



Tennessee Department of Children's Services
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 04/16/2013

Assignment Date: 04/16/2013

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	No	[REDACTED] 10/23/2013
2	[REDACTED]	[REDACTED]	Medical Maltreatment	[REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED] 10/23/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: The case is submitted for closure as unfounded.

D. Case Workers

Case Worker: [REDACTED]

Date: [REDACTED]

Team Leader: [REDACTED]

Date: [REDACTED]

E. Investigation Summary

Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.

Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:

SI [REDACTED] responded to a P-1 referral on 4/16/13. Upon arrival at [REDACTED] Hospital, SI [REDACTED] had face-to-face contact with the ACV. The ACV was non-responsive. ACV was observed in the hospital bed with a blood pressure cuff around his right leg, tubing in his mouth and electrodes on his scalp. Therefore, SI [REDACTED] was unable to speak with the ACV.

Summarize professional, medical or psychological findings or opinions: What is the collateral's oral or written finding/opinion of the incident(s)/allegation(s)?

SI [REDACTED] received the autopsy report. Per the autopsy report, the Cause of Death: Complications of cardiopulmonary arrest of undetermined etiology and Case of Death: Could Not Be Determined.

Summarize alleged perpetrator's statement or admission: What is the perpetrator's explanation of the incident(s)/allegation(s)?

The alleged perpetrator is unknown.



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Case Name : [REDACTED]

Investigation ID: [REDACTED]

Summarize witnesses' descriptions of what they saw and what they believe indicates child abuse/neglect:

N/A

Summarize any other evidence or factors that support the investigative finding(s) for the allegation(s) of abuse/neglect:

SI [REDACTED] spoke with Ms. [REDACTED] DCS Resource Parent/cousin. Ms. [REDACTED] said that the MRI was ordered by Dr. [REDACTED] at [REDACTED] Clinic due to [REDACTED] being developmentally delayed. Ms. [REDACTED] said that the nurse told her that for a child who is 55 lbs receives one tube of sedation, but [REDACTED] is 69.1 lbs therefore, he would receive three different tubes. Ms. [REDACTED] said that [REDACTED] was taken to the room for the MRI. After a short time, the nurse came out and told her that [REDACTED] heart rate had dropped. The nurse told her not to worry that [REDACTED] would be going down for his MRI shortly. A short while after this, Ms. [REDACTED] said that the nurse returned and said that [REDACTED] had stopped breathing and asked if she wanted the Chaplain to be called. Ms. [REDACTED] said that she called Ms. [REDACTED] DCS/FSW, the worker in [REDACTED], and her relatives. She said that she was feeling confused about the situation and became overwhelmed. Ms. [REDACTED] said that she and [REDACTED] were transported via ambulance to [REDACTED] Hospital. During the transport, the paramedic told her that [REDACTED] suffered from a cardiac arrest at [REDACTED] Hospital.

Ms. [REDACTED] FSW informed DCS/SIU that [REDACTED] [REDACTED] made the official decision to remove [REDACTED] from life support on 4/24/13.

The case was convened in CPIT Review. CPIT disposition the case as no prosecute; SIU AUPU.

Based on the information gathered during the investigation there is insufficient evidence to substantiate the allegation of Medical Maltreatment and Neglect Death. The case is submitted for closure as unfounded.

Distribution Copies: Juvenile Court in All Cases
 District Attorney in Severe Child Abuse Cases
 Regional Supervising Attorney



Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 04/16/2013 10:41 AM CT
Track Assigned: Special Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 04/16/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 04/16/2013 02:04 PM
First Team Leader Assigned: [REDACTED] Date/Time 04/16/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 04/16/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	10 Yrs	Medical Maltreatment	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: Letter

Narrative: TFACTS: Family Case [REDACTED] [REDACTED]

Open ICPC: [REDACTED] FSW: [REDACTED]

Prior INV/ASMT of Abuse: 0
Prior INV/ASMT of Neglect: 0
Screen Outs: 0

DUPLICATE REFERRAL: No

County: [REDACTED]
Notification: Letter
School/ Daycare: [REDACTED] ([REDACTED] 4th grade) dismissal: 4:00 PM
Native American Descent: No
Directions: None Given



**Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary**

Reporters name/relationship: [REDACTED]
[REDACTED]

Reporter states:

[REDACTED] (9 years) is currently in foster care in [REDACTED] but is placed in the home of his cousin ([REDACTED] her husband ([REDACTED], their adopted daughter ([REDACTED] last name unknown-3 years), and Mr. [REDACTED] mother (name unknown). The [REDACTED] are the ICPC (Interstate Compact Placement) placement for [REDACTED]

[REDACTED] went to [REDACTED] Hospital for an MRI on April 15, 2013. He was referred for the MRI by his primary care doctors office ([REDACTED] Clinic) due to complaints of pain in his arm and dragging his leg (unknown which side of the body). [REDACTED] needed to be sedated for the MRI because he would not be still.

Once he was given the medication, he went into full cardiac arrest before the MRI could be started. [REDACTED] was then transported to [REDACTED] Hospital ([REDACTED] by way of helicopter. [REDACTED] is in critical condition and he is not breathing on his own. There are concerns that [REDACTED] may be brain dead. The hospital waiting to see if [REDACTED] shows any signs of improvement. The hospital has not performed any brain scans to see if he has any brain activity. He is still having agonal breathing and this is a sign he could have some blood flow to his brain. [REDACTED] prognosis is not good at this time, there are concerns that [REDACTED] may not survive. [REDACTED] is currently in the PICU (Pediatric Intensive Care Unit).

At this time, it is unknown what caused [REDACTED] to go into cardiac arrest or what the source of [REDACTED] original pain was. [REDACTED] had a history of dragging his leg, even when he was in [REDACTED]. [REDACTED] ([REDACTED]) has been notified of [REDACTED] current condition.

[REDACTED] has a learning disability, developmentally delayed, expressive language disorder, and disruptive behavior disorder. He was taking abilify.

[REDACTED] has been in [REDACTED] and living with his cousins family since December 22, 2012. His placement was not approved with his cousins family until January 29, 2013. [REDACTED] had insurance from [REDACTED] and the doctors and hospitals in the [REDACTED] TN area would not accept his insurance.

After [REDACTED] was officially placed with his cousins family, he was able to get on TennCare insurance and started receiving medical care for his arm and leg. His TennCare insurance cards came in on March 16, 2013. His first appointment with the [REDACTED] Clinic was on March 22, 2013. [REDACTED] had regular appointments with the clinic until the incident that occurred at [REDACTED] Hospital. [REDACTED] worker ([REDACTED] with [REDACTED] County Department of Children's Services) worked with Mrs. [REDACTED] and the doctors office to make sure [REDACTED] was receiving his medical care in a timely manner. The reporter is not concerned that Mrs. [REDACTED] and Mr. [REDACTED] were neglecting [REDACTED] medical conditions.

SSMS: [REDACTED]: negative * [REDACTED] negative * [REDACTED] negative

Note: [REDACTED] listed as an Active Resource Home in TFACTS.

Per SDM: Investigative Track, P1 (severe) near fatality

[REDACTED] TL, on 4/16/13 @ 12:24p

Notified Fatality/Near Fatality Notification Group via Email:

[REDACTED]
Commissioner [REDACTED] and SIU TC - [REDACTED]



**Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary**

Participant(s)

Name: [REDACTED]
Gender: Male **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **Race:** Black/African **Age:** 10 Yrs
Address: [REDACTED]
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: No
DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: Unknown Participant [REDACTED] [REDACTED]
Gender: Female **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **Race:** **Age:** 3 Yrs
Address:
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: No
DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



**Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary**

Name: Unknown Participant [REDACTED] Unknown

Gender: [REDACTED] **Date of Birth:** [REDACTED] **Partipant ID:** [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** [REDACTED]

Address: [REDACTED]

Deceased Date: [REDACTED]

School/ ChildCare Comments: [REDACTED]

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: Unknown Participant [REDACTED] Unknown

Gender: Female **Date of Birth:** [REDACTED] **Partipant ID:** [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** [REDACTED]

Address: [REDACTED]

Deceased Date: [REDACTED]

School/ ChildCare Comments: [REDACTED]

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



**Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary**

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: Race: Age: 43 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: Race: Age: 43 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown Participant [REDACTED]	[REDACTED]		No	
2	[REDACTED]	[REDACTED]	Medical Maltreatment	Unknown Participant [REDACTED]	[REDACTED]		Yes	

C. Disposition Decision

Disposition Decision:

Comments:

D. Case Workers

Case Worker:

Date:

Team Leader: [REDACTED]

Date:

E. Investigation Summary

Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.

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Summarize professional, medical or psychological findings or opinions: What is the collateral's oral or written finding/opinion of the incident(s)/allegation(s)?

Summarize alleged perpetrator's statement or admission: What is the perpetrator's explanation of the incident(s)/allegation(s)?

Summarize witnesses' descriptions of what they saw and what they believe indicates child abuse/neglect:



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Case Name : [REDACTED]

Investigation ID: [REDACTED]

Summarize any other evidence or factors that support the investigative finding(s) for the allegation(s) of abuse/neglect:

Distribution Copies: Juvenile Court in All Cases
District Attorney in Severe Child Abuse Cases
Regional Supervising Attorney



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/05/2013

Contact Method:

Contact Time: 03:55 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/07/2013

Completed date: 06/07/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community, Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 06/07/2013 10:15 AM Entered By: [REDACTED]

SI [REDACTED] contacted Ms. [REDACTED] DCS Nursing Supervisor, by e-mail correspondence on 06/05/2013. SI [REDACTED] requested assistance in getting a copy of the autopsy report for [REDACTED] ACV.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/05/2013

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/07/2013

Completed date: 06/07/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community, Well Being

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 06/07/2013 10:14 AM Entered By: [REDACTED]

SI [REDACTED] and TL [REDACTED] contacted Ms. [REDACTED] Director of SIU, by phone on 06/05/2013 to staff Case ID: [REDACTED].
 Director [REDACTED] advised SI [REDACTED] to contact [REDACTED], DCS Nursing Supervisor, to request assistance in getting a copy of the Autopsy Report for ACV.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: CPS Special Investigation

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/25/2013	Contact Method:	Phone Call
Contact Time:	08:15 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/25/2013
Completed date:	04/25/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/25/2013 09:28 AM Entered By: [REDACTED]

On 04/25/2013 at 8:15 a.m., TL [REDACTED] informed SI [REDACTED] that she was notified on 04/24/2013 that [REDACTED] (ACV) passed away. SI [REDACTED] contacted Ms. [REDACTED] FSW, by phone on 04/25/2013 at 8:20 a.m. Ms. [REDACTED] reported the state of [REDACTED] made the official decision to remove [REDACTED] from the life support system. She stated that [REDACTED] was removed from the life support system on 04/24/2013 and passed away at approximately 3:15 p.m. that afternoon. Ms. [REDACTED] did not have any additional information to report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Open	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 04/17/2013	Contact Method:
Contact Time: 09:32 AM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 04/17/2013
Completed date: 04/17/2013	Completed By: [REDACTED]
Purpose(s): Service Planning, Well Being	
Contact Type(s): Administrative Review	
Contact Sub Type:	

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/17/2013 09:43 AM Entered By: [REDACTED]

TL [REDACTED] staffed case with SI [REDACTED] on April 17, 2013. Allegation of Medical Maltreatment. Face to face contact made with ACV on April 16, 2013 @ [REDACTED] Hospital. SI [REDACTED] was not able to conduct an interview with ACV due to him being incoherent. SI [REDACTED] spoke with nurse at the hospital and nurse explained that ACV has minimal brain stem reflexes (meaning ACV can only breathe at this point). Case convened with CPIT on April 16, 2013. SI [REDACTED] met with [REDACTED] cousin/resource parent and she reports that on April 15, 2013 she and ACV went to [REDACTED] for an MRI. MRI was being conducted due to the ACV being developmentally delayed. Due to ACV moving, ACV was sedated. For a child that weights 55 pounds a child is given 1 tube of sedation, [REDACTED] reports that she saw the nurse give ACV 3-different tubes of sedation. When [REDACTED] asked, the nurse stated that it was standard procedure. ACV's heart rate dropped while at the hospital. Ms. [REDACTED] reports that she was informed that ACV had stopped breathing. CPR was performed. [REDACTED] then started calling the FSW, [REDACTED] the social worker in [REDACTED] and then her family members. Child continues to be in a coma state. Ms. [REDACTED] was informed that the ACV could turn around from the coma state anywhere between 24-72 hours. SI [REDACTED] will need to request medical records from [REDACTED] and [REDACTED] doctors that has seen ACV, conduct home visit, conduct more interviews. Investigation is on-going.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/16/2013

Contact Method: Face To Face

Contact Time: 04:40 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 04/25/2013

Completed date: 04/25/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community, Well Being

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/25/2013 09:18 AM Entered By: [REDACTED]

SI [REDACTED] made face to face contact with Ms. [REDACTED], Foster Parent/Cousin, on 04/16/2013 at [REDACTED] Hospital. Ms. [REDACTED] reported on 04/15/2013 she took [REDACTED] (ACV) to [REDACTED] Hospital for an MRI. She stated the MRI was ordered by Dr. [REDACTED] Clinic due to [REDACTED] being developmentally delayed. She reported the Nurse (name unknown) explained to her that [REDACTED] would need to be sedated because he would not stay still. Ms. [REDACTED] reported the Nurse told her that for a child who is 55 lbs it is standard to receive one tube of sedation, but because [REDACTED] weighs 69.1 lbs he would be given 3 different tubes.

Ms. [REDACTED] reported after [REDACTED] was removed from the room to go to the MRI she could see nurses coming in and out. She stated after 10-20 minutes she asked the Nurse if everything was okay and was informed that his heart rate had dropped. Ms. [REDACTED] explained the Nurse told her not to worry and that [REDACTED] would be going down for his MRI shortly. Ms. [REDACTED] stated eventually someone came and closed the door to the room she was sitting in. After 7-10 minutes, Ms. [REDACTED] reported the Nurse returned and said [REDACTED] had stopped breathing asking if she would like the Chaplain to be called.

Ms. [REDACTED] reported she immediately called Ms. [REDACTED] (FSW), the social worker in [REDACTED] and then her family members. She stated feeling confused over the situation and became overwhelmed and hysterical due to not being able to reach anyone by phone.

Ms. [REDACTED] stated the Nurse told her that [REDACTED] would be airlifted to [REDACTED] Hospital. Due to complications with the aircraft, Ms. [REDACTED] explained the helicopter paramedics put tubes into [REDACTED] mouth and transported both he and she to [REDACTED] hospital by ambulance. She stated during the transport is when she was told by the Paramedics that [REDACTED] has suffered from cardiac arrest at the [REDACTED] Hospital.

She reported [REDACTED] can breathe on his own and is currently in a coma state. She reported the Doctor (name unknown) at [REDACTED] Hospital told her that [REDACTED] current state could turn around between 24 to 72 hours. Ms. [REDACTED] reported [REDACTED] heart rate has increased from 100 to 160.

Ms. [REDACTED] denied [REDACTED] having any known allergies to drugs. She reported [REDACTED] recently had an allergic reaction to some fruit snacks that had artificial coloring. She reported Dr. [REDACTED] gave him a drug to help the reaction and an



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: CPS Special Investigation

appointment with an Allergy Specialist was being scheduled. Ms. [REDACTED] reported there was nothing listed in his medical history from [REDACTED] when he was placed in her home December 2012. She stated the medical history given to her only showed that he had been seen by a Psychiatrist to address his disruptive behavior disorder, learning disabilities, and expressive language disability.

Ms. [REDACTED] reported [REDACTED] has complained about his arms and legs hurting stating he was often seen dragging his right leg. She stated he was being seen by Dr. [REDACTED] for this issue and that the MRI was scheduled to investigate both the pain in his arms and legs and any causes of his development delay.

Ms. [REDACTED] reported to have no additional information at this time. She stated she is having a difficult time grasping how [REDACTED] could be so full of life before the MRI to his current state now. Ms. [REDACTED] reported she would keep SI [REDACTED] informed on [REDACTED] status and thanked SI [REDACTED] for taking the time to talk to her.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/16/2013

Contact Method:

Contact Time: 03:45 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/17/2013

Completed date: 04/17/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community, Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/17/2013 09:21 AM Entered By: [REDACTED]

SI [REDACTED] conducted a history search in TFACTS on [REDACTED] Alleged Child Victim (ACV) on 04/16/2013. No SIU or CPS history was reported.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/16/2013

Contact Method: Phone Call

Contact Time: 02:05 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/25/2013

Completed date: 04/25/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community, Well Being

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/25/2013 09:17 AM Entered By: [REDACTED]

SI [REDACTED] contacted Ms. [REDACTED] Foster Parent/Cousin, by phone ([REDACTED]) on 04/16/2013. Ms. [REDACTED] reported she was picking up her daughter from school and taking her Grandmother home before returning to the hospital. She reported she could meet SI [REDACTED] at [REDACTED] Hospital around 4:00 p.m.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/16/2013

Contact Method: Face To Face

Contact Time: 01:45 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 04/17/2013

Completed date: 04/17/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community, Well Being

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/17/2013 09:20 AM Entered By: [REDACTED]

SI [REDACTED] made face to face contact with [REDACTED] (age 9), Alleged Child Victim, at [REDACTED] Hospital on 04/16/2013. SI [REDACTED] observed [REDACTED] to be nonresponsive with a blood pressure cuff around his right leg, tubing inside of his mouth, and electrodes on his scalp.

SI [REDACTED] was unable to interview [REDACTED] due to him being nonresponsive.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/16/2013

Contact Method: Face To Face

Contact Time: 01:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 04/25/2013

Completed date: 04/25/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community, Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/25/2013 09:15 AM Entered By: [REDACTED]

SI [REDACTED] made face to face contact with Ms. [REDACTED] [REDACTED] Social Worker at [REDACTED] Hospital, on 04/16/2013. Ms. [REDACTED] met SI [REDACTED] at the nurses station to inquire about SIUs involvement due to there being so many visits from various DCS workers prior to SI [REDACTED] arrival.

Ms. [REDACTED] accompanied and directed SI [REDACTED] to Nurse [REDACTED] for information on [REDACTED] (ACV) current status and room #. She reported Ms. [REDACTED], Foster Parent/Cousin, had just left [REDACTED] Hospital and stated Ms. [REDACTED] explained she would return after picking up her daughter from school.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/16/2013 Contact Method:
 Contact Time: 12:39 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 04/17/2013
 Completed date: 04/17/2013 Completed By: [REDACTED]
 Purpose(s): Well Being,Safety - Child/Community
 Contact Type(s): Case Summary
 Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/17/2013 09:19 AM Entered By: [REDACTED]

TL [REDACTED] assigned a P-1 referral to SI [REDACTED] regarding the allegation of Medical Maltreatment on 04/16/2013. Response is due within 24 hours.

ACV: [REDACTED]
 Allegation: Medical Maltreatment
 Location: [REDACTED] Hospital

The referral reads, Reporter states:

[REDACTED] (9 years) is currently in foster care in [REDACTED] but is placed in the home of his cousin [REDACTED], her husband [REDACTED], their adopted daughter [REDACTED]-last name unknown-3 years), and Mr. [REDACTED] mother (name unknown). The [REDACTED] are the ICPC (Interstate Compact Placement) placement for [REDACTED]

[REDACTED] went to [REDACTED] Hospital for an MRI on April 15, 2013. He was referred for the MRI by his primary care doctors office ([REDACTED] Clinic) due to complaints of pain in his arm and dragging his leg (unknown which side of the body). [REDACTED] needed to be sedated for the MRI because he would not be still.

Once he was given the medication, he went into full cardiac arrest before the MRI could be started. [REDACTED] was then transported to [REDACTED] Hospital [REDACTED] by way of helicopter. [REDACTED] is in critical condition and he is not breathing on his own. There are concerns that [REDACTED] may be brain dead. The hospital waiting to see if [REDACTED] shows any signs of improvement. The hospital has not performed any brain scans to see if he has any brain activity. He is still having agonal breathing and this is a sign he could have some blood flow to his brain. [REDACTED] prognosis is not good at this time, there are concerns that [REDACTED] may not survive. [REDACTED] is currently in the PICU (Pediatric Intensive Care Unit).

At this time, it is unknown what caused [REDACTED] to go into cardiac arrest or what the source of [REDACTED] original pain was. [REDACTED] had a history of dragging his leg, even when he was in [REDACTED]. [REDACTED] has been notified of [REDACTED] current condition.

[REDACTED] has a learning disability, developmentally delayed, expressive language disorder, and disruptive behavior disorder. He was taking abilify.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: CPS Special Investigation

[REDACTED] has been in Tennessee and living with his cousins family since December 22, 2012. His placement was not approved with his cousins family until January 29, 2013. [REDACTED] had insurance from [REDACTED] and the doctors and hospitals in the [REDACTED] TN area would not accept his insurance.

After [REDACTED] was officially placed with his cousins family, he was able to get on TennCare insurance and started receiving medical care for his arm and leg. His TennCare insurance cards came in on March 16, 2013. His first appointment with the [REDACTED] Clinic was on March 22, 2013. [REDACTED] had regular appointments with the clinic until the incident that occurred at [REDACTED] Hospital. [REDACTED] ICPC worker ([REDACTED] with [REDACTED] County Department of Children's Services) worked with Mrs. [REDACTED] and the doctors office to make sure [REDACTED] was receiving his medical care in a timely manner. The reporter is not concerned that Mrs. [REDACTED] and Mr. [REDACTED] were neglecting [REDACTED] medical conditions.

SSMS: [REDACTED]: negative * [REDACTED]: negative * [REDACTED]: negative

Note: [REDACTED] is listed as an Active Resource Home in TFACTS.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/16/2013

Contact Method: Face To Face

Contact Time: 01:50 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 04/25/2013

Completed date: 04/25/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community, Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/25/2013 09:16 AM Entered By: [REDACTED]

SI [REDACTED] made face to face contact with Ms. [REDACTED] Nurse at [REDACTED] Hospital, on 04/16/2013. Ms. [REDACTED] reported [REDACTED] (ACV) arrived at [REDACTED] Hospital on 04/15/2013 after he lost his heart rate and was resuscitated at [REDACTED] Hospital. She reported that [REDACTED] has minimal brain stem reflexes and can only breathe. She denied him having any physical reflexes such as coughing or gagging. Ms. [REDACTED] denied having any additional information.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/19/2013

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 04/29/2013

Completed date: 04/29/2013

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Case Manager/Child Contact,Case Manager/Resource Parent Contact

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/29/2013 09:57 AM Entered By: [REDACTED]

TL made a visit to [REDACTED] to visit with [REDACTED]. At the time of TL's visit, medical staff was administering the breathe teste to determine [REDACTED] brain function. After a period of five minutes hospital staff advised that [REDACTED] took 1 1/2 breathes within five minutes. Hospital staff advised that they could not declare him as being brain dead until [REDACTED] took one breathe or less within five minutes. They advised that they would conduct the test within 12 hours.

Observation: TL observed [REDACTED] the foster parent, to be very emotional during this time. She reported that she could not do this on her own. Ms. [REDACTED] left the hospital shortly after TL's arrival. She reported she had to pick up her children from school. TL observed [REDACTED] to be laying in the hospital bed connected to several monitors.

Plan: TL will advise FSW to update [REDACTED] if they are not aware of [REDACTED] current condition.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: System Completed

Contact Date: 04/15/2013

Contact Method: Phone Call

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/16/2013

Completed date: 05/16/2013

Completed By: System Completed

Purpose(s): Safety - Child/Community, Well Being

Contact Type(s): Case Manager/Resource Parent Contact

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/16/2013 08:06 AM Entered By: [REDACTED]

FSW receives a call from Mrs. [REDACTED] stating that [REDACTED] was transported to [REDACTED] and is in ICU.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/15/2013 Contact Method: Face To Face
 Contact Time: Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 04/16/2013
 Completed date: 04/16/2013 Completed By: [REDACTED]
 Purpose(s): Well Being
 Contact Type(s): Case Manager/Child Contact, Case Manager/Resource Parent Contact, Collateral Contact
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/16/2013 10:26 AM Entered By: [REDACTED]

Date of contact: April 15, 2013

Contact Type: Face to Face

Purpose: Safety, Well-being, and Permanency

Location: [REDACTED]

Participants: [REDACTED] (social worker), [REDACTED] (resource parent),
 [REDACTED] nurse, [REDACTED]-child**Content:**

This FSW and supervisor [REDACTED] went to the hospital today after receiving a call that the child, [REDACTED] was in Pediatric Intensive Care Unit (PICU). It was stated that the child went to [REDACTED] for a scheduled MRI to determine if there was anything neurologically wrong with him since it was stated that he was developmentally delayed and had been on Abilify for a long period of time. This FSW and TL spoke with the social worker, [REDACTED] in the family conference room. She stated that the child had gone into full cardio pulmonary arrest while at [REDACTED]. He was then airlifted to [REDACTED] Hospital where he presented with his pupils fixed and dilated and no gag reflex. She stated that those were signs of no brain activity. She stated that the doctor had been in with the family to let them know that this was critical and that there were no interventions for his condition at this time. He was stabilized in PICU and will be monitored. She stated that the nurse, [REDACTED] would possibly have more information. This FSW went out to talk with [REDACTED] [REDACTED] stated that he was informed the child went into arrest during the MRI procedure and was airlifted here. He stated that he was now having agonal breaths which he explained were the really hard breaths that a person does when they are near death. He stated that there was no brain activity. This FSW went in to talk to the foster father, Mr. [REDACTED]. Mr. [REDACTED] stated that he doesn't understand how this could happen. He asked the question, How could a perfectly happy, healthy, active child who skipped in the hospital come out in a coma? This FSW stated that she didn't know and was not a medical professional. This FSW asked him if he could tell her what happened. He stated that since he had been off his meds for a while and the new doctor wasn't sure of what exactly was wrong with him, they wanted to run tests. The MRI that was scheduled today was one of them. He stated that the doctors told them they needed to sedate [REDACTED] since he would not be still. The doctors explained to the family that it was standard procedure. Mr. [REDACTED] stated that they started administering the sedative a little at a time and he then stopped breathing and went into full cardio pulmonary



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

arrest. He is now showing now unresponsive. Mr. [REDACTED] seemed to understand that this was a bad situation but then kept saying that he believes [REDACTED] was going to wake up. He stated that he just feels he is really under too much medicine and was going to wake up when the medicine wore off. This FSW reminded him of what the doctors and nurse are saying and that he had already requested the chaplain come in. He stated he understand that but just cant understand how that happened. This FSW then went out and spoke with the TL and Mrs. [REDACTED]. Mrs. [REDACTED] stated that the doctor was going to run more tests in the morning and see if there was any brain function. [REDACTED] came up and stated that she had just gotten off of the phone with [REDACTED] and they wanted to have a Skype court hearing if any decisions regarding the life support would have to be made. TL [REDACTED] made sure Mrs. [REDACTED] had everyones contact information and asked them to please keep us updated.

Observations:

The child was lying in the hospital bed with the tubes in his mouth. This FSW could see that one of his eyes was slightly open but not really looking at anything. This FSW also noticed his breathing which was very much labored. This FSW later found out that it was agonal breathing. This FSW observed Mr. and Mrs. [REDACTED] paying close attention to the bedside monitors and to the child. The family was still trying to hold out hope.

Plan:

This FSW will inform the worker, [REDACTED] on what was stated today and on the observations.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/15/2013

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 04/16/2013

Completed date: 04/16/2013

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Collateral Contact,Case Manager/Child Contact,Case Manager/Resource Parent Contact

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/16/2013 11:07 AM Entered By: [REDACTED]

Content: [REDACTED] TL, and [REDACTED] an FSW, made a visit to the [REDACTED] hospital around 3:30pm on 4/15/13 in assigned FSW, [REDACTED], absence. We immediately made contact with the hospital social worker, [REDACTED] who advised that she had limited information from [REDACTED] where the child initially received the MRI. She advised currently the child was not being treated for anything and that he was stable. She advised that at that point, there was no brain activity. The Hospital social worker advised that the treating physician would be running test on 4/16/13 to determin brain activity. Ms. [REDACTED] advised that she had been contacted by the State of [REDACTED] and that they informed her to contact them regarding any necessary decisions that needed to be made. TL left all necessary contact information

This TL spoke with [REDACTED] the foster parent and cousin, who advised that [REDACTED] had been in her home since December 2012. She reported that he had been referred to [REDACTED] for an MRI by [REDACTED] Doctor at [REDACTED] Clinic to determine the cause of his developmental delay. She reported that prior to the incident that he was fine. She reported that he did not exhibit any behavior indicating that he was in pain. She reported that he did report on Friday that he was at school trying to force his way through some door at school. She reported that he was using force with his arm and he reported that somehow bumped his head. She reported that the incident occurred at school and that the school never reported that the incident to her. This TL inquired about any physical conditions. Ms. [REDACTED] advised that physically the child was in good health to her knowledge. She reported that the State of [REDACTED] never advised of any medical conditions that she should be concerned about. Ms. [REDACTED] reported that she never received and prior medical history on [REDACTED]. She reported that her main concern was that this child was developmentally delayed and had behavior issues. Ms. [REDACTED] indicated that [REDACTED] was on prescribed Ambify prior to moving to [REDACTED] however, that he ran out of his medication. She reported that [REDACTED] had several appointments regarding testing (neurological and psychological appointments); however, she did not advise of the specific appointments that were previously scheduled.

Observation: The family appeared to be genuinely concerned about the child's overall wellbeing. Mr. and Mrs. [REDACTED] appeared to not fully grasp the severity of [REDACTED] condition. This TL observed [REDACTED] to be connected to monitors. He had a tube in his throat. His blood pressure appeared to be inconsistant. This TL observed that each time the TL observed the monitor he blood pressure reading was elevated at different levels.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Plan: This TL will provide update to TC, RA, DRA, and advise the FSW to submit the Notification of Child Fatality/Near Fatality, complete the SIR, and to call the information in to Central Intake. FSW will also be advised to check on the status of [REDACTED] in the morning.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/15/2013

Contact Method: Phone Call

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/17/2013

Completed date: 04/17/2013

Completed By: [REDACTED]

Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being

Contact Type(s): Case Manager/Resource Parent Contact

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/17/2013 10:57 AM Entered By: [REDACTED]

TL received a telephone call from [REDACTED], the foster parent, indicating that [REDACTED] was currently in ICU. Ms. [REDACTED] advised that [REDACTED] went for a scheduled MRI appointment at [REDACTED] and that he stopped breathing. Ms. [REDACTED] advised that she was unaware of his current condition but that he was in ICU. Ms. [REDACTED] indicated that she had tried contacting Ms. [REDACTED] several times but was unsuccessful. This TL advised Ms. [REDACTED] that Ms. [REDACTED] has been on leave today due to her not feeling well. This TL begin to inquire more about [REDACTED] current circumstance; however, she advised that the nurse was coming back into the room. This TL did asked about [REDACTED] current location prior to getting off the telephone. Ms. [REDACTED] advised this TL that [REDACTED] was transported to [REDACTED] Hospital from [REDACTED] and that he was in room 518.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/15/2013 Contact Method: Phone Call
 Contact Time: Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 04/18/2013
 Completed date: 04/18/2013 Completed By: [REDACTED]
 Purpose(s): Well Being
 Contact Type(s): Case Manager/Resource Parent Contact
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/18/2013 02:33 PM Entered By: [REDACTED]

FSW received a call from resource parent, [REDACTED] stating that [REDACTED] had been taken to [REDACTED] Hospital and was in ICU. Mrs. [REDACTED] reports that [REDACTED] went to [REDACTED] Hospital [REDACTED] for an MRI this morning. Mrs. [REDACTED] states that the hospital administered a sedative to [REDACTED] so that he would be still during the MRI. Mrs. [REDACTED] states that shortly after the sedative was given, she was informed that [REDACTED] heart rate had dropped but he was okay. [REDACTED] then went into full cardiac arrest and stopped breathing. CPR was performed; [REDACTED] was airlifted to [REDACTED] Hospital. [REDACTED] is currently in Pediatric Intensive Care unit (PICU) in critical condition.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/15/2013

Contact Method: Phone Call

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/18/2013

Completed date: 04/18/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/18/2013 02:38 PM Entered By: [REDACTED]

FSW called [REDACTED] [REDACTED] case worker in [REDACTED] and informed her of the incident. Ms. [REDACTED] supervisor, [REDACTED] was also on the phone call. FSW inquired as to who would need to be contacted if [REDACTED] require any type of surgery or additional medication treatment. FSW was informed that Mrs. [REDACTED] could make medical decisions in case of an emergency or Mrs. [REDACTED] grandmother could consent to any treatment since she still has parental rights.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/15/2013

Contact Method: Phone Call

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/18/2013

Completed date: 04/18/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/18/2013 02:39 PM Entered By: [REDACTED]

FSW contacts the social worker at [REDACTED]. Mrs. [REDACTED] states that [REDACTED] is in critical condition and the prognosis is not good. She states that [REDACTED] pupils are fixed and dilated and he has no gag reflexes. She reports that his breathing is agonal (irregular and sporadic breathing). [REDACTED] is on a ventilator that is assisting him with breathing. The attending doctor is Dr. [REDACTED]. FSW exchanged contact information with Mrs. [REDACTED].