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SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM ORANGEBURG COUNTY
Maite Murphy, Circuit Court Judge

Appellate Case No. 2024-000443
Case No. 2021-CP-38-1138

Se'Anne Davis (Personal Representative for the
Estate of Adrienne Branton) Respondent,

v.

The Regional Medical Center of Orangeburg and Calhoun Counties, Appellant.

RECORD ON APPEAL – VOLUME II
(pp. 541-1053)

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SE'ANNE DAVIS - DIRECT EXAMINATION BY MR. GOINGS

1 thinking about how she died of heat stroke and to
2 find out that she suffered, that just makes it
3 worse.

4 Q. And to know, Ms. Davis, that you were
5 not able to help her in any way?

6 A. Yes.

7 Q. Introduce yourself to the ladies and
8 gentlemen of this jury.

9 A. My name is Se'Anne Davis.

10 Q. Ms. Davis, where do you live?

11 A. Columbia.

12 Q. Tell us what you do for a living?

13 A. I'm a teacher with Kershaw County
14 schools.

15 Q. Have you worked for any other school
16 districts over the years?

17 A. Richland County and the Department of
18 Juvenile Justice. And I was a CARE coordinator.

19 Q. Was Ms. Branton your mother?

20 A. Yes.

21 Q. Have you been appointed by the probate
22 court to serve as her personal representative?

23 A. Yes, I have.

24 Q. How many children did your mother have?

25 A. Two.

SE'ANNE DAVIS - DIRECT EXAMINATION BY MR. GOINGS

1 Q. You?

2 A. Yeah, me.

3 Q. And how old are you?

4 A. I'm 51.

5 Q. And who else?

6 A. My brother, he's 36.

7 Q. Is this your brother right here?

8 A. Yes.

9 Q. That's been sitting beside you all
10 week?

11 A. Yes.

12 Q. Who's this young lady?

13 A. That's my daughter.

14 Q. One of three grandchildren of your
15 mother; right?

16 A. Yes.

17 Q. Tell the jury about her grandchildren.

18 A. She has three grandchildren. The
19 youngest is my son, Chase Davis, he's 19. She has
20 another grandson, he's 24, but he passed away two
21 weeks ago from juvenile diabetes in his sleep. And
22 my daughter, she's 29.

23 Q. Your son that passed away, was he
24 planning to sit in that seat?

25 A. Yes. Yes, he wanted to tell everybody

SE'ANNE DAVIS - DIRECT EXAMINATION BY MR. GOINGS

1 about his grandmother and how much we loved her and
2 how much she meant to him and to get justice for
3 her. And -- well, the whole family wanted justice
4 for her, but he was ready.

5 Q. Four years is a long time to wait for
6 justice, isn't it?

7 A. Yes.

8 Q. Tell the jury your mother's
9 relationship with her grandchildren.

10 A. Oh, wow. She loved them and they loved
11 her. And she just loved being around them. They
12 loved being around her. And going places and going
13 on road trips and going out to eat and going to
14 buffets. And she loved to go shopping with them
15 and taking them to get treats and going to get
16 ice-cream and just different things like that.

17 Q. Was your mother fortunate enough to
18 have great-grandbabies?

19 A. Yes, she was. She had two, they're
20 twins. My daughter's children. Their names are
21 Jacia and Courtlyn (phonetic) and they're seven
22 years old, a girl and a boy.

23 Q. What did she think of those?

24 A. Oh, she was tickled pink. She just was
25 so in love with them, yeah.

SE'ANNE DAVIS - DIRECT EXAMINATION BY MR. GOINGS

1 Q. Now, your mother loved her
2 grandchildren and her great-grandchildren?

3 A. Yes.

4 Q. Tell the jury about how much they loved
5 her.

6 A. Oh, they loved her so much. Even when
7 she passed away, my grands, my daughter's children,
8 they still say, great-grandma went to heaven? And
9 they ask about her so, yeah.

10 Q. Now, let's back up. 51 years old?

11 A. Yes.

12 Q. Let's go back to almost 50 years.

13 A. Yes.

14 Q. When you were a little girl.

15 A. Yes.

16 Q. What are some of your earliest memories
17 of your mom?

18 A. Oh, wow. She loved dressing me up in
19 pretty clothes and dresses and we always went to a
20 special donut shop downtown to eat chocolate
21 donuts. I love chocolate donuts. And going to
22 McDonald's to get happy meals. And going to the
23 playground. And she loved crabs, so we would
24 always go like to the harbor and she'd come back
25 and cook the crabs and everything. Before she

SE'ANNE DAVIS - DIRECT EXAMINATION BY MR. GOINGS

1 would cook them, they're crawling on the floor and
2 everything.

3 Q. The harbor, now where did y'all live?

4 A. In Washington, D.C.

5 Q. Did you come to realize that your
6 mother had an illness?

7 A. Yes.

8 Q. How old were you?

9 A. I was about five or six. And I was
10 home with her and she -- I guess I was playing and
11 she held my hand and then she like pulled me closer
12 and she put my hands in her mouth and she wouldn't
13 let go and I started crying and screaming and a
14 neighbor heard and called the police and the police
15 had to get me away from her. And --

16 Q. What was she saying to you?

17 A. Yeah, I forgot. She was saying that
18 demons were inside of me and she had to get the
19 demons out of me.

20 Q. And she was chewing on your hands?

21 A. Yeah, she was chewing on my right hand
22 and I had to go to the hospital. And I can't
23 remember how many days I was in the hospital or if
24 it was weeks, but my hand was closed shut and I had
25 to go to therapy in the hospital for it to be able

SE'ANNE DAVIS - DIRECT EXAMINATION BY MR. GOINGS

1 to -- to rehabilitate my hand to be able to open it
2 again.

3 Q. You went to the hospital?

4 A. Yeah. After the hospital, I went --

5 Q. Where did your mom go did? Did you
6 ever know that?

7 A. She went to a mental hospital.

8 Q. You didn't know that at the time
9 though, did you?

10 A. No, I didn't.

11 Q. Well, what happened next?

12 A. I went to an orphanage. I can't
13 remember how long I was in the orphanage, but I
14 then went to a foster home.

15 Q. Was it days or weeks you were at the
16 orphanage?

17 A. I want to say weeks I was in the
18 orphanage. And then from the orphanage I went to a
19 foster home. I had a foster mother, she was really
20 kind. And I had a foster brother and a foster
21 sister. I was fortunate, but she was -- I've heard
22 about foster homes, but she was really nice. And
23 she wanted to keep me or adopt me and I kept
24 telling her, no, you can't, my grandfather's coming
25 to get me.

SE'ANNE DAVIS - DIRECT EXAMINATION BY MR. GOINGS

1 Q. Did he have to go through the court
2 system to get custody of you?

3 A. Right, court proceeding to get me.

4 Q. But you didn't know that at the time,
5 did you?

6 A. No, I didn't know that at the time. I
7 just knew my grandfather was coming to get me
8 because he would come and visit us in Washington.

9 Q. Did he come get you?

10 A. Yes, he did. The foster mom, she was
11 like, she always said you were coming. And I was
12 -- yeah, I was real excited.

13 Q. Do you remember that day when your
14 grandfather came to that foster parent's home?

15 A. Uh-huh.

16 Q. To the front door?

17 A. Yes.

18 Q. And got you?

19 A. Yes, I was very happy. I was very
20 excited. And I kept telling the foster mom, my
21 granddaddy is here, he's coming to get me. He came
22 to get me.

23 Q. Tell the jury what kind of man your
24 grandfather was.

25 A. Man, he was loving. He was caring. He

SE'ANNE DAVIS - DIRECT EXAMINATION BY MR. GOINGS

1 was understanding. He was strict. He was a
2 military man. He was a retired lieutenant colonel.

3 Q. He was a lieutenant colonel in the
4 World War II; right?

5 A. Yes, in the Army. Yes.

6 Q. Was your mother proud of him?

7 A. Yes, she was very proud of him. Yes.
8 Yes.

9 Q. You saw the picture from the morgue
10 with a jacket?

11 A. Yes.

12 Q. Whose coat was that?

13 A. That was my granddaddy's jacket. That
14 was one of his military jackets.

15 Q. Ms. Davis, after six years old, who
16 raised you?

17 A. My grandfather.

18 Q. Where did your grandfather live?

19 A. Columbia.

20 Q. So he moved you from Washington, D.C.?

21 A. To Columbia.

22 Q. To Columbia?

23 A. Uh-huh.

24 Q. What did your grandfather do at that
25 time? I understand he was retired from the

SE'ANNE DAVIS - DIRECT EXAMINATION BY MR. GOINGS

1 military.

2 A. He was a teacher. He was an elementary
3 teacher. And where he worked at as an elementary
4 teacher, he had me to start going to that same
5 school. So when he would go to work, I would go to
6 class, go to school with him.

7 Q. Did you get to see your mom any?

8 A. I did. After she got out of the
9 hospital, she would come and visit and stay for
10 weeks at that time because she lived out-of-town.
11 My grandfather, he was -- he tried to encourage
12 the, how do I want to say it, he knew that I didn't
13 understand about her mental illness at the time,
14 but he tried to encourage her and me to be around
15 each other to keep that mother and daughter bond.

16 Q. Did you understand your mother's
17 illness?

18 A. No. No, not at that time I didn't.

19 Q. Did you understand why your mother did
20 that to you?

21 A. No, not until I got older. I really
22 didn't understand. I actually, I kind of wasn't
23 sure why she did that. And so when she would come
24 around, I, you know, would kind of stay close to my
25 granddad, you know, but he encouraged, you know, us

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1 to be around each other and for her to visit.

2 Q. Ms. Davis, how old were you when you
3 started to have a better understanding about your
4 mother's illness?

5 A. Oh, wow. I was about 22, 23 when I had
6 my daughter, my first born. Actually, you know, I
7 became a mother and kind of realized how much I
8 wanted my mother in my life and I wanted her to
9 know her granddaughter.

10 Q. And you named your daughter after your
11 mother?

12 A. Yes. My mom's name was Adrienne,
13 A-D-R-I-A-N-N-E, and I named my daughter Adrianna,
14 A-D-R-I-A-N-N-A.

15 Q. Despite the challenges of your
16 childhood, she was special to you, wasn't she?

17 A. Yes, very special to me.

18 Q. Help us understand why motherhood for
19 you brought you closer to your own very mother?

20 A. Because I saw the challenges and I saw
21 how much I wanted to protect my daughter and how
22 much I loved my daughter. And I knew that by me
23 going to live with my grandfather, she wanted to
24 protect me from her illness and that it wasn't her
25 as my mom, it was just her illness.

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1 Q. It takes a mature person to understand
2 that, doesn't it?

3 A. Yeah, it took awhile for me to
4 understand that. It did.

5 Q. Ms. Davis, what did you do as a young
6 mother yourself of a daughter who shared your
7 mother's first name, what did you do to get your
8 mom closer?

9 A. Actually, I would talk to my mom on the
10 phone and she lived in McClellanville and there was
11 a hurricane and, actually, she was telling me of
12 her living conditions. And when she told me of her
13 living conditions, I had my own apartment with my
14 daughter and I decided to go down and get her. And
15 I packed her up and I brought her back to my
16 apartment. And me and my grandfather, he was still
17 living, decided to start looking for her an
18 apartment for herself.

19 Q. Did you help get your mom an apartment?

20 A. I did, but she stayed with me for
21 awhile because I wanted her to get to know her
22 granddaughter.

23 Q. Now, would you say your mother was an
24 independent lady or dependent on --

25 A. Oh, no, she was very independent. She

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1 was determined to be independent. She wanted to do
2 everything on her own. Yeah.

3 Q. How long did your mother live in
4 Columbia not too far away from your own house?

5 A. Nineteen years.

6 Q. Tell the jury about those 19 years that
7 your mother lived in Columbia with you.

8 A. In the 19 years that she lived, you
9 know, she spent with her grandchildren and myself.
10 And she loved going to out to eat and going to
11 buffets. And she loved going to the beach. And
12 she loved shopping. And, like I said, we spent
13 holidays together. And she just -- we just -- I
14 don't know, we just miss her a whole lot because
15 she was just an important part of our family.

16 Q. During those 19 years, tell the jury
17 about her mental health.

18 A. I'm not going to sit here and say she
19 didn't have episodes. That's what we called it.
20 Because my children didn't understand and me and my
21 husband decided to call them episodes. But they
22 were very rare, but when she did have them, it
23 might be like one or two or three days to, you
24 know, kind of regulate her medicine and then she
25 was fine again. But pretty much she was

SE'ANNE DAVIS - DIRECT EXAMINATION BY MR. GOINGS

1 independent and lived on her own. She went to take
2 care of her own bills, even when my grandfather
3 passed away because he wanted to make sure that I
4 knew how to help her and take care of things for
5 her if she passed away. And she was like, I can do
6 it on my own. I can take care of my bills and so I
7 just kind of stayed in the background, but if she
8 needed me or wanted anything, I was there for her.

9 Q. Did she drive?

10 A. No, she never drove.

11 Q. How did she get around?

12 A. I would take her around and as my
13 children got older and friends.

14 Q. Now, how often would you see her and
15 talk to her on the phone in a given week?

16 A. Every day or every other day because we
17 were always concerned about her and we wanted to
18 make sure that she was good. And she always needed
19 something whether it was a soda or she wanted us to
20 take her to church and she loved Church's chicken,
21 so.

22 Q. Ms. Davis, is it fair to say that you
23 used the last 20 years of your relationship with
24 her to make up for the first 20 years?

25 A. Yes, sir. Yes. Yes. Yes, I did.

SE'ANNE DAVIS - DIRECT EXAMINATION BY MR. GOINGS

1 Q. Tell us about her personality. Now, I
2 hear she was a bird?

3 A. Oh, man. Oh, wow, she was vibrant.
4 She was loving. She was a sweet lady. She loved
5 to cook. If you came or you came by, she would
6 offer you food. And if you say, no, I don't want
7 anything and then she would say, well, let me give
8 you a sandwich. And if you wouldn't take a
9 sandwich, she would say, well, I got an ice-cream
10 sandwich in the freezer or something. She always
11 wanted to take care of people and make sure that
12 they felt good and that they -- what's the word I
13 want to use? That they were relaxed and
14 comfortable around her and she just made you feel
15 good around her.

16 Q. Now you said every now and then kind of
17 rarely she would have an episode; right?

18 A. Yes.

19 Q. How would she treat you when she had an
20 episode?

21 A. Wow. When she would have an episode, I
22 was the last person she wanted to see. I was her
23 punching bag. She was very mad at me. But I knew
24 I had to do what I had to do to help her. Yeah,
25 she would be really upset with me.

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1 Q. She took it out on her loved ones?

2 A. Yes. She -- yeah, she took it out on
3 the ones that loved her the most I would say.

4 Q. I meant to ask you this, back when you
5 brought your mother to Columbia, you were a young
6 mother?

7 A. Yes.

8 Q. With your daughter here?

9 A. Uh-huh.

10 Q. Did you end up having that hard
11 conversation with your mother about what happened
12 when you were just five or six years old?

13 A. Actually, I did have that conversation,
14 but she didn't remember anything. She was bothered
15 and she was upset about it and she was very
16 apologetic, but she didn't remember anything. She
17 just said that she hate that happened, but she
18 didn't remember it.

19 Q. Did you tell her that you forgave her?

20 A. Yes -- well, yes, I told her I forgave
21 her, but my actions, you know, showed that I
22 forgave her as well. Yeah. Because that was so
23 long ago. I mean, I was a little girl. I wasn't
24 an adult then, so, yeah.

25 Q. Did it come a point that your mother's

SE'ANNE DAVIS - DIRECT EXAMINATION BY MR. GOINGS

1 mental health got unstable?

2 A. Yes. I want to say two events happened
3 that stood out -- well, really three events that
4 started happening. She cosigned on a car with a
5 neighbor and the neighbor took her to a car
6 dealership and the neighbor said that my mom was
7 her aunt and the neighbor was the niece. Of
8 course, when I found out, we took care of it. But
9 we found out that she was being taken advantage of
10 by some of her neighbors, so we tried to monitor
11 the neighbors and watch them and everything.

12 Another incident that happened, one of
13 her close friends, who was a neighbor also, but
14 they lived next to her and they spent a lot of time
15 together, I guess, like her boyfriend. He went
16 into the hospital for simple surgery and instead of
17 getting better, he got worse. But before he got
18 worse, she would visit him often in the hospital.
19 She would ask me to take her and I would take her
20 to visit and actually sit with them sometimes. But
21 instead of getting better, he got worse and he died
22 and I think that upset her.

23 And we found out she was wandering away
24 from her apartment. She was saying she was
25 homeless. Asking people for money which she didn't

SE'ANNE DAVIS - DIRECT EXAMINATION BY MR. GOINGS

1 have to. So I knew then that I had to bring her to
2 live with me and try to get her help, which I did.

3 Q. You did that; right?

4 A. Yes.

5 Q. And this was kind of towards the early
6 part of 2019 this all kind of happened?

7 A. Yes.

8 Q. The wandering off, asking for money,
9 having issues of being taken advantage of, was this
10 normal for her?

11 A. No, not for my mom.

12 Q. This was really out of the blue?

13 A. No.

14 Q. How was she doing with her medicine
15 during this time?

16 A. I don't -- she wasn't really taking it
17 like she should have.

18 Q. Did you try to help monitor her
19 medications --

20 A. Yes, I did. I was calling the doctors,
21 different things.

22 Q. Were you taking her to the doctor?

23 A. Yeah, I was taking her. Because, of
24 course, like I said, she couldn't drive, so we
25 would have to take her to her doctor appointments.

SE'ANNE DAVIS - DIRECT EXAMINATION BY MR. GOINGS

1 Q. Now how did she treat you during this?

2 A. Oh, man. She would get angry and fuss
3 and I would try to trick her into get her into the
4 car to go to her doctor's appointments and try to
5 get her to take her medicine. She was saying that
6 we were trying to poison her food. She would say
7 that items in the house were bad and we need to
8 throw them away, different things like that.

9 Q. Did you eventually get her to Richland
10 Springs which is a mental health hospital up in
11 Columbia?

12 A. Yes.

13 Q. How did she take it you getting her
14 into Richland Springs?

15 A. Oh, she was very upset with me. She
16 didn't want to talk to me. So actually my
17 granddaughter and grandson would go and visit her.
18 And then she decided she wanted to start talking to
19 me again and she started talking to me again.

20 Q. Did you know, like you said earlier,
21 that that was her illness talking and not her?

22 A. Yeah, like I said, I realized when I
23 was an adult -- a younger adult that that was her
24 illness. It wasn't my mom. So I learned to accept
25 it. I learned to accept it.

SE'ANNE DAVIS - DIRECT EXAMINATION BY MR. GOINGS

1 Q. And when she got -- and this is in 2019
2 after she got out of Richland Springs, where did
3 she go?

4 A. Actually, she came to live with me.

5 Q. How did that go?

6 A. Um, in the beginning, she seemed like
7 she wanted to be there and then she started saying
8 she wanted to go back to her apartment.

9 Q. Okay. And what do you recall happening
10 next? By the way, did y'all throw her -- I heard
11 you threw her a party when she got out of the
12 hospital?

13 A. Yeah, when she came to live with us, we
14 threw her a party and we actually took her to a
15 restaurant, Bonefish & Grill, my daughter wanted to
16 take her there because she loves seafood, so, yeah.

17 Q. And she was doing fine with you for a
18 period of time?

19 A. Yes.

20 Q. For how long?

21 A. I want to say a few days. Maybe almost
22 to the end of the week, but then she didn't want to
23 take her medicine. My son was trying to get her to
24 take her medicine. She didn't want to take her
25 medicine. She wanted to go back to her apartment,

SE'ANNE DAVIS - DIRECT EXAMINATION BY MR. GOINGS

1 | yeah.

2 | Q. During this period of time, were you
3 | trying to get her into an assisted living facility?

4 | A. Yes, actually, I was. I was calling
5 | assistant living homes. I was going to visit
6 | assistant living homes. Actually, a friend of the
7 | family found one and we thought that she was going
8 | to be able to -- be able to go to this assisted
9 | living home, but a person reserved the slot before
10 | her and at the last minute they decided to take it,
11 | so.

12 | Q. Was the assisted living facility kind
13 | of suppose be temporary until her move back in or
14 | how was that suppose to be?

15 | A. It was suppose to be temporary until
16 | she was stabilized and she would want to come back
17 | home. That was the objective to get her back home
18 | to be with her family.

19 | Q. If the jury doesn't understand now from
20 | hearing everything they heard, tell them the
21 | challenges that a primary caretaker has, a daughter
22 | or son would have caring for somebody who has
23 | schizophrenia and bipolar?

24 | A. It depends on the day. Trying to get
25 | her to take her medicine. Trying to get her to go

SE'ANNE DAVIS - DIRECT EXAMINATION BY MR. GOINGS

1 to doctor appointments. When she's angry with you,
2 not wanting to listen to you, to try to make sure
3 she's safe and make sure that she do the things
4 that she need to do, it got hard and it was
5 challenging.

6 Q. Ms. Davis, after she came to stay with
7 you for a week or so, what ended up happening with
8 her?

9 A. Wow. Actually, what happened, she
10 wanted to go to her apartment. Like I said, she
11 was adamant that she wanted to go to her apartment.
12 We knew she couldn't go to her apartment because we
13 didn't want her to stay at her apartment. We
14 wanted her to stay with us. So my son said, how
15 about we just take her for a ride or, you know, and
16 so we got her in the car and we told her we were
17 going to take her to her apartment. While she was
18 in the -- I mean, while we were in the car driving
19 her around, she started trying to get out of the
20 car. My son was in the backseat trying to hold
21 her. And, actually, I panicked.

22 I went -- I drove to the nearest police
23 station and I ran inside and I told them that I
24 needed help. They came outside. They got her.
25 They started talking to her and questioning her and

SE'ANNE DAVIS - DIRECT EXAMINATION BY MR. GOINGS

1 asking her questions. And she took my son's
2 insulin syringe out of her bra and she said that we
3 were poisoning her. That's when they knew that
4 something was seriously wrong. So they called the
5 ambulance, EMS, to come.

6 Q. Where was she taken?

7 A. She was taken to Baptist.

8 Q. And then from Baptist where was she
9 taken?

10 A. To Three Rivers.

11 Q. Where was the last place -- when was
12 the last time that you ever saw your mother?

13 A. The last time I saw my mom was at the
14 police station.

15 Q. How did she act towards you?

16 A. She was angry and she was fussing and
17 cussing and saying they're poisoning me, they're
18 poisoning me and, yeah, it was really bad.

19 Q. You were not able to visit her --

20 A. Yeah, I tried to call her at Three
21 Rivers, but I wasn't able to speak with her at the
22 time.

23 Q. Did you eventually get a call from
24 someone?

25 A. Yes. I got a call from Estelle

SE'ANNE DAVIS - DIRECT EXAMINATION BY MR. GOINGS

1 Hutchinson that my mom was going to be living with
2 her and that she was a nurse and that she was owner
3 of IKare. And she told me that she was going to
4 get my mom a new ID, a new Social Security card and
5 that she was going to establish mental health
6 appointments in Orangeburg.

7 Q. What did you understand about IKare?
8 What was IKare to your knowledge at that time?

9 A. From my knowledge of what I had heard,
10 I thought it was assisted living home because
11 that's what I was told that she needed and that's
12 where she was suppose to be put, an assisted living
13 home.

14 Q. Did she ever tell you that it was
15 actually a boarding home?

16 A. No.

17 Q. If you had known that she was at a
18 boarding home, what would you have done?

19 A. I would have went and got her.

20 Q. Did you ask to come visit her and see
21 your mom?

22 A. Yes, I did. And Estelle, she told me,
23 you know, just give her some time to adjust to her
24 surroundings. Because she kept saying that my mom
25 was angry with me and upset with me.

SE'ANNE DAVIS - DIRECT EXAMINATION BY MR. GOINGS

1 Q. She was mad that you got her committed
2 is what she said?

3 A. Yes.

4 Q. How many times did you ask Estelle to
5 come down and see your mom?

6 A. A few times. Me and my daughter tried
7 to go and see her and she would say, this is not
8 the time or that she had to take her to her
9 doctor's appointment or something like that.

10 Q. And you saw she really wasn't at IKare
11 long at all, was she?

12 A. No.

13 Q. Did you know that she went to a
14 behavioral institute in Spartanburg?

15 A. No. Not at this time, no.

16 Q. Did you know that your mother was
17 trying to leave this boarding home?

18 A. No, I didn't know.

19 Q. Did you know that your mother was
20 hanging around the road with her belongings waiting
21 for her family members to pick her up?

22 A. No, I didn't.

23 Q. Estelle never told you that, did she?

24 A. No. We would talk, you know, she would
25 tell me different things about how my mom was doing

SE'ANNE DAVIS - DIRECT EXAMINATION BY MR. GOINGS

1 | saying that she was doing well, she's eating
2 | breakfast or she's getting along with the women or,
3 | you know, with the other residents or tenants or
4 | whatever, but, no, she never told me that.

5 | Q. Did Estelle tell you that her mother --
6 | your mother was going to her apartment and taking
7 | her belongings?

8 | A. No.

9 | Q. Did Estelle tell you that she was
10 | taking money from her debit cards?

11 | A. No, I didn't know that. No.

12 | Q. Did you know that your mother went to
13 | The Regional Medical Center, a hospital, here in
14 | Orangeburg?

15 | A. No, I didn't know that.

16 | Q. Were you ever contacted by anyone at
17 | The Regional Medical Center?

18 | A. No.

19 | Q. Dr. West was a doctor at The Regional
20 | Medical Center and in his notes that's been made a
21 | part of an exhibit in this case, page 61, it says,
22 | Dr. West, quote, received collateral information
23 | from the family regarding the reason for admission.
24 | He received information from the family. Did you
25 | ever talk to Dr. West?

SE'ANNE DAVIS - DIRECT EXAMINATION BY MR. GOINGS

1 A. No, I did not. I never talked to
2 anybody.

3 Q. Did Dr. West ever call you?

4 A. No.

5 Q. Did he ever reach out to you?

6 A. No.

7 Q. Did anybody from The Regional Medical
8 Center contact you?

9 A. No.

10 Q. In the past were you made aware of her
11 status at hospitals?

12 A. Yes, because I would take her to her
13 doctor's appointments. I was her primary contact
14 and emergency contact.

15 Q. Ms. Davis, when did you learn about
16 your mother's death?

17 A. Estelle -- well, I recognized the
18 number, so I thought it was my mom and Estelle
19 called me. But it was Estelle, she called and she
20 said, we did all we could. I tried to give your
21 mom CPR. And I was like, okay, what's wrong?
22 What's going on? And she said, your mom passed
23 away. By then I started screaming and I fell to
24 the floor and my son was living with me who passed
25 away, he came and started talking to her.

SE'ANNE DAVIS - DIRECT EXAMINATION BY MR. GOINGS

1 Q. When did you find out that the last
2 moments of her life was spent in a metal folding
3 chair in a wool jacket --

4 A. I didn't find --

5 Q. -- in --

6 A. Go ahead, I'm sorry.

7 Q. -- 103-degree weather?

8 A. I didn't find that out until I went
9 with my daughter and my son who passed away, we
10 went to Orangeburg and Estelle, we thought we were
11 going to IKare, and Estelle said, no, I'm going to
12 -- I'm giving you a different address and she met
13 us and that's when I found out at the other
14 boarding home.

15 Q. And then you learned that she wasn't
16 even at IKare, she was at another boarding home?

17 A. Yes.

18 Q. And all this time you thought she was
19 at an assisted living facility?

20 A. Yes, I did.

21 Q. Ms. Davis, did you have a celebration
22 of life for your momma?

23 A. Yes, we did.

24 Q. JP Holley Funeral Home was responsible
25 for that, wasn't it?

SE'ANNE DAVIS - DIRECT EXAMINATION BY MR. GOINGS

1 A. Yes.

2 Q. I'm going to hand you what has been
3 marked as Exhibit 25 --

4 MR. GOINGS: And, Your Honor, it's
5 already been introduced into evidence by
6 stipulation.

7 Q. -- which is a program and the obituary
8 of your mother's celebration of life. That's your
9 momma?

10 A. Yes.

11 Q. [REDACTED]

12 A. Yes.

13 Q. To October 3, 2019?

14 A. Yes.

15 Q. Second page. On the right-hand side,
16 is this the obituary?

17 A. Yes.

18 Q. Daughter of the late Colonel Herbert
19 Mallette Sawyers (phonetic) --

20 A. Yes.

21 Q. And she departed this life and entered
22 eternal life on Thursday, October 3, 2019. Bunny,
23 as she was affectionately called by family and
24 friends attended the public schools of Richland
25 County where she was a graduate of Eau Claire High

SE'ANNE DAVIS - DIRECT EXAMINATION BY MR. GOINGS

1 School in Columbia, South Carolina. Upon
2 graduation, she attended Fayetteville State
3 University in Fayetteville, North Carolina.

4 Bunny was married to the late Herman
5 LeRoy Branton. It says your momma was a loving
6 mother, grandmother, great-grandmother, sister,
7 niece, and faithful friend and they list her
8 family.

9 A. Yes.

10 Q. That left this life, preceded her life
11 in those that she left here. The order of service.
12 Tell me about that song, His Eye Is On The Sparrow,
13 for I know he comforts me.

14 A. That was one of her favorite gospel
15 songs.

16 Q. It's a special song for me too. I sang
17 that song for my own mother's funeral.

18 MR. TANNER: Your Honor --

19 Q. The old testimony and the new testimony
20 and the prayer and then the poem --

21 MR. TANNER: -- he's testifying. I'd
22 ask that that be stricken from the record.

23 MR. GOINGS: If he wants to strike that
24 I sang at my momma's funeral, that's fine.

25 MR. TANNER: It's not his trial.

SE'ANNE DAVIS - DIRECT EXAMINATION BY MR. GOINGS

1 THE COURT: Yes, sir. It will be
2 stricken.

3 MR. GOINGS: All right. Thank you.

4 Q. Selection, Wind Beneath My Wings.
5 That's a song that was sung?

6 A. Yes.

7 Q. And then a poem entitled, Beautiful
8 Sole, who did that poem?

9 A. My daughter.

10 Q. She wrote it?

11 A. Yeah, her and my son that passed away.
12 I always called them poets. They could write
13 poetry.

14 Q. Who spoke?

15 A. My son.

16 Q. The one that's not here?

17 A. Yeah, Omaury Davis.

18 Q. At this time, I want to play for the
19 jury what he said during the service.

20 MR. TANNER: And, Your Honor, just as a
21 matter of law, note my prior objection.

22 THE COURT: Yes, sir. And the Court
23 ruled that it's admissible under 803 hearsay
24 exception.

25 MR. TANNER: Yes, ma'am.

SE'ANNE DAVIS - DIRECT EXAMINATION BY MR. GOINGS

1 (WHEREUPON, playing the video.)

2 Q. Your son was 19 years old when he said
3 that, wasn't he?

4 A. No, 24.

5 Q. When he said that?

6 A. Yeah. Sorry, yeah.

7 Q. 19.

8 A. Yeah, he was 19. Yeah.

9 Q. And you also put together just a video
10 tribute of your mother with the pictures, didn't
11 you?

12 A. (Nodded.)

13 Q. And that's one thing that Herman help
14 put together; right?

15 A. Uh-huh.

16 Q. All right.

17 MR. GOINGS: Let's play that.

18 (WHEREUPON, playing the video.)

19 Q. Who's in that picture?

20 A. My brother. That's my grandfather, I'm
21 sorry.

22 Q. Who's that?

23 A. That's Omaury.

24 Q. What about those gentlemen?

25 A. That's my granddad and my uncle. My

SE'ANNE DAVIS - CROSS-EXAMINATION BY MR. TANNER

1 mom's brother. That is Omaury and my brother and
2 me and my mom.

3 Q. And that gentleman?

4 A. That's our granddaddy.

5 Q. That's the man that raised you?

6 A. Yes.

7 Q. Se'Anne, please answer any questions
8 the hospital has for you.

9 THE COURT: Cross-examination?

10 MR. TANNER: May it please the Court?

11 THE COURT: Yes, sir.

12 CROSS-EXAMINATION

13 BY MR. TANNER:

14 Q. Ms. Davis, I'm certainly sorry for the
15 loss of your mother and your son. I apologize that
16 I have to ask you these questions today and I'm not
17 purposely trying to upset you, so please understand
18 that.

19 But one thing I just heard you say
20 really struck me was that Ms. Hutchinson told you
21 that she tried to perform CPR on your mother?

22 A. Yes.

23 Q. Now you were here earlier today when
24 she testified; right?

25 A. Yes.

SE'ANNE DAVIS - CROSS-EXAMINATION BY MR. TANNER

1 Q. And she told a lot of different things?

2 A. Yes.

3 Q. I never heard her say that she

4 performed CPR on your momma; correct?

5 A. That's what she told me.

6 Q. You don't believe that to be true, do

7 you?

8 A. I'm not sure.

9 Q. Did you hear when she testified that
10 when she came up there it was later that night, law
11 enforcement was there?

12 A. Sir, I wasn't there, so.

13 Q. You heard her say that earlier? You
14 heard her testify to that though; right?

15 A. Yes, but I wasn't there.

16 Q. Okay. She also told you she was a
17 nurse?

18 A. She did.

19 Q. Now we know she's not telling you the
20 truth on that; right, based on her testimony?

21 A. Yes.

22 Q. Did she ever -- did you ever ask her
23 where she went to nursing school?

24 A. No, I didn't at the time.

25 Q. But she represented that she was a

SE'ANNE DAVIS - CROSS-EXAMINATION BY MR. TANNER

1 nurse and she was going to take care of your
2 mother?

3 A. Yes.

4 Q. And, in fact, went and told you that
5 she was going to get her a new ID and a new Social
6 Security card and take her to all her mental health
7 appointments?

8 A. Yes.

9 Q. Do you have any idea how Three Rivers
10 called Estelle Hutchinson and gave her your mother
11 --

12 MR. GOINGS: Your Honor, that's
13 speculation. Object to the question.

14 MR. TANNER: Asking for what she
15 believes.

16 THE COURT: If she knows she can
17 answer.

18 A. No.

19 Q. Okay. And that was the second -- that
20 was after the second time that she was at Three
21 Rivers; correct?

22 A. Yes.

23 Q. Did she explain to you how she was
24 going to get her a new ID and a new Social Security
25 card?

SE'ANNE DAVIS - CROSS-EXAMINATION BY MR. TANNER

1 A. She said that she was going to take her
2 to Orangeburg or Richland and take care of that.
3 Because Three Rivers had discharged my mom to her,
4 so I thought it was a assisted living home
5 facility.

6 Q. In fact, you thought that because of
7 what Ms. Hutchinson told you; right?

8 A. That and because she was released to --
9 from Three Rivers.

10 Q. Okay. So, again, Ms. Hutchinson
11 represented to you as a nurse, we know that's not
12 true. She represented that she was running a
13 residential care facility, we also know that's not
14 true; right?

15 A. (Nodded.)

16 Q. And I'm sorry, just for the court
17 reporter, is that a, yes? I saw you nodding your
18 head.

19 A. Yes.

20 Q. Okay. And so, again, this is -- this
21 disease that your mom had, this affected her whole
22 life, is that fair to say?

23 A. Yes.

24 Q. But, again, she had stabilized, she was
25 able to live independently and been doing well

SE'ANNE DAVIS - CROSS-EXAMINATION BY MR. TANNER

1 | until the tragic passing of her boyfriend, is that
2 | sort of what tipped her over?

3 | A. I believe so.

4 | Q. When was the last time that your mother
5 | that you knew her to work outside the home?

6 | A. Wow, she was on disability for years.

7 | Q. And you mentioned she was -- sort of
8 | the first time she was hospitalized in your
9 | adulthood was the Richland Springs?

10 | A. No.

11 | Q. Where was she hospitalized before that
12 | Richland Springs?

13 | A. Sir, like I said, ever since my
14 | children were little she had been hospitalized.

15 | Q. There was, again, the period of time
16 | where she was stable and living independent; right?

17 | A. Yes, for 19 years she did.

18 | Q. Able to take care of her own medicines?

19 | A. Yes. Take care of her bills, yes, sir.

20 | Q. Other than driving it sounds like?

21 | A. Yeah, she couldn't drive. She never
22 | had a license.

23 | Q. She was able to cook and clean?

24 | A. Cook. Clean. She would cook for her
25 | family. Cook for her friends, yeah.

SE'ANNE DAVIS - CROSS-EXAMINATION BY MR. TANNER

1 Q. And so I guess Richland Springs is
2 sorta later, again, after the tragic passing of her
3 boyfriend?

4 A. If I can recall it was in that time.

5 Q. And then from there she went to Bryan
6 and then I think either Baptist or Parkridge; is
7 that right?

8 A. If I can recall.

9 Q. And then Three Rivers; right?

10 A. Yes.

11 Q. Okay. What did you feel about the care
12 that she got at Three Rivers?

13 MR. GOINGS: Your Honor, I object to
14 this question. How she felt about something is not
15 common testimony. She's a lay witness. And how
16 she feels about somebody it's not evidence in the
17 case.

18 MR. TANNER: Again, we have the issue
19 of Three Rivers discharging her mother to Ms.
20 Hutchinson without her knowledge, I think it's an
21 appropriate question.

22 THE COURT: I'll allow it.

23 A. Three Rivers, I just wanted her to get
24 the best care. It didn't matter where she got it
25 from, which hospital, I just wanted her to get the

SE'ANNE DAVIS - CROSS-EXAMINATION BY MR. TANNER

1 best care.

2 Q. But she didn't feel that they took --
3 you didn't feel they took care of her the way they
4 should have, do you?

5 A. At the time, I wasn't sure about the
6 care that they was giving her at the time.

7 Q. And did you -- did you try to see her
8 when she was at Three Rivers?

9 A. Yes.

10 Q. And were you not allowed?

11 A. The first time she went to Three Rivers
12 me and my son that passed away, we was able to
13 visit with her on a regular basis. When she went
14 to Three Rivers the second time, I kept calling and
15 trying to get in touch with her and I couldn't get
16 in touch with her.

17 Q. And were you able to speak to any of
18 her social workers or nurses?

19 A. I kept trying to speak to her social
20 worker at the time and they didn't return my phone
21 call.

22 Q. Was it a surprise to you then that you
23 were doing what you're suppose to do in calling
24 Three Rivers, the social workers and the nurses,
25 they won't talk to you, but then you find out, out

SE'ANNE DAVIS - CROSS-EXAMINATION BY MR. TANNER

1 of the blue that Three Rivers has given your momma
2 to Estelle Hutchinson?

3 A. Well, at the time, the objective was
4 for her to be in assistant living home, so I
5 assumed she was at a place in assisted living home.

6 Q. Even though you didn't have any input
7 into that decision?

8 A. At the time I just wanted her to have
9 the best care and be safe.

10 Q. And, again, what you thought was the
11 best care was what Ms. Hutchinson represented the
12 care that she was going to get; correct?

13 A. Because Three Rivers and in the past
14 had discussed assisted living home.

15 Q. Were you -- it was unclear from Ms.
16 Hutchinson, were you ever able to physically go to
17 the IKare Boarding Home in St. Matthews?

18 A. No, I was not. Because at the time,
19 Estelle Hutchinson would say let her adjust to her
20 surroundings and we don't want to upset her. And I
21 didn't want to upset her or trigger her, so.

22 Q. And I think we've all --

23 A. Me and my daughter did try to go visit
24 a couple of times.

25 Q. How many times do you think you tried

SE'ANNE DAVIS - CROSS-EXAMINATION BY MR. TANNER

1 to go visit her?

2 A. About two times.

3 Q. And you drove to St. Matthews from
4 Columbia?

5 A. No, I called Estelle Hutchinson.

6 Q. So you called her and she took your
7 call and gave you some sort of reason why you
8 couldn't visit, is that a fair characterization?

9 A. Yes. At one time she said something
10 about she had an appointment. Another time she was
11 saying that she was upset with me right now it
12 might not be a good time for me to come.

13 Q. She told you that your momma was upset
14 with you?

15 A. Yes. Which I -- sometimes she was
16 upset with me, so I understood that. So I just
17 wanted her to have the best of care and make sure
18 that she was good. I didn't want to upset her or
19 trigger her or anything like that.

20 Q. Did Ms. Hutchinson ever tell you how
21 much she was charging your mother to stay in her
22 residential care facility and receive the nursing
23 care that she was going to provide her?

24 A. No, she didn't.

25 Q. She never told you that, did she?

SE'ANNE DAVIS - CROSS-EXAMINATION BY MR. TANNER

1 A. No.

2 Q. Ms. Hutchinson, you were here when she
3 testified, that there was some Saturday appointment
4 that you were going to come see her, do you know
5 anything about showing up on a Saturday?

6 A. No, because she said to you something
7 about it might have been a Friday or Thursday.
8 Actually, I can't even remember, it was four years
9 ago. I just know that me and my daughter made
10 attempts to go visit my mom.

11 Q. And she for whatever reason Ms.
12 Hutchinson may have, she never allowed you to visit
13 your mother?

14 A. No, it wasn't that -- not allowed, she
15 just said come at a different time, a better time
16 would be better.

17 Q. Did she ever give you that better time?

18 A. The first time, like I said, she had an
19 appointment. Another time she said that my mom was
20 upset with me and maybe try another time to come
21 and see her.

22 Q. But was there ever a time that Ms.
23 Hutchinson gave you that would have allowed you to
24 see your mother?

25 A. No.

SE'ANNE DAVIS - CROSS-EXAMINATION BY MR. TANNER

1 Q. Did Ms. Hutchinson ever call you and
2 say, hey, Ms. Davis, by the way, they had to take
3 your mother to Spartanburg to Mary Black Hospital?

4 A. No.

5 Q. Never told you that?

6 A. No.

7 Q. Did she ever call you to tell you how
8 your mother was doing at Mary Black Hospital?

9 A. No.

10 Q. Is it fair to say you got a call out of
11 the blue from social workers at Mary Black letting
12 you know that your mother was in the hospital in
13 Spartanburg?

14 A. Yeah -- well, you know, as a matter of
15 fact, a social worker did call and say that my mom
16 was being discharged. But when my mom was admitted
17 into Mary, I did not know at that time.

18 Q. And did Ms. Hutchinson ever give you
19 any explanation why she never told you that?

20 A. No.

21 Q. Did you intend that when Ms. Hutchinson
22 got your mom from Three Rivers that she would
23 exclude you from information about her health and
24 wellbeing?

25 A. No, I didn't -- not at the time.

SE'ANNE DAVIS - CROSS-EXAMINATION BY MR. TANNER

1 | Because like I said, I thought it was assisted
2 | living home.

3 | Q. Did you do any research into IKare to
4 | see if it was in fact assisted living?

5 | A. To be honest, no, not research like
6 | that, no.

7 | Q. Did you contact anyone at Three Rivers
8 | to see sort of what relationship they had with the
9 | IKare facility?

10 | A. No, I didn't call Three Rivers. No, I
11 | didn't.

12 | Q. I presume then since the social workers
13 | in Spartanburg didn't take your call, you weren't
14 | allowed to speak to the doctors or anything about
15 | how your mother was doing and what the plans were
16 | for her medication or anything of that nature?

17 | A. Well, I was under the impression that a
18 | doctor was going to call me, that's what the social
19 | worker said.

20 | Q. Social worker at Spartanburg told you
21 | that one of their doctors would call you?

22 | A. Uh-huh.

23 | Q. Did that ever happen?

24 | A. No.

25 | Q. So no one from Spartanburg called you

SE'ANNE DAVIS - CROSS-EXAMINATION BY MR. TANNER

1 and, again, Ms. Hutchinson never told you that she
2 was in Spartanburg to start with; right?

3 A. No.

4 Q. Was -- your mother also had diabetes
5 and high blood pressure; is that right?

6 A. Yes.

7 Q. Was the medication she took for the
8 diabetes, was that insulin or was that a pill?

9 A. It was a pill. Because she had
10 diabetes for a few years and she took a pill.

11 Q. Was she able to take that medication?

12 A. Yes.

13 Q. As far as you know?

14 A. For the 19 years, yes.

15 Q. What about afterwards when she began to
16 sort of have these episodes as you called them, was
17 she able to take her diabetes pills?

18 A. Actually, I would help her to take the
19 pill or ask the neighbor to check in on her if I
20 wasn't able to.

21 Q. What about her blood pressure pill, was
22 that something she would take?

23 A. Well, she was adamant about taking her
24 blood pressure pill and her diabetes pill, so I
25 think it was more so the other medicine she didn't

SE'ANNE DAVIS - CROSS-EXAMINATION BY MR. TANNER

1 want to take.

2 Q. Did Ms. Hutchinson ever tell you that
3 she would help your mother with her medication?

4 A. Yes, we talked about it.

5 Q. And then so, again, it was your
6 expectation that based on what she told you she was
7 going to help make sure she had all of her
8 medication; right?

9 A. Yes.

10 Q. Did Ms. Hutchinson ever tell you that
11 the day after she got discharged from Spartanburg
12 that she called -- needed to call Calhoun County
13 9-1-1 and EMS?

14 A. No.

15 Q. Did Ms. Hutchinson ever tell you that
16 she was concerned with the way that your mother was
17 acting?

18 A. No.

19 Q. Now you heard her testify and I
20 believe she testified that you had told her that --
21 let her know if your mother acts up, is that --

22 A. Yes.

23 Q. Do you recall that conversation?

24 A. Yes, of course.

25 Q. Any idea -- strike that. But after you

SE'ANNE DAVIS - CROSS-EXAMINATION BY MR. TANNER

1 | told that to Ms. Hutchinson, she never did call you
2 | and tell you that your mother was acting up;
3 | correct?

4 | A. No.

5 | Q. That would have been something you
6 | would have liked to have known before she went to
7 | Spartanburg; right?

8 | A. Yes, of course I would have wanted to
9 | know how my mom was doing.

10 | Q. Is it fair to say that's something you
11 | would like to have known with your mother before
12 | Calhoun County EMS was called?

13 | A. Yes.

14 | Q. And certainly you probably would have
15 | liked to know that before she was taken to the ER
16 | at the hospital; correct?

17 | A. Yes.

18 | Q. Did you ever have a chance to talk
19 | about these things with Ms. Hutchinson?

20 | A. No.

21 | Q. She never gave you a reason as to why
22 | she did what she did?

23 | A. To be honest, she said that she did all
24 | she could -- well, and after my mom passed away, I
25 | didn't really talk with her after that.

SE'ANNE DAVIS - CROSS-EXAMINATION BY MR. TANNER

1 Q. She --

2 A. Except when we went to go and pick up
3 my mom's belongings.

4 Q. Okay. And you heard Ms. Hutchinson
5 talk about that as well, were all your mother's
6 things there?

7 A. I honestly don't know. Because when we
8 went there, she led us to a room, she said some of
9 my mom's belongings were in here. She said that my
10 son that passed away that my mom wanted him to have
11 them.

12 Q. I think your mom had a television that
13 she use to like to watch, did she not?

14 A. Yes.

15 Q. Did Ms. Hutchinson ever give you that
16 TV?

17 A. No, she said that she knocked it down
18 and broke it.

19 Q. Do you know if that's true or not?

20 A. I have no idea. But we did ask about
21 it.

22 Q. Yes, ma'am. Is there anything else
23 that you had -- that your mother had that wasn't
24 there when you came to get her belongings from Ms.
25 Hutchinson?

SE'ANNE DAVIS - CROSS-EXAMINATION BY MR. TANNER

1 A. To be honest, I'm not really sure, sir.

2 Q. Ms. Brenda Williams in the Heavenly
3 Boarding Home, did Ms. Hutchinson ever tell you
4 that she was going to take your mother there?

5 A. No.

6 Q. When your mother had an episode after
7 getting discharged from the hospital and Ms.
8 Hutchinson or Ms. Williams called 9-1-1, did either
9 one of those ladies call you to, again, tell you
10 what was going on with your mother?

11 A. No.

12 Q. Did Ms. Williams ever call you and tell
13 you that your mother was going -- was at her
14 boarding home?

15 A. No.

16 Q. And, likewise, did Ms. Hutchinson tell
17 you, hey, I can't take care of your mother anymore,
18 she's going to go to Ms. Williams?

19 A. No.

20 Q. The military coat that your grandfather
21 had; is that right?

22 A. Yes.

23 Q. You hadn't known her to regularly wear
24 that before, had you?

25 A. I know that in my mom's apartment she

SE'ANNE DAVIS - CROSS-EXAMINATION BY MR. TANNER

1 kept it in the closet.

2 Q. It was a cherished possession?

3 A. Yes.

4 Q. Again, that's not something that she
5 would wear on a daily basis; right?

6 A. I can't recall at this time.

7 Q. When was the first time you met Ms.
8 Williams?

9 A. I don't think I ever met Ms. Williams.

10 Q. Did you meet her when you went out
11 there to the residence where your mother passed
12 from?

13 A. No.

14 Q. Did you ever speak to Ms. Williams?

15 A. No.

16 Q. Do you know if your brother spoke with
17 Ms. Williams?

18 A. No -- well, we talked to Ms. Williams
19 on the phone when our mother passed.

20 Q. And was that the day she passed or was
21 that a different day?

22 A. It wasn't the day she passed.

23 Q. And what do you remember Ms. Williams
24 telling you?

25 A. She said at the time that where my mom

SE'ANNE DAVIS - CROSS-EXAMINATION BY MR. TANNER

1 -- it was a boarding home and it was a place for
2 them to eat food and have a bed.

3 Q. Did she explain to you how your mother
4 came to be there?

5 A. Yes, she said Estelle Hutchinson
6 brought my mom there.

7 Q. Did Estelle Hutchinson at any point
8 tell you that your mother supposedly tried to jump
9 out of her car when she was leaving the hospital?

10 A. No, because we didn't talk about my mom
11 being in the hospital.

12 Q. Is that something you learned today as
13 well?

14 A. About her being in the hospital?

15 Q. About her supposedly jumping out of the
16 car at the hospital?

17 A. I didn't talk to Estelle after my mom
18 passed away except to get my mom's belongings.

19 Q. Did Ms. Williams ever tell you on that
20 phone call that she observed Ms. Hutchinson trying
21 the give your mother CPR?

22 A. No.

23 MR. TANNER: Beg the Court's
24 indulgence.

25 Q. So is it fair to say that after your

SE'ANNE DAVIS - CROSS-EXAMINATION BY MR. TANNER

1 mother got to Estelle Hutchinson after the second
2 Three Rivers hospital stay, neither she nor Ms.
3 Williams were keeping you up-to-date with what was
4 going on with your mother?

5 A. Exactly.

6 Q. And we showed the hospital admission
7 paperwork that lists Ms. Hutchinson as her
8 emergency contact; right?

9 A. Yes.

10 Q. And we know she gave that information
11 to Calhoun EMS and they gave it to the hospital?

12 A. Yes.

13 Q. And, again, even here four years later,
14 she's still not given you a reason as to why she
15 didn't keep you the loop, has she?

16 A. No.

17 Q. Okay. Now we took your brother's
18 deposition and he testified --

19 MR. GOINGS: Your Honor, pitting a
20 witness and asking this witness about somebody
21 else, it's an improper question from the outset.

22 MR. TANNER: I'm not pitting a witness,
23 I'm asking -- I was going to ask a question before
24 I was interrupted.

25 THE COURT: Let's see where the

SE'ANNE DAVIS - CROSS-EXAMINATION BY MR. TANNER

1 question goes.

2 Q. Did you know that she was in the home
3 with Ms. Williams?

4 A. Say what again now?

5 Q. Did you know that your mother was in
6 the Heavenly Living Boarding Home with Ms.
7 Williams?

8 A. No.

9 Q. Now, you blame Ms. Williams partially
10 for your mother's death; correct?

11 A. No. Now that I've heard about her
12 being in the hospital, no.

13 Q. You've sued Ms. Williams over your
14 mother's death; correct?

15 A. Yes.

16 Q. And in that lawsuit you blame Brenda
17 Williams for the death of your mother; correct?

18 A. Well, my mom died where -- at her home,
19 yes, her property.

20 Q. So, I mean, you know about the lawsuit
21 that you filed on behalf of the Estate against Ms.
22 Williams; right?

23 A. Yes. Yes.

24 Q. Okay. And in that lawsuit, you state
25 in paragraph 19 that on October 3, 2019 at

SE'ANNE DAVIS - CROSS-EXAMINATION BY MR. TANNER

1 | approximately 5:39 p.m., Orangeburg County
2 | Sheriff's Office was called by Defendant, Brenda
3 | Williams, one of the owner/operators of Sally
4 | Keitt's Rest Home/Heavenly Living Boarding Home at
5 | 167 Benthomp Road in reference to Ms. Branton being
6 | found unresponsive on a folding chair in the yard;
7 | is that what you've alleged in the lawsuit?

8 | A. That's what I thought.

9 | Q. And you allege that it was documented
10 | that Ms. Branton remained outside quite possibly
11 | the time of arrival on October 2, 2019 until her
12 | death in the evening of October 3, 2019; right?

13 | A. That's what I was told.

14 | Q. And that's a lawsuit that you filed
15 | against Lonell Phaire, Carlton Phaire and Brenda
16 | Williams, doing business as, Heavenly Living
17 | Boarding Home and Sally Keitt's Rest Home; correct?

18 | A. Yes.

19 | Q. In that lawsuit you allege that those
20 | defendants failed to assist Ms. Branton in any way
21 | and even refused to provide her basic needs such as
22 | a glass of water; is that correct?

23 | A. That's what I was told.

24 | Q. At no time did any defendant, their
25 | employees or agency seek medical assistance for Ms.

SE'ANNE DAVIS - CROSS-EXAMINATION BY MR. TANNER

1 Branton; right?

2 A. That's what I was told.

3 Q. While Ms. Branton was under the care
4 and custody of the defendants, the defendants
5 failed to act with reasonable or slight care and
6 were thereby negligent, careless, grossly negligent
7 or reckless at one or more of the following: You
8 say in failing to act with reasonable or slight
9 care in undertaking to care for the Plaintiff, your
10 mother; right?

11 A. Yes.

12 Q. Who they had been advised was medically
13 dependent upon medication and treatment. And
14 failing to properly monitor and supervise the
15 Decedent while residing at the Defendant's
16 facility; right?

17 A. Yes.

18 Q. In failing to secure proper care for
19 the Decedent when the Defendants and/or their
20 personnel, agents or employees knew or should have
21 known the Decedent was in open and obvious
22 distress?

23 A. That's what I was told.

24 Q. In failing to provide the basic care of
25 shelter, clothing, hydration and food to the

SE'ANNE DAVIS - CROSS-EXAMINATION BY MR. TANNER

1 Plaintiff upon arrival and for the duration of her
2 stay there, Heavenly Living Home; right?

3 A. Yes, that's what I was told.

4 Q. In failing to notify proper medical and
5 emergency personnel and presented with a life
6 threatening medical situation of the Decedent?

7 A. That's what I was told.

8 Q. In failing to notify law enforcement
9 when presented with a life threatening medical
10 situation of the Decedent?

11 A. That's what it was told.

12 Q. In failing to provide adequate
13 supervision to prevent injuries from occurring?

14 A. That's what it was told.

15 Q. In failing to assess the level of
16 supervision required to allow the Decedent to
17 maintain safety from nature's elements and allowing
18 for safe passage within the confines of the care
19 facility?

20 A. That's what I was told.

21 Q. In delaying the administration of CPR?

22 A. I'm going by what it was told, sir.

23 Q. Yes, ma'am. But, again, Ms. Hutchinson
24 told you that she gave CPR and you're alleging that
25 she actually delayed CPR -- I'm sorry, Ms.

SE'ANNE DAVIS - CROSS-EXAMINATION BY MR. TANNER

1 Williams; correct?

2 A. I didn't never speak to Ms. Williams.

3 Q. But the lawsuit says that in delaying
4 administration of CPR?

5 A. I'm going by what Ms. Estelle
6 Hutchinson told me when she called me, sir.

7 Q. You also in part K, failing to notify
8 emergency medical personnel when presented with a
9 life threatening emergency of the Decedent, that's
10 something you allege in that lawsuit; right?

11 A. I'm sorry, can you repeat that?

12 Q. Is that something you alleged in the
13 lawsuit?

14 A. I didn't hear the first part.

15 Q. I'm sorry. In failing to notify
16 emergency medical personnel when presented with a
17 life threatening emergency of the Decedent?

18 A. Yes, that's what I was believed.

19 Q. In failing to maintain and provide
20 complete records?

21 A. Yes, that's what I was told.

22 Q. In disregarding the Decedent's
23 complaints of distress?

24 A. Yes.

25 Q. In failing to supervise the personnel,

SE'ANNE DAVIS - CROSS-EXAMINATION BY MR. TANNER

1 staff and employees at the Defendant's facility
2 with regard to Ms. Branton's care?

3 A. Yes, that's what I was told.

4 Q. In failing to ensure that the
5 Defendant's personnel and employees had sufficient,
6 adequate and current training, credentials and
7 skills to properly prevent the Decedent suffering
8 an untimely death?

9 A. I'm just going by what I was told.

10 Q. Yes, ma'am. In failing to monitor the
11 Decedent and take the proper steps to provide
12 assistance to her when they knew or should have
13 known that she was unable to care for herself?

14 A. I'm going by what I was told at the
15 time because I wasn't there.

16 Q. In failing to monitor the Decedent?

17 A. Yes, that's what I was told.

18 Q. In failing to properly treat in her
19 care for the Decedent?

20 A. That's what I was told.

21 Q. In failing to provide, order or seek or
22 maintain emergency care?

23 A. That's what I was told.

24 Q. You also allege in this lawsuit that
25 they abandoned the Decedent when she was in

SE'ANNE DAVIS - REDIRECT EXAMINATION BY MR. GOINGS

1 | desperate need of medical care?

2 | A. That's what I was told.

3 | Q. And they failed to provide sufficient
4 | staff?

5 | A. That's what I was told.

6 | Q. Okay. And you also brought a claim
7 | against the Orangeburg County Sheriff's Office for
8 | the death of your mother as well; correct?

9 | A. Yes.

10 | Q. Okay. Thank you for answering my
11 | questions. Again, I'm sorry for your loss. I'm
12 | sorry you had to answer these questions.

13 | MR. TANNER: Your Honor, I'd ask that
14 | the Court takes judicial notice of that action
15 | which is filed in Case No. 2020-CP-38-01442.

16 | THE COURT: Any objection?

17 | MR. GOINGS: No. And I would like Your
18 | Honor to take judicial notice that that action was
19 | actually dismissed and this case was brought
20 | against the Hospital.

21 | THE COURT: So noted.

22 | MR. GOINGS: Thank you.

23 | REDIRECT EXAMINATION

24 | BY MR. GOINGS:

25 | Q. All right. Now, it took you awhile for

SE'ANNE DAVIS - REDIRECT EXAMINATION BY MR. GOINGS

1 the truth to actually come out about what this
2 hospital did, didn't it?

3 A. Yes.

4 Q. You didn't know all the answers at
5 first, did you?

6 A. No.

7 Q. You thought IKare was what it sounded
8 like, a residential care facility; right?

9 A. Yes.

10 Q. You didn't know it was a place for
11 tenants to go?

12 A. No.

13 Q. Now, Hospital over here, their lawyer
14 spent all this time asking you this one question
15 over and over. He said, now is this something you
16 would have liked to have known and gave you a
17 scenario. Is this something you would have liked
18 to have known and gave you another scenario.

19 Let me ask you this, Se'Anne, is this
20 something you would have liked to have known?

21 A. Yes.

22 Q. That in less than 24 hours before your
23 mother ended up in that chair, dead, that this
24 hospital, two different doctors said your momma
25 needed to be committed and put in the Behavioral

SE'ANNE DAVIS - REDIRECT EXAMINATION BY MR. GOINGS

1 Health Unit, is that something you would have liked
2 to have known?

3 A. Yes.

4 Q. They didn't tell you that, did they?

5 A. No.

6 Q. Is this something that you would like
7 have known that this doctor who only been
8 practicing for two years --

9 MR. TANNER: Your Honor, I object.

10 That's mischaracterizing the testimony. He's been
11 licensed since he finished medical school, it's
12 only been two years.

13 THE COURT: Subject to that, you can
14 complete your question.

15 MR. GOINGS: Thank you, Your Honor.

16 Q. Se'Anne, is it something that you would
17 like to have known?

18 A. Yes.

19 Q. That this doctor who had been
20 practicing medicine in the State of South Carolina
21 for only two years had told a doctor, emergency
22 room doctor that had been practicing medicine for
23 over 35 years, and Dr. Gonzalez who's been
24 practicing behavioral health for over 35 years,
25 that he didn't want to treat your momma and she

SE'ANNE DAVIS - REDIRECT EXAMINATION BY MR. GOINGS

1 needed to go home; is that something you would like
2 to have known?

3 A. Yes.

4 Q. And it took awhile for you to learn the
5 truth; right?

6 A. Yes.

7 Q. And that other lawsuit was dismissed
8 and you brought this one against the responsible
9 party, didn't you?

10 A. Yes.

11 MR. TANNER: Your Honor, may we
12 approach?

13 (WHEREUPON, there was a bench
14 conference.)

15 THE COURT: You may proceed.

16 MR. GOINGS: Thank you, Your Honor.

17 Q. This Hospital finds fault with every
18 place that your mom treated, but its own hospital
19 system. When she went to Three Rivers, was she
20 treated?

21 A. Yes.

22 Q. Did she die after going to Three
23 Rivers?

24 A. No.

25 Q. When your mom went to Lexington Medical

SE'ANNE DAVIS - REDIRECT EXAMINATION BY MR. GOINGS

1 Center, was she treated?

2 A. Yes.

3 Q. Did she die after going to Lexington
4 Medical Center?

5 A. No.

6 Q. When your mother went to Spartanburg
7 Behavioral Health, was she treated?

8 A. Yes.

9 Q. Did she die after going to Spartanburg
10 Behavioral Health?

11 A. No.

12 Q. When your mother went to The Regional
13 Medical Center, was she treated?

14 A. No.

15 Q. Did she die?

16 A. Yes.

17 MR. GOINGS: Nothing further.

18 THE COURT: You may step down, ma'am.
19 Thank you. You may call your next witness.

20 MR. GOINGS: Your Honor, at this time
21 we'd like to call the Decedent's granddaughter,
22 Ms. Walls.

23 ADRIANNA WALLS,

24 being first duly sworn, was examined and testified
25 as follows:

ADRIANNA WALLS - DIRECT EXAMINATION BY MR. GOINGS

1 THE CLERK: You can have a seat.

2 THE COURT: Your witness.

3 MR. GOINGS: Thank you, Your Honor.

4 DIRECT EXAMINATION

5 BY MR. GOINGS:

6 Q. Your mom refers to you as the first
7 born?

8 A. Yes.

9 Q. State your name for the record.

10 A. Adrianna.

11 Q. Adrianna, do you take a lot of pride in
12 your first name?

13 A. Yes.

14 Q. Tell the jury why.

15 A. Because I was named after my
16 grandmother that I loved very much.

17 Q. Tell the jury your relationship with
18 your grandmother.

19 A. I can talk on and on and on and on. We
20 had a very loving relationship. I would always go
21 to her for advice. And I don't know if you do
22 this, but when your mom makes you upset, you call
23 her momma. So I would always call her momma and be
24 like, grandma, mom is making me mad again and she
25 would be like, it's okay, baby, that's your mother.

ADRIANNA WALLS - DIRECT EXAMINATION BY MR. GOINGS

1 She loves you. You know, ignore her. Do what she
2 tells you to do. And I always be like, okay,
3 grandma, you're right.

4 We would always go shopping. We would
5 always get treats. I would just go over there and
6 spend hours with her. Even when I was a little
7 girl, I would just go ever there to just to watch
8 PBS with her and we just watch Barney all day. I
9 loved her.

10 Q. How did the fact that she had a mental
11 illness affect y'all's relationship if any?

12 A. No, it didn't. No, not at all.
13 Actually, it made it stronger because we knew we
14 wanted to protect her and we loved her and she
15 cared for us. We made it our duty to do everything
16 for her.

17 Q. The way your grandmother died, the
18 manner in which she died, has it affected your
19 mother?

20 A. Yes, very much so. My mom still cries
21 to this day. She's very hurt that that's how my
22 grandmother died and she was alone.

23 Q. Did you participate in your grandma's
24 celebration of life?

25 A. Yes, I did.

ADRIANNA WALLS - DIRECT EXAMINATION BY MR. GOINGS

1 Q. I'm going to show you what is marked as
2 Exhibit 25. Tell the jury how you participated in
3 her service.

4 A. I wrote my grandmother a poem.

5 Q. Was the poem published in the program?

6 A. Yes.

7 Q. Did you actually read it?

8 A. Yes.

9 Q. Is this what is incorporated into
10 Exhibit 25, the poem that you wrote for your
11 grandmother?

12 A. Yes.

13 Q. Would you read it for the ladies and
14 gentlemen of this jury?

15 A. Yes. The poem was called, "A Beautiful
16 Soul. Beautiful woman, Beautiful Smile, beautiful
17 personality. My grandmother, a warming mother and
18 an awesome hugger when you hear her say baby or
19 sweet pea your world lit up like a Christmas tree
20 she was an awesome grandma to my brothers with
21 gifts of love and cherishable memories to treasure
22 for eternity she was an embracing friend with great
23 advice and company that would make you want to
24 waste all of your time an angel from up above with
25 a troubling past and a heart of pure gold the

ADRIANNA WALLS - DIRECT EXAMINATION BY MR. GOINGS

1 | tenderness you share will never fade when we were
2 | mad happy or sad she was someone close to hold to
3 | make all of our troubles go away how can we not
4 | forget when you call her you know where she would
5 | be outside on the porch making people laugh and
6 | telling beautiful stories in the wind blew her
7 | curly hair you couldn't miss not one strand not one
8 | tangle and the cute fancy clothes she liked to wear
9 | with her ruby red lips ready to party and mingle my
10 | grandma a beautiful soul that was always giving out
11 | a helping hand her life was like music and her
12 | personality could never be duplicated don't let it
13 | fool you she would keep you on the straight and
14 | narrow when she was really happy thinking of her
15 | daddy she would sing the eye that was on the
16 | sparrow she was adventurous and wild that's why we
17 | loved her she was bold and courageous she was a
18 | woman like no other honey you are my shining star
19 | and don't you forget it you will be missed and
20 | loved forever and ever as your vessel in the -- is
21 | in the urn your beautiful soul is with god and
22 | great granddaddy no more crying inside no more
23 | suffering We cry for joy not for pain we will
24 | celebrate your life because you touched every
25 | single one of us in your own unique way grandma I

ADRIANNA WALLS - DIRECT EXAMINATION BY MR. GOINGS

1 | loved you why did you have to go away is a question
2 | I will never say god called you home where you
3 | needed to be how can we question he wanted his
4 | angel to come home a woman so sweet my grandma that
5 | was misunderstood nobody could see the real her
6 | someone full of pain and sorrow hiding it with
7 | happiness and spunk medicine couldn't stop her
8 | wrath she has strength that could not be compared
9 | she fought to be with us as long as she could she
10 | was strong and bodacious the world couldn't see she
11 | was a beautiful soul that couldn't be tamed
12 | Adrienne was lovable kind sweet her love could
13 | spread around the world and she would still have
14 | more to give my grandma was not just a woman to us
15 | she was a gift from god that will never be
16 | forgotten and we will mourn for the missing
17 | presence and the warm hug that we need but we will
18 | always fill the beautiful soul that will continue
19 | to protect us and warm our hearts a beautiful soul
20 | that will always be the wind Beneath our wings."

21 | Q. Thank you. Please answer any questions
22 | that the hospital may have for you.

23 | THE COURT: Cross-examination?

24 | MR. ERSOY: May it please the Court.

25 | Emre Ersoy from Hospital.

1 CROSS-EXAMINATION

2 BY MR. ERSOY:

3 Q. Ms. Davis, you have my sympathy for
4 your loss and I'm sorry I have to ask you these
5 questions, but I'm going to ask you just a very
6 short and few questions.

7 Do you know a lady by the name of
8 Estelle Hutchinson?

9 A. Yes, I know her now.

10 Q. Have you ever had any interaction with
11 Ms. Estelle Hutchinson?

12 A. Yes, when we would call her to ask
13 about my grandmother.

14 Q. Did Ms. Estelle Hutchinson ever allow
15 you to visit your grandmother?

16 A. No, my mom, she worries a lot, so we
17 would always call to ask we could come see her and
18 she would always tell her that, you know, my
19 grandma would get agitated or she's trying to get
20 adjusted and we didn't want to trigger her.

21 Q. Did you personally, independently talk
22 to her besides your mother?

23 A. Yes, I did.

24 Q. Do you remember those conversations?

25 A. To be honest, I don't recall.

ADRIANNA WALLS - CROSS-EXAMINATION BY MR. ERSOY

1 Q. Do you know a lady by the name of Ms.
2 Brenda Williams?

3 A. Now I do.

4 Q. You never met Ms. Brenda Williams?

5 A. No.

6 Q. Never had any interaction with Ms.
7 Brenda Williams?

8 A. No.

9 Q. And did you know Ms. Brenda Williams'
10 role in regards to your grandmother's care?

11 A. I do now.

12 MR. ERSOY: No further questions.
13 Thank you very much.

14 THE COURT: Any redirect?

15 MR. GOINGS: No, Your Honor. Thank you
16 very much.

17 THE COURT: You may step down. Thank
18 you.

19 MR. GOINGS: Your Honor, at this time,
20 we would plan to publish various portions of the
21 Hospital's answer to this lawsuit.

22 THE COURT: All right, sir. You may
23 proceed.

24 MR. WILLIAMS: Starting with the
25 signature page publishing The Regional Medical

1 Center as signed by their attorney here today in
2 court, Michael Tanner. And then reading --

3 MR. TANNER: Your Honor, may I
4 approach?

5 THE COURT: Yes, sir.

6 (WHEREUPON, there was a bench
7 conference.)

8 THE COURT: You may proceed, Counsel.

9 MR. WILLIAMS: And then more
10 specifically showing paragraphs 19, 21 and 23 and
11 zooming into these paragraphs, the Defendant
12 asserts that if it's equally or more negligent than
13 the Plaintiff that it must be reduced by this jury
14 to the portion of the Plaintiff, IE, the Estate,
15 IE, the Decedent, a mental health patient's
16 negligence.

17 Number 21, Defendant asserts the
18 Plaintiff's injuries, if any, were the proximate
19 cause result of natural disease process and the
20 Defendant, therefore, is not liable to the
21 Plaintiff.

22 And, again, paragraph 23, the Plaintiff
23 was at least equally negligent as the Defendant.
24 In its sixth defense, paragraph 17, The Regional
25 Medical Center claims the Defendant -- that the

1 Plaintiff's injuries and damages were caused by the
2 sole negligence of the Plaintiff including the
3 Plaintiff's failure to give proper medical history,
4 failure to exercise due care, failure to follow
5 medical health advice and other acts proven through
6 discovery which serve as a complete bar to recovery
7 in this action.

8 MR. GOINGS: Your Honor, at this time
9 the Estate of Ms. Branton rests, Your Honor.

10 THE COURT: All right, sir. Thank you.
11 Ladies and gentlemen of the jury, if you would
12 please go to your jury room momentarily we'll be
13 right back with you.

14 (WHEREUPON, the jury left the courtroom
15 at 3:50 p.m.)

16 THE COURT: Any motions?

17 MR. GOINGS: None from the Plaintiff at
18 this time, Your Honor.

19 THE COURT: Any motions from the
20 Defense?

21 MR. TANNER: Yes, Your Honor. We have
22 a motion for directed verdict, Your Honor. First
23 ground would be obviously this is a case brought
24 pursuant to the Tort Claims Act, hospital is a
25 governmental hospital, *Smith verses TRMC* is clear

1 on that and take judicial notice.

2 Under 15-78-20(25), the governmental
3 entity is not liable for a loss resulting from the
4 responsibility or duty including but not limited to
5 supervision protection control confinement or
6 custody of any student, patient, prisoner, inmate
7 or client of any governmental entity except when
8 that responsibility and duty is exercised in a
9 grossly negligent manner.

10 We believe in the like most favorable
11 to the Plaintiff, there's not been sufficient
12 evidence to show that gross negligence standard
13 which is the standard contrary to the Plaintiff's
14 pretrial brief. That's our first ground.

15 Additionally, again, and I guess the
16 occurrence will take that up at some later stage
17 has not been pled by the Plaintiff. The case of
18 *Chastain verses AnMed Foundation* is sort of the
19 case on that. The only case we have in a Tort
20 Claim setting is the *Boiter* case that I referenced
21 in my motion in limine. The case referenced by the
22 Plaintiff is UNPUBLISHED. No precedential value,
23 but obviously in *Chastain* that the court talks
24 about, the Plaintiff bearing the burden of proof if
25 she alleges multiple occurrence that is and there

1 is more than one single act of negligence from one
2 which approximately flowed an unfolding sequence of
3 events, she bears the burden of proving each
4 occurrence.

5 It's clear by the *Chastain* opinion you
6 have to plead this. And, again, the Plaintiff has
7 not pled this in their complaint, it's raised in
8 their pretrial brief, I think it's fundamentally
9 unfair that the jury could somehow consider that
10 issue of multiple occurrences when it's not pled.
11 There's a due process issue of the hospital not
12 being afforded the ability to potentially call
13 different witnesses to respond to that. And,
14 again, the *Boiter* case is a two separate
15 governmental entity with two separate occurrences.

16 We know that the Tort Claims Act has to
17 be construed liberally to limit the liability of
18 the estate. We know that the definition of
19 occurrence is an unfolding sequence of events. The
20 only testimony that's been here is that she had
21 this admission where she was seen by Dr. West who
22 is the only TRMC employee that's critical. As a
23 matter of law, I cannot see how the hospital could
24 be liable for more than one occurrence.

25 Again, it's not pled, even if somehow

1 you say it is pled or we're somehow on notice, they
2 certainly have not complied with the case law, with
3 the Tort Claims definition, again, in that setting,
4 Your Honor is the gatekeeper. It's not just a jury
5 issue. You know, for years we've asked for
6 guidance from the appellate courts on that, we
7 don't have any which is why we have all of these
8 trial court orders that are all over the place.
9 But, again, it is a judicial function to look at
10 that definition, look at the fact that *Boiter* is
11 the only published case I'm aware of that talks
12 about how you can get more than one occurrence. I
13 am not aware of a single case against a
14 governmental entity that's published and that IS
15 binding precedent on this court that says you can
16 do it. And, again, in *Chastain*, it's clear that
17 you have to do that. So that IS a second ground.

18 An additional ground as a matter of
19 law, we've got all sorts of intervening causes that
20 the jury has heard so much about, Ms. Hutchinson,
21 her acts, there's no way she's being truthful up
22 there. She's the one that received her from Three
23 Rivers. This is not something that the Regional
24 Medical Center decided that they were going to
25 discharge her out of the blue to this individual.

1 This is someone that she came in with, says her
2 emergency contact, her home address is all of Ms.
3 Hutchinson's information. Ms. Hutchinson is the
4 one that befriended her, solicited her, I'm still
5 not sure what to believe or not believe, but got
6 her from Three Rivers. She had her. She then did
7 let the family know she was going to Spartanburg.
8 Spartanburg also discharged her into her care. And
9 then she brought her to the Regional Medical
10 Center.

11 So to me, those are intervening causes.
12 And then after she's discharged, we really have
13 sort of a number of independent intervening acts
14 and you got the whole fact that the plan was if she
15 acts up, Ms. Hutchinson would bring her back. Ms.
16 Hutchinson testified for the first time in this
17 case today that supposedly she tried to jump out of
18 the car while on the property of the hospital, she
19 made no effort to bring her back, so that's an
20 attempted suicide, that's an intervening act. No
21 attempt for her to do it. She made no attempt to
22 call 9-1-1. At the time, she made no attempt to
23 call law enforcement. Really all she had to do was
24 stop the car and didn't do that. But then she goes
25 a step further, she then without any knowledge to

1 anyone gives her to Ms. Williams. Again, doesn't
2 let the family know. Doesn't let anyone at the
3 hospital know again that she's had some behavioral
4 issue and Ms. Williams needs to step in. Ms.
5 Williams sound like is on the same unlicensed
6 footing as Ms. Hutchinson was.

7 We then know that one of those two
8 ladies called 9-1-1 later that night. 9-1-1 from
9 Orangeburg County came out. The testimony is the
10 sheriff's deputy convinced her to go in the house,
11 convinced her to take her medicine, told her to
12 sleep it off. And then the next day, she wasn't
13 taken to her mental health appointment, instead,
14 she was allowed by Ms. Williams' staff to sit
15 outside for a period of hours according to their
16 pathologist at least exceeded three, to get to the
17 level of heat exertional dehydration that she did
18 wearing a wool coat, wearing corduroy pants.
19 Again, there's no contact from any of those folks
20 with the hospital after that point in time. These
21 are totally independent and intervening acts and
22 ultimately led to the death of Ms. Branton.

23 And so based upon those grounds, we
24 would respectfully request a directed verdict.

25 THE COURT: Thank you. Your response?

1 MR. GOINGS: Thank you, Your Honor.
2 May it please the Court. Your Honor, we have
3 certainly presented evidence for this court to
4 consider that the hospital through the various acts
5 and omissions of Dr. West committed professional
6 negligence. The evidence that you've heard on the
7 first day, you have the ER doctor from the Regional
8 Medical Center who said that Ms. Branton should be
9 admitted, was a safety concern to her own self
10 needed to be committed and then put in the
11 behavioral health unit at the hospital and received
12 treatment.

13 Dr. Gonzalez who testified also saw Ms.
14 Branton, reached the same very conclusion that she
15 needed to be treated, she needed to be committed
16 and she needed to be evaluated at the behavioral
17 health unit.

18 How many times, Your Honor, have you
19 presided over medical malpractice cases that you
20 have two physicians from the facility that's being
21 sued say that the facility committed malpractice
22 through the acts of another doctor. That doctor
23 was Dr. West. Dr. Gonzalez said, it is
24 inconceivable that she would be turned away and she
25 was. And it's honestly an absolute travesty what

1 | happened. And the standard for directed verdict is
2 | one thing, the court is concerned with the
3 | existence or nonexistence of any evidence.

4 | And, Your Honor, the evidence that has
5 | been presented must be viewed in the like most
6 | favor to the Plaintiff. We have expert physician
7 | that's rendered his opinion to a reasonable degree
8 | of professional certainty that Dr. West committed
9 | at least four separate occurrences. And we have
10 | two physicians that testified that were her
11 | treating physicians that testified that the
12 | standard of care was violated.

13 | The defense raises the issue of
14 | intervention causes and that's purely a factual
15 | question. Causation is in itself factual in nature
16 | for a jury. If there is intervening or superseding
17 | causes and that's for the jury to determine and
18 | solely for the jury to determine.

19 | I would remind the defense and the
20 | court that for proximate cause, proximate cause is
21 | not the sole cause, but it's one of the causes.
22 | And, Your Honor, we think for sure that the
23 | negligence of the hospital was the cause, but we
24 | don't have to prove that it was a cause. And, Your
25 | Honor, we think the record is replete with evidence

1 testimony and documentation to support this case
2 going to the jury and this motion for directed
3 verdict being respectfully denied.

4 THE COURT: Thank you, gentleman. In
5 looking at this in the like most favorable to the
6 nonmoving party, there is questions of fact for the
7 jury to determine. There is evidence of
8 independent acts of negligence by the Defendant as
9 testified to my Dr. Husted, but certainly those are
10 questions of fact for the jury to determine. And
11 as far as the intervening facts, I also agree that
12 it is a question of fact for the jury to determine
13 as to what the proximate cause of the Decedent's
14 death was. So your motions are respectfully
15 denied, Mr. Tanner.

16 MR. TANNER: Thank you, Your Honor.

17 THE COURT: Okay. So for planning
18 purposes are you ready to proceed with -- you can
19 go through a little bit of the first witness.

20 MR. TANNER: No, because I thought we
21 were -- I think the plan was they were going to do
22 Dr. West's video originally, so my witness couldn't
23 be here until 9:30 in the morning.

24 THE COURT: Would that be your only
25 witness tomorrow? How many witnesses do you have?

1 MR. TANNER: I can finish my case
2 tomorrow. I mean, we've got Dr. West's video and
3 then I have my expert and I have one more short --
4 the first witness will be very short.

5 THE COURT: Why don't we at least start
6 Dr. West's video, that way -- it's 4 o'clock, we
7 need to kind of get through this case in case the
8 jury deliberates for awhile. So we can start with
9 Dr. West's video and we'll stop at around 5 o'clock
10 that way everyone gets home at a decent time.

11 MR. TANNER: Let me make sure that Mr.
12 Williams has got it on here.

13 (Off the record.)

14 THE COURT: All right. So we will take
15 a very brief recess and we'll be right back and
16 ready to start.

17 (WHEREUPON, there was a short break.)

18 THE COURT: Are we ready to have
19 everybody in?

20 MR. TANNER: Yes, Your Honor.

21 THE COURT: All right. Let's have our
22 jury, please.

23 (WHEREUPON, the jury entered the
24 courtroom at 4:15 p.m.)

25 THE COURT: Welcome back, ladies and

1 gentlemen of the jury, we appreciate your patience.
2 Wanted to make sure we made full use of your day.
3 We're going to go just a little bit further with it
4 with a video deposition, but we will stop right
5 around 5 o'clock at a good stopping point to ensure
6 that you get home and are able to take care of your
7 responsibilities at home.

8 You may proceed, Mr. Tanner.

9 MR. TANNER: May it please the Court?

10 At this time, Your Honor, The Regional Medical
11 Center will call Dr. Bryan West.

12 (WHEREUPON, playing the video testimony
13 of Dr. Bryan West.)

14 THE COURT: Is this a good stopping
15 point, counsel?

16 MR. TANNER: I think it probably is
17 because I think he goes on to specifically say what
18 his involvement was.

19 THE COURT: All right. Thank you.
20 Ladies and gentlemen of the jury, it's a good
21 stopping point for us for the evening. Again,
22 please remember my instruction not to discuss this
23 case amongst yourselves or with anyone else.
24 Again, if you'd be back in your jury room at 9:20
25 in the morning, we'll get started with the trial at

Video Testimony of Dr. Bryan West
(See Page 1187 of Record for Deposition Transcript of Testimony)

1 9:30. Have a nice evening.

2 (WHEREUPON, the jury left the courtroom
3 at 5:07 p.m.)

4 THE COURT: All right. Counsel,
5 anything before we recess?

6 MR. GOINGS: No, Your Honor.

7 MR. TANNER: No, Your Honor.

8 THE COURT: We'll see y'all in the
9 morning.

10 (WHEREUPON, court was adjourned at 5:08
11 p.m.)

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1 **(OCTOBER 12, 2023)**

2 THE COURT: Good morning, everyone.
3 Please have a seat. It's my understanding, we
4 obviously need to finish the deposition this
5 morning and then you have two other witnesses; is
6 that correct?

7 MR. TANNER: Two short witnesses and
8 then my expert.

9 THE COURT: All right. So what I would
10 propose to do is that I would figure at that
11 juncture, it will probably be close to lunchtime,
12 we could have a charge conference during lunch,
13 we've got snacks or I can bring stuff in that way
14 we can go right into closings and giving it to the
15 jury to deliberate this afternoon.

16 Anything further before I bring the
17 jury out?

18 MR. MOORE: Your Honor, just to let you
19 know, the video, there's another two hours and
20 12 minutes remaining, so that will put us into, you
21 know, 11, maybe 12 o'clock just with the video,
22 just so you know.

23 THE COURT: All right. Thank you.
24 Let's have our jury, please.

25 (WHEREUPON, the jury entered the

1 courtroom at 9:41 a.m.)

2 THE COURT: Good morning, ladies and
3 gentlemen of the jury, I hope that you had a nice
4 evening. We're now ready to continue with the
5 video deposition. You may proceed.

6 (WHEREUPON, continuing with the video
7 testimony of Dr. West.)

8 THE COURT: Do you need a restroom
9 break? We'll take a brief recess. Let us know
10 when you're ready.

11 (WHEREUPON, the jury left the courtroom
12 at 11:31 a.m.)

13 THE COURT: We'll be at recess for a
14 few minutes.

15 (WHEREUPON, there was a short break.)

16 THE COURT: Are we ready to proceed?

17 MR. TANNER: Yes, Your Honor.

18 MR. WILLIAMS: Yes, ma'am.

19 THE COURT: Let's have our jury,
20 please.

21 (WHEREUPON, the jury entered the
22 courtroom at 11:51 a.m.)

23 THE COURT: You may have a seat.
24 Welcome back, ladies and gentlemen of the jury,
25 we're ready to proceed. You may continue.

TONY HARTWELL - DIRECT EXAMINATION BY MR. TANNER

1 (WHEREUPON, continuing with the video
2 testimony of Dr. West.)

3 THE COURT: You may call your next
4 witness.

5 MR. TANNER: Call Deputy Hartwell at
6 this time, Your Honor.

7 TONY HARTWELL,
8 being first duly sworn, was examined and testified
9 as follows:

10 THE CLERK: Thank you. Please be
11 seated.

12 MR. TANNER: Beg the Court's
13 indulgence.

14 THE COURT: Your witness.

15 MR. TANNER: Yes, ma'am. May it please
16 the Court?

17 THE COURT: Yes, sir.

18 DIRECT EXAMINATION

19 BY MR. TANNER:

20 Q. Where are you employed now, Deputy
21 Hartwell?

22 A. Charleston County Sheriff's Office.

23 Q. And what do you do?

24 A. I'm now a school resource officer.

25 Q. Okay. Were you previously employed by

TONY HARTWELL - DIRECT EXAMINATION BY MR. TANNER

1 the Orangeburg County Sheriff's Office?

2 A. That is correct.

3 Q. Okay. And through your time at the
4 Orangeburg County Sheriff's Office, were you ever
5 making calls to an address, 167 Benthomp Road in
6 Orangeburg?

7 A. Yes, sir, that's correct.

8 Q. Are you familiar with that address?

9 A. Yes, sir.

10 Q. And what's located at that address?

11 A. I'm sorry, the question again?

12 Q. What is located at that address, sir?

13 A. Orangeburg? Or are you talking about
14 like the city or --

15 Q. No. No. No. The 167, what type of
16 business is that?

17 A. Like a boarding home or like a home
18 where -- more like a boarding home, yeah.

19 Q. And do you know the operator of that
20 boarding home?

21 A. No, not offhand.

22 Q. If I told you the records reflect it's
23 Brenda Williams, would that reflect your
24 recollection?

25 A. Yes.

TONY HARTWELL - DIRECT EXAMINATION BY MR. TANNER

1 Q. Okay. And you had been there prior to
2 October 2, 2019; is that right?

3 A. Yes, I would say.

4 Q. Let me show you what's already been
5 marked as Plaintiff's Exhibit 10. This is a CAD
6 report. Go ahead and take a look at that, sir.

7 A. Okay.

8 Q. You've had a chance to look at that?

9 A. Yes, sir.

10 Q. And it looks like you received a 9-1-1
11 call to that address on October 2, 2019?

12 A. That's correct.

13 Q. Okay. And that's the Orangeburg County
14 Sheriff's Office investigative file. Why isn't
15 there an incident report from you for what you
16 found that night?

17 A. So, basically, whenever we respond to a
18 call for service, several occasions we went this
19 address here where an incident report wasn't filed.
20 Like I say, other addresses in Orangeburg County at
21 the time where incident reports wasn't filed. So
22 the only time an incident report will be documented
23 if there is a need for it to be documented. And
24 based off my interaction at this home at this
25 current date and time as listed on this incident

TONY HARTWELL - DIRECT EXAMINATION BY MR. TANNER

1 report here, I didn't feel a need to document an
2 incident report.

3 Q. What does the CAD report show as the
4 reason that the 9-1-1 call was made?

5 A. The nature of it is a psychiatric
6 behavior incident.

7 Q. And does it note further information
8 there?

9 A. As far as the notes of the call?

10 Q. Yes, sir.

11 A. Yes, sir.

12 Q. And what -- tell the jury what it says.

13 A. Caller states that she has been 10-68,
14 patient that's outside --

15 Q. Let me just stop you right there. I'm
16 sorry. Explain to the jury what does 10-68 mean.

17 A. That's a mental health patient --

18 Q. So you knew when you were as the
19 responding officer or responding to the scene that
20 was a mental health patient you're about to
21 encounter; right?

22 A. Yes.

23 Q. Okay. I didn't mean to cut you off.
24 Go ahead.

25 A. Caller states that she has a 10-68

TONY HARTWELL - DIRECT EXAMINATION BY MR. TANNER

1 patient that's outside, won't come in. She's
2 trying to jump the fence and go to the neighbors.
3 Ms. Adrienne Branton wearing hospital outfit, still
4 currently outside.

5 Q. Okay. And when you got there, did you
6 activate your body cam?

7 A. Yes.

8 Q. Do you know why there's no body cam
9 footage of that night?

10 A. As been stated before, I think I was
11 told that the body camera, something crashed or
12 something happened, so I'm not exactly sure.
13 That's something that -- who -- it's an incident
14 that someone at the sheriff's office has to answer
15 that.

16 Q. And that would be someone at the
17 sheriff's office told you that the body cam of your
18 encounter with Ms. Branton and others is erased?

19 A. I'm sorry. Say that -- what was your
20 question?

21 Q. Was it someone at the sheriff's office
22 that told you that your body cam footage of that
23 interaction with Ms. Branton was erased?

24 A. From what I can recall, yes.

25 Q. Because you were out there about

TONY HARTWELL - DIRECT EXAMINATION BY MR. TANNER

1 30 minutes; right?

2 A. Yes, sir.

3 Q. Okay. Because that's what the time
4 logs reflect?

5 A. Yes, sir.

6 Q. Okay. Do you remember having to assist
7 Ms. Branton out of a vehicle?

8 A. Out of a vehicle?

9 Q. Yes, sir.

10 A. No, sir.

11 Q. Okay. And, again, if we had the body
12 camera, we could see if that happened or not;
13 correct?

14 A. That's correct.

15 Q. At the top of that form, does that show
16 EMS, see where it says, units dispatched on the
17 first page, I believe it says law enforcement EMS?

18 A. That's correct; yes, sir.

19 Q. Do you have any recollection of telling
20 the ambulance to not proceed?

21 A. Not that I can recall. However, there
22 is times where -- well, not times, but normally
23 whenever there is a call like this nature here,
24 there are normally texts to the call, normally
25 they're standby until law enforcement gets there

TONY HARTWELL - DIRECT EXAMINATION BY MR. TANNER

1 and clear the scene or deem the scene okay and safe
2 for them to come in. Yeah, I think I answered the
3 question. Normally, yes, that is correct.

4 Q. Okay. And do you recall having to
5 assist Ms. Branton inside the home -- to get her
6 inside the home?

7 A. Very vague, but, yes.

8 Q. Okay. Because, again, the report says
9 she was trying to climb a fence; right?

10 A. Yes, sir.

11 Q. And there's a fence that surrounds that
12 property?

13 A. Yes, sir.

14 Q. And when you got her inside the home,
15 did you have to assist her with her medication?

16 A. No, sir.

17 Q. You didn't do that?

18 A. No, sir.

19 Q. Okay. And, again, if you had done a
20 report, we would sort of know exactly what you did
21 that night; correct?

22 A. That's correct.

23 Q. Okay. And you were there about half an
24 hour?

25 A. Yes, sir.

TONY HARTWELL - DIRECT EXAMINATION BY MR. TANNER

1 Q. Okay. Any other interaction that you
2 recall having with Ms. Branton that night?

3 A. That would be all. I mean, based off
4 -- she was outside, we got her inside, and that was
5 it.

6 Q. Okay. And, again, you may or may not
7 have told the EMS not to come; right?

8 A. That's correct.

9 Q. Okay. Are you aware the next day,
10 later that day around 5:30 at night there was
11 another 9-1-1 call made to that address?

12 A. I was made aware of this whenever this
13 case came about when the sheriff's office was
14 listed into a lawsuit in reference to this.

15 Q. Because the personal representative
16 files the sheriff's -- a lawsuit -- this same
17 lawsuit against the sheriff's office; is that
18 correct?

19 A. That's correct.

20 Q. Okay. And at the time when
21 Investigator Hayes was investigating her death on
22 October 3rd, did he ever speak to you about what
23 you had seen, what you had observed, what you had
24 done the night before?

25 A. Not that I can recall, no, sir.

TONY HARTWELL - CROSS-EXAMINATION BY MR. WILLIAMS

1 Q. Okay. Did you ever after October 3rd
2 when Ms. Branton passed go to Investigator Hayes
3 and say, I was there the night before with a 9-1-1
4 call?

5 A. No, sir.

6 Q. Okay. Thank you, sir. Please answer
7 any questions they may have for you?

8 THE COURT: Cross-examination?

9 MR. WILLIAMS: Yeah.

10 CROSS-EXAMINATION

11 BY MR. WILLIAMS:

12 Q. Tony, I wasn't involved back in this
13 original case, was I?

14 A. No, sir.

15 Q. And you were deposed back a year and a
16 half ago; is that right? Something like that?

17 A. Yes, sir.

18 Q. A year and a half ago, do you remember
19 telling everybody that you didn't remember
20 anything, you really had no independent
21 recollection on what happened on this given call;
22 is that right?

23 A. That's correct. Yes, sir.

24 Q. In fact, you said, golly, I can't even
25 see the CAD report you've got on the screen where I

TONY HARTWELL - CROSS-EXAMINATION BY MR. WILLIAMS

1 even showed up; right?

2 A. Yes.

3 Q. I can't even tell where I even showed
4 -- it doesn't even look like I showed up based on
5 what the notations were; right?

6 A. That's correct.

7 Q. You don't keep -- this exhibit right
8 here, you don't type that in, that's a 9-1-1
9 operator does that?

10 A. Yes, sir.

11 Q. If you went and saw something that you
12 felt necessary to do an incident report, you would
13 have done it, but you don't know what you saw, you
14 don't remember what you did, you don't remember any
15 of that, do you?

16 A. That's correct.

17 Q. And you're just relying on, you know,
18 what Mr. Tanner just told you and what's said in
19 this CAD report, but you don't know the accuracy of
20 that, do you?

21 A. That's correct.

22 Q. But what you do know is that clearly
23 the report says that there was a psychiatric
24 incident that occurred about an hour or so after
25 this patient, the Decedent left The Regional

TONY HARTWELL - REDIRECT EXAMINATION BY MR. TANNER

1 Medical Center; right?

2 A. That's correct.

3 Q. So we know we have a psychiatric
4 incident a short time after being discharged by The
5 Regional Medical Center; correct?

6 A. That's correct. Yes, sir.

7 Q. And if we go through all of your
8 different prior testimony, there's nothing else in
9 there about what you saw, perceived other than what
10 you see right there with that 9-1-1 call operator;
11 right?

12 A. That's correct.

13 Q. Thank you so much for your time.

14 A. Yes, sir.

15 THE COURT: Any redirect?

16 MR. TANNER: Just very briefly.

17 REDIRECT EXAMINATION

18 BY MR. TANNER:

19 Q. Again, you were there for 30 minutes;
20 right, Deputy Hartwell?

21 A. Yes, sir.

22 Q. Okay. And, again, the body camera
23 video that would be dispositive of what you did,
24 who you talked to, who you saw is gone; correct?

25 A. That's correct.

TONY HARTWELL - REDIRECT EXAMINATION BY MR. TANNER

1 Q. And, again, the sheriff's office has
2 been sued in this lawsuit; right?

3 A. Yes, sir.

4 Q. Okay. And, again, the complaint was
5 that Ms. Branton was trying to jump the fence to go
6 to a neighbors is noted in the CAD report; correct?

7 A. Yes, sir.

8 Q. That she was possibly creating a
9 nuisance or disturbance and was a danger to herself
10 or others; correct?

11 A. Where do you see that at?

12 Q. Is that in the CAD report?

13 A. No, sir.

14 Q. Okay. Do you remember testifying to
15 that in your deposition?

16 A. Not that I can recall as of now, no,
17 sir.

18 Q. But based on all those factors, you
19 still didn't feel the need to do an incident
20 report?

21 A. No, sir.

22 Q. Okay. Thank you, sir, for your time.

23 THE COURT: You may step down, sir.

24 Thank you.

25 MR. TANNER: Let me check on a witness,

BRENDA WILLIAMS - DIRECT EXAMINATION BY MR. TANNER

1 Your Honor.

2 THE COURT: Yes, sir.

3 MR. WILLIAMS: Before you leave, Mike.
4 Your Honor, at this time I just ask that the Court
5 take judicial notice that the sheriff's department
6 was dismissed with The Regional Medical Center
7 represented by Michael Tanner's consent prior to
8 this day that we're here today on.

9 MR. TANNER: After they settled their
10 part of the lawsuit.

11 THE COURT: The records will indicate
12 that your accuracy of --

13 MR. TANNER: Your Honor, I'd call
14 Brenda Williams at this time.

15 BRENDA WILLIAMS,
16 being first duly sworn, was examined and testified
17 as follows:

18 THE CLERK: Thank you. Please be
19 seated.

20 THE COURT: Your witness.

21 MR. TANNER: May it please the Court?

22 DIRECT EXAMINATION

23 BY MR. TANNER:

24 Q. Ms. Williams, you're here under
25 subpoena; correct?

BRENDA WILLIAMS - DIRECT EXAMINATION BY MR. TANNER

1 A. Yes.

2 Q. Okay. And you use to operate the
3 Heavenly Living Boarding Home at 167 Benthomp Road
4 in Orangeburg?

5 A. Yes.

6 Q. And that was a facility you rented from
7 the Phaires; is that right?

8 A. Ran it for the Phaires?

9 Q. Rented?

10 A. Rented. Yes.

11 Q. Okay. And is Heavily Boarding Home
12 still operating?

13 A. Yes.

14 Q. Okay. And do you charge rent for your
15 residents there at Heavenly Boarding Home?

16 A. Yes.

17 Q. And what is the rent that you charge
18 per month?

19 A. It varies because some of them are
20 homeless and may not have an income, so.

21 Q. Okay. And what do you charge for folks
22 that do have an income? Is there any sort of way
23 that you set your rates?

24 A. According to what they can pay, that's
25 it.

BRENDA WILLIAMS - DIRECT EXAMINATION BY MR. TANNER

1 Q. Okay. And at the time back in 2019,
2 you were still operating Heavily Living there;
3 correct?

4 A. Yes.

5 Q. And was that licensed by DHEC?

6 A. No, it's not. It's a boarding home.
7 It's not a residential.

8 Q. Okay. And typically, what do folks
9 that stay at Heavenly Living, what are they able to
10 do in terms of their activities, their daily
11 living?

12 A. They can do anything they want to do
13 because they're just renting to stay.

14 Q. Okay. And are you a nurse?

15 A. No, I'm not.

16 Q. Okay. Are you a doctor?

17 A. No, I'm not.

18 Q. Okay. Do you have any sort of medical
19 or nursing license?

20 A. I'm not a caregiver, no.

21 Q. Okay. Are your patients there able to
22 live independently?

23 A. Yes.

24 Q. Okay. And what sort of staff did you
25 have at Heavenly Living back in October of 2019?

BRENDA WILLIAMS - DIRECT EXAMINATION BY MR. TANNER

1 A. Basically, just a maintenance staff.

2 Q. Okay. But were there folks that helped
3 prepare meals?

4 A. Yes, folks help prepare meals. Some of
5 them prepare their own meals. Some of them send
6 out for Chinese food or whatever it is that they
7 like to eat. Some of their relatives prepare their
8 food.

9 Q. Okay. And did you ever have the
10 occasion to be contacted about a lady by the name
11 of Adrienne Branton?

12 A. Yes.

13 Q. Okay. And who contacted you?

14 A. Ms. Estelle.

15 Q. Estelle Hutchinson?

16 A. Yes.

17 Q. Okay. And what did she tell you about
18 Ms. Branton?

19 A. She came with Ms. Branton. She and Ms.
20 Branton came together. And she said that Ms.
21 Branton just came from the hospital. She was sort
22 of irate. She didn't want to go -- she didn't want
23 to go with Estelle because she was upset. She
24 wanted to get with some of her family.

25 Q. Did Ms. Hutchinson tell you that on the

BRENDA WILLIAMS - DIRECT EXAMINATION BY MR. TANNER

1 way from the hospital to your boarding home that
2 Ms. Branton had supposedly tried to jump out of the
3 car?

4 A. Yes. From the hospital, she didn't
5 want to get in the car.

6 Q. Did she tell you why then she didn't
7 take her back into the hospital?

8 A. She said that she was discharged. And
9 when she went to pick her up, Ms. Branton still did
10 not appear to be stable.

11 Q. And is -- Ms. Hutchinson is not a
12 nurse, is she?

13 A. No, she's not, but she wanted her to
14 stay at the hospital for some more evaluation to
15 see what was going on with her.

16 Q. And did she tell you that?

17 A. Yes.

18 Q. Okay. Did she tell you then why she
19 didn't turn around and take her back to the
20 hospital?

21 A. She told me that she was trying to --
22 first of all, Ms. Branton didn't want to get in the
23 vehicle from the hospital.

24 Q. And did Ms. Hutchinson have to force
25 her into the vehicle?

BRENDA WILLIAMS - DIRECT EXAMINATION BY MR. TANNER

1 A. Had to basically coach her because from
2 what I understand, whoever brought her down said,
3 well, listen, she's discharged. They said because
4 she's okay to go.

5 Q. Did -- when she got to your house, was
6 she in whose vehicle?

7 A. When she got to my house she came along
8 with Ms. Hutchinson.

9 Q. And did she get out of the car on her
10 own or did she have to be coached to get out of the
11 car?

12 A. She spoke with her and asked her did
13 she -- being that she didn't want to go back with
14 Ms. Estelle, did she want to possibly rent from me,
15 stay there.

16 Q. And did you tell her what the rent
17 would be?

18 A. No, because she said she didn't want to
19 stay. We had no type of agreement.

20 Q. So she told you she didn't want to
21 stay, but she ended up staying with you anyway; is
22 that fair?

23 A. She ended up staying this night, yes.

24 Q. And were you in the courtroom when
25 Deputy Hartwell testified?

BRENDA WILLIAMS - DIRECT EXAMINATION BY MR. TANNER

1 A. Yes, I was.

2 Q. In fact, someone had to call Deputy
3 Hartwell, 9-1-1 to get law enforcement there that
4 night; correct?

5 A. Ms. Estelle, yes.

6 Q. Estelle Hutchinson called after Ms.
7 Branton didn't want to stay at your facility
8 anymore; correct?

9 A. She didn't want to stay, yes.

10 Q. And Deputy Hartwell was able to get her
11 in the house?

12 A. Yes.

13 Q. Okay. And Deputy Hartwell, was he able
14 to get her her medication?

15 A. I know nothing about medication. No
16 one gave her medication to my knowledge.

17 Q. Did she come with medication?

18 A. I'm not sure if she did or not. I know
19 she had a bag. She had a jacket, you know, but
20 what she had in her bag I don't know. I don't
21 recall.

22 Q. Did Ms. Hutchinson tell you anything
23 about her family?

24 A. Yes.

25 Q. Okay. Did Ms. Hutchinson tell you that

BRENDA WILLIAMS - DIRECT EXAMINATION BY MR. TANNER

1 she was going to call her family?

2 A. Yes.

3 Q. Okay. And did she tell you
4 specifically who?

5 A. If I'm not mistaken I think she said
6 her daughter. She attempted to reach out to her
7 daughter there while she was on the premises.

8 Q. Did you see Ms. Hutchinson try to use
9 the phone to call her daughter?

10 A. I seen Ms. Hutchinson attempt to make
11 some calls. And after that, she called 9-1-1.

12 Q. Okay. And that's when the deputy came
13 out there?

14 A. Yes.

15 Q. And you saw an ambulance about a block
16 away from your facility?

17 A. I didn't see the ambulance, that's what
18 was called, the ambulance, because it was a
19 behavior.

20 Q. Okay. An ambulance never came that
21 night to check on Ms. Branton; correct?

22 A. No.

23 Q. Okay. And someone gave her medicine,
24 but you don't think it was you?

25 A. I know nothing about any medicine. I

BRENDA WILLIAMS - DIRECT EXAMINATION BY MR. TANNER

1 don't administer medication.

2 Q. So --

3 A. So I don't know if she had medication
4 or not.

5 Q. Why did you agree to take Ms. Branton
6 if you didn't know what was going on with her
7 medically?

8 A. I never agreed to take her. That's a
9 boarding home. Who's ever there comes on their own
10 voluntarily for room and board. She said she
11 didn't want to stay. She appeared to be very irate
12 and not stable, so that's why 9-1-1 was called.

13 Q. Didn't she stay the night in your
14 Heavenly Living facility?

15 A. She did stay the night.

16 Q. Okay. So then she did stay there?

17 A. Yes. She stayed overnight.

18 Q. Okay. And did anyone speak to her
19 about how she was going to be that night? Did you
20 speak to her?

21 A. What do you mean how she was going to
22 be?

23 Q. Well, you testified -- we heard that
24 she was trying to climb a fence; right?

25 A. Yes.

BRENDA WILLIAMS - DIRECT EXAMINATION BY MR. TANNER

1 Q. You said she didn't want to stay?

2 A. She didn't want to stay.

3 Q. But then she goes inside?

4 A. The officer spoke with her and she
5 calmed down and agreed to stay overnight.

6 Q. Did you hear what the officer said to
7 her?

8 A. Not exactly because they were talking
9 so I stepped away.

10 Q. But it was your facility; right, you
11 operated?

12 A. Yes.

13 Q. So if you didn't want her to stay there
14 you could have told Deputy Hartwell that; correct?

15 A. The ambulance was called. 9-1-1 was
16 called for the ambulance. She refused to go.

17 Q. She refused to go to the ambulance?

18 A. She refused to -- she didn't want to go
19 back to the hospital. So she wasn't -- I don't
20 think the officer was able to say, well, come on
21 ambulance, I'm going to, you know, going to -- she
22 had to get on the ambulance on her own free will.

23 Q. And she never got on that ambulance,
24 did she?

25 A. No.

BRENDA WILLIAMS - DIRECT EXAMINATION BY MR. TANNER

1 Q. Okay. And instead, again, she came to
2 your facility that night; right?

3 A. Yes.

4 Q. And does each resident, is that what
5 you call folks that rent from you?

6 A. Yes.

7 Q. Do they each have an individual room?

8 A. No.

9 Q. Okay. So where was Ms. Branton in your
10 Heavenly Living facility?

11 A. She stayed -- she stayed that night in
12 the room with another woman.

13 Q. Okay. And was anyone there that night
14 to check on Ms. Branton?

15 A. Yes. Housekeeping was there. I don't
16 recall who was there that night, but, yes.

17 Q. Okay. Somebody was there; right? And
18 do the residence -- is the gate outside of Heavenly
19 Living, does that get locked?

20 A. Yes.

21 Q. And who locks that?

22 A. Sometime residents lock it. The gate
23 -- the fence is there for their protection not to
24 prevent them from leaving. It's for the privacy of
25 the home and the residents.

BRENDA WILLIAMS - DIRECT EXAMINATION BY MR. TANNER

1 Q. Do you know how many times that night
2 Estelle Hutchinson tried to call Ms. Branton's
3 daughter?

4 A. I have no idea.

5 Q. Did you ever try to call Ms. Branton's
6 daughter?

7 A. I didn't have any of their contact
8 because no agreement was formed that she was going
9 to reside there. She made it clear that she didn't
10 want to reside there.

11 Q. Well, if no agreement was formed and
12 you didn't have any of her contact information, why
13 did you let her stay?

14 A. She spoke -- after she and the officer
15 spoke, she agreed that she would stay overnight and
16 leave the next day.

17 Q. And how long was Ms. Hutchinson there
18 that night?

19 A. She wasn't there long. She didn't stay
20 overnight.

21 Q. Was she there when the officer was
22 there?

23 A. Yes, she called the officer. She
24 called 9-1-1.

25 Q. Yes, ma'am. Did she go into the

BRENDA WILLIAMS - DIRECT EXAMINATION BY MR. TANNER

1 boarding home with you and Ms. Branton?

2 A. Yes.

3 Q. Okay. And did she help Ms. Branton get
4 settled?

5 A. She spoke with Ms. Branton. She -- no,
6 I don't recall her helping her get settled because
7 Ms. Branton had her personal belongings and she sat
8 there in the chair and after speaking with the
9 officer she was content, calm.

10 Q. She appeared calm to you at this time?

11 A. She appeared at that time calm.

12 Q. Did you overhear any conversations
13 between Ms. Branton and Ms. Hutchinson about
14 Ms. Branton's family being contacted to come get
15 her?

16 A. She said she would continue to reach
17 out to contact one of her family members. Some of
18 her family members.

19 Q. Did you hear Ms. Hutchinson tell her
20 that she thought her family would come get her the
21 next day?

22 A. I don't recall that.

23 Q. Okay. How long did you stay that
24 night?

25 A. I didn't stay. I stayed up until a

BRENDA WILLIAMS - DIRECT EXAMINATION BY MR. TANNER

1 certain amount of time and then I left.

2 Q. Do you know what time that was?

3 A. I don't recall.

4 Q. Okay. And when you left, was it dark?

5 A. Yes.

6 Q. Okay. And what about the next morning,

7 when did you come back to your Heavenly Living

8 Home?

9 A. I don't recall.

10 Q. Okay. Did you speak to Ms. Branton

11 that morning?

12 A. Yes, I did.

13 Q. Okay. And how did she seem to you?

14 A. She was ready to leave.

15 Q. She did she tell you if she was going

16 home with her family?

17 A. That's what she said.

18 Q. Had she showered?

19 A. I'm not -- I was not there. When I got

20 there Ms. Branton was fully clothed.

21 Q. Okay. Had she eaten breakfast?

22 A. I'm not sure if she ate breakfast or

23 not. I'm quite sure she was offered breakfast if

24 the other residents were eating. Everyone there is

25 very friendly, so I'm quite sure.

BRENDA WILLIAMS - DIRECT EXAMINATION BY MR. TANNER

1 Q. Now, a lawsuit was filed against you by
2 Ms. Davis and her family as well; right,
3 Ms. Williams?

4 A. Yes.

5 Q. Okay. And you were deposed in that
6 case; correct?

7 A. Excuse me?

8 Q. Do you remember giving a deposition at
9 a lawyers office?

10 A. Yes.

11 Q. And do you remember testifying that Ms.
12 Branton showered, changed her clothes and had
13 breakfast?

14 A. I was told that.

15 Q. Do you remember testifying to that at
16 your deposition?

17 A. No, I don't recall.

18 Q. Do you remember testifying that she was
19 waiting for her family to pick her up?

20 A. Yes.

21 Q. Okay. Did Ms. Hutchinson come to
22 Heavenly Living that day October 3rd in the
23 morning?

24 A. She came that day, I don't recall the
25 time.

BRENDA WILLIAMS - DIRECT EXAMINATION BY MR. TANNER

1 Q. Do you recall interacting with her?

2 A. With Ms. Hutchinson? Yes.

3 Q. And what did Ms. Hutchinson say to you?

4 A. I don't recall the conversation, but
5 basically it was to contact her family member.

6 Q. Okay. Did you anticipate that Ms.
7 Hutchinson was going to contact Ms. Branton's
8 family member?

9 A. Yes.

10 Q. Okay. Did she tell you that?

11 A. Yes.

12 Q. Do you know anything about Ms. Branton
13 having a mental health appointment that day?

14 A. Yes.

15 Q. Okay. And what do you know about that?

16 A. No one could get Ms. Branton in their
17 vehicle. She was outside. She didn't want anymore
18 parts of hospital or appointments. She just wanted
19 to get with her family.

20 Q. Who was trying to get her to go to her
21 mental health appointment? Was that you or was
22 that Ms. Hutchinson?

23 A. Me and Ms. Hutchinson.

24 Q. Okay. And neither one of you had any
25 success?

BRENDA WILLIAMS - DIRECT EXAMINATION BY MR. TANNER

1 A. No.

2 Q. And did Ms. Hutchinson again try to
3 contact her family?

4 A. Yes. She -- that she was trying to
5 contact her family from the night before.

6 Q. What about that October 3rd, that next
7 morning when Ms. Branton was to go to mental
8 health, did you see Ms. Hutchinson try to contact
9 her family?

10 A. I don't remember the time. I don't
11 remember what time the appointment was. But from
12 my understanding, Ms. Hutchinson was trying to
13 reach out to her family.

14 Q. Okay. Did you see her try to reach out
15 to her family?

16 A. She had her cell phone. She was making
17 calls, so I assume.

18 Q. And, again, you didn't have any contact
19 information; right?

20 A. No.

21 Q. Okay. When did you leave Heavenly
22 Living that day?

23 A. Which day?

24 Q. October 3rd, the day that Ms. Branton
25 unfortunately passed?

BRENDA WILLIAMS - DIRECT EXAMINATION BY MR. TANNER

1 A. That night.

2 Q. That night. You were there all day?

3 A. I wasn't there all day, but I was there
4 -- I came on later.

5 Q. Okay. Well, let's go back --

6 A. To the home later.

7 Q. Let's go back to that morning again,
8 okay. Because I believe you testified that you got
9 there and that she had had her breakfast and she
10 had gotten dressed; right?

11 A. I was told this. I wasn't there all
12 day.

13 Q. Okay. When -- do you have an
14 independent memory of when you left your boarding
15 home that morning?

16 A. No, I don't.

17 Q. Okay. Where was Ms. Branton when you
18 left?

19 A. Ms. Branton basically was from the
20 porch to outside, from the front porch to in the
21 yard, to the fence, you know, wanting to leave
22 outside the fence. She was back and forth.

23 Q. Did Ms. Branton ever say that she was
24 waiting for her grandson to come pick her up?

25 A. I don't recall her saying about a

BRENDA WILLIAMS - DIRECT EXAMINATION BY MR. TANNER

1 grandson. She said -- mentioned about
2 grandchildren, but I don't recall her saying
3 specifically a grandson.

4 Q. Do you know if Ms. Branton ever went
5 back in Heavenly Living facility after 10 in the
6 morning on October 3rd?

7 A. I don't recall the time. I don't even
8 recall being there at 10 a.m., but someone was
9 there. And from what I understand, she was in and
10 out most of the day.

11 Q. Okay. If you testified at your
12 deposition that you --

13 A. I don't recall. I mean, you talking
14 about a year, a year and a half, I really don't
15 recall. And then the incident you're talking about
16 back in 2019, I don't recall.

17 Q. Let me finish first and then you can
18 tell me whatever. So, again, you were deposed in
19 this case; right? Do you remember giving that
20 deposition we talked about a second ago?

21 MR. GOINGS: Your Honor, this is just
22 improper use of impeachment. He needs to show the
23 witness her testimony and do it the right way, not
24 blindsides her with something that she doesn't even
25 have in front of her. It's just improper.

BRENDA WILLIAMS - DIRECT EXAMINATION BY MR. TANNER

1 THE COURT: He can ask her if she
2 remembers and then he can proceed. Ms. Williams,
3 do you recall the deposition?

4 A. Yes, I recall the deposition. I recall
5 I went through this --

6 THE COURT: All right. Your next
7 question.

8 Q. Yes, ma'am. Who is Rosa Starks --

9 A. And I was dismissed from this.

10 Q. Okay. Who is Rosa Starks?

11 A. Rosa, I don't recall who Rosa Starks.
12 I don't recall.

13 Q. You don't recall an employee that you
14 had named Rosa Starks?

15 A. Okay. Rosa Starks was someone who --
16 she wasn't there very long. She wasn't there very
17 long.

18 Q. She was your employee; right?

19 A. Yes.

20 Q. Okay. Who's Tyson Nelson?

21 A. Tyson would come -- he's the night
22 person.

23 Q. Who is he?

24 A. He's another maintenance person.

25 Q. Is he any relation to you?

BRENDA WILLIAMS - DIRECT EXAMINATION BY MR. TANNER

1 A. No. No, he's not any relation to me.

2 Q. Okay. What were his job duties?

3 A. He would be there at night.

4 Q. Okay. So would he have been there the
5 night of October 2nd?

6 A. I don't recall who was there. It's in
7 the deposition who was there, I don't recall who
8 was there.

9 Q. When did you first learn that Ms.
10 Branton had unfortunately died at your facility?

11 A. Tyson was the person who called me and
12 said that she was outside and unresponsive.

13 Q. Okay. Do you know what time that was?

14 A. I don't recall the time, but it was in
15 the afternoon -- evening, afternoon.

16 Q. Did anyone ever tell you that they
17 observed her and they thought she was dehydrated?

18 A. Ms. Branton from what I understand
19 walked back and forth from the porch to the front.
20 No one told me she was dehydrated.

21 Q. Rosa Starks never told you that?

22 A. That she was dehydrated, never.

23 Q. Did Rosa Starks ever tell you that she
24 saw her sweating?

25 A. She never told me that.

BRENDA WILLIAMS - DIRECT EXAMINATION BY MR. TANNER

1 Q. Did Rosa Starks tell you that she was
2 outside in a heavy wool coat?

3 A. No, she did not tell me that.

4 Q. Okay. Did anyone in law enforcement
5 ever tell you any of those things?

6 A. No.

7 Q. When did you come back to Heavenly
8 Living after you learned that 9-1-1 had to be
9 called?

10 A. Immediately.

11 Q. Okay. And was Ms. Hutchinson there?

12 A. No.

13 Q. Did you observe when you got there law
14 enforcement?

15 A. I don't recall.

16 Q. Do you recall if EMS was there?

17 A. EMS was called, law enforcement came
18 along, yes.

19 Q. Did you, when you got back there,
20 observe Ms. Hutchinson giving CPR to Ms. Branton?

21 A. No.

22 Q. After Ms. Branton died, did you have an
23 interaction with her daughter, Ms. Se'Anne Davis?

24 A. I spoke with someone over the phone, I
25 believe it was a granddaughter, possibly could have

BRENDA WILLIAMS - DIRECT EXAMINATION BY MR. TANNER

1 | been daughter.

2 | Q. Did they have questions to you as to
3 | how Ms. Branton came to be at Heavenly Living?

4 | A. Yes.

5 | Q. Okay. Did y'all have a face-to-face
6 | meeting or just a call?

7 | A. Telephone call.

8 | Q. And how many calls do you think you had
9 | with the family?

10 | A. I want to say the granddaughter and
11 | then I believe I spoke with the son, I'm not sure.

12 | Q. And to your knowledge, did anyone on
13 | your staff at Heavenly Living at any point in time
14 | before 5:30 on October 3, 2019 call EMS to tell
15 | them about Ms. Branton's behavior?

16 | A. Ms. Branton, as I said, walked back and
17 | forth from the porch to the fence. That's all I
18 | know. And she was waiting for someone to come.

19 | Q. That Ms. Hutchinson told you she had
20 | called; correct?

21 | A. Yes.

22 | Q. Okay. Please answer any questions they
23 | may ask of you.

24 | THE COURT: Cross-examination?

25 | CROSS-EXAMINATION

BRENDA WILLIAMS - CROSS-EXAMINATION BY MR. GOINGS

1 BY MR. GOINGS:

2 Q. Ms. Williams, my name's Robert Goings.
3 You were dismissed from this case, weren't you?

4 A. Yes, I was.

5 Q. Okay. And it was determined that it
6 was a boarding home that you operated; correct?

7 A. Nothing but a boarding home.

8 Q. Okay. And it wasn't a residential care
9 facility, was it?

10 A. Not at all.

11 Q. You heard the Hospital's lawyer here
12 call it a facility. Is it a facility or a boarding
13 home?

14 A. It's a boarding home.

15 Q. He also at times called the people that
16 stayed there patients. Are they patients?

17 A. No.

18 Q. Okay. And is a boarding operator
19 allowed to monitor the tenants that stay there?

20 A. People that reside there come and go as
21 they please.

22 Q. Okay. So if someone's sitting out in
23 the yard, are they allowed to do that?

24 A. Of course.

25 Q. If they leave for the day, are they

BRENDA WILLIAMS - CROSS-EXAMINATION BY MR. GOINGS

1 allowed to do that?

2 A. Yes.

3 Q. Are you allowed or permitted to
4 administer medication to them?

5 A. No.

6 Q. Okay. Now, you told the jury that you
7 received a phone call, I think, from Ms. Hutchinson
8 that said that she said she had Ms. Branton in the
9 vehicle with her; is that right? Or did she just
10 show up?

11 A. She called and told me that she was
12 coming with Ms. Branton.

13 Q. Okay. So she just didn't show up, she
14 actually called you ahead of time?

15 A. She didn't just show up, no.

16 Q. Did she tell you that she was coming
17 from the hospital?

18 A. She said that they came from the
19 hospital.

20 Q. And Ms. Branton was not acting right
21 and not wanting to be compliant with really
22 anything at this point; right?

23 A. She didn't. She didn't want to be
24 compliant.

25 Q. Did she mention that she had even --

BRENDA WILLIAMS - CROSS-EXAMINATION BY MR. GOINGS

1 | didn't jump out, but at least thought that she was
2 | trying to jump out the car?

3 | A. Yes.

4 | Q. Okay. And did she talk to Ms. Branton
5 | about you allowing her to stay there that night?

6 | A. Yes.

7 | Q. Okay. And did you agree to allow Ms.
8 | Branton to stay at your boarding home that night?

9 | A. If Ms. Branton -- what I told her was,
10 | if Ms. Branton wanted to stay, she was allowed to
11 | stay. But she made it -- Ms. Branton made it plain
12 | that she did not want to stay. That she just -- if
13 | she stayed overnight, it would just be overnight.

14 | Q. Got it. That wasn't going to be where
15 | she stayed for a week?

16 | A. No. We had no type of rental
17 | agreement.

18 | Q. And that evening, the evening of the
19 | 2nd, did Ms. Branton exhibit some abnormal
20 | behavior?

21 | A. She did.

22 | Q. Okay. And did you understand that the
23 | hospital had already turned her away and said
24 | nothing was wrong with her?

25 | A. Yes.

BRENDA WILLIAMS - CROSS-EXAMINATION BY MR. GOINGS

1 Q. But did Ms. Branton act like somebody
2 who needed to be at a hospital instead of a
3 boarding home?

4 A. Ms. Branton was a very nice -- appeared
5 to be a very nice woman, but she had mental issues
6 that was clear that you can see and she needed to
7 be in the hospital.

8 Q. So a doctor who didn't come to court,
9 but he appeared on this TV screen for the last
10 couple of hours, he said that, oh, nothing was
11 wrong with her. She acted fine. She looked good.
12 Acted good. You know, nothing was wrong with her.
13 Is that the person that you saw?

14 A. She shouldn't have been discharged.
15 She had conditions and they should have diagnosed
16 her a little more clearly.

17 Q. And you called actually 9-1-1 and the
18 police came; right?

19 A. Estelle called 9-1-1.

20 Q. Estelle called 9-1-1. Now, and just a
21 police officer came; right?

22 A. Called 9-1-1 for the ambulance and the
23 police officer came.

24 Q. But an ambulance actually never showed
25 up that day, it was just the police officer?

BRENDA WILLIAMS - CROSS-EXAMINATION BY MR. GOINGS

1 A. Never saw an ambulance, just the police
2 officer.

3 Q. Okay. The gentleman that's sitting
4 right here is the only man that showed up; right?

5 A. That's the only person showed up.

6 Q. Okay. And apparently he was able to, I
7 guess, calm her down or talk a little sense into
8 her maybe; is that right?

9 A. Yes.

10 Q. Okay. And then the next day comes
11 around and is it your understanding that by the end
12 of that day Ms. Hutchinson had arranged for Ms.
13 Branton not to even be there anymore?

14 A. Yes.

15 Q. Okay. And her sitting out on the road,
16 was it your understanding that she was just waiting
17 on her family to pick her up?

18 A. Yes.

19 Q. And Ms. Estelle Hutchinson told you
20 that she would try to contact her family; right?

21 A. She said she would try to contact her
22 family.

23 Q. And you saw her on the phone, but you
24 don't know exactly who she was trying to call;
25 right?

BRENDA WILLIAMS - REDIRECT EXAMINATION BY MR. TANNER

1 A. I don't know who she was placing the
2 calls to.

3 Q. Well, Ms. Estelle Hutchinson testified
4 yesterday to this jury and said she in fact never
5 did call her family?

6 A. She never called the family?

7 Q. Yes, ma'am.

8 A. Well, who was she calling?

9 Q. You saw her on the phone though?

10 A. Yes.

11 Q. Okay. Take a look at this monitor that
12 we have up. Where was that picture taken?

13 A. (No response.)

14 Q. Was that picture taken near the road in
15 the front yard of your boarding home?

16 A. It was in the yard, yes.

17 Q. Okay. That picture would have never
18 been taken if she was at the hospital; right?

19 A. So true.

20 Q. Thank you, ma'am.

21 THE COURT: Any redirect?

22 REDIRECT EXAMINATION

23 BY MR. TANNER:

24 Q. Ms. Williams, that picture would have
25 never been taken if y'all hadn't let her stayed;

BRENDA WILLIAMS - REDIRECT EXAMINATION BY MR. TANNER

1 right?

2 A. That picture wouldn't have never been
3 taken if she was -- had remained at the hospital.

4 Q. Okay. And you bear no responsibility
5 with her passing, is that what you're telling this
6 jury?

7 A. No responsibility.

8 Q. Even though she was there at your
9 facility, your home, Heavenly Living Home; right?

10 A. The hospital should have taken more
11 care of her.

12 MR. TANNER: Your Honor, if you could
13 ask her to answer the question, please.

14 THE COURT: Ma'am, you can answer,
15 yes/no, I don't know and then explain your answer.

16 A. What was your question?

17 Q. I'll have the court reporter read it
18 back for you.

19 (WHEREUPON, the court reporter read
20 back the question.)

21 A. She was there at the facility.

22 Q. She was at Heavenly Boarding Home;
23 right? Your facility?

24 A. She was at the boarding home.

25 Q. Okay. But -- all right. We'll call it

BRENDA WILLIAMS - REDIRECT EXAMINATION BY MR. TANNER

1 the boarding home. She was at your boarding home
2 on October 2, 2019; correct?

3 A. Yes.

4 Q. Okay. And you just testified, told
5 Mr. Goings that you knew she had health issues that
6 night, but you let her stay anyway; right?

7 A. 9-1-1 was called.

8 Q. Again --

9 A. The ambulance was called.

10 MR. TANNER: Your Honor --

11 THE COURT: Let her finish her answer
12 and then you can ask another question.

13 MR. TANNER: She never answered --

14 A. The officer was there --

15 Q. Again, that wasn't my question. You
16 just told Mr. Goings that you knew she had mental
17 health issues; right? On October 2nd?

18 A. I'm not a doctor, but I could tell
19 something was wrong mentally, yes.

20 Q. Okay. And that's what you just
21 testified to --

22 A. Yes.

23 Q. -- less than five minutes ago; right?

24 A. Yes.

25 Q. Okay. And despite that, you let her

BRENDA WILLIAMS - REDIRECT EXAMINATION BY MR. TANNER

1 stay at your Heavenly Living Boarding Home
2 facility?

3 A. Once the officer spoke with her and she
4 calmed down, yes, I allowed her to stay overnight.

5 Q. And the next morning when you saw her,
6 you found her to be calm?

7 A. She was calm.

8 Q. Okay. And you knew she was suppose to
9 go to mental health that day; right?

10 A. She wouldn't go.

11 Q. She wouldn't go.

12 A. She refused to go. Just as she -- it
13 may be if the ambulance had came that night maybe
14 she would have went with them.

15 Q. But the officer is the one that didn't
16 have the ambulance come there; right, that's what
17 you testified to me about 15 minutes ago?

18 A. True.

19 Q. Okay. So it's the officer, it's EMS,
20 it's the hospital, but you bear no responsibility,
21 is that what you're telling this jury, it's
22 everybody else's fault?

23 A. Yes.

24 Q. Okay. And at no point after she
25 refused on October 3rd to go to mental health did

BRENDA WILLIAMS - REDIRECT EXAMINATION BY MR. TANNER

1 | you call 9-1-1 prior to her dying; correct?

2 | A. I called Ms. Hutchinson to see if she
3 | had contact her family. 9-1-1 was called the
4 | evening before and nothing was done.

5 | Q. Yes, ma'am, and that was why I asked
6 | you my specific question. Again, you can me tell
7 | me whatever you want, you can tell the jury
8 | whatever you want, but if you'd please answer
9 | first.

10 | My question was, on October 3rd after
11 | she refused to go to her mental health appointment,
12 | you never called 9-1-1?

13 | A. No.

14 | Q. You never called EMS?

15 | A. No.

16 | Q. Thank you.

17 | THE COURT: You may step down, ma'am.

18 | Thank you.

19 | MR. TANNER: Your Honor, my expert at
20 | this time.

21 | THE COURT: All right. Y'all please
22 | approach.

23 | (WHEREUPON, there was a bench
24 | conference.)

25 | THE COURT: Ladies and gentlemen of the

1 jury, the next witness is going to take about an
2 hour and it's 1 o'clock, so it's a good time for us
3 to take our lunch break. If you would please be
4 back in your jury room at 2 o'clock then we'll
5 resume with the trial of this case.

6 Please remember not to discuss the case
7 amongst yourselves or with anyone else. Have a
8 nice lunch.

9 (WHEREUPON, the jury left the courtroom
10 at 1:02 p.m.)

11 MR. WILLIAMS: And you want to have a
12 working lunch here; right?

13 THE COURT: I would appreciate that.
14 That way we can go ahead and go through the
15 proposed jury instructions.

16 (Lunch break.)

17 THE COURT: Ready for the jury?

18 MR. TANNER: Yes, Your Honor.

19 THE COURT: Are you ready?

20 MR. EVANS: Yes, Your Honor.

21 THE COURT: Let's have our jury,
22 please.

23 (WHEREUPON, the jury entered the
24 courtroom at 2:20 p.m.)

25 THE COURT: You may be seated. Welcome

SUSAN HARDESTY - DIRECT EXAMINATION BY MR. TANNER

1 back, ladies and gentlemen of the jury, I hope that
2 you had a nice lunch. We're now ready to proceed.
3 You may call your next witness.

4 MR. TANNER: Your Honor, I call Dr.
5 Susan Hardesty at this time.

6 SUSAN HARDESTY,
7 being first duly sworn, was examined and testified
8 as follows:

9 THE CLERK: Thank you. Please be
10 seated.

11 MR. TANNER: May it please the Court?

12 THE COURT: Yes, sir, your witness.

13 DIRECT EXAMINATION

14 BY MR. TANNER:

15 Q. Dr. Hardesty, where do you live?

16 A. I live in Ninety Six, South Carolina.

17 Q. What do you do for a living?

18 A. I'm a forensic psychiatrist.

19 Q. And as a physician?

20 A. Yes.

21 Q. Where did you grow up?

22 A. I grew up in Aiken, South Carolina.

23 Q. And where did you go to college?

24 A. I went to college at Winthrop College.

25 And then I went to medical school at the University

SUSAN HARDESTY - DIRECT EXAMINATION BY MR. TANNER

1 of North Carolina in Chapel Hill.

2 Q. When did you graduate from Winthrop?

3 A. In 1969.

4 Q. Okay. And when did you go to Chapel
5 Hill for medical school?

6 A. I went to Chapel Hill in 1986 and
7 graduated in 1990.

8 Q. Okay. And did you have a residency
9 after that?

10 A. I did.

11 Q. What was your residency in?

12 A. My residency was in psychiatry at
13 Medical University of South Carolina.

14 Q. And what years did it take you to
15 complete that program?

16 A. I went from 1990 to 1994.

17 Q. And do you have any additional training
18 after your residency?

19 A. I've not done a formal fellowship, I've
20 had many CME and other type of training. There was
21 not an emergency psychiatry fellowship at the time,
22 so as the last year of my residency, I did do
23 specialized training in emergency psychiatry.

24 Q. Okay. And tell the jury about your
25 practice experience. When were you first licensed

SUSAN HARDESTY - DIRECT EXAMINATION BY MR. TANNER

1 to practice medicine in South Carolina?

2 A. I was licensed during residency, fully
3 licensed in 1991.

4 Q. And have you remained fully licensed
5 since that time?

6 A. Yes, I have.

7 Q. Are you board certified?

8 A. I am.

9 Q. What are you board certified in?

10 A. I'm board certified in psychiatry and
11 also in forensic psychiatry.

12 Q. And explain to the jury what the
13 difference is.

14 A. Okay. For psychiatry, I'm a general
15 practitioner. I have worked in hospitals, I've
16 seen patients and outpatients. I've seen patients
17 in mental health centers. And I do general
18 psychiatric practice with all age groups. That's a
19 general psychiatrist.

20 Forensic psychiatry is a specialized
21 area of psychiatry where we work with -- sometimes
22 you work in the courts, sometimes you work in the
23 prisons, but you work where psychiatry and the law
24 come together. And you are trained, sometimes
25 people do expert witnesses. There's a lot of

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1 things in that specialty. I have worked both in
2 prison psychiatry. I've done probate court work
3 where we look at judicial commitments where
4 somebody wants the court to commit the patient
5 rather than a doctor. And I've also worked in
6 emergency forensic psychiatry where we see people
7 and make determinations about their commitment.

8 And then finally, I'm now practicing
9 solely as a forensic psychiatrist and I work with
10 malpractice cases with evaluations of questions
11 about a doctor's practice that say maybe their
12 employer has and other things like that. So it's a
13 broad spectrum and I've kind of worked across the
14 spectrum.

15 Q. And about your practice, have you
16 taught any?

17 A. Yes. So I started my career after
18 residency at Orangeburg Area Mental Health Center
19 and I worked there for several months and was
20 recruited to go back to Medical University where I
21 was put on faculty. And I worked on faculty at
22 Medical University for 19 plus years and I retired
23 from there.

24 In that time, I taught residents and
25 medical students both about emergency psychiatry,

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1 | general psychiatry, and also forensic psychiatry.
2 | So part of my role at Medical University -- well, I
3 | started out as an attending physician on an
4 | inpatient unit as a teacher. I soon became the
5 | director of admissions and then the director of
6 | adult psychiatry.

7 | I ended up my career as the associate
8 | chairman for clinical services. The psychiatry
9 | service line medical director, so that was for all
10 | of psychiatry practice at Medical University. And
11 | I was the director of the forensic psychiatry
12 | training program which I helped develop at Medical
13 | University. They did not have a residency or a
14 | fellowship in forensic psychiatry, so I helped with
15 | other doctors to develop that particular practice.

16 | I also was on the task force to develop
17 | the emergency psychiatry telemedicine service
18 | that's helped a lot of hospitals. And I've taught
19 | telemedicine in how to work in a telemedicine
20 | setting.

21 | Q. And other than MUSC, have you had any
22 | other academic appointments?

23 | A. Yes. I was associate professor of
24 | psychiatry at Baylor University Medical School in
25 | Texas. When I retired from the State of South

SUSAN HARDESTY - DIRECT EXAMINATION BY MR. TANNER

1 Carolina in 2009, I was recruited to go to Menniger
2 Clinic in Houston, Texas. And I was the medical
3 director and executive vice president at Menniger
4 Clinic and there I taught -- and that's an
5 affiliate of Baylor Medical School, so I had a
6 faculty appointment at Baylor and administrative
7 appointments. And there I also taught medical
8 students and residents and practiced both general
9 psychiatry and forensic psychiatry.

10 Q. And you're currently still licensed to
11 practice in South Carolina?

12 A. I am.

13 Q. Are you licensed to practice still in
14 Texas?

15 A. I am.

16 Q. Okay. And have you been qualified by a
17 circuit court or other tribunal as an expert
18 witness before?

19 A. Yes, I have.

20 MR. TANNER: Your Honor, at this time,
21 we'd offer her as -- Dr. Hardesty as an expert in
22 psychiatry.

23 THE COURT: Any objection?

24 MR. WILLIAMS: No objection.

25 THE COURT: She's qualified.

SUSAN HARDESTY - DIRECT EXAMINATION BY MR. TANNER

1 Q. Dr. Hardesty, you're getting paid to be
2 here today; is that correct?

3 A. That's correct.

4 Q. You got paid to review this case?

5 A. I did.

6 Q. No one asked you to do it for free?

7 A. No, sir.

8 Q. And what materials were you provided to
9 look at in this matter?

10 A. I don't have the list in front of me,
11 but I was provided the hospital record from the
12 Orangeburg Area Mental Health Center. The records
13 from the Three Rivers hospital. Hospitalizations,
14 I believe there were three of them. The records
15 the Spartanburg Regional Hospital, all their
16 medical records. Depositions from a Dr. Husted,
17 from Ms. Williams, from Ms. Hutchinson, from Dr.
18 West. I think I've had -- there was some law
19 enforcement depositions that I don't remember the
20 exact names of the EMS or -- there was a dispatcher
21 and the gentleman who testified earlier and a
22 couple of other law enforcement.

23 Q. How would you in reviewing all those
24 records, how would you describe Ms. Branton's
25 lifetime history of mental health?

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1 A. When I reviewed the records, I felt
2 that Ms. Branton had a challenging time in her life
3 with her mental health issues. That she had
4 multiple diagnoses. There was bipolar, there was
5 schizophrenia. There was schizoaffective disorder,
6 but basically very chronic and persistently
7 mentally ill type diagnoses and things that would
8 give people challenges throughout their life.

9 Q. And is it possible to cure those mental
10 health diseases?

11 A. At this time, no, we treat them
12 symptomatically, but we're not able to make it go
13 away and stay away. I wish we could.

14 Q. And it appears that there was a time
15 that Ms. Branton was stable and independent on her
16 own living in Columbia?

17 A. From what I reviewed in the records,
18 she had maintained an apartment in Columbia for
19 several years.

20 Q. And then it appears at some point in
21 2019 something happened?

22 A. Yes. So she was admitted in 2019. She
23 had been at -- the records that I saw, she had been
24 admitted at Three Rivers prior to 2019 and also in
25 2019 she was admitted. She had also included DHS

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1 protective custody which is something I had just
2 appreciated recently for a period of time. And I'm
3 not sure, I have no information other than that had
4 happened and that had been removed.

5 And she was -- and she was discharged
6 from Three Rivers hospital. And that -- then later
7 came back, another time, then was admitted to the
8 Spartanburg Hospital all in that very -- several
9 admissions or at least three admissions in a very
10 short period of time in 2019.

11 Q. Since going back to around May of 2019?

12 A. That's correct.

13 Q. And who was she discharged from the
14 second Three Rivers hospital stay?

15 A. I believe it was second hospitalization
16 -- I'm not sure if I got this correct. At one
17 point she was discharged, they were unable -- DHS
18 was unable to find a placement, she was discharged
19 to her daughter. She was then recommitted because
20 her family was unable to maintain her and she was
21 discharged to a boarding home.

22 Q. And that's Estelle Hutchinson?

23 A. And that's Ms. Hutchinson's IKare
24 Boarding Home.

25 Q. Okay. And in reviewing the records, do

SUSAN HARDESTY - DIRECT EXAMINATION BY MR. TANNER

1 you see where Ms. Hutchinson has gotten any sort of
2 nursing qualifications?

3 A. Ms. Hutchinson does not -- is not a
4 nurse and doesn't have a medical or license to
5 practice anything like that.

6 Q. When Ms. Branton was having these
7 multiple hospital stays in Three Rivers or
8 Spartanburg, how would you describe her level of
9 psychosis?

10 A. I would say with her level of psychosis
11 varied during the hospitalizations. So there were
12 times when Ms. Branton appeared to be very well in
13 her hospitalization. She was responding to
14 treatment. She would take her medications. She
15 knew what she was doing. Then she would have a day
16 or two where she was agitated and angry and
17 irritable about something, but that would normally
18 stabilize with the support of staff. And
19 ultimately she maintained at Spartanburg at least
20 if we want to go there, two or three days where she
21 was doing quite well prior to her discharge and
22 then she had one brief period of agitation and then
23 she was discharged.

24 And so her hospital course throughout
25 these times was one of doing very well, then having

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1 a period of irritability or resistance, sometimes
2 she just didn't want to take the medication. She
3 didn't want to do what the hospital staff wanted
4 her to do at the time they wanted her to do it and
5 it was sort of an up and down course.

6 Q. Did you review her having
7 hallucinations in either Three Rivers or
8 Spartanburg?

9 A. I never heard of having hallucinations.
10 She complained one night of hearing footsteps, but
11 in the hospital she may have. I can't say that
12 that was a hallucination. I don't know if any of
13 you have been in a hospital, but staff is up and
14 down the halls at night and there's a lot of
15 activity, so you never know. She may have heard
16 footsteps, I can't -- I don't know how to
17 characterize that. It happened.

18 Q. Is there anything that you read that
19 showed that she ever had any history of wanting to
20 harm herself?

21 A. I did not see any history of self-harm.

22 Q. Did you ever see any history of her
23 wanting to harm others?

24 A. I never saw any history of violence
25 directed to others.

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1 Q. Okay. And when she was in Spartanburg,
2 she had medication, I believe it was called
3 Aripiprazole?

4 A. That is correct.

5 Q. Explain to the jury what that medicine
6 is.

7 A. Okay. So Aripiprazole is one of the
8 newer medications used to treat psychosis. So it's
9 considered a neuroleptic. She was also -- had been
10 treated with another neuroleptic which is one of
11 the oldest neuroleptics called Haldol. And Haldol,
12 I think, Mellaril is about the oldest, but Haldol
13 comes about the same time. And she got -- she was
14 getting both of those simultaneously. Both at
15 Three Rivers and then later at Spartanburg
16 Hospital.

17 At Three Rivers, particularly on the, I
18 think the last admission at Three Rivers, because
19 the injections are not kept on a formulary in the
20 hospital often for mental health clients, the
21 mental health center brings the medicine to the
22 hospital. And they were unable to get that
23 medication, but they were able to get medication
24 similar to it, a different format of it in the
25 Spartanburg Hospital and she did get that injection

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1 and she consented to that injection.

2 Q. How long does that injection take to
3 sort of titrate up in your body?

4 A. Aripiprazole takes about two weeks to
5 get up to its maximum effect, so people are asked
6 to take oral medications at the same time to help
7 keep it up -- to get the levels up in their body.
8 And what's interesting is that she was able to --
9 she had a period in Spartanburg where she resisted
10 taking the medications because she said I was told
11 when I got the shot that I didn't need to take the
12 pill anymore. And when they explained to her that
13 she did need to take the pill for a period of two
14 to three weeks and she was able to agree and comply
15 with the doctor's request there to continue that
16 oral medication.

17 Q. And does that -- is that a request that
18 you had from patients about questioning them about
19 their medication?

20 A. Yes, we get a lot of questions from all
21 of our patients about medications about side
22 effects, about when is it going to work, you know,
23 I feel bad, what can I do about that. So there's
24 lots of questions and there's a lot we try to cover
25 with informed consent.

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1 Because over the years inform consent
2 and patient autonomy has become a much more -- when
3 I started practicing, not so much, that was in like
4 1990, but by now patient autonomy informed consent
5 is a major component of how you interact with
6 patients and so we would try to do all we could to
7 educate the patient and answer their questions and
8 respond to their concerns.

9 Q. So if a patient asked you about
10 medication and such as Ms. Branton did at
11 Spartanburg, is that something that a physician
12 would say is improper or wrong?

13 A. They shouldn't say that's wrong because
14 that's a legitimate question.

15 Q. And explain in a little more detail to
16 the jury what do you mean by patient autonomy.

17 A. Okay. Part of my work at MUSC was
18 involvement with the National Alliance on Mental
19 Illness. And I had become -- I had been trained in
20 the model of if you think about it ethically
21 paternalism, the doctor's judgement should overrule
22 the patient's concerns routinely. And so a lot of
23 times the patient's concerns were not strongly
24 addressed.

25 Along about 2007, the National Alliance

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1 on Mental Illness and several other groups started
2 focussing on the fact that patient rights and the
3 patient's rights that make decisions about their
4 wellbeing. And we did a lot of work in the State
5 of South Carolina to train hospitals and doctors
6 and trainees and nurses about how we go about
7 effecting patient rights in a hospital.

8 Part of that is to say that the patient
9 has the right to both accept or refuse treatment.
10 They've always had that right, but it has never
11 really been emphasized to this extent. And, in
12 fact, I did -- we actually had the Nationalized On
13 Mental Illness provider trainers come into MUSC and
14 train all of our staff, doctors, nurses, TA's with
15 the therapeutic assistants who help patient
16 trainees on patient autonomy how patients hearing
17 directly from patients and their families what it
18 was like to be a patient and hearing directly about
19 what it was like when someone told them they had to
20 do and then they were really concerned in how to
21 respond to their concerns.

22 So at MUSC from about 2009 on, a
23 patient autonomy was the patient rights movement,
24 the patient's right to self-determination about
25 their care was emphasis both for our staff and for

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1 | our trainees. And that was in conjunction with the
2 | national movement by the National Alliance of
3 | Mental Illness.

4 | We also did the same training later in
5 | Texas when I was at the Menniger Clinic. And I
6 | actually was pleased to be nominated by the
7 | National Alliance On Mental Illness as their
8 | national physician of the year because of the work
9 | that we had done in moving towards a partnership
10 | with patients rather than the doctor telling the
11 | patient kind of what to do.

12 | Q. And I believe you were here for part of
13 | Dr. West's testimony and I don't know if you heard
14 | or read, he was trained at MUSC; correct?

15 | A. That's correct.

16 | Q. So he would have been trained with that
17 | patient autonomy model?

18 | A. Yes.

19 | Q. And that's currently that the standard
20 | of care in this country?

21 | A. That is currently the standard of care
22 | for most providers. I would honestly say, that not
23 | every doctor particularly some of the older doctors
24 | fully embrace that. It depends on where you're
25 | trained and where you're practicing. But, yes, in

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1 | general that's the care of standard across the
2 | country.

3 | Q. Okay. And, again, you have to give
4 | those patients their rights; correct?

5 | A. That's correct.

6 | Q. In this country we just don't believe
7 | if you have a mental health in this, we just put
8 | you in a hospital for the rest of your life; right?

9 | A. We certainly have moved away from that
10 | model, states have shutdown most state hospitals
11 | now. I have been a surveyor for the centers for
12 | medicare and medicaid services, that means that I
13 | go to other states at other hospitals and see how
14 | they're practicing and that model has been pretty
15 | well implemented across the country and that's
16 | resulted in a lot of patients being discharged from
17 | state hospitals and the long-term state hospitals.

18 | Q. Let's sort of turn to the crux of the
19 | matter. You've reviewed The Regional Medical
20 | Center chart from October 2, 2019?

21 | A. Yes, I did.

22 | Q. And in reviewing that, have you formed
23 | opinions?

24 | A. Yes, I have.

25 | Q. And do you hold those opinions to a

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1 reasonable degree of medical certainty more
2 probable than not?

3 A. Yes, I do.

4 Q. What is your understanding of why Ms.
5 Branton came to The Regional Medical Center that
6 day?

7 A. My understanding was that she was
8 brought upon the request of Ms. Hutchinson from the
9 boarding home because she had been discharged from
10 the hospital the day before and was not wanting to
11 take her medications. And that when she arrived at
12 the hospital with EMS, that was what was listed as
13 the presenting reason for there. And she had
14 stated that she had concerns about her medications
15 not being correct. And that her medications were
16 causing her be drowsy and to feel bad in some way.

17 Q. And, again, Ms. Branton was discharged
18 by Spartanburg/Mary Black back to Ms. Hutchinson;
19 correct?

20 A. That is correct.

21 Q. And then Ms. Hutchinson's listed as her
22 emergency contact?

23 A. That is correct.

24 Q. Okay. And then Ms. Hutchinson called
25 9-1-1, she's at the hospital; right?

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1 A. That's correct.

2 Q. And you mentioned that her chief
3 complaint -- and explain to the jury what the
4 triage process is.

5 A. This is generic because I haven't
6 worked in the very specific Orangeburg area, so I
7 don't know what staff member does what. But in
8 typical ER, there's an intake person that's
9 typically a nurse who visits with the patient when
10 they come in and does the triage and they said in
11 the assessment is this a life threatening
12 emergency? Is this something that the patient can
13 wait for? Is the patient, you know, really
14 medically -- medically unstable like a bad heart
15 attack or something like that? And they make a
16 decision.

17 And in that process, they ask the
18 patient why are you here and the patient will tell
19 them what they're -- what their understanding of
20 why they're here is and that's called the chief
21 complaint that you put down for a patient.

22 So in this case, Ms. Hutchinson's chief
23 complaint was my medications are making me feel bad
24 and that was what she told the triage nurse. So
25 then triage then makes a determination about when

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1 the patient gets to see the doctor, basically.
2 Because they may have several competing admissions
3 around the same time and the doctor comes and sees
4 the patient then in that triage list.

5 Q. And then that nurse performs an
6 independent nursing judgement of the patient; is
7 that right?

8 A. That's correct. So nursing assessments
9 are separate from doctor's assessments and nurses
10 are trained to assess how the patient looks, how
11 they're behaving, how they're acting, are they
12 cooperative/uncooperative. They'll often do a
13 review of symptoms which is asking the patient
14 about medical problems that they might have. So do
15 you have breathing problems? Do you have heart
16 problems, you know? Is anything hurting? You
17 know, in the ER, are you bleeding? That type of
18 question, so they'll go through that whole list and
19 they'll also look at skin, appearance, hair.
20 They're going to look for obvious signs of injury,
21 bruising, whatever they think is important as they
22 go through that process to be sure that the patient
23 is seen in the right setting and in the right
24 timeliness.

25 Q. And I believe we know from page 5 of

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1 TRMC chart, Nurse Brady documented that in her
2 assessment that the patient, Ms. Branton, denies
3 SI, HI, AVH, so she's not suicidal; right?

4 A. That's correct.

5 Q. She's not homicidal?

6 A. That's correct.

7 Q. She's not having any audio or visual
8 hallucinations?

9 A. That's correct.

10 Q. And auditory hallucinations is what?

11 A. Auditory hallucinations is when you
12 hear things that just aren't there. You may hear
13 voices inside of your head, you may just hear
14 sounds. You may hear like a lot of people talking
15 in the background, but you can't make out what
16 they're saying. They're variable for each patient.
17 Some patients get what we call command
18 hallucinations which tell them to do things. And
19 that's a pretty serious thing. But command
20 hallucinations are for self-harm, for example.
21 Because often they're very hard to resist when they
22 get these type of experiences.

23 Q. And then Nurse Brady went on to
24 document patient denies any complaints. Patient
25 states she is concerned her medications are wrong.

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1 And what the statement that Ms. Branton made about
2 her medications were wrong, was that back into that
3 self-autonomy that you were testifying to?

4 A. That's correct. Because the issue was
5 -- one of the issues that EMS was called for was
6 she did not want to take her medications. And so
7 they were asking her about that. Why did you not
8 want to take your medications and she felt they
9 were wrong and they were causing her some kind of
10 harm.

11 In retrospect, looking at the
12 medications, she may have been very correct.
13 Because while the medications that came from
14 Spartanburg had been changed some, the medication
15 list that was given to the emergency room was the
16 older medication list from Three Rivers. And so
17 they had the Three Rivers medication list that did
18 not include the Aripiprazole. And there had been
19 some adjustments to the Clonazepam and I believe it
20 had been increased from .5 milligrams to
21 1 milligram twice a day and for a 69 year old,
22 that's a lot of medication.

23 Q. And who should have provided those
24 medication lists to EMS?

25 A. If Ms. Branton -- if she had them, it

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1 would have been her responsibility to bring them.
2 Often from boarding homes because they get the
3 paperwork, they have it -- they may or may not have
4 it, but that would have come -- should have come
5 with the patient.

6 Q. From Spartanburg?

7 A. From Spartanburg. Because they -- you
8 get a discharge -- when you leave a hospital these
9 days as part of the patient autonomy movement, you
10 generally get a sheet of information about your
11 illness, about the treatments that were performed,
12 and about the medications that you're suppose to
13 take and the medications that you're not suppose to
14 continue taking. It's called a med reconciliation
15 and that goes with the patient at discharge.

16 Q. Okay. And it looks like Nurse Brady
17 also did an ED psych assessment, nursing
18 assessment. Again, no documentation of any attempt
19 to harm herself; correct?

20 A. That's correct.

21 Q. No documentation of Ms. Branton telling
22 her that she was hearing voices, anything of that
23 nature?

24 A. That's correct.

25 Q. And then it looks like she was seen by

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1 Dr. Steven Burkholz; is that your understanding?

2 A. That's my understanding.

3 Q. And what role does Dr. Burkholz have
4 with a patient in the emergency department?

5 A. So in the emergency room, the attending
6 doctor, in doctor jargon, the doctor in charge is
7 call the attending and the attending doctor of an
8 emergency room is the person responsible for the
9 patient.

10 So when the attending -- and it's
11 called the attending of record. The doctor who
12 signs that patient in, who examines that patient,
13 and then who discharges that patient is the
14 attending of record. If that doctor goes off
15 shift, which can happen with emergency room stays,
16 that is transferred to the next attending of record
17 in the emergency room. So that's the doctor
18 responsible for all of the emergency room decision
19 making.

20 The doctor who orders the labs, who
21 does whatever medical triage has done, does a
22 physical exam, who makes the orders for medication
23 and who makes the orders for discharge or
24 admission.

25 Q. And at any point in time when Ms.

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1 Branton was at The Regional Medical Center, was
2 anyone other than Dr. Burkholz the attending
3 physician?

4 A. No, not at this one.

5 Q. And Dr. Burkholz did a physical exam?

6 A. Yes, he did.

7 Q. What do you recall him noting in his
8 physician exam?

9 A. I don't recall any abnormal findings in
10 his physical examination.

11 Q. Did he do a mental status exam?

12 A. Yes, he did.

13 Q. And what findings do you recall Dr.
14 Burkholz noting?

15 A. At the time that he did his initial
16 examination, he found her to be pleasant, warm and
17 cooperative. No auditory and visual
18 hallucinations. He went through, reviewed the
19 review of symptoms where your body -- where you're
20 asked questions about all of your body symptoms and
21 things like that. Found her to be appropriate.
22 And, basically, did -- then did that physical
23 examination.

24 And so all those things were done with
25 her consent. And so they also had to make a

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1 | determination, although, they don't usually
2 | document it, that the patient is capable of giving
3 | informed consent for this treatment. Because you
4 | don't lay hands on a patient if they don't consent
5 | to your treatment.

6 | Q. And did some point when Dr. Burkholz
7 | was doing his encounter exam with Ms. Branton, did
8 | she become agitated?

9 | A. I don't know if it was during his
10 | encounter, but at some point it was noted that she
11 | became agitated. And what we call a part A was
12 | partially completed. So somebody who has immediate
13 | awareness, this is part of the commitment process
14 | now, has to fill out a document saying why they
15 | think this patient needs to be involuntarily
16 | hospitalized and that has to be signed and that has
17 | to be notarized.

18 | The text was filled in, but the -- it
19 | was not identified as who filled that out and it
20 | was certainly not notarized at that time. That's
21 | in the chart. Dr. Burkholz then did the part B
22 | which is the physician certification that the
23 | patient needs to be involuntarily committed and
24 | that was filled out by him in the ER.

25 | Q. Okay. And, ultimately, Dr. Burkholz is

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1 responsible as the attending physician for that
2 paperwork; correct?

3 A. That's correct. And the patient in
4 this particular case, it noted agitation, but there
5 weren't -- but there's a section for you then to
6 describe what that means. Because I could be very
7 agitated because I'm hungry and you had a hotdog
8 and pulled it away from me and I can be very
9 agitated because I'm psychotic and I think you're a
10 demon. There's various degrees of this type of
11 agitation. There was no explanation of what this
12 agitation was about.

13 Q. So Dr. Burkholz didn't go into any
14 detail about what he meant by agitation?

15 A. That's correct. So agitation is a very
16 broad term. There was at some point some notice
17 that she was irritable and angry, but there was no
18 evidence that there was any aggression towards
19 anybody or self-harm intent or anything like that.
20 There was just no explanation of what he meant by
21 agitation or what the person who did the part A
22 meant by agitation.

23 Q. Is there ever anytime when she's at The
24 Regional Medical Center on October 2nd where she is
25 violent with any staff or other patients?

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1 A. There's no documentation in the record
2 of any aggression towards anyone.

3 Q. Other than that mention in Dr. Burkholz
4 note of agitation where he filled out that
5 involuntary commitment papers, is there any
6 description of any agitation that Ms. Branton was
7 exhibiting?

8 A. No, there's not. And there's one place
9 noted, I believe, where it says she said she didn't
10 want anymore blood draws and that was her kind of
11 apparently a strong statement and she refused
12 further blood draws, but there was no aggression
13 towards that or noted with that.

14 Q. And what else did Dr. Burkholz do for
15 Ms. Branton in the emergency department?

16 A. They ordered labs to be drawn. And
17 apparently she cooperated with the laboratory draws
18 until, I think, there was a second something
19 ordered and she didn't want anymore draws done.
20 And then about an hour later some medications were
21 ordered. And there is no indication -- they were
22 administered about 45 minutes after they were
23 ordered, maybe an hour, there's no indication that
24 she refused those medications or that she became
25 aggressive and that they had to do forcibly

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1 medicate here in some way. It appears she was
2 cooperative and consented to and took the
3 medications. And this was three -- may have been
4 two, may have been three injections, it depends on
5 how they formulated the syringes.

6 Q. And it looks like on page 2 of the
7 medical record that Diphenhydramine is that one of
8 the injectables?

9 A. Yes.

10 Q. And what is that?

11 A. You commonly know it as Benadryl.
12 Diphenhydramine is a antihistamine. Some people
13 find it sedating. It's used when we give Haldol
14 injections because Haldol has some side effects of
15 movements and restlessness and restless legs and
16 things like that, so we give those two together.
17 It can be very sedating for patients. It's also --
18 Tylenol PM has Diphenhydramine is the thing that
19 makes you go to sleep, so it's a sedating
20 antihistamine for most people.

21 Q. And then the Haldol?

22 A. Haldol is the neuroleptic, one of which
23 she was already taking by mouth. And Haldol was
24 given in this format by an injection and it's also
25 used to stabilize agitation or irritability. Or in

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1 | this case she had not taken her meds, after her
2 | discharge from the hospital, they may have been
3 | ordering it just as well as a supplement for her
4 | medication. It's not clear, but I suspect it was
5 | more for what they described as agitation.

6 | Q. And it looks like the Haldol was
7 | administered around 12:24, how long would you,
8 | based on your knowledge, training, experience
9 | estimate it would take to be titrated into a
10 | person's system?

11 | A. Haldol given as an injection, 15 to
12 | 30 minutes. The Benadryl the same or the
13 | Diphenhydramine. She also received Lorazepam also
14 | known as Ativan. It's in the family of medicines
15 | like Valium or those things. It's a sedating
16 | benzodiazepine. It's used to treat anxiety. It's
17 | used to treat agitation. When you give the three
18 | together, synergistically most people get very
19 | relaxed.

20 | Q. And how long would you expect that
21 | Haldol to last and keep a patient calm?

22 | A. That's also variable. She already has
23 | Haldol in her system. It would have boosted that a
24 | bit, but at least many hours it would be present.

25 | Q. And it looks like at some point in time

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1 Dr. Burkholz made a consult in psychiatry; is that
2 right?

3 A. That's correct.

4 Q. And she was seen around 11 by Dr.
5 Gonzalez?

6 A. That is correct.

7 Q. Okay. And you reviewed Dr. Gonzalez'
8 records?

9 A. I have.

10 Q. Okay. And he just seen the patient
11 before she got any of this medication; correct?

12 A. That is correct.

13 Q. Okay. The plan that Dr. Gonzalez
14 wanted for Ms. Branton was to place her on
15 involuntary commitment papers; is that right?

16 A. As I recall, he noted that she was
17 already on involuntary commitment papers and he did
18 not recommend to continue those papers. He
19 recommended both long-acting Haldol intermuscularly
20 as well as continuing her oral Haldol at the dose
21 of 10 milligrams three times a day, I believe. I'm
22 not sure if that was his specific recommendation,
23 but I know he recommended continuing her
24 long-acting -- or her oral Haldol and adding a
25 long-acting form of injectable Haldol.

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1 Q. And if that plan had been enacted, what
2 do you -- do you have any opinions on that?

3 A. I do. So in my opinion for a 69 year
4 old, I'm a 74 year old, so I have a little
5 knowledge about how medicines effect you as you get
6 older. She was already on a much higher dose of
7 Haldol than most people would tolerate. And I
8 would have concerns about that because I've also
9 seen Haldol cause the same side effects as
10 psychosis when it gets built up in your system.

11 And they were also recommending the Clonazepam
12 which is a medicine similar to Ativan, but longer
13 acting in your system and she was on that already.

14 Now, she had received the injection of
15 Aripiprazole in Spartanburg. That's a long-acting
16 neuroleptic that's a month-to-month shot. The
17 Haldol Decanoate that he suggested was also a
18 long-acting injectable medication. And in my
19 opinion, that would have likely caused her to have
20 many more side effects and complications from her
21 medications and would have been a very risky
22 combination.

23 You can cross hydrate these
24 medications, but it's done in a very organized way.
25 And to randomly just give this injection on top of

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1 an Aripiprazole injection would have likely made
2 her feel worse.

3 Q. And that's going to be my next
4 question. What is the combination of the
5 Aripiprazole and the Haldol?

6 A. Their attitudes in terms of their side
7 effects, so the two together would be -- you would
8 be more likely to have movement disorder. You
9 would be more likely to be restless and not be able
10 to sit still. It's called Akathisia. They would
11 be more likely you could have muscle stiffness that
12 would make you more susceptible to heat. It could
13 make you more susceptible to heart problems. Of
14 which Haldol has a heart problem called -- it
15 causes an irregular heartbeat and it's a very
16 specific type and it can lead to your heart just
17 fluttering and not beating properly. V-fib. So
18 that would augment that.

19 She additionally was on a medication
20 called Trazodone. And that in combination with the
21 two neuroleptics is considered a high risk
22 medication combination for cardiac arrhythmia for
23 your heart to beat abnormally or to stop beating
24 effectively.

25 Q. Okay. And Dr. Gonzalez also prior to

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1 that had done a physical exam and taken a history;
2 is that right?

3 A. I don't believe he done a physical
4 exam. It's a psychiatric consultant, you generally
5 don't do a physical exam. But you would have taken
6 a psychiatric history and you would have done a
7 mental status examination.

8 Q. And in his mental status exam, did you
9 see that Ms. Branton had any suicidal or homicidal
10 ideations?

11 A. No. He noted some -- his exam was
12 basically that she was cooperative. That she was
13 not suicidal. Did not have homicidal ideations.
14 That she had -- I don't remember if it was poor
15 insight or poor judgement, but that there was some
16 things that maybe her decision making was impaired
17 a little bit. He noted that she was able to
18 converse with him and that she did not seem to have
19 any cognitive deficits.

20 Q. And, again, did he document that she
21 was having any hallucinations when he was examining
22 her?

23 A. No.

24 Q. And then at some point Dr. West sees
25 the patient; is that right?

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1 A. So I think Ms. Branton received her
2 injections around 12:45 in the afternoon and I
3 believe Dr. West then saw her around 2 o'clock,
4 give or take, I don't know the exact time of his
5 note.

6 Q. And in reviewing Dr. West's record, do
7 you have an opinion on whether or not he treated
8 Ms. Branton within the standard of care?

9 A. My opinion was, yes, he did. He --
10 remembering that you have to evaluate the role as a
11 consultant verses the treating physician. So Dr.
12 Gonzalez and Dr. West are consultants. They're
13 there to give the treating physician some advice
14 based on their best judgement of here and now
15 what's happening with this patient.

16 So in his role as consultant, he also
17 did what Dr. Gonzalez did, he did a mental status
18 examination. He addressed, which Dr. Gonzalez
19 didn't do, her chief complaint which was that the
20 medications were making her feel bad and he talked
21 to her about that according to his note and how she
22 was feeling bad and I think it was noted that she
23 was getting dizzy. And as we get older, getting
24 dizzy is a dangerous thing because falls are
25 dangerous, so. And I noted that she had at least

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1 one fall in one of the Three Rivers admissions that
2 she actually had to go to the ER for and be checked
3 out.

4 So when she says she's getting dizzy,
5 she has a legitimate concern. And he then sat with
6 her and made a plan with her to stop the medication
7 that in his opinion was most likely to make a
8 patient dizzy and that is the Clonazepam.
9 Clonazepam is noted and some of the books on
10 geriatric medicine, you're advised not to use those
11 medications that elderly people, it's kind of like
12 getting drunk when you take that medication. Same
13 with Ativan. You get a little bit disinhibited
14 with geriatric patients or patients with mild
15 cognitive problems. You can get a lot disinhibited
16 and make very poor decisions. So it's about like
17 having two or three good glasses of wine, you're a
18 little disinhibited, you may be very drowsy. You
19 may not have good gait or stability. So he
20 identified that as the most likely culprit to be
21 the cause of her dizziness and recommended that
22 that medication be stopped.

23 Q. Okay. And do you have opinion on
24 whether or not that was appropriate and met the
25 standard of care?

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1 A. That would have probably been my choice
2 too if I were eliminating meds from her med list.

3 Q. Okay. And in judging Dr. West's
4 conduct, are we judging him with Retroscope or is
5 he being judged on his conduct on October 2nd?

6 A. I'm judging his conduct on October 2nd
7 with what he knew at that time from the information
8 that was in the medical record. The thing that
9 comes to mind here is that she was new to that
10 system. Ms. Branton hadn't been to that hospital
11 before. She had just been transferred to live in
12 that area from Columbia. Three Rivers had been her
13 primary place of admitting. And then surprisingly
14 she had been admitted in Spartanburg which is, you
15 know, pretty far north, so it was -- so those
16 people knew her, she was new to the Orangeburg
17 medical centers. So they didn't have a big chart
18 on her like they might have had in Columbia or some
19 of the other places where she had lived.

20 So they went with the information that
21 they had which is what you do in the ER. You could
22 very rarely get a medical record from an outlying
23 hospital. And then in this case, it doesn't appear
24 that any of the physicians recognized that she had
25 been at the Spartanburg Hospital and that they had

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1 | been given the med list from Three Rivers.

2 | So with the information that they had,
3 | she comes in, she's fine. She has a chief
4 | complaint, that's her medicine isn't right. She
5 | gets agitated over something, it's unclear what,
6 | but she continues to be cooperative with treatment.
7 | They continue to provide treatment so throughout
8 | all this time it appears that they feel that she's
9 | capable of giving informed consent because you
10 | can't treat without consent. Dr. West -- Dr.
11 | Gonzalez sees her as a consultant before she's been
12 | treated. Makes a recommendation. Dr. West sees
13 | her after she's been treated and he makes a
14 | recommendation. And it was consistent with ER
15 | practice as you had seen throughout the entire
16 | course of her stay. They're going with what they
17 | had and what they know about her. What they
18 | received in outlying information and they're making
19 | a recommendation.

20 | Q. And, in fact, the Spartanburg
21 | electronic record was not closed until October 3rd,
22 | they couldn't have actually got that record on the
23 | 2nd; correct?

24 | A. It would have been pretty difficult.
25 | When I looked at the Spartanburg Hospital medical

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1 record, there was a note that they were still
2 loading documents into the record at 2 o'clock in
3 the afternoon on the 2nd. So that record was
4 actually being processed in the medical records
5 department at the Spartanburg Hospital at that time
6 and so it's doubtful that had they been able to get
7 a signed consent from Ms. Branton and take it to
8 them that they would -- and transmit it and get it
9 faxed that they would have been able to release the
10 record until later.

11 Q. And I believe Dr. West along with Dr.
12 Gonzalez and Dr. Burkholz all documented that she
13 was alert and oriented times four?

14 A. That's correct.

15 Q. What does that mean in a psychiatry
16 setting?

17 A. Okay. So when we say that we mean that
18 we can talk to the patient. That the patient is
19 aware of what's going on around them. That they
20 know where they are. What's happening to them.
21 Who is doing things to them and that they are not
22 delirious. They're not delusional. That, you
23 know, she knows that this is the doctor and that is
24 not just some random person, all of those types of
25 things. She knows the day, the date, what her

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1 | medications are and what she's supposed to be
2 | doing.

3 | Q. When Dr. West notes that Ms. Branton's
4 | sitting in bed eating, what does that convey to you
5 | as a psychiatrist about her level of psychosis at
6 | the time?

7 | A. Well, about psychosis, it means that
8 | she's calm and cooperative. I would not say that,
9 | you know, psychotic people eat. Sometimes people
10 | eat a lot more than they're supposed to, but the --
11 | it just says that she's functioning well, she's
12 | taking care of her daily needs as far as taking her
13 | food in and eating.

14 | Q. Okay. And Dr. West and his nurse
15 | practitioner, Cameo Green came up with a treatment
16 | plan with Ms. Branton; is that right?

17 | A. That is correct.

18 | Q. And what is your understanding of that
19 | plan?

20 | A. So the understanding of the plan was
21 | that she was to stop taking the Clonazepam. Now,
22 | Clonazepam is a very long-acting benzodiazepine
23 | drug. It stays in your system a long time. And he
24 | made a note that it self-tapers. And what he meant
25 | by that is that you can stop that medication and

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1 | it's going to take so long to clear out of your
2 | system, that you don't need to take other
3 | medications to keep you from going into withdrawal.

4 | So as a jury, you may be familiar with
5 | the term DT's. When a person stops drinking
6 | alcohol abruptly, they get withdrawal systems even
7 | to the point of having hallucinations. Well, the
8 | same thing happens when you stop drinking -- when
9 | you stop taking benzodiazepines. You can
10 | essentially have the medical equivalent of DT
11 | withdrawal, severe withdrawal symptoms. So when he
12 | says self-tapering, he means that the medication
13 | will clear out of her system slowly and she doesn't
14 | need to take any other medication to prevent
15 | withdrawal symptoms.

16 | The other thing with this medication
17 | and this is, you know, a concern that I had and
18 | I'll just say that is that this medication could be
19 | a lot higher level in your system than -- if I'm
20 | taking it as a 74 year old, my liver just doesn't
21 | work as good as one of you nice young folks sitting
22 | over there. If I had taken that medication, I may
23 | have a higher level at a baseline because it takes
24 | it longer to get out of my body than it would to
25 | get out of your body. So an older person is going

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1 to have more in their system likely than a younger
2 person at any given point in time.

3 Q. Okay. And Dr. West noted that this
4 medication is on the Beers Criteria. What is the
5 Beers Criteria?

6 A. The Beers Criteria is a guideline to
7 what kinds of medication are dangerous for elderly
8 people. And what you should be very careful about
9 when you're treating older people.

10 Q. So the fact that Dr. West spoke to Ms.
11 Branton, heard her complaint and then made that
12 adjustment, do you have an opinion on whether or
13 not that met the standard of care?

14 A. Yes, it does. And, again, we've talked
15 about there's two kind of timeframes involved with
16 the two different doctors. I actually met Dr.
17 Gonzalez in, gosh, 1994 when I was working at the
18 Orangeburg Mental Health Center and at that point,
19 we were both younger and that mental health
20 center's treatment model was more of the
21 paternalism model. We took care of our good
22 patients. We were very firm with them about what
23 they needed to do and we did that. And judging
24 from Dr. Gonzalez' note that's probably still his
25 general approach because most doctors these days

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1 would never ever give Haldol Decanoate in a
2 situation until they knew a lot more about what was
3 going on with the patient.

4 Dr. West treated at a younger training
5 in a different era when the patient autonomy was
6 more of the model of care and his evaluation and
7 his recommendations were more based in that model.
8 And it did meet the standard of care for the
9 patient center caring model or the patient autonomy
10 model.

11 Q. Okay. Now, when a patient presents to
12 the emergency department and they have a caregiver,
13 is there anything you can do as a consultant
14 psychiatrist to change that?

15 A. I have practiced in ER's and
16 telemedicine in ER's in three different states and
17 never once have I been able to impact where a
18 patient goes after discharge. Even when I was
19 trying to impact it because the discharge planner
20 was discharging the patient to the street and I was
21 trying to keep the patient. That's in California
22 which that's a whole another thing and I no longer
23 practice there for that reason. But, I mean, you
24 very rarely make radical changes to a patient's
25 residence from an ER setting for a patient that

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1 you've had in your care for about six hours. I
2 don't know -- I've never seen that happen, so to me
3 it would be a very unusual.

4 Q. And knowing that Ms. Branton was
5 brought in by Ms. Hutchinson at the boarding home
6 where Dr. West notes that she lives in a boarding
7 home and this plan should be communicated to the
8 boarding home regarding medication administration,
9 is that a proper plan?

10 A. Yes.

11 Q. Okay. And was that plan carried out?

12 A. Yes, it was.

13 Q. Okay. And that was carried out by his
14 nurse practitioner; is that correct?

15 A. That is correct. She contacted Ms.
16 Hutchinson and explained about stopping the
17 medication and explained about bringing her back
18 should this plan not be successful.

19 Q. And when Nurse Practitioner Green did
20 that, did that meet the standard of care?

21 A. Yes.

22 Q. Okay. And, in fact, I believe Ms.
23 Hutchinson is the one that signed the discharge
24 papers for Ms. Branton as well; is that correct?

25 A. I don't specific recall that, but I'll

SUSAN HARDESTY - DIRECT EXAMINATION BY MR. TANNER

1 take that, yes.

2 Q. And do you recall Ms. Hutchinson coming
3 up and going over the discharge instructions with
4 Nurse Terry?

5 A. Yes.

6 Q. Okay. And when she says V/U
7 understanding, what does that mean?

8 A. Pardon?

9 Q. When it's documented V/U understanding
10 of the discharge plan, what does that mean in
11 medical jargon?

12 A. In medical jargon, yeah, I'm not sure
13 about that. Except to say that the, you know, yes,
14 the person who is receiving these instructions
15 knows what we're asking them to do.

16 Q. Is that an abbreviation for, voice
17 understanding.

18 A. Yes, I guess so. I've never used that
19 one.

20 Q. So if Nurse Terry says DC information,
21 what does that mean? Is that discharge
22 information?

23 A. Uh-huh.

24 Q. Reviewed with patient's caregiver and
25 patient's caregiver and patient V/U, voice

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1 | understanding, and then it says NAD noted upon DC;
2 | what is that?

3 | A. No apparent distress.

4 | Q. So that's Nurse Terry documenting that
5 | Ms. Branton was in no acute distress at 14:58?

6 | A. Right.

7 | Q. Okay. And then Nurse Terry documents
8 | that Ms. Branton left The Regional Medical Center
9 | in the caregiver's vehicle; is that right?

10 | A. That is correct.

11 | Q. Okay. Do you have an opinion on
12 | whether Dr. West should have involuntarily
13 | committed Ms. Branton that day?

14 | A. Well, Dr. West at that point didn't
15 | have a basis for involuntary commitment. So the
16 | South Carolina law is very explicit for commitment.
17 | There has to be imminent danger of harm to self or
18 | others. Imminent danger as a result of a mental
19 | illness, there has to be mental illness. And the
20 | imminent danger can result from lack of self-care.

21 | But -- and he had in front of him a
22 | patient who was agreeing to a care plan, had been
23 | cared for in the ER under her own consent and
24 | didn't withdraw her consent for care. Received
25 | injectable medications by giving her consent.

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1 | Didn't fight the injectable medications. So from
2 | my prospective, he did not have a patient who was
3 | committable due to lack of self-care or suicidal
4 | ideation or aggression towards others with
5 | imminent, that means very soon going to be
6 | dangerous with imminent danger.

7 | So certainly Dr. West should not have
8 | committed her. Besides which, Dr. Burkholz had
9 | already filled out the commitment paper. Even
10 | though the part A, even though technically she was
11 | never actually committed because the state law also
12 | very clearly defines that the party has to be
13 | complete sworn and sworn before a notary, you can't
14 | just take away someone's civil rights without
15 | having a credible person swear that this person
16 | really needed -- was dangerous and needed that. So
17 | you have to sign before a notary when you're
18 | filling out the part A that you really believe this
19 | person is dangerous and here's why and that was
20 | never filled out in the ER.

21 | Q. Do you have an opinion on whether or
22 | not Ms. Branton was stabilized after Dr. West and
23 | Ms. Branton came up with this plan?

24 | A. From everything they reviewed in the
25 | records, yes, she was stabilized. She had received

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1 medication, it apparently had worked. Her mental
2 status exam was somewhat better than what Dr.
3 Gonzalez had noticed. There was not the flight of
4 ideas or those things that he had mentioned in his.
5 So she had shown to have an improving course.

6 And, again, his note, he then filled
7 out the paperwork that would say, okay, I've done
8 the second exam that this would have to go to the
9 probate court that says that she's okay to go now,
10 she's improved because she was treated and we have
11 a care plan.

12 In emergency room psychiatry, now, not
13 forensics, you teach -- and I've learned this since
14 I was an intern, that was my very psych rotation
15 was emergency psychiatry, you teach that there's a
16 three prong plan you need to have in place. You
17 need to have a place for the patient to go that's
18 stable. You need to have a patient understand
19 their medications and what's going on with their
20 medications and you need to have a follow-up plan
21 if something doesn't go right.

22 So somebody who can see what's going on
23 with that patient and say, well, this isn't going
24 right and maybe she doesn't provide direct care,
25 but she can say, this isn't right and I understand

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1 I need to get that patient back to a hospital. So
2 you have a three pronged plan for the discharge
3 when you have that and that were all in place in
4 Dr. West's note.

5 Q. And ultimately when Dr. West is the
6 consultant and he passes this information on to Dr.
7 Burkholz, what does Dr. Burkholz' role and
8 responsibility as the attending physician, what can
9 he do with this information?

10 A. As we discussed at the beginning, Dr.
11 Burkholz' role is to make the orders for this
12 patient and to admit and/or discharge this patient.
13 So as a consulting psychiatrist, I could go in
14 there and I could write a discharge order and they
15 would just laugh at me and say, Dr. Hardesty, you
16 know better than that. The attending has to
17 discharge this patient.

18 And so Dr. Burkholz then has two
19 competing consultant or expert, you know,
20 psychiatry opinions about this patient, one before
21 medication and one after. It's his role to look at
22 those two pieces of paper. If he needs to, to talk
23 to either or both of those doctors and kind of be
24 the tiebreaker here about whether I should continue
25 my commitment that I've already filled out or

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1 | whether we should take Dr. West's note and go ahead
2 | and drop the commitment. Or whether I don't do
3 | either, any of those things right now but just let
4 | the patient remain in the ER a little bit longer
5 | and have another consultation because I've got one,
6 | one way and one another and there's nothing that
7 | says she couldn't remain in the ER a bit longer and
8 | see if that stabilization was lasting and then
9 | reevaluate. So he had those options.

10 | His option that he chose was not to
11 | contact, as far as I know, Dr. West, but to go
12 | ahead and accept that recommendation. Now, Dr.
13 | Burkholz was the one person who had seen the
14 | patient from the beginning of her stay at the ER to
15 | the end of her stay at the ER. So he had the best
16 | longitudinal knowledge of her state, her mental
17 | state, of her psychotic state, of her behavior, of
18 | her willingness for treatment or lack of
19 | willingness for treatment. Dr. Burkholz also was
20 | the person who was responsible for her informed
21 | consent in saying that she gave appropriate consent
22 | for treatment throughout her stay, so he obviously
23 | had no concerns about her from that respect because
24 | he didn't question the second recommendation after
25 | she was appropriately treated with medications.

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1 Q. Okay. And we know ultimately as you
2 said he discharged the patient?

3 A. He discharged the patient.

4 Q. Is there anything in any medical record
5 that shows that Ms. Estelle Hutchinson ever brought
6 Ms. Branton back to The Regional Medical Center?

7 A. No, there's not. She -- as I
8 understand it, she picked her up in her car. Now
9 this is what I understand from her deposition, I
10 did not hear her testimony in court, but that she
11 picked her up and she went back to the boarding
12 home, that they had some discussion -- or she
13 started to go back to the boarding home and they
14 had some discussion about her not wanting to stay
15 at that boarding home and that she then made an
16 effort to try to find another placement for her.
17 But they were riding around Orangeburg and doesn't
18 appear and she did not bring her back to the ED, so
19 that's what I understand from the record.

20 Q. In fact, she brought her to Brenda
21 Williams; is that right?

22 A. That's correct.

23 Q. And so, again, in sort of tying it all
24 up, do you have -- are your opinions that you
25 offered about Dr. West, is it that he met the

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1 standard of care on October 2, 2019?

2 A. Yes. I'd like to add one thing about
3 -- well, actually, a couple of things from the
4 Spartanburg record. Understanding now the doctors
5 did not see this record, but they did a level of
6 care assessment at Spartanburg.

7 Q. What is a level of care assessment?

8 A. And that means is it safe to discharge
9 this patient to a boarding home basically or does
10 she need a higher level of care which would be a
11 place where they can give you your medications and
12 stuff. And they went through her like -- actually
13 not be a specific level of care assessment, they
14 did activities of daily living and they found that
15 she had no deficits in her activities of daily
16 living. And you have to have a deficit in your
17 activity of daily living in order to meet the
18 residential care requirements where you have
19 somebody who hands you your medicine and that sort
20 of thing.

21 I also noted in Ms. Hutchinson's
22 deposition that she had said that, you know, Ms.
23 Branton could read her pill bottle and she could
24 take the medicines out and she could take the right
25 medicines out and the right amount, but she

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1 | sometimes would not swallow them. She would put
2 | them in her mouth and not complete taking them
3 | because they were making her feel bad and that was
4 | why she said she didn't take them.

5 | So there didn't seem to be any deficits
6 | in her activities of daily living that would say
7 | she shouldn't go to a boarding home and should go
8 | to some place else. Now, I read that and I had
9 | already testified in my deposition that that was
10 | likely the case that she just didn't quite meet
11 | those standards because of the way she presented in
12 | the ER. But, in fact, I did find that there had
13 | been an assessment of ADL done. Mary Black
14 | Hospital is a geriatric hospital, so they do that
15 | more than a typical psych hospital.

16 | Q. And the opinions you've given to the
17 | jury today, are those yours to a reasonable degree
18 | of medical certainty?

19 | A. Yes, they are.

20 | Q. Okay. And please answer any questions
21 | that Mr. Williams has for you.

22 | THE COURT: Cross-examination?

23 | MR. WILLIAMS: Yes, ma'am. May it
24 | please the Court, I'm going to switch this computer
25 | around a little more so I can do a little more

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 streamline.

2 CROSS-EXAMINATION

3 BY MR. WILLIAMS:

4 Q. And I'm sorry for my back to you.

5 A. That's quite all right.

6 Q. Can I pour a glass of water for you?

7 A. I think I'm fine. Thank you.

8 Q. Should you need one, please let me
9 know.

10 A. Okay.

11 Q. You and I met for the first time last
12 Tuesday over the internet; right?

13 A. That's correct.

14 Q. First time we got to meet each other in
15 person; right?

16 A. Uh-huh.

17 Q. And when we met on the internet, you
18 know, I learned about your involvement in this
19 case, I think, a week and a half ago, roughly, two
20 weeks ago; do you understand that?

21 A. Yeah, I'm not sure what the timeframe
22 was. I thought it was a little longer than that.

23 Q. You were disclosed in this case two
24 weeks ago; right?

25 A. Two weeks ago, that's right.

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 Q. And I'm going to try not talk over you,
2 I just get excited, but this lovely lady --

3 A. Okay. So do I.

4 Q. Well, this lovely lady needs to type
5 down everything I say as well as you say, so let's
6 try to do a better job of not doing that.

7 A. All right.

8 Q. You know, we learned about your
9 involvement two weeks ago, your deposition got
10 noticed; right? We obviously wanted to know what
11 your opinions were before this trial before we
12 showed up amongst these folks to present our case
13 for this family; right?

14 A. That's correct.

15 Q. And learned you've been involved in
16 this case for almost two years; does that sound
17 about right? Is that about how long you've been
18 involved?

19 A. I think it was less than that. I
20 believe we sent you the initial contract, so it was
21 more -- sometime in '22, so about a year.

22 Q. A year and a half? A year?

23 A. Something like that, yes.

24 Q. Okay. But then two weeks from
25 appearing before these folks, we learned about you,

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 we depose you, and do you recall in your deposition
2 I said, now, do you have any other opinions to
3 offer in this case? Do you remember that question?

4 A. I do.

5 Q. And do you remember you told me, no,
6 and that you'd let Mr. Tanner know if you got any
7 additional material and could offer any additional
8 opinions; right?

9 A. I believe that's correct, yes.

10 Q. And, ultimately, I got no additional
11 opinions. I think last night I got your fee
12 schedule and some of the payments you've received
13 and learned about what you're getting paid to be
14 here today, but other than that, I got no new
15 opinions; does that surprise you?

16 A. No, sir, I don't think that surprises
17 me.

18 Q. Do you know that most of your opinions
19 have either changed or been added today?

20 A. I don't think that that's correct.

21 Q. Okay. Do you know how many times
22 you've said the phrase patient autonomy in your
23 deposition?

24 A. I don't believe I said those exact
25 words, no.

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 Q. So you said zero times there's no
2 discussion of patient autonomy is the appropriate
3 standard of care in this case?

4 A. I said that Dr. West practiced to the
5 standard of care. I believe at one point I
6 mentioned that he had a different -- he was
7 different than Dr. Gonzalez, but I don't think I
8 specifically used the term patient autonomy, no.

9 Q. No discussion on this parental method
10 that Dr. Gonzalez who you've known for decades as a
11 practicing psychiatrist in this community; right?

12 A. I believe -- I don't believe I said
13 paternalism in my deposition; no, sir.

14 Q. No testimony about these drugs not
15 working that Dr. Gonzalez recommended; right?

16 A. I mentioned that I thought that was an
17 inappropriate regimen, yes.

18 Q. Well, we'll go to that. Did you say
19 what he recommended or you were critical of what
20 she had been dosed with prior to even showing up?

21 A. I believe -- I'm not positive because I
22 don't recall verbatim, but I believe I mentioned
23 that the Haldol Decanoate that he was recommending
24 was -- would have been a problem.

25 Q. And you didn't mention anything about

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 all this falls on this one ER doctor, Dr. Burkholz,
2 in your deposition?

3 A. I believe I did. I believe I mentioned
4 that he was the attending of record and, therefore,
5 he was the deciding attending.

6 Q. So you think he's solely responsible
7 for the deficiency that occurred that led to the
8 death of this lovely woman?

9 A. I think he made the decision to
10 discharge the patient.

11 Q. Okay. And, you know, the jury's also
12 heard all this testimony concerning you think that
13 it was appropriate to discharge the patient; isn't
14 that what you just said a minute ago?

15 A. Yes.

16 Q. Okay. And that wasn't the same opinion
17 you had Tuesday, was it?

18 A. I'm sorry, I believe I didn't criticize
19 Dr. West's opinion on discharging the patient, no.
20 I did not criticize his opinion on that. I felt
21 this he practiced to the standard of care including
22 his discharge -- or his recommendation, excuse me,
23 to discharge because he could not discharge the
24 patient.

25 Q. All right. And, you know, first --

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 here's a question I want to ask because I want to
2 make sure you don't have a new opinion as to this
3 because you never offered an opinion to this. What
4 if anything did Ms. -- their loved one, the
5 Decedent, Ms. Branton, what did she do wrong to
6 cause her pain and suffering and ultimate death?

7 A. I have no opinion about what Ms.
8 Branton did or did not do.

9 Q. She's not at fault for causing her
10 death because she gave -- didn't fail to give a
11 proper medical history, did she?

12 A. I'm sorry. Are you referring to --

13 Q. Ms. Branton, the Decedent?

14 A. Decedent?

15 Q. Yes, ma'am.

16 A. Not her daughter or someone else?

17 Q. Correct. Is Ms. Branton at fault for
18 failing to give a full medical history?

19 A. Is she at fault, that would be a
20 stretch to say. I think she -- it would have been
21 helpful to know, but I never blame a patient for.

22 Q. A victim; right?

23 A. A patient.

24 Q. A victim as well; right?

25 A. A patient for the work.

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 Q. Okay. And, you know, she didn't fail
2 to exercise due care, did she?

3 A. In what respect?

4 Q. In any respect. I want to make sure
5 there's no new opinions concerning her contributing
6 to her own untimely death.

7 A. I don't believe I offered any opinions
8 on Ms. Branton's contributions to her death before
9 and I don't have any really now.

10 Q. And you don't have an opinion that she
11 suffered and ultimately died for failing to follow
12 medical advice, do you?

13 A. Do I have that opinion?

14 Q. Yes, ma'am.

15 A. I think she failed to follow medical
16 advice and so, yes, I do have that opinion. Do I
17 think that she failed -- she failed to take her
18 medication, so that's an obvious failure.

19 Q. And that's what caused her ultimate
20 death?

21 A. I can't say that.

22 Q. Okay. Was her death solely caused by
23 her negligence?

24 A. Solely by her negligence?

25 Q. Yes, ma'am.

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 A. She is the person who chose to go
2 outside. I understand from Ms. Hutchinson's
3 deposition that Ms. Branton came in and came out
4 several times and she had a belief that her
5 children were coming for her. So her behavior and
6 her unwillingness to stay at the boarding home were
7 her choices. And so my opinion is that she
8 obviously made those choices. I'm not going to say
9 that she deserved to die because of those choices.
10 I don't think she maybe understood the risks that
11 she was taking, but she made those choices.

12 Q. Was she of sound mind to make decisions
13 for her own self-interest as to protect herself on
14 that night?

15 A. I didn't examine her that night. I
16 have no -- and no one else with psychiatric
17 training did, so I can't tell you if she was of
18 sound mind or not.

19 Q. You would agree that in order for her
20 to be responsible for her own untimely death, her
21 pain and suffering leading up to her untimely
22 death, she'd have to of been discharged of sound
23 mind, able to make decisions for her own welfare,
24 her own safety; correct?

25 A. That was the opinion of the physicians

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 | who discharged her and I don't dispute those
2 | opinions.

3 | Q. Okay. And my question is not what
4 | their opinions are, but you would agree for her to
5 | be responsible, she has to be of sound mind, able
6 | to make decisions, determine what is safe and what
7 | is unsafe?

8 | A. For her safety, yes. I mean, a person
9 | would have to be able to appreciate the risks and
10 | the dangers, yes.

11 | Q. Okay. You testified -- well, actually,
12 | let's pause one second. I want you to look at this
13 | jury, I want you to tell them what you're getting
14 | paid, not the whole time here, but just for today,
15 | what did you get paid just to be here today?

16 | A. I get paid \$400 an hour for my time.
17 | And I can also tell the jury that that's roughly
18 | about half of what an expert with my qualifications
19 | normally gets paid. Because I do this because I
20 | like to do the work and I don't make my living
21 | doing this.

22 | Q. That's not what your contract says, is
23 | it?

24 | A. Well, I'm here for eight hours
25 | including my driving time, so, yes, that's about

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 | \$3200, eight hours for a day of testimony.

2 | Q. And that \$3200 just to be here today
3 | doesn't include your travel expenses, is what it
4 | says?

5 | A. I don't bill for travel expenses.

6 | Q. Well, so \$400 an hour and you've been
7 | working on this for a year and a half, and then
8 | another \$3200 to sit here and testify on behalf of
9 | Dr. West and The Regional Medical Center?

10 | A. That's correct.

11 | Q. Okay. So October 3rd last week, do you
12 | not recall testifying that Ms. Branton should have,
13 | and I quote, definitely been discharged to a
14 | facility and not to independent living?

15 | A. By facility, I meant, a home. A
16 | boarding home, yes.

17 | Q. So you meant a boarding home when you
18 | testified that definitely to a facility and not to
19 | independent living?

20 | A. I meant a boarding home, yes, where
21 | there were people who helped her with meals and
22 | helped her get to appointments.

23 | Q. Is that not independent living?

24 | A. Not totally, no.

25 | Q. Okay. Now the Judge has already

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 | instructed this jury the definition by law
2 | boardinghouse cannot provide any personal services,
3 | you can't administer medication?

4 | A. That's correct.

5 | Q. Can't even give you a ride down the
6 | street. They can't even help you make up your bed.
7 | They can't do anything. They can't even know your
8 | whereabouts.

9 | A. They can keep your facility at the
10 | house clean. They can offer you as, I believe I
11 | heard Ms. Williams testify today, they can offer
12 | you breakfast. If you don't have a breakfast, they
13 | can do some things like that. So there are things
14 | that they can -- that they do the patient would be
15 | doing for themselves independent living. I believe
16 | Ms. Hutchinson came over and actually offered to
17 | take her to the appointment at mental health. So
18 | there's some -- a level -- my understanding of a
19 | boardinghouse has always been that they transport
20 | people to their appointments. They cannot
21 | administer meds. They cannot hand the meds to the
22 | patient. The patients can come and go as they wish
23 | and she needed to be in a place where there was
24 | that.

25 | Q. Now, you don't remember just last week

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1 | your opinion was her conditions waxing and waning,
2 | she's having behavioral issues. She's additionally
3 | got this dementia diagnosis. She needed a
4 | caregiver. She needed a high level of care. She
5 | needed to be discharged to a facility not to
6 | independent living. You don't remember that?

7 | A. I don't remember those specific words,
8 | no. If they were my words then I'll own them, but
9 | I don't believe I said those exact words. I
10 | believe I said she needed to go to a facility and a
11 | boarding home is in my opinion was, at the time we
12 | were talking is what I was referring to, I believe
13 | that she did need to have someone kind of point her
14 | in the right direction at times. So, yes, I do
15 | believe that.

16 | MR. WILLIAMS: At this time, Your
17 | Honor, I'd like to break the seal on Dr. Hardesty's
18 | deposition testimony.

19 | THE COURT: Yes, sir, you may do so.

20 | MR. WILLIAMS: And if it may please the
21 | Court, I've actually got a video recording of her
22 | testimony and I would like to play some excerpts of
23 | that video.

24 | A. I also believe, I'll say this, but some
25 | of what you asked me about was in the context of

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 throughout the course of her many hospitalizations,
2 but, you know, I don't remember verbatim what I
3 said. So I'm certainly willing to hear that and
4 address it.

5 Q. And this is the formality of breaking
6 the seal because I wish to publish some of your
7 deposition excerpts.

8 MR. WILLIAMS: But the easiest way to
9 do it is just hit play a few times, if you don't
10 mind.

11 Q. So I'm going to start with just that
12 first one that I mentioned.

13 (WHEREUPON, playing the video.)

14 Q. And then what I want to ask you --
15 before that, I'm going to take a step back, okay?

16 A. Okay.

17 Q. So I'm going to go just prior to that
18 testimony where you talk about the dementia because
19 I want to make sure I understand this because I
20 know that started with -- based on that.

21 (WHEREUPON, playing the video.)

22 Q. So a need for a higher level of care,
23 okay. And I know and you and I both know when I
24 took your deposition, you didn't know that this was
25 a boardinghouse because you had seen in the record

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 and I'll show you where they discharged her to an
2 assisted living facility; right?

3 A. Did I say assisted living facility? I
4 think I said a board and care.

5 Q. Yes, ma'am. You do realize that in The
6 Regional Medical Center's notes, they discharged
7 her to an assisting living facility in their notes;
8 right?

9 A. I don't recall that.

10 Q. Okay. And I'll show you that here in a
11 second. The higher level of care is certainly not
12 a place that can provide no care; right?

13 A. No, and I didn't say that she should
14 be. I said it may have impacted their decision
15 about whether she needed a higher level of care.
16 And I believe I testified today that Spartanburg
17 had made an assessment of that. And that she had
18 in fact not shown a deficit in her activities of
19 daily living that would have qualified her for a
20 higher level of care even though there was a
21 diagnosis of dementia or a history of dementia
22 noted and their testing showed that she had at
23 least a mild cognitive deficit. But they also made
24 the determination that her activities of daily
25 living were adequate.

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1 Q. And, Dr. Hardesty, that's a new
2 statement, a new opinion of yours that her
3 activities of daily living were adequate; correct?

4 A. As I said at the end of my deposition,
5 I reserve the right to alter or change my opinions
6 should I receive or as I review the case additional
7 information and I did find that.

8 Q. And you want me to show you where you
9 also agreed to send those to Mr. Tanner so he could
10 let me know ahead of today what your new opinions
11 were?

12 A. Well, I didn't really find that until
13 actually yesterday morning when I was going back
14 through the records.

15 Q. Well, he sent me your billing yesterday
16 evening, so he could have sent that to me as well;
17 right?

18 A. Did I send you a billing? I don't
19 believe I've generated -- I think he sent you the
20 old bills that we had. I certainly haven't sent
21 any current bills.

22 Q. Okay. But you could have transmitted
23 that new opinion to us as well; correct?

24 A. I sent it to him right after the
25 deposition.

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 Q. Okay. And then ultimately though you
2 didn't hear in your direct any mention of this
3 total systems failure at The Regional Medical
4 Center, did you?

5 A. I didn't say that that was at Regional
6 Medical Center uniquely. I did say that the ER
7 communications was a part of that. But I believe I
8 testified that across all of the hospitals in her
9 course of care that they -- they had the
10 opportunity -- they missed the fact that even --
11 and I believe I testified today that her -- at
12 Three Rivers and at Spartanburg she had good days
13 and then she had bad days, that's what I mean by
14 waxing and waning. That she was cooperative and
15 pleasant some days and other days she was not
16 cooperative and pleasant. And that that may have
17 been indicative of symptoms of early dementia. I
18 did not testify to that piece about the dementia
19 because it really did not come up in the direct
20 questioning, but that's what I meant when I gave
21 that statement in my deposition, so.

22 Q. Well, you also said in reference to the
23 total systems failure at Regional Medical Center
24 was the entire system fails to accurately share
25 records internally; correct?

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 A. With respect to that piece of
2 information that they had, yes.

3 Q. And you thought that was a very vital
4 piece of information, you were very critical of The
5 Regional Medical Center as well as all the doctors
6 there; right?

7 A. I was critical of the fact that that
8 somehow did not get transmitted from the ER staff
9 to the ER attending and the consulting attendants,
10 yes.

11 Q. When you learned that a boardinghouse
12 is where she was discharged and they can provide no
13 personal services, you were critical of the
14 discharge plan; right?

15 A. I don't believe that I was completely
16 critical of the discharge plan. You all began to
17 go through the difference between a boarding care
18 and an assisted living facility and we reviewed the
19 law. And I believe I said that, you know, had she
20 had some of this stuff in there, they may have done
21 a more different -- they may have done a more in
22 depth evaluation of her placement.

23 But the ER's typically don't do
24 placements. That usually -- and I think we talked
25 about a discharge plan from another inpatient

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1 facility or something like that that does that and
2 that Spartanburg -- they made that referral to a --
3 a geriatric hospital made that referral to Ms.
4 Hutchinson, so. I think I expanded on that a
5 little bit. Again, I don't have my deposition in
6 front of me and I'm certainly not going to --

7 Q. I'm happy to put it in front of you in
8 case you want to reference any other part. That's
9 the official one, but there was no discussion about
10 Spartanburg's failure to discharge her and identify
11 the definition of a boardinghouse, wasn't even in
12 your deposition?

13 A. I think we are talking about the -- I
14 don't think that was in my deposition, but I would
15 say this, I mean, that they discharged her to the
16 level of care at Ms. Hutchinson's boarding home,
17 IKare. That's where they discharged her to.

18 Q. And you then went on to say your second
19 opinion, wasn't your first, your first was just
20 overarching, oh, Dr. West just didn't breach
21 standard of care. But your second opinion was The
22 Regional Medical Center did, they were, again,
23 systems failure; correct?

24 A. It was the general system's failure
25 throughout all of the hospitals to confirm a

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 possible diagnosis of frontal temporal dementia
2 that I was referring to. It was not specifically
3 the Orangeburg Medical Center. It was a general
4 systems failure is what I said.

5 Q. Do you remember me asking if I could
6 pay you to just come testify about the general
7 systems failure at TRMC at the conclusion of your
8 deposition and you said, I'd have to check on that.
9 I think that might be a conflict of interest, but
10 as long as it's not blaming Dr. West in anyway I
11 would do so?

12 A. I didn't exactly say that. I believe I
13 said it would be a conflict of interest and it
14 would also be very confusing and I thought it might
15 not be ethical and, therefore, I would have to
16 think about that a lot before I agreed to that.
17 And I never agreed to that.

18 Q. I understand you didn't agree to it,
19 but I asked you whether I could get you to come
20 testify as to this systems failure as it relates to
21 The Regional Medical Center. And I believe what
22 you said was, as long as Dr. West is in no way
23 affiliated with this case, I would do so.

24 A. I did not say I would do that as long
25 as he was in no way affiliated. I said I would

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1 think about it. But I felt it would be likely to
2 be a very confusing situation to have been a
3 defense expert and then suddenly becoming a
4 plaintiff's expert and I didn't think it was
5 ethical and I never agreed to do it. I said, you
6 know, we would talk later if you thought you wanted
7 to do that, but I did not agree to that.

8 Q. And on page 81, start line 21, I asked
9 you: Let me ask you this, you testified in the
10 plaintiff's case in chief, would your testimony be
11 any different? What was your answer?

12 A. My answer was, no.

13 Q. So why now does it sound like you're
14 not throwing Regional Medical Center under the bus
15 for this total systems failure?

16 A. I just said there was a failure to
17 communicate that information. That was a part of
18 the systems failure. I don't take that back and I
19 agree that that's part of the problem. But I don't
20 think that Dr. West practiced outside of the
21 standard of care.

22 Q. But you will testify now, I want to be
23 clear, that your opinion to a reasonable degree of
24 professional certainty is there were
25 insufficiencies with The Regional Medical Center

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1 and at the time I took your deposition, you didn't
2 have a problem testifying to that; right?

3 A. I just did.

4 Q. Okay. And that is your opinion that
5 The Regional Medical Center, the hospital that is
6 the defendant in this action, they're
7 insufficiencies, total systems failure?

8 A. I did not say there was a total system
9 failure. I said they failed to communicate in the
10 ED and that was one of the systems failures across
11 the spectrum of failures across three hospitals.

12 Q. You went on to say in your deposition
13 -- well, strike that. You agree that Dr. West was
14 a proximate cause of the death of these folk's
15 loved one; correct?

16 A. I do not.

17 Q. Do you remember being asked the
18 question about Dr. West's failure and you said,
19 well, he's not the sole cause and then you went on
20 to say there are all these other people that also
21 caused --

22 A. But I never testified that he was a
23 proximate cause and there's a difference.

24 Q. Well, he's not the sole cause, but he
25 is a cause; right?

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1 A. I don't -- as I said, I believe he
2 practiced to the standard of care.

3 Q. Okay. Did you testify that he is not
4 the sole cause --

5 A. If those were my words in a deposition,
6 then I don't withdraw what I said. But I don't
7 believe that Dr. West violated the standard of
8 care.

9 Q. The failure to consider all that
10 information that was the systems failure at
11 Regional Medical Center, you know, Dr. West also
12 failed to consider that information; correct?

13 A. Dr. West didn't have that information.
14 The system failure was not his failure to
15 communicate it. It was a nurse wrote a note in a
16 chart and that information somehow did not get to
17 any of the physicians. That's the systems failure
18 not Dr. West.

19 Q. The system failed this family and Dr.
20 West was not the sole, according to your testimony,
21 but he was one of the causes that failed to
22 consider that information; correct?

23 A. He was one of the individuals who
24 didn't have that information, yes.

25 Q. Okay. And that information, one of

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1 | which that you seem the highlight on is this
2 | Spartanburg record that she had been at the
3 | Spartanburg Hospital the day before this -- coming
4 | to The Regional Medical Center; right?

5 | A. That's correct. Because they would
6 | have been -- they did not know all of her
7 | medications at that point. Absolutely.

8 | Q. In fact, you said, you know what, I
9 | don't even really understand what Dr. West was
10 | doing in this. I mean, I can't even tell he was
11 | ever asked to consult. Was he the admission
12 | doctor? Was he the consulting doctor? Do you
13 | remember that testimony?

14 | A. Right. Usually there's an order for a
15 | psychiatric consultant. And as I said, I didn't
16 | understand when or how he got involved unless --
17 | because there was nothing there from Dr. Burkholz
18 | to say I need to get a second opinion, I'm
19 | consulting. Typically, we don't walk into an ER
20 | and just plop down and start to consult. Now, I've
21 | been an admissions director for a lot of years and
22 | sometimes you will go to an ER and start to do your
23 | assessment for whether the person meets admission
24 | criteria if you know you're admitting the patient.

25 | But in this case, I just testified that

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1 I didn't understand why when they had Dr. Gonzalez'
2 opinion they asked for a second opinion. It could
3 have been they wanted the commitment dropped
4 because she had been calm. It could have been that
5 they weren't sure. I don't know why she was asked
6 and that was my testimony.

7 Q. Well, that's a little bit more
8 testimony than what we got in the record --

9 A. Well, you asked me, so you've opened it
10 up for that, I'm sorry.

11 Q. Sure. And I want you to explain fully
12 because as much as I want you to be fair to your
13 client Regional Medical Center though, I also want
14 you to be fair to this family; okay?

15 A. I'm trying to.

16 Q. And a total systems failure exists at
17 The Regional Medical Center on October 2, 2019
18 because we've got doctor -- a doctor that's asked
19 for a consult, does a consult, the consult request
20 is in the record and then low and behold, a new
21 doctor shows up, does a consult, nowhere in the
22 record is it a request for a consult from Dr. West,
23 but he does one, doesn't ever talk to the doctor
24 that was asked to be consulted and then the patient
25 gets discharged because of his overriding consult;

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1 right?

2 A. I don't know that. You're asking me to
3 testify to something that I don't know. My
4 testimony was, there is nothing that I saw in the
5 record about why Dr. West was involved. And I
6 could assume that the ER wanted to discharge the
7 patient and needed a second opinion. Or I could
8 assume that he was acting in his role as an
9 admissions coordinator, but I didn't know why and I
10 still don't know why. So I can't say that that was
11 a systems failure, I just don't know how that
12 happened.

13 Q. So the Exhibits 1-5 are on the front, I
14 just hooked them there because all they are, are
15 excerpts out of this little notebook here. This
16 little tiny notebook is the affidavit of the
17 records and then just literally -- not double, not
18 duplex, it's all the records that exists in this
19 whole matter, that little chunk right there; do you
20 see that?

21 A. I do.

22 Q. That's all that exists in The Regional
23 Medical Center. Nowhere in this and I hate to
24 challenge you like this, but --

25 A. No, you don't. (Laughter.) That's

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1 | okay.

2 | Q. True. Let me rephrase that. But we
3 | can sit here and we can pour over that for however
4 | how long it takes to read every single word and
5 | nowhere in there does anybody request Dr. West to
6 | do any consult; correct?

7 | A. I did not see a notation in the record
8 | of any request for consult.

9 | Q. But what we did hear and this jury
10 | heard, Dr. West, I mean, he's the director of
11 | psychiatry of this hospital now, he had taken over
12 | for Dr. Gonzalez and he holds the keys to the
13 | kingdom. You want to stay here, he's the only
14 | person that could admit you; did you know that?

15 | A. Yes.

16 | Q. Now, I don't know what his motivation
17 | was on that given day he and he doesn't remember
18 | anything about this case. They heard him testify
19 | while he didn't know when she died. But he's got
20 | the keys to the kingdom, we don't know why that
21 | door didn't get unlocked, but what we put in there
22 | is what ultimately led to why that door didn't get
23 | unlocked, that room wasn't made available for this
24 | group of people's loved one; right?

25 | A. What I reviewed in the record did not

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1 discuss the admission decision except that he felt
2 the patient was stable for discharge. I know no
3 reason -- I have no opinion about why or why not
4 she wasn't admitted except for the fact that Dr.
5 West's consultation was that she was stable for
6 discharge and the attending who was responsible for
7 discharge from the ER, apparently agreed with that
8 decision, he certainly changed the medical record,
9 because you can track the changes that were made in
10 the medical record throughout the day by the
11 different color ink that was used, and he didn't
12 call Dr. West to talk to him about it, so he
13 apparently did not agree and that's all I know and
14 that's all I can really testify to.

15 Q. Well, the jury got to hear and you did
16 get to sit in today, but you didn't hear Dr.
17 Burkholz's testimony and what he would tell you as
18 the ER doc, I'm not a specialist in psychiatry.
19 Sure I got a little bit of training, I can
20 temporarily stabilize somebody maybe for a short
21 period of time, but I'm not long-term assessment,
22 long-term treatment of psychiatric patients, that's
23 not me. I can recognize when someone's in need and
24 I can reach out for a consult with a specialist
25 like he did with Dr. Gonzalez, but I can't make a

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1 | determination whether someone is stabilized
2 | psychiatrically or not. Does that sound accurate
3 | for an ER doc that does emergency room work?

4 | A. Not in those exact words. Because most
5 | ER docs can tell you whether the person is
6 | stabilized or not acutely. Now, long-term, he's
7 | probably exactly right. But acutely in their ER,
8 | they can generally tell if the patient is
9 | stabilized. I've never worked with an ER doc who
10 | couldn't.

11 | Q. Well, he told this jury and actually
12 | showed them in his record where he says, look, I
13 | said she's stable medically. I'm not going to say
14 | psychiatrically, but medically she's not having a
15 | heart attack, she's not having a stroke, she's not
16 | having -- throwing a clot, she's stabilized
17 | medically and he turned it over to a specialist.
18 | Isn't that what you want an ER doc to do?

19 | A. Right. And the ER doc got two
20 | conflicting recommendations and did not clarify the
21 | one that said discharge. That's what the record
22 | shows. I don't understand or know why what his
23 | testimony was as to why he didn't pick up the
24 | phone.

25 | It's been my experience as a director

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1 of admissions, person who holds the key to the gate
2 for the Medical University of South Carolina and
3 for the Menniger Clinic, why if the ER doctor said,
4 well, I really think Dr. Gonzalez is right here, he
5 is my consultant, I need to call and talk to why
6 Dr. West has a different opinion. They pick up the
7 phone and they call. It's been very rare to me
8 that if I have two conflicting opinions that I
9 wouldn't clarify. I don't understand why he
10 didn't, but his testimony is whatever his testimony
11 is. I don't know what else to say about that. I
12 didn't hear it.

13 Q. Ultimately, your testimony is Ms.
14 Branton was never evaluated properly at any stage
15 in the game at Regional Medical Center; is that
16 accurate?

17 A. I did not say that.

18 Q. I'm going to play your words.

19 A. I didn't say she was not evaluated --

20 Q. Let me play it for you directly.

21 (WHEREUPON, playing the video.)

22 Q. So, I want to play the full piece here
23 because I don't want to just cut out one little
24 thing where you said, generally speaking, she was
25 never evaluated properly any stage in the record.

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1 If you reviewed all The Regional Medical Center's
2 record --

3 A. I did.

4 Q. And, again, your testimony is she
5 didn't get evaluated properly in any of these
6 records?

7 A. I did not say that. I said, across the
8 spectrum of care of all the hospitals, generally,
9 not this specific case, they did not look at other
10 factors such as the dementia that was noted at
11 Spartanburg or medication side effects. And,
12 therefore, as a systems failure there was just --
13 she did not -- everything wasn't discovered about
14 her that could have been discovered.

15 And when I look at that case as a
16 person who has run a geriatric unit, been an ER
17 doc, ER psychiatry consultant for years, you know,
18 I see that Three Rivers did not evaluate her
19 medications for side effects. I see that
20 Spartanburg came up with a diagnosis and noted that
21 there was mild cognitive changes. I do think that
22 the doctors at the Medical Center did not get all
23 the information and I testified to that and I stand
24 by that. The nurse made a note in the chart and
25 the chart wasn't -- it wasn't communicated in some

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1 way or wasn't read in some way. I don't know how
2 that works in that system, but I don't say that
3 there's a general failure to evaluate her properly.

4 She -- they did an ER evaluation. She
5 wasn't an inpatient there and she was there for
6 about six hours. So I would not have expected them
7 to do the same level of evaluation say as Three
8 Rivers as she was there, what, 30 something days or
9 more overall with a break in between. So I was
10 speaking to a systems issue across all hospitals,
11 not this one and I won't say that they -- and I
12 stand by what I said about the failure to
13 communicate the admission in Spartanburg where they
14 might have found out more informations. But we're
15 talking about six hours and I was talking about 40
16 plus days, two or three months of worth of
17 evaluations, so.

18 Q. Sure and I just want to make sure the
19 jury doesn't think I'm mincing words. Page 33,
20 line 5 through 7, you said, I think as a whole she
21 was not well evaluated at any stage in the records
22 that I reviewed?

23 A. Okay. And I stand -- those are my
24 words.

25 Q. And so the entire psychiatric world as

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1 | this family knows it, failed her is what you're
2 | telling us?

3 | A. I'm saying that they missed some things
4 | that they should have possibly looked at, yes. But
5 | I'm saying -- the thing that I speak to
6 | specifically for the Medical Center was the fact
7 | that they weren't aware of the Spartanburg
8 | admission from the day before and it might have
9 | changed their decisions.

10 | Q. Ultimately, your opinion last Tuesday
11 | was that it would be safer to have kept her
12 | admitted there at The Regional Medical Center;
13 | right?

14 | A. Could I see my words because I don't --

15 | Q. Sure. You want me to hit the play
16 | button?

17 | A. I mean, I don't know specifically the
18 | language that I used. But, yes, in retrospect it
19 | would have been best if the ER attending had made a
20 | decision to hold her a little longer and then see
21 | whether she would decompensate or not.

22 | Q. And, ultimately, page 42, line 25 all
23 | the way through the middle of the page of page 44
24 | in that transcript of yours, you say it would have
25 | been safer to keep her, but you know what you

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1 | blamed it on, the real problem in the system is
2 | this is a funding issue. She didn't have money,
3 | that was her problem.

4 | MR. TANNER: Objection, Your Honor.
5 | May we approach?

6 | THE COURT: Yes, sir.

7 | (WHEREUPON, there was a bench
8 | conference.)

9 | A. I did not say that she didn't stay --
10 | that she wasn't admitted to the hospital because
11 | she didn't have money. I believe we were talking
12 | about placement in nursing homes or boarding homes
13 | and that that was a problem.

14 | Q. You don't remember telling a story
15 | about how at MUSC or some hospital you worked, you
16 | talk about and I call it the hangman's syndrome,
17 | but someone with that C7 where they're walking like
18 | they've got the noose around the neck and the
19 | doctor can clip it by immediately stabilizing or
20 | they're going to die. Do you remember telling that
21 | story?

22 | A. I was telling that story in the context
23 | of there are times when funding is an issue. I
24 | wasn't talking about whether or not she was
25 | admitted to the Medical Center. That being an

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1 | issue with the Medical Center because I believe I
2 | said that she had other funding. I'm suppose to
3 | not discuss funding with you right now, so I'm
4 | wondering why you're asking that question.

5 | Q. No, I'm staying within the bounds that
6 | I've been asked to stay within.

7 | MS. HARDESTY: Your Honor, is that
8 | correct?

9 | THE COURT: As far as her personal
10 | funds, let's leave it at that.

11 | MR. WILLIAMS: Sure.

12 | Q. And, you know, again, your analogy
13 | though was I was at the hospital, I watched
14 | patients -- a patient with the hangman syndrome die
15 | right in front of my staff because of funding
16 | issues. Why was that not suppose to correlate that
17 | with the same issue why their family member didn't
18 | get admitted?

19 | MS. HARDESTY: May I answer?

20 | THE COURT: Hold on one second.

21 | MR. TANNER: Same objection, Your
22 | Honor.

23 | THE COURT: Ladies and gentlemen of the
24 | jury, if you would just step outside of the
25 | courtroom for one second. We'll be right back with

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1 you.

2 (WHEREUPON, the jury left the courtroom
3 at 4:08 p.m.)

4 THE COURT: So, Doctor, I understand
5 you have a question regarding your ability to fully
6 answer that, so obviously we're tiptoeing around
7 some issues here. What Mr. Williams is asking you
8 is about personal funding. You cannot in anyway
9 disclose anything about insurance or any collateral
10 source. I'm not sure exactly where the question
11 was going with that, but I just wanted to make sure
12 that that was reiterated to you because that
13 appears that was your question to the Court; is
14 that correct?

15 MS. HARDESTY: My question to the Court
16 was, yeah, can I talk about the fact that I think
17 I'm being misrepresented as to -- I've never said
18 she didn't get admitted to a hospital because she
19 lacked funding. And her funding as I understand
20 was medicare, she's -- and medicaid. And so I
21 would not think that funding was the issue that
22 determined whether or not she was admitted to The
23 Regional Medical Center.

24 THE COURT: Then you can just keep it
25 at I didn't understand that funding was an issue.

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1 But, of course, don't mention any collateral
2 sources. Mr. Williams, where actually were you
3 wanting to go with that?

4 MR. WILLIAMS: Let me just show
5 cocounsel something real quick. I want to make
6 sure I'm staying within bounds.

7 MS. HARDESTY: Yeah, we were talking
8 about boarding home funding and funding for skilled
9 care, not about the hospital admission.

10 MR. WILLIAMS: Yeah, I mean, you're
11 telling us she's in the tweener zone of being
12 admitted and that she --

13 MS. HARDESTY: We're talking about --
14 we were talking about assisted living, sir.

15 THE COURT: One person at a time. Tell
16 me where you're trying to go with this.

17 MR. WILLIAMS: No, I mean, you know,
18 the question that was asked to her and we can take
19 this whichever way we want. She described it at
20 one point as a hospital setting and then the second
21 point at page 52 she says one of the reasons why
22 she didn't get discharged to the appropriate level
23 of care facility was lack of funding as well. I
24 mean, that's just where I'll go next. I'll just
25 ask her -- that was the ultimate she said she was

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1 in a tweener zone and ultimately funding is what
2 kept her from going to a facility that could
3 provide personal services.

4 MR. TANNER: I think we're still going
5 into violating the collateral source rule we get to
6 that point. That's one thing in discovery, but
7 it's another at trial in front of the jury.

8 MR. WILLIAMS: I mean, I don't need to
9 take this in camera, Judge, it might be easier,
10 I'll play --

11 (WHEREUPON, playing the video.)

12 THE COURT: Do you mind turning that
13 down?

14 (Mr. Williams complies.)

15 MR. WILLIAMS: So inpatient
16 psychiatrist and then I understand the other part
17 about funding, it has nothing to do with the
18 collateral source on this. This is all just
19 statements that -- and quote/unquote, needed
20 funding -- what this patient needed was funding
21 more than anything else.

22 MS. HARDESTY: This is when you were
23 asking me about assisted living --

24 THE COURT: Doctor, hold on. We're
25 having a discussion. I don't know what's

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1 | admissible or not and --

2 | MR. TANNER: She specifically goes into
3 | insurance, Your Honor. I think the whole point is
4 | insurance. And so to put this in violates the
5 | collateral source rule and to somehow limit her
6 | ability to explain what she meant is going to
7 | violate the collateral source trial and can be
8 | ground for a mistrial. So I just don't think this
9 | funding comes in at all. It's improper because it
10 | doesn't allow her to explain her answer. She's
11 | talking about funding and insurance and to qualify
12 | for assisted living which again depends on her
13 | medicare and medicaid eligibility. And she says
14 | because she doesn't meet the medical criteria, it's
15 | going to have to be in that case her insurance
16 | funding. And to put that in, it injects collateral
17 | source in this case.

18 | MR. WILLIAMS: This is the first time,
19 | Judge, I've ever heard a defendant have a problem
20 | with collateral source. I mean, isn't the
21 | collateral source rule the only thing it hurts is
22 | the plaintiff? How does it ever hurt -- what's the
23 | prejudice to any defendant with collateral source
24 | rule? Nothing in that testimony was collateral
25 | source.

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1 MR. TANNER: It raises the ceptor that
2 somehow she didn't receive standard of care
3 treatment because of the level of medical insurance
4 she had. Which, again, is totally improper to put
5 that in front of a jury.

6 MR. WILLIAMS: That's what your expert
7 testified to was that she needed funding more than
8 anything else to survive.

9 MR. TANNER: She -- right. But then
10 she goes on to elaborate what that funding is which
11 is insurance. So to allow that question in front
12 of the jury doesn't allow her to explain her
13 answer.

14 THE COURT: I think the corrective
15 action for that obviously would be the purpose as
16 to why she wasn't admitted that you're -- if you're
17 arguing why she didn't receive the level of care
18 would be an instruction to the jury not to consider
19 any insurance or any kind of collateral source that
20 would be inappropriate for them to consider. But
21 your point is obviously that's why they didn't
22 treat her properly because she didn't have funding;
23 is that correct?

24 MR. WILLIAMS: That's what the expert
25 testified to is how I heard it.

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 THE COURT: It's fair game.

2 MR. WILLIAMS: Okay.

3 THE COURT: But stop it before it says
4 insurance.

5 MR. TANNER: But then am I going to be
6 able to on redirect to go into -- again, we're not
7 allowing her to fully answer because her answer
8 says insurance.

9 THE COURT: So let's limit the
10 questioning then as --

11 MR. WILLIAMS: I'm just going to play
12 it, Judge, then if he wants to redirect, I'll try
13 to go into explaining it away, that's his choice.

14 THE COURT: You're using it basically
15 intent to why she wasn't admitted because she
16 didn't have funding?

17 MR. WILLIAMS: Why she wasn't admitted,
18 why she wasn't sent to the facility that the
19 records show she's suppose -- assisted care
20 facility, yes, ma'am.

21 MR. TANNER: And, again, for her to
22 answer that question is going to come down to
23 violating the collateral source rule. Because,
24 again, for her full answer to come out implicates
25 insurance.

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 THE COURT: Implicates, but she doesn't
2 say it.

3 MR. TANNER: No, she says it. I mean,
4 she says it.

5 MR. WILLIAMS: Not in that selection I
6 just played.

7 MR. TANNER: When you play the whole
8 thing she said it.

9 THE COURT: Don't play the portion that
10 says insurance.

11 MR. TANNER: To spend some time trying
12 to get somebody funded to go to a facility or spend
13 time trying to get somebody who doesn't have
14 insurance adequately treated and that's when she
15 goes into the story. So, again --

16 MR. WILLIAMS: What page are you
17 reading?

18 MR. TANNER: I'm on page 53. Part of
19 what you just played.

20 THE COURT: Stop it at funding. Don't
21 play the actual audio.

22 MR. WILLIAMS: Again, Judge, 53-02 is
23 just before that. I don't play that. That's after
24 that.

25 MR. TANNER: But, again, it's not

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 allowing her to explain her answer.

2 THE COURT: You can do that on
3 redirect.

4 MR. TANNER: But then, again, we have
5 the same issue, were injecting the collateral
6 source of this trial because then we're getting
7 into health insurance.

8 MR. EVANS: Your Honor, if I may?

9 THE COURT: Yes, sir.

10 MR. EVANS: My understanding is that
11 the collateral source rule is the plaintiff's to
12 waive. It would be a problem if we brought an
13 expert in here that wanted to inject insurance into
14 the case, but this is the Defendant's expert. She
15 had this opinion well before trial. And we should
16 be entitled to illicit her actual opinions from
17 her. If she has an opinion as novel as it may be
18 that this patient's real problem the reason that
19 she died was funding, the jury is entitled to hear
20 that. That's her actual opinion that's been
21 already given under oath. The collateral source
22 rule is ours to waive and we're happy to do so.

23 MR. TANNER: And, again, we go on about
24 I believe she was getting medicaid, who her paramix
25 was, talks about -- and what she's paying Ms.

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 Hutchinson --

2 MR. EVANS: Your Honor --

3 THE COURT: Do you have specific
4 authority of that we can put on the record?

5 MR. EVANS: The collateral source rule
6 is ours to waive? Your Honor, the solution to this
7 is if you have an expert, you don't like her
8 opinion, replace that expert or don't bring her to
9 trial. If they have an expert that has this
10 opinion testified to it under oath, we should be
11 allowed to ask her about that opinion. If they
12 didn't like that opinion, they were perfectly able
13 to find another expert and not put this expert on
14 the stand.

15 THE COURT: I'm not disagreeing with
16 you, I just want to make sure we put the correct
17 standard on the record.

18 MR. EVANS: It's our understanding,
19 Your Honor, that the *Seminole* case on collateral
20 source rule is *Covington verses George*, 359 S.C.
21 100. We'll stipulate that we're happy to waive the
22 collateral source rule which is to our benefit.

23 THE COURT: Do you have the case pulled
24 up or can you email it to me?

25 MR. EVANS: Yes, Your Honor.

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 THE COURT: We've got it right here,
2 hold on.

3 MR. EVANS: And, Your Honor, I don't
4 want to interrupt when you're reading, but one
5 further point on that issue is that I know the
6 Supreme Court has explained the purpose of the
7 collateral source rule is to prevent the defendant
8 from having a windfall due to the plaintiff's
9 proper planning. That's the whole rationale that
10 the Supreme Court has explained for the reason that
11 that was put in place is to protect plaintiffs from
12 the defendant having a windfall.

13 MR. TANNER: Judge, I don't see
14 anything in this case that says this can be waived
15 by the plaintiff. What I do see is this can lead
16 to confusion from the jury because it violates the
17 collateral source rule and, therefore, they're not
18 admissible in evidence for that reason. And,
19 again, I don't know how she can explain fully her
20 answer without getting into these funding sources.
21 Certainly under Rule 403 it appears to be more
22 prejudicial than probative.

23 THE COURT: Clearly the case talks
24 about its introduction for amounts that were
25 written off by medical providers, that would

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 | confuse the jury as to the proper amounts that were
2 | paid or not paid, not the fact that it was there.
3 | So I think certainly an instruction to the jury
4 | that they're not to consider any of the forms of
5 | payment, but if that was the basis of her not
6 | receiving the care, I think certainly the jury's
7 | entitled to a full view of what happened and why
8 | she did not receive the alleged treatment that they
9 | claim she should have received under the
10 | circumstances. So I will allow it, but we will
11 | prepare an appropriate instruction to the jury
12 | regarding the consideration of any type of payments
13 | or not on the issue. But, Mr. Williams, stop it
14 | where it says insurance.

15 | MR. WILLIAMS: Yes, ma'am.

16 | THE COURT: Just go to that one
17 | section. As far as the motivation for not
18 | admitting.

19 | MR. EVANS: Your Honor, it's also our
20 | position that this would be admissible under South
21 | Carolina Rule of Evidence 411 as an exception
22 | because it does not have to do with damages, it has
23 | to do with the witness' opinion as to standard of
24 | care rather than damages or insurance.

25 | THE COURT: I agree. I think the

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 probative value outweighs the prejudicial effect.

2 Are we ready to proceed?

3 MR. WILLIAMS: Yes, ma'am.

4 THE COURT: All right. Let's have our
5 jury, please.

6 (WHEREUPON, the jury entered the
7 courtroom at 4:34 p.m.)

8 THE COURT: Thank you for your
9 patience, ladies and gentlemen of the jury. We're
10 ready to proceed, you may continue.

11 CONTINUED CROSS-EXAMINATION

12 BY MR. WILLIAMS:

13 (WHEREUPON, playing the video.)

14 MR. TANNER: And, Your Honor, just for
15 the record, note my objection. I'm not sure if he
16 is going to play it now.

17 THE COURT: Mr. Williams, hold on.

18 MR. TANNER: I just wanted to note my
19 objection for the record that we had in our off
20 camera conference. It appears that this portion of
21 the testimony is about to be played.

22 THE COURT: Yes, sir, and your
23 objection is noted and I'll allow you to fully
24 place it on the record at a later time.

25 (WHEREUPON, playing the video.)

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 Q. Did you know 90 percent of the world's
2 ibuprofen is made right near in Orangeburg? The
3 bulk ibuprofen?

4 A. No idea.

5 Q. The SI Group right here in Orangeburg
6 makes 90 percent of bulk ibuprofen, do you think
7 that the guys that are working the slough pit
8 dealing with hazardous chemicals deserve less care
9 than the Wall Street banker up in New York that
10 costs us our retirement needs a bottle of Advil?

11 A. I don't know that they have more or
12 less.

13 Q. They don't deserve better care, do
14 they?

15 A. I would say that there is a certain
16 basic level of care that everyone deserves.

17 Q. And --

18 A. I think the -- let me finish. And I
19 think the King of England gets much better care
20 than you or I would ever dream of seeing and I
21 think the President of the United States gets that,
22 so I think there are different -- there are
23 disparities in care throughout the system and
24 they've been there forever.

25 Q. It's very basic care to someone that

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 needs assistance with administration of medication
2 to get such assistance, isn't it, isn't that very
3 basic care?

4 A. That's basic care, yes.

5 Q. Okay. And, you know, this industrial
6 products made here in Orangeburg knows about how
7 they got people offered from billions of dollars to
8 buy them out, do you know like most of the heart
9 stents that you use or the lines, IV lines or like
10 our expert flew up on a Delta airplane, I bet the
11 shrink wrap around all the wires, all that's made
12 right here in Orangeburg, did you know that?

13 A. I had no clue.

14 Q. Do you think people from Mt. Pleasant
15 drive up here and stand through the night extruding
16 that tubing for heart stents and valves and things
17 like that? Do you think anybody comes up here and
18 does that?

19 A. I have no idea.

20 Q. Do you think people on Sullivan Island
21 work in a machine fab shop to --

22 MR. TANNER: Your Honor, I would
23 objection to the relevancy that we're here to talk
24 about the care and treatment of Ms. Branton on
25 October 2, 2019.

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 MR. WILLIAMS: Just one more question
2 and then I'll wrap that line up, Judge.

3 THE COURT: All right. Let's move on.

4 Q. Someone on Sullivan's Island shouldn't
5 get better care than her momma, her grand-momma,
6 his momma; right?

7 A. I think that there's a certain level of
8 care that everyone's entitled to, yes.

9 Q. And certain level of care, is that
10 basic care; right?

11 A. That would be basic care, yes.

12 Q. Or lifesaving care; right?

13 A. Yes.

14 Q. Or admission to psychiatric behavioral
15 health unit if necessary; right?

16 A. Yes. And I don't believe that she was
17 denied admission to the psychiatric behavioral
18 health unit. I think she did not meet the criteria
19 for admission.

20 Q. Okay. And, ultimately, when discharged
21 to be discharged to the appropriate care level
22 facility; right?

23 A. That's correct.

24 Q. And if the care level of the facility
25 is assisted living, it should have been something

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 other than a boardinghouse; right?

2 A. If that were the level of care that
3 were determined; however, the Spartanburg Hospital
4 did such an assessment. They found that she did
5 not qualify for assisted living and they discharged
6 her appropriately to a boarding home where she had
7 some basic things provided as a roof over her head,
8 bed, access the meals. But that assessment was
9 ultimately done by a different hospital. And I
10 testified to that earlier. I believe as I
11 explained to y'all that even at some point, DHS
12 couldn't place her and they ended up having her go
13 back to her daughter, but that did not work out,
14 so.

15 Q. You keep talking about what goes on at
16 Spartanburg, do you remember testifying that
17 Spartanburg, they kept her for eight days for a
18 total of \$5,000, do you remember that?

19 A. I do.

20 MR. TANNER: Objection, Your Honor.
21 We're the same point we just left off at.

22 A. And I believe I might have been an
23 error in that --

24 THE COURT: Hold on. Would you
25 rephrase the question, please?

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 MR. WILLIAMS: I asked did she remember
2 testifying about in Spartanburg that they kept Ms.
3 Branton for eight days and only got paid \$5,000.
4 That was her testimony in her deposition.

5 THE COURT: Your objection?

6 MR. TANNER: It violates the collateral
7 source rule. I mean, again, we're sort of going
8 around and around and around and around in a
9 circle. Again, that was a discovery deposition.
10 It has nothing to do with the issues before the
11 court. It's not relevant and the prejudicial value
12 far outweighs any probative value. It specifically
13 violates the collateral source rule.

14 THE COURT: Sustained. Please move on,
15 Mr. Williams.

16 MR. WILLIAMS: Sure.

17 Q. In Orangeburg, the \$4,000 that my
18 client was billed -- my Decedent was billed for six
19 hours of their time, their discharge paperwork says
20 assisted living facility; do you see this? Happy
21 to show you on that. It's TRMC's Bates No. 089 in
22 this book right here.

23 A. I see it right there. Thank you.

24 Q. We're not talking Spartanburg right
25 here. This says discharge to assisted living; is

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 that right?

2 A. I think it says residential or assisted
3 living.

4 Q. There's no or. It says --

5 A. Well, slash. Okay.

6 Q. Sure. There's a type of unit called,
7 like, residential assisted living; right?

8 A. I believe there is in South Carolina.

9 Q. There's right here in Orangeburg, the
10 Oaks is a residential assisted living has a wing
11 that's the assisted living division; right?

12 A. Uh-huh.

13 Q. And their wings sometimes they're
14 independent living; right?

15 A. Uh-huh.

16 Q. Is that a, yes?

17 A. Yes, sir.

18 Q. Sure. And so assisted living is where
19 my client was discharged and where did she end up?
20 Not any assisted living; right? Not any assistance
21 that can be provided; correct?

22 A. I'm not going to comment on the
23 information on the screen because I don't know what
24 the slash means. It may mean that they're saying
25 either residential or assisted living or it may

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 mean that they're saying that she's going to
2 residential assisted living. I don't understand
3 the slash and I'm not going to comment on that.

4 Q. Well, in this record, you would agree
5 that Dr. Gonzalez saw our client, the Decedent,
6 before she had been administered this medication,
7 that she had been -- he discussed with her over 50
8 minutes the plans and treatment options including
9 that Haldol long life injection as well as a
10 short-form Haldol to treat an immediate need. You
11 understand that he consulted her and also you would
12 assume consulted her about her admission into the
13 Behavioral Health Unit; right? Isn't that what you
14 would do if you're a psychiatrist?

15 A. We would talk over the care plan, yes.

16 Q. Sure. And nowhere in his note did she
17 say I don't want to stay in BHU, I want to get out
18 of here. Get me out of here. There's no note of
19 that, is there?

20 A. There's no note of that, no.

21 Q. And this is still when she's not been
22 administered any Haldol, no Benadryl, none of that
23 Ativan, none of that stuff; right?

24 A. At that point she had not been
25 medicated, that's correct.

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 Q. And so she meets with Dr. Gonzalez who
2 tells her, I can give you a shot. You know, maybe
3 you don't need these three pills every day, she'd
4 have to do it for a short period of time because
5 until, you know, this long-acting is not wham, bam,
6 thank you, ma'am, it's a little bit at a time, it
7 starts to gain effectiveness in time; right?

8 A. That's correct.

9 Q. So you've got to take that pills for a
10 little bit, but he's like you're going to be
11 admitted here, we'll help you take this, we'll
12 monitor you. If you start having this -- I mean,
13 this is what you would do; right, if you're having
14 complications or side effects, tell me and we'll
15 see if we can adjust that; right? Isn't that what
16 you would expect him to do?

17 A. If he were doing his job, he would have
18 explained the risks and benefits of taking that
19 medication, yes.

20 Q. And in opening, my colleague here Boo
21 said that, you know, the motto of The Regional
22 Medical Center was, we treat you like you're our
23 family. Okay. And you talked about knowing Dr.
24 Gonzalez from 30 years ago; right?

25 A. That's correct.

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 Q. And his mentality, he acts like you're
2 his son; right -- or his daughter or his sister or
3 his mother; right, when he treats his patients?

4 A. I don't know. I met him 30 years ago.
5 Once I had no contact with him over the last
6 30 years.

7 Q. Now earlier you talked about his
8 paternal methodology that he tells you what to do
9 like he's your parent; right? Like he's your
10 family?

11 A. I was talking about the treatment plan
12 that he's used for I know 30 years, yes.

13 Q. Sure. And so his hour -- almost hour
14 long consult, you'd expect him to explain all the
15 benefits, the risks; right, isn't that a big thing
16 you do as a doctor, you have to tell there's a risk
17 in any medication that can throw you off and just
18 got to let me know --

19 A. I would expect him to do that and I
20 would expect it to be there in the record that he
21 did it. Maybe not the depth that he went to, but
22 that it was done. I don't see that there.

23 Q. Okay. So you wouldn't expect to see
24 anything in that record though that say that he did
25 it when he didn't actually do it; right?

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 A. No.

2 Q. I want to make sure I'm clear. You
3 would not expect to see a doctor especially a
4 specialist put in their record that I did this, but
5 not actually do it; right?

6 A. I wouldn't expect that, no.

7 Q. Sometimes you see people they don't say
8 they did something, but they actually did it. You
9 don't know, he doesn't list out everything he did
10 in that 50 minute consultation other than talk
11 about the plans and the treatment options?

12 A. Uh-huh.

13 Q. You hoped that that includes explaining
14 side effects to medication, you would hope that it
15 was informed consent; right?

16 A. I would hope that he would have given
17 informed consent.

18 Q. Sure. But if it said he gave informed
19 consent, by golly you better not put that in there
20 if you didn't do it; right?

21 A. That's correct.

22 Q. Well, look at what your doctor did.
23 Your doctor in his consult, golly, Dr. West says, I
24 talked about the expected outcomes for hospital
25 admission. If he didn't admit her, if he

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 discharged her, why is he talking to the patient
2 for 70 minutes about what to expect outcome from
3 being admitted to the hospital?

4 A. Maybe he was giving her what the
5 options were. I don't know what he testified to
6 with that, but that would be one thing.

7 Q. You realize before he ever wrote this
8 note he had already revoked the involuntary
9 commitment according to the times on the paper;
10 right?

11 A. I don't know when he wrote this note or
12 when he...

13 Q. I want you to look very carefully at
14 TRMC-62 because I don't want there to be any
15 confusion for these fine folks that have to make a
16 decision about what happened and what didn't
17 happen.

18 Here the doctor says he talked about
19 treatment plan, the medication of management,
20 ADL's, again, activities of daily living, and what
21 to expect outcome for hospital admission; correct?

22 A. Uh-huh.

23 Q. Is that a, yes?

24 A. That's a, yes.

25 Q. And none of that and you don't talk

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 about problems with active daily livings and
2 admitting a patient if you're not seeing issues
3 with, you know, daily living activities; right?

4 A. I would not answer that as being
5 correct. I would say he talked to her about her
6 activities of daily living. Maybe he was
7 determining whether or not she was capable of
8 performing them. I don't know what that -- he
9 would have to explain his note. I can't explain
10 his note.

11 Q. Well, he didn't explain it. They heard
12 him. All he did was do his own plan which it lists
13 and then plan should be communicated to the
14 boarding home regarding med administration. So the
15 boarding home which we know can't administer
16 medications, he's telling people, tell them how to
17 administer these medications at that boarding home.
18 They can do it; right?

19 A. They cannot administer the medications.
20 They can encourage the patient.

21 Q. And I'll remind you of another fact
22 that was very important in your deposition. You
23 talked about ER doctor like Dr. Burkholz, you do
24 not expect them to understand what a boardinghouse
25 is and their limitations. You expect two people,

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 one, the psychiatrist especially if they're a
2 community psychiatrist; right?

3 A. Right.

4 Q. The director of psychiatry, The
5 Regional Medical Center ought to be knowledgeable
6 about what a boarding care facility is; right?
7 He's a community psychologist; right?

8 A. He's a community psychiatrist, yes.

9 Q. I mean, I don't need to play that again
10 for this jury that you say he ought to know what a
11 boarding care facility is; right?

12 A. Should know.

13 Q. Okay. But you didn't pin that on Dr.
14 Burkholz, you said ER doc, maybe the discharge
15 planner, but not the ER doc, they don't keep up
16 with that, they don't know what a boarding -- he
17 doesn't know what that means; right?

18 A. That's right.

19 Q. Okay. And then ultimately, you know,
20 here's where things get really wonky for me. Okay.
21 You know, if you tell us, this jury, that Dr.
22 Gonzalez is making a mistake. She already had all
23 this Haldol in her, my god, why are you putting
24 this extra Haldol in this poor woman that that's
25 going to generate all these other potential side

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 effects; right?

2 A. Uh-huh.

3 Q. Is that a, yes?

4 A. Yes, that's correct. Yes.

5 Q. But you do understand Dr. West is who
6 injected another short-form Haldol in her; right?

7 MR. TANNER: Objection, Your Honor.

8 That is a miss -- he did not order that. He did
9 not administer that.

10 A. I did not understand that --

11 THE COURT: Hold on, let me rule on the
12 objection. She can answer the question if she
13 reviewed the records and answer appropriately
14 whether that's correct or not.

15 Q. Well, I'll take, you know, Mr. Tanner's
16 word for it. I mean, he knows medicine very well.
17 But under his supervision, they didn't follow Dr.
18 Gonzalez' recommendation, but he still gave her
19 Haldol; right?

20 A. Dr. Burkholz ordered Haldol. Dr. West
21 did not order Haldol.

22 Q. Okay. And don't you agree though
23 that's when they're not going to follow the
24 treatment plan that Dr. Gonzalez recommended?

25 A. That was done around 11 o'clock.

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 Q. Yes, ma'am.

2 A. The order was about I think 11:17. I
3 think the medication was administered at 12:45.
4 Dr. West had not been involved in the case at all
5 when Haldol was given, so, no, I disagree with
6 that.

7 Q. Well, the Haldol -- whether the Haldol
8 was given to the point where she was now suddenly
9 stabilized to be discharged, whether it had been
10 given in the form of injection with Benadryl and
11 Ativan, whether that's two injections, three
12 injections, or whether they had given this
13 long-acting Haldol and just oral Haldol, there's
14 really no difference as far as the Haldol
15 administration, is there?

16 A. The injection works quicker.

17 Q. Well, you've got a long-acting and that
18 immediate short-acting, the ones that Dr. Gonzalez
19 ordered; correct?

20 A. The emergency room physician ordered a
21 dose of Haldol to be given as an intramuscular
22 injection of a short-acting form of Haldol. That
23 works much faster than an oral pill or the
24 long-term injection which is a month's worth of
25 medicine in one shot.

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 Q. Like a slow release; right?

2 A. Pardon.

3 Q. Like a slow release; right? It's not
4 like a month's worth is going to OD because you
5 took it today, it's not like, you know, some people
6 probably take shots where they get microdoses ever
7 so often, this is a one time, lasts you a month;
8 right?

9 A. It's a one time lasts you a month. I
10 won't say it's a slow release because it's a --
11 it's just in your system long enough. It's the way
12 it's metabolized. It's a formulation of it, not a
13 slow release pill.

14 Q. Pretty good idea for somebody that died
15 and they're already -- the pathologist testified
16 had none left in her system when they did the
17 autopsy; right?

18 A. I did not see the toxicology report.

19 Q. Well, the jury heard the pathologist
20 report, but pretty good idea someone that needs a
21 medicine like that to have that slow release
22 formula, you know, here they are, you know, within
23 a day they're dead and they have no more in their
24 system; right?

25 A. Well, did she have Aripiprazole in her

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 system?

2 Q. You know, I can't remember. Abilify I
3 think is the name of the one she had in her system,
4 but I don't want to sit here -- I can't answer your
5 questions, I'm sorry.

6 A. Well, you're asking me, you know, did
7 she have medication in her system and I'm saying
8 she received an injection of Aripiprazole which is
9 a long-acting medication and that should have been
10 in her system. And so I don't know about the
11 Haldol, but I do know that -- and she did not get
12 an injection from Dr. Gonzalez, that was his plan.

13 Q. I think I've come close to addressing
14 all of your new testimony, new opinions. The one
15 thing I like to hear is you did talked about how
16 she did this with her own consent, she got
17 treatment with her own consent. She wasn't, no,
18 don't treat me in the hospital; right?

19 A. That's correct.

20 Q. So nothing in this whole idea that
21 somebody screwed up because The Regional Medical
22 Center whatever didn't notarize this or that, you
23 know, that's not the issue in this case, is it?
24 Involuntary commitment is not the issue; right?

25 A. The only issue for me was that she

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 wasn't actually committed.

2 Q. Well, committed or admitted; right?

3 A. No, both. She was not admitted, but
4 because they would have had to do more paperwork
5 before she was actually committed under the state
6 law. And that's all. I mean, it's not the major
7 issue in the case and I believe I testified to that
8 before, it's a technicality.

9 Q. The major issue is she would be with us
10 or at least wouldn't have died from a heat stroke
11 if she had been admitted as this record that Dr.
12 West typed in; correct?

13 A. I believe you asked me that in my
14 deposition and I said, I don't know, I believe I
15 agree she would not have died of a heat stroke. I
16 don't know whether she would still be with us or
17 not because I don't know Haldol levels and all
18 those things. So you've asked me a question and I
19 can't really answer.

20 Q. Yes, ma'am. And other than that, I
21 mean, I want to show you one other thing that I
22 find fascinating. And very much supportive of your
23 doctor discharging Ms. Barton (verbatim) and
24 changing the medication. And, you know, also I
25 think this jury heard Mr. Tanner be very critical

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 of Brenda Williams, why didn't you take her to her
2 med appointment, her mental health appointment.
3 Did you review the record to see what the discharge
4 instructions were?

5 A. I did. I can't recall them at that
6 time.

7 Q. Sure. I want to show you real quick
8 what is labeled TRMC-039. And does this look like
9 a document that you would have in the medical
10 record that would be, you know, the documentation,
11 follow-up instructions?

12 A. I honestly can't read that.

13 Q. I know, it's so small. You've got the
14 book in front of you, but I'll zoom in here. It's
15 talking about it's your responsibility to call the
16 number below for your follow-up appointment. Do
17 you see a number below?

18 A. I see to call Dr. Alberto Gonzalez and
19 I don't see a number.

20 Q. Sure. The same guy that said you need
21 to be admitted, you need to be if necessary
22 involuntarily committed if you don't want to be
23 admitted, you need to go back to him, but it's your
24 responsibility to call him, but don't even give you
25 the number; right?

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 A. There's no number there. I don't have
2 the whole -- is that the whole document? I thought
3 that document was longer.

4 Q. Again, that's a running report. Then
5 the next page has no problems documented, still no
6 number, still no win. Do you see that?

7 A. No, I can't read it unless you magnify
8 it. I'm sorry.

9 Q. I can magnify each individual one, but
10 you do have -- it's all in this book --

11 A. Right.

12 Q. -- and at the bottom right corner it's
13 got the number of the same page I'm referring to.
14 And then this is really interesting yet again, you
15 know, it lists the medications that she's suppose
16 to be taking. And, you know, she's discharged
17 supposedly cutting out this Clonazepam. It says to
18 continue taking with no change, do you see that?

19 A. Yes, I saw that.

20 Q. Pretty strange that your only order is
21 I'm not going to change any medication, but you're
22 not going to take this anymore, but then I'm going
23 to hand you someone who theoretically I hope he
24 would assume has got some mental understanding
25 issues, but you're going to hand that to him or to

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 her -- to Ms. Barton (verbatim) who you suspect is
2 going to hand it to her caregiver and you still got
3 the same medication on there and it also says, no
4 longer take the following, none?

5 A. That's right. I agree with that. I
6 thought that was a mistake.

7 Q. That's a mistake --

8 A. That's a mistake.

9 Q. And that's a mistake on Dr. West if
10 he's going to change the medication; right --

11 MR. TANNER: Objection, Your Honor.
12 Dr. West is not the one that discharged the
13 patient. Dr. Burkholz is. That's
14 mischaracterizing the evidence.

15 THE COURT: You feel to cross-examine
16 her on who actually wrote that.

17 Q. That's the kind of total system failure
18 that causes people at TRMC to ruin lives; right?

19 MS. HARDESTY: I'm sorry, I didn't get
20 a chance to answer the question, Your Honor.

21 THE COURT: You can answer the
22 question.

23 MS. HARDESTY: Thank you.

24 A. And my answer was that was an error.
25 That error was not made by Dr. West. I'm not sure

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 | who fills out the discharge paperwork, but that
2 | error persisted throughout the record, I do agree
3 | with that.

4 | Q. And, you know, what we know is the
5 | investigating agency, Orangeburg County Sheriff's
6 | Office Andy Hayes, got the same information when he
7 | did the -- his investigation because we know this
8 | because it's in the Orangeburg County's file that
9 | the same statements, no longer take medication, I
10 | don't know if it's popping up, but anyway, I can
11 | hand it to you, this same Orangeburg 51 which is
12 | the sheriff's office file, whoever they
13 | interviewed, same thing. Continue the same
14 | medication, same dose, no changes; right?

15 | A. I saw that, yes.

16 | Q. Same thing, follow-up with Dr.
17 | Gonzalez?

18 | A. Yes.

19 | Q. But it doesn't tell you when, just
20 | gives you an address and a name; right?

21 | A. Uh-huh. That's correct.

22 | Q. And this is somebody -- the jury has
23 | seen this and I don't want to sit here and bother
24 | them again and again, she's been in the hospital an
25 | extreme amount of time. I mean, what is it, 133

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 out of 158 days; is that right? 86 percent of the
2 time, I think. You know, and then she's trying to
3 get stable again; right, so she can go home and
4 live a happy life; right?

5 A. That's my understanding.

6 Q. There's all this talk about like
7 hypotheticals with Dr. West. I mean, you know, he
8 doesn't even realize that she had been to these
9 treatments for having like, you know, the urinary
10 tract infection and some of these other things that
11 are very debilitating to someone with these issues.
12 He didn't even know that in his deposition. You
13 heard that; right? You heard what he tells this
14 jury via video, oh, well, these hypotheticals,
15 well, hypothetically, she maybe just wants to go to
16 the hospital again, but that really wasn't
17 hypothetical, was it?

18 A. I honestly didn't hear his testimony
19 well, so I'm not going to answer to his testimony.
20 I was sitting in the back of the room and I could
21 hear.

22 Q. My colleague here Scott Evans when he's
23 asking questions like if, you know, she had a
24 urinary tract infection, is this the kind of thing
25 that you could see spinning someone out of control

SUSAN HARDESTY - CROSS-EXAMINATION BY MR. WILLIAMS

1 to the point that they need some stabilization in a
2 hospital admission setting or needs higher level of
3 care. Do you understand that that's what he asked
4 him?

5 A. No, I couldn't -- I honestly could not
6 hear back there. I'm sorry.

7 Q. Well, would you agree that Ms. Barton
8 (verbatim) suffered some unfortunate complications
9 as we get old we have some medical issues
10 sometimes; right?

11 A. That's true.

12 Q. Urinary tract infections, some chest
13 pain and got out of whack; right?

14 A. I understand that, yes.

15 Q. Those weren't hypotheticals; right?
16 Those actually happened?

17 A. Those actually happened. And I
18 understand she was treated and returned, I believe,
19 to Three Rivers when that happened.

20 Q. And then she stayed long periods of
21 time presumably got back to some regimen, some
22 level of normalcy, some level of consistency;
23 right?

24 A. Three Rivers discharged her, yes, so
25 there was a level of stability.

SUSAN HARDESTY - REDIRECT EXAMINATION BY MR. TANNER

1 Q. And I get that everybody on this side
2 of the aisle wants to blame everybody but
3 themselves. But we got nothing that you would sit
4 her and say there's a deviation of standard of care
5 as it relates to Three Rivers, do you?

6 A. I did not assess them for deviation of
7 standard of care. I did assess -- I did make a
8 statement that I believe that as we talked about at
9 lengths that there was a systems issue with
10 diagnosis and not perhaps considering other
11 potential diagnoses. I did not evaluate standard
12 of care for Three Rivers or for Mary Black Hospital
13 in Spartanburg.

14 Q. I don't think I have any -- one second.
15 Thank you so much for your time. Please answer any
16 questions that Michael may have.

REDIRECT EXAMINATION

17
18 BY MR. TANNER:

19 Q. Briefly, Dr. Hardesty. We've heard all
20 sorts of questions about funding and this and money
21 for that. Does funding have anything to do with
22 why she was not admitted to The Regional Medical
23 Center?

24 A. No.

25 Q. Why was she not admitted to The

SUSAN HARDESTY - REDIRECT EXAMINATION BY MR. TANNER

1 Regional Medical Center?

2 A. She was not admitted to The Regional
3 Medical Center because she -- in the opinion of a
4 consulting psychiatrist and the discharging
5 emergency room attending, that it did not meet the
6 level of the standard of care for admission -- for
7 emergency admission at that time.

8 Q. And, again, unfortunately we know that
9 horrible things happened after she was discharged
10 on October 2nd, it had nothing to do with The
11 Regional Medical Center; correct?

12 A. That's correct.

13 Q. And Dr. West, however, is judged when
14 he saw that patient on the afternoon of October 2,
15 2019; correct?

16 A. That's correct.

17 Q. And it is your opinion that he treated
18 her within the standard of care?

19 A. That is my opinion, yes.

20 Q. And, again, the discharging physician
21 is the one in the ER that is responsible for the
22 discharge instructions; correct?

23 A. That is correct.

24 Q. And so, unfortunately, it lists Dr.
25 Gonzalez and it doesn't list a phone number, Dr.

SUSAN HARDESTY - REDIRECT EXAMINATION BY MR. TANNER

1 West has nothing to do with that, does he?

2 A. He does not.

3 Q. Okay. And after -- we heard about your
4 testimony last week, your testimony now, is it your
5 opinion that Dr. West complied with the standard of
6 care?

7 A. Yes.

8 Q. Okay. Thank you.

9 MR. TANNER: No further questions for
10 this witness.

11 THE COURT: You may step down, Doctor.
12 Thank you.

13 MS. HARDESTY: Thank you all for
14 listening.

15 THE COURT: Does the Defense intend on
16 calling any other witnesses?

17 MR. TANNER: The Defense would rest at
18 this time, Your Honor.

19 THE COURT: Thank you. Ladies and
20 gentlemen of the jury, at this juncture the Defense
21 has rested. It's a little after -- well, it's
22 actually right at 5 o'clock, so it's a good
23 stopping point for us. We will resume the trial in
24 the morning with the closing arguments and the
25 instruction on the law before you retire to decide

1 the case.

2 Again, please remember it's very
3 important not to discuss the case amongst
4 yourselves or with anyone else or do any
5 independent research as it must be properly
6 instructed on the law and hear the closing
7 arguments of counsel before you do that.

8 Have a nice evening. If you would
9 return to your jury room at 9:20 we will see you
10 then.

11 (WHEREUPON, the jury left the courtroom
12 at 4:55 p.m.)

13 THE COURT: All right. Counsel, just a
14 couple of issues that came up that I think we need
15 to clarify on the record a little further. We
16 didn't want to hold up the jury, but I do want to
17 place on the record further findings regarding the
18 collateral source rule. And the collateral source
19 rule is it mets with a tortfeasor cannot take
20 advantage of a contract between an injured party
21 and a third person, no matter whether the source of
22 the funds received as "an insurance company, an
23 employer, a family member, or other source" and,
24 therefore, it would confuse the jury in that
25 instance that payments were made to cover medical

1 expenses and what forth that it would confuse the
2 jury. This is a totally different scenario, but
3 that is not the case. The issue that came up
4 regarding funding for care was not something that
5 would be covered under the collateral source rule,
6 so I think it was properly admitted, but I will
7 certainly allow you to put your position on the
8 record, Mr. Tanner.

9 MR. TANNER: And as I -- I appreciate
10 the Court, may it please the Court. The same
11 objection I had, Your Honor. I believe under 403
12 it's certainly more prejudicial than probative
13 because it doesn't allow the witness to go into the
14 full explanation of insurance and medicaid payments
15 that may be necessary for her to have assisted
16 living.

17 Again, the issue that we're to evaluate
18 is whether or not The Regional Medical Center
19 through its employed physician breached the
20 standard of care on October 2nd of 2019 and that is
21 far afield of that decision. The witness testified
22 that he did not and that funding had no role to
23 play, but now the jury has heard that and is left
24 with the impression that somehow potentially money
25 might be an issue and that was the nature of my

1 objection.

2 THE COURT: And I understand that.
3 Unfortunately, your expert is the one that
4 testified the funding was a consideration or could
5 have been a consideration, therefore, opened the
6 door to that, so your objection is noted.

7 And as far as the jury instructions
8 that we discussed earlier. And I've looked at the
9 case law and clearly you're correct, Mr. Goings, as
10 far as the standard of care. And, specifically,
11 states that the liability of licensed physician and
12 dentist is not effected by the South Carolina Tort
13 Claims Act to do so would create a lesser standard
14 of care for patients of public hospitals rather
15 than private facilities and certainly that would
16 violative of public policy. I think we could all
17 agree on that, so I will charge the regular
18 negligence and not gross negligence.

19 Anything further before we -- do y'all
20 want a specific instruction on any kind of
21 insurance consideration to not consider that or
22 y'all just want to leave it?

23 MR. GOINGS: We're fine -- from the
24 Plaintiff's side we're fine with the no charge on
25 that.

1 MR. TANNER: I don't want to, you know,
2 ignore the pink elephant kind of deal again. I
3 guess the issue of special interrogatory and
4 verdict form, did we ever settle on that?

5 THE COURT: I think we do have one.

6 MR. GOINGS: Did I understand that you
7 are putting in your final draft of survival action
8 charge and the duty to provide patient diligent
9 care charge?

10 THE COURT: Yes, sir.

11 MR. GOINGS: And I know, Your Honor, in
12 our charge, we put concurrent causes, but you don't
13 have to -- I -- we can pull that, you don't need
14 that in. I don't think --

15 THE COURT: We didn't have that in
16 there.

17 MR. GOINGS: Thank you, Your Honor.
18 That's all we have. And since he closed, I would
19 like to make several motions for a directed
20 verdict.

21 THE COURT: Yes, sir.

22 MR. GOINGS: As to -- as to some of the
23 affirmative defenses and I think it's reflected in
24 your proposed jury charges, but the defenses of
25 comparative negligence contributory negligence,

1 those type of defenses, there's no evidence of any
2 evidence related to that. It was actually conceded
3 so by this expert, so the defenses of comparative
4 negligence, we would ask for directed verdict on
5 that. And your proposed jury charges understand
6 you're not charging comparative negligence.

7 THE COURT: Mr. Tanner?

8 MR. TANNER: I have no objection to
9 that, Your Honor.

10 THE COURT: All right.

11 MR. GOINGS: And then second, Your
12 Honor, we would move for a directed verdict on the
13 issue of liability in this case, Your Honor. I
14 think the evidence is overwhelming that there was
15 negligence on the part of The Regional Medical
16 Center and the treatment and care of the Decedent.
17 Their own expert testified here today in front of
18 this jury that there were systematic failures in
19 her treatment that were the direct result of The
20 Regional Medical Center. So for that, Your Honor,
21 we would move for a directed verdict as it relates
22 to liability.

23 THE COURT: And taken under the like
24 most favorable to the nonmoving party, there was
25 conflicting testimony to that effect, your motion

1 is respectfully denied.

2 MR. GOINGS: Thank you, Your Honor.

3 MR. TANNER: And, for the record, since
4 I've closed, well, I renew my motion that I made
5 earlier for directed verdict on the same grounds of
6 the occurrence issue and the issue of intervening
7 acts as well as the gross negligence exception
8 which obviously Your Honor just ruled on that, so
9 I'll renew my grounds that I made earlier,
10 15-78-68(25), again, applies to a physician as well
11 as a nurse for any patient of a health care entity.

12 THE COURT: Yes, sir, and for the same
13 reasons as previously articulated by the Court,
14 your motions are respectfully denied.

15 MR. TANNER: Thank you, Your Honor.

16 THE COURT: Anything further before we
17 recess? What we'll do is we'll email you the last
18 proposed jury instructions and the proposed verdict
19 form. If y'all have any changes, tweak whatever,
20 email it back to us tonight and then let's just
21 meet at like 9:15, that should give us plenty of
22 time to iron --

23 MR. GOINGS: Any changes to the verdict
24 form we submitted that are material?

25 THE COURT: I haven't had a chance to

1 look at the final one.

2 MR. GOINGS: I did add those three --

3 THE COURT: I'm trying to multitask
4 here, Mr. Goings.

5 MR. GOINGS: I understand. Thank you,
6 Your Honor.

7 THE COURT: So if y'all have changes
8 tonight, y'all let us know.

9 MR. TANNER: Thank you, Your Honor.

10 THE COURT: Everyone have a good night.

11 (WHEREUPON, court was adjourned at 5:06
12 p.m.)

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1 **(OCTOBER 13, 2023)**

2 THE COURT: Thank you, everyone, please
3 have a seat. All right. Counsel, we've had an
4 opportunity to have a charge conference in chambers
5 to review the proposed jury instructions and I
6 understand, Mr. Tanner, that you have, I believe,
7 one objection to the charges?

8 MR. TANNER: I do. It's the charge
9 about occurrence. May it please the Court?

10 THE COURT: Yes, sir.

11 MR. TANNER: Obviously, again, I know
12 I've said it a number of times, the Tort Claims Act
13 is supposed to be construed liberally, limit the
14 liability of the state. The occurrence in this
15 setting as to the Hospital is defined as an
16 unfolding sequence of events which proximately flow
17 from a single act of negligence, that's
18 15-78-30 (g).

19 We take the position -- the only case
20 out there is *Boiter*. We have a *Chastain* case which
21 talks about the charitable implications of
22 occurrences. But it appears that this is a
23 question of statutory instruction of what is an
24 occurrence and that should be a matter for the
25 Court rather than a matter for the jury to be given

1 the definition of the occurrence and then somehow
2 have to complete a verdict form that says that.and,
3 again, question of statutory instructions are
4 matters of law and that authority is *Charleston*
5 *County Parks and Recreation Commission verses*
6 *Summers*, 459 S.E.2d 841.

7 When you look at the Tort Claims Act,
8 the applicable definition on Sections 15-78-30,
9 again, occurrence is an unfolding sequence of
10 events which proximately flow from a single act of
11 negligence loss and (f) is a bodily injury,
12 disease, death or damaged tangible property
13 including loss wages and economic loss to the
14 person who suffered the injury, disease or death,
15 pain and suffering, mental anguish and any other
16 element of actual damages recoverable in actions
17 for negligence.

18 So an occurrence is not just a number
19 of specifications of negligence. Again, I believe
20 *Chastain verse AnMed*, which again is at 694 S.E.2d
21 541, reflects that it's the plaintiff's burden to
22 explicitly plead and prove if they're trying to
23 have each occurrence from multiple occurrences.
24 And I believe that the Court in that case stated
25 that the plaintiff alleged multiple occurrence that

1 is that there was more than a single act of
2 negligence from which proximately flowed -- what
3 folding sequence of events, she bears the burden of
4 proving each occurrence. That's at *Chastain* at
5 page 544.

6 So, again, I don't think it's enough
7 for the Plaintiff just to have the word occurrences
8 in the complaint, they have to specifically plead
9 each factual occurrence. Again, we started the
10 week, they were at two occurrences, then at one day
11 they were -- I think Wednesday they were at four
12 and then yesterday they were up to three Your
13 Honor's going to charge the jury on. None of those
14 three in particular were pled with specificity in
15 the complaint that *Chastain* says that requires it
16 to be pled and proven.

17 And, again, what we have is we have Dr.
18 West at The Regional Medical Center only seeing the
19 patient on one day for about an hour to two hour
20 timeframe. I'm not sure how that's anything less
21 than one unfolding sequence of events.

22 Again, the Plaintiff has the burden to
23 prove not only the number of occurrences, but also
24 the number of damages awarded for a loss arising
25 from each separate occurrence. And it appears to

1 me that these three occurrences are all basically
2 facets of one thing and they don't have unique or
3 separate damages that the jury can then consider to
4 try to differentiate what an occurrence is or is
5 not. Again, we take the position that that is a
6 judicial function as a matter of law. It's
7 certainly possible that all of Plaintiff's damages
8 were caused by just one occurrence.

9 Obviously, to have an occurrence, you
10 have to have an act of negligence obviously like we
11 learned in school, duty, breach, causation, damages
12 proximately therefore. Again, that's the same act
13 of negligence as described in 15-78-30. In an
14 absence of proven damages for each specific alleged
15 occurrence cannot support a claim for more than one
16 unfolding sequence of events.

17 And, again, we take the position that
18 the allegations in the verdict form do not have
19 separate independent and unique damages. And
20 further proof of that is *Murphy verses*
21 *Owens-Corning Fiberglas* where the Court said was
22 basically the negligent act in and of itself is not
23 actionable and only becomes such when it results in
24 injury or damage to another.

25 So, again, basically what we have is

1 Dr. West seeing the patient and essentially,
2 according to the Plaintiff, not making the proper
3 diagnosis. If she had been admitted verses
4 discharged and then where she was discharged.
5 Again, all those things only have one set of
6 damages.

7 And, again, *Boiter* is the only case --
8 the appellate case that we have, and, again, that
9 involved two separate entities. DPS for not having
10 a bulb in the traffic signal and then DOT for not
11 having a -- I'm sorry, DOT for not having a
12 re-lamping policy with the bulb. And then DPS for
13 not sending out a trooper to direct traffic which
14 led to the motorcycle wreck. So two entities, two
15 separate occurrences is what the Supreme Court
16 said.

17 And what they said is that things were
18 independent and separate acts of negligence by the
19 two state agency. But what the Supreme Court
20 decided was based solely on the peculiar facts of
21 the case and further they adopted no bright-line
22 test that the Court -- adopted by the Court. And
23 that is at *Boiter* at page 406 and the cite for that
24 is, again, 712 S.E.2d 401(2011).

25 The Court went on to say, in many

1 situations, negligent acts for more than one entity
2 would still equal but one occurrence. So, again,
3 if you can have negligent acts of one entity like
4 we have essentially in this case like which is
5 alleged by the Plaintiff, it's only one occurrence.
6 There's no break in the chain of these unfolding
7 sequence of events. And, unfortunately, that's the
8 only case we do have on that subject. There's some
9 out-of-state cases on it.

10 But, again, *Boiter* goes on to say at
11 page 406, the number of occurrences is not
12 determined by the number of acts of negligence or
13 gross negligence. And, again, they refer you back
14 to the unfolding sequence of events. So as I feel
15 like in this case, if you have the same unfolding
16 sequence of events proximately flowing from
17 multiple allegations of negligence, there's just
18 but one single occurrence. And that seems to be
19 where we -- what we are left with in this.

20 Again, these multiple acts could
21 certainly combine or concur, but there's only one
22 proximate cause of harm in this case. And, again,
23 there's only one set of damages that comes out of
24 this unfolding sequence of events.

25 And based on that, again, we would take

1 the position that it is improper to leave that
2 decision to the jury that that is a matter of law
3 that the Court has to determine. And based on
4 those authorities and position, that's why we would
5 take exception with the charging of the jury about
6 the occurrence.

7 THE COURT: Thank you, Mr. Tanner.

8 MR. EVANS: May it please the Court?

9 THE COURT: Yes, sir.

10 MR. EVANS: Your Honor, we would again
11 submit that the precise issue that Mr. Tanner has
12 raised about a finding of multiple occurrences
13 against the same entity was before the Court of
14 Appeals this summer in the *Wood verses Horry County*
15 *Schools* case and the Court of Appeals found that
16 the Circuit Court for Horry County properly
17 presented that issue of multiple occurrences
18 against the same entity to the jury and affirmed a
19 finding of two occurrences against the same state
20 entity stemming from the same football game.

21 And, further found that the trial court
22 had properly applied *Boiter* in that situation.
23 There has been no authority from Mr. Tanner's
24 position that the damages need to be separated out.
25 In fact, the cases talk about multiple occurrences

1 combining to cause a single injury. And that is
2 the very factual nature of the inquiry that the
3 jury needs to perform.

4 As Mr. Tanner mentioned, there has been
5 evidence of different occurrences this week such as
6 the factual nature of that inquiry as highlighted
7 in the *Chastain* case and in the *Boiter* case and we
8 would rely on those two cases, plus *Wood verses*
9 *Horry County Schools* as well as the United States
10 District Court opinions and the South Carolina
11 Trial Court opinions which all agree that this
12 Court has properly applied both the law in the
13 charge and in the verdict form to present this
14 factual dispute to the jury.

15 THE COURT: Thank you, Counsel. In
16 looking -- considering your argument, Mr. Tanner, I
17 do find that the Plaintiff did plead occurrences in
18 their pleadings and the evidence presented has
19 established questions of fact as to separate
20 occurrences in this matter. It has been held that
21 a single entity is not limited to a single
22 occurrence and that evidence has been presented
23 regarding separate acts of negligence. Multiple
24 occurrence can create a question of fact for the
25 jury to determine. And, certainly, the case law,

1 you know, as far as in the *Boiter* decision is
2 concerned, although there were two separate
3 entities, it didn't limit the Court to make it
4 entities, but acts of negligence that certainly has
5 not been defined.

6 It appears that the Court of Appeals
7 has gone in that direction that two separate and
8 distinct acts of negligence can lead to two
9 separate occurrences that can be determined by the
10 jury. So you're motion is respectfully denied.

11 Anything further before we bring the
12 jury out?

13 MR. TANNER: Nothing from me, Your
14 Honor. Thank you.

15 MR. EVANS: Not from the Plaintiff,
16 Your Honor.

17 THE COURT: Let's have our jury,
18 please.

19 MR. TANNER: And just to be clear for
20 the record, Your Honor, I would have the same
21 objections to the verdict form as well, I can't
22 remember if I said it.

23 THE COURT: Yes, sir, your objection is
24 noted.

25 (WHEREUPON, the jury entered the

JURY CHARGE

1 | What do you want them to read? You want it to be
2 | in the paper. Do you want it to be circulated
3 | amongst them what the hell happened here?

4 | I need to read this entire transcript
5 | to know what happened here, you know. If people
6 | read it and then they feel like I got to invest my
7 | time to pay Kat here to read what happened here
8 | this week, changes will be made. Change won't be
9 | made drastically. You won't hear about the lives
10 | you saved. You won't hear if those changes are
11 | made. You'll never hear about it. But, ladies and
12 | gentlemen, rest assured, if you fill this out in a
13 | way that makes people pay attention, you will save
14 | lives. You'll save lives like the life that this
15 | family lost on this October 3rd day way back in
16 | 2019. Took us a long time to get here.

17 | Thank y'all for your attention. Thank
18 | y'all for all the things that y'all have done this
19 | week to give justice, the proper name to give
20 | justice a reputation in Orangeburg that means
21 | something. Thank y'all.

22 | THE COURT: Thank you, Counsel. Ladies
23 | and gentlemen of the jury, it's now time for me to
24 | charge you on the law in this case. I remind you,
25 | that during this trial, you and I have certain

JURY CHARGE

1 | duties to perform. As the trial judge, it's my
2 | responsibility to preside over the trial of this
3 | case and I also have the duty to rule on the
4 | admissibility of the evidence offered during this
5 | trial.

6 | You are to consider only the evidence
7 | before you. If there was any testimony ordered
8 | stricken from the record during this trial, you
9 | must disregard that testimony. You are to consider
10 | only the testimony which has been presented from
11 | the witness stand, any exhibits which have been
12 | made a part of this record in this case, and any
13 | stipulations of counsel. I have the additional
14 | duty to charge you the law applicable to this case.
15 | It is your duty to as jurors to accept and apply
16 | the law exactly as I now state it to you.

17 | If you think you have any ideas as to
18 | what the law is or what the law ought to be, and it
19 | does not agree with what I tell you the law is, you
20 | must forget that idea because you are sworn to
21 | accept the law and apply the law exactly as I state
22 | it to you.

23 | In every case tried in this court
24 | before a jury, the jury becomes the sole and
25 | exclusive judge of the facts. A trial judge cannot

JURY CHARGE

1 comment on or make any statement about the facts in
2 a case, since you are the sole judges of the facts,
3 do not think by anything I have said during the
4 trial that I have any opinion about the facts in
5 this case. The law does not allow me to have an
6 opinion about the facts in this case.

7 The burden of proof in this case is by
8 a preponderance of the evidence. A preponderance
9 of the evidence simply means the greater weight of
10 the evidence. It is evidence which as a whole
11 shows that the facts sought to be proved is more
12 likely true than not true. This can be illustrated
13 by imagining a set of scales. When the case
14 begins, the scales are even. After all of the
15 evidence has been presented, if the scales remain
16 even or if they tip even slightly in favor of the
17 Defendant, then the Plaintiff has failed to meet
18 the burden of proof and would not be entitled to
19 recover in this case.

20 If on the other hand, the scales tips
21 even slightly in favor of the Plaintiff, the
22 Plaintiff will have met the burden of proof and you
23 should return a verdict for the Plaintiff. The
24 preponderance of the evidence is not determined by
25 the number of witnesses, instead it must be

JURY CHARGE

1 determined by the greater weight of all of the
2 evidence. The court took judicial notice of
3 certain facts. When the court takes judicial
4 notice, this means that the fact notice is
5 sufficiently undisputed and, therefore, you must
6 accept those facts as conclusively true.

7 There are two types of evidence
8 generally presented during a trial, direct evidence
9 and circumstantial evidence. Direct evidence is
10 the testimony of a person who claims to have actual
11 knowledge of a fact such as an eyewitness. It is
12 evidence which immediately establishes the main
13 fact to be proved. Circumstantial evidence is
14 proof of a chain of facts and circumstances
15 indicating the existence of a fact. It is evidence
16 which immediately establishes collateral facts from
17 which the main fact may be inferred.

18 Circumstantial evidence is based on
19 inference and not on personal knowledge or
20 observation. It is proof that does not actually
21 establish the fact in question, but asserts or
22 describes something else from which you may either
23 reasonably infer the truth of the fact or at least
24 reasonably infer an increase in the probability
25 that the fact is true.

JURY CHARGE

1 For circumstantial evidence to be
2 sufficient to warrant the finding of a fact, the
3 circumstances must lead to that fact with
4 reasonable certainty. The facts and circumstances
5 should be considered in light of ordinary
6 experience and common sense. The existence of a
7 fact cannot be based on speculation, surmise or
8 conjecture. The law makes absolutely no
9 distinction between the weight or value to be given
10 to direct or circumstantial evidence. Nor is a
11 greater degree of certainty required of
12 circumstantial evidence than of the direct
13 evidence.

14 Necessarily, you must determine the
15 credibility of witnesses who have testified in this
16 case. Credibility simply means believable. It
17 becomes your duty as jurors to evaluate the
18 evidence and determine which evidence convinces you
19 of its truth. In determining the believability of
20 witnesses who have testified in this case, you may
21 believe one witness over several witnesses or
22 several witnesses over one witness. You may
23 believe the part of a testimony of a witness and
24 reject the remaining part of the testimony of that
25 same witness. You may believe the testimony of a

JURY CHARGE

1 witness in its entirety or you may reject the
2 testimony of a witness in its entirety. You may
3 consider whether the witness has an interest in the
4 result of the trial, whether the witness is
5 prejudiced or to either the Plaintiff or the
6 Defendant, the opportunity for the witness to have
7 seen the matters and the things about which the
8 witness may testify, and the way that the witness
9 acts on the witness stand.

10 Testimony was presented to you by video
11 deposition. This video contained sworn testimony
12 given by a witness outside of the court in the
13 presence of lawyers for each party who asked
14 questions of that witness. The testimony's
15 entitled to the same consideration as to be judged
16 as to credibility and weighed by you in the same
17 way as if the witness were present and gave the
18 testimony from the witness stand. It is for you,
19 the jury, to determine the effect, value, weight,
20 and truth of the testimony given in that
21 deposition.

22 The Plaintiff claims that the Defendant
23 committed medical malpractice which is a form of
24 carelessness or negligence. In order to recover
25 for medical malpractice, the Plaintiff must prove

JURY CHARGE

1 by preponderance or greater weight of the evidence,
2 one, standard of care; two, a breach of the
3 standard of care; three, proximate cause; and,
4 four, damages.

5 In this case, it is uncontested that
6 Dr. Bryan West was a licensed physician employed by
7 the Defendant, The Regional Medical Center, when he
8 provided and evaluated and treated Adrienne
9 Branton. Under South Carolina law, the Defendant,
10 The Regional Medical Center, is liable for the
11 negligent acts or omissions of Dr. Bryan West which
12 are within the scope of his employment as a
13 physician which proximately caused injury to
14 another person.

15 It is uncontested that a
16 physician/patient relationship existed between
17 Adrienne Branton and Dr. Bryan West and The
18 Regional Medical Center. During existence of the
19 physician/patient relationship, a physician is
20 under a duty to give the patient all necessary care
21 as long as the patient requires attention.

22 A lack of diligence and attending to
23 the patient after assumption of the care, renders
24 the physician liable for negligence or malpractice.
25 A patient who is treated by a physician is entitled

JURY CHARGE

1 to a thorough and careful examination as permitted
2 by the circumstances with such diligence and
3 methods for discovering the nature of the ailment
4 as are usually approved and practiced by physicians
5 of ordinary or average training, judgement, and
6 skill in that field of practice.

7 Negligent failing to attend and treat a
8 patient at a time when the need of the treatment is
9 known to the physician amounts to negligent
10 treatment in medical malpractice the physician is
11 answerable for such failure. To recover for the
12 lack of diligence of a physician in attending a
13 patient, the Plaintiff must show that such lack of
14 diligence was a proximate cause of the injury for
15 which the redress is sought.

16 The Plaintiff must prove the standard
17 of care that the Defendant owed to the Plaintiff in
18 treating the Plaintiff. When a doctor treats a
19 patient, the law does not require perfection. The
20 law does require that the doctor use that degree of
21 knowledge, care, and skill ordinarily possessed and
22 used by doctors in good standing in the doctor's
23 field of medicine under the same or similar
24 circumstances and that the doctor followed the
25 general accepted practices and procedures in the

JURY CHARGE

1 profession.

2 Next, the Plaintiff must prove that the
3 Defendant negligently departed from the standard of
4 care in treating the Plaintiff. Negligence is the
5 failure to do what an ordinarily careful doctor in
6 the Defendant's field of medicine would have done
7 under the same or similar circumstances or the
8 doing of something that an ordinarily careful
9 doctor would not have done under the same or
10 similar circumstances. A doctor is not an insurer
11 of a cure or even a positive result. Therefore,
12 the mere fact that a treatment does not benefit the
13 patient or that it even harms the patient, does not
14 in and of itself mean that the Defendant was
15 negligent. A bad result, injury, death, or failure
16 to cure is not by itself enough to show that the
17 Defendant was negligent.

18 Similarly, a doctor's mistake or error
19 in making a decision alone does not constitute
20 negligence. If, however, a doctor fails to gather
21 information of reasonably available which
22 reasonable doctor would have gathered before making
23 a decision, the doctor fails to comply with the
24 recognized standard of medical care which would be
25 exercised by similar doctor under similar

JURY CHARGE

1 | circumstances.

2 | Finally, the Plaintiff must prove that
3 | the Defendant's negligence proximately caused the
4 | Plaintiff's damages. Proximate cause is something
5 | that produces a natural chain of events which in
6 | the end brings about the injury and it is a direct
7 | cause of the injury. To prove that the Defendant's
8 | negligence proximately caused the Plaintiff's
9 | injury, the Plaintiff must first prove causation
10 | and fact. This is proven by showing that the
11 | injury would not have occurred but for the
12 | Defendant's negligence.

13 | The Plaintiff must also prove legal
14 | cause. Legal cause is proven by showing that the
15 | injury was foreseeable. This means that the injury
16 | occurred as a natural and probable consequence of
17 | the Defendant's negligence. The Plaintiff must
18 | prove that some injury from the Defendant's
19 | negligence was foreseeable, but does not have to
20 | prove that the particular injury that occurred was
21 | foreseeable.

22 | However, the Defendant cannot be held
23 | responsible for something which could not be
24 | expected to happen. Proximate cause does not mean
25 | the only cause. There may be more than one

JURY CHARGE

1 proximate cause. The Defendant's act can be a
2 proximate cause of the Plaintiff's injury if it was
3 at least one of the direct concurring causes of the
4 injury.

5 In this action for failure to diagnose
6 and treat, the Plaintiff must prove that the
7 Defendant's negligent failure to discover and treat
8 the disease or condition of which the patient died
9 most probably caused the patient's death. The
10 Plaintiff is not required to prove conclusively
11 that the patient would not have died; however, a
12 mistaken diagnosis by itself would not support a
13 verdict for malpractice.

14 I charge you that you must judge the
15 conduct of the Defendant as of at the time that
16 they were treating the Plaintiff, you must not
17 judge the care and treatment rendered based upon
18 hindsight or based upon what was learned or what
19 happened after the Defendant's made their decision
20 with respect to the care and treatment given. Your
21 decision on the issue of professional negligence
22 must result from resolving whether any of the
23 Defendants whether separately or in concurrent
24 deviated from the standard of care required of each
25 of them in the practice of his particular calling

JURY CHARGE

1 at the time of the alleged acts or omissions
2 occurred.

3 A patient who is treated by a doctor is
4 entitled to a careful evaluation. The evaluation
5 should be made with the diligence and methods of
6 diagnosis that are usually approved by in practice
7 by doctors of ordinary learning, judgement, and
8 skill, acting under the same or similar
9 circumstances. In order to prove that the
10 Defendant was negligent, the Plaintiff must prove
11 that the Plaintiff's -- the patient's physical
12 condition required a careful doctor to investigate
13 further before continuing a course of treatment or
14 care. The Defendant did not make this
15 investigation and as a direct and proximate result
16 of the Defendant's failure to investigate the
17 patient received improper treatment or care from
18 which the patient later suffered injury.

19 Occurrence means an unfolding sequence
20 of events which proximately flow from a single act
21 of negligence. The Plaintiff has alleged multiple
22 occurrences of negligence in this case. Where
23 there are multiple occurrences of negligence, a
24 Plaintiff must recover damages for each occurrence
25 of negligence. The Plaintiff has the burden of

JURY CHARGE

1 proving that each act of negligence was a separate
2 and independent in order for you to find that more
3 than one occurrence occurred.

4 The chain of causation between the
5 Defendant's negligence and the injury may be broken
6 by the independent intervening acts or omissions of
7 another person over whom the Defendant has no
8 control. If the causal chain between the
9 Defendant's negligence and the Plaintiff's injury
10 has been broken by an independent intervening act
11 or omission of another, the Defendant's negligence
12 will not be considered the proximate cause of the
13 Plaintiff's injury.

14 In order to decide whether an
15 intervening act breaks the chain of causation, you
16 must determine whether the intervening act or
17 omission was reasonably foreseeable by the
18 Defendant. If the intervening act or omission was
19 a probable consequence of the Defendant's
20 negligence, the Defendant is responsible for the
21 Plaintiff's injury. If, however, you find that the
22 intervening act or omission was not foreseeable,
23 the Defendant is not liable unless his actions
24 alone would have caused the Plaintiff's injury even
25 without the intervening act or omission.

JURY CHARGE

1 The rules of evidence ordinarily do not
2 permit witnesses to testify to opinions or
3 conclusions. An exception to this rule exists for
4 witnesses that we call expert witnesses. A witness
5 who by education and experience has become an
6 expert in some art, science, or profession may give
7 an opinion as to the subject that the witness
8 claims to be an expert in and may also give their
9 reasons for that opinion. You should consider any
10 expert opinion given by a witness like any other
11 evidence, give it the weight that you think it
12 deserves.

13 If you decide that an expert witness'
14 opinion is based on insufficient -- sufficient
15 education or experience or if you decide that the
16 reasons given in support of those opinion are not
17 sound or that the opinion is outweighed by other
18 evidence, you may disregard the opinion entirely.
19 An expert witness' testimony is to be given no
20 greater weight than other witnesses simply because
21 the witness is an expert. And you do not have to
22 accept an expert's opinion even though it is not
23 contradicted.

24 If the opinions of experts are relied
25 on to establish proximate cause, the expert must

JURY CHARGE

1 state with reasonable certainty that in his or her
2 professional opinion, the Plaintiff's injuries were
3 most probably resulted from the negligence of the
4 Defendant. It is not necessary that the expert use
5 the words most probably, it is enough for the
6 expert to state that it is the expert's
7 professional opinion that the Defendant's
8 negligence was most likely among the possible
9 causes of the Plaintiff's injury.

10 If you decide that the Plaintiff is
11 entitled to a verdict, your next step would then be
12 to decide how much money the Defendant would be
13 required to pay. Actual damages are to compensate
14 the Plaintiff for the Plaintiff's injury or loss
15 and to put the Plaintiff as near as possible in the
16 same position that the Plaintiff was in before the
17 incident occurred. In other words, actual damages
18 would be the actual losses and expenses which the
19 Plaintiff has suffered because of the Defendant's
20 negligence.

21 Pain and suffering compensates the
22 Plaintiff for physical discomfort and emotional
23 response of the sensation of pain caused by the
24 injury itself. There is no definite standard by
25 which to compensate the Plaintiff for pain and

JURY CHARGE

1 suffering. You have the authority to determine the
2 amount, if any, to be allowed for pain and
3 suffering using calm and reasonable judgement to
4 ensure that the damages are just and reasonable in
5 light of the testimony and the evidence presented
6 in this case.

7 Loss of enjoyment of life compensates
8 the Plaintiff for limitations on the Plaintiff's
9 ability to participate and derive pleasure from the
10 normal activities of daily life. If you find that
11 the Plaintiff was permanently injured as a result
12 of the Defendant's actions, you must then decide
13 how, if at all, the injury will affect the rest of
14 the plaintiff's life. A person's life expectancy
15 is determined by a life expectancy table which is
16 part of the laws of this state. The life
17 expectancy table is only an estimate of the
18 probable average remaining length of the life of
19 all persons in our state of a given age.

20 The deceased was a 69-year old female
21 with a life expectancy according to the life
22 expectancy table of 17.12 years. This fact is to
23 be considered by you along with any other facts and
24 circumstances and evidence in bearing on the
25 decease's life expectancy including occupation,

JURY CHARGE

1 habits, and health at the time of the death in
2 deciding the amount of damages to be awarded to the
3 Plaintiff.

4 In this wrongful death action, the
5 Plaintiff as personal representative of the
6 decease's estate claims that the deceased
7 wrongfully died as a result of the negligent acts
8 or omissions of the Defendant. Whether the death
9 of a person is proximately caused by the wrongful
10 act or negligent act of another and the act of
11 neglect is one which would have entitled the
12 deceased to recover damages if the deceased had not
13 died, the personal representative of the estate of
14 the deceased may bring an action for wrongful
15 death. The personal representative has a right to
16 recover compensatory damages for the wrongful
17 death. It is not necessary to show the money value
18 of the decease's life as direct proof of value of
19 human life is not possible. What is reasonable
20 compensation is left to your sound discretion and
21 judgement.

22 The damages in an action for wrongful
23 death include pecuniary loss, that is the loss of
24 the decease's ability to earn money in which the
25 Plaintiff might logically and reasonably have been

JURY CHARGE

1 expected to share such as money for the care and
2 protection of the decease's spouse and children and
3 for the education and training of the decease's
4 children, whether the relationship of husband and
5 wife or parent and child exists, pecuniary loss
6 will be presumed. Mental shock and suffering,
7 wounded feelings, grief and sorrow, loss of
8 companionship, loss of the use of comfort of the
9 decease's society including the loss of the
10 decease's experience, knowledge, and judgement in
11 managing the affairs of the decease and her
12 beneficiaries.

13 Medical and funeral expenses. It is
14 not necessary to show the exact amount of damages
15 suffered by the beneficiaries or that the
16 beneficiary suffered a monetary loss. In addition,
17 the person for whose benefit the action is brought
18 does not have to be dependent on the decease for
19 support.

20 In the survival action, damages may be
21 recovered for Decedent's conscious mental pain and
22 suffering prior to death. Damages for pain and
23 suffering compensates for physical discomfort and
24 for emotional response of the sensation of pain
25 caused by the injury itself.

JURY CHARGE

1 There is no definite standard by which
2 to compensate the Plaintiff for pain and suffering.
3 You have the authority to determine the amount, if
4 any, to be allowed for pain and suffering using
5 reasonable judgement to insure that the damages are
6 just and reasonable in light of the testimony and
7 the evidence presented in this case. The Plaintiff
8 is entitled to past, current, and future pain and
9 suffering. Pain and suffering has no market price.
10 Pain and suffering is not capable of exact
11 measurement nor is there a fixed rule or standard
12 by which it can be measured. The amount of damages
13 to be awarded for pain and suffering must be left
14 to the judgement of you, the jury.

15 Mental suffering, apprehension, shock,
16 fright, emotional upset, humiliation, and anxiety
17 either present or expected in the future can be
18 properly considered as an element of damages. The
19 amount of damages for mental suffering, again,
20 cannot be exact and measured.

21 You have heard that there were other
22 actions or lawsuits filed in this case against
23 other parties, those cases are no longer pending
24 and you are to base your decision on this case
25 solely on the evidence presented against the

JURY CHARGE

1 Defendant.

2 Ladies and gentlemen of the jury, your
3 verdict must be a unanimous verdict which of course
4 means that all twelve of you must agree on that
5 verdict. And, ma'am, in the front in the pink
6 jacket, tell me your name again?

7 MS. GRAHAM: Aisha Graham.

8 THE COURT: Ms. Graham, since you are
9 sitting in that chair, I'm going to appoint you as
10 the jury foreperson. It's a very scientific
11 process here, so you will be asked to write the
12 verdict on the verdict form and you will have that
13 verdict form which you've seen on this screen and
14 it's self-explanatory and follow the steps as
15 indicated on the verdict form. Once you fill that
16 out and you finish with the verdict form, if you
17 would sign it and date it. And then if you would
18 knock on the door, we'll bring you back in here to
19 receive your verdict.

20 As the jury foreperson, you are the
21 liaison to the court. If for some reason the jury
22 has any questions or whatnot, you can certainly
23 write a note and knock on the door and we will
24 receive that question if that's necessary. I'm
25 going to ask you to return to your jury room, but

JURY CHARGE

1 please do not begin your deliberations in case I
2 forgot to charge you on anything, but begin your
3 deliberations once you receive all of the exhibits
4 and the verdict form and then you may begin your
5 deliberations and I'm going to ask that the
6 alternates be placed in a separate room. You may
7 return to your jury room.

8 (WHEREUPON, the jury left the courtroom
9 at 11:34 a.m.)

10 THE COURT: Any exceptions or
11 objections to the charge on the law from the
12 Plaintiff or the Defense?

13 MR. GOINGS: Not from Plaintiff.

14 MR. TANNER: Same objections that I
15 raised earlier for the same reasons I presume the
16 record's protected with those, I don't have to
17 rehash them, the same recurrence objection.

18 THE COURT: Yes, sir. For the same
19 reasons, objection is overruled.

20 All right. Counsel, if we would get
21 the verdict form and all the exhibits together.
22 And y'all want me to hang on to the alternates for
23 a little while?

24 MR. WILLIAMS: I defer to Robert.

25 MR. GOINGS: They can go home. They've

VERDICT

1 | been here all week.

2 | MR. TANNER: We're fine with
3 | discharging them.

4 | THE COURT: Okay.

5 | (WHEREUPON, the jury began their
6 | deliberation at 11:48 a.m.)

7 | (WHEREUPON, Court's Exhibit No. 2 was
8 | marked and entered.)

9 | THE COURT: Ready for the jury?

10 | MR. TANNER: Yes, Your Honor.

11 | MR. GOINGS: Yes, Your Honor.

12 | THE COURT: All right. Let's have our
13 | jury, please.

14 | (WHEREUPON, the jury entered the
15 | courtroom at 1:51 p.m.)

16 | THE COURT: You may be seated. Madam
17 | forelady, has the jury reached a verdict?

18 | MS. GRAHAM: Yes, Your Honor.

19 | THE COURT: If you would please hand it
20 | to the bailiff.

21 | THE BAILIFF: Your Honor, may I
22 | approach?

23 | THE COURT: Yes, ma'am. Madam clerk,
24 | if you would please publish the verdict.

25 | THE CLERK: In the Court of Common

VERDICT

1 Pleas, State of South Carolina verses the Regional
2 Medical Center of Orangeburg and Calhoun, we the
3 jury unanimously find as follows:

4 We the jury find in favor of Plaintiff.
5 For the survival claim, list the amount of damages
6 you find for any conscious pain, agony, sorrow,
7 mental anguish, and emotional distress suffered by
8 Adrienne Branton as a result of the Defendant's
9 negligence.

10 The jury finds four million.

11 On count number three for the wrongful
12 death claim, list the amount of damages you find
13 for any grief, shock, sorrow, wounded feelings,
14 loss of Adrienne Branton's companionship and
15 society suffered by the beneficiary as a result of
16 her death.

17 The jury finds one million dollars.

18 Having been charged on the law of
19 occurrences, we the jury unanimously find that the
20 Defendant breached the standard of care by failing
21 to stabilize Adrienne Branton who was actively
22 psychotic.

23 The jury finds, yes.

24 That the Defendant breached the
25 standard of care by failing to admit Adrienne

VERDICT

1 Branton to the Behavioral Health Unit.

2 The jury find, no.

3 That the Defendant breached the
4 standard of care by discharging Adrienne Branton to
5 an environment unequipped to handle her medical
6 needs.

7 The jury finds, yes.

8 The foreperson acting on behalf of the
9 you unanimous jury has signed the verdict form.

10 THE COURT: Thank you, madam clerk.

11 Does either party require polling of the jury?

12 MR. TANNER: No, Your Honor.

13 MR. EVANS: No, Your Honor.

14 THE COURT: Thank you, ladies and
15 gentlemen of the jury. If you would return to your
16 jury room one last time, I'll be in there
17 momentarily to dismiss you.

18 Counsel, anything before I dismiss the
19 jury?

20 MR. TANNER: May I have ten days for
21 any post-trial motions --

22 THE COURT: Absolutely.

23 MR. TANNER: With the complexity of the
24 case?

25 THE COURT: Yes, sir.

1 MR. TANNER: Thank you, Your Honor.

2 THE COURT: Anything from the
3 Plaintiff?

4 MR. GOINGS: Same, Your Honor.

5 THE COURT: All right. I'm going to
6 dismiss the jury.

7 (WHEREUPON, court was adjourned at 2:00
8 p.m.)

9 - - -END OF REQUESTED TRANSCRIPT OF RECORD- - -

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Patient:	Branton, Adrienne Thedasia	Admit/Discharge	10/2/2019
MRN:	0000603130	Discharge Date:	10/2/2019
Account Number:	1002881969	Admitting:	Burkholz DO, Steven R
DOB/AGE/SEX:	██████████ 71 years Female	Attending:	Burkholz DO, Steven R
Location:	ED		

Emergency Documentation

Problems

No Problems Documented

History and Physical Reports

Document Name	History and Physical
Document Status	Auth (Verified)
Performed By	Green DNP, Cameo A (10/2/2019 15:30 EDT)
Signed By	Green DNP, Cameo A (10/2/2019 15:30 EDT)
Authenticated By	Green DNP, Cameo A (10/2/2019 15:30 EDT)

Freetext Note

Patient: **Branton, Adrienne Thedasia** MRN: 0000603130 FIN: 1002881969
 Age: **69 years** Sex: **Female** DOB: ██████████
 Associated Diagnoses: **None**
 Author: **Green DNP, Cameo A**

Patient was discharged at 1503 pm from the Emergency Department. Dr. West advised Cameo Green, DNP, APRN, FNP-C to inform the Boarding Home of her treatment plan. Cameo Green, DNP, APRN, FNP-C called Mrs. Estill Hutchinson at ICare Boarding Home and notified her that the Patient's Clonazepam should be stopped due to her complaints of dizziness per Dr. West. Patient's Caretaker, Mrs. Hutchinson, verbalized understanding of treatment plan. She was concerned that Patient may "act out" in the future, she was advised to bring her back to the Hospital if she is concerned.

Electronically Signed by

Green DNP, Cameo A 10/02/2019 15:30 EDT

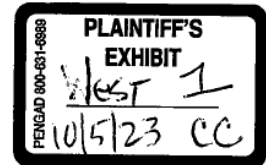
Consultation Notes

Document Name	Consultation Note
Document Status	Auth (Verified)
Performed By	West MD, Bryan A (10/2/2019 14:04 EDT)
Signed By	West MD, Bryan A (10/2/2019 14:35 EDT)
Authenticated By	West MD, Bryan A (10/2/2019 14:35 EDT); West MD, Bryan A (10/2/2019 14:35 EDT)

Psych ED consult

Patient: **Branton, Adrienne Thedasia** MRN: 0000603130 FIN: 1002881969
 Age: **69 years** Sex: **Female** DOB: ██████████
 Associated Diagnoses: **None**
 Author: **West MD, Bryan A**

Request ID: 44295989



Print Date/Time 10/15/2021
08:14 EDT

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 71 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting: Burkholz DO, Steven R
Attending: Burkholz DO, Steven R

Consultation Notes

Chief Complaint

Psych consulted due to history of schizophrenia and BPAD

History of Present Illness

The patient presents with a psychiatric problem. The psychiatric problem(s) is described as history of BPAD and schizophrenia. The severity of the psychiatric problem(s) is mild. The psychiatric problem(s) is constant. The psychiatric problem(s) has lasted for 360 month(s). The context of the psychiatric problem(s): occurred associated with current medication regimen. Exacerbating factors consist of none. Relieving factors consist of medication. Associated symptoms consist of dizziness when she takes medications. Additional pertinent history: none. collateral information received from family regarding current reason for admission. records reviewed from previous admissions/facilities.

The patient presents with Psych consulted due to history of schizophrenia and BPAD.

Patient is a 69 year old Black Female with history of hypertension, schizophrenia, BPAD, diabetes, and peripheral edema. Patient is A&O x 4. She denies SI, AH, VH, or HI. She states that she is not taking her medications because it makes her dizzy. Patient knows who year, location, her name, and birth date. She denies history of cutting herself. Patient states that she went to College for 3 years for Childhood Development.

Was brought in for not taking outpatient psych medication. Got haldol in ED which is exactly what she is taking as an outpatient, so it would be expected that her behavior would improve when she is restarted on exactly what she is supposed to be taking as an outpatient. Says that she didn't want to take her meds because they were making her dizzy. Sitting up in bed, eating.

Review of Systems

- Constitutional:** No fever, No chills, No sweats.
- Eye:** No recent visual problem.
- Ear/Nose/Mouth/Throat:** No nasal congestion, No sore throat.
- Respiratory:** No shortness of breath, No cough, No wheezing.
- Cardiovascular:** No chest pain, No syncope.
- Gastrointestinal:** No vomiting, No diarrhea, No constipation.
- Genitourinary:** No dysuria, No change in urine stream.
- Hematology/Lymphatics:** No bruising tendency, No swollen lymph glands.
- Musculoskeletal:** No back pain, No decreased range of motion.
- Integumentary:** No other significant skin complaints.
- Neurologic:** Negative except as documented in history of present illness.
- Psychiatric:** history of schizophrenia and BPAD.

Physical Examination

VS/Measurements

<u>Vital Signs (last 24 hrs)</u>	<u>Last Charted</u>	<u>Minimum</u>	<u>Maximum</u>
Temp	36.8 (OCT 02 09:26)	36.8 (OCT 02 09:26)	36.8 (OCT 02 09:26)
Heart Rate	80 (OCT 02 09:26)	80 (OCT 02 09:26)	80 (OCT 02 09:26)
Resp Rate	18 (OCT 02 09:26)	18 (OCT 02 09:26)	18 (OCT 02 09:26)
SBP	H 152 (OCT 02 09:26)	H 152 (OCT 02 09:26)	H 152 (OCT 02 09:26)
DBP	71 (OCT 02 09:26)	71 (OCT 02 09:26)	71 (OCT 02 09:26)
SpO2	100 (OCT 02 09:26)	100 (OCT 02 09:26)	100 (OCT 02 09:26)

General: No acute distress.
Ambulation status: Within normal limits.
Appearance: Within normal limits.
Eye: Pupils are equal, round and reactive to light, Normal conjunctiva, Vision unchanged.
HENT: Normocephalic, Normal hearing, Oral mucosa is moist.

Request ID: 44295989

Print Date/Time 10/15/2021
08:14 EDT

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Patient: Branton, Adrienne Thedasia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 71 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting: Burkholz DO, Steven R
Attending: Burkholz DO, Steven R

Consultation Notes

Cardiovascular: Normal rate, Regular rhythm, Normal peripheral perfusion, No edema.
Neck: Supple, No carotid bruit, Non-tender.
Lymphatics: No lymphadenopathy neck, axilla, groin.
Gastrointestinal: Non-tender, Non-distended, Normal bowel sounds, + BM per nursing record

Respiratory: Respirations are non-labored, Breath sounds are equal, Symmetrical chest wall expansion.
Genitourinary: No costovertebral angle tenderness, No urethral discharge.

Musculoskeletal
Normal range of motion.
Normal strength.
Normal gait.

Integumentary: Warm, Dry, Intact, No pallor, No rash.
Integumentary exam: Normal for ethnicity.

Neurologic: Alert, Oriented.

Psychiatric: Cooperative, Appropriate mood & affect,
MENTAL STATUS EXAM

Appearance: moderately groomed
Behavior: cooperative, good eye contact
Motor: no psychomotor agitation noted
Speech: clear, regular rate, and rhythm
Mood: pleasant
Affect: mood congruent
Thought Process: coherent
Thought Content: denied Suicidal Ideations or Homicidal Ideations, denies Auditory or Visual Hallucinations,
Alert and Oriented X 4
Insight: limited
Judgment: good
Intelligence: average
Memory: +recall.

Impression and Plan

Diagnosis

BPAD - Discharge to home once medically cleared, recommendation to stop Clonazepam 1mg daily as it is self-tapering. This medication is on the Beers Criteria and can be causing her dizziness, additionally benzos can cause dizziness and agitation on the elderly. Continue Benzotropine 1 mg po BID, Haldol 10mg po TID, Trazodone 100mg qPM.

the patient got haldol in ED with an improvement in behavior. her main complaint to me at bedside was that she was dizzy and didn't want to take meds that made her dizzy. most likely the clonazepam was making her dizzy. she should stop taking this medication and expressed understanding about stopping this medication. says that she felt comfortable with this plan. lives at a boarding home and this plan should be communicated to the boarding home regarding med administration.

Peripheral edema- Furosemide 40mg po daily

HTN- Lisinopril 10mg po daily

Diabetes Mellitus- Metformin 500mg po daily

-Total Time spent with patient has been greater than 70 minutes and more than half of the encounter involved counseling regarding treatment plan, medication management, ADL's and expected outcomes for hospital admission.

Course: Improving.
Dx and Plan

Request ID: 44295989

Print Date/Time 10/15/2021
08:14 EDT

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Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

TRMC062

Patient: Branton, Adrienne Thedosa
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 71 years Female
Location: ED

Admit/Discharge: 10/2/2019
Discharge Date: 10/2/2019
Admitting: Burkholz DO, Steven R
Attending: Burkholz DO, Steven R

Consultation Notes

Health Status

Allergies:

Allergic Reactions (Selected)
No known allergies,

Allergies (1) Active

No known allergies

Reaction

None Documented

Current medications: (Selected)

Documented Medications

Documented

benztropine 1 mg oral tablet: 1 mg = 1 tab, Oral, BID, # 60 tab, 0 Refill(s)
clonazepam 1 mg oral tablet: 1 mg = 1 tab, Oral, BID
furosemide 40 mg oral tablet: 40 mg = 1 tab, Oral, Daily, # 30 tab, 0 Refill(s)
haloperidol 10 mg oral tablet: 10 mg = 1 tab, Oral, TID, # 90 tab, 0 Refill(s)
lisinopril 10 mg oral tablet: 10 mg = 1 tab, Oral, Daily, # 30 tab, 0 Refill(s)
metFORMIN 500 mg oral tablet: 500 mg = 1 tab, Oral, Daily
traZODone 100 mg oral tablet: 100 mg = 1 tab, Oral, qPM, 0 Refill(s)

Histories

Additional History: PRIOR MEDICAL HISTORY, PRIOR SURGICAL HISTORY, SOCIAL HISTORY, FAMILY HISTORY, MEDICATIONS, IMMUNIZATION STATUS, PROBLEM LIST, AND ALLERGIES ALL REVIEWED PER NURSING NOTES. I AGREE COMPLETELY EXCEPT WHERE INDICATED..

Past Medical History:

No active or resolved past medical history items have been selected or recorded.

Family History:

No family history items have been selected or recorded.

Procedure history:

No active procedure history items have been selected or recorded.

Social History

Social & Psychosocial Habits

No Data Available

Review / Management

Results review:

Labs (Last four charted values)

WBC	7.7	(OCT 02)
Hgb	L 10.0	(OCT 02)
Hct	L 33.1	(OCT 02)
Pit	225	(OCT 02)
Na	140	(OCT 02)
K	4.1	(OCT 02)
Cl	104	(OCT 02)
Cr	0.9	(OCT 02)

Request ID: 44295989

Print Date/Time 10/15/2021
08:14 EDT

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 71 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting: Burkholz DO, Steven R
Attending: Burkholz DO, Steven R

Consultation Notes

BUN 17 (OCT 02)
Glucose 103 (OCT 02)
Ca 10.0 (OCT 02)

Documentation reviewed: Records from referring facility, Reviewed prior records, Reviewed home medications.

Basic Information

Admit information: Please see HPI.

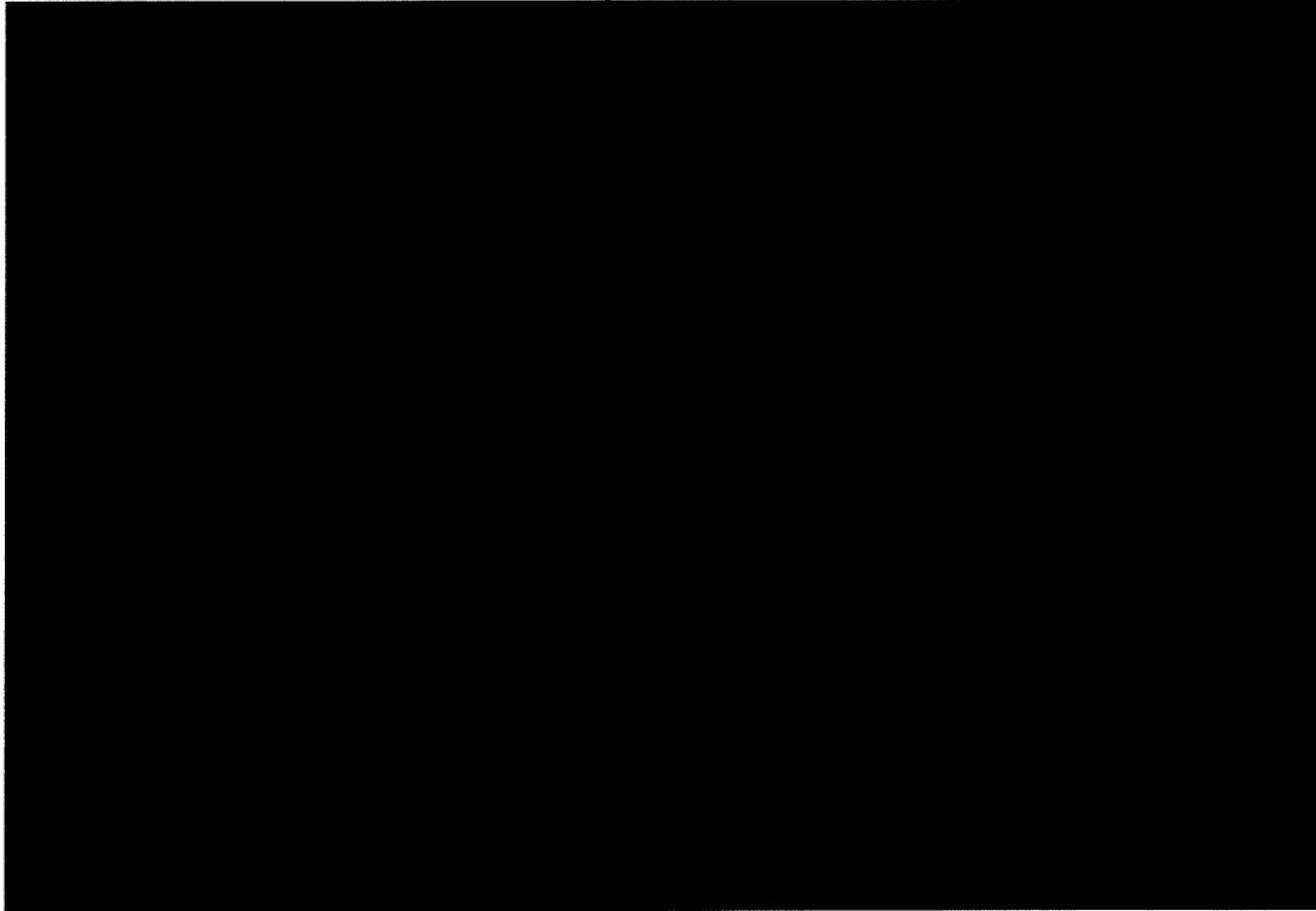
Professional Services

E & M Assistant:

Electronically Signed by

West MD, Bryan A 10/02/2019 14:35 EDT

Progress Notes



Regional Medical Center

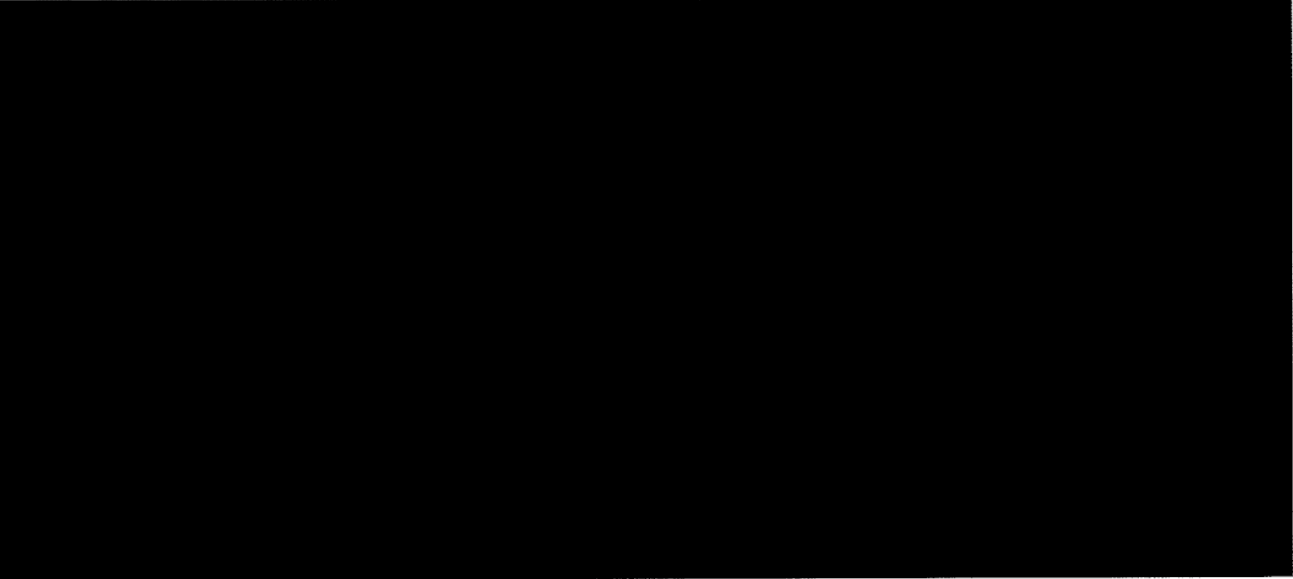
Patient Information

Patient Name: Branton, Adrienne Thedosia
Sex: Female
Home Address: 210 CHURCH ST
DOB:
SAINT MATTHEWS, SC 291351121
Age: 71 Years
Home Phone: (843) 855-7702
Religion: None
Employer Name: Not Employed
SSN: 246-94-5063
Employer Phone:



Contact Information

Emergency Contact
Contact Name: Estill Hutchinson
Patient's Reltn: Unknown
Sex: Female
Home Phone: 8438557702
Next of Kin
Contact Name:
Patient's Reltn:
Sex:
Home Phone:

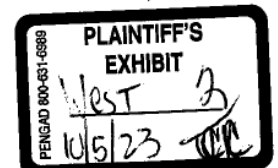


Encounter Information

Reg Dt/Tm: 10/02/2019 09:25
Est Dt of Arrival:
Inpt Adm Dt/Tm:
Disch Dt/Tm: 10/02/2019 15:02
Observation Dt/Tm:
VIP Indicator:
Admit Reason: refusing medications
Patient Type: Emergency
Medical Service: Emergency
Location: ED
Room/Bed: /
Isolation:
Disease Alert:
Admit Type: Emergency
Admit Source: Non-Health Care Facilit
Advance Directive:
Reg Clerk: Smalls, Kalex T
Admit Physician: Burkholz DO, Steven
Attend Physician: Burkholz DO, Steven
PCP:

Branton, Adrienne Thedosia
MRN: 0000603130

Female / 71 Years
FIN: 1002881969



Patient: **Branton, Adrienne Thedosa**
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 71 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting: Burkholz DO, Steven R
Attending: Burkholz DO, Steven R

MAR

Medications

Medication Name: diphenhydrAMINE (diphenhydrAMINE 50 mg/mL injectable solution)

Admin Date/Time: 10/2/2019 12:45 EDT

Charted Date/Time: 10/2/2019 13:45 EDT

Ingredients: diph50Sol 50 mg 1 mL

Admin Details: (Auth) IntraMuscular, *Right Arm

Action Details: Order: Burkholz DO, Steven R 10/2/2019 11:47 EDT; Perform: Terry LPN, Shaquille A 10/2/2019 13:45 EDT;
VERIFY: Terry LPN, Shaquille A 10/2/2019 13:45 EDT

Medication Name: haloperidol (Haldol (short acting))

Admin Date/Time: 10/2/2019 12:24 EDT

Charted Date/Time: 10/2/2019 12:24 EDT

Ingredients: halo5Sol 5 mg 1 mL

Admin Details: (Auth) IntraMuscular, *Left Arm

Action Details: Order: Burkholz DO, Steven R 10/2/2019 11:47 EDT; Perform: Terry LPN, Shaquille A 10/2/2019 12:24 EDT;
VERIFY: Terry LPN, Shaquille A 10/2/2019 12:24 EDT

Medication Name: LORazepam (Ativan)

Admin Date/Time: 10/2/2019 12:24 EDT

Charted Date/Time: 10/2/2019 12:24 EDT

Ingredients: LORa2inj 1 mg 0.5 mL

Admin Details: (Auth) IntraMuscular, *Right Arm

Action Details: Order: Burkholz DO, Steven R 10/2/2019 11:47 EDT; Perform: Terry LPN, Shaquille A 10/2/2019 12:24 EDT;
VERIFY: Terry LPN, Shaquille A 10/2/2019 12:24 EDT

Medication History

Medication History

Order: diphenhydrAMINE (diphenhydrAMINE 50 mg/mL injectable solution)

Order Start Date/Time: 10/2/2019 11:47 EDT

Order Status: Completed

Clinical Category: Medications

Medication Type: Inpatient

End-state Date/Time: 10/2/2019 13:45 EDT

End-state Reason:

Ordering Physician: Burkholz DO, Steven R

Consulting Physician:

Entered By: Burkholz DO, Steven R on 10/2/2019 11:47 EDT

Order Details: 50 mg = 1 mL, Injection, IntraMuscular, Once, NOW, Start date 10/2/19 11:47:00 AM EDT, Physician Stop, Stop date 10/2/19 1:45:40 PM EDT, (Benadryl)

Order Comment:

Request ID: 44295989

Print Date/Time 10/15/2021
08:14 EDT

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TRMC002



Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	Branton, Adrienne Thedasia	Admit/Discharge	10/2/2019
MRN:	0000603130	Discharge Date:	10/2/2019
Account Number:	1002881969	Admitting:	Burkholz DO, Steven R
DOB/AGE/SEX:	██████ 71 years Female	Attending:	Burkholz DO, Steven R
Location:	ED		

Medication History

Medication History

Order: **haloperidol (Haldol (short acting))**

Order Start Date/Time: 10/2/2019 11:47 EDT
Order Status: Completed Clinical Category: Medications Medication Type: Inpatient
End-state Date/Time: 10/2/2019 12:24 EDT End-state Reason:
Ordering Physician: Burkholz DO, Steven R Consulting Physician:
Entered By: Burkholz DO, Steven R on 10/2/2019 11:47 EDT
Order Details: 5 mg = 1 mL, Injection, IntraMuscular, Once, NOW, Start date 10/2/19 11:47:00 AM EDT, Physician Stop, Stop date 10/2/19 12:24:37 PM EDT
Order Comment:

Order: **LORazepam (Ativan)**

Order Start Date/Time: 10/2/2019 11:47 EDT
Order Status: Completed Clinical Category: Medications Medication Type: Inpatient
End-state Date/Time: 10/2/2019 12:24 EDT End-state Reason:
Ordering Physician: Burkholz DO, Steven R Consulting Physician:
Entered By: Burkholz DO, Steven R on 10/2/2019 11:47 EDT
Order Details: 1 mg = 0.5 mL, Injection, IntraMuscular, Once, NOW, Start date 10/2/19 11:47:00 AM EDT, Physician Stop, Stop date 10/2/19 12:24:59 PM EDT
Order Comment: Med guide MUST be given to this patient IF they are an outpatient. (e.g. ED, SDS, Endo, DAI, infusion) To print: right click on drug on MAR. Select 'Reference manual' then 'education leaflet' tab then right click on the leaflet to print.

Order: **metFORMIN (metFORMIN 500 mg oral tablet)**

Order Start Date/Time: 10/2/2019 10:58 EDT
Order Status: Documented Clinical Category: Medications Medication Type: Documented
Ordering Physician: Consulting Physician:
Entered By: Dunn, Rene W on 10/2/2019 10:58 EDT
Order Details: 500 mg = 1 tab, Oral, Daily
Order Comment:

Order: **furosemide (furosemide 40 mg oral tablet)**

Order Start Date/Time: 10/2/2019 10:56 EDT
Order Status: Completed Clinical Category: Medications Medication Type: Documented
End-state Date/Time: 10/31/2019 10:56 EDT End-state Reason:
Ordering Physician: Consulting Physician:
Entered By: Dunn, Rene W on 10/2/2019 10:58 EDT
Order Details: 40 1 mg = tab, Oral, Daily, # 30 tab, 0 Refill(s)
Order Comment:

Request ID: 44295989

Print Date/Time 10/15/2021
08:14 EDT

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TRMC003



Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 71 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting: Burkholz DO, Steven R
Attending: Burkholz DO, Steven R

Medication History

Medication History

Order: **lisinopril (lisinopril 10 mg oral tablet)**

Order Start Date/Time: 10/2/2019 10:56 EDT
Order Status: Completed Clinical Category: Medications Medication Type: Documented
End-state Date/Time: 10/31/2019 10:56 EDT End-state Reason:
Ordering Physician: Consulting Physician:
Entered By: Dunn, Rene W on 10/2/2019 10:58 EDT
Order Details: 10 mg = 1 tab, Oral, Daily, # 30 tab, 0 Refill(s)
Order Comment:

Order: **clonazepam (clonazepam 1 mg oral tablet)**

Order Start Date/Time: 10/2/2019 10:19 EDT
Order Status: Documented Clinical Category: Medications Medication Type: Documented
Ordering Physician: Consulting Physician:
Entered By: Dunn, Rene W on 10/2/2019 10:19 EDT
Order Details: 1 mg = 1 tab, Oral, BID
Order Comment:

Order: **benztropine (benztropine 1 mg oral tablet)**

Order Start Date/Time: 10/2/2019 10:18 EDT
Order Status: Completed Clinical Category: Medications Medication Type: Documented
End-state Date/Time: 10/31/2019 10:18 EDT End-state Reason:
Ordering Physician: Consulting Physician:
Entered By: Dunn, Rene W on 10/2/2019 10:19 EDT
Order Details: 1 mg = 1 tab, Oral, BID, # 60 tab, 0 Refill(s)
Order Comment:

Order: **haloperidol (haloperidol 10 mg oral tablet)**

Order Start Date/Time: 10/2/2019 10:18 EDT
Order Status: Completed Clinical Category: Medications Medication Type: Documented
End-state Date/Time: 10/31/2019 10:18 EDT End-state Reason:
Ordering Physician: Consulting Physician:
Entered By: Dunn, Rene W on 10/2/2019 10:19 EDT
Order Details: 10 mg = 1 tab, Oral, TID, # 90 tab, 0 Refill(s)
Order Comment:

Request ID: 44295989

Print Date/Time 10/15/2021
08:14 EDT

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TRMC004



Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Branton, Adrienne Thedasia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 71 years Female
Location: ED
Admit/Discharge: 10/2/2019
Discharge Date: 10/2/2019
Admitting: Burkholz DO, Steven R
Attending: Burkholz DO, Steven R

Medication History

Medication History

Order: **traZODone (traZODone 100 mg oral tablet)**
Order Start Date/Time: 10/2/2019 10:18 EDT
Order Status: Completed Clinical Category: Medications Medication Type: Documented
End-state Date/Time: 10/31/2019 10:18 EDT End-state Reason:
Ordering Physician: Consulting Physician:
Entered By: Dunn, Rene W on 10/2/2019 10:18 EDT
Order Details: 100 mg = 1 tab, Oral, qPM, 0 Refill(s)
Order Comment:

Emergency Documentation

Document Name	Triage Note
Document Status	Auth (Verified)
Performed By	Brady RN, Jessica B (10/2/2019 09:26 EDT)
Signed By	Brady RN, Jessica B (10/2/2019 09:26 EDT)
Authenticated By	Brady RN, Jessica B (10/2/2019 09:26 EDT)

ED Triage Adult Entered On: 10/02/2019 9:29 EDT
Performed On: 10/02/2019 9:26 EDT by Brady RN, Jessica B

Triage

ED Chief Complaint : Other: Pt transported from boarding home in Calhoun County for noncompliance with medication x 1 day. Pt denies SI/HI/AVH. Pt denies any compliants. Pt states she is concerned her medications are wrong.
Ability to Self Report : Yes
Numeric Pain Scale : 0 = No pain
Vital Signs Assessed : Yes
ED Wait Time : Patient Taken to Treatment Area
Lynx Mode of Arrival : ALS/Ambulance
Africa Travel in last 21 days : No

Brady RN, Jessica B - 10/02/2019 9:26 EDT
(As Of: 10/02/2019 09:29:37 EDT)

ESI

Is This Patient Dying? : No
Is This a Patient Who Shouldn't Wait? : No
How Many Resources Will This Patient Need? : Many

Request ID: 44295989

Print Date/Time 10/15/2021
08:14 EDT

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Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
 (803) 395-2200

Patient: Branton, Adrienne Thedosa
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 71 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting: Burkholz DO, Steven R
Attending: Burkholz DO, Steven R

Emergency Documentation

DCP GENERIC CODE

Tracking Acuity : 3 - Urgent
 Tracking Group : RMC ED Tracking Group

Recommended ESI Level : 3

Vitals/Ht/Wt

Temperature Oral : 36.8 DegC(Converted to: 98.2 DegF)
 Peripheral Pulse Rate : 80 bpm
 Respiratory Rate : 18 br/min
 Systolic/
 Diastolic BP : 152 mmHg (Hi)
 Systolic/
 Diastolic BP : 71 mmHg
 SpO2 : 100 %
 O2 Therapy : Room air
 Height/Length Estimated : 167 cm(Converted to: 5 ft 6 in, 5.48 ft, 65.75 in)
 Est Weight Reason : Other
 Weight Estimated : 81.5 kg(Converted to: 179 lb 11 oz, 179.300 WK)
 Body Mass Index Estimated : 29 kg/m2

Allergies

ED Allergy Review : Yes

Allergies (Active)

No known allergies

Estimated Onset Date: Unspecified ; Created By: Brady RN,
 Jessica B; Reaction Status: Active ; Category: Drug ;
 Substance: No known allergies ; Type: Allergy ; Updated By:
 Brady RN, Jessica B; Reviewed Date: 10/02/2019 9:27 EDT

Document Name
 Document Status
 Performed By
 Signed By
 Authenticated By

ED Note-Nursing
 Auth (Verified)
 Brady RN, Jessica B (10/2/2019 09:29 EDT)
 Brady RN, Jessica B (10/2/2019 09:29 EDT)
 Brady RN, Jessica B (10/2/2019 09:29 EDT)

ED Assessment Adult Entered On: 10/02/2019 9:32 EDT
Performed On: 10/02/2019 9:29 EDT by Brady RN, Jessica B

Request ID: 44295989

Print Date/Time 10/15/2021
 08:14 EDT

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 71 years Female
Location: ED

Admit/Discharge: 10/2/2019
Discharge Date: 10/2/2019
Admitting: Burkholz DO, Steven R
Attending: Burkholz DO, Steven R

Emergency Documentation

Cardiovascular

Nail Bed Color: Pink
Capillary Refill: Less than 3 seconds
Level of Consciousness: Alert
Orientation: Oriented x 3
Affect/Behavior: Appropriate, Calm, Cooperative
Distress: None

Brady RN, Jessica B - 10/02/2019 9:29 EDT

Respiratory

Respirations: Unlabored
Respiratory Pattern Description: Regular
Cough: None
Respiratory Pattern: Regular

Brady RN, Jessica B - 10/02/2019 9:29 EDT

Glasgow Coma

Eye Opening Response Glasgow: Spontaneously
Best Verbal Response Glasgow: Oriented
Best Motor Response Glasgow: Obeys simple commands
Glasgow Coma Score: 15

Brady RN, Jessica B - 10/02/2019 9:29 EDT

General

Last Tetanus: Unknown
Abuse/Neglect Screen: None
ED Suicide Psych Assessment: None

Brady RN, Jessica B - 10/02/2019 9:29 EDT

ED Medication Review

ED Medication Review: No

Brady RN, Jessica B - 10/02/2019 9:29 EDT

Medication List

(As Of: 10/02/2019 09:32:06 EDT)

Family History

Family Hx Member Documented: No Changes

Brady RN, Jessica B - 10/02/2019 9:29 EDT

Family History

(As Of: 10/02/2019 09:32:06 EDT)

Social History

Tobacco Use: Never (less than 100 in lifetime)

Request ID: 44295989

Print Date/Time 10/15/2021
08:14 EDT

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TRMC007



Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 71 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting: Burkholz DO, Steven R
Attending: Burkholz DO, Steven R

Emergency Documentation

Smokeless tobacco use: : Never

Brady RN, Jessica B - 10/02/2019 9:29 EDT

Social History

(As Of: 10/02/2019 09:32:06 EDT)

ED Psych

Affect/Behavior : Appropriate, Calm, Cooperative
Hallucinations : None
Hallucinations Present : None
Suicide Plan Includes Harm to Others : No
ED Suicide Psych Assessment : None

Brady RN, Jessica B - 10/02/2019 9:29 EDT

Suicide Risk Assessment

Sex : Female
Age : 50+
Marital/Partner Status Suicide Risk : Widowed
Suicide Attempt/Suicidal Ideations : No
Lethality of Attempt : Not applicable
History of Suicide Attempts : No history
Family History of Suicide : None
Intent/Ambience : No intent to die
Support System : Some support
Loss and Trauma in Last 6 Months : None
Impulsive/Aggression/Agitated/Pacing : None
Substance Abuse : None
Hopelessness : Hopeful
Hallucinations : None
Suicide Risk Score : 8
Statements or Thoughts of Self-Harm : No
Attempt or Plan for Self-Harm : No

Brady RN, Jessica B - 10/02/2019 9:29 EDT

ED Fall Risk Assessment

ED Presentation Due to Fall : No
Age Greater than 70 : No
ED Fall Risk Altered Mental Status : No
ED Fall Risk Calculation : 0
ED Fall Risk Impaired Mobility : No
ED Fall Risk Nursing Judgment : No

Brady RN, Jessica B - 10/02/2019 9:29 EDT

Request ID: 44295989

Print Date/Time 10/15/2021
08:14 EDT

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Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: ██████████ 71 years Female
Location: ED

Admit/Discharge: 10/2/2019
Discharge Date: 10/2/2019
Admitting: Burkholz DO, Steven R
Attending: Burkholz DO, Steven R

Emergency Documentation

Document Name: ED Note-Physician/Midlevel
Document Status: Modified
Performed By: Burkholz DO, Steven R (10/2/2019 09:44 EDT)
Signed By: Burkholz DO, Steven R (10/2/2019 14:15 EDT); Burkholz DO, Steven R (10/2/2019 13:18 EDT)
Authenticated By: Burkholz DO, Steven R (10/2/2019 14:15 EDT); Burkholz DO, Steven R (10/2/2019 13:18 EDT); Burkholz DO, Steven R (10/2/2019 13:18 EDT); Burkholz DO, Steven R (10/2/2019 10:11 EDT)

Psychiatric Problem *ED

Patient: Branton, Adrienne Thedosia **MRN:** 0000603130 **FIN:** 1002881969
Age: 69 years **Sex:** Female **DOB:** ██████████
Associated Diagnoses: None
Author: Burkholz DO, Steven R

Basic Information

Time seen: Date & time 10/02/2019 09:38:00.
History source: Patient, EMS.
Arrival mode: Ambulance-ALS.
History limitation: None.
Additional information: Chief Complaint from Nursing Triage Note : ED Chief Complaint: 10/02/2019 9:26 EDT ED Chief Complaint Other: Pt transported from boarding home in Calhoun County for noncompliance with medication x 1 day. Pt denies SI/Hi/AVH. Pt denies any compliants. Pt states she is concerned her medications are wrong.
(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

History of Present Illness

The patient presents with psychiatric problem (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), Patient was staying at boarding house in Clahoun Co. The boarding house stated she is noncompliant, patient stated she was not receiving medication. Patient discharged from Three Rivers 1 month ago. Her triggers for the diagnosis of schizophrenia-bipolar type was recent personal loss, estrangement, loneliness and being alone and life stage transitions. patient stated that is not true ans she can live with cousin/sister in Conway SC. The flare of this presentation is declared by Calhoun home of increased irritation, moodiness, noncompliant with cogentin, haldol, Clonazepam and trazadone. I find the patient clear in direction, thinking and processing with no evidence of SI/Hi, no AVH, and no threat to herself. and Patient became agitated and placed on papers (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT). The onset was unknown (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT). The course/duration of symptoms is unknown (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT). Character of symptoms depressed (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), angry (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), anxious (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), paranoid (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT) agitated (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), denies suicidal thoughts (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT). The degree of symptoms is moderate (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT). Self injury: none (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT). There are exacerbating factors including family problems (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT) and housing problems (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT). There are relieving factors including none (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT) and noncompliant (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT). Risk factors consist of age (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), multiple medications (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT) and non-compliance (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT). Prior episodes: unknown (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT). Associated symptoms: none (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT). Additional history: none (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Review of Systems

Constitutional symptoms: Negative except as documented in HPI (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Skin symptoms: Negative except as documented in HPI (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Eye symptoms: Negative except as documented in HPI (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Request ID: 44295989

Print Date/Time: 10/15/2021
08:14 EDT

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Patient: Branton, Adrienne Thedosa
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 71 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting: Burkholz DO, Steven R
Attending: Burkholz DO, Steven R

Emergency Documentation

ENMT symptoms: Negative except as documented in HPI(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Respiratory symptoms: Negative except as documented in HPI(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Cardiovascular symptoms: Negative except as documented in HPI(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Genitourinary symptoms: Negative except as documented in HPI(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Musculoskeletal symptoms: Negative except as documented in HPI(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Neurologic symptoms: Negative except as documented in HPI(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Psychiatric symptoms: Negative except as documented in HPI(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Endocrine symptoms: Negative except as documented in HPI(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Hematologic/Lymphatic symptoms: Negative except as documented in HPI(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Allergy/immunologic symptoms: Negative except as documented in HPI(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Additional review of systems information: All other systems reviewed and otherwise negative(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Health Status

Allergies:
Allergic Reactions (Selected)
No known allergies
(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Past Medical/ Family/ Social History

Medical history:
No active or resolved past medical history items have been selected or recorded.
(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Surgical history:
No active procedure history items have been selected or recorded.
(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Family history:
No family history items have been selected or recorded.
(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Social history:
Social & Psychosocial Habits

No Data Available

(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), Include smart template Social & Psychosocial Habits

No Data Available

(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

CAVEAT: Chart reviewed for social history, past surgical history, past medical history, family history, medicines/allergies, and prior records. I agree with nursing documentation except as otherwise specified.(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Physical Examination

Vital Signs

<u>Vital Signs</u>		
<u>10/02/2019 9:26 EDT</u>	<u>Temperature Oral</u>	<u>36.8 DegC</u>
	<u>Peripheral Pulse Rate</u>	<u>80 bpm</u>
	<u>Respiratory Rate</u>	<u>18 br/min</u>
	<u>Systolic Blood Pressure</u>	<u>152 mmHg HI</u>
	<u>Diastolic Blood Pressure</u>	<u>71 mmHg</u>

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Patient: Branton, Adrienne Thedasia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: ██████████ 71 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting: Burkholz DO, Steven R
Attending: Burkholz DO, Steven R

Emergency Documentation

(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT) Measurements
10/02/2019 9:26 EDT
Height/Length Estimated 167 cm
Weight Estimated 81.5 kg
Body Mass Index Estimated 29 kg/m²

(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT) Basic Oxygen Information
10/02/2019 9:26 EDT
Oxygen Therapy Room air
SpO2 100 %

(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT) General: Alert (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), anxious (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Skin: Warm (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), no pallor (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Head: Normocephalic (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), atraumatic (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Neck: Trachea midline (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), no tenderness (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), no JVD (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Eye: Pupils are equal, round and reactive to light (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), extraocular movements are intact (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), normal conjunctiva (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), vision unchanged (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Ears, nose, mouth and throat: Tympanic membranes clear (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), oral mucosa moist (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), no pharyngeal erythema or exudate (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Cardiovascular: Regular rate and rhythm (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), No murmur (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), Normal peripheral perfusion (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), No edema (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Respiratory: Lungs are clear to auscultation (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), respirations are non-labored (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), breath sounds are equal (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), Symmetrical chest wall expansion (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Chest wall: No tenderness (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), No deformity (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Back: Nontender (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), Normal range of motion (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), Normal alignment (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), no step-offs (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Musculoskeletal: Normal ROM (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), normal strength (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), no tenderness (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Gastrointestinal: Soft (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), Nontender (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), Non distended (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), Normal bowel sounds (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), No organomegaly (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Genitourinary

(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT) Neurological: Alert and oriented to person, place, time, and situation (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), No focal neurological deficit observed (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), CN II-XII intact (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), normal sensory observed (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), normal motor observed (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), normal speech observed (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), normal coordination observed (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Lymphatics: No lymphadenopathy (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Psychiatric: Cooperative (revised by: Burkholz DO, Steven R: 10/02/2019 14:15 EDT), appropriate mood & affect (revised by: Burkholz DO, Steven R: 10/02/2019 14:15 EDT), normal judgment (revised by: Burkholz DO, Steven R: 10/02/2019 14:15 EDT), non-suicidal (revised by: Burkholz DO, Steven R: 10/02/2019 14:15 EDT)

~~Psychiatric--Mood and affect: Anxious--Behavior: Uncooperative--Judgment: Impaired by (previously documented by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT)~~

Medical Decision Making

Request ID: 44295989

Print Date/Time 10/15/2021
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Patient:	Branton, Adrienne Thedosia	Admit/Discharge	10/2/2019
MRN:	0000603130	Discharge Date:	10/2/2019
Account Number:	1002881969	Admitting:	Burkholz DO, Steven R
DOB/AGE/SEX:	██████ 71 years Female	Attending:	Burkholz DO, Steven R
Location:	ED		

Emergency Documentation

Differential Diagnosis: Anxiety (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), depression (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), schizophrenia (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), bipolar disorder (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), alcohol intoxication (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), drug abuse (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT).

Documents reviewed: None available (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT).

Results review: Lab results : Lab View

10/02/2019 12:42 EDT

10/02/2019 12:23 EDT

10/02/2019 9:54 EDT

<u>Acetaminophen Level</u>	<u><10.0 mcg/mL</u>
<u>Salicylate Level</u>	<u><1.0 mg/dL</u>
<u>UA Collection Type</u>	<u>Clean Catch</u>
<u>Urine Appearance</u>	<u>Clear</u>
<u>UA Color UA</u>	<u>Yellow</u>
<u>Urine Glucose</u>	<u>Negative mg/dL</u>
<u>Urine Bilirubin</u>	<u>Negative</u>
<u>Urine Ketones</u>	<u>Negative mg/dL</u>
<u>Urine Specific Gravity</u>	<u><= 1.005</u>
<u>Urine Blood</u>	<u>Negative</u>
<u>Urine pH</u>	<u>6.0</u>
<u>Urine Protein</u>	<u>Negative mg/dL</u>
<u>Urine Urobilinogen</u>	<u>0.2</u>
<u>Urine Nitrite</u>	<u>Negative</u>
<u>Urine Leukocyte Esterase</u>	<u>Trace cells/mcL</u>
<u>Urine WBC</u>	<u>0-4</u>
<u>Urine RBC</u>	<u>0-4</u>
<u>UA Epithelial</u>	<u>Occasional</u>
<u>UA Bacteria</u>	<u>Negative</u>
<u>Urine Hyaline Casts</u>	<u>0-1</u>
<u>Urine Amphetamine Screen</u>	<u>Negative</u>
<u>Urine Barbiturate Screen</u>	<u>Negative</u>
<u>Urine Benzodiazepine Screen</u>	<u>Negative</u>
<u>Urine Cannabinoid Screen</u>	<u>Negative</u>
<u>Urine Cocaine Screen</u>	<u>Negative</u>
<u>Urine Opiate Screen</u>	<u>Negative</u>
<u>Urine PCP Screen</u>	<u>Negative</u>
<u>White Blood Cell Count</u>	<u>7.7 x10(3)/mcl</u>
<u>Red Blood Cell Count</u>	<u>3.89 x10(6)/mcl LOW</u>
<u>Hemoglobin</u>	<u>10.0 gm/dL LOW</u>
<u>Hematocrit</u>	<u>33.1 % LOW</u>
<u>MCV</u>	<u>85.1 fL</u>
<u>MCH</u>	<u>25.7 pg LOW</u>
<u>MCHC</u>	<u>30.2 gm/dL LOW</u>
<u>RDW</u>	<u>15.9 % HI</u>
<u>Platelet Count</u>	<u>225 x10(3)/mcl</u>
<u>MPV</u>	<u>12.8 fL HI</u>
<u>Neutrophil Automated</u>	<u>49.6 %</u>
<u>Lymphocyte Automated</u>	<u>36.8 %</u>
<u>Monocyte Automated</u>	<u>7.9 %</u>
<u>Eosinophil Automated</u>	<u>4.7 %</u>
<u>Basophil Automated</u>	<u>0.7 %</u>
<u>Immature Granulocyte Automated</u>	<u>0.3 % LOW</u>
<u>Neutrophil Absolute</u>	<u>3.82 x10(3)/mcl</u>
<u>Lymphocyte Absolute</u>	<u>2.83 x10(3)/mcl</u>
<u>Monocyte Absolute</u>	<u>0.61 x10(3)/mcl</u>
<u>Eosinophil Absolute</u>	<u>0.36 x10(3)/mcl</u>
<u>Basophil Absolute</u>	<u>0.05 x10(3)/mcl</u>

Request ID: 44295989

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08:14 EDT

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Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: ████████ 71 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting: Burkholz DO, Steven R
Attending: Burkholz DO, Steven R

Emergency Documentation

<u>Immature Granulocyte Absolute</u>	<u>0.02 x10(3)/mcL LOW</u>
<u>NRBC Abs</u>	<u>0.000 x10(3)/mcL</u>
<u>NRBC Auto</u>	<u>0.0/100 WBC</u>
<u>Glucose Level</u>	<u>103 mg/dL</u>
<u>Blood Urea Nitrogen</u>	<u>17 mg/dL</u>
<u>Sodium Level</u>	<u>140 mmol/L</u>
<u>Potassium Level</u>	<u>4.1 mmol/L</u>
<u>Chloride</u>	<u>104 mmol/L</u>
<u>Carbon Dioxide Level</u>	<u>23 mmol/L</u>
<u>Anion Gap</u>	<u>17.1 mmol/L</u>
<u>Creatinine</u>	<u>0.9 mg/dL</u>
<u>BUN/Creatinine Ratio</u>	<u>18.9 ratio</u>
<u>Estimated Glomerular Filtration Rate</u>	<u>>60 mL/min/1.73 m2 NA</u>
<u>Est Glom Filtration Rate, African Americ</u>	<u>>60 mL/min/1.73 m2 NA</u>
<u>GFR Comment</u>	<u>See comment</u>
<u>Calcium Level Total</u>	<u>10.0 mg/dL</u>
<u>Total Protein</u>	<u>8.3 gm/dL HI</u>
<u>Albumin Level</u>	<u>4.4 gm/dL</u>
<u>Albumin/Globulin Ratio</u>	<u>1.1 ratio LOW</u>
<u>Aspartate Aminotransferase (AST)</u>	<u>23 unit/L</u>
<u>Alanine Aminotransferase (ALT)</u>	<u>10 unit/L</u>
<u>Alkaline Phosphatase</u>	<u>75 unit/L</u>
<u>Bilirubin Total</u>	<u>0.2 mg/dL</u>
<u>Calcium Lvl Corr</u>	<u>9.7 mg/dL</u>
<u>Ethanol Level</u>	<u><10 mg/dL</u>

(revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT).

Reexamination/ Reevaluation

medically cleared
(revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT)

Impression and Plan

Schizophrenia-stable -
(revised by: Burkholz DO, Steven R: 10/02/2019 14:15 EDT)

Calls-Consults

- 10/02/2019 13:04:00 (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), Gonzalez MD, Alberto J (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), psychiatry (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), phone call (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), consult (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), recommends admit (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT).

Plan

Condition: Stable (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT).

Disposition: (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT) Discharged: Time 10/02/2019 14:11:00 (revised by: Burkholz DO, Steven R: 10/02/2019 14:15 EDT), Calhoun Home (revised by: Burkholz DO, Steven R: 10/02/2019 14:15 EDT), -Admit: Time 10/02/2019 13:17:00, BHJ (previously documented by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT)

Patient was given the following educational materials: SCHIZOPHRENIA, General, Treating Schizophrenia, Understanding Schizophrenia (revised by: Burkholz DO, Steven R: 10/02/2019 14:15 EDT), Understanding Schizophrenia, Treating Schizophrenia, SCHIZOPHRENIA, General (revised by: Burkholz DO, Steven R: 10/02/2019 14:15 EDT).

Follow up with: Alberto Gonzalez, DC, CLONAZEPAM (revised by: Burkholz DO, Steven R: 10/02/2019 14:15 EDT).

Counseled: Patient (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), Regarding diagnosis (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), Regarding diagnostic results (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), Regarding treatment plan (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), Regarding prescription (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), Patient indicated understanding of instructions (revised by: Burkholz DO, Steven R: 10/02/2019 14:15 EDT) -Patient indicated understanding of instructions- (previously documented by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT).

Request ID: 44295989

Print Date/Time 10/15/2021
08:14 EDT

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
 (803) 395-2200

Patient:	Branton, Adrienne Thedosia	Admit/Discharge	10/2/2019
MRN:	0000603130	Discharge Date:	10/2/2019
Account Number:	1002881969	Admitting:	Burkholz DO, Steven R
DOB/AGE/SEX:	██████ 71 years Female	Attending:	Burkholz DO, Steven R
Location:	ED		

Emergency Documentation

Notes: Medically cleared (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT).
 -Diagnosis code search
 -(previously documented by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT)

Electronically Signed by

 Burkholz DO, Steven 10/02/2019 13:18 EDT

Electronically Signed by

 Burkholz DO, Steven R 10.02.2019 14:15 EDT

Document Name	ED Patient Education Note
Document Status	Modified
Performed By	Terry LPN, Shaquille A (10/2/2019 15:03 EDT)
Signed By	Terry LPN, Shaquille A (10/2/2019 15:03 EDT); Burkholz DO, Steven R (10/2/2019 14:15 EDT)
Authenticated By	Terry LPN, Shaquille A (10/2/2019 15:03 EDT)

ED Patient Education Note

Regional Medical Center
Patient Education Instructions
 3000 St. Matthews Road
 Orangeburg, SC 29118
 803-395-2200

Name: Branton, Adrienne Thedosia **Current Date:** 10/02/2019 15:03:12
DOB: ████████ **MRN:** 0000603130 **FIN:** 1002881969
Chief Complaint: refusing medications

Patient Education Materials:

Ambulatory

Understanding Schizophrenia

Schizophrenia is a severe and puzzling disorder of the brain. It dramatically alters the way a person thinks, acts, and feels. It can disrupt each life it touches. And it can cause great emotional pain. If a loved one has schizophrenia, don't lose hope. Right now, there is no cure. But treatment may help ease symptoms. Also, many support services exist for people with schizophrenia and their families.

Request ID: 44295989 Print Date/Time 10/15/2021 08:14 EDT

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.
 Additional clinical information may be available for the patient via Horizon Patient Folder.
 Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: ██████████ 71 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting: Burkholz DO, Steven R
Attending: Burkholz DO, Steven R



Progress Notes

Document Name	Progress Note-Physician/Mid-Level
Document Status	Auth (Verified)
Performed By	Gonzalez MD, Alberto J (10/2/2019 11:27 EDT)
Signed By	Gonzalez MD, Alberto J (10/2/2019 11:27 EDT)
Authenticated By	Gonzalez MD, Alberto J (10/2/2019 11:27 EDT)

psych consult- ED

Patient: Branton, Adrienne Thedosia **MRN:** 0000603130 **FIN:** 1002881969
Age: 69 years **Sex:** Female **DOB:** ██████████
Associated Diagnoses: None
Author: Gonzalez MD, Alberto J



History of Present Illness

Pt transported from boarding home in Calhoun County for noncompliance with medication x 1 day. Pt denies SI/Hi/AVH. Pt denies any compliants. Pt states she is concerned her medications are wrong. .

The patient presents with psychiatric problem, Patient was staying at boarding house in Clahoun Co. The boarding house stated she is noncompliant, patient stated she was not receiving medication. Patient discharged from Three Rivers 1 month ago. Her triggers for the diagnosis of schizophrenia-bipolar type was recent personal loss, estrangement, loneliness and bwing alone and life stage transitions. patient stated that is not true ans she can live with cousin/sister in Conway SC. The flare of this presentation is declared by Calhoun home of increased irritation, moodiness, noncopliant with cogentin, haldol, Cionazepam and trazadone. I find the patient clear in direction, thinking and processing with no evidence of SI/Hi, no AVH, and no threat to herself. and Patient became agitated and placed on papers .. The onset was unknown. The course/duration of symptoms is unknown. Character of symptoms: depressed, angry, anxious, paranoid agitated, denies suicidal thoughts. The degree of symptoms is moderate. Self injury: none. There are exacerbating factors including family problems and housing problems. There are relieving factors including none and noncompliant. Risk factors consist of age, multiple medications and non-compliance. Prior episodes: unknown. Associated symptoms: none. Additional history: none.

---Above noted, chart reviewed, pt seen and discussed with ED staff and BHU Nurse. Results of the UDS were pending.

Request ID: 44295989

Print Date/Time 10/15/2021
08:14 EDT

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Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 71 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting: Burkholz DO, Steven R
Attending: Burkholz DO, Steven R

Progress Notes

MENTAL STATUS EXAM:

Appearance: adequately groomed, hospital garb
Behavior: cooperative, adequate eye contact
Motor: no psychomotor agitation noted
Speech: normal rate and volume
Mood: Depressed/Anxious
Affect: labile
Thought Process: linear, coherent, relevant
Thought Content: denied SI/HI, denies AVH, paranoid persecutory active delusions
A0X4
Insight: limited
Judgement: poor, impulsive
Intelligence: within normal range

PE:

neral: Alert, anxious.

Skin: Warm, no pallor.

Head: Normocephalic, atraumatic.

Neck: Trachea midline, no tenderness, no JVD.

Eye: Pupils are equal, round and reactive to light, extraocular movements are intact, normal conjunctiva, vision unchanged.

Ears, nose, mouth and throat: Tympanic membranes clear, oral mucosa moist, no pharyngeal erythema or exudate.

Cardiovascular: Regular rate and rhythm, No murmur, Normal peripheral perfusion, No edema.

Respiratory: Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal, Symmetrical chest wall expansion.

Chest wall: No tenderness, No deformity.

Back: Nontender, Normal range of motion, Normal alignment, no step-offs.

Musculoskeletal: Normal ROM, normal strength, no tenderness.

Gastrointestinal: Soft, Nontender, Non distended, Normal bowel sounds, No organomegaly.

Genitourinary

Neurological: Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, CN II-XII intact, normal sensory observed, normal motor observed, normal speech observed, normal coordination observed.

Lymphatics: No lymphadenopathy.

DIAGNOSTIC IMPRESSION: Schizoaffective d/o bipolar type by hx., non compliance with psych meds.

PLAN/RECOMMENDATIONS:

Pt on ICP

-Stabilize patient medically.

-Optimize psychotropic medications: haldol dec 100mg im, cogentin 1mg im, haldol 10 mg po tid, cogentin 1mg po bid.

-Admit to BHU

-Appreciate this interesting consult opportunity.

Request ID: 44295989

Print Date/Time 10/15/2021
08:14 EDT

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Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

TRMC065



Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Branton, Adrienne Thedasia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 71 years Female
Location: ED

Admit/Discharge: 10/2/2019
Discharge Date: 10/2/2019
Admitting: Burkholz DO, Steven R
Attending: Burkholz DO, Steven R

Progress Notes

Time spent with patient is greater than 50 minutes in consultation discussing plans and treatment options for current encounter.

Review of Systems

I have reviewed and agree with the Emergency Department physicians review of systems information and have nothing further to add at this time.

Health Status

Allergies:

Allergic Reactions (Selected)

No known allergies.

Allergies (1) Active

Reaction

No known allergies

None Documented

Current medications: (Selected)

Documented Medications

Documented

benztropine 1 mg oral tablet: 1 mg = 1 tab, Oral, BID, # 60 tab, 0 Refill(s)
clonazepam 1 mg oral tablet: 1 mg = 1 tab, Oral, BID
furosemide 40 mg oral tablet: 40 mg = 1 tab, Oral, Daily, # 30 tab, 0 Refill(s)
haloperidol 10 mg oral tablet: 10 mg = 1 tab, Oral, TID, # 90 tab, 0 Refill(s)
lisinopril 10 mg oral tablet: 10 mg = 1 tab, Oral, Daily, # 30 tab, 0 Refill(s)
metFORMIN 500 mg oral tablet: 500 mg = 1 tab, Oral, Daily
traZODone 100 mg oral tablet: 100 mg = 1 tab, Oral, qPM, 0 Refill(s),

Home Medications (7) Active

benztropine 1 mg oral tablet 1 mg = 1 tab, Oral, BID
clonazepam 1 mg oral tablet 1 mg = 1 tab, Oral, BID
furosemide 40 mg oral tablet 40 mg = 1 tab, Oral, Daily
haloperidol 10 mg oral tablet 10 mg = 1 tab, Oral, TID
lisinopril 10 mg oral tablet 10 mg = 1 tab, Oral, Daily
metFORMIN 500 mg oral tablet 500 mg = 1 tab, Oral, Daily
traZODone 100 mg oral tablet 100 mg = 1 tab, Oral, qPM

Problem list:

No qualifying data available

Request ID: 44295989

Print Date/Time 10/15/2021
08:14 EDT

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

TRMC066

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: 5/31/1950 71 years Female
Location: ED

Admit/Discharge: 10/2/2019
Discharge Date: 10/2/2019
Admitting: Burkholz DO, Steven R
Attending: Burkholz DO, Steven R

Progress Notes

Histories

Past Medical History:

No active or resolved past medical history items have been selected or recorded.

Family History:

No family history items have been selected or recorded.

Procedure history:

No active procedure history items have been selected or recorded.

Social History

Social & Psychosocial Habits

No Data Available

Physical Examination

VS/Measurements

Vital Signs

10/02/2019 9:26 EDT

Temperature Oral	36.8 DegC
Peripheral Pulse Rate	80 bpm
Respiratory Rate	18 br/min
Systolic Blood Pressure	152 mmHg HI
Diastolic Blood Pressure	71 mmHg

Psychiatric: Refer to above Mental Status Exam.

Review / Management

Results review

Electronically Signed by

Gonzalez MD, Albert 10/02/2019 11:27 EDT

Discharge Documentation

Request ID: 44295989

Print Date/Time 10/15/2021
08:14 EDT

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

Patient Name: Branton, Adrienne Thadosia
Date of Birth: [REDACTED]

MRN: 0000603130
FIN: 1002881969

* Auth (Verified) *

1002881969

PART I

PAGE 1

AFFIDAVIT FOR INVOLUNTARY EMERGENCY HOSPITALIZATION
FOR MENTAL ILLNESS AND ORDER OF DETENTION

FOR HOSPITAL USE ONLY	
Date Admitted:	
Hospital Register No.	
Approval of Hospital Official	
Signature	Date

STATE OF SOUTH CAROLINA
COUNTY OF Catahoun

IN THE MATTER OF: (Person Alleged to be Mentally Ill)

Adrienne T. Branton F [REDACTED] 69 AA 5'6" 1916 widow
First Name Middle Initial Last Name Sex Birthdate Age Race Height Weight Marital Status

210 Church St. St. Matthews SC 29135
Residence (if known) City State Zip Phone Number Length of Time Residing There

If residence is unknown, where is the person alleged to be mentally ill currently located or where was he/she found prior to presentation to the Affiant

Location Name or Description	Address	City	State	Zip	County

TO THE HOSPITAL DIRECTOR: Application is hereby made for the INVOLUNTARY EMERGENCY ADMISSION of the above-named person to a Psychiatric Hospital for the following reasons:

- The undersigned believes that the above-named person is mentally ill, and because of this mental condition is likely to cause serious harm to self or others if not immediately hospitalized.
- The specific type of harm thought probable is:
 - (a) Threats and/or attempts at suicide or serious bodily harm,
 - (b) Homicidal or violent behaviors that could cause serious harm,
 - (c) Self-harm; inability to care for self, and/or protect self if not immediately hospitalized; and/or
 - (d) Other: _____
- The Affiant bases his/her belief that the above-named person needs INVOLUNTARY EMERGENCY ADMISSION to a hospital based on the following grounds (provide specific details of the suspected harm and/or details of the harmful actions he/she has exhibited in front of you):

- The Affiant is:
 - (a) Able to have the person alleged to be mentally ill examined by a physician pursuant to S.C. Code § 44-17-410(2).
 - (b) Unable to have the person alleged to be mentally ill examined by a physician and he/she will need to be taken into custody pursuant to S.C. Code § 44-17-430 for the examination to occur.
 - (i) The reason for this is: _____
 - (ii) A law enforcement officer can find the alleged mentally ill person at the following address:

Location Name or Description	Address	City	State	Zip	County
The next-of-kin of the person alleged to be mentally ill is:					

<u>Wanda Long</u> <small>Name</small>	<u>sister in law</u> <small>Relationship</small>	<u>Conway</u> <small>City</small>	<u>SC</u> <small>State</small>	<u>843-855-7702</u> <small>Phone Number</small>
--	---	--------------------------------------	-----------------------------------	--

If the next of-kin of the person alleged to be mentally ill cannot be contacted, notify:

<u>Estill Hutchinson</u> <small>Name</small>	<u>[REDACTED]</u> <small>Relationship</small>	<u>St. Matthews SC</u> <small>City State</small>	<u>843-666-4789</u> <small>Phone Number</small>
---	--	---	--

SWORN to before me this _____ day of _____, 20____

WHEREFORE, the undersigned requests that the person named above be admitted to a psychiatric hospital for treatment as authorized by law

AFFIANT'S SIGNATURE (This must be signed by the person giving the above information)

Notary Public for the State of _____

Name of Affiant (Type or print)

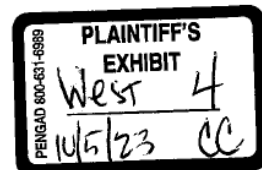
My Commission Expires: _____

Address of Affiant

Telephone Number of Affiant

Residence of the Person Alleged to be Mentally Ill or Fine

SCDMH FORM
APR. 89 (REV. APR. 18) MH-FCY-2 M-130 Pg. 1 of 2



Facility: RMC

TRMC071

* Auth (Verified) *

PART I

PAGE 2

AFFIDAVIT FOR INVOLUNTARY EMERGENCY HOSPITALIZATION FOR MENTAL ILLNESS AND ORDER OF DETENTION

IMPORTANT NOTICE: All patients receiving treatment in a State Department of Mental Health facility will be charged the established fee as approved by the South Carolina Mental Health Commission.

PERTINENT FINANCIAL RESPONSIBILITY INFORMATION

Full Name: Adrienne T. Branton Full Name of Birth, if Different: _____
 Occupied: _____ Monthly Income: \$ _____
 Address: _____ If not employed, source of income: _____
unemployed _____

HOSPITALIZATION INSURANCE Coverage including group insurance, Medicare, Medicaid, Military medical care, etc.
 Policy No. or HIB: _____ Name of Insurance Co: _____ Address: _____ If group insurance, name & address of _____
MILITARY SERVICE
 Branch: none Service Number: _____ Branch of Service: _____ Type of Discharge: _____ Monthly Pay: \$ _____ VA Claim Number: _____
FINANCIAL REPRESENTATIVE (If applicable) Please list the name, address, and telephone numbers of the person to receive financial statements and other media related to the personal financial affairs on behalf of the patient.
 Full Name: Adrienne T. Branton Relationship: _____ Address (Street, City, State, and Zip): _____ Telephone #: _____

NOTE: ADMINISTRATIVE PROCEDURE - FORMS:
 Pursuant to S.C. Code § 44-17-430, if an Affidavit of Emergency Admission (Part I) has been completed, but the person cannot be examined by a licensed physician to complete the Certificate of Licensed Physician (Part II) without being taken into custody, a copy of Part I should be presented to the probate judge for the county in which the individual is present. The probate judge may issue an Order of Detention. Upon taking the person alleged to be mentally ill into custody, the law enforcement officer must take the person along with the original Affidavit of Emergency Admission (Part I) to be examined by a licensed physician.

SCDMHFORM APR 09 REV APR 08 MH-011-2 MH-09 Pg. 2 of 2

STATE OF SOUTH CAROLINA)
 COUNTY OF _____)
 EX PARTE: _____)
 _____)
 (Affiant))
 IN THE MATTER OF: _____)
 _____)
 (A Person Alleged to be Mentally Ill))

IN THE PROBATE COURT
ORDER OF DETENTION

Upon reading the attached Affidavit dated this _____ day of _____, 20____, it is

ORDERED, ADJUDGED, and DECREED that:

- A. That any officer of the peace shall take _____, a person alleged to be mentally ill into custody for a period not to exceed twenty-four (24) hours, during which detention said person shall be examined by a licensed physician. If within the twenty-four (24) hours the person in custody is not examined by a licensed physician or, if upon examination, the physician does not execute the certification required, the proceedings must be terminated and the individual in custody must be immediately released, pursuant to S.C. Code § 44-17-430.
- B. The Order automatically expires after seventy-two (72) hours from the date and time of issuance. If the above-named person is not taken into custody within those seventy-two hours, this Order is no longer valid.

Dated this _____ day of _____, 20____, _____
 _____, South Carolina
 Judge of Probate Court or Special Probate Judge for the above-named County
 Time of Issuance _____

SCDMHFORM APR 09 REV APR 08 MH-011-2 MH-09 Pg. 2 of 2

* Auth (Verified) *

NOTE: THIS CERTIFICATE EXPIRES THREE (3) CALENDAR DAYS AFTER THE DATE OF THE EXAM. A PERSON MAY NOT BE ADMITTED TO A HOSPITAL BASED ON THIS CERTIFICATE AFTER IT HAS EXPIRED.

PART II
 CERTIFICATE OF LICENSED PHYSICIAN
 EXAMINATION FOR EMERGENCY ADMISSION

PAGE 1

Adrienne Thedasia Branton F ~~St~~ Calhoun [REDACTED] 69
NAME OF PERSON EXAMINED SEX COUNTY OF RESIDENCE DATE OF BIRTH AGE
 10AM @ TRMC 1000 02 Oct 2019
PLACE OF EXAMINATION HOUR AND DATE OF EXAMINATION

I, THE UNDERSIGNED LICENSED PHYSICIAN, have examined the above-named person and am of the opinion that the said individual:

IS MENTALLY ILL and because of this mental condition CURRENTLY POSES A SUBSTANTIAL RISK of physical harm to self and/or others to the extent that INVOLUNTARY EMERGENCY HOSPITALIZATION is recommended.

My recommendation for INVOLUNTARY EMERGENCY HOSPITALIZATION is based on the following symptoms and specific examples of behavior which indicate mental illness and probable risk of harm

- Threats and/or attempts at suicide or serious bodily harm, homicidal or violent behaviors
- Self-neglect, inability to care for, and/or protect self if not immediately hospitalized, and/or
- Other

Provide your reasons for selecting the above boxes and the specific symptoms exhibited by the above-named person that contributed to your finding that he/she is in need of immediate psychiatric inpatient treatment.

Just De from Three Rivers with Haldol, Cogentin, Clonazepam, Trazodone
 Non Compliance
 Diagnosis: Schizophrenia - Bipolar type
 Stressors: personal loss, estrangement, loneliness
 Neg AH/VH, NOSE/MI
 Flight of ideas now

Are there prior admissions to mental health treatment facilities? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	Where? Three Rivers	When? Sept 2019
Are there criminal charges? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	If yes, give details (including county and type of charge).	

The medical condition of the Patient is:
 Medically clear + Stable

PAGE 1 AND PAGE 2 MUST BE COMPLETED
 All information MUST be typed or clearly printed

Patient Name: Branton, Adrienne Thedasia
 Date of Birth: [REDACTED]

MRN: 0000603130
 FIN: 1002881969

* Auth (Verified) *

CERTIFICATE OF LICENSED PHYSICIAN

PAGE 2

Is the patient medicated prior to transporting? YES NO If yes, give type, amount, route, and when last administered

Patient's Current Medication

HEALTH OF PATIENT											
Disease	Yes	No	Date(s)	Disease	Yes	No	Date(s)	Disease	Yes	No	Date(s)
Paralysis or Crippled Limbs		✓		Cancer		✓		Homicidal or Suicidal Tendency		✓	
Blindness or Eye Trouble		✓		TB or Lung Disease		✓		Mental Retardation or Dementia		✓	
Deafness or Ear Trouble		✓		Heart or High Blood Pressure	✓			Syphilis		✓	
Epilepsy or Seizures		✓		Tremors or Abnormal Movements		✓		HIV		✓	
Diabetes	✓			Hepatitis		✓		Alcohol Abuse		✓	
Serious Allergies		✓		Head injury		✓		Drug Abuse		✓	
								Type of Abuse:			

Patient's Operations

Name of Treatment Facility Accepting Admission: _____ Name of Treatment Facility Physician Authorizing Admission: _____

PHYSICIAN'S VERIFICATION

ON THE BASIS OF MY PERSONAL EXAMINATION, I BELIEVE THAT THE PERSON IS IN NEED OF INVOLUNTARY EMERGENCY PSYCHIATRIC HOSPITALIZATION. FURTHERMORE, THE PERSON HAS NO MEDICAL/SURGICAL CONDITIONS OR DISABILITIES THAT PRESENTLY REQUIRE A GENERAL HOSPITAL OR NURSING HOME LEVEL OF CARE AND IS MEDICALLY STABLE AND PHYSICALLY ABLE TO PARTICIPATE IN PSYCHIATRIC TREATMENT. I HAVE CONSULTED WITH THE ADMITTING PHYSICIAN OF THE RECEIVING HOSPITAL REGARDING THE APPROPRIATENESS OF ADMISSION AND THE PERSON'S MENTAL AND PHYSICAL TREATMENT NEEDS.

- I have consulted with the local community mental health center, county health department, or other appropriate agency and the current treatment options and placement facilities of hospitalization at a local psychiatric facility. (SC Code § 44-17-160)
- OR
- I have not consulted with the local community mental health center, because it is not a provider of services for non-inmate residents.

THE PERSON THEREFORE NEEDS TO BE TRANSPORTED TO THE FOLLOWING FACILITY FOR INVOLUNTARY EMERGENCY ADMISSION:

NAME OF PSYCHIATRIC HOSPITAL		ADDRESS	
SIGNATURE OF LICENSED PHYSICIAN <i>Steven B. [Signature]</i>		M.D.	0510
TYPE OR PRINT NAME		SC LICENSE NUMBER	8033984021
ADDRESS		PHONE NUMBER	
		NAME OF CENTER	
		SIGNATURE OF FACE TO FACE SCREENER AND DATE	
		PRINT NAME OF SCREENER, TITLE AND ID #	

TO FRIENDS AND RELATIVES:

It is the responsibility of an officer of the peace to provide timely transportation of the person alleged to be mentally ill to the designated mental health facility. However, by freely signing this statement, you can choose to assume that responsibility. Transportation must begin immediately. You are not entitled to any reimbursement from the State for the cost of such transportation. **This form must be hand delivered by you to the admissions office of the designated mental health facility at the time of admission.**

DATE _____ SIGNATURE _____

TO POLICE AND OTHER OFFICERS OF THE PEACE:

THIS CERTIFICATE OF LICENSED PHYSICIAN AUTHORIZES AND REQUIRES YOU TO TAKE THE PROPOSED PATIENT INTO CUSTODY AND TRANSPORT HIM/HER TO THE HOSPITAL DESIGNATED BY THE CERTIFICATION PURSUANT TO SC CODE § 44-17-440, UNLESS A FRIEND OR RELATIVE HAS SIGNED ABOVE AND IS WILLING TO TRANSPORT THE PATIENT.

NO FURTHER ORDER IS REQUIRED FOR YOU TO TRANSPORT THIS PATIENT. HOWEVER, NO PERSON SHALL BE TAKEN INTO CUSTODY AFTER THE EXPIRATION OF THREE DAYS FROM THE DATE OF THIS CERTIFICATION.

ANY OFFICER ACTING IN ACCORDANCE WITH THE PROVISIONS AS SET FORTH ABOVE SHALL BE IMMUNE FROM CIVIL LIABILITY.

SC 2001 FORM 1
 APR 08 REV. APR 08 MH-F01-2 M-01
 Section 44-17-410-2



Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Branton, Adrienne Thedasia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 71 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting: Burkholz DO, Steven R
Attending: Burkholz DO, Steven R

Miscellaneous Patient Care Documents

Request ID: 44295989

Print Date/Time 10/15/2021
08:14 EDT

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

TRMC075

Patient Name: Branton, Adrienne Theodosia
Date of Birth: [REDACTED]

MRN: 000603130
FIN: 1002881969

* Auth (Verified) *

REEXAMINATION and AMENDMENT to CERTIFICATE OF LICENSED PHYSICIAN

(To be attached to Certificate completed pursuant to 644-17-410 (2) 644-24-411 (A) (2) or 644-27-56 Code of Laws of South Carolina)

NAME OF PERSON PREVIOUSLY EXAMINED: Adrienne Theodosia Branton IGE: F COUNTY OF RESIDENCE: Orangeburg
PLACE OF REEXAMINATION: TRMC ED TIME AND DATE OF REEXAMINATION: 1400 10/2/15

I, THE UNDERSIGNED LICENSED PHYSICIAN, have reviewed the CERTIFICATE OF LICENSED PHYSICIAN, previously completed by Steven Burt, M.D. 1000 10/2/15 (time/date), including the specific facts indicated on the Certificate that were present at the time of the previous examination. The above-named person has not been admitted pursuant to the Certification and the Certification has not expired. I have now reexamined the above-named person. Based upon my review and consideration of the Certificate and my current examination as to the person's present condition and treatment needs, I am of the opinion that the person is no longer in need of immediate, involuntary emergency admission.

The factual basis and grounds for my opinion are as follows.

H. Dennis Sr / HZ / AVH. Does say that she wanted to stop her med for not take med because the med "making her dizzy" ~~the~~ A&O x 4

If applicable, my recommendations for aftercare:

↓ Decrease clozapine → stop clozapine

SIGNATURE OF LICENSED PHYSICIAN: [Signature] M.D. 33737 S.C. LICENSE NUMBER
TYPED OR PRINTED NAME: Bayan West M.D. 803 395 2330 PHYSICIAN ID NUMBER
ADDRESS: 2000 St. Matthews Rd Orangeburg SC 29185

All information must be typed or clearly printed

MR0334

Patient:	Branton, Adrienne Thedasia	Admit/Discharge	10/2/2019
MRN:	0000603130	Discharge Date:	10/2/2019
Account Number:	1002881969	Admitting:	Burkholz DO, Steven R
DOB/AGE/SEX:	██████ 71 years Female	Attending:	Burkholz DO, Steven R
Location:	ED		

Treatments/Procedures Forms

Document Name	ED Treatments and Procedures - Text
Document Status	Auth (Verified)
Performed By	Brady RN, Jessica B (10/2/2019 12:43 EDT)
Signed By	Brady RN, Jessica B (10/2/2019 12:43 EDT)
Authenticated By	Brady RN, Jessica B (10/2/2019 12:43 EDT)

ED Treatments and Procedures Entered On: 10/02/2019 12:43 EDT
Performed On: 10/02/2019 12:43 EDT by Brady RN, Jessica B

Performed By

ED Tx & Procedure Performed By : Brady RN, Jessica B

Brady RN, Jessica B - 10/02/2019 12:43 EDT

ED Nurse Collect

ED Progression of Care : Lab Specimen Collected, Sent to Lab

Brady RN, Jessica B - 10/02/2019 12:43 EDT

Document Name	ED Treatments and Procedures - Text
Document Status	Auth (Verified)
Performed By	Terry LPN, Shaquille A (10/2/2019 10:36 EDT)
Signed By	Terry LPN, Shaquille A (10/2/2019 10:36 EDT)
Authenticated By	Terry LPN, Shaquille A (10/2/2019 10:36 EDT)

ED Treatments and Procedures Entered On: 10/02/2019 10:41 EDT
Performed On: 10/02/2019 10:36 EDT by Terry LPN, Shaquille A

Performed By

ED Tx & Procedure Performed By : Terry LPN, Shaquille A

Terry LPN, Shaquille A - 10/02/2019 10:36 EDT

Additional Comments

Additional Comments : Pt is refusing any other labs. Spoke with Ms. Estill Hutchinson who stated pt was just released from Spartanburg Medical Center yesterday.

Terry LPN, Shaquille A - 10/02/2019 10:36 EDT

Request ID: 44295989



Print Date/Time 10/15/2021
08:14 EDT

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

STATE OF SOUTH CAROLINA) IN THE COURT OF COMMON PLEAS
COUNTY OF ORANGEBURG) CIVIL ACTION 2020-CP-_____

ESTATE OF ADRIANNE BRANTON,)
Plaintiff,)
v.)
Defendants.)

**AFFIDAVIT
CUSTODIAN OF RECORDS**

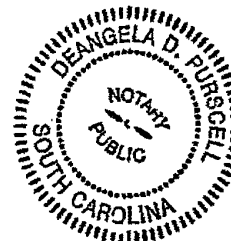
PERSONALLY appeared before me, the below Custodian of Records, who being duly sworn deposes and says:

1. I am the Custodian of Records for Orangeburg Regional Medical Center.
2. I have reviewed the records of Adrienne Branton.
3. The attached documents are requested by counsel to meet and abide by the request issued for the above referenced case.
4. The attached documents are copies of records kept within the normal course of business conducted within this office.

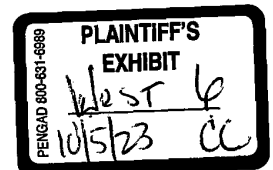
April Byrd
Custodian of Records, Orangeburg Regional
Medical Center

SWORN TO AND SUBSCRIBED before me
This 14 day of May, 2020

DeAngela D. Purcell
Notary Public for South Carolina
My Commission Expires: July 18th 2024



1 of 1



Regional Medical Center

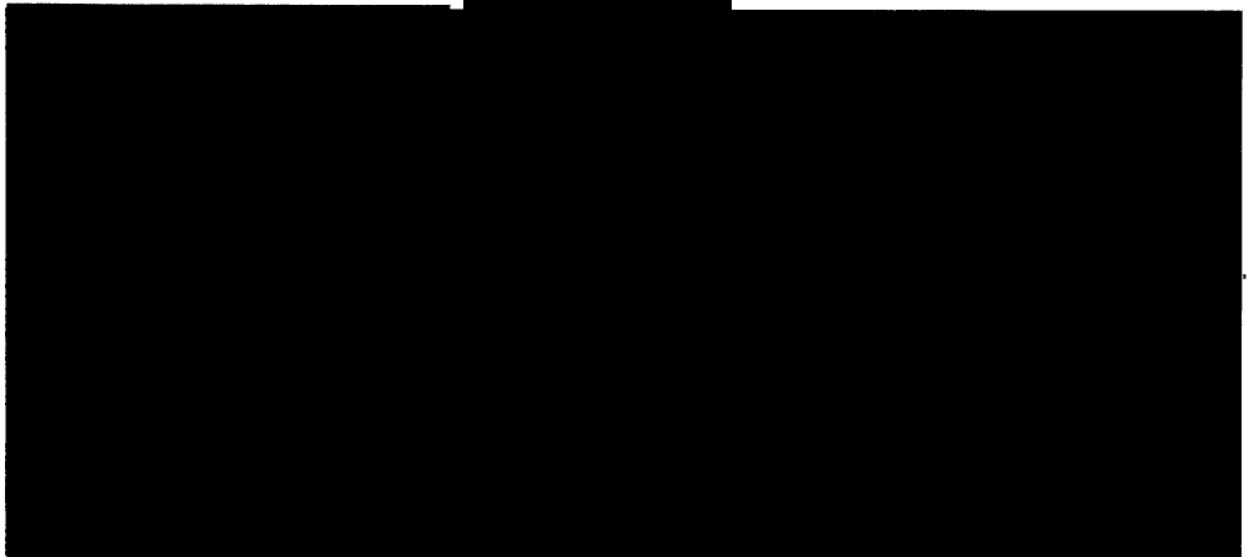
Patient Information

Patient Name: Branton, Adrienne Thedosia	Sex: Female
Home Address: 210 CHURCH ST SAINT MATTHEWS, SC 291351121	DOB: [REDACTED]
Home Phone: (843) 855-7702	Age: 69 Years
Employer Name: Not Employed	Religion: None
Employer Phone:	SSN: 246-94-5063



Contact Information

<u>Emergency Contact</u>	<u>Next of Kin</u>
Contact Name: Estill Hutchinson	Contact Name:
Patient's Reltn: Unknown	Patient's Reltn:
Sex: Female	Sex:
Home Phone: 8438557702	Home Phone:



Encounter Information

Reg Dt/Tm: 10/02/2019 09:25	Patient Type: Emergency	Admit Type: Emergency
Est Dt of Arrival:	Medical Service: Emergency	Admit Source: Non-Health Care Facilit
Inpt Adm Dt/Tm:	Location: ED	Advance Directive:
Disch Dt/Tm: 10/02/2019 15:02	Room/Bed: /	Reg Clerk: Smalls, Kalex T
Observation Dt/Tm:	Isolation:	Admit Physician:
VIP Indicator:	Disease Alert:	Attend Physician: Burkholz DO, Steven
Admit Reason: refusing medications		PCP:

Branton, Adrienne Thedosia **Female / 69 Years**
MRN: 0000603130 **FIN: 1002881969**



Printed By: Purscell, DeAngela D on 05/13/2020 13:50

Registration last updated by: Contributor_system, DOLBEY_CAC on 10/07/2019 11:46



Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
 (803) 395-2200

Patient:	Branton, Adrienne Thedosia	Admit/Discharge	10/2/2019
MRN:	0000603130	Discharge Date:	10/2/2019
Account Number:	1002881969	Admitting:	
DOB/AGE/SEX:	██████ 69 years Female	Attending:	Burkholz DO, Steven R
Location:	ED		

MAR

Medications

Admin Date/Time: 10/2/2019 12:45 EDT
 Medication Name: **diphenhydrAMINE (diphenhydrAMINE 50 mg/mL injectable solution)**
 Charted Date/Time: 10/2/2019 13:45 EDT
Ingredients: diph50Sol 50 mg 1 mL
Admin Details: (Auth) IntraMuscular, *Right Arm
Action Details: Order: Burkholz DO, Steven R 10/2/2019 11:47 EDT; Perform: Terry LPN, Shaquille A 10/2/2019 13:45 EDT;
 VERIFY: Terry LPN, Shaquille A 10/2/2019 13:45 EDT

Admin Date/Time: 10/2/2019 12:24 EDT
 Medication Name: **haloperidol (Haldol (short acting))**
 Charted Date/Time: 10/2/2019 12:24 EDT
Ingredients: halo5Sol 5 mg 1 mL
Admin Details: (Auth) IntraMuscular, *Left Arm
Action Details: Order: Burkholz DO, Steven R 10/2/2019 11:47 EDT; Perform: Terry LPN, Shaquille A 10/2/2019 12:24 EDT;
 VERIFY: Terry LPN, Shaquille A 10/2/2019 12:24 EDT

Admin Date/Time: 10/2/2019 12:24 EDT
 Medication Name: **LORazepam (Ativan)**
 Charted Date/Time: 10/2/2019 12:24 EDT
Ingredients: LORa2inj 1 mg 0.5 mL
Admin Details: (Auth) IntraMuscular, *Right Arm
Action Details: Order: Burkholz DO, Steven R 10/2/2019 11:47 EDT; Perform: Terry LPN, Shaquille A 10/2/2019 12:24 EDT;
 VERIFY: Terry LPN, Shaquille A 10/2/2019 12:24 EDT

Medication History

Medication History

Order: diphenhydrAMINE (diphenhydrAMINE 50 mg/mL injectable solution)
 Order Start Date/Time: 10/2/2019 11:47 EDT
 Order Status: Completed Clinical Category: Medications Medication Type: Inpatient
 End-state Date/Time: 10/2/2019 13:45 EDT End-state Reason:
 Ordering Physician: Burkholz DO, Steven R Consulting Physician:
 Entered By: Burkholz DO, Steven R on 10/2/2019 11:47 EDT
 Order Details: 50 mg = 1 mL, Injection, IntraMuscular, Once, NOW, Start date 10/2/19 11:47:00 AM EDT, Physician Stop, Stop date 10/2/19 1:45:40 PM EDT, (Benadryl)
 Order Comment:

Request ID: 34729287

Print Date/Time 5/13/2020 13:50 EDT

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
 (803) 395-2200

Patient:	Branton, Adrienne Thedasia	Admit/Discharge	10/2/2019
MRN:	0000603130	Discharge Date:	10/2/2019
Account Number:	1002881969	Admitting:	
DOB/AGE/SEX:	██████ 69 years Female	Attending:	Burkholz DO, Steven R
Location:	ED		

Medication History

Medication History

Order: **haloperidol (Haldol (short acting))**
 Order Start Date/Time: 10/2/2019 11:47 EDT
 Order Status: Completed Clinical Category: Medications Medication Type: Inpatient
 End-state Date/Time: 10/2/2019 12:24 EDT End-state Reason:
 Ordering Physician: Burkholz DO, Steven R Consulting Physician:
 Entered By: Burkholz DO, Steven R on 10/2/2019 11:47 EDT
 Order Details: 5 mg = 1 mL, Injection, IntraMuscular, Once, NOW, Start date 10/2/19 11:47:00 AM EDT, Physician Stop, Stop date 10/2/19 12:24:37 PM EDT
 Order Comment:

Order: **LORazepam (Ativan)**
 Order Start Date/Time: 10/2/2019 11:47 EDT
 Order Status: Completed Clinical Category: Medications Medication Type: Inpatient
 End-state Date/Time: 10/2/2019 12:24 EDT End-state Reason:
 Ordering Physician: Burkholz DO, Steven R Consulting Physician:
 Entered By: Burkholz DO, Steven R on 10/2/2019 11:47 EDT
 Order Details: 1 mg = 0.5 mL, Injection, IntraMuscular, Once, NOW, Start date 10/2/19 11:47:00 AM EDT, Physician Stop, Stop date 10/2/19 12:24:59 PM EDT
 Order Comment: Med guide MUST be given to this patient IF they are an outpatient. (e.g. ED, SDS, Endo, DAI, infusion) To print: right click on drug on MAR. Select 'Reference manual' then 'education leaflet' tab then right click on the leaflet to print.

Order: **metFORMIN (metFORMIN 500 mg oral tablet)**
 Order Start Date/Time: 10/2/2019 10:58 EDT
 Order Status: Documented Clinical Category: Medications Medication Type: Documented
 Ordering Physician: Consulting Physician:
 Entered By: Dunn, Rene W on 10/2/2019 10:58 EDT
 Order Details: 500 mg = 1 tab, Oral, Daily
 Order Comment:

Order: **furosemide (furosemide 40 mg oral tablet)**
 Order Start Date/Time: 10/2/2019 10:56 EDT
 Order Status: Completed Clinical Category: Medications Medication Type: Documented
 End-state Date/Time: 10/31/2019 10:56 EDT End-state Reason:
 Ordering Physician: Consulting Physician:
 Entered By: Dunn, Rene W on 10/2/2019 10:58 EDT
 Order Details: 40 1 mg = tab, Oral, Daily, # 30 tab, 0 Refill(s)
 Order Comment:

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
 EDT

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.
 Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
 (803) 395-2200

Patient:	Branton, Adrienne Thedosia	Admit/Discharge	10/2/2019
MRN:	0000603130	Discharge Date:	10/2/2019
Account Number:	1002881969	Admitting:	
DOB/AGE/SEX:	██████ 69 years Female	Attending:	Burkholz DO, Steven R
Location:	ED		

Medication History

Medication History

Order: lisinopril (lisinopril 10 mg oral tablet)
 Order Start Date/Time: 10/2/2019 10:56 EDT
 Order Status: Completed Clinical Category: Medications Medication Type: Documented
 End-state Date/Time: 10/31/2019 10:56 EDT End-state Reason:
 Ordering Physician: Consulting Physician:
 Entered By: Dunn, Rene W on 10/2/2019 10:58 EDT
 Order Details: 10 mg = 1 tab, Oral, Daily, # 30 tab, 0 Refill(s)
 Order Comment:

Order: clonazepam (clonazepam 1 mg oral tablet)
 Order Start Date/Time: 10/2/2019 10:19 EDT
 Order Status: Documented Clinical Category: Medications Medication Type: Documented
 Ordering Physician: Consulting Physician:
 Entered By: Dunn, Rene W on 10/2/2019 10:19 EDT
 Order Details: 1 mg = 1 tab, Oral, BID
 Order Comment:

Order: benztropine (benztropine 1 mg oral tablet)
 Order Start Date/Time: 10/2/2019 10:18 EDT
 Order Status: Completed Clinical Category: Medications Medication Type: Documented
 End-state Date/Time: 10/31/2019 10:18 EDT End-state Reason:
 Ordering Physician: Consulting Physician:
 Entered By: Dunn, Rene W on 10/2/2019 10:19 EDT
 Order Details: 1 mg = 1 tab, Oral, BID, # 60 tab, 0 Refill(s)
 Order Comment:

Order: haloperidol (haloperidol 10 mg oral tablet)
 Order Start Date/Time: 10/2/2019 10:18 EDT
 Order Status: Completed Clinical Category: Medications Medication Type: Documented
 End-state Date/Time: 10/31/2019 10:18 EDT End-state Reason:
 Ordering Physician: Consulting Physician:
 Entered By: Dunn, Rene W on 10/2/2019 10:19 EDT
 Order Details: 10 mg = 1 tab, Oral, TID, # 90 tab, 0 Refill(s)
 Order Comment:

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
 EDT

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
 (803) 395-2200

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: ████████ 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Medication History

Medication History

Order: traZODone (traZODone 100 mg oral tablet)
Order Start Date/Time: 10/2/2019 10:18 EDT
Order Status: Completed **Clinical Category:** Medications **Medication Type:** Documented
End-state Date/Time: 10/31/2019 10:18 EDT **End-state Reason:**
Ordering Physician: **Consulting Physician:**
Entered By: Dunn, Rene W on 10/2/2019 10:18 EDT
Order Details: 100 mg = 1 tab, Oral, qPM, 0 Refill(s)
Order Comment:

Emergency Documentation

Document Name	Triage Note
Document Status	Auth (Verified)
Performed By	Brady RN, Jessica B (10/2/2019 09:26 EDT)
Signed By	Brady RN, Jessica B (10/2/2019 09:26 EDT)
Authenticated By	Brady RN, Jessica B (10/2/2019 09:26 EDT)

ED Triage Adult Entered On: 10/02/2019 9:29 EDT
Performed On: 10/02/2019 9:26 EDT by Brady RN, Jessica B

Triage

ED Chief Complaint : Other: Pt transported from boarding home in Calhoun County for noncompliance with medication x 1 day. Pt denies SI/HI/AVH. Pt denies any complaints. Pt states she is concerned her medications are wrong.
Ability to Self Report : Yes
Numeric Pain Scale : 0 = No pain
Vital Signs Assessed : Yes
ED Wait Time : Patient Taken to Treatment Area
Lynx Mode of Arrival : ALS/Ambulance
Africa Travel in last 21 days : No

Brady RN, Jessica B - 10/02/2019 9:26 EDT
 (As Of: 10/02/2019 09:29:37 EDT)

ESI

Is This Patient Dying? : No
Is This a Patient Who Shouldn't Wait? : No
How Many Resources Will This Patient Need? : Many

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
 EDT

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
 (803) 395-2200

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: ████████ 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Emergency Documentation

DCP GENERIC CODE

Tracking Acuity : 3 - Urgent
 Tracking Group : RMC ED Tracking Group

Recommended ESI Level : 3

Vitals/Ht/Wt

Temperature Oral : 36.8 DegC (Converted to: 98.2 DegF)
 Peripheral Pulse Rate : 80 bpm
 Respiratory Rate : 18 br/min
 Systolic/
 Diastolic BP : 152 mmHg (HI)
 Systolic/
 Diastolic BP : 71 mmHg
 SpO2 : 100 %
 O2 Therapy : Room air
 Height/Length Estimated : 167 cm (Converted to: 5 ft 6 in, 5.48 ft, 65.75 in)
 Est Weight Reason : Other
 Weight Estimated : 81.5 kg (Converted to: 179 lb 11 oz, 179.300 WK)
 Body Mass Index Estimated : 29 kg/m2

Allergies

ED Allergy Review : Yes

Allergies (Active)

No known allergies

Estimated Onset Date: Unspecified ; Created By: Brady RN, Jessica B ; Reaction Status: Active ; Category: Drug ; Substance: No known allergies ; Type: Allergy ; Updated By: Brady RN, Jessica B ; Reviewed Date: 10/02/2019 9:27 EDT

Document Name	ED Note-Nursing
Document Status	Auth (Verified)
Performed By	Brady RN, Jessica B (10/2/2019 09:29 EDT)
Signed By	Brady RN, Jessica B (10/2/2019 09:29 EDT)
Authenticated By	Brady RN, Jessica B (10/2/2019 09:29 EDT)

ED Assessment Adult Entered On: 10/02/2019 9:32 EDT
Performed On: 10/02/2019 9:29 EDT by Brady RN, Jessica B

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
 EDT

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.
 Additional clinical information may be available for the patient via Horizon Patient Folder.
 Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
 (803) 395-2200

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Emergency Documentation

Cardiovascular

Nail Bed Color : Pink
Capillary Refill : Less than 3 seconds
Level of Consciousness : Alert
Orientation : Oriented x 3
Affect/Behavior : Appropriate, Calm, Cooperative
Distress : None

Brady RN, Jessica B - 10/02/2019 9:29 EDT

Respiratory

Respirations : Unlabored
Respiratory Pattern Description : Regular
Cough : None
Respiratory Pattern : Regular

Brady RN, Jessica B - 10/02/2019 9:29 EDT

Glasgow Coma

Eye Opening Response Glasgow : Spontaneously
Best Verbal Response Glasgow : Oriented
Best Motor Response Glasgow : Obeys simple commands
Glasgow Coma Score : 15

Brady RN, Jessica B - 10/02/2019 9:29 EDT

General

Last Tetanus : Unknown
Abuse/Neglect Screen : None
ED Suicide Psych Assessment : None

Brady RN, Jessica B - 10/02/2019 9:29 EDT

ED Medication Review

ED Medication Review : No

Brady RN, Jessica B - 10/02/2019 9:29 EDT

Medication List

(As Of: 10/02/2019 09:32:06 EDT)

Family History

Family Hx Member Documented : No Changes

Brady RN, Jessica B - 10/02/2019 9:29 EDT

Family History

(As Of: 10/02/2019 09:32:06 EDT)

Social History

Tobacco Use : Never (less than 100 in lifetime)

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
 EDT

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Emergency Documentation

Smokeless tobacco use: : Never

Brady RN, Jessica B - 10/02/2019 9:29 EDT

Social History

(As Of: 10/02/2019 09:32:06 EDT)

ED Psych

Affect/Behavior : Appropriate, Calm, Cooperative
Hallucinations : None
Hallucinations Present : None
Suicide Plan Includes Harm to Others : No
ED Suicide Psych Assessment : None

Brady RN, Jessica B - 10/02/2019 9:29 EDT

Suicide Risk Assessment

Sex : Female
Age : 50+
Marital/Partner Status Suicide Risk : Widowed
Suicide Attempt/Suicidal Ideations : No
Lethality of Attempt : Not applicable
History of Suicide Attempts : No history
Family History of Suicide : None
Intent/Ambience : No intent to die
Support System : Some support
Loss and Trauma in Last 6 Months : None
Impulsive/Aggression/Agitated/Pacing : None
Substance Abuse : None
Hopelessness : Hopeful
Hallucinations : None
Suicide Risk Score : 8
Statements or Thoughts of Self-Harm : No
Attempt or Plan for Self-Harm : No

Brady RN, Jessica B - 10/02/2019 9:29 EDT

ED Fall Risk Assessment

ED Presentation Due to Fall : No
Age Greater than 70 : No
ED Fall Risk Altered Mental Status : No
ED Fall Risk Calculation : 0
ED Fall Risk Impaired Mobility : No
ED Fall Risk Nursing Judgment : No

Brady RN, Jessica B - 10/02/2019 9:29 EDT

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
EDT

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

Patient: Branton, Adrienne Theodosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Emergency Documentation

Document Name ED Note-Physician/Midlevel
Document Status Modified
Performed By Burkholz DO, Steven R (10/2/2019 09:44 EDT)
Signed By Burkholz DO, Steven R (10/2/2019 14:15 EDT); Burkholz DO, Steven R (10/2/2019 13:18 EDT)
Authenticated By Burkholz DO, Steven R (10/2/2019 14:15 EDT); Burkholz DO, Steven R (10/2/2019 13:18 EDT); Burkholz DO, Steven R (10/2/2019 13:18 EDT); Burkholz DO, Steven R (10/2/2019 10:11 EDT)

Psychiatric Problem *ED

Patient: Branton, Adrienne Theodosia MRN: 0000603130 FIN: 1002881969
Age: 69 years Sex: Female DOB: [REDACTED]
Associated Diagnoses: None
Author: Burkholz DO, Steven R

Basic Information

Time seen: Date & time 10/02/2019 09:38:00.
History source: Patient, EMS.
Arrival mode: Ambulance-ALS.
History limitation: None.
Additional information: Chief Complaint from Nursing Triage Note : ED Chief Complaint
10/02/2019 9:26 EDT ED Chief Complaint..... Other: Pt transported from boarding home in Calhoun County for noncompliance with medication x 1 day. Pt denies SI/HI/AVH. Pt denies any complaints. Pt states she is concerned her medications are wrong.
(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

History of Present Illness

The patient presents with psychiatric problem (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT). Patient was staying at boarding house in Calhoun Co. The boarding house stated she is noncompliant, patient stated she was not receiving medication. Patient discharged from Three Rivers 1 month ago. Her triggers for the diagnosis of schizophrenia-bipolar type was recent personal loss, estrangement, loneliness and being alone and life stage transitions. patient stated that is not true and she can live with cousin/sister in Conway SC. The flare of this presentation is declared by Calhoun home of increased irritation, moodiness, noncompliant with cogentin, haldol, Clonazepam and trazadone. I find the patient clear in direction, thinking and processing with no evidence of SI/HI, no AVH, and no threat to herself. and Patient became agitated and placed on papers. (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT). The onset was unknown (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT). The course/duration of symptoms is unknown (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT). Character of symptoms depressed (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), angry (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), anxious (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), paranoid (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT) agitated (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), denies suicidal thoughts (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT). The degree of symptoms is moderate (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT). Self injury: none (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT). There are exacerbating factors including family problems (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT) and housing problems (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT). There are relieving factors including none (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT) and noncompliant (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT). Risk factors consist of age (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), multiple medications (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT) and non-compliance (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT). Prior episodes: unknown (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT). Associated symptoms: none (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT). Additional history: none (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Review of Systems

Constitutional symptoms: Negative except as documented in HPI (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Skin symptoms: Negative except as documented in HPI (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Eye symptoms: Negative except as documented in HPI (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
EDT

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Emergency Documentation

ENMT symptoms: Negative except as documented in HPI(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Respiratory symptoms: Negative except as documented in HPI(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Cardiovascular symptoms: Negative except as documented in HPI(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Genitourinary symptoms: Negative except as documented in HPI(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Musculoskeletal symptoms: Negative except as documented in HPI(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Neurologic symptoms: Negative except as documented in HPI(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Psychiatric symptoms: Negative except as documented in HPI(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Endocrine symptoms: Negative except as documented in HPI(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Hematologic/Lymphatic symptoms: Negative except as documented in HPI(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Allergy/immunologic symptoms: Negative except as documented in HPI(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Additional review of systems information: All other systems reviewed and otherwise negative(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Health Status

Allergies:
Allergic Reactions (Selected)
No known allergies
(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Past Medical/ Family/ Social History

Medical history:
No active or resolved past medical history items have been selected or recorded.
(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Surgical history:
No active procedure history items have been selected or recorded.
(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Family history:
No family history items have been selected or recorded.
(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Social history:
Social & Psychosocial Habits
No Data Available
(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), **Include smart template**

Social & Psychosocial Habits
No Data Available
(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

CAVEAT: Chart reviewed for social history, past surgical history, past medical history, family history, medicines/allergies, and prior records. I agree with nursing documentation except as otherwise specified.(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Physical Examination

Vital Signs

<u>Vital Signs</u>		
10/02/2019 9:26 EDT	Temperature Oral	36.8 DegC
---	Peripheral Pulse Rate	80 bpm
---	Respiratory Rate	18 br/min
---	Systolic Blood Pressure	152 mmHg HI
---	Diastolic Blood Pressure	71 mmHg

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Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

Patient: Branton, Adrienne Theodosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Emergency Documentation

(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT) **Measurements**
10/02/2019 9:26 EDT
Height/Length Estimated 167 cm
Weight Estimated 81.5 kg
Body Mass Index Estimated 29 kg/m2

(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT) **Basic Oxygen Information**
10/02/2019 9:26 EDT
Oxygen Therapy Room air
SpO2 100 %

(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT) **General:** Alert (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), anxious (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Skin: Warm (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), no pallor (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Head: Normocephalic (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), atraumatic (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Neck: Trachea midline (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), no tenderness (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), no JVD (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Eye: Pupils are equal, round and reactive to light (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), extraocular movements are intact (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), normal conjunctiva (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), vision unchanged (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Ears, nose, mouth and throat: Tympanic membranes clear (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), oral mucosa moist (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), no pharyngeal erythema or exudate (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Cardiovascular: Regular rate and rhythm (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), No murmur (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), Normal peripheral perfusion (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), No edema (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Respiratory: Lungs are clear to auscultation (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), respirations are non-labored (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), breath sounds are equal (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), Symmetrical chest wall expansion (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Chest wall: No tenderness (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), No deformity (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Back: Nontender (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), Normal range of motion (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), Normal alignment (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), no step-offs (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Musculoskeletal: Normal ROM (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), normal strength (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), no tenderness (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Gastrointestinal: Soft (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), Nontender (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), Non distended (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), Normal bowel sounds (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), No organomegaly (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).

Genitourinary
(revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT) **Neurological:** Alert and oriented to person, place, time, and situation (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), No focal neurological deficit observed (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), CN II-XII intact (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), normal sensory observed (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), normal motor observed (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), normal speech observed (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT), normal coordination observed (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Lymphatics: No lymphadenopathy (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT).
Psychiatric: (revised by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT) Cooperative (revised by: Burkholz DO, Steven R: 10/02/2019 14:15 EDT), appropriate mood & affect (revised by: Burkholz DO, Steven R: 10/02/2019 14:15 EDT), normal judgment (revised by: Burkholz DO, Steven R: 10/02/2019 14:15 EDT), non-suicidal (revised by: Burkholz DO, Steven R: 10/02/2019 14:15 EDT).
Psychiatric: Mood and affect: Anxious, Behavior: Uncooperative, Judgment: Impaired by (previously documented by: Burkholz DO, Steven R: 10/02/2019 10:11 EDT)

Medical Decision Making

Request ID: 34729287

Print Date/Time 5/13/2020 13:50 EDT

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Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

Patient:	Branton, Adrienne Thedosia	Admit/Discharge	10/2/2019
MRN:	0000603130	Discharge Date:	10/2/2019
Account Number:	1002881969	Admitting:	
DOB/AGE/SEX:	██████ 69 years Female	Attending:	Burkholz DO, Steven R
Location:	ED		

Emergency Documentation

Differential Diagnosis: Anxiety (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), depression (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), schizophrenia (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), bipolar disorder (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), alcohol intoxication (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), drug abuse (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT).

Documents reviewed: None available (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT).

Results review: Lab results ; Lab View

10/02/2019 12:42 EDT	Acetaminophen Level	<10.0 mcg/mL
---	Salicylate Level	<1.0 mg/dL
10/02/2019 12:23 EDT	UA Collection Type	Clean Catch
---	Urine Appearance	Clear
---	UA Color UA	Yellow
---	Urine Glucose	Negative mg/dL
---	Urine Bilirubin	Negative
---	Urine Ketones	Negative mg/dL
---	Urine Specific Gravity	<=1.005
---	Urine Blood	Negative
---	Urine pH	6.0
---	Urine Protein	Negative mg/dL
---	Urine Urobilinogen	0.2
---	Urine Nitrite	Negative
---	Urine Leukocyte Esterase	Trace cells/mcL
---	Urine WBC	0-4
---	Urine RBC	0-4
---	UA Epithelial	Occasional
---	UA Bacteria	Negative
---	Urine Hyaline Casts	0-1
---	Urine Amphetamine Screen	Negative
---	Urine Barbiturate Screen	Negative
---	Urine Benzodiazepine Screen	Negative
---	Urine Cannabinoid Screen	Negative
---	Urine Cocaine Screen	Negative
---	Urine Opiate Screen	Negative
---	Urine PCP Screen	Negative
10/02/2019 9:54 EDT	White Blood Cell Count	7.7 x10(3)/mcl
---	Red Blood Cell Count	3.89 x10(6)/mcl LOW
---	Hemoglobin	10.0 gm/dL LOW
---	Hematocrit	33.1 % LOW
---	MCV	85.1 fL
---	MCH	25.7 pg LOW
---	MCHC	30.2 gm/dL LOW
---	RDW	15.9 % HI
---	Platelet Count	225 x10(3)/mcl
---	MPV	12.8 fL HI
---	Neutrophil Automated	49.6 %
---	Lymphocyte Automated	36.8 %
---	Monocyte Automated	7.9 %
---	Eosinophil Automated	4.7 %
---	Basophil Automated	0.7 %
---	Immature Granulocyte Automated	0.3 % LOW
---	Neutrophil Absolute	3.82 x10(3)/mcl
---	Lymphocyte Absolute	2.83 x10(3)/mcl
---	Monocyte Absolute	0.61 x10(3)/mcl
---	Eosinophil Absolute	0.36 x10(3)/mcl
---	Basophil Absolute	0.05 x10(3)/mcl

Request ID: 34729287

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EDT

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Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: ████████ 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Emergency Documentation

---	Immature Granulocyte Absolute	0.02 x10(3)/mcL LOW
---	NRBC Abs	0.000 x10(3)/mcL
---	NRBC Auto	0.0/100 WBC
---	Glucose Level	103 mg/dL
---	Blood Urea Nitrogen	17 mg/dL
---	Sodium Level	140 mmol/L
---	Potassium Level	4.1 mmol/L
---	Chloride	104 mmol/L
---	Carbon Dioxide Level	23 mmol/L
---	Anion Gap	17.1 mmol/L
---	Creatinine	0.9 mg/dL
---	BUN/Creatinine Ratio	18.9 ratio
---	Estimated Glomerular Filtration Rate	>60 mL/min/1.73 m2 NA
---	Est Glom Filtration Rate, African Americ	>60 mL/min/1.73 m2 NA
---	GFR Comment	See comment
---	Calcium Level Total	10.0 mg/dL
---	Total Protein	8.3 gm/dL HI
---	Albumin Level	4.4 gm/dL
---	Albumin/Globulin Ratio	1.1 ratio LOW
---	Aspartate Aminotransferase (AST)	23 unit/L
---	Alanine Aminotransferase (ALT)	10 unit/L
---	Alkaline Phosphatase	75 unit/L
---	Bilirubin Total	0.2 mg/dL
---	Calcium Lvl Corr	9.7 mg/dL
---	Ethanol Level	<10 mg/dL

(revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT).

Reexamination/ Reevaluation

medically cleared
(revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT)

Impression and Plan

Schizophrenia-stable -
(revised by: Burkholz DO, Steven R: 10/02/2019 14:15 EDT)

Calls-Consults

- 10/02/2019 13:04:00 (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), Gonzalez MD, Alberto J (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), psychiatry (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), phone call (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), consult (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), recommends admit (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT).

Plan

Condition: Stable (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT).

Disposition: (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT) Discharged: Time 10/02/2019 14:11:00 (revised by: Burkholz DO, Steven R: 10/02/2019 14:15 EDT), Calhoun Home (revised by: Burkholz DO, Steven R: 10/02/2019 14:15 EDT), Admit: Time 10/02/2019 13:17:00, BMU (previously documented by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT)

Patient was given the following educational materials: SCHIZOPHRENIA, General, Treating Schizophrenia, Understanding Schizophrenia (revised by: Burkholz DO, Steven R: 10/02/2019 14:15 EDT), Understanding Schizophrenia, Treating Schizophrenia, SCHIZOPHRENIA, General (revised by: Burkholz DO, Steven R: 10/02/2019 14:15 EDT).

Follow up with: Alberto Gonzalez, DC CLONAZEPAM (revised by: Burkholz DO, Steven R: 10/02/2019 14:15 EDT).

Counseled: Patient (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), Regarding diagnosis (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), Regarding diagnostic results (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), Regarding treatment plan (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), Regarding prescription (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT), Patient indicated understanding of instructions (revised by: Burkholz DO, Steven R: 10/02/2019 14:15 EDT)-Patient indicated understanding of instructions (previously documented by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT).

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
EDT

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Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
 (803) 395-2200

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Emergency Documentation

Notes: Medically cleared (revised by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT).
 -Diagnosis code search
 -(previously documented by: Burkholz DO, Steven R: 10/02/2019 13:18 EDT)

Electronically Signed by

 Burkholz DO, Steven 10/02/2019 13:18 EDT

Electronically Signed by

 Burkholz DO, Steven R

 Burkholz DO, Steven R 10.02.2019 14:15 EDT

Document Name	ED Patient Education Note
Document Status	Modified
Performed By	Terry LPN, Shaquille A (10/2/2019 15:03 EDT)
Signed By	Terry LPN, Shaquille A (10/2/2019 15:03 EDT); Burkholz DO, Steven R (10/2/2019 14:15 EDT)
Authenticated By	Terry LPN, Shaquille A (10/2/2019 15:03 EDT)

ED Patient Education Note

Regional Medical Center
Patient Education Instructions
 3000 St. Matthews Road
 Orangeburg, SC 29118
 803-395-2200

Name: Branton, Adrienne Thedosia **Current Date:** 10/02/2019 15:03:12
DOB: [REDACTED] **MRN:** 0000603130 **FIN:** 1002881969
Chief Complaint: refusing medications

Patient Education Materials:

Ambulatory

Understanding Schizophrenia

Schizophrenia is a severe and puzzling disorder of the brain. It dramatically alters the way a person thinks, acts, and feels. It can disrupt each life it touches. And it can cause great emotional pain. If a loved one has schizophrenia, don't lose hope. Right now, there is no cure. But treatment may help ease symptoms. Also, many support services exist for people with schizophrenia and their families.

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Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Emergency Documentation



What are the symptoms?

The symptoms of schizophrenia can vary greatly. People with the disorder may see or hear things that aren't there. Or, they may firmly believe something that isn't true. At times, they may be quiet, listless, and withdrawn. They may have little eye contact, and may not seem to respond. At other times, they might talk or act in strange ways.

Who does it affect?

Schizophrenia affects both men and women. It can strike people of all races, cultures, and incomes. Sadly, it often begins in early adulthood. It may occur when young people are still in school. They may not have learned certain life skills. And they might not have a chance to build careers or lasting relationships.

What causes it?

The causes of schizophrenia aren't fully known. It's likely that many factors are involved. For example, schizophrenia seems to run in families. The disorder may be triggered by traumatic events. Certain brain chemicals also play a role. And brain structure is different in people with schizophrenia.

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Emergency Documentation

How to find help

The first signs of schizophrenia can be shocking. You may find it hard to cope. This is normal. You don't have to face this problem alone. Check with your local hospital or mental health clinic. Learning more about schizophrenia and going to family support groups can offer you guidance and support.

Hope for the future

Schizophrenia often presents lifelong challenges. Yet new treatments and the support of others can offer hope.

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Treating Schizophrenia

The symptoms of schizophrenia are severe and ongoing. They can disrupt lives and cause great suffering. But treatment may help relieve many of these symptoms. Most often, treatment includes both medication and counseling (psychotherapy). It also may involve help with social and life skills.

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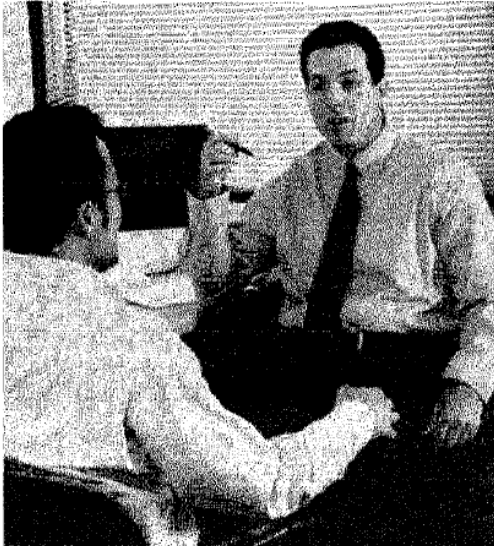
Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Emergency Documentation



Medications

Medication is a key part of any treatment for schizophrenia. Medications known as antipsychotics can help ease present symptoms. They also may prevent future problems. These medications can have side effects. To avoid side effects, some people may even stop taking their medications. Unfortunately, this can cause their symptoms to come back. If your loved one has problems with medication, tell the health care provider. Changing the dose or type of medication may help. Your support and caring can also help a loved one stick with treatment.

Counseling (psychotherapy)

A therapist can help your loved one deal with problems caused by schizophrenia. Therapy may focus on healing relationships or coping with the disorder. A therapist can also provide emotional support.

Social services

Some people with schizophrenia may not be able to work. They also may lack basic life skills. For instance, they may not know how to shop or manage money. Some may not be able to care for themselves. Fortunately, there are professionals who can help them learn these skills. If you can't care for your loved one, there are special places he or she can live, such as halfway houses and group homes. They are safe

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Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Branton, Adrienne Thodosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Emergency Documentation

places for your loved one to start building a new life. There are also agencies that can assist with needs such as improving life skills and finding housing.

Looking ahead

Research into schizophrenia is ongoing. This may lead to improved treatments in the future. There is always hope for a better life.

Resources

- National Institute of Mental Health 866-615-6464 www.nimh.nih.gov
- National Alliance on Mental Illness 800-950-6264 www.nami.org
- Mental Health America 800-969-6642 www.nmha.org
- Schizophrenia.com www.schizophrenia.com

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Psych

Schizophrenia (General Type)

Schizophrenia is a chronic, often disabling mental health disorder that makes functioning in work and society difficult. It is a type of psychosis, and involves perceiving reality differently from those around you. The difference between reality and what you think become blurred in your mind.

The cause of schizophrenia is not yet known. It is believed to be a result of genetic and biological factors (brain chemistry and structure). Schizophrenia does run in families and occurs in about 1% of the adult population. Environmental factors may also have a role in schizophrenia. These may include where you grew up, toxins, and infections.

Symptoms include:

- Hallucinations (seeing or hearing things that are not there)
- Delusions (false beliefs)

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- Disorganized thinking and speech
- Social withdrawal
- Severe anxiety
- Feeling unreal
- Paranoia
- Insomnia
- Trouble thinking or concentrating clearly
- Depression, feeling suicidal
- Withdrawal from those around you

Medicines and therapy can help with many of the symptoms and allow for better daily function and quality of life. These medicines take 2 to 4 weeks to start working and 6 to 8 weeks to take full effect.

It is common to feel that you are not ill and that you don't need treatment. It is important to accept the support of friends and family in continuing to take your medicine.

Home care

- Ongoing care and support helps manage this disease. Find a healthcare provider and therapist who meet your needs. Seek help when you feel like your symptoms are getting worse.
- Tell each of your healthcare providers about all of the prescription medicines, over-the-counter medicines, and supplements you take. Certain supplements interact with medicines and can cause dangerous side effects. Ask your pharmacist when you have questions about drug interactions.

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- Be sure to take all of your medicine as directed and get regular blood work to check your medicine level and your overall health. Take the medicines and get the follow-up lab work as prescribed, even if you think you don't need it.
- Seek support from trusted friends or family by talking about your feelings and thoughts. Ask them to help you recognize behavior changes early so you can get help and medicines can be adjusted.
- If you are having trouble managing workplace issues, or caring for yourself because of your schizophrenia, contact your local Americans with Disabilities (ADA) office to see if they can help. The U.S. Department of Justice operates a toll-free ADA information line at: 800-514-0301 (voice) or 800-514-0383 (TTY). They can help you locate a local office.

Follow-up care

Follow up with your doctor or therapist , or as advised.

Call 911

Call 911 if you:

- Have suicidal thoughts, a suicide plan, and the means to carry out the plan
- Have trouble breathing
- Are very confused
- Are very drowsy or have trouble awakening
- Feel faint or lose consciousness
- Have rapid heart rate, very low heart rate, or a new irregular heart rate
- Have a seizure

When to seek medical advice

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Call your healthcare provider right away if any of these occur:

- Your symptoms are getting worse
- Family or friends express concern over your behavior and ask you to seek help
- Feeling out of control or that you are being controlled by others
- Feeling like you want to harm yourself or another
- Unable to care for yourself
- Worsening hallucinations (hearing voices)
- Hearing voices that are telling you to harm yourself or others
- Worsening depression or anxiety

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I, Branton, Adrienne Thedosia, have received the above patient education materials/instructions and have verbalized understanding:

Patient Signature	Date	Provider Signature	Date

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Document Name ED Patient Summary
Document Status Auth (Verified)
Performed By Terry LPN, Shaquille A (10/2/2019 15:03 EDT)
Signed By Terry LPN, Shaquille A (10/2/2019 15:03 EDT)
Authenticated By Terry LPN, Shaquille A (10/2/2019 15:03 EDT)

ED Patient Summary

Regional Medical Center

803-395-2200

Patient Summary

Name: Branton, Adrienne Thedosia **Current Date:** 10/02/2019 15:03:11
DOB: [REDACTED] 12:00 AM **MRN:** 0000603130 **FIN:**

Discharge Diagnosis: Schizophrenia-stable
Address: 210 CHURCH ST SAINT MATTHEWS SC 291351121
Phone: (843) 855-7702

ED Provider:

Name: Burkholz DO, Steven R

Regional Medical Center would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

Follow-up Instructions

Follow up care is usually required after a visit to the Emergency Department. It is your responsibility to call the number(s) below for a follow up appointment. Your diagnosis today is a provisional one based on information available to the Emergency Physician. The diagnosis may change as more information becomes available to your private physician. If you develop any new,

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worsening, or concerning symptoms of illness, and are unable to follow up with a private physician, please return here or to the nearest Emergency Department for further care.

With:
DC CLONAZEPAM

Address:

When:

With:
Alberto Gonzalez

Address:
2323 ST MATTHEWS ROAD
ORANGEBURG, SC 29118

When:

*****IF YOU HAVE MEDICAID AND HAVE BEEN REFERRED TO A SPECIALIST (SUCH AS AN ORTHOPEDIST) FOR EVALUATION, PLEASE OBTAIN A WRITTEN REFERRAL FROM YOUR PRIMARY CARE DOCTOR (IF YOU DON'T KNOW WHO THAT IS - YOU CAN GET THE NAME DIRECTLY FROM MEDICAID 800-414-9025) BEFORE CONTACTING THE SPECIALIST. EVEN THOUGH YOU HAVE BEEN REFERRED BY THE EMERGENCY DEPARTMENT, MEDICAID REQUIRES THAT YOU CONTACT YOUR PRIMARY CARE DOCTOR AND GET A REFERRAL FROM THEM AS WELL.

Medication Information

New Medications

None

Medications to Continue Taking That Have Changed

None

Medications to Continue with No Changes

Other Medications

benztropine (benztropine 1 mg oral tablet) 1 Tab Oral Twice a day.

clonazePAM (clonazePAM 1 mg oral tablet) 1 Tab Oral Twice a day.

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- furosemide (furosemide 40 mg oral tablet) 1 Tab Oral Every day.
- haloperidol (haloperidol 10 mg oral tablet) 1 Tab Oral three times a day.
- lisinopril (lisinopril 10 mg oral tablet) 1 Tab Oral Every day.
- metFORMIN (metFORMIN 500 mg oral tablet) 1 Tab Oral Every day.
- traZODone (traZODone 100 mg oral tablet) 1 Tab Oral Once a day (in the evening).

No Longer Take the Following Medications

None

Contact Your Physician Prior to Taking the Following Medications

None

Health Maintenance

Recommendation	Last Done	Frequency	Next Due	Additional Information
Bone Density Screening		One Time Only	Now	
Breast Cancer Screening		2 years	Now	
Colorectal Screening		10 years	Now	
Lipid Screening		5 years	Now	
Pneumococcal Dose 1: 13 Vaccine		One Time Only	Now	
Pneumococcal Dose 2: 23 Vaccine		One Time Only	Now	
Tetanus Vaccine		10 years	Now	
Varicella Vaccine Dose 1		One Time Only	Now	
Zoster Vaccine-Inactivated Dose 1		One Time Only	Now	

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Zoster Vaccine-Live	100 years	Now
Influenza Vaccine	1 years	09/01/2019
Diabetes Screening 10/02/2019	5 years	10/02/2024

"Please give this list of medicines to your doctor, update the list when medicines are stopped, doses are changed, or new medicines are started. Carry this information with you at all times in case of an emergency."

Labs, X-Rays and Procedures

Problems and Health Issues

No Problems/Health issues documented

Laboratory or Other Results This Visit (last charted value for your 10/02/2019 visit)

Hematology

10/02/19 09:54:00

- Basophil Absolute:** 0.05 x10(3)/mCL -- Normal range between (0.00 and 0.10)
- Basophil Automated:** 0.7 % -- Normal range between (0.0 and 1.0)
- Eosinophil Absolute:** 0.36 x10(3)/mCL -- Normal range between (0.00 and 1.00)
- Eosinophil Automated:** 4.7 % -- Normal range between (0.0 and 10.0)
- Hematocrit:** 33.1 % -- Normal range between (37.0 and 47.0)
- Hemoglobin:** 10.0 gm/dL -- Normal range between (12.0 and 16.0)
- Immature Granulocyte Absolute:** 0.02 x10(3)/mCL -- Normal range between (0.10 and 0.60)
- Immature Granulocyte Automated:** 0.3 % -- Normal range between (3.0 and 6.0)
- Lymphocyte Absolute:** 2.83 x10(3)/mCL -- Normal range between (1.00 and 5.50)
- Lymphocyte Automated:** 36.8 % -- Normal range between (21.0 and 51.0)
- MCH:** 25.7 pg -- Normal range between (27.0 and 31.0)
- MCHC:** 30.2 gm/dL -- Normal range between (32.0 and 36.0)
- MCV:** 85.1 fL -- Normal range between (81.0 and 99.0)
- Monocyte Absolute:** 0.61 x10(3)/mCL -- Normal range between (0.09 and 0.90)

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Monocyte Automated: 7.9 % -- Normal range between (2.0 and 9.0)
MPV: 12.8 fL -- Normal range between (7.4 and 10.4)
Neutrophil Absolute: 3.82 x10(3)/mCL -- Normal range between (2.00 and 8.70)
Neutrophil Automated: 49.6 % -- Normal range between (42.0 and 75.0)
Platelet Count: 225 x10(3)/mCL -- Normal range between (130 and 400)
Red Blood Cell Count: 3.89 x10(6)/mCL -- Normal range between (4.20 and 5.40)
RDW: 15.9 % -- Normal range between (11.5 and 14.5)
White Blood Cell Count: 7.7 x10(3)/mCL -- Normal range between (4.8 and 10.8)
NRBC Auto: 0.0 /100 WBC -- Normal range between (0.0 and 0.2)
NRBC Abs: 0.000 x10(3)/mCL -- Normal range between (0.000 and 0.012)

Urinalysis

10/02/19 12:23:00

Urine Appearance: Clear
UA Bacteria: Negative
Urine Bilirubin: Negative
Urine Blood: Negative
UA Collection Type: Clean Catch
UA Color UA: Yellow
UA Epithelial: Occasional
Urine Glucose: Negative mg/dL
Urine Hyaline Casts: 0-1
Urine Ketones: Negative mg/dL
Urine Leukocyte Esterase: Trace cells/mCL
Urine Nitrite: Negative
Urine pH: 6.0 -- Normal range between (5.0 and 9.0)
Urine Protein: Negative mg/dL
Urine RBC: 0-4
Urine Specific Gravity: <=1.005 -- Normal range between (1.003 and 1.040)
Urine Urobilinogen: 0.2
Urine WBC: 0-4

Chemistry

10/02/19 12:42:00

Acetaminophen Level: <10.0 mcg/mL -- Normal range between (10.0 and 30.0)
Salicylate Level: <1.0 mg/dL -- Normal range between (0.0 and 60.0)

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10/02/19 12:23:00

Urine Amphetamine Screen: Negative
Urine Benzodiazepine Screen: Negative
Urine Cannabinoid Screen: Negative
Urine Cocaine Screen: Negative
Urine Opiate Screen: Negative
Urine Barbiturate Screen: Negative
Urine PCP Screen: Negative

10/02/19 09:54:00

Creatinine: 0.9 mg/dL -- Normal range between (0.7 and 1.2)
Albumin/Globulin Ratio: 1.1 ratio -- Normal range between (1.2 and 2.2)
Anion Gap: 17.1 mmol/L -- Normal range between (9.0 and 18.3)
Albumin Level: 4.4 gm/dL -- Normal range between (3.5 and 5.0)
Alkaline Phosphatase: 75 unit/L -- Normal range between (38 and 126)
Alanine Aminotransferase (ALT): 10 unit/L -- Normal range between (9 and 52)
Aspartate Aminotransferase (AST): 23 unit/L -- Normal range between (14 and 36)
Bilirubin Total: 0.2 mg/dL -- Normal range between (0.2 and 1.3)
Blood Urea Nitrogen: 17 mg/dL -- Normal range between (7 and 17)
BUN/Creatinine Ratio: 18.9 ratio -- Normal range between (7.0 and 25.0)
Calcium Level Total: 10.0 mg/dL -- Normal range between (9.1 and 10.6)
Chloride: 104 mmol/L -- Normal range between (98 and 107)
Carbon Dioxide Level: 23 mmol/L -- Normal range between (22 and 30)
Ethanol Level: <10 mg/dL -- Normal range between (0 and 10)
Estimated Glomerular Filtration Rate: >60 mL/min/1.73 m2
Est Glom Filtration Rate, African Americ: >60 mL/min/1.73 m2
Glucose Level: 103 mg/dL -- Normal range between (74 and 106)
Potassium Level: 4.1 mmol/L -- Normal range between (3.5 and 5.1)
Sodium Level: 140 mmol/L -- Normal range between (137 and 145)
Total Protein: 8.3 gm/dL -- Normal range between (6.3 and 8.2)
GFR Comment: See comment
Calcium Lvl Corr: 9.7 mg/dL -- Normal range between (9.1 and 10.6)

Procedures

No Procedures Documented

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Allergies

No known allergies

Immunizations

No Immunizations Documented This Visit

Future Appointments

No Future Appointments Scheduled

Patient Education Documents

Understanding Schizophrenia

Schizophrenia is a severe and puzzling disorder of the brain. It dramatically alters the way a person thinks, acts, and feels. It can disrupt each life it touches. And it can cause great emotional pain. If a loved one has schizophrenia, don't lose hope. Right now, there is no cure. But treatment may help ease symptoms. Also, many support services exist for people with schizophrenia and their families.

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What are the symptoms?

The symptoms of schizophrenia can vary greatly. People with the disorder may see or hear things that aren't there. Or, they may firmly believe something that isn't true. At times, they may be quiet, listless, and withdrawn. They may have little eye contact, and may not seem to respond. At other times, they might talk or act in strange ways.

Who does it affect?

Schizophrenia affects both men and women. It can strike people of all races, cultures, and incomes. Sadly, it often begins in early adulthood. It may occur when young people are still in school. They may not have learned certain life skills. And they might not have a chance to build careers or lasting relationships.

What causes it?

The causes of schizophrenia aren't fully known. It's likely that many factors are involved. For example, schizophrenia seems to run in families. The disorder may be triggered by traumatic events. Certain brain chemicals also play a role. And brain structure is different in people with schizophrenia.

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How to find help

The first signs of schizophrenia can be shocking. You may find it hard to cope. This is normal. You don't have to face this problem alone. Check with your local hospital or mental health clinic. Learning more about schizophrenia and going to family support groups can offer you guidance and support.

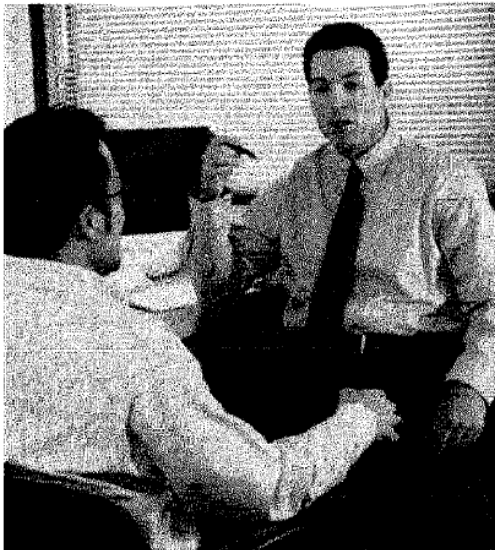
Hope for the future

Schizophrenia often presents lifelong challenges. Yet new treatments and the support of others can offer hope.

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Treating Schizophrenia

The symptoms of schizophrenia are severe and ongoing. They can disrupt lives and cause great suffering. But treatment may help relieve many of these symptoms. Most often, treatment includes both medication and counseling (psychotherapy). It also may involve help with social and life skills.



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Counseling (psychotherapy)

A therapist can help your loved one deal with problems caused by schizophrenia. Therapy may focus on healing relationships or coping with the disorder. A therapist can also provide emotional support.

Social services

Some people with schizophrenia may not be able to work. They also may lack basic life skills. For instance, they may not know how to shop or manage money. Some may not be able to care for themselves. Fortunately, there are professionals who can help them learn these skills. If you can't care for your loved one, there are special places he or she can live, such as halfway houses and group homes. They are safe places for your loved one to start building a new life. There are also agencies that can assist with needs such as improving life skills and finding housing.

Looking ahead

Research into schizophrenia is ongoing. This may lead to improved treatments in the future. There is always hope for a better life.

Resources

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Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	Branton, Adrienne Thedosia	Admit/Discharge	10/2/2019
MRN:	0000603130	Discharge Date:	10/2/2019
Account Number:	1002881969	Admitting:	
DOB/AGE/SEX:	██████ 69 years Female	Attending:	Burkholz DO, Steven R
Location:	ED		

Emergency Documentation

Schizophrenia (General Type)

Schizophrenia is a chronic, often disabling mental health disorder that makes functioning in work and society difficult. It is a type of psychosis, and involves perceiving reality differently from those around you. The difference between reality and what you think become blurred in your mind.

The cause of schizophrenia is not yet known. It is believed to be a result of genetic and biological factors (brain chemistry and structure). Schizophrenia does run in families and occurs in about 1% of the adult population. Environmental factors may also have a role in schizophrenia. These may include where you grew up, toxins, and infections.

Symptoms include:

- Hallucinations (seeing or hearing things that are not there)
- Delusions (false beliefs)
- Disorganized thinking and speech
- Social withdrawal
- Severe anxiety
- Feeling unreal
- Paranoia
- Insomnia
- Trouble thinking or concentrating clearly
- Depression, feeling suicidal
- Withdrawal from those around you

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Emergency Documentation

Medicines and therapy can help with many of the symptoms and allow for better daily function and quality of life. These medicines take 2 to 4 weeks to start working and 6 to 8 weeks to take full effect.

It is common to feel that you are not ill and that you don't need treatment. It is important to accept the support of friends and family in continuing to take your medicine.

Home care

- Ongoing care and support helps manage this disease. Find a healthcare provider and therapist who meet your needs. Seek help when you feel like your symptoms are getting worse.
- Tell each of your healthcare providers about all of the prescription medicines, over-the-counter medicines, and supplements you take. Certain supplements interact with medicines and can cause dangerous side effects. Ask your pharmacist when you have questions about drug interactions.
- Be sure to take all of your medicine as directed and get regular blood work to check your medicine level and your overall health. Take the medicines and get the follow-up lab work as prescribed, even if you think you don't need it.
- Seek support from trusted friends or family by talking about your feelings and thoughts. Ask them to help you recognize behavior changes early so you can get help and medicines can be adjusted.
- If you are having trouble managing workplace issues, or caring for yourself because of your schizophrenia, contact your local Americans with Disabilities (ADA) office to see if they can help. The U.S. Department of Justice operates a toll-free ADA information line at: 800-514-0301 (voice) or 800-514-0383 (TTY). They can help you locate a local office.

Follow-up care

Follow up with your doctor or therapist , or as advised.

Call 911

Call 911 if you:

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Emergency Documentation

- Have suicidal thoughts, a suicide plan, and the means to carry out the plan
- Have trouble breathing
- Are very confused
- Are very drowsy or have trouble awakening
- Feel faint or lose consciousness
- Have rapid heart rate, very low heart rate, or a new irregular heart rate
- Have a seizure

When to seek medical advice

Call your healthcare provider right away if any of these occur:

- Your symptoms are getting worse
- Family or friends express concern over your behavior and ask you to seek help
- Feeling out of control or that you are being controlled by others
- Feeling like you want to harm yourself or another
- Unable to care for yourself
- Worsening hallucinations (hearing voices)
- Hearing voices that are telling you to harm yourself or others

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(803) 395-2200

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Emergency Documentation

- Worsening depression or anxiety

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YOUR X-RAYS

If you had X-RAYS today they may have been read by your emergency physician. If so, they will be read again later by a radiologist (a specialist in reading x-rays). If he sees anything of significance that the emergency room physician did not see, you will receive a call back informing you of the difference and letting you know if there is anything else that you need to do.

Our goal is to provide our patients and their families with very good service. In the near future you may receive a survey in the mail asking you to evaluate this emergency department visit. Please take the time to complete that survey and let us know how we are doing. Your opinion and feedback are very important to us.

ITS THE LAW:

1. Infants(birth to 1 year, weighing up to 20 pounds) must be restrained in an appropriate child safety seat rear facing in the back seat.
2. Children 1-6 years must be restrained in an appropriate child safety seat in the back seat.
3. Children less than six are not allowed to ride in the front seat.
4. All adults are required to wear a safety belt when riding in a car.

South Carolina Department of Alcohol and other Drug Abuse Services (DAODAS)
DAODAS places major emphasis on disseminating information about the problem of alcohol, tobacco and other drug abuse, as well as promoting the availability of the many resources that are available in the state. Much of the printed information available through DAODAS. Information and assistance are available through the 1-888-SC PREVENTS (727-7383), a statewide toll-free telephone information service for South Carolina residents, as well as through the website <http://www.daodas.state.sc.us>.

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Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Emergency Documentation

Branton, Adrienne Thedosia has been given the following list of patient education materials, prescriptions, and follow-up instructions:

Medication Information

New Medications

None

Medications to Continue Taking That Have Changed

None

Medications to Continue with No Changes

Other Medications

- benztropine (benztropine 1 mg oral tablet) 1 Tab Oral Twice a day.
- clonazepam (clonazepam 1 mg oral tablet) 1 Tab Oral Twice a day.
- furosemide (furosemide 40 mg oral tablet) 1 Tab Oral Every day.
- haloperidol (haloperidol 10 mg oral tablet) 1 Tab Oral three times a day.
- lisinopril (lisinopril 10 mg oral tablet) 1 Tab Oral Every day.
- metFORMIN (metFORMIN 500 mg oral tablet) 1 Tab Oral Every day.
- trazodone (trazodone 100 mg oral tablet) 1 Tab Oral Once a day (in the evening).

No Longer Take the Following Medications

None

Contact Your Physician Prior to Taking the Following Medications

None

Other Medications

- benztropine (benztropine 1 mg oral tablet) 1 Tab Oral Twice a day.

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Attending: Burkholz DO, Steven R

Emergency Documentation

- clonazepam (clonazepam 1 mg oral tablet) 1 Tab Oral Twice a day.
- furosemide (furosemide 40 mg oral tablet) 1 Tab Oral Every day.
- haloperidol (haloperidol 10 mg oral tablet) 1 Tab Oral three times a day.
- lisinopril (lisinopril 10 mg oral tablet) 1 Tab Oral Every day.
- metFORMIN (metFORMIN 500 mg oral tablet) 1 Tab Oral Every day.
- traZODone (traZODone 100 mg oral tablet) 1 Tab Oral Once a day (in the evening).

Problems

No Problems Documented

Follow-up Instructions:

With: DC CLONAZEPAM **Address:** **When:**

With: Alberto Gonzalez **Address:** 2323 ST MATTHEWS ROAD
ORANGEBURG, SC 29118 **When:**

Patient Education Materials

Understanding Schizophrenia; Treating Schizophrenia; SCHIZOPHRENIA, General

I, Branton, Adrienne Thedosia, have received the above patient education materials/instructions and have verbalized understanding:

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Location: ED
Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Emergency Documentation

Patient Signature	Date	Provider Signature	Date

Document Name	ED Patient Summary
Document Status	Auth (Verified)
Performed By	Burkholz DO, Steven R (10/2/2019 14:15 EDT)
Signed By	Burkholz DO, Steven R (10/2/2019 14:15 EDT)
Authenticated By	Burkholz DO, Steven R (10/2/2019 14:15 EDT)

ED Patient Summary

Regional Medical Center

803-395-2200

Patient Summary

Name: Branton, Adrienne Thedosia	Current Date: 10/02/2019 14:15:50
DOB: [REDACTED] 12:00 AM	MRN: 0000603130 FIN:

Discharge Diagnosis: Schizophrenia-stable
Address: 210 CHURCH ST SAINT MATTHEWS SC 291351121
Phone: (843) 855-7702

ED Provider:
Name: Burkholz DO, Steven R

Request ID: 34729287 Print Date/Time 5/13/2020 13:50 EDT

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DOB/AGE/SEX:	██████ 69 years Female	Attending:	Burkholz DO, Steven R
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Emergency Documentation

Regional Medical Center would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

Follow-up Instructions

Follow up care is usually required after a visit to the Emergency Department. It is your responsibility to call the number(s) below for a follow up appointment. Your diagnosis today is a provisional one based on information available to the Emergency Physician. The diagnosis may change as more information becomes available to your private physician. If you develop any new, worsening, or concerning symptoms of illness, and are unable to follow up with a private physician, please return here or to the nearest Emergency Department for further care.

With:	Address:	When:
DC CLONAZEPAM		

With:	Address:	When:
Alberto Gonzalez	2323 ST MATTHEWS ROAD ORANGEBURG, SC 29118	

*****IF YOU HAVE MEDICAID AND HAVE BEEN REFERRED TO A SPECIALIST (SUCH AS AN ORTHOPEDIST) FOR EVALUATION, PLEASE OBTAIN A WRITTEN REFERRAL FROM YOUR PRIMARY CARE DOCTOR (IF YOU DON'T KNOW WHO THAT IS - YOU CAN GET THE NAME DIRECTLY FROM MEDICAID 800-414-9025) BEFORE CONTACTING THE SPECIALIST. EVEN THOUGH YOU HAVE BEEN REFERRED BY THE EMERGENCY DEPARTMENT, MEDICAID REQUIRES THAT YOU CONTACT YOUR PRIMARY CARE DOCTOR AND GET A REFERRAL FROM THEM AS WELL.

Medication Information

New Medications

None

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Emergency Documentation

Medications to Continue Taking That Have Changed

None

Medications to Continue with No Changes

Other Medications

- benztropine (benztropine 1 mg oral tablet) 1 Tab Oral Twice a day.
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- trazodone (trazodone 100 mg oral tablet) 1 Tab Oral Once a day (in the evening).

No Longer Take the Following Medications

None

Contact Your Physician Prior to Taking the Following Medications

None

Health Maintenance

Recommendation	Last Done	Frequency	Next Due	Additional Information
Bone Density Screening		One Time Only	Now	
Breast Cancer Screening		2 years	Now	
Colorectal Screening		10 years	Now	
Lipid Screening		5 years	Now	

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Location: ED

Admit/Discharge 10/2/2019
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Attending: Burkholz DO, Steven R

Emergency Documentation

Pneumococcal	One Time Only	Now
Dose 1: 13 Vaccine		
Pneumococcal	One Time Only	Now
Dose 2: 23 Vaccine		
Tetanus Vaccine	10 years	Now
Varicella Vaccine	One Time Only	Now
Dose 1		
Zoster		
Vaccine-Inactivated	One Time Only	Now
Dose 1		
Zoster Vaccine-Live	100 years	Now
Influenza Vaccine	1 years	09/01/2019
Diabetes Screening 10/02/2019	5 years	10/02/2024

"Please give this list of medicines to your doctor, update the list when medicines are stopped, doses are changed, or new medicines are started. Carry this information with you at all times in case of an emergency."

Labs, X-Rays and Procedures

Problems and Health Issues

No Problems/Health issues documented

Laboratory or Other Results This Visit (last charted value for your 10/02/2019 visit)

Hematology

10/02/19 09:54:00

- Basophil Absolute:** 0.05 x10(3)/mcL -- Normal range between (0.00 and 0.10)
- Basophil Automated:** 0.7 % -- Normal range between (0.0 and 1.0)
- Eosinophil Absolute:** 0.36 x10(3)/mcL -- Normal range between (0.00 and 1.00)
- Eosinophil Automated:** 4.7 % -- Normal range between (0.0 and 10.0)
- Hematocrit:** 33.1 % -- Normal range between (37.0 and 47.0)

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Emergency Documentation

Hemoglobin: 10.0 gm/dL -- Normal range between (12.0 and 16.0)
Immature Granulocyte Absolute: 0.02 x10(3)/mCL -- Normal range between (0.10 and 0.60)
Immature Granulocyte Automated: 0.3 % -- Normal range between (3.0 and 6.0)
Lymphocyte Absolute: 2.83 x10(3)/mCL -- Normal range between (1.00 and 5.50)
Lymphocyte Automated: 36.8 % -- Normal range between (21.0 and 51.0)
MCH: 25.7 pg -- Normal range between (27.0 and 31.0)
MCHC: 30.2 gm/dL -- Normal range between (32.0 and 36.0)
MCV: 85.1 fL -- Normal range between (81.0 and 99.0)
Monocyte Absolute: 0.61 x10(3)/mCL -- Normal range between (0.09 and 0.90)
Monocyte Automated: 7.9 % -- Normal range between (2.0 and 9.0)
MPV: 12.8 fL -- Normal range between (7.4 and 10.4)
Neutrophil Absolute: 3.82 x10(3)/mCL -- Normal range between (2.00 and 8.70)
Neutrophil Automated: 49.6 % -- Normal range between (42.0 and 75.0)
Platelet Count: 225 x10(3)/mCL -- Normal range between (130 and 400)
Red Blood Cell Count: 3.89 x10(6)/mCL -- Normal range between (4.20 and 5.40)
RDW: 15.9 % -- Normal range between (11.5 and 14.5)
White Blood Cell Count: 7.7 x10(3)/mCL -- Normal range between (4.8 and 10.8)
NRBC Auto: 0.0 /100 WBC -- Normal range between (0.0 and 0.2)
NRBC Abs: 0.000 x10(3)/mCL -- Normal range between (0.000 and 0.012)

Urinalysis

10/02/19 12:23:00

Urine Appearance: Clear
UA Bacteria: Negative
Urine Bilirubin: Negative
Urine Blood: Negative
UA Collection Type: Clean Catch
UA Color UA: Yellow
UA Epithelial: Occasional
Urine Glucose: Negative mg/dL
Urine Hyaline Casts: 0-1
Urine Ketones: Negative mg/dL
Urine Leukocyte Esterase: Trace cells/mCL
Urine Nitrite: Negative
Urine pH: 6.0 -- Normal range between (5.0 and 9.0)
Urine Protein: Negative mg/dL

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Emergency Documentation

Urine RBC: 0-4
Urine Specific Gravity: <=1.005 -- Normal range between (1.003 and 1.040)
Urine Urobilinogen: 0.2
Urine WBC: 0-4

Chemistry

10/02/19 12:42:00

Acetaminophen Level: <10.0 mcg/mL -- Normal range between (10.0 and 30.0)
Salicylate Level: <1.0 mg/dL -- Normal range between (0.0 and 60.0)

10/02/19 12:23:00

Urine Amphetamine Screen: Negative
Urine Benzodiazepine Screen: Negative
Urine Cannabinoid Screen: Negative
Urine Cocaine Screen: Negative
Urine Opiate Screen: Negative
Urine Barbiturate Screen: Negative
Urine PCP Screen: Negative

10/02/19 09:54:00

Creatinine: 0.9 mg/dL -- Normal range between (0.7 and 1.2)
Albumin/Globulin Ratio: 1.1 ratio -- Normal range between (1.2 and 2.2)
Anion Gap: 17.1 mmol/L -- Normal range between (9.0 and 18.3)
Albumin Level: 4.4 gm/dL -- Normal range between (3.5 and 5.0)
Alkaline Phosphatase: 75 unit/L -- Normal range between (38 and 126)
Alanine Aminotransferase (ALT): 10 unit/L -- Normal range between (9 and 52)
Aspartate Aminotransferase (AST): 23 unit/L -- Normal range between (14 and 36)
Bilirubin Total: 0.2 mg/dL -- Normal range between (0.2 and 1.3)
Blood Urea Nitrogen: 17 mg/dL -- Normal range between (7 and 17)
BUN/Creatinine Ratio: 18.9 ratio -- Normal range between (7.0 and 25.0)
Calcium Level Total: 10.0 mg/dL -- Normal range between (9.1 and 10.6)
Chloride: 104 mmol/L -- Normal range between (98 and 107)
Carbon Dioxide Level: 23 mmol/L -- Normal range between (22 and 30)
Ethanol Level: <10 mg/dL -- Normal range between (0 and 10)
Estimated Glomerular Filtration Rate: >60 mL/min/1.73 m²
Est Glom Filtration Rate, African Americ: >60 mL/min/1.73 m²
Glucose Level: 103 mg/dL -- Normal range between (74 and 106)
Potassium Level: 4.1 mmol/L -- Normal range between (3.5 and 5.1)

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Emergency Documentation

Sodium Level: 140 mmol/L -- Normal range between (137 and 145)
Total Protein: 8.3 gm/dL -- Normal range between (6.3 and 8.2)
GFR Comment: See comment
Calcium Lvl Corr: 9.7 mg/dL -- Normal range between (9.1 and 10.6)

Procedures

No Procedures Documented

Allergies

No known allergies

Immunizations

No Immunizations Documented This Visit

Future Appointments

No Future Appointments Scheduled

Patient Education Documents

Understanding Schizophrenia

Schizophrenia is a severe and puzzling disorder of the brain. It dramatically alters the way a person thinks, acts, and feels. It can disrupt each life it touches. And it can cause great emotional pain. If a loved one has schizophrenia, don't lose hope. Right now, there is no cure. But treatment may help ease symptoms. Also, many support services exist for people with schizophrenia and their families.

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Attending: Burkholz DO, Steven R

Emergency Documentation



What are the symptoms?

The symptoms of schizophrenia can vary greatly. People with the disorder may see or hear things that aren't there. Or, they may firmly believe something that isn't true. At times, they may be quiet, listless, and withdrawn. They may have little eye contact, and may not seem to respond. At other times, they might talk or act in strange ways.

Who does it affect?

Schizophrenia affects both men and women. It can strike people of all races, cultures, and incomes. Sadly, it often begins in early adulthood. It may occur when young people are still in school. They may not have learned certain life skills. And they might not have a chance to build careers or lasting relationships.

What causes it?

The causes of schizophrenia aren't fully known. It's likely that many factors are involved. For example, schizophrenia seems to run in families. The disorder may be triggered by traumatic events. Certain brain chemicals also play a role. And brain structure is different in people with schizophrenia.

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Location: ED

Admit/Discharge 10/2/2019
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Attending: Burkholz DO, Steven R

Emergency Documentation

How to find help

The first signs of schizophrenia can be shocking. You may find it hard to cope. This is normal. You don't have to face this problem alone. Check with your local hospital or mental health clinic. Learning more about schizophrenia and going to family support groups can offer you guidance and support.

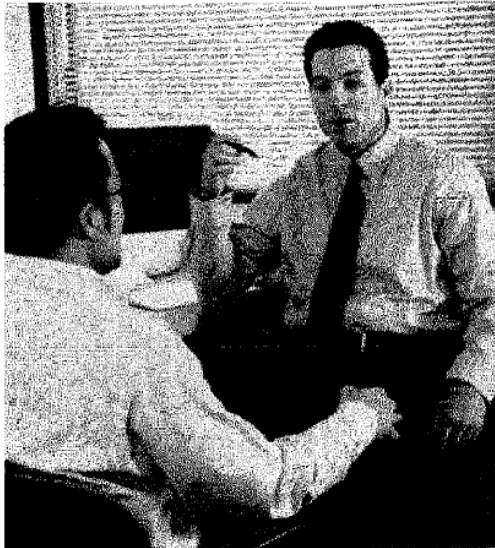
Hope for the future

Schizophrenia often presents lifelong challenges. Yet new treatments and the support of others can offer hope.

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Treating Schizophrenia

The symptoms of schizophrenia are severe and ongoing. They can disrupt lives and cause great suffering. But treatment may help relieve many of these symptoms. Most often, treatment includes both medication and counseling (psychotherapy). It also may involve help with social and life skills.



Request ID: 34729287

Print Date/Time 5/13/2020 13:50
EDT

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	Branton, Adrienne Thedosia	Admit/Discharge	10/2/2019
MRN:	0000603130	Discharge Date:	10/2/2019
Account Number:	1002881969	Admitting:	
DOB/AGE/SEX:	██████ 69 years Female	Attending:	Burkholz DO, Steven R
Location:	ED		

Emergency Documentation

Medications

Medication is a key part of any treatment for schizophrenia. Medications known as antipsychotics can help ease present symptoms. They also may prevent future problems. These medications can have side effects. To avoid side effects, some people may even stop taking their medications. Unfortunately, this can cause their symptoms to come back. If your loved one has problems with medication, tell the health care provider. Changing the dose or type of medication may help. Your support and caring can also help a loved one stick with treatment.

Counseling (psychotherapy)

A therapist can help your loved one deal with problems caused by schizophrenia. Therapy may focus on healing relationships or coping with the disorder. A therapist can also provide emotional support.

Social services

Some people with schizophrenia may not be able to work. They also may lack basic life skills. For instance, they may not know how to shop or manage money. Some may not be able to care for themselves. Fortunately, there are professionals who can help them learn these skills. If you can't care for your loved one, there are special places he or she can live, such as halfway houses and group homes. They are safe places for your loved one to start building a new life. There are also agencies that can assist with needs such as improving life skills and finding housing.

Looking ahead

Research into schizophrenia is ongoing. This may lead to improved treatments in the future. There is always hope for a better life.

Resources

National Institute of Mental Health 866-615-6464 www.nimh.nih.gov

National Alliance on Mental Illness 800-950-6264 www.nami.org

Mental Health America 800-969-6642 www.nmha.org

Schizophrenia.com www.schizophrenia.com

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Emergency Documentation

Schizophrenia (General Type)

Schizophrenia is a chronic, often disabling mental health disorder that makes functioning in work and society difficult. It is a type of psychosis, and involves perceiving reality differently from those around you. The difference between reality and what you think become blurred in your mind.

The cause of schizophrenia is not yet known. It is believed to be a result of genetic and biological factors (brain chemistry and structure). Schizophrenia does run in families and occurs in about 1% of the adult population. Environmental factors may also have a role in schizophrenia. These may include where you grew up, toxins, and infections.

Symptoms include:

- Hallucinations (seeing or hearing things that are not there)
- Delusions (false beliefs)
- Disorganized thinking and speech
- Social withdrawal
- Severe anxiety
- Feeling unreal
- Paranoia
- Insomnia
- Trouble thinking or concentrating clearly
- Depression, feeling suicidal
- Withdrawal from those around you

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Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Emergency Documentation

Medicines and therapy can help with many of the symptoms and allow for better daily function and quality of life. These medicines take 2 to 4 weeks to start working and 6 to 8 weeks to take full effect.

It is common to feel that you are not ill and that you don't need treatment. It is important to accept the support of friends and family in continuing to take your medicine.

Home care

- Ongoing care and support helps manage this disease. Find a healthcare provider and therapist who meet your needs. Seek help when you feel like your symptoms are getting worse.
- Tell each of your healthcare providers about all of the prescription medicines, over-the-counter medicines, and supplements you take. Certain supplements interact with medicines and can cause dangerous side effects. Ask your pharmacist when you have questions about drug interactions.
- Be sure to take all of your medicine as directed and get regular blood work to check your medicine level and your overall health. Take the medicines and get the follow-up lab work as prescribed, even if you think you don't need it.
- Seek support from trusted friends or family by talking about your feelings and thoughts. Ask them to help you recognize behavior changes early so you can get help and medicines can be adjusted.
- If you are having trouble managing workplace issues, or caring for yourself because of your schizophrenia, contact your local Americans with Disabilities (ADA) office to see if they can help. The U.S. Department of Justice operates a toll-free ADA information line at: 800-514-0301 (voice) or 800-514-0383 (TTY). They can help you locate a local office.

Follow-up care

Follow up with your doctor or therapist , or as advised.

Call 911

Call 911 if you:

Request ID: 34729287

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Orangeburg, SC 29118-
(803) 395-2200

Patient:	Branton, Adrienne Thedosia	Admit/Discharge	10/2/2019
MRN:	0000603130	Discharge Date:	10/2/2019
Account Number:	1002881969	Admitting:	
DOB/AGE/SEX:	██████ 69 years Female	Attending:	Burkholz DO, Steven R
Location:	ED		

Emergency Documentation

- Have suicidal thoughts, a suicide plan, and the means to carry out the plan
- Have trouble breathing
- Are very confused
- Are very drowsy or have trouble awakening
- Feel faint or lose consciousness
- Have rapid heart rate, very low heart rate, or a new irregular heart rate
- Have a seizure

When to seek medical advice

Call your healthcare provider right away if any of these occur:

- Your symptoms are getting worse
- Family or friends express concern over your behavior and ask you to seek help
- Feeling out of control or that you are being controlled by others
- Feeling like you want to harm yourself or another
- Unable to care for yourself
- Worsening hallucinations (hearing voices)
- Hearing voices that are telling you to harm yourself or others

Request ID: 34729287

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Account Number:	1002881969	Admitting:	
DOB/AGE/SEX:	██████ 69 years Female	Attending:	Burkholz DO, Steven R
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Emergency Documentation

- Worsening depression or anxiety

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YOUR X-RAYS

If you had X-RAYS today they may have been read by your emergency physician. If so, they will be read again later by a radiologist (a specialist in reading x-rays). If he sees anything of significance that the emergency room physician did not see, you will receive a call back informing you of the difference and letting you know if there is anything else that you need to do.

Our goal is to provide our patients and their families with very good service. In the near future you may receive a survey in the mail asking you to evaluate this emergency department visit. Please take the time to complete that survey and let us know how we are doing. Your opinion and feedback are very important to us.

ITS THE LAW:

1. Infants(birth to 1 year, weighing up to 20 pounds) must be restrained in an appropriate child safety seat rear facing in the back seat.
2. Children 1-6 years must be restrained in an appropriate child safety seat in the back seat.
3. Children less than six are not allowed to ride in the front seat.
4. All adults are required to wear a safety belt when riding in a car.

South Carolina Department of Alcohol and other Drug Abuse Services (DAODAS)
DAODAS places major emphasis on disseminating information about the problem of alcohol, tobacco and other drug abuse, as well as promoting the availability of the many resources that are available in the state. Much of the printed information available through DAODAS. Information and assistance are available through the 1-888-SC PREVENTS (727-7383), a statewide toll-free telephone information service for South Carolina residents, as well as through the website <http://www.daodas.state.sc.us>.

Request ID: 34729287

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3000 St Matthews Road
Orangeburg, SC 29118-
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Patient:	Branton, Adrienne Thedosia	Admit/Discharge	10/2/2019
MRN:	0000603130	Discharge Date:	10/2/2019
Account Number:	1002881969	Admitting:	
DOB/AGE/SEX:	██████ 69 years Female	Attending:	Burkholz DO, Steven R
Location:	ED		

Emergency Documentation

Branton, Adrienne Thedosia has been given the following list of patient education materials, prescriptions, and follow-up instructions:

Medication Information

New Medications

None

Medications to Continue Taking That Have Changed

None

Medications to Continue with No Changes

Other Medications

- benztropine (benztropine 1 mg oral tablet) 1 Tab Oral Twice a day.
- clonazepam (clonazepam 1 mg oral tablet) 1 Tab Oral Twice a day.
- furosemide (furosemide 40 mg oral tablet) 1 Tab Oral Every day.
- haloperidol (haloperidol 10 mg oral tablet) 1 Tab Oral three times a day.
- lisinopril (lisinopril 10 mg oral tablet) 1 Tab Oral Every day.
- metFORMIN (metFORMIN 500 mg oral tablet) 1 Tab Oral Every day.
- traZODone (traZODone 100 mg oral tablet) 1 Tab Oral Once a day (in the evening).

No Longer Take the Following Medications

None

Contact Your Physician Prior to Taking the Following Medications

None

Other Medications

- benztropine (benztropine 1 mg oral tablet) 1 Tab Oral Twice a day.

Request ID: 34729287

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(803) 395-2200

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Emergency Documentation

- clonazepam (clonazepam 1 mg oral tablet) 1 Tab Oral Twice a day.
- furosemide (furosemide 40 mg oral tablet) 1 Tab Oral Every day.
- haloperidol (haloperidol 10 mg oral tablet) 1 Tab Oral three times a day.
- lisinopril (lisinopril 10 mg oral tablet) 1 Tab Oral Every day.
- metFORMIN (metFORMIN 500 mg oral tablet) 1 Tab Oral Every day.
- traZODone (traZODone 100 mg oral tablet) 1 Tab Oral Once a day (in the evening).

Problems

No Problems Documented

Follow-up Instructions:

With:	Address:	When:
DC CLONAZEPAM		

With:	Address:	When:
Alberto Gonzalez	2323 ST MATTHEWS ROAD ORANGEBURG, SC 29118	

Patient Education Materials

Understanding Schizophrenia; Treating Schizophrenia; SCHIZOPHRENIA, General

I, Branton, Adrienne Thedosia, have received the above patient education materials/instructions and have verbalized understanding:

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
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Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Emergency Documentation

Patient Signature	Date	Provider Signature	Date

Document Name	ED Clinical Summary
Document Status	Auth (Verified)
Performed By	Terry LPN, Shaquille A (10/2/2019 15:03 EDT)
Signed By	Terry LPN, Shaquille A (10/2/2019 15:03 EDT)
Authenticated By	Terry LPN, Shaquille A (10/2/2019 15:03 EDT)

ED Clinical Summary

Regional Medical Center
803-395-2200
Clinical Summary

NAME: Branton, Adrienne Thedosia **CURRENT DATE:** 10/02/2019 15:03:10
DOB: [REDACTED] 12:00 AM **GENDER:** Female
MRN: 0000603130 **FIN:**
RACE: Black or African American **ETHNICITY:** Non-Hispanic **LANGUAGE:** English

Discharge Information

Discharge Disposition: Home or Self Care (01)

Discharge Diagnosis: Schizophrenia-stable

Address: 210 CHURCH ST SAINT MATTHEWS SC 291351121
Phone: (843) 855-7702

ED Provider:

Name: Burkholz DO, Steven R

Allergies

No known allergies

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
EDT

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Orangeburg, SC 29118-
(803) 395-2200

Patient: Branton, Adrienne Thedosa
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Emergency Documentation

With: DC CLONAZEPAM **Address:** **When:**

With: Alberto Gonzalez **Address:** 2323 ST MATTHEWS ROAD
ORANGEBURG, SC 29118 **When:**

Medication Information
New Medications

None

Medications to Continue Taking That Have Changed

None

Medications to Continue with No Changes

Other Medications

- benztropine (benztropine 1 mg oral tablet) 1 Tab Oral Twice a day.
- clonazepam (clonazepam 1 mg oral tablet) 1 Tab Oral Twice a day.
- furosemide (furosemide 40 mg oral tablet) 1 Tab Oral Every day.
- haloperidol (haloperidol 10 mg oral tablet) 1 Tab Oral three times a day.
- lisinopril (lisinopril 10 mg oral tablet) 1 Tab Oral Every day.
- metFORMIN (metFORMIN 500 mg oral tablet) 1 Tab Oral Every day.
- traZODone (traZODone 100 mg oral tablet) 1 Tab Oral Once a day (in the evening).

No Longer Take the Following Medications

None

Contact Your Physician Prior to Taking the Following Medications

None

Health Maintenance

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
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Patient:	Branton, Adrienne Thedosia	Admit/Discharge	10/2/2019
MRN:	0000603130	Discharge Date:	10/2/2019
Account Number:	1002881969	Admitting:	
DOB/AGE/SEX:	██████ 69 years Female	Attending:	Burkholz DO, Steven R
Location:	ED		

<i>Emergency Documentation</i>

Recommendation	Last Done	Frequency	Next Due	Additional Information
Bone Density Screening		One Time Only	Now	
Breast Cancer Screening		2 years	Now	
Colorectal Screening		10 years	Now	
Lipid Screening		5 years	Now	
Pneumococcal Dose 1: 13 Vaccine		One Time Only	Now	
Pneumococcal Dose 2: 23 Vaccine		One Time Only	Now	
Tetanus Vaccine		10 years	Now	
Varicella Vaccine Dose 1		One Time Only	Now	
Zoster Vaccine-Inactivated Dose 1		One Time Only	Now	
Zoster Vaccine-Live		100 years	Now	
Influenza Vaccine		1 years	09/01/2019	
Diabetes Screening	10/02/2019	5 years	10/02/2024	

Labs, X-Rays, and Procedures

Problems and Health Issues

No Problems/Health issues documented

Other Medications

- benztropine (benztropine 1 mg oral tablet)** 1 Tab Oral Twice a day.
- clonazepam (clonazepam 1 mg oral tablet)** 1 Tab Oral Twice a day.
- furosemide (furosemide 40 mg oral tablet)** 1 Tab Oral Every day.
- haloperidol (haloperidol 10 mg oral tablet)** 1 Tab Oral three times a day.
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Location: ED
Admit/Discharge: 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Emergency Documentation

Problems
No Problems Documented

Document Name: ED Clinical Summary
Document Status: Auth (Verified)
Performed By: Burkholz DO, Steven R (10/2/2019 14:15 EDT)
Signed By: Burkholz DO, Steven R (10/2/2019 14:15 EDT)
Authenticated By: Burkholz DO, Steven R (10/2/2019 14:15 EDT)

ED Clinical Summary

Regional Medical Center
803-395-2200
Clinical Summary

NAME: Branton, Adrienne Thedosia **CURRENT DATE:** 10/02/2019 14:15:50
DOB: [REDACTED] 12:00 AM **GENDER:** Female
MRN: 0000603130 **FIN:**
RACE: Black or African American **ETHNICITY:** Non-Hispanic **LANGUAGE:** English

Discharge Information

Discharge Disposition:

Discharge Diagnosis: Schizophrenia-stable

Address: 210 CHURCH ST SAINT MATTHEWS SC 291351121
Phone: (843) 855-7702

ED Provider:

Name: Burkholz DO, Steven R

Allergies

No known allergies

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Account Number:	1002881969	Admitting:	
DOB/AGE/SEX:	██████ 69 years Female	Attending:	Burkholz DO, Steven R
Location:	ED		

Emergency Documentation

With:	Address:	When:
DC CLONAZEPAM		

With:	Address:	When:
Alberto Gonzalez	2323 ST MATTHEWS ROAD ORANGEBURG, SC 29118	

Medication Information
New Medications

None

Medications to Continue Taking That Have Changed

None

Medications to Continue with No Changes

Other Medications

- benztropine (benztropine 1 mg oral tablet) 1 Tab Oral Twice a day.
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No Longer Take the Following Medications

None

Contact Your Physician Prior to Taking the Following Medications

None

Health Maintenance

Request ID: 34729287

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Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Emergency Documentation

Recommendation	Last Done	Frequency	Next Due	Additional Information
Bone Density Screening		One Time Only	Now	
Breast Cancer Screening		2 years	Now	
Colorectal Screening		10 years	Now	
Lipid Screening		5 years	Now	
Pneumococcal Dose 1: 13 Vaccine		One Time Only	Now	
Pneumococcal Dose 2: 23 Vaccine		One Time Only	Now	
Tetanus Vaccine		10 years	Now	
Varicella Vaccine Dose 1		One Time Only	Now	
Zoster Vaccine-Inactivated Dose 1		One Time Only	Now	
Zoster Vaccine-Live		100 years	Now	
Influenza Vaccine		1 years	09/01/2019	
Diabetes Screening	10/02/2019	5 years	10/02/2024	

Labs, X-Rays, and Procedures

Problems and Health Issues

No Problems/Health issues documented

Other Medications

- benztropine (benztropine 1 mg oral tablet)** 1 Tab Oral Twice a day.
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Patient:	Branton, Adrienne Thedosia	Admit/Discharge	10/2/2019
MRN:	0000603130	Discharge Date:	10/2/2019
Account Number:	1002881969	Admitting:	
DOB/AGE/SEX:	██████ 69 years Female	Attending:	Burkholz DO, Steven R
Location:	ED		

Emergency Documentation

Problems

No Problems Documented

History and Physical Reports

Document Name	History and Physical
Document Status	Auth (Verified)
Performed By	Green DNP,Cameo A (10/2/2019 15:30 EDT)
Signed By	Green DNP,Cameo A (10/2/2019 15:30 EDT)
Authenticated By	Green DNP,Cameo A (10/2/2019 15:30 EDT)

Freetext Note

Patient: **Branton, Adrienne Thedosia** MRN: 0000603130 FIN: 1002881969
 Age: **69 years** Sex: **Female** DOB: ██████
 Associated Diagnoses: **None**
 Author: **Green DNP, Cameo A**

Patient was discharged at 1503 pm from the Emergency Department. Dr. West advised Cameo Green, DNP, APRN, FNP-C to inform the Boarding Home of her treatment plan. Cameo Green, DNP, APRN, FNP-C called Mrs. Estill Hutchinson at ICare Boarding Home and notified her that the Patient's Clonazepam should be stopped due to her complaints of dizziness per Dr. West. Patient's Caretaker, Mrs. Hutchinson, verbalized understanding of treatment plan. She was concerned that Patient may "act out" in the future, she was advised to bring her back to the Hospital if she is concerned.

Electronically Signed by

Green DNP, Cameo A 10/02/2019 15:30 EDT

Consultation Notes

Document Name	Consultation Note
Document Status	Auth (Verified)
Performed By	West MD,Bryan A (10/2/2019 14:04 EDT)
Signed By	West MD,Bryan A (10/2/2019 14:35 EDT)
Authenticated By	West MD,Bryan A (10/2/2019 14:35 EDT); West MD,Bryan A (10/2/2019 14:35 EDT)

Psych ED consult

Patient: **Branton, Adrienne Thedosia** MRN: 0000603130 FIN: 1002881969
 Age: **69 years** Sex: **Female** DOB: 05/31/1950
 Associated Diagnoses: **None**
 Author: **West MD, Bryan A**

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
 EDT

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
 (803) 395-2200

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Consultation Notes

Chief Complaint

Psych consulted due to history of schizophrenia and BPAD

History of Present Illness

The patient presents with a psychiatric problem. The psychiatric problem(s) is described as history of BPAD and schizophrenia. The severity of the psychiatric problem(s) is mild. The psychiatric problem(s) is constant. The psychiatric problem(s) has lasted for 360 month(s). The context of the psychiatric problem(s): occurred associated with current medication regimen. Exacerbating factors consist of none. Relieving factors consist of medication. Associated symptoms consist of dizziness when she takes medications. Additional pertinent history: none. collateral information recieved from family regarding current reason for admission. records reviewed from previous admissions/facilities.

The patient presents with Psych consulted due to history of schizophrenia and BPAD. Patient is a 69 year old Black Female with history of hypertension, schizophrenia, BPAD, diabetes, and peripheral edema. Patient is A&O x 4. She denies SI, AH, VH, or HI. She states that she is not taking her medications because it makes her dizzy. Patient knows who year, location, her name, and birth date. She denies history of cutting herself. Patient states that she went to College for 3 years for Childhood Development.

Was brought in for not taking outpatient psych medication. Got haldol in ED which is exactly what she is taking as an outpatient, so it would be expected that her behavior would improve when she is restarted on exactly what she is supposed to be taking as an outpatient. Says that she didn't want to take her meds because they were making her dizzy. Sitting up in bed, eating.

Review of Systems

- Constitutional:** No fever, No chills, No sweats.
- Eye:** No recent visual problem.
- Ear/Nose/Mouth/Throat:** No nasal congestion, No sore throat.
- Respiratory:** No shortness of breath, No cough, No wheezing.
- Cardiovascular:** No chest pain, No syncope.
- Gastrointestinal:** No vomiting, No diarrhea, No constipation.
- Genitourinary:** No dysuria, No change in urine stream.
- Hematology/Lymphatics:** No bruising tendency, No swollen lymph glands.
- Musculoskeletal:** No back pain, No decreased range of motion.
- Integumentary:** No other significant skin complaints.
- Neurologic:** Negative except as documented in history of present illness.
- Psychiatric:** history of schizophrenia and BPAD.

Physical Examination
VS/Measurements

<u>Vital Signs (last 24 hrs)</u>	<u>Last Charted</u>	<u>Minimum</u>	<u>Maximum</u>
Temp	36.8 (OCT 02 09:26)	36.8 (OCT 02 09:26)	36.8 (OCT 02 09:26)
Heart Rate	80 (OCT 02 09:26)	80 (OCT 02 09:26)	80 (OCT 02 09:26)
Resp Rate	18 (OCT 02 09:26)	18 (OCT 02 09:26)	18 (OCT 02 09:26)
SBP	H 152 (OCT 02 09:26)	H 152 (OCT 02 09:26)	H 152 (OCT 02 09:26)
DBP	71 (OCT 02 09:26)	71 (OCT 02 09:26)	71 (OCT 02 09:26)
SpO2	100 (OCT 02 09:26)	100 (OCT 02 09:26)	100 (OCT 02 09:26)

General: No acute distress.
 Ambulation status: Within normal limits.
 Appearance: Within normal limits.
Eye: Pupils are equal, round and reactive to light, Normal conjunctiva, Vision unchanged.
HENT: Normocephalic, Normal hearing, Oral mucosa is moist.

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
 EDT

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	Branton, Adrienne Thedosa	Admit/Discharge	10/2/2019
MRN:	0000603130	Discharge Date:	10/2/2019
Account Number:	1002881969	Admitting:	
DOB/AGE/SEX:	██████ 69 years Female	Attending:	Burkholz DO, Steven R
Location:	ED		

Consultation Notes

Cardiovascular: Normal rate, Regular rhythm, Normal peripheral perfusion, No edema.
Neck: Supple, No carotid bruit, Non-tender.
Lymphatics: No lymphadenopathy neck, axilla, groin.
Gastrointestinal: Non-tender, Non-distended, Normal bowel sounds, + BM per nursing record

Respiratory: Respirations are non-labored, Breath sounds are equal, Symmetrical chest wall expansion.
Genitourinary: No costovertebral angle tenderness, No urethral discharge.

Musculoskeletal

Normal range of motion.
Normal strength.
Normal gait.

Integumentary: Warm, Dry, Intact, No pallor, No rash.
Integumentary exam: Normal for ethnicity.

Neurologic: Alert, Oriented.

Psychiatric: Cooperative, Appropriate mood & affect.
MENTAL STATUS EXAM

Appearance: moderately groomed
Behavior: cooperative, good eye contact
Motor: no psychomotor agitation noted
Speech: clear, regular rate, and rhythm
Mood: pleasant
Affect: mood congruent
Thought Process: coherent
Thought Content: denied Suicidal Ideations or Homicidal Ideations, denies Auditory or Visual Hallucinations.
Alert and Oriented X 4
Insight: limited
Judgment: good
Intelligence: average
Memory: +recall.

Impression and Plan

Diagnosis

BPAD - Discharge to home once medically cleared, recommendation to stop Clonazepam 1mg daily as it is self-tapering. This medication is on the Beers Criteria and can be causing her dizziness, additionally benzos can cause dizziness and agitation on the elderly. Continue Benzotropine 1 mg po BID, Haldol 10mg po TID, Trazodone 100mg qPM.

the patient got haldol in ED with an improvement in behavior. her main complaint to me at bedside was that she was dizzy and didn't want to take meds that made her dizzy. most likely the clonazepam was making her dizzy. she should stop taking this medication and expressed understanding about stopping this medication. says that she felt comfortable with this plan. lives at a boarding home and this plan should be communicated to the boarding home regarding med administration.

Peripheral edema- Furosemide 40mg po daily

HTN- Lisinopril 10mg po daily

Diabetes Mellitus- Metformin 500mg po daily

-Total Time spent with patient has been greater than 70 minutes and more than half of the encounter involved counseling regarding treatment plan, medication management, ADL's and expected outcomes for hospital admission.

Course: Improving.

Dx and Plan

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
EDT

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Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: ████████ 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Consultation Notes

Health Status

Allergies:

Allergic Reactions (Selected)
No known allergies,

Allergies (1) Active

No known allergies

Reaction

None Documented

Current medications: (Selected)

Documented Medications

Documented

benztropine 1 mg oral tablet: 1 mg = 1 tab, Oral, BID, # 60 tab, 0 Refill(s)
clonazepam 1 mg oral tablet: 1 mg = 1 tab, Oral, BID
furosemide 40 mg oral tablet: 40 mg = 1 tab, Oral, Daily, # 30 tab, 0 Refill(s)
haloperidol 10 mg oral tablet: 10 mg = 1 tab, Oral, TID, # 90 tab, 0 Refill(s)
lisinopril 10 mg oral tablet: 10 mg = 1 tab, Oral, Daily, # 30 tab, 0 Refill(s)
metFORMIN 500 mg oral tablet: 500 mg = 1 tab, Oral, Daily
traZODone 100 mg oral tablet: 100 mg = 1 tab, Oral, qPM, 0 Refill(s)

Histories

Additional History: PRIOR MEDICAL HISTORY, PRIOR SURGICAL HISTORY, SOCIAL HISTORY, FAMILY HISTORY, MEDICATIONS, IMMUNIZATION STATUS, PROBLEM LIST, AND ALLERGIES ALL REVIEWED PER NURSING NOTES. I AGREE COMPLETELY EXCEPT WHERE INDICATED.

Past Medical History:

No active or resolved past medical history items have been selected or recorded.

Family History:

No family history items have been selected or recorded.

Procedure history:

No active procedure history items have been selected or recorded.

Social History

Social & Psychosocial Habits

No Data Available

Review / Management

Results review:

Labs (Last four charted values)

WBC	7.7	(OCT 02)
Hgb	L 10.0	(OCT 02)
Hct	L 33.1	(OCT 02)
Plt	225	(OCT 02)
Na	140	(OCT 02)
K	4.1	(OCT 02)
Cl	104	(OCT 02)
Cr	0.9	(OCT 02)

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
EDT

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Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
 (803) 395-2200

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Consultation Notes

BUN 17 (OCT 02)
Glucose 103 (OCT 02)
Ca 10.0 (OCT 02)

Documentation reviewed: Records from referring facility, Reviewed prior records, Reviewed home medications.

Basic Information

Admit information: Please see HPI.

Professional Services

E & M Assistant:

Electronically Signed by

West MD, Bryan A 10/02/2019 14:35 EDT

Progress Notes

Document Name	Progress Note-Physician/Mid-Level
Document Status	Auth (Verified)
Performed By	Gonzalez MD, Alberto J (10/2/2019 11:27 EDT)
Signed By	Gonzalez MD, Alberto J (10/2/2019 11:27 EDT)
Authenticated By	Gonzalez MD, Alberto J (10/2/2019 11:27 EDT)

psych consult- ED

Patient: Branton, Adrienne Thedosia **MRN:** 0000603130 **FIN:** 1002881969
Age: 69 years **Sex:** Female **DOB:** [REDACTED]
Associated Diagnoses: None
Author: Gonzalez MD, Alberto J

History of Present Illness

Pt transported from boarding home in Calhoun County for noncompliance with medication x 1 day. Pt denies SI/Hi/AVH. Pt denies any compliants. Pt states she is concerned her medications are wrong.

The patient presents with psychiatric problem. Patient was staying at boarding house in Clahoun Co. The boarding house stated she is noncompliant, patient stated she was not receiving medication. Patient discharged from Three Rivers 1 month ago. Her triggers for the diagnosis of schizophrenia-bipolar type was recent personal loss, estrangement, loneliness and bwing alone and life stage transitions. patient stated that is not true ans she can live with cousin/sister in Conway SC. The flare of this presentation is declared by Calhoun home of increased irritation, moodiness, noncompliant with cogentin, haldol, Clonazepam and trazadone. I find the patient clear in direction, thinking and processing with no evidence of SI/Hi, no A/VH, and no threat to herself. and Patient became agitated and placed on papers .. The onset was unknown. The course/duration of symptoms is unknown. Character of symptoms depressed, angry, anxious, paranoid agitated, denies suicidal thoughts. The degree of symptoms is moderate. Self injury: none. There are exacerbating factors including family problems and housing problems. There are relieving factors including none and noncompliant. Risk factors consist of age, multiple medications and non-compliance. Prior episodes: unknown. Associated symptoms: none. Additional history: none.

---Above noted, chart reviewed, pt seen and discussed with ED staff and BHU Nurse. Results of the UDS were pending.

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
 EDT

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Patient:	Branton, Adrienne Thedasia	Admit/Discharge	10/2/2019
MRN:	0000603130	Discharge Date:	10/2/2019
Account Number:	1002881969	Admitting:	
DOB/AGE/SEX:	██████ 69 years Female	Attending:	Burkholz DO, Steven R
Location:	ED		

Progress Notes

MENTAL STATUS EXAM:

Appearance: adequately groomed, hospital garb
Behavior: cooperative, adequate eye contact
Motor: no psychomotor agitation noted
Speech: normal rate and volume
Mood: Depressed/Anxious
Affect: labile
Thought Process: linear, coherent, relevant
Thought Content: denied SI/II, denies AVH, paranoid persecutory active delusions
A0X4
Insight: limited
Judgement: poor, impulsive
Intelligence: within normal range

PE:

General: Alert, anxious.

Skin: Warm, no pallor.

Head: Normocephalic, atraumatic.

Neck: Trachea midline, no tenderness, no JVD.

Eye: Pupils are equal, round and reactive to light, extraocular movements are intact, normal conjunctiva, vision unchanged.

Ears, nose, mouth and throat: Tympanic membranes clear, oral mucosa moist, no pharyngeal erythema or exudate.

Cardiovascular: Regular rate and rhythm, No murmur, Normal peripheral perfusion, No edema.

Respiratory: Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal, Symmetrical chest wall expansion.

Chest wall: No tenderness, No deformity.

Back: Nontender, Normal range of motion, Normal alignment, no step-offs.

Musculoskeletal: Normal ROM, normal strength, no tenderness.

Gastrointestinal: Soft, Nontender, Non distended, Normal bowel sounds, No organomegaly.

Genitourinary

Neurological: Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, CN II-XII intact, normal sensory observed, normal motor observed, normal speech observed, normal coordination observed.

Lymphatics: No lymphadenopathy.

DIAGNOSTIC IMPRESSION: Schizoaffective d/o bipolar type by hx., non compliance with psych meds.

PLAN/RECOMMENDATIONS:

Pt on ICP

-Stabilize patient medically.

-Optimize psychotropic medications. haldol dec 100mg im, cogentin 1mg im, haldol 10 mg po tid, cogentin 1mg po bid.

-Admit to BHU

-Appreciate this interesting consult opportunity.

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
EDT

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Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
 (803) 395-2200

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Progress Notes

Time spent with patient is greater than 50 minutes in consultation discussing plans and treatment options for current encounter.

Review of Systems

I have reviewed and agree with the Emergency Department physicians review of systems information and have nothing further to add at this time.

Health Status

Allergies:

Allergic Reactions (Selected)

No known allergies,

Allergies (1) Active

No known allergies

Reaction

None Documented

Current medications: (Selected)

Documented Medications

Documented

- benztropine 1 mg oral tablet: 1 mg = 1 tab, Oral, BID, # 60 tab, 0 Refill(s)
- clonazepam 1 mg oral tablet: 1 mg = 1 tab, Oral, BID
- furosemide 40 mg oral tablet: 40 mg = 1 tab, Oral, Daily, # 30 tab, 0 Refill(s)
- haloperidol 10 mg oral tablet: 10 mg = 1 tab, Oral, TID, # 90 tab, 0 Refill(s)
- lisinopril 10 mg oral tablet: 10 mg = 1 tab, Oral, Daily, # 30 tab, 0 Refill(s)
- metFORMIN 500 mg oral tablet: 500 mg = 1 tab, Oral, Daily
- trazodone 100 mg oral tablet: 100 mg = 1 tab, Oral, qPM, 0 Refill(s),

Home Medications (7) Active

- benztropine 1 mg oral tablet 1 mg = 1 tab, Oral, BID
- clonazepam 1 mg oral tablet 1 mg = 1 tab, Oral, BID
- furosemide 40 mg oral tablet 40 mg = 1 tab, Oral, Daily
- haloperidol 10 mg oral tablet 10 mg = 1 tab, Oral, TID
- lisinopril 10 mg oral tablet 10 mg = 1 tab, Oral, Daily
- metFORMIN 500 mg oral tablet 500 mg = 1 tab, Oral, Daily
- trazodone 100 mg oral tablet 100 mg = 1 tab, Oral, qPM

Problem list:

No qualifying data available

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
 EDT

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3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Branton, Adrienne Thedasia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: ████████ 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Progress Notes

Histories

Past Medical History:

No active or resolved past medical history items have been selected or recorded.

Family History:

No family history items have been selected or recorded.

Procedure history:

No active procedure history items have been selected or recorded.

Social History

Social & Psychosocial Habits

No Data Available

Physical Examination

VS/Measurements

Vital Signs

10/02/2019 9:26 EDT

Temperature Oral	36.8 DegC
Peripheral Pulse Rate	80 bpm
Respiratory Rate	18 br/min
Systolic Blood Pressure	152 mmHg HI
Diastolic Blood Pressure	71 mmHg

Psychiatric: Refer to above Mental Status Exam.

Review / Management

Results review

Electronically Signed by

Gonzalez MD, Albert 10/02/2019 11:27 EDT

Discharge Documentation

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
EDT

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Patient Name: Branton, Adrienne Thedosia
Date of Birth: [REDACTED]

MRN: 0000603130
FIN: 1002881969

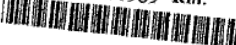
* Auth (Verified) *



Patient Signature

Date

Provider Signature Date

MRN: 0000603130
Branton, Adrienne Thedosia
DOB: [REDACTED] 69 Y F
DOS: 10/02/2019 09:25
ATT:
FIN: 1002881969 Rm:


Name: Branton, Adrienne Thedosia
MRN: 0000603130

15 of 15

Oct/02/2019 14:15:53

Facility: RMC

Page 68 of 99

Branton-The Regional Medical Ctr
000068



Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Branton, Adrienne Thedosa
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Coding Summary

Document Name
Document Status
Performed By
Signed By
Authenticated By
Coding Note
Auth (Verified)

CODING DATE: 10/07/2019 FINAL
Regional Medical Center

DSCH STATUS:
Home or Self Care (01)

PAYOR:
Self Pay

ADMIT DX:
F99 Mental disorder, not otherwise specified

REASON FOR VISIT DX:

FINAL DX:
PRINCIPAL:
F25.0 Schizoaffective disorder, bipolar type

SECONDARY:
I10 Essential (primary) hypertension
E11.9 Type 2 diabetes mellitus without complications
Z91.14 Patient's other noncompliance with medication regimen
R60.0 Localized edema

PROCEDURES **DOCTOR NAME** **DATE**

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
EDT

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient:	Branton, Adrienne Thedasia	Admit/Discharge	10/2/2019
MRN:	0000603130	Discharge Date:	10/2/2019
Account Number:	1002881969	Admitting:	
DOB/AGE/SEX:	██████ 69 years Female	Attending:	Burkholz DO, Steven R
Location:	ED		

Coding Summary

NOTE: The code number assigned matches the documented diagnosis and / or procedure in the patient's chart. However, the narrative phrase printed from the coding software may appear abbreviated, or result in slightly different terminology.

Coded By: Dempsey, Misty G
Date Saved: 10/07/2019 11:48 am

Mental Health Forms

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
EDT

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Additional clinical information may be available for the patient via Horizon Patient Folder.
Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

Patient Name: Branton, Adrienne Theodosia
Date of Birth: [REDACTED]

MRN: 0000603130
FIN: 1002881969

* Auth (Verified) *

100 2881969

PART I

PAGE 1

AFFIDAVIT FOR INVOLUNTARY EMERGENCY HOSPITALIZATION
FOR MENTAL ILLNESS AND ORDER OF DETENTION

FOR HOSPITAL USE ONLY	
Date Admitted:	
Hospital Register No.	
Approval of Hospital Official	
Signature	Date

STATE OF SOUTH CAROLINA)
COUNTY OF Calhoun)

IN THE MATTER OF: (Person Alleged to be Mentally Ill)

Adrienne T. Branton F AA 5'6" 179lb widow
 First Name Middle Initial Last Name Sex Birthdate Age Race Height Weight Marital Status
210 Church St. St. Matthews SC 29135
 Residence (if known) City State Zip Phone Number Length of Time Residing There

If residence is unknown, where is the person alleged to be mentally ill currently located or where was he/she found prior to presentation to the Affiant:

Location Name or Description	Address	City	State	Zip	County

TO THE HOSPITAL DIRECTOR: Application is hereby made for the INVOLUNTARY EMERGENCY ADMISSION of the above-named person to a Psychiatric Hospital for the following reasons:

- The undersigned believes that the above-named person is mentally ill, and because of this mental condition is likely to cause serious harm to self or others if not immediately hospitalized.
- The specific type of harm thought probable is:
 - (a) Threats and/or attempts at suicide or serious bodily harm,
 - (b) Homicidal or violent behaviors that could cause serious harm,
 - (c) Self-neglect, inability to care for self, and/or protect self if not immediately hospitalized, and/or
 - (d) Other:
- The Affiant bases his/her belief that the above-named person needs INVOLUNTARY EMERGENCY ADMISSION to a hospital based on the following grounds (provide specific details of the suspected harm and/or details of the harmful actions he/she has exhibited in front of you):

- The Affiant is:
 - (a) Able to have the person alleged to be mentally ill examined by a physician pursuant to S.C. Code § 44-17-410(2).
 - (b) Unable to have the person alleged to be mentally ill examined by a physician and he/she will need to be taken into custody pursuant to S.C. Code § 44-17-430 for the examination to occur.
 - (i) The reason for this is:
 - (ii) A law enforcement officer can find the alleged mentally ill person at the following address:

Location Name or Description	Address	City	State	Zip	County

The next-of-kin of the person alleged to be mentally ill is:
Wanda Long sister in law Conway SC 843-855-7902
 Name Relationship Address City State Zip Phone Number

If the next-of-kin of the person alleged to be mentally ill cannot be contacted, notify:
Egill Hutchinson St. Matthews SC 843-666-4789
 Name Relationship Address City State Zip Phone Number

SWORN to before me this _____ day of _____, 20____

WHEREFORE, the undersigned requests that the person named above be admitted to a psychiatric hospital for treatment as authorized by law.

AFFIANT'S SIGNATURE (This must be signed by the person providing the above information)

Notary Public for the State of _____
My Commission Expires: _____

Name of Affiant (type or print)

Address of Affiant

Telephone Number of Affiant

Relationship to the Person Alleged to be Mentally Ill or Title

SCDMH FORM
APR. 89 (REV. APR. 18) MH-PCC-2 M-130 1/8 1983

Patient Name: Branton, Adrienne Thedosia
 Date of Birth: [REDACTED]

MRN: 0000603130
 FIN: 1002881969

* Auth (Verified) *

PART I

PAGE 2

AFFIDAVIT FOR INVOLUNTARY EMERGENCY HOSPITALIZATION FOR MENTAL ILLNESS AND ORDER OF DETENTION

IMPORTANT NOTICE: All patients receiving treatment in a State Department of Mental Health facility will be charged the established fee as approved by the South Carolina Mental Health Commission.			
PERTINENT FINANCIAL RESPONSIBILITY INFORMATION			
Full Name: <u>Adrienne T. Branton</u>		Full Name of Spouse, if Different:	
Social Security Number: [REDACTED]	Occupation:	Monthly Income:	
Employer's Name: <u>unemployed</u>	Address:	If not employed, source of income:	
	Retirement:	Public Assistance:	Other:
	\$	\$	\$
HOSPITALIZATION INSURANCE Coverage including group insurance, Medicare, Medicaid, Military medical care, etc.			
Policy No. or IDB:	Name of Insurance Co.	Address:	If group insurance, name & address of
MILITARY SERVICE			
Branch: <u>none</u>	Service Number:	Dates of Service:	Type of Discharge:
			Monthly Pension:
			\$
FINANCIAL REPRESENTATIVE (if applicable) Please list the name, address, and telephone numbers of the person to receive financial statements and other media related to the personal financial affairs on behalf of the patient.			
Full Name: <u>Adrienne T. Branton</u>		Relation to Patient:	Address (Street, City, State, and Zip):
			Telephone #:

NOTE: ADMINISTRATIVE PROCEDURE - FORMS:
 Pursuant to S.C. Code § 44-17-430, if an Affidavit of Emergency Admission (Part I) has been completed, but the person cannot be examined by a licensed physician to complete the Certificate of Licensed Physician (Part II) without being taken into custody, a copy of Part I should be presented to the probate judge for the county in which the individual is present. The probate judge may issue an Order of Detention. Upon taking the person alleged to be mentally ill into custody, the law enforcement officer must take the person along with the original Affidavit of Emergency Admission (Part I) to be examined by a licensed physician.

SCDMH FORM APR. 89 (REV. APR. 18) MH-FCC-2 M-150

STATE OF SOUTH CAROLINA)
 COUNTY OF _____)
 EX PARTE: _____)
 _____)
 (Affiant) _____)
 IN THE MATTER OF: _____)
 _____)
 (A Person Alleged to be Mentally Ill) _____)

IN THE PROBATE COURT

ORDER OF DETENTION

Upon reading the attached Affidavit dated this _____ day of _____, 20____, it is

ORDERED, ADJUDGED, and DECREED that:

- A. That any officer of the peace shall take _____, a person alleged to be mentally into custody for a period not to exceed twenty-four (24) hours, during which detention said person shall be examined by a licensed physician. If within the twenty-four (24) hours the person in custody is not examined by a licensed physician or, if upon examination, the physician does not execute the certification required, the proceedings must be terminated and the individual in custody must be immediately released, pursuant to S.C. Code § 44-17-430.
- B. The Order automatically expires after seventy-two (72) hours from the date and time of issuance. If the above-named person is not taken into custody within those seventy-two hours, this Order is no longer valid.

Dated this _____ day of _____,

 Judge of Probate Court or Special Probate Judge for the above-named County

_____, 20____
 _____, South Carolina

Time of Issuance: _____

SCDMH FORM
 APR. 89 (REV. APR. 18) MH-FCC-2 M-150 Pg. 2 of 2

Patient Name: Branton, Adrienne Theodosia
Date of Birth: [REDACTED]

MRN: 0000603130
FIN: 1002881969

* Auth (Verified) *

NOTE: THIS CERTIFICATE EXPIRES THREE (3) CALENDAR DAYS AFTER THE DATE OF THE EXAM.
A PERSON MAY NOT BE ADMITTED TO A HOSPITAL BASED ON THIS CERTIFICATE AFTER IT HAS EXPIRED.

PART II
CERTIFICATE OF LICENSED PHYSICIAN
EXAMINATION FOR EMERGENCY ADMISSION

PAGE 1

Adrienne Theodosia Beanton F ~~De~~ Calhoun [REDACTED] 69
NAME OF PERSON EXAMINED SEX COUNTY OF RESIDENCE DATE OF BIRTH AGE
10 AM @ TRMC 1000 02 Oct 2019
PLACE OF EXAMINATION HOUR AND DATE OF EXAMINATION

I, THE UNDERSIGNED LICENSED PHYSICIAN, have examined the above-named person and am of the opinion that the said individual:

IS MENTALLY ILL and because of this mental condition CURRENTLY POSES A SUBSTANTIAL RISK of physical harm to self and/or others to the extent that INVOLUNTARY EMERGENCY HOSPITALIZATION is recommended.

My recommendation for INVOLUNTARY EMERGENCY HOSPITALIZATION is based on the following symptoms and specific examples of behavior which indicate mental illness and probable risk of harm:

- Threats and/or attempts at suicide or serious bodily harm.
 Homicidal or violent behaviors,
 Self-neglect, inability to care for, and/or protect self if not immediately hospitalized, and/or
 Other

Provide your reasons for selecting the above boxes and the specific symptoms exhibited by the above-named person that contributed to your finding that he/she is in need of immediate psychiatric inpatient treatment:

Just Dx from three Rx's with Haldol, Cogentin, Clonazepam, Trazodone
Non Compliant
Diagnosis: Schizophrenia - Bipolar type
Stressors: personal loss, estrangement, loneliness
Neg AH/VH NOSE/HT
Fight of ideas now

Are there prior admissions to mental health treatment facilities? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	Where? Three Prisons	When? Sept 2019
Are there criminal charges? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	If yes, give details (including county and type of charge).	

The medical condition of the Patient is:
Medically Clear + Stable

PAGE 1 AND PAGE 2 MUST BE COMPLETED.
All information MUST be typed or clearly printed.

SC0311 FORM
APR 89 (REV. APR-18) MH-ECC-1 M-151
Section 44-17-410(2)

Patient Name: Branton, Adrienne Thedasia
 Date of Birth: [REDACTED]

MRN: 0000603130
 FIN: 1002881969

* Auth (Verified) *

CERTIFICATE OF LICENSED PHYSICIAN

PAGE 2

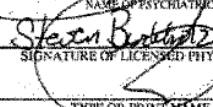
Is the patient medicated prior to transporting?		If yes, give type, amount, route, and when last administered.									
<input type="checkbox"/> YES <input type="checkbox"/> NO											
Patient's Current Medication:											
HEALTH OF PATIENT											
Disease	Yes	No	Date(s)	Disease	Yes	No	Date(s)	Disease	Yes	No	Date(s)
Paralysis or Crippled Limbs		✓		Cancer		✓		Homicidal or Suicidal Tendency			✓
Blindness or Eye Trouble		✓		TB or Lung Disease		✓		Mental Retardation or Dementia			✓
Deafness or Ear Trouble		✓		Heart or High Blood Pressure	✓			Syphilis			✓
Epilepsy or Seizures		✓		Tremors or Abnormal Movements		✓		HIV			✓
Diabetes	✓			Hepatitis		✓		Alcohol Abuse			✓
Serious Allergies		✓		Head injury		✓		Drug Abuse			✓
Patient's Operations:											
Name of Treatment Facility Accepting Admission:						Name of Treatment Facility Physician Authorizing Admission:					

PHYSICIAN'S VERIFICATION

ON THE BASIS OF MY PERSONAL EXAMINATION, I BELIEVE THAT THE PERSON IS IN NEED OF INVOLUNTARY EMERGENCY PSYCHIATRIC HOSPITALIZATION. FURTHERMORE, THE PERSON HAS NO MEDICAL/SURGICAL CONDITIONS OR DISABILITIES THAT PRESENTLY REQUIRE A GENERAL HOSPITAL OR NURSING HOME LEVEL OF CARE AND IS MEDICALLY STABLE AND PHYSICALLY ABLE TO PARTICIPATE IN PSYCHIATRIC TREATMENT. I HAVE CONSULTED WITH THE ADMITTING PHYSICIAN OF THE RECEIVING HOSPITAL REGARDING THE APPROPRIATENESS OF ADMISSION AND THE PERSON'S MENTAL AND PHYSICAL TREATMENT NEEDS.

- I have consulted with the local community mental health center regarding the commitment/admission process and the available treatment options and alternatives in lieu of hospitalization at a state psychiatric facility. (SC Code § 44-17-460)
- OR**
- I have not consulted with the local community mental health center, because (state a clinical reason for your failure to do so):

THE PERSON THEREFORE NEEDS TO BE TRANSPORTED TO THE FOLLOWING FACILITY FOR INVOLUNTARY EMERGENCY ADMISSION:

NAME OF PSYCHIATRIC HOSPITAL		ADDRESS	
 SIGNATURE OF LICENSED PHYSICIAN		NAME OF CENTER	
TYPE OR PRINT NAME		SIGNATURE OF FACE TO FACE SCREENER AND DATE	
M.D. 0510		PRINT NAME OF SCREENER, TITLE AND ID #	
SC LICENSE NUMBER 823394021			
PHONE NUMBER			
ADDRESS			

TO FRIENDS AND RELATIVES:

It is the responsibility of an officer of the peace to provide timely transportation of the person alleged to be mentally ill to the designated mental health facility. However, by freely signing this statement, you can choose to assume that responsibility. Transportation must begin immediately. You are not entitled to any reimbursement from the State for the cost of such transportation. This form must be hand delivered by you to the admissions office of the designated mental health facility at the time of admission.

DATE	SIGNATURE
------	-----------

TO POLICE AND OTHER OFFICERS OF THE PEACE:

THIS CERTIFICATE OF LICENSED PHYSICIAN AUTHORIZES AND REQUIRES YOU TO TAKE THE PROPOSED PATIENT INTO CUSTODY AND TRANSPORT HIM/HER TO THE HOSPITAL DESIGNATED BY THE CERTIFICATION PURSUANT TO SC CODE § 44-17-440, UNLESS A FRIEND OR RELATIVE HAS SIGNED ABOVE AND IS WILLING TO TRANSPORT THE PATIENT.

NO FURTHER ORDER IS REQUIRED FOR YOU TO TRANSPORT THIS PATIENT. HOWEVER, NO PERSON SHALL BE TAKEN INTO CUSTODY AFTER THE EXPIRATION OF THREE DAYS FROM THE DATE OF THIS CERTIFICATION.

ANY OFFICER ACTING IN ACCORDANCE WITH THE PROVISIONS AS SET FORTH ABOVE SHALL BE IMMUNE FROM CIVIL LIABILITY.

SCDMH FORM
 AFM (REV. APR. 18) MH-FCC-2 M-131
 Section 44-17-410(2)



Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Branton, Adrienne Thedosa
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Miscellaneous Patient Care Documents

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
EDT

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

Patient Name: Branton, Adrienne Thedosis
Date of Birth: [REDACTED]

MRN: 0000603130
FIN: 1002881969

* Auth (Verified) *

REEXAMINATION and AMENDMENT to CERTIFICATE OF LICENSED PHYSICIAN

(To be attached to Certificate completed pursuant to §44-17-410 (2) §44-24-60 (A) (2) or §44-52-50, Code of Laws of South Carolina)

NAME OF PERSON PREVIOUSLY EXAMINED: Adrienne Thedosis Branton AGE: F COUNTY OF RESIDENCE: Orangeburg
PLACE OF REEXAMINATION: TAMU ED TIME AND DATE OF REEXAMINATION: 1900 10/2/19

I, THE UNDERSIGNED LICENSED PHYSICIAN, have reviewed the CERTIFICATE OF LICENSED PHYSICIAN, previously completed by Steven Branton, M.D. 1000 10/2/19 (time/date), including the specific facts indicated on the Certificate that were present at the time of the previous examination. The above-named person has not been admitted pursuant to the Certification and the Certification has not expired. I have now reexamined the above-named person. Based upon my review and consideration of the Certificate and my current examination as to the person's present condition and treatment needs, I am of the opinion that the person is no longer in need of immediate, involuntary emergency admission.

The factual basis and grounds for my opinion are as follows:

Hx denies SE / HZ / AVH. Docs say that she wanted to stop her meds [sic] of take meds because the were "making her dizzy" ~~was~~ A-D x 4

If applicable, my recommendations for aftercare:

↓ Decrease clonazepam → stop clonazepam

SIGNATURE OF LICENSED PHYSICIAN: [Signature] M.D. S.C. LICENSE NUMBER: 33737
TYPED OR PRINTED NAME: Brian West M.D. PHONE NUMBER: 803 395 2830
ADDRESS: 3000 St. Matthews Rd Orangeburg SC 29105

All information must be typed or clearly printed

MR0334



Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
 (803) 395-2200

Patient:	Branton, Adrienne Thedosia	Admit/Discharge	10/2/2019
MRN:	0000603130	Discharge Date:	10/2/2019
Account Number:	1002881969	Admitting:	
DOB/AGE/SEX:	██████ 69 years Female	Attending:	Burkholz DO, Steven R
Location:	ED		

Orders

Order: Acetaminophen Level		
Order Start Date/Time: 10/2/2019 12:42 EDT		
Ordering Physician: Burkholz DO, Steven R		
Entered and Electronically Signed by: Brady RN, Jessica B on 10/2/2019 09:59 EDT		
Order Details: Blood, Stat collect, 10/2/19 12:42:00 PM EDT, Stop date 10/2/19 1:10:37 PM EDT, IV Access, 10/2/19 9:59:00 EDT		
Action Type: Complete	Action Date/Time: 10/2/2019 13:10 EDT	Action Personnel: Asbury-Heatley, Marquita
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Action Type: Status Change	Action Date/Time: 10/2/2019 12:53 EDT	Action Personnel: Mickell, Rose A
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Action Type: Status Change	Action Date/Time: 10/2/2019 12:53 EDT	Action Personnel: Mickell, Rose A
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Action Type: Order	Action Date/Time: 10/2/2019 10:00 EDT	Action Personnel: Brady RN, Jessica B
Communication Type: Verbal RBV		
Review Information:		
Nurse Review: Not Reviewed		
Doctor Cosign: Electronically Signed, Burkholz DO, Steven R on 10/2/2019 16:56 EDT		

Request ID: 34729287

Print Date/Time 5/13/2020 13:50 EDT

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
 (803) 395-2200

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: ████████ 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Orders

Order: Salicylate Level		
Order Start Date/Time: 10/2/2019 12:42 EDT		
Ordering Physician: Burkholz DO, Steven R		
Entered and Electronically Signed by: Brady RN, Jessica B on 10/2/2019 09:59 EDT		
Order Details: Blood, Stat collect, 10/2/19 12:42:00 PM EDT, Stop date 10/2/19 1:10:37 PM EDT, IV Access, 10/02/19 9:59:00 EDT		
Action Type: Complete	Action Date/Time: 10/2/2019 13:10 EDT	Action Personnel: Asbury-Heatley, Marquita
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Action Type: Status Change	Action Date/Time: 10/2/2019 12:53 EDT	Action Personnel: Mickell, Rose A
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Action Type: Status Change	Action Date/Time: 10/2/2019 12:53 EDT	Action Personnel: Mickell, Rose A
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Action Type: Order	Action Date/Time: 10/2/2019 10:00 EDT	Action Personnel: Brady RN, Jessica B
Communication Type: Verbal RBV		
Review Information:		
Nurse Review: Not Reviewed		
Doctor Cosign: Electronically Signed, Burkholz DO, Steven R on 10/2/2019 16:56 EDT		

Request ID: 34729287

Print Date/Time 5/13/2020 13:50 EDT

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.
 Additional clinical information may be available for the patient via Horizon Patient Folder.
 Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
 (803) 395-2200

Patient:	Branton, Adrienne Thedosa	Admit/Discharge	10/2/2019
MRN:	0000603130	Discharge Date:	10/2/2019
Account Number:	1002881969	Admitting:	
DOB/AGE/SEX:	██████ 69 years Female	Attending:	Burkholz DO, Steven R
Location:	ED		

Orders

Order: Automated Microscopic
 Order Start Date/Time: 10/2/2019 12:23 EDT
 Ordering Physician: Burkholz DO, Steven R
 Entered and Electronically Signed by: SYSTEM, SYSTEM on 10/2/2019 12:30 EDT
 Order Details: Urine, Stat collect, Collected, 10/2/19 12:23:00 PM EDT, Stop date 10/2/19 12:40:44 PM EDT, Nurse collect, CLEAN CATCH, 10/02/19 9:43:00 EDT
 Action Type: Complete Action Date/Time: 10/2/2019 12:40 EDT Action Personnel: Lovern, Catherine
 Communication Type:
 Review Information:
 Doctor Cosign: Not Required
 Action Type: Status Change Action Date/Time: 10/2/2019 12:30 EDT Action Personnel: SYSTEM, SYSTEM
 Communication Type:
 Review Information:
 Doctor Cosign: Not Required
 Action Type: Order Action Date/Time: 10/2/2019 12:30 EDT Action Personnel: SYSTEM, SYSTEM
 Communication Type: Discern Expert
 Review Information:
 Doctor Cosign: Not Required

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
 EDT

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.
 Additional clinical information may be available for the patient via Horizon Patient Folder.
 Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
 (803) 395-2200

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Orders

Order: Urinalysis Comprehensive		
Order Start Date/Time: 10/2/2019 12:23 EDT		
Ordering Physician: Burkholz DO, Steven R		
Entered and Electronically Signed by: Burkholz DO, Steven R on 10/2/2019 09:43 EDT		
Order Details: Urine, Stat collect, 10/2/19 12:23:00 PM EDT, Stop date 10/2/19 12:40:44 PM EDT, Nurse collect, CLEAN CATCH, Clean Catch, 10/02/19 9:43:00 EDT		
Action Type: Complete	Action Date/Time: 10/2/2019 12:40 EDT	Action Personnel: Lovern, Catherine
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Action Type: Status Change	Action Date/Time: 10/2/2019 12:30 EDT	Action Personnel: Mickell, Rose A
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Action Type: Status Change	Action Date/Time: 10/2/2019 12:30 EDT	Action Personnel: Mickell, Rose A
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Action Type: Order	Action Date/Time: 10/2/2019 09:44 EDT	Action Personnel: Burkholz DO, Steven R
Communication Type: Written		
Review Information:		
Nurse Review: Not Reviewed		
Doctor Cosign: Not Required		

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
 EDT

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.
 Additional clinical information may be available for the patient via Horizon Patient Folder.
 Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
 (803) 395-2200

Patient: Branton, Adrienne Thedasia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: ████████ 69 years Female
Location: ED

Admit/Discharge: 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Orders

Order: Drug Screen Urine (Urine Drug Screen)
 Order Start Date/Time: 10/2/2019 12:23 EDT
 Ordering Physician: Burkholz DO, Steven R
 Entered and Electronically Signed by: Burkholz DO, Steven R on 10/2/2019 09:43 EDT
 Order Details: Urine, Stat collect, 10/2/19 12:23:00 PM EDT, Stop date 10/2/19 12:52:36 PM EDT, Nurse collect, 10/02/19 9:43:00 EDT

Action Type: Complete	Action Date/Time: 10/2/2019 12:52 EDT	Action Personnel: Asbury-Heatley, Marquita
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Communication Type:
 Review Information:
 Doctor Cosign: Not Required

Action Type: Status Change	Action Date/Time: 10/2/2019 12:30 EDT	Action Personnel: Mickell, Rose A
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Communication Type:
 Review Information:
 Doctor Cosign: Not Required

Action Type: Status Change	Action Date/Time: 10/2/2019 12:30 EDT	Action Personnel: Mickell, Rose A
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Communication Type:
 Review Information:
 Doctor Cosign: Not Required

Action Type: Order	Action Date/Time: 10/2/2019 09:44 EDT	Action Personnel: Burkholz DO, Steven R
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Communication Type: Written
 Review Information:
 Nurse Review: Not Reviewed
 Doctor Cosign: Not Required

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
 EDT

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: ██████████ 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Orders

Order: diphenhydramine (diphenhydramine 50 mg/mL injectable solution)

Order Start Date/Time: 10/2/2019 11:47 EDT

Ordering Physician: Burkholz DO, Steven R

Entered and Electronically Signed by: Burkholz DO, Steven R on 10/2/2019 11:47 EDT

Order Details: 50 mg = 1 mL, Injection, IntraMuscular, Once, NOW, Start date 10/2/19 11:47:00 AM EDT, Physician Stop, Stop date 10/2/19 1:45:40 PM EDT, (Benadryl)

Action Type: Complete Action Date/Time: 10/2/2019 13:45 EDT Action Personnel: Terry LPN, Shaquille A

Communication Type:

Review Information:

Doctor Cosign: Not Required

Action Type: Order Action Date/Time: 10/2/2019 11:48 EDT Action Personnel: Burkholz DO, Steven R

Communication Type: Written

Review Information:

Nurse Review: Not Reviewed

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, SYSTEM, SYSTEM on 10/2/2019 11:48 EDT

Doctor Cosign: Not Required

Order: haloperidol (Haldol (short acting))

Order Start Date/Time: 10/2/2019 11:47 EDT

Ordering Physician: Burkholz DO, Steven R

Entered and Electronically Signed by: Burkholz DO, Steven R on 10/2/2019 11:47 EDT

Order Details: 5 mg = 1 mL, Injection, IntraMuscular, Once, NOW, Start date 10/2/19 11:47:00 AM EDT, Physician Stop, Stop date 10/2/19 12:24:37 PM EDT

Action Type: Complete Action Date/Time: 10/2/2019 12:24 EDT Action Personnel: Terry LPN, Shaquille A

Communication Type:

Review Information:

Doctor Cosign: Not Required

Action Type: Order Action Date/Time: 10/2/2019 11:48 EDT Action Personnel: Burkholz DO, Steven R

Communication Type: Written

Review Information:

Nurse Review: Not Reviewed

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, SYSTEM, SYSTEM on 10/2/2019 11:48 EDT

Doctor Cosign: Not Required

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
EDT

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
 (803) 395-2200

Patient:	Branton, Adrienne Thedosa	Admit/Discharge	10/2/2019
MRN:	0000603130	Discharge Date:	10/2/2019
Account Number:	1002881969	Admitting:	
DOB/AGE/SEX:	██████ 69 years Female	Attending:	Burkholz DO,Steven R
Location:	ED		

Orders

Order: LORazepam (Ativan)
 Order Start Date/Time: 10/2/2019 11:47 EDT
 Ordering Physician: Burkholz DO,Steven R
 Entered and Electronically Signed by: Burkholz DO,Steven R on 10/2/2019 11:47 EDT
 Order Details: 1 mg = 0.5 mL, Injection, IntraMuscular, Once, NOW, Start date 10/2/19 11:47:00 AM EDT, Physician Stop, Stop date 10/2/19 12:24:59 PM EDT
 Action Type: Complete Action Date/Time: 10/2/2019 12:24 EDT Action Personnel: Terry LPN,Shaquille A
 Communication Type:
 Review Information:
 Doctor Cosign: Not Required
 Action Type: Order Action Date/Time: 10/2/2019 11:48 EDT Action Personnel: Burkholz DO,Steven R
 Communication Type: Written
 Review Information:
 Nurse Review: Not Reviewed
 Pharmacist Verify: Not Reviewed
 Pharmacist Verify: Electronically Signed, SYSTEM,SYSTEM on 10/2/2019 11:48 EDT
 Doctor Cosign: Not Required

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
 EDT

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
 (803) 395-2200

Patient: Branton, Adrienne Thedosa
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: ████████ 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Orders

Order: Add-On Laboratory Test		
Order Start Date/Time: 10/2/2019 09:59 EDT		
Ordering Physician: Burkholz DO, Steven R		
Entered and Electronically Signed by: Brady RN, Jessica B on 10/2/2019 09:59 EDT		
Order Details: Add-On, Stat collect, Collected, 10/2/19 9:59:00 AM EDT, Stop date 10/2/19 10:02:04 AM EDT, Nurse collect, Acetaminophen, Salicylate		
Action Type: Complete	Action Date/Time: 10/2/2019 10:02 EDT	Action Personnel: Asbury-Heatley, Marquita
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Action Type: Status Change	Action Date/Time: 10/2/2019 10:01 EDT	Action Personnel: Asbury-Heatley, Marquita
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Action Type: Status Change	Action Date/Time: 10/2/2019 10:00 EDT	Action Personnel: SYSTEM, SYSTEM
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Action Type: Order	Action Date/Time: 10/2/2019 10:00 EDT	Action Personnel: Brady RN, Jessica B
Communication Type: Verbal RBV		
Review Information:		
Doctor Cosign: Not Required		

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
EDT

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Orders

Order: **Automated Diff**
Order Start Date/Time: 10/2/2019 09:54 EDT
Ordering Physician: Burkholz DO, Steven R
Entered and Electronically Signed by: SYSTEM, SYSTEM on 10/2/2019 10:18 EDT
Order Details: Blood, Stat collect, Collected, 10/2/19 9:54:00 AM EDT, Stop date 10/2/19 10:21:09 AM EDT, IV Access, 10/02/19 9:44:00 EDT
Action Type: Complete Action Date/Time: 10/2/2019 10:21 EDT Action Personnel: SYSTEM, SYSTEM
Communication Type:
Review Information:
Doctor Cosign: Not Required
Action Type: Status Change Action Date/Time: 10/2/2019 10:18 EDT Action Personnel: SYSTEM, SYSTEM
Communication Type:
Review Information:
Doctor Cosign: Not Required
Action Type: Order Action Date/Time: 10/2/2019 10:18 EDT Action Personnel: SYSTEM, SYSTEM
Communication Type: Discern Expert
Review Information:
Nurse Review: Not Reviewed
Doctor Cosign: Not Required

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
EDT

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
 (803) 395-2200

Patient: Branton, Adrienne Thedosa
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Orders

Order: Ethanol Level (ETOH Level)		
Order Start Date/Time: 10/2/2019 09:54 EDT		
Ordering Physician: Burkholz DO, Steven R		
Entered and Electronically Signed by: Burkholz DO, Steven R on 10/2/2019 09:44 EDT		
Order Details: Blood, Stat collect, 10/2/19 9:54:00 AM EDT, Once, Stop date 10/2/19 10:36:50 AM EDT, IV Access, 10/02/19 9:44:00 EDT		
Action Type: Complete	Action Date/Time: 10/2/2019 10:36 EDT	Action Personnel: Asbury-Heatley, Marquita
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Action Type: Status Change	Action Date/Time: 10/2/2019 10:18 EDT	Action Personnel: Mickell, Rose A
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Action Type: Status Change	Action Date/Time: 10/2/2019 10:18 EDT	Action Personnel: Mickell, Rose A
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Action Type: Order	Action Date/Time: 10/2/2019 09:44 EDT	Action Personnel: Burkholz DO, Steven R
Communication Type: Written		
Review Information:		
Nurse Review: Not Reviewed		
Doctor Cosign: Not Required		

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
 EDT

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Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
 (803) 395-2200

Patient:	Branton, Adrienne Thedosia	Admit/Discharge	10/2/2019
MRN:	0000603130	Discharge Date:	10/2/2019
Account Number:	1002881969	Admitting:	
DOB/AGE/SEX:	██████ 69 years Female	Attending:	Burkholz DO, Steven R
Location:	ED		

Orders

Order: CBC w/Diff (CBC w/Auto-Diff)		
Order Start Date/Time: 10/2/2019 09:54 EDT		
Ordering Physician: Burkholz DO, Steven R		
Entered and Electronically Signed by: Burkholz DO, Steven R on 10/2/2019 09:44 EDT		
Order Details: Blood, Stat collect, 10/2/19 9:54:00 AM EDT, Stop date 10/2/19 10:21:09 AM EDT, IV Access, 10/02/19 9:44:00 EDT		
Action Type: Complete	Action Date/Time: 10/2/2019 10:21 EDT	Action Personnel: SYSTEM, SYSTEM
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Action Type: Status Change	Action Date/Time: 10/2/2019 10:18 EDT	Action Personnel: Mickell, Rose A
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Action Type: Status Change	Action Date/Time: 10/2/2019 10:18 EDT	Action Personnel: Mickell, Rose A
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Action Type: Order	Action Date/Time: 10/2/2019 09:44 EDT	Action Personnel: Burkholz DO, Steven R
Communication Type: Written		
Review Information:		
Nurse Review: Not Reviewed		
Doctor Cosign: Not Required		

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
EDT

All tests performed at RMC Laboratory, 3000 St Mathews Road, Orangeburg, SC, unless otherwise noted.

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Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
 (803) 395-2200

Patient:	Branton, Adrienne Thedosa	Admit/Discharge	10/2/2019
MRN:	0000603130	Discharge Date:	10/2/2019
Account Number:	1002881969	Admitting:	
DOB/AGE/SEX:	██████ 69 years Female	Attending:	Burkholz DO,Steven R
Location:	ED		

Orders

Order: Comprehensive Metabolic Panel (CMP)
 Order Start Date/Time: 10/2/2019 09:54 EDT
 Ordering Physician: Burkholz DO,Steven R
 Entered and Electronically Signed by: Burkholz DO,Steven R on 10/2/2019 09:44 EDT
 Order Details: Blood, Stat collect, 10/2/19 9:54:00 AM EDT, Once, Stop date 10/2/19 10:34:56 AM EDT, Nurse collect, IV Access, 10/02/19 9:44:00 EDT
 Action Type: Complete Action Date/Time: 10/2/2019 10:34 EDT Action Personnel: SYSTEM,SYSTEM
 Communication Type:
 Review Information:
 Doctor Cosign: Not Required
 Action Type: Status Change Action Date/Time: 10/2/2019 10:18 EDT Action Personnel: Mickell,Rose A
 Communication Type:
 Review Information:
 Doctor Cosign: Not Required
 Action Type: Status Change Action Date/Time: 10/2/2019 10:18 EDT Action Personnel: Mickell,Rose A
 Communication Type:
 Review Information:
 Doctor Cosign: Not Required
 Action Type: Order Action Date/Time: 10/2/2019 09:44 EDT Action Personnel: Burkholz DO,Steven R
 Communication Type: Written
 Review Information:
 Nurse Review: Not Reviewed
 Doctor Cosign: Not Required

Order: Consult to Psychiatry
 Order Start Date/Time: 10/2/2019 10:03 EDT
 Ordering Physician: Burkholz DO,Steven R
 Entered and Electronically Signed by: Burkholz DO,Steven R on 10/2/2019 10:03 EDT
 Order Details: 10/2/19 10:03:00 AM EDT, Today, Gonzalez MD, Alberto J, schizophrenic-bipolar-noncompliance-out of three rivers 4 weeks ago
 Action Type: Discontinue Action Date/Time: 10/5/2019 15:10 EDT Action Personnel: SYSTEM,SYSTEM
 Communication Type:
 Review Information:
 Doctor Cosign: Not Required
 Action Type: Order Action Date/Time: 10/2/2019 10:03 EDT Action Personnel: Burkholz DO,Steven R
 Communication Type: Written
 Review Information:
 Nurse Review: Not Reviewed
 Doctor Cosign: Not Required

Request ID: 34729287 Print Date/Time 5/13/2020 13:50 EDT

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Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
 (803) 395-2200

Patient: Branton, Adrienne Thedasia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Treatments/Procedures Forms

Document Name ED Treatments and Procedures - Text
 Document Status Auth (Verified)
 Performed By Terry LPN, Shaquille A (10/2/2019 14:58 EDT)
 Signed By Terry LPN, Shaquille A (10/2/2019 14:58 EDT)
 Authenticated By Terry LPN, Shaquille A (10/2/2019 14:58 EDT)

ED Treatments and Procedures Entered On: 10/02/2019 15:01 EDT
Performed On: 10/02/2019 14:58 EDT by Terry LPN, Shaquille A

Performed By

ED Tx & Procedure Performed By : Terry LPN, Shaquille A

Terry LPN, Shaquille A - 10/02/2019 14:58 EDT

Additional Comments

Additional Comments : DC information reviewed with pt's caregiver and pt, Pt's caregiver and pt v/u. NAD noted upon DC.

Terry LPN, Shaquille A - 10/02/2019 14:58 EDT

DC Information

Discharged to : Residential/assisted living

Mode of Discharge : Ambulatory

Discharge Transportation : Other: Caregiver vehicle

Terry LPN, Shaquille A - 10/02/2019 14:58 EDT

Document Name ED Treatments and Procedures - Text
 Document Status Auth (Verified)
 Performed By Brady RN, Jessica B (10/2/2019 14:34 EDT)
 Signed By Brady RN, Jessica B (10/2/2019 14:34 EDT)
 Authenticated By Brady RN, Jessica B (10/2/2019 14:34 EDT)

ED Treatments and Procedures Entered On: 10/02/2019 14:34 EDT
Performed On: 10/02/2019 14:34 EDT by Brady RN, Jessica B

Performed By

ED Tx & Procedure Performed By : Brady RN, Jessica B

Brady RN, Jessica B - 10/02/2019 14:34 EDT

ED Nurse Collect

ED Disposition : Awaiting Transportation

ED Patient Activity : Awake and Alert, Respirations Even and Unlabored, Sitting in bed

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
 EDT

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Regional Medical Center
3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Treatments/Procedures Forms

Brady RN, Jessica B - 10/02/2019 14:34 EDT

Document Name ED Treatments and Procedures - Text
Document Status Auth (Verified)
Performed By Terry LPN, Shaquille A (10/2/2019 13:39 EDT)
Signed By Terry LPN, Shaquille A (10/2/2019 13:39 EDT)
Authenticated By Terry LPN, Shaquille A (10/2/2019 13:39 EDT)

ED Treatments and Procedures Entered On: 10/02/2019 13:40 EDT
Performed On: 10/02/2019 13:39 EDT by Terry LPN, Shaquille A

Performed By
ED Tx & Procedure Performed By : Terry LPN, Shaquille A

Terry LPN, Shaquille A - 10/02/2019 13:39 EDT

ED Nurse Collect
Comfort Measures : Food Tray Given to Patient

Terry LPN, Shaquille A - 10/02/2019 13:39 EDT

Document Name ED Treatments and Procedures - Text
Document Status Auth (Verified)
Performed By Brady RN, Jessica B (10/2/2019 12:48 EDT)
Signed By Brady RN, Jessica B (10/2/2019 12:48 EDT)
Authenticated By Brady RN, Jessica B (10/2/2019 12:48 EDT)

ED Treatments and Procedures Entered On: 10/02/2019 12:48 EDT
Performed On: 10/02/2019 12:48 EDT by Brady RN, Jessica B

Performed By
ED Tx & Procedure Performed By : Brady RN, Jessica B

Brady RN, Jessica B - 10/02/2019 12:48 EDT

ED Nurse Collect
ED Patient Activity : Awake and Alert, Respirations Even and Unlabored, Sitting in bed

Brady RN, Jessica B - 10/02/2019 12:48 EDT

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
EDT

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Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
 (803) 395-2200

Patient: Branton, Adrienne Thedasia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED
Admit/Discharge: 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Treatments/Procedures Forms

Document Name ED Treatments and Procedures - Text
 Document Status Auth (Verified)
 Performed By Brady RN, Jessica B (10/2/2019 12:43 EDT)
 Signed By Brady RN, Jessica B (10/2/2019 12:43 EDT)
 Authenticated By Brady RN, Jessica B (10/2/2019 12:43 EDT)

ED Treatments and Procedures Entered On: 10/02/2019 12:43 EDT
Performed On: 10/02/2019 12:43 EDT by Brady RN, Jessica B

Performed By

ED Tx & Procedure Performed By : Brady RN, Jessica B

Brady RN, Jessica B - 10/02/2019 12:43 EDT

ED Nurse Collect

ED Progression of Care : Lab Specimen Collected, Sent to Lab

Brady RN, Jessica B - 10/02/2019 12:43 EDT

Document Name ED Treatments and Procedures - Text
 Document Status Auth (Verified)
 Performed By Terry LPN, Shaquille A (10/2/2019 10:36 EDT)
 Signed By Terry LPN, Shaquille A (10/2/2019 10:36 EDT)
 Authenticated By Terry LPN, Shaquille A (10/2/2019 10:36 EDT)

ED Treatments and Procedures Entered On: 10/02/2019 10:41 EDT
Performed On: 10/02/2019 10:36 EDT by Terry LPN, Shaquille A

Performed By

ED Tx & Procedure Performed By : Terry LPN, Shaquille A

Terry LPN, Shaquille A - 10/02/2019 10:36 EDT

Additional Comments

Additional Comments : Pt is refusing any orther labs. Spoke with Ms. Estill Hutchinson who stated pt was just released from Spartanburg Medical Center yesterday.

Terry LPN, Shaquille A - 10/02/2019 10:36 EDT

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
 EDT

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Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
 (803) 395-2200

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Chemistry

Routine Chemistry

Orderable Name	Collected Date/Time	Accession Number	Ordering Provider
Comprehensive Metabolic Panel (CMP) ⁽¹⁾	10/2/2019 09:54 EDT	19-275-0432	Burkholz DO, Steven R
Comprehensive Metabolic Panel (CMP) ⁽²⁾	10/2/2019 09:54 EDT	19-275-0432	Burkholz DO, Steven R

Procedure	Result	Units	Reference Range	Verified Date/Time
Glucose Level ⁽¹⁾	103	mg/dL	[74-106]	10/2/2019 10:34 EDT
Blood Urea Nitrogen ⁽¹⁾	17	mg/dL	[7-17]	10/2/2019 10:34 EDT
Sodium Level ⁽¹⁾	140	mmol/L	[137-145]	10/2/2019 10:34 EDT
Potassium Level ⁽¹⁾	4.1	mmol/L	[3.5-5.1]	10/2/2019 10:34 EDT
Chloride ⁽¹⁾	104	mmol/L	[98-107]	10/2/2019 10:34 EDT
Carbon Dioxide Level ⁽¹⁾	23	mmol/L	[22-30]	10/2/2019 10:34 EDT
Creatinine ⁽¹⁾	0.9	mg/dL	[0.7-1.2]	10/2/2019 10:34 EDT
Estimated Glomerular Filtration Rate ⁽¹⁾	>60	mL/min/1.73 m2		10/2/2019 10:34 EDT
Est Glom Filtration Rate, African Americ ⁽¹⁾	>60	mL/min/1.73 m2		10/2/2019 10:34 EDT
GFR Comment ⁽¹⁾	See comment ^R			10/2/2019 10:34 EDT

R: Chronic Kidney Disease, GFR <=60
 ESRD, GFR <=15
 The equation has not been evaluated for use with the elderly (over 70 years of age), pregnant women, patients with acute renal failure or persons with extremes of body size, muscle mass or nutritional status. Note: Patients with GFR values >=60 ml/min/1.73 square meters may have CKD if evidence of persistent proteinuria or hematuria is present. Additional information may be found at www.kdoqi.org.

Calcium Level Total ⁽¹⁾	10.0 ^A	mg/dL	[9.1-10.6]	10/2/2019 10:34 EDT
A: If a Calcium Lvl Corrected was not reported but is needed, please order a Calcium Lvl and Albumin Lvl so the Laboratory will have the test needed to perform the calculation.				

Total Protein ⁽¹⁾	8.3 ^H	gm/dL	[6.3-8.2]	10/2/2019 10:34 EDT
Albumin Level ⁽¹⁾	4.4	gm/dL	[3.5-5.0]	10/2/2019 10:34 EDT
Aspartate Aminotransferase (AST) ⁽¹⁾	23	unit/L	[14-36]	10/2/2019 10:34 EDT
Alanine Aminotransferase (ALT) ⁽¹⁾	10	unit/L	[9-52]	10/2/2019 10:34 EDT
Alkaline Phosphatase ⁽¹⁾	75	unit/L	[38-126]	10/2/2019 10:34 EDT
Bilirubin Total ⁽¹⁾	0.2	mg/dL	[0.2-1.3]	10/2/2019 10:34 EDT
Anion Gap ⁽²⁾	17.1	mmol/L	[9.0-18.3]	10/2/2019 10:34 EDT

Request ID: 34729287

Print Date/Time 5/13/2020 13:50 EDT

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Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
 (803) 395-2200

Patient: Branton, Adrienne Theodosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: ████████ 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Chemistry

Routine Chemistry

Orderable Name	Collected Date/Time	Accession Number	Ordering Provider
Comprehensive Metabolic Panel (CMP) ⁽¹⁾	10/2/2019 09:54 EDT	19-275-0432	Burkholz DO, Steven R
Comprehensive Metabolic Panel (CMP) ⁽²⁾	10/2/2019 09:54 EDT	19-275-0432	Burkholz DO, Steven R

Procedure	Result	Units	Reference Range	Verified Date/Time
BUN/Creatinine Ratio ⁽²⁾	18.9	ratio	[7.0-25.0]	10/2/2019 10:34 EDT
Albumin/Globulin Ratio ⁽²⁾	1.1 ^L	ratio	[1.2-2.2]	10/2/2019 10:34 EDT
Calcium Lvl Corr ⁽²⁾	9.7	mg/dL	[9.1-10.6]	10/2/2019 10:34 EDT

Therapeutic Drugs/Toxicology

Orderable Name	Collected Date/Time	Accession Number	Ordering Provider
Acetaminophen Level	10/2/2019 12:42 EDT	19-275-0462	Burkholz DO, Steven R

Procedure	Result	Units	Reference Range	Verified Date/Time
Acetaminophen Level	<10.0	mcg/mL	[10.0-30.0]	10/2/2019 13:10 EDT

Orderable Name	Collected Date/Time	Accession Number	Ordering Provider
Drug Screen Urine (Urine Drug Screen)	10/2/2019 12:23 EDT	19-275-0433	Burkholz DO, Steven R

Procedure	Result	Units	Reference Range	Verified Date/Time
Urine Amphetamine Screen	Negative		[Negative]	10/2/2019 12:52 EDT
Urine Barbiturate Screen	Negative		[Negative]	10/2/2019 12:52 EDT
Urine Benzodiazepine Screen	Negative		[Negative]	10/2/2019 12:52 EDT
Urine Cannabinoid Screen	Negative		[Negative]	10/2/2019 12:52 EDT
Urine Cocaine Screen	Negative		[Negative]	10/2/2019 12:52 EDT
Urine Opiate Screen	Negative		[Negative]	10/2/2019 12:52 EDT
Urine PCP Screen	Negative		[Negative]	10/2/2019 12:52 EDT

Request ID: 34729287

Print Date/Time 5/13/2020 13:50 EDT

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Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
 (803) 395-2200

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Chemistry

Therapeutic Drugs/Toxicology

Orderable Name	Collected Date/Time	Accession Number	Ordering Provider
Ethanol Level (ETOH Level)	10/2/2019 09:54 EDT	19-275-0432	Burkholz DO, Steven R

Procedure	Result	Units	Reference Range	Verified Date/Time
Ethanol Level	<10 ^	mg/dL	[0-10]	10/2/2019 10:36 EDT
^: Negative: <10 mg/dL Toxic: 50-100 mg/dL CNS Depression: >100 mg/dL Legal intoxication: >79 mg/dL				

Orderable Name	Collected Date/Time	Accession Number	Ordering Provider
Salicylate Level	10/2/2019 12:42 EDT	19-275-0462	Burkholz DO, Steven R

Procedure	Result	Units	Reference Range	Verified Date/Time
Salicylate Level	<1.0	mg/dL	[0.0-60.0]	10/2/2019 13:10 EDT

Hematology

General Hematology

Orderable Name	Collected Date/Time	Accession Number	Ordering Provider
CBC w/ Diff (CBC w/ Auto Diff)	10/2/2019 09:54 EDT	19-275-0432	Burkholz DO, Steven R

Procedure	Result	Units	Reference Range	Verified Date/Time
White Blood Cell Count	7.7	x10(3)/mcL	[4.8-10.8]	10/2/2019 10:21 EDT
Red Blood Cell Count	3.89 ^L	x10(6)/mcL	[4.20-5.40]	10/2/2019 10:21 EDT
Hemoglobin	10.0 ^L	gm/dL	[12.0-16.0]	10/2/2019 10:21 EDT
Hematocrit	33.1 ^L	%	[37.0-47.0]	10/2/2019 10:21 EDT
MCV	85.1	fL	[81.0-99.0]	10/2/2019 10:21 EDT
MCH	25.7 ^L	pg	[27.0-31.0]	10/2/2019 10:21 EDT
MCHC	30.2 ^L	gm/dL	[32.0-36.0]	10/2/2019 10:21 EDT
RDW	15.9 ^H	%	[11.5-14.5]	10/2/2019 10:21 EDT
Platelet Count	225	x10(3)/mcL	[130-400]	10/2/2019 10:21 EDT
MPV	12.8 ^H	fL	[7.4-10.4]	10/2/2019 10:21 EDT

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
 EDT

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Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
 (803) 395-2200

Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Hematology

Differential

Orderable Name	Collected Date/Time	Accession Number	Ordering Provider
Automated Diff	10/2/2019 09:54 EDT	19-275-0432	Burkholz DO, Steven R

Procedure	Result	Units	Reference Range	Verified Date/Time
Neutrophil Automated	49.6	%	[42.0-75.0]	10/2/2019 10:21 EDT
Lymphocyte Automated	36.8	%	[21.0-51.0]	10/2/2019 10:21 EDT
Monocyte Automated	7.9	%	[2.0-9.0]	10/2/2019 10:21 EDT
Eosinophil Automated	4.7	%	[0.0-10.0]	10/2/2019 10:21 EDT
Basophil Automated	0.7	%	[0.0-1.0]	10/2/2019 10:21 EDT
Immature Granulocyte Automated	0.3 ^L	%	[3.0-6.0]	10/2/2019 10:21 EDT
Neutrophil Absolute	3.82	x10(3)/mcL	[2.00-8.70]	10/2/2019 10:21 EDT
Lymphocyte Absolute	2.83	x10(3)/mcL	[1.00-5.50]	10/2/2019 10:21 EDT
Monocyte Absolute	0.61	x10(3)/mcL	[0.09-0.90]	10/2/2019 10:21 EDT
Eosinophil Absolute	0.36	x10(3)/mcL	[0.00-1.00]	10/2/2019 10:21 EDT
Basophil Absolute	0.05	x10(3)/mcL	[0.00-0.10]	10/2/2019 10:21 EDT
Immature Granulocyte Absolute	0.02 ^L	x10(3)/mcL	[0.10-0.60]	10/2/2019 10:21 EDT
NRBC Abs	0.000	x10(3)/mcL	[0.000-0.012]	10/2/2019 10:21 EDT
NRBC Auto	0.0	/100 WBC	[0.0-0.2]	10/2/2019 10:21 EDT

Urinalysis

UA Macroscopic

Orderable Name	Collected Date/Time	Accession Number	Ordering Provider
Urinalysis Comprehensive	10/2/2019 12:23 EDT	19-275-0433	Burkholz DO, Steven R

Procedure	Result	Units	Reference Range	Verified Date/Time
UA Collection Type	Clean Catch			10/2/2019 12:40 EDT
Urine Appearance	Clear		[Clear]	10/2/2019 12:40 EDT
UA Color UA	Yellow			10/2/2019 12:40 EDT
Urine Glucose	Negative	mg/dL	[Negative]	10/2/2019 12:40 EDT
Urine Bilirubin	Negative		[Negative]	10/2/2019 12:40 EDT
Urine Ketones	Negative	mg/dL	[Negative]	10/2/2019 12:40 EDT
Urine Specific Gravity	<=1.005		[1.003-1.040]	10/2/2019 12:40 EDT
Urine Blood	Negative		[Negative]	10/2/2019 12:40 EDT
Urine pH	6.0		[5.0-9.0]	10/2/2019 12:40 EDT

Request ID: 34729287

Print Date/Time 5/13/2020 13:50 EDT

All tests performed at RMC Laboratory, 3000 St Matthews Road, Orangeburg, SC, unless otherwise noted.

Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.



Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
 (803) 395-2200

Patient: Branton, Adrienne Thedosa
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Urinalysis

UA Macroscopic

Orderable Name	Collected Date/Time	Accession Number	Ordering Provider
Urinalysis Comprehensive	10/2/2019 12:23 EDT	19-275-0433	Burkholz DO, Steven R

Procedure	Result	Units	Reference Range	Verified Date/Time
Urine Protein	Negative	mg/dL	[Negative]	10/2/2019 12:40 EDT
Urine Urobilinogen	0.2		[0.2]	10/2/2019 12:40 EDT
Urine Nitrite	Negative		[Negative]	10/2/2019 12:40 EDT
Urine Leukocyte Esterase	Trace®	cells/mcL	[Negative]	10/2/2019 12:40 EDT

UA Microscopic

Orderable Name	Collected Date/Time	Accession Number	Ordering Provider
Automated Microscopic	10/2/2019 12:23 EDT	19-275-0433	Burkholz DO, Steven R

Procedure	Result	Units	Reference Range	Verified Date/Time
Urine WBC	0-4		[0-4]	10/2/2019 12:40 EDT
Urine RBC	0-4		[0-4]	10/2/2019 12:40 EDT
UA Epithelial	Occasional		[Occasional]	10/2/2019 12:40 EDT
UA Bacteria	Negative		[Negative]	10/2/2019 12:40 EDT
Urine Hyaline Casts	0-1		[0-1]	10/2/2019 12:40 EDT

Assessments and Treatments

Result	Procedure	Units	Reference Range	Recorded Date/Time
Pink	Nail Bed Color			10/2/2019 09:29 EDT
Less than 3 seconds	Capillary Refill			10/2/2019 09:29 EDT
No	ED Presentation Due to Fall			10/2/2019 09:29 EDT
No	Age Greater than 70			10/2/2019 09:29 EDT
No	ED Fall Risk Impaired Mobility			10/2/2019 09:29 EDT
No	ED Fall Risk Altered Mental Status			10/2/2019 09:29 EDT
No	ED Fall Risk Nursing Judgment			10/2/2019 09:29 EDT
None	Distress			10/2/2019 09:29 EDT
Alert	Level of Consciousness			10/2/2019 09:29 EDT

Request ID: 34729287

Print Date/Time 5/13/2020 13:50 EDT

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the Regional Medical Center

Regional Medical Center

3000 St Matthews Road
Orangeburg, SC 29118-
(803) 395-2200

Patient: Branton, Adrienne Thedosa
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: ████████ 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Assessments and Treatments

Result	Procedure	Units	Reference Range	Recorded Date/Time
None	Hallucinations Present			10/2/2019 09:29 EDT
Spontaneously	Eye Opening Response			10/2/2019 09:29 EDT
	Glasgow			
Obeys simple commands	Best Motor Response			10/2/2019 09:29 EDT
	Glasgow			
Oriented	Best Verbal Response			10/2/2019 09:29 EDT
	Glasgow			
15	Glasgow Coma Score			10/2/2019 09:29 EDT
Oriented x 3	Orientation			10/2/2019 09:29 EDT
Appropriate, Calm, Cooperative	Affect/Behavior			10/2/2019 09:29 EDT
Appropriate, Calm, Cooperative	Affect/Behavior			10/2/2019 09:29 EDT
None	Domestic Concerns			10/2/2019 09:29 EDT
No	Suicide Plan Includes Harm to Others			10/2/2019 09:29 EDT
50+	Age Suicide Risk			10/2/2019 09:29 EDT
Widowed	Marital/Partner Status			10/2/2019 09:29 EDT
	Suicide Risk			
Not applicable	Lethality of Attempt			10/2/2019 09:29 EDT
No history	History of Suicide Attempts			10/2/2019 09:29 EDT
None	Family History of Suicide			10/2/2019 09:29 EDT
No intent to die	Intent/Ambience			10/2/2019 09:29 EDT
Some support	Support System			10/2/2019 09:29 EDT
None	Loss and Trauma in Last 6 Months			10/2/2019 09:29 EDT
None	Impulsive/Aggression/Agitated/Pacing			10/2/2019 09:29 EDT
None	Substance Abuse			10/2/2019 09:29 EDT
Hopeful	Hopelessness			10/2/2019 09:29 EDT
None	Hallucinations			10/2/2019 09:29 EDT
None	Hallucinations			10/2/2019 09:29 EDT
8	Suicide Risk Score			10/2/2019 09:29 EDT
No	Statements or Thoughts of Self-Harm			10/2/2019 09:29 EDT
No	Attempt or Plan for Self-Harm			10/2/2019 09:29 EDT
None	ED Suicide Psych Assessment			10/2/2019 09:29 EDT

Request ID: 34729287

Print Date/Time 5/13/2020 13:50 EDT

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Regional Medical Center
 3000 St Matthews Road
 Orangeburg, SC 29118-
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Patient: Branton, Adrienne Thedasia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED

Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Assessments and Treatments

Result	Procedure	Units	Reference Range	Recorded Date/Time
None	ED Suicide Psych Assessment			10/2/2019 09:29 EDT
Unlabored	Respirations			10/2/2019 09:29 EDT
Regular	Respiratory Pattern			10/2/2019 09:29 EDT
Regular	Respiratory Pattern Description			10/2/2019 09:29 EDT
None	Cough			10/2/2019 09:29 EDT
No	ESI Level 1			10/2/2019 09:26 EDT
No	ESI Level 2			10/2/2019 09:26 EDT
Many	Resources ESI			10/2/2019 09:26 EDT
3	Recommended ESI Level			10/2/2019 09:26 EDT
Room air	Oxygen Therapy			10/2/2019 09:26 EDT
100	SpO2	%	[90-100]	10/2/2019 09:26 EDT

Infection Control

Infection Control

Result	Procedure	Units	Reference Range	Recorded Date/Time
No	Africa Travel in last 21 Days			10/2/2019 09:26 EDT

Pain Assessment

Result	Procedure	Units	Reference Range	Recorded Date/Time
0 = No pain	Numeric Pain Scale			10/2/2019 09:26 EDT

Vital Signs

Result	Procedure	Units	Reference Range	Recorded Date/Time
36.8	Temperature Oral	DegC	[35.6-38.1]	10/2/2019 09:26 EDT
80	Peripheral Pulse Rate	bpm	[60-100]	10/2/2019 09:26 EDT
18	Respiratory Rate	br/min	[14-20]	10/2/2019 09:26 EDT
152 ^H	Systolic Blood Pressure	mmHg	[90-140]	10/2/2019 09:26 EDT
71	Diastolic Blood Pressure	mmHg	[60-90]	10/2/2019 09:26 EDT

Request ID: 34729287

Print Date/Time 5/13/2020 13:50 EDT

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3000 St Matthews Road
Orangeburg, SC 29118-
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Patient: Branton, Adrienne Thedosia
MRN: 0000603130
Account Number: 1002881969
DOB/AGE/SEX: [REDACTED] 69 years Female
Location: ED
Admit/Discharge 10/2/2019
Discharge Date: 10/2/2019
Admitting:
Attending: Burkholz DO, Steven R

Allergies

Substance: No known allergies
Recorded Date/Time: 10/2/2019 09:27 EDT
Recorded By: Brady RN, Jessica B
Reaction Status: Active; **Allergy Type:** Allergy; **Category:** Drug; **Reviewed Date/Time:** 10/2/2019 13:49 EDT; **Reviewed By:** Green DNP, Cameo A

Clinical Diagnosis

Diagnosis: Schizophrenia-stable
Last Reviewed Date: 10/2/2019
Diagnosis Date: 10/2/2019
Code: F20.9; **Confirmation:** Confirmed
Responsible Provider: Burkholz DO, Steven R
Status: Active

Request ID: 34729287

Print Date/Time 5/13/2020 13:50
EDT

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Additional clinical information may be available for the patient via Horizon Patient Folder.

Please contact the Regional Medical Center Health Information Department at 803-395-2272 for additional information.

REGIONAL MEDICAL CENTER 3000 ST. MATTHEWS ROAD ORANGEBURG SC 291181442		REGIONAL MEDICAL CENTER PO BOX 1306 ORANGEBURG SC 29118		3975375 603130	0131
PATIENT NAME BRANTON, ADRIANNE T		PATIENT ADDRESS 210 CHURCH ST SAINT MATTHEWS SC		STATEMENT COVERED PERIOD 57-600801Q100219 100219	
ESTIMATE 11		DATE 10/11/19		CONDITION CODES	
PATIENT NAME BRANTON, ADRIANNE T		PATIENT ADDRESS 210 CHURCH ST SAINT MATTHEWS SC 29135-1121		VALUE CODES	
44 REK CD		45 DESCRIPTION		46 ICD9 / RATE / ICD9 CODE	47 SUN DATE
0300	LABORATORY	36592		100219	1
0300	LABORATORY	80053		100219	1
0300	LABORATORY	80307		100219	1
0300	LABORATORY	80320		100219	1
0300	LABORATORY	80329		100219	1
0300	LABORATORY	8032959		100219	1
0300	LABORATORY	8100159		100219	1
0300	LABORATORY	85025		100219	1
0450	EMERG ROOM	96372		100219	1
0450	EMERG ROOM	9637259		100219	2
0450	EMERG ROOM	9928525		100219	1
0636	N400641037625ML1	J1200		100219	1
0636	N463323047401ML1	J1630		100219	1
0636	N400641604425ML1	J2060		100219	1
0001 PAGE 1 OF 1		CREATION DATE 051420		TOTALS	395800
50 PATER NAME		51 HEALTH PLAN ID		52 PRIOR PAYMENTS	53 EST AMOUNT DUE
					1457309247
54 INSURER'S NAME		55 FUEL 60 INURESS'S BANCHE ID		56 EMPLOYER NAME	
57 TREATMENT AUTHORIZATION CODES		58 ACCOUNT CONTROL NUMBER		59 EMPLOYER RATE	
60 E250 I10A E119 Z91d4 R600		F I F I G I H		Q	
61 ADMIT OR		62 PATIENT REASSIGN		63 PPS CODE	
F99a		c		a b c	
64 OTHER PROCEDURE CODE		65 OTHER PROCEDURE DATE		66 ATTENDING	
				M1710965520	
67 OTHER PROCEDURE CODE		68 OTHER PROCEDURE DATE		69 OTHER	
				NFT	
70 REMARKS		71 ICD 9		72 OTHER	
B3282N0000X				NFT	
				FIRST	
				LAST	
				FIRST	

US-01-CMS-1486 ©2015 NUBG THE IDENTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

ITEMIZED BILL

PAGE 1

DATE 05/14/2020
TIME 10:45:34 AMREGIONAL MEDICAL CENTER
3000 ST. MATTHEWS ROAD
ORANGEBURG SC 291181442PATIENT CONTROL NUMBER
3975375PATIENT NAME
BRANTON, ADRIANNE TMEDICAL RECORD NUMBER
603130BEGINNING DATE OF SERVICE
100219ENDING DATE OF SERVICE
100219

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0300	COLLECTION: IV ACCESS	86592	100219	1	60.00	
0300	COMPREHENSIVE METABOLIC	80053	100219	1	278.00	
0300	TOXICOLOGY DRUG SCREEN U	80307	100219	1	108.00	
0300	ETHANOL LEVEL	80320	100219	1	184.00	
0300	ACETAMINOPHEN LEVEL	80329	100219	1	156.00	
0300	SALICYLATE LEVEL	8032959	100219	1	115.00	
0300	URINALYSIS WITH MICROSCO	8100159	100219	1	127.00	
0300	COMPLETE BLOOD COUNT W/	85025	100219	1	149.00	
0450	THER/PROPH/DIAG INJ, SC	96372	100219	1	84.00	
0450	THER/PROPH/DIAG INJ, SC	9637259	100219	2	168.00	
0450	ER EM ROOM FEE/LEVEL V	9928525	100219	1	1963.00	
0636	DIPHENHYDRAMINE INJECTIO	J1200	100219	1	144.00	
0636	HALOPERIDOL INJECTION 5	J1630	100219	1	144.00	
0636	LORAZEPAM INJECTION 2 MG	J2060	100219	1	278.00	
0001	PAGE 1 OF 1			15	3958.00	
0001	TOTAL			15	3958.00	

STATE OF SOUTH CAROLINA
CERTIFICATION OF VITAL RECORD

DEATH CERTIFICATION

STATE FILE NUMBER : 139-19-038643 AMENDED

DECEDENT'S NAME: *ADRIANNE THEODOSIA BRANTON*

SEX: FEMALE

AKA's: NA

SOCIAL SECURITY NUMBER: [REDACTED]

ARMED FORCES: NO

DATE OF BIRTH: [REDACTED]

AGE: 69 YEARS

TYPE OF PLACE OF DEATH: OTHER (SPECIFY)

COUNTY OF DEATH: ORANGEBURG

NAME AND ADDRESS OF PLACE OF DEATH: 167 BENTHOMP ROAD, ORANGEBURG, SC 29115

PLACE OF DISPOSITION: JP HOLLEY FUNERAL HOME

DISPOSITION LOCATION: COLUMBIA, SOUTH CAROLINA

METHOD OF DISPOSITION: CREMATION

DECEDENT'S RESIDENCE: 100 AMSTERDAM ARCH APT.C, COLUMBIA, RICHLAND COUNTY, SC, 29210

PLACE OF BIRTH: DISTRICT OF COLUMBIA

MARITAL STATUS: WIDOWED (AND NOT REMARRIED)

SURVIVING SPOUSE'S NAME: NA

FATHER'S NAME: HERBERT MALLETTE

MOTHER'S NAME PRIOR TO FIRST MARRIAGE: NANCY SAUNDERS MALLETTE

INFORMANT'S NAME: HERMAN MIGUEL BRANTON

RELATIONSHIP: SON

MAILING ADDRESS: 3467 FERNVIEW DRIVE, LAWRENCEVILLE, GA, 30044

FUNERAL HOME: J. P. HOLLEY FUNERAL HOME, INC., 8132 GARNERS FERRY ROAD, COLUMBIA, SC, 29209

FUNERAL DIRECTOR: FREDERICK DAVIS

LICENSE NUMBER: 4046

EMBALMER'S NAME: NA

LICENSE NUMBER: NA

ACTUAL OR PRESUMED DATE OF DEATH: OCTOBER 03, 2019

MANNER OF DEATH: ACCIDENT

ACTUAL OR PRESUMED TIME OF DEATH: Est 1530 to 1700

CAUSE OF DEATH - PART I

NONEXERTIONAL HYPERTHERMIA WITH HYPOTONIC DEHYDRATION

PROLONGED EXPOSURE TO ELEVATED ENVIRONMENTAL TEMPERATURES

OTHER SIGNIFICANT CONDITIONS - PART II:

SEVERE ATHEROSCLEROTIC CARDIOVASCULAR DISEASE, PULMONARY FIBROSIS, ACUTE RENAL FAILURE, CHRONIC RENAL DISEASE, SCHIZOPHRENIA

CORONER CONTACTED? YES

AUTOPSY PERFORMED? YES

AUTOPSY AVAILABLE? YES

DATE OF INJURY: OCTOBER 03, 2019

TIME OF INJURY: 1515

INJURY AT WORK? NO

PLACE OF INJURY: OUTSIDE

LOCATION OF INJURY: 167 BEN THOMP ROAD, ORANGEBURG, ORANGEBURG COUNTY, SC, 29115

HOW THE INJURY OCCURRED?

EXPOSURE TO ENVIRONMENTAL TEMPERATURES

CERTIFIER NAME AND TITLE: DEPUTY CORONER PHILLIP L. BASS

LICENSE NUMBER: NA

CERTIFIER'S ADDRESS: 1558 ELLIS AVE, ORANGEBURG, SC, 29118

DATE FILED: OCTOBER 23, 2019

DATE OF ISSUANCE: JANUARY 22, 2020

SPECIAL INSTRUCTIONS:

CAUSE OF DEATH AMENDED BY: DHEC 627 PER SEAN FOGLE, DEPUTY CORONER, INJURY INFO AMENDED BY: DHEC 627 PER SEAN FOGLE, DEPUTY CORONER, MANNER OF DEATH AMENDED BY: DHEC 627 PER SEAN FOGLE, DEPUTY CORONER,

SC08314137

This is a true certification of the facts on file in the Division of Vital Records, SC Department of Health and Environmental Control.

Richard K. Toomey

Richard K. Toomey, DHA, FACHE
Director and State Registrar

Angelia P. Saleeby

Angelia P. Saleeby
Assistant State Registrar

This is watermarked paper. Do not accept without noting watermark. Hold to light to verify watermark.

Revision Date: 04/25/2019



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

INCIDENT/INVESTIGATION REPORT

Orangeburg County Sheriff's Office

Case# 2019 090768

Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown

D R U G S	ID#	Status	Quantity	Type Measure	Suspect#	Type

Assisting Officers
HAYES, A. (15226), CULPEPPER, E. (12211), MCCORMACK, W. (15116)

Suspect Hate / Bias Motivated: *NONE (NO BIAS)*

NARRATIVE
 ON 10/3/19 THIS UNIT RESPONDED TO THE INCIDENT LOCATION IN REFERENCE TO A DECEASED PERSON.

REPORTING OFFICER NARRATIVE

Orangeburg County Sheriff's Office

Case #	2019-0907087
Date / Time Reported	10/03/2019 11:25

Victim	Offense
BRANTON, ADRIANNE THEODOSIA	DECEASED PERSON

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

ON 10/3/19 THIS UNIT RESPONDED TO THE INCIDENT LOCATION IN REFERENCE TO A DECEASED PERSON.

WHEN THIS UNIT ARRIVED THE VICTIM WAS SITTING IN A FOLDING CHAIR OUT IN THE OPEN NEAR THE GATE. OCEMS WAS ON SCENE, AND ALSO DEP. CORONER BASS. THIS UNIT TALKED TO MRS. HUTCHINSON WHO IS THE OWNER OF THE PRIMARY CARE FACILITY LOCATED IN ST. MATTHEWS. SHE ADVISED THAT THE VICTIM WAS AT HER FACILITY UNTIL AROUND 9/15/19 WHEN ST. MATTHEWS PD HAD THE VICTIM TRANSPORTED TO THE HOSPITAL IN LEXINGTON FOR MENTAL ISSUES. SHE SAID THAT THE VICTIM WAS THEN TRANSPORTED TO SPARTANBURG TO ANOTHER HOSPITAL. SHE SAID THAT THE VICTIM WAS THERE UNTIL 10/1/19 WHEN SHE WAS BROUGHT BACK TO HER FACILITY. SHE SAID THAT THE VICTIM CAUSED ISSUES THERE AND WAS TAKEN TO TRMC ON 10/2/19. SHE ADVISED THAT AFTER THE VICTIM RETURNED SHE CALLED BRENDA WILLIAMS AND HAD THE VICTIM TAKEN TO THE SALLEY KEITT REST HOME LOCATED AT THE INCIDENT LOCATION. SHE ADVISED THAT LATER IN THE NIGHT THE FACILITY HAD TO CALL LAW ENFORCEMENT TO GET THE VICTIM TO GO BACK INTO THE HOME. SHE STATED THAT AROUND 0900 HRS ON THIS DATE SHE RETURNED TO CHECK ON THE VICTIM. SHE SAID THAT THE VICTIM WAS SUPPOSED TO GO TO MENTAL HEALTH BUT REFUSED TO GO. SHE SAID THAT SHE LEFT THE VICTIM THERE BUT CALLED SEVERAL TIMES TO CHECK ON THE VICTIM. SHE ADVISED THAT THE FIRST FEW TIMES THE VICTIM WAS WALKING AROUND OUTSIDE. SHE SAID THAT AROUND 1100 HRS SHE WAS TOLD THAT THE VICTIM HAD COME INSIDE, AND THEN WHEN SHE CALLED BACK AROUND 1500 HRS MRS. STARKES ADVISED THAT THE VICTIM WAS IN THE YARD SITTING AND CURSING HER OUT. SHE SAID THAT SOMETIME AFTER 1700 HRS SHE RECEIVED THE CALL, SAYING THE VICTIM WAS DECEASED.

THIS UNIT THEN TALKED TO MRS. WILLIAMS WHO ADVISED THAT SHE ARRIVED AFTER 1700 HRS AND DID NOT KNOW MUCH ABOUT WHAT HAPPENED. MRS. WILLIAMS ADVISED THAT "ROSE" WAS AT THE LOCATION WHEN THE VICTIM PASSED AWAY. WHEN THIS UNIT ASKED WHAT ROSE'S LAST NAME WAS MRS. WILLIAMS COULD NOT TELL ME, THEN LATER SAID SHE BELIEVED IT WAS STARKES. THIS UNIT ADVISED MRS. WILLIAMS TO HAVE ROSE RETURN TO THE LOCATION.

THIS UNIT THEN TALKED TO MR. NELSON WHO ADVISED THAT HE GOT TO THE LOCATION AROUND 1700 HRS. HE SAID THAT AT THAT TIME THE VICTIM WAS SITTING IN THE CHAIR, HEAD TILTED BACK, AND WAS NOT BREATHING. HE ADVISED THAT HE THEN GOT MRS. ROSE AND 911 WAS CALLED.

DEP. CORONER BASS ADVISED THAT HE BELIEVED THE VICTIM COULD HAVE SUFFERED FROM A HEAT STROKE AND DIED. DUE TO THE NATURE OF THE VICTIM'S DEATH AND THIS BEING A CARE HOME THIS UNIT CALLED THE ON-CALL CID UNIT INV. A. HAYES.

INV. HAYES, AND OCSO CSI INV. MCCORMACK RESPONDED TO THE LOCATION. MRS. ROSE HAD STILL NOT ARRIVED SO THIS UNIT HAD MRS. WILLIAMS CALL HER.

AT THAT TIME INV. HAYES SPOKE WITH MRS. STARKES ON THE PHONE. SHE ADVISED THAT SHE DOES NOT DRIVE AT NIGHT. INV. HAYES THEN TALKED TO MRS. STARKES, WHO ADVISED THAT AROUND 1500 HRS SHE TRIED TO GET THE VICTIM TO COME INSIDE TO EAT. SHE SAID THAT TH

REPORTING OFFICER NARRATIVE

Orangeburg County Sheriff's Office

Victim <i>BRANTON, ADRIANNE THEODOSIA</i>	Offense <i>DECEASED PERSON</i>	Date <i>Thu 12/03/2019 11:27</i>
--	-----------------------------------	-------------------------------------

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VICTIM WAS CURSING AT HER AND SWATTING AT HER. SHE SAID THAT SHE BELIEVED THE VICTIM WAS DEHYDRATED BUT LEFT HER OUTSIDE DUE TO NOT WANTING THE VICTIM TO ASSAULT HER. OCEMS OR THE OCSO WAS NOT CALLED AT ANY TIME UNTIL THE VICTIM WAS FOUND DECEASED.

THE SCENE WAS TURNED OVER TO CSI, AND CID. OC CID WILL BE FOLLOWING UP WITH THIS MATTER.

CASE SUPPLEMENTAL REPORT

Printed: 12/31/2020 10:14

Orangeburg County Sheriff's Office

ORA: 20190007682

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: ADMINISTRATIVE CLOSURE

Case Mng Status: NA

Created: 10/05/2019

Offense: DECEASED PERSON

Investigator: HAYES, A. (15226)

Date / Time: 10/08/2019 08:22:30, Tuesday

Supervisor: TURKVANT, A. (19316)

Supervisor Review Date / Time: 10/08/2019 14:56:41, Tuesday

Contact:

Reference: Supplement

THIS INVESTIGATOR WAS NOTIFIED ABOUT THE INCIDENT BY LT. STEVEN THOMPSON. LT. THOMPSON AND DEPUTY CORONER PHIL BASS WERE ON SCENE AT THE SALLEY KEITT REST HOME WHERE THE VICTIM WAS FOUND TO BE DECEASED AT AROUND 5PM. IT APPEARED AT THAT TIME THAT THE DECEDENT HAD PASSED DUE TO HEAT EXHAUSTION. THIS INVESTIGATOR CONTACTED MY SUPERVISOR SGT. RASHARD MOORE AND CAPT. GERALD CARTER ABOUT THE INCIDENT. CAPT. CARTER WANTED ME TO RESPOND AND DOCUMENT THIS CASE. THIS INVESTIGATOR RESPONDED TO THE INCIDENT LOCATION AND WHILE EN ROUTE I NOTIFIED CSI CODY MCCORMACK TO RESPOND TO ASSIST IN THE DOCUMENTATION OF THIS INCIDENT. WHEN I ARRIVED THE VICTIM WAS SEATED IN THE FRONT YARD IN A METAL FOLDING CHAIR AND WAS FULLY DRESSED AND HAD A BLUE IN COLOR WHAT APPEARED TO BE A WOOL UNION REPLICIA BATTLE JACKET. LT. THOMPSON AND DEPUTY CORONER BASS UPDATED THIS INVESTIGATOR ON THE INFORMATION THEY HAD BEEN ABLE TO OBTAIN. THE CAREGIVER ESTELLE A. HUTCHINSON WAS ON SCENE AND SHE WAS FILLING OUT A FORMAL STATEMENT WHICH IS ATTACHED TO THIS CASE FILE. THE WITNESS WHO FOUND THE VICTIM WAS NOT ON SCENE BUT THIS INVESTIGATOR SPOKE TO HER ON THE PHONE DUE TO THE FACT THAT SHE DID NOT DRIVE AFTER DARK. THE WITNESS (ROSA STARKES) STATED THAT SHE COMES TO THE FACILITY TO SERVE THE CLIENTS FOOD AND CLEAN UP AFTER SUPPER. SHE SAID THAT SHE ARRIVED TO THE FACILITY AT BETWEEN 1-2 PM ON 10/3/2019. SHE SAID THAT THE VICTIM WAS IN THE YARD WHEN SHE ARRIVED AND THAT SHE WAS ALSO PRESENT ON THE SIGHT WHEN THE VICTIM WAS BROUGHT TO THE FACILITY ON 10/02/2019 AT ABOUT 4PM. SHE SAID THAT SHE WENT TO TRY TO GET THE VICTIM TO COME INSIDE AT ABOUT 3:30PM AND THE VICTIM WAS TALKING AND FUSSING AT THERE AND EVEN BECAME COMBATIVE TOWARDS HER. THE VICTIM REFUSED TO COME INSIDE AND SHE WAS TOLD BY THE FACILITY STAFF THAT IF THE CLIENTS BECOME COMBATIVE TO NOT TOUCH THEM. SHE WAS WORRIED ABOUT THE VICTIM AND IN HER OPINION THE VICTIM APPEARED TO BE DEHYDRATED. THIS WITNESS SAID THAT THE VICTIM WAS SWEATING AND WAS NOT COOPERATING WITH THEM. SHE SAID THAT SHE WENT BACK INSIDE AND PREPARED THE CLIENTS FOOD. THIS VICTIM AND STAFF MEMBER WENT OUT 5-5:30PM TO TRY TO GET THE VICTIM TO COME INSIDE AND EAT. THE WITNESS SAID THAT SHE NOTICED THAT SOMETHING WAS NOT RIGHT THE VICTIM WAS NOT RESPONDING. THIS WITNESS SAID THAT SHE FELT THE VICTIM FOR A PULSE AND FOUND NONE, SHE FELT HER CHEST AND DID NOT FEEL ANYTHING THERE EITHER. SHE DID NOTE THAT THE VICTIM WAS DAMP FROM SWEAT AT TOUCH. SHE SAID THAT SHE TOLD THE STAFF MEMBER TO GO AND CALL FOR HELP. THEY WAITED FOR EMS AND LAW ENFORCEMENT TO ARRIVE. AFTER SPEAKING WITH THIS VICTIM THIS INVESTIGATOR WENT AND SPOKE TO THE VICTIM'S CAREGIVER. THE CAREGIVER (ESTELLE A. HUTCHINSON) WAS FINISHED WITH HER STATEMENT AND WE BEGAN TO TALK. SHE

Investigator Signature

Supervisor Signature

r_spp3

CASE SUPPLEMENTAL REPORT

Printed: 10/31/2019 14:19

Orangoburg County Sheriff's Office

OCN: 20190007685

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: ADMINISTRATIVE CLOSURE Case Mng Status: NA Occurred: 10/03/2019
Offense: DECEASED PERSON

Investigator: HAYES, A. (15226) Date / Time: 10/08/2019 08:22:30, Tuesday
Supervisor: TURKVANT, A. (19316) Supervisor Review Date / Time: 10/08/2019 14:56:41, Tuesday
Contact: Reference: Supplement

STATED THAT SHE BECAME THE CAREGIVER TO THE VICTIM ON SEPTEMBER 13, 2019. SHE SAID THAT SHE TOOK THE VICTIM TO HER FACILITY (I KARE BOARDING HOME) IN ST. MATTHEWS SOUTH CAROLINA. SHE STATED THAT THE FIRST WEEK WAS GOOD AND THAT THE VICTIM WAS COOPERATING AND TAKING HER MEDICATION AS PRESCRIBED. ALL OF A SUDDEN THE VICTIM REFUSED TO TAKE HER MEDICATION AS WELL AS SHE STARTED TO BECOME COMBATIVE AND WALKING AWAY FROM THE RESIDENCE AND CAUSING PROBLEMS WITH HER OTHER CLIENTS IN THE HOME. SHE HAD LAW ENFORCEMENT CALLED ON HER SEVERAL TIMES AND HAD EVEN BEEN TAKEN TO THE HOSPITAL FOR TREATMENT. THE CAREGIVER TOOK THE VICTIM TO SALLEY KEITT REST HOME WHICH IS OWNED BY A FAMILY MEMBER IN AN ATTEMPT TO PROVIDE BETTER CARE AND SAFETY TO THE VICTIM. THE VICTIM WAS TAKEN TO SALLEY REST ON 10/02/2019 T ABOUT 4PM AND WAS TOLD BY THE CAREGIVER THAT SHE WOULD BE BACK ON 10/03/2019 TO CHECK ON HER AS WELL AS SHE WOULD BE GOING TO AN APPOINTMENT AT MENTAL HEALTH. THE CAREGIVER CHECKED ON THE VICTIM SEVERAL TIME THROUGHOUT THE EVENING AND NIGHT AND LAW ENFORCEMENT WAS EVEN CALLED ON HER TO GET HER TO GO INTO THE RESIDENCE JUST BEFORE MIDNIGHT ON 10/02/2019. THE CAREGIVER TOLD THIS INVESTIGATOR THAT ON 10/03/2019 SHE WENT BACK AND CHECKED ON THE VICTIM AND THE VICTIM WAS SUPPOSE TO GO TO THE FAMILY HEALTH CENTER FOR AN APPOINTMENT BUT DID NOT GO DUE TO THE VICTIM WAS ACTING OUT AND REFUSED TO GO. THE NEXT CONTACT SHE HAD WITH THE VICTIM WAS WHEN SHE WAS NOTIFIED THAT THE VICTIM HAD PASSED. THE CAREGIVER SAID THAT SHE WAS GIVING THE VICTIM A CHANCE AND WAS TRYING TO DO EVERYTHING IN HER POWER TO DO THE CORRECT THINGS TO PROVIDE THE CORRECT CARE FOR HER. THIS CASE IS DOCUMENTED AND AT THIS TIME APPEARS TO BE A NATURAL DEATH. THE CORONERS OFFICE IS CALLING FOR MEDICAL RECORDS ON THE DECEDENT AND IS FOLLOWING UP ON THE CASE AND WILL NOTIFY THE OCSO IF ANYTHING CHANGES IN THIS CASE. THIS CASE IS BEING ADMINISTRATIVELY CLOSED AT THIS TIME PENDING ANY CHANGES.

Investigator Signature

Supervisor Signature

COMMUNICATIONS

Event Report

Event ID: 2019-0076609

Call Ref #: 43

Date/Time Received: 10/02/19 19:54:48

Rpt #: Call Source: PHONE	Prime C110 Unit: HARTWELL, TONY	Services Involved <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">LAW</td> <td style="width: 25%;"></td> <td style="width: 25%;">EMS</td> <td style="width: 25%;"></td> </tr> </table>	LAW		EMS	
LAW		EMS				
Location: 167 BENTHOMP RD X-ST: WILCANTS RD	Jur: CAD Service: LAW Agency: OCSO S/Beat: SOUT District: RA:	Business: SALLEY KEITT REST HOME Phone: GP: SOUT				
Nature: PSYCHIATRIC/BEHAVIORAL	Alarm Lvl: 1 Priority: 1	Medical Priority:				
Reclassified Nature:						
Caller: ESTILL Addr: 167 BENTHOMP RD	Phone:	Alarm: Alarm Type:				
Vehicle #:	St:	Report Only: No	Race: Sex: Age:			
Call Taker: CGARVIN	Console: CAD_DSP1					
Geo-Verified Addr.: Yes	Nature Summary Code:	Disposition: END	Close Comments:			

Notes: Event spawned from PSYCHIATRIC/BEHAVIORAL. [10/02/2019 19:54:48 CGARVIN]
 CALLER STATE SHE HAS 1068 PATIENT THATS OUTSIDE WONT COME IN, SHES TRYING TO JUMP THE FENCE, AND GO TO THE NEIGHBORS. MS. ADRIAN BRADTON WEARING HOSPITAL OUTFIT. STILL CURRENTLY OUTSIDE.
 [10/02/19 19:51:36 BJTIMMONS]

Times

	Time From Call Received		
Call Received: 10/02/19 19:54:48		Unit Reaction:	(1st Dispatch to 1st Arrive)
Call Routed: 10/02/19 19:54:48		En-Route:	(1st Dispatch to 1st En-Route)
Call Take Finished: 10/02/19 19:54:48		On-Scene:	(1st Arrive to Last Clear)
1st Dispatch: 10/02/19 19:58:38	000:03:50 (Time Held)		
1st En-Route: 10/02/19 19:58:38	000:03:50		
1st Arrive:	(Reaction Time)		
Last Clear: 10/02/19 20:29:23	000:34:35		

Radio Log

Unit	Empl ID	Type	Description	Time Stamp	Comments (may truncate in portrait)	Close Code	User
C110	16122	DXY	DispatchXY	10/02/19 19:58:38	2034679.80,614962.20		THARTWEL
C110	16122	D	Dispatched	10/02/19 19:58:38	Stat/Beat: SUPV		THARTWEL
C110	16122	E	En-Route	10/02/19 19:58:38	Stat/Beat: SUPV		THARTWEL
C138	17138	DXY	DispatchXY	10/02/19 20:02:56	2041927.27,622987.13		CHUGGINS
C138	17138	D	Dispatched	10/02/19 20:02:56	Stat/Beat: NRTH		CHUGGINS
C138	17138	E	En-Route	10/02/19 20:02:56	Stat/Beat: NRTH		CHUGGINS
C110	16122	C	Cleared	10/02/19 20:29:20		END	THARTWEL
C138	17138	C	Cleared	10/02/19 20:29:23		END	CHUGGINS

Event ID: 2019-0076609 Call Ref #: 43 PSYCHIATRIC/BEHAVIORAL at 167 BENTHOMP RD

Event Log

Unit	Empl ID	Type	Description	Time Stamp	Comments (may truncate in portrait)	Close Code	User
		TS	Time Spawned	10/02/19 19:54:48	Initial call received at 10/02/2019 19:50:		CGARVIN

COMMUNICATIONS

Event Report

Event ID: 2019-0076608

Call Ref #: 42

Date/Time Received: 10/02/19 19:50:22

Rpt #: Call Source: PHONE	Prime Unit:	Services Involved <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">LAW</td> <td style="width: 25%;"></td> <td style="width: 25%;">EMS</td> <td style="width: 25%;"></td> </tr> </table>	LAW		EMS	
LAW		EMS				
Location: 167 BENTHOMP RD X-ST: WILCANTS RD		Jur: CAD Service: EMS Agency: OEMS ST/Beat: OBG1 District: RA: Phone: GP: M202				
Business: SALLEY KEITT REST HOME						
Nature: PSYCHIATRIC/BEHAVIORAL	Alarm Lvl: 1 Priority: 1	Medical Priority:				
Reclassified Nature:						
Caller: ESTILL Addr: 167 BENTHOMP RD		Alarm: Alarm Type:				
Vehicle #:	St:	Report Only: No Race: Sex: Age:				
Call Taker: BJTIMMONS		Console: CADDSP4				
Geo-Verified Addr.: Yes Nature Summary Code:		Disposition: ENN Close Comments:				
Notes: CALLER STATE SHE HAS 1068 PATIENT THATS OUTSIDE WONT COME IN, SHES TRYING TO JUMP THE FENCE, AND GO TO THE NEIGHBORS. MS. ADRIAN BRADTON WEARING HOSPITAL OUTFIT. STILL CURRENTLY OUTSIDE. [10/02/19 19:51:36 BJTIMMONS]						

Times

	Time From Call Received	
Call Received: 10/02/19 19:50:22		
Call Routed: 10/02/19 19:51:41	000:01:19	Unit Reaction: (1st Dispatch to 1st Arrive)
Call Take Finished: 10/02/19 19:51:41	000:01:19	En-Route: (1st Dispatch to 1st En-Route)
1st Dispatch:	(Time Held)	On-Scene: (1st Arrive to Last Clear)
1st En-Route:		
1st Arrive:	(Reaction Time)	
Last Clear:		

Event Log

Unit	Empl ID	Type	Description	Time Stamp	Comments (may truncate in portrait)	Close Code	User
		TR	Time Received	10/02/19 19:50:22	By: PHONE		BJTIMMONS
		ENT	Entered Street	10/02/19 19:50:37	167 BENTHOMP RD		BJTIMMONS
		ENT	Entered Nature	10/02/19 19:50:44	PSYCHIATRIC/BEHAVIORAL		BJTIMMONS
		ENT	Entered Remarks	10/02/19 19:51:36			BJTIMMONS
		ENT	Entered CallerName_C	10/02/19 19:51:40	ESTILL		BJTIMMONS
		FIN	Finished Call Taking	10/02/19 19:51:41			BJTIMMONS
		FF	Fast Forward to LAW	10/02/19 19:54:46	LAW		CGARVIN
		SP	Spawned	10/02/19 19:54:48	Spawned LAW event #20190076609, cal		CGARVIN
		CAN	Event Cancelled	10/02/19 19:54:57		ENN	CGARVIN

Event ID: 2019-0076608

Call Ref #: 42

PSYCHIATRIC/BEHAVIORAL at 167 BENTHOMP RD

COMMUNICATIONS

Event Report

Event ID: 2019-0076856

Call Ref #: 33

Date/Time Received: 10/03/19 17:39:25

Rpt #: 2019-0007685	Prime C102	Services Involved					
Call Source: PHONE	Unit: THOMPSON, STEVEN	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">LAW</td> <td style="padding: 2px;">FIRE</td> <td style="padding: 2px;">EMS</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>	LAW	FIRE	EMS		
LAW	FIRE	EMS					
Location: 167 BENTHOMP RD X-ST: WILCANTS RD	PATIENT LOCATED IN FRONT OF						
Business: SALLEY KEITT REST HOME	Jur: CAD Service: LAW Agency: OCSO	SV/Beat: SOUT District: RA:					
	Phone:	GP: SOUT					
Nature: DEAD BODY	Alarm Lvl: 1 Priority: 1	Medical Priority:					
Reclassified Nature:							
Caller: NELSON Addr: 167 BENTHOMP RD	Phone: (803) 878-6830	Alarm: Alarm Type:					
Vehicle #:	St:	Report Only: No Race: Sex: Age:					
Call Taker: PSCOTT	Console: CADDSP2						
Geo-Verified Addr.: Yes	Nature Summary Code:	Disposition: R Close Comments:					
Notes: See Event Notes Addendum at end of this report							

Times

	Time From Call Received	
Call Received: 10/03/19 17:39:25		Unit Reaction: 000:16:44 (1st Dispatch to 1st Arrive)
Call Routed: 10/03/19 17:39:25		En-Route: (1st Dispatch to 1st En-Route)
Call Take Finished: 10/03/19 17:39:25		On-Scene: 003:47:57 (1st Arrive to Last Clear)
1st Dispatch: 10/03/19 17:58:56	000:19:31 (Time Held)	
1st En-Route: 10/03/19 17:58:56	000:19:31	
1st Arrive: 10/03/19 18:15:40	000:36:15 (Reaction Time)	
Last Clear: 10/03/19 22:03:37	004:24:12	

Radio Log

Unit	Empl ID	Type	Description	Time Stamp	Comments (may truncate in portrait)	Close Code	User
C102	19137	DXY	DispatchXY	10/03/19 17:58:56	2013536.39,608595.42		STHOMPSO
C102	19137	D	Dispatched	10/03/19 17:58:56	Stat/Beat: SUPV		STHOMPSO
C102	19137	E	En-Route	10/03/19 17:58:56	Stat/Beat: SUPV		STHOMPSO
C313	12211	D	Dispatched	10/03/19 18:03:16			ECULPEPP
C313	12211	E	En-Route	10/03/19 18:03:16			ECULPEPP
C102	19137	A	Arrived	10/03/19 18:15:40			Unit:C102
C313	12211	A	Arrived	10/03/19 18:19:59			Unit:C313
C313	12211	C	Cleared	10/03/19 18:28:58		AU	ECULPEPP
C310	15226	DXY	DispatchXY	10/03/19 19:15:07	2076657.54,692311.14		AHAYES
C310	15226	D	Dispatched	10/03/19 19:15:07			AHAYES

Event ID: 2019-0076856 Call Ref #: 33 **DEAD BODY at 167 BENTHOMP RD**

C310	15226	E	En-Route	10/03/19 19:15:07		AHAYES
C323	15116	DXY	DispatchXY	10/03/19 19:25:36	2129835.86,617558.79	WMCCORM
C323	15116	D	Dispatched	10/03/19 19:25:36		WMCCORM
C323	15116	E	En-Route	10/03/19 19:25:36		WMCCORM
C310	15226	A	Arrived	10/03/19 19:46:11		MRYANT
C323	15116	A	Arrived	10/03/19 20:03:26		MRYANT
C323	15116	L	Location Change	10/03/19 20:48:35	TRMC	WMCCORM
C102	19137	C	Cleared	10/03/19 20:52:39		R STHOMPSON
C310	15226	C	Cleared	10/03/19 20:54:13		END AHAYES
C323	15116	A	Arrived	10/03/19 21:10:27		Unit:C323
C323	15116	C	Cleared	10/03/19 22:03:37		AU WMCCORM

Event Log

Unit	Empl ID	Type	Description	Time Stamp	Comments (may truncate in portrait)	Close Code	User
		TS	Time Spawned	10/03/19 17:39:25	Initial call received at 10/03/2019 17:24:		PSCOTT
		ARM	Added Remarks	10/03/19 17:39:25	Notes sent from EMS event #201900768		NTHOMAS
		ARM	Added Remarks	10/03/19 17:39:40	Notes sent from EMS event #201900768		NTHOMAS
		CHG	Changed Nature	10/03/19 17:39:45	UNCONSCIOUS --> DEAD BODY		TSALLEY
		ARM	Added Remarks	10/03/19 17:40:43	Notes sent from EMS event #201900768		NTHOMAS
		ARM	Added Remarks	10/03/19 17:46:46	Notes sent from EMS event #201900768		NTHOMAS
		ARM	Added Remarks	10/03/19 17:48:09	Notes sent from EMS event #201900768		NTHOMAS
		ARM	Added Remarks	10/03/19 19:02:19			MRYANT
C102	19137	RPT	Requested Report#	10/03/19 19:06:40	OCSO Report #2019-0007685 Unit: C10		STHOMPSON
		RS	Reset Watchdog Timer	10/03/19 19:46:15	Units: C310 >>> 60Min.		MRYANT
		RS	Reset Watchdog Timer	10/03/19 20:03:31	Units: C323 >>> 60Min.		MRYANT
		VCH	Viewed Call History	10/03/19 20:09:50	Location Information		MRYANT
		RS	Reset Watchdog Timer	10/03/19 20:46:21	Units: C310 >>> 60Min.		MRYANT

Event Notes Addendum

Notes {C102} NOTIFY ON CALL CRIME SCENE AND HAVE THEM RESPOND PER C310, INV. HAYES. [10/03/19 19:02:19 MRYANT]
[EMS] AT 17:45 COR405 (BASS) ADVISED HE WOULD BE EN ROUTE [10/03/19 17:48:09 NTHOMAS]
[EMS] AT 17:43 DISPATCH MADE CONTACT WITH COR410(JACKSON) BY PHONE HE STATED THAT COR405(BASS) SAID HE WOULD TAKE THE CALL [10/03/19 17:46:46 NTHOMAS]
[EMS] FIRST PAGE TO COR410(JACKSON) AT 17:37 [10/03/19 17:40:43 NTHOMAS]
[EMS] 264 [10/03/19 17:39:40 NTHOMAS]
Event spawned from UNCONSCIOUS. [10/03/2019 17:39:25 PSCOTT]
[EMS] 259 [10/03/19 17:39:25 NTHOMAS]
CONFIRMED SIGNAL 9 AT 17:36
CC: GUNNELLS / CM: A. MCINTYRE
UNIT RESPONDING FROM ELLIS AVE [10/03/19 17:37:18 NTHOMAS][EMS] AT 17:43 DISPATCH MADE CONTACT WITH COR410(JACKSON) BY PHONE HE STATED THAT COR405(BASS) SAID HE WOULD TAKE THE CALL [10/03/19 17:46:46 NTHOMAS]
[EMS] FIRST PAGE TO COR410(JACKSON) AT 17:37 [10/03/19 17:40:43 NTHOMAS]
[EMS] 264 [10/03/19 17:39:40 NTHOMAS]
Event spawned from UNCONSCIOUS. [10/03/2019 17:39:25 PSCOTT]
[EMS] 259 [10/03/19 17:39:25 NTHOMAS]
CONFIRMED SIGNAL 9 AT 17:36
CC: GUNNELLS / CM: A. MCINTYRE
UNIT RESPONDING FROM ELLIS AVE [10/03/19 17:37:18 NTHOMAS][EMS] 264 [10/03/19 17:39:40 NTHOMAS]
Event spawned from UNCONSCIOUS. [10/03/2019 17:39:25 PSCOTT]
[EMS] 259 [10/03/19 17:39:25 NTHOMAS]
CONFIRMED SIGNAL 9 AT 17:36
CC: GUNNELLS / CM: A. MCINTYRE
UNIT RESPONDING FROM ELLIS AVE [10/03/19 17:37:18 NTHOMAS]Event spawned from UNCONSCIOUS. [10/03/2019 17:39:25 PSCOTT]
[EMS] 259 [10/03/19 17:39:25 NTHOMAS]
CONFIRMED SIGNAL 9 AT 17:36
CC: GUNNELLS / CM: A. MCINTYRE
UNIT RESPONDING FROM ELLIS AVE [10/03/19 17:37:18 NTHOMAS]Event spawned from UNCONSCIOUS. [10/03/2019 17:39:25 PSCOTT]
CONFIRMED SIGNAL 9 AT 17:36
CC: GUNNELLS / CM: A. MCINTYRE
UNIT RESPONDING FROM ELLIS AVE [10/03/19 17:37:18 NTHOMAS]

COMMUNICATIONS

Event Report

Event ID: 2019-0076849

Call Ref #: 26

Date/Time Received: 10/03/19 17:24:28

Rpt #: Call Source: PHONE	Prime Unit: Unit:	Services Involved <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;">FIRE</td> <td style="width: 25%;">EMS</td> <td style="width: 25%;"></td> </tr> </table>		FIRE	EMS	
	FIRE	EMS				
Location: 167 BENTHOMP RD X-ST: WILCANTS RD		Jur: CAD Service: FIRE Agency: OCFD St/Beat: ODPS District: RA: Business: SALLEY KEITT REST HOME Phone: GP: OPS3				
Nature: UNCONSCIOUS	Alarm Lvl: 1 Priority: 1	Medical Priority:				
Reclassified Nature:						
Caller: Addr: 167 BENTHOMP RD		Alarm: Alarm Type:				
Vehicle #:	St: Report Only: No Race: Sex: Age:					
Call Taker: PABRAHAM	Console: CAD_DSP1					
Geo-Verified Addr.: Yes	Nature Summary Code:	Disposition: DUP Close Comments:				
Notes:						

Times

Call Received: 10/03/19 17:24:28	<u>Time From Call Received</u>	
Call Routed: 10/03/19 17:24:28		Unit Reaction: (1st Dispatch to 1st Arrive)
Call Take Finished: 10/03/19 17:24:28		En-Route: (1st Dispatch to 1st En-Route)
1st Dispatch:	(Time Held)	On-Scene: (1st Arrive to Last Clear)
1st En-Route:		
1st Arrive:	(Reaction Time)	
Last Clear:		

Event Log

Unit	Empl ID	Type	Description	Time Stamp	Comments (may truncate in portrait)	Close Code	User
		TS	Time Spawned	10/03/19 17:24:28	Initial call received at 10/03/2019 17:24:		PABRAHAM
		CAN	Event Cancelled	10/03/19 17:26:34		DUP	PABRAHAM

COMMUNICATIONS

Event Report

Event ID: 2019-0076848

Call Ref #: 25

Date/Time Received: 10/03/19 17:24:02

Rpt #: 2019-12243	Prime M1	Services Involved				
Call Source: PHONE	Unit: GUNNELLS, ASHLYN	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">LAW</td> <td style="width: 25%;">FIRE</td> <td style="width: 25%;">EMS</td> <td style="width: 25%;"></td> </tr> </table>	LAW	FIRE	EMS	
LAW	FIRE	EMS				
Location: 167 BENTHOMP RD X-ST: WILCANTS RD	PATIENT LOCATED IN FRONT OF					
Business: SALLEY KEITT REST HOME	Jur: CAD Service: EMS Agency: OEMS	St/Beat: OBG1 District: RA:				
	Phone:	GP: M202				
Nature: UNCONSCIOUS	Alarm Lvl: 1 Priority: 1	Medical Priority:				
Reclassified Nature:						
Caller: NELSON Addr: 167 BENTHOMP RD	Phone: (803) 878-6830	Alarm: Alarm Type:				
Vehicle #:	St:	Report Only: No Race: Sex: Age:				
Call Taker: PABRAHAM	Console: CAD_DSP1					
Geo-Verified Addr.: Yes	Nature Summary Code:	Disposition: R Close Comments:				
Notes: <i>See Event Notes Addendum at end of this report</i>						

Times

	Time From Call Received	
Call Received: 10/03/19 17:24:02		
Call Routed: 10/03/19 17:24:28	000:00:26	Unit Reaction: 000:10:14 (1st Dispatch to 1st Arrive)
Call Take Finished: 10/03/19 17:24:28	000:00:26	En-Route: 000:02:03 (1st Dispatch to 1st En-Route)
1st Dispatch: 10/03/19 17:25:32	000:01:30 (Time Held)	On-Scene: 001:02:09 (1st Arrive to Last Clear)
1st En-Route: 10/03/19 17:27:35	000:03:33	
1st Arrive: 10/03/19 17:35:46	000:11:44 (Reaction Time)	
Last Clear: 10/03/19 18:37:55	001:13:53	

Radio Log

Unit	Empl ID	Type	Description	Time Stamp	Comments (may truncate in portrait)	Close Code	User
M1	270024	DXY	DispatchXY	10/03/19 17:25:32	1960075.42,617264.71		NTHOMAS
M1	270024	D	Dispatched	10/03/19 17:25:32	Stat/Beat: NRTH		NTHOMAS
M1	270024	E	En-Route	10/03/19 17:27:35			NTHOMAS
M1	270024	A	Arrived	10/03/19 17:35:46			PSCOTT
405		D	Dispatched	10/03/19 18:05:56			NTHOMAS
405		E	En-Route	10/03/19 18:05:56			NTHOMAS
405		A	Arrived	10/03/19 18:05:56			NTHOMAS
M1	270024	C	Cleared	10/03/19 18:29:36		R	NTHOMAS
405		C	Cleared	10/03/19 18:37:55		AU	NTHOMAS

Event Log

Unit	Empl ID	Type	Description	Time Stamp	Comments (may truncate in portrait)	Close Code	User
		TR	Time Received	10/03/19 17:24:02	By: PHONE		PABRAHAM
		ENT	Entered Street	10/03/19 17:24:07	167 BENTHOMP RD		PABRAHAM
		ENT	Entered Nature	10/03/19 17:24:26	UNCONSCIOUS		PABRAHAM
		FIN	Finished Call Taking	10/03/19 17:24:28			PABRAHAM
		SP	Spawned	10/03/19 17:24:28	Spawned FIRE event #20190076849, cal		PABRAHAM
		ENT	Entered AddSt	10/03/19 17:25:27	PATIENT LOCATED IN FRONT OF BU		PABRAHAM
		RPT	Requested Report#	10/03/19 17:25:32	OEMS Report #2019-12243		NTHOMAS
		ENT	Entered CallerPhone	10/03/19 17:25:42	8038786030		PABRAHAM
		CHG	Changed CallerPhone	10/03/19 17:25:48	8038786030 --> 8038786830		PABRAHAM
		ENT	Entered CallerName_C	10/03/19 17:25:55	NELSON		PABRAHAM
		ARM	Added Remarks	10/03/19 17:37:18			NTHOMAS
		FF	Fast Forward to LAW	10/03/19 17:39:23	LAW		PSCOTT
		SP	Spawned	10/03/19 17:39:25	Spawned LAW event #20190076856, cal		PSCOTT
		ARM	Added Remarks	10/03/19 17:39:25			NTHOMAS
		ARM	Added Remarks	10/03/19 17:39:25	Sent to: Linked Events		NTHOMAS
		ARM	Added Remarks	10/03/19 17:39:40			NTHOMAS
		ARM	Added Remarks	10/03/19 17:39:40	Sent to: Linked Events		NTHOMAS
		ARM	Added Remarks	10/03/19 17:40:43			NTHOMAS
		ARM	Added Remarks	10/03/19 17:40:43	Sent to: Linked Events		NTHOMAS
		ARM	Added Remarks	10/03/19 17:46:46			NTHOMAS
		ARM	Added Remarks	10/03/19 17:46:46	Sent to: Linked Events		NTHOMAS
		ARM	Added Remarks	10/03/19 17:48:09			NTHOMAS
		ARM	Added Remarks	10/03/19 17:48:09	Sent to: Linked Events		NTHOMAS

Event Notes Addendum

Notes AT 17:45 COR405 (BASS) ADVISED HE WOULD BE EN ROUTE [10/03/19 17:48:09 NTHOMAS]
 AT 17:43 DISPATCH MADE CONTACT WITH COR410(JACKSON) BY PHONE HE STATED THAT
 COR405(BASS) SAID HE WOULD TAKE THE CALL [10/03/19 17:46:46 NTHOMAS]
 FIRST PAGE TO COR410(JACKSON) AT 17:37 [10/03/19 17:40:43 NTHOMAS]
 264 [10/03/19 17:39:40 NTHOMAS]
 259 [10/03/19 17:39:25 NTHOMAS]
 CONFIRMED SIGNAL 9 AT 17:36
 CC: GUNNELLS / CM: A. MCINTYRE
 UNIT RESPONDING FROM ELLIS AVE [10/03/19 17:37:18 NTHOMAS]FIRST PAGE TO COR410(JACKSON)
 AT 17:37 [10/03/19 17:40:43 NTHOMAS]
 264 [10/03/19 17:39:40 NTHOMAS]
 259 [10/03/19 17:39:25 NTHOMAS]
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 CC: GUNNELLS / CM: A. MCINTYRE
 UNIT RESPONDING FROM ELLIS AVE [10/03/19 17:37:18 NTHOMAS]

PRID: 58914262	Dispatch Number: 19-22420
Service: Calhoun County EMS Base: Sandy Run Unit 1 Unit: Medic 5 Shift: B Dispatched As: Psychiatric Problems Mass Casualty: No Vehc. Disp. Loc: SAINT MATTHEWS Type of Svc: Scene Unscheduled Dispatch Priority: Lights and Siren Response Mode: Moved Via: Assisted/Walk, Stretcher Position: Semi-Fowlers Disposition: Treated, Transported by EMS Amb. Transport Code: Initial Trip	Date: October 2, 2019 Team: ALS - Paramedic Crew 1: Primary Caregiver - Scene, Primary Caregiver - Transport Myers, Michele EMT-B Crew 2: Driver/pilot - Response, Driver/pilot - Transport * Brazell, Nicholas EMT-B * designates an ALS Provider
Location: 210 CHURCH ST 210 CHURCH ST St. Matthews, SC 29135 Calhoun County United States	Transport Mode: Moved From: Stretcher Pt. Condition: Unchanged Receiving: Hospital The Regional Medical Center Emergency Department 3000 Saint Matthews Road Orangeburg, SC 29118-1442 803-533-2200

Last Name: BRANTON **First:** ADRIANNE
Address: 210 CHURCH ST
City: St. Matthews **ST:** SC **Zip:** 29135
County: Calhoun
Country: United States
Citizenship: United States
Phone: Home: (803) 855-7702 x _____
DOB: [REDACTED]
Age: 69y **Sex:** F **Weight:**
Height:
Subscriber: No **Resident:** Yes
Race: Black, non-Hispanic
Billing Information:
Company: MEDICARE **Group:** **ID:**

Odometer	Times
Start: 0.1	Onset: 08:39
At Ref: 1.1	Dispatch: 08:43
At Rec: 11.1	EnRoute: 08:46
Ld Miles: 10	At Ref: 08:52
Tot Miles: 0	At Patient: 08:53
	Leave Ref: 09:06
	At Rec: 09:13
	Transfer Care Dest: 09:25
	Available: 09:36
	In Qtrs: 09:36
	Call Completed: 09:36

Consent Signed: No
PCS / Medical Necessity Signed: No
Primary Method of Payment: Medicare

Scene Information														
First Agency Unit on Scene?: No														
Num. Patients On Scene: 1														
Other Agencies: Law Law Enforcement Number: ST MATTHEWS PD														
Chief Complaint (Category: Psychiatric Problems)														
BEHAVIORAL PROBLEMS														
Duration: 1 Days														
Anatomic Location: General/Global														
History of Present Illness														
69 YR OLD FEMALE PT FOUND SITTING BY THE ROAD AT THE END OF DRIVEWAY, PT HAS RESIDENCE AT BOARDING/ RESIDENTIAL HOME PLACED BY SOCIAL SERVICES, STAFF STATES PT IS REFUSING TO TAKE HER MEDS AND HAS MOVED HER BELONGINGS TO THE ROAD. PT STATES STAFF IS GIVING HER THE WRONG MEDS. STAFF STATES PT HAS BEEN AT HOME FOR 8 DAYS AND HAS CANCELLED/ REFUSED HER RENIAL HEALTH APPOINTMENT. PT VITALS TAKEN, COXIS, PERL, LUNGS CLEAR =, RM OZ SAT 100%, SKIN W/D. PT DENIES PAIN/ DISCOMFORT. PT DENIES HAVING FEELINGS OF HARMING HERSELF OR OTHERS. PT DENIES HEARING VOICES, PT STATES SHE "NEEDS A NEW HOME". PT COOPERATE WITH EMS, AGREED TO TRANSPORT TO HAVE MEDS EVALUATED. PT MONITORED EN ROUTE WITH NO CHANGES. PT LEFT WITH TRMC ER, ORAL REPORT GIVEN.														
Medical History	Current Medications	Allergies												
Diabetes Mellitus (DM) Hyperthyroidism Schizophrenia Obtained From: Patient	None Listed	Okra Tomatoes												
Neurological Exam														
Level of Consciousness: Alert	Loss of Consciousness: No	<table border="1"> <thead> <tr> <th colspan="4">Glasgow Coma Scale</th> </tr> <tr> <th>E</th> <th>V</th> <th>M</th> <th>Tot</th> </tr> </thead> <tbody> <tr> <td>Int: 4</td> <td>5</td> <td>6</td> <td>= 15</td> </tr> </tbody> </table>	Glasgow Coma Scale				E	V	M	Tot	Int: 4	5	6	= 15
Glasgow Coma Scale														
E	V	M	Tot											
Int: 4	5	6	= 15											
Chemically Paralyzed: No														
Mental Present: Hallucinations, Oriented-Person, Oriented-Place, Oriented-Time														

Est of A Branton
 Calhoun Co EMS
 000001

Airway	Respiratory
Status: Patent	Effort: Normal Sounds: L: Clear R: Clear
Cardiovascular	
Cardiac Arrest	
Arrest Present During This Call: No	
Injury Details	
Reason for Encounter: Non-Injury Drugs/Alcohol?: None	

Impression / Diagnosis
System: Psych Symptoms: Mental/Psych Impression: Behavioral / psychiatric disorder

Time	Activity										
	H.R.	B.P.	MAP	RA	SaO2	Resp	Rhythm	GCS	ECG Method	Prtcl	CRW*
Action	H.R. Method	Method				Resp Effort					
09:14	83	143 / 66	91		100	18	(REG)	4/5/6		Ind Pt	#1
	Electric Monitor - Pulse Oximeter	Auto. Cuff				Normal					
09:35	80	140 / 82	101		100	18	(REG)	4/5/6		Ind Pt	#1
	Electric Monitor - Pulse Oximeter	Auto. Cuff				Normal					

* Assessment made by
 Response Factors Affecting Care: None
 Scene Factors Affecting Care: None
 Transportation Factors Affecting Care: None

Addendums		
Date/Time	CrewID	Comment
10/03/2019 13:31 EST	Nicholas Brazell	Non emergent

Myers, Michele: Electronically Signed on 10/02/2019 23:53:00 EST

Brazell, Nicholas: Electronically Signed on 10/02/2019 23:47:50 EST

PRID:58914262	Dispatch Number:19-22420	Date:October 2, 2019
Service:Calhoun County EMS	Team:ALS - Paramedic	
Base:Sandy Run Unit 1	Crew 1:Primary Caregiver - Scene,Primary Caregiver - Transport	
Unit:Medic 5	Myers, Michele	
Shift:B	EMT-B	
Dispatched As:Psychiatric Problems	Crew 2:Driver/Pilot - Response,Driver/Pilot - Transport	
Mass Casualty:NO	* Brazell, Nicholas	
Vehc. Disp. Loc:SAINT MATTHEWS	EMT-B	
Type of Svc:Scene Unscheduled	* designates an ALS Provider	
Dispatch Priority:Lights and Siren	Transport Mode:	
Response Mode:	Moved From:Stretcher	
Moved Via:Assisted/Walk,Stretcher	Pt. Condition:Unchanged	
Position:Semi-Fowlers	Receiving:Hospital	
Disposition:Treated, Transported by EMS	The Regional Medical Center	
Amb. Transport Code:Initial Trip	Emergency Department	
Location:210 CHURCH ST	3000 Saint Matthews Road	
210 CHURCH ST	Orangeburg, SC 29118-1442	
St. Matthews, SC 29135	803-533-2200	
Calhoun County		
United States		

Last Name: BRANTON First: ADRIANNE
 Address: 210 CHURCH ST
 City: St. Matthews ST:SC Zip:29135
 County: Calhoun
 Country: United States
 Citizenship: United States
 Phone: Home: (803) 855-7702 x _____
 DOB: [REDACTED]
 Age: 69y Sex: F Weight:
 Height:
 Subscriber: No Resident: Yes
 Race: Black, non-Hispanic

Odometer	Times
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Billing Information:
 Company: MEDICARE Group: ID:

Consent Signed: No
 PCS / Medical Necessity Signed: No
 Primary Method of Payment: Medicare

Scene Information		
First Agency Unit on Scene?: No		
Num. Patients On Scene: 1		
Other Agencies: Law Law Enforcement Number: ST MATTHEWS PD		
Chief Complaint (Category: Psychiatric Problems)		
BEHAVIORAL PROBLEMS		
Duration: 1 Days		
Anatomic Location: General/Global		
History of Present Illness		
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Medical History	Current Medications	Allergies
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Neurological Exam		
Level of Consciousness: Alert	Loss of Consciousness: No	Glasgow Coma Scale
Chemically Paralyzed: No		E V M Tot
Mental Present: Hallucinations, Oriented-Person, Oriented-Place, Oriented-Time		Int: 4 5 6 = 15

Airway	Respiratory
Status: Patent	Effort: Normal Sounds: L: Clear R: Clear
Cardiovascular	
Cardiac Arrest	
Arrest Present During This Call: No	
Injury Details	
Reason for Encounter: Non-Injury Drugs/Alcohol?: None	

Impression / Diagnosis
System: Psych Symptoms: Mental/Psych Impression: Behavioral / psychiatric disorder

Activity													
Time	H.R.		B.P.		MAP	RA	SaO2	Resp	Rhythm	GCS	ECG Method	Prtcl	CRW*
	H.R. Method		Method					Resp Effort					
Action	Comment												
09:14	83		143 / 66	91		100		18	(REG)	4/5/6		Ind Pt	#1
	Electric Monitor - Auto. Pulse Oximeter		Cuff					Normal					
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* Assessment made by
 Response Factors Affecting Care: None
 Scene Factors Affecting Care: None
 Transportation Factors Affecting Care: None

Addendums		
Date/Time	CrewID	Comment
10/03/2019 13:31 EST	Nicholas Brazell	Non emergent

Myers, Michele: Electronically Signed on 10/02/2019 23:53:00 EST

Brazell, Nicholas: Electronically Signed on 10/02/2019 23:47:50 EST



ORANGEBURG COUNTY CORONER'S OFFICE

Post Office Drawer 9000
Orangeburg, South Carolina 29116
(803) 533-5842 - Office (803) 535-2181 - Fax
coroner@orangeburgcounty.org

Date: 10/03/2019 B RTP No. 411439 CASE No. C19-00562

PERSONAL INFORMATION

Decedent: ADRIANNE THEODOSIA BRANTON Date of Birth: 05/31/1950

Address: 167 BEN THOMP RD ORANGEBURG SC 29115

Phone No. Race A/A Sex: F Marital Status: [] M [] S [] D [X] W

SSN: [Redacted] Occupation:

Next of Kin: Relationship:

Address: Phone No.

Next of Kin: Relationship:

Address: Phone No.

CIRCUMSTANCES OF DEATH

Place of Death: 167 BEN THOMP RD ORANGEBURG S.C. 29115

Table with 8 columns: Last Seen Alive, Injury / Illness, To Hospital, Death, Coroner Notified, View of Decedent, If under 18, Child Fatality/DSS Notified. Includes handwritten dates and times.

Last Seen Alive By: ROSA M STARKES Relationship: ACPWT

Address: 265 HORIZON ST GUNNVILLE SC 29048 DOB: 7/8/1944

Found Dead By: Relationship:

Address: DOB: SSN: Phone:

Witness to Injury / Illness or Death: Relationship:

Address: DOB: SSN: Phone:

LAW ENFORCEMENT

Notified By: D. Spatch Phone No.: 533-6266
Investigative Agency: OCSO Officer: LT. Thompson Detective: A. Hayes
Outside Agency: _____ Agent(s): _____
Case/Lab No. _____ Autopsy No. _____ SLED Lab # _____
Identified By: _____ Phone No. _____ Date/Time: _____
Evidence: Yes No Released To: _____ Date/Time: _____
Personal Effects: Yes No Released To: _____

TYPE OF DEATH

- Sudden Pathological Suspicious
- Instantaneous w/o Obvious Cause After Unexplained Acute Fatal Illness After Unexplained Illness
- Chronic Illness Unattended During Fatal Illness Unattended by a Physician Terminal Illness
- Hospice Hospital Notification Stillbirth In Prison Juvenile 18 & Under (Complete SLED Protocol)
- Assault Drug/Alcohol Hanging
- Autoerotic Electrocution Job Related
- Bludgeon Explosion Motor Vehicle Accident
- Blunt Force Exposure Plane/Train Crash
- Child Neglect/Abuse Fall Poisoning
- Choking Fire Sharp Force
- Drowning Gunshot Wound Stab Wound
- Other: _____

DISPOSITION OF CASE

Pronounced By Phillip Lass Address _____ Time 1815
 Transported By Alpha-Omega Time 2100 To HMC From SCONV
 Death Certificate Signed By Coroner Private Physician Name (If Other than Coroner) _____
 Autopsy: Yes No Date/Time: 10/07/2019 0900 Place: _____
 Pathologist _____ Address _____
 Transported to Autopsy By: Alpha-Omega
 Toxicology Saved: Yes No Run: Yes No Where? Sted
 Reason Toxicology Not Collected _____ X-Ray Yes No Place _____
 Funeral Home: J.P. Kelley Address: 5111 W. Highway 101 Phone: _____
 Burial Cremation Direct Disposition Body Donation Organ Donation
 SC Donor Network Notified? (1-800-269-9777) Yes No Date/Time: _____

DESCRIPTION OF BODY

Clothed Unclothed Partially Clothed Circumcised? Yes No Hair B/K

Pupils: L: P/R: P/R Eyes: Color Brown Opacities: _____ Beard Moustache

Tattoos or other identifying marks: _____

RIGOR: None Jaw Neck Arms Legs Back Chest Abdomen

LIVOR: None Anterior Posterior Lateral Blanchable Fixed Color _____
Dependent Parts: _____

DECOMPOSITION: Yes No Abdominal Discoloration Marbling Skin Discoloration
 Bloating Skin Slippage Adipocere Mummification Skeletonization Partial Complete

Type of Clothing T-shirt slacks wool jacket

Is Clothing Appropriate? Yes No Stains/Fluids? None

Are Stains and Fluids Consistent with body Position? Yes No Is Rigor Consistent with Body Position? Yes No

Is Livor Consistent with Body Position? Yes No Comments: _____

APPARENT ACTIVITY AT TIME OF DEATH: Sleeping Eating Bathing Usual Sexual
 Unusual/Deviant Sexual Working with Appliances/Machinery Driving Vehicle Passenger in Vehicle Pedestrian Other: sitting in chair

Evidence of Struggle/Violence Yes No Describe _____

INSECT INFESTATION: Yes No Primary Site: _____
Specimen Collection: Collect live specimens in a breathable container and collect additional live specimen and place in a solution of 70% alcohol mixed 1:1 with water

POSITION OF BODY: Lying on back Face down Right side Left Side Other: _____
Has body been moved? Yes No By Whom & Why? sitting in chair

ENVIRONMENT OF BODY: Body Temperature cool Temperature _____ Outdoor Weather Conditions Hot

Indoor/Outdoor Conditions: House Apartment Vehicle Other: yard

Specific Location: Basement Bathroom Bedroom Dining Room Great/Living Room
 Other: _____

Specific Location in Room: Floor Bed Bathtub Other _____

Entry Gained by: Occupant Key Cutting Forcing Door Breaking Windows
Type of Lock: Deadbolt Chain Lock Keyed Lock Other _____
Other: _____ By Whom? _____

Keys Accounted for? Yes No Condition of Other Doors: Open Closed Locked
 Unlocked Broken

General Condition of Surroundings: Orderly Untidy Ransacked

Odors? Yes No Type: _____ Food Preparation? Yes No Type: _____

Dated Material: Mail Newspapers Sales Slips/Receipts Dates: _____

1 STATE OF SOUTH CAROLINA IN THE COURT OF COMMON PLEAS
2 COUNTY OF ORANGEBURG FIRST JUDICIAL CIRCUIT

3 CASE NO.: 2021-CP-38-01138

4 Se'Anne S. Davis, as Personal
5 Representative of the Estate of
6 Adrienne T. Branton, Deceased,

7 Plaintiff,

8 vs.

9 Orangeburg County, South
10 Carolina; Orangeburg County
11 Sheriff's Office; and The
12 Regional Medical Center of
13 Orangeburg and Calhoun Counties,

14 Defendants.

15

16 ZOOM DEPOSITION OF

17 **DAVIS S. HUSTED, M.D., M.S.**

18 Taken on behalf of the Defendant
19 The Regional Medical Center

20 DATE TAKEN: Friday, December 16, 2022

21 TIME: 1:01 p.m. to 2:11 p.m.

22 LOCATION: Via Zoom

23

24 Examination of the witness taken via Zoom before:

25 Terrie L. Cook, RPR, CRR, FPR-C, and a Notary Public

26

27 Hedquist and Associates
28 345 East Forsyth Street
29 Jacksonville, Florida 32202
30 (904)354-4111 FAX (904)791-9103
31 - - -

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APPEARANCES OF COUNSEL

On behalf of Plaintiff

Scott Evans, Esquire, via Zoom
James B. Moore, Esquire, via Zoom
Evans Moore, LLC
635 E Bay Street
Suite F
Charleston, South Carolina 29403

On behalf of the Defendant The Regional Medical Center

Michael C. Tanner, Esquire, via Zoom
Michael C. Tanner, LLC
P. O. Box 1061
Bamberg, South Carolina 29003

On behalf of the Defendant Orangeburg County EMS and
Orangeburg County Sheriff

Alison Hood, Esquire, via Zoom
Ness & Jett, LLC
2878 Main Highway
Bamberg, South Carolina 29003

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I N D E X

E X A M I N A T I O N

WITNESS	Page
DAVIS S. HUSTED, M.D., M.S.	
DIRECT EXAMINATION BY MR. TANNER	4

N O E X H I B I T S

1 S T I P U L A T I O N

2 It was stipulated and agreed by and between
3 counsel for the respective parties, and the witness,
4 that the reading and signing of the deposition by the
5 witness was not waived.

6 - - -

7 MR. TANNER: Michael Tanner and I represent The
8 Regional Medical Center.

9 MS. HOOD: Alison Hood and I have Orangeburg
10 County EMS and Orangeburg County Sheriff.

11 MR. EVANS: And I'm Scott Evans and I represent
12 the plaintiff and the Estate of Adrienne Branton.

13 MR. MOORE: And I'm James Moore on behalf of
14 the plaintiff as well.

15 - - -

16 **DAVIS S. HUSTED, M.D., M.S.,**
17 acknowledged having been duly sworn to tell the truth
18 and testified upon his oath as follows:

19 THE WITNESS: I do.

20 DIRECT EXAMINATION

21 BY MR. TANNER:

22 Q And, Dr. Husted, Michael Tanner again, good to
23 see you again.

24 A Good to see you, sir.

25 Q I know I've taken your deposition in a couple

1 of different cases over the years, frankly, they sort of
2 run together. This is not your first rodeo. Do I need
3 to go over the rules of how to conduct yourself in a
4 deposition?

5 A I hope not. Hope not to fail.

6 Q Then I'll -- then I will spare us all.

7 I was trying to find a CV from you -- from you
8 and I have one. It's not dated. It shows your -- your
9 current JFK medical care. You're still employed with
10 JFK Medical Center, correct?

11 A I'm -- I'm sorry, sir, I -- that must be
12 outdated.

13 Q Okay.

14 A I'll happily provide to Mr. Evans and
15 Mr. Moore, if they don't have an updated one, my most
16 recent.

17 I'll tell you the changes to the CV is I am no
18 longer employed by JFK Medical Center. I remain the
19 chairman of the department of psychiatry for JFK Main
20 and JFK North, but I have my own psychiatric practice
21 called Psychiatry of the Palm Beaches. We have four
22 locations. And so I'm the founder and psychiatrist
23 there. And we have multiple different providers.

24 I'm also the medical director of Banyan
25 Treatment Centers, which is a re- -- rehab institution

1 treating severe mentally ill and also individuals with
2 substance abuse disorders. And I am the medical
3 director of three different locations. One is in
4 Stuart, the other is in Pompano Beach and the other is
5 in Boca.

6 And that CV you have should also say that I am
7 a professor for the University of Miami. I am head of
8 the -- the psychiatric clerkship for the regional
9 medical campus, teaching medical students psychiatry.

10 Q Okay. You also on that CV had a list of a
11 number of older cases you have. Is that something that
12 you maintain on your current version of the CV?

13 A I don't remember putting that in the CV. You
14 might have a Husted case list. And I can also provide
15 that to Mr. Moore and Mr. Evans, if -- if wished. That
16 was never part of my CV.

17 I do have publications as part of my CV and
18 maybe that's what you're referencing, sir.
19 Peer-reviewed --

20 Q No. I presume -- and I didn't mean to cut you
21 off, but it -- it looks like it was all attached and it
22 says, Case list for David S. Husted, M.D.

23 A Okay.

24 Q Again, there's no date on here, unfortunately,
25 so I can't reference when this is from. And, like I

1 said, lists your -- your most recent employment as JFK
2 Medical Center.

3 A It's probably outdated by at least a couple
4 years.

5 Q Okay.

6 A So I suspect that case list is definitely
7 outdated by at least a couple years. And I do keep an
8 updated case list.

9 Q That'll be great -- if you can get those, the
10 CV and the case list to -- to Mr. Evans or Mr. Moore,
11 that would be great.

12 A Certainly.

13 Q Any other hospitals that you currently have
14 privileges at, other than JFK and its campuses?

15 A No, sir.

16 Q Okay. All right. In this case, I've got
17 your -- I believe it's 12-page report. And it was -- it
18 looks like it was notarized down in Florida, on
19 September 24th, '21. That was the only report I saw.

20 Like I said, I know in some past dealings with
21 you, you may supplement that or have something else and
22 I -- I just want to make sure I'm not missing anything.
23 Is there -- is there any written materials you have
24 outside of your 12-page report from September of '21?

25 A No, sir.

1 Q All right. And I -- I believe you sent a
2 number of materials earlier this week and I -- I thank
3 you for those, in terms of what all that you've
4 reviewed.

5 Is -- is there anything -- as you sit here
6 today, and I know it's sometimes a difficult question,
7 anything you plan to review that -- that -- that either
8 you asked for and haven't received or, obviously,
9 there's some things in the case that hadn't been done
10 yet, but is there anything you contemplate needing to
11 review that you've asked for, but haven't received, as
12 we sit here today?

13 A No, sir.

14 Q All right. What was your specific request
15 when you first had contact from Mr. Evans and Mr. --
16 Mr. Moore? What -- what were you tasked with?

17 A I -- I don't have an independent recollection
18 of the conversation I had with Mr. Evans and Mr. Moore,
19 but I can tell you typically what happens, what
20 transpires. Attorneys will contact me. Some know me
21 from previous cases, some just from recommendations from
22 their fellow attorneys. They'll contact me and they'll
23 describe their case, ask me if I have any interest in
24 reviewing the case, reviewing the records. Ask me my
25 retainer. And generally my answer is, yes, I have

1 interest in reviewing cases. I'll review the case.

2 And so I imagine that is exactly what
3 transpired with Mr. Evans and Mr. Moore. And so we
4 probably had a phone conversation regarding Ms. Branton
5 and what transpired and they sent me the records and I
6 reviewed them.

7 Q All right. And I'm just -- I'm looking at
8 page 2 of your report, where it talks about retained by
9 Ms. Branton's attorneys, retained by Ms. Branton's
10 family to review the records and opine on the actions of
11 Regional Medical Center's staff to determine whether
12 their assessment and treatment of Ms. Branton deviated
13 from the standard of care. And, if so, what role was
14 played, if any, in her demise.

15 Were you -- were you limited to that or -- or
16 is that just sort of the way maybe you phrased it in
17 your report?

18 A That's the way I phrased it in my report.

19 Q Do you have any -- as you sit here today, it
20 looks clearly like you've got some opinions against
21 Dr. West; is that fair to say?

22 A That is very, very fair to say, yes, sir.

23 Q Okay. Other than Dr. West, do you intend to
24 offer any opinions against any other defendant or
25 employee of the defendant as -- as this case gets closer

1 to trial?

2 A No, sir, my -- my opinion reflects what's in
3 the report. It's -- it's focused on Dr. West and his
4 assessment and treatment of Ms. Branton.

5 Q Any -- do you intend to offer any criticism
6 against any of the prior treatment that Ms. Branton
7 had, including by Dr. Boscia at -- at Spartanburg
8 Medical?

9 A No, sir.

10 Q Do you feel that Ms. Branton was an appropriate
11 candidate to be discharged from Spartanburg on October
12 1st?

13 A I think at the time I can understand the
14 justifications by which Dr. Boscia believed that she was
15 stable for discharge. In hindsight, she would have
16 benefited from staying longer because clearly she just
17 refused to continue taking her oral Abilify. She had
18 received an Abilify Maintena injection, which you really
19 do need to take oral Abilify for a good 14 days after
20 receiving the injection.

21 Dr. Boscia had made it very clear to
22 Ms. Branton on a number of occasions during her
23 approximately one-week stay that she needed to be taking
24 her oral Abilify. And she demonstrated reluctance to do
25 so, ultimately would comply, but reluctantly.

1 And, yes, after she was discharged, when she
2 proceeded to promptly not take her medication and
3 continued to demonstrate the behaviors that really
4 landed her in Spartanburg in the first place, she
5 clearly at that point would have benefited from being
6 readmitted or having remained in the hospital, but I
7 don't think Dr. Boscia deviated from the standard of
8 care. I think that he believed that she was stable at
9 that time and I don't see strong grounds to -- to
10 dispute that.

11 Where I -- as you see from the thrust of my
12 report, where I do see strong grounds to dispute what
13 transpired afterwards, was when Dr. West failed to
14 assess Ms. Branton and identify someone who was actively
15 ill and needed to be rehospitalized and instead focused
16 on her Klonopin and recommended she stop taking that and
17 sent her out.

18 So, no, longwinded answer to your question,
19 sir, but I don't -- I don't fault Dr. Boscia.

20 Q That's fine. They -- they -- sort of explain
21 it in however long you need.

22 And, again, sort of sticking with sort of
23 chronology and Dr. Boscia, do you think it was
24 foreseeable that -- that a patient, such as Ms. Branton,
25 would have difficulty taking her oral medications,

1 specifically including Abilify?

2 A It was not unexpected. I think that if I'm in
3 Boscia's shoes at that point, treating Ms. Branton,
4 having seen her during the course of the week -- week
5 that she's in the hospital, it can go one of two ways.
6 She can take her oral Abilify or she might not. If
7 she doesn't, then she needs to come back in the
8 hospital. If she takes it, then by about 14 days of
9 being on oral Abilify, which is really about seven more
10 days being on it, so presuming Abilify works for her,
11 had stabilized.

12 So it would not be surprising to me if I were
13 Dr. Boscia that Ms. Branton would proceed to be
14 noncompliant, but it would be also not be surprising if
15 she thankfully was compliant.

16 So, again, a longwinded answer to your
17 question. I -- I don't -- again, I don't fault
18 Dr. Boscia for believing that she was stable enough to
19 be discharged and be at that point managed successfully
20 as an outpatient.

21 As is typical with discharges, she would have
22 been set up for an appointment ideally within 24 hours
23 and that is the case. She was set up for an appointment
24 with her outpatient provider.

25 And so Dr. Boscia could have foreseen her

1 taking her medication, complying with outpatient
2 appointment and proceeding to stabilize further. It's
3 not surprising she didn't.

4 Q Is -- is there -- how long does it take a
5 patient to have a therapeutic level of Abilify? Is
6 there a certain amount of doses or days or how would you
7 quantify that?

8 A Well, with the Abilify long-acting injectable,
9 it really depends on the -- the formulation of the
10 injectable. There are two on the market. Aristada,
11 which is Abilify Lauroxil and then there is Abilify
12 Maintena. And the Aristotle actually -- Aristada, not
13 Aristotle -- Aristada has an ability to load it, but not
14 every hospital has Aristada on the formulary.

15 And Aristada is great, you can load it, which
16 means you give an injection and then soon after you give
17 another injection and so there's minimal oral component,
18 but if you don't do that, Aristada needs, I think, 28
19 days, 24 days of oral component. Maintena needs 14
20 days. And that's for just chief steady state, have
21 enough in the system to arguably be effective.

22 So that is why I mentioned that she would have
23 really needed to stay on the oral component for at least
24 another seven days because she got the Maintena, that's
25 the one that they had at Mary Black, was the --

1 that's -- that's the formulation of Abilify long-acting
2 injectable.

3 My recollection, Mr. Tanner, is that she had
4 actually before been on Aristada, the Abilify Lauroxil,
5 but that she hadn't been taking that consistently, I
6 believe, since maybe April of that year.

7 Q I think that's what you have on your report.
8 So, again, sort of knowing that she had only -- is it
9 fair to say she had been halfway through her -- her --
10 her necessary 14-day dose of Abilify?

11 A She had been halfway through, which doesn't
12 mean you have to keep someone in the hospital that long.
13 You keep them as long -- as long as you can -- believe
14 that they need to remain in the hospital to be safe.
15 And once you believe that they can be safely discharged
16 to a lesser restrictive level of care, then you can
17 discharge them.

18 Similarly too, Mr. Tanner, the depressed
19 patient that comes in and you start them on Zoloft, you
20 know it's going to take four to six to eight weeks to
21 see the full benefit of that anti-depressant, but you
22 don't keep them in the hospital for four to six to eight
23 weeks. You keep them long enough to know that they're
24 going to be stable enough to be successfully discharged
25 and managed as an outpatient, which in modern psychiatry

1 tends to be five to seven days.

2 Q Would you -- would you, again, if we're -- if
3 we're trying to ensure compliance with Abilify, would
4 you -- would you draw levels like you do other
5 psychiatric medicines that ensure -- obviously, you're
6 going to take a patient's history, right, and ask them
7 are they taking their medicine, but is there anything
8 separate and apart that you would do to validate that
9 you're getting truthful responses?

10 A To answer the first part of your question, it's
11 not typical to take an Abilify level. Is it -- is it
12 possible? Absolutely. It's more done on a -- on a
13 research study basis, or in Ms. Branton's case, after
14 her death as part of the toxicology that the coroner
15 does, but it's not standard in clinical practice to
16 check an Abilify level. Some other medications, you
17 will do that to -- to determine compliance.

18 When we're talking Abilify specifically, it's
19 largely by not only the report of the patient, but
20 hopefully you have good collateral input, collateral
21 information. Family members are very -- or caregivers
22 are really good at being able to tell you if a patient's
23 taking their medication or not.

24 With someone like Ms. Branton, it's essential
25 to get that input because what Ms. Branton says doesn't

1 necessarily equal what she's doing because she has a
2 severe mental illness with poor insight, poor judgment.

3 You also make observations. So as you see a
4 patient improving, it becomes evident that they're
5 taking their medication. And if you see that they're
6 not improving or regressing, it's also similarly evident
7 they're not taking their medication.

8 Q Would there -- do you have an opinion would
9 there have been any harm for Ms. Branton for Dr. Boscia
10 to have kept her as an inpatient for an additional seven
11 days?

12 A I -- I don't have an opinion to -- I -- I --
13 I'll tell you this, Mr. Tanner, I tend to -- when I --
14 and as a psychiatrist, I might keep someone a little
15 longer, especially a geriatric patient, than maybe the
16 typical psychiatrist. Dr. Boscia did not operate
17 outside the standard of care in discharging her at the
18 time he did.

19 If you're asking what David Husted does with a
20 geriatric patient with severe mental illness, I probably
21 do keep them a little longer because, again, I -- I'm --
22 I tend to try to err on the side of safety and caution.
23 But Dr. Boscia, what -- when he discharged Ms. Branton,
24 I don't see how he's deviated from that of a reasonably
25 prudent physician and I don't fault him for it.

1 And then, again, many of psychiatrists will
2 talk about how they want to be mindful, and as they
3 should be, of the right to the individual and try to as
4 soon as possible move them to a less restrictive level
5 of care. And so Dr. Boscia would have expected that at
6 the time she's discharged, going to the care of an
7 individual, like, Ms. Hutchinson, that she would be then
8 transported the next day to her outpatient provider
9 and -- and then be able to be further assessed by the
10 outpatient provider and receive ongoing treatment. And
11 I don't fault that.

12 Q And I appreciate your answer. And so I guess
13 my -- my question is: Presuming that David Husted was
14 in the shoes of Dr. Boscia, it sounds like you wouldn't
15 have discharged Ms. Branton if she would have been your
16 patient on October 1st; is that -- is that a fair
17 understanding of your testimony?

18 A I'm not sure. My understanding -- my testimony
19 was meant to say I wouldn't be surprised if I kept her a
20 little bit longer because by my nature, I tend to err on
21 the side of caution, especially with an elderly patient,
22 but I'm not sure if I would have kept her longer.

23 I gave the reasons why someone would
24 reasonably discharge Ms. Branton at the time that
25 Dr. Boscia did. And I don't fault Dr. Boscia for doing

1 so, nor do I think he deviated from the standard of care
2 by doing so.

3 Q Well, I -- I guess in reviewing the records and
4 noting that it -- it appears that you'd agree with me
5 that she had some compliance issues in Spartanburg?

6 A She had to be talked into taking her
7 medication, yes, sir.

8 Q She -- I -- I guess is it fair to characterize
9 she heard voices or auditory hallucinations about the
10 individual wearing the high heels around the hospital;
11 is that a fair classification?

12 A Yes, sir.

13 Q I think she was documented a couple times that
14 she was angry or upset.

15 Knowing all that and knowing that she was only
16 halfway through the Abilify injectable, if -- if you
17 would have been her patient at -- her physician at that
18 time, rather, would you have discharged her, knowing
19 everything that Dr. Boscia knew on -- on October 1st?

20 A I'm not sure.

21 Q All right. Did Ms. Branton keep her
22 outpatient -- do you have any evidence she kept her
23 outpatient appointment with Orangeburg Mental Health or
24 any other mental health community clinic?

25 A No, sir, she did not keep the appointment.

1 Q What -- what contact did they have, if any,
2 from Spartanburg to her family regarding her discharge
3 and -- and plan for continued therapy? Did you see any
4 in the records?

5 A The -- I did not see any in the records. I
6 heard -- I saw from the testimony on -- on -- of
7 Ms. Davis that she heard from her mother when she was in
8 Mary Black, but never heard from the medical staff at
9 Mary Black. But was notified by Mary Black, I believe,
10 that her mother was being discharged back in the care of
11 Ms. Hutchinson, that's my recollection of Ms. Davis's
12 deposition testimony.

13 So I believe your question was about medical
14 staff. I don't think that the medical staff at
15 Spartanburg contacted Ms. Branton's family, to my
16 recollection, other than some social worker or somebody
17 associated with Mary Black just informing Ms. Davis that
18 she's been discharged back to Ms. Hutchinson.

19 Q Do you think they should have contacted
20 Ms. Davis, as her daughter, to -- to go over the -- the
21 plan for her mother?

22 A I -- I -- I absolutely think that family should
23 be contacted. I think that hospitals need to be
24 reaching out to significant -- the family members or the
25 decision-makers, the guardians or any -- the next of kin

1 of families, yes, sir.

2 Q It's documented in a couple different places
3 that throughout all the various and sundry reports we
4 have about Ms. Hutchins possibly being a nurse. Do you
5 have any understanding about any clinical background, if
6 any, that Ms. Hutchins did, in fact, have?

7 A I think Ms. Hutchinson testified that she did
8 a little bit of nursing training, but never completed
9 it.

10 Q Any criticisms with essentially the hand-off
11 between Dr. Boscia or whoever at Spartanburg and -- and
12 Ms. Hutchins?

13 A No.

14 Q Any criticisms of Dr. Burkholz, the ER
15 provider?

16 A No.

17 Q You would agree that Dr. Burkholz is the
18 attending physician, correct?

19 A Dr. Burkholz is the emergency room physician,
20 yes, sir.

21 Q All right. And -- and you would agree that
22 it's a fair characterization that Dr. West's role was
23 that of a consultant physician?

24 A Yes, sir.

25 Q All right. Was there a medical reason for

1 Ms. Branton to be admitted to the hospital, The Regional
2 Medical Center, on October 1st, 2019?

3 A Sir, my focus --

4 Q I'm sorry, October -- October 2nd. Excuse me.

5 A I -- I -- there was a psychiatric reason. So,
6 I mean, psychiatry is medical. I'm a psychiatrist. My
7 role here is to opine regarding what I have expertise
8 in, which is as a psychiatrist.

9 So, yes, sir, as a psychiatrist, there was a
10 compelling psychiatric reason to hospitalize
11 Ms. Branton.

12 Q But, obviously, as a psychiatrist, you have
13 regular internal medicine training, correct?

14 A We -- we do a few months. I -- I -- no one
15 would ever characterize me as an internist.

16 Q Do you feel separate and apart from the psyche
17 reasons that there was a medical reason for her
18 admission?

19 A Sir, that's how it's done in my -- I'm sorry.
20 I didn't mean to interrupt you, but that's outside my
21 expertise. I -- I focused on what my expertise is,
22 which is as a psychiatrist, there's a compelling
23 psychiatric reason for hospitalization that I have firm
24 footing to opine on. Anything outside of that, I don't
25 have any footing.

1 Q All right. Your -- you seem to be very
2 critical of Dr. West for not getting or reviewing the
3 Spartanburg records; is that a fair reading of your
4 report?

5 A I -- sir, I'm critical of a number of reasons,
6 a number of elements of Dr. West's lack of evaluation in
7 Ms. Branton. And one of them is his failure to attend
8 to any of her psychiatric history, including her more
9 recent psychiatric, which was compelling of
10 hospitalization at Three Rivers and hospitalization at
11 Mary Black, just being discharged two days prior.

12 Q Right. And certainly you'll have the ability
13 to testify to whatever you want. I'm sort of going to
14 take it in a matter of course and try to break it down
15 into smaller pieces.

16 And so, again, I'm just -- it seems my
17 reading of the report, if I'm wrong, please let me know,
18 you're critical of Dr. West specifically not reviewing
19 the Spartanburg records, not -- not interacting with any
20 of those providers; is that a fair reading of your
21 report?

22 A Yes, sir. In fact, well, I -- I want to
23 characterize it the way I would characterize it. Not
24 even seeming to be aware of and if he's aware of it, not
25 even exploring it. I don't hold a provider to the

1 standard that they actually literally need to speak to a
2 previous provider. I don't think Dr. West needs to
3 speak to Dr. Boscia personally, but I think Dr. West, or
4 anybody evaluating Ms. Branton, has to seek to
5 understand the condition in which Ms. Branton is in, not
6 only her severe mental illness, but more recent history
7 because then that helps you understand what you are
8 supposedly evaluating in that moment.

9 And so Dr. -- yes, Dr. West needed to be aware
10 that she had just been discharged from a psychiatric
11 hospital. He needed to be aware why she was in the
12 psychiatric hospital. And then needed to be aware of
13 why -- fully aware of why she was presenting at that
14 moment to The Regional Medical Center.

15 Q All right. And you feel that she -- that
16 Dr. West didn't review the medical records?

17 A Yes, sir, or obtain history from Ms. Hutchinson
18 or Ms. Davis regarding that.

19 Q And -- and, in fact, if I'm reading from page
20 10 of your report, paragraph 8, a reasonably prudent
21 physician would have reviewed medical records and spoken
22 to reliable historians and learned that over the past
23 month she repeatedly had been agitated, threatened staff
24 and peers, wandering from her boarding home, refused to
25 comply with staff attempts to keep her from harm's way,

1 resisted necessary safety measures, refused her
2 medications, was sexually inappropriate, hallucinating
3 and was delusional.

4 Those are all your conclusions, correct?

5 A Correct.

6 Q All right. And those were your conclusions
7 back in September of 2021?

8 A Yes, sir.

9 Q And those are your conclusions as you sit here
10 today?

11 A Yes, sir.

12 Q What evidence do you have in the record that
13 Dr. Burkholz did any of those things that you say a
14 reasonably -- a reasonably prudent physician should have
15 done?

16 A Dr. Burkholz, why I don't fault him, firstly
17 he's an emergency room physician, he's relying heavily
18 on his consultant, which in this case is Dr. West.
19 Dr. Burkholz has no admitting privileges; Dr. West does.
20 Dr. Burkholz at least initiates an involuntary
21 commitment, he recognizes what's sitting in front of him
22 is someone who's agitated, paranoid, who's not been
23 taking their medication and is at risk and has poor
24 insight.

25 He seeks a consultation by Dr. Gonzalez, who

1 also documents the same and concurs that she needs to be
2 hospitalized.

3 So if you are going to then counterman that and
4 say that someone doesn't need to be hospitalized, then
5 that is why you need to do what I said in my opinion.
6 You need to seek out their history and you need to
7 understand what has been happening in the more recent
8 months and how severe their illness, or as Dr. West
9 concludes, mild their illness is because you have to
10 have firm footing. You have to have great justification
11 to reverse an involuntary commitment and think that
12 someone is safe to be released from the hospital.

13 So I don't see that Dr. Burkholz looked at
14 Spartanburg records, I don't see that, but I do see that
15 Dr. Burkholz appreciated that there is someone here that
16 has a severe enough illness to warrant hospitalization
17 and initiate an involuntary commitment and ask a
18 psychiatrist to come evaluate her and Dr. Gonzalez
19 concurs.

20 And the only reason we're sitting here today,
21 sir, is because Dr. West inexplicitly disagreed. And if
22 we look at Dr. West's deposition, goodness, it's clear
23 why he disagreed. He didn't even evaluate Ms. Branton.
24 He called her illness mild.

25 I don't know any jury member, after they hear

1 this case, that will conclude that Ms. Branton's illness
2 was mild. She had a severe mental illness.

3 Dr. West, in his deposition, he said that she
4 was well enough to make her own decisions. I don't know
5 any jury member who will conclude that -- someone who
6 has been naked, hallucinating, paranoid, aggressive,
7 agitated, up all night, moving their belongings in the
8 middle of the road, standing in the road, who has had
9 the police called on them and brought into The Regional
10 Medical Center because of their behaviors, I don't know
11 any jury member who will conclude that she's well enough
12 to make her own decisions.

13 Dr. West concludes this simply because he only
14 asks questions of her. He doesn't review anything. So
15 I fault Dr. West, not Dr. Burkholz, because at least
16 Dr. Burkholz recognized she needed to be in the
17 hospital. Dr. West thought that this was a Klonopin
18 problem.

19 It's akin to you having a heart pain -- chest
20 pain and people fearing that you're having a heart
21 attack and you're being brought into the emergency room
22 and the Dr. Wests of the world focus on your ingrown
23 toenail and ask about that and ignore everything else.
24 Failed to get any other history, conclude that your
25 ingrown toenail is very mild, just clip it, sends you

1 out and you die. That's what happened with Dr. West.

2 Q Any evidence in anything you read that
3 Dr. Gonzalez was a reasonably prudent physician and
4 obtained any of the Spartanburg records or history?

5 A Dr. Gonzalez -- well, we can look at my report
6 before I answer that. Yeah, I'm looking at my report.

7 It says, Dr. Gonzalez evaluated the patient at
8 11:27 a.m. He noted she was not compliant with her
9 medications. The boarding home reported she was
10 irritated and moody. He noted she was depressed and
11 anxious, had a labile affect, had limited insight, poor
12 judgment, was impulsive. He noted she was paranoid and
13 had persecutory delusions. He recommended
14 hospitalization and administration of Haldol decanoate
15 and Haldol three times a day.

16 To answer your question, I don't see where he
17 reviewed Spartanburg records, but Dr. Gonzalez did
18 exactly what I would do. He recommended she be
19 hospitalized.

20 Dr. West did exactly what I wouldn't do, nor
21 would any reasonably prudent clinician do, he concluded
22 that she was dizzy from Klonopin and sent her out.

23 Q So did -- would you disagree with Dr. West's
24 opinion that she was alert and oriented times four?

25 A I don't disagree with that opinion. I disagree

1 with the conclusion that he drew from that opinion
2 because in his -- in his deposition, he -- he felt like
3 she was able -- that he's -- he stated that she was well
4 enough to give an accurate medical history -- I'm
5 paraphrasing his testimony -- she's well enough to give
6 an accurate medical history because she knows where they
7 are. They're in the hospital. She has a good
8 understanding of who she is and where they are.

9 So, sir, again, someone with severe mental
10 illness, who has schizophrenia or schizoaffective
11 disorder because she has a bipolar component to her
12 illness, who has not been taking her meds, up all night,
13 naked, wandering around, looking for Will, intruding
14 another residents' rooms, agitated, aggressive, putting
15 belongings in the street, standing in the street, the
16 police are called, she's brought in and he believes that
17 when she says that she just -- her meds aren't right and
18 she's dizzy and that's her reason to be in the
19 hospital -- at the hospital, he believes she's well
20 enough to give an accurate medical history. There's no
21 basis to that statement.

22 Just because you know where you are and who you
23 are does not mean you're well enough to give an accurate
24 medical history. She's severely mentally ill.

25 The one person that should know that she's not

1 able to give a history, an accurate one, is a
2 psychiatrist because they know that you cannot just base
3 your conclusions on what a patient tells you, especially
4 when they have severe mental illness. And to surmise
5 that she's well enough to give an accurate history
6 simply because she knows where she is and who she is is
7 just silliness. It's Dr. West not trying.

8 Q All right. Do you feel that the caregiver
9 should have made any effort to get Ms. Branton back to
10 Spartanburg before contacting law enforcement that
11 night?

12 A Sir, a caregiver who's afraid of getting hit --
13 let's see, we're going to rely on laypeople to try to --
14 we're going to put responsibility on them, when they've
15 already brought the person once before to the hospital
16 or called police to bring them to the hospital, we're
17 going to tell them, if she continues to be severely ill
18 because she is severely ill and we're choosing to not
19 admit her because we're going to just conclude that
20 she's dizzy from Klonopin because we're not going to
21 call you and get your history and we're not going to
22 call Ms. Davis and get her history and we're not going
23 to contact Spartanburg and get the recent records, we're
24 just going to ask Ms. Branton if she's okay and then
25 send her out, saying stop taking Klonopin, but if we're

1 wrong and she's not doing well, you're tasked with the
2 responsibility of getting her back to us and bring --
3 shame on you, if you didn't, well, that's just really
4 unfair.

5 And Ms. -- it's not like Ms. Hutchinson didn't
6 try. She called the police again or Ms. Williams did,
7 someone did. Officer Hartwell presented, but
8 Officer Hartwell just talked her into staying at
9 Ms. Williams boarding home that night. And we all know
10 what happened the next day.

11 So, again, I -- I don't think that Ms. Williams
12 or Ms. Hutchinson are to blame here. They're not the
13 medical providers. They're not the Dr. Wests of the
14 world that should have hospitalized Ms. Branton, should
15 have recognized Ms. Branton's severely ill, should have
16 foreseen that something bad would happen if she were not
17 provided treatment and admitted to a place of safety.
18 And it's not like Ms. Hutchinson and Ms. Williams didn't
19 try to intervene, they just were unsuccessful.

20 Q And -- and I appreciate your answer and -- and
21 a lot of what you told me was after she was discharged
22 by Dr. West. And, again, my question sort of predates
23 that in the timeline and so maybe we can sort of go back
24 again.

25 Again, we know she was discharged from

1 Spartanburg on October 1st, correct?

2 A Correct. Sorry, I misunderstood your
3 question.

4 Q That's fine. And -- and the plan was for her
5 to go back to the boarding house in the same atmosphere,
6 correct, the I Care House?

7 A Yes, sir.

8 Q All right. What is your understanding then of
9 why she was in the ER initially at Orangeburg on October
10 2nd?

11 A Because my understanding is the timeline is
12 that when she went back -- when she was discharged
13 from -- from Mary Black, she was brought back to I Care,
14 and initially was happy and grateful to be there, but as
15 the evening transpired, she never went to bed. She was
16 up at 1:00 a.m., naked. She was intruding into other
17 residents' rooms. She was looking for Will, which I
18 believe was her deceased boyfriend, Willie, Mr. Willie,
19 which Ms. Davis had testified regarding. And then was
20 agitated.

21 And I believe the next day was -- proceeded
22 to -- refused to go to her appointment, mental health
23 appointment. I saw testimony in which she was moving
24 belongings into the middle of the road and actually
25 standing in the middle of the road, putting herself at

1 risk for traffic and that's when the police were called.
2 And that's my understanding why -- how she got
3 transported to The Regional Medical Center is police
4 were called and she was transported.

5 Q So, again, knowing all that, it's still your
6 testimony that -- that to discharge her just less than
7 24 hours prior from Spartanburg, that that was an
8 inappropriate handoff or an appropriate plan of care?

9 A My testimony is it proved that she should have
10 been -- stayed in the hospital and would have benefited
11 staying in the hospital, but I don't -- I don't think
12 Dr. Boscia deviated from the standard of care when he
13 discharged her because he believed at that time she was
14 stable for discharge. She proved she was not. This
15 happens.

16 Patients are released by a reasonably prudent
17 physician, they are released from the hospital because
18 it is believed that they are ready for the next level of
19 care and then their behavior afterwards demonstrates
20 they are not. And that -- what you do then is
21 rehospitalize.

22 This is why we're sitting here today. She,
23 Ms. Branton, is clearly demonstrating -- as you're
24 asking from your question, she's clearly demonstrating
25 that she needed to stay in the hospital. She's clearly

1 demonstrating she's not well. She's clearly
2 demonstrating -- she's screaming the need to be
3 rehospitalized.

4 What is a gross deviation from the standard of
5 care, the person who absolutely dropped the ball because
6 he didn't even try, was Dr. West. This is an ill
7 patient, who is presenting to The Regional Medical
8 Center and Dr. West just focused on the Klonopin making
9 her dizzy. Dr. West doesn't even bother to explore why
10 she got a Haldol injection in the emergency room.
11 Dr. West doesn't even bother to justify why Dr. Burkholz
12 and Dr. Gonzalez are wrong. Dr. West doesn't bother to
13 contact Ms. Davis or get information from
14 Ms. Hutchinson.

15 Again, Dr. West doesn't attend to anything.
16 And in his deposition testimony, it was ludicrous.
17 Dr. West calls her illness mild and states that she's
18 perfectly capable of providing her own history with no
19 basis for that conclusion. And, obviously, like I said,
20 the jury will be clearly aware she's not -- of course,
21 not able to provide her own history. She has very poor
22 insight and poor judgment.

23 So we're sitting here today because, as you're
24 asking, it becomes very clear that she was not stable
25 and needed to be rehospitalized and, yet, wasn't.

1 Q Do you -- do you -- knowing what you know now,
2 was it foreseeable for Dr. Boscia to know that
3 essentially she would have this change within less than
4 24 hours of being discharged?

5 A Sir, as I've said a few times, Dr. Boscia did
6 not deviate from the standard of care. Dr. Boscia, at
7 the time he released her, felt that she was stable and I
8 don't dispute that.

9 What I am saying is it became clear soon after
10 that she wasn't. And the person we're focused on is the
11 person who did not appreciate that. The person who
12 evaluated her and concluded she didn't need to be in the
13 hospital and released her. And within 24 hours, she was
14 dead.

15 Q And -- and I appreciate that, but you're not
16 answering my question.

17 My question is: Is it not foreseeable for
18 Dr. Boscia to have thought that this would change the
19 way it did in less than 24 hours after discharge?
20 Either yes or no? You can tell me whatever, but --

21 A I'm saying --

22 Q -- I need you to answer -- I need you to answer
23 my question before you go on -- on a long answer and
24 you're not answering it.

25 A I'm sorry. I actually -- forgive me if that --

1 I thought I was. I said, no, and then I went on to
2 explain.

3 Q You said, no, he didn't -- it was your opinion
4 he didn't breach the standard of care and that's great,
5 that's not my question.

6 My question is: Was it foreseeable to a
7 psychiatrist that this would happen within 24 hours of
8 discharge? Yes or no?

9 A No. As I said earlier, Mr. Tanner, it's not
10 surprising, but it could have also played out a
11 different way. It could have played out that she left
12 the hospital and continued taking her oral Abilify and
13 that within seven days the Abilify Maintena was
14 effective.

15 It was also -- it would not have been
16 surprising if she went to her outpatient medical
17 appointment that was scheduled for the next day. It's
18 not surprising she didn't either.

19 Q Okay.

20 A So it could have gone one of either way. But
21 her ultimate demise is not directly due to Dr. Boscia
22 discharging her. Her ultimate demise is directly due to
23 Dr. West failing to admit her.

24 Q So it's your opinion that it's not surprising
25 that she ended up in the condition 24 hours later that

1 she was, but you don't feel that that was foreseeable to
2 Dr. Boscia, is that -- is that what you're telling me?

3 A Correct.

4 Q Okay. All right. Were Dr. -- do you have
5 any -- any criticisms of Dr. West finding that
6 Ms. Branton was not suicidal?

7 A No, I don't have any criticism of that.

8 Q Do you have any criticisms of his finding and
9 conclusion that she was not homicidal?

10 A She had attacked people so I -- I don't think
11 he could -- I don't think he could justify that
12 statement because he didn't even explore her most recent
13 history, so I dispute that conclusion.

14 Maybe at the moment he's talking to her, she
15 denies homicidal ideation, that doesn't mean someone's
16 not at risk to be violent and harm someone.

17 Q Do you disagree with his finding that she's not
18 having visual hallucinations?

19 A At the moment he's talking to her, when she had
20 received a Haldol injection, I don't dispute if he
21 observes that she is calm and denying auditory or visual
22 hallucinations. However, if he talked to Ms. Hutchinson
23 or Ms. Davis, he would have known she was hallucinating
24 prior to coming to the hospital.

25 And if he had explored why she got a Haldol

1 injection when she first presented to the ED, he might
2 have determined it was because of her psychosis, but I
3 don't see in his assessment where he even addresses
4 that.

5 So, no, sir, if he -- if she's sitting there,
6 having received a Haldol injection and denying auditory
7 or visual hallucinations, I don't dispute him making
8 that statement.

9 Q I --

10 A But if not, it's really not consistent with her
11 history.

12 Q And I presume you would say that the fact that
13 he says that she's not having auditory hallucinations at
14 the time would not be consistent with her history for
15 the reasons we just discussed a couple minutes ago; is
16 that fair?

17 A Correct.

18 Q Where he makes a finding that she's cooperative
19 and has an appropriate mood and affect, would you agree
20 with that?

21 A Yeah, she just received a Haldol injection.

22 Q Okay.

23 A So she's calm for the time being.

24 Q And what is the half life of a Haldol
25 injection?

1 A Hours. Five, six hours. It's off the top of
2 my head. It doesn't last very long. It's helpful, but
3 it's not going to be effective long-term. And it --
4 which -- I mean, that was -- that bore out when she
5 left the hospital and her behaviors after she was taken
6 by Ms. Hutchinson over to Brenda Williams' place, I
7 mean, that became evident. Haldol wears off pretty
8 quickly.

9 Q You would agree with me that an ER provider in
10 a hospital setting, such as The Regional Medical Center,
11 does not have admission privileges?

12 A Correct.

13 Q And so regardless of what your issue is, be it
14 psychiatrist, be it if you need a cardiology workup, a
15 neuro workup, you're going to have to arrange for
16 another provider with privileges to admit the patient,
17 you would agree with me with that, correct?

18 A Correct.

19 Q The fact that Dr. West states in his note,
20 Discharged to home once medically cleared, and then
21 ultimately Dr. Burkholz discharges her, does that --
22 does that bear any -- any -- change any of your
23 opinions?

24 A No, Dr. West should never have said, Discharge
25 to home. My opinion stands that Dr. West needed to

1 admit her. The fact that Dr. Burkholz then discharged
2 her is because Dr. Burkholz can't admit her, as you just
3 stated. Dr. Burkholz has no admitting privileges. He
4 has to rely heavily on his consultant. His consultant
5 says that she's psychiatrically stable, so she's
6 released. A major mistake by Mr. West.

7 Q Did -- and I didn't mean to interrupt you
8 there.

9 We know from the autopsy that she had
10 significant cardiac issues going on, correct?

11 A I -- I -- sir, I'm sorry. You'd have to point
12 to me exactly the autopsy that --

13 Q Severe atherosclerotic cardiovascular disease,
14 branch of left anterior, descending coronary, up to 80
15 percent narrowed by atherosclerosis.

16 A Okay.

17 Q Also documented left ventricular hypertrophy.

18 A Okay.

19 Q And pulmonary fibrosis.

20 A Okay.

21 Q Being that those were contributory to her cause
22 of death, do you -- do you think Dr. Burkholz should
23 have done any further exploration of her nonpsychiatric
24 medical issues?

25 A As I stated before, I'm sitting here today as

1 an expert in psychiatry. And so my opinions are focused
2 on the clearly evident psychiatric illness that demanded
3 attention and hospitalization and treatment.

4 The medi- -- the coroner, when they find that
5 she has -- as would not be surprising, I guess, in a 69
6 year old patient, with schizophrenia, has coronary
7 artery disease and pulmonary fibrosis, I -- it -- it
8 helps explain why Ms. Branton would expire, sitting
9 outside, on a very hot day, wearing a heavy wool coat.
10 Why was Ms. Branton sitting outside? Because she had
11 schizophrenia and she was psychotic and it wasn't
12 getting treated.

13 And so, again, it's -- sitting here today, sir,
14 my focus is on Dr. West as a psychiatrist, who should
15 have recognized the illness he was seeing and
16 foreseeable risk and hospitalized her.

17 And so any medical problems you're bringing up,
18 I think, yes, just would help the jury understand why
19 she would expire on a very hot day because she's sitting
20 outside from -- due to her psychosis. I don't --

21 Q And I -- I'm sorry. Go ahead.

22 A I don't sit here today giving any opinion
23 regarding Dr. Burkholz and what he should have done
24 regarding any medical problems. She wasn't presenting
25 with medical problems. She was presenting with

1 agitation from her psychosis. Noncompliant with
2 medication, paranoid. Again, we can look back at
3 Dr. Gonzalez's note and Dr. Burkholz's note. She got a
4 Haldol injection. Dr. Burkholz was giving her a Haldol
5 injection because she presented psychotic.

6 Q And you reviewed through the autopsy, correct?

7 A Yes, sir, you had to just -- I -- it wasn't
8 fresh on my mind about the coronary artery disease.

9 Q No, I just want to make sure we're all on the
10 same sheet of music. It wasn't a trick question.

11 Do you agree with the pathologist's ultimate
12 findings; nonexertional hypothermia with hypotonic
13 dehydration due to prolonged exposure to elevated and
14 environmental temperatures and then the contributory
15 factors that I just asked you a few questions ago?

16 A Yeah, I don't disagree with any of that.

17 Q And that was going to be my next question.

18 Is there anything in the autopsy report that
19 you disagree with?

20 A No, sir, nothing stood out.

21 Q Any of the -- the laboratory results show a --
22 any of the medications that she had was in the
23 therapeutic range?

24 A I -- I'd have to look back again at the -- I
25 know that she had aripiprazole in her -- in her system.

1 I know she had diphenhydramine in her system and she had
2 something else in her system.

3 Q She had -- I'll tell you, you can tell -- she
4 had diphenhydramine, the -- the lab result was 72
5 nanograms per milliliter.

6 So as you sit here today, is that -- is that
7 therapeutic range? Is that not -- is that still
8 therapeutic?

9 A I don't know. Diphenhydramine is Benadryl.

10 Q Yeah. Right.

11 A And it -- it probably -- it might have been
12 stemming -- again, I know she got the Haldol injection,
13 I think she got Ativan with the Haldol, which is
14 Lorativan with a Haldol injection. She might have also
15 received diphenhydramine because that's standard to give
16 with a Haldol injection, so that might be why she had
17 diphenhydramine in her system. I don't recall what -- I
18 don't even know what a therapeutic range of
19 diphenhydramine is.

20 Q I'm sure we could figure that out. The
21 Abilify, pronounce the -- the name for me, aripiprazole.

22 A Aripiprazole. Aripip.

23 Q Too many Ps in there for me to contemplate.

24 The lab result was 310 milligrams per
25 milliliter. Same question, is that therapeutic,

1 subtherapeutic?

2 A And same answer, Mr. Tanner. I actually don't
3 know.

4 Q All right. And then for trazodone, there was
5 190 nanograms per milliliter.

6 Do you -- do you know off the top of your head
7 if that's in the therapeutic range?

8 A No, sir, I do not know.

9 Q Any -- any lab value that -- that the autop- --
10 the prosector was -- was missing that you felt should
11 have been looked at in terms of trying to figure out
12 what happened to Mr. Branton?

13 A No. I mean, whether -- whether -- say the
14 aripiprazole were in therapeutic range, that still
15 wouldn't -- that wouldn't have any bearing on my opinion
16 because she clearly was unstable.

17 So at that point, Mr. Tanner, just so -- to
18 help you understand my -- my thinking and my answer, if
19 someone's on something and they're -- they're in the
20 therapeutic range and they are hallucinating and
21 delusional and impulsive and not sleeping and agitated,
22 aggressive and putting themselves in harm's way, well,
23 it doesn't matter that their medication's in a
24 therapeutic range, it's clearly not working. They need
25 to be hospitalized and undergo a change in their

1 medication.

2 Like, what Dr. Gonzalez had suggested, give her
3 Haldol decanoin and put her on oral Haldol because she
4 had been on that in the past.

5 So to -- to fully answer your question, I -- I
6 don't know if those were therapeutic ranges. I don't --
7 but it doesn't really have any bearing on my opinion.
8 And nor is there any other medication I would want to
9 know if it was in her system or not because it would
10 still have no bearing on my opinion. Here is clearly
11 evidently a severely ill woman, who needs to be
12 hospitalized, regardless of whether she's taking her
13 meds or not, whether they're in her -- her system or
14 not, whether they're at therapeutic range or not. She's
15 clearly ill.

16 Q What other options did Dr. Burkholz have, as
17 the emergency room provider, after initially starting
18 the involuntarily commitment paperwork, having
19 Dr. Gonzalez see the patient and then several hours
20 later, Dr. West seeing the patient and giving his -- his
21 consulting viewpoint?

22 A I -- I -- I -- I don't see any. Dr. Burkholz
23 is the emergency room physician who has no admitting
24 privileges. When -- first say, it's unusual for a
25 psychiatrist to countermand another psychiatrist so

1 that's one of the things that stand out about this case,
2 is Dr. West is coming in, I guess, presumably because
3 he's the director of the psyche unit, but he's
4 countermanding what Dr. Gonzalez says. Dr. Gonzalez
5 says she needs to be hospitalized. Dr. West is saying
6 she doesn't need to be hospitalized. And as I said
7 earlier, boy, if you're going to say that, you -- I hope
8 you've done a thorough exploration and you've got really
9 good justification, which Dr. West didn't.

10 But -- so now when Dr. West, the director of
11 the psyche unit, says that she doesn't need to be
12 hospitalized and she's safe from a psychiatric
13 standpoint to go, well, Dr. Burkholz can't admit her, he
14 doesn't have admitting privileges. So, okay, the
15 presenting reason she came to the ER was psychosis, her
16 mental illness. And the psychiatrist says she doesn't
17 need to be hospitalized, it's just the Klonopin, stop
18 the Klonopin. So Dr. Burkholz had no other recourse, he
19 releases her.

20 Q So in -- in things that you're critical of
21 Dr. West, obviously, you would feel that his history is
22 insufficient; is that fair to say?

23 A Nonexistent.

24 Q You think he should have either got the records
25 from Spartanburg or contacted someone that had a working

1 knowledge of those -- what went on at Spartanburg; is
2 that fair to say?

3 A Yeah, collateral information is crucial in --
4 in psychiatry. It's crucial. Get a full picture. When
5 you're only focusing on what the patient's telling you
6 when they have a severe mental illness, you are
7 absolutely not getting an understanding of what's going
8 on.

9 Q And -- and whether that collateral information
10 comes from the -- the record itself in Spartanburg, a
11 provider, such as Dr. Boscia or -- or even Ms. Hutchins,
12 you think any -- you think all or any of those avenues
13 should have been explored by Dr. West; is that fair to
14 say?

15 A Absolutely.

16 Q Anything else from a -- just obtaining a
17 history that you feel Dr. West should have done that he
18 didn't do?

19 A I -- I -- I think I would be redundant if I
20 elaborated more. I think I've said enough about -- I
21 mean, just understand why she's coming to the emergency
22 room, understand what's been going on in the last 36
23 hours and understand what's actually been going on in
24 the last few months. And then you'll understand that
25 you have a severely mentally ill individual who has

1 schizophrenia or schizoaffective disorder, who had not
2 been taking their medication and clearly not stabilized
3 on the medication they've been receiving, who was just
4 released from the psychiatric unit and clearly needs to
5 be rehospitalized because she's putting herself and
6 other people in harm's way. And she has poor insight
7 and she's hallucinating and delusional.

8 Q And -- and, ultimately, your -- your takeaway
9 is you've got in your report and you've testified
10 several times that this is a patient that did not need
11 to be discharged, correct?

12 A This is a patient that needed to be admitted,
13 correct.

14 Q Obviously, she was discharged and we're here
15 today.

16 What faults, if any, do you have on the
17 decision of Ms. Hutchins to place her with Ms. Williams
18 later, I believe, on -- on October 2nd, in the nighttime
19 hours?

20 A Well, it's just based on Ms. Hutchinson's
21 testimony. So I guess I'd be paraphrasing it, that she
22 was driving Ms. Branton in -- initially intending to
23 drive Ms. Branton because she was contacted -- sorry --
24 she was contacted by The Regional Medical Center, told
25 to come pick up Ms. Branton and that Ms. Branton was

1 ready to go. She testified that she expressed concern
2 about Ms. Branton taking her medication. Picked up
3 Ms. Branton.

4 Her testimony is Ms. Branton was resistant to
5 even leaving at that point, but got her out of the
6 hospital, got her into the car, but then Ms. Branton was
7 insistent that she was not going to go back to I Care.

8 So Ms. Hutchinson is trying to figure out where
9 she can take Ms. Branton and what occurred to her was
10 Brenda Williams' place, that that might be an option, if
11 Ms. Branton doesn't like staying at I Care.

12 So I'm just regurgitating Ms. Hutchinson's
13 testimony that she is a layperson, who now encounters
14 someone, an elderly individual, who's insisting she does
15 not want to stay at the residence that Ms. Hutchinson
16 was providing and Ms. Hutchinson is trying to provide an
17 alternative place for her -- Ms. Branton to stay at and
18 Ms. Branton agrees to go to Brenda Williams' boarding
19 house.

20 Q Do you -- do you feel that was an appropriate
21 placement?

22 A I believe that Ms. Branton needed to be in a
23 more structured environment. She needed to be in a
24 place in which she could be monitored more carefully and
25 her medication compliance could be monitored more

1 carefully.

2 Q Would that be no?

3 A That would be a no.

4 Q What should Ms. Williams or Ms. Hutchins have
5 done when she refused to go to mental health on the
6 morning of, I believe, now it's the 3rd?

7 A Well, they're laypeople. Again, I -- I hold
8 them to the -- I don't hold them to the standard of a
9 mental health professional. They're laypeople. They
10 don't know what to do. They've tried going to the
11 hospital, taking her to the hospital and that didn't
12 work out.

13 Ms. Williams tried or someone at Ms. Williams'
14 place tried calling the police and Officer Hartwell just
15 talked her into staying the night, that didn't -- they
16 didn't take her back to the -- The Regional Medical
17 Center.

18 I've encountered this, sir, in -- in other
19 cases and also as a practicing psychiatrist, family
20 members or caregivers, when the hospital route is
21 exhausted because a hospital fails to admit them, or as
22 it was, able to remain outside of the hospital, then
23 they -- they often are exasperated and don't know what
24 to do.

25 Q Do you recall --

1 A And I don't blame them.

2 Q I'm sorry.

3 Do you have any understanding of what type
4 of -- I don't know if you want to call them patients or
5 residents or people that -- that -- that were at the
6 I Care boarding facility?

7 A I -- I just see what was stated in deposition
8 testimony. I -- my understanding is boarding homes are
9 simply a place people live. And it seems like it's just
10 a place of residence that multiple people stay at. They
11 each rent a room. And they're varying ages. I don't
12 know if they're mostly elderly or not. Varying medical
13 conditions. I -- that's all -- that's all I know.

14 Q And I presume it would be the same as to
15 Ms. Williams' facility; is that fair to say?

16 A Correct. Yes, sir.

17 Q I think in the complaint, it's listed as
18 Heavenly Care, but I think in some of the law
19 enforcement documents, it's the Sally Kitt Rest Home.
20 Is that -- are we talking about the same place?

21 A Yes, sir.

22 Q But what -- but what specific abilities or
23 patient population in the Sally Kitt Rest Home is open
24 to, that would be outside of your knowledge; is that
25 right?

1 A Yeah, the only thing -- yes, sir. The only
2 thing it seems to me to be clear is that the boarding
3 homes are not equipped or even feel responsible for
4 ensuring someone is taking their medication. Seems like
5 everybody at those boarding homes keeps their medication
6 on person and is responsible for taking their own
7 medication.

8 Q Do you think it would have been foreseeable to
9 Ms. Williams that on the morning of the 3rd, when Ms. --
10 Ms. Branton refused to go to mental health, was it
11 foreseeable that -- that she would die, as she did?

12 A Not to Ms. Williams.

13 Q Why -- why so?

14 A Again, Ms. Williams, just like Ms. Hutchinson,
15 they're -- they don't -- you don't know what you don't
16 know. They're not mental health professionals. They're
17 not medical professionals. They're not professionals.
18 They're laypeople. And Ms. Williams just met
19 Ms. Branton, has no knowledge whatsoever of
20 Ms. Branton's history.

21 Ms. Hutchinson, who knows Ms. Branton, doesn't
22 even have a good understanding of Ms. Branton's history.
23 They just know that she's an elderly person, who takes
24 meds -- who's refusing to take meds and right now
25 refusing to go see the doctor and refusing to come

1 inside.

2 And so I don't hold them to the level that they
3 would foresee her death. They might see that she's not
4 doing well and be concerned about her, which they did,
5 but I -- the -- the individual that could foresee harm
6 here is the individual that already released her from
7 the hospital.

8 Q Have you seen any evidence of any order from
9 any family court or probate court giving Ms. Hutchinson
10 physical or legal custody of Ms. Branton?

11 A No, sir.

12 Q Any -- any other criticisms of Dr. West you
13 intend to offer at trial that -- that we haven't -- I
14 haven't given you the opportunity to talk about today?

15 A I -- I think it's captured in my report and
16 what we've talked about today.

17 Q And -- and, again, no -- you don't have any
18 criticisms against Dr. Burkholz, correct?

19 A Correct.

20 Q Do you have any criticisms against
21 Dr. Gonzalez? I know he hasn't been deposed.

22 A No, I do not.

23 Q Any criticisms of any of the -- the nursing
24 care that Ms. Branton received at TRMC?

25 A No, sir.

1 MR. TANNER: All right. I think that's all I
2 have for you now, Dr. Husted. I appreciate it.

3 THE WITNESS: Thank you, sir.

4 MR. EVANS: Thank you, sir. I don't have any
5 follow-up questions.

6 MS. HOOD: I don't have any questions. Thank
7 you, Doctor.

8 THE WITNESS: We're done?

9 (Off-the-record discussion.)

10 THE WITNESS: I'd like to read, please.

11 (Witness excused.)

12 (The deposition was concluded at 2:11 p.m.)

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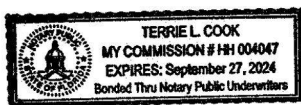
CERTIFICATE OF OATH

STATE OF FLORIDA)
COUNTY OF DUVAL)

I, Terrie L. Cook, RPR, CRR, FPR-C, Notary Public, State of Florida, certify that **DAVIS S. HUSTED, M.D., M.S.**, appeared and was sworn remotely by audio-video communication technology pursuant to Statute 117.05, on December 16, 2022.

WITNESS my hand and official seal on September 27, 2023, Jacksonville, Duval County, Florida.

Terrie L. Cook
Terrie L. Cook, RPR, CRR, FPR-C
Notary Public-State of Florida



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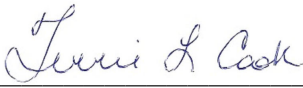
REPORTER'S CERTIFICATE

STATE OF FLORIDA
COUNTY OF DUVAL

I, Terrie L. Cook, RPR, CRR, FPR-C, certify that I was authorized to and did stenographically report the deposition of **DAVIS S. HUSTED, M.D., M.S.**; that a review of the transcript was requested; and that the foregoing transcript, pages 1 through 53 is a true record of my stenographic notes.

I further certify that I am not a relative, employee, attorney, or counsel of any of the parties, nor am I a relative or employee of any of the parties' attorney or counsel connected with the action, nor am I financially interested in the action.

DATED on September 27, 2023.



Terrie L. Cook, RPR, CRR, FPR-C

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September 27, 2023

DAVIS S. HUSTED, M.D., M.S.
c/o Scott Evans, Esquire
James B. Moore, Esquire
Evans Moore, LLC
635 E Bay Street
Suite F
Charleston, South Carolina 29403

In Re: December 16, 2022, DAVIS/BRANTON v ORANGEBURG COUNTY, ET AL.

Dear Sir:

This letter is to advise that the transcript for the above-referenced deposition has been completed and is available for review. Please make arrangements for read and sign or sign below to waive review of this transcript.

It is suggested that the review of this transcript be completed within 30 days of your receipt of this letter, as considered reasonable under Federal Rules*, however, there is no Florida Statute to this regard.

The original of this transcript has been forwarded to the ordering parties and your errata, once received, will be forwarded to all ordering parties for inclusion in the transcript.

Sincerely,
Terrie L. Cook

Terrie L. Cook, RPR, CRR, FPR-C
Hedquist & Associates, Inc.

cc: Michael C. Tanner, Esquire
Scott Evans, Esquire
Alison Hood, Esquire

Waiver:

I, _____, hereby waive the reading & signing of my deposition transcript.

Deponent Signature Date

1 E R R A T A S H E E T

2 DO NOT WRITE ON TRANSCRIPT - ENTER CHANGES
 In Re: DAVIS/BRANTON v ORANGEBURG COUNTY, ET AL.

3

4 DEPOSITION OF **DAVIS S. HUSTED, M.D., M.S.**

5 TAKEN - December 16, 2022

6 PAGE NUMBER LINE NUMBER CHANGE/REASON

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under penalties of perjury, I declare that I have read
 the foregoing document and that the facts stated in it
 are true.

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 Date

DAVIS S. HUSTED, M.D., M.S.

21

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cc: Terrie L. Cook, RPR, CRR, FPR-C
 Michael C. Tanner, Esquire
 Scott Evans, Esquire
 Alison Hood, Esquire

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