

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF KING

In re. the Guardianship of) No. **18-4-05231-6 SEA**
)
Omana Thankamma) **MEDICAL/PSYCHOLOGICAL**
) **REPORT**
an Alleged Incapacitated Person.)

I have been chosen by the Guardian ad Litem in the above matter to examine and interview the above-named person, and I submit the following report:

A. My name and address is:

Janice B. Edwards, Ph.D.
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425-513-2410
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B. The following is my education and experience pertinent to the type of disorder or incapacity involved in this case: [Note: You may attach your resume or curriculum vitae and so note it in this section.]

Attached

C. Date(s) of examinations of the alleged incapacitated person [EXAM DATE MUST BE NOT MORE THAN THIRTY DAYS PRIOR TO THIS REPORT]:

12 November 2018

D. A summary of the relevant medical, functional, neurological, psychological, or psychiatric history of the alleged incapacitated person as known to me:

Arranging to Meet Ms. Thankamma and her son: I was informed by Laura Sealey, the GAL, that Ms. Thankamma's son, Jay Nair, had reported to the guardianship commissioner that he felt that no one was listening to him about the possible guardianship. In reviewing the paperwork, there were notes that Mr. Nair felt that he was the only one that his mother would speak with and he disagreed with others who felt that Ms. Thankamma had cognitive impairment because she would not communicate with them.

To address both of these issues, I left both a voice mail and an e-mail for Mr. Nair stating that I would like to meet with him to hear his issues and then take him into his mother's hospital room to see if she would speak with him. On Friday, November 9, Mr. Nair responded by e-mail that he would be happy to meet with me and his mother, on the following Monday (November 12) at noon. Mr. Nair also attached 63 pages of information that he wanted me to see. Most of the information was about him, his accomplishments, articles that he has written, etc.

On Monday morning at 9:17 am I began to get e-mails from attorney Greg McBroom saying that Jay Nair had hired him and that I was not to go and meet with Ms. Thankamma on that day. This began a series of e-mails where I do admit to being less than totally professional (i.e. I wrote to him "Review your guardianship statutes.") However, I did leave my hospital office to make the noon meeting with Ms. Thankamma and her son. [I did miss the last e-mail while I was on the road telling me that the meeting would not take place that day.]

When I arrived on the hospital floor where Ms. Thankamma is staying, the unit secretary told me that the son wanted me to know that he was already there. I was not clear if his attorney was there also. I asked to speak to Ms. Thankamma's nurses, explained to them what was going on and assured them that I would leave immediately if there was any kind of disturbance.

In the meantime, Mr. Colby Parks who was appointed to represent Ms. Thankamma arrived as planned. I updated him on what was happening. Then one of the nurses took us to Ms. Thankamma's room (she is on contact precautions) and helped us to gown up. We could see inside the room before we entered and saw that Mr. Nair was there (without his attorney) and we found that he was pleasant and welcoming.

Visit with Omana Thankamma: The nurse brought in the phone for the telephone interpreter service. Given the rarity of the dialect that Ms. Thankamma speaks, it took a longer than usual time to give out information and for an interpreter to be found. While this was going on, I asked Mr. Nair to speak to his mother so I could observe whether or not she had the physical capacity to speak. Ms. Thankamma did reply briefly when her son spoke to her, affirming that she is physically capable of speech.

Ms. Thankamma was lying in bed on her right side. Her legs were constricted to the point that they were pulled up next to her torso. Her head was also turned to the right. She did not appear able to move herself.

When the interpreter came on the phone, she would ask a question, but Ms. Thankamma would not answer immediately. Her son would repeat the question to her several times until she would answer. In addition, Ms. Thankamma was having some difficulty in hearing the interpreter on the phone (speaker mode) and the phone was attached to a rolling table. He suddenly grabbed the table and tipped it toward his mother, saying "She can't hear!" I had to grab the table and hold it for the remainder of the session to keep it from tipping over. Even then, Mr. Nair felt that his mother was not close enough to the phone. He suddenly reached over, grabbed her under the shoulders, quickly lifted and moved her closer to the bedside railing and the phone and essentially dropped her several inches down onto the bed. I winced when this occurred. After the meeting I spoke to Mr. Parks who reported that he had the same reaction and that I was free to put that into my report.

During the course of the interview, Ms. Thankamma was able to tell me the year, her age, that she is at a "hospital," (but not the name of the specific hospital) and that she gets her food through a tube.

She did not respond to questions about having a guardian. She said that she wanted "live with son." When asked why, she said "love son," but was unable to give any fuller explanation or even to answer in a full sentence. When asked about other places that she could live or places that people had spoken to her about, she could not respond. When asked how many a day she sees her son, Ms. Thankamma said "Two."

After Ms. Thankamma said pretty much all we were going to get out of her, the phone was removed from the room. Mr. Parks had left already, but I stayed and spoke with Mr. Nair. We spoke about the possibility of his mother living in a professional care setting. At times, he would seem to be approaching agreement on this. At other times he would talk about how he had hired 24-hour help for his mother. I had 2 main arguments: the first being that the hiring of 24-hour help had not worked out so well and secondly that if his mother was in a 24-hour care facility he could come and visit and just be her son and not a part-time caregiver. Mr. Nair remained ambivalent.

Mr. Nair made the argument (which he had made to me before in a phone conversation) that his mother was very skilled with numbers and that she could do complicated multiplications in her head. He asked her a math question (50 X 11) and repeated the question several times until she gave an answer, which was the correct answer. [This was not as impressive as it could be since in his phone conversation with me, Mr. Nair gave this same math problem as an example of a difficult problem that his mother could do. I wondered if this is the only math problem that he asks his mother.]

As I was leaving, I bowed to Ms. Thankamma and said good-bye to Mr. Nair. He thanked me for coming. Then Mr. Nair said that it was not his idea that I not meet with his mother that day, but that it was his attorney's idea. I said, "Be sure to tell your attorney that I only hit your mother twice." Mr. Nair laughed and said, "You have a good sense of humor."

Meeting with hospital nurse: After I left Ms. Thankamma's room, I asked to speak to her nurse who luckily had time to meet with me. She said that Mr. Nair does come to visit his mother every day or every other day. She confirmed reports that he comes to visit in the middle of the night. [Which Mr. Nair had explained as being a time that his mother could talk to friends and family in India.] The nurse said that she has observed Ms. Thankamma talking freely on the phone, but since she does not understand Ms. Thankamma's she cannot tell whether the speech is nonsense or not.

The nurse went on to say that Ms. Thankamma's son does not provide good care for her. She has come into the hospital room when Mr. Nair was there to find that Ms. Thankamma had vomited and that her son had not turned her to her side as he had been instructed. The nurse said that Ms. Thankamma could aspirate her vomit, could develop pneumonia, and could possibly die from this disease.

She went on to say that the son has been instructed that Ms. Thankamma is only to have thickened liquids and to have the head of her bed raised while she is swallowing. She has observed Mr. Nair feeding his mother thickened liquids while she was lying flat in bed. He has also seen Mr. Nair bring some Indian food for his mother which she described as having thin liquid in the prepared dish, and then feeding that to Ms. Thankamma.

The nurse said that she has instructed Mr. Nair that when he is in his mother's room, he has to keep the curtain that blocks observation from the hall open so that the nurse can see in as she walks in the hallway.

Some information from other sources:

Swedish Hospital Issaquah: In March 2018 Ms. Thankamma was sent to the hospital by the police from her home. The hospital found her to be clean, nonverbal, dehydrated and demented.

Harborview Medical Center: In July 2018 Ms. Thankamma had a nutritional assessment on an inpatient basis. Among other findings, she was noted to have “decreased cognitive function” due to a stroke as well as recurrent urinary tract infections (UTI) due to her indwelling catheter.

In September 2018 Ms. Thankamma had a cognitive assessment by speech therapy. [In the hospital world, speech and language pathologists are the first professionals called to do a cognitive assessment with neurology, psychiatry, and psychology called subsequently as needed.] Her son was used as an interpreter. Ms. Thankamma was noted to have slow processing in her responses, the ability to follow only one-step directions, and to have short term memory impairment as shown by the ability to repeat only two out of five words after practicing and then a short delay before being asked to recall the words.

In September 2018, Ms. Thankamma’s care was transferred to a new medical team and the discharge summary included the following: “ongoing assessments make it seem less likely that she’ll be able to achieve a verbal baseline” [i.e. They do not believe that Ms. Thankamma will regain verbal skills.]

On October 25, 2018 the following nursing note was entered in Ms. Thankamma’s medical chart- noting that the son had come to visit. “Came and left room at least three times – was gone by 0500. Son had left side rail down and twice while he was here the foley catheter tubing was found draped over the side rail- impeding drainage. I had instructed the son in not leaving the side rail down last weekend when he again had appeared unannounced in the middle of the night.”

E. My findings as to the condition of the alleged incapacitated person:

Omana Thankamma suffers from cognitive impairment, most likely reaching the level of dementia. She has had several formal and informal assessments with findings of decreased cognitive function, lack of verbal skills, and slow processing – among others.

On meeting with this evaluator, Ms. Thankamma had slow cognitive processing as evidenced by her delay in answering questions, even ones from her son. She was able to give correct one-word answers to questions such as the name of the President and her method of getting food. Her answers to where she wanted to live and why were also two and three-word answers and she was unable to elaborate on them. She was also unable to express what her other choices in living situations might be; so she was saying what she knew (with son at home) but not expressing a positive choice by recognizing and excluding other options.

Her condition is permanent.

F. The alleged incapacitated person is currently on the following medications:

- **Acetaminophen-** for pain control
- **Amlodipine-** to control high blood pressure
- **Aspirin-** blood thinner to prevent stroke and heart attack
- **Atorvastatin-** to control high cholesterol
- **Baclofen-** to control movement disorders
- **Ben-Gay cream-** to soothe muscle pain
- **Clopidogrel-** to prevent stroke and heart attack
- **Dorzolamide eye drops-** to control glaucoma
- **Enoxaparin-** to prevent blood clots
- **Insulin-** to control diabetes
- **Latanoprost eye drops-** to control glaucoma
- **Lisinopril-** to control high blood pressure
- **Metformin-** to control diabetes
- **Metoprolol-** to control high blood pressure
- **Senna-** stool softener

G. The effect of these current medications on the alleged incapacitated person's ability to understand or participate in the guardianship proceedings is:

These medications are given to Ms. Thankamma, as prescribed, by the hospital nurses. They will not decrease her ability to participate in the guardianship process.

H. My opinions as to the specific assistance the alleged incapacitated person needs:

It is the opinion of this evaluator that Omana Thankamma requires the assistance of a guardian of both person and estate. She is unable to make any kind of considered decision regarding her financial affairs, her medical care, her living situation, or any other aspect of her life.

Although I was not asked specifically to comment on this topic, this evaluator would like to address the physical/caregiving involvement of Mr. Nair in his mother's life. In phone calls and e-mails with me, Mr. Nair always presents himself as an inventor, a businessman, and, in general, a real "go-getter." I have seen written communications from Mr. Nair to others and he presented himself in the same way.

I believe that this is Mr. Nair's view of himself and that it is reinforced by his actions. He is quick to move and has little-to-no patience with waiting for others or with any kind of delays. This appears to have served him well in his business life, but it is not serving him well in providing care for his mother. He has been observed to prod her to answer questions when she obviously needs more time to formulate an answer, he has roughly moved her while she is lying helpless in bed, he has fed her without taking the proper precautions to make sure that she eats safely (which includes the fact that she will be a very slow eater when she takes food and fluids orally).

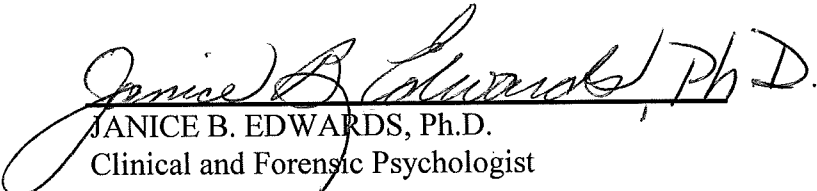
In short, I believe that Mr. Nair loves his mother, but it is my opinion that he should not be involved in the physical care of his mother in any way.

I. I have also met or spoken with the following individuals regarding the alleged incapacitated person: (records reviewed and collateral contacts)

- Review of guardianship petition
- Review of Adult Protective Services Records
- Review of Order for Protection for Vulnerable Adult 18-2-20186-1 SEA
- Review of Response to Vulnerable Adult Protection Petition
- Review of Petition for Vulnerable Adult Protection Order
- Review of medical chart at Harborview Medical Center
- Review of Recent Interviews/Information by GAL
- Review of Motion to Dismiss by Jayakrishnan Nair
- Review of Medical Report by Angela Song, MD
- Review of declaration to APS by Rebekah Hoef
- Review of police reports and conditions of release for Jay Nair from the Issaquah Municipal Court
- Review of Comprehensive Investigation Document by APS
- Review of Petition for Vulnerable Adult Order for Protection

I declare under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true and correct.

Signed at Seattle, Washington this 26th day of November 2018.


JANICE B. EDWARDS, Ph.D.
Clinical and Forensic Psychologist