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## UWMC-ICU-Aligations/Patient Rep Response

**From:** louisaloin@usa.com  
**To:** "Sarah Licha" <licha@moseley-collins.com>  
**Date:** Jun 17, 2025 11:24:02 AM

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Sarch...

To help you understand this and the medical cover...  
Legal representation is important for case management.

I try to post documents, to facilitate communications:

<https://www.atdlines.com/jean-obituary-documents.htm>

Respectfully,

Louis Charles Hoffmann Alloin, KI7AGD  
321 High School Road NE  
STE D3 PMB 292  
Bainbridge Island, WA 98110  
Txt: 206-280-1267  
Desk: 206-780-6885 OUT OF SERVICE  
Email: louisaloin@usa.com

Video Meetings: Zoom or Video eMail Capacity  
VHF/UHF Radio: PSRG: KI7AGD/General Class/Freq 146.960  
IRLP Node #: 7774  
Echolink #: 447770 (44-PSR-0)  
Allstar #: 24

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**Sent:** Tuesday, June 17, 2025 at 10:54 AM  
**From:** "McKenzie P Sherman" <mckpsher@uw.edu>  
**To:** "louisaloin@usa.com" <louisaloin@usa.com>  
**Subject:** Re: UWMC-ICU-Aligations/Patient Rep Response

Good morning Louis,

I received your email correspondence below, in you have communicated that you believe the review is unsupported in claims and includes false statements. UWMC provides patients and families the ability to file a grievance appeal, in the case they do not agree with the initial outcome of the grievance review. If you would

like to file a grievance appeal, please notify myself and/or crmhelp@uw.edu of your appeal and the specific areas you are appealing and concisely why.

Thank you Louis and I hope you are doing well,

**McKenzie Sherman, MFT**

### Risk Manager

Clinical Risk Management | **UW Medicine**

1959 NE Pacific St. | Box 357255 | Seattle, WA 98195

OFFICE: (206) 598-1346

EMAIL: mckpsher@uw.edu WEB: uwmedicine.org

For scheduling: crm-ops@uw.edu



**Pronouns** | She, Her, Hers

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**From:** louisaloin@usa.com <louisaloin@usa.com>

**Sent:** Monday, June 16, 2025 4:54 PM

**To:** UWM Clinical Risk Management <crmhelp@uw.edu>; Brian F. McGing <bmcging@uw.edu>; Cooper, Dayna (HUM) <Dayna.Cooper@hum.wa.gov>; jcfriday@hotmail.com <jcfriday@hotmail.com>; Jim Daniel <jamesldaniel55@gmail.com>; Joe Clark <jclark@bainbridgewa.gov>; jmoravec@bifd.org <jmoravec@bifd.org>; josh@crosssound.org <josh@crosssound.org>; tabatha.payton@dshs.wa.gov <tabatha.payton@dshs.wa.gov>; Will.S.Fitzsimmons@HUD.GOV <Will.S.Fitzsimmons@HUD.GOV>; DOH Public Disclosure <PublicDisclosure@doh.wa.gov>; medicorum@usa.com <medicorum@usa.com>; PATIENT RELATIONS PROGRAM <uwmcare@uw.edu>; McKenzie P Sherman <mckpsher@uw.edu>; DOH HSQA Complaint Intake <HSQAComplaintIntake@DOH.WA.GOV>; s u <sulloa33@yahoo.com>

**Subject:** UWMC-ICU-Aligations/Patient Rep Response

UWMC VIA EMAIL: June 9, 2025

JUNE 16, 2025 PATIENT REPRESENTATIVE RESPONSE  
NO REFERENCE TO SUPORT UWMC-ICU CLAIM WERE INCLUDED  
THIS UWMC-ICU REVIEW IS MOOT AND UNSUPPORTED  
Killing Of Jean Obituary  
[www.atdlines.com/jean-obituary](http://www.atdlines.com/jean-obituary)

ATN: ALL PARTIES HAVING INTEREST IN THIS CASE/DOH CASE 2025-5960:  
DOH, USDOJ, BIPD, WSHRC, REVIEW, KING/KITSAP MEDICAL EXAMINERS,

## NOT LIMITED TOO

Louis Charles Hoffmann Alloin  
C/O: Patient Jean Leoine Calliet Alloin Hoffman, Deceased  
321 High School Road NE  
Ste D3292  
Bainbridge Island, WA 98110

Dear Louis,

I am writing in follow-up to the concerns you shared with our Patient Relations Department, related to your mother Jeanne Hoffman's care. The concerns you expressed were forwarded to Clinical Risk Management and we have been asked to coordinate a review on your behalf. We are very sorry to hear of your concerns regarding your mother's care at the University of Washington Medical Center (UWMC)-Montlake Main Hospital.

The following is a summary of the concerns you have shared as I understand them:

- You believe the medical team had limited training in methods of effective communications, as your mother was hearing impaired, and no hearing devices were provided. You believe this was due to their determination that your loved one was worthless. (Louis had to give instruction to medical staff on how to communicate, each time a staff entered room/etc..)
- You believe medical issues occurred due to 2ve attempts to insert a nasogastric tube failed, which struck her lungs and coiled in the mouth's oral cavity, causing serious injuries.
- You believe her parotid gland/duct was injured, causing an infection in which the 3 out of 5 antibiotics prescribed and administered had no effect on treating the infection after it was discovered. You believe this allowed the gland infection to manifest, until her death
- You believe further treatment for her parotid gland infection was denied and she was placed on terminal death status, in which all treatment was stopped, and she was left to succumb to the infection.
- You stated samples were taken of your mother's discharge fluids from her oral cavity for pathology lab and culture testing to determine the bacterium and antibiotic treatment, but they were denied and discarded in the trash.
- You believe your mother's care was discriminatory and abusive, (PROFILING) and perform forced death/'DNR orders', due to your mother's age.

On April 14th, 2025, a grievance review was initiated on your behalf by the Clinical Risk Management Department regarding your mother's care. Your concerns were reviewed by UWMC's Medical Director of Palliative Care and Risk's internal review was concluded on June 9th, 2025. Our findings are below:

#### Effective communication

Your concerns regarding communication were reviewed. According to the review, your mother's hearing and communication assessments were completed by multiple clinicians throughout her care,(FALSE STATEMENT) in which it was determined she was able to best communicate with loud vocalization in her left ear, communicating by use of a white board in large print with the addition of her glasses, or by deferring to you for assistance. According to the review, communication methods were appropriate and internal protocols were followed.

#### Nasogastric tube attempts

Your concerns regarding (5) multiple attempts to place a nasogastric tube were thoroughly reviewed. Our review indicated that although (5 Different Days, in Each Nasal, total 9 and one to oral cavity) multiple attempts were made to place the nasogastric tube, no infections or injuries were caused by the attempts to place the tube.(FALSE STATEMENT)

The radiology

1/5 #5

#### Parotid gland treatment

Your concerns regarding a parotid gland infection and the subsequent treatment were thoroughly reviewed. Your mother's severe weakness (FALSE STATEMENT) and inability to swallow may have led to dry mouth, which could have caused a possible infection.(FALSE STATEMENT) Based on a review of your mother's medical record, to treat the possible infection

a 5-day course of crushable antibiotics (FALSE STATEMENT) (HAD NO EFFECT) (SAMPLE OF ORAQL CAVITY WERE TRASHED BY STAFF/REFUSED TO TAKE SAMPLE FOR LAB ANYLSIS was successfully given to treat the possible infection. (WHOLE GEL-TABS ADMINISTERED) There is no documented evidence to support that the possible infection led to your mother's deconditioning or a change in the trajectory of her treatment. (NR COILED IN ORAL CAVITY 3rd Day Attempt /WITNESSED)

#### Fall and injury

Your concerns regarding your loved one's fall, injury, and subsequent treatment were thoroughly reviewed. (FALSE STATEMET) Your mother sustained a ground level-fall from her bed, (STAFF NEGLIGENCE/MATS PLACED AFTER FALL) in which it was noted that the fall mat was not in place next to her bed and the bed alarm was found turned off (FALSE STATEMENT) "BED ALARMS WERE ALWAYS ON AND FUNCTIONAL, Bed was reported defective/nothing done to correct" You were documented as having turned off the bed alarm on multiple occasions, (FALSE STATEMENT) despite education on the importance of the alarm signaling staff members' timely response to patient movement. (FALSE STATEMENT)

Based on documentation in your mother's medical record, you were notified of the fall. (FALSE STATEMENT)

Medical record documentation also indicates you turned off the bed alarm as a Nursing staff member was completing the post-fall documentation.(FALSE STATEMET)

At that time, you were re-educated on fall precautions. (FALSE STATEMENT) The initial post-fall assessment did not reveal any concerns for injury, but in the following hours you alerted staff of potential (FALSE STATEMENT) injury to your mother's right leg. Subsequent imaging demonstrated a closed right peri-implant femur fracture. Orthopedic surgery was consulted, in which non-operative treatment was recommended. (FALSE STATEMENT)

At a review of the fall, actions items were developed which include:

1. The consideration of permanent fall mat options.
2. Staff education on documentation requirements and inclusion of providers when patient's visitors/family interfere with fall risk interventions.
3. Providing nursing education on falls.

#### DNR Orders

Your concerns regarding your mother's Do Not Resuscitate (DNR)/Do Not Intubate (DNI) orders at UWMC were thoroughly reviewed.

JEAN REPEATEDLY AND CONTINUOSLY FILLED OUR RESUSCIATE ORDERS.

DEMANDED REMOVAL OF DO NOT RESUSITATE.

JEAN ORDER ALL NDR PLACE CARDS AND OTHER DNR NOTICES TO BE REMOVED.

PENDING POSTING JPG/PDF PROOF of Singned Resusciate orders

On 2/18/2025 you took part in a discussion regarding CPR and the use of ventilator support, in which your mother's status was changed to DNR/intubation (STAFF CHANGE AGAINST PATIENT 'S WELL AND CAREGIVE ADVISING JEAN'S REFUSED DNR ORDERS) OK. On 2/24/2025, you took part in a discussion regarding CPR and intubation, in which you assented to DNR/DNI.(FALSE STATEMENT) (UNLAWFUL PROFILING PATIENT)

#### Conclusion of Review

While we understand the findings of this review may not reflect your perspective of the care your mother received, I want to thank you for sharing your concerns and allowing us an opportunity to critically examine the care she was provided. Additionally, we extend our condolences to you and your extended family for the loss of your loved one.

For your information, I have included the UWMC grievance appeal process on the following page, should you disagree with this review.

Please note we are recommending that any requests for compensation be directed and addressed by UW Claim Services, upon the completion and submission of a claim form accessible at: <https://risk.uw.edu/sites/default/?les/UWClaimForm21.pdf>. Please follow the directions as indicated on the form itself.

Please note the hold placed on your mother's associated billing account will now be removed. If you have any billing questions or concerns regarding your mother's account, please contact our Patient Accounts and Support Services office, Monday-Friday between the hours of 8:00AM and 5:00PM at 206.520.0400.

Please visit the UW Medicine Billing and Insurance website at <https://www.uwmedicine.org/patient-resources/billing-and-insurance> for information on eligibility for financial assistance. We continually seek to improve the care that we provide at UWMC and are committed to learning from patient experiences. If you have questions or additional thoughts, please do not hesitate to contact us at 206.598.1346 or [MckpSher@uw.edu](mailto:MckpSher@uw.edu).

Sincerely,

McKenzie Sherman, MFT  
Clinical Risk Manager

#### GRIEVANCE APPEAL PROCESS

We take patient complaints very seriously and try to ensure that we have fully reviewed and discussed relevant issues with our staff. If you disagree with this response, you may request an appeal of your concerns to the UWMC Grievance Committee. If you would like to pursue this option, please address your request for a grievance appeal in writing within 90 days from the date of this letter, stating your areas of disagreement with this response and the resolution you are seeking. Your written appeal request should be addressed to:

[crmhelp@uw.edu](mailto:crmhelp@uw.edu)  
Subject: Grievance Appeal  
or  
Clinical Risk Management  
University of Washington  
325 9th Avenue  
Box 359706  
Seattle, WA 98104-2499

Respectfully,

Louis Charles Hoffmann Alloin, KI7AGD  
321 High School Road NE  
STE D3 PMB 292  
Bainbridge Island, WA 98110  
Txt: 206-280-1267  
Desk: 206-780-6885 OUT OF SERVICE  
Email: [louisalloin@usa.com](mailto:louisalloin@usa.com)

Video Meetings: Zoom or Video eMail Capacity  
VHF/UHF Radio: PSRG: KI7AGD/General Class/Freq 146.960  
IRLP Node #: 7774  
Echolink #: 447770 (44-PSR-0)  
Allstar #: 24

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#### Attachments

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