

0497588

2014

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report			1 Arrest 2 NTA.		3. Request for Warrant 4. Request for Capias		1	Juvenile	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 18064128						
Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized None		Multiple Clearance Indicator 2	
Location of Arrest (including Name of Business) 1174 WYNNEWOOD DR, WEST PALM BEACH, FL 33417					Location of Offense (Business Name, Address) 1174 WYNNEWOOD DR, WEST PALM BEACH, FL 33417						
Date of arrest 04/20/18		Time of Arrest 08:45		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) PARSARAM BHOODRAM			Alias (Name, DOB, Soc. Sec. #, Etc.) "KEN"								
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W M	Date of Birth 02/16/1966		Height 5'10	Weight 170	Eye Color BRO	Hair Color BRO	Complexion MED	Build MED	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE VISIBLE					Marital Status MARRIED		Religion UNK		Indication of Alcohol Influence Drug Influence		
Local Address (Street, Apt. Number) 3448 OAKMONT ESTATES BLVD			(City) Wellington FL (zip) 33414		Phone 561-506-9736		Residence Type 1. City 2. County 3. Florida 4. Out of State				
Permanent Address (Street, Apt. Number)			(City) (State) (zip)		Phone		Address Source VERBAL				
Business Address (Name, Street) 1174 WYNNEWOOD DR			(City) WEST PALM BEACH FL (zip) 33417		Phone 561-687-3280		Occupation ADMINISTRATOR				
D/L Number, State P-626-060-66-056-0		Soc. Sec. Number		INS Number		Place of Birth (City, State) GUYANA		Citizenship USA			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
<input checked="" type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last) (First) (Middle)			Residence Phone						
Address (Street, Apt. Number)		(City) (State) (zip)			Business Phone						
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated							
Released To: (Name)				Relationship		Date		Time			
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. Yes, by (Name) No: (Reason)						School Attended		Grade			
Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property					
Activity N. NIA P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv	P. Paraphernalia/ U. Unknown Equipment S. Synthetic. Z. Other	
Charge Description ABUSE OF AN ELDERLY PERSON OR DISABLED ADULT		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 825.102(1)		Violation of ORD #					
Drug Activity N		Drug Type N	Amount / Unit /	Offense # 18064128		Warrant / Capias Number		Bond			
Charge Description NEGLECT OF ELDERLY PERSON/ DISABLED ADULT		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 825.102(3)(C)		Violation of ORD #					
Drug Activity N		Drug Type N	Amount / Unit /	Offense # 18064806		Warrant / Capias Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond			
Location (Court, Room Number, Address)											
Court Date and Time											
Month		Day		Year		Time		A.M. P.M.			
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED											
Signature of Defendant (or Juvenile and Parent/ Custodian)						Date Signed					
HOLD for other Agency Name		Signature of Arresting Officer			Name Verification (Printed by Arrestee)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) Det. J. Gallon Alvarez		I.D. # 13955		(PRNT)			
D/S T. BURNSIDE #5406		Transporting Officer			I.D. #		Agency		PAGE 1 OF 1		
Witness here if suspect signed with an "X"											

OBTS Number		PROBABLE CAUSE AFFIDAVIT				1	Juvenile
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06 - 18-064128		
Charge Type: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other as apply.					Special Notes:		
Defendant's Name (Last, First, Middle) PARSARAM, BHOODRAM				Race W	Sex M	Date of Birth 2/16/1966	
Charge Description ABUSE OF AN ELDERLY PERSON			Charge Description				
Charge Description NEGLECT OF AN ELDERLY PERSON			Charge Description				
Victim's Name (Last, First, Middle) FOSTER, MARY WEBBER, BETTY MACFARLAND, MARCIA THOMAN, WILLIAM MUNNA, DHANESHNAR				Race W W W W W	Sex F F F M M	Date of Birth 1/23/1928 7/8/1922 11/25/1953 1/26/1959 09/19/1953	
Victim's Local Address (Street, Apt. Number) 1174 WYNNEWOOD DRIVE		(City) WPB	(State) FL	(Zip) 33417	Phone 561-687-3280	Address Source	
Victim's Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation NONE	
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody...							
<input type="checkbox"/> committed the below acts in my presence.		<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.					
<input type="checkbox"/> confessed to _____ admitting to the below facts.		<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.					
On the _____ day of _____, 200_____ at _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest).							

NARRATIVE:

On April 20th, 2018, Detective Liriano and I met with Nicolas Frias, a Medical & Health Care Analyst for the Health Care Administration Agency. Frias requested our assistance to investigate a complaint that originated from his agency. We met at an undisclosed location to briefly discuss the details of this investigation.

Frias explained he received an anonymous complaint indicating that a resident at BP Assisted Living Facility II (1174 Wynnewood Drive in West Palm Beach, FL) was being restrained to the bed with sheets to prevent the resident from getting up. A caregiver had to untie this resident from the bed when she started her shift at 9 a.m. It is also alleged that the owner (Bhoodram Parsaram) is molesting female residents in the ALF during the overnight shift (11pm-7am) and it was suggested that a resident received bruises on her arms due to this. Additionally, Frias received several pictures showing a white elderly female restrained to a bed with some unknown clothing wrapping both of her hands.

We responded to 1174 Wynnewood Drive in West Palm Beach, FL at approximately 6:00 a.m. Upon arrival, we knocked at the front door for several minutes receiving no answer. We could not see lights inside or hear anyone. We observed no vehicles parked in the driveway. We continued to attempt to make contact inside but were met with negative results.

NARRATIVE CONTINUATION

We observed a Black BMW SUV drive on the residential street at a high rate of speed. This vehicle hit on the breaks once it was in front of the above residence. It continued

to drive straight and it came to a complete stop where he parked near a roundabout about 150 ft. from the residence. A male was seen exiting this vehicle and was seen running towards us. This male entered the neighbor's gate and went into their backyard. He waited for us to be back by the front door knocking again then entered the residence through a side door that led to the laundry room.

As we continued to knock on the door, we observed a dim light in one of the rooms in the rear of the residence. Several minutes later, a male opened the side door and identified himself as Mr. Parsaram. He originally said he was sleeping and could not hear the knocking on the door. He allowed us to enter the residence and walked us through every room showing us his facility and the residents.

Once we entered the facility, he showed us where he sleeps. His bed was against the wall next to the door we had been knocking on. On top of the bed in the middle, I observed two TV remote controls perfectly placed such as if someone had left them there after watching TV from the night before. We walked in every single room and observed all residents in their beds. Some were asleep and some had been woken up by the noise.

We met with a white female by the name of Mary Foster. I immediately recognized this woman to be the one seen in the pictures restrained to the bed. She stated she tried getting up and answering the door for us but she couldn't. It is unknown if Mary in fact was tied to the bed this morning and this is why Parsaram took a long time to answer the door. However, there was no evidence to prove or disprove this. Mary suffers from dementia and had no additional information to provide us. During Fria's investigation, Parsaram, often referred by all as Mr. Ken, eventually told him that he left the facility this morning at 5:30 a.m to go to his friend's house and pick up some clothes. He said a friend named Natasha Hernandez who lives across the street washes his clothes. However, Parsaram could not provide an exact address for her.

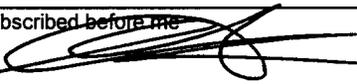
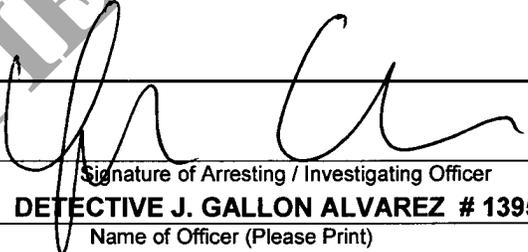
Several health care violations were observed by Frias where citations were given. Interviews were conducted with all five residents and no allegations were learned. An interview was conducted with Mr. Parsaram. He was read his Miranda rights from a pre-printed PBSO Miranda Card. He acknowledged he understood his rights and signed the card. Post Miranda, Parsaram admitted he left the residence unattended even though he understood this facility is supposed to have someone present 24 hours. He also admitted to restraining the resident Mary Foster to the bed but stated it

NARRATIVE CONTINUATION

was for her own safety. However, previously he stated that Mary is not a threat to herself or others. Parsaram, requested an attorney at that time and no more questioning was conducted.

Based on my investigation, Bhoodram Parsaram did knowingly or willfully inflict intentional physical or psychological injury upon Mary Foster, an elderly person or disabled adult, {or} did an intentional act or actively encouraged another to do an act that resulted or could reasonably be expected to result in physical or psychological injury to Mary Foster, an elderly person or disabled adult, contrary to Florida Statute 825.102(1). (3 DEG FEL) (LEVEL 6)

Additionally, Bhoodram Parsaram did willfully or by culpable negligence neglect Mary Foster, and three other residents, an elderly person or disabled adult, contrary to Florida Statute 825.102(3)(c). (3 DEG FEL) (LEVEL 6)

Sworn and Subscribed before me		
Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10)	Signature of Arresting / Investigating Officer	
DETECTIVE G. LIRIANO #5336	DETECTIVE J. GALLON ALVAREZ # 13955	
Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10)	Name of Officer (Please Print)	
04/20/18	04/20/18	
Date	Date	

NOT A CERTIFIED COPY

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (F.S. 784.048)
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 18-064128 Agency: PBSO
Offense: ABUSE OF AN ELDERLY PERSON/NEGLECT OF AN ELDERLY PERSON
Suspect/Offender: BHOODRAM PARSARAM
D.O.B. 02/16/1966 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's name: WILLIAM THOMAN D.O.B. 1/26/1959 Race: W Sex: M
Address: 1174 WYNNEWOOD DRIVE
City: WEST PALM BEACH State: FL Zip: 33417
Home #: 561-687-3280 Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: DCF ADULT PROTECTIVE SERVICES
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

- Waiver:** I choose not to be notified when the arrestee is released from custody.
- Confidential:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: DETECTIVE J.GALLON ALVAREZ I.D.# 13955 Date: 04/20/2018

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PBSO #0029A REV. 4/99

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: _____

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: _____

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Offense: ABUSE OF AN ELDERLY PERSON/NEGLECT OF AN ELDERLY PERSON
Suspect/Offender: BHOODRAM PARSARAM
D.O.B. 02/16/1966 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's name: MARCIA MACFARLAND D.O.B. 11/25/1953 Race: W Sex: F
Address: 1174 WYNNEWOOD DRIVE
City: WEST PALM BEACH State: FL Zip: 33417
Home #: 561-687-3280 Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: DCF ADULT PROTECTIVE SERVICES
Address: _____
City: _____ State: _____ Zip: _____
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Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: DETECTIVE J.GALLON ALVAREZ I.D.# 13955 Date: 04/20/2018

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PBSO #0029A REV. 4/99

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:

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Offense: ABUSE OF AN ELDERLY PERSON/NEGLECT OF AN ELDERLY PERSON
Suspect/Offender: BHOODRAM PARSARAM
D.O.B. 02/16/1966 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's name: MARY FOSTER D.O.B. 1/23/1928 Race: W Sex: F
Address: 1174 WYNNEWOOD DRIVE
City: WEST PALM BEACH State: FL Zip: 33417
Home #: 561-687-3280 Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: DCF ADULT PROTECTIVE SERVICES
Address: _____
City: _____ State: _____ Zip: _____
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Offense: ABUSE OF AN ELDERLY PERSON/NEGLECT OF AN ELDERLY PERSON
Suspect/Offender: BHOODRAM PARSARAM
D.O.B. 02/16/1966 Race: W Sex: M

2. Warrant #(s):

3.a. Victim's name: DHANESHNAR MUNNA D.O.B. 9/19/1953 Race: W Sex: M
Address: 1174 WYNNEWOOD DRIVE
City: WEST PALM BEACH State: FL Zip: 33417
Home #: 561-687-3280 Work #: Other:

b. Victim's next of kin, friend or neighbor: DCF ADULT PROTECTIVE SERVICES
Address:
City: State: Zip:
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Offense: ABUSE OF AN ELDERLY PERSON/NEGLECT OF AN ELDERLY PERSON
Suspect/Offender: BHOODRAM PARSARAM
D.O.B. 02/16/1966 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's name: BETTY WEBBER D.O.B. 07/08/1922 Race: W Sex: F
Address: 1174 WYNNEWOOD DRIVE
City: WEST PALM BEACH State: FL Zip: 33417
Home #: 561-687-3280 Work #: _____ Other: _____

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City: _____ State: _____ Zip: _____
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