

STATE OF FLORIDA
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
ADULT PROTECTIVE SERVICES

NOTICE OF CONCLUSION OF INVESTIGATION

3-23-06

RE: Report 2006-321657

Helen Woichowski
3250 12th Street
Sarasota, FL 34237

Dear Ms. Woichowski:

The Department of Children and Family Services (DCF) wants to take this opportunity to thank you for cooperating in the performance of its statutory obligation to investigate reports of abuse, neglect, or exploitation. It appears that the provision of treatment and/or services would be helpful for you.

If treatment and/or services may be helpful, the Department recommends:

- Medical examination, diagnosis or treatment of the vulnerable adult
- Referral of the vulnerable adult to Department of Children and Family Services for Community Care for Disabled Adult services
- Referral of the vulnerable adult to the Department of Elder Affairs for Community Care for the Elderly services
- Protective supervision to be provided by Department of Children and Family Services
- Implementation of case management to ensure continuing services over time
- Other services: *FINANCIAL GUARDIANSHIP*

If treatment and/or services are recommended, the Department understands that:

- the person entitled to receive the treatment/services has agreed to accept services

_____ the person entitled to receive the treatment/services has not agreed to accept services

_____ a court of competent jurisdiction has ordered that treatment/services be delivered to the person entitled to receive them.

Again, thank you for having assisted in this important legally required endeavor to protect Florida's vulnerable adults. The investigation is now complete and the investigative file is closed.




Adult Protective Investigator

Certificate of Service

I hereby certify that on this ^{23rd} day of ^{March} 2006, I have sent copies of this notification letter to the person initially identified in this investigation as the vulnerable adult. I have also sent copies to that person's guardian, guardian advocate, and caregivers, if any, as identified as a result of the investigation. In addition, I certify that I have sent a copy of this letter to the case counselor at the Department of Children and Family Services if ongoing case management is recommended.

Grace Bordner
Adult Protective Investigator
805 North Mills Avenue
Arcadia, FL 34266


Signature of Investigator

Please use correspondence and refer to the Report number if Communication is necessary in this matter. Thank you.

CC: Lutheran Services c/o Ann Ridings, Financial Guardian

MAR 06 2006 11:49 FR

WHILE YOU WERE OUT

FOR AR DATE 3/3 TIME 1:53 AM
 M. Denise @ Kensington Manor
 PHONED

HCR-Manor

Erica
 371-4373
 +337
 Ext. 337

FOR AR DATE _____ TIME _____ A.M. P.M.
 M. Denise
 OF KM PHONED
 PHONE 365-4185 PHONED

FOR AR DATE _____ TIME _____ A.M. P.M.
 M. Erica
 OF _____ PHONED
 PHONE 371-400-4373 PHONED
 MESSAGE You just called
 SIGNED _____

To: Ann Redingo
 Company: Southern Minors
 Fax: 358-6370
 Re: 358-6370

104
 342
 4143

Message:

*Needs to
 be done
 ASAP!*

this week?

Address of home:
4164 Palau Dr
Orlando FL 32811

Did you know...

- ❖ Kensington REHAB. has on-site therapists to take care of all your rehab needs
- ❖ Kensington REHAB welcomes short term respite stays
- ❖ 92.6% of Kensington REHAB residents are able to manage their care at discharge
- ❖ ❖ 93.3% of Kensington REHAB residents achieve community discharge goals
- ❖ ❖ 90% Kensington REHAB residents achieve ambulation goals

Confidentiality Notice: The information contained in this facsimile message may be privileged and confidential and is intended only for the use of the individual(s) or entity named above who have been specifically authorized to receive it. If the reader is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return all page to the address shown above.

Lutheran Services Florida
Guardianship Services
Telephone: (941) 358-6330
Telecopier: (941) 358-6370

Mailing Address:
Post Office Box 848
Sarasota, Florida 34230-0848

GUARDIANSHIP INTAKE AND REFERRAL FORM

Thank you for requesting the services of this agency. We understand that not all of the information asked for on this form may be available at the time of the referral. Nevertheless, please fill it out as completely as possible.

Referral Source:

Date: 3/2/06

Contact Person: DENISE Konstenius

Category (check the appropriate one):

Name of Agency: Kensington MANOR

Nursing Home/ACLF Hospital

Address: 3250 12th Street

State Agency Court Other

SARASOTA, Fla 34239

Phone: 365-4185 Fax: 366-4243

General:

Client's Name: Woichowski, Helen

Gender: F Age: 87 Race: C

Also Known As: _____

Birthdate: 7/10/18 Birth Place (if known) _____

Current Location: Kensington MANOR

Religion: Catholic U.S. Citizen? Y

3250 12th Street, SARASOTA

Marita Status: D Primary Language: English

Phone: 365-4185

Current/Previous Occupation: _____

If facility, (admission date): 1/13/06

Legal:

Power of Attorney? Yes No

Is it a Durable POA? Yes No

Name of POA: DANA Woichowska

Contact Number for POA: _____

Clients Attorney: Stanly Goldsmith

Phone Number: 941-371-2787

Does client have a will? Yes No Unknown: _____

Advanced Directives? Yes No Unknown: _____

Is there a Health Care Surrogate? Yes No Unknown: _____ Who: DANA Woichowski

Contact number for this individual: _____ Are there burial Plans? Yes No

With whom and contact number: _____

Dr. Rivera did not see her last week - yet will she should see her

Dr. Gabriel primary physician states forgetful although appears to understand complex information

Family Significant Others Continued

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Community Resources involved with the Client:

Agency: DCF

Contact person GRACE BOEDNER

Address: _____

Telephone: 863-993-4500

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Agency: _____

Contact Person _____

Address: _____

Telephone: _____

Why does this client need a guardian or representative payee? (Please be specific, thorough, and convincing)

87 y/o female admitted to Kensington Manor SNF from home & Hx of CVA dementia. Although forgetful, makes sense in her discussions and agrees she is NOT able to manage her own affairs independent of. Understands implications of involuntary guardianship per Dr. Gabriel - ONLY family is grand daughter, Dana Marchowski and grandson, age 17 with whom Mrs. Marchowski was living prior to admission to ECF. Grand daughter came to see resident one time to inform her home was in foreclosure and she was selling house - Bank

Additional Comments: Accounts may be in both names Mrs. W. called Bank last week and was told accounts overdrawn - no other friends or family to intervene Mrs. W. is aged ALF candidate, however, we need to get financial order - Additionally we need to meet with Health Care Decision maker for Guardianship who will petition the Court for the Guardianship

Name: DEANE KOWSTENIUS LEGAL

Address: 3250 Kensington Manor

SARASOTA, 34237

Does client have an Attorney Yes No

Who? _____

Phone number of Atty _____

wants no part of it either AT this time

has not done yet

no idea who reach us will contact no funding

Granddaughter was taking Ben checks every week

Bank account withdrawn

Family Significant Others Continued

Name: _____
Address: _____
Telephone: _____
Relationship: _____

Name: _____
Address: _____
Telephone: _____
Relationship: _____

no idea who
walk is
and contact
no finding

Community Resources involved with the Client:

Agency: DCF
Contact person: GRACE BORDNER
Address: _____
Telephone: 863-993-4500

Agency: _____
Contact Person: _____
Address: _____
Telephone: _____

Why does this client need a guardian or representative payee? (Please be specific, thorough, and convincing)

87 y/o female admitted to Kensington Manor SNF from Home & Hx of CVA
Dementia. Although forgetful, ^{11/3/06} walks sense in her discussion and
Agrees she is NOT able to manage her own affairs independent ly/
Understands implications of voluntary guardianship per M.D.
Dr. Gabriel - ONLY family to granddaughter, Dana Marchowski
and grandson, age 17 with whom Mrs. Marchowski was living & prior to
Admission to ECF. Grand daughter came to see resident one time to inform
her home was in foreclosure and she was selling house - Bank

Additional Comments:

Accounts may be in both names. Mrs. M. called Bank last week and was
told accounts overdrawn. No other friends or family to take care
Mrs. M. is a good ALF candidate, however, we need to get finances in
order - Additionally we need to meet with Health Care Decisions when
If for Guardianship who will petition the Court for the Guardianship?
Absolutely unable to do for self - Granddaughter does NOT want Granddaughter managing

Name: Dease Koustenius Legal
Address: 3250 Kensington Manor
SARASOTA, 34237

Does client have an Attorney Yes No
Who? _____
Phone number of Atty _____

wants no
part of it
either at
this time

Granddaughter
was getting Ben
money from her
checks

Bank
Account
withdraw

Medical:

Primary Physician: Dr. Brian Gabriel

Psychiatrist: _____

Address: 5741 Bee Ridge Rd
Suite 280 / Sarasota 34233

Address: _____

Telephone: 379-5121

Telephone: _____

Diagnosis: _____

Prognosis: _____ Long Term Plan: _____

Allergies: _____ Medical History: _____

Mental Status/ Level of Functioning: _____

Financial:

Social Security No.: 047-07-1655

Monthly Income: SS \$ 1457.80 - Pension Social Security OSS _____

Medicare No.: 047071655A

VA _____ Pension: _____

Medicaid No.: _____ Veterans ID: _____ Other Insurance: _____

Assets/Property: (Including Property, Bank Accounts/Trusts/automobiles, Life Insurance etc.)

House - 4164 Palau Dr. SARASOTA, Fla 34241 - GRAND DAUGHTER

BANK of America - checking acct. (3-1-06 - OVERDRAFT) Reported House in foreclosure + up for sale

Community: _____

Permanent Address: _____

Anyone living with client? Yes ___ No ___

Whom and relationship _____

Telephone: _____

Family/Significant Others:

Name: DANA Woi. chowski

ESTRANGED at this TIME

Name: _____

Address: 4164 Palau Dr.
SARASOTA

Address: _____

Telephone: 371-2787

Telephone: _____

Relationship: grand daughter

Relationship: _____

IN THE CIRCUIT/COUNTY COURT OF THE 12th JUDICIAL CIRCUIT
IN AND FOR Sarasota COUNTY, FLORIDA

CASE NO. 2006-6A-

Plaintiff/Petitioner or in the Interest Of IN RE:
vs. HELEN WOICHOWSKI
Defendant/Respondent

APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS

Notice to Applicant: If you qualify for civil indigence you must enroll in the Clerk's Office payment plan and pay a one-time administrative fee of \$25.00.

- 1. I have 0 dependents. (Do not include children not living at home and do not include a working spouse or yourself.)
- 2. I have a take home income of \$ 0 paid weekly bi-weekly semi-monthly monthly yearly
(Take home income equals salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, minus deductions required by law and other court ordered support payments)
- 3. I have other income paid weekly bi-weekly semi-monthly monthly yearly: (Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No")

Social Security benefits..... Yes \$ _____ <input checked="" type="radio"/> No	Veterans' benefits..... Yes \$ _____ <input checked="" type="radio"/> No
Unemployment compensation..... Yes \$ _____ <input checked="" type="radio"/> No	Child support or other regular support from family members/spouse..... Yes \$ _____ <input checked="" type="radio"/> No
Union Funds..... Yes \$ _____ <input checked="" type="radio"/> No	Rental income..... Yes \$ _____ <input checked="" type="radio"/> No
Workers compensation..... Yes \$ _____ <input checked="" type="radio"/> No	Dividends or interest..... Yes \$ _____ <input checked="" type="radio"/> No
Retirement/pensions..... Yes \$ _____ <input checked="" type="radio"/> No	Other kinds of income not on the list..... Yes \$ _____ <input checked="" type="radio"/> No
Trusts or gifts..... Yes \$ _____ <input checked="" type="radio"/> No	

- 4. I have other assets: (Circle "yes" and fill in the value of the property, otherwise circle "No")

Cash..... Yes \$ _____ <input checked="" type="radio"/> No	Savings..... Yes \$ _____ <input checked="" type="radio"/> No
Bank account(s)..... Yes \$ _____ <input checked="" type="radio"/> No	Stocks/bonds..... Yes \$ _____ <input checked="" type="radio"/> No
Certificates of deposit or money market accounts..... Yes \$ _____ <input checked="" type="radio"/> No	*Equity in Real estate (excluding homestead) Yes \$ _____ <input checked="" type="radio"/> No
*Equity in Motor vehicles/Boats/ Other tangible property..... Yes \$ _____ <input checked="" type="radio"/> No	*Include expectancy of an interest in such property

- 5. I have a total amount of liabilities and debts in the amount of \$ _____
- 6. I have a private lawyer in this case..... Yes No

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under s. 57.082, F.S. commits a misdemeanor of the first degree, punishable as provided in s.775.082, F.S. or s. 775.083, F.S. I attest that the information I have provided on this application is true and accurate to the best of my knowledge.

Signed this 13th day of March, 2006.
7.10.18
Date of Birth
Drivers License or ID Number

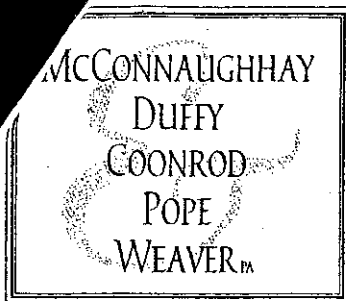
Helen Woichowski
Signature of Applicant for Indigent Status
Print Full Legal Name Helen Woichowski
3250 18th St - Sarasota, FL 34237
Address, P O Address, Street, City, State, Zip Code
Phone Number: _____

NOTICE: If the applicant is determined by the clerk to be Not Indigent, you may seek judicial review by filing a petition with the court.

CLERK'S DETERMINATION

Based on the information in this Application, I have determined the applicant to be () Indigent () Not Indigent, according to s. 57.082, F.S.
Dated this _____ day of _____, 20 _____.

Clerk of the Circuit court
This form was completed with the assistance of _____
Clerk/Deputy Clerk/Other authorized person.



ELDER LAW DEPARTMENT

Of Counsel
Edwin M. Boyer *
Mary Alice Jackson *
Christopher A. Likens *
* Board Certified in Elder Law

6010 Cattleridge Drive, Suite 102
Sarasota, Florida 34232
Telephone: (941) 371-4373
Facsimile: (941) 955-6244
www.mcconnaughay.com

March 8, 2006

Via Facsimile (941) 379-3957

Bank of America
Attn: Jessica Lynn

5804 Bee Ridge Road
Sarasota, FL 34233

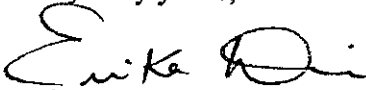
Re: Durable Power of Attorney of Helen Woichowski

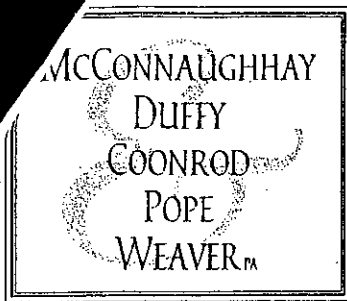
Dear Ms. Lynn:

I represent Helen Woichowski.

Please be advised that yesterday afternoon Helen Woichowski revoked her existing Durable Power of Attorney. Therefore the authority granted under the Durable Power of Attorney is revoked and Dana Woichowski or any other person named has no authority to access any accounts of Helen Woichowski.

I thank you for your attention to this matter and remain,

Very truly yours,

Erika Dine



ELDER LAW DEPARTMENT

Of Counsel
Edwin M. Boyer *
Mary Alice Jackson *
Christopher A. Likens *
* Board Certified in Elder Law

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March 8, 2006

Dana Woichowski
4164 Palau Drive
Sarasota, Florida 34241

Re: Durable Power of Attorney of Helen Woichowski

Dear Ms. Woichowski:

I represent Helen Woichowski.

Please be advised that yesterday afternoon Helen Woichowski revoked her existing Durable Power of Attorney, naming you Power of Attorney. Therefore the authority granted under the Durable Power of Attorney is revoked and is now null and void and of no further force and effect.

I thank you for your attention to this matter and remain,

Very truly yours,

Erika Dine

NOTICE OF REVOCATION OF DURABLE POWER OF ATTORNEY

TO: Dana Woichowski
4164 Palau Drive
Sarasota, Florida 34241

AND ALL OTHER INTERESTED PARTIES

You are hereby given notice that the undersigned, Helen Woichowski, hereby revokes that certain Durable Power of Attorney dated April 3, 2000 designating Dana Woichowski, of Sarasota, Florida as her attorney-in-fact. Said Power of Attorney shall henceforth be null and void and of no further force or effect.

Dated: March 7, 2006

Witnesses:

Erika Dine
Erika Dine

(Printed Name of Witness)

Teresa K. Bowman

(Printed Name of Witness)

Teresa K. Bowman

Helen Woichowski
HELEN WOICHOWSKI

STATE OF FLORIDA)
COUNTY OF SARASOTA)

The foregoing instrument was acknowledged this 7th day of ^{March 2006} ~~April, 2005~~, by HELEN WOICHOWSKI, who personally appeared before me and is ~~personally known to me~~ or produced Admiring Records as identification and acknowledged that ~~he~~/she signed the instrument voluntarily for the purpose expressed in it.

Diane L Roy
Notary Public

(Printed name of Notary)



Diane L. Roy
MY COMMISSION # DD194495 EXPIRES
March 18, 2007
BONDED BY THE ROY FAIR INSURANCE, INC.

My Commission Expires:
My Commission Number is:

MCCONNAUGHAY
DUFFY
COONROD
POPE
WEAVERTM

ELDER LAW DEPARTMENT

Of Counsel
Edwin M. Boyer *
Mary Alice Jackson *
Christopher A. Likens *
* Board Certified in Elder Law

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March 8, 2006

Dana Woichowski
4164 Palau Drive
Sarasota, Florida 34241

Re: Durable Power of Attorney of Helen Woichowski

Dear Ms. Woichowski:

I represent Helen Woichowski.

Please be advised that yesterday afternoon Helen Woichowski revoked her existing Durable Power of Attorney, naming you Power of Attorney. Therefore the authority granted under the Durable Power of Attorney is revoked and is now null and void and of no further force and effect.

I thank you for your attention to this matter and remain,

Very truly yours,



Erika Dine

IN THE CIRCUIT COURT FOR SARASOTA COUNTY,
FLORIDA
IN RE: GUARDIANSHIP OF
HELEN WOICHOWSKI

PROBATE DIVISION

File No. 2006-GA-
Division PROBATE

LETTERS OF PLENARY GUARDIANSHIP
OF THE PROPERTY

TO ALL WHOM IT MAY CONCERN:

WHEREAS, Lutheran Services Florida has been appointed plenary guardian of the property of HELEN WOICHOWSKI (the Ward), and has taken the prescribed oath and performed all other acts prerequisite to issuance of plenary letters of guardianship of the property of the Ward,

NOW THEREFORE, I, the undersigned circuit judge, declare Lutheran Services Florida duly qualified under the laws of the State of Florida to act as plenary guardian of the property of HELEN WOICHOWSKI, with full power to exercise all delegable legal rights and powers of the Ward pertaining to the Ward's property, to administer the estate of said Ward according to law, and to take possession of and to hold for the benefit of the Ward, all the property of the Ward, and the rents, income, issues, and profits from it.

ORDERED on 3-15-06.

ROD MEDWAL

Circuit Judge

ATTACHED COPY
TO BE CONFORMED

IN THE CIRCUIT COURT FOR SARASOTA COUNTY,
FLORIDA PROBATE DIVISION

IN RE: GUARDIANSHIP OF

HELEN WOICHOWSKI

File No. 2006-GA-2251NC
Division PROBATE

**ORDER APPOINTING GUARDIAN UPON
PETITION FOR VOLUNTARY GUARDIANSHIP**

On the petition of HELEN WOICHOWSKI for the appointment of a guardian of the property, it appearing to the court that the petitioner is incapable of the care, custody and management of the estate by reason of age or physical infirmity and that it is necessary for a guardian to be appointed; and the court having jurisdiction and being fully advised, it is

ADJUDGED as follows:

1. Lutheran Services Florida is qualified to serve and is hereby appointed as voluntary guardian of HELEN WOICHOWSKI.

2. The guardian is directed to take possession of the following property of HELEN WOICHOWSKI and of the rents, income, issues and profits from it:

- A. Social Security Benefits
- B. Pension
- C. Real Property address 4164 Palau Drive, Sarasota, Florida 34241
- D. Bank Account at Bank of America

3. The duties and responsibilities of the guardian will extend only to the above-described property.

4. Upon taking the prescribed oath, filing designation of resident agent and acceptance and entering into bond in the amount of \$ 2 payable to the Governor of the State of Florida and to all successors in office, conditioned on the faithful performance of all duties by the guardian, letters of guardianship shall be issued.

ORDERED on 3-15-06.

ROD McDONALD

Circuit Judge