# EXHIBIT A

State of Georgia

County of _____

AFFIDAVIT OF ALFREDA BIVINS, RN, BSN, MSN

BEFORE ME, the undersigned officer, duly authorized to administer oaths, came Alfreda Bivins, RN, who after being first duly sworn on oath, states as follows:

1. I am of sound mind and legal age and am fully competent to testify to the matters stated herein. I make this affidavit upon my own personal knowledge unless otherwise stated herein.
2. I am a Registered Nurse licensed to practice nursing in the State of Georgia. I am of the age of majority. I have actual knowledge and experience in long-term care, including nursing management and teaching in which my opinion is given in this affidavit, as shown in my attached CV which has been attached hereto and incorporated herein by reference as Exhibit "1". I am familiar with the standards of care for long-term nursing care.
3. At the time of the events referenced in this affidavit, I was licensed to practice my profession in the state of Georgia. I am qualified as an expert by virtue of knowledge, skill, experience training, and education regarding the issues raised in this affidavit and I am qualified to give opinions regarding the issues addressed in this affidavit. I actively practiced in long-term care facilities for at least three of the last five years immediately preceding Defendants negligent treatment of Ms. Curliene Golden while at Governor's Glen Memory Care and Assisted Living Community (hereinafter "Governor's Glen"). Specifically, I have been involved in the care of the elderly, over my career and continue

to do so with sufficient frequency to have an appropriate level of knowledge and experience to address the questions at issue in this case. The facts in this case upon which I base my opinions are of a type reasonably relied upon by experts in the field of nursing and institutional practice.

4. The testimony I have given herein is, in my opinion, based upon sufficient facts or data which should be admissible evidence at any hearing or trial in this matter. The testimony I have given herein is the product of reliable principles and methods and/or guidelines and regulations of Assisted Living facilities; and I have applied those principles and methods and/or guidelines and regulations of Assisted Living facilities reliably to the facts of this case in arriving at the opinions I express herein.

5. Pursuant to my education, training and experience:

    a. I am familiar with the proper care of patients who had medical conditions similar to Ms. Curliene Golden, including but not limited to Parkinson's Disease, Cerebral Vascular Accidents, Chronic Obstructive Pulmonary Disease, Hypertension and Heart Failure.

    b. I am aware the standard of care in an Assisted Living setting requires the facility and staff to maintain the safety of all residents, including protective care and watchful oversight, which meets the need of the residents that it admits and retains.

    c. I am aware the standard of care in a long-term care setting requires staff to obtain immediate emergency or urgent medical care or treatment when the resident's condition requires it.

d. I am aware the standard of care in a long-term care setting requires staff to provide appropriate monitoring and update care plans when the needs of a resident has changed substantially.

e. I am aware the standard of care in a long-term care setting requires staff to recognize significant changes in a resident and initiate a resident's transfer to an acute care center sufficient to meet the resident's needs.

f. I am familiar with the standard of care and skill ordinarily employed by the nursing profession generally when treating patients such as Ms. Golden under similar conditions and the like surrounding circumstances, as are contained in the medical records I have reviewed.

6. **Based upon my review of the records, I have learned the following which I will assume to be true for the purpose of this affidavit:**

a. **On January 16, 2017, Curliene Golden moved into Governor's Glen Memory Care Assisted Living Community. Ms. Golden was a 93-year-old with diagnoses including Parkinson's Disease, history of CVA (Cerebrovascular Accident) Hypertension, Urinary Incontinence and Osteoarthritis.**

b. **On January 3, 2017, a Physician's Medical Evaluation for Assisted Living revealed that Ms. Golden required assistance with ambulation, bathing, eating, grooming, and transfers. She also required supervision with toileting, hygiene assistance and she wore adult briefs. She had very limited mobility and was unable to walk without assistance. She also required assistance with toileting at night. She had no cognitive dysfunction.**

c. Physician Orders were written on 1/2/17 for the following durable medical equipment: motorized wheelchair, electric low bed and oxygen.

d. An undated Temporary Assessment and Care Plan revealed that Ms. Golden was incapable of responding to an emergency due to physical condition, needed physical help and verbal direction.

e. On March 28, 2017, Ms. Golden was admitted to the Hospital. She was discharged on April 2, 2017. Her discharge diagnoses included altered mental status, hypokalemia, slurred speech and syncope.

f. On October 16, 2017, a physician's order was written for skilled nursing Home Health.

g. On December 12, 2017, a physician's order was written for a Hospice Evaluation and admit if appropriate.

h. The Activity of Daily Living Flow Record dated December 21st through December 31st revealed that Ms Golden was totally dependent on staff for bed mobility, transfers, toileting, and eating. She also required one to two staff members for ambulation.

i. On January 2, 2018, Ms. Golden was admitted to Hospice services. The assessment stated that she was alert, oriented, with garbled speech, tremors, agitation with an inability to make her needs known. She was confined to bed/chair and she was left alone at times.

j. On January 10, 2018, Ms. Golden's Hospice summary revealed that she was a 93-year old female with primary diagnoses of Parkinson's Disease. Additional diagnoses include CVA (cerebrovascular accident), right-sided

hemiparesis, TIA (transient ischemic attacks), frequent urinary tract infections, hypertension, diabetes, arthritis and chronic obstructive pulmonary disease. She was oxygen dependent. She denied pain. Speech was slurred. She was easily agitated especially when she was unable to communicate her needs. She napped frequently, sleeping sometimes more than 18 hours a day. She was oxygen dependent. She required hand feeding. She would fall asleep often while eating. It took about 45 minutes to complete a meal. Total care was required for Activities of Daily Living (transfers, mobility, dressing, eating, grooming and bathing).

k. On February 21, 2018, the Hospice Nurse Practitioner Note stated that Ms. Golden required a gait belt and maximum assistance of 2 for pivot transfer from bed to chair. She has continued generalized weakness. Ms. Golden had declined and continued decline was anticipated.

l. On July 26, 2018, the Hospice Visit Record stated that Ms. Golden was incontinent. She had difficulty with swallowing and required aspiration precautions.

m. On June 27, 2018, the Hospice 60-day Re-certification revealed that Ms. Golden has declining oral intake, eating only 60% of 2-3 meals a day. She has to be fed, and is now "pocketing" her food.

n. On August 22, 2018, the Hospice 60-day Re-certification Physician Narrative stated that Ms. Golden was alert, confused and oriented to self only. Her speech was slurred or garbled. She could intermittently nod her head yes or no to simple questions; however, she was unable to independently make her

needs known. She had increased dyspnea with exertion. She required continuous oxygen at 2 liters/minutes. She had increased secretions which required scheduled Levsin. She had poor appetite with continued unintentional weight loss. She was non-ambulatory, bed to wheel chair, requiring two person maximum assistance for transfers. She was also incontinent of bowel and bladder. She was dependent of all ADLs (bathing, dressing, eating, grooming, transfers and mobility).

o. On September 5, 2018 at 10:06am, the Hospice Nurse called the Hospice Social Worker and requested that she/he come to the facility.

p. On September 5, 2018 at 10:24am, the Social Worker asked Ms. Golden "are you in pain"? Ms. Golden pointed to the "Y" on her communication board. She had been taught that "Y" signified yes. Social Worker asked "where are you hurting"? Ms. Golden using the communication board spelled out "my privates". The Social Worker asked "why do you believe your privates hurt"? Ms. Golden spelled out "a man". The Social Worker then asked "do you know this man?" Ms. Golden pointed to the "N" on the communication board. The Social Worker asked "have you seen this man before?" Ms. Golden pointed to "N", to signify no. Social Worker then asked, "do you know what this man hurt your privates with"? Ms. Golden, using the communication board spelled out "his privates".

q. On September 5, 2018, at 12:15pm, Ms. Golden's son was contacted and asked to come to the facility. He arrived at 1:53pm.

r. **On September 5, 2018 at 3:30pm, Ms. Golden was transported to the Hospital by ambulance.**

7. **Based upon the above facts in the medical records, I have developed the following opinions about the care, treatment and services that Governor's Glen staff provided to Ms. Curliene Golden.**

   a. **Governor's Glen staff failed to closely monitor and implement adequate interventions for Ms. Golden. This failure constituted a breach in the standard of care;**

   b. **Governor's Glen staff failed to recognize and timely transfer Ms. Golden after there was an allegation of assault. This failure constituted a breach in the standard of care;**

   c. **Throughout her residency, Governor's Glen staff, and other staff charged with her care, failed to provide Ms. Golden the highest practicable physical, mental and psychosocial well-being by allowing her to remain in the facility when she no longer met admission requirements. This failure constituted a breach in the standard of care; and**

   d. **Governor's Glen, through its employees/staff, failed to meet the standard of care necessary and failed to provide the degree of care and skill required of an assisted living facility of its type and as should be provided in the profession.**

8. As a result of one or more of the above described failures to follow the acceptable standard of care, Curliene Golden lacked appropriated health care, causing tremendous pain and suffering.

9. I have not expressed all of my opinions on negligence in this affidavit as I understand Georgia law. This Affidavit is given pursuant to the provisions of O.C.G.A. §9-11-9.1, which states that a single negligent act or omission be specified in order for a complaint to filed in the court of Georgia. All of the opinions I have expressed herein constitute my opinions at this time and are based on information that I have been given.
10. I reserve the right to make additional opinions and adjust my opinions if I am made aware of additional facts in the future.
11. I make this affidavit, intending all of the statements made to be truthful and understanding myself to be under oath upon executing it, knowing that it is being executed for the purpose of being attached to and used in support of a medical malpractice complaint as required by Georgia law.

Further, Affiant sayeth naught.

This 9th day of July, 2019.

ALFREDA BIVINS, RN, BSN, MSN

Sworn to and subscribed before me
This 9th day of July 2019.

Notary Public

My commission expires:

DELTRA L CUMMINGS NOTARY PUBLIC DEKALB COUNTY, GEORGIA MY COMMISSION EXPIRES JANUARY 31, 2020

EXHIBIT "1"

***Alfreda Bivins, RN, BSN, MSN***
***4907 October Way*** ***Cell: 678-576-8790***
***Acworth, GA 30102*** ***alfredabivins@gmail.com***

***EDUCATION***

***Bachelor of Science in Nursing,***
***Albany State College, Albany, GA***

***Masters in Adult Health***
***Georgia State University, Atlanta, GA***

***WORK EXPERIENCE***

***2014-present—Pruitthealth-Austell/West Atlanta/Lilburn. Case Mix Coordinator-****Coordinates admission,quarterly, annual and significant change assessments. Responsible for completing assessments based on the Medicare/PPS schedule. Completes the CAA's and comprehensive care plans. Participates with the interdisciplinary teams to ensure accurate coding, setting of the Assessment Reference Date (ARD) and timely discharge planning. Completes certifications and recertifications for skilled services. Coordinates meetings between residents/families/staff to discuss care issues.*

**2013-2014—Lenbrook.MDS Coordinator/Relief Supervisor-***Coordinated and completed PPS and OBRA assessments; developed and/or revised comprehensive, quarterly and significant change plans of care; communicated with other members of the health care team to ensure timely submission of the MDS. Provided facility RN supervision.*

**2012-2013—AdCare Health Care.Regional Clinical Nurse.***Responsible for regulatory compliance for six (6) long-term care facilities in Georgia and Alabama. Provided clinical support to the Nursing Directors and staff. Evaluated the facilities for survey readiness.*

**2012-2013--Northeast Atlanta Nsg and Rehab.MDS Coordinator/Nurse Manager**
*Responsible for the coordination, timely completion and submission of PPS and OBRA assessments, including CAAs and care plans; maintained communication with members of the Interdisciplinary team to ensure that MDS and care plans were kept current when resident changes occurred; coordinated resident assessment and care plan schedules to ensure compliance. Attended daily PPS meetings. Worked in collaboration with the Director of Rehab to ensure the most accurate Assessment Reference Date (ARD) was utilized for Medicare/Managed*

*care assessments. Maintained all reports and transmission data in a systematic format.*

***2011-present*--Five Star Resouce Group. Nurse Consultant.**
*Provides regulatory and training services for Personal Care, Assisted Living and Skilled Nursing facilities. Conducts medication training classes for proxy caregivers and Medication Aides.*

**2011-2012--SOURCE Care Management. Assessment Coordinator.**
*Utilizing the MDS-HC 2.0 assessed the physical, mental and psychosocial Needs of clients. Determined levels of care and identified community based programs based on the client's assessed needs.*

**2004-2010--Cypress Healthcare Management. Regional Clinical Director.**
*Conducted visits to long-term care facilities in Georgia, Texas and Louisiana ensure compliance to State and Federal regulations.*
*Conducted in-depth pre-survey reviews in accordance with the federal survey process. Determined the survey readiness of assigned facilities. Utilizing quality indicators, identified clinical areas in need of improvement, implemented policies and procedures and offered training and support which resulted in positive clinical outcomes.*
*Developed performance improvement plans based on identified high risk clinical areas. Reviewed resident care and provided "hands on" guidance to ensure compliance with standards of practice and care.*

**2003-2004--Georgia Department of Community Health. Program Integrity. Program Specialist.**
*Reviewed, monitored and ensured compliance with Medicaid policies and procedures. Utilizing Advantage Suites and Data-Probe information systems, generated reports and spreadsheets which identified providers and recipients that needed to be targeted for audits.*

**2001-2003--Georgia Department of Human Resources. Office of Regulatory Services. Nurse Surveyor.**
*Conducted resident-centered inspections of long-term care facilities to determine compliance to Federal and State regulations. Compiled reports of findings with documentation to support any identified deficient practice. Reviewed and monitored the facility's corrective actions.*

**1/2000-8/2000--Beverly Healthcare/Northside. Assistant Director of Nursing**
*Responsible for the management of a fifty-five (55) bed sub-acute/rehabilitation unit.*

**12/1988-9/1994 and 8/1999 to 2004--Hillside Hospital. Staff Nurse/Child and Adolescent Mental Health. (Part-time position)**
*Through observation, history review and physical assessment, identified and managed the mental and physical needs of children and adolescents in a residential treatment facility.*

**1994-1997--Columbia Parkway Medical Center. Director of Medical-Surgical Services.**
*(Facility closed in 2001)*
*Responsible for the daily operations of the Division of Medical-Surgical Services which consisted of 10 ICU beds, 25 Medical-Surgical/Oncology beds and 25 Medical-Surgical/Pediatric beds.*