

# EXHIBIT L

## Record of Medical Neglect and Failure to Provide Adequate Care

### 1. Introduction

This exhibit provides a comprehensive analysis of the medical neglect, failure to provide essential caregiving, and overall disregard for the well-being of June Bloch by her primary caregivers, Lindsey Bloch and Jonathan Poritzky.

June's physical, cognitive, and emotional health declined significantly in the years leading up to her passing. Given her multiple autoimmune disorders and other medical conditions—including rheumatoid arthritis, dementia (FTD, ARD, and WKS), osteoporosis, incontinence, and severe frailty—she required extensive medical oversight, physical care, home modifications, and emotional support. Instead, she languished in unsafe conditions, without the critical care necessary for her dignity and quality of life.

Despite being fully aware of June's declining condition, Lindsey and Jonathan failed to implement appropriate medical, safety, and hygiene protocols—even admitting to their inability to provide care on March 18, 2023, describing their experience as "nightmarish," citing extreme difficulties in bathing her, her incontinence, and stating "there was diarrhea everywhere." Their statements indicate that they were unqualified and unwilling to provide proper care, yet they made no effort to obtain professional assistance.

This failure constitutes severe medical neglect and raises serious legal and ethical concerns regarding their fitness as caregivers and their motives in isolating June from proper medical and social care.

#### Death Certificate Citations:

- 21 days before death – June had a recurrent case of *Clostridium difficile* (*C. difficile*).
- 7 days before death – She went into septic shock.
- 4 days before death – She developed hospital-acquired pneumonia.

#### Link Between Medical Neglect and June's Death:

- *C. difficile* infections occur in unsanitary environments where bacterial spores persist on surfaces and spread due to improper cleaning.
- Septic shock can result from intestinal damage caused by severe *C. difficile* infections, leading to bacteria entering the bloodstream.
- Hospital-acquired pneumonia commonly affects bedridden or severely ill patients, often as a secondary complication of sepsis.

Conclusion: Lindsey and Jonathan's failure to maintain a sanitary home environment, provide professional caregiving, and implement basic infection control measures likely led to June's fatal illness.

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## 2. Medical Oversight and Specialist Care That June Required

As June's primary caregivers, Lindsey and Jonathan had a legal and ethical obligation to arrange appropriate medical oversight. Given her documented medical history, the following specialists should have been involved in her care:

### A. Primary and Specialized Medical Care

- Primary Care Physician: Routine health monitoring and coordination of June's complex medical conditions.
- Geriatrician: Specialist in age-related cognitive and physical decline.
- Neurologist: Required for managing dementia (FTD, ARD, WKS) and cognitive symptoms.
- Rheumatologist: Necessary for advanced rheumatoid arthritis (RA), which caused severe joint deformities, mobility loss, and chronic pain.
- Gastroenterologist: Needed to manage recurrent *Clostridium difficile* infections, incontinence, and gastrointestinal issues.
- Physical Therapist (Geriatric Specialist): Should have provided mobility rehabilitation, fall prevention training, and pain relief exercises.

If Lindsey and Jonathan cannot produce records showing regular appointments with these specialists, this further supports the claim of medical neglect.

### B. Palliative and Hospice Care

- By 2022, June required palliative care to manage pain, hydration, and overall well-being.
- Following her first occurrence of *C. difficile*, hospice care should have been implemented to ensure she did not suffer in her final months.
- Lindsey and Jonathan should have medical records proving these arrangements were made. The absence of such records suggests neglect.

## 3. Hygiene, Incontinence Care, and Sanitation

Proper hygiene and sanitation were critical to preventing infections and maintaining June's dignity. Lindsey and Jonathan admitted to extreme difficulties in managing her hygiene but failed to seek professional assistance.

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#### A. Bathing and Personal Hygiene

- Daily assisted bathing should have been provided to prevent skin infections and discomfort.
- If they found bathing her to be excessively difficult, they should have:
  - Hired a home health aide trained in elderly hygiene care.
  - Arranged professional in-home caregiving services.

If no caregiver records exist, this supports a claim of medical neglect.

#### B. Incontinence and Sanitary Care Failures

- June suffered from chronic incontinence, meaning her home required:
  - Frequent changing of protective undergarments to prevent infections.
  - Immediate cleaning of waste-contaminated areas to prevent bacterial spread.
  - Use of medical-grade disinfectants to clean her living space.

#### Direct Evidence of Neglect

- March 18, 2023, conversation: Lindsey and Jonathan admitted to their failure to properly manage June's hygiene, stating:
  - "There was diarrhea everywhere."
  - "You have no idea what it was like to deal with bathing her."
  - "nightmarish"

Failure to maintain proper hygiene allowed *C. difficile* spores to spread throughout June's living environment, significantly increasing her risk of reinfection.

#### C. Failure to Maintain a Clean Environment for an Immunocompromised Patient

- *C. difficile* spores persist on surfaces for months if not properly cleaned with hospital-grade disinfectants.
- Without strict decontamination procedures, June's home became a hazardous environment where *C. difficile* spores could reinfect her.

#### Home sanitation failures that increased her risk of reinfection:

- No evidence of professional sanitation services for infection control.
- No proof of caregivers being trained in handling *C. difficile* patients.
- No infection control plan despite her repeated bouts of illness.

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#### Direct Consequence: Septic Shock and Death

- Once June was reinfected with *C. difficile* due to unsanitary conditions, the bacteria damaged her intestines, leading to:
- Bacterial translocation, where gut bacteria enter the bloodstream.
- Massive inflammatory response, triggering septic shock.
- Multiple organ failure, leading to death.

## 4. Home Modifications That Should Have Been Implemented

June's physical deterioration required critical home safety modifications that Lindsey and Jonathan should have ensured were in place:

- Ramps and Handrails: To accommodate mobility issues caused by RA and osteoporosis.
- Hospital Bed & Bed Rails: To prevent falls and provide adjustable comfort.
- Walk-in Shower & Anti-Slip Flooring: To prevent dangerous falls during bathing.
- Bathroom Modifications: Raised toilet seats, grab bars, and a properly sanitized environment.

If no records exist proving these modifications were made, this supports a claim of medical neglect.

## 5. Nutrition and Medication Management

June required a specialized diet to prevent malnutrition and exacerbation of her conditions. Lindsey and Jonathan should have ensured:

- A well-balanced diet suitable for autoimmune patients and dementia patients.
- Assistance with meal preparation or arranged meal services.
- Medication management with accurate tracking of dosages and refills.

Lack of records for meal services or medication tracking indicates failure to meet essential caregiving responsibilities.

## 6. Emotional and Social Well-Being

Beyond physical care, June's emotional and social health were vital—yet she was isolated from family, deprived of companionship, and emotionally neglected.

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- Social Interaction: Lindsey and Jonathan should have ensured regular interaction with family, friends, and caregivers.
- Cognitive Stimulation: Books, music, or memory care activities to support mental well-being.
- Therapeutic Support: A mental health specialist or dementia-trained counselor should have been available for emotional support.

If no records of visits, calls, or arranged social activities exist, this further supports the claim of emotional neglect.

## 7. Financial Neglect: Misuse of Funds That Should Have Been Used for June's Care

Rather than spending estate funds on proper medical and home care, Lindsey and Jonathan used June's money for personal home renovations, including:

- The installation of an oversized, single-pane glass window in their living room – a costly and logistically challenging project believed to have been completed in 2021–2022, while June's health was rapidly declining (see Exhibit H and the images below).
- Other home remodeling projects, rather than using funds for professional caregivers or infection control.

### Key Financial Red Flags

- If financial records show home renovation costs but no payments for medical or home health services, this constitutes financial exploitation.
- Lindsey and Jonathan prioritized their personal comfort over ensuring June's home was sanitary and safe, leading to her fatal reinfection.

## 8. Seeking Court Assistance to Obtain Records

To determine the extent of medical neglect and financial exploitation, the following records should be obtained:

1. Medical records from all treating physicians, including infectious disease specialists.
2. Financial records showing whether estate funds were spent on caregiving vs. home renovations.

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3. Receipts for professional cleaning and disinfection services (if they exist).
4. Caregiver payroll and home health invoices (if any exist).

If these records cannot be produced, it is further proof that June's health and safety were ignored.

## 9. Conclusion

- Lindsey and Jonathan's failure to maintain sanitary conditions led to June's reinfection with *C. difficile*, which directly caused her death.
- Funds that should have gone toward professional cleaning and caregiving were instead spent on personal home renovations.
- Their own statements confirm that they were unqualified to care for her and lacked the necessary infection control measures.

The court must intervene to investigate this neglect and hold them accountable for failing to provide the care June needed and deserved.

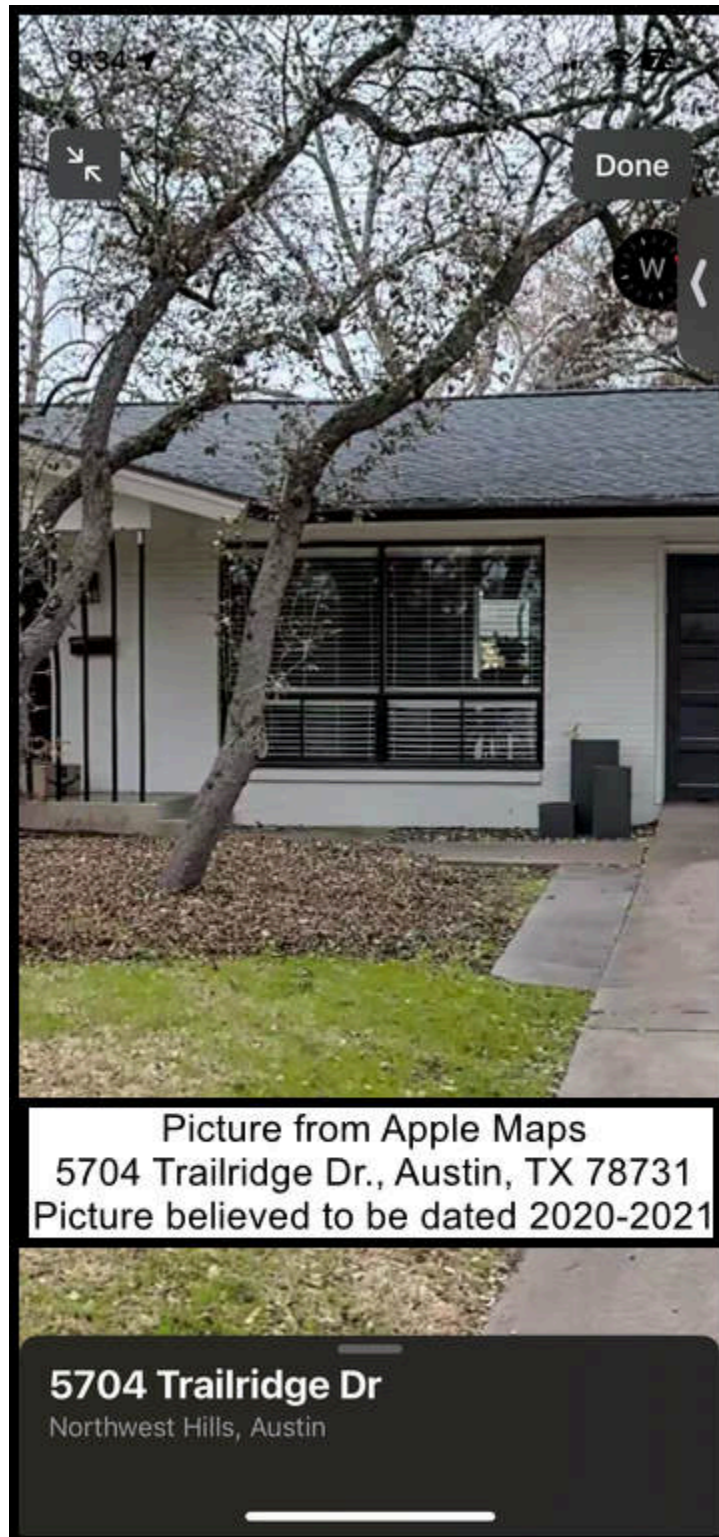
## 10. Legal and Medical Significance of This Exhibit

- Clearly links home sanitation failures to June's fatal *C. difficile* reinfection.
- Documents misuse of estate funds for personal gain instead of medical care.
- Supports a request for financial and medical records to prove neglect.

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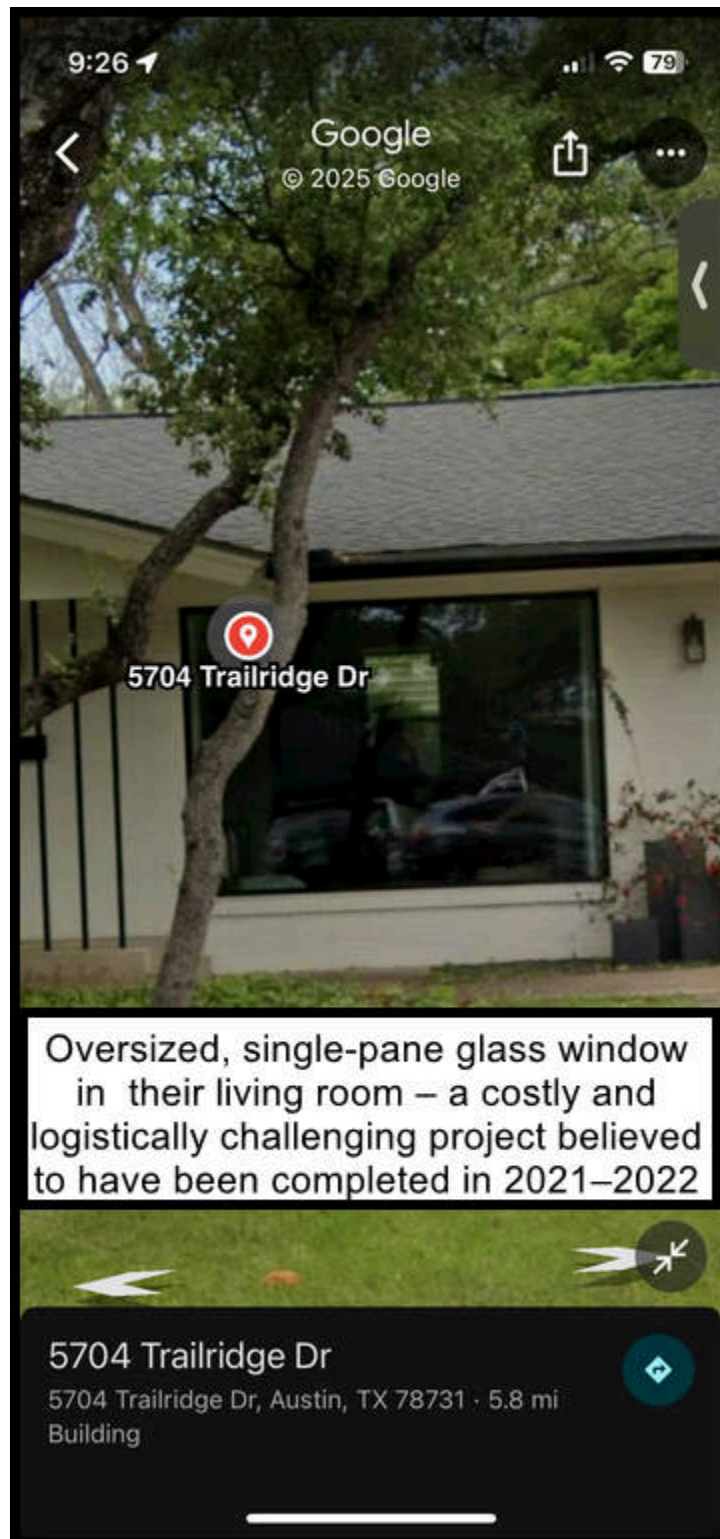
Picture from Apple Maps  
5704 Trailridge Dr., Austin, TX 78731  
Picture believed to be dated 2020-2021



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### **CERTIFICATE OF ACCURACY**

I certify that the attached document, marked Exhibit L, is a true and correct copy of the original record, correspondence, or evidence in my possession. This exhibit is submitted to the Travis County Clerk for filing on February 12, 2025, in support of my claims in this matter; and that service upon all required parties shall be completed pursuant to the Texas Rules of Civil Procedure upon court acceptance and processing. I will comply with all instructions from the court regarding service and notification of interested parties.

A handwritten signature in black ink, appearing to read 'JADEN ALEXANDRA RILEY', with a stylized, cursive script.

**JADEN ALEXANDRA RILEY**

**Petitioner, Pro Se**