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C O N F I D E N T I A L

I attest that I am on the Guardian ad Litem Registry for this County, have conducted over 200 Title XI Guardian ad Litem investigations, and am qualified to serve as Guardian ad Litem (GAL) in Guardianship matters.

2.0 Medical/Psychological Report. As required by RCW 11.88.045, I have obtained written, medical reports from Eric Sohn, MD and William Gibson, Psychologist and Psychiatric Nurse Practitioner. Both Mr. Gibson and Dr. Sohn were selected by the Guardian ad Litem (GAL) because both are familiar with [name] and have provided medical care and services for [name] for an extended period and are familiar with his condition, capacities and challenges. Dr. Sohn saw [name] on October 31, 2019 and completed his report that same day. Mr. Gibson saw [name] on November 7, 2019 and completed his report that same day.

3.0 Alleged Incapacitated Person

A. Meeting(s) with Alleged Incapacitated Person.

Dates of Meetings with Incapacitated Person	Location of Meeting	Other Persons Present
October 26, 2019	Tekoa Care Center, Resident room	No one
November 21, 2019	Tekoa Care Center, Resident room	[name]

B. Personal Information Regarding Alleged Incapacitated Person:

Date of Birth: [date]
Age: [age]
Current Residence: Tekoa Care Center
330 N. Madison Street
Tekoa, WA 99033-8772

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1 Telephone Number: 509 284-4501

2 DSHS Client Number: Unknown

C. Incapacitated Person's Responses Regarding Specific Issues:

4 Agreement or objection to appointment of a Guardian: [name] did not object to the appointment
5 [name] as his guardian.

6 Reaction to the proposed Guardian: [name] responded well and comfortably during my visit to
7 observe rapport with [name] on November 26, 2019. When asked if he would accept [name] as his
8 guardian, [name] replied "Yes, I know I need help" or words to that effect.

9 Right to Counsel: [name] did not request independent counsel.

10 Preferences regarding choice of counsel: [name] expressed no preference and appointment of
independent counsel is not indicated.

11 Right to a jury trial: [name] did not request a jury trial and jury trial is not indicated.

D. Summary of Interviews with Alleged Incapacitated Person and Guardian ad Litem's Impressions (including AIP's own words, if applicable).

14 I met [name] while he was resting in his bed at Tekoa Care Center (TCC). The Director of Nursing
15 Services (DNS) introduced me to [name] but had to awaken him to do so. The DNS left the room
16 after her introduction. [name] remained lying in his bed during the initial time of our meeting.

18 I had previously read [name] progress notes from TCC before meeting with him and was familiar
19 with his intake notes and other information about his past placement and condition. Expressing
20 familiarity with his background, I explained why I was visiting with him and that I had been
21 appointed by the Court to visit with him and decide whether he is able to provide for his own needs
22 and best interests and whether his needs and best interests would be served by having someone
23 appointed for him by the Court in Spokane. [name] listened intently while continuing to lie in his
bed. He patted the bed for me to sit down next to him, which I did.

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1 I asked [name] if he understood my explanation and why I was visiting with him and he said “It’s
2 OK” or words to that effect. I then explained in plain language what was at issue in the guardianship
3 case. I reviewed the Notice of Guardianship Petition (Notice). In each of the items in the Notice
4 [name] listened intently, with good eye contact, and indicated understanding and agreement with
5 either a nod or hand gesture or saying “OK”.

6 I then asked [name] if he would tell me something about himself. [name] could not articulate how
7 he arrived at TCC. He did say he did not think it was the “best place” for him and that he missed the
8 activities he had in his former residence. He could not state the name of his former residence but
9 thought it was “in [name]”. He said he does not get out of bed much because he may fall.

10 [name] mentioned “my best friend” who lives in Moses Lake, WA. During the two in person visits
11 with [name], he was unable to recall the name of that best friend.

12
13 I wrote [name] a letter in plain language and large font and mailed it to him at TCC after our initial
14 visit. During the follow up visit with [name] to introduce him to [name] to observe rapport and
15 otherwise familiarize [name] with the particulars of the case, I mentioned the letter to [name] who
16 recalled the letter. Although I had included a self-addressed stamped envelope with my letter,
17 [name] had not responded. I read the letter slowly to [name] while kneeling beside his bed ([name]
18 remained lying in bed during the visit with [name])). [name] recalled sections of the letter.

19 In both meetings with [name] he was attentive. He is a good and seemingly active listener. Based
20 on his background, including working in engineering at General Electric (GE), at least long enough
21 to receive a retirement pension, [name] presents as an intelligent and educated man. His vocabulary,
22 when he is able to formulate words, phrases, and responses, demonstrates his intelligence.

23
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1 However, [name] also demonstrates a significant inability to express himself beyond brief responses
2 to conversations and questions. He gets “stuck” and will go for extended periods of time in silence
3 while he struggles to formulate words. He will look off in the distance or lower his head while
4 clearly in some discomfort (embarrassment or frustration) at his inability to respond.

5 [name] irregularly participates in physical therapy and spends most of his days lying in bed. He is in
6 a two-person room although his roommate apparently is more mobile because he spends most of his
7 time in the hallways and other common areas of TCC. [name] has significant balance issues and has
8 been seen in the hallways listing heavily to one side or the other even while holding onto a railing or
9 walker.

10 [name] mentioned his family and said his wife died from cancer which “sort of tore the family
11 apart”. He no longer has a relationship with his four adult children (“we really fell apart after my
12 wife’s death) nor have any of them contacted [name] while he has been at TCC.

13
14 Apparently, [name] was living in his vehicle in or around Portland prior to coming to Washington.
15 He apparently lived for a time in Moses Lake, WA before coming to Spokane. His recall of the
16 sequence of his recent travels is poor and he is unable to describe how he got to Spokane.

17 When I asked how he was paying living expenses, he said he has “my money” in banks. He
18 mentioned Chase bank and “one other bank, maybe 1st National”. He does have an account at Chase
19 into which his Social Security monthly benefit is directly deposited. I was unable to find any
20 account at 1st National but did discover an account at US Bank with a balance of \$1,825 but no
21 deposits or activity within the past 90 days.

22
23 During our first visit and as reflected in TCC notes, [name] expressed an interest in helping people.
He would like to get a job and earn his own money. He would like to live a productive and

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1 successful life. Frequently, during both of our in-person visits, [name] would get “stuck” while
2 talking and unable to continue a conversation. This was a painful thing to observe without wanting
3 to suggest to next thought or words to him to get him “going again”. Someone more familiar with
4 [name], over time, would be able to assist him with expressing himself by, for example, suggesting
5 the next word or thought in a conversation he was “stuck” in.

6 **Investigation.**

7 A. **Individuals Contacted (including dates of contact, relationship to AIP, and 8 relevant information).**

9 [name]
10 [name]
 [name]
 [name]

11 **Summary of Interviews:**

12 During a conference with [name], the DSHS caseworker, I learned that [name] had been placed at
13 TCC because at his former placement in Spokane, he had left the facility, became disoriented and
14 could not remember or find his way home. [name] opinion was that TCC may not be the most ideal
15 residence for [name] at this time, but the rural setting and the reduced likelihood that [name] will
16 “wander” because of the setting, make it appropriate for him currently. TCC is in a 5-year pilot
17 project as an Enhanced Residential Care (ERC) facility for the State’s Community Support and
18 Stability (CSS) program. The “majority” of the residents of TCC “come from Eastern State
19 Hospital”. [name] has no known history of prior involuntary treatment commitments at Eastern
20 State or other similar hospital.

21 [name] recommended that [name] be moved/placed in one of a couple of Adult Family Homes
22 (AFH), in or closer to Spokane to allow [name] the social interaction and intellectual stimulation that
23 would be better suited for his best interests, capabilities and needs. [name] suggested, for example,
Providence Adult Day Home in North Spokane as a possibility. She also recommended speech,

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1 occupational, and physical therapies to support [name] current capabilities and address his
2 limitations – as the result of the stroke. In conversations with [name] and [name] I learned that
3 Providence Adult Day Home, as recommended by [name], was likely a suitable residence for
4 [name] and that, if appointed, they would immediately begin transition planning to move [name].

5 In conversations with [name] he mentioned two banks he thought had his “money”. I contacted
6 [name], a banker at Chase and ultimately discovered that [name] has an account at Chase into which
7 is deposited a monthly check from the Social Security Administration. As of November 23, 2019,
8 that account has a balance of over \$30,000 with monthly deposits from SSA of \$2,286. I also
9 noticed ATM card transactions in Moses Lake, WA on October 26th and 29th, 2019 for purchases at a
10 McDonald’s restaurant. [name] was admitted to TCC on July 16, 2019 and very likely did not make
11 those purchases.

12 [name] is “unique” due to his work history as an engineer with GE and his higher education. His
13 vocabulary bespeaks a high intelligence.

14
15 [name] is not in any risk of eviction due to the outstanding balance for his care. As of November 1,
16 2019 his outstanding balance \$12,320 based on a monthly rate of \$3080. TCC’s concern is for his
17 continuing eligibility for Medicaid based on what appears to be disqualifying income.

18 Although Guardianship Services of Eastern Washington (GSEW) was the originally proposed
19 guardian in this matter, I determined that it would be in [name] best interests to have appointed
20 instead. I communicated this decision to GSEW on November 13, 2019.

B. Written Materials Reviewed.

- Petition for Guardianship of the Person
- Order Appointing Guardian ad Litem

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- Medical Report from Dr. Sohn and Mr. Gibson
- Tekoa Care Center chart and progress notes
- Chase Bank statements
- US Bank statements
- HCS Notes

Summary of Written Materials Reviewed:

The written materials I reviewed confirm what I learned in interviews from those who have had contact with [name] before my appointment. The TCC notes show that “[name] is able to use phone but has great difficulty with coordination and finds it difficult to dial the phone. Once phone is dialed (he asks for assistance), he is able to communicate on the phone. [name] can be misunderstood or not understand to communicate fully due to stroke. [name] suffered a stroke in October 2018 and may have small TIAs (Transient Ischemic Attacks) since his major stroke.”

[name] does not regularly receive any therapy – physical, speech, or occupational. His short-term and long-term memory is impaired from his stroke. He suffers from anxiety. He “wanders and verbalizes wanting to leave facility based on how independent he was in the past.” He is able to manage most of his activities of daily living (ADLs) with assistance and reminders. He must be reminded to take his medication and does so on request. He is unaware of dosages and will forget if not reminded. He is generally in good physical health.

[name] vocabulary is “very strong” but his ability to “put sentences together can sometimes not be comprehensive in meaning.” He has stated that “on occasion he forgets where his room is and although hasn’t spent time out in the community on his own, he feels that he would have difficulty based on what his stroke has done to his cognition.”

[name] is “interested in a payee if he lives independently or would like to have facility paid automatically and have a trust for his money.”

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1 [name] “owns his own car, however he has not driven since his stroke (October 2018). He has the
2 potential to get lost in the community. His eye hand coordination is not strong. He admitted he
3 struggles with getting his brain to tell his hands how to write each letter – he can do it, but it is a
4 slow process.”

5 [name] admits he has “No” close relationship with friends or family although he enjoys the people
6 and he has met at TCC.

7
8 [name] was born in Birmingham, Alabama and graduated from high school there. He worked for
9 GE for many years. He was married for 35 years and had four children. He has his pilot’s license
10 and was working on rebuilding an airplane with a friend prior to his stroke.

11 [name] was admitted to TCC in July 2019 following an incident in his prior placement at The
12 Gardens on University (Spokane) where he had left and wandered in the community, unable to find
13 his way back.

14 **4.0 Nature, Cause and Degree of Incapacity – Functional Limitations**

15 **A. Medical Diagnosis and Cause.**

16 Cognitive impairment, psychosis, vascular dementia, all caused by stroke; depression; anxiety.

18 **B. Degree of Incapacity. Alternatives to Guardianship.**

19 None exist that would meet [name] needs and best interests. Dr. Sohn’s opinion is that [name] is
20 “unable to make final decisions on all medical, legal & financial affairs.” Mr. Gibson’s report states
21 that [name] “cannot repeat any words after 3 or 5 minutes. His mini-mental status exam¹ is less
22 than 20. Severe short-term memory loss.”

23 ¹ The Mini-Mental State Examination (MMSE) or Folstein test is a 30-point questionnaire that is used

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5.0 Abilities of Incapacitated Person and Degree of Assistance Required.

See discussion in **Summary of Interviews** above. Dr. Sohn's opinion is that [name] needs for specific assistance is "total". However, [name] is an intelligent and educated man with a history of being employed as an engineer at GE. He listens attentively and deliberately. He struggles to formulate responses to questions or participate in conversations. He will require patience and gentleness in conversations and human interactions going forward. With patience and the appropriate therapies, over time, [name] will likely improve his ability to communicate and express himself. With socialization that a move to a more appropriate facility will bring, he will likely respond positively with peers and be more content and experience positive human fulfillment. Furthermore, socialization and treatment therapies will likely improve upon his residual capacities.

6.0 Recommendation as to Appointment of Guardian.

[name] needs a full guardian of both his person and estate. [name] should be appointed as [name] Full Guardian of the Person and of the Estate.

9.0 Recommendation Regarding Alleged Incapacitated Person's Right to Vote:

[name] should retain his right to vote. [name] would likely be able to exercise that right, with assistance.

10.0 Evaluation of Proposed Guardian:

A. Dates of Contact Between Guardian ad Litem and Proposed Guardian:

I have worked with [name] for several years both in the capacity as a presenter at required annual GAL training with [name], CPG and principal, and on other guardianship cases where [name] was

extensively in clinical and research settings to measure cognitive impairment. It is commonly used in medicine and allied health to screen for dementia. Score ranges are: 25-30 points – normal cognition; 21-24 points – mild dementia; 10-20 points – moderate dementia.

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1 nominated and appointed as guardian for other persons. I have always found [name] and its CPGs to
2 be caring, professional, and committed to the best interests of their clients. In this case, I have
3 spoken with [name] on November 13, 2019 about availability and willingness to serve as [name]
4 guardian and met with [name], CPG, on November 21, 2019 to discuss the case and meet with
5 [name] to observe rapport.

6 **B. Written Materials Reviewed:**

7 I have reviewed [name] standing on the CPG Board's website and have verified that both are in good
8 standing with no record of discipline.

9 <http://www.courts.wa.gov/guardianportal/index.cfm?fa=guardianportal.board>

10 **C. Identity and Contact Information Regarding Proposed Guardian:**

11 Name: [name]

12 Mailing Address:

13 Telephone Number:

14 Email Address:

15
16 Relationship, if any, between Proposed Guardian and Alleged Incapacitated Person: None.

17 **D. Description of Steps Proposed Guardian Has Taken or Intends to Take to Meet** 18 **Alleged Incapacitated Person's Needs.**

- 19 • [name] should determine the status of speech, physical and occupation therapy and advocate
20 for continued and appropriate therapies for [name].
- 21 • [name] should make immediate contact with the DSHS case worker, [name] to determine
22 best steps to begin the transition of [name] to a more appropriate residence in Spokane.
- 23 • [name] should determine [name] GE pension status and locate the financial institution where
such pension funds are deposited.

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- [name] should make every effort to determine the identify of [name] “best friend” in Moses Lake, WA. This person may be the one [name] was working with to rebuild an airplane as indicated in TCC progress notes.
- [name] should investigate the credit card usage in Moses Lake, WA and take immediate steps to block further charges against that card account to protect [name] assets.

11.0 Recommendation Regarding Advice of Right to Jury Trial.

Jury trial is neither requested nor indicated.

12.0 Recommendation Regarding Appointment of Independent Counsel.

Appointment of independent counsel is neither requested nor indicated.

13.0 Estimate of Estate (Based on Available Information).

<u>ASSETS:</u>	
Real Property	None
Cash on hand	Minimal
Business	\$0
Securities	\$0
Mortgages and Notes	\$0
Bank/Trust Account	\$
Bank/Trust Account	\$
Social Security (monthly)	\$
Cash Surrender Value Insurance	\$0
Personal Property	Nominal
Other	Nominal
ESTIMATED TOTAL	\$

<u>SOURCES OF INCOME</u>	
Social Security	\$2,286
TOTAL INCOME	\$2,286

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1 [name] room and board expenses at TCC are \$3080 monthly. He has not paid anything towards his
2 room and board because he has not accessed his either of his bank accounts. However, TCC has
3 assured that [name] is not at risk of losing his residence status due to non-payment of room and
4 board, pending the outcome of the guardianship proceeding. As of the December 1, 2019, TCC
5 statement, [name] room and board balance is \$15, 400 (\$3,080 x 5 months).

6 **14.0 Recommendation Regarding Bond/Annual Reports.** I recommend that:

7 The Court set bond in the amount of \$3000.

8 The Court block or restrict access to the following assets: \$_____

9 The Guardian file financial reports

10 every year

11 every other year

12 every third year

13 **15.0 Recommendation Regarding Presence of Alleged Incapacitated Person at Hearing:**

14 The presence of the Alleged Incapacitated Person

15 should

16 should not

17 be waived.

18 able

19 unable

20 to attend the hearing. If unable to attend, please explain the reason(s): [name] is bed ridden and has
21 poor balance and mobility. He has expressed willingness to have a guardian appointed for him and
22 does not object to the appointment of a guardian by Court order. Due to his significant cognitive
23 impairments from his stroke, he would be unable to meaningfully participate in the hearing and such
limited participation is heavily outweighed by the risks of transportation and falling.

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The following special arrangements should be made for the hearing (*i.e. relocation of hearing site to residence of Alleged Incapacitated Person, provision for hearing assistive devices, etc.*): Does not apply.

16.0 Other Recommendations. The proposed Guardian, [name] is a certified Professional Guardian (CPG) in Washington, in good standing. As such, [name] must abide by the Standards of Practice (SOP) required of all CPGs in Washington. Particularly, he should meet regularly with [name], as is his practice in his other cases, and, where in his professional judgement doing so would be within [name] abilities and in his best interests, he should abide by its CPG SOP 400 series which require, among other things:

- identification and protection of [name] self-reliance, growth, and independence
- consultation with [name] to determine and treat with respect, his feelings, values, opinions, and preferences, and
- acknowledgement of [name] ‘residual capacity’ to participate in decisions relating to his care

Furthermore, [name], if appointed should:

- determine if [name] has any other assets, other than his Social Security monthly payments. If there are no other assets, then once the balance of [name] bank account(s) is depleted due to the payment of [name] monthly room and board and other ongoing expenses, then [name] should determine whether appointment of a representative payee for the Social Security benefit is appropriate and in [name] best interests. If a representative payee is appointed, then [name] should determine whether dismissal of the guardianship of the estate is appropriate.
- determine whether speech, physical or other therapy would be appropriate therapies for [name].

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17.0 Recommendation as to Guardian ad Litem's Continuing Involvement in Future Proceedings.

I recommend that the Guardian ad Litem

be

not be

involved in future proceedings in this matter.

I respectfully request and move for approval of my GAL fees and costs in the total amount of \$ as shown on the attached **DECLARATION OF GAL FEES**. I did not move the Court for an Order Authorizing Additional hours.

The Order Appointing Guardian ad Litem provides for payment of GAL fees at County rate of \$60 per hour for a maximum of 15 hours. This County rate was based on the lack of information about [name] assets. The filing fee was likely waived for this Petition as well. The discovery of [name] assets – current bank account balances, monthly Social Security income - allow for payment of GAL fees at the private pay rate of \$175 per hour. Doing so will not in any way limit, restrict, or interfere with the continuity of care for [name] under this guardianship.

18.0 Individuals Who Should Be Advised of Their Right to Request Special Notice of Proceedings Pursuant to RCW 11.92.150.

Name	Address	Relationship to Alleged Incapacitated Person
		Son

These recommendations have been made in full consideration of the Legislative Intent which is...
... to protect the liberty and autonomy of all people of this state, and to enable them to exercise their rights under the law to the maximum extent, consistent
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with the capacity of each person. The legislature recognizes that people with incapacities cannot exercise their rights to provide for their basic needs without the help of a guardian. However, their liberty and autonomy should be restricted through the guardianship process only to the minimum extent necessary to adequately provide for their own health or safety, or to adequately manage their financial affairs. RCW 11.88.005.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true, complete, and correct.

Dated this 3rd day of September, 2020.

Signature of Guardian ad Litem	William C. Dodge, #11249 Printed Name of Guardian ad Litem, WSBA#
1511 West Lawrence Drive Address	(509) 385-4194 - phone Telephone/Fax Number
Spokane, WA 99218-2478 City, State, Zip Code	billdodge@yahoo.com Email Address

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