CITIZEN' S PUBLIC SAFETY NETWORK

April 18, 2021

To Whom It Should Concern,

If your state or federal funded organization's mandated duty is to track regional elder abuse, negligence and exploitation matters, then your institution should be interested in verifiable citizen group research and private investigator evidence concerning the elder exploitation of functionally disabled, vulnerable seniors faced with physical and cognitive challenges. Over the past several years' evidence has been gathered that confirm certain estate planning attorneys work in concert with various care providers, hospital employed patient advocates, primary care physicians and neurocognitive psychiatrists in Spokane and Kootenai County.

In multiple Kootenai county circumstances these aligned business relationships presented a problem for elderly persons due to the concealment of diagnosis coupled with the withholding of essential information that would have aided in the clarification of exploitative circumstances regarding vulnerable persons with diminished capacity & serious health complications. Often the focal point for the collaborative geriatric service referrals amongst these professionals is for the purpose of concealing or disguising material facts of abuse, negligence or exploitive circumstances, as valid evidence confirms.

The *Legal Issues Related to Elder Abuse; A Pocket Guide for Law Enforcement* provides insight into the exploitation & health risks inherent in such affiliations. These events are more than just civil matters because they also involve compounding public safety concerns relevant to *CFR Title 42 regulations*, *SSA Act Title 18*, *20* & *Sec. 2042*, *Subtitle— B Elder Justice*[i], 2020 Reauthorization of the *Older Americans Act* legislation & prevention funding as well as *IC 18-1505*, *IC 39-5303*, *IC 39-3132* state codes in conjunction with *Idaho Administrative Code* (IDAPA*)* 16.03.17, 15.01.02, 18 & 24 and *ICOA APS Implementation Guidelines*.

Licensed professionals, working in association with *Medicare* funded Hospitals, have a legal duty to provide safe, quality of care for vulnerable *Medicare* beneficiaries, while in their care, having medical procedures at these facilities. However, in some cases, due to the concerted activities between various professionals serving the seniors various legal and geriatric service needs, the opposite is occurring. Moreover, these circumstances also involve mandatory vulnerable person reporting, or lack thereof, to state agencies concerning at risk individuals and disclosure of material facts to the court when they receive orders concerning Physician's Declarations to do so — as opposed to aligned professionals intentionally concealing circumstantial facts and relevant medical records to neurocognitive clinicians being coordinated by the senior's estate planning attorneys, homecare providers and/or other fiduciaries whom have agency over the susceptible senior's affairs.

The *Center for Medicare and Medicaid* (CMS); *Quality Improvement Organization* (QIO) Kepro, *Idaho Medicaid Fraud Unit* (MFCU), Idaho State Insurance Investigators (SHIBA), Idaho State Tax Commission, *Senior Medicare Patrol* (SMP), *Humana* SIU, *Idaho Facilities Standards*, *Idaho Dept. of Health*, *CoventBridge Group*, *DNV-GL Healthcare*, Department of Justice; *Office of Victim Crimes* -Elder Fraud Unit, FBI, elder rights groups, several congress members and investigative news agency's social services reporters have been provided some of the following information. In the phone calls these agencies audio record incident reports. In some instances, case ID's were issued and electronic file transfers occurred. These case ID numbers are available for further inquiry, as warranted. These incident reports are also tracked by additional organizations doing comparative research on the following scenarios since they are not exclusively unique to North Idaho and Eastern Washington.

Intent is defined by conscious decisions someone, or two or more people, voluntarily undertakes to deliberately engage in an unlawful or negligent act, to harm or exploit someone else. In relation to this issue, the repeating patterns over time indicate that specific estate planning/guardianship attorneys are coordinating with various primary care professionals, neurocognitive clinicians and Hospital employed LSW's/patient advocates with a side business in guardianship/conservatorship services appear to be, based on the planned timing of events, web form submitted grievances, audio transcripts & litigation documents, coordinating efforts while cross-referring each other services concerning disabled, vulnerable elderly women in the *Kootenai Health District.*

To best describe the nexus between regional legal and medical services professional's illicit, coordinated involvement with vulnerable persons, listed below are 3 actual examples indicative of the types of repeating exploitation patterns targeting cognitively challenged, functionally disabled elderly women:

1) Hospital affiliated neurocognitive Psychiatrist(s) confirming that memory impaired vulnerable elderly persons are being brought to their clinic for neurocognitive evaluations by family care providers and asked to perform neurocognitive evaluations without medical records (review neurocognitive evaluations guidelines: *ABA/APA Assessment of Capacity in Older Adults For Psychologists* pg. 34 "Reviewing the Records):

    a) These events occur in coordination with estate planning attorneys and without medical records thereby concealing the elderly patients recent physical and neurocognitive health crises prior to estate document signings, asset or trust transfers and related elder exploitative events.
    b) Intentional concerted concealment of evidence concerning near fatal organ failure or strokes as causation for: brain damage, permeant cognitive disabilities, and related functionally disabilities of at risk elderly women with such health events concealed in tactically timed neurocognitive evaluations. Such matters are compounded by the various professional's concealment of material facts that would have revealed the elderly persons Acquired Brain Injuries (ABI)/memory loss diagnoses in quashed subpoenas and not disclosed in Primary Care Physicians (or their assistants) Physician Declarations.

2) Hospital-employed patient advocates (whom also own a guardianship services company) in a liaison position facilitating matters concerning the blocking of immediate family members to elder while convalescing at a State Medicare funded facility while the patient advocates

company is also being motioned as a court visitor company by one of the party's guardianship & estate planning consulting attorney in the same elder patient's protective guardianship proceeding. One particular incident involved correlated effects occurring within 1.5 hrs. of one another as testable evidence confirms (some of these matters stated within this letter were audio recorded, electronically logged by the Hospital employees in the Hospitals online web forms, the hospitals recorded call logs/ investigator recordings and litigation motions in various cases). Evidence is available via reports and flash drives to confirm.

3) Kootenai Health District/hospital affiliated primary care physicians and in some cases their assistants concealed material facts in court motioned physician declarations germane to physical and cognitive impairments of vulnerable patients. These events occurred under the direction of primary homecare providers, guardians or estate planning/ guardianship attorneys. These events are far more likely to occur after the vulnerable person's primary care physicians is changed after their onset of memory impairments or health emergencies such as stroke, cardiac arrest or acute kidney failure. Care providers and in some cases physicians encourage elective, often unnecessary, Ill-timed/dangerously botched surgeries due to age & poor health that are the catalyst agent for the diagnosis of Acquired Brain Injury or related memory loss disorders *ICD-10-CN R41.3*.

In each of the aforementioned circumstances the correlating variable or repeating pattern amongst the professionals whom have agency and a duty of care for the senior, focused on covering up events and material facts of perilous health related circumstances in order to facilitate dubious wealth transfers from the at risk elderly person. Additionally, the concealment and manipulation of the senior's health related matters created compounding risks because elder individuals with multiple health conditions require multiple specialist doctors whom require accurate, fully-disclosed patient health status information.

If your organization would like more details and the verifiable evidence pertaining to the who, what, when, where, why and how on specific case-by-case events, that have and continue to occur, please respond to this communication stating so.

These matters are not isolated, nor should they continue to be ignored because they will assuredly get worse in the era of Covid-19 — particularly if agencies duty bound by *42 U.S. Code § 3058i*, SSA Title 18, SEC. 2011. [42 U.S.C. 1397j] *Subtitle— B Elder Justice*, Medicare/Medicaid regulations , *IDAPA 16.03.17* protocol **a**nd related Federal and State codes, do not gain a clear and comprehensive understanding that these matters are common occurrences as citizen investigations, documentaries and grass root organizations in liaison with various Congress members across the nation can confirm.

Thank you,

Inland Northwest Advocate
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