

Errors, Omissions & Malicious Obfuscation Analysis (EO & MO)

re: ECMCC's 20250325 BH-Treatment Plan
signed by Brenna Fox and Michael Gruppenberger

PART III

I, Deirdre Moore, refute ECMCC's 20250325 BH-Treatment Plan ("Plan") with the following evidence-laden errors ("E"), omissions ("O") and malicious obfuscation ("MO") analysis. Statements that are true or false have also been identified with a "T" or "F", respectively. The Plan's statements have been numbered and stored in my 20250331 Court Submission #1 at pages 1.003-1.009.

n/a? Not Applicable ~~is~~ n/c? Not interested

Deirdre Moore by 20250420

I BH-Treatment Plan (continued)

▷ BH Problem #2: Acute Manic Symptoms

28 = F There is nothing "hyperverbal", "elevated" or "grandiose" about Moore's speech. As already noted at page 18.001, #10 of her Court Submission #2 ("CS2"), Brenna Fox ("Fox") may simply be envious of her linguistic skills and/or role as an independent journalist and/or trail-blazer.

D.1 Long-term Goals: April 7, 2025

29 = MO Moore does not "intrude" upon anything other than a group of nurses yakking in a hallway when she asks them to perform some assigned/duty/mental task that she is prevented from doing herself.

30 = MO Again, this libellous statement suggests Moore has some chronic illness — of which ECMCC has presented zero evidence — that requires symptom management. It also boldly implies that Moore uses illegal substances!

31 = MO Moore's "mood" has been stable since she arrived 20250320; namely, disgust in the degree of incompetence, negligence and criminality at ECMCC.

32 = F Again, Moore's alleged bi-polar disorder is merely ECMCC's fiction so they can commit, among other things, insurance-company fraud. ²⁶

²⁶ Although, as Moore intentionally allowed her healthcare insurance to lapse, ^{10/12}

I BH-Treatment Plan (continued)

D.2 Short-term Goals: March 31, 2025

33=n/a Moore would be happy to share her 8-step program, ADAPT® (as noted at CS1 page 5.002 #3), with Zone 5-2 staff, notwithstanding that any suggestion Moore has "explosive episodes" is simply more of Brenna Fox's fiction and libel.

34-37 = F Moore has not exhibited any symptoms of mania or anxiety: ECMCC has simply created a fictional version of Moore to "pad the file" while committing "Medicaid Fraud" (or equivalent) — except, Moore permitted her health insurance to lapse in 2022. Ergo, ECMCC's bills will remain unpaid.

38-43 = n/a Since illegally obtaining their Treatment Over Objection order on 20250402, none of 38-43 has occurred. These six statements must be part of ECMCC's BH-Treatment Plan template that is used for each new arrival.

44=n/a Having zero health issues and taking zero medications, Moore must have presented as an ideal 60 year-old, female research/trial subject (see NY's SPARCS program at CS3 page 30.012).

II Social Work/Discharge Planning

45-54 = EO 4 MO

This entire section has ignored Moore's testimony and evidence entirely. Moore was simply in Buffalo on a working holiday as she:

- launched her company's Investigative Journalism contest (see CS3 36.001),
- awaited a large deposit from the Canada Revenue Agency (see partial evidence at CS1 pages 1.016-1.019),
- continued to publish materials relating to her scandalous 12-years-and-counting divorce (see damages permitted at www.CanLii.org "Kiska v. Moore, 2017 ONSC 6872") and
- access the spousal support and occupational rent that's been denied by her fraudster husband since 2016.

The section does acknowledge her permanent address (1244 Lampman Crescent, Ottawa, Ontario K2C 1P8) at paragraph 45 while stating she is "homeless" at paragraph 10. ECMCC's Zone 5-2 is wilfully blind to severe domestic violence?

II Social Work/Discharge Planning (continued)

55-56
= F

Moore is not covered by any health insurance plan. ECMCC's Zone 5-2 is emotionally, psychologically, physically and financially abusing Moore ... for free (ie. for sport).

57
= ?

No one can explain what a score of "4" means, if anything.

58
= ?

Moore does not live here and does not intend to live here: she .. was .. a .. tourist!

A.1 Problem #1: Psychosis

59-60
= F

Moore ^{merely} ~~more~~ voiced her interest in obtaining a U.S. version of her Canadian prescription ~~for~~ ^{for} ~~Ativan~~ and why. As of 20250420, no one can describe a single delusional thought that Moore is alleged to have had.

61=MO

Moore already can identify the pre-cursors to a psychotic break and knows how to manage it (as already described in CSI page 5.002 #3 re ADAPT®). Again, this statement must be Zone-5-2; standard, template rhetoric with zero foundation (ie. "padding the file" to commit insurance-company/medicaid fraud).

62-63
= ?

At time of writing, 20250420 07:23, none of these things — other than invitation to "group" — has occurred.

A.2 Problem #2: Substance Use

64-71.
= F

A lack of access to her own funds was literally rendered substance abuse impossible. Again, there is zero evidence that Moore has any addiction issues: the statement is pure fiction.

III Recreational Therapy

72=?

Interestingly, the technique that Moore ~~uses~~ first to dissipate anxiety is ... absent — as are all of the signatures that are supposed to be on the following page.

What. A. Racket.

12/12