

1. Task Number 090505CBB1685		2. Investigator's ID 9101		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 810	4. Date of Accident YR MO DAY 2006 10 01	5. Date Initiated YR MO DAY 2009 05 05		
6. Synopsis of Accident or Complaint UPC  The 50 year-old female consumer and her husband have experienced health issues, an air conditioning evaporator coil failure, and metal corrosion issues since purchasing their townhome in 2007. The consumer believes that imported drywall from China was used in constructing her townhome, and that the drywall is emitting chemicals into the atmosphere of the residence and resulting in some or all of the aforementioned issues. No identifying information was available for the drywall.				
7. Location (Home, School, etc) 1 - HOME		8. City POMPANO BEACH	9. State FL	
10A. First Product 1876 - House Structures, Repair Or	10B. Trade/Brand Name CHINESE DRYWALL		10C. Model Number UNKNOWN	
10D. Manufacturer Name and Address UNKNOWN				
11A. Second Product 381 - Air Conditioners	11B. Trade/Brand Name NONE		11C. Model Number NONE	
11D. Manufacturer Name and Address NONE				
12. Age of Victim 50	13. Sex 2 - Female	14. Disposition 1 - Injured, not Hosp.	15. Injury Diagnosis 68 - Poisoning	
16. Body Part(s) Involved 85 - ALL OF BODY	17. Respondent 1 - Victim/Complainant	18. Type of Investigation 1 - On-Site	19. Time Spent (Operational / Travel) 23 / 7	
20. Attachment(s) 9 - Multiple Attachments	21. Case Source 07 - Consumer Complaint		22. Sample Collection Number	
23. Permission to Disclose Name (Non NEISS Cases Only) <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 06/04/2009	25. Reviewed By 9071		26. Regional Office Director Dennis R. Blasius	
27. Distribution Rose, Blake; Woodard, Dean			28. Source Document Number H0940137A	

CPSA 606(1) CLEARED for PUBLIC  
 NO MFRS/PRVTLBLRS OR PRODUCTS IDENTIFIED  
 EXCEPTED BY: PETITION  
 RULEMAKING ADMIN. PRCDG  
 WITH PORTIONS REMOVED.

**SYNOPSIS:**

This investigation was initiated from a Consumer Product Incident Report submitted by the consumer via the CSPC Hotline. An on-site investigation was conducted on May 12, 2009.

The consumer and her husband have experienced health issues, an air conditioning evaporator coil failure, and metal corrosion issues since purchasing their townhome in 2007. The consumer believes that imported drywall from China was used in constructing her townhome, and that the drywall is emitting chemicals into the atmosphere of the residence and resulting in some or all of the aforementioned issues.

**INCIDENT INFORMATION:**

The information contained in this investigative report was obtained from the consumer (50-year-old female) and the consumer's husband (54-year-old male).

The incident townhome (See Exhibit A-1; single-family unit, four stories, approximately 2600 sq. ft.) was built in October 2006 and purchased by a real estate investor. The home was unoccupied between October 2006 and September 2007, when the consumer and her husband purchased the residence.

The consumer believes the air conditioning was operated in the home while it was unoccupied. She believes the temperature of the home was kept at approximately 83-85 degrees during the summer months. It is unknown if the home was heated during the winter months while unoccupied.

The consumer and her husband have occupied the home on a full-time basis along with their two dogs. The consumer's two children are away at college and occupy the home on an intermittent basis.

The consumer believes the home is built with metal studs.

The consumer asserts that a family friend performed an inspection of the home prior to the time of purchase. She claims that the inspection revealed that all of the outlets in the home were in working order. Three ceiling fans (out

of six) in the home (1-first floor; 2-second floor) were found to be not working properly (some would turn on but the variable speed functions would not work; light sockets would not illuminate new light bulbs; all wall switches were operating properly) during the inspection. The consumer claims the home was not inspected for the presence of metal corrosion.

The consumer claims none of the appliances were inspected because they planned on replacing all of the appliances after purchase. The consumer confirms that all of the appliances were replaced after the purchase of the home.

The home does not have natural gas or propane service.

The home has three bedrooms. Carpet was installed in two of the three bedrooms during construction. The other areas of the home have marble flooring. The home is equipped with two air handling units (central air/furnace unit), one is on the second floor and one is on the fourth floor.

After purchasing the home, the consumer's family noticed there was odor in the home but they thought that this was a "new house" smell. The consumer asserts they did not think the odor in the home smelled like rotten eggs.

Prior to moving into the home all of the interior walls in the home were painted. The ceilings or closet areas were not painted. The consumer asserts that after the painting was completed the "new house" odor diminished but was still present.

The consumer claims the "new house" smell has always been most noticeable on the first and fourth floors. She asserts that heat intensifies the smell, particularly when the fourth floor is exposed to direct sunlight.

The consumer asserts the air handler positioned on the fourth floor developed a water leak (reasons unknown) in April 2008. The water leak resulted in small areas of damage on the floor of the fourth story and the ceiling of the third story landing and kitchen areas. Four to five 1-2' square areas of ceiling drywall was replaced to repair the water damage. The consumer is not certain where the replacement drywall was obtained, but she believes most of the supplies were obtained from a local retailer (see

Product Description below). No other drywall has been replaced in the home since its construction.

The consumer asserts the home builder used a subcontractor for the drywall installed in her home. The subcontractor is identified in the Product Description section below. In addition, on May 4, 2009 the consumer made contact with the subcontractor via email regarding the supplier of the drywall used in her home. The subcontractor provided a letter (See Exhibit E) from the drywall supplier stating that they did sell Chinese drywall during the time the consumer's home was under construction.

The consumer claims that on or around March 23, 2008 the fourth floor air handler's air conditioning system was recharged due to a low refrigerant level. In April 2008 the second floor air handler's air conditioning system was recharged due to a low refrigerant level. In January 2009 the air conditioning evaporator coil for the air handler on the second floor of the home failed. The consumer had the evaporator coil replaced by a professional air conditioning service on February 02, 2009 (See Exhibit D). No reason for the evaporator coil failure was provided by the technician. The technician stated that the need for the evaporator coil replacement was "weird" given its age, but further stated that sometimes this happens. The consumer asserts the copper of the failed evaporator coil was blackened. No other work has been performed on the air handlers other than normal maintenance.

After the replacement of the air conditioning evaporator coil in February 2009, the consumer began performing research on-line for a possible cause of the failure in March 2009. Through her research, the consumer became aware that the evaporator coil failure may have been due to the presence of Chinese drywall in the home.

The consumer asserts that in February 2009 her husband was using a wall outlet (See Exhibit A-10) on the second floor landing to charge a Blackberry headset. The outlet failed and produced some black charring on the outlet and outlet cover. No property was damaged and no fire resulted from the incident. No other electrical devices were plugged into the outlet. The consumer had the outlet replaced by a professional electrician (See Exhibit C). The electrician gave no reason for the failure of the outlet and the outlet was discarded at the time of repair.

The consumer asserts that on April 19, 2009 she was using one of the two outlets located on the ends of the master bath dual sink top. The consumer had her hair dryer plugged into the outlet (See Exhibit A-17) on the left side of the sink top, with no other electrical devices being used at either outlet. She claims that while using the hair dryer, the outlet on the right side of the sink top (See Exhibit A-17) began to smoke and started to melt. The consumer stopped using the hair dryer and contacted a professional electrician. The electrician arrived on the same day and replaced both the left and right side outlets at each end of the sink top. While making the repair, the electrician noticed that the ground wires were blackened at each outlet. The electrician then opened several other outlets throughout the house, and the main electrical panel, and found that all of the ground wires and exposed neutral wires had a black residue on them. The electrician gave no reason for the outlet failures or the blackening of the copper wiring. The incident outlets were discarded by the electrician after the repair.

The consumer asserts that both of the outlets at the master bath sink top are on the same circuit, and that a GFCI outlet is on this circuit. She claims that the GFCI outlet did not trip during the incident and the circuit breaker for the sink outlets did not trip during the incident. The consumer asserts that the electrician tested the GFCI outlet during the April 19, 2009 repair visit and found it to be operating properly.

In April 2009 the consumer decided to remove the cover of a wall outlet in the master bedroom in order to see if the copper wiring inside was blackened. The consumer did not turn the circuit breaker for the outlet Off prior to attempting to remove the cover. The consumer began removing the outlet cover with a screw driver when she received a shock. She claims that the television and light fixtures in the room began flickering, and a clock radio stopped working (all devices were plugged into other wall outlets in the room; the clock radio was discarded due to it being non-operational after the incident). The consumer asserts that she was scared by the incident and she hastily began tightening the outlet cover, which she then over tightened and caused the cover to crack (See Exhibit A-16).

In late April 2009 the consumer's husband attempted to remove the cover of an outlet (See Exhibit A-11) located on the kitchen island. The consumer's husband did not turn the circuit breaker for the outlet Off prior to attempting to remove the cover. He began using a screw driver to remove a screw for the cover and he was shocked.

In April 2009 the consumer and her husband had two individuals (one from a professional disaster recovery service and one from a professional restoration service) conduct a visual inspection of their home. The inspection performed by each individual found black residue on all uncoated copper in the home (to include the copper on both air conditioning evaporator coils, copper stub outs from toilets and the hot water heater, and the coils on the refrigerator), and each confirmed that they smelled an unpleasant odor in the home. In addition, it was discovered that many of the metal bathroom water fixtures were pitted. No report was available for this inspection.

The consumer asserts that she purchased a laptop computer on August 18, 2007 and kept the unit in the third floor bedroom of the home until December 29, 2008, when it stopped working. The consumer sent the computer back to the manufacturer (See Exhibit B) where it was determined that the motherboard needed to be replaced. The manufacturer sent the consumer a new replacement computer after they were unable to repair the incident computer. The manufacturer did not inform the consumer of the reason for the failure.

During the on-site investigation, the consumer showed this investigator pieces of tarnished silver and gold jewelry (See Exhibit A-15), which had been professionally cleaned in April 2009.

The consumer asserts there are approximately 35 canister light fixtures throughout the home. She claims that she uses incandescent light bulbs in each fixture, and since moving into the home she has had to replace approximately 24 light bulbs. She asserts the lights are used intermittently and that none of them are left illuminated for extended periods. She claims she began using compact florescent bulbs in some of the light fixtures approximately six months ago, and she has had no issues with the bulbs as of the time of the on-site investigation. The consumer believes that she has had to replace the incandescent bulb more frequently than is normal.

The consumer asserts the home's nine hardwired, battery back-up smoke detectors (3-first floor, 1-second floor, 5-third floor, 0-fourth floor) have not been tested since they purchased the home. She claims the smoke detector on the second floor (kitchen/living room) would consistently activate whenever she would use the kitchen range at a temperature of 325+ degrees. She claims this smoke detector stopped working completely (for reasons unknown) in or around April/May 2009.

The consumer asserts that she was born with asthma. She claims that the symptoms of her condition have been no more or less frequent and intense since moving into the residence.

The consumer asserts that since in or around October/November 2008 she has had a dry, hacking cough throughout the day and night. She asserts that her throat feels dry and that she has increased her intake of water. In addition, she has self treated her condition with an over-the-counter cough medication (Deslym), of which she consumes one dose approximately every two weeks.

The consumer claims that since in or around October/November 2008 she has had a headache upon waking up and/or throughout the day approximately 3-4 times each week. She asserts that prior to moving into the incident home she experience similar headaches approximately one time per month. The consumer has self treated her condition with over-the-counter pain relievers.

The consumer asserts that she had no sleep issues prior to moving into the incident home. She claims that shortly after moving into the home she has experience insomnia-like sleep issues where it will take her over an hour to get to sleep, or if she wakes up through the night she will not be able to get back to sleep. The consumer saw a physician for this issue in 2007 and is currently being treated with medication (Ambien CR 12.5 mg).

The consumer claims that since moving into the home she has had a nauseous feeling on a daily basis. She began self treating this condition with 2-3 Pepcid A/C tablets each day. The consumer asserts that no vomiting has accompanied this condition, and that she did not experience this feeling prior to moving into the home.

The consumer asserts that she has experienced a persistent runny nose since moving into the home. She claims that she did not experience this issue prior to moving into the residence. She is self treating this condition with Benedryl 25mg tablets 1-2 times per week.

The consumer claims that she and her family went on an eight day Christmas cruise vacation in 2008. She asserts that while she was on the vacation all of her symptoms disappeared. In addition, she asserts that she feels better after leaving the house for weekend trips.

The consumer asserts that she is employed and works from her house, and that she is in the house for most or all of the day each day.

The consumer claims that her husband has experienced a persistent cough, insomnia and sneezing since moving into the home. She asserts that he did not have these symptoms prior to moving into the home.

The consumer asserts that her husband is employed and works outside of the house.

The consumer has two dogs (a 13.5-year-old Poodle, and a 7-year-old Wheaton Terrier) living in the residence with her and her husband. The consumer asserts the Wheaton Terrier appears to be substantially less energetic since moving into the residence; however, she initially thought that this may have been due to dog's frequent movement up and down the four floors of the residence. She claims that for a period of six months the Wheaton Terrier had a possible staph infection on his skin that was resistant to treatment by shampoo. The terrier was given antibiotics to treat the condition. The consumer claims that the terrier experienced these rashes prior to moving into the home, but since moving in they appear to be lasting longer. The consumer does not know if her poodle has experienced any health-related issues due to living in the home.

On April 27, 2009 the consumer sent the home builder a letter asking for a remedy for the Chinese drywall in their home. On May 26, 2009 the home builder sent an inspector, along with the owner of the drywall subcontractor, to the consumer's home to perform an inspection. The consumer asserts that the two individuals took 5-6 photographs and

after seeing the copper corrosion issues they stated that the consumer may have Chinese drywall in her home. The consumer received no paperwork or reports related to the inspection, and the builder has made no offer to remedy the situation as of June 03, 2009.

In May 2009 the consumer filed a claim through her home owner's insurance company regarding the Chinese drywall issue. She asserts that the claim is being processed but she anticipates the claim will ultimately be denied.

The consumer asserts that her townhome is in a building consisting of 11 units. The complex has a home owner's association which carries insurance (Citizens Property Insurance Corporation, PO Box 17219, Jacksonville, FL 32245) on the complex structure. The home owner's association president filed a claim on behalf of the owners of all 11 units regarding the Chinese drywall issue in 2009. In May 2009 the insurance company conducted an inspection of the complex, and in June 2009 the insurance company denied the claim.

The consumer asserts that she plans to move from the residence no later than August 1, 2009. She is awaiting guidance from the CPSC or another agency on how to resolve the issue.

The consumer claims that she is willing to provide samples of drywall to the CPSC if needed.

This investigator provided the consumer with a copy of the CPSC document *Important Information on Drywall* document during the on-site visit; however the consumer declined it stating that she had already obtained the document through the CPSC website.

This investigator did observe, upon entering and while in the residence, an odor similar to that generated when a wooden matchstick is ignited.

PRODUCT DESCRIPTION:

Product:	Imported Drywall from China
Model #:	1/2" in thickness
Price:	Unknown

Retailer: Unknown

Manufacturer: Unknown

Home Builder: Master Builders of South Florida  
1400 East Oakland Park Boulevard  
Suite 210  
Fort Lauderdale, FL 33334  
Telephone Number: 954-563-8953

Drywall  
Subcontractor: Frank Vicino Drywall Inc.  
15 NE 2<sup>nd</sup> Avenue  
Deerfield Beach, FL 33441  
Telephone Number: 954-422-5710

Drywall Supplier: Banner Supply Co.  
1660 SW 13 Court  
Pompano Beach, FL 33069  
Telephone Number: 954-781-2399  
Facsimile Number: 954-942-4641

Replacement  
Drywall Supplier: Lowes  
1851 North Federal Highway  
Pompano Beach, FL 33062

No identifying information is available for the suspected Chinese drywall in the consumer's home. This investigator was unable to find any accessible surface on the drywall that provided any identifying information.

It is the understanding of this investigator that the drywall used in the garage walls and ceilings, and the interior ceilings, of the homes in the geographic area of the consumer's home are required to use 5/8" fire resistant drywall. 1/2" drywall is commonly used on all other interior walls.

ATTACHMENTS:

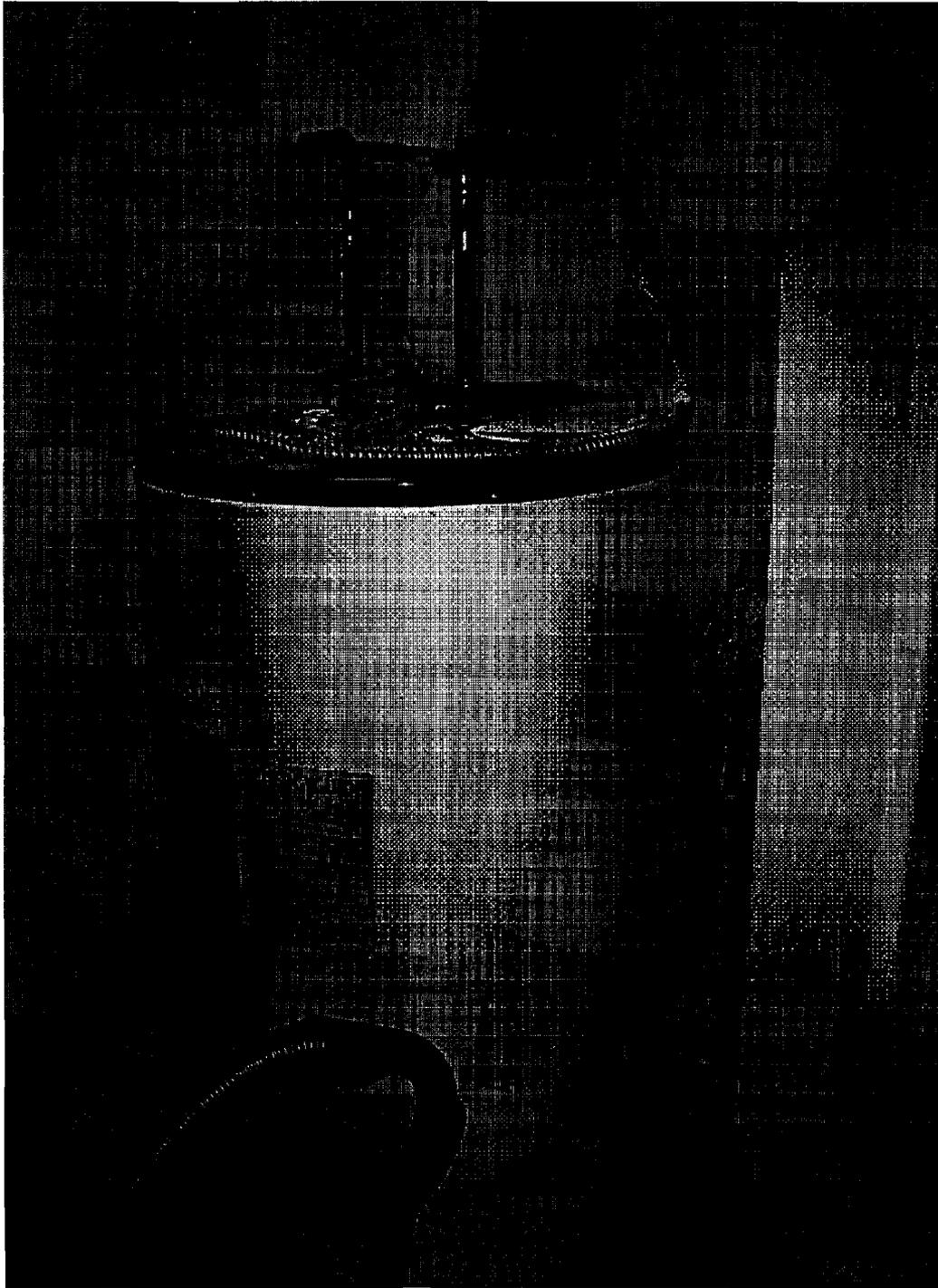
Exhibit-A: Photographs (18)  
Exhibit-B: Laptop Service Document  
Exhibit-C: Electrical Service Invoice  
Exhibit-D: Air Conditioning Repair Receipt  
Exhibit-E: Email correspondence with drywall  
subcontractor and letter from drywall  
supplier

Exhibit-F: Letter to Builder  
Exhibit-G: Release of Name form  
Exhibit-H: Contact Information

Exhibit A-1 is a view of the incident residence.



Exhibit A-2 is a view of the water heater on the first floor of the residence.

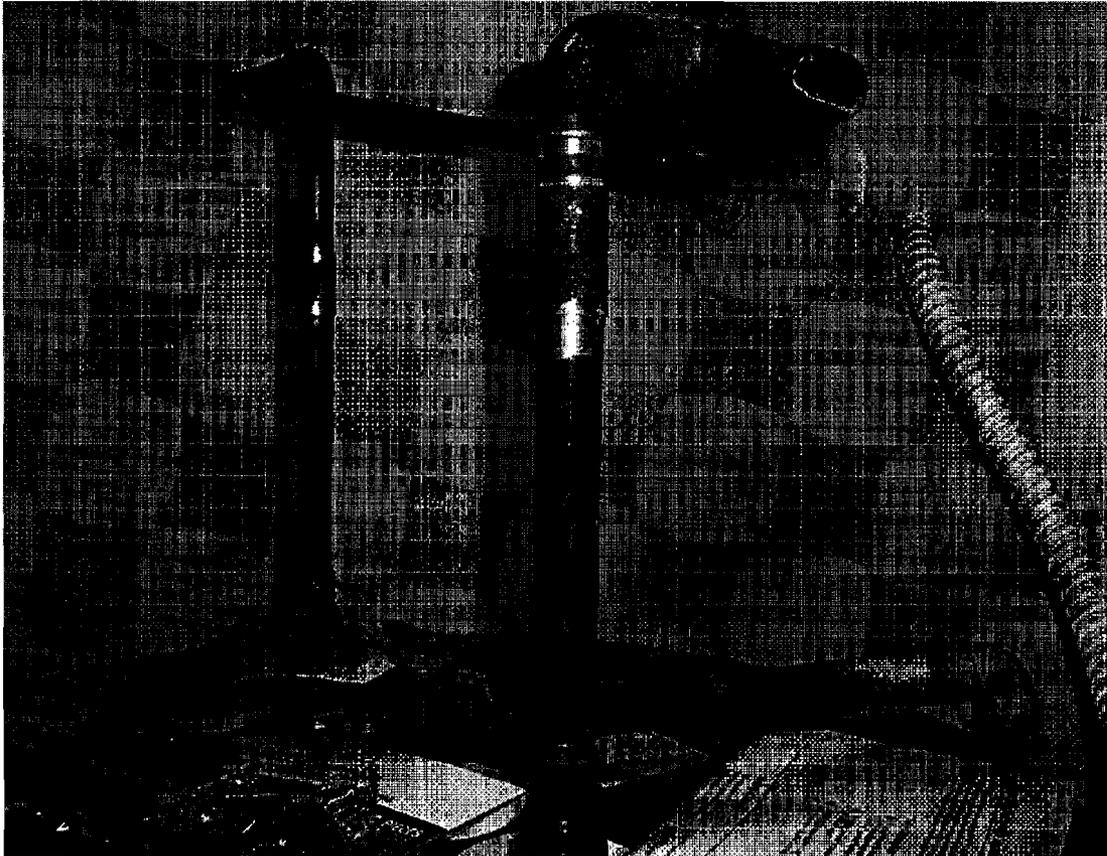


IDI 090505CBB1685

Exhibit A

Page 3 of 18

Exhibit A-3 is a view of the blackening of the copper pipes on the water heater.

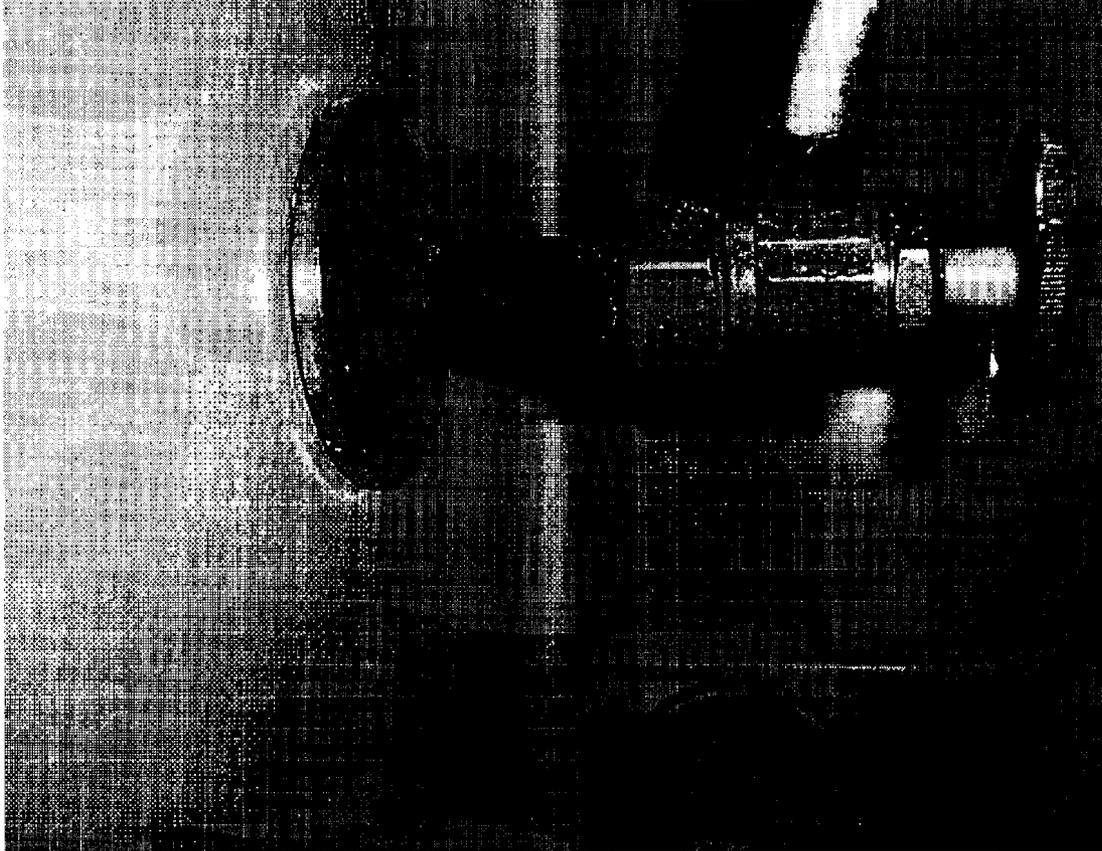


IDI 090505CBB1685

Exhibit A

Page 4 of 18

Exhibit A-4 is a view of the blackening of a copper pipe for the first floor bathroom toilet.



IDI 090505CBB1685

Exhibit A

Page 5 of 18

Exhibit A-5 is a view of pitting on the drain of the first floor bathroom sink.

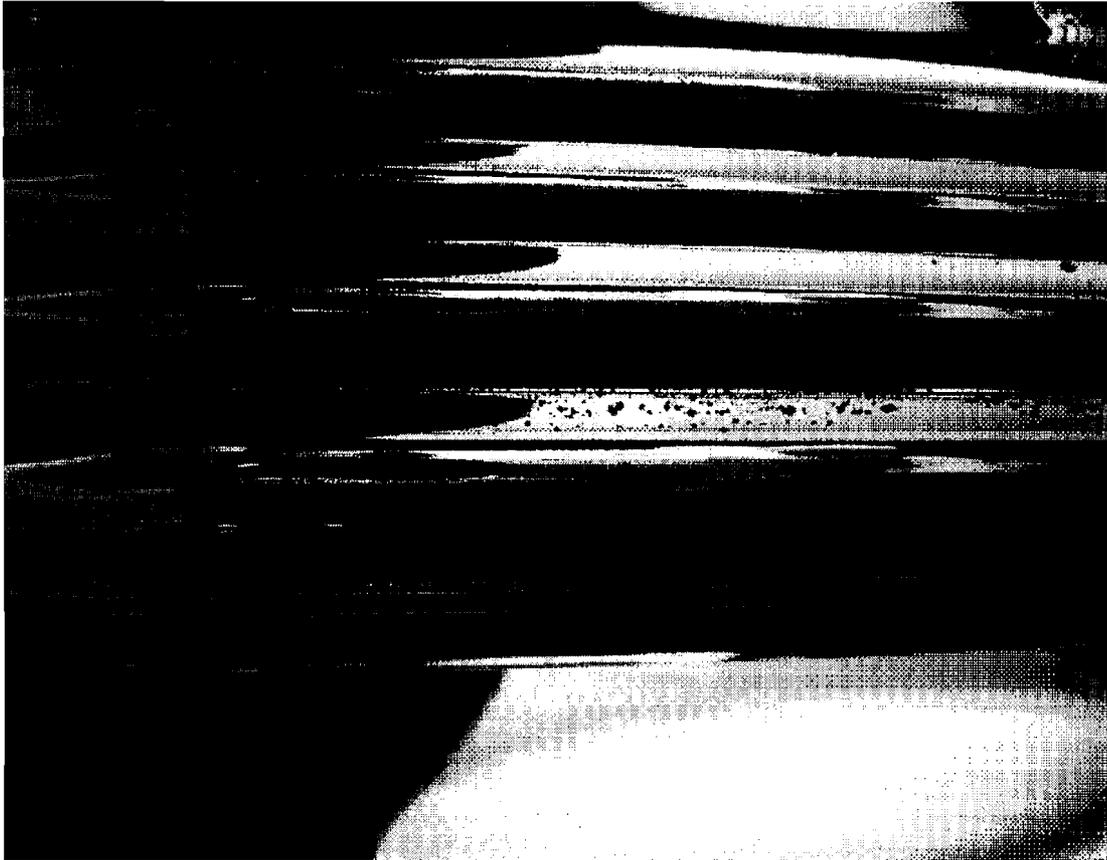


IDI 090505CBB1685

Exhibit A

Page 6 of 18

Exhibit A-6 is a view of pitting on the metal light fixture in the first floor bathroom.

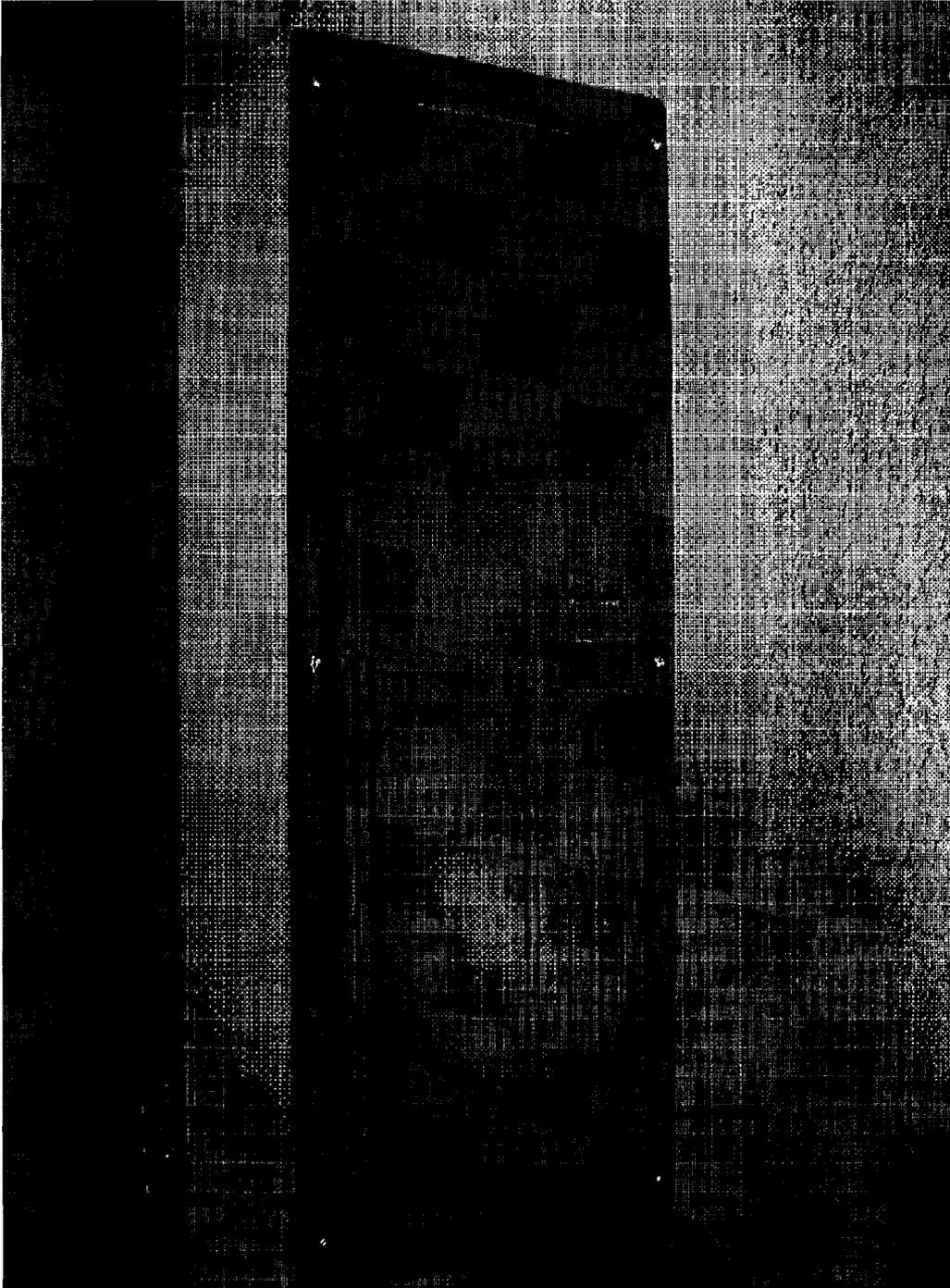


IDI 090505CBB1685

Exhibit A

Page 7 of 18

Exhibit A-7 is a view of the panel box for the residence.



IDI 090505CBB1685

Exhibit A

Page 8 of 18

Exhibit A-8 is a view of the panel box for the residence.

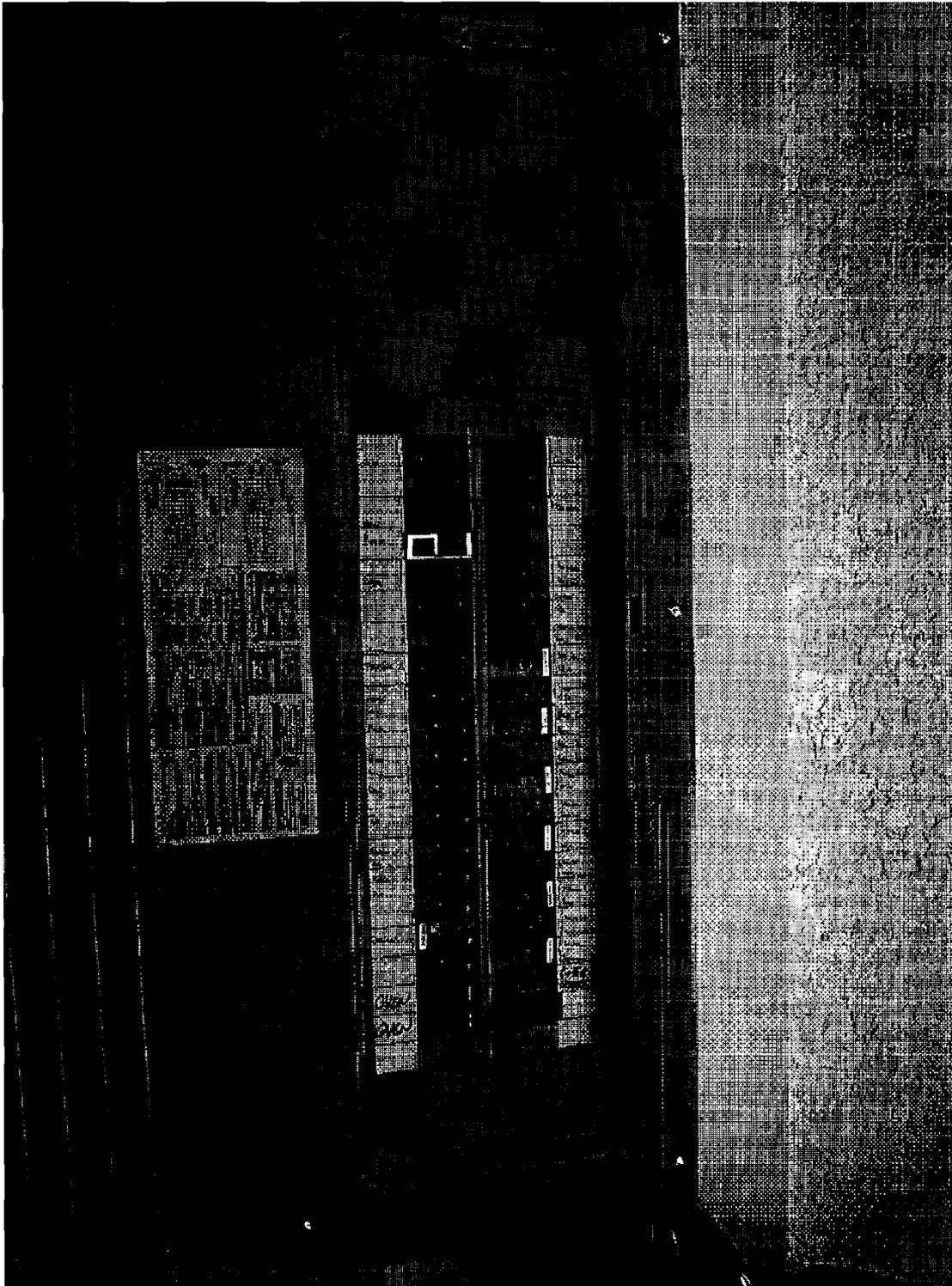
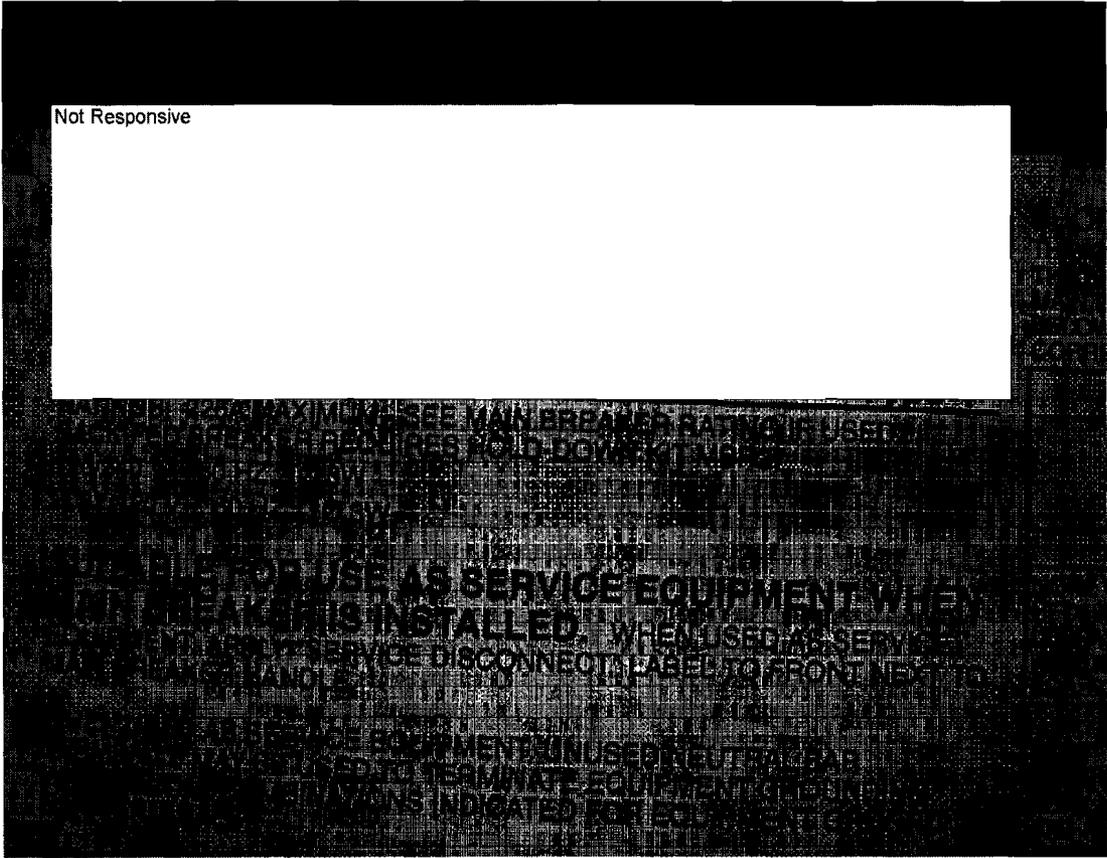


Exhibit A-9 is a view of the panel box for the residence.



IDI 090505CBB1685

Exhibit A

Page 10 of 18

Exhibit A-10 is a view of the replacement wall outlet after the incident with the Blackberry headset. The outlet cover was used with the incident outlet and charring can be seen at the top screw area.

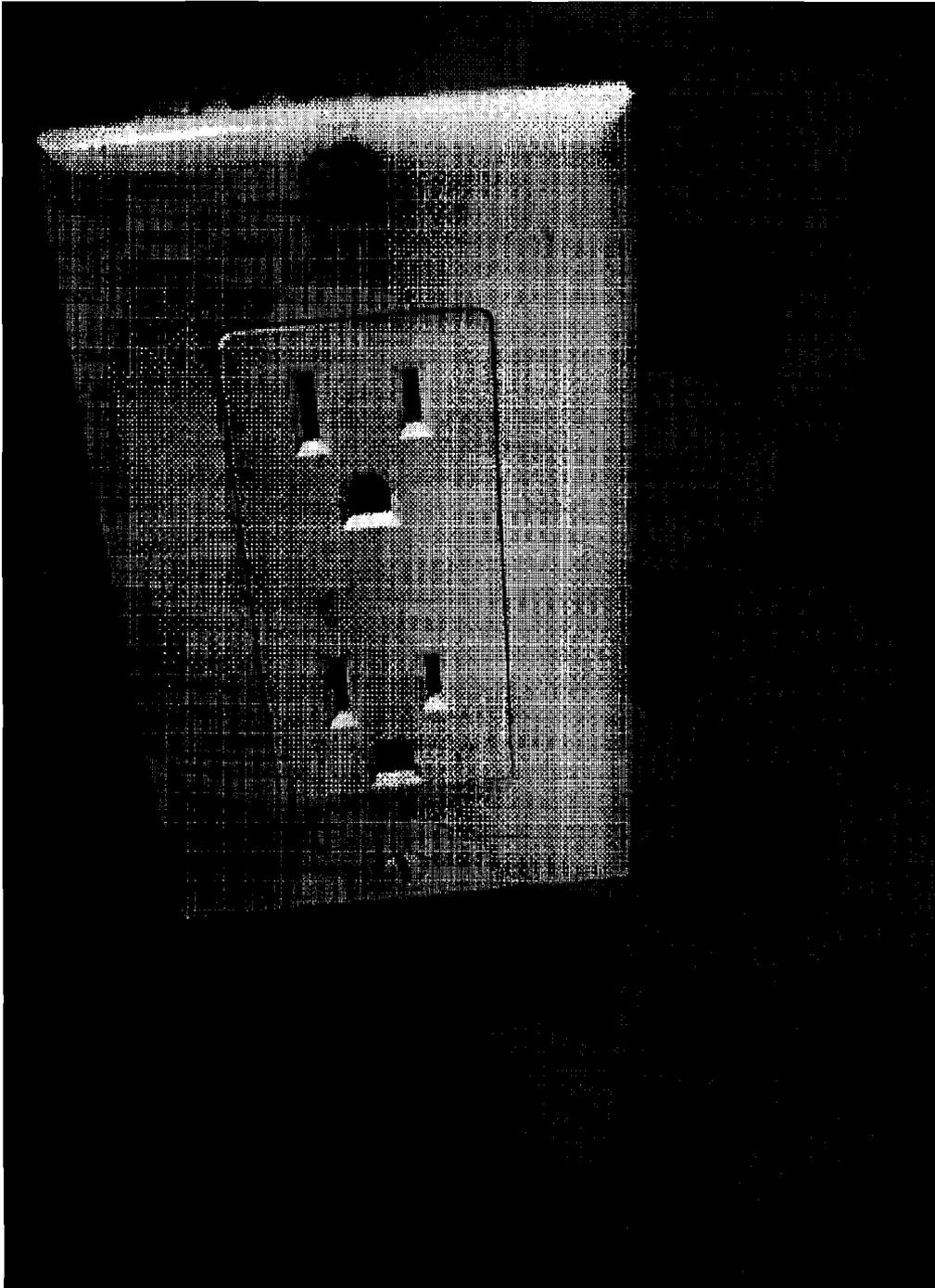


Exhibit A-11 is a view of the kitchen island outlet receptacle that shocked the consumer's husband while he was attempting to remove the cover plate.



Exhibit A-12 is a view of the refrigerator that was installed shortly after the consumer's purchased the home.

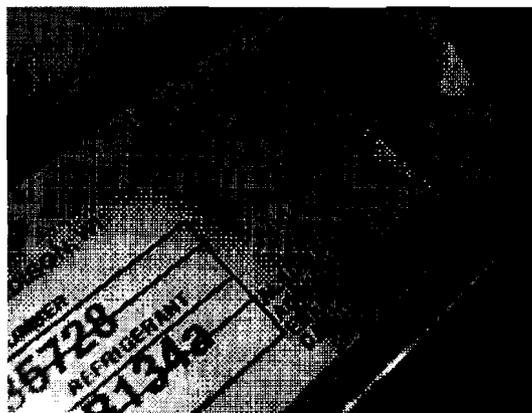
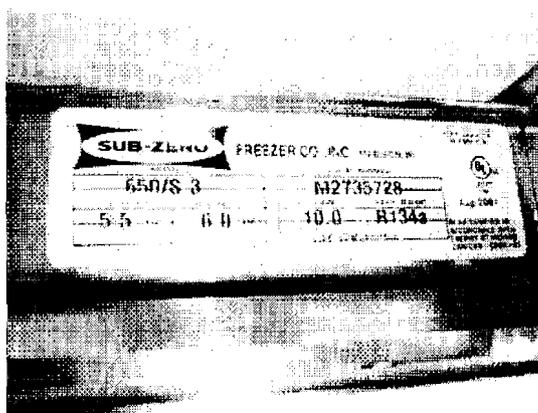
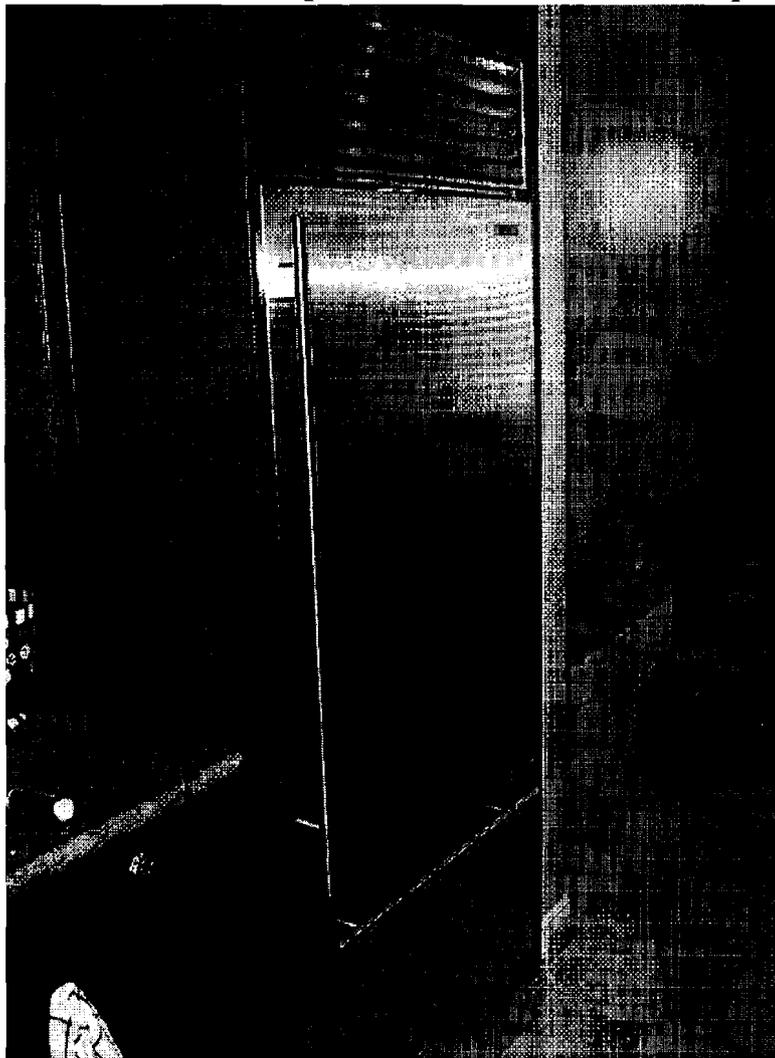


Exhibit A-13 is a view of the copper coils on the refrigerator.

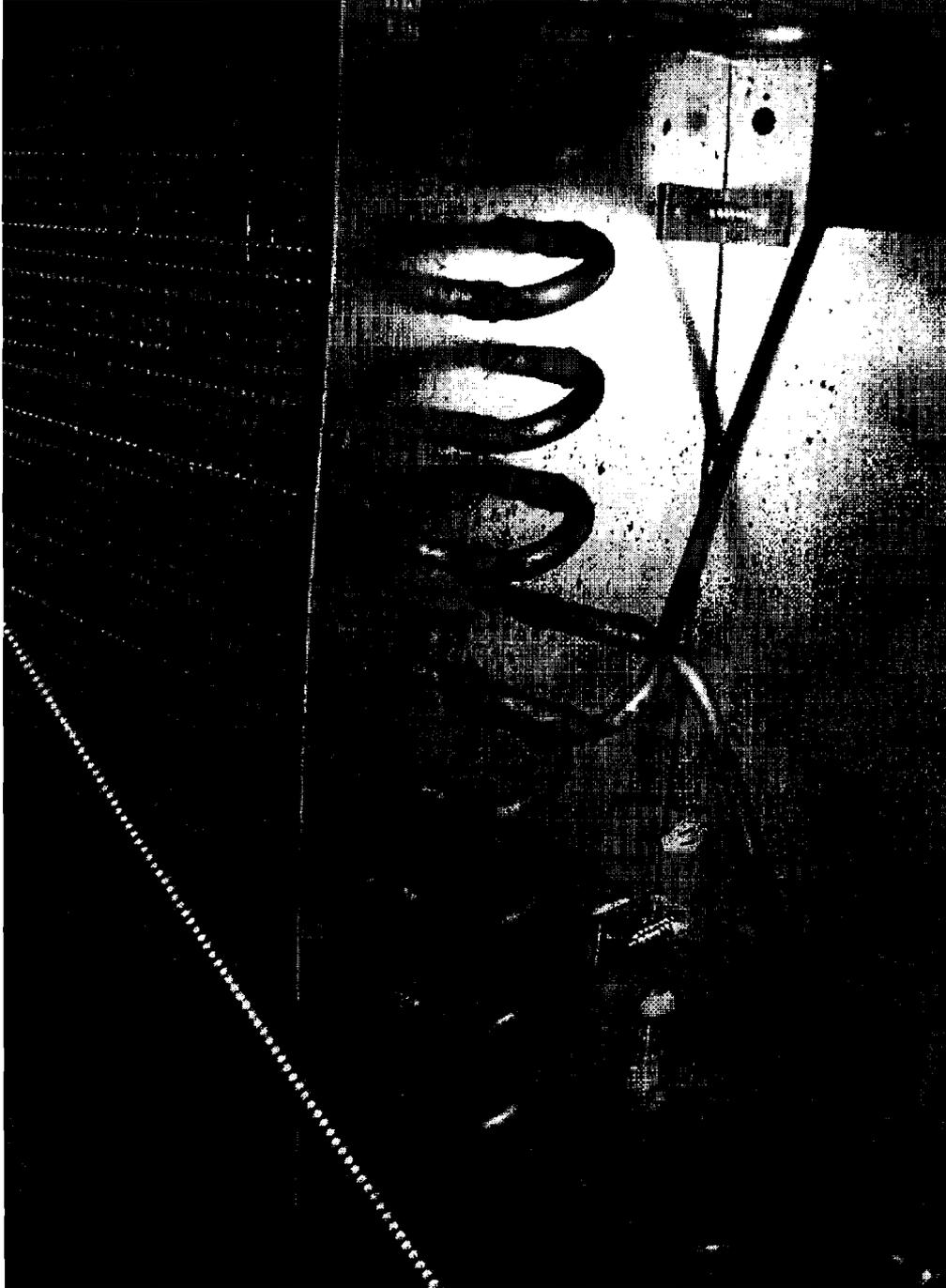


Exhibit A-14 is a view of the blackening of a copper pipe for a third floor bathroom.



Exhibit A-15 is a view tarnished silver and gold jewelry that was cleaned in April 2009.

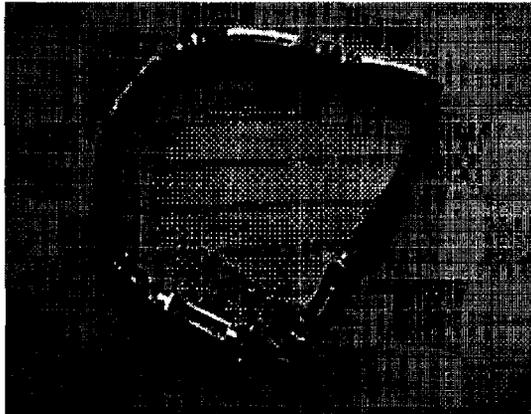
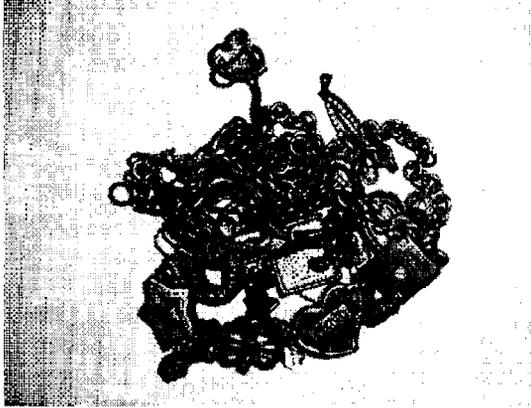


Exhibit A-16 is a view of the replacement outlet and incident outlet cover from the consumer's April 2009 shock incident.

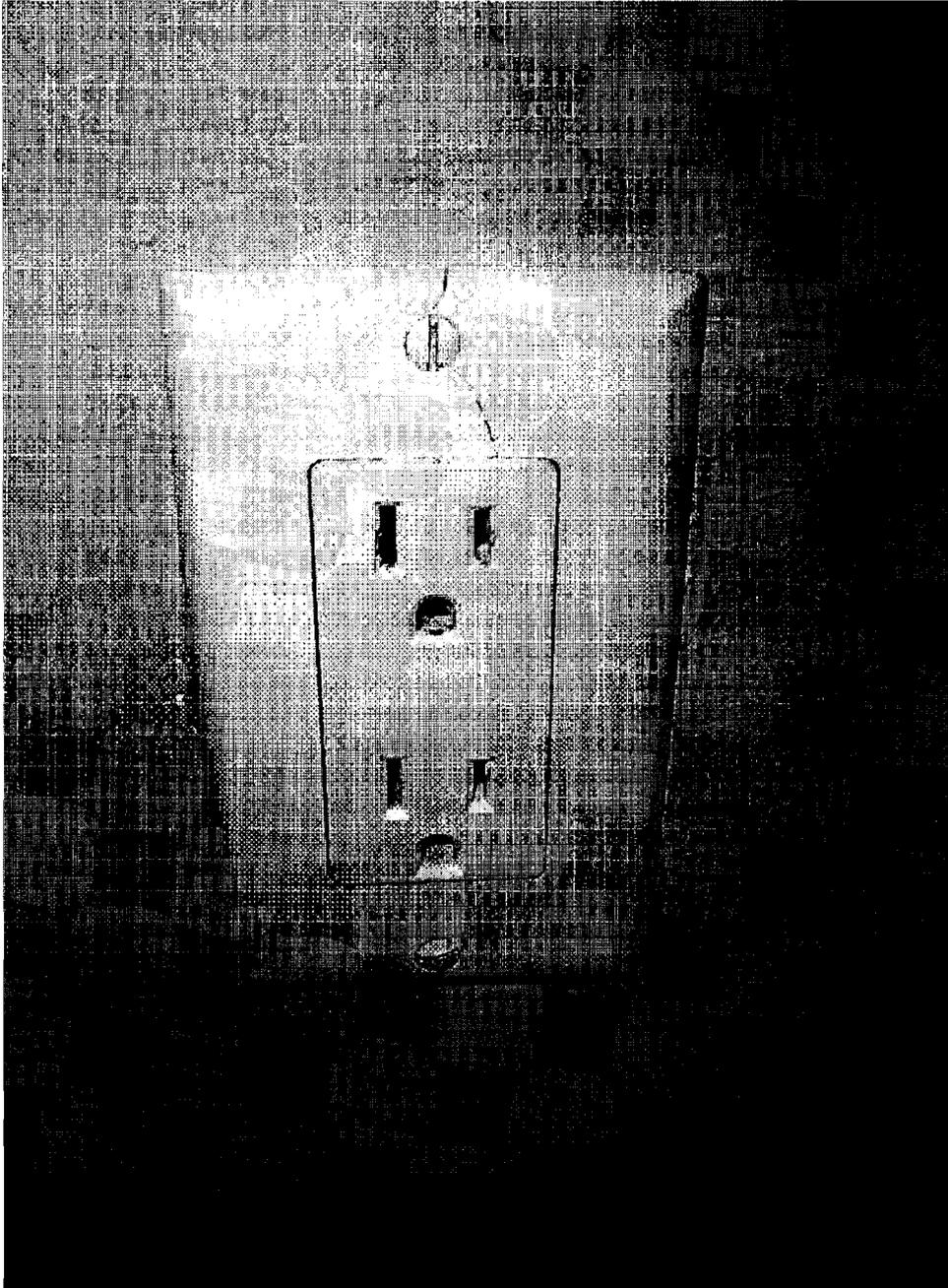


Exhibit A-17 is a view of the outlet being used by the hair dryer on the left, and the replacement outlet on the right that began smoking and started to melt. The outlet cover for the right outlet is from the incident and charring marks can be seen near the outlet receptical.

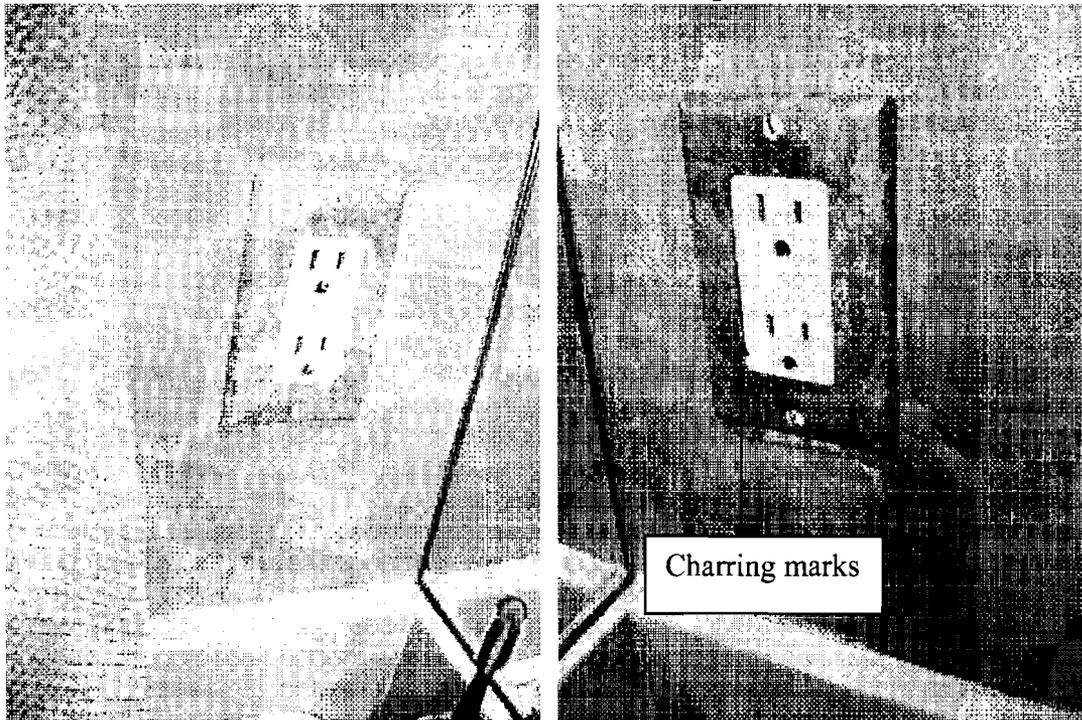
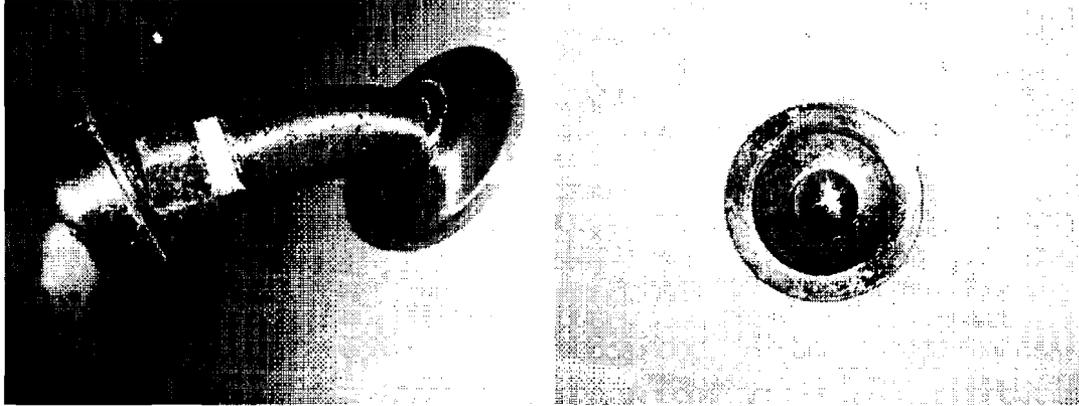


Exhibit A-18 is a view of pitting on the shower neck and tub drain of the third floor master bath.



# National Service Center

IDI 090505CBB1685  
EXHIBIT B  
Page 1 of 2

**MXP PO #**

Not Responsive

**Serial**

**SR**

Not Responsive

**Modified Serial #**

**Store # :**

**Contact Name :** Claims Representative

**Store Address :**

**Problem Reported :** Contact Name: only required when a company holds the contractPart

Requested:motherboard memory,Receiving screen

keyboardManufacturer

Not Responsive

Best time to call:anytime

Approved Entitlement, Receiving Unit, Performed Visual Inspection. Unit Came With AC Adapter, Battery, Power Cord, (2)Insert Dummies, Minor Wear on Keyboard, Minor Scratches On Touchpad Assy, Top Cover, Palmrest Assy, LCD Display, Bezel, Base Assy, Minor Scratches On AC Adapter,

Update Error - Incident was found in a closed type status and could not be update with this status type - Please contact your Service Provider Liaison for assistance

Update Error - Incident was found in a closed type status and could not be update with this status type - Please contact your Service Provider Liaison for assistance

Update Error - Incident was found in a closed type status and could not be update with this status type - Please contact your Service Provider Liaison for assistance

**Note :** DIAG

Update Error - Incident was found in a closed type status and could not be update with this status type - Please contact your Service Provider Liaison for assistance

Update Error - Incident was found in a closed type status and could not be update with this status type - Please contact your Service Provider Liaison for assistance

SENDING TO CLR FOR CONSTANT REPAIRING

ORDERING MOTHERBOARD. MODEL

Not Responsive

Not Responsive

part needs to be ordered  
sourcing the part

there would be no problem with data backup, but still awaiting on motherboard

BUY OUT UNIT. DATA BACKUP IS LOCATED IN DRIVE F:

**Shipping Date :** \_\_\_\_\_

**Tracking # :** \_\_\_\_\_



# AAA Electric Service Inc.

Family Owned and Operated

Licensed & Insured

2200 NE 36th St., Lighthouse Point, FL 33074

Office: 954-942-4696 . Cell: 954-821-6091

Fax: 954-785-0274 Lic 89-CME1193X

## INVOICE

#3089

IDI 090505CBB1685  
EXHIBIT C  
Page 1 of 1

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Invoice Submitted To

Phone 954-812-2612

Date 5/5/09

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David & Joan Glickman

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Street  
3236 N E 4th St.

Job Name Service Calls

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City, State and Zip Code

Job Location

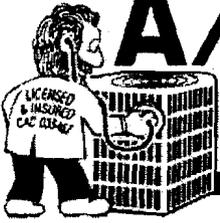
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Pompano Beach, FL 33062

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### Scope of Work

August 15, 2008	
Service call for faulty wiring in bathroom receptacle	\$125.00
October 17, 2008	
Replace burnt GFI receptacle on first floor bathroom	125.00
February 13, 2009	
Replaced duplex receptacle on 2nd floor landing due to burnt wiring	125.00
April 19, 2009	
Service call for open circuit in master bedroom receptacle. After fixing open circuit, noticed ground wire blackened, opened up other receptacles and main electric panel to find all ground wires and neutral wires had a black residue on them.	165.00



# A/C DOCTOR

& appliance repair, inc.

8972 Southwest 49th Ct. (954) 680-2221  
 Cooper City, FL 33328-3608 Cell: (954) 557-3355

**A/C Under The Weather? We Make House Calls!**  
 FPL Participating Independent Contractor

PHONE	WORK ORDER	DATE 2/2/09
NAME DAVID GLICKMAN		
ADDRESS 3236 NE 4 ST		
CITY, STATE, ZIP POMPANO		

CHECK	MODEL Trant	SERIAL ATEC3F24	PRESSURES A/C 100/100
-------	----------------	--------------------	--------------------------

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	Service Labor		350.00
	FOUND BAD SUPPLY		
	PTO Coil		
	REPLACED SUPPLY COIL		
	RESEAL & CHECK COIL		
	COIL UNDER UNIT		
	Thank you		350.00

True signature acknowledges that all work was done and unit left in satisfactory condition.  
 Unit and/or all parts installed will be the property of A/C Doctor until fully paid for.

Subj: **Fwd: Chinese Drywall**  
Date: 5/6/2009 4:18:40 P.M. Eastern Daylight Time  
From: david@sdcappliances.com  
To: abdj3204@aol.com

See the attached letter  
David Glickman

SDC Appliances  
Mobile: (954) 612-2612  
david@sdcappliances.com

Begin forwarded message:

**From:** Glenda Lopez <glenda@fvicino.com>  
**Date:** May 6, 2009 4:06:23 PM EDT  
**To:** <david@sdcappliances.com>  
**Subject:** RE: Chinese Drywall

MR. David,

Once again sorry for the delay, attached is the letter sent from our supplier Banner Supply Co.

Please do not hesitate to contact us if you have any questions.

Thanks,

*Glenda Lopez*  
Acct. Manager

F. Vicino and Company  
Tel: 954-422-5710 ext 202  
Fax: 954-422-5766

To: glenda@fvicino.com  
Subject: Re: Chinese Drywall  
From: david@sdcappliances.com  
Date: Mon, 4 May 2009 17:24:09 +0000

Thank you Sent via BlackBerry by AT&T

**From:** Glenda Lopez  
**Date:** Mon, 4 May 2009 17:17:29 +0000  
**To:** <david@sdcappliances.com>  
**Subject:** RE: Chinese Drywall

Tuesday, May 12, 2009 AOL: Abdj3204

Mr. David,

Sorry for the delay, but Mr. Vicino was out of town as soon as he come in to the office I will forward your message. On the mean time I'm contacting our drywall supplier just to make sure that in fact we did or didn't used chinese drywall in your townhome.

As soon as I get this information from our supplier, I'll forward it to you in writing.

Sincerely,

*Glenda Lopez*

Acct. Manager

F. Vicino and Company  
Tel: 954-422-5710 ext 202  
Fax: 954-422-5766

> To: glenda@fvicino.com  
> Subject: Chinese Drywall  
> From: david@sdcappliances.com  
> Date: Mon, 4 May 2009 17:08:02 +0000  
>  
> Glenda,  
> Can you please ask Frank to call me when he has a few minutes to discuss the Chinese Drywall in our townhome? Thanks in advance.  
> Sincerely,  
> David Glickman  
> 3236 NE 4th Street  
> Pompano Beach, FL. 33062  
> Mobile: (954) 612-2612  
> Home: (954) 786-2800  
> Sent via BlackBerry by AT&T

=

Tuesday, May 12, 2009 AOT.: Abdj3204

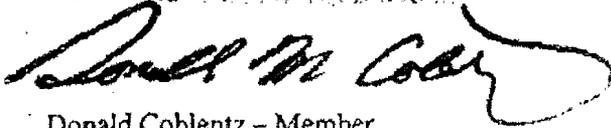
May 4, 2009

Re: Drywall

To Whom It May Concern:

Please be advised that the drywall supplied and delivered by Banner Supply - Pompano to Ocean State, 3236 NE 4<sup>th</sup> Street, Pompano Beach, FL could have been either American or Chinese Drywall, due to the dates the above job was delivered. It would have been at the time we were having Chinese Drywall delivered to our yard.

Sincerely,



Donald Coblentz - Member  
Banner Supply - Pompano



1660 S.W. 13TH COURT • POMPANO BEACH, FLORIDA 33069 • PHONE: (954) 781-2399 • FAX: (954) 942-4641

Banner Pompano Fax 954-942-4641 May 4 2009 12:45pm P001/001

*Delivered @ 11:30AM  
4-15-2009 re Lisa Beeson*

DAVID AND JOAN GLICKMAN  
3236 NE 4<sup>th</sup> Street  
Pompano Beach, FL 33062

April 27, 2009

**VIA HAND DELIVERY**

Master Builders of South Florida  
Attn: James Beeson  
1400 East Oakland Park Blvd.  
Suite 210  
Fort Lauderdale, FL 33334

**Re: Notice Pursuant to Chapter 558 of the Florida Statutes**

Dear Mr. Beeson:

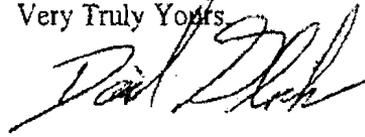
As you know, we purchased our home located at 3236 NE 4<sup>th</sup> Street, Pompano Beach, FL (the "Home"), which was built by Master Builders of South Florida ("Master Builders"), in September/October, 2007. Recently, we have learned that Master Builders constructed our Home using what is now being commonly referred to as "Chinese Drywall". We consider your use of Chinese Drywall to be a defective condition in our Home. We also consider Chinese Drywall to be a defective material incorporated into our Home. Accordingly, your use of Chinese Drywall in our Home has given rise to our claim against Master Builders for construction defects.

As for the particulars which we have experienced in our Home which confirms that Master Builders utilized defective Chinese Drywall, we have found blackened copper ground wire at each of our electrical outlets. We have had an air conditioning coil failure which we had to replace. We have found blackened copper coils next to our refrigerator. Essentially, all of the exposed copper in our house is now blackened from the defective drywall. Finally, there is a distinct odor in the Home which we attribute to the defective drywall as well.

Pursuant to §558.04, you are entitled to perform a reasonable inspection of the Home within thirty days after receipt of this notice. Within forty-five days after receiving this notice, you are required to provide: (a) a written offer to remedy the alleged construction defect at no cost to us, a detailed description of the proposed repairs necessary to remedy the defect, and a timetable for the completion of such repairs; (b) a written offer to compromise and settle the claim by monetary payment, that will not obligate your insurer, and a timetable for making payment; (c) a written offer to compromise and settle the claim by a combination of repairs and monetary payment, that will not obligate your insurer, that includes a detailed description of the proposed repairs and a timetable for the completion of such repairs and making payment; (d) a written statement that you dispute the claim and will not remedy the defect or compromise and settle the claim; or (e) a written statement that a monetary payment, including insurance proceeds, if any, will be determined by your insurer within thirty days after notification to the insurer by means of forwarding the claim, which notification shall occur at the same time we are notified of this settlement option, which we can then accept or reject.

We look forward to hearing from you within the time frames provided for in the applicable statute.

Very Truly Yours

A handwritten signature in black ink, appearing to read "David Glickman", written in a cursive style.

David Glickman

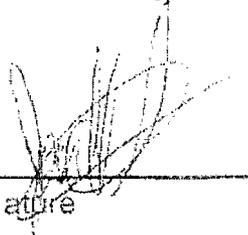
A handwritten signature in black ink, appearing to read "Joan Glickman", written in a cursive style.

Joan Glickman

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

> see my attached & signed report

  
\_\_\_\_\_  
Signature

5/1/09  
\_\_\_\_\_  
Date

I request that you do not release my name.

You may release my name to the manufacturer but I request that you not release it to the general public.

You may release my name to the manufacturer and to the public.

*Marked 5/1/09*

PERSONS CONTACTED BY THIS INVESTIGATOR

Consumer and  
Husband:                   Joan & David Glickman  
                                  3236 NE 4<sup>th</sup> Street  
                                  Pompano Beach, FL 33062  
                                  Home Telephone Number: 954-786-2800  
                                  Initial Contact: May 05, 2009

PERSONS CONTACTED BY THE CONSUMER

Home Builder:               James Beeson  
                                  Master Builders of South Florida  
                                  1400 East Oakland Park Boulevard  
                                  Suite 210  
                                  Fort Lauderdale, FL 33334  
                                  Telephone Number: 954-563-8953

Drywall  
Subcontractor:              Frank Vicino  
                                  Frank Vicino Drywall Inc.  
                                  15 NE 2<sup>nd</sup> Avenue  
                                  Deerfield Beach, FL 33441  
                                  Telephone Number: 954-422-5710

Home Builder  
Inspector:                   Scott Seagraves  
                                  Master Builders of South Florida  
                                  1400 East Oakland Park Boulevard  
                                  Suite 210  
                                  Fort Lauderdale, FL 33334  
                                  Telephone Number: 954-563-8953

Home Owner's Ins.:       Collette Goslin  
                                  VP Premier Client Division  
                                  Meridian Insurnace  
                                  301 Yamato Road  
                                  Boca Raton, FL 33431  
                                  Telephone Number: 561-994-2210  
                                  Insurance Carrier: AIU

Disaster Recovery  
Service:

Brett Overman  
National Disaster Solutions  
995 NW 31<sup>st</sup> Avenue  
Pompano Beach, FL 33069  
Telephone Number: 954-979-8100  
Website: [www.ndsrecovery.com](http://www.ndsrecovery.com)

Restoration  
Service:

Robert Williamson  
All-Clean Restoration Services  
995 NW 31<sup>st</sup> Avenue  
Pompano Beach, FL 33069  
Telephone Number: 954-979-8100



1. Task Number 090506CBB2608		2. Investigator's ID 1942		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 810	4. Date of Accident YR MO DAY 2009 05 01	5. Date Initiated YR MO DAY 2009 05 08		
6. Synopsis of Accident or Complaint UPC A 31-year old woman, her 28-year old husband and their 15-month old son have all been experiencing health problems since living in their new home. Construction began on the house in August 2004 and the complainant and her husband moved in December 2004. In February 2005 they began experiencing upper respiratory tract infections, followed by staph infections. Their son had his first upper respiratory tract infection in February 2008. The complainant has also had problems with the electric dryer and stove and air conditioner's program box.				
<del>EXCISES FOLIA HAS</del> 7/1/09 ✓ COMMENTS: <u>NO MR</u> <del>NO</del> OVERRULED; ATTACHED EXCISES FOLIA HAS: <u>  </u> <del>DO NOT RE-NOTIFY</del> RE-NOTIFY				
7. Location (Home, School, etc) 1 - HOME		8. City SNEAD		9. State AL
10A. First Product 1876 - House Structures, Repair Or		10B. Trade/Brand Name UNKNOWN		10C. Model Number UNKNOWN
10D. Manufacturer Name and Address UNKNOWN				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 31	13. Sex 2 - Female	14. Disposition 1 - Injured, not Hosp.	15. Injury Diagnosis 71 - Other	
16. Body Part(s) Involved 85 - ALL OF BODY	17. Respondent 1 - Victim/Complainant	18. Type of Investigation 1 - On-Site	19. Time Spent (Operational / Travel) 20 / 7	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 13 - Other Case Source		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 05/18/2009		25. Reviewed By 1949		26. Regional Office Director Dennis R. Blasius
27. Distribution Rose, Blake; Blasius, Dennis			28. Source Document Number X0950039A	

The interview took place at the home of the complainant on Tuesday, May 13, 2009 at approximately 11:00 am. The incident involves drywall. The consumer complains of upper respiratory tract infections, staphylococcus infections, migraines, copper pipes rupturing, electrical issues and a black substance in the toilet.

Construction began on the 1400 square foot ranch style home in August 2004 and was completed in December 2004. The complainant and her husband moved into the home in December 2004 and have lived there continuously since December 2004. The complainant's father served as principal contractor and hired a few sub-contractors to execute portions of the work. The drywall used in the original construction was purchased from a local retailer. Wooden studs were used during the construction of the home. The home utilizes propane gas for the fireplace, no other appliances use natural or propane gas. In January 2008, the home underwent a remodel for approximately one-third of the house. New drywall was installed by a contractor who is a friend of the family. The living room, master bathroom, front bathroom, and coat closet all received new drywall and paint. The living room received new carpet. The new drywall was purchased from a local home improvement store.

The complainant and her husband began noticing some general problems within six months of moving in the home. In May 2005, the toilet in the master bathroom began developing stains beneath the rim and in the bowl. These stains were cleaned easily however they would reappear immediately after the cleaning. The toilet requires constant cleaning to keep it presentable. In October 2005, the complainant began noticing a green patina on the copper pipes which are connected to the hot water heater. Although she understands that copper pipes develop a natural green patina from oxidation, she feels that her pipes are showing too much. In July 2007, the wiring for the stove which touches the drywall was split and had to be repaired. The repairman could not offer any explanation as to why the split occurred. In January 2008, insulated pipes in the ceiling burst causing the complainant to remodel approximately one-third of the house. In March 2009, an insulated pipe in the wall between the master bedroom and bath ruptured causing a little more than \$1000 in damage. In April 2009, a repairman had to be called out to repair some electrical issues that were occurring with the electric clothes dryer. The complainant only knows that the dryer stopped working and had to be repaired. The repairman was not able to offer an explanation as to why the electrical failure occurred with the dryer. The complainant did not indicate that unusual odors were present when first moving into the home in December 2004 or after some drywall was replaced in January 2008.

All three occupants of the house have developed health issues since living in the house. The complainant who is 31-years old approximately 5'6" and approximately 225 pounds began developing health issues in February 2005 such as an upper respiratory tract infection. According to the complainant there

have been numerous upper respiratory tract infections since the first one appeared and that she does not go to the doctor each time as she has refills on her prescriptions to treat her upper respiratory tract infections. Additional symptoms such as migraines and muscle weakness began in April 2005. She also reports two staphylococcus infections and some neurological problems. Although she reported that the neurological complications are usually hereditary in nature, as her current problems do not run in her family, she is unsure of the root of the problem. The complainant's husband who is 28-years old, approximately 5'7" and approximately 195 pounds also began developing health issues in February 2005 such as an upper respiratory tract infection. According to the complainant her husband has had numerous upper respiratory tract infections since the first one appeared and that he does not go to the doctor each time as he has refills on his prescriptions to treat his upper respiratory tract infections. She also reports he has also had two staphylococcus infections. She does not report that her husband has had any additional systems. The complainant's son who is 15 months old and is approximately 26" tall and weighs approximately 31 pounds began experiencing health issue in February 2008 such as an upper respiratory tract infection. She also reports he has also had two staphylococcus infections. He also had salmonella in July 2008. She reports that the family's health issues are on-going and reports that she had migraines just last week, her husband had a upper respiratory tract infection last week as well while her son had an upper respiratory tract infection approximately two weeks ago.

According to the complainant, none of these symptoms have been experienced by her family prior to February 2005. They moved into the house in December 2004 and began developing health issues in February 2005. They are currently occupying the home and live there year round. In January 2008, the complainant and her husband moved out of the home for approximately three weeks while the remodeling of their home was occurring. She indicated that although she was ill when they moved out, she got better soon after they moved and stayed symptom-free while they were away, as did her husband. In July 2008, she, her husband and their son went on a weeklong vacation and were symptom free while they were away and were able to remain symptom-free for several weeks after their return. Everyone has been to several doctors several times for treatment of these health issues. Each received prescription medication to combat the specific illness. According to the complainant, she and her family have seen numerous doctors on numerous occasions and many of the doctors are over an hour drive away. She could not list all of the doctors at the time of the interview and wanted to be able to review any information before possibly allowing the Commission access to it. Therefore, she decided against signing a medical release of information. Currently her two dogs are outside animals although one animal was kept inside from 2004 to 2008. This dog did suffer from several bouts of laryngitis and bronchitis while living inside. No health issues have been experienced by the dog since living outside.

The complainant has experienced a few unusual occurrences with electrical appliances in the house. In July 2007, the wiring behind the stove was split. In April 2009, the electrical system in the dryer had to be repaired. The repairmen for both instances were not able to provide the complainant with a cause for the issues. Although the one air conditioning unit for the house has not had to be recharged, the program box for the unit has had to be replaced on three separate occasions for an electrical failure; first in February 2006, again sometime in 2007 and once again in 2008. The repairman was unable to provide the complainant with a cause for the failure. The evaporator coils on the unit have not had to be replaced. No additional work has been performed by a heating/ventilation/air conditioning contractor. The complainant has experienced flickering lights and circuit breaker tripping intermittently, not on a consistent basis. No unusual odors, arcs or sparks, or sizzling or buzzing was reported by the complainant. The complainant did report that the light switches and the electrical receptacles in the kitchen are often warm to the touch. Blackening in the toilet bowl in the master bathroom began in May 2005. Additionally, what the complainant says is an unusual amount of the green patina began developing in October 2005 on the copper pipes connected to the hot water heater. In April 2009, the complainant contacted Snead Water Works. The water company checked the water and did not identify a safety issue. No other safety issues have been addressed. The complainant did indicate that her silver jewelry is turning black. The complainant indicated that because the one smoke alarm that is located in the house would constantly alarm without provocation; she removed the battery to remedy the situation.

Prior to seeing the news reports on television concerning the possible drywall problems, she never contacted the original builder, her father, or the friend of the family who performed the remodel concerning the issues that she has been experiencing in the house. Since that time, she has had conversations with them and both are perplexed. No written communication between the complainant and builder exists. No inspections, including a building/home inspection after the house was built, has been performed on the home. The complainant indicated that an inspection is not required in her county. The complainant has contacted the Blount County Health Department. Per the complainant, the officials there suggested that she not believe everything she sees on television. The complainant also contacted Snead Water Works who indicated that her water was safe. She was not able to provide any written verification of the findings from the water company. The complainant also contacted the Alabama Department of Public Health. The officials there indicated that they would stay on top of this matter for her and were the ones to report her case to the Commission. There has not been any community involvement as she is the only person in her neighborhood experiencing any problems. Per the complainant, at this point she cannot afford to do anything but stay in her home unless she and her family begin to get sicker. She is able to move in with family if the need arises. The complainant would like to be kept abreast of what will be done to remedy the situation if the drywall is found to be defective in some way.

All of the drywall in the house has been painted and no markings are visible. Photographs were taken of the green patina on the copper pipes connected to the hot water heater and of the toilet bowl less than 24 hours after cleaning and have been included with this report. The complainant did indicate that it would be okay to contact her if the need for samples of her drywall arises. She did however say that those samples should come from a discreet location such as behind the stove or in a closet.

This Investigator made a follow-up call to the original retailer/distributor for the drywall purchased in August 2004. The retailer/distributor for the drywall that was purchased in August 2004 indicated that they receive their drywall from four sources. Follow-up calls were made to the four sources. Two sources, that were the same company with two locations, indicated that they do not now, nor have they ever in the past imported any drywall. They indicated that they received their "board" from seven manufacturers; they all are located in the southeastern United States. They could not say where those locations received their materials. A third source indicates that although they did import drywall for a six month period in 2006, they did not import any drywall in 2004. When asked who the foreign supplier was, this investigator was referred to his attorney. A call was made and a message was left for the attorney. The final source indicated that they receive their drywall from four domestic sources and that they have never purchased or imported any foreign drywall. They could not say where those locations received their materials.

The Commission has contacted the Lowes Corporation and the Commission has been informed that Lowes has never imported drywall. No other information concerning their sources was provided.

## **PRODUCT IDENTIFICATION**

The original drywall was purchased in August 2004 from Vulcan Drywall and Acoustical Inc., located at 1420 Hildegard Street, Birmingham, AL 35215 with (205) 856-9819 listed as the telephone number. This distributor receives their drywall from Vulcan Interior Products (VIP) located at 307 Commercial Circle, Calera AL 35040 with (205) 668-0600 listed as the telephone number and VIP located at 3400 Ball Street, Birmingham, AL 35234 with (205) 841-6100 listed as the telephone number. They also receive drywall from Interior and Exterior Building Supply located at 216 12<sup>th</sup> Street, Birmingham, AL 35233 with (205) 322-4880 listed as the telephone number. The final source is Building Materials Wholesale located at 1301 1<sup>st</sup> Avenue, Birmingham, AL 35233 with (205) 328-2155 listed as the telephone number.

The drywall used in the remodel was purchased in January 2008 from Lowes located at 1717 Cherokee Avenue SW, Cullman, AL 35055 with (256) 775-0075 listed as the telephone number.

**SAMPLES COLLECTED**

No samples were collected. Samples, incident or exemplar, were not requested at this time.

**EXHIBITS**

Exhibit 1: Respondents

Exhibit 2: Photographs (1-2)

Exhibit 3: Authorization for Release of Name

**CONTACTS**

May 8, 2009  
Michelle Martin  
505 Highland Drive  
Snead, AL 35952  
(205) 466-5987

May 14, 2009  
Wayne Ross  
Vulcan Drywall and Acoustical  
1420 Hildegard Street  
Birmingham, AL 35215  
(205) 856-9819

May 15, 2009  
Ken  
Vulcan Interior Products  
307 Commercial Park Circle  
Calera, AL 35040  
(205) 668-0600  
And  
3400 Ball Street  
Birmingham, AL  
(205) 841-6100

May 15, 2009  
Bobby Freedman  
Interior and Exterior Building Supply  
216 12<sup>th</sup> Street  
Birmingham, AL 35233  
(205) 322-4880

May 15, 2009  
Chris Aubert  
Attorney for Interior Exterior Building Supply  
506 East Rutland Street  
Covington, LA 70433  
(985) 809-2000

May 15, 2009  
Jacob  
Building Materials Wholesale  
1301 1<sup>st</sup> Avenue S  
Birmingham, AL 35233  
(205) 328-2155

The consumer contacted:

Mike Painter (Builder)  
(205) 296-0686

Edward (Remodel Contractor)  
Patterson Construction  
(256) 227-1480

Jeff Whitehead  
Snead Water Works  
87169 U S Highway 278  
Altoona, AL 35952  
(205) 466-3200

Blount Count Health Department  
1004 Second Avenue East  
Oneonta, AL 32121  
(205) 274-2120

Neil Sass  
Alabama Department of Public Health  
201 Monroe Street Suite 1450  
Montgomery, AL 36104  
(334) 206-5973

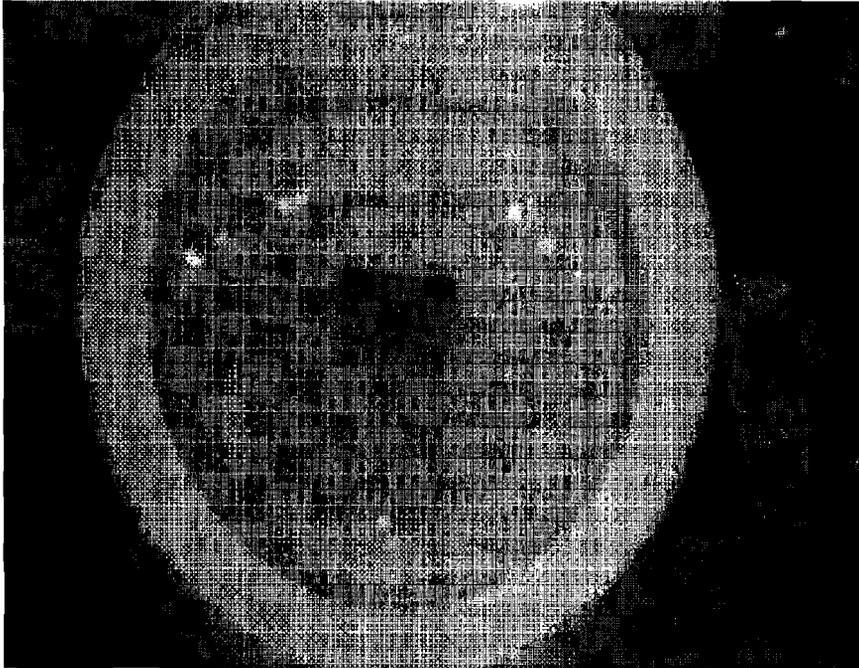


PHOTO 1—Picture of the black streaks which appear in the toilet bowls. This bowl was cleaned less than 24 hours before the picture was taken.

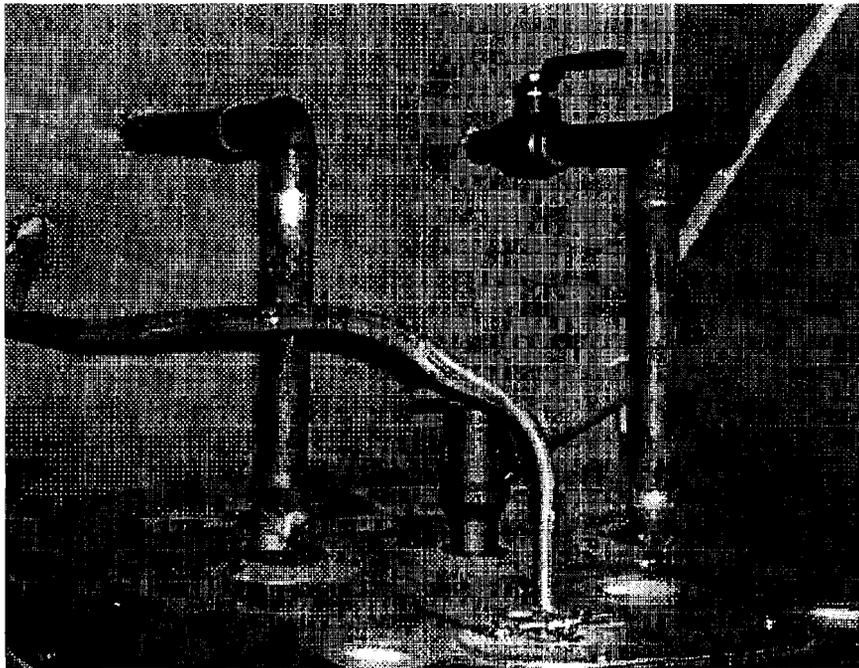


PHOTO 2—Picture of the green patina which has occurred on the copper pipes connected to the hot water heater.







This investigation was initiated through the receipt of a Consumer Product Incident Report submitted by a 50 year old female complainant, involving imported drywall used in repairing her home. Information for this report was gathered by an on-site interview with the complainant and her 51 year old husband in their home.

The home is occupied by the complainant, her husband, their 19 year old daughter, 14 year old grandson, and 11 year old granddaughter. The home was built in 1993 and the family began occupying the home in 1995. The home is 2,200 square feet, single story, constructed with wood studs, and with carpeting in two bedrooms and tile throughout. The home does not use gas or natural gas service, all appliances are electric. In 2005 the home was damaged by a hurricane. The complainants replaced the majority of the drywall in the house with drywall they purchased at a local retail store. The repairs were performed by the complainant's husband and brother-in-law. One month after installing the drywall, the complainants replaced all the tile and carpet.

The complainants began noticing an odor they described as "a dirty smell" during the first week of repairing the drywall. The odor was constant and stronger when the air conditioning unit was not on. With the air conditioning on, the odor was present, but not as strong. The complainants reported that the odor is the strongest in the bedrooms. The time of day and time of year does not affect the odor. This odor was not in the home prior to the installation of the new drywall. The complainants reported that they used bleach to clean the new tile flooring and the walls in the house to alleviate the odor, but found they could not get rid of it.

Within months of replacing the drywall the complainants began to experience problems with several appliances that stopped working unexpectedly. They have replaced or repaired: a refrigerator, deep freezer, stove, water heater, microwave, toaster oven, and television. They could not find an explanation for the problems they were experiencing. They have had to recharge the air conditioning unit with refrigerant approximately three times, with a six month lapse between each recharge. In the four years since the installation of the drywall they have had to replace the evaporator coils in the air conditioning unit twice, each time due to rusting and deterioration, exact dates could not be determined. They were not given an explanation for these repairs, other than the unit was in need of replacements. In the past two years the air conditioning unit has been replaced once, an exact date could not be determined. The complainants have not had other technicians in the home for other components. On a consistent basis they have experienced flickering lights in the dining room and kitchen. They have also experienced the circuit breaker for the water heater tripping for no apparent reason. They have not experienced issues with arcs or sparks in the electrical system, sizzling or buzzing, unusual odor in the vicinity of receptacles, switches or light fixtures, or light switches that are warm or hot to the touch. The complainants have noticed blackening, pitting, and corrosion on metal fixtures throughout the home, but because they were not aware of the problem, they have replaced the majority of the affected metal fixtures. In the early months of 2008, they had to replace the water heater and noticed blackening and corrosion on the copper pipes. They have replaced metal fixtures in the bathrooms that began to blacken or pit since the installation of the new drywall. She has also noticed

that her silver jewelry has also blackened and requires cleaning on occasion. The complainants were not aware of any safety issues such as possible fire. They have not experienced any issues with the smoke alarms in the home. Photographs of affected areas of the home are included as Exhibit 2.

During the installation of the drywall the family did not relocate to another home. Less than a month after completing the repairs they began to experience health issues. She has experienced symptoms such as sinus infections, blurred vision that has caused her to have new eyeglass prescriptions every seven months, short term memory loss that has affected her job, disorientation, headaches, and growths on the roof of her mouth, swollen lymph nodes, and joint pain throughout her body. Her husband has experienced symptoms such as a sore throat, chronic coughs, restlessness, insomnia, migraines, blurred vision, and muscle cramps. Their daughter is experiencing symptoms such as chronic sinusitis, muscle cramps, chronic cough, and an abnormal menstrual cycle. Their granddaughter is experiencing blurred vision, headaches, attention deficit, and restlessness. Their grandson is experiencing symptoms such as migraines, sinus problems, and shortness of breath. The complainant reported that prior to the installation of the drywall the family did not experience these health issues and the children did not have problem with vision. They are all now wearing some form of prescription eyewear. She also reported that the family has been treated by several physicians, but she could not provide this investigator with medical documentation. The complainant and her husband have been prescribed nasal steroids among other medications to alleviate their symptoms. Their granddaughter has been seen by a pediatrician and also on medications. Their daughter and grandson take over-the-counter pain medication to alleviate their symptoms. The symptoms affecting the family do subside after leaving the home for at least an hour, however, the symptoms return within 30 minutes of returning to the home. The family owns one dog, but they are unaware of any health issues because the dog has been living with the family only since the drywall was installed.

The drywall was installed by the complainant's husband and brother-in-law; therefore, she has not been in contact with a builder or contractor. She has not contacted the local retail store that the drywall was purchased from and does not know if she intends to do so. She has not had any experts and/or other professionals in her home to examine the issues she is experiencing. She has not contacted anyone else about this issue, nor does she know of anything being done about the issue in her community. The complainant and her husband have had thoughts of trying to sell the house as a long term solution. She added that the experience has been a nightmare. She has been the most affected with health issues and is not currently working.

### **Product Description**

The product involved is imported drywall from China. This investigator was unable to see any visible labeling on the drywall and there was no access to the attic area of the home for identification. No additional identifying information is available.

090505CBB1686

**Exhibits**

Exhibit 1      Contact Information

Exhibit 2      Photographs (7)

Exhibit 3      Authorization for Release of Name

**Contact Information**

Betty and David Howard, Complainants  
6907 N.W. Dorothy St.  
Port Saint Lucie, FL 34983  
Tel. 772-408-0862  
May 5, 2009

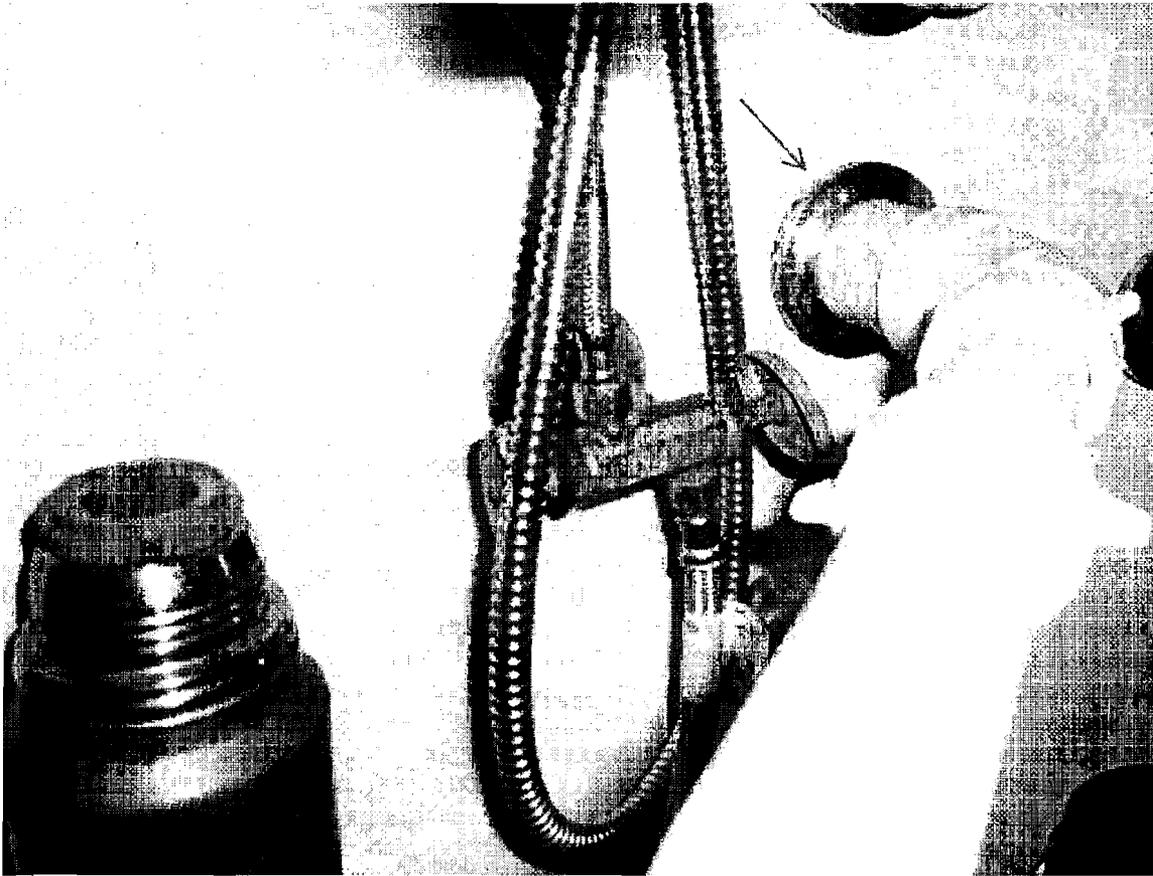


Photo 1 shows the metal fixtures located under the sink, with signs of rust.

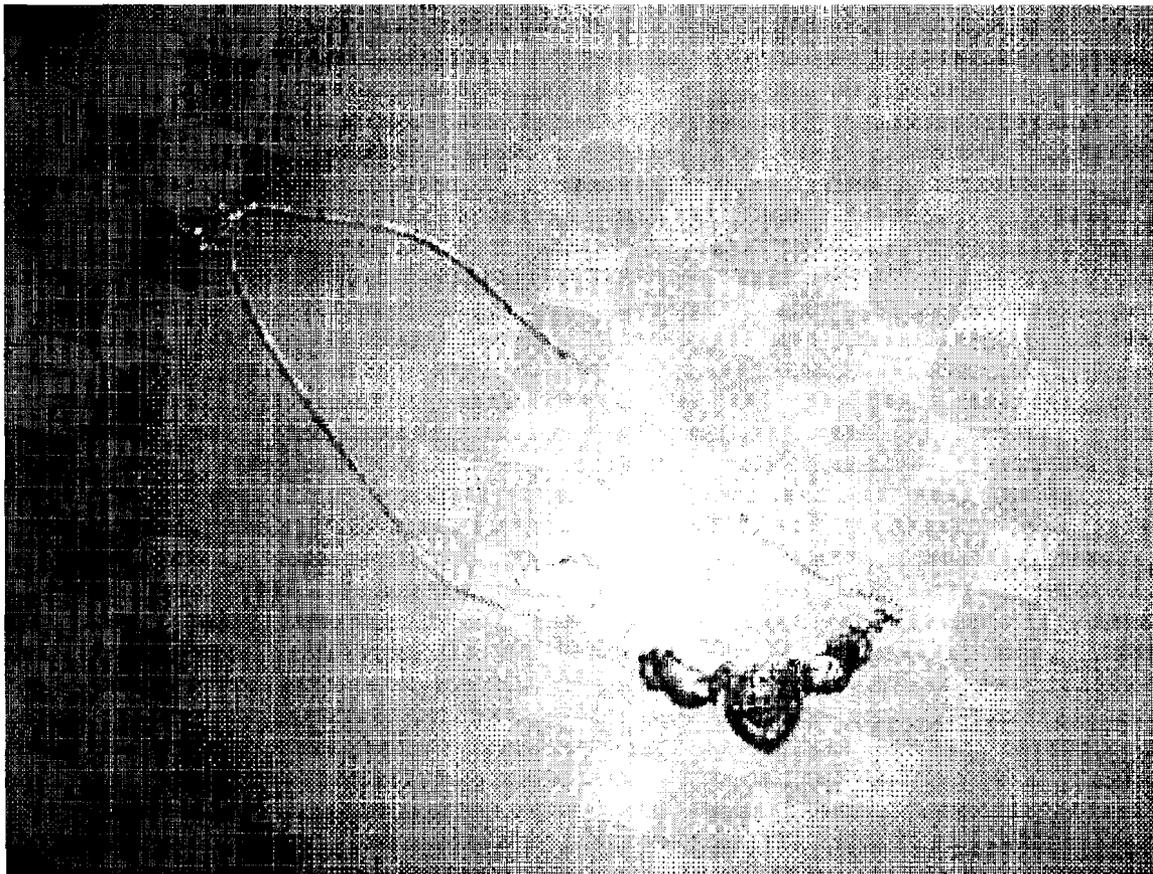


Photo 2 shows silver jewelry recently cleaned due to blackening.

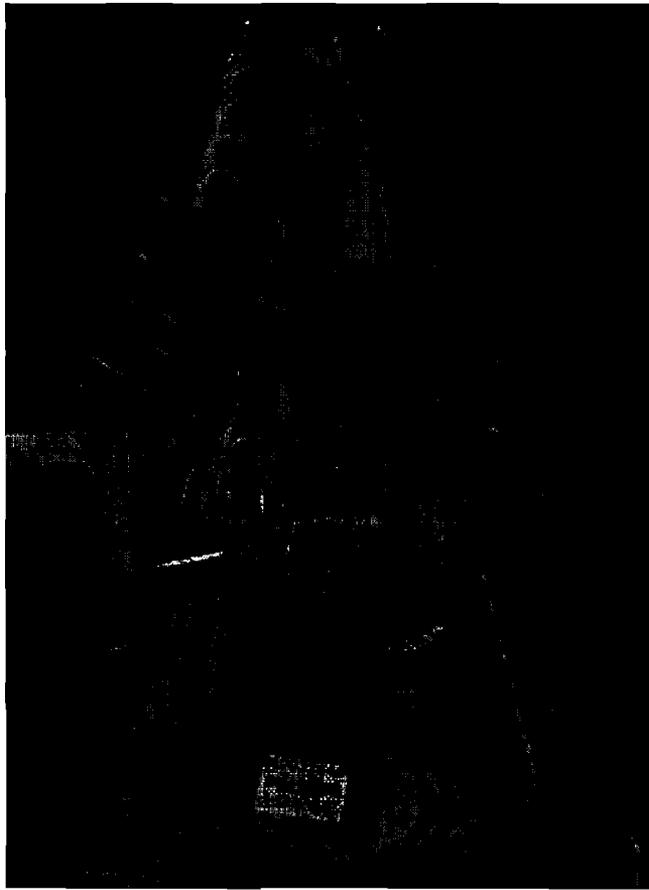


Photo 3 shows the air conditioning unit in the garage.

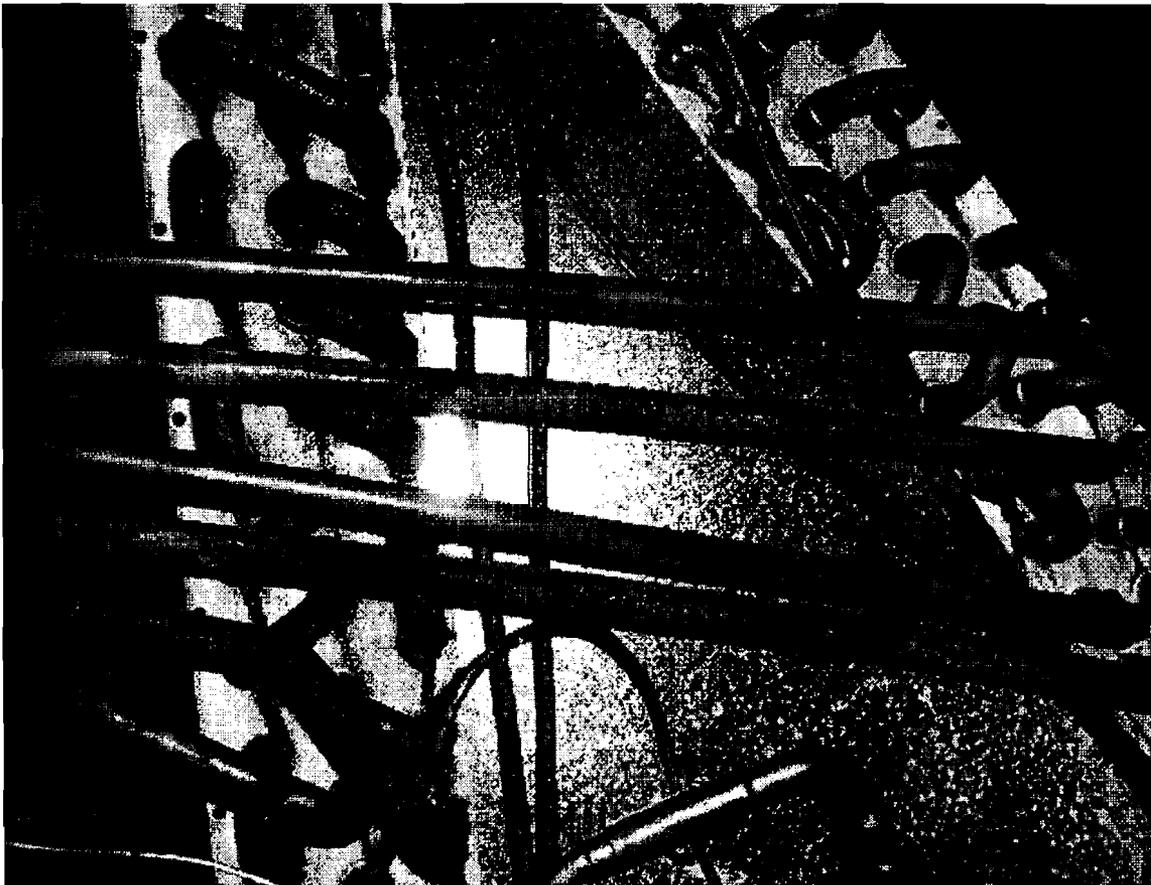


Photo 4 shows a closer view of the evaporator coils inside the air conditioner.

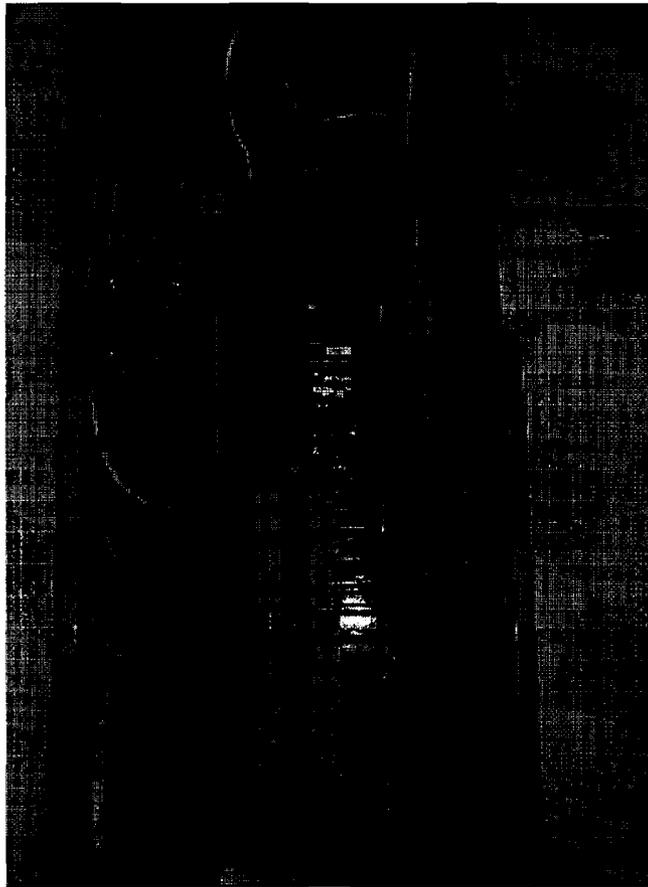


Photo 5 shows the circuit breaker panel.

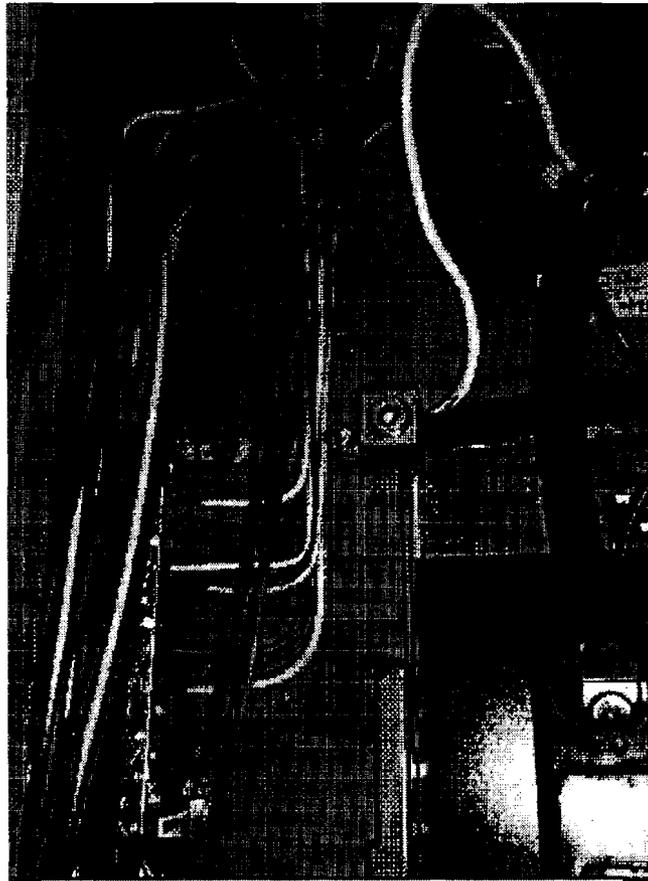


Photo 6 shows the copper wiring inside the circuit breaker panel.

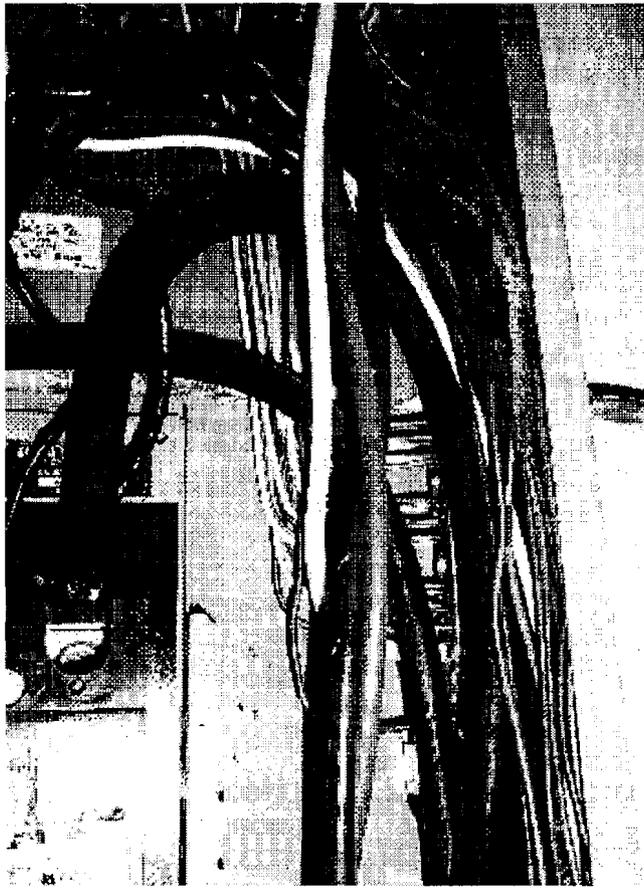


Photo 7 shows an additional view of the copper wiring in the circuit breaker panel.

# U.S. Consumer Product Safety Commission

## AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety concerns.

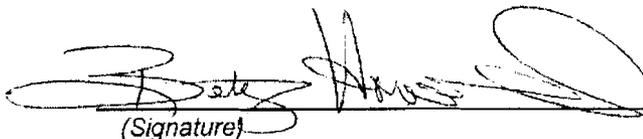
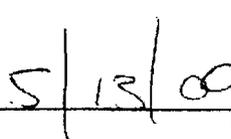
We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name? If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

I request that you do not release my name. My identity is to remain confidential.

You may release my name to the manufacturer but I request that you do not release it to the general public.

You may release my name to the manufacturer and to the public.

   
(Signature) (Date)





This investigation was in response to Consumer Complaint #I0940279A. A husband reported that his home was damaged by fire. After new, replacement drywall board was installed his 49 year-old wife started experiencing bloody sinus cavity problems everyday for at least two months.

Several attempts were made to contact the complainant and his wife. Emails were sent to the complainant. Several messages were left on the family's home phone. A letter was mailed to their home address and another was posted on their front door during an on-site visit. There was no response for 1 ½ weeks.

The wife finally telephoned CPSC's Lake Forest, CA office in response to one of the letters sent to her home. She stated that she would not speak to CPSC about the family's experiences or her medical condition unless the Commission tested their drywall and provided test results. She said that she was not interested in helping anyone else prevent illnesses or home damage; she was only interested in what would be of benefit to her. She asked that CPSC not visit her home again and contact her by email only when ready to test the drywall.

A fire incident search was made using CPSCnet and the internet and no fire at the address provided by the complainant was found. No additional information was obtained other than what was submitted in the Consumer Complaint.

Date of incident: February – April 2005

Location/address of affected home: unknown

Year first constructed? Builder? unknown

Were health issues experienced by other family members? unknown

How long was the home originally occupied? unknown

What was the date of the fire? unknown

Extent of fire damage? unknown

Drywall contractor? unknown

Any unusual odors, evidence of corrosion, electrical or smoke alarm problems in the home? unknown

When did the victim's symptoms begin and end? unknown

Was the contractor or builder notified of any problems? unknown

Was anyone else contacted about the problem? unknown

Medical treatment received? unknown

What were the short and long term plans for dealing with the problem? unknown

## PRODUCT IDENTIFICATION

None.

EXHIBITS

1. Contact list
2. Missing documents
3. Photo of the home whose address was provided in the Consumer Complaint (unknown if this was the affected home)

Contact list

(b)(6)

San Juan Capistrano, CA 92675

(b)(6)

Initiated 5/5/09

**Task No. 090504CBB3554**

**Exhibit No. 2**

**Date: 06-01-09**

### **Status of Missing Document(s)**

**The official records were requested for this investigation report but could not be obtained.**

1. \_\_\_ Authorization for Release of Name
  
2. \_\_\_ Possible fire report \_\_\_\_\_
  
3. \_\_\_ Possible medical records \_\_\_\_\_
  
4. \_\_\_ Contractor's records/invoice for drywall order and installation \_\_\_\_\_
  
5. \_\_\_\_\_

**DATE: \_\_\_ 06/01/09 \_\_\_      INVESTIGATOR NO: \_\_\_ 9005 \_\_\_**

**REGIONAL OFFICE: \_\_\_\_\_      SUPERVISOR NO: \_\_\_\_\_**



Photo 1—A view of the home whose address was provided by the complainant. It is unknown if this was the home damaged by a 2005 fire which led to drywall replacement and an owner's illness.



<b>1. Task Number</b> 090504CBB1663		<b>2. Investigator's ID</b> 8919		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
<b>3. Office Code</b> 810	<b>4. Date of Accident</b> YR MO DAY 2006 01 01	<b>5. Date Initiated</b> YR MO DAY 2009 05 05		
<b>6. Synopsis of Accident or Complaint</b> <b>UPC</b>  A 64 year old male and his 62 year old wife have experienced health problems from their drywall since moving into a new house in Cape Coral, FL in 2006. Evaporator coils in the air conditioning units and plumbing fixtures in the bathrooms have also been replaced due to corrosion. Drywall used in the house was labeled: "MADE IN CHINA."				
<b>7. Location (Home, School, etc)</b> 1 - HOME		<b>8. City</b> CAPE CORAL		<b>9. State</b> FL
<b>10A. First Product</b> 1876 - House Structures, Repair Or		<b>10B. Trade/Brand Name</b> CHINESE DRYWALL		<b>10C. Model Number</b> UNKNOWN
<b>10D. Manufacturer Name and Address</b> UNKNOWN				
<b>11A. Second Product</b> 381 - Air Conditioners		<b>11B. Trade/Brand Name</b> Not Responsive		<b>11C. Model Number</b>
<b>11D. Manufacturer Name and Address</b> Not Responsive				
<b>12. Age of Victim</b> 62	<b>13. Sex</b> 2 - Female	<b>14. Disposition</b> 1 - Injured, not Hosp.	<b>15. Injury Diagnosis</b> 68 - Poisoning	
<b>16. Body Part(s) Involved</b> 85 - ALL OF BODY	<b>17. Respondent</b> 1 - Victim/Complainant	<b>18. Type of Investigation</b> 1 - On-Site	<b>19. Time Spent (Operational / Travel)</b> 12 / 2	
<b>20. Attachment(s)</b> 9 - Multiple Attachments		<b>21. Case Source</b> 07 - Consumer Complaint		<b>22. Sample Collection Number</b>
<b>23. Permission to Disclose Name (Non NEISS Cases Only)</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
<b>24. Review Date</b> 06/02/2009	<b>25. Reviewed By</b> 9057		<b>26. Regional Office Director</b> Dennis R. Blasius	
<b>27. Distribution</b> Blasius, Dennis; Rose, Blake; Woodard, Dean			<b>28. Source Document Number</b> I0940533A	

**CPSA 6(b)(1) CLEARED for PUBLIC**  
 NO MFRS/PRVTBLRS OR PRODUCTS IDENTIFIED  
 EXCEPTED BY: PETITION  
 RULEMAKING ADMIN. PRCDG  
 WITH PORTIONS REMOVED

2/17/09  
 2/24/09

All of the information contained in this report was obtained during an on-site interview with the consumer and his wife on 5/15/2009. The consumer reported this incident to CPSC via the Internet on 4/21/2009.

The 64 year old consumer and his 62 year old wife had a new house built in Cape Coral, FL in 2006. The house was built on top of the foundation of an older home they had lived in for many years. The consumers moved into the new house in December 2006. The new, two story, Mediterranean style house measures 5,000 square feet has 4 bedrooms, 3 baths and a 3 car garage. The bedrooms are carpeted. There is natural gas service to the stove and fireplaces and electric service to the other appliances in the house. Woods studs were used in the house. The consumers have not noticed an odor in the house. The consumers do not have any pets.

The 64 year old male consumer stated that he was diagnosed with Chronic Obstructive Pulmonary Disease (COPD) before he moved into the new house. He stated that some days he has more difficulty breathing than other days. He does not know if his condition has been aggravated by the drywall in his house. The consumer's wife stated that in the last six months she has developed sinus problems and post nasal drip. She said that she sometimes wakes up in the morning with a headache and that she occasionally has insomnia. The consumer has not sought medical attention for her symptoms.

The consumer stated that he purchased a brand new dryer when they moved into the house. He said the dryer isn't drying properly now and the washing machine makes loud noises when it runs. The consumer also said the microwave's digital "brain" has been replaced three times since they moved into the house. He said it was first replaced six months after they moved into the home, replaced again 8 months later and was last replaced a year ago. A technician who repaired the microwave told the consumer that the firm had not really seen any previous problems with the consumer's microwave model.

The consumer said they have had problems with the home's three air conditioning units since the day they moved into the house. He said technicians came to the house several times to recharge the Freon after they moved in, but that never solved the problem. On 3/16/2009, an A/C technician found that the upstairs air conditioner unit was out of Freon and that the air compressor needed to be replaced. On 3/30/2009, A/C technicians opened all three air conditioning units in the consumer's house and performed a leak search. The consumer said that the evaporator coils in all three units were black. The evaporator coils were replaced on 4/14/2009. (Refer to copies of A/C invoices in Exhibit 21).

The consumer's wife stated that the light bulbs burn out in the upstairs bedrooms, the circuit breaker in the master bedroom upstairs trips, and the phone line went out in the office for the master bedroom. The consumer added that the light switches by the entry feel hot if they have been on for a while, and the smoke alarm at the top of the stairs activated last year for no reason.

The consumer stated a year into the home they noticed that the drain on the master bathroom sinks started pitting. The consumer got in touch with the builder and complained that the fixtures had started pitting. The builder agreed that the fixtures were faulty and replaced the faucets, shower bodies, knob  tub filter, shower stops and handles in the master bathroom. The consumer stated that the new fixtures are showing signs of pitting again (refer to photos in exhibits 14-20). The consumer's wife stated that her silver jewelry has also turned black.

The consumer stated that 800 sheets of drywall were delivered to the house on 9/1/2009. The consumer said he walked by the drywall and noticed that it was labeled, "MADE IN CHINA." The consumer became upset that he couldn't even get American-made drywall in his house. (Refer to photos of the drywall being delivered to the house on 9/1/2009 in exhibits 1-13).

The consumer said he first realized there might be a problem with the drywall in his house on 3/16/2009 when the air conditioner technician visited his house and told him that the A/C was completely out of Freon. The consumer contacted his insurance company about the drywall. The consumer insurance company told him that it was an outside pollution problem that it is not covered by their homeowner's policy.

The consumer contacted the home builder on 3/16/2009. The homebuilder came to the consumer's house, examined the electrical wiring, and found that the copper wiring was turning black inside the light switches and the outlets. The builder told the consumer that they may have to rewire the entire house. The consumer said it would cost \$1,000,000 to replace the CAD 5 wiring throughout the home.

The consumer spoke to Senator Nelson when he visited Coral Lakes, FL in April 2009 to address the Chinese Drywall situation. He has also been in contact with Christopher Day, Legislative Counsel in the Senator Nelson's office.

The consumer said he has been approached by quite a few attorneys but he has refrained from joining a class action lawsuit. He said his short term plan is to gather all the information necessary to make government agencies realize the severity of the problem. The consumer said that long term he wants the house to be repaired.

During my 5/15/09 on-site, I observed and photographed the following: Pitting on the sink in the first floor guest bedroom (exhibits 14 & 15). Pitting on the shower drain the master bedroom bath (exhibit 16). Corrosion on gold fixtures inside the shower (exhibits 17 & 18). Pitting on the shower handle in the master bedroom bath (exhibit 19) and blackened copper pipe outside of second floor air handler (exhibit 20). There was no exposed drywall available for examination at the time of the IDI.

**PRODUCT IDENTIFICATION:**

There was no exposed drywall to examine in the consumer's house at the time of the IDI. The consumer stated that the drywall delivered was labeled Made in China. Refer to photos taken by the consumer of drywall in Exhibit 1-12.

House Structures: (Product Code 1876)  
 Brand: Unknown  
 Manufacturer: Unknown

Drywall Supplier: Stock Building Supply  
 3601 Work Dr.  
 Fort Myers, FL 33916  
 (239) 337-5001

Builder: Alvian Homes  
 3100 Del Prado Blvd.  
 Suite 308  
 Cape Coral, FL 33904  
 (239) 541-0211

**EXHIBITS:**

Exhibits 1–20 Photographs.

Exhibit 21 Copy of Air Conditioner Service Invoices.

Exhibit 22 Authorization for Release of Name Form.

Exhibit 23 Respondent List.

Exhibit 24 Consumer Contact List.



Exhibit 1 – Photograph of drywall being delivered to the consumer’s home on 9/1/2006.

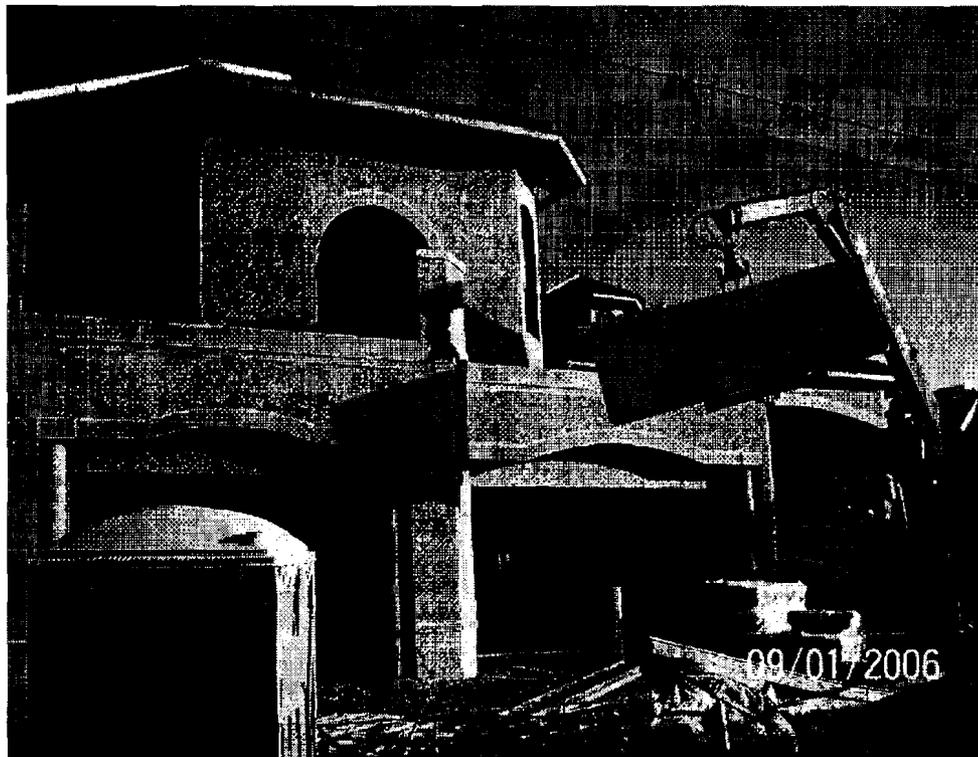


Exhibit 2 – Photograph of drywall being delivered to the consumer’s home on 9/1/2006.



Exhibit 3 – Photo of drywall being carted into consumer's home.



Exhibit 4 – Photo of drywall sheets inside consumer's home.



Exhibits 5 & 6 – Additional views of drywall sheets inside consumer's home.



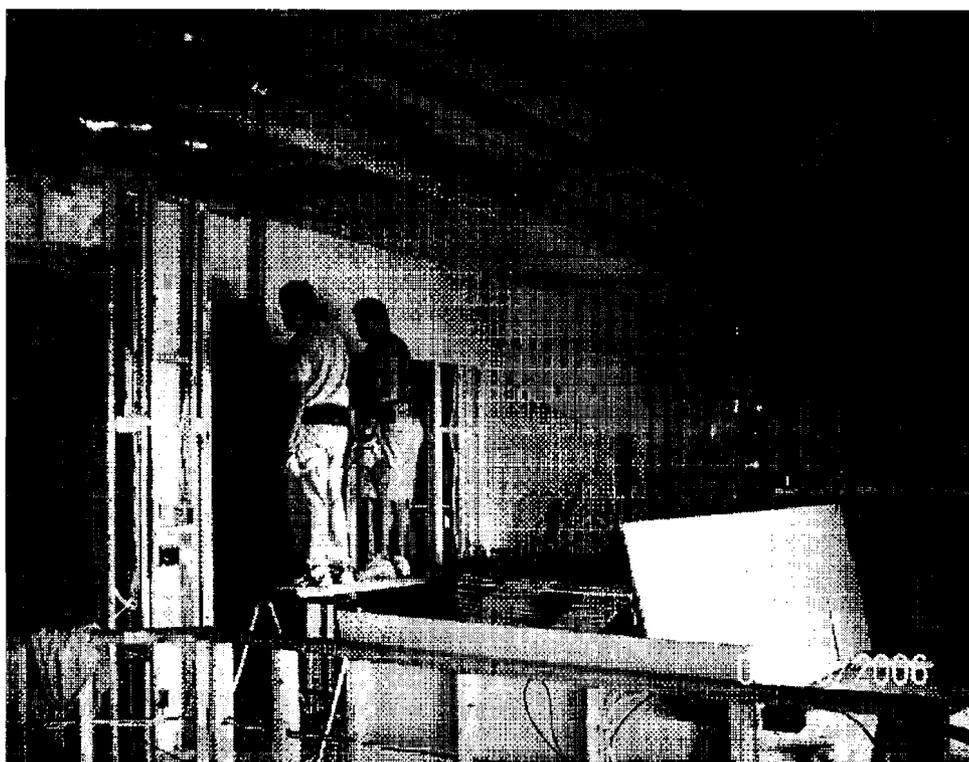


Exhibit 7 – Photograph of workers installing drywall inside consumer's home

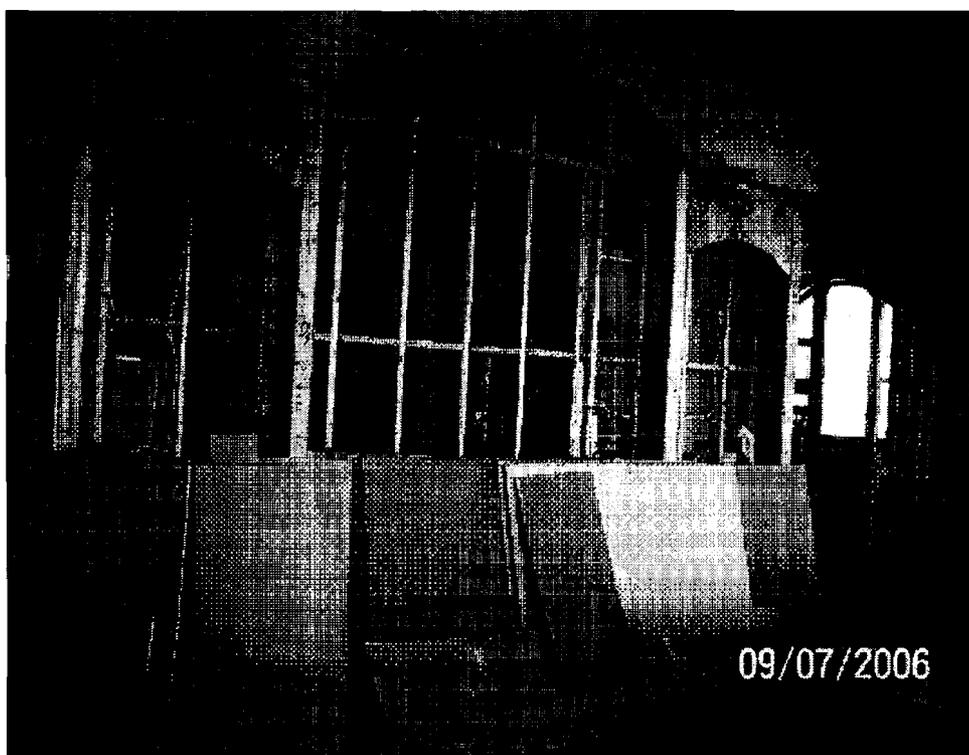


Exhibit 8 – Additional view of drywall in the consumer's house.



Exhibits 10 & 11 – Photograph of workers installing drywall in the consumer’s house on 9/7/2006.





Exhibit 12 – Photograph of drywall being installed on 9/7/2009.



Exhibit 13 – Finished view of the outside of the consumer's home.

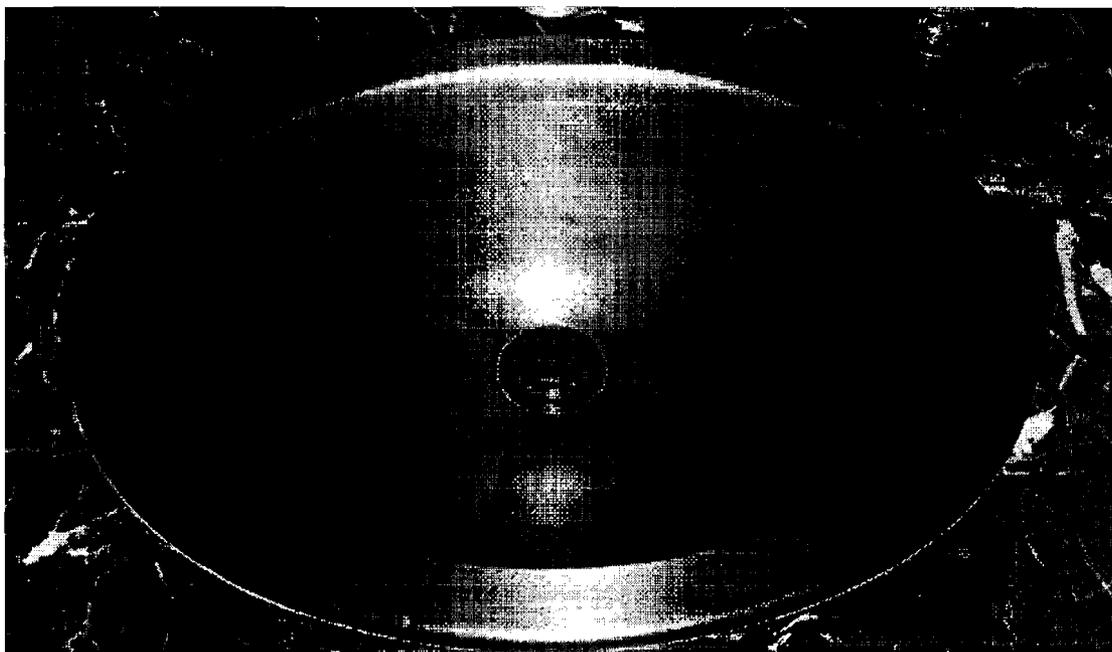


Exhibit 14 – Photograph of pitting on sink in the first floor guest bedroom.

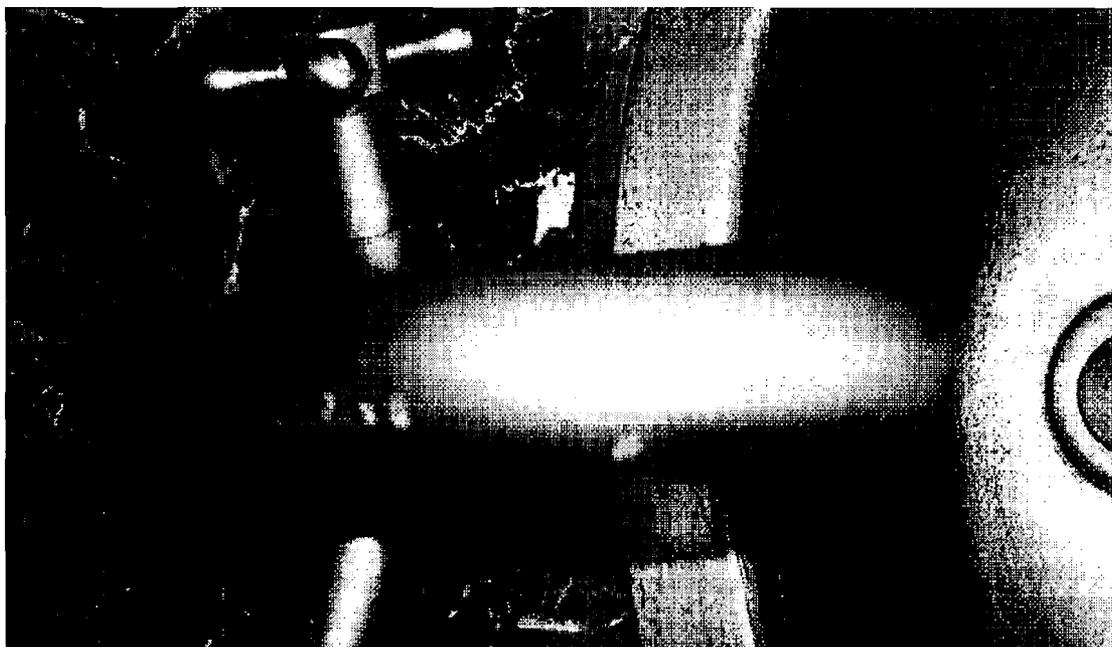


Exhibit 15 – Close up of pitting on bathroom sink in first floor guest bedroom.



Exhibit 16 – Photograph of pitting on shower drain the master bedroom bath.

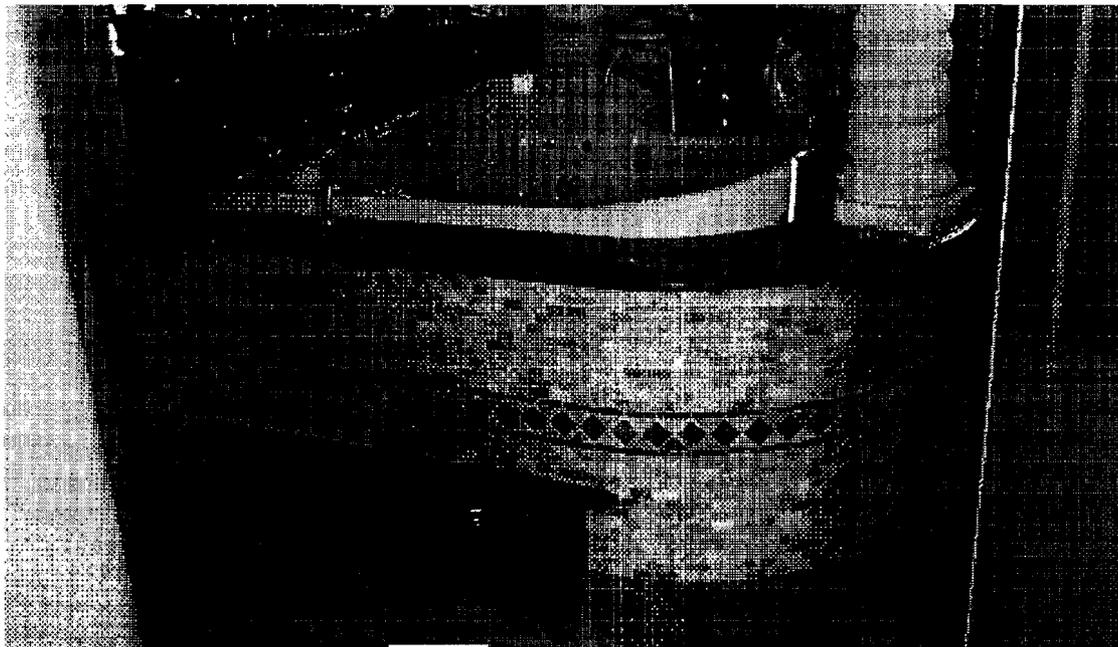


Exhibit 17 – Photograph of the Not Responsi in the master bedroom bath.



Exhibit 18 – Photo of corrosion on gold fixtures inside the Jacuzzi.



Exhibit 19 - Photo of pitting on shower handle in master bedroom bath.



Exhibit 20 - Photo of blackened copper pipe outside of second floor air handler.



**Purified Air Conditioning, Inc.**  
18000 Leetana Rd.  
N. Ft. Myers, FL 33917  
Office (239) 573-2086  
Fax (239) 543-1297  
Lic. #CAC053809

# Heating and Air Conditioning Invoice

Date 3/16/09

NAME (b)(3):CPSA Section 25(c)	PHONE
STREET	UNIT BILLING ADDRESS APT./UNIT
CITY	CITY STATE ZIP
ALTERNATE PHONE	PHONE NUMBER AUTHORIZED BY PHONE NUMBER

TECH NAME <u>Casey</u>	SYSTEM INFORMATION	OUTDOOR	INDOOR
TIME ARRIVED	MANUFACTURER	Not Responsive	
TIME DEPARTED	MODEL NUMBER		
NORMAL WARRANTY (1st YEAR)	SERIAL NUMBER		
	AGE		
	CONDITION (1 = BEST)	0 2 3 4 5	0 2 3 4 5

PROBLEM REPORTED	PROBLEM DIAGNOSED
------------------	-------------------

QTY	PARTS AND MATERIAL USED	UNIT PRICE	AMOUNT	DESCRIPTION OF WORK PERFORMED
				Upon arrival, customer explained system was not working. Found system almost flat. Recharged system. Started system up. 2 stage system. compressor #1 works. #2 is hard. Needs #2 compressor replaced. Also came to perform leak search & check MHA coil. If no leak is found, must perform 24 hr. test on system. Leak search is \$89. Test cost is \$397. Compressor is under warranty. Labor to replace compressor is \$740. Customer advised that system had had problem here day out.

- COMPRESSOR
- SUCTION \_\_\_\_\_ PSI
- HEAD \_\_\_\_\_ PSI
- VOLTS \_\_\_\_\_ AMPS
- ELECTRICAL CONNECTIONS
- CONTACTS TIGHT & CLEAN
- CONDENSER COIL
- CLEAN COIL & CHECK FIN COND.
- FAN & MOTOR
- VOLTS \_\_\_\_\_ AMPS
- ELECTRICAL CONNECTIONS
- CONTACTS TIGHT & CLEAN
- FAN PULLEYS (ADJUST BELT)
- CHECK & LUBE BEARINGS & MOTOR
- EVAPORATOR COIL
- CLEAN COIL & CHECK FIN COND.
- THERMOSTAT
- REFRIGERANTS
- LEAKS  CHARGE
- AIR FILTERS \_\_\_\_\_
- CLEANED  REPLACED
- CONDENSATE AREAS
- INSPECT & CLEAN DRAIN PANS
- INSPECT & CLEAN DRAIN
- ELECTRICAL COMPONENTS
- FLOAT SWITCH

SERVICE CHARGE	\$670
PARTS	
<b>TOTAL CHARGE</b>	<b>\$740</b>
CHECK NUMBER	

**PLEASE PAY FROM THIS INVOICE. NO OTHER STATEMENT WILL BE ISSUED**

I HEREBY AUTHORIZE AND ACKNOWLEDGE SATISFACTORY COMPLETION OF THE ABOVE WORK.  
CUSTOMER SIGNATURE [Signature]

I HEREBY AUTHORIZE THIS WORK TO BE CHARGED TO MY CREDIT CARD.  
SIGN \_\_\_\_\_ \$ \_\_\_\_\_ AMOUNT CHARGED  
VISA OR MASTERCARD MUST HAVE FOUR SETS OF NUMBERS  
EXP. DATE \_\_\_\_\_  
C.S.V. (three digit number on back of card) \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

# Invoice



Purified Air Conditioning, Inc.

18000 Leetana Rd.

North Ft. Myers, FL 33917

Date	Invoice #
3/30/2009	1302

Bill To
<b>ALLVIAN HOMES</b>
(b)(3):CPSA Section 25(c)
Cape Coral, FL

Terms	Rep	Ship	Via	Project
Due on receipt	RS	4/14/2009	FAX	

Q ..	Item Code	Description	Price E...	Amount
	SERVICE PER...	PERFORMED LEAK SEARCH ON SYSTEM WE REPLACED COMPRESSOR ON. FOUND MULTIPLE LEAKS IN EVAPORATOR COIL, SYSTEM LOW ON REFRIGERANT. RALPH EXPLAINED THAT THE OTHER (2) SYSTEMS NOT WORKING PROPERLY. CHECKED REFRIGERANT LEVELS ON OTHER SYSTEMS, BOTH ARE LOW. PERFORMED ELECTRONIC LEAK SEARCH ON EACH SYSTEM, BOTH SYSTEMS EVAPORATOR COILS LEAKING. ALL (3) COILS NEED TO BE REPLACED. COILS ARE COVERED UNDER MANUFACTURER WARRANTY, LABOR AND MATERIALS ARE NOT COVERED. ADDED (14) LBS OF REFRIGERANT TO SYSTEMS TO BRING TO PROPER LEVELS FOR TEMPORARY COOLING.		
1	SERVICE DIA...		85.00	85.00
7	REFRIGERANT	FIRST FLOOR SYSTEM	25.00	175.00
4	REFRIGERANT	MAIN SYSTEM	25.00	100.00
3	REFRIGERANT	MASTER BEDROOM SYSTEM	25.00	75.00
3	LEAK SEARCH		79.00	257.00
1	PARTS	FOUND MOTOR AND MOTOR MODULAR BAD. PICKED UP PARTS UNDER WARRANTY FROM TRANE, RETURNED AND INSTALLED PARTS, NO CHARGE FOR LABOR.	0.00	0.00

**Total** \$672.00

Phone #	Fax #	E-mail
239-573-2086	239-543-1297	purifiedairconditioning@nctzero.com

# Invoice



Purified Air Conditioning, Inc.  
 18000 Leetana Rd.  
 North Ft. Myers, FL 33917

Date	Invoice #
4/14/2009	1303

Bill To

**ALL VIAN HOMES**  
 (b)(3):CPSA Section 25(c)  
  
 Cape Coral, FL

Terms	Rep	Ship	Via	Project
Due on receipt	RS	4/14/2009	FAX	

Q...	Item Code	Description	Price E...	Amount
3	EVAPORATOR...	COATING	535.00	1,605.00
1	EVAPORATOR...	4-TON HORIZONTAL. LABOR, MATERIALS, REFRIGERANT	600.00	600.00
1	EVAPORATOR...	3-TON VERTICAL. LABOR, MATERIALS, REFRIGERANT	475.00	475.00
1	EVAPORATOR...	2-TON VERTICAL. LABOR, MATERIALS, REFRIGERANT	475.00	475.00

<b>Total</b>			<b>\$3,155.00</b>
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Phone #	Fax #	E-mail
239-573-2086	239-543-1297	purifiedairconditioning@netzero.com

# U.S. Consumer Product Safety Commission

## AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety concerns.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name? If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

I request that you do not release my name. My identity is to remain confidential.

You may release my name to the manufacturer but I request that you do not release it to the general public.

(b)(3).CPSA Section 25(c)

You may release my name to the manufacturer and to the public.

(Date)

5/13/09



**IDI # 090504CBB1663**  
Exhibit 23

RESPONDENT LIST:

1. (b)(3):CPSA Section 25(c)

The consumers were initially contacted on 5/5/2009.



**IDI # 090504CBB1663**

Exhibit 24

**CONSUMER CONTACT LIST:**

(b)(3):CPSA Section 25(c)

consumer, Cape Coral, FL reported problems associated with Chinese drywall to:

1. Bill Bernecker, General Adjuster  
AIU Holdings  
P.O. Box 157273  
Cape Coral, FL 33915  
(973) 727-8536
  
2. Rob Rimany, President  
Alvian Homes  
3100 Del Prado Blvd.  
Suite 308  
Cape Coral, FL 33904  
(239) 541-0211
  
3. Christopher Day, Legislative Counsel  
Senator Bill Nelson (FL)  
(202) 224-5274  
(202) 228-2183  
[Christopher\\_Day@BillNelson.Senate.gov](mailto:Christopher_Day@BillNelson.Senate.gov)





090427CWE8304

The complainant was initially contacted by telephone on 4/27/09. He was interviewed on-site on 5/5/09. At his request, he obtained the medical records. This Investigator obtained the medical records from the complainant on 5/18/09. The firm where the involved drywall was purchased was visited on 5/14/09.

The complainant is a 28-year-old male. He and his 28-year-old wife have two children, a 3-year-old son (DOB 12/7/05), and a 19-month-old daughter (DOB 11/1/07). The complainant stated that he hired a contractor to construct his residence. Construction on the residence began in August of 2005. Construction was completed and the complainant, his wife, and their 3-year-old son moved into the Acadian style residence on August 9, 2006. The residence has 2,300 square feet, with 1,720 square feet being living areas. The three bedrooms in the residence contain carpet flooring. The exterior of the residence is hardy plank boards. Wood studs were used to construct the residence. The home is all electric. See Photo #1 for a view of the exterior of the residence. The home is equipped with five hardwired smoke detectors. They have not experienced any problems with the smoke detectors (i.e. false alarms).

The involved product, drywall, was purchased by the contractor from a local building supply store. The drywall was drop shipped to the complainant's residence. The complainant provided an invoice, which shows the date the involved drywall was purchased. (See Exhibit #2) The complainant estimated that the drywall was installed by a drywall subcontractor in early to mid 2006. He stated that although he had a list of subcontractors that completed work on his residence, he did not have a contact name for the drywall subcontractor.

The complainant stated that when his family moved into the newly constructed residence, he and his wife noticed an odor they compared to a chemical odor or to an odor that would be present after a match had been struck and then put out. He stated that initially they attributed the odor to the residence being new; however, after a period of time, they began to question what was producing the unusual odor. The complainant stated that the odor is always present and is especially strong during warm weather. He stated that it is more noticeable when the residence has been closed up for a day. The complainant stated that the odors appear to be stronger in the closets and bedrooms of the residence. (Note: During the on-site, this Investigator was aware of the odor upon entering the residence. Approximately twenty minutes after arriving at the residence, this Investigator began to experience a burning/itching sensation in her throat. After two hours in the residence, this Investigator also began to develop a headache.)

The complainant stated that almost immediately upon moving into the residence, his wife began to experience headaches, which sometimes progressed into migraines. He stated that the frequency of her headaches has gotten progressively worse and that she experiences headaches on a daily basis. He stated that she has also experienced abnormal fatigue since moving into the residence. He stated that she had blood work done to try to determine what is causing the headaches and fatigue. He stated that her blood work came back normal and the doctor was not able to determine the cause. He stated that her

090427CWE8304

symptoms disappear when she leaves the residence for a day or two. Her medical records are attached as Exhibit #8.

The complainant stated that his 3-year-old son, who was eight months old when they moved into the residence, began to experience respiratory problems within one to two months of moving into the residence. He stated that he has also been treated for asthma symptoms and for a slight case of pneumonia. The complainant stated that his son is seen by a physician at least once a month for some type of respiratory problem. He stated that his son's symptoms improve when he is away from the residence for a day or two. The complainant's son's medical records are attached as Exhibit #6.

The complainant stated that his 19-month-old daughter was diagnosed with RSV (respiratory syncytial virus) when she was 6 weeks old. She was hospitalized for a week with the virus. He stated that she has continued to experience respiratory problems which are treated with breathing treatments. He stated that she also experiences a chronic runny nose, which they have tried to treat with several medications (over the counter and prescription), however, she continues to experience a runny nose. He stated that they recently went on a family vacation for a week and her nose did not drain during the week. He stated that any time they leave the residence of a period of 2 days or longer, her symptoms disappear, but as soon as they return to the residence, the symptoms return. The complainant stated his daughter is seen by a physician at least once a month for some type of respiratory problem. The complainant's daughter's medical records are attached as Exhibit #7.

The complainant stated that he has been the least affected with symptoms; however he attributes this to the fact that he works 50 hours a week and is at the residence less often than his wife and children. He stated that his symptoms first appeared a few months after moving into the residence. He stated that he has experienced abnormal fatigue, respiratory problems, sinus infections, and most recently a bloody nose. His medical records are attached as Exhibit #9.

The complainant stated that their family pet, a female Shi-tzu, has also exhibited symptoms since moving into the residence. He stated that she has been treated for skin issues.

The complainant stated that he first began to notice problems with appliances in his residence in June of 2007. He stated that in June of 2007 he had to have the evaporator coils on his air-conditioning unit replaced. He stated that at the same time the evaporator coils were replaced, the unit was recharged with refrigerant. The evaporator coils had to be replaced again in August of 2008. The air conditioning unit was recharged with refrigerant at the same time. The complainant stated that the evaporator coils went out again on October 27, 2008, at which time he wrote the company a letter complaining about the product. He stated that that the manufacturer of the air-conditioning unit sent a service technician, a sales representative and a distributor representative out to examine the involved a/c unit. He stated that they were all puzzled and couldn't determine what

090427CWE8304

was causing the evaporator coils to corrode and have to be replaced so quickly. He stated that the manufacturer replaced the entire unit in January of 2009.

He stated that the coils on his refrigerator went out in August of 2007. He stated that when the technician came to service the refrigerator, he discovered extensive corrosion of the electrical components on the refrigerator. The refrigerator's manufacturer replaced the involved refrigerator. (Due to the involved refrigerator model being discontinued, the complainant had to pay the difference of the cost between the involved refrigerator and the replacement refrigerator.) He stated that last week (May 2009), the television in his children's playroom began to short out and quit working.

He stated that in the last six months he has noticed several light switches (bathrooms and bedrooms) make a peculiar noise when he flips them on and off. He stated that when he removed the plate from the light switch in the master bathroom recently, he discovered the copper had turned black. He removed the plate from the light switch during this Investigator's visit. Photos were taken and are attached as Photo #8 and #9. He stated that he checked several other light switches in the residence and discovered the copper in them had turned black as well. In addition to the copper turning black in light switches, he has discovered black residues on the copper piping in the attic, in the panel board, and on a wine rack in his kitchen. He stated that he has also noted pitting and corrosion on metallic finished soap dispensers in both of the bathrooms (See Photo #13), on his wife's sterling silver jewelry, and on a metallic picture frame (See Photo #11). Pitting and corrosion have also been noted on several (bronze finish) door knobs and door hinges in his residence (See Photos #15 and #16). He stated in the last year he has noticed pitting on the bathroom mirrors. In addition, he stated that there is excessive corrosion on the retaining ring at the top of the garbage disposal (see Photo #10)

The complainant stated that during March of 2009, he saw a newscast about problems homeowners were having in their homes, which were being linked to drywall which had been imported from China. He stated that he decided to check the drywall in his home to see if it had been imported from China, because he was experiencing the same problems as the homeowners highlighted on the newscast. He stated that to his dismay he found that the drywall installed in his residence had been made in China, according to labeling he found on drywall in his attic.

The complainant stated that he contacted the contractor who had built his home to report the problems he had experienced in his home and to inquire as to where the drywall had been purchased. The complainant stated that the contractor provided him with the purchase invoice for the drywall and stated that he had specified to the building supply place where the drywall had been purchased that he didn't want any drywall that had been imported from China, due to the weight of the drywall. The complainant stated that the contractor told him that he was not aware that the drywall had been imported from China.

The complainant stated that the contractor came to his home on March 19, 2009 to examine the residence. He stated that after the contractor examined the residence, he

suggested the complainant file a claim on his home buyers warranty. The complainant stated that he submitted a claim to the warranty coverage department on 4/2/09. In a letter dated April 8, 2009, the claim was denied. The claim and denial letter is attached as Exhibit #3. The complainant stated that he also filed a claim on his homeowner's insurance policy. He stated that he received letters dated April 1, 2009 and April 13, 2009, which he feels are precursors to his claim being denied. He stated that in the first letter, mold is mentioned, which is not a problem that he has experienced. The letters are attached as Exhibit #4. He stated that he has also filed a builder's liability claim with his builders insurance company, however, he hasn't received any correspondence back from them. (He didn't provide a copy of the liability claim he filed.)

The complainant stated that after speaking to the news reporter, the news reporter secured a company to inspect and conduct tests on the drywall in the complainant's home. The company visited the complainant's home on March 23, 2009 and conducted an inspection of the residence and obtained a sample of the involved drywall. The complainant provided a copy of the inspection and tests results, which are attached as Exhibit # 5. Some of their documented findings during inspection of the home include:

- "At least one outlet and/or switch were removed, and the visible copper wiring was "blackened". In addition, the dead cover of the electrical panel was removed exposing the same conditions.
- There was excessive corrosion on the retaining ring at the top of the garbage disposal. Corrosion was also noted on a metal wine rack on top of the refrigerator.
- There was a faint odor of sulfur upon initial entry into the home
- Attic insulation had been partially removed revealing the stamp "Made In China", and an apparent manufacturer's name, Knauf, was noted. \*\*\*"

The complainant stated that he and his wife are concerned about the health of their children and about their exposure to the drywall. He stated that he has no alternative but to stay in the residence until the problem with the drywall is resolved. He stated that if his contractor/builder does not fix the problem, he will be forced to hire an attorney.

#### **PRODUCT IDENTIFICATION**

- **TYPE:** Drywall (4' x 12' x ½")
- **BRAND:** Tian-Jin
- **MODEL NAME:** 4' x 12' x ½"
- **MANUFACTURER NAME:** Knauf
- **RETAILER NAME:** Louisiana Lumber, LLC, 2020 Gause Blvd. West, Slidell, LA 70460
- **COST:** \$15.58 per sheet

#### ***Labeling***

Labeling located on the back of drywall installed in the attic of the residence states in part, "CHIN\*\*\* KNAUF TIAN JIN". Note: The insulation had been partially removed

090427CWE8304

prior to this Investigator's visit to reveal the labeling. The remaining drywall was covered with insulation and/or paint.

### **SAMPLES COLLECTED**

None

### **ADDITIONAL INFORMATION**

The retailer where the complainant's contractor had purchased the involved drywall was visited on 5/14/09. A Notice of Inspection was issued and credentials were shown to John Zimmerman, Jr., Head of Operations. The reason for the visit was explained and a copy of the invoice and shipping records for the involved drywall was requested. Mr. Zimmerman explained that they do not carry drywall in stock and that it is drop shipped to the requested location from the firm they purchase drywall from. This Investigator then interviewed Ray Stolz, Jr., Purchasing Manager. Mr. Stolz advised that they purchase drywall from Interior Exterior Building Supply, which is located in Mandeville, LA.

Interior Exterior Building Supply was visited on 5/14/09. A Notice of Inspection and credentials were shown to Ben Diano, Jr., Branch Manager. The reason for the visit was explained and a copy of the invoice and shipping records for the involved drywall was requested. Mr. Diano explained that the records are not maintained at this location, but at their corporate office located in New Orleans, LA. Mr. Diano also explained that the firm was currently in litigation involving drywall on a similar case and that he could not provide any information.

Attempts to obtain the invoice and shipping records were unsuccessful at both locations.

### **ATTACHMENTS**

- 1) Identity of Respondents (1 Page)
- 2) Copy of correspondence with builder/contractor (2 Pages)
- 3) Copy of claim letter and denial letter for home buyers warranty (6 Pages)
- 4) Copy of correspondence with homeowner's insurance (5 Pages)
- 5) Copy of inspection and tests results (5 Pages)
- 6) Copy of Medical Records -3-year-old male (118 pages)
- 7) Copy of Medical Records – 19-month-old female (77 Pages)
- 8) Copy of Medical Records – 28-year-old female (6 pages)
- 9) Copy of Medical Records- 28-year-old male (1 Page)
- 10) Photos 1-16
- 11) Copy of Notice of Inspections (2 pages)
- 12) Copy of Signed Authorization for Release of Name Form (1 Page)
- 13) Missing Document (1 page)

**IDENTITY OF RESPONDENTS**

(b)(3):CPSA Section 25(c)

•

Initially contacted by telephone on 4/27/09. He was interviewed at his residence on 5/5/09. Medical Records were obtained from the complainant on 5/18/09 at his residence.

- Louisiana Lumber, LLC  
2020 Gause Blvd. West  
Slidell, LA 70460  
John Zimmerman, Jr., Head of Operations  
Ray Stolz, Jr., Purchasing Manager  
Visited on-site on 5/14/09
- Interior Exterior Building Supply  
1701 South Lane  
Mandeville, LA 70471  
Ben F. Diano, Jr., Branch Manager

**Hernandez, Tatum B**

---

**From:** Anthony Marino [anthonymarino4800@yahoo.com]  
**Sent:** Thursday, April 02, 2009 10:47 AM  
**To:** (b)(3):CPSA Section 25(c)  
**Subject:**  
**Attachments:**

**Exhibit #2, Page 1 of 2**  
**090427CWE8304**

--- On Thu, 4/2/09, Anthony Marino <[anthonymarino4800@yahoo.com](mailto:anthonymarino4800@yahoo.com)> wrote:

From: Anthony Marino <[anthonymarino4800@yahoo.com](mailto:anthonymarino4800@yahoo.com)>

S: (b)(3):CPSA Section 25(c)

T:

C:

Date: Thursday, April 2, 2009, 3:45 PM

(b)(3):CPSA  
Section 25(c)

FOR YOUR RECORDS AND INFORMATION ATTACHED IS A COPY OF THE INVOICE I PAID LOUISIANA LUMBER, LLC FOR YOUR SHEETROCK.

NOTE THE DATE DELIVERED 3 1 06 AND THE PRICE THAT WAS PAID PER SHEET WHICH WAS \$15.58

ALSO NOTE THAT THE PRODUCT DESCRIPTION WAS - GYPSUM BOARD - THIS IS THE SAME DESCRIPTION ALWAYS USED WHETHER IT WAS CHINESE OR NOT, I AM GIVING YOU THIS JUST TO FURTHER SHOW I HAD NO KNOWLEDGE THAT THE SHEETROCK WAS MADE IN CHINA OR SLIDELL. THE ORIGIN OF THE PRODUCT WAS NEVER DISCLOSED AT THE TIME OF ORDER OR DELIVERY.

THANKS, FYI, TONY

CUSTOMER'S INVOICE COPY

**Louisiana Lumber, LLC**

PO BOX 6030 SLIDELL, LA 70469  
(985) 443-6975

SOLD TO  
ROYAL HODGES  
2128 THIRD STREET  
WHITE E  
MORDEVILLE, LA 70471

1  
2-15-06  
3-15-06  
3-15-06  
3-15-06

DELIVER TO  
PLAN 270 6034 PARISH OFF HWY 59

SPECIAL  
INSTRUCTIONS

INVOICE NO.	090427	CUSTOMER NO.	102141
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CUSTOMER ACCOUNT NO.	29777	JOB NO.	228
PO BOX NO.	08230	DATE	3/01/06
UNIT NO.	30	DELIVERY UNIT NO.	30
SALES PERSON	59	CHECK NO.	861
TRUCK	4	ORDER NO.	
CALL NO.	024899	TELEPHONE	00
INVOICE DATE	3/01/06	INVOICE TIME	
CONTRACT NO.	6/02/01	CONTRACT UNIT	999

LINE	PRODUCT	QTY	UNIT	PRICE	DESCRIPTION	UNIT PRICE	AMOUNT	TAX	TOTAL
1	515000	180	EA	12.22	2 1/2" 4 x 12 DEC. 61758R DD. DIRECT SHIP	2,600.00	2,600.00	240.00	2,840.00

SUBTOTAL 2,840.00  
SALES TAX 240.00  
INVOICE TOTAL 3,080.00

1/07/06 14:37:48  
288/05/01 09:56/01

PC-09

WE SELL ONLY BOARD LUMBER MEETING THE U.S. STANDARD AND THE CANADIAN STANDARD FOR GRADE LUMBER. WE DO NOT SELL LUMBER THAT DOES NOT MEET THESE STANDARDS. WE DO NOT SELL LUMBER THAT DOES NOT MEET THE U.S. STANDARD OR THE CANADIAN STANDARD FOR GRADE LUMBER.

Dear Anthony Marino/Royal Homes:

April 2, 2009

The purpose of this letter is to notify you of damages resulting from the defective drywall installed in our home. Our home is located at (b)(3):CPSA Section Mandeville, Louisiana. We purchased the home from you on August 09, 2006.

Our home has major structural defects as defined by the New Home Warranty Act, La. R.S. 9:3141, *et seq.* Specifically, Chinese Drywall was used in the construction of the home, which is emitting toxic gases, corroding wiring, plumbing and other components and fixtures of the home and has caused personal injuries. We first obtained knowledge of these defects in March 2009. The Chinese Drywall in the walls has created an unsafe and unsanitary condition in our home.

As required by La. R.S. 9:3145, we are providing this written notice to you of the above-described defects. Please comply with the requirements of the New Home Warranty Act, La. R.S. 9:3141, *et seq.* Specifically, we ask that you remove all of the contaminated drywall, replace the contaminated drywall, and repair any areas/parts of the electrical system and/or plumbing system, and heating/cooling system that were damaged by the Chinese Drywall.

Please send me your plan of action to resolve this situation at your earliest convenience. We are reluctant to file a suit against Royal Homes as we believe that the true fault lies with the manufacturer of the contaminated drywall. Thus, we would like to work together towards a solution that all parties involved can live with.

(b)(3):CPSA Section 25(c)

2/12



NOTICE OF COMPLAINT FORM FOR BUILDERS WARRANTY COVERAGE Workmanship/Systems complaints only

HOME BUYERS WARRANTY CORPORATION Warranty Administration Office 2675 S. Ashlow Street Aurora, Colorado 80014 303-247-8000

One Denver Highlands 10375 E. Harvard Ave Ste 100 Denver, CO 80231

Please read the Home Buyers Warranty Booklet for filing instructions and pertinent information. If your previous written attempts to resolve your problems with the Builder have failed, then this form is to be sent to your Builder, with a copy to the HBW Warranty Administration Office. This form must be received by your Builder and HBW no later than thirty (30) days after the expiration of the applicable (b)(3):CPSA Section 25(c)

NAME

ADDRESS

HOME PH

EFFECTIVE DATE OF WARRANTY (Date of Closing or First Occupancy) 08 / 09 / 2006

LA 035599

NATURE OF DEFECT (BE SPECIFIC) Defective drywall was used in the construction of our home. It is emitting toxic gases, corroding wiring, plumbing & other components & fixtures in our home. It has created unsafe & unsanitary living conditions in our home. We replaced the r/c evaporator coil 3 times 9/06, 6/07, and 10/08. Our refrigerator went out in 8/2007.

DATE DEFECT FIRST OBSERVED March 2009

DATE FIRST REPORTED TO BUILDER March 2009

Attach any copies of relevant correspondence between you and your Builder involving this matter. Please provide any correspondence that indicates that your Builder has failed to perform his/her warranty (b)(3):CPSA Section 25(c)

CHECK ONE (if applicable) 1. FHA 2. QVA 3. IRHS Case # If you are the original owner, and your Home has original FHA-financing, please provide the following: Name of mortgage company: Address of mortgage company:

4/2/09 Date

4/2/09 Date

HBW 305 7:03

3/12

090427CWE8304 Exhibit #3, Page 2 of 6



NOTICE OF CLAIM FORM  
FOR STRUCTURAL CLAIMS ONLY

HOME BUYERS WARRANTY CORPORATION  
Warranty Administration Office  
2675 S. Abilene Street  
Aurora, Colorado 80014  
720-747-6000

Please read the Home Buyers Warranty Booklet for filing instructions and pertinent information.

*One Denver Highlands  
10375 E Harvard Ave Sk 100  
31*

YOUR NAME (b)(3):CPSA Section 25(c)  
ADDRESS OF CLAIM  
HOME PHONE  
EFFECTIVE DATE OF WARRANTY

Please note that Home Buyers Warranty provides Limited Structural Warranty Coverage which is subject to exclusions and conditions. You are encouraged to review the Structural Coverage provisions of your Warranty Booklet.

Please answer the following questions:

- 1. Have you reviewed the Definition of a Structural Defect in your Warranty Booklet?  Yes  No
- 2. Do you believe that you have actual physical damage to one or more of the listed load bearing portions of your home?  Yes  No
- 3. Have you reviewed the list of non-load-bearing elements which would not qualify as a Structural Defect under this coverage?  Yes  No
- 4. Do you feel that your home is unsafe, unsalvageable or otherwise uninhabitable as a result of the defect?  Yes  No

NATURE OF DEFECT (BE SPECIFIC; IF AVAILABLE, ENCLOSE PHOTOGRAPHS; ATTACH SEPARATE SHEET IF NECESSARY).

*Defective drywall was used in the construction of our home. It is emitting toxic gases, corroding wiring, plumbing & other components & fixtures in our home. It has created unsafe & insanitary conditions in our home. We replaced the ac evaporator coil 3 times & the refrigerator once. The structure of our has been jeopardized because of the defective product.*

DATE DEFECT FIRST OBSERVED: March 2009

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF OBTAINING OR ATTEMPTING TO OBTAIN A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER (BUILDER) OR CLAIMANT (HOMEBUYER) FOR THE PURPOSE OF OBTAINING OR ATTEMPTING TO OBTAIN A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE INSURANCE COMMISSIONER OF YOUR STATE.

CHECK ONE (if applicable)  
1.  FHA 2.  VA 3.  RHS  
Case #  
If you are the original owner, and your Home has original FHA-financing, please provide the following:  
Name of mortgage company:  
Address of mortgage company:

(b)(3):CPSA Section 25(c)  
4/2/09  
(Date)  
4/2/09  
(Date)

HBW 304 7/03

*Check # 2192 \$250.00  
NHIC*

*4/12*

Print Date: 08/28/2006

# 2-10 Home Buyers Warranty Certificate of Warranty Coverage Warranty LA035599



Home Owner:

(b)(3):CPSA Section 25(c)

090427CWE8304  
Exhibit #3, Page 4 of 6

MANDEVILLE, LA 70448

Insured by:

National Home Insurance Company  
(A Risk Retention Group)

Your builder, **ROYAL HOMES**

HBW Builder # 2100-0734

has completed the enrollment process. Your home has now been enrolled in the following warranty program with an effective date of warranty of 08/09/06

**One Year Workmanship/Two Year Systems/Ten Year Structural.**

**Warranty Limit: \$205,380.00**

The Address and legal description of the home which has been accepted for enrollment is:

(b)(3):CPSA Section 25(c)

MANDEVILLE, LA 70448

The Home Buyers Warranty Limited Warranty Booklet enclosed is dated 1/17/2006 HBW 307

The Builder Application for Home Enrollment that you signed with your Builder prior to your home being enrolled in the HBW program, this Certificate of Warranty Coverage and the enclosed Home Buyers Warranty Limited Warranty Booklet make up your warranty contract. No Party will be bound by any other representations or agreements made by any persons.

**Notice: Any modifications, alterations or revisions made to this document will void the warranty coverage.**

HBW 320 5/03

HOME BUYER(S)

5/12

April 8, 2009

090427CWE8304  
Exhibit #3, Page 5 of 6

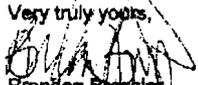


(b)(3):CPSA Section 25(c)

This will acknowledge receipt of your recent correspondence regarding the problems you are having with your home.

The effective date of your warranty is 08/09/2006. We regret to inform you that, according to our records, the One-Year Workmanship and Materials Coverage on your home expired one year from this date. The Two-Year Systems Coverage expired (or expires) two years from this date. Please refer to your Home Buyers Warranty Booklet for One and Two Year Warranty Coverage. The Structural Coverage remains in effect for 10 years from the effective date of warranty.

If you have any questions or if we can be of further assistance, please feel free to contact us. Otherwise, we will be closing your file in thirty (30) days.

Very truly yours,  
  
Brandon Bressler  
Warranty Administration Specialist

File No: LA035599-01

cc: ROYAL HOMES

6/12

April 18, 2009

090427CWE8304  
Exhibit #3, Page 6 of 6



(b)(3):CPSA Section 25(c)

This will acknowledge our telephone conversation regarding your submission of a claim form for Structural Defects Only to Home Buyers Warranty (HBW).

claim

It is our understanding that you have reviewed the HPI and wish to withdraw your claim at this time. Based on our investigation, we have credited your account with an investigation fee, check # 2192 in the amount of \$1,000.

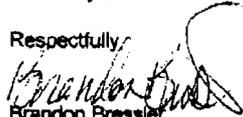
sh  
1

If our information is incorrect, you may resubmit your claim within the applicable warranty term.

*don't need*

If we may be of further assistance, please feel free to call us at 1-800-2-10.

Respectfully,

  
Brandon Bressler  
Warranty Administration Specialist

cc: ROYAL HOMES

*7/12*



April 01, 2009

090427CWE8304  
Exhibit #4, Page 1 of 5

(b)(3):CPSA Section 25(c)

Regarding our March 31, 2009 phone conversation, I pointed out the possibility that our insurance coverage, under your homeowner's policy bearing policy number P04516121 might not apply to this particular mold incident.

We wish to call your attention to the fact that we specifically reserve our right to deny coverage to you (and anyone claiming coverage under the policy) due to policy exclusions or limitations. I indicated that we would need to research coverage for the drywall failure due to an alleged manufacturer defect. The exclusionary language is as follows:

**"Section I - Exclusions**

- 2. We do not insure for loss to property described in Coverages A and B caused by any of the following. However, any ensuing loss to property described in Coverages A and B not excluded or excepted in this policy is covered.
  - c. **Faulty, inadequate or defective:**
    - (1) Planning, zoning, development, surveying, siting;
    - (2) Design, specifications, renovation, remodeling, grading, compaction  
Material used in repair, construction, renovation or remodeling;

Pollution is also excluded under SECTION I- Perils Insured Against as Follows:

**SECTION I - PERILS INSURED AGAINST  
COVERAGE A- DWELLING -AND**

8/12

090427CWE8304  
Exhibit #4, Page 2 of 5

**COVERAGE B - OTHER STRUCTURES**

We insured against risk of direct loss to property described in Coverage's A and B only if that loss is physical loss to property. We do not, however, insure for loss:

2. Caused by:

e. Any of the following:

(3) Smog, rust or other corrosion, mold, wet or dry rot,

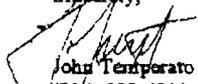
Discharge, dispersal, seepage, migration, release or escape of pollutants unless the discharge, dispersal, seepage, migration, release or escape is itself caused by a Peril Insured Against under Coverage C of this Policy. Pollutants means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed."

We are not denying coverage at this time. As soon as possible, we will bring our investigation to a point when an actual determination of the coverage question can be made. At that time, we shall immediately advise you if your coverage is in force. . The continuing investigation, processing and evaluation of your claim should not be Considered a waiver of any rights that the Auto Club Family Insurance has under your homeowner's policy or the Insurance Law of the state of Missouri.

If you have any questions regarding the investigation of your claim or our Reservation of Rights, please call.

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Sincerely,

  
John Temperato

(314) 523-6922  
(800)222-7623 Ext 5322

9/12



April 13, 2009

090427CWE8304  
Exhibit #4, Page 3 of 5

(b)(3):CPSA Section 25(c)

This is a follow up to our most recent phone conversation regarding the above captioned claim. It was pointed out the possibility that our insurance coverage under policy bearing P04516121 may not apply to this particular incident.

We wish to call your attention to the fact that we specifically reserve our right to deny coverage to you (and anyone claiming coverage under the policy) due to policy exclusions or limitations. I indicated that we would need to research coverage for the drywall failure due to the alleged manufacturer defects. The pollution exclusion and losses involving construction, repairs and materials are as follows:

**SECTION I - PERILS INSURED AGAINST**  
**COVERAGE A - DWELLING -AND**  
**COVERAGE B - OTHER STRUCTURES**

We insured against risk of direct loss to property described in Coverage's A and B only if that loss is physical loss to property. We do not, however, insure for loss:

- 2. Caused by:
  - e. Any of the following:
    - (3) Smog, rust or other corrosion, mold, wet or dry rot;

090427CWE8304  
Exhibit #4, Page 4 of 5

(4) Discharge, dispersal, seepage, migration, release or escape of pollutants unless the discharge, dispersal, seepage, migration, release or escape is itself caused by a Peril Insured Against under Coverage C of this Policy.

2. We do not insure for loss to property described in Coverages A and B caused by any of the following. However, any ensuing loss to property described in Coverages A and B not excluded or excepted in this policy is covered.

a. **Weather conditions.** However, this exclusion only applies if weather conditions contribute in any way with a cause or event excluded in paragraph 1. above to produce the loss;

Damages resulting construction, repair or materials are excluded under the policy. The policy exclusion is as follows:

**"COVERAGE A-DWELLING and COVERAGE B-OTHER STRUCTURES.**

We insure against risk of direct loss to property described in Coverage A and B only if that loss is a physical loss to property. We do not, however, insure for loss:

2. Caused by:

e. Any of the following:

- (1) Wear and tear, marring deterioration;
- (6) Settling, shrinking, bulging or expansion, including resultant cracking, of pavements, patios, foundations, walls, floors, roofs, or ceilings."

1. We do not insure for loss to property described in Coverages A and B caused By any of the following. Any ensuing loss to property described in Coverage A and B not excluded or excepted in this policy is covered.

- a. **Weather conditions.** However, this exclusion only applies if weather conditions contribute in any way with a cause or event excluded in paragraph 1 above to produce the loss;
- b. **Faulty, inadequate or defective:**
  - (1) Planning, zoning, development, surveying, siting;
  - (2) Design, specifications, workmanship, repair, construction, renovation, remodeling, grading, compaction;
  - (3) Materials used in repair, construction, renovation or remodeling; or
  - (4) Maintenance.

11/12

090427CWE8304  
Exhibit #4, Page 5 of 5

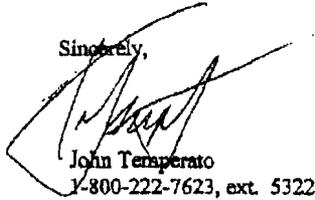
We are not denying coverage at this time. The Auto Club Family Insurance will need to research coverage for the damages being claimed. As soon as possible, we will bring our investigation to a point when an actual determination of the coverage question can be made. At that time, we shall immediately advise you if your coverage is in force.

The continuing investigation, processing and evaluation of your claim should not be considered a waiver of any rights that the Auto Club Family Insurance has under your homeowner's policy or the Insurance Law of the state of Louisiana.

If you have any questions regarding the investigation of your claim or our Reservation of Rights, please call.

\*Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.\*

Sincerely,



John Temperato  
1-800-222-7623, ext. 5322

12/12

# Colonial Inspection Services

## DRYWALL INSPECTION REPORT

**Subject Property:**

(b)(3):CPSA Section 25(c)

Dear

On Monday, March 23rd, 2009, a visual inspection for contaminated drywall was performed at the above referenced property. The results are as follows:

There were signs of suspected drywall contamination at several locations throughout the home:

- At least one outlet and/or switch were removed, and the visible copper wiring was 'blackened'. In addition, the dead cover of the electrical panel was removed exposing the same conditions.
- There was excessive corrosion on the retaining ring at the top of the garbage disposal. Corrosion was also noted on a metal wine rack on top of the refrigerator.
- There was a faint odor of sulfur upon initial entry into the home
- Attic insulation had been partially removed revealing the stamp 'Made in China', and an apparent manufacturer's name, Knauf, was noted.
- As per our initial conversation, two evaporator coils had been replaced in the same system within the past 2.5 years. These conditions are also considered typical 'symptoms' of contaminated drywall.

At your request, and in accordance with laboratory protocol, a bulk sample was taken from a section of drywall in the hall bath ceiling. The sample was a section from the drywall stamped 'Made in China', and the attached results reflect only that section of drywall.

If you should have any questions or need any further information, please feel free to call.

File Number: 27-0409-067D  
Inspection Date: 03/23/09  
Inspection Address: 46473:CP&A Sa

090427CWE8304  
Exhibit #5, Page 2 of 5

Sincerely,  
Colonial Inspection Services

---

Julie Hufft  
JAQ/CMI

---

Ron Hufft  
LSBHI #10084  
CMT



090427CWE8304  
Exhibit #5, Page 3 of 5

**Professional's Choice  
Environmental Testing**

1675 N. Commerce Parkway, Weston, FL 33326  
Tel: (954) 384-4446 Fax: (954) 384-4838 Toll Free: 800-427-0550  
AIHA Lab ID # 163230

Colonial Inspection  
PO Box 247  
Abita Springs, LA 70402

Report Number: 300706

## Certificate of Drywall Analysis

---

Prepared for: Colonial Inspection  
Phone Number: 985-875-7701  
Fax Number: 985-875-0747  
Email Address: colonialspec@aol.com  
Test Address: (b)(3):CPSA Section 25(c)  
Mandeville, LA 70471

Collection Location: Bathroom Ceiling  
Date Collected: March 23, 2009  
Receive Date: March 24, 2009  
Report Date: April 06, 2009

John D. Shane Ph.D., QA Manager

---

Analytical results and reports are generated by PRO-LAB/SSTPM, Inc. for and at the request of its client(s) named on this report, and for their exclusive use. PRO-LAB/SSTPM, Inc. does not release original copies or verbal results to any third party without prior written approval from PRO-LAB/SSTPM, Inc. This report applies only to the sample(s) tested. This report may not be reproduced, except in full, without approval from PRO-LAB/SSTPM, Inc. The client(s) is solely responsible for the use and interpretation of this report. PRO-LAB/SSTPM, Inc. makes no express or implied warranties as to health or property from only the samples sent to their laboratory for analysis. The Client is hereby notified that all samples of gypsum board are sent to SST Analysis Corporation (IL PA LLAP 100433, ORELAP IL 300001; AIHA 301160). After the testing, samples are retained for a 7 day period, after which they are discarded in a manner consistent with local and federal guidelines.

---

For more information please contact PRO-LAB at 1-800-427-0550

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090427CWE8304  
Exhibit #5, Page 4 of 5

Client: Colonial Inspection  
Sample Submitted: Bathroom Ceiling

Report Number: 300706  
Analysis Date: April 03, 2009  
Report Date: April 06, 2009

**Case Narrative**

Reported values are headspace concentrations and not exposure concentration.

Samples were placed in a testing container to collect headspace gases. A humid atmosphere was generated by adding approximately 1 mL of water and incubating for 24 hours at 32° Celsius. Headspace is the volume of gas that accumulates at the top of the container on which the measurements are made.

Compounds were quantitated relative to internal standards. Compounds were identified using mass spectral interpretation techniques and a NIST (National Institute of Standards and Technology) reference library. All identifications were reviewed by an experienced mass spectrometrists.

Results that are reported in  $\mu\text{g}/\text{m}^3$  are calculated based on temperature of 25°C, atmospheric pressure of 760 mm Hg, and the molecular weight of the analyte.

Analyses	$\mu\text{g}/\text{m}^3$	ppbv	DF	Qualifier
<b>Organosulfur Emissions by Headspace GC/MS (gas chromatography/mass spectrometry)</b>				
Carbonyl sulfide	53.9	22.0	2	*
Carbon disulfide	46.0	14.8	2	*
Dimethyl sulfide	0.6	0.2	2	*

**Report Summary**

The sample tested positive for volatile sulfides. Sulfides are strong oxidants and odorants.

**Qualifiers**

DF	Dilution factor	ppbv	Parts per billion volume
ND	Not detected at the Reporting Limit	RL	Reporting /Quantitation Limit for the analysis
J	Analyte detected below quantitation limit	S	Spike Recovery outside accepted recovery limits
B	Analyte detected in the associated Method Blank	R	RPD outside accepted recovery limits
HT	Sample received past holding time	E	Value above quantitation range
*	Non-accredited parameter	H	Holding time exceeded



090427CWE8304  
Exhibit #5, Page 5 of 5

Client: Colonial Inspection  
Sample Submitted: Bathroom Ceiling

Report Number: 300706  
Analysis Date: April 03, 2009  
Report Date: April 06, 2009

---

### Potential Health Effects of Compounds Identified

Reported values are headspace concentrations and not exposure concentration.

The health effects for the compounds identified in these analyses are taken from the Material Safety Data Sheets (MSDS). These datasheets are mandatory in the US and are used primarily for the laboratory or occupational use of the chemicals. MSDS sheets are valuable for specific exposure, inhalation and ingestion health effects. Information regarding the specific health effects of these compounds on individuals should be done by a physician.

#### **Carbonyl sulfide**

This compound is known to occur in Chinese-made wallboard and is a known contributor causing copper and silver to turn black. It gets converted to hydrogen sulfide in your blood. Hydrogen sulfide causes many of the same symptoms as carbon monoxide because it works the same way. Inhalation effects are known to cause headaches, dizziness, and nausea.

It is regulated at sources by EPA as one of the 161 hazardous air pollutants (HAPs, [http://www.epa.gov/atm/atw\\_168polls.html](http://www.epa.gov/atm/atw_168polls.html)).

There are no U.S. Environmental Protection Agency (EPA) standards for carbonyl sulfide or hydrogen sulfide in the air outside, but the National Institute for Occupational Safety and Health (NIOSH) and the Occupational Safety and Health Administration (OSHA) think 10 parts per million (ppm) is safe for short periods, while 100 ppm is considered very dangerous.

#### **Carbon disulfide**

Inhalation effects are toxic to kidneys, liver, and nervous system. Inhalation of vapors may lead to chronic respiratory irritation. This compound has an ether-like odor.

Carbon Disulfide is a highly toxic chemical that causes a wide variety of neurological symptoms from headache and dizziness to psychotic-like states. It is regulated at sources by EPA as one of the 161 hazardous air pollutants (HAPs). [http://www.epa.gov/atm/atw\\_168polls.html](http://www.epa.gov/atm/atw_168polls.html).

#### **Dimethyl sulfide**

Inhalation of high concentrations may cause headache, memory loss, or confusion. Known for its stench. This chemical is a component of cabbage-like smell or the smell of cooking seafood.

---

**END OF REPORT**

---

(b)(3):CPSA Section 25(c)

DICAL FOUNDATION

PATIENT NAME:

(b)(3):CPSA Section 25(c)

1516 JEFFERSON HIGHWAY  
NEW ORLEANS, LOUISIANA 70121  
PHONE 504/842-3000  
PLACE OF ENCOUNTER: WOMEN&CHILD HC COVINGTON

CLINIC NUMBER:

ENCOUNTER DATE: 02-18-09

DICTATOR:

(b)(3):CPSA Section 25(c)

PROVIDER NOTE

DOB: 12/07/2005

CHIEF COMPLAINT: Here for 3-year-old well visit.

HISTORY OF PRESENT ILLNESS: Grant is a 3-year-old who presents with mother for a well visit. Mother reports only problem is that he seems to have some runny nose and congestion over the past few days. He has been afebrile. He is currently in speech therapy about 1-2 times per week for problems with pronunciation. He receives the speech therapy through Magnolia Trace. He just started this about 2 weeks ago.

He does eat a regular diet for age. He does drink milk, drink water, limited juice or junk food intake. Immunizations are up-to-date. He is currently receiving immunotherapy for fire ants allergy.

PAST MEDICAL HISTORY: Reviewed. Chronic otitis with PE tubes, atopic dermatitis and allergic rhinitis, fire ant allergy.

MEDICINES: Zyrtec p.r.n.

ALLERGIES: No known drug allergies. He does have fire ant allergy.

REVIEW OF SYSTEMS: All negative except as mentioned in the history of present illness.

FAMILY HISTORY: Reviewed. No change from last well visit.

SOCIAL HISTORY: Grant lives with his parents and younger sister. He does attend day care 2 days a week. They do have a pet dog. No smoke exposure.

DEVELOPMENTAL ASSESSMENT: Please refer to PDQ questionnaire.

PHYSICAL EXAM: Weight 32 pounds, height 36-1/2 inches. Please refer to electronic growth chart. Temp 97.5, respiratory rate 20, pulse is 103.  
GENERAL: Male child in no acute distress, cooperative with examination.  
HEENT: Normocephalic and atraumatic. Pupils are equal, round and reactive to light. Conjunctivae and sclerae are clear. Red reflex positive bilaterally. No strabismus. Bilateral TMs appear clear. Mucous membranes are moist. Oropharynx is clear.

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(b)(3):CPSA Section 25(c)

1516 JEFFERSON HIGHWAY  
NEW ORLEANS, LOUISIANA 70121  
PHONE 504/842-3000  
PLACE OF ENCOUNTER: WOMEN&CHILD HC COVINGTO

CLINIC NUMBER: 8310409  
ENCOUNTER DATE: 02-18-09  
DICTATOR: (b)(3):CPSA Section 25(c)

PROVIDER NOTE

NECK: Supple. No lymphadenopathy.  
CARDIOVASCULAR: Regular rate and rhythm. No murmurs, rubs or gallops. Pulses are 2+. Cap refill less than 2 seconds.  
RESPIRATORY: Clear to auscultation bilaterally. No wheezes or rales. Normal respiratory effort.  
ABDOMEN: Soft, nontender, nondistended. Positive bowel sounds. No hepatosplenomegaly.  
EXTREMITIES: Warm. No cyanosis, clubbing or edema.  
GU: Normal male. Testes descended.  
DERM: No rash, mildly dry skin bilateral upper arms, otherwise no rashes or lesions noted.  
NEURO: Intact. No focal deficits.

ASSESSMENT:

- 1. A 3-year-old health supervision visit.
- 2. Speech delay.
- 3. Allergic rhinitis.

PLAN:

- 1. Immunizations were discussed. His immunizations are currently up-to-date. He is to continue with his fire ant immunotherapy as directed.
- 2. Anticipatory guidance discussed including car seat use, home safety, water safety, choking hazards.
- 3. Nutrition also discussed.
- 4. He is to continue with the Zyrtec for his allergic rhinitis.
- 5. Fluoride supplementation was discussed.
- 6. He is to continue with his speech therapy for his speech delay.
- 7. Grant is to return to clinic at 4 years of age for a well visit, sooner for other concerns.

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(b)(3):CPSA Section 25(c)

1310 JEFFERSON HIGHWAY  
NEW ORLEANS, LOUISIANA 70121 ENCOUNTER DATE: 12-17-08  
PHONE 504/842-3000 DICTATOR: (b)(3):CPSA Section 25(c)  
PLACE OF ENCOUNTER: WOMEN&CHILD HC COVINGTON

## PROVIDER NOTE

DOB: 12/07/2005

## CHIEF COMPLAINT:

1. Fever.
2. Cough.

HISTORY OF PRESENT ILLNESS: Grant is a 3-year-old who presents with mother complaining of fever up to 102.5 that developed last night. He has also had a cough as well. He was evaluated by Dr. Grembowicz on December 9 for his cough and wheezing at that time. He did use Xopenex treatments as needed for wheezing. It was also noted that both PE tubes were clogged on examination. Mother reports he has had decreased appetite. He has been drinking fluids well. No vomiting or diarrhea. No known sick contacts. No other complaints.

PAST MEDICAL HISTORY: Reviewed. He does have a history of chronic otitis with PE tubes placed. He also has a history of eczema and fire-ant allergy.

MEDICINES: Pulmicort p.r.n., Xopenex p.r.n., Zyrtec daily, Motrin p.r.n.

ALLERGIES: No known drug allergies.

REVIEW OF SYSTEMS: All negative except as mentioned in the history of present illness.

PHYSICAL EXAM: Weight 30 pounds, temp 98.1, pulse is 120, respiratory rate 24.

GENERAL: Male child in no acute distress.

HEENT: Normocephalic, atraumatic. Pupils equal, round, and reactive to light. Conjunctivae and sclerae are clear. Bilateral TMs are clear with PE tubes in place. No otorrhea noted. Nares with a small amount of clear nasal discharge. Mucous membranes are moist. Oropharynx without erythema or exudate noted.

NECK: Supple. No lymphadenopathy.

CARDIOVASCULAR: Regular rate and rhythm. No murmurs, rubs, or gallops. Pulses 2+. Cap refill less than 2 seconds.

RESPIRATORY: Clear to auscultation bilaterally. No wheezes or rales. Normal respiratory effort.

ABDOMEN: Soft, nontender, nondistended. Positive bowel sounds. No

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(b)(3):CPSA Section 25(c)

NEW ORLEANS, LOUISIANA 70121 ENCOUNTER DATE: 12-17-08  
PHONE 504/842-3000 DICTATOR: (b)(3):CPSA Section 25(c)  
PLACE OF ENCOUNTER: WOMEN&CHILD HC COVINGTO

PROVIDER NOTE

hepatosplenomegaly.  
SKIN: Warm. No cyanosis, clubbing, or edema.

OFFICE PROCEDURE: A chest x-ray was obtained and did not reveal any evidence of infiltrates.

ASSESSMENT: The patient is a 3-year-old with acute upper respiratory infection and cough.

PLAN:

1. At this time, it is believed it is a viral etiology of his symptoms. It is recommended he use Motrin or Tylenol as needed for any fever.
2. Use bulb suction, saline nose drops, cool mist humidifier, and keep head of the bed elevated to help with any rhinorrhea or congestion.
3. She may continue with the Xopenex as needed for any persistent cough, wheezing, or shortness of breath. No wheezing noted on examination today.
4. Grant is to be reevaluated if he continues to have fever in the next 48-72 hours, develops any increased work of breathing, shortness of breath, any other worsening of symptoms or other concerns.

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NEW ORLEANS, LOUISIANA 70121      ENCOUNTER DATE: 07-21-08  
PHONE 504/842-3000      DICTATOR: (b)(3):CPSA Section 25(c)  
PLACE OF ENCOUNTER: WOMEN&CHILD HC COVINGTON

## PROVIDER NOTE

DOB: 12/07/2005

CHIEF COMPLAINT: Ear drainage and cough.

HISTORY OF PRESENT ILLNESS: This 2-1/2-year-old Hispanic male has had cold symptoms for approximately 2 weeks, recently they seemed to be improving over the last couple of days. His dad is concerned because his brother's symptoms have already gone away. He has had a wet sounding cough, green nasal drainage in the morning and it gets cleared during the daytime. Some of the time he has had some left ear drainage. They use Floxin for a few days. Recently, he has also used Mucinex, he has used PediaCare Cough, which has been helpful for his cough. He has been having restless sleep recently, but not really waking help with this cough. They have started using a humidifier, which he has had no vomiting or diarrhea. He does have PE tubes in his ears.

MEDICATIONS: Zyrtec, Mucinex, and PediaCare Cough.

PHYSICAL EXAM: Weight 30 pounds 6 ounces, pulse 96, respiratory rate 24, and temperature 97.4 axillary.

GENERAL APPEARANCE: Alert and awake, in no acute distress.

HEAD: Normocephalic and atraumatic. Pupils are equal, round, and reactive to light. Allergic shiners above both eyes. Tympanic membranes are clear bilaterally with PE tubes in place. No drainage is noted. Nares patent. Pink nasal mucosa.

NECK: Supple. No lymphadenopathy. No thyromegaly.

HEART: Regular rate and rhythm. No murmurs.

ABDOMEN: Soft, nontender, and nondistended. Normal bowel sounds. No hepatosplenomegaly. No masses.

## ASSESSMENT AND PLAN:

1. URI, appears to be improving. If does not continue to improve over the next 2 to 3 days, this patient would benefit from antibiotics and his dad is to call us back. Continue using PediaCare Cough as needed for cough. May use honey and lemon juice also for coughing symptoms and call if antibiotics are needed.
2. Otorrhea, finish at least 5 days of Floxin otic drops 5 drops b.i.d. in the affected ear.

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(b)(3):CPSA Section 25(c)

NEW ORLEANS, LOUISIANA 70121  
PHONE 504/842-3000  
PLACE OF ENCOUNTER: WOMEN&CHILD HC COVINGTON

ENCOUNTER DATE: 07-21-08  
DICTATOR: MIKELL, STEPHEN

PROVIDER NOTE

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NEW ORLEANS, LOUISIANA 70121

ENCOUNTER DATE: 05-09-08

PHONE 504/842-3000

DICTATOR: (b)(3):CPSA Section 25(c)

PLACE OF ENCOUNTER: WOMEN&amp;CHILD HC COVINGTON

## PROVIDER NOTE

DOB: 12/07/2005

CHIEF COMPLAINT: Followup from emergency room.

HISTORY OF PRESENT ILLNESS: Grant is a 2-year-old who presents with mother for followup from emergency room. He was evaluated at Lakeview Emergency Room for an allergic reaction to an insect bite. Mother reports that on Monday, May 6, he was playing outside and began crying. She had noticed that he had 3 ants on him. The ants bit him on his right foot. Within a minute, his whole body became red, and his face became swollen. Mother reports that he had diffuse hives. Mother reports also he was drooling secondary to difficulty swallowing and the swelling noted on his face. She had called the EMS, and he was brought to Lakeview Emergency Room. In the emergency room, he was given Benadryl as well as given a steroid. He was monitored for a few hours with improvement. He was sent home on the steroid. Mother reports now it is much improved. No other concerns.

PAST MEDICAL HISTORY: Reviewed. He does have a history of eczema and allergic rhinitis as well as chronic otitis with PE tubes.

MEDICINES: Zyrtec 1/2 tsp b.i.d.

ALLERGIES: Ants. No known drug allergies.

REVIEW OF SYSTEMS: All negative, except as mentioned in History of Present Illness.

## PHYSICAL EXAM:

Weight 29 pounds, temperature 97.9, pulse 100, respiratory rate 24.

GENERAL: Male toddler, no acute distress.

HEENT: Normocephalic, atraumatic. Pupils are equal, round, and reactive to light. Conjunctivae and sclerae are clear. TMs are clear bilaterally. Mucous membranes are moist. Oropharynx is clear.

NECK: Supple. No lymphadenopathy.

CARDIOVASCULAR: Regular rate and rhythm. No murmurs, rubs or gallops. Pulses are 2+.

RESPIRATORY: Clear to auscultation bilaterally. No wheezes or rales. Normal respiratory effort.

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(b)(3):CPSA Section 25(c)

NEW ORLEANS, LOUISIANA 70121 ENCOUNTER DATE 05-20-08  
PHONE 504/842-3000 DICTATOR: (b)(3):CPSA Section 25(c)  
PLACE OF ENCOUNTER: WOMEN&CHILD HC COVINGTON

PROVIDER NOTE

ABDOMEN: Soft, nontender, and nondistended. Positive bowel sounds. No hepatosplenomegaly.

EXTREMITIES: Warm. No cyanosis, clubbing or edema.

DERM: No urticaria noted. Mild eczema.

ASSESSMENT: The patient is a 2-year-old with an allergic reaction to an insect bite.

PLAN:

1. Prescription for EpiPen was given due to the severity of the reaction to the ant bite.
2. He will be referred to an allergist, Dr. Hassett, for evaluation.
3. Mother is aware of the proper management of urticaria as well as if he does have another reaction.
4. He is to return to clinic sooner for any other concerns.

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(b)(3):CPSA Section 25(c)

NEW ORLEANS, LOUISIANA 70121      ENCOUNTER DATE: 04-04-08  
PHONE 504/842-3000      DICTATOR: (b)(3):CPSA Section 25(c)  
PLACE OF ENCOUNTER: WOMEN&CHILD HC COVINGTON

## PROVIDER NOTE

DOB: 12/07/2005

CHIEF COMPLAINT: Possible flu.

HISTORY OF PRESENT ILLNESS: Grant is a 2-year-old who presents with mother complaining of fever up to 101 that began just this morning. He is also complaining of hurting this morning generalized. He did have 1 episode of loose stool this morning as well. No vomiting. No blood in his stools. He has also had some runny nose and congestion, however, symptoms have been persistent secondary to his allergies. He has had a mild cough and no shortness of breath or wheezing noted. Denies sore throat. His mother has been sick with similar symptoms. He has had no otorrhea. He has been drinking fluids well and has had a good appetite.

PAST MEDICAL HISTORY: Reviewed. Please refer to my clinic note from March 28, 2008.

MEDICINES: Zyrtec daily and Tylenol p.r.n.

ALLERGIES: No known drug allergies.

REVIEW OF SYSTEMS: All negative except as mentioned in the history of present illness.

PHYSICAL EXAM: Weight 29 pounds 8 ounces, temp 97.6, pulse is 114, respiratory rate is 20.

GENERAL: Male child in no acute distress, cooperative with exam.

HEENT: Normocephalic and atraumatic. Pupils are equal, round, and reactive to light. Conjunctivae and sclerae are clear. Bilateral TMs are clear. PE tubes in place. No otorrhea. Mucous membranes are moist. Oropharynx with mild erythema. No exudate noted.

NECK: Supple. No lymphadenopathy appreciated.

CARDIOVASCULAR: Regular rate and rhythm. No murmurs, rubs, or gallops. Pulses are 2+.

RESPIRATORY: Clear to auscultation bilaterally. No wheezes or rales. Normal respiratory effort.

ABDOMEN: Soft, nontender, and nondistended. Positive bowel sounds. No hepatosplenomegaly.

EXTREMITIES: Warm. No cyanosis, clubbing, or edema.

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(b)(3):CPSA Section 25(c)

NEW ORLEANS, LOUISIANA 70121      ENCOUNTER DATE: 04-04-08  
PHONE 504/842-3000      DICTATOR: (b)(3):CPSA Section 25(c)  
PLACE OF ENCOUNTER: WOMEN&CHILD HC COVINGTON

PROVIDER NOTE

LABS: Rapid Strep screen was obtained and was negative. Culture sent.  
Flu wash was obtained and is pending.

ASSESSMENT:

- 1. The patient is a 2-year-old with fever.
- 2. Nasopharyngitis.
- 3. Suspect viral syndrome.

PLAN:

- 1. Motrin or Tylenol as needed for any fever or pain.
- 2. Flu swab was obtained and mother will be notified of these results. If positive, Tamiflu will be called in.
- 3. Encouraged plenty of fluids.
- 4. Use bulb suction, saline nasal drops, cool mist humidifier at night, and keep head of the bed elevated to help with his rhinorrhea and congestion.
- 5. Grant is to return to clinic if he continues to have fever over the next 48 to 72 hours, develops any increase work of breathing, shortness of breath, any other worsening of symptoms or other concerns.

(b)(3):CPSA Section 25(c)

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(b)(3):CPSA Section 25(c)

1510 JEFFERSON HIGHWAY  
 NEW ORLEANS, LOUISIANA 70121  
 PHONE 504/842-3000  
 PLACE OF ENCOUNTER: WOMEN&CHILD HC COVINGTON

ENCOUNTER DATE: 02-20-09  
 DICTATOR: (b)(3):CPSA Section 25(c)

## PROVIDER NOTE

DOB: 12/07/2005

CHIEF COMPLAINT: Facial swelling.

HISTORY OF PRESENT ILLNESS: Grant is a 2-year-old with a history of chronic otitis with PE tubes, allergic rhinitis, and eczema who presents with mother complaining of facial swelling. Mother reports that there was an area between his eyebrows that did appear swollen yesterday. He had been playing outside. Mother is unsure whether or not he was bitten by an insect. He reports the day care workers did not notice any insect bite. She noticed whenever she picked him up yesterday afternoon that he did have swelling in this region, however. She did notice a small amount of redness around the area as well. He has not been scratching at the area. Mother did give him about 3/4 of a teaspoon of Benadryl without improvement of the area. They deny any trauma to the area. He has had no fever. Mother denies any tenderness of the region. He has had no URI symptoms or cough. No other complaints.

PAST MEDICAL HISTORY: Reviewed. Chronic otitis with PE tubes, allergic rhinitis as well as some eczema.

MEDICINES: Zyrtec 1/2 teaspoon twice a day.

ALLERGIES: No known drug allergies.

REVIEW OF SYSTEMS: All negative except as mentioned in the history of present illness.

PHYSICAL EXAM: Weight 29 pounds 14 ounces, temp 97.4 axillary, pulse is 100, respiratory rate is 28.

GENERAL: Male toddler in no acute distress, cooperative with exam.

HEENT: Normocephalic and atraumatic. Pupils are equal, round, and reactive to light. Conjunctivae and sclerae are clear. Bilateral TMs are clear. PE tubes in place. No otorrhea. Nares with a small amount of clear nasal discharge. Mucous membranes are moist. Oropharynx clear.

NECK: Supple. No lymphadenopathy.

CARDIOVASCULAR: Regular rate and rhythm. No murmurs, rubs, or gallops. Pulses are 2+.

RESPIRATORY: Clear to auscultation bilaterally. No wheezes or rales.

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(b)(3):CPSA Section 25(c)

NEW ORLEANS, LOUISIANA 70121 ENCOUNTER DATE: 03-28-08  
PHONE 504/842-3000 DICTATOR: (b)(3):CPSA Section 25(c)  
PLACE OF ENCOUNTER: WOMEN&CHILD HC COVINGTON

PROVIDER NOTE

Normal respiratory effort.

ABDOMEN: Soft, nontender, and nondistended. Positive bowel sounds. No hepatosplenomegaly.

EXTREMITIES: Warm. No cyanosis, clubbing, or edema.

DERM: There is a punctate lesion located in the glabellar region with some swelling appreciated around the lesion. There is some mild erythema around the area, but no warmth, no tenderness. He does have a small amount of swelling as well inferior to his right eye.

ASSESSMENT: The patient is a 2-year-old with a local reaction to an insect bite.

PLAN:

1. At this time it is not believed that Grant has cellulitis. I believe that his swelling is secondary to a local reaction to an insect bite. It was recommended to use Benadryl every 4-6 hours over the course of the day. Mother was using only 3/4 of a teaspoon, however, for Grant while he may have a teaspoon every 4-6 hours. Mother may give him his Zyrtec this evening and was recommended that they give him a teaspoon of Zyrtec at night. She is, however, to wait at least 4 hours after his last Benadryl dose before she gives the Zyrtec.
2. If mother notices any increased redness, swelling, or tenderness around the area, prescription for Bactrim was given and she may start this tomorrow.
3. Mother does have Bactroban cream at home, which she may use on the area 3 times a day.
4. Grant is to be reevaluated if she notices any increased redness, swelling, or tenderness after he has been on the antibiotic for 48 hours, any other worsening of symptoms or other concerns.

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(b)(3):CPSA Section 25(c)

CLINIC #8316409 PAGE 2

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PATIENT NAME: (b)(3):CPSA Section 25(c)

PHONE 504/842-3000  
PLACE OF ENCOUNTER:

ENCOUNTER DATE: 02-29-08  
DICTATOR: BAHAM, JULIE M

PROVIDER NOTE

DOB: 12/07/2005

CHIEF COMPLAINT: Fever, runny nose and congestion.

HISTORY OF PRESENT ILLNESS: Grant is a 2-year-old who presents with mother complaining of runny nose and congestion he has had over the past 4-5 days. He has also had a cough over this timeframe; however, it seems to have gotten worse over the past 2 days. It has been productive. He did develop fever up to 101.5 over the past 24 hours. He has had no ear pulling. No otorrhea. No vomiting. He has been drinking fluids well, however, has had a decreased appetite. He has had no wheezing. He did have 1 episode of loose stools from today, which is nonbloody. No other known sick contacts. No other complaints.

PAST MEDICAL HISTORY: Reviewed. He does have a history of eczema as well as chronic otitis with PE tubes.

MEDICINES: Zyrtec daily, PediaCare p.r.n. Motrin p.r.n.

ALLERGIES: No known drug allergies.

REVIEW OF SYSTEMS: All negative except as mentioned in the history of present illness.

PHYSICAL EXAM: Weight is 30 pounds, temp is 97, pulse is 136 and respiratory rate is 30.

GENERAL: Male toddler in no acute distress, cooperative with exam, smiling, active and playful.

HEENT: Normocephalic and atraumatic. Pupils are equal, round, and reactive to light. Conjunctivae and sclerae are clear. Bilateral TMs are clear with PE tubes in place. No otorrhea noted. Mucous membranes are moist. Oropharynx is clear.

NECK: Supple. No lymphadenopathy.

CARDIOVASCULAR: Regular rate and rhythm. No murmurs, rubs or gallops. Pulses are 2+.

RESPIRATORY: Clear to auscultation bilaterally. No wheezes or rales. Normal respiratory effort.

ABDOMEN: Soft, nontender, and nondistended. Positive bowel sounds. No hepatosplenomegaly.

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PATIENT NAME

(b)(3):CPSA Section 25(c)

ENCOUNTER NUMBER

DICTATOR: I

PHONE 504/842-3000  
PLACE OF ENCOUNTER:

PROVIDER NOTE

EXTREMITIES: Warm. No cyanosis, clubbing or edema.

LABS: Influenza A and B swabs are obtained and were negative.

ASSESSMENT: The patient is a 2-year-old with fever, acute upper respiratory infection, suspect viral etiology.

PLAN:

1. Continue Motrin and Tylenol as needed for any fever or pain.
2. Use saline nasal spray, cool-mist humidifier, and keep the head of the bed elevated to help with his runny nose and congestion.
3. Encouraged plenty of fluids.
4. Grant is to return to clinic if he continues to have fever by Monday, March 3, develops any increased work of breathing, shortness of breath, any other worsening of symptoms or other concerns.

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CLINIC #8316409 PAGE 1

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FINAL REPORT

PAGE 0001 OF 0002 (b)(3):CPSA Section 25(c)

PATIENT NAME:

ENCOUNTER DATE: 02-12-08

DICTATOR: (b)(3):CPSA Section 25(c)

PHONE 504/842-3000  
PLACE OF ENCOUNTER:

PROVIDER NOTE

DOB: 12/07/2005

CHIEF COMPLAINT: Fever and cough.

HISTORY OF PRESENT ILLNESS: This 2-year-old white male has had 102 degree fever that began yesterday, he has had clear rhinitis, its cloudy in the morning. He has been coughing, found sweat. His mom is concerned about his ears. He has PE tubes, but he was holding his ears last night. He has no other complaints.

MEDICATIONS: Zyrtec.

ALLERGIES: No known drug allergies.

PHYSICAL EXAM: Weight 28 pounds 6 ounces, temperature 97.8, pulse 96, and respiratory rate 22.

GENERAL APPEARANCE: Alert, awake, in no acute distress. He is sitting on his mom's lap. He is attentive, but not talkative.

HEAD: Normocephalic and atraumatic. Pupils are equal, round and reactive to light. No conjunctival injection. No eye drainage. Tympanic membranes are clear bilaterally with normal landmarks and light reflexes. Oropharynx is clear with moist mucous membranes.

NECK: Supple. No lymphadenopathy. No thyromegaly.

HEART: Regular rate and rhythm. No murmurs. Normal S1 and S2. Good perfusion.

LUNGS: Clear to auscultation bilaterally. No retractions. No wheezing.

ABDOMEN: Soft, nontender and nondistended. Normal bowel sounds. No hepatosplenomegaly and no masses. Some white drainage dried around the nostrils. PE tubes in place in both ears. The right PE tube has a small amount of drainage and that appears to be dried and there may be some fluid in the middle ear space, but it is not purulent in nature.

ASSESSMENT AND PLAN:

1. URI with fever. Use Dimetapp DM or other antihistamine decongestant cough combination one-half to three-quarter teaspoons at bedtime. Drink plenty of fluids. Use humidifier if needed. Use nasal saline and suction if needed.
2. Heart murmur consistent with an innocent heart murmur, which has been

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PATIENT NAME: (b)(3):CPSA Section 25(c)

ENCOUNTER DATE: 02-12-08  
DICTATOR: (b)(3):CPSA Section 25(c)

PHONE 504/842-3000  
PLACE OF ENCOUNTER:

PROVIDER NOTE

heard previously on his exams.

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CLINIC #8316409 PAGE 1

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FINAL REPORT

PAGE 0001 OF 0003

(b)(3):CPSA Section 25(c)

PATIENT NAME

0310709

ENCOUNTER DATE: 01-11-08

DICTIONATOR:

(b)(3):CPSA Section 25(c)

PHONE 504/842-3000

PLACE OF ENCOUNTER:

PROVIDER NOTE

DOB: 12/07/2005

CHIEF COMPLAINT: Here for 2-year-old well check.

HISTORY OF PRESENT ILLNESS: Grant is a 2-year-old with a history of chronic otitis with PE tubes, eczema, and allergic rhinitis, who presents with mother for a well visit. He was diagnosed with right lower lobe pneumonia. On December 10th and completed the course of Omnicef for this. He had also been followed recently for chronic otorrhea. He did follow up with ENT on December 18, who prescribed Biaxin for his chronic otorrhea. Mother reports after completion of this antibiotic, he has had no further problems. He is followed by dermatology for his molluscum as well as his eczema. He was recently evaluated by dermatology who applied Cantharone to some molluscum lesions on his trunk and neck. He is to follow back up with dermatology in 4 weeks. He does have a history of allergic rhinitis as well as currently taking Zyrtec twice a day.

Grant eats a variety of foods for his age. He does eat fruits. Mother reports he has limited vegetables. He does drink water down, apple juice, and is currently drinking 2% milk.

PAST MEDICAL HISTORY: Reviewed. Please history of present illness. Significant for chronic otitis with PE tubes, eczema, allergic rhinitis, and molluscum. Diagnosis with right lower lobe pneumonia on December 10th.

MEDICINES: Polyvitamin daily and Zyrtec b.i.d.

ALLERGIES: No known drug allergies.

REVIEW OF SYSTEMS: All review of systems negative except as mentioned in the history of present illness.

FAMILY HISTORY/SOCIAL HISTORY: Reviewed. No change from October 5, 2006, screen.

DEVELOPMENTAL ASSESSMENT: He does speak in 2 part phrases as well as 2 part commands, will use pronouns. Mimics household tasks. Uses spoon well. Knows more than 20 words. Will walk and run. He may walk upstairs

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PATIENT NAME: (b)(3):CPSA Section 25(c)

8310409

ENCOUNTER DATE: 01-11-08

DICTATOR: (b)(3):CPSA Section 25(c)

PHONE 504/842-3000  
PLACE OF ENCOUNTER:

PROVIDER NOTE

without holding on.

PHYSICAL EXAMINATION: Weight 30 pounds, which is at the 75th percentile, height is 34 inches, which is at the 25th percentile, temp is 97.9, respiratory rate is 22, and pulse is 120.

GENERAL: Male toddler in no acute distress. Active, playful, and cooperative with exam.

HEENT: Normocephalic and atraumatic. Pupils equal, round, and reactive to light. Conjunctivae and sclerae are clear. Bilateral TMs are clear. PE tube is in place. No otorrhea noted. Nares without discharge. Mucous membranes are moist. Oropharynx is without erythema or exudate.

NECK: Supple. No lymphadenopathy.

CARDIOVASCULAR: Regular rate and rhythm. No murmurs, rubs or gallops. Pulses are 2+.

RESPIRATORY: Clear to auscultation bilaterally. No wheezes or rales. Normal respiratory effort.

ABDOMEN: Soft, nontender and nondistended. Positive bowel sounds. No hepatosplenomegaly.

EXTREMITIES: Warm. No cyanosis, clubbing or edema.

GU: Normal male. Testes descended.

NEURO: Intact. No focal deficits.

DERM: Positive molluscum lesions located in his left side of his face as well as a few lesions located on his trunk. No eczematous lesions noted.

ASSESSMENT:

1. A 2-year well child.
2. History of chronic otitis with PE tubes.
3. Allergic rhinitis.
4. Molluscum contagiosum.
5. Eczema.

PLAN:

1. Immunization status was reviewed. He has to receive hepatitis A #2 as well as flu shot today.
2. Anticipatory guidance discussed including, car seat use, water safety, and home safety.
3. Nutrition also discussed as well. Recommended to avoid fast food, junk food, limiting juices to 4 ounces a day and using skimmed 1% or 2% milk.
4. He is to continue to follow up with dermatology in regards to his molluscum and eczema.
5. Grant did recently have some chronic otorrhea, which was treated with Biaxin with resolution. He is to follow up with ENT in 6 months.
6. He is to continue with his Zyrtec twice a day for his allergic rhinitis. It is recommended for Grant to see an allergist in regards to his allergic rhinitis as well as eczema.

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FINAL REPORT

PAGE 0003 OF 0003

PHONE 504/842-3000  
PLACE OF ENCOUNTER:

PATIENT N  
ENCOUNTER  
DICTATOR:

(b)(3):CPSA Section 25(c)

PROVIDER NOTE

7. Grant is to return to the clinic at 3 years of age for a well visit.  
He is to return to the clinic sooner for any other concerns.

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NEW ORLEANS, LOUISIANA 70121  
PHONE 504/842-3000  
PLACE OF ENCOUNTER: COVINGTON

ENCOUNTER DATE: 12-10-07  
DICTATOR: (b)(3):CPSA Section 25(c)

PROVIDER NOTE

DOB: 12/07/2005

CHIEF COMPLAINT: Continued fever.

HISTORY OF PRESENT ILLNESS: Grant is a 2-year-old presents with his mother complaining of fever up to 103 that he has had over the past 72 hours. The mother reports that he has had some runny nose and congestion as well, which has been constantly draining and is worse than what it was 3 days ago. He was evaluated on December 7th for fever. A rapid strep screen was obtained at that time, which was negative. Mother reports that his symptoms however seemed to have been worsened over this timeframe. She has noticed some drainage from his left ear as well. He has had a decreased appetite. However, he has been drinking well. He has some episodes of posttussive emesis. He has also had some diarrhea that began about 3 days ago. She reports that the stools are just watery. He will have about 1 to 2 a day. He has been wetting his diapers well. He has not been around any known sick contacts. No other complaints.

PAST MEDICAL HISTORY: Reviewed and significant for chronic otitis with PE tubes, allergic rhinitis and atopic dermatitis.

MEDICINES: Motrin p.r.n., and Tylenol p.r.n.

ALLERGIES: No known drug allergies.

REVIEW OF SYSTEMS: All review of systems negative except as mentioned in the history of present illness.

PHYSICAL EXAMINATION: Weight 26 pounds, temp is 98.5, pulse is 124, and respiratory rate is 22.

GENERAL: Male toddler in no acute distress, active and playful.

HEENT: Normocephalic and atraumatic. Pupils are equal, round and reactive to light. Conjunctivae and sclerae are clear. Left TM with clear otorrhea noted. Right TM is clear. Nares with diffuse clear nasal discharge.

Mucous membranes are moist. Oropharynx is without erythema or exudate.

NECK: Supple. No lymphadenopathy.

CARDIOVASCULAR: Regular rate and rhythm. No murmurs, rubs or gallops.

Pulses are 2+.

RESPIRATORY: Questionable few crackles heard in the right lung field. No

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(b)(3):CPSA Section 25(c)

NEW ORLEANS, LOUISIANA 70121  
PHONE 504/842-3000  
PLACE OF ENCOUNTER: COVINGTON

ENCOUNTER DATE: (b)(3):CPSA Section 25(c)  
DICTATOR:

PROVIDER NOTE

wheezing noted. Normal respiratory effort without retractions or nasal flaring.

ABDOMEN: Soft, nontender and nondistended. Positive bowel sounds. No hepatosplenomegaly.

EXTREMITIES: Warm. No cyanosis, clubbing or edema.

OFFICE PROCEDURE: A chest x-ray was obtained in the office, which did show mild right lower lobe pneumonia.

RSV and influenza A and B swabs were obtained as well, which were negative.

ASSESSMENT:

- 1. The patient is a 2-year-old with right lower lobe pneumonia.
- 2. Left otorrhea.

PLAN:

- 1. We will place on Omnicef 14 mg/kg per day x10 days.
- 2. Motrin or Tylenol as needed for any fever.
- 3. Mother is to use Floxin otic for his left ear otorrhea.
- 4. Encourage fluids.
- 5. Grant is to return to the clinic if he continues to be febrile over the next 48 to 72 hours, develops any increased work of breathing and shortness of breath, any other worsening of symptoms or for any other concerns.

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PATIENT NAME: (b)(3):CPSA Section 25(c)

ENCOUNTER DATE: 12-07-07  
DICTATOR: (b)(3):CPSA Section 25(c)

PHONE 504/842-3000  
PLACE OF ENCOUNTER:

PROVIDER NOTE

DOB: 12/07/2005

CHIEF COMPLAINT: Fever.

HISTORY OF PRESENT ILLNESS: Grant is a 2-year-old, who presents with mother complaining of fever up to 102.4. Using otic thermometer, just developed today. Grant has recently been treated for otorrhea and left otitis, and completed a course of Suprax. He finished this antibiotic course 2 days ago. Mother reports that she has not noticed any further otorrhea; however, he has been pulling at his left ear. He has had some clear rhinorrhea over the past couple of days. He has also had a mild cough. No shortness of breath. No wheezing. Denies any sore throat. He has had 2 loose stools this morning. He has been drinking well. No vomiting, no diarrhea. He has been around sick contacts, who has had strep throat. He had no other complaints.

PAST MEDICAL HISTORY: Reviewed. Significant for chronic otitis with PE tubes, allergic rhinitis, and atopic dermatitis.

MEDICATIONS: Zyrtec daily, Motrin, and Tylenol p.r.n.

ALLERGIES: No known drug allergies.

REVIEW OF SYSTEMS: All review of systems is negative except as mentioned in the history of present illness.

PHYSICAL EXAM: Weight 29 pounds, temperature 99.2 axillary, pulse is 120, and respiratory rate is 24.

GENERAL: Male toddler, in no acute distress, active and playful.

HEENT: Normocephalic and atraumatic. Pupils are equal, round, and reactive to light. Conjunctivae and sclerae are clear. Right TM is clear with PE tube in place. Small amount of cerumen in the left ear canal, which was attempted to be removed. Small portion of the left TM was visualized, however, and appear clear. No otorrhea noted in the canal. Mucous membranes are moist. Oropharynx is with minimal erythema. No exudate noted.

NECK: Supple, shotty, bilateral cervical lymphadenopathy.

CARDIOVASCULAR: Regular rate and rhythm. No murmurs, rubs or gallops. Pulses are 2+.

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PATIENT NAME: (b)(3):CPSA Section 25(c)

ENCOUNTER DATE: 12-07-07

DICTATOR: BAHAM, JULIE M

PHONE 504/842-3000  
PLACE OF ENCOUNTER:

PROVIDER NOTE

RESPIRATORY: Clear to auscultation bilaterally. No wheezes or rales. Normal respiratory effort.

ABDOMEN: Soft, nontender, and nondistended. Positive bowel sounds. No hepatosplenomegaly.

EXTREMITIES: Warm. No cyanosis, clubbing or edema.

LABS: Rapid Strep screen was obtained and was negative. Cultures sent.

ASSESSMENT: The patient is a 2-year-old with fever, suspect viral syndrome

PLAN:

- 1. Continue Motrin and Tylenol as needed for any fever.
- 2. Encouraged plenty of fluids.
- 3. Grant is to return to the clinic on Monday, December 10th, for a well child visit.
- 4. He is to return to the clinic if he has fever 48 to 72 hours, if he develops any increased work of breathing, shortness of breath, any other worsening symptoms, or for any other concerns.

(b)(3):CPSA Section 25(c)

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PATIENT NAME: (b)(3):CPSA Section 25(c)

ENCOUNTER DATE: 11-26-07  
DICTATOR: (b)(3):CPSA Section 25(c)

PHONE 504/842-3000  
PLACE OF ENCOUNTER:

PROVIDER NOTE

DOB: 12/07/2005

CHIEF COMPLAINT: Rash.

HPI: The patient is currently a 23-month-old male, who presents with a rash on his bottom, a few lesions on his feet, has been exposed to hand, foot and mouth at day care, and has now increased discharge from his left ear, pulling on it and has noticed some odor. Some positive congestion and clear rhinorrhea. Remains afebrile. No vomiting, diarrhea. Good p.o. intake.

CURRENT MEDS: Zyrtec 1/2 teaspoon p.o. daily.

ALLERGIES: No known drug allergies.

PAST MEDICAL HISTORY:

- 1. Eczema.
- 2. Molluscum.
- 3. Seasonal allergies.
- 4. History of chronic otitis with PE tube placement.

EXAM: Weight 28 pounds 10 ounces, temp 97.2, pulse 96, and respirations 20

GENERAL: Comfortable, in no apparent distress.

EYES: Pupils are equal, round, and reactive to light. No erythema or discharge.

HEENT: Left TM, PE tube in place with purulent material in the lumen, purulent fluid in posterior TM and in external auditory canal with some edema. Right TM, PE tube in place, no discharge. Nasopharynx, posterior clear rhinorrhea, mild pharyngeal erythema, and no ulcerations.

NECK: Supple with shotty adenopathy.

CHEST: Occasional coarse respiration. Good air movement. No wheezes, rales or stridor.

HEART: Regular and rate rhythm. No murmurs, rubs or gallops.

ABDOMEN: Positive bowel sounds and soft. No hepatosplenomegaly or masses.

SKIN: Cool and dry. Discrete erythematous papules over bottom. Dry flaking skin on the extensor surface of his lower extremities.

Skin-colored papules on the face around left eye.

ASSESSMENT:

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PATIENT NAME (b)(3):CPSA Section 25(c)

ENCOUNTER  
DICTATOR:

PHONE 504/842-3000  
PLACE OF ENCOUNTER:

PROVIDER NOTE

- 1. Left otitis media.
- 2. Left otitis externa.
- 3. Molluscum.
- 4. Eczema.

PLAN:

- 1. Augmentin 400/5, 3 mL p.o. b.i.d. x10 days.
- 2. Floxin 5 drops b.i.d. x10 days.
- 3. Continue with Cetaphil or Aveeno moisturizer after bath and unscented soaps.
- 4. Return to clinic if poor improvement or worsening of symptoms.
- 5. Ear recheck in 2-3 weeks.

(b)(3):CPSA Section 25(c)

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(b)(3):CPSA Section 25(c)

PATIENT NAME

ENCOUNTER DATE: 11-26-07

DICTATOR:

(b)(3):CPSA Section 25(c)

PHONE 504/842-3000  
PLACE OF ENCOUNTER:

PROVIDER NOTE

DOB: 12/07/2005

CHIEF COMPLAINT: Followup of ear infection.

HISTORY OF PRESENT ILLNESS: Grant is a 23-month-old who presents with parents complaining of drainage from his left ear. He was evaluated in our clinic recently, diagnosed with left otitis and otorrhea. He was placed on Floxin as well as Augmentin. They have been using these medications as directed; however, he is continuing to have drainage from his left ear, which they report is clear to yellowish in color. She reported yesterday it did seem slightly blood tinged. He has had some runny nose and congestion as well. She denies any fever. He was complaining of ear pain yesterday. He has been drinking well; however, he has had a decrease in his appetite. No known sick contacts. No other complaints.

PAST MEDICAL HISTORY: Reviewed. Significant for chronic otitis with PE tubes, allergic rhinitis, and atopic dermatitis.

MEDICINES: Zyrtec p.r.n., Augmentin, and Floxin.

ALLERGIES: No known drug allergies.

REVIEW OF SYSTEMS: All review of systems is negative except as mentioned in the history of present illness.

PHYSICAL EXAM: Weight 29 pounds, temp 97.6, pulse is 96, and respiratory rate is 20.

GENERAL: Male toddler, in no acute distress.

HEENT: Normocephalic and atraumatic. Pupils are equal, round, and reactive to light. Conjunctivae and sclerae are clear. Right TM is clear with PE tube in place. No otorrhea noted. Left TM not visualized secondary to clear to yellowish otorrhea in the left ear canal. Nares are with clear nasal discharge. Mucous membranes are moist. Oropharynx is without erythema or exudate.

NECK: Supple. No lymphadenopathy appreciated.

CARDIOVASCULAR: Regular rate and rhythm. No murmurs, rubs or gallops. Pulses are 2+.

RESPIRATORY: Clear to auscultation bilaterally. No wheezes or rales. Normal respiratory effort.

\*\*\*\* COPY \*\*\*\*

PATIENT

(b)(3):CPSA Section 25(c)

ENCOUNTER

DICTATOR

PHONE 504/842-3000

PLACE OF ENCOUNTER:

PROVIDER NOTE

ABDOMEN: Soft, nontender, and nondistended. Positive bowel sounds. No hepatosplenomegaly.

EXTREMITIES: Warm. No cyanosis, clubbing or edema.

ASSESSMENT: The patient is a 23-month-old with left otitis and left otorrhea.

PLAN:

1. I will place him on Suprax 8 mg/kg per day x10 day. Mother is also to continue with the Floxin Otic 5 drops to the affected ear twice daily for a total of 10 days.

2. Grant is to return to the clinic if he has fever for 48 to 72 hours, no improvement of his symptoms over the next 2 to 3 days, any other worsening of his symptoms or for any other concerns.

(b)(3):CPSA Section 25(c)

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(b)(3):CPSA Section 25(c)

PATIENT NAME:

0310703

ENCOUNTER DATE: 11-05-07

DICTATOR: (b)(3):CPSA Section 25(c)

PHONE 504/842-3000  
PLACE OF ENCOUNTER:

PROVIDER NOTE

DOB: 12/07/2005

CHIEF COMPLAINT: Pulling at left ear for about 2 weeks.

HISTORY OF PRESENT ILLNESS: This 23-month-old white male has had some intermittent drainage from his left ear. He has PE tubes in his ear. He had some clear nasal drainage recently in the last day or 2. He has had no fever.

MEDICATIONS: Polyvitamins.

No known drug allergies.

PAST MEDICAL HISTORY: Allergic rhinitis.

PHYSICAL EXAM: Weight 28 pounds, temperature 97.2 axillary, pulse 104, and respiratory rate 28.

GENERAL APPEARANCE: Alert, awake, in no acute distress.

HEAD: Normocephalic and atraumatic. Pupils are equal, round and reactive to light. Red reflexes present bilaterally. Tympanic membranes clear on the right with PE tube in place. The left tympanic membrane and PE tube is obscured by cerumen. After several attempts, the cerumen was cleared from his ear canal enough so that the tympanic membrane and the PE tube were visible. There is no drainage seen coming from the tube at this point.

Allergic shiners below both eyes.

NECK: Supple. No lymphadenopathy. No thyromegaly.

HEART: Regular rate and rhythm. No murmurs. Normal S1 and S2.

LUNGS: Clear to auscultation bilaterally. No retractions. No wheezing.

ABDOMEN: Soft, nontender and nondistended. Normal bowel sounds. No hepatosplenomegaly and no masses.

SKIN: No rashes.

ASSESSMENT AND PLAN:

1. Otorrhea, likely secondary to clear drainage coming from the ear canal from his allergies. Use Zyrtec 2.5 mL p.o. daily.
2. Allergic rhinitis. Use Zyrtec as above and call for any further problems.

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FINAL REPORT

PAGE 0002 OF 0002

PATIENT (b)(3):CPSA Section 25(c)

ENCOUNTER  
DICTATOR

PHONE 504/842-3000  
PLACE OF ENCOUNTER:

PROVIDER NOTE

(b)(3):CPSA Section 25(c)

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1516 JEFFERSON HIGHWAY  
NEW ORLEANS, LOUISIANA 70121  
PHONE 504/842-3000  
PLACE OF ENCOUNTER: MANDEVILLE

CLINIC NUMBER: 8316409  
ENCOUNTER DATE: 07-27-07  
DICTATOR: (b)(3):CPSA Section 25(c)

PROVIDER NOTE

DOB: 12/07/2005

CHIEF COMPLAINT: Fever and runny nose.

HISTORY OF PRESENT ILLNESS: Grant is a 2-year-old, who presents with mother complaining of fever this morning that was 100.9. He has also had some rhinorrhea that developed over the past 24-48 hours. Mother reports that he seemed to be a little bit more irritable yesterday. He has had no cough, no shortness of breath or wheezing. He has been drinking well. He does attendant daycare, but mother does not know if any sick contacts there. She reports she has been having some cold symptoms, however. No other complaints.

PAST MEDICAL HISTORY: Reviewed. Significant for chronic otitis with PE tubes as well as eczema and allergic rhinitis.

MEDICINES: Zyrtec b.i.d., vitamin daily, and Tylenol p.r.n.

ALLERGIES: No known drug allergies.

REVIEW OF SYSTEMS: Positive fever. Positive rhinorrhea. Positive congestion. No cough. No shortness of breath. No wheezing. No nausea, vomiting or diarrhea. All other review of systems is negative except as mentioned in the history of present illness.

PHYSICAL EXAM: Weight 26 pounds, temp 97.6, pulse is 107, and respiratory rate is 25.

GENERAL: Male toddler, in no acute distress, cooperative with exam.

HEENT: Normocephalic and atraumatic. Pupils are equal, round, and reactive to light. Conjunctivae and sclerae are clear bilaterally. TMs are clear with PE tubes in place. No otorrhea. Mucous membranes are moist. Oropharynx with mild erythema. No exudate noted.

NECK: Supple. No lymphadenopathy.

CARDIOVASCULAR: Regular rate and rhythm. No murmurs, rubs or gallops. Pulses are 2+. Capillary refill is less than 2 seconds.

RESPIRATORY: Clear to auscultation bilaterally. No wheezes or rales. Normal respiratory effort.

ABDOMEN: Soft, nontender, and nondistended. Positive bowel sounds. No hepatosplenomegaly.

\*\*\*\* COPY \*\*\*\*

(b)(3):CPSA Section 25(c)

NEW ORLEANS, LOUISIANA 70121  
PHONE 504/842-3000  
PLACE OF ENCOUNTER: MANDEVILLE

ENCOUNTER DATE: 07-27-07  
DICTATOR: (b)(3):CPSA Section 25(c)

PROVIDER NOTE

EXTREMITIES: Warm. No cyanosis, clubbing or edema.  
DERM: Positive eczematous lesions in bilateral lower extremities as well as above the left superior lip without any erythema, induration or weeping noted.

LABS: Rapid strep screen obtained and was negative. Culture was sent.

ASSESSMENT:

1. The patient is a 2-year-old with acute upper respiratory infection.
2. Eczema.

PLAN:

1. It was recommended to use cool mist humidifier at night, bulb suction, saline nose drops, and keep the head of the bed elevated to help with his rhinorrhea and congestion.
2. Mother may also use purple Triaminic over-the-counter and that she may have half a teaspoon p.o. every 6 hours. She is to not use the Zyrtec with this medication.
3. Motrin or Tylenol as needed for any fever.
4. If mother does notice any otorrhea, she is to begin Floxin twice daily. If he continues to have otorrhea after using the Floxin after 2-3 days, she is to notify our office.
5. Grant is to return to the clinic if he continues to have fever for the next 48-72 hours, develops any increased work of breathing, shortness of breath, any other worsening of his symptoms or for any other concerns.

(b)(3):CPSA Section 25(c)

JM

) td: 07/29/2007 00:11:36 (EST)

Do

, M.D., on 09/19/2007 08:06:40 ET

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(b)(3):CPSA Section 25(c)

NEW ORLEANS, LOUISIANA 70121  
PHONE 504/842-3000  
PLACE OF ENCOUNTER: MANDEVILLE

ENCOUNTER DATE: 07-06-07  
DICTATOR: (b)(3):CPSA Section 25(c)

PROVIDER NOTE

DOB: 12/07/2005

CHIEF COMPLAINT: Fever.

HISTORY OF PRESENT ILLNESS: Grant is a 19-month-old, who presents with mother complaining of fever that began yesterday up to 100.3. She has checked his temperature using the otic thermometer. He began to have the fever yesterday afternoon. Mother reports that he has had really no other symptoms. He has had no rhinorrhea. No congestion. No ear pulling. No otorrhea. He has had no drooling, no vomiting, and no diarrhea. He does attend daycare and the mother is unsure of any known sick contact there. No other complaints.

PAST MEDICAL HISTORY: Reviewed and significant for chronic otitis and PE tubes, allergic rhinitis, and eczema. He was evaluated on June 13 for persistent otorrhea, which was treated with Floxin and Augmentin. Mother reports that this improved.

MEDICINES: Vitamins daily, Floxin drops p.r.n., Zyrtec half a teaspoon b.i.d., and Tylenol p.r.n.

ALLERGIES: No known drug allergies.

REVIEW OF SYSTEMS: Positive fever. No rhinorrhea. No congestion. No cough, no shortness of breath, and no wheezing. No nausea, vomiting or diarrhea. All other review of systems is negative, except as mentioned in the history of present illness.

PHYSICAL EXAM: Weight is 25 pounds 8 ounces, temp is 98.7 axillary, pulse is 110, and respiratory rate is 23.

GENERAL: A male toddler, in no acute distress. Active and playful.

HEENT: Normocephalic and atraumatic. Pupils are equal, round, and reactive to light. Conjunctivae and sclerae are clear bilateral. TMs are clear with PE tubes in place. No otorrhea. Nares are without discharge. Mucous membranes are moist. Oropharynx is without erythema or exudate.

NECK: Supple. No lymphadenopathy.

CARDIOVASCULAR: Regular rate and rhythm. No murmurs, rubs or gallops. Pulses are 2+. Capillary refill is less than 2 seconds.

RESPIRATORY: Clear to auscultation bilaterally. No wheezes or rales.

\*\*\*\* COPY \*\*\*\*

(b)(3):CPSA Section 25(c)

1910 GIFFERSON BLVD  
NEW ORLEANS, LOUISIANA 70121  
PHONE 504/842-3000  
PLACE OF ENCOUNTER: MANDEVILLE

ENCOUNTER DATE: 07-06-07  
DICTATOR: (b)(3):CPSA Section 25(c)

PROVIDER NOTE

Normal respiratory effort.

ABDOMEN: Soft, nontender, and nondistended. Positive bowel sounds. No hepatosplenomegaly.

EXTREMITIES: Warm. No cyanosis, clubbing or edema.

DERM: Positive eczematous lesions located around the perioral region as well as bilateral lower extremities.

ASSESSMENT:

- 1. Fevers that is viral syndrome.
- 2. Eczema.

PLAN:

- 1. Grant has had a fever for less than 24 hours at this point. Mother is to continue to monitor his fever. She is to use Tylenol or Motrin as needed for this. If he continues to have fever in the next 48-72 hours, he is to be reevaluated.
- 2. Encouraged plenty of fluids.
- 3. For his eczema, samples of Hylira were given, which mother was instructed to use twice daily over the month. After using the Hylira, she is to apply Eucerin cream over his skin as well twice daily. If he has any inflamed areas, he is to use Westcort cream as needed.
- 4. Grant is to return to the clinic if he has any worsening symptoms, continues to have fever in the next 48-72 hours, develops any increased work of breathing, shortness of breath or for any other concerns.

(b)(3):CPSA Section 25(c)

JME

l) td: 07/08/2007 01:00:42 (EST)

Doc

, M.D., on 09/11/2007 15:13:52 ET

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(b)(3):CPSA Section 25(c)

1010 JEFFERSON HIGHWAY  
NEW ORLEANS, LOUISIANA 70121  
PHONE 504/842-3000  
PLACE OF ENCOUNTER: MANDEVILLE

ENCOUNTER DATE: 06-13-07  
DICTATOR: (b)(3):CPSA Section 25(c)

## PROVIDER NOTE

DOB: 12/07/2005

CHIEF COMPLAINT: Possible ear infection.

HISTORY OF PRESENT ILLNESS: This is an 18-month-old with history of chronic otitis and PE tubes placed in December 2006, allergic rhinitis, and eczema, who presents with mother complaining of continued otorrhea. Grant was evaluated in our clinic on May 28 by Dr. Long. He was noted to have some mild right otorrhea at that visit. He was given a prescription of Ciprodex, which the mother did use and the otorrhea did improve, however; over the past 4-5 days he has developed otorrhea again. Mother reports that the otorrhea is now greenish in color. He has also had some runny nose and congestion over this timeframe as well. His rhinorrhea is now greenish in color as well. He has had no fever. He has had no cough. He has been holding his left ear and mother reports that he did wake up in the middle of the night crying. He has been around sick contacts at day care. Mother did start Ciprodex Otic 3 days ago. She ran out of it and Grant did not receive the Ciprodex at home yesterday. No other complaints.

PAST MEDICAL HISTORY: Reviewed and significant for chronic otitis and PE tubes, allergic rhinitis, and eczema.

MEDICINES: Zyrtec daily and vitamins daily.

ALLERGIES: No known drug allergies.

REVIEW OF SYSTEMS: No fever. Positive rhinorrhea and positive congestion. No cough, no shortness of breath, and no wheezing. Positive otorrhea. All other review of systems is negative, except as mentioned in the history of present illness.

PHYSICAL EXAM: Weight is 25 pounds, temp 97.3, pulse is 120, and respiratory rate is 24.

GENERAL: A male toddler, in no acute distress. Active and playful.

HEENT: Normocephalic and atraumatic. Pupils are equal, round, and reactive to light. Conjunctivae and sclerae are clear. Mild otorrhea noted in the right ear canal with clear otorrhea noted, however; with erythema and exudate behind TMs. Mucous membranes are moist. Oropharynx

\*\*\*\* COPY \*\*\*\*

(b)(3):CPSA Section 25(c)

PLACE OF ENCOUNTER: MANDEVILLE

PROVIDER NOTE

is without erythema or exudate.

NECK: Supple. No lymphadenopathy.

CARDIOVASCULAR: Regular rate and rhythm. No murmurs, rubs or gallops. Pulses 2+.

RESPIRATORY: Clear to auscultation bilaterally. No wheezes or rales. Normal respiratory effort.

ABDOMEN: Soft, nontender, and nondistended. Positive bowel sounds. No hepatosplenomegaly.

EXTREMITIES: Warm. No cyanosis, clubbing or edema.

DERM: Positive eczematous lesions located on the face as well as on bilateral lower extremities. No erythema or weeping noted of the areas.

ASSESSMENT:

- 1. The patient is an 18-month-old with otorrhea.
- 2. Acute viral respiratory infection.

PLAN:

- 1. Since he has had recurrence of his otorrhea and mother has tried Ciprodex without much improvement, we will go ahead and prescribe Augmentin ES 80 mg/kg/day x10 days. A prescription for Floxin Otic was also given which he is to use twice daily for 10 days as well.
- 2. Use bulb suction, saline nose drops, cool mist humidifier at night and keep the head of the bed elevated to help with this rhinorrhea and congestion.
- 3. Mother is to continue his home regimen for his eczema.
- 4. Grant is to return to clinic if he has no improvement in his symptoms in the next 2-3 days, any other worsening of symptoms or for any other concerns.

(b)(3):CPSA Section 25(c)

JM

(ST) td: 06/14/2007 11:38:34 (EST)

Do

, M.D., on 07/30/2007 14:13:59 ET

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(b)(3):CPSA Section 25(c)

NEW ORLEANS, LOUISIANA 70121  
PHONE 504/842-3000  
PLACE OF ENCOUNTER: MANDEVILLE

ENCOUNTER DATE: 05-28-07  
DICTATOR: (b)(3):CPSA Section 25(c)

## PROVIDER NOTE

DOB: 12/07/2005

CHIEF COMPLAINT: Otitis media.

HISTORY OF PRESENT ILLNESS: The patient is a 17-1/2-month-old male, who is status post Augmentin ES and Floxin. See dictation of 04/25/07, in which he had complete improvement without any complaints and was sleeping well. Three days ago mom noticed some draining for 1 day and subsequently stopped this morning, low-grade fever at 100. Seems to be pulling on both of his ears. Somewhat fussy, but consolable. Notes some congestion and clear rhinorrhea. No cough. No vomiting or diarrhea. Good p.o. intake.

They have also noted, when he is in the bathtub he pulls on his scrotum rather hard. Does not seem to bother him and does not seem to be in any distress, in which it will occasionally cause some abrasions.

REVIEW OF SYSTEMS: Positive for eczema. Diffuse erythematous dry patches over his face and arms. Currently, doing better. Seems to break-out when he is sick.

CURRENT MEDS: Tylenol, Zyrtec, and multivitamin, and moisturizers and hydrocortisone cream as needed or stated to use at least once or twice a month.

No known drug allergies.

## PAST MEDICAL HISTORY:

1. Chronic otitis media with PE tube placement, December 2006.
2. Seasonal allergies.
3. Eczema.

EXAM: Temp is 97.2, weight is 26 pounds, pulse is 110, and respiration is 20.

GENERAL: Comfortable, in no apparent distress.

EYES: Pupils are equal, round, and reactive to light. No erythema or discharge.

HEENT: Right TM, PE tube in place. Minimal clear cloudy fluid level behind the TM and some minimal amount in lumen of PE tube. Left PE tube in place. No discharge. No erythema. Nasopharynx is clear. Mucous membrane is

\*\*\*\* COPY \*\*\*\*

(b)(3):CPSA Section 25(c)

PLACE OF ENCOUNTER: MANDEVILLE

PROVIDER NOTE

moist and pink. No lesions.  
 NECK: Supple. No adenopathy or masses.  
 CHEST: Bilateral clear to auscultation.  
 HEART: Regular rhythm. No murmurs, rubs or gallops.  
 ABDOMEN: Positive bowel sounds. Soft. No hepatosplenomegaly or masses.  
 SKIN: Cool and dry. Mildly erythematous flaking the skin perioral. No lesions on the extensive surfaces of arms and legs.

ASSESSMENT:

1. Some mild right otorrhea.
2. URI.
3. Eczema.

PLAN:

1. Placed on Ciprodex 5 drops b.i.d. x10 days. Ear recheck in 2-3 weeks.
2. Continue with current maintenance regimen for eczema. Return to clinic if poor improvement or worsening.
3. Continue the Zyrtec for allergy symptoms.

(b)(3):CPSA Section 25(c)

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05/30/2007 18:51:02 (EST)

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D., on 06/06/2007 13:46:27 E

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(b)(3):CPSA Section 25(c)

NEW ORLEANS, LOUISIANA 70121  
PHONE 504/842-3000  
PLACE OF ENCOUNTER: MANDEVILLE

ENCOUNTER DATE: 04-25-07  
DICTATOR: (b)(3):CPSA Section 25(c)

## PROVIDER NOTE

DOB: 12/07/2005

CHIEF COMPLAINT: Left ear drainage.

HISTORY OF PRESENT ILLNESS: The patient is a 16-month-old, who presents with mother complaining of left ear drainage. Mother reports she first noticed the ear drainage yesterday. She reports initially it was clear; however during the day it became more dark and yellow in color. She reports that he has always had some clear rhinorrhea and has had a mild cough. He has had a fever up to 101 over the past 24 hours as well. He has no known sick contacts. He does attend day care. Grant has a history of chronic otitis with PE tubes placed in December 2006. Mother did have a prescription of Floxin, which she did start using yesterday and reports that she is almost out.

PAST MEDICAL HISTORY: Reviewed . Significant for eczema as well as chronic otitis with PE tubes.

MEDICINES: Zyrtec daily and Floxin day #2.

ALLERGIES: No known drug allergies.

REVIEW OF SYSTEMS: Positive fever. Positive rhinorrhea. Positive congestion. Positive cough. No shortness of breath. No wheezing. Positive left ear drainage. No nausea, vomiting or diarrhea. All other review of systems is negative, except as mentioned in the history of present illness.

PHYSICAL EXAM: Weight 24 pounds 2 ounces, temp 97.3, pulse is 100, and respiratory rate is 20.

GENERAL: A male child, in no acute distress.

HEENT: Normocephalic and atraumatic. Pupils are equal, round, and reactive to light. Conjunctivae and sclerae are clear. Right TM is clear with PE tube in place and possible cerumen in tube. Left TM is unable to be visualized secondary to otorrhea, which was slightly blood-tinged and clear to yellow in color. Mucous membranes are moist. Oropharynx is without erythema or exudate.

NECK: Supple. No lymphadenopathy.

CARDIOVASCULAR: Regular rate and rhythm. No murmurs, rubs or gallops.

\*\*\*\* COPY \*\*\*\*

1515 JEFFERSON HIGHWAY  
NEW ORLEANS, LOUISIANA 70121  
PHONE 504/842-3000  
PLACE OF ENCOUNTER: MANDEVILLE

ENCOUNTER DATE: 04-25-07  
DICTATOR: (b)(3):CPSA Section 25(c)

PROVIDER NOTE

Pulses are 2+.

RESPIRATORY: Clear to auscultation bilaterally. No wheezes or rales. Normal respiratory effort.

ABDOMEN: Soft, nontender, and nondistended. Positive bowel sounds. No hepatosplenomegaly.

ASSESSMENT: The patient is a 16-month-old with left otitis and otorrhea.

PLAN:

1. We will place him on Augmentin ES 80 mg/kg/day x10 days.
2. Floxin Otic to the affected ear, twice a day for 10 days.
3. Continue with the Zyrtec as needed for his rhinorrhea.
4. Recommend to use bulb suctioning, saline nose drops, cool mist humidifier at night, and keep the head of the bed elevated.
5. Grant is to return to clinic if he has no improvement of his symptoms over the next 3 days, if he has fever 48-72 hours or for any other concerns

(b)(3):CPSA Section 25(c)

JMB

) td: 04/26/2007 01:25:48 (EST)

Doc

M.D., on 05/30/2007 16:07:21 ET

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(b)(3):CPSA Section 25(c)

NEW ORLEANS, LOUISIANA 70121  
 PHONE 504/842-3000  
 PLACE OF ENCOUNTER: MANDEVILLE

ENCOUNTER DATE: 03-30-07  
 DICTATOR: (b)(3):CPSA Section 25(c)

## PROVIDER NOTE

DOB: 12/07/2005

CHIEF COMPLAINT: Fever.

HPI: The patient is a 15-month-old male, who was seen earlier in the week diagnosed with viral syndrome, has continued to run fever for a total of 4-5 days, this afternoon went up to 101.5, did have 1 episode of emesis this morning, and 1 loose stool yesterday. Denies any congestion, cough or rhinorrhea. No exanthems or joint edema. He has had multiple sick contacts at daycare. Occasionally fussy, but consolable. Taking fluids relatively well with 4 wet diapers already today before 1 o' clock.

REVIEW OF SYSTEMS: As above. Positive diffuse dry, erythematous, flaking skin patches over the torso and extremities.

CURRENT MEDS: Multivitamin.

No known drug allergies.

## PAST MEDICAL HISTORY:

1. Eczema.
2. Chronic otitis media with PE tubes placement.

EXAM: Temp 98.5, weight 24 pounds, and respirations 24.

GENERAL: Comfortable, in no apparent distress.

EYES: Pupils are equal, round, reactive to light. No erythema or discharge.

HEENT: Bilateral PE tubes in place. No discharge. Nasopharynx is clear. Mucous membranes are moist and pink. No erythema.

NECK: Supple. No adenopathy.

CHEST: Bilaterally clear to auscultation.

HEART: Regular rate and rhythm. No murmurs, rubs or gallops.

ABDOMEN: Positive bowel sounds. Soft. No hepatosplenomegaly or masses.

SKIN: Cool and dry. Diffuse erythematous, dry, flaking patches of her extremities.

## PROCEDURE:

1. Throat and flu swab negative from previous clinic visit.
2. Cath urine within normal. CBC within normal limits as well. Result was called to mom later that afternoon.

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(b)(3):CPSA Section 25(c)

PLACE OF ENCOUNTER: MANDEVILLE

PROVIDER NOTE

ASSESSMENT:

- 1. Viral syndrome.
- 2. Fever.

PLAN: Results were called to mom, as above. We will continue to monitor and treat with Motrin and Tylenol. Return to clinic if worsening symptoms or increased temp greater than 48 hours.

(b)(3):CPSA Section 25(c)

J  
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04/02/2007 04:29:29 (EST)

M.D. (E-Sig), on 04/10/2007

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(b)(3):CPSA Section 25(c)

NEW ORLEANS, LOUISIANA 70121  
PHONE 504/842-3000  
PLACE OF ENCOUNTER: MANDEVILLE

ENCOUNTER DATE: 03-28-07  
DICTATOR: (b)(3):CPSA Section 25(c)

## PROVIDER NOTE

DOB: 12/07/2005

CHIEF COMPLAINT: Fever and vomiting.

HISTORY OF PRESENT ILLNESS: The patient is a 15-month-old who presents with mother complaining of fever up to 102.5 that began over the past 36-48 hours. He did have 1 episode of emesis yesterday, which is nonbloody and nonbilious. Mother reports he has had no vomiting since that time. She does report he has had decreased appetite and has not been drinking as much, however. He has been wetting diapers well. She denies him having any runny nose or congestion. He has had a mild cough. He has not had any diarrhea. Mother knows of 1 sick contact with a stomach virus, however, she reports Grant has not been around her.

PAST MEDICAL HISTORY: Reviewed. Significant for recurrent otitis with PE tubes. Also significant for allergic rhinitis and eczema.

MEDICINES: Zyrtec daily and polyvitamin daily.

ALLERGIES: No known drug allergies.

REVIEW OF SYSTEMS: Positive fever. No rhinorrhea. No congestion. Mild cough. No sore throat. No wheezing. Positive vomiting. No diarrhea. All other review of systems are negative except as mentioned in the history of present illness.

PHYSICAL EXAM: Weight 24 pounds, temp 98.2, pulse is 100, and respiratory rate is 24.

GENERAL: Male toddler, in no acute distress, and cooperative with exam.

HEENT: Normocephalic and atraumatic. Pupils are equal, round, and reactive to light. Conjunctivae and sclerae are clear. TMs clear bilaterally with PE tubes in place. No otorrhea. Mucous membranes are moist. Oropharynx with erythema. No exudate appreciated.

NECK: Supple. Shotty bilateral cervical lymphadenopathy.

CARDIOVASCULAR: Regular rate and rhythm. No murmurs, rubs or gallops. Pulses are 2+.

RESPIRATORY: Clear to auscultation bilaterally. No wheezes or rales. Normal respiratory effort.

ABDOMEN: Soft, nontender, and nondistended. Positive bowel sounds. No hepatosplenomegaly.

\*\*\*\* COPY \*\*\*\*

(b)(3):CPSA Section 25(c)

PLACE OF ENCOUNTER: MANDEVILLE

PROVIDER NOTE

EXTREMITIES: Warm. No cyanosis, clubbing or edema.

LABS: Rapid strep screen obtained and was negative. Culture sent. Flu swab obtained and was pending.

ASSESSMENT: The patient is a 15-month-old with fever, suspect viral syndrome.

PLAN:

1. Encouraged fluids, small frequent amounts, then increase as tolerated.
2. Motrin or Tylenol as needed for any fever.
3. Mother will be notified of the flu swab results.
4. If he does not have a flu, it is believed he has another viral infection. If he continues to have fever in the next 2-3 days, he needs to be re-seen. If he has any increased work of breathing and shortness of breath, he also needs to be re-seen.

(b)(3):CPSA Section 25(c)

JM

td: 03/29/2007 04:14:21 (EST)

Dc

M.D., on 05/03/2007 08:54:49 ET

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(b)(3):CPSA Section 25(c)  
 [Redacted]

NEW ORLEANS, LOUISIANA 70121  
 PHONE 504/842-3000  
 PLACE OF ENCOUNTER: MANDEVILLE

ENCOUNTER DATE: 03-19-07  
 DICTATOR: (b)(3):CPSA Section 25(c)

## PROVIDER NOTE

DOB: 12/07/2005

CHIEF COMPLAINT: Green runny nose.

**HISTORY OF PRESENT ILLNESS:** The patient is a 15-month-old who presents with mother complaining of green rhinorrhea that has developed over the past 24 to 48 hours. Grant was evaluated on March 7th. He was diagnosed with a right otitis at that time. Mother reports the following day he did develop some yellow otorrhea from that bilateral ears and she did start him on Floxin. Mother reports that his runny nose did become clear, however, over the past 24 to 48 hours, it has become clear in color. He has also developed a cough mainly at nighttime when he is sleeping. She denies him any wheezing or shortness of breath. He has been drinking well and has had normal appetite. He has had no fever. There were no known sick contacts. He does attend daycare, however. He completed his course of Augmentin for his right otitis diagnosed on the 7th.

**PAST MEDICAL HISTORY:** Reviewed and significant for recurrent otitis with PE tubes placed in December 2006. Also significant for eczema.

**MEDICINES:** Zyrtec p.r.n. and purple Triaminic p.r.n.

**ALLERGIES:** No known drug allergies.

**REVIEW OF SYSTEMS:** No fever. Positive rhinorrhea, positive congestion, and positive cough. No shortness of breath, no wheezing, no ear pulling, no otorrhea. All other review of systems is negative except as mentioned in the history of present illness.

**PHYSICAL EXAM:** Weight 24 pounds, temperature 97.7, pulse is 100, and respiratory rate is 24.

**GENERAL:** Male child in no acute distress.

**HEENT:** Normocephalic and atraumatic. Pupils are equal, round and reactive to light. Conjunctivae and sclerae are clear. Mucous membranes are moist. Oropharynx is without erythema or exudate. TMs are clear bilaterally. PE tubes in place and no otorrhea noted. Clear-to-yellow nasal discharge.

**NECK:** Supple with shotty bilateral cervical lymphadenopathy.

**CARDIOVASCULAR:** Regular rate and rhythm. No murmurs, rubs or gallops. Pulses were 2+.

**RESPIRATORY:** Clear to auscultation bilaterally. No wheezes or rales.

\*\*\*\* COPY \*\*\*\*

(b)(3):CPSA Section 25(c)

PLACE OF ENCOUNTER: MANDEVILLE

PROVIDER NOTE

Normal respiratory effort.

ABDOMEN: Soft, nontender, and nondistended. Positive bowel sounds. No hepatosplenomegaly.

EXTREMITIES: Warm. No cyanosis, clubbing or edema.

ASSESSMENT: The patient is a 15-month-old with acute upper respiratory infection.

PLAN:

1. Use bulb suction, saline nasal drops, and cool mist humidifier at night and keep the head of the bed elevated.
2. Use purple Triaminic as needed for his symptoms. She is not to use this with the Zyrtec. Once his cold symptoms have improved she may restart his Zyrtec for his allergies.
3. Encouraged plenty of fluids.
4. If Grant has clear otorrhea from his ear canal mother may use the Floxin Otic as directed for this.
5. Grant is to return to clinic if he has fever for 48 to 72 hours, develops any increased work of breathing, shortness of breath, if he develops some yellow otorrhea, or for any other concerns.

(b)(3):CPSA Section 25(c)

td: 03/20/2007 02:09:18 (EST)

M.D. (E-Sig), on 03/27/2007

17:00:44 E1

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NEW ORLEANS, LOUISIANA 70121  
PHONE 504/842-3000  
PLACE OF ENCOUNTER: MANDEVILLE

ENCOUNTER DATE: 03-07-07  
DICTATOR: (b)(3):CPSA Section 25(c)

PROVIDER NOTE

DOB: 12/07/2005

CHIEF COMPLAINT: Congestion, cough, and fever.

HISTORY OF PRESENT ILLNESS: The patient is a 15-month-old with a history of recurrent otitis, status post PE tubes in December 2006. He presents with mother complaining of fever up to 100.7 over the past 24 hours. Mother reports he has also had some rhinorrhea and congestion that was initially clear and now it is green in color over the past 48 hours. He has also had some productive cough that has developed over the past 24 hours. He has been drinking well. Mother reports his appetite has been good. He has been urinating well. The mother reports that he seemed to be pulling his left ear, but she has not noticed any otorrhea. He has had no shortness of breath or wheezing.

Mother also reports that Grant has positive eczema on his left foot that does not seem to clear up. She has been using 1% hydrocortisone cream on the area without much improvement. She has been also using Elidel on his face and other lesions, but she has not noticed any improvement on that lesion on his leg.

PAST MEDICAL HISTORY: Reviewed, significant for eczema and chronic otitis, status post PE tubes December 2006.

MEDICINES: Zyrtec daily, multivitamin daily, and PediaCare p.r.n.

ALLERGIES: No known drug allergies.

REVIEW OF SYSTEMS: Positive fever. Positive rhinorrhea. Positive congestion. Positive cough. No shortness of breath. No wheezing. Positive ear pulling. No otorrhea. No nausea, vomiting or diarrhea. All other review of systems is negative, except as mentioned in history of present illness.

PHYSICAL EXAM: Weight is 24 pounds 6 ounces, temp is 98.7, pulse is 100, and respiratory rate is 24.

GENERAL: Male toddler, in no acute distress.

HEENT: Normocephalic, atraumatic. Pupils are equal, round, and reactive to light. Conjunctivae and sclerae are clear. Left TM is clear with PE tube in place. No otorrhea. Right TM is erythematous with some exudate

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(b)(3):CPSA Section 25(c)

PLACE OF ENCOUNTER: MANDEVILLE

PROVIDER NOTE

appreciated and a small amount of yellow otorrhea noted in the tube. Mucous membranes, moist. Oropharynx without erythema or exudate.

NECK: Supple. No lymphadenopathy.

CARDIOVASCULAR: Regular rate and rhythm. No murmurs, rubs or gallops. Pulses 2+.

RESPIRATORY: Clear to auscultation bilaterally. No wheezes or rales. Normal respiratory effort.

ABDOMEN: Soft. Nontender, nondistended. Positive bowel sounds. No hepatosplenomegaly.

EXTREMITIES: Warm. No cyanosis, clubbing or edema.

DERM: There is erythematous, eczematous lesion located on his left medial ankle without any weeping or evidence of secondary infection.

ASSESSMENT:

- 1. Right otitis media with otorrhea.
- 2. Acute upper respiratory infection.
- 3. Eczema.

PLAN:

- 1. For his right otitis, we will place him on Augmentin ES 80 mg/kg/day x10 days. Mother has a prescription for Floxin, which she is to use 5 drops in the right ear twice a day for 10 days.
- 2. Motrin or Tylenol as needed for any fever or pain.
- 3. Use bulb suctioning, saline nose drops, and cool mist humidifier at night, and keep head of the bed elevated.
- 4. Mom is recommended to use Purple Triaminic over the counter, which Grant may have half a teaspoon p.o. every 6 hours as needed.
- 5. For his eczema, a prescription for Westcort cream was given, which she may use twice a day. For his eczema, it is also recommended to pat him dry after bath and apply Eucerin cream twice a day. It was also recommended to use new eczema product called Cervia which mother may find at C&C pharmacy.

(b)(3):CPSA Section 25(c)

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M.D. (E-Sig), on 03/27/2007

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(b)(3):CPSA Section 25(c)

NEW ORLEANS, LOUISIANA 70121  
PHONE 504/842-3000  
PLACE OF ENCOUNTER: MANDEVILLE

ENCOUNTER DATE: 02-12-07  
DICTATOR: (b)(3):CPSA Section 25(c)

PROVIDER NOTE

DOB: 12/07/2005

CHIEF COMPLAINT: Cold symptoms.

HISTORY OF PRESENT ILLNESS: The patient is a 14-month-old with a history of recurrent otitis, status post PE tubes in December 2006, who presents with mother complaining of runny nose and congestion over the past 4 days. Mother reports that it has gotten worse and is now more green in color. He has had no fever. Mother has not noticed any ear pain or otorrhea. He has had a mild cough, which has been dry over the past 4 days as well. She denies him having any shortness of breath or wheezing. He has been around sick contacts with URI symptoms. He has been drinking well and wetting his diapers well. He has had no changes in his appetite. Mother has been using cold mist humidifier, bulb suctioning, saline nose drops to help with his symptoms.

PAST MEDICAL HISTORY: Reviewed, significant for recurrent otitis, status post PE tubes in December 2006. Grandmother also has a history of eczema.

MEDICINES: Zyrtec daily.

ALLERGIES: No known drug allergies.

REVIEW OF SYSTEMS: No fever. Positive rhinorrhea. Positive congestion. Positive cough. No shortness of breath. No wheezing. No nausea, vomiting or diarrhea. All other review of systems is negative, except as mentioned in the history of present illness.

PHYSICAL EXAM: Weight is 24 pounds 5.2 ounces, temp is 97.9, pulse is 88, and respiratory rate is 28.

GENERAL: Male toddler, in no acute distress.

HEENT: Normocephalic and atraumatic. Pupils are equal, round, and reactive to light. Conjunctivae and sclerae are clear. TMs are clear bilaterally with PE tubes in place. No otorrhea. Nares with clear nasal discharge. Mucous membranes are moist. Oropharynx is clear.

NECK: Supple. No lymphadenopathy.

CARDIOVASCULAR: Regular rate and rhythm. No murmurs, rubs or gallops. Pulses 2+.

RESPIRATORY: Clear to auscultation bilaterally. No wheezes or rales. Normal respiratory effort.

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(b)(3):CPSA Section 25(c)

PLACE OF ENCOUNTER: MANDEVILLE

PROVIDER NOTE

ABDOMEN: Soft and nondistended. Positive bowel sounds. No hepatosplenomegaly appreciated.

EXTREMITIES: Warm. No cyanosis, clubbing or edema.

ASSESSMENT: The patient is a 14-month-old with acute upper respiratory infection.

PLAN:

1. Use bulb sectioning, saline nose drops, cold mist humidifier at night, and keep the head of the bed elevated to help with his runny nose and congestion.
2. Mother may try the purple Triaminic 1/2 teaspoon every 6 hours as needed. It is recommended not to use this with the Zyrtec.
3. Encourage fluids.
4. If mother does notice any otorrhea, she may use Floxin otic drops, 5 drops to the affected ear b.i.d. x10 days. If the drainage is yellowish in color, she has to be re-seen.
5. Grant is to return to clinic if he has fever for 48-72 hours, if he develops any increased workup of breathing, shortness of breath or for any other concerns.

(b)(3):CPSA Section 25(c)

JM

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n, M.D. (E-Sig), on 03/27/2007

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(b)(3):CPSA Section 25(c)

NEW ORLEANS, LOUISIANA 70121  
PHONE 504/842-3000  
PLACE OF ENCOUNTER: COVINGTON

ENCOUNTER DATE: 12-15-06  
DICTATOR: (b)(3):CPSA Section 25(c)

PROVIDER NOTE

DOB: 12/07/2005

(b)(3):CPSA Section 25(c)

New patient consultation. Referred by

CHIEF COMPLAINT: Otitis media.

HPI: This patient has had 7 episodes of otitis media with antibiotics since age 3-4 months. He is now a little over a year. He has some off and on rhinitis. He goes to a lady's home, where she home schools her own children, ages 3 through 12 and he does not have a lot of viral exposure. He does not have passive smoking exposure. He has been bottle-fed. He has had no other surgical history. Concern is that he might need tympanostomy tubes. Mom does have allergies.

No known drug allergies.

CURRENT MEDS: Omnicef for right otitis media. Audiogram and OAEs today show flat tympanograms bilaterally and did not fail hearing screen on OAE.

PHYSICAL EXAM: This is a pleasant happy male child, alert and oriented. Left ear has amber fluid. Right ear has slightly cloudy fluid. Nose, clear rhinitis. Mouth, small tonsils. Has some dermatitis around his mouth.

NECK: Normal.

CHEST: Clear.

HEART: Rhythm regular.

IMPRESSION: Chronic otitis media.

RX: This patient would benefit from bilateral myringotomy and tympanostomy tubes. Discussed the risks, benefits, etc with mom including drainage, continued ear infections, water precautions, etc. They want to proceed in the near future. Fitted with medium small Doc's ProPlugs.

(b)(3):CPSA Section 25(c)

, FACS, FAAOHS, FAOOA (E-Sig)

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(b)(3):CPSA Section 25(c)

PLACE OF ENCOUNTER: COVINGTON

PROVIDER NOTE

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(b)(3):CPSA Section 25(c)

MD, FACS, FAAOENS, FAOAA (E-Sig),

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(b)(3):CPSA Section 25(c)

NEW ORLEANS, LOUISIANA 70121  
PHONE 504/842-3000  
PLACE OF ENCOUNTER: MANDEVILLE

ENCOUNTER DATE: 11-15-06

DICTATOR: (b)(3):CPSA Section 25(c)

## PROVIDER NOTE

DOB: 12/07/2005

OCHSNER NORTH SHORE PEDIATRIC ILL VISIT

CHIEF COMPLAINT: Pulling at ears.

HISTORY OF PRESENT ILLNESS: Grant is an 11-month-old male with a history of recurrent otitis media in the past, having last been diagnosed with an ear infection 2 weeks ago, after having been seen by Dr. Julie Baham in our office. He was initially put on Augmentin, with this medication changed to Omnicef secondary to poor improvement. He finished the 10-day course of Omnicef 4 days ago and has been doing well up until the last 24 hours, when Grant's mother has noted him becoming more fussy yesterday, not wanting to be put down in the supine position. He has also developed some clear rhinorrhea over the past 24-36 hours, and has begun pulling at his ears. He has been afebrile. He is in day care 5 days a week. He has had no vomiting or diarrhea. His appetite and activity level has been normal and he has had his normal urine and stool output. There are no smokers in the home. There are no sick contacts at home. There is 1 dog. He has not had any rashes. He has not shown any signs of increased work up of breathing such as retractions, audible wheezing or any increased respiratory rate.

MEDICATIONS: None.

ALLERGIES: No known drug allergies.

REVIEW OF SYSTEMS: No night sweats. No rigors. No eye mattering. No ear drainage. The remainder of the review of systems is negative, unless noted in the history of present illness.

## PHYSICAL EXAMINATION:

VITALS: Weight 22 pounds 4.6 ounces, temperature 97.6 degrees axillary, heart rate 100, and respiratory rate 28.

GENERAL: The patient is an awake, alert, cooperative, comfortable-appearing, well-nourished, well-developed, 11-month-old male, in no acute distress throughout the examination.

HEENT: Normocephalic and atraumatic. Pupils were equal, round, and reactive to light bilaterally. Conjunctivae were clear. Bilateral nares were with grossly swollen erythematous turbinates with a moderate amount of clear nasal congestion and some crusting in the external nares.

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(b)(3):CPSA Section 25(c)

NEW ORLEANS, LOUISIANA 70121  
PHONE 504/842-3000  
PLACE OF ENCOUNTER: MANDEVILLE

ENCOUNTER DATE: 11-15-05  
DICTATOR: (b)(3):CPSA Section 25(c)

PROVIDER NOTE

Bilaterally tympanic membranes were clear and nonerythematous with normal light reflexes and landmarks. Oropharynx is with moist mucous membranes. No tonsillar hypertrophy, exudate or erythema.

NECK: Supple. No lymphadenopathy.

HEART: Regular rate and rhythm. No murmurs, rubs or gallops.

LUNGS: Clear to auscultation bilaterally. No crackles, rhonchi or wheezes

ABDOMEN: Soft, nontender, and nondistended. Normoactive bowel sounds. No palpable masses or organomegaly.

EXTREMITIES: Warm. Capillary refill less than 2 seconds. No clubbing, cyanosis or edema.

SKIN: Intact. No lesions or rashes.

ASSESSMENT: Upper respiratory infection.

PLAN:

1. I discussed supportive care at home including increasing the head of the bed, nasal saline sprays or drops followed by frequent bulb suctioning, and humidified air in the bedroom.

2. Alternate Tylenol and ibuprofen every 3 hours as directed for any fever greater than 100.4 degrees or generalized discomfort.

3. Grant should return if there is no improvement in his symptoms over the next 4-5 days or significant worsening prior to that point including the onset of fever greater than 100.4 degrees, lasting for more than 24-36 hours, or any signs of increased work of breathing such as retractions, audible wheezing or respiratory rate greater than 45-50 breaths per minute.

4. Family can contact the office with any questions or concerns they may have as they arise.

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(b)(3):CPSA Section 25(c)

NEW ORLEANS, LOUISIANA 70121  
PHONE 504/842-3000  
PLACE OF ENCOUNTER: MANDEVILLE

ENCOUNTER DATE: 10-05-06  
DICTATOR: (b)(3):CPSA Section 25(c)

## PROVIDER NOTE

## OCHSNER NORTH SHORE PEDIATRIC WELL-CHILD VISIT

DOB: 12/07/2005

CHIEF COMPLAINT: A 9-month well-child visit.

**HISTORY OF PRESENT ILLNESS:** Grant is a nearly 10-month-old male, who presents today, accompanied by his mother for his 9-month well-child visit. Grant had previously been receiving his well-child care on the South Shore at Ochsner, but now that the family has moved over to the side of the lake, they are changing to our office. I did see Grant 3 days ago secondary to a prolonged history of nasal congestion. He was diagnosed with bilateral otitis media. At that time, I placed him on amoxicillin. His mother states that he has been doing quite well and is significantly improved since the start of the antibiotics. His previously purulent rhinorrhea has now become clear and decreased in amount. His appetite is back to normal, as his activity level. He has remained afebrile and has had only a rare cough and is sleeping through the night.

Grant's diet includes 4-5 bottles of Similac Advance with volumes of 5-6 ounces. He is eating some finger foods as well as 3-1/2 to 4 jars of baby food per day, apple juice or other juices are kept to a minimum, totaling only 4-6 ounces per day. Grant's mother is using nursery water with fluoride for mixing his formula. Grant sleeps through the night and is on crib. His mother is brushing his teeth 1-2 times a day with non-fluoride toothpaste. There is no lead exposure or tuberculosis exposure risk at home according to the mother.

**PAST MEDICAL HISTORY:** Positive for eczema, otherwise no hospitalizations or chronic illnesses.

Grant did spend the first week of his postpartum life in the neonatal intensive care unit at Ochsner Main Campus secondary to concerns of a sepsis though all cultures were apparently negative according to his mother

**FAMILY HISTORY:** Positive for a strong history of coronary artery disease requiring multivessel bypass surgery in nearly all relatives on the paternal side prior to the age of 50. Otherwise, negative for thyroid disease, diabetes, hypertension, neurologic or neuromuscular disorders

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(b)(3):CPSA Section 25(c)

1518 JEFFERSON HIGHWAY  
NEW ORLEANS, LOUISIANA 70121  
PHONE 504/842-3000  
PLACE OF ENCOUNTER: MANDEVILLE

ENCOUNTER DATE: 10-05-06  
DICTATOR: (b)(3):CPSA Section 25(c)

## PROVIDER NOTE

including seizures, mental retardation, asthma or childhood cancer.

MEDICATIONS: Amoxicillin 400 mg p.o. b.i.d.

ALLERGIES: No known drug allergies.

REVIEW OF SYSTEMS: No fevers, no eye mattering, and no ear drainage. Mild clear rhinorrhea. Positive for rare cough. No retractions or audible wheezing. No vomiting or diarrhea. No rashes.

DEVELOPMENTAL ASSESSMENT: Grant does not crawls, though he will scoop and pulls himself up to sit. He is almost pulling himself up to stand. He does not walk when having hand-held assist, though his mother states that she does not generally work with him on this and tends to carry him around frequently. He will get to sitting on his own. He rocks on his hands and knees. He has consistent pincer grasp and babbles. He will say mamma and dada. He plays patty cake, waves bye-bye, and says peek-a-boo.

PHYSICAL EXAMINATION: VITALS: Weight 20 pounds 7.6 ounces (between 25th and 50th percentile), height 28 and 1-1/4 inches (50th percentile), head circumference 18-1/2 inches (75th percentile), temperature 97.5 degrees axillary, heart rate 108, and respiratory rate 28.

GENERAL: The patient is awake, alert, cooperative, smiling, playful, well-nourished, well-developed male, in no acute distress throughout the examination.

HEENT: Anterior fontanelle is soft, open, and flat. Pupils are equal, round, and reactive to light bilaterally. Bilateral tympanic membranes are clear and nonerythematous. Bilateral nares are slightly swollen and erythematous turbinates with a mild amount of clear nasal congestion and some crusting in the external nares. There are some mild eczematous lesions that are perioral, though improved from his last exam on 10/02/05. Oropharynx is with some moist mucous membranes. No tonsillar hypertrophy, exudate or erythema.

NECK: Supple. No lymphadenopathy.

HEART: Regular rate and rhythm. No murmurs, rubs or gallops.

LUNGS: Clear to auscultation bilaterally. No crackles, rhonchi or wheezes

ABDOMEN: Soft, nontender, and nondistended. Normoactive bowel sounds. No palpable masses or organomegaly.

EXTREMITIES: Warm capillary refill less than 2 seconds. No clubbing, cyanosis or edema. Full range of motion. No hip clicks or clunks. No lower extremity asymmetry.

NEURO: Normal tones throughout both upper and lower extremities. Moves all 4 extremities well and without asymmetry.

GU: Normal male circumcised genitalia. Testes are descended bilaterally.

SKIN: Intact. No lesions and no rashes with the exception of the perioral

\*\*\*\* COPY \*\*\*\*

(b)(3):CPSA Section 25(c)

PLACE OF ENCOUNTER: MANDEVILLE

PROVIDER NOTE

eczema as noted above.

ASSESSMENT: A 9-month-old well-child.

PLAN:

1. Time was spent reviewing Grant's current dietary intake as well as reviewing his developmental milestones and growth chart. He did not voice any specific concerns at today's visit.
2. Improving bilateral otitis media. Continue with amoxicillin for full 10-day course.
3. Time was spent discussing with Grant's mother to encourage increase independence and mobility with playing with Grant on the floor and encouraging him to work through transitional ambulatory phases on his own.
4. Age-appropriate anticipatory guidance including choking hazards, having the poison control number readily available at home. Keeping sharp and small objects out of reach as well as car seat safety were discussed at today's visit.
5. Grant's immunizations are up-to-date.
6. We will plan on having Grant return in 3 months' time at 12 months of age for his next scheduled well-child visit.
7. Family can contact the office with any other questions or concerns they may have as they arise.

(b)(3):CPSA Section 25(c)

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(E-Sig), on 10/15/2006 15:12:05 E

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(b)(3):CPSA Section 25(c)

NEW ORLEANS, LOUISIANA 70121  
PHONE 504/842-3000  
PLACE OF ENCOUNTER: MANDEVILLE

ENCOUNTER DATE: 10-02-06  
DICTATOR: (b)(3):CPSA Section 25(c)

## PROVIDER NOTE

## OCHSNER NORTH SHORE PEDIATRIC ILL VISIT

DOB: 12/07/2005

## CHIEF COMPLAINT:

1. Runny nose and cough.
2. Pulling at ears.

HISTORY OF PRESENT ILLNESS: Grant is a 10-month-old male, who presents with a 1-week history of nasal congestion and intermittent cough. His cough tends to be worse at night, that has been disruptive of his sleep. He has not shown any signs of increased work of breathing, such as retractions, audible wheezing or an increased respiratory rate. He has had no vomiting or diarrhea. He has been afebrile. He has had slight decrease in his solid intake, but normal liquid intake. He has had his normal urine and stool output. He has been making tears when crying. His rhinorrhea has been green. He does also have a history of eczema, which has slightly flared, that the mother is treating with mometasone furoate 0.1% currently. There are no sick contacts in home. Grant is not in daycare.

MEDICATIONS: Mometasone furoate 0.1% daily.

ALLERGIES: No known drug allergies.

REVIEW OF SYSTEMS: No night sweats. No rigors. No eye mattering. No ear drainage. The remainder of review of systems is negative unless noted in the history of present illness.

## PHYSICAL EXAMINATION:

VITALS: Weight 20 pounds 8.6 ounces, temperature 98 degrees axillary, heart rate 96, and respiratory rate 28.

GENERAL: The patient is awake, alert, cooperative, comfortable appearing, well nourished, and well developed 10-month-old male, in no acute distress throughout the examination.

HEENT: Normocephalic and atraumatic. Anterior fontanelle is soft, open, and flat. Pupils are equal, round, and reactive to light bilaterally. Conjunctivae are clear. Bilateral tympanic membranes are grossly erythematous and bulging. There is purulent fluid noted behind both eardrums and the landmarks are obscured. Light reflex is reduced bilaterally. Oropharynx shows some moist mucous membranes. No tonsillar

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(b)(3):CPSA Section 25(c)

NEW ORLEANS, LOUISIANA 70121  
PHONE 504/842-3000  
PLACE OF ENCOUNTER: MANDEVILLE

ENCOUNTER DATE: 10-02-06  
DICTATOR: KARLIN, AARON M

PROVIDER NOTE

hypertrophy, exudate or erythema. There is some cobblestoning in the posterior pharyngeal wall. Bilateral nares are grossly swollen and erythematous. Turbinates with a moderate-to-severe amount of yellow nasal congestion and crusting in the external nares.

NECK: Supple. Shotty anterior cervical lymphadenopathy. No posterior cervical lymphadenopathy.

HEART: Regular rate and rhythm. No murmurs, rubs or gallops.

LUNGS: Clear to auscultation bilaterally. No crackles, rhonchi, wheezes, stridor, asymmetric excursion or retractions.

ABDOMEN: Soft, nontender, and nondistended. Normoactive bowel sounds. No palpable masses or organomegaly.

EXTREMITIES: Warm. Capillary refill less than 2 seconds. No clubbing, cyanosis or edema.

SKIN: Intact. No lesions or rashes, with the exception of perioral eczema

ASSESSMENT: Bilateral otitis media.

PLAN:

1. Amoxicillin (400 mg/5 mL) was prescribed, to be taken as 1 teaspoon by mouth twice a day for a total of 10 days. Additional supportive care at home, including increasing the head of bed, nasal saline spray or drops followed by frequent bulb suctioning, and humidified air in the bedroom was recommended at today's visit.

2. Alternate Tylenol and ibuprofen every 3 hours for any fever greater than 100.4 degrees or generalized discomfort.

3. Grant should return if there is no improvement in the symptoms within 3 days after the start of his antibiotics or significant worsening prior to that point, including the onset of a fever greater than 100.4 degrees, lasting for more than 24-36 hours or any signs of increased work of breathing, such as retractions, audible wheezing or respiratory rate greater than 45-50 breaths per minute.

(b)(3):CPSA Section 25(c)

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Ochsner Clinic Foundation

(b)(3):CPSA Section 25(c)

12/15/2008

Provider Note

Grant Hernandez 8316409

Chief Complaint: reaction to fire ant

History of Present Illness: 3-year-old boy presents for continued evaluation of fire ant allergy. He is on immunotherapy since 7/08. Mom states he is doing very well. He has progressed well on shots. He has not had any reactions - no hives, no rash, no itching, no SOB, no wheeze. He missed his last shot due to URI with wheezing. Otherwise he has not missed a shot. He has had one ant bite and had no reaction. They have current epipens everywhere he is. Mom had it in diaper bag and could access on request and demonstrated correct technique on demo.

He does have some chronic runny nose but uses zyrtec nightly to control this. No current flares on eczema. Did get URI last week, possible RSV and had cough and wheeze and is on pulmicort and xopenex nebs currently He is doing much better just some cough.

Prior History taken 5/19/08: He started with eczema at 3 months of age. This progressively got worse and now has started to get better. They tried food elimination and never really found a trigger. He eats milk, eggs, peanut butter, wheat and soy products and never seemed to flare. He is very sensitive to scented products. They use unscented detergents and soaps and moisturize daily. This has made his eczema better - flares only in creases and occasionally on face. He also has chronic clear runny nose which is worse when he is outside. He takes zyrtec 1 teaspoon nightly and this helps. He does not have any eye symptoms. No nasal congestion, occ cough. He also get itchy skin when he is out in the grass. No history of asthma symptoms. He specifically came here because of an episode 2-3 weeks ago. He was outside playing with mom and started crying. When she picked him up he had 3 ants on him and had 3 ant bites. They went inside and in a matter of minutes he was red all over and covered in hives head to toe. He then developed facial swelling to the point he could not see. Mom gave him 2 teaspoons of benadryl and called 911. They took him to ER and there he was given steroids. Mom does not think he ever had respiratory problems. He followed up with pediatrician who prescribed epipen Jr and referred him here. He did have ant bite once before and was 1-2 bites and he was fine. He also had a wasp sting at 13 months old. He was stung on wrist and had swelling of his whole arm but no other swelling or hives. He has never been stung by any other hymenoptera. He does get large local reactions to mosquito bites.

Birth history: born 36 weeks to G1P1 mom, 5lbs 7oz, spent 1 week in NICU due to some respiratory distress and fever - possible group A strep

Past Medical History: chronic rhinitis, recurrent ear infections s/p tubes at 12 months and no infections since, eczema, innocent heart murmur, h/o RLL pneumonia confirmed on CXR 12/07

Past Surgical History: circumcision, PE tubes 12/06

Allergies: no known medication or latex allergies. Foods - he gets local mouth rash with tomatoes and pineapple

Medications: zyrtec 1 tsp daily, epipen Jr, floxin drops, elidel cream prn, multivitamin, pulmicort and

Ochsner Clinic Foundation

(b)(3).CPSA Section 25(c)

12/15/2008

Provider Note

xopenex nebs BID

Family History: mom has allergic rhinitis to cats, mold and outside - no med, food or insect allergy

SOcial History: no tobacco smoke exposue. Lives with mom, dad and 6mo old sister Amelia. Mom is a nurse but is home with kids now. He goes to preschool 2 days a week. They live in a brand new house. It has never had flooding or mold. It has carpet in bedrooms. It has central air and heat. They have a dog named Sophie. There are no dust mite covers.

ROS: reviewed and unchanged, refer to my note of 5/19/08

**PHYSICAL EXAM:**

VITAL SIGNS: weight 30.7 pounds, pulse 90, temp 97.1

GENERAL: Well-developed, well-nourished, no acute distress.

EYES: Conjunctivae - no bulbar or palpebral conjunctival injection. Lids - no periorbital edema or erythema.

EARS: Canals/TMs - no erythema or exudates, TMs clear.

NARES: Nasal Mucosa - pink. Septum - no apparent deviation, ulceration, erythema, or bleeding appreciated. Turbinates - no significant edema. Polyps/Mass - none visible.

OROPHARYNX: -No erythema, exudates, cobblestoning, ulcers, post nasal drip, or thrush.

TONGUE: Not coated.

NECK: Supple, no thyromegaly or nodules, no cervical or supraclavicular lymphadenopathy.

RESPIRATORY/ CHEST: Effort - good. Auscultation - clear bilaterally with no adventitious sounds; good air flow.

SKIN: Clear.

NEUROLOGIC: Grossly intact, non-focal.

PSYCH: Affect/Mood - appropriate.

Immunocap: fire ant class 2, grasses class 1, dog class 2, dust mites negative

Impression: 3 yo boy with allergic rhinitis, eczema and fire ant allergy with history of systemic reaction on immunotherapy

**Plan:**

1. Advise to carry epipen Jr and benadryl at all times. Mom had it in diaper bag and could access on request and demonstrated correct technique on demo. New prescription for epipen provide<sup>d</sup>
2. continue zyrtec daily
3. continue immunotherapy - ok to progress to vial 4 and once highest dose reached can space to monthly
- 4.RTC 6 months

Ochsner Clinic Foundation

(b)(3):CPSA Section 25(c)

12/15/2008

Provider Note

Electronically signed by (b)(3):CPSA Section 25(c), MD 12/15/2008 10:25:09 AM

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Ochsner Clinic Foundation

(b)(3):CPSA Section 25(c)

12/09/2008

Provider Note

**CC:** Cough, Fever, Congestion.

**HPI:** Grant presents with cold symptoms including cough, nasal congestion and low grade fever for a couple of days. He is drinking and urinating normally. He had PET that were placed for chronic OM with effusions. The right PET is "clogged" with earwax. Grant is not complaining of ear pain. His younger sister has been sick for 1 week with cold symptoms (possibly RSV).

**Review of Systems:** No vomiting or diarrhea, no wheezing, loose cough. No rash or hives, no joint pain, swelling or erythema in upper or lower extremities symmetrically.

**OTHER:**

**MED HX:** Chronic OM with PET placement.

**SOC HX:** Intact family, no tobacco.

**PE:** T 97.6, Wt 31.1, P 98, RR 20

**APPEARANCE:** Well nourished, well developed, in no acute distress.

**SKIN:** Normal skin turgor, no lesions.

**HEAD:** Normocephalic, atraumatic.

**NECK:** Supple. No anterior cervical lymphadenopathy.

**EYES:** Conjunctivae clear. No discharge

**EARS:** Right PET is obstructed (lumen) with cerumen, no effusion, + injected tympanic membrane, Normal left tympanic membrane with PET in place without drainage.

**NOSE:** Mucosa pink. No nasal drainage.

**MOUTH & THROAT:** Moist mucous membranes. No tonsillar enlargement. No pharyngeal erythema or exudate. No stridor.

**CHEST:** Lungs clear to auscultation. Respirations unlabored, no tachypnea or retractions.

**CARDIOVASCULAR:** Regular rate and rhythm without murmur. Normal S1, S2.

**ABDOMEN:** Not distended. Soft. No tenderness or masses. No hepatomegaly or splenomegaly,

**EXTREMITIES:** Normal upper and lower extremity strength and tone symmetrically.

**ASSESSMENT:**

1. URI, 2. Cough

**PLAN:** Symptomatic treatment, humidifier. Dad will observe for any ear pain, higher fever.

Grant will return if his symptoms worsen, if they do not improve or if he develops any new symptoms.

Call PRN.

Electronically signed by (b)(3):CPSA Section 25(c) MD 12/11/2008 9:12:19 AM

Ochsner Clinic Foundation

(b)(3):CPSA Section 25(c)

10/13/2008

Provider Note

Pt had tubes placed in December 2006 per (b)(3):CPSA Section 25(c). Returns today for hearing concerns. Pt report child is speech delayed. Speech is often understandable by parents only. Being evaluated by ST, who want audiogram.

No recent OM episodes. No c/o otalgia.

MEDICATIONS: Omnicef, Floxin

ALLERGIES: NKDA

PE:

General - well-developed, well-nourished, alert & active, 2 year old hispanic male

Head - normocephalic, facial features symmetrical.

Eyes - conjunctiva and sclera clear without discharge, gaze aligned.

Ears - EACs clear AU. Tympanostomy tube AS patent, dry. Tympanostomy tube AD blocked with dried yellow crust, non-functional, clear serous effusion.

Nose - green crusty rhinorrhea left nasal cavity, no rhinorrhea right side, no significant congestion.

Mouth - Oral cavity and oropharynx clear without erythema. Dentition: normal for age.

Throat - tonsils 2+, clear without erythema or exudate.

Neck - supple without lymphadenopathy.

Neuro - grossly intact.

Impression:

Speech delay

Right tube blocked, non-functional

Left tube patent, functional

URTI

Plan:

Floxin qts BID AD X 10 days

Recheck in 10 days to check right tube

Discussed pt passed OAEs AS fine, borderline AD due to blocked tube. May repeat AD only once tube is patent. We do not feel that his speech issues are hearing related.

C (b)(3):CPSA Section 25  
(c)

Electronically signed by

(b)(3):CPSA  
Section 25(c)

NE 10/13/2008 11:04:53 AM

Ochsner Clinic Foundation

(b)(3):CPSA Section 25(c)

06/10/2008

Provider Note

CC: Fever 102, sore throat.

HPI: Patient presents with a fever to 101-102 for 3 days now. His younger sister has been sick and was seen in clinic and told she has a "virus". Her throat was not swabbed. The family is leaving to go out of town next week and dad was concerned that he might need an antibiotic. Grant is drinking and urinating normally.

Review of Systems: No vomiting or diarrhea, no coughing or wheezing, no rash or hives, no joint swelling or erythema in upper or lower extremities. No abdominal pain or constipation.

Other:

MED HX: S/P PET placement for recurrent OM.

PE: T 98.0, Wt 25.5, P 120, RR 24

APPEARANCE: Alert. Well nourished, well developed, in no acute distress.

SKIN: Normal skin turgor, no rash.

HEAD: Normocephalic, atraumatic.

NECK: Supple. No anterior cervical lymphadenopathy.

EYES; Conjunctivae clear. No discharge.

EARS: TM's intact. Light reflex normal. No retraction .

NOSE: Mucosa pink. No visible nasal drainage.

MOUTH & THROAT: Mild pharyngeal erythema. No tonsillar hypertrophy or exudate.

CHEST: Unlabored respirations. Lungs clear to auscultation. No tachypnea or retractions.

CARDIOVASCULAR: Regular rate and rhythm without murmur. Normal S1, S2.

ABDOMEN: Not distended. Soft. No tenderness or masses. No hepatomegaly or splenomegaly.

ORDERS: Rapid strep.

Strep screen: Negative.

ASSESSMENT:

1. Fever, 2. Pharyngitis

PLAN: Symptomatic treatment. Tylenol or motrin as directed prn fever, sore throat. Maintain adequate hydration. He will return if symptoms worsen or if he develops any new symptoms .

Electronically signed by

(b)(3):CPSA Section 25(c)

MD 06/10/2008 3:30:21 PM

Ochsner Clinic Foundation

(b)(3):CPSA Section 25(c)

05/19/2008

Provider Note

(b)(3):CPSA Section 25(c)

**Chief Complaint:** reaction to fire ant

**History of Present Illness:** 2-year-5-month-old boy presents for consult from (b)(3):CPSA Section 25(c) for possible fire ant allergy. Mom states he has always seemed like an "allergy child". He started with eczema at 3 months of age. This progressively got worse and now has started to get better. They tried food elimination and never really found a trigger. He eats milk, eggs, peanut butter, wheat and soy products and never seemed to flare. He is very sensitive to scented products. They use unscented detergents and soaps and moisturize daily. This has made his eczema better - flares only in creases and occasionally on face. He also has chronic clear runny nose which is worse when he is outside. He takes zyrtec 1 teaspoon nightly and this helps. He does not have any eye symptoms. No nasal congestion, occ cough. He also get itchy skin when he is out in the grass. No history of asthma symptoms.

He specifically came here because of an episode 2-3 weeks ago. He was outside playing with mom and started crying. When she picked him up he had 3 ants on him and had 3 ant bites. They went inside and in a matter of minutes he was red all over and covered in hives head to toe. He then developed facial swelling to the point he could not see. Mom gave him 2 teaspoons of benadryl and called 911. They took him to ER and there he was given steroids. Mom does not think he ever had respiratory problems. He followed up with pediatrician who prescribed epipen Jr and referred him here. He did have ant bite once before and was 1-2 bites and he was fine. He also had a wasp sting at 13 months old. He was stung on wrist and had swelling of his whole arm but no other swelling or hives. He has never been stung by any other hymenoptera. He does get large local reactions to mosquito bites.

**Birth history:** born 36 weeks to G1P1 mom, 5lbs 7oz, spent 1 week in NICU due to some respiratory distress and fever - possible group A strep

**Past Medical History:** chronic rhinitis, recurrent ear infections w/p tubes at 12 months and no infections since, eczema, innocent heart murmur, h/o RLL pneumonia confirmed on CXR 12/07

**Past Surgical History:** circumcision, PE tubes 12/06

**Allergies:** no known medication or latex allergies. Foods - he gets local mouth rash with tomatoes and pineapple

**Medications:** zyrtec 1 tsp daily, epipen Jr, floxin drops, elidel cream pm, multivitamin

**Family History:** mom has allergic rhinitis to cats, mold and outside - no med, food or insect allergy

**Social History:** no tobacco smoke exposure. Lives with mom, dad and 6mo old sister Amelia. Mom is a nurse but is home with kids now. He goes to preschool 2 days a week. They live in a brand new house. It has never had flooding or mold. It has carpet in bedrooms. It has central air and heat. They have a dog named Sophie. There are no dust mite covers.

Ochsner Clinic Foundation

(b)(3):CPSA Section 25(c)

05/19/2008

Provider Note

ROS:

GENERAL: Denies, fever, chills, sweats, and no unexpected weight loss.

NOSE: Denies, nasal congestion, decrease sense of smell, snorting, rubbing, nose bleeds.

SINUS: Denies, sinus infections, sinus pressure, drainage.

EARS: Denies ear pressure, ear popping, ear discharge, ear rupture, earache, hearing loss.

EYES: Denies itchy eyes, watery eyes, red eyes, burning eyes, dry eyes, dark circles under eyes.

MOUTH: Denies bad breath, gum problems, lip swelling, pain in teeth, grinding, itching mouth, mouth ulcers, tongue swelling.

THROAT: Denies difficulty swallowing, sore throat, throat clearing, snoring, throat hoarseness, loss of voice, throat swelling.

GI: Denies heartburn, vomiting, nausea, diarrhea, constipation, stomach cramping, bloating.

CHEST: Denies tightness, chest pain, palpitations, chest heaviness, chest pressure, chest congestion, unable to get enough air.

WHEEZING: Denies daily wheezing, frequent wheezing, occasional wheezing, rare wheezing, wheezing associated with illness/exercise.

COUGHING: Denies constant coughing, frequent cough, deep cough, hacking cough, gaping cough, turning blue cough, cough productive of mucus.

SOB: Denies nighttime SOB, SOB with exercise, SOB with normal activity, SOB at rest.

URINARY: Denies frequency, urgency, burning on urination, pain when urinating, difficulty urinating.

JOINTS: Denies swollen joints, painful joints, arthritis.

NEURO: Denies dizziness, being lightheaded, sleep disturbance, anxiety, being depressed, passing out, numbness, tremors.

HEADACHE: Denies headaches.

PHYSICAL EXAM:

VITAL SIGNS: weight 29.7 pounds, pulse 98, RR 22

GENERAL: Well-developed, well-nourished, no acute distress.

EYES: Conjunctivae - no bulbar or palpebral conjunctival injection. Lids - no periorbital edema or erythema.

EARS: Canals/TMs - no erythema or exudates, TMs clear.

NARES: Nasal Mucosa - pink. Septum - no apparent deviation, ulceration, erythema, or bleeding appreciated. Turbinates - no significant edema. Polyps/Mass - none visible.

OROPHARYNX: -No erythema, exudates, cobblestoning, ulcers, post nasal drip, or thrush.

TONGUE: Not coated.

NECK: Supple, no thyromegaly or nodules, no cervical or supraclavicular lymphadenopathy.

RESPIRATORY/ CHEST: Effort - good. Auscultation - clear bilaterally with no adventitious sounds; good air flow.

GI: Tenderness/masses - non-tender, non-distended, positive bowel sounds, no masses.

LIVER/SPLEEN: - No organomegaly.

LYMPHATICS: Neck/Axillary/Other - non-focal.

SKIN: Clear.

NEUROLOGIC: Grossly intact, non-focal.

PSYCH: Affect/Mood - appropriate.

Ochsner Clinic Foundation

(b)(3):CPSA Section 25(c)

05/19/2008

Provider Note

Impression: 2 yo boy with chronic rhinitis, eczema and now systemic reaction to 3 ant bites

Plan:

1. evaluate for allergy to fire ants. send total IgE and specific IgE for fire ant. Advise to carry epipen Jr and benadryl at all times. Instructed mom on how to use epipen and provided trainer.
2. for rhinitis and eczema will evaluate for allergic etiology. send RAST to dust mites, dog and grass. continue zyrtec daily
3. did discuss with mom therapy for ant allergy, and if patient has specific IgE to fire ant would recommend immunotherapy, mom was in agreement
4. will call mom in 1 week with results
5. Nurse to notify (b)(3):CPSA Section 25 of completed consult and note in electronic medical record

Electronically signed by

(b)(3):CPSA Section 25(c)

MD 5/19/2008 10:03:10 AM

T:05/19/2008 10:05:00 AM CHARTID:6406614

Ochsner Clinic Foundation

(b)(3):CPSA Section 25(c)

02/29/2008

Nurse Note

called spoke with mom, notified flu negative. mom verbalized understanding.

ELECTRONICALLY SIGNED BY (b)(3):CPSA Section 25(c) L.P.N. 02/29/08 06:06:32 PM

T:02/29/2008 8:10:00 PM CHART ID:5778290

Ochsner Clinic Foundation

(b)(3):CPSA Section 25(c)

01/04/2008

Provider Note

Otorrhea resolved and tubes are open and clear. Revisit with MB 6 months and pm. Fittedd with Small Doc Plufgs

Has Molluscum on face and work in to see Derm this am.

Electronically signed by (b)(3):CPSA Section 25  
(c) MD, FACS, FAAOHNS, FACOR 1/4/2008  
11:30:08 AM

T:01/04/2008 11:35:00 AM CHART ID:5308007

Ochsner Clinic Foundation

(b)(3):CPSA Section 25(c)

01/04/2008

Provider Note

REFERRING MD (b)(3):CPSA  
Section 25(c)

**CHIEF COMPLAINT:** Skin check on the face and on the chest.

**HISTORY OF PRESENT ILLNESS:** 2 year old male patient c/o of molluscum to face and chest and belly that has been present for eight months. Present treatment was Aldara and it didn't work.

**PAST MEDICAL HISTORY:** Pt. has a prior hx. of eczema

**FAMILY HISTORY:** The patient's grandmother had Psoriasis.

**PERTINENT MEDICATIONS:** See MEDCARD

**ALLERGIES:** See ALLERGY CARD

**PE:** See PE Drawing

**ROS:**

**Skin:** No other skin complaints other than JIPI

**IMPRESSION/PLAN:**

**MOLLUSCUM CONTAGIOSUM**

Cantharone applied to 10 lesions on trunk, neck and lateral to eye; mom instructed to wash the areas in 4 hours.

**RTC:** In 4 weeks.

Electronically signed by

(b)(3):CPSA Section 25(c)

MD 1/4/2008 1:27:51 PM

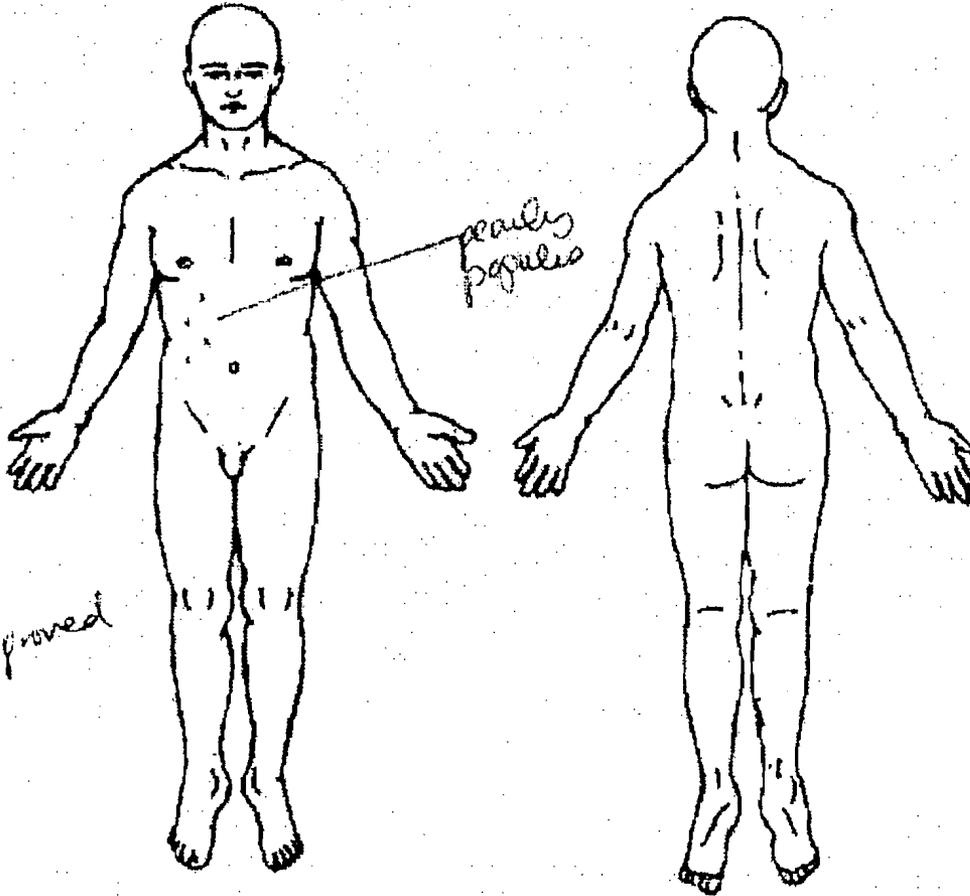
T:01/04/2008 1:30:00 PM CHART ID:5309669

**Ochsner**  
**Dermatology Drawings**

(b)(3):CPSA Section 25(c)

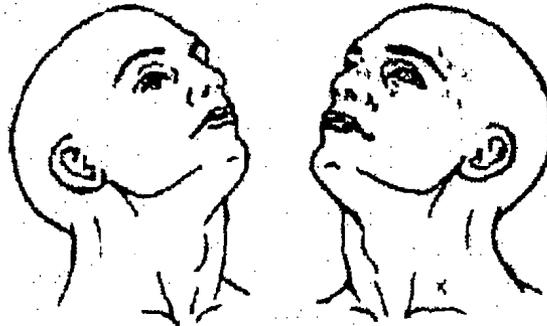


VISIT: 1/4/2008 13:50A  
TYPE: CONS



Normal Abnormal

General appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A & O X 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mood & affect	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Conjunctiva & lids	<input type="checkbox"/>	<input type="checkbox"/>
Lips, teeth, gums	<input type="checkbox"/>	<input type="checkbox"/>
Oropharynx	<input type="checkbox"/>	<input type="checkbox"/>
Lymph nodes (min. 2)	<input type="checkbox"/>	<input type="checkbox"/>
Hair	<input type="checkbox"/>	<input type="checkbox"/>
Exocrine / Apocrine glands	<input type="checkbox"/>	<input type="checkbox"/>
Digits & nails	<input type="checkbox"/>	<input type="checkbox"/>
PHS (edema, varicosities)	<input type="checkbox"/>	<input type="checkbox"/>
Liver & spleen	<input type="checkbox"/>	<input type="checkbox"/>
Anus	<input type="checkbox"/>	<input type="checkbox"/>



(b)(3):CPSA Section 25(c)

Physician Signature \_\_\_\_\_

Date

1/4/08

Physician Print Name \_\_\_\_\_

Ochsner Clinic Foundation

(b)(3):CPSA Section 25(c)

12/18/2007

Provider Note

Father reports that child had PETS placed per (b)(3):CPSA Section 25(c) December 2006. He has had numerous episodes of otorrhea in the past year, chronic for the past month. Father reports that in the past month, the child has been on Floxin and Ciprodex, Augmentin, Suprax, and Omnicef. Ears continue to drain.

MEDICATIONS: Omnicef, Floxin

ALLERGIES: NKDA

PE:

General - well-developed, well-nourished, alert & active, 2 year old hispanic Male.

Head - normocephalic, facial features symmetrical.

Eyes - conjunctiva and sclera clear without discharge, gaze aligned

Ears - EACs with purulent otorrhea, L>R. TMs dull and cloudy, tympanostomy tubes patent with copious purulent otorrhea.

Nose - patent bilaterally, copious mucopurulent rhinorrhea from nares, L>R.

Mouth - Oral cavity and oropharynx clear without erythema. Dentition: normal for age.

Throat - tonsils I+, clear without erythema or exudate.

Neck - supple without lymphadenopathy.

Neuro - grossly intact.

Impression:

Sinusitis

Otorrhea secondary to AOM AU

Plan:

Biaxin BID (please flavor)

Ciprodex BID

Recheck in 10 days

Discussed replacing tubes if not clear.

CC: (b)(3):CPSA Section 25(c)

Electronically signed by (b)(3):CPSA Section 25(c)

NE 12/18/2007 9:04:03 AM

T:12/18/2007 9:10:00 AM CHART ID:5198590

Ochsner Clinic Foundation

(b)(3):CPSA Section 25(c)

09/19/2007

New Patient Evaluation

REFERRING MD: (b)(3):CPSA  
Section 25(c)

CHIEF COMPLAINT: New patient with eczema on the face and on the arms, spot on the face and itching.

PAIN SCALE: None

HISTORY OF PRESENT ILLNESS: 21 month old male patient with atopic dermatitis since birth, allergic rhinitis. Mom with atopic diathesis. Going to allergy in a few months. Used elidel, protopic. Using hylira and locoid with some help. Very pruritic.

PAST MEDICAL HISTORY: None

SOCIAL HISTORY: Never smoked. Never drinks.

FAMILY HISTORY: The patient's grandmother and aunt had Psoriasis.

PERTINENT MEDICATIONS: See MEDCARD

ALLERGIES: No known drug allergies

PE: See PE Drawing

ROS:

Skin: No other skin complaints other than HPI

IMPRESSION/PLAN:

ATOPIC DERMATITIS

Discussed good skin care regimen and a brochure was provided.

Atarax Susp 10mg p.o. qhs

Cutivate lotion apply to affected area bid followed by Cerave cream

Omnicef suspension 3cc po bid x 10 days

MOLLUSCUM

Aldara qod x 6 weeks

RTC: In 1 month.

Electronically signed by (b)(3):CPSA Section 25(c), MD 9/19/2007 9:48:21 AM

Ochsner Clinic Foundation

(b)(3) CPRA Section 25(c)

09/19/2007

New Patient Evaluation

T:09/19/2007 9:50:00 AM CHART ID:4533120

**Ochsner**  
**Dermatology Drawings**

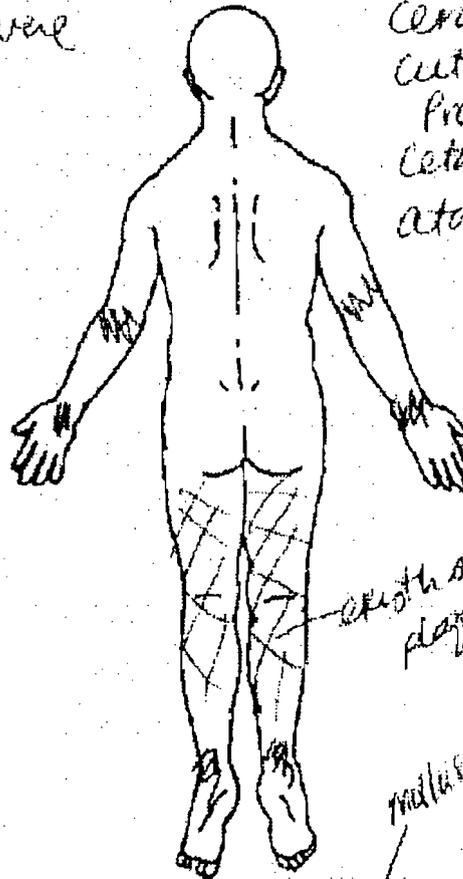
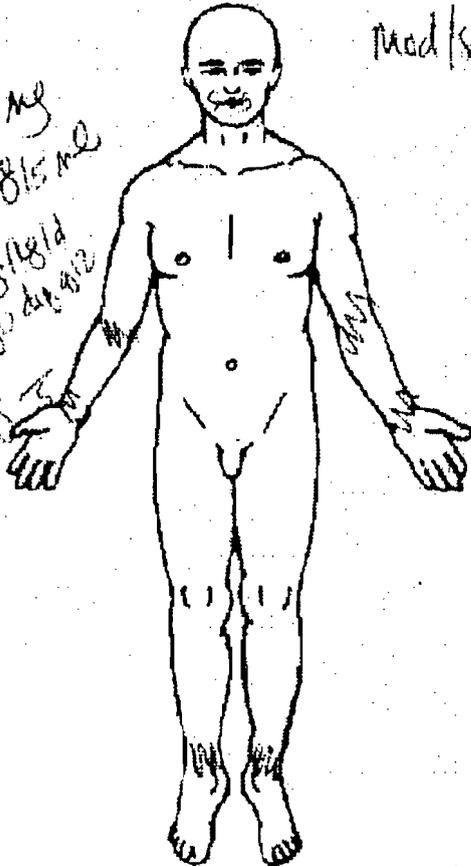
(b)(3):CPSA Section 25(c)



VISIT: 08/19/2007 09:10A  
TYPE: NP

12 kg  
8 stop mg  
10/4/15 ml  
14 xg/18/d  
500 at 4/12  
100 mg  
12

Mod/severe



Cerave  
Corticoid +  
Protopic  
Cetastiril cream  
ataxax

eczema only  
plaques

malassezia

	Normal	Abnormal
General appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A & O x 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mood & affect	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Conjunctiva & lids	<input type="checkbox"/>	<input type="checkbox"/>
Lips, teeth, gums	<input type="checkbox"/>	<input type="checkbox"/>
Oropharynx	<input type="checkbox"/>	<input type="checkbox"/>
Lymph nodes (meat 2)	<input type="checkbox"/>	<input type="checkbox"/>
Hair	<input type="checkbox"/>	<input type="checkbox"/>
Eccrine / Apocrine glands	<input type="checkbox"/>	<input type="checkbox"/>
Digits & nails	<input type="checkbox"/>	<input type="checkbox"/>
PVS (edema, varicosities)	<input type="checkbox"/>	<input type="checkbox"/>
Liver & spleen	<input type="checkbox"/>	<input type="checkbox"/>
Anus	<input type="checkbox"/>	<input type="checkbox"/>



(b)(3):CPSA  
Section 25(c)

MD

Date 9/19/07

Physician Signature

Form No. 03468 (7/27/2006) DCW

Physician Print Name

Ochsner Clinic Foundation

(b)(3):CPSA Section 25(c)

08/10/2007

Provider Note

Here for 18 month well check with mother

HPI: Grant is a 18 mo who presents with mother for a well visit. He does have atopic dermatitis- mother has been using hylira and cereva bid. She reports he does have flare ups of his eczema when he is sick. She also notices he may have exacerbations when eating tomato sauce.

ALLERGIES:none

MEDS: Zyrtec bid, Vitamen with fluoride daily

IMM:UTD, no problems with prior vaccines

PMH:reviewed from visit of 4/20/07

SH/FH:reviewed- no change from 0/5/06 screen

LEAD RISK:Negative TB exposure: None

DIET:16-20 oz of milk/day, good variety of all foods, + fruits and vegetables, 8-10 ounces of juice/day

ROS

GEN:Active, happy, sleeps all night.

SKIN:No rash/lesions.

EYES:No vision problem, no lazy eye, redness or drainage.

EARS:Hears well, no pain or drainage.

NOSE:No breathing difficulty, drainage or bleeding.

MOUTH:Swallows well, no lesions.

NECK:Normal movement, no mass.

LYMPH:No gland enlargement in neck or groin.

CHEST:Normal breathing, no cough.

CV:No fatigue, pallor, cyanosis or excess sweating.

ABD:Normal BMs, no vomiting, pain or swelling.

GU:Normal urination, no pain or blood.

EXT:Normal movements, no pain or swelling of joints.

NEURO:No abnormal movements or weakness.

DEVELOPMENTAL:Drinks from cup, helps around house, imitates activities, uses spoon/fork, removes clothing, scribbles, dumps out and puts objects in containers, stacks 2 blocks, uses 3 words other than mama/dada, walks well.

PHYSICAL EXAM: see growth chart- appropriate Weight: 26 #

GENERAL:Alert, interactive, playful.

SKIN:No rash or bruising, no pallor, nl turgor, no edema., + hypopigmentation of some areas of lower

Ochsner Clinic Foundation

(b)(3):CPSA Section 25(c)

08/10/2007

Provider Note

**extremities**

**HEAD:**NCAT, fontanelles closed.

**EYES:**EOMI, PERRLA, normal red reflex, no strabismus, clear conjunctivae.

**EARS:**Clear canals, normal pinnae, TMs with PE tubes in place, no otorrhea

**NOSE:**Patent, no discharge.

**THROAT/MOUTH:**Normal teeth, gums, pharynx and gag, no lesions.

**NECK:**Normal ROM, no mass.

**CHEST:**Normal effort, no deformity, clear BBS.

**CV:**RRR, no murmur, normal S1S2, radial and femoral pulses 2+, no CCE.

**ABD:**Normal BS, soft, ND,NT, no HSM or masses

**GU:**Normal male, testes descended, no hernia.

**EXT:**No deformity, normal ROM and gait, no instability.

**NEURO:**Normal CNNs, DTRs, tone and strength.

**IMP:**20 mo Well child. Normal growth and development. 2. Allergic Rhinitis, suspected 3. Atopic dermatitis  
4. Chronic otitis with PE tubes

**PLAN:**

**IMMUNIZATIONS:** Up to date- he will need his second Hep A after 10/20/07

Referral to dermatology for his eczema. Continue to use mild soaps/detergents and use hylira bid followed by the cereva.

**GUIDANCE:**Development, nutrition, behavior, potty training, safety(falls, poisons, choking, locks, water, electrical, car seat, fire)

F/U @ 2 yo or sooner prn

He will be referred to allergy as well. Continue with zyrtec bid.

(b)(3):CPSA Section 25(c)

Electronically signed

MD 10/03/2007 11:26:26 AM

T:10/03/2007 11:30:00 AM CHART ID:4632422

Ochsner Clinic Foundation

(b)(3):CPSA Section 25(c)

04/23/2007

Provider Note

REFERRING MD: (b)(3):CPSA  
Section 25(c)

**CHIEF COMPLAINT:** New eczema on the arms, on the back, on the chest, on the face, on the hands and on the legs.

**HISTORY OF PRESENT ILLNESS:** 17 month old male patient with eczema since birth that seems to be getting worse. Worse when outside. Inside there is carpet in the bedrooms. They have a dog. No smokers in the house. They have used aveeno baby soap. They use cerave TID to whole skin. They have tried elidel to face which didnt really help. They have 3 strengths of cortizone that they use on the body. No asthma. They use drefl for clothes washing.

**PAST MEDICAL HISTORY:**  
Unremarkable except for tubes for recurrent ear infections

**FAMILY HISTORY:** The patient's paternal grandmother has psoriasis.

**PERTINENT MEDICATIONS:** See MEDCARD

**ALLERGIES:** No known drug allergies

**PE:** See PE Drawing

**ROS:**  
Skin: No other skin complaints other than HPI

**IMPRESSION/PLAN:**

**ATOPIC DERMATITIS**  
Discussed good skin care regimen and a brochure was provided.  
Bathe every day for 10 - 15 mins using cetaphil liquid and mineral oil.  
Apply vaseline jelly to face as often as possible .  
Rock salt baths daily for 2 weeks.  
Vacuum carpets daily.  
Trim nails daily.  
Locoid ointment apply to qd.

**RTC:** In 1 month.  
Consulting MD notified

Documented by (b)(3):CPSA  
Section 25(c) n, MD

**Staff Teaching note:**

Ochsner Clinic Foundation

(b)(3):CPSA Section 25(c)

04/23/2007

Provider Note

I have reviewed and agree with the above resident's note. The pertinent elements of the history and exam were reviewed with both the patient and the resident. A physical examination was performed by me in the presence of the resident with pertinent findings: Erythematous eczematous plaques on the face, ankle, wrists, posterior scalp.

The impression and plan was discussed with both the resident and patient and is noted in the above resident's note.

Electronically signed by J

(b)(3):CPSA Section 25(c)

M.D. 4/23/2007 2:17:06 PM

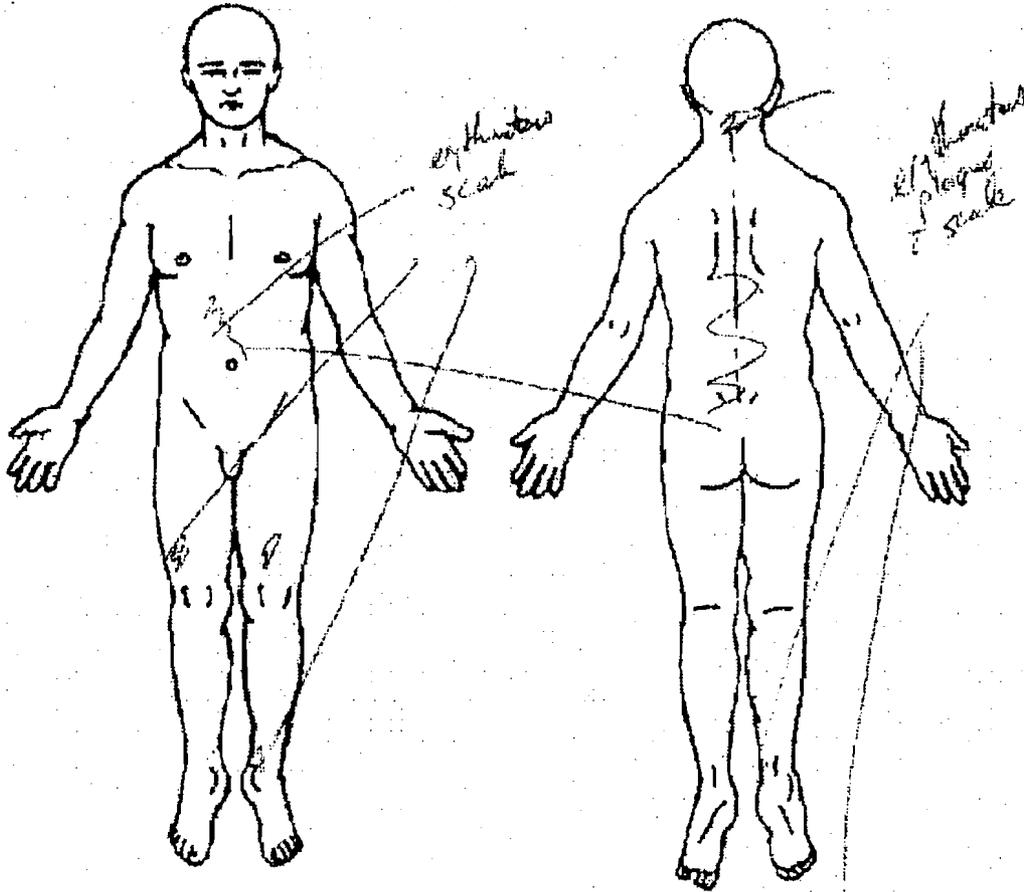
T:04/23/2007 2:20:00 PM CHART ID:3535746

**Ochsner**  
**Dermatology Drawings**

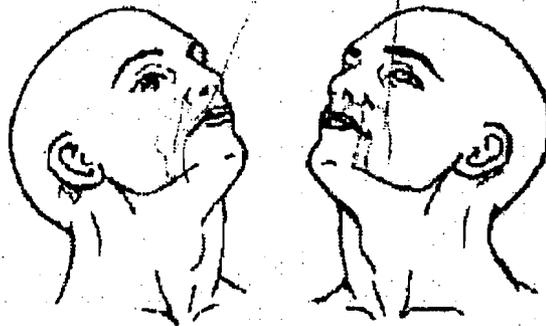
(b)(3):CPSA Section 25(c)



VISIT: 4/23/2007 01:30P  
TYPE: RESID



	Normal	Abnormal
General appearance	<input type="checkbox"/>	<input type="checkbox"/>
A & O x 3	<input type="checkbox"/>	<input type="checkbox"/>
Mood & affect	<input type="checkbox"/>	<input type="checkbox"/>
Conjunctive & MS	<input type="checkbox"/>	<input type="checkbox"/>
Lips, teeth, gums	<input type="checkbox"/>	<input type="checkbox"/>
Oropharynx	<input type="checkbox"/>	<input type="checkbox"/>
Lymph nodes (nls. 2)	<input type="checkbox"/>	<input type="checkbox"/>
Hair	<input type="checkbox"/>	<input type="checkbox"/>
Eccrine / Apocrine glands	<input type="checkbox"/>	<input type="checkbox"/>
Digits & nails	<input type="checkbox"/>	<input type="checkbox"/>
PVS (edema, varicosities)	<input type="checkbox"/>	<input type="checkbox"/>
Liver & spleen	<input type="checkbox"/>	<input type="checkbox"/>
Anus	<input type="checkbox"/>	<input type="checkbox"/>



(b)(3):CPSA Section 25(c)

Physician Signature

Form No. 09448 (7/27/2006) OCW

Physician Print Name

194

Ochsner Clinic Foundation

(b)(3):CPSA Section 25(c)

04/20/2007

Provider Note

CC:Patient presents for a 15th MONTH pediatric visit.

HISTORY PROVIDED BY: Mother

HPI: Pt is a almost 15th month old who presents with mother for a well child check. Mother is concerned about his eczema- she reports since Easter it has gotten worse- his whole body is affected now- she has been using aveeno baby bath for eczema and applying Cereva as well bid and applying westcort to inflamed areas. She reports the Cereva has helped slightly, but still no complete resolution. She has an appointment scheduled with the dermatologist at the end of June.

PAST MED HX: Chronic Otitis with PE tubes placed in december 2006, Eczema

MEDS: Zyrtec qhs, Poly vi llor daily

ALLERGIES: NKDA

DEVELOPMENTAL HISTORY Feeds self with spoon. Walks without help. Syas about 5 words.  
DIET: Regular for age

SOCIAL HX: No changes from last screen on 10/5/06

FAMILY HX: No changes from last screen on 10/5/06

ROS: Negative except as mentioned in HPI

PE: Weight: 25# (>25th ) Length:29.75 in (50th ) HC:43cm (75th) Temp: 97.5 RR: 23 Pulse: 100

APPEARANCE: Alert. In no distress. Nontoxic appearing.

SKIN: Normal skin turgor, + diffusely dry skin with eczematous lesions noted right chin and left ankle. good skin color, good capillary refill.

HEAD: Normocephalic, atraumatic.

EYES: Conjunctivae clear, No strabismus. Red reflex positive bilaterally.

EARS: Clear, TM's intact. Pinnae normal. Light reflex normal. No retraction or perforation. PE tubes in place with no otorrhea. ? cerumen present in right PE tube

NOSE: Mucosa pink. Airway clear. No discharge. Midline septum.

MOUTH & THROAT: Moist mucous membranes. No lesions.

NECK: Supple. No lymphadenopathy

CHEST:Lungs clear to auscultation. No retractions. No tachypnea or rales.

CARDIOVASCULAR: Regular rate and rhythm without murmur. Pulses equal.

ABDOMEN: Bowel sound normal. Soft. No masses. No organomegaly. No hepatosplenomegaly.

MUSCULOSKELETAL: No gross skeletal deformities. Normal muscle tone, joints with full range of motion.

GU: normal male genitalia. Testes descended bilaterally. Circumcised.

NEUROLOGIC: Intact. No focal deficits.

Ochsner Clinic Foundation

(b)(3).CPSA Section 25(c)

04/20/2007

Provider Note

**DIAGNOSIS:1. Well Baby Exam. 2. Eczema 3. Allergic Rhinitis**

**PLAN:**

**ANTICIPATORY GUIDANCE:** Home safety, water safety, and car seat safety discussed.

**IMMUNIZATIONS:** DTAP and Hib, Hepatitis A #1

For his eczema, it was recommended to use cetaphil for bathing and to apply the cereva bid. A prescription was written for elocon to use on inflamed areas bid. His zyrtec was increased to 2.5 mg po bid to help with the pruritis. For his face, he is to use elidel bid. We will see if he can see dermatology sooner than the end of June.

**FOLLOWUP @ 18 months of age or sooner for other concerns.**

Nutrition including choking hazard discussed.

Electronically signed by (b)(3).CPSA Section 25(c) ID 04/20/2007 1:46:15 PM

T:04/20/2007 1:50:00 PM CHART ID:3524902

Ochsner Clinic Foundation

(b)(3):CPSA Section 25(c)

12/26/2006

Provider Note

SURGEON: (b)(3):CPSA  
Section 25(c) M.D., F.A.C.S.

PREOPERATIVE DIAGNOSES:  
1. Chronic otitis media.

POSTOPERATIVE DIAGNOSES:  
1. Chronic otitis media.

OPERATION: PE Tubes and bilateral myringotomy with tympanoscopy tubes

ANESTHESIA: General Mas (b)(3):CPSA  
Section 25(c), M.D.

PROCEDURE IN DETAIL.: The patient was brought from the holding area, placed supine on the operating room table. General Mask anesthesia was induced without difficulty. Right ear was draped sterilely, visualized under microscope. Inferior horizontal myringotomy was made in an inflamed, bulging TM. Thick mucopurulent fluid suctioned from the middle ear and on left side collected in Lukens trap for C&S. Micron titanium valve and tube was inserted and Floxin drops were instilled. Same procedure, same findings on the opposite ear.

The patient was then awakened, and taken to the recovery room in good condition, with no untoward events or complications having occurred. Parents were counseled. Postoperatively the patient will use ciprodex bid each ear x 7 days and po Septra x 7-10 days. Tylenol for pain. Essentially normal diet and activities. Keep water out of ears. See me in the office in 3 weeks.

Discussed his eczema and rhinitis and may need to see allergist and or derm.

Electronically signed by (b)(3):CPSA  
Section 25(c), MD, FACS, FAAOHN, FAOOR  
12/26/2006 08:21:33 AM

T:12/26/2006 8:25:00 AM CHART ID:2766936

Ochsner Clinic Foundation

(b)(3).CPSA Section 25(c)

12/19/2006

Provider Note

CC:Patient presents for a 12th MONTH pediatric visit and pre op clearance

HPI: Pt is a 1 yo with eczema and a h/o recurrent otitis who presents with father for a well child visit and pre op visit for PE tubes to be placed 12/26. Grant has had no other surgeries and has no history of bleeding disorders. Father reports he does have some rhinorrhea which is constant, but no fever. He reports he has been pulling at his ears as well.

MEDS: Augmentin, Tylenol pm.

DEVELOPMENTAL HISTORY:

Walks alone: NO

Cruises: YES

Finger grasp : YES

2 words other than mama-dada : YES

Imitates : YES

Gestures: YES

DIET: Soft table foods. Whole milk, 8 ounces of juice a day, and water

Problems with last vaccines : NO

Problems with stooling or voiding : NO

New family changes : NO

FAMILY HISTORY: Reviewed- no changes from 10/5/06- no family h/o bleeding disorders

SOCIAL HISTORY: Reviewed- no changes from 10/5/06 note

ROS: + rhinorrhea(constant); + otalgia, no fever, all other ROS negative except as mentioned in HPI

PE: Temp 97.7 RR: 24 Pulse: 100

Weight: 22# 7 ounces(> 25th) Length: 29 3/4 inches(50th)

APPEARANCE: Alert. In no distress. Nontoxic appearing. Smiling and playful.

SKIN: Normal skin turgor, + eczematous lesions on his chin without any weeping and dry skin on his abdomen, good skin color, good capillary refill.

HEAD: Normocephalic, atraumatic. Anterior fontanelle soft and flat.

EYES: Conjunctivae clear, no strabismus. PERRL. Red reflex positive bilaterally.

EARS: Clear on the left. + serous fluid present on the right

NOSE: Mucosa pink. Airway clear. No discharge. Midline septum.

MOUTH & THROAT: Moist mucous membranes. No lesions

NECK: Supple.No lymphadenopathy

CHEST:Lungs clear to auscultation. No retractions. No tachypnea or rales.

CARDIOVASCULAR: Regular rate and rhythm without murmur. Pulses equal.

Ochsner Clinic Foundation

(b)(3):CPSA Section 25(c)

12/19/2006

Provider Note

**ABDOMEN:** Bowel sound normal. Soft. No masses. No organomegaly. No hepatosplenomegaly.  
**GU:** Normal male. Testes descended bilaterally.  
**MUSCULOSKELETAL:** No gross skeletal abnormalities. Normal muscle tone, joints with full range of motion.  
**HIPS:** Negative Ortolani. Negative Barlow.  
**NEUROLOGIC:** Intact. No focal deficits.

**DIAGNOSIS:** 1. 12 mo Well Baby Exam. 2. Eczema 3. Recurrent Otitis 4. Serous Otitis 5. Possible allergic rhinitis

**PLAN:**

**ANTICIPATORY GUIDANCE:** Car seat safety, choking hazards, water safety, electrical socket and small object safety discussed.

**IMMUNIZATION:** Prevnar#4, Proquad#1, Flu shot#1

Nutrition discussed- whole milk until 2 years of age

For his possible allergies, he was started on Zyrtec 2.5 mg po qhs.

Cleared for PE tube placement 12/26.

Dental hygiene discussed- He was started on Poly vi flor.

**FOLLOW UP:** at 15 months old.

He will need to return in 1 month for second flu shot.

Retrun sooner for any other concerns.

Electronically signed by (b)(3):CPSA Section 25  
(e) MD 12/26/2006 8:21:53 AM

T:12/26/2006 8:25:00 AM CHART ID:2766950



325C

<b>1. Task Number</b> 090504CBB1660		<b>2. Investigator's ID</b> 8919		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
<b>3. Office Code</b> 810	<b>4. Date of Accident</b> YR MO DAY 2009 03 04	<b>5. Date Initiated</b> YR MO DAY 2009 05 05		
<b>6. Synopsis of Accident or Complaint</b> <b>UPC 0 22332 02762 3</b>  The 48 year old consumer and her 48 year old husband purchased a house in Fort Myers, FL in December 2008. The house was built in 2006 but had been unoccupied since 2007. The consumer's 19 year old son, his 19 year old girlfriend and a 20 year old male live in the house. The consumer stated that her son and his friends have experienced severe headaches and sore throats since moving into the house and the home's copper wiring and metal fixtures are corroding. The consumer believes that Chinese drywall was used in the house.  <i>MUR TRVLBR NOTIFIED</i> <i>COMMENTS: YES NO 9/21/09</i> <i>OVERRULED; ATTACHED</i> <i>EXCISIONS FOIA HXS 325C</i> <i>DO NOT RE-NOTIFY RE-NOTIFY</i>				
<b>7. Location (Home, School, etc)</b> 1 - HOME		<b>8. City</b> FORT MYERS		<b>9. State</b> FL
<b>10A. First Product</b> 1876 - House Structures, Repair Or		<b>10B. Trade/Brand Name</b> KNAUF		<b>10C. Model Number</b> 022332 02762 3
<b>10D. Manufacturer Name and Address</b> KNAUF 400 East Walker St. Shelbyville, IN 46176				
<b>11A. Second Product</b> 1876 - House Structures, Repair Or		<b>11B. Trade/Brand Name</b> UNKNOWN		<b>11C. Model Number</b> UNKNOWN
<b>11D. Manufacturer Name and Address</b> BEAZER HOMES U.S.A., INC. 1000 Abernathy Rd Atlanta30328				
<b>12. Age of Victim</b> 19	<b>13. Sex</b> 2 - Female	<b>14. Disposition</b> 1 - Injured, not Hosp.	<b>15. Injury Diagnosis</b> 68 - Poisoning	
<b>16. Body Part(s)</b> Involved 85 - ALL OF BODY	<b>17. Respondent</b> 1 - Victim/Complainant	<b>18. Type of Investigation</b> 1 - On-Site	<b>19. Time Spent</b> (Operational / Travel) 14 / 2	
<b>20. Attachment(s)</b> 9 - Multiple Attachments		<b>21. Case Source</b> 07 - Consumer Complaint		<b>22. Sample Collection Number</b>
<b>23. Permission to Disclose Name (Non NEISS Cases Only)</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Verbal <input checked="" type="radio"/> Yes for Manuf. Only				
<b>24. Review Date</b> 06/01/2009	<b>25. Reviewed By</b> 9001		<b>26. Regional Office Director</b> Dennis R. Blasius	
<b>27. Distribution</b> Blasius, Dennis; Woodard, Dean; Rose, Blake			<b>28. Source Document Number</b> 10940152A	

All of the information contained in this report was obtained during an on-site interview with the consumer on 5/12/2009. The consumer reported this incident to CPSC via the Internet on 4/6/2009.

The 48 year old consumer (complainant) and her 48 year old husband purchased a foreclosed house in Fort Myers, FL in December 2008. The consumers' purchased the house for their 19 year old son. The consumers' son, his 19 year old girlfriend and his 20 year old college roommate live in the house. The consumer stated that her son and his 20 year old male friend were born and raised in Florida and they have no history of allergies or health problems. The consumer stated that her son's 19 year old girlfriend also has no history of health problems.

The consumer stated that her son and his roommates moved into the house on 1/24/2009. The consumer stated that two or three days after her son moved into the house he began having headaches. The consumer stated however, that since they moved into the house they all have had headaches and sore throats. The 20 year old male has also had a severe sinus infection. The consumer said her son and his girlfriend take over-the-counter medicine for their headaches and sore throats and have not sought medical attention. She said her son's 20 year old friend cannot afford to go to the doctor so he takes over-the-counter medicine for his sinus infections. The consumer stated that her son and his friends feel better when they are away from the house.

The consumer gave her son a six month old dog after he moved into the house. She said the dog is always panting and thirsty. She said because the dog drinks a lot of water, he wets in the house before anyone can let him outside. The consumer checked with the breeder about the dog's behavior and the breeder told her the dog never exhibited these problems before.

The consumer stated that when she visits the house, within 15 minutes her nose starts burning and running and her throat becomes irritated. She said her husband also complains that he has headaches when he is at the house. The consumer stated that she and her husband only experience these problems when they are at her son's house. The consumer said it takes 1 ½ to 2 hours for her to feel better after she leaves the house.

The consumer stated that there was a strange odor in the house when they bought the house, but she said the house had been vacant for a year so she thought the odor was "brand new house smell" or "abandoned house" smell. The consumer said the smell did not go away so she put plug-in air fresheners in the outlets to minimize the odor. The consumer said the house smells like, "drywall paste that never dried." She said the odor is noticeable all the time, and is worse downstairs because its a smaller, more confined area. The consumer said that they painted the living room and two of the bedrooms and had the carpet cleaned when they moved in. She said those were the only changes they made to the house and it did not affect the odor in the house.

The consumer stated that there are two air conditioning units in the house. She said the evaporator coils for one unit had to be replaced on 3/11/2009 and the evaporator coils for the second unit will be replaced on 5/14 or 5/15 because it is low on Freon. The technician noted on the 3/11/2009 service invoice: "FOUND COPPER W's ON OLD COIL BLACKENED VERY BADLY. LEFT COIL WITH CUSTOMER." Refer to a copy of the invoice in Exhibit 19 and photos of the evaporator coil in Exhibit 18.

The consumer stated that the light bulbs in the kitchen, dining room and upstairs bathrooms keep burning out. The consumer said they are on their third set of light bulbs in the kitchens and bathrooms rooms since January. The consumer stated that the water shut off valve beneath the kitchen sink is turning black, the copper wiring in several light switches in living room have turned black, and that there is pitting on the chrome faucets and shower heads in the first floor and second floor bathrooms.

The consumer stated that she first found out about Chinese drywall through an e-mail a neighbor sent to her on 2/26/2009 (exhibit 20). After receiving the e-mail, her husband opened the electrical outlets in their son's house and found the electrical wires were black. The consumer contacted the builder's national warranty center on 3/4/2009 about the possibility that Chinese drywall was in her home. The warranty center sent the consumer an e-mail on 3/4/2009 stating that her request had been forward to a local warranty representative. The local representative contacted the consumer by e-mail on 3/10/2009 requesting that she call him. (Refer to copies of e-mails in exhibit 21).

On 3/16/2009 a representative of the consumer's attorney came to the house and took drywall samples from the first floor bathroom and the first floor guest room. The testing was performed as part of a class action lawsuit filed by her attorney. The consumer said that she could not release the test results to me but she allowed me to review the results. I copied the "Quantitative Results for 00031 Drywall March 16, 2009 15.0 keV@ ev/channel. The quantitative resultd are as follows:

<u>ELE</u>	<u>WEIGHT %</u>	<u>ATOMIC</u>	<u>OXIDE</u>
C	2.56	4.61	9.40 (C02)
O	49.20	66.34	0.00
Mg	0.56	0.50	0.93 (MgO)
Al	0.15	0.12	0.28 (Al2O3)
Si	0.38	0.29	0.82 (SiO2)
S	20.60	13.86	51.43 (SO3)
Ca	<u>26.55</u>	14.29	<u>37.14</u> (CaO)
Total	100.00		100.00

On 3/23/2009 the builder's representative and an inspector (company name not known) went to the consumer's house and collected samples of drywall for testing. The laboratory testing was performed by Test America, TRC, Nevada, 8395 W. sunset Rd., Suite 190, Las Vegas, NV 89113. The consumer stated that the tests came back negative for sulfur. The consumer stated that the tests came back negative because the samples were tested for sulfite instead of sulfur. Refer to a copy of the test report in Exhibit 22.

On 4/22/2009, the builder sent a letter to the homeowners in the consumer's development about Chinese drywall. The letter stated that the builder was investigating whether or not Chinese drywall was used in the development (exhibit 23). The consumer contacted the builder's representative after she received the letter and was told that additional testing was being conducted on the drywall samples taken from her home. The builder's representative told the consumer that the samples had been placed in a bag with copper piping and they were waiting to see the results.

On 4/23/2009 the consumer held an informational meeting in her home about Chinese drywall in the development. She passed out flyers (exhibit 24) to her neighbors to discuss Chinese drywall in their development.

The consumer stated that she does not have a short term plan to address the drywall problem. She stated that she has joined a class action lawsuit and wants the builder to either remove the Chinese drywall from the house or buy the house back from her.

During my 5/11/09 on-site, I observed and photographed the following: drywall in the first floor closet with yellow and blue labeling (exhibits 1-2). Yellow and blue Strips labeled "KNAUF" found inside a wall of the first floor guest bedroom (exhibits 3-10). Burned out light bulbs in the kitchen and second floor bathroom (exhibits 11-12.). Blackened water shut off valve beneath the kitchen sink (exhibit 13). Corroded copper wiring in the living room light switch (exhibits 14). Pitting on chrome faucets and shower heads in the first floor and second floor bathrooms (exhibits 15-16), and the door stops are turning black (exhibit 17).

#### **PRODUCT IDENTIFICATION:**

The drywall in the first floor patio bathroom of the house has a blue and yellow label (exhibits 1-2). The manufacturer's name has been torn off the label. Similar labels were found bundled together inside a wall in the first floor guest bedroom when the wall was opened on 3/16/2009 by the consumer's attorney representative. The labels read in part: "CERTIFIED TO ISO 9001 KNAUF STANDARD BOARD FIRE SHEILD\*\*\*." (Refer to photos 3-10.)

**PRODUCT IDENTIFICATION CONT.:**

House Structures: (Product Code 1876)  
Brand: Knauf  
UPC Code: 0 22332 02762 3  
Manufacturer: Knauf  
400 East Walker St.  
Shelbyville, IN 46176

Builder: Beazer Homes U.S.A., Inc.  
1000 Abernathy Rd.  
Suite 1200  
Atlanta, GA 30328  
(770) 829-3700

Local Builder Rep Jerry Smith  
Beazer Homes  
19601 Cypress View Dr.  
Fort Myers, FL 33912

Development: Magnolia Lakes  
Fort Myers, FL

**EXHIBITS:**

Exhibits 1– 18 Photographs

Exhibit 19 Copy of 3/11/2009 air conditioner invoice.

Exhibit 20 Copy of 2/26/2009 Chinese drywall e-mail from consumer's neighbor

Exhibit 21 Copies of e-mails between consumer and builder.

Exhibit 22 Test results from Test America, TRC, Nevada,

Exhibit 23 Copy of letter from Beazer Homes to homeowners in the development.

Exhibit 24 Copy of flyer for meeting in consumer's home regarding drywall.

Exhibit 25 Authorization for Release of Name Form

Exhibit 26 Respondent List

Exhibit 27 Consumer Contact List

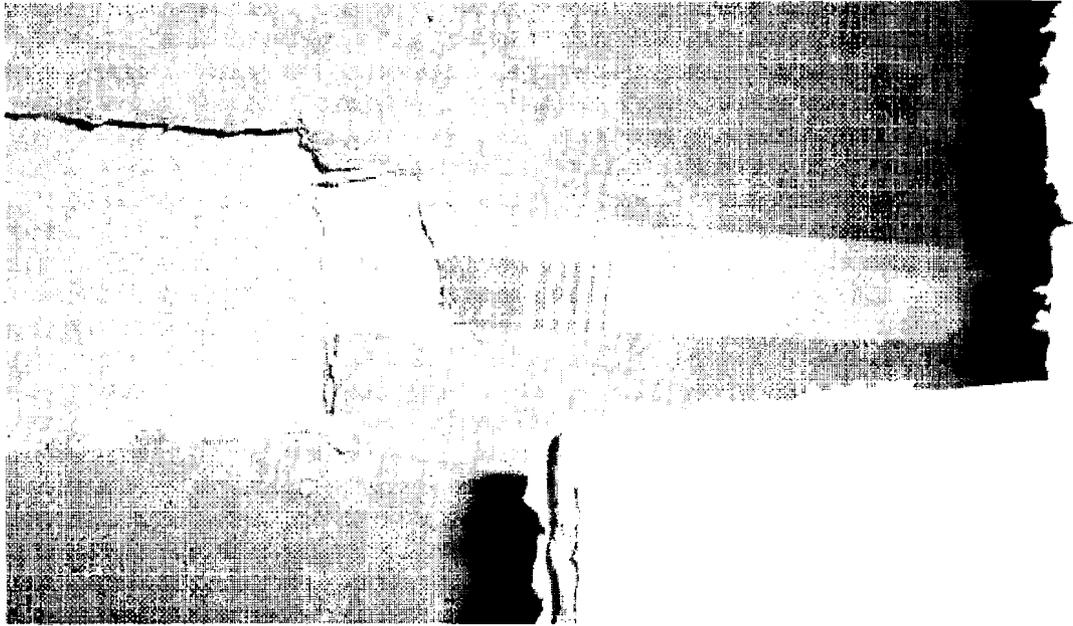


Exhibit 1 - Photograph of drywall inside the first floor patio bath. The manufacturer's name is not visible on the label.



Exhibit 2 - Additional view of exposed drywall inside the first floor patio bath.

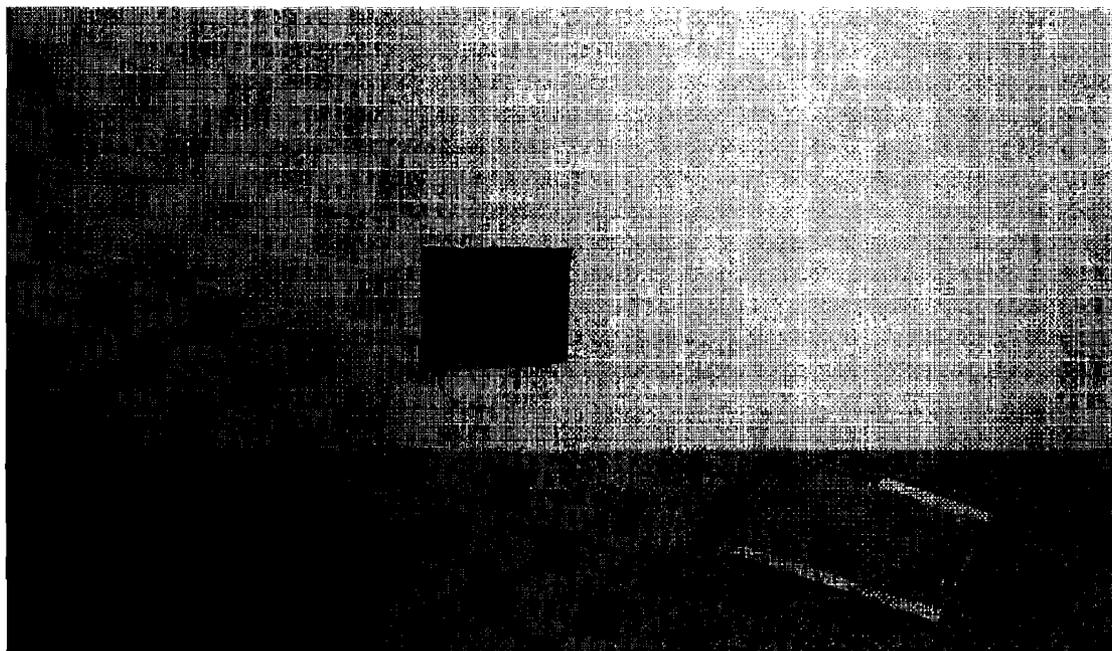


Exhibit 3 - Photograph of an approximately 12 inch x 12 inch square cut into the drywall in the first floor guest bedroom.



Exhibit 4 – Photograph of labeling from drywall found inside the guest bedroom wall.

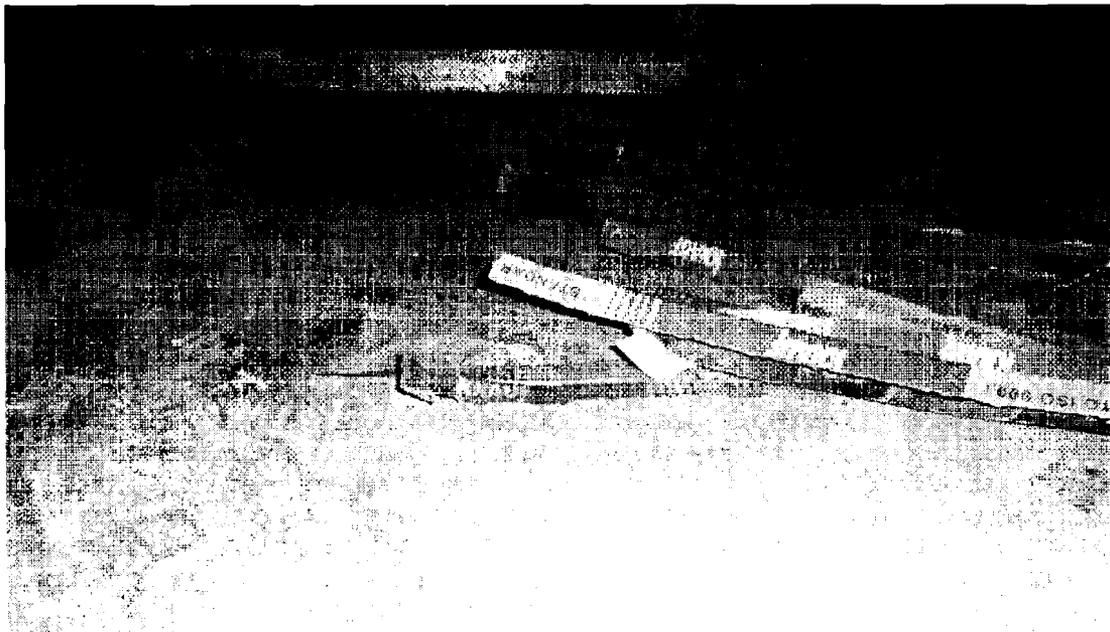


Exhibit 5 – Closer view of labels from drywall found inside the guest bedroom wall.

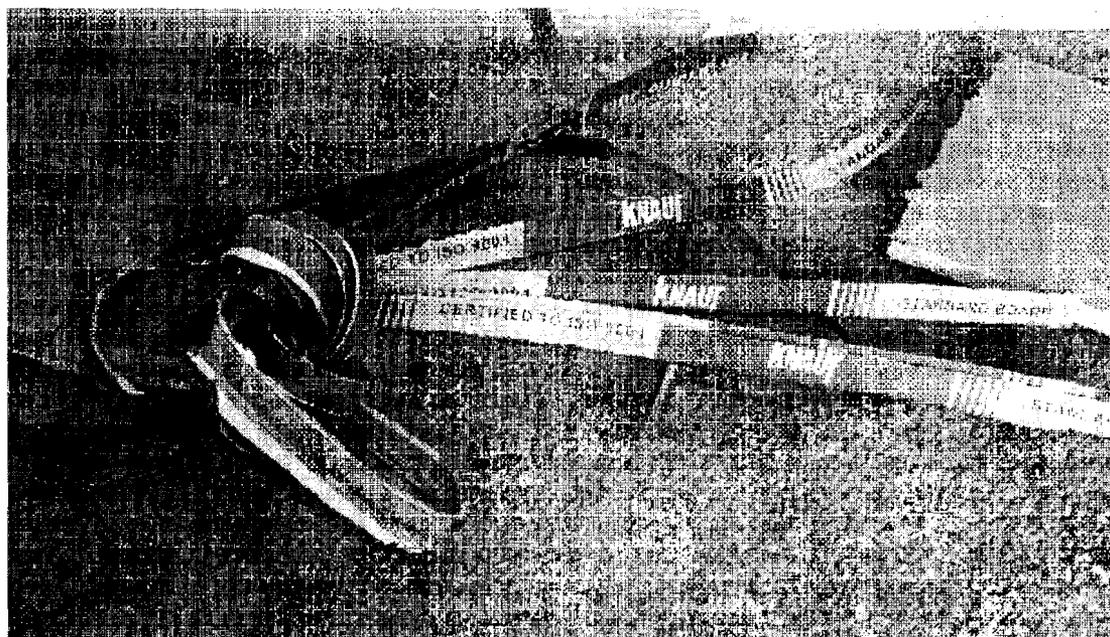


Exhibit 6 - The strips were labeled: "CERTIFIED TO ISO 9001 KNAUF STANDARD BOARD FIRE SHEILD\*\*\*"



Exhibit 7 – Close up of labeling on the drywall strips in the guest bedroom wall.

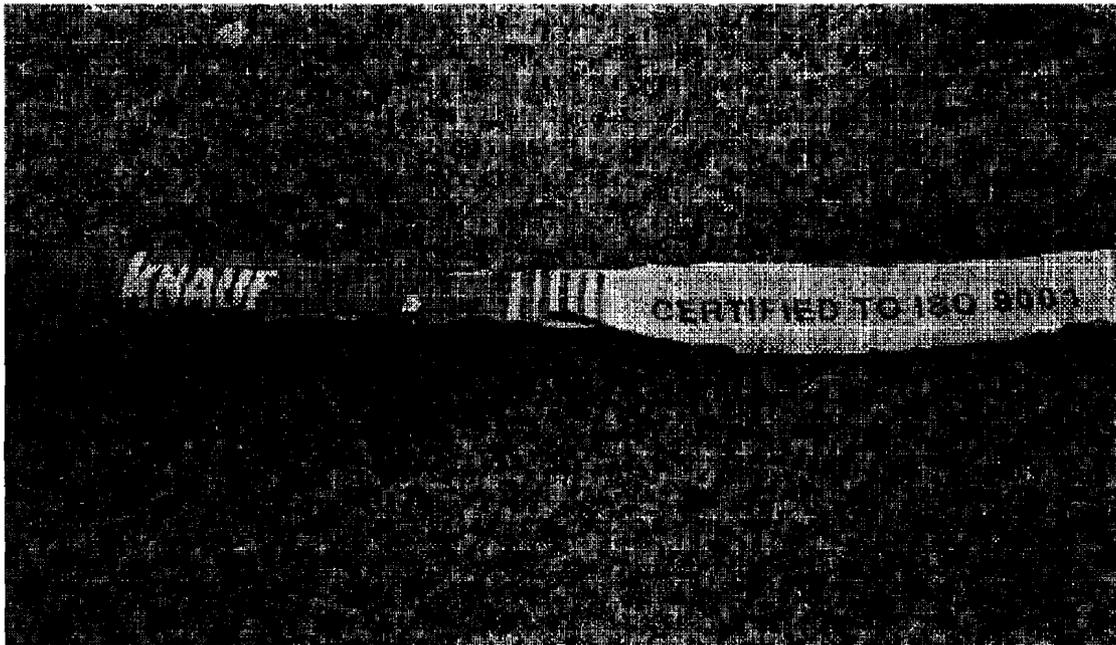


Exhibit 8 – Certification statement on drywall label.



Exhibit 9 – Additional labeling on the drywall strip.



Exhibit 10 – Photograph of the bar code printed on the drywall strips.



Exhibit 11 – Photo of burned out light bulb in kitchen.

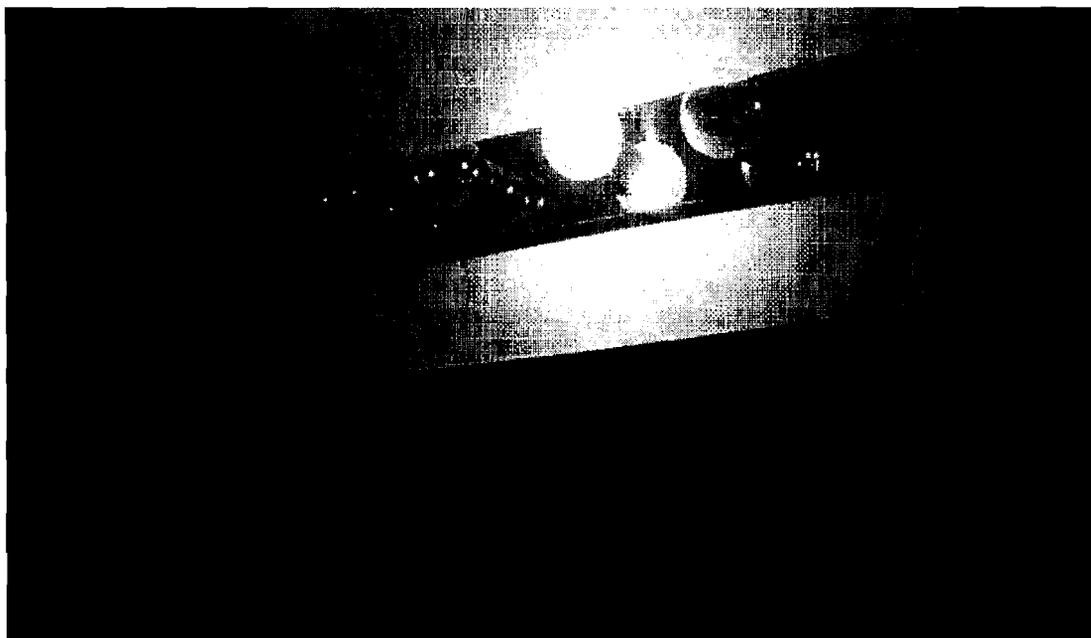


Exhibit 12 – Photograph of burned out light bulbs in second floor bathroom.

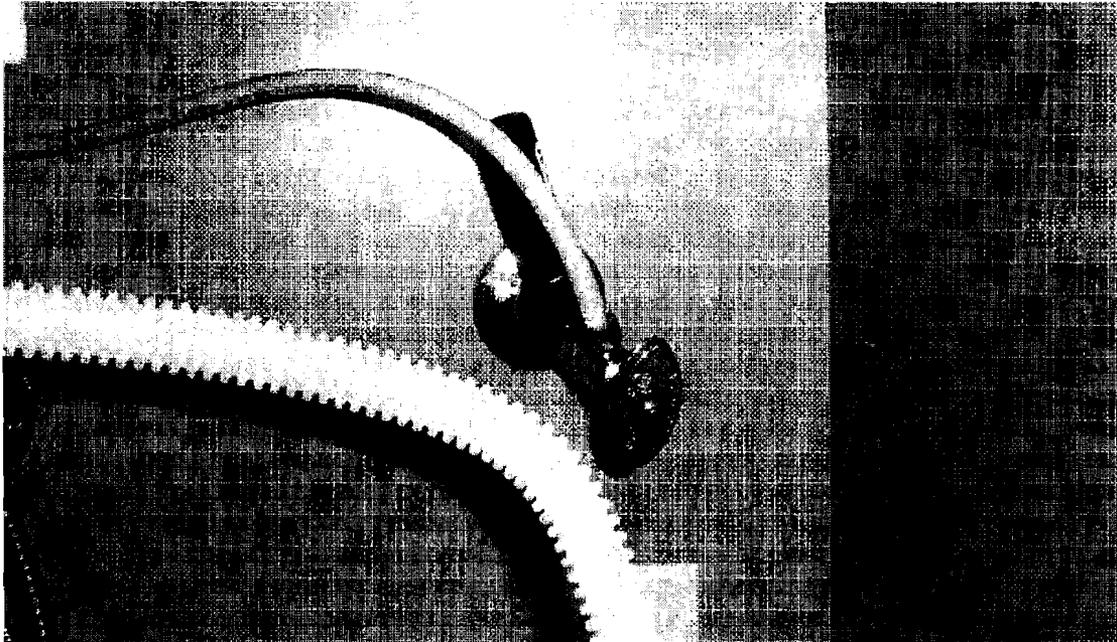


Exhibit 13 - Photograph of blackened water shut off valve beneath the kitchen sink.



Exhibit 14 – Photograph of blackened copper wire inside a light switch in the living room.



Exhibit 15 – Photograph of pitted shower head in first floor bathroom

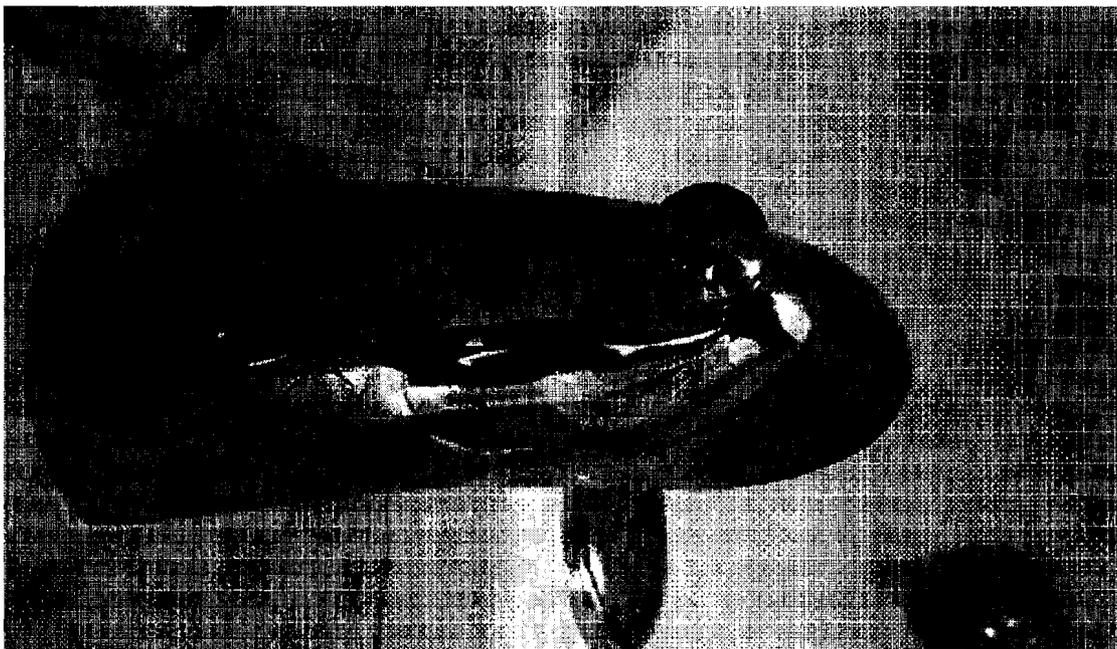


Exhibit 16 – Photograph of pitted bathtub faucet in second floor bathroom.



Exhibit 17 - Photograph of the blackened door stop inside the first floor guest bedroom.

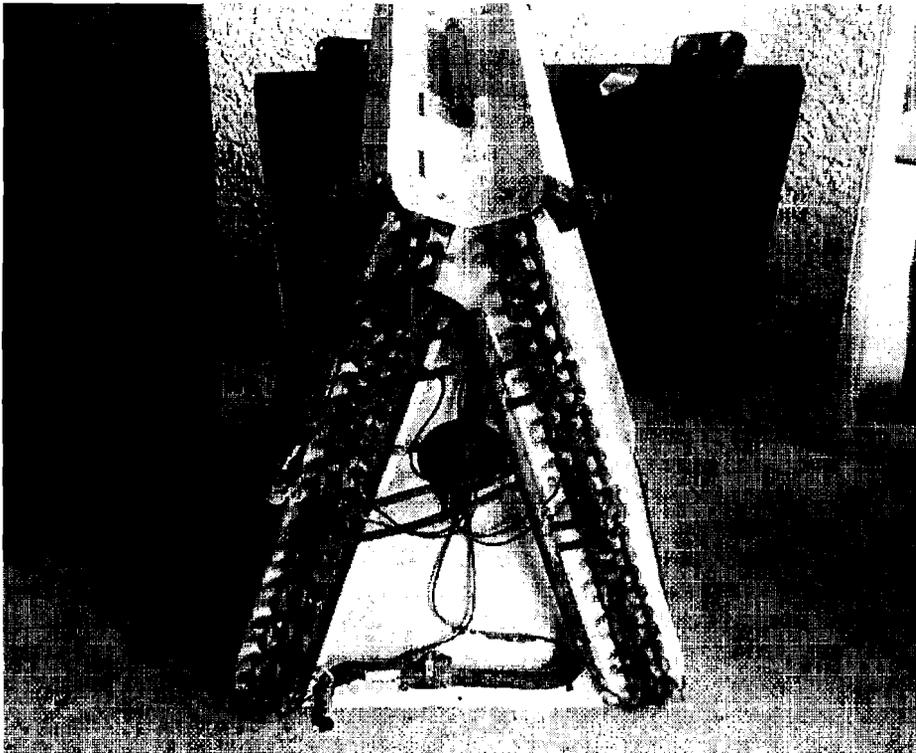


Exhibit 18 - Photo of blackened evaporator coils for air conditioner unit that was replaced on 3/11/2009.

# TestAmerica

THE LEADER IN ENVIRONMENTAL TESTING

## CHAIN OF CUSTODY

090504CBB1660  
Exhibit 19 Page 1 of 1

17451 Derian Ave., #100 Irvine, CA 92614 (949) 261-1022 FAX (949) 260-3297  
1014 E. Cooley Dr., Suite A. Colton, CA 92324 (909) 370-4667 FAX (909) 370-1046  
9830 South 51st St., Suite B-120, Phoenix, AZ 85044 (480) 785-0043 FAX (480) 785-0851  
2520 E. Sunset Rd. #3, Las Vegas, NV 89120 (702) 798-3620 FAX (702) 798-3821

*JSC2209* Page 1 of 1

Client Name/Address: <b>TRC Companies, Inc. 8395 W. Sunset Road, Suite 190 Las Vegas, NV 89113</b>			Project / PO Number: <b>Magnolia Lakes Development 13269 Little Gem Ft. Myers, FL</b>			ANALYSIS REQUIRED																													
Project Manager/Phone Number: <b>Teri Lopeman</b> Sampler: <i>+lopeman@TRC</i> <b>Steven A. Lipson, CIH, CSP</b>			Phone Number: <b>702.316.1361</b> Fax Number: <b>702.307.4222</b>			<table border="1"> <tr> <td colspan="10" style="text-align: center;"><i>EPA 9030 - Sulfides</i></td> </tr> <tr> <td colspan="10" style="text-align: center;">Special Instructions</td> </tr> </table>										<i>EPA 9030 - Sulfides</i>										Special Instructions									
<i>EPA 9030 - Sulfides</i>																																			
Special Instructions																																			
Sample Description	Sample Matrix	Container Type	# of Cont.	Sampling Date	Sampling Time	Preservatives																													
9 - 1 <sup>st</sup> Fl - Patio Bath	DV	Bag	1	3/23/09	1140	no																													
10 - 1 <sup>st</sup> Fl - Guest Bedroom																																			
11 - Garage closet																																			
12 - Garage closet ceiling																																			
13 - 2 <sup>nd</sup> Fl - Hvac closet																																			
14 - master - Bath closet							MS																												
15 - 2 <sup>nd</sup> Fl - Guest Bath closet							3/24/09																												
16 - 2 <sup>nd</sup> Fl - Guest Bath closet ceiling							11:50																												
Relinquished By <i>[Signature]</i>			Date/Time: 3/23/09 1530			Received by:			Date/Time:			Turnaround Time: (check)																							
Relinquished By			Date/Time:			Received by			Date/Time:			Same Day <input checked="" type="checkbox"/> 72 Hours <u>SR 3/24</u>																							
Relinquished By			Date/Time:			Received in Lab by <i>vBank</i>			Date/Time: 3/24/09 10:25			24 Hours <input checked="" type="checkbox"/> 5 days _____																							
Relinquished By			Date/Time:			Received in Lab by			Date/Time:			48 hours _____ normal _____ RT																							
Relinquished By			Date/Time:			Received in Lab by			Date/Time:			Sample Integrity: (Check) Intact <input checked="" type="checkbox"/> On Ice: <u>No</u> Custody Seal: <u>No</u>																							

Note: By relinquishing samples to TestAmerica, client agrees to pay for the services requested on this chain of custody form and any additional analyses performed on this project. Payment for services is due within 30 days from the date of invoice. Sample(s) will be disposed of after 30 days.

*#030*

SmartZone Communications Center Collaboration Suite

kegcnc@comcast.

## Stoney Brook Neighborhood Watch

Thursday, February 26, 2009 7:30:55 PM

From: neighborhoodwatch@stoneybrookgateway.org  
To: tobackl@aol.com  
Reply to: neighborhoodwatch@stoneybrookgateway.org  
Sender: neighborhoodwatch@stoneybrookgateway.org

All,

A few quick things,

The Villages of Stoneybrook (the condos right outside of community) have had reports of drug crime that has resulted in a few cars being shot. Please be careful.

We have had a few cars broken into recently due to the owners leaving cars unlocked. Please make sure that you have all of your doors locked, windows secured, and anything outside is properly secured.

In regards to the empty houses in the neighborhood, be aware that they are empty and take time to check them occasionally to make sure they are secured. It does not hurt to clean them up occasionally as it makes them look like they are lived in and less likely to be broken into.

The guard gate is asking all residents to make sure they call in guests ahead of time and please advise your guests that they will have to show ID once they get here.

Finally, in a health related issue at your house, here is some information about the Chinese Drywall issue as it has been found in someone in the neighborhood

If you have taken the time to check the back of your drywall at the access panel, you better CHECK AGAIN!

On Sunday afternoon, I decided to check the drywall in the attic area. I found around the access door that the drywall was made in the United States, and then decided to spot-check the rest of the area. I kept finding the drywall from the United States, until I was about halfway through the attic. Starting around our air-handlers, I found the KNAUF drywall. I decided to check the entire area, because of the blackening of the copper tubing at both air-handlers, plus the fact that my children always seem to feel ill, as if they were coming down with something, and I have felt the same way.

The only area that there is any blackening of the electrical wiring is near the access panel, and that is where the wiring touches the insulation paper.

Online reading revealed that the Florida Dept of Health

<http://www.doh.state.fl.us/environment/index.htm> was investigating the complaints about the Chinese Drywall.

I called the Lee County Health Department's Environmental Office @

239-690-2100, and was able to file a complaint over the phone. I was then

referred to an individual who works for the State, deals with the air in the

home, and will follow-up on my complaint. <http://www3.flgov.com/healthdept>

Here is a list of indoor air quality inspectors from the Lee County Website

[http://www.doh.state.fl.us/environment/community/indoor-air/facilities\\_centers.htm](http://www.doh.state.fl.us/environment/community/indoor-air/facilities_centers.htm)

The Lee County Contact is on this list Bob Kallotte, of Sarasota.

If you Google Chinese Drywall, you will come up with a lot of information,

including this class action lawsuit

[http://www.bizjournals.com/southflorida/stories/2009/02/02/early28.html?from\\_rss](http://www.bizjournals.com/southflorida/stories/2009/02/02/early28.html?from_rss)

from\_rss

The most information at the website I first mentioned regarding what to

look for, and what to do. They also have downloads and videos for you

<http://chinesedrywallclams.com> Mr. Serpe is a member of this organization

which helps people find lawyers. In a quote from his website, "He is listed

in The Best Lawyers in America (r), and has received an AV rating from

Martindale-Hubbell law directory, which is the highest given. He has been

named a "Super Lawyer" - among the top 5 percent of lawyers in Virginia - by

Virginia Super Lawyers Magazine."

<http://www.martindale.com/Find-Lawyers-and-Law-Firms.aspx>

If you find that you do have this drywall, document it with digital photos.

The reason I recommend digital is because you can see the image immediately,

and you can tell if you have correctly photographed what it is that you want

to see. If you don't have exactly what you need to see, you can correct

your exposure, and take another image immediately. Remember that every

image you take is digitally stamped with the date and time, so make sure

your camera's clock and date are set.

When you check in your attic, make sure you wear long pants, a long sleeve shirt, a hat and also a face-mask to keep the fiberglass fibers from entering your mouth, throat and lungs. The proper clothes will protect your skin. If you do get fiberglass in your skin, wash gently with cool water, as it can become embedded in your skin and cause you to itch.

Please recheck the health issues that may result from this and make sure you document those as well if you or your children are suffering from them.

<http://chinese-drywallinusa.com>

Here is the latest information I have regarding the Chinese Drywall,  
February 26, 2009.

On February 22, 2009, I found some of this drywall with the name KNAUF, stamped on the back of it, in my attic area, located above the air handlers. I noted that there were two kinds of drywall in my attic, one from an American Company, and the other from KNAUF.

On February 23, 2009, I called the Lee County Health Department at 239-690-2100, and filed a report over the phone. I was then given the number of and called Bob Kallotte, from Sarasota, who is an "Indoor Air Expert," and supplied the phone number 941-861-6059. I called this number and left a message for Mr. Kallotte to contact me at my home phone number. He did call, late in the afternoon, and left a message for me, so I called him around 8:00 AM the following day and was able to speak with him.

On February 25, 2009, I called and spoke with Bob Kallotte, who works for the Florida Department of Health, as a "Local Indoor Air Quality Contact."

He explained about the drywall problems and stated that they were process of investigating it, and took a report from me. He told me that one of the ways to see if you have the damage is to check the side of the coils in the air handlers, by removing the front panel. If the coils were brown or copper colored, there was no problem, but if they were black, there was a problem. I later did so, and found that the sides of the coils in both of the air handlers were black, and I took a series of photographs of both of the coils, from Air Handler 1, and Air Handler 2. My Air Handler 2 was replaced in March 2008, under warranty. Bob receives over 30 calls per day regarding this problem, so he is very busy. It would be worth your while to make your call early in the morning.

Bob Kallotte further explained that having a smell does not mean that you have a problem. He has inspected homes with a strong odor, without any problems. He has also inspected homes with no odor and found major problems. Not only can the coils become damaged on the air conditioners, but the electrical wiring in your home can become damaged as well. As an example, he explained that the GROUND WIRE used in all the electrical connections, can corrode causing whatever is plugged into a wall outlet, or ceiling fixtures, can short out and pass along a shock to an individual.

Bob further stated that this was initially thought to be a "local" problem as in Florida, but they are finding out that these problems are also occurring in other states as well, so the Federal Government has become involved.

Bob Kallotte took a report over the phone, and he represents the Florida Department of Health. During this process, he asked me if I was filing the report for health reasons, or legal reasons. If you file for health

reasons, your information will be kept private. If you file for legal reasons, your information will become public and you may wind up being swamped with calls from lawyers and others. He also does not give any legal advice as to what you should do after this. He did explain that if I found the problem, to do the following, which I did.

Call the Florida Department of Agriculture at 1-800-435-7352 and notify them.

From there I was directed to Consumer Product Safety Commission at 1-800-638-2772. The recorded messages directed me to extension 3, to report an unsafe product, as that was the closest extension to my problem. I filed a report there and was told that someone would call me to follow-up on the problem.

My next call was to the State Attorney General at 1-866-966-7226, and filed a verbal report and was told that I would be contacted at a later date if more information was needed.

I documented all of this with names, phone numbers etc., and typed out my own report and am keeping that in my computer.

My research on the internet revealed that Lennar has filed a lawsuit with the company that makes the drywall. The research also revealed that Lennar is also making the repairs. I do not know if you need to be the original owner of the house or not, or if you rent the property. There are class action lawsuits already filed regarding this, and there are several firms that have done this; some are in the Miami area, and one is in our area. You can google a search, and I did with the topic of "news press chinese

drywall fort myers florida" which produced a number of items, including  
following link:

[http://www.fortmyers.com/drywall.html](#)

SmartZone Communications Center Collaboration Suite

kcgnc@comcast.

## Beazer Confirmation Email

Wednesday, March 04, 2009 2:42:28 P

From: reply@beazer.com

To: kcgnc@comcast.net



Beazer Homes

Dear Kathy Ciaffone,

Thank you for contacting Beazer Homes where we provide a higher measure of service. We appreciate you taking the time to submit your concern via our website. A service request will be sent to your field representative. Within the next two business days a field representative will contact you to schedule an appointment to review your concern.

Our normal business hours are Monday through Friday 8:00am to 9:00pm Eastern. If your request was sent beyond normal business hours or on a holiday, a field representative will contact you within the next two business days.

We have noted that you have some specific feedback regarding your new home purchase and we will make every effort to help you find the answers you are seeking.

1. Chinese Drywall

If this is an emergency and after normal business hours, please call (866) 823-2937 to expedite your service need.

If this is not a Warranty issue, please contact your local Division office for the appropriate department.

This is an automated response; please do not reply to this email.

Beazer Homes,  
A Higher Measure of Home

2009 ©Beazer Homes | Privacy Policy

SmartZone Communications Center Collaboration Suite

RE: Customer Care Request

Tuesday, March 10, 2009 1:36:05 PM

From: jersmith@beazer.com

To: (b)(3) CPSA Section 25(c)

Kathy, You can contact me at 239-561-5042. Thx.

Jerry C. Smith  
Ft. Myers Division  
Beazer Homes, Inc. USA  
Phone 239-561-5042  
Fax 239-561-2440  
E-mail jersmith@beazer.com

-----Original Message-----

From: NationalWarranty ContactCenter  
Sent: Wednesday, March 04, 2009 3:24 PM  
To: Jerry Smith  
Subject: FW: Customer Care Request

Jerry,

Please find email below regarding Chinese Drywall. No request has been created at this time. When addressed please update the Pivotal system or call/email the NWCC with an update and we can update the system.

Thanks and have a great day.

H/O Name  
Lot/Sub  
Address  
Ph #s

Thank you from the Beazer Homes  
National Warranty Contact Center  
<http://www.beazer.com/>  
SAO

-----Original Message-----

From: NationalWarranty ContactCenter  
Sent: Wednesday, March 04, 2009 1:21 PM  
To: (b)(3) CPSA Section 25(c)  
Subject: RE: Customer Care Request

Ms. (b)(3) CPSA Section 25(c)

Thank you for contacting Beazer Homes. We appreciate you taking the time to submit your concerns via our website. Our sources are limited and many times our files are kept off site. In an effort to assist you we have forwarded your inquiry about Chinese Drywall to your Division Ambassador. They will contact you if they locate additional information regarding your request.

Thank you from the Beazer Homes  
National Warranty Contact Center  
<http://www.beazer.com/>  
SAO

-----Original Message-----

From: (b)(3) CPSA Section 25(c)  
Sent: Wednesday, March 04, 2009 12:42 PM  
To: NationalWarranty ContactCenter  
Subject: Customer Care Request

(b)(3) CPSA Section 25(c)

The following Customer submitted a Warranty Information request from Beazer.com

(b)(3):CPSA Section 25(c)

Name:

Email:

Address:

City: Fort Myers

State: FL

Zip: 33913

Community: magnolia lakes

Lot:

Closing Date:

Phone:

Please contact me by Email.

I am the 2nd owner for the home.

I am most available on Tuesday in the Mornings.

Items to be addressed:

Chinese Drywall

# TestAmerica

THE LEADER IN ENVIRONMENTAL TESTING

17451 Denzap Avenue, Suite 100, Irvine, CA 92614 (949) 261-1092 Fax: (949) 260-3297

## LABORATORY REPORT

Prepared For: TRC, Nevada  
8395 W. Sunset Road, Suite 190  
Las Vegas, NV 89113  
Attention: Teri Lopeman

Project: Magnolia Lakes Department  
Magnolia Lakes Development

Sampled: 03/23/09  
Received: 03/24/09  
Issued: 03/25/09 15:03

NELAP #01108CA California ELAP#2706 OSDLAC #10256 AZ #AZ0671 NV #CA01531

*The results listed within this Laboratory Report pertain only to the samples tested in the laboratory. The analyses contained in this report were performed in accordance with the applicable certifications as noted. All soil samples are reported on a wet weight basis unless otherwise noted in the report. This Laboratory Report is confidential and is intended for the sole use of TestAmerica and its client. This report shall not be reproduced, except in full, without written permission from TestAmerica. The Chain of Custody, 1 page, is included and is an integral part of this report.*

*This entire report was reviewed and approved for release.*

## SAMPLE CROSS REFERENCE

LABORATORY ID	CLIENT ID	MATRIX
ISC2209-01	9-1st fl-Patio Deck	Solid
ISC2209-02	10-1st fl-Guest Bedroom	Solid
ISC2209-03	11-Garage closet	Solid
ISC2209-04	12-Garage closet ceiling	Solid
ISC2209-05	13-2nd floor HVAC closet	Solid
ISC2209-06	14-Master bath closet	Solid
ISC2209-07	15-2nd fl. guest bath closet	Solid
ISC2209-08	16-2nd fl. guest bath closet ceiling	Solid

Reviewed By:

TestAmerica Irvine

Kathleen A. Koob For Sushmita Reddy  
Project Manager

# TestAmerica

THE LEADER IN ENVIRONMENTAL TESTING

1719 Jordan Avenue, Suite 100, Irvine, CA 92614 (949) 261-1022 Fax (949) 260-3257

TRC, Nevada 8395 W. Sunset Road, Suite 190 Las Vegas, NV 89113 Attention: Ten Lapanan	Project ID: Magnolia Lakes Department Magnolia Lakes Development Report Number: ISC2209	Sampled: 03/23/09 Received: 03/24/09
--	---	---

## INORGANICS

Analyte	Method	Batch	Reporting Limit	Sample Result	Dilution Factor	Date Extracted	Date Analyzed	Date Qualifiers
Sample ID: ISC2209-01 (9-1st fl-Patio Bath - Solid)								
Reporting Units: mg/kg								
Sulfide	EPA 9034	9C24090	10	ND	1	3/24/2009	3/24/2009	
Sample ID: ISC2209-02 (10-1st fl-Guest Bedroom - Solid)								
Reporting Units: mg/kg								
Sulfide	EPA 9034	9C24090	10	ND	1	3/24/2009	3/24/2009	
Sample ID: ISC2209-03 (11-Garage closet - Solid)								
Reporting Units: mg/kg								
Sulfide	EPA 9034	9C24090	10	ND	1	3/24/2009	3/24/2009	
Sample ID: ISC2209-04 (12-Garage closet ceiling - Solid)								
Reporting Units: mg/kg								
Sulfide	EPA 9034	9C24090	10	ND	1	3/24/2009	3/24/2009	
Sample ID: ISC2209-05 (13-2nd floor HVAC closet - Solid)								
Reporting Units: mg/kg								
Sulfide	EPA 9034	9C24090	10	ND	1	3/24/2009	3/24/2009	
Sample ID: ISC2209-06 (14-Master bath closet - Solid)								
Reporting Units: mg/kg								
Sulfide	EPA 9034	9C24090	10	ND	1	3/24/2009	3/24/2009	
Sample ID: ISC2209-07 (15-2nd fl. guest bath closet - Solid)								
Reporting Units: mg/kg								
Sulfide	EPA 9034	9C24090	10	ND	1	3/24/2009	3/24/2009	
Sample ID: ISC2209-08 (16-2nd fl. guest bath closet ceiling - Solid)								
Reporting Units: mg/kg								
Sulfide	EPA 9034	9C24090	10	ND	1	3/24/2009	3/24/2009	

TestAmerica Irvine

Kathleen A. Robb For Sushama Reddy  
Project Manager

*This result pertains only to the samples tested in the laboratory. This report shall not be reproduced, except in full, without written permission from TestAmerica.*

ISC2209 <Page 2 of 5>

# TestAmerica

THE LEADER IN ENVIRONMENTAL TESTING

17461 Duran Avenue, Suite 100, Irvine, CA 92614 (949) 761-1022 Fax: (949) 260-3257

TRC, Nevada  
8395 W. Sunset Road, Suite 190  
Las Vegas, NV 89113  
Attention: Teri Logeman

Project ID: Magnolia Lakes Department  
Magnolia Lakes Development  
Report Number: ISC2209

Sampled: 03/23/09  
Received: 03/24/09

## METHOD BLANK/QC DATA

### INORGANICS

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limit	RPD	RPD Limit	Data Qualifiers
<u>Batch: 9C24090 Extracted: 03/24/09</u>										
<u>Blank Analyzed: 03/24/2009 (9C24090-BLK1)</u>										
Sulfide	ND	10	mg/kg							
<u>LCS Analyzed: 03/24/2009 (9C24090-BS1)</u>										
Sulfide	104	10	mg/kg	112		93	80-100			
<u>Matrix Spike Analyzed: 03/24/2009 (9C24090-MS1)</u>										
Sulfide	98.9	10	mg/kg	112	ND	88	70-100			
<u>Matrix Spike Dup Analyzed: 03/24/2009 (9C24090-MSD1)</u>										
Sulfide	93.6	10	mg/kg	112	ND	84	70-100	0	30	

TestAmerica Irvine

Kathleen A. Robb For Sushmitha Reddy  
Project Manager

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ISC2209 <Page 3 of 5>

# TestAmerica

THE LEADER IN ENVIRONMENTAL TESTING

17461 Deegan Avenue Suite 100, Irvine, CA 92614 (949) 261-1022 Fax: (949) 260-3297

TRC, Nevada  
8395 W. Sunset Road, Suite 190  
Las Vegas, NV 89113  
Attention: Teri Lopeman

Project ID: Magnolia Lakes Departmental  
Magnolia Lakes Development  
Report Number: ISC2209

Sampled: 03/23/09  
Received: 03/24/09

## DATA QUALIFIERS AND DEFINITIONS

- ND Analyte NOT DETECTED at or above the reporting limit or MDL, if MDL is specified
- RFD Relative Percent Difference

TestAmerica Irvine

Kathleen A. Robb For Sushmita Reddy  
Project Manager

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# TestAmerica

THE LEADER IN ENVIRONMENTAL TESTING

17461 Denno Avenue, Suite 106, Irvine, CA 92614 (949) 261 1022 Fax: (949) 260 3297

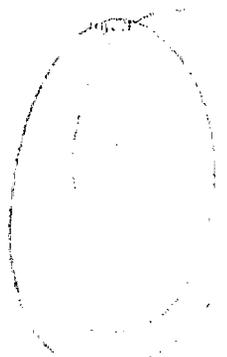
TRC, Nevada 8393 W. Sunset Road, Suite 190 Las Vegas, NV 89113 Attention: Teri Lopeman	Project ID: Magnolia Lakes Department Magnolia Lakes Development Report Number ISC2209	Sampled: 03/23/09 Received: 03/24/09
---	--	---

## Certification Summary

### TestAmerica Irvine

Method	Matrix	Nelac	California
EPA 9034	Solid		X

Nevada and NELAP provide analyte specific accreditations. Analyte specific information for TestAmerica may be obtained by contacting the laboratory or visiting our website at [www.testamericainc.com](http://www.testamericainc.com)



### TestAmerica Irvine

Kathleen A. Robb For Sushmita Reddy  
Project Manager

*The results pertain only to the samples tested in the laboratory. This report shall not be reproduced, except in full, without written permission from TestAmerica.*



April 22, 2009

Dear Beazer Homeowner,

A few homeowners in the Magnolia Lakes community have contacted Beazer with concerns that Chinese drywall may have been installed in their homes. As you may already be aware, certain drywall imported from China has been alleged to cause corrosion to copper materials and possibly create an odor in the affected home. This issue has received significant attention in the south Florida region over the past few months. Since first receiving complaints, Beazer has been working with professionals retained by the Company and, through them, state agencies to determine the exact nature of the issue. At this point, Beazer is investigating whether problematic drywall is present in homes at Magnolia Lakes.

Beazer stands behind its homes and its homeowners, and customer service remains our top priority. We remain committed to addressing construction-related issues and we pledge to take the steps necessary to properly investigate and if the matter is determined to be Beazer's responsibility, to resolve the problem. If you have any particular concerns with your home, please contact me at (239) 561-5042. At this point, we cannot say with certainty what that resolution will be but we are diligently pursuing the matter and will be in frequent communication.

Sincerely,

A handwritten signature in black ink, appearing to read "Jerry Smith".

Jerry Smith  
Builder  
Beazer Home Corp. – Florida Division

# CHINESE DRYWALL

Does your home have Chinese Drywall?

Come to an informative meeting at 13269

Little Gem Circle Thursday Evening at <sup>April 23<sup>rd</sup> 2009</sup>

7:00pm.

Together we can fight for our homes to be repaired. Homes that Beazer homes deny have Chinese Drywall.

We believe that we have someone who can help you accomplish that. Come and listen to what they can do for you. **There is no obligation and no cost** to listen to our team of Attorneys who will fight for you.

**Rsvp : 239-826-7247**

---

# U.S. Consumer Product Safety Commission

## AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety concerns.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name? If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

I request that you do not release my name. My identity is to remain confidential.

You may release my name to the manufacturer but I request that you do not release it to the general public.

You may release my name to the manufacturer and to the public.

(b)(3):CPSA Section 25(c)

5-12<sup>RC</sup>-09  
(Date)



**IDI # 090504CBB1660**  
Exhibit 26

**RESPONDENT LIST:**

1. (b)(3):CPSA Section 25(c)  
[Redacted]  
[Redacted]  
(b)(3):CPSA Section 25(c)

The consumer was initially contacted on 5/5/2009.



**IDI # 090504CBB1660**

Exhibit 27

**CONSUMER CONTACT LIST:**

(b)(3):CPSA Section  
25(c)

, homeowner, Magnolia Lakes, Fort Myers, FL reported problems associated with Chinese drywall to:

1. Beazer Homes U.S.A., Inc.  
1000 Abernathy Rd.  
Suite 1200  
Atlanta, GA 30328  
(770) 829-3700
2. Jerry Smith  
Beazer Homes  
19601 Cypress View Dr.  
Fort Myers, FL 33912
3. Ervin A. Gonzalez, Attorney  
Colson Hicks Eidson  
255 Aragon Ave  
Coral Gables, FL 33134  
(395) 476-7400  
[Ervin@Colson.com](mailto:Ervin@Colson.com)  
[www.ErvinGonzalez.com](http://www.ErvinGonzalez.com)



1. Task Number 090504CBB1679		2. Investigator's ID 9101		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 810	4. Date of Accident YR MO DAY 2006 12 01	5. Date Initiated YR MO DAY 2009 05 06		
6. Synopsis of Accident or Complaint <b>UPC</b> The consumer, his wife and their two children have experience health issues, an air conditioning evaporator coil failure, and metal corrosion issues since purchasing their residence in 2006. The consumer believes that imported drywall from China was used in constructing his residence, and that the drywall is emitting chemicals into the atmosphere of the residence and resulting in some or all of the aforementioned issues.  <p style="text-align: right;">MFR PRVLBR NOTIFIED 9/21/09 COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input type="checkbox"/> EXCISIONS FOLA Hxs. <input type="checkbox"/> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY</p>				
7. Location (Home, School, etc) 1 - HOME		8. City PARKLAND		9. State FL
10A. First Product 1876 - House Structures, Repair Or		10B. Trade/Brand Name CHINESE DRYWALL		10C. Model Number UNKNOWN
10D. Manufacturer Name and Address UNKNOWN				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 4	13. Sex 1 - Male	14. Disposition 1 - Injured, not Hosp.	15. Injury Diagnosis 68 - Poisoning	
16. Body Part(s) Involved 85 - ALL OF BODY	17. Respondent 1 - Victim/Complainant	18. Type of Investigation 1 - On-Site	19. Time Spent (Operational / Travel) 30 / 6	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 07 - Consumer Complaint		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 06/07/2009	25. Reviewed By 9071		26. Regional Office Director Dennis R. Blasius	
27. Distribution Rose, Blake			28. Source Document Number I0930787A	

SYNOPSIS:

This investigation was initiated from a Consumer Product Incident Report submitted by the consumer via the CSPC website. An on-site investigation was conducted on May 13, 2009.

The consumer, his wife and their two children have experience health issues, an air conditioning evaporator coil failure, and metal corrosion issues since purchasing their residence in 2006. The consumer believes that imported drywall from China was used in constructing his residence, and that the drywall is emitting chemicals into the atmosphere of the residence and resulting in some or all of the aforementioned issues.

INCIDENT INFORMATION:

The information contained in this investigative report was obtained from the consumer (38-year-old male) and the consumer's wife (39-year-old female). The consumer and his wife have two children (4.5-year-old son and 2.5-year-old son) and a 7-year-old dog. The consumer and his wife work full-time outside the house.

The consumer and his wife contracted with the home builder to have their house (See Exhibit A-1; Sage model; 2 story, 3980 sq. ft.) built in April 2006. The construction of the house was completed in December 2006. Carpet was installed throughout the entire second level (approximately 1990 sq. ft.) during construction, the flooring of the entire first floor is marble.

The consumer and his family moved into the house in December 2006. The consumer made no improvements or changes to the house prior to moving in.

The consumer believes the home is built with metal studs.

The consumer did not have a home inspection performed on the residence prior to purchase.

The home does not have natural gas or propane service. The home is equipped with two air handling units (central air & furnace; one on main level near garage and one on the second level).

In February 2007 the consumer discovered that there was an internal water leak for an outside spigot along the exterior wall of his living room/dining room. He notified the builder and all of the drywall along the three walls of the room (See Exhibit's A-2 to A-4), from the floor up to approximately 5-6' high, was replaced. In addition, the water leak at the spigot was repaired. No additional drywall has been replaced in the home since its construction.

The consumer asserts the home builder used a subcontractor for the drywall installed in his home. He does not know where the drywall used in the construction of his home was purchased. Furthermore, the consumer does not know where the drywall was purchased for the February 2007 repair cited above.

The consumer claims that upon moving into the residence he and his wife noticed that there was an odor in the air, similar to the smell that is present after you light a wooden match stick. In addition, they noticed a damp and musty smell (which was most likely due to the water leak cited above), which they attributed to the close proximity of the everglades.

The consumer asserts the "ignited match stick" smell was more intense on the second floor of the house. He claims that by around March 2007 he and his family became acclimated to the smell and they do not notice it now.

In or around January 2009 the consumer became aware of the Chinese drywall issue in his community and his subdivision. He initially dismissed the possibility that Chinese drywall was present in his home, but later decided that it was present in his home due to the smell, health and metal issues cited above.

The consumer asserts he had a professional air conditioning service come to his house in October 2008 to service a clogged drain on the first floor air handler. At this time the consumer was told that the evaporator coil of the air handler unit on the second floor needed to be replaced due to corrosion issues. The consumer had the evaporator coil replaced at this time (See Exhibit C). No reason for the evaporator coil failure was provided by the technician. The technician stated that the evaporator coil may be

defective, as the manufacturer had been paying for the replacement of several similar units with the same issue. No other work has been performed on the air handlers other than normal maintenance.

The consumer claims that after moving into the residence, he found that a bronze statue (See Exhibit A-11) in the house needed cleaning and polishing every two months; as opposed to the once per year cleaning it needed in their previous house. In addition, his oldest son's silver bear (See Exhibit A-13) needed cleaning every 3-4 months; as opposed to the one cleaning every year that was needed at their previous house.

In January 2007 the consumer purchased a new DLP television set. The television was installed in the home around the time of purchase. The consumer asserts the engine for the television failed in August 2008 (See Exhibit B), and the lamp for the television failed in November 2008 (See Exhibit B). The consumer believes the presence of Chinese drywall in his home may have contributed to the failure of each of these parts.

The consumer asserts that in August 2008 he had an electrician change most of the home's wall receptacles and switches from white to black. The electrician noted that the copper wiring at approximately three boxes appeared to be brittle and broke during the installation of a receptacles and/or switches. No reason was given for this issue by the electrician.

The consumer asserts that in September 2008 the smoke alarm in the foyer activated during the day for no apparent reason. The same smoke detector activated the next morning at approximately 3:00-4:00 a.m. The consumer claims he checked the battery for the detector and found that it was okay. In addition, the consumer claims that in September 2008 he tested all of the smoke detectors in the home and found them all working properly.

In December 2008 the ceiling light fixture, in the closet containing the first floor air handler, stopped working. The consumer had an electrician inspect the fixture and he found nothing wrong with the switch or the fixture. The electrician stated that there was power to the wall switch for the fixture and he concluded that there may be a failed connection in the wall between the wall switch and the ceiling fixture.

The consumer asserts he had a new wall switch professionally installed in the second floor hallway in November 2008. Approximately 2 months later the wall switch stopped working and the consumer had the switch replaced with an identical switch (See Exhibit A-12).

The consumer asserts that when the first floor air conditioner activates the lights on the entire first floor flicker. In addition, he claims that when the second floor air conditioner activates the lights in the second floor master bedroom flicker.

The consumer claims that on May 10, 2009 the circuit breaker (See Exhibit A-10) for the master bedroom sitting area tripped for no apparent reason. He claims the lights in the room had been on for over an hour and there was no new electrical activity in the room to account for the tripping of the breaker.

The consumer asserts that all of his family has developed health issues that were not present, or not as severe, prior to moving into the house. He claims that everyone in the family now experiences persistent runny noses and irritated and/or itchy eyes and skin. The consumer asserts that his 4-year-old son appears to have had the most severe decline in health since moving into the house.

The consumer claims that prior to moving into the house he does not recall ever getting a bloody nose. He claims that, starting approximately six months after moving in, he has had a bloody nose about once a month. He asserts that over the last couple of weeks he has had a blood nose every week. He has not sought treatment for this issue from a physician.

The consumer asserts that since moving into the house he has developed shortness of breath and the inability to deeply inhale. He claims he had no breathing issues prior to moving into the house. He has not sought treatment for this issue from a physician.

The consumer claims that since the summer of 2008 he has had a persistent dry cough that typically starts around mid day.

The consumer asserts that both he and his wife have less energy since moving into the house. He claims that at their previous residence they would regularly stay up until 12:00 to 1:00 a.m., now they have less energy and regularly go to bed at 10:00 to 11:00 p.m. because of tiredness. The couple has not sought treatment for this issue from a physician.

The consumer's wife claims that since moving into the house she has had more severe allergies and has been taking a dose of over-the-counter medication (Tylenol Cold & Sinus; 1-2 tablets) one time per week; whereas, at their prior residence she took this same medication and dose approximately one time per month. In addition, she asserts that she has sinus-headaches more frequently since moving into the home, and she takes an over-the-counter medication (Advil 2-tablets) approximately four times per week to treat this symptom.

The consumer asserts that his wife gave birth to their 2-year-old son after the purchase of the home. The consumer claims his 2-year-old son has experienced cold-like symptoms approximately 2-3 times per year and he has developed eczema. The consumer treats his son's eczema condition with an over-the-counter lotion (Cetaphil) on a nightly basis.

The consumer asserts his 4-year-old son had an eczema condition prior to moving into the house, but since moving in the condition is worse. The consumer treats his son's eczema condition with an over-the-counter lotion (Cetaphil) on a nightly basis. In addition, his son has developed irritated eyes since moving into the house and the consumer uses an over-the-counter eye drop to treat this symptom.

The consumer claims his 4-year-old son has experience difficulty breathing since moving into the house and has experienced cold-like symptoms on approximately a monthly basis. The 4-year-old has been given steroids to treat lung infections and has had fevers and coughing. The 4-year-old began using a medicated (Budesonide Inhalation Suspension 0.5mg/2ml) nebulizer three times per day (10 minutes each treatment) in February 2009. He is now down to using the nebulizer one time per day. The consumer asserts that his son is currently in the process of allergy testing by his pediatrician. As of the day of the on-site, no cause has been determined for the 4-year-old's symptoms.

In addition to the medications cited above, the consumer asserts his 4-year-old receives an over-the-counter medication (Claritin 5mg) on an as needed basis.

The consumer asserts that every 4<sup>th</sup> of July he takes his family on a five day trip to Disney World. In addition, every year he takes his family on a 5-10 day trip to Costa Rica. The consumer claims that on these trips everyone in the family feels better.

The consumer claims that since moving into the house his dog has developed a cough, primarily in the mornings. The dog's veterinarian has been unable to determine a cause for the dogs cough.

In February 2009 the consumer contacted the home builder by telephone regarding the possible presence of Chinese drywall in his home. The consumer spoke with a customer service representative.

Within approximately five days of his telephone call to the home builder, the home builder sent an inspector to the consumer's home. The inspector informed the consumer that he was there to collect information for the home builder. The consumer showed the inspector the air conditioning evaporator coils and the inspector accessed some of the wall outlets in the home and found the exposed copper wiring blackened. The inspector informed the consumer that no testing would be done on his home. The consumer has not had contact with the home builder since the visit from the inspector. The consumer did not receive any documents or reports from the home builder or inspector. The consumer has since attempted to the customer service representative by telephone but his calls and messages have not been returned.

In March 2009 the consumer filed a claim with his home owner's insurance company regarding the Chinese drywall issue. The insurance company sent out an adjuster within a week of his claim filing. In April 2009 the insurance company sent an engineer to the consumer home to photograph the evaporator coils and copper wiring in the home. The consumer has had no contact with the insurance company since the visit by the engineer. The consumer did not receive any documents or reports from the insurance company.

The consumer asserts that he plans to stay in the residence for the time being. He is awaiting guidance from the CPSC or another agency on how to resolve the issue.

The consumer asserts that he has hired an attorney to represent him regarding the drywall issue. The consumer's attorney was present for part of this investigator's on-site visit to the consumer's home.

The consumer claims that he is willing to provide samples of drywall to the CPSC if needed.

This investigator provided the consumer with a copy of the CPSC document *Important Information on Drywall* document during the on-site visit.

This investigator did observe, upon entering and while in the residence, an odor similar to that generated when a wooden matchstick is ignited.

PRODUCT DESCRIPTION:

Product: Imported Drywall from China  
Model #: 1/2" in thickness  
Price: Unknown  
Retailer: Unknown  
Manufacturer: Unknown  
Home Builder: WCI Communities, Inc.  
24301 Walden Center Drive  
Bonita Springs, FL 34134  
Telephone Numbers: 800-924-3545, 954-575-4200, 239-738-7010

Drywall  
Subcontractor: Distinctive Drywall Designs  
12132 Wiles Road  
Pompano Beach, FL 33076  
Telephone Number: 954-752-5280

No identifying information is available for the suspected Chinese drywall in the consumer's home. This investigator was unable to find any accessible surface on the drywall that provided any identifying information.

It is the understanding of this investigator that the drywall used in the garage walls and ceilings, and the interior ceilings, of the homes in the geographic area of the consumer's home are required to use 5/8" fire resistant drywall. ½" drywall is commonly used on all other interior walls.

**ATTACHMENTS:**

Exhibit-A: Photographs (18)  
Exhibit-B: Television Repair Documents  
Exhibit-C: Air Conditioning Repair Receipt  
Exhibit-D: Medical Records for the Consumer's 4-year-old son  
Exhibit-E: Release of Name form  
Exhibit-F: Contact Information

IDI 090504CBB1679

Exhibit A

Page 1 of 18

Exhibit A-1 is a view of the incident residence.



IDI 090504CBB1679

Exhibit A

Page 2 of 18

Exhibit A-2 is a view of one of the three walls where the drywall was replaced by the builder. The consumer's arm can be seen at the right indicating the height of the drywall that was removed, starting from the floor.



IDI 090504CBB1679

Exhibit A

Page 3 of 18

Exhibit A-3 is a view of the second of the three walls where the drywall was replaced by the builder.



IDI 090504CBB1679

Exhibit A

Page 4 of 18

Exhibit A-4 is a view of the third of the three walls where the drywall was replaced by the builder.



IDI 090504CBB1679

Exhibit A

Page 5 of 18

Exhibit A-5 is a view of a drain cap from a first floor bathroom that was pitted. The consumer has replaced the cap in the bathroom approximately every six months, since moving in, due to pitting issues.



IDI 090504CBB1679

Exhibit A

Page 6 of 18

Exhibit A-6 is a view of the kitchen and the blackening of the refrigerant coils of the refrigerator. The refrigerator has been in the residence prior to the consumer moving in.



IDI 090504CBB1679

Exhibit A

Page 7 of 18

Exhibit A-7 is a view of the blackening of the copper connection bands on the PVC piping under the kitchen sink.

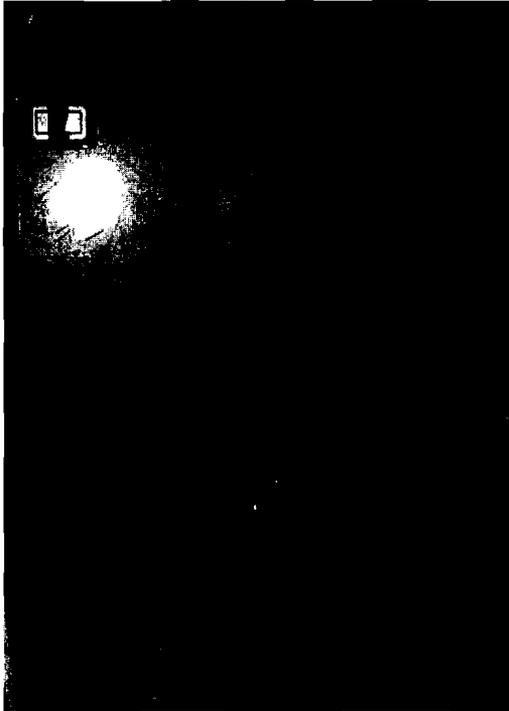


IDI 090504CBB1679

Exhibit A

Page 8 of 18

Exhibit A-8 is a view of the first floor air handler and the blackening of the copper piping on the evaporator coil.



IDI 090504CBB1679

Exhibit A

Page 9 of 18

Exhibit A-9 is a view of the labeling on the first floor  
air handler.

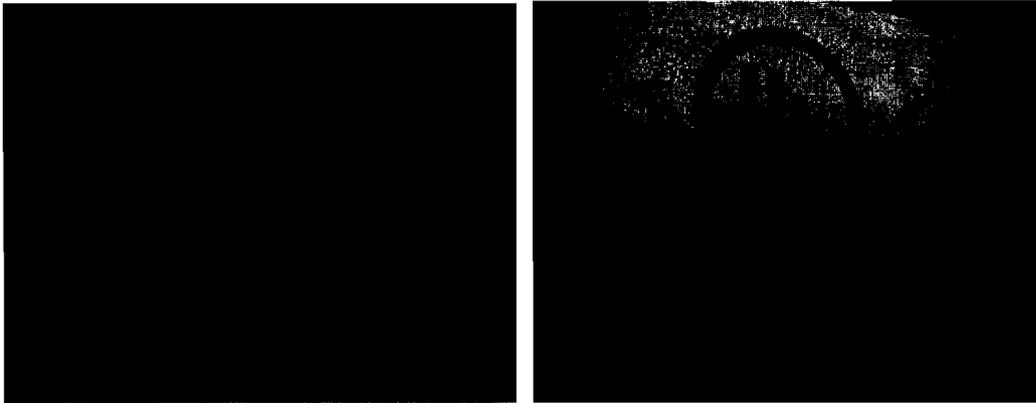
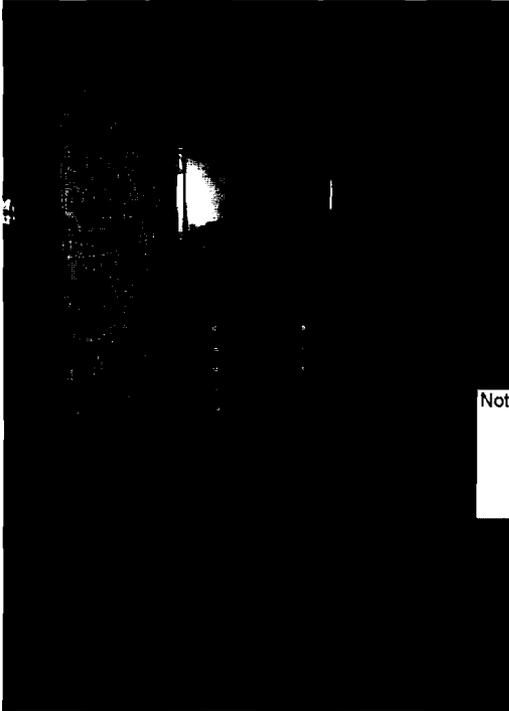
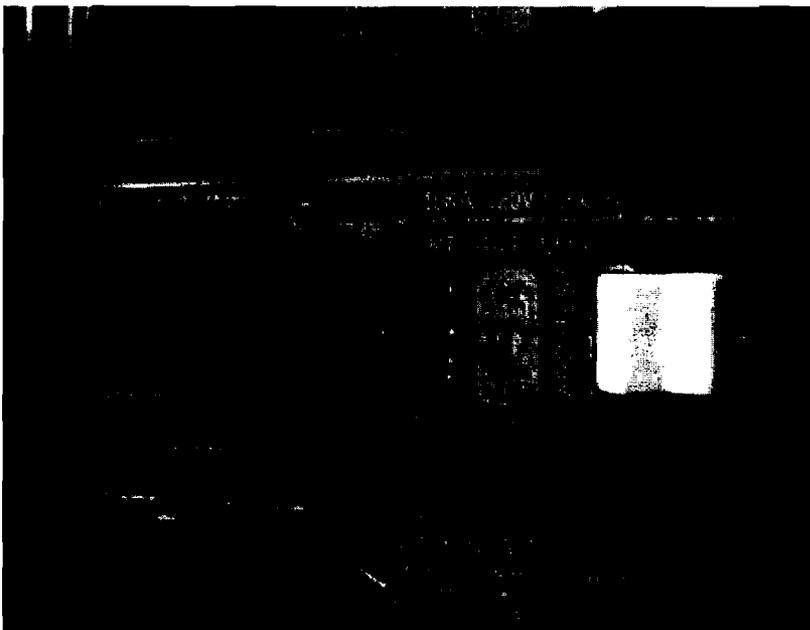
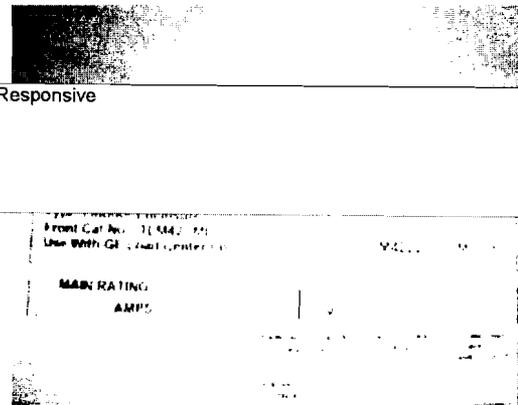


Exhibit A-10 is a view of one of the two panel box for the residence. The circuit breaker for the master bedroom sitting room can be seen below.



Not Responsive



IDI 090504CBB1679

Exhibit A

Page 11 of 18

Exhibit A-11 is a view of the pitting of the bronze statues.

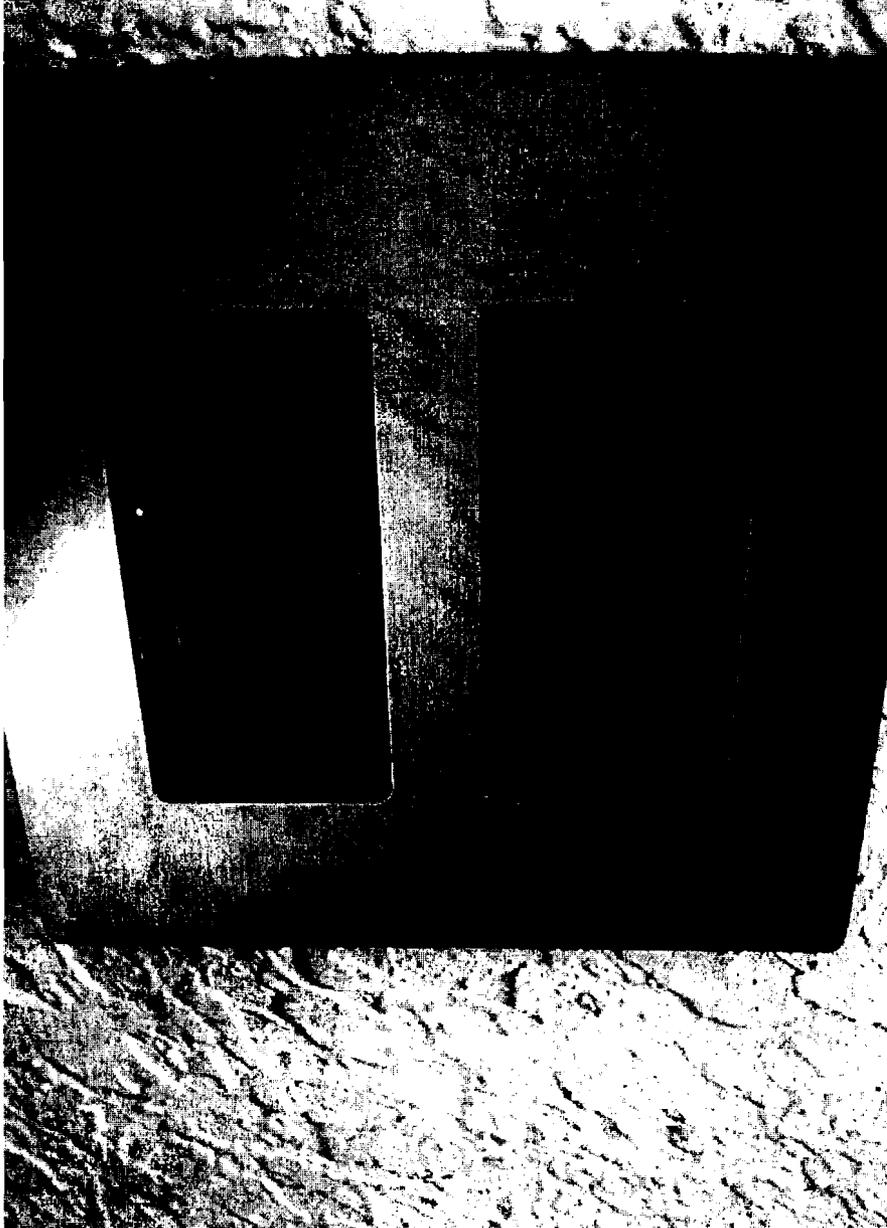


IDI 090504CBB1679

Exhibit A

Page 12 of 18

Exhibit A-12 is a view of the replaced wall switch.



IDI 090504CBB1679

Exhibit A

Page 13 of 18

Exhibit A-13 is a view of the tarnished silver bear that is kept in a second floor bedroom.

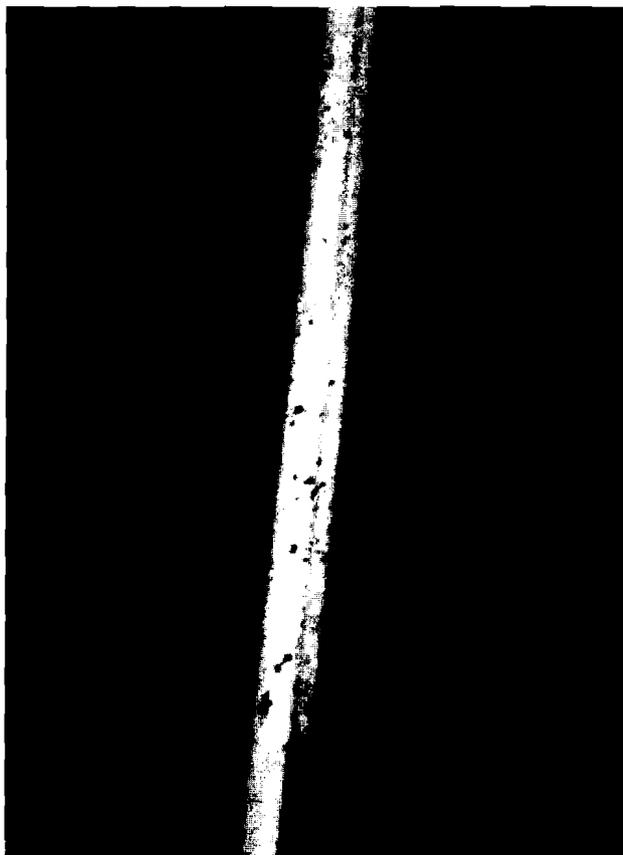


IDI 090504CBB1679

Exhibit A

Page 14 of 18

Exhibit A-14 is a view of the second floor laundry room and a pitted stainless steel cabinet door handle.



IDI 090504CBB1679

Exhibit A

Page 15 of 18

Exhibit A-15 is a view of the second floor air handler and the blackened copper piping of the evaporator coil.



IDI 090504CBB1679

Exhibit A

Page 16 of 18

Exhibit A-16 is a view of the labeling on the second floor air handler.



IDI 090504CBB1679

Exhibit A

Page 17 of 18

Exhibit A-17 is a view of a tarnished mirror in the second floor master bath and the identifying label on the inside of the mirror.

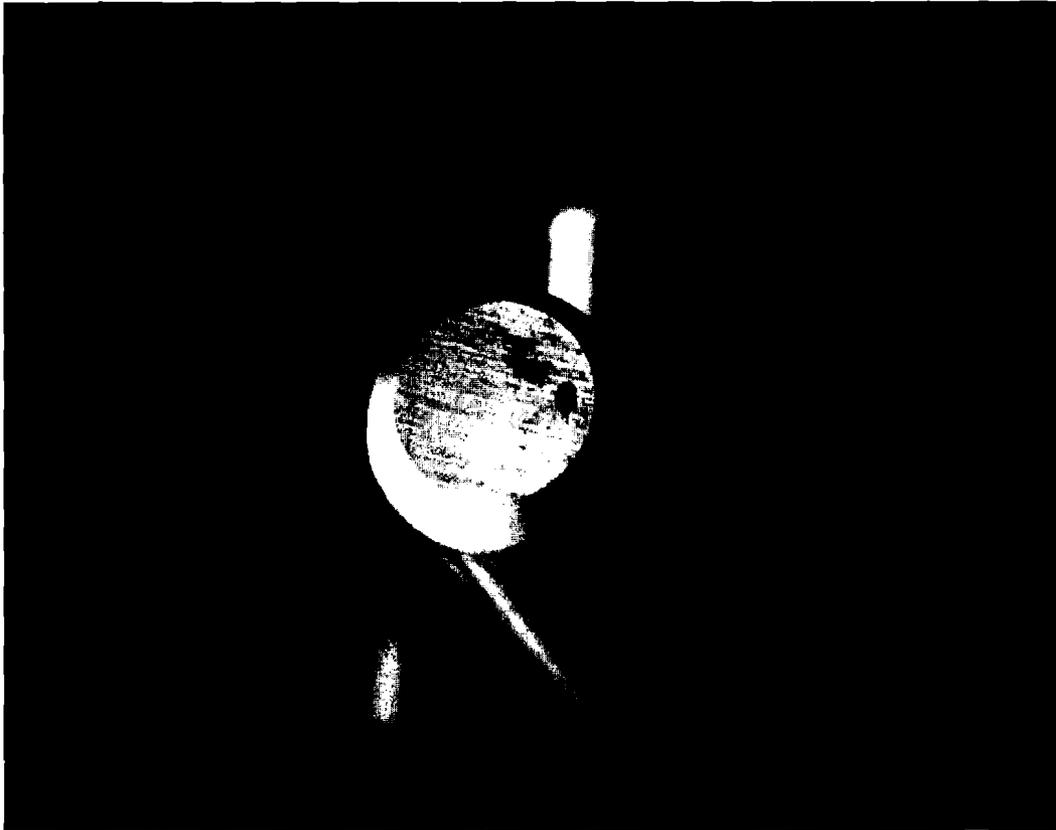


IDI 090504CBB1679

Exhibit A

Page 18 of 18

Exhibit A-18 is a view of pitting on a stainless steel handle on a cabinet in the master bath.





# INVOICE

180398

LAKES ELECTRONICS INC.  
5245 NORTH UNIVERSITY DRIVE  
FORT LAUDERDALE FL. 33351

Phone: (954) 749-6100  
Fax: (954) 741-3106

SZIROVATKA, JOHN  
8016 NW 124 TER HERON BAY  
PARKLAND FL 33076

Home Phone: (954) 340-5452 Cell Phone: (954) 295-1909  
Work Phone: Ext:

Call Back:   
Carry In:

Invoice Type: C.O.D  
Receive Code:  
Dept. Code:

**Owner Of Unit**

SAME

**Accessories**

REMOTE

NO SPK GRL

**Invoice Dates**

**Unit Information**

Service Date: 08/21/2008	Product: TV PROJ. IH 2 MA
Schedule Date: 08/26/2008	Brand: MITSUBISHI
Complete Date: 09/16/2008	Model: WD73732
Return Date: / /	Serial: 105540
Paid Date: / /	Purchase: 10/03/2006

**Comments**

HERON BAY "BANYAN ISLES SECTION"

**Other Information**

Technician: SCOTT	Dealer: AVEX
Location: EAST STOR	Store W.O. #:
M/W:	Contract #:
Billing Code:	Special Auth #:
Call Back:	Coverage: Parts: WAR Labor: \

**Labor Breakdown**

**Service Requested**

UNIT TOTALLY INOPERATIVE

**Service Performed**

A DEFECTIVE ELECTRICAL PART WAS REPLACED  
REASSEMBLED AND CHECKED.

Qty	Part Number	Reference	Description	Unit Price	Disc./Markup	Amount
1	938P030010		OPTICAL ENGINE			

GUARANTEE: LABOR AND PARTS REPLACED; ELECTRONICS-90 DAYS. SPEAKERS-1 YEAR

Travel:  
Shipping:  
Diagnostics:  
Mileage:  
SVC CALL 95.00

Total Parts:	Warranty
Total Labor:	Warranty
Total Other:	95.00
Sales Tax:	
Total:	95.00
Discounts:	
Payments:	95.00
Balance:	

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Technician's Signature: \_\_\_\_\_  
Payment: Cash  Check  # \_\_\_\_\_ C.C.  # \_\_\_\_\_  
Auth # \_\_\_\_\_



**JOB INVOICE**  
 RESIDENTIAL & COMMERCIAL  
 SALES • SERVICE • INSTALLATION  
 1490 SW 1ST WAY  
 DEERFIELD BEACH, FL 33441

IDI 090504CBB1679  
 EXHIBIT C  
 Page 1 of 1

Lic. # CAC057123  
**FOR SERVICE CALL**  
 954-341-0816  
 561-488-0832

Invoice # 08-2731

Billing Phone \_\_\_\_\_

Contact Phone \_\_\_\_\_

Date 10.17.08

Bill To: Szirovathka, John

Contact: \_\_\_\_\_

Job Address: 8016 NW 124th  
Parkland Fl. 33026 Apt. # \_\_\_\_\_

Billing Address: \_\_\_\_\_

Make: Carrier

Mod: FK4DNF005 Mod: 42ABR342A30

Ser: 4206A85128 Ser: 3606E24126

Nature of Request	DESCRIPTION OF WORK	Tech.
	<u>Coil change out</u>	<u>Tommy/Ceser</u>
<u>* new up stairs evaporator coil</u>	<u>326385-764/0066244235621</u>	
	<u>Purged &amp; sanitized drain line</u>	
	<u>Float switch working-ok</u>	
<u>* Drain service on 1st. for A/H</u>	<u>purged &amp; santize drain line light clogg</u> <u>Float switch working properly</u>	

**BALANCE DUE AT SUBSTANTIAL COMPLETION**

I have authority to order the work outlined above which has been satisfactorily completed. I agree that Seller retains title to equipment/materials furnished until final payment is made. If payment is not made as agreed, Seller can remove said equipment/materials at Seller's expense. The Seller shall be held harmless for any damages resulting from the removal thereof.

I recognize that aged and deteriorated equipment, parts and surrounding conditions may no longer be serviceable, as I agree to hold ABOVE AIR INC. blameless for any damage or deterioration to those items as a result of conventional repair efforts.

I recognize that mechanical equipment and devices consist of many components in some cases different components may fail, giving similar symptoms.

Warranty service requests shall be honored during regular business hours "only", Monday - Friday 8 a.m. - 5 p.m. After hours, weekends and holidays shall be subject to emergency service charge.

Michael McQueen  
 CUSTOMER SIGNATURE

DATE 10/17/08

NOT RESPONSIBLE FOR WATER DAMAGE

PAID CASH \_\_\_\_\_

PAID CHECK # 3114

PAID BY CREDIT CARD \_\_\_\_\_

TYPE \_\_\_\_\_

# \_\_\_\_\_

EXP. DATE \_\_\_\_\_

PAID BY FINANCE COMPANY \_\_\_\_\_

CO. NAME \_\_\_\_\_

S.S. # \_\_\_\_\_

PAYMENT DUE \_\_\_\_\_

WARRANTY REQUEST \_\_\_\_\_

JOB TOTAL \$ 590<sup>00</sup>

TOTAL BALANCE 0

I have read and understand the terms and conditions of the Above Air contract which is printed on the back of this page. I approve of my signature being received by fax and if so, I have received, read and understand the Above Air contract.

# Vaccine Administration Record

Patient Name Spinovska, Deborah  
 Record # \_\_\_\_\_  
 Birthdate 10-10-04

Clinic Info  
 (Name/address)  
 (b)(3):CPSA Section 25(c)  
 CENTRAL MEDICAL PLAZA  
 9750 N.W. 33rd St.  
 CORAL SPRINGS, FL 33065  
Morrin Allergy

"I have read, or have had explained to me, information about the diseases and the vaccines listed below. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccines cited, and ask that the vaccine(s) listed below be given to me or to the person named above (for whom I am authorized to make this request)."

VACCINE	Date Given (mm/dd/yy)	Vaccine Manufacturer	Vaccine Lot Number	Site Given	Initials of Vaccine Administrator	Signature of Parent or Guardian
DTP 1	12-20-04	SKB	63982	RL	VY	[Signature]
DTP 2	2-21-04	Corn	0129AA	RL	VY	[Signature]
DTP 3	4-11-05	Corn	C284AA	RL	VY	[Signature]
DTP/DTaP 4	3-6-06	SFP	1240AA	RL	VY	[Signature]
DTP/DTaP 5						
DT						
Td						
OPV/IPV 1	6-13-05	Protein	40298	RL	VY	[Signature]
OPV/IPV 2	7-7-05	"	40324	LL	VY	[Signature]
OPV/IPV 3	10-0-05	"	40335	LL	VY	[Signature]
OPV/IPV 4						
MMR 1	10-10-05	Merck	0240P	RA	VY	[Signature]
MMR 2						
VARIVAX	10-10-05	Merck	0557R	LA	VY	[Signature]
Hib 1	12-20-04	Corn	41E40AA	LL	VY	[Signature]
Hib 2	2-21-04	Corn	41E40AA	RL	VY	[Signature]
Hib 3	4-11-05	Corn	41E27AA	RL	VY	[Signature]
Hib 4	1-9-06	SFP	41E27AA	RL	VY	[Signature]
Hep B 1	10-16-04	SKB	A1H3V406	RL	VY	[Signature]
Hep B 2	11-15-04	Merck	0562P		VY	[Signature]
Hep B 3	6-13-05	MSD	0750P	RL	VY	[Signature]
PREVNAR1	12-20-04	Merck	46718K	LL	VY	[Signature]
PREVNAR2	2-21-04	Merck	46718K	RL	VY	[Signature]
PREVNAR3	4-11-05	Merck	46718K	RL	VY	[Signature]
PREVNAR4	1-9-06	Merck	46718K	RL	VY	[Signature]
FLU						

\*Signature of Vaccine Administrator

American  
 Academy of  
 Pediatrics



(b)(3).CPSA Section 25(c)

9750 N.W. 33<sup>RD</sup> ST.  
CORAL SPRINGS, FL, 33065

NAME SEBASTIAN SZIKOWATKA

DATE	TEMP.	AGE	WTG.	LENGTH	HEAD	IMMUNIZATION	BP	P-RR	ACCID. PREV.	ALC. D&S
10/21/09	98.2	4 YRS 5 MO								

DIAGNOSIS

Ex Toxicities

GEN	ataxia
SKIN	✓
NECK	✓
HEEN	flexion reflex
CHEST	✓
HEART	✓
ABD	✓
GENIT	✓
EXTS	✓
NEURO	✓

- fever 102° - 103°  
yest  
- sore throat

rx / Omeprazole & Keo Pacy

Lernomide

DATE	TEMP.	AGE	WTG.	LENGTH	HEAD	IMMUNIZATION	BP	P-RR	ACCID. PREV.	ALC. D&S
11/10/09		4 1/2								

DIAGNOSIS

① HAD  
② allergic  
Pulmonia

GEN	ataxia
SKIN	✓
NECK	✓
HEEN	flexion reflex
CHEST	✓
HEART	✓
ABD	✓
GENIT	✓
EXTS	✓
NEURO	✓

- Chills  
yellow up on Bronch.  
- no cough

rx / ① Sumatriptan  
② Pulmicort  
③ Keo Pacy

rx. Nebulizer once a day

CENTRAL MEDICAL PLAZA  
9750 N.W. 33RD ST.  
CORAL SPRINGS, FL, 33065

NAME Sebastian Szrovat

DATE	TEMP.	AGE	WTG.	LENGTH	HEAD	IMMUNIZATION	BP	P. RR.	ACCID. PREV	ALC. D&S
3/30/09		H/12								

DIAGNOSIS  
Bronchitis  
39 H.A.D.

GEN normal  
 SKIN \_\_\_\_\_  
 NECK flat  
 HEEN flat  
 CHEST st wheezing  
 HEART clear  
 ABD \_\_\_\_\_  
 GENIT \_\_\_\_\_  
 EXTS \_\_\_\_\_  
 NEURO \_\_\_\_\_

- yellow sputum  
- Bronch.  
- still wheezing

r/c add mucus x50  
suspected  
Pulmonary B/D

of  
Pulmonary  
abnormal  
Expect  
VH

DATE	TEMP.	AGE	WTG.	LENGTH	HEAD	IMMUNIZATION	BP	P. RR.	ACCID. PREV.	ALC. D&S
3/16/09		H/12	30.0							

DIAGNOSIS  
Bronchitis

GEN normal  
 SKIN \_\_\_\_\_  
 NECK \_\_\_\_\_  
 HEEN \_\_\_\_\_  
 CHEST \_\_\_\_\_  
 HEART \_\_\_\_\_  
 ABD \_\_\_\_\_  
 GENIT \_\_\_\_\_  
 EXTS \_\_\_\_\_  
 NEURO \_\_\_\_\_

- yellow sputum  
- Bronch.  
- H.A.D.  
- improving

r/c I more d. on spec  
net paper  
Pulmonary B/D  
Pulmonary B/D

D., P.A.

CENTRAL MEDICAL PLAZA  
9750 N.W. 33<sup>RD</sup> ST.  
CORAL SPRINGS, FL, 33065

NAME SEBASTIAN STEKOWATY

DATE	TEMP.	AGE	WTG.	LENGTH	HEAD	IMMUNIZATION	BP	P. RR	ACCID PREV.	ALC D&S
11/10/09		4YRS 4mo								

DIAGNOSIS  
H.A.S

GEN	alatra
SKIN	
NECK	
HEEN	
CHEST	
HEART	
ABD	
GENIT	
EXTS	
NEURO	

- re Von  
H.A.S  
feeling better  
- wet cough  
R/ Fin. Amox  
sub 26 hrs  
fermona

Jog, ne bo Pajp  
5

DATE	TEMP.	AGE	WTG.	LENGTH	HEAD	IMMUNIZATION	BP	P. RR	ACCID. PREV.	ALC D&S
11/10/09	98.7	4YRS 5mo	29.6							

DIAGNOSIS  
C Bronchitis  
8 year

GEN	alatra
SKIN	
NECK	
HEEN	
CHEST	
HEART	
ABD	
GENIT	
EXTS	
NEURO	

x2  
DAYS  
- CHEST CONGESTION  
- CONSTANT  
COUGH  
- FEVER  
- Rx. ALBUTEROL,  
TYLENOL.

R/ O 26 @ 4h  
O 26 @ 2h

(b)(3):CPSA Section 25(c)

M.D., P.A.

CENTRAL MEDICAL PLAZA  
9750 N.W. 33RD ST.  
CORAL SPRINGS, FL, 33065

NAME SEBASTIAN SZITOVATKI

DATE	TEMP.	AGE	WTG.	LENGTH	HEAD	IMMUNIZATION	BP	P.	ACCID. PREV.	ALC. D&S
11/10/09	97.9	4 YRS 4mo						RR-		

DIAGNOSIS  
Bronchitis

GEN	<u>afafud</u>
SKIN	
NECK	
HEENT	<u>Polysyllabic</u>
CHEST	<u>Polysyllabic</u>
HEART	
ABD	
GENIT	
EXTS	
NEURO	

COUGH x2 WEEKS (WET)  
 that ed - CONGESTION  
 @ - FEVER  
 - SORE THROAT  
 - Rx: TYLENOL.

2/0 Amoxicillin  
 @ abx steroid nebulizer x1 given  
 @ Rev Jpn S

Lerman de

DATE	TEMP.	AGE	WTG.	LENGTH	HEAD	IMMUNIZATION	BP	P.	ACCID. PREV.	ALC. U&S
12/17/09		4 YRS 4mo						RR-		

DIAGNOSIS  
H.A.D

GEN	<u>afafud</u>
SKIN	
NECK	
HEENT	<u>Polysyllabic</u>
CHEST	<u>Polysyllabic</u>
HEART	
ABD	
GENIT	
EXTS	
NEURO	

- FOLLOW UP  
 BRONCHITIS  
 NOT BETTER  
 - Rx: AMOXIL  
 - STILL COUGHIN  
 - CHEST CAN BEST  
 - FEVER

2/0 neobib  
 @ Rev Fai Jpn S

M.D., P.A.  
CAL PLAZA  
9750 N.W. 33RD ST.  
CORAL SPRINGS, FL, 33065

NAME Sebastian Sivanath

DATE	TEMP.	AGE	WTG.	LENGTH	HEAD	IMMUNIZATION	BP	P. RR	ACCID. PREV	ALC D&S
10/30/09		4 1/2				621 -6391				

DIAGNOSIS  
Croup

GEN	<u>9/9/2009</u>
SKIN	
NECK	
HEEN	<u>clear</u>
CHEST	
HEART	
ABD	
GENIT	
EXTS	
NEURO	

ⓐ L.T.A

ⓐ / DCV + left neck  
ⓑ ref

re V  
up alright  
caught episode  
fever  
decreased  
appetite  
diapered

DATE	TEMP.	AGE	WTG.	LENGTH	HEAD	IMMUNIZATION	BP	P. RR	ACCID. PREV	ALC D&S
1-6-10		4 1/2	27 1/2							

DIAGNOSIS  
Viral synd

GEN	<u>at a time</u>
SKIN	
NECK	
HEEN	<u>clear</u>
CHEST	
HEART	
ABD	<u>no</u>
GENIT	
EXTS	
NEURO	

- Vomited  
6 x 5  
fever

ⓐ / at a time ⓐ T.  
clear F.N.  
ⓑ ref

(b)(3):CPSA Section 25(c)

M.D., P.A.

CENTRAL MEDICAL PLAZA  
9750 N.W. 33rd ST.  
CORAL SPRINGS, FL 33065

NAME SEBASTIAN STECOWATKA

DATE	TEMP.	AGE	WGT.	LENGTH	HEAD	IMMUNIZATION	BP	P.	ACCID. PREV.	ALC D&S
5/14/08	98.3	3 YRS 11 MO						RR-		

DIAGNOSIS <u>Paronchitis</u>	GEN	<u>at a/c</u>	- FOLLOW UP - NOT BETTER - STILL COUGHIN - FEVER (WET) 2/2 on dec 08
	SKIN	<u>✓</u>	
	NECK	<u>✓</u>	
	HEENT	<u>at a/c</u>	
	CHEST	<u>at a/c</u>	
	HEART	<u>✓</u>	
	ABD	<u>✓</u>	
	GENIT	<u>✓</u>	
EXTS	<u>✓</u>		
NEURO	<u>✓</u>		

Fungal infection

8

Lernam da

DATE	TEMP.	AGE	WGT.	LENGTH	HEAD	IMMUNIZATION	BP	P.	ACCID. PREV.	ALC D&S
10/11/08	99.1	4 YRS						RR-		

DIAGNOSIS <u>Croup</u> @ H.A.	GEN	<u>at a/c</u>	- Croup - Caught last that improved hoarse @ 1 P.M. up at night
	SKIN	<u>✓</u>	
	NECK	<u>✓</u>	
	HEENT	<u>at a/c</u>	
	CHEST	<u>at a/c</u>	
	HEART	<u>✓</u>	
	ABD	<u>✓</u>	
	GENIT	<u>✓</u>	
EXTS	<u>✓</u>		
NEURO	<u>✓</u>		

Loxaprox T x 2      Rx - typhoid

30 mg      at a/c

3/11/08

(b)(3) CPSA Section 25  
(c)

M.D., P.A.

CENTRAL MEDICAL PLAZA  
9750 N.W. 33rd ST.  
CORAL SPRINGS, FL 33065

NAME SEBASTIAN SZITOVATKA

DATE	TEMP.	AGE	WGT.	LENGTH	HEAD	IMMUNIZATION	BP	P.	ACCID. PREV.	ALC D&S
09/20/09	99.7	3 YRS 8 MO	27.0							

Emerg. Visit

DIAGNOSIS  
Medication

GEN allergic  
 SKIN \_\_\_\_\_  
 NECK \_\_\_\_\_  
 HEENT allergic  
 CHEST \_\_\_\_\_  
 HEART \_\_\_\_\_  
 ABD ✓  
 GENIT ✓  
 EXTS ✓  
 NEURO ✓

eyes  
itchiness of SP  
Redden

FEVER YESTID  
SWOLLEN EYE  
LIPS AFTER TAIL  
MOTTLED  
- HEADACHE

allergy  
P. T. on table

10/17  
5 PM

re/ (Benedy TD)

@ TC & Central

@ Central

SCB = 10/17/09 Lemondia

DATE	TEMP.	AGE	WGT.	LENGTH	HEAD	IMMUNIZATION	BP	P.	ACCID. PREV.	ALC D&S
09/10/09	97.8	3 YRS 11 MO	26.7							

DIAGNOSIS  
Vocal Synd

GEN allergic  
 SKIN \_\_\_\_\_  
 NECK \_\_\_\_\_  
 HEENT allergic  
 CHEST \_\_\_\_\_  
 HEART \_\_\_\_\_  
 ABD ✓  
 GENIT ✓  
 EXTS ✓  
 NEURO ✓

- COUGH X 1 WEEK  
- TYLENOL  
- aspirin

re/ Benedy TD & P. T. on table

(b)(3):CPSA Section 25(c)

M.D., P.A.

CENTRAL MEDICAL PLAZA  
9750 N.W. 33rd ST.  
CORAL SPRINGS, FL 33065

NAME Sebastian

DATE	TIME	AGE	WGT	LENGTH	HEAD	IMMUNIZATION	BP	P	ACCID. PREV.	ALL. DLS
11/17/98	9:00	3y4								

DIAGNOSIS <u>Croup</u>	GEN	<u>alot red</u>
	SKIN	
	NECK	<u>white</u>
	HEENT	<u>clear</u>
	CHEST	<u>clear</u>
	HEART	
	ABD	
	GENIT	<u>J</u>

Croup  
 - dry cough, no  
 - vomited  
 last night  
 - good ap  
 - no BM's  
 re/cold & up

no / no red + Di Croup  
 + dry

DATE	TIME	AGE	WGT	LENGTH	HEAD	IMMUNIZATION	BP	P	ACCID. PREV.	ALL. DLS
11/20/98	07:30	3y4.5	27.0							

DIAGNOSIS <u>Quack</u>	GEN	<u>alot red</u>
	SKIN	
	NECK	<u>white</u>
	HEENT	<u>clear</u>
	CHEST	<u>clear</u>
	HEART	
	ABD	
	GENIT	<u>J</u>

Quack  
 - COUGH  
 - FEVER  
 - SWEEETINE  
 - TYLENOL

Dexo J ref & ref

(b)(3):CPSA Section 25(c)

M.D., P.A.  
CAL PLAZA

9750 N.W. 33rd ST.  
CORAL SPRINGS, FL 33065

NAME Spirivattka, Sebastia

DATE	TEMP	AGE	WGT	LENGTH	HEAD	IMMUNIZATION	BP	P	ACCID PREV	ALL DISE
3-4-07	99.0		22					HR		

DIAGNOSIS

Veal Sx

GEN ala Dxt  
 SKIN ✓  
 NECK ✓  
 HEENT purple  
 CHEST ✓  
 HEART ✓  
 ABD ✓  
 GENIT ✓  
 EXTS ✓  
 NEURO ✓

Chest congestion

Cough

Wheezing

R/W - Yellow

Orneds pulling on ears

Faulpa

D. Cal + Cap

DATE	TEMP	AGE	WGT	LENGTH	HEAD	IMMUNIZATION	BP	P	ACCID PREV	ALL DISE
2-12-07		3yo	25.5	36 1/2"		<u>Sept #</u>	<u>88/60</u>	HR		

DIAGNOSIS

Wels

GEN ala Fca  
 SKIN ✓  
 NECK ✓  
 HEENT ✓  
 CHEST ✓  
 HEART ✓  
 ABD ✓  
 GENIT ✓  
 EXTS ✓  
 NEURO ✓

Heta (43) - healthy

UA - unnoted

2/ to DDS + LFNY

Faulpa

(b)(3) CPSA Section 25  
(c)

M.D., P.A.  
CAL PLAZA

9750 N.W. 33rd ST.  
CORAL SPRINGS, FL 33065

NAME: Szyrovatka, Sebastian

DATE	TEMP.	AGE	WGT.	LENGTH	HEAD	IMMUNIZATION	BP	P.	ACCID. PREV.	ALC D&S
11-20-06	99.0	2yo	22.2#					RR-		

DIAGNOSIS: <u>Croup</u>	GEN <u>ala/m</u>
	SKIN <u>/</u>
	NECK <u>/</u>
	HEENT <u>yellow</u>
	CHEST <u>clear</u>
	HEART <u>/</u>
	ABD <u>/</u>
	GENIT <u>/</u>
	EXTS <u>/</u>
	NEURO <u>/</u>

- alt ✓
- Croupy cough
- Chest congestion
- R/N
- nasal congestion
- fever 100.2
- + c diff test app

a/o orange x 5+  
o vag  
o R/N

Saufer

DATE	TEMP.	AGE	WGT.	LENGTH	HEAD	IMMUNIZATION	BP	F	ACCID. PREV.	ALC D&S
12-19-06	99.0	2yo	22.2#					RR-		

DIAGNOSIS: <u>Rom</u>	GEN <u>ala/m</u>
	SKIN <u>/</u>
	NECK <u>/</u>
	HEENT <u>yellow, purp</u>
	CHEST <u>clear</u>
	HEART <u>/</u>
	ABD <u>/</u>
	GENIT <u>/</u>
	EXTS <u>/</u>
	NEURO <u>/</u>

- R/N - yellow
- clear
- vomiting
- mucus today
- felt warm
- poor appetite

a/o orange + diarrhea

Saufer

(b)(3):CPSA Section 25(c)

V.D., P.A.  
AL PLAZA

9750 N.W. 33rd ST.  
CORAL SPRINGS, FL 33065

NAME Sebastian

DATE	TEMP.	AGE	WGT.	LENGTH	HEAD	IMMUNIZATION	BP	P.	ACCID. PREV.	ALC. D&S
6/11		2 yd mo	21 lb 802	33		UTI		RH	8	
DIAGNOSIS			GEN. <u>1/1/12</u> SKIN _____ NECK _____ HEENT _____ CHEST _____ HEART _____ ABD _____ GENIT _____ EXTS <u>2/1/12</u> NEURO _____							

wee

up  
- act  
- WM

swim  
to

DATE	TEMP	AGE	WGT.	LENGTH	HEAD	IMMUNIZATION	BP	P.	ACCID. PREV.	ALC. D&S
10/6/06		2 yd	21 lb	33 1/2"		<del>AA</del>		RH		
DIAGNOSIS			GEN. <u>1/1/06</u> SKIN _____ NECK _____ HEENT _____ CHEST _____ HEART _____ ABD _____ GENIT _____ EXTS _____ NEURO _____							

wee

up  
- red  
spot

Feed

- Ven  
- Release

(b)(3):CPSA Section 25  
(c)

M.D., P.A.

CENTRAL MEDICAL PLAZA  
9750 N.W. 33rd ST.  
CORAL SPRINGS, FL 33065

NAME Azirovatta, Sebastian

DATE	TEMP.	AGE	WGT.	LENGTH	HEAD	IMMUNIZATION	BP	P- RR-	ACCID. PREV.	ALC D&S
1-9-06		15 mos	20#	31 1/4"		H2b #4 prev #4			<i>[Signature]</i>	

DIAGNOSIS  
Well

GEN	<input checked="" type="checkbox"/>
SKIN	<input checked="" type="checkbox"/>
NECK	<input checked="" type="checkbox"/>
HEENT	<input checked="" type="checkbox"/>
CHEST	<input checked="" type="checkbox"/>
HEART	<input checked="" type="checkbox"/>
ABD	<input checked="" type="checkbox"/>
GENIT	<input checked="" type="checkbox"/>
EXTS	<input checked="" type="checkbox"/>
NEURO	<input checked="" type="checkbox"/>

*[Signature]*  
 - Table/Baby  
 - Cup/Bottle  
 - feeding spoon  
 - under 10 words  
 - runs/climbs  
 - walking  
 bad

*Feed cert baby*

DATE	TEMP.	AGE	WGT.	LENGTH	HEAD	IMMUNIZATION	BP	P- RR-	ACCID. PREV.	ALC D&S
3-6-06		17 3/4 mos	20-10#	31 1/2"		Step #4			<i>[Signature]</i>	

DIAGNOSIS  
Well

GEN	<input checked="" type="checkbox"/>
SKIN	<input checked="" type="checkbox"/>
NECK	<input checked="" type="checkbox"/>
HEENT	<input checked="" type="checkbox"/>
CHEST	<input checked="" type="checkbox"/>
HEART	<input checked="" type="checkbox"/>
ABD	<input checked="" type="checkbox"/>
GENIT	<input checked="" type="checkbox"/>
EXTS	<input checked="" type="checkbox"/>
NEURO	<input checked="" type="checkbox"/>

*[Signature]*  
 - Table/Baby  
 - under 24 words  
 - under 10 words  
 - Cup/Bottle  
 runs  
 Climbs  
 runs SIF

*add object & paper  
 swim lesson next mo of*

(b)(3):CPSA Section 25(c)

D., P.A.  
CENTRAL MEDICAL PLAZA  
9750 N.W. 33rd ST.  
CORAL SPRINGS, FL 33065

NAME Sebastian Szrovatka

DATE	TEMP.	AGE	WGT.	LENGTH	HEAD	IMMUNIZATION	BP	P.	ACCID. PREV.	ALC D&S
6/13		8 mo	16 1/2	28	17 1/2	#1 #2 #3 IPV				

DIAGNOSIS <u>well</u>	GEN SKIN NECK HEENT CHEST HEART ABD GENIT EXTS NEURO
--------------------------	---

fake

✓ up

infant  
- farnula-lepil  
- nursing

Feed along

scots-

✓ y

DATE	TEMP.	AGE	WGT.	LENGTH	HEAD	IMMUNIZATION	BP	P.	ACCID. PREV.	ALC D&S
8/2/05		10 mo								

DIAGNOSIS <u>dissect B&amp;K</u>	GEN SKIN NECK HEENT CHEST HEART ABD GENIT EXTS NEURO
-------------------------------------	---

al/d/ret  
conting B&K

- possible  
Ringworm  
on legs.

PPE

Salmonella

(b)(3):CPSA Section 25(c)

D., P.A.  
PLAZA

9750 N.W. 33rd ST.  
CORAL SPRINGS, FL 33065

NAME Sebastian Izquierdo

DATE	TEMP.	AGE	WGT	LENGTH	HEAD	IMMUNIZATION	BP	P.	ACCID. PREV.	ALC D&S
7/27		4 mos	15 lb 1602	25	16 1/2	DTP #2 Hib #2 Prevnar		RR		
DIAGNOSIS: <u>W. coli</u>			GEN <u>✓</u> SKIN <u>✓</u> NECK <u>✓</u> HEENT <u>✓</u> CHEST <u>✓</u> HEART <u>✓</u> ABD <u>✓</u> GENIT <u>✓</u> EXTS <u>✓</u> NEURO <u>✓</u>			<p>2/10K</p> <p>- Hyponase</p> <p>✓ up</p>				

R/V @ 2 mos

BF + vitamins  
1 pill  
Amiles  
Rolls from beef  
the stomach

DATE	TEMP.	AGE	WGT.	LENGTH	HEAD	IMMUNIZATION	BP	P.	ACCID. PREV.	ALC D&S
4-11-09		6 mos	15-2#	27"	44 cm	DTP #3 Prevnar		RR		
DIAGNOSIS: <u>W. coli</u>			GEN <u>✓</u> SKIN <u>✓</u> NECK <u>✓</u> HEENT <u>✓</u> CHEST <u>✓</u> HEART <u>✓</u> ABD <u>✓</u> GENIT <u>✓</u> EXTS <u>✓</u> NEURO <u>✓</u>			<p>2/2600</p> <p>- R/R clear</p> <p>- pulling out C. coli</p> <p>✓ up</p> <p>- BF - supplement 8oz of from 5oz of beef</p> <p>- pull out 2 fxi tylenol</p> <p>- C. A. Y. Beef T Faulstich</p>				

R/V @ 2 mos

(b)(3):CPSA Section 25  
 (c)  
**M.D., P.A.**  
**CENTRAL MEDICAL PLAZA**  
**9750 N.W. 33rd ST.**  
**CORAL SPRINGS, FL 33065**

NAME Sebastian Sikovat

DATE	TEMP.	AGE	WGT	LENGTH	HEAD	IMMUNIZATION	BP	P.	ACCID. PREV.	ALC D&S
12-28-05		9 wks	11 lbs 302	23 1/4		Dist Tib Prevnar	1	RR-		

DIAGNOSIS <u>Well</u>	GEN <u>a/a/t/m</u>
	SKIN <u>/</u>
	NECK <u>/</u>
	HEENT <u>/</u>
	CHEST <u>/</u>
	HEART <u>/</u>
	ABD <u>/</u>
	GENIT <u>/</u>
	EXTS <u>/</u>
NEURO <u>/</u>	

- v. soft  
 - Sleeps belly  
 - BF + 502 Jams  
 infant liquid  
 coos - smiles

well SD

(VV)

DATE	TEMP.	AGE	WGT	LENGTH	HEAD	IMMUNIZATION	BP	P.	ACCID. PREV.	ALC D&S
1-24-06		3 1/2 mos	11-3					RR-		

DIAGNOSIS <u>Viral synd</u>	GEN <u>a/a/t/m</u>
	SKIN <u>/</u>
	NECK <u>/</u>
	HEENT <u>throat</u>
	CHEST <u>/</u>
	HEART <u>/</u>
	ABD <u>/</u>
	GENIT <u>/</u>
	EXTS <u>/</u>
NEURO <u>/</u>	

- Chest congested  
 - nasal congestion  
 - clear nasal discharge  
 - afebrile  
 - Vomiting x1  
 - Tylenol helps to relieve  
 fever

4 / OUSC @ 5,100  
 @ 8 am go to p  
 SD

M.D., P.A.  
AL PLAZA  
9750 N.W. 33rd ST.  
CORAL SPRINGS, FL 33065

NAME Spirovatka, Sebastian

DATE	TEMP.	AGE	WGT.	LENGTH	HEAD	IMMUNIZATION	BP	P. RR-	ACCID. PREV.	ALC D&S
10-16-04		6 days	2.7	19 1/4	3.5 cm	PICV HepB#1				

DIAGNOSIS <u>Wet</u>	GEN	<u>10-10-04</u>
	SKIN	<u>pink</u>
	NECK	
	HEENT	
	CHEST	<u>clear</u>
	HEART	<u>normal</u>
	ABD	<u>soft</u>
	GENIT	<u>normal</u>
EXTS	<u>normal</u>	
NEURO		

affected above  
Rev / mag

10-10-04  
1# 3oz  
19 3/4"  
39 units  
PSMC  
Vag  
BF 1/2 cup

S

Fall

DATE	TEMP.	AGE	WGT.	LENGTH	HEAD	IMMUNIZATION	BP	P. RR-	ACCID. PREV.	ALC D&S
11-15-04		9-7	7.4	22"	3.8 cm	HepB#2				

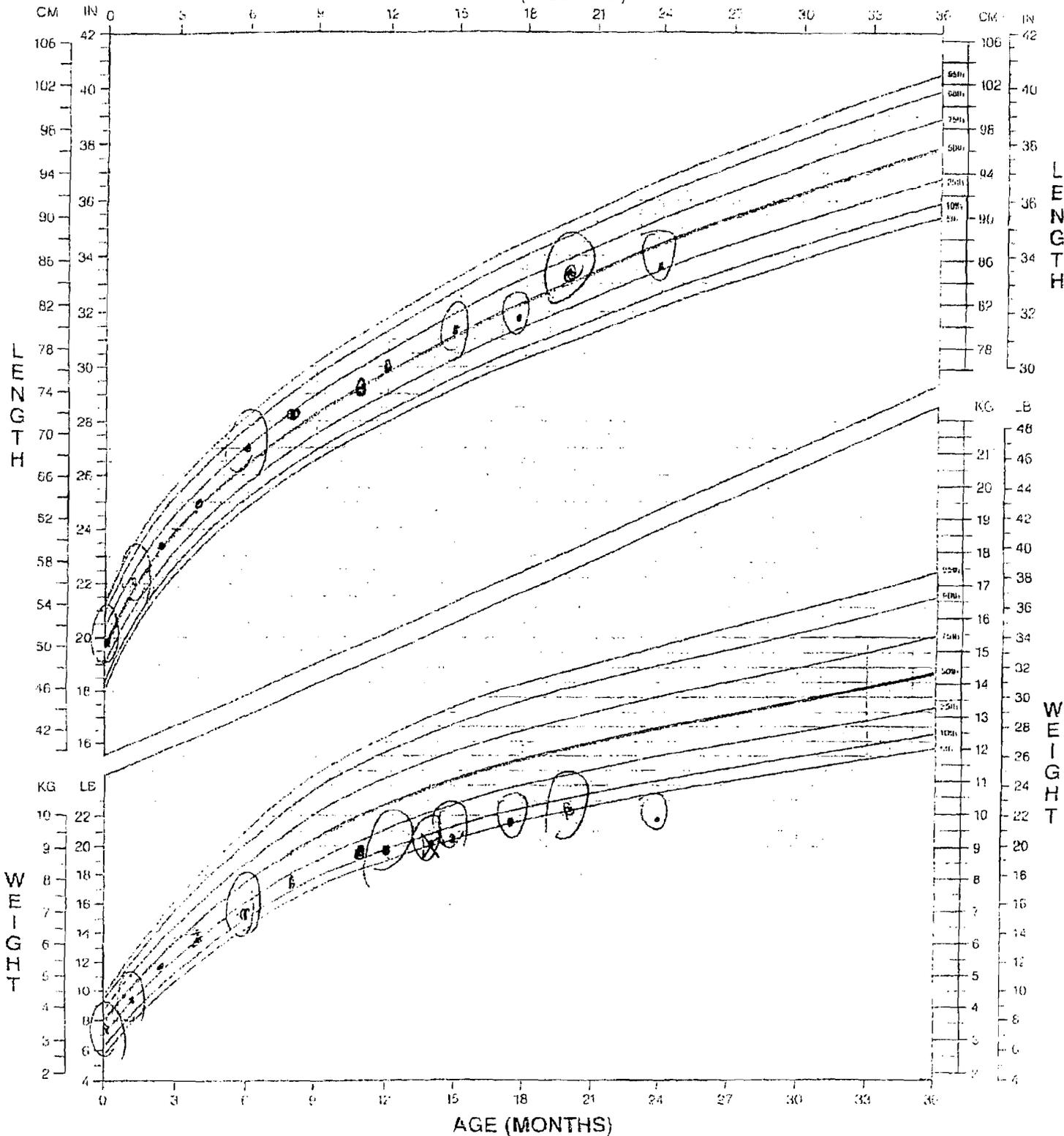
DIAGNOSIS <u>Wet</u>	GEN	
	SKIN	
	NECK	
	HEENT	
	CHEST	
	HEART	
	ABD	
	GENIT	
EXTS		
NEURO		

Rev / mag

Sup  
- pulled down  
in when  
breathing.  
Chest goes in.  
- Deep puppy.  
- BF only  
- fur only even  
- left hand  
Fall

**BOYS: BIRTH TO 36 MONTHS**  
**LENGTH FOR AGE &**  
**WEIGHT FOR AGE**

NAME Szwedka, Sebastian RECORD # \_\_\_\_\_  
 AGE (MONTHS)

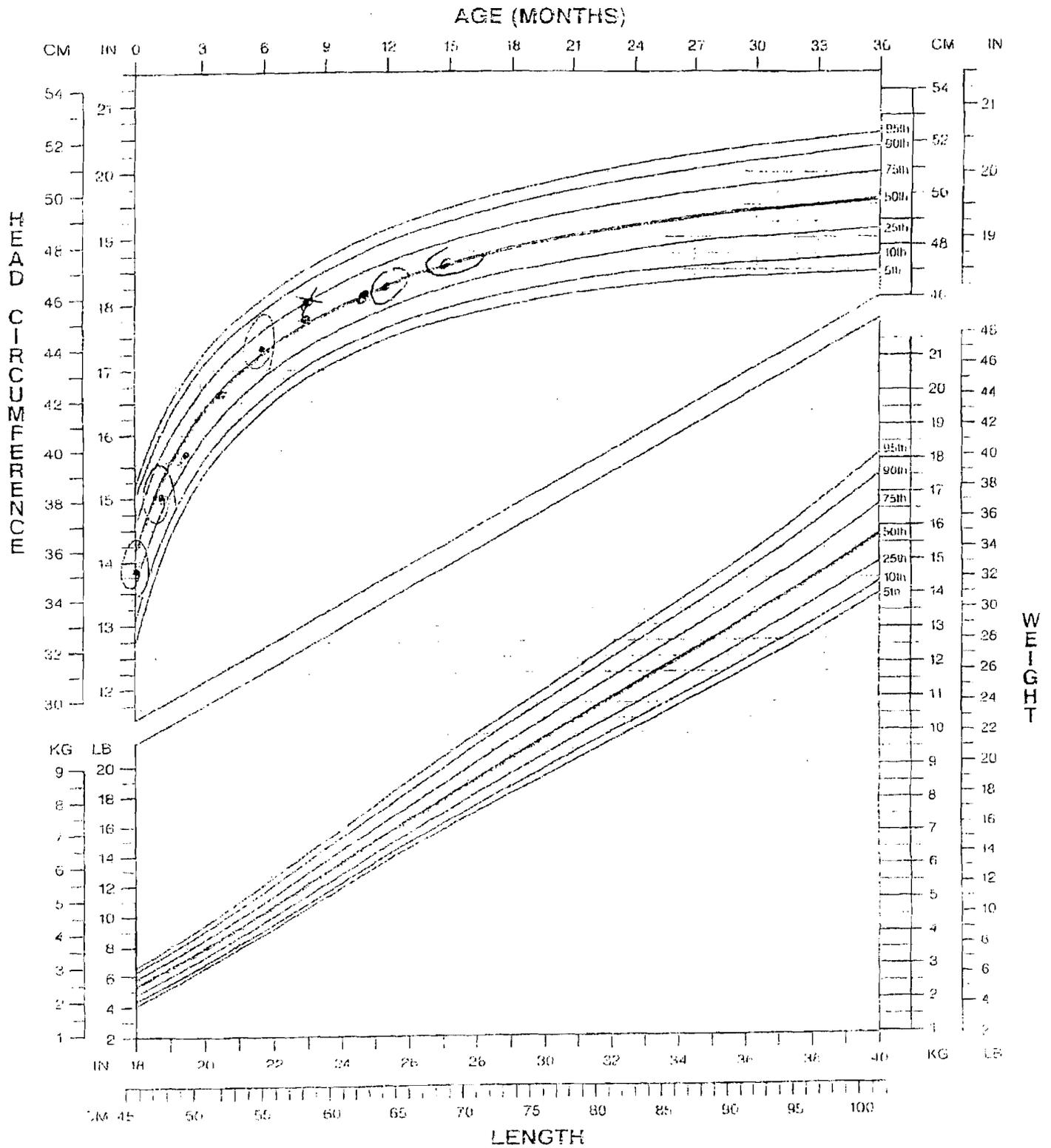


Date	Age in Months	Recumbent Length	Weight	Head Circumference

Date	Age in Months	Recumbent Length	Weight	Head Circumference

**BOYS: BIRTH TO 36 MONTHS**  
**HEAD CIRCUMFERENCE FOR AGE**  
**& WEIGHT FOR LENGTH**

NAME Agreavatha, Sebastian



Provided Courtesy of

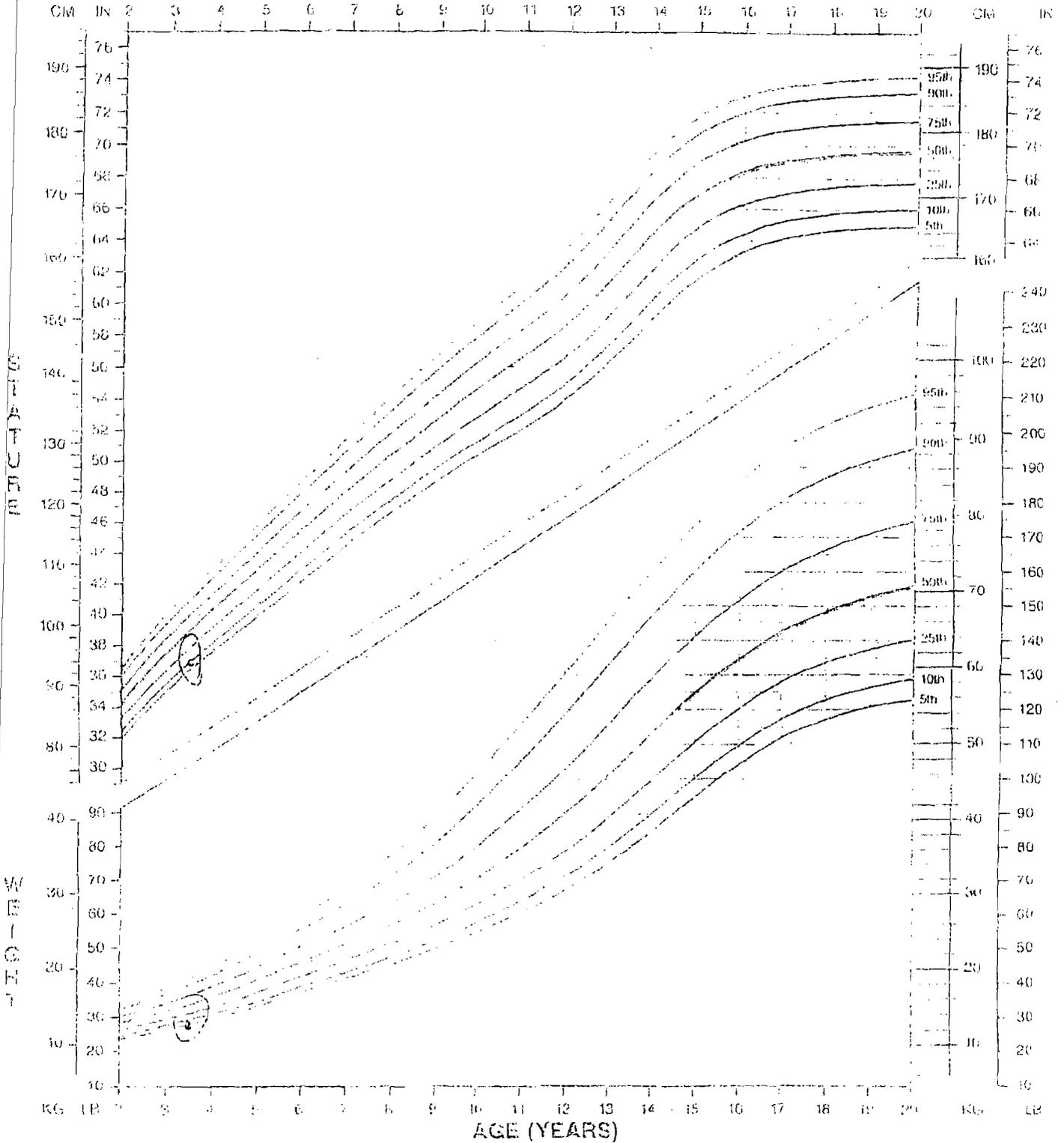


IDI 090504CBB1679  
 EXHIBIT D

MeadJohnson

BOYS: 2 TO 20 YEARS  
 STATURE FOR AGE &  
 WEIGHT FOR AGE

NAME *Syrovatka, Sebastian*  
 AGE (YEARS)



Date	Age	Stature	Weight	BMI

Date	Age	Stature	Weight	BMI

**QBC STAR™**

Hematology Results

SEBASTIAN  
Patient: ~~STROMANICA~~  
Date: JUNE 20, 2008 Time: 10:35 AM

Sample Identification Number ( ):

Operator Identification Number:

10/10/04

Software Version: 06/26/00 3.03A  
Instrument S/N: 3580165

Hematocrit	=	37.9	%
Hemoglobin	=	12.6	g/dl
MCHC	=	33.2	g/dl
Total WBC	=	10.4	$\times 10^9/L$
Granulocytes	=	8.0	$\times 10^9/L$
% Granulocytes	=	76	%
Lymphs+Monos	=	2.4	$\times 10^9/L$
% Lymphs+Monos	=	24	%
Platelets	=	255	$\times 10^9/L$

Electronic QC: Passed



**QBC STAR™**

Hematology Results

Patient: *Stewart, Sebastian*

Date: JAN 24, 2005 Time: 11:32 AM

*DOB - 10-10-04*

Software Version: 12/03/02 3.00a

Instrument S/N: 3580035

Hematocrit	=	30.2	%
Hemoglobin	=	9.8	g/dl
MCHC	=	32.5	g/dl
Total WBC	=	5.3	$\times 10^9/L$
Granulocytes	=	1.8	$\times 10^9/L$
% Granulocytes	=	16	%
Lymphs+Monos	=	4.5	$\times 10^9/L$
% Lymphs+Monos	=	84	%
Platelets	=	342	$\times 10^9/L$

*ESB*

Electronic QC: Passed

*Jaeger*



DEPARTMENT OF RADIOLOGY AND MEDICAL IMAGING

3000 Coral Hills Drive  
FL, FL 33065  
(954)344-3281

ADMITTING DIAGNOSIS: DX COUGH CXR

**DIAGNOSTIC PROCEDURE**

Accession #: RA-08-0246333

Exam: RA CHEST 2 VIEWS

Ordering Physician:

(b)(3):CPSA Section 25(c)

Exam Date/Time: 10/13/2008 11:49:05 AM

Reason For Exam

see script

\*\*\*\*\*STAT REPORT\*\*\*\*\*

CHEST 2 VIEWS:

CLINICAL HISTORY: COUGH, CROUP.

Two views provided.

The lungs are well inflated. Mild increased interstitial lung markings, peribronchial cuffing seen about the hila bilaterally. The heart size is normal. Incidental note of mild gastric distention.

IMPRESSION:

PERIHILAR INTERSTITIAL LUNG PROMINENCE MAY BE SEEN IN VIRAL OR REACTIVE PATTERN OF DISEASE.

ADMIT DATE: 10/13/2008  
PATIENT TYPE: OP

DISCHARGE DATE  
MEDICAL SERVICE RAD

DOB: 10/10/2004  
SEX: M

PATIENT: SZIROVATKA, SEBASTIAN JOH  
ROOM: -

MAIL TO:

(b)(3):CPSA Section 25(c)

SUITE 111  
CORAL SPRINGS, FL 33065

MR#: 451609  
FIN#: 487006025  
LOCATION: CSOP

CORP ID: 1561330

RADIOLOGY FINAL  
DO NOT DISCARD



DEPARTMENT OF RADIOLOGY AND MEDICAL IMAGING

3000 Coral Hills Drive  
FL, FL 33065  
(954)344-3281

ADMITTING DIAGNOSIS: DX COUGH CXR .

**DIAGNOSTIC PROCEDURE**

Accession #:  
RA-08-0246333

Exam:  
RA CHEST 2 VIEWS

Ordering Physician:  
(b)(3):CPSA  
Section 25(c) ES

Exam Date/Time:  
10/13/2008 11:49:05 AM

STAT REPORT FAXED TO DR. DELEO'S OFFICE, 10/13/2008 11:52 AM.

RING JR MD, DAVID H  
(Electronic Signature)

Tech: MALANGONE, TERESA, AMADOR, GENELLE

Trans: EG

Trans D/T: 10.13.08 11:52 a

\*\*\*\*\*FINAL\*\*\*\*\*

ADMIT DATE: 10/13/2008  
PATIENT TYPE: OP

DISCHARGE DATE:  
MEDICAL SERVICE: RAD

DOB: 10/10/2004  
SEX: M

PATIENT: SZIROVATKA, SEBASTIAN JOH  
ROOM: -

MAIL TO:

(b)(3):CPSA Section 25(c)  
3750 WY 35 STREET  
SUITE 111  
CORAL SPRINGS, FL 33065

MR#: 451609  
FIN#: 487006025  
LOCATION: CSOP

CORP ID: 1561330

**RADIOLOGY FINAL  
DO NOT DISCARD**

PATIENT: **SEBASTIAN SZIROVATKA**

DATE: 04/29/2005

- GRASSES:**
- 1 \*BAHIA +4
  - 2 \*BERMUDA -13
  - 3 JOHNSON 0
  - 4 JUNE 0
  - 5 RED TOP 0
  - 6 SALT GRASS 0

- TREES:**
- 7 AUSTRALIAN PINE 0
  - 8 BOX ELDER +3
  - 9 CYPRESS +3
  - 10 OAK, WHITE 0
  - 11 PALM QUEEN 0
  - 12 SYCAMORE, AMERICAN 0
  - 13 POPLAR, WHITE 0
  - 14 MELALEUCA 0

- WEEDS:**
- 15 DOCK, YELLOW 0
  - 16 LAMBS QUARTERS 0
  - 17 \*PIGWEED, ROUGH +4
  - 18 \*ENGLISH PLANTAIN +5
  - 19 RAGWEED, MIX +3
  - 20 MARSH ELDER 0
  - 21 SAGEBRUSH 0
  - 22 SHEEP SORREL 0

- MOLDS:**
- 23 \*ALTERNARIA 0
  - 24 ASPERGILLUS FUMIGATUS 0
  - 25 ASPERGILLUS MIX 0
  - 26 CANDIDA +5
  - 27 CEPHALOSPORIUM  
AKA ACREMONIUM
  - 28 CLADOSPORIUM  
AKA HORMODENDRUM
  - 29 FUSARIUM
  - 30 HELMINTHOSPORIUM  
AKA DRECHSLERA

- 31 \*PENICILLIUM MIX +5 & puss
- 32 PULLULARIAS  
AKA AUREOBASIDIUM

- EPIDERMALS:**
- 33 EPICOCCUM
  - 34 CAT 0
  - 35 RABBIT
  - 36 FEATHER MIX 0
  - 37 \*DOG 0
  - 38 GUINEA PIG
  - 39 FIRE ANT 0
  - 40 HAMSTER 0
  - 41 HORSE
  - 42 \*MITE MIX +5
  - 43 COCKROACH MIX 0

- INGESTANTS:**
- 44. APPLE
  - 45. BANANA
  - 46. BEEF
  - 35 47. CHERRY 0
  - 48 CHICKEN
  - 49. CHOCOLATE
  - 50. COCONUT
  - 51. CORN, SWEET
  - 52. \*EGG WHITE
  - 53 GRAPE  
AKA VITI149999V
  - 54 GRAPEFRUIT
  - 55 LAMB
  - 56 LEMON
  - 57 \*MILK, COW
  - 58. SALMON
  - 59 MUSTARD
  - 60 OATS, GRAIN
  - 61. HALIBUT
  - 62 ORANGE
  - 63 PEA, GREEN
  - 64 PEACH
  - 65 \*PEANUT
  - 66. WALNUT
  - 67. PINEAPPLE
  - 68. PORK
  - 69 POTATO, SWEET
  - 70. POTATO, WHITE
  - 71. RICE
  - 72 RYE GRAIN
  - 73. \*SOY BEAN
  - 74. SPINACH
  - 36 75. STRAWBERRY 0
  - 76. SQUASH
  - 77. STRINGBEAN
  - 78. TOMATO
  - 79 TURKEY
  - 80. \*WHEAT
  - 37 81. YEAST 0  
AKA SACCHAROMYCES
  - 82. EGG YOLK
  - 83. PECAN NUT
  - 84. TUNA
  - 85 GOAT MILK
  - 86 ONION
  - 38 87. SHELLFISH MIX 0

**CONTROLS:** SALINE 0 HISTAMINE +3  
 TESTING DONE BY: ( )RF ( )PR ( )JJ ( )LW

39 40.

PATIENT: **SEBASTIAN SZIROVATKA**

DATE: 04/29/2009

- GRASSES:**
- 1. \*BAHIA +4
  - 2. \*BERMUDA +3
  - 3. JOHNSON ⊙
  - 4. JUNE ⊙
  - 5. RED TOP ⊙
  - 6. SALT GRASS ⊙

- TREES:**
- 7. \*AUSTRALIAN PINE ⊙
  - 8. BOX ELDER +3
  - 9. CYPRESS +3
  - 10. OAK, WHITE ⊙
  - 11. PALM QUEEN ⊙
  - 12. SYCAMORE, AMERICAN ⊙
  - 13. POPLAR, WHITE ⊙
  - 14. MELALEUCA ⊙

- WEEDS:**
- 15. DOCK, YELLOW ⊙
  - 16. LAMBS QUARTERS ⊙
  - 17. \*PIGWEED, ROUGH +4
  - 18. \*ENGLISH PLANTAIN +5
  - 19. RAGWEED, MIX +3
  - 20. MARSH ELDER ⊙
  - 21. SAGEBRUSH ⊙
  - 22. SHEEP SORREL ⊙

- MOLDS:**
- 23. \*ALTERNARIA ⊙
  - 24. \*ASPERGILLUS FUMIGATIS ⊙
  - 25. ASPERGILLUS MIX ⊙
  - 26. CANDIDA +5
  - 27. CEPHALOSPORIUM  
AKA: ACREMONIUM
  - 28. CLADOSPORIUM  
AKA: HORMODENDRUM
  - 29. FUSARIUM
  - 30. HELMINTHOSPORIUM  
AKA: DRECHSLERA

- 31. \*PENICILLIUM MIX +5 caps
- 32. PULLULARIAS  
AKA: AUREOBASIDIUM

- PIDERMALS:**
- 33. EPICOCCUM
  - 34. CAT ⊙
  - 35. RABBIT
  - 36. FEATHER MIX ⊙
  - 37. DOG ⊙
  - 38. GUINEA PIG
  - 39. FIRE ANT ⊙
  - 40. HAMSTER ⊙
  - 41. HORSE
  - 42. \*MITE MIX +5
  - 43. COCKROACH MIX ⊙

- INGESTANTS:**
- 44. APPLE
  - 45. BANANA
  - 46. BEEF
  - 35 47. CHERRY ⊙
  - 48. CHICKEN
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  - 52. \*EGG WHITE
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AKA: VIT14999V
  - 54. GRAPEFRUIT
  - 55. LAMB
  - 56. LEMON
  - 57. \*MILK, COW
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  - 59. MUSTARD
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  - 61. HALIBUT
  - 62. ORANGE
  - 63. PEA, GREEN
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  - 65. \*PEANUT
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  - 67. PINEAPPLE
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  - 69. POTATO, SWEET
  - 70. POTATO, WHITE
  - 71. RICE
  - 72. RYE GRAIN
  - 73. \*SOY BEAN
  - 74. SPINACH
  - 36 75. STRAWBERRY ⊙
  - 76. SQUASH
  - 77. STRINGBEAN
  - 78. TOMATO
  - 79. TURKEY
  - 37 80. \*WHEAT
  - 37 81. YEAST ⊙  
AKA: SACCHAROMYCES
  - 82. EGG YOLK
  - 83. PECAN NUT
  - 84. TUNA
  - 85. GOAT MILK
  - 86. ONION
  - 38 87. SHELLFISH MIX ⊙

**CONTROLS:** SALINE ⊙ HISTAMINE +3

TESTING DONE BY: ( )RF ( )PR ( )JJ ( )LW

⊙

38

37

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# U.S. Consumer Product Safety Commission

## AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety concerns.

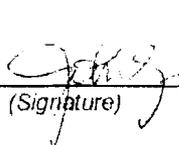
We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

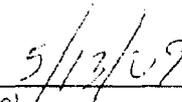
Would you please indicate on the bottom of this page whether you will allow us to disclose your name? If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

I request that you do not release my name. My identity is to remain confidential.

You may release my name to the manufacturer but I request that you do not release it to the general public.

You may release my name to the manufacturer and to the public.

  
(Signature)

   
(Date)

PERSONS CONTACTED BY THIS INVESTIGATOR

Consumer and  
Wife:

John & Kelly Szirovatka  
8016 NW 124<sup>th</sup> Terrace  
Parkland, FL 33076  
Home Telephone Number: 954-575-1732  
Initial Contact: May 06, 2009

PERSONS CONTACTED BY THE CONSUMER

Home Builder:

Jennifer (LNU)  
Customer Service Representative  
WCI Communities, Inc.  
Telephone Number: 800-924-3545

Home Builder:

John Riley  
Inspector  
WCI Communities, Inc.  
Telephone Number: 800-924-3545

Home Owner's Ins.:

Name Unknown  
Universal Insurance  
Telephone Number: Unknown

Attorney:

Michael J. Ryan  
Krupnick, Campbell, Malone, Buser,  
Slama, Hancock, Liberman & McKee  
Suite 100  
700 Southeast Third Avenue  
Fort Lauderdale, FL 33316-1186  
Telephone Number: 954-763-8181  
Facsimile Number: 954-763-8292

**Doc No: I0930787A**

**Issue: 27**

**04/01/2009**

03/31/2009 12:29:28

Name = John Szirovatka  
Address = 8016 NW 124th Ter  
City = Parkland  
State = Florida  
Zip = 33076  
Email = jsziro@bellsouth.net  
Telephone = 954 575 1732  
Name of Victim = Sebastian Szirovatka  
Victim's Address = 8016 NW 124th Ter  
Victim's City = Parkland  
Victim's State = Florida  
Victim's Zip = 33076  
Victim's Telephone = 954 340 5452

Incident Description = The drywall in my home, apparently manufactured in China, is emitting toxic sulfur containing gases. According to news reports, some of the drywall may have been manufactured by Knauf Plasterboard Tianjin Co. LTD ., with Knauf of Germany its parent company. I live in Parkland, Florida. There are a large number of homeowners in my community who purchased homes built by WCI which were constructed with the same drywall. The metal in my home, especially copper air conditioner parts, and copper wiring, is corroded causing the air conditioner and other electronics to fail. We are concerned that the electrical system is compromised and thereby putting us at great risk for a fire.

My four year old son, Sebastian, has had one respiratory illness after another and we believe the toxic gases are making him sick. Last month he was placed on a ventilator to clear up his long bout with bronchitis. He has since been diagnosed with asthma, and now he has developed strep throat. He is very unhappy with being sick for such a long period of time. I can't sleep thinking that I have placed my family in toxic environment so we are moving out as soon as possible.

Victim's age at time of incident = 4  
Victim's sex = male  
Date of incident = 1-1-2009  
Product involved = drywall  
Product brand name/manufacturer = Knauf Plasterboard Tianjin Co. LTD  
Manufacturer street address =  
Place where manufactured (City and State or Country) = China  
Product model and serial number, manufacture date =  
Product damaged, repaired or modified =  
If yes, before or after the incident =  
Description of damage, repair or modification =  
Date product purchased = my home is 2 years old  
Product involved still available = yes  
Have you contacted the manufacturer = no  
If not, do you plan to contact them = yes  
Name Release = Do not release name





This investigation was initiated by a complaint received by the U.S. Consumer Product Safety Commission.

The information contained in this investigation was supplied by the following sources:

1. An onsite interview with the female owner of the home on 5-15-2009.

**Family Members:**

Wife – 50 year old female

Husband – 47 year old male, on duty in Germany and not an occupant.

Daughter – 31 year old female, disabled

Grandson – 10 year old male

Granddaughter – 3 year old female

This incident involves health issues and copper and metal corrosion at the home of the victims over an extended period of time as will be detailed later in this report which the owner believes were caused by contaminated Chinese drywall used in the construction of their home.

The home was built in early 2006 and the family moved into the home in October 2006 in Riverview, FL. The family contacted the CPSC on 4-18-2009 which is indicated as the incident date. The family is still living in the home which is not a seasonally occupied home. The home is an all electric two story townhome, 3 bedrooms, 3 bathrooms 1900 square foot, concrete block and stucco construction.



The red arrow indicates the complainant's home.

The family noticed a "horrible freaky odor" the first day they moved into the home. It was also described as a sulphur rotten egg smell or as if something had died. The odors were noticeable throughout the home and were not stronger in any particular room. The family believed the odors were from the carpet and the

new paint. The family had been fairly healthy prior to moving into the home except for the 31 year old daughter who was suffering from an autoimmune disease called Epstein Barr and from rheumatoid arthritis.

The family found the smell very objectionable and wanted to paint the home to see if that would eliminate the odor. They painted the home with a regular unspecified brand of flat paint in November of 2007. The odors continued without abatement and so they decided to paint again with very thick durable high quality paint by Not Responsive They painted the home with this paint and hoped that it would solve the problem, however the odor soon returned. The odors were substantially less but the complainant believes that the paint may have been preventing the ease with which the toxic gas was escaping into the home. The odor was not mainly noticeable in the downstairs bathroom. The home had carpet flooring but the downstairs was tiled in November of 2007. The odor was mainly noticeable when first entering the home.

Gradually over 6 months from moving into the home the family began feeling the health effects from what they believed was caused by Chinese Drywall. The wife started a home based job in February of 2007 and her symptoms started in May of 2007. She had numerous symptoms consisting of a chronic cough, watery eyes, a rash on her face, weakness in her limbs, allergies, bursitis, weakness in her arms and general fatigue. She had been to her physician numerous times. Her physician noticed a change in her voice to a huskier sound and asked her how much she was smoking. She does not smoke and somehow the respiratory inflammation had changed the sound of her voice. She has taken and is still taking various medications including, anti-inflammatory medication, indigestion-*Nexium*, steroids, *Singulair*, inhaler-*Dopenex*, cough-*Tesslon & Veromyst*, face rash-*Locoid & Xytal*.

The grandson had asthma when he was 3-4 years of age but had been fine. Then in 2008 he began coughing, bouts of sneezing, watery eyes and upper respiratory problems. He had been to the hospital on three occasions for probably unrelated intestinal blockage, but he had been to their physician several times for respiratory problems.

The granddaughter was also experiencing coughing, bouts of sneezing, watery eyes and upper respiratory problems. She has a medical condition of unknown cause wherein if she has a temperature of over 101.5 she will have seizures and has been to the hospital approximately four times. Now that she goes to school from 7:30 to 4:30 every day her symptoms have alleviated by 50%.

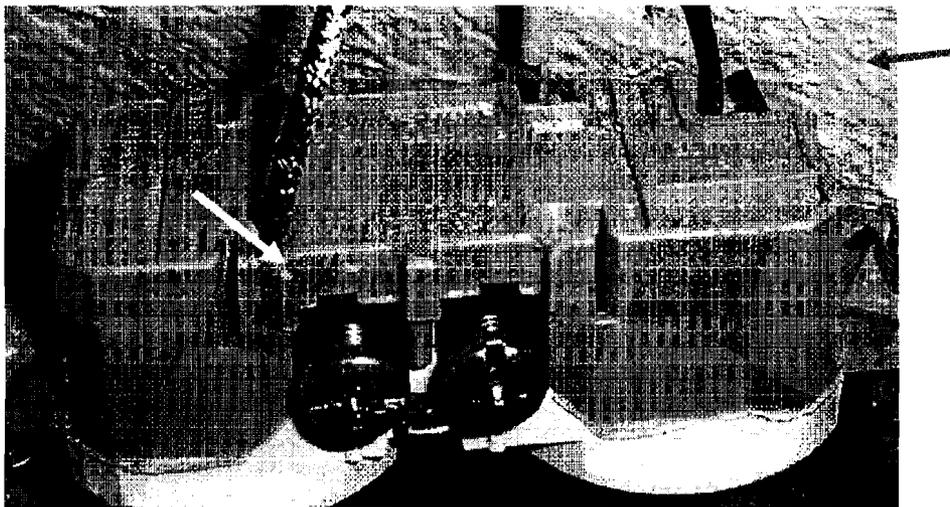
The mother would notice that the symptoms would begin to alleviate after approximately four hours away from the home. The children would get better while they were at school and be fine by the time they came home. Then during the evening their symptoms would begin again and be bad by morning. She stated it was a horrible roller coaster they would go through every day.

Their mixed Labrador dog was seven years old and his activity and walking was very slow, much as if he were a very old dog. The pet had not seen their veterinarian about the symptoms. Their golden retriever has started getting diarrhea and needs to be taken to their veterinarian.

The family had an eight year old cat that would cough, sneeze and his face was often swollen. They took the pet to the veterinarian where it suddenly died. The veterinarian did not know the cause of death and they did not conduct an autopsy.

The family has another eight year old cat that has nonstop respiratory problems and snores when asleep. The cat has not been examined by their veterinarian.

The family has had numerous electrical and appliance problems with the home. All of their appliances were new when they moved into the home. The refrigerator often gets too cold and then too warm and will probably have to be replaced. The box freezer was purchased in December of 2007 and also gets too cold and then too warm and will have to be replaced. The motherboard on the washing machine was replaced in August of 2008. The technician stated it ~~was corroded~~ but could offer no reason for the corrosion. The family mainly uses  watt light bulbs in the home and even though they are not on very much, they only last three to four months. She also uses a  watt compact fluorescent which is used less than 2 hours per day. Those bulbs only last 6-8 months. The ceiling fan in the home office has turned black and has a very loud hum. The  desk top computer had a new hard drive replaced in February 2007 and in August of 2008. A strand of furdawn lights in the kitchen die every three to four months. The cable television system boxes have been replaced three times in the past 11 months. The mother indicated that she would supply copies of maintenance repairs but had not done so by the time this report was due. Should they be received they will be added as an addendum to this report. An electrical outlet was removed from the wall to show the blackened copper wiring.



The arrows indicate the black copper wiring in one outlet examined during this investigation.

The home's A/C unit had a new coil replaced in August of 2007 and in August of 2008. The unit lost Freon on an unspecified date in December of 2008. The computer thermostat was also replaced for the second time. In August of 2007 while the home's A/C was being replaced the complainant walked outside her home and saw seven A/C Repair trucks working on homes down her street. The A/C unit had been replaced in December of 2008 but was still showing incipient copper corrosion.



Photograph of beginning copper corrosion since the unit was replaced in 12-08.

The mother stated that at one time they thought the house had a ghost. The home had several unspecified flickering lights and circuit breakers that would trip. When she would go to their breaker box to flip the switch back on she could feel that the breaker was very hot to the touch. In August of 2008 her daughter's room kept losing power (the breaker would "flip") and a maintenance technician for the development examined the electrical outlets to her room. According to the mother, he stated "you have that cheap stuff from China." At the time she had no idea what he was talking about and his statement did have any significance. He also indicated that "there was no copper in your plugs." Now the mother knew that meant the copper wiring was totally blackened from corrosion. The technician was somehow able to temporarily fix the wiring to the bedroom. On 3-20-2009 the maintenance technician returned to her home and opened nearly all the electrical outlets and showed the complainant how black all the wiring to the home had become. He commented that, "all the copper is officially black and the whole house needs to be rewired." In recent unspecified months the downstairs portion of the house is now causing the breakers to "flip." No dates and rooms were specified by the complainant.

The complainant felt that the problem was a serious problem to their health and to the fire safety of their home. She felt the numerous times the breakers had flipped must be an indicator of a potential safety problem.

The complainant also indicated that all of her silver jewelry had turned black.

She also stated that the home's smoke detector was beginning to fail because she had to replace the battery on approximately six occasions.

In February of 2009 the family received a card in the mail from the builder regarding the A/C warranty work and that the builder believed the home had Chinese Drywall. An electrical inspector for the builder came to the home and examined the home on 3-20-2009 in an unspecified manner. The card could not be located by the complainant.

A copy of the original letter to the complainant from the builder indicating that the builder was the defendant on a class action suit for Chinese drywall and that the builder is developing a protocol to address the problem, dated 4-01-2009 is included in the exhibits.

The builder has made arrangements for the family to move out of the home on June 1<sup>st</sup>, 2009. They will video tape the location of all the family's affects and will pack and store all the items not moved to the family's temporary housing. They will place their affects in storage and pay for the movers and their temporary housing. The builder will replace the drywall and electrical wiring. They will also replace all their appliances. A copy of the work agreement is included in the exhibits.

She stated that 40 homes in the subdivision have the same problem and another 7-9 homes by the same builder in Ruskin, FL.

The complainant indicated her permission to release her name only to the manufacturer and that she was happy that the builder had taken the initiative to notify the family of the problem and had taken steps to remedy the problem to their home. The mother cleans the home's floors daily with either bleach or ammonia. She had just cleaned the floor prior to this investigator's arrival and no odor could be detected.

Photographs of the home and corrosion are included in the exhibits. Medical records were not provided by the complainant. The complainant did not know who the drywall installer/subcontractor was or the drywall supplier. Water supply lines to the bathroom fixtures were plastic and did not show corrosion.

**Product Information:**

**Possible Chinese Drywall  
Manufacturer: Unknown**

**Home Builder:**

Marshall Gray, Area President  
M/I Homes of Tampa, LLC  
4343 Anchor Plaza Parkway Suite 200  
Tampa, FL 33634  
813-290-7900  
813-806-1948 fax

**Drywall subcontractor:**  
Unknown

**Drywall Supplier:**  
unknown

**Attachments:**

Exhibit #1	Contacts
Exhibit #2	Letter from the builder to the home owner
Exhibit #3	Correspondence from the builder and work agreement to repair the home.
Exhibit #4	Photographs of the home (18)
Exhibit #5	Release of name form

**Contacts:**

5\_15\_2009  
(b)(3):CPSA Section 25(c)

Riverview, FL 33579



April 1, 2009

(b)(3):CPSA Section 25(c)

Riverview, FL 33569

RE: RW-2502

Dear (b)(3):CPSA  
Section 25(c)

Thank you for allowing us the opportunity to work with you on warranty issues with your home. As you may have heard, M/I Homes was recently named as a defendant in a class action lawsuit filed by a homeowner arising from issues related to imported drywall. Please be assured that M/I Homes is committed to investigating this issue for our homeowners as our reputation has been built on standing behind our homes and our customers.

Your home was inspected on 03/20/09. The inspection revealed corrosion on certain copper components, which may indicate the presence of imported drywall. We are developing a protocol for addressing this issue, and we will be contacting you shortly to discuss the options for an appropriate solution.

We appreciate your continued confidence in M/I Homes.

Sincerely,

Marshall Gray  
Area President  
M/I Homes Tampa, LLC





(b)  
(3):CPSA  
Section  
25(c)

Riverview, FL 33569

005793E403 R045



April 24, 2009

Dear Customer,

Thank you again for allowing us the opportunity to work with you on the drywall issue in your home. As set forth in our previous letter and as discussed during our meeting, the inspection of your home revealed corrosion on certain copper components, which may indicate the presence of imported drywall.

With assistance from an independent consulting firm, M/I Homes of Tampa, LLC has developed a protocol for responding to this issue. Details of the protocol are set forth in the attached "Work Authorization Agreement." In summary, at our expense, we will remove and replace the drywall in your home, repair or replace certain other building materials and components, and warrant that work and the replacement drywall for one year from completion of the work. We will relocate you and your family to reasonably comparable temporary housing until the work in your home has been completed and pay your expenses associated with moving.

The Work Authorization Agreement includes more detailed information about the scope of work and our warranty of that work. It also includes a limited release and assignment of claims (there is no release of any claims for personal injury) and an authorization and acceptance. If acceptable, please initial both pages of this cover letter, all pages of the Work Authorization Agreement, and sign page 5 of the Work Authorization Agreement, and return the cover letter and Agreement to us at 4343 Anchor Plaza Parkway, Suite 200, Tampa, FL 33634 Attn: Marshall Gray, Area President. Upon receipt, we will return a fully executed copy to your attention. We will then coordinate with you to schedule a time to begin the work. However, should you decide that you do not want to proceed under the terms of the Work Authorization Agreement, you may advise us by executing and delivering the enclosed "Rescission of Agreement" to us at the address noted above within three business days of your execution of the Work Authorization Agreement.

Homeowner(s) Initials: \_\_\_\_\_ / \_\_\_\_\_

4343 Anchor Plaza Parkway • Suite 200 • Tampa, Florida 33634  
Phone: (813) 290-7900 • Fax: (813) 806-1948  
CBC028173



Finally, as set forth in our previous correspondence, we remind you that M/I Homes was named as a defendant in a class action lawsuit filed by a homeowner who seeks to represent all persons who purchased homes containing the imported drywall (Steven Minafri v. M/I Homes, Inc., Knauf Gips KG, Knauf Plasterboard (Tianjin) Co., Ltd., and Does 1-100, United States District Court for the Southern District of Ohio, Case No. 2:09-cv-167). Your authorization and acceptance of the attached Work Authorization Agreement could affect your legal rights and your ability to participate in the class action lawsuit should you elect to do so.

We recognize that this is an inconvenience to you. We are committed to making this process as smooth as possible with the least inconvenience to you. We appreciate your continued confidence in M/I Homes.

Sincerely,

Marshall Gray  
Area President  
M/I Homes of Tampa, LLC

Enclosures: Work Authorization Agreement  
Rescission of Agreement

Homeowner(s) Initials: \_\_\_\_\_ / \_\_\_\_\_

4343 Anchor Plaza Parkway • Suite 200 • Tampa, Florida 33634  
Phone: (813) 290-7900 • Fax: (813) 806-1948  
CBC028173

## WORK AUTHORIZATION AGREEMENT

### **I. Temporary Housing and Moving Expenses.**

▪ **Temporary Housing.** M/I Homes of Tampa, LLC ("Builder") will relocate you and your family (collectively, "Homeowner") to reasonably comparable temporary housing. Builder will pay rent and utilities pursuant to the terms and conditions of a separate temporary Lease Agreement. Alternatively, in the event you choose to relocate to temporary housing of your choice, Builder will pay you a monthly stipend at the annualized rate of 9% of the price you paid for your home. For example, if the purchase price for your home was \$200,000, the monthly stipend would be \$1,500 ( $\$200,000 \times 9\% / 12 \text{ months} = \$1,500$ ). The monthly stipend will be prorated for any partial month of occupancy. Whether you move to temporary housing of your choice or that provided by Builder, you are responsible for insuring your personal property.

During your move to and from the temporary housing and during the work on your home, you remain responsible for and agree to pay all expenses associated with your home (including, without limitation, your mortgage, insurance, utilities, taxes, lawn and pool care, pest control, HOA/CDD fees, etc.).

▪ **Moving Expenses.** Builder will pay for ordinary and customary moving and/or storage expenses associated with moving your personal property from your home to your temporary housing and/or a storage facility and back to your home (expenses associated with any move beyond the greater Tampa metropolitan area are your responsibility). You may use the moving company selected by Builder or you may use a moving company of your choice, which Builder will pay for, provided the charges do not exceed those of the moving company selected by Builder. Please note that the contract to move your personal property will be between you and the moving company and that Builder's responsibility is limited to paying the fee charged by the moving company. Homeowner agrees that Builder is not liable for any loss of or damage to Homeowner's personal property arising in connection with moving and/or storage and that any loss or damage shall be resolved solely with the moving and/or storage company pursuant to the terms of the applicable contract between Homeowner and such company.

### **II. Work on your Home.**

▪ **Video Documentation of the Home.** Before any work in your home, Builder will hire and pay for an independent third-party to document through video the interior and exterior condition of your home. A copy of that video will be made available to you.

▪ **Removal and Replacement of Drywall; Reconstruction.** Builder's "Work" on your home will include the following:

- Builder will obtain and pay for all permits necessary for the performance of the Work and, following completion, occupancy of your home
- Builder will remove the following items from your home:
  - All drywall (the "Drywall")
  - Insulation
  - Appliances

1 Homeowner(s) Initials: \_\_\_\_\_ / \_\_\_\_\_

- Carpet and padding
- Counter tops and cabinets
- Shower enclosures
- Interior doors and trim
- Security System
- Garage door openers
- Plumbing fixtures, water heater, water softener
- Electrical fixtures, switches/outlets (including low voltage) and smoke detectors
- HVAC blower/coil unit, grilles, ductwork
- Builder will HEPA vacuum your home after the Drywall and other items have been removed
- Builder will ventilate your home
- Builder will reconstruct the interior components of your home as follows:
  - Inspect all electrical components, remove corrosion or cut back all affected copper wiring at switches, outlets, panel, lights, etc.
  - Inspect all electrical fixtures and replace any with corrosion
  - Inspect all plumbing components and replace any corroded fittings and components
  - Inspect the HVAC system and components and replace any corroded items
  - Install new a/c blower/coils, grilles, ductwork and thermostat
  - Reinstall remaining plumbing fixtures
  - Install new switches, outlets, low voltage outlets, cable TV outlets, smoke detectors, security keypads and magnets
  - Reinstall remaining electrical fixtures
  - Install new insulation
  - Install new drywall, finish and sand
  - Reinstall cabinets and countertops
  - Reinstall shower enclosures
  - Install new doors and trim
  - Reinstall garage door openers
  - Install new bath mirrors
  - Replace any kitchen appliances that were included in the sale of the home by Builder to the original owner and, in the event a refrigerator was not included in the original sale, one refrigerator of like quality as the refrigerator currently used by Homeowner
  - Reinstall remaining appliances
  - Install new carpet and padding
  - Reinstall interior door hardware
  - Return wall surface color and/or material to a similar pre-Work condition (i.e., paint color or wall covering)
  - Clean entire house
  - Re-install window treatments
- Builder will repair or replace, as appropriate, any materials, fixtures and components in your home that may be damaged by the Work
- Where Builder is to replace materials, Builder will use like or better new materials

2 Homeowner(s) Initials: \_\_\_\_\_ / \_\_\_\_\_

- Builder will discard any removed materials that are not reinstalled in your home
- **Cash Payment.** Builder will pay Homeowner \$2,000 for incidental costs and inconvenience (the "Cash Payment"). The Cash Payment will be paid within thirty days following the Effective Date of this Agreement (as hereafter defined).
- **Completion of Work; Home Orientation.** Builder will notify you upon completion of the Work that your home may be occupied. Upon such notice and following a reasonable period of time to move your personal property back into your home (not to exceed thirty days) you agree to vacate any temporary housing and, if occupying temporary housing you obtained, you agree that Builder is no longer responsible for and will cease paying the monthly stipend. Builder will perform a home orientation and ninety-day walk through in accordance with Builder's standard practice.

**III. Warranty.**

- **Existing Builder Warranty.** The terms and conditions of this Work Authorization Agreement and the Limited Release for Property Damages shall not affect any warranty issued by Builder in connection with the original construction of your home subject, however, to the terms, conditions and duration of any such warranty.
- **Additional Warranty.** Builder warrants that the Work shall be free from defects in materials and workmanship for a period of one year following the date Builder notifies you that you are permitted to reoccupy your home (the "Additional Warranty"). The Additional Warranty is transferable subject to its terms. The Additional Warranty is the only warranty given by Builder in connection with the Work. Consequential and incidental damages are excluded from the Additional Warranty. To the fullest extent permitted by law, Homeowner expressly waives any and all implied warranties and any other express warranty including but not limited to warranties of workmanship, merchantability, habitability, suitability and fitness, all of which are hereby disclaimed by Builder.

**IV. Limited Release and Assignment of Claims.** In consideration of the terms and conditions of this Agreement, and other good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, Homeowner and Builder agree as follows:

- In exchange for Builder performing the Work, moving Homeowner to and from the temporary housing, and providing the temporary housing (or the stipend for temporary housing), the Additional Warranty, and the Cash Payment, Homeowner (including his/her/their agents, representatives, heirs, assigns, and successors): (i) releases and forever discharges Builder (including its agents, employees, officers, representatives, parents, subsidiaries, affiliates, divisions, assigns, and successors) of and from all claims, demands, causes of action, damages, losses, fees, agreements, promises, implied or express warranties, and all liabilities whatsoever, past, present or future, arising in law, tort, equity, contract or otherwise, whether direct or indirect, foreseen or unforeseen, that Homeowner had, has, or in the future may have associated directly or indirectly with the Drywall (collectively, "Damage Claims"); provided, however, the foregoing release shall not include claims for personal injury, if any, against Builder, and (ii)

3 Homeowner(s) Initials: \_\_\_\_\_ / \_\_\_\_\_

assigns to Builder all of Homeowner's present and future rights, title, interests, causes of action, claims and demands, whether legal, equitable, or otherwise, against any individual or entity, including, but not limited to, the contractors, suppliers, distributors, importers, and/or manufacturers of the Drywall; provided, however, the foregoing assignment shall not include claims for personal injury.

■ Homeowner represents, warrants and agrees that: (i) Homeowner has not settled or compromised with or released from liability any individual or entity, in whole or in part, with respect to any Damage Claims, and further warrants that it will not do so in the future without the prior written consent of Builder; (ii) all documents, records, examinations, investigations, and information relating directly or indirectly to any Damage Claims discovered in the future will be furnished to Builder promptly upon discovery; (iii) Homeowner has not assigned any Property Damage Claims and has not and will not do anything to prejudice Builder's rights as its subrogee and assignee; and (iv) everyone owning a fee simple interest in your home has executed this Agreement.

V. **Arbitration.** Homeowner and Builder agree that any Dispute (as hereafter defined) shall be submitted to and resolved by binding arbitration administered by the American Arbitration Association in accordance with its Home Construction Arbitration Rules in effect on the date of the request. The term "Dispute" includes, but is not limited to, any and all controversies, disputes or claims between Homeowner and Builder arising under, or related to this Agreement, the Work, and the Additional Warranty, but does not include any claims for personal injury, if any, against Builder, arising from the Drywall. Notwithstanding the parties' obligation to submit any Dispute to arbitration, in the event that a Dispute is determined to not be subject to binding arbitration, then the parties agree that any such Dispute shall be heard by a judge in a court proceeding and not a jury and Homeowner and Builder each hereby waive their respective right to a jury trial. Homeowner and Builder shall be responsible for their own attorneys' fees, costs, and expenses associated with any Dispute.

VI. **Miscellaneous Provisions.**

■ Homeowner and Builder agree that this Agreement contains the entire agreement between the parties and may not be modified except in a writing signed by both parties. The parties agree they shall not be bound by any terms, conditions, statements, warranties, or representations, oral or written, not contained in this Agreement.

■ Homeowner shall not enter the home during the Work without being accompanied by a representative of Builder. Homeowner expressly assumes the risk of injury and loss that may result from any visit to or entry into the home by Homeowner, his or her family members, guests and invitees during the Work, and Builder shall have no responsibility or liability for any injury or loss resulting from or occurring during any such entry.

■ Homeowner acknowledges that Homeowner has read and fully understands the provisions of this Agreement and has executed this Agreement freely and voluntarily and that Homeowner received or had the opportunity to receive legal advice regarding this Agreement and the effect it may have on Homeowner's legal rights with regard to the class action or

4 Homeowner(s) Initials: \_\_\_\_\_ / \_\_\_\_\_

**RESCISSION OF AGREEMENT**

By signing below, Homeowner rescinds their prior acceptance of the Work Authorization Agreement. If rescinding, Homeowner must return this signed Rescission of Work Authorization within three business days following the date of Homeowner's execution of the Work Authorization Agreement to Builder at 4343 Anchor Plaza Parkway, Suite 200, Tampa, FL 33634 Attn: Marshall Gray, Area President.

Homeowner:

Additional Homeowner (if applicable):

By: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

otherwise. Therefore, the language of this Agreement shall not be construed presumptively against Homeowner or Builder.

■ This Agreement shall be binding upon and inure to the benefit of Homeowner and Builder and their respective successors, assigns, affiliates, heirs, personal representatives, agents, or other representatives. This Agreement shall be governed and construed in accordance with the laws of the State of Florida, without regard to its conflict of laws principles. The "Effective Date" of this Agreement shall be the date of execution of this Agreement by Builder.

■ Other homes in the community may be affected by the Drywall and, as such, Builder reserves the right to commence the process outlined in this Agreement for Homeowner in the order in which Builder receives fully executed and initialed Agreements.

**VII. Authorization and Acceptance; Rescission.** By signing below, Homeowner authorizes Builder to perform the Work and agrees to the terms of the "Limited Release and Assignment of Claims." However, should Homeowner decide not to proceed under these terms after signing and initialing the cover letter and the Agreement, Homeowner must advise Builder of such decision to rescind authorization by signing and returning to Builder the attached "Rescission of Agreement" within three business days following the date of your execution of this Work Authorization Agreement, and Builder will disregard the authorization.

Homeowner:

M/I Homes of Tampa, LLC

By: \_\_\_\_\_

By: \_\_\_\_\_

Marshall Gray, Area President

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Additional Homeowner (if applicable):

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

5 Homeowner(s) Initials: \_\_\_\_\_ / \_\_\_\_\_

(b)(3):CPSA Section 25(c)

**From:** mgray@MIHOMES.com  
**Sent:** Wednesday, May 13, 2009 3:56 PM  
**To:** (b)(3):CPSA Section 25(c)  
**Attachments:** Supplement-generic PDF.pdf

Attached is the supplement to the agreement. The supplement specific to you is being mailed today for your signature and return provided you are comfortable doing so. Once again thank you for allowing M/I Homes the opportunity to address this drywall issue and I look to having this issue behind us soon.

**Marshall Gray**  
**M/I Homes, Tampa**  
**4343 Anchor Plaza Parkway**  
**Suite 200**  
**Tampa, FL 33634**  
**Ph: 813-290-7900**  
**Fx: 813-393-5789**  
**[mgray@mihomes.com](mailto:mgray@mihomes.com)**

*Copy*



Customer Name

As a follow up to our April 24, 2009 correspondence in which we enclosed our Work Authorization Agreement, we are expanding the scope of our services in connection with the work we propose to do on your home. As detailed below, we will remove and replace all electrical wiring, including low voltage wiring that is enclosed within the walls of your home. Further, we are extending the term of our additional warranty from one year to three years, and we are obtaining insurance for the proposed work on your home.

Accordingly, the following provisions of the Work Authorization Agreement are supplemented as follows:

Section II. Work on your Home. Builder's "Work" will include the following additional items:

- Builder will remove and replace all electrical wiring enclosed in walls back to the electrical panel
- Builder will remove and replace all low voltage wiring enclosed in walls including wiring for any security system, cable tv, telephone, home theater system, speakers, intercom system, and the thermostat

Section III. Warranty. The "Additional Warranty" is extended from one year to three years. All other terms of this Section remain the same.

Section VI. Miscellaneous Provisions. The following provision is added to this Section:

- Builder will obtain and maintain, at Builder's expense, insurance coverage for comprehensive general liability, builders risk and worker's compensation for injury, loss, or damage to person or property arising in connection with the Work.

A handwritten signature in black ink, appearing to read "Cory", is written over a horizontal line.

Homeowner(s) Initials: \_\_\_\_\_ / \_\_\_\_\_

4343 Anchor Plaza Parkway • Suite 200 • Tampa, Florida 33634  
Phone: (813) 290-7900 • Fax: (813) 806-1948  
CBC028173



All other provisions of the Work Authorization Agreement remain the same and, if any provision of the Work Authorization Agreement is inconsistent with this letter, this letter will control. Should you wish to participate, please initial and sign this letter and return it to me at 4343 Anchor Plaza Parkway, Suite 200, Tampa, FL 33634 Attn: Marshall Gray, Area President. If you wish to participate, but have not signed the Work Authorization Agreement, please also initial and sign that Agreement and my April 24, 2009 cover letter and return those materials along with your signed original of this letter to my attention at the address set forth above.

Finally, again, as set forth in our previous correspondence, please recall that M/I Homes was named as a defendant in a class action lawsuit filed by a homeowner who seeks to represent all persons who purchased homes containing the imported drywall (Steven Minafri v. M/I Homes, Inc., Knauf Gips KG, Knauf Plasterboard (Tianjin) Co., Ltd., and Does 1-100, United States District Court for the Southern District of Ohio, Case No. 2:09-cv-167). Your authorization and acceptance of the Work Authorization Agreement, as supplemented by this letter, could affect your legal rights and your ability to participate in the class action lawsuit should you elect to do so.

We are committed to making this process as smooth as possible with the least inconvenience to you. We appreciate your continued confidence in M/I Homes of Tampa.

Sincerely,

Marshall Gray  
Area President  
M/I Homes of Tampa, LLC

Homeowner:

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Additional Homeowner (if applicable):

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

A handwritten signature in black ink, appearing to read "Copy" or similar, with a long horizontal line extending from the bottom of the signature.

4343 Anchor Plaza Parkway • Suite 200 • Tampa, Florida 33634  
Phone: (813) 290-7900 • Fax: (813) 806-1948  
CBC028173

(b)(3):CPSA Section 25(c)

**From:** mgray@MIHOMES.com  
**Sent:** Monday, May 04, 2009 1:55 PM  
**To:** (b)(3):CPSA Section 25(c)  
**Subject:** RE: Follow to visit

I've redone Item 3 below and I'll pick up the agreement at 11AM tomorrow if that works? Thanks.

(b)(3):CPSA Section 25(c)  
**From:** (b)(3):CPSA Section 25(c)  
**Sent:** Monday, May 04, 2009 1:02 PM  
**To:** Marshall Gray  
**Subject:** RE: Follow to visit

*Hello,  
Thank you for listening to my concerns. I appreciate you taking the time to sit and visit. Items one through six are what we agreed too, I just noticed that the washer machine is not listed. This was the item that had to have the mother board replaced due to corrosion on a Maytag, that was a year and a half old. If you can place that item with the item number 3, I would greatly appreciate that.*

*I did find my agreement and signed it. Do you want me to hand this to you tomorrow while you are in the neighborhood ? Or I can fax and mail copies ?*

*Please let me know what works best for you.*

*Thank you*

(b)(3):CPSA Section 25(c)

**From:** mgray@MIHOMES.com [mailto:mgray@MIHOMES.com]  
**Sent:** Monday, May 04, 2009 12:50 PM  
**To:** (b)(3):CPSA Section 25(c)  
**Subject:** Follow to visit

Mrs (b)(3):CPSA Section 25(c)

Once again thank you for your time Friday to review your concerns on the repairs of your home. The following is follow up to several items we discussed:

1. We will lease a home for you, preferably the home on Laurel Brook if available. M/I will cover rent, electric, water, brighthouse (phone, cable, and internet) and pay the subcontractor directly to move your business internet service for your use.
2. You have moved some valuables in a personal storage unit that M/I will reimburse you those storage rental expenses.
3. We will review the ceiling fans and light fixtures in your home and provide proper removal, storage and replacement. If the units are damaged from the drywall, we will clean or replace. Customer to have mother board checked on both [Not Resp] washer and dryer and replaced at M/I cost if corroded.
4. The supplement to the addendum will address any liability issues from subcontractor work and will address wiring.

5. The cabinets will be removed, stored in a ventilated space and re-installed provided they can be re-installed to existing condition or better.
6. We will replace the small floor freezer under your stairs along with replacement of the refrigerator to a freezer bottom model.

Thank you again for your time. Please let me know if you have located your agreement or I can provide an additional copy for you to sign. I'll be in the neighborhood tomorrow. Look forward to working through this issue together with you and your family and repairing your home.

Marshall Gray

(b)(3):CPSA Section 25(c)

**From:** mgray@MIHOMES.com  
**Sent:** Tuesday, May 05, 2009 8:23 AM  
**To:** (b)(3):CPSA Section 25(c)  
**Subject:** RE: Follow to visit

This is fine. See you today around 11AM.

Marshall

**From:** (b)(3):CPSA Section 25(c)  
**Sent:** Monday, May 04, 2009 2:48 PM  
**To:** Marshall Gray  
**Subject:** RE: Follow to visit

1. We will lease a home for you, preferably the home on Laurel Brook if available. MI will cover rent, electric, water, brighthouse (phone, cable, and internet) and pay the subcontractor directly to move your business internet service for your use. ***(my office phone line hook up please) I have internet and phone on this one.)***

*Thank you*  
(b)(3):CPSA Section 25(c)

**From:** mgray@MIHOMES.com [mailto:mgray@MIHOMES.com]  
**Sent:** Monday, May 04, 2009 1:55 PM  
**To:** (b)(3):CPSA Section 25(c)  
**Subject:** RE: Follow to visit

I've redone Item 3 below and I'll pick up the agreement at 11AM tomorrow if that works? Thanks.

**From:** (b)(3):CPSA Section 25(c)  
**Sent:** Monday, May 04, 2009 1:02 PM  
**To:** Marshall Gray  
**Subject:** RE: Follow to visit

*Hello,  
Thank you for listening to my concerns. I appreciate you taking the time to sit and visit. Items one through six are what we agreed too, I just noticed that the washer machine is not listed. This was the item that had to have the mother board replaced due to corrosion on a Maytag, that was a year and a half old. If you can place that item with the item number 3, I would greatly appreciate that.*

*I did find my agreement and signed it. Do you want me to hand this to you tomorrow while you are in the neighborhood ? Or I can fax and mail copies ?*

*Please let me know what works best for you.*

*Thank you*  
(b)(3):CPSA Section 25(c)

**From:** mgray@MIHOMES.com [mailto:mgray@MIHOMES.com]

**Sent:** Monday, May 04, 2009 12:50 PM

**To:** (b)(3):CPSA Section 25  
(c)

**Subject:** Follow up to visit

Mrs. (b)(3):CPSA  
Section 25(c)

Once again thank you for your time Friday to review your concerns on the repairs of your home. The following is follow up to several items we discussed:

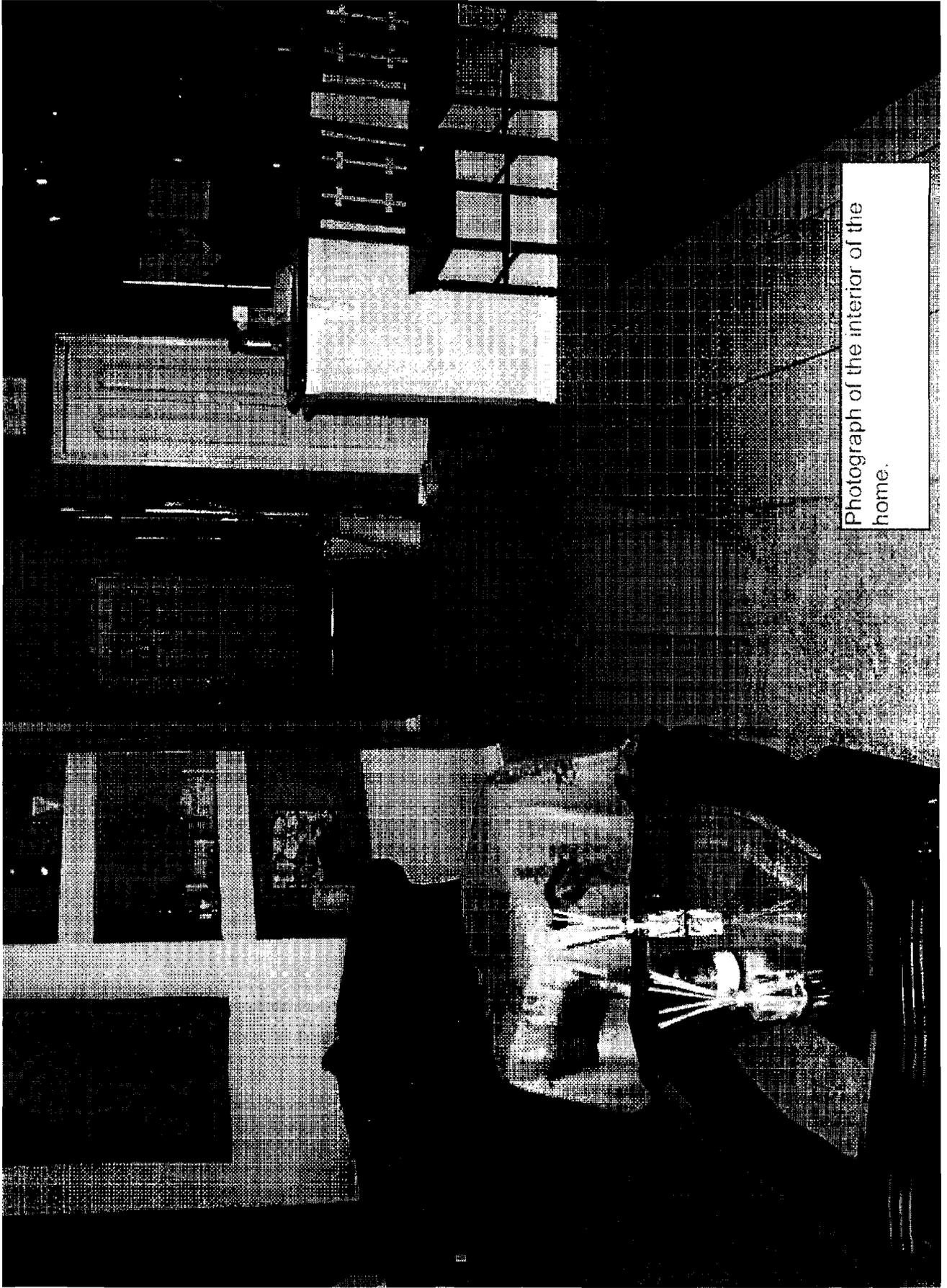
2. We will lease a home for you, preferably the home on Laurel Brook if available. M/I will cover rent, electric, water, brighthouse (phone, cable, and internet) and pay the subcontractor directly to move your business internet service for your use.
3. You have moved some valuables in a personal storage unit that M/I will reimburse you those storage rental expenses.
4. We will review the ceiling fans and light fixtures in your home and provide proper removal, storage and replacement. If the units are damaged from the drywall, we will clean or replace. Customer to have mother board checked on both <sup>Not</sup> washer and dryer and replaced at M/I cost if corroded.
5. The supplement to the <sup>Responsi</sup> addendum will address any liability issues from subcontractor work and will address wiring.
6. The cabinets will be removed, stored in a ventilated space and re-installed provided they can be re-installed to existing condition or better.
7. We will replace the small floor freezer under your stairs along with replacement of the refrigerator to a freezer bottom model.

Thank you again for your time. Please let me know if you have located your agreement or I can provide an additional copy for you to sign. I'll be in the neighborhood tomorrow. Look forward to working through this issue together with you and your family and repairing your home.

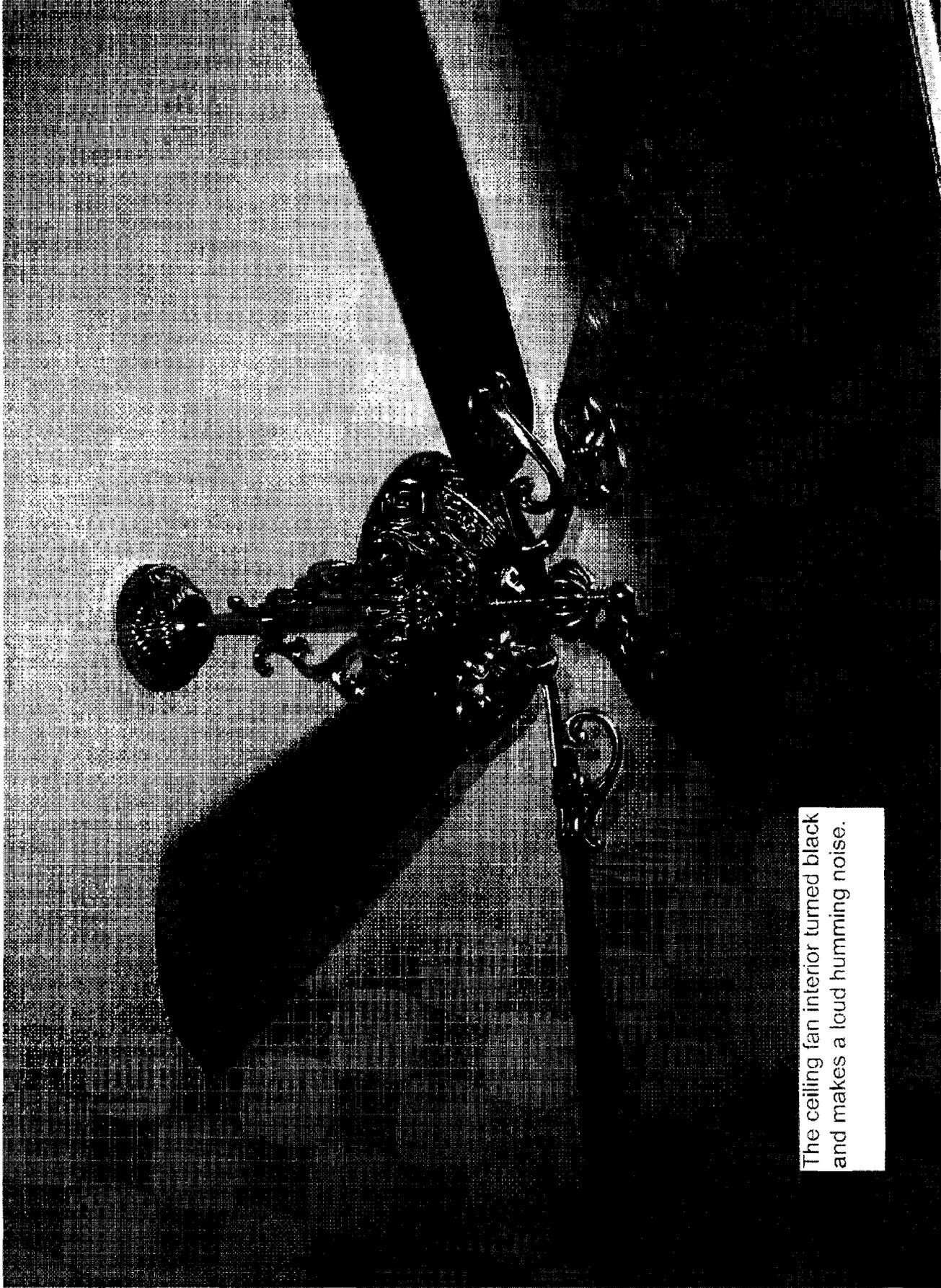
Marshall Gray



Photograph of the front of the home.  
Photographs taken on 5-15-2009.



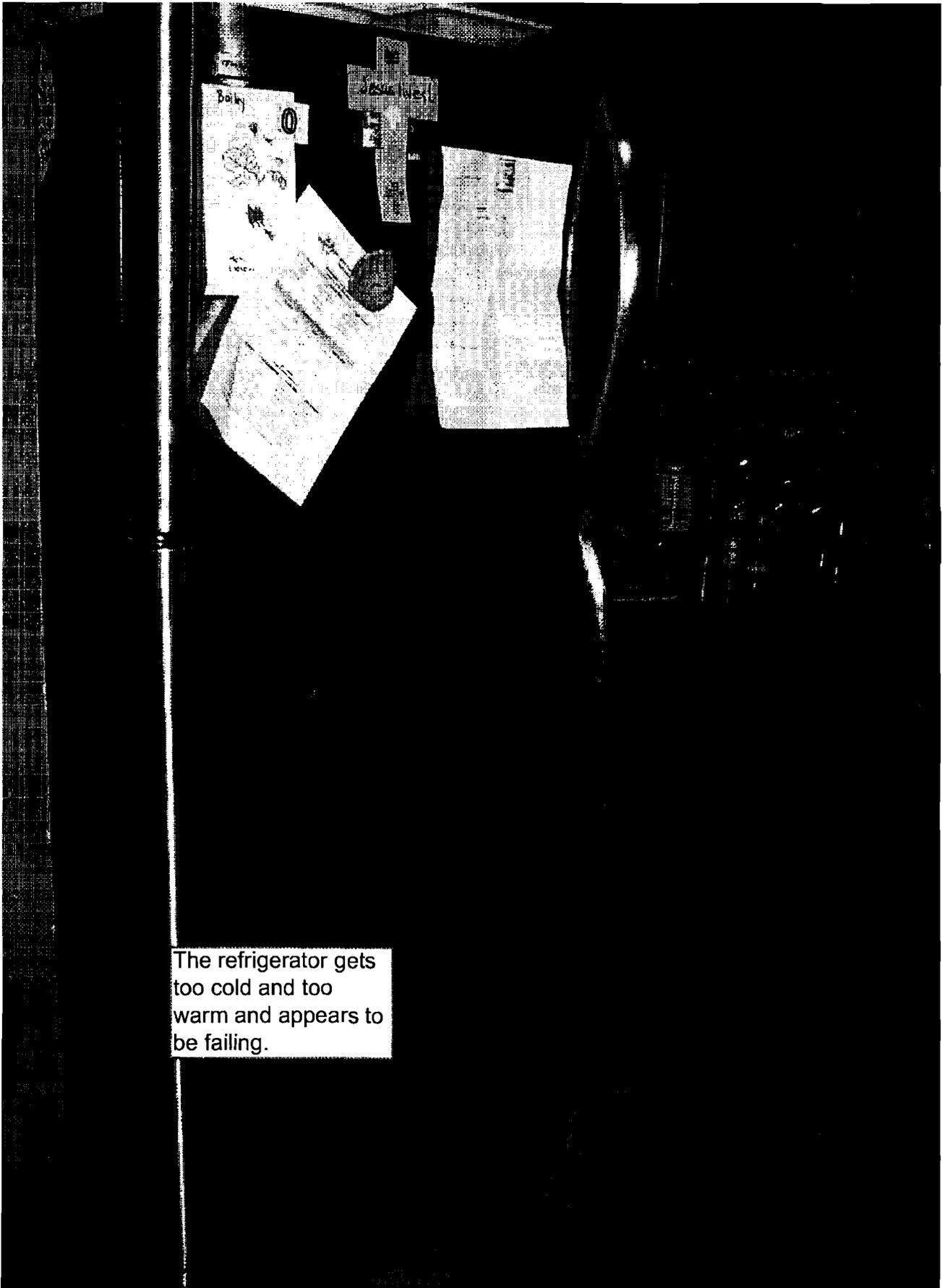
Photograph of the interior of the home.



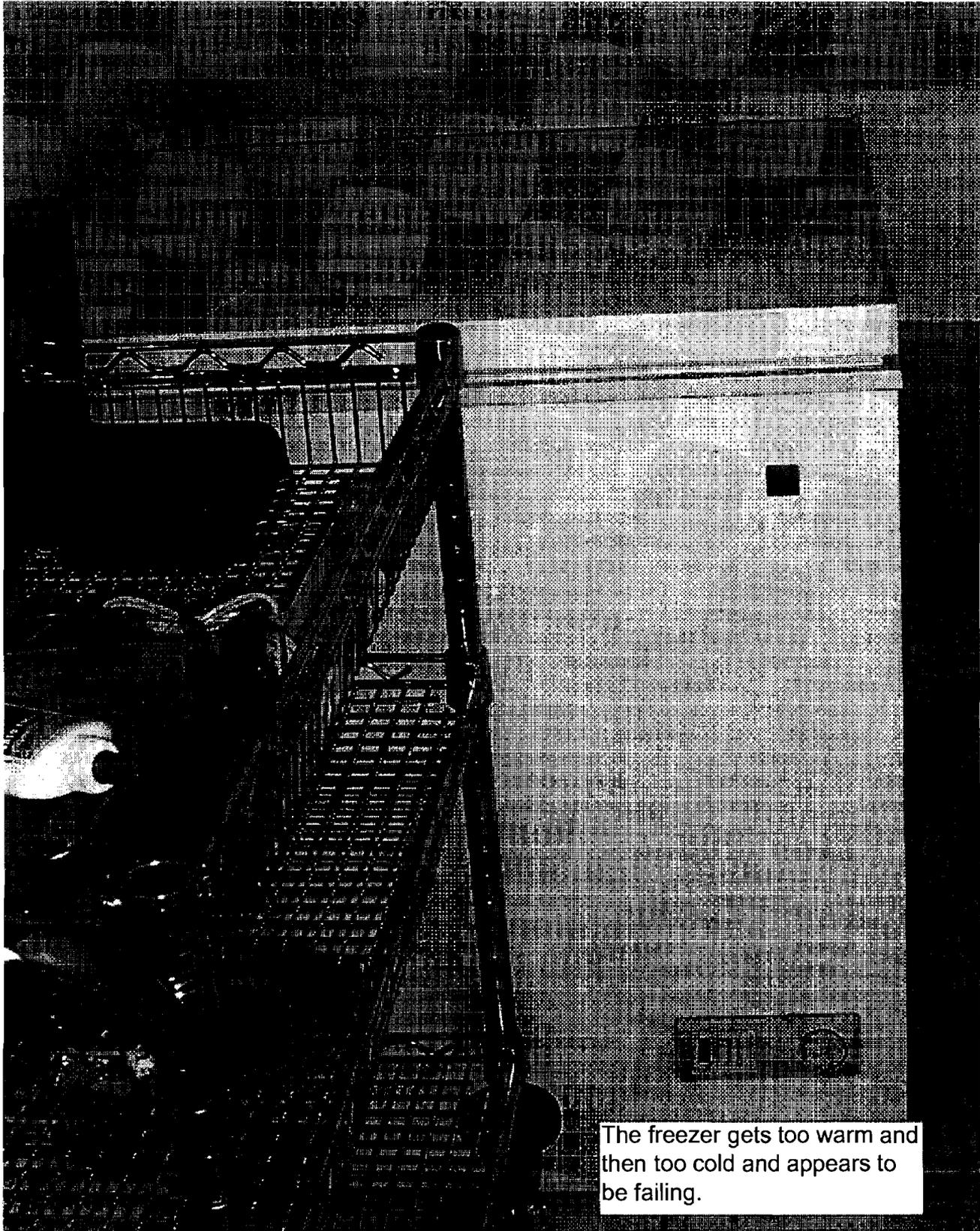
The ceiling fan interior turned black and makes a loud humming noise.



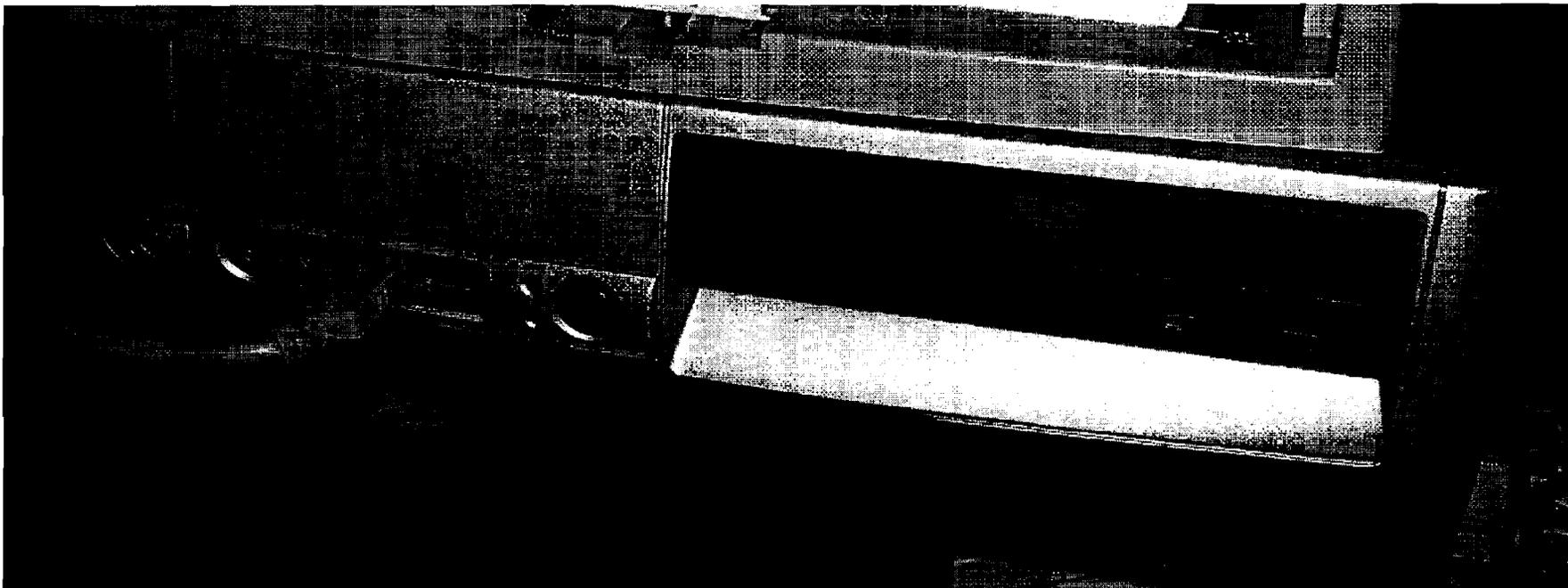
Add on string lights for the furdawn area above the cabinets fail periodically.



The refrigerator gets too cold and too warm and appears to be failing.



The freezer gets too warm and then too cold and appears to be failing.



The hard drive for the computer has been replaced twice.

**CAUTION**

**HIGH PRESSURE HAZARD**  
 Relieve all pressure and recover refrigerant before system repair or final disposal. Use all service ports.

**FIRE HAZARD**  
 Do not use torch to remove components. Oil may catch fire. Use tubing cutter. Refer to service instructions.

**INSTALLATION**

**UNIT REQUIRES THE FOLLOWING FOR PROPER OPERATION:**

1. LEVEL UNIT side to side. 1/2" to 1/4" to both.
2. Install both primary and secondary drain traps. PVC drain traps should be used with condensate pan.
3. TRAP underneath drain traps to unit as possible. Use 1/2" trap. Flush trap 1" and 10 inches out.
4. SELECT MOTOR SPEED. The motor speed should be set to the speed and unit pressure increase. The motor speed should be set to the speed and unit pressure increase. The motor speed should be set to the speed and unit pressure increase.
5. SEAL OPEN ENDS IN THE COIL TO PREVENT REFRIGERANT LOSS. Use compound provided to seal drain traps and for other applications.

SEE INSTALLATION INSTRUCTIONS FOR ADDITIONAL INFORMATION ON THESE AND OTHER SUBJECTS.

**SERVICE**

Refer to the service manual for detailed instructions on the unit.

**NOTICE**

**BEFORE REPAIR OR MAINTENANCE**

1. Turn off the power to the unit.

2. Relieve all pressure and recover refrigerant.

3. Seal open ends in the coil to prevent refrigerant loss.

4. Use compound provided to seal drain traps and for other applications.

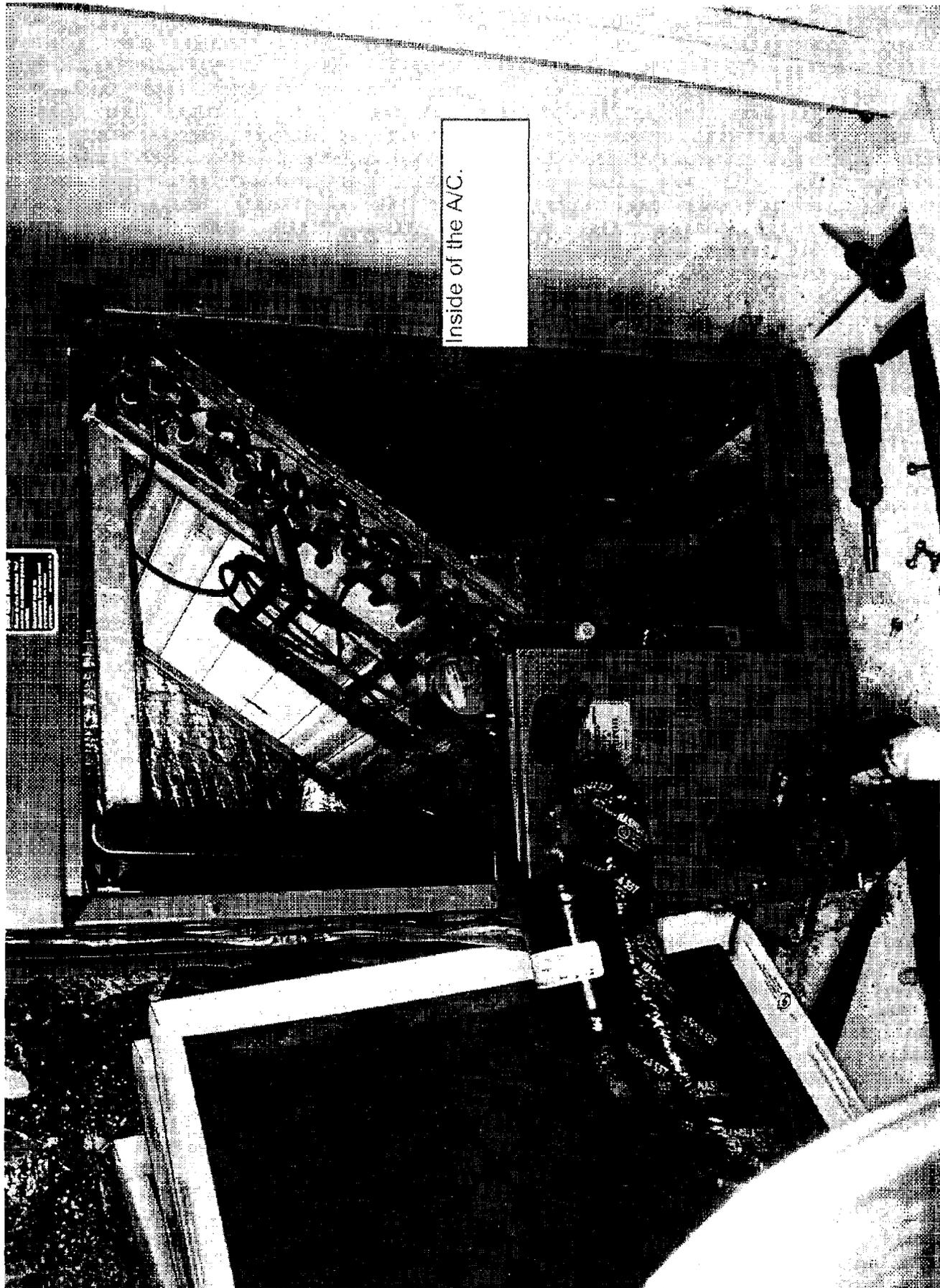
5. Refer to the service manual for detailed instructions on the unit.

REVERSIBLE  
 1999  
 1

Not Responsive

Not Responsive

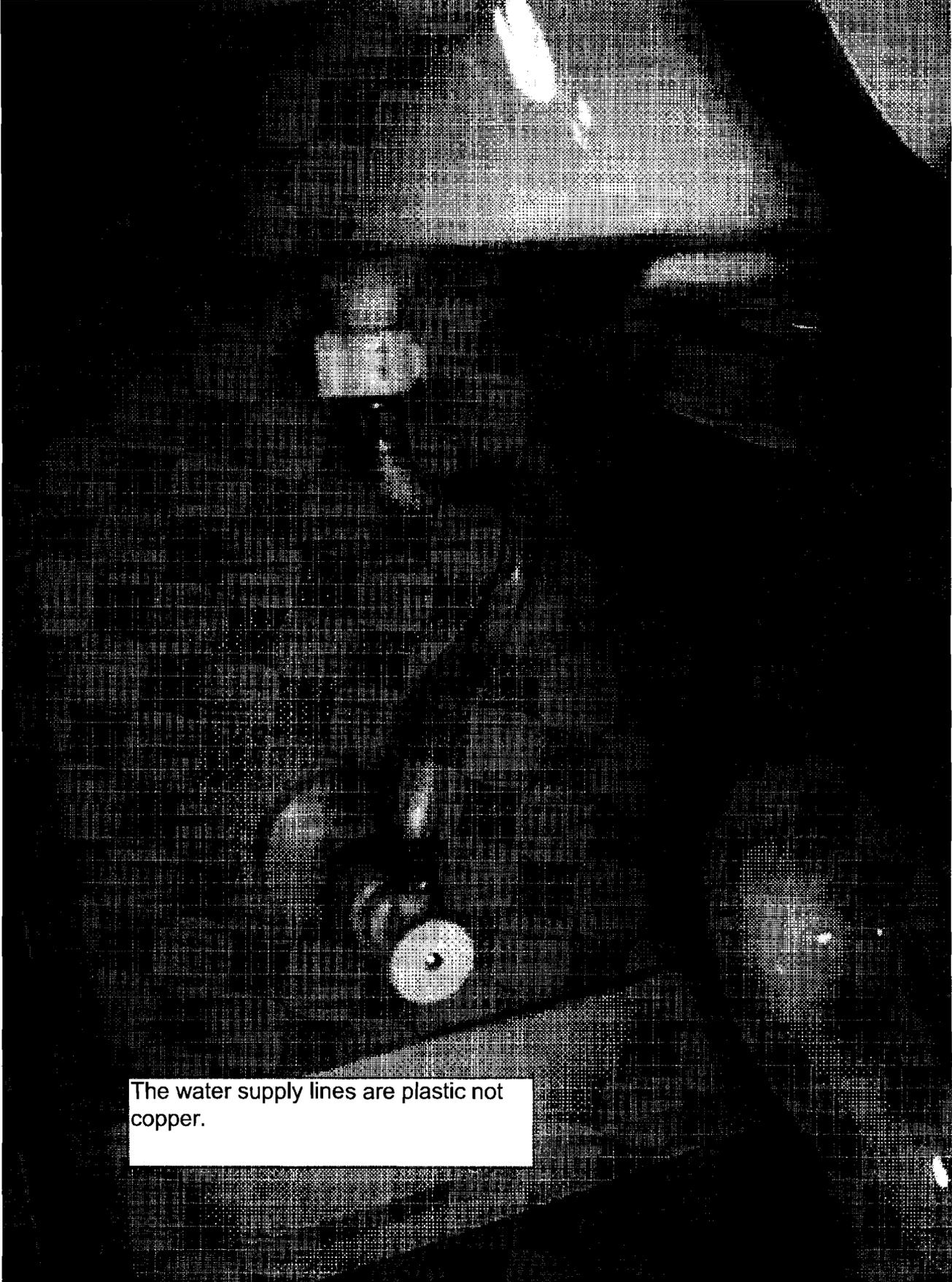
The A/C coils have been replaced twice.



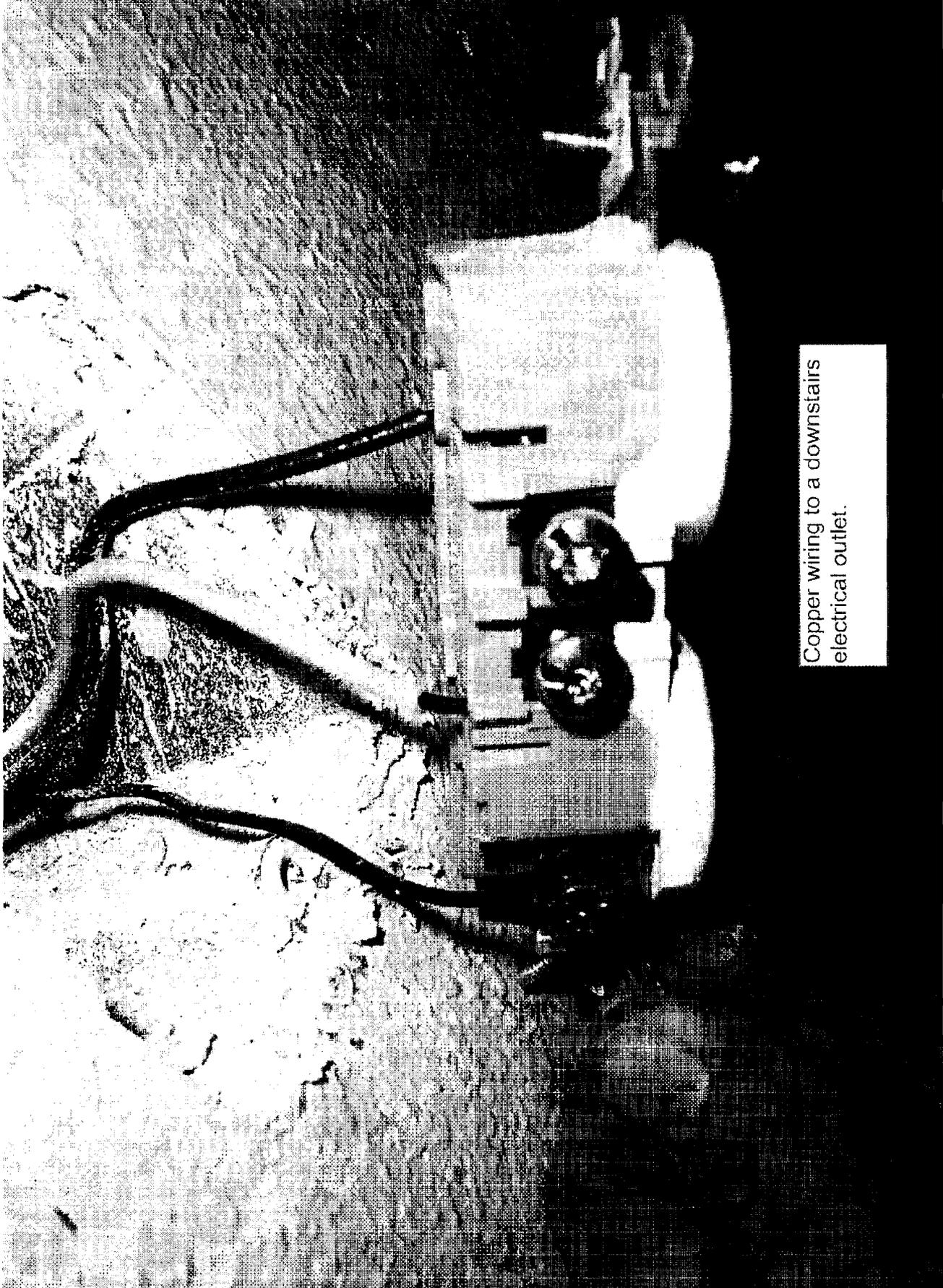
Inside of the A/C.



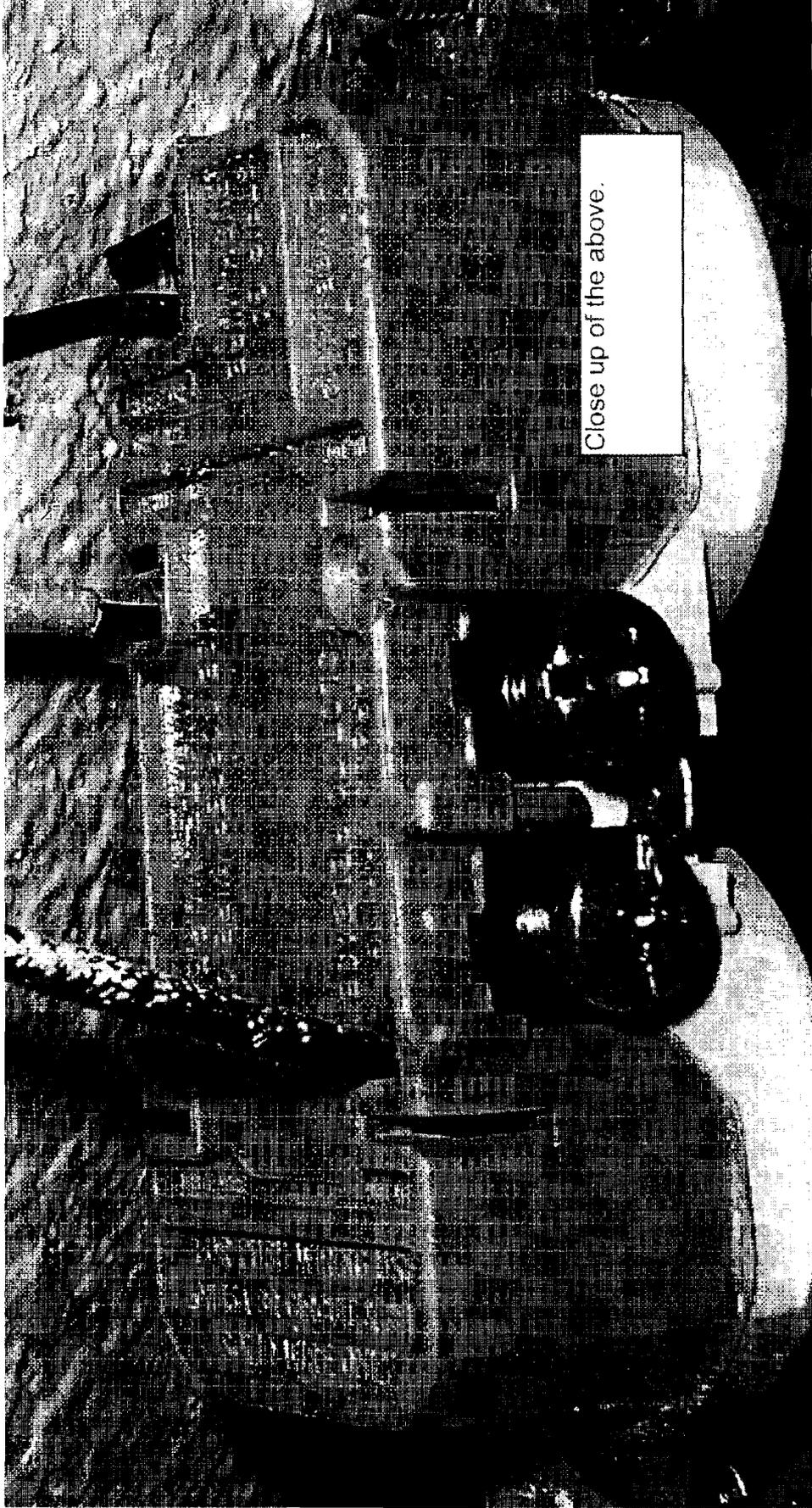
Evidence of  
beginning  
corrosion.

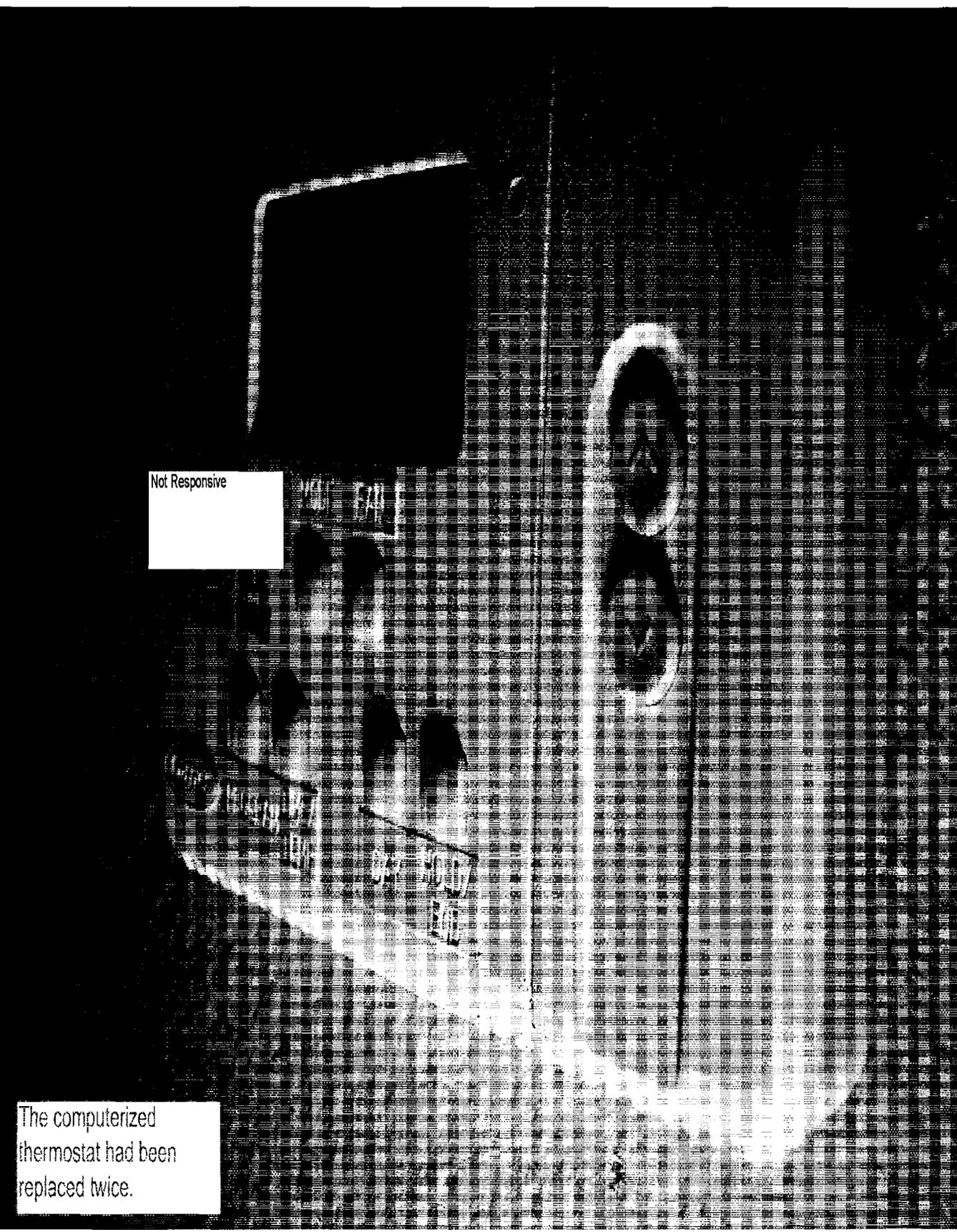


The water supply lines are plastic not copper.



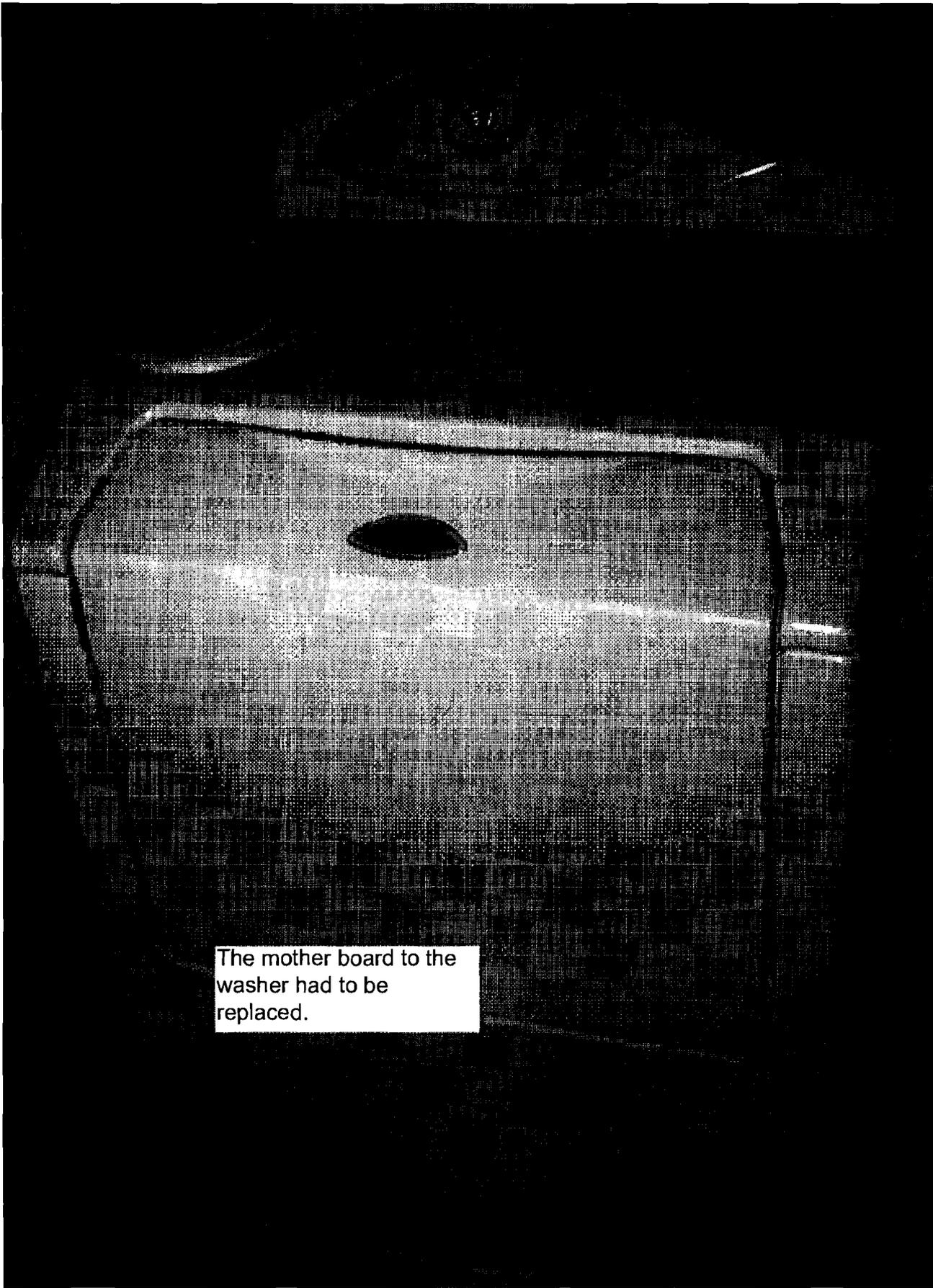
Copper wiring to a downstairs electrical outlet.





Not Responsive

The computerized thermostat had been replaced twice.



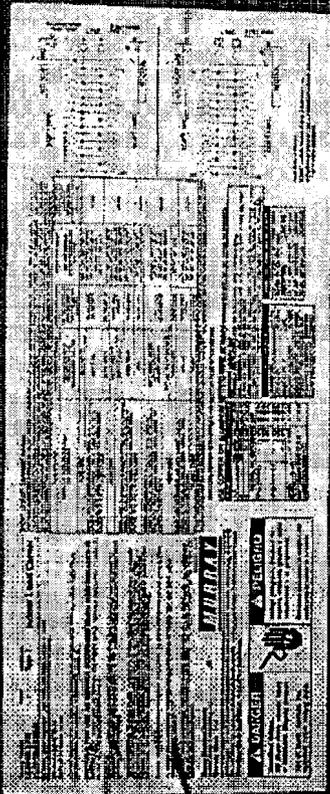
The mother board to the washer had to be replaced.



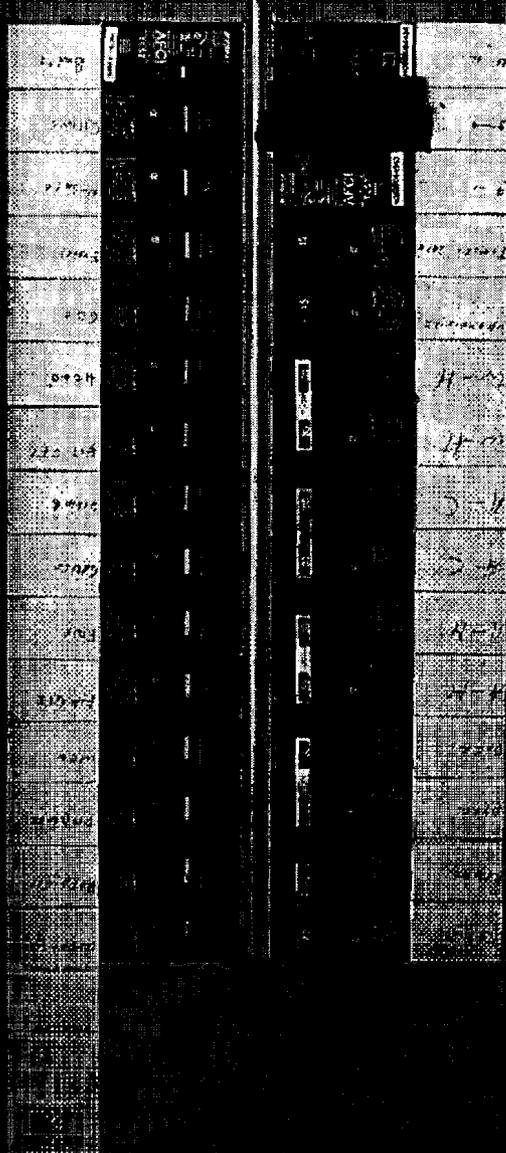
Not Responsive

51

Close up of the above.



2004



The breakers had "flipped" on several occasions.

Not Responsive

Not Responsive

UL  
HACR SWD  
LISTED E82615  
ISSUE AD-6701  
Circuit Breaker and  
Branch/Feeder AFCI

TEST

H0701122954

Bed # 2

Close up of one of the breakers  
that had "flipped" at the home.

(b)(3), CPSA Section 25(c)

Type MP-A1  
HACR SWD UL Listed E82615  
Issue AD-6701  
Branch/Feeder AFCI

# U.S. Consumer Product Safety Commission

## AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety concerns.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name? If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

I request that you do not release my name. My identity is to remain confidential.

You may release my name to the manufacturer but I request that you do not release it to the general public.

You may release my name to the manufacturer and to the public.

(b)(3).CPSA Section 25(c)

5-15-2009

(Date)

