

08-92 53D

Vol II



OFFICIAL TRANSCRIPT OF PROCEEDINGS

Agency: U.S. Nuclear Regulatory Commission

Title: Incident Investigation Team

Docket No.

INTERVIEW OF: Donna Joyner
(Closed)

LOCATION: Indiana, Pennsylvania

DATE: Wednesday, December 9, 1992

PAGES: 1 - 40

Information in this record was deleted
in accordance with the Freedom of Information
Act, regulations _____

FOIA 92-612

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ADDENDUM/ERRATA SHEET

Page Line Correction and Reason for Correction

Donna Boyner has declined to review her transcript

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 Best Western Hotel
13 1545 Wayne Avenue
14 Indiana, Pennsylvania
15 Wednesday, December 9, 1992
16

17 The above-entitled matter commenced at 8:12
18 o'clock a.m., when were present:

19
20 CYNTHIA G. JONES, Section Chief, IMNS
21 PENNY NESSEN, Health Physicist
22 Nuclear Regulatory Commission
23
24
25

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P R O C E E D I N G S

[8:12 a.m.]

1
2
3 MS. JONES: Thanks for coming. My name is Cynthia
4 Jones, and I am the Section Leader in the Operations Branch
5 in the Programmatic Safety Section, which is in the Division
6 of Industrial Medical Nuclear Safety in the Nuclear
7 Regulatory Commission.

8 I am part of an IIT Team, which is an Incident
9 Investigation Team, which is from our headquarters office in
10 Rockville, Maryland. We also have team members who are from
11 our Region I office, and we have contractors and medical
12 physicians assisting us as well.

13 What I would like you to do is, if you could state
14 your name and spell your last name for the people who are in
15 the room for the individual being interviewed today?

16 THE INTERVIEWEE: My name is Donna Joyner. It is
17 J-o-y-n-e-r.

18 MS. NESSEN: I am Penny Nessen, N-e-s-s-e-n, a
19 Health Physicist from Region I.

20 MS. JONES: And your occupation?

21 THE INTERVIEWEE: A licensed practical nurse.

22 MS. JONES: As I mentioned earlier, the subject
23 incident is part of an Incident Investigation Team. It is
24 the Nuclear Regulatory Commission's highest level of team to
25 establish what happened, to identify the probably cause of

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1 the incident, to gather facts, and find out the specific
2 sequence of events, and then to provide any appropriate
3 feedback or recommended regulatory changes, recommended
4 guidelines to the industry and, in this case, possibly the
5 licensee regarding any lessons learned that we receive from
6 this incident.

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

14 Donna, since you have been through this once
15 before, you know it is being documented, and it will be part
16 of what we call a transcription paper. It will be available
17 in about 24 hours to review, and you will, again, have an
18 opportunity to change anything that you feel is incorrect,
19 or that you have misstated, or you would just like to make
20 any changes that you would like to, you will have an
21 opportunity to correct that. Those changes will stay with
22 part the transcript, and they will become part of the public
23 document.

24 These transcripts and others that we have
25 interviewed this week will become public documents, and will

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1 be available in two public document rooms, one is in our
2 Region I Office, which is King of Prussia, Pennsylvania,
3 right outside of Philadelphia, and the other office is in
4 our Washington, D.C., Office downtown.

5 As I gave you before, Exhibit 3.1 is the sheet of
6 activity, and I will give you another one today, too, which
7 describes what you need to do or read about the transcripts,
8 and how they are available, how you can change it, and so
9 forth.

10 The team itself will put together what is called a
11 NUREG Report in about 45 days, which will summarize the
12 incidents as they have occurred, and the facts that we found
13 in this fact finding mission. It will list any of the
14 descriptions, drawings, diagrams, and so forth that were
15 involved as the source travelled from the Cancer Center
16 through the nursing home to the waste landfill, and then
17 ultimately set off radiation alarms in Warren, Ohio. That
18 document also will be placed in the public document room in
19 both those two places I mentioned previously.

20 It is now 8:15 on Wednesday, December 9th, and we
21 will be starting the interview.

22 In your own words, if you can, starting from the
23 time that you were employed at the nursing home, can you
24 give us an idea of your job description, and your experience
25 and training that you have had at other facilities?

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1 THE INTERVIEWEE: I have been employed at Scenery
2 Hill Manor since 1974, which will be roughly 15 years.
3 Previously to my employment at Scenery Hill, I was employed
4 by Indiana Hospital for approximately a year-and-a-half. I
5 had done private duty for a short time after that, and then
6 I still remain at Scenery Hill.

7 MS. JONES: What are your duties at Scenery Hill,
8 and what shift do you work there?

9 THE INTERVIEWEE: I am employed on the eleven to
10 seven shift. I am in charge of overseeing the certified
11 nurse aides, passing medications, doing treatments,
12 charting.

13 MS. JONES: Do you write in the charts?

14 THE INTERVIEWEE: Yes.

15 MS. JONES: The nurse's notes?

16 THE INTERVIEWEE: Yes.

17 MS. JONES: And who else can write into the
18 nurse's notes?

19 THE INTERVIEWEE: I am the only one that is
20 permitted to write in the nurse's notes.

21 MS. JONES: To just give you a little bit of a
22 refresher, the 16th of November was when the patient -- that
23 happened to be a Monday, and that was when the patient came
24 back from the Cancer Treatment Center. If you can, describe
25 in your best words, if you were on duty that day, or that

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1 evening, what you did with the patient, and things like
2 that, just to give us an idea of what events occurred that
3 first day?

4 THE INTERVIEWEE: I had been off previously that
5 night, the Sunday night before, and she had come back from
6 the Cancer Center treatment around eleven o'clock on the
7 16th. She had come back with the four catheters that were
8 intact. Dr. Bauer had removed one of the catheters whenever
9 she had went for her first radiation treatment, whenever she
10 had left our facility there were the five, and he had
11 removed one whenever she was going for this first treatment.

12 Then, as the day proceeded, she had vomited later
13 on in the afternoon, and then she had been medicated, and
14 then as the day continued, she had been complaining of
15 rectal pain. At that time, the nurse on duty had called and
16 got an order for a different type of pain medication.

17 As the day had continued, she had vomited on the
18 afternoon shift, and they had administered the new order
19 that was prescribed for the pain, and then that night the
20 resident had called from her room. She had a phone in her
21 room. She had called the daughter-in-law, and the daughter-
22 in-law and her husband had come to the facility around
23 eleven.

24 Right after I had received report, they had come
25 out and reported to me that they were leaving at that time.

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1 MS. JONES: So they were there until --

2 THE INTERVIEWEE: Approximately a half-hour that I
3 was aware of.

4 MS. JONES: And that was still in the evening of
5 the 16th?

6 THE INTERVIEWEE: Yes.

7 MS. JONES: When you work on this shift, what
8 other kinds of assistants or aides -- is there an RN on
9 staff, who are the other people at the facility that are
10 nurses, or certified nursing assistants with you?

11 THE INTERVIEWEE: There are three certified nurse
12 aides, and then me.

13 MS. JONES: Do you know who the certified nurse
14 aide was on the evening of the 16th?

15 THE INTERVIEWEE: It was [REDACTED]

16 MS. JONES: We can go through the days as they
17 occurred. I am trying to get a feel for who was the
18 certified nurse aides on duty for each evening. You
19 mentioned earlier that the certified nurse aides rotate?

20 THE INTERVIEWEE: They rotate through the section.

21 MS. JONES: Can you explain that?

22 THE INTERVIEWEE: They are assigned a certain
23 section, and depending on what our sense is, the patients --
24 it is usually divided among the three of them, and each
25 night they are on a different section, they take care of

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1 different patients on a nightly basis.

2 MS. JONES: What sections do you have in the
3 nursing home?

4 THE INTERVIEWEE: Well, it usually runs -- like
5 last night they worked one to ten, and then twelve through
6 seventeen, and then nineteen and then twenty back.

7 MS. JONES: So those are room numbers?

8 THE INTERVIEWEE: Well, roughly. It just depends.
9 It fluctuates from night to night dependent on if we have an
10 admission that day, but it is roughly divided evenly among
11 the three when there are the three on.

12 MS. JONES: Is there usually three on, or is there
13 times when --

14 THE INTERVIEWEE: There are three always
15 scheduled.

16 MS. JONES: What kinds of duties would they do in
17 assisting you in your evening?

18 THE INTERVIEWEE: Well, they are mostly in charge
19 of direct patient care. They are committed to take blood
20 pressures, they do take temperatures, and as far as
21 assisting me, unless I would need help, if I was
22 administering a shot, to help reposition a patient to that
23 effect, but other than that, that is basically all they
24 really assist me with.

25 MS. JONES: Would the certified nurse assistants

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1 or yourself spend more time with the patient throughout the
2 evening?

3 THE INTERVIEWEE: The certified nurse would.

4 MS. JONES: Is there a set schedule that they
5 follow to be with the patient, or do things with the patient
6 throughout the evening?

7 THE INTERVIEWEE: We have a nightly routine that
8 they do follow.

9 MS. JONES: Do you know what that is?

10 THE INTERVIEWEE: Every two hours, they are to go
11 and give direct care to the patients, and they are to make
12 rounds every two hours with that patient, and then, of
13 course, in-between, if the patient does ring for assist,
14 then they administer whatever care is needed to that
15 resident at that time.

16 MS. JONES: Would they have hands on the patient,
17 do they involve turning the patient, or in the evening,
18 because they are usually sleeping, they wouldn't disturb the
19 patient?

20 THE INTERVIEWEE: They are repositioned regardless
21 of sleep, if they are to be repositioned.

22 MS. JONES: So that would depend on the doctor's
23 orders, if they needed to be repositioned?

24 I am trying to get a feel for when does the
25 patient need to be repositioned.

1 THE INTERVIEWEE: Well, mainly if there is a
2 pressure sore, they are turned every two hours. If they are
3 not able to turn themselves, they are automatically turned,
4 or if they have a fully catheter, or any pressure sores.

5 MS. JONES: Do you, yourself, work with any of the
6 doctors at the facility, or any doctors that come to the
7 facility?

8 THE INTERVIEWEE: Mostly through phone. I don't
9 have much direct contact other than through the phone.

10 MS. JONES: What types of visitors, you mentioned
11 the daughter-in-law came with her husband. Are there other
12 visitors that maybe were visiting other people during that
13 evening shift from eleven to seven?

14 THE INTERVIEWEE: No, there wasn't anybody else
15 that had come to visit.

16 MS. JONES: And were there any maintenance people,
17 or a problem that you can remember that would have required
18 a maintenance person to come in at that time of night?

19 THE INTERVIEWEE: No.

20 MS. JONES: So we are after the evening of the
21 16th, now the morning of the 17th, and if you could start
22 with the 17th, then you would have gone on duty that
23 evening, or just tell me what happened?

24 THE INTERVIEWEE: I will start with my notes. On
25 Tuesday morning, for the eleven to seven shift, the resident

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1 had slept at short intervals that night. She was able to
2 tolerate ginger ale. She had been complaining of being
3 nauseated. She did have an emesis for us, and she was
4 medicated early in the shift for us. She had been medicated
5 twice for temperature elevation.

6 MS. JONES: One quick question, was the emesis
7 clear, or did it have a color to it?

8 THE INTERVIEWEE: It was a yellow liquid.

9 Other than receiving the Tylenol for the temp
10 elevation, and being medicated for the vomiting, that was
11 all that she had received for us that night, and the four
12 catheters that were implanted did remain intact.

13 MS. JONES: Go on for the rest of the days?

14 THE INTERVIEWEE: As the day had proceeded, she
15 did sleep at intervals. She had told the girls on that
16 shift that she had felt at that time she was not able to
17 tolerate another radiation treatment, as scheduled, which
18 would have been scheduled for the following day, which would
19 have been the 18th.

20 She was medicated on day shift for temp elevation.
21 She remained alert and oriented. Then for afternoon shift,
22 she slept at intervals. She continued to remain alert and
23 oriented. She had just routine patient care. At that time,
24 she had refused her regular scheduled medicine because she
25 was afraid that she might vomit again.

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1 MS. JONES: Did she say that?

2 THE INTERVIEWEE: That is what was told to me in
3 report that that was the main reason why she had refused her
4 medications, because of the fear that she might have another
5 emesis again.

6 MS. JONES: Do you think that she had -- was she
7 vomiting more at this period, or had just started vomiting
8 very recently?

9 I am trying to get a feel for if she was vomiting
10 before the 16th or after the 16th.

11 THE INTERVIEWEE: Prior to the 16th, she had not
12 been vomiting on a regular basis.

13 MS. JONES: Was she able to keep some food down?

14 THE INTERVIEWEE: Right after she had come back, I
15 believe on the afternoon shift, she was started on clear
16 liquids, and she never really kept, really, too much down,
17 no, without being medicated.

18 MS. JONES: There is a medication that you can
19 take to not throw-up, is that what you mean?

20 THE INTERVIEWEE: Well, we had -- there was
21 medication prescribed if she needed something, if she had
22 been nauseated, yes.

23 MS. JONES: You can continue.

24 THE INTERVIEWEE: And then, for me, that night,
25 Wednesday night, the 18th, she did have a very restful

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1 night. She did sleep well that night. She was medicated
2 twice for a temperature elevation. She did continue to
3 tolerate 7-Up. She had no complaints of pain that night.
4 She was very much alert and oriented, and she continued to
5 request that she receive no regular scheduled medication.
6 At that time, she did complain of being nauseated as the
7 shift had went on late in the morning. At that time, she
8 was medicated. She did not have any vomiting, though, for
9 us that night, and, of course, the four catheters did remain
10 intact when I left that night.

11 Then, as the day had continued, she did have an
12 emesis on the day shift, shortly after the shift had
13 started. Her temperature did remain down for them, and she
14 had no further vomiting as the shift continued. She
15 continued to remain alert and oriented, and the four needle
16 catheters did remain intact.

17 Shortly before day shift had came on, she was
18 requesting medication for anxiety, which she was medicated
19 at that time, and she continued to maintain that clear
20 liquid diet that she had been on shortly after she had come
21 back from her first treatment.

22 She just started really becoming much weaker at
23 this time with not being able to keep any type of fluid
24 intake down. Her conditioning was starting to weaken then
25 at that time.

1 MS. JONES: Excuse me, this was on the 18th?

2 THE INTERVIEWEE: Yes.

3 And then on the 19th, her condition, on our shift,
4 of course, continued to remain weakened. Of course, she
5 wasn't able to drink very much. She didn't really complain
6 of any nausea that night. She had no nausea. She remained
7 very much alert and oriented.

8 MS. JONES: Do you know if she had received
9 medication to help subside the vomiting for maybe that
10 evening, the reason why she wasn't vomiting, had she had
11 some medication?

12 THE INTERVIEWEE: No, she had received no
13 medications on the previous shift.

14 MS. JONES: Thank you.

15 THE INTERVIEWEE: And then, as the day had
16 progressed, on day shift, she had been complaining of some
17 stomach discomfort after breakfast. She was able to
18 tolerate some of her breakfast. She remained without any
19 temp elevation as the day had continued. She was medicated
20 for nausea before she had her lunch. After lunch then, she
21 did have an emesis, and after lunch she was also medicated
22 for complaints of this stomach discomfort, and the
23 medication that she had received was effective.

24 As the day had progressed on afternoon shift, she
25 had no vomiting. She just had her routine care. She slept

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1 at intervals, and on that shift then she was -- the other
2 pain medication that had been prescribed three days prior --
3 I will say on the 16th, it was reapplied then on that day on
4 the afternoon shift, and it was effective.

5 MS. JONES: That was the 19th?

6 THE INTERVIEWEE: Yes.

7 MS. JONES: Okay.

8 THE INTERVIEWEE: And then on Friday, on the
9 eleven to seven shift, which would be on the 20th, she had
10 slept at short intervals that night. She did complain
11 occasionally of being nauseated. At that time, we had given
12 her ginger ale. She had refused the offer of medication to
13 relieve the nausea. She did request medication to relieve
14 her anxiety which she for us, and it was effective.

15 Shortly after we had come on, the top catheter had
16 become loose and then as the night progressed, late in the
17 shift, it was out about a half of an inch.

18 MS. JONES: Do you remember when that was,
19 approximately?

20 THE INTERVIEWEE: I can't tell you specifically
21 when.

22 MS. JONES: Was it the beginning of your shift?

23 THE INTERVIEWEE: Well, shortly after we had come
24 on. I would say about two hours, it had become loose, and
25 then towards the end of our shift, it was out about a half

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1 of an inch. Then about 6:10, the resident had rang, and we
2 had -- the certified nurse aide had rolled her over to clean
3 her and, at that time, the catheter was found dislodged
4 lying in the center of the air mattress that she was lying
5 on.

6 MS. JONES: And the air mattress some people refer
7 to as a donut?

8 THE INTERVIEWEE: An air mattress ring, yes, or
9 donut.

10 At that time, when we had found the catheter
11 dislodged in her bed, I had went to our treatment, or to the
12 medicine room where we keep our red disposal bags to dispose
13 of any hazardous waste, and then I had went to the
14 resident's room. About 6:15 then, I had disposed of the
15 needle catheter. I had put double gloves on and picked it
16 by the very end. It was a little rod, and I picked it up by
17 the rod, and then had disposed of it in the red bag, and
18 then taken it down the hallway to dispose in our own waste
19 disposal place for hazardous material.

20 MS. JONES: Did you or the certified nursing
21 assistant find it out on the donut first, who actually saw
22 it?

23 THE INTERVIEWEE: We saw it together. We were
24 both there.

25 MS. JONES: You were both in the room?

1 THE INTERVIEWEE: Yes.

2 MS. JONES: And how long did it take for you to
3 get the bag, put on your gloves, take the catheter, and put
4 it into the red bag, and then go to the soil utility room
5 where you put it?

6 THE INTERVIEWEE: Well, it was found at 6:10, and
7 not quite five minutes from the time that I left the
8 resident's room to go to get the red bag, and then back to
9 the resident's room, so I would roughly say about 6:15 when
10 I actually picked the catheter up in my hand, and then had
11 disposed of it in the red bag.

12 MS. JONES: Thank you.

13 When the catheter was on the donut, was [REDACTED]
14 [REDACTED] the certified nurse assistant with you?

15 THE INTERVIEWEE: Yes, [REDACTED] was there.

16 MS. JONES: Was [REDACTED] in there doing her regular
17 two hour routine, turning the patient, or cleaning the
18 patient, why were you both in there at the same time?

19 THE INTERVIEWEE: The resident had rang, and I had
20 been in there, and just overseeing what she needed, and I
21 realized at that time that she was soiled, and I had went
22 and got then the certified nurses aide, [REDACTED] to
23 take care of her at that time.

24 MS. JONES: Thank you.

25 You mentioned earlier, if I can stop you for just

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1 one moment, the resident complained of stomach pain earlier
2 in the evening. Did she describe any of the stomach pain,
3 or was there anything that the nurses had written down in
4 the nurse's notes as to why she had stomach pain, would you
5 attribute it to food, or had she not eaten any food?

6 THE INTERVIEWEE: That would have been on the day
7 shift on the 19th, perhaps it may have been contributed to
8 nausea that her stomach had hurt her, or was upset, actually
9 it hurt her.

10 MS. JONES: Is that usual for patients that get
11 nauseated that their stomach hurts?

12 THE INTERVIEWEE: It may have been contributing to
13 it somewhat.

14 MS. JONES: And you mentioned also she had
15 anxiety. In what way, or why was she feeling some anxiety?

16 THE INTERVIEWEE: Well, she may have just been
17 real apprehensive because she wasn't able to rest well. She
18 was concerned about what was going on with her, I am sure.

19 MS. JONES: You mentioned in our earlier
20 conversation, a couple of days ago, on Saturday, that the
21 patient was -- her occupation was what?

22 THE INTERVIEWEE: An LPN, a nurse.

23 MS. JONES: So she was aware of the kinds of
24 things that you were doing, and aware of medical
25 terminology, or prescriptions and things like that

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1 THE INTERVIEWEE: Yes.

2 MS. JONES: So she was aware of what was going on?

3 THE INTERVIEWEE: Yes.

4 MS. JONES: Thank you.

5 So you had taken out the catheter then, and you
6 put it in the red bag. Had you received any instructions
7 from the Cancer Center, or from the doctor that was treating
8 the patient about the catheters, or what to do with the
9 catheters, or what to do in the event that anything unusual
10 about the catheters happened?

11 THE INTERVIEWEE: The only specific instructions
12 that we had received was right after she had come back from
13 the initial implant and, at that time, we were given
14 instructions that we were to administer no rectal temps, we
15 were not to push, pull, or move the implanted catheters, we
16 were just to wash them gently with warm water after each
17 bowel movement, or if they had become soiled otherwise, and
18 just observe for any drainage around the implant site. We
19 were given really no specific instructions of how to dispose
20 of the catheters.

21 MS. JONES: Had you worked with catheters before,
22 or had you seen catheters in patients at the nursing home,
23 or in your previous jobs?

24 THE INTERVIEWEE: No.

25 MS. JONES: You mentioned in the earlier interview

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1 that there was an instruction sheet that you got with the
2 patient. Do you remember what was on that?

3 You can refer to your other transcript, if you
4 want to.

5 THE INTERVIEWEE: Just basically what I had just
6 told you, the specific instructions. Our DON, our Director
7 of Nursing, had called the Cancer Center Treatment in
8 regards to any special precautions, as such, that we should
9 implement and, at that time, we were told there was no
10 special precautions to take other than what orders were sent
11 back after she had received the implant surgery.

12 MS. JONES: To your knowledge, was there any
13 discharge from the catheters that you saw during your
14 shifts?

15 THE INTERVIEWEE: She never had any in our shift,
16 no.

17 MS. JONES: On the post-operative instruction
18 sheet, which we have received a copy of, and I will show you
19 this. This is what you had said before, that there were
20 instructions following the 24 hours about machinery, or
21 power tools. Was that part of the instruction that you
22 received?

23 THE INTERVIEWEE: That also did come back, yes.

24 MS. JONES: And, if I can read from that, it says:
25 No driving was to be permitted. Someone should remain with

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1 her for the following 24 hours. She was not to operate any
2 machinery or power tools, and that you told her that she was
3 not allowed to do any heavy cooking.

4 Did you, in fact, speak to Mid and tell her that?

5 THE INTERVIEWEE: I did mention it to her, yes.

6 MS. JONES: And then the last thing it mentioned
7 on the instruction sheet was that you were to call the
8 Cancer Center if there were any type of problems before 6:00
9 p.m. that first day. Do you know if there were any
10 problems?

11 You indicated earlier today that there was no
12 problems --

13 THE INTERVIEWEE: No, not after the initial
14 implant. She didn't have any problems that warranted us to
15 make any special contacts.

16 MS. JONES: Have you had any -- let me back up
17 just a second.

18 You washed the area with a syringe and soapy
19 water. To your knowledge, did anyone, yourself or any of
20 the certified nursing assistants, touch or maybe rub any of
21 the areas where the catheters were?

22 THE INTERVIEWEE: No.

23 MS. JONES: And have you had any other patients
24 that have had any catheters similar to this?

25 THE INTERVIEWEE: Not that I was directly exposed

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1 to, no.

2 MS. JONES: Has there been any at the nursing home
3 that maybe you were not working with, but had come to the
4 nursing home from the Cancer Center?

5 THE INTERVIEWEE: Not when I was there.

6 MS. JONES: So if we can go to the point then, it
7 was Friday the 20th when the canister came out, or was that
8 the morning of the 21st?

9 THE INTERVIEWEE: It was the morning of the 20th
10 for us that it had come out.

11 MS. JONES: If you could continue then with what
12 happened after that?

13 THE INTERVIEWEE: After I had finished my chart,
14 and I had went in for report then, and I had reported to the
15 charge nurse on that shift what had happened, and the
16 procedure that I had followed, and after we had come out of
17 report, she had made a phone call to the Cancer Treatment
18 Center in regards to the procedure that we had followed, and
19 that they had said that that was the proper procedure to
20 follow in that incident.

21 MS. JONES: And who was the charge nurse that made
22 the phone call?

23 THE INTERVIEWEE: [REDACTED]

24 MS. JONES: And do you happen to know -- I will be
25 talking with [REDACTED] later today -- who she talked with at the

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1 Cancer Center?

2 THE INTERVIEWEE: I don't know.

3 MS. JONES: Okay. I can ask her that.

4 So they told you that, if the catheter had fallen
5 out, that the procedure that you did was satisfactory?

6 THE INTERVIEWEE: Yes.

7 MS. JONES: Were you on the next shift then that
8 evening?

9 THE INTERVIEWEE: No. I had been off then for the
10 next two nights.

11 MS. JONES: When you came back to work, was the
12 patient still alive?

13 THE INTERVIEWEE: No.

14 MS. JONES: What was the feeling of the nursing
15 home at the time that she had passed away?

16 THE INTERVIEWEE: It was like any other death.
17 They just wanted us, you know -- it was just like any other
18 death. It wasn't nothing out of the ordinary. It was just
19 the resident was expected to pass away, and that is
20 basically how it was viewed.

21 MS. JONES: In your opinion, before the 16th,
22 before the patient went to the Cancer Center, what was her
23 activity like, and I recognize it is the evening shift, but
24 did you notice any change in the patient between before she
25 went to the Cancer Center and after she came back from the

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1 Cancer Center?

2 THE INTERVIEWEE: She was weaker after she had
3 first received her initial treatment and then, of course,
4 after she had the implants, she had a lot of rectal
5 discomfort from, I assume, the implants themselves. Prior
6 to that, she had no complaints of rectal discomfort.

7 MS. JONES: Did she have any stomach pain before
8 that?

9 THE INTERVIEWEE: Not that I can recall.

10 MS. JONES: Earlier, we had asked you -- excuse
11 me, the previous time we talked on Saturday, we asked you if
12 you could draw a picture of where the catheters were, and
13 this is what we received from someone else who has been
14 trying to draw this.

15 If you can, either redraw or change this somehow
16 to identify where the catheter was that fell out, if you can
17 remember, or just redraw it on the back?

18 THE INTERVIEWEE: Well, this one was not here at
19 that time. This was the one that, whenever she had come
20 back from her first radiation treatment, that Dr. Bauer had
21 removed, and then this top one was the one that had -- that
22 was out.

23 MS. JONES: So if I can just circle this, this top
24 one was gone?

25 THE INTERVIEWEE: After she had come back from her

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1 first initial radiation treatment.

2 MS. JONES: Dr. Bauer removed it.

3 THE INTERVIEWEE: The morning of the 16th.

4 MS. JONES: So you actually could see, from the
5 bottom to the top, as we are looking here, the top one was
6 already gone?

7 THE INTERVIEWEE: Yes. That night when I had come
8 on duty, because that was the one that, yes, that Dr. Bauer
9 had taken out. I had worked that night after she had gone
10 for her first radiation treatment.

11 MS. JONES: And then there were these four left
12 here?

13 THE INTERVIEWEE: Yes.

14 MS. JONES: And then which one came out?

15 THE INTERVIEWEE: It was the top one.

16 MS. JONES: This one?

17 THE INTERVIEWEE: Yes.

18 MS. JONES: It was the one that you removed and
19 red bagged?

20 THE INTERVIEWEE: Yes. I removed it. I picked it
21 up out of the --

22 MS. JONES: It fell out.

23 THE INTERVIEWEE: Yes.

24 MS. JONES: We are trying to get an idea, if
25 anyone can remember, where the one was already missing, and

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1 where the one fell out, and I think previously you had told
2 us also that the top one was the one, the top one that was
3 left in was the one that had fallen out?

4 THE INTERVIEWEE: Yes, that was correct.

5 MS. JONES: I guess this is from another -- this
6 goes back to the first transcript, and you can take a look
7 at this. This is when we were talking about duragesic
8 patch?

9 THE INTERVIEWEE: Yes.

10 MS. JONES: Can you remember that, or is this
11 correct that is in here?

12 THE INTERVIEWEE: That had been ordered on the
13 16th on the three to eleven shift. At that time, she had
14 just been very uncomfortable with the rectal pain, and he
15 doctor had ordered this patch to help alleviate her
16 discomfort.

17 MS. JONES: Do you know what kind of pain she had
18 been complaining of for that?

19 This is what you had told us before, and I am
20 wondering if it is correct.

21 THE INTERVIEWEE: She mostly had just been
22 complaining of the rectal pain. She did say, on the
23 afternoon shift, this had been part of the afternoon, that
24 she was having some discomfort at that time like in regards
25 to being able to urinate, and that was probably in regard to

1 the abdominal discomfort that she had been complaining of.

2 MS. JONES: You had stated earlier, and I am just
3 wondering if this is correct that, "She was complaining of
4 pain radiating from her vagina to her upper abdominal. she
5 was complaining at that time of not being able to void." Is
6 that a correct statement?

7 THE INTERVIEWEE: On the afternoon shift, she did
8 complain of not being able to void, and it was similar to
9 what is documented there, basically.

10 MS. JONES: That would be in the nurse's notes so
11 we can check that?

12 THE INTERVIEWEE: Yes.

13 MS. JONES: On the 19th, we have also talked with
14 Linda Haggerty, who was a certified nursing assistant, who
15 was working at the nursing home, and she was doing perineum
16 care, and on the piece of tissue are you aware of her
17 finding something with the patient?

18 THE INTERVIEWEE: It was not reported to me as
19 such in a report. I, however, did notice it as I was
20 charting that this tissue was found.

21 MS. JONES: Do remember what it said, or what it
22 looked like, if it was attached to anything?

23 THE INTERVIEWEE: Not really. I can't really
24 recall at this time.

25 MS. JONES: If we took a break, and I had a copy

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1 of the nurse's records for you to look at, would you
2 remember?

3 THE INTERVIEWEE: Sure.

4 MS. JONES: We will take a break for a second.

5 [Brief recess was taken at 8:45 a.m.]

6 MS. JONES: We are back on the record.

7 If you could, you are looking at the nurse's notes
8 from the 19th, since it wasn't reported to you, and you
9 indicated you had read it when you were doing nurse's notes,
10 what does it say regarding the piece of tissue?

11 THE INTERVIEWEE: On the 19th of November, at 7:00
12 p.m., the certified nurse aide was doing perineum care and
13 removed a piece of gray/black tissue approximately one inch
14 long that was stuck to one of the implants, implants, four,
15 are intact.


16 MS. JONES: Can you tell from that description
17 what implant it would have been attached to?

18 THE INTERVIEWEE: No.

19 MS. JONES: And since you weren't there, you
20 wouldn't be able to tell either?

21 THE INTERVIEWEE: No.

22 MS. JONES: Who is the nurse that wrote that down
on the sheet?

24 THE INTERVIEWEE: The signature that was written
25 here was  GPN.

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1 MS. JONES: So on the morning, when you took the
2 catheter that had fallen out and put it into the red bag, do
3 you know what time the red bag waste would have been picked
4 up that day, was that done on your shift at all?

5 THE INTERVIEWEE: No. The maintenance department
6 is responsible for that. I have no idea of the exact time
7 that they do dispose of it.

8 MS. JONES: Is [REDACTED] the charge nurse
9 that is on duty during the day for that next day?

10 THE INTERVIEWEE: She would have been the charge
11 nurse on duty, yes.

12 MS. JONES: So we could ask her if she could
13 remember who the maintenance person would be that day.

14 Are you aware of, in order for us to get an idea
15 of how many visitors would have come through the facility in
16 the evening, do you know if there are any visitors logs that
17 are kept to keep track of visitors that come into the
18 facility and then leave?

19 THE INTERVIEWEE: It is usually documented as such
20 in the nurse's notes. That is primarily the only, that I am
21 aware of, means that there is of any way to verify the
22 visitors.

23 MS. JONES: Is there a chance that if someone came
24 to visit during the day, or even during the evening, that a
25 certified nurse assistant or yourself would not see a

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1 visitor, and it wouldn't be documented?

2 THE INTERVIEWEE: Perhaps.

3 MS. JONES: But is it unlikely?

4 THE INTERVIEWEE: Not on the eleven to seven
5 shift, it is very unlikely.

6 MS. JONES: Have you ever worked on the other
7 shift at this nursing home?

8 THE INTERVIEWEE: For a brief orientation. I have
9 been always employed on the eleven to seven shift after
10 that.

11 MS. JONES: Is it good practice or a requirement
12 that if there is a visitor in the room, they would document
13 it in the nurse's notes?

14 THE INTERVIEWEE: Yes.

15 MS. JONES: Were there any special instructions or
16 notes that were in the nurse's notes, or just verbally from
17 the other nurses when you came on to work in the evenings
18 regarding this patient?

19 THE INTERVIEWEE: Yes. I was always informed of
20 her previous condition. If she had been medicated, and the
21 reason why she had been medicated.

22 MS. JONES: During your evenings with her, when
23 you would come in to check on her, or if she pressed the
24 buzzer or assistance bell, how long would you spend with
25 her, how many minutes?

1 THE INTERVIEWEE: I would say the longest I had
2 been in there would be 15 minutes at one time.

3 MS. JONES: And how often during an evening would
4 that be?

5 THE INTERVIEWEE: I was always in there every two
6 hours just to check on her. I wouldn't say more than maybe
7 five or six times.

8 MS. JONES: For one evening?

9 THE INTERVIEWEE: Yes.

10 MS. JONES: Do you know if the certified nursing
11 assistants would also spend about that same amount of time
12 with them, or would they spend more time than you?

13 THE INTERVIEWEE: They would spend more time.

14 MS. JONES: And if you had to give an estimate,
15 how much more time would they spend than you?

16 THE INTERVIEWEE: They were usually in there
17 roughly ever two hours, so that would be four times a night.
18 I would say maybe anywhere from five to ten minutes each
19 time, roughly.

20 MS. JONES: Have you had any contact with the
21 patient's doctor or have been asked any questions since the
22 patient died by anyone other than people that are on this
23 Incident Investigation Team?

24 THE INTERVIEWEE: No.

25 MS. JONES: Penny, do you have any questions that

1 you would like to ask?

2 MS. NESSEN: Yes.

3 Do you know when the catheters were put in?

4 THE INTERVIEWEE: She had, the night of the 13th,
5 she would have left for the eleven to seven shift, so it was
6 actually on the 13th. She had left on our shift. I don't
7 have the specific time. I wasn't on duty that night.

8 MS. NESSEN: After the catheters were put in, did
9 she complain of rectal pain at that time, from the 13th to
10 the 16th?

11 THE INTERVIEWEE: Yes, she had on different
12 occasions.

13 MS. NESSEN: Did she receive any treatment or
14 medication for that?

15 THE INTERVIEWEE: Yes, she had been medicated.

16 MS. NESSEN: How many times did she complain of
17 rectal pain during that period?

18 THE INTERVIEWEE: Well, I will just give you for
19 my shift.

20 MS. NESSEN: That's fine.

21 THE INTERVIEWEE: I would say maybe five times,
22 basically, on our shift.

23 MS. JONES: Before the 16th?

24 THE INTERVIEWEE: Well, I was on duty the 14th.
25 How far up did you want until?

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1 MS. NESSEN: Well, maybe we can just do it this
2 way, on the 14th how many times did she complain of rectal
3 pain?

4 THE INTERVIEWEE: She had been medicated once for
5 us that night for rectal discomfort.

6 MS. NESSEN: And on the 15th?

7 THE INTERVIEWEE: She was medicated twice then on
8 that night.

9 MS. NESSEN: And we have already discussed the
10 16th.

11 Did she have any nausea or vomiting on the 13th,
12 the 14th or the 15th, to your recollection?

13 THE INTERVIEWEE: Not when I wa on duty, no, not
14 for us.

15 MS. NESSEN: Did she sleep on her right side, or
16 her left side?

17 THE INTERVIEWEE: She was repositioned from side
18 to side. We kept her, as best as we could, from side to
19 side to keep her off of the catheter implants.

20 MS. NESSEN: So every two hours she was
21 repositioned to be on her right side?

22 THE INTERVIEWEE: Basically from side to side,
23 occasionally she would lay on her back, that was the main
24 purpose of the donut, the air mattress cushion or donut, as
25 such, that she was positioned on.

1 MS. NESSEN: Were there any residents that visited
2 her after the 16th?

3 THE INTERVIEWEE: Not on the eleven to seven
4 shift.

5 MS. NESSEN: Who else had a direct contact with
6 her, maybe you could go through a list of people on your
7 shift that had contact with the patient?

8 THE INTERVIEWEE: I would have to have our
9 schedule. I don't know offhand.

10 MS. JONES: We do have a copy of the schedule.

11 THE INTERVIEWEE: I would have to look at the
12 schedule. I am not going to second-guess. I don't know for
13 sure.

14 MS. JONES: Anything else?

15 MS. NESSEN: No.

16 MS. JONES: Besides the nurse's notes that are
17 kept for the patient at the nursing home, is there any other
18 kind of notes, such as doctor's notes, that would also be
19 kept at the nursing home?

20 THE INTERVIEWEE: There is -- Yes, there are other
21 notes affiliated with the chart.

22 MS. JONES: Are they from the doctor, or from the
23 physical therapists, from other people that work with the
24 patient?

25 THE INTERVIEWEE: Yes. It is on an individual

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1 basis what all is involved with the patient.

2 MS. JONES: Do you know if the patient had
3 received any physical therapy after she came back from the
4 16th?

5 THE INTERVIEWEE: Not that I am aware of.

6 MS. JONES: And would that information be on the
7 chart that is kept on the patient?

8 THE INTERVIEWEE: Yes, it would be documented.

9 MS. JONES: We will check that out.

10 THE INTERVIEWEE: I wasn't really concerned with
11 that. I can't really say. I knew she had been receiving
12 some type of therapy, but I don't know if it was on a
13 regular maintenance basis.

14 MS. JONES: Do you know if the patient was able to
15 walk with assistance, and get around before the treatment on
16 the 16th?

17 THE INTERVIEWEE: Yes. She had been up some.

18 MS. JONES: Did she have to use a walker or a
19 cane, or just could she lean on someone for assistance?

20 THE INTERVIEWEE: She never really was up on our
21 shift, but she was able to get around some with assistance.
22 She did need assistance.

23 MS. JONES: Would she be an early riser in the
24 morning, would she be awake when you left for the next day?

25 THE INTERVIEWEE: Usually.

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1 MS. JONES: Did she like to get up and do things
2 in the mornings?

3 THE INTERVIEWEE: She would arise early for her
4 mealtimes.

5 MS. JONES: Would she sit up and bed and be alert?

6 THE INTERVIEWEE: Yes. She was very -- she was a
7 person who was easily awakened. She was not hard to arouse
8 usually.

9 MS. JONES: As far as patients who were around the
10 patient's room at the facility --

11 Let me take a break for one second.

12 [Brief recess was taken at 9:00 a.m.]

13 MS. JONES: Back on the record.

14 I have a diagram of the facility, and it shows --
15 let's see, here is the entrance, and here is Room 4B where
16 Mid was. Can you identify or circle the rooms that had
17 patients in, to your knowledge, when Mid came back from the
18 facility on the 16th, just in this wing, I guess this is the
19 North side?

20 THE INTERVIEWEE: Yes, that is correct.

21 MS. JONES: So she was in this room, and we are
22 aware that there is a husband and wife team in this room?

23 THE INTERVIEWEE: Yes.

24 MS. JONES: Were they both in the room?

25 THE INTERVIEWEE: Specifically what do you mean,

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1 that was their room, yes. That was where they were
2 residing, yes.

3 MS. JONES: Okay.

4 THE INTERVIEWEE: That is Room No. 6.

5 MS. JONES: Room No. 6 had two people.

6 Was there anyone in Bedroom No. 2?

7 THE INTERVIEWEE: Yes.

8 MS. JONES: And in which bed would they have been
9 in?

10 THE INTERVIEWEE: They would have been in this
11 bed.

12 MS. JONES: And this one is?

13 THE INTERVIEWEE: That would be Bed A.

14 MS. JONES: And in Bedroom No. 1, is there anyone?

15 THE INTERVIEWEE: Yes.

16 MS. JONES: And is that just one person?

17 THE INTERVIEWEE: That is a private room.

18 MS. JONES: In Bedroom No. 3?

19 THE INTERVIEWEE: Yes, it was occupied by two
20 residents.

21 MS. JONES: Bedroom No. 5?

22 THE INTERVIEWEE: Two residents.

23 MS. JONES: Bedroom No. 7?

24 THE INTERVIEWEE: Yes, there were two residents in
25 that.

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1 MS. JONES: Bedroom No. 9?

2 THE INTERVIEWEE: It was occupied by two
3 residents.

4 MS. JONES: And Bedroom No. 8?

5 THE INTERVIEWEE: If there was, it would have been
6 Bed B.

7 MS. JONES: Next to the window?

8 THE INTERVIEWEE: Yes.

9 MS. JONES: We will check that one out.

10 There are records at the nursing home to verify if
11 there was a patient in there?

12 THE INTERVIEWEE: Yes.

13 MS. JONES: And do you ever have a chance, or is
14 it only the day shift that would use the bathing room, it
15 has a bathtub in it, I think?

16 THE INTERVIEWEE: That is day shift, or
17 afternoons, that was mainly concerned with that room.

18 MS. JONES: So you wouldn't normally be in there?

19 THE INTERVIEWEE: No.

20 MS. JONES: And in the evening, when you removed
21 the catheter, or actually early morning when you removed the
22 catheter and placed it into the soiled utility room, the red
23 bag area, would there have been other people who would go in
24 there with red bag waste that were working that evening?

25 THE INTERVIEWEE: On the afternoon shift, yes.

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1 MS. JONES: Is anyone allowed to go into the
2 utility room?

3 THE INTERVIEWEE: Yes.

4 MS. JONES: So certified nurse assistants, nurses?

5 THE INTERVIEWEE: Yes.

6 MS. JONES: Would patients go in there?

7 THE INTERVIEWEE: Not on our shift. I have never
8 known any to.

9 MS. NESSEN: What is that room used for?

10 THE INTERVIEWEE: Mainly to dispose of any feces,
11 as such, and then the girls would clean out their dirty
12 linens. There was a place where they could clean out their
13 dirty linen.

14 MS. NESSEN: How much time would someone spend in
15 this room if they were cleaning linens?

16 THE INTERVIEWEE: No more than five minutes at the
17 most.

18 MS. NESSEN: Thank you.

19 MS. JONES: Do you have any questions for us, or
20 do you feel that there is someone that we should talk with
21 at the nursing home, or one of the physicians that may be
22 able to give us more information on people, or patient's
23 activities in order for us to reconstruct for the amount of
24 time that people were in a certain area?

25 As I mentioned, I am talking with 

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1 today to get an idea in her best estimate of where people
2 are during the day, if they get up and walk around, if they
3 are ambulatory?

4 THE INTERVIEWEE: No.

5 MS. JONES: If not, then I think that --
6 Penny, do you have anything else?

7 MS. NESSEN: I am sorry. I have one more
8 question.

9 When you placed the catheter in the red bag and
10 took it into the soiled utility room, where was the trash
11 can, your bio-hazard waste trash can, where was that located
12 in the room?

13 You can indicate it on the same map that Cindy
14 gave you previously.

15 THE INTERVIEWEE: Approximately right where it is
16 already X'd.

17 MS. NESSEN: Thank you.

18 MS. JONES: If we don't have any further
19 questions, then that will be the close of the interview, and
20 it is now 9:10. Thank you very much.

21 [Whereupon, at 9:10 a.m., the interview was
22 concluded.]

23

24

25

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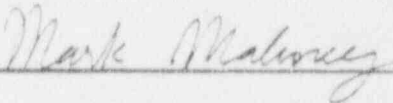
in the matter of:

NAME OF PROCEEDING: Danna Joyner

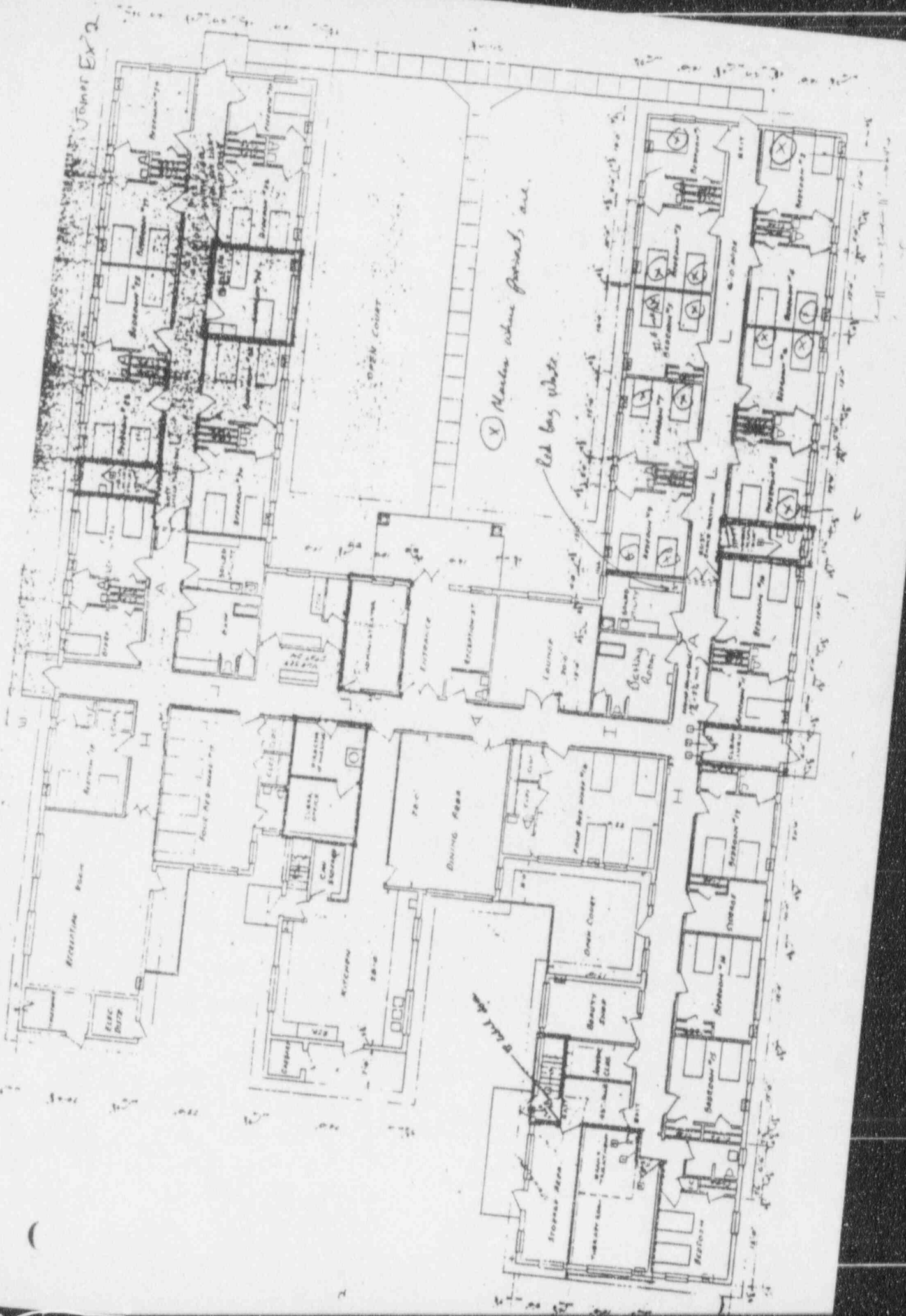
DOCKET NUMBER:

PLACE OF PROCEEDING: Indiana, Pennsylvania

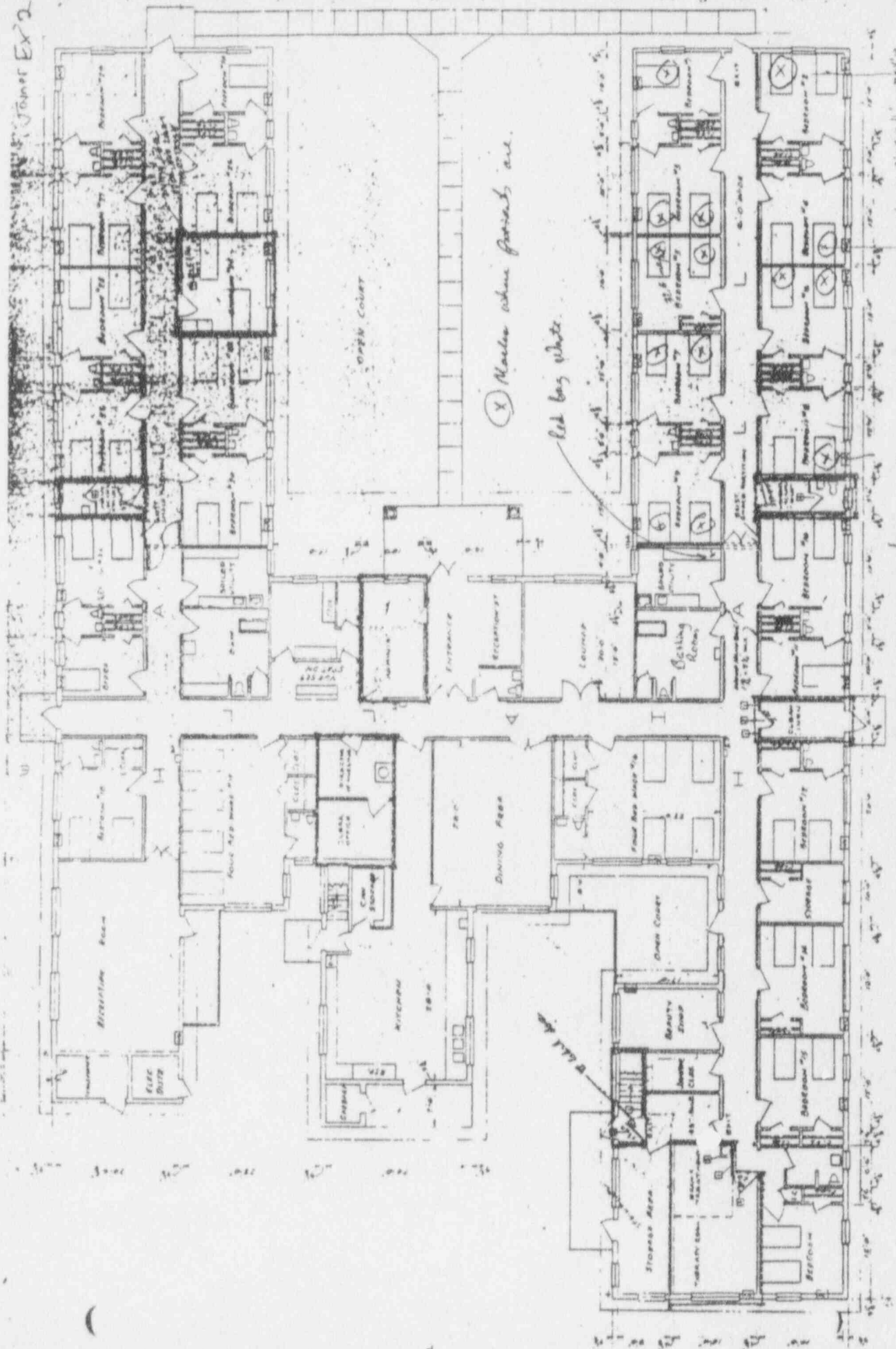
were held as herein appears, and that this is the original transcript thereof for the file of the United States Nuclear Regulatory Commission taken by me and thereafter reduced to typewriting by me or under the direction of the court reporting company, and that the transcript is a true and accurate record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



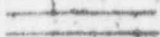


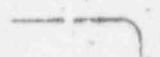



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JOHN EX 2



LEGEND

-  EXISTING CONSTRUCTION
-  NEW PARTITION
-  NEW DOOR AND SIZE
-  NEW CLG. MTD. CUBICLE CURTAIN TRACK
-  EXISTING SMOKE PARTITION
-  EXIST. PART. TO BE REMOVED
-  REMODELED AREA

NOTES

1. CONSTRUCT NEW PARTITION (FLOOR TO CLG.) 2-1/2" METAL STUD w/1/2" GWB @ SIDE. TAPED & CEM.; FINISH TO MATCH EXIST. ADJOINING SURFACES.
2. SUPPLY & INSTALL NEW SOLID CORE WOOD DOOR - SIZE AS SHOWN ON PLAN
3. SUPPLY & INSTALL NEW LAVATORY, COMPLETE w/H & C WATER, DRAIN, PIPES AND FITTINGS EQUAL TO AMERICAN STANDARD.
4. SUPPLY & INSTALL NEW METAL OR PLASTIC CLAD TOILET PARTITION w/ DOORS AS SHOWN ON PLAN.
5. REMOVE EXISTING CLOSET & REPLACE w/WARDROBE AS SHOWN ON PLAN.

JOYNER EX 1

DIAGRAM of CATHETER LOCATION

