

RECEIVED

SEP 22 2014

S.C. Supreme Court

THE STATE OF SOUTH CAROLINA
In The Supreme Court

APPEAL FROM THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Andrea C. Roche, T. Scott Beck, Avery B. Wilkerson, Jr.
Workers' Compensation Commissioners

Tracking No. 2012-212326

WCC File No: 1103442

Gayla Ramey, Employee.....Respondent,

v.

Unihealth Post Acute Care Tanglewood, Employer, and
American Zurich Insurance Co., Carrier.....Petitioners

APPENDIX TO
PETITION FOR WRIT OF CERTIORARI
VOL. II

R. Daniel Addison
Lee E. Dixon
Hedrick, Gardner, Kincheloe & Garofalo,
L.L.P.
P.O. Box 11267
Columbia, SC 29211
(803) 727-1200
Attorneys for the Petitioners

Other Counsel of Record:

Mark R. Calhoun
Mark R. Calhoun, Attorney At Law
714 East Main Street
Lexington, SC 29072
(803) 957-8401
Attorney for Respondent

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No. 0077 P. 25

Apr. 14. 2011 3:36PM



IRS Department of the Treasury
Internal Revenue Service

ACS SUPPORT - STOP 5050
PO BOX 219236
KANSAS CITY, MO 64121-7188



RIDGEWAY HEALTH AND REHABILITATION
PO BOX 68
RIDGEWAY SC 29130-0068

000117

(LP68 Coversheet)(06-2004)

Apr. 14. 2011 3:36PM

No. 0077 P. 26

Joy S. Goodwin, Chapter 13 Trustee
1813 Laurel Street
Columbia, SC 29201
Phone: (803) 779-5180 Fax: (803) 765-0167

March 12, 2009

RIDGEWAY HEALTH/REHABILITATION
PO BOX 68
ATTN PAYROLL
RIDGEWAY, SC 29130

RE: GAYLA R RAMEY

Case No.: 08-05867-dd

Dear Sir or Madam:

Our lockbox for wage garnishments has been changed to the following beginning April 1, 2009:

Joy S. Goodwin
Chapter 13 Trustee
P.O. Box 63339
Charlotte, NC 28263-3339

Thank you.

Sincerely,

Joy S. Goodwin
Chapter 13 Trustee

Apr. 14. 2011 3:36PM

Joy S. Goodwin, Chapter 13 Trustee
1813 Laurel Street
Columbia, SC 29201
Phone: (803) 779-5180 Fax: (803) 765-0167

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No. 0077 P. 28

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March 12, 2009

RIDGEWAY HEALTH/REHABILITATION
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Thank you.

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Joy S. Goodwin
Chapter 13 Trustee

Apr. 14. 2011 3:36PM

No. 0077 P. 29

Case 08-05867-dd Doc 21 Filed 02/20/09 Entered 02/20/09 16:00:02 Desc Main
document Page 2 of 4
UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

IN THE MATTER OF:

GAYLA R RAMEY

[REDACTED]
[REDACTED] 8

SS No.: [REDACTED]

ORDER TO PAY TRUSTEE

Upon representation of the trustee, or other interested party, the court finds that:

The above named debtor has pending in this court a proceeding for a wage earner's plan under chapter 13 of the bankruptcy code and pursuant of the provisions of said statute and of the debtor's plan, the debtor has submitted all future earnings and wages to the exclusive jurisdiction of this court for all the purpose of completing the plan; and

That under the provisions of Section 1325(b) of the Bankruptcy Code, 11 USC Sec. 1325(b), any entity from whom the debtor receives income may be required, upon the order of this court, to pay over all or any part of such income to the trustee and that such order is necessary and proper.
Now, therefore,

IT IS ORDERED, that, until further order of this court, the following entity

RIDGEWAY HEALTH/REHABILITATION
PO BOX 68
ATTN PAYROLL
RIDGEWAY, SC 29130

shall submit the sum of \$375.00 per month through payroll deduction in equal installments according to the number of pay periods in a given month; and to deduct this amount for 16 months including any period for which the debtor receives periodic, or lump sum payment for vacation, termination, disability, or other benefits and to remit the sums so deducted to the trustee:

Joy S. Goodwin, Trustee
PO Box 59
Columbia, SC 29202-0059

IT IS FURTHER ORDERED that the employer shall notify the trustee if the employment of the debtor is terminated.

IT IS FURTHER ORDERED that this Order supercedes any previous Orders, except previous Family Court support orders which shall continue in full force and effect.

Apr. 14. 2011 3:36PM

No. 0077 P. 30

Case 08-05867-dd Doc. 21 Filed 02/20/09 Entered 02/20/09 16:00:02 Desc Main
document Page 1 of 4
UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

Case Number: 08-05867-dd

ORDER TO PAY TRUSTEE

The relief set forth on the following pages, for a total of 2 pages including this page, is hereby ORDERED.

FILED BY THE COURT
02/20/2009

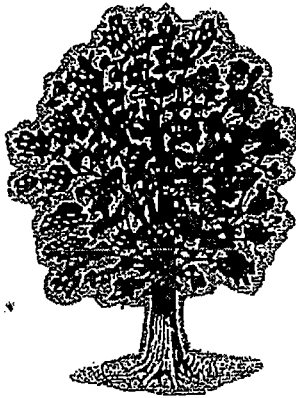


Entered: 02/20/2009

US Bankruptcy Court Judge
District of South Carolina

Apr. 14. 2011 3:36PM

No. 0011 P. 01



Skilled Nursing Care

Secured Entrance/Exit

*Physical, Occupational &
Speech Therapies*

Wound Care Management

Respite

Therapeutic Recreation

Social Services

Care for the Terminally Ill

Laundry Service

In House Podiatry

Specialized Dietary Services

Medicare & Medicaid Certified

Private Rooms

Beauty/Barber Shop

VA Contract

Private Insurance

HERITAGE HEALTH CARE OF RIDGEWAY

PO BOX 68
213 TANGLEWOOD CT
RIDGEWAY, SC 29130
(803) 337-3211
FAX (803) 337-8124

FAX # 706-827-2047

DATE 2/25/09

TO Brittany Howard

FROM Lynda C Burr

MESSAGE: Garnishment

info on Gayla Ramsey

3 # OF PAGES (including cover sheet)

STATEMENT OF CONFIDENTIALITY: The document transmitted by this facsimile contains information from Ridgeway Health and Rehabilitation Center, and may be confidential and privileged information. This information is intended for the use of the addressee named on this transmittal sheet. If you are not the addressee, any disclosure, photographing, distribution or use of its contents is prohibited. If you have received this facsimile in error, please call immediately so that we may arrange to retrieve the original documents. If you have any questions regarding this fax or if there are any problems with the transmission, please call (803) 337-3211.

Apr. 14. 2011 3:37PM

No. 0011 r. 32

Message Confirmation Report

FEB-25-2009 04:01 PM WED

Fax Number :
Name :

Name/Number : 17068272047
Page : 3
Start Time : FEB-25-2009 04:00PM WED
Elapsed Time : 01'16"
Mode : STD G3
Results : [O.K]



HERITAGE HEALTH CARE OF RIDGEWAY

EO FAX 68
113 WINGFIELD BOOD CT
RIDGEWAY, SC 29130
(803) 357-3211
FAX (803) 337-8124

Skilled Nursing Care
Secure Entrance/Exit
Physical, Occupational &
Speech Therapies
Wound Care Management
Respiratory
Therapeutic Recreation
Social Services
Care for the Terminally Ill
Laundry Service
In Home Podiatry
Specialized Dietary Services
Medicare & Medicaid Certified
Private Rooms
Beauty/Herb Shop
TIA Contract
Private Insurance

FAX # : 706-827-2047

DATE : 2/25/09

TO : Brittany Howard

FROM : Lynda C Burr

MESSAGE : Commitment
info on Gayla Ramon

3 # OF PAGES (including cover sheet)

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Apr. 14. 2011 3:37PM

NO. 0077 1. 00

First - Is this program still going to be offered with future scholarships?

Second- Gayla Ramey is on the 20 hour work program. She has been working more than the 20 hours. Please clarify how I am to pay the training hours. This is what I have done: example: if she works 35.50 hours in a week then her training hours for that week would only be 4.50 hours to make 40 hours.

Gayla says this is not how her contract reads and that I short her hours when I pay that way. Also, she can not use PTO time to make her 20 hours to get training hours - correct?

Thanks,
Lynda Burr
HR Ridgeway

Lynda Burr

From: Margie Boyce
Sent: Thursday, July 24, 2008 8:39 AM
To: Lynda Burr
Subject: RE: 20 hour work program
Attachments: NURSING SCHOLARSHIP PROGRAM - Policy and Application - Jeurgens Court Address.doc; NURSING SCHOLARSHIP WORK STUDY APPLICATION.doc

Yes, She needs to work at least 20 hours per week. If her school schedule allows her to work more than that, then the Administrator can approve for her to work more. I have attached a copy of the Policy for the Nursing Scholarship and Work Study program. The employee does not dictate what they can or cannot work. The employee should submit each semester a copy of their class schedule to the Administrator.
 Margie B.

From: Lynda Burr
Sent: Thursday, July 24, 2008 8:19 AM
To: Margie Boyce
Subject: RE: 20 hour work program

So, just because Ms. Ramey is on the 20 hour work program-if we need her to work she has to work? Or are we to let her tell us what days she will work? I could use a copy of the contract just to make sure we are staying within what the guidelines are. I need to make sure that she is at least working 20 hours per week-right?

From: Margie Boyce
Sent: Tuesday, July 22, 2008 8:39 AM
To: Lynda Burr
Subject: RE: 20 hour work program

Lynda,
 You are correct on how you are figuring her hours and regarding the PTO time. If she use PTO time, she will not be matched hours to make a complete week.

As for the Work Program continuing in the upcoming year, I have not heard of it being stopped. Again, the work study program is based on if the Administrator approves, and the work flow will allow it. Just because an individual is approved for the Nursing Scholarship, does not mean that they will automatically be eligible for the work study program. The Administrator would be the one to decide if the facility can work around the employee school schedule.

I will double check for you, but I do not think it has to go from one year to the next, being that the work flow changes from one month to the next. I am not certain about that, but I will check into it and get back with you regarding the actual facts.

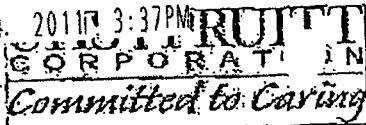
Margie B.

From: Lynda Burr
Sent: Tuesday, July 22, 2008 8:24 AM
To: Margie Boyce
Subject: 20 hour work program

Good Morning Margie,

I have a couple of things that I need to get clarification on concerning the 20 hour work program with the nursing scholarship.

Apr. 14. 2011 3:37PM



BLUE PARTNER MASTER FILE - CHANGE DATA

Only Changed Information Is Requested. Shaded Areas Are Required. DO NOT ENTER IF THE FIELD IS NOT CHANGING

APPROVAL SIGNATURE: <i>Pamela Durca</i>		EMPLOYEE ID: 12984 / 10/14/08	EFFECTIVE DATE: 7/24/08
EMPLOYEE FIRST NAME: Gayla		COMPANY #:	EMPLOYEE LAST NAME: Ramey
HOME ADDRESS STREET:			
APT #		P.O. BOX	
CITY:	STATE:	ZIP:	BENEFITS SERVICE DATE:
COUNTY:	PHONE NUMBERS: HOME CELL		WORK PAGER
EMAIL ADDRESS:	DEPARTMENT #:	JOB CODE: (SEE LIST)	
PAY TYPE: (CIRCLE) HOURLY SALARIED	STATUS CHANGE TO: FULL TIME PART-TIME PRN	PAY RATE: HRLY 23.34	ANNUAL
FEDERAL TAX WITHHOLDING: W4 FORM ATTACHED	STATE TAX WITHHOLDING: STATE FORM ATTACHED (IF REQUIRED)	TRANSFER: FROM CO # TO CO#	
GENERAL DEDUCTIONS		TERMINATION	
TYPE	AMOUNT	GOAL	PTO PAYOUT: (CIRCLE) NO YES
HEALTH PAC			REASON: (CIRCLE) ATTENDANCE DEATH DID NOT START EMPLOYER END OF PROBATION TIME FAILURE TO RETURN FROM LEAVE NOT ELIGIBLE FOR REHIRE POSITION REDUCTION RESIGNATION RESIGNATION WITHOUT NOTICE SERIOUS VIOLATION OF RULES UNSATISFACTORY PERFORMANCE VIOLATION OF RULES
HOSPICE FOUNDATION			
PRUITT CARES			
LIFE INSURANCE			
UNIFORMS			
UNITED WAY			
SAVINGS			NOTE: PTO payouts must be processed in accordance to the PTO Policy.
DIRECT DEPOSIT: ATTACH SIGNED DOCUMENTATION		ADDITIONAL INFORMATION: Annual wage increase 3% (R)	

(will need to do retro pay since it was effective 7/24/08)

Date: _____ Supervisor Signature: *Pamela Durca*

Date: **10/1/08** Director of HR: *Lynda C Burr*

*10/14/08
Retro Amt
\$ 234.84*

Apr. 14. 2011 3:37PM
Committed to Care

No. 0077 P. 36
508

BLUE PARTNER MASTER FILE - CHANGE DATA

APPROVAL SIGNATURE: <i>Mal Keller</i>	EMPLOYEE ID: 660277482 COMPANY #: 027	EFFECTIVE DATE: 7/1/07
EMPLOYEE FIRST NAME: Gayla	EMPLOYEE MIDDLE NAME:	EMPLOYEE LAST NAME: Ramey
HOME ADDRESS STREET:		
APT # P.O. BOX		
CITY:	STATE:	ZIP:
COUNTY:	PHONE NUMBERS: HOME CELL	WORK PAGER
EMAIL ADDRESS: WORK PERSONAL		
COMPANY #:	DEPARTMENT #:	JOB CODE: (SEE LIST)
TYPE: (CIRCLE) REGULAR TEMPORARY	STATUS: (CIRCLE) FULL TIME PART-TIME PRN	SHIFT: (CIRCLE) FIRST SECOND THIRD NONE
PAY TYPE: (CIRCLE) HOURLY SALARIED PER VISIT	PAY RATE: \$ 22.66	WORK LOCATION STATE: (CIRCLE) FLORIDA GEORGIA NC SC
LICENSE/CERTIFICATE EXP.: (MM/DD/YY)	COMPANY SENIORITY: (MM/DD/YY)	BENEFITS SERVICE: (MM/DD/YY)
ANNUAL BENEFITS BASE RATE:	FEDERAL TAX WITHHOLDING: W4 FORM ATTACHED	STATE TAX WITHHOLDING: STATE FORM ATTACHED (IF REQUIRED)

All Changed Information Is Requested, Shaded Areas Are Required

Annual Wage Increase

(X)

Apr. 14. 2011 3:37PM

Lynda Burr

From: Claire Kaniewski
Sent: Tuesday, September 04, 2007 4:51 PM
To: Lynda Burr
Subject: RE: 20 hour work study program

Lynda,
If she works more than 20, I would pay her the difference in training hours to get her up to 40/week. The number of hours over 20 would not affect her scholarship; however, she must maintain at least a 20 hr./week work schedule.

Claire

Claire Kaniewski
Human Resources
Generalist II
ckaniewski@uhs-pruitt.com

-----Original Message-----

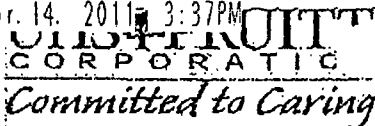
From: Lynda Burr
Sent: Tuesday, September 04, 2007 3:01 PM
To: Claire Kaniewski
Subject: 20 hour work study program

Hi Claire,

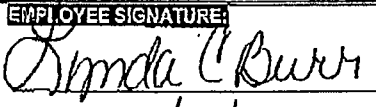
Just a quick question - If Gayla were to work more than her 20 hours a week would this affect her work study program? Or any part of her scholarship program?

Thanks
Lynda

Apr. 14, 2011 3:37PM



BROWN PARTNER MASTER FILE - BENEFITS DATA

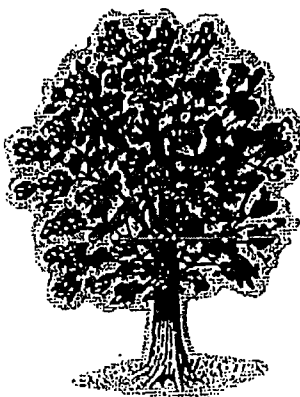
EMPLOYEE SIGNATURE:  HIRE DATE: 7/24/2002 EFFECTIVE DATE:		EMPLOYEE ID: 660277482 COMPANY #: 027	IS THIS A TRANSFER? (CIRCLE) YES ☐ NO ☒ IF YES, ORIGINAL HIRE DATE:
EMPLOYEE FIRST NAME: Gayla		EMPLOYEE MIDDLE NAME:	EMPLOYEE LAST NAME: Bamey
HOME ADDRESS STREET: APT # P.O. BOX			
CITY:		STATE:	ZIP:
MEDICAL: (CIRCLE TYPE AND COVERAGE) NONE HMO PPO HDHP-HI HDHP-LO 1-EMPLOYEE ONLY 2-EMPLOYEE AND SPOUSE 3-EMPLOYEE AND CHILDREN 4-FAMILY ATTACH SIGNED APPLICATION		DENTAL: (CIRCLE TYPE AND COVERAGE) NONE BASIC ADVANCE DHMO 1-EMPLOYEE ONLY A-EMPLOYEE + 1 B-EMPLOYEE + 2 OR MORE ATTACH SIGNED APPLICATION	
VISION: (CIRCLE) YES ☐ NO ☐ 1-EMPLOYEE ONLY 2-EMPLOYEE AND SPOUSE 3-EMPLOYEE AND CHILDREN 4-FAMILY ATTACH SIGNED APPLICATION		SMOKER: (CIRCLE) YES ☐ NO ☐ ATTACH SIGNED CERTIFICATE	
SUPPLEMENTAL LIFE: (CIRCLE) YES ☐ NO ☐ BIWEEKLY DEDUCTION AMOUNT \$ _____ ATTACH SIGNED APPLICATION		DISABILITY: (CIRCLE IF APPLIES) CORPORATE SALARIED EMPLOYEE GWWH EMPLOYEE COVERAGE AMOUNT \$ _____	
SAVINGS: (CIRCLE AND FILL IN %) 401-K % OF INCOME _____ NC 401-K % OF INCOME _____ ATTACH SIGNED APPLICATION		FSA: (CIRCLE AND FILL IN \$ GOAL) HEALTH CARE- ANNUAL GOALS \$ _____ DEPENDENT CARE- ANNUAL GOALS \$ _____ ATTACH SIGNED APPLICATION	
HSA: (FILL IN \$) ANNUAL CONTRIBUTION \$ _____ HDHP DEDUCTIBLE \$ _____ ATTACH SIGNED APPLICATION		PAC: (CIRCLE) YES BIWEEKLY AMOUNT \$ _____ NO	
UNIFORM: AMOUNT \$ 14.98 GOAL AMOUNT \$ 44.94		ELIGIBLE FOR CORPORATE LIFE? (CIRCLE) YES ☐ NO ☐ ELIGIBLE FOR NC LIFE? (CIRCLE) YES ☐ NO ☐	
UNITED WAY: BIWEEKLY AMOUNT \$ _____		HOSPICE FOUNDATION: BIWEEKLY AMOUNT \$ _____ ELIGIBLE FOR DIRECT DEPOSIT? (CIRCLE) YES ☐ NO ☐ IF YES, ATTACH DIRECT DEPOSIT FORM AND VOIDED CHECK	

All Desired Enrollment Information Is Requested. All Shaded Areas Are Required.

5

Apr. 14. 2011 3:37PM

No. 0077 P. 39



Skilled Nursing Care

Secured Entrance/Exit

Physical, Occupational &
Speech Therapies

Wound Care Management

Respite

Therapeutic Recreation

Social Services

Care for the Terminally Ill

Laundry Service

In House Podiatry

Specialized Dietary Services

Medicare & Medicaid Certified

Private Rooms

Beauty/Barber Shop

VA Contract

Private Insurance

RIDGEWAY HEALTH AND REHABILITATION CENTER

PO BOX 68
W. THIRD STREET
RIDGEWAY, SC 29130
(803) 337-3211
FAX (803) 337-8124

FAX # 706-827-2047

DATE 4/26/07

TO Sherry Partin

FROM Lynnda C. Burr

MESSAGE: W/ this can be stopped
with the payroll I just sent up
that would be great - if not I
understand. Gayla called me and
said that the bank has frozen this account
and has been refusing the deposit
2 # OF PAGES (including cover sheet)

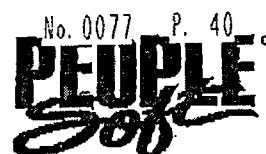
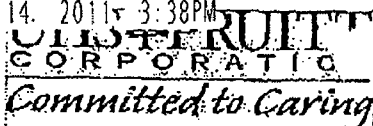
that were sent in for her account.
The last deposit that she gave was

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Accepted
was the
Feb 22
Deposit.

So if it was returned to Pruitt
we would owe her all of march
and April. Let me know how this
will be handled. Thank-you
APP - 513

Apr. 14. 2011 3:38PM



BROWN PARTNER MASTER FILE - BENEFITS DATA

EMPLOYEE SIGNATURE: 		EMPLOYEE ID: 277482 COMPANY #: 027	HIRE DATE: 7/24/02 IS THIS A TRANSFER? (CIRCLE) YES ☐ NO ☒ IF YES, ORIGINAL HIRE DATE:
EMPLOYEE FIRST NAME: Gayla		EMPLOYEE MIDDLE NAME:	EMPLOYEE LAST NAME: Ramey
HOME ADDRESS STREET: APT # _____ P.O. BOX _____			
CITY:	STATE:	ZIP:	
MEDICAL: (CIRCLE TYPE AND COVERAGE) NONE HMO PPO HDHP-HI HDHP-LO 1-EMPLOYEE ONLY 2-EMPLOYEE AND SPOUSE 3-EMPLOYEE AND CHILDREN 4-FAMILY ATTACH SIGNED APPLICATION	DENTAL: (CIRCLE TYPE AND COVERAGE) NONE BASIC ADVANCE DHMO 1-EMPLOYEE ONLY A-EMPLOYEE + 1 B-EMPLOYEE + 2 OR MORE ATTACH SIGNED APPLICATION	VISION: (CIRCLE) YES ☐ NO ☐ 1-EMPLOYEE ONLY 2-EMPLOYEE AND SPOUSE 3-EMPLOYEE AND CHILDREN 4-FAMILY ATTACH SIGNED APPLICATION	
SMOKER: (CIRCLE) YES ☐ NO ☐ ATTACH SIGNED CERTIFICATE	SUPPLEMENTAL LIFE: (CIRCLE) YES ☐ NO ☐ BIWEEKLY DEDUCTION AMOUNT \$ _____ ATTACH SIGNED APPLICATION	DISABILITY: (CIRCLE IF APPLIES) CORPORATE SALARIED EMPLOYEE GWWH EMPLOYEE COVERAGE AMOUNT \$ _____	
SAVINGS: (CIRCLE AND FILL IN %) 401-K % OF INCOME _____ NC 401-K % OF INCOME _____ ATTACH SIGNED APPLICATION	FSA: (CIRCLE AND FILL IN \$ GOAL) HEALTH CARE- ANNUAL GOALS \$ _____ DEPENDENT CARE- ANNUAL GOALS \$ _____ ATTACH SIGNED APPLICATION	HSA: (FILL IN \$) ANNUAL CONTRIBUTION \$ _____ HDHP DEDUCTIBLE \$ _____ ATTACH SIGNED APPLICATION	
PAC: (CIRCLE) YES BIWEEKLY AMOUNT \$ _____ NO	UNIFORM: AMOUNT \$ _____ GOAL AMOUNT \$ _____	ELIGIBLE FOR CORPORATE LIFE? (CIRCLE) YES ☐ NO ☐ ELIGIBLE FOR NC LIFE? (CIRCLE) YES ☐ NO ☐	
UNITED WAY: BIWEEKLY AMOUNT \$ _____	HOSPICE FOUNDATION: BIWEEKLY AMOUNT \$ _____	ELIGIBLE FOR DIRECT DEPOSIT? (CIRCLE) YES ☐ NO ☐ IF YES, ATTACH DIRECT DEPOSIT FORM AND VOIDED CHECK	

All Desired Enrollment Information Is Requested. All Shaded Areas Are Required.

Stop CREDIT Union Deduction

Apr. 14. 2011- 3:38PM

No. 0077 P. 41

*** TX REPORT ***

TRANSMISSION OR

TX/RX NO
CONNECTION TEL
SUBADDRESS
CONNECTION ID
ST. TIME
USAGE T
PGS. SENT
RESULT

2489

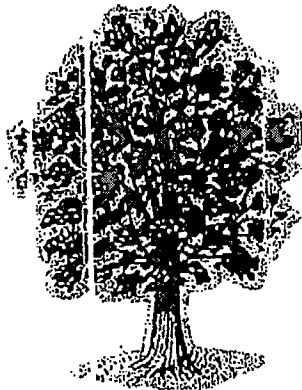
17068272047

04/26 11:30

01'14

2

OK



RIDGEWAY HEALTH AND
REHABILITATION CENTER

PO BOX 68
W. THIRD STREET
RIDGEWAY, SC 29130
(803) 337-3211
FAX (803) 337-8124

Skilled Nursing Care

Secured Entrance/Exit

Physical, Occupational &
Speech Therapies

Wound Care Management

Respite

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Social Services

Care for the Terminally Ill

Laundry Service

In House Podiatry

Specialized Dietary Services

FAX # 706-827-2047

DATE 4/26/07

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FROM Lynne C. Burr

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with the pay roll just sent up
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understand. Gayla called me and
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2 # OF PAGES (including cover sheet)
that were sent in for her account.

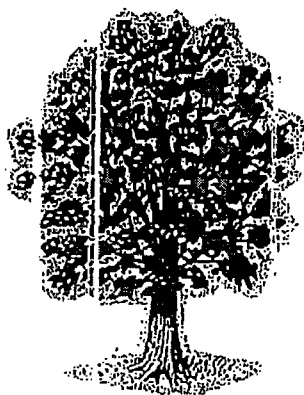
Apr. 14. 2011- 3:38PM

No. 0077-P. 42

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO	2496
CONNECTION TEL	17088272047
SUBADDRESS	
CONNECTION ID	
ST. TIME	04/26 15:08
USAGE T	01'14
PGS. SENT	2
RESULT	OK



RIDGEWAY HEALTH AND REHABILITATION CENTER

PO BOX 68
W. 12TH STREET
RIDGEWAY, SC 29130
(803) 337-3212
FAX (803) 337-8124

Skilled Nursing Care

Secured Entrance/Exit

Physical, Occupational &
Speech Therapies

Wound Care Management

Repite

Therapeutic Recreation

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Laundry Service

In House Podiatry

Specialized Dietary Service

FAX # 706-827-2047

DATE 4/26/07

TO Sherry Partin

FROM Lynnda C. Burr

MESSAGE: Of this can be stopped
with the payroll I just sent up
that would be great - if not I
understand. Gayla called me and
said that the bank has frozen the account
and that I am refusing the deposit
2 # OF PAGES (including cover sheet)
that were sent in for her account.

Apr. 14. 2011 3:38PM

No. 0011 P. 43

EMPLOYEE MASTER FILE

Supervisor Approval

Healthcare Center/Agency

RIDGEWAY HEALTH & Rehab #027

Date

Dept. No.:

Emp. No.:

277482

Last Name:

Ramey

First Name:

Gayla

Address:

City:

State:

Zip:

Phone: ()

S. S. N.:

Marital Status: (M/S)

Sex: (M/F)

Date of Birth:

Hire Date:

Status:

Full Time

Part Time

Temporary

PRN - As Needed

Term Date:

Original

Hire Date:

(If transferring from another facility)

*** PAY OUT BENEFITS? YES NO

Healthcare Ctr/Agency name transferring from

PTO HOURS TO TRANSFER

Pay Method: S=Salaried / H=Hourly

H - Pay Rate: \$22.00

S - Annual Salary: \$

Car Allow-\$

Total Annual-\$

BI-Weekly \$

FEDERAL TAX INFORMATION

Filing Status: H - Head Household M - Married S - Single

Filing Status:

Exemptions: Extra Dollar Amount: \$

Exemptions: Extra Dollar Amount: \$

Earned Income Credit: (M/S)

GA: H - Head of Household

SC: A - All

S - Single

MS - Married - Filing Separate

MJB - Married Joint - Both Working

MJI - Married Joint - One Working

NC: S - Single

M - Married

DEDUCTIONS

Deduction Codes Amount each Pay Period Total Goal Amt.

N- Foreign Nurse O- Miscellaneous M- Meals K- 401K G- Garnishments
U- Credit Union V- Savings L- Life Insurance UW- United Way
UF- Uniform Deductions HP- Health Pac

Health Insurances

Dept. # - Single Health part- paid by Employer

PPO - S - Employee only

SS- Employee + Spouse

SC- Employee + Child

HMO - H - Employee only

HS- Employee + Spouse

HC- Employee + Child

F - Family Ins. (pre-tax)

F1 - Family Ins. (after tax)

FY- Family Ins. HMO (pre-tax)

FZ- Family Ins. HMO (after tax)

Vision Insurance

VE - Employee

VC - Employee + Child

VS - Employee + Spouse

VF- Employee + Family

Flex Spending Accounts

FM - Flex Medical Account

FC - Flex Child Care Account

Dental Insurance

HMO Plan

DE - Employee

D1 - Employee + 1

D2 - Family

Pro-Three Plan

PE - Employee

P1 - Employee +1

P2 - Employee +2

Pro-One Plan

OE - Employee

O1 - Employee +1

O2 - Employee +2

Apr. 14. 2011 3:38PM

No. 0077 P. 44

Personal Action Request

Employee #		Name: <u>Robert</u> <u>Sanfer</u>		Position: <u>Middle</u>		Dept./Floor	
☐ New Employee		Change of Status		FROM		TO	
☐ Full time ☐ Part Time ☐ Temporary		Rat of pay		<u>28</u>		<u>22</u>	
Hours per week		Dept.					
☐ Replacement ☐ Addition to Force		Shift					
☐ Exempt ☐ Non-exempt		Position		<u>PN</u>		<u>PT</u>	
First Day Worked		Rate of Pay		Per hr/yr		Effective Date:	
☐ Leave of Absence		Explanation		<u>Change to PT</u>		Rating at Termination	
						Good	
						Fair	
						Poor	
						Quality of Work	
						Quantity of Work	
						Initiative	
						Dependability	
						General Efficiency	
		Effective Date:		<u>1/10/07</u>		Eligible for Rehire ☐ Yes ☐ No	
						Eligible for Accrued Vacation ☐ Yes ☐ No	

Department Head / Immediate Supervisor

Date: 1/8/07 Dr. J. Neal

Date: 1/10/07 Andre C. Durr

Director of Personnel

Administrator

Date

Apr. 14. 2011 3:38PM

No. 0077 P. 45

EMPLOYEE MASTER FILE

Supervisor Approval

Healthcare Center/Agency
RIDGEWAY HEALTH & Rehab #027

Date

8/30/06

Dept. No.: 66

Emp. No.: 3825

First Name: Gayla

Last Name: Ramey

Address: [REDACTED]

State: [REDACTED]

Zip: [REDACTED]

City: [REDACTED]

S. S. N.: [REDACTED]

Phone: [REDACTED]

Date of Birth: [REDACTED]

Marital Status: (M/S) [REDACTED]

Sex: (M/F) [REDACTED]

Hire Date: [REDACTED]

Status: [REDACTED]
F - Full Time
P - Part Time
T - Temporary
PRN - As Needed

Term Date: [REDACTED]

Original Hire Date: [REDACTED]

(If transferring from another facility)

Healthcare Ctr/Agency name transferring from [REDACTED]

Pay Method: S=Salaries / H=Hourly [REDACTED] H - Pay Rate: \$ [REDACTED]

S - Annual Salary: \$ [REDACTED]

Car Allow: \$ [REDACTED]

Total Annual \$ [REDACTED]

BI-Weekly \$ [REDACTED]

FEDERAL TAX INFORMATION

Filing Status: [REDACTED] H - Head Household M - Married S - Single

Exemptions: [REDACTED] Extra Dollar Amount: \$ [REDACTED]

STATE TAX INFORMATION

Filing Status: [REDACTED]

Exemptions: [REDACTED] Extra Dollar Amount: \$ [REDACTED]

Earned Income Credit: [REDACTED] (M/S)

GA: H - Head of Household

SC: A - All

S - Single
MS - Married - Filing Separate
MJB - Married Joint - Both Working
MJ1 - Married Joint - One Working

NC: S - Single
M - Married

DEDUCTIONS

Deduction Codes	Amount each Pay Period	Total Goal Amt.

N- Foreign Nurse O- Miscellaneous M- Meals R- 401K G- Garnishments
U- Credit Union V- Savings L- Life Insurance UW- United Way
UF- Uniform Deductions HP- Health Pac

Health Insurance

Dept. # - Single Health part- paid by Employer

PPO - S - Employee only

SS- Employee + Spouse

SC- Employee + Child

HMO - H - Employee only

HS- Employee + Spouse

HC- Employee + Child

F - Family Ins. (pre-tax)

F1 - Family Ins. (after tax)

FV- Family Ins. HMO (pre-tax)

FZ - Family Ins. HMO (after tax)

Vision Insurance

VE - Employee

VC - Employee + Child

VS - Employee + Spouse

VF- Employee + Family

Flex Spending Accounts

FM - Flex Medical Account

FC - Flex Child Care Account

Dental Insurance

HMO Plan

DE - Employee

D1 - Employee + 1

D2 - Family

Pro-Three Plan

PE - Employee

P1 - Employee + 1

P2 - Employee + 2

Pro-One Plan

OE - Employee

O1 - Employee + 1

O2 - Employee + 2

Apr. 14. 2011 3:39PM

EMPLOYEE MASTER FILE

No. 00/1 P. 41

Supervisor Approval

Facility #027

Date

2/1/05

Ridgeway Health and Rehab

Dept No.:

Emp. No.: 3825

First Name:

Gayla

Last Name:

Ramey

Address:

Zip:

City:

State:

Phone: ()

S. S. N.:

Marital Status: (M/S)

Sec: (M/P)

Date of Birth:

Hire Date:

Status:

F - Full Time

P - Part Time

T - Temporary

PRN - As Needed

Term Date:

Original

Hire Date:

(If transferring from another facility)

Facility name transferring from

Pay Method: S=Salaried / H=Hourly

H - Pay Rate: \$

S - Annual Salary: \$

Car Allow-\$

Total Annual-\$

Bi-Weekly -\$

FEDERAL TAX INFORMATION

Filing Status: H - Head Household M - Married S - Single

STATE TAX INFORMATION

Filing Status:

Exemptions: Extra Dollar Amount: \$

Exemptions: Extra Dollar Amount: \$

Earned Income Credit: (M/S)

GA: H -- Head of Household

SC: A - All

S - Single

MS - Married - Filing Separate

MJB - Married Joint - Both Working

MJI - Married Joint - One Working

NC: S - Single

M - Married

DEDUCTIONS

Deduction Codes

Amount Ea. Pay Period

U

\$50.00

Start deduction

N- Foreign Nurse O- Miscellaneous M- Meals K- 401K G- Garnishments
U- Credit Union V- Savings L- Life Insurance UW - United Way

Health Insurance

Dept. # - Single Health part- paid by Employer

PFO - S - Employee only

SS- Employee + Spouse

SC- Employee + Child

HMO - H - Employee only

HS- Employee + Spouse

HC- Employee + Child

F - Family Ins. (pre-tax)

F1 - Family Ins. (after tax)

FY- Family Ins. HMO (pre-tax)

FZ- Family Ins. HMO (after tax)

Vision Insurance

VE - Employee

VC - Employee + Child

VS - Employee + Spouse

VF- Employee + Family

Flex Spending Accounts

FM - Flex Medical Account

FC - Flex Child Care Account

Dental Insurance

HMO Plan

DE - Employee

D1 - Employee + 1

D2 - Family

Pro-Three Plan

PE - Employee

P1 - Employee + 1

P2 - Employee + 2

Pro-One Plan

OE - Employee

O1 - Employee + 1

O2 - Employee + 2

Apr. 14. 2011 3:39PM

No. 0077 P. 48



SOUTH CAROLINA
Federal Credit Union

Request for Payroll Direct Deposit/Deduction
ABA/Routing Number: 2532-7840-1

<u>GAYLA R RAMEY</u> (Employee's Name as stated on payroll)		_____ (S.C. Federal Credit Union Account Number)	
_____ (Employee's Social Security Number)		_____ (Employer)	
Payment Schedule: ☐ Weekly ☒ Biweekly ☐ Monthly ☐ Other _____			
Payroll Direct Deposit			
<i>I would like my direct deposit: ☐ Started ☐ Changed ☐ Stopped I authorize my employer's payroll office to send my <u>entire net pay</u> (remaining amount after taxes and other deductions by my employer) to my S.C. Federal Credit Union account as indicated below.</i>			
☐ Share savings account number (including suffix) _____			
☐ Checking account number (MICR number) _____			
☐ Other account number (including suffix) _____			
Payroll Deduction			
<i>I would like my payroll deduction: ☒ Started ☐ Changed ☐ Stopped. I authorize my employer's payroll office to deduct the amount(s) below from my regular paycheck and send it (them) to my S.C. Federal Credit Union account(s) as indicated below. I agree to abide by my employer's rules regarding making changes to these amounts. I understand that my employer's payroll office must receive and process this form before deductions can begin.</i>			
☒ Deposit \$ <u>50.00</u> per paycheck to Share savings account number (including suffix) <u>116519100</u>			
☐ Deposit \$ _____ per paycheck to Checking account number (MICR number) _____			
☐ Deposit \$ _____ per paycheck to Other account number (including suffix) _____			
For Business Development Use Only - SCFCU Allocations			
<i>I would like my direct deposit allocation(s): ☐ Started ☐ Changed ☐ Stopped. I authorize S.C. Federal to distribute my direct deposit in the amount(s) to the S.C. Federal Account(s) as indicated below.</i>			
☐ Deposit \$ _____ per paycheck to Share savings account number (including suffix) _____			
☐ Deposit \$ _____ per paycheck to Checking account number (MICR number) _____			
☐ Deposit \$ _____ per paycheck to Other account number (including suffix) _____			
Non-Ownership Allocations			
<i>I would like my credit union allocation: ☐ Started ☐ Changed ☐ Stopped I authorize S.C. Federal to distribute my funds in the amount(s) to the S.C. Federal Account(s) as indicated below. I agree that I relinquish my rights to funds that I choose to allocate to an account, in which I am not a primary or joint owner. I understand that the allocation will not be processed if funds are not available.</i>			
☐ Deposit \$ _____ from account number (including suffix) _____			
To account number (including suffix) _____ ☐ Per paycheck ☐ _____ of every month			

X GAYLA R RAMEY
(Employee's Signature)

Date: 1/20/05

PO Box 190012, North Charleston, SC 29419-9012 • 843-797-8300 • 800-845-0432

Revised 03/03

456

JRR-100

APP - 522

Apr. 14. 2011. 3:39PM

No. 0077 P. 49

EMPLOYEE MASTER FILE

ACCT 5.104.00

Supervisor Approval

Facility

Facility #027

Date

Ridgeway Health & Rehab.

9/2/04

Dept. No.:

Emp. No.:

First Name:

Last Name:

Address:

State:

Zip:

City:

S. S. N.:

Phone: ()

Date of Birth:

Marital Status: (M/S)

Sex: (M/F)

Hire Date:

Status:

IF - Full Time

P - Part Time

T - Temporary

PRN - As Needed

L - On Leave

Term Date:

Original Hire Date:

(If transferring to another facility)

Pay Method: S=Salaried/H=Hourly

H - Pay Rate: \$

S - Annual Salary: \$

Earned Income Credit:

(M/S)

FEDERAL TAX INFORMATION

Filing Status:

H - Head of Household

M - Married

S - Single

Exemptions:

Extra Dollar Amount: \$

STATE TAX INFORMATION

Filing Status:

GA: H

- Head of Household

S - Single

MS - Married - Filing Separate

MSB - Married Joint - Both Working

MJ - Married Joint - One Working

SC: A - All

NC: S - Single

M - Married

Exemptions:

Extra Dollar Amount: \$

DEDUCTIONS

Deduction

Codes

Amount Ea. Pay Period

N - Foreign Nurses

O - Miscellaneous

M - Meals

K - 401K

G - Garnishments

U - Credit Union

V - Savings

L - Life Insurance

Vision Insurance

VE - Employee

VC - Employee + Child

VS - Employee + Spouse

VF - Employee + Family

Health Insurance

Dept. # - Single Health paid by Employer

S - Single Health coverage paid by Employee

F - Family Health coverage paid by Employee

Dental Insurance

HMO Plan

DE - Employee

D1 - Employee + 1

D2 - Family

Pro-Three Plan

PE - Employee

P1 - Employee + 1

P2 - Employee + 2

Pro-One Plan

OE - Employee

O1 - Employee + 1

O2 - Employee + 2

Status Change

No. 0077 P. 50

Apr. 14. 2011 3:39PM

Employee # _____

Personal Action RequestName: Ramey Gayla Position _____ Dept. / Floor _____
Last First Middle

☐ New Employee		☐ Change of Status		☐ Termination				
☐ Full time ☐ Part Time ☐ Temporary		FROM TO		☐ Quit ☐ Resignation ☐ Other				
Hours per week		Rate of pay		☐ Layoff ☐ Dismissal				
☐ Replacement ☐ Addition to Force		Dept.		Reason:				
☐ Exempt ☐ Non-exempt		Shift						
First Day Worked		Position						
Rate of Pay Per hr/yr		☐ Merit ☐ Promotion ☐ Transfer ☐ Other		Effective Date:				
☐ Leave of Absence		Explanation		Rating at Termination				
		Change to PRN Status			Excellent	Good	Fair	Poor
				Quality of Work				
				Quantity of Work				
				Initiative				
				Dependability				
		Effective Date:		General Efficiency				
				Eligible for Rehire ☐ Yes ☐ No				
				Eligible for Accrued Vacation ☐ Yes ☐ No				

Date _____ Department Head / Immediate Supervisor

Date _____ Director of Personnel

Date _____ Administrator

Apr. 14. 2011 3:39PM

Employee # 3825

Personal Action Request

Name: Ramey Gayla
Last First Middle

Position LPN

Dept. / Floor 66

☐ New Employee		☐ Change of Status		☐ Termination				
☐ Full time ☐ Part Time ☐ Temporary		FROM	TO	☐ Quit ☐ Resignation ☐ Other				
Hours per week		Rate of pay		☐ Layoff ☐ Dismissal				
☐ Replacement ☐ Addition to Force		Dept.		Reason:				
☐ Exempt ☐ Non-exempt		Shift						
First Day Worked		Position						
Rate of Pay Per hr/yr		☐ Merit ☐ Promotion ☐ Transfer ☐ Other		Effective Date:				
☐ Leave of Absence		Explanation		Rating at Termination				
		Annual Evaluation			Excellent	Good	Fair	Poor
				Quality of Work				
				Quantity of Work				
				Initiative				
				Dependability				
				General Efficiency				
		Effective Date: <u>7/24/04</u>		Eligible for Rehire ☐ Yes ☐ No				
				Eligible for Accrued Vacation ☐ Yes ☐ No				

DOH: 7/24/02

PRN

Date Department Head / Immediate Supervisor

6/22/04 Lynda C Burr

Director of Personnel

Date

6/22/04 Mark Keller

Administrator

Date

459

APP - 525

No. 0011

7. 21

UNIFORM ORDER FORM - EMPLOYEE PURCHASES

HR 19.104.00a

Page 1 of 1

Issued: July, 2006

Revised:

Appendix A
UNIFORM ORDER FORM – EMPLOYEE PURCHASES

Date: 8/16/07
P.O. #: _____

Business Unit Name: _____
Employee Name: Gayla Parson
First Last

Payment Method: Cash \$ _____ or Payroll Deduction _____ (Maximum: 8 calendar weeks)

Department (Circle One): RN / LPN / CNA / Therapy / Dietary / Maintenance / Source
Environmental Services / Pharmacy / Hospice / Home Health

COLORS: DG=DARK GREEN LG=LIGHT GREEN B=BURGUNDY T=TAN W=WHITE JG=JAZZY GREEN BK=BLACK

ITEM NO.	COLOR	SIZE	QTY	UNIT PRICE	TOTAL COST
TUNICS AND WORK SHIRTS:					
7273	JG	XS S M L XL 2X 3X 4X			
7502	OG	XS S M L XL 2X 3X 4X 5X	1	14.50	14.50
8219	OG	XS S M L XL 2X 3X 4X 5X			
SP60LT	TAN SOLID	XS S M L XL 2X 3X			
SP08WB	BLACK & WHITE CHECK	XS S M L XL 2X 3X 4X			
22073	OG	13 TO 18.5 Indicate size:			

PANTS:		QTY	UNIT PRICE	TOTAL COST
7602	OG LG* B T W BK	XS S M L XL 2X 3X 4X 5X		
7602	Petite: XS S M L XL 2X 3X	Tall: XS S M L XL 2X		
8322	OG T W BK	XS S M L XL 2X 3X		
8322	Petite: XS S M L XL 2X			
8320	OG LG** T W BK	XS S M L XL 2X 3X 4X 5X	2	13.75
8320	Petite: XS S M L XL 2X	Tall: XS S M L XL 2X 3X		27.50
PT20SG	TAN	Waist: Length:		
PT20SG	GREEN	Waist: Length:		
6380	BLACK & WHITE CHECK	XS S M L XL 2X 3X		

WARM UPS:

[illegible]

LAB JACKETS, LAB COATS, AND CHEF COATS:

3230	Jacket	6 8 10 12 14 16 18 20			
3200	Jacket	32 34 36 38 40 42 44 46 48 50 52			
8058	Jacket	XS S M L XL 2X 3X 4X 5X			
1140	Jacket	32 34 36 38 40 42 44 46 48 50 52 54 56			
3155	Coat	4 6 8 10 12 14 16 18 20			
3132	Coat	32 34 36 38 40 42 44 46 48 50 52			
8520244	Chef Coat	32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64			

MISC:

SUBTOTAL:		42.00

Employee Signature: (To be signed when order is placed)
By signing, I agree to payroll deductions for my purchases:

SUBTOTAL:

TAX:

TOTAL COST

I have received my order and understand that it is my responsibility to verify correctness (size, fit, color, logo, etc.). Items may only be returned in new condition on the same day that I take receipt. Once items leave the business unit they may be returned for quality issues only (within 30 days; exchange only). A twenty percent (20%) restocking fee will be charged for all returns except those relating to quality matters or vendor error. By signing I acknowledge receipt and correctness of my order and acceptance of the return policy.

Employee Signature and Date [Signature] 1/12/01

FILE A COPY OF THIS FORM IN THE EMPLOYEE'S PERSONNEL FILE

Apr. 14. 2011 3:40PM

No. 0011 P. 23

PRUITT CORPORATION

CREDIT UNION/BANK ACH AUTHORIZATION FORM

HEALTHCARE CENTER/AGENCY NAME RIDGEWAY

CREDIT UNION/BANK NAME SOUTH CAROLINA FEDERAL CU

CREDIT UNION/BANK ROUTING/TRANSIT NO. 253278401

EMPLOYEE NAME Gayla Ramey EMP. NO. 3825

CREDIT UNION/BANK ACCOUNT NO. 116519100 (Verified)

(PLEASE CHECK ONE) SAVINGS ACCT ☒ CHECKING ACCT ☐

DEDUCTION AMOUNT PER PAY PERIOD \$ 50⁰⁰

Gayla Ramey
EMPLOYEE SIGNATURE

5/25/06
DATE

This form represents your authorization for your Credit Union Deduction to be automatically deposited into your personal account on each effective pay date. ACH transactions clear through an "Automated Clearing House" (ACH) and are direct deposited into your account.

Completion of this form is required for your participation in the ACH Deposit of your Payroll Credit Union Deduction Program.

This form represents the direct deposit of your CREDIT UNION DEDUCTION only, and is not intended as a Direct Deposit Authorization of your entire pay check.

Apr. 14. 2011 2:40PM

No. 0077 IP. 54



FannieMae

Request for Verification of Employment

Privacy Act Notice: This information is to be used by the agency collecting it or its assignee in determining whether you qualify as a prospective mortgagee under the program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagee or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, U.S.C., Chapter 37 (UVA); by 12 U.S.C., Section 1701 et. seq. (HMDA); by 42 U.S.C., Section 14622 (HMDA/CPD); and Title 42 U.S.C., 1471 et. seq. or 7 U.S.C., 1921 et. seq. (HMDA/MLA).

Instructions: Lender - Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1.
Employer - Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 7.
The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

Part I - Request

1. To (Name and address of employer) Ridgeway Health and Rehab PH# 803-337-3211 F# 803-337-8124	2. From (Name and address of lender) Ameriqueat Mortgage Company 1320 Main Street, Suite 200 Columbia, SC 29201

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender <i>Carman C. Clements</i>	4. Title Carman Clements LCA	5. Date 6/29/05	6. Lender's No. (Optional) 0125724740 - 7454

I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of the information.

7. Name and Address of Applicant (Include employee or badge number) Dayla Ramey 401-98-7482 10 Duke Drive Lugoff, SC 29078	8. Signature of Applicant <i>X</i>

Part II - Verification of Present Employment

9. Applicant's Date of Employment 7-24-02	10. Present Position LPN	11. Probability of Continued Employment Good
12A. Current Gross Base Pay (Enter Amount and Check Period) 28 ⁰⁰ ☐ Annual ☐ Weekly ☐ Other (Specify) ☒ Monthly ☒ Hourly		13. For Military Personnel Only Pay Grade _____ Type _____ Monthly Amount _____
12B. Gross Earnings Type Year To Date Past Year Past Year Base Pay Thru 12/31/05 2005 2004 2003 Overtime \$ \$ \$ Commissions \$ \$ \$ Bonus \$ \$ \$ Total 34594.00 57942.50 39434.50		14. If Overtime or Bonus is Applicable, is the Continuation Likely? Overtime ☒ Yes ☒ No ☐ Yes ☒ No 15. If paid hourly - average hours per week _____ 16. Date of applicant's next pay increase N/A 17. Projected amount of next pay increase N/A 18. Date of applicant's last pay increase N/A 19. Amount of last pay increase N/A
20. Remarks (If employee was off work for any length of time, please indicate time period and reason)		

Part III - Verification of Previous Employment

21. Date Hired	23. Salary/Wage at Termination Per (Year) (Month) (Week) Base _____ Overtime _____ Commissions _____ Bonus _____
22. Date Terminated	24. Reason for Leaving
25. Position Held	

Part IV - Authorized Signature - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the USDA, FmHA/ESA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer <i>Lynda C Burr</i>	27. Title (Please print or type) Book Keeper	28. Date 7/1/05
29. Print or type name signed in item 26 Lynda C Burr		
30. Phone No. 803-337-3211		

Fannie Mae
Form 1005 July 99

(231) - 23 (800) 621-7291

VMP MORTGAGE FORMS - (800) 621-7291

Apr. 14. 2011 3:40PM

INo. 0077 IP. 55



**AMERIQUEST
MORTGAGE
COMPANY**

Corporate Offices
1100 Town & Country Road
Orange, CA 92668

Fax

Receiver's Information	Sender's Information
To: <u>Ms. Bunn</u>	From: <u>Carmen Clemente</u>
Phone: <u>803-337-3211</u>	Phone: <u>1-800-924-8592 EXT 218</u>
Fax: <u>803-337-8124</u>	Fax: <u>803-376-4964</u>
Co./Dept: <u>VOL / LIL</u>	Dept./Branch: <u>Columbia</u>
	Address: <u>1320 Main St, Ste 200</u>
	City/State/Zip: <u>Columbia, SO 29201</u>

Date:

6/29/05

of Pages Including Cover:

2

Re:

G. Ramsey

☒ Urgent

☒ For Review

☒ Please Comment

☒ Please Reply

Comments:

Please fill out and fax
back to 803-376-4964.

Thank You!

Carmen Clemente

Loan Coordinator Assistant

Notes:

1. This fax contains information which is confidential and privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not use, copy or disclose to anyone the information contained in this fax or documents sent with this fax. If you have received the message in error, please advise the sender by phone and destroy all documents faxed.
2. Neither Ameriquest Mortgage Company, nor any officer, employee or agent of Ameriquest Mortgage Company is authorized to enter into any agreement or other obligation for Ameriquest Mortgage Company by E-mail, facsimile or any other electronic means without specific authorization. Such authorization has not been granted in the case of this faxed communication or the transaction or matter to which it relates. This faxed message and all other related communications may not be relied upon by the recipient for any purpose, and are not legally binding, valid or enforceable pursuant to the federal E-sign act or state counterpart.

Rev. 1/10/02

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TX/RX NO          2308
CONNECTION TEL          18033764964
SUBADDRESS
CONNECTION ID
ST. TIME          07/01 14:18
USAGE T          00'25
PGS. SENT          1
RESULT          OK
```

No. 4439 P. 2

FannieMae Request for Verification of Employment

Please do not sign this form unless you are the lender or the assignee in determining whether you qualify as a prospective mortgagee under the program. If you are not the lender or the assignee, you are required to provide this information. If you do not provide this information, your application for approval as a prospective mortgagee or borrower may be delayed or denied. The information requested in this form is authorized by this 38, USC, Chapter 57 (H.V.A.) by 12 USC, Section 1701 et. seq. (if HUD/PRA); by 42 USC, Section 1462b (if HUD/OP) and this 42 USC, 1471 et. seq. or 7 USC, 1921 et. seq. (if USDA/FMHA).

Instructions: Lender Complete Items 1 through 7. Have applicant complete Item 8. Forward directly to employer named in Item 1. Employer - Please complete either Part II or Part III as applicable. Complete Part IV and submit to lender named in Item 2. The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

Part I - Request

1. To (Name and address of employer) MSBart
Ridgeway Health and Rehab
PH 803-337-5211
FAX 803-337-8124

2. From (Name and address of lender)
Ameriquest Mortgage Company
1320 Main Street, Suite 200
Columbia, SC 29201

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender [Signature] 4. Title Carren Clements 5. Date 6/29/05 6. Lender's No. (Optional) 0325726740 - 7454

Have applicant take this form and state that I authorize it was formally employed by you, my signature below authorizes verification of this information.

7. Name and Address of Applicant (include employer or badge number)
Gayla Ramey
401-90-7482
16 Duke Drive
Lugoff, SC 29018

8. Signature of Applicant X

Part II - Verification of Present Employment

9. Applicant's Date of Employment 7-24-02 10. Present Position LPN 11. Probability of Continued Employment Good

12A. Current Gross Base Pay (Enter Amount and Check Period)
28.00 ☐ Annual ☐ Weekly ☐ Other (Specify) ☒ Monthly ☒ Hourly

12B. Gross Earnings

Type	Year to Date	Past Year	Past Year
	<u>2005</u>	<u>2004</u>	<u>2003</u>
Base Pay	<u>101,310.50</u>		
Overtime			
Commissions			
Bonus			
Total	<u>34,594.00</u>	<u>57,942.50</u>	<u>39,434.50</u>

13. For Military Personnel Only

Pay Grade	Type	Monthly Amount

14. (1) Overriding of Bonus is Applicable to his Compensation Level? ☐ Overtime ☐ Bonus ☐ Yes ☒ No ☐ Yes ☒ No

15. (1) Paid Hourly - average hours per week N/A

16. Date of applicant's next pay increase N/A

17. Projected amount of next pay increase N/A

18. Date of applicant's last pay increase N/A

19. Amount of last pay increase N/A

20. Remarks (If employee will be off work for any length of time, please indicate time period and reason)

Part III - Verification of Previous Employment

21. Date Hired 464 22. Date Terminated 464 23. Salary/Wage at Termination Pay (Year) (Date) (Week) 464 24. Base 464 Overtime 464 Commission 464 Bonus 464

Apr. 14. 2011 3:40PM

No. 0077 P. 57

Ridgeway Health and Rehab Center
PO Box 68, Ridgeway SC 29130
(803)337-3211

Attention: Steve Stewart
Fax # (803)735-8170

From: Lynda C. Burr
Book Keeper

Reference: Gayla Ramey

Ms. Ramey is employed by Ridgeway Health and Rehab.
Her date of hire is 07/24/02. If you have further questions
concerning her employment, please contact me at the above
number or fax me at (803) 337-8124.

Apr. 14. 2011 3:40PM

No. 0077 P. 58

TRANSACTION REPORT

AUG-28-03 03:20 PM

FOR:

SEND

DATE	START	RECEIVER	PAGES	TIME	NOTE

AUG-28	03:19 PM	18037358170	1	37"	OK

Iss'd per phone conversation
w/ Gayla on 8/28/03 -
LBurn

Apr. 14. 2011 3:41PM

No. 0077

P. 59

Fannie Mae

Request for Verification of Employment

Privacy Notice: This information is used by the lender to verify the borrower's employment history. It is not to be used for any other purpose. The information is not to be shared with any third party. The information is not to be used for any other purpose. The information is not to be shared with any third party.		LENDER'S PHONE NUMBERS Phone: (800) 735-8101 Fax: (800) 735-8170	
1. To (Name and Address of Employer) RIDGEWAY HEALTH & REHAB LYNDA C. BURR P.O. BOX 68 RIDGEWAY, SC 29130		2. From (Name and Address of Lender) THE MILLENNIUM GROUP VI 1700 ALTA VISTA DRIVE SUITE 100 COLUMBIA, SC 29224	
3. Signature of Lender ANGELA HARDY		4. Title Loan Processor	
5. Date 08/28/2003		6. Lender's No. (Optional) KANEY GAYLA	
7. Name and Address of Applicant KANEY GAYLA 218 SMITHFIELD CIRCLE ELGIN, SC 29045		8. Signature of Applicant See attached authorization	
Part II - Verification of Present Employment			
9. Applicant's Date of Employment 07-24-02		10. Current Position LPN	
11. Probability of Continuing Employment Good		12. Current Gross Base Pay (Enter Amount and Check Period) 28.00 ☐ Annual ☐ Weekly ☐ Other (specify) ☒ Monthly ☒ Hourly	
13. For Military Personnel Only		14. If Overdue or Suspended Applicant's in its Service since Last? Yes ☐ No ☒	
15. If paid hourly - average hours per week 20-29		16. Date of applicant's last pay increase	
17. Proposed amount of next pay increase		18. Date of applicant's last pay increase	
19. Amount of last pay increase		20. Remarks (If employee was on work for any length of time, please indicate the period and reason)	
Part III - Verification of Previous Employment			
21. Date Hired		22. Salary/Rate of Termination Pay (Year) (Month) (Week)	
23. Date Terminated		24. Reason for Leaving	
25. Position Held		26. Position Held	
Part IV - Authorized Signatures - Federal and state provide severe penalties for any fraud, intentional misrepresentation, or criminal conduct or conspiracy purposed to influence the issuance of any guarantee or insurance by the VA.			
27. Signature of Employer Lynda C. Burr		28. Signature of Applicant KANEY GAYLA	
29. Date 8/28/03		30. Phone Number (803) 337-3211	

Fannie Mae
Form 1005 Rev. 00

Buyer's Office: (800) 838-4556 (602)

Apr. 14. 2011 3:41PM

8837358170

MILLENNIUM GROUP VI

No. 0077 P. 60



1700 Alta Vista Dr., Suite 100
Columbia, SC 29224

THE MILLENNIUM GROUP VI

Phone: 803-735-8101
Fax: 803-735-8170
Email: tung@gateway.net

Date Mailed: 7/29/2003

AUTHORIZATION TO RELEASE

I/We hereby authorize THE MILLENNIUM GROUP VI and/or its assigns or successors to verify my past and present employment, earnings records, bank accounts, stock holdings and any other asset balance needed to process my mortgage application.

I further authorize THE MILLENNIUM GROUP VI and/or its assigns or successors to order a mortgage credit report and verify all other credit information, including past and present mortgage and landlord references. It is understood that a photocopy of this document shall also serve as an authorization to provide the information requested.

I/We also authorize and instruct the Social Security Administration to release any information regarding any benefits we may be receiving to THE MILLENNIUM GROUP VI, LLC and/or its assigns or successors. I want this information release because I/We have applied for mortgage loan and need proof of income.

Gayla Ramey
Client's Signature

Gayla Ramey
Print Name

7/29/03
Date signed

Client's Signature

Print Name

Date signed

Apr. 14. 2011 3:41PM 803/358178

1760 ALTA VISTA DR, STE 100
COLUMBIA, SC 29223
803.735.8101P
803.735.8176F

MILLENNIUM GROUP VI

No. 0077 P. 61

THE MILLENNIUM GROUP VI

FAX

To: Lyndee C. Burr From: Steve Stewart
Fax: 803 - 337 - 8124 Pages: 3
Phone: 803 - 337 - 3211 Date: 8/28/03
Re: Gayle Ramsey CC:

Mrs. Burr

Please fill out this verification
of employment form and fax.

☒ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

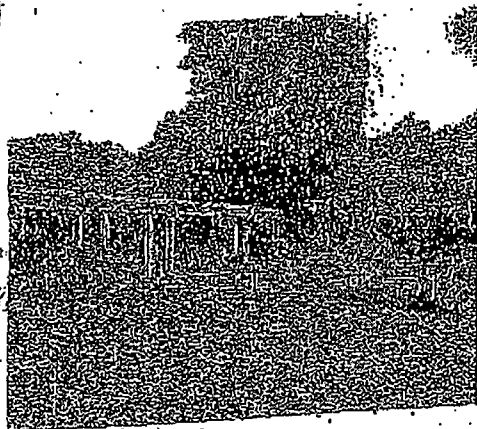
• Comments:

Thanks!

Steve Stewart

CONFIDENTIALITY NOTICE

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Ridgeway Health and Rehabilitation Center

P.O. Box 68 Third Street
Ridgeway, SC. 29130
(803) 337-3211
Fax (803) 337-8124

Skilled Nursing Care

Secured Entrance/Exit

Physical, Occupational
& Speech Therapies

Wound Care Management

Respite

Therapeutic Recreation

Social Services

Care for the Terminally Ill

Laundry Service

In house Podiatry

Specialized Dietary Services

Medicare & Medicaid
Certified

Private Rooms

Beauty/Barber Shop

VA Contractor

Private Insurance

Fax # 803 735 8170

Date:

To Steve Stewart

From: Linda C. Burr

Message:

Re: Gayla
Ramey

2 # of Pages (including cover sheet)

STATEMENT OF CONFIDENTIALITY: The documents transmitted by this facsimile contains information from Ridgeway Health and Rehabilitation Center, and may be confidential and privileged information. This information is intended for the use of the addressee named on this transmittal sheet. If you are not the addressee, any disclosure, Photocopying, distribution or use of its contents is prohibited. If you have received this facsimile in error, please call immediately so that we may arrange to retrieve the original documents. If you have any questions regarding this fac or if there are any problems with the transmission, please call (803) 337-3211.

Apr. 14. 2011 3:41PM

No. 0077 P. 63

TRANSACTION REPORT

AUG-28-03 04:18 PM

FOR:

SEND

DATE START RECEIVER

PAGES

TIME

NOTE

AUG-28 04:17 PM 18037358170

2

1'22"

OK

Apr. 14. 2011 3:41PM

Employee # 3825

Personal Action Request

Name: Ramsey Hays Position LPN Dept. / Floor 66
 Last First Middle

☐ New Employee		☐ Change of Status		☐ Termination				
☐ Full time ☐ Part Time ☐ Temporary		FROM	TO	☐ Quit ☐ Resignation ☐ Other				
Hours per week		Rat of pay	\$28 ⁰⁰	☐ Layoff ☐ Dismissal				
☐ Replacement ☐ Addition to Force		Dept.		Reason:				
☐ Exempt ☐ Non-exempt		Shift						
First Day Worked		Position						
Rate of Pay Per hr/yr		☐ Merit ☐ Promotion ☐ Transfer ☐ Other		Effective Date:				
☐ Leave of Absence		Explanation		Rating at Termination				
					Excellent	Good	Fair	Poor
		Annual Evaluation		Quality of Work				
				Quantity of Work				
				Initiative				
				Dependability				
		Effective Date:		General Efficiency				
				Eligible for Rehire ☐ Yes ☐ No				
				Eligible for Accured Vacation ☐ Yes ☐ No				

DOH: 7/24/02 PT

Date 7/28/03 Department Head / Immediate Supervisor Rymda C Burr
 Date 7/28/03 Director of Personnel M. Keller
 Date Administrator

No. 0077 P. 64

472

APP - 538

Apr. 14. 2011 3:42PM

No. 0011 P. 65

EMPLOYEE MASTER FILE

Supervisor Approval

Facility

Date

Ridgeway Health & Rehab

7/28/03

Dept. No.: 666

Bmp. No.: 3825

Last Name: Ramey

First Name: Gayla

Address:

City:

State:

Zip:

Phone: ()

S. S. N.:

Marital Status: (M/S)

Sex: (M/F)

Date of Birth:

Hire Date:

Status:

F - Full Time
P - Part Time
T - Temporary
PRN - As Needed
L - On Leave

Term Date:

Original

Hire Date:

(If transferring to another facility)

Pay Method: S=Salaried / H=Hourly

H - Pay Rate: \$

S - Annual Salary: \$

Earned Income Credit: (M/S)

FEDERAL TAX INFORMATION

Filing Status:

H - Head of Household

M - Married

S - Single

Exemptions:

Extra Dollar Amount: \$

STATE TAX INFORMATION

Filing Status:

GA: H - Head of Household
S - Single

MS - Married - Filing Separate
MTB - Married Joint - Both Working
MJI - Married Joint - One Working

SC: A - All

NC: S - Single

MI - Married

Exemptions:

Extra Dollar Amount: \$

DEDUCTIONS

Deduction

Codes

Amount Ea. Pay Period

N - Foreign Nurses
O - Miscellaneous
M - Meals
K - 401K
G - Garnishments
U - Credit Union
Y - Savings
L - Life Insurance

Vision Insurance

VE - Employee
VC - Employee + Child
VS - Employee + Spouse
VF - Employee + Family

Health Insurance

Dept. # - Single Health paid by Employer
S - Single Health coverage paid by Employee
F - Family Health coverage paid by Employee

Dental Insurance

DMO Plan
DE - Employee
D1 - Employee + 1
D2 - Family

Pro-Thru Plan

PE - Employee
P1 - Employee + 1
P2 - Employee + 2

Pro-One Plan

OE - Employee
O1 - Employee + 1
O2 - Employee + 2

473

APP - 539

Apr. 14. 2011 3:42PM

No. 0077 P. 66

EMPLOYEE MASTER FILE

Supervisor Approval

Facility #027

Date

McKeller

Ridgeway Health & Rehab.

7-24-02

Dept. No.: 66

Emp. No.: 3825

Last Name: Ramey

First Name: Gayla

Address: [REDACTED]

City: [REDACTED]

State: SC

Zip: 29045

Phone: ([REDACTED])

S. S. N.: [REDACTED]

Marital Status: (M/S) M

Sex: (M/F) F

Date of Birth: 1 / 2 / 61

Hire Date: 7.24.02

Status: ☒ F - Full Time

Term Date: / /

Original

Hire Date: / /

(If transferring to another facility)

☒ P - Part Time

☐ T - Temporary

☐ PRN - As Needed

☐ L - On Leave

Pay Method: S=Salaries / H=Hourly H

H - Pay Rate: \$ 28.00

S - Annual Salary: \$

Earned Income Credit: (M/S)

FEDERAL TAX INFORMATION

Filing Status: M H - Head of Household M - Married S - Single

Exemptions: 3 Extra Dollar Amount: \$

STATE TAX INFORMATION

Filing Status: M GA: H - Head of Household SC: A - All
S - Single MS - Married - Filing Separate NC: S - Single
MJB - Married Joint - Both Working M - Married
MJI - Married Joint - One Working

Exemptions: 3 Extra Dollar Amount: \$

DEDUCTIONS

Deduction

Codes Amount Ea. Pay Period

N - Foreign Nurses
O - Miscellaneous
M - Meals
K - 401K
G - Garnishments
U - Credit Union
V - Savings
L - Life Insurance

Vision Insurance
VE - Employee
VC - Employee + Child
VS - Employee + Spouse
VF - Employee + Family

Health Insurance

Dept. # - Single Health paid by Employer
S - Single Health coverage paid by Employee
F - Family Health coverage paid by Employee

Dental Insurance

HMO Plan

DE - Employee

D1 - Employee +1

D2 - Family 474

Pro-Three Plan

PE - Employee

P1 - Employee +1

P2 - Employee +2

Pro-One Plan

OE - Employee

O1 - Employee +1

O2 - Employee +2

APP - 540

Form W-4 (2002)

Purpose. Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2002 expires February 18, 2003. See Pub. 505, Tax Withholding and Estimated Tax.

Exemptions. You cannot claim exemption from withholding if (a) your income exceeds \$750 and includes more than \$250 of unearned income (e.g., interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Read instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to

income, or two-earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses, and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 819, How to Adjust My Tax Withholding for information on converting your other credits into withholding allowances.

Mortgage income. If you have a large amount of mortgage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job; and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 979 to see how the dollar amount you are having withheld compares to your projected total tax for 2002. See Pub. 818, especially if you used the Two-Earner/Two-Job Worksheet on page 2 and your earnings exceed \$125,000 (single) or \$175,000 (married).

Report name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent

B Enter "1" if:

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit):

- If your total income will be between \$15,000 and \$12,000 (\$20,000 and \$25,000 if married), enter "1" for each eligible child plus 1 additional if you have three or more eligible children or 2 additional if you have six or more eligible children.
- If your total income will be between \$42,000 and \$50,000 (\$55,000 and \$71,500 if married), enter "1" if you have one or two eligible children, "2" if you have three eligible children, "3" if you have four eligible children, or "4" if you have five or more eligible children.

H Add lines A through G and enter total here. Note: This may be different from the number of exemptions you claim on your tax return. See the Deductions

- For accuracy, complete all worksheets that apply.
- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
 - If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000, see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.
 - If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0040
2002

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

1 Type or print your first name and middle initial

Gayla R.

Last name

Bracey

Home address (number and street or rural route)

City or town, state, and ZIP code

2 Your social security number

3

4

5

6

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22

23

24

25

CONFIDENTIALITY AGREEMENT & ACKNOWLEDGMENT

HIM P.111.00a

Issued: April, 2003
Revised:

Page 1 of 1

CONFIDENTIALITY AGREEMENT & ACKNOWLEDGMENT

This agreement is to include but not limited to employees, volunteers, students, physicians, and third parties.

It is the policy of this healthcare center/agency to respect and protect the privacy rights of patients/residents, their families, staff and third parties.

I understand that I must keep confidential all information about a patient/resident and/or their family's identity, health and/or finances (also known as protected health information (PHI)) that I may hear, see or read at the healthcare center/agency or one of its affiliated entities. In addition to any other information about the healthcare center/agency's business, staff or third parties, (and/or agents of) that is disclosed or becomes known in the course of my role with the organization. I agree to keep this information in confidence forever, even after I am no longer employed by the healthcare center/agency.

I understand that legal action may be taken against me if I:

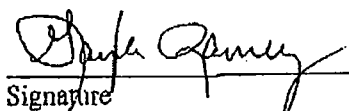
- Have, use, copy or read PHI which is outside the scope of my assigned duties.
- Give or allow access to any PHI which is not authorized or otherwise allowed by law.

In addition, I understand that there are federal and state laws regarding the confidentiality of PHI and that if I do not follow the above requirements, it could:

- Result in civil fines, penalties and/or criminal sanctions against me and/or the healthcare center/agency or one of its affiliated entities.
- Result in a civil lawsuit and judgment against me personally and/or the healthcare center/agency or one of its affiliated entities.

I understand that if I do not follow these legal requirements, it may result in disciplinary action against me up to and including termination, and an entry in my employee record of "not eligible for rehire."

I have read and understand the above statements.


Signature

5/29/09
Date

Apr. 14. 2011 3:43PM

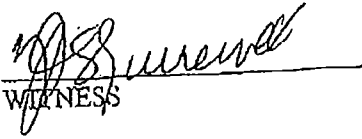
No. 0078 P. 2/42

SMOKING POLICY

This acknowledges that I have received a copy of the SMOKING POLICY for Tanglewood Health Care. I have been given the opportunity to ask questions about this policy.


EMPLOYEE SIGNATURE

7/24/02
DATE


WITNESS

7-24-02
DATE

NOTICE
CLIENT-PATIENT PROTECTION ACT

CODE OF LAWS OF SOUTH CAROLINA, 1976
SECTION 43-30-10 SEQ

This Law requires any physician, nurse, dentist, optometrist, medical examiner, coroner, or any other medical or mental health professional, christian science practioner, religious healer, school teacher, counselor, psychologist, mental health or retardation specialist, social or public assistance worker or law enforcement officer having reason to beleive that a client-patient has suffered or been threatened with mental or physical abuse or neglect to report such a case within 24 hours to the South Carolina Law Enforcement Division, the Ombudsman of the governor or the solicitor having jurisdiction over that area.

Any person may also make a report of abuse or neglect.

Any person required to report cases of suspected client-patient abuse or neglect to the coroner if there is reason to beleive that a client-patient has died as a result of abuse or neglect. Any other person may take such a report.

Any person required to make a report or neglect under this law may take or cause to take photographs of trauma visible on a client-patient who is subject of the report. A staff member of a medical facility or other public or private institute, school, facility or agency shall immediately notify the person in charge of the facility who must, if medically indicated order radiological tests of the client-patient.

Any person required or permitted to report cases of abuse or neglect under the Client-Patient Protection Act, acting in good faith, shall be immune from civil and criminal liability.

Any person required to report such cases of abuse or neglect under Client-Patient Protection Act who does not report case or cause a report to be filed shall be guilty of a misdemeanor and, upon conviction, shall be fined not less than \$100 nor more than \$1,000, or imprisonment for not more than six months or both.

Any person convicted of abuse or neglect of a Client-Patient is guilty of a misdemeanor and, must be not less than 90 days nor more than 5 years.

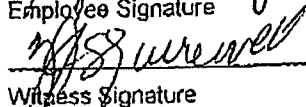
REPORTS OF ABUSE OR NEGLECT OF A CLIENT-PATIENT MAY BE ORALLY, IN WRITING
OR BY PHONE TO:

Mr. Robert Stewart
State Law Enforcement Division
P.O. Box 21398
Columbia, S.C. 29221
Phone: 803-737-9000

Mr. W. Jefferson Bryson
State Ombudsman
1205 Pendleton Street
Columbia, S.C. 29201
Phone: 803-734-0457
734-0546


Employee Signature

7/24/02
Date


Witness Signature

Apr. 14. 2011 3:43PM

No. 0078 P. 4/42

TANGLEWOOD
HEALTH CARE CENTER

POST OFFICE BOX 68 RIDGEWAY, SOUTH CAROLINA 29130 (803) 337-3211

RESIDENT'S RIGHTS

RESPONSIBILITY OF EMPLOYEE TO CARRY OUT RESIDENT'S RIGHTS.

I acknowledge that I have received and reviewed the residents rights document. I understand and will follow the policies and procedures that have been outlined. I also understand that failure to follow these rules and regulations will result in disciplinary action up to termination.

Employee's Signature *Myrtle Ramey*

Date 7/24/02

Employer's Signature *J. S. Squirewell*

ABUSE POLICY

This acknowledges that I have received a copy of the ABUSE POLICY for Tanglewood Health Care. I have been given the opportunity to ask questions about this policy.

[Signature]
EMPLOYEE SIGNATURE

7/24/02
DATE

[Signature]
WITNESS

7-24-02
DATE

Apr. 14. 2011 3:43PM

No. 0078 P. 6/42

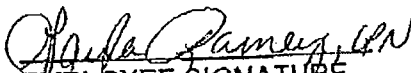
**TANGLEWOOD
HEALTH CARE CENTER**

POST OFFICE BOX 68 RIDGEWAY, SOUTH CAROLINA 29130 (803) 337-3211

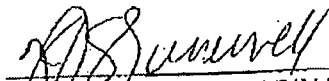
ORIENTATION FOR NEW EMPLOYEES

I HAVE RECEIVED COPIES OF THE FOLLOWING:

- (☒) RESIDENT'S RIGHTS
- (☒) FIRE PLAN
- (☒) DISASTER PLAN
- (☒) PROFIT SHARING PLAN
- (☒) WORKERS COMPENSATION INFORMATION
- (☒) SICK LEAVE POLICY
- (☒) CALL IN POLICY
- (☒) INFORMATION ON LUNCH BREAKS AND TELEPHONE USE
- (☒) JURY DUTY, VACATION TIME & HOLIDAYS
- (☒) DRESS CODE
- (☒) INSURANCE INFORMATION
- (☒) HANDBOOK


EMPLOYEE SIGNATURE

7/24/02
DATE


PERSONNEL COORDINATOR

Ridgeway Health and Rehabilitation Center

Call In Policy
Revised 5/30/96
Revised 12/4/01
Effective 1/1/02

Any individual calling in absent from work must call into their supervisor at least 2 hours prior to the shift start. In emergency situations, the facility will assist in finding the employee's replacement. Sick time is paid beginning on the 4th day of illness (with the exception of hospitalization). Sick time is paid only with a physician's note. Employees must find their own replacement in non-emergency situations ie. Doctor's appointments, meetings, etc. Schedule changes must be approved by your supervisor. A no call no-show is considered a resignation.

An occurrence is a period of consecutive absences regardless of the number of days. Corrective action procedure is as follows:

- Third occurrence in a 6 month period will result in a verbal warning.
- Fourth occurrence in a 6 month period will result in your first written warning.
- Fifth occurrence in a 6 month period result in your final written warning.
- Sixth occurrence in a 6 month period will result in termination.

One tardy (arriving seven minutes late or leaving seven minutes early without prior approval of supervisor) will count as 1/2 of an occurrence.

Probationary employees (employees who have not completed first 90 days of employment) will be terminated if they have 3 occurrences during their probationary period.

Approved absences that are not considered an occurrence are:

- Family/Medical Leave Act
- Medical Leave of Absence
- Jury Duty
- Reserve Duty
- Vacation
- Disciplinary Days Off

Employees need to realize that finding their own transportation to and from work is a condition of their employment. It is understood that there will be times when car troubles, threat of bad weather, etc. seem to suggest a need to call-in at work. This is where the employee needs to be creative in finding a back up plan for getting to work in any situation. This is important in that even in these situations disciplinary action may be taken per call-in policy.

I HAVE READ AND UNDERSTOOD THE ABOVE POLICY:


EMPLOYEE SIGNATURE

7/24/02
DATE

SICK LEAVE

NORTH CAROLINA AND SOUTH CAROLINA

United Health Services, Inc. recognizes that employees who are unable to work due to illness or injury may suffer economic hardship. For this reason, the company provides a sick leave plan which will allow a maximum of seven (7) paid sick leave days each year. Sick leave will begin to accrue from the date of employment but cannot be taken until after the 90 day appraisal period has been satisfied. Sick leave may be carried over from one year to the next, but can only be accrued up to a maximum of seven (7) days.

each eligible employee will accrue .0269 hours of sick leave (at the employee's pay rate for the hours worked) for every one hour of productive work. An eligible is one who is paid on an hourly or salaried basis who is employed by a nursing home qualified to participate in the sick leave plan. No paid sick leave will be granted the first three days of an illness related absence unless admitted to a hospital. In the case of hospital admission, sick leave would then be effective the first normally scheduled work day the employee is absent. Regular schedule off days are counted for pay purposes during the illness. For purpose of this policy, hospital admission is defined to include outpatient surgery. A physician's statement is required for pay purposes for all sick leave. This statement must certify that the employee's condition prevented him or her from performing the assigned duties during the period, and that the employee is not in condition to resume normal work duties.

Sick leave may be used for bereavement leave for death in the immediate family. Immediate family is defined as mother, father, mother-in-law, father-in-law, sister, brother, sister-in-law, brother-in-law, son, daughter, spouse or grandparents. In case of the death of a family member, leave would be effective the first normally scheduled work day the employee is absent.

No more than seven (7) paid sick days, including (3) paid bereavement days that would be available, may be accrues and taken in one year. Paid days can be taken only to the extent that the days have been accrued. Once an employee accrues the maximum of seven (7) days during a calendar period, the accrual process will stop.

Employees are required to use any accrued leave time as part of the twelve-week family and medical leave. Employees will be paid for the portion of the leave that is accrued sick leave.

Effective Date: August 1, 1997

Janet Ramey
EMPLOYEE SIGNATURE

7/24/02
DATE

M. S. Murrell
WITNESS SIGNATURE

WORKERS' COMPENSATION PRECEDURES

IMPORTANT!!!!!! FAILURE TO COMPLY WITH THE FOLLOWING PROCEDURES WHEN AN ON-THE-JOB INJURY OCCURS COULD PREVENT YOU FROM RECEIVING WORKERS' COMPENSATION BENEFITS:

1. When an employee is injured at work, he/she must report this injury to his/her supervisor immediately.
2. Workers' compensation will not pay for treatment at the emergency room in non-emergency situations.
3. Follow-up doctor visits should be scheduled before and after work hours where possible.
4. Should an injury require medical treatment, the injured employee must select a physician from the list below and receive an authorization form from the company's authorized representative prior to obtain medical treatment in non-emergency situations. My employer has explained the physician panel to me and I understand it.

NAMES AND ADDRESS OF PANEL DOCTORS:

1. Dr. Roger Gaddy
511 W. Moultrie St.
Winnsboro, S.C 29180
(803) 635-6487

EMPLOYEE STATEMENT:

I have read (or have had read to me) and understand that the above procedures are to be followed for injuries on the job.

EMPLOYEE SIGNATURE: Hayla Ramsey 7-24-02

WITNESS: [Signature]

Apr. 14. 2011 3:44PM

No. 0018 P. 10/42

**TANGLEWOOD
HEALTH CARE CENTER**

POST OFFICE BOX 58 RIDGEWAY, SOUTH CAROLINA 29130 (803) 337-3211

TO: ALL EMPLOYEES

THE FOLLOWING IS SOME INFORMATION TO BRING YOU UP TO DATE OR
REFRESH YOUR MEMORY ON A FEW ITEMS.

1. LUNCH BREAKS

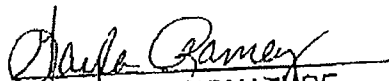
YOU DO NOT GET PAID TO EAT LUNCH. YOU NEED TO CLOCK OUT FOR
LUNCH WHEN YOU LEAVE THE BUILDING. IF YOU DO NOT LEAVE THE
BUILDING FOR LUNCH, 30 MINUTES WILL AUTOMATICALLY BE
DEDUCTED FROM YOUR TIME. IF YOU WORK THROUGH YOUR LUNCH
BREAK; YOU MUST HAVE YOUR SUPERVISOR NOTIFY PERSONNEL.

2. USE OF TELEPHONES AND TELEPHONE CALLS

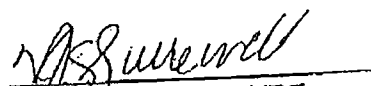
YOU ARE NOT ALLOWED TO HAVE PERSONAL PHONE CALLS, UNLESS
IT IS AN EMERGENCY. YOU ARE ONLY ABLE TO MAKE EMERGENCY
PHONE CALLS WITH THE APPROVAL OF YOUR SUPERVISOR.

PAY PHONES ARE LOCATED IN THE DAY AREAS OF THE FACILITY. THEY
SHOULD BE USED FOR PERSONAL PHONE CALLS— ON YOUR BREAKS.

THIS APPLIES TO ALL SHIFTS.


EMPLOYEE SIGNATURE

7/24/02
DATE


WITNESS SIGNATURE

Apr. 14. 2011 3:44PM

No. 0078 P. 11/42

**TANGLEWOOD
HEALTH CARE CENTER**

POST OFFICE BOX 68, RIDGEWAY, SOUTH CAROLINA 29130 (803) 337-3211

TO: EMPLOYEE

FROM: Mal Keller, Administrator

Please be advised that your employment is contingent upon the successful completion of a drug screening performed by utilizing Urine Analysis Screening procedures.

In the event the test is positive, you will be given the opportunity to discuss the results with the Medical Review Officer. Unless some unusual occurrence necessitates re-testing, you will be terminated.

Thank you for your understanding and your cooperation in this matter. If you have any questions concerning this memorandum, please discuss them with your immediate supervisor.

I (employee) Gayla Ramey acknowledge that I have read or had read to me this document. I understand the contingent nature of my employment and agree to being tested as defined in the substance abuse policy.

7/24/07
DATE

Gayla Ramey
Employee's Signature

7-24-07
DATE

J. S. Gurewell
Employer's Signature

Apr. 14. 2011 3:44PM

No. 0078

P. 12/42

July 13, 1999

DRUG AND SLED CHECK

It should be understood that you are being hired on a probationary period.
If your sled check or drug test come back unfavorable and don't comply
with the company's policy, you will be terminated.

John Ramey
EMPLOYEE SIGNATURE

7/24/02
DATE

J. S. Saurwell
SUPERVISOR SIGNATURE

7-24-02
DATE

TANGLEWOOD
HEALTH CARE CENTER

POST OFFICE BOX 68 RIDGEWAY, SOUTH CAROLINA 29130 (803) 337-3211

CONFIDENTIALITY

Responsibility of Employees for maintaining
confidentiality:

As an employee of Tanglewood Health Care Center, I am aware of my responsibility to maintain the confidentiality of Resident Data and information of legal penalties which may be assessed for unauthorized disclosure. I understand that penalties may be a fine of not more than \$1,000 and/or imprisonment for not more than six months, as outlined in section 1166 (b) of the Social Security act.

I acknowledge that I have read or have had read to me the above statement on confidentiality.

Employee's Signature

Debra Ramsey

Date 7/24/02

Employer's Signature

J. S. Sumner

Apr. 14. 2011 3:44PM

No. 0078 P. 14/42

DRESS CODE

All employees are expected to take a personal interest in being neat, clean, appropriately dressed, and professional at all times. To assist the employees in attaining a professional appearance, the following dress code has been established. The dress code will be strictly adhered to at all times.

RN's and LPN's- White foundation, standard white nurses uniform, caps optional, white duty shoes or tennis shoes. White hose while wearing a dress uniform, name tags at all times.

Nurse Assistant- Fuschia/Electric rose tops, fuschia or electric rose or white pants or skirts, white foundation, white duty shoes or tennis shoes (no canvas shoes), name tags at all times.

Housekeeping and laundry- Medium blue uniforms white shoes or tennis shoes, back support belt and name tags at all times.

Dietary- Teal green tops, white foundation, white pants or skirt, white shoes or tennis shoes, white socks/stockings, name tag at all times.

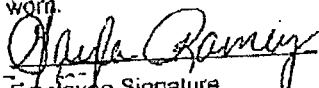
Orderlies- white foundation, white pants, white skirt, white tops, white socks, name tags at all times.

Maintenance & Floor techs- navy blue uniform pants, solids light blue or navy blue pinstripe uniform shirts, tennis shoes or boots. Name tags and back support at all times. Gloves and protective goggles as needed.

Department Heads- Professional dress at all times

White foundation defined as: white underwear, tee shirt or turtlenecks.

Makeup should be worn in a conservative style. Dangling or excessive jewelry should not be worn.


Employee Signature

7/24/02
Date

CODE OF CONDUCT

COMP 2.100.00

Issue Date: January, 2002
Revised:

Page 10 of 10

CODE OF CONDUCT

ACKNOWLEDGMENT

I certify that I have read and understand the company's Code of Conduct and will abide by it. I acknowledge that I have a duty to report any alleged or suspected violation of the Code. I certify that I will promptly report any potential violations that I become aware of and that it is my responsibility to do so. I understand that violation of any sections of the Code is grounds for disciplinary action, including termination.

The following matters, if any, are the sole exceptions to the above statements:
(Indicate "N/A" if none)

Gayla Ramsey
Signature

Gayla Ramsey
Printed Name

2/16/05
Date

LPN
Title

Social Security Number

Company (Facility/Office)

Please return this form to:

Administrator or Director of the company

RHRC
Company (Facility/Office)

Attn: Acknowledgment

xc: Employee Personnel File

Apr. 14. 2011 3:44PM

No. 0078 P. 16/42

ACKNOWLEDGEMENT

We have prepared this handbook as a guide for policies, benefits and general information that should assist you during your employment. However, these guidelines should not be construed as a contract. United Health Service, Inc. Corporation reserves the right to make any changes in content or application as it deems appropriate, and these changes may be implemented even if they have not been communicated, reprinted or substituted in this handbook. It should also be understood that nothing in this handbook changes the fact that employment is at-will for an indefinite period, terminable at any time by you or United Health Services, Inc. Pruitt Corporation.

I acknowledge receipt of the employment handbook, and I agree to read or have read to me this document and to abide by the provisions set forth in the handbook.

7/24/02
Date

Shirley Ramsey
Employee Signature

RECORD OF PARTNER COUNSELING FORM

HR 4101.01b

Issued: December, 2003
Revised: 12/08

Page 1 of 2

RECORD OF PARTNER COUNSELING

☐ Verbal ☒ Written ☐ Final (Check applicable box)

Partner Name:

Date:

Supervisor:

Company Director/Administrator/Executive Director/VP:

Date partner verbally counseled by Supervisor: (Attach coaching documentation)

REASON FOR COUNSELING

☐ Rule Violation
☐ Attendance

☐ Serious Rule Violation
☒ Performance

EXPLANATION OF COUNSELING NOTICE: (Explain in a complete and concise manner, exactly what behavior the partner displayed which caused this corrective action to be issued. Please provide all relevant information, including names, dates and times. Attach documentation if relevant (time card, copy of documentation of coaching, etc.). (May be continued on reverse.)

NOT using your time efficiently and not doing your job. The POF's as asked by the DHS. You do not follow DHS that you are told that the POF's were to be done and

SUPERVISOR'S EXPECTATIONS/CORRECTIVE ACTION TO BE TAKEN: (Explain in a complete and concise manner exactly what goals you want the partner to achieve, steps employer and partner must take to correct deficiency, specific time frames, dates for follow-up and reevaluation and who is responsible for what actions.) (May be continued on reverse.)

You are expected to use your time wisely, decrease some of the breaks and take more control of your assigned area. Give me 30 days to improve the behavior

FAILURE TO MEET EXPECTATIONS WILL RESULT IN FURTHER DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.

If personal issues are hampering your ability to perform your job, we encourage you to discuss them with your Supervisor, Administrator or Regional/Executive Director to help you resolve your problem. For more information, refer to the company's Grievance Procedure as outlined in the Partner Handbook or you may contact the Human Resources Department at (770) 279-6200. In any event, it is your responsibility to adhere to company policies and procedures and meet job performance standards, particularly the areas stated in this report.

Signature of Supervisor

Signature of Partner

Partner signature does not indicate agreement by partner. It indicates the report was made available to the partner, discussed with supervisor, and the partner was given an opportunity to comment.

A copy of this written counseling must be provided to the partner and the original placed in the partner's personnel record.

RECORD OF PARTNER COUNSELING FORM

HR 4.101.01b

Page 1 of 2

Issued: December, 2003
Revised: 12/08

RECORD OF PARTNER COUNSELING

☒ Verbal ☐ Written ☐ Final (Check applicable box)

Partner Name: Douglas Ramsey Date: 9/23/10

Supervisor: Josephine E. [Signature]

Company Director/Administrator/Executive Director/VP: [Signature]

Date partner verbally counseled by Supervisor: 9/23/10 (Attach coaching documentation)

REASON FOR COUNSELING

☐ Rule Violation
☐ Attendance

☐ Serious Rule Violation
☒ Performance

EXPLANATION OF COUNSELING NOTICE: (Explain in a complete and concise manner, exactly what behavior the partner displayed which caused this corrective action to be issued. Please provide all relevant information, including names, dates and times. Attach documentation if relevant (time card, copy of documentation of coaching, etc.). (May be continued on reverse.)

(your performance) as a charge nurse as not been what is expected of you. On several occasions you have not followed up on situations. #1 - Resident not eating (weight loss) - as of 7/6,

SUPERVISOR'S EXPECTATIONS/CORRECTIVE ACTION TO BE TAKEN: (Explain in a complete and concise manner exactly what goals you want the partner to achieve, steps employer and partner must take to correct deficiency, specific time frames, dates for follow-up and reevaluation and who is responsible for what actions.) (May be continued on reverse.)

(2) Resident hospitalized - you were asked to have staff take this challenge out of his room and send to laundry to be washed out date. (3) #2 problem - resident expired - challenge still in closet

FAILURE TO MEET EXPECTATIONS WILL RESULT IN FURTHER DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.

If personal issues are hampering your ability to perform your job, we encourage you to discuss them with your Supervisor, Administrator or Regional/Executive Director to help you resolve your problem. For more information, refer to the company's Grievance Procedure as outlined in the Partner Handbook or you may contact the Human Resources Department at (770) 279-6200. In any event, it is your responsibility to adhere to company policies and procedures and meet job performance standards, particularly the areas stated in this report.

Signature of Supervisor: [Signature]

Signature of Partner: [Signature]

Partner signature does not indicate agreement by partner. It indicates the report was made available to the partner, discussed with supervisor, and the partner was given an opportunity to comment.

A copy of this written counseling must be provided to the partner and the original placed in the partner's personnel record.

RECORD OF PARTNER COUNSELING FORM

HR 4.101.01b

Issued: December, 2003
Revised: 12/08

Page 2 of 2

Continuation and/or Additional Comments:

Call - drawer week after his death, #4 medication not given timely (APT)
It is your responsibility as the charge nurse to check
your residents every day - follow up on problems as they arise.
You are to make rounds on your hall. When a resident
goes to the hospital, room still needs to be cleaned, dirty
clothing put to the laundry. When a resident expires - that
side of the room needs to be deep cleaned, after the plotting is
removed. Failure to do so in the future will result in further
disciplinary action up to termination

Partner Comments:

Apr. 14. 2011 3:45PM

No. 0078 P. 20/42

RECORD OF PARTNER COUNSELING FORM

HR 4.101.01b

Page 1 of 2

Issued: December, 2003
Revised: 12/08

RECORD OF PARTNER COUNSELING

☐ Verbal ☐ Written ☒ Final (Check applicable box)

Partner Name: Saula Ramey Date: 5/26/10
Supervisor: Patricia Storer
Company Director/Administrator/Executive Director/VP: Tammy Carter
Date partner verbally counseled by Supervisor: _____ (Attach coaching documentation)

REASON FOR COUNSELING

☐ Rule Violation
☐ Attendance

☐ Serious Rule Violation
☒ Performance

EXPLANATION OF COUNSELING NOTICE: (Explain in a complete and concise manner, exactly what behavior the partner displayed which caused this corrective action to be issued. Please provide all relevant information, including names, dates and times. Attach documentation if relevant (time card, copy of documentation of coaching, etc.). (May be continued on reverse.)

Failure to notify MD of script needed for
her pain medication.

SUPERVISOR'S EXPECTATIONS/CORRECTIVE ACTION TO BE TAKEN: (Explain in a complete and concise manner exactly what goals you want the partner to achieve, steps employer and partner must take to correct deficiency, specific time frames, dates for follow-up and reevaluation and who is responsible for what actions.) (May be continued on reverse.)

Audit Narcotics. Notify MD for meds low in
quantity needed on script. Follow up the next day
to assure the script was wrote + meds will be in.

FAILURE TO MEET EXPECTATIONS WILL RESULT IN FURTHER DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.

If personal issues are hampering your ability to perform your job, we encourage you to discuss them with your Supervisor, Administrator or Regional/Executive Director to help you resolve your problem. For more information, refer to the company's Grievance Procedure as outlined in the Partner Handbook or you may contact the Human Resources Department at (770) 279-6200. In any event, it is your responsibility to adhere to company policies and procedures and meet job performance standards, particularly the areas stated in this report.

Patricia Storer
Signature of Supervisor

Signature of Partner

Partner signature does not indicate agreement by partner. It indicates the report was made available to the partner, discussed with supervisor, and the partner was given an opportunity to comment.

A copy of this written counseling must be provided to the partner and the original placed in the partner's personnel record.

RECORD OF PARTNER COUNSELING FORM

HR 4.101.01b

Issued: December, 2003
Revised: 12/08

Page 2 of 2

Continuation and/or Additional Comments:

Notify supervisor of any problems you encounter or getting these meds.

Resident had several doses left when I contacted Mr. Johnson RE: Needing a new script before he ran out. Mr. Johnson stated the Resident would be fine until he gets here. (That was Thursday). I told 2nd Shift please what Mr. Johnson said and make sure he writes the script. Mr. Johnson then called back and asked me the correct spelling for Res. last name & went over med dose & times. Friday I assumed Mr. Johnson did the script. The Resident ran out on Sunday. I don't feel even though there were 2 insertions, final

Partner Comments:

warning @ this point is fair to myself so I am not signing for this reason. If rather could have taken this as a one time lesson it learned more about what should occur in the future it could have done very well with it. Thanks!

Sayfa Boney R

RECORD OF PARTNER COUNSELING FORM

HR 4.101.01b

Issued: December, 2003
Revised: 12/08

Page 1 of 2

RECORD OF PARTNER COUNSELING

☐ Verbal ☐ Written ☒ Final (Check applicable box)

Partner Name: Sayla Ramsey Date: 5/26/10

Supervisor: Patricia Stover

Company Director/Administrator/Executive Director/VP: Tammy Carter

Date partner verbally counseled by Supervisor: _____ (Attach coaching documentation)

REASON FOR COUNSELING

☐ Rule Violation ☐ Serious Rule Violation
☐ Attendance ☒ Performance

EXPLANATION OF COUNSELING NOTICE: (Explain in a complete and concise manner, exactly what behavior the partner displayed which caused this corrective action to be issued. Please provide all relevant information, including names, dates and times. Attach documentation if relevant (time card, copy of documentation of coaching, etc.). (May be continued on reverse.)

Failure to notify MD of significant change in his condition.

See comment below - AR

SUPERVISOR'S EXPECTATIONS/CORRECTIVE ACTION TO BE TAKEN: (Explain in a complete and concise manner exactly what goals you want the partner to achieve, steps employer and partner must take to correct deficiency, specific time frames, dates for follow-up and reevaluation and who is responsible for what actions.) (May be continued on reverse.)

Provide care in all nursing aspects. Notify MD of any Δ in her condition. Call family member on his condition. This occurrence

FAILURE TO MEET EXPECTATIONS WILL RESULT IN FURTHER DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.

If personal issues are hampering your ability to perform your job, we encourage you to discuss them with your Supervisor, Administrator or Regional/Executive Director to help you resolve your problem. For more information, refer to the company's Grievance Procedure as outlined in the Partner Handbook or you may contact the Human Resources Department at (770) 279-6200. In any event, it is your responsibility to adhere to company policies and procedures and meet job performance standards, particularly the areas stated in this report.

Patricia Stover
Signature of Supervisor

Sayla Ramsey
Signature of Partner

Partner signature does not indicate agreement by partner. It indicates the report was made available to the partner, discussed with supervisor, and the partner was given an opportunity to comment.

A copy of this written counseling must be provided to the partner and the original placed in the partner's personnel record.

MD notified of occurrence and order obtained for ABT
RIT probable wound infection.
497

APP - 563

Apr. 14. 2011 3:46PM

No. 0078 P. 23/42

RECORD OF PARTNER COUNSELING FORM

HR 4.101.01b

Issued: December, 2003
Revised: 12/08

Page 2 of 2

Continuation and/or Additional Comments:

was basic nursing care, not provided. 3-Day
Suspension is warranted for this matter.
5/26/10 5/27/10, 6/5/10, 6/10/10⁸

Partner Comments:

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

WCC File No. 1103442

Gayla Ramey, Employee Appellant/Respondent,

v.

Unihealth Post Acute Care Tanglewood, Employer, and American Zurich Insurance Company,
Carrier, ... Respondents/Appellants.

RECORD ON APPEAL

VOLUME II

Mark R. Calhoun
Calhoun Law Firm
714 E. Main Street
Lexington, SC 29072
(803) 957-8401

Attorney for Appellant/Respondent

Daniel Addison, Esquire
Hedrick, Gardner, Kinchloe &
Garofalo, LLP
P. O. Box 11267
Columbia, SC 29211
(803) 727-1200

Attorney for Respondents/Appellants

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IV. EXHIBITS

1. Claimant's APA Submissions dated July 26, 2011:
 - Medical records of Alice J. Brooks, dated July 12, 2000 to December 29, 2010 231
 - Medical records of Doctors Care, dated March 11, 2011 to April 8, 2011 341
 - Medical records of Camden Open MRI, dated March 31, 2011 362
 - Medical records of Palmetto Spine & Sports Medicine, Dr. Zgleszewski, dated July 29, 2011 364
2. Defendants' APA Submissions dated July 29, 2011:
 - Personnel Records of Employer regarding Claimant 401
 - Deposition of Claimant, dated June 15, 2011 619
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V. CERTIFICATE OF COUNSEL

743

Apr. 14. 2011 3:46PM

No. 0078 P. 24/42

Joy S. Goodwin, Chapter 13 Trustee
1813 Laurel Street
Columbia, SC 29201
Phone: (803) 779-5180 Fax: (803) 765-0167

November 10, 2010

RIDGEWAY HEALTH/REHABILITATION
PO BOX 68
ATTN PAYROLL
RIDGEWAY, SC 29130

Second Request

RE: GAYLA R RAMEY

Case No.: 08-05867-dd

Dear Sir or Madam:

The pay order issued by the United States Bankruptcy Court directing you to withhold funds from the debtor's pay is herewith rescinded. This is due to one of the following situations: (1) the debtor is no longer enrolled in a chapter 13 wage earner plan due to completion, dismissal or conversion of the case, or (2) the debtor has made arrangements to submit his/her chapter 13 payments directly to the trustee's office.

Thank you for your prompt attention in this matter. Should you have any questions, please contact this office.

Sincerely,

M. Wilson

Michelle Wilson
Case Administrator

CC: GAYLA R RAMEY
16 DUKE DRIVE
LUGOFF, SC 29078

Attn: Nina

678-533-6464

Apr. 14. 2011 3:46PM

No. 0078 P. 25/42

MSG Confirm

Date & Time : NOV-15-2010 08:14AM MON
Fax Number : 803 337 8124
Fax Name :
Model Name : Dell 2335dn MFP

No	Name/Number	StartTime	Time	Mode	Page	Result
860	16785336464	11-15 08:13AM	00'10	ECM	001/001	O.K

Joy A. Goodwin, Chapter 13 Trustee
1813 Laurel Street
Columbia, SC 29201
Phone: (803) 773-5180 Fax: (803) 785-0187

November 10, 2010

RODGWAY HEALTH/REHABILITATION
PO BOX 63
ATTN: PAYROLL
RODGWAY, SC 29110

Second Request

RE: GAYLA R RAMEY

Case No: GS-05167-43

Dear Sir or Madam:

The pay order issued by the United States Bankruptcy Court directing you to withhold funds from the debtor's pay is herewith rescinded. This is due to one of the following situations: (1) the debtor is no longer enrolled in a chapter 13 wage earner plan due to completion, dismissal or conversion of the case, or (2) the debtor has made arrangements to submit chapter 13 payments directly to the trustee's office.

Thank you for your prompt attention in this matter. Should you have any questions, please contact this office.

Sincerely,

M. Wilson

Michelle Wilson
Case Administrator

CC: GAYLA R RAMEY
16 DUKE DRIVE
LUGOFF, SC 29071

*Attn: Nina
678-533-6464*

Apr. 14. 2011 3:46PM

No. 0078

P. 26/42

Teachable Moments
Re-education

I Gayla Pamey have received a teachable moment
on the issue concerning Preparing for new admissions I have
been re-education from Patricia Storer. I do
understand if I do not follow by the content of this "teachable
moment", I will receive disciplinary action.

Gayla Pamey Rd
Staff Signature

5/13/10
Date

Patricia Storer
Re-educator Signature

5/13/10
Date

Apr. 14. 2011 3:46PM

No. 0078 P. 27/42

Teachable Moments
Re-education

I Gayla Ramey have received a teachable moment
on the issue concerning Telephone Orders. I have
been re-education from Patricia Stone, RN. I do
understand if I do not follow by the content of this "teachable
moment"; I will receive disciplinary action.

Gayla Ramey RN
Staff Signature

5/13/10
Date

Patricia Stone RN
Re-educator Signature

5/13/10
Date

Apr. 14. 2011 3:46PM

DISCIPLINE

No. 0078 P. 28/42

HR 4-101-00

Page 7 of 8

Issue Date: December 2003
Revised:

APPENDIX B
RECORD OF EMPLOYEE COUNSELING

☐ Verbal ☒ Written ☐ Final (Check applicable box)

Employee Name:

Dayla Ramey

Date:

7/25/08

Supervisor:

Linda Martin

Company Director/Administrator/Executive Director/VP:

Date employee verbally counseled by supervisor: 7/29/08 (Attach coaching documentation)

REASON FOR COUNSELING

- ☐ Work Quality
☒ Attendance
☐ Unprofessional Conduct
☐ Other

- ☐ Insubordination
☐ Violation of Policy
☐ Abuse/Neglect of Client

EXPLANATION OF COUNSELING NOTICE (Explain in a complete and concise manner, exactly what behavior the employee displayed which caused this corrective action to be issued. Please provide all relevant information, including names, dates and times. Attach documentation if relevant (time card, copy of documentation of coaching, etc.). (May be continued on reverse.)

Employee Called out 7/16/08 and Called out
07/23/08

SUPERVISOR'S EXPECTATIONS/CORRECTIVE ACTION TO BE TAKEN: (Explain in a complete and concise manner, exactly, what goals you want the employee to achieve, steps employer and employee must take to correct deficiency, specific time frames, dates for follow-up and reevaluation and who is responsible for what actions.) (May be continued on reverse.)

need to work on attendance. Stop Calling
Out. If you Continue to Call Out you
will be Suspended OR Termination.

FAILURE TO MEET EXPECTATIONS WILL RESULT IN FURTHER DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.

If personal issues are hampering your ability to perform your job, we encourage you to discuss them with your supervisor, administrator or regional/executive director to help you resolve your problem. For more information, refer to the company's Grievance Procedure as outlined in the Employee Handbook or you may contact the Human Resources Department at (706) 886-8393. In any event, it is your responsibility to adhere to company policies and procedures and meet job performance standards, particularly the areas stated in this report.

Signature of Supervisor:

Linda Martin

Signature of Employee:

Employee signature does not indicate agreement by employee. It indicates the report was made available to the employee, discussed with supervisor, and the employee was given an opportunity to comment.

A copy of this written counseling must be provided to the employee and the original placed in the employee's personnel record.

Apr. 14. 2011 3:46PM

DISCIPLINE

No. 0078 P. 29/42

HR 4:101:00

Issue Date: December 2003
Revised:

Page 7 of 8

APPENDIX B
RECORD OF EMPLOYEE COUNSELING

Employee Name: Barry Ramey Date: 4/5/07
Supervisor: _____
Company Director/Administrator/Executive Director/VP: _____
Date employee verbally counseled by supervisor: _____ (Attach coaching documentation)

REASON FOR COUNSELING

☐ Work Quality	☐ Insubordination
☐ Attendance	☐ Violation of Policy
☐ Unprofessional Conduct	☐ Abuse/Neglect of Client
☒ Other _____	

EXPLANATION OF COUNSELING NOTICE (Explain in a complete and concise manner, exactly what behavior the employee displayed which caused this corrective action to be issued. Please provide all relevant information, including names, dates and times. Attach documentation if relevant (time card, copy of documentation of coaching, etc.). (May be continued on reverse.)

Disability member reported a change in
his condition - never failed to
show + notify physician

SUPERVISOR'S EXPECTATIONS/CORRECTIVE ACTION TO BE TAKEN: (Explain in a complete and concise manner, exactly what goals you want the employee to achieve, steps employer and employee must take to correct deficiency, specific time frames, dates for follow-up and reevaluation and who is responsible for what actions.) (May be continued on reverse.)

FAILURE TO MEET EXPECTATIONS WILL RESULT IN FURTHER DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.

If personal issues are hampering your ability to perform your job, we encourage you to discuss them with your supervisor, administrator or regional/executive director to help you resolve your problem. For more information, refer to the company's Grievance Procedure as outlined in the Employee Handbook or you may contact the Human Resources Department at (706) 888-8493. In any event, it is your responsibility to adhere to company policies and procedures and meet job performance standards, particularly the areas stated in this report.

Signature of Supervisor: _____

Signature of Employee: _____

Employee signature does not indicate agreement by employee. It indicates the report was made available to the employee, discussed with supervisor, and the employee was given an opportunity to comment.

A copy of this written counseling must be provided to the employee and the original placed in the employee's personnel record.

Apr. 14. 2011 3:47PM

No. 0078 P. 30/42

COUNSELLING REPORT

☒ Written Reprimand	☐ Termination	☐ Commendation
☐ Documentation of Verbal Reprimand		

2. FACILITY PWRRC	a) DATE: 2/27/04
	b) TIME: 11AM
	c) PLACE:

3. EMPLOYEE BEING COUNSELLED Gayla Ramsey	a) JOB TITLE: LPN
b) SHIFT:	c) WING OR STATION: 300/400

4. REFERENCE DATE: See below	a) REFERENCE TIME:	b) REFERENCE DOCUMENT:
5. REASON FOR COUNSELLING: Hole in MAR's - Jan 7, 10/9/03 Hall 4; 10/1/03 Hall 4; 9/29/03 Hall 4		
6. COUNSELLING NOTES OR INSTRUCTIONS: Please make sure all medications are properly signed off + signed off in MAR audit books when done.		

Adon
SUPERVISOR'S TITLE

Andre W. / Son R
SUPERVISOR'S SIGNATURE

Apr. 14. 2011 3:47PM

No. 0078 P. 31/42

COUNSELLING REPORT

☐ Written Repremand	☐ Termination	☐ Commendation
☒ Documentation of Verbal Repremand		

Facility: Ridgeway Health and Rehab	Date: 12/8/03 Time: Place:
Employee Being Counselling Daryl Roover	Job Title: LPN
Shift: Night	Hall:

Reference Date:	Reference Time:	Reference Document:

Reason for Counselling:
3 Occurrences
Jail 7/4-21 CIO 11/13, 21

Counselling Notes or Instruction:
Instructed to improve attendance

Supervisor's Title

Supervisor's Signature

Apr. 14. 2011 3:47PM

No. 0078 P. 32/42



COUNSELLING REPORT

☒ Written Reprimand	☐ Termination	☐ Commendation
☐ Documentation of Verbal Reprimand		

2. FACILITY R HRC	a) DATE: 2-3-03
	b) TIME: 1000AM
	c) PLACE:

3. EMPLOYEE BEING COUNSELLED Gayla Ramey	a) JOB TITLE: LPN
b) SHIFT: 11-7	c) WING OR STATION: 200

4. REFERENCE DATE: 2/3/03	a) REFERENCE TIME: 11-7	b) REFERENCE DOCUMENT:
5. REASON FOR COUNSELLING: Res tx left undone		
6. COUNSELLING NOTES OR INSTRUCTIONS: Even though tx times were changed on TAD2, tx was not done on 3-11 leaving 11-7 responsible for tx. Nurse stated that she didn't do tx because res was OOB. Res would have gone back to bed for tx A. This is not neglect. Tx's are just as important as med's should be done in a timely manner. (Discussed C. Longene)		

SUPERVISOR'S TITLE

SUPERVISOR'S SIGNATURE

Apr. 14. 2011 3:47PM

No. 0078 P. 33/42

PERFORMANCE APPRAISALS

HR 4.100.00 *safety*

Issue Date: December 2003
Revised:

Page 7 of 9

EMPLOYEE PERFORMANCE APPRAISAL

Date of Hire:

Name (Last, First and Middle Initial): <i>Debra Barnes</i>	Job Title: <i>LPN</i>	Date of Hire: <i>7/08</i>
Occasion for Report: ☐ Probation Period Complete ☒ Annual ☐ Transfer ☐ Demotion ☐ Special	Period of Report: From: <i>7/07</i> To: <i>7/08</i>	

Performance Rating:
Below Standards=unsatisfactory in any one trait; Meets Standards=meets all "meets standard" traits listed;
Greatly Exceeds standard=meets all "greatly exceeds standard" traits.

PROFESSIONALISM

Below Standard Traits:

- Is not wholly committed to providing the requisite supports to enable people served to achieve the highest quality of life.
- Lacks basic professional knowledge to effectively perform duties outlined in job description.
- Fails to attend mandatory training (Compliance, HIPAA, etc). Let's licensure or certifications lapse prior to renewal.
- Cannot apply basic job skills.
- Fails to develop professionally or achieve training requirements for self or team supervised.
- Displays personal bias or engages in harassment or tolerates bias and harassment in team supervised.
- Does not follow dress code.
- Unsatisfactory demeanor and conduct.
- Lacks initiative.
- Unable to plan or prioritize.
- Does not maintain survey readiness.
- Fails to get the job done.
- Unsatisfactory attendance (frequently late, no call when late or absent, excessive absences, etc).
- Unprofessional job performance.

Meets Standard Traits:

- Is wholly committed to providing the requisite supports to enable people served to achieve the highest quality of life.
- Has thorough professional knowledge and effectively performs duties as outlined in job description.
- Attends mandatory training (Compliance, HIPAA, etc). Licensures or certification are kept current.
- Competently performs both new and routine tasks.
- Steadily improves professional skills and maintains training requirements for self or team supervised.
- Always treats others with fairness and respect.
- Does not condone bias or harassment or tolerate it in team supervised.
- Adheres to dress code.
- Takes initiative to meet goals.
- Plans/prioritizes effectively.
- Maintains survey readiness.
- Always gets the job done.
- Satisfactory attendance.
- Professional job performance.

Greatly Exceeds Standard Traits:

- Innovative and resourceful actions have dramatically improved the lives of the people served. A role model of support.
- Recognized expert sought after to solve difficult problems. Flawlessly performs duties as outlined in job description.
- Attends and ensures staff attendance at mandatory training (Compliance, HIPAA, etc). Licensures or certification for self and staff are kept current.
- Exceptionally skilled, develops and executes innovative ideas.
- Achieves highly advanced professional qualifications and maintains training of team supervised at 100%.
- Demonstrates fairness and human respect.
- Ensures a climate of fairness and respect for human worth.
- Exemplary professional appearance.
- Develops innovative ways to accomplish the job.
- Plans/prioritizes with exceptional skill and foresight.
- Gets job done earlier and far better than expected.
- No unscheduled absences, consistently on time for work, role model attendance.
- Extremely professional job performance.
- Excellent survey performance.

☐ Below Standard ☒ Meets Standard ☐ Greatly Exceeds Standard

Apr. 14. 2011 3:47PM

No. 0078 P. 34/42

PERFORMANCE APPRAISALS

HR 4.100.00

Page 8 of 9

Issue Date: December 2003
Revised:

ATTITUDE
Below Standard Traits: - Detracts from company cohesiveness and high morale.
Meets Standard Traits: - Contributes to company cohesiveness and high morale. - Usually displays a "can and will do" attitude.
Greatly Exceeds Standard Traits: - Exemplifies a "can and will do" attitude at all times.
☐ Below Standard ☒ Meets Standard ☐ Greatly Exceeds Standard
INTEGRITY
Below Standard Traits: - Any incident which displayed a lack of integrity of the employee.
Meets Standard Traits: - Honest and forthright. - Trustworthy. - Loyal. - Unquestioned integrity.
☐ Below Standard ☒ Meets Standard ☐ Greatly Exceeds Standard
SAFETY
Below Standard Traits: - Unsatisfactory safety record of employee or team supervised.
Meets Standard Traits: - Ensures safety of people supported, employees, and equipment. - Makes team safety conscious. - Satisfactory safety record of employee or team supervised.
Greatly Exceeds Standard Traits: - Top safety record. No claims, incidents or accidents involving employee or team supervised during the reporting period.
☐ Below Standard ☒ Meets Standard ☐ Greatly Exceeds Standard
TEAMWORK
Below Standard Traits: - Creates conflict, unwilling to work with others, puts self above team. - Fails to understand team goals or teamwork techniques. - Does not take direction well.
Meets Standard Traits: - Reinforces others' efforts, meets personal commitment to team. - Understands team goals, employs good teamwork techniques. - Accepts and offers team direction.
Greatly Exceeds Standard Traits: - Team builder, inspires cooperation and progress. - Talented mentor, focuses goals and techniques for team. - The best at accepting and offering team direction.
☐ Below Standard ☒ Meets Standard ☐ Greatly Exceeds Standard
LEADERSHIP
Below Standard Traits: - Fails to exhibit cost conscientiousness and makes little or no attempt to stay within budget or control costs. - Fails to motivate, train, or develop team members. - Fails to organize, creates problems for team. - Does not set or achieve goals relevant to company's mission statement. - Lacks ability to cope with or tolerate stress. - Inadequate communicator. - Tolerates hazards or unsafe practices. - Does not attend to the welfare or professional development of team supervised.
Meets Standard Traits: - Usually stays within budget guidelines and controls costs. - Effectively trains, motivates, and develops team members. - Organizes successfully, solves problems as they occur. - Sets/achieves useful, realistic goals which support the company's mission statement. - Performs well in stressful situations. - Clear and timely communicator. - Routinely considers team member's personal and professional welfare.

Jayla Roney

PROCEDURE FOR USING THE LIKO TOTAL LIFT:

LIFT 3.110.00a

Issued: December, 2006
Revised:

Page 1 of 2

PROCEDURE FOR USING THE LIKO TOTAL LIFT

PROCEDURE FOR USING THE LIKO LIFT:	DEMONSTRATED
1. Identify correct lift and sling size as indicated by the assessment by checking the color coded sticker. Used only slings manufactured for this lift.	
2. Inspect lift and sling for safe use.	
3. Explain procedure to the patient.	
4. Lock wheels of the bed.	
5. Place sling under patient with the bottom (U-shaped area) even with the coccyx, and the top with the back of the head.	
6. Extend leg straps along side the patient, working forward and under hips.	
7. Lift thigh and place leg strap under, bringing up and around inner thigh between knees. Repeat with other leg.	
8. Cross one leg strap through the other before hooking to the hanger bar.	
9. Position lift in front of or over patient. Open lift legs if needed to fit around furniture.	
10. Remove the sling bar from storage on the sling bar bracket. Take control of the bar to avoid hitting patient. Hanger bar should be parallel to the shoulders and strap should not be pulled aside.	
11. Attach the shoulder straps of the sling to the sling bar first, then attach the leg straps. Make sure lift strap does not twist. NOTE: Observe all sling hooks to make sure the sling is securely attached to the lift bar. NOTE: Make sure that lifting strap is vertical and parallel to the mast.	
12. Stand next to the patient and use the hand control to slowly lift the patient up using the UP button. Raise slowly to clear surface.	
13. Once surface is cleared, transfer to desired location.	
14. Standing next to the patient use the DOWN button on the hand control to slowly lower the patient until the buttocks are almost touching the bed or chair.	
15. Use the positioning handles to guide the patient to the desired position and finish lowering patient.	
16. Unfasten sling and return sling bar to the sling storage bracket on the mast.	
17. Move lift away from the patient and carefully remove sling. NOTE: If more than two people are required for bed mobility, the total lift must be used. NOTE: Use total lift when lifting from the floor after determining safety. LOCK BRAKES.	

Apr. 14. 2011 3:48PM

No. 0078 P. 36/42

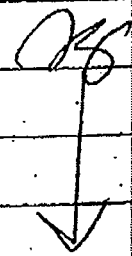
Janet Murray

PROCEDURE FOR USING THE LIKO TOTAL LIFT:

LIFT 3.110.00a

Issued: December, 2006
Revised:

Page 2 of 2

SLING USE AND CARE	REVIEWED
1. DO NOT USE DAMAGED SLINGS. If use is questionable take sling out of use.	
2. Use the sling that was assessed for the patient. If you question the fit, report it to supervisor.	
3. If sling is contaminated or soiled, send sling to the laundry department.	
4. Wash in normal washer. DO NOT USE BLEACH! DO NOT PUT IN DRYER.	

MAINTENANCE OF LIFTS	REVIEWED
1. If a lift is not working properly remove lift from floor and report to maintenance.	
2. Change batteries on lifts every 12 hours for battery charged lifts. Lifts that recharge by plug in should be charged overnight for 6-8 hours in standard electrical outlets.	

I have reviewed and successfully demonstrated the information on the Liko total lift. I understand that these lifts are to be used to comply with the policy and procedures for the Lift/transfer program.

Employee/Title

Date

Trainer

Date

MAINTAIN IN EMPLOYEE FILES

511

APP - 583

Apr. 14. 2011 3:48PM

No. 0078 P. 37/42

PERFORMANCE APPRAISALS

HR 4.100.00

Page 7 of 9

Issue Date: December 2003
Revised:

EMPLOYEE PERFORMANCE APPRAISAL

Name (Last, First and Middle Initial): <i>Ramsey, Gayle</i>		Job Title: <i>LPN</i>	Date of Hire:
Occasion for Report: ☐ Probation Period Complete ☒ Annual ☐ Transfer ☐ Demotion ☐ Special		Period of Report: From: _____ To: _____	
Performance Rating: Below Standards=unsatisfactory in any one trait; Meets Standards=meets all "meets standard" traits listed; Greatly Exceeds standard=meets all "greatly exceeds standard" traits.			
PROFESSIONALISM			
Below Standard Traits: - Is not wholly committed to providing the requisite supports to enable people served to achieve the highest quality of life. - Lacks basic professional knowledge to effectively perform duties outlined in job description. - Fails to attend mandatory training (Compliance, HIPAA, etc). Let's licensure or certifications lapse prior to renewal. - Cannot apply basic job skills. - Fails to develop professionally or achieve training requirements for self or team supervised. - Displays personal bias or engages in harassment or tolerates bias and harassment in team supervised. - Does not follow dress code. - Unsatisfactory demeanor and conduct. - Lacks initiative. - Unable to plan or prioritize. - Does not maintain survey readiness. - Fails to get the job done. - Unsatisfactory attendance (frequently late, no call when late or absent, excessive absences, etc). - Unprofessional job performance.			
Meets Standard Traits: - Is wholly committed to providing the requisite supports to enable people served to achieve the highest quality of life. - Has thorough professional knowledge and effectively performs duties as outlined in job description. - Attends mandatory training (Compliance, HIPAA, etc). Licensures or certification are kept current. - Competently performs both new and routine tasks. - Steadily improves professional skills and maintains training requirements for self or team supervised. - Always treats others with fairness and respect. - Does not condone bias or harassment or tolerate it in team supervised. - Adheres to dress code. - Takes initiative to meet goals. - Plans/prioritizes effectively. - Maintains survey readiness. - Always gets the job done. - Satisfactory attendance. - Professional job performance.			
Greatly Exceeds Standard Traits: - Innovative and resourceful actions have dramatically improved the lives of the people served. A role model of support. - Recognized expert sought after to solve difficult problems. Flawlessly performs duties as outlined in job description. - Attends and ensures staff attendance at mandatory training (Compliance, HIPAA, etc). Licensures or certification for self and staff are kept current. - Exceptionally skilled, develops and executes innovative ideas. - Achieves highly advanced professional qualifications and maintains training of team supervised at 100%. - Demonstrates fairness and human respect. - Ensures a climate of fairness and respect for human worth. - Exemplary professional appearance. - Develops innovative ways to accomplish the job. - Plans/prioritizes with exceptional skill and foresight. - Gets job done earlier and far better than expected. - No unscheduled absences, consistently on time for work, role model attendance. - Extremely professional job performance. - Excellent survey performance.			
☐ Below Standard ☒ Meets Standard ☐ Greatly Exceeds Standard			

Absent

Apr. 14. 2011 3:48PM

No. 0078 P. 38/42
HR 4.100.00

PERFORMANCE APPP SALS

Page 8 of 9

Issue Date: December 2003
Revised:

ATTITUDE
Below Standard Traits: - Detracts from company cohesiveness and high morale.
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Below Standard Traits: - Creates conflict, unwilling to work with others, puts self above team. - Fails to understand team goals or teamwork techniques. - Does not take direction well.
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PERFORMANCE APPI SALS

HR 4.100.00

Issue Date: December 2003
Revised:

Page 9 of 9

LEADERSHIP (CONT'D)

Greatly Exceeds Standard Traits:

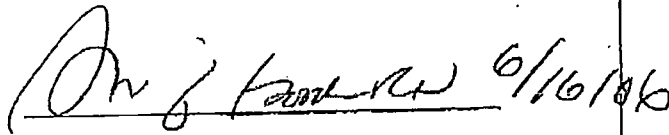
- Stays within budget guidelines and makes excellent use of financial resources available.
- Inspiring motivator and trainer.
- Consistently builds winners.
- Superb organizer, great foresight, gets ahead of problems and prevents them.
- Leadership achievements dramatically further the company's progress.
- Exceptional communicator.
- Committed to doing "right."
- Constantly improves the personal and professional life of others.

☐ Below Standard ☐ Meets Standard ☒ Greatly Exceeds Standard

Narrative Comments on employees performance: (All "Below Standard" and "Greatly Exceeds Standard" ratings must be substantiated in comments.)

Excellent Charge Nurse -
Good: improve attendance

Signature of direct supervisor:

Signature of Administrator/Director:
(when applicable)

NO APPRIASAL MAY BE PRESENTED TO AN EMPLOYEE UNTIL ALL REQUIRED SIGNATURES ARE OBTAINED.

I have seen this report, been apprised of my performance and understand my right to make a statement and submit it with this report for inclusion in my employee personnel file if I desire.

Signature of Employee:



Date:

6/18/06

ADDITIONAL SHEETS ATTACHED: ☐ YES ☐ NO

Apr. 14. 2011 3:48PM

No. 0078 P. 40/42

EVALUATION OF EMPLOYEE

Name: Gabe Roney Position: LPN Date: 4/24/11

Probationary

Periodic

Annual

Termination

	OUTSTANDING 10 POINTS	ABOVE AVG. 8 POINTS	AVERAGE 6 POINTS	BELOW AVG. 4 POINTS	NEEDS IMPROV. NO POINTS
QUALITY OF WORK					
Accuracy in work assignment		✓			
Takes pride in work-neatness		✓			
Shows concern for the resident	✓				
Shows concern for fellow employees	✓				
QUANTITY OF WORK					
Gets assigned work finished on time		✓			
Assists other employees as needed	✓				
Does not waste time on the job		✓			
DEPENDABILITY					
Seldom calls in		✓			
Punctual-seldom late		✓			
Uses good judgement on job duties	✓				
Follows instructions		✓			
COOPERATION					
Works well with supervisor	✓				
Cooperates with other workers/depts.	✓				
INITIATIVE					
Works with little supervision		✓			
Does not have to be told what to do		✓			
Plans the work assignment	✓				
SELF IMPROVEMENT					
Shows interest in work assignment	✓				
Asks questions about assignment	✓				
Attends training sessions	✓				
PERSONALITY					
Neat appearance/good grooming	✓				
Courteous	✓				
Friendly	✓				
TOTAL SCORE	<u>120</u>	<u>72</u>			

✓ **OUTSTANDING**
(177-220 POINTS)

ABOVE AVG.
(133-176 POINTS)

AVERAGE
(89-132 POINTS)

BELOW AVG.
(88 and below)

COMMENTS: Does an extra mile to assist others
Always being friendly & caring.

EVALUATED BY:

[Signature]

EMPLOYEE SIGNATURE:

515

APP - 587

Apr. 14. 2011 3:48PM

No. 0078 P. 41/42

EVALUATION OF EMPLOYEE

Name: Garfa Ramsey Position: LPN Date: 6/8/09
Probationary Periodic X Annual Termination

	OUTSTANDING 10 POINTS	ABOVE AVG. 8 POINTS	AVERAGE 6 POINTS	BELOW AVG. 4 POINTS	NEEDS IMPROV. NO POINTS
QUALITY OF WORK					
Accuracy in work assignment		<u>✓</u>			
Takes pride in work—neatness	<u>✓</u>				
Shows concern for the resident	<u>✓</u>				
Shows concern for fellow employees		<u>✓</u>			
QUANTITY OF WORK					
Gets assigned work finished on time		<u>✓</u>			
Assists other employees as needed		<u>✓</u>			
Does not waste time on the job		<u>✓</u>			
DEPENDABILITY					
Seldom calls in			<u>✓</u>		
Punctual-seldom late		<u>✓</u>			
Uses good judgement on job duties		<u>✓</u>			
Follows instructions		<u>✓</u>			
COOPERATION					
Works well with supervisor	<u>✓</u>				
Cooperates with other workers/depts.	<u>✓</u>				
INITIATIVE					
Works with little supervision			<u>✓</u>		
Does not have to be told what to do			<u>✓</u>		
Plans the work assignment		<u>✓</u>			
SELF IMPROVEMENT					
Shows interest in work assignment		<u>✓</u>			
Asks questions about assignment		<u>✓</u>			
Attends training sessions		<u>✓</u>			
PERSONALITY					
Neat appearance/good grooming		<u>✓</u>			
Courteous	<u>✓</u>				
Friendly	<u>✓</u>				
1072 TOTAL SCORE	60	112	24		

OUTSTANDING
(177—220 POINTS)

ABOVE AVG.
(133—176 POINTS)

AVERAGE
(89—132 POINTS)

BELOW AVG.
(88 and below)

COMMENTS:

Documentation has improved (Good job)

EVALUATED BY:

EMPLOYEE SIGNATURE:

517

APP - 589

Apr. 14. 2011 3:48PM

No. 0078 P. 42/42

EVALUATION OF EMPLOYEE

Name: Gaye Ramsey

Position: LPN

Date: 7/23/03

 Probationary Periodic Annual Termination

	OUTSTANDING 10 POINTS	ABOVE AVG. 8 POINTS	AVERAGE 6 POINTS	BELOW AVG. 4 POINTS	NEEDS IMPROV. NO POINTS
QUALITY OF WORK					
Accuracy in work assignment		✓			
Takes pride in work—neatness		✓	✓		
Shows concern for the resident		✓			
Shows concern for fellow employees		✓			
QUANTITY OF WORK					
Gets assigned work finished on time		✓			
Assists other employees as needed		✓			
Does not waste time on the job		✓			
DEPENDABILITY					
Seldom calls in		✓			
Punctual-seldom late		✓			
Uses good judgement on job duties		✓			
Follows instructions		✓			
COOPERATION					
Works well with supervisor		✓			
Cooperates with other workers/depts.		✓			
INITIATIVE					
Works with little supervision		✓	✓		
Does not have to be told what to do		✓			
Plans the work assignment		✓			
SELF IMPROVEMENT					
Shows interest in work assignment		✓			
Asks questions about assignment		✓			
Attends training sessions		✓			
PERSONALITY					
Neat appearance/good grooming		✓			
Courteous		✓			
Friendly		✓			
TOTAL SCORE					

 OUTSTANDING (177—220 POINTS) ✓ ABOVE AVG. (133—176 POINTS) AVERAGE (89—132 POINTS) BELOW AVG. (89 and below)

COMMENTS: Employee works over to help w staffing

EVALUATED BY: Dr. J. B. Brown EMPLOYEE SIGNATURE: Gaye Ramsey

Apr. 14. 2011 3:49PM

No. 0019

1700

Teachable Moments
Re-education

I Gayla Ramsey have received a teachable moment
on the issue concerning completing lab +
lab 1012. I have
been re-education from Patricia Shoyko. I do
understand if I do not follow by the content of this "teachable
moment", I will receive disciplinary action.

Gayla Ramsey
Staff Signature

4/20/10
Date

Patricia Shoyko
Re-educator Signature

4/20/10
Date

Apr. 14. 2011 3:49PM

No. 0079 - 2/00

Gayla Renee Ramey
Lugoff, SC 29078

License number: 207097
License type: RN
Original Issue Date: 09/16/2009
Expiration: 04/30/2010
Status: Active

Privilege To Practice: Multi-State

Individual listed above is in good standing with the SC Board of Nursing

Apr. 14. 2011 3:49PM

No. 0019

P. 1/03

Teachable Moments
Re-education

I Gayla Priney have received a teachable moment
on the issue concerning completing lab + lab book. I have
been re-education from Patricia Shorpe. I do
understand if I do not follow by the content of this "teachable
moment", I will receive disciplinary action.

Gayla Priney
Staff Signature

4/20/10
Date

Patricia Shorpe
Re-educator Signature

4/20/10
Date

Apr. 14. 2011 3:49PM

No. 0079 exp. 2/05

Gayla Renee Ramey
Lugoff, SC 29078

License number: 207097
License type: RN
Original Issue Date: 09/16/2009
Expiration: 04/30/2010
Status: Active

Privilege To Practice: Multi-State

Individual listed above is in good standing with the SC Board of Nursing

Apr. 14. 2011 3:49PM

Gayla Renee Ramey
Lugoff, SC 29078

License number: 207097
License type: RN
Original Issue Date: 09/16/2009
Expiration: 04/30/2010
Status: Active

Privilege To Practice: Multi-State

Individual listed above is in good standing with the SC Board of Nursing

Apr. 14. 2011 3:49PM

No. 0079 Pa^d. 4/63.

Gayla Renee Ramey
Lugoff, SC 29078

License number: 207097
License type: RN
Original Issue Date: 09/16/2009
Expiration: 04/30/2010
Status: Active

Privilege To Practice: Multi-State

Individual listed above is in good standing with the SC Board of Nursing

Apr. 14. 2011 3:49PM

No. 0079 H.P. 5/631

GAYLA I RAMEY
Lugoff, SC 29078

License number: P30724
License type: LPN
Original Issue Date: 07/01/2000
Expiration: 04/30/2010
Status: Active

Privilege To Practice: Multi-State

Individual listed above is in good standing with the SC Board of Nursing

Apr. 14. 2011 3:50PM

No. 0079 EP. 6/63¹

GAYLA I RAMEY
Lugoff, SC 29078

License number: P30724
License type: LPN
Original Issue Date: 07/01/2000
Expiration: 04/30/2010
Status: Active

Privilege To Practice: Multi-State

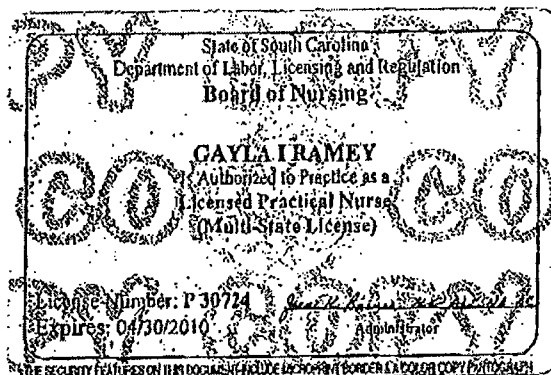
Individual listed above is in good standing with the SC Board of Nursing

Apr. 14. 2011 3:50PM



Apr. 14. 2011 3:50PM

No. 0079 P. 8/63

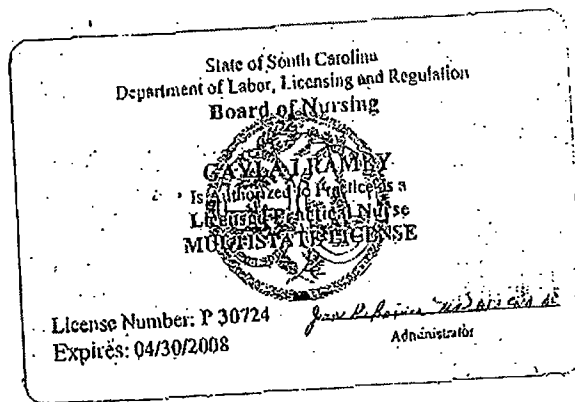


Apr. 14. 2011 3:50PM

No. 0079

P. 9/63

✓



Apr. 14, 2011 3:50PM

No. 0079 P. 10/63

American Heart Association
Fighting Heart Disease and Stroke

Healthcare Provider

Gayla Ramsey
This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the BLS for Healthcare Providers Program. CPR/AED

10/17/2003
Expiration Date

10/17/2004
Issue Date

AHA Region: South Carolina
Community Training Center: Mid Carolina AHEC
Training Site: Kershaw County Med Center
Instructor: John Zirkle
Holder's Signature: [Signature]
CPR/AED American Heart Association

11/Nov/01 COPY sent to HR/ma

American Heart Association
Fighting Heart Disease and Stroke

ACLS Provider

Gayla Ramsey
This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the Advanced Cardiovascular Life Support Program.

10/11/2001
Expiration Date

10/11/2003
Issue Date

AHA Region: South Carolina
Community Training Center: Mid Carolina AHEC
Training Site: Kershaw County Med Center
Instructor: Margel Donaldson
Holder's Signature: [Signature]
CPR/AED American Heart Association

11/Nov/01 COPY sent to HR/ma

APP - 602

Apr. 14. 2011 3:50PM

No. 0079 P. 11/63

Department of Labor, Licensing and Regulation
State Board of Nursing for South Carolina
License Number: P 30724
LICENSED PRACTICAL NURSE

Expires: 04/30/2006

GAYLA I RAMEY

Gayla Ramey
Signature

Melvin Ramey, Jr.
Administrator

COPY

Apr. 14. 2011 3:50PM

No. 0079 P. 12/63

Department of Labor, Licensing and Regulation
State Board of Nursing for South Carolina
License Number: P 30724

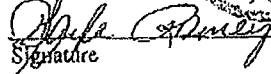
LICENSED PRACTICAL NURSE

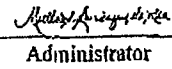
Expires: 01/31/2008

GAYLA I RAMEY

2646 WATSON ST

ELGIN SC 29045


Signature


Administrator

Apr. 14. 2011 3:50PM

No. 0079 P. 13/63

Nursing



January 8, 2011

[Licensee Lookup Home](#) | [Send Email If your address is not correct](#)

Search Tip: type the first few letters of the first and last name to improve your search.

First name:

License number:

Last name:

Your search returned: 1 record(s).

GAYLA I RAMEY
ELGIN, SC

License number: P30724
License type: LPN
Expiration: 1/31/2003

Questions / Contact Information
Kathryn Spires, Administrative
Specialist
PO Box 11329
Columbia, S.C. 29211-1329
803-898-4530

South Carolina Department of Labor Licensing & Regulation

Payroll_RID

From: George Hunt
Sent: Tuesday, June 05, 2007 12:30 PM
To: Everyone
Subject: Nursing Scholarship Winners and Education Reimbursement Authorizations

I am pleased to announce to you that **\$250,000** has been set aside this year for nursing scholarships and financial reimbursement for job related education.

Yesterday, the members of the Executive Leadership Team approved education funding for the applicants listed below. Release of funding is contingent upon a signed response from each participant, acknowledging the terms and conditions of their scholarship or education reimbursement. We are preparing the formal letters of notice now, with the individualized acknowledgements, but we wanted to share the good news with you today.

Please join us on congratulating these recipients:

- Adrienne Odom, BA, Troy University
- Angela Cress, BS in accounting, California Coast University
- Arlene Forrest, BS. Nursing, University of Phoenix
- Athena Brown, RN, Denmark Technical College
- Aurick Woods, MBA degree, University of Phoenix
- Beth Busha, MBA with concentration in accounting, Brenau University
- Beverly Michelle Patterson, RN associates degree, Excelsior College
- Cathy Carter, LPN, Appalachian Technical College
- Cherri Glawson, RN degree, Indiana State University
- Christa Penny, Occupational Therapy degree, Brenau University
- Crystal Gillispie, Multidisciplinary Studies in Business, Liberty University
- Gayla Ramey, RN degree, Central California Technical College
- Glenda McTaggart, RN degree, Dalton State College
- Jennifer Fulbright, B.A. degree in accounting, University of Phoenix
- Jonathan Duvall, MBA, Emory University
- Kasey Porter, Pre-pharmacy curriculum, Valdosta State
- Kay Beckworth, Legal Nurse Consultant Certification, Core Curriculum Home Study Program
- Latisha Graves, LPN, Marion County Technical Education Center
- Laura Andrews, PhD Pharmacy, University of Florida
- Lawanna Mobley, RN nursing, ABAC College
- Lori Born, pre-nursing courses
- Margie Means, MBA, Brenau University
- Mark Atwood, MA in Death, Dying, Grief and Bereavement, Breyer State University
- Mary Bradley, Masters in Nursing,
- Martha Kelley, RN degree, North Georgia College
- Susan Pollock, Masters of Science in Nursing, University of Alabama
- Tresa Jackson, Pre-nursing curriculum, Georgia Military College

If you missed our original deadline of June 4 2007, it is still not too late. We are authorized to accept applications and continue to present them to the ELT members until we have spent the

Apr. 14. 2011 3:51PM

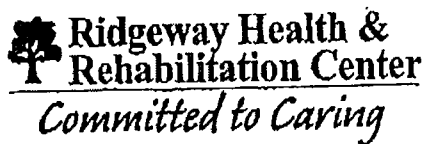
money that has been allocated for this purpose. If we can help you in any way, please let us know.

Thanks,
George

George T. Hunt, III
Sr. Vice-President of Human Resources
UHS-Pruitt Corporation
1626 Jeurgens Court
Norcross, Georgia 30093
706-255-9208 Cell

Apr. 14. 2011 3:51PM

No. 0079 P. 16/63



Mailed
5/25/07

May 25, 2007

Nurse Scholarship Committee
P. O. Box 1210
Toccoa, Georgia 30577

Dear Nurse Scholarship Committee:

I would like to recommend Gayla Ramey to be a recipient of the Nurse Scholarship Program, sponsored by Pruitt Corporation. Gayla has been employed at Ridgeway Health and Rehabilitation Center for five years. She is a dedicated employee who renders outstanding performance. She strives for excellence in all that she does. I am confident that she will be a successful RN. She is currently an LPN Charge Nurse, but her goal is to advance in her nursing career. Gayla is a true asset to this facility and to the nursing profession.

Thank you in advance for your consideration of Gayla Ramey to be included in the Nurse Scholarship Program with UHS-Pruitt Corporation.

Sincerely,

Shirley Goodwin, RN, DON

A handwritten signature in cursive script, appearing to read "Shirley Goodwin".

SG/smp

Apr. 14. 2011 3:51PM

No. 0079 P. 17/63

 **Ridgeway Health &
Rehabilitation Center**
Committed to Caring

May 23, 2007

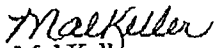
Claire Kaniewski
Human Resources
UHS-Pruitt Corporation
P. O. Box 1210
Toccoa, GA 30577

Dear Ms. Kaniewski:

I would like to recommend Gayla Ramey for the Nursing Scholarship Program. Gayla has been employed here for five (5) years and is very dependable.

Thank you for your consideration in this matter.

Sincerely,


Mal Keller
Administrator

MK/snp

Apr. 14. 2011 3:51PM

No. 0079 P. 18/63

NURSING SCHOLARSHIP/PS/ADVANCES

HR 7.102.00

Issue Date: September 2004
Revised:

Page 4 of 8

APPENDIX A
NURSING SCHOLARSHIP/ADVANCE APPLICATION

Name: <u>Gayla Ramey</u>			Hire Date: <u>07/24/02</u>		
Job Title: <u>LPN</u>			Location: <u>Ridgeway</u>		
Employee No: <u>27124 (Badge)</u> <u>ID 660277482</u>			Department: <u>66 LPN Certified</u>		
I intend to register and will attend classes at the following institution. The registration date is and therefore, I request approval in advance of that date.					
Course Number	Course Name	Credit Hours	Tuition Fees	Book/Lab Fees	Name of Institution
	<u>ENG 102</u>	<u>3</u>	<u>363.00</u>	<u>104.50</u>	<u>CCTC</u>
	<u>MAT 101</u>	<u>3</u>	<u>363.00</u>	<u>158.00</u>	<u>CCTC</u>
	<u>CPT 101</u>	<u>3</u>	<u>363.00</u>	<u>82.00</u>	<u>CCTC</u>
	<u>CHM 100</u>	<u>4</u>	<u>484.00</u>	<u>174.00</u>	<u>CCTC</u>
Briefly describe how the course(s) relate to the employee's present job, or a desired job with the Company and state why you think the course(s) will be beneficial to yourself and the Company: <u>Transition LPN to RN</u>					
I have been provided and read the requirements and procedures for the Nursing Scholarship Program/Advance and agree to comply with these policies.					
Employee Signature: <u>Gayla Ramey</u>					Date: <u>5/23/07</u>
Supervisory Review					
Supervisor's Name: <u>Shirley Goodwin</u>			Reimbursement Total: \$ <u>2091.50</u>		
Job Title: <u>DHS</u>					
Brief description of how the course(s) relate to employee's present job or future with the company: <u>Employee is presently a LPN</u> <u>Desires advancement in Nursing career</u>					
Tuition Fees	Book/Lab Fees	Total Fees	☐ Approved ☐ Denied		
<u>1573.00</u>	<u>518.50</u>	<u>2091.50</u>			
Supervisor's Signature: <u>[Signature]</u>					Date: <u>5/23/07</u>
Selection Committee Approval/Disapproval: ☐ Approved for Scholarship/Advance in the maximum amount of ☐ Disapproved for Scholarship/Advance.					
Signature: _____					Date: _____

Apr. 14. 2011 3:51PM

EMPLOYEE PERFORMANCE APPRAISALS

No. 0079 P. 19/63
HR 4.100.00

Page 7 of 9

Issue Date: December 2003
Revised:

EMPLOYEE PERFORMANCE APPRAISAL

Name (Last, First and Middle Initial): <i>Ramsey, Daryl</i>		Job Title: <i>LPN</i>	Date of Hire:
Occasion for Report: ☐ Probation Period Complete ☒ Annual ☐ Transfer ☐ Demotion ☐ Special		Period of Report: From: _____ To: _____	
Performance Rating: Below Standards=unsatisfactory in any one trait; Meets Standards=meets all "meets standard" traits listed; Greatly Exceeds standard=meets all "greatly exceeds standard" traits.			
PROFESSIONALISM			
Below Standard Traits: - Is not wholly committed to providing the requisite supports to enable people served to achieve the highest quality of life. - Lacks basic professional knowledge to effectively perform duties outlined in job description. - Fails to attend mandatory training (Compliance, HIPAA, etc). Lets licensure or certifications lapse prior to renewal. - Cannot apply basic job skills. - Fails to develop professionally or achieve training requirements for self or team supervised. - Displays personal bias or engages in harassment or tolerates bias and harassment in team supervised. - Does not follow dress code. - Unsatisfactory demeanor and conduct. - Lacks initiative. - Unable to plan or prioritize. - Does not maintain survey readiness. - Fails to get the job done. - Unsatisfactory attendance (frequently late, no call when late or absent, excessive absences, etc). - Unprofessional job performance.			
Meets Standard Traits: - Is wholly committed to providing the requisite supports to enable people served to achieve the highest quality of life. - Has thorough professional knowledge and effectively performs duties as outlined in job description. - Attends mandatory training (Compliance, HIPAA, etc). Licensures or certification are kept current. - Competently performs both new and routine tasks. - Steadily improves professional skills and maintains training requirements for self or team supervised. - Always treats others with fairness and respect. - Does not condone bias or harassment or tolerate it in team supervised. - Adheres to dress code. - Takes initiative to meet goals. - Plans/prioritizes effectively. - Maintains survey readiness. - Always gets the job done. - Satisfactory attendance. - Professional job performance.			
Greatly Exceeds Standard Traits: - Innovative and resourceful actions have dramatically improved the lives of the people served. A role model of support. - Recognized expert sought after to solve difficult problems. Flawlessly performs duties as outlined in job description. - Attends and ensures staff attendance at mandatory training (Compliance, HIPAA, etc). Licensures or certification for self and staff are kept current. - Exceptionally skilled, develops and executes innovative ideas. - Achieves highly advanced professional qualifications and maintains training of team supervised at 100%. - Demonstrates fairness and human respect. - Ensures a climate of fairness and respect for human worth. - Exemplary professional appearance. - Develops innovative ways to accomplish the job. - Plans/prioritizes with exceptional skill and foresight. - Gets job done earlier and far better than expected. - No unscheduled absences, consistently on time for work, role model attendance. - Extremely professional job performance. - Excellent survey performance.			
☐ Below Standard ☒ Meets Standard ☐ Greatly Exceeds Standard			

Abisente

Apr. 14, 2011 3:51PM

No. 0079 P. 20/63
HR 4.100.00

PERFORMANCE APPF SALS

Page 8 of 9

Issue Date: December 2003
Revised:

ATTITUDE
Below Standard Traits: - Detracts from company cohesiveness and high morale.
Meets Standard Traits: - Contributes to company cohesiveness and high morale. - Usually displays a "can and will do" attitude.
Greatly Exceeds Standard Traits: - Exemplifies a "can and will do" attitude at all times.
☐ Below Standard ☐ Meets Standard ☒ Greatly Exceeds Standard
INTEGRITY
Below Standard Traits: - Any incident which displayed a lack of integrity of the employee.
Meets Standard Traits: - Honest and forthright. - Trustworthy. - Loyal. - Unquestioned integrity.
☐ Below Standard ☒ Meets Standard ☐ Greatly Exceeds Standard
SAFETY
Below Standard Traits: - Unsatisfactory safety record of employee or team supervised.
Meets Standard Traits: - Ensures safety of people supported, employees, and equipment. - Makes team safety conscious. - Satisfactory safety record of employee or team supervised.
Greatly Exceeds Standard Traits: - Top safety record. No claims, incidents or accidents involving employee or team supervised during the reporting period.
☐ Below Standard ☐ Meets Standard ☒ Greatly Exceeds Standard
TEAMWORK
Below Standard Traits: - Creates conflict, unwilling to work with others, puts self above team. - Fails to understand team goals or teamwork techniques. - Does not take direction well.
Meets Standard Traits: - Reinforces others' efforts, meets personal commitment to team. - Understands team goals, employs good teamwork techniques. - Accepts and offers team direction.
Greatly Exceeds Standard Traits: - Team builder, inspires cooperation and progress. - Talented mentor, focuses goals and techniques for team. - The best at accepting and offering team direction.
☐ Below Standard ☐ Meets Standard ☒ Greatly Exceeds Standard
LEADERSHIP
Below Standard Traits: - Fails to exhibit cost consciousness and makes little or no attempt to stay within budget or control costs. - Fails to motivate, train, or develop team members. - Fails to organize, creates problems for team. - Does not set or achieve goals relevant to company's mission statement. - Lacks ability to cope with or tolerate stress. - Inadequate communicator. - Tolerates hazards or unsafe practices. - Does not attend to the welfare or professional development of team supervised.
Meets Standard Traits: - Usually stays within budget guidelines and controls costs. - Effectively trains, motivates, and develops team members. - Organizes successfully, solves problems as they occur. - Sets/achieves useful, realistic goals which support the company's mission statement. - Performs well in stressful situations. - Clear and timely communicator. - Routinely considers team member's personal and professional welfare.

Apr. 14. 2011 3:51PM

PERFORMANCE APPRAISALS

No. 0079 P. 21/63
HR 4,100.00

Page 9 of 9

Issue Date: December 2003
Revised:

LEADERSHIP (CONT'D)

Greatly Exceeds Standard Traits:

- Stays within budget guidelines and makes excellent use of financial resources available.
- Inspiring motivator and trainer.
- Consistently builds winners.
- Superb organizer, great foresight, gets ahead of problems and prevents them.
- Leadership achievements dramatically further the company's progress.
- Exceptional communicator.
- Committed to doing "right."
- Constantly improves the personal and professional life of others.

☐ Below Standard ☐ Meets Standard ☒ Greatly Exceeds Standard

Narrative Comments on employees performance: (All "Below Standard" and "Greatly Exceeds Standard" ratings must be substantiated in comments.)

Excellent Change Nurse -
Good: improve attendance

Signature of direct supervisor:

Don J. [Signature] 6/16/06

Signature of Administrator/Director:
(when applicable)

NO APPRIASAL MAY BE PRESENTED TO AN EMPLOYEE UNTIL ALL REQUIRED SIGNATURES ARE OBTAINED.

I have seen this report, been apprised of my performance and understand my right to make a statement and submit it with this report for inclusion in my employee personnel file if I desire.

Signature of Employee:

Dyfe Briney (M)

Date:

6/18/06

ADDITIONAL SHEETS ATTACHED: ☐ YES ☒ NO

Central Carolina Technical College

Registration and Fees

Tuition & Fees

Tuition and fees, effective Summer Semester 2007, are as follows:

- Students from Clarendon, Lee, Kershaw and Sumter Counties - \$121 per credit hour to a maximum of \$1,450.
- Students from other counties in the state - \$142 per credit hour to a maximum of \$1,700.
- Students from out-of-state - \$215 per credit hour to a maximum of \$2,578.
- Tuition for students from South Carolina enrolled in Natural Resources Management and Environmental Engineering Technology is \$121 per credit hour to a maximum of \$1,450.
- A laboratory fee of \$25 will be charged in selected science, allied health, nursing, and early childhood courses.
- Student parking decals are \$5 and are valid for one academic year beginning in the fall. These parking fees are non-refundable.
- Academic transcripts are \$5.
- Fees for non-credit courses are specified in the Continuing Education publications announcing the courses.
- The cost of books, tools, and materials is in addition to tuition fees.
- All fees are due at the time of registration. Students must visit the cashier and either pay or charge tuition to be officially enrolled.
- All students who register after the published registration period will be charged a \$25 late registration fee.

- All students who have registered but have not paid by the published deadline will be assessed a \$25 penalty for non payment.
- An administrative fee of \$20 will be charged for all drops that result in a net reduction in credit hours for the semester. This fee is deducted from any refunds/credit due, and will only be charged once per semester (regardless of the number of courses dropped.) This fee only applies during the 100% refund period.
- The College reserves the right to adjust tuition and fees without notice.
- No refunds will be made if not applied for within 90 days of the last date of attendance.
- Students over 60 years of age who wish to take advantage of senior citizen status for free tuition can register for classes only during the late registration period. No late fee will be charged. Senior citizen students must be classified as career development unless they are enrolled in a program of study and pay tuition. Appropriate official documentation of age and employment must be submitted. Parking fees will still be required. Senior citizen students will be responsible for book costs, lab fees, and supplies associated with each course. Some courses may be excluded.

Central Carolina Technical College

Student Records

Important Dates

Fall 2007

Description	Date
16 Weeks	
Open Registration	August 7- 16
Classes Begin	August 20
Drop/add Period	August 20 - 24
Last Day to Withdraw with "W"	November 2
Classes End	December 4
Grades Due	December 17
8 Weeks-Session 1	
Open Registration	August 7 - 16
Classes Begin	August 20
Drop/Add period	August 21 - 23
Last Day to Withdraw with "W"	September 26
Classes End	October 8
Grades Due	October 11
8 Weeks-Session 2	
Registration	October 12
Classes Begin	October 15
Drop/Add period	October 15 - 17
Last Day to Withdraw with "W"	November 20
Classes End	December 4
Grades Due	December 17

Central Carolina Technical College

Online Book Catalog

Search Bookstore Catalog

Summer 2007

The results for your search are listed below. If you need to try another search, please [click here](#).

Literature: An Intro. To Reading & Writing - Third Compact Edition

ISBN:	9780131534353
Author:	Roberts
Publisher:	Pearson
Edition:	3rd comp. ed
Required:	Yes
Price (New):	\$70.00
Price (Used):	\$52.50

Central Carolina Technical College

Online Book Catalog

Search Bookstore Catalog

Summer 2007

The results for your search are listed below. If you need to try another search, please [click here](#).

The Open Handbook

ISBN:	9780618607150
Author:	Raimes
Publisher:	Houghton Mifflin
Edition:	2007
Required:	Yes
Price (New):	\$34.50
Price (Used):	\$26.00

Central Carolina Technical College

Online Book Catalog

Search Bookstore Catalog

Summer 2007

The results for your search are listed below. If you need to try another search, please [click here](#).

Elem. & Intermediate Algebra, Concepts & App.

ISBN:	9780321286840
Author:	Bittinger
Publisher:	Pearson
Edition:	4th
Required:	Yes
Price (New):	\$131.00
Price (Used):	Not Available

Central Carolina Technical College

Online Book Catalog

Search Bookstore Catalog

Summer 2007

The results for your search are listed below. If you need to try another search, please [click here](#).

Elem. & Intermediate Algebra, Concepts & App. SSM

ISBN:	9780321286789
Author:	Penna
Publisher:	Pearson
Edition:	4th
Required:	No
Price (New):	\$27.00
Price (Used):	\$20.50

Central Carolina Technical College

Online Book Catalog

Search Bookstore Catalog

Summer 2007

The results for your search are listed below. If you need to try another search, please [click here](#).

MS Office 2003: Introductory Concepts and Techniques

ISBN:	9780619254773
Author:	Shelly
Publisher:	Thomson Learning
Edition:	2nd
Required:	Yes
Price (New):	\$82.00
Price (Used):	\$61.50

Central Carolina Technical College

Online Book Catalog

Search Bookstore Catalog

Summer 2007

The results for your search are listed below. If you need to try another search, please [click here](#).

Basic Chemistry

ISBN:	9780618950133
Author:	Zumdahl
Publisher:	Houghton Mifflin
Edition:	6th
Required:	Yes
Price (New):	\$103.50
Price (Used):	\$78.00

Central Carolina Technical College

Online Book Catalog

Search Bookstore Catalog

Summer 2007

The results for your search are listed below. If you need to try another search, please [click here](#).

Introductory Chemistry in the Laboratory

ISBN:	9780618803323
Author:	Hall
Publisher:	Houghton Mifflin
Edition:	6th
Required:	Yes
Price (New):	\$70.50
Price (Used):	Not Available



SKILLS CHECKOFF FOR GOLVO TOTAL LIFT

Facility: [REDACTED] Date: [REDACTED]
 Employee Name: [REDACTED]

Classification for Golvo Total Lift

- *Golvo lift is used for totally dependent non-weight bearing individuals.
- *Golvo can be used for bed, chair, commode, tub or stretcher transfers, repositioning and will lift an individual off the floor.
- *The Golvo will lift up to 440 pounds.

Assessment criteria for Golvo Total Lift

- *The individual must weigh less than 440 pounds.
- *The individual must have no medical condition that might be aggravated by the lift procedure.
- *The individual may be non weight bearing or have unpredictable weight bearing.
- *The individual may have weak muscle tone.
- *The individual may have a single or double amputation.
- *The individual may have unpredictable, combative or uncooperative behavior.

Note:

- *Never leave the individual unattended during the lift/transfer procedure.
- *Follow any specific lift/transfer instructions for the individual.
- *Use number of staff required for the procedure.
- *Always operate lift according to procedure and only after hands-on training.
- *Report unusual individual response to lift use or refusal to your Supervisor.

PROCEDURE FOR USING THE GOLVO TOTAL LIFT	Demonstrated
1) Identify correct lift and sling as assessed by checking the color coded sticker. Use only slings manufactured for this lift.	
2) Inspect lift and sling for safe use.	
3) Explain lift procedure to the individual. Lock wheels of bed or chair.	
4) Position sling under the individual with the bottom of the sling (U-shaped area) even with the coccyx, and the top extending to the top back of the head.	
5) Extend leg straps along side the individual, carefully working forward and under hips.	
6) Lift one thigh and place leg strap under, carefully bringing up and around inner thigh between knees. Repeat with other leg. Cross one leg strap through the other before hooking to the hanger bar. NOTE: Alternate methods of leg strap placement may be necessary for some individuals as instructed.	
7) Standing next to the individual, position lift in front of, or over the individual opening the lift legs if necessary to fit around furniture.	
8) Note: Only apply the brakes of the lift to keep from rolling on a surface that is not level when toileting or lifting off floor.	
9) Remove the sling bar from storage on the sling bar bracket. Take control of the bar at all times to avoid hitting the individual. Hanger bar should be parallel to the shoulders and strap should not be pulled to the side.	
10) Attach the shoulder straps of the sling to the sling bar first, and then attach the leg straps. Ensure the lift strap does not twist.	
NOTE: Before and during the lift/transfer, observe all sling hooks to ensure the sling is securely attached to the lift bar.	



Prevent, Inc.

SKILLS CHECKOFF FOR SABINA/SABINA II SIT TO STAND LIFT

Facility: [REDACTED]

Date: 4/14/11

Employee Name: [REDACTED]

Classification for Sabina/Sabina II Sit To Stand Lift:

- *Sabina/Sabina II is used for semi-dependent weight bearing individuals.
- *Sabina/Sabina II will assist an individual from sitting position to a standing position to facilitate care tasks such as: transfers from bed or chair, toileting, repositioning, changing, drying and dressing.
- *The Sabina/Sabina II lift will lift up to 440 pounds.

Assessment criteria for Sabina/Sabina II Sit To Stand Lift:

- *The individual must weigh less than 440 pounds.
- *The individual must have no medical condition that might be aggravated by the lift procedure.
- *The individual must bear weight on at least one leg.
- *The individual must have some upper body strength.
- *The individual must cooperate with the lift procedure.

Note:

- *Never leave the individual unattended during the lift/transfer procedure.
- *Follow any specific lift/transfer instructions for the individual.
- *Use number of staff required for the procedure.
- *Always operate lift according to procedure and only after hands on training.
- *Report unusual individual response to lift use or refusal to your Supervisor.

PROCEDURE FOR USING THE SABINA/SABINA II LIFT:	Demonstrated
1) Identify correct lift and sling as assessed by checking the color coded sticker. Use only slings manufactured for this lift.	
2) Inspect lift and sling for safe use.	
3) Explain lift procedure to the individual. Lock wheels of bed or chair.	
4) Begin with individual seated. If in bed, raise back of bed and then assist individual to dangling position. Support as needed, using two care givers if necessary.	
5) Position support vest around the individual at the small of the back and under the arms.	
6) Position the individual's arms outside the sling.	
7) Fasten and tighten the belt around the individual's waist.	
8) Standing next to the individual, position lift in front of individual, opening the legs of the lift if necessary to fit around furniture. Assist the individual to place feet squarely on the footrest.	
9) Carefully advance the lift toward the individual. Adjust the height and depth of the kneepad so it fits comfortably against the legs just below the kneecap.	
10) Fasten the knee strap to keep legs in place.	
11) Fasten the loops of the support vest to the lift arm hooks, using the same loop on both sides of the vest. Instruct individual to grasp the handle bar if able. If not able to hold on arms must remain down. Before and during the lift/transfer observe all sling hooks to ensure the sling is securely attached.	
12) Using the UP button on the hand control, slowly raise the individual to a standing position. The individual should be encouraged to bear weight as being lifted and lean back.	

Apr. 14. 2011 3:53PM

SOUTH CAROLINA
DRIVER'S LICENSE

RAMEY GAYLA R
DL#: 004447858
Expires: 01-02-2006

Class: D Hgt: 5-08 Wgt: 168
Sex: F DOB: 01-02-1961
Issued: 01-03-2001 290281 R 1

Gayla R. Ramey
Restrictions: NONE

[Signature]
Governor



SOCIAL SECURITY

THIS NUMBER HAS BEEN ESTABLISHED FOR
GAYLA R. RAMEY

Gayla R. Ramey
SIGNATURE

Department of Labor, Licensing and Regulation
State Board of Nursing for South Carolina
License Number: P 30724
LICENSED PRACTICAL NURSE
Expires: 01/31/2003
GAYLA I RAMEY
1589 PINE VALLEY DR
ELGIN, SC 29045-8935

No. 0079 P. 34/63

554

APP - 626

Apr. 14. 2011 3:53PM

No. 0079

P. 35/63

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0136

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

Print Name: Last <u>Ramey</u>	First <u>Gayla</u>	Middle Initial <u>R.</u>	Maiden Name <u>ISON</u>
Address (Street Name and Number) <u>[REDACTED]</u>		Apt. # <u>[REDACTED]</u>	Date of Birth (month/day/year) <u>1-2-61</u>
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Social Security # <u>[REDACTED]</u>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

☒ A citizen or national of the United States

☐ A Lawful Permanent Resident (Alien # A)

☐ An alien authorized to work until 1 (Alien # or Admission #)

Employee's Signature Gayla R. Ramey Date (month/day/year) 7-24-02

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____ Print Name _____

Address (Street Name and Number, City, State, Zip Code) _____ Date (month/day/year) _____

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		<u>J. C. M. House</u>		<u>Small Security Card</u>
Issuing authority: _____		<u>00444-7858</u>		<u>401-98-7482</u>
Document #: _____		<u>010206</u>		<u>1</u>
Expiration Date (if any): <u>1</u> / <u>1</u>				
Document #: _____				
Expiration Date (if any): <u>1</u> / <u>1</u>				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 1 / 1 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative <u>[Signature]</u>	Print Name <u>Henrietta J. Spurrell</u>	Title <u>Bookkeeper</u>
Business or Organization Name <u>RIDGEWAY HEALTH & REHAB</u>	Address (Street Name and Number, City, State, Zip Code) <u>PO BOX 68 RIDGEWAY SC 29130</u>	Date (month/day/year) <u>7-24-02</u>

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name (if applicable)	B. Date of hire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____ Expiration Date (if any): <u>1</u> / <u>1</u>

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative _____ Date (month/day/year) _____

Apr. 14. 2011 3:53PM

No. 0079 P. 36/63

**UHS-PRUITT CORPORATION
JOB DESCRIPTION**

JOB CODE: 0169
JOB TITLE: UNIT SUPERVISOR
DIVISION: HEALTHCARE CENTER DIVISION

Issued: 09/08
Revised:

Licensure/Certification/Education Requirements:

A Nursing degree from an accredited college or university. Current active license as a Registered or Licensed Practical Nurse in the State which you are practicing.

Freedom from illegal use of drugs, and freedom from use and effects of use of drugs and alcohol in the workplace.
Persons who have been found guilty by a court of law of abusing, neglecting or mistreating individuals in a health care related setting are ineligible for employment in this position.

Other Training, Skills, and Experience Requirements:

As a minimum, two-(2) year(s) of experience in a supervisory capacity in a hospital or long-term care Nursing Center. Should have training experience in rehabilitative and restorative nursing practices. Have education, training, and/or experience in one of the following: rehabilitative nursing, geriatric nursing and/or Psychosocial nursing.

Summary of Occupational Exposures:

Tasks assigned to this position may involve potential and/or direct exposure to blood, body fluids, infectious disease, air contaminants, and hazardous chemicals. May be subject to hostile and emotionally upset patients, family members, associates and visitors.

Other Considerations and Requirements:

Partner must be able to tolerate prolonged sitting as required when documenting information in medical charts for patients. Must be able to direct and work in a high-paced nursing center.

JOB DESCRIPTION ACKNOWLEDGMENT:

I have read this job description and fully understand the requirements set forth therein. I hereby accept this position and agree to perform the identified essential functions in a safe manner and in accordance with the center/agency/division's established procedural guidelines. I understand that as a result of my employment, I may be exposed to blood, body fluids, infectious diseases, air contaminants (including tobacco smoke), and hazardous chemicals and that the healthcare center should provide to me instructions on how to prevent and control such exposures. I further understand that I may also be exposed to the Hepatitis B Virus and that the center/agency should make available to me, free of charge, the Hepatitis B Vaccination.

I understand that my employment is at-will. This means that a partner has the right to terminate employment at any time, with or without cause, and the organization has a similar right. This document does not create any implied or expressed contractual obligation on the part of the organization. No manager or representative of this organization other than the CEO has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Date 5/14/09

[Signature]
Signature - Partner

Date _____

Signature - Departmental Supervisor

Apr. 14. 2011 3:53PM

No. 0079 P. 37/63

UHS-FRUITT CORPORATION
JOB DESCRIPTION

JOB CODE: 0169

Issued: 09/08
Revised:

JOB TITLE: UNIT SUPERVISOR

DIVISION: HEALTHCARE CENTER DIVISION

Name: Gayla Ramey

Date of Hire: _____

Center/Agency: _____

Department: _____

Shift Assignment: _____

Duty Hours: _____

Attendance Requirements: Non-Exempt Status: May be required to work beyond normal working hours on weekends and holidays as necessary. Subject to callback during any emergency.

Accountability--Reports to: Administrator

Purpose: ☐ Job Description Notification ☐ 3-Month Performance Evaluation ☐ Annual Performance Evaluation

Performance Rating: 1=Not Met 2=Progressing 3=Met 4=Good 5=Exceeds Expectations

Essential Demonstration of UHS-Fruitt "Committed To Caring" Tenets:

	1	2	3	4	5
1. Choose a positive, can-do attitude each and every day.					
2. Our belief is "we should do it right because it is the right thing to do".					
3. Make each day their day through your day.					
4. Maintain your focus on quality of care.					
5. Improve yourself through education and training.					
6. Take time to speak to everyone.					
7. Treat everyone with dignity and respect.					
8. Each partner is responsible to know and support our organization's goals.					
9. Display pride in your work, your dress and your speech.					
10. Take the extra step to make a difference.					
11. Our mission is the principal belief of our organization. It must be known, owned, and embraced by all.					
12. Create and maintain a clutter-free, clean and safe environment.					
13. Always be an ambassador to those entrusted in our care.					
14. Respect the views and beliefs of others.					
15. Identify opportunities to build teamwork.					
16. Never accept being "average" always strive for "EXCELLENCE".					
17. Guests are special; treat everyone like one!					

UHS-PRUITT CORPORATION **JOB DESCRIPTION**

JOB CODE: 0169

Issued: 09/08

Revised:

JOB TITLE: UNIT SUPERVISOR

DIVISION: HEALTHCARE CENTER DIVISION

Job Description:

Assist the Director of Health Services in planning, organizing, developing and directing the day-to-day functions of the Nursing Services Department in accordance with current federal, state, and local regulations governing our center, and as may be directed by the Administrator, the Medical Director, and/or the Director of Health Services to provide appropriate care.

Essential Skill/Knowledge Functions:

1.	Operation of oxygen equipment including turning off and on, changing cylinder heads, cleaning/replacing humidifier, and others as necessary.	1	2	3	4	5
2.	Operation of suction machine (oral) including cleaning, selection of appropriate suction catheter, and storage.	1	2	3	4	5
3.	Operation and use of manual respirator.	1	2	3	4	5
4.	Location and use of emergency equipment supplies (box and/or crash cart etc.)	1	2	3	4	5
5.	Operation of whirlpool	1	2	3	4	5
6.	Operation of scales.	1	2	3	4	5
7.	Operation of glucose monitoring devices, calibration, and cleaning etc.	1	2	3	4	5
8.	Use of electronic thermometers (oral/rectal and ear)	1	2	3	4	5
9.	Delivery of medications (setting up, rotating, charting, ordering, giving to patient etc.)	1	2	3	4	5
10.	Ordering and use of stock drugs	1	2	3	4	5
11.	Administration and documentation of insulin.	1	2	3	4	5
12.	Use and delivery of PRN medications.	1	2	3	4	5
13.	Use and delivery of topical treatment application (eye, ear, nose etc.)	1	2	3	4	5
14.	Use delivery and documentation of narcotic medication	1	2	3	4	5
15.	Knowledge of procedures for receiving drugs from pharmacy	1	2	3	4	5
16.	Application of sterile dressings	1	2	3	4	5
17.	Operation and proper use of pressure reduction surfaces.	1	2	3	4	5
18.	Use of oral airway	1	2	3	4	5
19.	Knowledge of isolation procedures (when to implement etc.)	1	2	3	4	5
20.	Knowledge of location and proper use of personal protective equipment (gloves, masks, gowns, and aprons etc.)	1	2	3	4	5
21.	Delivery of enemas (S&S, and fleets)	1	2	3	4	5
22.	Insertion, irrigation and routine care of male/female catheters.	1	2	3	4	5
23.	Delivery of tube feedings (insertion, flushing, proper amounts etc.)	1	2	3	4	5
24.	Knowledge of procedures and ability to determine Advance Directive status for patients.	1	2	3	4	5
25.	Collection of lab specimens and interpreting results.	1	2	3	4	5
26.	IV implementation and administration	1	2	3	4	5
27.	Seizure precautions and administration of IV medication during a seizure.	1	2	3	4	5
28.	Knowledge of admissions discharges and transfer procedures.	1	2	3	4	5
29.	Documentation and billing of supplies used.	1	2	3	4	5
30.	Knowledge of procedure for sending a patient to the hospital.	1	2	3	4	5
31.	Knowledge of procedures to follow if unable to reach physician.	1	2	3	4	5
32.	Maintain effective lines of communication with attending physicians.	1	2	3	4	5
33.	Monitor physician services (documentation and visits etc.) in accordance with current regulations.	1	2	3	4	5
34.	Maintain knowledge of documentation procedures including appropriate use of forms, timelines, and Medicare documentation.	1	2	3	4	5
35.	Maintain a working knowledge of current licensure standards and the survey process.	1	2	3	4	5
36.	Supervises Certified Nurse Assistant	1	2	3	4	5

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No. 0079 P. 39/63

UHS-PRUITT CORPORATION
JOB DESCRIPTION

JOB CODE: 0169
JOB TITLE: UNIT SUPERVISOR
DIVISION: HEALTHCARE CENTER DIVISION

Issued: 09/08
Revised:

Other Division or Job-Specific Essential Skill/Knowledge Functions: (Partner and Supervisor to initial extra added functions)

1. _____	1	2	3	4	5
2. _____	1	2	3	4	5
3. _____	1	2	3	4	5

Partner Initials: _____; Supervisor Initials: _____

Essential Administrative Functions:

1. Participate in center/agency surveys (Licensure / JCAHO) and any subsequently required reports.	1	2	3	4	5
2. Attend and participate in continuing educational programs to keep abreast of changes in your field as well as to maintain current license/certification, as required.	1	2	3	4	5
3. Attend and participate in mandatory in-services.	1	2	3	4	5
4. Honor patients/residents' rights to fair and equitable treatment, self-determination, individuality, privacy, property and civil rights, including the right to wage complaints.	1	2	3	4	5
5. Comply with corporate compliance program.	1	2	3	4	5
6. Report job-related functions/tasks that involve occupational hazards including exposure to blood and body fluids and others as necessary.	1	2	3	4	5
7. Follow established safety regulations, to include fire protection & prevention, smoking regulations, infection control, etc.	1	2	3	4	5
8. Follow established safety procedures when performing tasks and/or working with equipment.	1	2	3	4	5
9. Perform other related duties as necessary and as directed by supervisor.	1	2	3	4	5

Other Division or Job-Specific Essential Administrative Functions: (Partner and Supervisor to initial extra added functions)

1. _____	1	2	3	4	5
2. _____	1	2	3	4	5
3. _____	1	2	3	4	5

Partner Initials: _____; Supervisor Initials: _____

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No. 0079 P. 40/63

UHS-FRUITT CORPORATION
JOB DESCRIPTION

JOB CODE: 0169

Issued: 09/08
Revised:

JOB TITLE: UNIT SUPERVISOR

DIVISION: HEALTHCARE CENTER DIVISION

Essential General Functions:

1. Attendance -- must maintain timely, regular attendance.	1	2	3	4	5
2. Punctuality.	1	2	3	4	5
3. Professional appearance.	1	2	3	4	5
4. Communicates well with patients/residents/clients and family members providing warm and friendly greeting and an approachable attitude to families, visitors, patients/residents/clients and responds to expressed concerns while displaying a helpful, caring demeanor. Answers questions when appropriate in a professional manner.	1	2	3	4	5

OVERALL EVALUATION SCORE: _____ Divided by _____ = _____ %
Actual points scored Total points possible*

*(Functions that are "not applicable" to the position should not be counted as part of the total points possible or actual points scored.)

Supervisor's Comments Regarding Overall Job Performance:

Current % of Midpoint _____ **% Increase** _____ **New % of Midpoint** _____

Performance Evaluation Acknowledgment:

Date

Signature - Partner

Date

Signature - Departmental Supervisor

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No. 0079

P. 41/63

**UHS-FRUITT CORPORATION
JOB DESCRIPTION**

JOB CODE: 0169
JOB TITLE: UNIT SUPERVISOR
DIVISION: HEALTHCARE CENTER DIVISION

Issued: 09/08
Revised:

Physical Activity Requirements:

Lift up to 10 lbs:	Frequently required when lifting charts weighing approximately 5 to 10 lbs.
Lift 11 to 25 lbs:	Constantly
Lift 26 to 40 lbs:	Constantly
Lift over 40 lbs:	Occasionally
Carry up to 40 lbs:	Occasionally may be required to carry medical charts from one location in center to another (50 to 100 ft). If carrying more than one chart, can implement the use of a cart.
Carry 11 to 25 lbs:	Not required.
Carry 26 to 40 lbs:	Not required
Carry over 40 lbs:	Not required
Reach above shoulder height:	4 feet.
Reach above shoulder height:	Constantly required while documenting charts, drawing blood, and providing care to patients.
Reach below shoulder height:	Frequently may be required when reaching for clerical supplies or charting information in drawers.
Push/Pull:	20 feet

Hand Manipulation:

Grasping:	Constantly during course of day while documenting medical files
Fingering:	Occasionally may be required for using typewriter, computer keyboard and telephone.
Handling:	Frequently handling paperwork and occasionally various diagnostic tools such as thermometer, blood pressure gauge, etc.
Torquing:	Required for opening some medications and tube feedings

Other Physical Considerations:

Twisting:	Not required
Bending:	Occasionally may occur when drawing blood or taking vital signs
Crawling:	Not required. Squatting: Occasionally
Kneeling:	Not required. Crouching: Not required
Climbing:	Occasionally. Balancing: Not required
Controls & Equipment:	Various medical equipment, instruments, and machines, computer

During an 8 hour day, Associate is required to:

	<u>Consecutive Hours</u>	<u>Total Hours</u>
Sit	2	2
Stand	2	2
Walk	2	4

Work Surface(s):

Stand on carpet, linoleum, cement, or be seated at a standard desk at the nurse's station using an office chair.

Cognitive and Sensory Requirements:

Talking:	Constantly required during course of day to communicate with patients and other associates.
Hearing:	Constantly required for communications.
Sight:	Constantly required when observing progress of patients.
Tasting/Smelling:	Required for accurate maintenance and detection of wounds, urinary tract problems, etc.

Apr. 14. 2011 3:54PM

No. 0079 P. 42/63

**UHS-PRUITT CORPORATION
JOB DESCRIPTION**

Return

JOB CODE: 0129

Issued: 09/08
Revised:

JOB TITLE: LICENSED PRACTICAL NURSE CHARGE NURSE

DIVISION: HEALTHCARE CENTER DIVISION

Licensure/Certification/Education Requirements:

Nursing Degree from an accredited college or university, current active Registered Nurse in (State)
Freedom from illegal use of drugs, and freedom from use and effects of use of drugs and alcohol in the workplace.
Persons who have been found guilty by a court of law of abusing, neglecting or mistreating individuals in a health care related
Setting are Ineligible for employment in this position.

Other Training, Skills, and Experience Requirements:

Preferred experience in nursing administration.

Equipment Used:

Blood pressure gauge, thermometer, and stethoscope.

Summary of Occupational Exposures:

Tasks assigned to this position may involve potential and/or direct exposure to blood, body fluids, infectious disease, air contaminants, and hazardous chemicals. May be subject to hostile and emotionally upset patients/residents/clients, family members, partners, and visitors.

Other Considerations and Requirements:

In this position, the partner must be able to tolerate a high pace that is typical for nursing center. Must be able to take and give instructions well and enjoy working with the elderly. Although partner is able to sit when charting medical information, must be able to tolerate prolonged standing and walking.

JOB DESCRIPTION ACKNOWLEDGMENT:

I have read this job description and fully understand the requirements set forth therein. I hereby accept this position and agree to perform the identified essential functions in a safe manner and in accordance with the center/agency/division's established procedural guidelines. I understand that as a result of my employment, I may be exposed to blood, body fluids, infectious diseases, air contaminants (including tobacco smoke), and hazardous chemicals and that the healthcare center should provide to me instructions on how to prevent and control such exposures. I further understand that I may also be exposed to the Hepatitis B Virus and that the center/agency should make available to me, free of charge, the Hepatitis B Vaccination.

I understand that my employment is at-will. This means that a partner has the right to terminate employment at any time, with or without cause, and the organization has a similar right. This document does not create any implied or expressed contractual obligation on the part of the organization. No manager or representative of this organization other than the CEO has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

3/21/09
Date

3-18-09
Date

Dan Ramey
Signature - Partner

John B. Parker
Signature - Departmental Supervisor

Apr. 14. 2011 3:54PM

No. 0079 P. 43/63

**UHS-PRUITT CORPORATION
JOB DESCRIPTION**

JOB CODE: 0129

Issued: 09/08
Revised:

JOB TITLE: LICENSED PRACTICAL NURSE CHARGE NURSE

DIVISION: HEALTHCARE CENTER DIVISION

Name: Gayla Ramey Date of Hire: 7/24/2002
Center/Agency: Heritage Healthcare Ridgeway Department: _____
Shift Assignment: _____ Duty Hours: _____

Attendance Requirements: Non-Exempt Status: May be required to work beyond normal working hours on weekends and holidays as necessary. Subject to callback during any emergency.

Accountability-Reports to: Director of Health Services

Purpose: ☒ Job Description Notification ☐ 3-Month Performance Evaluation ☐ Annual Performance Evaluation

Performance Rating: 1=Not Met 2=Progressing 3=Met 4=Good 5=Exceeds Expectations

Essential Demonstration of UHS-Pruitt "Committed To Caring" Tenets:

1. Choose a positive, can-do attitude each and every day.	1	2	3	4	5
2. Our belief is "we should do it right because it is the right thing to do".	1	2	3	4	5
3. Make each day their day through your day.	1	2	3	4	5
4. Maintain your focus on quality of care.	1	2	3	4	5
5. Improve yourself through education and training.	1	2	3	4	5
6. Take time to speak to everyone.	1	2	3	4	5
7. Treat everyone with dignity and respect.	1	2	3	4	5
8. Each partner is responsible to know and support our organization's goals.	1	2	3	4	5
9. Display pride in your work, your dress and your speech.	1	2	3	4	5
10. Take the extra step to make a difference.	1	2	3	4	5
11. Our mission is the principal belief of our organization. It must be known, owned, and embraced by all.	1	2	3	4	5
12. Create and maintain a clutter-free, clean and safe environment.	1	2	3	4	5
13. Always be an ambassador to those entrusted in our care.	1	2	3	4	5
14. Respect the views and beliefs of others.	1	2	3	4	5
15. Identify opportunities to build teamwork.	1	2	3	4	5
16. Never accept being "average" always strive for "EXCELLENCE".	1	2	3	4	5
17. Guests are special; treat everyone like one!	1	2	3	4	5

UHS-PRUITT CORPORATION **JOB DESCRIPTION**

JOB CODE: 0129

Issued: 09/08

Revised:

JOB TITLE: LICENSED PRACTICAL NURSE CHARGE NURSE

DIVISION: HEALTHCARE CENTER DIVISION

Job Description:

Directs nursing care for the patients, and supervises the day-to-day nursing activities performed by nursing assistants. Such supervision should be in accordance with federal, state, and local and regulations governing our nursing center, and as much may be directed by the Administrator, the Medical Director, and/or the Director of Health Services to provide that the appropriate care for our patients.

Essential Skill/Knowledge Functions:

1.	Operation of oxygen equipment including turning off and on, changing cylinder heads, cleaning/replacing humidifier, and other as necessary	1	2	3	4	5
2.	Operation of suction machine (oral) including cleaning, selection of appropriate suction catheter, and storage.	1	2	3	4	5
3.	Operation and use of manual respirator.	1	2	3	4	5
4.	Location and use of emergency equipment supplies (box and/or crash cart etc.)	1	2	3	4	5
5.	Operation of whirlpool	1	2	3	4	5
6.	Operation of scales	1	2	3	4	5
7.	Operation of glucose monitoring devices, calibration, and cleaning etc.	1	2	3	4	5
8.	Use of electronic thermometer (oral/rectal and ear).	1	2	3	4	5
9.	Delivery of medications (setting up, rotating, charting, ordering, giving to patient etc.)	1	2	3	4	5
10.	Ordering and use of stock drugs.	1	2	3	4	5
11.	Administration and documentation of insulin	1	2	3	4	5
12.	Use and delivery of PRN medications.	1	2	3	4	5
13.	Use and delivery of topical treatment application (eye, ear, nose, etc.)	1	2	3	4	5
14.	Use, delivery and documentation of narcotic medication	1	2	3	4	5
15.	Receiving drugs from pharmacy in accordance with established procedures.	1	2	3	4	5
16.	Application of sterile dressings.	1	2	3	4	5
17.	Operation and proper use of pressure reduction surfaces.	1	2	3	4	5
18.	Use of oral airway.	1	2	3	4	5
19.	Knowledge of isolation procedures (when to implement etc.)	1	2	3	4	5
20.	Knowledge of location and proper use of personal protective equipment (gloves, masks, gowns and aprons etc.)	1	2	3	4	5
21.	Delivery of enemas (S & S, and fleets)	1	2	3	4	5
22.	Insertion, irrigation and routine care of male/female catheters.	1	2	3	4	5
23.	Delivery of tube feedings (insertion, flushing, proper amounts etc.)	1	2	3	4	5
24.	Knowledge of procedures and ability to determine Advance Directive status for patients.	1	2	3	4	5
25.	Collection of lab specimens and interpreting results.	1	2	3	4	5
26.	IV implementation and administration.	1	2	3	4	5
27.	Seizure precautions and administration of IV medication during a seizure	1	2	3	4	5
28.	Admit, discharge and transfer patients as requested.	1	2	3	4	5
29.	Documentation and billing of supplies used.	1	2	3	4	5
30.	Send patients to the hospital as necessary.	1	2	3	4	5
31.	Knowledge of procedures to follow if unable to reach physician.	1	2	3	4	5
32.	Assist the Director of Health Services to coordinate the care planning/MDS process and committee meetings as necessary.	1	2	3	4	5
33.	Participate in patient screening and selection process as requested.	1	2	3	4	5
34.	Assist the Director of Health Services to monitor physician services (documentation and visits etc.) in accordance with current regulations.	1	2	3	4	5
35.	Assist the Director of Health Services in follow-up on consultant recommendations i.e., pharmacy, dietary, etc.	1	2	3	4	5
36.	Provide demonstration/education as necessary for Nursing Assistants to perform job.	1	2	3	4	5
37.	Complete documentation procedures on patients (appropriate use of forms, timelines, and Medicare documentation etc.)	1	2	3	4	5
	Supervises Certified Nurse Assistants.	1	2	3	4	5

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UHS-PRUITT CORPORATION
JOB DESCRIPTION

JOB CODE: 0129

Issued: 09/08
Revised:

JOB TITLE: LICENSED PRACTICAL NURSE CHARGE NURSE

DIVISION: HEALTHCARE CENTER DIVISION

Other Division or Job-Specific Essential Skill/Knowledge Functions: *(Partner and Supervisor to initial extra added functions)*

1.	_____	1	2	3	4	5
2.	_____	1	2	3	4	5
3.	_____	1	2	3	4	5

Partner Initials: _____; Supervisor Initials: _____

Essential Administrative Functions:

1.	Participate in center/agency surveys (Licensure / JCAHO) and any subsequently required reports.	1	2	3	4	5
2.	Attend and participate in continuing educational programs to keep abreast of changes in your field as well as to maintain current license/certification, as required.	1	2	3	4	5
3.	Attend and participate in mandatory in-services.	1	2	3	4	5
4.	Honor patients/residents' rights to fair and equitable treatment, self-determination, individuality, privacy, property and civil rights, including the right to wage complaints.	1	2	3	4	5
5.	Comply with corporate compliance program.	1	2	3	4	5
6.	Report job-related functions/tasks that involve occupational hazards including exposure to blood and body fluids and others as necessary.	1	2	3	4	5
7.	Follow established safety regulations, to include fire protection & prevention, smoking regulations, infection control, etc.	1	2	3	4	5
8.	Follow established safety procedures when performing tasks and/or working with equipment.	1	2	3	4	5
9.	Perform other related duties as necessary and as directed by supervisor.	1	2	3	4	5

Other Division or Job-Specific Essential Administrative Functions: *(Partner and Supervisor to initial extra added functions)*

1.	_____	1	2	3	4	5
2.	_____	1	2	3	4	5
3.	_____	1	2	3	4	5

Partner Initials: _____; Supervisor Initials: _____

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No. 0079 P. 46/63

UHS-PRUITT CORPORATION
JOB DESCRIPTION

JOB CODE: 0129

Issued: 09/08
Revised:

JOB TITLE: LICENSED PRACTICAL NURSE CHARGE NURSE

DIVISION: HEALTHCARE CENTER DIVISION

Essential General Functions:

1.	Attendance – must maintain timely, regular attendance.	1	2	3	4	5
2.	Punctuality.	1	2	3	4	5
3.	Professional appearance.	1	2	3	4	5
4.	Communicates well with patients/residents/clients and family members providing warm and friendly greeting and an approachable attitude to families, visitors, patients/residents/clients and responds to expressed concerns while displaying a helpful, caring demeanor. Answers questions when appropriate in a professional manner.	1	2	3	4	5

OVERALL EVALUATION SCORE: _____ Divided by _____ = _____ %
Actual points scored Total points possible*

*(Functions that are "not applicable" to the position should not be counted as part of the total points possible or actual points scored.)

Supervisor's Comments Regarding Overall Job Performance:

Current % of Midpoint _____ % Increase _____ New % of Midpoint _____

Performance Evaluation Acknowledgment:

Date _____

Signature – Partner

Signature – Departmental Supervisor

Date _____

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No. 0079 P. 47/63

**UHS-PRUITT CORPORATION
JOB DESCRIPTION**

JOB CODE: 0129
JOB TITLE: LICENSED PRACTICAL NURSE CHARGE NURSE
DIVISION: HEALTHCARE CENTER DIVISION

Issued: 09/08
Revised:

Physical Activity Requirements:

Lift up to 10 lbs:	Rarely required when lifting patient medical files weighting approximately 5-10 lbs.
Lift 11-25 lbs:	Rarely may occur during course of work when stocking medical supplies or stocking medical cart.
Lift 26-40 lbs:	Not required.
Lift over 40 lbs:	Frequently lifting over 40 lbs when assisting in patient transfer. (Occasionally may utilize the Hoyer lift when dealing with large or awkward-sized patients.
Carry up to 10 lbs:	Rarely required when carrying patient medical files weighing approximately 5-10 lbs.
Carry 11-25 lbs:	Rarely may occur during course of work when stocking medical supplies or stocking medical cart.
Carry 26-40 lbs:	Not required.
Carry over 40 lbs:	Not required.
Reach above shoulder height:	4 feet
Reach at shoulder height:	Constantly required when administering medication, taking vital signs, and providing care for the elderly.
Reach below shoulder height:	Occasionally may occur when administering medication to patients who are bedridden.
Pushing / Pulling:	20 feet.

Hand Manipulation:

Grasping:	Frequently grasping pen/pencil when documenting information into medical charts.
Handling:	Constantly handling pen/pencil when documenting information into medical charts.
Torquing:	Not required.
Fingering:	If center implements the use of a computer, may occasionally be required to use computer. Occasionally required to use a telephone.
Controls & Equipment:	hydroxulator, Hoyer lift (hydraulic system), splints, trap, wheelchair, exercise wheel, parallel bars, transfer belt, walkers, canes, free weights, Restor bikes, suction machine, IV pumps, tube feeding equipment, TENS unit. May need to move Clinitron bed (300 lbs)

Other Physical Considerations:

Twisting:	Occasionally may occur when providing medical care to bedridden patients, or assisting in transfer.
Bending:	Frequently required when providing medical care to bedridden patients, or assisting in transfer.
Crawling:	Not required.
Squatting:	Occasionally required.
Kneeling:	Not required.
Crouching:	Not required.
Climbing:	Not required.
Balancing:	Not required.

During an 8 hour day, partner is required to:

	<u>Consecutive Hours</u>	<u>Total Hours</u>
Sit	2	4
Stand	2	2
Walk	2	2

Work Surface(s):
Varies from carpeting, linoleum and tile.

Cognitive and Sensory Requirements:

Talking:	Necessary for communicating with others.
Hearing:	Necessary for taking instructions from others.
Sight:	Necessary for doing job effectively and correctly.
Tasting & Smelling:	Smelling is required for accurate maintenance and detection of wounds, urinary tract problems, etc.

POSITION: LICENSED PRACTICAL NURSE
(LPN Charge Nurse)

DEPARTMENT: NURSING

IMMEDIATE SUPERVISOR: DIRECTOR OF NURSING AND/OR ASSISTANT DIRECTOR
OF NURSING AND/OR REGISTERED NURSE SUPERVISOR

POSITION SUMMARY:

Assists nursing supervisor in responsibility for total patient care within the nursing unit, and management of the unit. Performs any and all professional nursing duties as determined by qualifications and training. Normally acts as Charge Nurse of Unit. When serving in the capacity of Charge Nurse and at other times, the LPN is considered to be a supervisor and to be able to exercise supervisory authority over nursing assistants.

MINIMUM QUALIFICATIONS STANDARDS:

Education: Graduate of an accredited school of nursing.

Certificate/Licenses: Current, active license as Registered Nurse or Practical/Vocational Nurse in (State).

Work Experience: At least six months' experience in medical-surgical nursing preferred. Previous experience with geriatric patients desirable. Supervisory experience preferred.

Freedom from illegal use of drugs, and freedom from use and effects of use of drugs and alcohol in the workplace.

Persons who have been found guilty by a court of law of abusing, neglecting or mistreating individuals in a health care related setting are ineligible for employment in this position.

PERFORMANCE REQUIREMENTS:

Good physical and mental health. Must be well-groomed, courteous, tactful, patient, kind and pleasant when dealing with patients.

Must have sincere desire to work with the aged and infirm. Must have thorough knowledge of medical, social and psychological needs of patients in this type of institution. Must have an acute sense of responsibility.

Must be willing to perform non-professional duties. Must be able to supervise and instruct others. Must be level-headed in emergency situations.

Must possess a spirit of cooperation and enthusiasm in order to create an atmosphere conducive to rehabilitation and growth.

SPECIFIC DUTIES:

THE DEVELOPMENT OF PATIENT CARE PLAN AND NURSING CARE PLAN IS THE RESPONSIBILITY OF ALL L.P.N.'S

LPN 7 - 3

1. Make work lists for aides - designate patient assignments.
2. Supervise aides and check work areas to assure that all assignments are completed.
3. Make complete rounds at least twice and check on every patient during tour of duty.
4. Set up and dispense medications - be sure each patient receives and swallows his/her correct medication. Never leave medication on a bedside table and assume the patient will take it.
5. Keep close supervision on patients who require it.
6. Do not leave hall unattended - if you leave, make sure the nurse's aides know where you are.
7. Check charts each morning for new orders, specimens needed, clinic appointments, etc.
8. Relay new orders to Nursing.

LPN 3 - 11

1. Make out work lists for aides.
2. Supervise aides and check work areas to assure that all assignments are completed.
3. Know approximately where aides are at all times.
4. Do not leave hall unattended - if you leave, make sure the nurse's aides know where you are.
5. See that patients are offered a snack at bedtime.
6. Be sure the nurses station and medicine area are clean and neat at all times.
7. Set up and dispense medications - be sure each patient receives and swallows his/her correct medication. Never leave medication on a bedside table and assume the patient will take it.
8. Check O2 cylinders and suction machines - be sure they are ready and clean for emergency use.
9. Make complete rounds every two hours and check each patient.

LPN 11 - 7

1. Make work lists for aides.
2. Supervise aides and check work areas to assure that all assignments are completed.
3. Know approximately where aides are at all times. Sighting and sleeping in patients' rooms is cause for dismissal.
4. Make complete rounds every two hours and check each patient.
5. Set up and dispense medications - be sure each patient receives and swallows his/her correct medication. Never leave medication on a bedside table and assume the patient will take it.

6. Keep all charts up to date - add any necessary papers to charts, recopy medicine cards when needed, etc. Medicine sheets should be completed and added to charts. Keep list of charts needing current doctor's progress notes.
7. Defrost and clean the refrigerator on Wednesday of each week.
8. Check each p.m. for any medications, chart materials, nursing supplies, etc. needed on the hall and leave a list for the 7 - 3 LPN.
9. Complete daily report and tape to door of nursing office.

Discharges or transfers patients. If patient is to be transferred to another institution or facility, arranges for this transfer and completed required forms. Sees that patient is escorted to transportation or transfer vehicle and may accompany patient in transfer if condition of patient warrants.

May arrange for home health care if such is required, for patient.

Provides Professional Nursing Service:

Performs and/or supervises and assists with patient care according to outlined policy and procedure, such as a.m. and p.m. care, ward duties.

Checks patient's chart for specific treatment and medication orders. Keeps medication cards, cardex, and progressive diagnosis card on chart up to date. Checks patients' daily schedule. Carries out or assigns duties to other personnel. Refer to job description of Nursing Assistant.

Makes rounds, takes and records vital signs as required. Checks and gives medications, gives treatments, and performs other professional services as ordered or required. These may include enemas, catheterizations, lavaging, gavage, suction, inhalation therapy of qualified patients; observe the administration of blood and I.V.'s if qualified; applying and changing dressings, bandages, packs, colostomy and drainage bags, etc.; massage and exercise; isolation set-up and care; care of dead and dying; others.

Give emergency treatment when required, and notifies physician of emergency and takes and carries out physician's orders.

Accompanies physician on rounds and assists with examinations and treatments. Reviews patient care plan with physician. Notifies physician of automatic stop orders on specific medications. Notifies physician of changes in patient's condition and any unusual or abnormal observations.

Carries out restorative and rehabilitative program for patients. Instructs relatives in home care and rehabilitation. Carries out pre-discharge program for patients.

Attempts to fulfill spiritual and psychological needs of patients.

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General Unit Duties:

Directs and may assist with department cleaning and care of equipment and appliances.
Schedules terminal unit cleaning with housekeeping personnel.

Continues professional growth. Attends inservice meetings, professional meetings, institutes and workshops.

RESPONSIBILITY:

Providing professional nursing service for patients, following established policies and procedures.

Personnel: Assisting in management of the unit. Charge Nurses are responsible for ensuring that nursing assistants comply with personnel policies and other employment regulations. As a Charge Nurse, the LPN may independently issue oral and written disciplinary warnings to nursing assistants in instances where, in the opinion of the Charge Nurse, employment policies are not being followed. Such disciplinary authority may also be exercised when nursing assistants do not follow accepted patient care practices.

Assist in orientation process for nursing assistants and independently conduct evaluations of new nursing assistants. New nurse assistants must receive a positive evaluation from an LPN in their unit in order to be considered as having successfully completed their 90-day introductory period. LPNs are responsible for conducting annual evaluations of employees in conjunction with the facility's merit increase program.

PHYSICAL, PSYCHOLOGICAL AND ERGONOMIC REQUIREMENTS:

Successful performance of essential functions can best be achieved through consistent application of current knowledge, use of good judgement, common sense, ability to establish and carry out priorities, effective use of interpersonal skills and ongoing communication with residents, staff, families, interdisciplinary team members, and government officials, including state surveyors and ombudsmen.

This job cannot be performed without exposure to the stresses associated with an intimate, 24 hour residential care environment that delivers care and services primarily to disabled and cognitive impaired residents with an average age of ____ years. Examples of these stresses include, but are not limited to: shift rotation, weekend and holiday duty, unusual or impaired behavior by residents, family reactions to having a loved one in the nursing home, death and dying, oversight of state surveyors, ombudsmen and federal officials, presence of consultants and attorneys, and variable involvement of medical staff.

Essential functions are carried out in a variety of positions including standing and sitting. To meet residents' needs, virtually all positions require the ability to move freely through the building. Stooping, bending, lifting and carrying, as well as other physical demands may be required as described in the Essential Physical Demands of this position.

ESSENTIAL PHYSICAL DEMANDS OF THE JOB:

LIFTING:

STOOPING / BENDING:

PUSHING:

STANDING / SITTING:

HEARING:

SPEAKING:

VISION:

ENVIRONMENTAL HAZARD:

The Occupational Safety and Health Administration (OSHA) has determined that certain employees in nursing homes are at significant risk of exposure to bloodborne pathogens such as Hepatitis B and Human Immunodeficiency Virus (HIV).


Signature

7/24/02
Date

Apr. 14. 2011 3:55PM

No. 0079 P. 53/63

TANGLEWOOD
HEALTH CARE CENTER

POST OFFICE BOX 63, RIDGEWAY, SOUTH CAROLINA 29130 (803) 337-3211

TERMS OF EMPLOYMENT NOTICE
Effective July 28, 2000

Date of hire: 7/24/02
Name of Employee: Gayla Ramey
Social Security Number: 401-11-1112
Address: 2440 Ridgeway Rd, Ridgeway, SC 29130

In compliance with 41-10-30 of the S.C. Code of Laws, 1976, as amended,
you are hereby notified of the terms of employment:

1. Normal hours of work:
- | | | |
|------------------------------------|---|------------------------------|
| ☐ full-time | ☒ part-time | ☐ PRN |
| 30+ hrs | 20-29 hrs | 0-19 hrs |

Number or range of hours per week, day, or other:
see posted schedule for these hours.

2. Rate of pay: Wages: \$ 28.00/hr Salary: \$ _____

3. Payday is every other Thursday. (See schedule attached. Please keep the schedule.)

Time of payment starts at 2pm on payday.

Place of payment is: Tanglewood Health Care Center
Third Street Ridgeway, SC 29130

PAYCHECKS NOT PICKED UP TWO DAYS AFTER PAYDAY WILL BE
MAILED. IF YOU ARE HAVING SOMEONE PICK YOUR CHECK UP FOR
YOU, YOU MUST SEND A SIGNED NOTE REQUESTING THIS.

4. Certain deductions will be made from your paycheck as required by
state and federal law. These include state and federal withholding, social
security, and medicare taxes. Other deductions to be made from wages if
applicable are insurance, documented debts/offsets, uniforms, meals, and
savings/retirement.

TERMS OF EMPLOYMENT CONTINUED

PAGE 2 OF 3

5. Any employee separated from this company for any reason owing this company any indebtedness or having in your possession any company property, we will use your final paycheck/paychecks to cover this indebtedness. If company property is not returned within twenty-four (24) hours, we will use your final paycheck/paychecks to cover this. This includes but not limited to: Back belts, Gait belts, Keys, Time Card, Beepers, Walkie Talkies, Office Equipment and uniforms.
6. In the case of employees who are issued keys, if they are not returned immediately upon separation, we will replace all locks and deduct this amount from your final wages.
7. Employees using beepers who lose that beeper will have to pay replacement cost. It may be deducted from your wages.
8. Any employee leaving this company for any reason must work the the required notice in order to receive holiday, sick or vacation benefits. The required notices are as follows:

Department heads must give a one (1) month notice in writing and must work that one (1) month in order to receive the above benefits.

All other employees must give a two (2) week notice in writing and must work that two (2) weeks in order to receive the above benefits.
9. Employees, if scheduled, must work the day before and the day after a holiday in order to be paid for that holiday.
10. Employees are responsible for keeping up with their own time cards, and name badges. If you lose or damage your card/name badge, you need to purchase a new one from the personnel office.
The cost is \$ 5.00 per badge.

ANY CHANGES IN THESE TERMS SHALL BE MADE IN WRITING AND AT LEAST SEVEN (7) DAYS BEFORE THEY BECOME EFFECTIVE.

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TERMS OF EMPLOYMENT CONTINUED

PAGE 3 OF 3

ADDITIONAL TERMS

The following terms may be provided at the discretion of the employer in accordance with individual company policy.

1. Vacation policy: Refer to employee Handbook.
2. Paid Holidays: Refer to Employee Handbook.
3. Sick leave policy: Refer to Employee Handbook.

Company: Tanglewood Health Care Center
P. O. Box 68
Ridgeway, S.C. 29130
(803) 337-3211


Employee Signature

7/24/02
Date


Employer Signature

7-24-02
Date

**RIDGEWAY HEALTH AND
REHABILITATION CENTER**

PO BOX 68 RIDGEWAY, SOUTH CAROLINA 29130 • (803) 337-3211

DATE August 2, 02

The person named below had applied for a position with Ridgeway Health and Rehabilitation Center as a(n) LPN and has stated he/she was employed with your company from 8-01 to Present. We would appreciate your completing this form and returning it at your convenience.

APPLICANT Gayla Ramsey
SS# 401-92-7482EMPLOYER Springdale Health CareADDRESS 1416 Battle Ship Rd. Camden 29020

Are the above dates correct? yes
If not, please list correct dates from _____ to _____

Reason for separation: still employed

Would you re-employ? ☒ yes () no
If not, why?

Are there any unusual circumstances surrounding this person's employment which should be discussed personally? () yes ☒ no
COMMENTS _____

Signed Christine Wood Taylor
Title Dir. Development Services
Date 8/6/02

Sincerely,
Christine Wood Taylor
Business Office Manager

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No. 0079 P. 57/63

**RIDGEWAY HEALTH AND
REHABILITATION CENTER**

PO BOX 68 RIDGEWAY, SOUTH CAROLINA 29130 • (803) 337-3211

DATE August 2, 02

The person named below had applied for a position with Ridgeway Health and Rehabilitation Center as a(n) LPN and has stated he/she was employed with your company from 6/02 to 6/02. We would appreciate your completing this form and returning it at your convenience.

APPLICANT Nancy Gayle
SS# 401-98-7482

EMPLOYER Kershaw County Medical Center

ADDRESS 314 Roberts @ Harte St. Columbia 29402

Are the above dates correct? ☒
If not, please list correct dates from 7/12/00 to 6/02

Reason for
separation: _____

Would you re-employ? () yes () no
If not, why? _____

Are there any unusual circumstances surrounding this person's employment
which should be discussed personally? () yes () no

COMMENTS

Dates of employment are all we furnish

Signed Mary Hill
Title HR Specialist
Date 8/3/02

Sincerely,
Christine Wood Taylor
Business Office Manager

HUMAN RESOURCES

This Form Is To Be Photocopied And Attached To Each Employment Application



SECTION 1: To Be Completed By The Applicant Or The Employer

Facility Name: SOUTHERN MEDICAL OF RIDGEWAY

TBT #: 103027

Applicant's Name: Gayla Ramey

Applicant's Social Security #: [REDACTED]

Position applying for: Weekend Nurse

SECTION 2: To Be Completed By The Employer

On or before the day this applicant is offered a job, you must call them into TBT for a WOTC screening. The screening is necessary to determine if the company will receive a tax credit for hiring the applicant. TBT's telephone number is 1-800-552-5469.

(If you have trouble with this number, please call 1-800-726-7170, or 301-990-7171).

At the end of the screening, you will be given information that must be recorded in the box below. If the information is not recorded in this box, on or before the day the applicant is offered employment, all credit for this applicant will be lost.

Please circle one of the following:		Eligible	<u>Not Eligible</u>	Late Call
TBT Control Number:	<u>429226</u>			
Call Date:	<u>7-24-02</u>			
Signature of Facility Interviewer:	<u>[Signature]</u>	Date:	<u>7-24-02</u>	

YOU DO NOT NEED TO MAIL THIS FORM TO TBT

Please keep this form with the employee's file or in a separate file for WOTC reminders. It may be necessary to refer back to this sheet to confirm a control number.

Apr. 14. 2011 3:30 PM

UHS-PRUITT CORPORATION
EMPLOYMENT APPLICATION

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, religion, disability, citizenship or military service. Please print and answer all questions. This application is void after 90 days. Applications which are incomplete or older than 90 days will not normally be given consideration.

PERSONAL		Date Available to Begin Work: <u>7/21/02</u>	
Last Name <u>Ramey</u> First Name <u>Gayla</u> Middle Name <u>R</u>		Home Telephone Number <u>[REDACTED]</u>	Business Telephone Number <u>[REDACTED]</u>
Street Address <u>[REDACTED]</u>		City/State/Zip <u>[REDACTED]</u>	Social Security Number <u>[REDACTED]</u>
How long have you resided at this residence? <u>16 mos</u>	Have you ever been employed by UHS-Pruitt Corporation? Yes <u> </u> No <u> </u>		If yes, state the month and year: <u> </u>
Previous Address <u>[REDACTED]</u> <u>5/95-2/02</u> Dates of Residence - From/To - (Month/Year)			
Position applied for: RN <u> </u> LPN <u>✓</u> CNA <u> </u> Housekeeping <u> </u> Laundry <u> </u> Dietary <u> </u> Maintenance <u> </u> Other <u> </u>	Would you be able to work: Weekends Yes <u>✓</u> No <u> </u> Holidays Yes <u> </u> No <u> </u>		<u>Previous pay</u> Pay Expected <u> </u>
Do you have the legal right to work in the United States? Yes <u>✓</u> No <u> </u> (Proof of identity and eligibility to work in the United States will be required upon employment)			
Have you ever been in the military service? Yes <u> </u> No <u>✓</u>		Period of Service <u> </u>	Rank at Discharge <u> </u>

No. 0019 P. 59/02

APP - 651

Reason for desiring to make change: like to finish some classes during the week - will continue to pick up a few days during the week

BPMC
Company Name (your present or last employer)

432-4311
Telephone Number

6/00 - 6/02
Employed From / To (month/year)

Halt & Roberts St's Camden SC 29020
Address

John Brown
Name of Supervisor

12.50
Hourly Pay Rate (beginning/ending)

State Job Title

Describe your work:

Reason for desiring to make change: In order to afford classes toward Ph.D.

[REDACTED]
Company Name (your present or last employer)

[REDACTED]
Telephone Number

[REDACTED]
Employed From / To (month/year)

[REDACTED]
Address

[REDACTED]
Name of Supervisor

[REDACTED]
Hourly Pay Rate (beginning/ending)

State Job Title

Describe your work:

Reason for desiring to make change:

PERSONAL REFERENCES (excluding former employers or relatives)

Tanya Smith, RN
Name and Occupation

Beaufort SC
Address

424-1797
Telephone Number

Gayle Brumham PCA
Name and Occupation

Lugoff SC
Address

(work) 438-3989
Telephone Number

Gayle Ross, Bus. Partner - Trucking Co.
Name and Occupation

Elgin SC
Address

(work) 438-5038
Telephone Number

Please list any of your friends or relatives who are employed by UHS-Pruitt Corporation (state name and relationship):

Are you able to perform the essential functions of the position which you have applied for with or without reasonable accommodation? Yes ☒ No ☐

Are you over 18 years of age? Yes ☒ No ☐ If no, employment is subject to verification of minimum legal age.

Apr. 14, 2011 3:56PM

No. 0079 P. 60/63

580

APP - 652

REASON FOR DESIRING TO MAKE CHANGE: few days during the week

Company Name (your present or last employer) <u>BPMC</u>	Telephone Number <u>432-4311</u>	Employed From / To (month/year) <u>6/02 - 6/02</u>
Address <u>Halt & Roberts St's Camden SC 29020</u>	Name of Supervisor <u>Mike Brown</u>	Hourly Pay Rate (beginning/ending) <u>12.50</u>

State Job Title	Describe your work:

Reason for desiring to make change: In order to spend time toward PD cert.

Company Name (your present or last employer)	Telephone Number	Employed From / To (month/year)
Address	Name of Supervisor	Hourly Pay Rate (beginning/ending)
State Job Title	Describe your work:	

Reason for desiring to make change:

PERSONAL REFERENCES (excluding former employers or relatives).

Name and Occupation <u>Tanya Smith, RN</u>	Address <u>Bascoff SC</u>	Telephone Number <u>424-1787</u>
Name and Occupation <u>Gayle Graham PCA</u>	Address <u>Wright SC</u>	Telephone Number <u>(work) 438-3989</u>
Name and Occupation <u>Gayle Ross, Bus. Partner - Trucking Co.</u>	Address <u>Elgin SC</u>	Telephone Number <u>(work) 488-5038</u>

Please list any of your friends or relatives who are employed by UHS-Pruitt Corporation (state name and relationship):

Are you able to perform the essential functions of the position which you have applied for with or without reasonable accommodation? Yes ☒ No ☐

Are you over 18 years of age? Yes ☒ No ☐	If no, employment is subject to verification of minimum legal age.

APR. 14. 2011 3:57PM

No. 0079

P. 61/63

581

APP - 653

EDUCATION and TRAINING

High School (1): Boyd Co - Ga City/State: Cannonsburg, Ky Last Grade Completed: _____
 (2): GED City/State: Winston Salem, NC Last Grade Completed: _____

Special Courses or Certification: _____

Nursing/Technical Sch (1): ATFS City/State: Camden SC Length of Program: 18 mos.
 (2): _____ City/State: _____ Length of Program: _____

Special Courses or Certification: ACCIS cert, Pw therapy cert, CPR cert.

College (1): _____ City/State: _____ Length of Program: _____
 (2): _____ City/State: _____ Length of Program: _____

Special Courses or Certification: _____

PLEASE NOTE IF APPLICABLE Graduate of Approved Program for Certified Nursing Assistants _____ Professional Nursing License ✓ Type LPN

License No. P 30724

TYPE OF WORK

Type of work interested in:	Full-Time _____	Part-Time _____	Weekends <u>✓</u>	PRN (on call) <u>✓</u>
What shift do you wish to be considered for:	7 a.m. - 3 p.m. <u>✓</u>	3 p.m. - 11 p.m. <u>✓</u>	11 p.m. - 7 p.m. _____	What shift is your preference? _____
Have you ever been terminated or suspended from another job? Yes _____ No <u>✓</u> If yes, please explain: _____				Would you be willing to work overtime? <u>✓</u> Frequently _____ Never _____ Frequently _____ Never _____
The position for which you are applying requires regular and prompt attendance. Are you prepared to report on time for each day scheduled? Yes <u>✓</u> No _____				Yes <u>✓</u> No _____
Do you have transportation available so you can meet our work schedule? Yes <u>✓</u> No _____				
If you cannot meet our regular attendance requirements, please explain or describe any accommodation that would assist you in being able to report on time and on a regular basis: _____ _____				

EMPLOYMENT HISTORY Please complete full-time and part-time positions beginning with most recent employer(s).

<u>SDV</u> Company Name (your present or last employer)	<u>(813) 432-3741</u> Telephone Number	<u>2/01 - Now PRN</u> Employed From / To (month/year)
<u>Banlane Rd Camden SC 29020</u> Address	_____ Name of Supervisor	<u>\$17</u> Hourly Pay Rate (beginning/ending)
<u>LPN</u> State Job Title	Describe your work: <u>Nursing facility</u>	

App. 14, 2011 = 3:57 PM

No. 0079 62/63

APP - 654

Apr. 14. 2011 3:57PM

No. 0079

P. 63/63

EMPLOYEE REFERENCE VERIFICATION FORM

Please check no less than three references. Any references related to Long Term Care should be checked and documented. Please attach any written references.

I. References

Person and Place	Mail	Phone	Comments
1. <u>KCMC</u>	☒	☐	
2. <u>Springdale</u>	☒	☐	
3. _____	☐	☐	

II. License/Certification (Check when applicable)

☐ Current	Any Comments: _____

Shirley G. Jones
Signature of person doing reference check

Aug 2, 02
Date

ATTACH TO EMPLOYEE APPLICATION FORM

(O-4)

Apr. 14. 2011 3:58PM

No. 0080 P. 1/23

Case 08-05867-dd Doc 15 Filed 10/08/08 Entered 10/08/08 16:00:06 Desc Main
document Page 2 of 2
UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

IN THE MATTER OF:
GAYLA R RAMEY

[REDACTED]
[REDACTED] 29078

SS No.: [REDACTED]

ORDER TO PAY TRUSTEE

Upon representation of the trustee, or other interested party, the court finds that:

The above named debtor has pending in this court a proceeding for a wage earner's plan under chapter 13 of the bankruptcy code and pursuant of the provisions of said statute and of the debtor's plan, the debtor has submitted all future earnings and wages to the exclusive jurisdiction of this court for all the purpose of completing the plan; and

That under the provisions of Section 1325(b) of the Bankruptcy Code, 11 USC Sec. 1325(b), any entity from whom the debtor receives income may be required, upon the order of this court, to pay over all or any part of such income to the trustee and that such order is necessary and proper.
Now, therefore,

IT IS ORDERED, that, until further order of this court, the following entity

RIDGEWAY HEALTH/REHABILITATION
PO BOX 68
ATTN PAYROLL
RIDGEWAY, SC 29130

shall submit the sum of \$175.00 per month through payroll deduction in equal installments according to the number of pay periods in a given month; and to deduct this amount for 60 months including any period for which the debtor receives periodic, or lump sum payment for vacation, termination, disability, or other benefits and to remit the sums so deducted to the trustee:

Joy S. Goodwin, Trustee
PO Box 59
Columbia, SC 29202-0059

IT IS FURTHER ORDERED that the employer shall notify the trustee if the employment of the debtor is terminated.

IT IS FURTHER ORDERED that this Order supercedes any previous Orders, except previous Family Court support orders which shall continue in full force and effect.

Apr. 14. 2011 3:58PM

No. 0080 P. 2/23

Case 08-05867-dd Doc 15 Filed 10/08/08 Entered 10/08/08 16:00:06 Desc Main
document Page 1 of 2
UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

IN THE MATTER OF:

GAYLA R RAMEY

Debtor

vs

Trustee

Case Number: 08-05867-dd

ORDER TO PAY TRUSTEE

The relief set forth on the following pages, for a total of 2 pages including this page, is hereby ORDERED.

FILED BY THE COURT

10/08/2008



Entered: 10/08/2008

US Bankruptcy Court Judge
District of South Carolina

Apr. 14. 2011 3:58PM

No. 0080 P. 3/23

Message Confirmation Report

OCT-10-2008 01:17 PM FRI

Fax Number :
Name :

Name/Number : 17068272047
Page : 3
Start Time : OCT-10-2008 01:15PM FRI
Elapsed Time : 01'16"
Mode : STD G3
Results : [O.K.]



Skilled Nursing Care
Secured Entrance/Ramp
Physical, Occupational &
Speech Therapies
Wound Care Management
Respite
Therapeutic Recreation
Social Services
Care for the Terminally Ill
Laundry Service
In Home Odors
Specialized Dietary Services
Medicare & Medicaid Certified
Private Rooms
Beauty/Barber Shop
24 Contract
Private Insurance

HERITAGE HEALTH CARE OF RIDGEWAY

CO 801168
213 TANGLEWOOD CT
RIDGEWAY, SC 29130
(803) 337-3211
FAX (803) 337-4124

PAX # 706-827-2047
DATE 10/10/08
TO Brittany Edmonds
FROM Lynda Burr
MESSAGE: Garnishment
on Paula Barney
3 # OF PAGES (including cover sheet)

STATEMENT OF CONFIDENTIALITY: The document generated by this facsimile contains information from Heritage Health and Rehabilitation Center, and may be confidential and privileged information. This information is furnished for the use of the addressee named on this transmittal sheet. If you are not the addressee, any disclosure, photocopying, distribution, or use of its contents is prohibited. If you have received this document in error, please call immediately so that we may attempt to retrieve the original document. If you have any questions regarding this fax or if there is any problem with the transmission, please call (803) 337-3211.

Apr. 14. 2011 3:58PM

No. 0080 P. 4/23



Skilled Nursing Care

Secured Entrance/Exit

*Physical, Occupational &
Speech Therapies*

Wound Care Management

Respite

Therapeutic Recreation

Social Services

Care for the Terminally Ill

Laundry Service

In House Podiatry

Specialized Dietary Services

Medicare & Medicaid Certified

Private Rooms

Beauty/Barber Shop

VA Contract

Private Insurance

HERITAGE HEALTH CARE OF RIDGEWAY

PO BOX 68
213 TANGLEWOOD CT.
RIDGEWAY, SC 29130
(803) 337-3211
FAX (803) 337-8124

FAX # 706 - 827 - 2047

DATE 10/10/08

TO Brittany Edmonds

FROM Lynda Burr

MESSAGE: Garnishment

on Gayla Ramey

3 # OF PAGES (including cover sheet)

STATEMENT OF CONFIDENTIALITY: The document transmitted by this facsimile contains information from Ridgeway Health and Rehabilitation Center, and may be confidential and privileged information. This information is intended for the use of the addressee named on this transmittal sheet. If you are not the addressee, any disclosure, photographing, distribution or use of its contents is prohibited. If you have received this facsimile in error, please call immediately so that we may arrange to retrieve the original documents. If you have any questions regarding this fax or if there are any problems with the transmission, please call (803) 337-3211.

Apr. 14. 2011 3:58PM

No. 0080 P. 5/23

PRUITT CORPORATION
NOTICE OF GARNISHMENT RECEIPT

DATE: 10/24/2008

PARTNER'S NAME: GAYLA RAMEY

FACILITY: RIDGEWAY

Our office has just received the following garnishment. Deductions will begin on your next pay check on 10/30/2008. Please see below for garnishment information.

TYPE OF GARNISHMENT: CHAPTER 13

CASE #: 08-05867-DD

AMOUNT OF DEDUCTION: 80.77

PLAINTIFF:

This garnishment will be deducted on each pay check until the total is paid in full, expired, or the court has sent us a release/dismissal of this garnishment order.

Brittany Edmonds
Corporate Garnishment Coordinator

10/24/2008
Date Sent

Partner's Signature

Date Received

Healthcare Center Representative

Date Completed

(See attached Garnishment Administrative Fee Table)

Apr. 14. 2011 3:58PM
State Criminal Records Check

No. 0080 ge 1P. 6/23



SLED CATCH
Carolina Access to Criminal Histories

Results

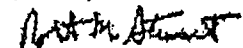
Name Gayla2 Ramay
Date of Birth 1961 01 02
Maiden Name Ison
Gender Female
Transaction 000549053
Date of Check July 19, 2002 at 13:38

NO ARREST DATA
IN ACCORDANCE WITH
SEARCH CRITERIA SUBMITTED
S.C. Law Enforcement Division
WWW

To Whom It may Concern:

The criminal history search was based upon the criteria furnished. It did not include a fingerprint comparison, which is the only means of positive identification. This **NO ARREST DATA** verification is only valid as of July 19, 2002 at 13:38 since a record may be established after that time. Therefore, if no action is taken within a reasonable period, it is recommended that another check be made.

Sincerely,


Robert M. Stewart, Chief,
South Carolina Law Enforcement Division



© 2001 e-@ction Internet Commerce Enabler

<http://www.sled.state.sc.us/Cool-ICE/default.asp?Category=SLEDRC&Service=CR05>

7/19/02



Heritage Healthcare of Ridgeway
213 Tanglewood Court
Ridgeway, SC 29130

Profile Information

Name: GAYLA RAMEY

The following are included in this report:

Search Type	Detail	Status
5 Panel Drug Screening	Reasonable Suspicion/Cause	Negative

5 Panel Drug Screening

Reason for Test	Reasonable Suspicion/Cause		
Name	GAYLA RAMEY		
Search ID	2653384		
Date Ordered	10/14/2010		
Date Completed	10/14/2010		
Date of Collection	10/8/10		
Urine Temperature in Range	Yes		
Result of Screen	Negative		
Drug Result	Substance	Cut-Off Concentrations	GC/MS Confirm Level
NEGATIVE	Amphetamine	1000 ng/ml	500 ng/ml
NEGATIVE	Cocaine	300 ng/ml	150 ng/ml
NEGATIVE	Opiates	2000 ng/ml	2000 ng/ml
NEGATIVE	Phencyclidine (PCP)	25 ng/ml	25 ng/ml
NEGATIVE	THC (Marijuana)	50 ng/ml	15 ng/ml

Apr. 14. 2011 3:58PM

No. 0080 P. 8/23

EMPLOYEE NAME: Gayla Ramsey

DEPARTMENT: NPSG

EMPLOYEE PHYSICAL ASSESSMENT

MEDICAL HISTORY	NEGATIVE	POSITIVE	DIAGNOSIS
EENT	✓		
LUNGS	✓		
HEART	✓		
ABDOMEN	✓		
NEURO-MUSCULAR	✓		
POSITIVE PPD'S	✓		
LIST PRESCRIPTION MEDS TAKING NOW	HCTZ 0.25		
HAVE YOU HAD ANY PREVIOUS BACK INJURIES OR BACK PROBLEMS?	No		
0.1 CC INTRADERMAL TO ___ FA.	LOT #	EXP. DATE	DATE READ
DATE:			
SIGNATURE			

DATE: 7/23/09

[Signature]
SIGNATURE OF PERSON COMPLETING ASSESSMENT

Apr. 14. 2011 3:59PM

No. 0080 P. 9/23

EMPLOYEE NAME:

Dayla Ramey

DEPARTMENT:

Nursing

EMPLOYEE PHYSICAL ASSESSMENT

MEDICAL HISTORY	NEGATIVE	POSITIVE	DIAGNOSIS	
EENT	☒			
LUNGS	☒			
HEART	☒			
ABDOMEN	☒			
NEURO-MUSCULAR	☒			
POSITIVE PPD'S	☒			
LIST PRESCRIPTION MEDS TAKING NOW		☒		
HAVE YOU HAD ANY PREVIOUS BACK INJURIES OR BACK PROBLEMS?		☒		
0.1 CC INTRADERMAL TO (L) FA.	LOT #	EXP. DATE	DATE READ	SIZE IN MM
DATE: 07/21/08	624/8	01-10	07/23/08	0 mm
SIGNATURE				

DATE:

Josephine E. Smith
SIGNATURE OF PERSON COMPLETING ASSESSMENT

New: 4/03

CONFIDENTIALITY AGREEMENT & ACKNOWLEDGMENT

This agreement is to include but not limited to employees, volunteers, students, physicians, and third parties.

It is the policy of this facility/agency to respect and protect the privacy rights of residents/patients, their families, staff and third parties.

I understand that I must keep confidential all information about a resident/patient and/or their family's identity, health and/or finances (also known as protected health information (PHI)) that I may hear, see or read at the facility/agency or one of its affiliated entities. In addition to any other information about the facility/agency's business, staff or third parties (and/or agents of) that is disclosed or becomes known in the course of my role with the organization. I agree to keep this information in confidence forever, even after I am no longer employed by the facility/agency.

I understand that legal action may be taken against me if I:

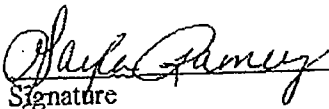
- Have, use, copy or read PHI which is outside the scope of my assigned duties, or
- Give or allow access to any PHI which is not authorized or otherwise allowed by law.

In addition, I understand that there are federal and state laws regarding the confidentiality of PHI and that if I do not follow the above requirements, it could:

- Result in civil fines, penalties and/or criminal sanctions against me and/or the facility/agency or one of its affiliated entities; and/or
- Result in a civil lawsuit and judgment against me personally and/or the facility/agency or one of its affiliated entities.

I understand that if I do not follow these legal requirements, it may result in disciplinary action against me up to and including termination, and an entry in my employee record of "not eligible for rehire."

I have read and understand the above statements.


Signature

4/17/03
Date

Rev: 4/03

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

Employee Name: Crystal Ramey
Employee Social Security Number: [REDACTED]

I understand that my employer is part of a corporation that may share my health information for treatment, billing and health care operations. I have been given a copy of the organization's Notice of Privacy Practices that describes how my health information is used and shared. I understand that the corporation has the right to change this notice at any time. I may obtain a current copy by contacting this facility/agency or by contacting the Corporate Privacy Officer by calling 1-800-222-0321.

My signature below constitutes my acknowledgement that I have been provided with a copy of the Notice of Privacy Practices.

[Signature]
Signature of Employee

4/17/03
Date

For Facility/Agency Use Only:

If unable to obtain written acknowledgement, please document reason and good faith efforts below:

Signature of Facility/Agency Representative

Date

Apr. 14. 2011 3:59PM

No. 0080 P. 12/23

West - come for Hepatitis B Vaccine Emergency B money/mil.

TO BE READ, SIGNED AND DATED PRIOR TO EACH INJECTION

VACCINATION DATES	SIGNATURE	DATE	LOT #	GIVEN BY
1 07-25-00	<i>[Signature]</i>	7-25-00	ENG 32114Y	IMC (D) Kelly
2 08-25-00	<i>[Signature]</i>	8-25-00	ENG 32114Y	IMC (D) Kelly
3 01-25-01	<i>[Signature]</i>	1-24-01	ENG 32114Y	IMC (D) Kelly

Birth Date: 01/02/1964 Social Security #: [REDACTED] Hire Date: 7/17/00

HEPATITIS B VACCINE DECLINATION
(Mandatory to be signed)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B, at no charge to myself. However, I decline Hepatitis B vaccine at this time. I understand that y declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Mary L. Bryan R.
Occupational Health Nurse Signature

[Signature]
Employee Signature

07-12-00
Date

[REDACTED]
Employee Social Security #

OR

If you have completed the Hepatitis B vaccine series, complete the following information:

01/24/01
Date Series Completed

[Signature]
Signature

KMC
Location

[REDACTED]
Employee Social Security #

Date: 01/24/01 Copy to employee at completion of Hepatitis B series.

J:\HUM_RES\BHPOLA\Format\Hepatitis B Vaccine Consent Form.doc

8/18/00 notified 2nd Hepatitis B due / M Bryan R.

Apr. 14. 2011 3:59PM

No. 0080 P. 13/23

HEPATITIS B IMMUNIZATION CONSENT OR DECLINATION

ICM 5.108.00

Issue Date: 2-01-2000
Revision Date:

Page 1 of 2

HEPATITIS B IMMUNIZATION CONSENT OR DECLINATION

HEPATITIS B VACCINE - ACCEPTANCE

I WANT TO RECEIVE the Hepatitis B Vaccine and I understand it is my responsibility to contact the Employee Health Nurse for an appointment. I have read and have had explained to my satisfaction, the administration of the vaccine including the risks, benefits and possible adverse effects associated with the vaccine.

Name (Please Print)

Signature

Department

Date

Witness

HEPATITIS B VACCINE - DECLINATION

Please sign if you DO NOT want the vaccine at this time. I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B Vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B Vaccine, I can receive the vaccination series at no charge to me.

Gayle Ramsey
Name (Please Print)

Gayle Ramsey
Signature

Department

7/24/02
Date

Witness

PREVIOUS IMMUNIZATION/DISEASE

History of Hepatitis B Yes ☐ No ☒

Date

History of ~~Vaccine~~ Yes ☒ No ☐

Dates

See Employee file

Number of Injections:

Please submit documentation of above to the Employee Health Nurse as soon as possible.

Apr. 14. 2011 3:59PM

No. 0080 P. 14/23

ANNUAL EMPLOYEE TUBERCULOSIS ASSESSMENT

ICM 7.106.00

Issue Date: 2-01-2000
Revision Date:

Page 1 of 1

ANNUAL EMPLOYEE TUBERCULOSIS ASSESSMENT
(For use with staff who are PPD positive)

Name: Gayla Barney

Please complete the following brief questionnaire about your health.

Do you currently have any of the following symptoms?

<u> </u> yes	<u> </u> ~~no~~	1. Cough lasting greater than 2 weeks?
<u> </u> yes	<u> </u> ~~no~~	2. Unexplained weight loss?
<u> </u> yes	<u> </u> ~~no~~	3. Loss of appetite?
<u> </u> yes	<u> </u> ~~no~~	4. Unexplained fever?
<u> </u> yes	<u> </u> ~~no~~	5. Night sweats?
<u> </u> yes	<u> </u> ~~no~~	6. Blood tinged sputum production?

If yes to any question, please describe symptoms further. When did this start? Have you sought treatment? If yes, what treatment was done?

Gayla Barney
Employee Signature

8/9/07
Date

D. J. [Signature]
Infection Control/Employee Health Nurse

8/9/07
Date

FOR OFFICE USE ONLY

Was this employee referred for further evaluation? yes no

If yes, to whom? _____ (date)
Chest x-ray? _____ Medication? _____ Work restrictions? _____

Apr. 14. 2011 3:59PM

No. 0080 P. 15/23

ANNUAL EMPLOYEE TUBERCULOSIS ASSESSMENT

ICM 7.106.00

Issue Date: 2-01-2000
Revision Date:

Page 1 of 1

ANNUAL EMPLOYEE TUBERCULOSIS ASSESSMENT
(For use with staff who are PPD positive)

Name: Crayla Barneys

Please complete the following brief questionnaire about your health.

Do you currently have any of the following symptoms?

☐ yes	☒ no	1. Cough lasting greater than 2 weeks?
☐ yes	☒ no	2. Unexplained weight loss?
☐ yes	☒ no	3. Loss of appetite?
☐ yes	☒ no	4. Unexplained fever?
☐ yes	☒ no	5. Night sweats?
☐ yes	☒ no	6. Blood tinged sputum production?

If yes to any question, please describe symptoms further. When did this start? Have you sought treatment? If yes, what treatment was done?

Crayla Barneys
Employee Signature

8/9/07
Date

Linda Martin
Infection Control/Employee Health Nurse

8/9/07
Date

FOR OFFICE USE ONLY

Was this employee referred for further evaluation? ☐ yes ☒ no

If yes, to whom? _____

Chest x-ray? _____ Medication? _____ Work restrictions? _____ (date)

ANNUAL EMPLOYEE TUBERCULOSIS ASSESSMENT

ICM 7.106.00

Issue Date: 2-01-2000
Revision Date:

Page 1 of 1

ANNUAL EMPLOYEE TUBERCULOSIS ASSESSMENT

(For use with staff who are PPD positive)

Name:

Dayle Roney

Please complete the following brief questionnaire about your health.

Do you currently have any of the following symptoms?

☐ yes	☒ no	1. Cough lasting greater than 2 weeks?
☐ yes	☒ no	2. Unexplained weight loss?
☐ yes	☒ no	3. Loss of appetite?
☐ yes	☒ no	4. Unexplained fever?
☐ yes	☒ no	5. Night sweats?
☐ yes	☒ no	6. Blood tinged sputum production?

If yes to any question, please describe symptoms further. When did this start? Have you sought treatment? If yes, what treatment was done?

Employee Signature

Dayle Roney

Date

8/8/06

Infection Control/Employee Health Nurse

Date

FOR OFFICE USE ONLY

Was this employee referred for further evaluation? ☐ yes ☐ no

If yes, to whom?

Chest x-ray? ☐ Medication? ☐ Work restrictions? ☐

(date)

ANNUAL EMPLOYEE TUBERCULOSIS ASSESSMENT

ICM 7.106.00 *as*

Issue Date: 2-01-2000
Revision Date:

Page 1 of 1

ANNUAL EMPLOYEE TUBERCULOSIS ASSESSMENT
(For use with staff who are PPD positive)

Name: Cynthia Ramey

Please complete the following brief questionnaire about your health..

Do you currently have any of the following symptoms?

☐ yes	☒ no	1. Cough lasting greater than 2 weeks?
☐ yes	☒ no	2. Unexplained weight loss?
☐ yes	☒ no	3. Loss of appetite?
☐ yes	☒ no	4. Unexplained fever?
☐ yes	☒ no	5. Night sweats?
☐ yes	☒ no	6. Blood tinged sputum production?

If yes to any question, please describe symptoms further. When did this start? Have you sought treatment? If yes, what treatment was done?

treatment? If yes, what treatment was used?

Employee Signature _____
Infection Control/Employee Health Nurse _____

11/9/05
Date

11/9/05
Date

FOR OFFICE USE ONLY

Was this employee referred for further evaluation? yes no
If yes, to whom? _____
Chest x-ray? _____ Medication? _____ Work restrictions? _____ (date)

Apr. 14. 2011 4:00PM

No. 0080

P. 18/23

ANNUAL EMPLOYEE TUBERCULOSIS ASSESSMENT

ICM 7.106.00

Issue Date: 2-01-2000
Revision Date:

Page 1 of 1

ANNUAL EMPLOYEE TUBERCULOSIS ASSESSMENT
(For use with staff who are PPD positive)

Name: Dayla Ramay

Please complete the following brief questionnaire about your health.

Do you currently have any of the following symptoms?

☐ yes	☒ no	1. Cough lasting greater than 2 weeks?
☐ yes	☒ no	2. Unexplained weight loss?
☐ yes	☒ no	3. Loss of appetite?
☐ yes	☒ no	4. Unexplained fever?
☐ yes	☒ no	5. Night sweats?
☐ yes	☒ no	6. Blood tinged sputum production?

If yes to any question, please describe symptoms further. When did this start? Have you sought treatment? If yes, what treatment was done?

Dayla Ramay
Employee Signature
Quilson
Infection Control/Employee Health Nurse

10/4/04
Date
10/4/04
Date

FOR OFFICE USE ONLY

Was this employee referred for further evaluation? ☐ yes ☐ no
If yes, to whom? _____ (date) _____
Chest x-ray? ☐ Medication? ☐ Work restrictions? ☐

ANNUAL EMPLOYEE TUBERCULOSIS ASSESSMENT

ICM 7.106.00

Issue Date: 2-01-2000
Revision Date:

Page 1 of 1

ANNUAL EMPLOYEE TUBERCULOSIS ASSESSMENT
(For use with staff who are PPD positive)

Name: Gayla Ramsey

Please complete the following brief questionnaire about your health.

Do you currently have any of the following symptoms?

☐ yes	☒ no	1. Cough lasting greater than 2 weeks?
☐ yes	☒ no	2. Unexplained weight loss?
☐ yes	☒ no	3. Loss of appetite?
☐ yes	☒ no	4. Unexplained fever?
☐ yes	☒ no	5. Night sweats?
☐ yes	☒ no	6. Blood tinged sputum production?

If yes to any question, please describe symptoms further. When did this start? Have you sought treatment? If yes, what treatment was done?

Gayla Ramsey / RN
Employee Signature
Audrey Wilson RN
Infection Control/Employee Health Nurse

8/21/03
Date
8/21/03
Date

FOR OFFICE USE ONLY

Was this employee referred for further evaluation? ☐ yes ☐ no
If yes, to whom? _____
Chest x-ray? ☐ Medication? ☐ Work restrictions? ☐ (date)

Apr. 14. 2011 4:00PM

No. 0080

P. 20/23

EMPLOYEE NAME: Dayla Pamey
DEPARTMENT: Nsg
PHONE NUMBER: [REDACTED]

EMPLOYEE PHYSICAL ASSESSMENT

PERTINENT	NEGATIVE	POSITIVE	DIAGNOSIS		
EENT	✓				
LUNGS	✓				
HEART	✓				
ABDOMEN	✓				
NEURO-MUSCULAR	✓				
POSITIVE PPD'S		✓	has chest X-ray 2000		
LIST PRESCRIPTION MEDS TAKING NOW		no			
HAVE YOU HAD ANY PREVIOUS BACK INJURIES OR BACK PROBLEMS?		no			
0.1 CC INTRADERMAL TO _____ FA.		LOT #	EXP. DATE	DATE READ	SIZE IN MM
STEP 1	DATE:				
SIGNATURE					
STEP 2	DATE:				
SIGNATURE					
DATE DRUG SCREEN GIVEN					
DATE OF FIRST PT. CONTACT					

DATE: 7/24/02

[Signature]
SIGNATURE OF PERSON COMPLETING ASSESSMENT

* Has heavy menstrual flow & cramps.

HCW Name: Gayla R. Ramey DOB: 1-2-61 Hire Date: 7-17-00

Department: Surgical Occupation: Nurse Tech. LPN

Area(s) of Work When First Known (+) Chick Community Acquired (Sister Rod active TB)

Source of Infection: Nosocomial Unknown

Date of last (-) PPD: 1967 Date of first (+) PPD: 1967

Infection/Disease: Reported to OSHA/Date: NO by N/A Reported to DHEC/Date: by

HCW received BCG? NO If so, date and place? N/A

CXR date(s)/results: 7-1-98 Neg. 7/12/00 results: Normal.

Preventive/Corative Therapy Pre-Tenar Ref. I + H X 1 year - X-ray X 7 years Referral -

HCW Assesses/Instructed S/S active TB: 7/12/00 6/25/01
M. Ryan R. / M. Ryan R.

DATE	WEIGHT DECREASED?	COUGH > 3 WEEKS?	BLOODY SPUTUM?	FEVER?	NIGHT SWEATS?	OTHER?	EMPLOYEE SIGNATURE
7-12-00	NO	NO	NO	NO	NO	NO	Gayla R. Ramey
6-25-01	NO	NO	NO	NO	NO	NO	Gayla Ramey
6-15-02	NO	NO	NO	NO	NO	NO	Gayla Ramey

No. 0080 P. 21/23

1 Apr. 14. 2011 4:00PM

Apr. 14. 2011 4:00PM

CHAIN OF CUSTODY FORM

No. 0080

P. 22/23

075 - 210
LABORATORY
1104 ALABAMA DRIVE
BIRMINGHAM, AL 35203

Customer Service: 800-543-3584

0505519276

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No.

B. MRO Name and Address

LABORATORY CENTER
1104 ALABAMA DRIVE
BIRMINGHAM, AL 35203

SPECIMEN ID

0505519276

FOR COLLECTION SITE RECORDS

STEP 2: TO BE COMPLETED BY COLLECTOR

C. Donor SSN or Employee I.D. No.

D. Reason for Test: ☐ Pre-Employment ☐ Post-Accident ☐ Random ☐ Periodic ☒ Reasonable Suspicion/Cause ☐ Other

E. Daytime Phone No. ()

Evening Phone No. ()

Date of Birth 1 / 2 / 01

F. TEST(S) REQUESTED BY EMPLOYER:

750007 - 7 BOND 52.10.0

G. Donor identification Verified By: ☐ Photo I.D. ☒ Employer RepresentativeSTEP 3: TO BE COMPLETED BY COLLECTOR - Specimen temperature read within 4 minutes of collection: ☒ YES ☐ NOSpecimen temperature within range: ☒ Yes, 90° - 100°F/32° - 38°C ☐ No, Record specimen temperature here

STEP 4: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 5: TO BE COMPLETED BY COLLECTOR

COLLECTION SITE LOCATION:

RHAC
Collection Facility
PO Box 66 2010
Address

(603) 799-5672
Collector's Business Phone No.SPLIT SPECIMEN
COLLECTION☒ YES ☐ NO

REMARKS:

I certify that the specimen identified on this form is the specimen presented to me by the donor, that it bears the same specimen identification number as that set forth above, and that it has been collected, labeled and sealed as in accordance with applicable requirements.

(PRINT) Collector's Name (First, MI, Last)

Signature of Collector

Date (Mo/Day/Yr.)

Time 2:55 PM

STEP 6: TO BE INITIATED BY THE COLLECTOR AND COMPLETED AS NECESSARY THEREAFTER

DATE MO. DAY YR.	SPECIMEN RELEASED BY	SPECIMEN RECEIVED BY	PURPOSE OF CHANGE
11	DONOR - NO SIGNATURE	Signature Name	PROVIDE SPECIMEN FOR TESTING
1/1/02	Signature Name	Signature Name	
1/1/02	Signature Name	Signature Name	
1/1/02	Signature Name	Signature Name	

STEP 7: TO BE COMPLETED BY DONOR

I authorize the collection of this specimen for the purpose of a drug screen. I acknowledge that the specimen container(s) was/were sealed with tamper-proof seal(s) in my presence; and that the information provided on this form and on the label(s) affixed to the specimen container(s) is correct. I authorize the laboratory to release the results of the test to the company identified on this form or its designated agents.

(PRINT) DONOR'S NAME (FIRST, MI, LAST)

SIGNATURE OF DONOR

INITIAL

MONTH

DAY

YEAR

POUCH INTACT UPON RECEIPT? ☐ Yes ☐ No SEALS INTACT UPON RECEIPT? ☒ Yes ☐ No BLOOD SPECIMEN RECEIVED ☐

COPY 4 - COLLECTOR RETAINS - DO NOT SEND TO LABORATORY

LabCorp

APP - 677

PRE-EMPLOYMENT DRUG TEST

➔ COMPLETE SECTIONS INDICATED BY "▶" PRESS FIRMLY WHEN ENTERING DATA ◀

STEP 1 DONOR INFORMATION	
EMPLOYER:	▶ <u>RARE</u>
CITY & STATE:	▶ <u>R. E. S. S. S. S.</u>
DONOR NAME:	▶ <u>Angela Ramey</u> <u>Angela Ramey</u>
DONOR SSN:	▶ <u>[REDACTED]</u>
DONOR ID:	▶ PHOTO <u>[REDACTED]</u> SUPERVISOR ID <u>[REDACTED]</u>

STEP 2 TEST PRODUCT INFORMATION		TEST PRODUCT:	INSTA-CHECK
BATCH #:	▶ <u>66-0016</u>	EXPIRATION DATE:	▶ <u>Sept 2013</u>
TEST PANEL: barbiturates, benzodiazepines, cocaine, methadone, methamphetamine, marijuana, opiates, PCP			

STEP 3 DONOR CONSENT	
I hereby voluntarily submit to post-offer pre-employment drug testing and give my permission for the release of any results obtained from the specimen testing to the prospective employer requesting this test and/or to a professional service provider acting on behalf of the employer. I understand I may be disqualified for this position if I produce a confirmed positive test without a satisfactory explanation.	
Date: ▶ <u>7/24/11</u>	Donor Signature: ▶ <u>Angela Ramey</u>

STEP 4 DONOR CERTIFICATION	
I certify that I provided my urine specimen to the testing technician; that in my presence the technician divided the specimen into two portions with one portion reserved in a capped specimen transport bottle that remained in my presence until the completion of the process; and that the remaining portion was screened in my presence.	
MARK ONE BOX AND ENTER REQUESTED INFORMATION: (Do not mark both boxes)	
☐ Option 1: Initial negative screen completed.	
▶ <u>7/24/11</u> ▶ <u>Angela Ramey</u> ▶ <u>Angela Ramey</u>	Witnessed by Technician
Date Donor Signature	OR -
☐ Option 2: Initiate process to ship capped reserve specimen to DHHS certified laboratory.	
▶ _____ ▶ _____ ▶ _____	Witnessed by Technician
Date Donor Signature	

STEP 5 TECHNICIAN CERTIFICATION	
I certify that the specimen provided to me by the donor named above was collected in a manner to assure donor identification and specimen integrity; that the specimen temperature was read within 4 minutes and was within the range of 90 -100°F; that the entire specimen remained in the sight of the donor until processing was completed; and that one portion of that specimen was reserved in a capped transportation bottle while a screening test was conducted in accordance with manufacturer instructions in the presence of the donor on the remaining portion of the specimen. Absent a negative screen, the chain of custody process to ship the capped portion of the specimen to a DHHS certified laboratory was initiated in the presence of the donor.	
Remarks:	
▶ <u>7/24/11</u> ▶ <u>Angela Ramey</u> ▶ <u>337 3211</u>	Telephone
Date Technician Signature	

ATTACH PHOTOCOPY OF COMPLETED SCREENING TEST DEVICE TO FACILITY REPORT
Original-Maintain at facility Copy-Mail daily to CSSI, 3412 Lake Woodard Dr., Raleigh, NC 27604



HEDRICK GARDNER

HEDRICK GARDNER KINCHELOE & GAROFALO LLP

ATTORNEYS AT LAW

• CHARLOTTE • RALEIGH • WILMINGTON • COLUMBIA

August 2, 2011

VIA FAX 803-957-4709

Mark R. Calhoun

Mark R. Calhoun, Attorney At Law

714 East Main Street

Lexington, SC 29072

Reply to:

R. DANIEL ADDISON

Partner

P.O. Box 11267

Columbia, SC 29211

Direct: (803) 727-1201

Fax: (803) 727-1259

Email: daddison@hedrickgardner.com

RE: Gayla Ramey v. Unihealth Post Acute Care - Tanglewood

WCC File No: Unassigned

Claim No: 68174982097623

Our File No: 1281-00030

Dear Mark:

In response to your Subpoena and request, attached please find a copy of the payroll records we received today from the employer regarding the above referenced workers' compensation case.

If you should have any questions, please feel free to contact me.

Very sincerely yours,

R. Daniel Addison

RDA/lb

Enclosures

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

Location
Department
Cost Center
Badge
ID Number

Heritage Healthcare Ridgew
8100 RN CERTIFIED
GENERAL
0
650277482

SSN
Class
Hire Date
Rate

~~101-00-71000~~
Ridgeway
07/24/02
25.0400

12/27/09 to 01/09/10

Date	In	Out	In	Out	Hours	Schedule	Exceptions
12/27/09	6:40a	3:40p			8:30	Unsch.	Unsch.
12/27/09					8:30	REGULAR	
12/29/09	6:37a	3:40p			8:45	Unsch.	Unsch.
12/29/09					8:45	REGULAR	
12/30/09	6:44a	4:47p			9:30	Unsch.	Unsch.
12/30/09					9:30	REGULAR	
12/31/09	6:55a	4:31p			9:00	Unsch.	Unsch.
12/31/09					3.5000	MEALS	
12/31/09					9:00	REGULAR	
12/31/09					9:00	Unsch.	Unsch.
01/01/10	7:15a	4:40p			9:00	OVERTIME	
01/01/10					4:45	REGULAR	
01/01/10					4:15	Unsch.	Unsch.
01/03/10	10:44p	7:49a			8:30	REGULAR	
01/03/10					8:30	PTO	
01/04/10					8:00	PTO	
01/05/10					8:00	PTO	
01/06/10					8:00	Unsch.	Unsch.
01/07/10	6:41a	3:06p			7:45	REGULAR	
01/07/10					7:45	Unsch.	Unsch.
01/09/10	7:09a	4:42p			9:00	REGULAR	
01/09/10					9:00		

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
027-6100-01	REGULAR	65:15	25.0400	1633.8600
027-6100-01	OVERTIME	4:45	37.5600	178.4100
027-6100-01	MEALS	0:00	0.0000	3.5000
027-6100-01	PTO	24:00	25.0400	600.9600

Supervisor Edits

TKELLEY 01/12/10 12:58p AUTHORIZED PERIOD BEGINNING 12/27/09 AND SECURED
 LYNDAB 01/11/10 5:53p CREDIT 3.5000 MEALS 027-6100-01 12/31/09
 LYNDAB 01/11/10 5:25p CREDIT 8:00 PTO 027-6100-01 01/04/10
 LYNDAB 01/11/10 5:25p CREDIT 8:00 PTO 027-6100-01 01/05/10
 LYNDAB 01/11/10 5:25p CREDIT 8:00 PTO 027-6100-01 01/05/10

08/02/2011 20:36 8037271259

BDDTORGANDNER

803 337 8124

To:17705102457

Page:2/37

AUG-02-2011 14:18 From:

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

Location
Department
Cost Center
Badge
ID Number

Heritage Healthcare Ridgew
6100 RN CERTIFIED
GENERAL
0
650277482

SSN
Class
Hire Date
Rate

Ridgeway
07/24/02
25.0400

01/10/10 to 01/23/10

Date	In	Out	In	Out	Hours	Schedule	Exceptions
01/10/10	7:08a	10:18a	10:53a	4:57p	9:15	Unsch.	Unsch.
01/10/10					9:15	REGULAR	
01/11/10	11:14p	5:21p			17:00	Unsch.	Unsch.
01/11/10					17:00	REGULAR	
01/12/10					10.5000	MEALS	
01/13/10	7:03a	4:21p			8:45	Unsch.	Unsch.
01/13/10	11:01p	3:26p			15:30	Unsch.	Unsch.
01/13/10					10:30	OVERTIME	
01/13/10					13:45	REGULAR	
01/13/10					8:30	Unsch.	Unsch.
01/15/10	6:58a	4:05p			8:30	OVERTIME	
01/15/10					8:15	Unsch.	Unsch.
01/19/10	6:54a	3:38p			8:15	REGULAR	
01/19/10					8:45	Unsch.	Unsch.
01/20/10	6:50a	4:04p			8:45	REGULAR	
01/20/10					8:45	Unsch.	Unsch.
01/21/10	7:03a	4:17p			8:45	REGULAR	
01/21/10					0:15	Unsch.	Unsch.
01/23/10	7:01a	9:30a	10:06a	4:38p	9:15	REGULAR	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
027-6100-01	REGULAR	75:00	25.0400	1878.0000
027-6100-01	OVERTIME	19:00	37.5600	713.6400
027-6100-01	MEALS	0:00	0.0000	10.5000

Supervisor Edits

TKELLEY 01/26/10 11:55a AUTHORIZED PERIOD BEGINNING 01/10/10 AND SECURED
LYNDAB 01/25/10 8:51p CREDIT 10.5000 MEALS 027-6100-01 01/12/10

AUG-02-2011 14:18 From:

803 337 8124

To:17705102457

Page:3/37

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

SSN: [REDACTED]

Location
Department
Cost Center
Badge
ID Number

Heritage Healthcare Ridgew
6100 RN CERTIFIED
GENERAL
0
650277482

SSN
Class
Hire Date
Rate

[REDACTED]
Ridgeway
07/24/02
25.0400

01/24/10 to 02/05/10

Date	In	Out	In	Out	Hours	Schedule	Exceptions
01/24/10	6:32a	4:28p			9:30	Unsch.	Unsch.
01/24/10					9:30	REGULAR	
01/26/10	7:01a	3:44p			8:15	Unsch.	Unsch.
01/28/10					8:15	REGULAR	
01/27/10	6:53a	12:54p	1:14p	3:33p	8:00	Unsch.	Unsch.
01/27/10					8:00	REGULAR	
01/28/10	6:59a	4:40p			9:15	Unsch.	Unsch.
01/28/10					9:15	REGULAR	
01/29/10	7:06a	4:24p			9:00	Unsch.	Unsch.
01/29/10					4:00	OVERTIME	
01/29/10					5:00	REGULAR	
02/01/10	6:50a	3:50p			8:30	Unsch.	Unsch.
02/01/10					8:30	REGULAR	
02/02/10	7:00a	4:02p			8:30	Unsch.	Unsch.
02/02/10					8:30	REGULAR	
02/03/10	7:03a	3:21p			7:45	Unsch.	Unsch.
02/03/10					7:45	REGULAR	
02/04/10	7:58a	3:16p			6:45	Unsch.	Unsch.
02/04/10					6:45	REGULAR	
02/05/10	6:57a	4:07p			8:30	Unsch.	Unsch.
02/05/10					8:30	REGULAR	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
027-6100-01	REGULAR	80:00	25.0400	2003.2000
027-6100-01	OVERTIME	4:00	37.5600	150.2400

Supervisor Edits

TKELLEY 02/09/10 1:05p AUTHORIZED PERIOD BEGINNING 01/24/10 AND SECURED

08/02/2011 20:36 8037271259

HEDRICKGARDNER

#0100 1.000/000

AUG-02-2011 14:18 From:

883 337 8124

To:17705102457

Page:4/37

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

Location	Heritage Healthcare Ridgew	SSN	~~001-00-0000~~
Department	6100 RN CERTIFIED	Class	Ridgeway
Cost Center	GENERAL	Hire Date	07/24/02
Badge	0	Rate	25.0400
ID Number	650277482		

02/07/10 to 02/20/10						Schedule	Exceptions
Date	In	Out	In	Out	Hours		
02/07/10	7:12a	4:00p			8:15	7:00a/ 3:00p	Tardy, Left Late
02/07/10					8:15	REGULAR	
02/09/10	7:02a	4:22p			8:45	7:00a/ 3:00p	Left Late
02/09/10					8:45	REGULAR	
02/10/10	6:59a	3:40p			8:15	7:00a/ 3:00p	Left Late
02/10/10	10:58p	3:28p			15:30	Unsch.	Unsch.
02/10/10					0:45	OVERTIME	
02/10/10					23:00	REGULAR	
02/10/10					8:30	7:00a/ 3:00p	Arr. Early, Left Late
02/12/10	6:48a	3:48p			8:30	OVERTIME	
02/12/10					8:45	7:00a/ 3:00p	Arr. Early, Left Late
02/15/10	6:49a	3:53p			8:45	REGULAR	
02/15/10					9:00	7:00a/ 3:00p	Left Late
02/16/10	6:55a	4:35p			9:00	REGULAR	
02/16/10					8:00	PTO	
02/17/10					7:30	7:00a/ 3:00p	
02/18/10	6:58a	3:05p			7:30	REGULAR	
02/18/10					8:00	7:00a/ 3:00p	Left Late
02/20/10	6:53a	3:30p			8:00	REGULAR	
02/20/10					8:00	REGULAR	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
027-6100-01	REGULAR	73:15	25.0400	1834.1800
027-6100-01	OVERTIME	9:15	37.5600	347.4300
027-6100-01	PTO	8:00	25.0400	200.3200

Supervisor Edits

MELANIES 02/23/10 12:02p AUTHORIZED PERIOD BEGINNING 02/07/10 AND SECURED

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

Location	Heritage Healthcare Ridgew	SSN	~~XXXXXXXXXX~~
Department	6100 RN CERTIFIED	Class	Ridgeway
Cost Center	GENERAL	Hire Date	07/24/02
Badge	0	Rate	25.0400
ID Number	650277482		

02/21/10 to 03/06/10

Date	In	Out	In	Out	Hours	Schedule	Exceptions
02/21/10	6:55a	3:34p			8:00 3.5000	Unsch. MEALS	Unsch.
02/21/10					8:00	REGULAR	
02/21/10					8:30	Unsch.	Unsch.
02/23/10	6:55a	4:00p			3.5000	MEALS	
02/23/10					8:30	REGULAR	
02/23/10					8:30	Unsch.	Unsch.
02/24/10	6:59a	4:05p			8:30	MEALS	
02/24/10					3.5000	REGULAR	
02/24/10					8:30	Unsch.	Unsch.
02/25/10	6:51a	4:33p			9:15	REGULAR	
02/25/10					9:15	Unsch.	Unsch.
02/26/10	6:49a	10:05a			3:15	REGULAR	
02/26/10					3:15	Unsch.	Unsch.
02/28/10	6:47a	3:11p			8:00	REGULAR	
02/28/10					8:00	Unsch.	Unsch.
03/02/10	6:55a	4:05p			8:30	REGULAR	
03/02/10					8:30	Unsch.	Unsch.
03/03/10	6:38a	4:51p			9:30	REGULAR	
03/03/10					9:30	Unsch.	Unsch.
03/04/10	6:50a	4:00p			8:45	REGULAR	
03/04/10					8:45	Unsch.	Unsch.
03/06/10	6:54a	3:25p			8:00	REGULAR	
03/06/10					2:45	OVERTIME	
03/06/10					5:15	REGULAR	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
027-6100-01	REGULAR	77:30	25.0400	1940.8000
027-6100-01	OVERTIME	2:45	37.5600	103.2800
027-6100-01	MEALS	0:00	0.0000	10.5000

Supervisor Edits

LYNDAB 03/08/10 1:11p CREDIT 3.5000 MEALS 027-6100-01 02/21/10
 MELANIES 03/09/10 11:55a AUTHORIZED PERIOD BEGINNING 02/21/10 AND SECURED
 LYNDAB 03/09/10 1:11p CREDIT 3.5000 MEALS 027-6100-01 02/23/10
 LYNDAB 03/08/10 1:11p CREDIT 3.5000 MEALS 027-6100-01 02/24/10

AUG-02-2011 14:21 From:

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

Location
Department
Cost Center
Badge
ID Number

Heritage Healthcare Ridgew
6100 RN CERTIFIED
GENERAL
0
650277482

SSN
Class
Hire Date
Rate

Ridgeway
07/24/02
25.0400

03/06/11 to 03/19/11

Date	In	Out	In	Out	Hours	Schedule	Exceptions
03/07/11	8:40a	7:30p			12:15	Unsch.	Unsch.
03/07/11					12:15	REGULAR	
03/08/11	8:59a	7:25p			12:00	Unsch.	Unsch.
03/08/11					12:00	REGULAR	
03/10/11					12:00	PTO	
03/11/11	6:49a	9:04a			2:15	Unsch.	Unsch.
03/11/11					2:15	REGULAR	
03/12/11					4:00	PTO	
03/15/11	8:00a	4:30p			8:00	Unsch.	Unsch.
03/15/11					8:00	REGULAR	
03/16/11	7:45a	4:30p			8:15	Unsch.	Unsch.
03/16/11					8:15	REGULAR	
03/16/11					7:30	Unsch.	Unsch.
03/17/11	7:40a	2:45p	3:40p	4:15p	7:30	REGULAR	
03/17/11					2:00	Unsch.	Unsch.
03/18/11	7:00a	8:15a	9:40a	10:30a	2:00	REGULAR	
03/18/11					12:30	Unsch.	Unsch.
03/19/11	8:45a	7:45p			12:30	REGULAR	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
027-6100-01	REGULAR	64:45	25.0400	1621.3400
027-6100-01	PTO	16:00	25.0400	400.6400

Supervisor Edits

LOREY 03/22/11 8:01a AUTHORIZED PERIOD BEGINNING 03/06/11 AND SECURED

LYNDAB 03/21/11 5:14p CREDIT 12:00 PTO 027-6100-01 03/10/11

LYNDAB 03/21/11 5:16p CREDIT 4:00 PTO 027-6100-01 03/12/11

LYNDAB 03/16/11 9:07a ADD PUN 03/15/11 8:00a (Clock would not let employee punch in, reason unknown.)

LYNDAB 03/16/11 9:07a ADD PUN 03/15/11 4:30p (Clock would not let employee punch in, reason unknown.)

LYNDAB 03/17/11 10:56a ADD PUN 03/16/11 7:45a (Clock would not let employee punch in, reason unknown.)

LYNDAB 03/17/11 10:57a ADD PUN 03/16/11 4:30p (Clock would not let employee punch in, reason unknown.)

LYNDAB 03/18/11 11:05a ADD PUN 03/17/11 7:40a (Clock would not let employee punch in, reason unknown.)

LYNDAB 03/18/11 11:06a ADD PUN 03/17/11 4:15p (Clock would not let employee punch in, reason unknown.)

LYNDAB 03/18/11 11:06a ADD PUN 03/17/11 2:45p (Clock would not let employee punch in, reason unknown.)

LYNDAB 03/18/11 11:06a ADD PUN 03/17/11 3:40p (Clock would not let employee punch in, reason unknown.)

LYNDAB 03/18/11 11:14a ADD PUN 03/18/11 7:00a (Clock would not let employee punch in, reason unknown.)

LYNDAB 03/18/11 11:15a ADD PUN 03/18/11 7:30a (Clock would not let employee punch in, reason unknown.)

LYNDAB 03/18/11 11:17a DEL PUN 03/18/11 7:30a

LYNDAB 03/18/11 11:18a ADD PUN 03/18/11 8:15a

LYNDAB 03/18/11 11:19a ADD PUN 03/18/11 9:40a

LYNDAB 03/18/11 11:19a ADD PUN 03/18/11 10:30a (Clock would not let employee punch in, reason unknown.)

LYNDAB 03/21/11 9:10a ADD PUN 03/19/11 6:45a (Clock would not let employee punch in, reason unknown.)

LYNDAB 03/21/11 9:12a ADD PUN 03/19/11 7:45p (Clock would not let employee punch in, reason unknown.)

08/02/2011 20:41 8037271259

HEDRICK GARDNER

803 337 8124

To: 17705102457

Page: 33/37

AUG-02-2011 14:21 From:

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

Location
Department
Cost Center
Badge
ID Number

Heritage Healthcare Ridgew
6100 RN CERTIFIED
GENERAL
0
650277482

SSN
Class
Hire Date
Rate

Ridgeway
07/24/02
25.0400

04/03/11 to 04/16/11

Date	In	Out	In	Out	Hours	Schedule	Exceptions

LOG-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars

Supervisor Edits

LOREY 04/18/11 10:28:30 AUTHORIZED PERIOD BEGINNING 04/03/11 AND SECURED

08/02/2011 20:41 8037271259

HEDRICKGARDNER

00100 1.00000000

Page: 34/37

AUG-02-2011 14:21 From:

803 337 8124

To: 17705102457

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

Location	Heritage Healthcare Ridgew	SSN	~~55-400000000~~
Department	8100 RN CERTIFIED	Class	Ridgeway
Cost Center	GENERAL	Hire Date	07/24/02
Badge	0	Rate	25.0400
ID Number	650277482		

04/17/11 to 04/30/11

Date	In	Out	In	Out	Hours	Schedule	Exceptions

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars

Supervisor Edits

08/02/2011 20:41 8037271259

HEDRICKGARDNER

AUG-02-2011 14:21 From:

803 337 8124

To:17705102457

Page:35/37

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

Location
Department
Cost Center
Badge
ID Number

Heritage Healthcare Ridgew
6100 RN CERTIFIED
GENERAL
0
650277482

SSN
Class
Hire Date
Rate

401-00-7403
Ridgeway
07/24/02
25.0400

05/01/11 to 05/14/11

Date	In	Out	In	Out	Hours	Schedule	Exceptions
LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars			

Supervisor Edits

08/02/2011 20:41 8037271259

HERITAGE HEALTHCARE

803 337 8124

To:17705102457

Page:36/37

AUG-02-2011 14:21 From:

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

Location	Heritage Healthcare Ridgew	SSN	
Department	6100 RN CERTIFIED	Class	Ridgeway
Cost Center	GENERAL	Hire Date	07/24/02
Badge	0	Rate	25.0400
ID Number	650277482		

05/15/11 to 05/28/11

Date	In	Out	In	Out	Hours	Schedule	Exceptions

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars

Supervisor Edits

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

Location	Heritage Healthcare Ridgew	SSN	~~07/24/02~~
Department	6100 RN CERTIFIED	Class	Ridgeway
Cost Center	GENERAL	Hire Date	07/24/02
Badge	0	Rate	25.0400
ID Number	650277482		

05/29/11 to 06/11/11

Date	In	Out	In	Out	Hours	Schedule	Exceptions

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars

Supervisor Edits

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE # 1103618

GAYLA RAMEY,	)	
	)	
CLAIMANT,	)	DEPOSITION
	)	
VS.	)	OF
	)	
UNIHEALTH POST ACUTE CARE	)	GAYLA RAMEY
TANGLEWOOD,	)	
	)	
EMPLOYER,	)	
	)	
AMERICAN ZURICH INS. CO.,	)	
	)	
CARRIER,	)	
	)	
DEFENDANTS.	)	

Deposition of Gayla Ramey, taken pursuant to the South Carolina Rules of Civil Procedure and the Administrative Procedures Act, commencing at the hour of 1:52 p.m., Wednesday, June 15th, 2011, at the Calhoun Law Firm, 714 East Main Street, Lexington, South Carolina.

COPY

Reported by

Barbara P. Scott, CVR

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Appearances

For the Claimant: Mark R. Calhoun, Esquire
Calhoun Law Firm
714 East Main Street
Lexington, SC 29072

For the Employer/
Carrier: R. Daniel Addison, Esquire
Hedrick, Gardner, Kincheloe &
Garofalo, LLP
1301 Gervais Street, Suite 1900
P.O. Box 11267
Columbia, SC 29211

Reported By: Barbara P. Scott, CVR

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Exhibits

No exhibits marked.

Court Reporter's Note: This transcript may contain quoted material. Such material is reproduced as read or quoted by the speaker. Double hyphens (--) denote interruption of speech, incomplete sentence/phrase, or trailing off. [ph] denotes phonetically written. [sic] denotes written as spoken. Social Security number has been redacted or blacked out.

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Stipulations

The reading and signing of this deposition is waived by the deponent and counsel for the respective parties.

Whereupon,

Gayla Ramey, being duly sworn and cautioned to speak the truth, the whole truth, and nothing but the truth, testified and deposed as follows:

The Court Reporter: State your name for the record.

The Deponent: Gayla Ramey.

Examination

By Mr. Addison:

Q Ms. Ramey, I'm Dan Addison. I'm here on behalf of UHS Pruitt and Tanglewood facility of Blythewood -- Ridgeway in regard to the workers' compensation case that you have going on. What we're here to do today is take your deposition. It's what we call a discovery deposition. It's just that. It's my opportunity to discover information about you. I know some about you from the file materials that I have but not a lot of stuff. I'm going to ask you lots of questions about yourself, your health history, work history, family history, those types

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1 of things. Some of the questions that I ask you
2 may seem a little personal in nature. They're not
3 meant to dig at you in any manner or to harm you in
4 any manner. They're all meant to gather necessary
5 information. Excuse me. If I ask you a question
6 that you do not understand, I need you to tell me
7 that you do not understand the question. I will
8 then try to ask the question in a different manner
9 or I will explain the question to you. If you
10 answer a question, I will assume that you have
11 understood that question. Is that fair enough?

12 A Okay.

13 Q Okay. Whenever answering a question that requires
14 a yes or a no, if you would use the actual word yes
15 or no instead of uh-uh or uh-huh or shaking or
16 nodding your head. If you use a nonword or shake
17 or nod your head, I'll ask you do mean yes or no,
18 and then you will then say the word yes or no. You
19 may add to the yes or no all that you want to.

20 Okay?

21 A Okay.

22 Q Also, if you'll try to keep your voice up. You see
23 the court reporter is recording all this. She is
24 also talking into that funny-looking thing on her
25 mouth which is the device that she talks into and

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1 it records what she says, but she may have to go
2 back and see what you and I say, so if you get a
3 little soft-spoken, we'll ask you to raise your
4 voice, okay?

5 A All right.

6 Q Have you taken any kind of medication today that
7 would affect your ability to give this deposition,

8 --

9 A No.

10 Q -- anything that makes you confused, dazed, dizzy,
11 that type of thing?

12 A No.

13 Q Okay. If you would, give me your full name,
14 including your maiden name.

15 A Gayla Renee Ison Ramey.

16 Q Can you spell Ison?

17 A I-s-o-n.

18 Q Okay. And Renee is R-e-n-e?

19 A E-e. Mm-hmm.

20 Q Two or --

21 A Two Es.

22 Q At the end?

23 A (Nods head.) Yes.

24 Q Okay. All right. What is your date of birth?

25 A 1/2/61.

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- 1 Q And where were you born?
- 2 A Ashville, Kentucky.
- 3 Q Did you grow up in Kentucky?
- 4 A Yes.
- 5 Q Okey-doke. All right. What is your current
- 6 address?
- 7 A 16 Duke Drive, Lugoff, South Carolina.
- 8 Q How long have lived at the Lugoff address?
- 9 A About six years.
- 10 Q What's the ZIP code there?
- 11 A 29078.
- 12 Q What is your Social Security number?
- 13 A [REDACTED].
- 14 Q Do you have a driver's license?
- 15 A Yes.
- 16 Q South Carolina?
- 17 A Yes.
- 18 Q Do you know that number?
- 19 A 004447858.
- 20 Q All right. How long have you lived in South
- 21 Carolina?
- 22 A Since 1991.
- 23 Q All right. And what brought you here?
- 24 A Work.
- 25 Q Were you with an employer that transferred you here

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- 1 or you just came here?
- 2 A No. Actually, it was for my husband's work.
- 3 Q Okay. All right. Excuse me. How far did you go
- 4 in school?
- 5 A I got an associate degree in nursing.
- 6 Q Okay. LPN or RN or --
- 7 A RN.
- 8 Q Okay. When did you receive your RN?
- 9 A I completed that one in 2008.
- 10 Q Okey-doke. And where was the program that you
- 11 received your RN?
- 12 A Central Carolina in Sumter.
- 13 Q Alrighty. Did you have your LPN prior to that?
- 14 A Yes, I did.
- 15 Q When did you get your LPN?
- 16 A May 2000.
- 17 Q Where did you receive that, what institution?
- 18 A A Tech in Camden.
- 19 Q A Tech?
- 20 A Mm-hmm.
- 21 Q Aiken Tech?
- 22 A Mm-hmm.
- 23 Q Is that a yes?
- 24 A Yes.
- 25 Q All right. Before going through the school program

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- 1 at Aiken Tech for your LPN, what was the last
2 school that you attended prior to that?
3 A Wooster Business College in Wooster, Ohio.
4 Q And what were you taking there?
5 A I was taking computer program.
6 Q Did you attempt any other college or technical
7 school program prior to the Wooster, Ohio?
8 A No.
9 Q When did you graduate from high school, what year?
10 A I left high school in the eleventh grade, 1978.
11 Q Okay. Did you obtain your GED at some time?
12 A Yes.
13 Q Okay. When did you obtain your GED?
14 A '80 or '81.
15 Q So, from 1980 or '81, whenever it was you got your
16 GED, until about 2000 or so when you were in the
17 program in Wooster, Ohio, did you attend any kind
18 of school courses of any sort in there, vocational,
19 technical, college or anything?
20 A I did. I went to Sumter. Took some biology and
21 English and math classes over there.
22 Q Okay. Just some general classes, --
23 A Right.
24 Q -- all at Central Carolina Tech?
25 A Yes.

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- 1 Q Okay.
- 2 A It was called Sumter Tech at that time.
- 3 Q All right. How many semesters did you attend back
- 4 then? Do you remember? Or whatever they were,
- 5 trimesters or --
- 6 A I don't really remember. I completed those
- 7 courses.
- 8 Q All right. Other than your nursing certification,
- 9 do you hold any certifications in any other field,
- 10 EMT, --
- 11 A No.
- 12 Q -- any kind of technical -- welding, electrical,
- 13 plumbing, HVAC, anything like that?
- 14 A No.
- 15 Q Okay. Have you ever had a CNA certificate?
- 16 A No.
- 17 Q Okay. What is your husband's name?
- 18 A James.
- 19 Q How long have you and James been married?
- 20 A Since 1976.
- 21 Q Since you were fifteen when you got married, I'm
- 22 assuming you've never been married other than that.
- 23 Is that correct?
- 24 A That's right.
- 25 Q Okay. All right. And where did y'all marry, in

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- 1 Ohio?
- 2 A No.
- 3 Q Excuse me. In Kentucky?
- 4 A In Kentucky.
- 5 Q Do y'all have any children?
- 6 A Four.
- 7 Q Tell me your oldest child's name and age.
- 8 A Barry Ramey.
- 9 Q Mm-hmm.
- 10 A He will be thirty-three.
- 11 Q And where does he live?
- 12 A He lives in Elgin, South Carolina.
- 13 Q What does he do for a living?
- 14 A He works at a chemical plant in Elgin.
- 15 Q Okay. The one right there on the interstate?
- 16 A Yes.
- 17 Q All right. How about your next child?
- 18 A Jimmie, J-i-m-m-i-e.
- 19 Q Uh-huh. How old is he?
- 20 A It's a she.
- 21 Q Oh. She. Okay.
- 22 A She's thirty-one.
- 23 Q And where does she live?
- 24 A She's staying with me right now.
- 25 Q Okay. Does she work?

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- 1 A She's going to school right now.
- 2 Q What is she getting her degree in?
- 3 A She's doing medical assistant I think.
- 4 Q Did she work before?
- 5 A Yes.
- 6 Q What did she do before?
- 7 A She worked at a fast food restaurant.
- 8 Q Okay. Your next child?
- 9 A Jodie de la Cruz.
- 10 Q Is that a her?
- 11 A Yes.
- 12 Q Okay. And how old is that daughter?
- 13 A Twenty-seven.
- 14 Q Okay. Where does she live?
- 15 A She lives in Lugoff.
- 16 Q And what does she do for a living?
- 17 A She's an RN. Works in Sumter at Tuomey Hospital.
- 18 Q Okay. And your next child?
- 19 A Britton Ramey.
- 20 Q B-r-i- --
- 21 A B-r-i-t-t-o-n.
- 22 Q Is that a son or a daughter?
- 23 A Son.
- 24 Q How old is he?
- 25 A Twenty-three.

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- 1 Q And where does he live?
- 2 A He lives with me.
- 3 Q Okey-doke. And what does he do?
- 4 A He's a stay-at-home dad right now.
- 5 Q Okay. He has a child living with you, as well?
- 6 A Yes.
- 7 Q Okay. And how old is the grandchild?
- 8 A He's got two, one four and one two.
- 9 Q And those children live in the home with y'all, as
- 10 well?
- 11 A Yes.
- 12 Q Okay. Is the mother of the child living with
- 13 y'all, as well?
- 14 A Yes.
- 15 Q Mother of the children. Okay. What is her name?
- 16 A Ashley. Ashley Hamilton.
- 17 Q All right. Does Ashley work?
- 18 A Yes.
- 19 Q What does she do?
- 20 A She works at a Pilot over in Columbia.
- 21 Q Okay. One of the Pilot gas stations?
- 22 A Yes.
- 23 Q Is she a cashier-type person?
- 24 A She just took a manager position.
- 25 Q Okay. Okey-doke. Does your husband work?

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- 1 A Yes.
- 2 Q What does he do?
- 3 A He manages the ICS or traffic system for the DOT.
- 4 Q He works for DOT?
- 5 A Yes.
- 6 Q At the main headquarters or --
- 7 A No.
- 8 Q Which --
- 9 A They're on Koon Road in Columbia, where their
10 office is.
- 11 Q And what does he do -- Exactly what does he do for
12 them?
- 13 A Mainly just contractor for the state with the
14 cameras and the fiber optics and the message boards
15 and that type thing, --
- 16 Q Okay.
- 17 A -- make sure that they stay up and running.
- 18 Q Is he someone out in the field doing that, or is he
19 --
- 20 A He's not out in the field. He's in the office.
- 21 Q He works in the office. Okay.
- 22 A But he goes out in the field.
- 23 Q I understand that. I mean, he's not somebody out -
24 -
- 25 A No. He --

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- 1 Q -- in a truck every day; he's typically in the
2 office with the --
3 A On the phone --
4 Q Right.
5 A -- and on the computer.
6 Q Okay. Working with whoever the vendors are?
7 A Yes.
8 Q Okay. All right. And how long has he been with
9 DOT?
10 A He was with a consulting firm, and the state just
11 hired that position I think three or four years
12 ago.
13 Q Okey-doke. What did he do before?
14 A The same thing but for a consulting firm.
15 Q You said y'all came here in '91. Was --
16 A It's for the state. I'm sorry.
17 Q You said y'all came here in '91. Was there a job
18 he had that brought him here to South Carolina back
19 then?
20 A He was driving a truck back then.
21 Q Okay. All right. Have you ever been in the
22 military?
23 A No.
24 Q How about your husband?
25 A No.

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1 Q Do you have any criminal record in the past ten
2 years?

3 A No.

4 Q You hesitated. What, were you trying to think, or
5 were you --

6 A No. I was -- I've got a really bad headache.

7 Q Okay. Do you have any sort of driving record that
8 affects your ability to drive, like too many
9 tickets, DUIs, DUSes, anything like that?

10 A No. Uh-uh.

11 Q Okay. All right. Let's talk about your work
12 history. I'm assuming with the age of your child
13 and your marriage, you had a baby pretty early on
14 when you were young. Did you start working back
15 then or were you staying home with children? When
16 you left school in the eleventh grade, do you
17 remember what you were doing?

18 A Yeah. I had my first child when I was sixteen, and
19 I started my first job when I was sixteen, --

20 Q Okay.

21 A -- flipping hamburgers.

22 Q Okey-doke. How long did you do that?

23 A Probably some months until I got another job
24 working for a company cleaning office buildings for
25 Ashland Oil in Kentucky.

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- 1 Q So, you were working at Ashland Oil with a cleaning
2 service?
- 3 A Yes.
- 4 Q And how long did you work at Ashland Oil?
- 5 A Don't remember.
- 6 Q Just ballpark it for me. Was it years or months?
- 7 A It was probably a year and a half.
- 8 Q All right. And then where did you go work-wise?
- 9 A We moved to northern Ohio, and I worked at a
10 restaurant there as a cook.
- 11 Q Just a local restaurant, or was it one of the
12 chains?
- 13 A It was a local restaurant.
- 14 Q Okey-doke. All right. How long did you do that
15 job as a cook?
- 16 A Two and a half, three years.
- 17 Q Okay. All right. Where did you go after that?
- 18 A They built a new Big Wheel in town.
- 19 Q What's that?
- 20 A It's like a big -- one of them northern department
21 store chains, --
- 22 Q Okay.
- 23 A -- and I was working there as a service desk
24 representative and backup office manager.
- 25 Q How long were you with Big Wheel?

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- 1 A Three, four years.
- 2 Q Doing the same -- essentially the same job --
- 3 A Yes.
- 4 Q -- throughout the time you were there?
- 5 A (Nods head.)
- 6 Q Okay. All right. Where did you go after that?
- 7 A Well, I wanted to go to nursing school back then,
- 8 and a little nursing home hired me for CNA work for
- 9 a little bit, but I couldn't hang with it at the
- 10 time.
- 11 Q Okay. That was in Ohio?
- 12 A Yes.
- 13 Q When you say you couldn't hang with it, what do you
- 14 mean by that?
- 15 A At that age, I just couldn't handle -- I got
- 16 attached to the people, and I couldn't handle that
- 17 kind of job.
- 18 Q The emotional aspect of it bothered you more than --
- 19 -
- 20 A Yes.
- 21 Q Okay. How long were you with that --
- 22 A Not very long.
- 23 Q -- nursing home?
- 24 A Couple of months.
- 25 Q Couple of months. All right. Where did you go

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- 1 work-wise after that?
- 2 A We moved back to northern -- southern Ohio right
3 across from where I grew up, in Iden, Ohio. I
4 worked at a nursing home there as a cook.
- 5 Q Okay. How long did you work as a cook in the
6 nursing home?
- 7 A We were there about a year and a half till we moved
8 to South Carolina.
- 9 Q Okay. So, y'all packed up and moved to South
10 Carolina. Then when you got down here, what did
11 you start doing?
- 12 A Driving a school bus; waiting tables; going to
13 school.
- 14 Q Which school district were you driving for?
- 15 A Kershaw County.
- 16 Q All right. And you were waiting tables where?
- 17 A At Ryan's Steakhouse when it was down on Two Notch,
18 where they have the fish place.
- 19 Q Harper's Seafood?
- 20 A Yeah.
- 21 Q Okay. And where were you going to school, at Tech,
22 at Sumter?
- 23 A Yeah, Sumter Tech.
- 24 Q Okey-doke. How long did you drive a school bus?
- 25 A I don't remember.

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- 1 Q A couple of years?
- 2 A It was a couple years.
- 3 Q Okay. And how long did you work at that Ryan's?
- 4 A A good -- A good year while I was taking some
- 5 classes at Sumter Tech.
- 6 Q Okay. All right. And what was your next job?
- 7 A I was taking care of an elderly lady in her home,
- 8 with Alzheimer's.
- 9 Q Okay. Working through a company or --
- 10 A No. For a private party.
- 11 Q How long did you do that?
- 12 A Off and on with that lady for about six years.
- 13 Q Okay.
- 14 A I done it around some of my school and some of my
- 15 other work and --
- 16 Q You worked for somebody else kind of part-time and
- 17 then dealing with her in the mornings and
- 18 afternoons, that type of stuff?
- 19 A Well, I mean, when I was driving the school bus, I
- 20 done some weekend stuff with them, but --
- 21 Q Where was that individual living?
- 22 A Main Street, Elgin.
- 23 Q You were in their -- went to her home?
- 24 A In their home. Mm-hmm.
- 25 Q Okay. All right. And I realize you may have

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1 worked off and on with other jobs within that same
2 time frame, but within that six years, that's
3 primarily what you were doing, was working in home
4 health care with the one individual?

5 A Yes.

6 Q Okay. Where did you go after that, working with
7 that lady?

8 A She worked around my schedule while I was going to
9 school for my LPN at A Tech.

10 Q Okay. All right. And y'all were still living in
11 Lugoff-Elgin at the time; you were just --

12 A Right.

13 Q -- driving down to Aiken? That's the program you
14 were able to --

15 A Right.

16 Q -- get into?

17 A Mm-hmm.

18 Q Okay. Did she die and that ended and you went
19 somewhere else, or you started working elsewhere?

20 A She didn't die until after I started working as an
21 LPN.

22 Q Okay. Did you continue working with the family
23 until she died, or did you go to work somewhere
24 else and --

25 A Right close to after I graduated -- Right after I

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- 1 graduated, I worked about a year, and then she --
2 because my mother was helping take care of her,
3 too.
- 4 Q Okay. All right. Where did you start working as
5 an LPN?
- 6 A Kershaw County Hospital.
- 7 Q How long did you work for Kershaw County Hospital?
- 8 A From June 2000 to probably October.
- 9 Q Of 2000?
- 10 A 2002.
- 11 Q Oh. '02. Okey-doke.
- 12 A I started working at Pruitt July 2002.
- 13 Q Okay. So, you were working different shifts in two
14 places for at least some period of time?
- 15 A Yes.
- 16 Q Okay. All right. And then you started at
17 Tanglewood in '02?
- 18 A Right.
- 19 Q Okay. And I know it used to be called something
20 else. I can never remember. It's been about three
21 different names probably in that time frame. Is
22 that correct?
- 23 A Yes.
- 24 Q Okay. But in the Ridgeway -- You were in the
25 Ridgeway facility the entire time?

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1 A Yes.

2 Q Okay. All right. Other than that overlap period
3 in 2002, were you working anywhere else other than
4 what is now known as Tanglewood in Ridgeway --

5 A I have.

6 Q From October till now, have you worked anywhere
7 else that you've worked at the same time? Do you
8 understand what I'm saying? Were you working a
9 different shift at some other --

10 A I have worked a different shift at another
11 facility, --

12 Q Okay.

13 A -- at Fairfield Home, while I was working at
14 Tanglewood. I worked over there PRN.

15 Q All right. When was the last time you worked with
16 Fairfield Home on a PRN basis?

17 A I don't remember.

18 Q Has it been quite some time ago?

19 A It's been probably at least three or four years.

20 Q Okay. And at some point, obviously you got your
21 RN, between when you started at Kershaw County
22 Hospital as an LPN and you got your RN. That all
23 happened while you were with Tanglewood, correct?

24 A Yes. I went through their scholarship program.

25 Q Okay. UHS's scholarship program?

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- 1 A Pardon?
- 2 Q UHS's, the employer's, -- Who -- Who --
- 3 A With Pruitt.
- 4 Q With Pruitt?
- 5 A Yes.
- 6 Q Okay. All right. And when you say you went
7 through the scholarship program, they provided some
8 money for you to attend the program, this is the RN
9 program?
- 10 A Yes.
- 11 Q Okay. It wasn't something that they were teaching
12 you; it wasn't Pruitt putting on a nursing program?
- 13 A No. I got the work-study scholarship and the
14 education scholarship, so they paid half of my
15 wages while I was going to school and paid for my
16 tuition.
- 17 Q Okey-doke.
- 18 A And I was paying them back.
- 19 Q Okay. How much were you paying back to them?
- 20 A I wasn't monetarily paying them back. I was --
21 Time?
- 22 A -- time-wise, --
- 23 Q Okay. I got you.
- 24 A -- because I really didn't have any inclination in
25 leaving.

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- 1 Q What was the -- What was the --
- 2 A But I needed to pay them back like a year -- for a
- 3 year, so --
- 4 Q Okay. That's what I'm asking. I mean, what was
- 5 the commitment that you had made?
- 6 A Yes.
- 7 Q Okay. So, what did you owe them time-wise?
- 8 A Probably still another year.
- 9 Q I mean what was the total in the beginning? What
- 10 did you owe them time-wise per your scholarship?
- 11 A Two years.
- 12 Q Two years. Okay.
- 13 A Mm-hmm.
- 14 Q So, there's no -- there's not some monetary sum
- 15 that you have to pay back that you're aware of?
- 16 A Not that I'm aware of.
- 17 Q Okay. All right. What was your rate of pay? Was
- 18 it hourly, salary?
- 19 A 25.04.
- 20 Q Okay. How about when you were an LPN? Do you
- 21 remember what it was then?
- 22 A When I first started, I was doing the weekends, --
- 23 Q Did you get a differential?
- 24 A -- and it was \$28 an hour. I worked there for \$28
- 25 an hour for four and a half years. When I took a

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- 1 full-time position, I dropped down to -- I don't
2 know -- 23-something maybe, or 22.
- 3 Q Well, we're still talking about the LPN years for -
4 - That's when you had become an RN?
- 5 A I'm saying -- Yeah. When I -- When I took the
6 full-time position as an LPN, I wasn't getting the
7 special rate pay anymore. I was dropped down to
8 22, --
- 9 Q Okay.
- 10 A -- I believe it was.
- 11 Q So, for a period of years, you worked just the
12 weekend duty?
- 13 A But I worked 60-something hours a week
14 consistently, almost every week, for four and a
15 half years.
- 16 Q Okay. So, it wasn't just weekend duty, but I'm
17 just trying to understand what you're saying.
- 18 A That was -- That was the job description.
- 19 Q Okay.
- 20 A There were so many available shifts, so --
- 21 Q I got you. But when you first started, -- You
22 seem to be telling me you didn't start out as a
23 full-time person. I know you were working --
- 24 A Right.
- 25 Q -- full-time hours; you were just like a PRN person

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1 essentially?

2 A Right.

3 Q Okay. And they were paying you some sort of rate
4 as a -- as a PRN person, even though you were
5 working full-time, and then you got a full-time job
6 with a set rate of pay?

7 A Right.

8 Q Okay. All right. And there was a drop in that as
9 a result?

10 A Right.

11 Q Okay. All right. And then when you became an RN,
12 was there an increase in pay at that point?

13 A Yes.

14 Q Okay. And that was from 23-something up to 25-
15 something? Is that what you're trying to tell me?

16 A No. I only got a dollar raise after I got my RN.

17 Q Okay. All right. So, you were at 24 and change as
18 an LPN --

19 A Yes.

20 Q -- and then went up to 25 as an RN?

21 A Yes.

22 Q All right. And what were you earning at Fairfield
23 Home? Do you remember?

24 A Twenty-five.

25 Q Were you an RN at that point or still an LPN?

1 A LPN.

2 Q Okay. All right. And I know there was a
3 termination that occurred. Have you worked
4 anywhere since the termination?

5 A No.

6 Q All right. All right. Let's talk about your
7 health history now. Tell me about any kind of
8 significant medical conditions that you've had or
9 have. When I talk about medical conditions, I'm
10 talking about non-injury-related issues, stuff like
11 high blood pressure, diabetes, any kind of internal
12 organ issue, anything of that nature.

13 A I don't have any.

14 Q No chronic issues of any sort?

15 A No.

16 Q Okay. Are you taking medication long-term for any
17 kind of medical condition?

18 A Cholesterol.

19 Q Okay. Are you still taking meds for that?

20 A Yes.

21 Q How long have you been taking medication for high
22 cholesterol?

23 A Oh, goodness. I guess about a year.

24 Q All right.

25 A And a diuretic --

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1 Q Okay.

2 A -- because my feet were swelling a lot when I was

3 working night shifts, so --

4 Q Who's prescribing the diuretic for you? Are you

5 taking it over-the-counter or are you taking a --

6 A It's HCTZ.

7 Q Okay. Is someone prescribing it for you?

8 A Dr. Brooks.

9 Q Is that your family doctor?

10 A Yes.

11 Q And what is Dr. Brooks' first name?

12 A Alice.

13 Q Okey-doke. Where is she located?

14 A Lugoff.

15 Q Is she a family practitioner or OB-GYN or --

16 A She's a family practitioner.

17 Q How long has she been your family doctor?

18 A Uh, --

19 Q Ballpark. You don't have to give me exact dates.

20 A Three or four years.

21 Q Okay. Is she the person that has you on the high

22 cholesterol medication, as well?

23 A Yes.

24 Q Which one of the high cholesterol do you take?

25 A Lovastatin.

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- 1 Q All right. Any other medication you take on a
2 regular basis that Dr. Brooks is prescribing for
3 you?
- 4 A No.
- 5 Q Okay. All right. Tell me about any kind of
6 significant injuries to your body that you've had
7 in the past. When I say significant, I'm talking
8 about something more than just cutting your finger
9 or something like that, any car wrecks, any slip-
10 and-falls, --
- 11 A Hurt the pinkie (indicating) when I was a teenager.
- 12 Q Okay. You seem to be shaking your left pinkie at
13 me. Is that right?
- 14 A That's right.
- 15 Q Or correct I should say.
- 16 A Yes. It was my glove finger, playing softball.
- 17 Q All right. Any others?
- 18 A No.
- 19 Q Any workers' compensation injuries before with
20 anybody, any employer?
- 21 A No.
- 22 Q Had you had any workers' compensation injuries with
23 Tanglewood before the --
- 24 A No.
- 25 Q Have you ever been involved in an automobile

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- 1 accident where you were injured?
- 2 A No.
- 3 Q Alrighty. Have you ever filed a lawsuit against
- 4 anyone or has anyone ever filed a lawsuit against
- 5 you before?
- 6 A No.
- 7 Q Have you ever filed an insurance claim against any
- 8 business, person or corporation for any type of
- 9 injury to your body before?
- 10 A No.
- 11 Q Have you ever filed for any short-term or long-term
- 12 disability benefits?
- 13 A No.
- 14 Q Have you ever filed for any Social Security
- 15 Disability benefits?
- 16 A No.
- 17 Q All right. Tell me about the incident at Pruitt.
- 18 A What you mean? The morning I fell?
- 19 Q Yes, ma'am.
- 20 A I was coming in to work, seven a.m. shift, and when
- 21 I stepped off the concrete parking lot onto the
- 22 wooden strip, -- There's a little platform there.
- 23 Q Mm-hmm.
- 24 A After I got up on there, I went to take my next
- 25 step, and all I know is I was on the ground. You

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- 1 know, it was just that fast.
- 2 Q Okay. You said where you were stepping up on the -
- 3 -
- 4 A I was already stepped up there, but when I went to
- 5 take an extra step, --
- 6 Q Okay.
- 7 A -- my foot just slipped right out from under me.
- 8 Q Okay. What happened from there?
- 9 A After I got up and went to go in the building, I
- 10 had a hard time opening the door because my grip --
- 11 I mean, I couldn't hardly grip the handle. It hurt
- 12 really bad. So, once I got in, --
- 13 Q When you refer to anything like that, tell me what
- 14 -- which, left, right, you're talking about.
- 15 A What you mean, my right?
- 16 Q Whichever arm you're talking about.
- 17 A My right arm.
- 18 Q Okay.
- 19 A And when I seen the supervisor, I reported it to
- 20 her.
- 21 Q And who was that?
- 22 A Josephine Elkins.
- 23 Q She was your supervisor?
- 24 A Yes.
- 25 Q Okay. And what's her position? Is she the DON or

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- 1 --
- 2 A She's floor manager.
- 3 Q Okay. What position did you hold at that point?
- 4 A I was -- I was just one of the RNs. The
- 5 supervisor's on the hall, not over the other nurses
- 6 but of the -- our floor.
- 7 Q Right. Over all the CNAs and --
- 8 A Mm-hmm.
- 9 Q Is that a yes?
- 10 A Yes.
- 11 Q Okay. All right. When you told Josephine, what
- 12 happened from there?
- 13 A She went to get workers' comp paperwork for me to
- 14 fill out to go to the doctor, and I clocked in to
- 15 the facility while she was gathering the paperwork.
- 16 Q Okay. Now, I've seen the paperwork and -- from the
- 17 initial incident report and all, and your
- 18 handwriting, where you signed your name and
- 19 everything, seems to be different. Were you using
- 20 your left hand?
- 21 A Yes, I was.
- 22 Q Okay. All right. Was that because your right arm
- 23 was bothering you?
- 24 A Yes.
- 25 Q Okay. The only reason I ask you that is because I

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1 was looking at it, and, looking at the other
2 paperwork from your employment file, your
3 handwriting -- your signature is pretty fluent.
4 You have a -- You have a very pretty handwriting.
5 Let's put it that way. The day that you had the
6 incident and the paperwork is all filled out, it
7 appears this was a kindergartner filling it out.

8 A Yeah.

9 Q Is that because you were using your non-dominant
10 hand at that point?

11 A Yes.

12 Q Are you right-handed?

13 A Yes.

14 Q Okay. You normally use your right hand to sign
15 your name and do paperwork?

16 A I do.

17 Q Okay. All right. What happened after that? You
18 filled out the paperwork with Josephine. What
19 happened from there?

20 A Well, I spoke to a workman's comp representative on
21 the phone --

22 Q Mm-hmm.

23 A -- and told them about my complaint, I mean,
24 because they wanted to know where I was injured or
25 whatever.

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1 Q Okay. When you say workers' comp, are you talking
2 about someone with the insurance company or are you
3 talking about internally, within the facility?

4 A On the phone.

5 Q You're not sure who; you just --

6 A No.

7 Q Okay. All right.

8 A And then I was sent to Doctors Care in Columbia.

9 Q In Columbia? Which location?

10 A Killian Road.

11 Q You saw them that morning?

12 A Yes.

13 Q Okay. What did they do for you that day, with
14 Doctors Care?

15 A They gave me some muscle relaxers and anti-
16 inflammatory medication, --

17 Q Okay.

18 A -- a thoracic spine x-ray and told me to return in
19 seven to ten days I believe.

20 Q Okay. And I believe they put you on some
21 restricted duty at that point?

22 A Yes.

23 Q Okay. All right. Did you return to the facility
24 that day or go back the next day, the facility
25 meaning Tanglewood?

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- 1 A I returned to the facility to take my paperwork.
- 2 Q Okay. All right. And when was the next time that
- 3 you went to work at Tanglewood?
- 4 A Tuesday, the 15th, I think.
- 5 Q So, Doctors Care took you out of work for some
- 6 period of time, for a couple of days?
- 7 A No. They put me on all those restrictions, but the
- 8 facility has light duty, --
- 9 Q Okay.
- 10 A -- so they could find you anything to do. But when
- 11 I went Monday, I didn't know I was supposed to
- 12 start my duties that day, and I had sandals on.
- 13 Q Okay. You went in to just kind of talk to them and
- 14 --
- 15 A Right.
- 16 Q Okey-doke. And I know you can't work unless you
- 17 have on anti-slip shoes.
- 18 A Right.
- 19 Q Okay. All right. So, who were you dealing with at
- 20 that point? Who were you talking to?
- 21 A Lynda Burr.
- 22 Q Spelled L-y-n-d-a B-u-r-r?
- 23 A Yes.
- 24 Q And, so, Lynda was dealing with you on your -- what
- 25 you'd be doing with the facility light duty-wise

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- 1 and stuff? That's who you were taking the
2 paperwork to when you say you were taking the
3 paperwork back in?
- 4 A Yes.
- 5 Q Okay. All right. What date was this that the
6 incident happened? You said Monday. I'm just
7 trying to figure out where we were on the calendar
8 here.
- 9 A I fell on the 11th. The following Monday. Was the
10 11th a Thursday or Friday? And then I went back in
11 the following Monday.
- 12 Q Your next scheduled day --
- 13 A Would've been that following Monday.
- 14 Q Would've been that following Monday. Okay.
- 15 A Yes.
- 16 Q Okay. Talked to Lynda on Monday. Obviously
17 couldn't work because you had on flip-flops or
18 sandals or whatever, --
- 19 A Right.
- 20 Q -- so she told you to come back the next day and
21 start working the light duty on Tuesday?
- 22 A Mm-hmm.
- 23 Q Is that a yes?
- 24 A Yes.
- 25 Q Okay. And I know -- I'm sure there was an action

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1 plan, a light-duty action plan that you had to
2 sign. Did you do that in that meeting, when you
3 met with her on that Monday?

4 A (No response.)

5 Q Saying here's what you're going to be doing when
6 you come back?

7 A She had me get with one of the other nurses that
8 had fallen and was doing a certain kind of
9 paperwork. I don't know what it was called. I
10 don't remember.

11 Q Okay.

12 A But having me help them.

13 Q And who was that nurse? Do you remember?

14 A Her name was -- I didn't even know her that well.
15 I can't remember her name.

16 Q Black? White?

17 A White.

18 Q The paperwork you were doing, was it chart stuff,
19 stuff with patients' charts?

20 A It was interviewing patients and then their family
21 members and filling out questionnaires.

22 Q Okay. All right. Alrighty. So, you came back on
23 Monday. That would've been -- whatever day it was,
24 the 15th or 16th -- 14th, 15th, 16th, somewhere in
25 there, whatever that Monday was, talked to Lynda,

1 and then you started the next day, on Tuesday, and
2 they had you doing these patient questionnaires.
3 How long did you do that?
4 A The whole time I was on light duty.
5 Q Which was how long?
6 A Let's see. I worked Tuesday, Wednesday, Thursday.
7 I had a follow-up doctor's appointment on Friday.
8 Q With Doctors Care?
9 A Yes.
10 Q Okay.
11 A I got fired the following Monday.
12 Q When was your doctor's appointment on Friday? Was
13 it that morning or afternoon?
14 A It was in the morning time.
15 Q Okay. So, you showed up for work on Monday morning
16 and were told that you were terminated?
17 A No. I was called to come in and meet with them on
18 Tuesday.
19 Q So, you worked your regular shift on Monday?
20 A No.
21 Q Oh. You didn't?
22 A I was supposed to be off.
23 Q Okay. Okay. So, just so we get it straight, you
24 weren't fired on Monday; you didn't work on Monday?
25 A I think it was -- I was told I was fired on

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1 Tuesday retro the day before, --

2 Q Okay.

3 A -- so Monday was the official fire date.

4 Q Why were you scheduled off on that Monday?

5 A (No response.)

6 Q Do you remember?

7 A No, I don't. I think it might've been because I

8 worked the Sunday before and something to do with

9 the time, they didn't want people getting a certain

10 amount of time or something.

11 Q When you say the Sunday before, you mean the Sunday

12 -- the day before --

13 A Yeah, because that started a new week, and she had

14 me come in on that day.

15 Q Okay. So, you were still doing that light duty

16 that Sunday?

17 A And, actually, -- Actually, she went and put me on

18 the schedule. She told me she wasn't sure what she

19 was doing with me yet, so --

20 Q When you say she, are you talking about Lynda Burr?

21 A No. I'm talking about Tonya Sheppard, the director

22 of nursing.

23 Q Okay.

24 A She hadn't put me on the schedule yet is why I

25 wasn't working Monday, because she wasn't sure what

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1 I was going to be doing yet.

2 Q I'm trying to figure out which Sunday you're
3 talking about.

4 A The Sunday following the 18th. Friday, the 18th --
5 I think that was a Friday, --

6 Q Okay. That's when you had the doctor's
7 appointment.

8 A -- if I'm correct on that date. The doctor's
9 appointment was definitely on that Friday. I'm
10 thinking it was the 18th. 19th, 20th -- 21st was
11 a Monday. Tuesday I was called in for a meeting
12 with them, and I was fired effective Monday the
13 21st.

14 Q Okay. I'm just -- The Sunday, you think you
15 worked --

16 A No, I did work that Sunday, --

17 Q You did work Sunday?

18 A -- the 20th, Sunday the 20th.

19 Q So, you had -- you went to the doctor on Friday,
20 and then you think you worked that Sunday?

21 A I worked Saturday and Sunday.

22 Q Saturday and Sunday after that doctor's
23 appointment?

24 A Yes.

25 Q And then didn't come in on Monday because you had

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1 worked the weekend?

2 A (Nods head.)

3 Q All right. You came in on Tuesday, and -- You
4 said you were called in on Tuesday or you were
5 supposed to report regularly on Tuesday?

6 A No. I was called in on Tuesday for a meeting

7 Q Were you not scheduled for Tuesday?

8 A No.

9 Q Okay. All right. So, you were called in for a
10 meeting with who?

11 A I was supposed to meet with Tonya Sheppard in Lynda
12 Burr's office.

13 Q You're saying you were supposed to. Was somebody
14 not there?

15 A Tonya Sheppard did not come. She sent Josephine
16 Elkins in with Lynda Burr.

17 Q That would've been Tuesday, the --

18 A 22nd.

19 Q -- 22nd? All right. What was the point of the
20 meeting? What were they calling you in to talk to
21 you about?

22 A Firing me for falsifying time, for going to the
23 doctor's appointment the previous Friday.

24 Q And what was the indication --

25 A There was an allegation of falsifying time.

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- 1 Q What was the indication from the facility as to why
2 they thought you had done something improper?
- 3 A What was the --
- 4 Q What did Ms. Burr and Ms. --
- 5 A Well, Lynda Burr's exact words to me were she knew
6 where I went and why I was going because she sent
7 me there and that she had already adjusted my time
8 in the computer so that it took away that hour or
9 hour and a half that I was out for the doctor, she
10 had already fixed that so it didn't go into
11 payroll, that I was on the clock when I was out to
12 the doctor, --
- 13 Q Okay.
- 14 A -- and she said that the administrator reviewed the
15 paperwork, though, and she --
- 16 Q The administrator being whoever is in charge of the
17 facility?
- 18 A Wanda Fowler.
- 19 Q Okay.
- 20 A That the administrator wanted me to get -- wanted
21 her to fire me.
- 22 Q This was sometime in March?
- 23 A March the 22nd.
- 24 Q Okay. All right. Have you been back to the
25 facility at all since that day?

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- 1 A No.
- 2 Q Okay. Have you filed for any unemployment
3 benefits?
- 4 A No.
- 5 Q Did you make any application for unemployment?
- 6 A No.
- 7 Q I mean like the facility had for you.
- 8 A No, sir.
- 9 Q Okey-doke. Did you receive any kind of severance
10 or anything?
- 11 A No, I didn't.
- 12 Q I know you went to Doctors Care that Friday. Have
13 you been back to Doctors Care since then?
- 14 A Yes.
- 15 Q Okay. When was the next time you went to Doctors
16 Care?
- 17 A It may have been the -- I'm guessing. I'm
18 thinking it was the following Thursday.
- 19 Q Have you been back since then?
- 20 A Yes. I went for another follow-up after that.
- 21 Q Maybe in April?
- 22 A I don't remember what day it was.
- 23 Q But, I mean, sometime around that same time frame?
24 I mean, I know --
- 25 A Yes.

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- 1 Q -- you were seeing them like every seven days or --
2 A Like seven to ten days usually is what they would
3 have you come back.
4 Q How many times in total did you see Doctors Care?
5 A I'll have to think a minute, and it'll still be a
6 guess.
7 Q Well, how about telling me this way. When was the
8 last time you saw Doctors Care?
9 A In April.
10 Q Okay. Have you seen anybody since -- any physician
11 since?
12 A No.
13 Q Have you been to your family doctor at all since?
14 A No.
15 Q Do you have health insurance through your husband?
16 A Yes.
17 Q The state plan?
18 A Yes.
19 Q Did you have health insurance at UHS Pruitt?
20 A No.
21 Q You did not have any coverage with the employer?
22 A No.
23 Q Is that something you have to opt for?
24 A Yes.
25 Q Okay. Something you would have to pay for to get I

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1 guess?

2 A Yes.

3 Q Okay. Even when you were working there, you had to
4 do that?

5 A Mm-hmm.

6 Q Oh. I thought they provided health insurance
7 through the facility. They do not provide health
8 insurance by the employer to you?

9 A They do, but it costs a lot more than what my
10 husband pays for health insurance.

11 Q Okay. All right. So, you chose -- for economic
12 reasons, you chose to be on your husband's
13 insurance policy?

14 A To continue on his, yes.

15 Q Okay. You've been on his for a lengthy period of
16 time, three or four years I would assume?

17 A Yeah. Much longer than that.

18 Q Okay. I just thought you told me he'd been doing
19 this recent job for about three or four years.

20 A Right.

21 Q He's been with DOT for longer than that?

22 A Not been with the DOT longer than that. He's been
23 doing that same job.

24 Q Same job. I'm sorry.

25 A Right.

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1 Q Okay. Alrighty.

2 A For the state but just under a contract or a
3 consulting-, you know, type thing.

4 Q Sure. All right.

5 Mr. Addison: Let's stop for a second.

6 [Off the record briefly at 2:47
7 p.m.]

8 Examination Continues

9 By Mr. Addison:

10 Q Doctors Care discussed you going to see an
11 orthopedist. Have you seen an orthopedist at all?

12 A I have not.

13 Q Okay. Did they actually give the name of someone
14 and refer you to?

15 A No, they didn't.

16 Q Okay. I didn't see anything in the paperwork. I
17 just wasn't sure if they discussed that with you.
18 All right. Tell me what sort of problems you're
19 having currently, medically.

20 A Currently?

21 Q Yes.

22 A Bad headaches, neck stiffness and pain, shoulders
23 hurting, and I hurt down my mid back, down the
24 middle, about halfway down, my mid back. I have
25 trouble finding positions to sleep in. And when I

1 raise my head up, I have to -- from a lying
2 position, I usually have to support -- support it
3 whenever I raise it up because it feels like the
4 muscle's tearing or something, and it feels like
5 something's about to pop in there. I do have a lot
6 of popping and cracking in my neck area.

7 Q Okay. In your employment material, there was an
8 indication that your wages were being garnished by
9 the bankruptcy court. When did you declare
10 bankruptcy?

11 A Yes, I did. I did a Chapter 13 about 2008, I think
12 it was, and I offered to have those payments taken
13 out through my work, and --

14 Q Was it you and your husband that declared
15 bankruptcy?

16 A No. Just myself.

17 Q Just you. What -- I mean, obviously, you had a
18 job and your husband had a job.

19 A I did. I was going through school, and I was
20 overextended. I have a lot of -- Couple of
21 incidences with my checks with work didn't come
22 right with the work study as agreed. Something
23 changed up during that period of time when I was
24 getting that pay. I was working and getting paid
25 for 40 hours, and the company was giving me half of

1 that.

2 Q I mean, did y'all's expenses increase? I'm just
3 trying to understand --

4 A No. What happened -- I don't understand why they
5 changed it, but, at some point, -- it was without
6 notice -- there was a period when -- You know,
7 your lunch breaks are taken out of your pay
8 automatically, whether you clock in and out or not,
9 right? So, if you go in and work only eight hours,
10 you're only getting paid seven and a half hours.
11 Whenever I made this agreement with them and I was
12 doing my job for the first period of me going to
13 school, I was only having to work -- they agreed to
14 let me just work at my facility two ten-hour
15 shifts. So, I was working 20 hours a week. The
16 company was paying me for 40. Then, all of a
17 sudden, I didn't get my 20 hours from the company,
18 and when I asked why, Lynda told me, "Because of
19 the lunch breaks," which I really didn't
20 understand. So, all of a sudden, instead of me
21 working just two ten-hour shifts, I needed to work
22 two ten and a half-hour shifts to cover my lunch
23 break.

24 Q Okay.

25 A So, there was things that happened that caused me

1 to get -- start getting behind on things.
2 Q Well, I can understand that, but, I mean, we're
3 talking the distinction of 30 minutes, --
4 A Oh, I know, but --
5 Q -- and I'm just trying to understand why you --
6 A -- it took away 20 hours of my pay.
7 Q Okay.
8 A Okay. And this happened on more than one occasion
9 on that second year that I was going to school.
10 Q Okay.
11 A And since I was already overextended, in school, I
12 really needed 40 hours of pay a week, and those
13 things started happening to me, and --
14 Q What was the extent of your debt that you were
15 trying to get wiped clean?
16 A Oh, it really wasn't -- Probably 20-something. It
17 wasn't wiping clean. I was actually paying for it.
18 Q Right. Twenty-something thousand dollars?
19 A Yeah. Probably 20-something, --
20 Q Was that on credit cards?
21 A -- 30-something. Just the loans that I had out
22 there, you know, signature loans and car payments
23 and house payments, those type things.
24 Q You said the house payment. I mean, obviously,
25 that would involve your husband, as well, I would

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1 assume.

2 A No, because that house, I got it in my name.

3 Q Okay. All right. That debt is now settled?

4 A Yes.

5 Q And when did you settle your debt?

6 A You're talking about the bankruptcy?

7 Q Yes.

8 A The court dismissed it.

9 Q What do you mean by that?

10 A I got behind in payments. My garnishments were
11 supposed to be taken out from the company. I had a
12 couple of garnishments missed, and I just don't
13 know how that happened, but instead of going back
14 and asking --

15 Mr. Calhoun: For the record, I'm
16 objecting to the bankruptcy issue on the
17 grounds of relevancy.

18 Mr. Addison: Okay.

19 Q You can go ahead.

20 A Just -- It's just been dismissed.

21 Q Okay. All right. So, the debt is still there?

22 The court dismissed your action?

23 A There were several debts that were already taken
24 care of.

25 Q Okay. My point being, the court dismissed your

- 1 action and those debts have been placed back on --
2 those regular debts, the creditors come to you
3 instead of going through bankruptcy court?
4 A Right, but some of those have been settled already.
5 Q Sure.
6 A Yes.
7 Q All right. Okay. When was the bankruptcy
8 dismissed?
9 A I don't remember. It's like -- I know it's been
10 about a year.
11 Q Okay.
12 A But, for the record, the only debt I have is my
13 house right now.
14 Q Okay. So, there's a mortgage on your home that's
15 only in your name?
16 A Yes, it is.
17 Q You and your husband live together, though,
18 correct?
19 A Yes.
20 Q Okay. All right. Have you made any applications
21 to work anywhere since April --
22 A No, I haven't.
23 Q -- or March?
24 A No.
25 Q Have you gone to vocational rehabilitation or Job

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1 Services and sought any type of employment --

2 A No.

3 Q -- through those services? Have you attempted to
4 see any physician and been told that the physician
5 would not see you or that your insurance coverage
6 would not cover it?

7 A (No response.)

8 Q Have you tried to go see a doctor?

9 A No.

10 Q Okay. Have you tried to go see a doctor and been
11 told by the state health insurance program that
12 they wouldn't pay for you to go see a doctor?

13 A No.

14 Q Okay. Are y'all living only on your husband's
15 income right now?

16 A Yes.

17 Q I guess your daughter-in-law or mother of your
18 grandchildren, whatever she is, who lives in the
19 home, does she help pay for some of the things at
20 home, as well?

21 A They take care of some of the food and stuff, yes.

22 Q Okay. And how about your daughter Jimmie that
23 lives in the home? Does she --

24 A Same.

25 Q Is she working anywhere?

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- 1 A She is not working. She is going to school.
2 Q She has loans, that type of stuff?
3 A Mm-hmm.
4 Q Is that a yes?
5 A Yes.
6 Q Okay. All right. After the termination occurred,
7 did you contact corporate at all and --
8 A I did.
9 Q -- discuss this with anyone?
10 A I called and filed a complaint.
11 Q Who did you talk with? Do you remember?
12 A Just the 800 number.
13 Q Okay. All right. Whoever was on the desk?
14 A Right.
15 Q And beyond that conversation, have you had any
16 conversations with them on the issue -- on that
17 issue?
18 A No.
19 Q Okay. When you said you filed a complaint, did you
20 file a complaint against anyone in particular or
21 just for the action of your termination?
22 A The action of my termination.
23 Q Okay. Had you ever been suspended from the
24 facility before for any reason?
25 A Yes.

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- 1 Q And what were you suspended for before?
- 2 A Something to do with some -- You know what? I
- 3 don't even remember exactly.
- 4 Q Okay.
- 5 A It was a previous supervisor, and she had a lot of
- 6 things pertaining to labs and her paperwork, and
- 7 they just pulled me in on that one because I was a
- 8 nurse on the floor.
- 9 Q When was that suspension?
- 10 A It was -- It's been a while. It's been a couple
- 11 of years.
- 12 Q Okay.
- 13 A I don't remember an exact date.
- 14 Q Talk to me about when you fell. You said -- You
- 15 told me that you fell, slipped your foot and fell.
- 16 How did you fall when you fell?
- 17 A I remember -- not a lot because it happened really
- 18 fast.
- 19 Q Okay. I mean, were you laying on your right side
- 20 or on your back or --
- 21 A I was -- I think --
- 22 -- on your left side, laying face-down?
- 23 A I think I was laying a little more maybe to my left
- 24 side, but I ended up on my back.
- 25 Q Okay. All right.

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1 A And I had --

2 Q I mean, I've seen various reports of what happened,
3 and the description you gave back then and on the
4 writing, it said you slipped and fell on your
5 fanny, --

6 A Yeah.

7 Q -- that you were on your fanny and that --

8 A Yeah. I had a really deep, deep bruise on my left
9 buttock and ended up on my back. I can only guess
10 or speculate on how I actually hit and ended up
11 landing, you know, because I was hurt on a couple
12 of different sides, you know, because -- get a big
13 hematoma on the right arm, I got a big ol' bruise
14 on my left butt cheek, and all of the muscles and
15 pain in other areas in my back.

16 Q Let me look at it real quick just so I'm clear.
17 This is the incident report from that day, from
18 March the 11th.

19 A Mm-hmm.

20 Q It says, "Walking from the parking lot, stepped
21 upon the wooden platform before getting to the
22 steps, and my foot slipped from under me, causing
23 me to hit my right arm above my wrist on the rail
24 outside the stairs. Bottom stair wet and
25 slippery." Okay. And this was signed by Josephine

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1 on that date and has your name at the top with that
2 scratchy handwriting like we talked about. Did you
3 tell Josephine that day that you slipped and fell
4 on your back and hit your back and your neck and
5 shoulders and all that?

6 A No. The lady at the 800 number knows. I told her
7 what all my complaints were whenever I talked to
8 her.

9 Q Okey-doke.

10 A It's not noted on that paper maybe, but it should
11 be noted at the doctor.

12 Q Okay. All right. And I'm looking at general
13 liability claim notice, date of incident 3/11.

14 Says there were two witnesses: Barbara Davis, a
15 CNA, and Amy Collins, a CNA.

16 A Yes.

17 Q Those are the names you gave to Josephine?

18 A Yes.

19 Q Okay. All right. Again some quotes: "When I
20 stepped up on the wet wooden platform before
21 getting to the steps, my feet slipped from under
22 me, causing me to hit my right arm, causing injury.
23 When I attempted to open the door to come into the
24 building, it caused pain to transfer from the site
25 of injury above my wrist down through the tip of

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1. that thumb. Unable to use that hand to write at
2. present." And there's an authorization for medical
3. release form with a description of the accident
4. done also on March the 11th with your scratchy
5. little signature we talked about --

6. A Mm-hmm.

7. Q -- saying, "When I stepped up on the wet wooden
8. platform before getting to the steps, my feet
9. slipped from under me, causing me to hit my right
10. arm above my wrist on the rail beside the stairs."
11. The stuff that you told Josephine that morning was
12. all stuff about the arm/wrist area. At some other
13. date, you believe you told someone on the phone
14. about slipping and falling and hitting your back?

15. A No, not some other date. When you fill out that
16. workman's comp form, --

17. Q Uh-huh.

18. A -- you have to call a workman's -- 800 number, and
19. you have to talk to someone, and while I was
20. talking to the lady on the phone, she was asking me
21. which was the most predominant at the time. The
22. right wrist had a large hematoma. I couldn't
23. hardly open the door. But I told the lady on the
24. phone when we were going into this, you know, "I
25. hit on my butt. It hurts. And my neck, it hurts

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1 whenever -- or pulls whenever I turn my head, but I
2 at least need to go get an x-ray and see if I broke
3 anything in my wrist." That was the conversation
4 on the phone that morning before I went to Doctors
5 Care when I talked to the workman's comp
6 representative about the paperwork.

7 Q Okay, but you agree with me that everything that
8 you told Josephine at the facility, including when
9 you filled out documents that you signed, all
10 indicated that you hit your arm on the rail because
11 you slipped and fell? You did not tell her
12 anything than that? Josephine. You did not tell
13 Josephine anything different while you were filling
14 out the paperwork?

15 A What you asking me? I really don't understand what
16 you're asking me.

17 Q Sure. Did you tell Josephine that morning when you
18 made the report -- The incident happened, you went
19 inside, Josephine came, and y'all filled out
20 paperwork?

21 A Right.

22 Q Did you tell Josephine anything different other
23 than you hit your arm on the rail when you slipped
24 and fell?

25 A I don't remember if I did or not. I know that was

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1 the most significant at the moment.

2 Q Okay. All right. And whoever the person was on
3 the phone, you're not sure who that was; it was the
4 1-800 number you had to call. Is that correct?

5 A Yes.

6 Q And that number was given to you by Josephine or
7 someone else at the --

8 A It's in the workman's comp paperwork. It's
9 instructions of what you have to do whenever you
10 fill out the paperwork. You have to do a follow-up
11 before you go to the doctor.

12 Mr. Addison: Okay. All right. I
13 believe that's all I have. Mark, anything?

14 Mr. Calhoun: No. I don't have anything.
15 (Whereupon the deposition was concluded at
16 3:07 p.m.)

17 (Deponent has waived reading and signing.)

State of South Carolina)
) Certificate
 County of Richland)

Be it known that the foregoing deposition of
 Gayla Ramey was taken before me;

That I was then and there a Notary Public in
 and for the State of South Carolina-At-Large;

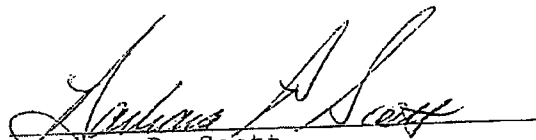
That by virtue thereof I was duly authorized
 to administer an oath;

That the witness was by me first duly sworn to
 testify the truth, the whole truth, and nothing but the
 truth concerning the matter in controversy aforesaid;

That the foregoing transcript of 59
 typewritten pages represents a true, accurate and
 complete transcription of the testimony so given at the
 time and place aforesaid to the best of my skill and
 ability;

That I am not related to nor an employee of
 any of the parties hereto, nor a relative or employee of
 any attorney or counsel employed by the parties hereto,
 nor interested in the outcome of this action.

Signed this 28th day of June 2011.


 Barbara P. Scott

Notary Public for South Carolina
 My commission expires April 9, 2017.

Note: Recordings are retained for twelve (12) months
 from date of certification.

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE # 1103618

GAYLA RAMEY,

CLAIMANT,

VS.

UNIHEALTH POST ACUTE CARE
TANGLEWOOD,

EMPLOYER,

AMERICAN ZURICH INS. CO.,

CARRIER,

DEFENDANTS.

DEPOSITION

OF

LYNDA BURR

Deposition of Lynda Burr, taken pursuant to the
South Carolina Rules of Civil Procedure and the
Administrative Procedures Act, commencing at the hour of
8:55 a.m., Friday, August 5th, 2011, at Hedrick,
Gardner, Kincheloe & Garofalo, LLP, 1301 Gervais Street,
Suite 1900, Columbia, South Carolina.

COPY

Reported by
Barbara P. Scott, CVR

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Reported By: Barbara P. Scott, CVR

Also Present: Gayla Ramey

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Exhibits

Marked as Defendant's Exhibit Number One; Deposition of
Lynda Burr; copies of employee records; six pages . . 30

Marked as Defendant's Exhibit Number Two; Deposition of
Lynda Burr; copies of employee records; 11 pages . . 42

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Stipulations

The reading and signing of this deposition is waived by the deponent and counsel for the respective parties.

Whereupon,

Lynda Burr, being duly sworn and cautioned to speak the truth, the whole truth, and nothing but the truth, testified and deposed as follows:

The Court Reporter: State your name for the record.

The Deponent: My name is Lynda Burr.

Direct Examination

By Mr. Calhoun:

Q Ms. Burr, my name is Mark Calhoun. How are you this morning?

A I'm fine. How are you?

Q It's nice to meet you.

A It's nice to meet you.

Q As you're probably aware, I'm Gayla Ramey's attorney on a workers' compensation claim, --

A Mm-hmm.

Q -- and I'm here to ask you some questions about your involvement and some issues you may or may not know about on this case.

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1 A Okay.

2 Q The purpose of a deposition, of course, is to get
3 information. I'm not here to try to trick you or
4 mislead you; I just want information, okay?

5 A Okay.

6 Q So, I'm going to ask you a question. If you don't
7 understand the question or want me to repeat or
8 explain it, I'll do my best to do so.

9 A Okay.

10 Q But if I ask you a question, I need a minimum yes
11 or no answer. You, of course, are entitled to
12 explain any answer that you want to, but you can't
13 shake your head or go uh-huh/uh-uh.

14 A Right.

15 Q This lady is transcribing this, so I need an
16 answer. And if you -- Of course, if you do
17 understand the question, then I'm assuming that you
18 understood the question, but I'll be glad to
19 explain anything that you don't understand that I
20 ask you, okay?

21 A Okay.

22 Q And, of course, you've been informed that you have
23 the right to read and sign your deposition and
24 review it for any errors and so forth.

25 A Okay.

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- 1 Q Okay. First, I need your full name.
- 2 A Lynda, L-y-n-d-a, Burr, B-u-r-r.
- 3 Q Okay. And how long have you worked for the
- 4 employer?
- 5 A Approximately nine years.
- 6 Q What is your job title?
- 7 A I'm the human resource director.
- 8 Q What are your job duties or responsibilities
- 9 associated with that title?
- 10 A Basically, I maintain the personnel files; I assist
- 11 with any counseling that need to be done; updating
- 12 the folders as needed; handling workers' comp
- 13 cases.
- 14 Q What's your involvement in working on the workers'
- 15 comp cases?
- 16 A Once it is reported to our corporate office, then
- 17 if that person's put on modified duty, the partner
- 18 stays in touch with me as far as doctor's notes and
- 19 stuff, and I make sure that they are in with the
- 20 compliance with the modifications from the doctor,
- 21 --
- 22 Q Okay.
- 23 A -- kind of help be a liaison between them and
- 24 corporate.
- 25 Q Anything else related to workers' comp that you're

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1 involved with?

2 A Sometimes I assist set up doctor appointments, but
3 most of the time that is the responsibility of the
4 individual.

5 Q Okay. Is there a packet that the employee is given
6 soon after they are injured, on a workers' comp
7 claim, for them to --

8 A There is a packet of information that consists of -
9 - I don't even think there's probably 15 pages
10 there that have to be completed, and it's the same
11 for everyone. They are kept on each unit. Injured
12 partner reports to a nurse on one of the units, and
13 that nurse assists in filling that out.

14 Q Okay. Which nurse helps fill it out?

15 A Whatever unit they go to. All of our nurses on
16 each unit are responsible to assist the injured
17 partner.

18 Q Okay. And you think the packet's about 15 pages?

19 A I would have to -- I don't know. I would have to
20 count them. It's not a very thick packet.

21 Q Okay. Less than half an inch?

22 A Oh, yeah.

23 Q Okay. Are you aware of any prior workers' comp
24 claims that -- that Ms. Ramey has been involved in?

25 A I believe that she's had prior claims. I would

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1 have to go back and check.

2 Q Do you know what years those prior claims --

3 A I don't know.

4 Q -- would have been?

5 A I do not.

6 Q Okay. But you don't have any personal knowledge of

7 her ever being injured on the job before this claim

8 that happened on March the 11th of this year?

9 A Again, I would have to go back and look.

10 Q Okay. You're just not sure?

11 A I'm just not sure.

12 Q Okay. When did -- Well, how did you become aware

13 that Ms. Ramey had hurt her arm and back?

14 A It was reported to me that morning.

15 Q You mean the morning of the fall?

16 A 3/11. Whenever I arrived to work, the unit

17 supervisor, Ms. Elkins, had informed me that Ms.

18 Ramey had fell on the steps outside of hall 300 --

19 Q Okay. So, --

20 A -- I mean 100. Excuse me.

21 Q So, you learned of the injuries the day of the

22 accident, correct?

23 A That is correct.

24 Q Are you aware of any prior disciplinary issues that

25 were brought against Ms. Ramey before the date of

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- 1 accident that would be in her personnel file?
- 2 A There are some writeups in her folder, yes.
- 3 Q Okay. Do you know the years of those writeups?
- 4 A I can look at them, but, you know, not right off,
- 5 no.
- 6 Q Okay. Do you remember the year of her last
- 7 disciplinary issue, how recent the last one was?
- 8 A Not without looking. Would you like me to look?
- 9 Q I've reviewed her personnel file.
- 10 A Yeah. I know there's some in here, --
- 11 Q Okay, but you just --
- 12 A -- but there was over 170-something employees
- 13 there.
- 14 Q Sure.
- 15 A No. I do not remember the year.
- 16 Q Okay. Thank you. There was another nurse that had
- 17 also been injured when she had fallen.
- 18 A Mm-hmm.
- 19 Q In fact, Ms. Ramey was required to do some work
- 20 with this nurse after her fall. Do you know that
- 21 nurse's name?
- 22 A That had another fall?
- 23 Q Yes, that had been injured during a fall --
- 24 A Yes.
- 25 Q -- sometime earlier this year.

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- 1 A Yes.
- 2 Q What is that nurse's name?
- 3 A Lisa Jacobs.
- 4 Q Lisa Jacobs?
- 5 A Mm-hmm. No. I'm sorry. She's another one that
- 6 has a claim there. The one that fell was Tammy
- 7 Watkins.
- 8 Q Tammy Watkins?
- 9 A Yes.
- 10 Q And Ms. Watkins initiated a workers' compensation
- 11 claim?
- 12 A Yes.
- 13 Q Is that claim still pending?
- 14 A As far as I know, yes, sir.
- 15 Q Okay. And when was -- Did you say Lisa Jacobs?
- 16 A She's another one that we have a claim that's open
- 17 on. Hers is not of the same nature, a fall. She
- 18 did fall but not outside.
- 19 Q So, Ms. Jacobs fell, also?
- 20 A Yes, but not outside.
- 21 Q All right. And both of those falls occurred
- 22 earlier this year?
- 23 A Yes.
- 24 Q And Ms. Jacobs did initiate a workers' compensation
- 25 claim, also?

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1 A Yes.

2 Q Okay. Who is William Bellotti?

3 A He's our corporate -- I'm not certain of his
4 title.

5 Mr. Addison: Safety and health.

6 The Deponent: Safety and health. Yes.

7 Q He's your safety and health manager, --

8 A Yes.

9 Q -- supervisor, something like that?

10 A Yes.

11 Q Okay. And what -- To your knowledge, what is his
12 involvement in this case?

13 A I communicate with him whenever -- He handles
14 whatever goes on with workers' comp and the lawyers
15 and stuff like that. I'm not sure what his
16 involvement was, what level.

17 Q Okay. Have you had any discussions on this case
18 with Mr. -- conversations with Mr. Bellotti?

19 A On occasion.

20 Q When's the last time that you discussed this case
21 with him?

22 A Just to find out I had to come down here today.

23 Q You've known Ms. Ramey for a fairly long time, --

24 A Mm-hmm.

25 Q -- right?

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1 A I have.

2 Q Have you ever heard her complain about any problems
3 with her back before March the 11th of this year?

4 A No, not to me.

5 Q The day that she was terminated, were you the one
6 that handled that?

7 A I was -- Yes. I assisted with that.

8 Q Okay. Explain to me how that went down that day.

9 A She was called to come into the office, and it was
10 explained that the paperwork she had turned in --
11 Her supervisor was there that day, and she was just
12 advised that the paperwork that she had turned in
13 was grounds for termination. She had turned in
14 papers to correct a missing punch and had falsified
15 or appeared to have falsified the paperwork, and
16 that's grounds for termination. She was saying she
17 was in the building when she was not in the
18 building.

19 Mr. Addison: Whenever you're using terms
20 like punch, Lynda, you need to say what that
21 is. Nobody knows what that is.

22 The Deponent: Oh. Okay.

23 A A missing punch form is a form that's used to
24 correct a missing punch out of the time clock.

25 Mr. Addison: But what is a punch, is

1 what I'm saying.

2 The Deponent: Oh.

3 A Whenever they hit the time clock, when they're
4 clocking in and out.

5 Q Okay. So, employees actually clock in and out of
6 your facility, right?

7 A That is correct.

8 Q And she had a doctor's appointment sometime before
9 she was terminated?

10 A She had one -- Yes.

11 Q And she had come in the morning of the doctor's
12 appointment and punched in; is that right?

13 A Her appointment was at eight-something that
14 morning.

15 Q Okay.

16 A I don't recall if she -- She didn't usually come
17 in -- If the appointment was at eight-something,
18 she didn't usually come in to work before the
19 appointment, when it was that early.

20 Q Okay. So, she came in to work and she punched in
21 the day of that appointment; is that correct?

22 A She was unable to clock in and out with the hand
23 scanner that day. So, that's why she was turning
24 in a form to correct her punch.

25 Q Okay. And her time indicates that she was working

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- 1 when she was actually at the doctor's appointment?
- 2 A Correct.
- 3 Q And what was that, an hour, hour and a half that
- 4 she was at the doctor's appointment?
- 5 A Something like that.
- 6 Q Ballpark?
- 7 A Mm-hmm.
- 8 Q Okay. And explain to me about how you feel that
- 9 she was falsifying records. I'm not sure I
- 10 understand that.
- 11 A She turned in a request to correct a missing punch
- 12 that stated she was in the building from seven a.m.
- 13 to 10:30 a.m.
- 14 Q Mm-hmm.
- 15 A I have a doctor's statement that says she was at
- 16 the doctor's office from 8:26 to 9:21. She was not
- 17 in the building the full time from the time she was
- 18 requesting to -- as being at work.
- 19 Q Okay. How did you explain to Ms. Ramey the day you
- 20 terminated her why she was being terminated? What
- 21 did you --
- 22 A I showed her --
- 23 Q Please be as specific as you can remember as to
- 24 exactly what you told her.
- 25 A I showed her the forms and told her that based on

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- 1 what she had turned it, that was grounds for
2 termination, for falsifying time sheets.
- 3 Q Because she said she was working when she was
4 actually at the doctor's office?
- 5 A Correct.
- 6 Q Okay. And your understanding at that time was that
7 an employee was not to be paid for any time that
8 they're receiving treatment on a workers'
9 compensation claim?
- 10 A That is correct.
- 11 Q All right. And is that your understanding or
12 opinion as you sit here today?
- 13 A Yes, it is.
- 14 Q Okay. When you saw this error that you're -- that
15 you're talking about on her time sheet, --
- 16 A Mm-hmm.
- 17 Q -- before -- after you saw that alleged error but
18 before she was terminated, did you make any attempt
19 to correct or change it?
- 20 A How do you mean?
- 21 Q I mean the day that you terminated Ms. Ramey, did
22 you tell her that you had changed her time sheet to
23 correct it because she wasn't in the office during
24 those periods of time?
- 25 A I did tell her I entered it as to her time sheet

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1 according to what the paper said. I did not pay
2 her for the seven -- what was it -- seven to 10:30
3 like she had on the missing punch.

4 Q Did you then tell her that Ms. Elkins had already
5 seen it and she wanted her terminated for that
6 reason?

7 A Ms. Elkins was not the one that said it.

8 Q I'm sorry. Wanda Fowler.

9 A Yes.

10 Q Was it Wanda Fowler?

11 A Yes. Ms. -- I had shown the information to Ms.
12 Fowler.

13 Q Okay. So, you told her that you had attempted to
14 correct it on the time log but Ms. Fowler had
15 already seen it and wanted her -- wanted Ms. Ramey
16 terminated?

17 A I didn't correct anything in the clock until after
18 I spoke with Ms. Fowler. Once I had spoken with
19 Ms. Fowler and -- she had advised me what I needed
20 to do, and that was to pay her for the time that --
21 don't pay her for the time that she was at the
22 doctor's office and that that was grounds for
23 termination.

24 Mr. Addison: Let's go off the record for
25 one second.

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[Off the record at 9:10 a.m.;
back on the record at 9:18
a.m.]

Direct Examination Continues

By Mr. Calhoun:

Q Ms. Burr, your lawyer has handed me some documents that I assume are personnel file documents related to the lost punch time that you were speaking of earlier.

A That is correct.

Q Your punch machine wasn't working at that time? Is that why she had to submit the form?

A Yes. For her, it was not working.

Q Okay. And the problem with one of these documents is they have what's called hearsay information. In other words, there's information on the document that allegedly comes from the doctor's office as to what time she was or was not in the doctor's office. Is that correct?

A Correct.

Q And who was it that called the doctor's office to get this information?

A She turned in the form that had that information on it when it came to me. I didn't call to get that from them. It came to me with the time -- the

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1 arrival time and the discharge time on it.

2 Q Okay. So, you're saying that Ms. Ramey wrote the

3 time that she was and was not at the doctor's

4 office?

5 A No. I'm saying that the doctor's office wrote the

6 arrival time and the discharge time on the return-

7 to-work form that was submitted to me.

8 Q Okay. And which form is that?

9 A That would be the return-to-work form from Doctors

10 Care that also lists her restrictions and when she

11 can return full duty and things like that.

12 Q Okay.

13 A The top of that form lists the arrival time --

14 Q Yeah. Okay. At the top --

15 A -- and the discharge time.

16 Q -- right-hand corner. And this Request to Correct

17 or Enter Missed Punch form is -- has got approved

18 by Kerri Ray?

19 A She was the floor nurse.

20 Q Okay. And who is the other lady that signed the

21 form?

22 A Tonya Sheppard.

23 Q All right.

24 A She's our DHS.

25 Q All right. So, Ms. Ramey's signature isn't on this

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1 form?

2 A She filled the top part out. Ms. Ramey filled
3 everything else out on it.

4 Q Did you see her fill it out?

5 A I did not.

6 Q Okay. There's another document that was in her
7 personnel file called a Disability Benefits Waiver.
8 I'm sure you've seen that before.

9 A Yes.

10 Q That's a standard document that you have employees
11 sign if they initiate a workers' compensation
12 claim?

13 A That is correct.

14 Q And am I correct in that this document essentially
15 states that Ms. Ramey will use her personal or sick
16 leave until her -- until her workers' compensation
17 benefits are initiated?

18 A If she needs to.

19 Q If she needs to. The document states during the
20 workers' compensation waiting period?

21 A Okay.

22 Q Okay. And based on your experience, how long,
23 typically, is that waiting period?

24 A Her claim was initiated immediately. I mean, I
25 don't hold any PTO time. If she requests to use

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1 it, then we certainly use it. We do try to get
2 them back to work as quickly as possible, but if
3 they miss time from work due to the doctor taking
4 them out of work, then we allow them to use it.
5 Q Right. And if they do miss time from work due to
6 the doctor taking them out for work, how long does
7 it normally take for the workers' compensation
8 benefits to kick in so they start getting a weekly
9 --

10 A That's handled by --

11 Q -- compensation check?

12 A That's handled by corporate and workers' comp. I
13 don't have anything to do with that.

14 Q Okay. But you don't know whether it's seven days
15 or --

16 A I don't.

17 Q -- seven weeks?

18 A I don't know.

19 Mr. Calhoun: Okay. Just a minute,
20 please. I think we're almost finished.
21 That's all I have. Thank you.

22 The Deponent: Thank you.

23 Cross-examination

24 By Mr. Addison:

25 Q Real quickly, Ms. Burr, I'm going to ask you a

1 couple of questions just so we can kind of get it
2 clear on the record. We'll go ahead and submit
3 these documents that we've given to the Claimant's
4 attorney that you've provided to me that -- The
5 first document is called a Blue Partner Master File
6 Change Data for UHS Pruitt at the top here. This
7 is the actual termination paperwork, the notice
8 y'all keep in your personnel file. Is that what
9 that is?

10 A That is correct.

11 Q Okay. It's not something you provide to the
12 Claimant?

13 A No. No, sir.

14 Q It's something you just keep as a note for --
15 within your file?

16 A Yes, sir.

17 Q Okay. The second page of the documents that you
18 provided to me is the Doctors Care Return-To-Work
19 Form dated 3/18/2011 that you were talking about
20 with Mr. Calhoun, correct?

21 A That is correct.

22 Q Okay. And this is the one where you indicated that
23 this was provided to you by Ms. Ramey on March the
24 18th?

25 A That is correct.

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- 1 Q She brought it from Doctors Care when she went to
2 the doctor that day?
- 3 A That is correct. That's my understanding.
- 4 Q And it indicates that she was at the doctor -- her
5 arrival time was 8:25 in the morning and discharge
6 time was at 9:21 in the morning, --
- 7 A That is correct.
- 8 Q -- as indicated here at the top right-hand corner
9 of that document?
- 10 A Yes.
- 11 Q And it's your understanding that Doctors Care
12 filled out that information?
- 13 A That's correct.
- 14 Q Okay. All right. Would you agree with me also
15 that the document indicates that the work status as
16 of that day was that she could return to full duty
17 activities as of 3/18/2011, --
- 18 A That is correct.
- 19 Q -- from Doctors Care?
- 20 A That is correct.
- 21 Q Okay. Third page is the document you were
22 discussing. It's the Request to Correct or Enter
23 Missed Punch?
- 24 A That's correct.
- 25 Q All right. And that was the document Mr. Calhoun

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1 was asking you did Ms. -- were you aware whether or
2 not Ms. Ramey signed anything on this document. Is
3 there a requirement within your company that
4 anybody sign -- If an employee requests a time
5 punch to be changed, do they actually sign any of
6 the documents?

7 A They don't sign them. They have to get their
8 supervisor to sign them.

9 Q Where it has this Approved By section, that has to
10 be somebody other than the individual employee?

11 A That is correct.

12 Q There's not an actual signature place anywhere on
13 here for the employee to sign, is there?

14 A No, there is not.

15 Q Okay. There's some handwriting down at the bottom
16 with an asterisk right beside it. It says, "She
17 was at the doctor's office from 8:25 to 9:21."
18 Whose handwriting is that?

19 A That is my handwriting. I was making myself a
20 note.

21 Q Okay. All right. The next page, which I think is
22 going to be the fourth page of the documents, is --
23 is actually a two-page document which the original
24 is a front-and-back-page document, but we have two
25 separate copies here, page one and page two of a

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- 1 Record of Partner Counseling form. Is that
2 correct?
- 3 A That is correct.
- 4 Q Is that a standard document that y'all produce in-
5 house?
- 6 A Yes, it is.
- 7 Q All right. And what is the purpose of this
8 document? What is the point of doing this?
- 9 A That document is to -- That's the one we actually
10 provide the partner with a copy of once they are
11 counseled or discharged.
- 12 Q Okay. So, it's not just for termination; it's for
13 --
- 14 A For counseling issues, as well.
- 15 Q -- counseling issues, as well, for employment
16 issues?
- 17 A That's correct.
- 18 Q Okay. And this particular document was done on
19 3/21/2011?
- 20 A That is correct.
- 21 Q Okay. Did you produce -- help produce this at all,
22 this particular document? Were you involved in the
23 production of this document?
- 24 A Yes, I was.
- 25 Q Okey-doke. All right. It's signed by Wanda

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- 1 Fowler, but you were there when this was done?
- 2 A Yes, I was.
- 3 Q Okay. Would you agree with me that it's also
4 signed by Ms. Gayla Ramey? It says Signature of
5 Partner at the bottom of the first page?
- 6 A Yes.
- 7 Q Okay. And then there's a section with the Comments
8 on page two. At the top, it says, "the doctor..."
9 It looks a continuation from the Explanation of
10 Counseling Notice on the front page.
- 11 A Yes. That is correct.
- 12 Q And there are some statements at the top there.
13 That was written by either you or Ms. Fowler?
- 14 A That was written by me.
- 15 Q By you. Okay. So, you wrote this section here on
16 the first page where it says Explanation of
17 Counseling Notice?
- 18 A Yes.
- 19 Q It says, "You --" meaning Ms. Ramey -- "submitted a
20 request to enter a missed punch on 3/18/11 stating
21 you were in the facility from seven a.m. to 10:30."
22 Facility means what?
- 23 A Our facility.
- 24 Q Your facility, UHS Pruitt, the Tanglewood --
- 25 A That's correct.

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1 Q -- facility, correct?

2 A Correct.

3 Q All right. It says, "You also turned in a doctor
4 note for 3/18 which showed you were at the doctor's
5 office from 8:25 a.m. till 9:21. Falsifying time
6 is grounds for immediate termination. You are
7 terminated effective 3/21/11." That's all your
8 handwriting?

9 A That is all my handwriting.

10 Q You produced all that based on the doctor's note
11 that you had and the time sheet materials that we -
12 - the last page in the statement, correct?

13 A Correct.

14 Q And this Time Card Report is the official Time Card
15 Report of the facility for Ms. Ramey --

16 A That's correct.

17 Q -- for the time frame that we're talking about?

18 A Yes.

19 Q Okay. It's dated -- First date starts on 3/ --
20 Well, it says the report period is from 3/6/11 to
21 3/19/11, correct?

22 A That is correct.

23 Q Okay. Which would include the day of the 18th?

24 A That's correct.

25 Q All right. At the bottom of the second page of

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- 1 that Record of Partner Counseling Form, there's a
2 Partner Comment section; is that correct?
- 3 A That is correct.
- 4 Q Is that somewhere that the individual employee has
5 a chance to respond to whatever the charges are?
- 6 A That is correct.
- 7 Q All right. And is that your understanding that Ms.
8 Ramey filled that material out?
- 9 A That is correct.
- 10 Q All right. Did you witness her --
- 11 A I did watch her fill that out.
- 12 Q And I'm not going to read the whole thing, but
13 essentially she explains in there that she did
14 leave the facility at 8:15 to go to the doctor's
15 office to follow up on workers' comp to get back to
16 regular scheduled duties and be off light duty.
17 "My injury is -- My injury greatly improved."
18 I'll read it exactly. "It wasn't truly falsifying
19 time on my part, just an oversight." Is that --
- 20 A Yes.
- 21 Q Did she tell you that same thing that day?
- 22 A Yes, she did.
- 23 Q Okay. All right. And she was asking y'all to
24 reconsider the action, at the bottom; is that
25 correct?

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1 A Right.

2 Q All right. Is that your decision to make or is
3 that corporate's decision to make? Who -- I mean,
4 who decides --

5 A Ms. Fowler ultimately decides -- has final say-so
6 over all terminations, --

7 Q Okay.

8 A -- but it is a company policy corporate-wide
9 falsifying documentation of this nature is grounds
10 for termination.

11 Q Have you ever fired anybody else --

12 A Yes. Yes, I have.

13 Q -- for falsifying time sheet records?

14 A Yes, I have.

15 Q Were they workers' comp?

16 A No.

17 Q Okay. How many times do you think in the past that
18 you individually have terminated somebody for
19 falsifying time sheet records?

20 A Over the last nine years, I'd say we've terminated
21 probably three to four.

22 Q Okay. All right. All right. Is that something
23 that is instructed or -- that being the importance
24 of being accurate and correct on your time sheet
25 record, is that something that the company makes

1 obvious and aware to new employees when they come
2 into the company?

3 A Yes.

4 Q Is it in the handbook, about how you have to do
5 your time sheets?

6 A It is in the handbook.

7 Q Okay. And is there -- I mean, -- Would I be
8 accurate in stating that the whole reason that the
9 sheet called the Request to Correct or Enter Missed
10 Punch exists is specifically to deal with issues
11 where folks have trouble with the time clock?

12 A That is correct. And we do have issues from time
13 to time with the clock not clocking somebody in and
14 out, --

15 Q Okay. All right.

16 A -- but, yes, that's what that's for.

17 Q All right. And you're not taking a position as to
18 -- I mean, clearly, Ms. Ramey was supposed to be
19 at the doctor and it was something related to her
20 workers' comp?

21 A Absolutely.

22 Q Was the problem the fact that she wasn't in the
23 facility, and when she's not in the facility,
24 whether she's at the doctor or not for workers'
25 comp, she's not supposed to be on the clock at that

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1 point as to a punch time entry for being there
2 working at the facility?

3 A That's correct.

4 Q So, that's kind of the issue. The clock is for
5 when you're there working, doing your job at the
6 facility?

7 A Exactly.

8 Q All right. Whether or not she's entitled to
9 workers' comp benefits or being at the doctor is a-
10 whole-nother issue?

11 A Right.

12 Mr. Addison: We'll submit these five
13 sheets -- Is it five? Let me count them
14 again. Yeah. -- five sheets that we just
15 discussed as Defendant's One.

16 Marked as Defendant's Exhibit Number
17 One; Deposition of Lynda Burr;
18 copies of employee records; six
19 pages.

20 Mr. Addison: Just let me know when
21 you're ready, Barbara. Got it?

22 The Court Reporter: (Nods head.)

23 Q You were asked about the prior discipline issues
24 and when the last time was that Ms. Ramey had been
25 disciplined, counseled. Y'all have counseling

1 sheets that you do. Can you open your file to your
2 counseling sheets? Mr. Calhoun asked you about it.
3 I just want to make sure we have it in there.

4 Mr. Addison: I submitted it in the
5 Defendant's APA, so I don't really know if I
6 need to resubmit it.

7 Q Page 156 of Defendant's APA is going to be the
8 November 20th, 2010 Record of Partner Counseling
9 form. Do you have that one?

10 A I do have that one.

11 Q Was that the last time she had been disciplined,
12 from the records that you have?

13 A To my knowledge, yes.

14 Q Okay. I've looked through the materials that you
15 provided to me, and that's the last one that I
16 could find. Would you agree with me that she was
17 being counseled that day for not using her time
18 efficiently and not doing her -- something -- I'm
19 not sure what the rest of that is. Can you tell me
20 what the rest of that says, your side of the --

21 A The POF --

22 Q Okay. All right.

23 A -- as asked by the --

24 The Court Reporter: I'm sorry. I
25 couldn't hear you.

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The Deponent: Excuse me.

1
2 A It states not using your time efficiently and not
3 doing your side of the POF as asked by the DHS.

4 Q And what is a POF?

5 A That is a nursing term I'm not familiar with.

6 Q Okay.

7 A I mean, I've heard the POF before, but I don't know
8 what it stands for.

9 Q Okey-doke. What is the DO -- What --

10 A DHS. She's our, basically, director of nursing.

11 Q Okey-doke. All right. Then the next page -- the
12 next one that I have before that -- We had the
13 11/25 counseling. There was September the 23rd,
14 2010, she was counseled as well. Is that correct?

15 A That's correct.

16 Q All right. What was the basis of the -- of the
17 counseling on that date?

18 A That was checked for performance -- performance,
19 and we charged her --

20 Q Okey-doke.

21 A -- as not doing more than is expected. So, her
22 performance.

23 Mr. Addison: That's page 157 of the
24 Defendant's APA.

25 Q Prior to that, we've got a counseling on 5/26/2010,

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1 correct?

2 A That's correct.

3 Q Start at page 159 of Defendant's APA. What was the
4 reason for the counseling on that day?

5 A Counseling on that also for performance, failure to
6 notify the doctor of a scrip needed for pain
7 medication for a resident.

8 Q Okay. All right. And then before that, the next
9 one is in 2008; is that correct? There may have
10 been one in '09, too. Or is that '08?

11 A That's --

12 Q 7/25/08?

13 A Yes.

14 Q All right. And on that time, she was being
15 counseled for her attendance issues?

16 A That is correct.

17 Q Okay. All right. That's page 163 of Defendant's
18 APA.

19 Q And there are some other times she'd been counseled
20 prior to that, but -- In the -- In the fall of
21 2010, there were several times that she was
22 counseled; is that correct?

23 A That's correct.

24 Q You were asked about a packet of information that's
25 provided to employees when there is an injury that

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1 occurs, and you said about 15 pages, so you
2 thought.

3 A Right. It's about 11, actually.

4 Q Okay. Did you go through there and --

5 A I did.

6 Q -- check that out in the intervening period? I'm
7 going to show you what's been marked as Defendant's
8 -- the beginning of Defendant's APA, several
9 documents. All right. I've got a Partner
10 Occurrence Supervisory Investigation Report which
11 is marked as page 135. Is that part of the packet
12 that you provide to them?

13 A That is part of the packet.

14 Q All right. Next page is page 36 of Defendant's
15 APA, an Acknowledgment of Transitional/Modified
16 Duties.

17 A That is correct.

18 Q Is that part of the packet, as well?

19 A Yes, it is.

20 Q Okay. The next page I have is page 137 of
21 Defendant's APA, a Disability Benefits Waiver.

22 A That's correct.

23 Q Okay. The page after that I think is a follow-up
24 page to the Disability Benefits Waiver, page 138.
25 It's just a signature page --

- 1 A Yes. That's correct.
- 2 Q -- indicating they understood that they have the
- 3 right to refuse medical coverage?
- 4 A That's correct.
- 5 Q Then I have what's been marked as page 139 of
- 6 Defendant's APA, a General Liability Claim Notice.
- 7 A That's correct.
- 8 Q That's part of that packet, as well?
- 9 A It is.
- 10 Q Then I have the next page, page 140 of Defendant's
- 11 APA, Authorization for Medical Release of
- 12 Information. Is that part of the package --
- 13 A That is correct.
- 14 Q -- that's provided?
- 15 A Mm-hmm.
- 16 Q The next document I have, page 141 of Defendant's
- 17 APA, is a Transitional Duty Employment Plan.
- 18 A That's --
- 19 Q Is that part of the package?
- 20 A It's part of the package, but it's not actually
- 21 anything they fill out. That's something I fill
- 22 out --
- 23 Q Okay. That's all something y'all fill out?
- 24 A -- once they get notes from the doctor --
- 25 Q Right.

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- 1 A -- telling me what the modifications --
- 2 Q You're got to know what the modifications are
- 3 before you fill it out?
- 4 A Correct.
- 5 Q All right.
- 6 A In this particular packet, that appears to be Ms.
- 7 Elkins' handwriting on those -- these forms.
- 8 Q Okay. All right. I have seven pages.
- 9 A And then there's --
- 10 Q What else is there?
- 11 A Do you not have --
- 12 Q I'm sure I have it. I just don't have it in line
- 13 with --
- 14 A It's the actual claim form for workers'
- 15 compensation that was attached to the front.
- 16 Q Okay. It's got ACE at the top? ACE on here,
- 17 that's your insurance carrier?
- 18 A Correct.
- 19 Q And it's a four-page document?
- 20 A Mm-hmm.
- 21 Q Is that a yes?
- 22 A That's correct.
- 23 Q Okay.
- 24 A I'm sorry.
- 25 Q All right. And this is a document that is filled

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1 out for the insurance company to go ahead and start
2 processing the claim?

3 A Correct. And once they call it in, it just kind of
4 has all your information there in front of you.

5 Q Okay. Other than these four pages and the seven
6 that I just discussed with you, are there any other
7 documents in that packet --

8 A No, sir.

9 Q -- that are provided to the employee at the time of
10 an injury?

11 A No, sir.

12 Q And you said these are all -- Y'all keep packets
13 at the various stations throughout the facility in
14 case somebody has an injury --

15 A Yes, sir.

16 Q -- so they can go ahead and start filling stuff
17 out?

18 A Yes, sir.

19 Q Okay. All right. Let me see if I have that before
20 you put it up. If not, I'll -- I don't think I
21 have that. All right. What I'm going to do is I'm
22 going to make that Defendant's Exhibit Two, and I'm
23 going to go ahead and put all 11 pages in. It'll
24 be what is marked as Defendant's APA 135 through
25 141 as well as the -- which is seven pages, as well

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1 as these additional four pages, which makes a total
2 of 11 pages, and that's what's in the -- that's
3 what's in the packet that's provided to the
4 employee?

5 A Correct.

6 Q Not all of it's filled out that day?

7 A Correct.

8 Q I mean, the Transitional Plan, you have to wait
9 until you get the doctor's report back?

10 A Correct.

11 Q If the patient is sent to the doctor that day, --
12 If the claimant is sent to the doctor that day, do
13 y'all try to do the Transitional Plan that day if
14 the doctor has given you a release statement back?

15 A Yes, sir, if it's where they can come back that
16 day. If not, we work on it the next day.

17 Q Okay. All right.

18 Mr. Addison: I think that's all I have.
19 We'll go ahead and mark these. Let me get
20 some copies made, and we'll get them marked.

21 Mr. Calhoun: Okay. I have a few more.

22 Mr. Addison: I figured you would. Do
23 you want me to go ahead and get the copies and
24 all, or you want -- so you can have it in
25 front of you?

1 Mr. Calhoun: Sure.

2 Mr. Addison: Okay. Let's do that real
3 quick. We'll go off the record.

4 [Off the record at 9:41 a.m.;

5 back on the record at 9:48

6 a.m.]

7 Cross-examination Continues

8 By Mr. Addison:

9 Q We had asked for and did not receive until recently
10 the time card reports. You went ahead and ran her
11 -- Ms. Ramey's reports --

12 A Yes, sir.

13 Q -- for a lengthy period of time, correct?

14 A Yes, sir.

15 Q You ran it for essentially the entire year prior to
16 the accident; is that correct?

17 A That is correct. Requested it from January of 2010
18 to present.

19 Q Okay. All right. And as a result of that, looking
20 over the time records, you produced a Form 20 the
21 other day; is that correct?

22 A Correct.

23 Q All right. I received that Form 20, and we filed
24 it at the Commission. It indicates that her gross
25 wages that were paid to her for the four quarters

1 preceding the injury -- I'm trying to make sure
2 I've got this right. I have some questions on it
3 because your ending dates don't match up to the
4 four quarters.

5 A Well, I always go back to the month -- isn't it the
6 month before the injury?

7 Q Well, it's supposed to be the four quarters prior,
8 but it doesn't really mean -- This one's based on
9 a -- Your dates don't match up to a full year.
10 You've got a starting -- or ending date 6/12, which
11 would mean it started on 3/something.

12 A I separated them out by the time sheets that I had
13 printed off and the time sheets that were here.

14 Q Okay. Did you try to produce it -- Based upon
15 your evaluation, was this for a full 52 weeks?

16 A It was for a full 52 weeks.

17 Q The \$52,380.47 --

18 A Yes.

19 Q -- was for the 52 weeks prior to the month in which
20 she was injured? Is that --

21 A That's --

22 Q -- how you did it?

23 A Yes.

24 Q Okay. And what you came up with, based on that,
25 was an average weekly wage of a thousand dollars --

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1 \$1,007.32 with a corresponding compensation rate of
2 671.58; is that correct?

3 A Correct.

4 Q Okay. All right. But you agree with me that your
5 dates on here seem to not really match up to --

6 A Yes.

7 Q You just scribbled that out --

8 A I did, yes.

9 Q Okay.

10 A I was trying to get the information together the
11 other day, and the dates could be off.

12 Q Okay.

13 A I will be more than happy to re-figure it.

14 Q We may not need that, but --

15 Mr. Addison: Okay. We now just were
16 able to get the records. I'm going to submit
17 this all -- It's -- The beginning seven
18 pages are the ones that are previously marked
19 for the APA, and then there are four pages
20 which would be workers' compensation forms
21 done for ESIS, which are --

22 Q This completes the full 11 pages that you've
23 indicated was the packet that would be at the desk
24 for someone to fill out --

25 A Correct.

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1 Q -- if they have a workers' comp injury?

2 A Correct.

3 Mr. Calhoun: Do you have a copy of that
4 for me?

5 Mr. Addison: I just gave it to you,
6 right there.

7 Mr. Calhoun: Four pages?

8 Mr. Addison: And the other seven. I'm
9 sorry. There you go.

10 The Deponent: Is this my original?

11 Mr. Addison: Yeah. Wait. I thought she
12 was making three copies. I think she only
13 made two.

14 The Deponent: That looks like a copy.

15 Mr. Addison: That looks like the
16 original. I don't want to steal your
17 original.

18 [Off the record at 9:46 a.m.]

19 (While off the record, the following exhibit
20 was marked.)

21 Marked as Defendant's Exhibit Number

22 Two; Deposition of Lynda Burr;
23 copies of employee records; 11
24 pages.

25 [Back on the record at 9:48

a.m.]

Re-direct Examination

By Mr. Calhoun:

Q Ms. Burr, I have a couple more questions. These documents that you've handed me this morning, I need to ask you some more questions about them, okay?

A Okay.

Q Now, I'm a little bit confused because you've testified that the reason Ms. Ramey was terminated was because she turned in a time sheet that says she was working from 7:30 to 10:30 the morning of the 11th, correct?

A Correct.

Q When, in fact, during a portion of that time between 7:30 and 10:30 in the morning, she was at her doctor's office, correct?

A Correct.

Q And you've explained that that's the reason she was terminated?

A Correct.

Q Right. Because she's not allowed to be paid for time that she was at the doctor's office?

A Correct.

Q Okay. All right. Is there any other reason, other

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1 than what you've just stated?

2 A The reason she -- Yeah. The reason she was
3 terminated was for falsifying a time sheet.
4 Regardless of whether she was at the doctor's
5 office or not, she wasn't in the building working
6 from the time she stated she was.

7 Q She wasn't in the building working from 7:30 to
8 10:30 that morning, --

9 A Correct.

10 Q -- correct?

11 A Correct.

12 Q And because she wasn't in the building during those
13 three hours, she was terminated from your job; is
14 that right?

15 A Correct.

16 Q And the falsifying time that you allude to is that
17 she -- Ms. Ramey stated I was working from seven to
18 10:30 that morning, --

19 A Correct.

20 Q -- but she wasn't in the office from 7:30 to 10:30
21 that morning; is that --

22 A Correct.

23 Q -- correct?

24 A That's correct.

25 Q All right. And you don't know what time her

- 1 doctor's appointment was that morning, do you?
- 2 A I do not.
- 3 Q You don't know what time she arrived at the
- 4 doctor's office, correct?
- 5 A Only based on what's written by Doctors Care.
- 6 Q Right, but you don't personally know what time she
- 7 --
- 8 A No, --
- 9 Q -- arrived at the doctor's office, --
- 10 A -- I do not.
- 11 Q -- and you don't personally know what time she left
- 12 the doctor's office, do you?
- 13 A Not personally, no.
- 14 Q Okay. What year did y'all hire her?
- 15 A She's been with us -- or had been with us since
- 16 2002.
- 17 Q Okay. She's never been suspended before?
- 18 A Not to my knowledge.
- 19 Q Okay. It was Ms. Fowler's decision to terminate
- 20 her; is that right?
- 21 A That is correct.
- 22 Q Okay. It wasn't your decision?
- 23 A No, sir.
- 24 Q Did you want her to be terminated?
- 25 A I'm a policy-and-procedure person, and I try to be

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1 fair and consistent with everybody. To say I
2 wanted her terminated, no, I can't say that I
3 wanted her terminated, but we have to do what's
4 right and fair across the board.

5 Q Did you feel what was done that morning -- When
6 you terminated her, did you feel that was right and
7 fair?

8 A Based on the information I had in front of me, yes.

9 Q Based on the information you had in front of you?

10 A That is correct.

11 Q Okay. And after Ms. Ramey working there for
12 approximately nine years, did you feel it was odd
13 that she was being terminated nine days after she
14 initiated a workers' compensation claim?

15 A No, sir.

16 Q You didn't?

17 A No, sir.

18 Mr. Calhoun: All right. That's all I
19 have. Dan?

20 Mr. Addison: Nothing else.

21 (Whereupon the deposition was concluded at
22 9:52 a.m.)

23 (Deponent has waived reading and signing.)

State of South Carolina)
)
 County of Richland) Certificate

Be it known that the foregoing deposition of
 Lynda Burr was taken before me;

That I was then and there a Notary Public in
 and for the State of South Carolina-At-Large;

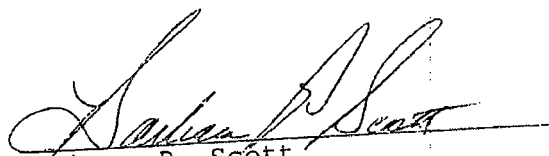
That by virtue thereof I was duly authorized
 to administer an oath;

That the witness was by me first duly sworn to
 testify the truth, the whole truth, and nothing but the
 truth concerning the matter in controversy aforesaid;

That the foregoing transcript of 46
 typewritten pages represents a true, accurate and
 complete transcription of the testimony so given at the
 time and place aforesaid to the best of my skill and
 ability;

That I am not related to nor an employee of
 any of the parties hereto, nor a relative or employee of
 any attorney or counsel employed by the parties hereto,
 nor interested in the outcome of this action.

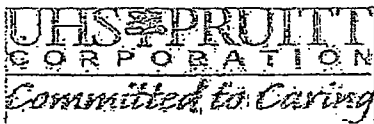
Signed this 7th day of August 2011.


 Barbara P. Scott

Notary Public for South Carolina
 My commission expires April 9, 2017.

Note: Recordings are retained for twelve (12) months
 from date of certification.

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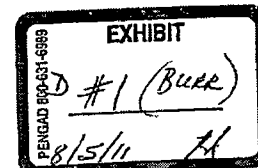
BLUE PARTNER MASTER FILE - CHANGE DATA

Only Changed Information Is Requested. Shaded Areas Are Required. DO NOT ENTER IF THE FIELD IS NOT CHANGING

APPROVAL SIGNATURE:		EMPLOYEE ID: 12984	EFFECTIVE DATE: 3/21/11
EMPLOYEE FIRST NAME: P Gayla		EMPLOYEE MIDDLE NAME:	EMPLOYEE LAST NAME: Ramey
HOME ADDRESS STREET: APT # P.O. BOX			
CITY:		ZIP:	BENEFITS SERVICE DATE:
STATE:			
COUNTY:	PHONE NUMBERS: HOME WORK CELL PAGER		
EMAIL ADDRESS:	DEPARTMENT #:	JOB CODE: (SEE LIST)	
PAY TYPE: (CIRCLE) HOURLY SALARIED	STATUS CHANGE TO: FULL TIME PART-TIME PRN	PAY RATE: HRLY ANNUAL	
FEDERAL TAX WITHHOLDING: W4 FORM ATTACHED	STATE TAX WITHHOLDING: STATE FORM ATTACHED (IF REQUIRED)	TRANSFER: FROM CO # TO CO#	
GENERAL DEDUCTIONS		TERMINATION	
TYPE	AMOUNT	GOAL	PTO PAYOUT: (CIRCLE) NO YES # OF HOURS
HEALTH PAC			REASON: (CIRCLE) ATTENDANCE DEATH DID NOT START EMPLOYER END OF PROBATION TIME FAILURE TO RETURN FROM LEAVE NOT ELIGIBLE FOR REHIRE POSITION REDUCTION RESIGNATION RESIGNATION WITHOUT NOTICE SERIOUS VIOLATION NOF RULES UNSATISFACTORY PERFORMANCE VIOLATION OF RULES
HOSPICE FOUNDATION			
PRUITT CARES			
LIFE INSURANCE			
UNIFORMS			
UNITED WAY			
SAVINGS			
DIRECT DEPOSIT: ATTACH SIGNED DOCUMENTATION		ADDITIONAL INFORMATION:	

Date: _____ Supervisor Signature: _____

Date: _____ Director of HR: Synda C Burr





770-510-2467
Return To Work Form

- ☐ 850 Aiken Mall Drive, Aiken, SC 29803 (803) 648-1464
- ☐ 511 Beltline Blvd., Columbia, SC 29205 (803) 782-4051
- ☐ 1060 Highway 1, South Lagoff, SC 29078 (803) 438-9759
- ☐ 977 Knox Abbott Drive, Cayce, SC 29033 (803) 794-0476
- ☐ 7653 Garners Ferry Road, Columbia, SC 29209 (803) 783-2661
- ☐ 1736 St. Matthews Road, Orangeburg, SC 29116 (803) 536-0613

- ☐ 4416 Forest Drive, Suite A, Columbia, SC 29206 (803) 738-9522
- ☐ 247 Columbia Avenue, Lexington, SC 29072 (803) 359-5533
- ☐ 1629 York Street NE, Aiken, SC 29801 (803) 648-4119
- ☐ 10040 Two Notch Road, Columbia, SC 29223 (803) 788-1153
- ☐ 4214 Hardscrabble Road, Columbia, SC 29223 (803) 736-3955
- ☐ 100 Jimmy Love Lane, Columbia, SC 29212 (803) 772-5030
- ☐ 2475 Broad Street, Sumter, SC 29150 (803) 778-6555
- ☐ 2836 Augusta Road, W. Columbia, SC 29170 (803) 939-0545
- ☐ 3240 Sunset Blvd., West Columbia, SC 29169 (803) 796-4251
- ☐ 1520 Knox Avenue, N. Augusta, SC 29841 (803) 279-4120

Name: Cayla Ramey

Date: 3/18/11

Company Name: _____

Arrival Time: 8:26

Discharge Time: 9:21

WORK STATUS: (Check Appropriate Boxes)

☒ 1. May perform full duty activities as of 3/18/11 without accommodations.

☐ 2. Off duty due to work-related condition.

Estimated return to work date with modified duty: _____

Estimated return to work date for full duty: _____

Time: _____

RETURN FOR RE-EVALUATION AT THIS LOCATION ON _____

☐ 3. May work with the following accommodations as of: _____

- ☐ No lifting more than _____ lbs.
- ☐ No operation of hazardous or fast-moving machinery, no driving.
- ☐ Ground level work only, no ladders or heights.
- ☐ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
- ☐ No continuous standing and/or sitting.
- ☐ Minimal walking or climbing (including stairs)
- ☐ Limited use of _____
- ☐ No overhead lifting.
- ☐ No high repetitive hand activities for extended periods of time.
- ☐ No use of _____

☐ 4. Has reached Maximum Medical Improvement (MMI): _____

☒ 5. Return for re-evaluation at this office on 3-25-11 Time: _____

Additional Comments: pt. does have mild neck disc with
she may need re-eval series if continues. she feels
comfortable performing full range of motion

PATIENT DISCHARGE INSTRUCTIONS: mid back pain resolved

Diagnosis: cervical strain, thoracic strain

Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing

☐ ice every _____

☒ apply heat every 6 hrs

☐ home exercise instructions given ☐ follow instructions sheet given

Medications: ☒ as directed ☐ as needed

☐ elevate extremity ☐ warm soaks

☐ wear elastic support/immobilizer/keep taped ☐ bed rest for _____

REFERRAL: If a referral is made for physical therapy, or to another physician, please complete this section:

To: _____

Date: _____

Time: _____

For: _____

Address: _____

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

Employee Signature: [Signature]

Date: 3/18/11

Provider Signature: [Signature]

727

Date: 3/18/11

APP [MED 14-(07-10)]

REQUEST TO CORRECT OR ENTER MISSED PUNCH

EMPLOYEE NAME: Cayla Ramey DATE OF REQUEST: 3/18/11

DEPARTMENT: NSG

REASON FOR REQUEST: Clock not accept punch

DATE OF MISSED PUNCH/CORRECTION: _____

IN TIME 7:00 AM PM

APPROVED BY: Kerri Ray
(Nurse on your assigned hall or your department head)

OUT TIME 10:30 AM PM

APPROVED BY: Ima
(Nurse on your assigned hall or your department head)

THIS FORM MUST BE COMPLETELY FILLED OUT BEFORE RETURNING THEM TO THE PERSONNEL DEPARTMENT. THIS FORM SHOULD BE TURNED IN AT THE END OF YOUR SHIFT ON THE DAY OF YOUR MISSED PUNCH. FORMS WITHOUT SIGNATURES WILL NOT BE PROCESSED.

**PLEASE NOTE THAT THE PERSON APPROVING THE IN AND OUT TIMES IS STATING THAT YOU KNOW THAT THE PERSON WAS HERE AT THE STATED TIMES.

* She was at the drs office from 8:25⁰⁰ - 9:21¹⁴

RECORD OF PARTNER COUNSELING FORM

HR 4.101.01b

Page 1 of 2

Issued: December, 2003
Revised: 12/08

RECORD OF PARTNER COUNSELING

☐ Verbal ☐ Written ☒ Final (Check applicable box)
Partner Name: Gayla Ramey Date: 3/21/11
Supervisor: Tonia Shepard, DHS
Company Director/Administrator/Executive Director/VP: Wanda Fowler
Date partner verbally counseled by Supervisor: _____ (Attach coaching documentation)

REASON FOR COUNSELING

- ☒ Rule Violation ☐ Serious Rule Violation
☐ Attendance ☐ Performance

EXPLANATION OF COUNSELING NOTICE: (Explain in a complete and concise manner, exactly what behavior the partner displayed which caused this corrective action to be issued. Please provide all relevant information, including names, dates and times. Attach documentation if relevant (time card, copy of documentation of coaching, etc.). (May be continued on reverse.)

You submitted a request to enter a missed punch on 3/18/11 stating you were in the facility from 7A - 10:30 AM.
You also turned in a dr. note for 3/18 which showed you were at (over)

SUPERVISOR'S EXPECTATIONS/CORRECTIVE ACTION TO BE TAKEN: (Explain in a complete and concise manner exactly what goals you want the partner to achieve, steps employer and partner must take to correct deficiency, specific time frames, dates for follow-up and reevaluation and who is responsible for what actions.) (May be continued on reverse.)

FAILURE TO MEET EXPECTATIONS WILL RESULT IN FURTHER DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.

If personal issues are hampering your ability to perform your job, we encourage you to discuss them with your Supervisor, Administrator or Regional/Executive Director to help you resolve your problem. For more information, refer to the company's Grievance Procedure as outlined in the Partner Handbook or you may contact the Human Resources Department at (770) 279-6200. In any event, it is your responsibility to adhere to company policies and procedures and meet job performance standards, particularly the areas stated in this report.

Signature of Supervisor: [Signature] Signature of Partner: [Signature]

Partner signature does not indicate agreement by partner. It indicates the report was made available to the partner, discussed with supervisor, and the partner was given an opportunity to comment.

A copy of this written counseling must be provided to the partner and the original placed in the partner's personnel record.

RECORD OF PARTNER COUNSELING FORM

HR 4.101.01b

Issued: December, 2003
Revised: 12/08

Page 2 of 2

Continuation and/or Additional Comments:

The doctor office from 8:25A-9:21A. Falsifying time is grounds for immediate termination. You are terminated effective 3/21/11.

Partner Comments:

I did leave the facility at 8:15 AM to go to the doctor's office to follow-up on WC / to get back to regular scheduled duties and be off light duty. My injury greatly improved. It wasn't truly falsifying time on my part just an oversight. I told Clem Wood I was leaving for appt that AM - told her L. Burr had told me to get appt early so she would know what to do with me and that Linda had already told me she was leaving that day. Tonya Shepard also knew I went to Doctor as well as a few other nurses. I didn't leave my "out" time off the sheet intentionally and would very much appreciate it if you might re-consider this action. 730

APP - 804

Time Card Report

Includes one single employee.

Ramey, Gayla

Location
Department
Cost Center
Badge

Heritage Healthcare Ridgeway
6100 RN CERTIFIED
GENERAL
27124

ID Number
Class
Rate

650277482
Ridgeway
25.0400

03/06/11 to 03/19/11

Date	In	Out	In	Out	Hours	Schedule	Exceptions
03/07/11	6:40a	7:30p			12:15	Unsch	Unsch.
03/08/11	6:59a	7:25p			12:00	Unsch	Unsch.
03/11/11	6:49a	9:04a			2:15	Unsch	Unsch.
03/15/11	8:00a	4:30p			8:00	Unsch	Unsch.
03/16/11	7:45a	4:30p			8:15	Unsch	Unsch.
03/17/11	7:40a	2:45p	3:40p	4:15p	7:30	Unsch	Unsch.
03/18/11	7:00a	8:15a	9:40a	10:30a	2:00	Unsch	Unsch.

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
027-6100-01	REGULAR	52.15	25.0400	1308.3401

Employee Signature X _____

Supervisor Edits

LYNDAB 03/16/11 9:07a ADD PUN 03/15/11 8:00a (Clock would not let employee punch in, reason unknown.)
 LYNDAB 03/16/11 9:07a ADD PUN 03/15/11 4:30p (Clock would not let employee punch in, reason unknown.)
 LYNDAB 03/17/11 10:56a ADD PUN 03/16/11 7:45a (Clock would not let employee punch in, reason unknown.)
 LYNDAB 03/17/11 10:57a ADD PUN 03/16/11 4:30p (Clock would not let employee punch in, reason unknown.)
 LYNDAB 03/18/11 11:05a ADD PUN 03/17/11 7:40a (Clock would not let employee punch in, reason unknown.)
 LYNDAB 03/18/11 11:06a ADD PUN 03/17/11 4:15p (Clock would not let employee punch in, reason unknown.)
 LYNDAB 03/18/11 11:06a ADD PUN 03/17/11 2:45p (Clock would not let employee punch in, reason unknown.)
 LYNDAB 03/18/11 11:06a ADD PUN 03/17/11 3:40p (Clock would not let employee punch in, reason unknown.)
 LYNDAB 03/18/11 11:14a ADD PUN 03/18/11 7:00a (Clock would not let employee punch in, reason unknown.)
 LYNDAB 03/18/11 11:15a ADD PUN 03/18/11 7:30a (Clock would not let employee punch in, reason unknown.)
 LYNDAB 03/18/11 11:17a DEL PUN 03/18/11 7:30a
 LYNDAB 03/18/11 11:18a ADD PUN 03/18/11 8:15a
 LYNDAB 03/18/11 11:19a ADD PUN 03/18/11 9:40a
 LYNDAB 03/18/11 11:19a ADD PUN 03/18/11 10:30a (Clock would not let employee punch in, reason unknown.)

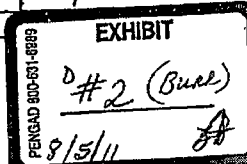
Total Number of Employees : 1

PARTNER OCCURRENCE SUPERVISORY INVESTIGATION REPORT

SECTION 1: OCCURRENCE DATA			
PARTNER NAME <i>Angela Ramey</i>		JOB POSITION / TITLE <i>RN</i>	
JOB ASSIGNMENT <i>Nurse (charge) in Hall 100</i>	ACTIVITY / JOB AT TIME OF OCCURRENCE <i>Had not started the assignment</i>		
DEPARTMENT <i>Nursing</i>	LOCATION OF OCCURRENCE <i>outside back stairs of Hall 100</i>		
DATE AND TIME OF ACCIDENT <i>3/11/11 6:45 AM</i>	DATE REPORTED BY PARTNER <i>3/11/11</i>	DATE AND TIME OF INVESTIGATION <i>3/11/11 8:22 AM</i>	
NAME OF WITNESSES (N/A if None) 1. <i>Bethann Davis and Amy</i> 2. <i>Amy Collins</i>			3.
TYPE OF OCCURRENCE: (Mark Those Applicable)			
FIRST AID ☐	MEDICAL ☒	LOSS TIME ☐	NEAR MISS (NO INJURY) ☐
SECTION 2: ANALYSIS OF FACTS AND ROOT CAUSE DETERMINATION			
WORK BEING PERFORMED AT TIME OF OCCURRENCE (EQUIPMENT / MOVEMENT INVOLVED AT TIME OF OCCURRENCE, AS APPLICABLE): <i>Walking from the parking lot - stepped upon the wooden platform before getting to the steps and my foot slipped from under me causing me to hit my right arm</i>			
ROOT CAUSE: DESCRIBE UNSAFE ACTS AND/OR PHYSICAL HAZARDS AT TIME OF OCCURRENCE: <i>Back stair work, wet and slippery</i>			
SECTION 3: CORRECTIVE ACTION			
INJURED PARTNER RECOMMENDATIONS: <i>wound and neck to be replaced or cleaned and treated</i>			
SUPERVISOR RECOMMENDATIONS: <i>I walked out to the area - small pool of water on the platform in question - slightly slippery - Staff has good grip on their shoes</i>			
WHAT IMMEDIATE ACTION HAVE YOU TAKEN TO PREVENT A REOCCURRENCE OF THIS TYPE OF OCCURRENCE? <i>Reported to the appropriate person.</i>			
DATE COMPLETED: <i>3/11/11</i>		SUPERVISOR SIGNATURE: <i>[Signature]</i>	
SECTION 4: FOLLOW-UP ACTION			
ACTION ITEM	RESPONSIBILITY	TARGET DATE	DATE COMPLETED
1. <i>Sent to Doctor Care</i>			
2.			
3.			
4.			
ACTION: SATISFACTORY ☐ UNSATISFACTORY - IF UNSATISFACTORY, WHY? ☐			
SECTION 5: PARTNER INFORMATION (HR)			
SOCIAL SECURITY #/AGE: <i>[Redacted]</i>	EMPLOYMENT DATE:	LOSS TIME ☐	MINOR ☐ OSHA 300 RECORDABLE? ☐
NAME OF DOCTOR		NATURE OF INJURY <i>RT upper arm above wrist</i>	
PREPARED BY/DATE: SUPERVISOR <i>[Signature] 3/11/11</i>	REVIEWED BY/DATE: SAFETY COMMITTEE	OCC. INJURY MANAGER	ADMINISTRATOR

08/27/10

732



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APP - 806

Acknowledgement of Transitional/Modified Duties

Date: 3/11/11I, Dayla Ramsey, understand my employer

[REDACTED], State:
located at: 713 Tanglewood St, City: Ridgeway,
SC, Zip: 29130; can provide me with transitional duty. I further
understand that I may receive a reduction in pay while on transitional duty restrictions
and can request disability benefits from our Workers' Compensation Insurance company.

I understand that I will be offered the following tasks while on transitional duty:

- Office Clerical: file paper work, answer phones, make copies, and other duties within my limitations.
- Laundry Tech: Folding of towels, face clothes, pillowcases, hanging of clothes, folding of clothes and other duties within my limitations.
- Dietary Aide: roll silver wear, dessert trays, push food carts, serve meal trays, and other duties within my limitations.
- Janitorial: sweep, mop, take out trash, and other duties within my limitations.
- Nursing: One on One care with residents and patients, taking vital signs, etc.

In the event I have to attend a Doctor appointment, can not come in to work because of my injury, or have to leave early I understand I must contact my Supervisor, and I will not be compensated by my employer for any time lost. In addition, I understand that whenever possible, all appointments must be made around my work schedule.

I further; understand I must keep my Workers' Compensation Coordinator and manger informed of all Doctor and/or Physical Therapy appointments I have scheduled and that failure to do so may result in disciplinary actions.

Dayla Ramsey
Partner's Signature

Justin Smith
Witness Signature

3/11/11
Date

4/1/11
Date

Disability Benefits Waiver

I, Gayla Ramey, elect to use my Personal/Sick leave in lieu of Workers' Compensation disability benefits for the following reasons:

☒ During the Workers' Compensation waiting period.

☐ During my scheduled absence

When the Personal/Sick leave is exhausted, I understand that I must notify my manager so that the Workers' Compensation Disability Benefits can be initiated.

I also understand that any and all absences I incur in connection with my Workers' Compensation case will concurrently be considered as Family and Medical Leave Act (FMLA) leave by the Company, and accordingly will be counted against the total amount of FMLA leave available to me annually.

Gayla Ramey

Partner Signature

[Signature]

Witness Signature

3/11/11

Date:

3/11/11

Date:

MAR-14-2011 14:50 From:

803 337 8124

To:17705102467

Page:11/11

I Gayla Ramsey understand that I have the right to
refuse medical coverage for my Workers Comp Injury on 3/11/11. I have
been given the opportunity to ask any question pertaining to medical coverage for
Workers Comp.

Gayla Ramsey 3/11/11
Partner's Signature and Date

Josephine E. Lewis 3/11/11
Witness Signature and Date

GENERAL LIABILITY CLAIM NOTICE

Facility: <i>Unhealth Acute Care Tanglewood</i>	Date of Incident: <i>3/11/11</i>
Address: <i>213 Tanglewood Court Ridgeway SC 29830</i>	Policy Number:
Contact:	Date Reported: <i>3/11/11</i>
Phone: <i>803 337 3212</i>	SSI: <i>[REDACTED]</i>
Claimant:	Age: <i>50</i> Sex: <i>Female</i>
Address:	
Phone:	Cell:
Medical Attention Necessary: ☒ Yes ☐ NO	Medical Center Taken to:
Ambulance: ☐ Self-Transported: ☐	
Alleged Incident: (be specific)	Time of Alleged Incident:
<i>"When I stepped up on the wet wooden platform before getting to the steps my feet slipped forward me causing me to hit my right arm causing injury. When I attempted to open door to come in the building I caused pain to transfer from the site of injury above my wrist down through the tip of that thumb. Unable to use that hand to write at present."</i>	
Witnesses: (include Job title)	Phone/Cell:
<i>Barbara Davis CNA</i>	<i>803-337 3212 Hall 2nd</i>
<i>Emily Collins CNA</i>	<i>803-337 3212 Hall 4th</i>
Risk Management Notes:	
Person Completing Report:	Date:
<i>[Signature]</i>	<i>3/11/11</i>

MAR-14-2011 14:50 From:

803 337 8124

To:17705102467

AUTHORIZATION FOR MEDICAL RELEASE OF INFORMATION

Partner's Name:
(please print)

GAYLA Ramey

Address:

[REDACTED]

Phone Number:

[REDACTED]

SSN:

[REDACTED]

Description of
Accident:

When I stepped upon the wet wooden platform before getting to the steps my feet slipped from under me causing me to hit my stomach and my wrist on the rail. Inside the platform

hereby authorize:

I GAYLA Ramey, or its management representatives to be furnished any information and facts regarding this injury, including reports and records, results of diagnosis, treatment and prognosis, estimates of disability, and recommendations for further treatment. This information is to be used for the purposes of evaluating and handling my claim for injury as a result of an incident occurring on or about _____ and for no other purpose, now or in the future.

Partner's Signature

GAYLA Ramey

Date:

3/11/11

Witness: Signature

[Signature]

Date:

3/11/11

TRANSITIONAL DUTY EMPLOYMENT PLAN

To be completed upon the injured Partners return to work following an on-the-job injury

Name Gayla Ramey		Department Nursing	
Title RN		Supervisor: [Signature]	
Reviewing Manager: [Signature]		Date: 3/14/11	
Physical Capacities/Restrictions No lifting more than 10 lbs Ground level work only		No Repetitive bending, stooping, squatting Limited use of back	
Restrictions Begin: 3/14/11		Next Physician Visit: 3/18/11	
		Next Review Date: 3/18/11	
Plan Specifics			
Describe the Job/Specific Task: Abacus interviews Chart audits System check list and other duties that fall within the above job duties restrictions listed above.			
Describe Hours/day and days/week, including progression schedule: M-F 8-4:30p 3/14/11 - to come in at 3p-11p to work reception today.			
Consideration: Will Always report to manager immediately, anything that causes an alteration in this plan.			
Transitional Employment Plan has been reviewed and discussed with me to clarify any questions that I may have. I have been provided with a copy of this plan and I understand my supervisor will retain a copy. I understand the purpose of these restrictions is to enable me to recover from my injury and that I am required to stay within the restrictions noted above. Should I experience any difficulties while performing transitional duty work, I will immediately contact my supervisor.			
Employee Signature: [Signature]		Date: 3/14/11	
I have reviewed and discussed this Transitional Employment Plan with the employee. In addition, I have provided a copy of this plan to the employee.			
Supervisor or Reviewing Manager Signature: [Signature]		Date: 3/14/11	
Manager in Attendance: [Signature]		Date: 3/14/11	



WORKER'S COMPENSATION CLAIM FORM

Please fax to 866-300-8206 or email to esis_FNOL@firstnotice.com

Date of Loss: 3/11/11	Time of Loss: 6:45 am ☒ pm ☐
Policy #:	Location/Site Code:
Contract #:	Department Code:
Carrier Name:	Policy Eff: Exp:

Caller Information:

Name: Gayla Ramey	Cell Phone #:
Address:	
City/St/Zip:	
Work Phone #:	
Fax #:	E-Mail:
Job Title: RN	Department: Nursing
I am the: ☐ Insured	☒ Employee/Claimant
☐ Attorney	☐ 3 rd Party Representative of Claimant
☐ First Script Referral	☐ Clinic Referral
	☐ Agent
	☐ Other

Corporate Information:

Entity Name: UPAC Tanglewood
Address: 213 Tanglewood Court
City/St/Zip: Ridge Way SC 29130
Work Phone #: Ext: Fax:
FEIN #: State Unemployment ID #:

Local Business/Employer Location Information:

Name:
Address:
City/St/Zip:
Phone #: Ext: Fax #:
E-Mail:
FEIN #: State Unemployment ID #:
SIC (Standard Industry Code):
Is The Loss Location the same as the Local Business/Employer Location?
☐ No ☐ Yes
Claim Type: (select one) ☐ Claim ☐ Record Only
Special Type of Claim: ☐ None ☐ Longshore
☐ Harbor Worker ☐ Defense Based ☐ Continental Shelf
☐ Non-Appropriated Funds ☐ Foreign
Benefit State Applicable:

Loss Location (if different from Local Business/Employer Location):

Loss Location Name:
Address:
City/St/Zip:
Phone #: Ext: Fax #:



WORKER'S COMPENSATION CLAIM FORM

Please fax to 866-300-8206 or email to esis_FNOL@firstnotice.com

Employee Information:

First Name:	Last Name:	Gayla Ramey	
Home Address:			
City/St/Zip:			
Home Phone #:	Work Phone#:	Ext:	
Cell Phone #:	E-Mail Address:		
Social Security #:	Employee ID #:		
Gender:	☐ Male	☒ Female	☐ Unknown
Marital Status:	☐ Single	☒ Married	☐ Divorced
	☐ Separated	☐ Widowed	☐ Unknown
Total Dependents:	Date of Birth:	Age:	
Job Class Code:	Job Title:	Department:	
Supervisor First Name:	Last Name:	Tonia Shepard, DHS	
Supervisor Phone #:	Cell #:		
Supervisor E-Mail:			
Does the Employee have a pre-existing condition?			
☐ Yes ☐ No ☒ Unknown			
Do You Question the Validity of this Claim?			
☐ Yes ☐ No			

Employment Information:

Hire Date:	7/24/02	Hire State:	FL	State Hire Date:
Employment Status:				
☒ Full Time ☐ Part Time ☐ Seasonal ☐ Volunteer ☐ Piece Worker				
☐ Disabled ☐ Laid Off ☐ On Strike ☐ Terminated ☐ Retired				
☐ Apprenticeship Part Time ☐ Apprenticeship Full Time				
☐ Not Employed or Unemployed ☐ Other/Unknown				
☒ Hourly Wage \$25.04 /hour ☐ Salary \$ /year				
☐ Variable Wage \$ Type of Variable Wage:				
Hours worked per day: 12 Days worked per week: 3				
Other Payments not reported as wages/salary:				
Was employee Drug/Alcohol Tested After Incident? ☐ No ☐ Yes				
OSHA Recordable? ☐ No ☐ Yes OSHA Case Number:				
If Yes, reason:				
☐ Death ☐ Days Away from Work ☐ Restricted Work or Transfer to Another				
☐ Medical Treatment Beyond First Aid ☐ Loss of Consciousness				
☐ Significant Injury or Illness as Classified by OSHA				



WORKER'S COMPENSATION CLAIM FORM

Please fax to 866-300-8206 or email to esis_FNOL@firstnotice.com

Lost Time & Return to Work Information:

Did Employee Miss Work Beyond Their Normal Shift?	☐ No	☐ Yes	☐ Unknown
If Yes, please answer these Questions:			
Last Date Worked:	Disability Date:		
Paid in Full for the Day of Injury:	☐ No	☐ Yes	☐ Unknown
Did the Salary Continue After the Injury:	☐ No	☐ Yes	☐ Unknown
Last Date Employee Paid Through:			
Did the Employee Return to Work:	☐ No	☐ Yes	☐ Unknown
If yes, please answer these questions:			
Number of Lost Days:			
Does EE have Release to Return to Work:	☐ No ☐ Yes		
If Yes, Release Date:			
Return to Work Date:	Return to duty at:	☐ Full Duty	☐ Light Duty
If Light Duty, Paid Full Wages?:	☐ No ☐ Yes		
Return to Work at Regular Occupation:			
If No, Return to Work Occupation:	☐ No ☐ Yes		
Return to Work at Same Wage:			
If no, Return to Work Wage: \$	/	(i.e. hour)	
Wage Period:			

Incident Information:

Time Employee Began Work:	☐ am	☐ pm
Scheduled Quit Time:	☐ am	☐ pm
Employer Notified Date:		
Date Employer Knowledge of Disability:		
Department Where Injury Occurred:		
Activity Engaged in:		
Injury Work Process:		
Accident/Injury Description:		
Were there any Witnesses:	☐ No ☐ Yes	
Objects or Material Causing the Injury:		
Was Injury Caused by a Product:	☐ No ☐ Yes	
Material Secured:	☐ No ☐ Yes	
Safeguards/Safety Equipment:		
Provided? ☐ No ☐ Yes	Used? ☐ No ☐ Yes	Modified? ☐ No ☐ Yes
Does Employee have a history of work related injuries?		
☐ No ☐ Yes ☐ Unknown		
Is there an attorney involved? ☐ No ☐ Yes ☐ Unknown		



WORKER'S COMPENSATION CLAIM FORM

Please fax to 866-300-8206 or email to esis_FNOL@firstnotice.com

Medical Treatment:

Medical Treatment: ☐ None	
☐ Minor by Employer	☐ Minor by Clinic/Hospital
☐ Medical Services other than First Aid	☐ Injuries Beyond First Aid
☐ Emergency Care / Hospitalized > 24 hours	☐ Future Major Med/Lost Time
Admitted to Hospital: ☐ No ☐ Yes Still in Hospital: ☐ No ☐ Yes	
Transported Via Airlift or Emergency Vehicle: ☐ No ☐ Yes	
Did Employee Receive Additional Treatment from a Specialist: ☐ No ☐ Yes	
If Yes, What Specialty (please list more than one if applicable):	
More than two visits with Primary Care Physician: ☐ No ☐ Yes ☐ Unknown	

Physician & Information (if available):

Physician Name:	
Address:	
City/St/Zip:	
Phone#:	Ext.
Hospital Name:	
Address:	
City/St/Zip:	
Phone#:	Ext.

Hospital Information (if available):

Physician Name:	
Address:	
City/St/Zip:	
Phone#:	Ext.
Hospital Name:	
Address:	
City/St/Zip:	
Phone#:	Ext.

Witness Information:

Name:	
Address:	
City/St/Zip:	
Work Phone#:	Ext: Cell Phone #:
Fax #:	E-Mail:

Additional Remarks/Information

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

WCC File No. 1103442

Gayla Ramey, Employee Appellant/Respondent,

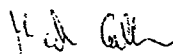
v.

Unihealth Post Acute Care Tanglewood, Employer, and American Zurich Insurance Company,
Carrier, ... Respondents/Appellants.

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that this Record on Appeal contains all material
proposed to be included by any of the parties and not any other material.

Respectfully Submitted,



Mark R. Calhoun
CALHOUN LAW FIRM
714 E. Main Street
Lexington, SC 29072
(803) 957-8401

Attorney for Appellant/Respondent

Columbia, South Carolina
January 15, 2013

THE STATE OF SOUTH CAROLINA
In The Supreme Court

APPEAL FROM THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Andrea C. Roche, T. Scott Beck, Avery B. Wilkerson, Jr.
Workers' Compensation Commissioners

Tracking No. 2012-212326

WCC File No: 1103442

Gayla Ramey, Employee.....Respondent,

v.

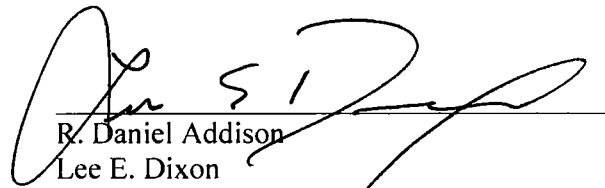
Unihealth Post Acute Care Tanglewood, Employer, and
American Zurich Insurance Co., Carrier.....Petitioners

PROOF OF SERVICE

This is to certify that a copy of the foregoing **Appendix to Petition for Writ of Certiorari** has been served upon the flowing by placing the same in the United States mail, first-class postage pre-paid, addressed as shown below on the 22th day of September, 2014.

Mark R. Calhoun
Mark R. Calhoun, Attorney At Law
714 East Main Street
Lexington, SC 29072

[Signature on Next Page]

A handwritten signature in black ink, appearing to read "Lee E. Dixon", is written over a horizontal line.

R. Daniel Addison

Lee E. Dixon

Hedrick, Gardner, Kincheloe & Garofalo,
L.L.P.

P.O. Box 11267

Columbia, SC 29211

(803) 727-1200

Attorney for the Respondents