

Supreme Ct. of S.C.
Clerk of Ct. Daniel Shearouse
PO BOX 11330
Colg, SC 29211

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MAR 27 2014

S.C. SUPREME COURT

Date 3/24/14

Dear Mr. Shearouse

Please find enclosed for filing
my pro-se brief.

Would you please return me back
a filed copy.

Thank you

cc: Personal file

Sincerely,
Lillian King

STATE OF SOUTH CAROLINA

IN THE SUPREME COURT

Certiorari to Richland Co. G. Thomas Cooper, Cir. Ct. Judge

Louis Gainey

Petitioner

vs

State of South Carolina

Respondent

PRO - SE BRIEF

Case No[#] 2013-000535

Louis Gainey[#] 185519

McC.I/F-1

386 Redemption way

McCormick, SC 29899

Appellate Defender for Petitioner

Susan B. Hackett

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ISSUES PRESENTED

- (1) Whether the PCR court erred in ruling that trial counsel was not ineffective in failing to object to Petitioner being seen in shackles.
- (2) Whether the PCR court erred in ruling that trial counsel was not ineffective in failing to have a second mental evaluation conducted
- (3) Whether the PCR court erred in ruling that trial counsel was not ineffective in failing to investigate the matters of the nail file vs. screwdriver.

(4) Whether the PCR court erred in ruling that trial counsel was not ineffective in failing to object to the judge's instruction to the jury which permitted the jury to infer malice from the use of a deadly weapon in order to convict him of assault and battery with intent to kill

STATEMENT

For the record of this brief, the Petitioner agrees with his Appellate Defender's statement upon her Johason petition for writ of certiorari.

ARGUMENT (1)

The PCR Court erred in ruling that trial counsel was not ineffective in failing to object to Petitioner being seen in shackles

Relevant facts - during the trial

At the start of trial, lead counsel for Petitioner, James D. Cooper, III requested to have the metal shackles replaced with plastic restraints/shackles rather than metal shackles just to avoid any noise SEE: App. p 12 L3 - L8

The trial Judge told counsel to talk to security about it, but he did not want the jury to see Petitioner shackled. Security stated that they've got them now where they can't even hear SEE App

p12 L9-L16 The judge ultimately concluded that the jury could not see the shackles and denied counsel's request SEE: App p12 L17-L23

After the state rested its case in chief and before the defense called Petitioner to the stand, counsel requested outside the presence of the jury that Petitioner be allowed to take the stand before the jury entered the courtroom SEE: App p286 L19 - App p287-L1.

Relevant facts - during PCR hearing

On direct examination, Petitioner testified that the shackles made him feel like a criminal in front of the jury, like a person that had to be contained because he would

hurt anybody in the courtroom SEE: App. p 50
L 22 — App. p 503 — L 2.

On cross examination Petitioner was questioned upon the prejudicial issue of the shackles and Mr. Cooper and Mr. O'Neil objections, regarding the shackles.

Here, Petitioner testified that he was seen with the shackles on even after he took the witness stand SEE: App. 514
L 16 — App. p 517 — L 12.

Moreover, on direct examination Petitioner also testified that Mr. Cooper told him to don't make no gestures, don't move, and don't make the jury feel uncomfortable, that he not only had leg irons on but handcuffs too, that he tried to keep his hands down under the table so the jury wouldn't see them, as his lawyer told him.

But he could not help/stop the jingling noises

And, this had prejudiced him in front of the jury. It kept him from being who he was. he was not psych - a maniac he couldn't. felt like he could not defend himself - defenseless, - tried to write a few notes - that's when the people seen his handcuffs because his lawyer told him to keep his hand down and keep still SEE: App. p 503 L 3 - App. p 504 - L 16

Discussion

Trial counsel only requested to have the metal shackles replaced with plastic shackles rather than metal shackles.

Petitioner argues that an "request" is not an objection SEE: App. p 12 L 3 - App. p 12 - L 23:
App. p 286 L 19 - App. p 287 - L 1.

Objection must be on specified grounds

SEE: State v Crowley 85 SE2d 714;

Grant v White 340 SE2d 791 And, a

failure to object constitutes a waiver

State v Murray 150 SE2d 920 Petitioner

further note that an objection must be
made at trial for appeal review SEE;

State v Vanderbilt 340 SE2d 543; and State
v Atchison 235 SE2d 294

Petitioner argues that counsel request was
not an objection.

Further the trial judge did not rule that
the shackles were necessary for courtroom
safety, as the order of dismissal ruled
SEE: App 569 Nor was it clear why
Petitioner was required to be shackled

in the first place. Or why Petitioner's metal shackles could not have been placed with plastic shackles. Petitioner further argue, although counsel, the Court etc. "tried" to undertake all requested precautions to avoid any improper inferences....

Petitioner was still seen by the jury with the shackles on SEE: App-p 503 L3 - App-p 504 - L16; and even after he took the witness stand SEE: App-p 514 L16 - App-p 517 - L12 inherently prejudiced Petitioner. Moreover, the record did not support a dire necessity for Petitioner to wear handcuffs/belly shackles and leg shackles. Here, the trial judge's

discretion was not an issue in this case
as ruled on in the order of dismissal
SEE App. p 569.

Because counsel never stated an objection

In Foye v State 586 SE2d 265 in
part, the Court on direct appeal affirmed
Foye's conviction finding no evidence that
the members of the venire who saw defendant
in chains were selected to serve as jurors
in his case.

In Petitioner's case Petitioner explained
and demonstrated how the jury actually heard
and seen him in handcuffs/belly and leg shackles.
When Petitioner explained (demonstrated how
the jury had seen him after he had taken the
witness stand, Assistant Atty. Gen. Megan Harrigan
stopped questioning him SEE: App p 517 L4-L12

Here, counsel never objected nor question whether Petitioner was seen or heard by the jury with the shackles on.

Moreover, counsel never even question the judge or security as to why the metal shackles, (shackles themselves), were necessary when nobody refer to any escape risk or threat to the court room security - thus forcing Petitioner to undergo trial in chains/- handcuffs /belly and leg shackles is inherently PREJUDICIAL SEE:

Deck v Missouri 125 S.Ct. 2007. It is clear from the record counsel never objected, and all the precautions they took did not stop the jury from hearing and seeing Petitioner in handcuffs /belly and leg shackles.

ARGUMENT (2)

The PCR court erred in ruling that trial counsel was not ineffective in failing to have a second mental evaluation conducted

Relevant facts - during the trial.

During Petitioner's testimony, Petitioner testified that he did not remember stabbing Dee Dee SEE: App 302 L 8 - L 13

Relevant facts - during PCR hearing

Petitioner testified that he had discuss his medical history with both Mr. Cooper and Mr. O'Neil prior to trial. And

he suffers from Post-Traumatic Stress Disorder (PTSD) and is currently on "anti-psychotic" medication at the Department of Corrections for schizophrenia.

Although, he was not on medication at the time of his trial. Because the VA hadn't given him anything, and did not understand what was going on at the time of his trial. Petitioner testified a lady came by the jail from "a private place" once prior to his trial to speak with him about his mental health issues, but ultimately said nothing was wrong with Petitioner. Petitioner said he asked counsel to get a second evaluation done, but counsel did not do so. Petitioner noted he was in a psychiatric ward once prior in 1983 for roughly thirty (30) days and said he had discussed this with counsel in their pretrial

Meetings. SEE App-p 479 L25 - App-p 482-L9
SEE EXH B B1-B43

Petitioner also testified that he do not

remember ^{WHAT} took place on the date of

March 31, 2007 SEE: App-p 499 L24 - App-p 500-L24 And he was not on that medication on the night of March 31. SEE: App-p 501 L7 - L9

James Cooper testified that he took over representation of Petitioner in late 2008 or early 2009 from former assistant public defender Carolyn Gripp whom had originally represented Petitioner. Cooper said that he met with Petitioner four or five times at the jail prior to trial, with each meeting lasting at least fifteen to twenty minutes and some lasting much longer. Cooper said that he was aware

of Petitioner's mental health history prior to taking over the case, from which Petitioner was found competent to stand trial.

Cooper went on to say he did not recall ever discussing having a second evaluation conducted with Petitioner, and he did not believe one was necessary based upon his review of Dr. Crawford's evaluation report and his personal interaction with Petitioner. He also noted he never had any concerns with Petitioner's ability to comprehend and participate in their discussions, nor did he ever have a concern with Petitioner's competency. Cooper did note Petitioner did have a history of substance abuse and distress disorders, but had no history of anything that would affect his competency to

stand trial SEE: App. p 530 L1 - App. p 533-L 11
Also see App. p 541 L 8 - L 17 SEE EXIB A1-A6, EXIB. B1-B43

Petitioner's second-chair attorney, Deon O'Neil also testified he never had any concerns with Petitioner's ability to comprehend and or participate in their pretrial discussions about the charges he was facing, and he did not believe a second mental evaluation was necessary on Petitioner. SEE: App. p 556 L25 - App. p 557-L21
ALSO: SEE EXIB B1 - B43, A1-A6

Disussion

Petitioner argues that the PCR court errored in ruling that trial counsel was not ineffective in failing to have a second mental evaluation conducted

Where counsel Cooper's own testimony, he noted that Petitioner was not clear on what had happen SEE: App.p 544 L 6 - App.p 545 - L 13.

Although co-counsel, O'Neil testified that he was trying to relate to Petitioner — was that his version of what happened that night probably would not be believed by the jury SEE: App.p 552 L 20 - L 25

But Petitioner's story was always the same, "that all he remembered was that him having a nail file in his hand and once the altercation between him and the victim occurred, he blacked out, he didn't remember what happened SEE: App.p 553 L 1 - L 8

Although, O'Neil goes on to testify that

Petitioner whole blacking out part didn't make sense either.

Petitioner argues that is why he needed a second mental evaluation conducted, also because he was not able to aid in his on defense. SEE: A' — A 8 / B1-B43 Where counsel O'Neil admitted, that Petitioner could not aid in his own defense, where he noted, "we explained to him, "Petitioner", he was charged with assault and battery with intent to kill. If we could convince the jury that this happened in a heat of passion and there wasn't any malice, then maybe we could convince the jury that it was ABHAN. But there was no way

for us to convince the jury there was a
ABHAN if he couldn't remember what
happened. He needed to remember what
happened in order to convince the jury.
that, look, I didn't mean to kill
this lady. I got upset here as to what
was going on and this happened quickly
before I even think about it. That's
what we were trying to relate to MR.
Garney SEE: App. p 555 L 5 - L 21

Petitioner strongly argue, that was
the very reason(s) he needed a second
mental evaluation A' — A 8/B 41
But counsel Cooper himself decided anyway
to put up NO sound trial strategy
ABHAN, without a second mental eval—

uation SEE: App-p 539 L16 - App-p 541 L3

"So it became my decision to try to save him from life without parole. I wanted the jury to convict him of ABHAM rather than ABKIK because I thought that they were gonna believe that an assault did occur. And I - and part of that was deciding against doing a case about what kind of person Ms. Montgomery was so...

Q: Okay

A: That was the basic strategy

Q: Well, the testimony from the very beginning has been "that he grabbed her, pulled her, and take her home."

A: YES, Sir

Q: So there was a touching that may have been unwanted. There was an assault

possibly a battery, just from that, wasn't there

A: Yes, sir

Q: Was there ever any discussion of any kind of self-defense?

A: We talked about it from the very beginning, but I didn't think it was viable based on just the circumstances surrounding what everybody would say happened, his physical stature, just the whole thing. I thought, I mean, normally in presenting defenses I like to go one way, okay, and tell the jury something, you know, stick with it. And I thought we need to go with the idea that, yes Mr Garney is guilty of an assault, but it certainly wasn't an assault with intent to kill, and that's what we ended up doing.

Q: So if you - so your strategy was if we could convince them to come back with an

ABHAN which is a misdemeanor, correct.

A: Yes, sir, it was. Yes, sir.

Q: Common law, then it would not be a third felony so he would get life without parole.

A: It would keep him out of LIREOP, yes sir.

Q: Thank you.

Petitioner argues, counsel O'Neil testimony clearly is in conflict with Counsel Cooper, where O'Neil testified that there was no way for us to convince the jury there was a ABHAN if he couldn't remember what happened
SEE: App. p 555 L14 - L16.

As you can clearly see, this was not even sound trial strategy, where counsel

failed to have Petitioner evaluated a second time - to show why and or how he blacked out, thus he was not able to help in his own defense.

Due to the above arguments, clearly there was an issue of Petitioner's sanity where Counsel should have took position - a second time under the M'Naughten test. SEE: State v Fuller 93 SE2d 463
Counsel Cooper even noted Petitioner's substance abuse and stress disorder
SEE: App.p 532 L25 - App.p 533 - L8
In State v Hartfield 388 SE2d 802 the court noted, while voluntary

intoxication is not a defense, although a defendant may rely on insanity if drug use caused brain damage and is now a mental illness - SEE EXH B1-B43

Petitioner argues that the PCR court erred in ruling that trial counsel was not ineffective in failing to have a second mental evaluation conducted therefore, Petitioner case should be remained back to the PCR court

Petitioner further argues that if this court agrees with the PCR court that Petitioner has failed to establish prejudice.

Because Petitioner did not produce the results of a second evaluation been sought, the results would have differed from those given by Dr. Crawford in the first evaluation

Petitioner argues that this issue should be remained back to the PCR court, to be fully develop. Because P.C.R. counsel violated his "Petitioner's" **DUE PROCESS**
SEE: Martinez v Ryan 132 S Ct. 1309

Where PCR counsel, David Belding was well aware that Petitioner's mental health records

that was needed to show Petitioner suffered from Paranoid Schizophrenia, which was

needed as part of Petitioner's defense—
to prove that his trial counsel's
was ineffective for not having a
second mental evaluation conducted.
But counsel only had Petitioner's print
out of his medical encounter at his
P.C.R. hearing.

Petitioner also argue that counsel failed
to move for any costs and or expenses for
a medical /mental health expert per.
S.C. Code Ann § 17-3-50 and 17-27-60

Petitioner further argue that PCR
counsel failed to file a timely 59(c)
motion and 15(b) motion as Petitioner
had requested MR. Belding to do so

right after his PCR hearing at the Court-
house. Once Petitioner seen that
counsel did not put in his mental
health records. But counsel disregarded
my request and filed his notice of appeal
Ex C1 - Ex F

Petitioner further argues that its clear
that PCR counsel denied him due
process... which Petitioner could not
have put evidence in the record -
mental health records/facts or raised
the 59(c) motion and 15(b) motion
himself - without the aid of counsel

SEE: S.C.R. Civil P. Rule 11; State v Cabrera
Pena 567 SE2d 472; Foster v State 379 SE2d
907; Miller v State 697 SE2d 527

Also see McKaskle v Wiggins 465 U.S. 168
the Supreme court granted certiorari in
Case v Nebraska 85 S.Ct. 1486 to decide
whether the 14th Amend. requires the States
to afford state prisoners some adequate
corrective process for the hearing and
determination of claims of violations
of federal constitutional guarantees
See Case 85 S.Ct. at 1487 the court
ultimately declined to answer this question
And, as the scope of a state's obligation
to provide collateral review is shrouded
in so much uncertainty SEE: Kyles v
Whitely 498 U.S. 931; Pennsylvania v Finley
107 S.Ct. 1990; Coleman v Thompson 111
S.Ct. 2546 and Al Shabazz v State
527 SE2d 242. But compare Young v

Ragen 69 S Ct. 1073 and Martinez v
Ryan 132 S Ct. 1309. In the second
claim of Martinez, [which Petitioner's
meets], is where appointed counsel in
the initial review collateral proceeding...
in Petitioner's case failed to get
the needed evidence and or witness.
thus, there is unique facts and extraor-
dinary circumstance in this issue for a
New PCR hearing.

ARGUMENT (3)

The PCR court erred in ruling that trial counsel was not ineffective in failing to investigate the matters of the nail file vs. screwdriver

Relevant facts - during the trial

Detra Montgomery "Dee Dee" testified she realized Petitioner was stabbing her SEE App-p 107 L 15 - App-p 108 L 8 and the one who had stabbed her SEE: App-p 126 L 7 - L 11

Ms. Montgomery further testified, she can't remember.... I thought I remembered a screwdriver but I can't be sure SEE: App-p 108 L 25 - App-p 109 - L 10

Sheriff Office Richard Dana Catoe
with the Lexington Co. Sheriff's Dept.

testified that the victim had named
Petitioner as the subject, that stabbed
her with a screwdriver SEE: App.p 160

L 12 - App.p 161 - L 18.

Deanna Richardson "the next door neighbor"
testified that Dee Dee "Detra Montgomery"
told her that, yeah Louis stabbed me
with a screwdriver SEE: App.p 146 L 25 -

App.p 147 - L 3

But goes on to testify to say she don't
know how she knew it was a screwdriver
SEE: App.p 147 L 5 - L 6

Dr. Dion L. Franga testified that
Ms. Montgomery's injuries was life
threatening SEE: App p 199 L 23 - App-p
200-L4 .

Petitioner testified that he did not
have a screwdriver SEE: App-p 316 L 23 -
App-p 318-L10 .

Relevant Facts - during PCR hearing

Petitioner testified upon returning home
he noticed a truck parked at the side of
his house that belonged to a man he had
previously had an altercation with from shooting
his pistol in his yard a week prior to that
And Dee Dee had went over to this apartment

where this guy was at, where she sat on the porch filing her fingernails SEE:

App.p 489 L 10 - App.p 491 - L 7. Petitioner

stated he went over to tell Dee Dee to come home, at which time she embarrassed him by telling the others on the porch Petitioner accused her of cheating on him. And, Petitioner grabbed Dee Dee on the side of the house as she walked away, at which time she pulled out the fingernail file and tried to resist him Petitioner said they got into a scuffle during which she hit him several times and he hit her in return several times.

Petitioner said when the fight was over, he noticed the nail file was bent out of shape, he heard them running, got scared he knew he had a pistol because he had done been shooting in his yard, so he dropped it and ran away to protect himself. Petitioner strongly contended that there was never a screwdriver involved in the altercation, also there was no screwdriver

or nail file was ever produced as the weapon
at trial SEE: App-p 491 L7 - App-p 494 - L11 .

Petitioner further testified that he loved
Dee Dee and he never had any intention
of hurting her during the altercation, but
it all happened "spur of the moment" Petitioner
stated he wanted to go home with Dee Dee
that night and reiterated he had no hatred
for Dee Dee when the incident occurred
Petitioner also testified as he had blanked
out SEE: App-p 498 L9 - App-p 501 - L9 But
after he went to jail he started to
remember what had happen - the medication
helped a little bit

Petitioner further testified that counsel
O'Neil had came down to the holding
cell and told him that he had spoken
with Petitioner's sister and wanted her

to get him to change his mind about saying that happened with her, "Dee Dee", fingernail file. Because the jury is not gonna believe that you, "Petitioner", stabbed Deirdre, "Dee Dee", with a fingernail file SEE: App.p 504 L17 - App.p 506-L3.

On cross-examination Petitioner testified that he had changed his story during his testimony at trial to say he did not remember anything because counsel told to SEE App.p 510.L19 - L23; App.p 517 L13-L19; App.p 517 L25 - App.p 518-L14

Petitioner acknowledged he was under oath to tell the truth when he took the stand at trial and that the testimony he gave

was not the same as what he was testifying to under oath at the PCR hearing. Because it was counsel's trial strategy for him not to mention the nail file because the jury wouldn't believe his nail file story

Regarding Petitioner's trial testimony, Cooper testified Petitioner was never clear with him as to what his story would be on the witness stand, so he discussed his concern in that regard with Petitioner in the holding cell at the courthouse. Cooper noted he did not ever tell Petitioner what to testify to on the stand, to - but he don't think he ever said... I don't recall clearly SEE:

App.p 537 L8 - App.p 538-L5: App.p 544

L 12 - App.p 545 - L9

Cooper also stated that he think that
MR. Gainey did mention a nail file SEE:

App.p 544 L6 - L11.

O'Neil testified thereafter regarding the
pretrial discussions with Petitioner in which
he told Petitioner his fingernail file theory
would probably not be believed by the jury,
But his story was always the same when
he first met with MR. Gainey at the detention
center " he having a nail file and he blacked
out SEE: App.p 552 L1 - App.p 553-L8

O'Neil went on to say he never told
Petitioner what to testify to or not testify

to, nor did he insinuate in any way Petitioner should do anything. O'Neil recalled Petitioner kept his tools under the sink in the kitchen where he had just prior to the incident, so it was not a farfetched theory he committed the stabbing with a screwdriver SEE: App.p 554 L11 - Appp 556
- L24 .

Discussion

Petitioner argues that the PCR court erred in ruling that trial counsel was not ineffective in failing to investigate the matters of the nail file vs screwdriver

Petitioner testified that he had told counsel's that the only thing around

was her nail file. And, even asked
counsel's to ask the doctor to do
the exam so they could see that
it wasn't never a screwdriver,
which would have showed whether
Dee Dee was stabbed with a screwdriver
or stabbed with a fingernail file
(Which a nail file would not be
considered as a weapon)

SEE: App. p 495 LR - L17 ; Williams v
State 410 SE2d 563

DR. Dion L. Franga never testified
that Ms. Montgomery's injuries
came from a screwdriver.

Although, the State's theory it
was a screwdriver because Petitioner

Kept his tools under the sink in the Kitchen where he had just prior to the incident SEE: App.p 554 L11 - App.p 556 - L24.

And, Officer Catoe testified that the victim had named Petitioner as the subject that stabbed her with a screwdriver SEE App.p 160 L12 - App.p 161 - L18 And, that the next door neighbor testified that Ms. Montgomery told her that, yeah Louis stabbed me with a screwdriver SEE: App.p 146 L25 App.p 147 - L3 But she don't know how she knew it was a screwdriver SEE: App.p 147 L5 - L6.

Petitioner also argue that Ms. Montgomery own testimony is inconstant with officer

Catoe's and the next door neighbor that it was a screwdriver. When Ms. Montgomery testified, she can't remember--- She thought she remembered a screwdriver but she couldn't be sure SEE: App.p 108 L25 - App.p 109- L10.

Petitioner strongly argue the only reason the record is completely void of any mention of a nail file. Because it was counsel trial strategy for him not to mention the nail file SEE: 504 L17 - App.p 506- L3; App.p 510 L19- L23
App.p 517 L13- L19; App.p 517 L25 - App.p 518- L14.

Although, trial counsel's denied telling Petitioner to use this strategy Cooper

Couldnt recall clearly SEE: App.p. 537
L8 - App.p 538 - L5: App.p 544 L12 - App.p
545 - L9. But also stated that he
think that Mr. Gainex did mention a
nail file SEE: App.p 544 L6 - L11.

And, counsel O'Neil also testified
that when he first met with Mr. Gainex
his story was always the same - he having
a nail file SEE: App.p 552 L1 - App.p 553
- L8.

But still counsel failed to investigate
the matters of the nail file vs screwdriver
And even admitted he did not call
Dr. Franga - the surgeon ahead of time
to question him on these matters SEE: App.p
538 L6 - App.p 539 - L3 And, even failed
to cross Dr Franga on this issue.

Or hire his own surgeon per 17-3-50
and or 17-27-60. When Petitioner
even asked them to do so SEE: App.p
495 L2 - L17.

Petitioner argues that an attorney has
a DUTY to conduct reasonable investigations
which they failed to do so in his case
SEE: Ard v Cotoe 642 SE2d 590;
Pelzer v State 672 SE2d 790; Faretta v
California 422 U.S. 806; Strickland v
Washington 466 U.S. 668.

Petitioner argue that the PCR court erred
in ruling that trial counsel was not ineffective
in failing to investigate the matters of the
nail file vs. Screwdriver. Thereby this issue
should be remained back to the PCR court.

Petitioner further argue that if this agrees that Petitioner did not produce the testimony of his own Dr. / surgeon at his PCR hearing.

Petitioner argues that this issue should be remained back to the PCR court, to be fully develop, where P.C.R counsel as an officer of the Court was fully aware Petitioner needed his own Dr / surgeon to testify on his behalf, but PCR counsel failed to make for any costs / expenses per 17-3-50 and or 17-27-60

SEE: Martinez v Ryan 132 S Ct. 1309

thus, Petitioner issue / case should be remained back to the P.C.R court

ARGUMENT (4)

The PCR court erred in ruling that trial counsel was not ineffective in failing to object to the judge's instruction to the jury which permitted the jury to infer malice from the use of a deadly weapon in order to convict him of assault and battery with intent to kill

Relevant facts produced during the trial

Counsel Cooper agreed to what the Charge(s) to the jury would be SEE:
App.p 338 L8 - App.p 339 - L14 -

The jury sent a note asking the trial judge to re-charge the malice instruction
SEE: App.p 385 L16 - App.p 394 - L15

Relevant facts produced during PCR hearing

Counsel Cooper testified that he objected to the malice instruction and the jury being re-charged on malice SEE: App.p 533 L23 - App.p 535 - L5.

Discussion

Petitioner argues that clearly lied during Petitioner PCR hearing by testifying that he objected to the malice instruction and the jury being re-charged on malice SEE: App.p 338 L8 - App.p 339 - L14; App.p 385 L16 - App.p 394 - L15; App.p 533 L23 - App.p 535 - L5.

Here, Petitioner argues that counsel's O'Neil request is not an object. Besize, he only wanted to add to it SEE: App.p 385 L16 - App.p 387-L24.

Moreover, Petitioner argues that this brings into question counsel Cooper credibility. to testify that he objected to the malice instruction and the jury being re-charged on malice. Thus

Petitioner adopt his Appellate Defender's argument as his own, and debatin re-argue it as its set out in MS.

Hackett Johnson petition for writ of certiorari

CONCLUSION

Based on the foregoing arguments counsel's Susan B. Hackett motion to be relieve as Petitioner's counsel should be denied. And, ordered to fully brief her issue and Petitioner's arguments upon his pro-se brief. Petitioner further argue that his case should be remanded for a new PCR hearing and or trial.

Date. 3/24/14

Respectfully submitted
s/ Jim Garry

STATE OF SOUTH CAROLINA
IN THE SUPREME COURT

Certiorari to Richland Co. & Thomas Cooper, Cir. & Judge

Louis Gainey

Petitioner

vs

State of South Carolina

Respondent

DESIGNATION OF MATTER
TO BE INCLUDED IN THE RECORD ON APPEAL

Petitioner proposes the following be included in the record on appeal.

- (1) Initial treatment plan, "Dept. of veterans affairs",
for mental health, cover letter, dated Feb 5, 2014
MAR 12, 2014,
1-6 pages and env. showing the date Petitioner
1-43 received this info

I certify that this designation contains no matter which is irrelevant to this appeal

3/24/14

Louis Gainey

Louis Gainey #185519

MCCT/F-1

386 Redemption Way

McCormick, SC 29899

PROOF OF SERVICE

I, LOUIS CAIN certify that I have
Served my pro-se brief upon the below
Hon. Clerk of Ct. By placing the above said into
the McCarr. Inst. mail room on this 24 day of
3/24/14 to be placed in the U.S. mail with
postage prepaid

Supreme Ct. of S.C.
Clerk of Ct. Daniel Shearouse
P.O. BOX 11330
Columbia SC 29211

SWORN to before me
this 24 day of MARCH 2014

Franklin
Notary Public

my Commission Expires
12-16-2019

cc: Personal file

5/20/14

County of McCormick

I, LOUIS GAINEY, being duly sworn upon my oath, depose and say that I have subscribed to the foregoing application; that I know the contents thereof; that it includes every ground known to me for vacating, setting aside or correcting the conviction and sentence attacked in this application; and that the matters and allegations therein set forth are true.

Louis Gailey
Applicant

RICHLAND COUNTY
CLERK OF COURT
2013 OCT 29 PM 2:27
JAMES H. KILPATRICK
CLERK OF COURT

SWORN to and subscribed before me this 24
day of OCT, 19 2013
Franklin (L.S.)
Notary Public

My Commission Expires: 12-16-2019

APPLICATION TO PROCEED WITHOUT PREPAYMENT
OF COSTS AND AFFIDAVIT
IN SUPPORT THEREOF

I, LOUIS GAINEY, hereby apply for leave to proceed in this action without prepayment of fees or costs or security therefor. In support of my application I declare under penalty of perjury that the following facts are true:

- (1) I am the applicant in this action and I believe I am entitled to redress.
- (2) Because of my poverty I am unable to pay the costs of said proceeding or give security therefor.

Louis Gailey
Applicant

SWORN or affirmed to and subscribed before me this
24 day of OCT, 19 2013

Franklin
Notary Public

My Commission Expires 12-16-2019

A'

**DEPARTMENT OF
VETERANS AFFAIRS**

**Williams Jennings Bryan Dorn VA Medical Cent
6439 Garners Ferry Road
Mail Stop: 136D
Columbia, SC 29209-1639 (803) 776-4000, 7734**

**DATE: 2/5/2014
In Reply Refer To: 136D
SSN: 1515**

**MCCORMICK CORRECTIONS
386 REDEMPTION WAY
MC CORMICK, SC 29899**

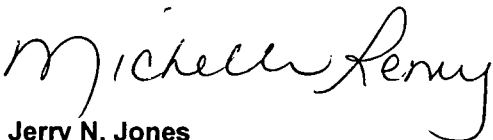
RE: ROI Plus Request for LOUIS GAINEY

Dear MCCORMICK CORRECTIONS:

This individually identifiable information is privileged. Its confidentiality should be maintained along with appropriate security safeguards to protect against individual harm (identity theft), embarrassment, or inconvenience.

Enclosed is a complete copy of the above Veteran's mental health records.

Sincerely,



**Jerry N. Jones
Acting Supervisor, Release of Information**

Progress Notes

Printed On Feb 05, 2014

A²

LOCAL TITLE: MH INITIAL TREATMENT PLAN
STANDARD TITLE: MENTAL HEALTH TREATMENT PLAN NOTE
DATE OF NOTE: DEC 13, 2006@11:28 ENTRY DATE: DEC 13, 2006@11:28:19
AUTHOR: WOODS, LAQUINAS EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** MH INITIAL TREATMENT PLAN Has ADDENDA ***

Date of initial Treatment Plan: 12/13/2006

- [A] Psychiatric Diagnosis: Depression, NOS
- [B] General Medical Conditions that affect Mental Health will be reviewed by the assigned team.
- [C] Medical problems are being followed by: SARBAH, CATHERINE C
- [D] Patient's Strengths
- | | |
|---|--|
| ☐ Physical health | ☐ Community Support |
| ☐ Capacity for empathy | ☐ Access to Transportation |
| ☐ Impulse control | ☐ Frustration Tolerance |
| ☐ Intelligence | ☐ Financial Stability |
| ☒ Judgment | ☐ Insight |
| ☒ Social Skills | ☒ Communication Skills |
| ☐ Spiritual Beliefs | ☒ Vocational Background |
| ☐ Educational Background | ☐ Capacity for Stable Relationships |

[E] Interdisciplinary Treatment Plan

Problems: Severity (1-10 with 10=severe)

- | | |
|----------------------------|---|
| 1) Depression | 8 |
| 2) Isolation | 8 |
| 3) Auditory hallucinations | 5 |
| 4) Compliance | 7 |

Goals: Target Date for Achieving Goal

1) Veteran will engage in at least two social activities per month to decrease isolation by June 2007.

2) Veteran will report on a scale of 1-10 (with 10 being feeling very good) at least an eight by June 2007.

3) Veteran will administer medications as Rx by RN, NP, MD to decrease hallucinations by June 2007.

Interventions: Assigned Staff
(MD, PHD, NP, RN, APRN, SW, Other)

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

GAINNEY, LOUIS
RICHLAND ST
COLUMBIA, SOUTH CAROLINA 29201

VISTA Electronic Medical Documentation

Printed at COLUMBIA, SC VAMC

Progress Notes

Printed On Feb 05, 2014

- | | |
|-------------------------------------|------------|
| 1) Medication management/monitoring | MD, NP, RN |
| 2) Case Management | SW |
| 3) Individual therapy | SW, PhD |

Medications:

Computer is the source for the following medication list:

ACETAMINOPHEN 500MG TAB Sig: TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY AS NEEDED FOR PAIN OR FEVER MAY ALTERNATE WITH IBUPROFEN
LEVALBUTEROL TART 59MCG 200D ORAL INHL Sig: INHALE TWO PUFFS BY (ORAL INHALATION) TWICE A DAY AS NEEDED -SUBSTITUTED FOR ALBUTEROL INHALER
IBUPROFEN 800MG TAB Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED WITH FOOD FOR PAIN

This treatment plan will be discussed with the patient for his/her concurrence/non concurrence by the assigned team's staff member(s).

TREATMENT PLAN REVIEW: 6 months

Treatment Plan Review Dates: June 2007

Patient requests mental health follow up at:

- ☒ Dorn
- ☐ GOPC
- ☐ CBOC Florence
- ☐ CBOC Orangeburg
- ☐ CBOC Sumter
- ☐ CBOC Rock Hill

/es/ LAQUINAS WOODS

LMSW

Signed: 12/13/2006 11:43

Receipt Acknowledged By:

12/14/2006 08:32 /es/ TEMPIE M EVANS
CNS/APRN

12/15/2006 09:31 /es/ MARY L MAXWELL
MSW/LCSW

12/15/2006 ADDENDUM

STATUS: COMPLETED

This veteran is being assigned to the Burch/Johnson treatment team on 12/15/06 for mental health followup.

/es/ MARY L MAXWELL

MSW/LCSW

Signed: 12/15/2006 09:33

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GAINNEY, LOUIS
RICHLAND ST

COLUMBIA, SOUTH CAROLINA 29201

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Progress Notes

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Receipt Acknowledged By:

12/21/2006 08:47 /es/ Earl Burch, MD
Staff Psychiatrist
12/21/2006 16:12 /es/ Preston H. Johnson, LMSW
SOCIAL WORKER
12/15/2006 11:37 /es/ Margaret M. Grant, MN, APRN, BC
MHSL Nurse Practitioner/ CNS//

12/27/2006 ADDENDUM

STATUS: COMPLETED

Per Dr. Burch, the patient has been scheduled a new appointment with the Burch clinic on 9/18/07 @ 1300. Letter to be mailed to patient. *GOT LOCK-UP ON 3-27-07*

/es/ Belton D Caughman, LISW-CP
Licensed Clinical Social Worker
Signed: 12/27/2006 09:06

Receipt Acknowledged By:

12/27/2006 10:04 /es/ MARY L MAXWELL
MSW/LCSW

LOCAL TITLE: MH TRIAGE INTAKE ASSESSMENT

STANDARD TITLE: MENTAL HEALTH INITIAL EVALUATION NOTE

DATE OF NOTE: DEC 13, 2006@10:52 ENTRY DATE: DEC 13, 2006@10:52:24

AUTHOR: WOODS, LAQUINAS

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Triage Mental Health Intake Assessment

I. Date evaluated: 12/13/2006

Last visit to PCC: 10/12/2006

Last visit to Mental Health: 11/09/2006

Last psych hospitalization: N/A Location: Diagnosis: Depression w/ psychosis

II. Patient's stated chief complaint (describe): Veteran stated he is hearing voices of his deceased son. Veteran stated no one, even his family believe he is hearing these voices. Veteran stated he is not living in a stable residence at 302 South Bull Street, Columbia, SC 29205. He reported continuing to work full-time as a janitor at Midlands Technical College. He stated he is usually a loner and minimal to no association with people, including family. He stated he has seen institutionalized before several years ago. He stated he was in the SWT program, but could not make appointments and was removed from the program. Veteran appears to be an unreliable historian. He has a hx of non-compliance with treatment. Veteran stated he is willing to wait for an appointment in the mail vs. seeing NP today.

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RICHLAND ST

COLUMBIA, SOUTH CAROLINA 29201

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III. Presenting problem (check all that apply)
[] cultural issues affecting symptoms or treatment [] yes [] no
If yes, explain:
[] anxiety [] panic attacks [] PTSD
[x] depression [] recent [x] recurrent
[x] insomnia
[x] psychosis [x] hallucinations-auditory, reported hearing voices at times
telling him "There he is" Non-commanding voices and non-persecutory [] delusions
[] bizarre behavior
[x] substance use -hx of substances used: etoh Last used: two months
prior
[] age-related changes [] cognitive [] behavioral
[] difficulty coping with illness
[] psychosocial stressors: [] homelessness [x] financial distress []
placement [] job [] school [] marital discord
[] relationship issues
[] spiritual [] legal
[] suicidal/homicidal ideation
Any barriers to learning, such as problems with reading, writing,
eyesight or hearing [] yes [x] no
If yes, explain:
[] inability to control anger
[] other:

IV. History of physical or sexual abuse yes [x] no If yes, explain:
Perpetrator of physical or sexual abuse [] yes [x] no If yes, explain:
Sexual orientation: heterosexual

V. Appearance: Dress/Grooming: [x] neat [x] clean [] unkempt
[] unwashed [] disheveled
Eye Contact: [x] good [] fair [] poor
Kinetics: [x] normal [] increased [] decreased
Verbalization: [] normal [] increased [] decreased [x] slow
[] hesitant [] rapid [] slurred [] pressured
Mood/Affect: [] appropriate [x] sad [] depressed [] tearful
[] anxious [] suspicious [] irritable [] agitated
[] cheerful [] euphoric [] labile
Sensorium: Alertness: [x] normal [] increased [] decreased
Orientation: [x] time [x] place [x] person [x] situation
Concentration: [x] good [] fair [] poor
Memory: Recent: [] good [x] fair [] poor
Remote: [] good [x] fair [] poor

Suicidal/homicidal ideation with plan: [] yes [x] no
Suicidal/homicidal ideation without plan: [] yes [x] no

VI. Assessment
[] Patient was too incapacitated or unreliable to complete entire

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RICHLAND ST

COLUMBIA, SOUTH CAROLINA 29201

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Progress Notes

Printed On Feb 05, 2014

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assessment.

- ☐ Requires further assessment by triage APRN/MD
- ☒ Appropriate for outpatient treatment
- ☐ Immediate threat to self or others
- ☐ Less restrictive interventions have been unsuccessful
- ☐ Impairment is such that veteran cannot function in usual environment
- ☐ Requires detox or skilled observation in a therapeutic environment
- ☒ Other: Veteran has requested appointment with RN, NP prior to psychiatrist appointment for auditory hallucinations. He stated he is capable of waiting for an appointment. He was not interested in seeing a NP today.

VII. Provisional diagnosis:

GAF:55 Last GAF Score: 49 on SEP 20, 2006 by EVANS, ELIZABETH L

VIII. Plan

- ☐ Name of provider (APRN/MD) that will see patient today:
- ☒ MD appointment to be scheduled and mailed to veteran.
- ☐ Veteran also referred to:
- ☐ Psychiatrically stable-referred back to Urgent Care/PCC provider-re-consult, prn
- ☐ Admitted for inpatient treatment at: ☐ Dorn ☐ Bryan ☐ Other:
- ☐ Pain referral to Primary Provider via additional signer link.
- ☐ Consult sent to Primary Provider to pain management
- ☐ Patient sent to Urgent Care for acute or intolerable pain management

IX. Patient requests mental health follow up at

- ☒ Dorn
- ☐ GOPC
- ☐ CBOC Anderson
- ☐ CBOC Florence
- ☐ CBOC Orangeburg
- ☐ CBOC Sumter
- ☐ CBOC Rock Hill

X. Patient educated about the following:

- ☒ Plan of Care/illness & condition
- ☐ Medications
- ☐ Pain Management
- ☐ Tests/procedures
- ☒ Basic health practices (smoking, exercise, alcohol use, diet, immunizations, etc.)
- ☐ Other (specify):

Education Summary & Comments: Veteran was educated about the mental health

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

GATNEY, LOUIS
RICHLAND ST

COLUMBIA, SOUTH CAROLINA 29201

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process and team assignments.

Recipient of education: ☒Patient ☐Family/caregiver ☐Other

Teaching method: ☒Verbal ☐Demonstration/doing ☐Printed material
☐Audiovisual

Outcome: ☒Verbalizes understanding ☐Needs reinforcement
☐Able to demonstrate

/es/ LAQUINAS WOODS

LMSW

Signed: 12/13/2006 11:28

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

GAINNEY, LOUIS
RICHLAND ST

COLUMBIA, SOUTH CAROLINA 29201

VISTA Electronic Medical Documentation

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EX-103-01-343

**DEPARTMENT OF
VETERANS AFFAIRS**

Williams Jennings Bryan Dorn VA Medical Cent
6439 Garners Ferry Road
Mail Stop: 136D
Columbia, SC 29209-1639 (803) 776-4000, 7734

DATE: 3/12/2014
In Reply Refer To: 136D
SSN: 1515

**LOUIS GAINEY
RICHLAND ST**

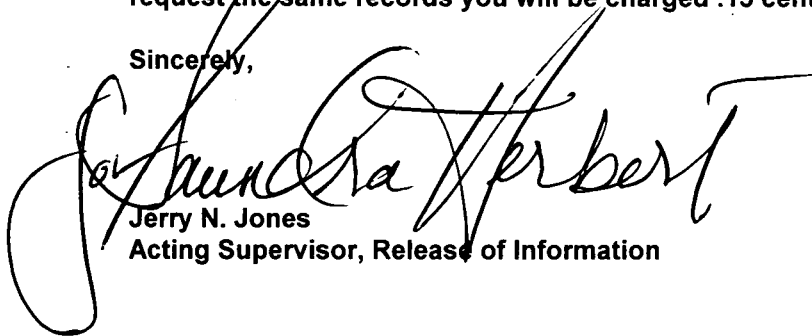
COLUMBIA, SC 29201

RE: ROI Plus Request for LOUIS GAINEY

Dear MR GAINEY:

Per your request, your "ONE TIME FREE COPY" of hardcopy records dated 1988 and 1989 are provided. Please safeguard these records because if you attempt to request the same records you will be charged .15 cents per page.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read "Jerry N. Jones".

**Jerry N. Jones
Acting Supervisor, Release of Information**

PR 180
QRSD 83
QT 353
QTC 337

(NSR) . NORMAL SINUS RHYTHM, RATE 55.
(SQT) . QT INTERVAL SHORT FOR RATE
(NVERP) . PROBABLE EARLY REPOLARIZATION PATTERN.
-OTHERWISE NORMAL ECG-

NORMAL P AXIS. PR. RATE & RHYTHM
QTC < 360 MSEC
ST ELEVATION. AGE 16 - 55

AXIS:

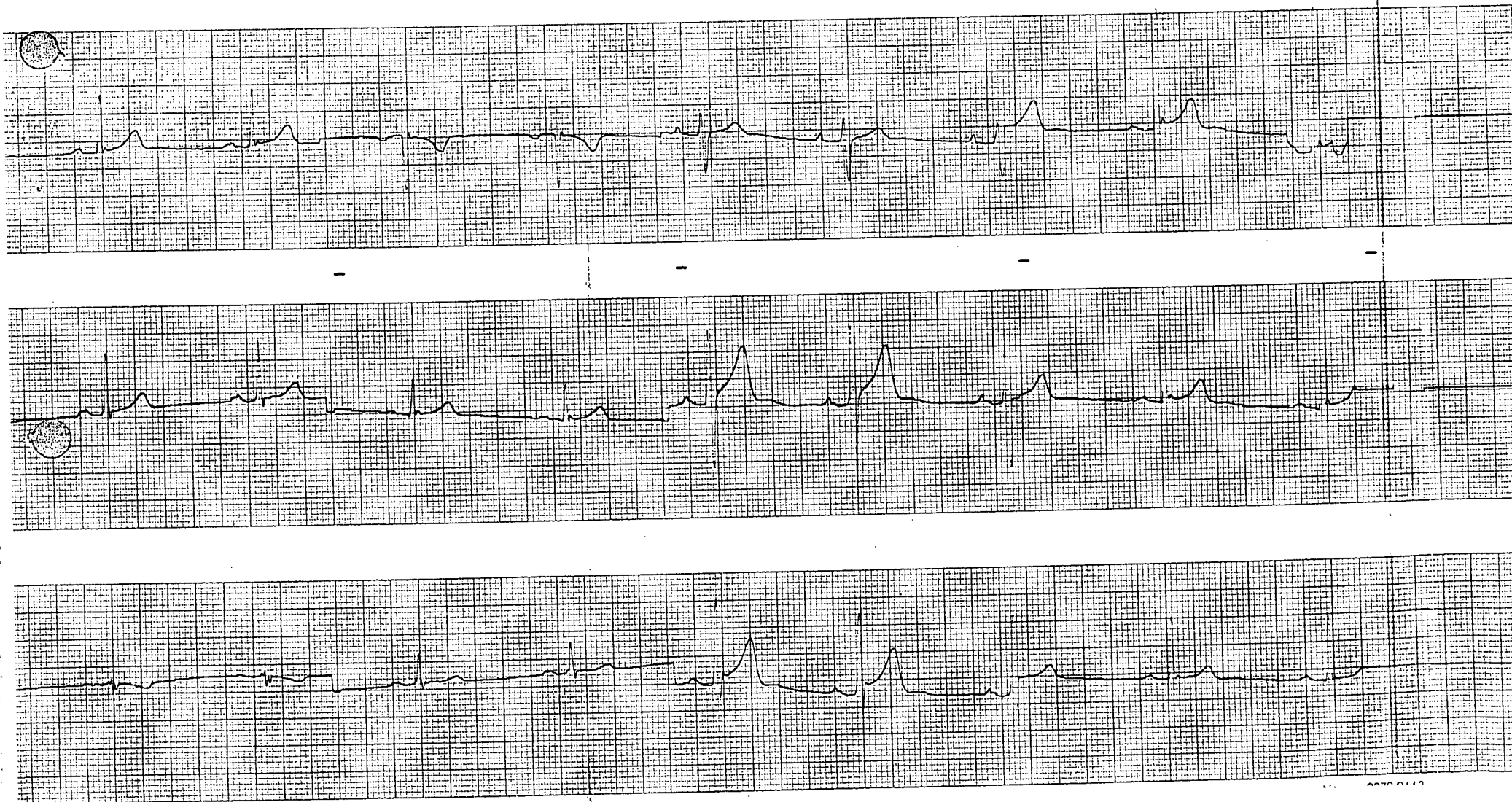
P 41
I:40 36
QRS 26
T:40 17
ST 9
T 13

18-B4

U.A. HOSPITAL - COLUMBIA, S.C.--PSYCHIATRY SERVICE

ALBERTO SAENZ, MD

B2



VETERANS ADMINISTRATION MEDICAL CERTIFICATE

D 6
S 6

1. DATE 2/4/89	2. TIME 10 A.M.	3. AGE 36	4. SEX ☒ M ☐ F	5. ON ARRIVAL VETERAN WAS ☒ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR
-------------------	--------------------	--------------	--	--

NURSING ASSESSMENT: "Doing Drugs" - I'm suicidal -

6 HISTORY (Subj.): on Cocaine & Wristcut

7. ALLERGIES: 6

8. CURRENT MEDS:

9. OBJECTIVE: G/M - MAD on arrival

DISTANT VISION	OD	OS	A. HEIGHT 5-11 1/2	B. WEIGHT 179.8	C. TEMP 96	D. PULSE 61	E. RESPIRATION 20	F. BLOOD PRESSURE 110/66
----------------	----	----	-----------------------	--------------------	---------------	----------------	----------------------	-----------------------------

10. LABS/TX:
11. ASSESSMENT: Inmate Coker

12. TRIAGE RATING

13. HISTORY and PHYSICAL Important: History and physical findings must be recorded in sufficient details to support the diagnosis. Time of exam.

PT accepted by Dr Riddle for admission to unit 32 for suicidal attempt. He is currently 5 C/O - Last drink was 1 beer yesterday - He took 4 wristcut, Cocaine & crack

PE - lungs clear
w/ RR 20/min

Adx3, Neuro intact - Non-tremulous -

14. (Imprint from patient data card or type/print name, claim no., social security no., name and address of treating station.)

GAINES, LOUIS
LARICK CR
COLUMBIA
SC 29203
MH 092956 544

2 3 89

15. CIRCLE STUDIES REQUESTED

CBC URINALYSIS
SMA 18 12 6 4
CXR ECO
OTHER

not indicated

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders. Date and time for instituting and discontinuing the orders must be recorded.

DATE AND TIME	PROB. NO.	ORDERS (Another brand, equal in quality, of the same basic drug may be dispensed, UNLESS checked.)	✓	NURSE'S SIGNATURE
2-4-89		Admit to 32		✓ Jy
11pm		SIP		✓ S
		E status		✓ S
		Cocaine abuse, Adjustment D/O w/ depressed mood		✓ S
		Regular diet		✓ S
		CBC SMA, Thyroid function tests		✓ S
		Urine Drug Screen and UA		✓ 9543
		EKG in AM		✓ S
		Thiamine 100 mg IM tonight then		✓ S
		thiamine 100 mg IM daily x 2		✓ S
		meds: Tylenol ii q 4° prn pain		✓ S
		mom 30 cc q 12° prn emetition		✓ S
		mylanta 30cc q 4° prn indigestion		✓ S
		Serax 15 mgm q 4° prn withdrawal		✓ S
		Multivitamine i q AM		✓ S
		Telephone order / Dr. Riddle		✓ Jide
		pr P. Jones RN		✓ Jones W
		James T. Riddle MD		

PS-2/9/89

Copy sent

Enter in space below: PATIENT IDENTIFICATION - TREATING FACILITY - WARD NO. - DATE

GAINES, LOUIS
LARICK CR
COLUMBIA

03
079
SC 29203

020359

NKA

NH 092956 544

MEDICAL RECORD

DOCTOR'S ORDERS

EXISTING STOCK OF
VA FORM 10-1158, MAY 1973
AND VA FORM 10-1158c, NOV 1972,
WILL BE USED.

VA FORM 10-1158
OCT 1975

5 7

3 4

IMPORTANT: CHECK APPROPRIATE BOX:

☐ INITIAL☐ CHANGE TO TREATMENT PLAN

INSTRUCTIONS: Following an assessment of the patient's problems, the initial treatment plan will be documented on this form. This plan will specify the overall diagnostic and therapeutic activities that will be undertaken in regard to each of the patient's problems and the specific staff members responsible for carrying out these activities. Specific mention will be made of plans for specialized rehabilitation services, patient education, discharge, and followup. Revisions of the treatment plan will be made on this form, if appropriate, or on additional copies of this form. (VAF 10-0043a will be used - Service Treatment Plan, if needed.)

PSYCHIATRY INPATIENT TREATMENT PLAN

Physician Responsible _____

INITIAL TREATMENT PLAN (within 72 hours)

Date _____

Goals from Assessment	Objective toward Goal	Date Expected	Treatment/Service	Staff Responsible	Frequency

SIGNATURE/TITLE

MASTER TREATMENT PLAN (after 10 days)

Date 2/13/89

Goals from Assessment	Objective toward Goal	Date Expected	Treatment/Service	Staff Responsible	Frequency
Decrease in Hearing VOICES	Stabilization on Medications		Psychiatry	Dr. Farnsworth	Daily
Sobriety & Remain Drug Free	DTU PROGRAM		DTU	Dr. Fishburne	Daily
More Psychosocial DATA	NO PASSIES		NURSING	Jenkins / Staff	Daily
	FAMILY CONFERENCE		SOCIAL WORK	P. Robertson W. JONES	2/14/89
	Strengths: Physically Healthy Mother seems supportive				

CRITERIA FOR DISCHARGE: Transfer to DTU or DICPATIENT PARTICIPATION: YES NO * Louis Rainey, Jr IIISIGNATURE/TITLE: Dale H. Roberson, ACSW Henry E. Long, MSW/Intern Shannel L. Holme
Re. S. Anderson Sandra D. Doherty, P.D. Donna M. Minnow, MS3 Richard L. Johnson

SIGNATURE/TITLE-PRACTITIONER

SIGNATURE/INITIAL OF APPROVING PHYSICIAN

DATE

Enter in space below - PATIENT IDENTIFICATION - Treating Facility - Ward No. 03

Date 02-03-89RAINEY, LOUIS
LARICK CR
COLUMBIA079
SC 29203

MH 092956 544

MEDICAL RECORD
OVERALL TREATMENT
PLANCOPI 116-1 (544) SUPERSEDES OP 84
NOV 1984 WHICH WILL NOT
VA FORM 10-0043 BE USED
MAY 1983

*U.S. Government Printing Office: 1985-481-000/33374

TREATMENT PLAN REVIEW (less than 30 days)

Date 2-21-89

Goals from Assessment	Objective Toward Goal	Date Expected	Treatment/Service	Staff Responsible	Frequency
	Decreasing Isolated to increase contact Continue ATU program If not accepted in Inpatient ATU, by 2/24/89 Confer with Dr. Harvey for half-way house placement until ATU acceptance can be arranged. Family conference completed		Psychiatry	Dr. Devedo Freeman	Daily

SIGNATURE/TITLE

Barbara L. Latta, R.N.
David M. Morrow MS3
G. J. [illegible]
Harold S. Holmes, RN

AFTERCARE PLAN

(Treatment Plan Review less than 90 days) Date

Goals from Assessment	Objective Toward Goal	Date Expected	Treatment/Service	Staff Responsible	Frequency

SIGNATURE/TITLE

Richland Memorial Hospital

ROOM RECORD

FIVE RICHLAND MEDICAL
COLUMBIA, S.C. 2

UNIT RECORD	DATE	TIME	BIRTH DATE	AGE	MOTHER'S MAIDEN NAME	SEX	MAR	RACE	PRE REG #	PATIENT
00-03-00-37-3	02/04/89	17:46	09/29/56	32Y	JOHNSON	M	M	B		1846
NAME, ADDRESS			MIDDLE NAME, PHONE, SOC. SEC.			FINANCIAL DATA			ADM. BY	
GATNEY, LOUIS			(803) 786-7			SELF INSTALL			LAH	
LATIMER MANOR						REGULAR PHYSICIAN			REQUESTED PHYSICIAN	
COLUMBIA SC 29203						NO REFERRAL			EMS	
RESPONSIBLE PARTY			PHONE			MODE OF ARRIVAL:				
GATNEY, LOUIS			(803) 786			☐ AMBULANCE ☐ AUTO ☐ HELICOPTER ☐ OTH				
LATIMER MANOR						VALUABLES:			WHERE?	
COLUMBIA SC 29203						☐ YES ☐ NO				
						BELONGINGS:			OTHER	
						☒ HOME ☐ WITH PATIENT				

CHIEF COMPLAINT				HEADACHE X 20YS/NEEDS TO SEE MHC				TETANUS ☐		HYPERTET ☐	
PRE-HOSPITAL CARE				☐ SEE AMBULANCE REPORT ☐ SEE NURSE'S NOTES ☐ EMERGENT ☐ URGENT ☐ NON-URGENT				ALLERGIES		NURSE'S SIGNATURE	
VITAL SIGNS				TEMP. 96 ☐ ORAL ☐ RECTAL PULSE 63 RESP. 18 BLOOD PRESS. 110/70				PT. Denies		TIME TO TREATMENT	
HISTORY & PHYSICAL										TIME OUT	

32yo BM who complains of suicide attempt this am with 10 cocaine and crack & Vicodin (4 tablets). He says he has had anhedonia, insomnia and sad mood. He reports crying spells + feelings of hopelessness.

M.S.E: Sad, w/ movement flat, sad affect. Seems depressed. $\oplus$ suicidal ideation.

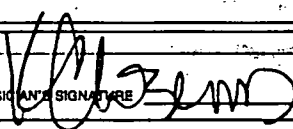
It is a veteran + I contacted Dr. Kiddle, 252 6063 for transfer to VA. VA accepts pt.

DIAGNOSIS: Depression / Drug Abuse

TREATMENT: Admit to VAH

DISPOSITION: TO VA

INSTRUCTIONS TO PATIENT:

PATIENT INSTRUCTION FORM #		GIVEN AT DISCHARGE		PATIENT'S SIGNATURE	
CONDITION OF DISCHARGE:		ADMISSION ROOM		PHYSICIAN'S SIGNATURE	
☐ SAME ☐ IMPROVED					
OTHER					

CHART



Veterans Administration

PRN AND ONE-TIME MEDICATION RECORD

MONTH:

Feb.

YEAR:

1989

START DATE	STOP DATE	MEDICATIONS DOSE/ROUTE/FREQUENCY	START DATE	STOP DATE	MEDICATIONS DOSE/ROUTE/FREQUENCY	START DATE	STOP DATE	MEDICATIONS DOSE/ROUTE/FREQUENCY
2/4	2/7	Serax 15mg 940 PRN	2/4	2/17	Tylenol #1 940 PRN	2/6	2/17	Haldol 2mg po or 1mg q4h PRN HALLUCINATION
2/4	2/17	Mom 30cc 9120 chloripate	2/5	2/17	Thorazine 50mg po q4h 940 PRN	2/6	2/17	Tylenol 325mg 11 PO q4-6 PRN Pain
2/4	2/17	mylanta 30cc 940 PRN	2/5	2/17	Cogentin 1mg q4h PRN EPS	2/6	2/17	Dimetapp PO q120 PRN Congestion

DATE	TIME	MEDICATION/DOSE/ROUTE	INIT.	REASON	RESULTS	TIME	INITIALS
2/4/89	10:20	Serax 15mg po	LBB	↓ anxiety	eff	11:20	LBB
2/5/89	6:00	Thorazine 50mg po (conc.)	DR	↓ % A/hallucinations	mod eff.	7:30	DR
2/6/89	9:15	Thorazine 50mg po	DR	↓ % A/hallucinations	eff	11P	DR
2/6/89	7:00	Thorazine 50mg po	DR	↓ and hallucinations	minimally effective	11:15	DR
2/6/89	11:25	Haldol conc 2mg po	PCD	↓ hallucination	continues to hear voices	5:25	PCD
2/6/89	3:25	Haldol conc 2mg po	PCD	↓ % hallucinations	no further comp	6:00	PCD
2/7/89	5:15	Haldol 2mg tab po	DR	↓ % hallucinations	no further comp	10:30	DR
2/8/89	9:00	Cogentin 1mg po	DR	↓ EPS	eff	11P	DR
2/9/89	12:20	Haldol 2mg po	PCD	↓ % hallucinations	no further comp	1:50	PCD
2/10/89	8:45	Haldol 2mg po	PCD	↓ % hallucinations	no further comp	3:10	PCD
2/10/89	10:15	Dimetapp 1 tab po	LBB	↓ congestion	mod eff.	3:20	LBB
2/11	12:15	Dimetapp 1 tab po	DR	↓ congestion	mod eff.	3:20	DR

ADDRESSOGRAPH KEY, LOUIS 3 LARICK CR COLUMBIA SC 29203 RR 092956 544 5 7		02 03 89 INJECTION SITES Indicate Right (R) or Left (L) 1. DELTOID 2. ABDOMEN 3. ILIAC CREST 4. GLUTEAL 5. T HIGH	SIGNATURE/TITLE Linda A. Jones RN Donna B. Johnson Donna B. Johnson William P. Jenkins, M James M. Jenkins, M Robert L. Wright, M Thomas L. Holmes, M Paula Collins, M	INIT. S DR DR DR DR DR DR DR	ALLERGIES
--	--	--	--	--	-----------

Veterans Administration			CONTINUING MEDICATION RECORD														MONTH:	YEAR: 1989
ORIG. ORD. DATE	START DATE	STOP DATE	MEDICATIONS DOSE/ROUTE/FREQUENCY	ADMIN. TIMES:	4	5	6	7	8	9	10	11	12	13	14	15	16	17
2/4	2/4	2/4	Thiamine 100mg Im Twynt	11P/8	11P-8P													
2/4	2/5	2/6	Thiamine 100mg Im daily x 2d	11P/8	did 2/5/89 you													
2/4	2/5	2/17	Multivitamins 11P/8	8P	Discontinued 2/6/89													
2/6	2/6	2/17	HALDOL CONCENTRATE 2mg BID	8P	Doseage increased 2/17/89													
2/6	2/17	2/17	VITAMIN to THERAPEUTIC MULTIVITAMIN + CD 8P	8P	PCO P. 8P low low low low													

ADDRESSOGRAPH	INJECTION SITES	SIGNATURE/TITLE	INIT.	ALLERGIES
ARNEY, LOUIS LARICK CR COLUMBIA SC 29203 HH 092956 544 5 7	INDICATE RIGHT (R) OR LEFT (L) 1. DELTOID 2. ABDOMEN 3. ILIAC CREST 4. GLUTEAL 5. THIGH	Linda A. Jones Laura B. English RN John B. English RN Paula Davis RN Jean M. Zinkab RN Dorothy Jefferson RN	S LK LBW PCO 8P 8P	VKA

CLINICAL RECORD

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
2/4/89	11:30	P	36 yr old vet admitted Amb accompanied to unit 32 by Hays Police - He was Transf from RMH after tonight suicidal gesture IV cocaine vial crack + beer this morning - He denies suicidal thoughts + said his problem is drugs + he desires admission to ATU - NKA He denies hallucinations denies delusions denies grand for recent suicide + prot - A-Platation - thought process as related to suicidal gesture - P- E Status SIP - brief mention to Unit - (Song + Sand which) served pt complaint of feeling hungry - Lullaby
2/5/89	12/6	P	8:40 - Vet up Times One and slept. Thomas Rawls WA
2/5/89	3:30	P	9:10 Vet. Cooperative on Unit Complaint w/ wound rashes Cold symptoms. Vet. says he is now a mental patient + that he came to the hospital in hopes of going to the Alcohol + drug treatment unit. He has identified drug Abuse Cocaine as his problem. Paula G. G. G. G.

PATIENT'S IDENTIFICATION

(For typed or written entries give: Name—last, first, middle; grade; date: hospital or medical facility)

GAINY, LOUIS
LARICK CR
COLUMBIA079
SC 29203

HH 092956 544

5 7

REGISTER NO.

WARD NO.

NURSING NOTES

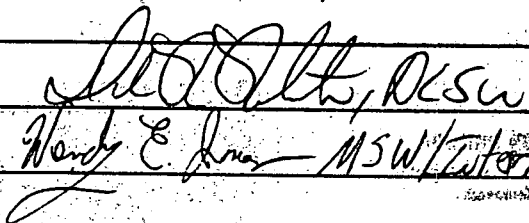
Standard Form 510

General Services Administration and
Interagency Committee on Medical Records
EIRMA (41 CFR) 201.45.504 - October 1975
510-110

MULTIDISCIPLINARY NOTES

UNIT 32
PSY
VANC COL

(Sign all notes)

Gaiway, Louis		251-02-1515	32	Shl.
(Patient's Name)		(Social Security No.)	(Ward)	(Service)
DATE	MEDICAL RECORD PROGRESS NOTES	All notes must have signature and title of person making entry.		VA FORM 10-5341 DEC 1978
2-17-89	Social Work Note. Spoke to Pts' mother, Mrs Gaiway via phone. Mrs Gaiway agreed to come in for a family conference on 2-14-89 @ 3:30 p.m. Mrs Gaiway states Pt has been "disgusting to me" and "I've done all I can do." He has to want to help himself  Wendy E. Jones - MSW/Interv.			



Veterans Administration

MEDICAL RECORD - DISCHARGE INSTRUCTIONS

DATE OF ADMISSION

2/5/89

DATE OF DISCHARGE

DM 2/22/89

TYPE OF DISCHARGE

irregular

1. DIAGNOSES AND DATE TO BE FOLLOWED ON OUTPATIENT SERVICES

Axis I Cocaine abuse and dependence, Cocaine withdrawal/^{paranoia} hallucinations, alcohol abuse

Axis II no diagnosis

Axis III dental caries

2. SUGGESTED PLAN FOR FOLLOWUP

NONE → IRREGULAR
DISCHARGE

3. DISCHARGE MEDICATIONS AND INSTRUCTIONS

NONE

4. DISCHARGE DIETARY INSTRUCTIONS (Check one)

☐ NO RESTRICTIONS ☐ RESTRICTIONS (Specify and include drug and food interactions)

5. PHYSICAL ACTIVITY LIMITATIONS (Check one)

☐ NO RESTRICTIONS ☐ RESTRICTIONS (Specify)

6. OTHER (Include employment status)

GAINES, LOUIS
LARICK CR

03

02 03 89

079

PATIENT IDENTIFICATION (Name, Address, Social Security Number)

HH 092956 544

5

7

SIGNATURE OF PHYSICIAN/DENTIST

DATE

I HAVE RECEIVED AND UNDERSTAND MY
UNIT DISCHARGE INSTRUCTIONSSIGNATURE OF PATIENT
VENE COLA

DATE

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders. Date and time for instituting and discontinuing the orders must be recorded.

DATE AND TIME	PROB. NO.	ORDERS (Another brand, equal quality, of the same basic drug may be dispensed, UNLESS checked.)	NURSE'S SIGNATURE
2/5/89	1)	^{see do 9/8} HIV, ASAT, Bili, Hepatitis Profile, RPR	19659
9:15 AM	2)	D/C IM Thiamine	James Riddle MD
	3)	D status	James Riddle MD
2/5/89	①	Thorazine 50mg. po. q 3h. prn hallucinations; paranoia	
	②	Cogentin 7 mg. q 6h po. / Im. prn EPS.	
#3		Tr. Dr. Riddle / David Riddle	
		Richard Freeman MD	
2/6/89	1.	Haldol 2 mg po now	Jim Z
	2.	Haldol concentrate 2 mg BID	Jim Z
	3.	Haldol 2 mg po or IM q 4 th prn hallucination	Jim Z
	4.	Continue Cogentin as ordered	Jim Z
	5.	OK Thorazine	Jim Z
#4	6.	A vitamin to therapeutic multivitamin	Jim Z
2/7/89	7.	ALAT, ASAT, LDH, alk. phos., tot. bili., albumin, globulin, total protein, Calcium, phosphorus, uric acid	20212

Enter in space below: PATIENT IDENTIFICATION - TREATING FACILITY - WARD NO. - DATE

GAINES, LOUIS 03
LARRICK CR 079
COLUMBIA SC 29203

5 HH 092956 544

5 7

DOCTOR'S ORDERS

VA FORM 10-1158
OCT 1975

EXISTING STOCK OF
VA FORM 10-1158, MAY 1973
AND VA FORM 10-1158c, NOV 1972,
WILL BE USED.

CLINICAL RECORD			PHYSICAL EXAMINATION				
DATE OF EXAM.	HEIGHT	WEIGHT			TEMPERATURE	PULSE	BLOOD PRESSURE
		AVERAGE	MAXIMUM	PRESENT			
2/6/89	5'11"			180	96	61	110/66

INSTRUCTIONS.—Describe (1) General Appearance and Mental Status; (2) Head and Neck (General); (3) Eyes; (4) Ears; (5) Nose; (6) Mouth; (7) Throat; (8) Teeth; (9) Chest (General); (10) Lungs; (11) Cardiovascular; (12) Abdomen; (13) Hernia; (14) Genitalia; (15) Rectum; (16) Prostate; (17) Back; (18) Extremities; (19) Neurological; (20) Skin; (21) Lymphatics.

GENERAL APPEARANCE AND MENTAL STATUS: (Judgment, orientation, memory, insight, intellect, thought content and process, affect etc).

Mr. Gainey presents as WD, WN, well-groomed but very distracted consistent with auditory hallucinations—staring at the floor, sometimes pausing for long periods & answering questions, sometimes not answering at all. He makes very little eye contact. His affect is labile—sometimes flat, other times angry and defensive. He describes his recent mood as "up and down". He is not totally alert but is oriented x 3. He shows poor judgment and insight. His memory is patchy—he is unable to register 3 objects immediately but can remember other events that happened to him recently. He cannot concentrate—appears to be due to being distracted—can't spell world backwards. Denies visual hallucinations. Denies suicidal or homicidal intent.

HEAD AND NECK: (GENERAL) NCAT, neck supple & adenopathy

EYES: EOMI, PERRLA, & erythema

EARS: canals patent, TMs normal

NOSE: & some clear discharge, conchae slightly reddened

MOUTH: tongue midline, & thrush or other lesions

THROAT: & erythema or exudate

TEETH: normal

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

OP 116-2(544) pg 1

MARCH 1985

SUPERSEDES

OP 104, 12/79

WHICH WILL

NOT BE USED

PHYSICAL EXAMINATION

Standard Form 800

General Services Administration and

Interagency Committee on Medical Records

FPMR 101-11.806-8

October 1975 506-105

PHYSICAL EXAMINATION

CHEST: (GENERAL): symmetric, 5 deformities, very muscular

LUNGS: CTA bilat.

CARDIOVASCULAR: RRR 2 II/VI ejection murmur, no bruits, no evidence of arterial or venous insufficiency

ABDOMEN: rounded slightly, soft, tender under rt. costal margin but liver not palpable, liver dullness ~10cm in MCL, no HSM, BSG

HERNIA: none

GENITALIA: nl ♂

testes 5 masses, penis 5 discharge

RECTUM: good tone, heme neg.

PROSTATE: normal

BACK: no abnormal curvature, no lesions

EXTREMITIES: 5 cyanosis, clubbing, oedema, good strength

NEUROLOGICAL: CN2-12 intact, no gross sensory or motor disturbances, normal gait, good co-ordination - reflexes - biceps, brachioradialis, Knee - could not get reflex - pt. rigid, but ankle 2+ bilat., no Babinski

SKIN: no lesions

LYMPHATICS: no adenopathy - thorough exam done in cervical + occipital areas, axillary, and inguinal areas

INITIAL IMPRESSION cocaine organic brain disease - atypical

SIGNATURE OF PHYSICIAN

Richard L. Nelson, MD

Dwight Marmor MD3

CLINICAL RECORD

HISTORY—Part I

NATURE AND DURATION OF COMPLAINTS (Include circumstance of admission)

"I tried to Kill myself"

HISTORY OF PRESENT ILLNESSES

Mr. Gainey is a 33 yo b♂ admitted Saturday in transfer from RMH after trying to overdose on cocaine. He had been taking large amounts of cocaine daily (1/16 gram) for about 2 mons. and the suicide attempt involved his taking 5X his normal amount. He has been hearing voices which tell him to "come on, come with us" for about 2 wks., and they have been getting worse. The pt. states he is afraid of them; they did not tell him to kill himself. He denies visual hallucinations. He says the reason he wanted to kill himself is that his mother told him she didn't want anything to do with him any more - he does not know of a reason she said that. This took place either Friday or Saturday. Mr. Gainey has been living with a prostitute who has been buying cocaine for him - he states he pays no money for it. He has been separated from his wife for 1 yr. He shares needles with the prostitute and with other drug users. He was admitted to Unit 33 7 mons. ago for cocaine and alcohol abuse but was kicked out when he returned from a weekend pass and breathalyzer test showed 0.1% alcohol. He states that ~~he~~ he believes he can get help here with the drug problem. He denies suicidal or homicidal ideation at present.

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

HISTORY—Part 1
Standard Form 504General Services Administration and
Interagency Committee on Medical Records
FPMR 101-11.806-8
October 1975 504-107

MEDICAL RECORD

PROGRESS NOTES

DATE

2/5/89

Brief Admin Note

32 y.o. BM w/ long hx of polysubstance abuse, ETOH in past, now exclusively IV cocaine. Was seen at RMH ER last night complaining anhedonia, insomnia, depressed mood, crying spells, hopelessness and suicidal ideation. He apparently is IV cocaine, crack & 4 Vicodin yesterday morning and then became concerned that he may be suicidal 2° to his inability to stop taking drugs. Has used 1 1/2 gram/day for the past week. Was on Unit 33 ~ 1 yr ago. Stayed clean for ~ 4-5 months. Also involved in LRADAC ~ 2 yrs ago. Denies excessive ETOH in over two years.

PMH - ? Hepatitis B infection ROS: ↑ production of green

+ yellow phlegm over past, extremely yellow urine, denies dysuria
PE: HEENT - WNL Heart, Lungs WNL Abd - soft, ⊕ BS, RUQ tenderness.

MSE - alert, oriented BM in NAD Mood depressed. Affect appropriate

for mood. Denies suicidal ideation at present. Denies hallucination

̄ for hearing voices for first time last night. Has also heard train whistle past 4 days. Speech coherent, logical.

Imp: Cocaine Abuse

R/O Major Depression 2° to above

R/O Hepatitis

Plan: Refer to ATU ↑ to Dstatus

CBC, SMA7, ASAT, Bili, RPR, HIV, U/A, Urine drug screen,

Hepatitis profile

June F. Riddle MD

03

(Continue on reverse side)

PATIENT'S ID NUMBER (For typed or written entries give: Name—last, first, middle; date, rank, rate, hospital or medical facility)
COLUMBIA 29203

REGISTER NO.

WARD NO.

HM 092956 544

PROGRESS NOTES

STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR.

509-111

UNIT

PSY

WING

B 17

PROGRESS NOTES

{)A!!

$$\begin{array}{r} 27 \overline{) 89} \\ \underline{54} \\ 35 \end{array}$$

Admission Assessment and Plain

Mr. Gainey is a 33 yo b♂ admitted Sat. after attempting suicide by cocaine overdose. Pt. has long hx of cocaine and alcohol use and had been treated here ~7 mons. ago for those problems but was discharged after he was caught drinking. Pt. reports that he had an argument w/ his mother Fri. or Sat. in which she told him to "not have anything to do with her anymore" and this is the reason for his suicide attempt. He does not know why his mother told him this. He says he has been hearing voices for about 2 wks. which have been getting worse and frighten him. They did not tell him to kill himself. The pt. has been living w/ a prostitute and she has been buying his cocaine. He has been separated from his wife for about one year. He denies suicidal or homicidal intentions at present.

PMH - hepatitis

syphilis

NKA, no operations

G. E. Gooden
NIGHT MINOR
STANDARD FORM NO. BACK 1587
K. M. H. S. J.

MEDICAL RECORD

PROGRESS NOTES

DATE

2/7/89

Family hx - noncontributory

MSE: The pt. is apparently distracted by the voices - at times he does not answer questions, looks away, makes very little eye contact. His concentration is poor - again he seems distracted. He cannot register 3 items. Judgment and insight are poor. Affect is labile - from flat to angry. Mood described as "up and down". Denies visual hallucinations. Denies suicidal or homicidal intentions.

PE: AFEVSS

NCAT. EOMI. PERRLA.

Lungs CTA.

Hrt. - RRR c $\frac{1}{2}$ murmur

~~I/A~~ systolic ejection murmur in aortic area

Abd. - soft, nontender, BS+

Extr. - 5 CCE

Neur. - CN2-12 intact, motor + sensory intact

02 07 89

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079

(Continue on reverse side)

CALNEY, LOUIS

PATIENT IDENTIFICATION (For typed or written entries only: Name, last, first, middle; grade, rank, rate, hospital or medical facility)

COLUMBIA

HH 092956 544

REGISTER NO.

PROGRESS NOTES

STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR.

FPMR(41CFR)201-45.505

509-111

UNIT 32

PSY

VAMC

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B 19

10

PROGRESS NOTES

DATE	
2/7/89	Assessment Axis I cocaine OBD, atypical
	Axis II no diagnosis
	Axis III ETOH, cocaine addiction
	high risk HIV
	Strengths relatively good physical health
	Weaknesses living arrangement, poor insight,
	no financial support, failure of previous
	treatment
	Plan: neuroleptics
	ATU
	family conf.
	Dwight Mirmow
	M53
	G. J. Perceval
	Richard Mirmow, MD
	G. J. Perceval
	G. J. Perceval

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders. Date and time for instituting and discontinuing the orders must be recorded.

DATE AND TIME	PROB. NO.	ORDERS (Another brand, equal in quality, of the same basic drug may be dispensed, UNLESS checked.)	NURSE'S SIGNATURE
2/7/89		A to D status.	<i>[Signature]</i>
		<i>Dwight Mirmow</i> MS3	
		<i>Richard L. Frieson, M.D.</i>	
2/7/89	1.	A Haldol concentrate to 4 mg BID	<i>[Signature]</i>
	2.	Cogentin 1 mg TID po (NOT PRN)	<i>[Signature]</i>
	3.	Continue prn Haldol as ordered	<i>[Signature]</i>
		<i>Dwight Mirmow</i> MS3	
		<i>Richard L. Frieson, M.D.</i>	
2/8/89	1.	ATU Day Program consult	<i>[Signature]</i>
Sent	2.	Dental consult - pt. complaining of severe toothache. - today if at all possible.	<i>[Signature]</i>
3		<i>Dwight Mirmow</i> MS3	<i>[Signature]</i>
2/8/89	3.	Tylenol ^{325mg} π p.o. q 4-6 ^o PRN pain.	<i>[Signature]</i>
		<i>Richard Frieson, M.D.</i>	<i>[Signature]</i>

Enter in space below: PATIENT IDENTIFICATION - TREATING FACILITY - WARD NO. - DATE

KEY: LOUIS
LARICK CR
COLUMBIA

03
079
SC 29203

02 03 89

HH 092956 544

5 7

MEDICAL RECORD

DOCTOR'S ORDERS

EXISTING STOCK OF
VA FORM 10-1158, MAY 1973
AND VA FORM 10-1158c, NOV 1972,
WILL BE USED.

VA FORM 10-1158
OCT 1975

B 24



Veterans Administration

CONTINUING MEDICATION RECORD

MONTH:

FEB

YEAR:

87

DATE:

ORIG. ORD. DATE	START DATE	STOP DATE	MEDICATIONS DOSE/ROUTE/FREQUENCY	ADMIN. TIMES:	4	5	6	7	8	9	10	11	12	13	14	15	16	17
2/7	2/7	2/17	MAIDOL 40 4mg	8a														
			BID 15mg	8a														
2/7	2/7	2/17	COSENTIN 10mg TID	8a														
			PO (Not per)	10														
				6a														
2/13	2/13	2/17	MAIDOL 40 5mg in AM	8a														
			PO 30 10a															
2/13	2/13	2/17	MAIDOL 40 10mg															
			QHS 10p	10p														
2/14	2/14	2/17	Bethanecol 10mg po bid	8														

ADDRESSOGRAPH

RAINEY, LOUIS 03
 LARICK CR 079
 COLUMBIA SC 29203

MM 092956 544

5

7

INJECTION SITES

- INDICATE RIGHT (R)
 OR LEFT (L)
 1. DELTOID
 2. ABDOMEN
 3. ILIAC CREST
 4. GLUTEAL
 5. THIGH

UNIT 32

PSY

SIGNATURE/TITLE

James M. Zwickler
 James B. Wright RN
 North Jackson RN
 James B. Wright RN
 James B. Wright RN
 James B. Wright RN
 James B. Wright RN

INIT.

ALLERGIES

0m3
 10w
 8a
 8a
 8a
 8a
 8a
 8a

47

CLINICAL RECORD

NURSING NOTES

(Sign all notes)

DATE

HOOR

A.M. P.M.

OBSERVATIONS

Include medication and treatment when indicated

Recreation
2/7/89

1-3 PM Art / Music Appreciation / Outdoor

P. Participated in Valentine drawing. Painting doodle
art. Interacting about drug abuse.

A. Motivation ↑

P. Allow to ventilate feelings. To express self thru art.
↑ social-interaction.

Margelle Majors, Activity Coordinator

2/7/89

10 PM

LD - Vet. Has been quite jovial & sociable. He
denies auditory hallucinations today. Continues to focus
on his problems w/ EtOH & Drug abuse and desire
for treatment. ————— David Mallett

2/8/89

12/1

Up to 8/2 X 1, sleeping on rounds. Used
no complaints. ————— Dorothy J. Johnson

2/8/89

8

Spent time in satisfaction. To dental
clinic for op severe toothache. Root
canal began for acute Pulpal pulpitis
to focus on ADA problem.

P. Encourage compliance w/ treatment program.
————— Jim J. Smucker

2 3 89

Continue on reverse side

PATIENT'S IDENTIFICATION

NAME: LARICK, COLUMBIA
or written entries give: Name Last, first,
middle initial, date: hospital or medical facility

REGISTER NO.

WARD NO.

NH 092956 544

NURSING NOTES

Standard Form 510

General Services Administration and
Interagency Committee on Medical Records
FIMR (41 CFR) 201-45.505—October 1975
510-110

B 24

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
Recreation 2/8/89	7 PM		S. Not popcorn / Puzzles / Chess / Music O. Accepted refreshments. Played ping-pong A. Motivation ↑ P. Involved in activities. Increase socializing and interaction. <i>Margelle Myers, Activity Coordinator</i>
2/8/89	4-12		p. states he really wants to become his status but very little insight into reason for admission — A. ~~Effective~~ ch. individual coping mechanism is related to drug abuse + lack of insight into problems. Preceptator hospitalization P. Cont. Rx - Re educate regarding the correct concept of drug addiction — <i>Linda Jones RN</i>
2-9-89	12/6		O. Not slept well - up x 1 to restroom. <i>Vernon J Hayes NA</i>
Recreation 2/9/89	7 PM		S. Arts and Crafts O. Making a pair of moccasins. Accepted a printing. A. Motivated. P. Involved in craft making as planned - Jo & Loredom. <i>Margelle Myers, Activity Coordinator</i>
2/9/89	5P		pt. states he already cashed his check at the bank + <i>Linda Jones RN</i>

AWAY

B 23

87

MEDICAL RECORD		PROGRESS NOTES	
DATE			
2/10/89	0-tot.bili. 0.3 ASAT 27 ALAT 19 alk.phas. 91 tot.prot. 7.5 alb. 4.1 glob. 3.5	LDH 135 Ca ⁺⁺ 9.3 uric acid 3.7 phas. 3.0 K 3.9 Cl 106 CO ₂ 24.6	gluc. 90 BUN 16
	TFLs WNL ethanol 0	RPR nonreactive cocaine - mod. pos. (<i>urine drug screen</i>)	
	5.9 / 15.3 / 177 / 45.8	P ⁴⁶ B ¹ L ⁷⁰ M ¹²	<i>HIV pending hepatitis profile pending</i>
	1. cocaine withdrawal - pt. more coherent, he is co-operative - will cont. ATU and observe pt. on C status 2. auditory halluc. - less now - cont. Hal-dol + watch for EPS 3. Family conf. - talk c mother about reason for rejecting pt.		

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

Gainey, Louis

1515

Dwight Mirmow
MS-3
Richard L. Meador, MD

REGISTER NO.	WARD NO.
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PROGRESS NOTES
 STANDARD FORM 509 (Rev. 11-77)
 Prescribed by GSA/ICMR.
 FIRM(41CFR)201-45.505

PROGRESS NOTES

DATE

2/13/89

Mr. Gainey says he has been hearing voices which are mostly mumbles. They have been occurring late in the afternoon and at night. He has otherwise been doing okay but expresses wishes not to be present at his mother at the family conf. tomorrow, saying she already has enough trouble.

O-HIV pending

Hepatitis profile pending

A/P-1 cocaine withdrawal - pt. still hearing voices but oriented and coherent, will ↑ Haldol to 5+10 and watch for s.c. and cocaine cravings

2. ATV status - pt. attended four meetings last wk. and expresses an interest to go to Unit 33 - may be transferred this wk.

3. Family conf. tomorrow - pt.'s mother - will attempt to discern depth of Mr. Gainey's drug problem

Strongly feel pt. is drug craving. He wants to get help though.

Thurston Mirmow
MS3

Harold Kelson, MD

62

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
2/17/89		2 ⁵⁰ pm	Dw. Vet has stated that he is not having any problems voiding. He has been in bed after this am sleeping. attending activities as ordered — Eleanor Jenkins, R
Recreation 2/17/89		7 ⁰⁰ PM	S. Bingo - auditorium O. Played bingo and won. A. Motivation ↑ P. Participating in diversional activities off unit. Maggie Myers, Activity Coord.
2/17/89		8 ³⁰	Vet Comp. of hearing voices — give 1/2 medication — voices continue Crawled up on end of bed in quiet Room hands over ears — crawling on knees across bed — the voices are calling my name — vet will not answer staff — OD refused Haldol 5mg now as ordered
		9 ³⁰ PM	10 p - States he feels better — let him
Recreation 2/18/89		5-7 ⁰⁰ PM	S. Bowling/Casino games/Pool/Refreshments O. To and from bowling. Condition appears stable. Played spades and won. A. Social-interaction P. To participate in diversional activities off grounds. Maggie Myers, Activity Coordinator

CLINICAL RECORD

NURSING NOTES

(Sign all notes)

DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated
	A.M.	P.M.	
Recreation 2/10/89	3-7	14	S. Shopping/Bingo-auditorium O. Played bingo, showed good sportsmanship. A. Social-interaction P. Continue participation in diversional activities off unit. <i>Margelle Myers, Activity Coordinator</i>
Recreation 2/11/89	1-4	5	S. McKissick Museum-Shopping Center O. "Saw many interesting things at museum." Returned to unit, condition appear stable. A. Socializing. P. Therapeutic outing off grounds. <i>Margelle Myers, Activity Coord</i>
2-13-89	12	6	O. Vet slept throughout the night. <i>Vernon J. Hays NA</i>
2/14/89	3 ²⁰	PM	NO - Vet had complained earlier of not being able to void. Urinolins ordered & given & Vet stated he would let staff know if he voided. no other complaints - go to home conference this pm & family, Eleanor Jenkins
Recreation 2/16/89	7	PM	S. Arts and Crafts O. Worked on string art. A. Motivation P. To enhance artistic abilities & freedom -

PATIENT'S IDENTIFICATION

GAINES, LOUIS
LARICK CR
COLUMBIA

(For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

03
079
SC 29203

02 07 89

REGISTER NO.

WARD NO.

Margelle Myers, Activity Coord

NURSING NOTES

Standard Form 510

General Services Administration and
Interagency Committee on Medical Records
FIRM (41 CFR) 201-45.505—October 1975

510-110

MULTIDISCIPLINARY NOTES

UNIT 32

PSY

VANC COLA

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders. Date and time for instituting and discontinuing the orders must be recorded.

DATE AND TIME	PROB. NO.	ORDERS (Another brand, equal in quality, of the same basic drug may be dispensed, UNLESS checked.)	NURSE'S SIGNATURE
2/14/89	1.	Bethanecol 10 mg BID po	<i>[Signature]</i>
	2.	D/c Cogentin	<i>[Signature]</i>
	3.	Bethanecol 10 mg po now. ASAP MS3 ✓	<i>[Signature]</i>
	4.	A to B status	<i>[Signature]</i>

Richard L. Freese, MD

MS3

done

2/17/89	1.	A Haldol to 5 mg po in am and 5 mg po qHS.	<i>[Signature]</i>
	2.	Tylenol ii po q 4° pm pain	<i>[Signature]</i>
	3.	MOM 30cc q 12° pm constipation	<i>[Signature]</i>
	4.	Mylanta 30cc q 4° pm indigestion	<i>[Signature]</i>
	5.	Multivitamin i q AM (therapeutic)	<i>[Signature]</i>
	6.	Bethanecol 10 mg po BID	<i>[Signature]</i>

Richard L. Freese, MD

MS3

done

2/17/89		Haldol 5 mg po now	<i>[Signature]</i>
		t.o. Dr Clark	<i>[Signature]</i>

Enter in space below: PATIENT IDENTIFICATION - TREATING FACILITY - WARD NO. - DATE

*
CUNNEY, LOUIS
LARICK CR
COLUMBIA
SC 29203

WT 072555 541

Richard L. Freese, MD

MEDICAL RECORD
DOCTOR'S ORDERS

EXISTING STOCK OF
VA FORM 10-1158, MAY 1973
AND VA FORM 10-1158c, NOV 1972,
WILL BE USED

VA FORM 10-1158
OCT 1975

B 29

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders. Date and time for instituting and discontinuing the orders must be recorded.

DATE AND TIME	PROB. NO.	ORDERS (Another brand, equal in quality, of the same basic drug may be dispensed, UNLESS checked.)	NURSE'S SIGNATURE
2/9/89 9:30 am		↓ to C status. Dwight Mimmow MS3	[Signature]
2/10/89 9:30 am		Richard L. Frierson, MD [Signature]	[Signature]
2/10/89 9:30 am		Pt may have 1/2 hour pass today with A status pt. to go to bank Dwight Mimmow MS3	[Signature]
2/10/89		Richard L. Frierson, MD [Signature]	[Signature]
2/10/89		↓ Dmeloxy - 100 & 120 red capsules Richard L. Frierson, MD [Signature]	[Signature]
2/13/89		↑ Haldol to 5 mg in am and 10 mg q HS Dwight Mimmow MS3	[Signature]
2/13/89		Richard L. Frierson, MD [Signature]	[Signature]

Enter in space below: PATIENT IDENTIFICATION - TREATING FACILITY - WARD NO. - DATE

* [Redacted] LOUIS 05 020789
[Redacted] CLARICK CR 079
COLUMBIA SC 29203
[Redacted] RR 092956 544

MEDICAL RECORD
DOCTOR'S ORDERS

CHIEFING STOCK OF
VA FORM 10-1158, MAY 1973
AND VA FORM 10-1158c, NOV 1972
OCT. 1975 10-1158
WILL BE USED

UNIT 32
B30

PROGRESS NOTES

DATE

2/9/89

alt. note.

per. feeling is not hearing voices now.
He is not as paranoid; is just,
fairly pleasant, cooperative and
compliant.

He talked to his mother on the
phone yesterday and she was
coming to see pt. today. This seems
to have relieved his tension as
he felt rejected by mother who
probably tried to set some limits.

Pt. will start going to the MTO-
Day Program today. He seems to
be motivated and we encouraged
him to express his interest in
the Rehabilitation Program.

Family conference pending.
/s. J. J. J. J. J.

2/10/89

Pt. still hearing voices but more while he
is sleeping now. They are still saying "come
on" and are now referring to him as
"Bud". He has been having some trouble
sleeping but otherwise feels good and
has no complaints.

(cont'd)

Dwight Mirmor
MOS

MEDICAL RECORD

PROGRESS NOTES

DATE

2/8/89

Mr Gainey reports that he is hearing the voices less and is sleeping and eating OK. He % toothache. No % neuroleptic s.e. A/P-1 cocaine abuse - will send pt. to ATU and watch for cravings

2. auditory halluc. - less prominent now, cont. Haldol + watch for EPS

3. tooth pain - send to Dental Clinic

Night Mirror

MS3

8 FEB.

DENTAL:

1.8 cc XYLO. 2%

ACUTE PULPITIS #9.5 SUPPURATION. ROOT CANAL RX BEGUN.

Thompson

GAINES LOUIS

IDENTIFICATION (For typed or written entries give Name - last, first, middle; grade, rank, rate, hospital or medical facility)

COLUMBIA

SC 29203

251 02

KH 092956 544

(Continue on reverse side)

REGISTER NO.

WARD NO.

PROGRESS NOTES

STANDARD FORM 509 (Rev. 11-77)

Prescribed by GSA/ICMR,

FIRMR(41CFR)201-45.505

509-111

5

7

UNIT 32

PSY

VAMC COLA

B 32

MEDICAL RECORD

PROGRESS NOTES

DATE

14 FEB

DENTAL:

Call recieved from ward - "Pt. still complaining of toothache"

1.8 cc XYLO 2%

Continued root canal rx #8.

Pt. does not exhibit soft Tissue ↑ or pus/hem. drainage from canal.

I can not find organic cause or evidence associated with pain pt says he is experiencing

Thompson

Thank. R. Jensen, MD

2.15.89

S: Pt. protesting to plan. States he wants to leave to go to Atlanta; is angry that we won't give him pass over weekend - states we do not "trust" him. Family conference held.

O: HIV pending

Hbs Ag, AB ⊖

AP 1) cocaine withdrawal: pt. irritable - protesting; feel he wants pass so he can go do drugs (i.e. I don't trust him). - Continue ADU-DR. Mother refuses to have any thing over

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO.

WARD NO.

PROGRESS NOTES

STANDARD FORM 509 (Rev. 11-77)

Prescribed by GSA/ICMR.

FPWR (41 CFR) 101-11.808-8

509-110

PROGRESS NOTES

DATE 2-15-89 to do 2 him as long as he is using drugs.
 2 hallucinations: improved on Haldol urinary retention
 resolved on choline. Richard Trueman MD

2/17/89 Mr. Gainey says he has not heard voices in
 nearly two days. He is sleeping and eating
 OK. Yesterday he voiced concern that he is
 not ready to return "to the streets" and
 is scared he will be discharged too soon.
 O-HIV neg.

A/P-1. hallucinations - have not been bothering
 pt. recently, will begin decreasing Haldol to
 5+5

2. urinary retention - pt. having less trouble
 urinating now, cont. Bethanecol

3. % status - will attempt to get pt. ad-
 mitted upstairs, if pt. is "kicked" from here
 we feel he would get back into drugs

Pt. may be able to go to room
 next week.

Dwight Mirmann
 MS3

ATU
 2/18/89 PT stated of long waiting list for ATU
 and we suggest discharging when stable from
 32 and agree to follow up - outpatient until
 he is admitted to ATU -

Richard L. Trueman MD

ST [Signature]

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders. Date and time for instituting and discontinuing the orders must be recorded.

DATE AND TIME	PROB. NO.	ORDERS (Another brand, equal in quality, of the same basic drug may be dispensed, UNLESS checked.)	NURSE'S SIGNATURE
2-18-89 10:00 AM	1)	Change Haldol to 5mg PO q AM and 10 mg PO q HS. <i>Richard L. Freison, MD</i>	<i>[Signature]</i>

med 2/19

2-19-89 8 PM	1)	~~Symmetrel 100mg BID.~~ <i>Richard L. Freison, MD</i>	<i>[Signature]</i>
-----------------	----	--	--------------------

2/21/89	1-	Δ Haldol to 10 mg po q HS this pm, then ^{DM} 5 mg po tomorrow at HS.	<i>[Signature]</i>
---------	----	---	--------------------

Dwight Mirmow
MS3

Richard L. Freison, MD

2/21/89	1.	Consult. Dr. Harvey - for placement of pt. in Halfway House in Columbia.	<i>[Signature]</i>
---------	----	--	--------------------

Dwight Mirmow
- MS3

Richard L. Freison, MD

Enter in space below: PATIENT IDENTIFICATION - TREATING FACILITY - WARD NO. - DATE

GAINES, LOUIS
ARICK CR
COLUMBIA

03
079
SC 29203

02-16-89

MEDICAL RECORD

DOCTOR'S ORDERS

EXISTING STOCK OF
VA FORM 10-1158, MAY 1973
AND VA FORM 10-1158c, NOV 1972,
WILL BE USED.

VA FORM 10-1158
OCT 1975

251 01

HH 092955 544

5 7

B 38

PRN AND ONE-TIME MEDICATION RECORD

MONTH:

YEAR:

START DATE	STOP DATE	MEDICATIONS DOSE/ROUTE/FREQUENCY	START DATE	STOP DATE	MEDICATIONS DOSE/ROUTE/FREQUENCY	START DATE	STOP DATE	MEDICATIONS DOSE/ROUTE/FREQUENCY
2/17	3/2	TULENOL PRN PAIN 200 mg 10/2/18						
2/17	3/2	MOM 30CC @ 120 PEN CONSTIPATION 20 mg 10/2/18						
2/17	3/2	MILANTHA 30CC @ 40 PEN INDIGESTION 20 mg 10/2/18						

[illegible]

ADDRESSOGRAPH						INJECTION SITES		SIGNATURE/TITLE	INIT.	ALLERGIES
PALNEY LOUIS		03				Indicate Right (R)	<i>Garnett J. Holmes Rd</i>	HCH		
LARICK CR		079				or Left (L)	<i>Zona B. E. L. H. W.</i>	MH		
COLUMBIA		SC 29203				1. DELTOID	<i>Paula C. Williams</i>	F.A.		NK
281 02		NR 092955 544				2. ABDOMEN				
	5	7				3. ILIAC CREST				
						4. GLUTEAL				
						5. T HIGH				



Veterans Administration

CONTINUING MEDICATION RECORD

MONTH:

FEB/MAR

89

DATE:

ORIG. ORD. DATE	START DATE	STOP DATE	MEDICATIONS DOSE/ROUTE/FREQUENCY	ADMIN. TIMES:	17	18	19	20	21	22	23	24	25	26	27	28	1	2
2/17	2/17	3/2	BETHANECS / 10mg PO BID	8A	→	→	PO	→	PO	→	→	→	→	→	→	→	→	→
2/17	2/18	3/2	MULTIVITAMIN + 10AM THERAPEUTIC	8A	→	→	PO	→	PO	→	→	→	→	→	→	→	→	→
2/17	2/18	3/2	Δ Haldol to 5mg PO in AM	8A	→	→	PO	→	PO	→	→	→	→	→	→	→	→	→
2/17	2/17	3/2	Δ Haldol to 5mg PO QHS	8P	→	→	→	→	→	→	→	→	→	→	→	→	→	→
2/17	2/18	3/2	Δ Haldol to 10mg PO QHS	8P	→	→	→	→	→	→	→	→	→	→	→	→	→	→

ADDRESSOGRAPH

CAIRY, LOUIS 03
 LARICK CR 079
 COLUMBIA SC 29203

251 00 NH 092955 544

5 7

INJECTION SITES

- INDICATE RIGHT (R) OR LEFT (L)
1. DELTOID
 2. ABDOMEN
 3. ILIAC CREST
 4. GLUTEAL
 5. THIGH

SIGNATURE/TITLE

INIT.

ALLERGIES

Harold L. Holmes RN	HLH	
Lorna B. L. L. RN	LL	
John P. L. L. RN	PL	
Michael P. L. L. RN	PL	
Paula W. L. L. RN	PL	
Alexander P. L. L. RN	PL	
John B. W. L. L. RN	PL	



Veterans Administration

CONTINUING MEDICATION RECORD

MONTH:

FEB/MAR

Y:

89

DATE:

ORIG.
ORD.
DATE

START
DATE

STOP
DATE

MEDICATIONS
DOSE/ROUTE/FREQUENCY

ADMIN.
TIMES:

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

1

2/21

2/21

2/21

1 Haldol

2/21

2/21

2/21

to 10mg po

2/21

2/21

2/21

@ HS THIS

2/21

2/21

2/21

then

2/21

2/21

2/21

1 Haldol to

2/21

2/21

2/21

5mg po

2/21

2/21

2/21

to 20mg po

2/21

2/21

2/21

at 14

MEDICAL RECORD

PROGRESS NOTES

DATE

2/21/89

Pt not hearing voices at present but he is % sedation and feeling weak from his medication. He is sleeping and eating OK. He is voicing desire to get into halfway house and get a job upon discharge.

A/P-1. hallucinations - no longer present, will ↓ Haldol to 10mg q HS then 5mg q HS to eliminate lethargy

2. urinary retention - pt. 5 complaints of this at present

3. % status - pt. put on waiting list for upstairs, will attempt to get him into halfway house w Dr. Harvey's help

Wright Mimow

MS3

Richard L. Frank MD

GAINES, LOUIS

03

(Continued on reverse side)

IDENTIFICATION (For typed or written entries give Name—last, first, middle;

COLUMBIA

grade rank; rate; hospital or medical facility)

SC 29203

251 02 ... 5 MH 092956 544

5

7

REGISTER NO.

WARD NO.

PROGRESS NOTES

STANDARD FORM 509 (Rev. 11-77)

Prescribed by GSA/ICMR,

FIRMR(41CFR)201-45.505

509-111

UNIT 32

PSY

WANG COLA

B 39

NURSE'S
SIGNATURE

Holland & Treason, NY

VA FORM 10-1158
OCT 1975

B 40

000

2

J

AVHC C

V10

AM 1 33

S21 05 1212 NM 005029 211

COFANDIV PSYCHOLOGICAL TEST DATA ALONE SUGGEST:

S3-P TVBICK CB

010

CIVILIAN FOR 12

02

The veteran appears to have grossly exaggerated his psychopathology/symptoms for one or more of the following reasons: 1) a plea for help; 2) a subjective exaggeration of his stress level; 3) avoidance of responsibility or secondary gain; 4) inability to read/understand the items; 5) continuing residuals of drug toxicity; 6) some other reason. I recommend that a thorough clinical interview and a good social history (with an outside source of information who has extensive everyday experience with the veteran) be done for the purpose of determining the cause(s) of the present exaggeration of psychopathology. I also recommend re-testing, if clinically warranted, after the above assessments are completed. **ANY FURTHER INTERPRETATIONS IN THIS REPORT SHOULD BE VIEWED AS EXTREMELY TENTATIVE DUE TO THE AFOREMENTIONED EXAGGERATION OF PSYCHOPATHOLOGY.**

This vet appears to have a borderline personality/traits: he has been reared in very confusing and abusive circumstances and subsequently has many identity and value confusions. He may well have been taught to "run away" from one confusing situation after another. At any rate, he may now be changing from one situation to another in what may appear to be a "greener pastures syndrome," i.e., always looking for a better situation in some new place, relationship, etc. In other words, he may be simply continuing to act out the confusion of values and identity that he acquired as a child, thereby simply exacerbating his present problems. Often such an individual also has a very low self-esteem and may anticipate rejection, and hence, he may lead a sort of nomadic life, moving on before others have a chance to "reject him." In short, the combination of high acting out potential and innate confusion of values leads to an impulsive and disorganized lifestyle, with many changes in work site, relationships, etc., and little or no stability. The appropriate treatment would be to "stabilize," i.e., that is, become involved in long-term individual and group-psychotherapies, staying in the same place and relationships, and handling the subsequent impulses by seeking psychotherapeutic intervention.



Ivan R. Elder, Ph.D.
Psychologist/Coordinator Unit 33 (ATU)

B 41

CLINICAL RECORD

Report on GAINEY, LOUIS

or

Continuation of S.F. 10-1000 Pg. 2

due to the fact that he was distracted by hearing voices and he could not spell world backwards, despite the fact that he was a clerk typist in the Army. He denied having visual hallucinations and he denied suicidal and homicidal intent.

The physical exam was remarkable for multiple needle tracks on both arms but no adenopathy and a normal neurological exam. After being admitted Mr. Gainey was started on Haldol and reported that he was hearing the voices less and was sleeping and eating o'kay and began complaining of a toothache. We started sending him to ATU Program and were watching for cocaine cravings. He went to Dental Clinic and had a root canal. Over the course of his stay he had an RPR which was nonreactive. His HIV test, due to his high risk, was negative and on his urine studies he had a moderately positive cocaine on the urine drug screen; otherwise lab tests were normal. As we increased the Haldol to 5 mgs in the AM and 10 mgs in the PM, he began to have less and less hallucinations and began to do much better. We had family conference with his mother but the patient requested that he not come because he felt very guilty about the things he had done to his mother. When she came she stated that she would not take him back in the home because she felt she had done all she could for him. In mid February he began protesting his treatment plan saying that he wanted to leave. We felt that he began strongly drug craving, and as we started to decrease his Haldol he began having more hallucinations and we had to increase it. He had also had trouble with urinary retention which cleared up when we gave him Bethanecol. Our plan was to discharge him so that he could be transferred upstairs in Unit 33 but since there was a waiting list he never could get in so we were trying to get him placed into a halfway house but on February 22nd the patient checked out and did not return and his whereabouts are not known at present.

PATIENT'S IDENTIFICATION
GAINEY, LOUIS

REGISTER NUMBER
251-02-

WARD NUMBER
U32

VAH, Columbia, SC 29201

Standard Form 507

B 42

PATIENT'S NAME GAINNEY, LOUIS	AGE 33	SEX M	RACE Blk	SOC SEC NO. 251-02	CLAIM NO.	NAME OF HOSPITAL VAH, Columbia, SC 29
----------------------------------	-----------	----------	-------------	-----------------------	-----------	--

DIAGNOSES

Axis I. Cocaine abuse and dependence.
 X Cocaine withdrawal with paranoia and hallucinations.
 Axis II. No diagnosis.
 Axis III. Dental caries.
 Alcohol abuse.
 Periodontitis.

ICDA CODE
 344.2,
 292.0
 292.11
 292.12
 521.0
 305.00
 523.4

PERTINENT CLINICAL DIAGNOSES NOTED BUT NOT TREATED

OPERATIONS/PROCEDURES PERFORMED DURING CURRENT ADMISSION

Root canal.

DATE
2/15/89

23.74

SUMMARY D: 2/23/89 T: 2/27/89 r/gk

Patient's Past History: Mr. Gainney is a 33 year old black male admitted in transfer from Richland Memorial Hospital after trying to overdose on cocaine. He had been taking large amounts of cocaine daily for about two months and the suicide attempt involves taking five times his normal amount. He has been hearing voices telling him to come on, come with us, for about two weeks and they have been getting worse. Patient states that he was afraid of the voices and they did not tell him to kill himself. He denied visual hallucinations. He says the reason that he wanted to kill himself is that his mother told him that she did not want anything to do with him anymore and he does not know the reason why she said that and this took place the Friday or Saturday before admission. Mr. Gainney had been living with a prostitute who had been buying his cocaine for him and he pays no money for it. He has been separated from his wife for about one year and he does have three children. He shares needles with the prostitute and with other drug users. He was admitted to Unit 33 seven months ago for cocaine and alcohol abuse but was kicked out when he returned from weekend pass and breathalyzer test showed .1% alcohol. He stated that he believed he could get help here with the drug problem. He denied suicidal or homicidal ideation. On his mental status exam he was a well developed well nourished, well groomed, very distracted, consistent with auditory hallucinations, he was staring at the floor sometimes pausing for long periods without answering the questions and sometimes not answering at all. He made very little eye contact. His affect was labile, sometimes flat, and other times angry and defensive. He described his recent mood as up and down. He is not totally alert but was oriented times three. He showed poor judgement and insight. His memory was patchy. He was unable to register three objects immediately but could remember other events that happened to him recently. He could not concentrate and that appeared to be

ADMISSION DATE	DISCHARGE DATE	TYPE OF RELEASE	INPATIENT DAYS	ABSENCE DAYS	WARD NO.	SIGNATURE OF PHYSICIAN
2/4/89	2/22/89	IRREGULAR	18		U32	RICHARD L. FRIERSON, M.D.

VA Form 10-1000

HOSPITAL SUMMARY

B-43

Completed
 Coding
 2/17/89

STATE OF SOUTH CAROLINA

County of Richland

Louis Garney Jr # 185519

Full name and prison number (if any) of Applicant.

vs.
State of South Carolina

Name of Respondent.

In the Court of Common Pleas

2013CP4006592

APPLICATION FOR
POSSESSORY
RECEIVED

MAR 27 2014

2013 OCT 29 PM 2:26

RICHLAND COUNTY
CLERK

INSTRUCTIONS — READ CAREFULLY S.C. SUPREME COURT

In order for this application to receive consideration by the Court, it shall be in writing (legibly handwritten or typewritten), signed by the applicant and verified (notarized), and it shall set forth in concise form the answers to each applicable question. If necessary, applicant may furnish his answer to a particular question on the reverse side of the page or on an additional page. Applicant shall make it clear to which question any such continued answer refers.

Since every application must be sworn to under oath, any false statement of a material fact therein may serve as the basis of prosecution and conviction for perjury. Applicants should, therefore, exercise care to assure that all answers are true and correct.

If the application is taken *in forma pauperis*, it shall include an affidavit (attached at the back of the form) setting forth information which establishes that applicant will be unable to pay the fees and costs of the proceedings. When the application is completed, the original shall be mailed to the Clerk of Court for the County in which applicant was convicted.

1. Place of detention McCormick Corr. Inst 386 Redemption Way
McCormick, SC 29899
2. Name and location of Court which imposed sentence Richland Co Court of
General Sessions
3. The indictment number or numbers (if known) upon which and the offense or offenses for which sentence was imposed:
(a) 2007-GS-40-3131 / Assault and Battery w/intent to Kill
(b) _____
(c) _____
4. The date upon which sentence was imposed and the terms of the sentence:
(a) Sept 1, 2009 / Life
(b) _____
(c) _____

HOUSE GRANT #185519
F/-138B McC. C. I
386 REDEMPTION WAY
MEADOWS, SC 29899

RECEIVED

MAR 24 2014

MCCI
MAIL ROOM

SUPREME COURT of SOUTH CAROLINA
DANIEL E. SHEAROUSE, CLERK of Court
P. O. Box 11330
COLUMBIA SC 29211