

1 Benjamin L. Anderson
2 445 W. Rebound Road
3 Lancaster, S.C. 29720
4 864-320-2280
5 Pro Se

FILED-CLERK OF COURT
GREENVILLE CO. S.C.
PAUL B. WICKENSIMER

2015 AUG 4 AM 10 09

IN THE COURT OF COMMON PLEAS

8 Benjamin L. Anderson
9 Plaintiff

CASE NO. 2014-CP-23-06070

11 VS

AMENDED COMPLAINT

14 Davita Upstate Dialysis
15 Carolina Nephrology
16 Defendants

RECEIVED
SEP 04 2015
SC Court of Appeals

18 The Plaintiff in the above captioned case
19 alleges that the Defendants, Davita Upstate
20 Dialysis Center and Kevin Donovan, Facility
21 Administrator, in his individual capacity as well
22 as Chokei Alioua, staff Nephrologist of
23 Carolina Nephrology, in his individual capacity,
24 willfully with the employees of registered nurses
25 and certified dialysis technicians harassed
26 the Plaintiff. This included intimidation, humiliation,
27 disparagement and derogatory remarks made to
28 the Plaintiff, all while Plaintiff was on dialysis.

1 Further, the Plaintiff alleges that the
2 Administrative Assistant, a female caused
3 the Plaintiff mental anguish when she engaged
4 in offensive touching of the Plaintiff.

5
6
7 First Cause of Action;

8 Intentional Infliction of Emotional Distress

9 The Plaintiff alleges that the Defendants
10 harassed him throughout the year 2013 and
11 engaged plaintiff in personal disparagement.
12 On October the 31ST The Administrative
13 Assistant Ms. Chris Keef, white female,
14 patted the Plaintiff on his buttocks, while
15 gyrating her body and said, "I got moves."
16 Other patients and coworkers observed
17 her engage plaintiff in this act. The
18 Plaintiff was trying to exit the dialysis
19 facility after dialysis. The Plaintiff
20 alleges that Savannah Gains, RN, white
21 female along with Michele Owens, certified
22 dialysis technician, white female said, "we
23 won't poke fun of you anymore... now that
24 we know what size you are." (ref. penis) [11-12-13]
25 Timothy Cornette, LPN white male and
26 along with Michele Owens, technician
27 said on November 5, 2013, "we are willing to
28 back off of you buddy."

1 The Plaintiff confronted the Administrative
2 Assistant on his next scheduled dialysis day
3 and told her, "I don't like that, don't do
4 it again." This was stated to her on 11-2-13.
5 The Plaintiff alleges that Elizabeth Reed,
6 RN asked the Plaintiff if, "that upset
7 you that much (Ref. to being patted on buttocks)
8 -- you should talk to Kevin (Facility Administrator).
9 Ms Reed, RN contacted Kevin Donovan, FA
10 on 11-2-13. Kevin Donovan, FA talked to
11 me, while I was receiving dialysis, regarding
12 Ms Keefe, administrative assistant and
13 asked Plaintiff if he wanted her to
14 "apologize" to me. The Plaintiff alleged
15 that Dr Chokri Aliqua, Nephrologist of Carolina
16 Nephrology harassed the plaintiff with his
17 statement to Plaintiff... "I see you got this
18 group to back off of you." This was
19 stated to Plaintiff on 11-5-2013 while
20 Plaintiff was on dialysis. The Plaintiff
21 alleges that a white RN stated.... "That's
22 why I save my moves for my husband."
23 (regarding Ms Keefe, Administrative Assistant patting
24 Plaintiff on his buttocks) This was stated on
25 11-2-2013. The Plaintiff alleges that a
26 patient stated to Elizabeth Reed, RN
27 when Mrs Reed asked him did he see
28 her do it, he stated, "I was looking right at her."

1 The Plaintiff alleges that Peggy Roper, RN
2 white female dialysis nurse made the
3 following statements on 11-16-2013: "He
4 is silly as shit." "That's stupid." "That's a
5 butch of shit." (Ref. to Plaintiff)

6 The Plaintiff alleges that other RN's as
7 well as dialysis technicians made the
8 following statements, which severely upset
9 the Plaintiff on 11-16-2013 while on dialysis:

10 "That stuff will have you hallucinating and
11 everything else."

12 "That's why They used those high-powered
13 satellite transmissions while you were working.
14 they didn't give a shit whether they hurt
15 you or not." [ref. to Loma Linda University Med.
16 Center in Loma Linda, California]

17 "Our Jews didn't give a shit. that's why
18 they put you out like that."

19 [Ref. to Cedars Sinai Med. Center, Los Angeles, CA]

20 "The only ones willing to say things about
21 you are the church groups."

22 "You shouldn't complain... all we do is
23 beat you down." This was stated by
24 Angela, dialysis technician, african American
25 female.

26 "That's why that SDA group used those high-
27 powered satellite transmissions on you."

28 [Referring to Loma Linda University Medical Center, CA.]

1 The Plaintiff alleges that Savannah Gains, RN
2 stated, "That's why I got her to do you
3 like that." (Referring to Peggy Roper, RN)

4 The Plaintiff alleges that his blood pressure
5 was 246/126 (very high) immediately prior to
6 leaving the dialysis center to go home on
7 November 16, 2013. The Plaintiff had to go to
8 the local emergency room after going home
9 and taking more blood pressure medications,
10 which medications did not lower his blood
11 pressure to safe levels.

12 The Plaintiff alleges that Peggy Roper, RN
13 stated to the dialysis staff as well as
14 patients, "...I lied that's why Ben (Plaintiff)
15 protested us." Ms Roper made this statement
16 on November, 19, 2013.

17 The Plaintiff alleges that Angela, dialysis
18 Technician said this on November 16, 2013. "They
19 will stress you all the way out."
20 (Referring to Davita Upstates' actions of
21 Personal Harassment)

22 The Plaintiff alleges that an RN, white male
23 made an outrageous statement about Plaintiff
24 Plaintiff using drugs in the presence of other
25 patients, while receiving dialysis. The Plaintiff
26 alleges that the social worker made outrageous
27 defamatory statements about Plaintiff and what
28 Plaintiff's daughter said to her via telephone.

1 The facility charge nurse, Eloy Flemming, RN.
2 made a statement in the presence of her staff
3 while Plaintiff was on dialysis: "I Lied...
4 Janita didn't." "That's your girl... she really
5 wants you, its up to you if you want to holler
6 at her."
7 Other derogatory statements made by one
8 employee was, "that little nigger boy is thinking
9 about going back to our Jews boys to help him out."
10 Further, Plaintiff alleges that Michele Owens,
11 Technician stated to Angela, technician that:
12 "Bev (Plaintiff) told St. Francis hospital that we
13 made his stress level go up and blood pressure."
14 (followed by laughter from both technicians)
15

16 Second Cause of Action:

17 Defamation of Character - Hybrid cause - Slander per se
18 and libel

19 The Plaintiff alleges that Brian Hamrick, RN
20 stated the following in the presence of other
21 patients including his coworkers, while Plaintiff
22 was receiving dialysis: "You're not a drug
23 dealer... you have drugs in your body body now..
24 "When a girl sits in front of you with her legs
25 wide apart... she's trying to get money out of
26 you." The Plaintiff alleges that Audrey Hartfield,
27 Social worker disparaged Plaintiff in her "patient
28 notes," when she lied about what she said to my

1 daughter and what my daughter stated
2 to her, which was false. The Plaintiff
3 alleged that the social worker wanted to
4 protect her group of RNs and technicians
5 as well as nephrologist, Chokri Aliqua of
6 Carolina Nephrology.

7
8 Fraud/Deceit

9 The Plaintiff alleges that Dr Chokri Aliqua,
10 Nephrologist lied to Plaintiff regarding a
11 medication given by other individuals by
12 Carolina Nephrology for anxiety and stress.
13 Dr Aliqua stated to Plaintiff, "We don't have
14 this medication for you." The Plaintiff had
15 requested a refill prescription for valium
16 after the sustained abuse. The Plaintiff
17 alleges that nurse practitioner approached the
18 Plaintiff at Davita Upstate dialysis and
19 stated, "I hear that is a dispute about
20 your Valium." The Nurse Practitioner immediately
21 wrote Plaintiff the prescription. The Plaintiff
22 alleges that he had relied on Dr Aliqua's
23 statement until approached by the Nurse
24 Practitioner of Carolina Nephrology. Until
25 she wrote the prescription for refill, Plaintiff
26 suffered from acute stress, insomnia and
27 mental anguish.
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Therefore the Plaintiff prays for trial by
jury in this matter and/or punitive/compensatory
damages and any other award as court sees fit
for a Plaintiff with End Stage Renal Disease (ESRD)
as documented.

Dated July 31, 2015

Benjamin R Anderson
Benjamin R. Anderson
Pro Se

Copy

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GREENVILLE CO. S.C.
PAUL B. WICKENS JR
2015 JUN 4 PM 1:58
13

1 Benjamin L. Anderson
2 445 W. Rebound Road
3 Lancaster, South Carolina
4 (864) 320-2280
5 Pro Se

IN THE COURT OF COMMON PLEAS

9 Benjamin L. Anderson
10 Plaintiff

12 VS.

14 Davita Upstate Dialysis
15 Defendant
16

CASE NO. 2014-CP-23-06070
AFFIDAVIT OF PLAINTIFF
DISCOVERY FILINGS
ATTACHED AS Exhibits
Judge, Letitia Verdin

18 I, Benjamin L. Anderson of Lancaster,
19 South Carolina Make oath and say that:
20 I have 43⁸⁸⁸ years as a provider of respiratory,
21 health, and diagnostic services. I served
22 seven years in the Air Force as a medical
23 service specialist and cardiopulmonary
24 Technician, I was trained at the National
25 NAVAL MEDICAL CENTER, Bethesda, Maryland.
26 I have held, Registered Respiratory Therapist
27 licenses in three states. I was awarded a
28 Certificate as a Physicians Assistant by the

1 American Association of Physicians Assistants.
2 I affirm that, as a patient, I was treated
3 egregiously by the staff of Davita Upstate
4 Dialysis Center as well as Chokri Alioua,
5 M.D. of Carolina Nephrology. No other
6 dialysis provider, including subsequent
7 providers; DSI Twin Oaks Dialysis, West
8 End Dialysis Center of Greenville were
9 willing to harass, discriminate, disparage
10 me, as a patient, while on dialysis. I
11 affirm that I was sporadically subjected
12 to verbal harassment throughout 2013
13 and which harassment intensified in the
14 last quarter of year 2013. This is
15 contrary to Defendants accusation that
16 the alleged actions were only on November, 16
17 2013 as stated on May 29, 2015 before you.
18 I affirm that I have never had a problem with
19 obtaining my blood pressure medications or
20 taking them. I affirm that I spoke
21 briefly with Dr Chokri Alioua, Nephrologist
22 in the lobby at Davita Upstate regarding a
23 refill of valium. Dr Alioua stated, "we
24 don't have this medication here." Etou Williams, RN
25 stated "we don't want you to have a stroke".
26 This was done only after I filed a letter
27 of complaint with the Davita Headquarters
28 in California, during the relevant time period.

1 I affirm that the Nurse practitioner, Monica
2 Dewaux, of Carolina Nephrology wrote me a
3 re-fill prescription for Valium on November 23,
4 2013 and again on December 3, 2013 for
5 me. I declare that the social worker,
6 Audrey Hartfield made false statements in
7 her, "Physician Patient Notes," dated
8 11-25-2013. Audrey Hartfield accused
9 my daughter, Sadie Ross of California,
10 via telephone, of stating to her that, "I
11 have a history of thinking everything is
12 a conspiracy," and to "minimize triggers."
13 The social worker made false statements
14 regarding that my daughter, "Sadie and
15 her brother had a suspicion that I
16 have schizophrenia." The social worker
17 made a false statement when she said
18 that my daughter, Sadie, stated that,
19 "pt. moved from California to South Carolina
20 due to thinking there was a conspiracy
21 against him there." I affirm that I have
22 always had prescription drug insurance.
23 I affirm that the social workers' statements
24 regarding what my daughter stated to
25 her over the telephone are all false.
26 I affirm that I was sexually harassed by
27 the Administrative Assistant, Ms Keefe on
28 October 31, 2013 in the form of offensive touching

1 on my buttocks, while gyrating her body
2 in front of me as I attempted to exit the
3 dialysis center, in the full view of her
4 peers as well as other dialysis patients.
5 Ms. Keene stated to me, "I got mores."

6 I affirm that I was harassed and
7 disparaged by Dr Chokri Aliqua and
8 the staff at Davita Upstate on the
9 following dates: November 2, 5, 12, 16,
10 19, and 23rd.

11 I affirm that I requested to be transferred
12 out of the Davita Upstate Dialysis Center
13 following their alleged actions in
14 December, 2013.

15 I have made this affidavit under oath
16 and under penalty of perjury under the
17 law of the State of South Carolina,
18 executed this 3rd Day of June 2015 at
19 Lancaster, South Carolina.

20
21
22 June 3, 2015

23 Benjamin L. Anderson
24 Benjamin L. Anderson
25 Pro Se
26 AFFIANT
27

Notary of S.C.
Agnes Wheeler

My Commission Expires November 13, 2023

EXHIBIT

Physician Patient Notes

Patient: Anderson, Benjamin (MPI: 1524972)

Date Range: 10/24/2013 To: 11/25/2013

Date Printed: 11/25/2013

Patient DOB: 5/13/1944

Nephrologist: Alioua, Chokri

Facility: UPSTATE DIALYSIS(86402)

Text:

SW attempted to call pt and his daughter, Sadie, on 11-20-2013. SW left a message for Sadie but pt's phone would not accept messages. SW attempted to call both again this morning. Sadie called SW back this AM. Pt's blood pressure was discussed as well as him not coming for tx today and not answering his phone. Sadie agreed to call pt and discuss makeup tx tomorrow and need for BP meds. SW received a call back from Sadie after she had spoken with pt. Sadie and her brother were on the phone and informed SW that pt has a hx of "thinking everything is a conspiracy." Their only suggestion was to "minimize triggers" but could not give specific triggers other than politics and news. SW informed them that pt has control of his own tv during ICHD txs. They have a supision that pt has dx of Schizophrenia but have never gotten info from his doctor. Per Sadie, pt "moved from CA to SC due to thinking their was a conspiracy against him there." Pt's children assist him financially each month and plan to try to monitor whether he is taking BP and psych meds. SW suggested that they contact local VAMC clinic in Greenville to get pt seen since he has problems paying for his meds. Sadie stated about pt "he has never been violent when he is going through the conspiracy episode." Sadie agreed to maintain contact with pt to monitor his ability to get and take meds. SW agreed to be available for pt in clinic and via phone as needs arise. Sw will continue to monitor pts beahvior in clinic. Sadie informed SW that pt will need his valium to calm his nerves. SW in formed Sadie that pt has not been seen by PCP in over a year, so MD will not refill any meds until pt is seen in office. Sadie is going to work with pt to get him seen at VAMC or by his PCP to get meds refilled. SW will monitor.

Date last modified by:HARTFIELD, AUDREY, MSW on: 11/21/2013 at: 12:08:25

Physician Patient Notes

Patient: Anderson, Benjamin (MPI: 1524972)

Date Range: 10/24/2013 To: 11/25/2013

Date Printed: 11/25/2013

Patient DOB: 5/13/1944

Nephrologist: Alioua, Chokri

Facility: UPSTATE DIALYSIS(86402)

Text:

Mr Benjamin Anderson was seen today after his dialysis treatment because of poor BP control. Pt did not want to discuss the management of his BP. He wanted only to refill his valium prescribed recently by ER physician. Pt is very aggressive in his tone, refused to have further talk when I ask him to see his psychiatrist or his primary physician for the right prescription because of his history of schizophrenia. I'll check his medication refills to see how he is compliant before I make any changes on his BP regiment.

Dr Chokri Alioua

Date last modified by: ALIOUA, CHOKRI, PHYSICIAN on: 11/19/2013 at: 10:33:47

EXHIBIT

Progress Notes Report

Patient: ANDERSON, BENJAMIN (MPI: 1524972)

Date of Birth(Age) : 05/13/1944(70)

Facility : UPSTATE DIALYSIS CENTER(86402)

Gender : Male

Date of First Dialysis : 05/02/2011

Nephrologist : C. Alioua

Date Printed : 11/12/2014

Progress Notes For Discipline: RN

Category Name: General

Text: Nurse observed doctor and patient discussing about a prescription refill of Valium in the lobby. Doctor informed patient he is unable to refill the Valium prescription and referred him to his primary care physician at Barksdale Medical Center. Patient yelled and cursed at the doctor about being tired of not getting his Valium refilled and that he doesn't have time or money to go to his primary care physician. He just needs his Valium. Nurse and doctor educated pt about importance of seeing his primary care physician. Patient voiced not going to see his primary care physician. Nurse and doctor also educated pt about his Hypertension, attempt to discuss his prescribed BP Meds, and importance of running full treatment time for adequate clearance. Sw attempt to speak to patient as well pt refused to talk. Patient left via ambulatory to his car a/o x3 bp standing 206/111. Patient is aware of consequences of hypertension. will continue to monitor.

Date last modified by:FLEMMINGS, ETOY, RN on: 11/19/2013 at: 10:45:30

EXHIBIT

Physician Patient Notes

Patient: Anderson, Benjamin (MPI: 1524972)

Date Range: 10/24/2013 To: 11/25/2013

Date Printed: 11/25/2013

Patient DOB: 5/13/1944

Nephrologist: Alioua, Chokri

Facility: UPSTATE DIALYSIS(86402)

Entered By: FREDERICK, JACQUELINE, RD On: 11/11/2013 At: 10:44:19

Progress Notes For Discipline: RN

Category Name: BP and Fluid Management

Text:

Pt being accessed by nurse pre-dialysis. Pt states his dry weight has changed from 97 to 98 kg. Order on chart does not reflect this. Pt states that he will only have 0.5kg removed today.

Date last modified by: ROPER, PEGGY, RN on: 11/19/2013 at: 09:52:31

Progress Notes For Discipline: RN

Category Name: General

Text:

Nurse observed doctor and patient discussing about a prescription refill of Valium in the lobby. Doctor informed patient he is unable to refill the Valium prescription and referred him to his primary care physician at Barksdale Medical Center. Patient yelled and cursed at the doctor about being tired of not getting his Valium refilled and that he doesn't have time or money to go to his primary care physician. He just needs his Valium. Nurse and doctor educated pt about importance of seeing his primary care physician. Patient voiced not going to see his primary care physician. Nurse and doctor also educated pt about his Hypertension, attempt to discuss his prescribed BP Meds, and importance of running full treatment time for adequate clearance. Sw attempt to speak to patient as well pt refused to talk. Patient left via ambulatory to his car a/o x3 bp standing 206/111. Patient is aware of consequences of hypertension. will continue to monitor.

EXHIBIT

Physician Patient Notes

Patient: Anderson, Benjamin (MPI: 1524972)

Date Range: 10/24/2013 To: 11/25/2013

Date Printed: 11/25/2013

Patient DOB: 5/13/1944

Nephrologist: Alioua, Chokri

Facility: UPSTATE DIALYSIS (86402)

Entered By: FREDERICK, JACQUELINE, RD On: 11/11/2013 At: 10:44:19

Progress Notes For Discipline: RN

Category Name: BP and Fluid Management

Text:

Pt being accessed by nurse pre-dialysis. Pt states his dry weight has changed from 97 to 98 kg. Order on chart does not reflect this. Pt states that he will only have 0.5kg removed today.

Date last modified by: ROPER, PEGGY, RN on: 11/19/2013 at: 09:52:31

Progress Notes For Discipline: RN

Category Name: General

Text:

Nurse observed doctor and patient discussing about a prescription refill of Valium in the lobby. Doctor informed patient he is unable to refill the Valium prescription and referred him to his primary care physician at Barksdale Medical Center. Patient yelled and cursed at the doctor about being tired of not getting his Valium refilled and that he doesn't have time or money to go to his primary care physician. He just needs his Valium. Nurse and doctor educated pt about importance of seeing his primary care physician. Patient voiced not going to see his primary care physician. Nurse and doctor also educated pt about his Hypertension, attempt to discuss his prescribed BP Meds, and importance of running full treatment time for adequate clearance. Sw attempt to speak to patient as well pt refused to talk. Patient left via ambulatory to his car a/o x3 bp standing 206/111. Patient is aware of consequences of hypertension. will continue to monitor.

EXHIBIT

Benjamin L. Anderson
445 W. Rebound Road
Lancaster, South Carolina
(864) 320-2280

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GREENVILLE CO. S.C.
PAUL B. WICKENSIMER

2015 JUL 21 PM 12:38

Pro Se

IN THE COURT OF COMMON PLEAS
Greenville, S.C.

Benjamin L. Anderson
Plaintiff

VS

Davita Upstate Dialysis
Defendant

CASE NO. 2014-CP-2306070
Supplemental
Plaintiffs' Affidavit
IN OPPOSITION TO Defendants'
Motion For Summary
Judgment

The Plaintiff makes oath and say:
I have first-hand knowledge of the facts
set forth herein and I am competent.
I affirm that discovery is not complete.
I was deposed by the Defendants on June 12, 2015.
I have not signed the deposition nor received
a copy of same.
A motion to grant Plaintiff amendment of
his complaint is pending.
Plaintiff has received a court notice
requiring parties to participate in ADR.

1 I affirm that the notice of ADR is June 3, 2015
2 and all parties were informed.

3 (This notice precedes notice for summary
4 Judgment by Defendants)

5 I affirm that ADR is scheduled for 9-15.

6 I affirm that I informed the Defendants
7 that I will stipulate mediation.

8 I affirm that Brian Hamrick, RN of Davita
9 Upstate Dialysis made the following statement
10 to me during the relevant time period:

11 "You're not a drug dealer... you have drugs
12 in your body now... when a girl sits in front
13 of you with her legs wide apart... she's
14 trying to get money out of you." This
15 statement was made in the presence of
16 his peers as well as other patients, who
17 overheard Brian Hamrick.

18 I affirm that Etoy Flemming, RN charge nurse
19 made the following statement at Davita
20 Upstate Dialysis Center: "I Lied, Lanita
21 didn't."

22 I affirm that Timothy Colette, LPN made the
23 following statement, while I was actively
24 receiving dialysis; "We are willing to back off
25 of you buddy." I attest that this RN's
26 statement was regarding their harassment.

27 I affirm that Peggy Roper, RN made the
28 following statements to me while I was receiving

1 dialysis: "I Lied... that's why
2 Ben (Plaintiff) Protested us." I protested
3 Davita Upstate employees actions against
4 me outside of the Davita facility with a
5 protest sign.

6 I affirm that the social worker, Audrey Hartfield
7 along with a female caucasian employee
8 witnessed me protesting during the relevant
9 time period outside of their facility.

10 I affirm that Dr Chokri Ali, quoa, Nephrologist
11 during the relevant time period made the
12 following statements: "I see you've got this
13 group to back off of you." You're not
14 shaking." I attest that I was actively
15 receiving dialysis and patients as well
16 as employees overheard him.

17 I affirm that Savannah Gaines, walking with
18 Michele Owens, made the following statement:
19 "We won't poke fun of you anymore... now
20 that we know how big you are."

21 I affirm that Angela Meredith, Tech. made the
22 following statement, "They will stress you all the
23 way out". "all they'll do is beat you down."
24 I attest that these statements were made during
25 the time that I was actively receiving dialysis,
26 during the relevant time period.

27 I affirm that on the morning of November 19, 2015,
28

1 Dee Lucas, employee made the following
2 statement to me, regarding her peers
3 behavior: "That's why they did you like
4 that." I attest that she observed my
5 protest sign and what was on it.

6 I affirm that I spoke with Kevin Donovan,
7 Facility Administrator during the relevant
8 time period regarding the administrative
9 assistant, Ms Chris Keefe and my complaint
10 regarding her unwanted behavior of offensive
11 touching (patting) of my buttocks in the
12 presence of other patients as well as staff.
13 I attest and affirm that Mr Donovan asked
14 me if I "wanted her to apologize to me."
15 I affirm that an RN stated, "That's why
16 I save my moves for my husband," during
17 the relevant time period after my complaint.

18 I affirm that I went to the emergency
19 department at St. Francis Hospital, after
20 receiving dialysis. I attest that after
21 the harassment on November 16, 2013. I could
22 not lower my blood pressure, became
23 dizzy with headache and was unstable on
24 my feet because of the sustained high
25 blood pressure and stress. I attest
26 that I was treated, checked out by
27 an emergency department physician and
28 instructed to follow up with other care.

1 I affirm that I checked my blood pressure
2 on the morning of November 16, 2013 after
3 dialysis, at home and took more blood
4 pressure medication prior to going to the
5 emergency room at St. Francis Hospital
6 downtown Greenville.
7

8 I affirm that in January 2015, a Dr. Chu,
9 Ophthalmologist/Optometeist examined my eyes at
10 Walmart in Greenville and told me that my
11 blood vessels behind my eyes were very
12 fragile. She stated to me to be "very careful
13 ... you could have a stroke behind your eyes."

14 I affirm that Elizabeth Reed, RN at
15 Davita Upstate dialysis told me to talk
16 to "Kevin" if that upset you that much.
17 (Regarding administrative assistant patting me
18 on my buttocks)
19 Prior to coming to my chair, I heard her ask
20 the patient in the first chair, number one, if
21 he saw her pat me on the buttocks, and
22 he said "I was looking right at her."
23 This occurred during the relevant time period.
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AFFIDAVIT SIGNATURE PAGE OPPOSING
Summary Judgment,

July 21 2015

Benjamin L. Anderson
Benjamin L. Anderson
AFFIANT

July 21, 2015 Camela L. Phillips
Notary Public

My Commission Expires January 13, 2021

COPY

14-CP-23-06070

1 Benjamin L. Anderson
2 445 W. Rebound Rd.
3 Lancaster, South Carolina
4 (864) 320-2201
5 Pro Se

FILED - CLERK OF COURT
GREENVILLE CO. S.C.
PAUL B. WICKENSIMER

2015 MAY 29 AM 11 38

6 IN THE COURT OF COMMON PLEAS

9 Benjamin L. Anderson
10 Plaintiff

12 VS.

14 DAVITA UPSTATE DIALYSIS
15 DEFENDANT

) CASE NO.

) AFFIDAVIT OF
) DELOIS CULP

17
18 I Delois Culp of Lancaster, South Carolina
19 Make oath and say that: I have known,
20 Benjamin L. Anderson, my cousin, for twenty
21 years. He has lived in my home for over
22 a year. I have never observed him to
23 be suspicious of everybody nor paranoid
24 about everything is a conspiracy to
25 harm him. He has never informed me
26 that he hears voices or acted antisocial.
27 To my personal observations and knowledge
28 his behavior has never appeared strange.

1 My entire family states he is pleasant
2 to be around and has a pleasant
3 demeanor.
4
5
6

7
8 May 15 2015

DeLois Culp
DeLois Culp
AFFIANT

11
12 State of SC County of Lancaster
13 Subscribed and sworn before me on 5-15-15
Elizabeth P. Sollers (Date)
14 (Notary Signature)



15 ELIZABETH P. SOLLERS
16 NOTARY PUBLIC
17 SOUTH CAROLINA

18 MY COMMISSION EXPIRES FEBRUARY 7, 2023
19
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2015 JUL 30 PM 8 48
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PAUL B. WICKENSIMMER
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1 Benjamin L. Anderson
2 445 W. Rebound Road
3 Lancaster, S.C. 29720
4 (864) 320-2280
5 Pro Se Litigant
6
7
8

9		) CASE NO. 2014-CP-23-06070
10	Benjamin L. Anderson	) Plaintiffs' opposition
11	Plaintiff	) To Bad faith Affidavits
12		) submitted by Defendants
13	VS	) OPPOSITION TO Summary
14		) Judgment by Plaintiff,
15	Davita Upsate Dialysis	) [Exhibits Attached]
16	Defendant	) Rule 56(g)
17		) August 4, 2015
		) Hall

18 The Plaintiff in the above captioned case
19 asserts to the Court that the summary
20 Judgment affidavits submitted by the
21 defendants are all fabrications to thwart
22 justice. The following affidavits are bogus:
23 The affidavit of social worker Audrey Hartfield,
24 is fabricated because she has an office
25 outside of the patient dialysis area. As such
26 Ms Hartfield could not have possibly
27 over heard any statements from other staff
28 employees from her office. Ms Hartfield

1 rarely visited patients in the dialysis
2 area. The affidavit of Jacqueline Frederick
3 is also fabricated for the same reason.
4 Ms Frederick makes her patients rounds
5 approximately once to twice per week.
6 She would not be able to overhear any
7 statements from these employees per Plaintiff's
8 allegations. Hence these two would not
9 have any first-hand knowledge of the facts.
10 Further, Audrey Hartfield made disparaging
11 remarks in the "patient progress" notes,
12 which also were defamatory. As with
13 Ms Frederick, Dietitian - made remarks in the
14 medical records of Plaintiff under "Physician
15 Patient notes" entered on 11-11-2013 at 10:44:19.
16 The affidavit of Peggy Roper, RN was a blatant
17 fabrication because she was one of the employees
18 that actively harassed and brought the Plaintiff
19 to mental anguish and agitation of 11-16-2013.
20 The affidavit of Savannah Gaines is another
21 blatant fabrication because ^{she} made a sexually
22 explicit comment regarding Plaintiff's penis,
23 among other remarks while Plaintiff was on
24 dialysis. The other affidavits of the
25 defendant employees merely stated that "they"
26 did ^{NOT} overhear any negative or derogatory
27 statements about Mr Anderson (Plaintiff).
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Bail Faith Affidavits continued, Signature page.

July 2015

Benjamin L. Anderson
Benjamin L. Anderson
Pro Se Litigant

Exhibit

Physician Patient Notes

Patient: Anderson, Benjamin (MPI: 1524972)

Date Range: 10/24/2013 To: 11/25/2013

Date Printed: 11/25/2013

Patient DOB: 5/13/1944

Nephrologist: Alioua, Chokri

Facility: UPSTATE DIALYSIS(86402)

Text:

SW attempted to call pt and his daughter, Sadie, on 11-20-2013. SW left a message for Sadie but pt's phone would not accept messages. SW attempted to call both again this morning. Sadie called SW back this AM. Pt's blood pressure was discussed as well as him not coming for tx today and not answering his phone. Sadie agreed to call pt and discuss makeup tx tomorrow and need for BP meds. SW received a call back from Sadie after she had spoken with pt. Sadie and her brother were on the phone and informed SW that pt has a hx of "thinking everything is a conspiracy." Their only suggestion was to "minimize triggers" but could not give specific triggers other than politics and news. SW informed them that pt has control of his own tv during ICHD txs. They have a supision that pt has dx of Schizophrenia but have never gotten info from his doctor. Per Sadie, pt "moved from CA to SC due to thinking there was a conspiracy against him there." Pt's children assist him financially each month and plan to try to monitor whether he is taking BP and psych meds. SW suggested that they contact local VAMC clinic in Greenville to get pt seen since he has problems paying for his meds. Sadie stated about pt "he has never been violent when he is going through the conspiracy episode." Sadie agreed to maintain contact with pt to monitor his ability to get and take meds. SW agreed to be available for pt in clinic and via phone as needs arise. Sw will continue to monitor pts beahvior in clinic. Sadie informed SW that pt will need his valium to calm his nerves. SW in formed Sadie that pt has not been seen by PCP in over a year, so MD will not refill any meds until pt is seen in office. Sadie is going to work with pt to get him seen at VAMC or by his PCP to get meds refilled. SW will monitor.

Date last modified by: HARTFIELD, AUDREY, MSW on: 11/21/2013 at: 12:08:25

Physician Patient Notes

Patient: Anderson, Benjamin (MPI: 1524972)

Date Range: 10/24/2013 To: 11/25/2013

Date Printed: 11/25/2013

Patient DOB: 5/13/1944

Nephrologist: Alioua, Chokri

Facility: UPSTATE DIALYSIS(86402)

Entered By: FREDERICK, JACQUELINE, RD On: 11/11/2013 At: 10:44:19

Progress Notes For Discipline: RN

Category Name: BP and Fluid Management

Text:

Pt being accessed by nurse pre-dialysis. Pt states his dry weight has changed from 97 to 98 kg. Order on chart does not reflect this. Pt states that he will only have 0.5kg removed today.

*error
Pabeccation*

Date last modified by: ROPER, PEGGY, RN on: 11/19/2013 at: 09:52:31

Progress Notes For Discipline: RN

Category Name: General

Text:

Nurse observed doctor and patient discussing about a prescription refill of Valium in the lobby. Doctor informed patient he is unable to refill the Valium prescription and referred him to his primary care physician at Barksdale Medical Center. Patient yelled and cursed at the doctor about being tired of not getting his Valium refilled and that he doesn't have time or money to go to his primary care physician. He just needs his Valium. Nurse and doctor educated pt about importance of seeing his primary care physician. Patient voiced not going to see his primary care physician. Nurse and doctor also educated pt about his Hypertension, attempt to discuss his prescribed BP Meds, and importance of running full treatment time for adequate clearance. Sw attempt to speak to patient as well pt refused to talk. Patient left via ambulatory to his car a/o x3 bp standing 206/111. Patient is aware of consequences of hypertension. will continue to monitor.

Patient: Anderson, Benjamin
(MPI: 1524972)

Date Printed 11/25/2013

Page 5

STATE OF SOUTH CAROLINA

COUNTY OF GREENVILLE

Benjamin L. Anderson,

Plaintiff,

V.

DaVita Upstate Dialysis Center,

Defendant.

IN THE COURT OF COMMON PLEAS
FOR THE THIRTEENTH JUDICIAL CIRCUIT
CASE NO.: 2014-CP-23-06070

**DEFENDANT'S MEMORANDUM IN
SUPPORT OF MOTION TO DISMISS**

TO: BENJAMIN L. ANDERSON, PLAINTIFF

For the following reasons, Defendant DaVita Upstate Dialysis Center ("DaVita") respectfully requests that the Court grant its Motion to Dismiss regarding all of Plaintiff's claims against this Defendant.

FACTS BEARING UPON THE MOTION

In February 2013, Plaintiff Benjamin L. Anderson ("Anderson") started receiving dialysis treatment at Defendant DaVita Upstate Dialysis Center ("DaVita"). On November 5, 2013, Anderson alleges that Brian Hamrick ("Hamrick"), a nurse employed by DaVita, told him "You're not a drug dealer, you have drugs in your body now" and "When a girl sits in front of you with her legs wide apart, she is trying to get money out of you." (See Compl., attached as Exhibit "A"; Plaintiff's Responses to Defendant's First Interrogatories to Plaintiff, Response No. 35, attached as Exhibit "B.") Anderson alleges on November 12, 16, and 19, 2013, he was receiving his dialysis treatment when, for the entire three hours and fifteen minutes of each session, Peggy Roper ("Roper") or Savannah Gaines ("Gaines"), registered nurses employed by DaVita, along with other DaVita employees began to mock him in various ways, including using racial

COPY

1 Benjamin L. Anderson
2 445 W. Rebound Road
3 Lancaster, South Carolina
4 (864) 320-2280

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5 Pro Se

6 IN THE COURT OF COMMON PLEAS
7 Greenville, S.C.

8
9
10 Benjamin L. Anderson
11 Plaintiff

)
)
) CASE NO: 2014 CP 2306070
) Plaintiffs
) STATEMENT OF Genuine Issues
) Necessary to be Litigated
) OPPOSING Summary
) Judgment

12
13 VS

14
15 Davita Upstate Dialysis
16 Defendant

17
18
19 STATEMENTS OF GENUINE ISSUES

20 Genuine issues of material facts exists as to whether
21 or not the defendants actions of humiliation, disparagement,
22 and humiliation, and other conduct was proximate cause
23 of Plaintiffs mental anguish, stress and harm.
24 Genuine issues of material fact exists as to whether
25 or not the defendant employee, an administrative
26 assistant, created an intolerable patient care
27 environment when this employee patted Plaintiff on
28 his buttocks said, "I have moves (vibrating) her body,

1 Genuine Issues continued.

2 which act was in the presence of others, is
3 sexual harassment.

4 Genuine issues of material fact exists as to
5 whether or not an RN's comments
6 regarding drug use by Plaintiff, during dialysis,
7 lowered Plaintiff in the esteem of the community
8 and is injury to his reputation and character,
9 (slander per se). Was reckless disregard as to falsity.

10 Genuine issues of material fact exists as to
11 whether or not an RN's comments, "I Lied... that's
12 why Ben (Plaintiff) protested us," demonstrates
13 willful and intentional malicious conduct.

14 Genuine issues of material fact exists as to
15 whether or not an RN charge nurse and a
16 nephrologist made false representations with
17 knowledge of its falsity to induce Plaintiff's
18 reliance thereon.

19 Genuine issues of material fact exists as to
20 whether or not the facility's, social workers'
21 comments, in her patients' "progress notes", regarding
22 Plaintiff's daughter, is blatant fabrication of
23 his medical records.

24 Genuine issues of material facts exists as to
25 whether or not a Nephrologist, of Carolina Nephrology,
26 fabricated Plaintiff's medical records.

27 Genuine issues of material facts exists as to whether or
28 not an RN fabricated Plaintiff's medical records (progress notes).

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Genuine Issues

Genuine issues of material fact exists as to whether or not defendants conduct was so outrageous, reprehensible, unreasonable, abusive and severe that no reasonable person could endure it.

July 23, 2015

Benjamin L Anderson
Benjamin L Anderson
Pro Se

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IN THE COURT OF COMMON PLEAS
Greenville

Benjamin L. Anderson	)	CASE NO.
Plaintiff	)	
	)	Plaintiffs' OPPOSITION
	)	to Defendants' Motion-
VS.	)	Summary Judgment
	)	
Davita Upstate Dialysis	)	Memorandum of law
Defendant	)	Rule 56c
	)	ADR Rule 3(a)
	)	Rule 402

The Plaintiff in the above captioned case
opposes summary judgment at this stage
for the following: Plaintiffs' discovery is
not yet complete. Notice of ADR preceded
motion for summary judgment, schedule 2 for
9-1-2015. Plaintiffs copy of his deposition not given.

STANDARD OF REVIEW

"Rule 56c, SCRPC in determining whether
any triable issue of fact exists, the Court
must view the evidence and all reasonable
inferences that may be drawn from it in the

1 light most favorable to the nonmoving party."

2 Worsley Cos. v. Town of Mt. Pleasant 339 S.C.
3 51, 55, 528 S.E2d 657, 659 (2000)

4 "Summary judgment is a drastic remedy,
5 which should be cautiously invoked so that
6 no person will be improperly deprived of
7 a trial of the disputed factual issues."

8 Baughman v. American Tel. & Tel. Co., 306 S.C.
9 101, 112, 410 S.E2d 537, 543 (1991), "This

10 means, among other things, that summary
11 judgment must not be granted until
12 opposing party has had a full and fair
13 opportunity to complete discovery, id. "

14 OTHER - STANDARD OF REVIEW

15
16
17 "Summary judgment is appropriate where
18 the pleadings, depositions, answers to
19 interrogatories, and admissions on file,
20 together with the affidavits, if any,
21 show there is no genuine issue as to
22 any material fact and the moving
23 party is entitled to a judgment as a
24 matter of law."

25 ARGUMENT

26
27 Pursuant to Rule 402: Plaintiff has submitted
28 evidence which is relevant to this action

1 He cites: Levy v. Outdoor Resorts of S.C.
2 304 S.C. 427, 405 S.E.2d 387 (1991)

3 Plaintiff has submitted pleadings, defendants'
4 admissions, answers to interrogatories,
5 affidavits, medical documentary evidence
6 as well as have filed, "Genuine issues
7 of material facts."

8 Plaintiff's claims are not for medical
9 malpractice.

10
11 PROXIMATE CAUSE OF HARM/INJURY

12 Plaintiff checked in at local emergency room
13 on November 16, 2013. He has stated under oath
14 on his deposition taken on June 12, 2015
15 and in pleadings that he was harassed on
16 October 31, November 5, 12 and the 16th, which
17 dates culminated with stress and humiliation.

18 Plaintiff asserts there is a causal relation
19 from the time these actions occurred to
20 the point he could not physically take any
21 more and thus to the emergency room.

22 The Defendants failed to help the
23 patient (Plaintiff), who knew his blood
24 pressure was 236/126 immediately prior to
25 leaving the Davita facility; A Blatant
26 omission to act, according to standard
27 policy and procedure.
28

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Pro Se

IN THE GREENVILLE COUNTY COURT, SOUTH CAROLINA
COUNTY OF GREENVILLE

Benjamin L. Anderson
Plaintiff

VS

**DaVita Upstate Dialysis Center,
Defendants**

CASE NO: 2014CP230607

Plaintiffs Opposition To Defendants Motion to Dismiss

Memorandum of Law
Date: January 26, 2015
Time: 11:00 A.M.

Plaintiff Opposes Defendants Motion to dismiss his complaint pursuant to his pleadings, declarations and genuine issues of material facts which he contends are necessary to be litigated.

Plaintiffs' claims are justified. The facts in the complaint must be taken as true.

The court must accept all material allegations in favor of the complaining party. Failure of Defendant to serve Plaintiff the notice of motion to dismiss his complaint per South Carolinas Civil procedure Rule 5.

Plaintiff contends he filed actions sounding in tort pursuant to South Carolina's personal injury law. Plaintiff mitigated damages through seeking medical care as to abuse, however actions continued.

Memorandum of Law:

Intentional Infliction of Emotional Distress

“Tort of Outrage”

Plaintiff cites: Ford V. Hutson, 276 S.C., 157, 276 S.E. 2d 778 (1981)

(To recover for intentional infliction of emotional distress)

Mack V. South Bound R.R. CO.

52 S.C., 323-335, 29 S.E. 2d, 90

[Emotional Damages]

Memorandum of Law:

Defamation

Plaintiff cites: Swinton Creek Nursery V. Edisto Farm Credit 334 S.C. 469, 514

S.E. 2d (1999)

332 S.C., 502, 506 S.E. 2d 497 (1998)

[The Tort of defamation allows a plaintiff to recover for injury to his or her reputation as a result of defendant’s communication to others of a false message about Plaintiff]

Public Policy that individuals should be free to enjoy their reputations unimpaired by false and defamatory attack, injury to reputation.

Memorandum of Law

Deceit (TORT)

“A false representation of material fact made with knowledge of its falsity, or recklessly, or without reasonable grounds for believing it’s truth.”

Reid V. Harbinson Dev. Corp

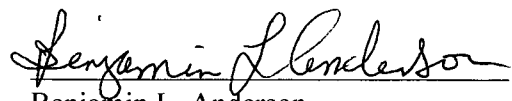
285, S.C. 557-560, 330 S.E. 2d 532, 534 (CT.APP 1985)

Osborne V. Adams, 346, S.C. 4, 550 S.E. 2d 319 (2001)

PUNITIVE DAMAGES

Pursuant to 15-32-52 of the South Carolina Code “in order to receive punitive damages the claim for punitive damages must be asked for in the complaint but specific amount may not be.”

July 21, 2015


Benjamin L. Anderson
Pro Se

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IN THE GREENVILLE COUNTY COURT, SOUTH CAROLINA
COUNTY OF GREENVILLE

Benjamin L. Anderson
Plaintiff

VS

DaVita Upstate Dialysis Center,
Defendants

CASE NO: 2014CP230607

Plaintiffs Opposition
To Defendants Motion
to Dismiss

Memorandum of Law
Date: January 26, 2015
Time: 11:00 A.M.

Plaintiff Opposes Defendants Motion to dismiss his complaint pursuant to his pleadings, declarations and genuine issues of material facts which he contends are necessary to be litigated.

Plaintiffs' claims are justified. The facts in the complaint must be taken as true. The court must accept all material allegations in favor of the complaining party. Failure of Defendant to serve Plaintiff the notice of motion to dismiss his complaint per South Carolinas Civil procedure Rule 5. Plaintiff contends he filed actions sounding in tort pursuant to South Carolina's personal injury law. Plaintiff mitigated damages through seeking medical care as to abuse, however actions continued.

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Memorandum of Law

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Reid V. Harbinson Dev. Corp.

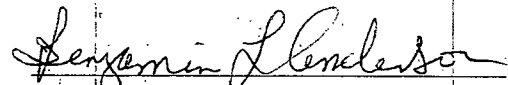
285, S.C. 557-560, 330 S.E. 2d 532, 534 (CT.APP 1985)

Osborne V. Adams, 346, S.C. 4, 550 S.E. 2d 319 (2001)

PUNITIVE DAMAGES

Pursuant to 15-32-52 of the South Carolina Code "in order to receive punitive damages the claim for punitive damages must be asked for in the complaint but specific amount may not be."

July 2, 2015



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Pro Se

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Pro Se

IN THE COURT OF Common PLEAS
Greenville

Benjamin L. Anderson
Plaintiff

CASE NO. 2014-CP-23-06070

VS.

Plaintiffs' Evidentiary

Documentation

ST. FRANCIS HOSPITAL

Medical Records

DOUGLA UPSTATE DIALYSIS
Defendant

[ATTACHED AS EXHIBIT]

OPPOSING Summary Judgment

Rule 402 (Evidence)

July 2, 2015

Benjamin L. Anderson
Benjamin L. Anderson
Pro Se Litigant



BON SECOURS HEALTH SYSTEM, INC.

Benjamin L Anderson

MRN: 791002143

Department: SFD EMERGENCY DEPT

Date of Visit: 11/16/2013

Allergies (verified on: 11/16/13)

(No Known Allergies)

You were seen by the following provider(s):

1. Daniel J Wetenhall, MD
2. Carl A Howell, PA

You Were Diagnosed With

HTN (hypertension) - Primary Stress

Current Discharge Medication List

CONTINUE these medications which have NOT CHANGED

	Dose & Instructions	Dispensing Information	Comments
cloNIDine 0.3 mg tablet Commonly known as: CATAPRESS	Dose: 0.3 mg Take 0.3 mg by mouth three (3) times daily.	Refills: 0	
COREG 25 mg tablet Generic drug: carvedilol	Dose: 25 mg Take 25 mg by mouth two (2) times a day.	Refills: 0	
diazepam 5 mg tablet Commonly known as: VALIUM	Dose: 5 mg Take 1 Tab by mouth three (3) times daily as needed for Anxiety (spasm).	Quantity: 12 Tab Refills: 0	
hydrALAZINE 100 mg tablet Commonly known as: APRESOLINE	Dose: 100 mg Take 100 mg by mouth three (3) times daily.	Refills: 0	
losartan 25 mg tablet Commonly known as: COZAAR	Dose: 25 mg Take 25 mg by mouth daily.	Refills: 0	
tamsulosin 0.4 mg capsule Commonly known as: FLOMAX	Dose: 0.4 mg Take 1 Cap by mouth daily.	Quantity: 30 Cap Refills: 3	

Where to Get Your Medications

Information on where to get these meds will be given to you by the nurse or doctor.

- diazepam 5 mg tablet

ED Disposition

AMA

Follow-up Information

EXHIBIT



BON SECOURS HEALTH SYSTEM

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE, SC 29601-3955

ANDERSON, BENJAMIN
MRN: 791002143
DOB: 5/13/1944, Sex: M
Acct #: 30133200044
Arrival: 11/16/2013, D/C: 11/16/2013

ED Provider Notes signed by Carl A Howell, PA at 11/16/13 1325

Author:	Carl A Howell, PA	Service:	(none)	Author	Physician Assistant
Filed:	11/16/13 1325	Note Time:	11/16/13 1225	Type:	
Cosigner:	Daniel J Wetenhall, MD at 11/16/13 2347			Note Type:	ED Provider Notes

HPI Comments: Pt presents for refill of valium, states he has had rx for this in the past and needs some now after being harassed by nurses while at dialysis earlier this morning. Denies HA, CP, SOB. States compliant with medication for HTN, took hydralazine and clonidine 30 min pta. Pt with hx of htn, stage iv renal disease, schizophrenia.

Patient is a 69 y.o. male presenting with medication refill. The history is provided by the patient.

Medication Refill

This is a new problem. The current episode started 3 to 5 hours ago. The problem occurs constantly. Pertinent negatives include no chest pain, no abdominal pain, no headaches and no shortness of breath. Nothing aggravates the symptoms. Nothing relieves the symptoms. He has tried nothing for the symptoms.

Past Medical History

Diagnosis

Date

- Diverticulitis
- Chronic schizophrenia
- Arrhythmia
slight murmur; pt states since birth; no medication for it; no sob nor chest pain able to do normal adl's without incidence
- Hypertension
controlled with meds
- Coagulation defects
hx of anemia
- Psychiatric disorder
depression and anxiety per pt
- GERD (gastroesophageal reflux disease)
prevacid prn
- Chronic kidney disease
Found Jan '10; Right kidney not functioning
- Chronic kidney disease
Stage IV hemodialysis - M-W-F (Devita - Academy St. Greenville,)
- Seizures
hx seizure r/t metabolic disorder (RF) - x 2 (2010) prior to AV shunt
- Gastrointestinal disorder
diverticulitis

Past Surgical History

Procedure

Laterality: Date

- Hx tonsillectomy
- Hx vasectomy
- Hx vascular access
L wrist/forearm AV fistula 5/15/11
- Hx vascular access
R Temporary Subclavian port for dialysis
- Pr abdomen surgery proc unlisted
umbilical and inginal hernia



BON SECOURS HEALTH SYSTEM

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE, SC 29601-3955

ANDERSON, BENJAMIN
MRN: 791002143
DOB: 5/13/1944, Sex: M
Acct #: 30133200044
Arrival: 11/16/2013, D/C: 11/16/2013

Family History

Problem	Relation	Age of Onset
• Cancer <i>prostate</i>		
• Heart Disease	Mother	
• Hypertension	Mother	
• Dementia	Mother	
• Stroke	Mother	
• Diabetes	Father	
• Cancer	Brother	

History

Social History

- Marital Status: DIVORCED
- Spouse Name: N/A
- Number of Children: N/A
- Years of Education: N/A

Occupational History

- Not on file.

Social History Main Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: No
- Drug Use: No
- Sexually Active:

Other Topics

- Not on file

Concern

Social History Narrative

- No narrative on file

ALLERGIES: Review of patient's allergies indicates no known allergies.

Review of Systems

Constitutional: Negative for fever, chills and activity change.

HENT: Negative for neck pain.

Respiratory: Negative for shortness of breath.

Cardiovascular: Negative for chest pain, palpitations and leg swelling.

Gastrointestinal: Negative for abdominal pain.



BON SECOURS HEALTH SYSTEM

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE, SC 29601-3955

ANDERSON, BENJAMIN
MRN: 791002143
DOB: 5/13/1944, Sex: M
Acct #: 30133200044
Arrival: 11/16/2013, D/C: 11/16/2013

Neurological: Negative for headaches.

Psychiatric/Behavioral: Positive for agitation. Negative for suicidal ideas. The patient is not nervous/anxious. All other systems reviewed and are negative.

Filed Vitals:

11/16/13 1154
BP: 220/118
Pulse: 62
Temp: 98 °F (36.7 °C)
Resp: 16
Height: 5' 7" (1.702 m)
Weight: 65.2 kg (144 lb)
SpO2: 99%

Physical Exam:

Nursing note and vitals reviewed.

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear normal.

Left Ear: External ear normal.

Nose: Nose normal.

Mouth/Throat: Oropharynx is clear and moist.

Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light.

Neck: Normal range of motion.

Cardiovascular: Normal rate, regular rhythm and normal heart sounds.

Pulmonary/Chest: Effort normal and breath sounds normal.

Abdominal: Soft. There is no tenderness.

Musculoskeletal: Normal range of motion.

Neurological: He is alert and oriented to person, place, and time.

Skin: Skin is warm and dry. He is not diaphoretic.

Psychiatric: His speech is normal. Judgment and thought content normal. His affect is angry. His affect is not labile and not inappropriate. He is agitated. He is not aggressive and not combative. Cognition and memory are normal. He does not exhibit a depressed mood. He expresses no suicidal plans and no homicidal plans.

MDM

Differential Diagnosis; Clinical Impression; Plan:

Medication refill

High BP- down to 169/93 prior to discharge.

4 day rx of valium given. Pt to follow up with pcp.

Amount and/or Complexity of Data Reviewed:

Discuss the patient with another provider: Yes (Attending)

Risk of Significant Complications, Morbidity, and/or Mortality:



BON SECOURS HEALTH SYSTEM

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE, SC 29601-3955

ANDERSON, BENJAMIN
MRN: 791002143
DOB: 5/13/1944, Sex: M
Acct #: 30133200044
Arrival: 11/16/2013, D/C: 11/16/2013

Presenting problems: Low
Diagnostic procedures: Low
Management options: Low
Progress:
Patient progress: Stable and improved

Procedures

I have discussed the results of labs, procedures, radiographs, treatments as well as any previous results found within the St. Francis electronic database with the patient and available family. A treatment plan was developed in conjunction with the patient and was agreed upon. The patient is ready for discharge at this time. All voiced understanding of the discharge plan and medication instructions or changes as appropriate. Questions about treatment in the ED were answered. The patient was encouraged to return should symptoms worsen or new problems develop. A follow up physician was provided to the patient on the discharge papers.

Electronically signed by Carl A Howeli, PA at 11/16/13 1325
Electronically signed by Daniel J Wetenhall, MD at 11/16/13 2347

COPY

2015 JAN 23 AM 11 59

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PAUL B. WICKENSIMER

1 Benjamin L. Anderson
2 445 W. Rebound Road
3 Lancaster, SC 29220
4 (864) 320-2280
5

6 PRO SE

In the Court of Common Pleas

9 Benjamin L. Anderson)
10 Plaintiff)

CASE: 2014 CP23 06070
DATE: January 26, 2015

11
12 v.

Physical Injury
Sustained because
of Davita's staff
actions

13
14 DAVITA UPSTATE Dialysis)
15 Defendant)
16
17

18 Plaintiff asserts he sustained blood
19 vessel damage behind his eyes. See
20 attached exhibit C attached to this pleading.
21 Fresenius Health Care (my current dialysis center)
22 gave plaintiff a fourth blood pressure
23 medicine to bring blood pressure down.
24 Plaintiff's time on dialysis was
25 increased to (4) four hours from three
26 hours and fifteen mins.
27 Davita's personal harassment which blood
28 pressure elevated to critical levels was cause.

1 The Plaintiff's blood remained high
2 because of the abuse and mental anguish
3 caused by Davita Upstate Dialysis
4 actions and omissions to act.
5 Plaintiff's blood pressure is just
6 beginning to come down to safe levels
7 changing Dialysis Center (Davita)
8 was good for Plaintiff's longevity of
9 life while on dialysis.

10
11
12 January 22, 2015

Benjamin L. Anderson
Benjamin L. Anderson
PRO SE

PATIENT EXAMINATION FORM

NAME Ben Anderson

AGE 70 SEX m DATE 1-16-15

CHIEF COMPLAINT CL
Blurred vision distance

HISTORY

HPI: _____
Symptoms: _____
Location: _____
Quality: _____
Severity: _____
Duration: _____
Timing: _____
Context: _____
Modifiers: _____
PSYCH: Mood Affect (anxiety/depression) ☒ hi
NEURO: Oriented (person/time/place) ☒ y ☐ n
Allergies: NKA
Medications: HTN meds
Ocular ROS: none
Medical History & ROS from 01/16/15 reviewed: ☐ no changes
Dr. Initials: MD

UNADJ. FAR		NEAR		CURRENT DATE		ENTRANCE TESTS	
DIST	OD 20/ <u>400</u>	OS 20/ <u>400</u>	Rx	OD <u>none</u>	OS <u>none</u>	FAR	NEAR
VA	OD 20/ <u>400</u>	OS 20/ <u>400</u>				20/	20/
PUPILS		COVER		NPC		PINHOLE VA	
<u>PERIL - APD</u>		<u>+</u>		<u>+</u>		OD 20/ <u>20/</u>	
COLOR VISION		STEREO FUSION		EOM MOTILITY		BP	
OD WNL		WNL		<u>WNL</u>		<u>FROM</u>	
OS WNL						ASSOC PHORIA	
						LAT	
						VERT	

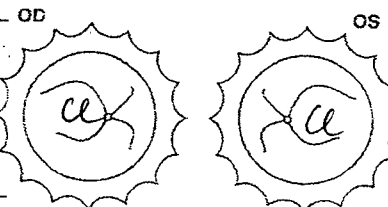
RETINO		PHOTOMETRY	
OD	20/	DIST	OD -5.00 -0.75 X 100 20/ 30
OS	20/	SUBJ	OS -5.00 -0.50 X 110 20/ 25
NEAR	OD	AMP	
SUBJ	OS	PRA	
		NRA	

EXTERNAL (BIOMICROSCOPY)

ANGLE EST (GRADE)				
OD	1	2	3	4
OS	1	2	3	4

OD OS
TEARS cl
LIDS/LASHES cl
CORNEA clear
PAL CONJ cl
BULB CONJ cl
ANT CHMB cl
LENS clear
IRIS cl

OD - 5.00
OS - 5.00



INTERNAL (OPHTHALMOSCOPY)

DO 90 20
BIO 78 100
OD OS
0.50 C/D 0.50
DISC MARGINS PPH
MACULA PPH
VESSELS PPH
BACKGROUND cl
MEDIA cl
VITREOUS cl
PERIPH RET cl

TONOMETRY

OD 15
OS 17
TIME 11:13

ASSESSMENT

- 1-2) CMT OD, OS & presbyopia OD, OS
- 3) HTN w/ mild retinopathy OD, OS
- 4) Cataracts cause ↓ BC VA OD >> OS

PLAN

1) SRx given today, CRx given today

RX

DPA	SE Explained		
Tropic	.25%	.5%	1%
Phenyl	2.5%	5%	10%
Pared	1%		
Cyclo	.5%	1%	1%

Rx Recommendations

Patient refused
at lab

OD	OS	Sphere	Cyl	Axis	Prism	Base	Add
-5.00	-5.00	-0.75	100				+2.5
-5.00	-5.00	0.50	110				+2.5

CL/RX

OD	OS	B.C.	Power	Dia.	PC/IC	Type of CI
8.6	8.6	-500	14.2			At opt
8.6	8.6	-500	14.2			

SIGNED

[Signature]
(T)onometry (Y)outh Rx Check (D) FE

Advice: Rx adaption Full time Rx Dist Rx Reading Rx

Rx optional for dist Rx optional for near

Recommendations: Sun Rx Computer Rx Golf Rx Safety Rx Sports Rx

Recall: Date: Reason: (E)xam (C)Lcheck (G)laucoma PC (T)onometry (Y)outh Rx Check (D) FE

1 Benjamin L. Anderson
2 445 W. Rebound Road
3 Lancaster, S.C. 29720
4 (864) 320-2280

FILED-CLERK OF COURT
GREENVILLE CO. S.C.
PAUL B. WICKENSIMER

2015 JUL 23 PM 12 13

5 Pro Se

6 IN THE COURT OF COMMON PLEAS
7 Greenville
8

9
10 Benjamin L. Anderson
11 Plaintiff

12 VS

13
14 DAVITA UASTATE DIALYSIS
15 Defendant
16

) CASE NO. 2014-CP-23-06070

) Medical Records from
) Greenville VA Outpatient
) Clinic

) Plaintiffs
) OPPOSITION TO Summary

) Judgment

) Date: .

) Judge: Hall

) EXHIBIT ATTACHED

17
18 Pursuant TO Rule 56 and Rule 402 The Plaintiff
19 Submits his medical Records from the Greenville
20 VA Outpatient Clinic in opposition to the defendants
21 motion for Summary Judgment. The Plaintiff
22 is being seen for mental anguish, anxiety
23 stress and insomnia at the mental health
24 department. My therapy includes "venting" emotions,
25 frustrations and feelings.

26
27 July 23, 2015

Benjamin L. Anderson
Benjamin L. Anderson
Pro Se

Progress Notes

Printed On Mar 20, 2015

LOCAL TITLE: MH SUICIDE RISK ASSESSMENT
STANDARD TITLE: SUICIDE RISK ASSESSMENT NOTE
DATE OF NOTE: FEB 04, 2015@13:17 ENTRY DATE: FEB 04, 2015@13:17:14
AUTHOR: WALKER, PAULA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

The Suicide Risk Assessment is routinely completed once a year with all veterans, due to positive suicide, depression or PTSD screen, upon completion of a Suicide Behavior Event Report (SBER), for Suicide High Risk Flag documentation, and when clinically indicated.

Reason for suicide risk evaluation (click all that apply):

Routine yearly assessment

Time spent with patient: 46-60 min

Within the last month have you had thoughts of harming or killing yourself?

No, patient denies suicidal thoughts.

Have you ever attempted to commit suicide or participated in self-directed violence?

No, patient denies ever attempting suicide or self-directed violence.

Are you feeling hopeless?

No

Do you have current homicidal ideation (thoughts of harming/killing someone else in the last 30 days)?

No

Risk Factors: (click only those that apply)

Demographic: Age (ages 15-24 or 65+)

Protective Factors: (click only those that apply) Life

Satisfaction/Hopeful, Spirituality/Religious Beliefs

Suicide Risk: (click only one level of risk)

Low

Patient is a low risk. No further follow-up is needed/required at this time.

Intervention: (click all that apply)

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EXHIBIT

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Please add the Suicide Prevention Team as signers when making recommendations surrounding the Suicide High Risk List/Flag and as needed for notification purposes. SPC TEAM: Cynthia Davis (ext.7034) & Amy LaClaire (ext.4360).

SUICIDE RISK ASSESSMENTS ARE ASSUMED TO BE VALID AT THE TIME IN WHICH THEY ARE CONDUCTED. SUBSEQUENT INTERVENING VARIABLES COULD RESULT IN CHANGES IN SUICIDE RISK FOR THE PATIENT.

/es/ PAULA WALKER
LISW
Signed: 02/04/2015 14:04

LOCAL TITLE: MH TRIAGE INTAKE ASSESSMENT CONSULT
STANDARD TITLE: MENTAL HEALTH INITIAL EVALUATION CONSULT
DATE OF NOTE: FEB 04, 2015@13:05 ENTRY DATE: FEB 04, 2015@13:05:15
AUTHOR: WALKER, PAULA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** MH TRIAGE INTAKE ASSESSMENT CONSULT Has ADDENDA ***

Triage Mental Health Intake Assessment

I. Date evaluated:2/4/15
Last visit to PCC: 12/29/14
Last visit to Mental Health: 2004
Last psych hospitalization: NA Location: Diagnosis:

II. Patient's stated chief complaint (describe): "I am suffering from insomnia, stress and anxiety. I have been dealing with it for about a year now. My symptoms are associated with being diagnosed as delusional, paranoid, and schizophrenic. I discovered the diagnosis in my records in June of 2014." Pt. stated that he was hospitalized in 2010 and thinks that he was mis-diagnosed at that time. Pt. stated that he received no information on this diagnosis and was not treated for it. "Sometimes I start shaking and have tremors."

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III. Presenting problem (check all that apply)

☐cultural issues affecting symptoms or treatment ☐yes ☐no

If yes, explain:

☒anxiety 2 - 3 times per week, ☐panic attacks ☐PTSD

☐depression ☐recent ☐recurrent

☒insomnia

☐psychosis ☐hallucinations ☐delusions ☐bizarre behavior

☒substance use substances used: alcohol Last used: last month

☐age-related changes ☐cognitive ☐behavioral

☐difficulty coping with illness

☐psychosocial stressors: ☐homelessness ☐financial distress

☐placement ☐job ☐school ☐marital discord

☐relationship issues

☐spiritual ☒legal Pt. has court case related to mis-diagnosis of schizophrenia in 2010.

☐suicidal/homicidal ideation

Any barriers to learning, such as problems with reading, writing, eyesight or hearing ☐yes ☒no

If yes, explain:

☐inability to control anger

☐other:

IV. History of physical or sexual abuse ☐yes ☒no If yes, explain:

Perpetrator of physical or sexual abuse ☐yes ☒no If yes, explain:

Sexual orientation: Heterosexual

V. Appearance: Dress/Grooming: ☒neat ☐clean ☐unkempt

☐unwashed ☐disheveled

Eye Contact: ☒good ☐fair ☐poor

Kinetics: ☒normal ☐increased ☐decreased

Verbalization: ☒normal ☐increased ☐decreased ☐slow

☐hesitant ☐rapid ☐slurred ☐pressured

Mood/Affect: ☒appropriate ☐sad ☐depressed ☐tearful

☐anxious ☐suspicious ☐irritable ☐agitated

☐cheerful ☐euphoric ☐labile

Sensorium: Alertness: ☒normal ☐increased ☐decreased

Orientation: ☒time ☒place ☒person ☒situation

Concentration: ☒good ☐fair ☐poor

Memory: Recent: ☒good ☐fair ☐poor

Remote: ☒good ☐fair ☐poor

Suicidal/homicidal ideation with plan: ☐yes ☒no

Suicidal/homicidal ideation without plan: ☐yes ☒no

VI. Assessment

☐Patient was too incapacitated or unreliable to complete entire

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assessment.

☐ Requires further assessment by triage APRN/MD

☐ Appropriate for outpatient treatment

☐ Immediate threat to self or others

☐ Less restrictive interventions have been unsuccessful

☐ Impairment is such that veteran cannot function in usual environment

☐ Requires detox or skilled observation in a therapeutic environment

☐ Other:

Pt. is a 70 yo Air Force veteran. Pt. served during the Vietnam Era but did not go to Vietnam. Pt. worked as a Respiratory therapist while in the Air Force. Pt. spent most of his military career in California. When Pt. left the military he remained in California. Pt. stated that he was married for 16 years. Pt. has a total of six children - blended family. Pt. and wife had three children together and she had three from a previous relationship. Pt. returned to SC in 1994 to care for his mother. Pt. stated that his mother passed away in January 2013 at the age of 91. Pt. is middle child of three. Pt. reported that he is a dialysis patient.

Pt is presenting with problems with anxiety and insomnia. Pt. stated that he experiences bouts of nervousness and shakiness about three times per week. Pt. stated that he becomes anxious when he thinks about being diagnosed as paranoid schizophrenic without proof or treatment for this diagnosis. Pt. stated that he sleeps about three hours a night. Pt. stated that his nephrologist prescribed him Ambien to assist with sleep. Pt. is also requesting to be seen by one of our Prescribers to discuss medication to assist with reducing his anxiety and sleep issues.

VII. Provisional diagnosis: Deferred

GAF: Last GAF Score: 40 on AUG 20, 2004 by DENKER, MARTIN W

VIII. Plan

☐ Name of provider (APRN/MD) that will see patient today:

☐ MD appointment to be scheduled and mailed to veteran.

☐ Veteran also referred to:

☐ Psychiatrically stable-referred back to Urgent Care/
PCC provider-re-consult, prn

☐ Admitted for inpatient treatment at: ☐ Dorn ☐ Bryan ☐ Other:

☐ Pain referral to Primary Provider via additional signer link.

☐ Consult sent to Primary Provider to pain management

☐ Patient sent to Urgent Care for acute or intolerable pain
managment

IX. Patient requests mental health follow up at:

☐ Dorn

☒ GOPC

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- ☐ CBOC Anderson
- ☐ CBOC Florence
- ☐ CBOC Orangeburg
- ☐ CBOC Sumter
- ☐ CBOC Rock Hill

X. Patient educated about the following:

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

Education Summary & Comments:

Pt. received information on the availability of mental health services available at Dorn and CBOC's. Pt. received information on the Veteran's Crisis Line and received their contact information. Pt. received education on how to access emergency services during and after clinic hours. Pt. was informed that he would be referred to a general mental health group and he is in agreement with the referral.

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

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

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

/es/ PAULA WALKER

LISW

Signed: 02/04/2015 14:00

02/04/2015 ADDENDUM

STATUS: COMPLETED

Pt. is requesting an appointment with a prescriber. Pt reports sleeping three hours per night or less. Pt has been prescribed Ambien but that does not seem to be helping. Pt. also complains of problems with anxiety.

/es/ PAULA WALKER

LISW

Signed: 02/04/2015 14:02

Receipt Acknowledged By:

02/04/2015 14:12 /es/ DEBRA J FABIAN

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RN

02/04/2015 ADDENDUM

STATUS: COMPLETED

Terri, please schedule this veteran with the next available prescriber.

/es/ DEBRA J FABIAN

RN

Signed: 02/04/2015 14:13

03/10/2015 ADDENDUM

STATUS: COMPLETED

Veteran called regarding his appointments to be seen in a group. Please call him at 864.320.2280.

/es/ TERRI LEA STULTS

PROGRAM SUPPORT ASSISTANT

Signed: 03/10/2015 15:51

Receipt Acknowledged By:

03/13/2015 09:54

/es/ PAULA WALKER

LISW

03/13/2015 ADDENDUM

STATUS: COMPLETED

SW contacted Pt. to inform him of decision of Tx. Team. SW informed Pt. that he had been referred to attend the NAMI support group that meets every 1st and 3rd wednesday at 9:30 in the administration conference room. Pt. is aware that the next meeting will be 4/1/15.

/es/ PAULA WALKER

LISW

Signed: 03/13/2015 10:06

03/18/2015 ADDENDUM

STATUS: COMPLETED

Veteran presented to GOPC MH reception. He stated that he does not understand why he was directed to the NAMI group. Please call him at 864.320.2280.

/es/ TERRI LEA STULTS

PROGRAM SUPPORT ASSISTANT

Signed: 03/18/2015 09:21

Receipt Acknowledged By:

* AWAITING SIGNATURE *

WALKER, PAULA

LOCAL TITLE: NURSING NOTE

STANDARD TITLE: NURSING NOTE

DATE OF NOTE: JAN 23, 2015@16:33

ENTRY DATE: JAN 23, 2015@16:33:53

AUTHOR: HICKS, THOMAS H

EXP COSIGNER:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Progress Notes

COPY

Printed On Mar 20, 2015

DATE OF NOTE: DEC 16, 2014@13:02

ENTRY DATE: DEC 16, 2014@13:02:40

AUTHOR: BOPPANA, RAGHU

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** PC (GOPC) NEW PATIENT NOTE (VANDERKNYFF) Has ADDENDA ***

MEDICAL RECORD

HISTORY - PART I

NATURE AND DURATION OF COMPLAINTS

CHIEF COMPLAINTS: THIS 70 YEAR OLD MALE IS
ADMITTED WITH THE CHIEF COMPLAINT OF

HISTORY OF PRESENT ILLNESS:

pt is ESRD gets dialysis fresenius at Fort lawn, lancaster -TTS.
his ESRD is from HTN and on dialysis since 2011
On meds form carolina nephrology.
known hypertensive with poor control
on norvasc 10 mg, Hydrallazine 100 mg q6h, clonidine 0.3 mg TID and
flomax 0.4 mg for LUTS,
on diazepam 5 mg for anxiety
usual BP ranges are from 160 to 200 SBP and 80 to 95 DBP.
makes 500 ml to 1000 ml urine a day.

PAST MEDICAL HISTORY:

1. HTN
2. ESRD
3. anxiety
4. BPH

- OPERATIONS:

1. hernia repair
2. vascular access- left forearm
3. tonsillectomy
4. vasectomy

- SERIOUS CHILDHOOD ILLNESS: NONE.

- SIGNIFICANT INJURY: NONE.

MEDICATION:

see list

ALLERGIES: none

Patient has answered NKA

VA medical records
From Primary care
Physician - EXHIBIT

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HABITS:

- TOBACCO:No
- ALCOHOL:social
- ILLICIT DRUGS:none

SOCIAL HISTORY:

- PLACE OF BIRTH:
- PLACE OF RESIDENCE:lancaster
- EDUCATION LEVEL:Respiratory therapist
- OCCUPATION:inactive resp therapist
- RELIGIOUS PREFERENCE:
- MILITARY SERVICE: air force

FAMILY HISTORY:

- MARITAL STATUS:single
- PARENTS:deceased

FAMILY HISTORY

Mother-HTN,CAD

Dad::DM, HTN and CAD and related complications.

SYSTEM REVIEW

GENERAL: NO HISTORY OF CHILLS, FEVER, OR WEIGHT LOSS.

HEENT: HEADACHE+ , DIPLOPIA, BLURRED VISION, CATARACTS, GLAUCOMA, HEARING LOSS, TINNITUS, VERTIGO, EPISTAXIS, PERSISTENT HOARSENESS, DYSPHAGIA, ODYNOPHAGIA, KNOWN GOITER OR THYROID DISEASE.

PULMONARY: NO HISTORY OF PERSISTENT COUGH, SPUTUM, HEMOPTYSIS, DYSPNEA, PLEURITIC CHEST PAIN, WHEEZING, ASTHMA, OR PNEUMONIA.

CARDIAC: NO HISTORY OF CHEST DISCOMFORT, PALPITATIONS, ORTHOPNEA, PND, SOB, PEDAL EDEMA, RHEUMATIC FEVER

GI: NO HISTORY OF ANOREXIA, NAUSEA, VOMITING, DIARRHEA, CONSTIPATION, HEMATEMESIS, MELENA, HEPATITIS, PEPTIC ULCER DISEASE, GB DISEASE OR ABDOMINAL PAIN.never had one

GU: NO HISTORY OF DYSURIA, HEMATURIA, NOCTURIA x2 , small amounts+, , DECREASED FORCE OF URINATION, HESITANCY, INCONTINENCE, NEPHROLITHIASIS, OR UTI'S. PROSTATITIS+ ,no SEXUAL DYSFUNCITON, GONORRHEA, OR SYPHYLLIS.

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NEUROLOGICAL: NO HISTORY OF SYNCOPE, SEIZURES, VERTIGO, PARESTHESIAS, WEAKNESS, OR TREMORS.

RHEUMATOLOGY: NO COMPLAINTS OF ARTHRITIS, JOINT STIFFNESS OR SWELLING, OR GOUT.

VASCULAR: PATIENT REPORTS NO PROBLEMS WITH VARICOSE VEINS OR CLAUDICATION.

ENDOCRINE: PATIENT DENIES HISTORY OF POLYURIA, POLYDYPسيا, POLYPHAGIA, COLD-HEAT TOLERANCE, DIABETES MELLITUS OR OSTEOPOROSIS.

HEME: prior transfusion+ last year for anemia.

DERMATOLOGIC: NO REPORTS OF RASHES, SKIN CANCERS OR SKIN DISEASE.

PSYCHIATRIC: PATIENT DENIES DEPRESSION, MEMORY DISTURBANCE AND PSYCHIATRIC ILLNESS OR TREATMENT.

PHYSICAL EXAM:

GENERAL APPEARANCE: WELL-DEVELOPED, WELL-NOURISHED MALE IN NO APPARENT DISTRESS.

VS:

VITAL SIGNS:

HEIGHT: 67 in [170.2 cm] (12/16/2014 12:36)inches

WEIGHT: 151 lb [68.6 kg] (12/16/2014 12:36)

TEMPERATURE: 98.2 F [36.8 C] (12/16/2014 12:36)

PULSE: 83 (12/16/2014 12:36)

BLOOD PRESSURE: 190/95 (12/16/2014 12:36)

RESPIRATION: 16 (12/16/2014 12:36)

PAIN: 0 (12/16/2014 12:36)

HEAD: NORMOCEPHALIC. NO EVIDENCE OF RECENT HEAD INJURY.

EYES: PUPILS EQUAL REACTIVE TO LIGHT, FUNDI INADEQUATELY VISUALIZED. EOM'S INTACT.

EARS: NO DISCHARGE. NO DIFFICULTY UNDERSTANDING ORDINARY CONVERSATIONAL TONES. TM'S SHINY, INTACT. NO ERYTHEMA, BULGING OR RETRACTION.

NOSE: SINUSES NONTENDER TO LIGHT PERCUSSION. NASAL MUCOSA MOIST. NO LESIONS NOTED.

boggy turbinates+

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MOUTH & THROAT: ADEQUATE DENTITION. NO INJECTION OF OROPHARYNX. TEETH IN GOOD REPAIR. GUMS PINK.

NECK: SUPPLE; TRACHEA MIDLINE. NO CAROTID BRUITS. NO NECK VEIN DISTENTION. NO THYROMEGALY OR NODULES PALPABLE.

CHEST: AVERAGE SYMMETRY AND CONTOUR. BREATH SOUNDS CLEAR TO AUSCULTATION ANTERIORLY

HEART: NOT ENLARGED TO PERCUSSION. S1 S2 REGULAR. NO S3 S4 RUBS OR MURMURS.

fistula at the left forearm.

ABDOMEN: FLAT, SOFT, NONTENDER. NO PALPABLE ORGANOMEGALY OR MASSES. NORMAL BOWEL SOUNDS. NO CVA TENDERNESS.

HERNIA: NONE

GENITALIA: NORMAL CIRCUMCISED MALE.

EXTREMITIES: NO DEPENDENT EDEMA. PEDAL PULSES PRESENT.

SKIN, HAIR, NAILS: NO CYANOSIS OR PALLOR. NO CLUBBING.

LYMPH NODES: NO PALPABLE LYMPHADENOPATHY.

NEURO: ALERT, PLEASANT, COOPERATIVE, ORIENTED. AMBULATORY. CNS 2-12 GROSSLY INTACT. FACE SYMMETRICAL. DTR'S SYMMETRICAL. NO ABNORMAL MOVEMENTS. NO BABINSKI. SPEECH CLEAR.

LABS: no new labs

BUN:: 39

creatinine 12.9

PSA 2.9

Hb 10.3 gm5

PTH 131

LDL 59

ASSESSMENT:

1. uncontrolled hypertension ✓
2. anemia
3. anxiety ✓
4. ESRD
5. allergic rhinitis
6. BPH

PLAN:

1. uncontrolled hypertension

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on hydralazine 100 mg q6h, norvasc 10 mg and clonidine 0.3 mg TID
even on multiple rechecks his BP is high today. latest at 21/100
discussed with renal.

will need to talk to his outside provider
new machine

order meds thru VA

2. anxiety

will continue diazepam for bed time
says his past psyche issues has been resolved.

3. BPH

has seen urology
on flomax
will continue current meds

4. anemia

continue iron infusions
likely from CKD
labs will be filed.

Patient educated about the following:

☒ Plan of Care/illness & condition

☒ Medications

☐ Pain Management

☒ Tests/procedures

☐ Basic health practices (smoking, exercise, alcohol use, diet,
immunizations, etc.)

☐ Other (specify):

Education Summary & Comments:

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

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

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

CLINICAL REMINDER ACTIVITY

HIV Screening:

HIV SCREENING

Initial HIV Testing

Patient has been offered HIV testing and has declined. I have
explained that HIV testing is recommended for all adults, even if
all risk factors are absent. Patient prefers to discuss lab testing
in 12 months or more.

HTN Uncomplicated Thiazide Therapy:

Thiazide is not indicated due to:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

ANDERSON, BENJAMIN LOUIS
445 W REBOUND RD
LANCASTER, SOUTH CAROLINA 29720

VISTA Electronic Medical Documentation

Printed at COLUMBIA, SC VAMC

Progress Notes

Printed On Mar 20, 2015

In the past 24 months, the veteran has or has had the diagnosis/diagnoses of: Renal Disease - Stage IV, Stage V or End Stage (585.4, 585.5, 585.6) .

OW Colorectal Cancer Screen:

Colorectal Screen is indicated

- The importance of colorectal cancer screening and options available were discussed with the patient. Patient understands the importance of following-up on a positive CRC screening, including the need to undergo a colonoscopy.

Level of Understanding: Good

Patient WILLING to go through CRC Screening / NO RISK FACTORS

Ordered FIT/iFOBT lab. Kit & education provided.

Level of Understanding: Good

V7-HTN BP>140/90:

Repeat BP:

211/100

The patient's medication regimen was adjusted to improve BP control.

/es/ RAGHU BOPPANA

MD

Signed: 12/16/2014 13:59

12/18/2014 ADDENDUM

STATUS: COMPLETED

Dr.M,

pt has reestablished care with VA. on renegel

1600 mg PO TID from his nephrology.

the local pharmacy will not fill this med unless it comes from renal. please advise.

records obtained and sent for scanning.

/es/ RAGHU BOPPANA

MD

Signed: 12/18/2014 07:49

Receipt Acknowledged By:

01/07/2015 16:15

/es/ JENNIFER OTHERSEN, MD

NEPHROLOGIST

for SANDRA M MALAKAUSKAS

12/30/2014 ADDENDUM

STATUS: COMPLETED

i had already discussed this with his nephrologist at his dialysis center who said that he will manage his Bloodpressure as well. since he sees dialysis three times a week, it is better to have it monitored there rather have so many people involved in this.

boppana

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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/es/ RAGHU BOPPANA

MD

Signed: 12/30/2014 10:29

Receipt Acknowledged By:

12/30/2014 13:47

/es/ THOMAS H HICKS

LPN

LOCAL TITLE: PCC CBOC NURSING NOTE TL

STANDARD TITLE: PRIMARY CARE NURSING NOTE

DATE OF NOTE: DEC 16, 2014@12:39

ENTRY DATE: DEC 16, 2014@12:39:39

AUTHOR: HICKS, THOMAS H

EXP COSIGNER: ANDERSON, PAULA H

URGENCY:

STATUS: COMPLETED

Vital Signs: Temperature : 98.2 F [36.8 C] (12/16/2014 12:36)
Pulse: 83 (12/16/2014 12:36)
Respirations: 16 (12/16/2014 12:36)
Blood Pressure: 190/95 (12/16/2014 12:36)
Weight: 151 lb [68.6 kg] (12/16/2014 12:36)
Height: 67 in [170.2 cm] (12/16/2014 12:36)
Pain Scale: 0 (12/16/2014 12:36)
Pulse Oximetry: 12/16/14 99%

scheduled appt for returning vet. last PC 2006. ambulatory, painfree today.
states NKDA

CLINICAL REMINDER ACTIVITY

Functional Ability Screen:

Patient arrived via:

Ambulatory

Patient has had NO change in functional ability.

Learning Needs and Abuse Assessment:

Learning Abilities:

Patient can read.

Veteran can write.

Readiness to Learn:

Patient is READY and MOTIVATED to learn.

Barriers to Learning and/or Communication:

Assessment of learning needs/barriers included a review of the following areas: Vision or hearing ability; understanding medical advice; remembering or understanding medical advice; physical limits that interfere with learning; financial problems to prevent following the medical provider's advice; cultural/religious beliefs that might affect the way we care for him/her; and emotional trouble that will interfere with his learning. The patient indicated NO problems in these areas

EXCEPT:

Patient indicates poor VISION which could interfere with ADL.

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LANCASTER, SOUTH CAROLINA 29720

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Progress Notes

Printed On Mar 20, 2015

Wears glasses
Learning/Communication Preferences:
Demonstration, Direct instruction
Language Preference:
Other (Specify): English
Learning Needs:
My HealtheVet Information:
The veteran was provided education on My HealtheVet.
PROVIDED AND REVIEWED THE FOLLOWING WRITTEN MATERIAL:

Primary Care Clinic Information Brochure, Telephone Advice Program,
Refilling Prescription

ABUSE ASSESSMENT:

There is NO evidence of physical abuse or assault.
There is NO evidence of neglect or self neglect.
There is NO evidence of sexual abuse/exploitation.
There is NO evidence of financial exploitation.

Nutrition Screening/Education:

Nutrition counseling was done during this visit and included the following:

Fats and cholesterol should be limited in dietary intake.
DECREASING caloric intake to promote sensible weight loss.
Increasing dietary fiber and a description of sources of fiber.
Patient understanding:

Level: Good

Homelessness Screening:

In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household? Yes - Living in stable housing.

Are you worried or concerned that in the next 2 months you may NOT have stable housing that you own, rent, or stay in as part of a household?

No - Not worried about housing near future .

Depression Screening:

PHQ-2

A PHQ-2 screen was performed. The score was 0 which is a negative screen for depression.

1. Little interest or pleasure in doing things
Not at all

2. Feeling down, depressed, or hopeless
Not at all

PTSD Screen (All):

PC PTSD

A PTSD screening test (PTSD 4Q) was negative (score=1).

1. Have had any nightmares about it or thought about it when you did

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Progress Notes

Printed On Mar 20, 2015

not want to?

No

2. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

No



3. Were constantly on guard, watchful, or easily startled?

Yes

4. Felt numb or detached from others, activities, or your surroundings?

No

PTSD screen is negative.

Alcohol Use Screening-Audit:

AUDIT SCREEN:

SCREEN FOR ALCOHOL (AUDIT-C)

An alcohol screening test (AUDIT-C) was negative (score=1).

1. How often did you have a drink containing alcohol in the past year?

Monthly or less

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

1 or 2

3. How often did you have six or more drinks on one occasion in the past year?

Never

Audit C results:

Audit C alcohol screen is negative.

V7-Tobacco Screen FY09:

Patient is a lifetime non-smoker or has no history of Tobacco use.

The patient was counseled on the risks of tobacco use and the benefits of continued non-tobacco usage. The patient was advised to continue the non-use of tobacco products due to the negative impact on patient health.

Physical Activity Screen/Counseling:

1. The patient was informed on the benefits of regular exercise. A review the basic recommendations for any exercise program:

a. Adjust exercise program according to health status and personal life style.

b. Start out slow.

c. Work toward a goal of 20-30 minutes 3-5 times a week.

2. Reviewed the exercise programs available in the community/VA resources.

Level of Understanding: Good

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Printed On Mar 20, 2015

Comment: walks 4 days a week

ORGAN DONOR:

Organ Donor:

Patient is NOT an organ donor.

Influenza Immunization 2014-2015:

Influenza Immunization

Influenza inactivated vaccine (IM regular dose) was received previously/done elsewhere.

Patient indicated influenza inactivated IM vaccine was received previously.

Date: September, 2014 ? Exact date is unknown

Location: Dialysis

Comment: per veteran

Pneumococcal PPSV23 (Pneumovax):

The patient declines to receive the recommended dose of pneumococcal polysaccharide vaccine PPSV23 (Pneumovax).

Tdap Immunization:

TDAP IMMUNIZATION

Tetanus/Diphtheria/Pertussis (Tdap) vaccine given

The patient has provided verbal CONSENT for the tetanus/diphtheria/pertussis vaccine to be given. Patient was counseled regarding the precautions, risks & benefits of the tetanus/diphtheria vaccine. Patient denies any contraindications to the vaccine. The education contained in CDC Tdap Vaccine Information Statement (dated 5/9/13) was provided and copy given to patient.

PRECAUTIONS

- Serious allergic reaction or other problem with any tetanus and diphtheria vaccine (Td, Tdap, or DTaP)
- Currently has a moderate or severe illness
- If pregnant, must be past the first trimester

EDUCATION

- Tetanus is caused by a germ that enters the body through a cut or wound. Tetanus causes serious, painful muscles spasms.
- Diphtheria spreads when germs pass from an infected person to the nose or throat of others. Diphtheria causes a thick coating in the nose, throat, or airway, which may cause breathing problems and heart failure.
- Pertussis (whooping cough) spreads when germs pass from an infected person to the nose or throat of others. Pertussis causes severe coughing spells, vomiting, and disturbed sleep. It can lead to weight loss, incontinence, rib fractures and passing out from violent coughing.
- Almost all people who get Tdap vaccine have no problems from it.
- Mild problems, if they occur, usually start within hours to a day or two after vaccination. They may last 1-2 days and

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Progress Notes

Printed On Mar 20, 2015

- include soreness, redness, or swelling where the shot was given. Mild headache or tiredness may also occur.
- Serious allergic reaction happen very rarely

The patient was asked if he/she had any questions about the tetanus/diphtheria/pertussis vaccine.

Level of Understanding: Good

The patient does not have moderate or severe acute illnesses (with or without fever)

The patient does not have a contraindication to the Tdap vaccine.

VACCINATION DETAILS

Tdap vaccine 0.5ml given IM on Dec 16, 2014@12:49.

Location: Right Deltoid

Manufacturer / Lot#:

Sanofi Pasteur/Lot# U4875AA exp25oct2016

/es/ THOMAS H HICKS

LPN

Signed: 12/16/2014 12:51

/es/ PAULA H ANDERSON RN

Staff Nurse

Cosigned: 12/16/2014 13:13

LOCAL TITLE: HEMODIALYSIS TREATMENT FLOWSHEET SCANNED NOTE

STANDARD TITLE: SCANNED NOTE

DATE OF NOTE: NOV 20, 2014@13:24

ENTRY DATE: FEB 27, 2015@13:25:31

AUTHOR: JACKSON, MARY

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Vista Imaging - Scanned Document

Please refer to the scanned documents attached to this note. The image can be accessed in CPRS by selecting Vista Imaging Display from the Tools menu at the top of the screen.

Recd copy of Transfer Note from Fresenius Medical Center.

*** SCANNED DOCUMENT ***

SIGNATURE NOT REQUIRED

Electronically Filed: 02/27/2015

by: MARY JACKSON

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

ANDERSON, BENJAMIN LOUIS
445 W REBOUND RD
LANCASTER, SOUTH CAROLINA 29720

VISTA Electronic Medical Documentation

Printed at COLUMBIA, SC VAMC

1 Benjamin L. Anderson
2 445 W. Rebound Road
3 Lancaster, S.C. 29720
4 (864) 320-2280
5 Pro Se Litigant

FILED-CLERK OF COURT
GREENVILLE CO. S.C.
PAUL B. WICKENSIMER

2015 JUL 23 PM 12:15

6 IN THE COURT OF COMMON PLEAS
7 Greenville

8
9 Benjamin L. Anderson) CASE NO. 2014-CP-23-06070
10 Plaintiff)
11) Plaintiffs' answer to
12 VS) Interrogatories
13) Opposition to Summary
14 Davita Upstate Dialysis) Judgment by Defendant
15 Defendant) Rule 56
16) Rule 402
17)

18 The Plaintiff in the above captioned case
19 submits the answers to interrogatories by
20 The Plaintiff pursuant to Rule 56 and Rule
21 402 (relevant evidence).

22
23
24 July 2, 2015

Benjamin L. Anderson
Benjamin L. Anderson
Pro Se Litigant

Benjamin L. Anderson
 445 W. Rebound Road
 Lancaster, S.C. 29720
 (864) 320-2280
 Pro Se

IN the Court of Common Pleas

Benjamin L. Anderson
 Plaintiff

v.

Davita Upstate Dialysis
 Defendant

) CASE NO. 2014-CP-23-06070
) Plaintiff's
) Supplemental Response
) To Defendant's
) Request

Additional Addresses and telephone nos:

(1) Sammy Hemph. LL, 5228 Georgeville Ave
 Great Falls, S.C. - 803-204-4955

(2) Christine Hall, 2462 Cambridge Dr
 Lancaster, S.C. 29720 - 803-282-6051

(3) Rosie Perry
 (803) 235-6857

[Will supply at a later date]
 2461 Alloy Lane, Lancaster, S.C. 29720

(4) Brenda Gray

[Will provide when I come into possession]

EXHIBIT

1 Response To Interrogatory No. 26. Daughters Info:
2 Sadie Ross, 25962 Camino Rosada, Moreno Valley,
3 CA. 92551-951-367-9957

4 Response to Interrogatory No 1.: Davita employees
5 that subjected me to verbal abuse, while undergoing
6 Dialysis include the following: November 12, 2013-

7 Savannah Gaines, white female RN

8 Michele Owens, white female, Tech.

9 Ms. Kede, Administrative Assistant, white female

10 Angela, Tech., African American female

11 Etoxy Williams, RN female African American

12 Tim Cornette, RN white male

13 Response To Interrogatory No. 3: November 16, 2013-

14 Peggy Roper, RN white female

15 Response To Interrogatory NO. 5: November 19, 2013-

16 Peggy Roper, RN, white female

17 In addition to these individuals listed above, there were
18 numerous other Davita employees involved in making
19 disturbing remarks, while I underwent dialysis.

20 Defendants refuse to provide a list of all Davita
21 employees so that I may list them as well.

22 Interrogatory No. 6

23 Savannah Gaines made numerous disturbing comments
24 to me while I was on dialysis to include the following:

25 "That's why I got her to do you like that,"

26 (Referring to Peggy Roper, RN)

27 "That's not why I said that."

28 "We won't poke fun of you anymore... now that we know
what size you are." (Referring to Pears size)

✓
1 Peggy Roper, RN, white female made the following
2 statements: "I Lied that's why Ben (Plaintiff)
3 protested us.", "Our girls don't give a s.h.i.t
4 about you.", "That's a bunch of s.h.i.t."
5 ✓ Angela, dialysis technician stated, "They'll stress
6 you all the way out." and.. "You shouldn't
7 complain about us.. all we'll do is beat you
8 down."
9 ✓ Timothy Cornette, said... "We are willing to
10 back off of you buddy."
11 ✓ Brian Hamrick, white male RN stated, "You're not
12 a drug dealer..." "You have drugs in your body now."
13 "When a girl sits in front of you with her legs
14 wide apart..." she's trying to get money out of
15 you."
16 ✓ Chokri Alioua, said, "I see you've got this group
17 to back off of you."
18 ✓ Etoy Williams, RN stated, "... "That's your girl...
19 "She really wants you." It's up to you if you
20 want to holler at her." "I Lied han.ta didn't."
21 ✓ Ms. Keefe stated, after she patted me on my
22 buttocks (in the presence of others) said.. "I've
23 got moves.", while gyrating her body in front
24 of me. (blocking my exit out of facility)
25 ✓ Other comments made, while I underwent dialysis
26 include the following: All during relevant time
27 periods of November, 2013.
28 "The only ones willing to say things about you are

1 the Church groups."
2 "they would not do this to our (white) group."
3 "That's why this group did you like that."
4 "Our Jews don't give a shit about you."
5 "That Nigger boy is thinking about getting our
6 Jew boys to help him again."
7 "That's why I save my moves for my husband."

8 Response TO -

9 Interrogatory No. 8

10 The individuals that heard the comments from
11 Davita's staff include many members of
12 the patient population including: Willie Williams.

13 ✓ Interrogatory No. 11 include: last ten years -

14 ST. Francis Hospital, Greenville

15 Greenville Memorial Hospital System

16 Barksdale Medical Center

17 Vaughn and Long, Greenville

18 Spring Memorial Hospital, Lancaster

19 Minute Clinic - CVS, Lancaster, S.C.

20 DSI dialysis, Greenville, S.C.

21 Fresenius Dialysis, Fort Lawn S.C.

22 Interrogatory No. 12

23 Loma Linda Community Hospital - Civil Rights - 1988 - 1993

24 Loma Linda University Medical Center, Racial and
25 Religious Discrimination - 1989 - 1993

26 ✓ Interrogatory No. 13

27 \$ 200000 Social Security

* 28 You HAVE yet to give me what Kevin Donovan was arrested
for. Should I Motion to compel discovery??

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February 27, 2015

Submitted by,
Benjamin L. Anderson
Benjamin L. Anderson
Pro Se

1 Benjamin L. Anderson
2 445 W. Rebound Rd
3 Lancaster, SC, 29720
4 (864) 320-2280
5 Dro Se

9 Benjamin L. Anderson
10 Plaintiff

12 v.

14 Davita Upstate Dialysis
15 Defendant

CASE NO. 2014-CP-23-06070

Plaintiff's Answers

① Marital History

② Daughter's Info.

③ Eye exam damages

18 ① Defendant's Interrogatory No. 2:

19 Lora Lambert Anderson, 1166 Coronet Drive, Riverside
20 California, ⁹²⁵⁰⁶ - Married 1969-1989 (Ex wife) 951-776-8328

25 ② Interrogatory No. 26: Again this is a redundant request.
26 You already have this telephone No. Sadie Ross, 25962
27 Camino Rosada, Moreno Valley, CA, ⁹²⁵⁵¹ 951-367-4957 (Daughter)

1 Other requested response. In regards to
2 the filing of an eye examination, which
3 Plaintiff intends to use as evidence to damages
4 sustained to blood vessels in the back of
5 Plaintiff's eyes. The Physicians' name is
6 Dr Chu. She also stated verbally
7 to me in January 2015 that the
8 "blood vessels are very fragile."
9

10
11
12
13 February 27, 2015

Submitted by,
Benjamin L. Anderson
Benjamin L. Anderson
Pro Se

COPY

1 Benjamin L. Anderson
2 445 W. Rebound Rd
3 Lancaster, S.C. 29720
4 (864) 320-2280
5 PRO SE

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GREENVILLE CO. S.C.
PAUL B. WICKENHAUSER
2015 JAN 2 PM 2:53

9 Benjamin L. Anderson
10 Plaintiff

11 V.

13 Davita Upstate Dialysis
14 Defendant

Documentary Evidence
of Plaintiff Reputation/
Character as
Respiratory Therapist

CASE: NO 2014 CP2306070
Date;

ENTERED COMPUTER

21 January 2, 2015

22 Benjamin L. Anderson
23 Benjamin L. Anderson

24
25
26
27
28
SCANNED



MUNSON HEALTHCARE

Form #178 (1/99)

To Whom It May Concern:

Monday, November 11, 2002

Date Record progress of case, complications, changes in diagnosis, condition on discharge, instructions to patient.

This is a letter of recommendation for Ben Anderson RT. I've had the pleasure working with Ben over the past year at Munson Medical Center in Traverse City Michigan.

I can attest to Mr. Anderson's professionalism and competency as I worked with him mostly during night shift when we shared in the care of several critically ill patients together. He has excellent judgment, a strong work ethic, and I found him very easy to work with. I give Ben my highest recommendation without reservation.

Please do not hesitate to call me if I can give you any further further information on this excellent respiratory therapist. 231 935-5000.

Sincerely,

Michael P. Salata MD, FACP
Michael P. Salata MD, FACP

PROGRESS RECORD

August 8-02

To Whom it may concern
RE. BENJAMIN ANDERSON

I have known Ben Anderson for
14 months. He lived in my rental
near Traverse City, M. all that time.

Ben paid his rent on time and
followed all of the rules that were
required. He left the unit clean
when he left this area.

He was a very polite person and
trustworthy, pleasant to be around.

Hope to see you again

Lucille Lukers

September 25, 1997

To Whom It May Concern

RE: Letter of Reference

Benjamin L. Anderson, RRT

I have had the opportunity of working under Ben Anderson for 6 months. Within this short period of time he has brought this Cardiop. Department up 3 to 4 grades higher on the scale. He brought with him modern ideas, and teaching skills that we at St. Mary's Hospital will definitely miss. Ben Anderson is a good leader & boss and will be miss by us all.

Doris McElveen CMA

Benjamin L. Anderson, R.C.P., RRT, BS
Director, Cardiopulmonary/EEG



St. Mary's Hospital

P.O. Box 527, 25500 Point Lookout Road, Leonardtown, Maryland 20650
301/475-6066 (Fax) 301/475-6189

September 25, 1997

TO WHOM IT MAY CONCERN

RE: Benjamin L. Anderson, RRT

I had the pleasure of working under Mr. Anderson from March of 97 till Sept. 25, 1997. The time that Mr. Anderson was Dept. Head of Cardiopulmonary, he accomplished in a short time a great deal for the Dept, & will greatly missed.

April M. Tigs, CRTT
Mary Peter Dean EKG
Chris Palmer CRTT

St Mary's Hospital
Leonardtown, MD

CEDARS-SINAI (C\$S) MEDICAL CENTER

TO TO WHOM IT MAY CONCERN

FROM

DATE January 26, 1990

RE Benjamin L. Anderson, RCP, RRT
Respiratory Therapy Manager
Day Shift

I have known Mr Anderson for approximately four months. He has always conducted himself in a professional and courteous manner. I have observed him to have excellent rapport and communication with those under his supervision.

It has been my pleasure to interact with him as a night shift supervisor here at Cedars-Sinai Medical Center.

Sincerely,

Julie Webster

Julie Webster, RCP, CRTT
Supervisor
Cedars-Sinai Medical Center

CEDARS-SINAI (C S) MEDICAL CENTER

TO TO WHOM IT MAY CONCERN

FROM Respiratory Care Personnel

DATE January 26, 1990

RE Benjamin L. Anderson, RCP, RRT
Respiratory Therapy Manager
Day Shift

It has been our pleasure to have personally interacted with Mr Anderson during the past several months. It has been our experience that Mr Anderson has always conducted himself in a courteous , professional manner.

He has always treated his subordinates fairly with dignity and respect. He is a great team player.

Robert C Berg CRTT RCP
Mary Wilkings R.C.P.
Richard Wright, R.C.P.
Betty J Culpepper
Eddie Mae Peoples
Lynn Deber CRTT RCP
Ann ST Brown Rep-
Sally Chouteau RCP
Kasea M Lee
Olivia Deane RCP
Janet C Kristmas
Laurita Cassman RCP
Ann Jones, RCP

CEDARS-SINAI MEDICAL CENTER

TO.

FROM

DATE January 26, 1990

RE

David M. Sauter RCP
Scott Fursdile RRT
Jose Acemcion RCP
Isaac Vel-Cede
ED BUENAFE RCP

J. Aguilar RCP CRT

Jesus RRT, RCP

John Sauto RRT, RCP

Patricia Randall (M.D.)

Michael J. RCP

Beth Ann Clark RRT

Michael D. Wade

Ernestino Henderson RCP

Gregory L. Ayala RCP

October 7, 1988

To whom it may concern:

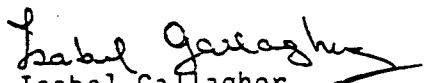
I was an employee at Loma Linda Community Hospital from January, 1981 to August 30, 1981. During this period my functions were that of an EKG technician and secretary for the Respiratory Therapy Section.

During this period my immediate supervisor was Benjamin L. Anderson, Director of Respiratory Therapy. Though I am not currently an employee of Loma Linda Community Hospital, I have maintained contact with Mr. Anderson, as well as the other fellow workers in my section.

Over these past seven years, I have come to know Mr. Anderson as an excellent supervisor and a man of impeccable fairness and consideration in dealing with his subordinates. His innate sense of equity is beyond question.

I would very gladly serve in a capacity subordinate to Mr. Anderson with a firm knowledge that I would be treated in a manner consistent with fair employment practices.

Very truly yours,


Isabel Gallagher
Field Underwriter

IG:rml

Isabel Gallagher
Field Underwriter

New York Life Insurance Company
440 Court Street, Suite 101
San Bernardino, CA 92401
Bus: 714 888-1315 Res: 714 797-3890

MICHAEL T. OLIVERIO I, M.D., M.P.H.
INTERNAL MEDICINE • FAMILY MEDICINE

11332 Mtn. View, Suite D
Loma Linda, CA 92354
(714) 825-4512 - (714) 796-2411

330 West Ramsey Street
Banning, CA 92220
(714) 849-1950 - (714) 849-5567

JULY 29, 1988

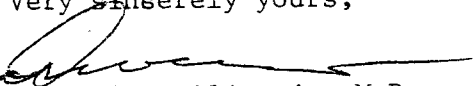
TO WHOM IT MAY CONCERN:

This is to certify that I have known Mr. Ben Anderson for the years that I have been a member of the medical staff of the Loma Linda Community Hospital, Loma Linda, California. As Director of the Respiratory Department of this hospital, he has changed and run it into an efficient, and dependent part of our hospital.

Mr. Ben Anderson is a very honest, capable, and efficient worker, and I am most sure that wherever he will be that he will be a sure asset to that institution.

I highly recommend Mr. Ben Anderson for any high position in any respiratory department.

Very sincerely yours,


Michael T. Oliverio, M.D.



EDMUND T. DOMBROWSKI, M. D., F. A. C. S.
ORTHOPEDIC SURGERY
Redlands Medical Center

July 27, 1988

RE: BEN ANDERSON
DIRECTOR, RESPIRATORY SERVICES
LOMA LINDA COMMUNITY HOSPITAL

TO WHOM IT MAY CONCERN:

This will verify that I have known Mr. Anderson for approximately ten years. During that period of time I have called on Mr. Anderson to do many respiratory procedures for me, including pulmonary evaluation, blood gases, pulmonary function, etc.

Mr. Anderson has always been available, has always been cheerful and his work is completely reliable.

Mr. Anderson conducts himself in an extremely professional manner. His department has always been outstanding in every respect.

I cannot give Mr. Anderson too high a recommendation.

Accordingly, this letter will verify, in my opinion, that Mr. Anderson is the most highly qualified person anyone could find to direct a respiratory service anywhere.

Sincerely,

E. T. DOMBROWSKI, M.D.
FORMER CHAIRMAN
DEPARTMENT OF ORTHOPAEDIC SURGERY
LOMA LINDA COMMUNITY HOSPITAL
ATTENDING ASSISTANT PROFESSOR
LOMA LINDA UNIVERSITY

ETD/mk

LOMA LINDA PHYSICIANS MEDICAL GROUP, INC.



P.O. BOX 905 • SUITE 3450, 11370 ANDERSON STREET
LOMA LINDA, CALIFORNIA 92354
714/796-4840, 825-1600

Allergy - 796-4896
Cardiology - 796-4844
Dermatology - 796-4890
Endocrinology - 796-4838
Gastroenterology - 796-4850
General Medicine - 796-4870

Infectious Disease - 796-4884
Nephrology - 824-0521
Neurology - 796-4880
Oncology-Hematology - 796-4884
Pulmonary - 796-4896
Rheumatology - 796-4860

August 26, 1988

TO WHOM IT MAY CONCERN:

It has been my pleasure to work closely with Mr. Benjamin Anderson for the past three years while I have been the Medical Director of Respiratory Therapy at Loma Linda Community Hospital and he has been the Technical Director of Respiratory Care at the hospital. During the time I have worked with him, Mr. Anderson has carried out his work in a thorough and conscientious manner. He has been professional in his conduct and I have received no complaints from the medical staff or from hospital administration. He has managed the department with attention to quality as well as efficiency. I can recommend Mr. Anderson as a professional and well qualified in his field without reservation. If you should require any additional information or wish to discuss things with me personally please feel free to contact me. Thank you for any help you can provide to Mr. Anderson.

Sincerely,

Rodney A. Wertz, MD
Assistant Professor of Medicine
Loma Linda University

jas

EXHIBIT

Donald W. Herrmann, M.D., Inc.

3838 SHERMAN DRIVE, SUITE 3
RIVERSIDE, CALIFORNIA 92503

TELEPHONE (714) 689-1188

October 25, 1988

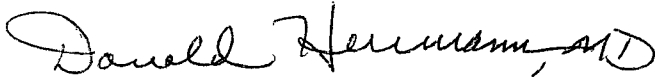
TO WHOM IT MAY CONCERN:

RE: Ben Anderson

I have known Ben Anderson since 1980. I served as Medical Director for the Respiratory Care Department at Loma Linda Community as well as Medical Direct of Pulmonary Rehabilitation Program during most of the time between 1983 and 1985 when Ben was the department head of the Respiratory Care Department. I found Ben to be a very capable leader who ran a strong department for a hospital of that size. He was interested in running an up to date department that provided good quality leadership. I would certainly endorse Ben as a person who does possess administrative leadership potential.

I would certainly be happy to answer any further questions that I can.

Sincerely yours,



Donald Herrmann, M.D.
DH:ST/rsa

Shah Associates, M.D., P.A.

Cardiology

Vinod K. Shah, M.D., F.A.C.C.
A. A. Patil, M.D., F.A.C.C.
Mahesh P. Shah, M.D., F.A.C.C.
Anantha K. Rao, M.D., F.A.C.C.
Anil K. Shah, M.D.

Gastroenterology

Umed K. Shah, M.D., F.A.C.G.
Atul R. Shah, M.D., F.A.C.G.
Nayan R. Shah, M.D., F.A.C.G.

Pulmonary

Kiran D. Mehta, M.D., F.C.C.P.

Neurology

Beena A. Shah, M.D.

Rheumatology

Robert W. Timmons, M.D.

Internal Medicine

Bhasker A. Jhaveri, M.D.
David M. Federle, M.D.
Mary Kramer, M.D.
Avani D. Shah, M.D.
Pranay Patel, M.D.
Mohammad A. Rahman, M.D.
Dhiren Shah, M.D.
Roy H. Bunales, M.D.

Psychology

John C. Fowler, PhD.

Hematology/Oncology

M.V. Pillai, M.D., F.A.C.P.

Gerontology

Anwar T. Munshi, M.D.
Rita B. Jhaveri, M.D.

Pediatrics

Ila V. Shah, M.D., F.A.A.P.
M.F.O. Laffer, M.D., F.A.A.P.
Kirit Patel, M.D., F.A.A.P.
Amit Sheth, M.D., F.A.A.P.
Nitin Chopde, M.D.
Upender K. Munshi, M.D.

Family Practice

John F. Fenwick, M.D.
J. Patrick Jarboe, M.D.
Robert J. Bauer, M.D.
John L. Bennett, M.D.

Radiology

Halappa G. Hakkal, M.D.

Hollywood Office

Philip J. Bean Medical Center
24035 Three Notch Road
Hollywood, MD 20636
301-373-7000

Leonardtwn Offices

Shanti Medical Center
26840 Point Lookout Rd. • Ste. 101
Leonardtwn, MD 20650
301-475-5579 • 301-475-5524
St. Mary's Medical Arts Building
22650 Cedar Lane Court
Leonardtwn, MD 20650
301-475-5021 • 301-475-5023

Prince Frederick Office
Calvert Medical Office Bldg.
110 Hospital Road, Suite 303
Prince Frederick, MD 20678
410-535-4333

Lexington Park Office

22335 Exploration II • Suite 1030
Lexington Park, MD 20653
301-863-7041 • 301-863-9000

California Office

23263 By the Mill Road
California, MD 20619
301-863-5835

Charlotte Hall Offices

Charlotte Hall Medical Center
29795 Three Notch Road
Charlotte Hall, MD 20622
301-884-7322 • 301-884-7330

Village Medical Annex

28160 Old Village Road • Ste. A
Mechanicsville, MD 20659
301-884-4666

Washington Area

831 University Blvd., #32
Silver Spring, MD 20903
301-445-4430

September 25, 1997

RE: BEN ANDERSON

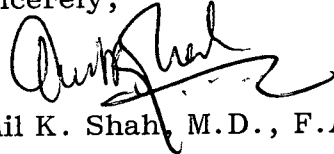
To Whom It May Concern:

It gives me great pleasure to write a letter of recommendation on behalf of Mr. Ben Anderson.

Ben joined St. Mary's Hospital, Leonardtown, MD in March 1997 as Director of Pulmonary and Electroencephalography Department. Being a cardiologist and working in the department on a daily basis with Ben, I had the opportunity to observe and experience first hand the impact of his skills with the department. There was significant improvement in the overall working environment of the department and boost in the employee morale because of his leadership ability. He developed an excellent rapport with the employees and was well liked by everyone. I am confident that Ben will excel at whatever he undertakes.

Please let me know if I can be of any further assistance.

Sincerely,



Anil K. Shah, M.D., F.A.C.C.

AKS:krp
092597

Winston H. Richards, M.D., Inc.

R

8990 Garfield Street, Suite 11 • Riverside, California 92503 • (714) 688-3110

July 26, 1988

TO WHOM IT MAY CONCERN:

I had the opportunity to work closely with Mr. Anderson in 1976 when I worked in the emergency department at Loma Linda Community Hospital. Although I have not worked closely with him since that time, I have periodically seen him at the hospital while he was working.

I found Mr. Anderson to be a most capable therapist who has given excellent leadership and direction to the Department of Respiratory Therapy at Loma Linda Community Hospital. I always found him to be a courteous gentleman. To my knowledge there are no moral or ethical concerns. Thus, I would be happy to recommend him.

Sincerely,



Winston H. Richards, M.D.

WHR/de

HAGAR & ASSOCIATES
"SPECIALISTS IN MANAGEMENT"

July 15, 1988

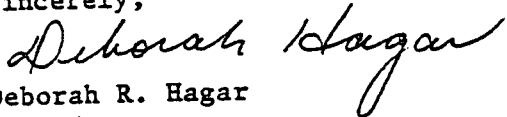
To Whom It May Concern:

Please be advised that I have known Ben Anderson since 1974. I became acquainted with him as a result of accepting a management position as Director of Human Resources at Loma Linda Community Hospital.

In working with Mr. Anderson, I found him to be a dedicated healthcare professional and a very capable manager. Mr. Anderson maintained an effective department with state-of-the-art knowledge. He served effectively as a role model to his department as a leader. Finally, Ben understands and efficiently responds to the fiscal concerns of hospitals and has demonstrated repeated financial success.

I have great confidence in Mr. Anderson as a professional and as a manager. I would be pleased to serve as a professional reference for Ben. Please feel free to contact me for any questions or verification.

Sincerely,



Deborah R. Hagar
President

KHUSHAL ALAM STANISAI, M. D.

GASTROENTEROLOGY AND INTERNAL MEDICINE

279 WEST RIALTO AVENUE
RIALTO, CA 92376
TELEPHONE (714) 874-2920

July 15, 1988

To Whom It May Concern:

I have known Ben Anderson since 1976 in his position as Director of the Pulmonary Lab at Loma Linda Community Hospital.

In the position of Chief of Staff and Chairman of the Department of Medicine, I have worked with Ben on committees and utilization review and I have found him to be efficient and very capable. He also has had good relationships in working with patients, the medical staff and the hospital employees..

I would highly recommend Ben as an asset to your professional staff. Thank you for your attention to this matter and if you have any further questions, please do not hesitate to contact me.

Sincerely.

Khushal Stanisai

Khushal A. Stanisai, M.D.

MARIANA CIOBANU, M.D., F.A.C.C.
Diplomate of the Internal Medicine & Cardiology Boards
4620 ARLINGTON AVENUE, SUITE 2
RIVERSIDE, CALIFORNIA 92505
Telephone (714) 682-3352

July 13, 1988

TO WHOM IT MAY CONCERN

RE: Benjamin Anderson, Director
Respiratory Department
Loma Linda Community Hospital

I have been asked by Mr. Benjamin Anderson to write a letter of reference regarding his professional activity as Director of the Respiratory Department at Loma Linda Community Hospital.

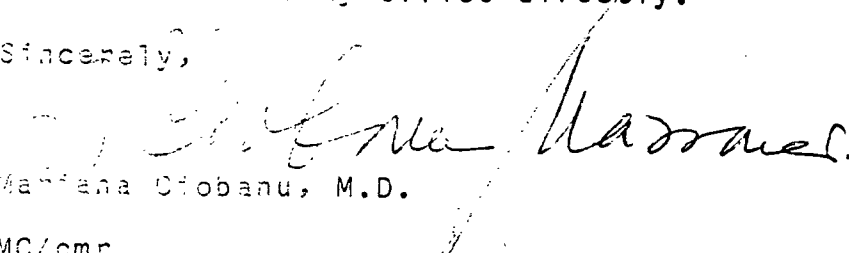
I have known Mr. Benjamin Anderson since 1982, when I became a cardiologist with privileges at Loma Linda Community Hospital.

Mr. Benjamin Anderson has always been in charge of this department and under his direction, I had the opportunity to see the respiratory service grow and successfully expand in its activity, expanding with respect to new, updated equipment, as well as a tendency to improve the quality of the care offered by the respiratory technicians.

Mr. Benjamin Anderson impressed me as being a highly qualified technician himself, who, in his capacity as Director of the Respiratory Department, always attempted to support the needs of prompt care to patients in the Intensive Care Unit, as well as throughout the hospital. I am confident that in whatever position he will occupy within his domain of respiratory therapy technical care, Mr. Anderson will always fulfil his obligations with pride, promptitude and proficiency.

If any additional information is required, please do not hesitate to contact my office directly.

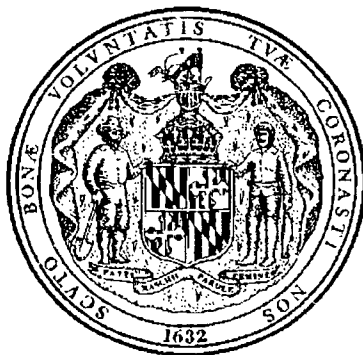
Sincerely,


Mariana Ciobanu, M.D.

MC/cmr

State of Maryland

The Board of Physician Quality Assurance



This Certifies that
Benjamin Lewis Anderson

Has fulfilled the standards and qualifications
established by the Board of Physician Quality Assurance
and is hereby licensed to practice

RESPIRATORY CARE

in the State of Maryland



License Number - L0002611

Date Issued-March 26, 1997

Mel Marven

Chair, Respiratory Care
Professional Standards Committee

Shirley

Chair of the Board of Physician
Quality Assurance

The American Association of Physicians Assistants

Hereby states that

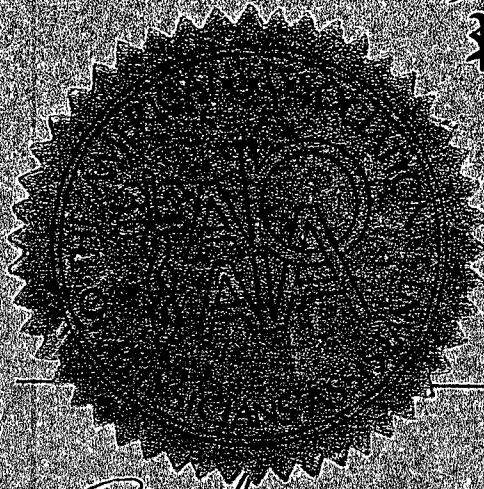
BENJAMIN L. ANDERSON

meets the standards and qualification requirements of
The American Association of
Physicians Assistants
on this day

August 1, 1974

and is rated as

Physicians Assistant - SP-2



Frank Horton, M.D. Exline, W. Stages, Paul J. [illegible]