NON-PRECEDENTIAL DECISION - SEE SUPERIOR COURT O.P. 65.37

ESTATE OF: P.H., AN ALLEGED INCAPACITATED PERSON	:	IN THE SUPERIOR COURT OF PENNSYLVANIA
APPEAL OF: P.H.	:	
	:	No. 2272 EDA 2025

Appeal from the Decree Entered July 25, 2025
In the Court of Common Pleas of Philadelphia County Orphans' Court at No(s): 1173AI of 2024

BEFORE: OLSON, J., MURRAY, J., and STEVENS, P.J.E.*

MEMORANDUM BY OLSON, J.: **FILED NOVEMBER 18, 2026**

Appellant, P.H., appeals from the July 25, 2025 order entered in the Court of Common Pleas of Philadelphia County that appointed Edythe Shapiro ("Ms. Shapiro") as plenary guardian of the person and estate of Appellant after a jury, on May 13, 2025, adjudicated Appellant a totally incapacitated person. This case returns to us after this Court remanded the case for the trial court to determine whether, or not, *in rem* jurisdiction was obtained in Pennsylvania pursuant to Section 5913 of the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act ("UAGPPJA"), 20 Pa.C.S.A. §§ 5901 – 5992. ***See Est. of P.H.***, ___ A.3d ___, 2026 WL 2184959, at *5. We affirm.

We previously summarized the factual and procedural history as follows:

> Thomas Jefferson University Hospital ("the hospital") began providing medical care and services to Appellant on May 9,

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* Former Justice specially assigned to the Superior Court.

> 2024, when the hospital admitted him due to his complaints of abdominal pain, distention, and urinary retention. As of May 13, 2025, Appellant remained admitted to, and under the care of, the hospital. Appellant had been deemed by the hospital to be medically stable for discharge to a long-term care facility a few months after his admission, but Appellant declined to engage in discharge planning to a facility that would have accepted him. Appellant insisted on discharge to an osteopathic hospital to perform surgery on his hips, rather than to an assisted living facility where he felt it was unlikely that he would ever be able to obtain the hip surgery he needs to regain mobility. Appellant has a diagnosis of schizoaffective disorder with psychotic features and a history of delusional disorder among other medical conditions.

Trial Court Opinion, 12/10/25, at 2 (record citation omitted; formatting modified).

On September 30, 2024, the hospital filed a petition for the adjudication of incapacity and for the appointment of a plenary guardian of Appellant's person and estate. In the petition, the hospital alleged that Appellant was incapacitated, and "due to the functional limitations associated with his mental and physical conditions, was unable to receive and evaluate information effectively and unable to make and communicate decisions concerning his physical health, safety, and living arrangements." Petition for Adjudication of Incapacity, 9/30/24, at ¶ 6. The hospital further alleged that Appellant was "unable to manage his financial affairs" and was "in need of a guardian of his person to handle his personal, medical affairs, including making end-of-life decisions, as well as to make decisions regarding where he shall reside and how his care shall be provided." ***Id.*** at ¶ 7.

Appellant retained private counsel and, on December 12, 2024, filed an answer to the petition, as well as new matter that requested an independent medical examination and a jury trial to determine Appellant's capacity status. On January 7, 2025, the trial court granted Appellant's request to be evaluated by an independent medical examiner. Based on Appellant's request for a jury trial, the trial court bifurcated the issue of capacity from the issue as to whether, or not, the appointment of a plenary guardian was necessary.

On May 13, 2025, a jury found that Appellant's ability to receive and evaluate information effectively and communicate decisions was impaired to such a significant extent that he was "totally unable to manage his finances" and "totally unable to meet essential requirements for physical health and safety." N.T., 5/13/25, at 95-96. In other words, the jury found Appellant to be a totally incapacitated person. ***See*** 20 Pa.C.S.A. § 5501 (defining "incapacitated person" as "an adult whose ability to receive and evaluate information effectively and communicate decisions in any way is impaired to such a significant extent that he or she is partially or totally unable to manage his or her financial resources or to meet essential requirements for his or her physical health and safety"). On June 7, 2025, the trial court conducted a guardianship hearing, and subsequently made the following findings of fact:

> 1. Appellant is 71 years old and is a domiciliary of the City and County of Philadelphia, Pennsylvania.
>
> 2. Appellant has been diagnosed with schizoaffective disorder with psychotic features and a history of delusional disorder and other medical conditions, which impair his ability to receive and evaluate information effectively or manage his finances.
>
> 3. A jury found that Appellant was totally impaired as to his capacity to manage his person or estate.
>
> 4. The record shows that Appellant needs guardianship services.
>
> 5. There are no less restrictive alternatives to guardianship, having ruled out a power of attorney, an advance health care directive, or supported decision-making because there are no individuals who are willing or able to serve in those capacities.
>
> 6. Appellant has declined to provide his informed consent to any less restrictive alternatives to guardianship.

Trial Court Final Decree, 7/25/25, at 5-6. Thereupon, the trial court appointed Ms. Shapiro as plenary guardian of Appellant's person and estate. ***Id.*** at 6.

P.H., ___ A.3d ___, 2026 WL 2184959, at *1-*2 (brackets and footnote omitted). Appellant appealed the trial court's order appointing Ms. Shapiro as plenary guardian and raised the following issues for our review:

> 1. [Whether the trial] court should have declined jurisdiction over [Appellant] under the [UAGPPJA] since Pennsylvania was not [Appellant's] home state[?]
>
> 2. [Whether] the evidence was insufficient for the jury to find that [Appellant] was a totally incapacitated person[?]

Appellant's Brief at 4.[1]

Appellant's first issue challenges the trial court's decree that appointed a plenary guardian of his person and estate after a jury adjudicated him a totally incapacitated person on the ground that the trial court lacked *in rem* jurisdiction under the UAGPPJA. ***Id.*** at 9-12; ***see also In re Avery***, ___ A.3d ___, 2026 WL 1732098, at *24 (Pa. Super. filed Jun. 16, 2026) (slip opinion) (stating, "a proceeding involving the capacity status of a person is an *in rem* action, binding against the whole world, **provided that** the [trial] court issuing the judgment had *in rem* jurisdiction over the *res* [(namely a person's capacity status)]" (emphasis in original)).

A challenge to a trial court's *in rem* jurisdiction to adjudicate an individual incapacitated and appoint a guardian raises a pure question of law

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[1] Appellant and the trial court complied with Pennsylvania Rule of Appellate Procedure 1925.

for which our standard of review is *de novo* and our scope of review is plenary. ***Hanrahan v. Ketch***, 243 A.3d 219, 222 (Pa. Super. 2020).

In 2012, the Pennsylvania General Assembly enacted the UAGPPJA with the intent that the UAGPPJA would provide "the exclusive jurisdictional basis for a court of this Commonwealth to appoint a guardian or issue a protective order for an adult." 20 Pa.C.S.A. § 5912; ***see also Avery***, ___ A.3d ___, 2026 WL 1732098, at *18-*19. According to the UAGPPJA, a trial court has *in rem* jurisdiction

> to appoint a guardian or issue a protective order for a respondent if one of the following paragraphs applies:
>
> (1) This Commonwealth is the respondent's home state.
>
> (2) On the date the petition is filed, all of the following subparagraphs apply:
>
> (i) This Commonwealth is a significant-connection state.
>
> (ii) One of the following clauses applies:
>
> (A) The respondent does not have a home state, or a court of the respondent's home state has declined to exercise jurisdiction because this Commonwealth is a more appropriate forum or has declined to exercise jurisdiction in a manner not inconsistent with a determination that this Commonwealth is a more appropriate forum.
>
> (B) The respondent has a home state; a petition for an appointment or order is not pending in a court of that state or another significant-connection state; and, before the court makes the appointment or issues the order:
>
> (I) a petition for an appointment or order is not filed in the respondent's home state;

> (II) an objection to the court's jurisdiction is not filed by a person required to be notified of the proceeding; and
>
> (III) the court in this Commonwealth concludes that it is an appropriate forum under the factors set forth in section 5916 (relating to appropriate forum).

(3) All of the following subparagraphs apply:

> (i) This Commonwealth does not have jurisdiction under either paragraph (1) or (2).
>
> (ii) The respondent's home state and all significant-connection states have declined to exercise jurisdiction because this Commonwealth is the more appropriate forum or has declined to exercise jurisdiction in a manner not inconsistent with a determination that this Commonwealth is a more appropriate forum.
>
> (iii) Jurisdiction in this Commonwealth is consistent with the Constitution of the United States and the Constitution of Pennsylvania.

(4) The requirements for special jurisdiction under section 5914 (relating to special jurisdiction) are met.

20 Pa.C.S.A. § 5913. This Court recently explained that

> The UAGPPJA takes a "cascade approach" to determining which state has *in rem* jurisdiction over a person's capacity status and estate. States that adopted [a version of the UAGPPJA] have created cooperative, jurisdictional tiers among themselves.[2]
>
> The *res* is no longer stuck in one state, and multiple states do not have to compete for jurisdiction over it. Instead, the *res* flows down the UAGPPJA tiers from higher-priority states into lower-priority states. The jurisdictional priorities, from highest to

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[2] The ***Avery*** Court noted that, as of June 16, 2026, all the states that comprise the United States, with the exception of Florida, Michigan, and Texas, have adopted a version of the UAGPPJA. ***Avery***, ___ A.3d ___, 2026 WL 1732098, at *18.

> lowest, are: 1) the court in the respondent's home state; 2) the court of a state with which the respondent has a significant connection; or 3) a third state that is neither the home state nor a significant-connection state.

Avery, ___ A.3d ___, 2026 WL 1732098, at *25 (citations, original footnote, and some quotation marks omitted). Thus,

> [t]he state with the highest jurisdictional priority is the "home state" of the person whose capacity status is at issue. "Home state" is an idiomatic translation of the Latin word, *domicilium*. A person's domicile retains primary jurisdiction over that person's capacity status and estate.

Id. at *26 (footnote omitted). The UAGPPJA defines a "home state" as

> One of the following:
>
> (1) The state in which the respondent was physically present, including any period of temporary absence, for at least six consecutive months immediately before the filing of a petition for a protective order or the appointment of a guardian.
>
> (2) If the requirement of paragraph (1) is not met, the state in which the respondent was physically present, including any period of temporary absence, for at least six consecutive months ending within the six months prior to the filing of the petition.

20 Pa.C.S.A. § 5911.

The hospital filed its petition for the adjudication of incapacity and the appointment of a plenary guardian on September 30, 2024. The six-month period leading up to the filing of the hospital's petition began on March 30, 2024, inclusive of March 30.[3] As such, if Appellant was physically present in

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[3] ***See*** 1 Pa.C.S.A. § 1910 (stating, "[w]henever in any statute the lapse of a number of months after or before a certain day is required, such number of

Pennsylvania on March 30, 2024, and continued to be physically present in Pennsylvania, including any period of temporary absence, until the date the petition was filed, September 30, 2024, then Pennsylvania was Appellant's "home state" and the trial court possessed *in rem* jurisdiction over the *res*, *i.e.*, Appellant's capacity status. ***Id.***, ***see also Avery***, ___ A.3d ___, 2026 WL 1732098, at *24.

In his answer, Appellant admitted that he became a patient of the hospital on May 9, 2024. Appellant's Answer and New Matter, 12/12/24, at ¶ 1; ***see also*** Petition for Adjudication of Incapacity, 9/30/24, at ¶ 1. The hospital is located in Philadelphia, Pennsylvania. Appellant remained at the hospital beyond September 30, 2024, the date on which the hospital filed its petition. Appellant further admitted that, prior to his admission to the hospital, he resided with a friend at a residence located in Philadelphia, Pennsylvania. Appellant's Answer and New Matter, 12/12/24, at ¶ 3; ***see also*** Petition for Adjudication of Incapacity, 9/30/24, at ¶ 3. The record was unclear, however, as to the length of time that Appellant resided at his friend's residence in Pennsylvania, and the trial court made no factual finding as the length of such residency.

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months shall be computed by counting the months from such day, excluding the calendar month in which such day occurs, and shall include the day of the month in the last month so counted having the same numerical order as the day of the month from which the computation is made, unless there be not so many days in the last month so counted, in which case the period computed shall expire with the last day of such month").

In its findings of fact and conclusions of law, the trial court found that Appellant was "a domiciliary of the City and County of Philadelphia[, Pennsylvania.]" Final Decree, 7/25/25, at § III, ¶ 1. The trial court, however, did not expand upon the basis for reaching its finding. In its Rule 1925(a) opinion, the trial court stated the following:

> We have operated under the **premise** that [Appellant's] "home state" is Pennsylvania for purpose of the [UAGPPJA]. The petition in this matter was filed by [the hospital] on September 30, 2024, almost [five] months after [Appellant] had been admitted [to the hospital]. Before his admission, [Appellant] resided with a friend [at his residence located in Philadelphia, Pennsylvania], which [Appellant] admitted in his answer to the petition. [Appellant's friend] has served as [Appellant's] power of attorney since 2013. Based upon the record[,] it can be reasonably **inferred** and it is understood that [Appellant], a self-described "seasonal" resident of Pennsylvania, had been physically present in Pennsylvania as a resident and then a patient for at least six consecutive months before the petition for adjudication was filed.

Trial Court Opinion, 12/10/25, at 9 (extraneous capitalization omitted; emphasis added).

Based upon the record that was previously before us, we concluded that we were unable to find support for the trial court's inference that Appellant "had been physically present in Pennsylvania as a resident and then a patient for at least six consecutive months before the petition for adjudication was filed." ***P.H.***, ___ A.3d ___, 2026 WL 2184959, at *5. As we noted, based upon the September 30, 2024 filing of the hospital's petition for the adjudication of incapacity and the appointment of a plenary guardian, "[i]If Appellant began his residency in Pennsylvania on or before March 30, 2024,

then Pennsylvania would qualify as Appellant's 'home state' and the trial court would have had *in rem* jurisdiction over the matter pursuant to Section 5913(1)." ***Id.*** *4-*5 (finding that, the six-month period began on March 30, 2024, inclusive of March 30). We, therefore, remanded the case to the trial court for the purpose of determining the length of time Appellant resided at his friend's residence in Philadelphia, Pennsylvania. ***Id.*** *5. On remand, the trial court held an evidentiary hearing where Rebecca Horowitz, the complex care manager at Thomas Jefferson University Hospital testified. Based upon this testimony, the trial court determined that "Appellant resided in Pennsylvania since at least January 23, 2024, and that Pennsylvania[,] thus[,] qualifies as his 'home state' under the UAGPPJA."[4] Trial Court Letter, 9/2/26, at 3 (unpaginated).

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[4] To the extent that Appellant objected to the trial court conducting an evidentiary hearing and taking new evidence without subject matter jurisdiction, we find this assertion to be of no avail. As our Supreme Court noted in ***Sugarhouse HSP Gaming, L.P. v. Pennsylvania Gaming Control Bd.***, 162 A.3d 353 (Pa. 2017) "when an appellate court remands for 'further proceedings' there is no 'one size fits all' talismanic definition for those terms which is applicable to all cases and situations." ***Sugarhouse***, 162 A.3d at 371. Rather, "every remand order directing that further proceedings be conducted must necessarily be examined in conjunction with the opinion of the appellate tribunal and the particular facts, circumstances, and procedural history of the case in order to determine what the lower court or tribunal is required to do upon return of the case to it." ***Id.*** (noting that, Pennsylvania Rule of Appellate Procedure 2591 requires a trial court, on remand, "'to proceed in accordance with the judgment or other order of the appellate court,' it does not require the [trial court] to utilize any specific mode of compliance with a general remand order"); ***see also*** Pa.R.A.P. 2591(a) (stating, "[o]n remand of the record the [trial court] below shall proceed in accordance with the judgment or other order of the appellate court and,

At the hearing, Mr. Horowitz stated she was able to determine that beginning with Appellant's admission on January 17, 2024, to Jefferson Torresdale Hospital, located in Philadelphia, Pennsylvania, Appellant's electronic health records identified his home address as that of his friend's residence in Philadelphia, Pennsylvania. N.T., 8/30/26, at 20-21. Ms. Horowitz explained that once a patient provides his or her home address to a medical facility and that address is recorded as part of the patient's electronic health record, that address "follows" the patient at subsequent medical facilities unless the patient requests an update to the address. ***Id.*** at 28. Ms. Horowitz confirmed that when Appellant sought medical treatment at a facility on March 17, 2024, and again on April 18, 2024, both electronic health records from those treatment visits identified Appellant's home address as that of his friend's residence in Philadelphia, Pennsylvania. ***Id.*** at 28-30. As such, we concur with, and the record now supports the trial court's conclusion that Pennsylvania qualified as Appellant's "home state" under Section 5913(1) of the UAGPPJA on March 30, 2024, the start of the six-month period prior to the hospital filing its petition for the adjudication of incapacity and the

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except as otherwise provided in such order, [Pennsylvania Rule of Appellate Procedure] 1701(a) (effect of appeals generally) shall no longer be applicable to the matter"). In other words, provided that the trial court complies with, and considers only the issues contained in the remand order, the trial court is permitted to conduct an evidentiary hearing and take new evidence in order to resolve the purpose of the remand order. As such, we discern no error of law or abuse of discretion in the trial court's decision in the case *sub judice* to conduct an evidentiary hearing for the purpose of determining whether, or not, Appellant resided at his friend's residence on or before March 30, 2024.

appointment of a plenary guardian. Thus, the trial court had *in rem* jurisdiction to adjudicate Appellant incapacitated and to appoint a plenary guardian. ***See*** 20 Pa.C.S.A. § 5913; ***see also Avery***, ___ A.3d ___, 2026 WL 1732098, at *25.

In his second issue, Appellant challenges the sufficiency of the evidence to sustain the jury's finding of incapacity. Appellant's Brief at 13-14. Section 777(b) of the Probate, Estates, and Fiduciaries Code states that "[a]ny person against whom proceedings have been instituted to establish his [or her] incapacity shall be entitled to a trial of such issue by a jury." 20 Pa.C.S.A. § 777(b). Section 777(b) further states that "[t]he verdict of the jury shall have the same effect as the verdict of a jury in a case at law." ***Id.*** Thus, the jury's finding regarding capacity is binding and not merely advisory. As such, when reviewing the sufficiency of the evidence to support a jury's finding of incapacity, we must determine whether viewing all the evidence presented at trial in the light most favorable to the petitioner as the party who prevailed in the capacity hearing, there is sufficient evidence to enable the jury, as fact-finder, to find an individual is incapacitated by clear and convincing evidence. ***See In re Hyman***, 811 A.2d 605, 609 (Pa. Super. 2002) (stating that, the burden is on the petitioner to prove the individual's incapacity by clear and convincing evidence). Our task is to ensure that the jury's finding is supported by competent and adequate evidence and is not predicated on capricious disbelief of competent and credible evidence. ***In re Est. of Schultheis***, 747 A.2d 918, 922 (Pa. Super. 2000) (citation omitted), *appeal*

denied, 761 A.2d 551 (Pa. 2000). Any doubts regarding the individual's capacity may be resolved by the jury, as the fact-finder, unless the evidence is so weak and inconclusive that as a matter of law no probability of fact may sustain the petitioner's burden of proof. The jury, as the fact-finder, while passing on the credibility of the witnesses and the weight of the evidence produced, is free to believe all, part, or none of the evidence.

Section 5501 of the Probate, Estates, and Fiduciaries Code defines an incapacitated person as "an adult whose ability to receive and evaluate information effectively and communicate decisions in any way is impaired to such a significant extent that he is partially or totally unable to manage his financial resources or to meet essential requirements for his physical health and safety." 20 Pa.C.S.A. § 5501. "[A] person is presumed to be mentally competent, and the burden is on the petitioner to prove incapacity by clear and convincing evidence." ***Hyman***, 811 A.2d at 608.

> To establish incapacity, the petitioner must present testimony, in person or by deposition[,] from individuals qualified by training and experience in evaluating individuals with incapacities of the type alleged by the petitioner, which establishes the nature and extent of the alleged incapacities and disabilities and the person's mental, emotional[,] and physical condition, adaptive behavior[,] and social skills. The petition must also present evidence regarding the services being utilized to meet essential requirements for the alleged incapacitated person's physical health and safety, to manage the person's financial resources or to develop or regain the person's abilities; evidence regarding the types of assistance required by the person and as to why no less restrictive alternatives would be appropriate; and evidence regarding the probability that the extent of the person's incapacities may significantly lessen or change.

20 Pa.C.S.A. § 5518.

At the May 13, 2025 jury trial, Dr. Paulina Khodak ("Dr. Khodak") was admitted as an expert in evaluating individuals for capacity. N.T., 5/13/25, at 29. Dr. Khodak opined to a reasonable degree of medical certainty that Appellant was totally incapacitated as to his person and with regard to his ability to manage his finances. ***Id.*** at 39. Dr. Khodak stated that she attempted to evaluate Appellant's cognitive abilities using the Applebaum criteria for capacity and the Montreal Cognitive Assessment test, but Appellant declined to participate in these evaluations with Dr. Khodak.[5] ***Id.*** at 31. Dr. Khodak described Appellant as being "physically unable to walk given [his] bilateral hip fractures that have not been rehabilitated and have healed improperly because [Appellant] declined medical treatment." ***Id.*** at 31-32. Dr. Khodak explained that Appellant's decline of medical treatment was the

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[5] Dr. Paul Applebaum outlined "four criteria that patients must meet to be deemed to have capacity. These four criteria are 1) communicating a choice, 2) understanding the relevant information, 3) appreciating the situation and its consequences, and 4) reasoning about treatment options." ***See*** https://pmc.ncbi.nlm.nih.gov/articles/PMC10922513/ (last visited 10/20/26); ***see also*** N.T., 5/13/25, at 40 (describing the Applebaum capacity criteria as including "things like ability to make a consistent choice[and] ability to manipulate information rationally").

"The Montreal Cognitive Assessment [("MoCA")] is a popular and simple-to-administer screening instrument to detect cognitive impairment. The MoCA generates a total score and six domain-specific index scores: (1) Memory, (2) Executive Functioning, (3) Attention, (4) Language, (5) Visuospatial, and (6) Orientation." ***See*** https://pmc.ncbi.nlm.nih.gov/articles/PMC7554137/ (last visited 10/20/26).

result of the delusional process affecting Appellant's cognitive abilities. ***Id.*** at 32. Dr. Khodak diagnosed Appellant "with schizoaffective disorder," as well as a "major neuro-cognitive disorder, which is a dementia" and "a history of [a] traumatic brain injury." ***Id.*** at 34. Dr. Khodak described schizoaffective disorder as "a type of schizophrenia where there are periods of hallucinations and disorganization of thinking[,] as well as periods [of] mood symptoms that could be depression or mania." ***Id.*** at 41. She stated that the schizoaffective disorder manifests itself in Appellant through "auditory hallucinations and significant paranoid and grandiose delusions." ***Id.*** at 34. Dr. Khodak explained that the disorder could be treated with antipsychotic medications but Appellant declined treatment. ***Id.*** She also explained that his neuro-cognitive disorder may possibly be the result of the schizoaffective disorder or "exacerbated by the traumatic brain injury or a medical condition." ***Id.*** at 34-35. Dr. Khodak believed that Appellant was totally impaired and "that his delusions affect his ability to intake [] information and manipulate it appropriately." ***Id.*** at 35. In other words, Appellant was "unable to understand the consequences of the decisions he[has] been making." ***Id.*** at 36. Dr. Khodak expressed that, in her opinion, Appellant was totally impaired with regard to "communicating decisions" and his short-term memory. ***Id.*** at 36. She described Appellant as needing "assistance for all hygiene needs" and indicated that he was totally impaired with his ability to manage his financial resources. Given that Appellant has declined medical treatment, Dr. Khodak

believed that Appellant's condition would likely decline further over time. ***Id.*** at 37.

Dr. Kenneth Rosenstein ("Dr. Rosenstein"), who was retained by Appellant to perform an independent evaluation to determine Appellant's capacity, was admitted as an expert in geriatric psychiatry. ***Id.*** at 47-48. Dr. Rosenstein agreed that Appellant suffered from schizoaffective disorder that manifests itself with "significant paranoid and grandiose delusions" and "auditory hallucinations" where Appellant "talk[s] to unseen people, mumbl[es] to himself, respond[s] to internal stimuli, and appear[s] to be lacking contact with reality." ***Id.*** at 48-49. Dr. Rosenstein stated that he administered the St. Louis University Mental Status Examination and that Appellant's results showed "a mild degree of cognitive impairment[.]"[6] ***Id.*** at 49. Dr. Rosenstein opined to a reasonable degree of medical certainty that Appellant was totally impaired as to his ability to receive and evaluate information, communicate decisions, give informed consent, perform activities of daily living, manage his finances; manage his healthcare and be compliant with taking medication; and providing for physical health and safety. ***Id.*** at 50. Dr. Rosenstein explained that Appellant was able to express an opinion

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[6] "The Saint Louis University Mental Status [("SLUMS")] Exam[ination] is a commonly used tool for screening cognitive function, particularly for detecting mild cognitive impairment [] and early dementia. It was developed to overcome limitations in existing cognitive assessments by evaluating a broad range of domains, including language comprehension, executive function, memory, and attention." ***See*** https://pmc.ncbi.nlm.nih.gov/articles/PMC12319681/ (last visited 10/20/26).

but that he believed Appellant's opinion was not based on facts but rather on his delusional thinking. ***Id.*** at 57. Dr. Rosenstein stated that his total impairment was due primarily to his schizoaffective disorder "based on his delusional thought process." ***Id.*** at 51. Dr. Rosenstein stated that Appellant's medical records indicated he refused antipsychotic medications and that "[w]ithout treatment, [Appellant's impairment] most likely [will] remain the same or worsen over time." ***Id.*** Dr. Rosenstein believed that Appellant was totally impaired regarding both his person and finances. ***Id.*** at 54.

Appellant testified that he was a graduate of Tufts University in Medford, Massachusetts where he obtained a Bachelor of Arts degree with a major in history and English. ***Id.*** at 72. He indicated that the "most significant thing" he achieved during his lifetime, thus far, was being a "formulator of dietary supplements[.]" ***Id.*** Appellant understood that he needed hip surgery and it was his objective "to go to the facility that has [the] latest generation of robotic surgery." ***Id.*** According to Appellant, he wanted to be transferred to Massachusetts General Hospital and if he could not be transferred to that facility, he wanted to go to the Hospital for Special Surgery in New York where he was a patient of Dr. Steven Hass, the chief of surgery. ***Id.*** at 74. When asked if he was aware that the hospitals he wanted to be transferred to declined to accept him as a patient because they could not provide additional care, Appellant responded that he believed this was the result of "paperwork issues" and that if the paperwork "had been done appropriately, [he] would have gotten an affirmative response[.]" ***Id.*** at 76. Appellant believes "it

comes to an issue of money" and indicated that the petition to adjudicate him incapacitated and to appoint a plenary guardian was "coming mainly [from] a financial dispute between [his health] insurer and [the hospital]" and that the hospital was "trying to get something they don't deserve[.]" ***Id.*** at 73, 76. Appellant explained that because of his previous career as a dietary supplement formulator, the hospital was trying to get more money from him than they were legally contracted to accept from his insurance company. ***Id.*** at 77.

Based upon the testimony provided at trial, we find there was sufficient evidence to support the jury's finding that, by clear and convincing evidence, Appellant is totally incapacitated as to his person and finances. Both medical experts reached the conclusion that Appellant suffers from schizoaffective disorder that manifests itself in hallucinations, paranoid and grandiose beliefs, and delusional thinking. This disorder, according to the medical experts, resulted in Appellant becoming totally incapacitated and unable to handle both his person well-being and his finances.[7] As such, we discern no error of law or abuse of discretion in the trial court's order appointing a plenary guardian.

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[7] Appellant concedes that the hospital "presented testimony sufficient to establish incapacity" but asserts that "the jury also heard from [Appellant] who testified clearly and forthrightly that he was not in need of a guardian" and that "he was not impaired and was capable of making decisions on his own." Appellant's Brief at 14. To the extent Appellant asks this Court to do nothing more than alter the result reached by the jury, as fact-finder, by reassessing witness credibility and reweighing the evidence presented at trial, we decline Appellant's invitation. It is the providence of the jury, as

Order affirmed.

Judgment Entered.

Benjamin D. Kohler

Benjamin D. Kohler, Esq.
Prothonotary

Date: 11/18/2026

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fact-finder, while passing on the credibility of the witnesses and weight of the evidence, to believe all, part, or none of the evidence.