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Vol I  
29

# OFFICIAL TRANSCRIPT OF PROCEEDINGS

Agency: U.S. Nuclear Regulatory Commission

Title: Incident Investigation Team

Docket No.

INTERVIEW OF: Donna Joyner

LOCATION: Indiana, Pennsylvania

DATE: Saturday, December 5, 1992

PAGES: 1 - 38

Information in this record was deleted  
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Act, exemptions  
FOIA: 92-612

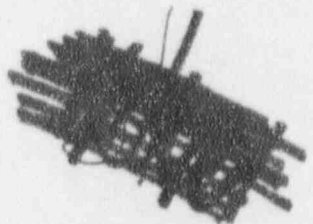
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12.8.92  
08.92.53

Interviewee, S. Joyner, 8:00.

Began review. Many, many "discrepancies."  
She indicated an interest in a re-interview.  
This was discussed with Ron Sloyd and an  
agreement was reached to re-interview her  
at 8:00 AM on 12/9/92.

1 UNITED STATES OF AMERICA  
2 NUCLEAR REGULATORY COMMISSION

3  
4 OFFICE OF INVESTIGATIONS

5 - - - - -X

6 In the Matter of: :

7 INVESTIGATIVE INTERVIEW :

8 Donna Joyner :

9 (CLOSED) :

10 - - - - -X

11  
12 Scenery Hill Manor Nursing Home

13 R.D. 5

14 , Pennsylvania

15 Saturday, December 5, 1992

16  
17 The above-entitled matter commenced at 9:55  
18 o'clock a.m., when were present:

19 RON LLOYD, Investigator

20 CYNTHIA G. JONES, Section Chief, IMNC

21 Nuclear Regulatory Commission  
22  
23  
24  
25

## P R O C E E D I N G S

[9:55 a.m.]

MS. JONES: Thanks for coming. My name is Cynthia Jones. I am a Section Leader in the Operations Branch in the Programmatic Safety Section and I am from our headquarters office located in Rockville, Maryland.

I am a Health Physicist and I am here today to gather information and facts as part of an Incident Investigation Team.

I would like you to state your name and spell your last name for us if you can, your title, and we'll go around for all the people that are in the room today.

THE INTERVIEWEE: My name is Donna Joyner and it's spelled J-o-y-n-e-r, and I am a Licensed Practical Nurse on the 11:00 to 7:00 shift.

MS. JONES: Okay.

MR. LLOYD: My name's Ron Lloyd, with the NRC, Section Chief there, having responsibility for the Incident Investigation Program.

MS. JONES: Great. As I mentioned earlier, the subject incident is part of an investigation by what we call an Incident Investigation Team or IIT. It is the Nuclear Regulatory Commission's highest level of team to establish what happened, to identify the probable cause of the incident, to gather facts and find out a specific sequence

1 of events and then to provide any appropriate feedback or  
2 recommended regulatory changes, recommended guidelines to  
3 the industry and in this case the licensee regarding any  
4 lessons learned that we get from this incident.

5 The reason why we conduct the interviews, as I  
6 mentioned before, is we like to get the facts down on paper,  
7 and to have a clear view of the observations of personnel  
8 such as yourself who were involved in the incident. It is  
9 convenient for us then when we leave the site to get a copy  
10 of the transcript to look at the facts as they were stated.

11 As I mentioned before, the interview will be  
12 transcribed. It's being documented, and you will have an  
13 opportunity in about 24 hours to review everything that you  
14 have said and if there is any corrections or changes or if  
15 you said something that maybe is incorrect, you'll have an  
16 opportunity to correct that.

17 What we have is, Ron has a copy of Exhibit 3.1,  
18 which talks about your ability to take a look at the  
19 transcribed interview and make any clarifications or  
20 clarifying statements to the statement which you are giving  
21 today.

22 They will made publicly available, the  
23 transcripts, about 45 days after we leave this area. We'll  
24 be working on a document. It will be put into a document  
25 called the NUREG report, which is an official report that

1 NRC will put together as a result of this incident and it  
2 will list all the facts and findings, descriptions and  
3 drawings and diagrams and so forth. That will be part of  
4 the document that will be placed in the Public Document Room  
5 in both our Region I office, which is in King of Prussia,  
6 near Philadelphia, Pennsylvania, and also in our regional or  
7 our Headquarters office in Washington, D.C.

8 It's now 10:00 o'clock on Saturday, the 5th, and  
9 we'll be starting the interview. The best thing that you  
10 can do is just describe the incident in your own words,  
11 starting from the time probably a couple days before the  
12 16th of December, which is when the patient had the  
13 instrument or, excuse me, the source treatment at the Cancer  
14 Center.

15 Just to refresh you a little bit, the 16th of  
16 November was a Monday and you may need to refer to your  
17 nurse's notes throughout this but for the most part, if you  
18 can, when we get to that point if you can just describe your  
19 training that you have had in this area as a nurse, what  
20 kind of jobs you've had, how long have you been here, things  
21 like that, just to get an introduction for yourself.

22 What kind of training have you had and how long  
23 have you been here?

24 THE INTERVIEWEE: I went to the Indiana Licensed  
25 Practical Nurse Program at the Hospital in 1974 and I had

1 worked for a very short while at the hospital and I took a  
2 maternity leave and then after that I came here, so I have  
3 been here for basically 15 years part-time and then the last  
4 two years I have been full-time. I have always worked the  
5 11:00 to 7:00 shift.

6 I just was recently certified with IV training.

7 MS. JONES: Is that training that you took the  
8 whole year?

9 THE INTERVIEWEE: Yes, the Home had put us through  
10 the course and we just went through a course at IUP in  
11 psychotropic drugs. I have some education at IUP.

12 I went there for a year and a half, not really  
13 related to nursing but I did take some nursing-affiliated  
14 courses but other than that, that's basically it.

15 MS. JONES: Okay.

16 THE INTERVIEWEE: I have learned more on the job  
17 training, you know, that has helped out, that has been very  
18 beneficial to my work.

19 MS. JONES: When you are on your shift from 11:00  
20 to 7:00 do you work with other people and what types of  
21 people do you work with?

22 THE INTERVIEWEE: There's usually me as the Charge  
23 Nurse and then there's usually three certified Nurse Aides  
24 on my shift.

25 MS. JONES: What kinds of duties do they do?

1 THE INTERVIEWEE: Direct patient care. I am  
2 basically in charge of passing medications, overseeing what  
3 they have to do, just taking orders, charting and that type  
4 of thing.

5 They are mainly just concerned with, you know,  
6 direct patient care basically.

7 MS. JONES: Do you work with any of the doctors?

8 THE INTERVIEWEE: If an emergency arises I do have  
9 to make, you know, contacts to the doctors. The way we have  
10 it now, since there's not an RN in the facility for the  
11 11:00 to 7:00 shift we have to contact the RN first that's  
12 on call and we get specific orders from her, then we have to  
13 document what she tells us to do, then we go from there and  
14 we call the doctor and then go from there.

15 MS. JONES: Okay, so you mentioned the number of  
16 Staff on your shift is yourself and three --

17 THE INTERVIEWEE: Certified Nurse Aides.

18 MS. JONES: Okay. Would there have been anyone  
19 during your shift other than those people that could have  
20 entered the patient's room? Would there be any visitors  
21 that time of day? Any other types of people? Maintenance  
22 people or anyone who could have entered the room and done  
23 work?

24 THE INTERVIEWEE: No. There wasn't any visitors  
25 in, you know, from the time she went for her implant until,



1 at least when I was on, you know, until that -- I had  
2 removed that catheter. Yes, there wasn't anybody else. We  
3 do have occasional residents that do roam the facilities but  
4 there wasn't anybody else -- you know, no other residents in  
5 her room that night.

6 MS. JONES: Okay. If we could start then when the  
7 patient left here, went to the Cancer Treatment Facility on  
8 the 16th, and do you know what time the patient came back to  
9 this facility after receiving the treatment at the Cancer  
10 Center?

11 THE INTERVIEWEE: I think that was on the day  
12 shift that they had sent her back.

13 MS. JONES: Okay, that's right, and so then the  
14 16th would have gone through and you started at 11:00 p.m.  
15 that night?

16 THE INTERVIEWEE: Yes.

17 MS. JONES: What happened, as best as you can tell  
18 us, on that first, end of that first day?

19 THE INTERVIEWEE: Well, she had just like slept at  
20 short intervals throughout the night. She was complaining  
21 of being nauseated. We did give her some 7-up and ginger  
22 ale and that did seem to -- the nausea did seem to subside  
23 with that.

24 I did not have to medicate her that night for any  
25 nausea.

1 Her temp was up that night. It was 100.6, and she  
2 did have Tylenol for that.

3 Then later on in our shift she did have an emesis  
4 for us of 90 cc's of yellow liquid.

5 MS. JONES: Had the patient, if we could go back  
6 just maybe the day before, had the patient had any nausea  
7 before or -- were you working on the Sunday evening before  
8 she left for treatment?

9 THE INTERVIEWEE: Yes -- I don't really remember  
10 her having, you know, being nauseated as such, you know,  
11 before then.

12 MS. JONES: You can refer to your notes. That's  
13 fine.

14 THE INTERVIEWEE: Yes, because, you know, I  
15 can't --

16 [Pause.]

17 THE INTERVIEWEE: Okay, well, on the 15th -- oh,  
18 that would have been after she came back. I need to go back  
19 and forth --

20 MS. JONES: That's fine.

21 [Pause.]

22 THE INTERVIEWEE: I need to go back to the 14th  
23 because I have here on the 14th -- I don't recall her being  
24 nauseated, though, before she had went.

25 MS. JONES: I am wondering if you are working that

1 weekend shift, were you working that weekend?

2 We can go back. We can even go back to -- that is  
3 okay.

4 THE INTERVIEWEE: I would just like to refer to  
5 these.

6 MS. JONES: Do you work most weekends?

7 THE INTERVIEWEE: I work like usually every other  
8 weekend, I usually work. I don't recall her really being  
9 nauseated, you know, as such, before she had went. I know  
10 she was very apprehensive, you know, in regards to what she  
11 should do about having the implant done.

12 Here I have it started on the 14th. On the 11th,  
13 she had went -- we had got her ready to go to the doctor.  
14 She was to see Dr. Bauer at the Cancer Center treatment, and  
15 prior to that she, of course, had nothing to drink, or she  
16 was NPO because she was to have lab work done in  
17 anticipation for the follow-up surgery, or the implants.  
18 She was just real apprehensive about the whole procedure.

19 MS. JONES: Did she say that?

20 THE INTERVIEWEE: Yes. Throughout the night, I  
21 know she asked me several times if I thought she should go  
22 through it, and with anybody that went in the room, she was  
23 wanting opinions and just how we felt towards it, and  
24 basically I told her that it was a decision that she would  
25 have to make with her and Dr. Bauer to see what she -- it

1 was more or less up to her, and how Dr. Bauer thought she  
2 would be able to tolerate that procedure.

3 MS. JONES: Was she in good spirits, or was she  
4 cognizant and alert?

5 THE INTERVIEWEE: She seemed to be very much aware  
6 of what was going on. She didn't seem to be suffering,  
7 having too much pain, or anything. I know that this was  
8 just totally heavily weighing on her mind, she was very much  
9 alert and oriented.

10 MS. JONES: So we have before. So now, on the  
11 evening of the 16th is when we left off before, and she is,  
12 at this point, back in the nursing home, and this is her  
13 first evening back since the cancer treatment.

14 If you can tell us, from your notes, and your  
15 memory, what --

16 THE INTERVIEWEE: Actually, I have here on the  
17 14th that she had the five catheter needles intact, so I  
18 guess it would have been -- so it would have been on the  
19 13th that she came back on afternoon shift, around three.  
20 She was just real tired all afternoon, and she did have the  
21 five catheter needles intact all afternoon for us, and that  
22 night she had no temp elevation. Her vitals were stable.  
23 She was real pale, but she had always been slightly pale  
24 before she had even had this done.

25 She did have Darvocet that night. She was having

1 some rectal discomfort from the pressure, you know, of the  
2 tumor. She didn't specifically say that the needles were  
3 bothering her. She just said she had a lot of pressure and  
4 had discomfort in that area. She was alert and oriented  
5 throughout the shift. She did take fluids that night  
6 without any problem. She didn't have any rectal drainage  
7 whatsoever, and the sutures that she had there did remain  
8 intact the rest of the night.

9 She had her usual care. The girls turned her  
10 every two hours. We just kept her turned from side to side  
11 because we were concerned that there would be any kind of  
12 pressure on the needles, so we kept her off those the best  
13 we could.

14 MR. LLOYD: Did the Cancer Clinic give you any  
15 direction or the facility any direction on how to treat the  
16 five catheters?

17 THE INTERVIEWEE: Yes. We had --

18 MR. LLOYD: On what you should be doing?

19 THE INTERVIEWEE: Yes. We had received  
20 instruction. There was just this one page that had been  
21 sent with post-operative instructions. She was to -- no  
22 driving was to be permitted, that someone should remain with  
23 her the following 24 hours, she was not to operate any  
24 machinery or power tools, and I had told her she was not  
25 allowed to do any heavy cooking, that is what the

1 instructions were, and we were to call the Cancer Center if  
2 there was any type of problems before 6:00 p.m.

3 MS. JONES: At 6:00 p.m. of what date was that?

4 THE INTERVIEWEE: The day that she had come back,  
5 if there were any problems. If we did not hear from them  
6 before 6:00 p.m., we were to contact them that following  
7 day. I know when I had come on duty that night, I was just  
8 instructed to have the girls to, if she had a bowel  
9 movement, we were just to keep the area clean with warm  
10 soapy water. We were to take a syringe and syringe off the  
11 area, or if she had got it wet -- you know, if she had been  
12 incontinent -- that is basically the procedure.

13 Nothing was mentioned to me in regards, if they  
14 had become loose, or if there was any type of drainage, or  
15 that, you know. If there had been any type of drainage or  
16 anything, we would have taken further action, if need be.  
17 But there wasn't any type of instructions, if a catheter did  
18 become loose, or whatever, as such.

19 MS. JONES: Do you have any other patients, or  
20 have you had other patients with catheters before here?

21 THE INTERVIEWEE: Someone had said that we did,  
22 but I had been on a leave of absence for a short while, so I  
23 don't really remember directly taking care of them.

24 MS. JONES: Okay.

25 So that was on November --

1 THE INTERVIEWEE: This paper was dated the date of  
2 her surgery on the 13th.

3 MS. JONES: Okay.

4 THE INTERVIEWEE: So this is what was specifically  
5 sent back with her whenever she had returned.

6 MS. JONES: Great. Then we can just continue on  
7 after that.

8 THE INTERVIEWEE: Like I said, then that night,  
9 basically what I had told you before, I had just told you.

10 MS. JONES: And then so she is here for those  
11 couple of days, the 13th, 14th, 15th. The 16th she goes in,  
12 and if you could start on the 16th then, I think that is  
13 where we left off before?

14 THE INTERVIEWEE: Well, prior to that, one of the  
15 catheters had, you know, come out. She had went back for --  
16 I am trying to see when she went back for a follow-up  
17 treatment because, whenever she had went back, Dr. Bauer had  
18 removed one of the catheters because they were loose at that  
19 time.

20 MS. JONES: We have listed on the nurses' notes  
21 that at seven o'clock in the morning on November 16th, and I  
22 recognize that you would have just been leaving at that  
23 point --

24 THE INTERVIEWEE: In regards to what are we --

25 MS. JONES: -- she had left here to go to the

1 Cancer Treatment Center.

2 THE INTERVIEWEE: Let me see. I was thinking it  
3 was before then. That was on the 11th that I have that she  
4 had left in the morning. I don't have like -- let me see.

5 On the 15th -- I can't find it. The 16th, I am  
6 trying to find the 16th on here. I have the 13th.

7 MS. JONES: It is on both sides.

8 THE INTERVIEWEE: See, here is the 16th on the  
9 afternoon shift, and I have the 17th. I don't know what --

10 MS. JONES: It is not on the back?

11 THE INTERVIEWEE: No. That is the 17th. I don't  
12 know what happened to that, unless I put the wrong date,  
13 because it should have been -- I can't even find that in  
14 here. It could have been on -- the 13th, the 14th, the  
15 12th, the 15th.

16 I don't know, and that is the one I need, I guess.  
17 These are later ones.

18 MS. JONES: Do you want to stop for a second.

19 MR. LLOYD: Yes. Let's go off the record for a  
20 minute.

21 [Brief recess at 10:21 a.m.]

22 MR. LLOYD: Back on the record.

23 THE INTERVIEWEE: I guess that would have been  
24 right. I have would have started on the 17th at seven in  
25 the morning, then. Let me get that one. Let me just find



1 that one for the 16th where I had that her family had come  
2 in.

3 That night, right whenever we were getting a  
4 report, some family members had come in to see Mid. She was  
5 very apprehensive that night. She was really concerned that  
6 she was passing away, actually. She was just real concerned  
7 because she was just so sick, and family members had come  
8 in. The daughter-in-law was in, and her husband.

9 MS. JONES: Which daughter-in-law, just one  
10 daughter-in-law, or a daughter-in-law.

11 THE INTERVIEWEE: They had this chart that was --  
12 I really am not -- I didn't have much contact directly with  
13 the family, so I don't know, as such, they had just said  
14 that it was a daughter-in-law. She introduced herself as  
15 the daughter-in-law and the husband, so I don't have  
16 specifics in that respect.

17 Then they had left at 11:30. Mid had called them  
18 in herself. She had a phone back there in her room, and she  
19 had called them in herself.

20 MS. JONES: The patient?

21 THE INTERVIEWEE: Yes.

22 MS. JONES: That was 11:30 at night?

23 THE INTERVIEWEE: She had called them in at 11:00,  
24 from her room, to come in, and then they had come in shortly  
25 after that. They weren't here very long. They had left

1 like at 11:30 that night then.

2 MS. JONES: You are doing fine. Then if you can  
3 just go through what continued on through that evening, and  
4 the next day or two?

5 THE INTERVIEWEE: While she had slept at  
6 intervals, she did have 7-Up at intervals. Shortly after we  
7 had come on, she was complaining of being nauseated, and  
8 then at 2:00, she had a temp of 100.6, orally. We had been  
9 taking her temperature orally.

10 She did have an emesis that time of 90 ccs of  
11 yellow liquid, and I did medicate her with Compazine, 10  
12 milligrams IM, she had that in her right buttocks at 2:30.  
13 Her blood pressure at that time was 130/60, her pulse 110,  
14 and respirations 18. After she had that shot, the nausea  
15 had subsided. She was able to rest. She seemed  
16 comfortable, and then I had medicated her again in the  
17 morning at 6:00. Her temp was 100.7 orally.

18 She did continue to tolerate the 7-Up, and she did  
19 have her morning medications then, at that time, she was  
20 getting Reglan from me. She did have a bowel movement that  
21 night with no bleeding, and the four catheter needles had  
22 remained intact at that time.

23 MS. JONES: Four?

24 THE INTERVIEWEE: There were four, yes.

25 MR. LLOYD: Were any of the catheters labelled as

1 1, 2, 3, 4, 5, or any diagrams drawn as to where they were?

2 THE INTERVIEWEE: No. They had just started just  
3 right above her anal opening, and probably, I would say,  
4 maybe the length was about five inches. They were very  
5 close together, and they may have been about a half-inch  
6 apart, a fourth to a half-inch apart. There was no  
7 labelling as such.

8 MS. JONES: You can continue just on to the next  
9 day?

10 THE INTERVIEWEE: Okay.

11 MS. JONES: Which would be what date then?

12 THE INTERVIEWEE: Then the following, on day  
13 shift, on the 17th, she seemed less apprehensive that day.  
14 She did seem to rest at intervals during the day. She did  
15 have an emesis for them on day shift, and she was medicated  
16 with her Compazine, and she was to have follow-up treatment  
17 on Monday the 23rd, but Mid had felt, at that time, that she  
18 wouldn't be able to tolerate it that day, so they did cancel  
19 that. They were notified that day, on the 17th, that it  
20 would have to be cancelled at that time.

21 MS. JONES: Was that patient alert?

22 THE INTERVIEWEE: Yes. She had remained alert  
23 throughout that day, and she was very much alert and aware  
24 of what was going on. Then, when I had come in then, the  
25 next evening, she --

1 MS. JONES: Is that evening the 17th?

2 THE INTERVIEWEE: No, it would have -- Yes, well,  
3 it would have been the evening of the 17th, yes. She did  
4 seem to be settling down as far as her vomiting. It was  
5 subsiding somewhat, but she was still having occasional  
6 complaints of nausea.

7 MS. JONES: Occasionally, would this be how often  
8 would she complain of that?

9 THE INTERVIEWEE: Well, I wasn't -- I just  
10 basically know what had been going on like for us. I guess  
11 she had refused -- let me see -- on the 17th, she, at that  
12 point, was refusing any medications, her routine regular  
13 medications, because we was concerned that she might -- it  
14 might induce her vomiting. It might contribute to her  
15 vomiting, but she had been okay on afternoon shift, as far  
16 as her vomiting. She hadn't vomited then, on that day, on  
17 the afternoon shift, but she wasn't taking any of her  
18 regular medications that were regularly ordered.

19 MS. JONES: So she didn't want to take any?

20 THE INTERVIEWEE: Yes. She was concerned that --  
21 Mid always was concerned with different side effects from  
22 medications. She was a nurse, and so she was aware of  
23 different side effects of medications.

24 I have starting here that on the 19th -- here, and  
25 then that night, for me, on the 18th, she did exceptionally

1 well as far as sleep. She had a very restful night. She  
2 did sleep most of the night. She did have Tylenol shortly  
3 after we had come on, she was medicated with Tylenol about  
4 12:45. Her temp was 101.8 orally, then her temp did come  
5 down to 99.5 orally at 5:00. She had no complaints of  
6 discomfort that night. She did tolerate ginger ale for us.

7 I did hold her Reglan in the morning, per her  
8 request. She did complain, though, of nausea around 5:00,  
9 and she was medicated with her Compazine, but she had no  
10 vomiting that night. Color-wise, she was still very pale.  
11 Her skin was warm and dry. As far as her voiding, she had  
12 voided, and the four catheter needles still remained intact  
13 at that time.

14 Then, as the day went on, she had vomited for  
15 them. She had an emesis about 200 ccs of partly digested  
16 Jell-o. She had been on clear liquids ever since she had  
17 came back, and she was just very apprehensive throughout the  
18 day. She did continue to complain of nausea most of the  
19 day, and then later on, on day shift, they had given her her  
20 Xanax due to her apprehensiveness, and she had no further  
21 vomiting then the rest of that day. She did seem to be able  
22 to maintain the clear liquids that she was receiving and, of  
23 course, she remained very tired then the rest of the day.

24 MS. JONES: And that was 18th?

25 THE INTERVIEWEE: The 18th, yes.

1 MS. JONES: Okay.

2 THE INTERVIEWEE: And then the 19th, whenever I  
3 had worked, her temp had remained within normal range. It  
4 was 98.8 all shift for us. Her vitals were stable. She  
5 continued to be very weakened. She slept at short intervals  
6 that night, awaked just to take fluids.

7 She, at that time, was voicing concerns about not  
8 being able to void. She had been complaining she was having  
9 trouble voiding. She did void for us. She had voided a  
10 moderate amount twice for us, like a moderate amount she had  
11 voided for us, and, of course, she was concerned about not  
12 having a bowel movement. I had listened to bowel sounds,  
13 and they were active in all four quadrants. She had no  
14 abdominal dissention.

15 She did have some clear liquid drainage for us  
16 covering -- on the pillow case covering. She was on a donut  
17 to relieve the pressure from the catheters, and, of course,  
18 I had held her morning medication because she was still  
19 voicing concerns about having vomiting from the medication,  
20 and the four catheter needles did remain intact.

21 Then, of course, the rest of the day she did  
22 remain on the clear liquids. On day shift, she had no  
23 further nausea. Her temp was down, her blood pressure,  
24 pulse and respirations were stable.

25 Then, as the evening had continued, she still had

1 no further complaints of any nausea.

2 MS. JONES: Okay.

3 THE INTERVIEWEE: Oh, I'm sorry. They had been, I  
4 guess it must have been on that day, they had -- Mid was  
5 having complained of increased thermometer discomfort and  
6 they had ordered a Doragesic patch which -- I'm just trying  
7 to think of when that happened.

8 [Pause.]

9 THE INTERVIEWEE: I'm trying to see when Dr. Boren  
10 had ordered a Doragesic patch because she was complaining of  
11 increased, you know, discomfort with the tumor.

12 MS. JONES: Would that be on the 19th?

13 THE INTERVIEWEE: Well, yes, but it looks like she  
14 has a patch or -- okay, she must have just put it on then,  
15 on the 19th, okay. That's when they had put that on. Okay,  
16 she had that Doragesic patch on and I don't remember her  
17 complaining of pain. She has down here that she was  
18 complaining of pain radiating from her vagina to her upper  
19 abdomen. Maybe she was complaining at that time of not  
20 being able to void.

21 MS. JONES: What nurse wrote that down on the  
22 nurse's logs?

23 THE INTERVIEWEE: Let me see. That would have  
24 been [REDACTED] Okay, yes, that's when she was still  
25 continuing to complain of having discomfort and not being

1 able to void. She was concerned that she wasn't able to  
2 void, concerned about not having -- being able to move her  
3 bowels. That was on the 19th when we had, you know, was  
4 really becoming very concerned with this.

5 Of course she hadn't really been taking a lot in  
6 either, you know. Her intake had decreased so naturally if  
7 she wasn't taking much in, she wasn't going to be voiding as  
8 much.

9 MS. JONES: Was she able to have anything to eat  
10 that was like jello?

11 THE INTERVIEWEE: Well, she had just been on a  
12 clear liquid diet ever since she came back. She wasn't able  
13 to tolerate any solid food whatsoever and then on the 19th,  
14 on the afternoon shift, they were doing perineum care and  
15 they had removed a piece of gray-black tissue which was  
16 about one inch long that was adhered to one of the implants.  
17 This was not reported to me during report. I had just read  
18 this in the nurse's notes. I wasn't really aware of this.

19 MS. JONES: Who was the person that wrote in the  
20 notes that statement?

21 THE INTERVIEWEE: Well, this was [REDACTED]  
22 that had -- I'm sure she had reported it to the RN that was  
23 on duty that night but this was not brought to my attention,  
24 you know, in report when I had received the report.

25 Then on the 19th, as the night continued she had



1 no further -- we'd noticed no further tissue that was loose  
2 around the implants.

3 On that night of the 20th, she had slept at short  
4 intervals. She was still complaining of being nauseated and  
5 she did have some ginger ale, which did seem to relieve it  
6 some.

7 I have offered her Compazine for her nausea but  
8 she had at that time had refused it. I did medicate her  
9 with her Xanax because she was very apprehensive. She had  
10 asked me for it. I didn't really suggest it. She had asked  
11 me for it and it did seem to relax her and she did, you know  
12 -- it was effective.

13 Then at that time there were the -- that must have  
14 been -- I think that was the night that that had come --  
15 here. I have down here that there was the three -- okay,  
16 that was the night that the one had come loose. It was the  
17 top one.

18 MS. JONES: Oh, top one -- what?

19 THE INTERVIEWEE: The top catheter needle implant  
20 that was -- there was four, you know, at that time, and this  
21 was the very top one that had -- it was, I guess, I don't  
22 know, I guess around 5:00, somewhere between 4:30 and 5:00  
23 that we had rolled Mid over and we had noticed that it was  
24 protruding about a half of an inch from her rectum, and a  
25 lot of things went through my mind at that time.

1 I had went back and looked at her chart just to  
2 see if there was anything document as such, you know, what  
3 to do if it did become loose, but there really wasn't, you  
4 know, anything as such and I thought, well, since it was  
5 late enough in the shift I would just draw attention to the  
6 Charge Nurse that was on duty the next day, because it  
7 wasn't anything really, even if she would have been shipped  
8 -- you know, even if I had to transfer her over to the  
9 Cancer Center Treatment at that time I didn't think that  
10 there was any type of danger or fear, you know, that  
11 warranted, you know, any type of immediate attention done.

12 MS. JONES: Right.

13 THE INTERVIEWEE: We just kept an eye on it and  
14 then some time between 5:30 and 6:00 then we had went back  
15 and it was completely removed. She had had a large liquid  
16 incontinent bowel movement. When we had rolled her over,  
17 she had rang and we rolled her over and it was just there.  
18 It had come out then and the aide that was there, I told her  
19 just to hold her over --

20 MS. JONES: And who was that?

21 THE INTERVIEWEE: [REDACTED] was her caretaker  
22 that night. She had double gloves on. You know, she had  
23 rolled her over and I had went out to our Med Room to get  
24 one of our waste, red bag waste disposal that we were  
25 informed, you know, the new type of hazardous material, so

1 then I had went back to her room. I had put double gloves on  
2 and I just picked the catheter up by the very tip. There was  
3 a little rod, and I had picked it up by the very tip and  
4 just looked at it very quickly and then put it in our red  
5 bag and then I had took it to our waste disposal bin.

6 MS. JONES: What room -- is that the room on the  
7 side?

8 THE INTERVIEWEE: Yes, it's the second room on the  
9 left. It would have been about 30 feet, say, from her room  
10 roughly. It was on the opposite side.

11 MS. JONES: Okay, yes?

12 MR. LLOYD: Question. To the best of your memory,  
13 could you draw a picture of where the five catheters were,  
14 maybe the geometric locations, and then the one that you  
15 believe is the one that came loose?

16 THE INTERVIEWEE: Okay. It was this top one. I  
17 had charted that in my nurse's notes that it would have been  
18 this top one here that had dislodged. That was the one that  
19 had came out.

20 MR. LLOYD: Okay. What's --

21 THE INTERVIEWEE: Well, here is her opening her,  
22 and it would have been the top one, right here, that had  
23 came out.

24 MR. LLOYD: Okay.

25 MS. JONES: When you mentioned the source when it

1       came out, you grabbed at one end?

2               THE INTERVIEWEE: I just grabbed it by the very  
3 tip. There was that little rod and that's where I had  
4 grabbed it at. I didn't touch any other piece of it. I  
5 just, you know, had picked it up and I was amazed at how  
6 long that catheter was that was covered with the white  
7 sheath.

8               MS. JONES: How long?

9               THE INTERVIEWEE: I was surprised how long; it  
10 was almost four inches long and that -- I was totally you  
11 know, I'm not familiar with, you know, those implants, and  
12 there was about the length of my fingernail, about a fourth  
13 of an inch that was exposed, like bare metal, that was  
14 exposed.

15              MS. JONES: At one end?

16              THE INTERVIEWEE: Yes, at the very tip, yes, that  
17 would have been right into the tumor -- and that is  
18 basically all I remember about that catheter.

19              Well, I have documented here that at 6:15 that I  
20 had put it in that red bag so right after it had came out,  
21 you know, that we noticed it is when we had put it -- you  
22 know, I had put it right in the red bag and then I had  
23 immediately disposed of it and even before the RN that had  
24 came on duty that next day I had reported to her what had  
25 happened and then I was there when she made the call to

1 Indiana Hospital, you know, the Cancer Center Treatment, in  
2 regards that this was what should have been done, you know,  
3 with the disposal of it, and they were in total agreement  
4 that that was, you know, the steps that should have been  
5 taken.

6 MS. JONES: Okay. Do you remember or is it in the  
7 notes who called the Cancer Center? That would have been -

8 - THE INTERVIEWEE: It was [REDACTED] the RN  
9 that was in charge that next day.

10 MS. JONES: Do you know who she talked to at the  
11 Cancer Center?

12 THE INTERVIEWEE: Okay, she said that she had  
13 called the Cancer Center Treatment to, you know, in regards  
14 to the catheter being expelled. They had said that it was  
15 fine to dispose of it as such, the way we had done.

16 She has -- nothing is documented in regards as to  
17 who she specifically had talked to.

18 MS. JONES: Okay.

19 THE INTERVIEWEE: I was trying to find if this was  
20 the 21st. I am trying to think. I might have been off that  
21 next night. Here is the 20th.

22 Is that the night I am looking for, the 20th?

23 Yes, I guess.

24 MS. JONES: The 20th is what you said.

25 THE INTERVIEWEE: That was the night that that had

1       come out. I am looking for the 21st.

2               I was off then that next night. I didn't work  
3 that next night then.

4       MS. JONES: Do you know if there were any --

5       THE INTERVIEWEE: I didn't work that next night.

6       MS. JONES: And there were no visitors during your  
7 shift?

8       THE INTERVIEWEE: No. We had nobody in other than  
9 that one night, and they just stayed just for a real short  
10 time. That had come out and told me that they were leaving,  
11 and that if I needed to call them, I would call them.

12       MS. JONES: When you put the catheter in the red  
13 bag, and you mentioned at 6:15 a.m. you put it in the room  
14 for disposal, what happens to it in there, how long would  
15 it -- what is the sequence of events after that?

16       THE INTERVIEWEE: Well, I really don't know for  
17 sure what time that our maintenance handles that, what time  
18 they take it out. Some nights I come on and that bin is  
19 full, and other nights there is nothing in it. So I don't  
20 know if they just dispose of it as needed, or if there are  
21 specific times. I really --

22       MS. JONES: That would be the maintenance person?

23       THE INTERVIEWEE: I think he is the one that  
24 disposes of it as far as I know. I don't remember him ever  
25 disposing of it on our shift. I have never seen him come on

1 duty and dispose of this material right after he has come  
2 on, so I really don't know that.

3 MS. JONES: Are there any copies of visitors' logs  
4 that you are aware of at this facility?

5 THE INTERVIEWEE: Visitors' logs?

6 MS. JONES: Yes, or do you know who would come in  
7 to visit?

8 THE INTERVIEWEE: Just basically what was  
9 documented. You know, in the nurses notes, we usually  
10 document who came in. If her condition would have, you  
11 know, like say for me, I am responsible for calling the  
12 immediate responsible party for her, and that is who I would  
13 have contacted, and that is basically all I am responsible  
14 for notifying. So if they would have wanted -- you know,  
15 the family would have wanted anybody else to come in, they  
16 would have called the other relatives.

17 MS. JONES: And you weren't here the next night,  
18 on the 21st, then. Were you here the following evening?

19 THE INTERVIEWEE: No, I was off then. There was  
20 another LPN that was on duty that night. I wasn't here then  
21 after that, after I had removed that catheter, I had been  
22 off. I wasn't here right before her death. I was off then  
23 those nights.

24 MS. JONES: Okay.

25 How many times during an evening, or during your

1 shift, would you enter the patient's room normally?

2 THE INTERVIEWEE: Well, usually every two hours,  
3 but, if need be, prior to that, I would go in if her  
4 caretaker was busy. Shortly after she came back, we did  
5 spend, I mean, more time than what was had in there. You  
6 know, she was sick, and we naturally couldn't leave her, but  
7 at least every two hours I had been in to check on her.

8 MS. JONES: And when you would check on her, how  
9 long would you be in the room to check?

10 THE INTERVIEWEE: Maybe five minutes at the most,  
11 maybe ten at the very most, but no longer than that. That  
12 was about it.

13 MS. JONES: And the assistant, you mentioned that  
14 there is a Certified Nurses' Assistant that is assigned?

15 THE INTERVIEWEE: Yes.

16 MS. JONES: How are they assigned, is that for one  
17 evening, or did they change different assistants for every  
18 evening?

19 THE INTERVIEWEE: They would take different  
20 sections.

21 MS. JONES: Different sections?

22 THE INTERVIEWEE: Yes. They are never in the same  
23 section more than one night in a row.

24 MS. JONES: Do you remember who was assigned to  
25 her like the 16th through the --



1 THE INTERVIEWEE: I will have to get our schedule.  
2 I have it documented on --

3 MS. JONES: There is a schedule?

4 THE INTERVIEWEE: Yes. We can look at our  
5 schedule.

6 MS. JONES: We will probably ask you for it.

7 THE INTERVIEWEE: I just know that [REDACTED] was here  
8 that night that the catheter had come out, and she was in  
9 there for maybe fifteen minutes to clean her up.

10 MS. JONES: Do the assistants spend more time than  
11 you with the patient, more frequent time, or do you know?

12 THE INTERVIEWEE: Yes, they do. It depended on  
13 what they have do when they go in there for her. I had  
14 taken care of her some, too. If they were busy, I would  
15 also hold the bedpan, whatever, but, yes, they would spend  
16 more time in direct contact with her than I did, yes. They  
17 did.

18 MS. JONES: Did you have any contact with either  
19 the patient's doctor here or the doctor at the cancer  
20 treatment facility?

21 THE INTERVIEWEE: No, I never had to call Dr.  
22 Bauer for anything in regards to her. Right after she came  
23 back, I didn't have to call Dr. Boren or Dr. Bauer in  
24 regards to her condition.

25 MS. JONES: Right.

1           Are you aware or do you know if there were any  
2           calls made to the patient's family?

3           THE INTERVIEWEE: That Mid would have made, not on  
4           our shift that I know of. I don't remember her ever making  
5           any phone calls on our shift.

6           MS. JONES: Would you or any of the assistants  
7           that worked with you have called the family?

8           THE INTERVIEWEE: No. I am the only one that is  
9           allowed to call the family.

10          MS. JONES: And what types of activities, again,  
11          when you go in the room do you do with the patient, what  
12          kinds of things do you check?

13          THE INTERVIEWEE: That I directly am responsible  
14          for checking?

15          MS. JONES: Right.

16          THE INTERVIEWEE: I would go in and I would check  
17          her blood pressure, just assess her whole situation in  
18          general, ask her how she was feeling, if there is anything I  
19          can do for her, and I had checked those catheters, you know,  
20          usually when I came on, and then throughout the night, if  
21          the girls came to me with anything that warranted my  
22          attention, and then, in-between, I would go in and just  
23          check on her and see how she was doing, if she needed the  
24          bedpan, or whatever, I would assist with that.

25          MS. JONES: Would you check the catheters every

1 two hours during your shift or just sometimes?

2 THE INTERVIEWEE: No, because, if she was  
3 sleeping, I wasn't going to wake her. They would turn her  
4 every two hours, and the aide would check them then, and if  
5 anything needed to be brought to my attention, they would  
6 inform me.

7 MS. JONES: In your view, since you were here when  
8 the patient came back on the 16th from the cancer treatment  
9 center to the time when you left and weren't working on the  
10 evening of the 21st or 22nd --

11 THE INTERVIEWEE: The 20th.

12 MS. JONES: -- the 20th, how would you state that  
13 the patient's condition stayed the same, did it change?

14 THE INTERVIEWEE: She was always sick. She always  
15 had periods of nausea and vomiting. In that respect, I  
16 think, in that area, she basically stayed the same.  
17 Overall, cognitantly-wise, she was a little bit -- as the  
18 days went on, I think she wasn't nearly as aware of things,  
19 at least up until the last night I had worked. She always  
20 seemed to know me, and know where she was at, but there were  
21 times she would just -- her mind would sort of drift. She  
22 wasn't always as alert as what she had been before.

23 MS. JONES: Okay.

24 MR. LLOYD: One question.

25 MS. JONES: Sure.

1 MR. LLOYD: Prior to the 16th, what was her  
2 appetite, her alertness, her nausea, the kinds of problems,  
3 could you explain on the few days before?

4 THE INTERVIEWEE: Yes. She had eaten. She was on  
5 I think a regular diet is what she was on and she ate. She  
6 was never a real good eater, but she did, you know, eat  
7 enough to keep her able to function.

8 She always took fluids in for us. I mean it was  
9 basically after she had come back that she had the problems  
10 with the -- but these are general side effects from  
11 radiation and we anticipated, but Mid I know herself she had  
12 even said to me she was more or less anticipating the worst.  
13 You know, she was totally had her mind made up that when she  
14 came back she was going to be deathly sick. She had even  
15 mentioned this to me. You know, she just had that type of  
16 personality. She was very apprehensive about the whole  
17 situation. You know, she was just very worried about it and  
18 then that's basically after she had come back that she did  
19 have the nausea and the vomiting.

20 MS. JONES: I think I asked you this earlier but  
21 is there any other patients that would have had catheters or  
22 similar -- that had similar symptoms to her or you did not  
23 have any patients? I can't remember.

24 THE INTERVIEWEE: Well, not so much with the  
25 implants that I recall but we have had some that have

1 received radiation therapy and we recently had a man that  
2 had passed away and he was very nauseated at times. He'd  
3 have periods of nausea.

4 MS. JONES: What was the feeling of the Staff at  
5 the nursing home concerning the death of the patient when it  
6 occurred?

7 THE INTERVIEWEE: I wasn't on that night. It was  
8 expected. I mean I knew when I came back I wasn't  
9 surprised. I, you know, it wasn't anything that I was  
10 surprised about.

11 MS. JONES: Okay. Is there anyone in particular  
12 that you think would be helpful for us to talk with to get  
13 more facts or information about the series or sequence of  
14 events?

15 THE INTERVIEWEE: Not really, just other than the  
16 ones that have charted, you know, on her, basically, you  
17 know, the Direct-- or any of the other Certified Nurse Aides  
18 that had taken care of her, unless you would talk to the  
19 other nurses on our shift, the Certified Nurse Aides that  
20 had taken care of her, but that would be all that I would  
21 know of, really.

22 MS. JONES: Now we know that there's nurses' notes  
23 that you referred to here. Is there anything that a doctor  
24 would keep at the facility, doctors' notes or patient chart  
25 information that would be other than what the nurses would

1 do? Would doctors have additional information that they  
2 would keep here?

3 THE INTERVIEWEE: Well, we have Doctor Progress  
4 Notes that, you know, are kept up on the resident.

5 MS. JONES: And in this case the doctor that would  
6 do that would be the personal doctor?

7 THE INTERVIEWEE: Yes, her personal doctor, yes.

8 MS. JONES: Which doctor was that?

9 THE INTERVIEWEE: Dr. Boren.

10 MS. JONES: Dr. Boren. We'll probably ask the  
11 Administrator for a copy of those as well.

12 Is there anything that you think could have  
13 prevented or helped the situation with this patient and this  
14 implant?

15 THE INTERVIEWEE: She really -- it was just one of  
16 those things. She knew if she didn't probably have the  
17 implant the cancer was going to kill her. I guess they had  
18 I think discovered another mass in her lungs, so it was just  
19 one of those things with her condition.

20 She was very arthritic. Her overall health,  
21 period, she had a very low resistance at that time before  
22 she even went over there, so it was just one of those --  
23 from a medical standpoint, she didn't have much choice  
24 really. She knew that it was either, because she had had  
25 like rectal bleeding at intervals and she knew she was

1 probably either going to bleed to death or have the implants  
2 and I, you know, who is to say really? It's just one of  
3 those situations.

4 I think she knew that this was more or less her  
5 only option at this point to, you know, proceed with the  
6 implants, to get the radiation therapy to hopefully shrink  
7 that tumor.

8 MS. JONES: Yes, and to your knowledge as far as  
9 other patients who were in rooms around this patient's room,  
10 can you remember who or is there a record that we can look  
11 at to see what patients were in rooms that were across the  
12 hall or next door on either side?

13 THE INTERVIEWEE: Yes, the nightly report sheets  
14 we have as such with the rooms, yes.

15 MS. JONES: Okay. I didn't bring a copy of that.  
16 The bed that she was in, there was a headboard.  
17 Was there anyone on the other side in the adjacent room?

18 THE INTERVIEWEE: After she had the implant? No,  
19 there wasn't anybody else in there.

20 MS. JONES: Okay, and the record would show that  
21 there was no one in that room?

22 THE INTERVIEWEE: Yes. From the time she came  
23 back, our report sheets have, you know, on a nightly basis  
24 what -- we always, you know, the room numbers are at the  
25 top.

1 MS. JONES: Okay. Was there anyone else in the  
2 room with her after she had the implant? A patient?

3 THE INTERVIEWEE: Another --

4 MS. JONES: In the bed.

5 THE INTERVIEWEE: Another resident?

6 MS. JONES: Yes.

7 THE INTERVIEWEE: No. Not that I can recall.  
8 There wasn't.

9 MS. JONES: Can you think of anything else?

10 MR. LLOYD: No.

11 MS. JONES: Are there any questions that you have?

12 THE INTERVIEWEE: No, not at this time --

13 MS. JONES: Okay.

14 THE INTERVIEWEE: -- that I can recall.

15 MS. JONES: Okay, well, I appreciate you coming in  
16 today and this will be the close of this interview. It is  
17 11:01.

18 [Whereupon, at 11:01 a.m., the taking of the  
19 interview was completed.]

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REPORTER'S CERTIFICATE

This is to certify that the attached proceedings before the United States Nuclear Regulatory Commission

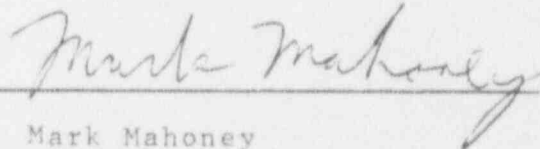
in the matter of: Incident Investigation Team

NAME OF PROCEEDING: Interview of: Donna Joyner

DOCKET NUMBER:

PLACE OF PROCEEDING: Indiana, Penn.

were held as herein appears, and that this is the original transcript thereof for the file of the United States Nuclear Regulatory Commission taken by me and thereafter reduced to typewriting by me or under the direction of the court reporting company, and that the transcript is a true and accurate record of the foregoing proceedings.



Mark Mahoney  
Official Reporter  
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