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THE STATE OF SOUTH CAROLINA
In The Supreme Court

S.C. Supreme Court

No. _____

APPEAL FROM
SC Court of Appeals, No. 2009147487
and the SC Workers' Compensation Commission WCC No. 0813616

Ramon Zepeda Cepeda.....Petitioner

v.

Priority Landscaping and Lawn Care, LLC.....Employer/Respondent

and

Accident Fund Insurance Company of America.....Carrier/Respondent

APPENDIX 2

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THE STATE OF SOUTH CAROLINA

In the Court of Appeals

Appeal from the South Carolina Workers' Compensation Commission

W.C.C. File No. 0813616

Ramone Zepeda-Cepeda,..... Employee/Appellant

v.

Priority Landscaping and Lawn Care, LLC,

AND

Accident Fund Insurance Company of America, ...Carrier/Respondent

**RECORD ON APPEAL
VOLUME 1 OF 2**

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 0813616

RAMONE ZEPEDA-CEPEDA,

Employee,

Claimant,

vs.

PRIORITY LANDSCAPING AND LAWN
CARE, LLC,

Employer,

AND

ACCIDENT FUND INSURANCE COMPANY
OF AMERICA,

Carrier,

Defendants.

FULL COMMISSION
DECISION AND ORDER

DATE OF HEARING:

Hearing held in Charleston, S.C. on January 22, 2009.

APPEARANCES:

Claimant appeared and represented by Don C. Gibson, Esquire
of Gibson Law Firm, LLC of North Charleston, South Carolina.

Defendants represented by Mikell H. Wyman, Esquire of
McAngus Goudelock & Courie, L.L.C. of Charleston, South
Carolina.

PURPOSE OF THE HEARING:

To determine all issues as set forth in Forms 50 and 51.

COMMISSIONER:

Commissioner G. Bryan Lyndon

FILED:

10/29/09

STATEMENT OF THE CASE

The parties were heard by G. Bryan Lyndon on January 22, 2009 in Charleston, South Carolina.

On April 21, 2009, the Commissioner issued the following Order (in pertinent part):

FINDINGS OF FACT:

1. The Claimant injured his right leg in an accident arising out of and in the course and scope of his employment on September 4, 2008 when he fell from a tree limb after climbing a tree and proceeding out onto a limb during the course of employment under the instructions, direction of, and in the presence of his supervisor Frank Shoppel and interpreter Cesar Rodriquez.

...

After considering the testimony of all the witnesses, giving credence to that of the Employer owner's testimony, together with the Employer owners' invoice to Fort Johnson Baptist Church, I find that Priority Landscaping and Lawn Care, Inc., in the regular course of business did tree trimming on small, medium, and large trees when the limbs could be reached with a ladder and an extension saw.

I further find based on the cumulative evidence that the Claimant reasonably believed he was furthering the Employer's business when he climbed into the subject tree.

2. After considering all the evidence, I further find that the Defendants failed to prove by the greater weight of the evidence that the Claimant was engaged in "horseplay."
5. I find the following medical providers have provided causally-related medical care for the Claimant since the accident: Doctor's Care, Roper St. Francis, Michael Wildstein, M.D.; of Wildstein's Spine Center, PHC Outpatient Rehabilitation (therapy). I further find that all medical bills related to these care providers should be paid by the Carrier pursuant to the South Carolina Workers' compensation schedule for medical payments.

6. I find the Claimant has not reached maximum medical improvement and is in need of future medical care. I find that the Defendants shall provide future medical care and shall direct the same.
7. I find that the Claimant is entitled to temporary total disability benefits from September 4, 2008, through the date of hearing using the compensation rate of \$308.89. I further find that the Defendants shall pay continuous temporary total disability benefits of \$308.89 from the date of hearing forward until further order of the Commission or by operation of state statute.

CONCLUSIONS OF LAW

1. That the parties of this proceeding are subject to and bound by the provisions of the Act.
2. That on or about September 4, 2008, Claimant sustained a compensable injury to his right lower extremity within the meaning of S.C. Code Ann. §42-1-160, as amended (1976) while performing duties within the course and scope of his employment.
4. That pursuant to S.C. Code Ann. §42-17-30, as amended (1976), Claimant shall be entitled to additional medical care as he has not reached maximum medical improvement. Defendants shall be responsible for provision of the same and may direct the medical treatment designed to lessen Claimant's period of disability.
5. That pursuant to S.C. Code Ann. §42-9-10 and §42-9-20, as amended (1976), Claimant is entitled to temporary total disability from September 4, 2008 through January 22, 2009 which shall continue until further order of the Commission or by operation of state statute.

ORDER/AWARD

1. This is a compensable-claim.
2. That the Defendants pay temporary total disability to the Claimant from the date he was injured, September 4, 2008, to the date of hearing on January 22, 2009 utilizing a compensation rate of \$308.89.

3. The weekly temporary total disability of \$308.89 shall be paid as a continuous award beyond the hearing date until further order of the Commission or by operation of statute.
4. Claimant is entitled to all his past causally-related medical treatment. Defendants shall pay all causally-related medical costs and expenses to include but not limited to, medical transportation and interpretation costs, from the date of his injuries on September 4, 2008 to the date of hearing and continuing pursuant to the approved workers' compensation schedule. The Defendants shall pay all the specified medical providers as set forth in the above Findings of Fact.
5. The Defendants shall provide additional medical care for the Claimant for his causally-related injuries and may direct the same.

AND IT IS SO ORDERED.

Within the statutory period, counsel for the Defendants filed an Application for Review in the case setting forth Defendants' assignments of error to the Hearing Commissioner's Decision and Order. Copies of that Application for Review were furnished to all interested parties prior to oral argument presented before the Appellate Panel on August 25, 2009. All proper testimony has been taken. Such, together with all documentary evidence, has been delivered by oral argument to the individual members of the Full Commission and has since been under study and consideration.

By appeal, Defendants respectfully submit the following:

1. The Hearing Commissioner erred in finding as fact that the Claimant injured his right leg in an accident arising out of and in the course and scope of his employment on September 4, 2008, based upon the erroneous conclusion that the Claimant "reasonably believed that he was furthering the Employer's business when he climbed into the subject tree."
2. The Hearing Commissioner erred in finding as fact and concluding as a matter of law that the Defendants failed to prove by the greater weight of the evidence that the Claimant was engaged in horseplay at the time of his accident, after submitting evidence that the Claimant engaged in a bet with a co-worker to climb the tree and jump to the ground.

- ~~3. The single Commissioner erred in concluding as a matter of law and ordering that the Defendants are responsible for payment of any benefits under the South Carolina Workers' Compensation Act.~~

In an appellate review, the Panel shall, pursuant to S.C. Code Ann. §42-17-50 (1985), review the award, weigh the evidence as presented at the initial hearing, and if good grounds be shown therefor, make its own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the hearing Commissioner. Based on such a review conducted by the undersigned members of the Appellate Panel, we inter the following Findings of Fact and Conclusions of Law.

FINDINGS OF FACT

1. Claimant alleges his supervisor Frank Shoppel, by and through a co-worker interpreter, Cesar Rodriquez, instructed Claimant to climb into a large oak tree to trim a small branch out of a limb approximately twenty to twenty-five feet above the ground. Claimant admitted he had no tools in his possession when he climbed the tree by scaling a riding lawnmower parked next to the trunk of the tree. He testified that a co-worker stood under the limb with a "weed-eater" but admitted he would not use that tool to cut a branch. (Hr. Tr., p. 46, ll. 9-18) There was no rope used to hoist a tool into the limb. (Hr. Tr., p. 52, ll. 9-15) Claimant alleges a co-worker was supposed to pass him a tool to cut the branch but was unable to identify which of his three co-workers' was charged with that duty or what tool would be passed to trim the limb. (Hr. Tr., p. 50, l. 18 – p. 51, l. 7)
2. Cesar Rodriquez had no tool in his possession to pass to the Claimant to trim the branch from the limb on which the Claimant climbed. That testimony was not challenged on cross-examination. (Hr. Tr., p. 94, ll. P. 16-21)
3. Frank Shoppel had no tool in his possession to the pass to the Claimant to trim the branch and the limb on which he climbed. He also testified that the other workers had no tool to pass to the Claimant. (Hr. Tr., p. 41, ll. 8-17) That testimony was not challenged on cross-examination.

4. The owner of the company, William Hampton, stated the company trims limbs out of large trees only if they can be reached using a pole saw and a ladder. (Hr. Tr., p. 201, l. 5 – p. 203, l. 1)
5. Eyewitnesses Frank Shoppel and Cesar Rodriquez both testified at various points during the hearing that the only reason the Claimant climbed the tree was to satisfy his obligation under a \$20.00 bet offered by Cesar Rodriquez that he would climb the tree and jump out. Shoppel testified that the Claimant “cradled the branch that he was standing on, turned over, and then hung and dropped.” The witness later responded to a question from the hearing Commissioner that the Claimant “used both hands clasped around the trunk [sic, ostensibly “limb”] and was dangling. (Hr. Tr., p. 143, ll. 3-14)

CONCLUSIONS OF LAW

1. The Claimant failed to carry his burden to prove by the greater weight of the evidence that his injury occurred in the course and scope of his employment. The panel concludes that the hearing Commissioner’s finding that Claimant “reasonably believed” he was acting in the course and scope of his employment is insufficient to conclude as a matter of law that this claim is compensable under the Act. The panel concludes that the Claimant must prove not that he believed he was operating in the course and scope of his employment, but that he actually was operating in the course and scope of his employment at the time of his accident. Claimant failed to carry that burden.
2. The Panel concludes that the evidence submitted by the Claimant fails to provide a basis even for a reasonable belief that Claimant was furthering the Employer’s business when he climbed the subject tree. Claimant carried no tool and made no arrangements for a tool to be passed to trim the limb he alleges was his charge from supervisor Frank Shoppel. The Panel concludes that it stands to reason if the Claimant cannot adequately establish that he himself reasonably believed he was operating in the course and scope of

his employment when he climbed the limb, then he cannot prove that he was actually working in the course and scope of his employment when he climbed to the limb.

3. The Panel finds as fact that the Claimant climbed the tree after accepting a bet from his co-worker, Cesar Rodriguez. This conduct clearly falls within the perimeters of "horseplay" as defined by the Appellate courts of this state. Jones v. Hampton Pontiac, 304 S.C. 440, 405 S.E.2d 395 (1991); Allsep v. Daniel Const. Co., et al, 216 S.C. 268, 57 S.E.2d 427 (1950); Floyd v. City of Charleston, 287 S.C. 474, 339 S.E.2d 166 (Ct. App.), (1986); All as interpreting S.C. Code Ann. §42-1-160 (A) The circumstances under which this accident and injury occurred remove the accident from any consideration that it occurred in the course and scope of the Claimant's employment as required by the Act.
4. This claim is therefore not compensable. The Claimant is not entitled to benefits under the Act.

ORDER

IT IS, THEREFORE, ORDERED that the Decision and Order of the hearing Commissioner is fully and unanimously reversed by the Appellate Panel upon Defendants' application for review.

IT IS FURTHER ORDERED that Claimant is not entitled to any benefits under the South Carolina Workers' Compensation Act.

AND IT IS SO ORDERED.

CERTIFICATE OF SERVICE

This is to certify that the undersigned has this date served this order in the above entitled action upon all parties to this cause by depositing a copy hereof, postage paid, in the United State mail addressed to the attorney or attorneys for said parties.

This 29 day of October, 2009
By Valerie D. Deller

Administrative Assistant to the Commissioner

Don C. Gibson
Michael H. Wyman

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

[Signature]
Commissioner Derrick L. Williams

[Signature]
Commissioner Susan S. Barden

[Signature]
Commissioner Avery B. Wilkerson, Jr.

DECISION AND ORDER OF THE
THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 0813616

Ramon Zepeda, Employee,
Claimant,

vs.

Priority Landscaping and Lawn Care, Inc.,
Employer,

and

Accident Fund Ins. Co. of America,
Carrier,
Defendants.

DECISION/ ORDER

HEARING:

HELD IN NORTH CHARLESTON,
SOUTH CAROLINA ON
JANUARY 22, 2009 AT 9:30 A.M.

APPEARANCES:

CLAIMANT REPRESENTED BY
DON C. GIBSON, ESQUIRE
GIBSON LAW FIRM, LLC
5422 RIVERS AVENUE
NORTH CHARLESTON, SC 29406

DEFENDANTS REPRESENTED BY
MIKELL WYMAN, ESQUIRE
MCANGUS, GOUDELOCK & COURIE
78 WENTWORTH STREET, SUITE 200
P.O. BOX 877
CHARLESTON, SC 29402

PURPOSES OF HEARING:

TO DETERMINE THE ISSUES
SET FORTH ON FORMS 50 AND 51

APR 22 2009

HEARING COMMISSIONER

G. BRYAN LYNDON, COMMISSIONER.

ORDER FILED:

_____, 2009.

CLAIMANT'S APA SUBMISSIONS & EXHIBITS

1. Photographs of the Location/Scene of the Accident		2	1-2
2. Photograph of Claimant' Right Lower Extremity Fracture with implanted hardware		1	3
3. Statement of Claimant to Employer		1	4
4. Statement of Witness/ Supervisor Frank Shoppel 9/5/08		1	5
5. Priority Landscaping Invoice to Fort Johnson Baptist Church	6/26/08	1	6
6. SC Employment Security Comm. A-T Employment records	3/31/06 – 9/30/08	3	7-9
7. Employer's Paycheck records		25	10-34
8. Doctor's Care	9/4/08	3	35-37
9. Roper St. Francis	9/5/08	62	38-100
10. Michael Wildstein, M.D. A-B Wildstein Spine Center	9/5/08 – 1/9/09	14	101-110
11. Roper St Francis	10/7/08	4	111-114
12. Roper St Francis (not received prior to hearing so not submitted so page is blank in the record)	12/3/08	1	115
13. PHC Outpatient Rehabilitation	12/2/08 – 1/5/09	9	116-124
14. Outstanding Medical Bills Claimant's Out of pocket payments		12	125-143
15. TTD Calculations		1	144
16. Unpaid invoices for interpretation/transportation		3	145-148

DEFENDANTS' APA SUBMISSIONS & EXHIBITS

A. *Jones v. Hampton Pontiac*, 304 S.C. 440, 405 S.E.2d 395 (1991); *Allsep v. Daniel Const. Co., et al.*, 216 S.C. 268, 57 S.E.2d 427 (1950), *Floyd v. City of Charleston*, 287 S.C. 2474, 339 S.E.2d 166 (Ct. App., 1986)

B. Wage form completed by Mary Jo Adams 9/22/08 1

C. Photographs of the jobsite and specific tree that are subject of claim

D. Invoices for service issued by Budget Tree Service to Priority Landscaping and Lawn Care

STIPULATIONS

Counsel for all the parties stipulated to the following issues:

1. The purpose of the hearing is to determine the issues set forth in the hearing notice and issues pled on the Forms 50 and 51, and 58s.
2. Notice of the hearing was timely and properly served on all the parties.
3. Jurisdiction is proper and this matter is subject to the South Carolina Compensation Act. Further, venue is appropriately established in Charleston County.
4. The Claimant's average weekly wage is \$463.32 and his compensation rate is \$308.89 per the Form 20 filed by the Defendants.
5. Without objection, the APA submissions of both the Claimant and the Carrier, the recent deposition of the Claimant dated April 7, 2008, and the Commission's file were made part of the record with the exception of any self serving declarations or unstipulated medicals.

STATEMENT OF THE CASE

Claimant, Ramon Zepeda, a Hispanic laborer with a 5th grade education, filed a Form 50 seeking compensability under the Act, after fracturing his right lower extremity and requiring surgical implementation of hardware to stabilize the fracture in a work related accident that occurred on September 4, 2008. Mr. Zepeda, an admitted employee and physical laborer for Employer Priority Landscaping and Lawn Care, Inc, asserts that he climbed into a tree, at the instruction of his supervisors, in an attempt to cut a tree limb, and fell from the limb breaking his right ankle (a comminuted intrarticular tibial III pilon fracture). Claimant maintains that tree limb trimming is done in the regular

course of his work duties Defendant Employer. Claimant seek compensability, payment of all casually related medial, ongoing medical, and TTD benefits from September 4, 2008, through the present as he remains unable to work. Furthermore, his inability to return to work has been excused by Orthopaedist Micheal Wildstein, M.D.

Defendants' admit an Employer/Employee relationship existed between the parties, and admit that the Claimant injured himself on September 4, 2008 as he descended from the subject tree limb, but maintain that the claim is not compensable as it arises out of "horseplay" and should be denied pursuant to *Jones v. Hampton Pontiac*, 304 S.C. 440, 405 S.E.2d 395 (1991) *Allsep v. Daniel Const. Co., et al.*, 216 S.C.268, 57 S.E.2d 427 (1950) , and *Floyd v. City of Charleston*, 267 S.C. 474, 339 S.E.2n 166 (Ct. App. 1986) Defendants allege that the Claimant climbed the tree on a "bet" and not in the course of his work. A lengthy hearing was held on January 22, 2009, at 10:10 a.m., in Charleston County wherein multiple witnesses were presented along with medicals, exhibits and a host of medical documents.

EVIDENCE OF THE CASE

Testimony was received from Claimant Ramon Zepeda, and witnesses Tomas Betancourt, Cesar Rodriguez, Frank Shoppel, and Employer/Owner William Hampton. Additionally, the record consists of the Claimant's and Defendants' APAs consistent with the ruling of the hearing officer together with the Exhibits and Deposition of the Claimant submitted by both Claimant and Defendant during the course of the hearing.

I. WITNESS TESTIMONY

1. Claimant Ramon Zepeda:

Witness was provided a Spanish speaking interpreter throughout the proceedings as he does not speak English. Claimant Ramon Zepeda, testified that his education consisted of schooling in Mexico from ages 9 through 16, (p.10, ll.3-14). After leaving school, he had always worked as a laborer doing intensive and physically demanding work. His prior jobs include jobs included carpentry, planting crops and working in a paper factory.(p.10, ll.15-22). Mr. Zepeda testified that he was hired by Priority Landscape and Lawn Care, LLC by its owner William Hampton, (hereinafter "Priority Landscape") in March 2007, and he had continued working for Priority Landscape for approximately two years (p. 11, ll.9-25). Claimant testified that throughout his employment with the Defendant, he had never missed time from work nor had he been disciplined for the quality of his work, betting or drinking on the job (p. 13, ll.4-8). Claimant stated that he attended work safety meetings, but added that no interpretation was

provided during these meetings so he did not understand what was being said (p. 13, ll.9-16). More importantly, Claimant testified that at no time during his employment was he ever told not to climb a tree, or not to cut or trim, tree limbs from large trees (p.13, ll.17-20; p. 42, ll.15-22). To the contrary, he maintained that his job duties included cutting/trimming limbs in small, medium, and large trees, and cutting grass (pg 13, 21-25; p.14, ll.1-13). Claimant stated that on prior occasions at work he had climbed into trees of a size similar to the one he had fallen out of on September 4, 2008 (p. 14, ll.4-9). He further testified that on prior occasions when his job duties with Priority Landscape involved tree trimming, that he or his co-worker, Juvenal, had either climbed up into the large tree, and used ladders, clippers, power saws, extension saws and/or machetes to do the trimming (p.14, ll.16-25; p.15, ll.1-25; p 16, ll.1-5). Claimant further testified that on prior occasions when he and/or his coworkers were trimming large trees, the equipment necessary to cut the tree was passed to the worker in the tree after the worker had climbed into the tree. This was done for safety reasons because it was unsafe to climb trees with equipment in your hands (p.16, ll.4-15).

On the date of the accident, Claimant arrived at work at the shop (located at the Owner Mr. William's home) around 8:00 a.m. (p. 17, ll.1-12). He testified that he left the shop in a company truck with Cesar Rodriguez, Frank Shoppel, and Leonardo (p.17, ll.9-15). When they left the shop the truck was loaded with equipment, some of which always remained in the outside compartments of the truck. The equipment included, but was not limited to, pole saws and chainsaws (p.17, ll.16-45; p. 18, ll.1-18). Claimant's supervisor the day of the accident was Frank Shoppel. However, because of the language barrier, Claimant and his co-worker Leonardo (neither spoke English) relied on Caesar Rodriguez, who is bilingual, to translate Frank's orders and instruction throughout the day (p.19, ll.8-12; p. 20, ll.1-4). The morning of the accident they completed 3 or 4 other jobs before proceeding to the Church (p.19, ll.4-7). Prior to arriving at the church, Claimant ate his home-packed lunch in the truck around 10 a.m.. (p. 20, ll.8-20). When they arrived at the Church job-site, Frank drove around the church surveying the grounds, as was customary, and then proceeded to park under a tree (p. 21, ll. 1-6). After parking, Claimant and Leonardo rested in the truck while Caesar and Frank, who were seated in the front, began playing cards. Playing cards was not unusual for them. The Claimant could not recollect if, on this occasion, Frank and Caesar were playing cards for money (p. 22, ll.1-15). After resting a bit, Claimant exited the work truck and unloaded the tractor/riding mower and commenced cutting grass while the others remained in the truck (p.23, ll.13-23). Claimant then returned to the truck where Frank, Caesar and Leonardo were standing and was told by Caesar that Frank (his supervisor) wanted him to climb into the tree to trim a particular limb (p.24, ll.15-25; p.25, ll. 1-14; p. 26, ll.10-12). Claimant then drove the tractor/mower to the trunk of the subject tree, climbed the tree as instructed, and reached the indicated limb as directed by Frank, as was customary in his work (p.25, ll.13-19; p.26, ll.4-12).

Throughout this process Frank Shoppel and Cesar watched the Claimant from below, never making any attempt to stop the Claimant from climbing the tree; instead, they (the supervisors) acquiesced in silence (p.25, ll.20-25; p. 1-3, ll.13-20). Claimant then lost his balance and fell out of the tree landing in a standing position (p.27, ll. 2-9) severely injuring and fracturing his right lower extremity. Claimant denies that any "bet" occurred and denies ever being offered money or given money to climb or jump from the tree by Cesar and/or Frank (p. 24, ll. 3-5); p. 25, ll. 10-12; p.26, ll.21-23; p. 27, ll.17-19). Furthermore, Claimant testified that he is a Jehovah's Witness and does not bet, gamble or drink on the job (p. 24, ll.6-14).

After the fall, Claimant limped over to the work truck and sat down. Cesar came over and informed Claimant that Frank Shoppel was calling Employer/Owner William Hampton and reporting the injury (p.27, ll.20-12; p. 28, ll.8-11). At that time, Cesar informed Claimant, in the presence of Frank, that he (Claimant) should report that he fell in a ditch to avoid having the crew fired (losing their jobs) (p. 28, ll.12-19; p. 29, ll. 24-2; p. 30, ll.1-2). Claimant further testified that he did not speak on the phone to the Owner William at that time but that only Frank did (p. 29, ll.17-23). Claimant further testified that following the accident, Cesar advised him not to talk with an attorney about the accident because it would cause problems. However, no specific problems were further delineated (p. 30, ll.16-24).

Mary, the Owner's secretary (who speaks no Spanish), came to pick Claimant up at the job-site and transported him to Doctor's Care because he was in very intense pain (p.31, ll.9-25). At Doctor's Care, Claimant recalls being asked to sign some forms. However, he has little recollection of the forms as his pain at that point had reached a scale of 10 (p.32, ll.10-24; p.68, ll.15-25; p. 69, ll.1-7). Mary then drove the Claimant back to the shop/owner's house where he watched television while waiting for his co-workers to return (p.33, ll.11-23; p. 34, ll.1-6). When Juvenal (a Spanish speaking co-worker/translator) returned, he transported the Claimant to Roper Hospital (p.35, ll.8-13). When they arrived at the emergency room, Juvenal served as the Claimant's interpreter. It was Juvenal who advised the doctor about the accident and what had happened since the Claimant spoke no English (p. 36, ll.11-19; p. 27, ll.1-5). Claimant recalled little of what occurred at the hospital other than receiving an injection and awaking after the surgery (p. 36, ll.20-24; p. 37, ll.1-13). Claimant testified that he later met with Owner William seeking financial assistance and later received a \$100.00 check delivered by Cesar from the owner (p. 64, ll.9-20). He also received another \$120.00 from co-workers and an additional \$100.00 from co-worker/Supervisor Juvenal (p.38, ll.6-17; p. 65, ll.7-12; p. 70, ll.2-14).

Claimant testified that he has not worked since the accident per doctor's orders and that he has a follow-up appointment scheduled with his doctor in April, 2009 (p.38, l.25 thru p. 39, l.1; p. 40, ll.1-4).

On cross-examination, Claimant testified that he does not have a driver's license and does not

drive. He also stated that he and Cesar Rodriguez lives in the same house along with several other house mates (p. 44, ll.18-24). Claimant also testified during cross-examination that on prior occasions, when he had trimmed large tree limbs with co-worker Juvenal, he climbed into the tree without the cutting tools (indicating that the tools would later be passed onto him by co-workers) (p. 37, ll.7-20). He explained that after climbing into the tree, the cutting tools were customarily passed up. He further admitted that the day of the accident no other co-worker passed him any tools (p. 52, ll.9-15; p.16, ll.4-15).

Claimant recalled being told by Cesar to report that he had had been injured by stepping into a ditch/hole, but could not recall exactly what, if anything, he told Doctor's Care at his initial visit (p. 58, ll.19-24).

On redirect Claimant testified that he was almost at the end of the limb when the accident occurred (p. 59, ll.12-18).

2. Tomas Martinez Betancourt-(previous employee for Priority Landscaping).

Mr. Betancourt, was employed by Priority Landscaping for about seven or eight months of 2007 and worked with the Claimant (p. 73, ll.10-19). Betancourt testified that he got the job through the same friend as the Claimant, and that he was hired by Mr. Williams at his home/shop (p. 73, ll.20-24). Mr. Betancourt went on to testify that they worked in crews of four and that Frank or Juvenal were the supervisors (p. 74, ll.9-25). His job duties with Priority Landscaping consisted of cutting limbs from large, medium and small trees as well as weed-eating. He explained that at times his job duties required tree climbing. He testified if you were unable to reach the limbs from the ground you had to go up into the trees (p. 75, ll.9-25). Mr. Betancourt stated that while working for Priority Landscaping it was normal for he and Ramon to climb into trees to trim limbs, and that it was normal to pass tools to the worker in the tree through use of ladders or ropes (p 75, ll.10-25; 76, ll.4-23). In fact, Mr. Betancourt went on to testify that he had trimmed trees at the very same church property where this accident occurred during his period of employment with Priority Landscaping (p. 77, ll.1-7). Mr. Betancourt testified that throughout his employment with Priority Landscaping, he was never told not to climb trees (p. 77, ll.8-16). Mr. Betancourt further testified that Frank (the supervisor) would gamble and play cards in the truck during break time (p. 17, ll.17-21).

On cross-examination and redirect, Mr. Betancourt testified that he was the Claimant's brother-in-law and that Cesar Rodriguez was also related to several current employees of Priority Landscaping; specifically, Juvenal, Antonio and Cesar's father (p 80, ll.14-19; p. 82, ll.14-19).

3. Cesar Rodriguez Parede, Priority Landscaping Co- Supervisor/Translator)

Witness, being bilingual, and without objection by either counsel, elected to testify in English.

Cesar Rodriguez Paredes (hereinafter referred to as "Cesar Rodriguez") testified that he continues to work for Priority Landscaping and had been employed there for two years (p. 87, ll. 9-10; p. 133, ll.20-25). He testified that he was employed as a co-supervisor of Frank's crew, and that he served as the interpreter/communicator between Supervisor Frank and the other Spanish speaking workers. His job duties included translating work instruction and to the Spanish workers who could not speak English (p. 112, ll.11-25; p. 113, ll.1-3; p. 115, ll.9-13; p.118, ll.13-18). In addition to his own employment, Priority Landscaping employed his two cousins, Juvenal and Antonio (p. 124, ll.1-20).

He stated that he was present when the Claimant fell out of the tree at Fort Baptist Johnson Church, a property regularly maintained by Priority Landscape (p. 87, ll.19-20 p. 88, ll.1-8). Mr. Cesar Rodriguez testified that on the day of the accident, he, Frank, Claimant and Leonardo, arrived at the Church in the work truck, and Frank parked the work truck underneath the subject tree (p.88, ll.12-25; p. 89, ll.1-8). Mr. Rodriguez testified that he ate lunch in the truck but denied playing cards with Frank in the truck (p. 90, ll.3-5). However, in Mr. Rodriguez's testimony moments later, he admitted playing cards at work on the day of Ramon's fall (p. 119, 1-15) and I did not find his testimony credible. Mr. Rodriguez then testified that after exiting the work truck, "they" started betting on who would jump out of a tree.(p. 90, ll.11-21). He stated that he offered money to Frank and Leonardo who refused the "bet". However, Mr. Rodriguez claimed that Ramon accepted the \$20.00 bet (p. 90, ll.6-25; p.91, ll.1-21). Mr. Rodriguez stated that he stood under the tree and watched as Claimant drove the tractor/mover over to the tree trunk and climbed the tree. Mr. Rodriguez watched Ramon climb approximately 18-20 feet in the air, all the while knowing that Frank (a supervisor) had not instructed him to tell Ramon to climb into the tree or to the limb (p. 92, ll.12-16; p.94, ll.16-24; p.120, ll.14-20).

Mr. Cesar Rodriguez went on to testify that he had previously trimmed trees while working for Priority Landscape and went on to refer to pictures depicting trees he had trimmed on the job. He said that when they (workers) could not reach a tree limb which had to be trimmed, they used a seven foot ladder to reach the limb (p 98, ll.5-24; p. 99, ll.2-20).

Mr. Rodriguez further testified that he still lives in the same house as the Claimant but denied ever discussing this case with him other than on one occasion when the Claimant offered him money if he won (p. 91, ll.19-25; p.101, ll.24-25; p.102, ll.9-20).

On cross-examination, Mr. Rodriguez stalled and refused to admit when the photographs he referred to in his testimony were taken (p. 103, l.14 thru p.107, l.20). Initially, he claimed he did not know when they were taken and then he denied them being taken within the 30 days before the hearing. Finally, after being Ordered by the Commissioner to respond to the question, he conceded that the

photographs were taken the day before this hearing, in the presence of William (owner) and his attorney, Mikell Wyman. (p. 103, l. 14 thru p.107, l.20; p. 127, ll.1-15). His lack of veracity again called his credibility into question.

Mr. Rodriguez went on to testify that after the accident he gave (not loaned) the Claimant \$50.00 and delivered two \$100.00 checks to the Claimant from William (Owner) (p. 108, ll.6-16; p. 109, ll.9-14). Mr. Rodriguez repeatedly denied talking to anyone in Claimant's Counsel Office (p. 110, ll.12-19). The witness then, upon further questioning, recanted and testified that he had blatantly lied to Mr. Gibson's office about how the accident had happened, omitting anything about a "bet" surrounding the Claimant's fall (p. 111, ll.2-24). He then went on to testify that he came up with the "betting" story for fear of losing his job, which he loved and would do anything to protect (p.111, ll.1-24; p.129, ll.1-14).

Mr. Rodriguez testified that, while working for Priority Landscaping, he had never been instructed to tell workers not to climb trees (p. 113, ll.3-5). He testified that the Claimant was his friend, but could not offer any explanation as to why he and his Supervisor Frank, stood silently by and watched the Claimant climb 18-20 feet in the air and proceed out on a tree limb (p. 115, ll.2-20; p.116, ll.1-3; p. 117, ll.5-25). Mr. Rodriguez admitted that Frank was aware of the "bet", but took no action to stop the Claimant from climbing into the tree and out onto a tree limb 18-20 feet in the air (p. 120, 3-9; 13-24); p. 122, 10-18).

On re-cross, Mr. Rodriguez stated that he testified at this hearing only to protect his job (p. 131, ll.16-18).

4. Frank Shoppel- Supervisor for Priority Landscaping

Mr. Shoppel testified he continued to be employed with Priority Landscape as a supervisor where he had worked on and off since 1997 (p. 135, ll.13-18). He admitted that his work crew would trim tree limbs when they could reach the limbs by using 6-10 foot ladders and pole saws that extended an additional 11-12 feet. However, he adamantly denied trimming branches from trees as large as the subject tree (p. 149, ll.5-7; p. 150, ll.2-4; 22-24; p. 151, ll.1-25; p.152, ll.6-11; p.153, ll.13-25).

Mr. Shoppel testified that on the date of the accident he drove Ramon, Cesar and Leonardo in the work truck to Fort Johnson Baptist Church and parked the truck under the subject tree; near the trunk of the tree as is depicted in photographs submitted in Defendant's Exhibits (p. 136, ll.14-25; p. 149, ll. 16-19).

Frank testified that Ramon climbed the tree after making a \$20.00 bet with Mr. Rodriguez (p. 138, ll.21-24; p. 139, ll.13-20). Mr. Shoppel testified that he stood there and silently watched as Ramon climbed the tree and walked out on a limb some 20 feet in the air, hung on the limb, and jumped to the ground landing on his feet (p. 142, ll.7-25; p.143, ll.1-20). He stated that at no time did he either instruct

Ramon to climb the tree or to get out of the tree (p. 149, ll.15-23).

Mr. Shoppel testified that he concocted a cover story at the scene of the accident, and instructed the Claimant, through Mr. Rodriguez, to lie about how the accident had occurred and to say that he had stepped in a hole rather than tell the actual facts (p. 169, ll.1-25; p.170, ll.2-6).

Mr. Shoppel stated he called the Owner William after he realized the Claimant had been hurt. William then sent Mary, the office secretary, to the scene and she took the Claimant to Doctor's Care (p. 144, ll.1-24).

Mr. Shoppel went on to testify that he dictated a "Statement" the day after the accident which contained lies about what had happened, to William's wife (Claimant's APA 5). He further testified that his Statement failed to make mention of any "bet" between Mr. Rodriguez and the Claimant. (p.147, ll.4-24; 148, ll.2-14; p.174, ll. 1-19) He read the Statement into the record which, to paraphrase, read that he watched as the Claimant climbed into the tree without being instructed to do so, and that Mr. Zepeda was hurt when he jumped or fell out of the tree. His Statement actually states that he did not witness the fall/jump. (Claimant's APA5, p. 160, ll.12-25). He went on to explain that he made no reference to any "bet" in his Statement (for the owner William) in the days after the accident for fear of losing his job. (147, ll.1-3) 147, ll.1-3). He also admitted that the representations made in his September 5, 2008 Statement, were in fact lies. (p. 146, ll.22-24; p. 161, ll.5-12; p. 174, ll.15-19)

After admitting these lies contained in his own statement given to his employer, Frank Shoppel conceded that he was employed as a supervisor for Priority Landscaping. Further, that one of his duties was to make sure his crew was doing their jobs safely (p.154, ll.17-25). He went on to admit that he did nothing to stop the Claimant or his crew member, from climbing into the tree and admitted that Mr. Zepeda's actions were in themselves an unsafe act (p.155, ll.23-25; p. 157, ll.12-25). He further testified that the day of the accident they had ladders and extension pole saws in the truck (p. 162, ll.5-21; p.163, ll. 5-15).

Mr. Shoppel testified that Priority Landscaping had been his only employer since 1997. His employment had been interrupted during periods of incarceration in the penitentiary. He further admitted having been convicted of assault and battery of a high and aggravated nature, burglary, unlawful use of a phone and violation of probation (p. 163, ll.16-25; p. 164, ll.1-25; 167, ll.2-15). William, the owner of Priority Landscape, was aware of Mr. Shoppel's criminal history (p. 164, ll.20-22). Mr. Shoppel's South Carolina Law Enforcement Division (SLED) Report was admitted into evidence without objection.

5. William Hampton- Owner/ Employer/ Priority Landscaping

Mr. Hampton testified that he owned Priority Landscaping and, though he was not present at the

church at the time of the accident, he was aware of the Claimant's accident (p. 179, ll.13-25; p. 181, ll.23-25). He testified that he learned of the accident when Frank Shoppel called him and informed him that the Claimant had fallen in a ditch (p. 180, ll.1-14). He further testified that Frank had lied to him after discovering the Claimant had not fallen into a ditch, but rather, in fact, had fallen out of a tree. He made this discovery the next day when Frank dictated his Statement to the owner's wife.

Mr. Hampton acknowledged that the Claimant had been a good worker while in his employ, and that he had not had any disciplinary problems with him (p. 195, ll.6-10).

Mr. Hampton denied that his company would trim large oak trees, but testified that this type of work would be subcontracted out to a Tree Service (p. 183, ll.7-22). However, on cross examination, Mr. Hampton identified Claimant's APA No. 6 as a Priority Landscaping June 2008 Invoice to Fort Baptist Church. He admitted that it referenced, "tree work to be done each week throughout the property" (p. 102, ll.3-13)

Mr. Hampton admitted that his supervisor Frank did lie to him and his wife about how the accident had occurred and conceded that he had no idea what really happened on the date of the accident (p. 191, ll. 5-7).

Responding to a question by this Commissioner, Mr. Hampton admitted that his company would remove a dead limb from any tree, even a large oak, if his crew could reach the limb with a ladder and an 11ft extension pole saw (p, 201, ll.5-11).

II. Medical Evidence

Claimant presented to Doctor's Care on September 4, 2008, at approximately 2:51pm and was diagnosed with an acute closed comminuted right distal tibial pilon fracture. (Claimant's APA # 35) He was given pain and inflammation medication, crutches and instructed to follow up with an orthopaedist. He later was admitted to Roper Saint Francis where he underwent surgery and had pins and external fixation hardware placed on the fracture under the care of Michael Wildstein.(Claimant's APA Nos. 38-101) Mr. Zepeda continued his care of the fracture with Michael Wildstein, M.D., who performed a second surgery on September 30, 2008 for definitive fixation of the fracture. Dr. Wildstein continues to be the Claimant's treating physician and has opined that the Claimant remains unable to be released back to work. Dr. Wildstein has treated the Claimant with booting, physical therapy and pain and inflammation medication. A follow up appointment is scheduled for March 9, 2009.

The Claimant has incurred \$34, 777.19 dollars in outstanding medical bills as a result of medical care, sought at, or at the direction of Doctor's Care, Roper Saint Francis and the Wildstein Spine Center

for the subject injuries (Claimant's APA 125-135). Furthermore Claimant has incurred \$376.54 in medical travel and translation expenses (Claimant's APA 145-148).

III. Exhibits

Photographs of the scene were presented by both parties as well as the statements of both the Claimant and eyewitness Frank Shoppel (Claimant's APAs 4 & 5). Claimant Ramon Zepeda's undated written Statement represented that he fell while attempting to trim a tree limb. Eyewitness Frank Shoppel's statement represented that he had witnessed the Claimant climb a tree for fun and that Mr. Zepeda had fallen or jumped out of the tree but that Frank had not witnessed Mr. Zepeda's descent. (Claimant's APA 5).

Priority Landscaping Invoice No, 39950 dated 6/26/08, addressed to Fort Johnson Baptist Church notes that tree work was to be done throughout the church property weekly, with special attention to be given to trimming the base of the crepe myrtles on the walkway (Claimant's APA 6).

FINDINGS OF FACT

Based on the documentary evidence submitted by the respective parties pursuant to the Administrative Procedures Act, the witnesses' testimony, Exhibits and the Commission's file relative to this claim, I make the following findings:

1. The Claimant injured his right leg in an accident arising out of and in the course and scope of his employment on September 4, 2008 when he fell from a tree limb after climbing a tree and proceeding out onto a limb during the course of employment under the instructions, direction of, and in the presence of his supervisor Frank Shoppel and interpreter Cesar Rodriguez. I note that at no time during his ascension did either supervisor tell him to get down nor did they make any attempt to stop the Claimant from climbing the tree. They, instead, merely watched in silence as the Claimant proceeded to follow and carry out his supervisor's instructions and directions.

After considering the testimony of all the witnesses, giving credence to that of the Employer Owner's testimony, together with Employer Owner's Invoice to Fort Baptist Church, I find that Priority Landscaping and Lawn Care, Inc., in the regular course of business did tree trimming on small, medium, and large trees when the limbs could be reached with a ladder and an extension saw.

I further find based on the cumulative evidence, that the Claimant reasonably believed that he was furthering the Employer's business when he climbed into the subject tree.

2. After considering all the evidence, I further find that the defendants failed to prove by the greater weight of the evidence that the Claimant was engaged in "horseplay".

3. I further find the testimony of Cesar Rodriguez and Frank Shapel is not credible for the several reasons cited by me in the evidence summary above of their own testimony in this case.

4. I find, pursuant to the agreement of the parties, the Average Weekly Wage of the Claimant was \$463.32 which yields a Compensation Rate of \$308.89.

5. I find the following medical providers have provided causally related medical care for the Claimant since the accident: Doctor's Care, Roper St. Francis, Michael Wildstein, M.D., of Wildstein Spine Center, PHC Outpatient Rehabilitation (Therapy). I further find that all medical bills related to these care providers should be paid by the carrier pursuant to the South Carolina Workers Compensation Schedule for medical payments.

6. I find the Claimant has not reached MMI and is in need of future medical care. I find that the Defendants shall provide future medical care and shall direct same.

7. I find that the Claimant is entitled to TTD from September 4, 2008 thru the date of the hearing using the CR of \$308.89. I further find that the Defendants shall pay continuous TTD of \$308.89 from the date of the hearing forward until further order of the Commission or by operation of state statute.

CONCLUSIONS OF LAW

1. That the parties of this proceeding are subject to and bound by the provisions of the Act.
2. That on or about September 4, 2008, Claimant sustained a compensable injury to his right lower extremity within the meaning of S.C. Code Ann. §42-1-160, as amended (1976) while performing duties within the course and scope of his employment.
3. That pursuant to S.C. Code Ann. §42-1-40, as amended (1976), Claimant's average weekly wage for the purpose of the above named claim is \$ 463.32 which results in an applicable compensation rate of \$ 308.89.
4. That, pursuant to S.C. Code Ann. §42-17-30, as amended (1976), Claimant shall be entitled to additional medical care as he has not reached MMI. Defendants shall be responsible for the provision of same and may direct the medical treatment designed to lessen Claimant's period of disability.
5. That pursuant to S.C. Codes Ann. §42-9-10 and §42-9-20, as amended (1976), Claimant is entitled to temporary total disability from September 4, 2008 through January 22, 2009 which shall continue until further Order of the Commission or by operation of state statute.

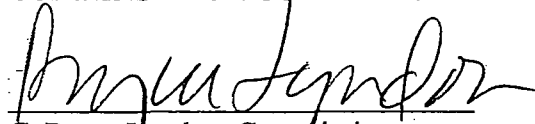
ORDER/AWARD

IT IS HERBY ORDERD, ADJUDGED, AND DECREED AS FOLLOWS:

1. This is a compensable claim.
2. That the Defendants pay TTD to the Claimant from the date he was injured, September 4, 2008 to the date of hearing on January 22, 2009 utilizing a Compensation Rate of \$308.89.
3. The weekly TTD of \$308.89 shall be paid as a continuous award beyond the hearing date until further Order of the Commission or by operation of statute.
4. The Claimant is entitled to all his past causally related medical treatment. Defendants shall pay all causally related medical costs and expenses, to include but not be limited to, medical transportation and interpretation costs, from the date of his injuries on September 4, 2008 to the date of the hearing and continuing pursuant to the approved Workers' Compensation Schedule. The defendants shall pay all the specified medical providers set forth in the above findings of fact.
5. The Defendants shall provide additional medical care for the Claimant for his causally related injuries and may direct same.

IT IS SO ORDERED.

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION


G. Bryan Lyndon, Commissioner

CERTIFICATE OF SERVICE

This is to certify that the undersigned has this date served this order in the above entitled action upon all parties to this cause by depositing a copy hereof, postage paid, in the United States mail addressed to the attorney or attorneys for said parties.

This 21st day of April, 2009

By Samana Morris
Administrative Assistant to the Commissioner

MW
DCB

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
REQUEST FOR A PROPOSED DECISION AND ORDER

This document is not a Decision and Order. It is a request for a proposed order.
The Commissioners reserve the right to modify and/or delete any or all portions
of the submitted Decision and Order.

Ramone Zepeda v Priority Landscaping
SCWCC: 0813616
Commission Panel: Williams, Barden, Wilkerson; Chair
Order Assigned to Commissioner: Williams

Mikell H. Wyman
Don B. Gibson

Defendants/Appellants
Claimant/Respondent

This matter was heard before the South Carolina Workers' Compensation Full Commission Appellate Panel during the last term of Review. The Commissioners considered the matter and find a **Full Reversal** of the order of the Single Commissioner.

Mr. Wyman, please prepare a proposed order with copies for each Party, and submit to the Judicial Department within thirty (30) days of this notice. Please make sure the Appellate Panel Decision and Order recites the specific Finds of Fact and Rulings of Law of the Single Commissioner's Decision and Order.

If you have any questions, please do not hesitate to email me at vcrocker@wcc.sc.gov or call at 803.737.5739.

Virginia L. Crocker
Judicial Director

Transmitted via email this 8 day of September, 2009

South Carolina Workers' Compensation Commission

1612 Marion Street • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov

WCC File #: UnknownCarrier File #: ALF6005462WC08000002

Carrier Code #: _____

Employer FEIN #: _____

Claimant's Name: Ramon Zepeda-Cepeda SSN: 542-35-2210Employer's Name: Priority Landscaping & Lawn

Address: _____

Address: 1108 East Cooper AvenueCity: Johns Island State: SC Zip: 29455City: Folly Beach State: SC Zip: 29439Home Phone: (843) 559 - Work Phone: () -Insurance Carrier: Accident Fund Ins. Co. of AmericaPreparer's Name: Don C. GibsonLaw Firm: Don C. Gibson Law FirmPreparer's Phone #: 843-744-1887

Complete each information blank. To request a hearing, check Box 13b, indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.

A claim for workers' compensation benefits is made based on the following grounds:

Date of Injury or Illness: September 9, 2008☒ Injury ☐ Illness ☐ Repetitive Trauma1a. The claimant sustained an injury to Right lower extremity on September 9, 2008 in Charleston County, state of South Carolina.1b. Body part(s) affected are: Right lower extremity (comminuted fracture of distal tibia)Briefly describe how the accident occurred. Claimant jumped out of tree after attempting to trim a branch and suffered a comminuted fracture of distal tibia.

2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.

3. The relationship of employer and employee existed at the time of injury.

4. At the time of the injury the claimant was performing services arising out of and in the course of employment.

5. Notice of the accidental injury was given to the Employer on September 9, 2008 in the following manner: Verbally to Supervisor/Owner, William Patron☒ 6. Due to injury, the claimant is in need of (check one):☒ (a) medical examination and treatment for: right lower extremity☒ (b) additional medical examination and treatment for: right lower extremity☒ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:Date of injury continuing until MMI☒ 8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):☒ (1) General Disability:☒ Total☒ (2) Specific Disability:☒ Total☒ (3) Wage Loss☒ Partial☒ Partial☒ 9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: Unknown at this time.10a. At the time of the injury, the Claimant was paid weekly wages of \$To be determined by Form 20, and demands accounting of days worked and wages earned as provided by law.10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: None, Claimant is currently medically excused from work by Dr. Michael Wildstein.11a. Further grounds or unusual aspects of claim: Any and all applicable under the South Carolina Workers Compensation Act.11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: Doctors Care, James Island, SC; Roper Hospital, Charleston, SC; Dr. Michael Wildstein, Charleston, SC.11c. To the best of your knowledge, did you have any prior permanent disability? None known.
If yes, describe: _____

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 13a. I am filing a claim. I am not requesting a hearing at this time.☒ 13b. I am requesting a hearing. A \$25 fee is required.14. Estimated time needed for hearing: 1 1/2 hours as the Claimant will need a Translator

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature

Esquire
Titledgibson@dgibsonlaw.com
EmailSeptember 26, 2008
Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Claims Department.

WCC Form # 50
Revised 9/07

50

Employee's Notice of Claim and/or
Request for Hearing

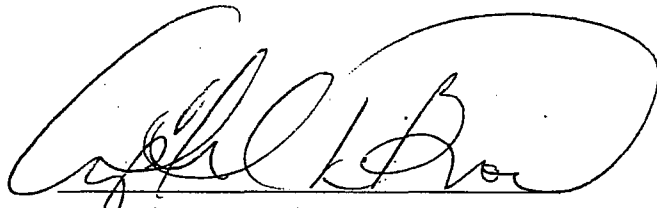
023

CERTIFICATE OF MAILING

I HEREBY CERTIFY that I mailed the attached documents to the following by placing a copy of the Form 50-Request for a Hearing and the amended Certificate of mailing in the United States Mail with sufficient postage thereon on September 26, 2008.

United States First Class Mail

Accident Fund Insurance Co. of American
Southern Claims Unit
232 South Capital Avenue
Post Office Box 40790
Lansing, MI 48901-7990

A handwritten signature in black ink, appearing to read 'Crystal L. Bozard', written over a horizontal line.

Crystal L. Bozard, Assistant
Gibson Law Firm, LLC

DON GIBSON

Law Firm

dgibson@dgibsonlaw.com
5422 Rivers Avenue
North Charleston, SC 29406
PH 843-744-1887
FAX 843-744-5320

January 19, 2009

The Honorable G. Bryan Lyndon, Commissioner
South Carolina Workers' Compensation Commission
Post Office Box 1715
Columbia, SC 29202-1715

Re: Claimant: Ramon Zepeda
Employer: Priority Landscaping & Lawn Care, LLC
Carrier: Accident Fund Insurance Co. of America
Date of Accident: 7/4/08
WCC File No.: 0813616
Our File No.: 08-145

Dear Commissioner Lyndon:

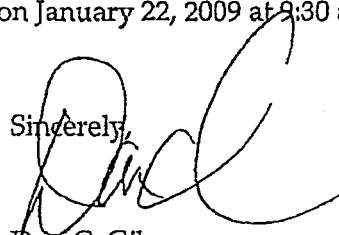
I am pleased to enclose the Amended Pre-Hearing Brief and Notice of Submissions of Reports of Experts under the Administrative Procedures Act on behalf of the above mentioned matter in accordance with Rule§ 67-611.

By copy of this letter to Mikell Wyman, Esquire, Attorney for the Defendant, I am providing them with a copy of the same as required by the Rules and Regulations of the Commission, together with copies of the submissions under the Administrative Procedures Act.

I look forward to appearing before you on January 22, 2009 at 9:30 a.m.

With kindest regards, I am

Sincerely,


Don C. Gibson

DCG/ppz
Enclosures

cc: Mikell Wyman, Esquire

South Carolina Workers' Compensation Commission
1612 Marion St.
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739
www.wcc.sc.gov



PRE-HEARING BRIEF
WCC File No: 0813616

Claimant's Name: Ramon Zepeda Employer's Name: Priority Landscaping and Lawn Care, Inc.
Address: _____ Address: Post Office Box 1924/1108 East cooper Avenue
City: John's Island State: SC Zip: 29455 City: Folly Beach State: SC Zip: 29439
Home Phone: (843) 55 Work Phone: () Carrier: Accident Fund Ins. Co. of America
Preparer's Name: Don C. Gibson Preparer's Phone #: (843) 744-1887

A claim for workers' compensation benefits is made based on the following grounds:

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$308.89 2. AWW: \$463.32 Date of Injury: 09/4/08
3. Type of Injury and body part(s): Claimant, a 45 year old Hispanic male tree laborer who was cutting a tree limb but was unable to complete the task, so he jumped down (9/10 feet) and he had immediate pain. He suffered injury to his Right lower extremity (comminuted fracture of distal tibia). On 9/5/08 Claimant underwent multiplane external fixation system operation. Thereafter, on 10/7/08 Claimant underwent a removal of right lower extremity multiplane external fixator and an open reduction and internal fixation of right distal tibia pilon fracture.
4. Facts in controversy: 1. Whether the Claimant suffered a compensable injury when while attempting to descend a tree limb? 2. Whether the Claimant is entitled to past, present and additional medical attention for the above mentioned injuries? 3. Whether the Claimant is entitled to TTD benefits from 9/4/08 through the present while he remains medically excused from work by Dr. Wildstein? 4. Whether the Claimant's average weekly wage is \$463.32 and compensation rate is \$308.89 as per employer's Form 20 records? 5. Whether the Claimant's medical expenses from MUSC and incurred prior to acceptance are compensable?
5. Legal Issues Involved: See attached.
6. Unusual aspects: Claimant will require and Spanish Interpreter throughout the hearing.
7. Witnesses (designate if expert):* Claimant Ramon Zepeda, Cesar Rodriguez, Tomas Betancourt, William R. Hampton, Juvenal Tejeda, Tonlo Tejeda, Frank Schappel, Dan Bilek, and/or property manager of 1027 W. Ashley Ave., Folly Beach, SC, Leigh Taylor and or property manager of 1305 E. Ashley Ave., Folly Beach, SC, and/or property manager of 1303 E. Ashley Ave., Folly Beach, SC, L Kennedy and Jackie Inabnett of Fred Holland Realty, designated representative of Fred Holland Realty, owner Bobby Kneece, owner and property manager of True Luck Island and any and all witnesses by the Carrier.
8. Exhibits: Photographs depicting the scene of the accident, South Carolina Employment Security Records, Claimant's deposition
9. Medical evidence (Indicate report pursuant to R.67-612; deposition or appearance): All medical records, exhibits, and all other documentation attached hereto as APA Submissions.
10. Name, address, and specialty, if any, of the treating physician: Michael Wildstein, 418 Folly Road, Suite C, Charleston, SC 29412
11. Impairment rating(s); body part(s); physician and date of opinion: Claimant has not attained MMI.
12. I am amending my Form 50/51 in the following manner: Date of accident should be amended to reflect date of injury of 9/4/08.

I verify the contents of this form are accurate and true to the best of my knowledge.

Signature: [Signature] Email: Dgibson@dgibsonlaw.com

Date of hearing: January 22, 2009 at 9:30 a.m. Time needed for hearing: 1 1/2 hr as Interpreter required

On behalf of ☒ Claimant ☐ Employer Date: January 19, 2009

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.

* Commissioners reserve the right to admit expert witnesses at hearings.

STATE OF SOUTH CAROLINA
BEFORE THE WORKERS' COMPENSATION COMMISSION

W. C. C. FILE #: 0813616

Ramon Zepeda,)
)
 Claimant/Employee)
)
 vs.)
)
 Priority Landscaping and Lawn Care, Inc.,)
)
 Employer,)
)
 and)
)
 Accident Fund Ins. Co. of America,)
)
 Carrier.)
)

NOTICE OF WITNESSES
AND WRITTEN MEDICAL REPORTS TO
BE INTRODUCED AS DIRECT EVIDENCE
ON BEHALF OF THE CLAIMANT

YOU WILL PLEASE TAKE NOTICE that the Claimant pursuant to the provisions of the South Carolina Worker's Compensation Act and Section 1-23-330 of the South Carolina Code of Laws (Cum. Supp. 1988) submit the following medical records and other documents as evidence:

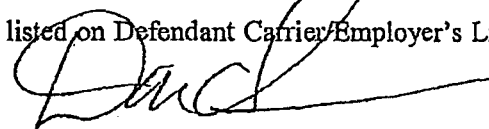
<u>APA #</u>	<u>PROVIDER</u>	<u>DATE(S)</u>	<u># OF PAGES</u>	<u>PAGE #</u>
1.	Photographs of the Location and Scene of the Accident		2	1-2
2.	Photograph of Claimant' Right Lower Extremity Fracture with implanted hardware		1	3
3.	Statement of Claimant to Employer		1	4
4.	Statement of Witness/ Supervisor Frank Shoppel	9/5/08	1	5
5.	Priority Landscaping's Invoice to Fort Johnson Baptist Church	6/26/08	1	6
6.	SC Employment Security Comm. Employment records	3/31/06 – 9/30/08	23	7-9 A-T
7.	Employer's Paycheck records		25	10-34
8.	Doctor's Care	9/4/08	3	35-37
9.	Roper St. Francis	9/5/08	62	38-100

10.	Michael Wildstein, M.D. Wildstein Spine Center	9/5/08 – 1/9/09	14	101-110 A-B
11.	Roper St Francis	10/7/08	4	111-114
12.	Roper St Francis (will be provided upon receipt)	12/3/08		115
13.	PHC Outpatient Rehabilitation	12/2/08 – 1/5/09	9	116-124
14.	Outstanding Medical Bills Claimant's Out of pocket payments		12	125-143
15.	TTD Calculations		1	144
16.	Unpaid invoices for interpretation & transportation		3	145-148

YOU ARE FURTHER NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are forthwith schedule the deposition(s) of any of the physicians or other person(s), whose reports are submitted, for the purpose of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Claimant: Ramon Zepeda, Cesar Rodriguez, Tomas Betancourt, William R. Hampton, Juvenal Tejeda, Tonio Tejeda, Frank Schappel, Dan Bliet, and/or property manager of 1027 W. Ashley Ave., Folly Beach, SC, Leigh Taylor and or property manager of 1305 E. Ashley Ave., Folly Beach, SC, and/or property manager of 1303 E. Ashley Ave., Folly Beach, SC, L Kennedy and Jackie Inabinett of Fred Holland Realty, designated representative of Fred Holland Realty, owner Bobby Kneece, owner and property manager of True Luck Island and any witness listed on Defendant Carrier/Employer's List of Witnesses.



Don C. Gibson, Esquire
GIBSON LAW FIRM, LLC
5422 Rivers Avenue
North Charleston, SC 29406
(843) 744-1887; (843) 744-5320 Fax
ATTORNEY FOR THE CLAIMANT
S. C. Bar #: 2466

January 19, 2009
North Charleston, SC

STATE OF SOUTH CAROLINA
BEFORE THE WORKERS' COMPENSATION COMMISSION

W. C. C. FILE #: 0813616

Ramon Zepeda,)
)
 Claimant/Employee)
)
 vs.)
)
 Priority Landscaping and Lawn Care, Inc.,)
)
 Employer,)
)
 and)
)
 Accident Fund Ins. Co. of America,)
)
 Carrier.)
)

CERTIFICATE OF SERVICE

THIS IS TO CERTIFY that in accordance with Rule § 67-611 and Rule § 67-212(C), I, the undersigned, have this date served upon the attorneys for the Employers/Carriers in the above referenced case the below listed documents by placing copies of same in the United States Mail, with adequate postage affixed and served on the attorneys as follows:

DOCUMENTS SERVED: Form 58 Pre-Hearing Brief and Notice of Witnesses and
Written Medical Reports to be introduced as Direct Evidence.

SERVED BY HAND DELIVERY ON:

Mikell Wyman, Esquire
McAngus, Goudelock & Courie
78 Wentworth Street, Suite 200
P. O. Box 877
Charleston, SC 29402

SEND VIA UNITED STATES MAIL:

Commissioner G. Bryan Lyndon
South Carolina Workers Compensation Commission
Post Office Box 1715
Columbia, SC 29202-1715

January 19, 2009

North Charleston, SC 29406


Paola P. Zalom
Assistant to Don C. Gibson, Esquire

LEGAL ISSUES INVOLVED:

1. Nature and extent of the injury pursuant to SC Code Ann. § 42-1-160; All consequences of an injury are compensable. Whitfield vs. Daniel Construction 83 S.E. 2nd 460n (1954).
2. Innocent Victim of Horseplay pursuant to Allsep v. Daniel Construction Company, 216 S.C. 268, 57 S.E.2d 427 (1950). Floyd v. City of Charleston, 287 S.C. 474, 476 n.2, 339 S.E.2d 166, 167 n.2 (Ct. App. 1986). Calvin Jones v. Hampton Pontiac, 405 S.E.2d 395.
3. Claimant was furthering Defendant's interest at the time of his injury. Wright v. Bi Low, Inc., 314 S.C.2d 442 S.E.2d 186 (Ct. App. 1994)
4. Entitlement to medical treatment and payment pursuant to SC Code Ann. § 42-15-60, to include but not be limited to additional medical treatment, transportation to medical appointments or medical mileage, and interpretation services at same. Claimant's outstanding medical expenses are \$34,777.19 and his out of pocket expense is \$279.64. Claimant's transportation and interpretation bills are \$376.54.
5. Entitlement to future medical treatment and payment pursuant to SC Code Ann. § 42-15-60, to include but not be limited to additional medical treatment, transportation to medical appointments or medical mileage, and interpretation services at same, pursuant to Dodge v. Bruccoli, Clark, Layman, Inc. 344 S. C. 574 (S.C. App. 1999).
6. Claimant's entitlement to total and permanent disability pursuant to S.C. Code Ann. § 42-9-20 or in the alternative 42-9-30? Winn vs. Peoples Natural Gas, 118 S.E.2nd 812 (1961) Coleman vs. Quait Concrete Products, 142 S.C. 2nd 43 (1965); Stevenson vs. Rice Services, 473 S.E.2nd 699 (1996).
7. Claimant's entitlement to past, present and ongoing compensation pursuant to S.C. Code Ann. § 42-9-10 in the amount of \$6,134.56?

DON GIBSON

Law Firm

dgibson@dgibsonlaw.com

5422 Rivers Avenue

North Charleston, SC 29406

PH 843-744-1887

FAX 843-744-5320

January 7, 2009

The Honorable G. Bryan Lyndon, Commissioner
South Carolina Workers' Compensation Commission
Post Office Box 1715
Columbia, SC 29202-1715

Re: Claimant: Ramon Zepeda
Employer: Priority Landscaping & Lawn Care, LLC
Carrier: Accident Fund Insurance Co. of America
Date of Accident: 7/4/08
WCC File No.: 0813616
Our File No.: 08-145

Dear Commissioner Lyndon:

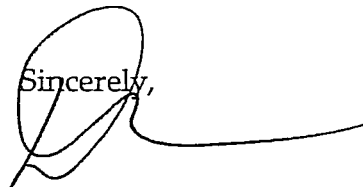
I am pleased to enclose the Pre-Hearing Brief and Notice of Submissions of Reports of Experts under the Administrative Procedures Act on behalf of the above mentioned matter in accordance with Rule§ 67-611.

By copy of this letter to Mikell Wyman, Esquire, Attorney for the Defendant, I am providing them with a copy of the same as required by the Rules and Regulations of the Commission, together with copies of the submissions under the Administrative Procedures Act.

I look forward to appearing before you on January 22, 2009 at 9:30 a.m.

With kindest regards, I am

Sincerely,



Don C. Gibson

DCG/ppz
Enclosures

cc: Mikell Wyman, Esquire



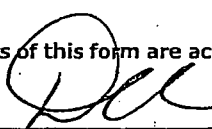
Claimant's Name: Ramon Zepeda Employer's Name: Priority Landscaping and Lawn Care, Inc.
Address: Address: Post Office Box 1924/1108 East cooper Avenue
City: John's Island State: SC Zip: 29455 City: Folly Beach State: SC Zip: 29439
Home Phone: (843) 559- Work Phone: () - Carrier: Accident Fund Ins. Co. of America
Preparer's Name: Don C. Gibson Preparer's Phone #: (843) 744-1887

A claim for workers' compensation benefits is made based on the following grounds:

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$308.89 2. AWW: \$463.32 Date of Injury: 09/4/08
3. Type of injury and body part(s): Claimant, a 45 year old Hispanic male tree laborer who was cutting a tree limb but was unable to complete the task, so he jumped down (9/10 feet) and he had immediate pain. He suffered injury to his Right lower extremity (comminuted fracture of distal tibia). On 9/5/08 Claimant underwent multiplane external fixation system operation. Thereafter, on 10/7/08 Claimant underwent a removal of right lower extremity multiplane external fixator and an open reduction and internal fixation of right distal tibia pilon fracture.
4. Facts in controversy: 1. Whether the Claimant suffered a compensable injury when while attempting to descend a tree limb?
2. Whether the Claimant is entitled to past, present and additional medical attention for the above mentioned injuries? 3. Whether the Claimant is entitled to TTD benefits from 9/4/08 through the present while he remains medically excused from work by Dr. Wildstein? 4. Whether the Claimant's average weekly wage is \$463.32 and compensation rate is \$308.89 as per employer's Form 20 records? 5. Whether the Claimant's medical expenses from MUSC and incurred prior to acceptance are compensable?
5. Legal issues involved: See attached.
6. Unusual aspects: Claimant will require and Spanish Interpreter throughout the hearing.
7. Witnesses (designate if expert):* Claimant Ramon Zepeda, Cesar Rodriguez, William R. Hampton, Juvenal Tejeda, Tonio Tejeda, Frank Schappel, Dan Bliet and/or property manager of 1027 W. Ashley Ave., Folly Beach, SC, Leigh Taylor and or property manager of 1305 E. Ashley Ave., Folly Beach, SC, and/or property manager of 1303 E. Ashley Ave., Folly Beach SC, designated representative of Fred Holland Realty, owner Bobby Kneece, owner and property manager of True Luck Island and any and all witnesses by the Carrier.
8. Exhibits: Photographs depicting the scene of the accident, South Carolina Employment Security Records, Claimant's deposition
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
All medical records, exhibits, and all other documentation attached hereto as APA Submissions.
10. Name, address, and specialty, if any, of the treating physician: Michael Wildstein, 418 Folly Road, Suite C, Charleston, SC 29412
11. Impairment rating(s); body part(s); physician and date of opinion: Claimant has not attained MMI.
12. I am amending my Form 50/51 in the following manner: Date of accident should be amended to reflect date of injury of 9/4/08.

I verify the contents of this form are accurate and true to the best of my knowledge.

Signature:  Email: Dgibson@digibsonlaw.com
Date of hearing: January 22, 2009 at 9:30 a.m. Time needed for hearing: 1 1/2 hr as Interpreter required
C half of ☒ Claimant ☐ Employer Date: January 7, 2009

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.
* Commissioners reserve the right to admit expert witnesses at hearings.

LEGAL ISSUES INVOLVED:

1. Nature and extent of the injury pursuant to SC Code Ann. § 42-1-160; All consequences of an injury are compensable. Whitfield vs. Daniel Construction 83 S.E. 2nd 460n (1954).
2. Innocent Victim of Horseplay pursuant to Allsep v. Daniel Construction Company, 216 S.C. 268, 57 S.E.2d 427 (1950). Floyd v. City of Charleston, 287 S.C. 474, 476 n.2, 339 S.E.2d 166, 167 n.2 (Ct. App. 1986)
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7. Claimant's entitlement to past, present and ongoing compensation pursuant to S.C. Code Ann. § 42-9-10 in the amount of \$6,134.56?

STATE OF SOUTH CAROLINA
BEFORE THE WORKERS' COMPENSATION COMMISSION

W. C. C. FILE #: 0813616

Ramon Zepeda-Capeda,)
)
Claimant/Employee)
)
vs.)
)
 Priority Landscaping and Lawn Care, Inc.,)
)
Employer,)
)
and)
)
 Accident Fund Ins. Co. of America,)
)
Carrier.)
)

**NOTICE OF WITNESSES
 AND WRITTEN MEDICAL REPORTS TO
 BE INTRODUCED AS DIRECT EVIDENCE
 ON BEHALF OF THE CLAIMANT**

YOU WILL PLEASE TAKE NOTICE that the Claimant pursuant to the provisions of the South Carolina Worker's Compensation Act and Section 1-23-330 of the South Carolina Code of Laws (Cum. Supp. 1988) submit the following medical records and other documents as evidence:

<u>APA #</u>	<u>PROVIDER</u>	<u>DATE(S)</u>	<u># OF PAGES</u>	<u>PAGE #</u>
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4.	Statement of Witness/ Supervisor Frank Shoppel	9/5/08	1	5
5.	Priority Landscaping's Invoice to Fort Johnson Baptist Church	6/26/08	1	6
6.	SC Employment Security Comm. Employment records (to be supplemented)	10/9/08	3	7-9
7.	Employer's Paycheck records		25	10-34
8.	Doctor's Care	9/4/08	3	35-37
9.	Roper St. Francis	9/5/08	62	38-100

10.	Michael Wildstein, M.D. Wildstein Spine Center	9/5/08 – 12/3/08	10	101-110
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14.	Outstanding Medical Bills Claimant's Out of pocket payments		12	125-143
15.	TTD Calculations		1	144

YOU ARE FURTHER NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are forthwith schedule the deposition(s) of any of the physicians or other person(s), whose reports are submitted, for the purpose of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Claimant: Pedro Ibarra Barrios and any witness listed on Defendant Carrier/Employer's List of Witnesses.



Don C. Gibson, Esquire
GIBSON LAW FIRM, LLC
5422 Rivers Avenue
North Charleston, SC 29406
(843) 744-1887; (843) 744-5320 Fax
ATTORNEY FOR THE CLAIMANT
S. C. Bar # : 2466

January 7, 2009
North Charleston, SC

STATE OF SOUTH CAROLINA
BEFORE THE WORKERS' COMPENSATION COMMISSION

W. C. C. FILE #: 0813616

Ramon Zepeda-Capeda,)
)
 Claimant/Employee)
)
 vs.)
)
 Priority Landscaping and Lawn Care, Inc.,)
)
 Employer,)
)
 and)
)
 Accident Fund Ins. Co. of America,)
)
 Carrier.)
)

CERTIFICATE OF SERVICE

THIS IS TO CERTIFY that in accordance with Rule § 67-611 and Rule § 67-212(C), I, the undersigned, have this date served upon the attorneys for the Employers/Carriers in the above referenced case the below listed documents by placing copies of same in the United States Mail, with adequate postage affixed and served on the attorneys as follows:

DOCUMENTS SERVED: Form 58 Pre-Hearing Brief and Notice of Witnesses and Written Medical Reports to be introduced as Direct Evidence.

SERVED ON:

Mikell Wyman, Esquire
McAngus, Goudelock & Courie
78 Wentworth Street, Suite 200
P. O. Box 877
Charleston, SC 29402

SEND VIA UNITED STATES MAIL:

Commissioner G. Bryan Lyndon
South Carolina Workers Compensation Commission
Post Office Box 1715
Columbia, SC 29202-1715

January 9, 2009

North Charleston SC 29406

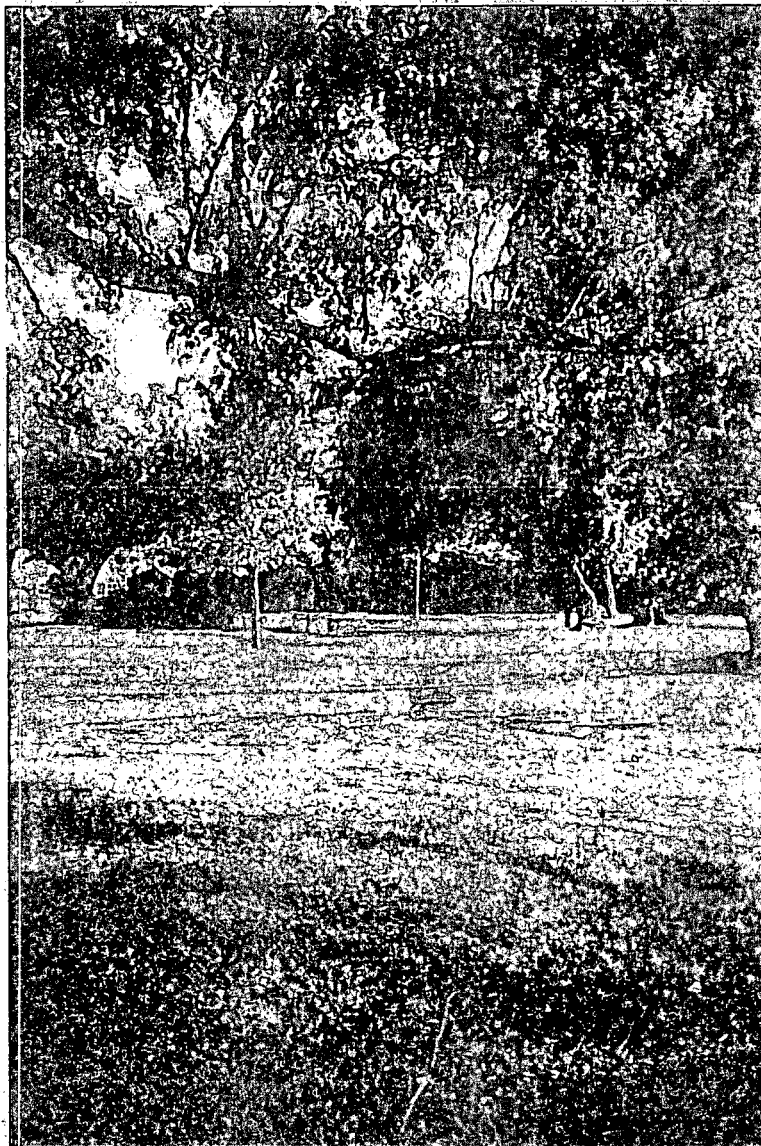


Paola P. Zalom
Assistant to Don C. Gibson, Esquire

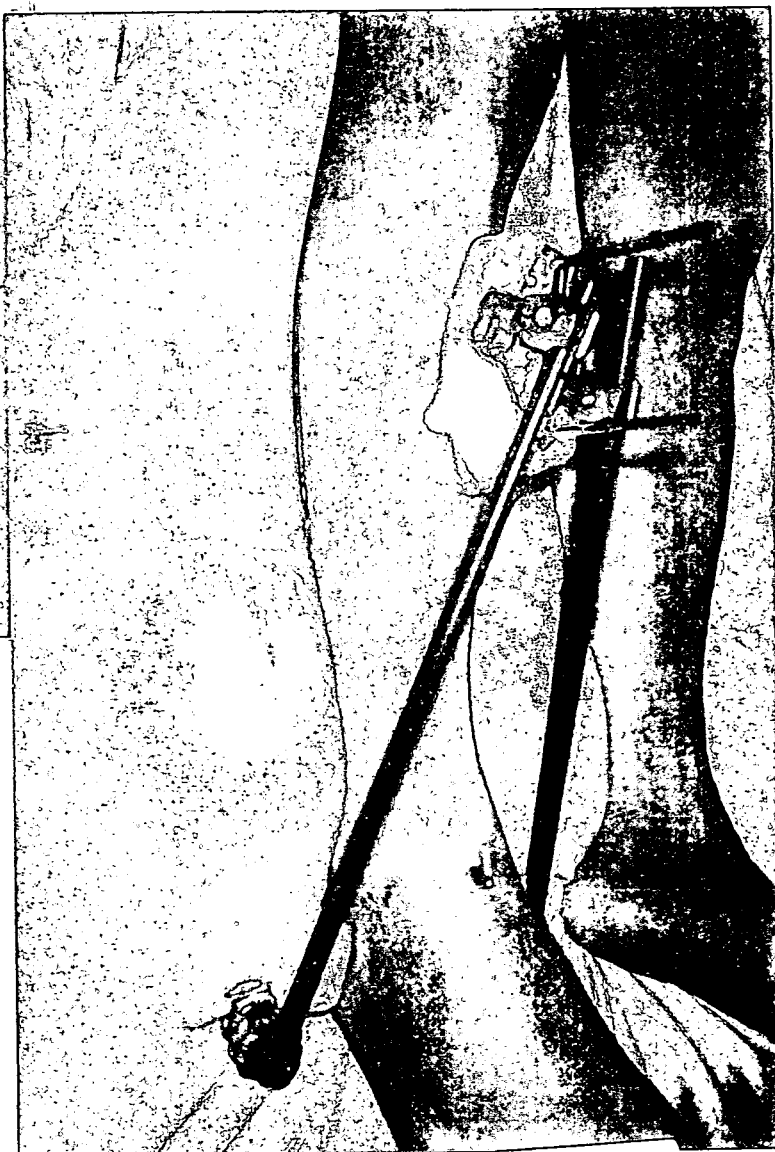
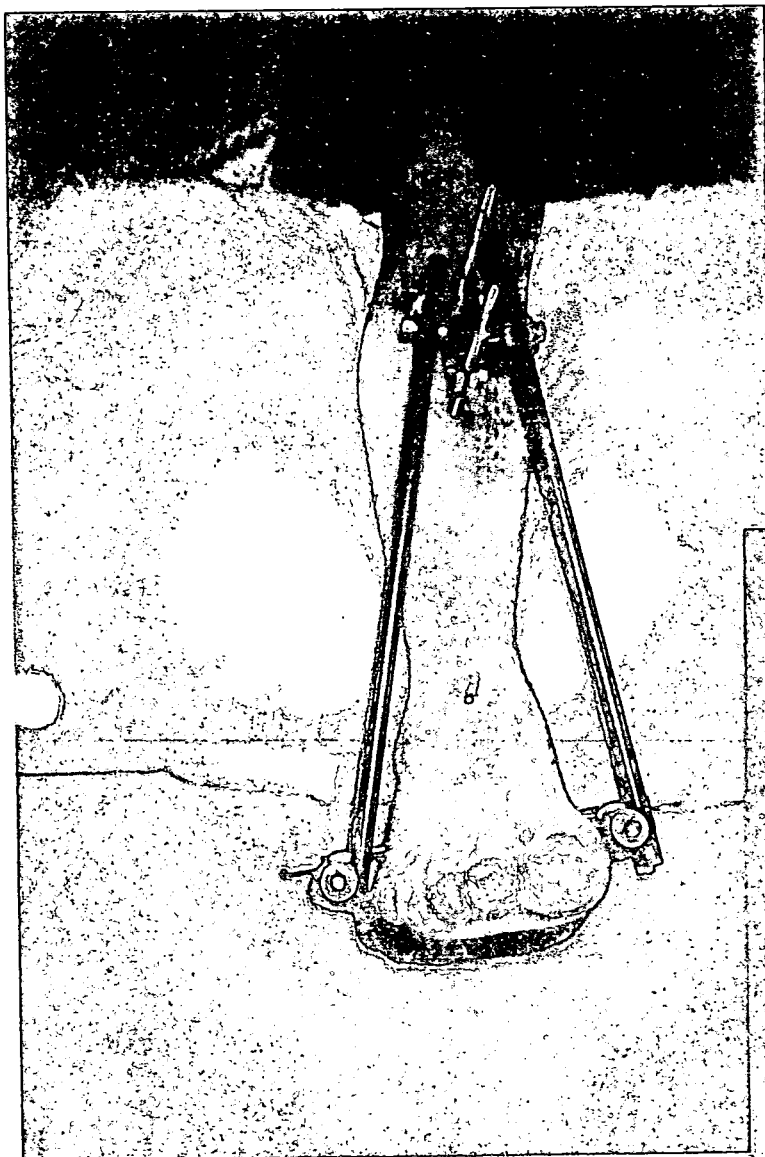
**FORT JOHNSON BAPTIST CHURCH
THE LOCATION OF CLAIMANT'S INJURY**



**OVERHANGING TREE LIMB
FROM WHICH CLAIMANT WAS ATTEMPTING TO DESCEND
WHEN HE FRACTURED HIS RIGHT ANKLE**



**MR. ZEPEDA-CEPEDA'S COMMINUTED, INTRARTICULAR, TYPE 3 TIBIAL
PILON FRACTURE OF THE RIGHT LOWER EXTREMITY WITH IMPLANTED HARDWARE**



On September 4, 2008 @ approximately 2:00 pm, I was working at Fort Johnson Baptist Church, on James Island, while in the employ of Priority Landscaping. I attempted to trim a branch from a tree but was unable. When I jumped down from the tree, I broke my right ankle upon landing.

The accident was reported to William and his secretary Mary Jo took me to Doctor's Care.

4-22-08

Date: September 5, 2008

Deposition with Frank Shoppel, Head Foreman, Priority Landscaping, LLC

On Thursday, September 4, 2008 I was working at Fort Johnson Baptist Church. I was working with Cesar Rodriguez, Ramone Zepeda and Leonardo Solano. Following our lunch break before returning to work, I had noticed that Ramone climbed a large oak tree at the perimeter of the property. Within a couple minutes later I saw that Ramone was laying on the ground below the tree he had just climbed. Ramone climbed the tree without being instructed to do so. Given the size of the tree, it is not a tree that is maintained by our company. There were no tree trimming tools which Ramone took up the tree. It appears that Ramone climbed the tree for fun. He was injured when he jumped or fell out of the tree. I did not see Ramone actually fall out of the tree. I saw him climb up the tree and a couple minutes later on the ground hurt.

Frank Shoppel 9/5/08

Frank Shoppel

Priority Landscaping

PO Box 1924
Folly Beach, SC 29439
843-588-6327

Invoice

DATE	INVOICE #
6/26/2008	39950

BILL TO
Fort Johnson Baptist ATTN: Diane fax 795-2449

DESCRIPTION	SERVICED	AMOUNT
Mowing, Weedeating, Blowing, and Debris Pick-up	6/5/2008	150.00
Bushes	6/5/2008	150.00
Mowing, Weedeating, Blowing, and Debris Pick-up	6/12/2008	150.00
Bushes	6/12/2008	150.00
Mowing, Weedeating, Blowing, and Debris Pick-up	6/19/2008	150.00
Bushes	6/19/2008	150.00
Mowing, Weedeating, Blowing, and Debris Pick-up	6/26/2008	150.00
Bushes	6/26/2008	150.00
Please Place Invoice Number On Check		0.00
*****Free work done each week throughout the property, special attention given to trimming the base of the crepe myrtles paralleling the walkway to the sanctuary.		
Thank you for your business.	Total	\$1,200.00

COMMISSIONERS
J. William McLeod
Becky D. Richardson
McKinley Washington, Jr.

EXECUTIVE DIRECTOR
Roosevelt T. Halley
803.737.2617



Your
onestop
for Workforce Solutions!
www.sces.org

1550 Gadsden Street
P.O. Box 995
Columbia, S.C. 29202

October 9, 2008

Mr. Don C. Gibson
Gibson Law Firm, LLC
5422 rivers Avenue
North Charleston, SC 29406

Re: Ramon Ramos Zepeda-Capeda v. Priority Landscaping & Lawn Care, LLC
SS No.: 542-35-2210 WCC File No.: 0813616

Dear Mr. Gibson:

This is in response to your letter received in this office on September 26, 2008, transmitting to us a subpoena and check #8826 in the amount of \$20.00 for wages pertaining to the above individual.

Enclosed is a certified copy of the wages for the above individual.

If we can be of any further assistance, please let us know. You may contact me at 803 737-2120.

Sincerely,

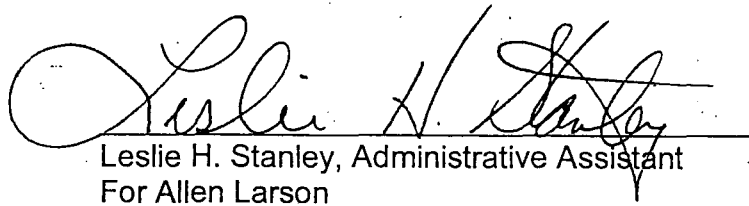
Leslie H. Stanley, Administrative Assistant
For Allen Larson
Deputy Executive Director, UI

Enclosures
UI-1

OCT 10 2008

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
Post Office Box 995
Columbia, South Carolina 29202

I certify that the attached are true copies of records pertaining to
Ramon Ramos Zepeda-Capeda, SSN #542-35-2210.



Leslie H. Stanley, Administrative Assistant
For Allen Larson
Deputy Executive Director, UI

Columbia, South Carolina
October 9, 2008

SSN Wage Record Inquiry

SSN 542-35-2210

Name	Acct #	Report Type	Year	Qtr - 1	Qtr - 2	Qtr - 3	Qtr - 4
R ZAP	359492	Original	2008		\$6,599.40		
R ZEP	359492	Original	2008	\$637.50			
R ZEP	359492	Original	2007		\$4,149.00	\$6,092.26	

RX Date/Time 01/16/2009 18:02 803 737 3108
01/18/2009 FRI 17:10 FAX 803 737 3108 UI ADMIN

P.002
002

COMMISSIONERS
J. William McLeod
Becky D. Richardson
McKinley Washington, Jr.

EXECUTIVE DIRECTOR
Roosevelt T. Halley
803.737.2617



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for Workforce Solutions!
www.sctc.org

1550 Gadsden Street
P.O. Box 995
Columbia, S.C. 29202

January 16, 2009

Mr. Don C. Gibson
Gibson Law Firm, LLC
5422 rivers Avenue
North Charleston, SC 29406

Re: Ramon Zepeda v. Priority Landscaping & Lawn Care, LLC
SS No.: WCC File No.: 0813616

Dear Mr. Gibson:

This is in response to your faxed received in this office today requesting records on the above referenced company.

Enclosed is a certified copy of the wages.

If we can be of any further assistance, please let us know. You may contact me at 803 737-2120.

Sincerely,

Donna B. Raines, Administrative Assistant
For Allen Larson
Deputy Executive Director, UI

Enclosures
UI-1

A

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
Post Office Box 995
Columbia, South Carolina 29202

I certify that the attached are true copies of records pertaining to
Priority Landscaping & Lawn Care, LLC.

Donna B. Raines

Donna B. Raines, Administrative Assistant
for Allen Larson, Deputy Executive Director, UI

Columbia, South Carolina
January 16, 2009

B

RX Date/Time 01/16/2009 18:02 803 737 3108
01/16/2009 FRI 17:21 FAX 803 737 3108 UI ADMIN

P.021
021

FORM UCE 120
REV 5/94

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P O BOX 7103 COLUMBIA SC 29202

EMPLOYER QUARTERLY CONTRIBUTION AND WAGE REPORTS

This is a machine readable form. For proper processing align typewriter or line printer to alignment boxes at top and carriage return down the form.

☒ FORM ALIGNMENT BOXES

1440 ORIGINAL
FORM ALIGNMENT BOXES ☒

1. EMPLOYER NAME PRIORITY LANDSCAPING & LAWN CARE	2. ACCOUNT NUMBER 359492	3. QUARTER ENDING DATE 03/31/06
4. TOTAL NO. PAGES 1		5. TOTAL NO. OF EMPLOYEES 1



6. EMPLOYEE'S SOCIAL SECURITY NUMBER 000 00 0000	7. NAME: FIRST MIDDLE INITIAL LAST	8. TOTAL WAGES
249 89 4426	DAVID BAILEY	3,906 00
235 92 4697	DARLA RICE	9,750 00
176 60 3343	FRANK SHOPPEL	9,292 52
251 63 2328	JERAD FRAZIER	2,479 92
249 65 7933	ISAAC TOOMER	2,585 25
249 55 0983	JERMAINE HEZEKIAH	5,775 00
247 71 9253	JOHN HUNEYOUTT	4,340 25
249 81 4865	RAY WASHINGTON	3,665 25
247 47 3195	JOHN PRIDLEAU	2,808 00
534 08 4753	AMANDA DUNCAN	4,329 50
249 95 8730	ALDEN SHERILL	325 00
	JOHNATHAN SELLERS	500 00
9 TOTAL WAGES THIS PAGE		49,756.69
11 EXCESS WAGES PAID THIS QUARTER (Enter on Line 2b, Form UCE 101) (See example for computing excess wages)		10 TOTAL WAGES THIS REPORT (Enter on Line 2a, Form UCE 101) 49,756.69

P.019
 018

ORIGINAL

1597 FORM 10-6-61 122 X

3: QUARTER ENDING DATE	06/30/06
5: TOTAL NO. OF EMPLOYEES	17



61,130 93
61,130 93

RX Date/Time 01/18/2009 18:02 803 737 3108
01/18/2009 FRI 17:20 FAX 803 737 3108 UI ADMIN

P.020
2020

7/24/2006
15 41

PRIORITY LANDSCAPING & LAWN CARE LLC
State Unemployment Report
State SC SUTA ID 359492
Quarter Ended 6/30/2006

Company 46
Page 1

Snc-Ste-No	Employee Name	Employee ID	Weeks Worked	Quarterly Earnings	Taxable Earnings	Exempt Amount
249 89 4426	DAVID BAILEY	1	1 00	5 626 00	3 094 00	2 532 00
235 92 4697	DARLA RICE	8	1 00	9 750 00	0 00	9 750 00
176 60-3343	FRANK SHOPPEL	10	1 00	9 062 75	0 00	9 062 75
251-63-2328	JERAD FRAZIER	15	1 00	788 39	788 39	0 00
248-65-7933	ISAAC TOOMER	17	1 00	2 966 63	2 966 63	0 00
249-55-0983	JERMAINE HEZEKIAH	18	1 00	6 152 38	1 223 00	4 927 38
247-71 9253	JOHN A HONEYCUTT	20	1 00	4 596 75	2 659 75	1 937 00
249 81 4865	RAY WASHINGTON	21	1 00	4 088 50	3 334 75	753 75
247 47 3195	JOHN D PRIOLEAU	23	1 00	933 75	933 75	0 00
534 08 4753	AMANDA D DUNCAN	24	1 00	2 805 00	2 670 50	134 50
249 45-8730	ALDEN SHERRILL	25	1 00	482 50	482 50	0 00
248 33-7608	JONATHAN L SELLERS	26	1 00	1 876 89	1 876 89	0 00
632-71 5973	CESAR RODRIGUEZ	27	1 00	1 631 25	1 631 25	0 00
553-01 3370	FERNANDO RODRIGUEZ	28	1 00	1 607 63	1 607 63	0 00
453 91 6327	JUVENAL TINAJERO	29	1 00	1 607 63	1 607 63	0 00
411 45 7071	ROBERT TURLEY	31	1 00	3 106 00	3 106 00	0 00
247 81-7801	THOMAS B JAMESON	32	1 00	4 048 88	4 048 88	0 00
Totals				61,130.93	32,033.55	29,097.38

Listed Employees 17

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P.018
018

FORM UCE 120
REV 5/94

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P O BOX 7100 COLUMBIA SC 29202

EMPLOYER QUARTERLY CONTRIBUTION AND WAGE REPORTS

This is a machine readable form. For proper processing align typewriter or
line printer to alignment boxes at top and carriage return down the form.

ORIGINAL

☒ FORM ALIGNMENT BOXES

☒ FORM ALIGNMENT BOXES

1. EMPLOYER NAME PRIORITY LANDSCAPING & LAWN CARE	2. ACCOUNT NUMBER 359492	3. QUARTER ENDING DATE 09/30/06
4. TOTAL NO. PAGES 1		5. TOTAL NO. OF EMPLOYEES 14

6. EMPLOYEE'S SOCIAL SECURITY NUMBER 000 00 0000	7. NAME: FIRST MIDDLE INITIAL LAST	8. TOTAL WAGES
249 89 4426	David Bailey	4,885.75
235 92 4697	Darla Rice	9,750.00
176 60 3343	Frank Shoppe	7,784.00
250 73 4709	Ellie Whitcomb	7,164.00
248 65 7933	Isaac Toomer	2,436.75
249 65 0083	Jermant Hezekiah	10,113.27
247 71 9253	John A Honeycutt	3,359.25
249 81 4865	Ray Washington	2,861.75
632 71 5973	Cesar Rodriguez	4,898.27
553 01 3370	Fernando Rodriguez	4,960.14
453 91 6327	Juvenal Tinajero	5,185.39
247 81 7801	Thomas B Jamison	4,558.52
532 17 7825	Antonio Tinajero	4,433.72
590 82 2163	Ramon Moreno	1,804.51
9 TOTAL WAGES THIS PAGE		63,795
11 EXCESS WAGES PAID THIS QUARTER (Enter on Line 2b, Form UCE-101) (See example for computing excess wages)		37,350.05
10 TOTAL WAGES THIS REPORT (Enter on Line 2a, Form UCE 101)		63,795.32

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P.016
2016

FORM UCE 120
REV 5/99

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P O BOX 7102 COLUMBIA SC 29202

EMPLOYER QUARTERLY CONTRIBUTION AND WAGE REPORTS

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☒ FORM ALIGNMENT BOXES

0184 ORIGINAL
FORM ALIGNMENT BOXES ☒

1. EMPLOYER NAME PRIORITY LANDSCAPING & LAWN CARE LLC	2. ACCOUNT NUMBER 0357492	3. QUARTER ENDING DATE 12/31/2006
4. TOTAL NO. PAGES 1		5. TOTAL NO. OF EMPLOYEES 13



6. EMPLOYEE'S SOCIAL SECURITY NUMBER 000 00 0000	7. NAME: FIRST MIDDLE INITIAL LAST	8. TOTAL WAGES
249 89 4426	DAVID BAILEY	1985.75
235 92 4697	DARLA RICE	9000.00
176 60 3343	FRANK SHOPPEL	6484.00
250 73 4709	ELIE WHITCOMB	1104.00
248 65 7933	ISAAC TOOMER	515.25
244 55 0983	JERMAWE HEZEKIAH	3482.38
244 81 4865	RAY WASHINGTON	846.00
632 71 5973	CESAR RODRIGUEZ	3693.38
553 01 3370	FERNANDO RODRIGUEZ	4048.88
453 91 6327	JUVENAL TINAJERO	4632.50
247 81 1801	THOMAS JAMESON	3271.51
9 TOTAL WAGES THIS PAGE		39,663.65
10 TOTAL WAGES THIS REPORT (Enter on Line 2a, Form UCE 101)		45,137.54
11 EXCESS WAGES PAID THIS QUARTER (Enter on Line 2b, Form UCE 101) (See example for computing excess wages)		

37,435.93

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P.017
017

PRIORITY LANDSCAPING

359492

12/31/2006

2

532 17 7825

ANTONIO TINASERO

3152.25

590 82 2163

RAMON MORENO

2921.64

6073 89

RX Date/Time 01/16/2009 18:02
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UI ADMIN

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014

FORM UCE 120
REV 5/94

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P.O. BOX 7103 COLUMBIA SC 29202

EMPLOYER QUARTERLY CONTRIBUTION AND WAGE REPORTS

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☒ FORM ALIGNMENT BOXES

0694 ORIGINAL

FORM ALIGNMENT BOXES ☒

1. EMPLOYER NAME PRIORITY LANDSCAPING & LAWN CARE LLC	2. ACCOUNT NUMBER 0359492	3. QUARTER ENDING DATE 03/31/2007
4. TOTAL NO. PAGES 2		5. TOTAL NO. OF EMPLOYEES 14



6. EMPLOYEE'S SOCIAL SECURITY NUMBER 000 00 0000	7. NAME: FIRST MIDDLE INITIAL LAST	8. TOTAL WAGES
249 89 4426	DAVID BAILEY	449.475
235 92 4697	DARLA RICE	9000.00
176 60 3343	FRANK SHOPPEL	7500.00
250 73 4709	ELLIE WHITCOMB	1004.00
249 55 0983	JERMAINE HEZEKIAH	1378.00
249 81 4865	RAY WASHINGTON	1065.00
632 71 5973	CESAR RODRIGUEZ	4384.13
553 01 3370	FERNANDO RODRIGUEZ	3831.75
453 91 4327	JUVENAL TINAJERO	6180.00
247 81 7801	THOMAS JAMESON	3078.00
582 17 7825	ANTONIO TINAJERO	4959.00
9. TOTAL WAGES THIS PAGE		47,077.13
11. EXCESS WAGES PAID THIS QUARTER (Enter on Line 2b, Form UCE-101) (See example for computing excess wages)		2502.00
10. TOTAL WAGES THIS REPORT (Enter on Line 2a, Form UCE 101)		56,597.10

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P.012
012

FORM UCE 120
REV 6/94

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P.O. BOX 7102 COLUMBIA SC 29202

EMPLOYER QUARTERLY CONTRIBUTION AND WAGE REPORTS

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ORIGINAL

FORM ALIGN ☒ BOXES

FORM ALIGN ☒ BOXES

1. EMPLOYER NAME PRIORITY LANDSCAPING & LAWN CARE LLC	2. ACCOUNT NUMBER 0359492	3. QUARTER ENDING DATE 06/30/2007
4. TOTAL NO. PAGES 02		5. TOTAL NO. OF EMPLOYEES 15

6. EMPLOYEE'S SOCIAL SECURITY NUMBER 000 00 0000	7. NAME: FIRST MIDDLE INITIAL LAST	8. TOTAL WAGES
235 92 4697	Darla Rice	9,000. ⁰⁰
176 60 3343	Frank Shoppel	10,924. ⁰⁰
249 81 4865	Ray W. Washington	3,612. ⁵⁰
247 47 3195	John Peigleau	310. ⁵⁰
632 71 5973	Cesar Rodriguez	7,638. ⁷⁵
553 01 3370	Fernando Rodriguez	6,483. ⁴⁰
453 91 6327	Juvenal Tinajero	9,028. ⁵¹
247 81 7801	Thomas Jameson	4,987. ⁴⁰
532 17 7825	Antonio Tinajero	7,103. ⁵⁰
590 82 2163	Ramon Moreno	3,604. ⁵¹
453 91 6730	Francisco Tinajero	5,896. ¹³
9. TOTAL WAGES THIS PAGE		68,589. ²⁰
10. TOTAL WAGES THIS REPORT (Enter on Line 2a, Form UCE-101)		84,671. ²⁷
11. EXCESS WAGES PAID THIS QUARTER (Enter on Line 2b, Form UCE-101) (See example for computing excess wages)		

46,817.⁶²

P.013
☒ 013

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

02

8. TOTAL WAGES:

6,208.57

2,037.50

4.149. n

3687.00

16,082. 07

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☒ FORM ALIGNMENT BOXES

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3. QUARTER ENDING DATE

09 | 30 | 07

5. TOTAL NO. OF EMPLOYEES

2

15

8. TOTAL WAGES

- ATTACHED -

68,521 70

10 TOTAL WAGES THIS REPORT
(Enter on Line 2a, Form UCR 101)

91,172 14

Priority Landscaping & Lawn Care LLC
Quarter Ended September 30, 2007

Account Number 0359482

SSN	Name	Total Wages
834 51 3672	Ohnsoforo Hipolito	6,496 90
	Cole Llewelyn	952 00
	Thomas Martinez	4,774 78
235 92 4897	Darla Rica	9,760 00
176 80 3343	Frank Shoppel	8,622 00
247 71 9253	John Honeycutt	2,676 26
249 81 4885	Ray Washington	4,531 25
632 71 5973	Cesar Rodriguez	7,269 20
553 01 3370	Fernando Rodriguez	7,075 53
453 91 6327	Juvenal Tinajero	9,779 27
247 81 7801	Thomas Jameson	5,348 75
632 17 7825	Antonio Tinajero	7,632 00
300 80 6377	Mary Jo Adams	6,494 44
251 59 7897	Greg McKelvey	2,877 60
642 35 2210	Ramon Zepeda	6,092 26

Total Wages 91,172 14

N

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P.009
2009

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
PO BOX 7103 COLUMBIA SC 29202

FORM UCE 120
REV 6/94

EMPLOYER QUARTERLY CONTRIBUTION AND WAGE REPORTS

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ORIGINAL

☒ FORM ALIGNMENT BOXES

866
☒ FORM ALIGNMENT BOXES

1. EMPLOYER NAME
PRIORITY LANDSCAPING & LAWN CARE LLC

2. ACCOUNT NUMBER
0359492
4. TOTAL NO. PAGES
1

3. QUARTER ENDING DATE
12/31/2007
5. TOTAL NO. OF EMPLOYEES
10



6. EMPLOYEE'S SOCIAL SECURITY NUMBER 000 00 0000	7. NAME: FIRST MIDDLE INITIAL LAST	8. TOTAL WAGES
634 51 3672	CHRISTOPHER HIPOLITO	2543.14
176 60 3343	FRANK SHOPPEL	6899.84
247 71 9253	JOHN HUNYKUTT	58.50
249 81 4865	RAY WASHINGTON	2112.50
632 71 5973	CESAR RODRIGUEZ	4367.05
553 01 3370	FERNANDO RODRIGUEZ	5007.71
453 91 6327	JUVENAL TIWAZERO	6641.40
247 81 7801	THOMAS JAMESON	4699.60
532 17 7825	ANTONIO TIWAZERO	5254.25
300 80 6377	MARY JO ADAMS	5946.09

11 EXCESS WAGES PAID THIS QUARTER
(Enter on Line 2b, Form UCE 101)
(See example for computing excess wages)

43,018.48

9 TOTAL WAGES THIS PAGE

10 TOTAL WAGES THIS REPORT
(Enter on Line 2a, Form UCE 101)

43,580.08

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P.008
008

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
PO BOX 7105 COLUMBIA SC 29202

FORM UCE 120
REV 1/94

EMPLOYER QUARTERLY CONTRIBUTION AND WAGE REPORTS
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848

ORIGINAL

FORM ALIGNMENT BOXES ☒

FORM ALIGNMENT BOXES ☒

1. EMPLOYER NAME
PRIORITY LANDSCAPING & LAWN CARE LLC

2. ACCOUNT NUMBER
0359492

3. QUARTER ENDING DATE
03/31/2008

4. TOTAL NO. PAGES (Including Contribution Sheets)
1

5. TOTAL NO. OF EMPLOYEES
11



6. EMPLOYEE'S SOCIAL SECURITY NUMBER 000 00 0000	7. NAME: FIRST, MIDDLE INITIAL, LAST	8. TOTAL WAGES
1659 65 9072	MARCELO SOLANO	3081.39
176 60 3343	FRANK SHOPPEL	8146.64
247 47 3195	JOHN RIOLEAU	1227.38
632 71 5973	CESAR RODRIGUEZ	4879.35
553 01 3370	FERNANDO RODRIGUEZ	1790.53
453 91 6327	JUVENAL TINAJERO	6939.74
247 81 7801	THOMAS JAMESON	4417.00
532 17 7825	ANTONIO TINAJERO	5430.00
300 80 6377	MARY JO ADAMS	6785.37
251 59 7897	GREW MC KELVEY	2170.00
542 35 2210	RANDY ZEPEDA	637.50
9 TOTAL WAGES THIS PAGE		
11 EXCESS WAGES PAID THIS QUARTER (Enter on Line 2b, Form UCE 101) * or 1/4 for computing excess wages		10 TOTAL WAGES THIS REPORT (Enter on Line 2a, Form UCE 101)
1,146.64		45,504.90

P.006
☒ 008

ORIGINAL

FORMAL INSTRUMENTS ☒

3. QUARTER ENDING DATE:

06/30/2008

5. TOTAL NO. OF EMPLOYEES

1

12

8. TOTAL WAGES

- ATTACHED -

69,601 85

38 603 92

69,601 85

Priority Landscaping & Lawn Care LLC
Quarter Ended June 30, 2008

Account Number 0359492

SSN			Name		Total Wages
251	35	1898	Clyde	Pamsh	3,171 65
682	17	2435	Leonardo	Solano	3,559 51
659	65	9072	Marcelo	Solano	6,383 27
176	60	3343	Frank	Shoppel	9,259 92
247	47	3195	John	Proleau	6,149 64
632	71	5973	Cesar	Rodriguez	6,607 10
463	91	6327	Juvenal	Tinajero	8,316 99
247	81	7801	Thomas	Jameson	4,119 00
632	17	7826	Antonio	Tinajero	6,916 38
300	80	6377	Mary Jo	Adams	7,332 51
251	59	7897	Greg	McKelvey	2,287 50
542	35	2210	Ramon	Zapeda	6,699 40

Total Wages 69,601 87

12

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004

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P.005
0006

Pronty Landscaping & Lawn Care LLC
Quarter Ended September 30, 2008

Account Number 0359492

SSN	Name		Total Wages
682 17 2435	Leonardo	Solano	6,097 53
659 65 8072	Marcelo	Solano	4,327 90
176 60 3343	Frank	Shoppel	8,641 12
854 98 7651	Aureliano	Mendoza	1,070 50
251 59 6699	Eugene	Harris	642 38
692 94 1983	John	Huff	501 25
247 47 3195	John	Pringleau	2,878 37
632 71 5973	Cesar	Rodriguez	6,170 80
453 91 6327	Juvenal	Tinajero	8,559 55
532 17 7825	Antonio	Tinajero	7,624 40
300 80 6377	Mary Jo	Adams	5,884 90
642 35 2210	Ramon	Zapeda	4,480 84

Total Wages 58,989 34

RX Date/Time

10/13/2008

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P.012

OCT-13-2008 13:31 From:

To: 5320

P.12/12

2:15 PM

10/13/08

Priority Landscaping
Paychecks for Ramon Moreno
All Transactions

Date	Num	Memo	Account	Amount
6/15/2007	10781	VOID:	Priority Landscaping	0.00
6/8/2007	10736	VOID:	Priority Landscaping	0.00
5/31/2007	10685		Priority Landscaping	357.23
5/25/2007	10659		Priority Landscaping	395.09
5/18/2007	10613		Priority Landscaping	329.08
5/11/2007	10580		Priority Landscaping	426.62
5/4/2007	10532		Priority Landscaping	802.57
4/27/2007	10499	VOID:	Priority Landscaping	0.00
4/20/2007	10458		Priority Landscaping	402.99
4/8/2007	10372		Priority Landscaping	461.59
3/30/2007	10338		Priority Landscaping	454.89
3/23/2007	10295		Priority Landscaping	222.33
3/15/2007	10262		Priority Landscaping	352.25
3/8/2007	10226		Priority Landscaping	370.21
3/1/2007	10202		Priority Landscaping	321.00
2/23/2007	10170		Priority Landscaping	290.55
2/15/2007	10144		Priority Landscaping	294.61
2/8/2007	10103		Priority Landscaping	247.27
2/1/2007	10079		Priority Landscaping	217.00
1/25/2007	10049		Priority Landscaping	257.35
1/18/2007	10002		Priority Landscaping	172.84
1/11/2007	9970		Priority Landscaping	240.05
1/4/2007	9939		Priority Landscaping	195.89
12/28/2006	9902		Priority Landscaping	132.02
12/8/2006	9783		Priority Landscaping	266.94
11/30/2006	9771		Priority Landscaping	293.83
11/22/2006	9738		Priority Landscaping	64.70
11/16/2006	9702		Priority Landscaping	135.96
11/9/2006	9673		Priority Landscaping	240.05
11/2/2006	8637		Priority Landscaping	241.98
10/26/2006	9592		Priority Landscaping	290.94
10/19/2006	9575		Priority Landscaping	284.23
10/12/2006	9544		Priority Landscaping	287.11
10/5/2006	9499		Priority Landscaping	315.92
9/30/2006	9479		Priority Landscaping	48.62
9/29/2006	9474		Priority Landscaping	311.12
9/21/2006	9436		Priority Landscaping	318.79
9/18/2006	9422		Priority Landscaping	60.70
9/14/2006	9397		Priority Landscaping	388.81
9/9/2006	9379		Priority Landscaping	64.70
9/7/2006	9367		Priority Landscaping	377.37
Total				10,935.20

10

Page 1

066

Priority Landscaping
PO Box 1924
Folly Beach, SC 29439
843-588-6327

Ramon R Zepeda

Employee Pay Stub		Check number: 10538		Pay Period: 04/20/2007 - 04/26/2007		Pay Date: 05/04/2007
Employee		SSN		Status (Fed/State)		Allowances/Extra
Ramon R Zepeda		***-**-2210		Married/Withhold		Fed-5/0/SC-5/0
Earnings and Hours		Qty	Rate	Current YTD Amount		
Hourly Regular Rate		50.75	8.00	406.00	406.00	
Overtime Hourly Rate 1		5.50	12.00	66.00	66.00	
				472.00	472.00	
Taxes		Current YTD Amount				
Social Security Employee				-29.26	-29.26	
Medicare Employee				-6.84	-6.84	
SC - Withholding				-8.49	-8.49	
				-44.59	-44.59	
Net Pay				427.41	427.41	

Priority Landscaping
PO Box 1924
Folly Beach, SC 29439
843-588-6327

Ramon R Zepeda

Employee Pay Stub		Check number: 10581		Pay Period: 05/04/2007 - 05/10/2007		Pay Date: 05/11/2007
Employee		SSN		Status (Fed/State)		Allowances/Extra
Ramon R Zepeda		***-**-2210		Married/Withhold		Fed-5/0/SC-5/0
Earnings and Hours		Qty	Rate	Current YTD Amount		
Hourly Regular Rate		40.00	8.00	320.00	726.00	
Overtime Hourly Rate 1		7.50	12.00	90.00	156.00	
				410.00	882.00	
Taxes		Current YTD Amount				
Social Security Employee				-25.42	-54.68	
Medicare Employee				-5.95	-12.79	
SC - Withholding				-5.08	-13.57	
				-36.45	-81.04	
Net Pay				373.55	800.96	

Priority Landscaping
PO Box 1924
Folly Beach, SC 29439
843-588-6327

Ramon R Zepeda

Employee Pay Stub	Check number: 10630	Pay Period: 05/11/2007 - 05/17/2007	Pay Date: 05/19/2007
Employee	SSN	Status (Fed/State)	Allowances/Extra
Ramon R Zepeda	***-**-2210	Married/Withhold	Fed-5/0/SC-5/0

Earnings and Hours	Qty	Rate	Current YTD Amount
Hourly Regular Rate	8.00	8.00	64.00 1,158.00
Overtime Hourly Rate 1			249.00
			64.00 1,407.00

Taxes	Current YTD Amount
Social Security Employee	-3.96 -87.23
Medicare Employee	-0.93 -20.40
SC - Withholding	-21.36
	-4.89 -128.99

Net Pay	59.11 1,278.01
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Priority Landscaping
PO Box 1924
Folly Beach, SC 29439
843-588-6327

Ramon R Zepeda

Employee Pay Stub		Check number: 10661		Pay Period: 05/18/2007 - 05/24/2007		Pay Date: 05/25/2007
Employee		SSN		Status (Fed/State)		Allowances/Extra
Ramon R Zepeda		***-**-2210		Married/Withhold		Fed-5/0/SC-5/0
Earnings and Hours		Qty	Rate	Current YTD Amount		
Hourly Regular Rate		40.00	8.00	320.00	1,478.00	
Overtime Hourly Rate 1		8.25	12.00	99.00	348.00	
				419.00	1,826.00	
Taxes		Current YTD Amount				
Social Security Employee				-25.98	-113.21	
Medicare Employee				-6.08	-26.48	
SC - Withholding				-5.51	-26.87	
				-37.57	-166.56	
Net Pay				381.43	1,659.44	

Priority Landscaping
PO Box 1924
Folly Beach, SC 29439
843-588-6327

Ramon R Zepeda

Employee Pay Stub		Check number: 10698		Pay Period: 05/25/2007 - 05/31/2007		Pay Date: 06/01/2007
Employee		SSN		Status (Fed/State)		Allowances/Extra
Ramon R Zepeda		***-**-2210		Married/Withhold		Fed-5/0/SC-5/0
Earnings and Hours		Qty	Rate	Current YTD Amount		
Hourly Regular Rate		43.00	8.00	344.00	1,822.00	
Overtime Hourly Rate 1					348.00	
				344.00	2,170.00	
Taxes				Current YTD Amount		
Social Security Employee				-21.33	-134.54	
Medicare Employee				-4.99	-31.47	
SC - Withholding				-2.38	-29.25	
				-28.70	-195.26	
Net Pay				315.30	1,974.74	

Priority Landscaping
PO Box 1924
Folly Beach, SC 29439
843-588-6327

Ramon R Zepeda

Employee Pay Stub		Check number: 10737		Pay Period: 06/06/2007 - 06/12/2007		Pay Date: 06/08/2007
Employee		SSN		Status (Fed/State)		Allowances/Extra
Ramon R Zepeda		***-**-2210		Married/Withhold		Fed-5/0/SC-5/0
Earnings and Hours		Qty	Rate	Current YTD Amount		
Hourly Regular Rate		44.50	8.00	356.00	2,178.00	
Overtime Hourly Rate 1		6.50	12.00	78.00	426.00	
				434.00	2,604.00	
Taxes		Current YTD Amount				
Social Security Employee				-26.91	-161.45	
Medicare Employee				-6.29	-37.76	
SC - Withholding				-6.32	-35.57	
				-39.52	-234.78	
Net Pay				394.48	2,369.22	

Priority Landscaping
PO Box 1924
Folly Beach, SC 29439
843-588-6327

Ramon R Zepeda

Employee Pay Stub		Check number: 10817		Pay Period: 06/15/2007 - 06/21/2007		Pay Date: 06/22/2007
Employee		SSN		Status (Fed/State)		Allowances/Extra
Ramon R Zepeda		***-**-2210		Married/Withhold		Fed-5/0/SC-5/0
Earnings and Hours		Qty	Rate	Current YTD Amount		
Hourly Regular Rate		50.75	8.00	406.00	2,974.00	
Overtime Hourly Rate 1		9.00	12.00	108.00	654.00	
				514.00	3,628.00	
Taxes		Current YTD Amount				
Federal Withholding				-3.00	-6.00	
Social Security Employee				-31.87	-224.94	
Medicare Employee				-7.46	-52.61	
SC - Withholding				-11.23	-57.75	
				-53.56	-341.30	
Net Pay				460.44	3,286.70	

Priority Landscaping
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Ramon R Zepeda

Employee Pay Stub		Check number: 10858		Pay Period: 05/29/2007 - 07/05/2007		Pay Date: 07/06/2007	
Employee		SSN		Status (Fed/State)		Allowances/Extra	
Ramon R Zepeda		2210		Married/Withhold		Fed-50/SC-5/0	
Earnings and Hours		Qty	Rate	Current YTD Amount			
Hourly Regular Rate		42.75	8.00	342.00	3,720.00		
Overtime Hourly Rate 1					771.00		
				342.00	4,491.00		
Taxes				Current YTD Amount			
Social Security Employee				-21.20	-278.44		
Medicare Employee				-4.96	-65.42		
SC - Withholding				-2.31	-71.78		
Federal Withholding					-10.00		
				-28.47	-425.34		
Net Pay				-313.53	4,065.66		

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Ramon R Zepeda

Employee Pay Stub		Check number: 10976		Pay Period: 07/20/2007 - 07/26/2007		Pay Date: 07/27/2007
Employee		SSN		Status (Fed/State)		Allowances/Extra
Ramon R Zepeda		***-**-2210		Married/Withhold		Fed-5/0/SC-5/0
Earnings and Hours		Qty	Rate	Current YTD Amount		Message
Hourly Regular Rate		51.25	8.00	410.00	4,928.00	
Overtime Hourly Rate 1		6.50	12.00	78.00	1,146.00	
				488.00	6,074.00	
Taxes				Current YTD Amount		
Federal Withholding				-1.00	-24.00	
Social Security Employee				-30.26	-376.59	
Medicare Employee				-7.07	-88.07	
SC - Withholding				-9.49	-108.42	
				-47.82	-597.08	
Net Pay				440.18	5,476.92	

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Ramon R Zepeda

Employee Pay Stub		Check number: 11029		Pay Period: 07/27/2007 - 08/02/2007		Pay Date: 08/03/2007
Employee		SSN		Status (Fed/State)		Allowances/Extra
Ramon R Zepeda		***-**-2210		Married/Withhold		Fed-5/0/SC-5/0
Earnings and Hours		Qty	Rate	Current YTD Amount		Message
Hourly Regular Rate		49.75	8.00	398.00	5,326.00	
Overtime Hourly Rate 1		12.00	12.00	144.00	1,290.00	
				542.00	6,616.00	
Taxes				Current YTD Amount		
Federal Withholding				-6.00	-30.00	
Social Security Employee				-33.60	-410.19	
Medicare Employee				-7.86	-95.93	
SC - Withholding				-13.19	-121.61	
				-60.65	-657.73	
Net Pay				481.35	5,958.27	

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Ramon R Zepeda

Employee Pay Stub		Check number: 11124		Pay Period: 08/17/2007 - 08/23/2007		Pay Date: 08/24/2007
Employee		SSN		Status (Fed/State)		Allowances/Extra
Ramon R Zepeda		***-**-2210		Married/Withhold		Fed-5/0/SC-5/0
Earnings and Hours		Qty	Rate	Current YTD Amount		Message
Hourly Regular Rate		49.00	8.50	416.50	6,558.50	
Overtime Hourly Rate 1		6.00	12.75	76.50	1,474.88	
				493.00	8,033.38	
Taxes				Current YTD Amount		
Federal Withholding				-1.00	-32.00	
Social Security Employee				-30.57	-498.07	
Medicare Employee				-7.14	-116.48	
SC - Withholding				-9.81	-147.35	
				-48.52	-793.90	
Net Pay				444.48	7,239.48	

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Ramon R Zepeda

Employee Pay Stub		Check number: 11217		Pay Period: 08/31/2007 - 09/03/2007		Pay Date: 09/07/2007
Employee		SSN		Status (Fed/State)		Allowances/Extra
Ramon R Zepeda		***-**-2210		Married/Withhold		Fed-5/0/SC-5/0
Earnings and Hours		Qty	Rate	Current YTD Amount		Message
Hourly Regular Rate		40.00	8.50	340.00	7,238.50	
Overtime Hourly Rate 1		6.00	12.75	76.50	1,675.69	
				416.50	8,914.19	
Taxes				Current YTD Amount		
Social Security Employee				-25.82	-552.68	
Medicare Employee				-6.04	-129.26	
SC - Withholding				-5.38	-160.73	
Federal Withholding					-32.00	
				-37.24	-874.67	
Net Pay				379.26	8,039.52	

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Ramon R Zepeda

Employee Pay Stub		Check number: 11252		Pay Period: 09/07/2007 - 09/13/2007		Pay Date: 09/14/2007
Employee		SSN		Status (Fed/State)		Allowances/Extra
Ramon R Zepeda		***-**-2210		Married/Withhold		Fed-5/0/SC-5/0
Earnings and Hours		Qty	Rate	Current YTD Amount		Message
Hourly Regular Rate		40.00	8.50	340.00	7,578.50	
Overtime Hourly Rate 1		5.25	12.75	66.94	1,742.63	
				406.94	9,321.13	
Taxes				Current YTD Amount		
Social Security Employee				-25.23	-577.91	
Medicare Employee				-5.90	-135.16	
SC - Withholding				-4.95	-165.68	
Federal Withholding					-32.00	
				-36.08	-910.75	
Net Pay				370.86	8,410.38	

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Ramon R Zepeda

Employee Pay Stub		Check number: 11283		Pay Period: 09/14/2007 - 09/20/2007		Pay Date: 09/20/2007
Employee		SSN		Status (Fed/State)		Allowances/Extra
Ramon R Zepeda		***-**-2210		Married/Withhold		Fed-5/0/SC-5/0
Earnings and Hours		Qty	Rate	Current YTD Amount		Message
Hourly Regular Rate		48.50	8.50	412.25	7,990.75	
Overtime Hourly Rate 1					1,742.63	
				412.25	9,733.38	
Taxes				Current YTD Amount		
Social Security Employee				-25.56	-603.47	
Medicare Employee				-5.97	-141.13	
SC - Withholding				-5.19	-170.87	
Federal Withholding					-32.00	
				-36.72	-947.47	
Net Pay				375.53	8,785.91	

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Ramon R Zepeda

Employee Pay Stub		Check number: 12084		Pay Period: 03/14/2008 - 03/20/2008		Pay Date: 03/21/2008
Employee		SSN		Status (Fed/State)		Allowances/Extra
Ramon R Zepeda		***-**-2210		Married/Withhold		Fed-5/0/SC-5/0
Earnings and Hours		Qty	Rate	Current YTD Amount		
Hourly Regular Rate		30.50	8.50	259.25	259.25	
Taxes		Current YTD Amount				
Federal Withholding			0.00	0.00		
Social Security Employee			-16.07	-16.07		
Medicare Employee			-3.76	-3.76		
SC - Withholding			-0.24	-0.24		
			-20.07	-20.07		
Net Pay			239.18	239.18		

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Ramon R Zepeda

Employee Pay Stub		Check number: 12338		Pay Period: 05/09/2008 - 05/15/2008		Pay Date: 05/16/2008	
Employee		SSN		Status (Fed/State)		Allowances/Extra	
Ramon R Zepeda		***-**-2210		Married/Withhold		Fed-5/0/SC-5/0	
		año hasta la fecha					
Earnings and Hours		Qty	Rate	Current YTD Amount			
Hourly Regular Rate		40.00	9.00	360.00	2,856.81		
Overtime Hourly Rate 1		16.50	13.50	222.75	927.20		
				582.75	3,784.01		
Taxes				Current YTD Amount			
Federal Withholding				-9.00	-32.00		
Social Security Employee				-36.13	-234.61		
Medicare Employee				-8.45	-54.87		
SC - Withholding				-16.04	-65.12		
				-69.62	-386.60		
Net Pay				513.13	3,397.41		

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Ramon R Zepeda

Employee Pay Stub		Check number: 12436		Pay Period: 05/30/2008 - 06/05/2008		Pay Date: 06/06/2008
Employee				SSN	Status (Fed/State)	Allowances/Extra
Ramon R Zepeda				***-**-2210	Married/Withhold	Fed-5/0/SC-5/0
Earnings and Hours		Qty	Rate	Current YTD Amount		
Hourly Regular Rate		40.00	9.00	360.00	3,936.81	
Overtime Hourly Rate 1		11.25	13.50	151.88	1,359.21	
				511.88	5,296.02	
Taxes				Current YTD Amount		
Federal Withholding				-2.00	-38.00	
Social Security Employee				-31.73	-328.35	
Medicare Employee				-7.42	-76.79	
SC - Withholding				-11.08	-96.89	
				-52.23	-540.03	
Net Pay				459.65	4,755.99	

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Ramon R Zepeda

Employee Pay Stub Check number: 12502 Pay Period: 06/13/2008 - 06/19/2008 Pay Date: 06/20/2008

Employee	SSN	Status (Fed/State)	Allowances/Extra
Ramon R Zepeda	***-**-2210	Married/Withhold	Fed-5/0/SC-5/0

Earnings and Hours	Qty	Rate	Current	YTD Amount
Hourly Regular Rate	40.00	9.00	360.00	4,656.81
Overtime Hourly Rate 1	12.50	13.50	168.75	1,703.46
			528.75	6,360.27

Taxes	Current	YTD Amount
Federal Withholding	-4.00	-47.00
Social Security Employee	-32.79	-394.34
Medicare Employee	-7.66	-92.22
SC - Withholding	-12.26	-121.89
	-56.71	-655.45

Net Pay	472.04	5,704.82
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Ramon R Zepeda

Employee Pay Stub		Check number: 12679		Pay Period: 08/01/2008 - 08/07/2008		Pay Date: 08/08/2008
Employee				SSN	Status (Fed/State)	Allowances/Extra
Ramon R Zepeda				***-**-2210	Married/Withhold	Fed-5/0/SC-5/0
Earnings and Hours		Qty	Rate	Current YTD Amount		
Hourly Regular Rate		40.00	9.00	360.00	7,176.81	
Overtime Hourly Rate 1		10.25	13.50	138.38	2,658.60	
				498.38	9,835.41	
Taxes				Current YTD Amount		
Federal Withholding				-1.00	-58.00	
Social Security Employee				-30.90	-609.80	
Medicare Employee				-7.22	-142.61	
SC - Withholding				-10.15	-192.84	
				-49.27	-1,003.25	
Net Pay				449.11	8,832.16	

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Ramon R Zepeda

Employee Pay Stub		Check number: 12716		Pay Period: 08/08/2008 - 08/14/2008		Pay Date: 08/15/2008
Employee		SSN		Status (Fed/State)		Allowances/Extra
Ramon R Zepeda		***-**-2210		Married/Withhold		Fed-5/0/SC-5/0
Earnings and Hours		Qty	Rate	Current YTD Amount		
Hourly Regular Rate		37.50	9.00	337.50	7,514.31	
Overtime Hourly Rate 1					2,658.60	
				337.50	10,172.91	
Taxes		Current YTD Amount				
Federal Withholding				0.00	-58.00	
Social Security Employee				-20.92	-630.72	
Medicare Employee				-4.90	-147.51	
SC - Withholding				-2.15	-194.99	
				-27.97	-1,031.22	
Net Pay				309.53	9,141.69	

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Ramon R Zepeda

Employee Pay Stub	Check number: 12742	Pay Period: 08/15/2008 - 08/21/2008	Pay Date: 08/22/2008
Employee	SSN	Status (Fed/State)	Allowances/Extra
Ramon R Zepeda	***-**-2210	Married/Withhold	Fed-5/0/SC-5/0

Earnings and Hours	Qty	Rate	Current	YTD Amount
Hourly Regular Rate	48.25	9.00	434.25	7,948.56
Overtime Hourly Rate 1	6.75	13.50	91.13	2,749.73
			525.38	10,698.29

Taxes	Current	YTD Amount
Federal Withholding	-4.00	-62.00
Social Security Employee	-32.57	-663.29
Medicare Employee	-7.62	-155.13
SC - Withholding	-12.03	-207.02
	-56.22	-1,087.44

Net Pay	469.16	9,610.85
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Ramon R Zepeda

Employee Pay Stub		Check number: 12772		Pay Period: 08/22/2008 - 08/28/2008		Pay Date: 08/29/2008
Employee		SSN		Status (Fed/State)		Allowances/Extra
Ramon R Zepeda		***-**-2210		Married/Withhold		Fed-5/0/SC-5/0
Earnings and Hours		Qty	Rate	Current YTD Amount		
Hourly Regular Rate		48.50	9.00	436.50	8,385.06	
Overtime Hourly Rate 1		9.50	13.50	128.25	2,877.98	
				564.75	11,263.04	
Taxes		Current YTD Amount				
Federal Withholding				-7.00	-69.00	
Social Security Employee				-35.02	-698.31	
Medicare Employee				-8.18	-163.31	
SC - Withholding				-14.78	-221.80	
				-64.98	-1,152.42	
Net Pay				499.77	10,110.62	

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Ramon R Zepeda

Employee Pay Stub		Check number: 12800		Pay Period: 08/29/2008 - 09/04/2008		Pay Date: 09/05/2008
Employee		SSN		Status (Fed/State)		Allowances/Extra
Ramon R Zepeda		***-**-2210		Married/Withhold		Fed-5/0/SC-5/0
Earnings and Hours		Qty	Rate	Current YTD Amount		
Hourly Regular Rate		40.00	9.00	360.00	8,745.06	
Overtime Hourly Rate 1		7.00	13.50	94.50	2,972.48	
				454.50	11,717.54	
Taxes		Current YTD Amount				
Federal Withholding				0.00	-69.00	
Social Security Employee				-28.18	-726.49	
Medicare Employee				-6.59	-169.90	
SC - Withholding				-7.43	-229.23	
				-42.20	-1,194.62	
Net Pay				412.30	10,522.92	

RX Date/Time
OCY-13-2008 13:31 From:

10/13/2008 14:34

To: 5320

P.010
P.10/12

Claims - First Notice of Injury Form

Website: www.accidentfund.com (No log in needed)

Fax to: (866) 814-5595

Email to: ClaimsExpress@accidentfund.com

Claims Customer Service (888) 208-5851



Today's Date: 9/14/08

State Injury Occurred: South Carolina

What is the business name? Priority Landscaping

What is the business Accident Fund policy number?

If policy number is not available, what is the corporate Federal ID number?

Briefly describe the nature of business: Landscaping

What is your name (first, last)? William Hampton What is your title? Owner

What is your phone number, including area code? 843-588-6327

What is the injured employee's name? Ramon Zapata

What is the injured employee's social security number? 542-35-2210

What is the injured employee's date of birth? 4/30/63

What is the injured employee's home address? (Include city, state & zip code)

1705 Saffish, Johns Island, SC 29455

What is the injured employee's home phone number, including area code? 843-559-0855

Is the injured employee a male or a female? Male ☒ Female ☐

What was the date and time of the injury? 9/14/08 - 2:30 p.m.

What is the injured employee's job title or occupation? Landscaper

If applicable, what is the department/location code?

What is the full address of the location that the injured employee was hired at? (Include city, state & zip code)

P.O. Box 1924 Folly Beach, SC 29439

Was the employee injured at the location listed above? Yes ☐ No ☒

If 'No', provide the full address where the injury did occur. (Include city, state & zip code): 1473 Camp Rd. Charleston, SC 29412

What is the injured employee's date of hire? 5/1/08 What is the injured employee's hourly rate? \$8.00

Will the injured employee be paid in full for the day of injury? Yes

What time did the injured employee begin work on day of injury?

Will the injured employee miss time from work? Yes ☒ No ☐ If yes, how many days? ~~1 day~~ 2 months

What was the last day the injured employee worked due to the injury? 9/14/08

What date did the injured employee return to work, or expected to return to work? N/A

What date was the injury reported to the employer? 9/14/08

What type of injury did the employee sustain? For example: contusions, lacerations, or burns. Shattered ankle foot

What body part(s) was affected? Ankle, foot -

How did the accident happen? Fell out of a tree, Not working

Was the injury fatal? Yes ☐ No ☒ If yes, list the date of death

Did the injured employee seek medical treatment? Yes ☒ No ☐

If yes, what type of medical treatment did the employee seek? Minor Medical Treatment by Employee; Minor Medical

Treatment by Clinic/Hospital; Emergency Care; Hospitalization for more than 24 hours; or Future major medical/lost time

anticipated? Select type of treatment Urgent Care, then Surgery inpatient

If known, please give name and phone number of doctor/clinic employee was treated.

Is there any additional information that may be pertinent to this claim?

Employee climbed a tree just after a lunch break, he was not working at that time, and then fell out

Dr. Wildstein

Doctors Care - 743 Folly Rd.

David Meacham Charleston, SC 29412

Roper Hospital
211 Calhoun St.

090

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DOCTORS CARE

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	TICKET NO.
172017	09/04/08	02:51pm	JAMES ISLAND, APPT ONLY	594362

NAME & ADDRESS

THURSDAY

ZEPEDA, RAMON

DOB: 04/30/1963 (45 years)

FOLLY BEACH, SC 29439
843-588-6327 WRK:GENDER: M
FCL: 6INSURANCE \$0.00
BALANCEACCOUNT \$0.00
BALANCECURRENT
CHARGESAMOUNT
PAIDNEW
BALANCE

CASH CHECK M.O. C.C.

INSURED: ZEPEDA, RAMON
INS: WC/NON-ESTABLISHED
REASON: ANKLE INJURY
NICKNAME:RELATION: OTHER
GRP:

COPAY: WC

HISTORY: (- or +, or details)

Personal Hx	Family Hx	Social Hx
DM	DM	Alcohol
HTN	HTN	Tobacco
CV	MI/50	Drugs
CA	CVA	Reg. Diet
Surg	CA	Occup.

ROS (/ or O)

Fever, Chills
N, V, D Constip.
SOB, CP
Headache, Fatigue
UTI Sx. ♀ Compl.PREVENTIVE (year of last)
Circle recommendations

Tetanus	Women	Men
Cholesterol	LMP	PSA
Colonoscopy	PAP	Rectal
Flu Shot	Mamm	
Pneumovax	BMD DEXA	

Allergies:

NKA

Medications:

Prev. chart rev., no sig chg Above Hx reviewed

WGT BP Pulse Resp Temp

Chief Complaint:

Nubain, 20 mg IM.

Phenergan, 25 mg

Nubain, 10 mg IM

has lower leg,

thighs knee, foot.

PHYSICAL: (see reverse) Omit if N/A

(✓ if nml., O if abnml. & give details)

☐ General☐ NT☐ Nodes☐ Lungs☐ CV☐ Abd☐ Back☐ Ext☐ GU☐ Neuro☐ Skin/Breasts

Tests/Labs: (in-house)

☐ CBC☐ Strep☐ Mono☐ U/A☐ Lact sent out☐ Pylori☐ U Preg☐ Heme

HPI (4 items):

Today: It stepped in hole, injuring hip, thighs knee, foot.

Ankle: Dento pain in (R) thigh, knee, prox lower leg: No deformity, No tenderness

(R) Thigh, knee, prox lower leg: (+) Deformity, No discal, (+) tender

(R) Lower leg: (+) Deformity, No discal, (+) tender

(R) Foot: (+) Deformity, No discal, (+) tender

Distal Tibia: (+) Deformity, No discal, (+) tender

Distal Tibia: (+) Deformity, No discal, (+) tender

Distal Tibia: (+) Deformity, No discal, (+) tender

ASSESSMENT / DIAGNOSIS/ES:

1) Acute, Closed, Communitated Distal (R) Tibia Fr

☐ Patient Care Instructions Discussed:☐ Lifestyle Modification

Date to Return:

☒ If worse: 10 ER☐ If not better:☒ For Follow-Up

Go to ER if:

Off Work / School

Restrictions:

Note: If outside tests are ordered, we will call with results, positive or negative. If you haven't heard from us in 5-7 days after the test, please call us.

Staff: Dr. Wilder MD, M.D., D.O., P.A., F.N.P.

I consent to any and all health care treatment and diagnostic procedures provided by Doctor's Care and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine and other health care professions is not an exact science and I further state that I understand that no guarantee has been or can be made as to the results of the treatments or examinations at Doctor's Care.

I consent to the use and disclosure of my/the patient's protected health information for purposes of obtaining payment for services rendered to me/the patient, treatment and health care operations of the practice of medicine and other health care professions at Doctor's Care.

I authorize payment of medical benefits to Doctor's Care physicians or their designee for services rendered.

Patient or Authorized Person's Signature:

Date:

4. Workers Compensation patients: I hereby authorize Doctor's Care to speak to a rehabilitation specialist, my employer, my insurance carrier or other professionals involved in my care or rehabilitation, regarding my medical condition and the treatment I have received or will receive.

Patient or Authorized Person's Signature:

Date:



medical affiliates

Doctors Care Radiology Form

X-Ray Interpretation and Review



X-Ray #: 8-1733 Office: DCJI Date: 9-4-08

Patient Name: RAMONE Patient ID: 172017 DOB: 4-30-63 Age: 43

Requesting Provider: DM ZEPEDA Pregnancy Status: N/A Sex: M

Operator's Signature: FG History: (R) ANKLE/TCB FIB INJURY

Films Taken:

- | | | | |
|---|---|--|--|
| ☐ Abdomen, 1V, 74000 | ☐ Finger, 3V, 73140 | ☐ LS-Spine, 3V, 72100 | ☐ Sinuses, 2V, 70210 |
| ☐ Abdomen, 3V, 74022 | ☐ Foot, 2V, 73620 | ☐ Mandible, 3V, 70100 | ☐ Sinuses, 3V, 70220 |
| ☐ Ankle, 3V, 73610 | ☐ Foot, 3V, 73630 | ☐ Nasal, 3V, 70160 | ☐ Skull, 2V, 70250 |
| ☐ C-Spine, 3V, 72040 | ☐ Foot-FB, 2V, 73620 | ☐ Neck-ST, 2V, 70360 | ☐ Skull, 4V, 70260 |
| ☐ C-Spine, 5V, 72050 | ☐ Forearm, 2V, 73090 | ☐ Ocalcis, 2V, 73650 | ☐ T-Spine, 2V, 72070 |
| ☐ Chest, 1V, 71010 | ☐ Hand, 2V, 73120 | ☐ Pelvis, 1V, 72170 | ☐ Thumb, 3V, 73140 |
| ☐ Chest, 2V, 71020 | ☐ Hand, 3V, 73130 | ☐ Ribs, 4V, 71101 | ☒ Tib & Fib, 2V, 73590 |
| ☐ Clav, 2V, 73000 | ☐ Hip, 2V, 73510 | ☐ Ribs-Bilat, 4-5V, 71111 | ☐ Toes, 3V, 73660 |
| ☐ Coccyx, 2V, 72220 | ☐ Humerus, 2V, 73060 | ☐ Sacrum, 2V, 72220 | ☐ Wrist, 2V, 73100 |
| ☐ Elbow, 2V, 73070 | ☐ Knee, 2V, 73560 | ☐ Scapula, 2V, 73010 | ☐ Wrist w/ Nav, 3-5, 73110 |
| ☐ Elbow, 4V, 73080 | ☐ Knee & Sun, 3+1, 73564 | ☐ Shoulder AC, 2V, 73050 | ☐ Add View, 1V, 70001 |
| ☐ Femur, 2V, 73550 | ☐ Knee & Tun, 3+1, 73564 | ☐ Shoulder, 2V, 73030 | |

☐ Unlisted X-Ray Description:

of Views: 3

Code: 73590

Doctors Care Practitioner Interpretation:

(1) Comminuted fx of distal tibia,

No disloc

Practitioner Signature: J. Measny MD

(Fall)

Right or Left Extremity

☒ R

☐ L

Lead Shielding Used

☐ Y

☐ N

Is Patient Pregnant

☐ Y

☒ N

Circle # of Films Taken

1 2 3 4 5

Questions for Radiologist

Do you agree with practitioner's initial impression?

☐ Yes

☐ No

Do you consider the x-ray(s) normal?

☐ Yes

☐ No

Do you see significant findings not noted by practitioner?

☐ Yes

☐ No

If high risk, please notify office immediately by phone and fax.

Additional Practitioner Questions

Radiologists Response

Radiologist Name:

Date of Review:

Radiologist Signature:

Doctors Care Office Notified (Phone/Fax/Other):

Doctors Care Follow-Up

Report Reviewed By Doctors Care Practitioner: Signature:

Date:

Further action required?

☐ Yes

☐ No

Patient notified?

☐ Yes

☐ No

If yes to either question, follow up steps initiated (describe):

092

36

10/13/2008 14:34

To: 5320

P.9/12

RX Date/Time

OCT-13-2008 13:31 From:

**Doctors
Care**
☐ DEANFORT
1010 S. Federal Road
Port Royal, S.C. 29985
770-0078

☐ CHARLESTON WEST
3424 Shelby Hwy Court
Charleston, S.C. 29414
402-3834

☐ NORTHWOODS
2059 Rivers Avenue
North Charleston, S.C. 29405
572-7010

CHARLESTON AREA

☐ MT. PLEASANT
631 Johnson Dodge Blvd
Mt. Pleasant, S.C. 29464
581-0015

☐ SUMMERVILLE
10160 Donchaster Road
Summerville, S.C. 29405
871-7900

☐ WEST ASHLEY
1851 Sam Rittenberg Blvd.
Charleston, S.C. 29407
656-5585

☐ BLUFFTON
64 Bluffton Rd.
Bluffton, S.C. 29910
757-0576

☐ SUMMERVILLE
410 N. Main Street
Summerville, SC 29483
874-3277

 IE: Bamon Zepeda
 : 9-4-08
VAL TIME: 3pmHARGE TIME: 450pmPANY NAME: Priority Landscaping

STATUS: (Check appropriate boxes)

I am able to perform Full Duty work as of _____ without accommodations.

If Duty due to work-related condition.

Estimated return to work date modified duty: until cleared by Orthopedics

Estimated return to work date full duty: _____

Return for re-evaluation at this office on _____

Time: _____

I am able to work with the following accommodations as of: _____

No lifting more than _____ lbs.

No operation of hazardous or fast-moving machinery; no driving.

Ground level work only, no ladder or heights.

No repeated bending, stooping, squatting, pushing, jerking, twisting or bouncing.

No continuous standing and/or sitting.

Minimum walking, climbing (includes stairs).

No use of _____

No overhead lifting.

No high repetitive hand activities for extended periods of time.

No use of _____

I have reached Maximum Medical Improvement (MMI).

I am able to return for re-evaluation at this office on _____

Time: _____

CHARGE INSTRUCTIONS:

Diagnosis: Closed Right Lower leg Fracture☐ as directed ☐ as needed

or Injury Care

Keep dry & clean

☐ do not remove dressing☐ Home exercise instructions given

Ice extremity

☐ apply ice every _____☐ Follow instruction sheet given

Soaks

☐ apply heat every _____☐ Bed rest for _____

Elastic support/immobilizer/keep taped

(If a referral is made to Therapy, or another Physician, please complete this section)

Date: _____

Time: _____

I have read the above instructions and what to do for my follow-up care. I have received a copy of these instructions for my Employer.

Signature: _____

Date: _____

Signature: D. Medina MDDate: 9/4/08

ADMISSION RECORD

MED REC # 001730676		ADMISSION DATE/TIME 09/05/08 0743		DISCHARGE DATE/TIME		SERVICE SUR		STATION ROA		ROOM NO 0685-01		PAT TYPE ROA		F.C. S		BLIACCT # 08249-00352			
LOCATION(S) SDA		REL		PAT. CLA		PUB/VAL I		LNG N		SEX F		RACE M		MS H		DATE OF BIRTH 04/30/63		AGE 45Y	
PATIENT	PATIENT NAME AND ADDRESS ZEPRDA, RAMOS			SOC SEC NO		PATIENT EMPLOYER			TELEPHONE NO.										
	JOHNS ISLAND SC 29455			PR TELEPHONE NO. (843) 813 6791		PRIORITY LANDSCAPE			KMP STAT										
GUARANTOR	GUARANTOR NAME AND ADDRESS ZEPRDA, RAMOS			SOC SEC NO		GUARANTOR EMPLOYER			TELEPHONE NO.										
	JOHNS ISLAND SC 29455			TELEPHONE NO. (843) 813-6791 RELATION SELF		PRIORITY LANDSCAPE													
INSURANCE	INSURANCE 1										INSURANCE 2								
MISC	IN CASE OF EMERGENCY NOTIFY RRYRS-MARTINEZ, R. SHERALDA SPOUSE HM: (843) 813 6791 WK:										SPOUSE HM: WK:								
	ADM DX/PRESENTING COMPLAINT BROKEN RT FOOT										ARRIVAL MODE WALKIN/A				ADM TYPE/SOURCE 4, 1				
	ADMITTING DOCTOR WILDSTEIN-MD, MICHA			ATTENDING DOCTOR WILDSTEIN-MD, MICHA			REFERRING DOCTOR WILDSTEIN-MD, MICHA			PRIMARY CARE DOCTOR WILDSTEIN-MD, MICHAEL									
	ALERTS NO NONE			PREVIOUS ADM DATE		OPT OUT	DIR No	FND N	MKT	PHN MSG	PRIMARY	ALT.	BY JIM						
FOR EMERGENCY DEPARTMENT USE ONLY																			
ALLERGIES																			
LMP# TEMP# RESP# PULSE# B/P# TIME SIGNATURE																			
PRINCIPLE DIAGNOSIS																			
																DRG			
OTHER DIAGNOSIS(ES)																CODE(S)			
PRINCIPAL OPERATION/PROCEDURE:																			
OTHER OPERATION(S)/PROCEDURE(S):																			
Outpt Bed Assignment																			

094

☐ OPERATIVE SUMMARY
DICTATED

☐ DISCHARGE SUMMARY
DICTATED

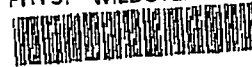
PHYSICIAN SIGNATURE: _____

DATE _____



() ROPER HOSPITAL () ST. FRANCIS HOSPITAL
() BERKELEY MEDICAL CENTER
HISTORY

MR#: 001730676 ROA -
ZEPEDA, RAMOS
DOB: 04/30/63
PHYS: WILDSTEIN-MD, MICHA



ACCT#: 08249-00352 09/05/08

ALL POSITIVE AND PERTINENT NEGATIVE FINDINGS SHALL BE RECORDED

ORDER OF
RECORDING:

1. Chief Complaint
2. History of
Present Illness
3. History of
Past Illness
4. Family History
5. General History
6. System Review:
 - Skin
 - HEENT
 - Neck & Thyroid
 - Lymphatics
 - Respiratory
 - Cardiovascular
 - Gastrointestinal
 - Genitourinary
 - Neuro-
Psychological
 - Musculoskeletal
 - Endocrine
7. Allergies (Medi-
cation & Drugs)

DATE: 45 y/o ♂ SIP fall onto (R) tibia
from 8 feet high w/ Type II pilon fracture
of tibia. Requires Ex-Dr vs ORIF
of Pilon fx.

PMHx Ø
PSHx denies

ROS: denies fever, chills, GI symptoms.

NKDA

Med: denies.

FOR CHILDREN
AND
ADOLESCENTS:

8. Evaluation of
Developmental
Age
9. Immunization
Status

5240 REV. 09/05

095



G06240

39

PHYSICAL EXAMINATION

Zepeda, Ramos

08249.00352

Patient Label

ALL POSITIVE AND PERTINENT NEGATIVE FINDINGS SHALL BE RECORDED.

DATE: _____ AGE: _____ SEX: _____ HGT.: _____ WGT.: _____

TEMP.: _____ PULSE: _____ RESPIRATION: _____ BP: _____

ORDER OF
RECORDING:

1. General Appearance
2. Skin
3. HEENT
4. Lymph Glands
5. Neck
6. Breasts
7. Chest
8. Heart
9. Abdomen
10. Genitalia
11. Musculo-Skeletal
12. Neurological
13. Rectal
14. Vaginal

LDWNA in M40. (R) LE in splint

Tax 7L, Wldly pderatou.

ETH, TA, 615 intact grossly.

Clert CTA (B)

CUT RPR,

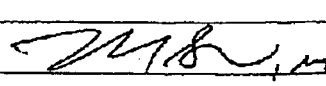
Md. Sgt NT MD

New (Pac) A+O +3

IMPRESSION: Pilon fr. (R) tibia

COURSE OF ACTION PLANNED: E2-Fr (R) tibia

096

PHYSICIAN'S SIGNATURE: 

DATE: 9/5/08 40

Roper Hospital
OPERATIVE REPORT
09/05/2008

ZEPEDA, RAMOS
001730676
Michael Wildstein, MD
Page 1

GEON: Dr. Michael S. Wildstein

ANESTHESIA: Spinal.

PREOPERATIVE ANTIBIOTIC: Ancel 1 gram IV.

PREOPERATIVE DIAGNOSIS(ES): Comminuted Intraarticular Type 3 tibial pilon fracture, right lower extremity.

POST-OPERATIVE DIAGNOSIS(ES): Comminuted, Intraarticular Type 3 tibial pilon fracture, right lower extremity.

OPERATION: Application of multiplane external fixation system. [CPT code 20692]

ESTIMATED BLOOD LOSS: None.

TOURNIQUET TIME: 40 minutes at 250 mmHg.

INDICATIONS FOR PROCEDURE: Mr. Zepeda is a pleasant 45-year-old male who yesterday fell off of a scaffolding, sustaining a comminuted type 3 intraarticular pilon fracture of the right tibia, as well as a tibial shaft fracture. He had significant swelling so as a temporizing measure an external fixator was thought to be the most beneficial treatment at this time.

DESCRIPTION PROCEDURE: After proper operative consent was obtained, the site was marked and the patient was brought into the operative suite, placed supine on the operating room table. A spinal anesthetic had previously been administered. One gram Ancel intravenous was given as preoperative antibiotic.

Next, the fluoroscopic imaging was brought in and used to identify the fracture. Longitudinal traction was placed on the lower extremity and the fracture was confirmed to be relatively well reduced with ligaments attached. A large Synthes external fixator was applied first. The centrally threaded calcaneal pin was inserted under fluoroscopic guidance through two approximately 7-mm incisions on the medial and lateral aspect of the calcaneus was applied. First the centrally threaded calcaneal pin was inserted under fluoroscopic guidance through two approximately 7-mm

Roper Hospital
OPERATIVE REPORT
09/05/2008

ZEPEDA, RAMOS
001730676
Michael Wildstein, MD
Page 2

isions on the medial and lateral aspects of the calcaneus. Care was taken to avoid any neurovascular structures.

Once the calcaneal pin was in, attention was turned then to the proximal tibial pins. Two partially threaded large external fixator pins were placed with AO technique in the proximal tibia 90 degrees to the calcaneal pin. Next the pin-to-bar clamps were applied and a large carbon fiber external fixator rods were applied. The fluoroscopic imaging was used to confirm reduction of the articular surface in the AP and lateral planes. There was a small anterior fragment which remained unreduced and so a K wire was then placed percutaneously to spear this fragment into the diaphyseal shaft. The tourniquet was then deflated.

DISPOSITION: The multiplane external fixator pins were dressed and the patient was transferred to the recovery room in stable condition. He tolerated the procedure well. He will be non-weightbearing and we will bring him back for definitive fixation once the soft tissue swelling has subsided in 2 weeks.

Michael Wildstein, MD TR: cnb DD: 09/05/2008 TD: 09/08/2008 2:06 P JOB#: 001120613 DOC# 1570215 cc: Michael Wildstein, MD

Authenticated and Edited by MICHAEL WILDSTEIN, MD On 9/09/08 9:10:59 AM

Patient: ZEPEDA, RAMOS
DOB: 04/30/63
PHYS: WILDSTEIN-MD, MICHA



ACCT#: 08249-00352 09/05/08

Pre-Admission Physician's Order Form

Date of Surgery	9/5/08
Consent for:	
Drug Allergies	NKA
NPO after MN	
IV: Lactated Ringer at KVO (Exception: Normal Saline at KVO for Renal Patients)	
Antibiotic(s):	1g Aug IV
Other Medications:	
Prep:	
☐ SCDs	☐ TED Hose
Other:	☒ Anesthesia Protocol (see below)

TESTS DETERMINED BY PAT ASSESSMENT ARE AUTOMATICALLY ORDERED ORDER ONLY ADDITIONAL TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS AND/OR TREATMENT

*Bolded test name denotes limited coverage testing. An ICD-9 diagnosis code must be assigned for each limited coverage test.

NOTE: When ordering ANY additional test, check with the laboratory prior to specimen collection to see if the test is a limited coverage test or investigational/research test requiring the patient to sign an ABN.

DIAGNOSIS/ ICD-9 CODES: Place corresponding number beside test ordered below. 1. _____ 2. _____ 3. _____ 4. _____

☐ *CBC with out Diff	☐ *PT	☐ *Potassium
☐ *Hemoglobin	☐ PTT	☐ *Basic Metabolic Panel
☐ *Hematocrit	☐ Bleeding Time	☐ *Comprehensive Metabolic Panel
☐ *CBC w/Auto Diff	☐ *Sed Rate	☐ Serum Preg. (Qual)
☐ *Urinalysis	☐ *Urine Culture	☐ Creatinine
☐ Type and Screen	☐ Type and Crossmatch # Units _____ (Autologous / Directed / Other)	☐ Liver Profile
☐ *EKG	☐ *PA Chest	☐ HIV
		☐ HBSAG

() Other:

Physician Signature / Date / Time

[Signature] 9/5/08 9AM

02/06

9/5/08 0915 Mary A. Nurse



ANESTHESIA PRE-OP ORDERS

MR#: 001730676 ROA -
ZEPEDA, RAMOS
DOB: 04/30/63
PHYS: WILDSTEIN-MD, MICHA
ACCT#: 08249-00352 09/05/08

Zofran _____ mg
☐ Bicta 30 ml PO (3g/2g per 30cc)
☐ Pepcid 20 mg IV
☐ Reglan 10 mg IV
 Versed (0.5 mg/kg) = _____ mg with Tylenol (10 mg/kg) PO = _____ mg for anxiety

Robinul _____ mg IV
 Versed _____ mg IV for anxiety. May repeat _____ times
 Ativan _____ mg IV for anxiety. May repeat _____ times
 Other _____

Physician Signature Date/Time: _____

Nursing Signature Date/Time: _____

ANESTHESIA POST OP ORDERS - *PACU USE ONLY*****

PAIN CONTROL - IV AS NEEDED FOR PAIN

FENTANYL

Dosage: ☐ 25 micrograms ☐ 50 micrograms ☐ Other
 Frequency: ☐ q 5 min ☐ q 10 min ☐ Other
 Maximum dosage _____ micrograms

MORPHINE

Dosage: ☐ 1 mg ☒ 2.5 mg ☐ 5 mg ☐ _____ mg
 Frequency: ☒ q 5 min ☐ q 10 min ☐ q 15 min ☐ q _____ min
 Maximum dosage _____ mg

DILAUDID

Dosage: ☐ 0.2 mg ☐ 0.5 mg ☐ 1 mg ☐ _____ mg
 Frequency: ☐ q 5 min ☐ q 10 min ☐ q _____ min
 Maximum dosage _____ mg

Other:

Dosage: _____
 Frequency: _____
 Maximum dosage _____

ANTIEMETIC - IV AS NEEDED FOR NAUSEA / VOMITING

ZOFRAN

Dosage: ☐ 2 mg ☐ 4 mg ☐ Other
 Frequency: ☐ times 1 dose ☐ Other
 Maximum dosage _____ mg

DROPERIDOL

Dosage: ☐ 0.625 mg ☐ Other
 Frequency: ☐ q 5 min ☐ q 10 min ☐ Other
 Maximum dosage _____ mg

PHENERGAN

Dosage: ☐ 6.25 mg ☐ 12.5 mg ☐ 25 mg ☐ Other
 Frequency: ☐ q 5 min ☐ q 10 min ☐ Other
 Maximum dosage _____ mg

Other:

Dosage: _____
 Frequency: _____
 Maximum dosage _____

☐ O2 3 LNC for O2 Sat < _____ for 24 hours

☐ Utilize pain medication per Surgeon Discharge prescription

☒ Discharge after Score > 8

Diagnostic Studies: ☐ Chest Xray ☐ ABGs ☐ Hbg/Hct ☐ Bedside Glucose ☐ BMP ☐ _____

☐ See Continuous Peripheral Nerve Catheter Post Op Orders

OTHER ORDERS: _____

Physician Signature Date/Time: _____

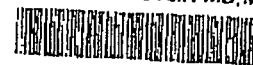
Nursing Signature Date/Time: _____





- () Roper Hospital
- () Bon Secours St. Francis Hospital
- () Roper Berkeley

MR#: 001730676 ROA -
ZEPEDA, RAMOS
DOB: 04/30/63
PHYS: WILDSTEIN-MD, MICHA



ACCT#: 08249-00352 09/05/08

PHYSICIAN'S ORDER SHEET

DATE & TIME	USE	DO NOT USE
9/5/08	Daily or Every other day	qd qod
1100	UNITS	U OR U
Admit to WILDER	UNITS	U
Dr (R) pilsen fr	10 mg	10.0 mg
Cash: Good	0.2 mg	2 mg
UHS: Protocol NUV's (R) LE Q 2hrs x 4hrs	Morphine Sulfate	MS MSO
then Q shift.	Magnesium Sulfate	MgSO ₄
Activ: Bacten (R) LE elevated on 2 pillows	both ears, left ear, right ear	AUFAS AD
MB (R) LE LI crutches.	both eyes, left eye, right eye	OU/OS OD/OS
ATI: None	HS (bedtime)	BT
NS: Protocol	Microfam	Ug
Teach patient pin care phone.	sliding scale	SS or SS
Diet: Regular	3 days or 3 doses	X3d
IUF: HCUV		
Med: Percocet 5/325 I-II tabs PO Q 6h PRN pain		
Aug 1g IV x 3 doses post-op given @ 0927		
Pleaser 25mg IV q 6h PRN nausea		
Dexam 25mg IV q 6h PRN itching / sleep		
ORDER: CT SCAN (R) LE		
noted 1430		
Physical checked		
Have Physical therapy supply crutches + teach how weight bearing		
Relv Dr. Wildstein / Physical checked		

Physician Signature/Time/Date

08/06 Revised 02/07





MR#: 001730676 ROA
ZEPEDA, RAMOS
DOB: 04/30/63
PHYS: WILDSTEIN-MD, MICHA



ACCT#: 08249-00352 09/05/08

POSTOPERATIVE PROGRESS NOTE

☐ Roper Hospital ☐ Bon Secours St. Francis Hospital ☐ Roper St. Francis Medical Center - Berkeley

(Complete immediately after operation/procedure)

Procedure(s) Performed and Description(s): *Ex-fix Right tibia*

Name of Primary Surgeon: *Wildstein*

Assistants: *Ø*

Findings:

Estimated Blood Loss: *Min*

Specimen(s) Removed: *Ø*

Postoperative diagnosis: *Pilon fracture Right tibia*

Physician Signature/Date: *[Signature]* *9/5/08*

Revised: 06/2005 POSTOPERATIVEPROGRESSNOTE05.DOC



ROPER HOSPITAL
DEPARTMENT OF LABORATORY MEDICINE
CHARLESTON, SOUTH CAROLINA

09/06/08
0137
PAGE 1

N : ZEPEDA, RAMOS
Admission Date: 09/05/08
Doctor: WILDSTEIN, MICHAEL
Acct# A08249-00352

MR# (00000)001730676
Date of Birth: 04/30/1963
Sex: M Race: H

Nurs Stn: 01SDA
Room# 068b
Bed: 01

HEMATOLOGY

SPECIMEN DATE 09/05/08
COLLECTED TIME 0830
WEEKDAY FRI

UNITS REFERENCE

-----CBC (COMPLETE BLOOD COUNT)-----

WBC 8.7
RBC 4.61 L
HGB 13.1 L
HCT 38.6 L
MCV 83.7
MCH 28.4
MCHC 33.9
RDW 14.2
PLATELET 191
8.3

K/CUMM 4.8-10.8
M/CUMM 4.70-6.10
G/DL 14.0-18.0
% 42.0-52.0
FL 80.0-94.0
PG 27.0-31.0
% 32.0-36.0
% 11.5-14.5
K/CUMM 140-440
FL 6.1-11.1

ROPER HOSPITAL IMAGING SERVICES

Name: ZEPEDA, RAMOS
Exam Date: 09/05/08 1340
Ord. Phy.: WILDSTEIN-MD, MICHAEL

MR#: A001730676
DOB: 04/30/63
Pl. Phone#: (843) 813-6791
Ord. Phy.#: (843) 406-2771
Phy. Fax #: 843/951921

WILDSTEIN-MD, MICHAEL
*418 FOLEY ROAD
SUITE C
CHARLESTON SC 29412

Acct_Nbr : A0824900352
Pat_Type : ROA

Chk-in # Order Exam
2061154 0004 35122 CT EXTREMITY LOWER W/WO CONTRAST*R
Ord Diag: ; "FX RIGHT PILOR"

CT SCAN OF THE LOWER EXTREMITY WITHOUT CONTRAST: 09/05/08

TECHNICAL: The study was done axially through the lower extremity with multiplanar reconstruction without contrast.

There is an external fixation device with its proximal screws in the midproximal diaphysis of the tibia. The examination shows a comminuted fracture of the distal tibia. There is an irregular oblique fracture line extending from the tibial articular margin into the distal diaphysis in an irregular spiral fashion. The lateral aspect of the distal tibia at the joint space is severely comminuted with 2-3 additional intra-articular fracture lines identified. There is a minimal amount of varus of the major distal tibial fracture component. There appears to be mild impaction laterally and ventrally. The talus appears intact. The distal fibula appears intact. The visualized hindfoot and midfoot structures appear intact. Although multiple intra-articular fracture lines are demonstrated, no gross stepoff is identified.

IMPRESSION:

Severely comminuted distal tibial fracture with numerous intra-articular fracture components but no gross stepoff identified. See

FINAL

Page 1

316 Calhoun Street, Charleston S.C. 29401

* (843) 724-2150

ROPER HOSPITAL IMAGING SERVICES

Name: ZEPEDA, RAMOS
Exam Date: 09/05/08 1340
Ord. Phy.: WILDSTEIN-MD, MICHAEL

MR#: A001730676
DOB: 04/30/63
Pl. Phone#: (843) 813-6791
Ord. Phy.#: (843) 406-2771
Phy. Fax #: 843/951921

WILDSTEIN-MD, MICHAEL
*418 FOLLY ROAD
SUITE C
CHARLESTON SC 29412

Acct_Nbr : A0824900352
Pat_Type : ROA

Checkin-Exam Code Summary
2061154-35122R

comments above.

sak

Transcriptionist- SHARON A KEENE
Reading Radiologist- JAY B ROBARDS-MD
Releasing Radiologist- JAY B ROBARDS-MD
Released Date Time- 09/06/08 1139

FTNAL

Page 2

316 Calhoun Street, Charleston S.C. 29401

* (843) 724-2150

ROPER HOSPITAL IMAGING SERVICES

Name: ZEPEDA, RAMOS
Exam Date: 09/05/08 1103
Ord. Phy.: WILDSTEIN-MD, MICHAEL

MR#: A001730676
DOB: 04/30/63
Pl. Phone#: (843) 813-6791
Ord. Phy.#: (843) 406-2771
Phy. Fax #: 843/951921

WILDSTEIN-MD, MICHAEL
*418 FOLEY ROAD
SUITE C
CHARLESTON SC 29412

Acct_Nbr : A0824900352
Pat_Type : ROA

Chk-in #	Order	Exam
2061090	0002	30130 XR C ARM. (FLUORO MORE THAN 1 HR) Ord Diag: FX TIBIA

There is no dictation for this examination. Fluoro only.

Transcriptionist- DEFAULT DOCTOR
Reading Radiologist- DEFAULT DOCTOR
Releasing Radiologist- DEFAULT DOCTOR
Released Date Time- 09/05/08 2007

FTNAL

Page 1

316 Calhoun Street, Charleston S.C. 29401

* (843) 724-2150

CHART

ROPER HOSPITAL

ANESTHESIA RECORD VITAL SIGNS

Age 45 Sex M Ht. 5'7" Wt. 175 B.P. 128/77 P. 57 R. 12 T. 97
 Lab NR Last Intake 1
 A NR

MR#: 001730676 ROA -
 ZEPEDA, RAMOS
 DOB: 04/30/63
 PHYS: WILDSTEIN-MD, MICHA

ACCT#: 08249-00352 09/05/08
 ADDRESSO GHAR n

Antibiotics: Ancut 1g DV Time 09:27

Premedication

☒ Patient reassessed immediately prior to induction. Condition satisfactory for planned anesthesia.

TIME	09:30	10:30	11:30	12:30	13:30	14:30	15:30	16:30	17:30	18:30	19:30	20:30	21:30	22:30	23:30	24:30
Oxygen LPM	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14
N ₂ O / Air LMP																
ISO / Dos / Svo																
Veser	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Fent	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Propof																
EKG	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85
FiO ₂	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
SAT	95	96	97	97	97	97	97	97	97	97	97	97	97	97	97	97
ETCO ₂	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35
SYSTOLIC	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120
DIASTOLIC	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80
PULSE	57	57	57	57	57	57	57	57	57	57	57	57	57	57	57	57
ATION																
SPO ₂																
ASSIST																
CONTROLLED																
SURGERY START-END																
ANES. START-END																
ANES. START	09:27															
ANES. END	10:59															
MONITORS																
REMARKS	70R SIX SABS Bdm X3 L3-4 L5-S1.5 white, 7: all + CSK - low / - post op 10/1 18 cc .75% marcaine - 7 SUT ALLEGRA NCB - HANNA JAW/MW															
FLUID	LH 1000															
START																
FINISH																
OPERATION	EX Fix R Tibial Fx															
SURGEON	WILDSTEIN															
ANESTHESIOLOGIST	L. L. L. L.															
DATE	11/10/08															

PATIENT POSITION	GENERAL
REGIONAL	
MONITORED	
ANESTHESIA CARE	
POSITION	
PREP	
SITE	
AGENT	
PARESTHESIA	
CATHETER	
SENSORY BLOCK TO	
FLUID WARMER	
TEMP	
BATH HUGGER	
IMA	
ENDOTRACHEAL TUBE	
CLIP INFLATED	
LARYNGOSCOPE BLADE	
STYLET	
DIRECT VISION	
BLIND	
Recovery Room Time	10:56
BLP	10:15
Pulse	
Resp	15
Condition	VSS
Temp	96.8
SpO ₂	96.8
IVF	
Blood	
EBL	25cc
UOP	



PERIOPERATIVE RECORD

OR ROPER MAIN

McKESSON

Empowering Healthcare

INTRAOPERATIVE RECORD

NAME: ZEPEDA, RAMOS
MRN: 001730676
ACCT #: 0824900352

BIRTHDATE: 4/30/1963
SEX: M AGE: 45 Y
SURGERY DATE: 9/5/2008 9:27:00AM

PATIENT ALLERGIES

COMMENT (HISTORICAL):

VERIFICATION QUESTIONS

PATIENT HEIGHT:

PATIENT WEIGHT:

PATIENT ALERTS:

PATIENT TYPE: OUTPATIENT W/ ROOM MAIN

HISTORY & PHYSICAL ON CHART: Yes

SITE(S) MARKED: Yes

PT IDENTIFIED/ID BRACELET CHECKED: Yes

CONSENT OBTAINED: Yes

INTRAOP NURSING ASSESSMENT: [X] COMPLETED

PT IDENTIFICATION METHOD: ID BAND

PATIENT VERBALIZATION

PATIENT LIMITATIONS: COMMUNICATION BARRIER

TIMES AND CASE INFORMATION

ACTUAL OR: OR ROOM 4 RH

CASE SERVICE: ORTHOPEDICS

CASE TYPE: ADD ON URGENT

PATIENT (ROOM IN):

ACTUAL CASE START: 9/5/2008 9:27:00AM

ACTUAL CASE STOP: 9/5/2008 10:54:00AM

TOTAL CASE: 1:27

FAMILY CONTACT

FAMILY CONTACT:

CONTACT:

CASE ANESTHESIA INFORMATION

ANESTHESIA TYPE: SPINAL

ASA CLASSIFICATION: 1

ANESTHESIA COMMENT:

NAME: ZEPEDA, RAMOS

BIRTHDATE: 4/30/1963

MRN: 001730676

SEX: M

AGE: 45 Y

ACCT #: 0824900352

SURGERY DATE: 9/5/2008 9:27:00AM

CASE STAFF

TIMEOUT RECORDED:

<u>NAME</u>	<u>ROLE</u>	<u>TIME IN</u>	<u>TIME OUT</u>
CLARK, CHARLES N	ANESTHESIA		
WILSTEIN, MICHAEL	SURGEON		
ELLER, TERESA (RN)	CIRCULATOR		
ALEXANDER, TONY	SURGICAL SCRUB		
LEE, LEWIS	VENDOR		
SOPHIA BAUER	RADIOLOGY TECH		

NAME: ZEPEDA, RAMOS
MRN: 001730678
ACCT #: 0824900352

BIRTHDATE: 4/30/1963
SEX: M AGE: 45 Y
SURGERY DATE: 9/5/2008 9:27:00AM

PROCEDURE INFORMATION

PRIMARY PROCEDURE: TIBIA-ORIF RIGHT SIP USING LARGE EXTERNAL FIXATOR
PRE PROCEDURE DIAGNOSIS: FRACTURED TIBIA RIGHT
POST PROCEDURE DIAGNOSIS: SAME
PRIMARY SURGEON: WILDSTEIN, MICHAEL
PROCEDURE SERVICE: ORTHOPEDICS
WOUND CLASSIFICATION: CLEAN
PROCEDURE COMMENT:

PROCEDURE POSITIONAL DEVICES

POSITION FOR SURGERY: SUPINE POSITIONED BY: ELLER, TERESA (RN)
WILDSTEIN, MICHAEL
POSITIONAL DEVICES:
ARMBOARD
SAFETY BELT
HEADREST FOAM GEL

POSITIONING COMMENTS:

PROCEDURE PREP

SKIN INTRAOP
SKIN CONDITION(S): WARM
DRY/INTACT

SKIN CONDITION COMMENT:

HAIR REMOVAL: ☐ CLIPPERS SITE:
☐ SAFETY RAZOR BY:
☒ N/A

SKIN PREP: Yes

SITE PREP SOLUTION PREP BY
LEG/FOOT RIGHT POVIDONE IODINE 10% SOLUTION WILDSTEIN, MICHAEL

PROCEDURE UNIVERSAL PROTOCOL

☒ CORRECT PATIENT ☒ CORRECT SIDE AND SITE ☒ CORRECT POSITION
☒ CORRECT PROCEDURE ☒ CORRECT X-RAYS, DISPLAYED APPROPRIATELY
☒ AVAILABLE IMPLANTS, EQUIPMENT, AND SPECIAL REQUIREMENTS
☐ DIFFERENCES RECONCILED AND NOTED IN NURSES NOTES
☒ FINAL TIME OUT

PROCEDURE START: 9/5/2008 9:49:00AM SURGICAL INCISION: 9/5/2008 10:04:00AM
PROCEDURE STOP: 9/5/2008 10:44:00AM TOTAL SURGERY: 0:55 MIN

PROCEDURE COUNTS

PROCEDURE COUNTS COMPLETED: Yes

NAME: ZEPEDA, RAMOS

BIRTHDATE: 4/30/1963

MRN: 001730676

SEX: M

AGE: 45 Y

ACCT #: 0824900352

SURGERY DATE: 9/5/2008 9:27:00AM

INSTRUMENT COUNT PERFORMED: [] N/A [X] SPONGES SHARP [] SPONGE SHARP INST

STAFF 1: ELLER, TERESA (RN)

STAFF 2: ALEXANDER, TONY

COUNT 1 CORRECT: Yes [X] SPONGES SHARP [] SPONGE SHARP INST

STAFF 1: ELLER, TERESA (RN)

STAFF 2: ALEXANDER, TONY

COUNT 2 CORRECT: Not Applicable [] SPONGES SHARP [] SPONGE SHARP INST

STAFF 1:

STAFF 2:

FINAL COUNT CORRECT: Yes [X] SPONGES SHARP [] SPONGE SHARP INST

STAFF 1: ELLER, TERESA (RN)

STAFF 2: ALEXANDER, TONY

[X] PHYSICIAN NOTIFIED OF COUNT

[] X-RAY TAKEN

COMMENT:

PROCEDURE IMPLANTS

OR DESCRIPTION: CLAMP COMBINATION LG SYNTHES 390.005

SERIAL #:

MODEL #:

LOT #:

CATALOG: 390.005

SIZE:

SITE: TIBIA RIGHT

MANUFACTURER: SYNTHES USA

COMMENT:

OR DESCRIPTION: CLAMP EXTERNAL FIXATOR 6 POSITION LG SYNTHES 390.002

SERIAL #:

MODEL #:

LOT #:

CATALOG: 390.002

SIZE:

SITE: TIBIA RIGHT

MANUFACTURER: SYNTHES USA

COMMENT:

OR DESCRIPTION: PIN TRANSFIXATION 6 0MM X 225MM CENTRAL THREAD SYNTHES 294.950

SERIAL #:

MODEL #:

LOT #:

CATALOG: 294.950

SIZE:

SITE: TIBIA RIGHT

MANUFACTURER: SYNTHES USA

COMMENT:

OR DESCRIPTION: ROD ATTACHMENT FOR LG MULTI PIN CLAMP SYNTHES 390.003

SERIAL #:

MODEL #:

LOT #:

CATALOG: 390.003

SIZE:

SITE: TIBIA RIGHT

MANUFACTURER: SYNTHES USA

COMMENT:

OR DESCRIPTION: ROD CARBON FIBER 11MM X 350MM SYNTHES 394.86

SERIAL #:

MODEL #:

LOT #:

CATALOG: 394.86

SIZE:

SITE: TIBIA RIGHT

MANUFACTURER: SYNTHES USA

COMMENT:

OR DESCRIPTION: SCREW SCHANZ 5.0MM X 150MM S/D SYNTHES 294.754

SERIAL #:

MODEL #:

LOT #:

CATALOG: 294.754

SIZE:

SITE: TIBIA RIGHT

MANUFACTURER: SYNTHES USA

COMMENT:

OR DESCRIPTION: 292.16 SYNTHES K WIRE

SERIAL #:

MODEL #:

LOT #:

CATALOG:

SIZE:

SITE: TIBIA RIGHT

MANUFACTURER:

COMMENT:

PROCEDURE EQUIPMENT

OR DESCRIPTION: C-ARM (OLD NON-VAS)

START:

STOP:

MODE:

SETTING:

SITE:

ADMINISTERED BY:

COMMENT:

COMMENT:

NAME: ZEPEDA, RAMOS
MRN: 001730678
ACCT #: 0824900352

BIRTHDATE: 4/30/1963
SEX: M AGE: 45 Y
SURGERY DATE: 9/5/2008 9:27:00AM

OR DESCRIPTION: CHAIRLE FOAM

START: STOP: MODE: SETTING:
SITE: ADMINISTERED BY:
COMMENT:

COMMENT:

OR DESCRIPTION: GENERATOR BCVE

START: STOP: MODE: SETTING:
SITE: ADMINISTERED BY:
COMMENT:

COMMENT:

OR DESCRIPTION: CANNISTER SUCTION REG

START: STOP: MODE: SETTING:
SITE: ADMINISTERED BY:
COMMENT:

COMMENT:

OR DESCRIPTION: CART CAST

START: STOP: MODE: SETTING:
SITE: ADMINISTERED BY:
COMMENT:

COMMENT:

OR DESCRIPTION: TOURNIQUE

START: STOP: MODE: SETTING:
SITE: ADMINISTERED BY:
COMMENT:

COMMENT:

ESU

No

ESU #1

PRE PROCEDURE SITE APPEARANCE: ☐ CLEAR ☐ OTHER "SEE NURSES NOTES"

ESU #1 SERIAL #TAG ID:

SETTING: CUT: COAG:

BIPOLAR SETTING:

RETURN ELECTRODE LOT #:

RETURN ELECTRODE SITE:

POST PROCEDURE SITE APPEARANCE: ☐ CLEAR ☐ OTHER "SEE NURSES NOTES"

ESU #2

PRE PROCEDURE SITE APPEARANCE: ☐ CLEAR ☐ OTHER "SEE NURSES NOTES"

SERIAL #TAG ID:

SETTING: CUT: COAG:

BIPOLAR SETTING:

RETURN ELECTRODE LOT #:

RETURN ELECTRODE SITE:

POST PROCEDURE SITE APPEARANCE: ☐ CLEAR ☐ OTHER "SEE NURSES NOTES"

NURSES NOTES:

LASER

NAME: ZEPEDA, RAMOS

MRN: 001730676

ACCT #: 0824900352

BIRTHDATE: 4/30/1963

SEX: M

AGE: 45 Y

SURGERY DATE: 9/5/2008 9:27:00AM

LASER: []

SERIAL #/ TAG ID:

LASER OPERATOR: ELLER, TERESA (RN)

LASER TYPE:

DELIVERY DEVICE:

MODE:

WATTAGE:

JOULES:

PULSES:

PULSE DURATION:

REPEAT INTERVAL:

LASER ON:

LASER OFF:

SAFETY CHECKLIST

LASER TESTED:

EYE PROTECTION USED:

WINDOW BARRIERS USED:

WARNING SIGNS POSTED:

FIRE EXTINGUISHER AVAILABLE:

HIGH FILTRATION MASK USED:

SMOKE EVACUATOR USED:

WET TOWELS AROUND SITE:

TOURNIQUET

Yes

TOURNIQUET 1:

SERIAL #/ TAG ID: 12652

SITE: THIGH UPPER RIGHT

APPLIED BY: WILDSTEIN, MICHAEL

SETTING: 250

PADDING USED: Yes

TIME UP: 10:03:00AM

TIME DOWN: 10:42:00AM

TIME UP:

TIME DOWN:

SKIN INTEGRITY: PRE-PLACEMENT: [X] CLEAR [] SEE NURSES NOTES

POST/REMOVAL: [X] CLEAR [] SEE NURSES NOTES

NURSES NOTES:

TOURNIQUET 2:

SERIAL #/ TAG ID:

SITE:

APPLIED BY:

SETTING:

PADDING USED:

TIME UP:

TIME DOWN:

TIME UP:

TIME DOWN:

SKIN INTEGRITY: PRE-PLACEMENT: [] CLEAR [] SEE NURSES NOTES

POST/REMOVAL: [] CLEAR [] SEE NURSES NOTES

NURSES NOTES:

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NAME: ZEPEDA, RAMOS
MRN: 001730676
ACCT #: 0824900352

BIRTHDATE: 4/30/1963
SEX: M AGE: 45 Y
SURGERY DATE: 9/5/2008 9:27:00AM

CASE DRESSINGS/PACKING

SITE: LEG RIGHT DRESSING: GAUZE XEROFORM
TOPICAL MEDICATION:
SKIN CONDITION(S): WARM
DRY/INTACT
DRESSING COMMENT: 4X4, KIRLEX

BODY WARMER

LOCATION: UPPER BODY
SETTING: MEDIUM
SERIAL #/TAG ID: 10323
COMMENTS: TEMP MONITORED BY DR CLARK

SEQUENTIAL STOCKINGS

☒ APPLIED PREOP ☒ SCDS ☐ FOOT PUMP ☒ INITIATED PRE INDUCTION
SERIAL # TAG ID: 12551
ADMINISTERED BY: ELLER, TERESA (RN)
COMMENTS: NON-OPERATIVE LEG ONLY

CASE SPECIMENS

SPECIMENS: No

SPECIMEN COMMENT:

NURSING PLAN OF CARE

RISK FOR FEAR & ANXIETY, INJURY LOSS OF PRIVACY AND INFECTION.
OUTCOMES MET: Yes
IF NO, SEE NURSES NOTES

NURSES NOTES

NURSES NOTES: PATIENT DOES NOT SPEAK ENGLISH. FRIEND WITH PATIENT USED AS TRANSLATOR.

CASE OUTCOME/DISCHARGE

CONDITION OF TRANSFER: STABLE
REPORT GIVEN BY: ELLER, TERESA (RN)
TRANSFERRED TO: PACU
TRANSFER MODE: STRETCHER
TRANSFERRED BY: ELLER, TERESA (RN)
PATIENT ROOM OUT: 9/5/2008 10:54:00AM

PERIOPERATIVE RECORD

OR ROPER MAIN

McKESSON

Empowering Healthcare

POSTOPERATIVE RECORD

NAME: ZEPEDA, RAMOS

BIRTHDATE: 4/30/1963

MRN: 001730676

SEX: M

AGE: 45 Y

ACCT #: 0821900352

SURGERY DATE: 9/5/2008 9:27:00AM

PATIENT ALLERGIES

COMMENT (HISTORICAL):

CASE STAFF

NAME	ROLE	TIME IN	TIME OUT
CLARK, CHARLES N	ANESTHESIA		
WILKSTEN, MICHAEL	SURGEON		
ELLER, TERESA (RN)	CIRCULATOR		
ALEXANDER, TONY	SURGICAL SCRUB		
LEE LEWIS	VENDOR		
SOPHIA DAUER	RADIOLOGY TECH		

POSTOP INFORMATION

PHASE I IN: 9/5/2008 11:00:00AM

ADMITTING NURSE: CALLAHAN, LINDA (RN)

PHASE II IN:

ADMITTING NURSE:

VERIFIED ID BAND: Yes

ARRIVED VIA: ☒ STRETCHER ☐ BED ☐ INFANT CARRIED ☐ CRIB

ARRIVED WITH: ☐ TED HOSE ☐ FOOT/LEG PUMP ☒ SCD

CASE INPUT/OUTPUT

INPUT

LACTATED RINGERS

AMOUNT: 1200 DATE/TIME 9/5/2008 11:00:00AM

RECORDED BY: CALLAHAN, LINDA (RN)

BLOOD TYPE:

UNIT NUMBER:

UNITS:

GIVEN BY:

GIVEN DATE/TIME:

CHECKED BY:

CHECKED DATE/TIME:

PATIENT IDENTIFICATION:

AMOUNT: 200 COMMENT: IN OR DATE/TIME 9/5/2008 11:30:00AM

RECORDED BY: CALLAHAN, LINDA (RN)

BLOOD TYPE:

UNIT NUMBER:

UNITS:

GIVEN BY:

GIVEN DATE/TIME:

CHECKED BY:

CHECKED DATE/TIME:

PATIENT IDENTIFICATION:

TOTAL: 1400 COMMENT: IN PACU

GRAND TOTAL: 1400

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NAME: ZEPEDA, RAMOS
MRN: 001730676
ACCT #: 0824900352

BIRTHDATE: 4/30/1963
SEX: M AGE: 45 Y
SURGERY DATE: 9/5/2008 9:27:00AM

POSTOP PLAN OF CARE GOALS

CHOOSE GOAL(S) BASED ON ASSESSMENT:

	GOAL MET	GOAL ONGOING
☐ EXHIBITS KNOWLEDGE OF POST OP CARE:	☐	☒
☒ ADEQUATE AIR EXCHANGE:	☒	☐
☒ OPTIMAL NEURO STATUS:	☒	☐
☒ DECREASE LEVEL OF PAIN:	☒	☐
☒ FREE FROM INJURY:	☒	☐
☒ NORMOTHERMIC:	☒	☐
☒ HEMODYNAMICALLY STABLE:	☒	☐

COMMENTS:

TRANSFER OF CARE/DISCHARGE

PHASE I OUT/DISCH CRITERIA MET: 9/5/2008 11:30:00AM PHASE I CHARGE LEVEL: PHASE 1 PACU
PHASE II OUT/DISCH CRITERIA MET: PHASE II CHARGE LEVEL:
DISCHARGE DATE AND TIME: 9/5/2008 12:00:00PM NEW FIELD:
PHASE I DISCHARGE/TRANSFER TO: 8 SOUTH ROPER
☒ TELEMETRY STRIP ATTACHED
☐ PRESCRIPTION ON CHART ☒ FAMILY NOTIFIED ☐ UNABLE TO REACH
REPORT GIVEN: 9/5/2008 11:40:00AM
REPORT CALLED TO: 6S RN
TRANSPORTED BY: ☒ RN ☐ OTHER
REPORT GIVEN BY: CALLAHAN, LINDA (RN)
DISCHARGE WITH RESPONSIBLE ADULT:
DISCHARGE INSTRUCTIONS GIVEN TO:
AMBULATES WITH MINIMAL ASSISTANCE:
PRESCRIPTION GIVEN TO:
DISCHARGE NURSE:
PHASE II DISCHARGE:
DISCHARGE VIA:

PROCEDURE INFORMATION

PRIMARY PROCEDURE: TIBIA-ORIF RIGHT SIP USING LARGE EXTERNAL FIXATOR

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NAME: ZEPEDA, RAMOS

BIRTHDATE: 4/30/1963

MRN: 001730676

SEX: M

AGE: 45 Y

ACCT #: 0824900352

SURGERY DATE: 9/5/2008 9:27:00AM

CASE PHYSIOLOGICAL ATTRIBUTES

NONINVASIVE BLOOD PRESSURE

MEASURE 1: 107/54

DATE/TIME: 9/5/2008 1:00:00AM

MEASURE 2:

RECORDED BY: callahanl

COMMENTS:

MEASURE 1: 102/53

DATE/TIME: 9/5/2008 1:10:00AM

MEASURE 2:

RECORDED BY: callahanl

COMMENTS:

MEASURE 1: 99/50

DATE/TIME: 9/5/2008 1:20:00AM

MEASURE 2:

RECORDED BY: callahanl

COMMENTS:

MEASURE 1: 111/55

DATE/TIME: 9/5/2008 1:30:00AM

MEASURE 2:

RECORDED BY: callahanl

COMMENTS:

PULSE

MEASURE 1: 51

DATE/TIME: 9/5/2008 1:00:00AM

MEASURE 2:

RECORDED BY: callahanl

COMMENTS:

MEASURE 1: 49

DATE/TIME: 9/5/2008 1:10:00AM

MEASURE 2:

RECORDED BY: callahanl

COMMENTS:

MEASURE 1: 47

DATE/TIME: 9/5/2008 1:20:00AM

MEASURE 2:

RECORDED BY: callahanl

COMMENTS:

MEASURE 1: 48

DATE/TIME: 9/5/2008 1:30:00AM

MEASURE 2:

RECORDED BY: callahanl

COMMENTS:

RESPIRATION

MEASURE 1: 14

DATE/TIME: 9/5/2008 1:00:00AM

MEASURE 2:

RECORDED BY: callahanl

COMMENTS:

MEASURE 1: 12

DATE/TIME: 9/5/2008 1:10:00AM

MEASURE 2:

RECORDED BY: callahanl

COMMENTS:

MEASURE 1: 14

DATE/TIME: 9/5/2008 1:20:00AM

MEASURE 2:

RECORDED BY: callahanl

COMMENTS:

MEASURE 1: 17

DATE/TIME: 9/5/2008 1:30:00AM

MEASURE 2:

RECORDED BY: callahanl

COMMENTS:

SAO2

MEASURE 1: 100

DATE/TIME: 9/5/2008 1:00:00AM

MEASURE 2:

RECORDED BY: callahanl

COMMENTS:

MEASURE 1: 100

DATE/TIME: 9/5/2008 1:10:00AM

MEASURE 2:

RECORDED BY: callahanl

COMMENTS:

MEASURE 1: 100

DATE/TIME: 9/5/2008 1:20:00AM

MEASURE 2:

RECORDED BY: callahanl

COMMENTS:

NAME: ZEPEDA, RAMOS
MRN: 001730676
ACCT #: 0824900352

BIRTHDATE: 4/30/1963
SEX: M AGE: 45 Y
SURGERY DATE: 9/5/2008 9:27:00AM

MEASURE 1: 100
MEASURE 2:
COMMENTS:

DATE/TIME: 9/5/2008 11:30:00AM
RECORDED BY: callahanl

MODE OF DELIVERY

MEASURE 1: nc
MEASURE 2:
COMMENTS:

DATE/TIME: 9/5/2008 11:00:00AM
RECORDED BY: callahanl

MEASURE 1: NC
MEASURE 2:
COMMENTS:

DATE/TIME: 9/5/2008 11:00:00AM
RECORDED BY: callahanl

MEASURE 1: NC
MEASURE 2:
COMMENTS:

DATE/TIME: 9/5/2008 11:20:00AM
RECORDED BY: callahanl

MEASURE 1: NC
MEASURE 2:
COMMENTS:

DATE/TIME: 9/5/2008 11:30:00AM
RECORDED BY: callahanl

LITER FLOW

MEASURE 1: 3 L
MEASURE 2:
COMMENTS:

DATE/TIME: 9/5/2008 11:00:00AM
RECORDED BY: callahanl

MEASURE 1: 3L
MEASURE 2:
COMMENTS:

DATE/TIME: 9/5/2008 11:00:00AM
RECORDED BY: callahanl

MEASURE 1: 3
MEASURE 2:
COMMENTS:

DATE/TIME: 9/5/2008 11:20:00AM
RECORDED BY: callahanl

MEASURE 1: 3 L
MEASURE 2:
COMMENTS:

DATE/TIME: 9/5/2008 11:30:00AM
RECORDED BY: callahanl

TEMP

MEASURE 1: 98.9 CORE
MEASURE 2: CORE
COMMENTS:

DATE/TIME: 9/5/2008 11:00:00AM
RECORDED BY: callahanl

PAIN SCORE

DATE/TIME: 9/5/2008 11:00:00AM
RECORDED BY: callahanl
COMMENTS:

PAIN SCALE: FI ACC

PAIN LEVEL: 0

DATE/TIME: 9/5/2008 11:10:00AM
RECORDED BY: callahanl
COMMENTS:

PAIN SCALE: FLACC

PAIN LEVEL: 0

DATE/TIME: 9/5/2008 11:20:00AM
RECORDED BY: callahanl
COMMENTS:

PAIN SCALE: FLACC

PAIN LEVEL: 0

DATE/TIME: 9/5/2008 11:30:00AM
RECORDED BY: callahanl
COMMENTS:

PAIN SCALE: FI ACC

PAIN LEVEL: 0

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NAME: ZEPEDA, RAMOS
MRN: 001730676
ACCT #: 0824900352

BIRTHDATE: 4/30/1963
SEX: M AGE: 45 Y
SURGERY DATE: 9/5/2008 9:27:00AM

ALDRETE SCORE

DATE/TIME: 9/5/2008 11:00:00AM ACTIVITY: ABLE TO MOVE 2 EXTREMITIES
RESPIRATION: UNSUPPORTED AS PRE OP CIRCULATION (BP): BP +/- 20% OF PRE ANES LEVEL
LEVEL OF CONSCIOUSNESS: DROWSY AROUSABLE TO VRBL TACTILE STIMULI
TEMPERATURE: O>96.1 / T>96.8 / A>95 / R>97.7 TOTAL: 8
RECORDED BY: callahanl
COMMENTS:

DATE/TIME: 9/5/2008 11:10:00AM ACTIVITY: ABLE TO MOVE 2 EXTREMITIES
RESPIRATION: UNSUPPORTED AS PRE OP CIRCULATION (BP): BP +/- 20% OF PRE ANES LEVEL
LEVEL OF CONSCIOUSNESS: DROWSY AROUSABLE TO VRBL TACTILE STIMULI
TEMPERATURE: O>96.1 / T>96.8 / A>95 / R>97.7 TOTAL: 8
RECORDED BY: callahanl
COMMENTS:

DATE/TIME: 9/5/2008 11:20:00AM ACTIVITY: ABLE TO MOVE 2 EXTREMITIES
RESPIRATION: UNSUPPORTED AS PRE OP CIRCULATION (BP): BP +/- 20% OF PRE ANES LEVEL
LEVEL OF CONSCIOUSNESS: DROWSY AROUSABLE TO VRBL TACTILE STIMULI
TEMPERATURE: O>96.1 / T>96.8 / A>95 / R>97.7 TOTAL: 8
RECORDED BY: callahanl
COMMENTS:

DATE/TIME: 9/5/2008 11:30:00AM ACTIVITY: ABLE TO MOVE 2 EXTREMITIES
RESPIRATION: UNSUPPORTED AS PRE OP CIRCULATION (BP): BP +/- 20% OF PRE ANES LEVEL
LEVEL OF CONSCIOUSNESS: DROWSY AROUSABLE TO VRBL TACTILE STIMULI
TEMPERATURE: O>96.4 / T>96.8 / A>95 / R>97.7 TOTAL: 8
RECORDED BY: callahanl
COMMENTS:

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NAME: ZEPEDA, RAMOS
MRN: 001730676
ACGT #: 0824900352

BIRTHDATE: 4/30/1963
SEX: M AGE: 45 Y
SURGERY DATE: 9/5/2008 9:27:00AM

CASE PHYSIOLOGICAL ASSESSMENTS

LEVEL OF CONSCIOUSNESS

DATE/TIME: 9/5/2008 11:30:00AM
ASSESSMENT 1: DROWSY
ASSESSMENT 2:
COMMENTS:

RECORDED BY: callahanl
LEFT/RIGHT:
LEFT/RIGHT:

MEASURE:
MEASURE:

DATE/TIME: 9/5/2008 11:30:00AM
ASSESSMENT 1: FASII Y AROUSARI F
ASSESSMENT 2:
COMMENTS:

RECORDED BY: callahanl
LEFT/RIGHT:
LEFT/RIGHT:

MEASURE:
MEASURE:

SKIN COLOR

DATE/TIME: 9/5/2008 11:30:00AM
ASSESSMENT 1: NORMAL
ASSESSMENT 2:
COMMENTS:

RECORDED BY: callahanl
LEFT/RIGHT:
LEFT/RIGHT:

MEASURE:
MEASURE:

DATE/TIME: 9/5/2008 11:30:00AM
ASSESSMENT 1: NORMAL
ASSESSMENT 2:
COMMENTS:

RECORDED BY: callahanl
LEFT/RIGHT:
LEFT/RIGHT:

MEASURE:
MEASURE:

SKIN CONDITION

DATE/TIME: 9/5/2008 11:30:00AM
ASSESSMENT 1: WARM/DRY
ASSESSMENT 2:
COMMENTS:

RECORDED BY: callahanl
LEFT/RIGHT:
LEFT/RIGHT:

MEASURE:
MEASURE:

DATE/TIME: 9/5/2008 11:30:00AM
ASSESSMENT 1: WARM/DRY
ASSESSMENT 2:
COMMENTS:

RECORDED BY: callahanl
LEFT/RIGHT:
LEFT/RIGHT:

MEASURE:
MEASURE:

CARDIAC RHYTHM

DATE/TIME: 9/5/2008 11:30:00AM
ASSESSMENT 1: REGULAR
ASSESSMENT 2:
COMMENTS:

RECORDED BY: callahanl
LEFT/RIGHT:
LEFT/RIGHT:

MEASURE:
MEASURE:

DATE/TIME: 9/5/2008 11:30:00AM
ASSESSMENT 1: REGULAR
ASSESSMENT 2:
COMMENTS:

RECORDED BY: callahanl
LEFT/RIGHT:
LEFT/RIGHT:

MEASURE:
MEASURE:

ABDOMEN

DATE/TIME: 9/5/2008 11:30:00AM
ASSESSMENT 1: SOFT
ASSESSMENT 2:
COMMENTS:

RECORDED BY: callahanl
LEFT/RIGHT:
LEFT/RIGHT:

MEASURE:
MEASURE:

DATE/TIME: 9/5/2008 11:30:00AM
ASSESSMENT 1: SOFT
ASSESSMENT 2:
COMMENTS:

RECORDED BY: callahanl
LEFT/RIGHT:
LEFT/RIGHT:

MEASURE:
MEASURE:

BOWEL SOUNDS

DATE/TIME: 9/5/2008 11:30:00AM
ASSESSMENT 1: PRESENT
ASSESSMENT 2:
COMMENTS:

RECORDED BY: callahanl
LEFT/RIGHT:
LEFT/RIGHT:

MEASURE:
MEASURE:

66

NAME: ZEPEDA, RAMOS

MRN: 001730676

ACCT #: 0824900352

BIRTHDATE: 4/30/1963

SEX: M

AGE: 45 Y

SURGERY DATE: 9/5/2008 9:27:00AM

DATE/TIME: 9/5/2008 11:30:00AM

ASSESSMENT 1: PRESENT

ASSESSMENT 2:

COMMENTS:

RECORDED BY: callahanl

LEFT/RIGHT:

MEASURE:

LEFT/RIGHT:

MEASURE:

NAUSEA

DATE/TIME: 9/5/2008 11:30:00AM

ASSESSMENT 1: ABSENT

ASSESSMENT 2:

COMMENTS:

RECORDED BY: callahanl

LEFT/RIGHT:

MEASURE:

LEFT/RIGHT:

MEASURE:

DATE/TIME: 9/5/2008 11:30:00AM

ASSESSMENT 1: ADSCNT

ASSESSMENT 2:

COMMENTS:

RECORDED BY: callahanl

LEFT/RIGHT:

MEASURE:

LEFT/RIGHT:

MEASURE:

BREATH SOUNDS

DATE/TIME: 9/5/2008 11:30:00AM

ASSESSMENT 1: CLEAR

ASSESSMENT 2:

COMMENTS:

RECORDED BY: callahanl

LEFT/RIGHT:

MEASURE:

LEFT/RIGHT:

MEASURE:

DATE/TIME: 9/5/2008 11:30:00AM

ASSESSMENT 1: CLEAR

ASSESSMENT 2:

COMMENTS:

RECORDED BY: callahanl

LEFT/RIGHT:

MEASURE:

LEFT/RIGHT:

MEASURE:

RESPIRATORY QUALITY

DATE/TIME: 9/5/2008 11:30:00AM

ASSESSMENT 1: REGULAR

ASSESSMENT 2:

COMMENTS:

RECORDED BY: callahanl

LEFT/RIGHT:

MEASURE:

LEFT/RIGHT:

MEASURE:

DATE/TIME: 9/5/2008 11:30:00AM

ASSESSMENT 1: REGULAR

ASSESSMENT 2:

COMMENTS:

RECORDED BY: callahanl

LEFT/RIGHT:

MEASURE:

LEFT/RIGHT:

MEASURE:

SITE

DATE/TIME: 9/5/2008 11:30:00AM

ASSESSMENT 1: LEG RIGHT

ASSESSMENT 2:

COMMENTS:

RECORDED BY: callahanl

LEFT/RIGHT:

MEASURE:

LEFT/RIGHT:

MEASURE:

DATE/TIME: 9/5/2008 11:30:00AM

ASSESSMENT 1: LEG RIGHT

ASSESSMENT 2:

COMMENTS:

RECORDED BY: callahanl

LEFT/RIGHT:

MEASURE:

LEFT/RIGHT:

MEASURE:

CAPILLARY REFILL

DATE/TIME: 9/5/2008 11:30:00AM

ASSESSMENT 1: 1 TO 3 SEC NORMAL

ASSESSMENT 2:

COMMENTS:

RECORDED BY: callahanl

LEFT/RIGHT:

MEASURE:

LEFT/RIGHT:

MEASURE:

DATE/TIME: 9/5/2008 11:30:00AM

ASSESSMENT 1: 1 TO 3 SEC NORMAL

ASSESSMENT 2:

COMMENTS:

RECORDED BY: callahanl

LEFT/RIGHT:

MEASURE:

LEFT/RIGHT:

MEASURE:

PERIPHERAL PULSE

NAME: ZEPEDA, RAMOS
MRN: 001730676
ACCT #: 0824900352

BIRTHDATE: 4/30/1963
SEX: M AGE: 45 Y
SURGERY DATE: 9/5/2008 9:27:00AM

DATE/TIME: 9/5/2008 11:00:00AM
ASSESSMENT 1: 2+ NORMAL
ASSESSMENT 2:
COMMENTS:

RECORDED BY: callahanl
LEFT/RIGHT:
LEFT/RIGHT:

MEASURE:
MEASURE:

DATE/TIME: 9/5/2008 11:30:00AM
ASSESSMENT 1: 2+ NORMAL
ASSESSMENT 2:
COMMENTS:

RECORDED BY: callahanl
LEFT/RIGHT:
LEFT/RIGHT:

MEASURE:
MEASURE:

EDEMA

DATE/TIME: 9/5/2008 11:00:00AM
ASSESSMENT 1: 1+2MM
ASSESSMENT 2:
COMMENTS:

RECORDED BY: callahanl
LEFT/RIGHT:
LEFT/RIGHT:

MEASURE:
MEASURE:

DATE/TIME: 9/5/2008 11:30:00AM
ASSESSMENT 1: 1+2MM
ASSESSMENT 2:
COMMENTS:

RECORDED BY: callahanl
LEFT/RIGHT:
LEFT/RIGHT:

MEASURE:
MEASURE:

SENSATION

DATE/TIME: 9/5/2008 11:00:00AM
ASSESSMENT 1: ABSENT
ASSESSMENT 2:
COMMENTS:

RECORDED BY: callahanl
LEFT/RIGHT:
LEFT/RIGHT:

MEASURE:
MEASURE:

DATE/TIME: 9/5/2008 11:30:00AM
ASSESSMENT 1: ABSENT
ASSESSMENT 2:
COMMENTS:

RECORDED BY: callahanl
LEFT/RIGHT:
LEFT/RIGHT:

MEASURE:
MEASURE:

COLOR

DATE/TIME: 9/5/2008 11:00:00AM
ASSESSMENT 1: NORMAL
ASSESSMENT 2:
COMMENTS:

RECORDED BY: callahanl
LEFT/RIGHT:
LEFT/RIGHT:

MEASURE:
MEASURE:

DATE/TIME: 9/5/2008 11:30:00AM
ASSESSMENT 1: NORMAL
ASSESSMENT 2:
COMMENTS:

RECORDED BY: callahanl
LEFT/RIGHT:
LEFT/RIGHT:

MEASURE:
MEASURE:

SKIN TEMP

DATE/TIME: 9/5/2008 11:00:00AM
ASSESSMENT 1: WARM
ASSESSMENT 2:
COMMENTS:

RECORDED BY: callahanl
LEFT/RIGHT:
LEFT/RIGHT:

MEASURE:
MEASURE:

DATE/TIME: 9/5/2008 11:30:00AM
ASSESSMENT 1: WARM
ASSESSMENT 2:
COMMENTS:

RECORDED BY: callahanl
LEFT/RIGHT:
LEFT/RIGHT:

MEASURE:
MEASURE:

MOVEMENT

DATE/TIME: 9/5/2008 11:00:00AM
ASSESSMENT 1: ABSENT
ASSESSMENT 2:
COMMENTS:

RECORDED BY: callahanl
LEFT/RIGHT:
LEFT/RIGHT:

MEASURE:
MEASURE:

NAME: ZEPEDA, RAMOS

BIRTHDATE: 4/30/1983

MRN: 001730676

SEX: M

AGE: 45 Y

ACCT #: 0824900352

SURGERY DATE: 9/5/2008 9:27:00AM

DATE/TIME: 9/5/2008 11:30:00AM

RECORDED BY: callahanl

ASSESSMENT 1: ABSENT

LEFT/RIGHT:

MEASURE:

ASSESSMENT 2:

LEFT/RIGHT:

MEASURE:

COMMENTS:

WOUND DRESSING

DATE/TIME: 9/5/2008 11:00:00AM

DRESSING TYPE: GAUZE ADAPTIC

NUMBER: 1

LOCATION: SHIN RIGHT

CONDITION: DRY/INTACT

RECORDED BY: callahanl

COMMENTS: PIN AND BRACE ATTACHED TO SHIN. PIN ALSO NOTED IN RIGHT FOOT

DATE/TIME: 9/5/2008 11:30:00AM

DRESSING TYPE: GAUZE ADAPTIC

NUMBER: 1

LOCATION: SHIN RIGHT

CONDITION: DRY/INTACT

RECORDED BY: callahanl

COMMENTS: PINS REMAIN

DRAINS

DATE/TIME: 9/5/2008 11:00:00AM

DRAIN: NONE

COLOR:

SITE:

RECORDED BY: callahanl

COMMENTS:

DATE/TIME: 9/5/2008 11:30:00AM

DRAIN: NONE

COLOR:

SITE:

RECORDED BY: callahanl

COMMENTS:

LINES

DATE/TIME: 9/5/2008 11:30:00AM

IV: PATENT/INTACT

SITE:

CONDITION: 18 GAUGE

RECORDED BY: callahanl

COMMENTS:

SIGNATURES:

Admission History
To 09/05/2008 18:07

Allergy History

Antigen	Type	Onset Date	Primary Reaction	Other Reaction	Severity	Comment	Confirmed By and Date/Time
NKA	(DRU)						09/05/2008 18:07

Medication History

Medication	Dose	Route	Frequency	Last Taken	Next Dose Due	Start Date	Stop Date	Confirmed By and Date/Time
Keflex Generic: Cephalexin AKA: --	500 mg	Oral	4 times per day	--	--	--	--	Redick, Patricia C., RN 09/05/2008 5:46
Percocet Generic: Oxycodone Acetaminophen AKA: --	1-2 tablet	Oral	Every 6 hrs as needed	--	--	--	--	Redick, Patricia C., RN 09/05/2008 5:46

Clinical History

Subject	Question	Response	Last Charted By and Date/Time	Confirmed By and Date/Time
Admission Data	Name	JUVENAL TINAJERO-RODRIGUEZ	Meise, Mary A., RN 09/05/2008 06:10	Meise, Mary A., RN 09/05/2008 06:10
	Cell Phone	(843)-530-5046	Meise, Mary A., RN 09/05/2008 06:10	Meise, Mary A., RN 09/05/2008 06:10
	Relationship	FRIEND INTERPETER	Meise, Mary A., RN 09/05/2008 06:10	Meise, Mary A., RN 09/05/2008 06:10
Admission Data	Name	ESMERALDA REYES	Meise, Mary A., RN 09/05/2008 06:10	Meise, Mary A., RN 09/05/2008 06:10
	Cell Phone	(843)-813-6791	Meise, Mary A., RN 09/05/2008 06:10	Meise, Mary A., RN 09/05/2008 06:10
	Relationship	WIFE	Meise, Mary A., RN 09/05/2008 06:10	Meise, Mary A., RN 09/05/2008 06:10
Admission Data	Hosp/Surg Yr	NONE	Meise, Mary A., RN 09/05/2008 06:10	Meise, Mary A., RN 09/05/2008 06:10
Med/Medical Hx	None Reported	No	Meise, Mary A., RN 09/05/2008 06:10	Meise, Mary A., RN 09/05/2008 06:10
	Gastrointestinal	NO BM IN LAST 3 DAYS	Meise, Mary A., RN 09/05/2008 06:10	Meise, Mary A., RN 09/05/2008 06:10
	Musculoskeletal	BROKE RIGHT LEG 9/4	Meise, Mary A., RN 09/05/2008 06:10	Meise, Mary A., RN 09/05/2008 06:10

Admission Data

Question	Response	Charted
Nsg Hm/HCF r 30D	no	Meise, Mary A., RN
Name of Prim MD	Comment: NONE	Meise, Mary A., RN
CHF	no	Meise, Mary A., RN
Smoked in last yr	no	Meise, Mary A., RN
Pneumonia Screen		
Vac in past 5 yr	yes - stop	Meise, Mary A., RN
Influenza Screen		
Vac this season	yes - stop	Meise, Mary A., RN
Tetanus date/yr	yes	Meise, Mary A., RN
Advanced Directiv	no	Meise, Mary A., RN
OR items removed	clothing	Meise, Mary A., RN

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Name: ZEPEDA, RAMOS
 Opt Out: No
 Physician: Wildstein-Md. Michael, MD

Age: 45 yr
 Gender: M
 Rm-Bed:

DOB: 04/30/1963
 Admit Dt: 09/05/2008 07:43

Acct: 0824900352
 MRN: 001730676

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Admission History
To 09/05/2008 18:07

Admission Data (continued)

Question	Response	Charter
Dental devices	Comment: 11 OOSF TOOTH LOWER RIGHT	Meise, Mary A., RN
Abuse/Neglect Functional Screen	no changed mobility	Meise, Mary A., RN Redick, Patricia C., RN
Nutrition Screen	no new problem	Meise, Mary A., RN
Orient. to Unit	patient	Meise, Mary A., RN
ETOH Screen	pt denies all	Meise, Mary A., RN
Suicidal Ideation	pt denies all	Meise, Mary A., RN

Emotional/Mental

Question	Response	Charter
Culture/Religious	need interpreter	Meise, Mary A., RN

Isolation/Precaution

Question	Response	Charter
Isolation	none	Harris, Christine M., ACT
Precautions 1	risk for falls	Redick, Patricia C., RN

Meds/Medical Hx

Question	Response	Charter
Source of info	patient Comment: FRIEND AS INTERPETER	Meise, Mary A., RN
TB Assessment	no sign/symptoms	Meise, Mary A., RN

Orient Unit/Env

Question	Response	Charter
Valuables	Comment: \$100 WITH FRIEND INTERPETER	Meise, Mary A., RN
Valuables Aids to	friend Comment: FRIEND	Meise, Mary A., RN

Vital Signs

Question	Response	Charter
Weight	74.978758kg	Meise, Mary A., RN

ZEPEDA, RAMOS
 Poplar Point Florida Healthcare
 Interdisciplinary Progress Notes (ipoc) no
 ROOM: "0685-01" ADM: 08/05/08 07:43
 AGE: 45Y SEX: M No Doctor Assigned
 JOB: 0430/1963 ID: 0024900352 MHI: 001730676
 REQUESTED: 08/05/08 22:30
 OPT OUT:
 Page: 1

FLOWSHEET		09/05			
IV Care		08:10	08:49	12:30	12:31 14:30
IV # 1					
IV Date Inserted			09/05/2008	PCR	
IV Site		Arm Lt	Arm Lt	PCR	
IV Type		peripheral IV 18gauge	peripheral IV 18gauge	PCR	
IV Assess/Intrv			no red/swel/crng	PCR	
Safety		08:10	08:49	12:30	12:31 14:30
Safety checks			bed low call bell name band on patient checked	PCR	bed low call bell hourly rounding name band on patient checked falls up CMH
Isolation	none		none	PCR	none CMH
Precautions 1			risk for falls	PCR	
Is pt fall risk			yes	PCR	
Fall Risk Reason			alt gait/mobility fall potntl meds w/in 24H postop	PCR	
Fall Protocol/Intv			ptcl init comnt	PCR	
Problem (RN)			safely	PCR	
Goal (RN)					
Ongoing			safe environmnt min fall risk by discharge	PCR	
DC Plan/AD/DNR		08:10	08:49	12:30	12:31 14:30
Advanced Directiv	nc				
Neuro/Musculo		08:10	08:49	12:30	12:31 14:30
Neuro/Muscle asmnt			WNL except	PCR	
Orientation/LOC		person place time			

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HARRIS, CHRISTINE N(CMH)ACT

MEISE, MARY A(MAM)RN

REDICK, PATRICIA C(PCB)RN
 DATE 10/10/2008

PRINTED BY: hansni

CONTINUED

ZEPEDA, RAMOS

MR: 001730676 ID: 0824900352 DOB: 04/30/1963 - Interdisciplinary Progress Notes (ipoc)

PERM

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ZEPEDA, RAMOS
 Paper Saint Francis Healthcare
 interdisciplinary Progress Notes(poc: no

ROOM: *0685-01* ADM 08/06/08 07:43
 AGE: 48Y SEX: M No Doctor Assigned
 JOB: 04130/1863 ID: 0021900352 MFL 001730576
 REQUESTED: 08/06/08 22:30
 OPT OUT

Page: 2

FLWSHEET	09/05				
Neuro/Musculo-Cont.	08:10	08:49	12:30	12:31	14:30
		MAM			
Motion/Musc Tone					
R Leg			limited	PCR &	
Functional Screen	no new problem		changed mobility	PCR	
Problem (RN)			muscular	PCR	
Interventions			PT notified	PCR	
Goal (RN)					
Ongoing			max capabl mvmt incr mscl streng throughout stay	PCR	

09/05/08 12:30 R Leg(PCR): non weight bearing since an external fixator was applied today

Cardiovascular	08:10	08:49	12:30	12:31	14:30
Cardiovas assmnt			WNL	PCR	
Cap refill			normal 1-3 sec	PCR &	
Pulses					
+2 Normal			R radial L radial R dors/ped L dors/ped	PCR	
Edema					
1+ = 2mm			R foot	PCR	
R Leg					
Sensation			numbness	PCR &	
Color			pink	PCR	
Skin Temp			warm	PCR	
Problem (RN)			cardiovascular	PCR	
Interventions			circ checks	PCR	

Goal (RN)

MEISE, MARY A(MAM)RN

REDICK, PATRICIA C(PCR)RN

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PRINTED BY: hansni DATE 10/10/2008

CONTINUED

ZEPEDA, RAMOS
 ROOM: *0685-01*

MR: 001730676 ID: 0824900352 DOB: 04/30/1963 - Interdisciplinary Progress Notes(poc

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PERM

ZEPEDA, RAMOS
 Paper Joint Florida Healthcare
 interdisciplinary Progress Notes(pnc) on
 ROOM: "0685-01" ADM: 02/05/08 07:43
 AGE: 46Y SEX: M No Doctor Assigned
 JOB: 0430/1963 ID: 0021900352 MFL 001730676
 REQUESTED: 02/05/08 22:30
 OPT OUT:

Page: 3

FLOWSHEET		09/05			
Cardiovascular-Cont.	06:10	08:49	12:30	12:31	14:30
Ongoing			hemodyn stable adeq tiss perf PCR		
Evaluation			PCR &		
09/05/08 12:30 Cap refill(PCR): to right foot					
09/05/08 12:30 Sensation(PCR): post spinal anesthesia					
09/05/08 12:30 Evaluation(PCR): Other than moderate swelling cir check WNL to right foot.					
Respiratory	06:10	08:49	12:30	12:31	14:30
Resp assmnt		WNL MAM			
Breath sounds					
All lobes			clear PCR		
O2 saturation		98 MAM		99 room air CMH	98 room air CMH
GU/Nutrition	06:10	08:49	12:30	12:31	14:30
Gastro assmnt			WNL except PCR		
Nutrition Screen	no new problem MAM				
Bowel sounds					
all quads			hypoactive PCR		
Problem (RN)			gastrointestinal PCR		
Goal (RN)					
Ongoing			N/V controlled max nutrit state by discharge PCR		
GU/Reproductive	06:10	08:49	12:30	12:31	14:30
GU/Repro assmnt			WNL PCR &		
09/05/08 12:30 GU/Repro assmnt(PCR): awaiting post-op voiding					
Skin/Wound	06:10	08:49	12:30	12:31	14:30
Assessment			WNL except PCR		
Wound 1					
Wound Location			right lower leg foot PCR		
Wound Type			puncture site PCR		

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HARRIS, CHRISTINE M(CMH)ACT MEISE, MARY ANN(WBN) PRINTED BY: hansni REVIS, PATRICIA(PH) 09/05/08

CONTINUED

ZEPEDA, RAMOS

MR: 001730676 ID: 0824900352 DOB: 04/30/1963 - Interdisciplinary Progress Notes(ipnc)

PERM

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ZEPEDA, RAMOS
 Poplar Point Florida Healthcare
 Interdisciplinary Progress Notes (ipoc) no
 ROOM: 0685-01 ADM: 09/05/08 07:43
 AGE: 45Y SEX: M No Doctor Assigned
 JOB: 04/30/1963 ID: 0024900352 MLL 001730676
 REQUESTED: 09/05/08 22:30
 OPT OUT:

Page: 4

FLOWSHEET		09/05	
Skin/Wound Cont.		06:10	08:49 12:30 12:31 14:30
Wound Assessment			disg dry/intact PCR
Wound Drainage			none PCR
Problem (RN)			wound PCR
Interventions			review care plan PCR
Goal (HN)			
Ongoing			temp WNL adeq tiss perf by discharge PCR
Emotional/Mental		06:10	08:49 12:30 12:31 14:30
pt/Mntl assmnt		WNL MAM	WNL PCR
Cultur/Religious	need interpreter MAM		
Suicidal Ideatn	pt denies all MAM		
Pain		06:10	08:49 12:30 12:31 14:30
Pain		present MAM	none PCR
Pain location		MAM &	
Pain Score/Eval		8 (0 to 10) MAM	
09/05/08 08:49 Pain location(MAM): RIGHT LEG			
Activity/Daily Liv		06:10	08:49 12:30 12:31 14:30
Diet			regular CMH
Activity			bedrest CMH
ADL Level			partial assist CMH
Turning/Position			hob flat supine CMH &
Assessmert			RN PCR
09/05/08 12:31 Turning/Position(CMH): right foot elevated.			
Education		06:10	08:49 12:30 12:31 14:30
taught Whom		patient MAM	patient family PCR

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HARRIS, CHRISTINE M(CMH)ACT

MEISE, MARY A(MAM)RN

REDICK, PATRICIA C(PCR)RN

PRINTED BY: hansni DATE 10/10/2008

CONTINUED

ZEPEDA, RAMOS
 ROOM: 0685-01*

MR: 001730676 ID: 0824900352 DOB: 04/30/1963 - Interdisciplinary Progress Notes (ipoc)

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PERM

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ZEPEDA, RAMOS
 Popper Saint Francis Healthcare
 Interdisciplinary Progress Notes (ipoc) on

ROOM: 0685-01 ADM: 08/05/08 07:43
 AGE: 46Y SEX: M No Doctor Assigned
 JOB: 04/30/1963 ID: 0021900352 MHI: 001730676
 REQUEST: ELI 000608 22:30
 DPT OUT

Page: 5

FLWSHEET	09/05
PT Education Cont	08:10 08:49 12:30 12:31 14:30
Discipline	Nursing MAM Nursing PCR
Learning Barrier	language MAM & language PCR
How provided	demonstration verbal PCR &
Safety	call for help continue reinfo PCR
Pain Management	call for PRN med continue reinfo PCR

09/05/08 08:49 Learning Barrier(MAM): NEEDS INTERPETER

09/05/08 12:30 How provided(PCR): through a freind that interpets for us

Neuro Checks	08:10	08:49	12:30	12:31	14:30
Cap refill			normal 1-3 sec PCR &		
Pulses					
+2 Normal			R radial L radial R dors/ped L dors/ped PCR		
Edema					
1+ = 2mm			R foot PCR		
R Leg					
Sensation			numbness PCR &		
Color			pink PCR		
Skin Temp			warm PCR		

09/05/08 12:30 Cap refill(PCR): to right foot

09/05/08 12:30 Sensation(PCR): post spinal anesthesia

Neuro Checks	08:10	08:49	12:30	12:31	14:30
Orientation, LOC		person place time MAM			
Reflex/Musc Tone					
R Leg			limited PCR &		

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MEISE, MARY A(MAM)RN

REDICK, PATRICIA C(PCR)RN

PRINTED BY: hansni

DATE

10/10/2008

CONTINUED

ZEPEDA, RAMOS

MR: 001730676 ID: 0824900352 DOB: 04/30/1963 - Interdisciplinary Progress Notes (ipoc)

REFRM

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ZEPEDA, RAMOS
 Popper Saint Francis Healthcare
 Interdisciplinary Progress Notes (ipoc) no
 ROOM: *0685-01* ADM: 08/05/08 07:43
 AGE: 45Y SEX: M No Doctor Assigned
 JOB: 04/30/1963 ID: 0021900352 MFI: 001730676
 REQUEST: 08/05/08 22:30
 OPT OUT:

Page: 6

FLOWSHEET		09/05			
Neuro Checks Cont.	06:10	08:49	12:30	12:31	14:30
09/05/08 12:30 R Leg (PCR): non weight bearing since an external fixator was applied today					
Wounds/Drains	06:10	08:49	12:30	12:31	14:30
Wound 1					
Wound Location			right lower leg foot PCR		
Wound Type			puncture site PCR		
Wound Assessment			disg dry/intact PCR		
Wound Drainage			none PCR		
Position/Intervnt	06:10	08:49	12:30	12:31	14:30
Position				bedrest CMH	
Turning/Position				hob flat supine CMH &	
09/05/08 12:31 Turning/Position (CMH): right foot elevated.					
CM Initl Assess	06:10	08:49	12:30	12:31	14:30
Advanced Directv	no	MAM			
DTC	06:10	08:49	12:30	12:31	14:30
BP		128/78 MAM		130/71 automated CMH	122/75 automated CMH
PULSE		57 MAM		52 brachial CMH	58 brachial CMH
RESPIRATIONS		18 MAM		15 CMH	18 CMH

HARRIS, CHRISTINE M (CMH) ACT

MEISE, MARY A (MAM) RN

REDICK, PATRICIA C (PCR) RN

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PRINTED BY: hansni DATE 10/10/2008

CONTINUED

ZEPEDA, RAMOS
 ROOM: *0685-01*

MR: 001730676 ID: 0824900352 DOB: 04/30/1963 - Interdisciplinary Progress Notes (ipoc)

Page: 6

PERM

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ZEPEDA, RAMOS
 Paper Saint Francis Healthcare
 Interdisciplinary Progress Notes (ipnc) no

ROOM: 0888-01 ADM: 08/05/08 07:43
 AGE: 45Y SEX: M No Doctor Assigned
 JOB: 04/30/1963 ID: 0021900352 MLL 001730676
 REQUESTED: 08/06/08 22:30
 OPT OUT:

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FLOWSHEET		09/05				
Safety	14:45	16:24	16:30	17:33	17:39	
Safety checks			hourly rounding patient checked CMH		hourly rounding patient checked CMH	
Cardiovascular	14:45	16:24	16:30	17:33	17:39	
Cardiovasc assmnt	WNL PCR					
Cap refill	normal 1-3 sec PCR					
Pulses						
+2 Normal	R dors/ped PCR					
Edema						
1+ = 2mm	R foot PCR					
eg						
Sensation	normal PCR					
Color	pink PCR					
Skin Temp	warm PCR					
Respiratory	14:45	16:24	16:30	17:33	17:39	
O2 saturation			97 room air CMH			
Activ Daily Liv	14:45	16:24	16:30	17:33	17:39	
Amt Eaten %					100% CMH	
Activity					ambulate toileting up in chair with assist CMH	
ADL Level					partial assist CMH	
Special Events	14:45	16:24	16:30	17:33	17:39	
Valuables given				to patient PCR		
Vascular Checks	14:45	16:24	16:30	17:33	17:39	
Cap refill	normal 1-3 sec PCR					
ses						
+2 Normal	R dors/ped PCR					

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HARRIS, CHRISTINE M (CMH) ACT

REDICK, PATRICIA C (PCR) RN

PRINTED BY: hansni DATE 10/10/2008

CONTINUED

ZEPEDA, RAMOS

MR: 001730676 ID: 0824900352 DOB: 04/30/1963 - Interdisciplinary Progress Notes (ipnc)

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PERM

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ZEPEDA, RAMOS
 Upper Extremity Function
 Interdisciplinary Progress Notes (pnc) on

ROOM: *0685-01* ADM: 08/05/08 07:43
 AGE: 46Y SEX: M No Doctor Assigned
 JOB: 04/30/1963 ID: 0824900352 MFL: 001730676
 REQUESTED: 08/05/08 22:39
 OPT OUT:

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FLOWSHEET		08/05				
Vascular Checks-Cont.		14:45	16:24	16:30	17:33	17:39
Edema						
1+ = 2mm	R foot	non				
R Leg						
Sensation	normal	POH				
Color	pink	POH				
Skin Temp	warm	POH				
Routine Intervnth		14:45	16:24	16:30	17:33	17:39
Activity					ambulate toileting up in chair with assist	CMH
PT Eval		14:45	16:24	16:30	17:33	17:39
Type		initial inpatient	SMA			
Surgery (type)			SMA &			
Treatment reqstd			SMA &			
Treatment Dx			SMA &			
Mode of transprt			SMA &			
Special equipmt			SMA &			
Prior lvl functn			SMA &			
Precautions			SMA &			
Prev Med Hx			SMA &			
Steps			SMA &			
Subjective Orient/Memoral St		alert	SMA & SMA &			
ROM						
Other			SMA &			
STRENGTH						
Other			SMA &			
PAIN						
Pain		yes pain present	SMA &			
FUNCTIONAL ABILT						
Supine to sit		with assist of one	SMA &			

ACKERMAN, SUSAN M(SMA)THERAPIST HARRIS, CHRISTINE M(CMH)ACT PRINTED BY: hansni DATE: 10/16/2008

CONTINUED

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PERM

ZEPEDA, RAMOS
 Paper Joint Fracture Healthcare
 Interdisciplinary Progress Notes(pnc) no

ROOM: "0585-01" ADM: 09/05/08 07:43
 AGE: 46Y SEX: M No Doctor Assigned
 JOB: 04/30/1963 ID: 0021900352 MLL 001730676
 REQUESTED: 09/05/08 22:30
 OPT OUT

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FLWSHEET	09/05				
PT Eval-Cont	14:45	16:24	16:30	17:33	17:39
Sit to stand		SMA &			
Sit EOB		with assist stand by SMA			
GAIT					
WB Status		right NWB SMA			
Stairs		SMA &			
Level Surface		with assist of two verbal cues cont grd asst SMA			
Distance 1		50ft SMA			
Distance 2		15ft SMA			
Distance 3		50ft SMA			
Assist Device		crutches SMA			
Observations		SMA &			
TREATMT PROVIDED					
Gait		15min SMA &			
Other		10min SMA &			
Total trmt time		25min SMA			
Assessment		SMA &			
Plan cmnt		SMA &			

09/05/08 16:24 Surgery (type)(SMA): External fixator on the right

09/05/08 16:24 Treatment reqstd(SMA): PT crutches, NWB right

09/05/08 16:24 Treatment Dx(SMA): Gait instability.

09/05/08 16:24 Mode of transprt(SMA): Bedside

09/05/08 16:24 Special equipmt(SMA): External fixator and dressing right lower extremity.

09/05/08 16:24 Prior lvl functn(SMA): Independent.

09/05/08 16:24 Precautions(SMA): NWB on the right.

09/05/08 16:24 Prev Med Hx(SMA): Unremarkable.

09/05/08 16:24 Steps(SMA): 5 steps with 2 railings.

09/05/08 16:24 Subjective(SMA): Agreed to treatment.

09/05/08 16:24 Orient/Mental St(SMA): Follows instructions.

ACKERMAN, SUSAN M(SMA)THERAPIST

PRINTED BY: hansni DATE 10/10/2008

CONTINUED

ZEPEDA, RAMOS

MR: 001730676 ID: 0824900352 DOB: 04/30/1963 - Interdisciplinary Progress Notes(pnc)

PERM

ZEPEDA, RAMOS
 Paper Joint Fracture Health Home
 Interdisciplinary Progress Notes (poc: no)
 ROOM: *0685-01* ADM: 08/05/08 07:43
 AGE: 45Y SEX: M No Doctor Assigned
 JOB: 0430/1963 ID: 0021900352 MLL 001730676
 -R-QUEST: 08/05/08 22:39
 OPT OUT

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FLWSHEET	09/05				
PT Eval-Cont.	14:45	16:24	16:30	17:33	17:39
09/05/08 16:24 Other(SMA): Upper extremities, left lower extremity at least functional. Pt with functional knee and hip AROM, keeps right non-wt bearing.					
09/05/08 16:24 Other(SMA): Uninvolved extremities WNL, right not tested for strength.					
09/05/08 16:24 Pain(SMA): "A little" from the right knee to the right foot.					
09/05/08 16:24 Supine to sit(SMA): To support the right lower extremity.					
09/05/08 16:24 Sit to stand(SMA): Contact plus 2 with instructions for hand placement, crutch placement, safety.					
09/05/08 16:24 Stairs(SMA): Railing and crutch NWB on the right, cues, demonstration, and contact plus one.					
09/05/08 16:24 Observations(SMA): Maintains NWB on the right.					
09/05/08 16:24 Gait(SMA): Gait and transfers with crutches, steps, safe sit to stand, position of the right lower extremity with transition to prevent wt on the right, adjusted crutches. Sit to supine with stand by assist.					
09/05/08 16:24 Other(SMA): Assessment					
09/05/08 16:24 Assessment(SMA): Understand NWB status and able to use crutches with good balance. Did well with steps.					
09/05/08 16:24 Plan crnt(SMA): Discharge.					
DIC	14:45	16:24	16:30	17:33	17:39
BP			129/66 automated		
PULSE			65 brachial		
RESPIRATIONS			16		

HARRIS, CHRISTINE M(CMH)ACT

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LAST PAGE

ZEPEDA, RAMOS

MR: 001730676 ID: 0824900352 DOB: 04/30/1963 - Interdisciplinary Progress Notes (poc: no)

ROOM: *0685-01*

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PERM

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MR#: 001730675 ROA -
ZEPEDA, RAMOS
DOB: 04/30/63
PHYS: WILDSTEIN-MD, MICHA

Medication Administration Record

Administration Period: MAIN OR PREOP

DATE: 9/5



ACCT#: 08249-00352 09/05/08

MEDICATION/DOSE	07:01 - 15:00	15:01 - 23:00	23:01 - 07:00
LACTATED RINGERS (1000) Rate at KVO	<i>0830h</i>		
NORMAL SALINE (500) at KVO			
BEDSIDE GLUCOSE RESULT			
PEPCID 20 MG IV			
REGLAN 10 MG IV			
ROBINUL 0.1 MG IV			
VERSED 2 MG IV			
CELEBREX 200 MG BY MOUTH			
ACETAMINOPHEN 1000 MG BY MOUTH			
GABAPENTIN 600 MG BY MOUTH			
PRILOSEC 20 MG BY MOUTH			

Initials: <i>Am</i>	Signature: <i>Mary A. Nelson</i>	Initials: <i>Am</i>	Signature: <i>Mary A. Nelson</i>
---------------------	----------------------------------	---------------------	----------------------------------

A = L Deltoid Area	B = R Deltoid Area	G = Abdomen	O = Other
C = L Gluteal Area	D = R Gluteal Area	H = Chest	P = On Pass
E = L Thigh	F = R Thigh		R = Refused



ZEPEDA, RAMOS
 Roger Saint Francis Healthcare
 Medication Administration Report
 FROM: 09/04/08 07:00 TO: 09/05/08 18:00
 ROOM: *0685-01* ADM: 0824900352
 AGE: 45Y SEX: M NO: Doctor Assigned
 UOB: 04/30/1963 D: 0824900352 W: 001730673
 HPI: FHTH:CMRMB 2230
 C: HCLT.

Page: 1

* see end of page for Administration Note

■ see end of page for Not-Given reason

HOLD: 09/04/08 07:00

		09/04/08 Day:1					09/05/08 Day:2				
start/stop	ord	12	16	20	00	04	12	16	20	00	04

PRN MEDICATIONS

Oxycodone-Acetaminophen (5-325 MG) (PERCOCET)

1-2 TABLET TAB ORAL
 EVERY 6 HOURS AS NEEDED

1 TABLET ORAL

09/05 14:00											
09/05 18:07	5										
09/05 14:00								15:38			
09/05 18:07	5							PCH			
M:FOR RELIEF OF MODERATE TO SEVERE PAIN; MAXIMUM DOSE OF ACETAMINOPHEN PER 24 HOUR PERIOD IS 4 GRAMS. CONSIDER ALL SOURCES.											

ZEPEDA, RAMOS
 Paper Point Florida Healthcare
 Pre Post Procedure (op pre post)

ROOM: "0885-01" ADM: 08/05/08 07:43
 AGE 46Y SEX M No Doctor Assigned
 JOB: 0430/1863 ID: 0024900352 MII: 001730676
 REQUESTED: 08/06/08 22:39
 OPT OUT

Page: 1

FLOWSHEET		09/05				
Pre-Op Checklist		06:10	08:49	12:30	12:31	14:30
Time of arrival		0815	MAM			
Arrived VIA		wheelchair	MAM			
NPO		since midnight	MAM			
Universal Protocol		H&P on chart ID bract correct informed consent	MAM			
Equipment		TED hose SCDs	MAM			
Vital Signs		06:10	08:49	12:30	12:31	14:30
TMP		97F	MAM	97.7F oral	CMH	98.1F oral CMH
PULSE		57	MAM	52 brachial	CMH	58 brachial CMH
RESPIRATIONS		18	MAM	15	CMH	16 CMH
O2 saturation		98	MAM	99 room air	CMH	98 room air CMH
BP		128/78	MAM	130/71 automated	CMH	122/75 automated CMH
Locatn/Orthostat				R arm lying	CMH	L arm lying CMH
Weight	75kg	MAM				
Pain Score/Eval		8 (0 to 10)	MAM			
IV Care		06:10	08:49	12:30	12:31	14:30
IV # 1						
IV Date Inserted			09/05/2008	PCR		
IV Site		Arm Lt	MAM	Arm Lt	PCR	
IV Type		peripheral IV 18gauge	MAM	peripheral IV 18gauge	PCR	
IV Assess/Intrv				no red/swel/cirng	PCR	

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HARRIS, CHRISTINE M (CMH) ACT

MEISE, MARY A (MAM) RN

REDICK, PATRICIA C (PCR) RN

PRINTED BY: hansni DATE 10/10/2008

CONTINUED

ZEPEDA, RAMOS

MR: 001730676 ID: 0824900352 DOB: 04/30/1963 - Pre Post Procedure (op_pre_post)

PERM

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ZEPEDA, RAMOS
 Paper Patient Financial Healthcare
 Pre Post Procedure (op pre post)

ROOM: *0685-01* ADM: 09/05/08 07:43
 AGE: 46Y SEX: M No Doctor Assigned
 JOB: 04/30/1963 ID: 0024900352 MHL 001730676
 REQUESTED: 09/05/08 22:30
 OPT OUT:

Page: 2

FLWSHEET	09/05				
Pre Education	06:10	08:49	12:30	12:31	14:30
Taught Whom		patient MAM	patient family PCR		
Discipline		Nursing MAM	Nursing PCR		
Learning Barrier		language MAM &	language PCR		
How provided			demonstration verbal PCR &		
Safety			call for help continue reinfo PCR		
Pain Management			call for PRN med continue reinfo PCR		

09/05/08 08:49 Learning Barrier(MAM): NEEDS INTERPETER

09/05/08 12:30 How provided(PCR): through a freind that interpets for us

Neuro/Musc	06:10	08:49	12:30	12:31	14:30
Neuro/Musc asmnt			WNL except PCR		
Orientation/LOC		person place time MAM			
Motion/Musc Tone					
R Leg			limited PCR &		
Problem (RN)			muscular PCR		
Interventions			PT notified PCR		
Goal (RN)					
Ongoing			max capabl mvmt incr mscl streng throughout stay PCR		

09/05/08 12:30 R Leg(PCR): non weight bearing since an external fixator was applied today

Respiratory	06:10	08:49	12:30	12:31	14:30
Resp asmnt		WNL MAM			
ath sounds					
All lobes			clear PCR		

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MEISE, MARY A(MAM)RN

REDICK, PATRICIA C(PCR)RN

PRINTED BY: hansni

DATE

10/10/2008

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ZEPEDA, RAMOS

MR: 001730676 ID: 0824900352 DOB: 04/30/1963 - Pre_Post Procedure(op_pre_post)

ROOM: *0685-01*

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PERM

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ZEPEDA, RAMOS
 Paper Point Florida Healthcare
 Pre Post Procedure(op pre post)

ROOM: 0080-01 ADMT 08/05/08 07:43
 AGE 45Y SEX M No Doctor Assigned
 JOB: 0430/1863 ID: 0824900352 MFL 001730676
 REQUEST 08/10/08 22:30
 OPT OUT

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FLOWSHEET		09/05			
Cardiac	06:10	08:49	12:30	12:31	14:30
Cardiovas assmnt			WNL PCR		
Cap refill			normal 1-3 sec PCR &		
Pulses					
+2 Normal			R radial L radial R dors/ped L dors/ped PCR		
Edema					
1+ = 2mm			R foot PCR		
R Leg					
Sensation			numbness PCR &		
Color			pink PCR		
Skin Temp			warm PCR		
Problem (RN)			cardiovascular PCR		
Interventions			circ checks PCR		
Goal (RN)					
Ongoing			hemodyn stable adeq tiss perf PCR		
Evaluation			PCR &		
09/05/08 12:30 Cap refill(PCR): to right foot					
09/05/08 12:30 Sensation(PCR): post spinal anesthesia					
09/05/08 12:30 Evaluation(PCR): Other than moderate swelling circ check WNL to right foot.					
GI	06:10	08:49	12:30	12:31	14:30
Gastro assmnt			WNL except PCR		
Bowel sounds					
all quads			hypoactive PCR		
Problem (RN)			gastrointestinal PCR		
Goal (RN)					
Ongoing			N/V controlled max nutrit state by discharge		

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REDICK, PATRICIA C(PCR)RN

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CONTINUED

ZEPEDA, RAMOS

MR: 001730676 ID: 0824900352 DOB: 04/30/1963 - Pre Post Procedure(op_pre_post)

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ZEPEDA, RAMOS
 Popper Saint Francis Healthcare
 Pre Post Procedure(op pre post)

ROOM: *0685-01 ADM 08/05/08 07:43
 AGE 46Y SEX M No Doctor Assigned
 JOB: 0430/1963 ID: 0021900352 MHI: 001730676
 REQUESTED: 08/05/08 22:39
 OPT OUT

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FLWSHEET	09/05				
GI-Cont.	06:10	08:49	12:30	12:31	14:30
			PCR		
GU/Reproductive	06:10	08:49	12:30	12:31	14:30
GU/Repro assmnt			WNL	PCR &	
09/05/08 12:30 GU/Repro assmnt(PCR): awaiting post-op voiding					
Pain	06:10	08:49	12:30	12:31	14:30
Pain		present	none	PCR	
		MAM			
Pain location		MAM &			
Pain Score/Eval		8(0 to 10)			
		MAM			
09/05/08 08:49 Pain location(MAM): RIGHT LEG					
Emotional/Mental	06:10	08:49	12:30	12:31	14:30
Emtntl assmnt		WNL	WNL	PCR	
		MAM			
Skin/Wound	06:10	08:49	12:30	12:31	14:30
Wound 1					
Wound Location			right lower leg foot	PCR	
Wound Assessment			drsg dry/intact	PCR	
Wound Drainage			none	PCR	
Problem (RN)			wound	PCR	
Interventions			review care plan	PCR	
Goal (RN)					
Ongoing			temp WNL adeq tiss perf by discharge	PCR	
Activ Daily Liv	06:10	08:49	12:30	12:31	14:30
Diet				regular	CMH
Activity				bedrest	CMH
Level				partial assist	CMH
Isolation	none		none	none	CMH
		MAM		PCR	

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HARRIS, CHRISTINE N(CMH)ACT

MEISE, MARY A(MAM)RN

REDICK, PATRICIA C(PCR)RN

PRINTED BY: hansni

DATE

10/10/2008

CONTINUED

ZEPEDA, RAMOS
 ROOM: *0685-01*

MR: 001730676 ID: 0824900352 DOB: 04/30/1963 - Pre_Post Procedure(op_pre_post)

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PERM

ZEPEDA, RAMOS
 Paper Saint Francis Healthcare
 Pre Post Procedure(op pre post)

ROOM: 0685-01 ADM: 08/05/08 07:43
 AGE: 46Y SEX: M No Doctor Assigned
 JOB: 0430/1863 ID: 0024900352 MHL 001730576
 REQUESTED: 08/05/08 22:30
 OPT OUT

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FLWSHEET	09/05				
Activ Daily Liv Cont	06:10	08:49	12:30	12:31	14:30
Turning/Position				hob flat supine CMH &	
Safety checks			bed low call bell name band on patient checked PCR	bed low call bell hourly rounding name band on patient checked rails up CMH	hourly rounding patient checked CMH
Problem (RN)			safety PCR		
Fall Risk Reason			alt gait/mobility fall potntl meds w/in 24H postop PCR		
Protcl/Intv			ptcl init comnt PCR		
Goal (RN)					
Ongoing			safe environmnt min fall risk by discharge PCR		
09/05/08 12:31 Turning/Position(CMH): right foot elevated.					

HARRIS, CHRISTINE M(CMH)ACT

REDICK, PATRICIA C(PCRN)RN

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CONTINUED

ZEPEDA, RAMOS

MR: 001730576 ID: 0824900352 DOB: 04/30/1963 - Pre_Post Procedure(op_pre_post)

PERM

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ZEPEDA, RAMOS
 Paper Rollout Financial Healthcare
 Pre Post Procedure (op pre post)
 ROOM: *0685-01* ADMT 08/05/08 07:43
 AGE 45Y SEX M No Doctor Assigned
 JOB: 04/30/1963 ID: 0824900352 M11 001730676
 REQUESTED 11/09/06/08 22:39
 OPT OUT

FLOWSHEET		09/05			
Pre Op Checklist		14:45	16:30	17:33	17:39
Universal Protel					
Vital Signs		14:45	16:30	17:33	17:39
TEMP		100F oral	CMH		
PULSE		65 brachial	CMH		
RESPIRATIONS		16	CMH		
O2 saturation		97 room air	CMH		
BP		129/86 automated	CMH		
Locatn/Orthostat		L arm lying	CMH		
INTAKE		14:45	16:30	17:33	17:39
Oral		360	CMH		240 CMH
Intake Total		360			240
OUTPUT		14:45	16:30	17:33	17:39
Urine (O)		1	CMH		
I&O SUMMARY		14:45	16:30	17:33	17:39
Intake Total		360			240
NET		360			240
Cardiac		14:45	16:30	17:33	17:39
Cardiovas assmnt	WNL				
	PCR				
Cap refill	normal 1-3 sec				
	PCR				
Pulses					
+2 Normal	R dors/ped				
	PCR				
Edema					
1+ = 2mm	R foot				
	PCR				
R Leg					
Sensation	normal				
	PCR				
Color	pink				
	PCR				
Skin Temp	warm				
	PCR				

HARRIS, CHRISTINE M (CMH) ACT

REDICK, PATRICIA C (PCR) RN

PRINTED BY: hansni

DATE

10/10/2008

CONTINUED

ZEPEDA, RAMOS

MR: 001730676 ID: 0824900352 DOB: 04/30/1963 - Pre_Post Procedure (op_pre_post)

ROOM: *0685-01*

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PERM

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ZEPEDA, RAMOS
 Paper Print Florida Healthcare
 Pre Post Procedure(op pre post)

ROOM: 0885-01 ADM: 08/05/08 07:43
 AGE: 45Y SEX: M No Doctor Assigned
 JOB: 0430/1963 ID: 0024900352 MFL 001730676
 REQUESTED: 08/05/08 22:39
 OPT OUT

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FLWSHEET	08/05			
Activ Daily Liv	14:45	16:30	17:33	17:39
Activity				ambulate toileting up in chair with assist CMH
ADL Level				partial assist CMH
Safety checks		hourly rounding patient checked CMI		hourly rounding patient checked CMI
Special Events	14:45	16:30	17:33	17:39
Valuables given			to patient PCH	

HARRIS, CHRISTINE M(CMH)ACT

REDICK, PATRICIA C(PCF)RN

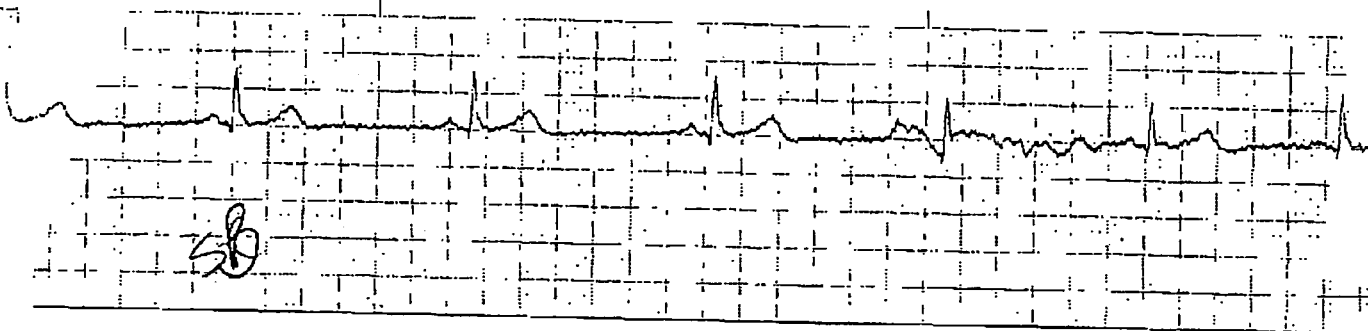
MR#: 001730676 ROA -
ZEPEDA, RAMOS
DOB: 04/30/63
PHYS: WILDSTEIN-MD, MICHA



ACCT#: 08249-00352 09/05/08

ARRHYTHMIA FLOW SHEET

DATE	TIME	RHYTHM	ATRIAL RATE	VENT RATE	P-R INT	QRS INT	LEAD	MEDICATION	NURSE
9/6/08	11:00	SB							SCW



DATE	TIME	RHYTHM	ATRIAL RATE	VENT RATE	P-R INT	QRS INT	LEAD	MEDICATION	NURSE

DATE	TIME	RHYTHM	ATRIAL RATE	VENT RATE	P-R INT	QRS INT	LEAD	MEDICATION	NURSE

2100746

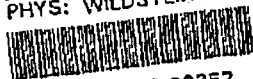


**ROPER
ST. FRANCIS
HEALTHCARE**

Rehabilitation Services Inpatient History

General Information:

MR#: U01730676 ROA
ZEPEDA, RAMOS
DOB: 04/30/63
PHYS: WILDSTEIN-MD, MICHA



ACCT#: 08249-00352 09/05/08

Date: 9-5-08 Age 45 Gender Male
Admitting Diagnosis Broken (R) foot Treatment Diagnosis gait instability
Surgery & Date ext - fixator (R) tibia
Treatment Requested PT supply crutches - NWB
Referring Physician Wildstein Primary Physician none
Mode of Transport: W/C Stretcher (N/A) Location of Evaluation: Bedside/Department
History of Current Diagnosis Fall

Precautions NWB (R)
Previous Medical History none

Test/Procedures type II pilor fx (R) tibia
Special Equipment/Conditions: O2 - Nasal Mask, IV Location, Catheter, Telemetry, Incision, Dressing,
B/P Monitor, Pulse Oximeter, Vent, Intubation, Restraints, SCDs, Ted Hose, Edema, Other
ext - fixator - dressing (R)

Psychosocial:

Home Environment one level 5 steps 2 railings
Support System family / friends
Equipment none
Discharge Plan home
Functional Level Prior to Admission D

Signature Sine [unclear] Date 9-5-08 Time 4:20



ZEPEDA, RAMOS
 Popper Saint Francis Healthcare
 Vitals/I&O (vs in detail)

ROOM: *0685-01* ADM: 06/05/08 07:43
 AGE: 46Y SEX: M No Doctor Assigned
 JOB: 04/30/1963 ID: 0021900352 MII: 001730676
 REQUESTED: 06/05/08 22:39
 OPT OUT:

Page: 1

FLWSHEET	06/05				
Vital Signs	06:10	24-HR	08:49	12:31	14:30
TEMP			97F MAM	97.7F oral CMH	98.1F oral CMH
PULSE			57 MAM	52 brachial CMH	58 brachial CMH
RESPIRATIONS			18 MAM	15 CMH	16 CMH
O2 saturation			98 MAM	99 room air CMH	98 room air CMH
BP			128/78 MAM	130/71 automated CMH	122/75 automated CMH
Locatn/Orthostat				R arm lying CMH	L arm lying CMH
Weight	75kg MAM				
Pain Score/Eval			8(0 to 10) MAM		
INTAKE	06:10	24-HR	08:49	12:31	14:30
Oral					
Intake Total					
OUTPUT	06:10	24-HR	08:49	12:31	14:30
Urine (O)					
I&O SUMMARY	06:10	24-HR	08:49	12:31	14:30
Intake Total					
NET					

HARRIS, CHRISTINE M(CMH)ACT

MEISE, MARY A(MAM)RN

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PRINTED BY: hansni DATE 10/10/2008

CONTINUED

ZEPEDA, RAMOS
 ROOM: *0685-01*

MR: 001730676 ID: 0824900352 DOB: 04/30/1963 - Vitals/I&O (vs in detail)

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 PERM

ZEPEDA, RAMOS
 Piper Saint Francis Healthcare
 Vitals/I&O (vs in detail)

ROOM: 0885-01 ADM: 08/06/08 07:43
 AGE: 45Y SEX: M No Doctor Assigned
 JOB: 04/30/1963 ID: 0021900352 MII: 001730676
 REQUESTED: 08/06/08 22:39
 OPT OUT

Page: 2

FLWSHEET	09/05	09/06
Vital Signs	16:30	17:39
TEMP	100F oral CMH	
PULSE	65 brachial CMH	
RESPIRATIONS	16 CMH	
O2 saturation	97 room air CMH	
BP	129/66 automated CMH	
Locatn/Orthostat	L arm lying CMH	
INTAKE	16:30	17:39
IV	360 CMH	240 CMH
	360	600
Intake Total	360	240
	360	600
OUTPUT	16:30	17:39
Urine (O)	1 CMH	
	1	
I&O SUMMARY	16:30	17:39
Intake Total	360	240
	360	600
NET	360	240
	360	600

HARRIS, CHRISTINE M(CMH)ACT

150

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OPERATIVE ANTIBIOTIC PROTOCOL FOR SURGICAL PROCEDURES

If post surgical antimicrobial prophylaxis is desired, please write orders on post-op order sheet. Prophylactic antibiotics are discontinued within 24 hrs of surgical end time. Exception: cardiothoracic surgery may continue prophylaxis for up to 48 hours.

ANTIBIOTICS ORDERED BELOW ARE TO BE GIVEN WITHIN 1 HOUR OF SURGICAL CUT TIME

EXCEPTION: VANCOMYCIN & LEVAQUIN ADMINISTRATION IS WITHIN 2 HOURS PRIOR TO INCISION.

Vascular, Orthopedic, Podiatry, Cardiac (Pacer/AICD)	☒ Cefazolin 1gm IV (<80kg) ☐ Cefazolin 2gm IV (>80kg) ☐ β -lactam allergy - Vancomycin 1 gm IV		Cardiothoracic	☐ Cefuroxime 1.5gm IV ☐ β -lactam allergy - Vancomycin 1 gm IV	
			Neurological	☐ Cefazolin 1gm IV (spine) ☐ Cefuroxime 1.5gm IV (crani) ☐ β -lactam allergy - Vancomycin 1 gm IV	
Hysterectomy, Gynecologic Procedures	Hysterectomy - TAH, Lap Assisted, Vaginal	☐ Cefazolin 1gm IV ☐ Cefoxitin 1 gm IV ☐ β -lactam allergy - Clindamycin 600mg IV	Colorectal Procedures	☐ Cefoxitin 1 gm IV (<80kg) ☐ Cefoxitin 2gm IV (>80kg) ☐ Cefotetan 1gm IV (<80kg) ☐ Cefotetan 2gm IV (>80kg) ☐ Ampicillin/sulbactam 3gm IV ☐ Ertapenem 1gm IV ☐ β -lactam allergy - Clindamycin 600mg IV <u>AND</u> Levofloxacin 750mg IV	
	Pubo Vaginal Sling and/or Paravaginal Suspension	☐ Cefoxitin 1 gm IV (<80kg) ☐ Cefoxitin 2gm IV (>80kg) ☐ β -lactam allergy - Gentamicin 100mg IV <u>AND</u> Clindamycin 600mg IV			
Genitourinary	Penile Prosthesis insert remove revise	☐ Gentamicin 80 mg IV <u>AND</u> Vancomycin 1gm ☐ Unasyn 3gm IV	Gastric Biliary	Laparoscopic Cholecystectomy only if age >= 70	☐ Cefazolin 1gm IV ☐ β -lactam allergy - Clindamycin 600 mg IV
	Prostate biopsy Trans rectal	☐ Levaquin 750 mg IV / PO ☐ If allergic - Gentamicin 80mg IV <u>AND</u> Clindamycin 600mg IV		Laparoscopic Appendectomy	☐ Cefoxitin 1 gm IV ☐ β -lactam allergy: Metronidazole 500 mg IV <u>AND</u> Levaquin 750 mg IV
	Epididymis: Removal or lesion	☐ Cefazolin 1gm IV ☐ β -lactam allergy - Vancomycin 1 gm IV		PEG placement PEG revision	☐ Cefazolin 1gm IV ☐ β -lactam allergy - Clindamycin 600mg IV <u>AND</u> Gentamicin 100mg IV
Hemodialysis Vascular Access	AV Fistula/Shunt Creation	☐ Cefazolin 1gm IV ☐ β -lactam allergy - Vancomycin 1 gm IV	Head & Neck	☐ Cefazolin 1gm IV ☐ β -lactam allergy - Clindamycin 600 mg IV	

Initial Pre-Op Dose/ Date/Time/Signature	Surgical Incision Time	Surgical End Time	Intra-Op Redosing
Ancef 1g IV 9/5/08 0927 <i>AL</i>	1004 AM	1044 AM	
MD Signature: <i>AL</i> Date: 9/5/08	CRNA Signature: _____ Date: _____		

REASON FOR ADMINISTERING VANCOMYCIN, OTHER THAN ALLERGY ☐ CHRONIC WOUND ☐ DIALYSIS ☐ INPT. STAY > 24 HR PRIOR TO PROCEDURE
☐ Other _____ ☐ HIGH RISK LTC ☐ KNOWN PRIOR COLONIZATION MRSA



How to use this application form...

- ☒ Original ☐ Replacement (Prior Placard No. _____)
☐ Renewal ☐ Decal (for Disabled Veterans/Purple Heart holders only)

- Complete Section 1 of this form.
- Have your physician complete Section 2 of this form.
- Send a check or money order payable to the South Carolina Department of Public Safety with your form. (NO CASH ACCEPTED)
 - ☒ DISABLED PLACARD - \$1.00 each (limit 2 - valid for 4 years)
 - ☐ WHEELCHAIR PLATE - \$20.00 (must be renewed every 2 years)
- Mail your application form to:
 South Carolina Department of Public Safety
 P.O. Box 1498
 Columbia, South Carolina 29216-0019

Section 1 - Applicant Information

Last Name	First	M.I.
RAMON Ramon Zepeda		
Street Address		
Mailing Address (if different)		
City	State	Zip Code
CHARLESTON	SC	29455
(Area Code) Telephone Number	Vehicle Identification Number	
843 5590855	FALP52U1VE122246	
Make	Year	Vehicle License Number
FORD	1997	
Do you wish to donate \$1.00 to the Gift of Life Trust Fund?		
☐ Yes ☐ No Amount \$:		
INSURANCE CERTIFICATION		
Under penalties of perjury, I declare this vehicle is insured with the company named below and I will maintain liability insurance throughout the registration period.		
THE GAINSCO COMPANIES		
Name of Insurance Company		
I certify that all the information provided in this application is true and correct.		
Signature of Applicant		Date
		9/23/08

Section 2 - Physician's Statement

Special Note:

This portion of the application must be completed by a Doctor of Medicine or Physician and must indicate the disability, length of disability and the type of supporting device used by the applicant.

Owners of specially designed and equipped vehicles not registered to a disabled person, but are used to transport disabled persons, may make a statement explaining why the plate or placard is needed. Statements from immediate family members must define their relationship to the disabled person. Statements from agencies, organizations, etc. must be provided on their letterhead.

This is to certify that Ramon Zepeda
 Name of Applicant

has an obvious physical disability of Fractured Tibia
 Type of Disability

and is required to use the following or has a walking impairment as indicated:

☐ wheelchair ☐ braces ☐ walker ☒ crutches
☐ portable respirator ☐ impairment in mobility

This disability is: ☐ Permanent ☒ Temporary

If temporary, state length of time 6 months

Applicant's Date of Birth 4/30/63

Signature of Physician [Signature] Date 9/22/08

Print Name of Physician MICHAEL WILSON

Professional License No. SC 24445

DMV USE ONLY	
Check No.	Amount
PAID NO.	RECEIVED
SIGNATURE	DATE

Wildstein Spine Center, P.A.
418 Folly Rd.
Suite C
Charleston, SC 29412
Phone 843.406.2771 Fax 843.406.2789

ZEPEDA, RAMON (DOB: 4/30/1963 ID: 1616)

Oct 22, 2008 Wed 10:22 AM

HPI DOS: 9.5.08

He returns today 2 weeks s/p ORIF of his tibial pilon fracture. He is complaining of some pain and numbness of the great toe.

Meds PERCOCET TABLETS 325/10 MG,, one tab PO Q6h PRN pain

PE splint removed today. Sutures removed. Incision looks good. mild swelling.

A/P # TORUS FX TIBIA/FIBULA (823.4):

PRESCRIBE: LORTAB 7.5/500MG TABLETS 7.5/500 MG/MG, one tab PO Q6H PRN pain, # 60, RF: NONE.

PRESCRIBE: AMBIEN TABLETS 5 MG, PO Q HS, # 30, RF: NONE.

I will get him into a CAM boot today with NWB for an additional 6 weeks. He should return here in 6 weeks with new X-Rays.

Coded: 99024

Michael Wildstein, MD
Electronic Signature

WILDSTEIN SPINE CENTER, P.A.
RETURN TO WORK

Date: 10/22/08

To whom it may concern:

Ramon Zepeda was seen in our office today. He She is able unable to return to work; until December 3
_____ without restriction
_____ with restriction _____.

Please do not hesitate to call for any further questions or concerns.

Sincerely,
WILDSTEIN SPINE CENTER, P.A.
418 FOLLY RD. SUITE C
CHARLESTON, S.C. 29412

Michael S. Wildstein, M.D.

RX Date/Time

10/23/2008 10:37

P.001

Wildstein Spine Center, P.A.
418 Folly Rd.
Suite C
Charleston, SC 29412
Phone 843.406.2771 Fax 843.406.2789

PRESCRIPTION

PATIENT DEMOGRAPHICS

ZEPEDA, RAMON (4/30/1963)
PO BOX 1924
FOLLY BEACH, SC 29439
(843) 588-6327

GUARANTOR & INSURANCE INFORMATION

WILLIAM HAMPTON/BOSS
ACCIDENTAL FUND INSURANCE CO
AF6005462WC08000002

Allergies:

MEDICATION	DATE	
LORTAB 7.5/500MG TABLETS 7.5;500 MG;MG	10/22/2008	
SIG	NUMBER	REFILLS
one tab PO Q6H PRN pain	60	NONE
Dispense As Written		Substitution Permitted
FW0468466 SC 24445		

The information on this page is CONFIDENTIAL. Any release of this information requires the expressed written authorization of the patient listed above. For questions regarding this prescription, please contact the practice.

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RX Date/Time

10/23/2008

10:37

P.002

Wildstein Spine Center, P.A.
418 Folly Rd.
Suite C
Charleston, SC 29412
Phone 843.406.2771 Fax 843.406.2789

PRESCRIPTION

ZEPEDA, RAMON (4/30/1963) PO BOX 1924 FOLLY BEACH, SC 29439 (843) 588-6327	WILLIAM HAMPTON/BOSS ACCIDENTAL FUND INSURANCE CO AF6005462WC08000002
--	--

Allergies:

AMBIEN TABLETS 5 MG		DATE 10/22/2008
PO Q HS	NUMBER 30	REFILLS NONE
Dispense As Written		Substitution Permitted
FW0468466 SC 24445		

The information on this page is CONFIDENTIAL. Any release of this information requires the expressed written authorization of the patient listed above. For questions regarding this prescription, please contact the practice.

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Wildstein Spine Center, P.A.
418 Folly Rd.
Suite C
Charleston, SC 29412
Phone 843.406.2771 Fax 843.406.2789

ZEPEDA, RAMON: (DOB: 4/30/1963, ID: 1616)

Dec 03, 2008 Wed 08:46 AM

HPI DOS: 9.5.08

He returns today 3 months s/p ORIF of his tibial pilon fracture. He has some mild numbness in the great toe and has been ambulating on the limb in a CAM boot now with touch down weight bearing.

Meds

AMBIEN TABLETS 5 MG, PO Q HS
LORTAB 7.5/500MG TABLETS 7.5/500 MG; MG, one tab PO Q6H PRN pain
PERCOCET TABLETS 325/10 MG; one tab PO Q6h PRN pain

PE

MSK: RLE with healing incision. There is a 1cmx1cm region over the dorsum of the ankle with a scab present. Active ROM at the ankle is minimal with decreased strength in plantar and dorsi flexion. He has EHL of 3/5. Eversion and Inversion strength are also 3/5. TTP over anterior ankle region and lateral malleolus posteriorly. Well-perfused distally.

A/P

TORUS FX TIBIA/FIBULA (823.4):

PRESCRIBE: Physical Therapy, Active and passive ROM, strengthening, and proprioception R ankle/LE 2x/week for 4 weeks.
I would like to get repeat films today. If all looks well then I would get him started with therapy for ankle ROM and beginning WBAT on the extremity. I will see him back in a month for recheck and likely release him back to work at that point.

Coded: 99213

Michael Wildstein, MD
Electronic Signature

WILDSTEIN SPINE CENTER, P.A.
RETURN TO WORK

Date: 12/3/08

To whom it may concern:

Ramon Zapeda was seen in our office today. He/She is able/unable to return to work; He will require 1 month of Physical Therapy and re-evaluate then.
_____ without restriction
_____ with restriction _____

Please do not hesitate to call for any further questions or concerns.

Sincerely,



Michael S. Wildstein, M.D.

RX Date/Time
NOV-14-2007 04:25 From:

01/12/2009 15:38

To: 7445320

P.001
Page: 1

Wildstein Spine Center, P.A.
418 Folly Rd.
Suite C
Charleston, SC 29412
Phone 843.406.2771 Fax 843.406.2789

Jan 09, 2009 Fri 12:27 PM

ZEPEDA, RAMON (DOB: 4/30/1955 ID: 1615)

HPI DOS: 9.6.08

He is now 4 months s/p ORIF of his pilon fracture. He has been in the CAM boot at this time and is not putting weight on the foot. He tried putting weight on the foot after the last visit and he states the ankle swelled on him so he stopped. He has been to Physical therapy and this is going well for him.

Meds AMBIEN TABLETS 5 MG, PO Q HS
LORTAB 7.5/500MG TABLETS 7.5; 500 MG/MG, one tab PO Q6H PRN pain
PERCOCET TABLETS 325/10 MG, one tab PO Q6h PRN pain
Physical Therapy, Active and passive ROM, strengthening, and proprioception R ankle/LE
2x/week for 4 weeks

PE General: Ambulates with one crutch and the CAM boot.

MSK: RLE with healed incision. TTPO over medial aspect of distal tibia where the plate is located. Active ROM at the ankle is minimal with decreased strength in plantar and dorsal flexion. Passive dorsiflexion causes him pain in the ankle. He has EHL of 4/5. Eversion and Inversion strength are 4/5.

A/P # TORUS FX TIBIA/FIBULA (823.4):

I think he would benefit from additional PT and I would like for him to begin WB again. I would expect swelling due to the severity of his injury. He can expect some permanent disability from this injury. I don't feel that he is ready to be released back to work at this point.

Coded: 89213

Michael Wildstein, MD
Electronic Signature

AmazingCharts.com

Page: 001

The information on this page is confidential.
Any release of this information requires the written authorization of the patient listed above.

RX Date/Time
NOV-11-2007 03:55 From:

01/09/2009 15:08

To: 7445320

P.001
Page 11

WILDSTEIN SPINE CENTER, P.A.
RETURN TO WORK/SCHOOL

Date: 1/9/09

To whom it may concern:

Ramon Zepeda was seen in our office on 1/9/09. He/She is
able/unable to return to work/school from _____ through _____
_____ without restriction
_____ with restriction _____

until
Monday, March
09, 2009

Additional Information: _____

Please do not hesitate to call for any further questions or concerns.

Sincerely,

WILDSTEIN SPINE CENTER, P.A.
418 FOLLY RD, SUITE C
CHARLESTON, S.C. 29412

Michael S. Wildstein, M.D.



MICHAEL S. WILDSTEIN, M.D.
ORTHOPAEDIC AND SPINAL SURGERY
418 FOLLY ROAD SUITE C • CHARLESTON, SC • 29412
PHONE: 843.406.2771 • FAX: 843.406.2789

B

ROPER ST FRANCIS HEALTHCARE
ROPER HOSPITAL
316 CALHOUN STREET CHARLESTON, SC

Date: 10/07/08
Time: 1504

PROFESSIONAL MEDICAL LABORATORY

ROPER HOSPITAL

***** PATIENT INFORMATION *****
ZEPEDA, RAMOS 45 YRS
(00000)001730676 M DOB: 04/30/1963
PHONE: (843)-588-6327

WILDSTEIN, MICHAEL
418 POLLY RD - STE C
406-2171
LOCATION: SDA

Rendering Phy: WILDSTEIN, MICHAEL
Consult Phy:

CHEMISTRY

SPECIMEN DATE 10/07/08
COLLECTED TIME 1340
WEEKDAY TUE

METABOLIC PANELS/CHEMISTRY

NA	140
K	4.1
CL	105
CO2	33 B
ANION GAP(CALC)	2
OSMO (CALC)	279 L
GLUCOSE	84
BUN	13
CREATININE	0.8 f
B/C RATIO	16.3
CALCIUM	9.3

UNITS	REFERENCE
MG/L	135-145
MG/L	3.5-5.3
MG/L	98-108
MG/L	22-32
MG/L	2-17
MOS/KG	280-300
MG/DL	70-110
MG/DL	7-22
MG/DL	0.5-1.3
MG/DL	6.0-17.0
MG/DL	8.5-10.4

10/07/08 1340 CREATININE

ESTIMATED GFR =111 ml/min/1.73sq.m

AVG. GFR based on this patient's Age Group: 99 ml/min/1.73sq.m

Source: National Kidney Disease Education Program (NKEEP) This value is for staging information only and not specifically for the calculation of pharmaceutical dosage. As with the Cockcroft-Gault equation, this is an estimated value.

FOOTNOTE ADDED ON 10/07/08 AT 1409 BY DISCERN

Footnotes

L = Low, H = High, f = Footnote

CLIENT SERVICES "PROFESSIONALS IN LABORATORY MEDICINE"
724-2030

Page: 1

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Roper Hospital
OPERATIVE REPORT
10/07/2008

ZEPEDA, RAMOS
001730676
Michael Wildstein, MD
Page 1

Surgeon: Dr. Michael Wildstein.

Preoperative Diagnosis (es): Right comminuted tibial pilon fracture.

Postoperative Diagnosis (es): Right comminuted tibial pilon fracture.

Procedure:

1. Removal of right lower extremity multiplane external fixator.
2. Open reduction and internal fixation of right distal tibia pilon fracture.

Anesthesia: General endotracheal.

Preoperative Antibiotic: 1 gram Ancef IV.

Total time Approximately 2 hours.

Specimens: None.

Complications: None.

Indications for Procedure: Mr. Zepeda is a pleasant gentleman, who approximately one month ago sustained a comminuted tibial pilon fracture while at work. His swelling was too great at the time, therefore multiplane external fixation was put on as a temporizing measure. He was taken back today for definitive fixation of the pilon fracture.

Description of Procedure: After proper operative consent was obtained the site was marked and the patient was brought to the operative suite and placed supine on the operating room table. A tourniquet was placed on the right lower extremity. The right lower extremity was prepped and draped in normal sterile fashion. A timeout was undertaken to indicate proper operative site and extremity. Next the right lower extremity was prepped and draped in normal sterile fashion. Esmarch bandage was used to exsanguinate the right lower extremity and the tourniquet was inflated to 300 mmHg. Next an anterior approach to the right distal tibia was carried out. The external fixator was prepped as part of the preoperative prep and left in place to hold the fracture out. The incision was taken down with care taken to protect the tibialis anterior tendon as well as the extensor tendons of the foot. Subperiosteal dissection was undertaken of the fracture and the fracture was noted to be partially healed at the time. We had to take down fracture callus in order to free the fracture fragments. The pilon portion of the fracture was noted to be in extension. This was taken down using an osteotome and reduced in anatomic fashion. There was also noted to be a coronal split in the tibia, which had begun to heal in a malleated type fashion. This malunion was taken down with the osteotomes and anatomic reduction was achieved. Using a combination of standard reduction forceps and various other holding instruments the fracture was reduced and held in place as a Dupuy titanium anterior lateral plate was applied to the fracture site. This was secured with a combination of shaft and locking screws in appropriate fashion. Fluoroscopic guidance confirmed proper placement of

Copy for Michael Wildstein, MD

RX Date/Time 01/06/2009 16:27
NOV-08-2007 05:14 From:
U. Michael Wildstein, MD From:

Page 3 of 3

To: 7445320 P.002
Page: 2
Wednesday, October 22, 2008 12:58:47 AM

Roper Hospital
OPERATIVE REPORT
10/07/2008

ZEPEDA, RAMOS
001730676
Michael Wildstein, MD
Page 2

screws and plate. Once the fracture was reduced and the plate was noted to be in appropriate position the wound was irrigated with copious amounts of saline. The tourniquet was inflated. Meticulous hemostasis was achieved and the wound was closed in a running AO trauma type suture. Posterior splint with stirrups was applied. Sterile dressing was applied and the patient was extubated and transferred to the recovery room in stable condition. He is to be nonweightbearing on the extremity with crutches until his followup appointment.

Michael Wildstein, MD

cc: Michael Wildstein, MD

TR: slm DD: 10/17/2008 TO: 10/20/2008 4:30 P JOB#: 001133682 DOC#: 1584129

Copy for Michael Wildstein, MD

Discharge Instructions (DC_ENT)
From 10/08/2008 10:11 To 10/09/2008 10:11

Discharge

Question	Response
Instruction 1	Comment: keep splint on/clean/dry
Instruction 2	Comment: keep right lower extremity elevated above heart
Dr 1/#/Appt	Call - need appt, in 2 weeks Comment: Wildstein #406-2771
Activity	as tolerated, no wt bearing Comment: right lower extremity
Diet	regular

Smoking Instructions

Smoking is harmful to your health. If you or a household member smokes, you are advised to quit. For more information, discuss with your physician or call 402-CARE to enroll in the Roper Saint Francis Healthcare Smoking Cessation Class.

Name: ZEPEDA, RAMOS

Age: 45 yr

DOB: 04/30/1963

Acct: 0828101535

Opt Out: No

Gender: M

Admit Dt: 10/07/2008 20:51

MRN: 001730676

Physician: Wildstein-Md, Michael , MD

Rm-Bed: 0214 - 01



PHC Outpatient Rehab

PHYSICAL THERAPY EVALUATION, PLAN OF CARE & CERTIFICATION

Patient Name: Ramon Zepeda Date of Birth: 4/30/1963 (45/10)
 Date: 12/12/08 Initial Eval: X Re-Eval: D/C Eval:
 Admitting Diagnosis: Ankle fracture, difficulty Surgery & Date: NA
 Treatment Requested: flex, ROM, strength, ambulating
 Referring Physician: Dr. Michael Wildstein Primary Physician:
 Start of Care Date: 12/12/08 Medicare #: NA
 Certification Period: NA Date of Onset of Impairment: 9/14/08

S: Subjective \ Patient History: Pt. presents to PT ~ 3 months post (P) ankle injury in which pt. fell off of a roof at his job and broke his ankle in 5 places. Pt. does not speak English, family member present who speaks minimal English.

O: Objective/Initial Level of Function and Deficits

Range of Motion: DF (L) 22° (R) 6°, PR (L) 46° (R) 13°, add (L) 14° (R) 11°, abd (L) 26° (R) 14°

Limitations: PLE all other planes w/ R.

Strength: Ankle 5/5 all planes, Ankle MT. Hip flex (L) 5/5 (R) 4/5, knee: extn (L) 5/5

Limitations: (L) 4/5, flex (L) 4/5 (R) 4/5.

Sensation \ Palpation \ Atrophy: pain lateral malleolus, antr ankle
Circumference measurements: calf (L) 31.5 (R) 32.5, sup malleoli (L) 20.5 (R) 24
med malleoli (L) 29.5 (R) 26.3, mid foot (L) 24.4 (R) 22.8.

Home Situation: steps inside

Equipment: crutches

Functional Level Prior to Admission: Pt. working on feet > 10 hours/day.

Functional Ability \ Gait at Present:

Supine --- Sit: (L)

Balance: not tested

Sit --- Stand: (L)

Bed Mobility: (L)

Gait: 1) Wt. Bearing Status R L NWB TDWB PWB X WBAT/WBTT Pt. NWB at first,
 2) Assistive Device: Std. Walker Roll Walker Crutches X Cane NA told to place as
 3) Level Surfaces: Assist Needed mod (L) much weight as
 4) Distance Ambulated: 10 feet tolerated able to
 5) Stairs: Assist Needed: deferred do so (L) increase
 Self Care Activities: Pt. sits to dress too much.

Pain: Unable to obtain 2° language barrier. When asked, pt. responded "a little."

Observations/Special Tests: small wound antr ankle, (L) LE and foot darker than (R). Pt. wears boot when ambulating

Patient Name: Ramon Zepeda Date of Birth: 4/30/1963

A: Assessment: Goals with time frames were discussed with patient/family and set as follows:

Short Term Goals (2 weeks)

- 1) Pt. will ambulate & catches WDA T on (R) foot at all times in order to progress & recovery.
- 2) It will be (R) & HEP.
- 3) _____

Long Term Goals (5 weeks)

- 1) Pt will achieve $\uparrow$ d (R) ankle ROM as shown by (R) DF $>120^\circ$, DF $>30^\circ$ in order to $\uparrow$ ambulatory ability.
- 2) Pt. will achieve $\uparrow$ strength in (R) LE as shown by a score of 5/5 on MMT of (R) LE hip/knee/ankle.
- 3) Pt will have $\downarrow$ edema in (R) ankle as shown by measurements within 15cm of (R) ankle.

Patient/Family Goal: "go back to work."

P: Treatment Plan: Ther ex, ther act, PROM, jt mobs, modalities as needed, proprioception, gait training, it ed, HEP, eval and treat as needed

Frequency/Duration: 1wk, 2-3 wk, 4

☒ Continue Outpatient PT ☐ MD Follow Up Only ☐ No PT Follow Up Planned

Other: _____

Thank you for your referral!

PT Signature: J. Erin Carleton, PT Physician Signature: [Signature]

PT Date: 12/12/08 Physician Date: 12/12/08



PHC Outpatient Rehab

PAST MEDICAL HISTORY

PATIENT NAME: Ramon Zepeda DATE: 12-12-08

HAVE YOU EVER HAD ANY OF THE FOLLOWING MEDICAL CONDITIONS / DISEASE?

- | | |
|--|---|
| ☐ Heart Attack | ☐ Lower Back Problems |
| ☐ Stroke | ☐ Arthritis |
| ☐ Heart Murmur | ☐ Digestive Disorders |
| ☐ Mitral Valve Prolapse | ☐ Heart Surgery / Pacemaker |
| ☐ Alcohol / Drug Abuse | ☐ Congenital Heart Defect |
| ☐ Cancer | ☐ Artificial Valves |
| ☐ Emphysema | ☐ Hepatitis |
| ☐ Glaucoma | ☐ Shingles |
| ☐ High/Low Blood Pressure | ☐ Frequent Back Pain |
| ☐ Rheumatic Fever | ☐ Anemia |
| ☐ Kidney Problems | ☐ Psychiatric Problems |
| ☐ Sinus Problems | ☐ Severe / Frequent Headaches |
| ☐ Asthma | ☐ Ulcers / Colitis |
| ☐ Difficulty Breathing | ☐ Fainting / Seizures / Epilepsy |
| ☐ Diabetes | ☐ Tuberculosis |
| ☐ Chemotherapy | ☐ Artificial Bones / Joints |
| ☐ Metal Implants | ☐ Dizziness |
| ☐ Osteoporosis | |
- N/A

CHIEF COMPLAINT: _____

History of Treatment: _____

OTHER SERIOUS MEDICAL CONDITIONS: _____

ALLERGIES: N/A

PREVIOUS SURGERIES / TREATMENT: _____

SERIOUS ACCIDENTS: Fell off a roof and landed on both feet.

Do you smoke? YES ☒ NO How much? _____ How long? _____

Are you pregnant? YES ☒ NO How far along are you? _____

LIST ANY MEDICATIONS BEING TAKEN: Hydroco/Apo for pain

Revised 06/01/2001

1313 Ashley River Road · Charleston, SC 29407

175

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PHC REHAB

"Your Total Health Care Provider"

PHYSICAL THERAPY • OCCUPATIONAL THERAPY • SPEECH THERAPY • SOCIAL SERVICES

DAILY PROGRESS NOTES

PATIENT: Ramon Zepeda

DATE: _____

#1

12/12/08 S: See IF
O: See IF See flow sheet for ex's. If education on ambulating w/PT & crutches.
T: PT is a 45 y/o male who presents to PT c/ w ROM, strength, fxn, ambulation, and ↑'d pain 2° ankle fx that occurred at work ~ 3 months ago. PT was referred for skilled PT in order to ↑ ROM, ambulation, strength, proprioception and ↓ pain in order for PT to return to work.
P: Initiate PT 2-3x/week 4-6 weeks. See eval for specific POC. Yassin Carter, PT

#2

12/11/08 S: Pt. has 0 clo today. When asked about (P), pt. responded "a little."
O: See flow sheet for ex's. Pt. clo (P) & active PF and ↑'d WBing on (P) LE. PROM (P) ankle: DF, PF, EV, INV & pt. supine X 8'. Pt. ambulated and educated on gait pattern using one crutch. Was able to perform ~ min clo (P). Pt. educated on gradually getting (P) stopping the motion on (P) foot.

Revised 06/01/2001

cont



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DAILY PROGRESS NOTES

PATIENT: Ramon Zepeda

DATE: _____

CONT

12/18/08 O: HEP issued.

Total

Time:

100'

A: Pts. (P) 4's & WBing 2° pt. being non WBing for an extended period of time 2° allowing fx to heal. Pt. appears to be progressing, as pt. able to place weight on foot and ambulate & 1 crutch. Pt. will cont to benefit from skilled PT.

P: Cont POC. of Ginn ~~Carton~~ PT

#3

12/18/08

S: Pt. reports slight ↑ in (P) in lateral malleolus.

Pts. niece present for PT, speaks some English.

Total

Time:

60'

O: See flow sheet for exs. Pt. clo (P) & W@ exs in which pt. had uneven BOS (rockerboard and BAPS). Pt. educated on healing time and the pain that will occur.

A: Pt. motivated to heal, seen by attitude throughout session. Pt. will cont to benefit from skilled PT. Uneven surfaces and WBing continue to 4 (P), will ↓ & more practice and strength and proprioception.

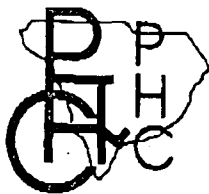
P: Cont POC. of Ginn ~~Carton~~ PT

Revised 06/01/2001

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DAILY PROGRESS NOTES

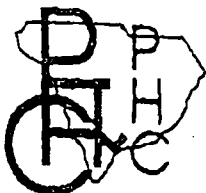
PATIENT: Ramon Zepeda

DATE: _____

#4 12/19/08 S: Pt. reports P in ankle today. Pt. reports trying to ambulate in boot and having ↑'d swelling in ankle.
Total Time: 55'
O: See flow sheet for ex's performed. Pt. educated on icing and elevating LEs. to ↓ P and swelling. Pt. has ↑'d P = PF and WBing.
A: P's P remained fairly constant throughout session (5-6110). Pt. appears motivated to heal as he is trying to do as much at home as he can. Ice and elevation will aid to ↓ swelling and P.
P: Cont POC of Ann Carlton PT

#5 12/23/08 S: Pt. 30' late. Pt. had ↑'d P yesterday for an unknown reason. Pt. reports P in ankle today. Pt. reports performing ex's at home, but having ↑'d P = moving his ankle.
30'
O: See flow sheet for ex's. P ↑'d to 6110 = isometric DF per Pt. report, remained 510 for all other isometrics. Pt. do "electricity" during PVC ex.
A: P's P continues to bother him, especially = ↑'d WBing
cont

Revised 06/01/2001



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DAILY PROGRESS NOTES

PATIENT: Ramon Zepeda

DATE: _____

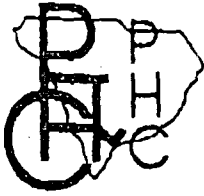
12/24/08	A: This (P) will improve in T'd ex's, allowing the ankle and foot to become accustomed to normal usage again.
Total Time:	P: Cont POC J. Guin Carlton, PT
#6 12/24/08	S: PT reports (P) in (P) ankle 5/10.
	O: See flow sheet for ex's. PROM: (P) ankle all planes 3x30". PT. do T'd (P) during PF stretch.
70'	LP to (P) ankle in LE elevated x 10'.
	A: PT. able to progress in standing ex's.
Total Time:	session in (P) = 6/10 in (P) ankle.
	P: Cont POC J. Guin Carlton, PT
12/29/08	S: R. reports pain in (R) ankle 5/10. He states it does not fluctuate much.
#7	O: Review as on flow sheet including PROM to (R) ankle all planes. CP to (R) ankle in LE elevated x 10 minutes.
65'	A: Tolerated well.
	P: Cont POC
	Sherry Callaway, PA

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DAILY PROGRESS NOTES

PATIENT: Ramon Zepeda

DATE: _____

12/23/08 A: This (P) will improve in t'd ex's, allowing the ankle and foot to become accustomed to normal usage again.
P: Cont POC J Guin Carlton, PT
Total Time: _____

#6 12/24/08 S: Pt reports (P) in (P) ankle 5/10.
O: See flow sheet for ex's. PROM: (P) ankle all planes 3X30". Pt. do t'd (P) during PF stretch.
70' CP to (P) ankle - LE elevated x 10'.
A: Pt. able to progress in standing ex's thru session in (P) ankle.
P: Cont POC J Guin Carlton, PT
Total Time: _____

12/27/08 S: Pt. reports pain in (R) ankle 5/10. He states it does not fluctuate much.
#7 O: Therapy as on flow sheet including PROM to (R) ankle all planes. CP to (R) ankle - LE elevated x 10 minutes.
65' A: Tolerated well.
P: Cont POC Sherry Callaway, PT

1/2/09 S: Pt. reports pain in (R) ankle 5/10. At rest it decreased to 3-4/10. With t'd activity 5-7/10.

Revised 06/01/2001

(ad)



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DAILY PROGRESS NOTES

PATIENT: Ramon Zepeda

DATE: _____

Total	11/2/09	O: Therapy as on flow initiating in LE Bike
	(cont)	CP not done 2 ^o room in freezer being locked.
Total	Time:	Pt. instructed to ice at home
	#8	A: Tolerated exs well in only ex. rated as 4/10 on 60' pain scale was rockerboard All other exs 5/10 or less
Total	P: Cast. POC Sherry Callaway, PT	
	11/5/09	S: Pt reports (P) 4/10 today. Pt. reports completing exs at home. Pt. reports not wearing boot at home because it hurts too much not to. Pt. 15' late
Total	Time:	O: PTM (P) LE all planes x 16'. See flow sheet for exs. P: Pt. had (P) ↑ to 5/10 during OF, PF & TB and all
	#8	A: Pt. standing exs, was 4/10 for all other exs. A: Pt. able to tolerate 1 st standing exs this session is too much 1 st & 2 nd clo (P), indicating some progress in abilities and weight bearing.
Total	P: Cast POC. & Sherry Callaway, PT	
Total		
Total		

Revised 06/01/2001

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Ramon Zepeda, Employee/Claimant
versus
Priority Landscaping & Lawn Care, LLC, Employer
and
Accident Fund Insurance Co. of America, Carrier/Defendants.
WCC No.: 0813616

OUTSTANDING MEDICAL EXPENSES

<u>PROVIDER</u>	<u>DATE(S) OF SERVICE</u>	<u>COST</u>
1. Doctor's Care	9/4/08	\$ 679.00
2. Roper St Francis Hosp.	9/5/08	\$21,533.40
3. Anesthesia Assoc.	9/5/08	\$ 850.00
4. Roper Radiologists	9/5/08	\$ 281.00
5. Roper St Francis Hosp.	10/8/08 – 10/9/08	\$ 4,555.10
6. Roper St. Francis Hosp	12/7/08	\$ 357.00
7. Wildstein Spine Center	9/5/08 – 1/9/09	\$ 4,907.44
8. PHC Rehabilitation	12/12/08 – 1/5/09	\$ 1,600.00
9. Pharmaceutical Healthcare (Walker)	10/29/08	\$ 25.25
TOTAL:		\$34,777.19

OUT OF POCKET EXPENSES

1. Pharmaceutical Healthcare	10/29/08	\$ 50.00
2. Prescription Costs	9/5/08 – 10/25/08	\$229.64
TOTAL:		\$279.64

125

RX Date/Time

10/13/2008

14:34

P.005

OCT-13-2008 13:29 From:

To: 1320

P.5/12

NOTICE:

Use the attached claim to make payment,
forward to your Workman's Comp
Carrier along with the 1st report of injury.

M

WCPRIORITY LANDSCAPING
PO BOX 1924
FOLLY BEACH SC 29439

301968

1 OF 2

PICA

1. MEDICARE ☐ MEDICAID ☐ TRICARE ☐ CHAMPVA ☐		2. PATIENT'S NAME (Last Name, First Name, Middle Initial) TERESA, RAMON		3. PATIENT'S BIRTH DATE MM DD YY 04 30 1963		4. PATIENT'S SEX M ☒ F ☐		5. PATIENT'S ADDRESS (No., Street) PO BOX 1924		6. CITY FOLLY BEACH		7. STATE SC		8. ZIP CODE 29439		9. TELEPHONE (Include Area Code) (843) 5886327		10. PATIENT'S STATUS Single ☐ Married ☐ Other ☒		11. EMPLOYMENT? (Current or Previous) YES ☐ NO ☒		12. AUTO ACCIDENT? YES ☐ NO ☒		13. OTHER ACCIDENT? YES ☐ NO ☒		14. RESERVED FOR LOCAL USE		15. INSURED'S I.D. NUMBER (For Program in Item 1) 999999999		16. INSURED'S NAME (Last Name, First Name, Middle Initial) WCPRIORITY LANDSCAPING		17. INSURED'S ADDRESS (No., Street) PO BOX		18. CITY FOLLY BEACH		19. STATE SC		20. ZIP CODE 29439		21. TELEPHONE (Include Area Code) (843) 5886327		22. INSURED'S POLICY GROUP OR FECA NUMBER		23. INSURED'S DATE OF BIRTH MM DD YY 04 30 1963		24. SEX M ☒ F ☐		25. EMPLOYER'S NAME OR SCHOOL NAME WCPRIORITY LANDSCAPING		26. INSURANCE PLAN NAME OR PROGRAM NAME WCPRIORITY LANDSCAPING		27. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES ☐ NO ☒		28. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNATURE ON FILE		29. DATE 09/04/2008		30. SIGNATURE ON FILE																																																																																																													
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY		17. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY		18. OUTSIDE LAB? YES ☐ NO ☒		19. CHARGES		20. MEDICAID RESUBMISSION CODE		21. ORIGINAL REF. NO.		22. PRIOR AUTHORIZATION NUMBER		23. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1 9597		24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE EMG		C. D. PROCEDURES, SERVICES, OR SUPPLIES (Specify Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINT		F. CHARGES		G. DAYS ON UNITS		H. ICD-9-CM QUAL		I. RENDERING PROVIDER ID #																																																																																																																																					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		18. RESERVED FOR LOCAL USE		19. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		20. RESERVED FOR LOCAL USE		21. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		22. RESERVED FOR LOCAL USE		23. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		24. RESERVED FOR LOCAL USE		25. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		26. RESERVED FOR LOCAL USE		27. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		28. RESERVED FOR LOCAL USE		29. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		30. RESERVED FOR LOCAL USE		31. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		32. RESERVED FOR LOCAL USE		33. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		34. RESERVED FOR LOCAL USE		35. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		36. RESERVED FOR LOCAL USE		37. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		38. RESERVED FOR LOCAL USE		39. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		40. RESERVED FOR LOCAL USE		41. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		42. RESERVED FOR LOCAL USE		43. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		44. RESERVED FOR LOCAL USE		45. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		46. RESERVED FOR LOCAL USE		47. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		48. RESERVED FOR LOCAL USE		49. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		50. RESERVED FOR LOCAL USE		51. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		52. RESERVED FOR LOCAL USE		53. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		54. RESERVED FOR LOCAL USE		55. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		56. RESERVED FOR LOCAL USE		57. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		58. RESERVED FOR LOCAL USE		59. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		60. RESERVED FOR LOCAL USE		61. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		62. RESERVED FOR LOCAL USE		63. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		64. RESERVED FOR LOCAL USE		65. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		66. RESERVED FOR LOCAL USE		67. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		68. RESERVED FOR LOCAL USE		69. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		70. RESERVED FOR LOCAL USE		71. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		72. RESERVED FOR LOCAL USE		73. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		74. RESERVED FOR LOCAL USE		75. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		76. RESERVED FOR LOCAL USE		77. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		78. RESERVED FOR LOCAL USE		79. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		80. RESERVED FOR LOCAL USE		81. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		82. RESERVED FOR LOCAL USE		83. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		84. RESERVED FOR LOCAL USE		85. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		86. RESERVED FOR LOCAL USE		87. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		88. RESERVED FOR LOCAL USE		89. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		90. RESERVED FOR LOCAL USE		91. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		92. RESERVED FOR LOCAL USE		93. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		94. RESERVED FOR LOCAL USE		95. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		96. RESERVED FOR LOCAL USE		97. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		98. RESERVED FOR LOCAL USE		99. NAME OF REFERRING PROVIDER OR OTHER SOURCE MEACHER, DAVID		100. RESERVED FOR LOCAL USE	

RX Date/Time

10/13/2008

14:34

To: 320

OCT-13-2008 13:30 From:

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

301968

2 OF 2

PICA

1. MEDICARE ☐ (Medicare #)	MEDICAID ☐ (Medicaid #)	TRICARE CHAMPUS (Sponsor's SSN)	CHAMPVA ☐ (Member ID)	GROUP HEALTH PLAN (SSN or ID)	FECA BLK LUNG (SSN)	OTHER (ID)	1a. INSURED'S I.D. NUMBER (For Program in Item 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) ZELEDA, RAMON							3. INSURED'S NAME (Last Name, First Name, Middle Initial) MC, PRIORITY LANDSCAPING
4. PATIENT'S BIRTH DATE MM DD YY 04 30 1963							5. INSURED'S ADDRESS (No. Street) PO BOX
6. PATIENT'S ADDRESS (No. Street) PO BOX 1924							7. INSURED'S ADDRESS (No. Street) PO BOX
8. PATIENT STATUS Single ☐ Married ☐ Other ☒							9. INSURED'S CITY FOLLY BEACH
10. IS PATIENT'S CONDITION RELATED TO: Employed ☒ Full-Time Student ☐ Part-Time Student ☐							11. INSURED'S POLICY GROUP OR FECA NUMBER 29439
12. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)							13. INSURED'S DATE OF BIRTH MM DD YY 04 30 1963
14. OTHER INSURED'S POLICY OR GROUP NUMBER							15. EMPLOYER'S NAME OR SCHOOL NAME MC PRIORITY LANDSCAPING
16. OTHER INSURED'S DATE OF BIRTH MM DD YY							17. IS THERE ANOTHER HEALTH BENEFIT PLAN? ☐ YES ☒ NO
18. EMPLOYER'S NAME OR SCHOOL NAME							19. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
20. INSURANCE PLAN NAME OR PROGRAM NAME							21. SIGNATURE ON FILE

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either fully or to the party who accepts assignment below.

SIGNATURE ON FILE 09/04/2008

13. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)

14. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE

15. GATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION

16. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES

17. OUTSIDE LAB? \$ CHARGES

18. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

19. PRIOR AUTHORIZATION NUMBER

20. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Relate items 1, 2, 3 or 4 to item 24E by Line)

21. DATE OF SERVICE

22. PLACE OF SERVICE

23. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)

24. DIAGNOSIS POINTER

25. \$ CHARGES

26. DAYS ON UNIT

27. I.D. QUAL

28. RENDERING PROVIDER ID.

29. FEDERAL TAX I.D. NUMBER

30. PATIENT'S ACCOUNT NO.

31. ACCEPT ASSIGNMENT?

32. TOTAL CHARGE

33. AMOUNT PAID

34. BALANCE DUE

35. BILLING PROVIDER INFO & P.H. #

36. SERVICE FACILITY LOCATION INFORMATION

37. DOCTORS CARE JAMES ISLAND

38. 743 FOLLY ROAD

39. CHARLESTON, SC 29412

40. DATE

41. SIGNATURE

42. DATE

43. UCC Instruction Manual available at: www.nucc.org

M18

001

17

09/15/08 ROA

OCT 16 2008

128

ZEPEDA, RAMOS 08249-00352 09/05/08 09/05/08 10/07/08
M18 002
DO
17

RAMOS ZEPEDA
1705 SAIL FISH
JOHNS ISLAND

SELF
SC 29455

09/15/08 ROA

TOTAL CHARGES

21,533.40

09/21/08 267 A0100 SELF PAY DISCOUNT

7,536.69CR

TOTAL PAYMENTS/ADJUSTMENTS
ESTIMATED PATIENT BALANCE DUE

7,536.69CR
13,996.71

ROPER HOSPITAL

13,996.71

10/07/08
M18
ZEPEDA, RAMOS 08249-00352 09/05/08 09/05/08 001
DO
17

RAMOS ZEPEDA SELF
1705 SAIL FISH
JOHNS ISLAND SC 29455 09/15/08 ROA

0250 PHARMACY	48.40
0278 OTHER IMPLANTS	7,875.00
0300 LABORATORY	88.00
0320 DIAGNOSTIC RADIOLOGY	684.00
0350 CT BODY	2,273.00
0360 OR SERVICES	9,289.00
0420 PHYSICAL THERAPY	102.00
0424 EVALUATION OR REEVALUATION	124.00
0636 DRUGS REQUIRING DETAIL CODING	114.00
0710 RECOVERY ROOM	936.00

TOTAL CHARGES 21,533.40

09/21/08 267 A0100 SELF PAY DISCOUNT 7,536.69CR

TOTAL PAYMENTS/ADJUSTMENTS 7,536.69CR
ESTIMATED PATIENT BALANCE DUE 13,996.71

ROPER HOSPITAL

13,996.71

ANESTHESIA ASSOC OF CHARLESTON
PO BOX 22206
CHARLESTON SC 29413

Return Service Requested

(843)723-3441

ANE219.A20YFG000335.J01X82.002969 002965

RAMOS ZEPEDA
1705 SAILFISH DR
JOHNS ISLAND SC 29455 - 3908

ACCOUNT NUMBER

71733

PATIENT NAME
RAMOS ZEPEDA

AMOUNT ENCLOSED

STATEMENT DATE

09/08/2008

AMOUNT DUE

\$850.00

\$

CHECK CARD USING FOR PAYMENT	
☐ VISA	☐ MasterCard
CARD NUMBER	CID
AMOUNT	EXP DATE (MM/YYYY)
SIGNATURE	

MAKE CHECK PAYABLE AND REMIT TO:

ANESTHESIA ASSOC OF CHARLESTON
PO BOX 22206
CHARLESTON SC 29413-2206

STATEMENT

☐ CHECK HERE IF ADDRESS OR INSURANCE INFORMATION IS
INCORRECT AND INDICATE CHANGE ON REVERSE SIDE

DETACH HERE, AND RETURN TOP PORTION WITH YOUR PAYMENT

ACCOUNT NUMBER

71733

PATIENT NAME

RAMOS ZEPEDA

STATEMENT DATE

09/08/2008

Page 1 of 1

DATE	DESCRIPTION	CHARGES	PAYMENTS
09/05/2008	ANESTHESIA SERVICES:		
09/05/2008	ANESTHESIA SERVICES RENDERED	\$850.00	

MESSAGES

DUE TO THE RECENT ACTIVITY ON YOUR ACCOUNT, THIS BALANCE IS
YOUR RESPONSIBILITY. WE ARE ASKING FOR YOUR CO-OPERATION IN
PAYMENT OF THIS ACCOUNT WITHIN 15 DAYS. THANK YOU!

Total Charges	\$850.00
Total Payments	\$0.00
Total Adjustments	\$0.00
Total Due	\$850.00

ANESTHESIA ASSOC OF CHARLESTON
PO BOX 22206
CHARLESTON SC 29413-2206

(843)723-3441

188

131

ROPER RADIOLOGIST PA
3 SOUTHPARK CIRCLE STE 240
CHARLESTON, SC 29407-4623

READING OF X-RAY SERVICES AT ROPER HOSPITAL

Please direct all inquires and payments to our Billing Office
at the address above or at Telephone # (843) 573-4740

Do not call the hospital as they can not help you with this bill

Remit to: 570963518
ROPER RADIOLOGIST PA
3 SOUTHPARK CIRCLE STE 240
CHARLESTON, SC 29407-4623

RAMOS ZEPEDA
1705 SAILFISH DR
JOHNS ISLAND SC 29455-3908

369



RPR 082490352

Client Number	Patient Name	Patient Phone #	Due Date	Balance Due	Amount Enclosed
RPR 082490352	RAMOS ZEPEDA		09/26/2008	\$281.00	\$ _____



Please tear off and return upper portion to insure proper credit. If you desire a receipt please return entire statement.



DATE	DESCRIPTION	CPT Code	CHARGES	CREDITS
09/05/08	CT LOWER EXTREMITY W/WO	73702/26	281.00	
	Total for Claim:		281.00	

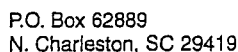
If you have Insurance that can cover the services on this bill; please contact our office today. If after speaking with someone at (843) 573-4740 and you are not satisfied, call our HOTLINE at (843) 573-4876.

189

132

If payment has been sent within the past 10 days your credit will appear on your next statement.

RPR 082490352	ROPER RADIOLOGIST PA	Balance Due: \$281.00
---------------	----------------------	-----------------------



CAR11D.A2RASW000778.J01T2O.001539 000770

RAMOS ZEPEDA
1705 SAILFISH DR
JOHNS ISLAND SC 29455-3908

Welcome to Our New Statements

As a result of suggestions made to us by patients just like you, we have re-designed our statements to provide you with complete easy-to-read information about your bill. Thank you for your suggestions and your continued support. We are committed to continuing our efforts to improve the quality of service that we provide for you.

COMING SOON!

Online Bill Paying Options

Please visit our website www.rsfh.com

► Patient Financial Services

For questions, concerns, or if you need to set up
payment arrangements, please call:
(843) 797-1629 or (800) 525-7432
Monday through Friday 8:00am - 5:00pm

To inquire about Financial Assistance, please call:
(843) 402-5200 or (800) 242-9990
Monday through Friday 9:00am - 5:00pm



Statement Date: 10/30/08

REMIT THIS PAYMENT STUB TO:

**ROPER HOSPITAL
PO BOX 602003
CHARLOTTE, NC 28260-2003**



YOUR FIRST HOSPITAL STATEMENT

► Patient Information

Patient Name	Ramos Zepeda
Account Number	A0828101535
Service Dates	10/08/08 - 10/09/08
Type of Service	Inpatient
Place of Service	Roper Hospital

► Summary of Patient Services Provided

Description	Charge
Pharmacy	\$2,746.10
Radiology - Diagnostic	\$684.00
Laboratory	\$51.00
Room & Board	\$1,074.00
Total Charges	\$4,555.10
Insurance Payments	\$0.00
Insurance Adjustments	\$0.00
Patient Payments	\$0.00
Patient Adjustments	\$0.00
Balance Due	\$4,555.10

Please call Patient Financial Services if you require a detail account of your services provided.



Patient: Ramos Zepeda	
Account Number	Date Due
A0828101535	11/19/08
Amount Due	Amount I Am Paying
\$4,555.10	\$

To pay by credit card: For your convenience, you may pay by Visa, MasterCard, Discover, or American Express. Please indicate your credit card preference, provide the account information, and sign below.



Account No. _____

Expiration Date _____

Signature X

Check here if your address information has changed.
Please indicate changes on the back of this page.

A08281015350004555100

190

133



P.O. Box 62889
N. Charleston, SC 29419

This Is Not A Bill

CAR11D.A2SX69000306.J01ZN4.000607 000304

RAMOS ZEPEDA
1705 SAILFISH DR
JOHNS ISLAND SC 29455-3908
|||||

Account Summary

Patient Name	Ramos Zepeda
Statement Date	12/07/08
Account Number	A0833800686
Service Date	12/03/08
Type of Service	Diagnostic Center
Total Charges	\$357.00

Please see reverse side for patient billing details... →

Dear Ramos Zepeda

Roper St. Francis Healthcare is pleased to have provided your healthcare services. While providing your treatment you may have had several tests and services. In addition to the hospital bill, you may receive bills from several different healthcare providers, such as, your Anesthesiologist, Radiologist, Pathologist, ER Physician and your Private Physician.

Please see below for a list of the insurance(s) registered on your account at the time of your services.

Roper St. Francis Healthcare will file your claim with the insurance(s) listed below. Please review this information to make sure it is correct. If the insurance information is not correct, please contact Customer Service at (843) 402-5200 or (800) 242-9990, Monday through Friday, from 9:00am to 5:00pm. Our Customer Service Representatives will be happy to assist you.

If your insurance does not pay in a timely manner, we may contact you for assistance in resolving your balance.

Thank you for selecting Roper St. Francis Healthcare for your healthcare needs.

Sincerely,
Patient Financial Services



Questions

Billing questions or changes in coverage?
Customer Service may be reached at:
(843) 402-5200 or (800) 242-9990
Monday through Friday - Hours: 9:00 am to 5:00 pm

COMING SOON!

Patient Directed Website

For a simple, easy way to access your account, ask a billing question, request a detailed bill, or make a credit card payment, please log on to our website at

www.rsfh.com.

Insurance Information

Insurance 1	ACCIDENTAL FUND INSURANCE CO
ID Number	AF6005462WC08000002
Insurance 2	
ID Number	
Insurance 3	
ID Number	

Need to update your insurance information? →

RX Date/Time
NOV-08-2007 05:15 From:

01/06/2009 16:27

To: 7445320

P.005
Page: 5

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

ACCIDENTAL FUND INSURANCE CO
232 SOUTH CAPITAL AVENUE
LANSING, MI 48901

☐ PICA		☐ PICA	
1. MEDICARE ☐ MEDICAID ☐ TRICARE ☐ CHAMPVA ☐ GROUP HEALTH PLAN ☐ FECA BLK LUNG ☐ OTHER ☒ (ID)		1a. INSURED'S I.D. NUMBER (For Program in Item 1) AF6005462WC08000002	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) ZEPEDA, RAMON		4. INSURED'S NAME (Last Name, First Name, Middle Initial) WILLIAM HAMPTON/ROSS	
3. PATIENT'S BIRTH DATE MM DD YY 04 30 1963 SEX ☒ M ☐ F		7. INSURED'S ADDRESS (No., Street) PO BOX 1924	
5. PATIENT'S ADDRESS (No., Street) PO BOX 1924		6. PATIENT RELATIONSHIP TO INSURED Self ☐ Spouse ☐ Child ☐ Other ☒	
CITY FOLLY BEACH STATE SC		CITY FOLLY BEACH STATE SC	
ZIP CODE 29439 TELEPHONE (Include Area Code) (843) 5886327		ZIP CODE 29439 TELEPHONE (Include Area Code) (843) 5886327	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) ☐ YES ☒ NO b. AUTO ACCIDENT? ☐ YES ☒ NO c. OTHER ACCIDENT? ☐ YES ☒ NO	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		11. INSURED'S POLICY GROUP OR FECA NUMBER	
b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX ☐ M ☐ F		b. INSURED'S DATE OF BIRTH MM DD YY SEX ☐ M ☐ F	
c. EMPLOYER'S NAME OR SCHOOL NAME		b. EMPLOYER'S NAME OR SCHOOL NAME	
d. INSURANCE PLAN NAME OR PROGRAM NAME		c. INSURANCE PLAN NAME OR PROGRAM NAME ACCIDENTAL FUND INSURANCE CO	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. Signature on File DATE 01/06/09		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? ☐ YES ☒ NO If yes, return to and complete item 9 a-d.	
4. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. Signature on File	
15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY		18. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? ☐ YES ☒ NO \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. 823 20 3. E84. 93		22. MEDICAID RESUBMISSION CODE ORIGINAL REF NO.	
2. 824 8 4. 1		23. PRIOR AUTHORIZATION NUMBER	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. PROCESSES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) D. CPT/HCPCS E. DIAGNOSIS POINTER		F. \$ CHARGES G. DAYS OR UNITS H. EPSON Family Plan I. ID. QUAL J. RENDERING PROVIDER ID #	
1. 09 05 08 09 05 08 21 99245 57 23		240 00 1 NPI 1821102245	
2. 09 05 08 09 05 08 21 20692 123		1717 00 1 NPI 1821102245	
3.		NPI	
4.		NPI	
5.		NPI	
6.		NPI	
25. FEDERAL TAX I.D. NUMBER SSN EIN 280786866 ☐ ☒		26. PATIENT'S ACCOUNT NO. 1618	
27. ACCEPT ASSIGNMENT? (For govt. claims, check box) ☐ YES ☒ NO		28. TOTAL CHARGE \$ 1957 00	
29. AMOUNT PAID \$ 0 00		30. BALANCE DUE \$ 1957 00	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof) Michael Wildstein, MD 01/06/09 SIGNED DATE		32. SERVICE FACILITY LOCATION INFORMATION Wildstein Spine Center PA 418 Folly Rd Suite C Charleston SC 29412	
33. BILLING PROVIDER INFO & PH # (843) 406.2771 Wildstein Spine Center PA 418 Folly Rd Suite C Charleston SC 29412		34. 1609050236	

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE
Printed on Recycled Paper

APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

ACCIDENTAL FUND INSURANCE CO
232 SOUTH CAPITAL AVENUE
LANSING, MI 48901

PICA ☐		PICA ☐	
1. MEDICARE ☐ MEDICAID ☐ TRICARE ☐ CHAMPVA ☐ GROUP HEALTH PLAN ☐ FECA BLK LUNG ☒ OTHER ☒ (ID)		1a. INSURED'S I.D. NUMBER (For Program in Item 1) AF6005462WC08000002	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) ZEPEDA, RAMON		4. INSURED'S NAME (Last Name, First Name, Middle Initial) WILLIAM HAMPTON/PRIORITY LANDS	
3. PATIENT'S BIRTH DATE MM DD YY 04 30 1963 M ☒ F ☐		7. INSURED'S ADDRESS (No., Street) PO BOX 1924	
5. PATIENT'S ADDRESS (No., Street) PO BOX 1924		8. PATIENT RELATIONSHIP TO INSURED Self ☐ Spouse ☐ Child ☐ Other ☒	
6. PATIENT STATUS Single ☐ Married ☒ Other ☐ Employed ☐ Full-Time Student ☐ Part-Time Student ☐		9. INSURED'S ADDRESS (No., Street) PO BOX 1924	
CITY FOLLY BEACH		CITY FOLLY BEACH	
STATE SC		STATE SC	
ZIP CODE 29439		ZIP CODE 29439	
TELEPHONE (Include Area Code) (843) 5886327		TELEPHONE (Include Area Code) (843) 5886327	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) ☒ YES ☐ NO b. AUTO ACCIDENT? ☐ YES ☒ NO c. OTHER ACCIDENT? ☐ YES ☒ NO 10d. RESERVED FOR LOCAL USE	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		11. INSURED'S POLICY GROUP OR FECA NUMBER	
b. OTHER INSURED'S DATE OF BIRTH MM DD YY M ☐ F ☐		a. INSURED'S DATE OF BIRTH MM DD YY M ☐ F ☐	
c. EMPLOYER'S NAME OR SCHOOL NAME		b. EMPLOYER'S NAME OR SCHOOL NAME	
d. INSURANCE PLAN NAME OR PROGRAM NAME ACCIDENTAL FUND INSURANCE CO		c. INSURANCE PLAN NAME OR PROGRAM NAME	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED Signature on File DATE 10/21/08		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? ☐ YES ☒ NO If yes, return to and complete item 9 a-d.	
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident OR PREGNANCY(LMP)) MM DD YY 09 05 08		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		18. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
18. RESERVED FOR LOCAL USE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. 824.8 3. 4.		20. OUTSIDE LAB? ☐ YES ☒ NO \$ CHARGES	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY 10 07 08 10 07 08 21		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO	
B. PLACE OF SERVICE EMG		23. PRIOR AUTHORIZATION NUMBER	
C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		F. \$ CHARGES	
E. DIAGNOSIS POINTER		G. DAYS OR UNITS	
H. ICD-9-CM QUAL		I. RENDERING PROVIDER ID #	
1. 10 07 08 10 07 08 21 27827		2010 44 1 NPI 1821102245	
2. 10 07 08 10 07 08 21 20694 51		800 00 1 NPI 1821102245	
3.		NPI	
4.		NPI	
5.		NPI	
6.		NPI	
25. FEDERAL TAX I.D. NUMBER 260786866		26. PATIENT'S ACCOUNT NO. 1616	
27. ACCEPT ASSIGNMENT? ☒ YES ☐ NO		28. TOTAL CHARGE \$ 2810 44	
29. AMOUNT PAID \$ 0 00		30. BALANCE DUE \$ 2810 44	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Michael Wildstein, MD 10/21/08 SIGNED DATE		32. SERVICE FACILITY LOCATION INFORMATION Roper Hospital 316 Calhoun Street Chas. SC 29401	
33. BILLING PROVIDER INFO & PH # (843) 406.2771 Wildstein Spine Center PA 418 Folly Rd Suite C Charleston SC 29412		B. 1609050236	

RX Date/Time
01/16/2009 15:58 8437958755

01/16/2009

16:15

8437958755

PRACTICAL MANAGEMENT SOL

P.001

#5116 P.001 /001

PHC Rehab
418 Folly Rd, Suite B
Charleston, SC 29412

Ramon Zepeda
1705 Saffish Rd
Johns Island, SC 29455

Chart # ZEPRA000

Printed Date: 1/18/2009

Visit Date	Service	Charge Amount	1st Ins Paid	2nd Ins Paid	3rd Ins Paid	Adjustment	Guarantor Paid	Balance Due
12/12/2008	97001	160.00	0.00	0.00	0.00	0.00	0.00	160.00
12/12/2008	97110	48.00	0.00	0.00	0.00	0.00	0.00	48.00
12/16/2008	97110	192.00	0.00	0.00	0.00	0.00	0.00	192.00
12/18/2008	97110	192.00	0.00	0.00	0.00	0.00	0.00	192.00
12/19/2008	97110	192.00	0.00	0.00	0.00	0.00	0.00	192.00
12/23/2008	97110	96.00	0.00	0.00	0.00	0.00	0.00	96.00
12/24/2008	97110	192.00	0.00	0.00	0.00	0.00	0.00	192.00
12/29/2008	97110	192.00	0.00	0.00	0.00	0.00	0.00	192.00
1/6/2009	97110	144.00	0.00	0.00	0.00	0.00	0.00	144.00
1/9/2009	97110	144.00	0.00	0.00	0.00	0.00	0.00	144.00
1/13/2009	97110	192.00	0.00	0.00	0.00	0.00	0.00	192.00

TOTALS

1,744.00

0.00

0.00

0.00

0.00

0.00

1,744.00

137

PHARMACEUTICAL HEALTHCARE
1919 MAYBANK HIGHWAY
CHARLESTON, SC 29412

843/762-1177

PAGE #: 1
INVOICE DATE: 10/29/08
INVOICE #: 221195

DUE DATE: 10/29/08

CASH - DME CUSTOMER

DON GIBSON LAW FIRM
RE: RAMON RAMOS-ZEPEDA
5422 RIVERS AVENUE
N. CHARLESTON 29406

CUSTOMER #: CASH DME

SALES REP: STEVE RENAUD

CUSTOMER P.O.#:

SHIP VIA:

WILL PICK UP

ITEM #: LOC	DESCRIPTION Serial #	LOT #	QTY	UNIT	PRICE	EXT-PRICE
779333	NEXTEP CONTOUR 2 WALKER FOR RAMON RAMOS-ZEPEDA		1	EACH	25.25	25.25
779333						

RETURN POLICY: (DOES NOT APPLY FOR ITEMS PURCHASED BY INSURANCE)
STOCK ITEMS RETURNED AFTER 1 WEEK WILL HAVE A 25% RESTOCKING FEE. SPECIAL
ORDER ITEMS MAY ONLY BE RETURNED WITHIN 10 DAYS WITH A 25% RESTOCKING FEE.

COMMENTS:
PER LETTER DATED 10-27-2008
THIS IS YOUR BALANCE DUE.

MDSE: 25.25

TOTAL SALE: 25.25

BAL DUE: 25.25

138

PHARMACEUTICAL HEALTHCARE
1919 MAYBANK HIGHWAY
CHARLESTON, SC 29412

843/762-1177

PAGE #: 1
INVOICE DATE: 10/29/08
INVOICE #: 221190

DUE DATE: 10/29/08

CASH - DME CUSTOMER

RAMON RAMOS-ZEPEDA

CUSTOMER #: CASH DME

SALES REP: STEVE RENAUD

CUSTOMER P.O.#:

SHIP VIA: WILL PICK UP

ITEM #:	DESCRIPTION	QTY	UNIT	PRICE	EXT-PRICE
LOC	Serial # LOT #				
904449	NEXTEP CONTOUR 2 WALKER,	1	EACH	50.00	50.00
79-95075	LTWT MEDIUM, ROCKER SOLE				

RETURN POLICY: (DOES NOT APPLY FOR ITEMS PURCHASED BY INSURANCE)
STOCK ITEMS RETURNED AFTER 1 WEEK WILL HAVE A 25% RESTOCKING FEE. SPECIAL
ORDER ITEMS MAY ONLY BE RETURNED WITHIN 10 DAYS WITH A 25% RESTOCKING FEE.

COMMENTS:
ATTORNEY DON GIBSON WILL PAY
THE REST OF THE COST FOR BOOT
R RAMON RAMOS-ZEPEDA
THANKS

MDSE: 50.00

196

TOTAL SALE: 50.00

BAL DUE: 50.00

*Patient Paid 450.00
Cash 139*

Walgreens

The Pharmacy America Trusts Since 1901

I'm Lisa W... Thank you for allowing me to serve you today.

I'm Melissa. Thank you for allowing me to serve you today.

800 10 3394 06075 032

850 10 3396 06075 032

RFN# 0607-5323-3968-0609-0520

F RX 0715154 1 20.89
F RX 0715157 1 18.29
TOTAL 39.18

CHANGE CASH 40.00
.82



907 Folly Road Ste A Charleston, SC
STORE (843)795-5452

MG CAPSULES

QTY 28
20 DRAM



RED
FRONT: 93 3147
BACK: 93 3147

MAB/NLB/NLB/ /NLB

RAMOS ZEPEDA

1705 S Fish, Johns Island, SC 29455
(843)200-6572

RX # 0715157-06075

DATE: 09/05/08

OXYCODONE/APAP 5MG-325MG TABLETS

QTY: 32 NO REFILLS
New NDC:00591-0749-05

\$ 18.29

M. WILDSTEIN, MD
MFG: WATSON
MAB/NLB/NLB/ /NLB

Walgreens

915 FOLLY ROAD STE A CHARLESTON, SC 29412
PH: (843)795-5452

Customer
Receipt

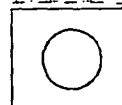
Pharmacy use only

WAITING

FRI 10:03PM
New

OXYCODONE/APAP 5MG-325MG TABLETS
00591-0749-05
SAFE

QTY 32
10 DRAM



WHITE
FRONT: WATSON 749

MAB/NLB/NLB/ /NLB

RAMOS ZEPEDA

1705 S Fish, Johns Island, SC 29455
(843)200-6572

RX # 0715154-06075

DATE: 09/05/08

CEPHALEXIN 500MG CAPSULES

QTY: 28 NO REFILLS - DR. AUTH REQUIRED
New NDC:00093-3147-05

\$ 20.89

M. WILDSTEIN, MD
MFG: TEVA
MAB/NLB/NLB/ /NLB

\$ 20.89

Walgreens

915 FOLLY ROAD STE A CHARLESTON, SC 29412
PH: (843)795-5452

Duplicate
Receipt

RAMOS ZEPEDA

1705 S Fish, Johns Island, SC 29455
(843)200-6572

RX # 0715157-06075

DATE: 09/05/08

OXYCODONE/APAP 5MG-325MG TABLETS

QTY: 32 NO REFILLS
New NDC:00591-0749-05

\$ 18.29

M. WILDSTEIN, MD
MFG: WATSON
MAB/NLB/NLB/ /NLB

Walgreens

915 FOLLY ROAD STE A CHARLESTON, SC 29412
PH: (843)795-5452

Duplicate
Receipt

WIC# 959810

CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

DRUG (843) 559-0871

inks Hwy
I, SC 29455

Receipt

KERR CARES FOR YOU

KERR CARES FOR YOU

2199479 09/12/08

ZEPEDA
RHY HILL ROAD
and, SC 29455
1-6791
30/63

EIN, MICHAEL

WAPAP 10/325MG TAB

23-01
SUPPLY

S

ate: 09/12/08
ate: 09/12/08
1222775

237 CASH
:TA0809127ED1

de: \$100.97

\$100.97

2803 MAYBANK HWY.
JOHNS ISLAND, SOUTH CAROLINA 29457
(843) 559-0416

YOUR CASHIER TODAY IS Elma
ASSOC #09298 REG #001 TRANS #07384
NORMAL SALE STORE #0618

000009 RX 0511237 100.97 *
TOTAL 100.97
VISA 100.97

XXXXXXXXXXXX2248
AUTH # 183124

* ITEMS ELIGIBLE FOR FLEX SPENDING
REIMBURSEMENT.

TOTAL ELIGIBLE ITEMS + TAX 100.97

Tony Ferguson Weight Loss Program
Give It A Go!

I AGREE TO PAY THE ABOVE TOTAL
AMOUNT ACCORDING TO THE CARD
ISSUER AGREEMENT.



Customer Signature

September 12, 2008 09:34 AM

3575 Maybank Highway
Johns Island, South Carolina 29457
(843) 559-0427

YOUR CASHIER TODAY IS ottega
ASSOC #01050 REG #004 TRANS #04450
NORMAL SALE STORE #0618

090346 J&J TAPE 2 INCH 5.19 *
063420 J&J ROLLED GAUZE 4.19 *
158883 COLORSTIK #1N BL 4.19 *
131424 PV CURECHROME 2.09 *
SUBTOTAL 15.56
TAX 7.5% 1.17
TOTAL 16.83
CASH 20.00
CHANGE 3.17-

* ITEMS ELIGIBLE FOR FLEX SPENDING
REIMBURSEMENT.

TOTAL ELIGIBLE ITEMS + TAX 12.33

Tony Ferguson Weight Loss Program
Give It A Go!

September 07, 2008 12:13 PM



8000511237

RECEIPT. PLEASE RETAIN
TAX OR INSURANCE.

ZEPEDA, RAMON

Rx #: 4508919 If you have any questions, please feel free to contact your pharmacist at (843) 763-2006
Date: 10/25/2008 or WILDSTEIN, MICHAEL at (843) 576-4946
Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088

Directions : TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN

HYDROCO/APAP 7.5-500TAB

42

HYDROCODONE (hye-droe-KO-done) and ACETAMINOPHEN (a-seat-a-MIN-oh-fen)

COMMON USES: This medicine is a combination of a narcotic and acetaminophen used to relieve moderate to severe pain. Narcotic pain-relievers work by binding to opioid receptors in the brain and spinal cord, and acetaminophen decreases the formation of prostaglandins, therefore reducing pain. This medicine may also be used to treat other conditions as determined by your doctor.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. Take this medicine by mouth. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach, although doing so may decrease its effectiveness. Consult your doctor or pharmacist about alternatives for decreasing nausea (such as antihistamines, or lying down for 1-2 hours with minimal head movement). STORE THIS MEDICINE at room temperature in a tightly-closed container, away from heat, and light. IF YOU MISS A DOSE OF THIS MEDICINE and you are taking it regularly, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS: DO NOT TAKE THIS MEDICINE IF YOU HAVE HAD A SEVERE ALLERGIC REACTION to codeine, hydrocodone, dihydrocodeine, or oxycodone. A severe allergic reaction includes a severe rash, hives, breathing difficulties, or dizziness. If you have a question about whether you are allergic to this medicine or if a certain medicine contains codeine, hydrocodone, dihydrocodeine, or oxycodone, contact your doctor or pharmacist. DO NOT EXCEED THE RECOMMENDED DOSE of this medicine. Do not use this medicine more often, or for longer than prescribed without checking with your doctor. Exceeding the recommended dose or taking this medicine for longer than prescribed may be habit-forming. If using this medicine for an extended period of time, DO NOT SUDDENLY STOP taking this medicine without your doctor's approval. When using for an extended period, this medicine may not work as well and may require different dosing. Talk with your doctor if this medicine stops working well. KEEP ALL DOCTOR AND LABORATORY APPOINTMENTS while you are taking this medicine. Laboratory and/or medical tests, including liver, kidney, or lung function tests may be performed to monitor your progress or to check for side effects. This medicine may alter certain lab test results. Make sure that all of your doctors and laboratory personnel know you are taking this medicine. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are using this medicine. THIS MEDICINE MAY CAUSE drowsiness or dizziness. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. AVOID ALCOHOLIC BEVERAGES while taking this medicine. To minimize dizziness or lightheadedness, get up slowly when rising from a seated or lying position. This medicine may cause constipation. To prevent constipation, maintain a diet adequate in fiber, drink plenty of water, and exercise. THIS MEDICINE CONTAINS ACETAMINOPHEN. Do not take additional acetaminophen for pain or fever without checking with your doctor or pharmacist. Ask your pharmacist if you have questions about which medicines contain acetaminophen. If you consume 3 or more alcoholic drinks every day, ask your doctor whether you should take this medicine or other pain relievers/fever reducers. Acetaminophen may cause liver damage. Alcohol use combined with this medicine may increase your risk for liver damage. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. This includes other pain relievers, cough-and-cold medicines, or allergy medicines. CAUTION IS ADVISED WHEN USING THIS MEDICINE IN THE ELDERLY because they may be more sensitive to the effects of the medicine. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. AN INGREDIENT IN THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor to discuss the risks to your baby.

Database Edition: 84, Information Expires 01/22/2009

WAL*MART
PHARMACY

(843) 763-2006
3951 W ASHLEY CIRCLE
CHARLESTON (WEST), SC 29414 -0000

ZEPEDA, RAMON 10/25/2008 NEW
PO BOX 1924 FOLLY BEACH, SC 29439
RX: 4508919 Ref # 0 QTY: 60 DAW: 0 DS: 15
NDC: 00406-0358-01 HYDROCO/APAP 7.5-500TAB MAL
WILDSTEIN, MICHAEL NABP: 4217786

Patient Pay \$24.88

WAL*MART
PHARMACY

(843) 763-2006
3951 W ASHLEY CIRCLE
CHARLESTON (WEST), SC 29414 -0000

ZEPEDA, RAMON 10/25/2008 NEW
PO BOX 1924 FOLLY BEACH, SC 29439
RX: 4508919 Ref # 0 QTY: 60 DAW: 0 DS: 15
NDC: 00406-0358-01 HYDROCO/APAP 7.5-500TAB MAL
WILDSTEIN, MICHAEL NABP: 4217786

Patient Pay \$24.88

ZEPEDA
RAMON

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Page No : 1 of 2

ZEPEDA
RAMON
PO BOX 1924
FOLLY BEACH, SC 29439
(843) 588-6327
10/25/2008 (843) 763-2006
RX: 4508919 REF = 0



199

79325 90743

OC# 665 923 168 476 592 384 107 659 238

TOTAL: \$24.88

Priority: In Store

ZEPEDA, RAMON

Rx #: 4508918 If you have any questions, please feel free to contact your pharmacist at (843) 763-2006
Date: 10/25/2008 or WILDSTEIN, MICHAEL at (843) 576-4946
Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088

Directions : TAKE ONE TABLET BY MOUTH AT BEDTIME

ZOLPIDEM 5MG TAB

42

ZOLPIDEM (zole-PI-dem)

COMMON USES: This medicine is a sedative-hypnotic used for the short-term treatment of insomnia (difficulty falling or staying asleep).

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. TAKE THIS MEDICINE ON AN EMPTY STOMACH, unless otherwise directed by your doctor. STORE THIS MEDICINE at room temperature, between 68 and 77 degrees F (20 and 25 degrees C), in a tightly-closed container, away from heat and light. THIS MEDICINE WORKS VERY QUICKLY; take this medicine right before going to bed. Use it only when you will be able to sleep 7 to 8 hours or longer. IF YOU MISS A DOSE OF THIS MEDICINE, skip the missed dose and go back to your regular dosing schedule. DO NOT TAKE 2 doses at once. DO NOT TAKE more than your total daily dose in any 24 hour period.

CAUTIONS: DO NOT TAKE THIS MEDICINE if you have had an allergic reaction to it or are allergic to any ingredient in this product. DO NOT EXCEED THE RECOMMENDED DOSE or take this medicine for longer than prescribed without checking with your doctor. Exceeding the recommended dose or taking this medicine for longer than prescribed may be habit-forming. AVOID ALCOHOL while you are using this medicine. THIS MEDICINE WILL ADD TO THE EFFECTS of alcohol and other depressants. Ask your pharmacist if you have questions about which medicines are depressants. This medicine may cause dizziness or daytime drowsiness. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. CHECK WITH YOUR DOCTOR if you continue to have trouble sleeping or notice changes in your behavior or thinking. SOME PATIENTS TAKING THIS MEDICINE have performed certain activities while they were not fully awake. These have included sleep-driving, making and eating food, making phone calls, and having sex. Patients often do not remember these events after they happen. Such an event may be more likely to occur if you use a high dose of this medicine. It may also be more likely if you drink alcohol or take other medicines that may cause drowsiness while you use this medicine. Tell your doctor right away if such an event happens to you. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. This includes any medicines for sleep. CAUTION IS ADVISED WHEN USING THIS MEDICINE IN THE ELDERLY because they may be more sensitive to the effects of the medicine. CAUTION IS ADVISED WHEN USING THIS MEDICINE IN CHILDREN; safety and effectiveness in children have not been confirmed. Children may be more sensitive to the effects of the medicine especially dizziness, headache, and hallucinations. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor to discuss the risks to your baby.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while taking this medicine include diarrhea, dizziness, drowsiness (including daytime drowsiness), "drugged" feeling, dry mouth, headache, nausea, nose or throat irritation, sluggishness, or stomach upset. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience abnormal thinking, behavior changes, confusion, decreased coordination, hallucinations, memory problems (such as memory loss), mental or mood changes (such as aggression, agitation, anxiety, depression), or vision changes. CONTACT YOUR DOCTOR IMMEDIATELY if you experience chest pain; fainting; fast or irregular heartbeat; severe dizziness; shortness of breath; suicidal thoughts or actions; swelling of hands, face, lips, eyes, throat, or tongue; difficulty swallowing or breathing; or unusual hoarseness. An allergic reaction to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, severe dizziness, or trouble breathing. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist.

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WAL*MART[®]
PHARMACY

(843) 763-2006
3951 W ASHLEY CIRCLE
CHARLESTON (WEST), SC 29414 -0000

ZEPEDA, RAMON 10/25/2008 NEW
PO BOX 1924 FOLLY BEACH, SC 29439
RX: 4508918 Ref # 0 QTY: 30 DAW: 0 DS: 30
NDC: 00093-0073-01 ZOLPIDEM 5MG TAB TEV
WILDSTEIN, MICHAEL NABP: 4217786

Patient Pay \$47.78

WAL*MART[®]
PHARMACY

(843) 763-2006
3951 W ASHLEY CIRCLE
CHARLESTON (WEST), SC 29414 -0000

ZEPEDA, RAMON 10/25/2008 NEW
PO BOX 1924 FOLLY BEACH, SC 29439
RX: 4508918 Ref # 0 QTY: 30 DAW: 0 DS: 30
NDC: 00093-0073-01 ZOLPIDEM 5MG TAB TEV
WILDSTEIN, MICHAEL NABP: 4217786

Patient Pay \$47.78

ZEPEDA,
RAMON

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Page No : 1 of 2

ZEPEDA
RAMON

PO BOX 1924
FOLLY BEACH, SC 29439
(843) 588-6327
10/25/2008 (843) 763-2006

RX: 4508918 REF = 0



200

4 79325 90742 2 43
OC# 465 923 723 476 592 384 107 659 238

TOTAL: \$47.78

Ramon Zepeda, Employee/Claimant
versus
Priority Landscaping & Lawn Care, LLC, Employer
and
Accident Fund Insurance Co. of America, Carrier/Defendants.
WCC No.: 0813616

TEMPORARY TOTAL BENEFITS DUE

Per Defendant's Form 20 AWW = \$463.32 CR = \$308.89

AWW = \$463.32 CR \$308.89

Claimant remains in a no work status per Dr. Wildstein

Claimant is owed TTD benefits from date of accident 9/4/08 thru the present 1/21/09
(139 days / 7 = 19.86 weeks x CR = \$308.89 = \$6,134.56

Total TTD Owed: \$6,134.56

144

Ramon Zepeda, Employee/Claimant
versus
Priority Landscaping & Lawn Care, LLC, Employer
and
Accident Fund Insurance Co. of America, Carrier/Defendants.
WCC No.: 0813616

UNPAID INTERPRETATION

- | | | |
|----|---|----------|
| 1. | In Court Interpreting
(Interpretation for doctor appt. 10/22/08 – 12/3/08) | \$250.00 |
| 2. | GLF
(Interpretation for 1/9/09 appt.) | \$100.00 |

Total	\$350.00
-------	----------

UNPAID TRANSPORTATION

- | | | |
|----|--|---------|
| 3. | GLF
(Transportation to doctor appt. 1/9/09) | \$26.54 |
|----|--|---------|

Total	\$26.54
-------	---------

Total Interpretation & Transportation \$376.54

145

GLF
Charlene Lara, Interpreter

P.O. Box 60669
North Charleston, SC 29419

January 15, 2009

Don C. Gibson, Esquire
5422 Rivers Ave.
N. Charleston, SC 29406

S T A T E M E N T

RE: Zepeda, Ramon Ramos

FOR PROFESSIONAL SERVICES RENDERED:

Spanish Medical Interpretation with Dr Michael Wildstein
appt 1-09-09

\$100.00

Michael Wildstein, M.D.
Wildstein Spine Center, P.A.
418 Folly Road Suite C
Charleston, SC 29412

Transportation from house Dr office: 52.56 miles @ 50.5 roundtrip.

\$ 26.54

Total Due

\$126.54

146

**INCOURT****Interpreting and Translation Services**

Luna B. Galner, MA
Master of Arts in Bilingual Legal Interpreting
Certified by the National Center for State Courts
P.O. Box 12728
Charleston, South Carolina 29422

Phone: 843 270-5588
Fax: 843 762-2737
spanishincourt@comcast.net
SS # 247-59-8963

INVOICE

Gibson Law Firm, LLC
5422 Rivers Avenue
North Charleston, SC 29406

Invoice # MI081027

Invoice Date 10/27/2008

Date	Description	Qty	Rate	Amount
10/22/2008	Spanish Medical Interpreting services for follow-up appointment at 10:00 AM at the office of Dr. Michael S. Wildstein, 418 Folly Road, Suite C, Charleston, South Carolina REF: Mr. Ramon Ramos-Zepeda	2.00	50.00	100.00

OCT 29 2008 Total \$100.00

Please make check payable to Luna B. Galner - Incourt
Thank you!

147



INCOURT

Interpreting and Translation Services

Luna B. Galner, MA
Master of Arts in Bilingual Legal Interpreting
Certified by the National Center for State Courts
P.O. Box 12728
Charleston, South Carolina 29422

Phone: 843 270-5588
Fax: 843 762-2737
spanishincourt@comcast.net
SS # 247-59-8953

INVOICE

Gibson Law Firm, LLC
5422 Rivers Avenue
North Charleston, SC 29406

Invoice # MI081203

Invoice Date 12/7/2008

Handwritten:
Paid to client:
12/10/08
(Signature)

Date	Description	Qty	Rate	Amount
12/3/2008	Spanish Medical Interpreting services for follow-up appointment at 8:30 AM, at the office of Dr. Michael S. Wildstein, 418 Folly Road, Suite C, James Island; Then Interpreting Services for patient's initial physical therapy appointment at PHC Physical Therapy (same building); and Interpreting Services for patient's x-ray appointment at Roper Diagnostics (building across Folly Road) REF: Mr. Ramon Ramos-Zepeda	3.00	50.00	150.00

Total \$150.00

Please make check payable to Luna B. Galner - Incourt
Thank you!

DEC - 9 2008

Handwritten: 148

**STATE OF SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NUMBER: 0802903**

RAMON ZEPEDA,

Claimant/Employee/Respondent,

~versus~

**PRIORITY LANDSCAPING AND LAWN
CARE, LLC,**

Employer,

and

**ACCIDENT FUND INSURANCE
COMPANY OF AMERICA,**

Carrier,

Defendants/Appellants.

BRIEF OF RESPONDENT

STATEMENT OF THE CASE

This proceeding results from an appeal by Priority Landscaping & Lawn Care, LLC, the employer/appellant in this matter ("Priority Landscape"), and Accident Fund Insurance Company of America, the carrier/appellant in this proceeding ("Accident Fund"), of a Decision/Order served on April 21, 2009 by Hearing Commissioner G. Bryan Lyndon ("Commissioner Lyndon," the "Hearing Commissioner" or the "Single Commissioner"). The Decision/Order followed a hearing that was held on January 22, 2009 in North Charleston, South Carolina.

This case arose when Ramon Ramos Zepeda-Capeda, the claimant/employee/respondent herein ("Mr. Zepeda"), was injured while at work on September 4, 2008 (South Carolina Workers' Compensation Hearing ["Tr."] p. 19, l. 7-9; Decision/Order, Finding of Fact No. 1; Conclusions of Law No. 2; Order/Award No. 1). The parties had stipulated inter alia that Mr. Zepeda's Average Weekly Wage was \$436.32, which resulted in a Compensation Rate of \$308.89 (Decision/Order p. 3, Stipulation No. 4).

Commissioner Lyndon awarded temporary total benefits in the amount of \$308.89 per week from the date of the injury to January 22, 2009, the date of the hearing (Decision/Order, Order/Award No. 2). The Hearing Commissioner ordered that this sum of \$308.89 also be paid from the date of the hearing until further order or operation of statute (Decision/Order, Order/Award No. 3). In addition, Commissioner Lyndon awarded Mr. Zepeda "all his past casually related medical treatment" from the date of the injury to the date of the hearing (Decision/Order, Order/Award No. 4). Finally, the Hearing Commissioner ordered the provision of additional medical care (Decision/Order, Order/Award No. 5). Priority Landscape and Accident Fund have appealed that Decision/Order to this appellate Panel on some seventeen grounds (Form 30, Attachment).

Priority Landscape and Accident Fund have filed their Appellants' Brief to the Full Commission ("the Brief"). Mr. Zepeda now responds to that submission with his brief and respectfully asks this Panel to affirm the Hearing Commissioner's Decision/Order in every respect.

THE EVIDENCE IN THE CASE.

A. Introduction.

The pertinent evidence in the case consisted primarily of testimony given at the Hearing by Mr. Zepeda, Tomas Marinez Betencourt ("Mr. Martinez"), a former fellow worker of Mr. Zepeda, Lucio Cesar Rodriguez Paredes ("Cesar"), a current Priority Landscape employee, Frank William Shoppel ("Frank"), a Priority Landscape supervisor, and William Robert Hampton ("Mr. Hampton"), the owner of Priority Landscape. The Commissioner also considered deposition testimony taken of Mr. Zepeda, along with pertinent filings additionally made by the parties. Finally, a series of photographs purporting theatrically to recreate the scene of the work site at the moment the accident took place were apparently scripted, directed and staged by opposing counsel in his role as a local analogue to Stephen Spielberg within the Workers' Compensation litigation context. These photographs were introduced into evidence for the Single Commissioner's edification.

There was no dispute about Mr. Zepeda's status as a Priority Landscape employee; he was unquestionably a Priority Landscape employee at the time of the injury. Nor were questions raised about the medical evidence in this case. *See* Decision/Order, Evidence of the Case, II. Medical Evidence. The only issue is whether his injuries were suffered while Mr. Zepeda was engaged in his employer's work so as to render his injuries compensable.

B. The Testimony of Ramon Ramos Zepeda-Capeda.

Mr. Zepeda had some seven years of education in his native Mexico (Tr. p. 10, l. 3-14), although the process did involve skipping several grades (Tr. p. 10, l. 13-14). Upon leaving school, Mr. Zepeda engaged exclusively in physically demanding work (Tr. p. 10, l. 15-22). He went to work for Priority Landscape in March 2007 and continued to work for that entity for

some two years, or until his injury (Tr. p. 11, l. 9-25). Mr. Zepeda testified that during his tenure with Priority Landscape he never missed a day of work, nor had he been disciplined for bad work, drinking on the job or betting (Tr. p. 13, l. 4-8). Mr. Hampton, his employer, agreed with that assessment; Mr. Zepeda was a fine worker (Tr. p. 194, l. 23 to p. 195, l. 10. 25 to p. 196, l. 5).

Mr. Zepeda testified that he had attended safety meetings at work but on account of his inability to speak or understand English, he did not understand the proceedings (Tr. p. 13, l. 9-16). He testified that he had never been told not to climb trees and that he had on a number of occasions climbed trees of roughly the same size at work as the one out of which he had fallen (Tr. p.13, l. 17-25; p. 14, l. 1-13; p. 42, l. 15-22). Mr. Zepeda testified in addition that, along with a coworker named Juvenal, he had climbed into large trees and done trimming with a variety of tools and pieces of equipment (Tr. p. 14, l. 6 to p. 16, l. 1-5). When they trimmed large trees, Mr. Zepeda testified that the tools were always passed to the worker once he was in the tree, as it would be unsafe for the worker to carry the implements while climbing (Tr. p. 16, 4-15; p. 37. ;/ 7-29).¹ Mr. Zepeda testified that on other occasions on which he had climbed a large tree to trim, the tools would be passed up to him by coworkers (Tr. p. 37, l. 7-20).

On the day in question, Mr. Zepeda's crew was working at Fort Johnson Baptist Church. The crew had left the company shop with landscaping equipment, including pole saws and chainsaws suitable for tree trimming. Before getting to work at the church, Frank and Cesar played cards, whether for money or not Mr. Zepeda was not certain (Tr. p. 22, l. 1-15).

Mr. Zepeda unloaded a tractor-riding mower and began mowing the grass (Tr. p. 23,l. 13-23). Subsequently, the claimant returned to the company truck, where Frank, Cesar and

¹ On the day of the accident, however, nobody did pass any tools to Mr. Zepeda while he was in the tree (Tr. p. 16, ;/ 4-15; p. 52, l. 9-15).

Leonardo, another co-worker, were standing. Cesar (who normally translated Frank's instructions from English into Spanish given Mr. Zepeda's lack of English skills), told the claimant that Frank want him to climb a nearby tree to trim a designated limb (Tr. p. 24, l. 15 to p. 25, l. 14; p. 26, l. 10-12). To facilitate getting up in the tree, Mr. Zepeda drove the mower to the base of the tree, climbed up into the tree and attained the limb he had been told by Frank to trim (Tr. p. 25, l. 3-19; p. 26, l. 4-12). Throughout this process, Mr. Zepeda testified, Frank and Cesar watched in silence as he climbed up the tree and made his way out onto the designated limb (Tr. p. 25, l. 20 to p. 27, l. 1). When the mishap occurred, the claimant was nearly at the end of the limb (Tr. p. 59, l. 12-18). Once there, Mr. Zepeda testified, he lost his balance, fell out of the tree and landed on the ground in a standing position (Tr. p. 27, l. 2-9).

In addition to spinning a yarn that Mr. Zepeda had been hurt on account of falling into a ditch (Tr. p. 28, l. 12-16), some witnesses for Priority Landscape claimed that Mr. Zepeda had gone up into the tree not on Frank's instruction to trim a branch but solely on a bet for money that he would never jump out of the tree (Tr. p. 90, l. 6 to p. 91, l. 21 (testimony of Cesar); Tr. p. 138, l. 21-14; p. 139, l. 13-20 (testimony of Frank)). For his part, Mr. Zepeda denied that any such bet or offer of money ever took place, let alone that he ever engaged in such a venture (Tr. p. 24, l. 3-5; p. 25, l. 10-12; p. 26, l. 21-23; p. 27, l. 17-19). Indeed, Mr. Zepeda testified that he is a Jehovah's Witness for whom betting, gambling or drinking on the job are strictly forbidden (Tr. p. 24, l. 6-14). It is submitted that it is improbable in the extreme that Mr. Zepeda would abandon his religious beliefs to jump out of a tree to win a relatively paltry \$20 bet.

After the fall, Mr. Zepeda limped away and sat down. Cesar told him the accident was being reported to Mr. Hampton (Tr. p. 27, l. 20; to p. 28, l. 12). In Frank's presence, Cesar told Mr. Zepeda to report that he had been injured on account of falling in a ditch, lest the crew be

fired (Tr. p. 28, l. 12-29; p. 29, l. 24 to p. 30, l. 2). *See also* Tr. p. 58, l. 19-24). Cesar also advised Mr. Zepeda not to talk to an attorney about the incident (Tr. p. 30, l. 12-19), "or there will be a problem" (Tr. p. 30, l. 17).

Mr. Hampton's secretary, Mary, took Mr. Zepeda to a walk-in medical clinic called Doctor's Care for treatment and then back to Mr. Hampton's house, which doubled as the Priority Landscape shop (Tr. p. 31, l. 9-25; p. 33, l. 11-23; p. 34, l. 1-6). Juvenal, a coworker and translator, subsequently took Mr. Zepeda to Roper Hospital. Juvenal, who was bilingual, told the doctors about Mr. Zepeda's injuries (Tr. p. 36, l. 11-19; p. 37, l. 1-5), after which Mr. Zepeda was operated on (Tr. p. 36, l. 20 to p. 37, l. 13). After the surgery, Mr. Zepeda met with Mr. Hampton; he gave him \$100 via Cesar (Tr. p. 64, l. 9-20. Mr. Zepeda also received \$120 from his other coworkers and another \$100 from Juvenal (Tr. p. 38, l. 6-17; p. 65, l. 7-12; p. 70, l. 2-14). As a result of the accident, Mr. Zepeda has not worked pursuant to his doctor's orders since he was injured (Tr. p. 38, l. 25 to p. 40, l. 4).

C. *The Testimony of Tomas Martinez Betancourt.*

Mr. Martinez was a co-worker at Priority Landscape for some seven or eight months in 2007 (Tr. p. 73, l. 10-19). He testified that he climbed trees to cut limbs from small, medium *and* large trees (Tr. p. 75, l. 9-23). In fact, Mr. Martinez testified he had cut trees on the very property where Mr. Zepeda was injured (Tr. p. 77, l. 1-7). He also testified that it was normal to pass tools up to the workers when they were cutting limbs (Tr. p. 75, l. 10 to p. 76, l. 23). Moreover, Mr. Martinez testified that he had never been told not to climb trees (Tr. p. 77, l. 8-16). Finally, Mr. Martinez testified that Frank would gamble and play cards during break time (Tr. p. 77, l. 17-21).

story under which Mr. Zepeda is supposed to have climbed the tree and then jumped off, all for a \$20 wager. The improbability of such an act has been discussed above; equally as serious is the fact that the two witnesses—the *only* two witnesses—telling this story are not only liars, are not only admitted liars, but are also admitted liars whose confessed lies relate directly to the truth or falsity of appellants' version of the alleged events in issue.³ Frank and Cesar's testimony is the *only* proffered evidence supporting the "bet" theory for the explanation of the injury. If, as Commissioner Lyndon reasonably and properly did, their testimony is to be rejected as not credible, then there is no evidence at all that Mr. Zepeda's fall was anything other than an accident undertaken in response to a work-related instruction from his supervisor that "ar[ose] out of and in the course of employment." *Ardis v. Combined Insurance Co.*, *supra*, 669 S.E.2d at 632. If there is no credible evidence of the "bet" as the motivating cause of the fall from the tree, then there is no reason whatever to pursue the matter further.

Mr. Zepeda acknowledges that "[t]he final determination of witness credibility ... is reserved to the Appellate Panel." *Pratt v. Morris Roofing, Inc.*, *supra*, 577 S.E.2d at 478. Yet, Commissioner Lyndon's first-hand exposure to Frank and Cesar's lies surely gives his findings a particular gravity that should resonate with this Panel. After all, it has long been held that "[i]t is logical for the full Commission, which did not have the benefit of observing the witnesses, to give weight to the Hearing Commissioner's opinion[.]" *Green v. Raybestos-Manhattan, Inc.*, 250 S.C. 58, 156 S.E.2d 318, 321 (1967). Mr. Zepeda submits that under the circumstances a like degree of deference is appropriate here.

³ The fact that Frank is an oft-convicted felon who shuttles back and forth between the state penitentiary and his position with Priority Landscape renders his credibility particularly subject to attack.

The basis of attack upon the claimant's credibility lies in Cesar's assertion that Mr. Zepeda offered him money if he himself were to "win money" (Tr. p. 101, l. 21 to p. 102, l. 20); *see* Brief pp. 23-24. This offer—assuming it was made at all—could have been nothing more than a friend returning help to a friend who had already helped him. The more serious problem with the testimony is that it was presented by an admitted liar whose credibility was reasonably rejected by Commissioner Lyndon. In other words, the only evidence of this offer comes from a witness found entirely to lack credibility.⁴ For that reason, this attack upon Mr. Zepeda's credibility is seen to be unavailing.

One notes that this snippet of testimony is the *only* specific basis upon which appellants even attempt to attack Mr. Zepeda's testimony. Having mounted this attack, such as it is, appellants then attempt to rehabilitate their own witnesses on the ground that their supposed lies were only white lies, the result of misunderstood questions or unintended answers. *See* Brief pp. 25-27 (attempted rehabilitation of Cesar's testimony); Brief pp. 27-28 (attempted rehabilitation of Frank's testimony).

At about this point, appellants throw up their hands and suggest the following resolution:

Perhaps neither the defense witnesses *nor* the Claimant are telling the truth on [sic] the events of that day. If that is the case, it is improper to simply fall back on interpretation of the evidence if [sic] favor of compensability. In such a situation, it is best for the Panel to look to the uncontroverted facts and determine what transpired.

⁴ Because the so-called "bribe" offer story (Brief p. 30), was proffered solely by a witness whose credibility had been rejected by the Single Commissioner (Decision/Order, Finding of Fact No. 3), the failure of Commissioner Lyndon explicitly to discuss the alleged bribe, *see* Brief p. 24, is reasonable. That is, since Commissioner Lyndon had found that "the testimony of Cesar Rodriguez ... is not credible" (Decision/Order, Finding of Fact No. 3)(emphasis in the original), there would be little reason to demand that the Decision/Order take time to parse this statement by a witness whose credibility had been rejected by the Single Commissioner in the first place.

(Brief p. 28). This approach, it seems clear, would entail compensability. If one were to discard the testimony of Mr. Zepeda, Cesar and Frank, then one would be left with the uncontroverted fact that Mr. Zepeda fell out of a tree while at work at a job site during his regular work hours. Under those facts, an award of compensation would appear to be a matter of course. It is difficult to see how this approach would help appellants in this appeal.

Appellants next attempt to put a favorable spin on Mr. Hampton's testimony (Brief pp. 28-29). They do so by arguing that his testimony plus the equipment brought to the work site entails that Mr. Zepeda could not possibly have been twenty feet up in a tree and still be about his employer's business. This argument is, needless to say, a direct attack upon the portion of Decision/Order, Findings of Fact No. 1 in which Commissioner Lyndon found as a fact that Mr. Zepeda "reasonably believed that he was furthering the Employer's business when he climbed into the subject tree."

As the Panel will note, Commissioner Lyndon found as a fact "that Priority Landscaping and Lawn Care, Inc., in the regular course of business did tree trimming on small, medium, and large trees when the limbs could be reached with a ladder and an extension saw" (Decision/Order, Findings of Fact No. 1). Both Mr. Zepeda (Tr. p.13, l. 17-25; p. 14, l. 1-13; p. 42, l. 15-22), and Mr. Martinez (Tr. p. 75, l. 9-23), testified that they had climbed and worked on large trees. Even if, as appellants argue, Mr. Hampton ostensibly restricted work on large trees to those reachable by ladders and extension saws, it is not improbable given this testimony as to the size of trees the crews worked on in fact, that a supervisor like Frank could order a worker like Mr. Zepeda to work on a tree that was not, strictly speaking, within the guidelines. Assuming that only a single branch was involved, given past company practice, just going ahead and getting the trimming task out of the way could have been deemed preferable to the hassle of calling in an

outside tree service to do the work. In other words, Frank could reasonably have decided simply to order Mr. Zepeda up into tree just to get the job out of the way.

Certainly, having worked on large trees before, it would be reasonable for Mr. Zepeda to obey his boss and to head up the tree. Clearly, this is a much more likely scenario than the farfetched Step in a Hole and/or Make a Bet and Jump rationales appellants' witnesses have variously asserted as the reason for Mr. Zepeda's injuries.

As noted above, this explanation meshes with the possibility, discussed above, that Frank had sent Mr. Zepeda up a tree in violation of company policy. When that act led to injury, Frank was frantic (Tr. p. 147, l. 1-3), to cover up the fact that it was his violation of company policy which had directly led Mr. Zepeda's injuries and potential workers' compensation liability. This would make the Step in a Hole and/or Make a Bet and Jump stories attractive since they could absolve Frank of responsibility for his act of mismanagement and shift the onus to Mr. Zepeda.

Appellants argue that "[u]sing the uncontroverted facts of this case, there was no other reason for Claimant to climb the tree than the bet" (Brief p. 30). This argument is fanciful. Clearly, a poor management decision by Frank intended to take care of a tree limb problem on the spot instead of calling in a tree service is a much more likely explanation for Mr. Zepeda's journey up into the tree than the utterly implausible notion that he "bet" someone \$20 that he would jump to the ground from twenty feet up in the tree. Viewed critically, appellants' version of the facts is simply unworthy of belief. If the goal appellants seek is for "the Panel to let logic prevail" (Brief p. 30), that objective can best be met by applying logic and affirming Commissioner Lyndon's Decision/Order in all respects.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 0813616

RAMON ZEPEDA,

Employee,

Claimant,

vs.

PRIORITY LANDSCAPING AND LAWN
CARE, LLC,

Employer,

AND

ACCIDENT FUND INSURANCE
COMPANY OF AMERICA

Carrier,

Defendants.

**APPELLANTS' BRIEF TO THE
FULL COMMISSION**

STATEMENT OF THE CASE

This matter came to be heard before the single Commissioner on January 22, 2009, in North Charleston, South Carolina, before Commissioner G. Bryan Lyndon. The issues brought before the Commission on the parties' Forms 50 and 51 included whether the Claimant suffered an injury by accident in the course and scope of his employment and his entitlement to benefits under the South Carolina Workers' Compensation Act after an incident on September 4, 2008, when he alleges he fell from a large oak tree after being asked to climb into the tree to trim off a branch. Claimant alleges injury only to his right lower extremity. He sought appropriate temporary total disability and medical benefits since the date of the accident and continuing pursuant to the Act. Defendants/Appellants' Form 51, Employer's Answer to Request for

Hearing, denied Claimant suffered an injury by accident in the course and scope of his employment and asserted affirmatively that Claimant's injuries arose solely out of an episode of horseplay that would bar receipt of benefits under the Act pursuant decisions in *Jones v. Hampton Pontiac*, 304 S.C. 440, 405 S.E.2d 395 (1991), *Allsep v. Daniel Const.Co., et al.*, 216 S.C. 268, 57 S.E.2d 427 (1950), and *Floyd v. City of Charleston*, 267 S.C. 474, 339 S.E.2d 166 (Ct.App. 1986).

A lengthy hearing was held on January 22, 2009, before Commissioner G. Bryan Lyndon. By Decision and Order of April 21, 2009, the Commissioner found and ordered as follows (in pertinent part):

- Claimant injured his right leg in an accident arising out of and in the course and scope of his employment on September 4, 2008, when he fell from a tree limb after climbing a tree and proceeding out onto a limb during the course of employment under the instructions, direction of, and in the presence of his supervisor Frank Shoppel and interpreter Cesar Rodriguez.

- Claimant reasonably believed that he was furthering the Employer's business when he climbed into the subject tree.

- The Defendants failed to prove by the greater weight of the evidence that the Claimant was engaged in "horseplay."

- The testimony of Cesar Rodriguez and Frank Shoppel is not credible for reasons cited in the evidentiary summary contained in the Decision and Order.

- All medical bills related to medical provided should be paid by the Carrier pursuant to the South Carolina Workers' Compensation schedule for medical payments.

- Defendants shall provide future medical care and direct the same.

- Claimant is entitled to temporary total disability benefits from September 4, 2008,

through the date of hearing using the compensation rate of \$308.89. Furthermore, Defendants shall pay continuous temporary total disability benefits from the date of hearing forward until further Order of the Commission or operation of state statute.

Appellants' timely filed their Form 30, Request for Commission Review, on April 29, 2009, and submit this Brief in support of their Request for Review.

EVIDENCE OF THE CASE

Claimant's Evidence

Testimony of Ramon Zepeda

The Claimant began working for Employer in approximately March, 2007. (Hr. Tr., p. 11, ll. 9-13) He testified that he earned \$9.00 per hour working forty to fifty hours per week. (Hr. Tr., p. 12, ll. 11-19)

On the day of the alleged accident, the Claimant arrived at the company's shop at 8:00 a.m. He was assigned to a crew including Cesar, Frank, and Leonardo. (Hr. Tr., p. 17, ll. 1-15) Frank worked as the supervisor of the crew and Cesar was the English to Spanish translator for the crew. (Hr. Tr., p. 19, ll. 8-12)

The Claimant testified that he arrived at the subject location, Fort Johnson Baptist Church, at approximately 12:45 that afternoon. He also stated that he ate lunch at 10:00 a.m. prior to arrival. (Hr. Tr., p. 20, ll. 6-9) When the crew first arrived at the church, Frank drove the company vehicle around the church as was customary when arriving at a job. (Hr. Tr., p. 21, ll. 1-4) Frank parked the truck under the tree shown in Defendants' Exhibit C, Picture No. 1. (Hr. Tr., p. 21, ll. 7-20) The Claimant stated that upon arrival the crew took a break "like we would – we used to." He stated that he stayed in the truck resting with Leonardo while Frank and Cesar played cards. The Claimant did not notice whether they were playing cards for money. (Hr. Tr.,

p. 22, l. 12) The Claimant states that upon leaving the truck after the break he opened the doors and removed the tractor [riding lawnmower] to begin "cutting." (Hr. Tr., p. 23, ll. 13-23) The Claimant stated he returned to the truck when he realized there was no one else working yet. He testified that the other three members of his crew were standing around the truck and when he arrived Cesar said that Frank said he "should go up the tree." (Hr. Tr., p. 24, l. 25 – p. 25, l. 4)

Claimant testified he pulled a tractor next to the tree and climbed up the tractor into the tree. (Hr. Tr., p. 25, ll. 13-19) Claimant stated this was a customary part of his job. (Hr. Tr., p. 26, ll. 4-5) Claimant then states he lost his balance and fell from a standing position onto the ground. He testified that he then limped to the work truck and sat down. (Hr. Tr., p. 27, ll. 2-22) Cesar then informed the Claimant that he "should say [he] fell in a ditch." (Hr. Tr., p. 28, ll. 5-16) Claimant testified Cesar informed him "probably we were gonna lose this job." (Hr. Tr., p. 28, ll. 17-18)

The Claimant testified that Mary, the company's secretary, arrived in her car at the location of the injury to take the Claimant to Doctor's Care. (Hr. Tr., p. 31, ll. 9-22) The Claimant was wheeled into Doctor's Care in a wheelchair and asked to sit in the waiting room. (Hr. Tr., p. 32, ll. 1-9) The Doctor's Care secretary gave the Claimant a piece of paper but Claimant does not recall filling out the form. He simply recalls signing a piece of paper. (Hr. Tr., p. 32, ll. 10-17) There was a Spanish speaking person in the doctor's office that attempted to communicate with the Claimant. (Hr. Tr., p. 33, ll. 3-8) The Claimant testified that March took him away from the Doctor's Care after being released and transported him to the company's shop at William Hampton's house. (Hr. Tr., p. 33, ll. 13-18) Upon allegedly arriving at Hampton's, the Claimant states he was invited in and asked to have a seat. He testified that five or ten minutes after his arrival Juvenal, Cesar, Frank and Leonardo arrived at the shop. (Hr. Tr.,

p. 19, l. 15- p. 34, l. 6) The Claimant states Juvenal then took him to the hospital where the Claimant had surgery. (Hr. Tr., p. 35, l. 8- p. 37, l. 13)

Next, the Claimant's counsel turned his questions towards the topic of the normal scope of the Employer's business. The Claimant testified that he and his fellow workers "trim and cut trees." He testified that they "climb in big, medium and small trees." He stated that part of his work with Priority was working in residential and commercial properties during "tree work, grass work and yard work." (Hr. Tr., p. 40, l. 20- p. 41, l. 19) The Claimant also stated that he never received any written instructions from anyone with the Employer in English or Spanish instructing him not to climb in trees and not to cut or trim large trees. (Hr. Tr., p. 42, ll. 19-22)

On cross-examination the Claimant admitted that he and Cesar lived in the same house at the time of the accident and at the time of his testimony. (Hr. Tr., p. 43, l. 14 – p. 44, l. 19) Defense counsel then showed Claimant a picture in Exhibit "C" noted as picture No. 1. The Claimant acknowledged this picture that showed both the church and the limb from which he fell. (Hr. Tr., p. 45, ll. 10-17) Claimant admitted he had no tools in his hand at the time he climbed the tree. (Hr. Tr., p. 46, ll. 11-12) The Claimant testified that after making his way from the trunk of the tree to the end of the lengthy limb shown in the pictures of Exhibit "C," he expected one of his crew members to hand him a tool. When asked what kind of tool, the Claimant testified that he wasn't sure, "some pruner or machete." (Hr. Tr., p. 50, ll. 16-25) Claimant was unsure as to which of his fellow crew members was going to hand a tool to him, but he was certain he was in the tree to cut a limb. (Hr. Tr., p. 51, ll. 1-7)

The Claimant testified that the limb from which he fell was "maybe six meters" off ground. The Hearing Commissioner took judicial notice that the limb was "around twenty feet" from the ground. The Claimant then asserted that he was standing on a limb approximately

twenty feet off the ground and expected a fellow crew member to pass him a pruner or a machete. He acknowledged there were no ropes involved. (Hr. Tr., p. 51, l. 18- p. 52, l. 15) Later the Claimant testified that no one followed him up the tree behind him on the day that he fell. He acknowledged testifying previously that when he climbed other trees to work in them, Juvenal would carry a tool to him by climbing into the same tree. He then acknowledged that none of the people working with him on the day of his injury climbed into the tree to pass him a tool. (Hr. Tr., p. 57, ll. 4-21)

On redirect examination by his attorney, the Claimant testified that after speaking with Hampton several days after the accident he did not get the impression that Hampton would directly provide him with any support from his injury. He did acknowledge that Hampton provided \$100.00 through Cesar. (Hr. Tr., p. 64, ll. 9- 23) The Claimant also acknowledged receiving a box of money wherein the other employees of the company contributed to help support him. (Hr. Tr., p. 65, ll. 3-10)

Testimony of Tomas Betancourt

Tomas Betancourt testified that he previously worked for Priority Landscaping for seven or eight months along with the Claimant. (Hr. Tr., p. 73, ll. 10-17) Mr. Betancourt testified that during his employment with Priority Landscaping he was asked to trim, weed eat and cut limbs. (Hr. Tr., p. 75, ll. 9-12) He testified that he had to climb trees and cut limbs in little, medium-sized and large trees, noting "whatever was there." (Hr. Tr., p. 75, ll. 13-23) The witness testified that when he climbed trees to cut limbs, if there was no ladder the tools would be passed to him. He stated sometimes there were ladders and sometimes there were not. He also noted previous use of ropes to pass tools into trees. He stated that ropes were used when "you couldn't reach somebody standing there." (Hr. Tr., p. 76, ll. 4-15)

which he fell. He testified the Claimant walked twenty to twenty five feet out onto the limb and that the limb was approximately twenty feet above the ground. (Hr. Tr., p. 142, ll. 7- 16) Shoppel testified that the fall happened "all quick." He stated the Claimant "cradle the branch that he was standing on, turned over, and then hung and dropped." The Commissioner described Shoppel's indication of the manner in which the Claimant fell as "well, he actually hung. He used both hands clasped around the trunk and was dangling?" The witness responded "yes, sir." The witness then confirmed that the Claimant let go of the tree limb and landed on his feet on the ground. (Hr. Tr., p. 143, l. 1-19)

After the Claimant fell from the tree, Shoppel walked over and examined his legs. He testified that he knew the Claimant as injured as soon as he looked at him. Shoppel stated he then called William Hampton, his boss. (Hr. Tr., p. 143, l. 20 - p. 144, l. 14) Thereafter, the company secretary, Mary, arrived to transport the Claimant but Shoppel did not go with them and had no idea what happened after that point. (Hr. Tr., p. 144, l. 19 - p. 145, l. 9)

The witness later testified that he was worried at one time that he might lose his job if the story of the bet was made public. He was worried about his job because he is the supervisor of the crew on which the bet occurred. (Hr. Tr., p. 146, l. 22 - p. 147, l. 3) Defense counsel showed the witness page 5 of the Claimant's APA Submissions, which the witness acknowledged was a written statement of the accident written the day after it occurred. The witness testified that Hampton's wife typed the statement but that he was present and telling her his story as she typed it. The witness acknowledged that this written statement said nothing of a bet on the job site. He responded that he had not told Hampton or Hampton's wife at this point about a bet at the time the statement was written. However, he testified and the statement shows

that there was mention that the Claimant climbed the tree for "fun." (Hr. Tr., p. 147, l. 4 - p. 148, l. 12)

Shoppel testified that he never told the Claimant get out of the tree while he was in it. He also never told the Claimant not to climb the tree. (Hr. Tr., p. 148, ll. 19-23) He also testified that he has never climbed the tree out of which the Claimant fell. (Hr. Tr., p. 148, l. 24 - p. 149, l. 1) Shoppel testified that the tree shown in Defendant's Exhibit C is not a tree maintained by the company. He went on to state that the company does not cut limbs out of a tree as big as the one from which the Claimant fell. (Hr. Tr., p. 149, ll. 2-7) This witness also examined Defendants' Exhibit "C" picture No. 2 and described a fifteen to twenty foot tall tree that was "a good example of a normal tree that Priority would trim in the course of its business" as opposed to the large oak tree from which Claimant fell. (Hr. Tr., 149, ll. 8-p. 150, l. 4) The witness stated that he would never climb into a tree shown in picture No. 2 to trim it, but would normally trim the base and lower limbs of such a tree. (Hr. Tr., p. 150, ll. 5- 11) The witness testified that if the company needed to cut a limb in a tree about the size of that shown in picture No. 2, they would use a pole saw that extends eleven to twelve feet. He described the pole saw as a small chainsaw on the end of a pole. (Hr. Tr., p. 150, l. 14 - p. 151, l. 8)

After acknowledging that the company work truck had six, eight and ten foot ladders available, the witness testified there was no ladder pulled from the truck for Claimant to use in climbing the tree from which he fell. (Hr. Tr., p. 151, l. 17 - p. 152, l. 5) The witness then acknowledged picture No. 7 of Defendants' Exhibit " C" and confirmed that it showed him "pointing at a limb that we had trimmed off of that tree." He testified he would trim the base and lower limbs of a tree of the size shown in picture No. 7. The witness also examined picture No. 6 and acknowledged another limb cut mark and then stated that the tree shown was typical of the

size tree trimming that Priority Landscaping would perform. (Hr. Tr., p. 152, l. 18 – p. 154, l. 10)

On cross-examination, the witness acknowledged at Claimant's counsel's suggestion that he was the supervisor of the group and responsible for ensuring that his men were "operating and doing their job safety." He also acknowledged that it would be his job in working for Hampton and the company that workers were "doing things in a safe manner." (Hr. Tr., p. 154, l. 17 – p. 155, l. 1) Shoppel acknowledged that it was not safe to climb into a twenty foot tree but did not tell the Claimant not to climb into the tree. (Hr. Tr., p. 155, l. 16 – p. 157, l. 8) The witness again described that the Claimant "cradled the tree" and dropped down. (Hr. Tr., p. 157, ll. 22-23)

The Claimant's counsel then asked the witness to read into the record his statement shown in the Claimant's APA, page 5. After doing so, the witness acknowledged that parts of that statement were untrue. He acknowledged the statement that he did not see the Claimant fall out of the tree was untrue. He then noted that the pole saw he previously described would be able to reach a limb in that tree with the use of a ladder. (Hr. Tr., p. 162, ll. 5-21)

Shoppel then acknowledged that he had previously been incarcerated for assault and battery of a high and aggravated nature. The witness went on to admit without hesitation that he had previous convictions for burglary, disorderly conduct, malicious destruction of proper and violation of probation, all of which was consistent with his South Carolina Law Enforcement criminal history report marked as Claimant's Exhibit No. 4. Shoppel made no effort to mislead the Commissioner as to his prior convictions.

The Claimant's attorney then resumed his cross-examination regarding the Employer's scope of business. The witness testified that he never instructed anyone to wear a harness while

climbing a tree, because "nobody should be in a tree." He confirmed that no one would be instructed to climb a tree such as the one from which the Claimant fell. (Hr.Tr., p. 168, ll. 9-16). The witness then acknowledged that he told Cesar that the story should be told that the Claimant stepped in a hole or a ditch. He confirmed discussing that matter with Cesar and instructing him to say the Claimant stepped in a hole. (Hr.Tr., p. 169, ll. 1-25). The witness then acknowledged that the story of the Claimant stepping in a hole was an effort to cover up what had happened and was the basis for him giving a false statement the day after the accident. (Hr.Tr., p. 170, l. 6).

On redirect examination by defense counsel, the witness confirmed that he was present on the date of the accident and witnessed a bet. He acknowledged fabricating the story of stepping in a hole in an effort to keep his job and the Claimant's. He stated that he was not threatened in any way to change his story and confirmed that the account of events involving the bet that prompted the Claimant to climb into the tree was the truth under oath. (Hr.Tr., p. 170, l. 18 through p. 171, l. 8).

Testimony of William Hampton

Hampton testified that he has owned Priority Landscaping in its current form since 1996. He described the business of Priority Landscaping and Lawn Care as "lawn maintenance and landscaping selection." (Hr.Tr., p. 179, ll. 13-21). He testified that on the date of the injury, he was contacted by Frank and informed that "somebody was injured on the job and that someone had fallen into a ditch." (Hr.Tr., p. 179, l. 22 through p. 180, l. 9). Hampton was informed through Frank Shoppel's written statement that there was a fall from a tree involved in this accident. (Hr.Tr., p. 181, ll. 5-10).

After evaluating the photographs in Defendants' Exhibit "C," Hampton testified that the oak tree from which the Claimant fell is not of the size that Priority Landscaping would cut or trim. In further explanation, he stated, "There is three things our business does not do. It does not trim large oak trees. We have a subcontractor to do that. It does not provide irrigation services. We have a subcontractor for that. And we do not provide chemical treatments. We have a subcontractor for that." (Hr.Tr., p. 183, ll. 1-12). The witness testified that Priority Landscaping contracts with Budget Tree Service, owned by an arborist, Richard Van Kirk, to perform tree services. (Hr.Tr., p. 183, ll. 15-25). He further stated that if a client such as Fort Johnson Baptist Church called and asked him to evaluate a problem with a large oak tree, he would inform the client that he needed to contact Budget Tree Service first. He would then evaluate the tree problem with Richard Van Kirk and the property manager or owner of the client property. He stated that Richard would evaluate the problem and provide a price quote to resolve the situation. Hampton would then submit the quote to the client property for their decision on whether to proceed with the proposed resolution. (Hr.Tr., p. 184, l. 12 through p. 185, l. 1). In reference to the tree from which the Claimant fell, Hampton testified that his employees "never" scale trees that large. (Hr.Tr., p. 185, ll. 10-11). He followed by saying that he has not provided any specific safety instructions regarding climbing large trees because "we don't climb large trees." (Hr.Tr., p. 185, ll. 12-16).

Hampton then examined Defendants' Exhibit "B" and described the documents as "invoices submitted by Richard [Van Kirk] to our company for work done at various properties, specifically tree service work." (Hr.Tr., p. 186, l. 21 through p. 187, l. 10). Upon being directed to an invoice dated September 16, 2008, the witness described the work done as "remove several broken limbs and one large branch on the wire" from Ft. Johnson Baptist Church. (Hr.Tr., p.

187, ll. 11-22). Hampton then acknowledged that this work was performed just 12 days after the date of the alleged accident. He examined another invoice from work performed at "108 West Cooper" wherein the description of work was "cut back branches from building on oak tree in the back." (Hr.Tr., p. 188, ll. 3-17). The witness described that invoice as an example of work that Budget Tree Service would be brought in to perform. (Hr.Tr., p. 188, ll. 18-20).

Hampton went on to testify that he did not recall the Claimant visiting his home on the evening of the accident. Instead, he testified that he arrived at the Doctor's Care where the Claimant was being treated at approximately 7:00 p.m. that evening. Hampton clearly testified that he did not ask Frank to tell the Claimant that he should fabricate a story about stepping in a ditch or a hole. He testified he was informed that was the original story but later found out such was not the case. He also confirmed that he never made any threats of any sort or adverse action against any employees who testified at the hearing. He then confirmed his understanding that the Claimant's injuries occurred after a bet was made on his jobsite. (Hr.Tr., p. 189, l. 15 through p. 191, l. 15).

Upon cross-examination, Claimant's counsel confronted the witness with Claimant's APA p. 6, which the witness confirmed was an invoice for Ft. Johnson Baptist Church from June 2008. On that invoice, the witness confirmed that a note at the bottom of the invoice that said, "Tree work will be done each week throughout the property, special attention given to trimming the base of the Crepe Myrtles paralleling the walkway to the sanctuary." (Hr.Tr., p. 191, l. 21 through p. 192, l. 13). The witness acknowledged that his company's invoice states the tree work would be done on the property and that the invoice does not differentiate between small or big trees on the invoice. Claimant's counsel then asserted through his questioning that it was clear to the witness that the invoice indicated "other tree work would be done." The witness

responded, "Yes, for instance on the example given in the other photos." (Hr.Tr., p. 193, ll. 19-22). The witness confirmed on redirect examination that "the example given in the other photos" refers to the smaller trees previously mentioned in Defendants' Exhibit "C," pictures Nos. 2 and 6. The witness stated the company would trim a small oak tree to prevent limbs from hitting cars as they by.

Through continued cross-examination by the Claimant's attorney, the witness admitted he was not present for the accident and only knows what he was told after the accident. He acknowledged that Shoppel did not originally state exactly what actually happened. (Hr.Tr., p. 193, l. 23 through p. 194, l.5). The witness acknowledged hearing testimony from Tomas Betancourt who said that employees of the company would "climb into big trees, little trees, and medium-sized trees." Hampton testified that testimony surprised him because "that would not be something that we would do." (Hr.Tr., p. 194, ll. 6-12).

On additional redirect examination by Defendants' counsel, the witness acknowledged that he was present for the taking of photographs of the site of the injury. The witness confirmed that he and his employees instructed defense counsel on where the particular points of importance and referenced occurred on the jobsite and that defense counsel did not "stage" any photographs as had been asserted by Claimant's counsel on his cross-examination of the witness. (Hr.Tr., p. 199, l. 14 through p. 200, l. 1).

Finally, Hampton responded to questioning from the Commissioner regarding whether the company would authorize one of its employees to cut a dead limb from a large tree such as the one from which the Claimant fell. The witness testified in no uncertain terms that he would allow his employees to trim a dead limb out of a large tree if the limb could be reached with a ladder and an 11-foot extension pole saw. (Hr.Tr., p. 200, l. 7 through p. 201, l. 11). He

acknowledged that he wanted the trees to look nice but stated he would only take out dead limbs if they were safely reached from the ground. (Hr.Tr., p. 201, ll. 12-24). The Commissioner then asked if Frank, the crew supervisor, would have the authority to instruct an employee to attempt to cut a limb and then decide to contact Hampton if it is unreachable. The witness reiterated the company's position on the issue that a limb can be trimmed from a large tree "if it is reachable by . . . a stepladder, an extension pole saw, not physically climbing into a tree. Not physically climbing into a tree, but using a stepladder and extension pole saw. The extension pole saw will cut a limb maybe in an oak tree about this big [referring to the tree from which Claimant fell]." (Hr.Tr., p. 202, ll. 9-20). That concluded the live testimony portion of the hearing.

QUESTION PRESENTED

Did the hearing Commissioner err in finding as fact that Claimant suffered a compensable injury by accident pursuant to the Act such that he is entitled to all benefits afforded thereunder?

ARGUMENT

Standard of Review

The question of whether an accident arises out of and in the course of employment is a question of fact for the Full Commission. Wright v. Bi-Lo, Inc., 314 S.C. 152, 442 S.E.2d 186 (Ct. App. 1994). The Full Commission is the ultimate fact finder in Workers' Compensation cases and is not bound by the hearing Commissioner's findings of fact. Ross v. American Red Cross, 298 S.C. 490, 381 S.E.2d 728 (1989). The final determination of and the weight to be accorded evidence is reserved to the Full Commission. Id.

The Full Commission is empowered to make its own findings of fact and reach its own conclusions of law either consistent or inconsistent with those of the hearing Commissioner. It is logical for the appellate panel of the Commission, which did not have the benefit of observing

the witnesses, to give weight to the hearing Commissioner's opinion, but the panel may disagree with his findings *based on the credibility of the witnesses*. Green v. Raybestos-Manhattan, Inc., 250 S.C. 58, 156 S.E.2d 318 (S.C. 1967) (emphasis added).

The hearing Commissioner erred in finding claimant suffered an injury by accident in the course and scope of his employment vice a finding that claimant actively engaged in horseplay that would take the accident outside the course of employment pursuant to decisions in *Allsep v. Daniel Constr. Co.* and its progeny.

Claimant asserts he was instructed by his supervisor to climb a large oak tree to climb out onto a large limb 18 to 20 feet above the ground to trim a branch from the limb in the course of his employment as a landscaping laborer. Defendants submit Claimant was not instructed by anyone acting in a supervisory position to climb the tree in any effort to further the Employer's business. In support, Defendants presented evidence that Claimant accepted a bet from a coworker to climb the tree and jump to the ground. The hearing Commissioner found as fact and as a matter of law that Defendants failed to carry their burden to prove the accident arose out of Claimant's participation in horseplay. Thus, the Commissioner agreed that Claimant's injury arose from "Claimant's belief that he was furthering the Employer's business when he climbed into the subject tree." (Decision & Order, p. 12, Finding of Fact 1) Defendants respectfully submit the Commissioner erred in finding that they failed to prove that Claimant engaged in horseplay by making a bet that directly resulted in his injury.

The South Carolina Supreme Court has "sustained an award of compensation to an *innocent victim* of horseplay, i.e. one who was 'engaged in the performance of his duties and had not departed from them in the slightest when the apparently playful [act] of his fellow employee resulted in the fall and injury.'" Floyd v. City of Charleston, 287 S.C. 474, 478, 339 S.E.2d 166 (1986) (emphasis added) *citing* Allsep v. Daniel Constr. Co., 216 S.C. 268, 271, 57 S.E.2d 427, 428 (1950). Claimant has not argued on the record that a bet between two co-workers for

one to climb a tree and jump out is not horseplay that removes the participants from the course of their employment. Nor is there evidence in the record that, if the Commission finds the bet occurred, Claimant is an "innocent victim."

Therefore, determination of compensability in this claim turns directly on whether the claimant was offered a bet by a co-worker to climb the tree, and whether Claimant carried out that bet. This question turns on the credibility of the witnesses who testified at hearing and an understanding of the circumstances gleaned from uncontroverted facts in the record. While deference is generally given by the Appellate Panel to the hearing Commissioner as to credibility of witness because he or she was present for the live testimony, this is not a claim wherein affirmation of the decision can simply rest on that deference. There are numerous allegations of fact from Claimant that simply do not logically lead to the conclusions reached by the hearing Commissioner.

The Commissioner specifically found that testimony from defense witnesses Cesar Rodriguez and Frank Shoppel was not credible for "the several reasons cited by me in the evidence summary" portion of the Decision & Order. (p. 13, Finding of Fact #3). That finding is unwarranted for reasons that will be discussed *infra*. However, the most glaring deficiency in the Decision & Order is the Commissioner's recitation of the testimony at hearing and his Findings of Fact is a lack of discussion of the Claimant's credibility. In fact, a review of the hearing Commissioner's Notes for Preparation of an Order state specifically that defense witness Cesar Rodriguez testified "that Claimant offered him money if he got any." Defendants refer the Panel back to that exchange during testimony on direct examination by defense counsel:

Q: Has [Claimant] asked you to do anything or say anything related to this case?

A: No.

Q: Has he offered you any money related to this case?

A: Yes.

Q: He has?

A: Yes.

Q: Was there a conversation?

A: Yes.

Q: Who started that conversation?

A: He did.

Q: He did?

A: Yeah, he did.

Q: All right. What did he say?

A: He said, "you know, I don't get no money for – I don't get paid these days, so if I win money, I'll give you some."

Q: And I'm just repeating what he said. "If I win money, I'll give you some"?

A: — "I'll give you some."

Q: Okay. Did he say a specific amount? Did he say how much?

A: No, just some.

(Hr. Tr. p. 101, l. 21 – p. 102, l. 20) **The hearing Commissioner's Decision & Order completely ignores this testimony.** If, as the Commissioner's findings imply, the Defendants failed to prove horseplay (Finding #2) because of the lack of credibility of their witnesses, then it is inherently inconsistent *not* to consider the Claimant's credibility as well. It is error to ignore *uncontroverted* evidence of an offer of money by a Claimant to a material witness set to testify to facts that would bar compensation in a claim. There is no explanation in the Decision & Order as to the basis for not affording that testimony any weight.

Issues of Rodriguez' credibility center around concerns over his responses to questions on three points: 1) whether he played cards with Frank Shoppel on the date in question before the fall; 2) when the Defendants' pictures of the accident scene were taken; and, 3) the circumstances of the "betting story" and the witness' contact with Claimant's attorney's office shortly after the accident. On the first point, the witness testified on cross-examination he did not play cards with Shoppel in the truck at lunch on the date of the accident. Later, after being asked the same question again by Claimant's counsel, the witness stated he had played cards with Shoppel that day. When asked why he changed his testimony, the witness stated he had difficulty understanding the question in English, although he did acknowledge choosing to testify in English.

Later, Rodriguez was asked when the pictures shown in Defendants' Exhibit C were taken. Rodriguez was initially unable to recall. The question from Claimant's counsel was, "When were these photographs taken?" The witness' first response was "Can you tell me again?" (Hr. Tr. p. 103, l. 23 - 24) Defendants encourage the Panel to read the entire lengthy exchange regarding the timing of the pictures. (Hr. Tr. p. 103, l. 23 - p. 106, l. 18) The Commissioner stepped into the examination on request from counsel to order a response. He explained the question and finished with, "Do you see what I'm saying?" (Hr. Tr. p. 105, l. 17) The witness' answers were described in the Order as "stalled" and reference is made that he "refused to admit." A common-sense review of the exchange shows the witness simply did not understand the question. Again, he chose to testify in English, but that does not automatically warrant concerns over credibility simply because he did not understand a question. If Rodriguez had chosen to testify in Spanish with help of a translator and did not understand a translation, the

result would be the same – he would have received clarification and answered the question. This cannot be construed to call into question his veracity.

Lastly, on further cross-examination by Claimant's counsel, Rodriguez first testified that he did not speak with anyone "in counsel's office" after the accident. Again, Defendants encourage the panel to read the exact exchange. (Hr. Tr. 110, l. 12 – p. 111, l. 5) Counsel continued to question if the witness talked with anyone "in my office." Translated literally, this means inside the physical location of Claimant's counsel's office. Upon being asked several times, the witness responded, "I don't talk *in the office*. Somebody call my phone." (Hr. Tr. p. 111, l. 1) This response is described in the Decision and Order as a "recanting" of previous testimony. Such a conclusion is completely unfounded and is an impermissible interpretation of the testimony that serves to discredit a material witness where the same is not warranted. Again, the witness simply needed clarification of the question and the answer was then given.

On further questioning, Rodriguez admitted he did not tell the claimant's attorney's office about a bet. He did inform them that Claimant fell from a tree. (Hr. Tr. p. 111, ll. 5-10) The witness testified that he withheld information about the bet because he feared losing his job and "because try to [sic] help [Claimant]." (Hr. Tr. p. 111, l. 15) The Decision and Order states, "the witness blatantly lied to Mr. Gibson's office about how the accident had happened, omitting anything about a 'bet' surrounding the Claimant's fall. He then went on to testify that he came up with the betting story for fear of losing his job, which he loved and would do anything to protect." (p. 9) The Decision & Order completely ignores the witness' testimony later on redirect that he did not say anything about a bet to protect his friend Ramon. Claimant stated specifically, "I do it for two reasons: for protect [sic] Ramon and for [sic] I don't lose my job." (Hr. Tr. p. 129, ll. 10-11) He continued with the following exchange:

Q: Okay. Were you scared you were going to lose your job because you made the bet?

A: Yes.

Q: Were you trying to keep that from getting out, from people hearing that?

A: Yes.

Q: Did you not want William to hear about the bet?

A: Yes.

Q: Were you scared that William would get upset if he found out you made a bet?

A: Yes.

(Hr. Tr. 129, ll. 12 – 22). The fact that Rodriguez disclosed the fact of the bet from Claimant's attorney's staff shows only a motive for self-preservation. His omitting the bet in discussion with counsel's office was not an affirmative lie to prevent payment of benefits in a claim where they otherwise were payable. While Defendants do not seek to condone omitting such facts, it was only motivated by job protection and self-preservation in this situation.

That same examination of motive applies to Frank Shoppel's changing his story from that told to the doctors (stepped in a hole) and that told in his written statement (climbed tree for fun and fell with no mention of a bet). The original but fabricated story told to the doctors about Claimant stepping in a hole made the claim clearly compensable. Shoppel instructed Claimant and Rodriguez to tell the story of stepping in a hole. **There is no reason for a fabricated story if climbing 20 feet into a tree to trim a branch was part of the employer's business AND if Shoppel had instructed Claimant to do it.** If Shoppel and/or Rodriguez wanted to avoid payment of any workers' compensation benefits by the Employer, they certainly would not have fabricated a story that made the claim clearly compensable.

An examination of the story in his written statement (APA #5) shows all facts to be true except that there was a bet involved between co-workers. Frank testified that he omitted reference to the bet to preserve his own job:

Q: Were you at one time worried that you might lose your job if this bet came out?

A: Yes.

(Hr. Tr. p. 146, ll. 22-24) Shoppel had not been instructed to change his story. (Hr. Tr. p. 146, ll. 13-15) Again, Defendants are not before the Panel to ask that this changing of the story be condoned. They simply ask that the Panel consider the entirety of the record, which consideration is not reflected in the hearing Commissioner's Decision & Order.

Concern over motives of the various witnesses in this claim begs the next question: What was Claimant's motive for offering Rodriguez money if it were awarded? Claimant had already contacted counsel at the time the alleged offer of money was made. There was no reason to offer money to a material witness if the claim was clearly compensable because he fell out of a tree he was instructed to climb. There is also no valid reason to omit uncontroverted testimony of the offer of money from the Decision & Order when the same is listed as a Finding of Fact in the Notes for a Decision & Order.

Perhaps neither the defense witnesses *nor* the Claimant are telling the truth on the events of that day. If that is the case, it is improper to simply fall back on interpretation of the evidence if favor of compensability. In such a situation, it is best for the Panel to look at the uncontroverted facts and determine what transpired.

The hearing Commissioner found specifically that he gave weight to the testimony of William Hampton. With that testimony and the invoices from the Employer to the church where the accident occurred, the Commissioner found it was the employer's business to trim "small,

medium, and large trees *when the limbs could be reached with a ladder and an extension saw.*" (Decision & Order, p. 12, Finding of Fact #1) (emphasis added). He then went on to find that "Claimant reasonably believed that he was furthering the Employer's business when he climbed into the subject tree." These two findings are the basis for a finding of compensability and are inherently inconsistent.

There were ladders on the work truck. There was an 11-foot extension pole saw on the truck. If it is the employer's business to trim limbs that can be reached with those implements, then it stands to reason that they would have been utilized to trim a limb out of a large oak tree. Those tools weren't taken off of the truck. According to the Commissioner's finding, if the limb could not be reached using those implements, then trimming of the branches was not part of the Employer's business. The company's owner, who was specifically found credible by the Commissioner, stated the company only cut limbs that could be reached with those tools. He stated numerous times in his testimony that the company does not climb trees to cut limbs – they use a ladder and a pole saw. The Claimant didn't use those tools.

Furthermore, the documentary evidence supported by foundation from a credible witness (Hampton) shows that the Employer hired large tree work out to Budget Tree Service. (Defendants' Exhibit D; Hr. Tr. p. 186 l. 7 – p. 188, l. 20) In fact, one of the invoices clearly shows work performed by Budget Tree Service at the subject church to remove several broken limbs and one large branch on a wire. That work was performed just twelve days after Claimant's fall from a large oak tree where he claims to have been trimming a branch from a limb 18-20 feet above the ground. The findings of the Commissioner that the company only trims limbs with tools, but Claimant thought he was furthering the Employer's business when climbing the tree are fundamentally inconsistent and not supported by the evidence.

That being the case, then it appears the Commissioner focused more upon the credibility of the defense witnesses. Certainly there were inconsistencies within each of their stories. However, there was curiously no mention of Claimant's offer of money to a material witness if he prevailed in his claim. That cannot be categorized as anything other than a bribe. There is no finding that this offer was *not* made – the offer is conspicuously absent from the Commissioner's Decision & Order.

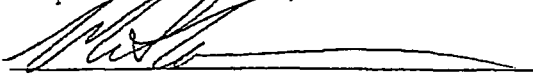
The Commissioner also focused in his Findings of Fact on the idea that no one told the Claimant to "get down" or "stop climbing" while they stood on the ground. To state that the crew failed to attempt to stop someone from executing on a bet doesn't make the claim compensable. Each testified they were present for the bet. They knew what was going on. It is not the charge of this Commission to determine whether it was right or wrong to stand and do nothing, or to voice an objection to the bet – the charge is to determine whether the bet was made. Defendants submit there was no other reason than the bet for Claimant to climb the tree. And there is no other reason for Claimant to offer money to a witness than to cover up that bet.

CONCLUSION

The only determination that need be made to decide compensability is whether Claimant, a grown man capable of ensuring his own safety, had any other reason than a simple friendly bet to climb the tree from which he fell. If credibility is the determining factor, then the Commissioner erred in failing to assess the credibility of *all* the witnesses by completely ignoring a bribe made by Claimant to a material witness. Beyond credibility in this case, Defendants urge the Panel to let logic prevail. Using the uncontroverted facts of this case, there was no other reason for Claimant to climb the tree than the bet, which clearly removes this

accident from the course of Claimant's employment. The Defendants respectfully request the Panel reverse the Order of the hearing Commissioner accordingly.

Respectfully Submitted,



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Charleston, South Carolina
July 14, 2009

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 0813616

RAMONE ZEPEDA-CEPEDA,

Employee,

Claimant,

vs.

PRIORITY LANDSCAPING AND LAWN CARE,
LLC,

Employer,

AND

ACCIDENT FUND INSURANCE COMPANY OF
AMERICA,

Carrier,

Defendants.

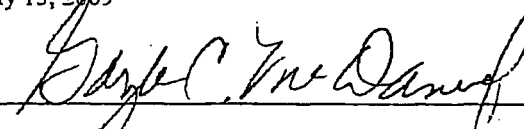
CERTIFICATE
OF
SERVICE

The undersigned certifies that she is an employee at MCANGUS GOUDELOCK & COURIE, and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

TO: Don C. Gibson, Esquire
Gibson Law Firm, LLC
5422 Rivers Avenue
North Charleston, South Carolina 29406

DOCUMENT: Appellants' Brief to the Full Commission

DATE OF MAILING: July 13, 2009


Legal Assistant to Mikell H. Wyman

STATE OF SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
CASE NUMBER - 0813616

RAMON ZAPEDA,	)	
	)	
CLAIMANT,	)	FULL COMMISSION HEARING
	)	
VS.	)	BEFORE
	)	
PRIORITY LANDSCAPING,	)	PANEL B
	)	
	)	
EMPLOYER,	)	COMMISSIONER BARDEN
	)	
ACCIDENT FUND,	)	COMMISSIONER WILLIAMS
	)	
CARRIER,	)	COMMISSIONER WILKERSON
	)	
DEFENDANTS.	)	
	)	

COPY

WORKERS' COMPENSATION FULL COMMISSION HEARING
TAKEN BEFORE SARA L. QUATTLEBAUM, A NOTARY PUBLIC IN
AND FOR THE STATE OF SOUTH CAROLINA, COMMENCING AT THE
HOUR OF 11:31 AM ON WEDNESDAY, AUGUST 25, 2009,
WORKERS' COMPENSATION COMMISSION, 1333 MAIN STREET,
COLUMBIA, SOUTH CAROLINA.

QUATTLEBAUM COURT REPORTING
148 LAKE HARBOR DRIVE
LEXINGTON, SC 29072
(803)447-0272

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SARA L. QUATTLEBAUM
INDEPENDENT COURT REPORTER
148 LAKE HARBOR DRIVE
LEXINGTON, SOUTH CAROLINA 29072
(803) 447-0272

1 COURT REPORTER: Today is August 25, 2009. This
2 is South Carolina Workers' Compensation Case No.
3 0813616.

4 This is the case of Ramon Zepeda, Claimant versus
5 Priority Landscaping, Employer and Accident Fund is
6 the Carrier.

7 The Appellant is the Defendant represented by
8 Mikell Wyman. The Respondent is represented by Don
9 Gibson.

10 Each side is allowed ten minutes for oral
11 argument and three minutes in reply. You are
12 requested to argue the grounds of exception and stay
13 within the record.

14 COMMISSIONER WILKERSON: Mr. Wyman.

15 MR. WYMAN: May it please the panel.

16 This was a denied claim that was found
17 compensable at a hearing heard by Commissioner Lyndon
18 some time ago.

19 The basics behind what brings us here today are
20 that the Claimant alleges he was instructed by his
21 supervisor to climb into a large oak tree. And the
22 pictures of the oak tree, just for illustrative
23 purposes, are in the APAs.

24 He was asked to climb into the tree onto a large
25 limb that was 20 feet over the ground, climb out onto

1 the limb and trim a small branch from said limb.

2 The Employer and Employer's witnesses assert
3 through their testimony that the Claimant climbed the
4 tree on a bet from a coworker, a \$20 bet from a
5 coworker. The testimony will show that that same
6 coworker that offered the \$20 bet to the Claimant
7 offered it to the two other crew members, including
8 the supervisor before he offered it to the Claimant.

9 The testimony will show that the crew, some
10 member of the crew pulled a riding lawn mower up to
11 the trunk of the tree. He skirted up the riding lawn
12 mower, up the trunk of the tree, out onto the limb.
13 And the question really is whether he jumped or fell
14 because the bet was whether he would jump or not.

15 The Claimant testified that he was instructed by
16 his supervisor to climb the tree onto the limb to trim
17 a branch. After nearly five hours, maybe a little
18 over five hours worth of testimony from five witnesses
19 Commissioner Lyndon found as fact that the Claimant
20 reasonably believed, and that is a very important
21 point, reasonably believed he was furthering the
22 Employer's business when he climbed the trunk of the
23 tree using the lawn mower, climbed out onto the branch
24 and somehow ended up on the ground.

25 COMMISSIONER EARDEN: Did he have a chain saw

1 with him?

2 MR. WYMAN: He had no tools with him.

3 He also - the testimony showed - I'm sorry.

4 COMMISSIONER BARDEN: Go ahead.

5 MR. WYMAN: The testimony shows he had no tools
6 with him.

7 COMMISSIONER WILLIAMS: Did he have like a hand
8 saw, hack saw?

9 MR. WYMAN: Nothing in his hands with him when he
10 went up. He also testified, as the witness did, that
11 there was no arrangements for any tools to be passed
12 up to him.

13 COMMISSIONER WILLIAMS: Did he have - sometimes
14 they have a rope around his belt. Did he climb up
15 with a rope or -

16 MR. WYMAN: There is no testimony that that was
17 evident. There were no tools. That was the
18 testimony, which reaches my point. There are some
19 major inconsistencies in this result, okay.
20 Commissioner Lyndon found that William Hampton, the
21 owner of the company, testified credibly that the
22 course of his business involved, when it comes to
23 trees, involves trimming small trees, trimming
24 medium-sized trees and trimming large trees if they
25 can be reached with a step ladder and an 11-foot pole

1 saw, which is basically a chain saw on an 11-foot pole
2 and a motor on the other end.

3 So here we have a Claimant who alleges to have
4 been told to climb a tree, according to Commissioner
5 Lyndon believes he is in the course of his employment,
6 has no tools, no evidence of any access to any tools.
7 The testimony shows there was a ladder and a pole saw
8 on the truck from which he worked, neither of which
9 were used in dealing with this alleged branch that
10 needed to be trimmed from this limb. Yet the claim is
11 now compensable because the Commissioner believed -
12 reasonable believed he was in the course of his
13 employment.

14 COMMISSIONER WILKERSON: How high was the branch
15 off the ground?

16 MR. WYMAN: The major limb that he climbed on was
17 estimated between 18 and 20 feet.

18 And I think my colleague will take exception to
19 the pictures in the records. I submitted those and
20 submitted those only for illustrated purposes. There
21 is a gentleman standing under the limb pointing up to
22 give scale to the limb. There is no dispute that that
23 is the limb from which he fell. Take a look at that
24 at your convenience.

25 COMMISSIONER WILLIAMS: When he went to the

1 doctor's office did he tell him he stepped in a hole?

2 MR. WYMAN: He did. And he told him he stepped
3 in a hole at his - according to the testimony at his
4 supervisor's beckoning. And you will hear my
5 colleague deal with that issue at length, probably,
6 when he argues his case.

7 Frank Shoppel was the Claimant's supervisor who
8 admitted that he changed his story.---I am not standing
9 here trying to excuse the fact that Frank Shoppel
10 changed his story. He worked with the Claimant and
11 the other members of the crew and they were all on the
12 same page. My man was weaving and he stepped in a
13 hole and broke his ankle.

14 Mr. Shoppel came out in his testimony and said, I
15 told that story and that is not the truth, but I told
16 that story because I was trying to save my job because
17 my guys were betting who would climb a tree and jump
18 out. And somebody got hurt. I was worried about my
19 job.

20 I'm not here to try to excuse the fact that he
21 changed his story, but his interest in changing his
22 story was to save his job. Take that as you will.
23 But if we are going to talk about credibility, which
24 I'm sure my colleague will at length, it cannot be
25 ignored that Commissioner Lyndon's order says

1 absolutely nothing about uncontroverted testimony in
2 the record that the Claimant offered the material
3 witness in the case, Caesar Rodriguez, money if he won
4 the case. The testimony is about a month after this
5 happened he offered money to Caesar Rodriguez, who
6 lived in the same house with him along with others, if
7 he won his case, not even addressed in the
8 Commissioner's order.

9 So if we're going to talk about credibility, and
10 there is a lot of references to credibility in the
11 record. Perhaps we don't even know who is telling the
12 truth here. But it absolutely cannot be ignored that
13 this gentleman offered the material witness, Caesar
14 Rodriguez, who offered him the bet to climb into the
15 tree, money if he won the case. There is no evidence
16 of any quid pro quo whatsoever. There is no evidence
17 of any benefit coming back to the Claimant from this
18 offer of money. There was no effort by the Claimant
19 to either retake the stand, because that testimony
20 came out on the Defendants' presentation of their
21 evidence. There was not even any questioning of
22 Caesar Rodriguez about the offer of money on cross
23 examination. It came out. It's there.

24 COMMISSIONER WILLIAMS: Where does the transcript
25 reference that?

1 MR. WYMAN: Bear with me, 101, line 24 through
2 102, line 17.

3 COMMISSIONER WILLIAMS: All right.

4 MR. WYMAN: So we get to the point where we -
5 maybe we are asking ourselves who is credible. Who
6 is? Frank Shoppel was found not credible because he
7 changed his story and because he has a criminal
8 record. He is an admitted drug addict. He made a - a
9 recovering drug addict. He made no effort to hide it.
10 He had some prior record problems and he changed his
11 story. Caesar Rodriguez failed to recall when the
12 pictures that you see in Exhibit C were taken. And
13 there was lengthy cross examination on that point. He
14 was found not credible because he couldn't remember
15 where the pictures were. I submit you should read
16 that testimony and determine whether you feel like he
17 was being evasive. That is up to you.

18 However, regardless of any issue of credibility,
19 what we have done here is find a case compensable
20 based on the Claimant's belief that he was in the
21 course of his employment. Beliefs cannot overcome
22 facts. The Panel has asked several questions that go
23 to the meat on this issue. Nobody was going to pass
24 the guy a tool. So if he reasonably believed he was
25 climbing the tree to trim a small branch, how could he

1 reasonably believe that since there were no
2 accommodations to send a tool and we're going to find
3 that it was in the course of the Employer's business
4 to use a ladder and a saw. And if you can't get to it
5 with a ladder and saw we have a tree contractor.
6 There are receipts in evidence, invoices in evidence
7 that show that they used the same tree contractor to
8 work on their big trees. And that tree contractor
9 worked on this very same jobsite several days, maybe a
10 week, week and a half after this happened. So where
11 is the reasonable basis for the Claimant's belief, if
12 that is even the standard for finding compensability.
13 Where is the reasonable belief? No tools, no ladder,
14 no saw. He is in the tree. Witnesses testified it
15 was a bet and then our Claimant offers money to the
16 witness that offered the bet. He didn't say I'll give
17 you money if you don't testify. But we've got to ask
18 ourselves where is the quid pro quo? What benefit is
19 the Claimant getting from offering money if he wins
20 his case, if he wins the case.

21 I submit to the Panel that we cannot allow a
22 stretching of the burden here and a stretching of the
23 standard to prove a compensable injury to whether a
24 Claimant believes he was in the course of Employment
25 when he did whatever act it might be that would render

1 a case compensable. There would never be a case that
2 would be disputed and denied as a compensability
3 before this Commission if all we relied upon was
4 belief. But facts have to back up the assertion. The
5 facts here do not support that that gentleman ignored
6 the ladder and the pole saw, scurried up a lawn mower,
7 a riding lawn mower, climbed out on a tree and then
8 ~~the testimony showed that he sat down on the limb,~~
9 grabbed it like this and dropped. Does that sound
10 like a fall? I submit that doesn't sound like a fall
11 and I think that you must reverse Commissioner
12 Lyndon's order and find that horseplay was, in fact,
13 proven here and this is not a compensable claim.

14 COMMISSIONER WILKERSON: Mr. Gibson.

15 MR. GIBSON: This is a landscaping company and
16 has four workers there. Frank Shoppel, who was the
17 supervisor and Caesar Rodriguez, who is the Spanish
18 liaison, who claimed he was a co-supervisor with
19 Frank. Both Frank and Caesar are bald-faced liars.
20 They admitted it.

21 As soon as the accident occurred Frank says,
22 we've got to say you fell in a ditch. We've got to
23 say you slipped in a hole. They cooked up a story and
24 told him to use it.

25 Well, they got Mary, the secretary, to come and

1 take him to the doctor. He goes to the doctor. He
2 can't speak English. He's out in the waiting room.
3 They are filling out papers for him that has something
4 about a hole or slipping in the ditch that the
5 Employer was promoting this lie from the very
6 beginning of the injury.

7 He was going up the tree without tools because,
8 as both he and Mr. Shoppel testified on, this tree we
9 didn't carry tools. They were handed up to us
10 afterwards. The truck that - we introduced a picture
11 of it, has a compartment on either side that has the
12 ladders, that has the pole saws and the extensions
13 that will reach up to 20 feet. They were at Johnson
14 Baptist Church, they were there. There were big trees
15 on the place. And each of the witnesses, Bentancourt
16 and my guy, the Claimant, testified nobody ever told
17 us not to climb any trees. We climbed small trees,
18 medium-sized trees and big trees. And even Mr.
19 Hampton, the owner, who came and watched all the
20 testimony and came up at the end he said they didn't
21 do big trees, they subcontracted that out to an
22 arborist. And the Commissioner asked him, well, if
23 you're out on a job like this with some of your folks
24 and you saw a rotten limb in a big tree, would you
25 probably try to get it down? And he said yeah, okay?

1 And that was the end of that.

2 But Caesar was gathering money after this injury,
3 giving help money, telling him not to go to a lawyer,
4 Caesar had contacted our office and told us the
5 accident had occurred. He didn't say one thing about
6 any betting. The betting deal came up after the step
7 in the hole and the fall in the ditch story fell hard.
8 Mr. Shoppel went to Mr. Hampton's office the very next
9 day and provided an affidavit statement to his wife
10 about the incident and bald faced lied in that
11 statement and admitted that he lied on the record.
12 And this statement is in the APAs that were submitted.
13 So you've got Caesar who lied to our office, as we did
14 the initial investigation on this. Caesar admitted
15 this in his own testimony. He admitted that the only
16 reason he was there testifying about the bet was to
17 save his job. This is in the transcript of the
18 hearing. So you had Frank Shoppel, the designated
19 supervisor; Caesar, either the co-supervisor as he
20 said or certainly an important liaison on the team,
21 both testified they watched the Claimant pull the
22 tractor over to the tree and go up. Nobody said a
23 word to him. When asked do you think this was a good
24 thing to be doing on the job, he said no. Did you say
25 anything to him about stopping it or come back? No.

1 Two supervisors standing there watching this go on.

2 The Claimant says he was off - left the three
3 guys in the truck. They were playing cards. He gets
4 out during the lunch break and gets on the tractor and
5 starts cutting the grass. They finally get out of the
6 truck. He comes over. Frank says, you need to go up
7 in the tree. Caesar told him, Frank says for you to
8 go on up in the tree. So he pulls the machine over to
9 cut a limb. He climbs up in the tree. He's going out
10 on the grass and he says he lost his balance and fell.
11 There is other testimony that he fell and he grabbed
12 the tree. I don't know.

13 But he was in a landscaping business. He denies
14 that anybody offered him a bet. He is a Jehovah
15 Witness and so he doesn't bet, gamble or drink. And
16 they come in cooking up these stories and they
17 acknowledge cooking up these stories. Duh, the
18 Commissioner didn't believe them. The Commissioner
19 didn't believe them. The betting stuff was probably
20 cooked up and didn't happen, either.

21 And about giving him some money. That's about
22 his best shot. That's about his best shot. But when
23 he is suffering and recovering and has had surgery and
24 they are bringing him money. And this guy,
25 incidentally, Caesar, lived in a house with a bunch of

1 Spanish people, including my Claimant and his wife,
2 was bringing him money, I can see where he said, I
3 will pay you back. I will pay you back as soon as I
4 get this straightened out. But I don't know. That is
5 as much speculation as the context in which he
6 presents that conversation. There was no
7 clarification by anybody.

8 ~~Caesar and Shoppel are bald-faced liars, admitted~~
9 so, lied about the very merits of this case. The very
10 issue of the accident they lied about and spread it to
11 the Doctors Care and to the hospital where he was
12 taken. The only people he had translating for him
13 were Spanish people that he did not know. Juvenul
14 went with him to St. Francis, I believe it was. He
15 did know him.

16 COMMISSIONER BARDEN: The story they cooked up is
17 that he fell in a hole.

18 MR. GIBSON: That was the first story, that he
19 fell in the ditch.

20 COMMISSIONER BARDEN: And I guess the way I see
21 that is perhaps he would have gotten in trouble if the
22 Claimant hadn't engaged in horseplay without
23 concocting the story; isn't that true?

24 MR. GIBSON: No, I don't think that is true at
25 all. They would have gotten in trouble period because

1 of a Workers' Comp claim going to drive the premiums
2 up.

3 COMMISSIONER BARDEN: Well, falling in a hole is
4 a compensable accident; is it not?

5 MR. GIBSON: Maybe, maybe not. I do not know
6 what their thinking was. I have no idea what their
7 thinking was.

8 COMMISSIONER BARDEN: But the supervisor came
9 clean at the hearing; did he not?

10 MR. GIBSON: I don't know that he did. I really
11 don't know that he did.

12 COMMISSIONER BARDEN: Well, it was not the
13 Employer who concocted the story that the Claimant
14 fell in a hole because the Employer would be on the
15 hook for that. It would only help himself get out of
16 trouble, no?

17 MR. GIBSON: Well, let me answer that with this.
18 The Claimant is a 45-year-old man. Do you honestly
19 think that someone of that age with his religious
20 inclination would wager everything on a \$20 bet to
21 climb up in a tree and jump out? That stretches all
22 credibility to me.

23 COMMISSIONER BARDEN: Well, I don't know. I've
24 seen lots of people with religious convictions that -
25 well, I don't know.

1 MR. GIBSON: So, I just think that as far as
2 credibility got gone on this bunch of witnesses. And
3 I really believe that's why the finding of no
4 credibility came out on each and every one of them,
5 quite frankly. I really do. I really do. And it's
6 gone. It never occurred.

7 COMMISSIONER WILKERSON: Mr. Wyman.

8 MR. WYMAN: I think probably what you're hearing,
9 Commissioners, is maybe a little bit of both, maybe me
10 and Mr. Gibson are speculating on who is thinking what
11 with this whole scenario. I think Commissioner Barden
12 hit the nail on the head, why would he make up a lie
13 that made a compensable story. Well, he stepped in a
14 hole, there is not a lot of argument there. He
15 changed his story. He did. He admitted it. He came
16 clean on the record with his Employer in the room. He
17 put his neck out there. He was worried the Employer
18 was going to fire him. That's between them. That is
19 not for us to decide. What is for us to decide is
20 whether the facts of what actually occurred from
21 credible witnesses. The Claimant, whether the facts
22 back up a belief which is the basis for a finding of
23 compensability here that the Claimant was climbing a
24 tree to cut a limb with no tools and no access to any
25 tools with a ladder and pole saw in the same truck

1 that Mr. Gibson just referenced.

2 COMMISSIONER BARDEN: Was there evidence as to
3 where the other guys were? Were they under the tree?

4 MR. WYMAN: There is, Commissioner. And I'm
5 trying to remember what it is off the top of my head.
6 I think a quick reference to the transcript will tell
7 you what he says about where they were.

8 COMMISSIONER WILLIAMS: I'm just trying to figure
9 out, was it customary for them to say the tools were
10 being handed up? Was there any testimony that the
11 guys on the ground were standing there with a chain
12 saw about to hand it up or hand up a hatchet or saw or
13 any kind of tools?

14 MR. WYMAN: I certainly don't want to
15 misrepresent the transcript, but I will submit to you
16 my recollection of their testimony is that no one had
17 any tools to hand up. Either they were in the car
18 playing cards, which - we can't hold that against
19 them. They are doing what they do on their lunch
20 hour. If there is a truck then there are some tools.
21 If two of them are playing cards then the other one is
22 there. We don't know who was where. But nobody had
23 tools to pass up. I believe the Claimant admitted as
24 much in his testimony. So why was he in the tree? He
25 couldn't believe he was in the course of his

1 employment.

2 COMMISSIONER WILKERSON: Thank you. This

3 concludes the hearing.

4 (The hearing concluded at 11:55 AM)

STATE OF SOUTH CAROLINA)
)
COUNTY OF LEXINGTON)

CERTIFICATE

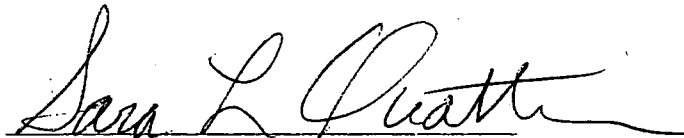
BE IT KNOWN THAT I TOOK THE FOREGOING
WORKER'S COMPENSATION HEARING;

THAT I WAS THEN AND THERE A NOTARY PUBLIC IN
AND FOR THE STATE OF SOUTH CAROLINA-AT-LARGE;

THE FOREGOING TRANSCRIPT REPRESENTS A TRUE,
ACCURATE AND COMPLETE TRANSCRIPTION OF THE TESTIMONY SO
GIVEN AT THE TIME AND PLACE AFORESAID TO THE BEST OF MY
SKILL AND ABILITY;

THAT I AM NOT RELATED TO NOR AN EMPLOYEE OF
ANY OF THE PARTIES HERETO, NOR A RELATIVE OR EMPLOYEE OF
ANY ATTORNEY OR COUNSEL EMPLOYED BY THE PARTIES HERETO,
NOR INTERESTED IN THE OUTCOME OF THIS ACTION.

WITNESS MY HAND AND SEAL THIS 17TH DAY OF
DECEMBER, 2009.



SARA L. QUATTLEBAUM
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES JULY 12, 2012