

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

ADDA M. PAXSON
1439 Buckeye Circle
Salem OH 44460

GAYLE PAXSON
1439 Buckeye Circle
Salem OH 44460

Plaintiffs,

vs.

RENAL CARE GROUP EASTERN OHIO, LLC
D/B/A Fresenius Medical Care Salem South
2345 East Pershing St. Salem, Ohio 44460

Defendant.

Statutory Agent:

CT CORPORATION
1300 East 9th Street
Cleveland, Ohio 44114

CASE NO. _____

JUDGE: _____

COMPLAINT:

**NEGLIGENCE/MALPRACTICE;
RES IPSA LOQUITUR; PUNITIVE
DAMAGES**

Now come Plaintiffs, Adda M. Paxson and Gayle Paxson hereinafter, sometimes referred to as "Plaintiff" or "Plaintiffs", by and through the undersigned counsel, and for their Complaint against Defendant, Renal Care Group Eastern Ohio, LLC d/b/a Fresenius Medical Care Salem South hereinafter, sometimes referred to as "Defendant" or "FMC", states as follows:

JURISDICTION, VENUE AND INTRODUCTION

1. Plaintiff, Adda M. Paxson, at all times relevant to the time of the injury was a patient at Fresenius Medical Care Salem South receiving dialysis treatment several times weekly at 2345 East Pershing St. Salem, Ohio 44460.

2. Plaintiff, Adda M. Paxson had been treating in Defendant's dialysis facility for more than a year prior to her January 17, 2012 injury.

3. Plaintiff, Gayle Paxson is the husband of Adda M. Paxson.

4. The facts giving rise to Plaintiffs' claims for relief arose in the City of Salem, County of Columbiana and State of Ohio.

5. At all relevant times, FMC is a foreign limited liability company conducting business in the State of Ohio, County of Columbiana, and with its state of organization listed as Delaware and its principle corporate headquarters (nerve center) believed to be in the State of Massachusetts.

6. At all relevant times, CT Corporation System, 1300 East 9th Street Cleveland, Ohio 44114 is listed on the Ohio Secretary of State's official website as the statutory agent authorized by appointment or by law to receive service of process for the Defendant.

7. Prior to January 17, 2012, Adda M. Paxson resided in an assisted living nursing home known as Salem Care.

8. At the time of her injury on January 17, 2012, Adda M. Paxson was incapable of transfer from her wheelchair to Defendant's dialysis chair without Defendant's assistance.

9. At all times relevant to her injury on January 17, 2012, Adda M. Paxson was known by Defendant to be incapable of transfer from her wheelchair to Defendant's dialysis chair without assistance.

10. At all times relevant to Plaintiff's injury, Defendant provided employees to assist patient's requiring assistance from wheelchairs to its dialysis chairs.

11. At all times relevant to her injury on January 17, 2012, Adda M. Paxson required Defendant's assistance with all transfers from her wheelchair to Defendant's dialysis chair.

12. At all times relevant to her injury on January 17, 2012, Defendant was aware Adda M. Paxson required assistance with all transfers from her wheelchair to Defendant's dialysis chair.

13. At all times relevant to her injury, Defendant's employee or employees was/were assisting Plaintiff in transferring from her wheelchair to the dialysis chair.

14. Prior to the January 17, 2012 injury, Defendant had assessed Adda M. Paxson's risk for falls.

15. At the time of Plaintiff's January 17, 2012 injury, Defendant was aware that Adda M. Paxson was a fall risk.

16. At the time of Plaintiff's January 17, 2012 injury, Defendant's most recent falls risk assessment of Adda M. Paxson determined that she was in the category of "most risk" for falls.

17. At the time of Plaintiff's January 17, 2012 injury, Defendant's most recent falls risk assessment of Adda M. Paxson determined that she was in the "most risk" category for being unsteady on feet.

18. At the time of Plaintiff's January 17, 2012 injury, Defendant's most recent falls risk assessment of Adda M. Paxson determined that she was in the "most risk" category for poor eyesight.

19. At the time of Plaintiff's January 17, 2012 injury, Defendant's most recent falls risk assessment of Adda M. Paxson determined that she was in the category of "most risk" for physical disabilities.

20. At the time of Plaintiff's January 17, 2012 injury, Defendant's most recent falls risk assessment of Adda M. Paxson determined that she was in the category of "most risk" for multiple diagnoses.

21. At the time of Plaintiff's January 17, 2012 injury, Defendant's most recent falls risk assessment of Adda M. Paxson determined that she was in the category of "most risk" for multiple medications.

22. At the time of Plaintiff's January 17, 2012 injury, Defendant's most recent falls risk assessment of Adda M. Paxson determined that she was in the category of "most risk" for previous fall.

23. At the time of Plaintiff's January 17, 2012 injury, the Defendant's most recent ambulatory assessment of Adda M. Paxson determined that she had chronic dizziness.

24. At the time of Plaintiff's January 17, 2012 injury, the Defendant's most recent ambulatory assessment of Adda M. Paxson recorded that she had previously fallen.

25. At the time of Plaintiff's January 17, 2012 injury, the Defendant's most recent ambulatory assessment of Adda M. Paxson recorded that she had chronic increased weakness.

26. At the time of Plaintiff's January 17, 2012 injury, the Defendant's most recent ambulatory assessment of Adda M. Paxson recorded her ambulatory status as wheelchair.

27. On the day of the injury, Defendant considered Adda M. Paxson to be a high risk for falls.

28. Defendant had a policy which considered patients that had previously fallen to be automatically categorized as a high risk for falls.

29. Defendant failed to follow its policy for timely assessment of Plaintiff's risk for falls.

30. At the time of Plaintiff's injury, Defendant's employee had failed to follow FMS procedures for transferring patients assessed as in the "most risk" category for falls.

31. On the morning of January 17, 2012 at approximately 11:15 AM Adda M. Paxson fell while being transferred by a single FMC employee from a wheelchair to a dialysis chair at FMC.

32. At the emergency room, an MRI revealed Adda M. Paxson had sustained a right frontal subdural hematoma.

33. Adda M. Paxson was lifeflighted to St. Elizabeth Hospital, where an emergency craniotomy was performed.

34. Adda M. Paxson remained unconscious until May of 2012.

35. Adda M. Paxson has and will continue to require the use of a feeding tube.

36. Adda M. Paxson has remained in a skilled care facility for treatment of her injuries since January 17, 2012.

37. Adda M. Paxson will, with reasonable medical certainty, require skilled care for the balance of her life.

COUNT ONE
Negligence/Malpractice

38. Plaintiffs reallege and reaffirm paragraphs 1 through 37 of this Complaint as though fully restated and incorporated herein.

39. Defendant, by and through its employees and/or agents, was under a duty to exercise the standard of care required of a medical facility necessary to safely transfer patients with ambulatory limitations.

40. In breach of those duties, Defendant's negligent conduct, by and through its employees, caused Adda M. Paxson to suffer a severe closed head injury and permanent brain damage.

41. As a direct and proximate result of Defendant's negligent care and treatment, Adda M. Paxson has suffered and will continue to suffer pain and discomfort, emotional distress and anxiety, a loss of enjoyment of life, inability to perform usual activities, an increased risk of harm, and permanent injuries, and has incurred medical, hospital, acute/skilled care nursing home costs for the treatment of the injuries.

42. Dr. Abbas Sadeghian's Affidavit of Merit is attached as Exhibit 1.

COUNT TWO
Negligence/ Violation of Reasonable Care

43. Plaintiffs reallege and reaffirm paragraphs 1 through 43 of this Complaint as though fully restated and incorporated herein.

44. Defendant is a dialysis clinic where patients that require assistance with transfers regularly treat.

45. Plaintiff Adda M. Paxson had been a regular patient of the Defendant for more than a year prior to her injury.

46. Plaintiff Adda M. Paxson was in the care of the Defendant at the time of the injury.

47. Plaintiff Adda M. Paxson was unable to transfer from her wheelchair to Defendant's dialysis chair without Defendant's assistance.

48. Defendant was aware that the Plaintiff Adda M. Paxson needed assistance with transfers from her wheelchair to the dialysis chair at the time of the injury.

49. Defendant was aware that Plaintiff Adda M. Paxson was in a category of high risk for falls.

50. Defendant failed to take reasonable care to safely transfer Plaintiff Adda M. Paxson from her wheelchair to its dialysis chair.

51. As the result of Defendant's failure to exercise reasonable care in the transfer of Plaintiff Adda M. Paxson from her wheelchair to the dialysis chair on January 17, 2012, Plaintiff Adda M. Paxson sustained serious and permanent injury.

COUNT THREE

Negligence/ Violation of Defendant's own standard of care for transferring patients considered as high risk for falls.

52. Plaintiffs reallege and reaffirm paragraphs 1 through 51 of this Complaint as though fully restated and incorporated herein.

53. Defendant had an established standard for transferring patients that were categorized as high risk for falls.

54. Defendant failed to follow its standard for transferring high risk patients.

55. As the result of Defendant's failure to exercise reasonable care in the transfer of Plaintiff Adda M. Paxson from her wheelchair to the dialysis chair on January 17, 2012, Plaintiff Adda M. Paxson sustained serious and permanent injury.

COUNT FOUR

Res Ipsa Loquitor

56. Plaintiffs reallege and reaffirm paragraphs 1 through 55 of this Complaint as though fully restated and incorporated herein.

57. At all times material hereto, Adda M. Paxson was a patient undergoing renal dialysis at Defendant's clinic.

58. At all times material hereto, Adda M. Paxson was unable to transfer from a wheelchair to a dialysis chair without the assistance of Defendant.

59. At all times material hereto, Defendant had exclusive control of the means and/or method of safely transferring Adda M. Paxson from a wheelchair to a dialysis chair.

60. At all times material hereto, without Defendant's failure to safely transfer Plaintiff Adda M. Paxson from her wheelchair to the dialysis chair, Plaintiff Adda M. Paxson would not have fallen and suffered injury.

61. On January 17, 2012, Adda M. Paxson fell to the floor while being transferred from her wheelchair to a dialysis chair by Defendant's employee.

62. As a direct and proximate result of Defendant's negligence, Plaintiff Adda M. Paxson sustained serious and permanent injury.

COUNT FIVE
Punitive Damages

63. Plaintiffs reallege and reaffirm paragraphs 1 through 62 of this Complaint as though fully restated and incorporated herein.

64. Defendant had a policy that "automatically" considered patients with a previous history of falls to be at high risk for falls.

65. Plaintiff Adda M. Paxson had a previous history of falls.

66. Defendant was aware that Plaintiff Adda M. Paxson had a prior history of falls.

67. Defendant was aware that Plaintiff Adda M. Paxson had a multifactor risk for falls, including chronic dizziness, inability to stand steadily, multiple physical disabilities, medical diagnoses, multiple medications and past history of falls.

68. Defendant was aware that Plaintiff Adda M. Paxson was in the highest risk category for falls, and that its failure to exercise reasonable care in transfers would probably result in injury.

69. Defendant's action and/or inaction was in total disregard of its duty to safely transfer its handicapped patient from her wheelchair to the dialysis chair.

70. Defendant's conduct, as set forth above, was reckless, willful, wanton, and/or malicious, entitling Plaintiffs to an award of punitive damages and attorney fees on all counts alleged above.

COUNT SIX
Loss of consortium and services

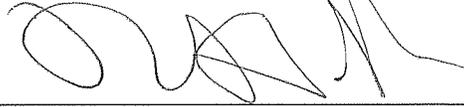
71. Plaintiffs reallege and reaffirm paragraphs 1 through 70 of this Complaint as though fully restated and incorporated herein.

72. At all times material hereto, Plaintiff Gayle Paxson is/was the husband of Adda M. Paxson.

73. As the result of the injuries negligently caused to his wife Adda M. Paxson, Plaintiff Gayle Paxson has suffered and will continue to suffer the loss of his wife's consortium and services.

WHEREFORE, as to Counts One through Four Plaintiffs pray for judgment against Defendant for compensatory and punitive damages in an amount of Two Million Dollars (\$2,000,000.00), plus interest, costs, attorneys fees and any other relief that this Court deems appropriate.

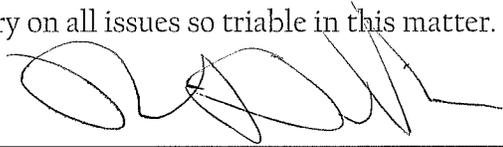
Respectfully submitted,



RICHARD P. GIBBS (0002767)
Attorney for Plaintiffs
Richard P. Gibbs & Associates, LLC
1001 South Main Street
North Canton OH 44720
Phone: 330-497-0979
Facsimile: 330-497-2699
Email: rgibbs@richardpgibbs.com

JURY DEMAND

Plaintiffs hereby demand a trial by jury on all issues so triable in this matter.



RICHARD P. GIBBS (0002767)
Attorney for Plaintiff

JS 44 (Rev. 10/4/11)

CIVIL COVER SHEET

The JS 44 civil coversheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

<p>I. (a) PLAINTIFFS Adda M. Paxson Gayle Paxson</p> <p>(b) County of Residence of First Listed Plaintiff <u>Columbiana</u> (EXCEPT IN U.S. PLAINTIFF CASES)</p> <p>(c) Attorneys (Firm Name, Address, and Telephone Number) Richard P. Gibbs & Associates, LLC 1001 S. Main Street, North Canton, Ohio 44720 (330) 497-0979 S.Ct. No. 0002767</p>	<p>DEFENDANTS Renal Care Group Eastern Ohio, LLC, dba Fresenius Medical Care Salem South</p> <p>County of Residence of First Listed Defendant <u>Columbiana</u> (IN U.S. PLAINTIFF CASES ONLY)</p> <p>NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.</p> <p>Attorneys (If Known)</p>
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<p>II. BASIS OF JURISDICTION (Place an "X" in One Box Only)</p> <p><input type="checkbox"/> 1 U.S. Government Plaintiff</p> <p><input type="checkbox"/> 2 U.S. Government Defendant</p> <p><input type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)</p> <p><input checked="" type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)</p>	<p>III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>PTF</th> <th>DEF</th> <th></th> <th>PTF</th> <th>DEF</th> </tr> <tr> <td>Citizen of This State</td> <td><input checked="" type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td>Incorporated or Principal Place of Business In This State</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 4</td> </tr> <tr> <td>Citizen of Another State</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td>Incorporated and Principal Place of Business In Another State</td> <td><input type="checkbox"/> 5</td> <td><input checked="" type="checkbox"/> 5</td> </tr> <tr> <td>Citizen or Subject of a Foreign Country</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 3</td> <td>Foreign Nation</td> <td><input type="checkbox"/> 6</td> <td><input type="checkbox"/> 6</td> </tr> </table>		PTF	DEF		PTF	DEF	Citizen of This State	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> 4	<input type="checkbox"/> 4	Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5	<input checked="" type="checkbox"/> 5	Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6
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Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6																				

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<p>PERSONAL INJURY</p> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input checked="" type="checkbox"/> 362 Personal Injury - Med. Malpractice	<p>PERSONAL INJURY</p> <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <p>PERSONAL PROPERTY</p> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <p>PROPERTY RIGHTS</p> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY	CIVIL RIGHTS	PRISONER PETITIONS	LABOR	SOCIAL SECURITY	
<input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	<input type="checkbox"/> 510 Motions to Vacate Sentence <p>Habeas Corpus:</p> <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement	<input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))	
			IMMIGRATION	FEDERAL TAX SUITS	
			<input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 463 Habeas Corpus - Alien Detainee (Prisoner Petition) <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	

V. ORIGIN (Place an "X" in One Box Only)

1 Original Proceeding 2 Removed from State Court 3 Remanded from Appellate Court 4 Reinstated or Reopened 5 Transferred from another district (specify) 6 Multidistrict Litigation

VI. CAUSE OF ACTION

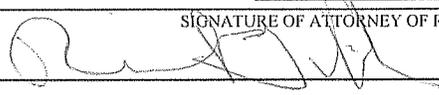
Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):
Diversity 28 U.S.C. Sec. 1332

Brief description of cause:
brain dmg. from fall c/b viol. of standard of care during patient transfer from wheelchair to dialysis chair.

VII. REQUESTED IN COMPLAINT:

CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 DEMAND \$ 2,000,000.00 CHECK YES only if demanded in complaint: JURY DEMAND: Yes No

VIII. RELATED CASE(S) IF ANY (See instructions): JUDGE _____ DOCKET NUMBER _____

DATE: 12/05/2012 SIGNATURE OF ATTORNEY OF RECORD: 

FOR OFFICE USE ONLY

RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO

I. Civil Categories: (Please check one category only).

- 1. General Civil
- 2. Administrative Review/Social Security
- 3. Habeas Corpus Death Penalty

*If under Title 28, §2255, name the SENTENCING JUDGE: _____

CASE NUMBER: _____

II. **RELATED OR REFILED CASES.** See LR 3.1 which provides in pertinent part: "If an action is filed or removed to this Court and assigned to a District Judge after which it is discontinued, dismissed or remanded to a State court, and subsequently refiled, it shall be assigned to the same Judge who received the initial case assignment without regard for the place of holding court in which the case was refiled. Counsel or a party without counsel shall be responsible for bringing such cases to the attention of the Court by responding to the questions included on the Civil Cover Sheet."

This action is RELATED to another PENDING civil case. This action is REFILED pursuant to LR 3.1.

If applicable, please indicate on page 1 in section VIII, the name of the Judge and case number.

III. In accordance with Local Civil Rule 3.8, actions involving counties in the Eastern Division shall be filed at any of the divisional offices therein. Actions involving counties in the Western Division shall be filed at the Toledo office. For the purpose of determining the proper division, and for statistical reasons, the following information is requested.

ANSWER ONE PARAGRAPH ONLY. ANSWER PARAGRAPHS 1 THRU 3 IN ORDER. UPON FINDING WHICH PARAGRAPH APPLIES TO YOUR CASE, ANSWER IT AND STOP.

(1) **Resident defendant.** If the defendant resides in a county within this district, please set forth the name of such county
COUNTY:
Corporation For the purpose of answering the above, a corporation is deemed to be a resident of that county in which it has its principal place of business in that district.

(2) **Non-Resident defendant.** If no defendant is a resident of a county in this district, please set forth the county wherein the cause of action arose or the event complained of occurred.
COUNTY: Columbiana

(3) **Other Cases.** If no defendant is a resident of this district, or if the defendant is a corporation not having a principle place of business within the district, and the cause of action arose or the event complained of occurred outside this district, please set forth the county of the plaintiff's residence.
COUNTY:

IV. The Counties in the Northern District of Ohio are divided into divisions as shown below. After the county is determined in Section III, please check the appropriate division.

EASTERN DIVISION

- AKRON (Counties: Carroll, Holmes, Portage, Stark, Summit, Tuscarawas and Wayne)
- CLEVELAND (Counties: Ashland, Ashtabula, Crawford, Cuyahoga, Geauga, Lake, Lorain, Medina and Richland)
- YOUNGSTOWN (Counties: Columbiana, Mahoning and Trumbull)

WESTERN DIVISION

- TOLEDO (Counties: Allen, Auglaize, Defiance, Erie, Fulton, Hancock, Hardin, Henry, Huron, Lucas, Marion, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca VanWert, Williams, Wood and Wyandot)

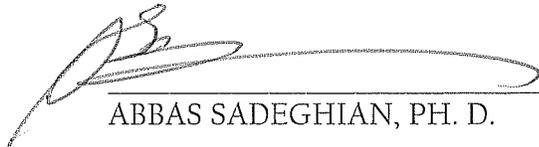
AFFIDAVIT OF ABBAS SADEGHIAN, PH.D.

I, ABBAS SADEGHIAN, PH. D., after first being duly sworn and deposed according to law, state on my personal knowledge and belief as follows:

1. I am a resident of the State of Ohio and I and more than 18 years old.
2. I am a licensed Psychologist in the State of Ohio.
3. I currently devote at least three-fourths of my professional time to the active clinical practice of clinical neuropsychology, or to its instruction in an accredited school.
4. I have reviewed all of the medical records reasonably available to Adda Paxson concerning the allegations of negligence/malpractice against Fresenius Medical Center.
5. Based on my education, training and experience, I am familiar with the standard of care for transfer of elderly patients in medical facilities and am familiar with the treatment Mrs. Paxson received following her January 17, 2012 injury.
6. It is my opinion that Fresenius Medical Center breached the standards of care in the transfer of Adda Paxson on January 17, 2102.
7. It is my further opinion that Fresenius Medical Center's breach of the standards of care proximately caused injury to Adda Paxson necessitating medical treatment and acute physical care as set forth in the attached Exhibit A.

Further Affiant Sayeth Naught.

Date: 12-5-2012



 ABBAS SADEGHIAN, PH. D.

STATE OHIO

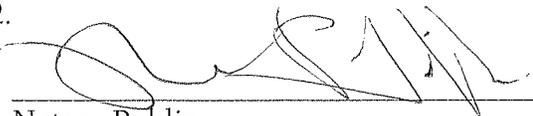
SS:

COUNTY OF STARK

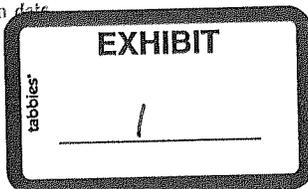
BEFORE ME, a Notary Public in and for said county and state, personally appeared ABBAS SADEGHIAN, PH.D., who acknowledged that he did sign the foregoing instrument, that the same is his free act and deed, and that the statements contained therein are true, and that he has personal knowledge of the same.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal at Canton, Ohio Stark County this 5th day of December, 2012.

RICHARD P. GIBBS, Attorney at Law
 Notary Public, State of Ohio
 My Commission has no expiration date
 USA 10 Section 147.03 R. C.



 Notary Public



Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____ 0.00.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Richard P. Gibbs, Attorney for Plaintiff

Printed name and title

1001 South Main Street
North Canton, Ohio 44720

Server's address

Additional information regarding attempted service, etc:

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify):* _____.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____ 0.00 _____.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Richard P. Gibbs, Attorney for Plaintiff

Printed name and title

1001 South Main Street
North Canton, Ohio 44720

Server's address

Additional information regarding attempted service, etc: