

IN THE UNITED STATES DISTRICT COURT  
FOR THE CENTRAL DISTRICT OF ILLINOIS

NICHOLAS BANNING,

Plaintiff,

-VS-

CASE NO. 21-CV-3100

SHELBY COUNTY, SHELBY COUNTY,

SHERIFF BRIAN MCREYONALDS, DON

KOONCE, ADVANCED CORRECTIONAL HEALTHCARE,

INC., CWENTON WILLIAMS, TONYA ATTEBERRY, DEVON

DURBIN, MEGAN WARNER, MELISSA HAYNES, BRANDON

GATTON, CHRIS ZAOKOWSKI, DAINE BURKHEAD, KELLY

ADAMS and JACQUELINE CLAYTON,

Defendant.

DEPOSITION OF JACQUELINE R. CLAYTON  
OCTOBER 26, 2022

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Gary J. Maninfior  
CSR 84-573

M A N I N F I O R C O U R T R E P O R T I N G

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1 JACQUELINE R. CLAYTON,  
2 a witness having been first duly sworn upon her  
3 oath testified as follows:

4 EXAMINATION CONDUCTED

5 BY: MR. MEYER

6 Q. Would you, please, state and spell your  
7 full name for the record?

8 A. Jacqueline Rae Clayton,  
9 J-a-c-q-u-e-l-i-n-e R-a-e C-l-a-y-t-o-n.

10 Q. Please let the record reflect that this is  
11 the deposition of Jacqueline Rae Clayton taken  
12 pursuant to Notice, and in accordance with the  
13 Rules of Civil Procedure and all applicable rules.

14 Ms. Clayton, have you ever given a  
15 deposition before?

16 A. No.

17 Q. I'm sure you had an opportunity to meet  
18 with your counsel and kind of discuss what we're  
19 going to do here today.

20 Before we get started I'll cover some of  
21 the basic ground rules of a deposition.

22 So first, I'll ask that you keep all of  
23 your answer verbal. Uh-huhs or huh-huhs and nods  
24 of the head, I can read body language, cannot read  
25 it on a transcript.

1           So if I catch it I may ask "Is that a yes  
2 or no" to clarify. Fair enough?

3       A.       Sure.

4       Q.       At any point you don't understand a  
5 question that I ask you, you don't understand a  
6 word that I use, I speak too quickly or too  
7 quietly just let me know, I'll try to rephrase it,  
8 use another word or slow down, whatever the case  
9 may be.

10           And what I'm looking for there is I want  
11 you to be confident you know what I'm asking of  
12 you before you answer, fair?

13       A.       Sure.

14       Q.       So if you have an issue with one of my  
15 questions or confused you will let me know here  
16 today?

17       A.       Sure.

18       Q.       Thank you. At any point you need to take  
19 a break, use the washroom, make a phone call,  
20 that's fine, just let me know. The only caveat is  
21 if there's a pending question we ask that you  
22 answer it before the break. Fair enough?

23       A.       Sure.

24       Q.       In preparing for your deposition today did  
25 you review anything?

1 A. No.

2 Q. Since the filing of this lawsuit have you  
3 reviewed anything related to this case?

4 A. No.

5 Q. Other than speaking with your counsel have  
6 you talked with anyone about your deposition  
7 today?

8 A. No.

9 Q. Have you ever been named as a defendant in  
10 a lawsuit before?

11 A. No.

12 Q. In your medical career have you ever been  
13 disciplined in any way?

14 A. No.

15 Q. I assume you have never had any dings  
16 against your license or suspensions?

17 A. No.

18 Q. Okay. How are you currently employed?

19 A. I'm a Nurse Practitioner for the Mattoon  
20 Clinical base office CBAC in Mattoon, Illinois.

21 Q. Is that a VA facility?

22 A. VA.

23 Q. And how long have you been a nurse  
24 practitioner at that facility?

25 A. March, 2020, was my start date.

1 Q. And do you have an assignment or a duty  
2 that you do at that Mattoon VA Clinic?

3 A. I'm the primary care provider for the  
4 Bravo team. I work with the veterans.

5 Q. And in your position as a Nurse  
6 Practitioner do you have an agreement with a  
7 medical doctor or a consultation agreement?

8 A. No.

9 Q. And based on your Nurse Practitioner  
10 license do you have, are you able to prescribe  
11 Schedule I and II substances?

12 A. Schedule II.

13 Q. Is that a special waiver that you receive,  
14 or how do you obtain that?

15 A. I have a full practice authority nursing  
16 license.

17 Q. And when did you obtain that?

18 A. 2018.

19 Q. And what did you have to do to, I guess,  
20 obtain the full practice?

21 A. Apply to the state licensure.

22 Q. Was there additional testing you had to  
23 do?

24 A. No.

25 Q. During the time you worked for ACH you did

1 have a full practice license?

2 A. Not the entire time.

3 Q. What period of time was that?

4 A. It was, I was hired in and full practice  
5 authority did not exist.

6 Q. Okay.

7 A. So when it did become available I applied  
8 for FPA.

9 Q. During that period of time when you didn't  
10 have it is that when you had an agreement with a  
11 medical doctor or a physician?

12 A. Yes.

13 Q. Who was yours with?

14 A. I had Dr. Hughes Lochard was my  
15 collaborating physician.

16 Q. How long was Dr. Lochard your  
17 collaborating physician?

18 A. The time I was with ACH.

19 Q. Now I think you told me, but when did you  
20 start with ACH?

21 A. 2016.

22 Q. All the way up until March of 2020?

23 A. I resigned in July of 2021.

24 Q. So was there a period of time you worked  
25 at the VA and ACH at the same time?

1 A. Yes.

2 Q. Why did you resign in July of 2021?

3 A. The VA paid for my DEA license, and to  
4 avoid a conflict of interest where ACH would  
5 require me to prescribe Schedule II meds I didn't  
6 want to cause ACH and the VA to have a conflict of  
7 interest.

8 Q. Explain that. What would be the conflict  
9 of interest?

10 A. The DEA was paying for my license so I  
11 could practice with the VA.

12 Q. Okay. To be able to use that license they  
13 are paying for the practice for ACH?

14 A. No. It only covers the VA.

15 Q. Okay, got it!

16 So ACH would not pay for that?

17 A. They offered and I declined.

18 Q. I saw somewhere on one of the documents  
19 that it listed you as terminated. Were you ever  
20 terminated from ACH?

21 A. No, I resigned.

22 Q. Okay. I need some educational background  
23 history. If you could take me from high school to  
24 today for education.

25 A. Graduated from high school in 1977; went



1 to St. John's Hospital School of Nursing in  
2 Springfield, Illinois; August, 1977 to May, 1980;  
3 while I was there I completed an associate degree  
4 through Springfield College of Illinois, so I  
5 graduated with a diploma in nursing and the ADN;  
6 went to the University of Evansville, Indiana,  
7 1981 to 1982; graduated with a Bachelor of Science  
8 in Nursing; went to Brigham Young University in  
9 Provo, Utah; graduated in December, 1985 with a  
10 Master's of Science in Nursing; went to Northern  
11 Illinois University in Dekalb, Illinois for  
12 post-master's Nurse Practitioner; graduated with a  
13 Nurse Practitioner Certificate, post-masters in  
14 2005; went to Rocky Mountain University of  
15 Occupational Health Professions, pursued and  
16 completed a Doctor of Nursing Practice in December  
17 of 2011.

18 Q. From the period of time from BYU up to  
19 Dekalb were you just working as an RN?

20 A. That would be 1985 to 2005, I was a  
21 primary caretaker for my brother who was injured,  
22 catastrophic injury. So I stayed home and took  
23 care of my brother.

24 Q. Got it.

25 So after, that's when you continued to

1 pursue your education after you were done taking  
2 care of your brother?

3 A. Yes.

4 Q. Okay. And then from 2005, I guess, up to  
5 2016 when you started at ACH, take me through your  
6 work history.

7 A. Let's see, 2006 I was a Nurse Practitioner  
8 in Sullivan with Dr. Kurt Dearnbarger; from  
9 September through January, 2007, and I resigned,  
10 we dissolved our business collaboration.

11 Q. And, I'm sorry, where was that located?

12 A. Sullivan.

13 Q. Sullivan.

14 A. And from March of 2007 through July of  
15 2014 I was working with Dr. Glen Dust at Sullivan  
16 Fields-Wright Medical Center as a Nurse  
17 Practitioner; and I resigned in July of 2014; and  
18 was hired by Sarah Bush Lincoln, October, 2014 to  
19 be a Nurse Practitioner at Sarah Bush Lincoln  
20 Sullivan Clinic until February, 2020, then I  
21 resigned and was hired by the VA March, 2020.

22 Q. And the ACH was just a part-time job?

23 A. I covered the Sullivan jail two visits a  
24 month; and then in mid, I'm not quite sure of the  
25 date they asked me to take over the Shelbyville

1 jail, one visit a month.

2 Q. So the two facilities that you had, one  
3 was Shelby?

4 A. Uh-huh.

5 Q. Was that a "yes"?

6 A. Yes.

7 Q. And I'm sorry, the other was Sullivan?

8 A. Sullivan.

9 Q. What county is that in?

10 A. Moultrie.

11 Q. Moultrie?

12 A. Uh-huh.

13 Q. I thought there was another -- were you  
14 ever assigned to other facilities?

15 A. I would take calls if needed for Coles  
16 County or Douglas County if the provider was  
17 on-call was out on vacation or medical. It was  
18 never determined ahead of time. They said "Can  
19 you cover and make rounds this month"? So,  
20 occasionally I would go to Mattoon, Charleston,  
21 Coles County Jail; and Tuscola, Douglas County  
22 Jail.

23 Q. Okay, but other than those -- but those  
24 were just as-needed?

25 A. Yes.

1 Q. Got it!

2 So your main assignment was the two  
3 counties where you -- it's my understanding, once  
4 per month per county?

5 A. Shelby County was once a month; one visit  
6 a month; and Moultrie County was two visits a  
7 month.

8 Q. And do you know who made the determination  
9 of how many visits per month?

10 A. I did.

11 Q. You did, okay. And why was Shelby one  
12 versus Moultrie two?

13 A. It was a smaller jail.

14 Q. Shelby was smaller?

15 A. Uh-huh, and that's all ACH needed me to do  
16 as far as I understand, as far as help set up  
17 the --

18 Q. And at one point was Hughes Lochard, was  
19 he the jail, or the practitioner for either of  
20 those jails?

21 A. I don't -- he covered for me when I was  
22 unavailable to make rounds.

23 Q. Got it!

24 And during that time period when you  
25 didn't have a full practice he was your

1 collaborating agreement --

2 A. Yes.

3 Q. Was that through ACH?

4 A. Yes.

5 Q. And prior to being hired by ACH did you  
6 know Dr. Hughes Lochard?

7 A. No.

8 Q. Tell me how you became aware of the  
9 opening with ACH.

10 A. I was asked by Moultrie County Jail if I  
11 knew about corrections nursing and would I be  
12 interested. I knew the sheriff at the time, Chris  
13 Sims. He was a patient of mine, and he asked me  
14 if I had ever thought about working in  
15 corrections.

16 Q. So he's the one that told you "Hey,  
17 there's this opening at our jail"?

18 A. Yes.

19 Q. He's the one that put you in touch with  
20 ACH?

21 A. No, he just mentioned it. I Googled it on  
22 the internet and contacted ACH.

23 Q. And was that an application process that  
24 occurred on-line?

25 A. Yes.

1 Q. And who was, if you recall, the first  
2 contact person from ACH that you spoke with?

3 A. I was given orientation and training by  
4 Dr. Rakestraw.

5 Q. I'm sorry, who was the doctor?

6 A. Dr. Rakestraw.

7 Q. And where did that orientation take place?

8 A. In Peoria at the ACH home office.

9 Q. And was it a group orientation or was it  
10 just one-on-one?

11 A. One-on-one.

12 Q. And was there like a slide show that was  
13 presented as you did it?

14 A. They had a manual, three-ring binder with  
15 power points and check-off sheets that I had to  
16 date and sign that I received the training and we  
17 had verbal case scenarios.

18 Q. And I'm sorry, when was orientation, 2016?

19 A. I believe so.

20 Q. And prior to accepting the position at ACH  
21 had you had any experience in correctional  
22 healthcare?

23 A. No.

24 Q. And if you, as you sit here today, what,  
25 if any, what's the difference between correctional

1 healthcare and your healthcare at the VA?

2 A. First of all you are dealing with a very  
3 different patient population as far as clinical  
4 setting.

5 Another one would be the actual type of  
6 atmosphere, you're in a jail instead of a medical  
7 office. I was escorted by a jail officer.

8 Q. In the jail there were like these chronic  
9 clinics, though, correct, where you would have  
10 people with hypertension or diabetes?

11 A. Yes.

12 Q. Is there a similar type clinics in the VA?

13 A. No. We have chronic diseases and I'm the  
14 primary provider for the caregiver with those  
15 patient populations, but we don't run a chronic  
16 disease clinic.

17 Q. And is running the chronic diseases,  
18 what's the, I guess, end goal of the care provided  
19 to those individuals.

20 A. There are the same. Standards of care,  
21 clinical practice guidelines, medications --

22 Q. Is there, you know, dealing with the acute  
23 manifestation or what's causing the underlying  
24 hypertension or --

25 A. The same.

1 Q. And when you worked in the jail, was  
2 there, did you talk to the patients about maybe  
3 their diet or exercise, what could help them with  
4 that or was it just giving them blood pressure  
5 medication?

6 A. Oh, no! My conversation typically was  
7 "What am I seeing you for here today"? The nurse  
8 would fill out the patient medical complaint form  
9 or the officers would call me if the patient had  
10 some concerns. And when I would make rounds I  
11 would review the medical chart, talk to the  
12 patient face to face, do a physical exam, review  
13 labs, discuss their medications.

14 Patient education falls in it, but really  
15 as far as the jail food, there's not much control  
16 over that.

17 Q. And for patient education, was there  
18 information that the patients were given like  
19 pamphlets on, you know, their chronic diseases?

20 A. No.

21 Q. Was there preventative medicine prescribed  
22 in the jail setting?

23 A. It was offered if they were due for like a  
24 mammogram or pap smear.

25 Q. How about for substance abuse or addiction



1 issues, was there preventative care provided?

2 A. There was a mental health person involved  
3 generally speaking, who would go in and talked  
4 about substance abuse training and education.

5 Q. My understanding is when you worked at ACH  
6 you are on-call 24/7?

7 A. Yes.

8 Q. How did that work?

9 A. You're on-call 24/7; you carry your phone  
10 with you; if they call you in the middle of the  
11 night you answer your phone.

12 Q. And were you on-call for both jails or  
13 just one jail?

14 A. I don't have to -- oh, I'm sorry, for both  
15 jails. Actually for any jail that needed coverage  
16 there's a call rotation system that was in  
17 existence.

18 So say Joliet tried two or three times to  
19 get ahold of the person on-call and they couldn't  
20 they would roll over to the next person, and  
21 sometimes I would have to be the back-up call.

22 Q. So you could be the back-up practitioner  
23 for a county jail that you typically did not have?

24 A. Yes.

25 Q. Just like working in the ER where this is

1 your weekend to be on-call, you work for a large,  
2 like OSF hospital or something?

3 A. You're on-call all the time.

4 Q. And did you have a personal cell phone or  
5 did you have a work --

6 A. Personal.

7 Q. When you worked for ACH did you have a  
8 work e-mail?

9 A. No.

10 Q. Did you utilize your personal e-mail?

11 A. No.

12 Q. So how were you provided, I guess,  
13 information from ACH or the jail?

14 A. Officers would call or the nurse would  
15 call me on my cell phone.

16 Q. Were you ever sent, you know, documents  
17 like e-mails?

18 A. No.

19 Q. Or test results or anything?

20 A. No.

21 Q. So how would you obtain that information?

22 A. When I made rounds.

23 Q. Were you ever sent like photographs of  
24 like "Hey, doctor, this guy has this weird rash on  
25 his leg. Here's a picture of it. What should we

1 do"?

2 A. No.

3 Q. So the information would be transmitted to  
4 you typically from a correctional officer?

5 A. Officer, sometimes the nurse, sometimes  
6 the jail administrator would call me.

7 Q. We deposed a nurse and the nurse or one  
8 hour out of a week --

9 A. Yes.

10 MR. JENNETTEN: One day.

11 MR. MEYER: One day, or four hours out of the  
12 week.

13 A. I don't know what her schedule was.

14 Q. But usually that day-to-day contact with  
15 the detainees would be the correctional officers?

16 A. Yes.

17 Q. Did you provide them training on what to  
18 ask, what to look for?

19 A. No.

20 Q. Okay. Do you know if anyone did?

21 A. I have no idea.

22 Q. How would you know what, how would they  
23 know what information to ask or glean from a  
24 perspective patient to transmit to a medical  
25 provider?

1 A. I mainly answered the phone if they would  
2 call with a new detainee being booked in with  
3 medications. Give me a list, they would provide  
4 me a list of medications for "yes" or "no"  
5 approval.

6 Q. Would they call and say "Hey, we have this  
7 guy and he's saying he's having trouble  
8 breathing", or "His pulse is X", or "His blood  
9 pressure is X". Did you get those calls?

10 A. Yes.

11 Q. Did you train them on how to take vitals?

12 A. No.

13 Q. During-- was that approximately four years  
14 you worked for ACH?

15 A. Five.

16 Q. During those five years do you ever put on  
17 any trainings for correctional officers?

18 A. No.

19 Q. Were you ever a part of trainings that  
20 involved correctional officers and ACH?

21 A. No.

22 Q. In those five years did you receive  
23 ongoing training from ACH?

24 A. Yes.

25 Q. Take me through that. How did that occur?

1 A. They would have an annual meeting in  
2 December of each year, and we would travel to  
3 Peoria and attend events Friday night, Saturday  
4 and different public speakers, different speakers  
5 on mental health or other nurses, or introduction  
6 as far as from the medical directors, things that  
7 were hot topics at the current time.

8 Q. So that would be like the medical  
9 directors from all the county jails that ACH had  
10 the contracts with?

11 A. Dr. Johnson, the owner of ACH.

12 Q. But I'm saying at these conferences would  
13 it be you then, you know, whoever had the  
14 Whiteside County contract, that doctor?

15 A. I pretty much went on my own, stayed by  
16 myself and roomed by myself, and ate dinner by  
17 myself, so --

18 Q. So other than those yearly, was there  
19 quarterly trainings?

20 A. No, they had on-line trainings that we had  
21 to load in through the internet through ACH and  
22 complete required trainings.

23 Q. So with those how were you notified that  
24 there was a required on-line course you needed to  
25 do?

1 A. There was a system in place that you would  
2 get an e-mail, "This is due", and then when I  
3 completed that then they would take care of that  
4 notification.

5 Q. Got it!

6 A. There's some formal notification, I don't  
7 recall the name, but there was some formal  
8 notification.

9 Q. But you would get an alert that there was  
10 a new training that needed to be done in a certain  
11 period of time?

12 A. Yes.

13 Q. And you would log in and do it?

14 A. Yes.

15 Q. Do you remember the name of that system?

16 A. I don't.

17 Q. Would you log in like through ACH's  
18 website?

19 A. Yes.

20 Q. Going back to that orientation when you  
21 took the position in 2016, do you still have that  
22 training manual?

23 A. No.

24 Q. Were you able to keep it or did you --

25 A. Yes.

1 Q. Did you have to turn it in when you  
2 resigned?

3 A. No.

4 Q. Do you know where it is?

5 A. I threw it away.

6 Q. As the, I guess, medical director, the  
7 facility practitioner, were you involved in the  
8 CQI meetings conducted by the regional managers?

9 A. No.

10 Q. Who did you report to directly?

11 A. As far as my direct link to ACH I would  
12 report to, for my time and attendance, HR.

13 Q. Was there, I guess a regional medical  
14 director?

15 A. Dr. Rakestraw not too much after I hired  
16 in with ACH and then I worked with Dr. Schumard  
17 is not it, but it's somebody along -- he was  
18 interim. But they had two or three medical  
19 directors during my time there.

20 Q. Do you know if there was like one medical  
21 director for ACH --

22 A. Yes.

23 Q. -- or was it by regions?

24 A. One medical director.

25 Q. But typically when you would report it

1 would just be to HR?

2 A. Yes.

3 Q. During your time did a medical director do  
4 like performance reviews or did you have to meet  
5 with someone that would do a peer review?

6 A. They did peer reviews, chart reviews.

7 Q. And was there like a yearly or quarterly  
8 performance evaluation of you conducted by --

9 A. Annually.

10 Q. Annually, okay.

11 Do you know who conducted those?

12 A. The nurses, there was a team that would  
13 come out of ACH, go to the different jails and  
14 talk to the personnel, review the protocols and  
15 was I up-to-date on my charts, and they would do  
16 chart audits.

17 Q. When you did receive a call after hours  
18 and weren't in the facility would you have to make  
19 a note and then bring it to that facility and put  
20 it in that patient's chart?

21 A. No.

22 Q. Did you have a separate chart for  
23 patients?

24 A. The charts for Shelby, the nurse would  
25 collect who I needed to see during that period of



1 time. There was an in-box on the wall and I would  
2 pick that information up, sit at a desk, sign off  
3 on what needed to be signed; and see the patients  
4 that she asked me to see.

5 Q. I guess my question to you is: If a  
6 patient came in with medication and you received a  
7 call from the correctional staff saying "Hey, we  
8 have this new guy. He's got his medicines", you  
9 would either approve or not approve them, correct?

10 A. Yes.

11 Q. Did you have to document that?

12 A. If the nurse put them out for me to sign I  
13 signed.

14 Q. But I'm saying if you're sitting at your  
15 kitchen table getting ready to eat dinner and a  
16 call comes would you make a note --

17 A. No.

18 Q. -- like at this time at this --

19 A. No.

20 Q. Okay. So there wouldn't be like, I guess,  
21 two separate medical files for the inmates: One  
22 that you keep at your house, and then one that's  
23 at the facility?

24 A. No. When I would make rounds either at  
25 Moultrie or Shelby, whoever called me during the

1 previous visit, so visit to visit, anything that  
2 they called and asked me about and what we  
3 documented there was a call sheet, who called me  
4 and then I would have to sign those, counter sign  
5 those.

6 Q. And would that be for medication  
7 verification?

8 A. Medications, illnesses, emergencies. Any  
9 time an officer called me.

10 Q. And who is responsible for creating those  
11 call sheets?

12 A. The officer who called me.

13 Q. So, you know, you would come in that month  
14 at Shelby and there would be a list of that last  
15 month you get 10 calls, would you have to go  
16 through all of those?

17 A. Yes.

18 Q. During your time with ACH were you ever  
19 involved in the drafting or formulation of  
20 policies?

21 A. No.

22 Q. Or protocols?

23 A. No.

24 Q. Okay. And were you familiar there was  
25 like an index protocol book at the jail?

1 A. Yes.

2 Q. Was that the same Moultrie versus Shelby?

3 A. Same.

4 Q. The yellow book?

5 A. Yes, the same.

6 Q. And during your time at ACH did Shelby  
7 have an opiate withdrawal protocol?

8 A. I do not know.

9 Q. Do you know if Moultrie did?

10 A. Yes.

11 Q. What was Moultrie's system?

12 A. They would monitor them in a closed jail  
13 on circuit with a camera closer to the officers  
14 main sitting area, and then when the patient  
15 would, if and when the patient would develop  
16 symptoms they would call me.

17 Q. Was there a requirement that every four  
18 hours you would check their vitals?

19 A. Vital signs.

20 Q. Was it every four hours?

21 A. I don't recall.

22 Q. And then there was certain thresholds if  
23 their vitals exceeded or fell below it would be  
24 an emergency?

25 A. Yes.

1 Q. Shelby did not have that?

2 A. I don't know.

3 Q. If you wanted to find out where would you  
4 have looked?

5 A. The protocol manual.

6 Q. And that would be for, the COs would refer  
7 to that and then start that flowsheet --

8 A. Yes.

9 Q. -- which would tell you this is what you  
10 need to do?

11 A. Yes.

12 Q. And then there would be certain  
13 medications that would be prescribed for the  
14 protocols?

15 A. Yes.

16 Q. Librium being one?

17 A. Yes.

18 Q. What's the purpose of prescribing Librium?

19 A. To help the person with anxiety, racing  
20 heart, sweatiness, diaphoresis, blood pressure.

21 Q. And what is important to monitor for a  
22 patient that's going through opiate withdrawal?

23 A. Airway.

24 Q. Why is that important?

25 A. So they don't stop breathing.

1 Q. Do you need to monitor them if they are  
2 vomiting or nauseous?

3 A. Nausea, vomiting, electrolytes, as far as  
4 how much they are drinking, how is their fluid  
5 level, are they peeing, how's their blood  
6 pressure.

7 Q. Individuals going through opiate  
8 withdrawal become weak and that's why there's an  
9 issue with their airway?

10 A. Yes.

11 Q. They can actually aspirate vomit if they  
12 are vomiting?

13 A. Yes, at risk.

14 Q. So, and they would be at risk for doing  
15 that?

16 A. Yes.

17 Q. And that's why Moultrie put them into a  
18 cell that's monitored more?

19 A. Yes.

20 Q. Do you know if ACH had it's own policy in  
21 opiate withdrawal?

22 A. I imagine, yes. I don't know what the  
23 policy is.

24 Q. And at Moultrie, did you ever give any of  
25 the correctional officers training on opiate

1 withdrawal?

2 A. No.

3 Q. Or alcohol withdrawal?

4 A. No.

5 Q. Or benzo withdrawal?

6 A. No.

7 Q. Are those the three main ones for  
8 withdrawals that you would be concerned about?

9 A. Yes.

10 Q. Same at Shelby, did you ever give any  
11 training for those three withdrawals to the COs?

12 A. No.

13 Q. On what to look for?

14 A. No.

15 Q. And why not?

16 A. It's not my position.

17 Q. The position as the facility practitioner,  
18 are you ultimately responsible for the healthcare  
19 that's being provided in that jail?

20 A. I'm not quite -- the ultimate of all the  
21 prisoners?

22 MR. MEYER: Sure, if you're that facility's  
23 medical practitioner does the buck stop with you  
24 when medical care is being provided that you're  
25 the medical director of?

1 A. No.

2 MR. JENNETTEN: Show my objection to speculation,  
3 and calls for legal conclusion.

4 MR. MEYER: And who is responsible then for the  
5 medical care that's being provided in that  
6 facility?

7 MR. JENNETTEN: The same objection.

8 A. I'm not responsible for everybody, I'm  
9 sorry.

10 MR. MEYER: Does it matter if you've seen that  
11 patient already, whether you become responsible  
12 for their care?

13 A. We have a patient relationship  
14 established.

15 Q. And a correctional officer calling you  
16 about a patient, does that establish that  
17 patient/physician relationship?

18 A. Yes.

19 Q. Even if you don't even see them or talk to  
20 them?

21 A. Yes.

22 Q. And once a patient/physician relationship  
23 is established what responsibilities to you as the  
24 physician have?

25 A. Well, if I have a patient relationship do

1 they need medical care? Do I need to make, do  
2 they need to see me? Do they need medications?  
3 Do they have labs that are up-to-date?

4 Q. When you did that orientation at ACH was  
5 there a section developed specifically to  
6 withdrawals and the concerns as it's related to  
7 corrections or --

8 A. Yes.

9 Q. Is it more of a concern, or do you  
10 experience more of it doing correctional  
11 healthcare than you would at a --

12 A. I have a very large opiate population at  
13 the VA, so we have a very --

14 Q. Does the VA implement COWs?

15 A. Yes.

16 Q. During your time at Shelby did they ever  
17 implement COWs?

18 A. No.

19 Q. Did Moultrie?

20 A. No.

21 Q. Did Shelby implement CIWA?

22 A. I'm not familiar with that.

23 Q. For alcohol?

24 A. I'm not familiar with that.

25 Q. So what's your understanding of COWs as



1 it's implement at the VA?

2 A. I don't use the COWs. The mental health  
3 uses the COWs.

4 Q. Do you know if part of COWs that's to  
5 monitor vitals?

6 A. I'm not familiar with COWs.

7 Q. How do you handle opiate withdrawal at the  
8 VA in your position?

9 A. With my position if they are having opiate  
10 withdrawals we have an Opiate Use Disorder Clinic  
11 in Danville. We have Narcan. We have Zofran. We  
12 can use Librium.

13 Q. Narcan is more directed toward an  
14 overdose, correct?

15 A. Yes.

16 Q. Zofran, is that --

17 A. For nausea.

18 Q. For nausea. There are other medications  
19 you can give for the nausea, though, correct?

20 A. Yes.

21 Q. And that's a common side affect of someone  
22 going through an opiate withdrawal, is nausea?

23 A. Yes.

24 Q. And, again, the Librium is just to deal  
25 with the stress of going through it?

1 A. Yes.

2 Q. And is it your understanding that opiate  
3 withdrawal can be deadly?

4 A. Yes.

5 Q. Do you recall ACH ever teaching that  
6 opiate withdrawal is not deadly?

7 A. No.

8 Q. Same with benzos or alcohol, those all can  
9 be deadly, correct?

10 A. Yes.

11 Q. And that's why it's reasonable to monitor  
12 people going through that?

13 A. Yes.

14 Q. And specifically for opiates do you know  
15 when most patient experience an opiate withdrawal?

16 A. Within hours.

17 Q. After the last use?

18 A. Yes.

19 Q. Is that the same with alcohol and benzos?

20 A. I don't do much with alcohol.

21 Q. Going back to, I guess, your hire on date  
22 with ACH, initially, was for Moultrie only or  
23 both Moultrie and Shelby?

24 A. Moultrie.

25 Q. Okay, and then at what point did you take

1 on Shelby as well?

2 A. 2018/2019, I'm not quite sure.

3 Q. And prior to that do you know if they had  
4 a physician at that facility?

5 A. I do not know.

6 Q. When you would have your schedule, I  
7 guess, at that facility who would be responsible  
8 for putting together your patient list?

9 A. The nurse.

10 Q. Do you know how it was determined which  
11 individual you see or how it was made?

12 A. Sick call.

13 Q. Do you know if there was a requirement  
14 that the inmate had to have three nurse sick calls  
15 before they ever seen a physician?

16 A. Yes.

17 Q. What was the requirement?

18 A. Generally three sick calls.

19 Q. And if the issue wasn't resolved in those  
20 three then they could see a physician?

21 A. Yes.

22 Q. And as the physician did you have a duty  
23 to review like the health intake that was  
24 completed by the nursing staff?

25 A. Yes.

1 Q. For all --

2 A. Anybody incoming, if there were -- if she  
3 filled out an intake form, TB screen test,  
4 pregnancy, yes or no, she set those aside for me  
5 to sign off on.

6 Q. And you looked at it for all, even if they  
7 weren't on your visit list that day?

8 A. Yes.

9 Q. And then any notes that you generated for  
10 that patient would go in the file there at the  
11 facility?

12 A. Yes.

13 Q. And did you schedule them for follow-ups?

14 A. If needed.

15 Q. Would that be for the next time you come  
16 in?

17 A. Yes.

18 Q. Were there times that individuals needed  
19 follow-ups sooner than a month out?

20 A. I do not know.

21 Q. Could you schedule them for follow-ups  
22 with specialists outside the facility?

23 A. Yes.

24 Q. Take me through that process.

25 A. If the patient had an orthopedic injury,

1 came in, had pins in the knee we could schedule  
2 them to see their orthopedic specialist. That's  
3 the only one I really recall most of.

4 If they were pregnant and they needed to  
5 be seen by OB/GYN I would make those arrangements.

6 Q. And if they were, before they got locked  
7 up, if they had physical therapy, they were seen  
8 weekly or monthly would they continue to get those  
9 treatments?

10 A. I don't know.

11 Q. And did you perform any reviews of the  
12 nursing staff at the facilities you were in charge  
13 of?

14 A. No.

15 Q. Did you ever meet with the regional nurse  
16 managers?

17 A. Occasionally at the conferences.

18 Q. Would you ever meet with them at the site  
19 to just, you know, monitor the healthcare?

20 A. No.

21 Q. Did you have to keep track of the patients  
22 you saw --

23 A. No.

24 Q. -- when you did come to the facility?

25 A. No.

1 Q. You knew well enough the nurses had to  
2 keep track of how many sick calls and all the  
3 different --

4 A. I don't know.

5 Q. So the website that ACH had you would use  
6 it to input your time?

7 A. Yes.

8 Q. What other things would you have to  
9 routinely document?

10 A. That was it, my time and mileage.

11 Q. The number of patients you saw or for what  
12 you you would not have to monitor?

13 A. No.

14 Q. And I don't think I asked you for  
15 Moultrie, but did ACH ever ask you to put on a  
16 training program for the correctional officers at  
17 Moultrie?

18 A. No.

19 Q. And do you have an understanding as to how  
20 correctional officers know or are able to properly  
21 take vitals of an individual?

22 A. No.

23 MR. MEYER: Was #14 the last one we had?

24 (At this point the Court Reporter marked  
25 for purposes of identification Deposition Exhibits

1 #15, and #16, after which the following  
2 proceedings were conducted:)

3 MR. MEYER: Ms. Clayton, I have placed in front of  
4 you here what has been marked as Exhibits #15 and  
5 #16. If you will look at #15, it's got a Bates  
6 stamped in blue that says ACH 105. Do you see  
7 that in the lower --

8 A. Yes.

9 Q. And #16 is ACH 106. Is that your  
10 handwriting?

11 A. Yes.

12 Q. Okay. So if we look at #15 first, it says  
13 "Orientation for Medical Providers". Do you see  
14 that?

15 A. Yes.

16 Q. And it looks like it's all dated the same  
17 day, May 26th of '16.

18 A. Yes.

19 Q. Does that sound about right when you went  
20 to Peoria for your training?

21 A. Yes.

22 Q. And it has the supervisor's initials as  
23 GR, do you know --

24 A. Dr. Rakestraw.

25 Q. Okay. So during that orientation he kind

1 of what, presented a slide show as he went through  
2 it? Is that how it worked?

3 A. We had power point.

4 Q. And it looks like it was broken up in  
5 these kind of bold areas: ACH Vision/Mission;  
6 Educational; Pharmacy; General Liability; 5-Step  
7 Approach; Payroll & HR Forms. Does that sound  
8 familiar of how it was?

9 A. Yes.

10 Q. I just want to go through some of those  
11 subcategories, because they are kind of broken  
12 down and they are initialed by each line. Did you  
13 have like a little quiz or test you had to take  
14 after each one of those?

15 A. It varied.

16 Q. Okay, so if we go to ACH Vision/Mission &  
17 Policy Information, there's a bunch of different  
18 subcategories here. Do you see that?

19 A. Yes.

20 Q. And one is "Use of ACH vehicles", did you  
21 have a company vehicle or just use your own?

22 A. No, my own car.

23 Q. And we had to "Off-Site Provider  
24 Utilization", do you see that, fourth line from  
25 the bottom?



1 A. Yes.

2 Q. What do you recall from that section  
3 during the orientation?

4 A. If I was not available they were to  
5 contact the collaborating physician.

6 Q. So you mean that would have been Dr.  
7 Lochard?

8 A. Yes.

9 Q. Okay. That meaning if you weren't  
10 available for your monthly visit, or if they had a  
11 question they called you?

12 A. Yes.

13 Q. For both?

14 A. Yes.

15 Q. Got it! Okay.

16 And it had this "Additional Practitioner  
17 Training Protocol", it's the first one there. Do  
18 you know if that was taught during that part of  
19 the orientation?

20 A. I don't recall.

21 Q. Do you recall what ACH's vision, mission  
22 and core values were?

23 A. Part of that is that we provide the best  
24 care possible.

25 Q. Go to the next kind of the section here

1 and it talks about "Educational Presentations".

2 That first one is Introduction to Correctional  
3 Healthcare, correct?

4 A. Yes.

5 Q. Do you recall what was taught specifically  
6 to correctional healthcare?

7 A. The intake process as far as dealing with  
8 the inmates, detainees.

9 Q. Okay. Do you ever recall being told that  
10 a lot of your patient population are malingerers  
11 or manipulative?

12 A. No.

13 Q. Have you ever seen that on an ACH slide  
14 that says a lot of your patients are going to be  
15 malingering or are there to try to, drug seeking  
16 behavior?

17 A. No.

18 Q. "No" you haven't seen or "no"?

19 A. No.

20 Q. And then we have Back to the Basics: The  
21 Fundamental of Correctional Healthcare. And,  
22 again, what's the difference between the  
23 Fundamentals of Healthcare versus correctional  
24 healthcare, other than the location where it's  
25 being provided?

1 A. I do not recall.

2 Q. When you obtained your degree of Nurse  
3 Practitioner does it specify that, take a patient,  
4 whether it's an inmate or coming off the street,  
5 the type of care you provide them?

6 A. No.

7 Q. It doesn't distinguish that?

8 A. No.

9 Q. Do you know if the ACH training did  
10 distinguish the type of healthcare you give in  
11 corrections versus what you give in the VA clinic?

12 A. No.

13 Q. And there's, if you go down one more it  
14 says "Handling difficult communications". Do you  
15 know what that's talking about?

16 A. Relaying bad news.

17 Q. You mean to like family of incarcerated  
18 people?

19 A. Yes.

20 Q. And then we have "All of Mental Health"  
21 and it looks like it was 7 and someone wrote "8  
22 drugs"?

23 A. Yes.

24 Q. Do you know what that is in reference to?

25 A. Medications used to treat anxiety,

1 depression.

2 Q. Do you know if those drugs were more often  
3 prescribed to people that were incarcerated?

4 A. I do not know.

5 Q. And like antipsychotic or psychotropic  
6 medications, do you know if they are prescribed  
7 more in the correctional setting than in an  
8 outpatient mental health setting?

9 A. I do not know.

10 Q. And the next topic is "Malingering of  
11 Psychosis in Correctional Environment".

12 Do you know what that is in reference to?

13 A. As far as psychosis, no.

14 Q. Malingering means that they had an  
15 ulterior purpose for seeking care?

16 A. Yes.

17 Q. Do you know why that was specifically  
18 taught from the correctional setting?

19 A. No.

20 Q. And then the last topic it looks like was  
21 "Reduce Your Lawsuit Risk By Improving  
22 Documentation", correct?

23 A. Yes.

24 Q. What do you recall learning from that  
25 topic?

1 A. We used the SOAP format.

2 Q. The next topic was about the "Pharmacy  
3 Review & Forms", correct?

4 A. Yes.

5 Q. And I think it's in here, but ACH did not  
6 implement a formula?

7 A. Does not have a formula, right.

8 Q. So they could prescribe any medication?

9 A. Yes, if it was available.

10 Q. Were there certain medications that were  
11 not prescribed based on price?

12 A. No.

13 Q. Or specifically for an opiate?

14 A. No.

15 Q. Do you know if there is a slide that  
16 specifically talked about the expensive price of  
17 specific opiate treatment drugs?

18 A. No.

19 Q. The next topic is "General Liability", and  
20 it talks about Certificate of Insurance for  
21 General Liability. Do you recall what that was?

22 A. Your coverages as far as ACH policy.

23 Q. Was that for any lawsuits?

24 A. Yes.

25 Q. Okay. And then the next topic was the

1 "5-Step Approach to Correctional Healthcare", and  
2 the first topic is the "5-Step Approach to  
3 Correctional Healthcare". Do you recall what the  
4 five steps were?

5 A. No.

6 Q. And then we have "Proper Sick Call  
7 Technique". Do you know what that was?

8 A. The detainee would make a sick call, fill  
9 out a form.

10 Q. How they can get on the sick call list?

11 A. Yes.

12 Q. And then there's "Pre-Printed Progress  
13 Notes". Do you know what those were?

14 A. It's the form used to document the  
15 patient's information, date, time, date of birth,  
16 complaint, and my medical visit, what I would see  
17 and document what the plan of care was.

18 Q. When it says that it was pre-printed that  
19 just means that some of this form had been  
20 typed --

21 A. Template.

22 Q. You would handwrite it?

23 A. Yes.

24 Q. Okay. It's not saying that it's a form  
25 saying "I saw the doctor, everything is fine" and

1 you just initial it?

2 A. No.

3 Q. And then the last was "How to Approach and  
4 Examine Inmates". What do you recall from that  
5 section?

6 A. As far as appropriate conversation,  
7 introduction, physical examination, they would  
8 often times come in in their jumpsuit and  
9 handcuffs, and if I needed to do hands-on a jail  
10 officer would assist me, and would have to get  
11 permission to remove their handcuffs if needed, or  
12 open their jumpsuit.

13 Q. And I'm assuming that all of the visits  
14 there is always a correctional officer with the  
15 patient?

16 A. Yes.

17 Q. Did that have any barriers to providing  
18 medical care?

19 A. No.

20 Q. So no problems with the inmate wanted to  
21 talk about an issue in front of a correctional  
22 officer?

23 A. No.

24 Q. And then it looks like the last kind of  
25 section is all about "Payroll & HR Forms",

1 correct?

2 A. Yes.

3 Q. Let's go to Exhibit #16, and that's  
4 "RNM/Nurse Orientation for Medical Providers". Do  
5 you know what that -- was this a different  
6 orientation because it looks like part of it was a  
7 couple days later. Was that, do you know why  
8 there was some on the 31st versus the 26th, if you  
9 know?

10 A. I don't recall, two different trips.

11 Q. Okay. If we look here at Exhibit #16 it  
12 has the "Site Information & Navigation". Was that  
13 specific per site, obviously Shelby versus  
14 Moultrie?

15 A. Touring the jail.

16 Q. So maybe on the 31st was maybe when you  
17 actually toured the facility?

18 A. Yes. I was met at the facility by the  
19 nurse manager who introduced me to the personnel  
20 and gave me a tour of the medical unit.

21 Q. Is that the Regional RN then, or the  
22 Regional Nurse Manager?

23 A. I don't recall her name. She's passed  
24 away now.

25 Q. There was one at one time, Verda, is



1 that --

2 A. No.

3 Q. It wasn't her?

4 A. I don't recall her name.

5 Q. But that's where you met the Regional  
6 Nurse Manager, whatever her name was, for  
7 Moultrie, kind of familiarized yourself with the  
8 site?

9 A. Yes.

10 Q. When you, did Moultrie and Shelby have the  
11 same Regional Nurse Manager?

12 A. I don't know.

13 Q. And then the next sub-topic was the  
14 "Pharmacy & Medication Review", correct?

15 A. Yes.

16 Q. And then we have "Emergency On-Site  
17 Medications". What were the emergency on-site  
18 medications?

19 A. They had Tylenol. They had a drug box.

20 Q. Do you know -- and at this point you were  
21 just working for Moultrie, correct?

22 A. Yes.

23 Q. Did you have to go through a second  
24 orientation specific to Shelby?

25 A. No.

1 Q. Did Moultrie have Narcan?

2 A. I believe, yes.

3 Q. Did Shelby?

4 A. I do not know.

5 Q. Okay. And then have, the next is talking  
6 about the MAR review, correct?

7 A. Yes.

8 Q. And as the facility physician were you  
9 involved in generating the MARs?

10 A. No.

11 Q. Did you review the MARs?

12 A. If they were placed on my signage to be  
13 signed and reviewed, yes.

14 Q. Did you -- so, again, the scenario where  
15 someone gets booked in at 10:00 at night and they  
16 have medication, you get a call and you approve  
17 those meds, the next time you came in did you have  
18 to sign off?

19 A. If they were in my in-box to be signed.

20 Q. And whose responsibility was it to make  
21 sure that got in your in-box?

22 A. The nurse.

23 Q. And then we have the last, which is called  
24 "Medication Monitoring by Regional Nurse Manager".  
25 What was that?

1 A. They have the Regional Nurse Manager that  
2 would make periodic reviews to look at the drug  
3 book.

4 Q. Would they, do you recall having meetings  
5 where they would say "Hey, Jackie, you issued a  
6 lot of this medication compared to our other  
7 facilities"?

8 A. No.

9 Q. Would they keep track of how much  
10 medication you were prescribing?

11 A. Yes.

12 Q. Did anyone ever talk to you about the  
13 tracking of the medications you were prescribing?

14 A. No.

15 Q. Were you ever told if there was a budget  
16 for medications per facility?

17 A. No.

18 Q. And then the next section here is, it  
19 talks about the "Detox Protocols", correct?

20 A. Yes.

21 Q. Cocaine Withdrawal, are you familiar with  
22 people who have had a cocaine withdrawal?

23 A. Yes.

24 Q. How is that cocaine withdrawal different  
25 than an opiate withdrawal?

1 A. Very similar as far as sweatiness,  
2 hypertension, nausea, body shakes.

3 Q. With Benzodiazapine, is it similar to  
4 Cocaine.

5 A. Similar.

6 Q. The same with alcohol?

7 A. Yes.

8 Q. And these Detox Protocol that you were, is  
9 that where we talked about those flowsheets?

10 A. Yes.

11 Q. Is this specific for Moultrie?

12 A. It's from ACH, so --

13 Q. But as the, I guess the medical provider  
14 what is your responsibility as it comes to these  
15 withdrawals protocols, or detox protocols?

16 A. My responsibility if they were implemented  
17 I would co-sign them.

18 Q. So who decides to implement one of the  
19 detox protocols?

20 A. If the jailer is there then the officer.

21 Q. How can a jail officer implement a detox  
22 protocol?

23 A. Would call me as the medical person and  
24 talk about the situation.

25 Q. If they called and said "this person is a

1 heroin addict and they are withdrawing hard" that  
2 would be "put them on the protocol"?

3 A. Yes.

4 Q. Can a correctional officer independently  
5 place a detainee on a detox protocol?

6 A. I do not know.

7 Q. Do you know if that requires a physician  
8 to place that order?

9 A. I do not know.

10 Q. During the time that you worked at the  
11 Shelby County Jail did you ever place anyone on a  
12 detox protocol?

13 A. I don't recall.

14 Q. How about Moultrie?

15 A. Yes.

16 Q. And did you have to give the order for  
17 that?

18 A. I would initiate the protocol, the  
19 template protocol, as far as the medications and  
20 monitoring their vital signs.

21 Q. And in order to, I guess, cease a protocol  
22 would that require a physician's order?

23 A. Yes.

24 Q. Their vitals seem to stabilize, it's been  
25 four days, they have gotten through the detox

1 period, we can take them off?

2 A. Yes.

3 Q. And the same question: Do you know if a  
4 correctional officer can discontinue a detox  
5 protocol?

6 A. I do not know.

7 Q. And the last section here on Exhibit #16,  
8 it talks about "Jail Protocols" for diabetes,  
9 chronic clinic and then scabies and lice, correct?

10 A. Yes.

11 Q. Do you ever recall having a protocol for  
12 like communal diseases like MRSA or any of those?

13 A. No.

14 Q. Do you know if there was ever implemented  
15 a policy on MRSA or one of those type of skin --

16 A. I do not know.

17 (At this point the Court Reporter marked  
18 for purposes of identification Deposition Exhibits  
19 #17 and #18, after which the following proceedings  
20 were conducted:)

21 MR. MEYER: Ms. Clayton, I have placed in front of  
22 you what we have marked Exhibits #17 and #18.

23 #17 is Bates stamped ACH103, #18 is a ACH  
24 102, and it looks like they are two certificates  
25 that you received.

1 A. Yes.

2 Q. #17 is a the completed training on  
3 Corrections Environment?

4 A. Yes.

5 Q. It looks like the trainer was a Karen  
6 Stock?

7 A. Yes, that was the nurse manager.

8 Q. And it looks like you had another training  
9 that same day, May 31, 2016 on the Principles of  
10 ACH, correct?

11 A. Yes.

12 Q. Same trainer, Karen Stock.

13 A. Yes.

14 Q. Do you know where that training occurred?

15 A. Moultrie.

16 Q. And did you get any handouts or documents  
17 from that training?

18 A. No.

19 Q. What do you recall from these trainings?

20 A. She met me at the Moultrie County Jail,  
21 toured me through the jail, showed me the medical  
22 office, supply cabinets, and manuals that are  
23 used.

24 Q. Was there, similar to your orientation, I  
25 believe it was May 26th, was there another power

1 point presentation?

2 A. No.

3 Q. Did you get a similar certificate for  
4 Shelby County?

5 A. No.

6 Q. Do you know why you did not when you took  
7 on that facility?

8 A. No one met me at Shelby. I was not met at  
9 Shelby.

10 Q. Got it!

11 In that initial orientation training you  
12 said there was like a binder, did that have  
13 additional slides about those different topics  
14 that we went through on that exhibit.

15 A. The manager, Dr. Rakestraw, it was a  
16 three-ring binder and had all the power points,  
17 and then on the right-hand side notes, tips.

18 Q. Did Dr. Johnson ever present a  
19 presentation for ACH that you attended?

20 A. At the annual meetings. He was often  
21 times the opening speaker.

22 (At this point the Court Reporter marked  
23 for purposes of identification Deposition Exhibit  
24 #19, after which the following proceedings were  
25 conducted:)



1 MR. MEYER: Ms. Clayton, we've placed in front of  
2 you know what we have marked as Exhibit #19. Do  
3 you have Exhibit #19 in front of you?

4 A. Yes.

5 Q. And do you recognize Exhibit #19?

6 A. Yes.

7 Q. And what do you recognize this exhibit to  
8 be?

9 A. The job description.

10 Q. And this is the job description for a  
11 nurse practitioner?

12 A. Yes.

13 Q. For the record that's Bates stamped ACH  
14 117-118. It looks like it has your name and that  
15 May 26, 2016 date, correct?

16 A. Yes.

17 Q. And then it, for Classification it says  
18 "Hourly/Non-exempt or Salary/Exempt" and it says  
19 "Non-supervisory". So did you not supervise  
20 anyone --

21 A. No.

22 Q. -- in your position? Okay.

23 And it says who you reported to, a  
24 collaborative physician. In that case was it Dr.  
25 Lochard until you got your full practice

1 authority?

2 A. He was still my collaborative even after  
3 full practice. That was ACH.

4 Q. That's just how ACH had it?

5 A. Yes.

6 Q. Okay. And then it says that you report to  
7 the Corporate Medical Director for clinical  
8 issues, correct?

9 A. Yes.

10 Q. And then it says "Nurse Practitioner is  
11 responsible for the site administrator". Do you  
12 know if that was someone different than the  
13 regional nurse manager, if you know?

14 A. I do not know.

15 I believe site administrator is the jail  
16 administrator.

17 Q. So it would have been the sheriff or  
18 jailer?

19 A. Yes.

20 Q. And then as a regional contract manager do  
21 you know if that's a regional nurse manager?

22 A. I do not know.

23 Q. And we have a corporate medical  
24 director --

25 A. Yes.

1 Q. -- and Vice-President of Medical  
2 Operations.

3 A. Yes.

4 Q. And then it has the "Position Summary:  
5 Responsible for providing medical services to  
6 inmates in the facilities for which you are  
7 assigned. The medical care is consistent with  
8 evidence based medicine standards of care", and it  
9 says "Provide the overall supervision for clinical  
10 service for the site", correct?

11 A. Yes.

12 Q. So does that mean that you have the  
13 overall supervision for the detox protocols or any  
14 of the chronic clinics?

15 A. Yes.

16 Q. And then go down, it talks about the  
17 educational, what's required as essential  
18 functions. Number 2 says "Reports to the CQI  
19 committee as requested". Do you ever recall being  
20 called to one of the CQI committees?

21 A. Not called.

22 Q. And then go to the second page, the top  
23 bullet points "Annually reviews and approves  
24 clinical protocols, clinical policies and  
25 procedures and medical disaster plan", correct?

1 A. Yes.

2 Q. Do you ever recall reviewing and approving  
3 the protocols for the detox that we went through?

4 A. No.

5 Q. And then "Participate in Peer Review".  
6 Did you ever do a peer review?

7 A. No.

8 Q. You had your work peer reviewed?

9 A. Yes.

10 Q. Is that just a doctor comes and looks at  
11 your charts?

12 A. Based on the chart audit.

13 Q. What's a chart audit?

14 A. They would go through randomly and select  
15 a few charts and look at the thoroughness of the  
16 documentation.

17 Q. Just look that the SOAP notes were done?

18 A. Yes.

19 Q. And then it has this: "Attends Medical  
20 Advisory meetings as requested". Were you ever  
21 requested to a Medical Advisory Meeting per ACH?

22 A. I attended the medical annual meetings.

23 Q. And then I don't know if this it a typo or  
24 if I'm reading it wrong, but two bullets down it  
25 says "Monitors medication utilization at assigned

1 facility/facilities". Do you know what that is?

2 A. No.

3 Q. And then if we go about five more down it  
4 says "Provides emergency treatment when on-site  
5 and responds appropriately in urgent or emergency  
6 situations", correct?

7 A. Yes.

8 Q. So that would be when there is a call from  
9 the correction staff?

10 A. Yes.

11 Q. And did the correction staff have to get  
12 your approval before they sent someone off to an  
13 emergency room?

14 A. If they called and the person was in an  
15 emergency situation, in pain, I would say "Send  
16 them to the ER".

17 Q. And did you have to keep track of the  
18 number of patients that were sent to the ER?

19 A. No.

20 Q. Do you know if that was documented?

21 A. It would be on the call sheet.

22 Q. That would be the sheet that you would  
23 initial when you came in?

24 A. Yes.

25 Q. Did you have to turn that in anywhere?

1 A. No.

2 Q. What would you do with the call sheet  
3 after you initialed it?

4 A. It would be filed after I signed it.

5 (At this point the Court Reporter marked  
6 for purposes of identification Deposition Exhibit  
7 #20, after which the following proceedings were  
8 conducted:)

9 MR. MEYER: Ms. Clayton, I have placed in front of  
10 you what we have had marked as Exhibit #20. Do  
11 you have Exhibit #20 in front of you?

12 A. Yes.

13 Q. And that's Bates stamped ACH 115. Do you  
14 recognize this document?

15 A. Yes.

16 Q. And it's labeled "Off-Site Utilization  
17 Acknowledgment". What does that mean in layman's  
18 terms?

19 A. So if there is a medical emergency they  
20 can initiate intervention.

21 Q. And just like, for example, the third  
22 paragraph down it says "You understand that the  
23 on-site medical staff is responsible for  
24 evaluating the patient's condition", correct?

25 A. Yes.

1 Q. Would you agree that the majority of the  
2 week there is no on-site medical staff?

3 A. Yes.

4 Q. So in that situation who was responsible  
5 for evaluating the patient's condition if there is  
6 no on-site medical staff?

7 A. The personnel on-site, jail officers.

8 Q. Okay. And do you know who would give them  
9 training to make those decisions?

10 A. No.

11 Q. If you would go to the next paragraph  
12 after the one with the bold and underline: "You  
13 understand if the site's practitioner determines  
14 that off-site care would NOT be appropriate for  
15 the patient the on-site medical staff should  
16 follow the practitioner's ultimate treatment plan,  
17 unless the on-site medical staff believes it would  
18 be detrimental to the patient, in which case the  
19 on-site medical staff is obligated to act in the  
20 patient's best interests", correct?

21 A. Yes.

22 Q. Does that mean that the nurse could  
23 disagree with the practitioner's advice?

24 A. I would believe as the provider I would  
25 override the nurse.

1 Q. Yeah, I'm just -- my question is if the,  
2 so the site practitioner, for example, at Shelby  
3 that would be you?

4 A. Uh-huh.

5 Q. And that it's saying you determined that  
6 the off-site care is not appropriate, the on-site  
7 medical staff, who would that, who is there, could  
8 say "well, I think it is" and you can override  
9 that? I'm just trying to see if I'm reading this  
10 correctly.

11 A. I don't know. That's never happened to  
12 me, so --

13 Q. That was going to be my next question: Do  
14 you recall a time where you said --

15 A. No.

16 Q. -- they are fine, then they were sent to  
17 the ER?

18 A. No.

19 MR. MEYER: Got it.

20 (At this point the Court Reporter marked  
21 for purposes of identification Deposition Exhibit  
22 #21, after which the following proceedings were  
23 conducted:)

24 MR. MEYER: Ms. Clayton, we have placed in front  
25 of you what we have had marked as Exhibit #21,



1 Bates stamped Banning 6391. Do you have Exhibit  
2 #21 in front of you?

3 A. Yes.

4 Q. It looks like it's an "Advanced  
5 Correctional Healthcare" page called "Pearls of  
6 Wisdom from the 2017 Missouri Jail Summit". Do  
7 you recall going to the 2017 Missouri Jail Summit?

8 A. I don't know.

9 Q. Do you recall receiving updates from  
10 Advanced Correctional Healthcare when they made  
11 changes or educational information?

12 A. They would send us things to update our  
13 manual and start new manuals.

14 Q. And specifically read through this one.  
15 It may help, I can pull it up now, but read  
16 through this and let us know if you recall  
17 receiving this.

18 I think I can pull it up, the first two  
19 pages of this now.

20 A. I don't recall this.

21 Q. Do you recall at some point receiving  
22 information from Advanced Correctional Healthcare  
23 where it discussed overdose as a rising cause of  
24 death in jails?

25 A. No.

1 Q. Okay. Based on your experience working in  
2 the correction healthcare do you, did you observe  
3 overdose as a rising cause of death in jails?

4 A. No.

5 Q. And then it lists some information for  
6 people to ask at the intake screenings. It talks  
7 about if they took any drugs and what drugs,  
8 correct?

9 A. Yes.

10 Q. And then it asks them to sign a  
11 verification at intake. Do you see that? It's  
12 the third bullet point down there.

13 A. Yes.

14 Q. Do you know whether or not Shelby County  
15 implemented that verification at intake?

16 A. I do not.

17 Q. And then it talks about "Stock Narcan in  
18 booking", and it lists this Debbie Ash to call and  
19 it gives a phone number. Again, did you ever call  
20 to get Narcan stocked in the Shelby County Jail?

21 A. No. I do not recall.

22 (At this point the Court Reporter marked  
23 for purposes of identification Deposition Exhibit  
24 #22, after which the following proceedings were  
25 conducted:)

1 MR. MEYER: Ms. Clayton, we have placed in front  
2 of you what we have marked as Exhibit #22. Do you  
3 have Exhibit #22 in front of you?

4 A. Yes.

5 Q. It's Bates stamped ACH 137, and it goes up  
6 to 139. Do you have all of those pages?

7 A. Yes.

8 Q. Do you recognize this document?

9 A. Yes.

10 Q. And what do you recognize this document to  
11 be?

12 A. Time sheets.

13 Q. Okay. So this would be what you would  
14 fill out on-line?

15 A. Yes.

16 Q. So it looks like the first page has the  
17 week of February 23rd to maybe, or two weeks, to  
18 March 7th?

19 A. Yes.

20 Q. So it looks like that two-week period you  
21 were at the Shelby County Jail was on the 24th and  
22 then the Moultrie County Jail on the 26th and that  
23 would have been it?

24 A. Yes.

25 Q. Okay. Then if you go to the next page it

1 looks like the week of March 8th to March 14th and  
2 March 15th and March 21st you were only at the  
3 Moultrie County Jail for one hour?

4 A. Yes.

5 Q. And the last is from March 23rd all the  
6 way up to April 4th. It looks like, again, the  
7 week March 22nd, on that Monday, the 23rd you're  
8 at Moultrie for an hour?

9 A. Yes.

10 Q. And then the 30th you were at Shelby for  
11 one hour, correct?

12 A. Yes.

13 Q. So in the time period we have here it  
14 would have just been, is it just one hour on the  
15 24th of February and then one hour on the 30th of  
16 March you would been at Shelby?

17 A. Yes.

18 Q. In between those times you would have been  
19 on-call, though, correct?

20 A. Yes.

21 Q. I'm going to give you this Exhibit #6. It  
22 should be over there.

23 Okay, and do you see Exhibit #6 in front  
24 of you?

25 A. Yes.

1 Q. Do you recognize this document?

2 A. No.

3 Q. If we look here it looks like there's two  
4 medicines listed on this Medication Review, or  
5 Medication Verification Form, I'm sorry.

6 A. Yes.

7 Q. And then it has "Practitioner's Name" and  
8 it says "Dr. Clayton". Do you know if that is  
9 referencing you?

10 A. I don't know if it's myself personally.

11 Q. And you said when they would call to  
12 verify medications they are supposed to do a call  
13 log too?

14 A. Yes.

15 Q. So if we look at Exhibit #5, which is  
16 right in front of it, is an actual MARs. Do you  
17 recognize that document as well?

18 A. No.

19 Q. So, typically, when you came to a facility  
20 would you not have to sign off on the MARs  
21 records?

22 A. It depended.

23 Q. What would it depend on?

24 A. It is was my assigned sheet, my sign-in  
25 box, forms to be signed.

1 Q. If the MARs was?

2 A. Yes.

3 Q. But if it -- during that time period that  
4 you were at the jail and you would have received a  
5 call for some medications you said "yes" or "no"  
6 to that, how would you document that on the  
7 person's chart once you came to that facility?

8 A. If it was in my in-box to be signed.

9 Q. So if you got a call at 10:00 at night and  
10 it wasn't put in the chart there's probably a  
11 chance you wouldn't remember that phone call when  
12 you came back two weeks later?

13 A. Yes, right.

14 Q. Got it! Okay.

15 But, again, looking at #6 it looks like  
16 this individual, Nicholas Banning, there's two  
17 medications listed here. One is the generic of  
18 [REDACTED]. Is it [REDACTED] (sic)? Is that the  
19 full name for that one?

20 A. [REDACTED].

21 Q. And then [REDACTED]?

22 A. Yes.

23 Q. Do you know what that medication is  
24 prescribed for?

25 A. Opiate withdrawal.

1 Q. And then [REDACTED] is the other  
2 medication?

3 A. Yes, [REDACTED].

4 Q. And that is an anti-nausea --

5 A. Nausea.

6 Q. -- medication?

7 A. Yes.

8 Q. And I think you said based on your  
9 experience at the VA that you have a lot of  
10 patients that have an opiate addiction problem?

11 A. Yes.

12 Q. Are these two medications routinely  
13 prescribed together to try to wean people off of  
14 opiates?

15 A. Yes.

16 Q. Because when a person is going through  
17 opiate withdrawal they become nauseous?

18 A. Yes.

19 Q. And [REDACTED] tries to prevent them from  
20 vomiting and keeping their electrolytes?

21 A. Yes.

22 Q. It says here that one of these medications  
23 was approved and one was not. Do you know why  
24 that was?

25 A. No.

1 Q. And do you recall on March 6, 2020  
2 receiving a call asking about these specific  
3 drugs?

4 A. No.

5 Q. Back in March, 2020, did you have the  
6 ability to prescribe [REDACTED]?

7 A. No.

8 Q. Can you now?

9 A. Yes.

10 Q. So to prescribe [REDACTED] in 2020 you would  
11 have had Dr. Lochard do that?

12 A. Yes.

13 Q. But [REDACTED], you could prescribe that?

14 A. Yes.

15 Q. So other than seeing a call log or an  
16 officer were to say he spoke with you and your  
17 initials, is there any other way to see if you're  
18 the one who approved one and disapproved the  
19 other?

20 A. Call log.

21 Q. Got it! And going back to that one  
22 exhibit, I finally pulled it up. This may help  
23 here, and be able to see it on this monitor here.

24 This is going back to Exhibit #21 and ask  
25 you about some ACH information from 2017.



1           So if we go to page 1 of 3 there is this  
2   Pearls of Wisdom, and it's talking about pregnant  
3   in jail; and then the page that we had looked at,  
4   the Overdose as a Rising Cause of Death in Jail;  
5   and 3 is Keeping up with Correctional Healthcare"

6           Do you recall receiving this information at  
7   any point?

8   A.       No.

9   Q.       As you sit here today would there be a  
10   reason why a patient had a valid script for  
11   [REDACTED] to not approve that  
12   medication?

13   A.       If I didn't have a license to prescribe  
14   they would have to call the person that did have  
15   the license to prescribe.

16   Q.       But I'm saying if they had that medication  
17   on them or was brought to the jail by their  
18   family, would there be a reason not to approve the  
19   administration of it?

20   A.       No.

21   Q.       And it's my understanding even though you  
22   were an ACH employee you still were bound by the  
23   Shelby County Jail policies?

24   A.       Yes.

25           (At this point the Court Reporter marked

1 for purposes of identification Deposition Exhibit  
2 #23, #24, #25, and #26, after which the following  
3 proceedings were conducted:)

4 MR. MEYER: MS. Clayton, I have placed in front  
5 of you what we have marked as Exhibits #23 through  
6 #26. Do you have those documents in front of you?

7 A. Yes.

8 Q. And they are Bates stamped Banning 1 --  
9 and it looks like there is 1, 2, 3, 5 and 4. Do  
10 you have all of those documents?

11 A. Yes.

12 Q. Do you recognize these documents?

13 A. Yes.

14 Q. What do you recognize these documents to  
15 be?

16 A. As far as medication, intake process --

17 Q. Do you recognize these to be the policies  
18 of the Shelby County Jail?

19 A. Yes.

20 Q. And my understanding is that there was  
21 actually a binder at the jail where they had all  
22 of their policies?

23 A. Yes.

24 Q. Did they have like an index?

25 A. I don't know.

1 Q. Like we could -- because I notice these  
2 aren't numbered, like policies, like -- So do you  
3 recall --

4 A. Don't know.

5 Q. So if we look at #23, Medical and  
6 Prescription Inventory, correct?

7 A. Yes.

8 Q. If you can read through this and let me  
9 know when you finish?

10 A. Finished.

11 Q. So if we look at the first one, Exhibit  
12 #23, it's actually right above the highlighted  
13 part where it says "When booking subjects into the  
14 Shelby County Detention Center who have  
15 prescription medications in their possession, or  
16 when prescription medications have been brought to  
17 the Detention Center for them by a third party  
18 (family member, doctor's office, police officer or  
19 pharmacy) a thorough inventory will be made",  
20 correct?

21 A. Yes.

22 Q. And that's where it talks about writing  
23 the type and the number of pills --

24 A. Yes.

25 Q. -- and the medication?

1           And then it says "The Correctional Officer  
2   will be responsible for handling and administering  
3   the inmate's medication under the attending  
4   physician's direct written orders", correct?

5   A.       Yes.

6   Q.       Would that be the, COs are the ones that  
7   pass out the medication, but it's based on the  
8   orders that you give as the attending physician?

9   A.       Yes.

10   Q.       And based on this it says they cannot give  
11   any medications without a written consent from the  
12   doctor?

13   A.       Yes.

14   Q.       And when you, if you're only at the  
15   facility once a month how is it that you're able  
16   to prescribe medications for detainees there?

17   A.       They would call me.

18   Q.       Okay. Do you not have to physically  
19   evaluate them before you prescribe the medication?

20   A.       No.

21   Q.       What do you base the decision whether to  
22   prescribe the medication?

23   A.       Blood pressure medications, blood  
24   pressure; diabetes medications, their blood sugar.

25   Q.       Do you talk to the individuals, like the

1 detainees to ask them --

2 A. No.

3 Q. It's just secondhand from the guards?

4 A. Yes.

5 Q. And do you, if you will go to #24, which  
6 is stamped "When an Inmate is booked in and has  
7 Medication on Person". One says "Medication  
8 Verification Form: \*Count Pills, \*\*Fill in  
9 required fields", correct?

10 A. Yes.

11 Q. And 2 says "Call doctor for approval".

12 \*If medication needs to be ordered fill  
13 out Daily Drug Order Form and leave it in the Sgt.  
14 Box, Sgt. Daine or Nurse Kelly will order the  
15 medications.

16 \*\*If meds are needed on a weekend you will  
17 use the Diamond fax cover sheet and fax Emergency  
18 Prescription Request Form", correct?

19 A. Yes.

20 Q. It says "\*\*\*Make sure to check if we have  
21 a medication in stock before ordering a new med",  
22 correct? And it talks about the MAR, correct?

23 A. Yes.

24 Q. So it says if there is any of these  
25 medications the doctor first must approve it? Do

1 you know if this is medications that the  
2 individual has on them when they come into the  
3 jail?

4 A. I don't know. If they have medications  
5 sometime the officer can call the pharmacy and get  
6 a list of their medications.

7 Q. And that's fair. So if they come to the  
8 jail, and say "here's my blood pressure  
9 medication; here's my Lipitor medication" and it  
10 has the person's name on it, how to take it. You  
11 verified it at CVS or Walgreens do you still need  
12 to get the approval of the medical director before  
13 you can administer that medication to that  
14 detainee?

15 A. Ideally, yes.

16 Q. So if I know I have to go do a weekend in  
17 the jail and I bring my medication with me, like  
18 this is my name, this is me, my doctor approved  
19 it, they would still have to call and get approval  
20 from the facility's medical director before they  
21 would give it to me?

22 A. Yes.

23 Q. And I'm just -- in that scenario do you  
24 just get a call from the correctional officer and  
25 he says "Hey, Jackie, this guy just came in and

1 he's got these meds. We called the pharmacy, they  
2 say it looks legit, it's an active script, should  
3 we give them to him or not"?

4 A. Yes.

5 Q. And how do you determine whether to say  
6 "yes" or "no"?

7 A. Diagnosis and the medication treatment.

8 Q. But if you don't actually physically see  
9 the person how do you diagnose someone if you  
10 don't see them?

11 A. Based on their medication on the  
12 verification.

13 Q. Okay. Going to the next policy here, it's  
14 called "Passing Medications". It talks about  
15 Correctional officers being the one that pass  
16 medications, correct?

17 A. Yes.

18 Q. And when a medication is refused are you  
19 contacted by the correctional officers?

20 A. They put a refusal note on the MAR.

21 Q. Okay.

22 And is there a refusal form that they have  
23 to have the inmate sign too?

24 A. Yes.

25 Q. When do you see that?

1 A. When I make rounds.

2 Q. So maybe once a month?

3 A. Yes.

4 Q. There are some medications that if they  
5 are not taken for a long period of time can be  
6 detrimental to their health?

7 A. Yes.

8 Q. If they are not taking blood pressure  
9 medication for multiple weeks they could have  
10 elevated blood pressure and have a stroke?

11 A. Yes.

12 Q. So how do you communicate it to medical  
13 staff if it's a medication that they are not  
14 taking for three days in a row is serious?

15 A. It's the patient's right to refuse.

16 Q. I understand that. There's a policy in  
17 place for people that are suicidal that get placed  
18 on suicide watch, correct?

19 A. Yes.

20 Q. And a policy in place if they are being  
21 detrimental to their health in not wanting to take  
22 their medications that you can't force medications  
23 or something along those lines. Are you aware of  
24 any policies at Shelby County --

25 A. No.



1 Q. -- regarding that? Or that after three  
2 refusals the medical doctor is informed?

3 A. I'm not familiar with that.

4 Q. And then the last policy we have here is  
5 "If an inmate comes in who takes meds but does not  
6 have them with them". So that's, on their intake  
7 they say they take medications, but they just  
8 don't have them.

9 In here it talks about where you call the  
10 pharmacy, correct?

11 A. Yes.

12 Q. And it says "If applicable time call  
13 pharmacy or doctor to get list of meds". Does  
14 that mean their personal doctor, do you know?

15 A. Yes.

16 Q. So how is it possible to diagnose a  
17 patient if you don't physically examine them?

18 A. If their medication is for blood pressure,  
19 their medication is for gastric reflux, their  
20 medication is for hypertension.

21 Q. But there is other reasons people may be  
22 having those medications, correct?

23 A. Case by case.

24 Q. So how do you know case by case if you  
25 just know what medications they are taking without

1 talking to them or doing a physical exam?

2 A. You don't.

3 Q. And the same for, again, Exhibit #6, the  
4 medication that Mr. Banning had with him when he  
5 came to the jail. Can you tell why he's  
6 prescribed those medications?

7 A. No.

8 Q. Assumptions can be made?

9 A. True.

10 Q. And would it be, if an individual is  
11 trying to wean off of heroin and is taking this  
12 medication would it be improper to deny him one of  
13 those medications?

14 A. Case by case.

15 Q. How do you determine case by case?

16 A. By the signs, physical appearance,  
17 withdrawal, some patients have a high tolerance.

18 Q. And if it's documented that the patient is

19 [REDACTED]

20 [REDACTED]

21 [REDACTED]

22 [REDACTED] ?

23 A. No.

24 Q. And when a correctional officer calls for  
25 medications do you instruct them to take the

1     vitals?

2     A.       Generally with intake they will do vital  
3     signs.

4     Q.       And if an inmate on intake says "Yes, I'm  
5     addicted to opiates and I have withdrawals", who  
6     determines whether to start them on a detox  
7     protocol?

8     A.       A jail officer.

9     Q.       I'm going to show you -- starting with the  
10    yellow exhibits, I believe #8. Do you have  
11    Exhibit #8 in front of you?

12    A.       Yes.

13    Q.       Do you recognize this document?

14    A.       Yes.

15    Q.       What do you recognize Exhibit #8 to be?

16    A.       A flowsheet.

17    Q.       Okay. Do you know if this is the  
18    flowsheet specific to the Shelby County Jail?

19    A.       ACH.

20    Q.       So ACH has its own flowsheet?

21    A.       ACH would use these forms for the jails.

22    Q.       Okay. So they provide them to the jail  
23    that they have a contract with?

24    A.       Yes.

25    Q.       And do you know if there is a specific

1 flowsheet for different detoxes?

2 A. There's a protocol template.

3 Q. If you will look at Exhibit #11, is that  
4 what you're referencing?

5 A. Yes.

6 Q. So this is the Opiate Withdrawal Protocol  
7 template?

8 A. Yes.

9 Q. Now is that different than what we looked  
10 at, Exhibit #8, the Medical Flowsheet?

11 A. Yes, it's different.

12 Q. Okay. And what scenario would you  
13 implement Exhibit #8 versus Exhibit #11?

14 A. Ideally they go hand in hand.

15 Q. So if you start someone on one of the  
16 protocols then you monitor their vitals and the  
17 additional questions that are listed on #8?

18 A. What's the question?

19 MR. MEYER: Sure, so, you know, if an individual  
20 comes in and says "I'm an alcoholic", or "I'm on  
21 benzos" and they start having symptoms you go to  
22 the index and you pull out, 1702 for opiates,  
23 correct?

24 A. Yes.

25 Q. And then the correctional officer should

1 go through the SOAP method with that detainee?

2 A. Yes.

3 Q. And then should start a second document,  
4 which is #8, to start a flowsheet, correct?

5 A. Yes.

6 Q. And do you know while you worked at Shelby  
7 County if there was a written policy about  
8 implementing the opiate?

9 A. I do not.

10 Q. Do you know at Moultrie if there was a  
11 written policy?

12 A. Yes.

13 Q. Do you recall what that policy said?

14 A. Start the withdrawal, monitor the patient.

15 Q. And do you know if they had a certain  
16 time, like a suicide every 15 minutes you've got  
17 to go look at them. With Opiates every five hours  
18 we have to take their vitals and --

19 A. Yes.

20 Q. And ask a series of questions?

21 A. Yes.

22 Q. Are you nauseous? Are you seeing people?  
23 Or anything along those lines?

24 A. Yes.

25 Q. Did you ever talk with anyone at the

1 Shelby County Jail with concerns that there wasn't  
2 such a policy?

3 A. No.

4 Q. And why not?

5 A. Not my role.

6 Q. Well, we showed you your role was to  
7 oversee the medical care in that facility, though,  
8 correct?

9 A. Yes.

10 Q. So that part of your role was ensuring  
11 that there was a proper opiate withdrawal protocol  
12 at that jail?

13 A. I didn't have anything to do with that.

14 Q. Okay. And if we look at #8, specifically,  
15 there's a series of question if you turn it kind  
16 of sideways, it says "Respond with yes, no, or UTO  
17 (Unable to obtain)", and then it talks about these  
18 series of questions, correct?

19 A. Yes.

20 Q. Again, if this was an ACH document did you  
21 as an ACH employee educate the COs on how to fill  
22 it out?

23 A. No.

24 Q. Do you know if anyone from ACH did?

25 A. I do not.

1 Q. Because then in the "Comments" it says "If  
2 there is a "yes" finding it warrants additional  
3 documentation and a call to the practitioner",  
4 correct?

5 A. Yes.

6 Q. So as the practitioner you're reliant upon  
7 receiving information from the COs?

8 A. Yes.

9 Q. Obviously you're here once a month you  
10 don't know what's going on day to day?

11 A. True.

12 Q. Other than being told that this specific  
13 medication a person has how else can you tell what  
14 that individual's health concerns may be?

15 A. I can't.

16 Q. And we established a nurse is only here  
17 four hours a week?

18 A. True.

19 Q. And if I'm in, if I get booked a day after  
20 she comes and I'm in for five days and she's not  
21 here for seven I may not even see her --

22 A. True.

23 Q. -- for five full days.

24 So in that scenario if I put in a sick  
25 call I'm not going to see anybody, right?

1 A. Yes.

2 Q. So how do you get care in that five days  
3 if I'm not feeling well and there's no on-site  
4 medical person?

5 A. They search for a story. I'm not quite  
6 sure how that's going to be panned out.

7 Q. So is it up to, hopefully, a CO calls you  
8 and says "Hey, this guy, you know, the nurse isn't  
9 going to be here until next Wednesday, he's got  
10 these complaints, what should we do"?

11 A. Yes, ideally.

12 Q. Do you know if they get any minimal  
13 healthcare training on, you know, certain red  
14 flags to look for that may be more serious versus  
15 a guy that's just complaining?

16 A. I do not.

17 Q. Did you ever have to get any correctional  
18 training, like go to correctional academy or  
19 anything for your position?

20 A. No.

21 Q. Just looking at some interrogatory answers  
22 here, but you don't have an independent  
23 recollection of receiving a call about Nicholas  
24 Banning?

25 A. No.



1 Q. And you never physically saw Mr. Banning  
2 while he was in the Shelby County Jail?

3 A. No.

4 Q. Were you ever made aware of his situation?

5 A. No.

6 Q. Did you come to learn that what occurred  
7 to Mr. Banning after he left the Shelby County  
8 Jail?

9 A. No.

10 Q. Did anyone tell you he [REDACTED]

11 [REDACTED]?

12 A. No.

13 Q. [REDACTED]

14 [REDACTED]?

15 A. No.

16 Q. An individual that's going through Opiate  
17 withdrawal, if they receive monitoring medication  
18 can aspirate or have adverse outcomes be  
19 alleviated?

20 A. Yes.

21 Q. Not everyone that goes through Opiate  
22 withdrawal is going to get that sick if they are  
23 given care and monitored, correct?

24 A. True.

25 Q. At any time after, we'll go with March

1 10th of 2020, did you ever have any meetings with  
2 ACH regarding Mr. Banning?

3 A. No.

4 Q. Had you ever communicated with anyone from  
5 the county regarding the medical needs of a  
6 patient in the jail?

7 A. No.

8 Q. And whether or not they require a high  
9 level of care that may be expensive?

10 A. No.

11 Q. Did you ever speak or get contacted by the  
12 Shelby County State's Attorney whether or not they  
13 should release an individual on their own  
14 recognizance because of their medical reason?

15 A. No.

16 Q. If you wanted to find that three-ring  
17 binder that you had at orientation who would you  
18 contact?

19 A. ACH.

20 MR. MEYER: I have opened that full report index  
21 here. And, again, I think you said it's  
22 approximately -- are you able to see on this  
23 screen here?

24 A. Yes.

25 Q. I believe it's 143 pages and it looks like

1 it was contained in a three-ring binder, is that  
2 how you recall it was?

3 A. Yes.

4 Q. And, again, since you worked at both  
5 Moultrie and Shelby did they have different  
6 versions of this index or was it the same at both  
7 facilities if you recall?

8 A. It should be the same.

9 Q. And if we go to the index is there a way  
10 you can do it -- there's like, it's the index  
11 alphabetized where it has like Alcohol Withdrawal,  
12 1701?

13 A. Yes.

14 Q. And then it lists these flowsheets which  
15 are toward the bottom of this document.

16 So, for example, looking at its Bates  
17 Stamped Banning 008, it's for addiction  
18 prevention, do you see this?

19 A. Yes.

20 Q. And this looks like a shot that you can  
21 give like alcoholics and works for alcohol too,  
22 right?

23 A. Yes.

24 Q. And it's supposed to curb cravings for  
25 alcohol and heroin addicts?

1 A. Yes.

2 Q. During your time at Shelby County do you  
3 know if anyone ever got that shot?

4 A. No.

5 Q. Let me go to another Narcan Overdose and I  
6 don't know if I asked you this, but your time at  
7 Shelby County did you ever administer Narcan for  
8 anyone?

9 A. No.

10 Q. Did you ever train any of the COs on how  
11 to administer Narcan?

12 A. No.

13 Q. Here is, it has the protocol for the  
14 cocaine dependency withdrawal?

15 A. Yes.

16 Q. And during the time you worked here do you  
17 recall anyone either being on cocaine or opiate or  
18 benzo withdrawal and you reviewing kind of the  
19 flowsheet?

20 A. No.

21 Q. So would that be something that should  
22 make it to the medical file?

23 A. Yes.

24 Q. And when you come to have your hour here  
25 would it just be, was there a medical room that

1 you utilize?

2 A. I sit with the jailers in the central  
3 office.

4 Q. And the medical files, is that the same  
5 file that the nurse maintained?

6 A. Yes.

7 Q. And it's my understanding that they would  
8 have the nurses send the assessment, correct?

9 A. Yes.

10 Q. And then any notes that they had?

11 A. Yes.

12 Q. But that initial booking intake done by  
13 the COs would not be in that file?

14 A. True.

15 Q. Do you know why those were not placed in  
16 that file?

17 A. I don't.

18 Q. Got it!

19 In here there's just the protocol for the  
20 benzos here, which is the index protocol, correct?

21 A. Yes.

22 Q. Now going to Exhibits #23, #24, and #25,  
23 those were the Shelby County Jail specific files,  
24 is that correct?

25 A. #23, #24, and #25, ACH. They are not

1 labeled Shelby, so --

2 Q. Right, they are not documented, they don't  
3 say what they are for, but --

4 A. But the policy is there.

5 Q. They are provided to us by the county as  
6 their policies?

7 A. Yes.

8 Q. My question is: through your training  
9 with ACH if an ACh policy was in conflict with one  
10 of the county policies what was your understanding  
11 which policy trumped the other?

12 MR. JENNETTEN: Objection, calls for speculation.  
13 You can answer.

14 A. ACH.

15 MR. MEYER: Actually we didn't make this an  
16 exhibit in the last deposition but I can show you  
17 now, it's a document Bates stamped Plaintiff's  
18 033. It's called an Inmate Medication Log Entry.  
19 Do you recognize this document?

20 A. No.

21 Q. And it looks like it's some software  
22 called Interslam, do you see that?

23 A. Yes.

24 Q. During your time working at the Shelby  
25 County Jail did you ever see a document like this?

1 A. No.

2 Q. And the Medication Refusal Forms, would  
3 you get those when you would come in for your  
4 monthly time?

5 A. If they were placed in my signage box.

6 Q. So if that individual was going to see you  
7 at that day?

8 A. Yes.

9 Q. So if they refused but then started taking  
10 again you may not have been made aware of that  
11 information?

12 A. True.

13 Q. I think we established this, but on March  
14 6th of 2020 you did not have the ability to  
15 prescribe Suboxone, correct?

16 A. True.

17 Q. If an individual was coming in the jail  
18 that had a medication prescription for something  
19 you couldn't prescribe could you make that  
20 determination whether or not they could take it or  
21 not?

22 A. They would have to call Dr. Lochard.

23 Q. So that would be my question: You would  
24 have to then, they would have to call Lochard or  
25 you would have to?

1 A. They would call Dr. Lochard.

2 Q. Are you able to get a waiver for that?

3 A. Now you can. X-Waiver for your DEA.

4 Q. During the time you worked at the Shelby  
5 County Jail was it the same nurse that worked?

6 A. Yes.

7 Q. Who was the nurse?

8 A. Kelly.

9 Q. Kelly the entire time?

10 A. Yes.

11 Q. And did she leave before or after you?

12 A. I do not know.

13 Q. When you left was she still the nurse?

14 A. Yes.

15 Q. And during the time that you were the  
16 practitioner here at the jail did you ever speak  
17 with the public defenders about their patients in  
18 the jail?

19 A. No.

20 Q. Did you ever receive any orders from the  
21 court about medications or inmates that were  
22 complaining they weren't getting proper care in  
23 the jail?

24 A. No.

25 Q. Did you have a role in the grievance



1 process if it was a grievance related to medical  
2 issues at the jail?

3 A. No.

4 Q. Going back to your monthly visits, after  
5 you saw the patients did you have to formulate a  
6 summary of who you saw that day --

7 A. No.

8 Q. -- and give it to anybody?

9 A. No.

10 Q. Did you see the nurse's weekly summaries?

11 A. No.

12 Q. Did you ever see the e-mails or send  
13 e-mails to like the county's catch-all e-mails?

14 A. No.

15 Q. What is the purpose of monitoring an  
16 individual's vitals? Why is that important in  
17 healthcare?

18 A. As far as -- how is their overall ability?  
19 Heart rate-wise, is it in range? Are they  
20 breathing within range? Putting them at risk for  
21 either a stroke if their vital signs are  
22 uncontrolled.

23 Q. Would you anticipate that an individual  
24 that's going through withdrawal vitals to not be  
25 normal?

1 A. Yes.

2 Q. Is that one of the reasons that's on that  
3 flowsheet is you document them?

4 A. Correct.

5 Q. And if they reach certain levels they are  
6 sent to a higher level of care?

7 A. Yes.

8 MR. MEYER: I think that's all I have.

9 EXAMINATION CONDUCTED

10 BY: MR. VAYR

11 Q. I would like to direct your attention --  
12 first off, if I may introduce myself. My name is  
13 Bryan. I am the attorney here on behalf of the  
14 Shelby County Sheriff's office, including the  
15 correctional officers in this lawsuit.

16 This is now my opportunity to ask you some  
17 questions based on what -- after I ask then your  
18 counsel gets to ask you follow-ups.

19 I'm going to direct your attention to  
20 Exhibit #6. That is the Medication Verification  
21 Form. Let me know when you have that.

22 A. #6, I have it.

23 Q. And first I just want to make sure, my  
24 understanding is that you testified that you don't  
25 have a memory or you don't recall receiving a call

1 about Mr. Banning when he was in the jail  
2 regarding his medications in March of 2020. Did I  
3 understand that accurately?

4 A. Yes.

5 Q. Okay. Now as you look at the sheet it  
6 seems like someone filled out a sheet, I'm  
7 assuming that is not your handwriting on the form?

8 A. No, it's not.

9 Q. Do you have any idea who wrote this form?

10 A. No, I do not.

11 Q. All right. Now the form exists and it is  
12 before you. Do you have any reason to doubt that  
13 you were, in fact, contacted about Mr. Banning?

14 So I'm not asking do you recall, I'm  
15 asking here is the form before you, it has the  
16 information. Do you doubt that this information  
17 is derived from a phone call that was had with  
18 you?

19 A. I doubt it.

20 Q. All right, and can I ask what the basis  
21 for those doubts are?

22 A. The [REDACTED], I did not have a  
23 licence to prescribe.

24 Q. Okay.

25 A. And the [REDACTED] I would not have

1 discontinued because those go hand in hand  
2 together. And I would have added on [REDACTED].  
3 That's what [REDACTED] is, so [REDACTED] goes hand in  
4 hand with that. And I would have had Narcan  
5 ordered also.

6 Q. And Narcan -- so based on, forgive me,  
7 because this might be a, this is a question born  
8 of ignorance.

9 Narcan is applied in kind of an emergency  
10 situation, right? Like when you try to  
11 rehabilitate someone, correct?

12 A. Yes.

13 Q. Did you have any indication, let me  
14 rephrase that. I'm sorry, I realize the  
15 ridiculousness of the question I was asking.

16 You're saying that [REDACTED]  
17 [REDACTED]. Based on the form that you're seeing  
18 here [REDACTED]  
19 [REDACTED]  
20 [REDACTED]?

21 A. No idea.

22 Q. So what would have been the basis for  
23 [REDACTED]?

24 A. If I had been the one asked to do  
25 [REDACTED], which I did not have an X-Waiver

1 from the DEA to prescribe, [REDACTED]  
2 [REDACTED]. That's clinical  
3 practice.

4 Q. Sure, and out of a surplus for caution, is  
5 that fair?

6 A. Yes.

7 Q. That being the Narcan prescription.

8 A. Yes.

9 Q. Now you see at the time bottom here it  
10 says Dr. Clayton. Are you aware of anyone else  
11 with a last name of Clayton who is associated in  
12 any way from a medical standpoint with ACH for the  
13 jail, the Shelby County Jail?

14 A. I am not.

15 (At this point in the proceedings an  
16 off-the-record discussion was held, after which  
17 the following proceedings were conducted:)

18 MR. VAYR: And so I just want to make sure, is  
19 your position then that this is a fraudulent form,  
20 that someone lied and filled this out? Or is it  
21 your position that someone provided this  
22 information but it just wasn't you?

23 A. I do not know who generated --

24 MR. JENNETTEN: I'll just object to the question,  
25 calling for speculation, because she said she does

1 not recall receiving the call, and did not  
2 complete that form.

3 MR. VAYR: Okay. So then let me ask it this way:  
4 So as we're looking at Exhibit #6 do you have any  
5 reason as you sit here today to doubt that some  
6 medical professional told somebody at the jail the  
7 information that is relayed in this form about the  
8 medications in question?

9 A. I do not know.

10 Q. You don't know, okay.

11 So let's just talk, generally speaking.  
12 If a correctional officer called you to verify  
13 medications, if you had a follow-up questions for  
14 the officer I'm assuming you would ask him?

15 A. Yes.

16 Q. And presumably if you were to prescribe or  
17 allow medications to continue or alternatively be  
18 discontinued is it fair to assume that you would  
19 have asked whatever follow-questions you thought  
20 were necessary so that you were satisfied to make  
21 a recommendation you would make?

22 A. Yes.

23 MR. VAYR: Very good! Thank you for following my  
24 along with my questions.

25 I would assume, and correct me if I'm

1 wrong, that to the extent you did provide  
2 information to the correctional officers at the  
3 Shelby County Jail about what medications should  
4 be prescribed or discontinued presumably you did  
5 so consistent with what you believed was  
6 reasonable medical practice --

7 A. Yes.

8 Q. -- within the scope of your practice,  
9 correct?

10 A. Yes.

11 Q. At the jail do medical -- sorry, at the  
12 jail do correctional officers of the Shelby County  
13 Jail, do correctional officers themselves, make  
14 medical decisions, diagnoses or assessments of  
15 patients housed within the jail?

16 A. They do assessments.

17 Q. They do assessments, okay. So by  
18 assessments that's taking vitals, physically  
19 observing the medical presentation of a patient?

20 A. Yes. They did vital signs, blood sugars--

21 Q. And so on?

22 A. Yes.

23 Q. And you were nodding your head as if to  
24 indicate there was more.

25 So when doing those assessments I assume

1 the idea then is the correctional officer has  
2 questions about a particular assessment of a  
3 patient at the Shelby County Jail do a follow-up  
4 with you, thus receive guidance. Is that --

5 A. Yes.

6 Q. As you sit here today during your time  
7 working for ACH at the Shelby County Jail did that  
8 system work, so far as you know?

9 A. Yes.

10 Q. Did you ever tell any administrator or any  
11 correctional officer at the Shelby County Jail,  
12 that could be the sheriff, or this could be the  
13 administrator or it could be a correctional  
14 officer, that you believed the correctional  
15 officers were somehow falling short of providing  
16 the information you needed to do your job for ACH?

17 A. No.

18 Q. This is another instance where I just want  
19 to make sure I understood your testimony  
20 correctly: At least my notes say that you  
21 testified that you never were told about Mr.  
22 Banning's situation at the jail in March of 2020.  
23 That's my memory. So my question to you is, is  
24 your testimony that you affirmatively remember  
25 that you actually were never told about Mr.



1 Banning or do you simply not recall being told  
2 about Mr. Banning?

3 A. I was never told about Mr. Banning.

4 Q. Okay. If you, so then, again, we're at  
5 the Shelby County Jail. If a correctional officer  
6 or the on-site nurse informed you about a patient,  
7 and this patient made you concerned that maybe  
8 there was need for emergency care but you just  
9 didn't have enough information what would you do  
10 in that situation?

11 A. Send them to the emergency room.

12 Q. So default error on the side of caution,  
13 go to the emergency room?

14 A. Absolutely!

15 Q. So, again, I think this is, it's in the  
16 record. This is just to help my head. So I  
17 apologize to counsel and to you.

18 So I just want to make sure -- I'm going  
19 back to Exhibit #6. So your position is that  
20 this was not information you relayed to a  
21 correctional officer because you didn't have a  
22 license to prescribe the first medication that's  
23 listed in the 1 column, is that correct?

24 A. Correct.

25 Q. And as for the second medication, you did

1 have a license to continue that but your position  
2 is that you would not have discontinued that drug,  
3 is that correct?

4 A. Correct.

5 Q. All right, and then you also would have  
6 added emergency rehabilitation, the Narcan?

7 A. True.

8 Q. As a precaution, correct?

9 A. Yes.

10 MR. VAYR: Okay. I guess that's all the questions  
11 I have. Go ahead, Peter.

12 EXAMINATION CONDUCTED

13 BY: MR. JENNETTEN

14 Q. Okay, I just have a few questions.

15 Talking about the Suboxone, you said you  
16 did not have a license so Dr. Lochard would have  
17 to prescribe that if a new prescription for  
18 Suboxone was needed, correct?

19 A. Yes.

20 Q. If an inmate arrived at the jail with an  
21 existing prescription for Suboxone do you allow  
22 them to take that in the jail?

23 A. No.

24 Q. That would have to go through Dr. Lochard  
25 as well?

1 A. Sure.

2 Q. You were asked about conflicts between  
3 Shelby County policies and ACH policies. Do you  
4 recall there ever being a conflict between Shelby  
5 County and ACH policies?

6 A. Never.

7 Q. You were asked about officers starting  
8 detox protocols, mainly if they could initiate  
9 detox protocol. And by that did you mean that  
10 they could go to the protocol and collect that  
11 information and then call you for orders?

12 A. Yes.

13 Q. They couldn't start getting medications or  
14 anything without contacting you, could they?

15 A. No.

16 Q. And the Ondansetron is for nausea and  
17 vomiting, correct?

18 A. Yes.

19 Q. Is that something that would be given on a  
20 PRN basis for someone who is having nausea and  
21 vomiting?

22 A. Yes.

23 Q. So if that was discontinued the jail could  
24 call back if the person starting having some  
25 nausea and vomiting and ask to get that approved?

1 A. Yes.

2 Q. So could you just discontinue it  
3 temporarily and then restart it if needed?

4 A. Yes.

5 MR. JENNETTEN: That's all. Any follow-up on  
6 those?

7 EXAMINATION CONDUCTED

8 BY: MR. MEYER

9 Q. Just a couple of quick questions.

10 So, sorry to beat this Suboxone and  
11 Ondansetron in the ground, but that is a common  
12 prescription for a opiate addict that's trying to  
13 recover, correct?

14 A. Yes.

15 Q. And to prescribe one and not the other  
16 would that fall below the standard of care for  
17 treating an opiate addict?

18 A. Yes.

19 MR. JENNETTEN: Object as it calls for  
20 speculation.

21 MR. MEYER: And then you can look at it, I don't  
22 have an exhibit --

23 MR. JENNETTEN: And complete hypothetical.

24 MR. MEYER: -- but Bates Stamped Plaintiff's 37,  
25 it's a series of e-mails here, and the one I have

1 pulled up was from March 9, 2020 and it's from  
2 Tonya Atteberry, and it says "Two Corrections" and  
3 it shows "1/correction at SCSO 87.org" do you see  
4 that?

5 A. Uh-huh, yes.

6 Q. Did you receive those e-mails?

7 A. No.

8 Q. If you just look at the first entry here  
9 it says [REDACTED]

10 [REDACTED].

11 [REDACTED]

12 [REDACTED]".

13 Would that concern you as a practitioner  
14 of a patient you know [REDACTED]

15 [REDACTED]

16 [REDACTED]?

17 A. Yes.

18 Q. Is that a sign that they may be dealing  
19 with withdrawal?

20 A. Yes.

21 Q. And I'm assuming you weren't contacted on  
22 March 9, 2020 and relayed this information about  
23 Mr. Banning [REDACTED]?

24 A. No.

25 MR. MEYER: I'm done. Thank you. I have no

1 further questions.

2 MR. JENNETTEN: Anything else?

3 MR. VAYR: Do you have any insight one way or the  
4 other as to whether any officer at the Shelby  
5 County Jail contacted Dr. Lochard regarding Mr.  
6 Banning's medication as reflected in Plaintiff's  
7 Exhibit #6?

8 A. I do not.

9 MR. VAYR: Okay, that's all I have.

10 MR. MEYER: Nothing further.

11 MR. JENNETTEN: Nothing further.

12 You have the opportunity to read your  
13 transcript and sign it if you want to. You can't  
14 change your answers, but it's an opportunity for  
15 you to make sure the court reporter --

16 A. I'm fine.

17 Q. -- accurately wrote down what you said.  
18 And if you don't want to do that you can waive  
19 that.

20 A. Thank you! I'll waive.

21

22

23

24

25

## 1 CERTIFIED SHORTHAND REPORTER'S CERTIFICATION

2  
3 I, GARY J. MANINFIOR, Certified Shorthand  
4 Reporter and Notary Public of the State of  
5 Illinois, do hereby certify that JACQUELINE  
6 CLAYTON came before me on the 26th day of October,  
7 A.D., 2022 and swore before me to testify to the  
8 truth, the whole truth and nothing but the truth  
9 regarding her knowledge touching upon the matter  
10 in controversy.

11 I do further certify that I did take  
12 stenographic notes of the questions propounded to  
13 said witness and her answers thereto, and that  
14 said notes were reduced to typewritten form under  
15 my direction and supervision.

16 I do further certify that the attached  
17 and foregoing is a true, correct, and complete  
18 copy of my notes and that said testimony is now  
19 herewith returned.

20 I do further certify that the said  
21 deposition was taken at the Shelby County  
22 Courthouse, 301 E. Main, Shelbyville, Illinois.

23 I do further certify that I am not  
24 related in any way to any of the parties involved  
25 in this action and have no interest in the outcome  
thereof.

Dated at Mattoon, Illinois, this 28th day  
of October, A.D., 2022, and given under my hand  
and seal.

\_\_\_\_\_  
Gary J. Maninfior  
Certified Shorthand Reporter