EXHIBIT IX.

RN Falua Board of Nursing Complaint

August 08, 2003

EXHIBIT FACTS/INFO. SHEET



*Due to time constraints, the page herein has not been fully constructed. The "Facts/Info. Sheet" was designed to assist the Finder of Fact when considering exculpatory /substantive information extracted from the following exhibit.

*See Exhibit IV. for a completed "Facts/Info. Sheet"



COMPLAINT FORM

Please use one form per individual. * denotes required information.

Complete the form by typing directly into this form or,

Print the form and clearly print the information with (non-erasable) ink.

Illegible complaints will be returned for clarification.

Anonymous complaints are not accepted.

All complaints must be signed with (non-erasable) ink.

Return the completed Complaint Form to:

mbon.complaintsinvestigations@maryland.gov

or

Maryland Board of Nursing Complaints & Investigations Division 4140 Patterson Avenue Baltimore, MD 21215-2254 or

Fax: 410-358-3530

FOR OFFICE USE ONLY	
RECEIVED BY BOARD:	
CURRENT NIS#:	
PREVIOUS NIS#:	
PREVIOUS NIS#:	

 *What is the practice area of the person

- Advanced Practice Registered Nurse (APRN, i.e., CRNA, CNM, ARNP, CNS)
- Registered Nurse (RN)
- Licensed Practical Nurse (LPN)
- Electrologist

- Certified Nursing Assistant (CNA, i.e., GNAs, CMAs, Home Health or School Aide, and Dialysis Techs)
- Medication Technician
- Medicine Aide
- Other (i.e. misrepresentation, imposter, etc.)

2.	Provide	information	about the	practitioner?
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Full Name:				
- un reality	*First	Middle	*Last	
Date of Birth:	11	*Certificate or	License Number:	
Home Address:		100000		
City:	Stat	e: Zip code:	Phone: () -
email:				
Place of Employme	ent: Clif	ton T. Pe	rkins	1
Employer's Addres	s: 8450	Dorsey R	un Rd	
city: <u>Jessu</u>	DStat	e: Md Zip code: 20	7-94 Work Phone:	(410) 724-

3. *Who are you (all fields must be completed)?
Name: Michael Anton Kapneck *First Middle *Last
Full Address: 8450 Dorsey Run Rd - Jessup, Md 20794
Phone: (410) 724 - email (optional):
Employers Only: *Agency or facility name:
*Title of Complainant: email:
*Business Address:
City: State: Zip Code: Work Phone: (
Employer's Fax Number: () -
Was the employee terminated? ☐ YES ☐ NO If yes, date of termination://
4. *What is your relationship to the licensee or certificate holder? Patient YES NO Relative of a Patient YES NO Supervisor/Administrator YES NO Co-Worker YES NO Regulatory agency YES NO Law Enforcement YES NO Concerned citizen YES NO 5. *Does the licensee/certificate holder know you are making this complaint? YES NO
6. *Provide the date and location of the incident? Date: Place: 12 18 120 Clifton T. Perkins - Ward 2 West 7. *Who witnessed the incident you are complaining about? Provide the name, address and telephone number of any witnesses, including physicians, co-workers or other employees. If no witnesses, indicate "No witnesses" on first line. Name (CTP Security) Address Phone 8450 Dorsey Run Rd. Jessen, Md 20794 (410) 724
Mr. 8450 Dorsey Run Rd. Jessup, Md 20794 (410) 724- Ms. 8450 Dorsey Run Rd. Jessup, Md 20794 (410) 724- EUS. Dorsey Run Rd. Jessup, Md 20794 (410) 724- EUS. F. Eusen Rd. Jessup, Md 20794 (410) 724-
Dr. F. 8450 Dorsey Run Rd Jessup, Md 20794 (410) 724-
() -

3.

- 8. *Have you made this complaint to any other person or organization? TYES NO TO PECKINS OF THE PERSON TO PECKINS OF THE PECKIS OF THE PECKINS OF THE PECKINS OF THE PECKINS OF THE PECKINS OF
- 9. *What is the complaint? PRINT clearly the details of the incident you are reporting. Use additional pages as necessary. Number, date and sign each additional page at the end of each page.

On 12-18-20 @ approx, 5:50 AM got into a congenial distribution of give She quickly Said stroning cquse Sharing 50

Per my attache of grievance and the investigative sumary/finding by the director of The Residence Grievance

	Securify
System - Enongy Can 410	-767- The video as
well as the 2 west Security	Officer Statement Clearly
refute Charge nurse O. Fa	empirical information called
into (on - cail) Dr. Furton +	
	nd threatening everyone of
the staff working that Shi	111111
	1 1
	. ^^
Conversation had a wildly a	different account. And his
Statement was the Key pir	ece at evidence in deciding
My resident grievance thu	far. (Please see a Hached
"VALID" Linding by RGS A	based upon ofc.
statement.	,
What nurse Bo and F	- did is criminal and needs
to be investigated 100%! And	dif Culoable Dunished
accordingly.	
*What evidence are you including with the information.	is complaint? Do not redact or black out any names or
Witness statements	□YES □NO □N/A
Medical records including physician orders	DYES DNO DN/A
Medication administration records	DYES DNO DN/A
Nursing and physician/provider progress notes	DYES DNO DN/A
Nursing flow sheets	
-	
Controlled substance logs	DYES DNO DN/A
Employee personnel records	□YES □NO □N/A
Facility policies	□YES □NO □N/A
Photographs	□YES □NO □N/A
Duty rosters, time cards, assignment sheet	□YES □NO □N/A
Facility incident/occurrence reports	□YES □NO □N/A
Toxicology reports	□YES □NO □N/A
Other (specify) My original grievance. Other (specify) The RGS Findings Other (specify) Page, 2 of Dem of Health Can Other (specify)	□YES □NO □N/A
Other (specify) The RES Findings	□YES □NO □N/A
Other (specify) Page, 2 of Dem of Health Can	e Gualityayes ano ania
Other (specify)	'□YES □NO □N/A
	ies of perjury that the foregoing information is true and
correct, to the best of my knowledge, information and	Dellet.
6	
Date Michael A. Kapneck Your Name (Print)	
Date Your Name (Print)	Your Signature (Signature is required)

6. Briefly describe the incident or your concerns (use additional paper if necessary): Include dates and times, persons involved, and description of what happened. Include attachments, if appropriate. Note: If this is an anonymous report, be complete since we will not be able to contact you to obtain missing information.

obtain missing information. On 12/18/20 @approx, 5:50AM - after a civil, yet heated conversation over the distribution of patients "eye glasses" in the A.M. Hour, then charge nurse convolvted the entire , and co-charge nurse o. (0. basis and series of eventis/ going as far as contacting the on-call doctor - Dr. and reporting that this writer was "yelling, screaming and going around threatening everyone"!. Based upon the total distortion of facts, charge nurse o. "emergency to convince on-call Doctor F that Medication was required to address the dangerous/ threatening behavior of this writer. Yet there in hence lies the issue. CTP security officer - Ofc. sitting less than 6' away from verbal exchange, View by a structural pillar on the ward) reported an entirely different series of event's i.e. - Stating in his report / delineation that this writer never threatened anyone, nor did nursing ever ask for his assistance. The fact's of which did come out until after this Writer was forced to take a disproportionate amount of forced medication @ 6:10 AM, on an empty stomach, for an alledged act/behavior that didn't even *- See attached copy of original grievance for further details It should also be noted that since this writers 1st admission (in approx. 2004) - actual time in-patient-approx 4+ yrs - this writer has never peen placed in seclusion/restraint, on been forced to take ER med-ication-yet since 10-09-20 this writer has been forced to take ER Meds X2 times, X I seclusion, X I restraint? This writer has also now been moved to 4 different wards in the past 85 days!! The pasis which have been just as unethical and convoluted as the complaint above, Plainly said, how can a patient establish any type of therapytic alliance with his/her doctor or Tx Team. The answer is VOU CAN'T" which supports my over-all com-plaint that this writer is being mentally and physically abused While in the care of the above mentioned service provider.

*- Copy of org. grievance - I Found VALID by the Resident Grievance System Resident Grievance System Maryland Department of Health 8490 Dorsey Run Road Jessup, Maryland 20794 1-800-747-7454 COMPLAINT FORM Name Michael A. Kapneck Date of Birth Facility & Unit/Ward/Cottage CTPHC - 2W Complaint should include the date, time, place, and the names of possible witnesses to the incident. Please provide a detailed description of what occurred. If necessary, attach additional pages. On 12/18/20 @ approx 5:50AM ZW Charge nurse O. wy ugently requested Emergency Medication for this writer. * Per a later conversation with on-call Dr. F. O. F. reported that "Mr. Kapneck is Yelling, screaming, gesturing, intimidating and most relevant, going around threatening EVERYONE! i.e. - All staff! Herein lie the problem. Security officer (Mr.) - in the presence of Officer this writer, the tollowing morning stated, "I saw/heard the entire exchange of words. I was sitting 6 from the conversation and at no time did I hear you Cire. - This writer, curse, yell or threaten any one. Had I, I would have intervened In addition, I saw/heard all of your movement/words leading up to the alkesed behavior and again, at no time did I hear/see anything that even came close to O. Power - whom it should be noted that I account (corroborated by CTP nursing Staffhave several pending grievances for treating me prejudicially / biassing due to race, religious beliefs and the fact.) I have lodged multiple grievances against her and her African Nigerian mob minded" co-worker/countryman). Howald Hurther, Officer e GAM entered the 2w ward while this writer who relieved officer as sitting/talking in a respectable/reasonable tone "requesting to speak withe or-call do cfor who was lied too, in order to clarify/present the true - security video/secority officer, were trying to confer. I begged and confirmed/documented "truth" of what pleaded to speak withe on-call Dr. prior to the proposed/ Forced medication. My requestive denied and denied a staring at the needle labout to be forced upon Mk. I in protest a greed to take a PRN orally. Again Forced the on-call Dr. Find in protest a radically different account of my past/present behavior casoling her to order a disproportionate amount of medication i.e. 100 mgs of Diphenhydramine of 2 mg/ of Lorazepam. The effects which have still not fully worn off over 30 thes later. *- It is doc-mented that I couldn't eat my break first 11 most due to extreme nause a cave d by the GAM mented that I couldn't eat my breakfast/Lunch due to extreme nause a cause d by the GAM extreme/excessive force of medication on an empty stomach. I was taken to the clinic due to nordinate Kidney pain. My heart rate was slowed to an alarming rate. I literally telt like I was moving super slow motion. * This is sadistic abuse in retaliation for my many "VALID" grievance super slow my ovalide. Class Action grievance # 027347 cp262a citing the danger staff (on duty, ell phone/smart watch use has and Is creating to the safety of the patients AND STAFF! Complainant's Signature Date Complaint Submitted * But most disheartening is the tailed Signature of Person Assisting or Referring Complainant The stage of the incident; watch the country vides, speak wisecountry and all staff alleded the stage of which according to the delineation all staff investigation be conducted video saved of the staff working. I am demanding this abuse staff investigation be conducted video saved of the management of taken, and according to the staff alleged statements taken. Because anyone of the management that are life alleged to the staff allege apromise" pr. Fr made to do her own

Resident Grievance System

Maryland Department of Health 201 West Preston Street, Room 546 Baltimore, Maryland 21201 1-800-747-7454

To: Michael Kapneck

From: Da Rights Advisor

Date: January 5, 2021

RE: RGS Grievance Number 031504CP2021

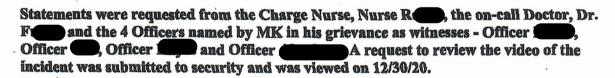
Stage 1 Decision and Investigation Report

This is your copy of the Resident Grievance System Report Stage 1 report on the complaint filed with this office. Please carefully review the Rights Advisor's Stage 1 investigation and the decision below, and advise your decision by checking the appropriate option on the first page. Sign and date the top form and return to the Rights Advisor. You may keep this page for your record.

Rights Advisor's Stage 1 Decision: VALID Summary of Investigation Findings:

Patient stated in his grievance that he was forced (without cause) to take PRN medication with a threat to give him IM if he refused the oral medication.

The Director of RGS spoke to MK regarding this grievance Monday, 12/21/20, prior to receiving the written grievance. MK stated that he was given emergency medication on Friday, 12/18/20 at approximately 5:50am. MK stated that he approached the nurse's station and requested his reading glasses and was denied his request. MK stated he conducted a non-violent, non-aggressive conversation with the charge nurse regarding this issue, when (according to MK) the Charge Nurse called the on-call doctor, Dr. Frank and informed the doctor that "Mr. Kapneck is yelling, screeming, geaturing, intimidating and most relevant, going around threatening EVERYONE!" MK denied behaving in a manner that would warrant emergency medication and he further stated that Officer was sitting down 6 feet from the interaction between MK and the charge nurse. MK also stated that he requested several times to see the doctor prior to the emergency medication and his request was repeatedly denied. In protest MK agreed to take the PRN orally instead of a needle.



Officer I verified MK's allegation stating that Patient MK walked to the Nurse's station to ask for his glasses but his request was denied. Patient then walked to the

bathroom via his room. Patient came out of his room with some books in his hands and sat down in the mielu. Minutes later, patient walked back o the Nurse's Station for his glasses. Officer added, "P.S., the conversation was a little elevated but not to the point that security had to intervene nor did nursing ask for some assistance.

Dr. Fundamental Stated that she received a call from the Charge Nurse reporting that patient, MK, was "threatening Everybody" and as a result of the Charge Nurse's reporting, she approved the use of IM medication because, as the doctor explanied in her statement, threatening is a sign of imminent danger. She further stated that at the time of the call, she was not told that MK requested to speak to her.

Captain stated that he was not present during the incident.

Officer and Nurse R did not submit statements.

As a result of Officer "s statement that emphasized that MK voice may have been a "little" elevated but not enough to warrant intervention nor did nursing ask for assistance, I find this grievance Valid. The description of MK's behavior by Officer does not indicate that he was threatening everyone nor was he exhibiting any signs of imminent danger since nursing did not ask for security assistance.

RA's Signature

RGS-16A-1 Rev 04/19