (760-727-1902).

Psychiatry Sx:
The pt was last seen in Oct'15. In the interval the pt is now under the care
(20) of Mr Orozco as this arrangement was formally agreed to by wife. Previously Mr Orozco and Mr Green was doing this simply as "a favor" to the pt. Now they are paid for the services.

The shopping nad food has been more consistent. This seem to have helped w/the wt loss as the pt's wt is coming back up. The addition of the Glucerna was also helpful. Dysphagia has been minimal.

Mr. Orozco is checking in on the pt's meds and living situation more routinely.

Pt still gets the Meals on Wheels as set up by Mr Green last yr.

(21) The pt denies sadness, worries, anger, fears. He does go for walks in the neighborhood. "Even when it's cold I like going out." Has a smart phone.

MENTAL STATUS EXAM:
Pt is alert and conversant but speech is hampered by significant word-finding problems. Rambling in his speech, going off into generalities. Hard to focus.

Fair insight, limited judgment

PLAN:
1. Dementia:

-Pt is on MEMANTINE 5mg BID since late '14. Will keep dose unchanged given h/o weight loss.

-As for bigger issues of care, the options are limited as pt's wife is still incarcerated. Pt's relocation will depend on his wife's geographic parole. Shj is up for a hearing in Jan'16.

-Neuropsych testing was considered but pt scored too low on the SLUMS

-Encouraged active engagement

-revisited the goals of care w/Mr Orozco

2. Wt Loss

-Mr Orozco's formal intervention seem to have helped w/ pt's food/eating as seen w/the weight coming back up.

3. F/u care:

-This was a 45 min session for EM and PS Thx w/50% time in counseling

-RTC in 2-3 months

March 10, 2016
Primary Care Note
Tran, Kien C.

Patient with history of else, dementia and has worsening of condition as per his friend and caretaker where he lives. Caretaker friend now verifying that patient is not able to take care of himself, operate microwave, and not able to
(22) reliably take care of his finances. He has no nearby family and his wife has been incarcerated for a number of years. Patient eating for additional social work involvement regarding living arrangment options due to pt inability to live and carefor himself secondary to worsening dementia. pt w/o family nearby and wife is incarcerated. pt also needs addition al discussion on advance directive and conservatorship. Patient does have upcoming appointment with geropsychiatry to further assess condition.

care taker friend Robert Green 760-727-1902

March 15, 2016
Psychiatry Note
Nguyen, Hoang A

S.
69 year-old Caucasion male, married, currently living in a studio apt in Vista as his wife Teresa is incarcerated at the California Institution for Women (CIW) in Corona. ...
He is seen for his dementia. His neighbor Mr Rob Green (760-727-1902) and CG Lydia accompany him.

Psychiatry Sx:
The pt was last seen in Dec'15. In the interval the pt tells me he's fine. Mr.
(23) Green however voices concerns as the pt had a rift w/his wife and recently has refused to open her letters. In on conversation w/his wife on the phone, he flew the phone down and cracked the screen.

The exact nature of the disagreements are unclear but supposedly it involved the wife wanting him to carry out certain tasks that he does not care to do. In
(24) terms of day to day this has affect the pt's care as the wife does not want any check to be written out for the payment of the pt's care. She would like all transactions to be done as a direct w/drawal from the bank. However both Mr Green and Ms Lydia find this unacceptable as they prefer a paper trail.

They come today voicing frustration w/regards to the impasse that is looming.
(25) On one hand hte pt needs care, on the other hand, the wife wants the finances to be handled a certain way.

When the pt was asked about this, he made it clear that he wuold like Mr Green
(26) to continue w/his role to manage the pt's finances. Writer assisted the pt in writing this down so it can serve as some framework for Mr Green's action.

(27) As for the wife's preferences, since she's not able to implement them, the care team will do what has been in place all along, that is the money transactions will be done by checks.

(28) Ms Lydia comes to see the pt 5-6 days/week and help w/meals and basic care.

Pt's PO intake has improved as see w/his wt gain. (9)

Mr Green and Lydia also look into the pt's meds.

(29) Pt is quite happy w/his current living arrangement.

He rmains independent in ADLs

(30) Lives on SSI. Sober since '11.

Mr. Green had set up the online payments/automatic deductions (car payments) since '15. The pt's wife Teresa is very involved in his care but being incarcerated she is limited in what can be done.

Past Psych Hx:
[omitted here -- mostly false detail anyway, e.g. false claim that Pt reportedly drank for a long span of time; false claim that in April '15 pt. was in MVA and care was totaled but "He did nonethless bought himself a new car w/insurance coverage for his friend/landlord Mr Green to drive."]

(31) SLUMS = (20/Apr'15) unable to perform due to anxiety.
20/30 (26 Aug'14).
MMSE = 16/30 by PCP 22/Aug'14

SOCIAL HISTORY
[omitted here -- many errors in information details]

MENTAL STATUS EXAM:
(32) Pt is alert and conversant but speech is hampered by significant word finding problems. Hard time finishing thoughts. Rambling. Gets frustrated and wants to 'go home' Had to be convinced to sit down to to the necessary tasks.

Fair insight, limit ed judgment.

(33) CDT attempted. He scored 1/4.

ASSESSMENT:
[Substantially false with reference to possible "heavy alcohol use"; this information did not come from the patient but was VA staff speculation denied by the patient]
Brain MRI confirmed volume loss Cerebellum/cerebrum and mammillary body which could possibly 2/2 heavy alcohol use. He also has bilateral atrophy of the hippocampi, and Mild chronic Hypertensive or microvascular isochemic changes. SLUMS score shows significant deficient in all domans.

DSM 5 Dx Neurocognitive d/o, major mixed EtOH and Alz

Plan:
(34) 1. Dementia
- Pt is on MEMANTINE 5 mg BID since late '14. Will keep does unchanged given h/o of weight loss. This has since improved w/Mr Green's assistance.
- CDT today shows profound loss of conceptualization.
- As for bigger issues of care, the options are limited as pt's wife is still incarcerated. Pt's relocation will depend on his wife's geographic parole. She was up for a hearing in Jan'16 but apparently this did not go through.

Given the conflicts between the wife and Mr Green, I asked the pt to chose whom
(34) would he pick to handle his finances. He chose mr. Green. I asked him to write this on a piece of paper in our presence and all parties signed it. Mr. Green will keep it for his record.

- Writer wrote a letter for the pt, writing down the specific dx that he
(35) has. This may help him w/ getting additional assistance w/other agencies.

-Ms Arlene Klinefeleter was asked to assist w/getting paperwork for the
(36) Vet Home application.

-Writer also filed a report w/ APS to help coordinate the care (SOC 341
(37) faxd to 858-495-5247)

2. Weight Loss

-Mr Green and Lydia's intervention seem to have helped w/pt's food/eating
(38) as seen w/gthe weight coming back up.

3. F/U care.

-This was a 45 min session for EM and PS Thx w/25 min in counseling RTC in 3 months. Mr Green to make arrangement.

3/28/16 ADDENDUM

(39) Received message from APS w/Ms Lois Okram (?sp) handling the case. She can be reached at 760-740-3661.

March 15, 2016 15:00
Social Work Consult
Klinefelter, Arlene

Office 30 minutes

69 y/o NCS married male Neurocognitive d/o, major, mixed EtOH and Alz. He is
(40) accompanied by friend Mr. Rob Green and caregiver Lydia Perez. Ms. Perez assists patient 5-6 days/wk with meals and basic care. Consult received from Dr. Tran to further discussion on his advance directive and care needs.

Patient completed the durable power of attorney for healthcare on 6/29/2015. Patient did not demonstrate understanding or appreciation of updating his
(41) durable power of attorney for healthcare to appoint a secondary agent. Document completed on 6/29/15 will remain as follows:

On this date, June 29, 2015, the veteran DID ASSIGN a Durable Power of Attorney for Health Care Primary agent, who is listed below:

Primary DPAHC Name Theresa Annette Torricellas CDCR ID#W-21722 .... (etc.)

Comments: non-VA form.

....

Writer provided education and application for the Cal. Vet Homes (GLA, Fresno,
(42) Redding, Yountville) for potential placement. An APS referral will be made to ensure the patient's safety and to bring in additional community resources. Patient and caregivers are in agreement.

No reported evidence of SI/HI.

April 5, 2016 14:52
Emergency Dept. Note
O'Sullivan, Kerry L

S: 69-yo male w/PMH of dementia (alcohol [my note: this is a false statement about Paul. TT]), diabetes, HTN, HLD who presents with bilateral LE edema. Hx is primarily taken from his caretaker, Lydia, as pt w/dementia and a poor historian.

Pt goes on a hike/scales small wall daily. On Saturday, Lydia was helping pt in shower when she noticed LE edema bilaterally and redness, scrapes, and blisters on his RLE. She had never seen his legs before, unclear when this
(43) developed. Pt not able to specify when this occurred. Unable to state if he fell. Per Lydia, pt does not have hx of falls and has steady gait. Patient lives with 1 other roommate -- he is independent with ADLs, very active, gets food via meals-on-wheels. Current living situation is safe, though Lydia currently working to get pt into a BC.

PE: Appearance: Well-groomed gentleman, appears stated age, in no acute distress. Friendly, polite. Thinks it is May 27, 1946. Oriented to person and place.

Narrative:
per triage note
Bilat lower leg cellulitis, redness/swelling surrounding multiple excorated
(44) lesions on anterior shins. First notice by pt's private nurse Lydia Perez LVN, w3ho brought pt to VA and is providing most of hx in triage for pt has dementia. MS normal per LVN, no f/c. Pt reports he might have scaped his legs while climing a wall on his property. Plan for labs.

April 5, 2016
Nursing Emergency Dept. Note
Krug, Paul B

[Repeats Narrative triage note cited in O'Sullivan's report and substance of "S" above, 2nd paragraph]

April 5, 2016 9:43
Triage Note
Barnett-Hampton, Roz

Chief Complaint: Leg Swelling (both legs)
Duration: 2 days
System Concern: Leg Cellulitis, Leg Lymphangitis; Leg Skin Abscess

Nurse Comments:
(45) Assessment: per visiting nurse Lydia LVN Vet c/o bilateral leg swelling, redness, denies pain X 2 days. Per Lydia it looks like cellulitis

May 5, 2016 (12)
Nursing Telephone Encounter
Amial, Renee M

Nurs/Telephone Contact has ADDENDA

(46) Pt care giver, Lydia, is requesting a podiatry consult in order to cut the pt toe nails. She does not feel comfortable cutting them as they are curled. Please advise. Contact Phone Number: 760.445.37 47 LYDIA

S.
69 year-old Caucasion male, married, currently living in a studio apt in Vista as his wife Teresa is incarcerated at the California Institution for Women (CIW) in Corona.

... His landlord/neighbor Mr Rob Green (760-727-1902) is the DPOA. He is seen
(47) for his dementia. His CG Lydia Perez accompanies him.

Psychiatry Sx:
(48) The pt was last seen in Mar'16. In the interval the CG reports that the pt's needing more care. Ms Perez has stepped in to assist him w/ hands on showering.
"He'll put his shirt on inside out if he's on his own."

Pt wears pressure stocking and needs Ms Perez to put them on since he can't do
(49) it himself. The recent dx of leg cellulitis adds to the complexity of his care; He's now on his 2nd course of antibx.

(50) Pt is frequently disorganized. Has locked himself out of his house several times. Meals on Wheels which the DPOA contracted are not eaten unless the CG sets it in front of him.

He is generally pleasant. No agression.

(51) Looming in the May is Mr Green's trip out of town. CG plans to have the pt stay w/her for a few days.

Ultimately though the plan is the find a care facility for the pt. However the
(52) pt's funds are said to be not enough. "They all want $3000 a month and he has but $2000." For that reason they are applying for Aid and Attendance.

On another note the pt remains estranged from his wife. Hasn't answered her
(53) calls. When aske why, he gave a confusing story that "she caused it" and so that's how it must be. This is ongining since at least since Mar'16.

Wife on her part has written writer, seeking redress. The letter is angry
(54) and demanding that the DPOA Mr Green be removed as wife has her own candidate. Writer had referenced the VA risk management Mr. LaZare so he's aware of the situation.

MENTAL STATUS EXAM:
The pt is an older male, balding, white hair w/thick mustache. Rather thin but wt gain registered on scale. + glasses.

Pt is alert and conversant but speech is rambling. Pt gets derailed. Hard to
(55) decipher what is his point when open questions are asked. Pt seems to chime in w/comments but the connectedness/relevance of his words is not there.

(56) He does not know his age. Thinks he's 50 something. Does not know the address/ street or city where he lives despite having lived there for many years.

As for the more salient issues, writer asked the pt again as whom would he choose
(57) to make decisions for him if he can't do it himself, pt was not clear as to his choice. However when asked would he pick mr Rob Green? he said yes. When asked would he pic Teresa his wife? he said no.

Fair insight, limited judgment

ASSESSMENT:
[new line added to prior assessment]
(58) CG was hired to coem onto the scene to help w/ pt's ADLs sice early '16 including showering/dressing/meals.

PLAN:
1. Dementia
-Pt is on MEMANTINE 5 mg BID since late '14. Will keep dose unchanged. Wt
(59) loss is now reversed w/the CG Ms Perez hired by Mr Green coming in to feed the pt.
-Pt's is now needing more constant supervision as noted by the CG. He's not eating the meals on Wheels unless someone heats and serves them to him. He's also locked hismelf out of his apt. The DPOA is thus seeking placement but funds are insufficient. Writer suggested the CG increase her hours.
-Will ask Soc Wk Ms. A Klinefelter to assist w. Aid and Assistance.
-Pt reiterated his choice for Mr Green to be the DPOA.
2. Wt loss
-Mr Green and Lydia's intervention seems to have helped w/pt's food/eating as seen w/ the weight cominb back up.
3. F/u care:
-This was a 45 min session for EM and PS Thx w/25 min in counseling and care coordination.
-RTC in 2-3 months. CG to call.

May 16, 2016
Social Worker Telephone Encounter Note
Klinefelter, Arlene

phone 15 min

69 y/o NSC married male Neurocognitive d/o, major, mixed EtOH and Alz.
Received completed aid and attendance form from Dr. Nguyen.

Writer contacted Mr. Rob Green/DPOA (760-727-1902), to inform him that A & A
(60) form would be forwarded to VBA and copy to address on file. Mr. Green requested "tracking of form" to ensure that it "doesn't get lost". Writer informed, Mr. Green that patient would need to sign power of attorney to VSO to track application. Mr. Green provided verbal understanding and stated that he would do this at an upcoming appt.

Writer will mail completed A&A form, along w VSO listing to address on file w a note reminding Mr. Green and patient to present to VSO for assistance w A & A.

Dr. Nguyen added as a co-signer for his information.

July 18, 2016 14:31 (15)
Podiatry Consult
Patel, Chirag M

S:
(61) 70 y/o MALE with Alzheimer's disease, DM, cognitive decline presents for routine foot care with c/o painful, elongated toenails. Tx to date has consisted of palliative care. Patient wears compression stockings on both LE. Patient denies any other pedal complaints.

O: Foot:
Nails toes 1-5 b/l are elongated & mycotic

vasc: DP/PT palpable b/l LE, no LE edema noted b/1

neuro: epicritic sensation diminished b/1 feet

msk: pain relieved after debridement of nails and callus. mild pain with palpation plantar aspects of right 5th metatarsal head.

A/P:
DM
onychomycosis
callus/metatarsalgia
Alheimer's disease/cognitive celine

-discussed diabetic foot care
-debrided nails x 10
debrided callus
-RTC 6 months

August 1, 2016 12:38
Psychiatric Consult
Nguyen, Hoang A.

S.
(62) 70 year-old Caucasion male, married but seperated, currently living in a studio apt in Vista as his wife Teresa is incarcerated at the California Institution for Women (CIW) in Corona.

(63) His landlord/neighbor Mr Rob Green (760 -727-1902) is the DPOA.
He is seen for his dementia. His CG ms Lydia Perez and Mr Rob Green accompany him.

Psychiatry Sx:
(64) The pt was last seen in May'16. In the interval the pt is said to have good and bad days. The team feels that the wife's phone calls tend to be upsetting to the pt. In fact the Ms. Perez also noted that there were times wheich pt voiced suicidal thoughts after getting off hte phone w/ his wife.

(65) Notes provided by Ms Perez show that the wife has been pushing the pt to get records regarding the finances as to what was "stolen" from her. She feels that as the wife, 50% of hte asset is hers.

(66) Mr Green on the other hand feels that the expenses were made to take care of the pt: rent, CG fees, food etc. Both he and Ms Perez feel very upset by the accusatory stance by the wife.

(67) Writer tried to reassure the team that based on what had transpired, all the investigation by 3rd party agencies, be it the APS or the Vista police have thus far found no wrong-doing by the team so everyone should keep to the task at hand: keeping the pt safe.

(68) Functionally the pt has been needing Ms Perez to assist him w/hands on showering since early '16. He's known to put his shirt on inside out. She also assists w/ his pressure stockings related to his leg cellulitis. Completed his 2nd course of antibx.

(69) They still await the decision regarding the Aid and Attendance.

(70) Mr. Green also informed me that they tried to accomodate pt's request to visit his wife. The written response in early '16 was a denial.

(71) Wife on her part had written writer again, this team airing her grievances and recounting her frustration w/ the various entities that she believes had failed her: the APS and the Vista Police. Apparently she felt that the deputy was amissed his work so she appealed to the sergeant, only to see nothing in her favor either.

MENTAL STATUS EXAM:

(72) The pt is an older male, balding, white hair w/ thick mustache. Rather thin. Pt is alert and conversant but speech is rambling. Unable to get a clear point across.

Seems perplexed/bewildered. Responses are disjointed.
Can't really waht he wants to do w/ his marriage. He did say that he would like to see his wife again at some point.

He does not know his age. Today he tells me he's "38."

Limited insight and judgment.

PLAN:

(73) 1. Dementia
-Pt is to continue w/MEMANTINE 5 BID. Last Rx is dated Mar'16. The CheI was added in late '14. Will keep dose unchanged.
-Await Aid and Assistance.
-Pt had reiterated his choice for Mr. Green to be the DPOA in May'16.
2. Wt loss

(74) -Pt has lost some wt most recently but in the bigger picture he's still 10-lbs heavier than his nadir of 136 lb in late '15. Mr Green and ms Perez should continue w/ current course of food/nutrition.
3. Legal situation:

(75) -Given the less than perfect situation, writer seeks no need to change the workable arrangement w/Mr. Green being the DPOA. Wife's position is clear in her opposition of it but she is in no position to carry out any of his care so her objections has no place in the care formulation. Furthermore all the outside agencies like APS and the Vista Police have found nothing to support her claims of abuse, thus there's no need to dissemble the current care arrangement.

3. F/u care:

-This was a 45 min session for EM and PS Thx w/ 25 min in counseling and care coordination.

-RTC in 2-3 months. CG to call.

FOOTNOTES TO VA MEDICAL RECORDS

n.1 - The vehicle accident occurred approximately October 2014 and not 3 months prior to the July 6, 2015 medical appointment. This false story appears to be a cover story to avoid admitting to the fact McClelland had been driving on a suspended driver's license (and to his prior medical appointments) as late as May 25, 2015, over four months after the license was suspended for reason of dementia following an adverse medical report to DMV after an evaluation of McClelland by UC San Diego Health System on December 30, 2014. The information here is otherwise accurate.

n.2 - This section misrepresents the circumstance. McClelland bought a replacement vehicle shortly after the accident, in November 2014, which was prior to the medical evaluation that resulted in the suspension of his driver's license in January 2014. Because McClelland continued to drive on the suspended license out of necessity for several more months and his giving up driving was related to other circumstances, there was no connection between the accident and his decision to give up driving. His decision to give up driving resulted from having his suspended driver's license confiscated by a deputy sheriff on May 25, 2015, following a confrontation McClelland had with Robert Green, who refused to allow him to drive off the the property in his vehicle in order to get food to eat. McClelland called the sheriff's department and the responding deputy, after learning from Green that McClelland had been driving on a suspended license, counseled McClelland not to drive and confiscated the suspended license. I spoke with the responding deputy on the date of the event and also to McClelland in getting the story of the unfolding events, which includes more detail than cited here. If McClelland had Robert Green added to the vehicle insurance, it was likely at Green's insistance or suggestion sometime after McClelland gave up driving. I was not given any knowledge of the matter at the time and the information was contrary to what I was informed by McClelland and/or Green personally, to the effect that McClelland's insurance cost would be reduced to a minimum due to lack of driver.

n.3 - I was made aware of Green providing McClelland assistance to get his vehicle payments done automatically. Green set up the Meals on Wheels for McClelland at my request, but he limited them to only three deliveries a week.

n.4 - No application for the CA Veterans Home was ever submitted for McClelland. We considered the idea and I was attempting to gather necessary documentation in order to complete and submit the application, but I was unable to secure assistance in obtaining the necessary documentation. McClelland himself was incompetent and unable to procure the documentation and Green was disinterested in helping with details. Although I later hired a neighbor of McClelland's, on recommendation of Green, to do some errands for me, including getting the documentation needed to complete the application, the neighbor (David Orozco, an irresponsible youth with a drug addiction problem) took the money I sent him and failed to complete the tasks I paid him to do, thus I was unable to gather the required documentation to support the Vets Home application. This Vets Home plan was tentative and a back up plan and not McClellands or my first choice for him in any event. Paul's first choice was to obtain in home assistance (IHSS) in order to remain independent, but Robert Green refused to assist with getting that set up, despite promises to do so.

n.5 - By the time of this appointment McClelland had swapped in his smart phone for an iPhone, as a result of Robert Green's encouraging him to make a secret purchase of the same without telling me. This caused McClelland to be without the ability to answer his incoming phone calls for several weeks and putting me through considerable distress therefore, as well as preventing the VAMC from getting through to him in phone calls. McClelland never told me he had purchased a new phone or the fact he did so was the cause of our loss of communications for several weeks. Robert Green also purchased, with my permission, an iPad for Paul around the same time period. I agreed to the purchase because Green said the iPad had an application which simplified bill paying, thus could help Paul. At the time, I didn't believe Paul would be able to pay his bills even with an app to simplify things, but I agreed to it anyway on the premise that it would make it easier for Green to help Paul with his bills from time to time. Later, in March 2016, when I first discovered that Green had purchased McClelland an iPhone, Green admitted he got McClelland both an iPad and iPhone in order to "track" McClelland on the property where they resided.

n.6 - Again, it appears much of the information being supplied is from Robert Green, which is correspondingly erroneous. No Vets Home application was submitted due to the inability to obtain assistance in rounding up the necessary paperwork. There was a plan to coordinate my parole plans to the region of any vets home placement if that came into existance, but no application was ever submitted and none was on file as of February 2017.

n.7 - Here Green admits to the fact he assisted McClelland in "upgrading" to an iPhone, causing a loss of communications for McClelland for several weeks.

n.8 - It appears here that Green was not only under a delusion that a Vets Home application was submitted for McClelland (which he had no reason to believe), but that he was also setting his own conditions on the length of McClelland's continued residence at his then current residence. Neither McClelland nor myself made any agreement with Green that McClelland was going into a Vet's home or that he was only planning on staying at the current residence pending acceptance at a Vets home, but there is reason to believe that Green wanted McClelland off the property to raise the rent and be rid of responsibility for McClelland, which he had barely assumed as of late May 2015.

n.9 - This was an interesting note in that it reveals that McClelland had been dropped at the VAMC on the previous day (probably by David Orozco) mistakenly assuming McClelland had an appointment that day. It also reveals McClelland's concern of whether they had spoken with me. I had been attempting to coordinate telephone communications with McClelland's VA Social Worker but she never responded and was apparently unable to get through on the phone number I provided her for making telephone contact with me via "Friends Outside" organization at the prison. Why the VA staff and social workers refused to use the mail for communications is unknown.

n.10 - McClelland's weight loss at this point was severe. I had no idea he had lost so much weight. This was during a period of intense hostilities with Robert Green, which escalated through Fall of 2015, resulting in significant part from Green failing and refusing to take McClelland to the store for his weekly shopping trips (or provide someone who would do so). McClelland would be forced to go without food and go hungry from having no

food. He voiced many tearful complaints to me on the phone, frustrated from being hungry and without food due to Robert Green not taking him to the store on their designated shopping day (Tuesdays). I spoke with Green about it on at least one occasion, in which Green made excuses for himself and promised to get someone to take Paul to the store in another day or two. I did not comprehend how bad off Paul was nor was I aware of the dramatic weight loss recorded by the VA for October 2015 until the subsquent year in August 2016, when I received McClelland's medical records. What Green should have done and was not done until late February 2016, was boost McClelland's Meals On Wheels deliveries.

n.11 - If McClelland's shopping habits had changed it is likely because he was no longer competent to make the decisions necessary to stocking up the food and other supplies he needed to get by with from a week to week or periodic basis. This was part of his cognitive functioning decline.

n.12 - Not even 10 days later at an appointment with Dr. Tran (McClelland's primary physician), McClelland denied any dysphagia (see 10/15/16 primary care note). While dysphgia is not uncommon with the elderly as well as a decreased sense of smell, making food less appetizing, in this case McClelland personally told me on numerous occasions that he was being forced to go hungry because he had no food because Rob Green refused to take him shopping on time or make arrangements for someone else to get him to the store. It is unlikely McClelland was willing to disclose this to his psychiatrist or physician in the presense of Orozco, who not only engaged in physical abuse to him in the past as a "henchman" for Robert Green (e.g,, Green employing Orozco to assault, batter, and restrain McClelland on 5/25/15 to prevent him from walking to his mailbox) but was something of a lacky to Green. McClelland would not have felt safe making disclosures to his physicians accusatory of Green [as responsible for the weight loss] in the presense of Orozco, who would then convey the information to Green, who would then increase hostility or cause more problems for McClelland.

n.13 - This is nonsense. David Orozco was not McClelland's servent or willing to "cook" for him. McClelland had no stove but only a microwave, which he had no problem using as late as July 2016, according to McClelland himself. This appears to be Orozco's responding to the doctor's prodding him to help McClelland put on weight. Orozco did take McClelland to the store periodically at Green's request, based on my conversations with McClelland and Orozco. This was true also for taking McClelland to the medical appointments. Because of McClelland's dementia condition and cognitive decline, it was inappropriate for Orozco (who obviously had no understanding of McClelland's condition) to complain of McClelland's lack of initiative.

n.14 - If McClelland denied sadness, worries, anger, fears, it was because he didn't want to complain and not because he didn't experience those things. McClelland had no rapport with Dr. Nguyen, in addition to no privacy to be conducive of self disclosure given the attendance of third parties being allowed to participate in his medical consultations, who also happened to be in a position to abuse him or reveal any disclosures inappropriately so cause McClelland to suffer retaliation.

n.15 - Under the Weight Loss section: if McClelland failed to disclose the source of his weight loss it is because he did not feel safe to do so under the circumstances of his medical appointments being attended by third party abusers subject to inappropriately disclose communications of a confidential nature. This is a bad practice of the VA in allowing this to occur. Had

but was not aware of his weight loss to 136 lbs.

n.20 - This statement by Dr. Nguyen is totally false and erroneous or otherwise the product of some delusion by David Orozco. I had no agreement with Orozco to provide caregiver service for McClelland. I paid Orozco a one time fee of $300.00 to perform a laundry list of tasks I needed done, including procuring the documentation I needed to go with the Vet's Home application I wanted to submit for McClelland (as a back up plan in case nothing else worked out). Orozco did only two tasks of a list of about 10 (mostly minor, simple tasks) and he screwed up one of them such that I had to later pay someone else to do the same task. Although Orozco and I had engaged in discussions of the possibility of him providing caregiver service to McClelland, this did not pan out due to his irresponsibility and drug addiction problem rendering him unavailable and disinclined to be of reliable assistance. Nor did I ever enter any agreement with Rob Green to pay him for services nor did Green ever ask me to. If Green paid himself from McClelland's assets, it was without my knowledge or consent. Had Green ever asked me to enter a contract w/him to pay him a reasonable fee for given services, I certainly would have considered it, but he never asked me and I had no way to guage what his labors exactly were or what he might have believed would be adequate compensation.

n.21 - McClelland continued to have regular problems with Rob Green throughout Fall of 2105 and Winter '15/'16 and which became of increasing frequency. McClelland was constantly making reports of being fearful of Green and his temper, and of being too afraid to ask him for what he needed. He continued to make reports of Green not taking him to the store and being made to go hungry and periodically breaking down into crying, which is a degree of distress and frustration I never had occasion to witness with McClelland in our then-23 years of marriage until his problems with Robert Green arose. By January 2016, McClelland was reporting fear of being assaulted by Green. If McClelland failed to report such matters to Dr. Nguyen it is because they 1) had no personal rapport and 2) the confidentiality of McClelland's medical consultations was breached by third party abusers allowed to sit in on and monitor his conversations.

n.22 - This report records the incoming phone call from Robert Green attempting to schedule McClelland for a consultation to have the VA staff pressure McClelland into changing his health care power of attorney to add Green as agent and other consultations indicating Green's goal to "get rid of" McClelland after taking him hostage and making him go incommunicado from me on 3/8/16 (e.g., 'conservatorship' and other social work services re 'living arrangment'). Green was pressuring me in January 2016 to put McClelland in a "home" and to give up all my support in order to pay for the same, despite the fact my spouse did not wish to go into a "home" (nor did I wish him to) and he wanted to remain independent with aid of IHSS services, which Robert Green refused to help me get set up for McClelland. I was in the process of trying to find information about McClelland's eligibility for Medi-Cal and IHSS and also scouting for someone who could help me, but at the time I didn't have any outside contacts for assistance and my letters to outside agencies were typically ignored or unproductive in securing assistance and information to help McClelland. McClelland was taken a hostage by Green on 3/8/16 and forced to go incommunicado after a dispute between me, Green, and his associate (con-artist) Lydia Perez, who were endeavoring to run a scam on McClelland and me and had harassed him into suicidal behavior through their threats, intimidation, and maltreatment. This call occurred just two days after Green took McClelland a hostage.

n.23 - Green and Perez invaded McClelland's psychiatric appointment with their own agenda of perpetrating fraud on the VA psychiatrist, Dr. Nguyen, in the effort to gain his support for them and to mislead him as to McClelland's circumstances. Their statements to the effect McClelland had a "rift" with his wife and had threw his phone down, cracking the screen, during a conversation with his wife and was refusing to open her mail were totally false. Green was holding McClelland an incommunicado hostage from me and had him under orders to give Green all his mail from me and to refuse all my phone calls. McClelland was largely mute during the consultation and unlikely to present much dispute under the circumstances of his incompetence, unsound mind, communication and cognitive disability and the presence of stronger personalities who had control over his daily life and were subjecting him to abuse and who he was afraid of making angry at him.

n.24 - There were no "disagreements" nor any "issues" involving the wife wanting McClelland to "carry out certain tasks" he did not care to do -- but there was an issue that Green did not want revealed, that is, McClelland's statements to me on 3/2/16 in which he indicated he was being extorted by Green and Perez and in fear of being evicted, having his property taken, and put in jail by them if he did not cooperate with their demands to sign checks for them or if he destroyed his blank checks (as I had asked him to do and he agreed to do, earlier on the same day). McClelland was so upset and distressed by his fear of being evicted, having his property taken and put in jail by Green and Perez he indicated he was engaging in a suicide attempt. When Green found out that McClelland was providing information about the matter, he forced McClelland to cut off communications with me to prevent further inquiry and disruption of his and Perez's scheme of continued fraud and extortion of McClelland, which was effected on 3/8/16, when he forced McClelland to stop taking my phone calls.

The claims concerning "...this has effect the pt's care as the wife does not want any check to be written out for the payment of the pt's care. She would like all transactions to be done as a direct w/drawal from the bank. However both Mr Green and Ms Lydia find this unacceptable as they prefer a paper trail" is a fraudulent deceit. It assumes that they had the perogative to control the manner and method of payment, which they did not have. It assumes there was an employment agreement when there was no such agreement. It falsely represents that I only wished to pay Perez by direct withdrawals from the bank and refused to pay her by check -- which is false on both points.

The fact of the matter is Perez "quit" on 3/1/16, stating she she wished no further employment for me/McClelland after her (nearly expired) 30 hours of temporary employment ran out. Perez was angry with me because I expressed disapproval for her writing herself a check on McClelland's checkbook and Rob Green inducing him to sign the check for her and because I asked her not to do that again, due to McClelland's incompetence and the lack of supervision or ability to monitor such activity personally. Me, and not Rob Green, was McClelland's legal/financial agent, in addition to the fact I am McClelland's spouse and the assets in McClelland's possession are 50% mine by law. No one asked my permission nor was there any need for Perez to write herself a check. We already had another, different arrangement for her payment, which she agreed to and specifically requested prior to me agreeing to hire her. McClelland was clearly being "manipulated" by Perez and Green and under the circumstances, I could not approve of their actions.

Although Perez stated she would no longer be working for me and

McClelland, I left open the offer for continued temporary employment (with conditions), due to my need to secure McClelland assistance in getting signed up with Medi-Cal and IHSS so he could obtain regular, bona fide, supervised in home assistance to accomodate his cognitive disabilities and living needs.

I wrote Perez a letter on 3/1/16 following our telephone conversation to reiterate the offer and spell out the conditions and terms of the employment offered, which included an offer to pay her by check from my prison trust account if being paid by check was so "important" to her (as she had insisted during the phone call). However, I was caused to revoke the offer immediately following a phone call with McClelland on 3/2/16 in which he made a suicide gesture and statements indicating he was being extorted by Green and Perez and in fear of being evicted, having his property taken, and being put in jail if he refused to comply with their demands to sign checks for him or destroyed his blank checks, as he had agreed to do earlier that same date.

Thus, by the time of the 3/15/16 medical appointment for McClelland with Dr. Nguyen, both Green and Perez were fully aware there WAS NO employment contract or agreement in effect, nor had there ever been anything but a temporary arrangment subject to renegotiation or renewal, and which had been terminated by the statements of Perez herself and by the actions of Green and Perez, which gave rise to my rescission of the offer for cause. Green had no legal authority to act as McClelland's agent or to re-hire Perez on behalf of McClelland. McClelland, due to his unsound mind condition, had no authority to appoint Green as an agent in his behalf nor any ability (legal or practical) to engage in contracts to hire Perez. See CA Civ. Code 38, 39(b), 1556-1557, 2296.

The fact Green and Perez may have "preferred" a 'paper trail' (the excuse Perez used to ostensibly justify her improper action of writing herself a check on McClelland's check book and using Green to induce McClelland to sign the check) was beside the point when there was no contract and the "preference" was not their prerogative to determine, since neither of them had the legal authority to conclusively determine the fact of any contract or terms thereof, much less to take McClelland a hostage and force him to go incommunicado from his wife in order to rearrange the terms of the contract to suit themselves and without consent from McClelland's spouse and legal agent.

n.25 - As indicated above, Perez's employment was TERMINATED after her 30 hours was up. As McClelland's legal agent and spouse, it was my prerogative to determine how the "finances" were to be handled. The patient's need for care was not the issue. Perez herself QUIT, which was unrelated to the patient's need for care. It was not Perez's prerogative to demand permission or take the liberty (absent permission) of writing herself checks on the bank account of an incompetent person. If these statements were meant to imply that Perez was attempting to blackmail me by withholding "care" to the patient unless I acquiesced to her demand that she be able to write checks on McClelland's bank account at will and absent supervision, then that is her own admission of wrongdoing. Moreover, her black mail wasn't skillful as she never stated the matter to me in those terms. When I instructed her not to write herself checks anymore on McClelland's checkbook she merely "agreed" (but not without arguing and trying to justify having written herself the earlier check and trying to impress me with the notion she should have carte blanche to write herself checks on his account whenever it suited her) and stated she wasn't planning on further employment for me/McClelland after her

30 hours was up. If there was an issue as to McClelland's "care" then they should have contacted APS and had them get in touch with me to make LEGITIMATE arrangments for caregiver service for McClelland from SOMEONE ELSE.

n.26 - Dr. Nguyen's characterizations of McClelland "making it clear" that he would like Green's 'continued assistance' in managing the patient's finances is of dubious validity. 1) Robert Green was never appointed manager or agent of McClelland's finances to start with and did not "manage" them. I permitted him to assist in a number of MINOR matters due to the convenience of his assistance in such matters. As such he was merely a sub-agent who answered only to me, given McClelland's unsound mind and incapacity to appoint agents or enter contracts, 2) if McClelland "agreed" or consented to the suggestion that he allow Green to manage his finances for him, it was because he had no other choice, being held an incommunicado hostage by Green and Perez from his wife. Thus, McClelland's 'assent' was induced by duress, undue influence, and coercion, 3) McClelland's unsound mind condition and lack of contractual capacity precluded his ability to appoint agents, enter contracts, or execute power of attorney under CA law. Civ. Code 38-39, 1556-1557, 2296; Prob. Code 4022, 4120., 4) Nguyen's writings are subject to be inaccurate, false, and self serving to cover up his wrongful conduct, fraud and pressuring an incompetent patient into writing and signing a financial power of attorney on that date appointing Green as 'agent.'

Dr. Nguyen's "assistance" to McClelland in "writing this down so it can serve as some framework for Mr. Green's action," was to dictate, word for word, the words McClelland was to write out on paper (comprising a "power of attorney" over finances appointing Green as agent), and had it signed by Perez and himself, without ever informing McClelland the 'nature' of the document he was being asked to write and sign, amounting to constructive and actual fraud or fraudulent deceit on McClelland. Dr. Nguyen has a prior for attempting to coerce and induce McClelland into entering a contract for "caregiver services" on prior occasion. See 10/6/15 psychiatry note and fn. 16 thereto. In light of the fact Dr. Nguyen has no knowledge of the persons or their characters he was attempting to induce McClelland into contracts with or to sign powers of attorney for, his actions at best are little more than reckless endangerment of his patient.

Despite the fact the power of attorney Dr. Nguyen fraudulently induced McClelland to write and sign was legally void (due to McClelland lacking the executory capacity of sound mind required to render the document valid and legitimate), it had the effect of encouraging Green and Perez's continued criminal actions, elder abuse, and other wrongful conduct to McClelland and myself and causing the injurous activity to continue, by emboldening Green and Perez to continue engaging in the same. Green himself endeavored to extort me to give up my property rights in the assets held by McClelland a mere ten days from the date he obtained the fraudulent power of attorney from McClelland induced by Dr. Nguyen, by sending extortionist messages through a third party acquaintance, Sage Robinson, conveyed in a phone call with her on 3/25/16. Green was functionally seeking to extort from me an agreement to give up my property rights in exchange for his allowing me to speak with or receive communications about my spouse, who he was then holding an incommunicado hostage from me.

Green's subsequent actions with respect to McClelland's finances

has been to continuously embezzle and defraud McClelland and his spouse, in a scheme with Perez as his accomplice, of all the assets in McClelland's bank accounts. They have forced him to pay for fake, non-existant, and unnecessary caregiver services, keeping a set of phoney "books" with a false record of their fraudulent services. They have forced McClelland to pay for the false, fraudulent, and non-existent services and to reject and abandon his wife on threat of abuse, neglect, and continual harassment if he does not submit to their demands.

n.27 - This assertion by Dr. Nguven indicates Green and Perez's underlying disregard and contempt for myself and McClelland and intention on doing as they please, regardless of the unlawfulness of their intentions and actions. Since there never was any provision for "the money transactions to be done by checks" and McClelland himself had not the power to write checks or manage finances and Green was not an authorized agent and had no permission to be writing checks on McClelland's account for any purpose, the statement is simply a false representation by Green to falsely imply an arrangement in which "the money transactions" had been done by check (in the past) and that he was authorized to engage in such transactions (which he was not), or to infer that he had been engaging in such activity in the past and intended to keep engaging in it.

Whether or not the wife was present in order to "implement" her preferences, this provided no authority to implement HIS preferences, since he was not authorized to act as he wished with the assets belonging to McClelland and myself to our detriment and injury.

n.28 - Perez was not hired to "help with meals" or provide basic care. She was hired for the limited purpose of helping McClelland get signed up for Medi-Cal and IHSS services so that McClelland could get a bona fide, supervised, IHSS assistant for provision of services necessary to accomodate McClelland's cognitive disability and living needs.

The specific purposes I hired Perez for, in addition to the above, was to 1) increase McClelland's meals on wheels deliveries, 2) help him get his meds renewed (as these had elapsed due to Green's neglect), and to ensure McClelland was taken for periodic shopping (food and hygiene) and to the laundry periodically or special needs (like grooming/hygiene, such as to the barber or things he could not manage on his own) and to his dr. appointments. Beyond that Perez was not needed. However, she attempted to foist herself upon me and McClelland with unnecessary "fake work" even then, insisting she had to come over twice a day for two hours, six days a week to perform unnecessary services such as heating McClelland's meals on wheels deliveries in a microwave when he had no problem doing that himself. Her object by such activities was to run down the 30 hours she was being paid for with useless activity while avoiding accomplishing the purpose she was hired for (getting McClelland signed up for Medi-Cal/IHSS) which would have rendered her totally unnecessary. By failing to accomplish the purpose she was hired for, she hoped to be able to drag out her temporary employment at an inflated rate of pay she was charging (while posing fraudulently as an Licensed Vocational Nurse).

n.29 - This is not what McClelland told me when I spoke to him in late June/early July 2016. He claimed then to have been very "frustrated" by the inability to communicate with me, indicating it was hard on him and made him depressed. McClelland does not always openly disclose his emotional problems and was hardly likely to voice any complaints under the direct observation and control of his abusers, subject to make his life more difficult should he voice any complaints or grievances in their presence or likely to get back to them.

n.30 - McClelland was never on SSI and has always been "sober" (non alcoholic and no drinking problems) for the duration of our 25 year marriage. For unknown reasons VA staff keep trying to label him as having a prior alcohol problem, despite the absence of any information from McClelland (or otherwise) on which to draw such conclusions. This same false information, like much other false information reported in McClelland's psychiatric notes by Dr. Nguyen, is perpetually repeated from one report to the next. McClelland receives social security retirement income, not SSI.

n.31 - McClelland's inability to perform the SLUMS when they attempted to administer the same to him in April 2015 (due to anxiety) is very likely related to the fact that the last time he was subjected to a battery of psychological cognitive impairment tests on December 30, 2015 by U.C. San Diego Health Care System, he was rewarded by the immediate loss of his driver's license (w/no warning and no plan in place for dealing with the resulting exigencies) after their diagnosis of dementia. McClelland was not aware that the outcome of the evaluation he was allowing himself to be subjected to could have the practical effect of the loss of his driver's license. The gravity of McClelland's situation as a result of the loss of the license was sufficiently problematic and traumatizing to cause him to experience anxiety when later requested to repeat the test or engage in cognitive testing similar to that which resulted in the loss of his driver's license.

n.32 - McClelland's mental status exam on this date (3/15/16) includes the usual statement by Nguyen as to McClelland's word finding problems, but this time notes McClelland's inability to finish his thoughts and distress at being made to stay for the appointment, describing him as "rambling," "gets frustrated" and "wants to go home" and the fact Nguyen had to force him to stay to complete the tasks. Clearly, McClelland was under distress and uncomfortable at what was being made to occur at the appointment, including Green and Perez's fraud on the doctor and slander against his wife, then being coerced by Dr. Nguyen into not only "choosing" Green as a financial agent, but making McClelland sign a document to that effect. This indicates to me that McClelland was resentful and inwardly resisting and protesting of the situation despite his outward compliance with what was being expected of him.

n.33 - Dr. Nguyen notes a CDT Score of 1/4, which he states in the following "Plan" section of his report as indicating a "profound loss of conceptualization" -- adding to the mystery of why Dr. Nguyen assumed it was his prerogative to fraudulently induce a patient of unsound mind into signing a power of attorney for finances for a total stranger without consulting McClelland's spouse and healthcare agent and without attempting to verify any of the information he was provided by Green and Perez.

n.34 - Nguyen notes the CDT score and erroneously credits Robert Green with improvements to McClelland's weight loss. Green was actually responsible

for McClelland's weight loss through Fall/Winter of 2015/16. Nguyen also attempts to credit both Green and Perez for the improvement in McClelland's weight, when Perez had nothing to do with it beyond increasing McClelland's Meals on Wheels deliveries at my request, which had been previously set by Green as merely 3X a week. If anyone deserves the credit for McClelland's weight gain, it is Meals-On-Wheels.

Dr. Nguyen here also admits his motivations for pressuring McClelland into choosing Green as a financial agent and forcing him to write out the [technically void] power of attorney for finances (without even explaining to him what he was being made to write and sign) naming Green as agent as based on his desire to "resolve" imaginary (as delineated by Green) conflicts between Green and the patient's wife through pressuring the patient to choose Robert Green (in the presence of Green and Perez, under circumstances of duress, undue influence, and fraud and where a refusal was likely to result in retaliation) as agent. This unprofessional, inconsiderate and overly-aggressive behavior by Dr. Nguyen is shown to be characteristic of his tendency to pressuring patients to do what he thinks is best, even if it is not the best and actually endangers the patient and his welfare and sets them up for continuing criminal victimization and elder abuse.

n.35 - Dr. Nguyen did indeed write such a note, but it was given to Robert Green and not the patient. Green in turn has used it as evidence of his "authority" over McClelland as custodian, along with the fraudulently procured and criminally induced (void) power of attorney obtained from McClelland through the assistance of Dr. Nguyen, in Green's presentations to the public, including a court hearing on 12/8/16 in San Diego Superior Court where Green offered false and perjured testimony related to McClelland's caregiver services and his residency as tenant on Green's property.

n.36 -- McClelland does not want to go into a Vets Home, yet the Dr. appears to be pressuring McClelland to sign up for that also, in disregard for the fact that I am McClelland's health care agent with responsibility for determining McClelland's residential placement (in consultation with McClelland).

n.37 - Here Dr. Nguyen records the fact of the false report he had FAXED to APS via a Soc 341 (elder abuse report) in which he falsely and fraudulently accused me of elder abuse to my spouse, absent any credible information and based on the unreliable, false, and self serving reports of Green and Perez, who made such report to Dr. Nguyen for the purpose to obtain control over McClelland in order to exploit his assets. Dr. Nguyen's false report to APS further held out McClelland's abusers, Green and Perez, as legitimate "caregivers" to McClelland. As a result of this false report by Dr. Nguyen faxed to APS, APS and the law enforcement and other agencies with which APS cross reports refused to investigate my subsequent complaints of elder abuse to McClelland or the crimes by Green and Perez on McClelland and myself, automatically determining all questions (absent investigation) in favor of the abusers and with disregard to their criminal activity. These other agencies include the Sheriff's department and the DA's office, both of whom offered their support to the abusers and facilitated their criminal activity as a result of Dr. Nguyen's false report faxed to APS, based solely on the uncorroborated false reports of the abusers themselves seeking to gain control over McClelland and his assets.

n.38. Dr. Nguyen again falsely credits Green and Perez with the weight increase to McClelland which was the result of increased meals-on-wheels

which I asked Perez to increase for McClelland.

n.39 - This indicates the identity of the APS Worker, Lois Okram, assigned to McClelland's case as a result of Dr. Nguyen's false and fraudulent report faxed to APS on 3/15/16. Neither Ms. Okram nor any other APS employee contacted me or any other witness with relevant, material information on Green and Perez's abuse (or Dr. Nguyen's and Michael Proffit's, sheriff's department investigator's elder abuse) to McClelland, despite being provided sworn witness declarations and other documentary evidence. Unfortunately, due to the false fax to APS from Dr. Nguyen, local authorities became prejudiced against me, refused to heed my complaints, sided with the abusers, failed to investigate, and accused me of unspecified elder abuse. Worse still, Mr. Proffit actively engaged in assisting Green and Perez in their elder abuse by helping them to unlawfully isolate McClelland to prevent me from getting any help to him; all due to the false and fraudulent fax to APS by Dr. Nguyen.

n.40 - This social worker consult with McClelland, following the 3/15/16 psychiatric consult with Dr. Nguyen, demonstrates the purpose of the consult was to pressure McClelland into altering his health care power of attorney to have Robert Green added as an agent. Although McClelland refused on this occasion, he was later fraudulently induced and coerced into signing a VA version health care power of attorney for Green, on or about March 2017, by Green, Dr. Nguyen, the social worker and other VA employees collected for the purpose of staging the fraudulent inducement. McClelland by this time, and presumably even at the time of the 3/15/16 consultations with Dr. Nguyen and the social worker lacked the capacity necessary to execute a new health care power of attorney due to incompetence to make knowing, intelligent, and rational health care decisions. Green, Perez, Dr. Nguyen, and the social worker, Klinefelter, all had reason to know that McClelland was incompetent to make health care decisions and that Green and Perez were elder abusers and perpetrating crimes against McClelland and myself, yet they colluded in this later fraudulent act to obstruct my access to McClelland's medical records and deprive him of his self appointed health care agent based on a decision when he was still of sound mind and had capacity to make his own health care decisions.

n.41 - This portion demonstrate's McClelland's refusal to alter his health care directive to add Green as an agent on 3/15/16. Notwithstanding this refusal, both Dr. Nguyen and social worker Klinefelter subsequently began fraudulently referring to Green as "DPOA" in later medical records beginning in May 2016, as part of their scheme to fraudulently install Robert Green as healthcare agent to McClelland.

n.42 - This section indicates social worker Klinefelter's involvement in Dr. Nguyen's false fax to APS as well as her foisting counseling on McClelland, per Dr. Nguyen's instruction regarding Vets Home placements and urging him to submit an application (despite the fact that McClelland did not wish such placement) without consulting McClelland's health care agent (me).

n.43 - This April 5, 2016 note by nurse O'Sullivan included comments by Perez claiming she was trying to get McClelland "into a B/C [Board and Care]" and while purporting to be knowledgable of McClelland's past history, admits she only just saw his legs in the shower for the first time a few days before (proving she had never helped him with a shower before and was not hired for

that purpose as claimed in later medical notes by Dr. Nguyen and also of the fact she lacked sufficiently close contact with McClelland to even be aware of the injuries she only then claimed to discover when helping him in a shower).

The fact that McClelland himself claimed a lack of awareness of when the injuries occurred or how he got the injuries and the fact he failed to independently bring the fact of his injuries to the attention of Perez in order to request assistance tends to demonstrate, along with other incidents of physical neglect to himself (resulting in injury) that he lacked the capacity to make his own health care decisions at the time.

n.44 - In this segment, a narrative is cited in which Lydia Perez is referenced as posing as a "private nurse/LVN" to the VA medical staff responding to the emergency assistance she sought for McClelland on that date from the VA. In this narrative, however, it is claimed the patient indicated he might have scraped his leg scaling a wall. Perez is not a licensed nurse nor a private nurse of any sort. Although she was fraudulently introduced to me by Robert Green as a "skilled nurse" in the effort to induce me to hire Perez at an inflated rate of pay for essentially unskilled labor, I never believed the claim and (rightly) assumed it was a fraud. I did hire her anyway, out of desperation to get help for McClelland and due to the need to get him signed up with Medi-Cal and IHSS (none of which ever occurred).

n.45 - In another set of nursing notes, Perez is once again reflected as fraudulently posing as an LVN, offering her cellulitis diagnosis, which she probably picked up from one of the other nursing staff. Perez was known to make claims of being an LVN to others in the public in connection with her alleged employment for McClelland and McClelland himself naively continued to believe and refer to Perez as a "nurse" as late as September 2016, during phone conversations. Perez is not a nurse and is not licensed with the State of California as an LVN.

n.46 - In this May 5, 2016 consult, Perez is shown calling in to schedule McClelland for a podiatry consult due to overgrown toenails that she did not wish to cut herself, claiming she "does not feel comfortable cutting them as they are curled." Not only does this demonstrate McClelland's incapacity in general as well as an inability to make health care decisions (since had he that capacity he would have cut his own toenails months before, so as to avoid the pain resulting from uncut toenails, and particularly in wearing shoes over the same), but it demonstrates's a peculiar lack of empathy of Perez for McClelland's plight, which had to have been going on for a considerable amount of time prior to this phone call. Even if Perez herself did not wish to cut McClelland's toenails because she found it "too offensive" to be bothered with personally, she surely could have scheduled him for a pedicure at a nearby nail salon and should have done so to immediately relieve him of his pain and discomfort. Instead, McClelland was made to wait another two and one-half months before being taken into the VA Podiatrist to have his toenails cut on July 18, 2016. This and the pain McClelland was made to suffer needlessly appears to meet the definition for misdemeanor elder abuse pursuant to Pen. Code 368(c). When the VA podiatrist saw McClelland's condition, he should have but failed to report Perez for her elder abuse/neglect to McClelland.

n.47 - McClelland's May 9, 2016 psychiatric consult with Nguyen shows that he began fraudulently referring to Robert Green as "DPOA" (durable power of attorney -- agent). He repeats this several times in the

5/9/16 Progress notes he wrote for that date, indicating his apparent "intent" (beginning from 3/15/16) to fraudulently install Robert Green as McClelland's healthcare agent and to fraudulently revoke my authority as agent. Other evidence in Nguyen's progress notes corroborate his fraudulent intent and demonstrate his careful 'manipulation' of the medical records he was creating in the effort to provide false and misleading support for his actions and to justify his past wrongful actions initiated on 3/15/16.

By this date Dr. Nguyen had received a copy of a lengthy letter from me (which was simultaneously sent also to Dr. Tran, McClelland's 'primary physician') with revelations of Green and Perez's elder abuse and crimes against McClelland and myself, all of which 'totally destroyed' any fantasy or delusions he held based on the false narratives Green and Perez provided him on 3/15/16, when they secured his assistance with various fraudulent acts to help install them as legitimate caregivers to McClelland, via the false elder abuse report to APS about the wife, the fraudulently induced financial power of attorney, and the 'dr.'s note' of McClelland's medical condition for Green to flash around in a display of 'authority' over McClelland in Green's contacts with the public concerning him.

Obviously, Dr. Nguyen intentionally chose to disregard my letter and warnings therein and to continue with his course of fraud and unlawful installation of Green as healthcare agent and caregiver to McClelland and in aiding in their crimes against McClelland and his wife (including false imprisonment and financial crimes) and in the continued elder abuse to McClelland. Instead of correcting himself and setting a fresh course, he continued on the tainted course and sought to cover up his knowledge of my warnings and justify his prior misconduct by fraudulently inducing McClelland (in the presence of one of his abusers) into "reconfirming" selection of Robert Green to make his "decisions" for him.

Instead of using the opportunity of personal contact with McClelland as a chance to privately explore with McClelland my allegations to test their truth and determine what McClelland would corroborate and whether he would privately reveal information previously withheld due to the presence of Green and Perez on 3/15/16, in ascertaining the fact of the abuse that occurred, Dr. Nguyen used the limited contact for his <u>self-serving</u> reasons of attempting to induce McClelland to reconfirm a choice that was actually the product of fraud, duress, and undue influence in order to exonerate himself of his wrong-doing. This is how one can objectively determine Dr. Nguyen's self-serving motives and lack of regard for the patient's interests.

n.48 - This is the first of several false or bogus anecdotal stories by Perez in support of her bid to the doctor to recommend an increase in "caregiver" hours (so she can pressure Green to pay her for more hours simultaneous to providing false anecdotal evidence in support of a fraudulent "aid and attendance" federal benefits claim). Perez claims to have "stepped in to assist him w/hands on showering" when the truth is she took to forcing McClelland to accept her assistance when he didn't need her for that and she wanted an excuse to claim a reason to get paid for her time. Likewise, the story about "he'll put his shirt on inside out" is ho-hum not evidence of anything. I put my clothes on inside out not infrequently and might leave them on that way if I'm too busy to turn them around or right side out. This is NOTHING and not evidence of cognitive disability.

n.49 - I seriously doubt Perez cares a whit whether McClelland

wears his pressure stockings, and I doubt she was truthful in describing whether McClelland could put them on himself. Because Perez is a psychopathic liar, anyone with knowledge of what a prolific liar she is would have better sense than to believe a words she says. Notably, the doctor at no point during any of his appointments at which Green and Perez appear to supply the narratives bothers to consult with McClelland independently to verify or corroborate a single word they say.

Despite the fact Perez was claiming to spend 4 hours a day, 6 days a week with McClelland during March 2016, and was now claiming that McClelland was needing more care to turn his shirts on rightside out for him or put his leg stockings on and give him "hands on showering," and the Doctor reportedly recommended an increase in caregiver hours for McClelland on this date, when I personally spoke with McClelland during a period from June 26, 2016 through July 4, 2016, McClelland informed me that Perez only came to his residence 1 time per week for a 5 hour block of time between 10 a.m. and 3 p.m. and that she didn't help him with ANYTHING the whole time she was there.

According to McClelland, Perez never did anything more than ask him a couple of questions, such as did he have any problems she should know of, and was he eating ok? This was the extent of the "help" McClelland stated, with his own lips, that Perez was providing him -- though he admitted he had no idea of what she was being paid and Rob Green was the one making payments to her.

n.50 - Another one of Perez's anecdotal stories to provide false evidence of cognitive disability: McClelland reportedly locked himself out of his house several times and wont eat his meals on wheels unless Perez sets it in front of him. Neither of these are credible evidence. I myself regularly locked myself out of my cell (forgetting to take my ID with me -- which is a 'must have' when on the prison yard) and "forget" things with regularity. and I've been like that the last 35 or more years and still do the same thing. It is not evidence of cognitive disability. It could be, but doesn't necessarily have to be and can't be assumed as such evidence.

At the time of this appointment date McClelland was weighing in at a hefty (for him) 160 lbs. McClelland doesn't even LIKE meals-on-wheels, and at 160 lbs, it isn't going to kill him if he eats them when it suits him or feels hungry. At 160 lbs he evidently WAS eating his meals-on-wheels and didn't need her to feed it to him, put it in front of him, or re-heat them in a microwave, since she was only coming over once a week according to him and he had no problem heating his own food in a microwave on his own, contrary to other false statements by Green and Perez on other occasions (denied when McClelland himself was asked about particular matters).

n.51 - Perez here shared her and Green's plans for kidnapping McClelland with Dr. Nguyen in advance of the event. I spoke with McClelland about it after the fact (June/July phone calls) and he stated Perez "made him" leave his residence and go with her to her apartment even though he did not want to go. He was very unhappy about being made to go. Because of McClelland's incompetence and unsound mind and the fact that neither she nor Green had lawful custody over McClelland and he may be without the ability to consent and her and Green's underlying intentions were unlawful (in addition to the fact she had a history of inducing him to obey her with threats to have him jailed or call the sheriff on him), I think her and Green's conduct amounted to kidnap or even aggravated kidnap.

n.52 - This appears to be Green and Perez's 'cover story' of having a plan to locate a 'care facility' for McClelland, and part of their pretense in seeking "aid and attendance" federal benefits for McClelland (so as to ostensibly fund placing McClelland in a care facility). Their real goals, however, are to secure the benefit through fraud and whatever false evidence or false statements they can give, then to embezzle the same for their own benefit, rather than McClellands, while continuing to steal the rest of the assets in his possession, which they have done continuously since March 2016.

n.53 - Dr. Nguyen intentionally stages contrived questions to McClelland here, knowing that he has reason to be in fear and cannot answer candidly due the presence of one of his abusers sitting in on the appointment. Although Dr. Nguyen was thoroughly informed by myself in a four page typed letter describing Green and Perez's abuses to McClelland, he cavalierly disregarded McClelland's safety and predicament, knowing McClelland was at risk of endangerment if he answered truthfully and could not answer truthfully in the presence of Perez. Although he could and should have asked Perez to leave in order to question McClelland privately about the contents of my letter in order to verify facts stated therein, Nguyen only sought information from McClelland under circumstance where he was likely to respond falsely due to Perez's presence, so as to confirm his false hypothesis of McClelland's 'voluntary' estrangement from his wife, when it was the product of fraud, duress and threats to McClelland.

n.54 - Dr. Nguyen here seeks to cover up and hide his knowledge of McClelland's abuse by Green and Perez and my having informed him of the same in a detailed, four page typed letter mailed to him mid April 2016. He trivializes and misrepresents the content of my letter by describing it merely as an angry rant "demanding" that DPOA Green (who is not and was not DPOA of anything) be "removed" because I had my own candidate. Nguyen's comments appear to be a conglomeration of his fraud, poor English skills, and ignorance of the law for powers of attorney. The fact he omitted all reference to my allegations of abuse demonstrate he was seeking to cover up his knowledge of the same in light of his intention of fraudulently installing Green as McClelland's health care agent and custodian: which is outside the scope of Dr. Nguyen's legal authority.

n.55 - Nguyen's 'mental status exam' for McClelland contains more evidence from Nguyen's own hand of McClelland's incompetence and unsound mind, i.e.: "Pt is alert and conversant but speech is rambling. Pt gets derailed. Hard to decipher what is his point when open questions are asked. Pt seems to chime in w/comments but the connectedness/relevance of his words is not there." This hardly supports Dr. Nguyen's premise that McClelland made a competent affirmation of his prior (fraudulently induced, and otherwise coerced) 'choice' of Robert Green to make decisions for him (financial or otherwise).

n.56 - More evidence from Nguyen's own hand to demonstrate McClelland's incompetence, i.e.: "He does not know his age. Thinks he's 50 something. Does not know the address/street or city where he lives despite having lived there for many years."

n.57 - Here Dr. Nguyen goes for the juggler, moving in to exploit McClelland's mental incompetence by asking manipulative questions designed to elicit information from him intended to confirm the 'correctness' of Nguyen's wrongful actions of fraudulently inducing McClelland into choosing Green as a financial agent and then making him write a power of attorney to that effect

on 3/15/16, thereby allowing Dr. Nguyen to apply salve to ease his guilty conscience arising from his receipt of my letter exposing Green and Perez's criminal elder abuse and which necessarily implicated the fundamental wrongness of his actions on that date which encouraged such abuse.

Although Dr. Nguyen attempts to give an appearance of 'impartiality', he, in fact, was not impartial and only sought to elicit information from McClelland intended for the purpose of exonerating himself of wrongdoing, and he did so under untrustworthy circumstances and in the presence of a witness (elder abuser of McClelland) in front of whom McClelland was only likely to respond falsely to avoid upsetting the abuser, which would risk retaliation and harassment as a consequence. Further, McClelland's response, if correctly quoted by Nguyen in the first place, cannot be credited where McClelland was of unsound mind, mentally incompetent, and he had been held an incommunicado hostage and isolated by Green and Perez from his wife for two full months in order to gain control over him and his assets, and where as a result of his medical condition and dependency on Green and Perez he was susceptable to undue influence by his abusers.

n.58 - Dr. Nguyen here adds a new line to the "Assessment" section that appears regularly in his quarterly evaluations for McClelland. Nguyen falsely claims the caregiver was "hired to come onto the scene to help w/pt's ADL's since early '16 including showering/dressing/meals,"when Perez was NOT hired for any such activities.

n.59 - Dr. Nguyen's "Plan" section of the assessment includes his false assertions crediting both Green and Perez for the "reversal" of McClelland's weight loss when neither of them were responsible for the same. In December, Nguyen gave credit for the reversal to David Orozco, and in late February, McClelland's Meals On Wheels deliveries were increased at the express "orders" of myself to Perez, since Robert Green lacked the common sense to have this done for McClelland at any prior time. Perez had no part in McClelland's life or care prior to late February, when I personally hired her to provide 30 hours of "temporary" assistance to McClelland.

Nguyen also incorporates Perez's numerous false stories into his "Plan" which includes his intention to request the social worker Klinefelter to "assist" with a (fraudulent) "Aid and Assistance" application for McClelland based on the false assertions (none of which were corroborated by McClelland or any evidence) of Perez, despite the fact that they failed to establish credible evidence of cognitive disability or justification for the application (and were partly false or irrelevant, in addition). Dr. Nguyen was doing this in knowledge that Green and Perez were/are elder abusers and in knowledge that I was McClelland's ONLY healthcare agent and assigned responsibility and authority over determining McClelland's residential and health care treatment.

Nguyen's "plan" also supports his direction to the social worker to assist with the aid and attendance application for McClelland by reference to a "DPOA" who was neither present and based on a fabricated story by Perez (who was not DPOA), falsely claiming the need for money to support McClelland's placement in a care facility. Perez's contentions were fraudulent and Dr. Nguyen had no reason to believe her contentions were factual and he used false and fraudulent statements in McClelland's medical records to

facilitate a fraudulent federal benefits application claim for aid and attendance.

Dr. Nguyen additionally reiterated his false claim that McClelland had "reiterated his choice for Mr Green to be DPOA" when McClelland had never done anything of the sort and when Green was never appointed DPOA of anything and McClelland was incompetent to appoint Green as an agent (for finances or anything else) on either 3/15/16 or 5/9/16. Dr. Nguyen's apparent purpose in making this fraudulent claim that 1) Green was DPOA, and 2) that McClelland had previously appointed Green as DPOA [when McClelland had done nothing more than execute an invalid power of attorney for finances and made an ineffective appointment of Green as an agent for that purpose], was to create a misleading smokescreen in support of his unjustified actions of facilitating the false and fraudulently devised "aid and assistance" benefits claim for McClelland, which Dr. Nguyen was creating and facilitating for the purpose of fraudulently and unlawfully installing Robert Green as healthcare agent and custodian of McClelland, in part to cover up and attempt to justify his wrongful actions and harm and injury to the patient and his spouse undertaken on 3/15/16.

n.60 - Here we see social worker Arlene Klinefelter's participation in Dr. Nguyen's fraud on the VA and faciliation of a fraudulent Aid and Attendance benefits claim for McClelland. Klinefelter's participation in the fraud is implicit due to her referring to Robert Green as DPOA when she knew Green was NOT DPOA and that McClelland had REJECTED Green as a health care agent on 3/15/16 and there was no evidence on file that Robert Green was "DPOA" of anything.

n.61 - This podiatry appointment for McClelland reveals at least one example of Green and Perez's elder abuse/neglect to McClelland, occurring over the course of many months. The record shows that the patient presented with "painful, elongated toenails" for which nothing had done for many months (see May 5, 2016 podiatry consult request from Perez, complaining of her unwillingness to cut McClelland's toenails because they were "curled", discussed at note 46, p.12). Due to the lack of necessity for allowing McClelland to suffer continuous pain for many months from the want of proper hygiene care by Green and/or Perez and their assumed responsibility for McClelland's care by reason of their falsely imprisoning him and holding him hostage and preventing him from receiving help from his wife and friends, this example is a demonstrative example of criminal elder abuse both with respect to felony false imprisonment and misdemeanor physical abuse by neglect, under CA Pen. Code 368(c) and (f). The podiatrist should have, at minimum, reported Perez for the misdemeanor crime of physical abuse by neglect, being a mandated reporter (and even if he was without knowledge of the false imprisonment of McClelland), although this did not occur. See CA Welf. & Inst. Code 15630(a), (b).

n.62 - Here we have the opening line in Dr. Nguyen's August 1, 2016 psychiatric consultation note, which Nguyen has added new misleading verbiage when identifying McClelland as "married" -- to which Nguyen now adds "but seperated" as if to fraudulently imply a "legal seperation" when no such seperation existed. This is done by Nguyen intentionally and fraudulently as part of his scheme in falsifying McClelland's medical records to make it appear that his (Nguyen's) criminal collusion with Green and Perez in various crimes and torts against McClelland and his spouse (and the federal government) and in the elder abuse by Green and Perez is "justified" under the "illusion" Dr. Nguyen creates through falsification and manipulation of McClelland's medical

records, all of which is designed to justify himself and cover up his criminal complicity with Green and Perez in various crimes.

Dr. Nguyen begins his fraudulent report by falsely and fraudulently referring to McClelland as "seperated" from his wife, despite the fact they are not legally seperated nor was any information provided him to suggest that was the case, and despite the fact that Nguyen's prior reports merely referred to McClelland as a "married" male and no circumstances had changed to that status.

n.63 - Nguyen continues his fraud and falsification of McClelland's record by repeating what has become his routine lie, falsely claiming that Robert Green is DPOA. On this occasion both Green and Perez show up for the appointment, indicating they have an "agenda" to press on Dr. Nguyen.

n.64 - Here we see an admission that the "patient" has been having problems/difficulties with Green and Perez and, evidently, must have been rebelling against their fraudulently and falsely imprisoning him and the various unlawful restriction on his civil liberties, i.e., the statement to the effect that "the patient is said to have good and bad days."

Nguyen then reports that "the team feels that the wife's phone calls tend to be upsetting to the patient" despite the fact there is no factual basis for this contention nor specification of any particular examples, on any date, to support the premise and despite the fact there is no corroboration by the patient to the false assertion.

Although Dr. Nguyen contends that "Ms. Perez also noted that there were times which pt voiced suicidal thoughts after getting off the phone w/his wife", Dr. Nguyen had reason to know this contention was factually false (and again was uncorroborated by the patient) and contrary to other information (and stories) given to Dr. Nguyen by Green and Perez on 3/15/16 (also false and fabricated), but was a plagiarized and twisted version of my accusations regarding McClelland's suicide threats and gestures that resulted from abuses and apparant criminal activity of Green and Perez on McClelland, as reported to him in my April 11, 2016 dated letter.

Thus, Dr. Nguyen's detailed recording of false information from Green and Perez, which he knew and had reason to know was false and disingenuous, into McClelland's medical records, was soley for the purpose of attempting to build a false case against me and in favor of his support to McClelland's abusers Green and Perez, so as to justify his past and continuing wrongful actions against McClelland and me, seeking to fraudulently install Green and Perez as McClelland's healthcare agents and custodians and justify his criminal collusion with them.

n.65 - Here Dr. Nguyen invades McClelland's and my personal privacy by examination of a letter I wrote McClelland that was stolen from him by Lydia Perez and who offered it to Nguyen for examination in complaint of my statements to McClelland accusing Green and Perez of stealing my assets and demanding he provide an accounting of the community property assets and their disposition, which McClelland is required by law to provide pursuant to CA Family Code 721(b) and 1100(e) upon request. McClelland is legally obliged to provide me the information demanded, but Green and Perez objected to the demand since it necessarily involved revealing evidence of their

ongoing criminal activity, which Dr. Nguyen himself is directly responsible for having encouraged through his own professionally incompetent and reckless actions beginning on 3/15/16. The assets at issue were, in fact, 50% mine under California law. See Family Code 751, 760. This was not based on a subjective feeling, but an objective fact. Statutes regarding "seperate and apart" in California law only apply in the case of court ordered "legal seperations" antecedent to or anticipatory of dissolution of marriage. Further, McClelland would be obliged to provide me support even if there were a legal seperation or divorce, which there is not and has never been any indication of.

n.66 - Here Dr. Nguyen reports Green's statements, not denying my accusations of theft on the part of him and Perez, but merely seeking to "excuse" the conduct on the basis of McClelland's alleged (but fraudulently asserted) "expenses". Nguyen further reports merely that both Green and Perez "feel very upset" by the wife's accusatory stance -- while neither of them actually denied the accusation. Under California case law, the failure to deny the accusation of a crime under circumstances where the accusation is made and the persons are not standing on their "legal right to remain silent" is deemed an adoptive admission of the crime. See e.g., People v. Preston (1973) 9 Cal.3d 308 (adoptive admission of crime when person fails to speak, deny, or makes evasive or equivocal reply).

n.67 - Here Dr. Nguyen recounts his false reassurances to Green and Perez, who evidently brought the matter to his attention in the first place since Dr. Nguyen was primarily responsible for facilitating and encouraging their continuing criminal conduct. While Dr. Nguyen makes assertions concerning investigation by third party agencies and the outcome of such investigation, he actually has no knowledge of any investigation by third party agencies or the outcome of such investigation. In fact, there has been no investigation into the crimes and elder abused by Green and Perez alleged to occur by myself, primarily due to Dr. Nguyen's own false fax to APS on 3/15/16 serving to insulate Green and Perez from investigation by fraudulently claiming they were McClelland's legitimate caregivers and falsely accusing the spouse of elder abuse. Due to Dr. Nguyen's false and fraudulent, unverified and uncorroborated reports (based on nothing more than the lying accounts of Robert Green and Lydia Perez), APS and other local law enforcement agencies refused to investigate and automatically determined the matter in favor of the abusers without any (credible) investigation whatsoever. However, these non-investigations and outcome are not matters within the personal knowledge or information available to Dr. Nguyen, thus he has no basis to reassure Green and Perez of anything.

Although Dr. Nguyen cares nothing at all for the patient's safety, as demonstrated by his criminal collusion with two persons known to him to be elder abusers of the patient, and seeking to install such abusers as custodians and healthcare agents of McClelland, he is sure to add a fictitious statement in the pretense of his and the abuser's ostensible common goal of "keeping the patient safe" when both he and them are only endangering the patient's safety and welfare in order to cover up their criminal collusion, torts and professional and other misconduct.

n.68 - Here Dr. Nguyen adverts to false assertions by Perez and other trivial and irrelevant anecdotal stories she offered Nguyen in the past in the beg for his recommendation for an increase in "caregiver hours" in order to justify her ability to fraudulently claim entitlement to the theft

and embezzlement of assets from McClelland and myself and in support of the fraudulently devised "aid and attendance" federal benefits application in which Green, Perez, and Dr. Ngueyn have been colluding concurrent to Nguyen's scheme of fraudulently installing Green and Perez as custodians and health care agents to McClelland.

n.69 - Dr. Nguyen confirms the fraudulent application is awaiting disposition.

n.70 - Dr. Nguyen records Robert Green's false assertions of having attempted to accomodate the patient's request to visit with his wife, despite the fact Robert Green has never attempted to accomodate the patient's requests or lift a finger to assist him in visiting his wife. Green had nothing to do with the initial application for McClelland's visiting approval restoration submitted in February 2016 (submitted with the assistance of Rosene Davenport on 2/11/16), nor in submitting a letter request to the warden, the absence of which was cause for the application's denial in May 2016. It wasn't until I was able to discover the cause for the application's denial and correct the same on behalf of McClelland in August 2016 that McClelland's visiting approval was restored, no thanks to or assistance by Robert Green.

In fact, according to McClelland himself in a September 9, 2016 phone call with me, made in the presence of another witness, Robert Green opposed McClelland having visitation with me (his wife) and refused to allow it and refused to allow him to have calls with me also (this phone call was surreptitious). McClelland also claimed but for Robert Green's opposition to him visiting with me, he would be visiting with me. McClelland also explained his obedience to Green's orders and instructions, no matter what their nature, as based on an "agreement" between Dr. Nguyen and Robert Green, demonstrating or at least indicating a criminal and other collusion between Green and Nguyen to falsely imprison McClelland and fraudulently deprive him of his civil and marital rights by their preditory activity and abusive manipulation of an elderly incompetent person whom they knew was incompetent.

McClelland's delusional belief that he was required or compelled to obey Green's orders and instructions, no matter what their sort, based on some agreement between Green and Dr. Nguyen, not only indicates improper collusion between them on an incompetent in order to injure him and deprive him of his rights, but also indicates McClelland's delusional belief was carefully cultivated for the purpose of manipulating his obedience to their unlawful demands and requirements of him. McClelland's delusion in this matter was firm and fixed and he would not be dissuaded from it nor was he able to entertain the possibility that he actually had a choice or free will in the matter to do as he wished, based on my conversations with him.

McClelland's delusion of this character proves that he lacked all decision making capacity, having abdicated the same in deference to whatever Green happens to order or tell him to do. This proves not only McClelland's unsound mind, but his lack of testimentary capacity and lack of capacity to make health care or other decisions for himself.

n.71 - Dr. Nguyen here goes on with his assault on my status as McClelland's spouse and healthcare agent and in defense of his prior and continuing fraud on McClelland, myself, and the VA and of his criminal and other collusion with Robert Green and Lydia Perez in the form of misrepresenting

my letter communications to him antecedent to the date of the 8/1/16 appointment for McClelland. Nguyen's description of my letter appears intended to trivialize and misrepresent my complaints and issues, while mocking me for his having thwarted outside agency investigation of my complaints (as a result of his false fax to APS on 3/15/16, which I did not learn about until receiving McClelland's medical records in early August and later in October 2016). Due to Nguyen's false report faxed to APS, all agencies refused to investigate.

n.72 - More evidence by Dr. Nguyen's own hand of McClelland's incompetence: "Patient is alert and conversant but speech is rambling. Unable to get a clear point across." Nguyen claims McClelland "Seems perplexed and bewildered. Responses are disjointed." It is possible that Nguyen's basic lack of sensitivity and indifference to the patient, and lack of familiarity with the patient and his speech patterns were part of his problem in eliciting intelligible communications from him or understanding his response pattern. Nguyen spends on average 45 minutes once every three months with the patient and most of that time is spent ignoring the patient and conversing with third party abusers who escort McClelland to his appointments. Dr. Nguyen essentially does not know the first thing about this patient nor have any understanding of him.

Given the vast majority of the information obtained by Nguyen from third party abusers he permits to attend McClelland's medical consultations is false and Nguyen taking up the tactic of attempting to get McClelland to corroborate false information, it is entirely possible that McClelland was unable or unwilling to cooperate so gave no intelligible reply. McClelland may have found Dr. Nguyen's pressuring him to corroborate false information originating from Green and Perez something that caused him to be "perplexed and bewildered."

It is no surprise McClelland was unable to say what he wants to do with his marriage given he was then being held a hostage by Green and Perez, who disallowed him all contact with his wife and were doing everything in their power to disrupt and destroy McClelland's marital relationship. It was insensitive and ignorant of Dr. Nguyen to taunt and tease the patient about this when he had knowledge that I personally supplied him in many letters revealing to the fact McClelland was made an incommunicado hostage from his wife by Green and Perez and was not allowed a relationship with his wife.

McClelland did admit to the fact he wished to see his wife again, which Dr. Nguyen appeared to retaliate for by reducing his score for insight and judgment, which for the three prior appointments had been give as "Fair insight, limited judgment" but was reduced on this date after the mental status exam to "limited insight and judgment." McClelland had not knowing his age for some time, so this factor is not different.

n.73 - Nguyen parrots his now usual fraudulent assertion that Robert Green is DPOA, falsely claiming that McClelland reiterated the same in May '16. McClelland doesn't know what a DPOA is and never appointed Green as DPOA of anything. Dr. Nguyen takes the delusional approach that by repeating a lie with frequency, the lie will become the truth. Green was not DPOA and Nguyen's repeated lying is merely evidence he is a liar and a fraud.

n.74 - Dr. Nguyen admits to McClelland's weight loss, which if anything suggests that McClelland has become disenchanted with his Meals on

Wheels and that no one has made any special effort to encourage him to eat more.

n.75 - Here Dr. Nguyen takes on the role of playing lawyer, describing this section of the "plan" as "legal situation." By this time Nguyen is fully aware that McClelland has other future residential arrangments and a plan to relocate to Los Angeles to reside with a family friend as a live in caregiver. Dr. Nguyen knows this because I wrote him all about it, before I learned that he was a malicious backstabber and the person primarily responsible for McClelland's continuing false imprisonment and victimization by Robert Green and Lydia Perez -- and basically the source of all me and McClelland's problems.

His writings under this section make clear that he seeks to control McClelland's situation by his fraudulent 'installation' of Green and Perez as McClelland's custodians and health care agents, in disregard for the information I provided him, as McClelland's spouse and healthcare agent, of his plannned and prospective relocation and change of caregiver arrangements. This is proof of his involvement and criminal complicity with Green and Perez in McClelland's ongoing false imprisonment. Notice his taunting contempt for the wife and her opposition, despite the fact the wife is McClelland's health care agent and specifically in charge of McClelland's residential, caregiver, and other health care treatment matters, over which Dr. Nguyen himself has no legal authority.

To supplement his fraudulent and overreaching assertions of power and authority (that he does not have by law) over McClelland's liberty and autonomy to make his own health care decisions through his designated agent, Torricellas, and spouse of then-24 years, he cites to agencies (such as APS, and the Vista Police Department [the later of which does not exist]) that do not report to him as a basis for concluding the absence of any need to "dissemble the current care arrangement" -- as if he were personally responsible for the same.

To the extent Dr. Nguyen is admitting and accepting personal responsibility for causing or participating and causing the continuation of McClelland's false imprisonment and other elder abuse and crimes against McClelland and/or his wife, despite the total absence of any lawful authority and the fact he accomplished the same through fraudulent and deceitful means, then Dr. Nguyen's writings in McClelland's medical notes are proof of his crimes and criminal collusion with Green and Perez in crimes against McCelland and his wife and the deprivation and interference with their civil rights.

I declare the foregoing to be true and correct under penalty of perjury, except as to matter stated on information and belief, which I believe to be true.

Executed this 11th day of June, 2017, at San Bernardino, State of California.

Theresa Torricellas Daniel

Theresa Torricellas (Daniel)